



SECRETARY OF THE ARMY
WASHINGTON

21 NOV 2011

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Army Directive 2011-22 (Special Compensation for Assistance with Activities of Daily Living)

1. References:

- a. Department of Defense (DoD) Instruction 1341.12 (Special Compensation for Assistance With Activities of Daily Living (SCAADL)), 31 Aug 11.
- b. Title 37, United States Code, § 439.
- c. Title 38, United States Code.
- d. Memorandum, Under Secretary of Defense (Personnel and Readiness), 14 Oct 08, subject: Policy Memorandum on Implementing Disability-Related Provisions of the National Defense Authorization Act of 2008 (Pub. L. 110-181).
- e. Army Regulation 11-2 (Managers' Internal Control Program), 4 Jan 10.

2. SCAADL is a program authorizing compensation for catastrophically ill or injured Soldiers who are in an outpatient status but who are nonetheless homebound. SCAADL compensation is intended to help offset the economic burden borne by primary caregivers providing these Soldiers with nonmedical care, support and assistance. Soldier participation in the SCAADL program is voluntary. The provisions of this directive extend SCAADL eligibility to those Soldiers with qualifying injuries or illnesses who meet the criteria in paragraphs 6b and 6c on or after 31 August 2011; this directive is not retroactive.

3. Active and Reserve Component Soldiers who have a permanent catastrophic injury or illness incurred or aggravated in the line of duty, and who meet the criteria set forth in reference 1a and this directive, shall be authorized payment of SCAADL in accordance with reference 1a and this directive. Except as provided in paragraphs 6b(7) and 6h(4), SCAADL may be paid in addition to any other pay and allowance the Soldier is entitled to or authorized.

4. Commanders of Warrior Transition Units, Community Based Warrior Transition Units or the Soldier's assigned unit (if not assigned to a transition unit) shall ensure that all wounded, injured or ill Soldiers; their designated guardians or representatives; and their Families are made aware of the potential availability of SCAADL compensation by

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including information about SCAADL in official written and oral communications (for example, command briefings, town hall meetings and Family Readiness Group newsletters) and in other appropriate written and online materials, ensuring the widest possible dissemination. All communications about SCAADL shall be consistent with any applicable public affairs guidance issued by the Assistant Secretary of Defense (Public Affairs).

5. Commanders shall collaborate with Federal recovery care coordinators, primary care manager physicians, medical or nonmedical case managers, other appropriate Army medical authorities and unit leadership to identify Soldiers who are likely to be eligible for SCAADL. Commanders shall ensure that potentially eligible Soldiers (or their guardians), together with their designated representatives and their Families, are thoroughly informed of the:

- a. Soldier's potential eligibility for SCAADL and how to apply;
- b. requirement to designate a primary caregiver to provide nonmedical care, support and assistance for the Soldier;
- c. duration of SCAADL eligibility; and
- d. the criteria used to determine payment (for example, geographic location and level of assistance needed) and the potential amount of monthly compensation available under the program.

6. The following procedures shall be used in determining eligibility for SCAADL:

a. Burden on Soldier to be Minimized. Commanders shall ensure that Soldiers interested in applying for SCAADL receive all necessary assistance in submitting an application to minimize the burden on the Soldier (and their guardians or designated representatives). An application shall consist of the Soldier's written request to the commander for SCAADL, the commander's verifications required by paragraphs 6b and 6c, and the supporting documentation referenced in paragraphs 6b and 6c. (A sample commander's action on application form is at enclosure 1.) The commander shall retain a copy of a Soldier's completed application in an appropriate system of records.

b. Determination of Threshold Eligibility. Upon receipt of a request from a Soldier (or from his/her guardian or designated representative) to participate in the SCAADL program, the commander shall determine the Soldier's threshold eligibility for SCAADL by verifying that the Soldier meets all the criteria. If the Soldier does not meet the threshold eligibility requirements, the commander shall inform the Soldier in writing

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about his/her ineligibility and the procedures for appealing the commander's determination. (See paragraph 6i.) All these criteria must be met for eligibility:

(1) the Soldier has a permanent, catastrophic injury or illness in accordance with the definition in the Glossary of reference 1a. Verification shall be obtained from a licensed DoD military or civilian physician other than a DoD contract physician. (A sample DoD physician certification is at enclosure 2.)

(2) the Soldier is homebound in accordance with the definition in the Glossary of reference 1a. Verification shall be obtained from a DoD physician, as defined in paragraph 6b(1) (see enclosure 2).

(3) the Soldier needs assistance from another person to perform the personal functions required in everyday living or requires constant supervision and, in the absence of such care, would require hospitalization, nursing home care or other residential institutional care (see enclosure 2). (This certification may also be made by a licensed U.S. Department of Veterans Affairs (VA) physician other than a VA contract physician.)

(4) the permanent catastrophic injury(ies) or illness(es) were incurred or aggravated in the line of duty.

(5) the Soldier is an outpatient and no longer determined to be an inpatient at a military treatment facility, VA medical center, civilian hospital, nursing home or other residential institutional care facility. Although individuals may be temporarily placed in an inpatient status during a given month for tests, examinations or treatment, they are eligible for the full monthly SCAADL payment provided they are in outpatient status for the majority of the month (more than 15 days). If the Soldier is an inpatient for 16 or more days in a given month, the amount of compensation for that month shall be pro-rated based on the number of days he/she is an inpatient, and a redetermination shall be conducted to determine continued SCAADL eligibility.

(6) the Soldier has designated a primary caregiver to provide nonmedical care, support and assistance with at least one of the activities of daily living as set forth in reference 1a. The primary caregiver may not be a member of the military.

(7) the Soldier is not receiving:

(a) outpatient or in-home services to assist with activities of daily living or supervision to avoid harm to self or others from another Federal agency;

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(b) a monthly caregiver stipend (paid directly to the Soldier's primary caregiver) from the VA pursuant to section 1720G of reference 1c; or

(c) in-home assistance with activities of daily living (custodial care) paid with supplemental health care program funds and provided by a TRICARE-authorized home health agency.

NOTE: While receiving SCAADL, the Soldier's primary caregiver is eligible to receive the respite benefit if qualified under TRICARE Operations Manual 6010.51M. Soldiers receiving other home health services under the TRICARE home health benefit remain eligible for SCAADL, except as provided in paragraph 6b(7).

c. Certification of DD Form 2948. After determining that the Soldier meets the threshold eligibility requirements, the commander shall verify that either a DoD physician, as defined in paragraph 6b(1), or by a VA physician, as defined in paragraph 6b(3), has certified the DD Form 2948. (A copy of the form is at enclosure 3.) The commander shall help the Soldier in seeking the required certification, including assisting the Soldier with obtaining any necessary medical examinations or chart reviews.

(1) DD Form 2948s prepared within DoD shall be completed and certified by DoD physicians based on input from other sources as appropriate. DD Form 2948s generally should be completed and certified by the physician acting as the Soldier's primary care manager. If the assessment documented on the DD Form 2948 is conducted by a physician other than a DoD or VA physician, or if the Soldier otherwise presents an uncertified DD Form 2948, the commander shall help the Soldier in seeking the required certification from a DoD or VA physician. The commander shall afford the Soldier (or his/her guardian or designated representative) the opportunity to review and sign the completed DD Form 2948. The commander shall advise the Soldier about how he/she may appeal the determinations of his/her primary care manager or other DoD or VA physician. (See paragraph 6.i.)

(2) A DoD physician who declines to certify a DD Form 2948 must state the reasons for the denial in writing and provide the denial to the commander. The reasons must be sufficiently detailed to permit a meaningful appeal by the Soldier. If a DoD or VA physician will not certify the DD Form 2948, the commander shall notify the Soldier in writing that his/her application has been denied and provide the Soldier with the DD Form 2948 and the physician's written statement of the reasons for declining certification. The commander shall inform the Soldier about the procedures for appeal. (See paragraph 6i.)

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(3) A DoD or VA physician may ask to conduct an in-home visit with the Soldier to make the assessments needed to complete or certify the DD Form 2948. A DoD physician may request to conduct an onsite visit when verifying a Soldier's permanent, catastrophic injury or illness; the Soldier's status as homebound; or to determine that the Soldier would require hospitalization, nursing home care or other residential care in the absence of assistance. The in-home visit may be conducted by nursing personnel, with their input provided to the DoD physician for consideration as part of the physician's assessment.

d. Action on the Application. Upon the commander's verification of all information required by paragraphs 6b and 6c, the Soldier's application is complete and the commander shall recommend its approval. The commander shall disapprove the application if the Soldier does not meet the required eligibility criteria.

e. Computing Compensation. After recommending approval of the application, the commander shall compute the amount of monthly compensation the Soldier is entitled to in accordance with paragraph 5 of reference 1a using information drawn from the Soldier's complete application and the SCAADL Calculator. The commander shall take care to ensure that the tier rating used in the calculation is consistent with the dependence level identified on the DD Form 2948. The commander shall retain the computation from the SCAADL Calculator with the application materials, either by printing the screen or otherwise documenting the results. The commander shall forward a copy of the complete application and the payment computation from the SCAADL Calculator to a certifying officer in U.S. Army Medical Command's Regional Medical Command (RMC) Warrior Transition Office. For Soldiers not assigned to a Warrior Transition Unit or Community Based Warrior Transition Unit, Reserve Components may designate additional routing channels before sending the copy of the application to the RMC.

f. RMC Payment Authorization. The RMC certifying officer shall confirm to the commander that a Soldier's SCAADL application and payment computation have been received and shall verify that the application is complete and the payment computation is accurate. The RMC certifying officer shall either work with the submitting commander to resolve any discrepancies with the application or payment computation or shall notify the commander that RMC will authorize the Defense Finance and Accounting Service (DFAS) to pay SCAADL to the Soldier. The RMC certifying officer shall submit documentation, as DFAS may require, to authorize payment to the Soldier of SCAADL in the stated amount, beginning on the effective start date. (A sample memorandum to DFAS is at enclosure 4 and a sample pay authorization roster is at enclosure 5.) The effective start date for payment shall be the date the DoD or VA physician certified the Soldier's DD Form 2948.

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g. Notification to Soldier. After notification from the RMC certifying officer that RMC will authorize payment, the commander shall notify the Soldier in writing that his/her application is approved, including the amount of monthly compensation the Soldier is entitled to. Upon request, the commander shall provide the Soldier with a complete copy of his/her application and compensation calculation. (A sample notification memorandum is at enclosure 6.) Commanders shall make sure eligible Soldiers (or their guardians or designated representatives) are informed of the:

- (1) approval of the Soldier's application and his/her eligibility for SCAADL;
- (2) amount of monthly compensation the Soldier is entitled to, how the amount was calculated and the effective start date of the compensation;
- (3) requirement to designate a primary caregiver to provide nonmedical care, support and assistance with activities of daily living and to keep the caregiver's contact information updated with the commander;
- (4) duration of SCAADL eligibility, including the need for a formal redetermination of eligibility at least every 180 days or earlier should the Soldier's medical condition or circumstances change or the Soldier relocates; and
- (5) Soldier's right to appeal the commander's decision and that the appeal request must be submitted in writing and state the reason for the appeal.

h. Expiration of SCAADL Eligibility. The commander shall promptly notify DFAS, through the RMC, to terminate payments when a Soldier's eligibility expires on the earlier of the following:

- (1) the last day of the month during which a 90-day period ends that begins on the date of the separation or retirement of the Soldier;
- (2) the last day of the month during which the Soldier dies;
- (3) the last day of the month during which a licensed physician determines that the Soldier is no longer afflicted with the catastrophic injury or illness; is no longer homebound; no longer requires hospitalization, nursing home care or other residential institutional care absent assistance; or is no longer an outpatient. A Soldier is not entitled to SCAADL if the Soldier has not met with a physician but is no longer afflicted with a catastrophic illness or injury; is no longer homebound; no longer requires hospitalization, nursing home care or other residential institutional care absent assistance; or is no longer an outpatient; or

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(4) the last day of the month preceding the month during which the Soldier begins receiving a monthly aid and attendance allowance pursuant to 31 United States Code § 1114(r)(2).

i. Appeal. A Soldier whose application for SCAADL is denied based on failure to meet the threshold eligibility criteria, because the requisite physician will not certify the DD Form 2948 or for any other reason may appeal. A Soldier who believes he/she is entitled to additional compensation, based on either the DD Form 2948 criteria (e.g., the tier level) or the commander's computation, also may appeal.

(1) The Soldier shall submit his/her appeal, in writing, to the commander within 60 days after notification of the outcome of his/her request for SCAADL compensation is issued. The Soldier must state the reason(s) for his/her appeal.

(2) The commander shall forward the Soldier's appeal, with a command recommendation, through the RMC to The Surgeon General at Headquarters, Department of the Army. In all cases, the commander shall assist the Soldier by forwarding a complete copy of the Soldier's SCAADL application and compensation calculation, taking care to include all available medical reviews and opinions. The Surgeon General may delegate his/her appellate authority over appeals to another official at Headquarters, Department of the Army. The Surgeon General or his/her delegate shall ensure the thorough review of all available information pertinent to the appeal, including the determinations of eligibility, clinical evaluations and tier scoring rendered by the Soldier's primary care manager or other DoD or VA physician. For appeals related to issues requiring a medical assessment or certification, The Surgeon General or his/her delegate shall request the development of a medical advisory opinion by a DoD physician who did not participate in the original evaluation.

(3) Reconsideration may be granted at the lowest level practicable before transmittal to The Surgeon General or his/her delegate in an effort to eliminate the need for the appeal. The Commander, RMC or other appropriate official also may elect to review applications a commander denied regardless of an appeal. If reconsideration or further review results in the approval of the Soldier's application, the Soldier shall be notified in writing and his/her application returned to the commander for computation of the payment amount.

(4) The appellate authority shall give the Soldier a written decision on his/her appeal and such decision shall be final. In general, such responses will be provided within 30 days of The Surgeon General's receipt of the request for appeal.

(5) For an appeal relating to the amount of compensation, any portion of the SCAADL payment not in dispute shall be paid to the Soldier while the appeal is

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being processed. If a Soldier's appeal relating to the amount of compensation is successful, the effective date of SCAADL payments is the date the DD Form 2948 was certified.

(6) For appeals not related to the amount of compensation, The Surgeon General or his/her delegate shall consult with the Office of the Judge Advocate General to determine the effective date of SCAADL payments. The effective date will depend on the facts and circumstances of each case.

j. Continuous Evaluation and Redetermination Required. Commanders shall continuously evaluate a Soldier's circumstances to ensure that the Soldier remains eligible for SCAADL.

(1) A formal redetermination of eligibility is required every 180 days.

(2) A redetermination also is required if the Soldier relocates or if his/her medical condition changes in a manner that may warrant a change in eligibility or level of compensation. The Soldier's "Triad of Care," to include the primary care manager, the nurse case manager and the squad leader, shall notify the commander of any changes in the Soldier's location, medical condition or other eligibility criteria.

(3) Except in circumstances involving relocations, a redetermination requires a DoD or VA physician to complete and certify a new DD Form 2948. In making a redetermination of eligibility, commanders shall follow the procedures set forth in paragraph 6.

(4) A Soldier subsequently determined ineligible for SCAADL or whose monthly compensation is reduced may appeal under the procedures in paragraph 6i.

(5) While a redetermination is being processed, the Soldier will continue to receive SCAADL compensation at the previously established rate, except that a Soldier who has relocated will receive payments at the rate applicable to the new location as soon as DFAS can process the change.

7. The Commander, RMC shall:

a. establish and maintain a transmittal control log for all incoming SCAADL-related documents.

b. appoint one regular and one alternate certifying officer who are authorized to transmit SCAADL payment data to DFAS for payment. The Commander, RMC shall submit a certified DD Form 577 (Appointment/Termination Record – Authorized

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Signature) and any other documentation DFAS requires to document these appointments. No later than the 15th day of each month, the Commander, RMC shall submit a consolidated eligibility roster to DFAS to effect timely SCAADL payments for each eligible Soldier. (A sample roster is at enclosure 5.)

c. prepare a monthly roster of all Soldiers and their primary caregivers who are currently receiving VA caregiver benefits not associated with SCAADL. The Commander, RMC shall use this roster to verify that the Soldier is not receiving duplicative benefits in accordance with paragraphs 6b(7) and 6h(4).

d. prepare a monthly feedback report documenting all SCAADL actions completed, to include the amount of SCAADL payments disbursed to each eligible Soldier, and transmit the report by the last day of each month to U.S. Army Warrior Transition Command, ATTN: MCWT-HR.

e. retain for 3 years records pertaining to SCAADL payments, including the complete application, the payment computation and documentation to DFAS authorizing payment.

f. ensure that commanders are completing redeterminations of eligibility in a timely fashion.

8. The Assistant Secretary of the Army (Manpower and Reserve Affairs) (ASA (M&RA)) shall oversee the SCAADL program.

9. The Deputy Chief of Staff (DCS), G-1 is responsible for implementation of the SCAADL program. In coordination with the ASA (M&RA), the DCS, G-1 shall develop and promulgate any additional administrative procedures necessary to implement the SCAADL program, including appropriate internal controls applicable to commanders and the RMC in accordance with Army Regulation 11-2. The DCS, G-1 shall conduct a review and audit of the SCAADL program no later than 12 months after issuance of this Directive and provide the ASA(M&RA) with a comprehensive report of findings.

10. The Commander, Warrior Transition Command is responsible for execution of this program, which includes training Warrior Transition Unit and Community Based Warrior Transition Unit staff on this directive, assisting the transition units with administration of the program, and making policy change recommendations to the DCS, G-1 in coordination with the ASA (M&RA). The Commander, Warrior Transition Command shall also:

a. prepare a monthly feedback report documenting all SCAADL actions completed by all RMCs, to include the amounts of SCAADL payments disbursed throughout the

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RMCs, and transmit the report by the first business day of each month to the Office of the DCS, G-1 (Compensation and Entitlements); and

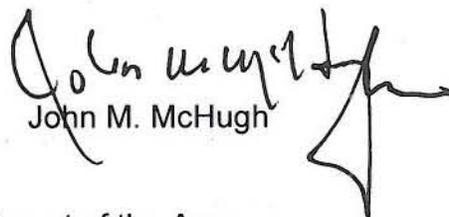
b. provide the DCS, G-1 with annual SCAADL funding requirements, with input from the RMCs.

11. Using the criteria, processes and procedures set forth in this directive, commanders shall confirm any determinations of SCAADL eligibility made before the effective date of this directive, except that the DD Form 2948 need not be recertified if a licensed physician certified the form as required by this Directive.

12. It is my expectation that catastrophically injured Soldiers will receive prompt processing through the disability evaluation system to facilitate their transition and access to VA benefits. To receive SCAADL payments, a licensed physician must certify that the Soldier is permanently and catastrophically injured to the extent that he/she would be hospitalized or institutionalized without assistance. Given this medical certification, and presuming that the Soldier has attained his/her medical retention decision point, the Soldier should be immediately referred into the disability evaluation system if this referral has not already occurred. Pursuant to paragraph E3.P1.6.1 of reference 1d, referral must be within 1 year of the Soldier's diagnosis with a medical condition that does not appear to meet medical retention standards.

13. The provisions of this directive are effective immediately. The ASA (M&RA) and DCS, G-1 are the proponents for this policy and will incorporate the provisions of this directive into applicable Army regulations as soon as practicable.

14. This directive is rescinded upon publication of the revised applicable regulations.


John M. McHugh

Enclosures

DISTRIBUTION:

Principal Officials of Headquarters, Department of the Army
Commander

- U.S. Army Forces Command
- U.S. Army Training and Doctrine Command
- U.S. Army Materiel Command
- U.S. Army Europe
- U.S. Army Central
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U.S. Army Network Enterprise Technology Command/9th Signal Command (Army)
U.S. Army Medical Command
U.S. Army Intelligence and Security Command
U.S. Army Criminal Investigation Command
U.S. Army Corps of Engineers
U.S. Army Military District Washington
U.S. Army Test and Evaluation Command
U.S. Army Installation Management Command
Superintendent, United States Military Academy
Director, U.S. Army Acquisition Support Center

CF:

Commander, U.S. Army Accessions Command
Commander, U.S. Army Cyber Command
Executive Director, Army National Cemeteries Program
Director, Office of Business Transformation
Director, Army National Guard

**SAMPLE COMMANDER'S ACTION ON APPLICATION FORM FOR
PURPOSES OF SPECIAL COMPENSATION FOR ASSISTANCE WITH
ACTIVITIES OF DAILY LIVING (SCAADL)**

Name of Soldier: _____

1. The Soldier has a permanent catastrophic injury or illness.

Attach certification from a licensed Department of Defense (DoD) military or civilian physician. DoD contract physicians or physicians outside DoD are not eligible to certify that the Soldier has a permanent catastrophic injury or illness.

2. The Soldier is homebound.

Attach certification from a licensed DoD military or civilian physician. DoD contract physicians or physicians outside DoD are not eligible to certify the Soldier is homebound.

3. The Soldier needs assistance from another person to perform the personal functions required in everyday living or requires constant supervision and, in the absence of such care, would require hospitalization, nursing home care, or other residential institutional care.

Attach certification from a licensed DoD military or civilian physician or a licensed U.S. Department of Veterans Affairs (VA) physician. DoD or VA contract physicians or physicians outside DoD are not eligible to make the required certification

4. The Soldier's permanent catastrophic injury(ies) or illness(es) were incurred or aggravated in the line of duty.

Attach line of duty determination, if applicable.

5. The Soldier is an outpatient and no longer an inpatient at a military treatment facility, VA medical center, civilian hospital, nursing home, or other residential institutional care facility.

Source of information: _____

6. The Soldier has designated a primary caregiver, who is not a member of the military, to provide nonmedical care, support, and assistance.

Caregiver name: _____

Caregiver address: _____

Caregiver telephone: _____ Caregiver email: _____

- 7. The Soldier is not receiving outpatient or in-home services from another Federal agency to assist with activities of daily living or supervision to avoid harm to self or others.

Source of information: _____

- 8. The Soldier's primary caregiver is not receiving a monthly caregiver stipend from the VA.

Source of information: _____

- 9. The Soldier is not accepting in-home assistance with activities of daily living (custodial care) paid with supplemental health care program funds and provided by a TRICARE-authorized home health agency.

Source of information: _____

- 10. Either a licensed DoD military or civilian physician or a licensed VA civilian physician has certified the DD Form 2948. Contract DoD or VA physicians or physicians outside DoD or VA are not eligible to certify the DD Form 2948.

Name of physician, including rank if applicable: _____

Title and DoD or VA Department: _____

Physician address: _____

Physician telephone: _____ Physician email: _____

Attach the certified DD Form 2948.

INITIAL ACTION

I _____ recommend approval of/ _____ do not approve the Soldier's application for SCAADL.

ACTION ON REDETERMINATION

NOTE: Formal redetermination must be conducted every 180 days. Ad hoc redetermination must be conducted whenever the Soldier's circumstances change.

Effective the date below:

_____ I recommend that the Soldier remain eligible for SCAADL;

_____ The Soldier is no longer eligible for SCAADL;

_____ I recommend that the Soldier remain eligible for SCAADL, subject to the following modifications:

WTU/CBWTU¹ Commander's Signature

Date

WTU/CBWTU Commander's Printed Name

PRIVACY ACT STATEMENT

Authority: 10 U.S.C. 3013; 37 U.S.C. 439

Principal Purposes: This information will be used for the following purposes: to determine a Soldier's eligibility for SCAADL payments and the amount of payment to which a Soldier is entitled. To contact Soldiers, primary care managers or other physicians and primary caregivers for official business, medical or personal care purposes.

Routine Uses: The DoD "Blanket Routine Uses" apply to this system. The "Blanket Routine Uses" are set forth at the beginning of the DoD Compilation of System of Records Notices, available at <http://www.defenselink.mil/privacy/>.

Disclosure: Disclosure is voluntary, however, failure to provide the requested information may result in a delay or inability to process and take action on a Soldier's application for SCAADL.

¹ WTU/CBWTU = Warrior Transition Unit/Community Based Warrior Transition Unit

**SAMPLE DEPARTMENT OF DEFENSE PHYSICIAN CERTIFICATION FORM FOR
PERMANENT CATASTROPHIC INJURY, HOMEBOUND STATUS AND NEED FOR
ASSISTANCE FOR PURPOSES OF SPECIAL COMPENSATION FOR ASSISTANCE
WITH ACTIVITIES OF DAILY LIVING (SCAADL)¹**

Name of Soldier: _____

1. Soldier has a permanent catastrophic injury or illness.

A permanent catastrophic injury or illness is a permanent severely disabling injury, disorder or illness that compromises the ability of the Soldier to carry out activities of daily living to such a degree that the person requires personal or mechanical assistance to leave home or bed, or constant supervision to avoid physical harm to self or others.

List the Soldier's permanent catastrophic injury(ies) or illness(es):

2. Soldier is homebound.

Homebound is a condition such that an individual is unable to leave home and, consequently, leaving home requires considerable and taxing effort. Any absence of an individual from the home attributable to receiving health care treatment, including regular absences to participate in rehabilitative, therapeutic, psychosocial, or medical treatment in an adult day care program that is licensed or certified by a State, or accredited to furnish adult day care services in the State, shall not disqualify an individual from being homebound. Any absence from the home that is infrequent or relatively short shall not disqualify an individual. Any absence to attend a religious service shall be deemed to be infrequent or short. Absence from the home for nonmedical purposes such as an occasional trip to the barber, a walk around the block, or a drive do not negate the beneficiary's homebound status if the absences are infrequent and relatively short. Absences, whether regular or infrequent, from the beneficiary's primary home to attend an educational program in a public or private school that is licensed and certified by a State, territory, or district shall not negate the beneficiary's homebound status.

¹ A licensed Department of Defense (DoD) military or civilian physician other than a contract physician must complete Parts 1 and 2 of this form. Part 3 may be completed by a DoD physician or a licensed U.S. Department of Veterans Affairs physician other than a contract physician. More information about SCAADL or these definitions can be found in (DOD) Instruction 1341.12 (Special Compensation for Assistance With Activities of Daily Living (SCAADL)).

SPECIAL COMPENSATION FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING (SCAADL) ELIGIBILITY

PRIVACY ACT STATEMENT

AUTHORITY: 37 U.S.C. Section 439; DoDD 5154.02; DoDI 1341.12, and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To allow a licensed physician to certify or recertify that the applicant needs assistance from another person to perform the personal functions required in everyday living or requires constant supervision and in the absence of the provision of such care would require hospitalization, nursing home, or other residential institutional care. To allow the Services to provide certified, detailed monthly listings of individuals with such determinations to the Defense Finance and Accounting Service of the effective start and stop date of payments for special compensation for assistance with activities of daily living.

ROUTINE USE(S): The DoD "Blanket Routine Uses" found at http://dpcl.o.defense.gov/privacy/SORNs/blanket_routine_uses.html apply to this collection.

DISCLOSURE: Voluntary. However, failure to provide requested information may result in a denial or delay in processing your request for special compensation for assistance with activities of daily living.

In accordance with DoDI 1341.12, the following information is provided to determine the compensation for the referenced Service member.

1. SERVICE MEMBER NAME (Last, First, Middle)	2. DOD ID NUMBER/ SSN (Last 4 digits)	3. DATE OF BIRTH (YYYYMMDD)
4. SOURCES USED TO COMPLETE THIS TOOL (X all that apply)		
<input type="checkbox"/> DIRECT OBSERVATION	<input type="checkbox"/> CHART REVIEW	<input type="checkbox"/> REPORT OF PRIMARY FAMILY CAREGIVER
5. FACILITY/LOCATION	6. SERVICE MEMBER ADDRESS (City, State and ZIP Code)	

REFERENCES:

- Katz Basic Activities of Daily Living Scale
- The UK Functional Independence Measure and Functional Assessment Measure
- The Neuropsychiatric Inventory

SCORING GUIDE

- 4 - **Total Assistance** (Service member completes less than 25% of the task/activity or is unable to do the task without assistance).
- 3 - **Maximal Assistance** (Service member completes 25% - 49% of the task/activity with some hands on help).
- 2 - **Moderate Assistance** (Service member completes 50% - 74% of the task/activity with some hands on help).
- 1 - **Minimum Assistance** (Service member completes 75% or more of the task/activity with supervision/coaching assistance).
- 0 - **Complete Independence** (Service member completes task/activity without help).

TOTAL SCORE: High Dependence: 28 - 21 Moderate Dependence: 20 - 13 Low Dependence: 12 - 1

7. ASSISTANCE WITH ACTIVITIES OF DAILY LIVING (ADL)

(1) AREA	(2) SCORE	(3) DID CLINICIAN OBSERVE?		(4) REASONS FOR SCORE
		YES	NO	
a. EATING				
b. GROOMING				
c. BATHING				
d. DRESSING				
e. TOILETING				
f. NEEDS ASSISTANCE WITH PROSTHETIC OR OTHER DEVICE (beyond that of the average person)				
g. DIFFICULTY WITH MOBILITY (walking, going up stairs, getting in and out of bed, etc.)				
h. TOTAL SCORE	0			

8. SUPERVISION/PROTECTION <i>(Use Scoring Guide on Page 1)</i>				
(1) AREA	(2) SCORE	(3) DID CLINICIAN OBSERVE?		(4) REASONS FOR SCORE
		YES	NO	
a. REQUIRES SUPERVISION/ ASSISTANCE AS A RESULT OF SEIZURES <i>(blackouts or lapses in mental awareness, etc.)</i>				
b. DIFFICULTY WITH PLANNING AND ORGANIZING <i>(able to adhere to medication regimen, managing financial and other household affairs, etc.)</i>				
c. SAFETY RISKS <i>(significant risk of falling, wandering outside the home, leaving cook top/oven on, crossing streets, using electrical appliances, etc.)</i>				
d. DIFFICULTY WITH SLEEP REGULATION				
e. REQUIRES ASSISTANCE/ SUPERVISION AS A RESULT OF DELUSIONS/HALLUCINATIONS				
f. DIFFICULTY WITH RECENT MEMORY <i>(forgets what day it is, what happened yesterday, etc.)</i>				
g. SELF REGULATION <i>(being able to moderate moods, agitation/ aggression)</i>				
h. TOTAL SCORE	0			
9. TOTAL SCORES				
a. ADL ()	b. SUPERVISION/PROTECTION ()	c. TOTAL ()	d. DEPENDENCE LEVEL	
10. APPLICABLE ICD-09/10 CODES				
11.a PERSON COMPLETING FORM <i>(Name and Signature)</i>			b. DATE	
c. PRINTED NAME OF PHYSICIAN <i>(Last, First, Middle Initial)</i>			d. TITLE	
e. TELEPHONE <i>(Include area code)</i>		f. EMAIL ADDRESS		
12. SERVICE MEMBER ACKNOWLEDGEMENT				
I acknowledge my PCM's assessment of my dependency level. I <input type="checkbox"/> do <input type="checkbox"/> do not plan to appeal this decision				
a. PERSON COMPLETING FORM <i>(Name and Signature)</i>			b. DATE	
c. TELEPHONE <i>(Include area code)</i>		d. EMAIL ADDRESS		

**SAMPLE MEMORANDUM FROM THE REGIONAL MEDICAL COMMAND TO THE
DEFENSE FINANCE AND ACCOUNTING SERVICE FOR PAYMENT OF SPECIAL
COMPENSATION FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING**

REGIONAL MEDICAL COMMAND LETTERHEAD

OFFICE SYMBOL

DATE SIGNED

MEMORANDUM FOR Director, Military Pay Operations (Systems Liaison and
Procedures Division), 8899 E. 56th Street, Indianapolis, IN 46249

SUBJECT: Special Compensation for Assistance With Activities of Daily Living,
Certified Payment Roster, TL # _____

1. Reference Department of Defense Instruction 1341.12 (Special Compensation for Assistance With Activities of Daily Living (SCAADL)), 31 Aug 11.
2. Based on documentation received and maintained by this organization, I certify the following ##### pay effecting actions annotated on the attached roster are valid for processing.
3. Point of contact for this action is the undersigned at _____.

Certifying Official
U.S. Army Medical Command
(Regional Medical Command Warrior
Transition Office)

**SAMPLE NOTIFICATION MEMORANDUM TO SOLDIERS OF COMMANDER'S
DETERMINATION OF ELIGIBILITY REGARDING SPECIAL COMPENSATION FOR
ASSISTANCE WITH ACTIVITIES OF DAILY LIVING**

COMMANDER'S OFFICIAL LETTERHEAD

OFFICE SYMBOL

DATE SIGNED

MEMORANDUM FOR _____

SUBJECT: Decision on Application for Special Compensation for Assistance With Activities of Daily Living (SCAADL)

1. I have reviewed your application for SCAADL. Your application is:

Approved and you are eligible for SCAADL payments. Given that you live in zip code _____ and have been determined to need personal caregiver assistance at the Tier ____ level, you are eligible for monthly compensation of \$_____. The effective start date for payment of this compensation is _____. A copy of the payment computation derived from the U.S. Department of Veterans Affairs (VA) Stipend Inquiry Calculator is at enclosure 1. The calculator is disseminated by the Department of Defense and is available online at www._____.

a. You are reminded that you have a continuing requirement to designate a primary caregiver to provide nonmedical care, support, and assistance with activities of daily living and to keep the caregiver's contact information updated with command. Your primary caregiver may not be another member of the military.

b. Your eligibility for SCAADL expires on the earlier of the following:

(1) the last day of the month during which a 90-day period ends that begins on the date of your separation, retirement, or death;

(2) the last day of the month during which a licensed physician determines that you are no longer afflicted with the catastrophic injury or illness; are no longer homebound; no longer require hospitalization, nursing home care or other residential institutional care absent assistance; or are no longer an outpatient. You are not entitled to SCAADL if you have not met with a physician but are no longer afflicted with a catastrophic illness or injury; are no longer homebound; no longer require hospitalization, nursing home care or other residential institutional care absent assistance; or are no longer an outpatient; or

SUBJECT: Decision on Application for Special Compensation for Assistance With Activities of Daily Living (SCAADL)

(3) the last day of the month preceding the month during which you begin receiving a monthly aid and attendance allowance from the VA.

c. I will determine your continued eligibility for SCAADL benefits and whether your level of benefits remains appropriate every 180 days or earlier should your medical condition or circumstances change or you relocate.

Denied for the following reasons:

2. A complete copy of your SCAADL application is at enclosure 2.

3. If you disagree with this decision for any reason, including the Tier level assigned to you or the amount of monthly compensation you are entitled to, you may appeal. You must submit your appeal request to me in writing, and the request must state the reasons for your appeal. Your appeal will be forwarded to _____ for decision.

4. I am available to answer any questions you may have.

Enclosures

Name of Commander of Warrior Transition Unit/Community Based Warrior Transition Unit