This instruction implements Air Force Policy Directive 41-2, *Medical Support*. This publication provides guidance, establishes policies and assigns responsibilities for management of active duty personnel who are attached on Temporary Duty (TDY) or assigned to the AMTU at the 59th Medical Wing (59 MDW) in accordance with (IAW) AFI 41-210, *TRICARE Operations and Patient Administration Functions* and IAW AFI 44-172, *Mental Health*. This publication applies to all military, civilian and contract personnel assigned to or under contract with Wilford Hall Ambulatory Surgical Center (WHASC) involved with the medical management, care, treatment and disposition of AMTU personnel. This instruction does not apply to the Air National Guard or Air Force Reserve, the 359th Medical Group, or the 959th Medical Group. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, *Recommendation for Change of Publication*. The authority to waive requirements is the publication approval authority. Ensure that all records created as a result of processes prescribed in this publication are maintained IAW Air Force Manual 33-363, *Management of Records*, and disposed of IAW Air Force Records Information Management System Records Disposition Schedule.

**SUMMARY OF CHANGES**

The publication has been revised. This rewrite of 59 MDWI 41-219 includes updated Medical Care Case Management responsibilities and updated administrative duties.
1. Policies.

1.1. This serves as guidance on managing Air Force active duty, activated Air Force Reserve and activated Air National Guard personnel referred to WHASC, the San Antonio Military Medical Center (SAMMC) or local area medical facilities for evaluation and treatment for periods greater than 14 days that have been accepted by the 59 MDW/SGH based on medical necessity:

1.1.1. Personnel in outpatient status who are TDY (attached) to Joint Base San Antonio must report to the AMTU, building 7206 on Nellis St, JBSA-Lackland, within 24-hours of their arrival to provide a copy of travel orders, lodging information and provide further instruction as required. **Note:** Pre-coordination from transferring Military Treatment Facility (MTF) to AMTU is required in order to alleviate potential delay in medical care.

1.1.2. Personnel who receive Permanent Change of Station (PCS) orders are assigned to the AMTU and will report to the AMTU personnel center within 24-hours of arrival. The AMTU staff will obtain a copy of orders, initiate in-processing, obtain all chain of command contact information and provide further instruction. **Note:** Pre-coordination from transferring MTF to AMTU is required in order to alleviate potential delay in medical care.

1.1.3. The En-route Patient Staging System (ERPSS) will coordinate transportation and transfer of deployed personnel returning from the Area of Responsibility (AOR) through the Aeromedical Evacuation System or commercial air transport. Personnel moving via the Aeromedical Evacuation system are tracked through the US Transportation Command Regulating and Command & Control Evacuation System. ERPSS and SAMMC Patient Administration will communicate pertinent clinical and administrative information to the AMTU through the appropriate channels to ensure proper tracking and accountability of inbound personnel. AMTU staff will populate the AMTU databases with the information, coordinate lodging information and give further instruction if applicable.

2. Responsibilities.

2.1. 59 MDW Commander.

2.1.1. The 59 MDW Commander will appoint the 59th Medical Support Squadron Commander (59 MDSS/CC) as the AMTU Commander.

2.2. 59 MDSS/CC.

2.2.1. Assumes all command responsibilities for the AMTU and all personnel assigned. The 59 MDSS/CC has G-Series orders and Uniform Code of Military Justice (UCMJ) authority over all patients assigned to the AMTU.

2.2.1.1. The MDSS/CC may delegate duties to a section commander and initiate G-series orders for the section commander as appropriate.

2.2.2. Ensures patients are assigned with official orders in accordance with AFI 41-210.

2.2.3. Exercises administrative oversight and management of all patients attached (TDY) to the AMTU. UCMJ authority for attached patients remains with their home unit commander.
2.2.4. Maintains accountability of all assigned patients and ensures adherence to all Department of Defense and Air Force instructions, as well as those outlined in the UCMJ.

2.2.5. Ensures all patients assigned or attached are educated on the AMTU chain of command.

2.2.5.1. The rank of the patient will determine the appropriate chain of command e.g. officers would report to the AMTU Section Commander or above depending on their rank. Regardless of whether a patient is "attached" or "assigned" to the AMTU, the chain of command is as follows:

2.2.5.1.1. Noncommissioned Officer in Charge, AMTU.
2.2.5.1.2. AMTU Flight Superintendent.
2.2.5.1.3. AMTU Flight Commander.
2.2.5.1.4. Commander, 59th Medical Support Squadron.
2.2.5.1.5. Commander, 59th Medical Support Group.

Figure 2.1. AMTU Structure.

2.2.6. Appoints a Special Duty Officer (SDO) to assist family members and Casualty Affairs with administrative needs should a death occur. If necessary, the SDO may be assigned from outside the AMTU.

2.3. AMTU Flight Commander.

2.3.1. The Flight CC may be appointed the Section Commander, after MDSS/CC coordination with JA for establishment G-series orders.
2.3.2. AMTU Flight Commander will be an Air Force Medical Service officer from any corps equal to or junior in grade to the 59 MDSS/CC.

2.3.3. Establishes unit-specific policies and communications.

2.4. Chief of Medical Staff (SGH).

2.4.1. Ensures proper medical management, care, treatment and disposition of patients permanently assigned or attached to the AMTU for the purpose of medical evaluation and treatment.

2.4.2. Reviews patient’s medical history makes recommendations regarding assigning personnel to the AMTU. AFPC/DP2NP makes final determination on patient assignments.

2.4.3. When required, ensures eligible patients undergo Medical Evaluation Board consideration IAW AFI 48-123, Medical Examinations and Standards, and AFI 41-210.

2.4.4. Ensures a medical case manager is assigned to all assigned and attached AMTU patients. Note: The SGH leads the establishment of care coordination between the medical case manager and the Mental Health case manager for those patients assigned or attached to the AMTU who are being evaluated and treated for Mental Health Conditions.

2.5. AMTU Superintendent and noncommissioned officer in charge (NCOIC).

2.5.1. Verifies TDY and PCS orders and duty status of each patient to ensure proper assignment or attachment to the AMTU via 59 MDW Personnel Center and Military Personnel Section.

2.5.2. Notifies AMTU Flight Commander of newly attached and assigned personnel, and assists with unit, group and wing in-processing requirements.

2.5.3. Refers patients to support offices and other departments, as appropriate.

2.5.4. Ensures all patients are briefed on entitlements by responsible base support agencies.

2.5.5. Maintains accurate rosters of all attached and assigned patients.

2.5.6. Organizes, schedules, and creates agenda for the biweekly AMTU inter-professional crosstalk meetings. Discusses and updates information on each patient who is assigned or attached to the AMTU. Records minutes. Key players include, but not limited to, the following: 59 MDW/SGH; 59 MDSS/CC, 59 MDSS/CCF; TRICARE Operations & Patient Administration Flight Commander, AMTU Flight Commander, Medical Care Case Managers (MCCM), AMTU personnel liaisons, Recovery Care Coordinators (RCC), assigned AMTU provider, Mental Health Case Manager and Physical Evaluation Board Liaison Officer.

2.5.7. Ensure AMTU rosters remain updated.

2.6. Medical Care Case Manager and Mental Health Case Manager:

2.6.1. Ensures AD patients assigned to Case Management Services check-in with AMTU within 24-hours.
2.6.2. Attends the biweekly AMTU cross-talk meetings. Discusses and updates information on each patient who is assigned or attached to the AMTU and being followed by Case Management Services.

2.6.3. Support injured personnel returning from the AOR via Aeromedical Evacuation and/or commercial air, and their families, as necessary. Notifies AMTU staff of patients receiving medical treatment at SAMMC or WHASC.

2.7. Recovery Care Coordinator.

2.7.1. RCCs work for the Recovery Care Coordination Branch of the Warrior & Survivor Care Division of the Air Force Wounded Warrior Program (AFW2). They ensure the development, implementation and oversight of the Comprehensive Recovery Plan (CRP) which includes the following:

   2.7.1.1. Establishes career goals and timelines for accomplishment and documents nonclinical support provided to recovering Airmen.
   2.7.1.2. Consults and collaborates with multidisciplinary teams during the initial treatment phase and continuing throughout the continuum of care, including support during the disability evaluation system process.
   2.7.1.3. Provides assistance to the Airmen, family and extended family members to navigate through the continuum of care which involves initial assessment, comprehensive assessment, linkage to family support programs, and ongoing follow up.
   2.7.1.4. Facilitates an efficient, effective and smooth rehabilitation and transition back to active duty or civilian life as a veteran through coordination with appropriate personnel (Military Service Coordinators/Veterans Affairs Liaisons and other agencies).
   2.7.1.5. Ensures that the Airmen and family have access to all medical and non-medical care management services including, but not limited to medical care, rehabilitation, education, employment-related programs, and disability benefits.
   2.7.1.6. Assists in coordinating local and state resources, including referral to governmental and non-governmental agencies as appropriate, where the Airmen and family will reside.

2.8. Non-Medical Care Manager (NMCM).

2.8.1. NMCMs work for the Warrior Care Support Branch of the Warrior & Survivor Care Division of the AFW2 program. They ensure service members and family or designated caregivers get needed non-medical support such as assistance with resolving financial, administrative, personnel, and logistical problems.

2.8.2. Provides feedback on the effectiveness of the CRP in meeting the service member’s personal goals.

2.8.3. Communicates with the service member and family or designated caregiver regarding non-medical matters that arise during care, management, and transition; assist the member in resolving non-medical issues.
2.8.4. Assists the service member with finding the resources to maintain or improve his or her welfare and quality of life.

2.9. AMTU Administrative Staff.

2.9.1. Complete an initial intake on all personnel assigned or attached to the AMTU within 72-hours. If the member is inpatient and unable to travel, AMTU staff will travel to the patient once stabilized to conduct administrative in-processing actions, obtain home station chain of command contact information, TDY, PCS, Contingency, Exercise or Deployment orders and provide further instruction as needed.

2.9.2. Will complete a follow-up intake and establish a 6-part folder for tracking and updating administrative issues and concerns related to the care of all personnel who PCS to this location.

2.9.3. Will assist with in-processing all Air Force personnel reporting from their primary duty location as needed.

3. AMTU Personnel Responsibilities.

3.1. All patients will adhere to AF standards, to include:


3.1.2. Patients will file travel vouchers in accordance with established laws and local policies.

3.2. Report to all appointments, both medical and non-medical, on time and in uniform (Air Force Physical Training gear is appropriate for situations where other duty uniforms would not be practical).

3.2.1. If, for any reason, a patient cannot make a scheduled appointment, he or she must contact his or her MCCM to reschedule no later than 24 hours before the scheduled appointment time.

3.2.2. Failing to attend scheduled appointments is a violation of UCMJ and may result in administrative or disciplinary action.

3.3. Patients must keep the AMTU chain of command informed of all movements outside of the local area to include all TDYs and leaves. All TDYs and leaves must be approved by the AMTU chain of command prior to departure. Approval based on AFI requirement will be Squadron Command or designee.


4.1. All Air Force personnel TDY for medical reason must report to the AMTU, building 7206 on Nellis St, JBSA-Lackland, for in-processing and mandatory briefings within 24 hours of arrival to the San Antonio area. The only deviation is if the individual arrives during non-duty duty hours between 1630 Friday and 0730 Mondays or Federal holidays or approved down days as applicable.

4.1.1. Active Duty personnel who are assigned or attached are assigned a MCCM.
4.1.2. Personnel arriving via Aeromedical Evacuation (from AOR or other location) or commercial flight and subsequently admitted to SAMMC will have the following personnel assigned to them: MCCM, RCC and NMCM to assist as necessary. For example, assist with lodging as needed. Patients’ Nonmedical Attendants will receive the same support as necessary.

4.1.2.1. The patient may be assigned a Family Liaison Officer (FLO) to assist with any day-to-day requirements.

4.1.2.2. FLOs are generally assigned when patients are wounded in action, or in a seriously ill/injured, or very seriously ill/injured status. In these cases, the AFW2 program is responsible for appointing, assigning and training the FLO. FLOs, RCCs, NMCMs and MCCMs will work closely in these cases to decrease duplication of services.

4.2. When PCS is required, the losing MTF SGH will generate the AMTU PCS worksheet, and coordinate with AFPC/DP2NP and gaining SGH.

4.3. Personnel on medical TDY orders to the San Antonio area will check-in with WHASC Patient Administration. Should status change for the member and they require case management or attachment to AMTU, AMTU staff will coordinate this with Patient Administration and the individual’s home unit.

5. Disposition.

5.1. Assigned personnel must sign out with AMTU no later than 1 day prior to the departure date. This allows the member to schedule a return flight and report to the airport for check-in and departure prior to the start of the duty day and also weekends.

5.2. Attached personnel will out-process using the standard 59 MDW Out-processing Checklist, the Virtual Military Personnel Flight Out-processing Checklist and attend at minimum, a one-hour Transitional Assistance Program briefing for short-notice medical retirements/separations. This will be completed prior to beginning permissive TDY to ensure all military requirements have been met.


6.1. A primary goal of the AMTU is to ensure all assigned personnel are placed in a work program that is conducive to their treatment and beneficial to the United States Air Force.

6.2. Upon arrival to the AMTU, the AMTU Flight Commander and staff will coordinate with members of the healthcare team to determine the best placement for each individual based on a duty limitation letter and profile. This is a cooperative effort and assigned personnel will have input to ensure they are in a work environment that is the right fit for them and the Air Force.

6.3. The AMTU will make every effort to place assigned personnel in jobs pertaining to their Air Force Specialty Code if medically cleared to do so. Coordination with the Air Force Specialty Code functional manager for job placement is strongly encouraged.

7. AMTU Members Geographically Separated.

7.1. At any given time, attached or assigned AMTU personnel may be geographically separated from the 59 MDW and San Antonio. It is the responsibility of the AMTU Flight
Commander, with the assistance of the Superintendent or NCOIC, to ensure these personnel are cared for, both medically and administratively. AMTU staff will continue tracking these personnel and communicating their status during inter-professional crosstalk meetings.

7.2. MCCM services will continue until personnel return to their home unit or under the care of another AMTU. For TDY patients, the home unit MCCM will have primary case management oversight and will work in conjunction with AMTU MCCM. RCC, NMCM and FLO services will continue as required.

7.3. AMTU staff may visit these personnel at their care locations when practical. AMTU staff will coordinate these visits through the MCCM, RCC or FLO to ensure the appropriate coordination between the care facility and the patient being seen.

8. **SAMMC AF Liaison.**

8.1. The SAMMC AF Liaison is a vital link between the AMTU and personnel who receive inpatient care at SAMMC.

8.2. AMTU staff will discuss the geographically separated patients receiving care at SAMMC or the Center for the Intrepid with the SAMMC AF Liaison on a regular basis. The conversation should, at a minimum, include the following:

8.2.1. Synopsis of those patients who are not attending scheduled appointments.

8.2.2. Review of personnel who require assistance from AMTU staff.

8.2.3. Attend or dial-in to AMTU bi-weekly cross-talks.

8.2.4. Meet all inbound Aeromedically Evacuated patients and complete intake forms and briefings.

8.2.5. Ensure all consults and appointments are placed in priority status.

8.2.6. Coordinate lodging for outpatients and Non-Medical Attendants receiving care at SAMMC.

SCOTT C. SUCKOW, Colonel, USAF, MSC
Administrator
Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References
AFI 1-1, Air Force Standards, 7 August 2012
AFI 41-210, TRICARE Operations and Patient Administration Functions, 6 June 2012
AFI 36-2903, Dress and Personal Appearance for Air Force Personnel, 18 July 2011
AFI 36-3003, Military Leave Program, 11 May 2016
AFI 48-123, Medical Examinations and Standards, 5 November 2013
AFPD 41-2, Medical Support, 28 June 2013
59 MDWI 41-122, Patient Transfers, 24 December 2013

Adopted Form
AF Form 847, Recommendation for Change of Publication

Abbreviations and Acronyms
AFW2—Air Force Wounded Warrior
AMTU—Airman Medical Transition Unit
AOR—Area of Responsibility
CRP—Comprehensive Recovery Plan
EPRSS—Enroute Patient Staging System
FLO—Family Liaison Officer
IAW—In Accordance With
MCCM—Medical Care Case Manager
MDW—Medical Wing
MTF—Military Treatment Facility
NCOIC—Noncommissioned Officer in Charge
NMCM—Nonmedical Care Manager
PCS—Permanent Change of Station
RCC—Recovery Care Coordinator
SAMMC—San Antonio Military Medical Center
SDO—Special Duty Officer
SGH—Chief of the Medical Staff
TDY—Temporary Duty
UCMJ—Uniform Code of Military Justice
WHASC—Wilford Hall Ambulatory Surgical Center
## AMTU ASSIGNMENT CHECKLIST

**Figure A2.1. AMTU Assignment Checklist.**

<table>
<thead>
<tr>
<th>NO</th>
<th>ITEM</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Indications for assignment to a Patient Squadron (Pt Sq) are as follows:</td>
<td></td>
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<tr>
<td>2</td>
<td>Required medical care is NOT available at the MTF or reasonably available in the local or regional areas.</td>
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<tr>
<td>3</td>
<td>There is overwhelming medical evidence that suggests a SM is not expected to return to active duty (able to perform reasonable duties).</td>
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<tr>
<td>4</td>
<td>Hospitalization beyond the SM’s Date of Separation is expected (AFPC/DPANM – Medical Hold).</td>
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<tr>
<td>5</td>
<td>OCONUS: When required medical care is not available in the overseas area.</td>
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<tr>
<td>6</td>
<td>OCONUS: When hospitalization beyond the member’s DEROS is expected.</td>
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<tr>
<td>7</td>
<td>When AFPC/DPANM directs.</td>
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<tr>
<td>8</td>
<td>Contraindications for assignment to a Pt Sq are as follows:</td>
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<tr>
<td>9</td>
<td>Losing unit has a member who is a burden due to medical problems, but care IS available in the local area.</td>
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<tr>
<td>10</td>
<td>Member has a problem that can be resolved/stabilized in less than 90-90 days and the home base can safely monitor after that time period.</td>
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<tr>
<td>11</td>
<td>Member has a problem that is elective in nature and desires care at another MTF (i.e., in-vivo fertilization, cosmetic surgery, etc.)</td>
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<tr>
<td>12</td>
<td>PROCESS</td>
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<tr>
<td>13</td>
<td>Has conversation between losing and gaining SGH taken place regarding attachment/assignment to Pt Sq? If “no,” Pt Sq cannot accept.</td>
<td></td>
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<tr>
<td>14</td>
<td>Has losing SGH consulted with losing MTF care team, MTF Commander and TOFA representatives?</td>
<td></td>
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<tr>
<td>15</td>
<td>Is the appropriate level of medical care (MTF and civilian) available at the gaining location?</td>
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<tr>
<td>16</td>
<td>Does patient have family near gaining location that can assist with his/her recovery?</td>
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<tr>
<td>17</td>
<td>Will member require assistance getting to/from appointments, providing self-care? If “yes,” ensure nonmedical attendant (NMA) authorization paperwork is completed prior to travel and send member with NMA</td>
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<tr>
<td>18</td>
<td>If applicable, is a line of duty (LOD) determination in progress?</td>
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<tr>
<td>19</td>
<td>Should patient be sent TDY (attached) or PCS (assigned)?</td>
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<tr>
<td>20</td>
<td>Is care expected to take &lt;90 days? If “yes,” send TDY.</td>
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<tr>
<td>21</td>
<td>Does member have a temporary condition (e.g., high risk pregnancy) that will likely resolve naturally? If “yes,” send TDY.</td>
<td></td>
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<tr>
<td>22</td>
<td>Is member in a CAT II (care expected to last &gt;180 days) or CAT III (not expected to return to active duty) status? If “yes,” send TDY but begin PCS process.</td>
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</tbody>
</table>
### ALL PURPOSE CHECKLIST

<table>
<thead>
<tr>
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<th>ITEM</th>
<th>PAGE</th>
<th>OF</th>
<th>PAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>17a</td>
<td>Is member likely to return to duty at conclusion of his/her care?</td>
<td></td>
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<tr>
<td>17b</td>
<td>If 16a is “yes,” is the member’s AFSC available near the gaining MTF? If “no,” consider sending member to another Pt Sq, if it can meet his/her medical needs.</td>
<td></td>
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<tr>
<td>18</td>
<td>Has losing MTF case manager (CM), SGH or PCM communicated with gaining CM? If “no,” Pt Sq cannot accept.</td>
<td></td>
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</tr>
<tr>
<td>19</td>
<td>Does patient have an accepting physician at gaining MTF? If “no,” Pt Sq cannot accept.</td>
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<tr>
<td>20</td>
<td>Has losing unit commander supplied a commander’s letter? If “no,” obtain one within 30 days of PCS to Pt Sq</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>21</td>
<td>Does the patient have the appropriate profile in ASIMS? If “no,” complete this prior to sending.</td>
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<tr>
<td>22</td>
<td>Have the appropriate narrative summaries been completed for personnel who will require a MEB? If “no,” complete these within 30 days of sending member.</td>
<td></td>
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</tbody>
</table>

* - When in doubt, send member TDY. It's a relatively simple administrative process to convert a TDY to a PCS. Air Force Reserve and Air National Guard personnel cannot PCS to the Pt Sq.

** - Do not delay medical care for administrative reasons. Send patient with TDY orders and begin process of a PCS.

Additional Comments: