

Medical Holdover (MHO) Soldier's Handbook



“FIT TO FIGHT!”



**Department of the Army
Installation Name
Location**

1 March 2006

References

- Title 10 U.S.C., Chapter 61
- DoDI 1332.18, Separation or Retirement for Physical Disability
- DoDI 1332.38, Physical Disability Evaluation
- DoDI 1332.39, Application of the Veterans Administration Schedule for Rating Disabilities
- AR 135-381, Incapacitation of Reserve Component Soldiers
- AR 600-20, Army Command Policy
- AR 600-60, Physical Performance Evaluation System
- AR 635-40, Physical Evaluation for Retention, Retirement, or Separation
- AR 40-3, Medical, Dental and Veterinary Care
- AR 40-400, Patient Administration
- AR 40-501, Standards of Medical Fitness
- FORSCOM Implementation Plan for Community Based Health Care Initiative (CBHCI)

MISSION STATEMENT

To fix the Soldier and return him or her to the fighting strength. Those we cannot fix, then with dignity and compassion, assist them in making the transition to civilian life. The Army is absolutely committed to taking care of its people, providing the best possible health care to evaluate and treat its mobilized wounded/injured/ill Reserve Component (RC) Soldiers.

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Personnel – General

1. PURPOSE: The purpose of this handbook is to provide Medical Holdover (MHO) Soldiers with guidance on standards of conduct and key policies. See applicable MHO Company SOP for specific directives.

2. APPLICABILITY: This MHO Soldier's Handbook applies to all Soldiers assigned/attached to any Medical Retention Processing Unit (MRPU) Company, U.S. Army Garrison. The responsibility of the MRPU Company is command and control (C2), administrative and pay issues, UCMJ, billeting and accountability of the MHO Soldiers. Reading and familiarization of this handbook is mandatory. The standards will be practiced and enforced during your tenure in MHO status.

3. GENERAL: Military personnel will conduct themselves in a professional manner to avoid bringing discredit upon themselves, the unit, or the Army. Undesirable conduct includes, but is not limited to, drunk/reckless driving, drunk/disorderly conduct, offensive language and gestures, as well as failure to satisfy financial obligations.

4. COMMANDER'S OPEN DOOR POLICY: In accordance with Army Regulation 600-20, Army Command Policy, "Commanders will establish an open door policy within their commands. Soldiers are responsible to ensure that the commander is aware of problems that affect discipline, morale, and mission effectiveness; and an open door policy allows members of the command to present facts, concerns, problems of a personal and professional nature, or other issues which the Soldier has been unable to resolve." The Commander's open door policy is not

intended to supersede utilization of the chain of command. The chain of command should be utilized to resolve any problems/issues and suggest improvements.

5. FORMATIONS: Formation times and locations are annotated on the training schedule (See Paragraph 9) unless otherwise directed by the Commander/1SG.

6. MEDICAL SICK CALL: The Primary Care Clinic for all MHO Soldiers, Mobilized and Demobilized Soldiers will be the _____ Clinic, Bldg. _____ (located at the intersection of xx). Hours of operation are:

Sick call hours: 0700 to 0900 (Sample)
Daily Operations: 0700-1530 (Sample)
Phone: (Area Code, if necessary)-123-4567
After hours: Report to Emergency Room at MTF Name _____.

Note: On SRP days Soldiers are seen at Primary Care Clinic #__. Failure to show for any scheduled appointments may result in disciplinary action IAW UCMJ. Soldiers will turn in Medical Records to their health record (HREC) custodian upon completion of their medical appointment. Medical records are the property of the U.S. Government. Soldiers should ask for a copy of medical documents at the conclusion of each appointment.

7. DENTAL SICK CALL: Sick call hours are 0700 to 0930 hours M-F at xxxx Dental Clinic, Bldg. xxxx (#123-4567). Dental records are also maintained at xxxx Dental Clinic.

8. DINING FACILITIES: The xxxx DFAC is located on the _____ level of the hospital or at Bldg # xxxx. Operating hours are Mon-Fri:

Breakfast: xxxx-xxxx
Lunch: xxxx-xxxx
Dinner: xxxx-xxxx
Closed holidays and weekends.

xxxxx DFAC, Bldg. 1234
Operating hours are Mon-Fri:
Breakfast: xxxx-xxxx
Lunch: xxxx-xxxx
Dinner: xxxx-xxxx

Weekend and holiday hours are:
Brunch: xxxx-xxxx
Dinner: xxxx-xxxx

9. TRAINING SCHEDULE: Training schedules are posted in BLDG. xxxx and xxxx and on the xx floor of xxxxx (MTF name). Your PSGs also will have copies of training schedules to answer any questions pertaining to the unit training schedule.

While on active duty (AD), MHO Soldiers are reminded that they are eligible to attend civilian (college) courses at their respective installation under the following conditions:

- School hours cannot interfere with the Soldier's medical treatment plan;
- School hours cannot interfere with the Soldier's job;
- Soldiers must receive permission from the chain of command.

10. PHYSICAL TRAINING: PT time and location is annotated on the training schedule unless otherwise directed by the Commander/1SG. All personnel are responsible for PT based on their physical profile. MHO Soldiers are encouraged to coordinate with Physical Therapy to develop an individual PT program based on their current physical condition. Personnel

will carry their profile with them at all formations and PT.

11. CHAPLAIN SERVICES: The Chaplain's office is located on the xnd floor, Room xx (#123-4567) of the MTF name or Bldg x, the corner of x street and x avenue.

12. UNIT BILLETS:

- a.** The 1SG will make room assignments; no room changes will be made without prior approval of the Commander/1SG. MHO Soldiers shall be provided uniform lodging in quality and type for the area where they are located. It is particularly important that RC Soldiers on AD receive the same quality and type of lodging and support including transportation that other AD Soldiers receive. In all cases, the actual housing provided shall accommodate the medical condition of the MHO Soldier.
- b.** Quiet hours begin at xxxx hours on weekdays and xxxx hours on weekends. Visiting hours are from xxxx until xxxx hours on weekdays and xxxx until xxxx hours on weekends.
- c.** Furniture will not be moved without prior approval from the Commander/1SG.
- d.** Contraband (e.g., explosives, firearms, weapons, BB/Pellet guns, paint ball guns, narcotics, any illegal drugs, or drug paraphernalia) will not be stored, used, or sold in the billeting area.
- e.** Alcohol is not permitted outside occupant's room. Soldiers must be 21 years of age to purchase, possess or consume alcohol.
- f.** Safety is the responsibility of every Soldier. Report hazards to the chain of command immediately.
- g.** Shorts, shirts and underwear are the minimum clothing to be worn when entering/leaving the latrine/shower unless otherwise prescribed.

h. All doors will be marked with occupant's name, rank, and 1SG's name.

- i.** In accordance with AR 600-20, Army Command Policy, commanders will take appropriate action in any cases where a Soldier's conduct violates good order and discipline. Each installation develops and publishes local policy for the maintenance of good order and discipline in the barracks.
- j.** No major repairs or maintenance will be allowed on vehicles in the parking area.
- k.** Personal appliances that produce heat are not authorized in occupant's rooms without prior approval of the Commander/1SG.
- l.** Billet deficiencies will be reported to the floor NCOs & forwarded to supply personnel immediately.
- m.** Unit leadership will conduct billets inspections/ checks to protect the health & welfare of Soldiers.
- n.** No smoking in billets. Smoking is permitted only in designated smoking area.

13. UNIFORM POLICY:

- a.** BDU/DCU will only be worn in transit from home to work location and off post for limited purposes. Personnel may make "quick stops" for gasoline or small purchases before xxxx hours daily. BDU/DCU will not be worn inside shopping malls, department stores off post, for travel, or at establishments that sell alcohol as their primary business. IPFU/BDU/DCUs may also be worn on or off post to medical appointments, while performing duties as duty driver, or when authorized by the Commander.
- b.** Mixing of BDU/DCU and civilian clothing is prohibited. Exceptions to this policy are Gore-Tex jacket, field jacket, black windbreaker, or overcoat without rank insignia.
- c.** Physical fitness uniforms are only authorized for wear during physical training, for wear while

commuting to and from work, during outside work details, for medical treatment/appointments or as authorized by the Commander. It will not be worn in the PX, Commissary, or any other on or off post establishment, except the "Mini Mall" and PX gas stations immediately before/after PT.

d. Security Badges will be worn attached to the right breast pocket of the BDU/DCU.

14. INPROCESSING: Soldiers in the MHO Program must volunteer to remain on AD for medical treatment. Those individuals who decline to volunteer to remain on AD under MRP orders will sign a declination and will be Released from Active Duty (REFRAD). If a Soldier signs a declination statement and REFRADs, he or she is authorized 180 days of Transition Assistance Management Program (TAMP) (TRICARE and/or VA benefits) from date of REFRAD.

a. 25 Day Rule. Soldiers found to be medically unfit to deploy due to pre-existing conditions within the first 25 days of mobilization will be REFRAD and returned to home station NLT 30 days from mobilization date. The non-deployable Soldier will be returned to his or her peacetime commander. If the medical condition is temporary, i.e., simple fracture and the Soldier completely recovers, no further action is required. The Soldier then becomes eligible for mobilization again. If the Soldier does not meet medical retention standards under provisions of AR 40-501, Chapter 3, the unit commander is required to initiate actions per Physical Disability Evaluation System.

b. Soldiers Waiting for Deployment.

- Soldiers not expected to return to duty within 60 days are reassigned to the Medical Retention Processing Unit (MRPU) on MRP orders or REFRAD if the Soldier declines to remain on Active Duty.
- Soldiers expected to return to duty within 60 days remain on their mobilization orders and are attached

to an MTF and or MRPU until they are medically fit to return to their unit.

c. Soldiers Evacuated from Theater or CONUS Assignment.

- Soldiers not expected to return to duty within 60 days or have less than 120 days remaining on their mobilization orders are reassigned to the MRPU on MRP orders or REFRAD, if the Soldier declines to remain on AD.
- Soldiers expected to return to duty within 60 days and have more than 120 days remaining on their mobilization orders remain on their mobilization orders and are attached to an MTF and or MRPU until they are medically fit.

d. Soldiers Demobilizing Who Require Medical Care. Soldiers who must remain on AD beyond their mobilization orders are reassigned to the MRPU on MRP orders or REFRAD, if the Soldier declines to remain on AD.

e. Soldiers who have an approved Line of Duty (LOD), DA Form 2173, may use military treatment facilities to resolve the medical condition. Soldiers are eligible for VA health care benefits based upon their disability discharge status (DD 214).

- TRICARE benefit is under Standard TRICARE, which carries higher out-of-pocket expenses. (see TRICARE representative).

f. DA Form 3349 Physical Profile.

- All MHO Soldiers must have a DA Form 3349.
- Soldiers with temporary or permanent conditions must have physical profiles documented that list limitations.
- Soldiers are responsible for adhering to the limitations of their profile.
- Soldiers with a permanent 3 or 4 profile must be referred to either a MOS Medical Retention Board (MMRB) or a Medical Evaluation Board/Physical Evaluation Board (MEB/PEB), if the Soldier meets

one of the medical conditions in Chapter 3, AR 40-501.

- Profile description: P-physical; U – upper extremity; L – lower extremity; H – hearing; E – eyes; S – psychological (PULHES).

15. FINANCE: Soldiers returning from theater either by MEDEVAC or demobilization must process through Finance at the Soldier Readiness Center (SRC) or designated finance office location. Soldiers in MHO status have the following entitlements:

a. Family Separation Allowance (FSA) IAW DoDFMR, (Military Pay Policy and Procedures, Active Duty & Reserve Pay), Vol. 7A, Chapter 27. Soldiers assigned to an MPRU and whose dependents do not reside within a reasonable commuting distance (50-mile one way or 1 ½ hours) of the installation where assigned. Soldiers who commute daily are not entitled to FSA regardless of the distance or exceeding 1 ½ hours travel time. The rate is \$250 per month.

b. Basic Allowance for Housing (if applicable, as based upon home of residence).

c. Basic Allowance for Subsistence.

d. Enlisted clothing allowance at the one-year mark or earned prorated periods.

e. Officers may receive an additional uniform allowance, if applicable.

f. Per diem (for incidentals) entitlement rate of \$3.00 per day for Temporary Change of Station (TCS) orders in CONUS.

g. Laundry allowance rate of \$2.00 per day for TCS orders in CONUS.

h. Upon return from theater, the following entitlements will STOP:

- Hostile Fire Pay/Imminent Danger Pay*
- Hazardous Duty Pay*

- Hardship Duty Pay
- Tax-Exempt Status*

*Contact your servicing Finance Center for additional entitlements if your injuries were sustained during combat operations.

i. Other Special Pays. Soldiers **may** be eligible for other special pays such as Combat-related Injury Rehabilitation Pay and Traumatic Injury Protection rider under the Traumatic-SGLI. These pays were included in the FY 06 National Defense Authorization Act; however, these pays are not automatic and the official DoD guidance is still pending. Soldiers should consult their unit leaders for details.

j. myPay Account. Soldiers should sign up for myPay, if not already in possession of a myPay PIN. Soldiers may designate a primary family member “view/print” only access to myPay.

k. Pay inquiries. Soldiers should seek assistance from their chain of command first. This is an effective procedure because it affords unit leaders the opportunity to resolve pay concerns on behalf of their Soldiers in an expeditious manner. ARNG Soldiers who encounter unresolved pay issues may call the ARNG Financial Services at 1-877-ARNGPAY, (317) 510-3243 or DSN 699-3243. Fax: (317) 510-7017. Email: arng-milpay@arng-fsc.ngb.army.mil. Army Reserve Soldiers who encounter unresolved pay issues may call the Ft. McCoy Reserve Pay Customer Service at 1-877-462-7782 or Fax at (608) 388-7436. Email: usarcpayinquiry@emh2.mccoy.army.mil.

16. GRATUITOUS ISSUE CLOTHING FOR OIF/OEF HOSPITALIZED PERSONNEL.

a. Soldiers who are medically evacuated from the CENTCOM AOR, primarily Operation Noble Eagle (ONE), Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), to CONUS medical treatment facilities (MTF) without their military

uniforms or other personal clothing effects may receive gratuitous issue clothing through the MHO Commander.

b. Based on need and verification by the MTF Patient Administration Division (PAD), each returning medical evacuee is authorized up to \$250.00 for civilian clothing.

c. PAD will initiate the authorization for civilian attire request which is only valid at the installation AAFES store.

d. If the Soldier does not use the entire allotted amount, they will not be given a credit slip for the remaining balance or another opportunity to shop at a later date. Clothing articles that are procured under this process will remain separate from other purchases and not be co-mingled with other items at the cash register. As there are no funds exchanged, the Soldier will verify the receipt of clothing on the original document. Soldiers are allowed to keep gratuitous clothing issues that are purchased at installation/organization of assignment.

e. Medical evacuees requiring military clothing items, are authorized a gratuitous partial issue through the Military Clothing Sales Store (MCSS). See Supply Sergeant for additional information.

f. Personnel who live in the local area of the MTF will not be authorized this entitlement. Soldiers who are required to travel back to their home station or authorized to travel on convalescent leave from the MTF and return or go to another MTF IAW U7210 of the JFTR may be authorized this entitlement.

17. INCAPACITATION PAY:

a. Incapacitation (INCAP) pay is a benefit for Soldiers who are injured, wounded, or contract an illness/disease during Active Duty, are REFRAD, and demonstrate a loss of non-military compensation. See AR 135-381, Incapacitation of

Reserve Component Soldiers.

b. Entitlement to INCAP pay is made on a case-by-case basis with a maximum benefit of six (6) months.

c. Eligibility begins after the last day of Active Duty, but it may take months to be approved for INCAP pay.

d. No Soldier has an automatic entitlement to INCAP pay.

e. INCAP pay may not be paid until a final Line of Duty (LOD) determination has been made.

f. If it is determined that a Soldier's injury or illness/disease was incurred or aggravated in LOD, then he or she may be entitled to INCAP pay, if approved, eligibility begins when the Soldier is REFRAD.

g. If the Army determines the injury was not incurred or aggravated in LOD, then the Soldier is not entitled to this benefit.

h. It is the Soldier's responsibility to apply for INCAP pay after REFRAD. Applying for the benefit is initiated at the Soldier's home station through his or her chain of command.

18. TREATMENT EXPECTATIONS:

a. If a Soldier is injured, wounded, or becomes sick while on AD, the Army will attempt to fix the medical issue. An MHO Soldier can be referred to other military services, the Veteran's Administration or civilian sources for medical treatment.

b. If a Soldier has a pre-existing condition and it is not identified before Day 25 (on mobilization order), the Army offers to treat the condition if treating it will make the Soldier fit for duty; otherwise, the Soldier is referred to the MEB/PEB process.

c. If a Soldier has a pre-existing condition that is aggravated during AD, then the Army offers to make it better.

- d.** If a Soldier's condition can not be fixed or made better, the Army may send the Soldier through the MEB/PEB process.
- e.** Soldiers exceeding 365 days in the MHO program must undergo a MEB/PEB.
- f.** All MHO Soldiers will be assigned a Primary Care Manager (PCM) – a physician who directs medical care and evaluations and the case managers.
- g.** All patients are entitled to a second opinion, at the Army's expense and at the source of the Army's choosing. The MTF Commander, in consult with the Primary Care Provider (PCP), will determine the Soldier's new PCP.
- h.** Soldiers who desire a third opinion from someone of their choice, i.e., civilian healthcare provider, can do so at their own expense. Also, the military physician is not obligated to concur with civilian healthcare provider assessment.
- i.** Soldiers are entitled to the same elective procedures as any other AD compatriots, however-
- Primary mission is to overcome condition(s) that put them in MRP.
 - No elective procedures are authorized that are likely to prolong time in MRP.
 - All "elective" procedures must be scheduled and coordinated through the Primary Care Provider and Case Manager.
- j.** The OTSG has directed that RC Soldiers will have priority medical care at MTFs:
- 72 hrs for initial specialty consultations
 - One (1) week for MRI and other diagnostic studies
 - Two (2) weeks for surgery (from time of decision to actual surgery)
- k.** Soldiers have both rights and responsibilities when it comes to their health and the health care services they receive.
- You have the right to receive accurate and easily understandable information about your health care

- plan; if you do not understand something, assistance will be provided so you can make informed health care decisions.
- You will be assigned a case manager who will coordinate your care with a health care provider to provide you access to appropriate high-quality health care.
 - If you have severe pain, new acute injury, or sudden illness, that convinces you that your health is in serious jeopardy, you have the right to receive screening and stabilization emergency services.
 - You have the right to know all your treatment options and to participate in decisions about your care.
 - You have the right to considerate, respectful and nondiscriminatory care from your health care team.
 - You have a right to talk in confidence with your health care team and to have your health information protected. You also have the right to review and copy your own medical record and request that your health care provider amend your records if it is not accurate, relevant, or complete.
 - You have the right to a fair, fast and objective review of any complaint you have against your health care treatment plan, your providers, waiting times, conduct of health care personnel, and adequacy of health care services and facilities.
- l.** Army medical records are the property of the Government. Thus, the same controls that apply to other Government documents apply to Army medical records. Army medical records, other than those of RCs, will remain in the custody of the MTFs at all times. RC records will remain in the custody of the appointed HREC custodian. The medical records of special operations forces will also remain in the custody of the MTFs at all times. This medical record is the Government's record of the medical care that it has rendered and must be protected. Upon request, the patient may be provided with a copy of his or her

record, but not the original record. Only one free copy may be provided to the patient. Procedures should ensure conscientious Government control over medical records for good medical care, performance improvement, and risk management. Limit access to all open record storage areas and to electronic records to authorized personnel only.

m. If a PEB receives information that a Soldier whose case is in the disability system is AWOL, case processing will be suspended. If the Soldier returns to military control within 10 days, processing may be resumed. Processing will include consideration of any new or increased disability incurred during the period of AWOL. Should the Soldier not return to military control within 10 days, the case file will be returned to the MTF. If information that a Soldier is AWOL is received after the case file has been forwarded for disposition, the PEB will promptly notify the USAPDA.

n. A Soldier charged with an offense under the UCMJ or who is under investigation for an offense chargeable under the UCMJ which could result in dismissal or punitive discharge, may not be referred for, or continue, disability processing unless—

- (1) The investigation ends without charges.
- (2) The officer exercising proper court-martial jurisdiction dismisses the charges.
- (3) The officer exercising proper court-martial jurisdiction refers the charge for trial to a court-martial that cannot adjudge such a sentence.

19. Line of Duty (LOD):

a. All Soldiers who are injured or wounded while on active duty must have a Line of Duty (LOD).

b. LOD is written by the Soldier's physician, signed by the company commander and certified by Military Personnel Directorate.

c. Soldier's case manager can assist in initiating an LOD for the Soldier.

d. LOD determinations are essential for protecting the interest of both the individual Soldier and the US Government where service is interrupted by injury, disease, or death.

e. To ensure Soldiers receive appropriate medical care after leaving active duty, commanders must complete an LOD investigation or prepare a presumptive (that is, one that may be subject to further review and is not necessarily administratively final) LOD determination memo for Soldiers who incur or aggravate injuries while on active duty.

NOTE: It is not recommended to have a presumptive LOD memo. All Soldiers should have an LOD before REFRAD.

f. Soldiers on active duty who incur disease or injury determined by the Department of Veterans Affairs (VA) to be service connected are eligible for care through the VA for the rest of their lives for that condition or conditions. Seriously disabled soldiers, dependent upon the degree of severity of the service-connected condition(s), may also be provided care for all of their conditions even those not related to service. An LOD is an important piece of evidence used by VA to determine service connection.

g. A LOD cannot be completed for pain, i.e., leg, back, arm pain. The pain that a Soldier has must be accompanied by an injury, i.e., leg, back or arm injury.

h. It is the Soldier's responsibility to prove that the injury occurred by providing medical documentation of treatment for the injury.

i. In addition to current distribution requirements, completed LOD documentation should be distributed to the following:

- Soldier's OMPF and field personnel file.
- Copy to individual Soldier.

- Soldier's medical record.
- Copy to Soldier's home unit.
- j.** Documents needed to apply for medical benefits:
 - Discharge Certificate – DD214
 - Copy of DA Form 2173, Statement of Medical Examination and Duty Status
 - Original medical records stating extent of injury
 - If possible a copy of Leave and Earnings statement showing receipt of Hostile Fire or Imminent Danger Pay; proof of exemption of federal tax status for Hostile Fire or Imminent Danger Pay; or orders to a theater of combat operations.

k. Health Care Enrollment with the VA. For most veterans, entry into the VA health care systems begins with applying for enrollment. Veterans do not have to be enrolled if they: (1) have a service-connected disability of 50 percent or more (as rated and awarded by VA); (2) want care for a disability the military determined was incurred or aggravated in the line of duty, but VA has not yet rated, during the 12-month period following discharge; or (3) want care for a service-connected disability only. To permit better planning of health resources, however, these veterans also are urged to enroll. See page 6 of the VA, 2005 Edition, Federal Benefits for Veterans and Dependents.

l. Combat Veterans: Veterans who served in combat locations during active military service after November 11, 1998, are eligible for free health care services for conditions potentially related to combat service for two years following separation from active duty. For information call 1-877-222-8387. See page 8 of the Department of Veteran Affairs, 2005 Edition, Federal Benefits for Veterans and Dependents.

20. Medical Retention Processing (MRP):

a. This program applies only to RC Soldiers currently on active duty for contingency operations connected

to the Global War on Terrorism (GWOT). The MRP program is designed to compassionately evaluate and treat the RC Soldier with an in the Line of Duty (LOD) incurred illness, injury, or disease or aggravated preexisting conditions. To, as soon as possible, return Soldiers back to duty within their respective RC. If a return to duty is not possible, process the RC Soldier through the Army Physical Disability Evaluation System (PDES).

b. Mobilized Soldiers who desire their medical conditions to be addressed while in AD status must submit a DA Form 4187 requesting MRP. Soldiers in MRP should have a temporary or permanent profile. A Soldier's ability to perform their civilian job is not a consideration for entry into the MRP program. Only RC Soldiers on mobilization orders are eligible for the MRP program. RC Soldiers on Annual Training status are not eligible for the MRP program.

c. Soldiers in the MHO Program must volunteer to remain on AD for medical treatment. Those individuals who decline to volunteer to remain on AD under MRP orders will sign a declination and will be Released from Active Duty (REFRAD). If a Soldier signs a declination statement and REFRADs, he or she is authorized 180 days of Transition Assistance Management Program (TAMP). All Medical Holdover Soldiers will contact the MRP Section in Room xx, BLDG. xxxx, 60 days before expiration of their mobilization orders. A mobilized Soldier that is expected to require health care for more than 60 days will need to be placed on MRP orders while receiving their health care. The specifics will be discussed on an individual basis with each Soldier.

d. The duration of MRP orders is for 179 days from the effective start date. MHO Soldiers who need extensions to remain on AD for medical treatment should submit their request 45 days prior to the end of their MRP orders. MRP orders convert the Soldier's

partial mobilization order Title 10 USC 12301 to MRP Title 10 USC 12301(d). In effect, this takes the Soldier from operational status to Medical Holdover status. This allows the Soldier's unit to request replacement for the injured Soldier by paragraph and line number, and pay and allowances change fund cites.

e. Medical Readiness Processing 2 (MRP 2): The MRP 2 program is designed to evaluate and treat illness, injury or disease the MRP2 medical review board determines as the reason to return the Soldier back to active duty. This program applies only to RC Soldiers already released from active duty (REFRAD) from 10 USC 12302 partial mobilization orders.

f. RC Soldiers mobilized in support of the GWOT may apply for MRP2, if they fall into one of the following periods of eligibility:

- REFRAD on or between 1 January 2003 and the implementation date of this guidance. Soldiers in this category have six months from the implementation date of this guidance to make application to the MRP2 program.

- Soldiers that REFRAD after the implementation date of this guidance have six months from their date of REFRAD to make application to the MRP2 program.

g. The medical review board will review all MRP2 packets to determine if sufficient documentation is available to make a sound clinical decision to return the Soldier to active duty for evaluation and treatment of illness, injury or disease connected to a contingency operation.

h. Soldiers not eligible for the MRP2 Program:

- Soldiers discharged or separated from the Army are not eligible.
- Soldiers in the Active Guard and Reserve (AGR) are not eligible.

- Pre-existing Medical Conditions. Soldiers with a pre-existing medical condition not aggravated while on active duty.

- In Line of Duty (LOD)-No Determinations.

- Soldiers in an approved Continuance On Active Duty Reserve (COAR) status.

- Pregnancy may preclude admission into the program.

i. Medical documentation from the active duty mobilization period is a key component for supporting an aggravation claim for any preexisting medical condition. However, the MRP2 medical review board will recognize that some Soldiers might not have documentation or might not seek treatment until after REFRAD.

j. Two of the three members must recommend approval before a Soldier is offered MRP2 orders.

k. The Soldier's unit is responsible for assisting Soldier compile request packet and for forwarding completed packet to HRC-A for consideration.

l. All Soldiers on MRP2 orders will be assigned to an Army installation and undergo evaluation and development of treatment plan prior to further attachment to a CBHCO.

21. JOB ASSIGNMENTS: Soldiers may be assigned temporary Title 10-like duties while assigned to the MRPU Company when such duties do not interfere with their medical care requirements. Soldiers will be assigned duties within the limits of their physical profile and appropriate to their rank. Soldiers should never violate their given profile, regardless of whether the Soldier says he or she can do the task at hand. Previous skills and training must be considered before assigning any temporary duty.

a. Soldiers must be on time; all absences must be supported by documentation.

b. Soldiers will maintain military bearing at all times.

- c. Soldiers will not terminate job assignment without command approval.
- d. Failure to comply will result in UCMJ action.

22. CASE MANAGERS: Every Soldier in the MRP company is assigned a case manager. The case managers will:

- a. Facilitate all medical care for MHO Soldiers.
- b. Ensure that the Soldier has received appropriate care related to all identified medical conditions.
- c. Establish open communications with the Soldier to identify other challenges that the Soldier is experiencing and acts as a resource for the Soldier to access other medical systems such as the VA, TAMP, and the Medical Board.
- d. Duties and Expectations of Case Managers:
 - Use a team process based on communications, collaboration, coordination, and Soldier focused care to meet program objectives, i.e., Soldier, case managers, Providers (primary care providers and specialists), PEBLO, Social Work Care Manager, company commander, 1SG, Plt Ldr.
- e. Document Clinical History.
 - Review profiles, LOD, all available medical information prior to sitting down with the Soldier.
 - Primary health concerns-pain, medications, physical functioning, mental status, conditions treated in theater.
 - Any previous prognosis or plan for current condition.
 - What is each Soldier's personal assessment of his current condition?
 - Pertinent surgeries, treatments.
 - Physical systems assessment.
- f. Coordinate Plan of Care-review and document care plan from primary care manager (PCM).
- g. Coordinate Appointments/Consults.
 - Medical Treatment Facility
 - VA

- TRICARE
- Communicate/coordinate/meet with MRP company chain of command and Soldier on a weekly basis.
- h. Soldier Education – Disease process, injury, surgery, treatment, plan of care, answer questions.
- i. Release of Information Health Insurance Portability Accountability Act (HIPAA) – Soldier may be required to sign provider's release of information. Medical information is shared only with Soldier's chain of command.
- j. Medical Plan and Disposition.
 - Outline injury, illness, history for provider.
 - Case management point of contact.
 - Primary care manager (PCM) completes diagnosis, functional limitations, expected period of treatment and treatment plan.
- k. Ongoing Follow-Up.
 - Contact Soldier after every medical appointment (exception physical therapy), during hospitalization, discharge planning.
 - Document contacts on SF 600.
 - Evaluate effectiveness of treatment and Soldier's progression toward maximizing wellness/quality of life.
- l. Track, expedite MEB/PEB process.
- m. Conduct ongoing assessment of Soldier satisfaction of MHO process.
- n. Case managers are located xxxx wing on the xx floor.
- o. Hours of operation are from 0800-1630 unless otherwise posted.

23. CBHCI (Community Based Health Care Initiative):

- a. CBHCI is a program that was developed to increase the Army's medical treatment capacity, ability to billet Soldiers with special need and take Soldiers on Title 10 USC 12301(d) and place them in

a regional Community Based Health Care Organization (CBHCO). While in the CBHCO the PLT SGT will contact the MHO Soldiers on a daily basis for accountability and to establish a working relationship to ensure the well being of the Soldier. CMs will contact the MHO Soldiers on a weekly basis at a minimum to assess medical progress and well being of the Soldier.

b. The CBHCO allows MHO Soldiers to receive treatment and recuperate at their homes using locally available healthcare option.

c. CBHCO coordinates health care, processes medical evaluation boards (MEB) and reports C2 status of MHO Soldiers to their respective headquarters and USA MEDCOM.

d. The following actions could warrant an MHO Soldier's removal from the program:

- The onset of a medical condition that renders CBHCO care inappropriate.
- Any UCMJ violation committed by the Soldier to include missed appointments.
- Any failure to follow a prescribed treatment plan. Such failure may be inferred from a Soldier's failure to make progress if deemed medically appropriate to do so.
- A failure to make satisfactory medical progress indicating a need for full MTF supervision and care.
- An inability to gainfully employ the Soldier in a manner consistent with his or her medical condition or profile. Such failure need not be due to the fault of the Soldier.

Soldiers who fail to comply with the program will be REFRAD, separated or returned to MRPU units.

e. This program is designed to have the Soldier assigned to a CBHCO with Title 10 duty at that individual Soldier's home unit or a unit closest to their home. The Soldier will work and receive medical care within a fifty (50) mile radius of their home. CBHCOs

are normally responsible for coordinating transportation for MHO Soldiers scheduled for medical care/appointments outside the 50 mile radius of the Soldier's home. The CBHCOs will send a request for TDY orders to the TF Headquarters for soldiers that need to travel to a Medical Treatment Facility for treatment. The TF will prepare a DA 1610 and send copies to the CBHCO authorizing travel.

f. Transfer of Soldiers to the CBHCO is a joint decision of the MRPU cadre and the medical team (case manager and PCM) and is considered a personnel action. MRP Soldiers may not reject being sent to a CBHCO.

g. All Soldiers must inprocess with the CBHCO before returning home.

CBHCOs are regionally aligned to provide coverage to the following states:

Alabama – MS, TN, KY

Arkansas – KS, LA, MO, NE, OK, TX

California – NV, OR, WA

Florida – GA, SC

Massachusetts – CT, ME, NH, NJ, NY, RI, VE

Virginia – DE, MD, NC, OH, WV, D.C. PA

Utah – AZ, CO, MT, NM, ND, SD, WY, ID

Wisconsin – IL, IN, IA, MI, MN

- Underlined states denote location of CBHCO headquarters.

h. Basic Selection Criteria: In order to be eligible for CBHCO selection a Soldier must:

- (1) Be unable to return to duty within 60 days.
- (2) Be unencumbered by legal or administrative action or holds, to include flags or pending chapter actions.
- (3) Meet medical criteria for inclusion, including a preliminary diagnosis and care plan that can be supported by the CBHCO. Also, a confirmation by the CBHCO that appropriate medical care is available within a reasonable commuting distance from residence, usually within 50 miles. A residence is

defined as an adequate place to live with a mailing address and telephone and can accommodate any special needs the Soldier may have to include wheelchair access.

(4) Be able to perform duty commensurate with respective profile at a Federal or State facility in support of Title 10 activity near their home.

(5) Have access to transportation for travel to and from medical appointments, as well as designated place of duty.

(6) Soldier must be on 10USC 12301 (d) orders before being released to any CBHCO.

(7) Medical selection for CBHCO is made by the designated medical authority at the installation upon coordination with the chain of command/medical element at the CBHCO.

(8) The following types of medical conditions might not be appropriate for off-installation management at the CBHCO:

- Exposure to depleted uranium.
- Exposure to chemical, biological, radiological, or nuclear agents.
- Confirmed or working diagnosis of leishmaniasis.
- Soldiers with behavioral disorders.
- Soldiers pending final disposition of MEB/PEB process.
- Soldiers with severe maxillofacial/dental injuries need to be evaluated as to whether it requires medical or dental authorization.
- i. Soldiers who reside within the TRICARE catchment area of an Army MTF are not eligible for transfer to a CBHCO, but may be transferred to that MTF for care if there is available capacity.

24. MWR (Morale, Welfare and Recreation)

A newsletter with up-coming events and activities is published bi-weekly and posted in the billets and the xx floor of the MTF (name).

25. INDEBTEDNESS AND DISHONORED

CHECKS: Soldiers will manage their personnel affairs and pay debts promptly. Knowingly writing checks on an insufficiently funded account will result in punishment under UCMJ. Financial Counseling is available at Army Community Service (ACS) at Bldg. xx (#123-4567).

26. GAMBLING: Gambling is prohibited on post.

27. MILITARY COURTESY:

- a. Courtesy is respect and consideration of others.
- b. The salute is a sign of mutual respect, unit pride and esprit de corps.
- c. Salutes are rendered by enlisted to commissioned officers and warrant officers and by junior officers to seniors.
- d. Salute distance is "recognition" distance. The salute should be rendered when within 6 paces. Saluting is not required while operating a motor vehicle.
- e. You must salute General/Colonel command vehicles identified by plate depicting their rank.
- f. Additional guidelines:
 - The first enlisted member to sight an officer who is higher in rank than the officers present in a room will call "Attention"; call "At Ease" for SGMs.
 - When an officer enters, personnel who are working will come to the position of attention (parade rest for CSM) when the officer/CSM addresses them.
- g. During conversations all military personnel will come to the position of attention and face a senior officer when addressed or parade rest for a senior NCO.
- h. While in formation/work detail when an officer approaches personnel, the person in charge calls "Attention" and renders a salute for the entire group.
- i. When an officer approaches a group not in

formation, the first person sighting the officer calls “Attention” and everyone in the group faces the officer and renders a salute.

j. Reveille/Retreat: When in uniform, upon hearing the music, assume the position of attention. Render a salute upon playing “To the colors”. When in civilian attire, assume the position of attention and place your right hand over your heart.

k. Personnel driving motor vehicles will pull over and stop. All occupants should exit and comply with the established procedures listed above.

28. FRATERNIZATION: Defined as inappropriate or unprofessional relationships between military personnel IAW AR 600-20.

a. Relationships between Soldiers of different ranks are prohibited if they:

(1) Compromise or appear to compromise the integrity of supervisors or chain of command.

(2) Cause actual/perceived partiality or unfairness.

(3) Involves/or appears to involve improper use of rank/position for personal gain.

(4) Are perceived to be exploitative/coercive in nature.

(5) Create an actual or predictable adverse impact on discipline, authority, morale, or the ability of command to accomplish the mission.

b. Prohibited acts:

(1) Engaging in sexual harassment, fraternization, or unprofessional associations.

(2) Engage/attempt to engage in a financial or business dealing with another Soldier.

(3) Borrow/lend money to another Soldier or civilian employee.

29. USE OF ALCOHOL AND DRUGS:

a. The consumption of alcohol during duty hours or while in uniform is prohibited.

b. Personnel must be at least 21 years of age to possess/consume alcohol.

c. The use of illegal drugs is a serious offense. Random drug screening is conducted.

d. Soldiers testing positive for, caught selling, or possessing illegal drugs will be prosecuted IAW UCMJ.

30. LEGAL ASSISTANCE: Legal assistance is available at ____ Hall, Bldg. XXXX (#123-4567).

a. A Soldier charged with an offense under the UCMJ or who is under investigation for an offense chargeable under the UCMJ which could result in dismissal or punitive discharge, may not be referred for, or continue, disability processing unless—
(1) The investigation ends without charges.
(2) The officer exercising proper court-martial jurisdiction dismisses the charges.

(3) The officer exercising proper court-martial jurisdiction refers the charge for trial to a court-martial that cannot adjudge such a sentence.

b. A Medical Holdover Soldier charged with an offense under the UCMJ or who is under investigation for an offense chargeable under the UCMJ, which could result in dismissal or punitive discharge, will continue with his or her respective medical treatment plan unless—**the Soldier receives orders to be processed out of the Army. The Soldier should receive medical treatment until the day the Soldier is released from the Army. Once a Soldier is pending separation, the MRPU Company will provide an NCO for escort duty to all medical appointments.**

c. AWOL. If a PEB receives information that a Soldier whose case is in the disability system is AWOL, case processing will be suspended. If the Soldier returns to military control within 10 days, processing may be resumed. Processing will include consideration of

any new or increased disability incurred during the period of AWOL. Should the Soldier not return to military control within 10 days, the case file will be returned to the MTF. If information that a Soldier is AWOL is received after the case file has been forwarded for disposition, the PEB will promptly notify the USAPDA.

31. SEXUAL HARASSMENT: AR 600-20, Army Command Policy states “The policy of the Army is that sexual harassment is unacceptable conduct and will not be tolerated.” Anyone who uses or condones implicit/explicit sexual behaviors to control, influence, or affect the career or pay of another is engaging in sexual harassment. Unwelcome verbal comments, gestures, or physical contact of a sexual nature is also sexual harassment. Report violators to the unit chain of command, commander or EO Representative at xxx-xxxx.

32. EQUAL OPPORTUNITY (EO): The Army will provide equal opportunity and fair treatment for military personnel, family members and DA civilians without regard to race, color, gender, religion, or national origin, and provide an environment free unlawful discrimination and offensive behavior. Report EO violations to the unit commander or EO Representative.

33. VOTING ASSISTANCE: The Voting Officer provides voting information year round.

34. LEAVES AND PASSES: IAW AR 600-8-10:
a. Pass/Leave will not be granted until completion of in-processing.
b. Command grants leave/pass as Soldier's medical care permits.

c. Letter of intent for leave/pass must be submitted no less than 4 days before the leave/pass begins.
d. Failure to report for duty at the end of pass/leave will be assessed as Absent Without Leave (AWOL), unless determined otherwise by the commander.
e. Personnel traveling in excess of 150 miles from _____ must submit a mileage pass.
f. Leave will not be granted in conjunction with a pass. All requests for pass/leave must be separated by a minimum of one duty day.
g. All personnel must sign in and out from leave/pass with the CQ in Bldg. _____.
h. The Commander retains approval and recall for all passes/leaves.
i. Soldiers may carry leave over into the MHO program. The MHO program encourages leave for all Soldiers, but not at the expense of their medical care and treatment. MHO Soldiers should be encouraged to take leave between medical appointments. Therefore, close coordination with respective case manager is essential to meet the Soldier's optimal treatment plan. Leave remaining at REFRAD or Separation must be cashed in during final out processing—transitional leave is not authorized for MRP Soldiers. Soldiers will not be authorized leave in conjunction with travel from installation to CBHCO unit. Soldiers cannot extend their MRP orders to take leave.
j. Convalescent leave is a non-chargeable absence from duty granted to expedite a Soldier's return to full duty after illness, injury, or childbirth. The unit commander is the approval authority for up to 30 days convalescent leave (42 days after normal pregnancy and childbirth) for a Soldier returning to duty after illness or injury. Hospital commanders are the only approval authority for requests in excess of 30 days (or in excess of 42 days for childbirth).

k. Soldiers processed by MTFs in assigned status normally will remain at the MTF until PEB action is completed. The Soldier may, however, be authorized to reside elsewhere pending completion of PEB action. Soldiers who are awaiting results of disability separation proceedings may request to be ordered home on PCS leave (AR 635–40). PCS leave is charged to the extent of maximum leave accrued. Any authorized absence in excess of maximum accrued leave is not chargeable as leave (Soldier remains entitled to pay and allowances). The unit commander is the approval authority.

l. Soldier must give the MTF commander a nonmilitary address and phone number where he or she can be reached and must advise the MTF commander of changes to that address or phone number.

m. Soldiers granted convalescent leave for illness or injury incurred in line of duty while eligible for receipt of hostile fire and imminent danger pay under section 310, title 37, United States Code (37 USC 310) are entitled to funded travel and transportation per JFTR, paragraph U7210.

35. PRIVATELY OWNED VEHICLES (POV):

a. All POVs operated on post must be registered with Vehicle Registration at Bldg. ____ (xxx-xxxx).

b. Failure to follow posted speed limits or driving under the influence may result in forfeiture of post driving privileges.

c. All personnel will park in approved parking areas. Failure to comply may result in suspension of driving privileges.

36. MOS/MEDICAL RETENTION BOARD (MMRB).

a. Soldiers with a permanent 3 or 4 profile must be referred to either a MOS Medical Retention Board (MMRB) or a Medical Evaluation Board/Physical

Evaluation Board (MEB/PEB), if a Soldier meets one of the medical conditions in Chapter 3, AR 40-501.

b. The purpose of the MMRB is to determine if a Soldier is medically qualified to perform in his or her MOS.

c. Soldiers referred to a MMRB may have the following actions taken by the board:

- Retain in MOS.

- Reclassify MOS.

- Refer to MEB.

d. Soldiers have **72 hours** after notification to appeal the MMRB results.

e. Soldier may bypass the MMRB if retention standards are not met.

37. MEDICAL BOARD SYSTEM: If you are referred to a medical board, you will receive a separate and specific briefing on the MEB process. The medical board process is officially called the PDES, Physical Disability Evaluation System, and is controlled by the US Army Physical Disability Agency (USAPDA). A Soldier is directed to the PDES if they have a medical condition that fails to meet retention standards IAW AR 40-501, Chapter 3. The determination of failing to meet medical retention standards is made by a physician, not the MHO commander, case manager, PSGs, etc.

a. The process starts with a MEB, Medical Evaluation Board. Once a physician determines that a Soldier has reached optimal medical care and still remains unfit, the physician will refer the Soldier for a MEB. For duty related cases, MEB process will not normally exceed 30 days (beginning on the date of the medical officer's signature on the narrative summary (NARSUM); 90 days for the whole MEB process). The NARSUM is the history of the Soldier's illness, objective findings on examination, results of X-ray and laboratory tests, reports of consultations, response to

therapy, and subjective conclusions with rationale. The NARSUM must be dated and signed. The MEB starts with a referral form and/or a permanent profile with a “3” or “4” designator in the PULHES portion. This 3 or 4 designator identifies the Soldier with significant limitation in their physical ability in that particular section. The referral or permanent profile is then forward to the MTF PEBLO, Physical Evaluation Board Liaison Officer, who will contact the Soldier telephonically and arrange an appointment to start the MEB process. Soldiers are required to attend a mandatory process briefing. MEBs will be composed of two or more physician members. One will be a senior medical officer with detailed knowledge of directives pertaining to standards of medical fitness and disposition of patients, disability, disability separation processing, and the Veterans Affairs Schedule for Rating Disabilities (VASRD). The other member(s) will be familiar with these matters. In consideration of mental competency, the MEB will consist of at least three members, one of whom will be a psychiatrist.

MEBs are convened to document a Soldier’s medical status and duty limitations insofar as duty is affected by the member’s medical status—Is the Soldier medically fit for the Army? PEBs are established to evaluate cases of physical disability equitably for the Soldier and the Army. PEBs evaluate the physical condition of the Soldier against the physical requirements of the Soldier’s particular office, grade, rank, or rating—Can the Soldier physically do the Army’s job?

b. The MEB is one of the three components in the Physical Disability Evaluation System. Once the MEB is completed, the packet is sent to the Physical Evaluation Board (PEB) for adjudication. Disposition can include: Fit for Duty (FFD), Separation from Service, Temporary Disabled Retirement List (TDRL),

or Permanent Disabled Retirement List (PDRL). If a Soldier is found FFD, he or she is retained and works within the limitations of their profile. If a Soldier is found unfit for duty, the PEB also determines the percent of unfitness. This percentage is based on the Veterans Affairs Schedule for Rating Disabilities (VASRD), ranging from 0 - 100% disabled. TDRL are for Soldiers who would be entitled to Permanent Disability Retirement except that the disability is not stable for rating purposes. TDRL is not a permanent status and the Soldier is required to undergo a reevaluation every 12-18 months for up to five years. Permanent disability retirement occurs if the Soldier is found unfit, the disability is determined permanent and stable and rated at a minimum of 30% or the Soldier has 20 years of active federal service.

c. If a Soldier is separated from the Army, he or she may be entitled to severance pay. Severance pay is NOT a medical retirement. It is calculated by multiplying your base pay, multiplied by two, and then multiplied again by the total number of years of active duty service (maximum of 12 years). If separated with severance pay, the Soldier will not receive retirement or be entitled to any future military benefits. Reserve Component Soldiers with 15, but less than 20 years of service, can also ask for a 15-year letter, transfer to the Retired Reserves, and receive a reduced retirement at age 60 under Title 10, United States Code, Section 12731(B).

d. There is a significant difference between the Army (PDES) and the Department of Veterans Affairs (DVA) ratings. The only conditions ratable by the Army are those that make the Soldier unfit for duty. Additional diagnoses listed in the MEB that are not unfitting are not rated by the PEB. The purpose of the PEB is to compensate Soldiers for loss of an Army career. The DVA may rate any service-connected impairment, thus compensating for loss of civilian

employability. Soldiers are encouraged to file a claim with the VA for **all** service-connected impairments.

e. Soldiers have 72 hours after notification of MEB results to rebut the board decision. When making a rebuttal to the MEB findings, the Soldier has several options:

- CONCUR (AGREE) with the MEB's findings and recommendations. In this case the MEB is then forwarded to the PEB for adjudication.
- NONCONCUR (DISAGREE) with the MEB's findings and recommendations. At this time, the Soldier may present a written appeal or any new evidence concerning the case to the informal board through the PEBLO.
- If a Soldier does not respond to the MEB in the prescribed time, it is presumed that the Soldier AGREES with the MEB's findings and recommendations.
- Soldiers who NONCONCUR (DISAGREE) with MEB's findings and recommendations will have their case reviewed by the Deputy Chief of Clinical Services (DCCS) located at the MTF or the Regional Medical Command (RMC). The DCCS will consider the disagreement and take one of the following actions:

(1) Original findings and recommendations are confirmed.

(2) The report of the board is returned for reconsideration.

(3) The report of the board is forwarded to the PEB with the Soldier's comments attached as enclosures.

f. Soldiers found not meeting retention standards by a MEB are referred to the PEB for final adjudication and determination of the severity of physical impairment if found unfit for service.

g. Once the appropriate records are assembled, the case is forwarded to one of three US Army Physical Evaluation Boards (PEBs): Walter Reed Army

Medical Center (WRAMC), Ft. Sam Houston, TX or Ft. Lewis, WA. These boards review the files and determine the Soldier's physical fitness or unfitness to perform his or her military duties, based upon the nature of the medical condition and the requirements of the Soldier's MOS.

h. Initially, the PEB will review the case at an informal evaluation board and make an informal determination that the Soldier is either FIT or UNFIT for service. If the informal board finds the Soldier unfit, the board will utilize the VA Schedule for Rating Disabilities (VASRD) as a guide for determining the disability rating. The informal evaluation board proceeding is then returned to the Soldier (DA Form 199) and the PEBLO for agreement or disagreement. The Soldier then indicates agreement or disagreement.

i. In accordance with AR 635-40, the Soldier has 10 working days from receipt of notification from the PEB to return the election statement. If the election statement is not returned to the PEB within the prescribed time, the Soldier is presumed to agree with the PEB recommendation and the case is forwarded to the PDA for final processing.

j. Choices for election of PEB findings:

(1) CONCUR (AGREE) and WAIVE a FORMAL board evaluation.

- Soldier agrees with the informal board findings and does not want the case presented for formal board proceedings.

- Case is processed by the PEB for return to duty, separation, or retirement, depending upon the informal board recommendations.

(2) NONCONCUR (DISAGREE) and WAIVE a FORMAL board evaluation.

- Soldier disagrees with the findings of the informal board, but does not want the case presented to a formal board. Soldier may present a written appeal or new medical evidence concerning the case to the informal board to reconsider its original findings.

(3) NONCONCUR (DISAGREE) and DEMAND a FORMAL board evaluation.

- Soldier disagrees with the findings of the informal board and wants the case presented to a formal board. The soldier may elect to NOT PERSONALLY APPEAR and have the case presented by legal counsel or to PERSONALLY APPEAR at the formal board.

- The Soldier has the right to legal representation. The purpose of legal counsel is to ensure that the Soldier's rights are protected and that all relevant medical and administrative facts concerning the case are presented to the board.

- The formal board is a fact-finding board and will consider the case independently of the informal board. The formal board may adhere to the original informal board, or change the findings and recommendations.

k. After the formal board, the Soldier will again receive notification of the board's findings indicating the new evaluation of disability. The Soldier again has **10 working days** to CONCUR (AGREE) or NONCONCUR (DISAGREE) for the election to reach the PEB.

l. If the Soldier fails to concur or nonconcur with the formal board within the prescribed time, it is presumed to indicate agreement with the PEB recommendation, and the case will be forwarded to the PDA for final processing.

m. The PEB will make one of the following recommendations:

(1) Recommend FIT FOR DUTY.

(2) Recommend Permanent Disability Retirement Separate with Severance Pay (SWSP).

- 0% - 20% rating and less than 20 years service.

- Pay computed as: Basic Pay x 2 x years of service (YOS) (max 12 Yrs).

Note: A Soldier not on extended active duty who is unfit because of physical disability may forfeit

severance pay; be transferred to the Retired Reserve; and receive under the provisions of section 1331, title 10, United States Code (10 USC 1331) nondisability retired pay at age 60, if at least 20 qualifying years of service for retirement have been completed and transfer to the retired Reserve is requested.

According to the provisions of 10 USC 1209 and 1213 all rights to receive retired pay at age 60 are forfeited if disability severance pay is accepted instead of transfer to the Retired Reserve. Disability severance pay (unlike readjustment and separation pay) cannot be repaid for the purposes of receiving retired pay.

(3) Separate without Benefits (SWOB).

- Not-in-Line-of-Duty.

- Existed prior to service & not service aggravated and less than 8 years of active duty.

(4) Permanent Disability Retirement (PDR).

- 20 years of service computed under 10 USC 1208 or;

- 30% or higher rating and condition is stable.

- Pay is computed as the higher of the disability rating or the YOS percentage (2.5 x YOS) multiplied against "retired pay base."

(5) Temporary Disability Retirement List (TDRL).

- PDR eligible AND the disability is not stable for rating.

- 5-year tenure max.

- Periodic re-exams (18 months).

- Minimum of 50% of retired pay base.

m. If it is determined that a condition is pre-existing without permanent service aggravation, the service member may still be covered for disability severance or retired pay if the Soldier has accumulated 8 years of active duty.

n. Regardless of the findings of the PEB, the Soldier should contact the Veterans Administration (VA) and file a claim. VA determinations concerning entitlements to disability compensation are made

independently of the Army. A Soldier MAY NOT receive payments from the VA while on active duty. However, Soldiers should apply to the VA immediately upon retirement or separation.

o. For additional information on the Medical Board Process, consult with your local PEBLO, located in building _____, Room _____.

p. Most boards will take three to six months to complete from the time the PEBLO is notified until final disposition.

q. See AR 635-40, Physical Evaluation for Retention, Retirement, or Separation, for information on the MEB/PEB process.

r. See AR 40-501, Standards of Medical Fitness, for information on medical fitness standards for retention and separation.

s. See AR 40-400, Patient Administration, for Narrative Summaries. The recommended format for an MEB narrative summary is provided below.

(1) Baseline documentation: physician's specialty, MTF and location, reason for MEB, military history, chief complaint, history of present illness, past medical history, etc.

(2) Physical Examination.

(3) Laboratory studies.

(4) Present condition and current functional status.

(5) Conclusions.

(6) Diagnosis.

(7) Profile (as required).

38. Army Career and Alumni Program (ACAP).

a. ACAP is a Congressionally mandated program that provides transition and career counseling services to eligible DOD personnel departing government service. MHO Soldiers can initiate ACAP at any time.

b. One of the services provided by ACAP is the pre-separation briefing. **The pre-separation briefing is a mandatory briefing for all military personnel that**

are separating from active duty regardless of the reason. You are required to participate in a pre-separation briefing and complete a Pre-separation Counseling Checklist, DD Form 2648, no less than 90 days before you leave federal service. You will not be able to clear the installation until you participate in such a briefing and complete the Checklist. ACAP also provides a wide range of valuable transition and job assistance activities and resources that can make a real difference in the rest of your life. If you want to be sure that your future is as rewarding as it can be, get to your ACAP Center and take advantage of what they have to offer.

c. Soldiers awaiting medical review proceedings are required to start their ACAP transition services. They are also encouraged to participate in employment services available at their supporting ACAP center. In addition, Soldiers and their family members are eligible to continue to use ACAP services for 180-days after release from active duty.

d. Soldiers who reach optimal therapeutic benefits (care) and do not meet the retention standards should start the ACAP process.

e. Career One Stop Center is available to veterans by the Department of Labor, www.careeronestop.org (Select One Stop Center and enter zip code to locate nearest office).

39. HEALTH INSURANCE PORTABILITY ACCOUNTABILITY ACT (HIPAA) OF 1996.

a. The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) require the Department of Health and Human Services to establish national standards for electronic health care transactions and national identifiers for providers, health plans, and employers.

b. It also addresses the security and privacy of health data. Adopting these standards will improve the

efficiency and effectiveness of the nation's health care system by encouraging the widespread use of electronic data interchange in health care.

c. Title I of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects health insurance coverage for workers and their families when they change or lose their jobs.

40. TRAUMATIC-RELATED STRESS.

a. Stress is part of day to day living. As Soldiers you may experience stress meeting MOS demands, adjusting to a new environment, family disruption, and changes in health or developing new friendships. The stress you experience is not necessarily harmful. Mild forms of stress can act as a motivator and energizer. However, if your stress is too high, medical and social problems can result.

b. Although we tend to think of stress as caused by external events, events in themselves are not stressful. Rather it is the way in which we interpret and react to the events that make them stressful. People differ dramatically in the type of events they interpret as stressful and the way in which they respond to such stress.

c. There are several signs and symptoms that you may notice when you are experiencing stress. These signs and symptoms fall into four categories: Feelings, Thoughts, Behavior, and Physiology. When you are under stress, you may experience one or more of the following:

- Feelings: Feeling anxious, scared, irritable and moody.
- Thoughts: Low self-esteem, fear of failure, inability to concentrate, embarrassing easily, worrying about the future, preoccupation with thoughts/tasks, forgetfulness, acting impulsively, startling easily, laughing in a high pitch and nervous tone of voice.

- Behavior: Stuttering and other speech difficulties, crying for no apparent reason, grinding your teeth, increasing smoking, increasing use of drugs and alcohol, being accident prone, losing your appetite or overeating.

- Physiology: Perspiration/sweaty hands, increased heart rate, trembling, nervous ticks, dryness of throat and mouth, tiring easily, urinating frequently, sleeping problems, diarrhea/indigestion/vomiting, butterflies in stomach, headaches, premenstrual tension, pain in your neck or lower back, loss of appetite or overeating, increased susceptibility to illness.

Normal Common Signs/Symptoms of Combat Stress include: emptying bowels and bladder at instant of danger; fatigue, weariness, distant, haunted "1000 yard" stare; anxiety, worrying, irritability, swearing, complaining; awakened by bad dreams; grieving; feeling guilty; anger at own team; losing confidence in self/unit.

d. Both positive and negative events in one's life can be stressful. However, major life changes are the greatest contributions of stress for most people. They place the greatest demand on resources for coping.

e. Major life changes that can be stressful include: Geographic mobility, learning a trade or career changes, new job, marriage, pregnancy, new life style, divorce, death of a lover or colleague, being fired from your job or chaptered out of the military.

f. Environmental events that can be stressful include: time pressure, competition, financial problems, noise, disappointments.

g. Many stresses can be changed, eliminated, or minimized. Here are some things you can do to reduce your level of stress:

- Become aware of your reactions to stress.
- Reinforce positive self-statements.
- Focus on your good qualities.
- Avoid unnecessary competition.

- Avoid drugs and alcohol.
- Develop assertive communication and behaviors.
- Recognize and accept your limits. Remember, everyone is unique and different.
- Develop a hobby or two. Relax and have fun.
- If you are able exercise regularly.
- Eat nutritiously.
- Talk with friends or someone you can trust about your worries and concerns.
- Learn to use your time wisely:
- * Evaluate how you are budgeting your time.
- * Plan ahead and avoid procrastination.
- * Make a weekly/monthly schedule and try to follow it.
- Set realistic goals.
- Set priorities.
- Practice relaxation techniques.

h. Military One Source is a program that has transitioned from Army One Source and will assist Soldiers with any issues they may be experiencing. Some issues may include buying a new car, preparing for deployment or reunions, finances, relationships or having someone available just to chat. Master consultants are available 24/7 at 1-800-342-9647 or at www.militaryonesource.com.

CHECKLIST

My PSG is: _____ Phone: _____

My 1SG is: _____ Phone: _____

My CDR is: _____ Phone: _____

My Primary Care Manager is _____ Phone: _____

My Case Manager is: _____ Phone: _____

My PEBLO is: _____ Phone: _____

My billets are in building _____, room _____

I am currently on _____ orders. They will expire on _____. I will contact my admin section at H-45 days prior to the expiration of my MRP orders. The Patient Personnel Branch will address issues regarding orders, finance, in/out-processing, and CBHCO. They are located at _____.

It was determined that I was/was not qualified for CBHCO based on the referral acceptance criteria.

I have read and understand the Medical Holdover Company's SOPs.

I have read, received and understand the MHO Soldier's Handbook.

I understand that my Chain of Command is my first step in resolving issues or concerns.

(Soldier's Name)

(Date)

(PSG's Name)

(Date)

Important Numbers

Commander – (Office: xxx-xxx-xxxx)
 (Cell: xxx-xxx-xxxx)

First Sergeant - (Office: xxx-xxx-xxxx)
 (Cell: xxx-xxx-xxxx)

1st Platoon – (Office: xxx-xxx-xxxxx)
 (Cell: xxx-xxx-xxxx)

2nd Platoon – (Office: xxx-xxx-xxxx)
 (Cell: xxx-xxx-xxxx)

3rd Platoon – (Office: xxx-xxx-xxxxx)
 (Cell: xxx-xxx-xxxx)

4th Platoon – (Office: xxx-xxx-xxxx)
 (Cell: xxx-xxx-xxxx)

5th Platoon – (Office: xxx-xxx-xxxx)
 (Cell: xxx-xxx-xxxx)

Supply Sergeant – (Office: xxx-xxx-xxxx)
 (Cell: xxx-xxx-xxxx)

Supply Clerk – (Office: xxx-xxx-xxxx)

Mail Room Attendant – (Office: xxx-xxx-xxxx)

Chaplain – (Office: xxx-xxx-xxxx)
 (Cell: xxx-xxx-xxxx)

Office Admin. Asst. – (Office: xxx-xxx-xxxx)
Admin. Asst. – (Office: xxx-xxx-xxxx)

S-1 – (Office: xxx-xxx-xxxx)

Duty Driver Office – (xxx-xxx-xxxx)

BLDG. _____ Dayroom – (xxx-xxx-xxxx)

Soldier's Appointment Schedule:

<u>Date</u>	<u>Time</u>	<u>Clinic</u>	<u>Provider</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			

Glossary

ACAP – Army Career and Alumni Program
AC – Active Component
ACS – Army Community Service
AD – Active Duty
AR – Army Regulation
AWOL – Absent Without Leave
BAS – Basic Allowance for Subsistence
BAH – Basic Allowance for Housing
C2 – Command and Control
CBHCI – Community Based Health Care Initiative
CBHCO – Community Based Health Care Organization
CM – Case Manager
DA – Department of the Army
DCCS – Deputy Chief for Clinical Services
DCU – Desert Combat Uniform
DODD – Department of the Defense
EO – Equal Opportunity
EPTS – Existed Prior to Service
ESGR – Employer Support of the Guard and Reserve
FORSCOM – Forces Command
FSA – Family Separation Allowance
FTUS – Full Time Unit Support
HIPAA – Health Insurance Portability Accountability Act
HRC-A – Human Resources Command, Alexandria
HREC – Health Records
INCAP – Incapacitation Pay
IPFU – Improved Physical Fitness Uniform
JFTR – Joint Federal Travel Regulation
LOD – Line of Duty
MCSS – Military Clothing Sales Store
MEB – Medical Evaluation Board
MHO – Medical Holdover
MMRB – MOS/Medical Retention Board
MO – Medical Officer
MRP – Medical Retention Processing
MRPU – Medical Retention Processing Unit

MTF – Medical Treatment Facility
MWR – Morale, Welfare & Recreation
NARSUM – Narrative Summary
NCOER – Noncommissioned Officer Evaluation Report
OER – Commissioned Officer Evaluation Report
OMPF – Official Military Personnel File
OTB – Optimal Therapeutic Benefit
OTSG – Office of the Surgeon General
PAD – Patient Administration Division
PCM – Primary Care Manager
PCP – Primary Care Provider
PDES – Physical Disability Evaluation System
PDRL – Permanent Disability Retired List
PEB – Physical Evaluation Board
PEBLO – Physical Evaluation Board Liaison Officer
PPG – Personnel Policy Guidance
PSG – Platoon Sergeant
RC – Reserve Component
REFRAD – Release From Active Duty
SDNCO – Staff Duty NCO
TAMP – Transitional Assistance Management Program
TC – Transition Center
TCS – Temporary Change of Station
TDRL – Temporary Disability Retired List
TF – Task Force
TRS – TRICARE Reserve Select
UC – Urgent Care
UCMJ – Uniform Code of Military Justice
USAMEDCOM – U.S. Army Medical Command
USC – United States Code
USERRA – Uniformed Services Employment and Reemployment Rights Act
USAPDA – U.S. Army Physical Disability Agency
VA – Department of Veterans Affairs
VASRD – Veterans Administration Schedule for Rating Disabilities
WRAMC – Walter Reed Army Medical Center