

ARNG-HRZ

SUBJECT: Implementation Guidance for the Reserve Component Managed Care-Mobilization and Training (RCMC-M/T) Program (PPOM #19-XXX)  
Annex B: Packet Submission

Tab 8. Validation Memorandum for Senior Leadership

OFFICE SYMBOL

DATE

MEMORANDUM FOR THE CHIEF, NATIONAL GUARD BUREAU, 111 SOUTH GEORGE MASON DRIVE, ARLINGTON, VA 22204-1373

SUBJECT: Validation Memorandum, Senior Leadership (**RANK Last, First Name, last 4 SSN**)

1. Request (**RANK Last Name**) be evaluated for RCMC-M/RCMC-T state managed orders for a maximum of 179 days.
2. (**RANK Last name**) currently has an unresolved medical condition that began while entitled to military pay and benefits and has been evaluated through our state case management team. Through a case review of his medical condition, (**RANK Last name**) has been found to be in need of further evaluation and or treatment.
3. I acknowledge a medical plan and prognosis summary has been included in the Soldier's medical packet. I recommend approval of the treatment plan based on medical evaluation and documentation. The supporting medical documentation is located in:

HRR – index \_\_\_\_\_

LOD case # \_\_\_\_\_

eProfile expiration date \_\_\_\_\_

AHLTA (if accessible) \_\_\_\_\_

eCase # \_\_\_\_\_

Other \_\_\_\_\_

4. MEDICAL and PROGNOSIS

As attached in Soldier's Medical Packet (document locations referenced above).

Encl  
Counseling Statement  
DA Form 4187

FIRST I. LAST  
RANK, BR  
State G-1