



NATIONAL GUARD BUREAU

111 SOUTH GEORGE MASON DRIVE
ARLINGTON VA 22204-1373

ARNG-HRZ

04 SEP 2019

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Implementation Guidance for the Reserve Component Managed Care-Mobilization and Training (RCMC-M/T) Program (PPOM #19-039)

1. References. See Enclosure 1.

2. Guidance:

a. This policy memorandum describes to the Army National Guard (ARNG) the correct use of the RCMC-M/T Program. Under the program, Soldiers are eligible for orders to continue medical care, treatment, and case management to facilitate their medical recovery, pursuant to Title 10 U.S.C. § 12301(h). While on RCMC-M/T orders, the Soldiers live in their home communities, report to a local duty location and attend medical appointments for required care and services, while receiving active duty pay and benefits. The program's design is to increase unit readiness by providing an avenue for Soldiers with a service-connected illness, injury, or disease to receive medical treatment and follow-up care to return to a fit-for-duty status, or, if required, reach a Medical Retention Decision Point (MRDP). The term "service-connected" means incurred or aggravated, as documented by an approved Line of Duty (LOD) Investigation, while on Title 32 or Title 10 orders (including AD), active duty operational support (ADOS) (ADOS-AC or ADOS-RC), annual training (AT), initial active duty training (IADT), inactive duty for training (IDT), initial entry training (IET), and Full-Time National Guard Duty (FTNGD). If a Soldier on an RCMC-M/T orders, presents with multiple conditions, the Soldier will complete treatment for his or her RCMC-M/T approved condition identified during application only. The originally approved RCMC-M/T order set will not extend due to other medical conditions, and/or subsequent treatment. New conditions that arise during RCMC-M/T orders require an initiated Line of Duty (LOD) within the guidelines set forth in AR 600-8-4 (Line of Duty Policy, Procedures, and Investigations).

b. This guidance applies to the ARNG Soldier with low risk, low acuity medical condition(s) determined to be a LOD service-connected illness, injury, or disease. A Soldier currently on, or anticipating to receive, a profile of less than six months in duration with duty limitations that preclude the Soldier from training or contributing to unit mission accomplishment, and requires active focused case management. The program serves ARNG units in the States, Territories, and the District of Columbia (herein after 'the States'). This policy is effective immediately and expires upon

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revocation or superseded by the Assistant Secretary of the Army (Manpower and Reserve Affairs) (ASA (M&RA)).

c. This guidance establishes a process of assisting injured or ill Soldiers in order to achieve a timely resolution of their medical condition(s). Soldiers with continuing medical conditions may request voluntarily active duty orders to establish their active case managed care under the ARNG Medical Management Processing System (MMPS) pursuant to the following:

(1) Reserve Component Managed Care-Mobilization (RCMC-M). Soldiers who incurred a LOD service-connected injury, disease, or illness while mobilized in support of a contingency operation and released from AD, may voluntarily request to return to Title 10 AD for care utilizing RCMC-M orders for active focused case management (i.e., medical treatment or evaluations) unless the Soldier enters into Medical Retention Program-Evaluation (MRP-E) for continued evaluation of condition. Soldiers have 365 days from the end of their mobilization orders to request RCMC-M orders. The authority for this action is Title 10 U.S.C. § 12301(h). While in AD status, Soldiers will remain under the supervision of the duty site supervisor and the case manager (see Annex B Tab 7).

(2) Reserve Component Managed Care-Training (RCMC-T). Soldiers who incurred a LOD service-connected injury, disease, or illness while participating in training or other duty (for example, IET, IADT, IDT, AT, ADOS-RC, FTNGD-OS), and who were released from training, may voluntarily request Title 10 AD, in order to use RCMC-T orders for active focused case management (i.e., medical treatment or evaluations) within 365 days of the injury event date. The authority for this action is Title 10 USC, section 12301(h). While in active duty status, Soldiers will remain under the supervision of the duty site supervisor and the case manager (see Annex B Tab 7).

3. Active Focused Case Management & Managed Care:

a. States participating in the RCMC-M/T program must verify in an official memorandum, signed by The Adjutant General (TAG)/Commanding General of the District of Columbia, that all management controls pertaining to RCMC-M/T are implemented (see Annex A Tab 2). After receiving the verification memorandum, the ARNG Personnel Division (ARNG-HRP) will grant authority for the State to participate in the RCMC-M/T program. The ARNG-HRP will monitor implementation of the MMPS program on a quarterly basis. The States will complete the Management Control Evaluation Checklist on Annex A Tab 1 for their records quarterly. The States will provide a Monthly Metric Report (Annex D) to Chief, Personnel Division (ARNG-HRP) using the criteria established by the ASA (M&RA) by the 5th of every month.

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b. Personnel in the grades of O3 and below, W3 and below, and E7 and below, are validated by the State Military Personnel Officer (MILPO), who is an authorized representative for the TAG. For personnel in the grades of O4 and above, W4 and above, and E8 and above, the State MILPO will complete the validation memorandum (Annex B Tab 8). The Chief, Personnel Division (ARNG-HRP) will validate the State memorandum.

c. Only Soldiers with low risk, low acuity conditions requiring medical care of more than 30 days, but less than 179 days, are eligible to voluntarily request to return to AD for active case management under this policy. The AD orders can be published at any time during the treatment period, based on the severity of the injury or illness diagnosed and as recommended by the State MILPO and State Surgeon. Soldiers requesting application into the RCMC program for behavioral health conditions, such as Post-Traumatic Stress Disorder (PTSD) and mild Traumatic Brain Injury (mTBI), are potentially high risk, high acuity conditions and are better managed through the Warrior Transition Unit (WTU). Soldiers requiring continued care of a low risk, low acuity LOD service-connected injury, disease, or illness not related to or in addition to receiving treatment for behavioral health conditions can apply for RCMC-M/T. The State MILPO and State Surgeon must make a recommendation as to if it is better to manage these Soldiers through the RCMC-M/T program or WTU.

d. Only Soldiers whose condition(s) require active managed care are eligible for AD orders. To qualify as active managed care, a specific treatment or sequence of treatments consisting of two or more medical appointments per week and a prognosis of total treatment appointments of 179 days or less is required. The State Medical authority will determine the treatment requirements. The ARNG Office of the Chief Surgeon (ARNG-CSG) will validate the requirements and provide an opinion on Soldiers qualification for RCMC-M/T program. Treatment will either return the Soldier to duty or reach MRDP. The Soldier on RCMC orders will report to assigned duty location when not attending medical appointments.

e. Once ARNG-CSG recommends approval, ARNG-HRP will validate the packet requirements for focused active case management. To qualify as focused active case management, the Soldier must attend treatment and follow up care with a medical provider. The Soldier can have no more than 14 days initial post-operative convalescent leave time before reporting to duty site. Soldiers can have no more than 30 days from the date of surgical care before the start of follow up care. The ARNG-HRP will make final determination on orders start/end date and overall qualification for program.

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f. The following personnel or designated representatives will comprise each State's assessment team to place the Soldier in the RCMC-M/T program, in accordance with Annex A Tab 3 All of the following personnel must concur to the merit of application into the program before processing for final determination:

- (1) Unit Commander
- (2) State Surgeon
- (3) G-1/Health Services Specialist
- (4) Case Manager
- (5) State TAG or designee

g. The medical provider or State Surgeon recommends the length of care (see Annex C Tab 1). The ARNG-CSG determines if the length of the recommend treatment time is correct and then recommends the RCMC-M/T order set. Orders can be amended by the ARNG-HRP based on medical assessment and need, but they will not exceed 179 days (see Annex Tab 2). There is no backdating of RCMC orders, as mandated by ASA (M&RA).

h. While on a RCMC-M/T order set, the Soldier is entitled to the same pay and applicable benefits as those provided to members of the Active Army with corresponding grade, length of service, marital status, and dependent status for the period on orders. Soldiers will be assigned duties that are in support of Army Title 10 readiness responsibilities. Soldiers will not attend Title 32 training or perform operational missions (including Title 32 U.S.C. Chapter 5, State Active Duty, Readiness Management Period, IADT, IDT, ADT, AT, or FTNGD-OS). Failure to observe this distinction of duties is a potential purpose violation in the use of Federal funds, which can carry criminal and civil penalties. Commanders, Duty Site Supervisors, and the Soldier will adhere to the Soldier's profile limitations when assigning duties, in accordance with AR 40-501 (Standards of Medical Fitness), chapter 7. Duty Site Supervisors must agree to supervise the Soldier for the duration of RCMC order set (see Annex B Tab 7). The Soldier's duty location is the nearest ARNG State Armory or unit when the Soldier is not attending appointments. The Memorandum of Understanding establishes the Soldier's duty location for an RCMC order set (see Annex B Tab 7) and should not exceed 50 miles from the Soldier's Home of Record (HOR). Soldier's duty location will not change for the duration of the RCMC order set. Soldiers assigned to units in a State different from their HOR must coordinate their duty

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location with their State assessment team and Duty Site Supervisor, to be within the allotted 50 mile radius.

i. For medical appointments in which Defense Travel System (DTS) is required, the State must receive temporary duty (TDY) authorization from ARNG-HRP prior to the Soldier's appointment date. The intent of the RCMC program is for ARNG Soldiers to participate on AD medical care orders for treatment and recovery while at home station. The ARNG does not have the authorization, nor the funding, to pay for travel, lodging, and per diem for Soldiers to receive continuous medical care outside the attachment area.

j. Soldiers applying for the RCMC-M/T program must have their cases entered in eCase and tracked through the MMPS. Diagnosis of approved LOD condition must be in eCase.

k. While in the RCMC-M/T program, Soldiers will not participate in their civilian employment, civilian education, or civilian training classes. Soldiers are expected to use accrued leave within the dates of the RCMC order set. RCMC orders will not be extended for a Soldier to execute unused leave. All leave requests will be approved by the Soldier's Duty Site Supervisor.

l. Sanctuary is not a reason for denial of RCMC-M/T orders. Under the provision of Title 10 U.S.C. § 12686, sanctuary provides that reserve component service members, who are on AD, may not be involuntarily released from AD if they have attained more than 18 but less than 20 years of active service, unless the Secretary of the Army or his designee approves the release. This provision includes reserve component members on AD (except for training), and members of the Retired Reserve recalled to AD. If the Soldier has the potential of becoming eligible for sanctuary within 179 days of RCMC-M/T order set, the Soldier must apply for sanctuary before receiving orders. Soldiers requesting sanctuary must submit request through their Chain of Command to the Commander, U.S. Army Human Resources Command (AHRC). The ARNG-HRP verifies the Soldier's time in service upon receipt of the Retirement Point Accounting Management (RPAM) statement (NGB Form 23B) (see Annex B Tab 5).

m. A Soldier is eligible for Incapacitation Pay (INCAP) when they are unable to perform his or her civilian job and/or military occupation due to LOD approved injury, disease, or illness in accordance with AR 135-381. Soldiers able to perform their Military Occupational Specialty (MOS), but can demonstrate a loss of civilian income may apply for Tier II INCAP, as they do not meet the criteria for placement on Title 10 U.S.C. § 12301(h) orders. Soldiers who qualify for INCAP Tier I may qualify and apply for the RCMC-M/T program. Soldiers and States may utilize INCAP as a bridge during

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the period between AD orders; however, States must terminate INCAP prior to the report date into the RCMC-M/T program on Title 10 U.S.C. § 12301(h) orders.

4. Diagnostic and Care Options:

a. Use the most current International Classification of Diseases (ICD) codes to diagnose Soldiers' injuries or illnesses.

b. Post-Deployment Health Re-Assessment (PDHRA) Referrals:

(1) For outside contiguous United States (OCONUS) mobilization-related injuries, illnesses, or diseases, the State may use PDHRA referrals. Soldiers must be scheduled for referrals of diagnostic testing through the Defense Health Agency (DHA), or through the nearest Medical Treatment Facility (MTF).

(2) For continental United States (CONUS) training-related injuries, illnesses, or diseases, the State may utilize DHA/MTF for initial diagnostic testing. Following LOD adjudication, Soldier may apply for RCMC-T orders, or INCAP, if they meet the appropriate criteria.

5. Treatment and care:

a. The RCMC-M orders and INCAP are used to fund mobilization-related active care for medical conditions (mobilizations authorized under Title 10 U.S.C. §§ 12302 and 12301(d)).

b. The RCMC-T orders and INCAP are used to fund CONUS, non-contingency operation related active care for medical conditions (IET, IADT, IDT, AT, ADOS-RC).

c. To complete the RCMC-M/T Application Checklist (Annex B Tab 1), follow the guidance below:

(1) The State G-1 or designated representative must ensure the unit commander completes the unit cover memo (see Annex B Tab 2) and approves the completed DA Form 4187 (Personnel Action) (Annex B Tab 3), ensuring the Soldier has signed the form. They must provide a Delegation of Authority memorandum, if the Unit Commander is unable to sign.

(2) A member of the State's assessment team completes the referral memo for the RCMC- M/T program (see Annex B Tab 6) and obtains a signed copy of the

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Soldier's DA Form 5960 (Authorization to Start, Stop, or Change Basic Allowance for Quarters (BAQ), and/or Variable Housing Allowance (VHA)) (see Annex B Tab 9).

(3) Soldiers wishing to request either an exception to policy and/or an appeal of their previously denied RCMC-M/RCMC-T packet may submit a one-time resubmission request in writing, within 30 days after receipt of the notice and must be signed by the Soldier. The State's assessment team will ensure that Annex B Tab 10 is completed. If not approved, the Soldier cannot appeal or request another resubmission for RCMC-M/T order set for same LOD condition. The same procedure must be followed for a request to decline or withdraw from the program (see Annex B Tab 11).

6. Compliance:

a. The unit commander or full time representative is responsible for making sure the Soldier understands his or her responsibilities while in the RCMC-M/T program. The unit commander or full time representative will ensure the Soldier understands the criteria for eligibility for placement on orders. Soldiers will receive counseling on a DA Form 4856 (Developmental Counseling Form) in accordance with Annex B Tab 4. The unit commander, or designee (senior in rank to Soldier applying for program), together with the Soldier, will complete, initial, and sign the DA Form 4856.

b. Release from active duty (REFRAD) consideration for Soldiers currently on RCMC order set when any one of the following situations exists:

(1) Soldier's written voluntary election to REFRAD (withdraw) from the RCMC program (see Annex B Tab 11).

(2) Soldier's profile changes from temporary to permanent, with a designator of 3 or 4 in all categories for the RCMC referred condition or other conditions that may hinder the medical progress or result in referral to Integrated Disability Evaluation System (IDES) Process.

(3) Incarceration for felony criminal charges, or if incarceration exceeds 7 days in duration, which prevents Soldier from participating in medical treatment plan.

(4) Soldier pending Uniform Code of Military Justice (UCMJ) action.

(5) Soldier misses or reschedules three or more medical appointments without prior approval and coordination from case manager.

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(6) Soldier is noncompliant with medical treatment and/or providing current documentation.

(7) Soldier is able to return to duty.

c. All RC Soldiers placed on AD orders are subject to the Uniform Code of Military Justice (UCMJ). RC Soldiers pending UCMJ actions may be retained involuntarily on AD until proceedings are completed. The UCMJ authority is exercised by appropriate Title 10 Commanders in accordance with Annex A Tab 4. The State G-1 will contact ARNG-HRP-P for additional instructions for TDY authorization to WTU location to administer UCMJ actions. For cases requiring more time to process than remains on the RCMC order set, see AR 27-10 (paragraph 20-4) regarding extension for UCMJ purposes. Soldiers requiring UCMJ action while participating on RCMC, Title 10 U.S.C. § 12301(h) orders, are also subject to early REFRAD.

7. Packet Submission Procedures:

a. Soldiers must receive a finding of In Line of Duty (ILD) for low risk, low acuity, LOD conditions and must volunteer to return to AD for medical care.

b. Unit Commanders or authorized State Personnel must counsel the Soldier on benefits, to include eligibility for RCMC-M or RCMC-T, INCAP, ADME, or MRP2. Soldiers are eligible for INCAP while awaiting processing of RCMC-M/T request.

c. If the Soldier does not wish to volunteer for recall to AD as part of the RCMC-M/T program, they must sign a Declination of RC Managed Care Form (Annex B Tab 11). The Soldier is still eligible to receive access to care through MTF (within established attachment area), Veteran's Administration (VA), or DHA Civilian Doctors.

d. Medical Readiness Non-Commissioned Officers (NCOs) and Care Coordinators will assist Soldiers volunteering to return to AD for RCMC-M/T program with collecting appropriate medical/administrative documentation for the application.

e. The State Surgeon or TAG delegated approved military medical provider will review packets and ensure the Treatment Plan (Physician's Statement) is completed.

f. Unit or State Health Services Specialist (HSS) will load the required administrative documents (see Annex B Tab 1), along with medical documents and Annex C items (DA Form 3349 (Physical Profile), Medical Treatment Plan, LOD, and all supporting medical documentation) into the Soldier's RCMC-M/T packet via the electronic Medical

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Management Processing System (eMMPS) with corresponding LOD. Forward all packets through the appropriate chain of command via eMMPS.

g. The ARNG-HRP-P reviews RCMC-M/T packets in eMMPS and Department of the Army Mobilization Processing System/Overseas Contingency Operations-Individual (DAMPS-OCO/IND) module for correctness, and forwards orders request packets to ARNG-CSG for medical review and recommendation.

h. The ARNG-CSG reviews order requests, packets, corresponding medical documentation related to RCMC-M/T packet (to ensure the Soldier meets medical requirements), validates diagnosis, and ensures recommended treatment plan is accurate and required.

i. The ARNG-HRP (or designated representative) publishes RCMC-M/T orders.

j. Submit RCMC-M/T Title 10 U.S.C. § 12301(h) orders extension requests via eMMPS and DAMPS-OCO/IND no later than 5 business days prior to the order set end date. The following required documentation must accompany the extension request:

(1) The RCMC-M/T Medical Provider's Statement Form (see Annex C Tab 1 and 2).

(2) Updated treatment plan with progress notes from provider.

8. State Administrative Processing:

a. After publication of the Soldier's Title 10 U.S.C. § 12301(h) medical order for the RCMC program, the Soldier's respective State/Territory will be responsible for updating Soldier's records for transition to AD medical care.

b. The Standard Installation Division Personnel System (SIDPERS)/The Integrated Personnel and Pay System-Army (IPPS-A) Transactions: Submit an Enter AD ('EADT') transaction, with an Active Status Program code. Use Statutory Authority code '6', Campaign ID code 'NC', and Executive Order Number '00000' (these are zeros). Transition date must be the same date as the EADT control data date (first date of Title 10 U.S.C. § 12301(h) AD order for medical care). Also submit Assignment Consideration (ASCO) transaction code 'C3', 'F8' or 'K2', as applicable. Position Number Code must be '9993'.

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c. Soldier/State must ensure Defense Enrollment Eligibility Reporting System (DEERS) is up-to-date, for the establishment of ongoing medical care through TRICARE. All medical appointments must be coordinated through TRICARE before the Soldier attends scheduled appointments. Soldier's benefits end upon expiration of RCMC-M/T order set.

d. State must ensure termination of Soldier's INCAP pay, prior to report date of the Soldier's RCMC-M/T Title 10 U.S.C. § 12301(h) order set, if applicable. States will counsel the Soldier on the possibility of Veterans Affairs (VA) disability compensation temporarily ending or recoupment of payments while the Soldier is on AD medical orders.

9. Separation Documents:

a. Active Army funds support RCMC-M/T Title 10 U.S.C. § 12301(h) medical orders. All transactions that obligate Active Army funds must be visible. Published orders are in the DAMPS-OCO/IND electronic system. Publication of separation documents are in the Military Personnel Transition Processing (TRANSPROC) system to ensure the ARNG's use of Army funding is visible.

b. State G-1 will generate DD Form 220 (Active Duty Report), for Soldiers whose service in the RCMC-M/T program lasted up to 89 days. The following statement will be in block 21, "Remarks," on the DD Form 220: "Ordered to active duty under Title 10 U.S.C. § 12301(h) to participate in Reserve Component Managed Care - XX.XX for managed medical care."

c. State G-1 will generate DD Form 214 (Certificate of Release or Discharge from Active Duty), for Soldiers whose service in the RCMC-M/T program lasted 90 to 179 days. The following statement will be in block 18, "Remarks," on the DD 214: "Ordered to active duty under Title 10 U.S.C. § 12301(h) to participate in Reserve Component Managed Care – Mobilization or Training for medical care".

d. State MILPO will publish a DD Form 220 or DD Form 214 (as appropriate) within 14 calendar days of a Soldier's release from AD. The State MILPO will place a copy of the Soldier's separation document in the Soldier's interactive Personnel Electronic Records Management System (iPERMS) account. States that are delinquent in publishing the appropriate forms may have their RCMC-M/T access privileges suspended until their outstanding records are resolved.

10. Duty Site Supervisor Responsibilities:

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a. The Duty Site Supervisor will contact ARNG-HRP medical actions branch Officer-in-Charge (OIC), when the RCMC-M/T Soldier initially reports to duty at telephone number 703-601-7908.


b. The Duty Site Supervisor will contact ARNG-HRP medical actions branch OIC weekly with updates on Soldier's attendance for duty, medical appointments, and general disposition.

c. The Duty Site Supervisor will notify ARNG-HRP medical actions branch OIC if the Soldier violates UCMJ or any terms of the RCMC-M/T program.

11. The point of contact is the Chief, Personnel Division, ARNG, at 703-607-7100 or ng.ncr.arng.mbx.ngrcmc-mob-tng@mail.mil.

5 Encls

1. References
2. Annex A
3. Annex B
4. Annex C
5. Annex D


DANIEL R. HOKANSON
Lieutenant General, GS
Director, Army National Guard

DISTRIBUTION:

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Assistant Secretary of the Army (Manpower and Reserve Affairs)
HQDA Deputy Chief of Staff, G-1
HQDA Office of the Surgeon General
MEDCOM Warrior Transition Command

SUBJECT: Implementation Guidance for the Reserve Component Managed Care-Mobilization and Training (RCMC-M/T) Program (PPOM #19-039)
Enclosure 1: References

1. Primary References:

- a. Memorandum, SAMR, 8 Jan 19, subject: Delegation of Authority for the Chief, National Guard Bureau to Publish Orders Pursuant to Title 10 USC, 12301 (h).
- b. Memorandum, SAMR, 10 Sep 15, subject: Delegation of Authority for the Chief, National Guard Bureau to Publish Orders Pursuant to Title 10 USC, 12301 (h).
- c. Memorandum, SAMR, 4 Aug 11, subject: Pilot of Authority to Administer the Publication of Medical Retention Processing (MRP) Orders.
- d. Memorandum, CNGB, 30 Nov 15, subject: Delegation of Authority
- e. Title 10, United States Code, Armed Forces, Section 12301 (h), Reserve components generally, 10 August 1956, as amended 24 September 2018
- f. Department of Defense Instruction (DODI) 1241.01, Reserve Component (RC) Line of Duty Determination for Medical and Dental Treatments and Incapacitation Pay Entitlements, 19 April 2016.
- g. Department of the Army General Orders 2017-01, Assignment of Functions and Responsibilities within Headquarters, Department of the Army, 5 Jan 17.

2. Rescinded Policies. The following ARNG policy memorandums are rescinded effective the publication date of this policy:

- a. Memorandum, ARNG-HRZ, 6 Dec 15, subject: Implementation Guidance for the Reserve Component Managed Care-Mobilization and Training (RCMC-M/T) Program (PPOM #16-050) MEMORANDUM FOR The Adjutants General of the States, Territories, Commanding General of the District of Columbia, and Human Capital Management (HCM) Division

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

1. Tab 1: RCMC-M/T Management Control Evaluation Checklist
2. Tab 2: TAG Verification of RCMC-M/T Implementation
3. Tab 3: Individual Responsibilities Guidance
4. Tab 4: UCMJ Jurisdictions
5. Tab 5: TAG Release

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Mobilization and Training (RCMC-M/T) Program (PPOM #19-039)
Annex A: Implementation

Tab 1. RCMC-M/T Management Control Evaluation Checklist

1. Function. The administration of the Reserve Component Managed Care—Mobilization (RCMC-M) and Reserve Component Managed Care-Training (RCMC-T) orders process.
2. Purpose. To assist the States Military Personnel Office (MILPO) G-1 in evaluating the key management controls outlined below. It is not intended to cover all controls.
3. Instruction. Answers to the questions must be based on actual key management controls (e.g. document analysis, direct observation, other). Answers that indicate no improvement of the injury or illness must be explained and include approaches taken to manage care. These key management controls must be evaluated on a quarterly basis.
4. Questions.
 - a. Is the Battalion Medical Readiness NCO Assisting the Soldier in establishing an initial provider appointment, and collecting any pertinent medical records?
 - b. Does the Battalion Medical Readiness NCO Provide the Command with a monthly scrub of all MRC 3A, 3B and MCRC 4 Soldiers?
 - c. Does each Soldier have a Case Manager and Care Coordinator assigned?
 - d. Is the Care Coordinator receiving assigned cases from the Case Manager?
 - e. Are Soldiers treatment plans reviewed on a monthly basis by the Case Manager?
 - f. Is the Care Coordinator entering new data into eCase module of the Medical Operational Data System (MED CHART)? (must be HIPAA certified)
 - g. Has the Case Manager established a case meeting with the State assessment team every 30 days?
 - h. Are case meeting minutes kept in eCase?
 - i. Is each Soldier's case reviewed for length of care and orders?
 - j. Are the orders published, not to exceed 179 days?
 - k. Does the orders length correlate with the plan of care?

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Annex A: Implementation

l. Had Soldier's orders been amended to reflect changes in care required or not required?

m. Has Soldier's care deteriorated or improved since implementation of treatment plan? (if not explain)

5. Disposition. Destroy after 2 ½ years or when no longer needed for current operations.

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Annex A: Implementation

Tab 2. TAG Verification of RCMC-M/T Implementation.

OFFICE SYMBOL

DATE

MEMORANDUM FOR Chief, NGB, ATTN: ARNG-HRP, 111 South George Mason Drive,
Arlington, VA 22204-1373

SUBJECT: Memorandum of Verification of RCMC-M/T Implementation

1. Request authorization to place Soldiers of the XX ARNG on Reserve Component Managed Care-Mobilization/Training orders be granted. I certify the following criterion has been met:

a. The Medical Management Processing System (MMPS) was implemented effective _____.

b. The Military Occupational Specialty (MOS) Administrative Retention Review (MAR2) was implemented effective _____.

c. Case Management meetings are being conducted every 90 days (30 days for Soldiers in RCMC-M/T) and meeting minutes are kept in the eCase module of the Medical Electronic Data Care History and Readiness Tracking System (MEDCHART).

d. Case meeting notes are kept in the eCase module of MEDCHART and reviewed for each Soldier.

e. Management controls are implemented IAW Annex A Enclosure 7 Pages 1.1-1.2 of the Policy Guidance for establishing the use of Reserve Component Managed Care-Mobilization (RCMC-M) and Reserve Component Managed Care-Training (RCMC-T) Program.

f. Timelines and metrics will be reported to ARNG-HRP by the fifth of each month using the criterion established by ASA (M&RA).

2. The MILPO will publish a DD Form 214/DD Form 220 (as appropriate) via TRANSPROC within 14 calendar days of Soldier REFRAD date and file into Soldier's iPERMS records.

3. We anticipate _____ Soldiers will be processed through MMPS within the next 90 days

4. (Point of contact name, telephone number and email address).

FIRST I. LAST
RANK, AG
The Adjutant General

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Annex A: Implementation

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Annex A: Implementation

Tab 3. Individual Responsibilities Guidance

1. This annex establishes the guidance for the individual responsibilities of all parties involved in the RCMC-M/T.

2. Soldier's Responsibilities:

a. Obtain and provide copies of all pertinent medical documentation and sign appropriate medical releases.

b. Inform the Duty Site Supervisor of all medical appointments and work with their physician to ensure the treatment plan clearly states the medical issue and prognosis.

c. Maintain Army Physical Fitness Training regimen within the limitation of the profile in accordance with TC 3-22-20 (Army Physical Readiness Training) and maintain the height and weight standard in accordance with AR 600-9 (The Army Weight Control Program).

d. Perform duties within the limitation of the profile.

e. Wear the appropriate duty uniform as directed.

f. Confirm transportation arrangements have been made to and from the duty location and medical appointments with the Duty Site Supervisor and nurse case management.

g. Be aware Soldiers on active duty orders are subject to UCMJ action and applicable laws and regulations governing conduct, performance, responsibilities and obligations. Failure to comply with the standards of the Commander to which attached may result in disciplinary action.

h. Soldier is not authorized to cancel or reschedule approved medical appointments. If for any reason Soldier cannot make an appointment he/she must notify the case coordinator or case manager. First and second missed appointments will result in an official counseling. Third missed appointment will result in an official reprimand and REFRAD.

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Annex A: Implementation

i. Soldier is not authorized to attend Military Residence Courses, civilian education classes or civilian education training during normal duty hours while on RCMC-M or RCMC-T orders. Soldier is allowed to complete Military Distance Learning and Military Correspondence Courses.

j. Soldiers who will ETS while receiving managed medical care must be extended by their organic unit retention NCO for no less than 179 days.

3. Battalion Medical Readiness NCO (MRNCO) Responsibilities:

a. Identifies Soldiers with medical conditions through Soldier Readiness Processing (SRP), Periodic Health Assessment (PHA), Post-Deployment Health Reassessment (PDHRA) or Soldier self-report.

b. Assist the Soldier in any of a number of tasks to include, but not limited to, obtaining a DA Form 2173 (LOD), DD Form 3349 (Physical Profile), assisting in establishing an initial provider appointment, and collecting any pertinent medical records.

c. Should the Soldier require more in-depth or continued case management health care that extends beyond a three month timeframe from the identification of the issue(s), the MRNCO will "hand-off" through a case meeting the Soldiers' medical case to a State Case Manager (CM).

d. Provide the Command with a monthly scrub of all MRC 3A, 3B and MCRC 4 Soldiers (those identified as requiring medical care beyond 30 days) within that BN until final medical disposition.

4. Care Coordinator (CC) Responsibilities:

a. Receives assigned cases from Case manager.

b. Work with Case Manager to ensure Soldier adheres to treatment plan and attend all scheduled and required appointments.

c. Assists Soldiers with tracking medical and dental appointments, assuring attendance, maintaining communication as required with the Soldiers, and continue to update/collect current medical records.

d. Assist the Soldier with the application for RCMC-M or RCMC-T.

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- e. Enter data into eProfile module of the Medical Operational Data System (MODS).
- f. Continue to communicate with the MRNCO for accountability and tracking.

5. Case Manager (CM) Responsibilities:

- a. Responsible for ensuring that the Soldier adheres to the treatment plan and attends all scheduled and required appointments.
- b. Assists the Soldier in assessing their current and future needs, reviewing and re-establishing their medical plan of care, obtaining the required treatment and evaluations to progress toward a final outcome through telephonic or electronic coordination, and re-evaluation of the plan as needed.
- c. Establishes a case meeting, which will include the Unit Commander (or designated representative), Case Manager, the state G1 (or a representative), the State Surgeon (or their representative) and Duty Site Supervisor.
- d. Obtain all Soldier and family contact information, and obtain all provider contacts that the Soldier may have already established.
- e. Promptly report to the Unit Commander missed appointments or failure to participate.
- f. Complete the Minimum Medical Requirement and Criteria form (See Annex C enclosure 9, Page 1) to determine Soldier's eligibility for RCMC-M/T program.
- g. May submit a referral request for the Soldier to be evaluated for State Managed Care using a Commander's Referral Letter (See Annex B enclosure 8, Page 6).

6. State Surgeon Responsibilities:

- a. Ensure personnel reviewing order request packet has current valid certification as a Doctor, Physician's Assistant, or Nurse Practitioner, and documentation is on file with ARNG-HRP.
- b. Ensure medical standards of fitness are properly annotated on DA Form 3349 and are accurate.

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- c. Enforce AR 40-501.
 - d. Provide oversight to the case management team.
 - e. Participate or designate participant in case meeting.
 - f. Based off the medical documents from the RCMC-M/T packet, provide recommended days for the RCMC-M/T program within DAMPS-OCOIND.
 - g. May submit a referral request for the Soldier to be evaluated for State Managed Care using a Commander's Referral Letter (See Annex B enclosure 8, Page 6).
 - h. Review and/or complete Soldier's Medical Treatment Plan (See Annex C enclosure 9, Page 2).
 - i. Complete RCMC-M/T Extension Request Form, when necessary (See Appendix C enclosure 9, Page 3)
7. Health Service Specialist (HSS) Responsibilities:
- a. Receive and ensure the State Surgeon review the Soldier treatment plan.
 - b. Attend case meeting every 90 days to review the Soldier's status.
 - c. Keep the State G1 informed of all cases in the RCMC-M/T process.
 - d. Initiate RCMC-M/T order process in DAMPS/OCO-IND as required. Within this process, do not upload any documentation in DAMPS/OCO-IND.
 - e. Ensure all items on RCMC Checklist (See Annex B enclosure 8, Page 1.1-1.2) are provided with Soldier's packet request.
 - f. Ensure Soldier's NGB 23B (See Annex B enclosure 8, Page 5) has been generated within 30 days of packet submission to NGB.
8. State G-1 Responsibilities:
- a. Has overall responsibility for the RCMC-M/T order request process.
 - b. Enforce RCMC-M/T policies and procedures.

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- c. Ensure RCMC-M/T packets are submitted in a timely manner.
- d. Ensure RCMC-M/T timelines and metrics are reported by the fifth of each month.
- e. Place published RCMC-M/T order into Soldiers iPERMS account.
- f. Complete Senior Leadership Validation memorandum when applicable (see Annex B enclosure 8, Page 7).
- g. Use Military Personnel Transition Processing (TRANSPROC) to publish DD Form 214/DD Form 220 (as appropriate) within 14 calendar days of Soldier REFRAD date, and place in Soldier's iPERMS account.
- h. Responsible for all personnel actions to include promotions, leave, reenlistment/extensions, finance issues, and terminations.
- i. Communicates with appropriate Commander regarding UCMJ action as necessary.

9. Unit Commander Responsibilities:

- a. Initiate LOD.
- b. Prepare and sign unit cover letter (See Annex B enclosure 8, Page 2).
- c. Counsel the Soldier on a DA Form 4856, Counseling Statement (See Annex B enclosure 8, Page 4.1-4.2).
- d. Submit a referral request for the Soldier to be evaluated for State Managed Care using a Commander's Referral Letter (See Annex B enclosure 8, Page 6).
- e. Maintain accountability and tracking while the Soldier is going through the MMPS/MMA.
- f. May complete a referral request for the Soldier to be evaluated for State Managed Care using a Commander's Referral Letter (See Annex B enclosure 8, Page 6)

10. State Adjutant General/TAG Designee Responsibilities:

- a. Ensure RCMC-M/T order request process was executed within guidelines of policies and procedures.

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Annex A: Implementation

- b. Review and sign Memorandum of Understanding (See Annex B enclosure 8, Page 10).
- c. Ensure Soldier meets criterion for RCMC-M/T program.

11. Submission Procedures:

1. Soldier receives finding of In Line of Duty (ILD) for low risk, low acuity LOD condition.
2. HSS or Unit counsel Soldier on benefits, to include eligibility for RCMC-M or RCMC-T, INCAP, ADME or MRP2. INCAP can be received while RCMC-M/T request is being processed.
3. Soldier volunteers to return to active duty for RCMC-M or RCMC-T (12301(h)). If the Soldier does not volunteer to be recalled to active duty, he/she must sign a Declination of RC Managed Care Form (see Annex B enclosure 8, page 9).

Soldier can receive access to care at any of the following locations with an approved LOD:

- a. Military Medical Treatment Facility (within established catchment area).
 - b. Veterans Administration (VA).
 - c. Defense Health Agency (DHA) Civilian Doctor.
4. Battalion Medical Readiness NCO and Care Coordinator will assist the Soldier in collecting the appropriate medical/administrative documentation required for RCMC-M or RCMC-T packet.
 5. Packet is forwarded to Case Manager and Deputy State Surgeon for review of treatment plan. The packet is then forwarded to the Health Services Specialist or Case Manager.
 6. The Health Services Specialist loads the medical documents and Annex C items (DA Form 3349, Medical Treatment Plan, Current diagnosis, completed DA Form 2173, and all supporting medical documentation) into Soldier's RCMC-M/T packet via eMMPS with corresponding LOD to orders request.

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Annex A: Implementation

7. The Health Services Specialist or Case Manager loads the Annex B administrative documents into eMMPS and initiates an orders request packet via DAMPS-OCO/IND module. The orders request packet will be reviewed by personnel designated as State Surgeon and TAG Release reviewers. TAG Release reviewer will forward the orders request packet to ARNG-HRP-P.

8. ARNG-HRP-P reviews orders request packet for correctness, and forwards packet to ARNG-CSG.

9. ARNG-CSG reviews orders request packet, and corresponding medical documentation related to RCMC-M/T packet to ensure Soldier meets established criteria. Orders request packet is forwarded to ARNG-HRP for orders publication.

10. ARNG-HRP (or designated representative) publishes RCMC-M/T orders.

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Tab 4. UCMJ Jurisdictions.

UCMJ Jurisdictions	
State	Area Servicing WTU/MTF
Alabama	Fort Benning
Alaska	Fort Wainwright
Arizona	Fort Huachuca
Arkansas	Fort Sill
California	JBLM, Fort Irwin
Colorado	Fort Carson
Connecticut	West Point
Delaware	Walter Reed National Military Medical Center
District of Columbia	Walter Reed National Military Medical Center
Florida	Fort Benning, Fort Stewart, Fort Gordon, Fort Jackson
Georgia	Fort Benning, Fort Stewart, Fort Gordon, Fort Jackson
Guam	Tripler Army Medical Center
Hawaii	Tripler Army Medical Center
Idaho	JBLM
Illinois	Fort Knox
Indiana	Fort Knox
Iowa	Fort Knox, Fort Leonard Wood
Kansas	Fort Riley
Kentucky	Fort Campbell, Fort Knox
Louisiana	Fort Polk
Maine	Fort Drum
Maryland	Walter Reed National Military Medical Center
Massachusetts	West Point
Michigan	Fort Knox
Minnesota	Fort Leonard Wood
Mississippi	Fort Benning, Fort Rucker
Missouri	Fort Leonard Wood, Fort Knox
Montana	Fort Carson
Nebraska	Fort Riley
Nevada	JBLM
New Hampshire	Fort Drum
New Jersey	West Point
New Mexico	Fort Bliss

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New York	Fort Drum, West Point
North Carolina	Fort Bragg
North Dakota	Fort Riley
Ohio	Fort Knox
Oklahoma	Fort Sill
Oregon	JBLM
Pennsylvania	Walter Reed National Military Medical Center, West Point
Puerto Rico	Fort Gordon
Rhode Island	West Point
South Carolina	Fort Gordon, Fort Jackson, Fort Stewart
South Dakota	Fort Riley
Tennessee	Fort Campbell
Texas	Fort Bliss, Fort Hood, Fort Polk, Fort Sam Houston
Utah	Fort Carson
Vermont	Fort Drum
Virgin Islands	Fort Gordon
Virginia	Fort Belvoir, Fort Lee, Walter Reed National Military Medical Center
Washington	JBLM
West Virginia	Walter Reed National Military Medical Center
Wisconsin	Fort Knox
Wyoming	Fort Carson

Procedure's for UCMJ Action:

1. Duty Site Supervisor counsels Soldier and recommends an Article 15 (UCMJ Action) be initiated and compiles all supporting documentation.
2. Duty Site Supervisor notifies Parent Unit Commander of counseling and recommendation for UCMJ Action.
3. Duty Site Supervisor advises State G-1 of counseling and recommendation for UCMJ Action.
4. State G-1 determines if an Article 15 (UCMJ Action) is an appropriate action, given the request and supporting documentation.
5. If the State G-1 determines an Article 15 (UCMJ Action) is appropriate, the State G-1 or representative will contact State Legal and make an appointment for the Soldier.
6. State G-1 must contact ARNG-HRP-P for additional instruction for TDY authorization to WTU location to administer Article 15 (UCMJ Action).

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SUBJECT: Implementation Guidance for the Reserve Component Managed Care-Mobilization and Training (RCMC-M/T) Program (PPOM #19-XXX)
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7. For cases requiring more than 179 days allotted for RCMC order set (see PPG paragraph 11-13h).
8. Upon completion of TDY, the Soldier must submit TDY voucher through DTS for reimbursements.

*Remember, Soldier's requiring UCMJ action while participating on RCMC, Section 12301(h) orders are subject to termination.

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

1. Tab 5. TAG Release

TAG OFFICE SYMBOL

DATE

MEMORANDUM FOR Chief, National Guard Bureau (ARNG-HRP), 111 South George Mason Drive, Arlington VA 22204-1373.

SUBJECT: Delegation of Authority for Medical Management Processing System (MMPS) and Medical Management Activity (MMA) process, assign temporary TDA positions, and TAG Release for Reserve Component Managed Care-Mobilization/Training (RCMC-M/T) Program.

1. References:

- a. Memorandum, SAMR, 30 Sep 15, subject: Delegation of Authority for the Chief, National Guard Bureau to Publish Orders Pursuant to 10 United States Code § 12301(h).
- b. Memorandum, CNGB, 30 Nov 15, subject: Delegation of Authority to the Director, Army National Guard the authority to Publish Orders Pursuant to 10 United States Code § 12301(h).
- c. Memorandum, ARNG-HRH, 13 February 2013, subject: The Army National Guard Medical Management Processing System (MMPS) (ARNG-HRH Policy Memorandum PPOM # 13-009).
- d. Memorandum, ARNG-HRH, 13 December 10, subject: Operationalizing the RC Personnel Policy Initiative #3, Consolidated Temporary TDA Policy (ARNG-HRH Policy Memo #10-074).
- e. Memorandum, ARNG-HRH, 01 April 11, subject: Change 1 to ARNG-HRH Policy Memorandum #10-074 (Operationalizing the RC Personnel Policy Initiative #3, Consolidated Temporary TDA Policy) (PPOM #11-017).
- f. Memorandum, ARNG-HRP, 14 August 2013, subject: Implementation Guidance for the use of Reserve Component Managed Care-Mobilization and Reserve Component Managed Care-Training (RCMC-M/T) Program (ARNG-HRP Policy #13-030) paragraph 3a.

ARNG-HRZ

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

2. Final approval for implementation of the MMPS program, assignment of temporary TDA positions, and TAG Release authority for the RCMC-M/T Program is hereby delegated to the following individuals:

Soldier Rank/Name

Signature

Soldier Rank/Name

Signature

Soldier Rank/Name

Signature

3. The delegation of authority referred to in the memorandum is restricted to the named individuals and will not be further delegated. I retain the authority to cancel or withdraw delegated authority at any time.

4. Upon change of command, all delegations are subject to review for the purpose of cancellation or renewal by the incumbent.

5. Delegated authority or responsibilities are automatically cancelled upon retirement, change of duties, or change of position of the individual for which specific authority or responsibility has been delegated. Delegated authorities are not inherent in a position.

6. Effective date: XX Month 20XX

7. POC for this memorandum is:

MUST BE SIGNED BY THE TAG
Not For the TAG but only by
The Adjutant General

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

Tab 1. RCMC-M/T Initial Application Checklist

RCMC-M/T Initial Application Checklist SOLDIERS RANK/NAME

NOTE: Signatures and contact information must be included or packet processing will be delayed.

A. ADMINISTRATIVE DOCUMENTS

1. ____ **Unit Cover Memo** (Annex B: Tab 2) (Circle either RCMC-M or RCMC-T)
2. ____ **Completed DA Form 4187 (Request for Personnel Action) (must be signed by Soldier)** (Annex B: Tab 3) (Ensure correct program and Soldier HOR is up-to-date)
3. ____ **Documentation supporting duty status** – as applicable (DA 1379, orders/amendments/DD 214/DD 220 for RCMC-T or DD 214/DD 220 for RCMC-M)
4. ____ **DA Form 4856 (Counseling Statement)** (Annex B: Tab 4) (Counselor must be senior in rank)
5. ____ **NGB Form 23B (Retirement Points Accounting Management)** (Annex B: Tab 5) (Must be dated within 30 days of packet submission)
6. ____ **Referral Memo** (Annex B: Tab 6) (Must complete LOD, eCase, eProfile information)
7. ____ **Memorandum of Understanding** (Annex B: Tab 7) (Report UIC must be within 50 miles of Soldier's HOR) (Duty Supervisor must outrank Soldier applying)
8. ____ **Validation Memorandum for Senior Leadership (O4 and above / W4 and above / E8 and above)** (Annex B: Tab 8)
9. ____ **DA Form 5960 (Authorization to Start, Stop, or Change Basic Allowance for Quarters and/or Variable Housing Allowance)** (Annex B: Tab 9) (Ensure Spouse/Dependent information is accurate)

B. MEDICAL DOCUMENTS (indicate location in Annex B, Enclosure 8 - #10 Submission Procedures)

1. ____ **Statement of Medical Condition** (Annex C: Tab 1), which includes the following:
 - Current diagnosis (within last 30 days) and anticipated length of care; appointments per week and total days of care with expected date to return to duty
 - Medical Provider's full name, grade, tel.#, email address, street address and other contact information.

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

2. ____ **All supporting medical documentation** (Clinical notes, PRL(s), Operative Notes, PT notes, SF 513, SF 600, etc.)

3. ____ **Line of Duty Investigation (LOD)#**_____ **(REQUIRED)**

4. ____ **eCase #**_____ **(REQUIRED)**

5. ____ **Physical Profile(s)** (Verify it is completed/Approved/in eProfile)

C. To be completed by Soldier's unit Commander:

1. Has the Soldier previously **appealed, resubmitted** or requested an **exception** to any managed care program? **YES/NO**

2. Is Soldier **currently** receiving Incapacitation Pay (INCAP)? **YES / NO (Verify in EMMPS)**

If Yes, what is the projected end date of entitlement? (Must end prior to Order Report Date) _____

3. Is the Soldier **currently** on any type of active duty orders? **YES / NO**

If Yes, what **type of order**? _____

4. **Unit Point of Contact** (POC) completing this packet (**PRINT**):

5. Rank / Name: _____ Phone: _____

6. Email: _____ Job Title: _____

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 2. Unit Cover Memo: RCMC-M/T Program

OFFICE SYMBOL

DATE

MEMORANDUM THRU HSS JFHQ, XX ARNG Mailing Address

FOR National Guard Bureau, Attn: ARNG-HRP-P (Medical Admin), 111 South George Mason Drive, Arlington, VA 22204-1373

SUBJECT: Request for **(circle one)** RCMC-M / RCMC-T Status for:

(Print Soldier's Name, Rank, and Social Security Number)

___ I have counseled the Soldier about the relevant RCMC-M/T program and the Incapacitation Pay (INCAP) program, and the Soldier desires to return to Active Duty under the provisions of RCMC-M/T program.

___ I have reviewed the packet for completeness and submit it for further review and approval.

___ I have verified this Soldier is currently not undergoing any UCMJ or adverse administrative actions.

___ I recommend the Soldier enter on Active Duty under provisions of the RCMC-M/T program.

___ I have notified the Soldier's parent command of the Soldier's recommended change in status.

___ I verify the Soldier was mobilized on contingency operation orders/participating in training (IET, IADT, IDT, AT, RC-ADOS) and the medical condition(s) is/are a result of the mobilization tour/training participation and were sustained or aggravated in the line of duty. The Soldier will not attend civilian education classes/training while on RCMC-M/T orders. The Soldier will not be placed on Convalescence Leave while on RCMC-M/T Orders.

___ I understand the Soldier must use any accrued leave during the dates of this approved Title 10 12301(h) Active Duty period.

___ As an ARNG unit commander, I have received consent from the State Governor or other appropriate authority of the State concerned through JFHQ, Health Systems Specialist Headquarters for this Soldier to be considered for the RCMC-M/T program.

Point of contact (POC) for this action is:

(Print POC's name, phone number, and email address)

Encl
RCMC-M/RCMC-T

Commander's Name
Signature Block

PERSONNEL ACTION

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended
PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.
ROUTINE USES: The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.
DISCLOSURE: Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU (Include ZIP Code) State Health Services Specialist	2. TO (Include ZIP Code) NGB, ATTN: ARNG-HRP-P (Medical Actions Team) 111 South George Mason Drive Arlington, VA 22204-1373	3. FROM (Include ZIP Code) COMMANDER UIC:
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
---------------------------	---------------------------	---------------------------

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above Soldier's duty status is changed from (Fill in current status) _____ to
10 USC 12301 (h) _____ effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) Volunteer for RCMC-M/T, ADME, MRP2 (circle one)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

REQUEST TO VOLUNTEER FOR (Circle one)- RCMC-M/T, ADME, MRP2 PROGRAM (Circle one)- INITIAL/EXTENSION

Current Unit: _____ UIC: _____ POC: _____

Unit Phone: _____ Unit email: _____

HOR: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Soldier's AKO Email: _____

Sex: _____ ETS (enlisted): _____ MRD (Officer/WO): _____ PEBD: _____

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -
☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☒ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE
(Unit Commander)

13. SIGNATURE

14. DATE (YYYYMMDD)

15. NAME OF INDIVIDUAL	16. SSN	
ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL		
AUTHORITY	a. TO	b. FROM
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		
d. NAME (<i>Last, First, Middle</i>)	e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION	h. SIGNATURE	
i. COMMENTS		
AUTHORITY	a. TO	b. FROM
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		
d. NAME (<i>Last, First, Middle</i>)	e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION	h. SIGNATURE	
i. COMMENTS		
AUTHORITY	a. TO	b. FROM
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		
d. NAME (<i>Last, First, Middle</i>)	e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION	h. SIGNATURE	
i. COMMENTS		
AUTHORITY	a. TO	b. FROM
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		
d. NAME (<i>Last, First, Middle</i>)	e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION	h. SIGNATURE	
i. COMMENTS		

DEVELOPMENTAL COUNSELING FORM

For use of this form, see ATP 6-22.1; the proponent agency is TRADOC.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army.
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems or records notices also apply to this system.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Date of Counseling
Organization	Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)

Event-oriented counseling

The purpose of this counseling is to voluntarily place (Soldier Name) on 12301h orders to receive medical treatment or evaluation for injuries, illness, or disease incurred in the line of duty.

PART III - SUMMARY OF COUNSELING**Complete this section during or immediately subsequent to counseling.****Key Points of Discussion:**

Soldier acknowledges and initials each:

- ____ 1. This request for RC Managed Care cannot be processed if proper documentation is not provided to me.
____ 2. I must receive written authorization from TRICARE/MMSO BEFORE obtaining medical treatment from any civilian provider or I will be personally responsible for any charges incurred.
____ 3. I must report to all medical appointments including physical therapy and examinations. I understand I am not authorized to change, cancel, and/or reschedule my medical appointments. Failure to do so may result in termination of my active duty orders. First and second missed appointments will result in official counselling. A third missed appointment will result in an official reprimand and REFRAD.
____ 4. I must submit all medical treatment documentation, including the Physician's Statement, EACH WEEK to my case management team. Failure to do so may result in termination of my active duty orders.
____ 5. I must comply with all written or verbal physician's orders and understand failure to do so may result in termination of my active duty orders. I understand I cannot be on Convalescence Leave beyond the 14 days following the initial surgical appointment while on RCMC-T Orders.
____ 6. I understand while I am on 12301(h) orders, I will not perform a civilian job or Title 32 duties or missions. I understand I will not attend Military Residence Courses, civilian education classes or civilian education training during normal duty hours while on RC Managed Care orders.
____ 7. I have disclosed all medications, known medical diagnosis, and/or medical problems (treated/untreated) to the Case Manager and/or Care Coordinator prior to signing this form.
____ 8. I will physically report to my unit of assignment or closest armory during a regular work week. I am not allowed to telework, or any variation thereof. I can only perform duties within the limitations of my profile (IAW AR 40-501, Ch 7) and must retain a copy of my profile with me at all times.
____ 9. If determined I have reached "Medical Retention Decision Point", I may be referred to the Physical Disability Evaluation System (PDES) process, which includes the Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB). If referred to any of the before mentioned boards my RCMC-M/T orders will terminate.
____ 10. I understand I am participating in the RC Managed Care program on Title 10 orders and I am subject to UCMJ actions.
____ 11. I may have to repay any monies received if a later determination is made that I was not entitled to certain benefits, to include, but not limited to, VA compensations.
____ 12. I will not engage in conduct prejudicial to the good order and discipline of my assigned duty site or unit.
____ 13. I will wear appropriate duty uniform as directed.
____ 14. I will maintain Army Physical Fitness Training regimen within the limitation of my profile in accordance with TC 3-22-20 (Army Physical Readiness Training) and maintain the height and weight standard in accordance with AR 600-9 (The Army Weight Control Program).
____ 15. I understand I must use any accrued leave during the dates of this approved Title 10 12301 (h) Active Duty period.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (*other than rehabilitative transfers*), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action *(Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below)*

AS THE INDIVIDUAL MAKING THE CLAIM, I UNDERSTAND I AM RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION PROVIDED. I ALSO UNDERSTAND FAILURE TO FULFILL THE ABOVE REQUIREMENTS MAY RESULT IN TERMINATION OF MY ENTITLEMENTS TO PAY, ALLOWANCES, AND MEDICAL CARE FOR THIS DISABILITY. THE PENALTY FOR WILLFULLY MAKING A FALSE CLAIM IS A MAXIMUM FINE OF \$10,000, IMPRISONMENT FOR FIVE (5) YEARS, OR BOTH.

Point of contact (POC) for this action is

Rank/Name:

Phone:

E-Mail:

Unit:

Session Closing: *(The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)*

Individual counseled: ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: _____ Date: _____

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

Support Soldier 100% and ensure access to resources available.

Signature of Counselor: _____ Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: *(Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)*

Counselor: _____ Individual Counseled: _____ Date of Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.

ARNG-HRZ

SUBJECT: Implementation Guidance for the Reserve Component Managed Care-Mobilization and Training (RCMC-M/T) Program (PPOM #19-XXX)
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Tab 5. Retirement Points Accounting Management; NGB Form 23

ARMY NATIONAL GUARD RETIREMENT POINTS HISTORY STATEMENT

Name
SSN
JOINT FORCES HEADQUARTERS (-)
Address
State zip code
UIC

Date Prepared:
AYE: mm/yy
BASD: yyyy/mm/dd
Notice Of Eligibility:
Highest Grade Held:
Output Reason: Request

This summary is a statement of your points earned towards retirement. You should review all entries and report any discrepancies to your unit clerk. Particular attention should be given to any period of service with a verification status (VS) of "B" because points are not credited until verified.

Begin Date (yyyymmdd)	End Date (yyyymmdd)	MMSI	IDT	MEM	ACCP Misc Pts	AD Pts	VS	Tomi Career Points	Tomi Pts For Ret Pay	Creditable Svc For Ret Pay
Grand Totals						0000		0000	0000	00/00/00

MILITARY MEMBERSHIP STATUS IDENTIFIERS

DI	USAR Troop Program Unit
A7	Reserve Member on Active Duty (includes other components)
A1	United States Army Regular Service
D4	USAR Control Group (Reinforcement)
BI	Army National Guard Unit Member
B4	Army National Guard Active Duty under Title 32 USC, Smtc Controlled
B2	Army National Guard Mobilized Service
B3	Army National Guard Active Duty under Title 10 USC, NGB Controlled

NON-CREDITABLE PERIODS OF SERVICE

From Date	To Date	Reason
-----------	---------	--------

ARNG-HRZ

SUBJECT: Implementation Guidance for the Reserve Component Managed Care-
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Tab 6. Referral Memo

Office Symbol

Date

MEMORANDUM THRU HSS JFHQ, XX ARNG Mailing Address

FOR: NGB, ATTN ARNG-HRP-P (Medical Actions Team) 111 S. George Mason Drive
Arlington, VA 22204-1373

SUBJECT: Referral Statement, RANK Last, First Name, (last SSN 4)

1. Request RANK Last Name be evaluated for RCMC-M/RCMC-T State managed orders for a maximum of 179 days.

2. PAST HISTORY: RANK Last Name currently has an unresolved medical condition that began while entitled to military pay, allowances, 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. PRESENT STATUS: I recommend that RANK Last Name be placed on State Managed RCMC-M/T orders for short-term medical management. I acknowledge that a medical plan and prognosis summary has been included in the Soldier's medical packet. I have been involved with this process through interaction with members of our state's Case Management team. I have verified Soldier did not sign a Declination of Care during the Demobilization process or decline MRP-E program. I recommend approval of the suggested treatment plan that was based on medical evaluation and documentation. This supporting medical documentation is located in:

HRR – index _____

LOD – case # (DAMPS REQUIREMENT) _____

eProfile – expiration date _____

AHLTA (if accessible) _____

eCase # (DAMPS REQUIREMENT) _____

Other _____

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SUBJECT: Implementation Guidance for the Reserve Component Managed Care-
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4. MEDICAL PLAN and PROGNOSIS: As attached in Soldier's medical packet (document locations referenced above).

Enclosures:
Counseling Statement
DA Form 4187

FIRST I. LAST
RNK, BR
Commanding

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 7. Memorandum of Understanding

OFFICE SYMBOL

DATE

MEMORANDUM OF UNDERSTANDING
BETWEEN
Duty Site Supervisor
AND
The Adjutant General

SUBJECT: Reserve Component Medical Managed Care-Mobilization/ Reserve Component Medical Managed Care-Training (RCMC-M/RCMC-T) Supervisor's Responsibilities

CURRENT UIC _____
UIC _____

REPORT

REPORT
ADDRESS/NUMBER _____

1. I **(Supervisor's Rank and Name)** agrees to supervise **(Soldier's Rank and Name)**, and to ensure that the following responsibilities are adhered to:

___a. **(Soldier's Rank and Name)** must be assigned to duties that will not violate the limitations of the most current profile while in the RCMC-M/T process.

___b. Physical Fitness Training will be conducted within the limitation of the Soldier's most current profile.

___c. The Soldier's accountability and supervision will be the responsibility of the Duty Site Supervisor until the Soldier is released from program.

___d. The Soldier's Chain of Command will be informed on the Soldier's status and medical appointments, missed appointments or failure to participate.

___e. I will ensure the Soldier provides all newly acquired medical documentation to the case management team upon return from any medical appointments.

___f. I understand the Soldier will not perform any Title 32 duties or missions (to include, 32 USC Section 502 (f), State Active Duty, Readiness Management Period, IADT, IDT, ADT, AT, ADSW), while on RCMC program orders. The Soldier will not

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SUBJECT: Implementation Guidance for the Reserve Component Managed Care-
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attend civilian education classes/training while on RCMC orders. The Soldier will not be placed on Convalescence Leave while on RCMC Orders.

___g. I understand I must allow the Soldier to use any accrued leave during the dates of this approved Title 10 12301(h) Active Duty period.

2. I understand UCMJ authority will be with the CBWTU Commander or Remote Care Commander while on RCMC-M/T orders.

(TAG Designee signature)

Supervisor's Name
Signature Block
Block

YOUR State TAG Name
State TAG Signature

(Date)

(Date)

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

APD LC v2.04ES

AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ), AND/OR VARIABLE HOUSING ALLOWANCE (VHA) <small>For use of this form, see AR 37-104-4; the proponent agency is ASA (FM)</small>				PRIVACY ACT STATEMENT AUTHORITY: 37 USC 403; Public Law 96-343; EO 9397. PRINCIPLE PURPOSE: To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA). ROUTINE USE: To adjust member's military pay record, information may be disclosed to Army components, such as USAFAC, major commands, and other Army installations; to other DOD components; other federal agencies such as IRS, Social Security Administration and VA, GAO, members of Congress; State and local government; US and State courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification. DISCLOSURE IS VOLUNTARY: Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN.							
1. NAME (Last, First, MI)				ROUTINE USE: To adjust member's military pay record, information may be disclosed to Army components, such as USAFAC, major commands, and other Army installations; to other DOD components; other federal agencies such as IRS, Social Security Administration and VA, GAO, members of Congress; State and local government; US and State courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification. DISCLOSURE IS VOLUNTARY: Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN.							
2. SOCIAL SECURITY NUMBER		3. GRADE									
4. TYPE OF ACTION											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">START</td> <td style="width: 25%; text-align: center;">CANCEL</td> <td style="width: 25%; text-align: center;">CHANGE</td> <td style="width: 25%; text-align: center;">REPORT</td> </tr> <tr> <td style="text-align: center;">CORRECT</td> <td style="text-align: center;">STOP</td> <td colspan="2" style="text-align: center;">RECERTIFICATION</td> </tr> </table>						START	CANCEL	CHANGE	REPORT	CORRECT	STOP
START	CANCEL	CHANGE	REPORT								
CORRECT	STOP	RECERTIFICATION									
5. DUTY LOCATION (Include Station, Name, City, State, and Zip Code)				6. DATE/ACTION (YYYYMMDD)		7. BAQ TYPE					
				<input type="checkbox"/> WITH DEPENDENTS		<input type="checkbox"/> PARTIAL					
				<input type="checkbox"/> WITHOUT DEPENDENTS							
8. MARITAL/DEPENDENCY STATUS						9. QUARTERS ASSIGNMENT/AVAILABILITY					
<input type="checkbox"/> a. SINGLE		<input type="checkbox"/> b. MARRIED (see blocks (1), (2) & (3))		<input type="checkbox"/> c. DIVORCED (see blocks (1), (2) & (3))		<input type="checkbox"/> a. ADEQUATE (see block (1))		<input type="checkbox"/> b. INADEQUATE (see blocks (1), (2) & (4))			
<input type="checkbox"/> d. LEGALLY SEPARATED (see blocks (1), (2) & (3))		<input type="checkbox"/> e. DEPENDENT CHILD (see blocks (4), (5) & (6))		<input type="checkbox"/> c. TRANSIENT (see block (3))		<input type="checkbox"/> d. NOT AVAILABLE					
(1) Spouse/Former Spouse SSN		(2) Spouse/Former Spouse Duty Station		(3) Date of Marriage, Divorce/Separation		(1) QUARTERS NO. _____		(2) FAIR RENTAL VALUE \$ _____			
(4) Child in Custody of: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Former Spouse <input type="checkbox"/> Other						(3) FROM: _____ TO: _____					
(5) If you check "OTHER" above, prepare DD Form 137 to establish dependency.						(4) <input type="checkbox"/> MEMBER ELECTION (Member in grade E7 and above)					
(6) If child support received from another military member, complete (1), (2) & (3).						<input type="checkbox"/> COMMANDER DETERMINATION (Attached)					
10. DEPENDENTS/SHARERS (Continue on back if required)											
NAME OF DEPENDENT/SHARER			COMPLETE CURRENT ADDRESS (Include ZIP Code)			RELATIONSHIP		DOB OF CHILDREN			
11. CERTIFICATION OF DEPENDENT SUPPORT											
<input type="checkbox"/> I certify that I provide, or am will to provide adequate support for the above named dependents. I am aware that failure to support the above named dependents may result in stopping BAQ and recouping BAQ for any prior periods/nonsupport.											
<input type="checkbox"/> IAW service regulations, I certify that the dependency status of my primary dependents, on whose behalf I am receiving BAQ, has not changed so as to affect my entitlement thereto for the period											
12. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON											
My permanent duty station:			My dependent's location:			Both my permanent duty station and dependent's location.					
a. Monthly Expenses:		Member		Dependent		b. Sharer/Lease Information		c. Address Information			
(1) Mortgage (PITI) or Rent						(1) Rental/Residential Address:		(1) Landlord's Name and Address:			
(2) Insurance											
(3) Other						(2) Effective Date:		(3) Expiration Date:			
(2) Landlord's Phone No.											
TOTALS											
(4) Number of Sharers (show name(s) and address in block 10.)											
I certify ALL information regarding this authorization is correct. I will immediately notify the FAO/HRO of any changes in the information above, due to divorce, marriage, death, living in government quarters etc, which could affect by BAQ or VHA entitlement. IMPORTANT: Making a false statement or claim against the US Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for 5 years, or both.											
13. MEMBER'S SIGNATURE				14. DATE		15. CERTIFYING OFFICER'S SIGNATURE			16. DATE		

AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ), AND/OR VARIABLE HOUSING ALLOWANCE (VHA) For use of this form, see AR 37-104-4; the proponent agency is ASA (FM)				PRIVACY ACT STATEMENT AUTHORITY: 37 USC 403; Public Law 96-343; EO 9397. PRINCIPLE PURPOSE: To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA). ROUTINE USE: To adjust member's military pay record, information may be disclosed to Army components, such as USAFAC, major commands, and other Army installations; to other DOD components; other federal agencies such as IRS, Social Security Administration and VA, GAO, members of Congress; State and local government; US and State courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification. DISCLOSURE IS VOLUNTARY: Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN.									
1. NAME (Last, First, MI)				6. DATE/ACTION (YYYYMMDD) 7. BAQ TYPE <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 50%; text-align: center;">WITH DEPENDENTS</td> <td style="border: 1px solid black; width: 50%; text-align: center;">PARTIAL</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">WITHOUT DEPENDENTS</td> <td style="border: 1px solid black;"></td> </tr> </table>		WITH DEPENDENTS	PARTIAL	WITHOUT DEPENDENTS					
WITH DEPENDENTS	PARTIAL												
WITHOUT DEPENDENTS													
2. SOCIAL SECURITY NUMBER		3. GRADE											
4. TYPE OF ACTION													
<input type="checkbox"/> START <input type="checkbox"/> CANCEL <input type="checkbox"/> CHANGE <input type="checkbox"/> REPORT		<input type="checkbox"/> CORRECT <input type="checkbox"/> STOP <input type="checkbox"/> RECERTIFICATION		8. MARITAL/DEPENDENCY STATUS <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 25%; text-align: center;"><input type="checkbox"/> a. SINGLE</td> <td style="border: 1px solid black; width: 25%; text-align: center;"><input type="checkbox"/> b. MARRIED <small>(see blocks (1), (2) & (3))</small></td> <td style="border: 1px solid black; width: 25%; text-align: center;"><input type="checkbox"/> c. DIVORCED <small>(see blocks (1), (2) & (3))</small></td> <td style="border: 1px solid black; width: 25%;"></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/> d. LEGALLY SEPARATED <small>(see blocks (1), (2) & (3))</small></td> <td colspan="2" style="border: 1px solid black; text-align: center;"><input type="checkbox"/> e. DEPENDENT CHILD <small>(see blocks (4), (5) & (6))</small></td> <td style="border: 1px solid black;"></td> </tr> </table>		<input type="checkbox"/> a. SINGLE	<input type="checkbox"/> b. MARRIED <small>(see blocks (1), (2) & (3))</small>	<input type="checkbox"/> c. DIVORCED <small>(see blocks (1), (2) & (3))</small>		<input type="checkbox"/> d. LEGALLY SEPARATED <small>(see blocks (1), (2) & (3))</small>	<input type="checkbox"/> e. DEPENDENT CHILD <small>(see blocks (4), (5) & (6))</small>		
<input type="checkbox"/> a. SINGLE	<input type="checkbox"/> b. MARRIED <small>(see blocks (1), (2) & (3))</small>	<input type="checkbox"/> c. DIVORCED <small>(see blocks (1), (2) & (3))</small>											
<input type="checkbox"/> d. LEGALLY SEPARATED <small>(see blocks (1), (2) & (3))</small>	<input type="checkbox"/> e. DEPENDENT CHILD <small>(see blocks (4), (5) & (6))</small>												
5. DUTY LOCATION (Include Station, Name, City, State, and Zip Code)													
(1) Spouse/Former Spouse SSN		(2) Spouse/Former Spouse Duty Station		(3) Date of Marriage, Divorce/Separation									
(4) Child in Custody of: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Former Spouse <input type="checkbox"/> Other				(1) QUARTERS NO. _____									
(5) If you check "OTHER" above, prepare DD Form 137 to establish dependency.				(2) FAIR RENTAL VALUE \$ _____									
(6) If child support received from another military member, complete (1), (2) & (3).				(3) FROM: _____ TO: _____									
				(4) <input type="checkbox"/> MEMBER ELECTION <input type="checkbox"/> COMMANDER DETERMINATION (Attached) <small>(Member in grade E7 and above)</small>									
10. DEPENDENTS/SHARERS (Continue on back if required)													
NAME OF DEPENDENT/SHARER		COMPLETE CURRENT ADDRESS (Include ZIP Code)		RELATIONSHIP									
11. CERTIFICATION OF DEPENDENT SUPPORT													
<input type="checkbox"/> I certify that I provide, or am will to provide adequate support for the above named dependents. I am aware that failure to support the above named dependents may result in stopping BAQ and recouping BAQ for any prior periods/nonsupport.													
<input type="checkbox"/> IAW service regulations, I certify that the dependency status of my primary dependents, on whose behalf I am receiving BAQ, has not changed so as to affect my entitlement thereto for the period													
12. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON													
My permanent duty station:		My dependent's location:		Both my permanent duty station and dependent's location.									
a. Monthly Expenses:		Member		Dependent									
(1) Mortgage (PITI) or Rent													
(2) Insurance													
(3) Other													
TOTALS													
				b. Sharer/Lease Information									
				c. Address Information									
				(1) Rental/Residential Address:									
				(1) Landlord's Name and Address:									
				(2) Effective Date:									
				(3) Expiration Date:									
				(2) Landlord's Phone No.									
				(4) Number of Sharers (show name(s) and address in block 10.)									
I certify ALL information regarding this authorization is correct. I will immediately notify the FAO/HRO of any changes in the information above, due to divorce, marriage, death, living in government quarters etc, which could affect by BAQ or VHA entitlement. IMPORTANT: Making a false statement or claim against the US Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for 5 years, or both.													
13. MEMBER'S SIGNATURE		14. DATE		15. CERTIFYING OFFICER'S SIGNATURE									
				16. DATE									

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 10. RCMC-M/T Exception, Appeal or Resubmission Request

Soldier's Full Name: _____ SSN (last four): _____ Date _____
Soldier's AKO email: _____ @us.army.mil

MEMORANDUM FOR NGB, Attn: ARNG-HRP-P (Medical Admin), 111 S. George Mason Drive,
Arlington, VA 22204-1373

SUBJECT: I Request the following action for my (circle one) **RCMC-M / RCMC-T** packet, (Please select either options 1, 2, 3, or 4 and initial):

1. _____ I am **Re-submitting a packet** for **RCMC-M/T** reconsideration

* I have added new documents for the ARNG Surgeon's Office

* If approved, the order effective date will be the date a completed packet was received by NGB.

* *I understand that resubmission of my packet does **NOT** ensure acceptance into the RC Managed Care Program.*

2. _____ I am requesting an **Administrative Appeal** to my **RCMC-M/T** application denial

* I have NOT been denied due to the ARNG Surgeon's Office decision.

* I have NOT enclosed any new documents.

* I have NOT appealed this application to the Army Boards for Correction of Military Records (ABCMR).

* *I understand that an approved administrative appeal approval does **NOT** ensure acceptance into the RC Managed Care Program.*

3. _____ I am requesting a **Medical Appeal** for **RCMC-M/T** application denial

* I have NOT been denied a previous appeal.

* I have NOT enclosed any new documents.

* I have NOT appealed this application to the Army Boards for Correction of Military Records (ABCMR).

* *I understand that a request for medical appeal does **NOT** ensure acceptance into the RC Managed Care Program.*

4. _____ I am requesting an **Administrative Exception to Policy**

* I understand that an approved administrative exception does NOT ensure acceptance into the RC Managed Care Program.

On the above request, the ARNG Surgeon's Office will make the final determination of eligibility based on medical criteria.

Circle each item "Yes" or "No":

a. I am currently in the MEB or PEB Process. **YES / NO**

b. I am currently a member of the Selected Reserve. **YES / NO**

c. All administrative documents are attached **YES / NO**

d. All required medical documentation is attached **YES / NO**

ALL requests require a **typed summary by the Soldier**, (simple letter format) stating **why** the request is being submitted (***be specific: my X-rays were added, my MRI results are in***) and **WHY** it should be approved.

Soldier's signature _____

POC Name _____ POC _____ @mail.mil

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 11. RCMC-M/T Memo for Declination or Withdrawal from RC Managed Care Program

OFFICE SYMBOL

DATE

MEMORANDUM FOR National Guard Bureau, ATTN: ARNG-HRP-P (Medical Admin), 111 S. George Mason Drive, Arlington, VA 22204-1373

SUBJECT: **DECLINATION** of, or **WITHDRAWAL** from the RC Managed Care Program

1. I, (print name / rank), _____ (SSN Last Four), _____ decline orders to **(Circle one) return to or remain on** active duty status for medical care as a participant in the RC Managed Care program. Once REFRAD, any conditions that were/are determined to be pre-existing (meaning originating in a non-duty status and not aggravated by a duty status) fall under the non-duty related process for referral to the PDES.
2. I understand that I have not waived my right to medical care. I am entitled to care through military or Department of Veterans Affairs (DVA) medical treatment facilities for "in line of duty" illness or injury (DA Form 2173) sustained while on orders or in Individual Training status.
3. I understand that if I have entered the PDES process that this process will continue even if not completed by my REFRAD date.
4. I may also be eligible to apply for Incapacitation Pay through my ARNG unit.
5. I understand that if I have served more than 30 days on active duty in support of a contingency operation I am entitled to 180 days of medical care under the Transitional Assistance Management Program (TAMP) for my eligible Family members and me. Care under the TAMP is limited to this 180 day period only. Information for this program is available at the following web site: <http://www.tricare.osd.mil.reserve>

Soldier's Signature: _____

Soldier's military email: _____@mail.mil

Currently participating in (If yes, circle one) RCMC-M/RCMC-T: **YES / NO**

Telephone Number: _____

Counselor Name _____

Counselor's Signature: _____

Counselor's email: _____@mail.mil

Duty Position/Title: _____ Tel. No: _____

Privacy Act, Sec 3 (c) (10), established appropriate safeguards for personal information. This information will not be released outside DOD without prior written consent from individual concerned or for the purposes stated herein.

ARNG-HRZ

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

1. Tab 1: Statement of Medical Condition and Treatment Plan
2. Tab 2: RCMC-M/T Medical Extension Request Form
3. Tab 3: Minimum Medical Requirements and Criteria
4. Tab 4: Appendix

ARNG-HRZ

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

Tab 1. Statement of Medical Condition and Treatment Plan

(Program name here) Statement of Medical Condition and Treatment Plan

OFFICE SYMBOL

DATE

Physician please note: This document will be reviewed by Board Members who are Health Care Providers. This document must be typed or legibly written.

Soldier's Name: _____
Last Four SSN: _____

Provider (Print Name): _____

Current Medical Diagnosis/Diagnoses: _____
Current ICD codes for each diagnosis or condition: _____

Management Plan:

*Provide a detailed current treatment plan for each diagnosis, including non-invasive care, surgical options, and physical therapy with frequency and length of sessions, estimated duration and end date. The following information **MUST** be completed:*

1. **Date of Surgery (if applicable):** _____
2. **Diagnosis and Prognosis:** _____
3. **Days/Week required for Care:** _____
4. **Number of Weeks required for Care:** _____

Explain necessity for Active Duty order (To include level of disability, home care treatment/physical therapy, medications, and other scheduled medical appointments).

Attending Physician's Full Name: _____
Grade or Rank, if applicable: _____
Contact information: _____

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Signature: _____ Date: _____

****This form must be submitted with every initial and amendment packet***

ARNG-HRZ

SUBJECT: Implementation Guidance for the Reserve Component Managed Care-Mobilization and Training (RCMC-M/T) Program (PPOM #19-XXX)
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Tab 2. RCMC-M/T Medical Extension Request Form

RCMC-M/T Medical Provider's Statement (ONLY NEEDED FOR AN EXTENSION REQUEST)

Name: _____

The above named Soldier will need an extension to complete RC Managed Care process. Soldier's plan requires an **additional** _____ **days of care**

Specific plan of care indicated below.

Extend in RC Managed Care program based on (select one) the following plan of care/prognosis/timeline indicated below:

(Y or N) Soldier has not met MRDP but **will most likely meet Retention Standard** (circle one). REFRAD process will begin on or about _____ (insert date).

(Y or N) Soldier has not met MRDP and will most likely **not meet Retention Standard** (circle one). Soldier **will be referred to the MEB** on or about _____ (insert date).

(Y or N) Soldier **has met Medical Retention Decision Point (MRDP)** and meets Retention Standards (circle one).

Soldier has met MRDP **or** does not meet Retention Standard (circle one). If not, the Soldier will be referred to MEB on or about _____ (insert date).

Soldier is **currently in the MEB** and will most likely be **referred to the PEB** on or about _____ (insert date).

Supporting documents are located _____

Primary Care Provider Information:

Name (print) _____

Telephone Number: _____

State Surgeon or Deputy State Surgeon:

Signature: _____

Name (print): _____

Telephone Number: _____

Email: _____@mail.mil

Note: If medical provider determines that the Soldier's care will extend beyond the initial order he/she may use this form to request an extension. Form must be sent to ARNG-HRP no later than 14 days prior to Soldier's order end date.

ARNG-HRZ

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Annex C: Medical Documentation

Tab 3. Minimum Medical Requirements and Criteria

Soldiers Rank/Name

REQUIREMENTS:

1 and 2 must be YES; 3 and 4 must be NO to proceed to Criteria **YES** **NO**

- | | | |
|---|--------------------------|--------------------------|
| 1) Does the soldier have an approved LOD? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Is the soldier's medical condition manageable within a 6 month time frame? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Is the Soldier currently on Convalescence Leave? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Is the Soldier being treated for, or currently have, a behavioral health diagnosis? (i.e. PTSD, (m)TBI, MDD, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |

CRITERIA:

Must have at least 2 NO responses for approval **YES** **NO**

- | | | |
|--|--------------------------|--------------------------|
| 1) Has the soldier been released from a WTU/CBWTU in the last 6 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Is there an indication or confirmation of drug or alcohol abuse or misuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Is the soldier receiving or been rated for disability compensation? (VA disability will stop on active duty orders) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Has the soldier shown a history of noncompliance to medical evaluations or treatment in the past 6 months? | <input type="checkbox"/> | <input type="checkbox"/> |

ARNG-HRZ

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Annex C: Medical Documentation

Tab 4. Appendix

References

- a. Title 10, United States Code, Section 12301, Paragraph h.
- b. Joint Federal Travel Regulations Volume 1 (JFTR) Uniformed Service Members, 1 Oct 14.
- c. Army Regulation 635-8, Separation Processing and Documents, 10 Feb 14.
- d. Army Regulation 25-400-2, The Army Records Information Management System (ARIMS), 2 Oct 07.
- e. Army Regulation 600-8-10, Leaves and Passes, RAR 4 Aug 11.
- f. Army Regulation 135-175, Separation of Officers, RAR 4 Aug 11.
- g. Army Regulation 135-178, Enlisted Administrative Separations, 18 Mar 14.

ARNG-HRZ

SUBJECT: Implementation Guidance for the Reserve Component Managed Care-Mobilization and Training (RCMC-M/T) Program (PPOM #19-XXX)
Annex D: Monthly Reportable Data

1. Number of participants on RCMC?
2. Number of days on orders?
3. Number Returned to Duty?
4. Number requiring further care?
5. Number denied orders?
6. Number declined orders?
7. Number receiving UCMJ actions?



DEPARTMENT OF THE ARMY
OFFICE OF THE ASSISTANT SECRETARY
MANPOWER AND RESERVE AFFAIRS
111 ARMY PENTAGON
WASHINGTON DC 20310-0111

SAMR

MEMORANDUM FOR CHIEF, NATIONAL GUARD BUREAU

SUBJECT: Delegation of Authority for the Chief, National Guard Bureau to Publish Orders Pursuant to Title 10 USC, 12301(h).

1. References:

- a. Title 10, United States Code, Armed Forces, Section 12301(h), Reserve components generally, 10 August 1956, as amended 24 September 2018.
- b. Department of Defense Instruction (DODI) 1241.01, Reserve Component (RC) Line of Duty Determination for Medical and Dental Treatments and Incapacitation Pay Entitlements, 19 April 2016.
- c. Department of the Army General Orders 2017-01, Assignment of Functions and Responsibilities within Headquarters, Department of the Army, 5 Jan 17.
- d. Memorandum, SAMR, 30 Sep 15, Subject: Delegation of Authority for the Chief, National Guard Bureau to Publish Orders Pursuant to Title 10 USC, 12301(h).

2. Background. In 2011, a pilot program was established that authorized the Army National Guard, through the Chief, National Guard Bureau (NGB), to issue orders under 10 USC 12301(h) to Army National Guard (ARNG) Soldiers with qualifying low-acuity, low-risk medical conditions. The goal of this program was to build readiness by facilitating faster Soldier recovery to a fit for duty status or referral to the Disability Evaluation System. At the conclusion of the pilot period, ARNG reported notable cost savings and significantly reduced non-deployable timelines for participating ARNG Soldiers, thus enhancing unit readiness. ARNG requested renewal of the delegation of authority that supports this program during an 18 Dec 18 update to the ASA (M&RA).

3. I delegate to the Chief, NGB the authority to issue orders under 10 USC 12301(h) to Army National Guard Soldiers who meet the following criteria:

- a. The Soldier has an approved line of duty determination that supports the illness, injury or disease being treated is service-connected;
- b. The Soldier's medical condition is low-acuity and low-risk;
- c. The Soldier would benefit from case management for medical care;
- d. The medical condition being treated is expected to be resolved within 180 days;

SAMR

SUBJECT: Delegation of Authority for the Chief, National Guard Bureau to Publish Orders Pursuant to Title 10 USC, 12301(h)

e. The medical condition being treated is not a behavioral health condition or traumatic brain injury;

f. The issuance of 12301(h) orders is determined to be a faster and more cost effective option to return a Soldier to a fit for duty status when compared to other options (such as incapacitation pay and episodic access to care); and

g. The Soldier volunteers to be placed on active duty to receive medical evaluation and treatment.

4. ARNG Soldiers placed on active duty under this authority will be assigned duties that are in support of Army Title 10 readiness responsibilities.

5. Within 180 days from the date of signature for this delegation, ARNG will submit a comprehensive implementation plan for this delegated authority to DASA-MPQ for review and approval. This plan will provide reasonable assurance that obligations and costs for this program are in compliance with applicable laws; program resources are safeguarded against waste, loss, unauthorized use, or misappropriation; expenditures are properly recorded and accounted for; and the program is efficiently and effectively carried out according to the applicable law and management policy. The implementation plan will also address all requirements to effectively administer the program, establish supervisory roles at the local level and UCMJ chain of command relationships.

6. Quarterly metrics will be provided to the DASA-MPQ for review. The metrics to be reported will be codified during staffing of the implementation plan with ASA (M&RA).

7. You may redelegate this authority to the Director, Army National Guard. Should you decide to redelegate this authority, you may further restrict or condition the delegate's exercise of the authority. A redelegation of authority will not be effective unless it is in writing, signed by you and has been determined not to be legally objectionable upon review by the Office of the Army General Counsel. No redelegation shall take effect until a record copy of the redelegation has been provided to this office and the Office of the Administrative Assistant for archiving. I will hold you responsible for any and all actions taken pursuant to this delegated or redelegated authority. Should conditions warrant you will suspend the use of and/or rescind any redelegation of this authority, as appropriate.

8. Although not a limitation on the authority of any official named herein to act on my behalf as indicated, in those cases where a proposed action or decision represents a change in precedent or policy; is of significant White House, Congressional, Army or public interest; or has been, or should be, of interest or concern to me for any reason, the responsible official will brief me before taking the action or making the decision unless the urgency of the situation prevents the briefing.

SAMR

SUBJECT: Delegation of Authority for the Chief, National Guard Bureau to Publish Orders Pursuant to Title 10 USC, 12301(h)

9. This delegation of authority will remain in effect until codified in applicable Army regulations or until this memo is rescinded.

10. The point of contact for this action is COL Scott Frazier (SAMR-MPQ), (703) 695-4402, scott.t.frazier.mil@mail.mil.

MARSHALL M. WILLIAMS
Senior Official Performing the Duties of the
Assistant Secretary of the Army
(Manpower and Reserve Affairs)

CF:
General Counsel
Administrative Assistant to the Secretary of the Army