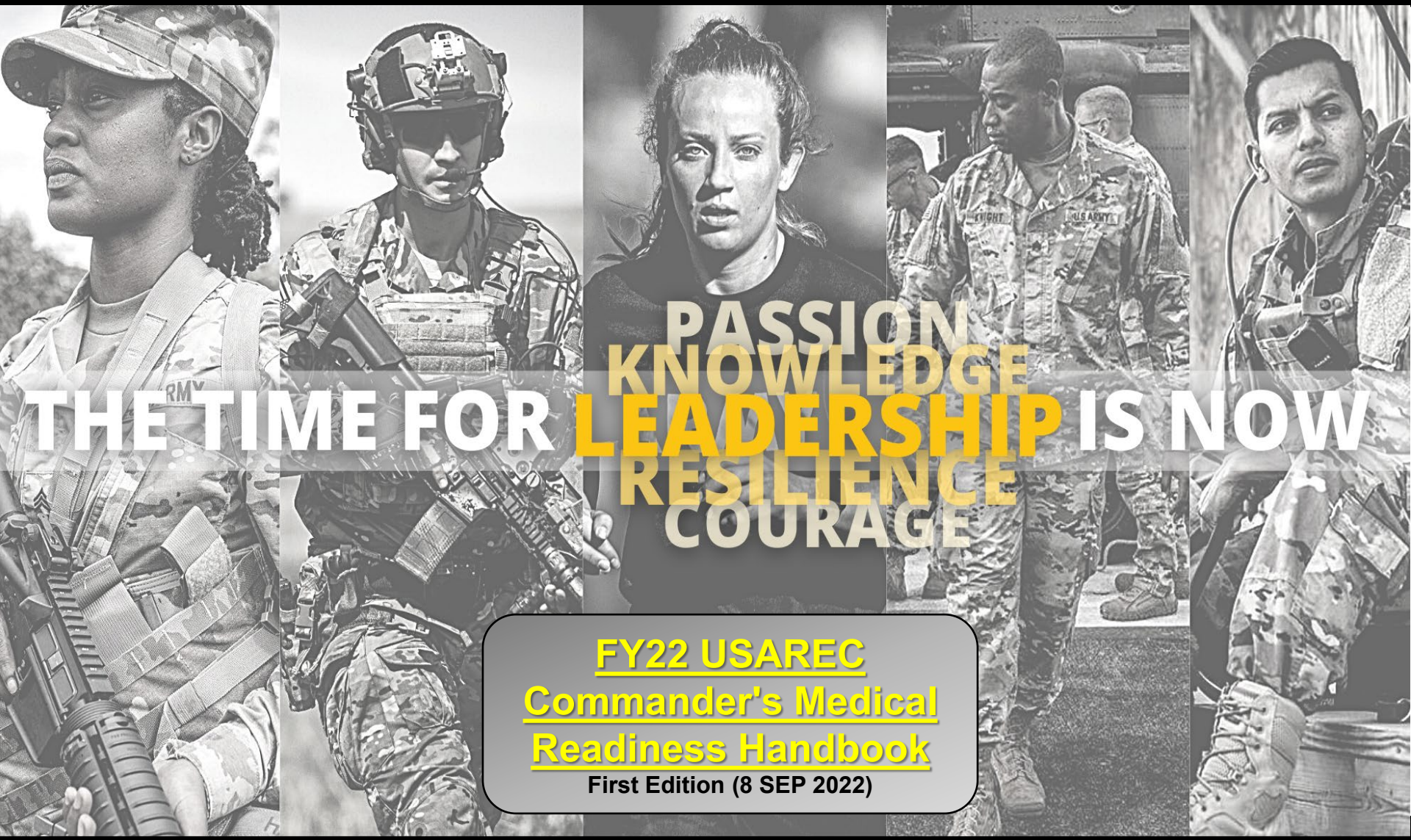
UNITED STATES ARMY **RECRUITING COMMAND**



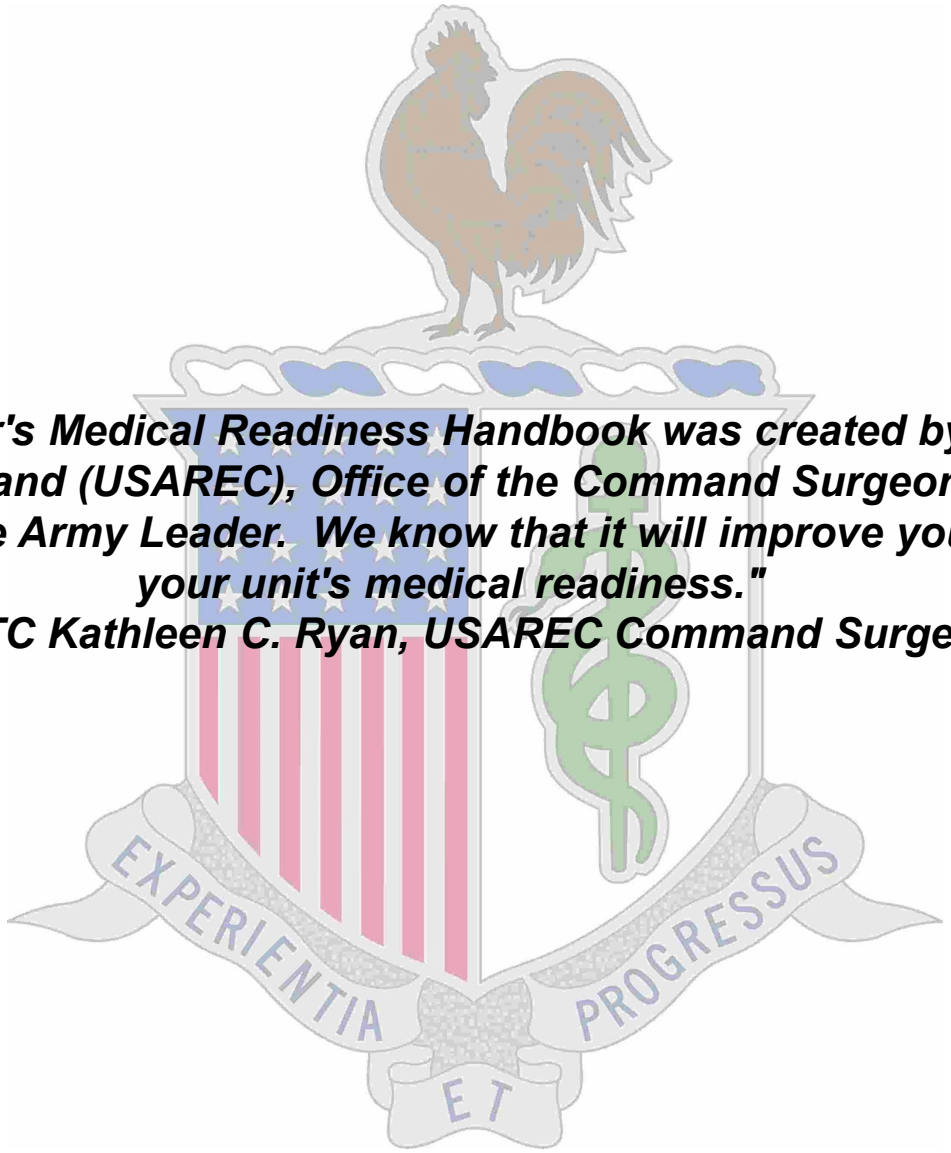
FY22 USAREC Commander's Medical Readiness Handbook

First Edition (8 SEP 2022)

THIS IS OUR TIME

THIS IS OUR ARMY

Introduction



"This Commander's Medical Readiness Handbook was created by the United States Recruiting Command (USAREC), Office of the Command Surgeon and Psychologist (OCSP) for you, the Army Leader. We know that it will improve your ability to manage your unit's medical readiness."

LTC Kathleen C. Ryan, USAREC Command Surgeon

Commander’s Medical Readiness Handbook Content

- Medical Protection System (MEDPROS)
- Medical Readiness Category (MRC) Key Metrics
- Commander's Portal
- Profile Review Board
- Health Insurance Portability and Accountability Act (HIPAA)
- Integrated Disability Evaluation System (IDES)
- Functions and Capabilities of the Wellness Team
- Command Directed Behavioral Health Evaluation (CDBHE)
- Soldier and Family Assistance Program Manager (SFA)
- Family Advocacy Program (FAP)
- Substance Use Disorder Clinical Care (SUDCC) Command Directive
- Polypharmacy
- Soldier Recovery Unit (SRU) / Army Recovery Care Program (ARCP)
- Fatality Review Board (FRB)
- Tricare Prime Remote (TPR)
- Logistics Health Incorporated (LHI)
- Convalescent Leave
- Serious Incident Report (SIR) Requirements
- Line of Duty (LOD)
- Virtual Healthcare
- Contact Information

Medical Protection System (MEDPROS)

The Medical Protection System (MEDPROS) was developed to track all immunization, medical readiness, and deployability data for all Active and Reserve components of the Army, DA Civilians and Contractors

- **Pre-Deployment Health Assessment (PRE- DD Form 2795):** completed within **60 days** of expected deployment date
- **Post-Deployment Health Assessment (POST- DD Form 2796):** completed no earlier than **30 days** before the expected redeployment date and no later than **30 days** after redeployment. **The Reserve Component must complete the PDHA before they are released from Active Duty**
- **Post-Deployment Health Reassessment (PDHRA - DD Form 2900):** completed **90-180 days** after redeployment

MEDPROS

MRC	Description/ Most Serious IMR Deficiencies	USR
MRC 1	• Includes Temporary Profiles ≤ 7 days in length	Deployable
MRC 2	• Soldier is deficient in one of the following: • Hearing Readiness Class 4 (current within 13 months) • Vision Readiness Class 4 (current within 15 months) • DNA (Drawn/on file with DoD Repository) • HIV (Drawn/validated with DoD Repository) • Immunizations current/ valid exception, Hep A, Hep B, TDA, MMR, Polio, Varicella, (Influenza) • Individual Medical Equipment (1MI, 1pr of eye glasses, MCEP-I, MWT, Hearing Aid w/Batteries) • Temporary Profiles 8 to 30 days (Commander determines if NON-deployable)*	Deployable*
MRC 3	• Not medically ready/non-deployable for one of the following **Deployment Limiting (DL)** codes: ○ DL1: Temp Profile > 30 days (deployable per Commander's assessment)* ○ DL2: Dental Readiness Class 3 (logic not hinged on profile)* ○ DL3: Pregnancy ○ DL4: Perm profile indicating a MAR2 ○ DL5: Perm profile indicating a MEB ○ DL6: Perm profile indicating a Non-Duty related PEB ○ DL7: Perm profile with a deployment /assignment restriction code (F,V,X)	DL1/2 Deployable* DL3-7 Non- Deployable
MRC 4	• Soldiers Medical Readiness status is unknown or Soldier is deficient in one of the following: ○ Periodic Health Assessment (current within 15 months) ○ Dental Readiness Class 4 (current within 15 months)	Deployable* IMR Deficit

Medical Readiness Category (MRC) Key Metrics

Key Metrics	Green	Amber	Red
Overdue PHA	≤ 2%	30-60 Days prior to 12 months timeline	> 2%
Overdue Dental	≤ 2%	30-60 Days prior to 12 months timeline	> 2%
Total MRC4	≤ 2%	30-60 Days prior to 12 months timeline	> 2%
Total MRC3	≤ 5%	30-60 Days prior to 12 months timeline	> 5%
MEDPROS - Deployable	≥ 90%	30-60 Days prior to 12 months timeline	< 90%

Commander's Portal

- **The Commander Portal consolidates operational medical information and provides the ability to view and adjust individual medical readiness data, generate reports, view profiles, and facilitates communication between commanders and providers through the secure messaging application**
  - **Company level commanders** are required to review all new or modified profiles for Soldiers under their command within 14 days for active duty, 30 days for reserve component, personnel and will review them monthly thereafter
  - **Senior commanders (Battalion and above)** have a responsibility to review profiles monthly. Profiles that are for more than 120 days will be reviewed by operational profile review boards as follows:
    - Battalion commanders (O–5 or equivalent)-perform monthly review of temporary profiles of 120 days or more
    - Brigade commanders (O–6 or equivalent)-perform monthly review of temporary profiles of 180 days or more
    - General Officer commanders (above BDE, installation level, or equivalent)-perform monthly review of temporary profiles of 40 days or more
- **Commander's Portal has 3 roles:**
  - **Unit Commander** – Only one allowed per UIC. Ability to view profiles, make deployability determinations, communicate with the medical provider, view Individual Medical Readiness Data and generate IMR reports. Viewed profiles will be marked as viewed by the commander
  - **Commander Designee** – Only one allowed per UIC. Same as Commander, but unable to communicate with the medical provider. Viewed profiles will be not be marked as viewed by the commander
  - **Unit Commander Support Staff** –Unlimited amount of people can have access as determined by the commander. Able to view profiles without the condition, the Individual Medical Readiness Data and generate IMR reports

Profile Review Board

Profile Review Board (DA PAM 40-502)

- A board will be convened at battalion level or higher in order to review all Soldier temporary medical profiles.
  - **Battalion Commanders** (O-5 or equivalent) will perform a monthly review of temporary profiles **greater than 120 days**
  - **Brigades Commanders** (O-6 or equivalent) will perform a monthly review of temporary profiles **greater than 180 days**

- Brigade clinical staff should be available to answer questions and assess appropriateness of Soldier profiles, address concerns with profiling officers as needed, make recommendations for initiation of a medical evaluation board

Health Insurance Portability and Accountability Act (HIPAA)

HIPPA Compliance within the Military Health System

- The Health Insurance Portability and Accountability Act (HIPAA) applies to your protected health information (PHI). Your PHI is any information that:
  - Identifies you
  - Is about your health or demographics
  - Is maintained by a covered entity or business associate
  - Is related to your treatment, your medical condition, and the related payment for that condition as maintained by a covered entity or business associate

- The Defense Health Agency (DHA) Privacy and Civil Liberties Office (Privacy Office) helps the Military Health System (MHS) comply with the following HIPAA Rules:
  - The HIPAA Privacy Rule defines how your PHI should be safeguarded, limits when it can be used and disclosed without your authorization, and ultimately gives you some control over your own PHI
  - The HIPAA Security Rule defines how your PHI should be protected and transferred when maintained electronically
  - The HIPAA Breach Notification Rule defines when your PHI has been inappropriately used or disclosed (see Breaches of PII and PHIBreaches of PII and PHI page) and describes the breach response obligations of a covered entity

Quick Reference!

https://health.mil/Military-Health-Topics/Privacy-and-Civil-Liberties/HIPAA-Compliance-within-the-MHS/HIPAA-Information-Papers

Information Paper: The Military Command Exception and Disclosing PHI of Armed Forces Personnel

"Under the Military Command Exception, a covered entity may disclose the PHI of Service members for authorized activities to appropriate military command authorities. It is important to note that this exception **does not require** covered entities to disclose PHI to commanders, it only **permits the disclosure**. If disclosure is made, then only the **minimum amount of information necessary** should be provided. Further, the Exception does not permit a Commander's direct access to a Service member's electronic medical record, unless otherwise authorized by the Service member or the HIPAA Privacy Rule

Appropriate military command authorities include commanders who exercise authority over a Service member, or another person **designated by a commander**"

Information Paper: The Military Command Exception and Disclosing PHI of Armed Forces Personnel

Authorized activities for which PHI may be disclosed to a commander include but are not limited to:

- Determining the member's fitness for duty
- Fitness to perform a particular assignment
- Carrying out any other activity essential for the military mission

Mental Health and/or Substance Misuse

To dispel stigma around Service members seeking mental health care or voluntary substance misuse education, DoDI 6490.08 was issued to balance patient confidentiality rights with the commander's need to make informed operational and risk management decisions. DoD healthcare providers shall not notify a Service member's commander when the member obtains mental health care and/or substance misuse education services – unless one of the below conditions or circumstances apply. If they apply, then disclosure is required" **see next**

Information Paper: The Military Command Exception and Disclosing PHI of Armed Forces Personnel

- Harm to self. There is a serious risk of self-harm by the member
- Harm to others. There is a serious risk of harm to others. This includes any disclosures concerning child abuse or domestic violence
- Harm to mission. There is a serious risk of harm to a specific military mission. Special personnel. The member is in the Personnel Reliability Program or has mission responsibilities of such potential sensitivity or urgency that normal notification standards would significantly risk mission accomplishment. Inpatient care. The member is admitted or discharged from any inpatient mental health or substance misuse treatment facility
- Acute medical conditions interfering with duty. The member is experiencing an acute mental health condition or is engaged in an acute medical treatment regimen that impairs the member's ability to perform assigned duties. Substance misuse treatment program. The member has entered into, or is being discharged from, a formal outpatient or inpatient treatment program for the treatment of substance misuse
- Command-directed mental health evaluation. The mental health services are obtained as a result of a command-directed mental health evaluation
- Other special circumstances. The notification is based on other special circumstances in which proper execution of the military mission outweighs the interests served by avoiding notification, as determined on a case-by-case basis by a covered entity

Note: If one of these circumstances or conditions applies, DoDI 6490.08 makes the disclosure to the commander **permitted AND required**

Integrated Disability Evaluation System (IDES)

- **Integrated Disability Evaluation System (IDES):**
  - **Referral Criteria:** Service members are referred into the Integrated Disability Evaluations System (IDES) when a physician determines the Service Member is not likely to return to duty (should occur prior to or at 12 months from initial profile)
  - **Phases:** Once referred into the IDES process, a Service member's case will be reviewed by DoD and VA medical and non-medical personnel to help determine fitness for duty and the appropriate level of DoD and VA benefits, if appropriate.

- **The IDES definitions:**
  - **Medical Evaluation Board (MEB):** The MEB is the medical phase of the IDES process. The MEB consists of referral into the process, medical exams, and review of conditions that potentially affect the Service member's fitness for duty
  - **Physical Evaluation Board (PEB):** The PEB is the personnel phase of the IDES where a Service member's fitness for duty is determined. The PEB phase consists of an informal board, receipt of disability ratings and disposition, and a formal board (if requested by the Service member)
  - **PEBLO:** Physical Evaluation Board Liaison Officer, or case worker who is assigned to assist and guide the Service Member through the various stages of the MEB
  - **Transition:** Service members found fit return to duty while those with a final disposition of unfit are separated or retired from military service
  - **Final Benefits:** The VA processes the final disability rating and the former Service member, now veteran, receives his or her VA benefits

IDES Process (Cont.)

- **Questions when determining appropriateness for IDES**
  - Does Soldier meet retentions standards?
  - Is the Soldier deployable?
  - Has Soldier met **Medical Retention Determination Point (MRDP)**?
    - **MRDP is when progress appears to have medically stabilized and the course of further recovery is relatively predictable. The Soldier most likely cannot perform his/her duties as required by MOS/Grade/Rank**

- **If yes to both questions, MEB process is as follows:**
  - Refer to MEB via P 3 profile; requires 2nd signature at IDES referral site (typically a nearby or local MTF)
  - MEB process timeline < 72 calendar days
  - PEB process timeline < 82 calendar days
  - Transition < 26 days:
    - If the Soldier is Fit-for-Duty (FFD), he/she is returned to duty.
    - If the Soldier is not FFD, he/she must separate within 90 days after finalization of board. This timeline is inclusive of leave, out-processing, etc.
  - VA Disability Benefits Decision Letter < 30 days

UNITED STATES ARMY RECRUITING COMMAND

IDES Timeline

Treatment

Soldier becomes wounded, ill or injured

Physician assesses and treats Soldier

Soldiers who have one or more conditions that so not meet medical retention standards are referred to a MEB/PEB after attaining the Medical Retention Determination Point (MRDP). MRDP is when the Soldier's progress appears to have medically stabilized; the course of further recovery is relatively predictable; and where it can be reasonably determined that the Soldier is most likely not capable of performing the duties required of his/her MOS, grade, or rank. This MRDP and referral to a MEB/PEB will be made within one (1) year of being diagnosed with a medical condition(s) that does not appear to meet medical retention standards, but the referral may be earlier if the medical provider determines that the Soldier will not be capable of returning to duty within one (1) year. The MEB Physician or Physician Approval authority will review all MEB referrals to ensure that MRDP has been achieved prior to initiating a Medical Evaluation Board.

Medical Retention Determination Point (MRDP)

Medical Evaluation Board (MEB)

Referral
7 Days

Claim Development
7 Days

VA Disability Exam
31 Days

MEB Stage
20 Days

MED Rebuttal and/or Impartial Medical Review
7 Days

Physical Evaluation Board (PEB)

Informal PEB (IPEB)
11 Days

Proposed Ratings
19 Days

Proposed Disposition
5 Days

Elections
6 Days

Formal PEB (FPEB)

FPEB Appeal
10 Days

VA Rating Reconsideration
2 Days

Final Disposition
5 Days

Transition

If Found Fit for Duty; Assign to Unit

Transition
26 Days

If a Soldier is found unfit for continued military service he/she must separate no later than 90 days after finalization of the board. This includes transition of duties, orders issuance and out-processing. The IDES completion goal for the transition phase excludes any amount of administrative absences or accrued leave the Soldier is authorized to take.

Separation At End of Phase

VA Disability Compensation Delivery

VA Disability Benefits Decision Letter
30 Days

Legend

- MEB
- PDA/PEB
- VA
- IMCOM
- Appellate Process

The goal is for the DoD and VA to complete 80% of all cases in no more than 180 days starting from the date of referral to the IDES and ending on the date of return to duty, retirement or separation. This processing time goal is effective the date of this DTM and will be fully achieved by October 1, 2022.

DoD Goal	72 Calendar Days	82 Calendar Days	26 Calendar Days Total: 180 Days	30 Calendar Days Total: 210 Days

Brigade/Battalion Wellness Team

The Brigade Wellness Team (BWT) is a multi-disciplinary committee that is responsible for assisting the Brigade Commander with the health of the force. The BWT is composed of several key personnel and extends across the Brigade footprint. However, this handbook focuses on the medical assets assigned to the team.

Brigade/Battalion Wellness Team

- **Primary Members**
  - Behavioral Health Consultant (BHC)-OIC
  - Nurse Case Manager (NCM)
  - Behavioral Health Technician (BHT)-NCOIC
  - Soldier Family Assistance (SFA)
  - Family Advocacy Program (FAP)
  - Army Substance Abuse Program
- **Auxiliary Members**
  - Chaplain
  - Victim Advocate
  - Sexual Assault Response Coordinator (SARC)
  - Equal Opportunity (EO)/Equal Employment Opportunity (EEO) Representative

Brigade/Battalion Wellness Team

- **Functions**
  - Care coordination (not direct treatment)
  - BN Wellness Meetings (CG Policy Letter #8) - Monthly at BN/CO level, quarterly at BDE level
  - Immediate Suicide Response actions
  - COVID tracking
  - Field Training at the Station, Company, Battalion, or Staff level
  - Soldier Recovery Unit Applications
- **Support from OCSP**
  - Weekly Nurse Case Manager (NCM) meeting/Monthly Behavioral Health Consultant (BHC) meeting
  - Professional oversight and consultation, USAREC Risk Assessment and Counseling (URAC) oversight
  - Annual to bi-annual OCSP conference for training and ideas sharing

Behavioral Health Consultant (BHC) Duty Description

- BDE Wellness Team OIC/Team Lead
- Advise Commanders on BH needs/issues of the Unit
- Support BN CDR and BN CSM during BN Wellness Team Meetings
- Consult with Commanders on Fatality Review Boards, especially those involving suicides
- Identify BH risk and misconduct trends and provide mitigation strategies to CDRs
- Conduct Wellness Team visits
- Provide assistance into risk assessment and risk mitigation actions
- Recommend/implement BH initiatives that culminate in proactive/preventative measures
- Guide/assist CDRs in submitting CDBHEs, SUDCC Evaluations, SIRs
- Conduct/lead TEM and psychological debriefings following a Soldier suicide
- Coordinate with MTFs in AO for inpatient and outpatient BH treatment for Soldiers
- Provide sustainment training to Commanders and Soldiers to enhance performance, improve resiliency
- Provide coaching
- Consult with Commanders to determine appropriate of Soldiers for placement at SRU
- Advise Command regarding unqualified medical assignment

Behavioral Health Technician (BHT) Duty Description

- BDE Wellness Team NCOIC
- Support BHC and NCM during monthly BH Wellness Team meetings
- Provide administrative and technical support to BHC
- Provide peer support/mentorship to the NCO chain of command on BH matters
- Support BHC during Wellness Team visits
- Support BHC with risk assessment and risk mitigation actions
- Support CDRs in submitting CDBHEs, SUDCC evals, SIRs
- Support BHC during TEMs and psychological debriefings
- Assist with coordinating with MTFs in AO that for inpatient/outpatient BH care
- Assist the BHC with providing training and leader support to CDRs and Soldiers to enhance performance and promote resiliency
- Assist the BHC with providing sustainment field training
- Support the BHC with assessment and selection and leadership development program initiatives
- Support the BHC in providing coaching to CDRs and Soldiers

Nurse Case Manager (NCM) Duty Description

- POC or care/case management and health planning services for physical and behavioral health needs, to include Tricare Prime Remote (TPR)
- SME to CDRs regarding Medical Readiness
- Manage MEDPROS; provide MEDPROS guidance
- Monitor, provide training on, and grant Commander Portal Access
- Liaison with Sister Services and VA Health Care system regarding Medical Readiness
- Ensure electronic medical records are updated to reflect any collected civilian documentation
- Respond to poly-pharm issues
- Provide continuity of care for Soldiers through collaboration with discharge planners and insurance companies
- Coordinate care changes to expedite treatment and transition to RTD or release from service
- Collaborate with RHC as needed for case management of Soldiers
- Provide support for CMD with CDBHEs, FFD evals, ASAP/SUDCC evaluations/enrollments, Profiles, PHAs, Dental referrals
- Provide support to CMD following SIRs involving any medical, behavioral, and/or emotional health issues to offer support and determine if hospitalization is needed

Nurse Case Manager Duty Description (Cont.)

- Assist CDRs with requesting medical documentation from servicing MTF PAD as needed (e.g., CDBHEs, chapter separation physicals)
- Support monthly BN Wellness Meetings
- Support OCP and BDE risk surveillance tracking initiatives
- Conduct Wellness Team visits
- Ensure soldiers are receiving appropriate medical referrals (e.g., FFDs, CDBHEs, SRU/MEB referrals, Soldier profiles)
- Identify and resolve access to healthcare and utilization issues within military and civilian sectors
- Educate CDRs/Soldiers on healthcare/treatment options and community resources
- Provide field training as needed

Nurse Case Manager & Behavioral Health Consultants

Nurse Case Managers (NCM)	OFFICE	MOBILE
1 BDE NCM	301-677-5428	443-610-9961
2 BDE NCM	256-450-9525	256-808-9925
3 BDE NCM	502-626-3214	502-709-1042
5 BDE NCM	210-808-0152	210-347-2979
6 BDE NCM	702-639-2008	702-378-8270
NCM-HHC/RRC	502-626-2378	N/A
MRB NCM	502-626-2076	502-264-2138
MEB	502-626-2348	N/A

Behavioral Health Consultant (BHC)	OFFICE	MOBILE
1 BDE BHC	301-677-4558	443-610-5245
2 BDE BHC	256-450-9542	256-746-6697
3 BDE BHC	502-626-0038	502-528-4527
5 BDE BHC	210-221-0535	210-347-2047
6 BDE BHC	702-639-2013	702-816-6022
MEB BHC	502-626-0112	502-956-5609
MRB BHC	502-626-1309	502-264-5232
PAC RIM/SORB BHC	502-235-4587	502-235-4587

Command Directed Behavioral Health Evaluation (CDBHE)

- **Routine CDBHE: non-emergent, commander's tool to address Behavioral Health (BH) concerns**

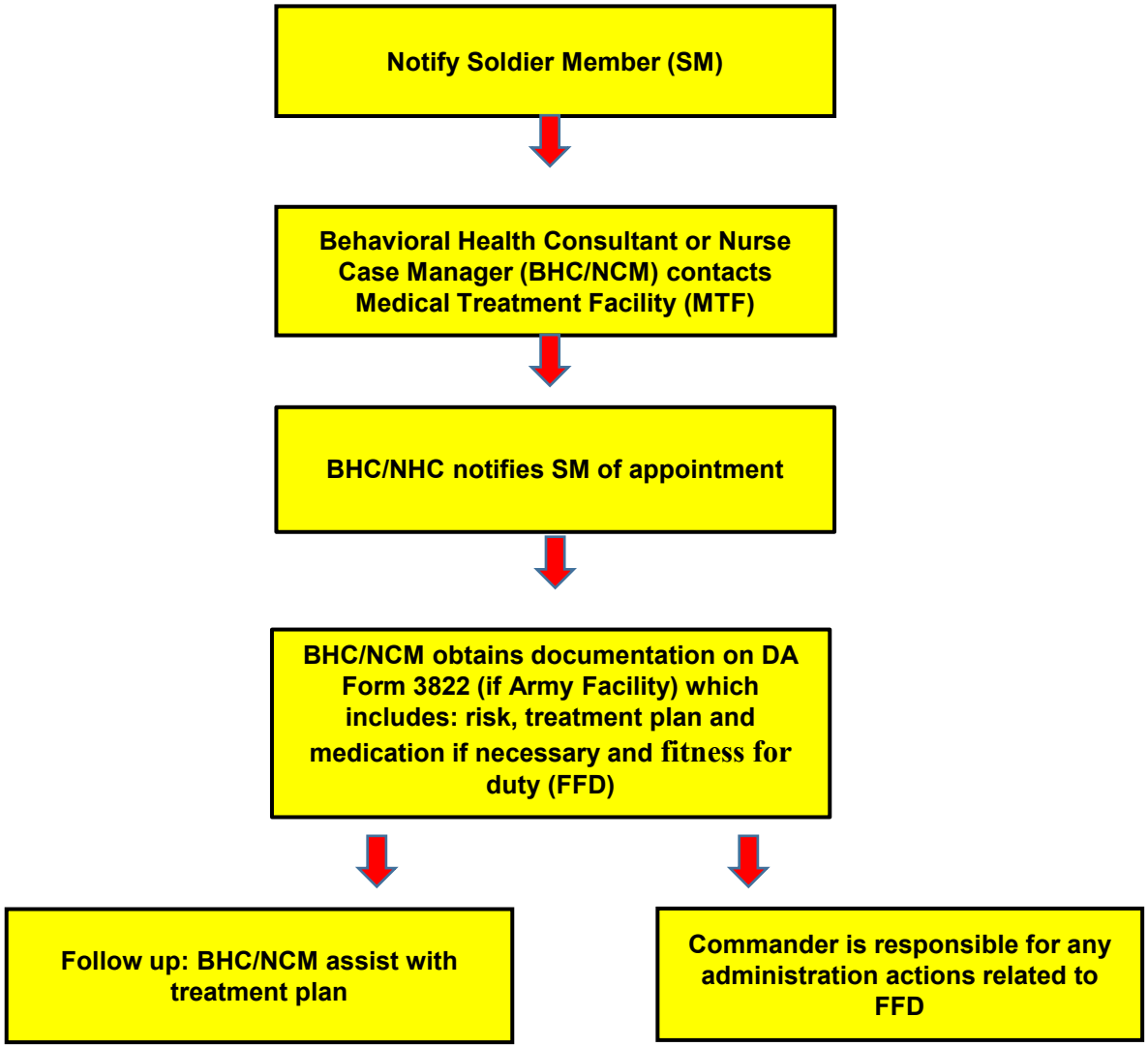
  Refer when:

  - Significant change in behavior
  - Concerns about the Soldier's BH or emotional stability
  - Determine stability to remain on recruiting duty (Unqualified Relief)
  - Relationship problems
  - Persistent failure to perform duties or sudden onset of disciplinary problems
  - Post psychiatric hospitalization, intensive outpatient (IOP), or alcohol rehabilitation residential treatment or SUDCC evaluation
  - When discharged from civilian BH or substance abuse tx program (inpatient and IOP), whether or voluntary or involuntary, initiate CDBHE at nearest Army MTF before returning Soldier to recruiting duty
  - See DoDI 6490.04 for details of a CDBHE referral

- **Prior to making a CDBHE referral, commander should contact the BDE Behavioral Health Consultant (BHC) or Nurse Case Manager (NCM) to determine appropriateness and urgency**

  - **NOTE:** If the CDBHE recommends that the Soldier be hospitalized or participate in IOP, contact BHC or NCM

Command Directed Behavioral Health Evaluation (CDBHE)



Soldier and Family Assistance Program Manager (SFA)

- **SFAs are located at all Brigade and Battalion levels with the exception of MEB and RRC**

- **SFAs serve the role of an Army Community Service (ACS) Multiprogram Manager as well as a TRICARE Beneficiary Counselor and Assistance Coordinator (BCAC)**

- **Areas of Responsibility**
  - Relocation Assistance
  - School Information
  - Child Care Resources
  - Spouse Employment Services
  - Army Family Team Building
  - Volunteer Management
  - Army Family Action Plan
  - Exceptional Family Member Program (EFMP)
  - Manage Personal Finance Counselor (PFC) support
  - Manage Interactive Customer Evaluation (ICE)-BDE only
  - BCAC-Tricare Assistance

Family Advocacy Program (FAP)

- **The Family Advocacy Program (FAP) provides commanders with assistance in addressing the problems of intimate partner and child abuse by providing information and education to support strong, self-reliant families and enhances coping skills**

- **It also provides early identification and treatment services to soldiers and their families involved in family violence. This program strives to end violence in the home and assist individuals to establish and maintain positive non-violent relationships**

- **Commanders will report suspected or known spouse/intimate partner abuse and child abuse in the following steps:**
  - All suspected or known incidents of abuse must be reported by SIR within 24 hours
  - Brigade Family Advocacy Program Coordinator must be notified within 24 hours
  - Cases must be referred to the nearest servicing military installation with a Family Advocacy Program Case Review Committee (CRC) within 24 hours
  - In cases involving children, local Child Protective Services must be contacted (Talia's Law) within 24 hours

- **Commanders will report all suspected or known juvenile problematic sexual behavior to the Brigade Family Advocacy Program Coordinator and the nearest servicing military installation with a Family Advocacy Program within 24 hours**

Family Advocacy Program (FAP)

Brigade Family Advocacy Program Coordinator Role

- Serves as the SME for the FAP
- Review SIRs for FAP Cases
- Ensure reporting of FAP cases to closest Military Installation with CRC/IDC and CPS
- Monitor each FAP case for compliance
- Provide crisis intervention for Families not meeting FAP criteria
- Conduct staff assistance visits and command inspections
- Inform leaders, Soldiers, Family Members, and SFAs of program updates
- Analyze FAP data for needs base training
- Train FAP prevention education programs
- Conduct deskside brief for new Commanders within 45 days
- Support Wellness Team Activities

Substance Use Disorder Clinical Care (SUDCC)

- Soldier will be referred to Army Substance Use Disorder Clinical Care (SUDCC) evaluation when:
  - Soldier is identified as substance user via drug testing program (i.e., positive urinalysis)
  - Soldier on duty with alcohol breath/blood test results indicate impairment
  - Soldier is involved in alcohol or drug related incident (e.g., Domestic Violence incident, DUI)
  - CDR/supervisor observes, suspects, or is aware of an individual whose behavior has been adversely affected by suspected abuse of alcohol or drugs
- Referral for SUDCC:
  - **Consult with BDE BHC or NCM for guidance**
  - Notify the BN CDR
  - Utilize DA Form 8003 to nearest Army installation for SUDCC assessment

SUDCC Flow Chart

Soldier will be referred to SUDCC when:

- **Soldier is identified as a Substance Abuser, vis drug testing program (i.e. positive urinalysis)**
- **Soldier on duty with alcohol breath/blood test results indicate impairment**
- **Soldier is involved in alcohol or drug related incident (i.e., domestic violence, DUI)**
- **CDR/Supervisor observes, suspects, or is aware of an individual whose behavior has been adversely affected by suspected abuse of alcohol or drugs**

Command Teams refer service members to SUDCC using the DA form 8003

BHC/NCM assists Command Teams by utilizing the DA form 8003 to obtain the appointment for the Soldier to the nearest installation for SUDCC assessment

- **Once the SUDCC assessment is completed, the provider will contact the command to discuss the outcome and treatment recommendations**
- **The BHC/NCM may need to contact the SUDCC provider if the command has not heard from the provider regarding treatment recommendations**

Polypharmacy

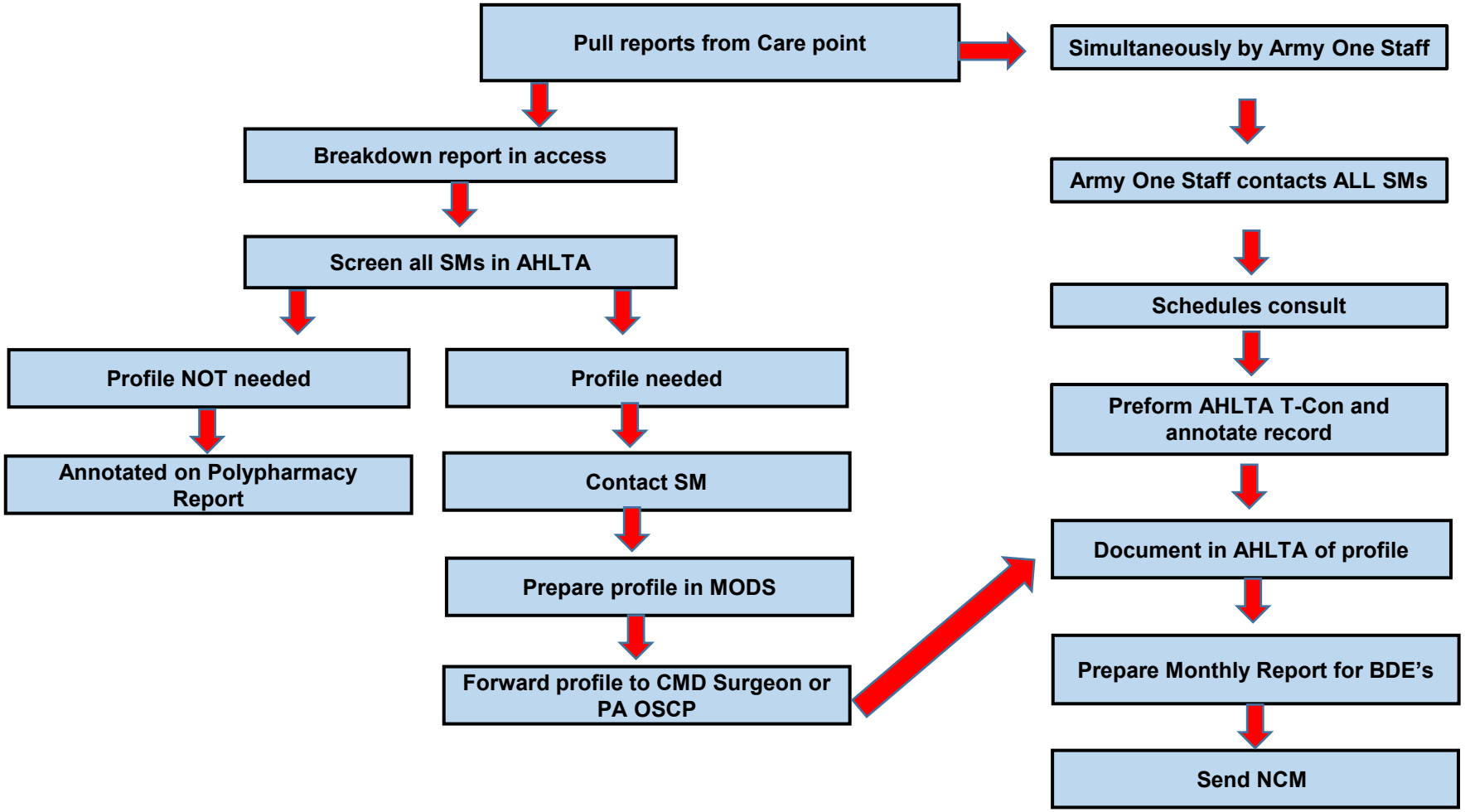
The polypharmacy initiative identifies and manages Recruiting NCOs who are on high-risk medications or who have frequent visits to emergency rooms. Identified recruiting personnel are contacted by a clinical pharmacist for a comprehensive medical review. The OTSG program is designed to identify "At Risk" Soldiers.

- The clinical pharmacist will identify:
  - Polypharmacy Policy
    - OTSG/MEDCOM Policy 15-039
    - Report from Pharmacy Operations Division monthly with 7 cohort risk stratification (1 being the "Highest Risk")
- Polypharmacy Report
  - Monthly report for Command Surgeon
  - Monthly report for all BDE Nurse Case Managers
- Profiles
  - Record SM profile in MODS for MD signature
    - Include DoD controlled substance policy on driving
    - EXORD 224-14 all Rx's for Opiates and tramadol
  - Document AHLTA
    - T-CON
    - Pharmacy note

Polypharmacy

Bucket	Description
1	Highest risk service members who qualify for all 3 branches of polypharmacy definition (intersection of buckets 5, 6, and 7)
2	Overlap of Narcotic Prescriptions (Bucket 5) and the Multiple Psychotropic and/or Central Nervous System Depressant (CNSD) Prescriptions (Bucket 6)
3	Overlap of Utilization of Care (Bucket 7) and the Multiple Psychotropic and/or CNSD Prescriptions (Bucket 6)
4	Overlap of Narcotic Prescription (Bucket 5) and the Utilization of Care (Bucket 7)
5	4 or more unique medications with at least 1 of the prescriptions for a defined narcotic.
6	4 or more unique medications from the list of 7 identified drug groups (narcotics, antidepressants, anxiolytics, sleep medications, anticonvulsants, stimulants, and antipsychotics).
7	3 or more ER visits during the calendar year where each visit is linked to a new narcotic prescription.

Polypharmacy Process



Soldier Recovery Unit (SRU)/Army Recovery Care Program (ARCP)

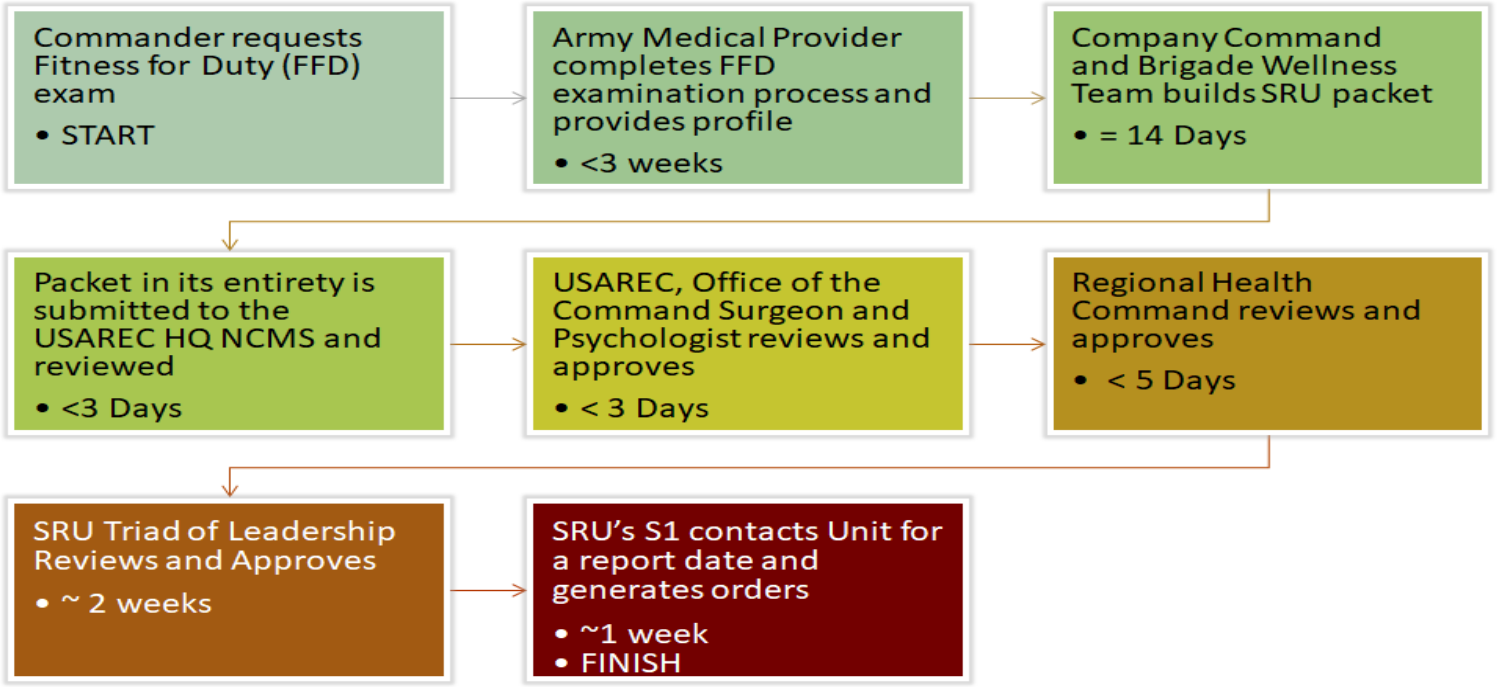
Admission / Transfer criteria:

- Active Duty and AGR must meet one of the following:
  - Anticipated Profile for 6 months or greater and the complexity of care requires clinical case management or Soldiers psychological condition poses a substantial or imminent danger to self or others

- Reserve Component:
  - Soldiers medical condition is incurred or aggravated in the line of duty and requires definitive care for greater than 30 days while remaining on active duty

- Ineligible Criteria:
  - Pregnancy alone (for entrance criteria see 6-2a or 6-2b)
  - Soldiers in TDRL status
  - Soldiers pending MOS Administrative Retention Review
  - Soldiers pending or undergoing UCMJ or legal actions (prohibiting a PCS move) or investigation
  - Soldiers approved for COAD or COAR

Soldier Recovery Unit (SRU)/Army Recovery Care Program (ARCP)



SRU packets require the following paperwork:

- DA 4187 (signed by Soldier, CO and BTN CMDR)
- DA 7652
- Commander's memo (w/Unit Contact List)
- SRU BDE and ARCP checklists
- ARCP Treatment Plan and Complexity Determination
- Providers Memo
- SRB (less than 1 month old) and orders
- DA 3349 Profile related to condition in which they are being transferred

Soldier Recovery Unit (SRU)/Army Recovery Care Program (ARCP)

Packet location: Ikrome - All Sharepoint Sites – Special Staff – Command Psychologist – SRU

- https://span.usarec.army.mil/sites/HQ/SpecialStaff/CmdPsy/SitePages/wtu.aspx

Fatality Review Board (FRB)

Applicable to all non-accidental deaths of Soldiers, on-duty DA civilians and on-duty contractors. Also applies to deaths of Family members due to domestic violence, child abuse or neglect

- Examples of non-accidental deaths:
  - Suicide
  - Overdose
  - Shooting of undetermined nature
  - Child abuse/neglect
  - Domestic violence
- OCS/P is the OPR for non-accidental death FRBs
- Contact your BDE BHC for assistance and support
- **Contact the Command Psychologist with OCP who can advise on the FRB process**

Tricare Prime Remote (TPR)

- **Tricare is a DoD Health Insurance program which serves all Uniformed Service Members, their Families, retirees, and dependents. TRICARE coverage includes:**
  - Health Plans
  - Prescriptions
  - Dental Plans
- **Tricare eligibility extends to:**
  - Uniformed Service Members and their Families
  - National Guard and Army Reserve Members and their Families
  - Survivors
  - Former Spouses
  - Medal of Honor recipients and their Families
  - Other registered in the Defense Enrollment Eligibility Reporting System (DEERS)

TPR Enrollment Flow Chart

https://www.tricare.mil

https://www.tricare.mil/Plans/Eligibility

Find a TRICARE Plan → What is your relationship to your sponsor? → What is your sponsor's status? → Where do you live? → What is your zip code? → Your Eligible Plans based on your response?

1. TRICARE Prime
2. TRICARE Prime Remote
3. TRICARE Prime Overseas
4. TRICARE Prime Remote Overseas
5. TRICARE Select
6. TRICARE Select Overseas
7. TRICARE For Life
8. TRICARE Reserve Select
9. TRICARE Retired Reserve
10. TRICARE Young Adult
11. US Family Health Plan

→ Compare Plans → Enroll or Purchase a Plan

1. TRICARE Prime
2. TRICARE Prime Remote
3. TRICARE Prime Overseas
4. TRICARE Prime Remote Overseas
5. TRICARE Select
6. TRICARE Select Overseas
7. US Family Health Plan
8. TRICARE Reserve Select
9. TRICARE Retired Reserve
10. TRICARE Young Adult
11. Continued Health Care Benefit Program
12. TRICARE Open Season

→ Using Other Health Insurance → Dental Plans → Special Programs

TPR Primary Care Manager (PCM)

TPR and TPRADFM enrollees will select and receive most of their care from a Primary Care Manager (PCM).

- PCMs provide preventive services, care for routine illnesses or injuries, coordinate access to urgent care, and manage referrals to specialist or hospitals, if needed
- TRICARE East Region – Humana, 1-800-444-5445, HumanaMilitary.com, www.tricare-east.com
- TRICARE West Region – Health Net Federal Services, LLC, 1-855-866-9378, www.tricare-west.com
- TRICARE Overseas Program (TOP), International SOS Government Services, Inc. www.tricare-overseas.com/contact-us

Logistics Health Incorporated (LHI)

Logistics Health Incorporated (LHI) is the Reserve Readiness Health Program (contract agent) used to address critical Military Medical Readiness through telephone, group event, or scheduled clinic visits

- LHI 1-800-666-2833 or https://lhi.care/start
- New Contract awarded to Quality, Timeless, Customer Service (QTC Management), transition date is pending
- Active Duty Soldiers services provided include:
  - PHA
  - PDHRA
  - Immunizations
  - Laboratory
  - Vision/Eyewear
  - Temporary profiles
  - Audiology

Convalescent Leave

AR 600-8-10 Leave and Passes

- Convalescent leave (CLV) 5-4 page 25
  - Less than 30 days:
    - The Hospital Commander or Soldier's Commanding officer may grant CLV to Soldiers not yet fit for duty
    - CLV will not exceed 30 days per period of hospitalization except maternity leave for more on maternity leave look to AR 600-8-10
    - Care must be taken to limit the duration to the minimum that is essential in relation to diagnosis, prognosis, and probable final disposition
  - Processing CLV granted by unit Commander:
    - The unit will complete DA Form 31, the unit Commander or approved designee is the approval authority for 30 days or less, this period is extended following pregnancy and childbirth
    - DA form 3349 must be issued and verified by an MTF, USAREC Surgeon, or Regional support Command before CLV is approved
    - CLV being the first calendar day after discharge from inpatient status
    - the maximum CLV the commander may approve, except for maternity CLV is 30 days minus the number of CLV days previously approved by the MTF for the same condition
    - BN S1 enters leave data of DA form 4179, including the control number and maintains the DA Form 31 in a suspense file until the day before authorized absence ends
    - BN S1 enters the return date time and authority in block 16 of DA 31 and forwards the DA Form 31 to DMPO within 3 working days after Soldier returns to duty

Convalescent Leave (Cont.)

AR 600-8-10 Leave and Passes

- Convalescent leave (CLV) 5-4 page 25
  - More than 30 days:
    - Will be controlled at the O-5 **level in coordination** with the supporting Military treatment facility, U.S. Army reserve Command (USARC), or Regional Support Command Surgeon
  - Processing con leave at MTF:
    - MTF (based on DA Form 3349) will complete DA For 31 for the Soldier, the hospital Commander or a designee is the approval authority for CLV
    - DA Form 3349 must be issued and verified before CLV is approved
    - CLV may only be granted for a Soldiers own medical condition
    - The unit will annotate duty rosters as applicable, maintain a suspense copy in organization file in accordance with AR 25-400-2, Forward DA Form 31 to BN S1, BN S1 will enter the action on DA for 4179, and forward a copy of DA Form 31 to DMPO within three working days of Soldier's return to duty

Convalescent Leave (Cont.)

AR 600-8-10 Leave and Passes

- Convalescent leave (CLV) 5-4 page 25
  - Processing extended CLV for TPR ADSM and USAREC Soldiers via VIPRR Clinic. The VIPRR Care clinic will offer support for CLV extensions to Army TPR SMs by way of USAREC BDE or Regional TPR Nurse Case Managers (NCM)
    - Before the appointment the TPR NCMs or BDE NCMS will upload completed Profile packet and limitations into HAIMS
    - NCM will notify VIPRR NCM via email at dha.jbsa.j-6.mbx.viprr-nurse-case-managers to alert them of the SM need of CLV extension review
    - VIPRR Care Clinic NSM will review all relevant information to ensure the information is present, adequate and legible
    - Once all information is present VIPRR clinic NCM will notify SM to book an appointment with VIPRR physician
    - The VIPRR physician will contact SM within 10 minutes of appointment time
    - The physician will review request for CLV extension with SM per ARMY regulation
    - After appointment, the physician will recommend extension and create a signed memo to reflect the recommendation
    - The signed memo will be sent to VIPRR NCM who will then sent to TPR/BDE NCM for follow up
    - If not recommended for extension the Provider will task VIPRR NCM to notify TPR NCM of decision and close out the case
- Convalescent leave: https://armypubs.army.mil/epubs/DR_pubs/DR_a/ARN30018-AR_600-8-10-000-WEB-1.pdf

Serious Incident Reporting (SIR) Requirements

USAREC Regulation 190-4, Incident Reporting, 1 September 2014

- Table 1-1, Serious Incident Categories, outlines incidents that require reporting through USAREC Command Operations Center (COC)

- Chapter 4 discusses the SIR Addendum (created by the Office of the Command Surgeon and Psychologist) is required for the following incidents:
  - Stress
  - Suicide Ideation, Attempt, and Death
  - Violent Rage and/or Homicidal Ideation
  - Aggressive Behavior and/or Assault
  - Homicide
  - Child Abuse/Endangerment
  - Domestic Violence
  - Sexual Misconduct, Sexual Harassment, Sexual Assault/Rape
  - Substance Abuse/Misuse
  - Driving Under the Influence (impaired by drugs or alcohol)
  - Other Crimes or Violation that may identify a trend in negative behavior

Serious Incident Reporting (Cont.)

- In addition to crucial data points, the addendum was designed to provide leaders a plan of action or way ahead, post-incident
- Some incidents require coordination with outside agencies like SUDCC, FAP, or behavioral or physical healthcare
- BDE resources like the Behavioral Health Consultant, Nurse Case Manager, FAP Coordinator, Soldier & Family Assistance (SFA) Program Manager, and/or the Unit Ministry Team (Chaplain) are available for consultation and may be able to assist with care coordination
- OCSP Risk Surveillance tracks all incidents that meet the SIR addendum criteria

Line of Duty (LOD)

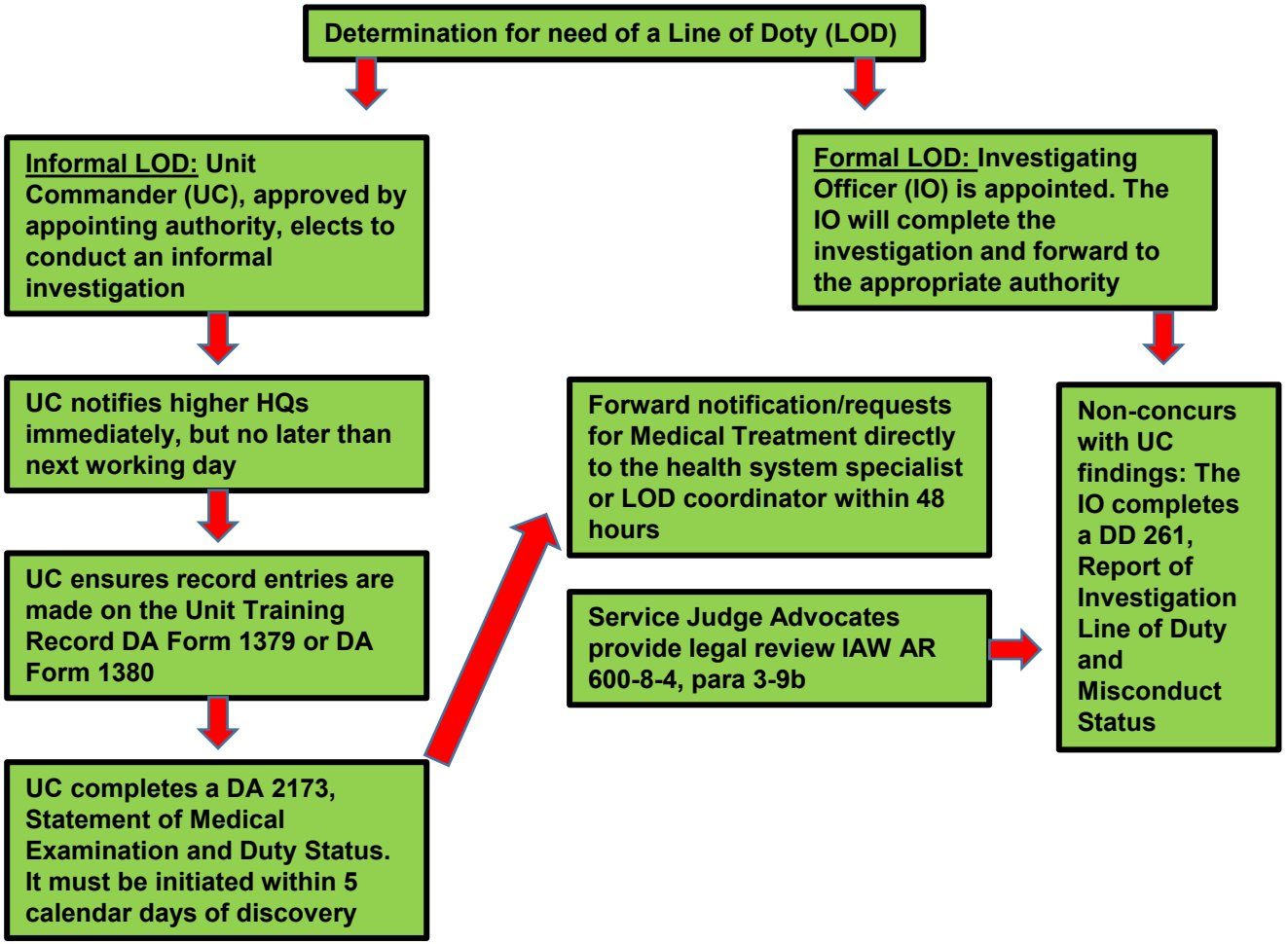
- **The Commander plays an important role in monitoring the progress of Soldiers through the LOD process. Every Commander is responsible to ensure entries are made on the Unit Training Record (DA Form 1379 or DA Form 1380) for any injury, illness or disease that occurred or was aggravated during the training period**
  - Notify higher headquarters of the incident immediately, but not later than the **next working day**
  - Ensure Soldiers understand the importance of the LOD process
    - Query, at the final formation, all members about unreported injuries, etc., and initiate the LOD, if necessary
    - **Ensure each Soldier understands his /her responsibility to report injuries, illness, or disease promptly**
  - Forward a "Notification/Request for Medical Treatment" directly to the Health System Specialist or LOD Coordinator**.** The form should be received no later than 48 hours after the incident
  - Ensure the Soldier understands and signs the Disability Counseling Statement. This statement must be completed anytime an LOD is initiated

- **Servicing Judge Advocates** will provide legal review and opinions on formal LOD investigations as described in **AR 600-8-4**, paragraph 3-9b using the module

- **Investigating officers** will complete DD Forms 261 promptly and forward them in the module through the chain of command and reviewing officials

Note: The S1 or G1 at each level of command will provide oversight, management and guidance to ensure the quick and efficient completion and processing of LODs and related actions.

LOD Flow Chart



Line of Duty (LOD) Form DA2173

STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS
(Required for Line of Duty Investigation)

For use of this form, see AR 600-8-4, the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S. Code 1201, Retirement, Chapter 61, Retirement or Separation for Physical Disability; and Title 10 U.S. Code 1203, Separation for Physical; AR 600-8-4, Line of Duty, Policy, Procedures, and Investigations and EO 9397 (as amended).

PRINCIPAL PURPOSE: To provide information regarding a Soldier's status when injury, illness, disease or death occurs. It tracks and ensure Soldiers are receiving proper benefits and proper institutions/agencies are notified regarding payment and benefits. For additional information see the System of Records Notice A0608-8-1b AHRC, Line of Duty Investigations. https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570057/a06008-1b-ahrc.aspx/

ROUTINE USES: There are no specific routine uses anticipated for this form; however it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose Statement above.

DISCLOSURE: Voluntary, however, failure to provide the information will interfere with the proper adjudication of the Soldier's case in the best interest of the Soldier and the United States Army.

1. THRU:	2. TO:	3. FROM:
JFHQ-Georgia Army National Guard 1000 Halsey Ave. Bldg. 408 Marietta, GA. 30060	National Guard Bureau 111 S. George Mason Dr. Arlington, Virginia 22204	

4. NAME OF SOLDIER EXAMINED *(Last, First, Middle Initial)*	5. SSN	6. GRADE

7. UNIT OF ASSIGNMENT ADDRESS:	8. ACCIDENT/INCIDENT INFORMATION
	a. Date/Time: b. Location:

SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR
(UA/READINESS/SARC'S MAY COMPLETE WITH SUBSTANTIATING MEDICAL RECORDS)

9. SOLDIER WAS: ☐ OUT PATIENT ☐ ADMITTED ☐ DEAD ON ARRIVAL

10. ☐ HOSPITAL NAME

11. ☐ HOUR/DATE EXAMINED

12. NATURE AND EXTENT OF ☐ INJURY ☐ ILLNESS ☐ DISEASE ☐ RESULTING IN DEATH *(Explain) (OR HISTORY OF THE DISEASE)*

13. ICD-10 CODE:

14. MEDICAL OPINION: **(Lines 15-23 Must be completed by a Physician, Physician Assistant or Nurse Practitioner)** (UA/Readiness/SARC's may complete with substantiating medical records)

15. SOLDIER ☐ WAS ☐ WAS NOT UNDER THE INFLUENCE OF ☐ ALCOHOL ☐ DRUGS *(Specify)*: ☐ UNKNOWN

16. DRUGS OR ALCOHOL ☐ MAY ☐ MAY NOT HAVE RESULTED IN THE SOLDIERS INJURY, ILLNESS, DISEASE OR DEATH ☐ UNKNOWN

17. BLOOD TEST MADE? ☐ YES ☐ NO (If Yes: No. of MG ALCOHOL/100 ML BLOOD _____) ☐ UNKNOWN

DRUG SCREEN DONE? ☐ YES (Attach results) ☐ NO

18. INJURY ☐ IS ☐ IS NOT LIKELY TO REQUIRE FOLLOW-ON CARE. ☐ UNKNOWN

19. INJURY ☐ IS ☐ IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE ☐ UNKNOWN

20. DID INJURY ILLNESS OR DISEASE EXIST PRIOR TO SERVICE? ☐ YES ☐ NO (ONLY CAN BE DETERMINED BY A PHYSICIAN, PA, or NP). ☐ UNKNOWN

21. CONDITION EXISTED PRIOR TO START OF CURRENT DUTY? ☐ YES ☐ NO (ONLY CAN BE DETERMINED BY A PHYSICIAN, PA, or NP). ☐ UNKNOWN

22. TYPED OR WRITTEN NAME OF PROVIDER/SARC/UA/READINESS	23. SIGNATURE	24. DATE

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Line of Duty (LOD) Form DA2173

SECTION II - TO BE COMPLETED BY THE IMMEDIATE COMMANDER OR SARC

25. NAME OF SOLDIER EXAMINED *(Last, First, Middle Initial)*	26. SSN	27. GRADE

28. DUTY STATUS: ☐ PRESENT ☐ EXCUSED
29. ABSENT WITHOUT LEAVE (DOCUMENTED?) ☐ YES ☐ NO
30. SOLDIER WAS INJURED IN AUTHORIZED TRAVEL STATUS PER JTR ☐ YES ☐ NO

31. DATE AND TIME OF DUTY	32. DUTY STATUS LOCATION

33. SOLDIER WAS ON FEDERAL ORDERS: ☐ 30 DAYS OR LESS ☐ > 30 DAYS
34. SOLDIER WAS IN INACTIVE DUTY TRAINING STATUS: ☐
DATE/TIME IDT BEGAN: _____ ENDED: _____

35. SOLDIER DIED OF INJURIES RECEIVED PROCEEDING DIRECTLY:
☐ TO ☐ FROM ☐ DURING TRAINING ☐ NA

36. DETAILS OF INCIDENT - REMARKS *(If additional space is needed, attach enclosures as necessary).*

37. FORMAL LINE OF DUTY INVESTIGATION REQUIRED ☐ YES ☐ NO *(*NOTE-An informal investigation can only result in an ILD finding)*
38. INJURY IS TO HAVE BEEN INCURRED IN LINE OF DUTY *(Not applicable on deaths)* ☒ YES ☐ NO

39. NAME/GRADE OF IMMEDIATE/UNIT COMMANDER OR SARC	40. SIGNATURE	41.DATE

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Virtual Healthcare

Virtual Healthcare is defined as care provided via telephone, VTC, or GVS from a provider in a location separate from the patient

- Current Opportunities
  - Recruiter Suitability Assessments
  - PHA and Temp Profiles for "Active Duty" Service Members enrolled in Tricare Prime Remote via VIPRR
  - Pharmacy Medication Management visits for Service Members on "High Risk" medications

- VIPRR (Virtually Integrated Patient Readiness and Remote) Clinic: Call to schedule virtual PHA (844) 863-3236
  - Advantages:
    - Can replace LHI Readiness Visits
    - Time savings in travel/ lost man hours
    - Potential Cost Savings of 232 contracts per BN per year
  - How to complete a Virtual PHA:
    - SM completes Part 1 online
    - Service Member calls 1-844-863-3236 to make appointment
    - Answer the phone on the day of the appointment

Contact Information

Command Surgeon
502-626-1128

Command Psychologist/Deputy Command Surgeon
502-626-0134

Deputy Command Psychologist
502-626-5963

Command Surgeon and Psychologist, NCOIC
502-626-0012

Command Surgeon and Psychologist, Chief of Operations
502-626-1516

Command Surgeon and Psychologist, Chief of Health, Education, and Training
502-626-0062

Command Surgeon and Psychologist, Chief of Medical Readiness
502-626-0111