

Medical Actions (NGGA-PEM)

## **Line of Duty (LOD)**

Joint Force Headquarters  
Georgia Army National  
Guard Marietta, GA  
1 October 2022

**UNCLASSIFIED**

## ***SUMMARY of CHANGE***

### **SOP Line of Duty (LOD)**

This major revision, dated 1 October 2022 –

- o. Adds applicability requirements (para 1-2).
- o. Changes 30 calendar days to 7 calendar days (para 2-1 a,1)
- o. Adds suspension of access (para 5-4 a).

Proposed changes, modifications, and/or deletions should be made known to GAARNG G-1, HR Plans using GA Form 2028. Your feedback to provide a quality product is always welcome.

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## **Chapter 1 Overview**

### **1-1. Purpose**

To provide clear procedural guidance on initiating, routing, and processing line of duty (LOD) investigations. It includes policies and procedures for investigating the circumstances of injury, illness, disease, or death of a Soldier, and provides standards and considerations used in making line of duty (LOD) determinations.

### **1-2. Applicability**

A line of duty determination is required whenever a Soldier incurs an injury, illness, or disease, which incapacitates him/her from the performance of duty for a period of more than 24 hours. The injury, illness, or disease is of lasting significance, there is a likelihood the injury, illness, or disease will result in a permanent disability, or the Soldier requires follow-on care. Examples of follow-on care are physical therapy, surgery or continues care for several visits. It is important to note that the Army LOD Program is a Commander's program, which essentially protects the interest of both the Soldier and the U.S. Government.

a. LOD determinations for injury, illness, or disease that have no lasting effect, defined as not requiring follow-on care ultimately affecting a Soldier's overall health or career, will not be accepted in accordance with AR 600-8-4, paragraph 2-2(a)(1). LODs where the diagnoses are minor and resolved without further medical care, including abrasions, generalized pain, headaches (not associated with behavioral health or other more serious, continuing issues such as tumors), hernia, pregnancy, among others, are injuries or illness that leave no lasting effect on the Soldier or require hospitalization for further treatment. These are not appropriate cases for LOD determinations.

b. Pre-existing conditions or symptoms thereof demonstrated after reporting for duty generally will NOT be paid for by the Government. Commanders may release Soldiers to seek medical care for pre-existing/non-LOD medical issues. Soldiers must understand that payment for medical care will be their own responsibility. The DA Form 4856 should be used in these situations.

c. A Line of Duty is generally warranted for conditions including, but not limited to, fractures, severe sprains, lacerations requiring surgical closure (sutures, staples), psychological issues, and diseases incurred while performing duty related tasks.

d. A LOD must be completed promptly, to include 10 USC and 32 USC AGR RC Soldiers as the determination will impact the Soldier's eligibility for benefits such as access to medical care, compensation, and disability entitlements.

### **1-3. Authorized Duty Status**

Soldiers must be on military orders or in a duty status whenever an injury/illness occurs to initiate a LOD. The mere fact that the Soldier was in an "authorized" duty status does not necessarily support a determination of "In Line of Duty" (ILD) in and of itself. Duty status includes:

a. IDT: Inactive Duty Training. This is generally drill weekends for a National Guard Soldier; documented with a DA Form 1379 generated by the MyUnitPay System.

b. Title 32: Soldiers who are AGR or State ADOS. Title 32 orders for Annual Training, and schools such as NCO Academy, Re-Classification, Secondary MOSQ, etc.

c. Title 10: All mobilization orders are Title 10, IADT orders, NGB ADOS.

#### **1-4. When to Initiate a LOD**


If a Soldier must be treated at a Hospital, Emergency Department, or Clinic during IDT or AT, the unit will send the DA Form 2173, JUN 2021 with the Soldier or escort (if operationally possible) and complete a LOD Incident Packet for record. The Attending Physician will complete Section I of the DA Form 2173 and the Soldier will return the form to the unit for processing. The DA Form 2173 and medical transcripts must have a definitive diagnosis in the form of an ICD-10 code for a LOD to be completed. An example of an ICD 10 definitive diagnosis code is M23.92: Unspecified internal derangement of left knee.

**Note: “Pain” is not a medical diagnosis and will result in the LOD being returned to the unit for corrections and additional medical documentation.**

a. The Commander has the overall responsibility for tracking the status and ensuring the LOD is completed. The minimum required documents for a LOD are:

1. DA Form 2173, Statement of Medical Examination and Duty Status, JUN 2021.
2. All medical documentation, obtained by Soldier from the medical facility, with a definitive diagnosis by a medical provider.
3. Soldier’s Rights and Warning Statement. If the Soldier is also suspected or accused of any offense under the Uniform Code of Military Justice (UCMJ) or Georgia Code of Military Justice (GaCMJ), the Soldier should also be advised of his or her rights and right to counsel. A DA Form 3881 (Rights Warning Procedure/Waiver Certificate) should generally be used for such advice.
4. DA Form 2823, Sworn Statement from the Soldier.
5. Disability Counseling Statement.
6. DA Form 4856, Developmental Counseling Form.
7. Orders or DA Form 1379.
8. DA Form 2870 (Authorization for Disclosure of Medical or Dental Information).

b. Once the unit Readiness NCO (RDNCO) or designee receives all the above items, the unit will upload to the Electronic Medical Management Processing System (eMMPS) at <https://medchart.ngb.army.mil/MED-CHART/Default.aspx>

1. If the date entered in the End of Authorized Duty Status section is within 180 days of the current date, you will not be able to select an exception to policy. If the End of Authorized Duty Status date entered is greater than 180 days from the current date or an Exception to Policy option is selected, you must provide an explanation in the **comment** box.
  2. Documents with a lock  icon can only be viewed.
  3. Documents with action links are in a pending status and may be re-named or deleted.
  4. Required documents vary according to the selected workflow. If any required documents are missing, the LOD must be sent back to the initiator.
  5. All documents marked as required must be uploaded.
  6. Review the validation section information.
    - i. An orange text indicates a warning message.
    - ii. Red validation text indicates an error, and the user must enter or upload the required information before forwarding the case.
    - iii. Users can forward a case if there is an orange warning displayed, but not if red validation is displayed.
- c. The unit administrator or S-1 will upload informal or formal investigation documents (DA Form 2173, DD Form 261 Report of Investigation Line of Duty and Misconduct Status, approval memorandum for informal LOD, Investigating Officer's (IO's) appointment order, IO's findings for an injury, illness, or disease investigation) which results in an ILD finding into the Soldier's interactive Personnel Electronic Records Management System (iPERMS). Medical records and Criminal Investigation Department reports are not to be uploaded.

#### **1-5. DA Form 2173, JUN 2021 vs Line of Duty Determination**

A DA Form 2173 is not a Line of Duty determination. A DA Form 2173 is a "Statement of Medical Examination and Duty Status." A Line of Duty Determination is a memorandum (By the Authority of the Secretary of the Army) that specifically states, "Approved in the line of duty" for a specific injury or illness, and at a minimum contains the phrase "Reviewed for Completeness."

#### **1-6. Non-Emergency Injury/Illness Not Requiring Medical Evaluation**

Examples of non-emergency injuries/illness include muscle strain, sprains, viral illness, contusions, lacerations (not requiring stitches), bruises, rashes, headaches, and sore throat.

- a. Soldier recovers by end of training period.
- b. No follow-up care required.
- c. No loss of civilian income. In such cases, the unit should complete a LOD incident packet to administratively document any of the above occurrences. If the Soldier was seen at a civilian treatment facility and incurred a bill, the bill can be paid following the instructions outlined in the **"Defense Health Agency-Great Lakes (DHA-GL) SOP."**

## 1-7. Types of LODs

- a. Normal Drill Weekend LODs will be entered as “M-Day.”
- b. Annual Training and Military School LODs will be entered as “Title 32.”
- c. Overseas Training as a National Guard member will be entered as “OCONUS.”
- d. Overseas or Mobilization Training converting to federal status LODs will be entered as “Title 10.”
- e. LODs stemming from Basic Training, AIT will be entered as “Title 10.”
- f. LODs with an approval “In the Line of Duty Memo” from Basic Training or AIT will be entered as “Pre-Approved.”

1. Informal: LOD investigations are required to document an injury, illness, or disease; so long as misconduct or gross negligence is not suspected on the part of the Soldier and a formal investigation is not required in accordance with AR 600-8-4, paragraph 2–2a. All informal line of duty investigations must be initiated within 5 calendar days of the command’s discovery of the injury, illness, disease, or death. The timeline for completing an informal investigation is no more than 60 days.

### Informal LOD Criteria:

- i. Not an injury or condition that occurs under strange/unusual or doubtful circumstances.
- ii. Not a vehicle accident.
- iii. Not resulting in permanent disability.
- iv. No drugs/alcohol involved.

2. Formal LOD investigations are more detailed and are required to arrive at a determination of whether misconduct or gross negligence was involved in the disease, injury, or death of a Soldier (e.g., if misconduct is suspected); and if so, how much did it contribute to the disease, injury, or death. A unit may initiate a formal LOD for any incident involving questionable circumstances or outcomes. All formal line of duty investigations must be initiated within 5 calendar days of the command’s discovery of the injury, illness, disease, or death. The timeline for completing a formal investigation; to include the approving authority finding, is no more than 180 days.

### Formal LOD Criteria:

- i. Injury, illness, disease, or death that occurs under strange or doubtful circumstances or is apparently due to misconduct or gross negligence.
- ii. Injury, illness, or death involving the abuse of alcohol or other drugs.
- iii. Self-inflicted injuries or suspected suicide.
- iv. Injury, illness, or death incurred while Absent Without Leave (AWOL).
- v. Injury or death that occurs while an individual was traveling to final acceptance in the Army.
- vi. When a Soldier serving on orders for less than 30 days who becomes disabled due to injury, illness, disease, or death.
- vii. When directed by higher authority (AHRC, approval authority, or appointing authority).
- viii. Conditions that the Military Treatment Facility (MTF) Commander or another medical provider determine Existed Prior to Service (EPTS).

- ix. Injury or death of a USAR or ARNG Soldier while traveling to or from authorized training or duty.
- x. Death of a Soldier while participating in authorized training or duty.
- xi. Under any circumstances the Commander believes should be fully investigated.
- xii. Disease - requires a formal LOD when a Soldier is serving on an active-duty tour 30 days or less or IDT and is disabled due to disease. The reason for this investigation is to determine if the disease existed prior to service and whether it was service aggravated.
- xiii. Soldiers involved in motor vehicle accidents, while in an approved duty status.
- xiv. All Behavioral Health related LODs will be processed as a formal investigation.

### **1-8. Medical Pre-Authorization of Continued Medical Care for Duty-Related Conditions**

- a. Pre-authorization for follow-up care can be initiated after the Unit Commander signs the DA Form 2173 in eMMPS. The LOD does NOT have to be complete in the eMMPS module, but there must be a reasonable assumption that the condition will be found ILD.
- b. Before initiating Pre-Authorization, the Soldier must have a specific need for follow on care; either a recommendation from the initial visit or have residual issues from the original injury which needs evaluation.
- c. Pre-Authorizations are initiated in eMMPS under "MMSO" by clicking "Start New Pre-Authorization". The Soldier's name, SSN or Case ID will be entered to begin pre-authorization.
- d. Pre-Authorization requests will need medical notes from previous visits and a copy of the current Physical Profile (DA Form 3349). Medical notes will need to have current diagnosis (anything other than "pain") and recommended course of treatment.

### **1-9. Miscellaneous LOD information**

- a. Duplicate or erroneous LODs are deleted by the G-1. Requests to delete a LOD should be submitted in a memo format to Medical Actions through the Major Subordinate Command (MSC) Medical Readiness Non-Commissioned Officer (MRNCO).
- b. LODs can always be administratively closed if sufficient supporting documentation is not received within 60 days. A digitally signed memo detailing the reason for administrative closure and Developmental Counseling Form (DA Form 4856) is required.
- c. To re-open a LOD, S-1 personnel must submit a digitally signed memo. Note: No LOD will be reopened without the missing documentation.
- d. New incoming Unit Commanders, RDNCOs, and MRNCOs will register in eMMPS as the Unit Commander or Unit Administrator. Access requirements are described in Chapter 5 of this SOP. Questions relating to this process can be directed to the MSC MRNCO or the G-1. Any LOD entered after 180 days from end of the qualifying duty status, requires three Exception to Policy memos. These memos will explain the circumstances that delayed getting the LOD initiated. Reasons must be no fault of the Soldier, such as staff turnover, administrative oversight, Soldier transferred units, but the case did not follow. Memos required are:
  - 1. The Soldier must provide in writing, the reason why the LOD is over 180 days, all pertinent proof that the case was reported within the time limit, all correspondence received from unit concerning Unit Administrator, Medical Readiness NCO, or Readiness NCO.



2. The Soldier's Unit Commander will provide a memo stating why the LOD is late.
3. The First LTC (O-5) in the Soldier's Chain of Command will make a recommendation for the approval of the ETP.

e. Medical, dental, or behavioral health care is authorized by an ILD determination. Care will be provided until:

1. The ILD injury, illness or disease is satisfactorily resolved, or the resulting disability cannot be materially improved by further hospitalization or treatment.

2. The Soldier is identified for referral to the DES within 1 year of the diagnosis of the condition for which he or she received an ILD finding, and the member receives a final determination of fit for duty, separated, or retired.

3. One year has transpired since the date of the initial diagnosis and neither of the actions referred to in paragraphs f (1) or (2) has occurred.

#### **1-10. Formal LOD**

- a. Point of Contact Information will be full name, rank, title, phone number (including area code), home of record, and email address of the person that can be contacted regarding the LOD. You may include more than one person.

- b. Date and hour of training information is required for *Active Duty for Training* or *Inactive Duty Training*.

- c. The appointing authority will appoint an IO to investigate the incident. The appointment memo will be uploaded into the eMMPs module.

- d. Block 10, section 1 and section 2 on the DD Form 261 must match block 5, section "a" and section "b" on the DA Form 2173.

- e. The Investigating Officer (IO) will provide a memo of findings.

- f. Not in the Line of Duty (NLD) findings require the IO, Appointing Authority, or Approving Authority to notify the Soldier in writing via certified mail of the NLD findings. The mailing return receipt will be uploaded into the eMMPs module.

## Chapter 2

### Time Requirements for Completion and Forwarding Action

#### 2-1. GAARNG Processing Timelines

a. The following processing timelines are implemented by the Georgia Army National Guard (GAARNG) in order to meet the regulatory timelines for **Formal LODs** established by AR 600-8-4, Line of Duty Policy, Procedures, and Investigations, dated 15 March 2019.

1. Unit Administrator- initiate automated LOD in eMMPS within 7 calendar days after incident, treatment, or knowledge that an incident has occurred.
2. Unit Commander- review, sign, and forward to the Appointing Authority through the Intermediate Command Reviewer using eMMPS within 5 calendar days.
3. Intermediate Command Reviewer- conduct quality review of all documents submitted in eMMPS within 5 calendar days.
4. IO- complete the investigation within 30 calendar days. The IO will return the LOD to the Appointing Authority within 30 calendar days after receipt of the Appointment Memo.
5. Appointing Authority – review and forward the LOD to State Administrative Review within 5 calendar days.
6. State Surgeon Review- review and forward back to State Administrative Review within 5 calendar days.
7. State JAG Advocate Review- review and forward to State Administrative Review within 10 calendar days.
8. State Approving Authority- review and forward to NGB LOD Review within 5 calendar days.

**Note: If the above timelines are missed, annotate the reason in block 30 of the DA Form 2173 or block 10g on DD Form 261 and provide a letter of lateness.**

b. The following processing timelines are implemented by the Georgia Army National Guard (GAARNG) in order to meet the regulatory timelines for **Informal LODs** established by AR 600-8-4, Line of Duty Policy, Procedures, and Investigations, dated 15 March 2019.

1. Unit Administrator- initiate automated LOD in eMMPS within 30 calendar days after incident, treatment, or knowledge that an incident has occurred.
2. Unit Commander- review, sign, and forward to the State Administrative Review within 10 calendar days.
3. State Administrative Review- review and forward the LOD to State Approving Authority within 10 calendar days.

4. State Approving Authority- review and forward to NGB LOD Review within 10 calendar days.

**Note: If the above timelines are missed, annotate the reason in block 30 of the DA Form 2173 and provide a letter of lateness.**

## **2-2. NGB Processing Timelines**

a. Soldiers will have up to 180 calendar days following the completion of their qualified duty to request consideration for a line of duty determination unless they meet exception to policy (ETP) criteria. ETPs are those in which the covered condition pre-dates the 180-day period, e.g., latent onset symptoms of post-traumatic stress and unreported Sexual Assault IAW 600-8-4. If a LOD is inactive for 180 days, it will be automatically closed by eMMPS. If the LOD is inactive for 365 days, it will be automatically deleted by eMMPS.

1. Examples are as follows:

i. A Soldier attends Inactive Duty Training (IDT) from Friday to Sunday afternoon. On Sunday morning he/she incurs an injury to his/her knee during afternoon cargo sling-load training. His/her last qualified duty status ended Sunday, the Soldier has 180 days from the following day (Monday), to file a report of injury to his/her knee.

ii. A Soldier returning from deployment with an injury, illness, or disease (other than Behavioral Health (BH) without a LOD completed, has 180 days from the effective REFRAD date on his/her DD214 to file a report of his/her injury.

2. LODs for Active Guard Reserve (AGR) Soldiers are not initiated if the date of incident happened more than 180 days in the past. IAW AR 600-8-4, para 4-4 c, submission of AGR Line of Duty Investigations solely for the purpose of retirement is not authorized.

3. LOD processing timelines IAW DODI 1241.01 and AR 600-8-4:

- i Informal Investigations – 60 days
- ii Formal Investigations – 180 days

b. Effective 4 June 2020 all LOD's will be sent to NGB for final approval. The DA Form 2173 will read "FROM" the unit, "THROUGH" JFHQ Georgia Army National Guard, "TO" National Guard Bureau.

### **Chapter 3**

#### **Common Errors on LODs**

- a. Medical documentation does not reflect a definitive diagnosis, (pain, head injury, blurred vision, “pop in knee” are not a definitive diagnosis)
- b. The IO does not give the facts, (HOW, WHEN, WHERE, WHAT, TO WHOM IT HAPPENED).
- c. If a Soldier has incurred two unrelated injuries, then two LODs are required, even if it is the same incident.
- d. DD Form 261 and DA Forms 2173 incident dates not matching.
- e. Insufficient documentation, incomplete docs, or missing signatures.
- f. Adverse finding notice, and certified mailing was not mailed or uploaded in the module. (Soldier must be mailed a certified notice of a “NLD determination” prior to forwarding the LOD. This notice will be completed by the G-1).
- g. Using after visit summaries, discharge summaries, clinic summaries, summary Letters, standalone test results, and other similar documents by themselves as primary medical documents.
- h. Documents not uploaded as PDF documents.
- i. Date and hour of training information not entered in the eMMPs module.
- j. The date and time on the DA Form 2173 and DA Form 261 do not match.

## **Chapter 4 LOD Tracking.**

### **4-1. Responsibilities**

a. G-1 Medical Actions tracks all LODs, and generates weekly LOD status reports for the G1, Chief of Staff, and MSC Commanders.

b. All LODs are required to be entered into the Line of Duty Module located within the Medical Electronic Data Care History and Readiness Tracking (MEDCHART) database at <https://medchart.ngb.army.mil/MED-CHART/Default.aspx>

c. All unit administrators, MRNCOs, RDNCOs, and Commanders will track their LODs in eMMPS and ensure they are moving through the module in a timely manner.

### **4-2. LOD Workflows**

a. NG Pre-Approved Title 10 - the purpose of the Pre-Approved Title 10 workflow is to document LODs that have already been completed and approved by a military training facility while on title 10 orders to include DA Form 2173, medical documentation, and memorandum signed by the Approval Authority.

b. NG M-Day (Informal) - the purpose of the M-Day (informal) workflow is to identify all LODs associated with typical ARNG Soldier status, such as IDT and RMAs. Informal M-Day LODs start at the unit level and are signed by the Unit Commander and submitted to state level for determination.

c. NG M-Day (Formal) - the purpose of the M-Day (formal) workflow is to identify all LODs associated with typical ARNG Soldier status, such as IDT and RMAs, and those who require an investigation to complete the adjudication process. Formal M-Day LODs are routed through Unit Admin, Intermediate Command Admin, Appointing Authority, Investigating Officer, and back to Intermediate Command Approval for submission to State and NGB Levels.

d. NG Title 32 (Informal) - the purpose of the Title 32 (informal) workflow is to identify all LODs associated with personnel who were on state level AGR, Full-time, ADOS, or AT orders when their injury occurred. Informal Title 32 LODs start at the unit level and are signed by the Unit Commander and submitted to state level for determination.

e. NG Title 32 (Formal) - the purpose of the Title 32 (formal) workflow is to identify all LODs associated with personnel who were on state level AGR, Full-time, ADOS, or AT orders when their injury occurred, and who require an investigation to complete the adjudication process. Formal Title 32 LODs are routed through Unit Admin, Intermediate Command Admin, Appointing Authority, Investigating Officer, and back to Intermediate Command Approval for submission to State and NGB Levels.

f. NG Title 10 (Informal) - the purpose of the Title 10 (informal) workflow is to identify all LODs associated with personnel who were in a federal status for over 30 days when their injury occurred. The documentation requirements for Title 10 LODs are minimal compared to the other workflows. The required documents for informal Title 10s are the Soldier's original DA Form 2173, Title 10 orders, and medical documents. Informal Title 10 LODs start at the unit level, are signed by the Unit Commander, and routed to the State and NGB Levels.

g. NG Title 10 (Formal) - the purpose of the Title 10 (formal) workflow is to identify all LODs associated with personnel who were in a federal status for over 30 days when their injury occurred, and who require an investigation to complete the adjudication process. Formal Title 10 LODs are routed through Unit Admin, Intermediate Command Admin, Appointing Authority, Investigating Officer, and back to Intermediate Command Approval for submission to State and NGB Levels.

h. NG OCONUS (Informal) - The purpose of the OCONUS (informal) workflow is to identify those LODs for Soldiers who were on overseas orders and who remained in a National Guard status. Informal OCONUS LODs follow the same routing as informal Title 10 LODs. The only difference between informal OCONUS LODs and informal Title 10 LODs is that OCONUS LODs are only created for personnel who did not convert to a federal status.

i. NG OCONUS (Formal) - The purpose of the OCONUS (formal) workflow is to identify those LODs for Soldiers who were on overseas orders, who remained in a National Guard status, and who require an investigation to complete the adjudication process. Formal OCONUS LODs follow the same routing as formal Title 10 LODs.

## **Chapter 5**

### **Requirements for MEDCHART (eMMPS) Access**

#### **5-1. Requirements for initial access**

a. To gain access to MEDCHART and eMMPS, all personnel must have an approved System Access Authorization Request (SAAR), DA Form 2875, on file with the G-1 HR Systems Branch. The SAAR must be current within one year and must be renewed annually for continued systems access.

b. All personnel requiring access to MEDCHART to process LODS must complete a Health Insurance Portability and Accountability Act (HIPAA) certification course and register in eMMPS using the MEDCHART database at <https://medchart.ngb.army.mil/MED-CHART/Default.aspx>. The HIPAA certification course can be completed in eMMPS or in JKO at <https://jkodirect.jten.mil>. Personnel completing the course in JKO will upload a copy of the certificate when they are registering for access in MEDCHART. HIPAA refresher training is required annually.

c. Access to eMMPS will be approved at the State Admin level when all required training has been completed. Users will need to log into MEDCHART to confirm they have access. Users must request UICs to access Soldier information within the eMMPs LOD module. For expired users recertifying their HIPAA certification, inform the G-1 Medical Actions LOD Program Manager that training is complete (MEDCHART does not send notifications that access is pending approval).

#### **5-2. Access Roles**

a. Unit, BN/MSC RNCOs, MRNCOs, and other S-1 personnel requiring access to initiate LODs will request the Unit Admin Role.

b. Unit Commanders and other personnel authorized to sign for the Commander will request the Unit Commander Role.

c. Personnel requiring access to complete investigations for formal LODs will request the IO role.

d. Personnel requiring access to review and forward formal LODs to the MSC for appointment of the IO will request the Intermediate Command Review role.

e. Personnel requiring access to appoint IOs, review and forward formal LODs to the G-1 will request the Appointing Authority Role.

f. Other specialty roles for select state personnel are available upon request.

Reminder: All roles mentioned, except for IO, must also request access to their unit or MSC UICs. IOs will be entered into the pool of available personnel for their MSC. Roles can be changed upon request.

### **5-3. Required State Training**

a. State LOD training is required for all personnel registered to process LODs in eMMPS. The G-1 offers quarterly training to review roles, policies, procedures, and regulation updates. Training also includes group scenarios, workshops to work actual cases, and a live walkthrough in eMMPS. Notification of training dates will be published in the State FRAGORD.

b. Annual refresher training is required for all active users, mainly the Unit Admin, Unit Commander, and IO roles. This is accomplished through scheduling for one of the quarterly G-1 classes or by submitting a request to the G-1 for classes at an alternate location. Approval for alternate locations depends on the number of personnel scheduled to attend and the mission requirements of the G-1

### **5-4 Suspension of Access**

**MEDCHART access to eMMPS will be suspended for all user who continually make errors in LOD processing. All suspended users will require retraining before access is restored.**



## **Appendix A References**

### **AR 600-8-4**

Line of Duty Policy, Procedures, and Investigations, dated 12 November 2020

### **AR 600-77**

Administrative Management of Wounded, Ill, or Injured Soldiers, dated 5 March 2019

### **AR 40-501**

Standards of Medical Fitness, dated 27 June 2019

### **AR 40-502**

Medical Readiness, dated 27 June 2019

### **DODI 1241.01**

Reserve Component Line of Duty Determination for Medical and Dental Treatments and Incapacitation Pay Entitlements, dated 19 April 2016

### **DODI 1332.18**

Disability Evaluation System, dated 17 May 2018

**Appendix C**  
**Glossary**

**AGR**

Active Guard/Reserve

**ARNG/ARNGUS**

Army National Guard / Army National Guard of the United States

**AWOL**

Absent Without Leave

**eMMPS**

Electronic Medical Management Processing System

**GaCMJ**

Georgia Code of Military Justice

**HIPAA**

Health Insurance Portability and Accountability Act

**ILD**

In the Line of Duty

**IO**

Investigating Officer

**iPERMS**

Soldier's interactive Personnel Electronic Records Management System

**LOD**

Line of Duty

**LODI**

Line of Duty Investigation

**MEDCHART**

Medical Electronic Data Care History and Readiness Tracking

**M-Day**

That unnamed date in the future upon which a traditional drilling Guardsman is called into active service under Presidential authority for a mobilization.

**MRNCO**

Medical Readiness Non-Commissioned Officer

**MSC**

Major Subordinate Command

**MTF**

Military Treatment Facility

**NLD**

Not In the Line of Duty

**RNCO**

Readiness Non-Commissioned Officer

**SAAR**

System Access Authorization Request

**SOP**

Standard operating procedure (formerly standing operating procedure, changed by JP 3-31 and JP 1-02)

**TAG**

The Adjutant General

**UCMJ**

Uniform Code of Military Justice