

Medical Actions Branch
(NGGA-PEM)

Army Recovery Care Program (ARCP)

Joint Force Headquarters
Georgia Army National Guard
Marietta, GA
1 October 2025

SUMMARY of CHANGE

SOP

Army Recovery Care Program (ARCP)

o No changes. First edition, 1 October 2022-

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

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Chapter 1

Overview

1-1 Purpose.

The purpose of this Standard Operating Procedures (SOP) is to outline the prescribed processes, standards, and responsibilities for entry into the Army Recovery Care Program (ARCP), i.e., Soldier Recovery Unit (SRU), Soldier Recovery Unit-Emergent (SRU-E), and Remote Medical Management (RM2). The ARCP ensures recovering wounded, ill, or injured Soldiers, who need complex care and has a physical profile (DA Form 3349) for more than 179 days, receive equitable, consistent, and high-quality support and services.

1-2 Applicability.

The ARCP is designed to voluntarily place Georgia Army National Guard (GAARNG) Soldiers on temporary active duty, to evaluate or treat verified service-connected medical conditions or injuries. ARCP ensures recovering wounded, ill, or injured Soldiers receive equitable, consistent, and high-quality support and services. It is also designed to return Soldiers to duty as soon as possible. If return to duty is not possible, the Soldier will be referred to the Army Integrated Disability Evaluation System (IDES).

1-3 Eligibility.

Soldier has, or is anticipated to receive, a profile of more than 6 months duration, with duty limitations that preclude the Soldier from training or contributing to unit mission accomplishment. The complexity of the Soldier's condition requires either clinical case management, or the Soldier's psychological condition is evaluated by a qualified licensed medical or behavioral health provider as posing a substantial danger to self or others, if Soldier remains in the unit.

1-4 Ineligibility.

The following Soldiers are ineligible for entry into the ARCP:

- a. Soldiers expected to reach Medical Retention Determination Point (MRDP) or enter the Integrated Disability Evaluation System (IDES) process within 60 days are eligible for entry ONLY as an exception to policy.
- b. Pregnancy alone is not a criterion for attachment or assignment to an SRU. However, pregnant Soldiers who meet ARCP entrance criteria may enter the SRU if the treatment for qualifying conditions can be conducted without interfering with the pregnancy.
- c. Soldiers in initial entry training, advanced individual training, or one station unit training. The Triad of Leadership (TOL), or designated authority, may approve, by exception, initial military training Soldiers into the SRU.
- d. Soldiers pending Military Occupational Specialty (MOS) Administrative Retention Review (MAR2).
- e. Soldiers in temporary disability retirement list status.
- f. Mobilized GAARNG Soldiers whose condition(s) existed prior to mobilization, condition(s) not aggravated by mobilization, and condition(s) not discovered prior to day 25 of the current mobilization.
- g. Soldiers approved for Continuation on Active Duty (COAD) or Continuation on Active Reserve (COAR) status.
- h. Soldiers who are pending or undergoing Uniform Code of Military Justice (UCMJ), flagged, and/or LODs require a general officer member of the TOL and/or General Court-Martial Convening Authority with jurisdiction to approve the assignment or attachment to the SRU. Approval for GAARNG Soldiers is the Commanding General (CG), Human Resources Command (HRC).

Chapter 2

Soldier Recovery Unit (SRU)

SRUs provide critical support to wounded, ill, or injured Soldiers, who require complex care for more than 179 days. The SRU is designed to care for Soldiers who need complex case management and rehabilitation in an inpatient or outpatient status. Soldiers requiring complex care because of an injury, illness, or disease that occurred in an authorized duty status, will be referred by the unit for possible admission to the SRU. Demobilizing Soldiers from a Mobilization Force Generation Installation (MFGI), who have unresolved medical condition(s) that qualify to remain on Title 10 orders, will be sent to the SRU closest to their home of record for evaluation and follow-on treatment. Soldiers requiring complex care will remain at the SRU, while those having non-complex situations are referred to RM2.

2-1 Process Steps.

- a. A Soldier must have an approved LOD or be on orders for 30 or more consecutive days (excluded Active Guard Reserve (AGR) and Active Duty Operational Support (ADOS)), not an updated temporary physical profile record (DA Form 3349) for the current condition, all current medical documentation to include current treatment notes, and a current Statement of Medical Condition (treatment plan that establishes goals for treatment, services, and progress for recovery). The Soldier will work with the unit representative to complete the SRU packet using the SRU application checklist.
- b. The Medical Readiness Non-Commissioned Officer (MRNCO) will update eCase, ensure all related medical documentation is updated in Health Readiness Record (HRR), and coordinate with the Medical Actions Active-Duty Order Process (ADOP) Program Manager (PM) to submit the complete packet for review. The MRNCO will coordinate with the PM to determine if the Soldier qualifies for SRU orders based on the eligibility requirements and submit the packet for review using the Medical Actions Incapacitation Pay (INCAP) Distro, [ng.ga.gaarmg.list.ngga-incap@army.mil](mailto:nq.ga.gaarmg.list.ngga-incap@army.mil).
- c. The PM submits packet to the National Guard Bureau (NGB) with a disposition recommendation outlined in the treatment plan.
- d. NGB reviews the packet for eligibility requirements and forwards packet to ARCP for review and disposition recommendation.
- e. Packets recommended for SRU entry by either the unit or MFGI are forwarded to Triad of Leadership (TOL) ARNG. If TOL approves, the packet is forwarded to SRU for SRU orders. If TOL disapproves, packet is returned to ARNG for RCMC processing. See ***“Reserve Component Managed Care (RCMC) SOP.”***

Chapter 3

SRU-Emergent (SRU-E)

Soldiers who are hospitalized while in a duty status, may request SRU-Emergent orders within 10 days of hospitalization if the Soldier will need more than 30 days of treatment and recovery. The unit will contact the PM for information regarding the submission process and orders production for emergent packets.

1. The following documents are required for an emergent packet:
 - a. ARCP Checklist
 - b. ARCP Treatment Plan/ Complexity Determination
 - c. DA Form 4187 (can be signed by next of kin if Soldier is unable to sign)
 - d. DA Form 3349
 - e. Serious Incident Report
 - f. Current Location of the provider to include name of the Medical Treatment Facility, POC, address, and telephone number
 - g. Proof of duty status and current order or pay document (DA 1379)
2. The MRNCO will assist the unit in completion of the SRU-E packet as prescribed by NGB. Once the packet is completed, the MRNCO will submit the packet to the PM for review using the Medical Actions INCAP Distro, ng.ga.gaarnng.list.ngga-incap@army.mil.
3. Emergent SRU-E orders do not require an approved Line of Duty (LOD) but do require that a LOD claim be initiated.
4. Packets submitted after the 10-day window are not considered emergent and must be processed as a regular SRU request.

Chapter 4

Remote Medical Management (RM2)

Remote Medical Management (RM2) is a section in the Headquarters (HQ) Platoon under the SRU that manages GAARNG Soldiers with non-complex medical treatment needs who are required to remain on active duty orders for further evaluation or treatment, but do not meet the complex care single entry criteria. The primary focus of RM2 is on medical management to direct progress toward MRDP and return the Soldier to duty or begin the DES process. Soldiers in the RM2 will be attached to the HQ Platoon of the SRU closest to the Soldier's home of record. **Note: AGR Soldiers are ineligible for RM2.**

4-1 Eligibility Criteria.

- a. The Soldier's medical condition is incurred or aggravated in the line of duty (LOD).
- b. There is a need for evaluation, treatment and/or disability evaluation processing while in an active duty status.
- c. The Soldier's condition(s) require(s) definitive care.
- d. There is a specific treatment plan of greater than 30 days validated by a military medical authority.
- e. The treatment plan is expected to direct progress towards MRDP, and either return the Soldier to duty, or begin the DES process.
- f. The Soldier's condition(s) must prevent the Soldier from performing their MOS/AOC or at least one of the functional activities listed on DA Form 3349.

4-2 State Responsibility.

- a. NGB notifies the PM of the Soldier's eligibility for RM2. The PM is responsible for identifying and assigning a duty location (Soldier's home unit if it is within a reasonable commuting distance to the Soldier's Home Of Record (HOR)), and a specific duty site supervisor. If the home unit is not within a reasonable commuting distance, an alternate unit will be selected. PM will forward the information to NGB for order processing.
- b. Assigned Duty Site Supervisor will provide information including:
 1. Duty Site location:
 2. UIC :
 3. Unit name:
 4. Unit full address :
 5. Unit phone number:
 6. Duty Site Supervisor full name:
 7. Rank:
 8. Email:
 9. Office phone number:
 10. Cell phone number:
- c. While on RM2 the Soldier will be assigned a duty site supervisor who is responsible for ensuring that the Soldier remains in compliance with the mission of the program. The Soldier must provide the duty site supervisor with a copy of the treatment schedule and must attend all scheduled medical appointments.
- d. RM2 Soldiers will engage in daily duties with the following qualifications:
 1. Duties should not interfere with or delay the recovery timeline and the Soldier's ability to transition.
 2. Duties should also be within the confines of the DA Form 3349 .
 3. Duties should commensurate with the Soldier's rank and experience whenever possible.
 4. Duties should be Title 10 functions.
 5. Duties are assigned by the duty site supervisor or unit commander

Appendix A References

AR 40-58

Army Recovery Care Program, dated 12 May 2020.

AR 40-501

Standards of Medical Fitness, dated 27 June 2019.

AR 600-77

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

DODI 1332.18

Disability Evaluation Systems, dated 17 May 2018.

Army Recovery Care Program FAQs, dated 1 October 2022.

ARCP Checklist, dated 18 August 2021.

ARCP Treatment Plan and Complexity Determination Form, dated MAR 2021

DA Form 7652

Disability Evaluation System (DES) Commander's Performance and Functional Statement, , dated APR 2019.

DA Form 4187

Personnel Action, dated DEC 2022.

Appendix C

Glossary

ADOP

Active-Duty Order Process

ADOS

Active-Duty Operational Support

AGR

Active Guard Reserve

ARCP

The Army Recovery Care Program

CG

Commanding General

COAD

Continuation on Active Duty

COAR

Continuation on Active Reserve

DES

Disability Evaluation System

GAARNG

Georgia Army National Guard

HOR

Home Or Record

HRC

Human Resources Command

HRR

Health Readiness Record

IDES

Integrated Disability Evaluation System

INCAP

Incapacitation Pay

LOD

Line of Duty

MAR2

Military Occupational Specialty (MOS) Administrative Retention Review

MFGI

Mobilization Force Generation Installation

MOS

Military Occupational Specialty

MRDP

Medical Retention Determination Point

Appendix C

Glossary

MRNCO

Medical Readiness Non-Commissioned Officer

NGB

National Guard Bureau

PM

Program Manager

RCMC

Reserve Component Managed Care

RM2

Remote Medical Management

SOP

Standard Operating Procedure

SRU

Soldier Recovery Unit

SRU-E

Soldier Recovery Unit-Emergent

TOL

Triad Of Leadership

UCMJ

Uniform Code of Military Justice