



NATIONAL GUARD BUREAU

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DEC 06 2016

ARNG-HRZ

MEMORANDUM FOR The Adjutants General of all States, Puerto Rico, Guam, the U.S. Virgin Islands, and the Commanding General of the District of Columbia

SUBJECT: Implementation Guidance for the Reserve Component Managed Care-Mobilization and Training (RCMC-M/T) Program (PPOM # 16-050)

1. References. See Annex A.

2. Guidance:

a. Purpose. This policy memorandum describes to the Army National Guard the correct use of the Reserve Component Managed Care-Mobilization and Training Program. Under the program, Soldiers may be issued orders for continuing medical care, treatment, and case management to facilitate their medical recovery, pursuant to Title 10 United States Code (USC), section 12301(h). While on RCMC order set, the Soldiers live in their home communities, report to a local duty site and attend medical appointments for required care and services, while receiving active duty pay and medical benefits. The program is designed to increase unit readiness by providing an avenue for Soldiers with a service-connected illness, injury, or disease (as documented by adjudicated Line of Duty Investigations (LOD) 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 while on active duty (AD), active duty operational support (ADOS), annual training (AT), initial active duty training (IADT), inactive duty for training (IDT), initial entry training (IET), and reserve component-active duty for operational support (RC-ADOS). If multiple conditions are identified while a Soldier is on RCMC-M/T orders, 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 be prolonged due to other medical conditions, and/or subsequent treatment. New conditions that arise during RCMC-M/T order set requires a LOD to be initiated within guidelines set forth in AR 600-8-4.

b. Applicability. 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 clinical case management. The program serves ARNG units in the 50 States and 4 Territories. This policy is in effect immediately and expires on 30 September 2018 unless earlier suspended,

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revoked, or superseded by the Assistant Secretary of the Army (Manpower and Reserve Affairs) (ASA (M&RA)).

c. Concept. 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 to be voluntarily ordered to active duty to establish their 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 who were released from active duty, may voluntarily request to return to Title 10 Active Duty for care utilizing RCMC-M orders for managed care (i.e., medical treatment or evaluations) unless the Soldier declined medical care (in writing) at the demobilization site or entry into MRP-E for continued evaluation of condition. 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 C enclosure 9, page 10).

(2) Reserve Component Managed Care-Training (RCMC-T). Soldiers who incurred a LOD service-connected injury, disease, or illness while participating in training (IET, IADT, IDT, AT, RC-ADOS), and who were released from training, may voluntarily request to return to Title 10 active duty in order to use RCMC-T orders for managed care (i.e., medical treatment or evaluations). 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 C enclosure 9, page 10).

3. Managed Care:

States participating in the RCMC-M/T program must verify in an official memorandum, signed by The Adjutant General (TAG), that all management controls pertaining to RCMC-M/T are implemented (see Annex B enclosure 8, pages 2, 5.1, and 5.2). The authority for the State to participate in the RCMC-M/T program is only granted after this verification memorandum is received. The Army National Guard Human Resources Personnel Division (ARNG-HRP) will monitor implementation of the MMPS program on a quarterly basis. The States will complete the Management Control Evaluation Checklist on Annex B enclosure 8, pages 1.1 and 1.2 for their records quarterly. The States will provide a Monthly Metric Report to Chief, Personnel Division (ARNG-HRP) using the criterion established by Assistant Secretary Army

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(Manpower and Reserve Affairs) (ASA (M&RA)) by the 5th of every month.

a. Personnel in the grade 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 grade of O4 and above, W4 and above, and E8 and above, the State MILPO will complete the validation memorandum (Annex C enclosure 9, page 7). The Chief, Personnel Division (ARNG-HRP) will validate the State memorandum.

b. 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 active duty for managed care under this policy. Active duty 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 RCMC program for behavioral health conditions, post-traumatic stress disorder (PTSD), and mild traumatic brain injury (mTBI) are potentially high risk, high acuity conditions that are better managed through the Warrior Transition Unit (WTU) (see Annex D enclosure 10, page 1). Soldiers requiring continuing care of a low risk, low acuity LOD service-connected injury, disease, or illness in addition to receiving treatment for behavioral health conditions would be better managed through the WTU as well.

c. Only Soldiers whose condition(s) require active managed care are placed on active duty orders. Active managed care is defined as a specific treatment or sequence of treatments that require two or more medical appointments per week and can be managed within 179 days. The requirement is determined by the State Medical authority and validated by the Army National Guard Office of the Chief Surgeon (ARNG-CSG). Treatment is expected to either return the Soldier to duty or reach MRDP. Soldier on RCMC order set will report to assigned Duty Location when not attending medical appointments.

d. The following personnel or designated representatives will comprise each State's assessment team to place the Soldier in the RCMC-M/T, in accordance with Annex B enclosure 8, pages 3.1 to 3.5. 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

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(4) Case Manager

(5) State TAG or designee

e. The recommended length of care is decided by the medical provider or State Surgeon (see Annex D enclosure 10, page 2.1-2.2). The ARNG-CSG determines the length of the RCMC-M/T order set. Orders can be amended by the ARNG-CSG based on medical assessment and need, but they will not exceed 179 days (see Annex D enclosure 10, page 3). RCMC order set will not be backdated, as mandated by ASA (M&RA).

f. While on a RCMC-M/T order set, the Soldier is entitled to same pay and medical benefits as are provided members of the Active Army with corresponding grade, length of service, marital status, and dependent status for period on orders. Soldiers will not perform or attend Title 32 training or perform non-federal missions (such prohibited training and missions include IDT, AT, State Active Duty, Readiness Management Periods, IADT, ADT, and 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 limitation when assigning duties, in accordance with Army Regulation 40-501, chapter 7. Duty Site Supervisors must agree to supervise the Soldier for the duration of RCMC order set (see Annex C enclosure 9, page 10).

g. The Soldier's duty location is the nearest ARNG State Armory or unit when the Soldier is not attending appointments. The Soldier's duty location for a RCMC order set is established in the Memorandum of Understanding (See Annex C enclosure 9, page 10) and should not exceed 50 miles from the Soldier's Home of Record. Soldier's duty location will not change for the duration of the RCMC order set. Soldiers assigned to units in a State different from Home of Record must coordinate duty location with State assessment team and Duty Site Supervisor to be within 50 mile radius.

h. Medical appointments in which Defense Travel System (DTS) is required, State must receive TDY authorization from ARNG-HRP prior to the Soldier's appointment date. The RCMC program is intended for Army National Guard Soldiers to be placed on active duty medical care orders for treatment and recovery while at home station. The Army National Guard 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.

i. 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

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be provided in eCase.

j. While participating in the RCMC-M/T program, Soldiers are not authorized to perform their civilian employment, civilian education, or civilian training classes.

k. All leave requests will be approved by Soldier's Duty Site Supervisor. Soldiers are expected to use accrued leave within the dates of RCMC order set. RCMC order set will not be extended for Soldier to execute unused leave.

l. Sanctuary will not be used as a reason for denial of RCMC-M/T orders. Under the provision of 10 USC, section 12686, sanctuary provides that reserve component service members who are on active duty may not be involuntarily released from active duty 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 active duty (except for training), and members of the Retired Reserve recalled to active duty. If the Soldier would become eligible for sanctuary within 179 days of starting an RCMC-M/T order set, the Soldier must apply for sanctuary before receiving orders.

m. The Personnel Policy Guidance (PPG) paragraph 1-3e states the procedures for submitting the sanctuary request to the Commander, US 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 C enclosure 8, page 5).

4. Diagnostic and Care Options:

a. International Classification of Diseases, Version 10 (ICD 10) codes must be used to diagnose Soldiers' injuries or illnesses.

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

(1) For outside Continental United States (OCONUS) mobilization-related injuries, illness, or disease, the State may use PDHRA referrals. Referrals are scheduled through Defense Health Agency (DHA) or through a Medical Treatment Facility (MTF) for diagnostic testing.

(2) For continental United States (CONUS) training-related injuries, illness, or diseases, the State may utilize DHA/MTF for initial diagnostic testing. Following LOD adjudication, Soldier may apply for RCMC-T orders, or Incapacitation Pay (INCAP) if criterion is met.

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c. Incapacitation pay (INCAP) may be authorized when the Soldier is 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 Section 12301(h) orders. INCAP may be utilized during period between active duty orders, but must be terminated prior to report date into the RCMC-M/T program on Section 12301(h) orders.

5. Treatment and care:

a. The RCMC-M orders and INCAP are used to fund mobilization-related active care for medical conditions (Mobilization is funded under Title 10 USC 12301d and 12302).

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

c. To complete the RCMC-M/T Application Checklist (Annex C enclosure 9, page 1.1 and 1.2), follow the guidance below:

(1) The State G-1 or designated representative must ensure the Unit Commander completes the Unit Cover Memo (see Annex C enclosure 9, page 2) and approves the completed DA Form 4187, Request for Personnel Action (Annex C enclosure 9, page 3), ensuring the Soldier has signed the form. Delegation of Authority memorandum must be provided if 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 C enclosure 9, page 6) and obtains a signed copy of the Soldier's DA Form 5960, Authorization to Start, Stop, or Change Basic Allowance for Quarters and/or Variable Housing Allowance (see Annex C enclosure 9, page 11).

(3) If a Soldier requests an exception to policy, or if he or she requests to appeal or submit a one-time resubmission of an RCMC-M/RCMC-T packet, a member of the State's assessment team must ensure that Annex C enclosure 9, page 8 has been completed. All requests require a typed summary by the Soldier with signature. The same procedure must be followed for a request to decline or withdraw from the program (see Annex C enclosure 9, page 9). Soldiers can no longer apply for RCMC-M/T order set once resubmission request is denied by the ARNG-CSG for same LOD condition.

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The Soldier may submit a medical appeal, in writing, within 30 days after receipt of the notice of ARNG-CSG determination. All medical appeals are sent thru ARNG-HRP to Army G1 HQDA-OTSG for final review and determination.

6. Compliance:

a. The unit commander is responsible for making sure the Soldier understands his or her responsibilities while in the RCMC-M/T program. The unit commander also must ensure the Soldier understands the criteria for eligibility to be placed on orders. Counseling is done on a DA Form 4856 (Developmental Counseling Form) in accordance with Annex C enclosure 9, pages 4.1 and 4.2. 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.

b. Soldier currently on RCMC order set should be considered for REFRAD when any one of the following situations exists:

(1) Soldier's written voluntary election to REFRAD (withdraw) from the RCMC program (see Annex C, enclosure 9, page 9).

(2) Soldier's profile is upgraded from temporary to permanent, with a designator of 1, 2, or 3 in all categories.

(3) Incarceration is expected to exceed 7 days in duration, which prevents Soldier from participating in medical treatment plan.

(4) Soldier pending UCMJ action.

(5) Soldier pending application into IDES process.

(6) Soldier misses three or more medical appointments.

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

(8) Soldier is able to return to duty.

c. All RC Soldiers placed on active duty orders are subject to the Uniform Code of Military Justice (UCMJ). RC Soldiers pending UCMJ actions may be retained involuntarily on active duty until proceedings are completed. The UCMJ authority is exercised by appropriate Title 10 commanders in accordance with Annex B, enclosure 8, page 4.1 to 4.2 (UCMJ Jurisdictions). State G-1

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must contact ARNG-HRP-P for additional instruction for TDY authorization to Parent Unit WTU location to administer UCMJ actions. For cases requiring more time to process than remains on an RCMC order set, see PPG paragraph 11-13h regarding extension for UCMJ purposes. Soldiers pending UCMJ action while participating on 12301(h) orders are also subject to early termination/REFRAD.

7. Packet Submission Procedures.

Soldier must receive a finding of In Line of Duty (ILD) for low risk, low acuity LOD condition to volunteer to return to active duty for medical care:

a. Unit Commander (or State personnel) 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.

b. Soldier volunteers to return to active duty for RCMC-M or RCMC-T 12301(h). If the Soldier does not wish to volunteer to be recalled to active duty, he/she must sign a Declination of RC Managed Care Form (see Annex C enclosure 9, page 9). Soldier is still eligible to receive access to care through Military Medical Treatment Facility (within established attachment area), Veteran's Administration (VA), or Defense Health Agency (DHA) Civilian Doctor.

c. Battalion Medical Readiness NCO and Care Coordinator will assist the Soldier in collecting the appropriate medical/administrative documentation required for RCMC-M/T application. 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 C enclosure 9, page 9).

d. State Surgeon will review packet and ensure Treatment Plan (Physician's Statement) is completed.

e. Unit or State Health Services Specialist (HSS) will load the Annex C administrative documents, along with medical documents and Annex D items (DA Form 3349, Medical Treatment Plan, LOD, and all supporting medical documentation) into Soldier's RCMC-M/T packet via eMMPS with corresponding LOD. Packet will be forwarded through appropriate chain of command via eMMPS.

f. The State HSS will initiate 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

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orders request packet to ARNG-HRP-P. (Do not submit any documentation via DAMPS-OCO/IND module)

g. ARNG-HRP-P reviews RCMC-M/T packet in eMMPS and DAMPS-OCO/IND module for correctness, and forwards orders request packet to ARNG-CSG for medical review.

h. 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.

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

j. RCMC-M/T 12301(h) orders extension requests, must be received by ARNG-HRP no later than 5 calendar days prior to order set end date. Extension requests must be submitted via eMMPS and DAMPS-OCO/IND module. Documentation required for extension requests are the following:

(1) RCMC-M/T Medical Provider's Statement Form (Annex D enclosure 10, page 3)

(2) RCMC-M/T Treatment Plan (Annex D enclosure 10, page 2.1)

(3) Current supporting medical documentation

8. State Administrative Processing.

After Soldier's 12301(h) medical order has been published for the RCMC program, the Soldier's respective State/Territory will be responsible for updating Soldier's records for transition to active duty medical care:

a. SIDPERS Transactions: Submit an Enter Active Duty ('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 12301(h) active duty order for medical care). Also submit Assignment Consideration ('ASCO') transaction code 'C3', 'F8' or 'K2' as applicable.

b. Soldier/State must ensure Defense Enrollment Eligibility Reporting System (DEERS) is updated to establish ongoing medical care through TRICARE. All medical appointments must be coordinated through TRICARE before the Soldier

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attends scheduled appointments. Soldier's benefits end upon expiration of RCMC order set.

c. State must ensure Soldier's incapacitation pay is terminated prior to report date of Soldier's RCMC 12301(h) order set, if applicable. All VA disability compensation will stop while Soldier is on active duty medical orders.

9. Separation Documents:

a. Active Army funds support RCMC-M/T 12301 (h) medical orders. All transactions that obligate Active Army funds must be visible. Orders are published in the Department of the Army Mobilization Processing System/Overseas Contingency Operations-Individual (DAMPS/OCO-IND) electronic system. Separation documents are published in the Military Personnel Transition Processing (TRANSPROC) system to ensure the Army National Guard's use of Army funding is visible.

b. Department of Defense (DD) Form 220, Active Duty Report, will be generated in TRANSPROC by the State G-1 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 220: Ordered to active duty under Title 10 USC 12301 (h) to participate in Reserve Component Managed Care - XX.XX for managed medical care.

c. Department of Defense (DD) Form 214, Certificate of Release or Discharge from Active Duty, will be generated in TRANSPROC by the State G-1 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 USC 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) in TRANSPROC within 14 calendar days of a Soldier's release from active duty (REFRAD). A copy of the Soldier's separation document will be placed into the Soldier's interactive Personnel Electronic Records Management System (iPERMS) account. States that are delinquent in publishing the appropriate forms will have their RCMC-MT access privileges suspended until their outstanding records are resolved.

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10. The point of contact is COL Theresa Vancort, G-1, ARNG, at DSN 327-9181, 703-607-9181, theresa.l.vancort.mil@mail.mil, or ng.ncr.arng.mbx.ngrcmc-mob-tng@mail.mil.

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5. Memo SAMR, 30 Sep 15


6. Memo DARNG, 6 Nov 15

7. Memo CNGB, 30 Nov 15

8. Memo ARNG-HRH, 31 Aug 15

9. Memo ARNG-HRZ, 21 Nov 14

10. Memo ARNG-HRP 13 Feb 13


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