



RESERVE COMPONENTS TEACHING TOOL FOR:

**25 Day Policy
Transitional Medical Benefits
Incapacitation (INCAP) Pay Program
Active Duty Medical Extension (ADME) Program
Medical Retention Processing (MRP) Program
Community Based Health Care Initiative (CBHCI)
Medical Retention Processing 2 (MRP2) Program
Information Websites**

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1. PURPOSE This information is designed to assist educating Reserve Component (RC) Soldiers and their Command and Control (C2) elements on the programs available to RC Soldiers who incur or aggravate a preexisting injury, disease, or illness in the line of duty, while performing military duty. Additional information about the Army 25 Day Policy and transitional medical benefits is briefly outlined. This document is not designed to be all inclusive on each topic presented, nor does it address all benefit and entitlement programs the Army offers and that a Soldier may be entitled. There are three goals this site will accomplish:

- Awareness for Soldiers and the C2 elements of the programs discussed.
- Assist the C2 element in their responsibility to counsel their Soldiers about the programs available.
- Allow Soldiers to make an informed decision after their counseling.

2. OVERVIEW RC Soldiers serve the Army in many capacities and each of these categories of service will determine what program, if any, the Soldier is eligible to voluntarily apply. Programs and policies discussed in this paper are:

- 25 Day Policy
- Transitional Medical Benefits
- Incapacitation (INCAP) Pay Program
- Active Duty Medical Extension (ADME) Program
- Medical Retention Processing (MRP) Program
- Community Based Health Care Initiative (CBHCI)
- Medical Retention Processing 2 (MRP2) Program

3. POLICY

25-DAY REFRAD POLICY

Soldiers mobilized for Global War On Terror (GWOT) connected contingency operations who fail to meet medical or/and dental deployment standards (because of a temporary or permanent pre-existing medical or/and dental condition) will be identified within the first 25 days of mobilization, released from active duty (REFRAD), returned to their prior reserve status, and returned to their home address. Administrative processing of REFRAD orders, Soldier out-processing and return to home of record must be completed no later than (NLT) 30 days from Soldier's mobilization-date (M-date). They are subject to a subsequent order to active duty as a replacement upon resolution of the medical condition. It is the responsibility of the returned Soldier's Reserve Component to address the medical condition that prevents deployment.

4. TRANSITIONAL MEDICAL BENEFITS

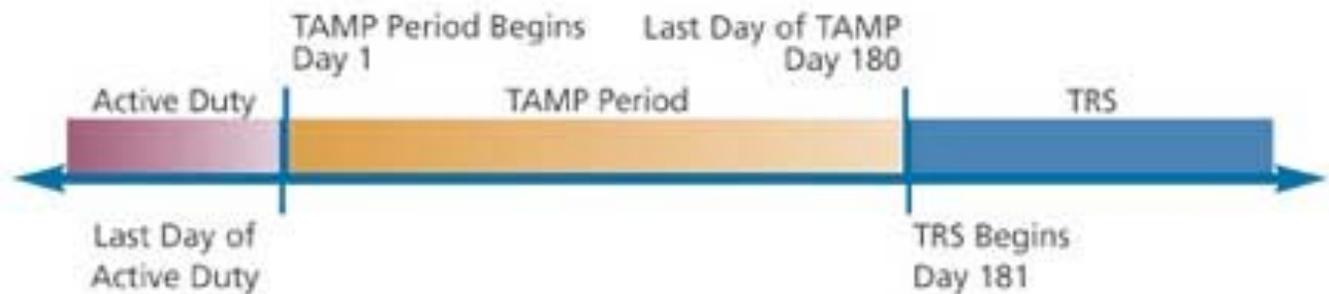
Transitional Assistance Management Program (TAMP):

All Reserve Component (RC) Soldiers who have served on Active Duty for more than 30-days in support of a contingency operations are authorized Transitional Assistance Management Program (TAMP) benefits for 180-days after the separation date from Active Duty. The 180-day period of TAMP eligibility applies to all RC Soldiers who separated from Active Duty on or after 6 November 2003. Information about this program is available at the following website: <http://www.tricare.osd.mil/reserve/>

TRICARE Reserve Select (TRS) Program:

TRS is premium-based medical coverage for certain members of the Selected Reserve and their eligible family members. The program targets RC Soldiers activated in support of a contingency operation after September 11, 2001 who served continuously on active duty for at least 90-days and commit to continued service in the Selected Reserve. This health benefits program will allow RC Soldiers who meet the eligibility requirements to obtain TRICARE health coverage at premiums comparable to that available to full-time civilian employees of the Department of Defense (DoD). Information about this program is available at the following website:

<http://www.tricare.osd.mil/reserve/reserveselect/TRS-Eligibility.cfm> or
<http://www.tricare.osd.mil/reserve/>



5. RESERVE COMPONENTS (RC) MEDICAL EVALUATION / TREATMENT PROGRAMS

INCAPACIATION (INCAP) PAY PROGRAM

INFORMATION PAPER

DAPE-MPE-DR
30 December 2005

SUBJECT: Reserve Component Incapacitation (INCAP) Pay Program

1. PURPOSE: To provide information on the INCAP Pay Program

2. REFERENCES: Army Regulation 135-381 (29 AUG 05), Incapacitation of Reserve Component Soldiers, available at the United States Army Publishing Agency (USAPA) website: <http://www.usapa.army.mil>

3. FACTS:

a. The Reserve Component (RC) Incapacitation (INCAP) pay program is similar to workman's compensation. It is based on USC Title 37, Section 204 and 206. The amount of INCAP pay for the RC member will be determined in accordance with Department of Defense (DoD) publication 700.14-R.

b. The objective of the RC INCAP pay program is to compensate, to the extent permitted by law, members of the RC who are unable to perform military duties and/or who demonstrate a loss in civilian earned income as a result of an injury, illness, or disease incurred or aggravated in the line of duty and to provide the required medical and dental care associated with the incapacitation.

c. INCAP pay program has two purposes: It provides medical care and compensates RC Soldiers who lose military or non-military income as a result of the service connected injury or illness.

d. RC members incapacitated in the line of duty are entitled to medical and dental treatment in a Medical Treatment Facility (MTF) for the in the line of duty condition. If the incapacitation cannot be materially improved by hospitalization or treatment, the case will be processed and finalized through the Army Disability Evaluation System (DES).

e. Under the INCAP pay program the Soldier is entitled to base pay and allowances. Income benefits are limited to six months unless there are extenuating circumstances. To receive INCAP pay, the following must be initiated at the unit level and submitted to the supporting Defense Finance and Accounting Office (DFAS): an approved line of duty (LOD); physician's statement; if employed, an employer's statement if income earned or lost by the Soldier; and if self-employed, Schedule D of Internal Revenue Service Form 1040.

f. Types of Claims:

1) Member unable to perform military duties – A member who is unable to perform military duties is entitled to full pay and allowances, including all incentive pay, less any civilian earned income for the same period the member receives INCAP pay. See AR 135-381, paragraph 1-8 for detailed information. The Soldier **will not** receive military family benefits (i.e., active duty identification cards or medical care).

2) Members able to perform military duties – A member able to perform military duties, but demonstrates a loss of earned income as a result of an in the line of duty incapacitation, will be compensated for lost earned civilian income. The compensation under this provision will be the lesser of the amount of demonstrated lost civilian income in the amount not to exceed military pay and allowances for which the member is entitled if serving on active duty. See AR 135-381, paragraph 1-9 for detailed information. The Soldier **will not** receive family benefits (i.e., active duty identification cards or medical care).

g. Soldiers must be evaluated by an Army military physician every 90 days while participating in the INCAP pay program.

h. Up to the first 90 days the unit commander for the Army National Guard and the Army Reserve has INCAP approving authority.

i. For Army National Guard Soldiers the State Headquarters has the INCAP pay approving authority for the 91st to the 180th day. Approval must come from National Guard Bureau for an extension beyond 180 days.

j. For the Army Reserve the Regional Readiness Command has the INCAP pay approving authority for the 91st to the 180th day. Approval must come from the Human Resources Command – St. Louis, Surgeon Office.

k. The Soldier's command and control element will ensure the Soldier immediately enters the Disability Evaluation System (DES) and has a Medical Evaluation Board (MEB) initiated once an Army physician determines the Soldier has been identified with a medical condition listed in AR 40-501 Standards of Medical Fitness, Chapter 3.

ACTIVE DUTY MEDICAL EXTENSION (ADME) PROGRAM

INFORMATION PAPER

DAPE-MPE-DR

22 June 2006

SUBJECT: Active Duty Medical Extension (ADME) Program for Reserve Components (RC)

1. Purpose: To provide information on the ADME program.
2. Reference: HQDA, DCS, G-1, Procedural Guidance for Reserve Component (RC) Soldiers on Active Duty Medical Extension (ADME). A copy of the ADME program guidance and application requirements can be viewed and copied at the Army G-1 website at: <http://www.armyg1.army.mil/MilitaryPersonnel/policy.asp>
3. Facts:
 - a. The ADME program is a voluntary program. Soldiers must voluntarily consent to participate in the ADME program and apply through their unit for approval by the Human Resources Command – Alexandria (HRC-A).
 - b. Program intent: To evaluate and treat the RC Soldier with a documented in the line of duty incurred or aggravated injury, illness, or disease, and provide pay and allowances, to the extent permitted by law, to those Soldiers while being treated for or recovering from this Service-connected medical condition. To return Soldiers back to duty within his or her respective RC as soon as possible. If return to duty is not possible, process the Soldier through the Army PDES. The medical condition incurred or aggravated must have occurred while in an Individual Duty for Training (IDT) or non-mobilization active duty status and that medical care will extend beyond 30 days. The medical condition must prevent the Soldier from performing his or her Military Occupational Skill / Area of Concentration (MOS / AOC) within the confines of a Physical Profile (DA FORM 3349) issued by military medical authority.
 - c. RC Soldiers categories eligible for ADME application.
 - 1) Inactive Duty Training (IDT).
 - 2) Annual Training (AT).
 - 3) Active Duty Special Work (ADSW).
 - 4) Active Duty for Training (ADT).
 - 5) Active duty while on orders for other than 10 USC 12302 partial-mobilization orders in support of contingency operations.

6) RC Soldiers on active duty orders for Initial Active Duty for Training (IADT) may be eligible for ADME and will be handled on a case-by-case basis through HRC-A. For Soldiers on IADT, contact HRC-A, RC Medical Section at CM (703) 325-1730/3237 or DSN 221-1730/3237.

d. Soldiers not eligible for the ADME program:

- 1) Discharged or separated from the Army.
- 2) In the Active Guard and Reserve (AGR) program.
- 3) Pre-existing medical conditions not aggravated while on active duty or in IDT status.
- 4) Line of Duty Investigation (LDI) – No determinations.
- 5) Soldiers with a medical treatment plan that will not extend beyond 30 days.
- 6) Soldiers who have initiated, but not completed, elective medical courses of treatment. These individuals should be released from active duty or IDT status and instructed to see their civilian providers for further care.
- 7) Currently on active duty for, or already REFRAD from, contingency operations if this injury, illness, or disease is connected to the mobilization period.
- 8) Pre-existing medical conditions that a Soldier was REFRAD from a mobilization order within the first 30 days of mobilization under the Army 25 Day Policy.
- 9) Pregnancy may preclude admission into the program if it prevents medical evaluation and treatment for the injury, illness, or disease incurred or aggravated in the line of duty for which the Soldier is applying.

e. For additional information on the ADME program contact a HRC-A program representative at: CM (703) 325-1730/3746 or DSN 221-1730/3746.

MEDICAL RETENTION PROCESSING (MRP) PROGRAM

INFORMATION PAPER

DAPE-MPE-DR
22 June 2006

SUBJECT: Medical Retention Processing (MRP) Program

1. Purpose: To provide information on the MRP program.

2. Reference: HQDA, DCS, G-1 Implementation Instructions for Transition Of Reserve Component Soldiers From Partial Mobilization To Retention Processing (MRP). A copy of this guidance can be viewed and copied at:

http://www.armyg1.army.mil/MilitaryPersonnel/PPG/CBHCIwithComments_FINAL.pdf

3. Facts:

a. The MRP program came on line 6 March 2004. The program eliminated the pressure on the Active Duty Medical Extension (ADME) program and to better served the Reserve Component (RC) Soldier mobilized in support of the Global War On Terrorism (GWOT) contingency operations who are wounded, incur an injury, or aggravate a previous illness or disease in the line of duty.

b. Soldiers eligible for MRP:

1) This program applies only to RC Soldiers currently on active duty for contingency operations connected to the GWOT under partial mobilization 10 USC 12302 orders after 6 March 2004.

2) Soldier must have incurred an illness, injury, or disease, or aggravated a pre-existing medical condition in the line of duty.

3) Military medical authority must determine that the Soldier is not expected to return to duty (RTD) within 60-days of the time he or she is injured or becomes ill **and** will not have at least 120-days left on 10 USC 12302 partial mobilization orders beyond the expected RTD date, then the Soldier is eligible to voluntarily enter the MRP program.

c. Soldiers eligible for the MRP program fall into these categories:

PRE-DEPLOYMENT – Soldiers who incur an injury or aggravate a previous illness or disease in the line of duty between mobilization and deployment to the theater of operation.

DEPLOYMENT – Soldiers who are evacuated from the theater or Continental United States (CONUS) duty location and require medical assessment/treatment. Note evacuated Soldiers

hospitalized in a Medical Treatment Facility (MTF) are not eligible for the MRP program until they move to out-patient status.

POST DEPLOYMENT – Soldiers requiring medical assessment/ treatment discovered during the demobilization process.

c. Soldiers not eligible for MRP:

- 1) Soldiers in the Active Component (AC).
- 2) Soldiers in the Active Guard and Reserve (AGR) program.
- 3) Soldiers not mobilized under 10 USC 12302 partial mobilization orders for contingency operations connected to the GWOT and currently on active duty.
- 4) Soldiers mobilized under 10 USC 12302 partial mobilization orders who are REFRAD during the first 30 days of mobilization under the Army 25-Day Policy.
- 5) Soldiers with a pre-existing medical condition not aggravated while on current call to active duty.
- 6) Soldiers with in the Line of Duty Investigation (LDI) - No Determinations.
- 7) Soldiers with pending Uniformed Code of Military Justice (UCMJ) actions.
- 8) When military medical authority determines the Soldier is expected to RTD within 60-days of the time he or she is injured or becomes ill and will have at least 120-days left on USC 12302 partial mobilization orders beyond the expected RTD date, then the Soldier will be kept on partial mobilization orders and managed by the installation/unit to which he or she is assigned/attached.
- 9) Pregnancy.

d. While participating in the MRP program the Soldier is assigned to an Army garrison Medical Retention Processing Unit (MRPU).

e. Soldiers participating in the MRP program are eligible for consideration in the Community Based Health Care Organization (CBHCO).

f. Soldiers must volunteer for the MRP program by submitting a MRP packet to Human Resources Command – Alexandria (HRC-A). Contact HRC-A for additional program information and how to submit an MRP packet by calling (703) 325-4575/9899/9902/6237/9903.

g. Soldiers may decline moving from a partial mobilization order into the MRP program. A Soldier must sign a declination of MRP statement and counseled by an individual knowledgeable in the MRP program, Incapacitation (INCAP) pay, and the Transitional Assistance Management

Program (TAMP) if military medical authority advises the Soldier should be retained on active duty for further evaluation and treatment of an in the LOD incurred illness, injury, or disease or aggravated preexisting conditions. Soldiers that have submitted an MRP program request packet may decline entering the program up to the time that MRP orders are published. While on a 179-day MRP order, Soldiers may request to withdraw from the MRP Program by submitting a DD Form 4187 and declination of MRP statement through their chain of command to the HRC-A Medical Support Services Section. If it is in the best interest of the Army, the Soldier can be retained on active duty until medically qualified to return to full military duty, or processed through the Army Disability Evaluation System, or until the end of the current 179-day MRP order. HRC-A is the final authority for approval or disapproval of the Soldier's request.

COMMUNITY BASED HEALTH CARE INITIATIVE (CBHCI)

1. The Community Based Health Care Initiative (CBHCI) allows recuperating Soldiers to live at home and to tap into medical assets where they live while the Soldier remains on active duty. While the CBHCI was originally established to relieve pressure on Medical Treatment Facilities (MTFs) and Installations, its primary mission now is to provide high quality health care and administrative processing for Reserve Component (RC) Soldiers while allowing them to live and perform duties close to their homes and families. The CBHCI program, through the use of Community Based Health Care Organizations (CBHCOs) is managing Medical Holdover (MHO) Soldiers throughout the United States. CBHCOs are manned by mobilized RC Soldiers and provide command and control (C2) for the Army National Guard and Army Reserve Soldiers undergoing medical treatment in healthcare facilities within their region. At the CBHCO, a registered nurse manages the Soldier's care. The case manager coordinates healthcare appointments, tracks the Soldier's progress, and ensures that his/her care meets Army and TRICARE standards. Medical care is focused on returning Soldiers to their pre-mobilization health status. If after medical treatment, a Soldier does not meet retention standards, they are referred to a series of boards under the Army Disability Evaluation System (DES). The Army DES has responsibility for determining any service-connected disability.
2. This program is available to Soldiers enrolled in the Medical Retention Processing (MRP) program and the Medical Retention Processing 2 (MRP2) program. Soldiers should see their garrison Medical Retention Processing Unit (MRPU) command and control (C2) element for additional information whether they meet eligibility criteria and if there is space available for them to participate in the CBHCO program.

MEDICAL RETENTION PROCESSING 2 (MRP2) PROGRAM

INFORMATION PAPER

DAPE-MPE-DR
22 June 2006

SUBJECT: Medical Retention Processing (MRP2) Program for Reserve Components (RC)

1. Purpose: To provide information on the MRP2 program.

2. Reference:

a. Memorandum from ASA (M&RA), subject Transition of Previously Mobilized Reserve Component Soldiers from Reserve Status to Active Duty for Medical Retention Processing 2 (MRP2) Status, 17 April 2006.

b. All Army Activities (ALARACT) Message 104-2006, Implementation of the MRP2 Program, dated 1 JUN 06.

c. HQDA, DCS, G-1 MRP2 Program Implementation Instructions. A copy of the MRP2 program guidance and application requirements can be viewed and copied at the Army G-1 website at:
<http://www.armyg1.army.mil/MilitaryPersonnel/policy.asp>

3. Facts:

a. The intent of the MRP2 Program is to return voluntarily to active duty for specific medical purpose, Soldiers with unresolved mobilized-connected medical conditions that were either not identified or did not reach optimal medical benefit prior to their release from active duty (REFRAD).

b. The MRP2 program authorizes the temporary return to active duty status for medical retention processing (MRP) of RC Soldiers previously mobilized in support of the Global War on Terrorism (GWOT). Under MRP2, Soldiers may voluntarily return to active duty specifically for medical evaluation/treatment and, if necessary, processing through the Physical Disability Evaluation System (PDES) for injury, or disease incurred in, or for pre-existing medical conditions aggravated in, the line of duty during their previous period of mobilization in support of GWOT.

c. This program applies only to Soldiers with documented unresolved mobilization-connected medical conditions who were previously mobilized in support of GWOT, who have already been REFRAD, and who are still members of the Army Selected Reserve (SELRES) or the Individual ready Reserve (IRR).

d. RC Soldiers mobilized in support of GWOT may apply for MRP2 if they fall into one of the following periods of eligibility.

e. REFRAD on or between 1 January 2003 and 28 April 2006. Soldiers in this category have six months from 28 April 2006 to make application to the MRP2 program. Application packets must be postmarked no later than 28 October 2006.

f. Soldiers that REFRAD after 28 April 2006 have six months from their date of REFRAD to make application to the MRP2 program. Application packets must be postmarked no later than six months from the date of REFRAD.

g. Soldiers will make application through their current unit of assignment to Human Resources Command-Alexandria (HRC-A) for consideration. See the MRP2 Implementation Instructions for the application process. Application packets will be forwarded to:

Human Resources Command-Alexandria
200 Stovall Street
ATTN: AHRC-PL-M-MS (MRP2 Program)
Alexandria, VA 22332

h. HRC-A determines whether Soldiers meet administrative criteria to enter the MRP2 program. The Office of the Surgeon General/Medical Command (OTSG/MEDCOM) MRP2 Medical Review Board shall consider each application forwarded from HRC-A on its own merit and provide a written medical recommendation based on its findings. When the OTSG/MEDCOM MRP2 Medical Review Board determines that it is medically appropriate to return a Soldier for MRP2 purposes, HRC-A will publish orders placing the Soldier on active duty orders under the provisions of 10 USC 12301(d).

i. A copy of the MRP2 Implementation Instructions can be found at:
<http://www.armyg1.army.mil/MilitaryPersonnel/policy.asp>

6. INFORMATION WEBSITES

ARMY FAMILIES ONLINE AND ARMY WELL-BEING WEBSITES

Both of these sites have a wealth of information for the Soldier and his or her family before, during and after deployments. To get to the Army Families Online website: Go to www.armyfamiliesonline.org. To get to the Army Well-Being website: Click on the Army-Well-Being link found on the Army Families Online homepage.

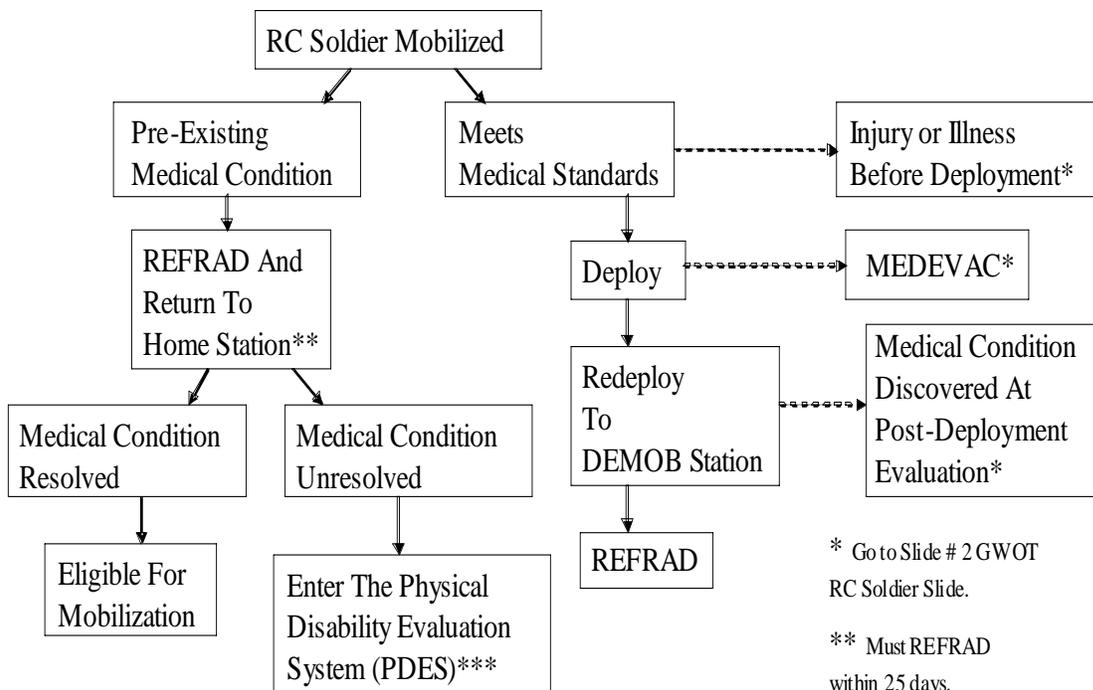
U.S. ARMY WOUNDED WARRIOR (AW2) PROGRAM

On April 30, 2004, the Department of the Army introduced a Disabled Soldier Support System (DS3). On November 10, 2005 the name of the program was officially changed

to the U.S. Army Wounded Warrior Program (AW2). This program provides its severely disabled Soldiers and their families with a system of advocacy and follow support to assist them as they transition back to military service or into the civilian community. For information on this program call 1-800-237-1336 or follow these directions to get to the AW2 website: Go to www.army.mil, click on U.S Army Wounded Warrior Program (found on the left side of the page).

SLIDE PRESENTATION

**GWOT
MEDICAL HOLDOVER (MHO) PROCESS
Slide 1**

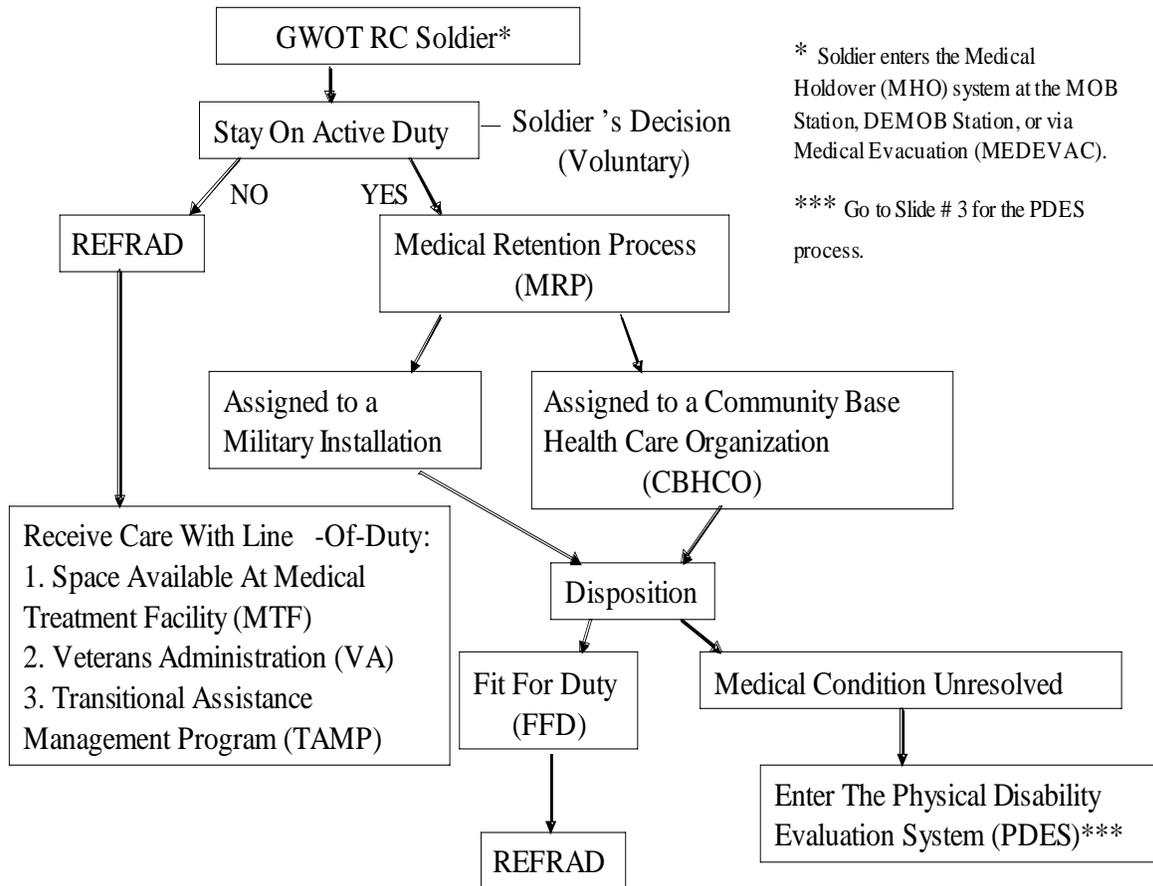


* Go to Slide # 2 GWOT RC Soldier Slide.

** Must REFRAD within 25 days.

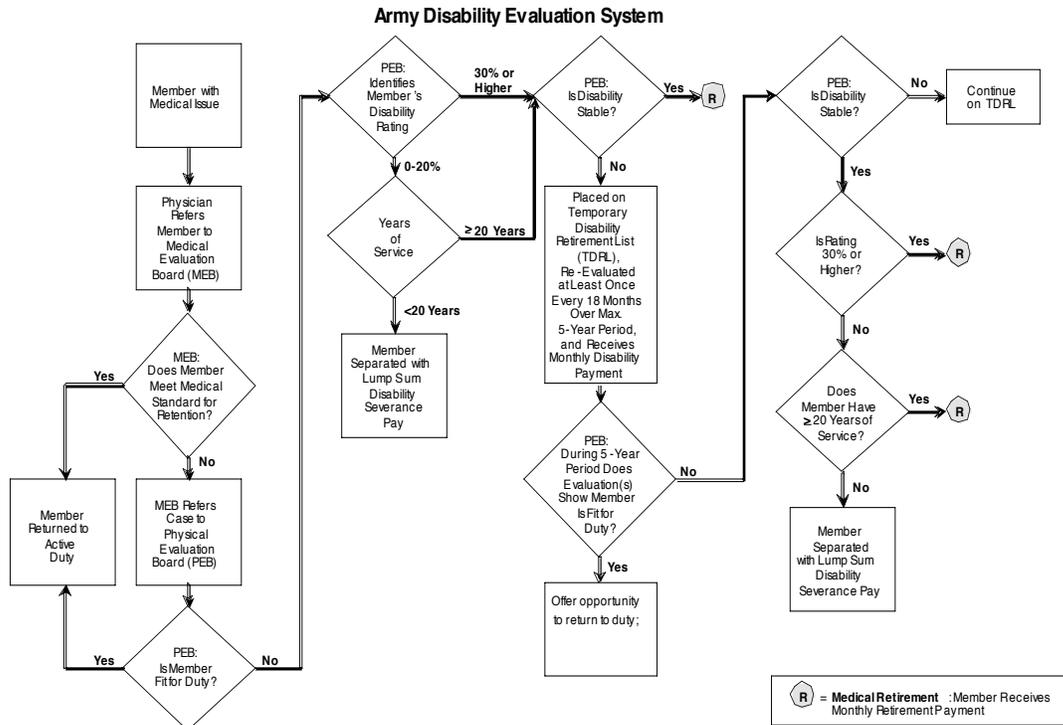
*** Go to Slide # 3 for the PDES process.

GWOT MEDICAL HOLDOVER (MHO) PROCESS Slide 2



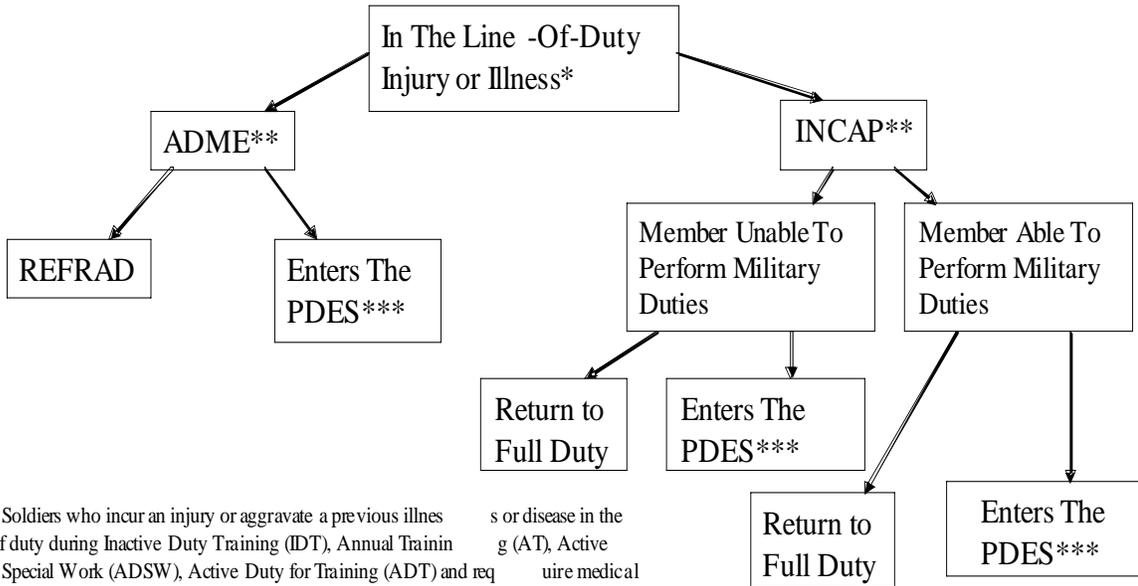
PHYSICAL DISABILITY EVALUATION (PDES) PROCESS

Slide 3



NON-GWOT MEDICAL HOLDOVER (MHO) PROCESS

Slide 4



* RC Soldiers who incur an injury or aggravate a previous illness or disease in the line of duty during Inactive Duty Training (IDT), Annual Training (AT), Active Duty Special Work (ADSW), Active Duty for Training (ADT) and require medical treatment/evaluation for greater than 30 days (inpatient or outpatient). RC Soldiers on Initial Active Duty for Training (IADT) may be eligible for the ADME program or the INCAP pay program. RC Soldiers in the Active Guard and Reserve (AGR) program are not eligible for the ADME program or INCAP pay program.

** See ADME & INCAP information for program details.

*** Go to Slide # 3 for the Physical Disability Evaluation System (PDES) Process.

MEDICAL RETENTION PROCESSING 2 (MRP2) PROGRAM Slide 5

