

**IMPLEMENTING INSTRUCTIONS
TRANSITION OF RESERVE COMPONENT SOLDIERS FROM PARTIAL
MOBILIZATION TO MEDICAL RETENTION PROCESSING**

1. Purpose: Provide implementing instructions for personnel management of mobilized Reserve Component (RC) Soldiers transitioning from 10 USC 12302 partial mobilization orders to 10 USC 12301(d) voluntary retention on active duty orders for medical retention processing, to include participating in the Civilian Based Health Care Initiative (CBHCI) Program.

2. References:

a. Assistant Secretary of the Army (Manpower and Reserve Affairs) (ASA (M&RA)), Subj: Transition of Reserve Component Soldiers from Partial Mobilization Orders to Medical Retention Processing memorandum, dated 6 March 2004.

b. FORSCOM Implementation Plan for Community Based Health Care Initiative (CBHCI).

c. HQDA OPORD 04-01, Annex Q (Medical Holdover Operations).

d. FORSCOM implementation plan for CBHCI, Annex H (CBHCI Medical Holdover (MHO) selection criteria).

e. HQDA Personnel Policy Guidance, Implementing Instructions, 25-day REFRAD Rule (<http://www.armyg1.army.mil/militarypersonnel/policy.asp>).

f. Assistant Secretary of the Army, Manpower and Reserve Affairs memorandum, Subject: Release from Active Duty of Mobilized Personnel Not Qualified for Deployment, dated 24 October 2003.

g. AR 635-40, Physical Evaluation for Retention, Retirement, or Separation, Annex E (Personnel Processing Actions).

h. AR 600-8-101, Personnel Processing (In, Out, Soldier Readiness Mobilization, and Deployment Processing).

3. Applicability: These instructions only apply to RC Soldiers mobilized under 10 USC 12302 who require health care based on medical conditions identified while in an active duty (AD) status in support of the Global War on Terrorism (GWOT) contingency operations. Soldiers mobilized under another authority will be handled under a case-by-case basis. Contact Human Resource Command – Alexandria (HRC-A) medical cell at 703-325-1763/9095, or DSN 221-1763/9095, for assistance and instruction.

4. Intent: These instructions address duty status, reassignment actions, personnel accountability, evaluation reports, promotion, pay, release from active duty (REFRAD) procedures, retirement, and discharge for Soldiers who fall into the following four categories:

a. WITHIN THE FIRST 25-DAYS OF MOBILIZATION - Soldiers who are REFRAD with pre-existing medical conditions within the first 25 days of mobilization.

b. PRE-DEPLOYMENT - Soldiers requiring medical assessment/treatment prior to deployment.

c. DEPLOYMENT - Soldiers who are evacuated from theater or CONUS duty location and require medical assessment/treatment.

d. POST DEPLOYMENT - Soldiers requiring further medical assessment/treatment prior to demobilization.

5. Soldiers may be voluntarily retained on AD UP 10 USC 12301(d) for medical assessment/treatment only with their consent (Army National Guard also require consent from their governor or appropriate State official). Soldiers who do not voluntarily consent to be retained on AD UP 10 USC 12301(d) at anytime during the medical retention process will be considered no longer operationally required and will be REFRAD. These Soldiers will be required to sign an active duty declination statement and be provided face-to-face counseling and referral for their continued medical care while not on AD.

6. The duty status of mobilized RC Soldiers requiring medical retention processing will change as outlined below:

a. **Within first 25-days of mobilization:** The Army will REFRAD Soldiers within the first 25-days of mobilization in accordance with Reference e when found medically non-deployable based on a non-duty related pre-existing condition.

b. **Pre-Deployment:** For Soldiers who are injured in the line of duty or become ill during pre-deployment processing.

(1) When a medical assessment determines that Soldier will not return to duty (RTD) within 60-days, the Soldier will be reassigned to the installation medical retention processing unit (MRPU) UP 10 USC 12301(d). Soldiers who do not consent to be retained on AD will REFRAD IAW paragraph 5, above.

(2) Soldiers expected to RTD within 60-days will be reassigned, to the MRPU in a temporary change of station (TCS) status and remain on AD UP 10 USC 12302. Soldiers will remain assigned to the MRPU until a medical determination is made concerning RTD, entry into the CBCHI program, REFRAD, retirement or discharge.

c. **Deployment:**

(1) When medical evaluations determine that a Soldier evacuated from theater or CONUS assignment, will RTD within 60-days, and the Soldier will have at least 120-days left on his/her mobilization orders beyond the expected RTD date, then the Soldier will remain on AD under their partial mobilization orders.

(2) When medical evaluations determine that a Soldier evacuated from theater or CONUS assignment, and will **not** RTD within 60-days, **or** that a Soldier could RTD within 60-days but the Soldier will not have at least 120-days left on his/her mobilization orders beyond the expected RTD date, then the Soldier will be reassigned to the installation MRPU UP 10 USC 12301(d). Soldiers who do not consent to be retained on AD will be REFRAD IAW paragraph 5, above.

d. **Post deployment:** Soldiers arriving at the demobilization station who must remain on AD beyond the period of their mobilization order to determine if further medical evaluation is warranted or who are determined by medical authorities to require further medical care, may be retained on AD UP 10 USC 12301(d), with their consent and with the approval of the CDR, HRC-A. Soldiers who do not consent to be retained on AD will REFRAD IAW paragraph 5, above.

7. Reassignment Guidance:

a. **RTD prior to CBHCI.** When a medical determination is made to RTD a soldier, the garrison commander will notify HRC-A medical cell at 703-325-0083 or DSN 221-0083 that the soldier is medically fit.

(1) HRC-A will direct the installation to REFRAD the soldier who is retained on AD UP 10 USC 12301(d) and return him/her to their prior reserve status.

(2) Soldiers assigned to the MRPU UP 10 USC 12302 will be available as replacements and will process for deployment.

b. **REFRAD prior to CBHCI and not RTD.** Once all medical board processing is completed and a medical determination is made that a soldier **will not** RTD, HRC-A will notify the garrison commander to ensure the soldier is REFRAD, discharged, or retired within 30-days of notification.

c. **RTD after entry into CBHCI.** The Community Based Healthcare Organization (CBHCO) commander will report through the chain of command to the CONUSA that a soldier is medically fit to RTD. The CONUSA commander will notify HRC-A medical cell at 703-325-1763/9095 or DSN 221-1763/9095 that the soldier is medically fit to RTD. HRC-A will direct REFRAD of the soldier as outlined in paragraph 7a above.

d. **REFRAD or separation after entry into CBHCI and not RTD.** The CBHCO commander will report through the chain of command to the CONUSA when a soldier has completed all medical processing and will not RTD. The CONUSA will notify the HRC-A medical cell as noted above. HRC-A will direct the CONUSA to either:

(1) Retain in the RC. The CONUSA coordinates with the RC chain of command to identify the unit of assignment and directs the demobilization station to REFRAD the soldier back to his/her prior reserve status.

(2) Separate by reason of physical disability or disability retirement. Soldiers may be out-processed by the nearest transition center to where they are located. HRC-A medical cell will coordinate with the soldier's original mobilization station of the action.

8. Reassignment Process:

a. TCS orders will only be used to move Soldiers from their assigned units to a military treatment facility, mobilization station, or CBHCO duty location, as well as 10 USC 12302 soldiers going to and from the MRPU.

b. Assignment of Soldiers into the MRPU.

(1) Soldiers assigned to the MRPU, but remaining UP 10 USC 12302 will be reassigned using TCS Format 401.

(2) Soldiers assigned to the MRPU UP 10 USC 12301(d):

(a) The mobilization station will request orders from HRC-A medical cell at 703-325-1763 or 703-325-9095 or DSN 221-1763/9095. Requests may be submitted via email rcmedicalretention@hoffman.army.mil or fax to 703-325-4838 or DSN 221-4838.

(b) The orders request packet will include DA Form 4187, DA Form 3349, and a copy of the Soldier's individual mobilization orders with all amendments.

(c) HRC-A will publish 179-day orders (Format 162) UP 10 USC 12301(d) retaining the Soldier on AD. Requests for extensions will be submitted to HRC-A, NLT 45-days prior to the end date of orders. In accordance with DODI 1332.38, Enclosure 3, Part 1, Soldiers will not be extended under this program past 365- days without being entered into the Physical Disability Evaluation System.

(d) HRC-A will provide copies of the orders to the Soldier; the Joint Force Headquarters State (JFHQ-ST), Regional Readiness Command (RRC), or

United States Army Special Operations Command (USASOC); the losing RC unit; the Army Reserve Finance Center at Fort McCoy, WI; DFAS-IN; and the Soldier's mobilization station responsible for the separation order and DD Form 214.

c. Attachment of Soldiers selected for CBHCI.

(1) The mobilization station will publish TCS orders (Format 401) to reassign the Soldier from the mobilization station to the CBHCO with duty near the Soldiers' home. Assignment order will specify: command & control, UCMJ, pay, and medical processing authority.

(2) The mobilization station will provide HRC-A, RC PSSD copies of Soldier's TCS orders.

9. Personnel Accountability.

a. FORSCOM and the Installation Management Agency (IMA) will provide a weekly report, NLT 1200hrs each Friday, to HRC-A medical cell for each MRPU and CBHCO site. The report will include the name, rank, and component of all Soldiers assigned or attached to a MRPU or CBHCO. This report will also reflect the Soldier's status on site at the CBHCO and further assigned duty location.

b. HRC-A will provide DCS, G-1, Personnel Contingency Cell (PCC) a weekly report showing the total number of Soldiers assigned to the MRPU or attached to the CBHCO. DCS, G1, will provide the report to DCS, G-3.

10. Evaluation reports.

a. When Soldiers are reassigned to the MRPU, a change of duty evaluation report (both Officer and NCO) is required, provided the requirements of AR 623-105 or AR 623-205 are met. Once assigned to the MRPU no evaluation is required. Time spent in the MRPU will be non-rated. NCOER's will reflect non-rated time; code P, UP AR 623-205. Officers will be issued a non-rated period statement UP AR 623-105.

11. Promotions.

a. Soldiers compete for promotion unless they are determined not physically qualified UP AR 600-8-19, table 3-3 (enlisted); AR 135-155, paragraph 4-11(3) (officers) and NGR 600-200, paragraph 11-3h. CBHCO commanders wishing to promote a Soldier assigned to the MRPU will forward the recommendation for promotion using DA Form 4187 to HRC-A Mob Cell. HRC-A Mob Cell will validate that a position does exist for the Soldier to be promoted against and coordinate the promotion request with the Soldiers RC Command.

12. Pay. Soldiers will remain under the Reserve Component Pay System.

13. Separation Processing.

a. Soldiers who are assigned to an MRPU and remain on the installation will out-process through the installation transition center.

b. Soldiers attached to the CBHCO unit.

(1) Soldiers retained in the RC. The CBHCO unit will notify the mobilization station and coordinate with the RC command to identify a Soldier's unit/ UIC for assignment upon separation. Soldiers will not return to the mobilization station. Mobilization stations will process separation orders and DD Form 214s.

(2) Soldiers not retained in the RC. The CBHCO will notify the mobilization station. Soldiers will report to the nearest transition center for out-processing. The mobilization station will process separation orders and DD Form 214s.

c. DD Form 214. Before attaching Soldiers to a CBHCO, garrison commanders will ensure the Soldier's completed DD Form 214 Worksheet, Out Processing Check sheet, ACAP, and completion of Phase I and II of Deployment Cycle Support (DCS) (as applicable) prior to reattachment. CBHCO Commanders will be responsible for DCS Phase III.

d. Issuance of final DD Form 214s at Soldier's final out processing. No DD Form 214s will be issued when a Soldier's change in AD status occurs without a break in service (e.g. 10 USC 12302 to 10 USC 12301(d)) or when a Soldier is TCS'd. When a final DD Form 214 is issued, each period and status the Soldier served under will be include in the remarks block (Block 28). Final DD Form 214s are issued by the installation that transitioned the Soldier into the MRPU. Upon completion of the final DD Form 214, it will be sent to the CBHCO for the Soldier's signature. Once signed, the CBHCO will return the DD Form 214 back to the installation for final disposition. The CBHCO commander will provide the Soldier and HRC-A, RC PSSD copies of the signed DD Form 214 and separation orders for final coordination with RC units to close out the Soldier's RC service.

14. CBHCO or MRPU commanders will process absent without leave (AWOL) or dropped from the rolls (DFR) cases to HRC-A, RC PSSD, IAW AR 630-10.

15. Records Movement.

a. Soldier's Records. Both Personnel and Medical records will be transferred to each location. The MRPU will be responsible for disposition of Soldiers' records as follows:

(1) Medical records will not move with the Soldier. The original medical record must be sent from the losing installation to the CBHCO unit via overnight mail.

(2) Personnel records will either be managed by hard copy, or scanned files. One copy of the personnel record will be made. The original personnel record will be included in the mail package with the medical record and the copy will be hand-carried by the Soldier.

b. Final disposition of records will be as follows:

(1) REFRAD: The Soldier's records will be returned to the Soldier's RC Unit.

(2) Separation.

(a) Personnel records will be forwarded to the Army Human Resources Command – St. Louis, ATTN: AHRC-CIS-PV, 1 Reserve Way, St. Louis, Missouri 63132-5200. A copy of the separation order and DD Form 214 must be included with the personnel records.

(b) Medical records will be forwarded to the Veterans Affairs Records Management Center, P.O. Box 5020, St. Louis, Missouri 63115.

(3) Retirement. The Soldiers' Personnel and Medical records will be forwarded to the Transition Center processing the Soldiers' retirement.

16. Medical retention processing units are located at the following installations:

Fort Dix	Fort Carson
Fort Drum	Fort Lewis
Fort Eustis	Fort Riley
Aberdeen Proving Ground	Camp Atterbury
Fort Lee	Fort McCoy
Fort Benning	Fort Leonard Wood
Fort Bragg	Fort Bliss
Fort Campbell	Fort Hood
Fort Stewart	Fort Polk
Fort Buchanan	Fort Sill
Fort Jackson	Fort Huachuca
Fort Knox	Fort Sam Houston
Fort Rucker	

17. CBHCOs will be established at the following locations:

Massachusetts	Arkansas
Wisconsin	Florida
California	

18. CBHCOs may be established at the following locations:

Virginia	Indiana
Pennsylvania	Alabama
Tennessee	Puerto Rico
Kentucky	Utah

19. Points of contact:

(a) HQDA G-1, LTC Locklear, Chief of Mobilization, DSN 223-2121 or COMM 703-693-2121.

(b) HRC-A, CW3 Roberts, Deputy RC Personnel Services Support Branch, DSN 221-90901 or COMM (703) 325-9091.

(c) IMA, Mr. Pegg, Military Personnel Division, DSN 332-3311 or COMM (703) 602-3311.

(d) OASA (M&RA), COL Garrouette, Assistant Deputy for Reserve Health Affairs, DSN 223-1753 or COMM (703) 693-1753.

(e) FORSCOM, Mr. Wells, DSN 367-7433 or COMM (404) 464-7433.


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