UNITED STATES MARINE CORPS
MARINE FORCES RESERVE
2000 OPELOUSAS AVENUE
NEW ORLEANS, LA 70146-5400

IN REPLY REFER TO:
1800
CMD
SEP 19 2011

FORCE POLICY LETTER 03-11

From: Commander, Marine Forces Reserve
To: Distribution List

Subj: POLICY ON COMMAND RESPONSIBILITIES REGARDING WOUNDED, ILL AND INJURED MARINES

Ref: (a) SECNAVINST 1850.4E, "DON Disability Evaluation Manual"
(b) MARADMIN 310/09, "Updated Policy and Procedure for Requesting an Activated Mobilized Reserve Member to be Placed on Medical Hold"
(c) MARADMIN 636/09, "Limited Duty and Disability Processing"
(d) MCO P1900.16F, "Marine Corps Separation and Retirement Manual (MARCORSEPMAN)"
(e) Force Order 6000, Standard Operating Procedures for Medical Matters (Short Title: SOP for Medical)
(f) DoD 6025.18-R, "DoD Health Information Privacy Regulation"
(g) MARADMIN 308/11, Commanders Access to Health Information

Encl: (1) Limited Duty/Physical Evaluation Board Command Engagement Requirements
(2) Sample Medical Tracking Spreadsheet

1. Situation. There are a large number of Marines and Sailors in Marine Forces Reserve (MARFORRES) that are involved in some phase of the "Disability Evaluation System" (DES) described in reference (a). In light of the importance of this issue, Commanders are directed to increase their focus and ensure all wounded/ill Marines are properly managed and tracked in accordance with the references.

2. Mission. This policy letter reemphasizes the policies contained within the references and sets specific guidelines for Commanders regarding wounded, ill, and injured Marines and

DISTRIBUTION STATEMENT D: All MARFORRES assets, approved for public release, distribution is unlimited.

Sailors within their commands.

3. Execution

a. Commander's Intent. Wounded, ill or injured Marines and Sailors will be properly managed to ensure timely processing in the medical system. Commanders will ensure proper oversight of the medical processes and administrative requirements of personnel in the DES in order to prevent delays with any medical case. Commanders will also ensure that wounded, injured or ill Marines and Sailors maintain professional standards and conduct at all times during their medical processing.

b. Concept of Operations. Commanders, Limited Duty Coordinators, Medical Providers and the Command Inspector General will take the steps in this policy letter to improve the leadership and medical care for our Marines and Sailors.

c. Tasks

(1) Commanders. For purposes of this letter, the term "Commander" refers to Commanding Officers, Inspector-Instructors and Officers in Charge of any Unit or Detachment within MARFORRES. This policy letter does not limit other leaders from appropriately engaging this subject.

(a) Are overall responsible for the proper care and administration of wounded, ill or injured members within your command and will track the progress of them from entry into the DES until resolution of their medical condition.

(b) Per reference (b), will ensure that a request for a medical hold extension for all Marines is sent to Reserve Medical Entitlement Determination (RMED), Wounded Warrior Regiment (WWR) via Marine Corps Medical Entitlement Data System (MCMEDS) before placing Reserve Marines on any type of medical hold orders past the expiration of the original orders.

(c) Per reference (c) and (d), will appoint a unit Limited Duty (LIMDU) coordinator (Staff Non-Commission Officer or above) in writing to provide coordination between the member, Medical, and the command's administrative personnel.

(d) Will, at a minimum, conduct a monthly review of

their list of wounded, ill, or injured Members with their LIMDU Coordinator, Medical Provider and Administrative Officer or equivalent with the following objectives:

1. Receive updates from the LIMDU Coordinator regarding a Marine or Sailor's medical condition and if a Marine has missed any appointments.

2. Confirm that the Marine, Sailor and command have completed requirements to date and identify the next milestone or requirement in the DES/Physical Evaluation Board (PEB) process for the Marine.

3. Confirm the duty status of the Marine from the Marine Corps Total Force System (MCTFS).

(e) Leaders at all levels will ensure their Marines and Sailors make their medical appointments whether the medical provider is civilian or military. For Active Duty (AC)/Active Reserve (AR), and Selected Marine Corps Reserve (SMCR) /Individual Mobilization Augmentees (IMA) personnel serving on active duty/inactive duty, an unexcused absence from a scheduled medical appointment is an unauthorized absence under Article 86 of the UCMJ. SMCR/IMA/IRR personnel not on active duty/inactive duty yet in receipt of LOD benefits may jeopardize continued eligibility under the LOD Program. Missing appointments causes substantial delays in the DES process and loss of productivity for the medical community.

(f) Will process wounded, injured, or ill Sailors in accordance with the references (a) and (e).

(2) Limited Duty (LIMDU) Coordinators

(a) Will be a SNCO or above, appointed in writing and will become thoroughly familiar with each reference.

(b) Will serve as the liaison between the Marine, unit and medical provider. Per reference (b), request and gain access to MCMEDS.

(c) Will make personal contact and counsel (either telephonically or face-to-face) Marines and Sailors on DES as required by enclosure (1).

(d) Will ensure that appropriate source documentation regarding medical status is provided to the unit Administration Officer or equivalent and verify that it is appropriately recorded in the Marine Corps Total Force System (MCTFS).

(e) Will work hand in hand with medical providers to obtain medical information that can be reported to the Commander under references (c), (d), (f), (g) and the Health Insurance Portability and Accountability Act (HIPAA). Ensure that medical information is only shared with necessary personnel.

(f) Will ensure that Non-Medical Assessments and Line-of-Duty determinations are completed as required and on time.

(g) Will provide and regularly update their unit's point of contact information with the local Medical Treatment Facility (MTF), specifically the Patient Administration and Medical Board Departments. Unit's Point of Contact information will include organizational mail boxes. This information will be updated as needed, and no less than annually.

(h) Will ensure a tracking mechanism is built and utilized. Enclosure (2) is a sample spreadsheet that may be used for that purpose. This is an inspectable requirement of the MARFORRES, Inspector General.

(3) Medical Providers. The term "medical provider" refers to all United States Navy medical personnel assigned to or in support of MARFORRES personnel.

(a) Pursuant to references (d) and (g), will obtain and provide to the Commander that medical information necessary to assess risk, ensure readiness, and ensure mission accomplishment. In general, this shall consist of the diagnosis; a description of the treatment prescribed or planned impact on duty or mission, recommended duty/deployment restrictions and the prognosis. Information provided shall be disclosed only to personnel with a need for the information. These personnel, as well as the Commander, will be accountable for protecting all healthcare information entrusted to them.

(b) Per reference (e), shall provide end-to-end

medical accountability in the military health care system for Marines and Sailors in their command.

(c) Will work hand in hand with the LIMDU Coordinator to obtain medical information that can be reported to the Commander under references (c), (d), (f), (g) and the HIPAA. Will ensure that medical information is only shared with necessary personnel.

(4) Major Subordinate Command (MSC) LIMDU Coordinators

(a) MSC Commanders will appoint a MSC LIMDU Coordinator SNCO or above (preferably E7 or above) to oversee, provide guidance and direction to all of the LIMDU Coordinators under their cognizance.

(b) Because continuity is so critical to accomplishing the required duties of a LIMDU Coordinator, it is encouraged that MSC LIMDU Coordinator serve in this position for a minimum of 12 months.

(5) Command Inspector General. The MARFORRES Command Inspector General will include the above-listed steps in all Commanding General's Inspections and Assist Visits. This requirement is in addition to any steps required in pertinent Automated Inspection Reporting System (AIRS) checklists.

4. Administration and Logistics. Point of contact for this policy letter is the MARFORRES Command Inspector General.

5. Command and Signal. This policy letter is applicable to all MARFORRES units and is effective upon the date it is signed.

R. E. BRAITHWAITE
Executive Director

Directives issued by this Headquarters are published and distributed electronically. Electronic versions of MARFORRES directives can be found at:
http://www.marines.mil/unit/marforres/MFRHQ/G1/Adjutant/G-1%20Adjutant%20Directives/index.aspx

Limited Duty/Physical Evaluation Board Command Engagement Requirements

The below provides those events that may occur during the Limited Duty/Physical Evaluation process that requires Command engagement. This guide provides only the minimum requirements when the Commander must be engage. Additional attention by LIMDU Coordinators and small unit leadership is recommended throughout the process.

1. When a Marine accumulates 60 days or more of light duty for the same condition.

2. When an injury will require surgery and requires 60 days or more of light duty for recovery. This is not applicable to maternity leave or light duty as a result of pregnancy or child-birth.

3. When a Marine is initially placed on limited duty.

4. At the 4th month of any period of limited duty or designated re-evaluation date. The Marine on limited duty must be medically re-evaluated at the 4th month of each period of limited duty. Because of the possibility of long appointment lead times, the unit may need to ensure that this reevaluation schedule is scheduled as much as 60 days in advance.

5. When the Marine assigned to a second or subsequent period of Limited Duty.

6. At any point when a Marine is assigned to the Disability Evaluation System (DES), this includes being referred to a Medical Evaluation Board (MEB) or a Physical Evaluation Board (PEB).

7. When the Marine is scheduled to meet a Veterans Administration (VA) Military Service Coordinator to develop a VA claim for disability.

8. When the Marine has received the Report of a Medical Evaluation Board (MEB).

9. When the Marine has prepared and mailed his PEB package and weekly thereafter until findings are provided.

10. Upon receipt of findings from the PEB.

11. When the Marine accepts/declines the PEB findings.

12. Upon the Marine's request for a formal PEB or request for reconsideration.

13. Weekly until such time the Marine is either separated or returns to duty.

SAMPLE MEDICAL TRACKING

STATUS ID	RANK	L. NAME	F. NAME	SSN	EAS	ECC	DU STAT / STRT CAT	START DTE	REVAL DTE	END DTE	# OF DAYS	SHOP	EXT	CFT	PFT	PPFT	REASON

ID STATUS	
LG DU	LIGHT DUTY
LIMDU	LIMITED DUTY
PB/DS	PEB/DES
PREG	PREGNANT
HOSP	HOSPITAL
RTN DU	RETURN TO DUTY

Enclosure (2)