



Reserve Toolkit

Toolkit Summary

This toolkit is intended to provide quick links to resources and information to assist Reserve Marines, families, and staff as they navigate the Reserve Medical Entitlements Determination (RMED) process. In addition, the toolkit includes basic definitions, identifies support personnel, and discusses things to consider while guiding a reserve Marine and family through recovery and transition planning. Although you will find this toolkit to be useful, you should regularly refer your questions to the RMED subject matter experts or your Recovery Care Coordinator. You can also contact the Sergeant Merlin German Wounded Warrior Call Center 24/7 at 1-877-487-6299.



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Points of Contact

Reserve Medical Entitlement Determination (RMED)

Section:

Supervisor: 703-432-1868

Senior Medical Officer: 703-784-0300

LOD SNCOIC: 703-432-2585

MCMEDES Help Desk: 703-432-1843 / 703-784-0300

Medical Section: 703-432-1859/1860/2578/1861/1839

MCMEDES Support:

Drill Manager Support Desk (0700-2100 EST, 7 days a week)

866-944-9881 (Option 1)

Military Medical Support Office (MMSO)

1-888-647-6676

Why: To receive authorization for civilian providers and reimbursement for pre-authorized medical care

Nurse Case Manager:

POC: 703-784-3764; 703-784-3761

Why: Support with medical scheduling and/or regulating.

Integrated Disability Evaluation System Liaison Officer

POC: 703-432-1856

District Injured Support Coordinators (DISCs):

POC: 703-784-3688

Why: DISC may be used to provide health and welfare checks, support with med board packages (familiar with local medical team and resources), and transportation to appointments in extreme cases.

Marine 4 Life Home Town Links:

<http://www.marineforlife.org>

866-645-8762

Why: Support with employment counseling and job placement

Sergeant Merlin German Wounded Warrior Call Center:

1-877-487-6299



Policy

This section provides policy and guidance documents that affect wounded, ill, and injured Marines. These policies include instructions for the provision of prompt and complete administrative assistance to wounded, ill, and injured Marines.

Reserve Component Incapacitation Benefits

[DoD Directive 1241.2](#)

Medical Oversight of Reserve Component MEDHOLD Personnel

[NAVMED Policy 08-019](#)

Manual of the MED Department

[Manual of the MED Department](#)

Management and Disposition of Incapacitation Benefits for Members of Navy and Marine Corps Reserve Components

[SECNAVINST 1770.3D](#)



Checklist / Procedures

Common Terms and Definitions:

Active Duty Operational Support (ADOS) Orders

The purpose of ADOS is to provide the necessary skilled manpower assets to support existing or emerging requirements. A tour of AD which is authorized for Reserve Marines using:

- Military Personnel Marine Corps (MPMC) appropriations to provide operational support to the Regular Component, or
- Reserve Personnel Marine Corps (RPMC) appropriations to provide operational support to the Reserve Component.

Active Duty Special Work (ADSW)

The ADSW Program is designed to provide the Marine Corps a means to utilize Reserve personnel, through short tours of active duty, to provide necessary skilled manpower assets to support existing or emergent requirements. It provides opportunities for Reserve Marines in the SMCR and IRR to support short-term requirements, special projects, and exercise support participation for both the Active and Reserve forces. ADSW Marines are assigned to major Marine Corps bases and stations, headquarters, and reserve unit locations as needs are identified by OpSponsors.

DRILLS

Usually occur one weekend every month and two weeks each summer (full-drill status).

Enlistment Terms

Enlistment term options include:

- The first six (6) years are spent in a drilling status with the last two (2) in the IRR. Those who wish to participate in the Post-9/11 GI Bill must choose this program.
- The first five (5) years are spent in a drilling status and the last three (3) will be as an IRR member.
- The first four (4) years are spent in a drilling status and the remaining four (4) in the IRR.

Individual Mobilization Augmentee (IMA)

An individual member of the Selected Reserve who receives training and is pre-assigned to an AC organization, the Selective Service System (SSS), or a FEMA billet that must be filled to meet the requirements of the organization to support mobilization (including pre- and/or post-mobilization) requirements, contingency operations, operations other than war, or other



specialized or technical requirements. IMAs train with these organizations on a regular/scheduled basis. The IDT requirement can vary from 0 to 48 IDTs per year. A minimum of 12 days AT (13 including travel) is required of all IMAs.

Incapacitation Pay

If a wound, injury or illness prevents a Reservist from returning to their civilian job, they may qualify for incapacitation pay. There are two types of incapacitation pay:

Non-Drilling 204(g): Members in an inpatient status, Sick in Quarters (SIQ) status or a convalescent leave status following surgery can receive their full pay and entitlements minus any earned income (i.e. income protection plan, vacation pay, or sick leave).

Drilling 204(h) - While recovering, if they are still unable to work, they may be reimbursed for lost wages, not to exceed the military pay for which they qualify. In this situation, they must have had a civilian job when the illness, injury or disease occurred and they must provide proof of the lost income.

Independent Duty Corpsman (IDC)

IDCs are Hospital Corpsmen in pay grades E-5 through E-9 who have successfully completed IDC "C" School and have been awarded an NEC [Navy Enlisted Classification]. An IDC is a health care provider who, when certified, may provide primary care for active duty service members under indirect supervision. IDCs perform their clinical, administrative, and logistical duties as the SMDR [Senior Medical Department Representative] for the submarine force, USMC [United States Marine Corps] reconnaissance corpsman, the surface force, and for deep sea diving. IDCs may be assigned to fixed MTFs [Military Treatment Facilities] and to units of the operational forces."

Individual Ready Reserve (IRR)

Marines are not obligated to participate in military activities unless specifically called upon to meet support requirements. Members of the IRR have opportunities for paid temporary active duty and non-paid inactive duty. The IRR consists of all Marines in the Ready Reserve not affiliated with the SMCR who:

- Have not completed their Mandatory Service Obligation (MSO); or
- Have completed their MSO and are in the Ready Reserve by voluntary agreement; or
- Have not completed their MSO (are mandatory participants), but are transferred to the IRR.

Inspector-Instructor (I-I)



Active duty support personnel from both Active Component (AC) and Active Reserve (AR) who instruct and assist SMCR units to maintain a continuous state of readiness for mobilization; inspect and render technical advice in command functions including administration, logistical support, and public affairs; and execute such collateral functions as may be directed by higher authority. The majority of AC, AR, and Selected Reserve (SelRes) personnel are integrated into a single chain of command which passes from individual units through the appropriate MSC. These Marines are subject to deployment with their assigned unit in the event of mobilization.

Limited Duty Coordinator (LDC)

Every Reserve Command has a Limited Duty Coordinator (LDC). The LDC uses MCMEDS to submit requests and manage cases at the unit level. LDCs ensure Reservists get relevant medical evaluations as soon as a problem is identified and submit requests to RMED via MCMEDS. The LDC maintains contact with RMED who will assist with case management.

Line of Duty (LOD) Benefits

Line of Duty (LOD) Benefits are for Reservists injured during drill weekend, annual training or on active duty 30 days or less. Reservists on Active Duty for more than 30 days who demobilize but need care for service incurred ailments and Reservists who are directed to demobilize by the RMED Senior Medical Officer (SMO) are also eligible for LOD benefits.

Marine Corps Reserve Administrative Management Manual (MCRAMM)

This order is the “bible” of Marine Corps Reserve administration that promulgates policy and procedural guidance for the management and administration of the Reserve Component (RC) within a Total Force construct. The policy and procedures contained therein guide how to administer and manage the RC in or to maximize training and mobilization readiness, while reducing administrative burdens to the greatest extent possible. Reference: MCO 1001R.1K

Marine Forces Reserve (MARFORRES)

Command located in New Orleans to oversee the MAGTF MSCs of the Reserve Component. COMMARFORRES exercises OPCON over MSC's and is responsible for the common staff functions of the subordinate command Headquarters which have been integrated within his staff. COMMARFORRES also exercises ADCON over members of the IRR and IMA/MTU program. COMMARFORRES is responsible for effecting lateral coordination with the Commander, U.S. Marine Corps Forces Command (COMMARFORCOM) or such other AC commanders as may be appropriate for the conduct of joint operations, exercises, and training.

The mission of Marine Forces Reserve (MARFORRES) is to augment and reinforce active Marine forces in time of war, national emergency or contingency operations, provide personnel and



operational tempo relief for the active forces in peacetime, and provide service to the community. Equipped and trained to the same rigorous standards as our active Marine forces, to include joint operations, MARFORRES personnel will be trained and educated to the highest levels, and provide rapid response when called upon. As versatile Continental Marines, MARFORRES personnel will be ever ready to alleviate the intense personnel and operational tempo of active forces in peacetime. As citizen-Marines, the men and women of MARFORRES will be community beacons by living the Marine Corps' story of daily service to family, community and nation. The largest command in the Marine Corps, MARFORRES stands ready to answer the nation's call at home and abroad. For more information, please visit their website at <http://www.mfr.usmc.mil>.

Marine Individual Reserve Support Organization (MIRSO)

Section of MARFORRES that handles all Individual Ready Reserve and Limited Individual Mobilization Augmentee command and administrative functions.

Marine Corps Medical Entitlements Determination System (MCMEDS)

MCMEDS is an application that supports the Wounded Warrior Regiment (WWR) in the processing and tracking of line of duty (LOD) benefits and medical hold cases for injured Marine Corps reservists and officer candidates. The system provides the Marine Corps with the ability to schedule, manage, allocate, muster, report, and pay inactive duty training (IDT) drills. MCMEDS supports a holistic approach to management of Marine Corps reserve manpower needs.

Medical Hold Program (MEDHOLD)

MEDHOLD is primarily for Reservists on Active Duty for more than 30 days and who must be retained beyond their Expiration of Active Service (EAS) / Expiration of Current Contract (ECC) for medical treatment. Per established guidelines, to be placed on medical hold Reservists must be in a limited duty (LIMDU) status and must CONSENT in writing to stay on MEDHOLD beyond original EAS/ECC. After two periods of limited duty, Marines on medical hold orders will be referred to the Medical Evaluation Board (MEB). WII Reservists on MEDHOLD receive their full pay and benefits.

Mobilization Unit (MTU)

An MTU is an administrative organization of enlisted (sergeant and above) and officer IRR members who work on projects to support and enhance the combat readiness of the Marine Corps. MTUs provide a means of increasing the mobilization readiness of IRR members. In practice, MTUs meet, confer and carry out duties and projects for Operations Sponsors.



MUSTER

U.S. law states that while a Marine is a member of the Ready Reserve, he or she may be required to attend muster duty once per calendar year in order for the Marine Corps to administratively screen you and provide you with informational briefs on your obligations and opportunities available to you while a member of the Individual Ready Reserve (IRR).

Not Physically Qualified (NPQ)

A Marine who is classified as TNMQ for six months must have an NPQ determination submitted to the Special Assistant for Physical Qualifications and Review, Department of the Navy, Bureau of Medicine and Surgery. In absence of a military medical officer's finding, documentation from a civilian physician will suffice.

Notice of Eligibility (NOE)

An NOE is a document authorizing medical care and/or incapacitation pay to Marines due to a service-connected condition incurred while performing AD for 30 days or less, or IDT, to include travel directly to or from training. Members are entitled to appropriate treatment, Notice of Eligibility Benefits for Members of the Marine Corps Reserve. Marines injured while on IDT or active duty orders 30 days or less will have their orders terminated due to incapacitation but shall become entitled to NOE benefits at the end of their active duty period.

Post Deployment Health Reassessment (PDHRA):

The PDHRA is designed to screen active and reserve service members between 90 and 180 days after returning from certain qualifying deployments. The intent of the program is to ensure early identification and treatment of emerging deployment related health concerns.

Preventive Health Assessment (PHA):

PHA is an annual physical and health assessment that is required for Reserve Marines to participate in Active Duty Training.

Prior Service Recruiter (PSR):

A PSR is an Active Reserve Marine who recruits IRR Marines to fill billet vacancies in Selected Marine Corps Reserve (SMCR) units, and/or the Individual Mobilization Augmentee (IMA) or Active Reserve (AR) programs. They are located at each of the Marine Forces Reserve (MARFORRES) SMCR unit locations (183 total).

Readiness Support Program (RSP):

A program consisting of IMAs to assist MARFORRES in executing management function of the IRR component through accountability, readiness, effectiveness, participation opportunities,



and assisting IRR Marines with benefits and entitlements. Functions of the RSP consist of: IRR screening, training, post-activation support, and mobilization.

Ready Reserve:

Those units and individuals of the RC liable for active duty in time of war or national emergency or when otherwise authorized by law. There are two subcategories in the Ready Reserve, the Selective Marine Corps Reserve (SMCR) and the Individual Ready Reserve (IRR).

Selected Marine Corps Reserve (SMCR)

The SMCR consist of three elements-SMCR units, Individual Mobilization Augmentees (IMA) and the Active Reserve (AR).

SMCR units

SMCR units make up the 4th Marine Division (4th MARDIV); 4th Force Service Support Group (4th FSSG); the 4th Marine Aircraft Wing (4th MAW); I Marine Expeditionary Force Augmentation Command Element (I MACE), Pacific; and II Marine Expeditionary Force Augmentation command Element (II MACE), Atlantic.

Individual Mobilization Augmentees (IMA)

An IMA Marine is a member of the SMCR, but is not a member of an SMCR unit. The IMA program provides a source of trained and qualified individuals to fill a time-sensitive portion of the Active component wartime structure. Most IMA Marines are attached to active duty units in support of the nine operational Commander-in-Chiefs (CINCS) and governmental agencies.

Active Reserve (AR)

The AR program consists of Reserve officer and enlisted Marines who serve in designated, full-time active billets. This program, established in 1994, evolved from the former Full Time Support (FTS) program and currently employs nearly 2,400 Reserve Marines. AR Marines support the organization, training, instruction, retention, and administration of the Marine Corps Reserve. The AR program provides qualified Marines an opportunity to serve on active duty and qualify for retirement benefits after 20 years of service. AR Marines are assigned to Major Marine Corps bases and stations, headquarters, and reserve unit locations.

Standby Reserve

The Standby Reserve consists of Marines not in the Ready or Retired Reserve who are subject to recall to active duty in time of war or a national emergency declared by Congress. Marines are assigned to the Standby Reserve for a variety of reasons. Those who have completed their initial (MSO) may request assignment in the Standby Reserve. Marines who are key employees



(e.g., members of Congress, federal judges, and heads of departments confirmed by the Senate) are transferred to the Standby Reserve during the time of such employment. Also, those Marines who are unable to maintain active participation in the Marines Corps Reserve (i.e., attending school, new job, etc.), experience a temporary physical disability, or fail to obtain a physical examination as required, may be assigned to the Standby Reserve. The Standby reserve is comprised of Marines on the Active Status List (ASL) or the Inactive Status List (ISL).

Retired Reserve

Fleet Marine Corps Reserve (FMCR)

The Fleet Marine Corps Reserve is composed of enlisted personnel who have completed 20, but less than 30 years of active service and are receiving retainer pay. After 30 years of service, members of the FMCR are transferred to a retired list.

Retired Reserve Awaiting Pay (Gray Area Retiree)

This category consists of eligible Reserve Marines who have completed at least the required 20 years of qualifying service, and have requested transfer to the Retired Reserve with pay.

Retirement pay begins upon application by the member at age 60.

Retired Reserve in Receipt of Retired Pay

This category consists of Reserve Marines with at least 20 years of qualifying service who at age 60 applied for and are receiving retired pay. Members are placed on the Retired List of the Marine Corps Reserve.

Transition Assistance Management Program (TAMP)

Allows Reservists activated for more than 30 days in support of contingency operations to receive medical services through TRICARE for 180 days after demobilizations.

Active Duty Training for SMCR Marines

Annual Training (AT)

AT is a period of Active Duty Training (ADT) used to train SMCR/IMA personnel for the purpose of providing trained units and qualified personnel to fill the needs of the Marine Corps in time of war or national emergency.

Alternate Annual Training (AltAT)

SMCR personnel may attend a two-week formal course of instruction as AltAT. However, request to substitute such training must be approved at the unit Commander's level.



Additional Active Duty Training

Upon authorization by Commanding Generals, 4th MarDiv, 4th MAW, 4th FSSG, and MCRSC (as appropriate), SMCR/IMA personnel may attend any training, except RCT, as additional ADT.

Inactive Duty Training (IDT)

IDT are training, instruction, or duty periods performed by reservist on duty commonly referred to as drills or training periods. The objectives is to enhance readiness, increase mobilization potential, develop military skills, and provide training not otherwise available to Marines.

Inactive Duty Training Periods**Additional Training Period (ATP)**

ATPs are performed by SMCRs to accomplish additional required training as defined by a unit's wartime mission or a member's operational sponsor. An ATP may be performed by commanders, key training, administrative or support officers, and enlisted Marines for preparation of training programs, lesson plans, training aids and the like. ATPs cannot be used for general administrative functions, inspection, AT preparation, or other duties unrelated to training programs. An ATP must last for four hours and no more than two ATPs may be performed in one day. Additionally, no more than 30 ATPs may be performed per FY.

Readiness Management Period (RMP)

RMPs are performed by SMCRs to support ongoing day-to-day operations of the unit/ops sponsor. RMPs may be used to perform administrative functions, training preparation, support activities, and maintenance functions necessary to maintain a state of readiness. These training periods will only be used where sufficient active duty personnel are not available to accomplish these duties. RMPs must last at least four hours, but only one can be performed in a day, with a maximum of 30 per FY.

Temporarily Not Physically Qualified (TMPQ)

Drilling Marines who are identified as TMPQ due to illness or injury that was not incurred as a result of military duty cannot perform any period of IDT or active duty. TMPQ is defined as "an injury or illness that will prevent the member from drilling for a minimum of two but not to exceed six months."

Pay and Allowances

In general, the same charts for pay and allowances apply to both Reserve and Active Duty personnel. The most obvious difference is that for drills performed, the Marine earns a day's pay for each drill period (a drill period is a minimum of four hours, a maximum two drill periods may be performed each day). Thus, on a typical drill weekend, a reserve Marine is usually entitled to four days basic pay for two day's work. Drill pay, however does not include the allowances that are available to Marines on active duty. While on active duty, the Marine receives active duty pay, plus any applicable entitlements (i.e. Basic Allowance for Subsistence [BAS] and Basic Allowance for Housing [BAH]). While on active duty, Reserve members are eligible for all entitlements.

Drill Status

Personnel participating in Marine Reserve programs are assigned under inactive duty training orders in either pay or non-pay status.

Drill Pay Status (DP)

The term applied to personnel drilling with pay, regardless of the type of participation or duties performed. One day of basic pay is earned for each regularly scheduled training period satisfactorily completed.

Non - Pay Status (NP)

The term applied to individuals drilling under competent orders without pay due to unsatisfactory drill participation.

Procedures to Reschedule Inactive Duty Training periods (RIDT)

1. Marines rescheduling drills must use their chain of command so an approval can be made by the Commanding Officer prior to the drill weekend that the Marine needs off. To make up a drill, the
2. Rescheduled Inactive Duty Training (RIDT) form must be completed. The section leader and the Marine will report to the First Sergeant as his schedule dictates to receive approval. Dates requested to make up IDT periods must be approved by the First Sergeant or Commanding Officer and the I&I Section Head.
3. It is the responsibility of each section leader to insure that their Marines make up all missed IDT periods.
4. All Marines will attend Annual Training (AT) Duty unless the following applies:
 - a. Marine has attended an annual training duty which was not an additional period of active duty.
 - b. Marine is scheduled to attend a Marine Corps School that had been approved by the Inspector-Instructor Staff. (i.e. non-resident PME school)



- c. Marine is scheduled to attend incremental training. (i.e. MOS school, MCT)
- d. Failure to attend either Inactive Duty for Training or Annual Training will result in a recommendation to an Administrative Discharge under Other Than Honorable conditions



MCMEDS Overview:

MCMEDS is a web enabled application used to submit, update, and track MEDHOLD and LOD cases. All unites are required to have the following members registered:

- ✓ CO
- ✓ Administrative Representative: LIMDU Coordinator (LDC)
- ✓ Medical Representative: Corpsman

Responsibilities:

- Unit: Responsible to keep user group up to date in MCMEDS
- Marine: Responsible for ensuring required medical documentation is provided to unit (unless incapable to do so) for submission to RMED via MCMEDS

User Roles:

- Case Administrator (LDC, Corpsman, alternate): Generates LOD and MEDHOLD requests for individual Marines and submits them for review
- Case Reviewer (CO): Performs unit level review of LOD and MEDHOLD requests prior to submission for approval



Line of Duty Overview:

Line of Duty (LOD) Benefits are for Reservists injured during drill weekend, annual training or on active duty 30 days or less. Reservists on Active Duty for more than 30 days who demobilize but need care for service incurred ailments and Reservists who are directed to demobilize by the RMED Senior Medical Officer (SMO) are also eligible for LOD benefits. For Marines in receipt of LOD benefits, a Medical Evaluation Board (MEB) will be initiated if condition is not or WILL NOT be resolved within 90 days.

All WII Reservists on LOD receive medical benefits, however if the injury prevents the Reservist from returning to their civilian job, they may qualify for incapacitation pay.

There are two types of incapacitation pay:

Non-Drilling 204(g): Members in an inpatient status, Sick in Quarters (SIQ) status or a convalescent leave status following surgery can receive their full pay and entitlements minus any earned income (i.e. income protection plan, vacation pay, or sick leave).

Drilling 204(h) - While recovering, if they are still unable to work, they may be reimbursed for lost wages, not to exceed the military pay for which they qualify. In this situation, they must have had a civilian job when the illness, injury or disease occurred and they must provide proof of the lost income.

Request for LOD Status:

Required documentation to RMED requesting LOD (Initial LOD Request):

- Privilege and Responsibilities Statement
- Orders that are endorsed and signed by the Marine and Command
- Muster sheet (IDT)
- Medical documentation/notes that specifically explain how the injury occurred (ER discharge notes are not acceptable documentation)

If the Marine was injured under the following conditions then additional paperwork is required:

- MCMAP Training: MCMAP Mishap Report per MCO 1500.59
- POV Accident: Police Report
- POV Accident (alcohol related incident): LODI per JAGINST 5800.7F
- Misconduct: LODI per JAGINST 5800.7F

Required documentation to RMED for LOD extension of medical benefits (ONLY required if Marine is NOT receiving INCAP pay):

- Letter from Marine requesting extension and justification for the request
- Letter from the Command stating a recommendation on whether the Marine should be approved or disapproved for further INCAP pay benefits (by direction is not authorized)
- Physicians recommendations sheet



- IDES referral (if applicable)

Medical Documents:

Required documentation monthly to RMED via MCMEDS:

- Medical Documents: Any treatment received that month pertaining to claimed/service connected injuries which explains treatment provided and/or current treatment plan.
- If No Medical Documents: RMED requires a typed Memorandum for the Record stating Marine is still being treated but did not have appointment for the month. Also, include the stage of the IDES the Marine is in for situational awareness.

Incapacitation Pay (INCAP Pay)

- Medical recovery is the Marine's primary focus if they are being compensated.
- Marines receiving INCAP Pay should be seen by a medical provider every month.

Required documentation to RMED of INCAP 204(h):

- Completed employer certification form 204(h)
- Physician's recommendations sheet (only required for the first requested pay)
- A letter from the Marine's employer stating that he/she is unable to work with a list of the member's work responsibilities (Position Description)
- Medical documentation/notes (documentation must be for each month being requested)
- A pay stub from the employer verifying loss of civilian income for the specific period requested (needs to specify amount earned per hour and number of hours regularly worked per week)

Required documentation to RMED of INCAP 204(g):

- Completed employer certification form 204(g)
- Surgery notes with authorized convalescent leave period or inpatient admission/discharge documentation
- A pay stub from the employer verifying loss of civilian income for the specific period requested (needs to specify amount earned per hour and number of hours regularly worked per week)

Required documentation to RMED requesting an extension of INCAP pay:

- Letter from the Marine requesting an extension and a justification for the request
- Letter from the Command stating a recommendation on whether the Marine should be approved or disapproved for further INCAP pay benefits (by direction is not authorized)
- Physicians recommendations sheet



- IDES referral (if applicable)
- Letter from employer providing Marine's job description and explanation on whether or not the Marine is able to perform his/her job with current injury

Travel Claims

- Units are required to submit travel claims for a Marine going to and from doctor's appointments.
- Travel funds are not taken from unit funds. Travel is paid out by HQ USMC Reserve Affairs.
 - Ensure that the correct line of accounting/BIC is provided for LOD travel

IDES

- Marine is required to go to a Navy MTF (PCM or specialist) to initiate the IDES referral.
- Marines on LOD longer than 90 days but before 6 months should be referred to the IDES
 - Challenges:
 - Scheduling and coordinating medical appointments
 - Scheduling travel to medical facility
 - Lodging at medical facility
 - Non-medical Attendant Considerations
 - Travel reimbursement from the unit
 - Support:
 - Request that the unit send the Corpsman with the Marine to the medical appointment
 - Request DISC support with assisting Marine with his/her medical appointments
 - Request DISC support with Med Board packages
- Ensure Marine is scheduled to attend nearest DTAP. Marines should also be made aware of any other Transition Assistance Management Program (TAMP) training that may be offered at the nearest base, station, or on-line.

"Light Duty"

- Not-service connected: NPQ and TMPQ
 - Marine was injured in his civilian job
 - Unable to perform duties in civilian job
 - Documentation provided to civilian HR
- Service connected: LOD
 - Marine was injured while in the line of duty
 - Marine is medically unable to perform the duties of his MOS but is capable of performing other duties that would benefit the I&I



Drilling Status

- Marines on LOD should drill once a month
 - o Spirit Goal: It is important to keep Marine part of the team. Encourage at every opportunity, participation in drill weekends, unit events, and frequent contact with I&I.

Return to Full Duty

- Required documentation for Marine returning to full duty status (ONLY one of the following required):
 - o Medical documentation stating "returned to full duty with no limitation"
 - o Memorandum for the Record from the unit requesting termination and closure of LOD
 - o Signed page 11 electing to terminate LOD
- Required documentation for Marine returning to full duty with final pay:
 - o Employer Certification
 - o A pay stub from the employer verifying loss of civilian income for the specific period requested (needs to specify amount earned per hour and number of hours regularly worked per week)

Discharge

- Required documentation for Marine being discharged
 - o MCTFS RT03 Screen printout
- Required documentation for Marine being discharged with final pay
 - o Employer Certification
 - o A pay stub from the employer verifying loss of civilian income for the specific period requested (needs to specify amount earned per hour and number of hours regularly worked per week)



MEDHOLD Program:

MEDHOLD is primarily for Reservists on Active Duty for more than 30 days and who must be retained beyond their Expiration of Active Service (EAS) / Expiration of Current Contract (ECC) for medical treatment. Per established guidelines, to be placed on medical hold Reservists must be in a limited duty (LIMDU) status and must CONSENT in writing to stay on MEDHOLD beyond original EAS/ECC. After two periods of limited duty, Marines on medical hold orders will be referred to the Medical Evaluation Board (MEB). WII Reservists on MEDHOLD receive their full pay and benefits.

Required Documentation for Each MEDHOLD Request

Keep in Mind:

- Requests must be submitted at least 30-45 days before the Marine's original EAS/ECC via MCMEDS
- Final authority for extending reservist is the CO, WWR
- If the Marine's EAS/ECC has expired then the unit must submit for LOD benefits

Initial MEDHOLD Request:

- Completed check-in sheet
- Copy of Marine's current orders (endorsed and signed by Marine and Command)
- Privacy Act Statement (DD Form 2005)
- All actual medical documentation/notes pertaining to the injury being requested
- Page 11 signed by the Marine electing to stay beyond his/her EAS for MEDHOLD purposes
- Marine must have a completely processed NAVMED 6100/5 (if available) or an IDES referral

Medical Documents:

- **Required documentation monthly to RMED via MCMEDS:**
 - Medical Documents: Any treatment received that month pertaining to claimed/service connected injuries which explains treatment provided and/or current treatment plan.



- If No Medical Documents: RMED requires a typed Memorandum for the Record stating Marine is still being treated but did not have appointment for the month. Also, include the stage of the IDES the Marine is in for situational awareness.

MEDHOLD Extension:

ONLY one of these documents are required for request

- A new period of Limited Duty (completed NAVMED 6100/5)
- IDES referral
- If the Marine is in the IDES, submit a Memorandum for the Record stating the status of their PEB progress

Deactivation or Discharge:

- Completed check-out sheet
- PEB findings (must state the Marine is accepting finding with initials and signature) or fit for full duty paperwork (completed NAVMED 6100/5) or a signed page 11 electing to be removed from MEDHOLD

MEDHOLD Review Process:

(RMED reviews case and makes one of the following decisions)

- Approve for MEDHOLD
- Refer case to MEB/PEB
- Recommend Marine pursue LOD benefits
- Return case for edits to obtain more information/documentation
- Disapprove request:
 - Not an unfitting condition
 - Unsubstantiated claim
 - Pre-existing condition

IDES Findings:**IF PEB finds FIT**

Marine demobilizes with 10-20 days for out processing

IF PEB finds FIT with an expired RECC

- Use command authorization for 3 month extension of RECC
- Submit extension/reenlistment request in TFRS

If PEB find UNFIT

- MMSR-4 determines new EAS/ECC and runs EAS/ECC (not a unit function)
- Unit is notified of EAS/ECC on Diary Feedback Report (DFR)
- Same date will become new RECC



Applications

[NAVMED 6100.6 Return to Full Duty](#)

[SF 600 Case Updates](#)

[150414 Reserve Marine Support Questionnaire](#)

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