

RESPERSMAN 6000-010

RESERVE MEDICAL

Responsible Office	COMNAVRESFOR (N9)	Phone:	DSN:	262-5643
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References	<p>(a) DoDI 6025.19 (Individual Medical Readiness Program)</p> <p>(b) MILPERSMAN 1910-158 (Separation by Reason of Unsatisfactory Participation in the Ready Reserve)</p> <p>(c) DoDI 1332.45 (Retention Determinations for Non-Deployable Service Members)</p> <p>(d) SECNAVINST 1850.4F (Department of the Navy Disability Evaluation Manual)</p> <p>(e) SECNAVINST 5300.30F (Management of HIV, HBV, HCV in the Navy and Marine Corps)</p> <p>(f) DoDI 1300.28 (In-Service Transition for Transgender Service Members)</p> <p>(g) BUMEDINST 6230.15B (Immunizations and Chemoprophylaxis for the Prevention of Infectious Disease)</p> <p>(h) OPNAVINST 6100.3A CH-1 (Deployment Health Assessment Process)</p> <p>(i) RESPERSMAN 1001.010 (Satisfactory Participation in the Navy Reserve)</p> <p>(j) BUMEDINST 1300.3 (Suitability Screening)</p> <p>(k) RESPERSMAN 1300-050 (Administrative Processing Unit)</p> <p>(l) MANMED CH 15, 16, 18 and 23</p> <p>(m) BUPERSINST 1001.39F CH-1 (Administrative Procedures for Navy Reserve Personnel)</p> <p>(n) SECNAVINST 1770.5 (Management and Disposition of Line of Duty Benefits for Members of the Navy and Marine Corps Reserve LOD)</p> <p>(o) NAVADMIN 173/17 (STR)</p> <p>(p) DoDI 6130.03, Volume 2 (Medical Standards for Military Service: Retention)</p> <p>(q) Under Secretary of Defense (P&R). Directive-type Memorandum 22-004 – “Reserve Component Maternity Leave Program”</p> <p>(r) RESPERSMAN 3060-010 (Manpower Availability Status Codes)</p> <p>(s) RESPERS M-1001.5 (Supplemental MAS Code Guidance)</p> <p>(t) OPNAVINST 6000.1D Navy Guidelines Concerning Pregnancy and Parenthood</p>
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	(u) RESPERSMAN 1300-010 (Selected Reserve Assignments) (v) SECNAVINST 1752.4C (Sexual Assault Prevention and Response Program Procedures) (w) RESPERSMAN 1300-080 (Special Assignment Categories) (x) NAVADMIN 014/23 Medical Retention Reviews For The Navy Selected Reserve Member (y) ALNAVRESFOR 021/23 Pregnancy Notification Policy
Enclosures	(1) Manpower Availability Status Codes (2) COMNAVRESFORNOTE 5041: HS-1 Force Health Protection and Readiness Checklist

1. **Background.** Reserve Medical will maintain medical mobilization readiness while maximizing warfighting readiness.

2. **Responsibilities**

a. Commander, Navy Reserve Force (COMNAVRESFOR) Force Surgeon will establish policy and issue guidance for Navy Reserve Force health protection and management per all Department of Defense (DoD), Department of the Navy (DoN) and Bureau of Medicine and Surgery (BUMED) policies and instructions.

b. Echelon IV N9 Regional Medical Director (RMD) will:

(1) Communicate and advise the Commanding Officer (CO) on all matters pertaining to medical and dental readiness.

(2) Provide senior leadership, training, and technical oversight of enlisted personnel and medical readiness at the echelon V level.

(3) Ensure the medical/mobilization readiness of NRA units and attached personnel within their assigned Navy Reserve Region Readiness and Mobilization (REDCOM).

(a) Review and advise approving officials on all Area of Responsibility (AOR) medical waivers. May deny medical waivers per AOR guidance for non-waiverable conditions.

(b) Review all mobilization cancellations prior to forwarding to CNRFC.

(c) Provide oversight of Injury Case Management (ICM) cases.

(4) Communicate with Force Surgeon, Commander, Navy Reserve Forces Command (COMNAVRESFORCOM), on a routine basis.

(5) Maintain clinical competency by obtaining privileges. Time for clinical sustainment

is authorized but implementation will be approved by the CO. COMNAVRESFORCOM recommends four to eight hours per week averaged over one month.

c. Echelon IV COMNAVRESFOR Medical (N9) Senior Medical Department Representatives (SMDR) will:

(1) Provide senior leadership and technical oversight of enlisted personnel and medical readiness at the echelon V level.

(2) Conduct echelon V assist visits and/or command assessments of medical programs for compliance, accuracy and effectiveness. During assessments, echelon IV N9 will utilize the most current COMNAVRESFOR 5040.1 HS-1 Force Health Protection and Readiness Checklist, enclosure (2), for all assessments conducted at echelon V commands. This will ensure uniform compliance throughout the Reserve Force.

(3) Recommend corrective action and direct medical aspects of operational and logistical plans.

(4) Ensure sustainment training of echelon V Medical Department Representatives (MDRs).

(5) Maintain a tracking method of training completions, readiness reports, and injury management programs.

(6) Communicate any unresolved concerns or issues to COMNAVRESFORCOM N9 office.

d. NRAs will:

(1) Ensure drilling Selected Reserve (SELRES) members, members assigned to Volunteer Training Units (VTU) and Strategic Sealift Readiness Group (SSO) members, to include those in an Individual Ready Reserve (IRR) status, complete all Individual Medical Readiness (IMR) requirements per reference (a). Failure to report for required IMR needs after the member's required annual update may result in the member being assigned Administrative Unsatisfactory (ADMIN Us) for unsatisfactory participation per reference (b).

(2) Educate members on their responsibility to submit any material changes regarding their health or medical condition within 30 days of diagnosis.

(3) Assign members ADMIN Us who fail to disclose any material medical conditions which impact, or have the reasonable likelihood to impact, mobilization readiness or deployable status per reference (b).

(4) Conduct quarterly assessments per HS-1 Force Health Protection Checklist. Retain files for two years.

e. NRA MDR will:

(1) Have a current assumption of duty letter, an all-inclusive medical department turnover assessment, and submit a plan of action and milestones to the NRA CO within 60 days of assignment as the NRA SMDR.

(2) Maintain Standard Operating Procedures (SOP) as outlined in COMNAVRESFORINST 5040.1. The SOPs should incorporate local Department of Defense (DoD) Military Treatment Facility guidance, processes, injury program management, and protocols as applicable.

(3) Notify the Unit CO/OIC when the NRA CO determines drill or non-drill status for members in an injury management program. PERS-95 will direct drill status for Line of Duty (LOD) cases.

(4) Notify the Unit CO/OIC of members who are non-compliant with medical requirements for more than 30 days. This includes injury case updates and IMR requirements.

(5) Ensure every injury case has a separate file from the Service Treatment Records (STR). Update Medical Readiness Reporting System (MRRS) injury management status tab in detail regarding the case progress.

(6) Conduct and document monthly communication with members who have open injury cases.

(7) Educate members on their responsibility to submit any changes regarding their medical and or dental condition within 30 days of diagnosis.

(8) Notify NRA Administrative Department of members who fail to disclose any health conditions for Admin Us, per reference (b).

(9) Submit dental treatment information on NAVMED 6600/12 or DD 2813.

(10) Educate members on PERS-95 determinations and election of options in accordance with PERS official message. Per references (c) and (k), members requesting an appeal of Medical Retention Review (MRR) Not Physically Qualified-Retention Not Recommended (NPQ-RNR) findings to Physical Evaluation Board (PEB) must be transferred to the Administrative Processing Unit and are not authorized to drill until the final disposition of their case is made by the PEB.

(11) A Temporary Not Physically/Dentally Not Qualified (TNPQ/TNDQ) extension may be requested for cases exceeding 180 days from echelon IV N9, via MRRS. Extensions should be requested 30 days prior to expiration. Members who fail to comply with medical or dental requirements may result in the member being assigned ADMIN Us for unsatisfactory participation per reference (b) and (d).

(12) Notify NRA Manpower Department of the appropriate Manpower Availability Status (MAS) code for any changes in member's medical or dental status, per reference (r).

(13) Issue non-compliance letters via certified mail to members who fail to comply with medical and dental requirements in conjunction with ADMIN U period(s) per reference (i). Notify the NRA Manpower department of members who are non-compliant per reference (b). Maintain non-compliance files for a minimum of two years.

(14) In cases of non-compliance, appropriately notify members via certified mail. Additionally, notify the member's Chain of Command.

(15) Request personnel gains and losses report from the NRA Manpower Department. Monthly reconciliation must be conducted utilizing command Alpha Roster and MAS Code Accountability reports against the Navy Standard Integrated Personnel System (NSIPS) manning.

(16) Utilize MRRS to track IMR. Track completion of IMR requirements to reflect current standards per enclosure (2).

(a) Total Force Medical Readiness (TFMR) $\geq 90\%$

(b) Partially Medically Ready (PMR) $\leq 25\%$

(c) Not Medically Ready (NMR) $\leq 5\%$.

(17) Ensure Reserve personnel are screened every 24 months for serologic evidence of Human Immunodeficiency Virus (HIV), one time for Hepatitis C Virus (HCV) for members born between the years 1945 and 1965, and otherwise for HIV, Hepatitis B Virus (HBV), and HCV as clinically indicated. Additionally, Reserve members will be tested for HIV and HCV (for members born between the years 1945 and 1965) at the time of activation when called to active duty for more than 30 days if they have not been tested within the last 24 months, per reference (e).

(18) Have direct access to the NRA CO and communicate with leadership about any medical and dental requirements, deficiencies, and status of injury cases at least every 30 days.

(19) Verify all STRs in accordance with the Manual of Medicine (MANMED) Chapter 16, and ensure proper disposition of all STRs within five days of separation date or Veteran Affairs request. Mail STRs at terminal leave commencement, or within 5 days of separation/retirement date per reference (o).

(20) Screen mobilizing members for suitability per current AOR guidance. Submit AOR medical waivers to appropriate AOR surgeon via the echelon IV.

(21) Recommend to NRA CO whether a member should be placed in a TNPQ, TNDQ,

Line of Duty (LOD), or MRR status, and advise on drill or non-drill status.

(22) Ensure members complete required Deployment Health Assessments (DHA) when due. Complete deployment screenings via the Electronic Deployment Health Assessment (EDHA), document in MRRS, and place in members' STR.

(23) Place members found not fit on the Pre-DHA in the appropriate injury case management status. Manage Post-DHA referrals through the LOD process.

(24) Assign Transgender Navy Personnel, per reference (f), who received a diagnosis of gender dysphoria and wish to transition, TNPQ if the condition is acute or MRR if the condition is chronic. Assign the appropriate MAS code of MS3 or MS2. The civilian providers' treatment plan must be reviewed by the MDR and then submitted to the Force Surgeon, who will then forward the plan for validation to the Navy Transgender Care Team (TGCT). Once the treatment plan is validated by the TGCT, the member submits the treatment plan as part of the overall transition plan to the NRA CO. NRA MDR will consult with the echelon IV N9 Regional Medical Director (RMD) as applicable.

f. Unit COs/OICs must:

(1) Ensure their personnel are in compliance with IMR requirements in accordance with reference (a).

(2) Ensure the medical readiness of individual service members is considered during each clinical encounter, and monitored for compliance per reference (c).

(3) Inform the supporting NRA MDR of members' deployment limiting medical and dental condition, and or changes in existing conditions, that might interfere with their ability to perform their duties.

(4) Ensure members are in compliance with all injury case management requirements.

(5) Ensure members complete required Pre-Deployment Health Assessment (Pre-DHA DD 2795), Post-Deployment Health Assessment (Post-DHA DD 2796), and Post-Deployment Health Re-Assessment (PDHRA DD 2900).

g. Navy Reserve members will:

(1) Monitor IMR via Bureau of Naval Personnel Online and comply with all IMR requirements per reference (a).

(2) Disclose to the NRA MDR, within 30 days, any new and/or material changes in existing medical conditions and/or prescription medications' dosage.

(3) Provide monthly updates to NRA MDR while in an open Injury Case status.

3. MDR Training Requirements

- a. Reserve Medical Administration course shall be completed within the first 180 days of reporting to the NRA.
- b. Complete the Health Insurance Portability and Accountability Act and Privacy Act training within 30 days of checking onboard, and annually thereafter.
- c. Complete the required applicable training and have access to MRRS, Military Health System-Genesis, Electronic Deployment Health Assessment (EDHA), Vaccine Information and Logistics System, Periodic Health Assessment portal, Anacomp, and NSIPS STR, WebWave II REDCOM N9.
- d. TRICARE training course is required every two years.
- e. MDR personnel will be Basic Life Support qualified. Personnel administering vaccines must complete at least eight hours of annual continuing education, per DHA-IHD reference (g) and COMNAVRESFOR guidance. Baseline of training and comprehensive immunization standards are required to establish competency. Immunization training must be completed upon reporting onboard, and every three years thereafter.
- f. Resident courses. Medical personnel may attend the Immunization Lifelong Learners Course, or the Immunization Lifelong Learners Short Course. These resident courses will satisfy the three-year requirement.
- g. All personnel administering seasonal influenza vaccination will complete the DoD seasonal influenza training annually. Additionally, personnel will provide course completion annually for each additional immunization approved for and supplied to the NRA outside of the standard readiness immunizations (example: Yellow Fever).
- h. Blood-borne Pathogen Training course via Enterprise Safety Application Management System as required.

4. Deployment Health Assessment Management

- a. Assess the state of member's health after deployment outside the Continental United States (OCONUS) in support of military operations and identify present and future medical care.
- b. Complete the required Pre-Deployment Health Assessment (Pre-DHA DD 2795), Post-Deployment Health Assessment (Post-DHA DD 2796), and Post-Deployment Health Re-Assessment (PDHRA DD 2900) per reference (h) when due.
- c. Review previous deployment history for completion and applicable referrals.

d. Psychological Health Outreach Program (PHOP) should immediately be made aware of any Mental Health Assessment referrals and follow-up needed, as well as at risk members.

e. Ensure deployment health assessment screenings are completed via EDHA, documented in MRRS, and placed in members STRs.

f. Identify members found not fit on the Pre-DHA DD 2795, place them in the appropriate injury case status, and assign the appropriate MAS code.

g. Manage Post-DHA and Post-DHRA referrals through the LOD process.

5. Injury Case Management

a. Injury cases will be effectively managed and updated in MRRS to reflect current status, updates, and details.

b. For members in an injury case status all documentation must be current and signed.

c. Injury case file will be available for each case and will be separate from STR.

d. The appropriate MAS code must be assigned at opening and closing of all injury cases.

e. Utilize SF 600 and MRRS Comprehensive status tab entries in the absence of documentation of diagnosis from a military credentialed provider.

f. Refer/recommend for TNPQ, TNDQ, MRR or LOD as appropriate.

g. Members who relocate their Home of Record (HOR) may be assigned to nearest NRA per reference (j). Upon transfer, the losing NRA MDR shall contact the gaining NRA MDR to notify them of any injury management program placement and forward all medical documentation.

h. TNPQ/TNDQ

(1) Utilize TNPQ or TNDQ status when members have medical or dental conditions that are not service connected, and are expected to be resolved in less than 180 days per reference (l). TNPQ program must not be utilized as a place holder in lieu of chronic conditions that warrant MRR placement. Members in this status must be assigned the appropriate MAS Code per references (r) and (s).

(2) New accessions shall not be placed TNDQ in the first year of their enlistment. New accessions who are Dental Class III in the beginning of their second year of enlistment shall be placed TNDQ.

(3) Members in TNPQ/TNDQ status must provide the NRA MDR written monthly updates on their treatment progress from a civilian provider. In the event a medical or dental condition does not require a clinical visit in a given month, TNPQ/TNDQ members must still provide written updates to the NRA MDR. Failure to comply may result in ADMIN U period(s), non-compliance letters, and administrative separation per reference (i).

(4) The NRA MDR will update the member's medical record and MRRS on every status change.

(5) All requests for extensions of TNPQ/TNDQ will be routed to the echelon IV N9 staff via MRRS for approval. Extensions of TNPQ/TNDQ should only be for compliant cases with clear expectation of complete resolution. For TNPQ cases, a MRR package should be initiated at six months, if extension not granted. No extension will be granted beyond 365 days without the approval of COMNAVRESFOR Force Surgeon.

(6) Members completing their plan of care must immediately notify the NRA MDR and provide all current documentation in support of their course of treatment. The NRA MDR will place the documentation in members STR, injury case file, annotate treatment completion on an SF 600, and update MRRS accordingly. Additionally, NRA MDR will ensure closing page 13 is completed, submitted to personnel department, and a copy is maintained in the case file. If documentation is from a civilian physician, completion recommendation must be reviewed by a credentialed military provider, then MDR can remove or close the TNPQ status. If the member's condition still exists after 365 days the condition is considered chronic and the TNPQ must be converted into a MRR. NRA MDR will consult with the echelon IV N9 regional healthcare providers, and elevate queries to COMNAVRESFOR Force Health Department N9 when applicable.

(7) Inactive Duty Participation

(a) Members in a TNPQ/TNDQ status are eligible to perform Inactive Duty Training (IDT) periods. Coordination between Training Unit Identification Code (TRUIC) NRA and Unit Mobilization Unit Identification Code (UMUIC) is required for member to conduct Inactive Duty Training Travel (IDTT) with supported command. Members may request consideration for IDTT, Annual Training (AT), and Active Duty Training (ADT). TRUIC NRA CO, in conjunction with UMUIC Unit Leadership, and RMD will consider these requests on a case-by-case basis and may approve when less than 29 days and CONUS assignment based.

(b) Members in TNPQ/TNDQ status are assignable per reference (m). However, members will remain assigned to their administrative NRA and in Selected Reserve status except where precluded by higher policy (i.e. High Year Tenure).

(c) Members who relocate HOR may be assigned to nearest NRA per reference (w). The losing NRA must contact the gaining NRA to inform them of TNPQ/TNDQ status and immediately provide all medical documentation and details.

(8) Members who decide to undergo active orthodontic treatment and or combined orthodontic/orthognathic surgery treatment, are required to notify their Unit CO/OIC and the supporting NRA MDR. The NRA MDR will educate the member on the Navy's recall and deployment policy on personnel who choose to undergo this treatment, and sign a page 13 affirming understanding. Refer to NAVMED 1300/4, Expeditionary Medical Screening Checklist and specific AOR requirements for restrictions on orthodontic appliances

(9) Members undergoing active orthodontic treatment will not be placed TNDQ or classified as dental readiness classification three. Members can be dental readiness class one or class two and be under active treatment. Specific deployment requirements will dictate if members who execute active duty orders greater than 29 days are required to have their active orthodontic treatment (braces) deactivated. The member's treating dentist or orthodontist must certify that the member's orthodontic appliances have been placed in a stabilized and deactivated status. Members choosing to undergo combined orthodontic/orthognathic surgery treatment must be placed TNDQ non-drill status until an oral surgeon has certified all surgical devices have been removed and adequate healing of the bones and jaw have occurred.

i. Medical Retention Review (MRR)

(1) A MRR package will be initiated when the NRA CO determines that a member has developed a new or had a change in an existing medical condition, that is service limiting and is not claimed to be in the LOD, chronic in nature (>180 days), and will preclude the member from satisfactory performance and safely participating in physical fitness test per reference (p) and (x). NRA MDR will consult with the echelon IV N9 RMD to determine the need of a MRR, and elevate queries to COMNAVRESFOR Force Health Department N9 if applicable.

(2) The NRA MDR has 60 days to gather documentation from members, for package completion and submission. MDR must notify NRA CO of any MRRs that have been opened for 60 days or more and have not yet been submitted to echelon IV N9. Members in an MRR status are required to submit medical documentation within 30 days of a medical appointment. Failure to comply may result in ADMIN U period(s), non-compliance letters, and administrative separation per reference (b).

(3) The complete MRR package will be submitted to the echelon IV N9 for review, Quality Assurance (QA), and determination/endorsement. Echelon IV commands will ensure timely upload of documents into the electronic database (WEBWAVE) within 14 business days, and monitor package timelines at both commands. The echelon IV Medical Director will review Navy MRR packages and provide one of the following determinations regarding qualification for retention:

(a) Physically Qualified (PQ): Unrestricted IDT, IDTT, AT, and ADT. No MAS Code.

(b) Physically Qualified with Potentially Limiting Conditions (PQ-MOB): Physically qualified but may have conditions that limit deployment/mobilization and may require a waiver

from operational COC. Members in this category, most likely, will not require a MRR periodic resubmission.

(c) If the echelon IV Medical Director recommends a finding of Not Physically Qualified, then echelon IV Medical Director will forward the MRR package to BUMED for final determination.

(4) BUMED will review the MRR package via echelon IV Medical Director and determine the physical qualification status per reference (i).

(a) Physically Qualified (PQ): Unrestricted IDT, IDTT, AT, and ADT. No MAS Code.

(b) Physically Qualified with Potentially Limiting Conditions (PQ-MOB): Physically qualified but may have conditions that limit deployment/mobilization and may require an AOR waiver pending theater entry requirements. Members in this category, most likely, will not require a MRR periodic resubmission.

(c) Not Physically Qualified/Retention Recommended (NPQ/RR): Approval for activation CONUS less than 30 days is at the CO/OIC's discretion, with RMD/MDR input. Greater than 30 days CONUS assignment requires an AOR waiver from the gaining COCOM Surgeon. AOR waiver approval for OCONUS orders less than 30 days is at the discretion of the Reserve Force Surgeon via the RMD. AOR waiver approval for OCONUS orders greater than 30 days is at the discretion of COCOM Surgeon. AFRICOM waivers require COCOM Surgeon approval, regardless of the length of assignment. Chain of Command will be utilized for any questions. PERS message will specify administrative requirements, restrictions, and future submission requirements.

(d) Not Physically Qualified/Retention Not Recommended (NPQ/RNR): Member may complete correspondence courses only. The member will be assigned an administrative MAS code (i.e. AAP or ARR).

(5) PERS-95 will notify the member of their findings (PQ/MOB, NPQ/RR, NPQ/RNR) via message traffic. Supporting NRA admin department must notify members by letter via certified mail or in person of their option to request in writing; appeal review by the PEB, discharge, transfer to the retired reserve (if eligible), or request LOD-B for DES within 30 days of receipt of their letter, if not recommended for retention. MDR will consult with their NRA admin department for timely processing.

(6) A VA disability rating alone, does not constitute a MRR submission. Not all medical conditions require a MRR. For example, if the condition resolved or has stabilized during TNPQ status, has not had any change in the past 90 days, then a MRR package does not need to be submitted. These conditions still require appropriate documentation from the treating provider and must be reviewed by a credentialed military provider.

Decision considerations will be annotated on a SF 600, updated in the MRRS Comprehensive status tab and will be placed in the STR.

(7) Inactive Duty Participation

(a) Members in a MRR status, awaiting initial BUMED review, are only eligible to perform IDT periods at TRUIC NRA CO and Unit leadership discretion per reference (m). TRUIC NRA CO is authorized to assign drill or non-drill status.

(b) Members in a MRR status, awaiting BUMED review, are unassignable in accordance with references (k) and (w). However, members shall remain assigned to their unit, except where precluded by higher policy (e.g. High Year Tenure).

(c) Members who are under periodic resubmission may execute (IDT, IDTT, AT, ADT) orders for a period of less than 30 days at the discretion of the TRUIC CO if the member's condition is stable and has not worsened.

j. Line of Duty

(1) Line of Duty Healthcare (LOD-HC)

(a) Utilize LOD cases for Reserve members who incur or aggravate an illness, injury, or disease that qualifies for benefits per reference (n).

(b) Service members hospitalized due to an emergency while in a duty status must be placed on or continued on orders for the entire period of the hospitalization until stabilization has been achieved per reference (n).

(c) LOD benefits are available to eligible Reserve members and may include inpatient or outpatient healthcare, dental care, Incapacitation Pay (INCAP Pay), travel and transportation allowance, separation pay, or disability retirement.

(d) Each case will be opened and submitted within 180 days of a diagnosed injury or condition. Initial LOD requests, appeals and INCAP Pay requests must be submitted to the respective echelon IV N9 for review and accuracy. Once complete, echelon IV will forward the request to PERS-95. All monthly updates shall be submitted to PERS-95 following the guidance of the echelon IV N9.

(e) Ensure the members understand the requirements of an LOD and that the Disability Evaluation System process is initiated by a certified military provider at a Military Treatment Facility.

(f) NRA COs shall make recommendations (Command Endorsement Letter) on whether or not members can perform military duties (drilling or non-drilling). Consult with RMD as needed.

(g) Upon receipt, appeals of LOD denials or termination will be forwarded to Office of the Judge Advocate General (OJAG Code 13) via echelon IV by PERS-95.

(h) INCAP Pay is a separate benefit that must be requested via the member to PERS-95 per reference (n). INCAP Pay is reviewed and forwarded to Defense Finance Accounting Service (DFAS) via PERS-95. PERS-95 validates the amount of lost wages and makes a recommendation to DFAS. PERS-95 does not determine the amount of money members will receive.

(i) Members with an approved LOD-HC must provide written monthly updates to their NRA MDR on their treatment progress from their treating provider(s) to include diagnosis, prognosis, limitations as applicable, and treatment plan. If a condition does not require a monthly clinical visit, the member must provide verification of the next scheduled appointment.

(j) Failure to comply may result in administrative actions, non-compliance letters, and administrative separation per reference (b). Reference (n) serves the guide for proper package compilation and submission processes. Members in a flight status that are placed LOD must be issued a grounding notice, DD Form 2992, JAN 2015.

(2) Line of Duty Benefits for Disability Evaluation System (LOD-B for DES).

(a) LOD-B for DES provides a path for evaluation and potential entry into the DES for qualifying reserve Sailors with medical conditions that do not fit the guideline for LOD-HC benefits per reference (n).

(b) LOD-B for DES does not include medical/dental treatment nor INCAP Pay benefits.

(c) LOD-B for DES initial requests and appeal requests must be submitted to the respective echelon IV N9 for review and endorsement, utilizing the LOD-B for DES Checklist. Once complete, requests must be submitted to PERS-95.

(d) The echelon IV RMD must conduct a thorough review and complete a formal written recommendation within 14 business days. Additionally, echelon IV Staff Judge Advocate must provide a separate written legal sufficiency review of the LOD-B for DES request within 14 business days.

(e) Member must comply with Medical Evaluation Board (MEB) requirements, and provide monthly status updates to NRA MDR in regards to the progress of their MEB. Failure to comply with MEB requirements may result in termination of benefits.

(3) Sexual Assault Prevention and Response (SAPR) LOD Request.

(a) In accordance with reference (v) the commander of the Reserve command must designate an individual to process LODs for victims of sexual assault.

(b) To maintain the Service Members privacy all request will be submitted directly to PERS-95 SAPR Program Manager via LOD_SAPR.FCT@NAVY.MIL. Once the request is received PERS-95 SAPR Program Manager will enter the request in MRRS.

(4) Inactive Duty Participation.

(a) Members with an open LOD that has not yet been fully adjudicated by PERS-95, or with an active LOD Evaluation Letter, may only perform IDT at their TRUIC NRC CO and Unit Leadership discretion and are not eligible for order waivers.

(b) Members with an approved LOD are eligible to perform IDT periods at the Benefits Issuing Authority discretion as annotated in the LOD Approval Letter as drill or non-drill.

(c) Members who have an approved LOD may request consideration for IDTT, AT, and ADT via PERS-95. PERS-95 will consider these requests on a case-by-case basis and may approve when less than 29 days and CONUS assignment based. Any request for order waiver outside these conditions will be forwarded from PERS-95 to COMNAVRESFOR N9 for exception to policy consideration.

(d) Members in a LOD status are unassignable per references (k) and (w). However, members must remain assigned to their unit, except where precluded by higher policy (e.g. High Year Tenure).

(e) Members who relocate HOR may be assigned to nearest NRA in accordance with reference (l). The losing NRA must contact the gaining NRA to inform them of LOD status and immediately provide all medical documentation and current status. The losing NRA MDR must also annotate the TRUIC change in MRRS under the "status tab."

k. Medical Hold

(1) Medical Hold (MedHold) is a voluntary medical treatment program for Reserve members with the sole purpose of addressing medical conditions incurred or aggravated while serving on active duty orders for greater than 30 consecutive days. Evidence must exist in the member's medical records that the condition was identified and documented while the member was in a duty status greater than 30 days. Once eligibility has been determined, members may request or accept MedHold orders.

(2) The mere existence of an illness, injury or disease does not necessarily qualify a service member for MedHold. The condition must be deemed potentially unfitting, as determined by their respective service.

(3) MedHold request packages will be submitted via their Active Duty supported chain of command to PERS-95 for review. The NRA does not have a role in the MedHold process unless the NRA is the supported command.

(4) Members on MedHold greater than 12 months and not found “Fit for duty” will be directed to a MEB/PEB.

1. Pregnancy Administration Management.

(1) This guidance should not replace sound medical judgment concerning complicated or high-risk pregnancies. Navy Reserve Sailors with uncomplicated pregnancies (determined to be at a low risk for a poor pregnancy outcome) are considered physically qualified for most assignments with no limitations. Performing active or inactive duty may be authorized by the NRA/Unit CO with a recommendation from the attending obstetrician physician. Except in the following situations:

(2) Assignments for pregnant Navy Sailors that include limitations or require a waiver include the following. Waivers must include recommendation from the attending obstetrician physician.

(a) Shipboard.

(b) Field exercises or training.

(c) Those that require immunizations or the use of force health protection prescription products that are contraindicated during pregnancy.

(d) Those specified by the respective Combatant Commander based on their area of operations.

(e) Those that extend beyond four weeks prior to the Sailor’s prospective due date.

(3) Per reference (t), pregnancy is a disqualifying physical and medical condition for the following assignments.

(a) United States Naval Academy.

(b) Officer Candidate School.

(c) Naval Reserve Officer Training Corps.

(d) Recruit Training Command.

(e) Flight Status.

(4) Ensure each pregnant Sailor’s data is entered into MRRS and NSIPS. Service members must confirm pregnancy and Qualified Birth Event through a military Health Care Provider (HCP) or a civilian HCP, in cases of inaccessibility to a MTF.

Ensure members provide medical documentation indicating prospective due date and any restrictions. Ensure member's health record reflects current status.

(5) Assign appropriate MAS code per enclosure (1). Ensure pregnant Sailors are not assigned MAS code MS3 (Temporary Not Physically Qualified for Mobilization) status, except when member provides documentation of a complicated pregnancy diagnosis from their attending obstetrician.

(6) Reserve Component (RC) members should disclose if they are going through fertility treatment. Failure to disclose may result in non-voluntary mobilization orders. RC members undergoing fertility treatments will be assigned the MS3 MAS code and placed in a TNPQ status. This MAS code has a periodicity of six months, with a one-time extension of up to six more months. If fertility treatment exceeds 12 months, a request must be submitted to COMNAVRESFORCOM N9 for exception to policy. If disapproved, the member will return to a deployable status. While in a TNPQ status due to fertility treatments, members may request a waiver to execute orders. To execute orders longer than 30 days, the member must terminate fertility treatment and the TNPQ case will be closed. If member resumes fertility treatment, a new letter will be required from the provider.

(7) Members who experience a live birth, stillbirth or late term miscarriage that occurs at or after 20 gestational weeks are entitled to receive paid authorized absences outlined in reference (q).

(8) Physical Fitness Assessment (PFA) for Pregnant Sailors. Sailors are exempt from participating in the PFA, to include BCA and PRT, from the time a pregnancy is confirmed by a HCP until the end of 12 months following a qualified birth event, defined by Article 1050-415 OPNAVIST 6110.1K and in line with Physical Readiness Program (PRP) Guide 8. IAW PRP Guide 8, Sailors who give birth to a stillborn child(ren) are exempt from participating in a PFA for 12-months following the birth event.

(9) Pregnancy Notification Timelines. Per reference (y), Navy Reserve members are provided appropriate privacy protections regarding command notification of pregnancy.

(a) Navy Reserve members who have a confirmed pregnancy may delay command notification until no later than 20 weeks gestation if they are not in a category that requires earlier notification per reference (y). After consultation with the Reserve Service Member under a civilian health care provider's care, the NRA medical representative will provide the pregnant Service Member with a light duty chit (hyperlink), without making any reference to the Service Member's pregnancy status for up to 20 weeks gestation. No MAS Code will be applied.

(b) In the event the member is identified for mobilization prior to 20 weeks gestation, the member shall notify the command of their pregnancy status, and the command shall assign the MPC MAS code. The mobilization cancelation classification will be "UNPREVENTABLE."

(c) The command shall assign the member the MPC MAS code at 20 weeks gestation or earlier if the member requests disclosure.

(10) Per reference (m), under the advisement of COMNAVRESFORCOM, members assigned MPC/MPP MAS codes may request to waive their Annual Training (AT) requirement.

(a) A member assigned a MPP MAS code may request authorization from the member's unit and desired NRA chain of command to complete IDT/AT.

(b) A member with a MPP MAS code may execute a non-local AT, as required, Without a waiver.

(c) If a member with a MPP MAS code is unable to secure a local option for IDT/AT, member will request an AT waiver through their chain of command.