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JOINT FORCE HEADQUARTERS
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ARMY BULLETIN NO. 2

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MEDICAL MANAGEMENT UNIT (MMU)

1. References.

- a. AR 135-91, Service Obligations, Methods of Fulfillment, Participation Requirements, and Enforcement Procedures, 1 February 2005
- b. AR 135-175, Separation of Officers, 27 April 2010
- c. AR 135-178, Enlisted Administrative Separations, 27 April 2010
- d. AR 135-155, Promotions of Commissioned Officers and Warrant Officers other than General Officers.
- e. AR 135-381, Incapacitation of Reserve Component Soldiers, 27 December 2006
- f. AR 40-501, Standards of Medical Fitness, 9 October 2008
- g. AR 40-400, Patient Administration, 27 January 2010
- h. AR 600-8-4, Line of Duty Policy, Procedures and Investigations, 4 September 2008
- i. AR 600-8-19, Enlisted Promotions and Reductions
- h. AR 635-40, Physical Evaluation for Retention, Retirement, or Separation, 8 February 2006
- j. AR 735-5, Policies and Procedures for Property Accountability, 28 February 2005
- k. NGR 600-100, Officer Promotions
 - l. NGR 600-200, Army National Guard Enlisted Personnel Management Implementing Draft, 27 September 2006
- m. NJARNG Financial Liability Investigation of Property Loss (FLIPL) Standing Operating Procedure, 13 May 2010
- n. Department of the Army WTU Consolidated Guidance 20 March 2009

2. Purpose. The Medical Management Unit (MMU), formerly known as the Medical Holding Detachment, is a Medical Command element that provides centralized management of non-qualified / non-deployable M-day Soldiers with medical issues. This Army Bulletin outlines procedures to attach or release from attachment a Soldier to the MMU.

3. Applicability. This Army Bulletin applies to all New Jersey Army National Guard (NJARNG) units and Soldiers.

4. Concept. The primary mission of this unit is to assist NJARNG units maintain levels of unit readiness consistent with the goals established by The Adjutant General. In order for units to maintain appropriate readiness levels, Soldiers must be medically fit and fully capable to deploy worldwide. Soldiers who are considered medically non-retainable must be given the opportunity to improve their medical status. The most effective way to accomplish this is to provide centralized management of medically non-fit soldiers. This can be best accomplished with a

centralized medical unit. The MMU has the Subject Matter Experts (SME) that can assist units with Case Management of these soldiers.

5. Criteria for Attachment.

a. Soldier fails a periodic health assessment IAW AR 40-501. This would also include failure of a Cardiovascular Screening Test (over 40).

b. Soldier reports to the MEDCOM to request a Physical Profile and is found unfit for duty pending further medical evaluation.

c. Soldier is injured or becomes ill in the Line of Duty (LOD), and is found unfit to perform duties, is put on Incapacitation Leave (INCAP) or Convalescent Leave from duty assignment; soldier would require further medical evaluation.

d. Soldier fails a Soldier Readiness Processing (SRP) exercise for Pre-Deployment, or fails to progress through a Soldier Readiness Screening (SRC) at a Mobilization Site, and is immediately return from Active Duty (REFRAD).

e. Soldier is identified during a Mobilization SRP to be in a Red status. This Soldier will be directed to report to the MMU by MEDCOM Commander only. This action is the exception to the procedures outlined in this MOU.

6. Timelines. Soldiers are given ample time to clear up their medical issues with MEDCOM before attachment to the MMU. The following timelines are used:

a. 30 Days. Soldier remains in unit of assignment. Soldier reports to MEDCOM and the medical problem is identified. Soldier is given a medical referral form to have their Primary Care Physician and/or Specialist complete and return to the MEDCOM within 60 days.

b. 60-90 Days. Soldier remains in unit of assignment. The Soldier's medical file is forwarded to the Case Manager after 60 days. The Case Manager sends the Soldier a Letter of Instruction (LOI) outlining the Soldier's medical disqualification. If the Soldier fails to clear up the medical issue by not providing documentation from his Primary Care Physician or Specialist, by the suspense date of the LOI, the Soldier will be attached to the MMU.

c. 91st Day. The Soldier is attached to the MMU. The Soldier did not provide appropriate medical documentation to clear their medical issue. The Soldier is attached to the MMU until the medical condition is resolved, returned to duty or the Soldier is medically discharged.

d. Soldiers placed on INCAP will be transferred to the MMU with an approved LOD.

7. Government Property. Upon attachment to the MMU (91st day) soldiers must clear property with their parent unit before they report to the MMU. Soldiers attached to the MMU will provide the MMU Senior Personnel Sergeant a signed copy of their cleared Organizational Clothing and Equipment Issue Report. The Commander of the Soldier's parent unit remains accountable for the attached Soldier's property. The parent unit is responsible to initiate property accountability procedures in accordance with (IAW) property accountability regulations to include Letter of Demand, FLIPLs, and supporting documentation.

8. AWOL Soldiers. Soldiers who are AWOL from MMU drill will be discharged IAW AR 135-91, AR 135-178 and NGR 600-200. The Discharge Order will annotate the appropriate discharge code. The Soldier's MEDPRO file will be annotated with the status of the Soldier's current medical profile. After five AWOLs the soldier may be reduced in rank.

9. Suspended Actions. Soldiers cannot attend military schools or be placed on ADSW.

10. Attendance Policy. Soldiers must attend all drills. The unit SUTA policy is very limited and is at the discretion of the MMU commander. Annual Training is at the discretion of the Medical Management Unit Commander IAW soldier's medical profile (APFT, gear turn-in, meet with medical staff).

11. Discharge. Medically unfit Soldiers with 15 years of credible service are eligible for retirement. They may receive a 15 Year Letter and placed into the Retired Reserves. All other Medical Discharges will be in accordance with applicable regulations.

12. Enlisted Promotion System (EPS). All Soldiers are eligible for EPS processing regardless of their medical status. The parent unit is responsible for processing 4100s on Soldiers attached to the MMU for less than 90 days. MMU will be responsible for 4100 on those soldiers attached for over 91 days. If a soldier is in need of an APFT, the MMU will administer the test in accordance with the soldier's profile.

13. Evaluation Reports. OERs and NCOERs are the responsibility of the Soldier's parent unit. Soldiers who remain in the MMU for more than 91 days will receive a Non-Rated time OER/ NCOER from the MMU. The MMU will contact the parent unit to have them due a change of Duty OER/ NCOER.

14. ETS Extensions. Soldiers attached to the MMU will be extended for six month periods as needed to complete their medical board proceedings.

15. LODs. The soldier's parent unit is responsible to make sure that any and all LODs are completed and approved before the soldier reports to the MMU.

16. Title 10 Medical Hold. Title 10 Soldiers remain in their NJARNG parent unit. The parent unit and G-1 Health Services Section (HSS) tracks the Soldier's progress and keeps in contact with the individual providing support as necessary. Soldier's released from Title 10 report back to NJARNG G3-MR for reconstitution and return to their unit. If a Soldier was found medically unfit by PEB proceedings while on Title 10, the Soldier reports back to G3-MR for reconstitution and then they will be referred to the MMU for discharge.

17. Title 32 AGR. Title 32 Soldiers remain in their NJARNG parent unit. The G-1 Health Services Section (HSS) tracks the Soldier's progress and keeps in contact with the individual providing support as necessary.

18. Federal Technicians. J1 will provide counseling on their benefits if they are medically discharged. They also will be counseled their benefits if they non- medically discharged.

19. Health Insurance Portability and Accountability Act (HIPAA). HIPAA provides protection of confidentiality and security of health data through setting and enforcing standards. Leaders must safeguard privacy and confidentiality of Soldiers' medical information and conditions. All medical staff must be recertified annually.

20. Point of contact for this memorandum is COL Debra Burr (732) 974-5910 email debra.burr@us.army.mil or MAJ Thomas Kripinski (609) 530-6734 email thomas.kripinski@us.army.mil.

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Encl
MMPS

DISTRIBUTION: A, A2, B, C

Medical Management Process (MMPS)

The Army National Guard (ARNG) requests approval of the accompanying MMPS guidance to add three paragraph and line spaces to the 54 States and territories Table of Distribution and Allowances (TDA).

1. Purpose:

This MMPS is part of a broad based effort to enable existing personnel readiness systems to accommodate the temporary assignment of medically non-deployable members outside the operating force until they are fit to return to duty or processed through the MEB/ system. This MMPS formally documents organizational and mission changes necessary to adapt to the contemporary operating environment.

2. Process:

a. The BN Medical Readiness NCO (MRNCO) identifies any soldier having a medical issue through SRP, PHA, PDHRA or Soldier self-report. The MRNCO will find out what care the service member (SM) has had up to that point (if any).

b. The MRNCO will then assist the SM in any of a number of tasks to include, but not limited to obtaining a DD Form 2793 (LOD), a temporary profile, assisting in establishing an initial provider appointment, and collecting any pertinent medical records.

c. Should the SM require more in-depth or continual health care that extends beyond a three month timeframe from the identification of the issue(s) by the MRNCO, then the MRNCO will “hand-off” the SM’s tracking of care to a State Care Coordinator. The MRNCO will continue to provide the Command with a monthly scrub of all MRCP 3B soldiers (those identified as requiring medical care beyond 30 days) within that BN, even when SM’s are not being followed specifically by the MRNCO (after the initial 3month period).

d. Under the Care Coordinator (CC), the injured soldier will continue their healthcare process. Care coordinators are the civilian equivalent of a medical NCO with basic health care training, with or without a bachelor’s degree in a health care field. These include EMT’s, Paramedics, medical assistants, and other allied health care personnel. Care Coordinators assist Soldiers with tracking medical and dental appointments, assuring attendance, maintaining communication as required with the Soldiers, and continue to update/collect current medical records. All cases, regardless of type or duration, and must be documented in the e-Profile Module of the Medical Operational Data System (MODS). The CC will continue to communicate with the MRNCO for unit continuity and command/control. If within 3 months, a fitness determination has not been accomplished, and/or the case has not been dispositioned, the CC will do a hand-off to a Case Manager (CM). It is important to remember that the Soldier is still assigned to their organic unit during this time. A fitness determination for the Soldier should be completed at this point (and if found fit, an MAR2) and will be receiving a final disposition within the next 60 days.

e. Under the CM, the Soldier continues the healthcare process, and the CM continues communication with the CC/MRNCO as needed. Case Managers are Registered Nurses (RNs),

Medical Management Process (Cont'd)

Licensed Social Workers, or other health care providers who have graduated from an accredited school with a minimum of a bachelor's degree in a health care field. The CM assists the soldier in assessing their current and future needs, reviewing and re-establishing their comprehensive plan of care, obtaining the required treatment and evaluations to progress toward a final outcome through telephonic or electronic coordination, and re-evaluation of the plan as needed. Once the SM has completed his fitness determination, the CM sets up a case meeting, which will include the Unit Commander (or designated representative), CM, the G1 or a representative, and the SS or their representative. At this meeting, the attending personnel will decide if the SM should have had a disposition prior to reaching the nine-month timeline. If a fitness determination has not been accomplished due to requirements for continued care, or the SM has/is entering the MEB system and will continue beyond the nine-month timeline, then the SS and/or Unit Commander will recommend the SM be ASSIGNED to that State's Med Manage Unit. The CM will continue to follow this SM from a case management standpoint while he/she is within the Med Manage Unit. The SM will remain in the Medical Manage Unit (MMU) for continued care until they reach a final disposition.

f. If the MRNCO communicates with a CC or CM and they decide that a SM needs to be assigned *directly* into the MMU based upon his presentation or diagnosis, he or she can facilitate this rapid processing based on communication with a CM, the Commander and the G1. (i.e. the SM does not have to go directly through every phase – it would be individually based on what care and board decisions the SM has already received at the point that he/she enters the MMPS).

3. Command and Control:

a. Counseling for non-compliant SMs is a command responsibility. It is crucial that this be a well defined and documented process in order for the MMPS to be effective both financially as well as timely to benefit the SM and their command.

This processing system would retain medically non-deployable soldiers within their organic unit for a maximum of 9 months before they would be transferred to that State's Medical Manage Unit (MMU).

The longest time that a medically non-deployable SM would be in the MMPS would be a total of 21 months (nine while assigned organically and a maximum of an additional 12 if assigned to the state's Med Manage Unit while awaiting final disposition).

4. Requirements:

a. A BN Medical Readiness NCO, State Care Coordinators, Case Managers, State Med Manage Unit (TDA element with augmented non-med Cadre).