



Texas Army National Guard

DIRECTIVE

NUMBER 1310.01

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NGTX-AZ

SUBJECT: Utilization and Management of Texas Army National Guard (TXARNG)
Army Medical Department (AMEDD) Personnel for Medical Readiness

References. See enclosure

1. PURPOSE.

a. To provide instruction regarding TXARNG management of AMEDD personnel in order to achieve National Guard Bureau (NGB) goals of 90% for Medical Readiness Codes (MRC) I and II (MRC Go).

b. Outline primary responsibilities of the TXARNG State Surgeon's Office, Medical Command (MEDCOM), division, brigade and battalion surgeon cells and other AMEDD personnel in order to achieve the TXARNG medical readiness and medical support throughout TXARNG units.

c. Assign State Surgeon responsibility to provide guidance and recommendations for career progression to centrally coordinate assignment of medical providers.

d. Reissue NGB AMEDD Officer Personnel Management Guidance, to include AMEDD officer accessions, personnel reporting, mandatory removal and extension requests, evaluations, promotions, and military education.

2. POLICY.

a. TXARNG will follow Department of Defense (DoD) and NGB guidance for accessions, pay, education and management of medical personnel.

b. MEDCOM is aligned under Joint Force Headquarters with administrative control (ADCON) to 71st Troop Command.

c. Military education for AMEDD officers is a readiness priority which is managed under the supervision of the State Surgeon.

(1) AMEDD officers will attend the appropriate Basic Officer Leadership Course (BOLC).

(2) IAW ARNG PPOM 17-028, Military education past BOLC is waived with the exception of 67J and 70 series AMEDD officers who must complete the standard Army Professional Military Education (PME) requirements.

3. DEFINITIONS. NA

4. RESPONSIBILITIES.

a. Commanders are responsible for the following:

(1) Execute policies specific to AMEDD personnel to include AR 40-1 and references listed in the enclosure. These policies will maximize retention of critical skill sets to include prompt promotions, maximizing educational requirements and proper pay (including special and professional pays).

(2) Ensure all medical providers maintain credentials and privileges on continuous basis IAW AR 40-68.

(3) Utilize Flexible Training Policy (see enclosure) for officers scheduled for Inactive Duty Training (IDT), Unit Training Assembly (UTA), Annual Training (AT), and Active Duty for Training (ADT) to enable their participation in other health education activities.

(4) Ensure all 68W sustainment requirements of assigned medics are met IAW published guidance in TXARNG Base Operations Order.

(5) Maintain access to Commander's Portal to track unit medical readiness.

NOTE: The Commander's Portal electronically feeds the Unit Status Report (USR) giving the commander the opportunity to maximize deployability.

b. The USPFO will ensure all AMEDD special and professional pay is processed IAW all regulatory guidance.

c. TXARNG G-1 will centrally manage and promote AMEDD professionals.

(1) Only Medical Corps (MC) and Dental Corps (DC) officers selected for promotion by a mandatory DA Selection board may be extended Federal Recognition in the higher grade up to the rank of COL in any AOC appropriate position. Over-grade promotions must remain IAW the current ARNG Over-Grade and Over-Strength policies.

(2) Any Medical Specialist Corps (SP), Nurse Corps (AN), Veterinary Corps (VC), or 71-73 series Medical Service Corps (MS) officer selected for promotion by a

mandatory DA Selection board may be promoted in a position two grades over, up to LTC. Over-grade promotions must remain IAW the current ARNG Over-Grade and Over-Strength policies.

d. TXARNG G-3 will ensure availability of Continuing Medical Education (CME) funds for medical professionals and medics IAW guidance outlined below.

(1) TXARNG G3 will reimburse MC, DC, SP, AN, and VC officers up to \$2500 of CME cost, including registration fee, travel and per diem, contingent upon availability of funds. CME may be in place of or in addition to annual training.

(2) MOS 68W Soldiers are authorized up to \$2500 CME/CHE reimbursement per year, contingent upon availability of funds. MSC officers holding 67F, 73A, and 73B are also eligible for CME funding.

(3) The event must grant valid CME credit(s) toward retaining or renewing licensure.

(4) The CME must be held within CONUS and with concurrence from the immediate chain of command. Under rare circumstances, OCONUS locations will be considered by TXARNG G3 upon recommendation of the State Surgeon; however, TXARNG G3 will be the final approving authority.

(5) For planning purposes and to ensure maximum utilization of this program, it is imperative that healthcare personnel identify the course they wish to attend by the end of each fiscal year in anticipation of the following fiscal year. This information will be provided to the State Surgeon for budgeting purposes.

e. Recruiting and Retention Commander will assist unit commanders and medical professionals to ensure bonuses for AMEDD personnel are tracked and maximized IAW regulatory guidance.

f. The Office of the State Army Surgeon is responsible for coordinating, planning and providing services to ensure a medically ready and deployable force. Duties and responsibilities include the following actions:

(1) Track the credentialing and privileging of providers.

(2) Coordinate behavioral health activities, support of medical readiness and mobilization requirements, and management of access to medical health E-Systems.

(3) Provide medical planning, policy and procedure support to the Army Commander and staff.

(4) Host a mandatory Annual Medical Provider Conference during the first quarter of each fiscal year for all Medical Providers to attend.

(a) The conference will be staged by the State Surgeon and used to conduct training on profiling, health assessments, and Medical Review Officer (MRO) cases.

(b) Additional classes on retention benefits, such as accession bonuses and flexible training information, will be offered.

(c) Provide guidance for AMEDD personnel career management actions through the TXARNG Talent Management Process.

g. Division and Brigade Surgeon Cells and Medical Sections and Platoons are responsible for the following:

(1) Advise commanders on medical and dental readiness administrative functions.

(2) Provide medical, dental, and case management services during IDT and AT activities. Examples of these activities include physical examinations, immunizations, dental examinations, Soldier readiness processing, participation in field exercises and medical support missions. Clinical privileging for medical treatment provided during IDT is limited to acute and emergent care only. **NOTE: Acute care is defined as the necessary steps to preserve life, limb or eyesight and applies for the time period that the Soldier departs home of record (HOR) and returns to HOR.**

(a) Conduct of mandatory health assessments such as Personal Health Assessments (PHAs) can be completed by medical providers at the unit level on Soldiers under 40 years of age. Medical supplies, i.e. pregnancy tests, are available by request through the Office of the State Surgeon. Soldiers 40 years of age and older typically require prerequisite labs, which can be arranged through MEDCOM sites or contracted services via appointment. Medical readiness NCOs will maintain current status of all delinquent health assessments and appointments will be made with unit providers to correct deficiencies and prevent Soldiers from becoming MRC4.

(b) Ensure medical personnel complete required online training prior to receiving access to electronic profiling systems. Medical providers will evaluate and place Soldiers on profiles, refer to medical specialists for further evaluation and open an Electronic Case (E-Case) file when appropriate. Commanders and Medical readiness NCOs will track all Soldiers in the unit with an active profile and refer to the Disability Evaluation System (DES) when appropriate.

(3) Provide training plans to medically support unit operations and ensure appropriate training plans for subordinate medical elements including 68W sustainment certification.

(4) Assist in the case management of individuals in a Medical Readiness

Category (MRC) or Dental Readiness Category (DRC) 3 or 4. This includes maintaining and substantiating profiles in the system of record and determining the medical retention decision point at one year or earlier for return to duty or board processing.

(5) Ensure physicians, physician assistants and nurse practitioners complete and maintain required certification and appointment as Medical Review Officers (MROs).

(a) MROs will review positive urinalysis results IAW regulatory guidelines and provide commanders with final determination.

(b) Clear positive urinalysis cases by MRO-certified providers at the appropriate level.

h. MEDCOM is responsible for supporting medical, mental, and dental health readiness activities across the TXARNG. Duties and responsibilities include managing medical records, supervising case management activities, and conducting PHAs, Chapter II, Flight, and Specialty physicals. They are also responsible for referring Soldiers to the Integrated Disability Evaluation System (IDES).

i. Medical personnel will prioritize quality healthcare to Soldiers and assist commanders and leadership in achieving medical and dental readiness for the force. They are also responsible for timely completion of state and federal requirements to maintain credentials and MOS qualifications with zero defects in continuity.

5. RELEASABILITY. Unlimited.

6. EFFECTIVE DATE. This directive will expire two years from the effective date of publication unless sooner rescinded or superseded.

7. POINT OF CONTACT. TXARNG OSArS, Deputy State Surgeon at (512) 782-7218.

Encl


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SIG. Issuance



Enclosure

References.

- a. Army Regulation (AR) 40-1, Composition, Mission, and Functions of the Army Medical Department, 1 Jul 83
- b. Army Regulation (AR) 135-155, Promotion of Commissioned Officers and Warrant Officers Other than General Officers, 13 Jul 04
- c. Army Regulation (AR) 135-101, Appointment of Reserve Commissioned Officers for Assignment to Army Medical Department Branches, 15 Feb 84
- d. Army Regulation (AR) 350-1, Army Training and Leader Development, 19 Aug 14
- e. Army Regulation (AR) 40-68, Clinical Quality Management, RAR 22 May 09
- f. MEDCOM Regulation 40-51, Medical Review Officers and Review of Positive Urinalysis Drug Testing Results, 17 Apr 13
- g. AMEDD Officer Personnel Management Guidance (PPOM 17-028), 17 May 17
- h. Management and Execution of the Army National Guard (ARNG) Continuing Medical Education (CME) Program (PPOM 17-044), 6 Nov 17
- i. Flexible Training of the Army Medical Department Officers (PPOM 16-045), 15 Dec 16
- j. Texas Military Department Talent Management Directive (TBP)
- k. Operations Order 18/19-01 (FY2018 and FY2019 Plans, Operations and Training (Base Order) – HQ, TXARNG, Annex F (Sustainment), App 3 (Army Medical System Support - Surgeon).