



Disability Evaluation System Guidebook

An Army Disability Evaluation System Reference Guide

June 2021

Disability Evaluation System Service Line

FOR OFFICE USE ONLY

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Note: The resources in the Disability Evaluation System Guidebook are current as of the date of publication. Updates will be made available, however, it is the user's responsibility to ensure that the tools utilized are applicable to the specific circumstance at the time of use.

Introduction

1. Mission:

The mission of the Disability Evaluation System (DES) Service Line is to enhance sustainment of a medically-ready force by providing Disability Evaluation System strategic oversight guidance, training, and support to the Office of the Surgeon General (OTSG)/Medical Command (MEDCOM), and the Defense Health Agency (DHA) Military Treatment Facilities (MTFs) responsible for managing the timely completion of Army DES cases across the enterprise, enabling Commanders' ability to sustain a medically-ready force.

The DES Service Line has oversight of the Medical Evaluation Board (MEB) within the Integrated Disability Evaluation System (IDES), Legacy Disability Evaluation System (LDES) and Temporary Disability Retired List (TDRL). The DES Service Line's ongoing mission is to standardize processes and procedures, ensuring the accurate and timely completion of cases across the enterprise. The DES Service Line collaborates with its Department of Defense and Department of Veterans Affairs partners to centrally optimize a sustainable, standardized process.

The DES Service Line enhances medical readiness by ensuring non-deployable Soldiers are processed through DES with minimal delay; enabling the Soldiers to transition to the next phase of their life and their Commanders to requisition Soldiers in their place.

The DES Service Line in partnership with the United States Army Physical Disability Agency (USAPDA) is a key stakeholder in the TDRL mission. The DES Service Line continues to review the TDRL process, identifying areas for improvement as we work to increase capacity across MTFs.

The Medical Evaluation Board Tracking Office (MEBTO) is a component of the DES Service Line whose mission is to enhance Army readiness by providing clear, concise Reserve Component guidance, training, and oversight to support the DES enterprise. The MEBTO collaborates with multiple stakeholders to include the Army Human Resources Command (HRC), National Guard Bureau (NGB), Office of the Chief, Army Reserve (OCAR), and the Army Medical Command.

2. DES Optimization:

To improve case processing performance at the MTF level, the DES Service Line conducted optimization efforts (2015 and 2016) for the Medical Evaluation Board Phase and Temporary Disability Retirement List processes. The scope included: (1) gathering data and conducting process change analyses that entailed re-engineering and standardizing current MEB processes; (2) conducting the implementation to support the integration of any new initiatives; (3) providing follow-up services to assess existing initiatives to ensure they are aligned with MEDCOM performance objectives, and (4) creating conditions to sustain the effort. Standardization across the Army enterprise allows DES teams to perform the optimized standard process, improve and sustain their case processing cycle times and throughput, and greater visibility into variations that may cause case defects and delays in the outcome of the process.

3. The Disability Evaluation System Guidebook:

The Disability Evaluation System Guidebook serves as a reference guide to ensure proper implementation and compliance with the policies and guidelines associated with the standardized Army Disability Evaluation System process. The DES is a collaborative process that requires coordination across Commands, the Department of Defense (DoD), the Department of Veterans Affairs (VA) and other agencies. The success of the program is based on a consistent order of operations, clear channels of communication, and well understood stakeholder roles and responsibilities.

This iteration of the Disability Evaluation System Guidebook was published in June 2021 and supersedes the October 2018 publication.

Disability Evaluation System Overview

The Disability Evaluation System process identifies all medical conditions that impact military occupational function for the purposes of determining fitness for duty and entitlement to military and/or Department of Veterans Affairs disability compensation. Identification of conditions and determining entitlement to benefits requires extensive review of documented medical information from the Service Treatment Record (STR) and other sources when applicable. Non-medical documentation is also critical to establish military status and conditions under which illnesses or injuries were sustained. Title 10, USC, Title 38, USC, and Public Law 110-181 provide the statutory basis for this process and are the ultimate authority for policies referenced in this guidebook. Department of Defense policy is the basis for service-level (Army) policy and procedures described in this guidebook.

The objectives of the DES are to:

1. Maintain a ready and fit military organization to enable maximum use of available manpower.
2. Provide benefits for eligible Soldiers whose military service is terminated due to wound, illness or injury while in an active duty (AD) status.
3. Provide prompt disability processing while ensuring that the rights and interests of the Government and the Soldier are protected.

A Soldier is not to be discharged or released from active duty due to a disability until they have made a claim for Compensation and Pension (C&P) or hospitalization with the VA, or have signed a statement that their right to make such a claim has been explained, or have refused to sign such a statement.

Entry into the DES begins when one of the following events occurs:

1. A Soldier is issued a permanent (P3/P4) profile approved in accordance with the provisions of Army Regulation (AR) 40-501, Standards of Medical Fitness, and the profile contains a numerical designator of P3/P4 in any of the serial profile factors for a condition that appears to not meet medical retention standards in accordance with AR 40-501. Within (but no later than) one year of diagnosis, the Soldier must be assigned a P3/P4 profile to refer the Soldier to the DES. Any DA Form 3349 (Physical Profile) generated for a United States Reserve (USAR) Soldier in a drilling Troop Program Unit (TPU) or Active Guard/Reserve (AGR) status must be validated by the U.S. Army Reserve Command's Medical Management Center (AR-MMC) before their referral into the DES.

2. A Soldier is referred to the DES as the outcome of a Military Occupational Specialty Administrative Retention Review (MAR2) evaluation. MAR2 is a Commanders administrative screening tool used to determine a Soldier's ability to perform the duties within the scope of their Area of Concentration (AOC)/Primary Military Occupation Specialty (PMOS), including the ability to perform their duties worldwide. When a Soldier does not meet their AOC/MOS requirements, a determination of reclassification or referral to the Disability Evaluation System will be made.

The initiation of a referral to the DES takes place when the provider sends the case to the designated MEB Profile Approving Authority - who determines if the Medical Retention Determination Point (MRDP) has been reached (for one or more conditions) and, if so, approves the P3/P4 Profile to officially start the DES case. The first condition reaching MRDP triggers entry to the DES process.

The Disability Evaluation System is composed of several processes, which include:

- A. Integrated Disability Evaluation System (IDES)
- B. Legacy Disability Evaluation System (LDES)
- C. Temporary Disability Retired List (TDRL)

Key characteristics of the three types of DES processes are briefly described below:

Integrated Disability Evaluation System (IDES)

- Joint DoD and VA Disability Evaluation System. The DoD initiated the IDES to streamline processes and procedures to ensure Soldiers underwent a seamless transition from military service to the VA for continued care and entitlements.
- DoD uses the IDES to determine a Soldier's fitness for duty and final disposition. VA conducts medical examinations and provides a proposed VA disability rating before the Soldier is separated from service.
- The Medical Evaluation Board determines whether the Soldier meets medical retention standards. The Physical Evaluation Board (PEB) determines whether a Soldier is fit for duty and the appropriate disability determination. The Department of Veterans Affairs determines disability ratings for unfitting / service-connected conditions using the Veterans Affairs Schedule for Rating Disabilities (VASRD) during the PEB Phase before the Soldier is separated or retired from service.
- One comprehensive physical examination, single rating source and expeditious payment
- Process timeliness is a critical component

Legacy Disability Evaluation System (LDES)

- Legacy Disability Evaluation System processing may be requested and approved as an Exception to Policy in consideration of individualized and compelling circumstances presented by the Soldier, Soldier's unit commander, or Soldier's health care provider.
- A DoD-only disability evaluation mechanism to assess ill or injured Soldier's fitness for continued military service and, if unfit, the appropriate disability disposition.
- Under the legacy system, cases referred under the duty-related process are not integrated with the VA process. Medical examinations are performed by the Service MTF for the potentially unfitting (alone or in combination) conditions only. The PEB determines whether a Soldier is fit for duty and the appropriate disability determination and rating percentage utilizing the VASRD for conditions found to be unfitting and which are compensable (in the line of duty).
- The legacy process also includes the Reserve Component non-duty related referral process. No disability ratings are assigned (by the Service) for non-duty related cases. The VA process for rating these case types is conducted separately. Soldiers are allowed to use the VA Benefits Delivery at Discharge (BDD) and does not affect the completion of the DES and separation or retirement of the Soldier.

Temporary Disability Retired List (TDRL):

- The Temporary Disability Retired List protects ill or injured Soldiers who meet the requirements for permanent disability retirement, except their disability is not determined to be stable (but may be permanent), by allowing temporary retirement for up to five years until their condition stabilizes.
- A Soldier may be placed on the TDRL after undergoing the IDES or LDES process. Soldiers must be re-examined at a minimum of every 18 months until they have been on the TDRL for three/five years, or they are removed from TDRL.

- The United States Army Physical Disability Agency is responsible for managing Soldiers on the TDRL.
- Fiscal Year 2017 NDAA reduces the maximum tenure on TDRL from five to three years; new three year maximum effective 1 January 2017, and is applicable for all Soldiers placed on the TDRL on or after that date. If a condition that placed a Soldier on the TDRL still exists after three/five years, the condition will be considered permanent and stable.

Soldiers may exit the DES process in one of the following ways:

1. Prior to the process being completed. Upgrade of condition that results in Soldier not meeting criteria for DES entry (i.e. treatment or recovery time effecting resolution of condition); involuntary separation, voluntary non-disability retirement, death of Soldier. The MEB may also find the Soldier to meet retention standards and return the Soldier to duty with or without limitations.

2. After being found fit (PEB). In most cases, a finding of fit for duty results in the Soldier being returned to duty (RTD). Examples of situations that may not allow RTD:

- a. When a fit finding is due to presumption of fitness rules, non-medical retirement is appropriate.
- b. When the referral was from MAR2 and the MEB issues a finding of meets retention standards, PEB approval is required prior to RTD unless the profile has been upgraded to a P2 or P1.

3. After being found unfit (PEB). Separation with or without benefits; Temporary Disability Retirement List (placement on TDRL); Permanent medical retirement (placement on the Permanent Disability Retirement List (PDRL); RTD (Subject to approval of Soldier's request to Continuation of Active Duty (COAD) or Continuation on Active Reserve (COAR) for a period of one year or more).

4. After TDRL re-evaluation. If found unfit, the Soldier will either separate with severance pay or be placed on the PDRL. If found fit during a periodic TDRL review, a RTD finding will remove the member from DES. The RTD in this case may be subject to other non-medical considerations beyond the scope of the DES process.

Note: Cases involving recovery time should be deferred rather than terminated.

Chapter 1 Initiation of Disability Evaluation System Referral

The initiation of a referral to the Disability Evaluation System occurs during the period of time where identification of a Soldier's need for a Physical Profile (DA Form 3349) for duty restrictions has reached the point at which temporary profiles alone are no longer appropriate. This will prompt the decision for referral to the DES to initiate an IDES or LDES case. Actions conducted to assist in the confirmation of the **Medical Retention Determination Point (MRDP)** are executed in the DES Initiation Stage of the process, and supporting tasks may serve dual purpose to meet requirements of the IDES or LDES process.

Steps Leading to Referral into the Disability Evaluation System

1. Soldier is wounded, ill or injured
2. Medical Treatment Provider assesses and coordinates Soldier's care
3. Medical Treatment Provider determines Soldier has at least one condition that, individually or collectively with others, does not appear to meet medical retention standards.
4. Medical Treatment Provider writes and signs the P3/P4 Profile.
5. **Initiate Referral to DES** - the provider sends the case to a Profile Approving Authority –who determines if the MRDP has been reached and, *if so*, adds their signature to the P3/P4 Profile. For traditional drilling (non-AGR) RC Soldiers, the Commander is responsible for this process.

A Medical Treatment Provider will manage the Soldier's medical conditions using a temporary profile until the condition(s) does not appear to meet medical retention standards or 12 months have passed. A provider will not continue a temporary physical profile beyond 12 months for the same condition. If a profile is required beyond a 12-month period, the condition will be documented in the form of a permanent profile. If the condition does not meet retention standards, the DES/RC–NDR process will commence.

Exceptions to the 12-month temporary physical profile restriction must be approved by the first general officer in the Soldier's chain of command, in consultation with the Secretary of the Army or the appropriate designee, senior approving authority, and/or senior medical officer.

a. Profiling officers requesting an exception to the 12-month temporary physical profile restriction for the same or related medical condition(s) must submit all of the following with the request for an exception:

- (1) A written treatment plan.
- (2) An explanation why the Soldier was not referred to a MEB or why the MEB stopped.
- (3) An expected MRDP.

b. The action will be documented in the STR, and the approval/disapproval will be documented in the medical instructions on the temporary profile.

Temporary Profile Management:

In Accordance With (IAW) AR 40-502, the Army standard requires 100% review of all temporary profiles by commanders. Active duty commanders will review profiles within 14 days after a profiling officer issues a profile. Army National Guard and Army Reserve commanders will review profiles within 30 days after the profiling officer issues a profile. Battalion/Squadron (O-5 or equivalent) commanders will do

monthly review of temporary profiles lasting 120 days or more. Brigade (O-6 or equivalent) commanders will do monthly review of temporary profiles lasting 180 days or more. The first general officer in the chain of command will review temporary profiles that are 240 days or older. Reviews must continue from the date a temporary profile is assigned to the date of return to duty or MRDP determination.

IAW AR 635-40, any DA Form 3349 generated for a USAR Soldier in a drilling Troop Program Unit or AGR status must be validated by the U.S. Army Reserve Command's Medical Management Center (AR-MMC) before their referral into the DES. AR-MMC must validate all Profiles (DA Form 3349s) generated for USAR Soldiers drilling in a Troop Program Unit status before the Soldier can be referred to the MAR2 process or Disability Evaluation System. This will include all temporary profiles greater than 14 days in length and all permanent 2, 3, or 4 profiles.

When a Soldier is unable to return to full duty status within 12 months from the onset of the injury or illness, regardless of the Soldier's profile history, referral into DES is appropriate. When it's determined that a Soldier has one or more conditions that do not meet medical retention standards, or when the temporary profile has been active for 12 months, the Medical Treatment Provider will write a permanent (P3/P4) profile for all conditions failing retention standards. If the temporary profile has been active for 12 months, the Medical Treatment Provider will write a permanent (P3/P4) profile for all conditions failing retention standards.

During the initiation of a referral to the DES, any intentions to request or recommend processing the case using LDES must be made known. The determination of whether LDES will be used may overlap with tasks in the processes outlined in the IDDES Referral Stage, but **must be resolved before entry into the Veterans Tracking Application (VTA) or transfer of the case to the VA.**

A Soldier may request - or their health care provider or unit Commander may recommend - an exception to policy to use the LDES process rather than IDDES. Requests are to be submitted through the Soldier's unit Commander to the MTF Commander (or designee) for a determination. The decision is based on whether there would be a detrimental impact on the Army or the Soldier if IDDES were used - which would reasonably be expected to be reduced/eliminated by using the LDES process. In cases where the LDES Approving Authority decides not to approve the requested use of LDES, the denial should be indicated in a reply to the request memo with a brief statement explaining why IDDES is expected to be the most beneficial process in that specific situation. Upon approval or disapproval, the memo should be uploaded into the Soldier's case file in the electronic Medical Evaluation Board (eMEB).

Note: The Good of the Army, impact on unit readiness, the initiation of adverse administrative separation actions, or the presence of existing VA ratings cannot be the sole justification for requesting LDES. **Delaying DES processing or disposition** for the purpose of increasing the length of time the Soldier remains on active duty receiving benefits, allowing death in an active duty status, or increasing a Soldier's compensation for or otherwise related to disability retirement or disability separation **is not authorized.**

Soldiers are given the opportunity to seek legal counsel regarding the procedural differences between LDES and IDDES prior to submitting a request to use LDES.

Soldiers processing through LDES will be offered the opportunity to enroll in the VA Benefits Delivery at Discharge (BDD) Program and/or apply for other appropriate VA disability compensation programs.

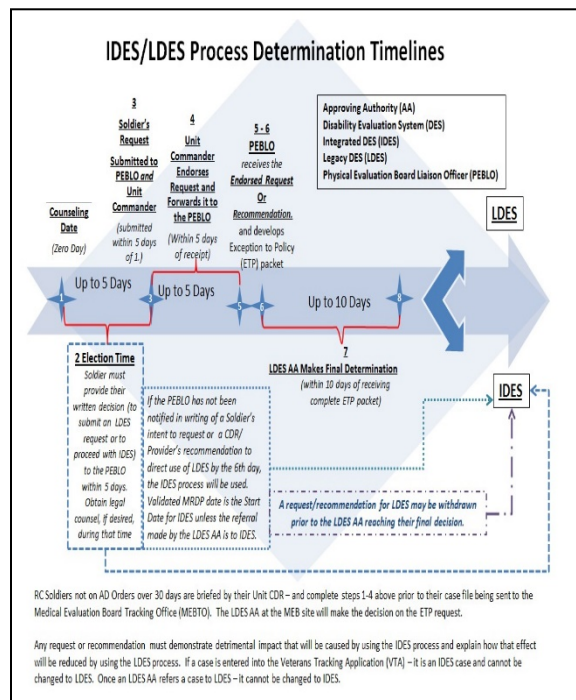
Processing of the DES cases will be limited to actions that benefit the completion of either process (LDES or IDES) until the point at which it is determined which specific process is to be used. The following decision points result in continuation of processing the case as an IDES case:

1. When no recommendation from the Soldier's provider or Unit Commander has been provided to the Physical Evaluation Board Liaison Officer (PEBLO); and the Soldier indicates that they do not want to request LDES after reviewing the trifold brochure provided by the Office of Soldier's Counsel and acknowledging that they have an opportunity to consult the Office of Soldiers' MEB Counsel (OSMEBC) prior to making their decision. This may be as early as the initial briefing or any time until the LDES Approving Authority makes a final decision (If LDES was requested). The OSMEBC will validate that the Soldier was provided an opportunity to seek legal counsel by signing the election statement.
2. The PEBLO receives the request documenting disapproval by the LDES Approving Authority. If a Soldier requests LDES and their Unit Commander non-concurs, they should annotate the reason for their non-concurrence and forward the request to the LDES Approving Authority for final decision.
3. If the Soldier does not submit a copy of their written request to request LDES to the PEBLO and had not requested an extension within 5 days of initial notification, the PEBLO will enter the case (no earlier than the 6th day) as an IDES case.

Note: A case under consideration for LDES processing should not be input into VTA unless it becomes an IDES case by one of the methods listed above. The case should be entered into the electronic Disability Evaluation System (eDES) with no IDES Case ID entry, and "MEB" selected in the "Medical Review Recommendation" case type field. All cases that have an LDES request or Unit Commander/provider recommendation pending must be tracked.

If a recommendation is made for LDES (by a Soldier's Commander or provider), the Soldier has a chance to submit any objections he/she may have in writing to the PEBLO for consideration by the LDES Approving Authority when making their decision. The Soldier is given an opportunity to seek legal counsel and prepare their objection, if desired, and their statement (if any) will be provided to the LDES Approving Authority prior to final decision.

If a request or recommendation for LDES is approved by the LDES Approving Authority, the case is initiated as a LDES case. The PEBLO must notify Soldiers enrolled in LDES and ensure that they are referred and enrolled in the VA Benefits Delivery at Discharge program and/or to apply for other appropriate VA disability compensation programs. If the VA Form 21-0819 was completed by the MEB Provider, provide the form to the Soldier. Soldiers should notify their VA Counselor that they are pending medical discharge through LDES. Direct Soldiers to Release of Information to obtain an electronic copy of their record to provide to the VA Counselor.



LDES Approving Authority will review LDES processing requests submitted by a Unit Commander and/or health care provider on a case by case basis as exceptions to policy. The Good of the Army, Unit Readiness, and avoidance of decreased existing Department of Veterans Affairs ratings will not be used as the sole basis for approving LDES processing.

Chapter 2 **Narrative Summary**

The creation of a Narrative Summary (NARSUM) is a key component for all three DES processes (IDES, LDES and TDRL) and Army Board of Correction of Military Records (ABCMR) cases. The purpose of the NARSUM is the same in all three processes, with the primary difference being source of medical examinations. When a case is processed using IDES, the VA Compensation and Pension examinations provided after the case completes the VA Medical Examination Stage must be considered and incorporated into the final NARSUM. The format remains essentially the same and is required to be followed for NARSUMs being written for IDES and LDES processes.

There are several sources for DES-related medical exams, including VA Compensation and Pension examiners, VA contractors and in some cases (i.e. Legacy and TDRL cases) MTF providers. One common element is the required use of Disability Benefits Questionnaires (DBQs), which are forms published by the VA to document examinations for the evaluation of disability claims. Use of these standardized forms helps ensure that a complete and consistent examination is conducted, including indicated specialty examinations that are dictated by findings or claims. The required use of DBQs does not mean that a NARSUM contains only information documented on DBQs, as the entire Service Treatment Record (STR) is to be reviewed and considered when determining MRDP, and when completing the NARSUM. Note: other exams forms (i.e. DD Form 2808) may be used, however, they must be of the same quality and detail as that of a DBQ.

For the purpose of DES processing, the Soldier's official STR (which includes examinations performed for the purpose of DES) is used. IAW Title 10, "A member of an armed force may not be required to sign a statement relating to the origin, incurrence, or aggravation of a disease or injury that he has. Any such statement against his interests, signed by a member, is invalid." PL 106-475 and DoD policy further dictate "Benefit of the doubt" - or erring in favor of the Service member - when considering evidence which does not clearly and unmistakably demonstrate that the condition existed prior to service (EPTS) and that it was not aggravated by their current period of military service. DD Form 2807-1 (Report of Medical History), DD Form 2807-2 (Medical Prescreen of Report of Medical History), and DD Form 2808 (Report of Medical Exam) are collectively used prior to accession to ensure that an applicant is in sound condition, and to document and evaluate any conditions noted by the applicant as Existed Prior to Service (EPTS).

The Soldier's STR is the official health record. Results of examinations conducted for the purpose of DES are included as part of the STR. Documentation for care received prior to a Soldier's Basic Active Service Date (BASD) or Date of Initial Entry to Military Service (DIEMS) which is not incorporated into the STR is not to be requested or used during DES processing. This information is part of the non-STR and is prohibited for use in DES processing unless written permission is given by the Soldier.

If the initial physical examination information includes conditions documented as existing prior to BASD/DIEMS, those conditions are EPTS.

For those conditions and for any conditions listed for DES evaluation that appear likely to have existed prior to the current period of active duty (including periods of time when the Service Member may not have been eligible for compensation of unfitting conditions after the BASD - time which is covered by the STR), those conditions are to be addressed in the NARSUM.

Medical information used in the DES must be sufficiently recent to substantiate the existence or severity of potentially unfitting conditions, however the Army is not allowed to perform additional medical exams or diagnostic tests if the information obtained would not substantially affect identification of the existence or severity of potentially unfitting conditions.

Examples of information not to be included in the DES evaluation:

- Information or conditions recorded in a Non Service Treatment Record (NSTR), such as a military dependent record (spouse or child), information from a civilian employee's Occupational Health Treatment Record (OHTR), or information from outside sources which are not officially part of the Service member's STR.

Since the actions conducted to confirm the Medical Retention Determination Point involve an extensive records review, the NARSUM should be drafted (in part or whole, depending on the DES process used and other factors involved in the case) during or immediately after the MRDP review for new cases entering DES.

For TDRL cases, sources for writing a new NARSUM (TDRL Report), when required, include documentation from the previous case file along with updated information provided by the Service Member's providers; the VA (if they are treating the Soldier), and/or examinations determined to be necessary to provide adequate information on the condition(s) that are/were identified as unfitting for the PEB's final decision. This includes the STR and any documentation of treatment after the last period of service related to the TDRL re-evaluation.

All IDES and LDES NARSUMs follow the same format. All documented medical conditions are reviewed in both processes - and any chronic conditions (or other significant conditions noted) are listed to document their consideration and the MEB opinion on their effect (alone or in combination) on the Soldier's ability to perform the duties of their office, rank or rating, and specify if each is cause for referral to the PEB.

During the NARSUM step of the DES process, the MEB Provider will review all available medical records, including the C&P examination results, and write a comprehensive NARSUM describing the Soldier's medical conditions. **The protocol for writing a NARSUM is detailed in the NARSUM Writer's Guide and summarized in the NARSUM Checklist.**

The MEB Provider has primary responsibility for developing the content of the NARSUM. When applicable, behavioral health and/or dental providers may prepare all or part of the NARSUM for cases with behavioral health or dental conditions, respectively. They may also provide consultation when the MEB Provider has significant questions about conditions in those specialties.

A psychiatrist or psychologist with a doctorate degree in psychology is required to review and sign the DA Form 3947 as one of the two Provider Reviewers when behavioral health conditions are listed, and a dentist is required when dental conditions are listed.

The Integrated NARSUM (for an IDES case) must list all referred and claimed conditions, as well as potentially compensable conditions not listed on VA Claim Forms 21-0819 or 21-256EZ (VA/DoD Joint Disability Evaluation Board Claim), and make determinations about the impact of each medical condition (individually or collectively) on the Soldier's performance of duty in accordance with AR 40-501. When the final NARSUM is approved, it needs to be uploaded in the case file in eMEB. The VA 21-0819 or 21-256EZ also need to be uploaded to the eMEB case file when completed. These also need to be part of the merged file that is sent to ePEB when a case is routed to the PEB from eMEB.

NARSUMs written for LDES cases should appear identical in format other than references to the VA C&P examinations.

TDRL NARSUMs should also follow the NARSUM format described in this chapter using the minimum variation necessary to accommodate authorized sources of information unique to TDRL re-evaluation NARSUMs.

Chapter 3 **Component (COMPO) Variations**

The process for a Reserve Component Soldier not on Active Duty, but who has conditions that are duty-related (i.e. injuries and/or illnesses incurred in the line of duty) is similar to the process for a Soldier on Active Duty. Under the non-duty related (NDR) process, an RC Soldier not on Active Duty who has (only) non-service-connected conditions may be referred directly to the PEB for a determination of fitness. The DES staff at the MTF are normally not involved in NDR cases unless a fitness for duty examination is required.

The Medical Evaluation Board Tracking Office regulates all COMPO 2 and COMPO 3 Soldiers (excluding those AGR Soldiers whose healthcare is directly managed by an MTF) referrals to designated DES locations. NGB and OCAR will ensure all applicable referrals are processed IAW DA PAM 635-40. IDES Processing Centers will not accept direct referrals of COMPO 2 / COMPO 3 (excluding those AGR Soldiers whose healthcare is directly managed by an MTF).

For the Army National Guard (ARNG), the state is the authority; for the United States Army Reserve (USAR), the authority is the AR-MMC; and for the Individual Ready Reserve (IRR), the authority is the Human Resources Command. In accordance with the treatment responsibilities outlined below, the appropriate medical authority verifies the Soldier has at least one condition that individually or collectively with others, does not appear to meet medical retention standards. The appropriate medical authority creates and signs the P3/P4 Profile and transmits the case file to the Medical Evaluation Board Tracking Office utilizing the MEB Prep module of the Medical Electronic Data Case History and Readiness Tracking (MEDCHART).

The MEBTO will assign the case to the appropriate IDES Medical Evaluation Board site. Each case assigned to a Military Treatment Facility or MEB Remote Operating Center (MEBROC) must meet administrative and clinical MEB packet requirements. The MEBROC or MTF-based Physical Evaluation Board Liaison Officer must document and attempt to resolve concerns (i.e. missing files, expired documents) before contacting the MEBTO for assistance. An incomplete case will not be returned to the MEBTO.

Chapter 4 **Outside Continental United States (OCONUS)**

A Soldier based at an OCONUS site identified as having one or more medical conditions that do not appear to meet medical retention standards are processed using the appropriate DES process.

Soldiers based in United States Army Europe (USAREUR) can be processed in one of three locations (Landstuhl, Vilseck, or Vicenza) based on the specialty requirement for their medical condition(s).

MEDCOM, in conjunction with Army Commands, Army Service Component Commands and Regional Health Commands, will support OCONUS Soldiers and their families that meet MRDP and if movement is required to a Continental United States (CONUS) Medical Treatment Facility to complete the Disability Evaluation System process. MEDCOM will take all measures to ensure Soldiers and their families undergo a seamless process to ensure continuity of care and prevent undue hardship.

United States Army Pacific (USARPAC) is an Army Service Component Command of the United States Army and is the army component unit of the United States Indo-Pacific Command. Regional Health Command Pacific medical facilities in Korea and Japan do not have the full Integrated Disability Evaluation System capabilities to successfully complete a Soldier's Medical Evaluation Board process. The absence of Military Disability Evaluation System and Veterans Benefit Administration personnel at these locations requires the Army to return Soldiers with a permanent level 3 or 4 profile that meet their MRDP to a designated CONUS based MTF in order to complete the IDES process.

U.S. Army Europe (USAREUR) is U.S. European Command's Army Service Component Command and the U.S. military's leading element that builds partnerships and alliances with our European and Eurasian partners. Regional Health Command Europe has IDES capabilities from both the Army and Veterans Benefits Administration. Soldiers based in this region typically remain assigned to their current duty station to undergo the DES process.

Exceptions to policy for Soldiers in USAREUR to Permanent Change of Station (PCS), or Soldiers in the USARPAC or U.S. Army Central (U.S. Army forces in the Middle East and Central Asia) to process as Temporary Duty (TDY) and return, must be approved by their Regional Health Command (in coordination with their chain of command) prior to issuing movement orders.

Chapter 5 Integrated Disability Evaluation System

A. Overview of the Integrated Disability Evaluation System (IDES)

In November 2007, the Department of Veterans Affairs and Department of Defense commenced the Disability Evaluation System Pilot for a joint program to modernize and improve the disability evaluation and compensation process for wounded, ill, and injured Soldiers. VA and DoD collaborated to develop the Integrated Disability Evaluation System.

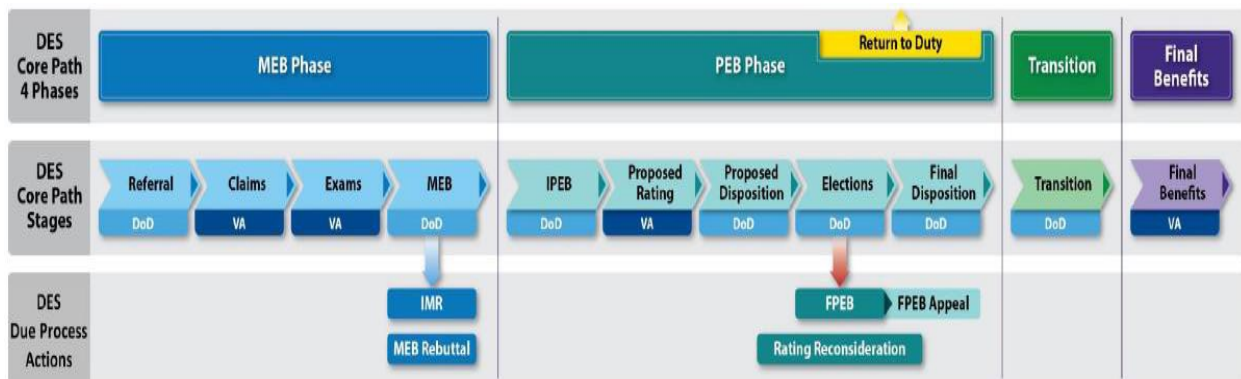
The IDES features –

- One comprehensive medical examination to assist the DES in identifying conditions that may render the Soldier unfit.
- A single set of disability ratings provided by VA for use by both departments. The DES applies these ratings to the conditions it determines to be unfitting and compensable. The Soldier receives preliminary ratings for their VA compensation prior to the Soldier being separated or retired for disability.

The goals of IDES are to:

- Minimize the overall time it takes a Soldier to progress through the DES process, starting at the time of referral to the Medical Evaluation Board and ending upon receipt of VA benefits or return to duty (RTD);
- Synergize VA and DoD efforts where possible to include use of a single standardized examination process; and
- Maintain transparency of both the military disability evaluation system and VA claims processes for wounded, ill, and injured Soldiers and their families.

The DES Core Paths and the stakeholders responsible for executing case actions within each phase/stage of the DES process are outlined in the following diagram:



Accountability measures across the Army are designed to ensure that published DoD timeliness goals are met.

In order to ensure compliance with DoD timeliness standards, and to ensure tracking of all aspects of IDES cases, DoD requires entry of all IDES cases in the Veterans Tracking Application (VTA). A case entered in VTA is an IDES case - and can only be disenrolled after careful scrutiny and approval. Once a case has been entered into VTA the IDES case number needs to be updated in eMEB on the Medical Data Collection Object in the IDES Case Number field. This action must be completed for all IDES cases. When a Soldier is removed from IDES or their case is temporarily placed on hold in VTA, the PEBLO must follow the procedures outlined for disenrollment or deferment in the VTA Users Guide. Disenrollment or deferment actions may take place at any time in the DES process.

Disenrollment is the permanent inactivation of a Soldier's case in VTA.

Category and sub-categories for disenrollment requests are listed in the VTA guide - the two major categories are return to duty and other. All disenrollment actions must be approved by the DoD Disability Evaluation System Support Team.

Sub-categories for Return to Duty include:

- Found Fit
- COAD/COAR for one year or more
- Profile downgrade
- Presumption of Fitness
- Met Medical Retention at MEB.

Sub-categories for Other include:

- Invalid entry into IDES
- Involuntary non-disability separation (administrative discharge)
- Voluntary non-disability separation/retirement
- Medical
- MEB terminated at discretion of referring physician
- Terminated by PEB
- Best interest of Service Member
- Service Member passed away
- Non-duty related case.

Deferment is an administrative method for documenting a case which is placed "on hold."

Deferment is used to address the following situations requiring a temporary suspension of a case in VTA.

- Cases pending non-disability administrative action
- Cases pending General Court Martial Convening Authority (GCMCA) decision
- When additional surgery/recovery/treatment is needed for an extended period (30 days or more)
- For COAD/COAR (approved continued duty for a period of less than 12 months)
- For an approved absence lasting over thirty (30) days (Leave or Temporary Duty (TDY))

Note: Deferment is not to be used for process delays or errors - such as delays caused by missing documents or cases awaiting correction to the case file due to returning to an earlier step in the process. Utilize the drop-down list in VTA to identify the reason(s) for the Deferment if at all possible - use of "Other" requires explanation in the notes section. Deferment entries are continuously monitored at Headquarters Army and DoD level.

Delaying DES processing or disposition is not authorized for the purpose of increasing the length of time the Soldier remains on active duty and receiving military benefits; allowing death in an active duty status; or increasing a Soldier's compensation for or otherwise related to disability retirement or disability separation.

Only PEBLOs, PEB Administrators, and the DoD Disability Evaluation System Support Team can initiate, update or close a deferment. Only one deferment per Soldier can be in place at a time. Cases should only be placed on deferment when the case can no longer be actioned for the reason of the deferment. (i.e. dual action cases should not be placed on deferment until the MEB is completed.)

Authorized personnel use the Case Deferment function in VTA to manage Soldiers' whose case cannot move forward in the IDES process for at least 30 days due to a circumstance outside the control of any member of the IDES team. The function captures elapsed time for these cases. When a case is in deferment (previously referred to as "suspended"), "Case Deferred" will appear in red text next to the Case ID in VTA. All IDES users will be able to click on the Case Deferment tab to view deferment dates and reason for deferment.

Required data elements on the Case Deferment tab include:

- **Date Deferment Initiated:** This is the date it is determined that the case cannot move forward in the IDES process. The deferment should not begin until all available actions have been taken. If actions can be taken, the case should either not be deferred or the deferment should be ended. A case can be placed in deferment as soon as there is reason to think there will be no available actions for at least 30 days. It is not necessary to wait for 30 days of inactivity to elapse before starting a deferment.
- **Initiating User:** Select the deferment initiator's role from a dropdown box, which is either PEBLO, PEB Administrator, or IDES Support Team.
- **Case Deferment Reason:** A deferment reason must be selected from one of the dropdown box choices. The 'other' category should only be used if dropdown options do not apply. If 'other' is selected, the Case Deferment Additional Explanation text box must be filled in.
- **Date Deferment Withdrawn:** This is the date the case can continue processing. Only enter a Deferment Withdrawal date once the date occurs. Future dates, even if known, should not be entered.
- The Deferment Action Notes section should be used to document any additional details about the deferment (i.e., 'member expected to be on convalescent leave for six weeks', 'member having surgery', or 'member pending court martial')

All data fields, except "Additional Explanation" and "Date Deferment Withdrawn" are required to save a Case Deferment. If a deferment was erroneously initiated, enter a "Deferment Withdrawn" date that matches the "Deferment Initiated" date.

B. Process By Phase and Stage

The Department of Defense establishes goals for the IDES process. The MEB Phase is divided into four stages: the Referral Stage, Claim Development Stage, VA Disability Examination Stage and MEB Stage.

1. Medical Evaluation Board (MEB) Phase

a. Referral Stage: The Referral Stage starts on the date of referral to the Disability Evaluation System by a DoD medical care provider. The MEB Provider designated with profile approving authority will confirm the Soldier has reached MRDP and apply their signature to the DA Form 3349 (Physical Profile) in Electronic Profiling (eProfile) system.

An MEB case for a Reserve Soldier not on Active Duty orders over 30 days will be prepared by the appropriate MEB point of contact (at the state/territory level for ARNG Soldiers, at AR-MMC for USAR Soldiers, and HRC for IRR Soldiers) and forwarded to the MEBTO to be reviewed and regulated to a MEB site for processing.

Reserve Component cases where an AGR Soldier's healthcare is directly managed by an MTF are to be accepted as direct referrals to the Disability Evaluation System at that MTF.

The Soldier must attend a mandatory Multi-Disciplinary Briefing (MDB) which will provide the Soldier and their family with an overview of the DES process. The MDB should be completed prior to the Service member meeting individually with the Department of Veterans Affairs Military Service Coordinator (MSC), or within 7 days of referral into LDES. At a minimum the MDB includes the following key stakeholder representatives: PEBLO, VA MSC and Office of Soldiers' Counsel.

The Multi-Disciplinary Briefing will:

- Establish Soldier expectations.
- Prepare Soldiers for each stage of the DES process.
- Inform Soldiers of what is expected of them during the DES process.

When a Soldier is in the DES process, the Commander must ensure that each Soldier attends all scheduled appointments and that any approved leave is communicated with the PEBLO, ideally by sharing a copy of the signed Request and Authority for Leave (DA Form 31). In order to prevent unnecessary delays, the Commander should only approve leave during the MEB Phase when absolutely necessary.

However, Commanders should encourage Soldiers to take leave when possible during the DES process.

The Soldier's Commander must assess the Soldier's duty limitations using the Commander's Performance and Functional Statement Form (DA Form 7652) and provide the completed form to the assigned PEBLO by the prescribed suspense. The Commander should provide detailed performance information specifying any issues the Soldier has in performing specific physical activities (including specific PMOS activities) and discuss manifestations of a behavioral, emotional or cognitive nature that impact the Soldier's ability to function in the unit. The Commander is not required to link any noted performance issues to a medical diagnosis.

The PEBLO should not delay forwarding the case to the VA if they haven't received the DA Form 7652 or Line of Duty (if required) documentation, however, these documents will be required as a part of the case file prior to the PEBLO routing the case to the PEB.

The Soldier's unit Commander also has a responsibility to receive and forward any requests for use of LDES to the LDES Approving Authority. Rationale for concurring/non-concurring on the request should be noted - including any in consideration of individualized and compelling circumstances presented by the Soldier, Soldier's unit commander, or Soldier's health care provider.

When a Soldier is in the DES process, the Commander must ensure that each Soldier attends all scheduled appointments and that any approved leave is communicated with the PEBLO, ideally by sharing a copy of the signed Request and Authority for Leave (DA Form 31). In order to prevent unnecessary delays, the Commander should only approve leave during the MEB Phase when absolutely necessary, however, Commanders should encourage Soldiers to take leave when possible during the DES process.

Missed appointments create unnecessary delays in the Soldier's disability evaluation. Therefore, the unit command is responsible for coordinating transportation to assist the Soldier in reporting to scheduled appointments and examinations on time. Further, if a Soldier misses (i.e. "no-shows") any appointment without prior notification to the unit command, VA MSC and PEBLO, the VA or MTF may require assignment of an escort to accompany the Soldier to future IDES appointments.

The Referral Stage ends on the date the PEBLO provides the Service Member's complete service treatment record, including the entrance physical and VA Form 21-0819, "VA/DoD Joint Disability Evaluation Board Claim" to the VA Military Service Coordinator (MSC).

b. Claim Development Stage: The Claim Development Stage starts on the date that the PEBLO provides the complete Service Treatment Record and VA Form 21-0819 to the VA MSC. This is a Department of Veterans Affairs controlled stage in which the VA is responsible for all case actions and meeting the timeliness goals associated with this stage. The VA MSC will inform the Soldier of their rights and VA actions in the IDES, assist with the completion applications for Disability Compensation and Related Compensations Benefits (i.e. VA Form 21-526EZ). The VA MSC will provide a copy of the completed VA Form 21-526EZ to the PEBLO.

During the Claim Development Stage, the VA MSC will request all Compensation and Pension examination appointments and forward a copy of the appointment to schedule to the PEBLO (who notifies the Soldier and their Commander). In some cases, the Soldier and/or Commander may have been notified of schedule appointments by the VA (or VA designated disability examination contractor) directly, however, the PEBLO must also complete this task. The steps in this stage may vary slightly according to the local IDES Site Memorandum of Agreement. Soldiers should be instructed to share any communication received directly by VA entities with their PEBLO to ensure expeditious case processing continues.

The MSC will engage directly with the Soldier to provide further guidance regarding the VA's role in the IDES process and the VA's service connection policy, specifying that compensation will be awarded only for chronic illnesses, injuries and diseases that were incurred during or aggravated by service.

The MSC is responsible for coordinating efforts with the Soldier pertaining to additional conditions the Soldier wishes to claim on their application for disability compensation. If the Soldier wishes to add claimed conditions at any point after their initial MSC interview, the MSC will accept the claim, however, the MSC will advise the Soldier that, except for conditions suddenly and unexpectedly arising, conditions raised after the initial interview may not be evaluated until after separation (per Appendix 1 to Enclosure 4 of DoDM 1332.18 V2).

The Claim Development Stage ends on the date the VA MSC requests the Service Member's medical examination(s).

c. VA Disability Examination Stage: The VA Disability Examination Stage starts on the date the VA MSC requests the Service Member's disability examination appointment(s). This is a Department of Veterans Affairs controlled stage in which the VA is responsible for all case actions and meeting the timeliness goals associated with this stage. During this stage, the Soldier attends all scheduled VA Compensation and Pension Examinations appointments which are conducted by Qualified Medical Examiners.

A Qualified Medical Examiner, as specified in DoD/VA and local Memorandum of Understandings, are responsible for completing the general medical and specialty examinations. The Qualified Medical Examiner(s) will conduct a general medical examination within the prescribed time frame which will include a comprehensive screening examination of all body systems and address conditions both referred by the Medical Treatment Provider and claimed by the Service Member. Specialty examinations, in addition to the general medical examination, will be performed for cases involving vision, hearing, dental, psychological, or other complex medical conditions.

The VA Disability Examination Stage ends on the date the VA MSC provides the completed disability examination results to the PEBLO.

d. Medical Evaluation Board (MEB) Stage: The Medical Evaluation Board Stage starts on the date that the VA MSC provides the completed disability examination results to the PEBLO. The Medical Evaluation Board is an informal process comprised of at least two physicians (requires psychiatrist/psychologist with doctorate in psychology for cases with behavior health conditions) who compile, assess, and evaluate a Service Members medical history and current condition to determine if their duty is affected by a medical condition(s).

Upon receipt of the completed disability examination results from the VA MSC, the PEBLO will review the results for completion based on the Soldiers VA Claim Forms 21-0819 and 21-526EZ, and forward the results to the MEB Provider assigned to prepare the Narrative Summary (NARSUM). The NARSUM is the heart of the MEB. MEB Provider consolidates all medical and administrative data and addresses diagnostic variances in the NARSUM.

Upon completion, the MEB Provider will provide a signed copy of the NARSUM to the PEBLO to generate the MEB Proceedings (DA Form 3947) based on the condition(s) outlined in the NARSUM. The MEB documents medical status and duty limitations of Soldiers referred for disability evaluation and determines whether a Soldiers medical condition(s) meets Medical Retention Standards and will prevent them from performing the duties of their office, grade, rank or rating.

Medical Evaluation Board Outcomes:

- Referral to the Physical Evaluation Board (PEB), when the findings and recommendations stipulate Service Members condition(s) do not meet retention standards
- Return to duty with or without duty limitations if Service Members conditions meet medical retention standards
- Trial of Duty if more time is needed to assess the Medical Retention Determination Point (MRDP) and ability to perform MOS

Once the MEB Proceedings have been generated and the required signatures have been applied, the PEBLO will counsel the Soldier on their election options. The PEBLO will inform the Soldier that they have the right to receive legal representation from the Office of Soldier's MEB Counsel at no cost or seek legal counsel at their own expense. The Soldier may elect to concur with the findings or non-concur and request an appellate action such as an Impartial Medical Review (IMR) and/or Rebuttal.

If the Soldier submits a request for an IMR and/or Rebuttal, the PEBLO will route the IMR findings and rebuttal documents to the MEB Approving Authority for final decision and approval of the board. Once the MEB has been finalized, the PEBLO will route the completed case file to the PEB or notify the Soldier, unit, and VA MSC of the MEB's Return to Duty recommendation, as applicable.

The completed DA Form 3947 signed by the members of the MEB, to include any addendum prepared by the approval authority, is the official record of MEB proceedings.

The Medical Evaluation Board Stage ends on the date the MEB returns the Service Member to duty without referring them to an IPEB, or forwards the DES case file to PEB administration to begin processing for an Informal Physical Evaluation Board.

2. Physical Evaluation Board (PEB) Phase

The Physical Evaluation Board Phase starts on the date that Medical Evaluation Board forwards the complete MEB case file to the PEB. The PEB determines fitness for purposes of Soldiers retention,

separation or retirement for disability under 10 USC Chapter 61, or separation for disability without entitlement to disability benefits under other than 10 USC Chapter 61.

All cases will be initially adjudicated by an Informal Physical Evaluation Board (IPEB). The IPEB conducts a documentary review of the case file without the presence of the Soldier to make an initial decision on the Soldier's fitness for continued service. If the initial decision by the PEB is that the Soldier is unfit (one or more unfitting conditions), the PEB will request preliminary VA ratings for each condition the PEB found to be unfitting. Once the PEB receives the VA disability rating percentages, it will apply them to the conditions determined compensable by the PEB, recommend a disposition, and generate the DA Form 199.

Upon receipt of the PEB Findings, the PEBLO will inform and counsel the Soldier on their informal findings and their election options. The Soldier may consult with legal counsel as desired when evaluating any election options. The Soldier may concur, non-concur with the IPEB determination, request a Formal PEB, and/or request a VA Ratings Reconsideration (VAR-R) for any unfitting conditions.

When the PEB finds a Soldier fit for all conditions, the Soldier is Returned to Duty. The PEB does not refer the case file to the VA for a disability rating decision.

If the Soldier is found unfit, but wishes to remain in the Army, the PEBLO will counsel the Soldier on the COAD/COAR process, assist the Soldier with their request and forward to the PEB for further processing.

A Soldier, whether determined to be fit or unfit, has the right to demand a Formal PEB Hearing and appeal the findings from the Informal PEB. If a Formal PEB Hearing is selected, the PEB will schedule an Formal PEB hearing which consists of a panel of medical and non-medical adjudicators.

The Soldier may submit a written statement, appear before the board in person, by video teleconference, or have counsel appear on their behalf. During the Formal PEB hearing, the Soldier has the right to receive legal representation from the Office of Soldier's PEB Counsel at no cost to the Soldier or seek legal counsel at their own expense.

Upon completion of the Formal PEB hearing, the Soldier, Soldier's legal counsel, and PEBLO will be informed of the Formal PEB findings.

The Soldier has one opportunity to submit a written request for VA Rating Reconsideration (VAR-R) for each unfitting condition. The VA only reconsiders ratings when a Soldier provides new medical evidence or sufficient justification to show that there was an error. The Soldier may consult with the PEBLO, OSPEBC and/or the MSC when preparing the Request for Reconsideration. The Soldier may address any disagreement with ratings assigned to claimed (and not unfitting) conditions with the VA after the Soldier separates from Service and receives notification of a final VA rating decision.

After the final PEB counseling session with the PEBLO, the Soldier must sign the DA Form 5893 (digitally or hard copy). If the Soldier is found fit for duty, the PEBLO will notify the Soldier and their Command and proceed to close out the case. If the Soldier is found unfit and no COAD/COAR has been approved or submitted, the case will move to the Transition Phase.

3. Transition Phase

The Transition Phase begins once the final determination of the PEB renders the Soldier is unfit for duty and the final DA Form 199 is made available. The PEBLO will monitor the Military Personnel Transition Point Processing System (TRANSPOC) for the Soldier's name and notify the Soldier, Command, and the Installation Transition Center once their information is loaded. The PEBLO will validate Final Orders (DD Form 214) for the Soldier and close out the case in eMEB and ePEB. The PEBLO will also request close

out in VTA and upload pertinent information to the Healthcare Artifacts and Images Management Solution (HAIMS) IAW OTSG/MEDCOM Policy 17-049.

During the Transition Phase the Soldier is guided through the out-processing requirements for retirement and/or separation from the Army. The exact duration of the Transition Phase will depend on installation-specific out-processing requirements, as well as Soldier-specific approved leave, and permissive TDY. The lead proponent for the Transition Phase for each MTF-based Soldier is the Installation Transition Center in close coordination with the Soldier's Chain of Command. A Soldier on Active Duty must report to the Transition Center within the time frame prescribed by the installation (after receipt of the PDA-approved final DA Form 199.)

The Transition Center will establish the Final Separation Date with the Soldier, which generally must occur within 90 days. Extensions may potentially be approved for leave that could not occur sooner or for extenuating circumstances. The first Colonel/O-6 in the Soldier's chain of command is the Approving Authority for extension due to leave; PDA is the Approving Authority for requests based on extenuating circumstances. The Installation Transition Center representative will issue the separation or retirement orders and draft the Certificate of Release or Discharge (DD Form 214) with an expected separation date that will become effective only after final separation. A copy of the separation orders and DD Form 214 should be provided by the Transition Center to the MSC, and the PEBLO.

The Transition Phase for Non - Active Duty (NAD) Soldiers is managed by the Chain of Command who must ensure process standards are met and that the Soldier is fully apprised of all out-processing requirements. The PDA will issue the separation or retirement orders in the electronic Physical Evaluation Board (ePEB) system and send the orders to the Soldier, their Chain of Command, the Soldier's PEBLO, the Defense Finance and Accounting Services (DFAS), as well as the State Joint Force Headquarters and National Guard Bureau for ARNG Soldiers, the Regional Support Command for USAR Soldiers.

If and when informed of the estimated separation date, the PEBLO will enter the "Final Out-Processing Date" into VTA such that all approved leave and permissive TDY will be accounted for between the "Final Out-Processing Date" and the "VA Benefits Date".

The PEBLO should maintain a list of cases that have reached the IDES end point. The PEBLO may also use the VTA report, "IDES Process Completed," which can be found as an option under IDES Operational Reports. This will give the PEBLO a list of cases that have a VA Benefits date but are still open, which can be used to prompt the closure of cases in VTA.

To identify which cases have been closed out in VTA, the PEBLO or PEBLO Lead can run a User Defined Report in VTA using the following selections from the menu: Case ID, Disenrollment Status, MEB MTF, PEBLO Assigned, and VA Benefits Date. The report should be filtered using the following selections: Disenrollment Status (select Disenrollment Approved), MEB MTF and VA Benefits Date. This produces a list of closed (VTA) cases by case number and assigned PEBLO to be used to close out cases in eDES.

This process should be run at MTFs as often as dictated by caseload to ensure that all cases that are disenrolled in VTA are closed out in eDES in a timely manner. Data quality depends both on accuracy and timeliness of entry - the systems used to perform DES functions and manage cases are also used to produce the reports used to define success – and assure quality of the overall DES program.

Chapter 6 **Legacy Disability Evaluation System**

A. Overview of the Legacy Disability Evaluation System (LDES)

Prior to the implementation of IDES, all Disability Evaluation System cases were completed entirely by the Army and was a DoD-only disability evaluation mechanism to assess ill or injured Soldier's fitness for continued military service and, if unfit, the appropriate disability disposition. DoD then implemented an integrated process (IDES) to streamline processes and procedures to ensure Soldiers underwent a seamless transition from military service to the VA for continued care and entitlements. Cases that were not processed through IDES were Soldiers that had not yet completed training, and therefore had brief periods of military service and few medical issues as a result of service. This DES process became known as the Legacy Disability Evaluation System (LDES).

Today, LDES may be requested and approved as an Exception To Policy (ETP) in consideration of individualized and compelling circumstances presented by the Soldier, Soldier's unit commander, or Soldier's health care provider. (Unit commander and health care provider requests are referred to as direct requests.) Soldiers, through Unit Commander, may request in writing LDES processing to alleviate demonstrable detrimental impact on either the Army or the Soldier if processed through IDES.

The primary components of the LDES which differ from the IDES:

- Under the legacy system, cases referred under the duty-related process are not integrated with the VA process. Medical examinations are performed by the Service MTF for the potentially unfitting (alone or in combination) conditions only. Soldiers in LDES must separately apply for VA disability compensation.
- The PEB determines whether a Soldier is fit for duty and the appropriate disability determination and rating percentage utilizing the Veterans Affairs Schedule for Rating Disabilities for conditions found to be unfitting and which are compensable (in the line of duty).
- Receipt of VA benefits are not automatic. Under LDES, Soldiers will not begin receiving VA benefits until a VA disability claim is filed through the Benefits Delivery at Discharge (BDD) or Quick Start programs.

B. Legacy Disability Evaluation System Policy Guidance

The Under Secretary of Defense for Personnel and Readiness and the Office of the Assistant Secretary, Manpower and Reserve Affairs released guidance on processing Soldiers through LDES in lieu of IDES when IDES would be detrimental to the Soldier or the Army.

The proponent for this policy is the Disability Evaluation System Service Line, Patient Care Integration, OTSG/MEDCOM G-3/5/7.

Upon approval by a Military Treatment Facility (MTF) Commander or designee (O-6 or GS-15 equivalent)*, LDES may be used on an exception to policy basis to alleviate demonstrable detrimental impact on either the Army or the Soldier if that Soldier was processed through the IDES process, if:

1. Requested by a Soldier (in writing, through their Unit Commander) or;
2. A Unit Commander and/or health care provider recommends directing a Soldier's case into the LDES. The Good of the Army, Unit readiness, the initiation of adverse administrative separation

actions or the existence of VA Ratings cannot be used as the only reason for unit commanders requesting or recommending LDES processing.

Examples of a Soldier compelling reason include:

- Soldier has a time-sensitive job offer in which salary would be greater than current pay and allowances.
- Soldier is pregnant and cannot have their VA Compensation & Pension examinations completed until they are six months post-partum, and they can demonstrate that staying the Army is compellingly detrimental to them.

Examples that do not meet the standard of "compelling" include:

- The good of the Army.
- Unit readiness.
- The case is under "dual processing," in accordance with AR 635-40.
- A Reserve Component (RC) Soldier desires to avoid the potential for reduction of his or her current VA ratings.

All Soldiers will be afforded the opportunity to consult with Office of Soldiers' Medical Evaluation Board Counsel (OSMEBC) regarding the procedural differences between LDES and IDES.

- The OSMEBC or Physical Evaluation Board Liaison Officer (PEBLO) will provide the Soldier a tri-fold brochure on the differences between LDES and IDES processing and an opportunity to attend a legal briefing or schedule an individual legal appointment prior to making an LDES election.
- RC Soldiers not on Active Duty may make a time limited, revocable LDES election up until the Military Medical Treatment Facility (MTF) Commander has approved the request. Following contact with the RC SMEBC, participation in a call-in briefing or individual consultation, the Soldier may revoke their request for LDES processing provided the request has not already been approved.

Approval Authorities:

- The MTF Commander/designee is the Approval Authority for Active Component and Active Guard Reserve Soldiers within their catchment area. The MTF Commander may delegate approval authority in writing to an O-6 or GS-15 equivalent. Approval authority will not be delegated to the Medical Evaluation Board (MEB) Approval Authority to avoid potential perceptions of conflict of interest. MTF Commanders who are an O-5 are authorized to serve as the approval authority by nature of their position.
- The approval authority for traditional drilling Army National Guard (ARNG) and United States Army Reserve (USAA) is the MTF Commander/designees assigned the case by the Medical Evaluation Board Tracking Office (MEBTO).

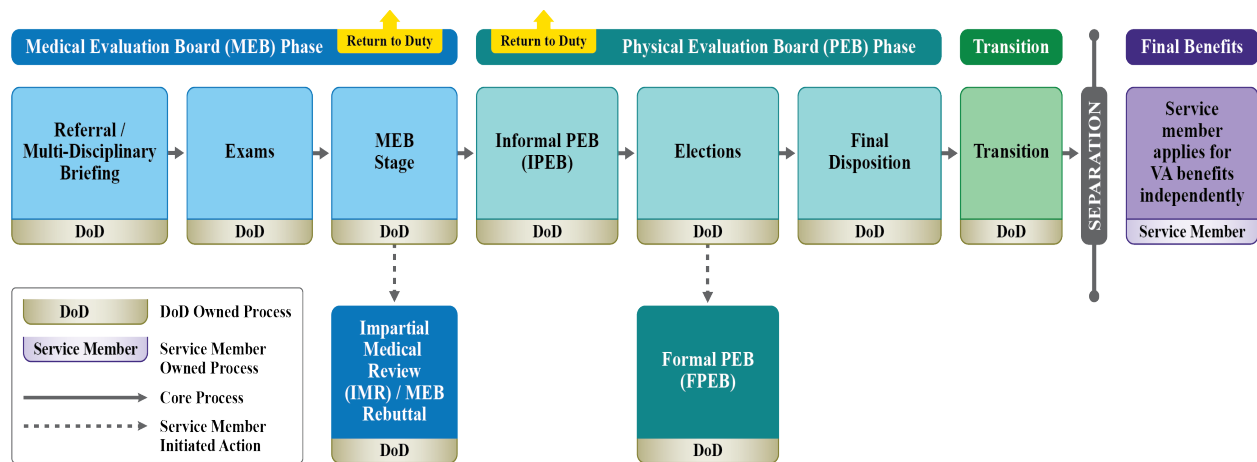
Cases pending a decision on LDES will not be entered into the Veterans Tracking Application (VTA). If the request for LDES is disapproved the case will be entered into VTA as an IDES case. LDES requests may only be withdrawn prior to the approval authority's decision. Once the case is entered into VTA, the

case is considered an IDES case and the Soldier cannot be disenrolled for the purposes of LDES processing.

Soldiers who begin processing through LDES cannot be processed through IDES at a later date. Soldiers enrolled in IDES cannot subsequently be enrolled in LDES. The exception occurs if enrollment in IDES occurred before the Soldier received PEBLO counseling on LDES.

The requirement for DES to take precedence over administrative separations in accordance with AR 635-200, AR 135-178 and AR 600-8-24 does not change for the Soldier enrolled in LDES. For enlisted Soldiers, pending separation with a characterization of other than honorable, the separation authority will consider both the MEB and the administrative action. Generally, officer cases are dual processed.

The LDES Core Paths and the stakeholders responsible for executing case actions within each phase/stage of the process are outlined in the following diagram:



Chapter 7 Temporary Disability Retired List

A. Overview of the Temporary Disability Retired List (TDRL)

The Temporary Disability Retired List (TDRL) protects ill or injured Soldier's with who meet the requirements for permanent disability retirement, except their disability is not determined to be stable (but may be permanent), by allowing temporary retirement for up to five years until their condition stabilizes.

The Secretary of the Army is required by law to maintain the TDRL and has delegated responsibility for this function to the U.S. Army Physical Disability Agency. TDRL placement is determined by the Physical Evaluation Board, which is governed by the U.S. Army Physical Disability Agency.

Fiscal Year 2017 NDAA reduced the maximum tenure on TDRL from five to three years; new three year maximum effective 1 January 2017, and is applicable for all Soldier's placed on the TDRL on or after that date. If a condition that placed a Soldier on the TDRL still exists after three/five years, the condition will be considered permanent and stable.

A Soldier may be placed on the TDRL after undergoing the IDES or LDES process. Soldiers must be re-examined at a minimum of every 18 months until they have been on the TDRL for three/five years, or they are removed from TDRL. TDRL Re-examination includes:

- Department of Veterans Affairs or Department of Defense medical disability examination
- Physical Evaluation Board fitness/disability determination

If the re-evaluation is for post-traumatic stress disorder, the medical examination is to be completed within 6 months of the time Soldier is initially placed on the TDRL.

Soldiers may be removed from the TDRL and returned to active duty at any time if found fit for duty after re-evaluation. If a Soldier's disability stabilizes and is rated at 30 percent or greater, he or she will be transferred to the Permanent Disability Retirement List (PDRL). If a Soldier's disability stabilizes and is rated at less than 30 percent, and the Soldier does not have 20 years of service, he or she will be discharged with severance pay.

Army MEDCOM executes a standardized and synchronized TDRL process to support both Soldiers and the U.S. Army Physical Disability Agency. As with the Integrated Disability Evaluation System mission, PEBLOs and MEB Providers play a vital role in ensuring mission success and ensuring that all Soldiers are treated with dignity and respect while undergoing the TDRL re-evaluation to determine the Soldier's current state of condition(s).

Once the U.S. Army Physical Disability Agency has notified MEDCOM of the Soldier's availability month, PEBLOs will initiate a case file, arrange all medical appointments, and collect and upload all medical documentation in preparation for the periodic medical evaluation. The PEBLOs also make all entries in eMEB and upload required documents in ePEB to ensure all Soldiers are processed IAW established standards.

B. Process by Phase and Stage

Core Temporary Disability Retired List process milestones in TDRL include: TDRL Examination, Periodic Medical Examination and Report, Adjudication and Final Disposition.

1. Initiate TDRL Examination Phase:

The Initiate TDRL Examination Phase begins when the PEBLO Supervisor receives a case from the Physical Disability Agency in the ePEB PEBLO worklist. The PEBLO will then contact the Soldier to verify demographics, collect required documentation and prepare travel orders for the Soldier.

2. Periodic Medical Exam and Report Phase

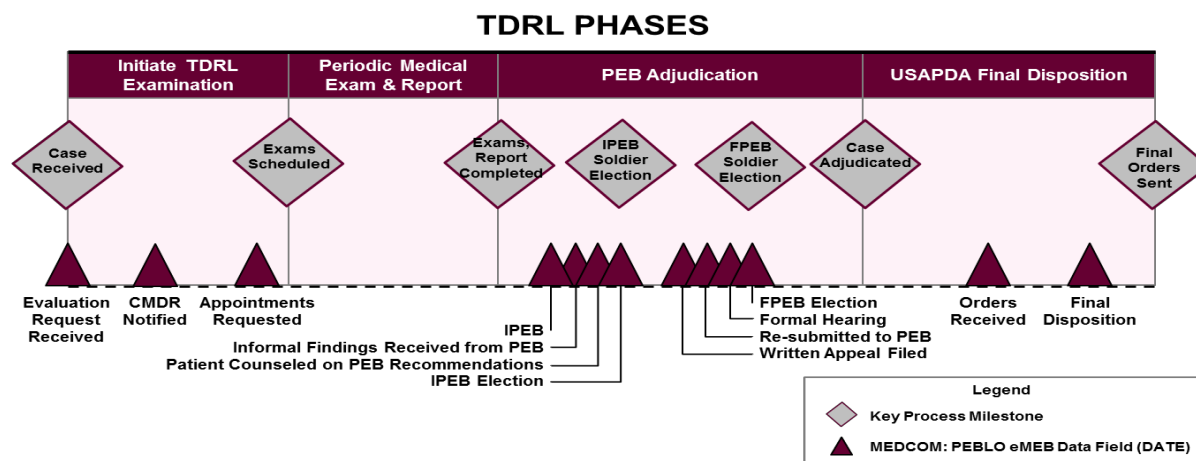
The Periodic Medical Examination and Report Phase begins when the Soldier arrives at the Military Treatment Facility for scheduled examinations. Examinations are conducted internally and externally, as required, within the prescribed timeline following case notification by the PDA. The MEB Provider creates the TDRL Examination Report following examination completion and the MEB Approving Authority reviews and signs the report. The PEBLO will counsel the Soldier on their findings and election options. The Soldier may elect to continue with PEB adjudication (concur with findings) or appeal (non-concur with findings). If necessary, the appeal is conducted with the MEB Approving Authority reviewing a written appeal memo from the Soldier. The PEBLO compiles the case and submits it to the PEB.

3. PEB Adjudication Phase

The PEB Adjudication Phase begins when the TDRL case file is sent to the Physical Evaluation Board. During this Phase, the PEB issues their informal/formal decisions on the Soldier's final disposition, including but not limited to: retain the Soldier on TDRL, permanently retire the Soldier, separate the Soldier with severance pay, or find the Soldier fit for duty and inform the Soldier of their rights about returning to duty. The Soldier has the option to request an Informal PEB Appeal and/or Formal PEB. PEB Adjudication concludes with the PEB forwarding its recommendation to PDA for final disposition.

4. USAPDA Final Disposition

The USAPDA Final Disposition Phase begins when the final orders are generated by the PDA and sent to the PEB. The PEB uploads the orders to ePEB. The PEBLO continues tracking the case and completes any additional requirements of the final decision. The PEBLO will notify the Soldier of final orders and send them via certified mail. The final action in TDRL will be for the PEBLO to close out the case in eMEB. The PDA will generate final orders for the Soldier and provide them to the PEB who will upload them to ePEB. The USAPDA also ensures the final orders are loaded into the Soldier's interactive Personnel Electronic Records Management System file. The PEBLO will receive the Final Orders via ePEB and provide them to the Soldier and counsel them on next steps. During this session, the PEBLO will verify the Soldier's address and contact information and update it as required in eMEB. The PEBLO is required to provide the Final Orders by certified mail to the Soldier. The PEBLO will close out the case in eMEB within the prescribed time frame of the PDA's final determination.



Chapter 8 Disability Evaluation System Quality Assurance Program

The Disability Evaluation System program is highly visible due to its complexity, the impact it has on lives of Soldiers and their families, and the Army's ability to maintain readiness. In 2013, Congress directed that the Services establish programs to assess the accuracy and consistency of their Disability Evaluation System cases. In 2014, DoD published guidance for the Services to establish a Quality Assurance Program (QAP). Historically, the focus of the reviews has been post-process review after the case has been adjudicated by the Physical Evaluation Board. As DES has become a mature process, the focus of the reviews is now being directed at MEB cases still in progress.

The Medical Evaluation Board Quality Assurance Program (QAP) was implemented to ensure compliance with process requirements which promote fair and consistent MEB results and documentation across the enterprise.

The MEB QAP focuses on the MEB phase of the DES, which includes cases completed through the integrated or legacy MEB process as well as MEB re-evaluations completed for Temporary Disability Retirement List cases. The results of the quality assessments built into the standard DES processes will enable early identification of errors and trends. The quality review process is not meant to impede cases processing; it will be conducted as a point-in-time measure.

The Department of Defense developed strategic performance goals aimed at measuring the accuracy and consistency of MEB decisions, and as necessary, improving them. Timelines are measured to ensure that processes are running seamlessly. Training is mandated to ensure DES staff are not only well prepared at the beginning of their career, but remains current as policy and procedures evolve. Additionally, inspections and Staff Assistance Visits are conducted to ensure resources are utilized in an efficient manner consistent with policy. Throughout all parts of the DES process - timeliness, accuracy and consistent outcomes are emphasized or measured, and used to define the quality of the DES program.

Checklists have been implemented as tools for the DES staff at Army MTFs to use, and in most cases are mandatory for every case processed. The checklists are used to monitor compliance with processing guidance at the local level, by higher level direction to measure the compliance through peer reviews and/or statistical sampling and inspection of cases to verify the package against what the checklist requires, and to record routine observations on the quality of the package content.

- **Workflow checklists:** (such as the MEB and TDRL Process Checklists) help ensure that process steps are followed in the required order and are addressed by the appropriate personnel. In some cases, the workflow includes use of systems (such as VTA and eMEB/ePEB) that track status and/or workflow of cases - which essentially act as an automated workflow checklist.
- **Content checklists:** (such as the NARSUM checklist and the DA Form 5889, PEB Transmittal Document) are used to ensure a specific product is complete and consistent in format. The NARSUM Checklist is a guide for providers who write NARSUMs, reinforcing consistent format and content in compliance with the NARSUM Reference Guide. The DA Form 5889 is used to ensure the completeness of the MEB package as it is prepared for transmission to the Physical Evaluation Board.
- **Counseling checklists:** (such as the DA Form 5893, MEB/PEB Counseling Checklist) assist in tracking workflow steps and counseling or briefing sessions. The checklist serves as a record that each Soldier receives information and helps guide them through the process on a consistent path, keeping them informed of their responsibilities, rights and options within the DES process.

The briefings assist Soldiers in further understanding the DES process, timelines and the potential outcome of their case - helping manage expectations.

All Army Military Treatment Facilities will conduct peer reviews on a portion of IDES, LDES and TDRL case files to assess quality factors in the Medical Evaluation Board portion of the process.

The following data elements are examples of appropriate sources of data for reviews:

- **Narrative Summary:** Quality review using the NARSUM Checklist and/or the NARSUM Guidebook to ensure that the content and format of the NARSUM meets requirements of the NARSUM Guidebook. (This is a peer review conducted by an experienced NARSUM writer not associated with the specific case).
- **DA Form 3947, Medical Evaluation Board Proceedings:** Quality reviewed to verify appropriate board membership and that content is consistent with the case file content.
- **Veterans Tracking Application and electronic Medical Evaluation Board Data Entry:** Quality review will focus on data elements and notes to ensure that they match the current status of the case and meet the content requirements for a case at that point in the process. Review may contain positive feedback as well as needs for improvement in the comments section.
- **DA Form 5893, Soldier's Medical Evaluation Board/Physical Evaluation Board Counseling Checklist:** Quality review will focus on entries of dates and Soldier's, PEBLO's, and PEBLO Supervisor's initials and signatures where appropriate to ensure that the required counseling for the current status of the case is being documented. This form is not optional, and must be completed on all Soldiers.
- **MEB Process Checklist:** Quality review will focus on entries to ensure adequate documentation of the progress of case processing and issues noted. May also be cross-checked with systems data to validate appropriate progress towards building complete case file.
- **VA Form 21-0819, VA/DoD Joint Disability Evaluation Board Claim and VA 21-526 EZ Application for Disability Compensation and Related Compensation Benefits:** Quality reviewed to ensure the document is signed by an MEB Provider and the Soldier, and that the Soldier's banking information is blanked out.

The OTSG/MEDCOM Medical Evaluation Board Quality Assurance Program Policy Memorandum outlines how peer reviews will be conducted to measure quality in compliance with DoD policy.

The MEB QAP is not intended to be punitive in nature, but to enable identification of areas for additional training. All reports to higher headquarters will be in aggregated form. Individual feedback is to be used at the local level as appropriate when actionable issues are identified.

Disability Evaluation System Roles and Responsibilities by Title

IDES is a collaborative process. The Soldier, Staff and Commands each play a critical role and have specific responsibilities. IDES requires a high-level of coordination between the Soldier and their Chain of Command to ensure each understands expectations, the Soldier keeps their appointments; and that each participant meets their requirements. The Commander must have full visibility of each Soldier at every level and maintain close contact with their PEBLOs. The Army and the VA must have clear lines of communication and follow published standards.

Leadership, Management and Process Participants

The following list contains an index of DES roles in alphabetical order. Each role has a separate description:

- A. Contact Representative:** The Contact Representative (CR) provides administrative services to support PEBLOs in the processing of MEBs for Soldiers enrolled in IDES. Some sites may not be staffed with CRs. If no CR is assigned or available, the CR duties fall to the PEBLO for completion.
- B. Contact Representative, (TDRL):** The Contact Representative (CR) is extensively involved throughout the TDRL process. He/she serves as the secondary point of communication for the Soldier throughout the process and performs administrative functions in support of the PEBLO handling the case. The Contact Representative works with external organizations to coordinate medical appointments, schedule travel for those appointments, and communicate these appointment times to the Service Member. In the absence of a CR, PEBLOs should use the Contact Representative Standardized Work to complete the assigned tasks.
- C. MEDCOM Regional DES Representative:** The Regional DES Representative provides oversight for all assigned Medical Treatment Facilities (MTF). The Regional Representative also plays a role in ensuring that the process is running smoothly, and the standards are maintained. They provide a Monthly Status Report (MSR), showing the metrics across their region and the most prominent issues and mitigations for communication to the DES Service Line. The Regional Representative is responsible for assisting in implementation of new policy and programs and managing the completion of sustained requirements created by the policies.
- D. Medical Evaluation Board Approving Authority:** The MEB Approving Authority resolves clinical process-related issues, ensures adherence to NARSUM guidelines and critically reviews the MEB Case as required to provide guidance and direction to DES staff. The MEB Approving Authority has authority for approval of MEBs and also reviews and makes decisions on recommendations from IMRs and/or rebuttals submitted by the Soldier. The MEB Approving Authority will also review and approve TDRL Exam Reports and address TDRL Appeals. The MEB Approving Authority must ensure that the quality of the TDRL Exam Report meets Army quality standards.
- E. The Medical Evaluation Board Convening Authority:** The MEB Convening Authority is usually the MTF Commander. The MEB Convening Authority has the responsibility to delegate and designate all IDES leadership roles to senior MTF medical staff including profiling authority and MEB Approving Authority. As the MEB Convening Authority, the MTF Commander or designee will appoint IMR reviewer(s), and MEB Approval Authorities. The MEB Convening Authority also has the power to grant extensions to established time periods, such as the Soldier's election period, when good cause is shown.
- F. Medical Evaluation Board Provider:** The MEB Provider is a credentialed medical provider who completes a comprehensive, administrative review of all available medical documentation during the DES process. The MEB Provider will summarize all administrative and medical data, including military, civilian, and VA records in a NARSUM.

- G. Medical Evaluation Board Provider (IMR):** The role of the IMR Provider is to conduct an independent review in a timely and accurate manner. The IMR Provider is to complete their portion of the review once the case is assigned - including documentation of their findings in a memorandum, communicating their assessment to the Soldier, and forwarding the findings memorandum to the assigned PEBLO and appropriate MEB Approving Authority.
- H. Medical Evaluation Board Provider (TDRL):** The MEB Provider is a credentialed medical provider who completes a comprehensive, administrative review of all available medical documentation during the TDRL process. The Provider is responsible for determining if the Soldier requires specialty exams for re-evaluation, conducting the TDRL examination, writing the TDRL Exam Report, and handling PEB returns in the event that clinical changes to the report are required.
- I. Medical Support Assistant:** The Medical Support Assistant (MSA) provides administrative support services for IDES Staff and Soldiers referred into IDES. Some sites may not be staffed with MSAs. Should this be the case, the MSA duties fall to the CR for completion, or to the PEBLO, should the site not have Contact Representatives.
- J. Medical Treatment Provider:** The Medical Treatment Provider is a credentialed provider responsible for routine primary care and treatment of Soldiers before, during and after the MEB Phase.

Medical Treatment Provider Responsibilities:

1. Profile Creation: The Medical Treatment Provider writes all Temporary and P3/P4 profiles for review by Senior Commanders. Medical Treatment Providers must be subject matter experts regarding profiling standards as detailed in AR 40-501. The Medical Treatment Provider must coordinate with MTF IDES staff to ensure all profiles are written and managed according to published standards.
 2. Referral Decision: The Medical Treatment Provider will review the profile (DA 3349) and STR to determine if the Soldier has a condition(s) that does not appear to meet medical retention standards. Generally, the Medical Treatment Provider will create the P3/ P4 profile and forward it to the designated MEB Profiling or Approving Authority for the 2nd Signature.
 3. Recommendation for LDES: if there is a demonstrable detriment to the Soldier or Army if IDES processing is used that will be relieved if LDES is used, recommendations must be submitted within 5 days of P3/P4 profile creation, and must be submitted in writing in the appropriate format to a PEBLO for action including submission to the MTF Commander or designee for LDES consideration.
- K. Military Treatment Facility Commander:** The MTF Commander is responsible for managing IDES staff and activities and all aspects of the MEB process at their MTF. The MTF Commander is also responsible for local IDES policy guidance, procedures, timelines, staffing and resourcing. The MTF Commander must coordinate with the Senior Commander to develop and enforce local IDES policies.

Military Treatment Facility Commander Responsibilities:

1. The MTF Commander is accountable for the performance of all MTF-based IDES processes, establishment of clear local guidance regarding all procedures and standards, and preparation support for the all required IDES reporting on performance metrics and process assessments.
2. The MTF Commander is the MEB Convening Authority with the responsibility to delegate and designate all IDES leadership roles to senior MTF medical staff including profiling authority and MEB Approving Authority. As the MEB Convening Authority, the MTF Commander or designee will appoint IMR reviewer(s), and MEB Approval Authorities. The MEB Convening Authority also

has the power to grant extensions to established time periods, such as the Soldier's election period, when good cause is shown.

3. LDES recommendations/requests must be approved by the MTF Commander (or O-6/GS-15 designee). Consideration of LDES requests should be documented, with a brief written explanation of rationale if denied. Consideration of Unit or Provider LDES recommendations should also be documented with a brief written description of the detrimental impact to the Army or Soldier projected if IDES was used. Unit readiness/manning cannot be the sole justification for approval.

- L. **Disability Evaluation System (DES) Director:** The DES Director provides oversight of the clinical and administrative DES Staff at their respective Medical Treatment Facility (MTF) or DES site. This position plays an integral role in ensuring that the process is running smoothly and that the standards are being followed properly. The DES Director is responsible for the Leadership and the Team Daily Workflows. As such, the DES Director is the final level of assurance that metrics are being captured accurately as each team rolls up its metrics at the leadership level.
- M. **Office of Soldiers' Counsel (OSC):** The Office of Soldiers' MEB Counsel (OSMEBC) assist Soldiers from IDES Referral up to and including the Informal PEB election. The Office of Soldiers' PEB Counsel (OSPEBC) assist with both Formal PEB review and post-FPEB appeals, when applicable. The OSC does not provide legal advice to Commanders, the MEB or the PEB. The Soldier has an opportunity to request and receive free appointed military legal Counsel at every step of the IDES process from Referral through final determination. The OSMEBC/OSPEBC assists the Soldier in determining the need to request extensions for completion of due process options and assists the Soldier in submitting the extension request. The request must be approved by the Convening Authority or their designee (PEBLOs are not allowed to approve extensions independently).
- N. **Physical Evaluation Board Liaison Officer (PEBLO):** The PEBLO is the primary point of contact and non-clinical case manager for the Soldier throughout the entire process. He/she provides the link between the Soldier, Family, Chain of Command, VA MSC and the PEB. The PEBLO is the Soldier's primary IDES advisor, ensuring that the Soldier and family understand the requirements through the MEB, PEB, and Transition Phases. In addition, they are responsible for guiding the Soldier through the process, including counseling the Soldier, providing information regarding the process, communicating Soldier appointment dates with the Soldier, gathering the appropriate documentation, updating systems tracking the progress of the Soldier through the process and answering Soldier questions as needed. The PEBLO is responsible for entering all VTA PEBLO data fields and appropriate eDES data fields according to published standards.
- O. **Physical Evaluation Board Liaison Officer Supervisor:** The PEBLO Supervisor provides oversight of the IDES Staff at their respective Medical Treatment Facility (MTF). While the PEBLO Supervisor is not represented as a swim-lane on the process map, they play an integral role in ensuring that the process is running smoothly and that the standards are being followed properly. The PEBLO Supervisor is also another level of assurance that metrics are being captured accurately.

In order to ensure the IDES staff are following the standardized process and keeping within their time constraints, the PEBLO Supervisor needs to have a thorough understanding of all aspects of the IDES process, how it is being tracked and measured, the ways the IDES team interacts with other entities and who to go to when issues arise to successfully address those issues and implement or devise mitigation.

The PEBLO Supervisor is responsible for keeping the Regional Representative informed on at least a weekly basis by participating in, preparing for, and/or by briefing (if designated to do so) MTF updates at the Weekly Status Report (WSR). This report is a summary slide, updated weekly, to include 8 weeks' worth of data on the cycle time and workload of the MEB process, top errors and delays, mitigation strategies and successes, as derived from information gathered at their teams' Daily Stand-ups.

- P. Physical Evaluation Board Officer, Lead:** Lead PEBLOs are extensively involved throughout the MEB process. They serve in a supervisory role as the main point of communication for the PEBLOs and CRs throughout the process while still managing a caseload as a PEBLO. Some sites may not be staffed with a Lead PEBLO. Should this be the case, the Lead PEBLO duties fall to the PEBLO Supervisor to complete. The Lead PEBLOs also play an important role in the initiation of the TDRL process. They are the point of contact to receive the TDRL case from the PDA, assign it to the PEBLO/CR team who will process the case, and distribute it to that team.

PEBLOs are central to the success of their team. They are responsible for communication of all interactions and progress with team members so that they can provide assistance as needed, as well as documenting all progress in the appropriate systems so that the Army is aware of the Soldier's progress through the process.

- Q. PEBLO, TDRL:** PEBLOs are the primary point of contact for the Soldier and external organizations throughout the entire Temporary Disability Retirement List (TDRL) process. PEBLOs are the link between the Soldier, the PDA, and the PEB while the Soldier is undergoing the evaluation to remain on the TDRL process. The PEBLO is directly responsible for timeliness and accuracy of data input into all DES data systems. The PEBLO, as the Soldier's primary TDRL advisor, ensures that the Soldier is made aware of any decisions made during the process, counsels the Service Member at various stages, and ensures the Soldier is aware of their legal rights.

PEBLOs work with the Soldier to complete all required documentation necessary to proceed through the TDRL process. The PEBLO is responsible for communicating with Soldiers to let them know when forms have been completed, or decisions have been made.

- R. Soldier:** During the DES process, the Soldier works closely with their PEBLO, keeping them informed of all changes in personal circumstances, appointment conflicts and Command-approved leave. The Soldier must attend all scheduled appointments, providing required personnel and administrative data, and maintain regular, open communication with the PEBLO. Any leave, temporary duty (TDY) or separation orders need to be shared with the PEBLO. Any leave, temporary duty (TDY) or separation orders need to be shared with the PEBLO.

It is highly recommended that Soldiers involve their family members in the DES process - keep them informed of progress and aware of the impact of the potential outcomes explained to them.

- S. Soldier's Unit Commander:** The Soldier's Unit Commander is responsible for or involved in all aspects of the DES Process relating to their Soldier's case. The Soldier's Unit Commander familiar with the Soldier's performance should be the primary source of information for assessing duty limitations on the DA Form 7652 (viewed in eProfile). The Commander will provide the PEBLO with a non-medical assessment DA Form 7652, generally referred to as the Commander's Statement of the Soldier's ability to perform their current job.

The Commander should provide detailed performance information specifying what, if any, issues the Soldier has in performing specific physical activities (including specific PMOS activities) and discuss manifestations of a behavioral, emotional or cognitive nature that impact the Soldier's ability to function in the unit. The Commander is not required to link any noted performance issues to a medical diagnosis. Battalion Commander's portion of DA Form 7652 is to be completed by noting either concurrence with the Company commander observations or adding additional pertinent information and signing the form.

The Unit Commander is also responsible for the following:

1. Legacy DES Recommendation/Request Review: Requests/recommendations for use of the LDES process (vs. IDES) are to be signed by the Unit Commander prior to submission to the MTF Commander. The MTF Commander (or designee) has final approval authority.

Recommendations must include justification to show that using the IDES process would have demonstrable detrimental impact on the Soldier or Army - and that using LDES would reduce or eliminate that detrimental impact. Once a case is designated IDES or LDES, it cannot be changed. Cases default to the IDES process on the 6th day after Soldier's notification if the Soldier has not notified their PEBLO in writing that they are requesting LDES or the Soldier's Commander or provider has not recommended LDES.

2. **Attendance Enforcement:** Commanders should attend or review the IDES Orientation Briefing with the Soldier. Commanders must enforce Soldier attendance requirements for all Army and VA appointments (includes designation of IDES appointments as the Soldier's primary place of duty and taking appropriate corrective actions to address missed appointments or non-compliance). If a Soldier misses (i.e. "no-shows") any appointment without prior notification to the unit command, VA MSC and/or PEBLO, the VA or MTF may require assignment of an escort to accompany the Soldier to future IDES appointments.
 3. **PEBLO Coordination:** The Soldier's Command will ensure all documentation requested by the PEBLO is provided. If a LOD determination is required, the Commander will provide the PEBLO a complete LOD determination (DA 2173, and DA 216 if required) within 5 days of the request date (or the next reserve drill date for RC Soldiers).
 4. **Unit Status Report (USR):** Must report Soldiers in the IDES as non-available for USR purposes.
 5. **Training:** Must attend eProfile system, LOD and DA 7652 training within 30 days of taking command. All Commanders must attend the IDES portion of installation-sponsored command courses.
 6. **Leave and TDY Approval:** Must manage Soldier's authorized leave to ensure that it does not interfere with MEB processing. Communicate approved leave with the PEBLO, ideally by sharing a copy of the signed Request and Authority for Leave (DA 31). Encourage Soldiers to use accrued leave during the PEB Phase (i.e. after the MEB Phase and before the Transition Phase). Commanders may grant exceptions for the welfare or morale of a Soldier as long as the leave taken does not prevent attendance at IDES appointments, hinder timely case processing, and is clearly communicated to the assigned PEBLO. Commanders should not assign or deploy a Soldier away from their home station during the IDES process.
 7. **Separation and Transition:** Coordinate with the transition center to determine the date of separation if medically separated. Assist the Soldier with reintegration into the unit if returned to duty.
 8. **Transfer of Post 9/11 GI Bill Benefits:** Ensure that Soldiers, NCOs, and Officers receive standard DES Transfer of Education Benefits (TEB) counseling upon referral into the DES process. Commanders should counsel all officers affected by the DES process (consolidate record of counseling and maintain for five years). Enlisted Soldiers should be referred to their Senior Career Counselors.
- T. Soldier's Senior Commander:** The Senior Commander is responsible for the successful completion of all aspects of the MEB process at their installation. They are responsible for ensuring all subordinate Commanders are in compliance with DES directives and timelines. In coordination with the MTF Commander and senior IDES leaders, the Senior Commander is responsible for issuing and enforcing local DES policy guidance, procedures, timelines, staffing and resourcing.

Soldier's Senior Commander Responsibilities:

1. **Performance Management and Reporting:** The Senior Commander is accountable for all Soldiers in DES assigned to the installation and must ensure all Unit Commanders are trained on DES

procedures and command requirements. The Senior Commander must establish clear local guidance regarding all procedures and standards. The Senior Commander is responsible for briefing DES reporting slides to MEDCOM leadership, as required.

2. **Training and Compliance:** Ensure that Commanders and First Sergeants receive training on all IDES processes and systems, including MEDPROS and eProfile. Senior Commanders must emphasize the importance and purpose of the Commander's Performance and Functional Statement (DA 7652) as well as the critical importance of LOD reports.
3. **Facilities and Resource Management:** Create a common location for IDES offices, co-locating both DoD and VA assets when possible. Provide borrowed military manpower via Soldiers Skill Set Utilization Program (S3UP) to support surge requirements on the installation.
4. **Soldier Support:** Ensure Soldiers and their families have access to the Soldier Family Assistance Centers (SFAC), Transition Centers and any other relevant services. Ensure that Commanders verify that Soldiers attend all exit briefs as required to ensure smooth handoff to the VA.
5. **Profile Review and Management:** Senior Commanders must ensure that Temporary and P3/P4 profiles are reviewed according to Army standards. Ensure monthly reviews are conducted by the company Commander, medical authority, and care coordinator of all Temporary profiles accordance with current policies and guidelines.

U. VA Military Services Coordinator: The VA MSC is a critical contact for the Soldier throughout the IDES process. Assigned immediately after the PEBLO is assigned, MSCs provide the link between the Soldier, Family member(s), Commander and VA Qualified Medical Examiners by keeping the Soldier and the PEBLO informed of VA processing, appointments and determinations. VA MCSs help Service members file their VA benefits claim at the beginning of the IDES process to ensure that VA benefits can be paid as soon as possible after separation from service. During the initial interview with the VA MSC, the Service member receives information and assistance with aspects of the Disability Evaluation System relating to VA benefits including:

1. Explaining the purpose of the IDES program and VA's role in the IDES disability rating process and benefits
2. Providing VA contact information, website address, phone number, and location of VA facilities that they may need to know in the course of this process
3. Clarifying the evidence they need to supply in support of any referred or claimed conditions for VA disability benefits
4. Completing sections II thru V of the VA Form 21-0819 - or VA Form 21-526EZ, VA/DoD Joint Disability Evaluation Board Claim
5. Requesting VA examination(s) which will be conducted to evaluate all referred and claimed conditions

Disability Evaluation System Authority and Policy

Statutory basis – United States Code (USC) Title 10, Chapter 61

Applies to all US Armed Forces

Applies to all grades, Active & Reserve

- DoDI 1332.18, Disability Evaluation System (Ch 1, Eff May 18)
- DoDM 1332.18 Vol 1 – DES Manual: General Information and LDES
- DoDM 1332.18 Vol 2 – DES Manual: IDES
- DoDM 1332.18 Vol 3 – DES Manual: QAP (All DoD DES related Issuances under revision)

Note: All Department of Defense Disability Evaluation System related issuances are under revision

- DTM 18-004, Ch2 Revised Timeliness Goals for IDES (19 Sep 19)
- AR 40-501, Standards of Medical Fitness (27 Jun 19)
- AR 40-502, Medical Readiness (27 Jun 19)
- AR 635-40, Disability Evaluation for Retention, Retirement, or Separation (19 Jan 17)
- DA PAM 635-40, Procedures for Disability Evaluation for Retention, Retirement, or Separation (19 Jan 17) **(Both AR & PAM under Full Revision)**
- AR 600-77, Administrative Management of Wounded, Ill, or Injured Soldiers (5 Mar 19) **(HQDA EXORD 048-20 WCTP Restructure)**
- AR 600-8-4, Line of Duty Policy, Procedures, and Investigations (15 Mar 19) **(Under Rapid Action Revision)**

OTSG/MEDCOM Disability Evaluation System Policies:

- OPOD 19-05, Disability Evaluation System (DES) Standardization Implementation – USAMEDCOM (27 Sep 19)
- OTSG/MEDCOM Policy Memo 19-003, Medical Evaluation (MEB) Quality Assurance Program (QAP) (3 Jan 19)
- OTSG/MEDCOM Policy Memo 19-015, Medically Optional Surgeries, Procedures and Treatment for Service Members Undergoing Disability Evaluation through the Disability Evaluation System (7 Mar 19)
- OTSG/MEDCOM Policy Memo 21-009, Enrollment in the Legacy Disability Evaluation System (LDES) (27 Jan 21)
- OTSG/MEDCOM Policy Memo 20-031, Disability Evaluation System (DES) Training and Certification Recertification Requirements (29 Jul 20)
- OTSG/MEDCOM Policy Memo 19-021, Mandatory Removal Date Extension Based on Medical Reasons for Soldiers on Active Duty Orders (25 Mar 19)