



SECRETARY OF THE ARMY
WASHINGTON

08 AUG 2016

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Army Directive 2016-28 (Sharing U.S. Department of Veterans Affairs Disability Rating for Members of the Ready Reserve)

1. References:

- a. Army Regulation 40-400 (Patient Administration), 20 July 2014.
- b. Army Regulation 40-501 (Standards of Medical Fitness), 14 December 2007, Including Rapid Action Revision No. 3, 4 August 2011.
- c. National Guard Regulation 600-200 (Enlisted Personnel Management), 31 July 2009.
- d. Memorandum, Office of the Assistant Secretary of Defense (Reserve Affairs), Feb 12, 2014, subject: Sharing of Department of Veterans Affairs Disability Rating for Members of the Ready Reserve.
- e. Memorandum of Understanding (MOU) Between the Defense Manpower Data Center (DMDC) and the Department of Veterans Affairs (VA), Agreement Number: M1514, 3 April 2015.

2. Purpose. This directive issues Army policy for the use of disability rating information throughout the Army's reserve component. The policy is effective immediately.

3. Applicability. This directive applies to all members of the Army National Guard/Army National Guard of the United States and the U.S. Army Reserve assigned to units. This directive does not address Army policy regarding the sharing of VA disability ratings for members of the Individual Ready Reserve and Inactive National Guard.

4. Policy

a. Commanders must have visibility over potential duty-limiting conditions to ensure Soldier readiness and avoid potentially dangerous training or duty-related assignments. The intent is to ensure the readiness and safety of the force. The Army National Guard and Army Reserve will develop and implement plans for commanders and healthcare providers to review all of a Soldier's VA disability rating information in the Medical

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Protection System (MEDPROS). The VA will provide data each month via the Defense Manpower Data Center to MEDPROS. It is important to understand that a disability rating percentage from the VA has no correlation to retention or fitness for duty standards. Appropriate medical authorities will assess the medical conditions related to the disability rating to determine if a medical evaluation board is required.

b. The VA disability rating data will be displayed in MEDPROS for reserve component Soldiers the VA has determined have some degree of disability. Only healthcare providers will be authorized to view the percentage of disability awarded.

5. Process. The Army National Guard and Army Reserve will develop specific implementation plans that accommodate endorsement by colonel/O-6 level commanders. The Guard and Reserve will provide a copy of their implementation plan and revisions to the Assistant Secretary of the Army (Manpower and Reserve Affairs) for review and approval within 3 months of the date of this directive.

a. Commanders will be presented with their Soldier's disability rating information in MEDPROS. The system will identify whether the Soldier has a disability rating, but it will not provide the percentage of disability awarded.

b. Healthcare providers will be presented with the Soldier's disability rating information in the Medical Operational Data System. Providers may view a Soldier's percentage of disability during any healthcare interaction with a Soldier, including Periodic Health Assessments and Deployment Health Assessments.

c. Commanders or healthcare providers identifying a Soldier with a VA disability rating will require the Soldier to provide a copy of their VA benefits letter at the earliest opportunity for inclusion in the Soldier's Service Treatment Record.

d. Soldiers must be instructed to report any VA disability rating awarded and changes in health and/or VA-rated conditions. Additionally, Soldiers must provide all medical documentation to their unit commander and healthcare provider. Medical documentation includes all related documents from outside the Military Health System and TRICARE network. The healthcare provider will then make a recommendation regarding duty-limiting conditions, generate a profile (if needed), review retention criteria, and initiate a medical evaluation board or military medical review board, if warranted.

6. Proponent. The Deputy Chief of Staff, G-1 is the proponent for implementation of this guidance, and the Assistant Secretary of the Army (Manpower and Reserve Affairs) is responsible for oversight. The Deputy Chief of Staff will incorporate the

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provisions of this directive into Army Regulation 40-400 and Army Regulation 40-501 as soon as possible. This directive is rescinded upon publication of the revised regulations.



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