



SECRETARY OF THE ARMY
WASHINGTON

10 JUL 2017

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Army Directive 2017-17 (Incapacitation of Reserve Component Soldiers)

1. References:

- a. Title 37, United States Code, section 204 (37 U.S.C. § 204) (Entitlement).
- b. Department of Defense Instruction 1241.01 (Reserve Component (RC) Line of Duty Determination for Medical and Dental Treatments and Incapacitation Pay Entitlements), April 19, 2016.
- c. Army Regulation (AR) 135-381 (Incapacitation of Reserve Component Soldiers), 27 December 2006.
- d. AR 600-8-4 (Line of Duty Policies, Procedures, and Investigations), 4 September 2008.
- e. Department of the Army (DA) Pamphlet 135-381 (Incapacitation of Reserve Component Soldiers Processing Procedures), 22 May 2008.
- f. Memorandum, Secretary of the Army, 29 Jul 2016, subject: Ratification and Delegation of Authority for the Reserve Component Incapacitation Pay Program.
- g. U.S. Army Audit Agency Report: A-2015-0100-FMF (Army Controls Over Incapacitation Pay), 31 August 2015.

2. The purpose of this directive is to revise Army policy for compensating incapacitated Soldiers. The directive is applicable to the Active Army, Army National Guard (ARNG)/ARNG of the United States, and U.S. Army Reserve (USAR).

3. The policy adjustments will streamline the processes for compensating incapacitated Soldiers and provide reasonable assurance that internal controls are in place and effectively preventing improper payments.

4. These definitions apply to Army policy concerning the incapacitation of Reserve Component Soldiers:

- a. Military Duties. Military duties are the duties of any Soldier's office, grade, rank, or rating as assigned by the commander within the limitations of an approved medical profile (DA Form 3349 (Physical Profile)) and not the specialty or skill qualification any

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member held before incurring or aggravating an injury, illness, or disease in the line of duty.

b. Incapacitation. Incapacitation is defined as physical disability resulting from an injury, illness, or disease that prevents the performance of military duties as determined by the Secretary of the Army or, when still physically able to perform military duty, causes a demonstrated loss of earned income from nonmilitary employment or self-employment engaged in at the time he or she incurred or aggravated the injury, illness, or disease. All approved convalescence, recovery, or recuperation periods determined to be within the line of duty are considered incapacitation periods.

5. All line of duty investigations (formal and informal) must be initiated within 5 calendar days of the command's discovery of the injury, illness, disease, or death. When an investigation (either formal or informal) is not completed within the given time, the reasons the report is late should be included in the remarks section of DA Form 2173 (Statement of Medical Examination and Duty Status) for informal reports and as part of the investigating officer's comments on DD Form 261 (Report of Investigation Line of Duty and Misconduct Status) for formal reports.

6. A military medical physician must determine a Soldier's ability to perform his or her military duties. Soldiers submitting an application for incapacitation pay (INCAP) must provide adequate documentation to support their claim. The attending physician must clearly articulate the incapacitation periods relative to military or civilian duties.

7. The Chief, National Guard Bureau (CNGB) and the Chief of Army Reserve (CAR) will serve as centralized approval authorities and pay certification officials for INCAP pay claims up to 12 months.

a. I delegate to the CAR the authority to approve the payment of benefits paid under 37 U.S.C. §§ 204(g) and 204(h) for up to 12 months to incapacitated members of the USAR. The CAR may further delegate this authority, in writing, to the U.S. Army Reserve Command (USARC) G-1.

b. I delegate to the CNGB the authority to approve the payment of benefits paid under 37 U.S.C. §§ 204(g) and 204(h) for up to 12 months to incapacitated members of the ARNG. The CNGB may further delegate this authority to a division chief within the organization or execute a memorandum of understanding with the HQDA Deputy Chief of Staff (DCS), G-1 to act as the authority.

8. Those portions of AR 135-381 that designate specific USARC subordinate commands to conduct incapacitation review boards are rescinded. The Commanding General, USARC will designate which USARC subordinate commands will conduct

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incapacitation review boards in accordance with the requisite standards and responsibilities in AR 135-381.

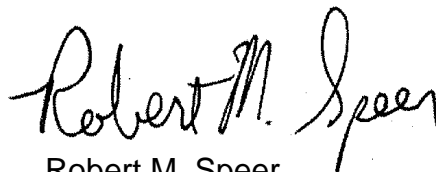
9. In addition to the authorities granted in AR 135-381, the CNGB and CAR are the claim reconsideration authority for all denied claims not to exceed 1 year. The CNGB and CAR will forward appeals to the Office of the Army Deputy Chief of Staff (DCS), G-1 for review and final adjudication. The Director of Plans and Resources Directorate, Office of the Army DCS, G-1 will serve as the appellate authority for all claims.

10. Soldiers may receive both INCAP and U.S. Department of Veterans Affairs (VA) benefits. Because VA benefits are not taxable, they do not meet the definition of earned income. INCAP will not be offset by VA benefits received in accordance with reference 1b.

11. The policy in this directive is effective immediately.

12. The DCS, G-1 is the proponent for this policy. In coordination with the Assistant Secretary of the Army (Manpower and Reserve Affairs), the DCS, G-1 will develop and promulgate any additional administrative procedures necessary to enhance the INCAP program. The DCS, G-1 will incorporate the provisions of this directive and any additional procedures developed into references 1c-1e within 1 year. This directive is rescinded upon publication of all the revised documents.

13. The point of contact for the INCAP program is the Compensation and Entitlements Division, Office of the DCS, G-1 at 703-692-7952.



Robert M. Speer
Acting

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