



UNDER SECRETARY OF DEFENSE
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OCT 14 2008

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
GENERAL COUNSEL OF THE DEPARTMENT OF
DEFENSE
INSPECTOR GENERAL OF THE DEPARTMENT OF DEFENSE

SUBJECT: Policy Memorandum on Implementing Disability-Related Provisions of the National Defense Authorization Act of 2008 (Pub L. 110-181)

- References:
- (a) Department of Defense Directive 1332.18, "Separation or Retirement for Physical Disability," November 4, 1996
 - (b) Department of Defense Instruction (DoDI) 1332.38, "Physical Disability Evaluation," November 14, 1996
 - (c) DoDI 1332.39, "Application of the Veterans Administration Schedule for Rating Disabilities," November 14, 1996 (hereby rescinded)
 - (d) Policy Guidance for the Disability Evaluation System and Establishment of Recurring Directive-Type Memoranda, dated May 3, 2007
 - (e) Directive-Type Memorandum (DTM) on Implementing Disability-Related Provisions of the National Defense Authorization Act of 2008 (Pub L. 110-181), dated March 13, 2008

This policy memorandum provides supplemental and clarifying guidance on implementing those disability-related provisions of the National Defense Authorization Act of 2008 (Pub L. 110-181), which are time-sensitive and impact immediate decisions pertaining to the rating of conditions and the operations of medical and physical evaluation boards. As indicated in the attached guidance, this policy memorandum revises and supplements references.

Military Departments shall no longer utilize reference (c) but shall use direction contained in this policy memorandum. The Assistant Secretary of Defense (Health Affairs) will continue to revise these directions contained herein in collaboration with the Department of Veterans Affairs (VA). As a result of this collaboration, guidance on the application and interpretation of the VA Schedule for Rating Disabilities will be provided, as required.

The attached guidance incorporating these revisions will, when appropriate, be formally consolidated and published in the appropriate issuances. Until such time and as required, the Department will continue to issue regular policy memoranda pertaining to

these issuances, reflecting changes in statute and consideration of findings and recommendations from the various commissions, task forces, and study groups. Publications such as this memorandum are integral in the Department's continuous improvement process related to the care, reintegration, and compensation of our wounded, ill, and injured Service members. In addition, the Department will continue to collaborate with the VA in developing a case tracking and management information system that will assist in the implementation of policy and program improvements.

This policy is issued pursuant to the delegation of authority to the USD (P&R) in paragraph 6.21 of DoDD 5124.02, "Under Secretary of Defense for Personnel and Readiness," June 23, 2008. This policy memorandum was coordinated with VA and is effective immediately.



David S. C. Chu

Attachments:

As stated

cc:

Assistant Secretaries of the Military Departments

(Manpower and Reserve Affairs)

Director, Wounded, Ill, Injured Senior Oversight Committee Staff

Under Secretary of Veterans Affairs (Veterans Benefit Administration)

Under Secretary of Veterans Affairs (Veterans Health Administration)

REVISED AND NEW POLICIES TO IMPLEMENT THE NATIONAL DEFENSE AUTHORIZATION ACT (NDAA) FOR FISCAL YEAR 2008

The policies below implement specific disability-related policies and sections of the FY 2008 NDAA (Pub. L. 110-181) and **rescind** DoDI 1332.39, Application of the Veterans Administration Schedule for Rating Disabilities, November 14, 1996. The respective issuances cited below are revised as indicated. Text in **BOLD** is new/added. Text with ~~strikethrough~~ is deleted. References cited in the numbered paragraphs below pertain to the reference listings in the respective DoD issuances. Military Departments will implement these policies immediately.

Updated DES policies and instructions in compliance with NDAA 08; Section 1612(a)-(b), "Medical Evaluation and Physical Disability Evaluations of Recovering Service Members"

- *Add an additional paragraph under the existing Policy section of the DoDI 1332.38, "Physical Disability Evaluation," November 14, 1996) to read as follows:*

4.4. The National Defense Authorization Act for Fiscal Year 2008 (NDAA), provides for specific changes and enhancements to the disability processing of "recovering Service members" as defined by the NDAA. The definition of recovering Service members in the NDAA is narrow and most of the Service members in the DES would not receive that designation in the Disability Evaluation Process. In order to ensure uniformity and equitable attention to the needs of all Service members processing through the DES, timeliness and case load standards put forth in this Memorandum apply to all Service members in the DES, unless otherwise stated in this Memorandum.

- *Renumber paragraphs in 5. Responsibilities (DoDI 1332.38, "Physical Disability Evaluation," November 14, 1996) to allow for the inclusion of the following paragraph for responsibilities within the Department of Defense with the following:*

5.5. The General Counsel of the Department of Defense shall, in consultation with the General Counsels and with the Judge Advocate Generals of the Military Department, provide all overall legal guidance on all issues concerning the provisions of legal counsel during the Physical Disability Evaluation process as set forth in Enclosure 8.

5.6. The Secretaries of the Military Departments shall:

- *Add paragraph 5.5.10. (DoDI 1332.38, "Physical Disability Evaluation," November 14, 1996), with the following:*

5.5.10. With advice from their respective Judge Advocate General, ensure policy, procedures, training and human resource practices are established to support appropriate legal counsel within the DES.

- *Replace E3.P1.2.6 (DoDI 1332.38, “Physical Disability Evaluation,” November 14, 1996, with the following:*

E3.P1.2.6. Additional instructions for Disability Medical Evaluation.

E3.P1.2.6.1. The Military Departments shall publish policies that ensure:

E3.P1.2.6.1.1. Service disability medical examinations for the DES meet the minimum criteria outlined in the VA General Medical Exam, and the applicable Compensation and Pension Automated Medical Information Exchange (AMIE) worksheets.

E3.P1.2.6.1.2. Upon request of a Service member referred into the DES, an impartial physician or other appropriate health care professional (not involved in the Service member’s MEB process) is assigned to the Service member to offer a review of the medical evidence presented by the narrative summary or MEB findings. In most cases, this impartial health professional should be the Service member’s primary care manager (PCM). The impartial health professional will have no more than 5 calendar days to advise the Service member on whether the findings of the MEB adequately reflect the complete spectrum of injuries and illness of the Service member.

E3.P1.2.6.1.3. After review of findings with the assigned impartial health care professional, a Service member shall be afforded an opportunity to request a rebuttal of the results of the MEB. A Service member shall be afforded 7 calendar days to prepare a rebuttal to the convening medical authority. The convening medical board authority shall be afforded 7 calendar days to consider the rebuttal and return the fully documented decision to the Service member. In the case of a MEB rebuttal, the MEB shall not be forwarded to the PEB until the rebuttal is finalized and MEB results indicate the Service member may be unfit for duty. The fully documented rebuttal will be included with the MEB information sent to the PEB. Exception to timelines may be granted by an authority appointed by the Secretary concerned.

E3.P1.2.6.1.4. Medical evaluation participants shall be trained in accordance with this issuance and existing policy.

- *Revise E3.P1.3 (DoDI 1332.38, “Physical Disability Evaluation,” November 14, 1996), with the following:*

E3.P1.3.2.2. Informal PEB. The informal PEB will conduct a documentary review without the presence of the Service member for providing initial findings and recommendations. The Service member will be provided a minimum of 10 calendar days from receipt of the informal findings to rebut the findings of the Informal PEB and request a Formal PEB. In addition to this timeline, Military Departments shall publish timelines for presentation and consideration of cases.

E3.P1.3.3. Formal PEB. Eligible Service members shall be provided a minimum of 1 opportunity for a formal PEB to fulfill the statutory requirement of Section 1214 of reference (b)

for a full and fair hearing when requested by a Service member being separated or retired for physical disability under Chapter 61 of reference (b). The Service member's declination of a formal PEB will be documented by the Physical Evaluation Board Liaison Officer (PEBLO). Appearance before a formal PEB may be in person, through a designated representative, or via video teleconferencing media or by any other means as determined by the Secretary of the Military Department concerned.

- *Revise E3.P1.4 (DoDI 1332.38, "Physical Disability Evaluation," November 14, 1996, with the following:*

E3.P1.4. Counseling

E3.P1.4.1. Purpose. The counseling element of DES shall afford Service members undergoing evaluation by the DES the opportunity to be advised of the significance and consequences of the determinations made and the associated rights, benefits, and entitlements. **The Military Departments will publish and provide (or make available) standard information booklets in hardcopy and electronic form that provide general and specific information on the MEB and PEB processes. These publications will include the rights and responsibilities of the Service member while navigating through the DES. The information will be made available at the servicing medical treatment facilities (MTFs) and Physical Evaluation Board (PEB).**

- *Replace E3.P1.6 (DoDI 1332.38, "Physical Disability Evaluation," November 14, 1996, with the following:*

E3.P1.6: Time standards for Case Processing.

E3.P1.6.1. Referral. When a competent medical authority determines a Service member has one or more condition(s) which is suspected of not meeting medical retention standards, he or she will refer the Service member into the DES at the point of hospitalization or treatment when a member's progress appears to have medically stabilized (and the course of further recovery is relatively predictable) and when it can be reasonably determined that the member is most likely not capable of performing the duties of his office, grade, rank or rating. Referral will be within 1 year of being diagnosed with a medical condition(s) that does not appear to meet medical retention standards, but may be earlier if the examiner determines that the member will not be capable of returning to duty within 1 year.

E3.P1.6.2. Specialty Consultations. Service members who have been referred in the DES, and who require specialty care consultation shall be scheduled and seen within TRICARE standards.

E3.P1.6.3. Commander Documentation: All official military personnel documents required for disability processing shall be received by the PEB within 5 calendar days upon request to the Service member's unit commander. These documents include but are not limited to: Commander's letter, copy of Line of Duty Determinations and investigations (if

applicable), physical performance records, and personnel evaluations as required by the member's respective Service.

E3.P1.6.4. MEB. The provider shall dictate the complete clinical summary (NARSUM/MEB report) within 5 calendar days of receiving the completed medical examinations and specialty consultation summaries. For cases referred under the duty-related process (hereafter referred to as duty-related cases), a physician initiates an MEB once the clinical summary has been dictated. The processing time should not exceed 30 calendar days from the date the clinical summary is dictated to the date the complete case file is received by the PEB, excluding rebuttal time as defined in paragraph E3.P1.2.6.1.3 .

E3.P1.6.5. PEB. Duty-related case processing time should not exceed 40 calendar days from the date of the receipt of the complete NARSUM/clinical summary/MEB report and case file by the PEB to the date of the determination by the reviewing authority (excluding appellate review).

E3.P1.6.6. Total Duty-Related Case Processing Time. The total processing time for duty-related cases should not exceed 70 calendar days from the date the NARSUM/clinical summary/MEB report is dictated to the date of the determination of the final review authority (excluding appellate review). For each level of appellate review after the Formal PEB, the standard timeliness goal is 30 days from the date of decision by the Formal Physical Evaluation Board.

E3.P1.6.7. Processing Goal. Overall, 80% of the cases should be processed within the stated processing goals for MEB, PEB, and appellate reviews.

E3.P1.6.8. Nonduty-Related Case Processing Time.

E3.P1.6.8.1. Medical Evaluation and Disposition by the Medical Evaluation Board For Reserve Component Members. For Reserve component members not on active duty who fall below medical retention standards for non service-connected medical impairment(s) and who request or are directed, as applicable, into the DES for solely a fitness determination, the case processing time should not exceed 90 calendar days from the date of the medical evaluation which disqualifies the member to the date the member's medical evaluation case file is received (completed and accepted) at the PEB.

E3.P1.6.8.2. PEB. Nonduty-related case processing time should not exceed 40 calendar days from the date of acceptance of the medical case file by the PEB to the date of the decision by the informal physical evaluation board or formal physical evaluation board. (excluding appellate review).

E3.P1.6.8.3. Total Nonduty-Related Case Processing Time. The total processing time for nonduty-related cases should not exceed 130 calendar days from the date of the medical evaluation narrative summary (NARSUM/MEB report) to the date of the determination of the informal physical evaluation board or formal physical evaluation board (excluding rebuttal time). For each level of appellate review after the Formal PEB, the standard timeliness goal is 30 calendar days from the date of case acceptance to decision.

E3.P1.6.8.4. Processing Goal. Overall, 80% of the cases should be processed within the stated processing goals for the non duty-related medical evaluation, PEB, and appellate reviews.

E3.P1.6.9. Case Backlog.

E3.P1.6.9.1. MEB. The Secretaries of the Military Departments should direct an additional MEB consistent with DoD policy and Departmental instructions when the median quarterly processing time for cases assigned to a particular MEB exceeds 50 calendar days and the backlog of cases exceeds 50 percent of cases being reviewed or when the MTF commander of the MEB deems appropriate for proper and expeditious review of case load. A MEB backlogged case is defined as a case with a completed narrative summary/clinical summary pending submission to the MEB. Time attributed to rebuttals, or pending consultation with an impartial physician will not be considered as backlog time. In this regard, 50 calendar days is defined as the time between when a Service member is referred into the MEB and the point at which the MEB case file is accepted by the PEB (excluding any time attributed to appeals).

E3.P1.6.9.2. PEB. The Secretaries of the Military Departments should train, equip and organize an additional PEB, consistent with DoD policy and instructions, when the median quarterly processing time for cases assigned to a particular PEB exceeds 60 calendar days and the backlog of cases exceeds 50 percent of the working cases or when the Military Department deems appropriate for proper and expeditious adjudication of case load. A PEB backlog is defined as when a Service member's case is referred to the PEB by the MEB which is administratively complete and ready for action by the PEB. In this regard, 60 calendar days is defined as the time between when a Service member is referred into the PEB and the point at which the case is adjudicated less any time attributed to appeals.

- *Revise E3.P1.3.3.5.2. (DoDI 1332.38, "Physical Disability Evaluation," November 14, 1996, with the following:*

E3.P1.3.3.5.2. Provision of legal counsel during the Physical Disability Evaluation Process are set forth in Enclosure 8.

E.3.P1.3.3.5.2.1. The President of the PEB should notify the Secretary of the Military Department concerned if it is determined that the lack of legal counsel becomes a limiting factor to timely adjudication of the PEB caseload.

Clarify "Compelling Evidence or Medical Judgment" from March 13, 2008 DTM (ref NDAA 2008, Section 1641).

- *Revise E3.P4.5.2.3 (DoDI 1332.38, "Physical Disability Evaluation," November 14, 1996, as amended by the Directive-Type Memorandum (DTM) on Implementing Disability-Related*

Provisions of the National Defense Authorization Act of 2008 (Pub L. 110-181), dated March 13, 2008):

E3.P4.5.2. Presumption for Members on Active Duty for More than 30 days. The presumptions listed in E3.P4.5.2.1., through E3.P4.5.2.3., below apply to members on orders to active duty of more than 30 days, for purposes of determining whether an impairment was incurred or aggravated while a member was entitled to basic pay.

E3.P4.5.2.2. After Entry

E3.P4.5.2.2.1. Presumption of Sound Condition for members ordered on active duty for more than thirty days. This presumption applies in all cases in which a member, on active duty for more than 30 days is found to have a disability and the disability was not noted at the time of the member's entrance on active duty. This presumption is overcome if clear and unmistakable evidence demonstrates that the disability existed before the Service member's entrance on active duty and was not aggravated by military service. Absent such clear and unmistakable evidence, the PEB will conclude that the disability was incurred or aggravated during military service.

E3.P4.5.2.2.2. Hereditary and/or Genetic Diseases. Any hereditary or genetic disease shall be evaluated to determine whether clear and unmistakable evidence demonstrates that the disability existed before the Service member's entrance on active duty and was not aggravated by military service. However, even if the conclusion is that the disability was incurred prior to entry on active duty, any aggravation of that disease, incurred while the member is entitled to basic pay, beyond that determined to be due to natural progression shall be determined to be service aggravated. To overcome the presumption of sound condition, factual evidence based upon well-established medical principles as distinguished from personal medical opinion alone must be presented to rebut the presumption. The quality of evidence is usually more important than quantity. All relevant evidence must be weighed in relation to all known facts and circumstances relating to the condition. Findings will be made on the basis of objective evidence in the record as distinguished from personal opinion, speculation, or conjecture. When the evidence is not clear concerning whether the condition existed prior to service or if the evidence is equivocal, the presumption will not be deemed to have been rebutted and the member's condition will be found to have been incurred in or aggravated by military service.

NDA 2008, Section 1642, Requirements and Limitations on Department of Defense Determinations of Disability with Respect to Members of the Armed Forces.

- *Replace paragraph 3.8 in DoDI 1332.18, "Separation or Retirement for Physical Disability," November 14, 1996:*

3.8. The assignment of disability ratings shall be based on the Department of Veterans Affairs Schedule for Rating Disabilities (VASRD) (reference (h)) and additional clarifying instructions

contained in DoDI 1332.38, Enclosure 7 as implemented by reference (e) and DoD Instruction 1332.39 (reference (f)).

- *Delete 4.2.3 in DoDI 1332.18, “Separation or Retirement for Physical Disability,” November 14, 1996.*
- *Delete Reference (f) in DoDI 1332.18, “Separation or Retirement for Physical Disability” November 14, 1996.*
- *Delete Reference (i) in DoDI 1332.38, “Physical Disability Evaluation,” November 14, 1996.*
- *Revise paragraph E3.P1.4.2.10 in DoDI 1332.38, “Physical Disability Evaluation,” November 14, 1996, with the following:*

E3.P1.4.2.10. Prior to acting on a Service member’s request for a formal PEB, review with the member the applicable standard detailed in the VASRD or DoD Instruction 1332.39 (reference (i)), which would have to be recognized in order to increase the percentage of disability.

- *Revise paragraph E3.P4.6 in DoDI 1332.38, “Physical Disability Evaluation,” November 14, 1996, with the following:*

E3.P4.6. When a disability is established as compensable, the disability shall be rated according to the VASRD, as implemented by DoD Instruction 1332.39 (reference (i)) and federal law.

- *Revise paragraph E4.8.1.1. in DoDI 1332.38, “Physical Disability Evaluation,” November 14, 1996, with the following:*

E4.8.1.1. Renal Dysfunction. (Medical workup will include Creatinine Clearance to quantitate the degree of dysfunction. (See Table 5 of DoD Instruction 1332.39 (reference (i)))

- *Append (DoDI 1332.38, “Physical Disability Evaluation,” November 14, 1996) with Attachment 2, “Enclosure 7.”*
- *Delete Reference (i) DoDI 1332.38, “Physical Disability Evaluation,” November 14, 1996.*

Update the information in DoDI 1332.38 with regard to Case Management.

- *Add paragraph 5.5.11 in DoDI 1332.38, “Physical Disability Evaluation,” November 14, 1996.*

5.5.9. Ensure the policies of Enclosure 6 of this issuance are followed with regard to case management within the DES.

- *Append (DoDI 1332.38, “Physical Disability Evaluation,” November 14, 1996), with the Attachment 1, “Enclosure 6.”*
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Update information in DODI 1332.38 with regard to policy previously contained in DoDI 1332.39

- *Add the following definition to Enclosure 2 (DoDI 1332.38, “Physical Disability Evaluation,” November 14, 1996, with the following:*

E2.1.33. Convening medical authority: A senior medical officer, appointed by the MTF commander, with detailed knowledge of directives pertaining to standards of medical fitness and disposition of patients, disability separation processing, and familiar with the Veterans Affairs Schedule for Rating Disabilities (VASRD).

- *Revise E4.2.9. (DoDI 1332.38, “Physical Disability Evaluation,” November 14, 1996, with the following:*

E4.2.9. Fibromyalgia. This condition must meet the definition as put forth by the American College of Rheumatology in 1990, and the diagnosis **made by or with the consultation of a rheumatologist.**

- *Revise E4.4.1.1.6. (DoDI 1332.38, “Physical Disability Evaluation,” November 14, 1996, with the following:*

E4.4.1.1.6. HIV Seropositivity. HIV Seropositivity in the absence of immunological deficiency is not cause for referral of the member to the PDES.

- *Revise E4.5.2.2. (DoDI 1332.38, “Physical Disability Evaluation,” November 14, 1996, with the following:*

E4.5.2.2. Asthma. (A clinical syndrome characterized by cough, wheeze, dyspnea and physiological evidence of reversible air flow obstruction or airway hyperreactivity that generally persists over 6 months. Reversible air flow obstruction is defined as more than 15% increase in FEV1 following administration of an inhaled Bronchodilator. Airway hyperreactivity is defined as the exaggerated decrease in air flow induced by a standard methacholine challenge test.

Chronic asthma requires the regular use of medication to allow the individual to perform the preponderance of military duties. **The clinical record must indicate that an asthmatic condition exists by virtue of a verified asthmatic attack; whether the asthmatic symptoms occurred on or off medication; the type of treatment used to terminate an asthmatic attack; the number of attacks per day, week, or month in comparison to the frequency of attacks when the Service member is taking daily prophylactic medication; and any precipitating factors other than normal activity and environment.**

- *Add E4.5.2.1.3. (DoDI 1332.38, “Physical Disability Evaluation,” November 14, 1996, with the following:*

E4.5.2.1.3. Inactive Pulmonary Tuberculosis

E4.5.2.1.3.1. Determining Inactivity. Pulmonary tuberculosis is considered to be inactive when:

E4.5.2.1.3.1.1. There are no symptoms of tuberculosis origin. Serial roentgenograms show stability or very slow shrinkage of the tuberculosis lesion. There is no evidence of cavitation. Sputum or gastric washings show negative on culture or guinea pig inoculation. Those conditions shall have existed for at least 6 months.

E4.5.2.1.3.1.2. Established by evaluation. That is usually, but not always, at the time the patient is declared to have received the maximum benefits of hospitalization.

E4.5.2.1.3.1.3. 6 months have passed since surgical excision of an active lesion during which time there shall have been no evidence of tuberculosis activity in any body system.

E4.5.2.1.3.2. Chemotherapy. Treatment by medication is frequently continued beyond the date when the disease becomes inactive according to the above criteria. The ending date of such treatment does not define the beginning of the inactive status.

- *Revise Add E4.6.1.9 (DoDI 1332.38, “Physical Disability Evaluation,” November 14, 1996, with the following:*

E4.6.1.9. Post Operative or other invasive procedures involving the heart, pericardium, or vascular system. Surgical Procedures Performed to Treat Conditions Involving Abnormalities of the Conduction System, the Heart Valves, the Major Vessels, or Cardiac Rhythms. However, a member who has an automatic implanted cardioverter-defibrillator (AICD) will be placed on the TDRL for 18 months.

- *Add E4.8.3 (DoDI 1332.38, “Physical Disability Evaluation,” November 14, 1996, with the following:*

E4.8.3. Sterility and impotence are not, by themselves, unfitting or ratable entities.

- *Add E4.9.11. (DoDI 1332.38, “Physical Disability Evaluation,” November 14, 1996, with the following:*

E4.9.11. Sickle Cell Anemia. The VASRD rates all the manifestations of sickle cell disease and its variants. Individuals with these hemoglobinopathies are considered to have conditions existing prior to service.

- *Revise E4.13.1.1. (DoDI 1332.38, “Physical Disability Evaluation,” November 14, 1996, with the following:*

E4.13.1.1. The terminology and diagnostic concepts used in this section are in consonance with the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). **The VASRD specifically requires that ratable conditions be diagnosed according to the nosology of DSM-IV. If not, the instructions are to return the case to the originating facility for compliance with the VASRD. If the DSM-IV is updated before the VASRD, the updated version of the DSM will be used to adjudicate cases in the Department of Defense, employing the analogous rating method as appropriate.**

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- *Add E3.P1.3.10. (DoDI 1332.38, “Physical Disability Evaluation,” November 14, 1996), with the following (this supercedes any policy on such subject to date):*

E3.P1.3.10. PEB Composition.

E3.P1.3.10.1. The PEB shall be comprised of at least 3 members consisting of military officers and/or civilian employees. PEB organization will be promulgated in regulations and policies of the Military Department concerned. Therefore, specific board composition may differ among the Military Departments and is governed by appropriate departmental regulations.

E3.P1.3.10.2. The board will consist of a president who should be a colonel/naval captain/civilian equivalent, a field grade personnel officer or civilian equivalent, and a senior medical officer. Secretaries of the Military Departments may adjust this composition, if desired, to enhance the adjudication process.

E6. ENCLOSURE 6

ASSIGNMENT GUIDELINES, TRAINING AND QUALIFICATION, DUTIES, AND RESOURCES FOR PHYSICAL EVALUATION BOARD LIAISON OFFICERS (PEBLOs) IN THE DISABILITY EVALUATION SYSTEM (DES)

E6.1. GENERAL. The Department of Defense (DoD) and Veterans Affairs (VA) Disability Evaluation System (DES) is a process of co-management which will ensure continuity of care and processing through the transition of the Service member from DoD to the VA and thereby create a seamless transition to veteran status in cases of disability separation. The DoD Physical Evaluation Board Liaison Officer (PEBLO) and the VA Military Services Coordinator (MSC) are DES case management specialists assisting Service members through the DES process which evaluates the Service member's fitness for continued military service. The outcome of this process results in a return to duty, medical separation, or retirement and transition to veteran status. In order to achieve an understandable and seamless process for those Service members medically separated or retired, the PEBLO's responsibility continues until the Service member attains veteran status and is transferred to support by the VA. The PEBLO and MSC are primarily responsible for providing information to the Service member and family member or representative, as applicable, during the DES. These specialists help manage expectations, coordinate medical appointments, and handle the member's case file through the DES. They know the Service member's unique issues, coordinate across the DoD, VA and Social Security Administration (SSA) and ensure transparency and clarity throughout. They coordinate with a multi-disciplinary team (MDT) of primary care managers, other appropriate health care professionals, medical care case managers, non-medical case managers, Patient Administration personnel, the Service member's command, Wounded Warrior Program liaison or advocate, Military Services Coordinators (MSC), Federal Recovery Coordinators (FRC) and Recovery Care Coordinators (RCC). The roles and responsibilities of the PEBLO, MSC, FRC and RCC are defined as follows:

E6.1.1. Physical Evaluation Board Liaison Officer (PEBLO). The PEBLO is a DoD employee assigned to serve as the Service member's case management specialist throughout the DoD DES process. The PEBLO informs and notifies the Service member of the Medical Evaluation Board (MEB) and the Physical Evaluation Board (PEB) process and results. The PEBLO also coordinates with the assigned VA MSC on all issues requiring the VA's action. The PEBLO is trained and qualified on uniform DoD standards of practice.

E6.1.2. Military Services Coordinator (MSC). The MSC is a VA employee assigned to serve as a liaison for the Service member throughout the VA disability evaluation and claims process. Specifically, the MSC assists the Service member in the VA claims process, case development, notification of VA findings and ratings, and ensuring timely award of claims. The MSC coordinates closely with the PEBLO and is trained and qualified on VA policies and procedures relating to the VA disability evaluation and claims process.

E6.1.3. Federal Recovery Coordinator (FRC). A VA employee, the FRC is the ultimate resource to oversee the delivery of services and resources identified in the Federal Individualized Recovery Plan (FIRP) of a severely or catastrophically Ill or Injured Service member or veteran. The FRC monitors and regularly modifies the FIRP in collaboration with the MDT's to reflect the WII and family goals and Service requirements.

E6.1.4. Recovery Care Coordinator (RCC). A DoD civilian employee, the RCC is the ultimate resource to oversee the delivery of services and resources identified in the Comprehensive Recovery Plan (CRP) of a seriously Wounded, Ill or Injured (WII) Service member or veteran. The RCC monitors and regularly modifies the CRP in collaboration with MDTs to reflect the WII and family goals and Service requirements.

E6.1.5. PEBLO Relationship to the Federal Recovery Care Coordinators and Recovery Care Coordinators. As subject matter experts on DoD DES cases of individual ill and injured Service members, the PEBLO will keep the Recovery Care Coordinators continually appraised and updated on the Service member and his or her progress as they process through the DES.

E6.1.6. MSC Relationship to the Federal Recovery Coordinators and Recovery Care Coordinators. As subject matter experts on the rating process, VA physical and veteran benefits as they relate to individual ill and injured Service members, the MSC will keep the DoD and VA Recovery Care Coordinators continually appraised and updated on the Service member and his or her progress as they process through these steps of DES.

E6.2. ASSIGNMENT GUIDELINES

E6.2.1. Assignment. Military or civilian in the equivalent or higher grade of non-commissioned officers (E-5 or above) will be assigned as PEBLOs whenever practical. The unique duties of the PEBLO require the individual to possess the requisite experience, knowledge and maturity to provide appropriate support and information to the Service member, family or appointed representative. The PEBLO must be able to deftly handle administrative tasks, including the scheduling and management of all appointments and consults, and be able to communicate with senior members of the medical and non-medical community. If the PEBLO is a military Service member, then the period of his or her assignment in the role shall be for a minimum of 2 years. Because of the frequency of military reassignments and the high turnover rate, a civilian position is often more desirable. PEBLOs should not be assigned any additional duties that would conflict with their official duties or represent a conflict. PEBLOs must be trained and certified prior to the assignment of their duties.

E6.2.2. Case Load. The number of cases that any PEBLO may manage simultaneously should be limited to 20.

E6.3. TRAINING AND QUALIFICATION

E6.3.1. Orientation. Newly assigned PEBLOs will be provided with an orientation and introduction to key DES personnel in the MTF. The establishment of strong

professional relationships is critical to PEBLO effectiveness and continuity of care for our wounded, ill and injured Service members.

E6.3.2. On-the-Job-Training. PEBLOs will receive at least 1 week of on-the-job training with the incumbent or another PEBLO prior to assuming their full duties. During this transition and prior to case transfer, the incoming PEBLO will make personal contact with each Service member in his /her caseload. Transfer and accountability of existing cases must be verified by a supervisor of the PEBLO prior to the PEBLO assuming full duties.

E6.3.3. Standardized DES Training. At a minimum, training curricula shall provide an overview of the statutory and policy requirements of the DES; the electronic and paper recordkeeping policies of the Military Department; customer service philosophies; familiarization with medical administration processes; the role and responsibilities of a Service member's assigned military legal counsel, an overview of the services and benefits offered by the VA; knowledge of online and other resources pertaining to the DES, DoD and VA departments; knowledge of the chain of supervision and command; and knowledge of Inspector General hotlines for resolution of issues. PEBLOs will be trained through formal classroom or web-based training and will be qualified to perform their duties after demonstrating proficiency on the minimum competencies established by the DoD. These core competencies represent the minimum requisite knowledge that a PEBLO must possess in order to be successful on the DES. Qualification will be documented and filed with the PEBLOs training records.

E6.3.4. Continuing Education. After completion of initial training, annual refresher or continuing education and training is required to ensure PEBLOs remain current in their understanding and application of procedures of the DES. When major changes to DES procedures or processes are introduced, appropriate specialized education and training will be conducted to ensure a fundamental understanding and ability to follow new procedures. Changes to standardized processes will be documented in updates to current DoD policy.

E6.4. PEBLO DUTIES. Immediately after the DES case is referred to the MEB, the MTF Patient Administration assigns a PEBLO to the case. The PEBLO provides the coordination among the Service member, the member's command, the MSC and the DoD DES. PEBLOS are an integral part of the process from the point of MEB referral to the Service member's return to duty or to separation from military service. Specific duties of the PEBLO are found in Military Department regulations and instructions, but minimally the PEBLO shall:

E6.4.1. Explain the process of the DES and the VA Claims process (VA Physical Disability Evaluation Board Claim -VA Form 21-0819) to the Service member and /or family or representative. The PEBLO must maintain brochures and other approved products for the Service member to read and take home to family members.

E6.4.2. Explain the statutory, DoD requirements and respective Military Department policies to the Service member to include process steps on dispute resolution.

E6.4.3. Explain the methodologies for decisions and the ramifications of findings to the Service member and his/her family or representative.

E6.4.4. Explain and assist in the processing of requests for formal boards and appeals. Assist in referring the Service member to legal counsel, as appropriate.

E6.4.5. Explain the payment calculations for severance pay or retirement pay, or refer the member to the appropriate DFAS or finance representative.

E6.4.6. Refer the Service member to the MSC to explain the potential VA benefits and VA-specific appeal process.

E6.4.7. Refer the Service member to the Social Security Administration for any benefits that the Service member could receive while on active duty and after transition to veteran status.

E6.4.8. Counsel the Service member on potential transition insurance and Survivor Benefit and Transition programs and benefits or refer the member to the appropriate base level support agencies to include trained Survivor Benefit Plan (SBP) counselors and the Transition Assistance Program (TAP) staff. This information is also provided by the Services' TAP.

E6.4.9. Construct the DES case file and ensure that the MSC is aware that a new case has been initiated. Provide the MSC a hard copy or electronic copy of the file.

E6.4.10. Obtain the line of duty determination and good conduct determination when required by notifying the Service member's command.

E6.4.11. Ensure the Service member is scheduled for all general and specialty medical examinations required for their DES case through the best source (MTF, contractor, Veterans Health Administration, or TRICARE provider).

E6.4.12. Monitor the completion of scheduled examinations and resolve scheduling issues to ensure completeness of the DES case file.

E6.4.13. Maintain program effectiveness data (to include the administration of survey and customer satisfaction data) as required by DoD issuances.

E6.4.14. Act as a conduit for information and DES decisions to the Service member's parent command and to the VA.

E6.4.15. Provide the Service member or his designated representative with a copy of the member's medical evaluation board results or the narrative summary, the Informal Physical Evaluation Board findings, rating(s) and decision, and line of duty determinations upon election of Formal Physical Evaluation Board and ensure medical records are available for review as well.

E6.5. MILITARY SERVICE COORDINATORS (MSC) DUTIES. The MSC is assigned after the PEBLO is assigned to the DES case. MSCs provide coordination between the Service member and the VA by keeping the Service member, veteran, family member(s) and the PEBLO informed of the results of VA processes. Specific duties of the MSC are found in VA instructions, but generally the MSC shall:

E6.5.1. Explain to the Service member the VA actions in the DES and transition to veteran status.

E6.5.2. Explain to the Service member what conditions can and cannot be claimed, and assist the member in completing the VA Physical Disability Evaluation Board Claim.

E6.5.3. Provide the Service member with notice required by the Veterans Claims Assistance Act (VCAA).

E6.5.4. Request medical exams using the DVA CAPRI System, VERIS (QTC Examinations), or other appropriate systems as required and agreed to by the Assistant Secretary of Defense (Health Affairs) and VA.

E6.5.5. Assist in obtaining additional information and required evidence required to substantiate claimed medical conditions, such as health treatment records from previous periods of service, private medical treatment records, and additional information for the Service member. The MSC may request examinations necessary to decide required by the case.

E6.5.6. Provide the exam results.

E6.5.7. Provide non-advocacy assistance in preparation of appeals.

E6.5.8. Coordinate and serve as the liaison to the PEBLO and VA on all pertinent matters.

E6.6. RESOURCES

E6.6.1. Customer Service. Best practices related to customer support and communications, standardized training useful to DES management specialists, military services correspondence courses, and other methods designed to develop individual skills in this area should be made available.

E6.6.2. Medical System. The MTF is the primary facility of operation, although a Service member may be under treatment as an out-patient or inpatient at a non-DoD facility. Primary care managers have the responsibility to arrange or provide medical treatment within the MTF, to include conducting necessary physical assessments (when not provided by a VA facility) and initiating appropriate specialty referrals, as may be necessary in caring for the wounded or ill Service member. Every MTF has a military commander and a patient administration department or division that reports to that MTF commander. Such an arrangement assures that appropriate oversight and compliance with applicable policies are maintained. Whether in an MTF inpatient or out-patient

based facility, all members of the professional health care team, to include medical care/case managers, non-medical case managers, Patient Administration personnel, member's command, Wounded Warrior Program liaison or advocate, MSC, FRC and RCC, share in the responsibility to ensure that continuity of care is maintained for the Service member.

E6.6.3. Subject Matter Experts and Command Authorities. There are several key individuals with whom the PEBLO may consult for information and assistance in resolving issues and understanding processes. The most appropriate individual will depend upon the specific needs of the patient. An impartial health care provider (defined in E3.P1.2.6.1.2) is the appropriate source to resolve issues concerning interpretation of the Service member's narrative summary and medical evaluation case. The medical care/case manager will have the most information regarding which clinical specialists are involved in providing for the Service member's care. The Service member's chain of command will be consulted for the non-medical assessment, to include line of duty and line of duty investigation, assessments of duty performance, and mission impact. Service Wounded Warrior programs provide non-medical support in matters such to include family support, travel, pay, and housing. The FRC and RCC when assigned, provide assistance in removing unnecessary obstacles throughout the entire spectrum of care. To summarize, key individuals for the PEBLO to consult include: Medical Care Case Manager, Chain of Command, Service Liaisons, Referring Physician, Federal Recovery Coordinator, Recovery Care Coordinator, Veterans Affairs Personnel, Service Wounded Warrior Programs, Physical Evaluation Board Staff, and Patient Administration Staff.

E6.6.4. Online Resources. There are several resources available to the PEBLO that provide training, Service member referral, and general information on the DES, including the MEB and PEB processes.

E6.6.4.1. Military One Source is a clearing-house of information and referrals on a variety of subjects from health care to housing, pay, and personnel benefits useful to Service members and those responsible for their care located at: <http://www.militaryonesource.com>. Also available is a 24-hour hotline at 1-800-342-9647.

E6.6.4.2. The Social Security Administration web site: <http://www.ssa.gov/woundedwarriors/index.htm>.

E6.6.4.3. The Army Wounded Warrior Program web site: <https://www.aw2.army.mil>. Also available 24-hour hotline at 1-800-237-1336.

E6.6.4.4. The Marine Corps Wounded Warrior Regiment web site: Also available 24-hour hotline at 1-877-487-6299. To access the WWR site 1) Go to homepage by pasting the above address in your browser 2) Click on link labeled "Wounded Warrior Regiment."

E6.6.4.5. The Navy's Safe Harbor web site: <http://www.npc.navy.mil>. Also available 24-hour a day hotline at 1-877-746-8563.

E6.6.4.6. Army PEBLO online training center web site includes training on entire DES: <http://www.cs.amedd.army.mil/APDES/purpose.aspx>.

E6.6.4.7. The Veterans Affairs web site: <http://www.va.gov>.

E6.6.4.8. The Defense Finance and Accounting Service Center (DFAS) provides pay information for wounded, ill and injured: <http://www.dfas.mil/militarypay/woundedwarriorpay.html>.

E6.7. FACILITY RESOURCES. PEBLOs and MSCs shall be provided with adequate space for counseling and access to online resources. This includes a private counseling space that meets the requirements for Service members with disabilities, computer, printer, telephone line, and broadband internet and e-mail connectivity.

E7. ENCLOSURE 7

APPLICATION OF THE DEPARTMENT OF VETERANS AFFAIRS SCHEDULE FOR RATING DISABILITIES (VASRD)

The Secretaries of the Military Departments may not deviate from the schedule or any interpretation of the schedule, including any applicable interpretation of the VASRD by the United States Court of Appeals for Veterans Claims. The Secretary concerned may utilize in lieu of the VASRD such criteria as the Secretary of Defense and the Secretary of Veterans Affairs may jointly prescribe if utilization of such criteria will result in a greater percentage of disability than would be otherwise determined through the utilization of the schedule.

E7.1. GENERAL

E7.1.1. Objective Medical Findings and Disability Ratings. Physical examination findings, laboratory tests, radiographs, and other findings do not, in and of themselves, constitute a basis for determining that a member is to be rated for a condition. Prior to rating a condition, it is required that the condition cause impairment of function to such extent that the condition is unfitting and compensable.

E7.1.2. The Department of Veterans Affairs Schedule for Rating Disabilities (VASRD) shall be used in making ratings determinations for each of the medical conditions determined to be unfitting independently or due to combined effect, to include in combination with an independently unfitting condition. If more than 1 military unfitting condition exists, the VASRD will be used to determine a combined disability rating for each unfitting condition. For purposes of establishing a rating, the VASRD will be used in relation to the Service member's physical disability at the time of the evaluation. If use of convalescent ratings and/or other interim ratings (i.e prestabilization ratings) applies, the Service member may be placed on the Temporary Disability Retired List (TDRL) for re-evaluation purposes.

E7.1.3. Use of the VASRD is statutorily required, "to the extent feasible." In applying the VASRD, any determination of infeasibility would have to be based on statutory differences between the DoD and VA disability systems, compelling differences in mission grounded in statute, or some other major difference in the 2 systems. A policy disagreement or different medical opinion would not constitute infeasibility.

E7.1.4. The VA, specifically, the Veteran Benefits Administration (VBA) uses various internal issuances (Fast letters, Training Letters, etc.) in its application and clarification of the VASRD. Although not legally binding on the DoD, these issuances may be used by DoD rating personnel to assist in making rating determinations.

E7.1.5. Under Title 10 United States Code, Section 1207, members of the armed forces who incur a physical disability that, in the determination of the Secretary concerned, makes him unfit to perform the duties of his office, grade, rank or rating, and that resulted

from his intentional misconduct or willful neglect or was incurred during a period of unauthorized absence, or for conditions that do not meet the exception criteria in section 1207a (b) shall be separated from his armed force without entitlement to any benefits under Chapter 61 and any implementing Department of Defense Directive or Instruction

E7.2. Mental Disorders Due to Traumatic Stress (application of 38 C.F.R. 4.129 of the Schedule for Rating Disabilities.) The Military Department Secretary concerned will abide by 10 USC 1216a and 38 CFR 4.129, VASRD for disposition of Service members found unfit because of a mental disorder due to traumatic stress. When a mental disorder that develops on active duty as a result of a highly stressful event is severe enough to bring about release from active military service, the rating agency shall assign an evaluation of not less than 50 percent and schedule an examination within the 6 month period following discharge to determine whether a change in rating and disposition is warranted. The disposition of Service members diagnosed with a mental disorder due to traumatic stress found to be an unfitting condition in the DES process will be as follows:

E7.2.1. For members found unfit with a rating of 80% or greater for a permanent and stable condition (or conditions) not related to diagnosis of the mental disorder due to traumatic stress, the member will be permanently retired.

E7.2.2. All other such members must be placed on the Temporary Disability Retirement List (TDRL) and re-evaluated within a timeframe that is not less than 90 days, but within 6 months, from the date of placement on the TDRL

E7.3. Total Disability Rating Based on Unemployability. Total disability ratings for compensation may be assigned, where the schedular rating is less than total, when the disabled person is, in the judgment of the rating agency, unable to secure or follow a substantially gainful occupation as a result of service connected disabilities. Consult with 38 CFR 4.16 for additional guidance in determining total disability ratings.

E7.4. Extra-Schedular Ratings . Extra-schedular evaluations for veterans are addressed in 38 CFR 3.321(b). The VASRD does not prevent the Secretary of the Military Department concerned from assigning ratings in unusual cases not covered by the VASRD. In such cases, extra-schedular ratings commensurate with the average earning capacity impairment due exclusively to service-connected disability may be assigned. The basis of the conclusion that the case presents such an exceptional or unusual disability picture that the regular VASRD standards do not apply must be documented.

E8. ENCLOSURE 8

PROVISION OF LEGAL COUNSEL IN PHYSICAL DISABILITY EVALUATION PROCESS

E8.1 Secretaries of the Military Departments shall, in coordination with the Judge Advocate General of the Department concerned:

E8.1.1. Consistent with the provisions herein, provide government legal counsel to advise and represent Service members during the Physical Disability Evaluation (PDE) process (informal and formal Physical Evaluation Boards) and any subsequent appeals to the Secretary of the Military Department concerned, or his/her designee, relating to the final disposition of the Service member disability cases. Government-provided legal counsel (government legal counsel), whether military judge advocates (active or reserve component) or civilian attorneys employed by the Military Departments, will be provided at no expense to the Service member.

E8.1.2. Provide training for government legal counsel advising and/or representing Service members in the PDE process.

E8.1.3. Ensure appropriate staffing levels for government legal counsel advising and/or representing Service members in the PDE process.

E8.1.3.1. The Judge Advocate General of the Military Department concerned shall assign sufficient numbers of trained legal counsel to advise and represent Service members in proceedings before Physical Evaluation Boards, will review counsel workloads periodically to ensure both quality and timeliness of legal services rendered to Service members, and will adjust staffing as circumstances dictate.

E8.1.3.2. Normally, government legal counsel will not be assigned an overall caseload which requires them to represent more than ten (10) Service members per week at formal Physical Evaluation Board (PEB) hearings.

E8.1.4. Ensure all Service members referred into the PDE process are advised of the availability of government legal counsel to advise them concerning their rights and elections and to represent them if they elect a hearing before a Formal Physical Evaluation Board (FPEB).

E8.2. Legal Advice and Representation:

E8.2.1. Government legal counsel shall be available to consult (by telephone or otherwise) with a Service member regarding the Service member's rights and elections following the Service member's receipt of the decision of an Informal Physical Evaluation Board (IPEB). Military Departments may make legal counsel available to respond to inquiries by Service members earlier than receipt of the IPEB decision.

E8.2.2. Government legal counsel shall be assigned to represent Service members upon their election to proceed to a formal hearing before a PEB. Representation shall continue through the respective Military Department's appellate process, if elected, until the Service member's discharge from active duty.

E8.2.2.1. A Service member may waive his/her right to representation by government legal counsel. A waiver by a Service member of his/her right to government legal counsel must be in writing.

E8.2.2.2. In lieu of government legal counsel, a Service member may elect to be represented by private legal counsel or a representative from a Veterans organization (e.g., Disabled American Veterans Association or Veterans of Foreign Wars). Any non-government representation shall be at no expense to the government.

E8.2.2.2.1. If a Service member elects a non-government representative, government legal counsel will remain available to the Service member and his or her representative for advice and consultation, but will not participate in a representative capacity. The PEB shall recognize the "non-government representative" as the Service member's representative in the FPEB process.

E8.2.2.2.2. If a Service member's non-government representation is terminated, government legal counsel will be available to represent the Service member for further proceedings and appeals.

E8.3. In conjunction with a Service member's election of a formal hearing before a PEB, the Service member will provide appropriate authority for assigned government legal counsel to have access to all pertinent documentation pertaining to the Service member's disability case, to include medical records, medical evaluation board narrative summary, ratings, diagnostic code(s), line of duty determinations, and any additional documentation that may be requested by government legal counsel. Government legal counsel also will have full access to computerized databases and electronic medical records that relate to the Service member's disabilities.

E8.4. Government legal counsel shall explain to the Service member the general duties of the legal counsel during the PDE process, and inform the Service member about the PDE process to include appealing the IPEB decision, requesting a hearing before the FPEB, and submitting a written appeal of the FPEB decision to the Secretary of the Military Department concerned. Service members also shall be advised that:

E8.4.1. Service members have the right to make a personal appearance before the Formal PEB.

E8.4.2. Service members, and their designated representative, must be provided a minimum of 10 days advance notice of their formal hearing before the FPEB. This 10-day requirement may be waived by the Service member in writing.

E8.5. At a minimum, assigned government legal counsel will consult with the Service member at least one day in advance of the scheduled formal hearing. Service members

traveling to a FPEB shall be afforded sufficient time to arrive (more than one day) in advance of their scheduled hearings to confer with government legal counsel. A Service member may waive his/her right to confer with government legal counsel prior to the hearing, in writing before commencement of the hearing.

E8.6. A Service member or his representative may request to delay a hearing for good cause (e.g., to secure documentation or witness testimony). Any requests for delay must be submitted to the President of the FPEB in writing and prior to the scheduled hearing. The President of the FPEB will respond to requests for delay in writing, and will include the grounds for a denial of a request for delay.

E8.7. Absent exigent circumstances, appeals of the decision of a FPEB will be submitted to the Secretary of the Military Department concerned, or his/her designee, within ten days of receipt of the FPEB decision. The assigned government legal counsel may request additional time in accordance with Department regulations and procedures.

E8.8. Representation by assigned government legal counsel shall continue through the FPEB appeal process, and government legal counsel will prepare or assist in the preparation of any written appeal to be submitted to the Secretary of the Military Department concerned, or his/her designee.

E8.9. Qualifications and Training of Legal Counsel

E8.9.1. Secretaries of the Military Departments concerned, in coordination with their Judge Advocate Generals, shall provide legal training programs to ensure government legal counsel participating in the PDE process have adequate training in the PDE process and procedures.

E8.9.2. Government legal counsel assigned to represent Service members in the PDE process shall be certified by the Judge Advocate General of the Department concerned in accordance with the regulations and procedures of the Department concerned.

E8.9.3. Training Programs should provide for:

E8.9.3.1. An overview of the statutory and policy requirements of the military Disability Evaluation System (DES), to include, DoD Directives and Instructions pertaining to the PDE process, the Veterans Administration Schedule of Ratings, laws and regulations pertaining to combat related special injury compensation.

E8.9.3.2. An overview of the services and benefits offered by the Department of Veterans Affairs, to include compensation tables based on ratings determinations in effect at the time a rating is adjudicated.

E8.9.3.3. An overview of available resources for wounded warriors and other Service members in the DES.

E8.9.3.4. An overview of online and other resources pertaining to the DES and DoD and Department of Veterans Affairs services.

E8.9.3.5. The VASRD and relevant provisions of title 38 of the Code of Federal Regulations and relevant decisions of the Court of Appeals for Veterans Claims.

E8.9.3.6. Knowledge of Inspector General hotlines, ombudsman programs, and service programs for resolution of issues of concern to wounded Service members.

E8.10. The General Counsel of the Department of Defense, (DoD (GC)) shall, in consultation with the General Counsels and with the Judge Advocate Generals of the Military Departments, provide overall legal guidance on all issues concerning the provision of legal counsel during the Physical Disability Evaluation process. This authority extends to ensuring consistency of:

E8.10.1. Policies and procedures to assign government legal counsel to Service members whose cases have been referred to the Physical Disability Evaluation process.

E8.10.2. Procedures concerning case management and attorney assignment to Service members.

E8.10.3. Training standards for legal counsel involved with the Physical Disability Evaluation process.