



U.S. ARMY

Active Duty Medical Extension Program for Reserve Component Soldiers

**MEDCOM Demobilization Conference
29 May 2003**



Background

Public Laws 105-85 and 106-65, and the National Defense Authorization Acts of 1998 and 2000, authorizes Reserve members who incur an injury or aggravate a previous illness or injury in the line of duty, to submit a written request for extension on active duty. Those soldiers who are eligible for extension will be ordered to, or extended on, active duty beyond a thirty-day period.



Extended Medical Care Objectives

Commander's Intent:

MEDCEN, MEDDAC and DENTAC Commanders will

- ✓ **provide all medical benefits and entitlements due a soldier with injury /illness in the line of duty while in an active status.**
- ✓ **complete medical processing as expeditiously as possible**



Criteria for Extended Medical Care

- Health care provider at MOB site will identify soldiers who meet “Medical Holdover” criteria:
 - ✓ cannot perform normal military duty in MOS /AOC
 - ✓ do not meet medical retention standards
- Soldiers identified as Medical Holdover may decline to remain on AD for further care
 - ✓ Soldier must sign letter of declination
 - ✓ Soldier must receive information /documents on options for follow-on care



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ADME Requirements

- Soldier's voluntary consent to remain on active duty
 - Signed memorandum
- DA Form 2173- line of duty determination
- DA Form 4187-signed by commander
- Physician's statement
 - On letterhead
 - Indicates medical care required for 30 days or more
 - Current diagnosis/treatment plan
 - Prognosis
 - Date expected to resume full duty
 - Attaches DA form 3349, Physical Profile
 - Physician's name and contact information



ADME Orders

- G1 (Army Reserve)/NGB (ARNG) reviews ADME request
- G1/NGB forwards approval recommendation to PERSCOM-St Louis.
- PERSCOM-St Louis publishes orders
- Soldier remains assigned to parent unit (TPU/IMA/IRR)
- Soldier is attached to Medical Treatment Facility (MTF) for care and administrative processing
- Soldier reports to “duty at” unit (if further attached out)
- Soldier is authorized up to 179 days on initial ADME order



Case Management Checklist

- ✓ Designate Case Management station and staff
- ✓ Brief soldiers on Case Management requirements
- ✓ Engage Command and Control structure for soldier accountability
- ✓ Coordinate and expedite medical care with MTF and Network providers
- ✓ Meet processing standards for Medical Disability (MEB) processing
- ✓ Process Active Duty Medical Extension orders (ADME) on time
- ✓ Complete required data entry in the MODS, PARTTS, and MEBITT systems
- ✓ Safeguard Protected Health Information IAW privacy laws
- ✓ Upon medical clearance, provide complete /appropriate follow-on care entitlements information



Tracking/Case Management

- ADME Module on Medical Occupational Data System (MODS)(MEDPROS)
- G1/NGB POCs enter initial data
- Case management by MTF, RMC and G1 to ensure priority processing of MEB/PEB



Soldier's responsibilities

- Reports to designated duty unit
- Understands chain of command
- Informs chain of all scheduled medical appointments/care
- Attends all medical appointment
 - failure to do so may result in immediate release from active duty



Policy Guidance Web site

www.armyg1.army.mil

- first select Military Personnel Management
- then select ADME Procedural Guidance



ADME Field Operating Guide

The MEDCOM ADME Field Operating Guide (FOG) is available on the PAD Website

<http://pad.amedd.army.mil>

under PAD Policy, Guidance, and Information



ADME Application POCs

Army Reserve

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RC PEBLO Liaisons - RMC Points of Contact



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ADME Policy POCs

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