



SECRETARY OF THE ARMY
WASHINGTON

02 JUN 2023

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Army Directive 2023-10 (Administrative Roles, Responsibilities, and Procedures for Patient Movement)

1. References. See references enclosed.
2. Purpose. This directive prescribes administrative roles, responsibilities, and procedures for patient movement within the Continental United States (CONUS) and outside of the Continental United States (OCONUS).
3. Applicability. The provisions of this directive apply to the Regular Army, Army National Guard/Army National Guard of the United States, and U.S. Army Reserve.
4. Background. This directive provides specific direction to ensure safe and efficient aeromedical evacuation (AE) movement, mission command (MC), medical management (M2), and administrative actions required for Soldiers who need medical care and treatment that is not available at their assigned duty location. This directive incorporates Defense Health Agency (DHA) procedural instructions published pursuant to the National Defense Authorization Act for 2016 and delineates the administrative, MC, and M2 responsibilities between DHA, the U.S. Transportation Command (USTRANSCOM), and the U.S. Army.
5. Policy.
 - a. Patient movement procedures for all wounded, ill, or injured (WII) Soldiers (in a qualifying duty status) who require AE or commercial air due to a lack of required medical care and treatment where located, including those for non-medical attendants, will comply with USTRANSCOM guidance. All WII Soldiers will have an approved and funded travel order prior to leaving on a commercial or military AE flight. Pursuant to Army Regulation 600-8-105, the Soldier's assigned unit is responsible for publishing the travel order unless otherwise indicated; for example, for Soldiers assigned OCONUS.
 - b. Pursuant to AR 40-400, military treatment facility (MTF) directors/readiness element commanders are responsible for the medical management of all inpatient Soldiers. When an inpatient Soldier is discharged or in an outpatient status (either to return to unit/duty location or with continuation of care at current MTF), the unit

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commander resumes responsibility for the discharged or outpatient Soldier. Patient Movement clerks will communicate the discharge to the Soldier's host unit.

c. Host unit commanders are responsible for Soldier transportation, lodging, meals, incidentals, and travel orders once discharged or in an outpatient status (regardless of Soldier location).

(1) For Regular Army Soldiers (COMPO 1), the host is the assigned unit.

(2) For Army National Guard and Army Reserve Soldiers (COMPOs 2/3), the host is the unit command that brought the Soldier onto an active-duty order (also known as the force requestor).

d. Host unit commanders will follow the recommendations of the MTF director and facilitate required administrative actions. The MTF will assign a case manager (if needed) to communicate the treatment plan and future location(s) to the host unit commander if the Soldier requires movement.

e. Once approved for entry, Soldier Recovery Unit (SRU) assignment orders for COMPO 1 Soldiers will be published by the gaining SRU. Requests for orders for COMPOs 2/3 will be submitted to the U.S. Army Medical Command (MEDCOM) Soldier Transition Branch for publication by the SRU after approval for entry into the program.

f. WII Soldiers who are mobilized OCONUS and require commercial air or AE to a CONUS location will be managed by a contingency cell or Deployed Warrior Medical Management Center (DWMMC), if operational. If the DWMMC or contingency cell is not operational, follow paragraphs 5a–5e of this directive. The contingency cell or DWMMC will manage onward movement for transfer for continuous care or returned-to-duty (RTD) patients and their non-medical attendants. This includes, but is not limited to, patients received at Landstuhl Regional Medical Center (LRMC). The Soldier's command will provide a letter of release, signed by an O-6 or higher, authorizing evacuation out of the AOR pursuant to reference 1e. The contingency cell or DWMMC will—

(1) Publish a medical evacuation (MEDEVAC) temporary duty (TDY) order within the appropriate system, not to exceed 30 days, attaching the Soldier to the accepting MTF director for duty purpose of medical evaluation and treatment. Soldiers on a temporary change of station (TCS) order for contingency operations will maintain their original TCS order status until an MTF provider makes a medical determination that the Soldier is unable to return to theater and has been appropriately transitioned to the correct medical administrative order paid status pursuant to references 1j and 1k.

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(a) The Soldier Transfer and Regulating Tracking Center (STARTC) will serve in a consultant role to USTRANSCOM and will ensure Army personnel are relegated to the MTF with appropriate medical capability and capacity. Priority should be given to MTFs with an enduring SRU. The MTF selected should be located as close as possible to the Soldier's unit of assignment for COMPO 1 and COMPOs 2/3 Title 10 Active Guard and Reserve (AGR), or to home of record (HOR) for COMPOs 2/3 non-AGR.

(b) The MTF director will maintain medical management of the MEDEVAC Soldier until returned to duty, transferred to another MTF, or released from active duty (REFRAD) pursuant to reference 1f. If a Soldier is unable to return to duty at the OCONUS location, the MTF director will maintain medical management and ensure the Soldier is administratively transitioned to the appropriate medical status pursuant to reference 1f. The accountability of Soldiers hospitalized outside of an MTF is covered in reference 1k.

(c) Once a diagnosis indicates that the Soldier will not return to theater, the host unit will complete an SRU packet and follow-on orders (TDY for COMPOs 2/3 and permanent change of station (PCS) for COMPO 1) for redeployment and backfill options. The host unit is responsible for movement of the Soldier to the provider's recommended discharge disposition (such as HOR or RTD).

(2) Verify outpatient moves for patient care with the accepting MTF patient administration, the Tricare Operations and Patient Administration (TOPA) Office, and/or the AE noncommissioned officer in charge when there is no confirmation of an accepting medical service at the designated MTF. MTF point-of-contact information will be provided to the sending USTRANSCOM Theater Patient Movement Requirement Center (TPMRC).

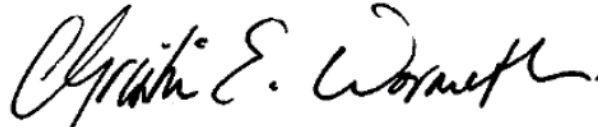
(3) Monitor validation of flight movement in the TRANSCOM Regulating and Command Control Evacuation System (TRAC2ES).

(4) Verify patient information by using the Armed Forces Health Longitudinal Technology Application (AHLTA) or the theater equivalent (AHLTA-T), Composite Health Care System (CHCS), Medical Protection System (MEDPROS), Defense Eligibility Enrollment Reporting System (DEERS), and Military Health System (MHS) Genesis.

6. Proponent. The Assistant Secretary of the Army (Manpower and Reserve Affairs) has oversight responsibility for this policy. The Deputy Chief of Staff, G-1 will incorporate its provisions into AR 600-77 within 2 years of the date of this directive.

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7. Duration. This directive is rescinded on publication of the revised regulation.



Christine E. Wormuth

Encl

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REFERENCES

- a. Department of Defense (Joint Travel Regulations (JTR)), 1 May 2022
- b. Department of Defense Instruction 5154.6 (Armed Service Medical Regulating), 20 October 2013
- c. Department of Defense Instruction 6000.11 (Patient Movement), 22 June 2018
- d. U.S. Transportation Command Handbook 41–1 (Global Patient Movement Operations), 3 May 2016
- e. U.S. Transportation Command general administration message (Through Regulating Patients From USCENTCOM), 121555 Z JUL 21
- f. Defense Health Agency Procedural Instruction 7000.01 (Patient Travel), 6 July 2021
- g. Army Regulation (AR) 40–58 (Army Recovery Care Program), 12 May 2020
- h. AR 40–400 (Patient Administration), 8 July 2014
- i. AR 600–8–105 (Military Orders), 22 March 2019
- j. AR 600–77 (Administrative Management of Wounded, Ill, or Injured Soldiers), 5 March 2019
- k. U.S. Army Medical Command Policy Memo 21-027 (Medical Accountability of Active-Duty Service Members Admitted to Non-Military Medical Treatment Facilities (MTFs)), 13 May 2021

Enclosure