



UNITED STATES MARINE CORPS
COMMAND ELEMENT
II MARINE EXPEDITIONARY FORCE
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II MEFO 1850.1A
HSS

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II MARINE EXPEDITIONARY FORCE ORDER 1850.1A

From: Commanding General
To: Distribution List

Subj: LIMITED DUTY PROGRAM

Ref: (a) MCO 1900.16, Separation and Retirement Manual
(b) NAVMED P-117 Chapter 18, Manual of Medical Department
(c) SECNAVINST 1850.4E, Department of the Navy (DON) Disability Evaluation Manual

Encl: (1) Limited Duty Coordinator and Assistant Limited Duty Coordinator Appointment Letters
(2) Limited Duty Tracker Program Example and Guide
(3) List of Acronyms

1. Situation. This Order provides guidance for reporting, tracking and accountability of Limited Duty personnel (LIMDU) within II Marine Expeditionary Force (MEF). In recent years, II MEF has had upwards of three percent of the force unavailable for training or deployment due to LIMDU medical conditions. This equates to nearly three battalions of Marines unfit to fight. As the size of the force decreases, this issue becomes more critical to mission execution. While the conditions leading to limited duty are varied, there are also multiple factors impacting a final disposition and whether a Marine will return to full duty or go before a Physical Evaluation Board (PEB).

2. Cancellation. II MEFO 1850.1. APPOINTMENT OF PRIMARY AND ASSISTANT LIMITED DUTY COORDINATOR.

3. Mission.

a. Maximize readiness through education and integration of Commanding Officers (CO), Limited Duty Managers (LDM), Limited Duty Coordinators (LDC), and Assistant Limited Duty Coordinators (ALDC) in the limited duty process in order to ensure a worldwide assignable, physically-fit and combat-ready expeditionary force. This Order will define procedure and clarify the duties and responsibilities of unit leadership, unit medical departments, LDM, LDC and ALDC at each command level within II MEF.

b. In order to accomplish this mission, command and medical leadership will optimize the current LIMDU system and work to correct internal deficiencies in reporting and tracking. II MEF LDCs, ALDCs,

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unit medical staff, the Medical Treatment Facility (MTF), and patients will seek to coordinate and expedite access, optimize compliance with therapy, and facilitate clinical disposition for return to Fit For Duty (FFD). If the member is not in a full duty status, a referral should be made to the Medical Evaluation Board (MEB) or PEB at the earliest opportunity. Whether FFD or MEB/PEB, the outcome should be in the best interest of the Marine and the command. This Order emphasizes accountability and correct unit reporting for those on LIMDU while providing feedback to the Major Subordinate Commands/Major Subordinate Elements (MSC/E) Surgeons, II MEF Health Services Support and MTF who will further address access to care and assist in expediting diagnosis, treatment, and disposition. For the purposes of this document, MSCs will be defined as 2d Marine Division, 2d Marine Aircraft Wing, 2d Marine Logistics Group, and 2d Marine Expeditionary Brigade. MSEs will be defined as II Marine Headquarters Group, 22 Marine Expeditionary Unit, 24 Marine Expeditionary Unit, and 26 Marine Expeditionary Unit. This Order is expressly focused on optimizing II MEF readiness and our Limited Duty Program that supports it. At no time will there be compromise to the rendering of medical care or appropriate recovery time.

4. Execution.

a. Commander's Intent and Concept of Operations

(1) Commander's Intent

(a) To maximize force readiness through compliance with and optimization of the LIMDU process by all MSC/Es within II MEF.

(b) To achieve an initial goal of no more than 1.5% of personnel assigned to LIMDU within II MEF.

(2) Concept of Operation. The degree to which the target goals are achievable is multifactorial. It is based on command leadership, underlying nature of the patient's LIMDU, access to primary and specialty care from the MTF, streamlined processing of LIMDU and PEB, and an individual's personal compliance and motivation.

b. Duties and Responsibilities

(1) Commanding Officers. Unit commanders will use this program as a metric of increased unit readiness.

(a) Oversee the proper administration of tracking and reporting of all Light Duty, LIMDU and follow MEB processing through final disposition of personnel.

(b) Ensure Marines on LIMDU are properly reported in Medical Board Online Tracking System (MEDBOLTS), Marine Online Medical Readiness Reporting System (MRRS), and the Marine Corps Total Force System (MCTFS).

(c) Appoint in writing a Marine Staff Noncommissioned Officer (SNCO) to be the LDC and a Hospital Corpsman Third Class or higher as the ALDC, per enclosure (1).

(d) Ensure the LDC and ALDC maintain current Health Insurance Portability and Accountability Act (HIPAA) certification.

(e) Ensure the LDC and ALDC have at least six (6) months left on station at the time of appointment. These personnel cannot currently be on LIMDU themselves.

(f) Ensure Non-Medical Assessments (NMA) for LIMDU personnel requiring a MEB/PEB are completed within five (5) calendar days after being requested from the MTF in accordance with reference (a) and that all NMAs are tracked by the LDC. This task cannot be delegated.

(g) Ensure medical appointments are the assigned place of duty for any personnel in LIMDU/PEB. As medical appointments are the assigned place of duty, commanders should consider appropriate administrative action for any violations or failure to comply with medical appointments.

(h) Prior to approving the annual leave request or assignment to Temporary Additional Duty, the CO should consider any conflicts the leave or temporary additional duty would have on scheduled medical evaluations and/or Veterans Affairs (VA) appointments.

(2) II MEF Surgeon.

(a) Assume II MEF staff lead for this Order.

(b) Provide a routine and scheduled update of the overall status and compliance of the MSCs/MSEs LIMDU programs to the Commanding General.

(c) Monitor the clinical and administrative compliance to this order through weekly tracking of subordinate MSC/E commands.

(d) Provide a SharePoint Tracker administrator located in the HSS offices to assist with system maintenance and training.

(3) MSC/E Surgeons. The senior physicians at the MSCs and MSEs (or their designee) will monitor the clinical compliance with this order through weekly tracking of subordinate commands and will liaison with LDM, LDCs, ALDCs and unit providers.

(a) Report to the Commanding General regarding the overall status of the MSCs LIMDU program and compliance. MSEs will provide reports to their Commanding Officer (CO).

(b) Serve as the MSC/E LIMDU Manager (LDM) with clinical oversight of the program. For all non-composited MEUs the MHG Surgeon will serve as the clinical LDM.

(c) Conduct monthly meetings with all unit LDCs and ALDCs to review LIMDU/PEB issues and facilitate communication between involved parties.

(d) Ensure MSC/E level training is coordinated through the local MEDBOARDS office for all unit LDCs and ALDCs on relevant policies and instructions and monitor training compliance.

(e) Maintain an accurate database of all unit LDC and ALDC names and contact information along with a file of all command appointment letters.

(f) Provide weekly LIMDU summary data to the II MEF Surgeon's office via the SharePoint tracker. See enclosure (2).

(g) Closely coordinate with the local MTF Medical Boards Office and Installation Personnel Administration Center (IPAC) for training and compliance review for the program.

(4) Regimental/Group/Battalion/Squadron Surgeons. The unit Clinical LIMDU manager will track and facilitate patient care and ensure timely appointments and coordination of specialty care.

(a) Identify ALDC (Hospital Corpsman Third Class or higher) from the unit medical staff and provide to the S-1 for appointment by the CO.

(b) Develop a clear understanding of the requirements and references identified. Meet on a weekly basis with the LDC and ALDC to review all unit personnel on LIMDU and PEB.

(c) Provide continuing training and oversight of the LDC/ALDC team while tracking LIMDU personnel.

(d) Seek to expedite specialty care with emphasis on early determination of disposition (i.e. likely return to full duty, early intervention to move patient to MEB or PEB) and to ensure reconciliation of LIMDU/PEB numbers and codes in MCTFS weekly utilizing both MEDBOLTS and MCTFS. Contact MEDBOARDS or IPAC to correct any errors. The reconciled data from MCTFS and MEDBOLTS will be used for data sent to the MSC/E and II MEF tracker.

(e) Identify and track any appointment non-compliance issues and forward to the S-1 and unit commander.

(f) Provide a weekly LIMDU tracking summary report in conjunction with LDC to the MSC/E Surgeon as directed.

(5) Limited Duty Coordinator (LDC). A Marine SNCO appointed by the unit commander in writing and responsible for tracking and annotating of all personnel in medical status to required Marine Corps and Navy databases.

(a) Comply with the functions and tasks outlined in references (a) through (c).

(b) Identify, track and ensure proper administrative reporting of all personnel on LIMDU, Permanent LIMDU (PLD), or processing through the Disability Evaluation System (DES)/Integrated Disability Evaluation System (IDES).

(c) Coordinate with IPAC to ensure MCTFS reflects the correct data/codes for LIMDU Marines and all command unit personnel are properly joined, attached, detached, or separated from the appropriate Reporting Unit Code (RUC) and Monitored Command Codes (MCC) in MCTFS, to further enhance MRRS accuracy.

(d) Pull a LIMDU status report weekly via MEDBOLTS and validate the names, duty limitations, effective dates, and End of Active Service (EAS)/Expiration of Current Contract (ECC). Reconcile LIMDU/PEB numbers and codes in MCTFS utilizing both MEDBOLTS and MCTFS. Contact MEDBOARDS or IPAC to correct any errors. The reconciled data from MCTFS and MEDBOLTS will be used for data sent to the MSC/E and II MEF LIMDU tracker, per enclosure (2).

(e) Maintain a case file on all members who are in a LIMDU status as defined in reference (b).

(f) Ensure that Marines are scheduled for re-evaluation 60 days prior to termination of LIMDU. The LDC will notify each Marine and his Commanding Officer/First Sergeant when it is time for his 60 day re-evaluation. Recommend one to two month re-evaluations throughout the LIMDU period to optimize possible earlier return to FFD, as per reference (b).

(g) Ensure Marines not in a full duty status for medical reason in excess of 60 days are scheduled for a MEB, placed on LIMDU and properly reported in MEDBOLTS, MRRS, and MCTFS.

(h) Reconcile at least weekly, all duty limitation codes "X".

(i) Ensure new joins on LIMDU are processed appropriately.

(j) Monitor the status of all Marines who are held or may be held past their normal EAS/ECC for convenience of the government due to medical hold. Not later than 30 days prior to the member's EAS/ECC, coordinate with the Staff Judge Advocate/S-1 to complete

extensions of enlistment of any member who may need to be extended beyond their normal EAS/ECC.

(k) LDC will notify Marines to provide copies of all medical documents pertaining to their LIMDU proceedings.

(l) Ensure Marines who have been assigned to LIMDU in excess of 12 months have MEB submitted to CMC (MMSR-4) per reference (b).

(m) Track CMC notification through a NAVMED 6100/5 to CMC (MMSR-4) via the MTF LDC for all officers assigned to LIMDU per reference (b).

(n) In both cases above, ensure a copy of the NAVMED 6100/5 and the NMA, are available to the MTF coordinators and that a copy of the documents are also kept in the LDC/ALDC files.

(o) Ensure CMC (MMSR-4) is notified when a Marine has a medical board pending at the PEB and is also pending either administrative separation or a court-martial. Note: This requires coordination between the command personnel processing legal documents, the LDC, and the Staff Judge Advocate.

(p) Obtain the NMA when required within the specified time limits per reference (a).

(q) Contact the Marine's CO/First Sergeant to obtain any necessary documents (if a Marine has failed to provide them) to avoid the LIMDU period from expiring. These documents include paperwork for a new period of LIMDU, assignment to a PEB, or RTFD. Ensure that updated documents are submitted to IPAC for unit diary reporting.

(r) Obtain a copy of the NAVMED 6100/6 (Return to Full Duty) when a Marine has been removed from Duty Limiting Status and forward the completed NAVMED 6100/6 to IPAC for unit diary reporting.

(s) Attend monthly LIMDU Coordinator meeting held by MTF.

(6) Assistant LIMDU Coordinator (ALDC). A Hospital Corpsman Third Class or higher assigned to the medical section, appointed by the unit CO, responsible for assisting in tracking and annotating of all personnel in a limited medical status. This is accomplished by the functions and tasks outlined in references (a) through (c).

(a) Monitor unit compliance with the LIMDU program.

(b) As part of the LDC/ALDC coordination, identify and notify individuals whose LIMDU status is due to expire over the next month (30 days).

(c) Assist the LDC in coordinating with unit G-1/S-1 to ensure the MCTFS database remains accurate for all command/unit personnel.

(d) Provide commanders with periodic Individual Medical Readiness (IMR) reports (percent compliance, pending deficiency personnel list) as needed to achieve goal.

(e) Review MEDBOLTS and MRRS to ensure accurate content.

(f) Attend monthly LIMDU coordinator meeting held by MTF.

(7) II MEF and MSC/E Command Inspectors General. Ensure the Inspector General of the Marine Corps Functional Area Checklist #123 LIMITED DUTY and the contents of this Order are inspected by a competent Subject Matter Expert during all Commanding General's Inspection Program (CGIP) inspections.

5. Administration and Logistics.

a. Personnel will use enclosure (3) in order to familiarize themselves with pertinent terminology.

b. To ensure continuity of effort, local MTF and MEDBOARDS LIMDU Coordinators will train all designated MSC/E LIMDU Managers, LDCs and ALDCs and also will provide training and access to MEDBOLTS.

c. MSC/E LIMDU managers will report directly to MSC/E commanders while LDCs and ALDCs will report directly to their respective unit COs.

d. Units not meeting target goals or requesting assistance.

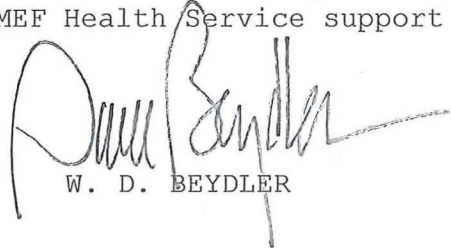
(1) Unit CO will invite a LIMDU assist team (comprised of the MSC/E Surgeon, S-1/G-1 Officer, MTF medical board and IPAC representatives) inspection from their higher headquarters to develop a Plan of Action and Milestones (POA&M) for improving their LIMDU process. This may range from process education through training conducted by the MTF LIMDU Coordinator, improved tracking of LIMDU personnel, or enhanced coordination of care between the unit medical personnel and the MTF. The findings and recommendations will be presented to the unit commander for review and forwarded to the MSC/E and II MEF Inspector General. Unit LIMDU programs will be subject to random spot checks by MSC/E Surgeons as well as during routine CGIP. Any program deemed not in compliance will trigger an assist team visit and be reported up the chain of command.

(2) Follow-up data will be forwarded monthly to the unit CO, MSC/E and II MEF Surgeons. A follow-up review by the LIMDU Assist Team will be conducted as required, but no more frequently than once a quarter with reports to unit CO, MSC/E/II MEF Surgeons, and the MSC/E/II MEF IG. Assist visits will continue until unit reaches target goal.

6. Command and Signal.

a. Command. This Order is applicable to all II MEF units.

b. Signal. This Order is effective the date signed. Point of contact is Mr. Romeo Castillo, II MEF Health Service support at 910-451-8866.



W. D. BEYDLER

COMMAND LETTERHEAD

1000
Ser
Date

From: Commanding Officer
To: Name and Rank of Appointee

Subj: APPOINTMENT AS LIMITED DUTY COORDINATOR/ASSISTANT LIMITED DUTY
COORDINATOR

Ref: (a) MCO 1900.16 Separation and Retirement Manual (MARCORSEPMAN)

1. In accordance with above reference, you are hereby appointed as the Limited Duty/Assistant Limited Duty Coordinator for Name of Command. You will be guided by the reference in the performance of your duties and become familiar with it.
2. You are directed to review the reference, which outline specific information pertaining to your duties and responsibilities.
3. This appointment supersedes all pervious appointments in this billet.

I. M. COMMANDING

Ser
Date

FIRST ENDORSEMENT

From: Name and Rank of Appointee
To: Commanding Officer

1. I acknowledge the receipt of my appointment as the Limited Duty Coordinator/Assistant Limited Duty Coordinator for Name of Command. Furthermore, I have read and fully understand the reference.

J. A. DOE

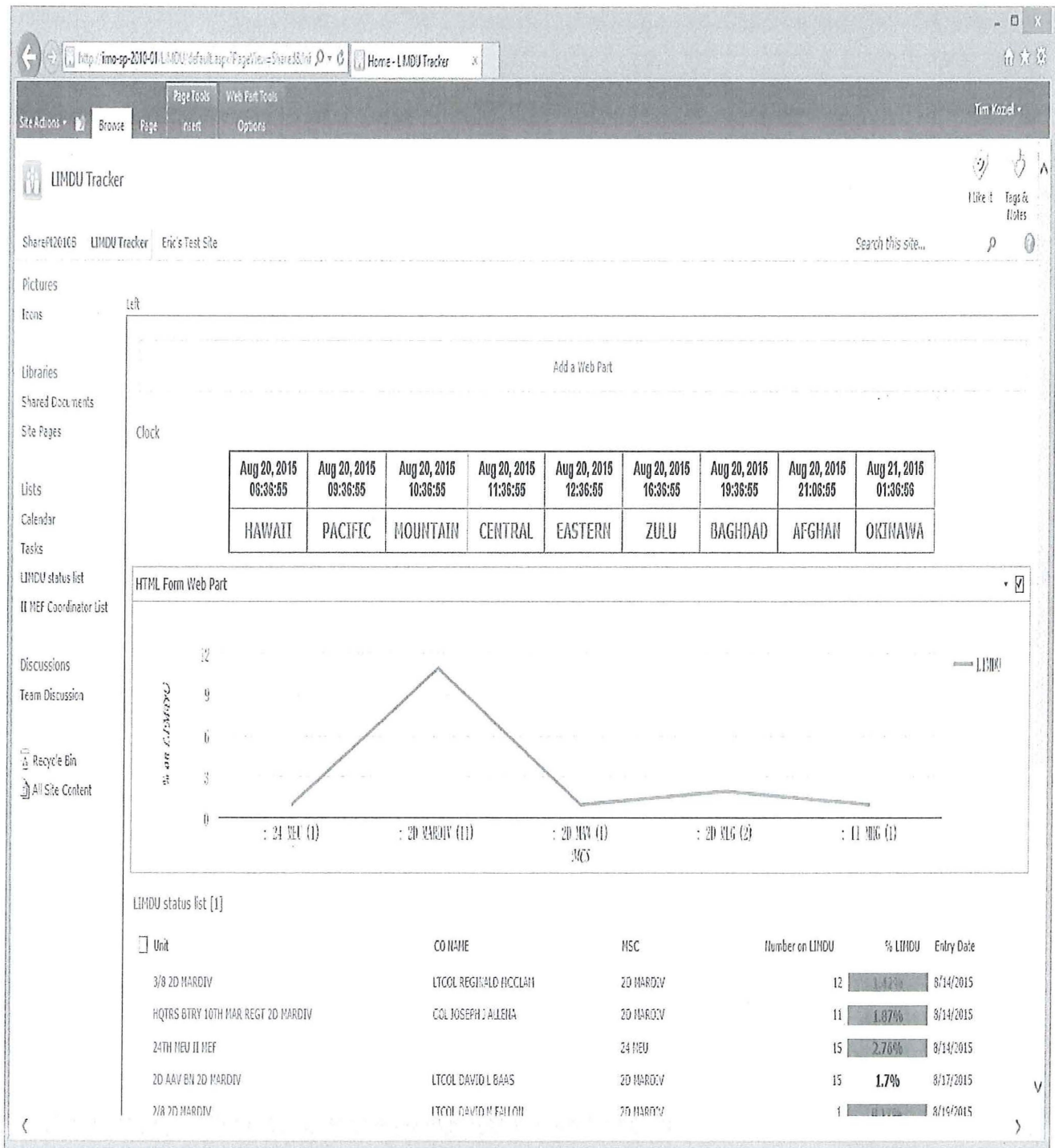
Copy to:
LIMDU File
NHCL MEDBOARDS

[illegible]

The coordinator input window allows the coordinators to enter their numbers. The "LIMDU COORDINATOR" input automatically pulls from the active login. Entry date is default to the day the form is being filled.

II MEF SharePoint LIMDU Tracker Access and Overview

1. LIMDU coordinators, both Marine and Navy, obtain an appointment letter which assures HIPAA and PII compliance is met.
2. The unit LIMDU coordinator sends an email to the II MEF SharePoint LIMDU coordinator requesting SharePoint access.
3. The SharePoint LIMDU Coordinator sends the unit coordinator a SharePoint link to the tracker.
4. Once access is established, the link goes directly to the LIMDU tracker homepage.
5. On the homepage, the coordinator scrolls down to his unit and highlights the appropriate row, which selects the click box at the left of the row. If the unit is not already on the tracker, there is a click box at the bottom of the list to "ADD NEW ITEM"
6. Choose "EDIT ITEM" (or "VIEW ITEM" if just reviewing numbers) at the top of the page in the tool bar. A pop up box appears if either the unit is selected or "add new item" selected. Select unit on the drop down box if it is not already selected.
7. Add to the appropriate box: Number on LIMDU (this should not include expired), number of expired LIMDUs, and total end strength of the unit. Click "SAVE" at the top of the pop up box. The time of entry is automatically completed.
8. The program will produce a results screen with unit, Commanding Officer, number of active and expired LIMDU patients and will express that numerically as a percentage of end strength and also graphically against other MSC/Es. LIMDU percentages will be color coded to indicate level of program compliance.



ACRONYMS

ALDC	ASSISTANT LIMITED DUTY COORDINATOR
CGRI	COMMANDING GENERAL'S READINESS INSPECTION
EAS	END OF ACTIVE SERVICE
ECC	EXPIRATION OF CURRENT CONTRACT
FFD	FIT FOR FULL DUTY
HIPAA	HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
HSSO	HEALTH SERVICES SUPPORT OFFICE
IMR	INDIVIDUAL MEDICAL READINESS
IPAC	INSTALLATION PERSONNEL ADMINISTRATION CENTER
LDC	LIMITED DUTY COORDINATOR
LDM	LIMITED DUTY MANAGER
LIMDU	LIMITED DUTY
MARCORPSEPMAN	MARINE CORPS SEPARATIONS MANUAL
MCC	MONITORED COMMAND CODE
MCTFS	MARINE CORPS TOTAL FORCE SYSTEM
MEB	MEDICAL EVALUATION BOARD
MEDBOLTS	MEDICAL EVALUATION BOARD ONLINE TRACKING SYSTEM
MRRS	MEDICAL READINESS REPORTING SYSTEM
MSC/E	MAJOR SUBORDINATE COMMAND
MSE	MAJOR SUBORDINATE ELEMENT
MTF	MILITARY TREATMENT FACILITY
NHCL	NAVAL HOSPITAL CAMP LEJEUNE
NMA	NON-MEDICAL ASSESSMENT
PEB	PHYSICAL EVALUATION BOARD
PEBLO	PHYSICAL EVALUATION BOARD LIAISON OFFICER
RTFD	RETURNED TO FULL DUTY
UCMJ	UNIFORMED CODE OF MILITARY JUSTICE
VA	VETERANS ADMINISTRATION