



DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON DC 20350-2000

OPNAVINST 1300.20A
N1/PERS-454
3 Oct 2023

OPNAV INSTRUCTION 1300.20A

From: Chief of Naval Operations

Subj: DEPLOYABILITY ASSESSMENT AND ASSIGNMENT PROGRAM

Ref: (a) RESPERS M-1001.5 of 19 July 2018
(b) COMNAVRESFORINST 3060.7D
(c) OPNAVINST 3060.7C
(d) DoD 1332.45, Retention Determinations for Non-Deployable Service Members, 27 April 2021
(e) DoD 1332.18, Disability Evaluation System, 17 May 2018
(f) DoD 6490.03, Deployment Health, 19 June 2019
(g) SECNAVINST 1850.4F
(h) SECNAVINST 1770.5
(i) BUMEDINST 1300.2B
(j) RESPERMAN 6000-010
(k) DoD 6025.19, Individual Medical Readiness Program, 13 July 2022
(l) SECNAVINST 6120.3A
(m) OPNAVINST 6110.1K
(n) NAVPERS 15560D
(o) BUPERSINST 1610.10F
(p) RESPERSMAN 6000-010
(q) DoD 1332.14, Enlisted Administrative Separations, 23 June 2022
(r) SECNAVINST 1920.7C
(s) SECNAVINST 1920.6D
(t) DoD 1332.30, Commissioned Officer Administrative Separations, 9 September 2021
(u) ASN (M&RA) Memorandum, Separations for Conditions Not Amounting to a Disability (CnD), 9 January 2018
(v) BUMEDINST 6000.19
(w) DoD 6130.03, Volume 3, Medical Standards for Military Service: Retention, 6 June 2022
(x) OPNAVINST 5200.25E

Encl: (1) Definitions
(2) Navy Deployability Category Code Authoritative Data Sources

1. Purpose. To establish policy and procedures for implementing the Navy's Deployability Assessment and Assignment Program. This program will ensure the timely disposition, processing and accountability of Active Component (AC), Training and Administration of the

Reserves (TAR) (formerly known as “FTS”) and Selected Reserve (SELRES) Service Members who are either medically or administratively limited from deployment.

2. Cancellation. OPNAVINST 1300.20.

3. Scope and Applicability. This instruction applies to Navy AC, TAR and SELRES personnel, commands and activities. The policies pertaining to deployability are applicable to all personnel, with specific additional guidance for the mobilization or activation of SELRES found in references (a) through (c).

4. Responsible Offices. The Deputy Chief of Naval Personnel (DCNP) is the single process owner of the Navy’s Deployability Assessment and Assignment Program. Assistant Commander, Navy Personnel Command (COMNAVPERSCOM) for Career Management (PERS-4) is the AC and TAR Deployability Assessment and Assignment Program Manager. Commander, Navy Reserve Forces Command (COMNAVRESFOR) is the SELRES Deployability Assessment and Assignment Program Manager.

5. Discussion.

a. This instruction implements reference (d), consistent with references (e) through (g), which provides overall Department of Defense (DoD) and Secretary of the Navy (SECNAV) policy and procedures for evaluation of physical readiness for duty and disposition of physical disability. Enclosure (1) contains definitions for terminology applicable to this instruction.

b. A Service Member is deployable if he or she does not have a Service determined condition which precludes him or her from deployment. This instruction provides guidance for assessment of the deployability of Service Members, classification of the deployability and execution of the DoD's policy objectives with regards to increasing force lethality. The Military Treatment Facility (MTF) or operational unit with an assigned provider and with input from the Service Member’s command will make deployability assessments by determining the Service Member’s ability to perform appropriate military duties commensurate with his or her office, grade, rank or rating in light of ongoing medical treatment or administrative limitations at every provider based healthcare encounter.

c. Per reference (i), it is the personal responsibility of every Service Member to maintain individual readiness to include medical, dental and physical readiness and, if required, maintain a family care plan. Concurrently, commands must be proactive and ensure the individual readiness of each Service Member at all times. AC and TAR commands must support readiness Navy-wide by immediately reporting any Service Member’s administrative or medical status affecting deployability to COMNAVPERSCOM, Deployability Assessment and Assignment Branch (PERS-454), to include the timely and accurate update of data sources listed in enclosure (2). For SELRES, each Service Member will report any administrative or medical status which affects the ability to deploy immediately to their respective Navy Reserve Activity (NRA) in

order to annotate appropriate updates in applicable administrative or medical systems per references (c) and (j). NRA is responsible for forwarding this information to appropriate Echelon 3 and 4 codes.

6. Classification.

a. The AC, TAR and SELRES Program Managers will develop and use deployability category code (DCAT) codes derived from section 3 of reference (d) to classify the deployability of each Service Member. PERS-454 and COMNAVRESFOR (CNRFC) as appropriate will apply, validate and review DCAT codes and expiration dates and maintain this information within official systems to communicate to detailers, community managers and commands to enable accurate and appropriate assignment, distribution and management of Service Members. DCAT codes must be assigned based on Service Member's assignment status derived from authoritative data sources listed within enclosure (2). Listing of DCAT codes is available for commands via MyNavy Assignment web portal. The facts underlying a Service Member's non-deployable status determine a Service Member's duration of non-deployability, while DCAT codes provide metrics and enable accurate tracking by PERS-454. For AC, TAR and SELRES respectively, PERS-454 and CNRFC will adjudicate cases where the dates of non-deployability are unclear. All AC, TAR and SELRES Service Members will be assigned a DCAT code consistent with one of the categories in subparagraphs 6a(1) through 6a(4).

(1) Category 1 - Fully Deployable. Sailors are fully deployable to an operational area or in support of operations.

(2) Category 2 - Deployable with Limitations. Sailors can be assigned into and out of an operational area in support of operations with geographic limitations, medical restrictions or platform limitations with approval from PERS-454.

(3) Category 3 - Temporarily Non-Deployable. Sailors cannot deploy to an operational area or in support of operations without COMNAVPERSCOM approval due to temporary restrictions: administrative actions (e.g., absent without leave, failure to maintain family care plan, adoption, age under 18, humanitarian assignment), legal actions, medical conditions (e.g., referred to disability evaluation system (DES), temporary limited duty (LIMDU), hospitalization, pregnancy), training or transient status.

(4) Category 4 – Permanent Non-Deployable. Sailors cannot deploy to an operational area or in support of operations because of permanent restrictions including medical (e.g., enrolled in DES, permanent LIMDU) or administrative reasons (e.g., sole survivor, unable to carry a firearm, conscientious objector, ex-prisoner of war).

b. The SELRES Program Manager will use manpower availability status (MAS) codes to classify the varying limitations into categories which designate a Service Member's ability to mobilize in line with reference (a). Upon the release of a combined pay and personnel system,

DCAT codes and MAS codes will be merged into one set of codes which will address Total Force deployability.

7. Deployability Assessments.

a. Periodicity. Per references (k) and (l), a Service Member's medical deployability will be considered during all provider-based healthcare encounters to include but not limited to annually during the periodic health assessment (PHA), when a medical assessment is required for completion of the NAVPERS 6110/3 Performance Assessment Risk Factor Questionnaire (PARFQ) in line with reference (m) and during Suitability Screening for Operational and Overseas Assignments refer to MILPERSMAN 1300-302 and 1300-800. The PHA will be used to review and verify individual medical readiness (IMR) deficiencies, which should be updated at the time of the PHA. Additionally, per reference (g), deployment health assessments are used to screen Service Members for health concerns prior to and after deployments. Deployment health assessments augment the PHA but are not substitutes. In addition, Reserve unit Commanders and NRA Commanding Officers are responsible for completing a monthly review of member's deployability to include review of all MAS codes.

b. Deployment-Limiting Medical Conditions. If an AC or TAR Service Member has a deployment-limiting medical condition initially projected to last 30 days or less, the medical provider may assign light duty. If, the treating provider anticipates the condition will resolve within 90 days of the initial light duty status, the treating provider may extend light duty to a maximum of 90 consecutive days to include of any convalescent period. If a Service Member has a deployment-limiting medical condition which will last greater than 30 days (even if assigned to non-operational duty) the medical provider will refer the Service Member to a Medical Evaluation Board (MEB) for placement in a temporary LIMDU status, recommend for administrative separation for conditions not amounting to a disability (ADSEP CnD) or refer to the DES. Temporary LIMDU status will be assigned when the Service Member is expected to return to medically unrestricted duty within specific time constraints listed in references (n) and (o). Refer to reference (n) for special assignments for temporary LIMDU, permanent LIMDU and the DES. SELRES Service Members with deployment-limiting medical conditions will be assigned a MAS code of temporarily not physically or dentally qualified (TNPQ or TNDQ) if the condition is not service connected and will be resolved within 180 days. While in a TNPQ or TNDQ status, members must provide the NRA Medical Department Representative (NRA MDR) written monthly updates; NRA MDR will update the member's medical record and Medical Readiness Reporting System on every status change per reference (p). In the case of a mobilization-restricting injury which occurred during a period of qualified service, a line of duty (LOD) case will be initiated by the cognizant Navy Reserve Center (NRC). In the case of a chronic or non-qualified LOD service injury that prevent the SELRES member from safely or effectively fulfilling their duties during a mobilization or deployment per reference (a), a Medical Retention Review (MRR) package will be initiated by the NRC.

(1) Temporary LIMDU

(a) The MTF convening authority (CA) approves all temporary LIMDU requests for any officer or enlisted Service Member if a period of temporary LIMDU will not result in extension of temporary LIMDU beyond the point of 12 consecutive months and if the Service Member is expected to return to a medically unrestricted duty status at the completion of the temporary LIMDU period. Periods of temporary LIMDU will be condition-based, meaning the length of the LIMDU period will be tied to the treatment provider's estimated timeframe for a Service Member to recover and return to a deployable status. PERS-454 senior medical officer (SMO) can direct the cognizant MTF CA to place a Service Member on temporary LIMDU at any time.

(b) With the exception of cases properly referred to the DES, temporary LIMDU concludes when a Service Member is returned to medically unrestricted duty by the MEB or upon expiration of temporary LIMDU. MTFs will ensure LIMDU is updated to avoid expiration. If the Service Member's medical temporary LIMDU status is not updated by the treating provider prior to the expiration of temporary LIMDU, PERS-454 will change the Service Member's DCAT to reflect the Service Member is in an expired temporary LIMDU status. PERS-454 will liaise with the Navy Bureau of Medicine and Surgery (BUMED) Medical Readiness (M34) to determine the Service Member's medical status and adjust DCAT, accounting category code (ACC), projected rotation date (PRD) and submit an availability report for transfer accordingly.

(c) Per reference (q), a Service Member in a temporary LIMDU status may still retire or be separated at the Service Member's soft end of active obligated service (S-EAOS) or at high year tenure (HYT). Command-recommended extensions while in a temporary LIMDU status may be approved only by Bureau of Naval Personnel, Enlisted Community Management Division (BUPERS-32) per MILPERSMAN 1160-040. HYT waivers for extensions must be approved by BUPERS-32 for AC and Bureau of Naval Personnel, Reserve Community Management (BUPERS-35) for TAR and SELRES. Enlisted Service Members enrolled in the DES or hospitalized may have their Fleet Reserve, retirement or current enlistments extended with approval from BUPERS-32 for AC or BUPERS-35 for TAR and SELRES. The SECNAV may defer the retirement or separation of an officer per reference (r) for no more than 30 days after completion of the evaluation requiring hospitalization or medical observation which cannot be completed with confidence in a manner consistent with the officer's well-being before the date on which the officer would otherwise be required to retire or be separated. Enrollment in the DES is defined as the Service Member's case having been accepted to the DES by a medical provider as defined in reference (g). Evidence of DES enrollment occurs when the MTF MEB Office or Physical Evaluation Board Liaison Officer establishes a case in either the Veterans Tracking Application or electronic MEB Report (eMEBR) within Limited Duty Sailor and Marine Readiness Tracker (LIMDU SMART) application MTF or any subsequent DES systems.

(2) Referral to the DES

(a) If at any time, regardless of current temporary LIMDU status or period, a provider determines a Service Member has a Veteran Affairs Schedule for Rating Disabilities (VASRD) ratable condition with a poor prognosis for return to a medically unrestricted duty status or is anticipated to be non-deployable for more than 12 consecutive months, a medical provider, via convening of a MEB, must recommend referring the Service Member's case to the DES for adjudication. Additionally, PERS-454 SMO can direct the cognizant MTF CA to refer a Service Member's case to the DES at any time.

(b) Upon return to medically unrestricted duty after a Physical Evaluation Board (PEB) finding of Found Fit for Continued Naval Service, Service Members must complete a Medical Assignment Screening NAVMED 1300/3 per reference (k) and must notify PERS-454. The purpose of the Medical Assignment Screening is to identify a Service Member's deployment limitations (if any) and make recommendations regarding duty assignment and the duration of any deployment limitations.

(3) See references (a) through (d) and (h) for policy for mobilization or deployable limiting medical conditions resulting in TNPQ, TNDQ, LOD and MRR for SELRES Service Members.

c. Deployment-Limiting Administrative Reasons. If a Service Member is aware of an administrative deployment limitation, the Service Member is required to report the reason to the appropriate command representatives. Commanding officers will report the limitation using the bases for temporary and permanent non-deployability in reference (d) and start date to PERS-454 or CNRFC as appropriate.

8. Mandatory Processing for Administrative Separation. Service Members who have been non-deployable for over 12 consecutive months for administrative reasons will be notified and, if not already being administratively processed for other reasons, must be administratively processed in line with references (n), (s) and (t).

a. If at any time, regardless of current temporary LIMDU, TNPQ status or period a medical provider determines a Service Member has a condition which is not a VASRD-ratable condition with a poor prognosis for return to a medically unrestricted duty status or is anticipated to be non-deployable for more than 12 consecutive months, a medical provider, via convening of a MEB, must recommend administrative separation for the member in line with references (n), (s) and (u).

b. If a Service Member is non-deployable because of pending criminal investigation or court-martial proceedings, he or she is exempt from this processing requirement until conclusion of legal proceedings. At that time the Service Member will receive a deployability assessment with potential to return to a deployable status.

9. Retention Determinations. A service retention waiver is required when there is not a reasonable expectation the non-deployable condition will be resolved within 12 months of the Service Member becoming non-deployable.

a. Humanitarian Assignments. AC or TAR Service Members on assignments for humanitarian reasons are assigned a temporary non-deployable DCAT. PERS-454 will coordinate with COMNAVPERSCOM, Humanitarian Reassignment PERS-40HH and generate retention waiver requests for Service Members who request humanitarian reassignment or extension in excess of 12 consecutive months. CNRFC will perform the same function for similar SELRES members.

b. Medical Limited Duty. Cases where AC or TAR Service Members are recommended for LIMDU assignments exceeding 12 consecutive months by a medical provider, a retention waiver will be generated and processed by PERS-454 upon MTFs entry of NAVMED 6100/5 within LIMDU SMART. The Chief of Naval Personnel may retain Service Members who are non-deployable in excess of 12 consecutive months on a case-by-case basis. Approval authority may be delegated to the DCNP. Disapproval authority will remain with the Chief of Naval Personnel.

c. DES. Service Members who have been referred to the Physical Evaluation Board and enrolled into the DES do not require a retention waiver if non-deployable for greater than 12 months while awaiting medical retention determination. Retention for medical reasons can be requested by a Service Member only after completion of the DES process. If a Service Member is found not fit for duty through the DES process, the Service Member can request a waiver to remain in service per reference (g).

d. Pregnancy. Service Members assigned a pregnancy status DCAT or on a pregnancy assignment do not require a retention waiver if they are in compliance with current pregnancy tour policies per reference (v).

e. Administrative. For cases where Service Members are non-deployable for more than 12 consecutive months due to reasons other and those in subparagraphs 8a through 8d, a retention waiver must be requested. Any Service Member may request retention at the sooner of either (1) the date at any time prior to 12 months upon which the appropriate authority makes a determination there is not a reasonable expectation the member will become deployable or (2) the 12-month point of non-deployability. This request must be routed through the Service Member's unit Commanding Officer.

(1) AC and TAR Service Members must submit written retention requests greater than 12 month limited duty with command endorsement directly to PERS-454 at:
nondeployable12m.fct@navy.mil.

(2) SELRES Service Members must submit written retention requests with command endorsement directly to their respective NRA for further submission to CNRFC.

10. Action.

a. Director, Navy Culture and Force Resilience Office (OPNAV N17) will provide access to pertinent data related to programs which impact a Service Member's deployability (e.g., Physical Readiness Information Management System, Alcohol and Drug Management Information Tracking System and any other relevant data) to specifically authorized PERS-454 personnel.

b. Commander, Navy Installations Command (CNIC) will provide access to pertinent data related to programs which impact a Service Member's deployability (e.g., Safe Harbor and Wounded Warrior, Family Advocacy Program and any other relevant data) to specifically authorized PERS-454 personnel.

c. BUMED must:

(1) Ensure Service Member's deployability is assessed at every provider-based healthcare encounter, including but not limited to PHA and when a medical evaluation is required in conjunction with the completion of the PARFQ, regardless of whether the Service Member is currently assigned to operational or non-operational commands,

(2) Train all healthcare providers to assess Service Member's medical status with deployability as a primary focus at all provider-based healthcare encounters,

(3) Ensure all temporary LIMDU periods are entered into LIMDU tracking system (e.g., LIMDU SMART, pregnancies are entered into MRRS and DES cases are entered into Veterans Tracking Application (VTA) or subsequent systems replacing them as required),

(4) Provide Navy Personnel Command-designated staff appropriate access to the temporary LIMDU data system and the electronic health record (e.g., Armed Forces Health Longitudinal Technology Application or subsequent systems replacing them as required to ensure access to applicable medical information),

(5) Collaborate with PERS-454 to assess and continue to develop training objectives for the temporary LIMDU Program,

(6) Ensure the authoritative temporary LIMDU computer tracking system is appropriately updated and final actions for temporary LIMDU case closure or referral to DES are completed per reference (k),

(7) Collaborate with PERS-454 to assess required manpower. Codify an additional duty (ADDU) relationship with PERS-454 via memorandum of understanding (MOU) and appropriate Activity Manpower Documents (AMD) and

(8) Review MRR packages and make recommendations for Physical Qualification status in line with references (n) and (v).

d. COMNAVPERSCOM must:

(1) Provide PERS-454 with pertinent data related to programs which impact a Service Member's deployability as listed in enclosure (2).

(2) Establish and provide PERS-454 metrics and reporting requirements for medically and administratively restricted personnel,

(3) Maintain an office to serve as the central coordinator for the assessment and assignment of Service Members who are either medically or administratively restricted from deployment,

(4) Assign a SMO to PERS-454 to standardize the assignment, distribution and deployment statuses of medically restricted personnel.

e. PERS-454 must:

(1) Maintain force deployability metrics for reporting medically and administratively restricted AC and TAR personnel,

(2) Determine suitability for assignment of Service Members with medical conditions for operational commands. This determination includes authority to direct a command to accept a Service Member who is deployable with limitations (e.g., bloodborne pathogen) if the PERS-454 SMO deems the operational command suitable for placement,

(3) Review and route all properly forwarded AC and TAR retention requests to the designated authority to retain a Service Member whose period of non-deployability exceeds the 12-month limit,

(4) Direct the cognizant MTF CA to place a Service Member in a temporary LIMDU status or direct a Service Member be enrolled into the DES and referred to PEB at any time,

(5) Direct cognizant MTF CA to convene a MEB for Service Members with two consecutive operational or overseas assignment medical suitability failures or multiple failures for same condition to determine appropriate fitness for duty for specified conditions and enrollment via LIMDU SMART (or subsequent system that replaces it) into LIMDU, DES, recommendation for ADSEP CnD or retention ineligibility.

(6) Serve as the authority, in collaboration with BUMED and other stakeholders, in the development of all temporary LIMDU training programs to ensure compliance with this instruction,

(7) Develop and implement use of DCAT codes for system input, tracking and reporting of Service Member deployability status,

(8) Conduct review of authoritative data sources listing, enclosure (2), as part of scheduled review of this instruction,

(9) Maintain an accurate Command Deployability Coordinator roster through the receipt of official designation letters from each command and conduct annual review of roster for accuracy,

(10) Collaborate with the Department of Navy Chief Information Office (DONCIO) to ensure records generated for DCAT code assignment meet privacy requirements as set forth by DONCIO and

(11) Collaborate with BUMED to assess required manpower. Codify an ADDU relationship with BUMED via MOU and appropriate AMD.

f. COMNAVRESFOR will:

(1) Direct the COMNAVRESFOR Force Surgeon to establish policy and issue guidance for COMNAVRESFOR health protection and management,

(2) Establish and be the authoritative source for Reserve Force deployability metrics for reporting medically and administratively restricted Service Members,

(3) Hold NRAs accountable to references (a) through (c) and (RESPERSMAN 6000-010) and

(4) Review and route all properly forwarded SELRES retention requests to the designated authority via the Chief of the Naval Reserve to retain a Service Member whose period of non-deployability exceeds the 12-month limit.

g. MTFs must:

(1) Use deployability assessments to make determinations about a Service Member's ability to perform appropriate military duties commensurate with his or her office, grade, rank or rating in light of ongoing medical treatment,

(2) Ensure the deployability of each Service Member is assessed at each provider-based healthcare encounter and when completing the PHA regardless of whether the Service Member is currently assigned to operational or non-operational duty. Review documentation for healthcare encounters completed within the TRICARE civilian network to assess impact on deployability. If a Service Member has any deployment limiting condition identified during the PHA which is not already being appropriately addressed, the Service Member should be referred to his or her primary care provider for placement on light duty or to the MTF MEB for disposition. Medical providers must prioritize deployability and eligibility for operational duty when determining PHA disposition. Per reference (l), all medical conditions must be accurately documented to reflect the Service Member's limitations and updated in the appropriate medical reporting systems,

(3) Ensure active duty Service Members with medical conditions which cannot be resolved with light duty as defined in enclosure (1), are referred to the MTFs MEB for appropriate disposition and recommendations regardless of current duty assignment,

(4) Convene MEBs per references (f) and (n) and as directed by PERS-454,

(5) Develop steps to ensure temporary LIMDU periods are based on condition-based durations of recovery period per reference (u),

(6) Enter all temporary LIMDU and DES cases into LIMDU SMART, Medical Readiness Reporting System (MRRS) and VTA as appropriate (or any subsequent system), for tracking purposes,

(7) Comply with BUMED temporary LIMDU managers' internal controls per reference (w) to ensure timely evaluation and reporting of light duty, temporary LIMDU and DES cases,

(8) Designate in writing a qualified deployability coordinator (previously known as a LIMDU coordinator) to work in concert with command deployability coordinators to report and track medically restricted Service Members. They are responsible for:

(a) Reporting all pregnancies or assisted reproductive technology cases as well as subsequent status updates in MRRS,

(b) Notifying a command's deployability coordinator when a change in temporary LIMDU status occurs and

(c) Provide tenant command deployability coordinators training and system access to LIMDU SMART, MRRS and relevant programs.

(9) Assist command deployability coordinators and temporary LIMDU Service Members in acquiring appointments on a priority basis and

(10) Establish local procedures to ensure the Service Member reports to the MTF patient administration office immediately upon being recommended for placement on, extension of or removal from temporary LIMDU.

h. For SELRES Service Members, NRA MDR coordinating with available medical and dental resources, will fulfill responsibilities as listed in references (c) and (RESPERSMAN 6000-010) and coordinate with the Activity NRA administrative and personnel offices to ensure SELRES deployability information is updated.

i. For AC and TAR Service Members servicing pay and personnel offices (e.g., Regional Support Center or Transaction Service Center) must monitor the S-EAOS, PRD and mandatory separation dates of all personnel assigned temporary LIMDU or enrolled in the DES. If a Service Member has an expired S-EAOS or mandatory separation date during the period of temporary LIMDU or DES, contact BUPERS-32 for enlisted and SECNAV office for officers for guidance. Per reference (q), placement on temporary LIMDU will not delay a mandatory separation or retirement. Service Members that are hospitalized or require medical observation may be considered for delayed mandatory separation or retirement on a case-by-case basis upon SECNAV approval.

j. Commands must:

(1) Designate in writing a qualified deployability coordinator to work in concert with MTF deployability coordinators to report and track medically and administratively restricted Service Members. Commands with 50 or more LIMDU personnel are encouraged to appoint a Command Deployability Coordinator as a primary duty and assign collateral Deployability Coordinators on a 1:50 ratio to assist in the management of LIMDU personnel,

(2) Ensure contact information of the command deployability coordinator is kept current with the servicing MTF, MyNavy Career Center, LIMDU SMART and a copy of designation letter is provided to PERS-454 with contact information via functional email: limdu_admin.fct@navy.mil,

(3) Ensure command deployability coordinator attends all meetings and training as required by local MTF deployability coordinator,

(4) Per reference (d) and MILPERSMAN 1300-1400, ensure timely and accurate ACC assignments are made for the officers and enlisted Service Members assigned to their units. Navy reporting activities will ensure proper MAS codes are documented in line with reference (c).

(5) Ensure annual PHA completion and accurate IMR reporting of all personnel assigned to their units. IMR is the fundamental method by which medical readiness and the health of each unit is measured and the PHA is vital to regularly assessing Service Member health. Command

fitness leaders, health promotion personnel, dental and fleet liaison representatives and Command Pay and Personnel Administrators should coordinate their tasks to assist individuals and commands in achieving and maintaining medical readiness.

(6) Ensure command fitness leaders comply with reference (m) as it pertains to deployability status (e.g., Service Members with medical conditions limiting participation in the PFA or who screen positive on the PARFQ are directed to their primary care). Any Service Member who is waived from any portion of the PFA must be placed in the appropriate medically-restricted status (e.g., light duty, temporary LIMDU, TNPQ, TNDQ, LOD, MRR, pregnancy or postpartum, DES, etc.).

(7) Monitor Service Members in temporary or permanently non-deployable status and maintain close liaison with their respective command career counselors on issues of expiration of S-EAOS and PRD or mandatory separation while on temporary LIMDU or DES in line with reference (x). Contact BUPERS-32 for guidance concerning Service Members with an expired S-EAOS or mandatory separation date during a period of temporary LIMDU or DES. For PRD adjustments contact PERS-454 for LIMDU and DES Sailors. NRAs will monitor for SELRES personnel.

(8) Issue NAVPERS 1070/613 Administrative Remarks to all temporary LIMDU, TNPQ, TNDQ, MRR and LOD Service Members acknowledging the responsibility to report to all scheduled appointments and to be compliant with medical recommendations and limitations. The issued NAVPERS 1070/613 should note failure to report to scheduled appointments may constitute a violation of the Uniform Code of Military Justice, article 86 (failure to go to appointed place of duty) and article 92 (failure to obey a lawful order).

(9) Use written counseling and fitness reports or performance evaluations to document willful failure to comply with responsibilities to maintain individual readiness (e.g., repeatedly failing to complete required PHA actions or LIMDU requirements to include expiration of LIMDU status without proper medical clearance). Refer to references (n) and (o) for further guidance.

(10) Initiate administrative separation processing or referral to the DES, as appropriate, once the command determines there is a reasonable expectation the restriction will not be resolved and the Service Member will not become deployable within 12 months.

(11) Conduct monthly review of MyNavy Assignment for tracking and monitoring of assigned DCAT codes for all command Service Members and coordinate with PERS-454 as needed.

k. Each Service Member must:

- (1) Ensure personal accountability to all aspects of individual readiness including medical, dental and physical readiness and maintaining a family care plan,
 - (2) Be compliant with all IMR requirements per references (k) and (l),
 - (3) Ensure all IMR documentation is delivered to the MTF or NRA MDR for SELRES where personal medical records are maintained for entry into an approved electronic data system as well as in health records. Withholding or failure to include medical documentation in the medical record may result in denial of future disability benefits.
 - (4) Report to the MTF MEB office and command deployability coordinator immediately upon being recommended for placement, extension of or removal from temporary LIMDU,
 - (5) If in a restricted deployability category, ensure leave (other than emergency) is coordinated with the command deployability coordinator and does not conflict or coincide with medical appointments,
 - (6) If on temporary LIMDU, visit with the treating provider on a routine basis throughout the temporary LIMDU period and ensure a medical temporary LIMDU appointment is scheduled and attended no later than 30 days prior to the expiration of the temporary LIMDU period and
 - (7) Monitor IMR via Bureau of Naval Personnel Online and complete all IMR requirements in a timely manner.
1. Reserve Service Members must also report any change(s) in medical readiness to NRA MDR within 30 days from date of diagnosis.

11. Records Management.

- a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy (DON) Assistant for Administration, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.
- b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the OPNAV Records Management Program (DNS-16).

12. Review and Effective Date. Per OPNAVINST 5215.17A, N1 and PERS-454 will review this instruction annually on the anniversary of its effective date to ensure applicability, currency and consistency with Federal, DoD, SECNAV and Navy policy and statutory authority using OPNAV 5215/40 Review of instruction. This instruction will be in effect for 10 years, unless

revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

13. Forms.

a. The forms listed in subparagraphs 13a(1) through 13a(5) can be obtained from <https://forms.documentservices.dla.mil/order/>:

(1) NAVMED 1300/3 Medical Assignment Screening. The form is completed by a military physician, nurse practitioner, physician assistant or independent duty corpsman when directed by PERS-454 due to an unresolved Return to Duty (RTD) PEB adjudication or continued unsuitability to Permanent Change of Station assignments. Medical Assignment Screening determines if a Service Member is “worldwide assignable” or “assignment limited” due to ongoing medical conditions.

(2) NAVMED 6150/50 Naval DES MEB Report. Report will be used when Service Members are recommended for DES by referring provider or referred into DES by the MEB Approval Authority (MEBAA) physician or directed by PERS 454. NAVMED 6150/50 is automated in LIMDU SMART and should be the default method of completing the Naval DES MEB Report. When portable document format fillable NAVMED 6150/50 is used, the completed document must be uploaded into eMEBR application in LIMDU SMART.

(3) NAVMED 6100/5 Abbreviated Medical Evaluation Board Report. A detailed summary of the Service Member’s medical condition(s) dictated by the attending physician and used to request initial and additional LIMDU in excess of 12 months, returning a Service Member to duty, pre-DES workup on condition(s) requiring further evaluation to assess for medical retention determination point criteria, recommending DES referrals overseas, recommending early return of Service Member or for endorsing local MEB activities not otherwise captured (i.e., physical assessment waiver). NAVMED 6100/5 is automated in LIMDU SMART and should be the default method of completion of form. When portable document format fillable NAVMED 6100/5 is used, the completed document must be uploaded into LIMDU application in LIMDU SMART.

(4) NAVMED 6100/6 Return of a Patient to Medically Unrestricted Duty from temporary LIMDU. A medical administrative document used to return a member to duty. The MEBAA physician can return a Service Member to duty in lieu of the CA. NAVMED 6100/6 is automated in LIMDU SMART and should be the default method of completion of form. When portable document format fillable NAVMED 6100/6 is used, the completed document must be uploaded into LIMDU application in LIMDU SMART.

(5) NAVMED 6150/50 Naval DES MEB Report will be used when Service Members are recommended for DES by referring provider or referred into DES by a MEB provider, directed by PERS 454. NAVMED 6150/50 is automated in LIMDU SMART and should be default method of completing the Naval DES MEB Report. When portable document format fillable NAVMED 6150/50 is used, the completed document must be uploaded into eMEBR application in LIMDU SMART.

b. The forms listed in subparagraphs 13b(1) through 13b(2) can be obtained from Naval Forms OnLine at: <https://www.mynavyhr.navy.mil/References/Forms/NAVPERS/>.

(1) NAVPERS 6110/3 Physical Activity Risk Factor Questionnaire (PARFQ).

(2) NAVPERS 1070/613 Administrative Remarks.



R. J. CHEESEMAN JR
Deputy Chief of Naval Operations
for Personnel, Manpower and Training

Releaseability and distribution:

This instruction is cleared for public release and is available electronically via Department of the Navy Issuances website, <https://www.secnnav.navy.mil/doni/default.aspx>.

DEFINITIONS.

1. Abbreviated Medical Evaluation Board Report (AMEBR). A brief summary of a Service Member's medical condition, limitations, treatment and expected return to duty (RTD) date used to place a Service Member on temporary limited duty (LIMDU).
2. DCAT. A code which identifies a Service Member's deployability status. DCAT further delineate the deployability category assignment of varying conditions (medical, legal, humanitarian assignment, pregnancy, etc.) into categories which are reportable to leadership and visible to those personnel with an official need to know (PERS-454, detailers, etc.). This information will be maintained by PERS-454 who will review, validate and apply category codes as required. Information will be maintained for historical reporting and trend analysis in support of business intelligence and modeling. Additionally, the DCAT will be available to Navy government systems requiring deployability information to support critical medical, personnel and distribution processes.
3. Deployability. A Service Member is deployable if he or she does not have a Service-determined reason which precludes him or her from deployment.
4. Deployability Assessment (DA). A determination of a Service Member's ability to deploy as related to medical and administrative conditions.
5. Demobilization. The process of transitioning from a conflict situation or from a wartime military establishment and defense-based civilian economy to a peacetime configuration while maintaining national security and economic vitality. Demobilization includes returning mobilized RC Sailors to their former status by processing for discharge or release from active duty.
6. Disability Evaluation System (DES). A process for determining the Service Member's fitness for continued military service due to a disability, per reference (b). Service Member will proceed through either the Legacy DES or the Integrated DES.
7. Integrated DES (IDES). A type of DES process. The DoD and Department of Veterans Affairs joined together to create IDES to integrate processes which were formerly executed separately. The goal of IDES is to streamline the DES to improve the delivery of services and benefits to Service Members and their families. For Service Members stationed OCONUS, when the overseas convening authority (CA) responsible for the MTF determines the Service Member has a chronic condition and a poor prognosis for return to medically unrestricted duty, the CA should notify the Service Member's command to initiate the early return process through Bureau of Naval Personnel (BUPERS) Online in line with reference (d). The local MEB must use LIMDU SMART (or subsequent system) to notify PERS 454 Service Member requires early return processing.

8. Legacy DES (LDES). A DoD only DES process which determines the Service Member's fitness for continued military service and DoD eligibility and rating if they are separated or retired for a disability.

9. Light Duty. As defined in reference (k), this process provides a maximum of three 30-day periods during which a Service Member is removed from full duty for medical reasons. The light duty period allows for appropriate clinical evaluation and treatment. A DoD healthcare provider placing a Service Member on light duty does so if the Service Member is expected to return to a medically unrestricted duty status at the end of the light duty period. Care must be exercised to ensure light duty is not abused or used as an inappropriate substitute for a temporary LIMDU evaluation. Light duty presumes frequent provider and patient interaction to determine whether return to medically unrestricted duty status or more intensive therapeutic intervention and temporary LIMDU referral is appropriate.

10. Limited Duty (LIMDU). As defined in reference (k), the assignment of a Service Member in a duty status for a specified time with certain medical limitations or restrictions concerning the duties the Service Member may perform. LIMDU is divided into two separate categories: temporary LIMDU and permanent LIMDU.

a. Temporary LIMDU. Per references (k) and (l), a Service Member is assigned in a temporary LIMDU status when the medical condition is temporary and the staff medical provider expects the Service Member to RTD in the specified period of time.

b. Permanent LIMDU. There are two groups considered in permanent LIMDU status.

(1) Unfit finding by PEB. Service Members who have been found "unfit for continued naval service" as a result of the DES process may request permanent LIMDU per reference (f) and if approved will remain on active duty for a specified time. Assignment of permanent LIMDU may be authorized by the waiver authority designated by SECNAV for Service Members who meet criteria of reference (f). Service Members approved for permanent LIMDU must be placed in an appropriate DCAT with a projected rotation date (PRD) which corresponds with the approved permanent LIMDU date. Once placed in a permanent LIMDU status, the member may remain at the current command or be assigned to a valid billet as directed by Fleet Manning Control Authority priorities based on needs of the Navy. Assignment must be made to an area where the required medical care is available.

(2) Fit finding by PEB. In line with reference (d), this includes Service Members processed through the DES who are not deployable and were retained in the Military Service. A military Service may direct a Service Member to reenter the DES process for the same condition if there is new clinical evidence of significant deterioration of said condition.

11. Manpower Availability Status code. Codes are used by the COMNAVRESFOR to identify a Reserve member's readiness to mobilize.

12. Medical Assignment Screening. Short and concise medical screening to specifically review a Service Member's medical condition and determine deployability status after the Service Member has been found fit and returned to duty by the PEB. Medical assignment screening must be completed per reference (d). Responsibility for the medical assignment screening remains with the Service Member's parent command. The results of the medical assignment screening will be reported to Navy Personnel Command per references (d) and (m).

13. Medical Evaluation Board (MEB). Per reference (k), a MEB is a panel of providers attached to MTFs who are convened for purposes of LIMDU, ADSEP CnD and DES. A MTF CA is the commanding officer or a provider that has been expressly designated as CA for MEBs. Findings by the MEB are provided on an AMEBR, MEBR or appropriate NAVMED form.

14. MEBR. As opposed to the AMEBR, this detailed summary of the Service Member's medical condition(s) is prepared by the attending physician and is used to request a referral to DES.

15. Medical Retention Review (MRR). Initiated for RC members who develop or have a material change in a potentially disqualifying (e.g., deployment limiting) medical condition which is not expected to resolve within 180 days and is likely to prevent member from safely or effectively fulfilling the responsibilities of their office, grade, rank, rating or interfere with mobilization.

16. Mobilization. The process of bringing the Navy to a state of readiness for operational missions, contingencies, national emergencies or war to include the involuntary and voluntary order to Active Duty of units and members of the Reserve Component. Reserve members may also be mobilized as Individual Augmentation in support of Joint Manning Document, combat support or Military Service support requirements as directed by CNO (N3N5).

a. Mobilization Involuntary. The process of ordering an RC member to active duty without his or her consent in line with reference (o), sections 12301(a), 12302, 12304, 12304a or 12304b. Mobilization volunteers may still be ordered to active duty under involuntary orders.

b. Mobilization Voluntary. The process of ordering an RC member to active duty with his or her consent in line with reference (o), section 12301(d).

17. Operational and Overseas Screening (sea duty and outside continental United States (OCONUS) screening). Each Service Member must be screened within 30 days of receipt of transfer orders or an Overseas Screening Notification. Service Members must not transfer until the satisfactory completion of all aspects of the suitability screening process. OCONUS and operational duty screening must be conducted per reference (i).

18. Return To Duty (RTD). Determination made by the MTF CA that a member previously on a period of temporary LIMDU may be returned to a medically unrestricted status.

NAVY DEPLOYABILITY CATEGORY CODE AUTHORITATIVE DATA SOURCES

1. Chief of Navy Installation Command, Navy Wounded Warrior - Safe Harbor (N95) Program Manager: Listing of Service Member enrollment.
2. Command Notification to PERS-454: Unsuitability message, “DP” and “YH” availability submissions.
3. Corrections Management Information System (CORMIS) Functional Manager (PERS-00D): Listing of Service Members on a Prisoner status.
4. Deputy Chief of Naval Operations (DCNO N1): Navy end-strength.
5. Enlisted Assignment Information System (EAIS): Listing of Enlisted Service Member’s prospective and current assignments.
6. Legacy Disability Evaluation System (LDES): Service Member LDES enrollment status (LDES Personnel Report).
7. Limited Duty Sailor Marine Readiness Tracker (LIMDU SMART): Temporary limited duty (LIMDU) enrollment status and cases referred to the physical evaluation board (PEB) or Integrated Disability Evaluation System (IDES) but not yet accepted.
8. Medical Readiness Reporting System (MRRS): Physical Health Assessment (PHA) status (PHA Navy Status Report), Dental classification (Dental Class 3 Report, Dental Class 4 Report) and Pregnancy status (Pregnancy Navy Status Report).
9. MyNavy Assignment: Listing of Service Member’s social security number (SSN) and DoD identification number (DoDID) and DCAT code hierarchy.
10. Navy Bloodborne Infection Management Center: Listing of Service Members managed through the Navy’s Bloodborne Pathogen Program (BBP).
11. Navy Enlisted System (NES): Personnel administrative status (i.e. Legal Action, Absent Without Leave (AWOL), Service Members under 18 years and pending administrative separation (ADSEP)).
12. Navy Standard Integrated Personnel System (NSIPS): Listing of Service Member’s SSN and DoDID and operational deferment due to adoption requirements.
13. Online Distribution Information System (ODIS): Listing of all Navy personnel and accountability accounting code (ACC) for personnel status (i.e., Initial Entry Training, Transient,

Legal Action, AWOL, Family Care Plan, Service Members under 18 years, Pending ADSEP, Hospitalization, Service Discretion, Sole Survivor, Surviving Family Member, Deferred from Hostile Fire Zone, Conscientious Objector, Unable to Carry Firearms, Ex-Prisoner of War, Midshipmen, Cadets and all other Training).

14. Officer Personnel Information System (OPINS): Listing of Officer's prospective and current assignments.

15. PERS-40HH Humanitarian Reassignments Program Manager: Listing of personnel on humanitarian assignment.

16. PERS-454 Permanent Limited Duty (PLD) Program Manager: Listing of Service Members assigned to a Permanent Limited Duty status.

17. PERS-454 Unsuitability Database: Deployability category code assigned by direction of PERS-454.

18. PERS-454 Waiver Database: LIMDU Retention Waiver status for non-deployability status greater than 12 consecutive months.

19. PERS-45 Medical Readiness Reporting System Functional Program Manager: MTF Unit Identification Code listing.

20. Total Workforce Management Services (TWMS): Service Member enrollment into Safe Harbor and Wounded Warrior Program.

21. Total Force Manpower Management System (TFMMS): Listing of all Navy Unit Identification Codes.

22. Veterans Tracking Application (VTA) Integrated Disability Evaluation System (IDES): Listing of Service Member's PEB or IDES enrollment status and case disposition.