



REGIONAL HEALTH COMMAND ATLANTIC

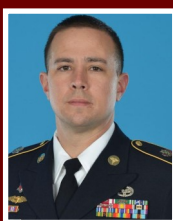
OFFICE OF THE INSPECTOR GENERAL



RHCA IG TEAM



LTC TIN DANG
ACTING COMMAND
IG



**MSG MATTHEW
MAKOWSKI**
IG NCOIC

CONTACT INFO

WEBSITE

[https://
www.nrmc.amedd.
army.mil/Explore-
RHC-A/Inspector-
General/](https://www.nrmc.amedd.army.mil/Explore-RHC-A/Inspector-General/)

EMAIL INBOX

[usarmy.belvoir.
medcom-rhc-a.mbx.
ig-office@mail.mil](mailto:usarmy.belvoir.medcom-rhc-a.mbx.ig-office@mail.mil)

OFFICE PHONE

Commercial:
571-231-5395

DSN:
312-289-5395

APFT / ACFT / HT & WT—Evaluation Guidance

Published Guidance

1. MILPER Message 21-056, 4.3.0 Release, issued 9 February 2021.

- a. Requires EES users to comply with current Army evaluation policy
- b. Establishes system “hard stops” in EES to prevent submission when the error does not comply with current Army evaluation policy.

2. Army Directive 2020-06, ACFT, signed 12 June 2020.

- a. A passing score on the last APFT remains valid until 31 MAR 2022 for any purpose requiring a “passing” APFT e.g. PME, course credit.
- b. No adverse actions (derog/referred evals); a Soldier’s ACFT score/performance will not be used for OERs/ NCOERs/AERs.

3. MILPER Message 20-087, issued 27 March 2020.

- a. Procedural guidance when NO APFT or HT/WT due solely to COVID-19.
- b. Reinforces current policy to select “NO APFT” and explain absence.
- c. Provides instructions on HT/WT for reports with a THRU date of 11 MAR 2020 or later when HT/WT was not administered based solely on COVID-19.

APFT

1. If the rated Soldier does not have a record APFT within 12 months prior to the THRU date, rater will select “NO APFT: from the drop down rater comments are required to explain the absence.

- for evaluations with a THRU date of 1 OCT 20 or later, raters can reference AD 2020-06 in comments to explain the absence of an APFT.
- For evaluations with a THRU date of 30 SEP 20 or earlier, raters will explain the absence of APFT e.g. temporary profile, COVID, post-partum, etc.

Height (HT / Weight (WT) During COVID-19

1. Record HT/WT is mandatory IAW AR 600-9
2. If there is no unit weigh-in in compliance with AR 600-9 the rater will enter the Soldier’s HT/WT as of the “THRU” date.
3. Reports with a THRU date of 11 MAR 2020 or later, where HT/WT was not administered based solely on COVID-19 restrictions will cite **MILPER Message 20-087**.

- Enter “99” for height
- Enter “999” for weight
- Enter “Yes” for within standards
- Rater will enter narrative comment specific to COVID-19

4. Reports where: (1) THRU date is prior to 11 MAR 2020, (2) HT/WT not administered for reason unrelated to COVID-19, or (3) the Soldier previously failed HT/WT and there is no new HT/WT, the rater will enter “99,” “999,” and “No.” The “No” entry will refer an OER. Rater will comment on enrollment in ABCP and progress or lack of progress being made.

ACFT

1. AD 2020-06 terminated the APFT on 30 SEP 2020 establishing the ACFT as the Army’s test of record beginning 1 OCT 2020.

- Comments on ACFT achievements / score related to the rated Soldier’s performance are prohibited.
2. With the ACFT under review to determine its impact on certain groups as directed by the 2021 NDAA, Evaluations Branch will no longer process evaluation reports that contain ACFT comments, regardless of context used.

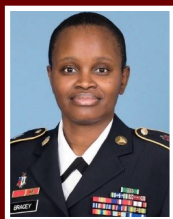
The above is “information only” and shared to provide clarity when completing evaluations during the FY21-22 ACFT transition period. It does not establish policy or supersede Army Directives or established Army policy. Information is effective as of 17 FEB 2021 and may change, as required, to support Army policy changes. AD 2020-06 terminated the APFT on 30 SEP 2020 establishing the ACFT as the Army’s test of record beginning 1 OCT 2020.

For questions, please contact:
Evaluations Branch—Policy (HRC-TAGD-PDV-E)
1600 Spearhead Division Ave, Dept. 470
Fort Knox, KY 40122-5407
Commercial: 502-613-9019 (Option 3)
DSN: 312-983-9019 (Option 3)

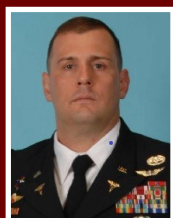


REGIONAL HEALTH COMMAND ATLANTIC

OFFICE OF THE INSPECTOR GENERAL



**SFC TAMARA
BRACEY
IG NCO**



**MAJ BRYAN LEE
ACTING DEPUTY IG**

INTEGRATED DISABILITY EVALUATION SYSTEM (IDES)

IDES was established in 2009 as a collaborative effort between the DoD and VA disability systems to determine if ill or injured service members are fit for Military service and provide them disability benefits as appropriate. There is one comprehensive physical exam and single rating source. This system expedites the determination and receipt of benefits for conditions which do not meet retention standards and other conditions that are service-related.

Effective 19 September 2019, the timeliness goal for the majority of all active duty and non-active duty cases is no more than 180 calendar days. This entire timeline is comprised of three phases: the Medical Board Evaluation (not to exceed 72 days); the Physical Evaluation Board (not to exceed 82 days); and a Transition of 26 days (which includes processing Soldiers for separation or retirement). To support these timelines, Soldiers should initiate transition activities immediately after referral to IDES—especially proactive enrollment in SFL-TAP and inventory of TA-50 in anticipation of CIF turn-in (allowing maximum time for any required FLIPLs). Commanders should also ensure that any leave will not interfere with the MEB phase nor prevent timely completion of the VA examination.

The best resource for confirming a Soldier's current IDES status is the PEBLO. Typically, the PEBLO or their office will contact the commander for completion of a DA 7652—DES Commander's Performance and Functional Statement, and saving their contact information at that time is a best practice. Alternatively, commanders can confirm a Soldier's PEBLO and approximate IDES status via the the IDES Portal link found in the Commander's Medical Readiness Portal (the same site where profiles are reviewed). Prior to approving any DA-31s for Soldiers in IDES, contacting the PEBLO is a best practice (and at some installations, required by local policy). PEBLOs should also be contacted in the event a Soldier who is enrolled in IDES has administrative separation for fraudulent enlistment or misconduct initiated, as the IDES process must be paused at a certain point in those cases until the GCMCA has determined which process will proceed (IAW AR 635-40). Contacting the PEBLO in the event of any criminal allegations that could result in a court martial, discharge in lieu of court martial (IAW AR 635-200, Chapter 10), or civilian criminal charges is also a best practice for the same.

For more information, please review Army Directive 2021-05, which can be found at the RHC-A IG homepage!

Family Care Plans Made Easy

IAW AR 600-20, Chapter 5-3, generally all Soldiers who have dependents and are either single or part of a dual-military couple must have a Army Family Care Plan (AFCP). The requirement for a AFCP applies to both Active and Reserve Component Soldiers, regardless of grade. AR 600-20, Army Command Policy, paragraph 5-3a.(1), lists requirements for all mandatory AFCPs. Additionally, the following requirements apply:

- Keep all AFCP documents in a folder in the Unit Files for accessibility when needed to be implemented. AFCP is uploaded to OMPF when Soldier is called to active duty. All AFCPs are recertified on an annual basis by initialing and dating the DA Form 5305. Soldier keeps original copies.
- The Soldier will only take home the following documents to be filled out and/or notarized by a notary and return them within 60 days of the counseling: DA Form 5840, DA Form 5841, DD Form 1172, and the Letter of Instruction for Guardian/Escorts
- **DA Form 5304**: This is the first step. This document stays in the AFCP folder in the Unit Files. The Soldier is counseled either by the commander or designated representative with signature authority in memo format or DD 577, IAW AR 600-20 dated 24 July 2020, para. 5-3g.(1). The memo or DD 577 will be included in the packet.
- **DA Form 7667**: This is the second step. This form is used to identify potential failure of the Soldier's AFCP. This does not mean that the AFCP will not be approved by the Commander. It is only a tool used to identify weaknesses in the AFCP. The Commander will ultimately determine whether to approve or disapprove the AFCP. Soldier answers the questions and signs. This form is kept on file with the rest of the packet.
- **DA Form 5305**: This is the third step. This document stays in the AFCP folder in the unit files. The unit commander is the sole approving authority for DA Form 5305. The responsibility will not be delegated, IAW AR 600-20 para. 5-3g.(2). To be completed when the Soldier has returned (within 60 days) all required documents.
- **DA Form 5840**: This document is taken home by the Soldier and returned within 60 days.
- **DA Form 5841**: This document is taken home by the soldier and returned within 60 days.
- **DD 1172**: Soldier obtains this document from the DEERS office. It must be signed by a DEERS verifying official.
- **DA Form 7666**: IAW AR 600-20, para.5-3g.(15) *Please note that this form is only required when the court order does not already specify a prior agreement. If the Soldier has full custody, parental consent from the other party is not required. Please refer to the Soldier's court order/divorce decree/separation order. Also refer to AR 600-20, para. 5-3.
- **Letter of Instruction to Guardian/Escort**: this document contains any additional information (medical, financial, etc.) for escorts, temporary and/or long-term guardians.

More information to include detailed instructions and examples of above forms can be found at the RHC-A IG homepage!



THE IG UPDATE

Volume 21-3, April 2021

Update to the Army's Combat Fitness Test –ACFT 3.0

On 22 March 2021, Sgt. Maj of the Army, Michael A. Grinston, released an SMA Sends formally announcing the release of the Army Combat Fitness Test (ACFT) 3.0 to the Total Army. This adaptation of the ACFT (effective 1 April) includes six events (3-Repetition Maximum Deadlift, Standing Power Throw, Hand-Release Push-Ups, Sprint-Drag-Carry, Leg Tuck or Plank, and 2-Mile Run), with one significant change that adds the Plank as a full 100-point alternative to the Leg Tuck for Soldier's core strength test event.

In addition to this change, ACFT 3.0 explores the establishment of an evaluation system with performance categories that may be used to proportionally tier ACFT performance according to gender. These proposed performance tiers include:

- Platinum (top 1 percent; female/male);
- Gold (top 2-10 percent; female/male);
- Silver (top 11-25 percent; female/male);
- Bronze (top 26-50 percent; female/male); and
- Green (Soldiers who pass the ACFT, but do not place in the top 50 percent of scores across the Total Army.)

Under ACFT 3.0, these performance categories would be calculated annually based upon ACFT scores from across the force. Categorizing scores into tiers allows for variations in height, weight, test conditions, slope, surface, etc., and further recognizes physiological differences between men and women, while fostering and recognizing above-average physical performance.

While the Army expects to fully implement the ACFT in 2022, policy changes will only be finalized when sufficient data exists for Army senior leaders to make informed decisions. Until then, ACFT scores will not be linked to a Soldier's record in any Army personnel system, and as Army Directive 2020-06 stated, leaders will not take adverse administrative actions for or against Soldiers on the basis of their ACFT performance.

In addition to these changes, Soldiers and leaders should be aware of the following:

- All COMPOs will conduct a minimum of one ACFT and record the results in DTMS prior to 31 August 21 (per HQDA EXORD 144-21).
- The ACFT is a training requirement in Initial Military Training, but not a graduation requirement.
- Soldiers with a permanent profile should execute any events their profile permits. Soldiers on a temporary profile that prevents a full six-event ACFT should recover, rehabilitate, recondition, and then complete a full ACFT.
- During FY21, Soldiers attending institutional training courses that require a physical fitness test as an entrance requirement should use their last record APFT score. However, functional course commandants may continue to establish their own course-specific physical performance requirements.

The Army remains committed to the health and safety of Soldiers and encourages Soldiers to maintain physical fitness while continuing to follow COVID-19-related safety practices (washing hands, maintaining social distancing, wearing masks).



Sgt. Henry Lugo, a human resources specialist assigned to 3rd IBCT, 25th Infantry Division, conducts the newly revised plank event while taking the ACFT at Schofield Barracks, Hawaii on March 24, 2021

References

SMA Sends (ACFT), 22 March 2021.
Army Directive 2020-06 (Army Combat Fitness Test), 12 June 2020.
HQDA EXORD 144-21 (Army Physical Fitness Training and Testing for FY21-22), 22 March 2021.

Resources

www.army.mil/ACFT
ACFT PRT App (Available on Android and iOS).





THE IG UPDATE

Volume 21-2, April 2021

Guidance on COVID-19 Vaccination

In response to the Food and Drug Administration's approval of COVID-19 vaccines under an Emergency use Authorization (EUA), the Secretary of Defense released the memo, "Coronavirus Disease 2019 Vaccine Guide," 7 December 2020. This guide and subsequent Headquarters, Department of the Army Execution Order 05-21 (SARS-COV-2 Vaccine Distribution Plan), 15 December 2020, provides commanders and Service members with the Army's initial phased approach for vaccine distribution. (For more information on this phased approach, see HQDA EXORD 05-21)

As these vaccination efforts remain underway, it's important for commanders to understand their role in sustaining and improving readiness via protecting our Service members, Civilian employees, and Families. It is also important for commanders to understand that while they should educate their Soldiers and maintain accountability of personnel vaccinated, awaiting vaccination, and those who have declined, at this time, and as policy states, COVID-19 vaccination is completely **voluntary** for all DOD personnel.

Once the vaccine receives full FDA approval and licensure, it is expected to become a requirement for all uniformed personnel (similar to influenza immunization requirement). However, as it stands, commanders, directors, and subordinates cannot order or coerce their personnel to take the vaccine, nor create the perception that their personnel have to be vaccinated. Additionally, leaders cannot make vaccinations a criteria for the approval of leave/passes, or selecting personnel to attend schools, promotions, assignments, etc.



U.S. Army Soldiers with the 566th Medical Company stand in line to receive COVID-19 vaccines at Camp Bondsteel, Kosovo. (U.S. Army National Guard photo by Sgt. Jonathan Perlelwitz)

Once vaccinated, Service members must continue to practice healthy habits (hand-washing, avoiding crowds, social distancing, wearing masks). Additionally, per Force Health Supplement 17, "the requirements for mask wearing and physical distancing apply to those who have been vaccinated against coronavirus disease 2019 (COVID-19) per CDC guidance."

Stay vigilant. Wear a mask. Get vaccinated.

References

- Secretary of Defense memorandum, "Coronavirus Disease 2019 Vaccine Guide," 7 December 2020/Annex F.
- Secretary of Defense memorandum, "Use of Masks and Other Public Health Measures", 4 February 2021
- HQDA EXORD 05-21
- Force Health Protection Guidance (Supplement 17)

Resources

- <https://www.defense.gov/Explore/Spotlight/Coronavirus/Latest-DOD-Guidance/>
- <https://health.mil/Military-Health-Topics/Combat-Support/Public-Health/Coronavirus/COVID-19-Vaccine-Efforts?ocpa>
- <https://www.tricare.mil/covidvaccine#who>
- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>

Social media

- @ArmyMedicine
- @USArmy

