



**DEFENSE HEALTH AGENCY**  
7700 ARLINGTON BOULEVARD, SUITE 5101  
FALLS CHURCH, VIRGINIA 22042-5101

*DHA-IPM 19-003*  
*March 8, 2019*

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND RESERVE AFFAIRS)  
DIRECTOR OF THE JOINT STAFF  
VICE COMMANDANT OF THE COAST GUARD  
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH READINESS POLICY AND OVERSIGHT)  
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH SERVICES POLICY AND OVERSIGHT)  
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH RESOURCES MANAGEMENT AND POLICY)

SUBJECT: Interim Procedures Memorandum 19-003, Reserve Health Readiness Program (RHRP)

References: See Attachment 1.

Purpose. This Defense Health Agency-Interim Procedures Memorandum (DHA-IPM), based on the authority of References (a) through (c), and in accordance with the guidance of References (d) through (i):

- Provides utilization guidance and funding requirements for the RHRP contract to supplement Reserve Component Individual Medical Readiness (IMR) and Deployment Health activities when Service organic health readiness resources are not available to meet mission requirements.
- Provides utilization guidance and funding requirements for the RHRP contract for Active Duty enrolled in TRICARE Prime Remote, U.S. Coast Guard (USCG), USCG Reserves, and re-deploying DoD civilians (e.g., U.S. Army Corps of Engineers and U.S. Army Intelligence and Security Command).
- Communicate procedure guidance to all DoD organizations utilizing RHRP services.

March 8, 2019

- Will expire effective 12 months from the date of issue and be converted to a DHA-Procedural Instruction.

Applicability. This DHA-IPM applies to organizations within the DoD that utilize DHAs RHRP. The scope of contractual services provided by RHRP is specifically limited to IMR, Deployment Health, and Force Health Protection requirements as defined and codified in DoD Instruction and/or Combatant Command Reporting Instructions (see References in Attachment 1). Under no circumstances shall RHRP contract services be used by a Service Component to provide for (or include) treatment for medical conditions. However, limited dental treatment may be provided if funded by the individual Service Component. New service requests will be vetted by the RHRP Working Group.

Responsibilities. See Attachment 2.

Procedures. See Attachment 3.

Releasability. **Cleared for public release.** This DHA-IPM is available on the Internet from the Health.mil site at: [www.health.mil/DHAPublications](http://www.health.mil/DHAPublications).



R. C. BONO  
ADM, MC, USN  
Director

Attachments:

As stated

cc:

Principal Deputy Assistant Secretary of Defense (Health Affairs)

Surgeon General of the Army

Surgeon General of the Navy

Surgeon General of the Air Force

Medical Officer of the Marine Corps

Joint Staff Surgeon

Director, Health, Safety, and Work-Life, U.S. Coast Guard

Office of the Joint Surgeon, National Guard Bureau

ATTACHMENT 1

REFERENCES

- (a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD (HA))," September 30, 2013, as amended
- (b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, "Publication System," August 24, 2018
- (d) DoD Directive 6200.04, "Force Health Protection (FHP)," October 9, 2004, as amended
- (e) DoD Directive 1400.31, "DoD Civilian Work Force Contingency and Emergency Planning and Execution," April 28, 1995, as amended
- (f) DoD Instruction 6490.03, "Deployment Health," August 11, 2006
- (g) DoD Instruction 6025.19, "Individual Medical Readiness (IMR)," June 9, 2014
- (h) DoD Instruction 6200.06, "Periodic Health Assessment (PHA) Program," September 8, 2016
- (i) DoD Instruction 1400.32, "DoD Civilian Work Force Contingency and Emergency Planning Guidelines and Procedures," April 24, 1995
- (j) United State Code, Title 10, Section 1074n
- (k) DoD Instruction 6490.12, "Mental Health Assessments for Service Members Deployed in Connection with a Contingency Operation," February 26, 2013, as amended
- (l) DoD Instruction 6040.46, "Separation History and Physical Examination (SHPE) for the DoD Separation Health Assessment (SHA) Program," April 14, 2016
- (m) DoD 6055.05-M, "Occupational Medical Examinations and Surveillance Manual," May 2, 2007, as amended
- (n) DoD Instruction 1332.18, "Disability Evaluation System (DES)," August 5, 2014
- (o) DoD Instruction 6490.07, "Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees," February 5, 2010
- (p) DoD Instruction 1332.45, "Retention Determinations for the Non-Deployable Service Members," July 30, 2018

ATTACHMENT 2

RESPONSIBILITIES

1. DIRECTOR, DHA. Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness through the Assistant Secretary of Defense for Health Affairs, the Director, DHA, will ensure development, execution, and management of the RHRP.

2. DEPUTY ASSISTANT DIRECTOR, ADMINISTRATION AND MANAGEMENT (J-1). The Deputy Assistant Director, Administration and Management (J-1), will provide manpower and comptroller support.

3. ASSISTANT DIRECTOR, COMBAT SUPPORT. The Assistant Director, Combat Support, will:

- a. Provide oversight and management of the RHRP.
- b. Support and provide oversight of the RHRP Program Management Office (PMO) for management, coordination, and execution of RHRP contract services.
- c. Provide staffing, Defense Health Program (DHP) funding, information technology support, and resources needed to operate and maintain the RHRP PMO.

4. DEPUTY ASSISTANT DIRECTOR, COMPONENT ACQUISITION EXECUTIVE (J-4). The Deputy Assistant Director, Component Acquisition Executive (J-4), will:

- a. Provide acquisition policy and control support.
- b. Assist in coordinating with the RHRP Procuring Contract Office.
- c. Assist in determining resource requirements from the Procuring Contract Office.

5. DEPUTY ASSISTANT DIRECTOR, INFORMATION OPERATIONS (J-6). The Deputy Assistant Director, Information Operations (J-6), will:

- a. Support information technology/information system requests from the RHRP Program Office.
- b. Provide cyber security support and guidance.
- c. Provide support and guidance for data transfers.

6. DEPUTY ASSISTANT DIRECTOR, FINANCIAL OPERATIONS (J-8). The Deputy Assistant Director, Financial Operations (J-8), will:

a. Allocate sufficient DHP resources to enable timely RHRP PMO mission success.

b. Provide assistance using DHP resources to fund Title 10 requirements such as Post Deployment Health Reassessment, the Separation History and Physical Exam, and Active Component Tricare Prime Remote as described in Reference (j).

7. RHRP PMO. The RHRP PMO will:

a. Develop and coordinate all actions necessary to deliver IMR and deployment-related health services as prescribed by published DoD, Service Component, and Combatant Command instructions.

b. Oversee RHRP contract vendor's compliance by ensuring Service medical readiness databases are updated within contract guidelines.

8. SURGEONS GENERAL OF THE DoD COMPONENTS AND DIRECTOR USCG HEALTH, SAFETY, WORK-LIFE. Through the Military Departments, the Surgeons General of the DoD Components and the Director, Health, Safety, Work-Life, USCG, in order to utilize and when utilizing DHAs RHRP, may access RHRP services when:

a. Follow prescribed RHRP Program Management Office (PMO) procedures when requesting and utilizing RHRP support services in accordance with Attachment 3.

b. Utilize RHRP to supplement Active Component and Reserve Component medical readiness efforts when organic assets are either not available or insufficient to meet immediate requirements and/or satisfy key deployment requirements.

c. Provide DoD Service Components and USCG-specific instruction and other coordination as required to the RHRP PMO in order to ensure RHRP services meet DoD Service Components and USCG's unique medical readiness requirements or other deployment-related requirements. Service Components will identify their specific coordinating instructions on a RHRP Service Request obtained from the RHRP PMO. The Service Request will be further coordinated with the RHRP PMO and the RHRP contract partner.

d. Identify annual projected requirements in yearly support agreement. This provides all parties to plan accordingly.

e. Provide Service specific feedback to the RHRP PMO on quality of RHRP contracted Services.

c. Assure all services are provided by trained healthcare personnel in accordance with the appropriate level of licensing, credentialing, and privileging of the healthcare providers as outlined in the RHRP contract requirements.

d. Provide oversight to RHRP operational and contractual requirements. These services include:

(1) Periodic, mental health, and deployment-related health assessments in accordance with References (f), (h), and (k).

(2) Annual, separation, and deployment-related person-to-person mental health assessments with a healthcare provider trained to perform mental health assessments in accordance with References (h) and (k).

(3) Service member separation histories and physical examinations in accordance with Reference (m).

(4) Occupational and special duty examinations as prescribed by Reference (j).

(5) Identification of duty and deployment-limiting conditions in accordance with References (n) through (p).

(6) Other services requested by Service Components determined by the RHRP Working Group to be readiness-related and the Deputy Assistant Director, Component Acquisition Executive (J-4) Procurement Contracting Officer as within the scope of the contract.

ATTACHMENT 3

PROCEDURES

1. ESTABLISHING SUPPORT AGREEMENT. DoD Service Components and USCG anticipating the need to utilize the RHRP will establish a formal agreement with the DHA/RHRP PMO by use of DD Form 1144, Inter-Service Support Agreement, or by use of Standard Form 7600A (SF 7600A) for non-DoD organizations (e.g., USCG). Forms can be downloaded from the DoD Forms Management Program at <https://www.esd.whs.mil/Directives/forms/>.

a. A review of the Inter-Service Support Agreement or SF 7600A is required within 120 days of each anniversary date to ensure the agreement is current.

b. If a Service or the USCG does not execute a current agreement before the end of the anniversary date of their agreement, it will be understood the Service or USCG no longer chooses to participate in the RHRP.

2. UPDATING ANNUAL REQUIREMENTS. To support proactive program planning, DoD Service Components and USCG must project in advance their estimated 5-year annual requirements and estimated quantities from a list of available services. This estimate must be provided to the RHRP PMO no later than (NLT) June 1st for the following Fiscal Year (FY). The RHRP MO will provide the projected RHRP Support Operational costs each Service Component must include in their support agreements 120 days before each new FY.

3. FUNDING ANNUAL REQUIREMENTS. DoD Service Components and USCG must provide sufficient funding a minimum of 90 business days in advance of the desired service start date when requesting RHRP services. There are two types of funding used in RHRP operations: Direct Cite Military Interdepartmental Purchase Request (MIPR) for task order funding and Reimbursable MIPR funding for RHRP Support Operational funding. Acceptable funding documents are DD Form 448/448-2, MIPR/Reimbursable MIPR, for DoD Military Services or SF 7600B for non-DoD organizations (e.g., USCG); forms can be downloaded from the DoD Forms Management Program at <https://www.esd.whs.mil/Directives/forms/>. If sufficient funds are not available for projected DoD Service Components and USCG demand, the DoD Service Components and USCG will need to either provide necessary additional funding, alter its utilization not to exceed available funding, or accept a gap in services.

a. DoD Service Components and USCG should minimize the number of times they submit funding documents for RHRP services. Fewer funding documents received by the Services and USCG, saves internal resources and provides the Services with greater predictability in utilization.

b. Funds must be received in accordance with the Contracting Office timelines and a minimum of 90 days prior to requested date of services or RHRP's ability to provide timely DoD Service Components and USCG support will be impacted.

4. PROCESSING TIMELINE. After a DoD Service Components and USCG's properly prepared funding document is received, the RHRP PMO will accept the funds and submit a contract action package (approximately 10–15 business days), to the Acquisition Process Support Division; Acquisition Process Support Division will then review and release the package (approximately 3–5 business days), to the Contracting Operations-Falls Church (CO-FC); CO-FC will then award the package (approximately 45–60 business days). Please note: DHA transitioned to the General Fund Enterprise Business System (GFEBS) on April 1, 2018. Funding from other GFEBS user organizations will be received via a Direct Charge Work Breakdown Structure. Funding from non-GFEBS organizations will continue to be received through the current process, (i.e., MIPR DD 448; U.S. Government Interagency Agreement, SF 7600B, or Funding Authorization Document. Timeframes can increase depending on the nature and complexity of, and circumstances surrounding, a given contract action package.

a. Each time a DoD Service Components and USCG submit a funding document for RHRP services, a new contract action package must be prepared and will result in award of a new Task Order.

b. Each Task Order's Period of Performance (PoP) will span a maximum of 12 months and can cross FYs. Funds will be deobligated by CO-FC within 180 days after the contract task order PoP has expired.

5. ADDING NEW REQUIREMENTS. If DoD Service Components and USCG desire a change in RHRP services (e.g., new IMR services after approval by the RHRP Working Group), a properly prepared SRF must be submitted to the RHRP PMO in order to develop a contract modification for award during the following FY. New requirements will generally require 6-month lead time before a contract modification can be awarded and additional time for the contractor to implement.

a. In a FY, DoD Service Components and USCG-identified contract modifications must be submitted NLT April 15th.

b. After a contract modification has been awarded, a DoD Service Components and USCG can only utilize any changes from that modification after:

- (1) A new task order has been awarded with sufficient funding and PoP or,
- (2) An existing task order with sufficient funding and PoP is modified.

6. FUNDING RHRP PMO OVERHEAD. DoD Service Components and USCG will submit to the RHRP PMO a separate and properly prepared funding document fully funding the DoD Service Components and USCG's share of the RHRP PMO operating expenses projected for that FY. Overhead as currently defined includes the following: Contract Administrative fee (currently identified in the Army Contracting Command-New Jersey Support Agreement), RHRP PMO government travel, and RHRP Support Contract costs.

a. For any FY, this funding document must be received NLT October 15th.

b. Acceptable funding documents are DD Form 448/448-2 for DoD Military Services or SF 7600B for non-DoD organizations (e.g., USCG).

7. DEPICTION OF PROCUREMENT LIFECYCLE. The visual representation of select financial- and contracting-related steps throughout the procurement lifecycle (e.g., pre-award through post-award), of a common RHRP task order is provided in the Appendix. The procurement lifecycle can be adversely impacted by any of a multitude factors which may include funding limitations from Continuing Resolutions, higher-or different-than-projected Service Component utilization, and end of FY contracting deadlines.

a. There will be one opportunity annually for Service Component RHRP program managers to reprogram requirements with RHRP PMO. These must be submitted to the RHRP PMO NLT March 31 of each FY.

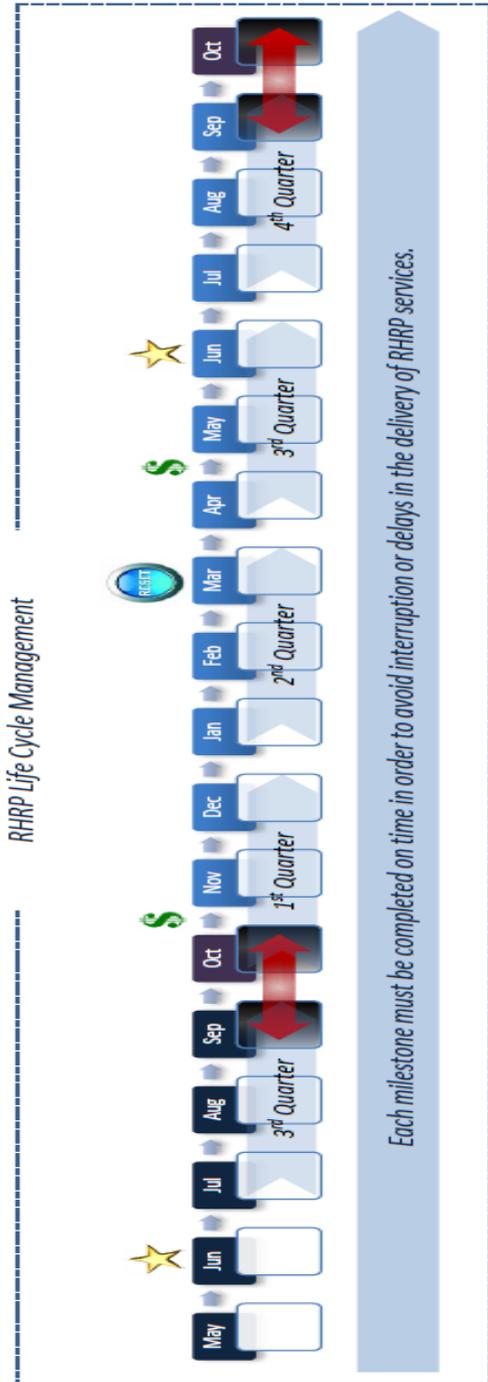
b. Annual requirements projections are due to RHRP PMO NLT October 15 of each FY.

c. Service Components will provide funds the minimum number of times possible throughout the year and adhere to the procurement contracting officer timelines when doing so. Semi-annual payments are due to RHRP PMO NLT October 15 and/or April 15.

d. Blackout window for end of year closeout where no new requirement will be accepted by the RHRP PMO will be from September 1st thru September 30th. Submissions during this period will require DHA Component Acquisition Executive, J-4 approval.

APPENDIX

PROCUREMENT LIFECYCLE DEPICTION: DIAGRAM 1.1 RHRP LIFE CYCLE MANAGEMENT



Once annual opportunity for Service Component RHRP Program Manager to reprogram requirements & realign funding with RHRP PMO. Must be submitted to RHRP PMO NLT 31 March of each FY.

Semi-annual payment (s) due to RHP PMO NLT 15<sup>th</sup> of month (Oct.15 and Apr.15).

Annual Requirements Projections Due to RHP PMO NLT 1 June for upcoming FY.

Blackout Window/End of Year Closeout. No new requirement accepted by RHRP PMO from 1 Sept to 31 October.

GLOSSARYPART I. ABBREVIATIONS AND ACRONYMS

CO-FC	Contracting Operations-Falls Church
DHA	Defense Health Agency
DHA-IPM	Defense Health Agency-Interim Procedures Memorandum
DHP	Defense Health Program
FY	Fiscal Year
GFEB	General Fund Enterprise Business System
IMR	Individual Medical Readiness
MIPR	Military Interdepartmental Purchase Request
NLT	No Later Than
PMO	Program Management Office
PoP	Period of Performance
RHRP	Reserve Health Readiness Program
RHRP	Reserve Health Readiness
SF	Standard Form
SRF	Service Request Form
USCG	U.S. Coast Guard

PART II. DEFINITION

PoP. A period of time describing the duration of the task order.