

Naval Audit Service



Audit Report



Limited Duty Population in the Navy

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N2013-0052
30 September 2013

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**MEMORANDUM FOR CHIEF OF NAVAL PERSONNEL
CHIEF, BUREAU OF NAVY MEDICINE AND SURGERY
COMMANDER, NAVY INSTALLATIONS COMMAND**

**Subj: LIMITED DUTY POPULATION IN THE NAVY
(AUDIT REPORT N2013-0052)**

**Ref: (a) NAVAUDSVC memo N2011-NFO000-0128, dated 18 Mar 11
(b) SECNAV Instruction 7510.7F, "Department of the Navy Internal Audit"**

1. The report provides results of the subject audit announced in reference (a). Section A of this report provides our finding and recommendations, summarized management responses, and our comments on the responses. Section B provides the status of the recommendations. The full text of management responses is included in the Appendices.
2. The Office of the Chief of Naval Personnel plans corrective actions that meet the intent of Recommendations 1-5. The Bureau of Medicine and Surgery plans corrective actions that meet the intent of Recommendations 7-14, and 16. The Commander, Navy Installations Command plans corrective actions that meet the intent of Recommendations 17-18. Therefore, Recommendations 1-5, 7-14, and 16-18 are considered open pending completion of the planned corrective actions and are subject to monitoring in accordance with reference (b). Management should provide a written status report on the open recommendations within 30 days after target completion dates.
3. The Bureau of Medicine and Surgery's response to Recommendations 6 and 15 did not fully satisfy the intent of the recommendations. Therefore, Recommendations 6 and 15 are considered undecided and are being resubmitted to the Chief, Bureau of Medicine and Surgery for reconsideration. The Bureau of Medicine and Surgery is required to provide comments on Recommendations 6 and 15 within 30 days; management may comment on other aspects of the report, if desired. If your position has not changed or if you do not provide a response, the recommendation will be elevated to the Office of the Director of Navy Staff for resolution.
4. Please submit all correspondence to the Assistant Auditor General for Manpower and Reserves Affairs Audits, XXXXXXXXXXXX, by e-mail at

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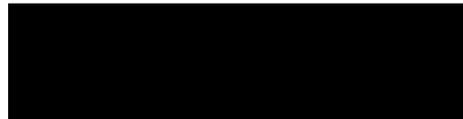
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5. Any requests for this report under the Freedom of Information Act must be approved by the Auditor General of the Navy as required by reference (b). This audit report is also subject to followup in accordance with reference (b).

6. We appreciate the cooperation and courtesies extended to our auditors.



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Section A:

Finding, Recommendations, and Corrective Actions

Finding: Management of the Limited Duty Program

Objective and Reason for Audit

Our audit objective was to verify that Navy service members with limiting medical conditions were efficiently and effectively assigned an appropriate duty status.

The former Chief of Naval Personnel (CNP) requested the Naval Audit Service to perform this audit because his office's preliminary analysis suggested that not all active duty service members (ADSMs) with limiting medical conditions were appropriately assigned a medically restricted status. Our audit initially focused on the CNP's specific request¹; however, as the audit progressed, we expanded the review to include a determination of whether the Navy Limited Duty program was working as intended.

Synopsis/Conclusion

We found that the Navy Limited Duty program was not always working as intended. Specifically, we found that: (1) ADSMs with limiting medical conditions were not always assigned an appropriate duty status; and (2) there was ineffective management of the known Limited Duty population. Navy regulation² requires ADSMs with a medical restriction that prohibits the member's ability to fully execute their assigned duties and responsibilities, including operational/worldwide assignability, for 90 days or greater in duration be referred to a medical evaluation board for placement in a medically restricted status.³

Out of a statistical sample of 150 ADSMs with one or more medical conditions that historically placed ADSMs in a Limited Duty status,⁴ we identified 29 ADSMs in shore commands who had a potential limiting medical condition for 90 days or greater in duration and should have been referred to a medical evaluation board. Furthermore, the Limited Duty Program Manager⁵ determined that 24 of the 150 sampled ADSMs should

¹ See Exhibit D for details on our responses to the former Chief of Naval Personnel's request.

² Navy Medicine Publication 117, "Manual of the Medical Department," Change 120 to Chapter 18, dated 10 January 2005.

³ Medically Restricted Duty status indicates Limited Duty placement or referral to the Physical Evaluation Board.

⁴ See Exhibits B and C for additional information on our scope and methodology, as well as projections.

⁵ Limited Duty Program Manager is responsible for providing oversight, conducting departmental reviews, and educating key players on limited duty policy and procedures.

have been placed in a medically restricted status. From these results, we project 9,509 ADSMs should have been referred for a medical evaluation board, and 7,784 ADSMs should have been placed in a medically restricted status. Additionally, we found that a medical condition alone, without consideration of severity, is not indicative of a service member's ability to operate in a full duty status. The severity of medical conditions was strongly correlated to placement of ADSMs in a medically restricted status and ultimately their ability to return to full duty.

Lastly, in our review of a second statistical sample,⁶ we found that 77 percent⁷ of ADSMs on Limited Duty were inaccurately identified as "worldwide assignable" for up to 130 days, with a weighted average of 45 days, in the Navy Standard Integrated Personnel System after being placed in a medically restricted status. From these results, we project 2,108 ADSMs⁸ were inaccurately identified as worldwide assignable for an average of 45 days.

Not correcting the issues identified in this report⁹ could result in: (1) Navy senior leadership not having an accurate count of ADSMs who are capable of medically unrestricted duty at any given time; (2) unplanned losses for Navy operational capabilities with potential gapped billets; and (3) an inaccurate count and history of Limited Duty periods in an ADSM's career with a potential negative impact to the physician's course of action.

Noteworthy Accomplishments

During the audit, Navy Medicine took the following corrective actions to address the conditions discussed in this report.

As of 3 October 2012, Navy Medicine had secured funding and selected a contractor to develop a Sailor and Marine Limited Duty tracking system to replace the Medical Board Online Tracking system. According to the contractor's Project Management Plan, dated 23 October 2012, the intent of the tracking system is to improve workflow and reduce the impact of non-deployable Sailors and Marines in the Fleet. Site implementation was expected to begin on 3 June 2013.

Additionally, Navy Medicine issued a memorandum on 25 October 2012, outlining a statement of work for the Navy Medicine Professional Development Center to create a comprehensive Limited Duty training curriculum, preferably on Navy Knowledge

⁶ See Exhibits B and C for additional information on our scope and methodology and projections.

⁷ The percentages stated in this report for the statistical sample of 197 ADSMs on Limited Duty are weighted averages based on relevant group size. Please see Exhibits B and C for additional information on our scope and methodology and projections.

⁸ See Exhibit C for additional information on our projections.

⁹ See Audit Results for additional information on the issues identified.

Online. The curriculum would include training modules outlining policy and guidance for Navy Medicine personnel involved in the Limited Duty program at Military Treatment Facilities.

Lastly, the Medical Boards Supervisor at Naval Medical Center Portsmouth, VA, notified us on 27 September 2012 that a training program had been developed for its physicians and support staff. The training program outlined the Medical Evaluation Board process and provided required information and references that physicians need to appropriately conduct a Medical Evaluation Board.

Background

Identifying and placing ADSMs with a medical restriction in an appropriate duty status is essential for the Navy to effectively distribute its personnel. Limited Duty is the assignment of an ADSM in a duty status for a specified period of time due to medical limitations concerning the duties the ADSM may perform. Accurate accounting, tracking, and medical treatment, are vital for expeditious movement of medically restricted personnel through the transient pipelines.

According to the former Chief of Naval Personnel, the inaccurate accounting of those individuals not fully assignable has important consequences on personnel decisions. Limitations in the accuracy of the Limited Duty population present an erroneous estimate of the Navy active component population capable of medically unrestricted assignment. As of 15 July 2011, 4,709 ADSMs were in a medically restricted duty status: 3,649 ADSMs were on Limited Duty and 1,060 ADSMs were referred to the physical evaluation board.

Limited Duty is a documented period of medically restricted duty, issued in increments of 6 months,¹⁰ and may only be provided by order of a medical evaluation board. A medical evaluation board may recommend placement of an ADSM on Limited Duty, return an ADSM to medically unrestricted duty, or refer an ADSM to the physical evaluation board for a determination of the ADSM's fitness for continued service. The Navy Personnel Command (PERS-82) is the Program Manager for Limited Duty and is responsible for providing oversight, conducting departmental reviews,¹¹ and educating key players¹² on Limited Duty policy and procedures.

Additional background is provided in Exhibit A of this report.

¹⁰ A 6-month increment of limited duty is the equivalent of 1 period of limited duty.

¹¹ Per Navy Medicine Publication 117, The Manual of the Medical Departments, Change 120 to Chapter 18, dated 10 January 2005.

¹² Military Treatment Facility patient administration offices, Personnel Support Detachments, and Limited Duty Coordinators.

Audit Results

Our initial audit work focused on addressing the former Chief of Naval Personnel's specific request¹³ regarding the existence of an underreporting of the Limited Duty population in the Navy. Specifically, our audit tests focused on those ADSMs with a potential limiting medical condition in shore commands who were not always placed in a medically restricted status. As the audit progressed, we expanded the audit to determine the Limited Duty program's effectiveness in managing the known Limited Duty population. Our audit tests focused on the accounting and tracking of the Limited Duty population, internal controls, data system accuracy, and record keeping practices.

We found that a medical condition alone, without consideration of severity, is not indicative of a service member's ability to operate in a full duty status. Specifically, we found that the severity of medical conditions was strongly correlated to placement of ADSMs in a medically restricted status and ultimately their ability to return to full duty. For example, 77 percent of sampled ADSMs with more severe medical conditions were placed in a medically restricted status; compared to only three percent of sampled ADSMs with less severity being placed in a medically restricted status.¹⁴ Navy Medicine confirmed that it was not possible to develop a list of medical conditions that would automatically place an ADSM in a Limited Duty status.

Underreporting of Limited Duty Population in Navy

We found that 29 of 150 sampled ADSMs should have been referred to a medical evaluation board. Navy Medicine guidance¹⁵ requires that ADSMs with a medical condition that restricts them from operating in a medically unrestricted status for 90 days or greater in duration be referred to a medical evaluation board for placement in a Limited Duty status and/or for referral to the physical evaluation board. Of the 29 that should have been referred to a medical evaluation board, the Limited Duty Program Manager,¹⁶ working with the auditors, reviewed each ADSM and determined that 16 of the 29 should have been placed in a medically restricted status had they been referred to the medical evaluation board. Subsequent to his review of the 29 ADSMs we identified based on the 90-day criteria requirement, the Limited Duty Program Manager reviewed the remaining portion of our sample and determined that an additional 8 ADSMs¹⁷ should have been placed in a medically restricted status for reasons other than the 90-day

¹³ See Exhibit D for additional information on our response to the former CNP's request.

¹⁴ See Exhibit D for additional information on the audit results.

¹⁵ Navy Medicine Publication 117, The Manual of the Medical Departments, Change 120 to Chapter 18, dated 10 January 2005

¹⁶ The Limited Duty Program Manager conducts departmental reviews and grants additional periods of Limited Duty beyond the ADSMs' maximum allowable 12 months or recommends referral to the physical evaluation board for adjudication.

¹⁷ The Limited Duty Project Manager determined these ADSMs should have been placed in a medically restricted status by reviewing their medical history, including medical conditions and treatments the ADSMs were receiving.

criteria. Thus, a total of 24 of 150 sampled ADSMs should have been identified as medically restricted, but remained in a full duty status. Based on these results, we project 9,509 ADSMs should have been referred for a medical evaluation board, and we project 7,784 ADSMs should have been placed in a medically restricted duty status, but remained in a full duty status.

This condition was able to occur because (1) required medical evaluation board referrals were not always practiced in accordance with criteria, and (2) there was a lack of formal Limited Duty training for Navy physicians.

Enforcement of Established Policy

We found that required medical evaluation board referrals were not always made. Our interviews with physicians further supported the results of our audit analysis; 12 out of 16 physicians interviewed stated if a service member with a limiting medical condition could perform their current duties on shore without restriction, they would not refer the service member to a medical evaluation board. Our analysis showed that decisions to place ADSMs in a medically restricted status usually were made without consideration of whether or not the ADSM could deploy or serve in an operational billet following, at most, 90 days of treatment. Communications with both the Limited Duty Program Manager and the Director of Health Care Operations further supported our analysis and confirmed that this requirement¹⁸ was not always practiced. Additionally, the Navy Manpower and Manning Strategy review group's analysis coincided with our finding that ADSMs on shore were not always placed on Limited Duty as required by criteria. The review group found that 73 percent of all ADSMs reported on Limited Duty originated from a sea billet.¹⁹

Formal LIMDU Training

Navy Medicine did not provide formal training on the Limited Duty program for its physicians. All 16 physicians interviewed at three different military treatment facilities²⁰ did not receive formal training on Limited Duty procedures and their impact on the Navy. Navy Medicine criteria²¹ require that physicians comprising the medical evaluation board be appropriately trained on the Limited Duty program and that medical evaluation boards be consistently and diligently applied throughout the Navy. Our interviews showed that physicians only received

¹⁸ Per Navy Medicine Publication 117, Manual of the Medical Department, Change 120 to Chapter 18, referral to a medical evaluation board was required for ADSMs in a shore command with a medical condition that may prohibit operational assignment for 90 days or longer.

¹⁹ From this result, they estimated there will be approximately 4,600 gapped sea billets in Fiscal Year 2014 due to Sailors being reassigned to a shore command as a result of limited duty placement or pregnancy.

²⁰ Walter Reed National Medical Center, Bethesda; Naval Medical Center, San Diego; Naval Medical Center, Portsmouth.

²¹ Navy Medicine Publication 117, Manual of the Medical Department, Change 120 to Chapter 18, dated 10 January 2005.

informal, on-the-job training that may have resulted in an inconsistent learning of Limited Duty procedures and their purpose.

Ineffective Management

We found that significant deficiencies in the accounting and tracking of the known Limited Duty population also contributed to an inaccurate count of ADSMs capable of medically unrestricted assignment. From our statistical sample of 197 of 4,709 ADSMs in a medically restricted status, 77 percent²² were inaccurately identified in the Navy Standard Integrated Personnel System as being “worldwide assignable” for up to 130 days after they had been placed in a medically restricted status, with a weighted average of 45 days. This delay in updating assignment statuses contributed to discrepancies in medical and personnel databases.²³ From this result, we project that 2,108 ADSMs were inaccurately reported as “worldwide assignable.” We also found that 40 percent of ADSMs sampled had a period of Limited Duty expire for up to 527 days, with a weighted average of 50 days. From this result, we project that 1,652 ADSMs had a period of Limited Duty expire and remained on Limited Duty for an average of 50 days. ADSMs who did not have a Return to Duty determination prior to their Limited Duty expiration date represent a potential over-reporting of the Limited Duty population. The deficiencies found in the accounting and tracking of Limited Duty personnel were the result of a lack of or ineffective: (1) oversight and accountability, (2) program operations, (3) formal training, and (4) recordkeeping practices.

Program Oversight

We found that PERS-82 did not have performance metrics to monitor the effectiveness of the Limited Duty program. Navy guidance²⁴ assigns PERS-82 the responsibility for setting policy and providing program oversight, and requires the key players to constantly monitor the Limited Duty process to ensure appropriate treatment is received and that a final determination of fitness is made expeditiously. Furthermore, the Limited Duty Program Manager did not have sufficient Internet resources and proper access to medical and personnel records²⁵ for his position as the Limited Duty Program Manager. The Limited Duty Program Manager is required to conduct departmental reviews on all enlisted third

²² The percentages stated in this report for the statistical sample of 197 ADSMs on Limited Duty are weighted averages based on relevant group size. Please see Exhibits B and C for additional information on our scope and methodology and projections.

²³ The Medical Board Online Tracking System at Military Treatment Facilities and the Navy Standard Integrated Personnel System at Personnel Support Detachments.

²⁴ MILPERSMAN (Military Personnel Manual) 1306-1204, Accountability of Personnel on Limited Duty (LIMDU), dated 27 April 2007, and Navy Medicine Publication 117, Manual of the Medical Department, Change 120 to Chapter 18, dated 10 January 2005.

²⁵ The Armed Forces Health Longitudinal Technology Application, Medical Board Online Tracking System, and the Navy Standard Integrated Personnel System.

periods of Limited Duty and beyond, as well as all officer periods of Limited Duty.

Additionally, we found that the Transient Reduction Branch's site visit results and recommendations were not communicated to the Limited Duty Program Manager. The Transient Reduction Branch was created as a central office to monitor the movement of personnel through the Limited Duty pipeline by conducting electronic reviews and on-site assist visits. Although the Transient Reduction Branch conducted outbriefs with applicable Commanding Officers to discuss the results of their reviews/visits, a written report was not forwarded to the Limited Duty Program Manager. This condition resulted in Navy-wide issues only being reported and implemented locally at each commanding officer's discretion.

Program Operations

We found that the Limited Duty program was not operating efficiently and effectively. Navy guidance²⁶ outlines milestones for the Limited Duty program to ensure expeditious movement of Limited Duty personnel throughout the process. During analysis of our statistical sample of 197 ADSMs in a medically restricted status, we found significant lag time in the approval of medical evaluation boards for Limited Duty placement or referral to the physical evaluation and reevaluations of ADSMs for a return-to-duty determination. Navy Medicine guidance²⁷ requires that all medical evaluation board recommendations for Limited Duty placement or referral to the physical evaluation board be signed by the convening authority within 5 days. From the 197 ADSMs sampled, 41 percent had a medical evaluation board recommendation that was not authorized within the required timeframe. From this result, we project that 1,614 ADSMs had a medical evaluation board recommendation that was not authorized in a timely manner.

Additionally, Navy Medicine guidance requires all Limited Duty personnel be reevaluated for a return-to-duty determination 30 days prior to the Limited Duty expiration date. From the 197 ADSMs sampled, 84 percent were not reevaluated within the required timeframe for at least one period of Limited Duty. From this result, we project 3,033 ADSMs were not reevaluated in a timely manner. Lastly, we found that Navy Medicine did not have performance metrics to monitor the efficiency and effectiveness of ADSMs being placed on Limited Duty.

Although we determined that Navy Medicine was aware that the Limited Duty Program's operations were not fully effective and efficient, the Limited Duty Program was not included in Navy Medicine's annual Managers' Internal Control

²⁶ The Transient Personnel Administration Users' Manual, dated May 2005.

²⁷ Navy Medicine Publication 117, Manual of the Medical Department, Change 120 to Chapter 18, dated 10 January 2005.

Program. The annual Managers' Internal Control Program measures performance, and helps provide reasonable assurance that programs are operating effectively and efficiently.²⁸

Limited Duty Training

The Naval Personnel Command did not establish and provide formal training on the Limited Duty program for all key players involved in the process (e.g., all Limited Duty coordinators, physicians, and other support personnel at three major commands). The importance of standardized training for Limited Duty coordinators and other Limited Duty support personnel was noted throughout our interviews at the five personnel support detachments and three military treatment facilities visited.²⁹ According to the personnel support detachments and the Transient Reduction Branch, there was also a high turnover of the Limited Duty coordinator position at the personnel support detachments due to personnel transferring to new Government positions offering higher pay. Due to the complexity of the Limited Duty process, formal and standardized training for the Limited Duty program may help to mitigate the learning curve for the Limited Duty coordinator and support personnel positions.

Additionally, we found that there was no standard training on data entry for the Medical Board Online Tracking System.³⁰ This contributed to the high frequency occurrence of inaccurate and incomplete information found in the Medical Board Online Tracking System (see Recordkeeping).

Recordkeeping

The Commander, Navy Installations Command³¹ did not maintain proper records for documenting the execution of the Limited Duty process.³² From the 197 ADSMs sampled, 48 percent of the Limited Duty case files maintained by the personnel support detachments were missing required documentation that were used to track the duty status of an ADSM. From this result, we project that 2,125 ADSMs on Limited Duty or referred to the physical evaluation board had missing documentation in their Limited Duty case file. Transient personnel guidance requires that a set list of documents be maintained in a case file for 2 years by the

²⁸ Department of Defense Instruction 5010.40 and Navy Medicine Instruction 5200.13A mandate the use of internal controls to measure performance and provide reasonable assurance they are operating effectively and efficiently.

²⁹ See Exhibit F for more information on the activities visited and/or contacted.

³⁰ Navy Medicine Publication 117, Manual of the Medical Department, Change 120 to Chapter 18, requires that Medical Evaluation Board offices and patient administration staff members are appropriately trained in supporting medical evaluation boards. However, we found there was no standard training on the Medical Board Online Tracking System.

³¹ The Commander, Navy Installations Command, via its personnel support detachments, is responsible for processing and tracking service members placed on Limited Duty.

³² The Transient Personnel Administration Users' Manual requires personnel support detachments to create and maintain a list of required documents in limited duty personnel case files.

personnel support detachments to track the status of Limited Duty personnel. Personnel Support Detachments did not have visibility of the Medical Board Online Tracking System. As a result, missing required documents increase the risk of lag time in the process, resulting in inaccurate or untimely duty status changes.

We also found that Navy Medicine did not have a list of required documents established for patient administration departments to support information entered into the Medical Board Online Tracking System. The absence of Navy Medicine recordkeeping requirements for the Medical Board Online Tracking System increases the risk of inaccurate or incomplete information being documented and remaining in the system. From the 197 ADSMs sampled, we found 76 percent had incomplete or inaccurate information documented in the Medical Board Online Tracking System. This included, for example, missing Limited Duty start and expiration dates, convening authority authorization signature dates, and final actions taken. From this result, we project that 3,303 ADSMs on Limited Duty or referred to the physical evaluation board had inaccurate or incomplete information documented in the Medical Board Online Tracking System. Inaccurate or incomplete information in the Medical Board Online Tracking System may result in an inaccurate count of Limited Duty periods in an ADSM's career with a potential negative impact to a physician's course of action.

Impact

With the reduction of the Navy's end strength, an unknown population of ADSMs who cannot deploy or serve in an operational assignment could negatively impact operational decisions and plans made by Navy senior leadership. The incorrect assignment of an ADSM's duty status may result in Navy senior leadership not having an accurate number of ADSMs who are capable of medically unrestricted duty at any given time. For example, of the 52,934 ADSMs in our sample universe, 9,509 ADSMs should have been evaluated for placement in a medically restricted status, as required.³³ Furthermore, approximately 7,784 ADSMs should have been placed in a medically restricted status following a medical evaluation board.³⁴ On a working level, the incorrect assignment of an ADSM's duty status may also result in operational losses with potential gapped billets.

Lastly, the deficiencies in the accounting and tracking of Limited Duty personnel may result in an inaccurate count of Limited Duty periods in an ADSM's career. This may negatively impact a physician's course of action regarding the placement decision and process for Limited Duty and/or referral to the physical evaluation board.

³³ Per Navy Medicine Publication 117, The Manual of the Medical Departments, dated 10 January 2005, ADSMs who received medical treatment for 90 days or greater should be referred to a medical evaluation board for evaluation.

³⁴ Medical Evaluation Board for Limited Duty placement or referral to the Physical Evaluation Board.

Recommendations and Corrective Actions

Our recommendations, summarized management responses, and our comments on the responses follow. The complete texts of the management responses are in the appendixes.

We recommend that the Chief of Naval Personnel:

Recommendation 1. Develop and implement mandatory training for all involved in the Limited Duty program.

Office of the Chief of Naval Personnel response to Recommendation 1.

Concur. Navy Personnel Command will coordinate with various stakeholders to develop relevant training objectives by 1 January 2014. Going forward, appropriate training materials will be developed by each stakeholder to meet those training objectives by 1 July 2014. In the interim, a series of Naval Administrative messages have been developed, with release expected no later than 27 September 2013, that reiterate the responsibilities for everyone involved in the Limited Duty process. Emphasis was placed on mandating the use of existing policies to accurately account for Limited Duty Sailors by clearly outlining the procedures to correctly identify, track, and classify our medically restricted service members. Included is a requirement for the Bureau of Medicine and Surgery to ensure all healthcare providers understand, by 15 October 2013, that they need to assess a service member's medical status with deployability as the primary focus (not the member's current job or type duty) at ALL health care encounters. Additionally, a new Chief of Naval Operations instruction is in development to bridge the gap between Secretary of the Navy Instruction 1850.4E and the Limited Duty Military Personnel Manuals. Estimated approval date for the Chief of Naval Operations instruction is 1 January 2014 with associated changes to the Military Personnel Manuals completed by 1 February 2014. The information in these instructions will be incorporated in the training materials provided to the Fleet, Bureau of Medicine and Surgery, and Personnel Support Detachments.

Naval Audit Service comment on response to Recommendation 1. Actions taken and planned satisfy the intent of the recommendation.

Recommendation 1 will stay open until all corrective actions have been completed, which is currently estimated for 1 July 2014.

Recommendation 2. Establish performance metrics and reporting requirements for the Limited Duty program.

Office of the Chief of Naval Personnel response to Recommendation 2.

Concur. Naval Personnel Command has established a new code (PERS-454) to consolidate Limited Duty resources in the command into one unified group. This new group is tasked with developing performance metrics by 1 January 2014. The aforementioned Naval Administrative messages require that Medical Treatment Facility deployability coordinators (previously known as Limited Duty coordinators) report the status and disposition of all medically restricted Sailors (i.e., Limited Duty, pregnancy/postpartum, Integrated Disability Evaluation System, etc.) to PERS-454 by the 10th day of each month beginning in October 2013.

Naval Audit Service comment on response to Recommendation 2. Actions taken and planned satisfy the intent of the recommendation. Recommendation 2 will stay open until corrective actions have been completed, which is currently estimated for 1 January 2014.

Recommendation 3. Provide the Limited Duty Program Manager with proper Internet resources.

- a. Request proper medical record access for the Limited Duty Program Manager from the Bureau of Medicine and Surgery.
- b. Provide the Limited Duty Program Manager with access to the Navy Standard Integrated Personnel System.

Office of the Chief of Naval Personnel response to Recommendation 3.

Concur. With the development of PERS-454, the Limited Duty Program Manager currently has Medical Board Online Tracking System (MEDBOLTS). Proper access to medical records will be obtained by 1 December 2013. A request has been submitted for electronic health record access for PERS-454 worksite access. While PERS-454 currently has access to the personnel information in the Navy Standard Integrated Personnel System (NSIPS) via other computer platforms (Navy Enlisted System (NES)/Officer Personnel Information System (OPINS)), access to NSIPS would allow the Navy Personnel Command Limited Duty Program Manager to see the exact, real-time data that the Personnel Support Detachments utilize. NSIPS is a conduit for the Fleet to input data into the authoritative data sources (NES/OPINS). Therefore, data entered into NSIPS by the Personnel Support Detachments is uploaded, in near real time, to NES and OPINS. While the format of information is presented differently, the same data elements that Personnel Support Detachments see (e.g., Accounting Category Codes, effective dates, etc) are available to users of Navy Enlisted System/Officer Personnel Information System (NES/OPINS). Navy Personnel Command staff has always had access to this information. Long term, efforts are underway to develop new linkages and data elements between Bureau of Medicine and Surgery

data sources (e.g. Armed Forces Health Longitudinal Technology Application (AHLTA), MEDBOLTS) and Navy Personnel Command data (e.g. NES, OPINS) that would significantly reduce the time it takes for a member's medical status to reflect in personnel systems. These changes require information technology solutions, so the implementation date is tentatively set as summer 2015.

Naval Audit Service comment on response to Recommendation 3. Actions taken and planned satisfy the intent of the recommendation. The recommendation will stay open until supporting documentation related to 3b is provided and NES and OPINS access is verified. Because the target completion date was not provided by the Office of the Chief of Naval Personnel, we are setting an interim target date of 31 March 2014. We request that the Office of the Chief of Naval Personnel provide us with a status report on the corrective actions by that time.

Recommendation 4. Require the Transient Reduction Branch to report site visit results and recommendations to the Limited Duty Program Manager.

Office of the Chief of Naval Personnel response to Recommendation 4. Concur. When site visits are conducted, report findings and recommendations will be forwarded to PERS-454. The Transient Monitoring Unit (aka the Transient Reduction Branch) piloted a "virtual" site visit of Personnel Support Detachment Jacksonville (July 2013) with results that closely mirror results from traditional site visits. This pilot was deemed successful and immediate incremental roll-out of this methodology is planned, as can be supported by current Transient Monitoring Unit manning, with full capability in place no later than 30 September 2014.

Naval Audit Service comment on response to Recommendation 4. Actions taken and planned satisfy the intent of the recommendation. Recommendation 4 will stay open until corrective actions have been completed, which is currently estimated for 30 September 2014.

Recommendation 5. Develop steps to ensure any noncompliance with existing reevaluation policy is timely identified and corrected.

Office of the Chief of Naval Personnel response to Recommendation 5. Concur. By 1 October 2013, PERS-454 will monitor all service members placed in a Limited Duty status to ensure proper compliance with existing policy. As mentioned in the response to Recommendation 2, Medical Treatment Facility coordinators will be required to report the status of their medically restricted personnel monthly effective October 2013. PERS-454 will review these reports to ensure compliance with the existing reevaluation policy. Additionally, Transient

Monitoring Unit virtual site visits will be utilized to spot check compliance. The long term information technology solution mentioned in Recommendation 3 will include methods to automatically flag records approaching reevaluation deadlines.

Naval Audit Service comment on response to Recommendation 5. Actions taken and planned satisfy the intent of the recommendation.

Recommendation 5 will stay open until corrective actions have been completed, which is currently estimated for 1 October 2013.

We recommend that the Chief, Bureau of Medicine and Surgery:

Recommendation 6. Develop steps to ensure compliance with existing medical evaluation board referral policy.

Bureau of Medicine and Surgery response to Recommendation 6. Concur, education services already provided with more being developed.

Navy Medicine Policy is contained within Manual of the Medical Department Chapter 18. Medical Treatment Facilities Patient Administration Officers are trained on Limited Duty and standardized provider Limited Duty training is being developed. Five Defense Connect Online sessions have been provided this year in lieu of unfunded conference travel that includes Limited Duty updates and training. Additionally, Bureau of Medicine and Surgery and Navy Personnel Command have briefed the Limited Duty Program at the Patient Administration Department Course. Limited Duty educational articles have been published within the Health Care Operation Newsletters.

Additional Defense Connect Online training for providers is being developed for interim training.

Medical Treatment Facility standardized E learning training target date March 2014.

Naval Audit Service comment on response to Recommendation 6. The Bureau of Medicine and Surgery response to Recommendation 6 is not fully responsive. We recommended the Bureau of Medicine and Surgery to develop steps to ensure compliance with the policy. The Bureau of Medicine and Surgery addressed the part about developing training but the response did not address how to ensure compliance with the referral policy. This recommendation is considered undecided at this time and is being resubmitted to the Bureau of Medicine and Surgery for reconsideration.

Recommendation 7. Review 37³⁵ ADSMs identified to determine if a medical evaluation board and medically restricted status is needed.

Bureau of Medicine and Surgery response to Recommendation 7. Concur.

Bureau of Medicine and Surgery researched 37 service records, identified command location and Medical Treatment Facility enrollment status in Defense Enrollment Eligibility Report System (DEERS). These were divided into the East and West Regions who contacted the Medical Treatment Facility treating specialists. We found that for 22/37 records, the members were already retired or discharged. Of the remaining 15, two records were unable to be found. Only 1/13 of the remaining records was a medical evaluation board recommended and the member was already in a Limited Duty status.

Navy Personnel Command is establishing a new Deployability Assessment Office, PERS-454, and can direct a service member at any time for a medical evaluation board referral through the Integrated Disability Evaluation System.

Naval Audit Service comment on response to Recommendation 7. Actions taken and planned satisfy the intent of the recommendation.

Recommendation 7 will stay open until supporting documentation has been provided and remaining two records have been identified. Because the target completion date was not provided by the Bureau of Medicine and Surgery, we are setting an interim target date of 31 March 2014. We request that the Bureau of Medicine and Surgery provide us with a status report on the corrective actions by that time.

Recommendation 8. Develop and implement mandatory training on the Limited Duty program for physicians.

Bureau of Medicine and Surgery response to Recommendation 8. Concur.

This recommendation is similar to Recommendation number 6. Bureau of Medicine and Surgery (BUMED M3) is in coordination with BUMED M7 Education and Training to develop Navy Knowledge Online and E Learn comprehensive standardized training for physicians. In the interim, the Bureau of Medicine and Surgery will be recording a physician training session via Defense Connect Online.

³⁵ These 37 ADSMs included eight ADSMs identified by the Limited Duty Program Manager and 29 identified by using the 90-day criteria for our analysis.

Target completion date for Defense Connect Online provider training is March 2014. The Navy Knowledge Online standardized Medical Treatment Facility E-learning training is expected to be completed by the end of Fiscal Year 2014.

Naval Audit Service comment on response to Recommendation 8. Actions taken and planned satisfy the intent of the recommendation. Recommendation 8 will stay open until corrective actions have been completed, which is currently estimated for 30 September 2014.

Recommendation 9. Establish Limited Duty performance metrics for the patient administration offices.

Bureau of Medicine and Surgery response to Recommendation 9. Concur, limited metrics exist and more will be developed.

Performance measures according to current policy are evaluated at the Medical Treatment Facilities by the Medical Inspector General inspection team, with a list of review questions and program timelines. This program is also evaluated by the Commander, Navy Installations Command Transient Reduction Branch, formally known as the Transient Monitoring Unit.

The entire Limited Duty Program maybe modified. Once finalized by Naval Personnel Command with expected NAVADMINS after the Navy Personnel Alliance Flag Officer review, the Bureau of Medicine and Surgery will build in expected metrics, timelines and alerts into the Sailor and Marine Limited Duty Tracking System. BUMED M9 has contracted to build a Web-based computer system to track and monitor the Limited Duty population. This system will have analytic and reporting capabilities with real time metrics. Additionally, we will communicate with the Navy regions the program changes and expectations.

Currently, limited user testing has been completed at Naval Medical Center San Diego and Naval Medical Center Portsmouth, the Navy's test pilot sites. System is currently going through the DoD Information Assurance Certification and Accreditation Process.

Target completion date of the Sailor and Marine Limited Duty Tracking System with finalized metrics, 30 September 2014.

Naval Audit Service comment on response to Recommendation 9. Actions taken and planned satisfy the intent of the recommendation. Recommendation 9 will stay open until corrective actions have been completed, which is currently estimated for 30 September 2014.

Recommendation 10. Make Limited Duty an assessable unit in Navy Medicine's annual Managers' Internal Control Program.

Bureau of Medicine and Surgery response to Recommendation 10. Concur.

Recommend Managers' Internal Control Program start date during Fiscal Year 2015 and will focus on program elements that the Bureau of Medicine and Surgery has control over.

The program is in transition, and the Bureau of Medicine and Surgery is currently developing the Sailor and Marine Limited Duty Tracking System which will be able to provide metrics for numbers of personnel and processing times. This system is expected to be fully deployed by Fiscal Year 2015. Additionally, we are working on a standardized Medical Treatment Facility training plan via Navy Medicine Education and Training Command to be on MHS E-learn. Once these are accomplished then we can effectively manage timelines and agreed on program metrics.

Limited Duty also has senior level oversight by the Fleet Forces and Navy Personnel Command. Fleet Forces recommendations were given to the Navy Personnel Alliance in July 2013, a three star Flag advisory group which includes the Surgeon General of Navy (Bureau of Medicine and Surgery.)

The Military Personnel Manual is the driving instruction for the Limited Duty program. Any Military Personnel or NAVADMIN changes from Naval Personnel Command will be implemented at the Medical Treatment Facility level.

Naval Audit Service comment on response to Recommendation 10.

Actions taken and planned satisfy the intent of the recommendation. Recommendation 10 will stay open until corrective actions have been completed. Because the target completion date is more than 1 year in the future, we are setting an interim target date of 30 June 2014. We request that the Bureau of Medicine and Surgery provide us with a status report on the corrective actions at that time.

Recommendation 11. Develop steps to ensure any noncompliance with the existing reevaluation policy is timely identified and corrected.

Bureau of Medicine and Surgery response to Recommendation 11. Concur, education already occurring.

Currently, the MEDBOLTS program does not allow real time tracking of Limited Duty members to track program compliance. Our pilot information technology

system (Sailor and Marine Limited Duty Tracking System) is currently being tested.

We continually educate the Medical Treatment Facilities, patient administration officers and Limited Duty coordinators regarding priority access to Medical Treatment Facility care for appointment reevaluations and processing timelines. Navy Personnel Command is reviewing the program to possibly recommend Limited Duty re-evaluation to occur by the fourth month of the Limited Duty period, and to have unit commands actively engaged with service member program compliance and to coordinate any access difficulties between the unit Limited Duty coordinator and the Medical Treatment Facility Limited Duty coordinator.

Naval Audit Service comment on response to Recommendation 11. As discussed in the Audit Results, our concern with reevaluation centered on timely reevaluation of active duty service members for a return-to-duty determination. Actions taken and planned in response to this recommendation, taken in combination with the actions planned in response to Recommendations 9 and 10 (i.e., building “a web based computer system to track and monitor the Limited Duty population” that will include “metrics, timelines, and alerts” and “be able to provide metrics for numbers of personnel and processing times”) meet the intent of Recommendation 11. This recommendation will stay open until corrective actions have been completed. Because the target completion date is more than 1 year in the future, we are setting an interim target date of 30 June 2014. We request that the Bureau of Medicine and Surgery provide us with a status report on the corrective actions at that time.

Recommendation 12. Develop steps to ensure Limited Duty periods are authorized within the required timeframe.

Bureau of Medicine and Surgery response to Recommendation 12. Concur, already occurring.

Program timelines are reinforced to the Medical Treatment Facilities with ongoing training. The Medical Treatment Facility program compliance and processing times are inspected by the Medical Inspector General checklist and the Transient Reduction Branch.

The Medical Treatment Facilities recommend Limited Duty periods. The Naval Personnel Command officially approves Limited Duty. The Sailor and Marine Limited Duty Tracking System in development will be able to track Limited Duty timeliness of Medical Treatment Facility provider signatures to include the

Convening Authorities to ensure are completed within 5 business days. Additionally, providers will be able to recommend a member on Limited Duty electronically at their desktop, to ensure paperwork does not get lost with routing to the Personnel Support Detachment. Once recommended for Limited Duty, then the Medical Treatment Facility Limited Duty Coordinator, member's unit coordinator, Personnel Support Detachment and PERS will all be alerted for pending actions.

Sailor and Marine Limited Duty Tracking System implementation for timeliness of approval metrics, 30 September 2014.

Naval Audit Service comment on response to Recommendation 12.

Actions taken and planned satisfy the intent of the recommendation.

Recommendation 12 will stay open until corrective actions have been completed, which is currently estimated for 30 September 2014.

Recommendation 13. Develop and document standard training for the Medical Board Online Tracking System (or any subsequent system replacing it) for all personnel with access to the system.

Bureau of Medicine and Surgery response to Recommendation 13. Concur, training is already available for MEDBOLTS.

MEDBOLT's training is provided at the Patient Administration Course. The MEDBOLT system training guide has been disseminated to the regions and to the Patient Administration Officers. The training guide is available on the Health Care Operations Share Point site. A MEDBOLTs training brief will be conducted during a future Defense Connect Online training session.

The Sailor and Marine Limited Duty Tracking System in development will include system training for all personnel with access. Training modules are embedded and part of the contract for system implementation and sustainment.

Sailor and Marine Limited Duty Tracking System target completion date is 30 September 2014. Medical Treatment Facility site training is part of the implementation.

Naval Audit Service comment on response to Recommendation 13.

Actions taken and planned satisfy the intent of the recommendation.

Recommendation 13 will stay open until corrective actions have been completed, which is currently estimated for 30 September 2014.

Recommendation 14. Establish an oversight process for the Medical Board Online Tracking System (or any subsequent system replacing it):

- a. Develop and execute a schedule to identify active duty service members/medical evaluation boards' actions not entered in the Medical Board Online Tracking System, or any subsequent system to replace it.

Bureau of Medicine and Surgery response to Recommendation 14.

Concur, already occurring, will reinforce training and compliance with Navy Medical Inspector General.

The Bureau of Medicine and Surgery Navy Medical Inspector General team currently inspects Limited Duty paper records to check for compliance and completeness of entering into MEDBOLTS.

MEDBOLTS training support has been contracted to Navy Medicine Information Systems Support Activity . All user access and requests for data go through the MEDBOLTS program liaison at the Bureau of Medicine and Surgery.

Not all members referred to the Integrated Disability Evaluation System are entered into MEDBOLTS, unless they previously were placed on Limited Duty. MEDBOLTS applies to Limited Duty population. Members placed on Integrated Disability Evaluation System are entered and tracked by the Veterans Tracking Application.

Medical Treatment Facility provider training will emphasize that if a member is not likely to return to duty within 6-12 months, then should place the member directly into the Integrated Disability Evaluation System Program and not put on Limited Duty. Also, to use the same standard for a staff member at a Continental U.S. shore command as you would for an operational command.

Naval Audit Service comment on response to Recommendation 14.

Actions taken and planned satisfy the intent of the recommendation. Recommendation 14 will stay open until corrective actions have been completed and verified. Because the target completion date was not provided by Bureau of Medicine and Surgery, we are setting an interim target date of 31 March 2014. We request that the Bureau of Medicine and Surgery provide us with a status report on the corrective actions by that time.

Recommendation 15. Establish recordkeeping requirements for Military Treatment Facility hard copy Limited Duty case files:

- a. Perform review on active Limited Duty case files to ensure case files include all required documentation.

Bureau of Medicine and Surgery response to Recommendation 15. Concur, already occurring.

Navy Medical Inspector General inspects Medical Treatment Facilities for Limited Duty compliance. Additionally the Transient Review Board also inspects the Medical Treatment Facilities and Personnel Support Detachments for Limited Duty program compliance. Bureau of Medicine and Surgery has reviewed and updated the Medical Inspector General checklist with additional items and questions. Documentation requirements are set within Manual of the Medical Department Chapter, 18.

If the Limited Duty program requirements change, those changes will be communicated to the Medical Treatment Facilities and appropriate audit teams.

Naval Audit Service comment on response to Recommendation 15. The Bureau of Medicine and Surgery response to Recommendation 15 does not fully satisfy the intent of the recommendation. While the Bureau of Medicine and Surgery provided information on performing reviews of Limited Duty case files, the information does not address our recommendation to develop recordkeeping requirements for Military Treatment Facility hard copy Limited duty case files. The intent of the recommendation was to develop a definitive list of required documentation be maintained in Military Treatment Facility Limited Duty case files to improve recordkeeping and consistency throughout Navy. Such a list does not exist in the Manual of the Medical Department, Chapter 18 dated 10 January 2005. This recommendation is considered undecided at this time and is being resubmitted to the Bureau of Medicine and Surgery for additional consideration.

Recommendation 16. Provide appropriate personnel at Personnel Support Detachments with read-only access to the Medical Board Online Tracking System (or any subsequent system replacing it).

Bureau of Medicine and Surgery Response to Recommendation 16. Concur, Bureau of Medicine and Surgery will provide access as requested.

MEDBOLTs contain Personal Health Information, and with the minimum necessity rule, access should be limited to those who have a need to know. Just as with the Armed Forces Health Longitudinal Technology Application system, select medical and administrative personnel at PERS-82 or PERS-454 may have access by contacting the Bureau of Medicine and Surgery MEDBOLTs liaison.

The Sailor and Marine Limited Duty Tracking System will be accessible to the Personnel Support Detachments and Naval Personnel Command with role based

access to data based on need and to ensure Personal Health Information is protected.

Naval Audit Service comment on response to Recommendation 16:

Actions taken and planned satisfy the intent of the recommendation. Recommendation 16 will stay open until access has been provided to the appropriate personnel at the Personnel Support Detachments. Because the target completion date was not provided by Bureau of Medicine and Surgery, we are setting an interim target date of 31 March 2014. We request that the Bureau of Medicine and Surgery provide us with a status report on the corrective actions by that time.

We recommend that Commander, Navy Installations Command:

Recommendation 17. Require periodic reconciliations of the Navy Standard Integrated Personnel System and the Medical Board Online Tracking system (or any subsequent system replacing it), to ensure information accuracy.

- a. Request read-only access to the Medical Board Online Tracking System (or any subsequent system replacing it) from the Bureau of Medicine and Surgery for appropriate personnel.
- b. Establish procedures to correct inaccuracies found during periodic reconciliations.

Commander, Navy Installations Command (CNIC) response to

Recommendation 17. CNIC concurs with the findings and recommendations related to CNIC. CNIC N14 has contacted the Navy Bureau of Medicine and Surgery to obtain instructions on requesting access to MEDBOLTS, and provided these instructions to Personnel Support Detachments with direction to reconcile Navy Standard Integrated Personnel System entries with this system on a monthly basis.

CNIC considers action on this recommendation complete and requests recommendation closure.

Naval Audit Service comment on response to Recommendation 17a and 17b. Actions planned and taken satisfy the intent of the recommendation. The recommendation will stay open until (a) official requests for read only access to MEDBOLTS have been made by the Personnel Support Detachments and such requests have been verified; and (b) performance of monthly reconciliations have commenced. Because the target completion date was not provided by CNIC, we are setting an interim target date of 31 March 2014.

We request that the CNIC provide us with a status report on the corrective actions by that time.

Recommendation 18. Perform reviews on active Limited Duty case files to ensure all required documents are maintained in the file.

CNIC response to Recommendation 18. CNIC concurs with the findings and recommendations related to CNIC. CNIC N14 has directed Personnel Support Detachments to review all case files for completeness and accuracy. This review will be added to the Quality Assurance checklist for verification during assist visits.

CNIC considers action on this recommendation complete and requests recommendation closure.

Naval Audit Service comment on response to Recommendation 18. Actions planned and taken satisfy the intent of the recommendation. Recommendation 18 will stay open until all case files are reviewed for completeness and accuracy and have been verified. Because the target completion date was not provided by CNIC, we are setting an interim target date of 31 March 2014. We request that the CNIC provide us with a status report on the corrective actions by that time.

Communication with Management

Throughout the audit, we kept personnel at various offices informed of the conditions noted, including the following commands and offices: DON Bureau of Medicine and Surgery Headquarters, Navy Personnel Command, and Commander, Navy Installations Command. Specifically, we communicated our findings and recommendations to the Director of Health Care Operations; the Director of Medical Programs; and the Deputy Director of Navy Pay and Personnel Support Center on 20 September 2012, 22 August 2012, and 13 June 2012, respectively. We also communicated our audit findings and recommendations with the Office of the Chief of Naval Operations, N12 Navy Manpower and Manning Strategy Review, on 11 September 2012. We held exit conferences with the Deputy Chief of Naval Personnel/Commander, Naval Personnel Command on 22 August 2012; the Deputy Chief of Medical Operations on 14 December 2012; and the Deputy Commander of Commander, Navy Installations Command, and the Director of Total Force Manpower (N1) on 17 December 2012 to finalize our findings and recommendations.

Section B:

Status of Recommendations

Recommendations							
Finding ³⁶	Rec. No.	Pg. No.	Subject	Status ³⁷	Action Command	Target or Actual Completion Date	Interim Target Completion Date ³⁸
1	1	10	Develop and implement mandatory training for all involved in the Limited Duty program.	O	Chief of Naval Personnel	7/1/14	
1	2	10	Establish performance metrics and reporting requirements for the Limited Duty program.	O	Chief of Naval Personnel	1/1/14	
1	3	11	Provide the Limited Duty Program Manager with proper Internet resources. a. Request proper medical record access for the Limited Duty Program Manager from the Bureau of Medicine and Surgery. b. Provide the Limited Duty Program Manager with access to the Navy Standard Integrated Personnel System.	O	Chief of Naval Personnel	³⁹	3/31/14
1	4	12	Require the Transient Reduction Branch to report site visit results and recommendations to the Limited Duty Program Manager.	O	Chief of Naval Personnel	9/30/14	
1	5	12	Develop steps to ensure any noncompliance with existing reevaluation policy is timely identified and corrected.	O	Chief of Naval Personnel	10/1/13	
1	6	13	Develop steps to ensure compliance with existing medical evaluation board referral policy.	U	Chief, Bureau of Navy Medicine and Surgery	10/30/13	
1	7	14	Review 37 ADSMs identified to determine if a medical evaluation board and medically restricted status is needed.	O	Chief, Bureau of Navy Medicine and Surgery	³⁹	3/31/2014

³⁶ / + = Indicates repeat finding.

³⁷ / O = Recommendation is open with agreed-to corrective actions; C = Recommendation is closed with all action completed; U = Recommendation is undecided with resolution efforts in progress.

³⁸ If applicable.

³⁹ Final target completion date is to be determined.

Recommendations							
Finding ³⁶	Rec. No.	Pg. No.	Subject	Status ³⁷	Action Command	Target or Actual Completion Date	Interim Target Completion Date ³⁸
1	8	14	Develop and implement mandatory training on the Limited Duty program for physicians.	O	Chief, Bureau of Navy Medicine and Surgery	9/30/14	
1	9	15	Establish Limited Duty performance metrics for the patient administration offices.	O	Chief, Bureau of Navy Medicine and Surgery	9/30/14	
1	10	16	Make Limited Duty an assessable unit in Navy Medicine's annual Managers' Internal Control Program.	O	Chief, Bureau of Navy Medicine and Surgery	9/30/15	6/30/14
1	11	16	Develop steps to ensure any noncompliance with the existing reevaluation policy is timely identified and corrected.	O	Chief, Bureau of Navy Medicine and Surgery	9/30/15	6/30/14
1	12	17	Develop steps to ensure Limited Duty periods are authorized within the required timeframe.	O	Chief, Bureau of Navy Medicine and Surgery	9/30/14	
1	13	18	Develop and document standard training for the Medical Board Online Tracking System (or any subsequent system replacing it) for all personnel with access to the system.	O	Chief, Bureau of Navy Medicine and Surgery	9/30/14	
1	14	18	Establish an oversight process for the Medical Board Online Tracking System (or any subsequent system replacing it): a. Develop and execute a schedule to identify active duty service members/medical evaluation boards' actions not entered in the Medical Board Online Tracking System, or any subsequent system to replace it.	O	Chief, Bureau of Navy Medicine and Surgery	³⁹	3/31/14
1	15	19	Establish recordkeeping requirements for Military Treatment Facility hard copy Limited Duty case files: a. Perform review on active Limited Duty case files to ensure case files include all required documentation.	U	Chief, Bureau of Navy Medicine and Surgery	10/30/13	

Recommendations							
Finding ³⁶	Rec. No.	Pg. No.	Subject	Status ³⁷	Action Command	Target or Actual Completion Date ³⁹	Interim Target Completion Date ³⁸
1	16	20	Provide appropriate personnel at Personnel Support Detachments with read-only access to the Medical Board Online Tracking System (or any subsequent system replacing it).	O	Chief, Bureau of Navy Medicine and Surgery	³⁹	3/31/14
1	17	21	Require periodic reconciliations of the Navy Standard Integrated Personnel System and the Medical Board Online Tracking system (or any subsequent system replacing it), to ensure information accuracy. a. Request read-only access to the Medical Board Online Tracking System (or any subsequent system replacing it) from the Bureau of Medicine and Surgery for appropriate personnel. b. Establish procedures to correct inaccuracies found during periodic reconciliations.		Commander, Navy Installations Command	³⁹	3/31/14
1	18	22	Perform reviews on active Limited Duty case files to ensure all required documents are maintained in the file.	O	Commander, Navy Installations Command	³⁹	3/31/14

Exhibit A:

Background and Pertinent Guidance

Background

Navy Personnel Command, Limited Duty Branch (PERS-82) conducts departmental reviews in addition to oversight responsibilities. A departmental review is defined as an administrative review of the medical evaluation board reports, non-medical assessment, and cover sheet. PERS-82 may grant additional periods of Limited Duty beyond the member's maximum allowable 12 months or recommend referral to the physical evaluation board for adjudication.

Navy Medicine is responsible for evaluating each instance in the career of an active duty service member (ADSM) for Limited Duty placement by conducting a medical evaluation board. A medical evaluation board is comprised of the service member's primary care provider, a second physician, and a convening authority at the Military Treatment Facility. First and second periods of Limited Duty for enlisted personnel are issued locally by the Military Treatment Facility with convening authority.⁴⁰ Additional periods of Limited Duty for enlisted personnel and all periods of Limited Duty for officers must be elevated to the Limited Duty Program Manager for departmental review.

The Commander, Navy Installations Command, via its personnel support detachments, is responsible for processing and tracking service members placed on Limited Duty.⁴¹ ADSMs are placed in Accounting Category Codes 105 (Limited Duty) or 355 (temporary duty awaiting formal Medical Evaluation Board or Physical Evaluation Board proceedings) when a medically restricted status is assigned. Accounting Category Codes indicate to detailers that the ADSM has assignment limitations when issuing orders.

The Navy uses two systems to monitor and track the Limited Duty program. The Medical Board Online Tracking System is the Navy's primary medical evaluation board management and tracking tool. All medical evaluation boards for periods of Limited Duty and/or referral to the physical evaluation board are required to be entered in the Medical Board Online Tracking System. The Navy Standard Integrated Personnel System accounts for all personnel gained in or changed to Limited Duty via their Accounting Category Code. Therefore, the correct assignment of an appropriate Accounting Category Code is important. Additionally, the military's electronic health

⁴⁰ Convening authority is granted exclusively to the commanding officers of Naval Medical Centers, Naval Hospitals, Naval Medical Clinics, and Naval Ambulatory Care Centers.

⁴¹Per the Transient Personnel Administration Users' Manual.

record system, the Armed Forces Health Longitudinal Technology Application, is used to document all medical conditions diagnosed during a physician visit.

Pertinent Guidance

Secretary of the Navy Instruction 1850.4E, “Department of the Navy Disability Evaluation Manual,” dated 30 April 2002, states that service members should be placed on temporary Limited Duty when the prognosis is that the member can be restored to full military duty within a reasonable period of time, usually 16 months or less. All officer medical evaluation boards, enlisted medical evaluation boards recommending initial periods of Limited Duty longer than 8 months, and enlisted medical evaluation boards recommending subsequent periods of Limited Duty must be submitted to the member’s service headquarters for departmental review.

Transient Personnel Administration Users Manual, dated May 2005, states that personnel support detachments will make appropriate Navy Standard Integrated Personnel System entries for all personnel gained in or changed to Limited Duty. The personnel support detachment will change the Accounting Category Code of transient personnel as information is received to accurately reflect their current status. Accounting Category Code 105 designates Limited Duty, and 355 designates temporary duty awaiting formal medical board proceedings.

The personnel support detachment is responsible to ensure a case file is created and maintained for each member on Limited Duty. The case file will be maintained in chronological order as follows from top to bottom: physical evaluation board findings; initial Medical Board Cover Sheet; departmental review message recommending forwarding the case to the physical evaluation board, or approving/denying additional Limited Duty; additional Medical Board Cover Sheets, Naval Personnel Command Form 1070/613; and a Navy Standard Integrated Personnel System screenshot panel reflecting effective date of Limited Duty. Copies of Limited Duty personnel case files shall be maintained for 2 years.

The parent command will ensure Limited Duty personnel attend follow-up appointments no later than 30 days prior to expiration of Limited Duty for a return to duty determination. If member fails to report for scheduled appointments, the parent command is responsible to investigate these instances and initiate disciplinary action where appropriate. Military treatment facilities shall assist parent command Limited Duty coordinators and personnel in acquiring appointments on a priority basis.

Manual of the Medical Department, Navy Medicine P-117, Change 120 to Chapter 18, dated 10 January 2005, states Navy Medicine will evaluate each instance in the career of a Navy active duty service member in which a medical condition will be

responsible for the member's inability to operate in a medically unrestricted duty status. Medically unrestricted duty status signifies that there is no medical condition prohibiting the member's ability to fully execute the duties and responsibilities of their rank, rate, specialty, or office including worldwide assignable ability. Placement on Limited Duty is most appropriate only for those patients for whom a return to medically unrestricted status is anticipated.

All military treatment facilities will maintain all records for a minimum of 2 years prior to retiring the records.

Naval Military Personnel Manual 1306-1200 (dated 5 November 2004), 1306-1202 (dated 11 May 2007), 1306-1204 (dated 27 April 2007), 1306-1206 (dated 16 April 2007), 1306-1208 (dated 23 March 2005), and 1306-1210 (dated 11 May 2007), states that this article (1200) and the sub articles (1202-1210) standardize procedures for the assignment, accountability, follow-up care, and disposition of enlisted personnel to or from a Limited Duty status for medical reasons.

DoD Financial Management Regulation, 7000.14-R, Volume 7A, Chapters 2-3, 5-9, 11, 15, 18, 21-24, dated March 2011-May 2013, states that if a member fails to fulfill the service conditions specified in the written agreement for the pay or benefit, then the pay or benefit may be terminated and the member may be required to repay an amount equal to the unearned portion of the pay or benefit. Such repayment will be pursued unless the member's failure to fulfill specified service conditions is due to circumstances determined reasonably beyond the member's control. Provisions allow certain special pays to continue for a specified period of time (i.e., 30 days, 90 days, 6 months, 1 year) if the injury or disease incurred was through no fault of the service member.

Exhibit B:

Scope and Methodology

Scope

We conducted the audit during the period of 18 March 2011 through 2 July 2013. Initially, our audit focused on addressing the former Chief of Naval Personnel's concerns regarding the existence of a potential underreporting of the Limited Duty population in the Navy. We pulled a statistical sample of 150 service members out of the 52,934 active duty service members (ADSMs) identified with at least one top 20 medical condition from 16 July 2009 to 15 July 2010 from the Armed Forces Health Longitudinal System.

As the audit progressed, we reviewed the Limited Duty program to determine whether it was working as intended. Specifically, we assessed program oversight, training, recordkeeping, and program efficiency and effectiveness. We pulled a second sample of 197 of the 4,709 ADSMs in Accounting Category Codes 105 or 355 from the Navy Standard Integrated Personnel System as of 15 July 2011.⁴²

The conditions existed from 16 July 2009 to 15 July 2011. Exhibit F shows the activities we visited or contacted.

Methodology

To obtain a list of medical conditions that would reasonably place an ADSM in a Limited Duty status, we worked in collaboration with Navy Medicine subject matter experts. Specifically, we interviewed and/or surveyed Navy Medicine headquarters, convening authorities, and physicians at various Naval Medical Centers.⁴³ Navy Medicine stated that it was not possible to develop a list of medical conditions that would automatically place an ADSM in a Limited Duty status due to additional factors involved such as job duties, severity of the medical condition, and the physician's professional judgment. Alternatively, we obtained a list of the top 20 medical conditions⁴⁴ that historically placed ADSMs in a Limited Duty status from 2009 to 2011. Utilizing the list of top 20 medical conditions, we identified 52,934 ADSMs diagnosed with one or more top 20 medical conditions from 16 July 2009 to 15 July 2010 from the Armed Forces Health Longitudinal System.

⁴² The Navy Standard Integrated Personnel System does not have historical information and therefore was captured as a point in time.

⁴³ "Naval Medical Centers" included Naval Hospitals, Naval Medical Clinics, and Naval Ambulatory Care Centers.

⁴⁴ This list is different from what was requested by the former Chief of Naval Personnel. It is not a list of medical conditions that would reasonably place an ADSM in a limited duty status; alternatively it is a list that historically placed ADSMs in a limited duty status.

To determine the existence of an under-reporting or over-reporting of the Limited Duty population in the Navy, we initially selected a stratified statistical sample of 150 service members out of the 56,085 ADSMs identified with at least one top 20 medical condition⁴⁵ or a sub-condition of the top 20 medical condition. Our statistical sample included ADSMs with a wide range of medical records (one record was the equivalent of one physician appointment). We connected the number of medical records to the severity of medical condition and stratified our sample into three groups based on the number of medical records each ADSM had: (1) 1-5 medical records, (2) 6-49 medical records, and (3) 50-plus medical records.⁴⁶ Using the Medical Board Online Tracking System, we identified 48 ADSMs who had a medical evaluation board for placement on Limited Duty or referral to the physical evaluation board. Using the Official Military Personnel File (OMPF), Enlisted Assignment Information System (EAIS), Officer Personnel Information System (OPINS), and Navy Enlisted System (NES), we obtained relevant personnel information including rank, rate, and sea/shore flow for the remaining 102 ADSMs who did not have a medical evaluation board from 16 July 2009 to 15 July 2010. We then calculated the number of days each ADSM was treated for their top 20 medical condition. ADSMs that consistently went to a physician for 90 days or greater in duration while serving in a shore billet were identified as high risk for an underreporting of Limited Duty (may not have been operational for 90 days or more due to their top 20 medical condition, but were never placed on Limited Duty or referred to the physical evaluation board).

To determine if the Limited Duty program was working as intended, we selected a statistical sample of 197 of the 4,709 ADSMs in Accounting Category Codes 105 or 355 as of 15 July 2011. Specifically, we determined program policies, oversight, training, recordkeeping and program efficiency and effectiveness. We obtained hard copy Limited Duty case files from military treatment facilities and personnel support detachments. We conducted site visits at three military treatment facilities representing 36 percent of our statistical sample. The remaining 64 percent of our statistical sample was coordinated remotely via e-mail and the Naval Audit Service Safe Access File Exchange. We analyzed the hard copy Limited Duty case files using requirements established in pertinent guidance and the Medical Board Online Tracking System.

Throughout the audit we met with key personnel, including: the Limited Duty Program Manager from Navy Personnel Command-82, the Director of Healthcare Operations from Navy Medicine, and Commander, Navy Installations Command Headquarters to gain a better perspective on the intent of the Limited Duty program, including processes and procedures. We visited the three military treatment facilities and the surrounding personnel support detachments with the highest concentrations of ADSMs on Limited Duty in our statistical sample: National Military Medical Center, Bethesda, MD; Naval

⁴⁵ The medical conditions were identified using the corresponding international classification of disease code.

⁴⁶ For the purpose of the stratification we included all records with at least one top 20 medical condition or associated sub condition. The samples were allocated across strata to ensure coverage of individuals with 50 or more medical records. All projections have been weighted to account for the stratified nature of the sample design.

Medical Center Portsmouth, VA; and Naval Medical Center San Diego, CA. Additionally, we visited the Naval Personnel Command in Millington, TN to gain a better understanding of the personnel aspect of Limited Duty. While on site visits, we conducted interviews with convening authorities, physicians, medical evaluation board offices, personnel support detachments, community managers, and detailers. We conducted the interviews to obtain perspectives, issues, and ideas on improving the Limited Duty process.

We assessed the reliability of the Navy Standard Integrated Personnel System and the Armed Forces Health Longitudinal Technology Application data by performing electronic testing of required data elements. We determined that the data was sufficiently reliable for the purposes of this report.

To assess the reliability of the data elements in the Medical Board Online Tracking System needed to answer the audit objectives, we: (1) performed electronic testing of required data elements, (2) traced a statistically random sample of data to related source documentation, and (3) interviewed activity officials knowledgeable about the data. The results of our statistical sample analysis showed that data elements key to our review contained high percentages of missing or erroneous data. Therefore, we determined that the data was not sufficiently reliable for the purposes of the audit. To address our audit objective, we alternatively collected and used source documentation for our audit analyses.

We conducted this performance audit in accordance with Generally Accepted Government Auditing Standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. In our opinion, the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

There were no previous audits of Limited Duty during the last 5 years by the Naval Audit Service, the Department of Defense Inspector General, or the Government Accountability Office. Consequently, there was no need to perform audit followup.

Federal Managers' Financial Integrity Act

The Federal Managers' Financial Integrity Act of 1982, as codified in Title 31, United States Code, requires each Federal agency head to annually certify the effectiveness of the agency's internal and accounting system controls. In our opinion, the weaknesses noted in this report may warrant reporting in the Auditor General's annual Federal Manager's Financial Integrity Act memorandum identifying management control weaknesses to the Secretary of the Navy.

Exhibit C:**Sample Projections**

The projections for our analysis of the statistical sample of 197 of 4,709 active duty service members (ADSMs) are shown in Table 3-1. The projections apply to ADSMs identified in the Navy Standard Integrated Personnel System, as of 15 July 2011, as being on Limited Duty or Temporary Duty awaiting formal Medical Evaluation Board or Physical Evaluation Board determination.⁴⁷

In several cases audit tests could not be resolved due to various reasons (e.g., Personnel Support Detachments unable to provide required documents, illegible dates in documents, audit test not applicable to case, etc). The Universe Estimate field contains the projected number of cases in the universe for which the associated audit test could potentially be resolved. The percent projections only apply to this reduced universe.

Table 3-1⁴⁸

Projection – Service member with...	Point Estimate	Universe Estimate	Percentage Estimate
Inaccurate identification as “worldwide assignable” in the Navy Standard Integrated Personnel System	2,108	2,736	77%
Inaccurate or incomplete information documented in the Medical Board Online Tracking System	3,303	4,334	76%
At least one MEB not signed by a Convening Authority within 5 days	1,614	3,898	41%
At least one expired Limited Duty	1,652	4,142	40%
At least one period of Limited Duty that was not reevaluated 30 days prior to expiration	3,033	3,616	84%
Missing document(s) in their Limited Duty case file	2,125	4,427	48%

Table 3-2 reflects the lower and upper bound projections for our statistical sample of 197 of 4,709 service members who were identified in the Navy Standard Integrated Personnel System, as of 15 July 2011, as on limited duty. These bounds were calculated at the 95 percent confidence level meaning that each interval has a 5 percent risk of not containing the target population value of interest.

⁴⁷ Limited Duty is represented by accounting category code 105, and Temporary Duty Awaiting Formal Medical Evaluation Board or Physical Evaluation Board is represented by accounting category code 355.

⁴⁸ The percentages stated for the statistical sample of 197 ADSMs on Limited Duty in Tables 3-1 and 3-2 are weighted averages based on relevant group size.

Table 3-2

Projection – Service member with...	Estimated Universe	Lower Bound	Lower Bound %	Upper Bound	Upper Bound %
Inaccurate identification as “worldwide assignable” in the Navy Standard Integrated Personnel System	2,736	1,752	67%	2,475	85%
Inaccurate or incomplete information documented in the Medical Board Online Tracking System	4,334	2,941	68%	3,619	83%
At least one MEB not signed by a Convening Authority within 5 days	3,898	1,284	33%	1,980	50%
At least one expired Limited Duty	4,142	1,318	32%	2,019	48%
At least one period of Limited Duty that was not reevaluated 30 days prior to expiration	3,616	2,684	77%	3,352	89%
Missing document(s) in their Limited Duty case file	4,427	1774	40%	2,487	56%

A second set of projections was calculated based on the stratified statistical sample of 150 ADSMs selected from the 52,934 ADSMs identified with at least one top 20 medical condition. Table 3-3 contains the point estimates for each projection along with the associated 95 percent confidence interval.

Table 3-3

Projection - Service member with...	Count Projections			Percentage Projections		
	Lower Bound	Point Estimate	Upper Bound	Lower Bound	Point Estimate	Upper Bound
Condition(s) that took 90 days or more to resolve	6,678	9,509	13,218	13%	18%	25%
Conditions(s) that should have had a Medical Evaluation Board based on an assessment by the Limited Duty Program Manager	5,054	7,784	11,653	10%	15%	22%

Exhibit D:

Former Chief of Naval Personnel's Request

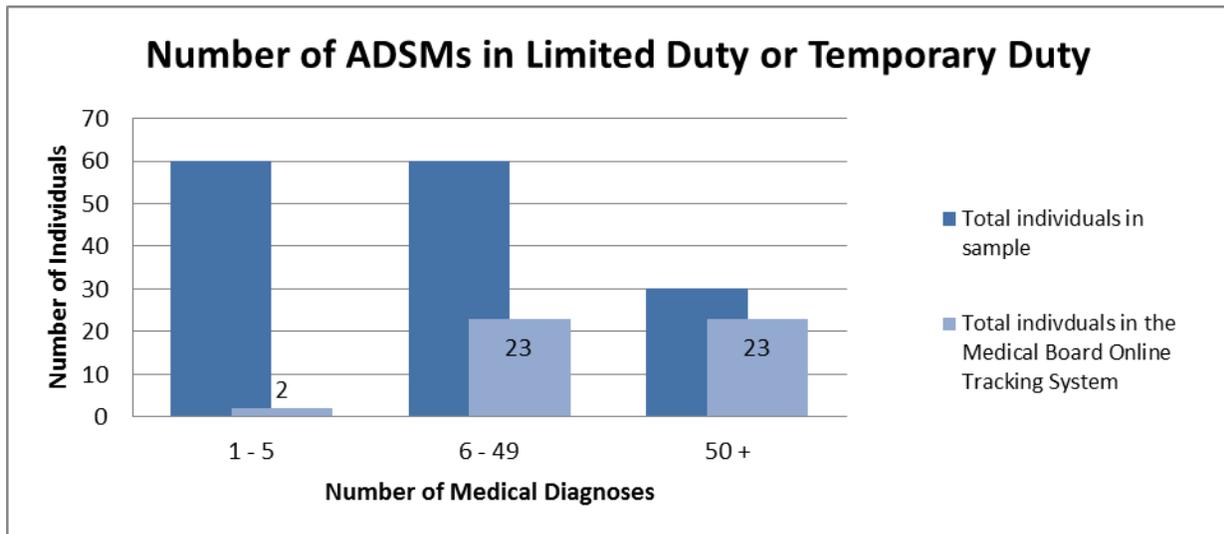
The former Chief of Naval Personnel requested that we:

- Work in collaboration with subject matter experts to derive a list of medical conditions that would reasonably be expected to result in an inability of an active duty service member (ADSM) to remain in a full duty status
- Screen the medical records of all Navy ADSMs for the presence of at least one of these medical conditions
- Query the Navy's personnel system to determine how many of the Navy ADSMs are in a medically restricted status
- Review all special pay instructions and laws to determine which special pays are terminated upon placement in a Limited Duty status

List of Medical Conditions

Navy Medicine stated that it was not possible to develop a list of medical conditions that would automatically place an ADSM in a Limited Duty status due to additional factors involved such as job duties, severity of medical condition, and the physician's professional judgment. We found 48 out of 150 statistically sampled ADSMs with one or more top 20 medical conditions were placed on Limited Duty, and analysis results supported the notion that Limited Duty placement is not exclusively dictated by a medical condition. Specifically, analysis showed that a medical condition, without consideration of severity, is not indicative of a service member's ability to operate in a full duty status. The more severe a medical condition, the more likely the ADSM is to be placed on Limited Duty. Details of the analysis are shown in Table 4-1. Alternatively, we obtained a list of the top 20 medical conditions⁴⁹ that historically placed ADSMs in a Limited Duty status from 2009 to 2011.

⁴⁹ See Exhibit E for a list of the Top 20 Medical Conditions.

Table 4-1.

Screen of Medical Records

We identified 52,934 Navy ADSMs with the presence of one or more top 20 medical conditions by screening the medical records of all ADSMs in the Armed Forces Health Technology Application from 16 July 2009 through 15 July 2010.

Query of the Medical Board Online Tracking System

We found that 3,076 of 52,934 ADSMs with the presence of one or more top 20 medical conditions were placed in a medically restricted status. We identified the 3,076 ADSMs in a medically restricted status by querying the Medical Board Online Tracking System for all ADSMs on Limited Duty or referred to the physical evaluation board from 16 July 2009 to 15 July 2010.

Special Pays

To determine which Navy special pays terminate upon Limited Duty placement, we reviewed relevant special guidance, including United States Code: Title 37, Department of Defense (DoD) Financial Management Regulation, DoD instructions, Chief of Naval Operations instructions, and Naval Administration Messages. Additionally, we interviewed and surveyed personnel from Navy Pay and Compensation Policy, Community Management, and Detailing. We found that special pays requiring service in a designated billet (operational) and/or maintenance of proficiency (e.g., SDAP, AIP, HDIPs) may be terminated immediately or after 3 months⁵⁰ following Limited Duty

⁵⁰A special pay may be terminate if Limited Duty status was the result of performing duties required by the special pay

placement due to relocation of the ADSM into a shore command within needed proximity of a military treatment facility. The special pays awarded for qualification, certification, and/or licensing (e.g., NOCP, MSP, BCP) may be continued following Limited Duty placement. A summary chart displaying the impact of Limited Duty placement on Navy special pays is shown in Table 4-2.

Table 4-2

Impact upon Limited Duty placement	Special Pays
Terminates immediately	AIP, CSP, HDP, SDAP, CSRB, NSWOCP, SWOCP, SSIP, SDIP (sea)
Terminates after 3 months	ACIP (conditional), ACCP & ARB, Dive, HDIP, HFP, IDP
Terminates after 6 months	SDIP (sub)
Terminates after 1 year	ACIP (continuous), ACCP & ARB, CEFIP
Continues	AB, ASP, CSRB (Medical & Dental), BCP, EB, ESRP, FLP, IP, ISP, JAG CP, MRB, MSP, NOCP, NCAIB, POSP, SRB, VSP

Special Pays Acronyms⁵¹

- AB – Accession Bonus (includes Critical Skills, Critical Wartime Skills, Medical Service Corps, Nuclear Career, Nuclear Officer, Nurse Corps, Pharmacy Officer)
- ACCP – Aviation Career Continuation Pay (dependent on entitlement to ACIP)
- ACIP (cont.) – Continuous Aviation Career Incentive Pay
- ACIP (cond.) – Conditional Aviation Career Incentive Pay
- AIP – Assignment Incentive Pay
- ARB – Aviator Retention Bonus (dependent on entitlement to ACIP)
- ASP - Additional Special Pay (includes Medical Corps Officer and Dental Corps Officer)
- BCP - Board Certification Pay (includes Dental Corps Officer, Health Professional Officer, Medical Corps Officer, Medical Service Corps Officer Non-physician, Nurse Corps Officer Non-physician)
- CEFIP - Career Enlisted Flyer Incentive Pay
- CSRB - Critical Skills Retention Bonus (includes Civilian Engineer Corps, Intelligence, Navy Special Warfare, Surface Warfare (Junior, LCDR, Senior (CAPT/CDR)))

⁵¹ Not all acronyms listed are official Navy acronyms

- CSRB (Medical) – Critical Skills Retention Bonus for Dental Corps and Medical Service Corps – Clinical Psychologist
- CSP - Career Sea Pay (includes CSP-Premium)
- Dive – Diving Duty Pay
- EB - Enlistment Bonus
- ESRP – Enlisted Supervisory Retention Pay
- FLP – Foreign Language Pay
- HDIP – Hazardous Duty Incentive Pay (includes Chemical Munitions, Dangerous Viruses Lab, Demolition, Experimental Stress, Flight Deck, Flying Duty, Maritime Visit, Board, Search, & Seizure, Polar Region Flight Operations, Parachute, Toxic Fuels, Toxic Pesticides)
- HDP – Hardship Duty Pay
- HFP – Hostile Fire Pay
- IDP – Imminent Danger Pay
- IP – Incentive Pay
- ISP – Incentive Special Pay (includes Certified Registered Nurse Anesthetist, Dental Corps Officer, Health Professional Officer, Medical Corps Officer)
- JAG CP – Judge Advocate Continuation Pay
- MRB – Medical Retention Bonus (includes Dental Corps Officer, Health Professional Officer, Optometrists)
- MSP – Medical Special Pay (includes Medical Corps Officer, Optometrist, Pharmacy Officer)
- NCAIB – Nuclear Career Annual Incentive Bonus
- NOCP – Nuclear Officer Continuation Pay
- NSWOCF – Naval Special Warfare Officer Continuation Pay
- SDAP – Special Duty Assignment Pay (includes SDAP for sea duty)
- SDIP (sea) – Sea Duty Incentive Pay (sea)

- SDIP (sub.) – Submarine Duty Incentive Pay (Submarine) or Continuous Submarine Duty
- SRB – Selective Reenlistment Bonus
- SSIP – Submarine Support Incentive Pay
- SWOCP – Surface Warfare Officer Continuation Pay (contracts prior to May 2012)
- VSP – Variable Special Pay (includes Dental Corps Officer and Medical Corps Officer)

Exhibit E:**Top 20 Medical Conditions**

ICD-9 Code	Diagnosis	ICD-9 Code	Diagnosis
309.81	Post traumatic stress disorder	296.22	Major depressive disorder
724.2	Lumbago	840.7	Superior glenoid labrum lesion
719.46	Pain in joint involving lower leg	722.52	Lumbar inter-vertebral disc
717.83	Old disruption of anterior cruciate ligament	724.4	Thoracic neuritis or radiculitis
300	Anxiety, dissociative and somatoform disorder	836.2	Tear of cartilage or meniscus of knee
722.1	Lumbar inter-vertebral disc without myelopathy	309	Adjustment reaction
311	Depressive disorder, not elsewhere classified	309.28	Adjustment disorder with mixed anxiety and depression
844.2	Cruciate ligament of knee	296.2	Major depressive disorder (single episode, unspecified degree)
V45.89	Presence of neuropace maker or other electronic device	296.32	Major depressive disorder, recurrent episode, moderate degree
718.81	Other joint, derrangement (shoulder region)	824.8	Unspecified, ankle

Exhibit F:

Activities Visited and/or Contacted⁵²

- Department of the Navy Bureau of Medicine and Surgery:
 - Office of Health Care Operations (M3/5), Falls Church VA*
 - Walter Reed National Military Medical Center, Bethesda, MD*
 - Naval Medical Center Portsmouth, VA*
 - Naval Medical Center San Diego, CA*
 - Naval Hospital Beaufort, Beaufort, NC
 - Naval Hospital Bremerton, Bremerton, WA
 - Naval Hospital Camp Lejeune, Camp Lejeune, NC
 - Naval Hospital Camp Pendleton, Camp Pendleton North, CA
 - Naval Hospital Cherry Point, Cherry Point, NC
 - Naval Hospital Great Lakes, Great Lakes, IL
 - United States Naval Hospital Guantanamo Bay, Guantanamo Bay, Cuba
 - Naval Hospital Jacksonville, Jacksonville, FL
 - Naval Hospital Lemoore, Lemoore, CA
 - Naval Hospital Oak Harbor, Oak Harbor, WA
 - United States Naval Hospital Okinawa, Okinawa, Japan
 - Naval Hospital Pensacola, Pensacola, FL
 - United States Naval Hospital Sigonella, Sigonella, Italy
 - United States Naval Hospital Yokosuka, Yokosuka, Japan
 - Naval Health Clinic Charleston, Charleston, SC

⁵² Asterisk (*) denotes which activities were visited.

- Naval Health Clinic Corpus Christi, Corpus Christi, TX
- Naval Health Clinic Hawaii, Navy Region Hawaii
- Naval Ambulatory Care Center Groton, Groton, CT
- Navy Personnel Command, Millington, TN:
 - Retirement/LIMDU/Temporary Disability Retired List (PERS 82)*
 - Officer Community Management (BUPERS 31)*
 - Surface Warfare (BUPERS 311)
 - Aviation (BUPERS 313)
 - Medical (BUPERS 3)
 - Enlisted Community Management (BUPERS 32)*
 - Surface Warfare (BUPERS 321)
 - Aviation (BUPERS 323)
 - Sea Air Land (BUPERS 324)
 - Medical (BUPERS 325)
 - Officer Assignments (PERS 4)*
 - Aviation Detailer (PERS 43B)
 - Medical Officer Assignments (PERS 4415)
 - Enlisted Assignments (PERS 40)*
 - Aviation Detailer (PERS 404)
 - Seabee Detailer (401C)
 - Sea Air Land Detailer (PERS 401D)
 - Shore Special Programs Assignment (PERS 4010)
 - Enlisted Personnel Readiness and Support (PERS 4013)
 - Distribution Policy and Procedure Branch (PERS 451)*

- Transient Personnel Unit *
- Military Compensation Policy (N130), Arlington, VA*
- SEAL Community Manager (N1314), Arlington, VA*
- Office of Women's Policy (N134W), Arlington, VA*
- Commander, Navy Installations Command, Washington, DC
 - Personnel Services (N141)*
 - Personnel Support Detachment, Washington, DC*
 - Personnel Support Detachment, Bethesda, MD*
 - Personnel Support Detachment, Portsmouth, VA*
 - Personnel Support Detachment, Norfolk, VA*
 - Personnel Support Detachment, San Diego, CA*
 - Personnel Support Detachment, Atlanta, GA
 - Personnel Support Detachment, Balboa, CA
 - Personnel Support Detachment, Camp Lejeune, NC
 - Personnel Support Detachment, Camp Pendleton, CA
 - Personnel Support Detachment, Charleston, SC
 - Personnel Support Detachment, Everett, WA
 - Personnel Support Detachment, Fort Meade, MD
 - Personnel Support Detachment, Great Lakes, IL
 - Personnel Support Detachment, Gulfport, MS
 - Personnel Support Detachment, Jacksonville, FL
 - Personnel Support Detachment, Kings Bay, GA
 - Personnel Support Detachment, Kitsap, Bremerton, WA
 - Personnel Support Detachment, Lemoore, CA

- Personnel Support Detachment, Little Creek, Norfolk, VA
- Personnel Support Detachment, Mayport, FL
- Personnel Support Detachment, Memphis, TN
- Personnel Support Detachment, New Orleans, LA
- Personnel Support Detachment, North Island, CA
- Personnel Support Detachment, New London, Groton, CT
- Personnel Support Detachment, Oceana, Virginia Beach, VA
- Personnel Support Detachment, Pearl Harbor Pacific, HI
- Personnel Support Detachment, Pensacola, FL
- Personnel Support Detachment, Point Loma, CA
- Personnel Support Detachment, Whidbey Island, WA
- Personnel Support Detachment, Yokosuka, Japan

Appendix 1:

Management Response from Office of Chief of Naval Personnel



DEPARTMENT OF THE NAVY
BUREAU OF NAVAL PERSONNEL
5720 INTEGRITY DRIVE
MILLINGTON TN 38055-0000

7500
BUPERS-00B/530
6 Sep 13

From: Deputy Chief of Naval Personnel
To: Assistant Auditor General for Manpower and Reserve Affairs
Audits

Subj: MANAGEMENT RESPONSE TO DRAFT AUDIT REPORT N2011-NFO000-0128,
"LIMITED DUTY POPULATION IN THE NAVY" DATED 2 JUL 2013

Ref: (a) NAVAUSVC memo 7510/ N2011-NFO000-0128 of 2 Jul 13
subject report

Encl: (1) Management Response to Subject Draft Report

1. As required by reference (a), enclosure (1) provides responses to
recommendations one through five of subject report.

2. My Audit Liaison is [REDACTED] BUPERS-00IG32,
[REDACTED]

Copy to:
CHNAVPERS (BUPERS-00IG)

FOIA (b)(6)

FOIA (b)(6)

**NAVAUDSVC DRAFT AUDIT REPORT N2011-NFO000-0128,
"LIMITED DUTY POPULATION IN THE NAVY" DATED 2 JULY 2013**

FINDING: Management of the Limited Duty Program

RECOMMENDATION 1. That the Chief of Naval Personnel develop and implement mandatory training for all involved in the Limited Duty program.

Concur. Navy Personnel Command (NPC) will coordinate with various stakeholders to develop relevant training objectives by 1 Jan 2014. Going forward, appropriate training materials will be developed by each stakeholder to meet those training objectives by 1 July 2014. In the interim, a series of NAVADMINS have been developed, with release expected no later than 27 September 2013, that reiterate the responsibilities for everyone involved in the LIMDU process. Emphasis was placed on mandating the use of existing policies to accurately account for LIMDU Sailors by clearly outlining the procedures to correctly identify, track, and classify our medically restricted service members. Included is a requirement for BUMED to ensure all health care providers understand, by 15 October 2013, that they need to assess a service member's medical status with deployability as the primary focus (not the member's current job or type duty) at ALL health care encounters. Additionally, a new OPNAVINST is in development to bridge the gap between SECNAVINST 1850.4E and the Limited Duty MILPERSMANS. Estimated approval date for the OPNAVINST is 1 January 2014 with associated changes to the MILPERSMANS completed by 1 February 2014. The information in these instructions will be incorporated in the training materials provided to the Fleet, BUMED, and PSDs.

RECOMMENDATION 2. That the Chief of Naval Personnel establish performance metrics and reporting requirements for the Limited Duty Program.

Concur. NPC has established a new code (PERS-454) to consolidate LIMDU resources in the command into one unified group. This new group is tasked with developing performance metrics by 1 Jan 2014. The aforementioned NAVADMINS require that MTF Deployability coordinators (previously known as LIMDU coordinators) report the status and disposition of all medically restricted Sailors (i.e., LIMDU, pregnancy/postpartum, IDES, etc.) to PERS-454 by the 10th day of each month beginning in October 2013.

RECOMMENDATION 3. That the Chief of Naval Personnel provide the Limited Duty Program Manager with proper Internet resources:

- a. Request proper medical record access for the Limited Duty Program Manager from the Bureau of Medicine and Surgery.

Concur. With the development of PERS-454, the Limited Duty Program Manager currently has Medical Board Online Tracking System (MEDBOLTS). Proper access to medical records will be obtained by 1 Dec 2013. A request has been submitted for electronic health record access for PERS-454 worksite access.

- b. Provide the Limited Duty Program Manager with access to the Navy Standard Integrated Personnel System (NSIPS).

Concur. While PERS-454 currently has access to the personnel information in NSIPS via other computer platforms (Navy Enlisted System (NES)/Officer Personnel Information System (OPINS) access to NSIPS would allow the NPC Limited Duty Program Manager to see the exact, real time data that the Personnel Support Detachments utilize. NSIPS is a conduit for the Fleet to input data into the authoritative data sources – the Navy Enlisted System (NES) and the Officer Personnel Information

Enclosure (1)

System (OPINS). Therefore data entered into NSIPS by the PSDs is uploaded, in near real time, to NES and OPINS. While the format of information is presented differently, the same data elements that PSDs see (e.g. ACC codes, effective dates, etc) are available to users of NES/OPINS. NPC staff has always had access to this information. Long term, efforts are underway to develop new linkages and data elements between BUMED data sources (e.g. AHLTA, MEDBOLTS) and NPC data (e.g. NES, OPINS) that would significantly reduce the time it takes for a member's medical status to reflect in personnel systems. These changes require IT solutions, so the implementation date is tentatively set as summer 2015.

RECOMMENDATION 4. That the Chief of Naval Personnel require the Transient Reduction Branch (TRB) to report site visit results and recommendations to the Limited Duty Program Manager.

Concur. When site visits are conducted, report findings and recommendations will be forwarded to PERS-454. The Transient Monitoring Unit (TMU) (aka the Transient Reduction Branch) piloted a "virtual" site visit of PSD Jacksonville (Jul 2013) with results that closely mirror results from traditional site visits. This pilot was deemed successful and immediate incremental roll-out of this methodology is planned, as can be supported by current TMU manning, with full capability in place NLT 30 Sep 2014.

RECOMMENDATION 5. That the Chief of Naval Personnel develop steps to ensure any noncompliance with existing reevaluation policy is timely identified and corrected.

Concur. By 1 Oct 2013, PERS-454 will monitor all service members placed in a Limited Duty status to ensure proper compliance with existing policy. As mentioned in the response to Recommendation 2, MTF coordinators will be required to report the status of their medically restricted personnel monthly effective October 2013. PERS-454 will review these reports to ensure compliance with the existing reevaluation policy. Additionally TMU virtual site visits will be utilized to spot check compliance. The long term IT solution mentioned in Recommendation 3 will include methods to automatically flag records approaching reevaluation deadlines.

Enclosure (1)

Appendix 2:

Management Response from Bureau of Medicine and Surgery



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

7502 IN REPLY REFER TO
Ser M3B1/E13UN093-000585
SEP 11 2013

From: Chief, Bureau of Medicine and Surgery
To: Assistant Auditor General for Manpower and Reserve Affairs Audits
Subj: LIMITED DUTY POPULATION IN THE NAVY (DRAFT AUDIT REPORT N2011-NFO000-0128 of 2 July 2013)

Encl: (1) BUMED-M3B1 Responses to Naval Audit Service

1. Thank you for the opportunity to review and provide responses to subject report regarding Limited Duty.
2. Enclosure (1) provides responses to recommendations 6 through 16.
3. My point of contact for this issue is [REDACTED] who may be reached at [REDACTED]



Deputy Chief, Medical Operations
Acting

FOIA (b)(6)

FOIA (b)(6)

BUMED-M3BI RESPONSES TO NAVAL AUDIT SERVICE

Responses to Naval Audit Services Recommendations 6 through 16.

Recommendation 6. Develop steps to ensure compliance with existing medical evaluation board referral policy.

BUMED Response: Concur, education services already provided with more being developed.

1. Navy Medicine Policy is contained within MANMED Ch 18. Medical Treatment Facilities (MTF) Patient Administration (PAD) Officers are trained on Limited Duty (LIMDU) and standardized provider LIMDU training is being developed. Five Defense Connect Online (DCO) sessions have been provided this year in lieu of unfunded conference travel that includes LIMDU updates and training. Additionally, BUMED and Navy Personnel Command have briefed the LIMDU program at the Patient Administration Department Course. LIMDU educational articles have been published within the Health Care Operation Newsletters.

2. Additional DCO training for providers is being developed for interim training.

3. MTF standardized E learning training target date March, 2014.

Recommendation 7. Review 37 ADSMs identified to determine if a medical evaluation board and medically restricted status is needed.

BUMED Response: Concur.

1. BUMED researched 37 service records, identified command location and MTF enrollment status in DEERS. These were divided into the East and West Regions who contacted the MTF treating specialists. We found that for 22/37 records, the members were already retired or discharged. Of the remaining 15, two records were unable to be found. Only 1/13 of the remaining records was a MEB recommended and the member was already in a LIMDU status.

2. Navy Personnel Command (NPC) is establishing a new Deployability Assessment Office, PERS-454 and can direct a service member at any time for a MEB referral through the Integrated Disability Evaluation System (IDES).

Recommendation 8. Develop and implement mandatory training on the Limited Duty program for physicians.

BUMED Response: Concur

1. This recommendation is similar to recommendation number 6. BUMED M3 is in coordination with BUMED M7 Education and Training to develop Navy Knowledge Online and E-Learn comprehensive standardized training for physicians. In the interim, BUMED will be recording a physician training session via DCO.

Enclosure (1)

2. Target completion date for DCO Provider training is March, 2014. The Navy Knowledge Online standardized MTF E-learning training is expected to be completed by the end of FY2014.

Recommendation 9. Establish Limited Duty performance metrics for the patient administration offices.

BUMED Response: Concur, limited metrics exist and more will be developed.

1. Performance measures according to current policy are evaluated at the MTFs by the Medical IG inspection team, with a list of review questions and program timelines. This program is also evaluated by the CNIC Transient Reduction Branch (TRB), formally known as the Transient Monitoring Unit (TMU).

2. The entire LIMDU Program maybe modified. Once finalized by NPC with expected NAVADMINS after the Navy Personnel Alliance Flag Officer review, BUMED will build in expected metrics, timelines and alerts into the Sailor and Marine Limited Duty Tracking System (SMLTS). BUMED M9 has contracted to build a web based computer system to track and monitor the Limited Duty population. This system will have analytic and reporting capabilities with real time metrics. Additionally, we will communicate with the Navy regions the program changes and expectations.

3. Currently, limited user testing has been completed at Naval Medical Center San Diego and Naval Medical Center Portsmouth, the Navy's test pilot sites. System is currently going through the DoD Information Assurance Certification and Accreditation Process (DIACAP).

4. Target completion date of the SMLTS with finalized metrics, 30 Sep 2014.

Recommendation 10. Make Limited Duty an assessable unit in Navy Medicine's annual Managers' Internal Control Program.

BUMED Response: Concur.

1. Recommend MICP start date during FY 15 and will focus on program elements that BUMED has control over.

2. Program is in transition, and BUMED is currently developing the SMLTS which will be able to provide metrics for numbers of personnel and processing times. SMLTS is expected to be fully deployed by FY 15. Additionally, we are working on a standardized MTF training plan via Navy Medicine Education and Training Command to be on MHS E-learn. Once these are accomplished then we can effectively manage timelines and agreed on program metrics.

3. LIMDU also has senior level oversight by the Fleet Forces and Navy Personnel Command. Fleet Forces recommendations were given to the Navy Personnel Alliance in July 2013, a three star Flag advisory group which includes the BUMED SG.

4. The MILPERSMAN is the driving instruction for the LIMDU program. Any MILPERS or NAVADMIN changes from NPC will be implemented at the MTF level.

Recommendation 11. Develop steps to ensure any noncompliance with the existing reevaluation policy is timely identified and corrected.

BUMED Response: Concur, education already occurring.

1. Currently, the MEDBOLTTs program does not allow real time tracking of LIMDU members to track program compliance. Our pilot IT system SMLTS is currently being tested.

2. We continually educate the MTFs', PAD Officers and LIMDU coordinators regarding priority access to MTF care for appointment reevaluations and processing timelines. Navy Personnel Command is reviewing the program to possibly recommend LIMDU re-evaluation to occur by the fourth month of the LIMDU period, and to have unit commands actively engaged with service member program compliance and to coordinate any access difficulties between the unit LIMDU coordinator and the MTF LIMDU coordinator.

Recommendation 12. Develop steps to ensure Limited Duty periods are authorized within the required timeframe.

BUMED Response: Concur, already occurring.

1. Program timelines are reinforced to the MTFs with ongoing training. The MTF program compliance and processing times are inspected by the BUMED Med IG and the TRB.

2. The MTFs recommend LIMDU periods. The NPC officially approves LIMDU. The SMLTS system in development will be able to track LIMDU timeliness of MTF provider signatures to include the Convening Authorities to ensure they are completed within five business days. Additionally, providers will be able to recommend a member on LIMDU electronically at their desktop, to ensure paperwork does not get lost with routing to the Personnel Support Detachment (PSD). Once recommended for LIMDU, then the MTF LIMDU Coordinator, member's unit coordinator, PSD and PERS will all be alerted for pending actions.

3. SMLTS implementation for timeliness of approval metrics, 30 Sep 2014.

Recommendation 13. Develop and document standard training for the Medical Board Online Tracking System (or any subsequent system replacing it) for all personnel with access to the system.

BUMED Response: Concur, training is already available for MEDBOLTTs.

1. MEDBOLTT's training is provided at the PAD Course. The MEDBOLTT system training guide has been disseminated to the regions and to the PAD officers. The training guide is available on the Health Care Operations Share Point site. A MEDBOLTTs training brief will be conducted during a future DCO training session.

2. The SMLTS system in development will include system training for all personnel with access. Training modules are embedded and part of the contract for system implementation and sustainment.

3. SMLTS target completion date is 30 Sep 2014. MTF site training is part of the implementation.

Recommendation 14. Establish an oversight process for the Medical Board Online Tracking System (or any subsequent system replacing it):

a. Develop and execute a schedule to identify active duty service members/medical evaluation boards' actions not entered in the Medical Board Online Tracking System, or any subsequent system to replace it.

BUMED Response: Concur, already occurring, will reinforce training and compliance with Navy MEDIG.

1. The BUMED Navy Medical IG team currently inspects LIMDU paper records to check for compliance and completeness of entering into MEDBOLTS.

2. MEDBOLTTS training support has been contracted to NAVMISSA. All user access and requests for data go through the MEDBOLTTS program liaison at BUMED.

3. Not all members referred to the IDES are entered into MEDBOLTTS, unless they previously were placed on LIMDU. MEDBOLTTS applies to Limited Duty population. Members placed on IDES are entered and tracked by the Veterans Tracking Application (VTA).

4. MTF Provider training will emphasize that if a member is not likely to return to duty within 6-12 months, then should place the member directly into the IDES Program and not on LIMDU. Also, to use the same standard for a staff member at a CONUS shore command as you would for an operational command.

Recommendation 15. Establish recordkeeping requirements for Military Treatment Facility hard copy Limited Duty case files:

a. Perform review on active Limited Duty case files to ensure case files include all required documentation.

BUMED Response: Concur, already occurring.

1. Navy Medical IG inspects MTFs for LIMDU compliance. Additionally the Transient Review Board (TRB) also inspects the MTFs and PSDs for LIMDU program compliance. BUMED has reviewed and updated the Medical IG checklist with additional items and questions. Documentation requirements are set within MANMED Chapter, 18.

2. If the LIMDU program requirements change, those changes will be communicated to the MTFs and appropriate audit teams.

Recommendation 16. Provide appropriate personnel at Personnel Support Detachments with read-only access to the Medical Board Online Tracking System (or any subsequent system replacing it).

BUMED Response: Concur, BUMED will provide access as requested.

1. MEDBOLTTs contain Personal Health Information (PHI), and with the minimum necessity rule, access should be limited to those who have a need to know. Just as with the AHLTA system, select medical and administrative personnel at PERS-82 or PERS-454 may have access by contacting the BUMED MEDBOLTTs liaison.
2. The SMLTS will be accessible to the PSDs and NPC with role based access to data based on need and to ensure PHI is protected.

Appendix 3:

Management Response from Commander, Navy Installations Command



DEPARTMENT OF THE NAVY
COMMANDER, NAVY INSTALLATIONS COMMAND
716 SICARD STREET, SE, SUITE 1000
WASHINGTON NAVY YARD, DC 20374-5140

7510
N00G/13U82286
1 Aug 13

From: Commander, Navy Installations Command
To: Assistant Auditor General for Manpower and Reserve
Affairs Audits, Naval Audit Service

Subj: DRAFT NAVAUDSVC REPORT LIMITED DUTY POPULATION IN THE
NAVY (DRAFT AUDIT REPORT N2011-NFO000-0128)

Ref: (a) NAVAUDSVC memo 7510 N2011-NFO000-0128 of 2 Jul 13

Encl: (1) Commander, Navy Installations Command (CNIC)
Responses to Subject Draft Report

1. Per reference (a), enclosure (1) is provided.
2. The technical point of contact is [REDACTED] at commercial [REDACTED] or email james.mcdonner@navy.mil. The Audit Liaison is [REDACTED] CNIC Office of the Inspector General, at commercial [REDACTED] or email [REDACTED]

[REDACTED]
Inspector General

Copy to:
CNIC (N00, N1)

FOIA (b)(6)

FOIA (b)(6)

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Commander, Navy Installations Command (CNIC)
Response to NAVAUDSVC Draft Audit Report
Limited Duty Population in the Navy
(N2011-NFO000-0128)

Commander, Navy Installations Command (CNIC) reviewed the draft audit report and concurs with the findings and recommendations related to CNIC. Below are responses to the recommendations addressed to CNIC:

Recommendation 17: Require periodic reconciliations of the Navy Standard Integrated Personnel System (NSIPS) and the Medical Board Online Tracking system (or any subsequent system replacing it), to ensure information accuracy.

a. Request read-only access to the Medical Board Online Tracking System (or any subsequent system replacing it) from the Bureau of Medicine and Surgery for appropriate personnel.

b. Establish procedures to correct inaccuracies found during periodic reconciliations.

Management Response: CNIC N14 has contacted the Navy Bureau of Medicine and Surgery to obtain instructions on requesting access to the Medical Board Online Tracking System, and provided these instructions to Personnel Support Detachments (PSDs) with direction to reconcile NSIPS entries with this system on a monthly basis.

CNIC considers action on this recommendation complete and requests recommendation closure.

Recommendation 18: Perform reviews on active Limited Duty case files to ensure all required documents are maintained in the file.

Management Response: CNIC N14 has directed PSDs to review all case files for completeness and accuracy. This review will be added to the Quality Assurance checklist for verification during assist visits.

CNIC considers action on this recommendation complete and requests recommendation closure.

Enclosure (1)

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