



UNITED STATES MARINE CORPS

I MARINE EXPEDITIONARY FORCE, FMF
BOX 555300
CAMP PENDLETON, CALIFORNIA 92055-5300

IN REPLY REFER TO:

I MEFO 6440.5A
SURG

DEC 17 2009

I MARINE EXPEDITIONARY FORCE ORDER 6440.5A

From: Commanding General, I Marine Expeditionary Force
To: Distribution List

Subj: HEALTH SERVICES AUGMENTATION PROGRAM (HSAP) POLICIES AND
PROCEDURES

Ref: (a) BUMEDINST 6440.5C, Health Services Augmentation
Program (HSAP)
(b) BUMEDINST 6320.66, Credentials Review and Privileging
Program
(c) DODINST 1322.24, Military Medical Readiness Training

Encl: (1) I MEF HSAP Policy and Procedures Guide

1. Cancellation. I MEFO 6440.5 dated 14 June 2002. This order has been revised; title changed, and should be reviewed in its entirety.

2. Situation. In support of reference (a), this order establishes the policy and procedure guidelines for the I Marine Expeditionary Force (I MEF) and its subordinate commands for requesting augmentation support. References (b) and (c) provide amplifying guidance.

3. Mission. To issue policy and procedure guidelines for submitting HSAP requests for active duty Navy Medical Department personnel assigned to augment operational platforms during contingency or wartime situations.

4. Execution

a. Commander's Intent

(1) Enclosure (1) will be the guidance for all HSAP personnel requests.

(2) We will streamline request procedures and establish a timeline for HSAP personnel request submissions.

b. Concept of Operations

(1) Chapter 1 of the enclosure describes functions of related commands, billets and personnel.

(2) Chapter 2 of the enclosure addresses responsibilities of all concerned.

5. Administration and Logistics

a. Chapter 3 of the enclosure describes the HSAP personnel request process.

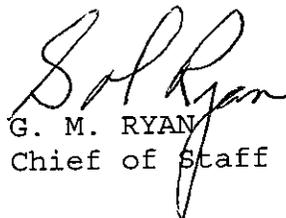
b. Chapter 4 of the enclosure discusses any miscellaneous administrative items.

c. Chapter 5 of the enclosure discusses necessary training requirements.

6. Command and Signal

a. Signal. This order is effective on the date signed.

b. Command. This I MEF order is applicable to I MEF, 3rd Marine Aircraft Wing, 1st Marine Division, and 1st Marine Logistics Group forces.


G. M. RYAN
Chief of Staff

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I MARINE EXPEDITIONARY FORCE



HEALTH SERVICES AUGMENTATION PROGRAM (HSAP) POLICY AND PROCEDURES GUIDE (I MEFO 6440.5A)

ENCLOSURE (1)

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I MEF HSAP Policy and Procedures Guide

CHAPTER 1. FUNCTIONS OF RELATED COMMANDS, BILLETS AND PERSONNEL

1.1. Chief of Naval Operations (N931)

a. Validates, approves and maintains a current account of Budget Submitting Office (BSO) 18 augmentation requirements as reflected in the Total Force Manpower Management System (TFMMS).

b. Validates requests for contingency support augmentation requirements through the formal chain of command.

c. Ensures augmentation platforms are afforded the opportunity to participate in realistic training.

1.2. Chief, Bureau of Medicine and Surgery (BUMED)

a. With guidance from Chief of Naval Operations, BUMED directs, coordinates and monitors the execution of the HSAP and the software program used by BSO 18 to monitor readiness requirements.

b. Ensures coordination of official Navy message taskers from higher authority. BUMED, when tasked by the Chief of Naval Operations (CNO), will task a specific echelon 3 commander for execution.

c. Monitors augmentation requirements, component UIC assignments, and the overall readiness of platforms. Upon request, provides augmentation assignment information to higher authority.

d. Provides endorsements for Commanding Officers, Executive Officers, and Command Master Chiefs for Navy Medical Platforms.

e. Provides input to N931 regarding augmentation platform personnel fill rates and training readiness for the Joint Quarterly Readiness Report.

f. Establishes guidelines for developing Deployment Support Centers (DSCs) at sourcing commands.

1.3. Total Force Structure, Plans, Policies and Operations, and Fleet Forces

- a. Validates and forwards I Marine Expeditionary Force (I MEF) HSAP requests to N931.
- b. Maintains an overview of the HSAP within its Area of Responsibility (AOR).

1.4. Navy Medicine Regions (NAVMED East, West, National Capitol Region, and Navy Medicine Support Command)

- a. Monitors capability of sourcing commands to meet augmentation requirements, gender ratios and training status via the Expeditionary Medicine Platform Augmentation Readiness and Training System (EMPARTS) or the Navy's official manpower data system.
- b. Assists sourcing commands within their AOR with filling platform assignments to the maximum extent possible and support BUMED in managing shortfalls and residual personnel. Analyze EMPARTS of the Navy's official manpower data system updates from medical treatment facilities (MTFs) in their AORs, identify shortfalls and residuals, and submit recommendations for fill.
- c. Conducts quarterly readiness reviews using EMPARTS of the Navy's official manpower data system to verify HSAP compliance.
- d. Provide HSAP assist visits, technical guidance, and administrative support to activities within their AOR when requested.
- e. Provides assistance, as needed, to sourcing commands in establishing HSAP augments.
- f. Reviews annually the HSAP policy and procedures manuals prepared by sourcing commands within their respective AOR annually.

1.5. Commanding Officers of Sourcing Commands

- a. Appoint, in writing, a command readiness officer (CRO) or plans, operations, and medical intelligence (POMI) officer to address operational readiness issues as follows:

(1). Employ EMPARTS or the Navy's official manpower data system to maintain readiness status of HSAP personnel.

(2). Establish a DSC and develop a local policy and procedures manual for implementation of the DSC and execution of the HSAP.

(3). Maintain knowledge of platform requirements as reflected in component unit identification code (CUIC) billets and authorized manning documents (AMD).

(4). Coordinate with manpower officer/staff to ensure appropriate CUIC billet assignments are made.

(5). Use the HSAP to ensure deployable personnel complete administrative requirements within 30 days of reporting. Deployable personnel must maintain administrative readiness requirements whether assigned to a platform or classified as residual.

(6). Coordinate military medical readiness skills training requirements for assigned personnel and ensure training requirements are met as expeditiously as possible.

(7). Budget and execute plan to obtain clothing and equipment required to support augmenting personnel and to coordinate readiness training.

(8). Ensure HSAP personnel are identified, notified, and prepared for deployment within 90 days of reporting to the command.

(9). Ensure senior leadership elements are identified, aware of responsibilities in the event of a deployment, and have a clear understanding of administrative and training requirements for their respective platforms.

(10). Assign all qualified residual personnel to vacant platform billets.

(11). Assign all qualified residual personnel to fill temporary billet vacancies for individuals in a non-deployable status based on appropriate substitution policy as listed in reference (a).

b. Appoint, in writing, an operational support officer (OSO) who will perform the functions below:

(1). Be familiar with the policies and procedures governing the HSAP, DSC, and local readiness programs.

(2). Be able to assume readiness officer of POMI officer functional responsibilities, including HSAP responsibilities for sourcing command.

(3). Ensure that the deployment history for all Active Component personnel is entered into EMPARTS in Individual Personnel Tempo (ITEMPO) data systems. This information is to be used in the management of medical augmentees and the decision to deploy personnel.

1.6. Navy Medical Personnel

a. Complete administrative readiness requirements within 30 days of check-in and maintain requirements continually thereafter.

b. Update and report results of delinquent administrative requirements to the readiness officer or POMI officer within 15 days of notification of change in A- or T-status.

c. Within 30 days of platform assignment, coordinate with department head, senior leadership element, readiness officer or POMI officer, security officer, and staff education and training department to complete training requirements as expeditiously as possible and become familiar with the directives and uniform requirements of their assigned platforms.

CHAPTER 2. RESPONSIBILITIES

2.1. I Marine Expeditionary Force (I MEF), G-1, Navy Personnel

a. Validates all incoming HSAP requests submitted by the major subordinate command Navy manpower personnel.

b. Once validated, submits and tracks all HSAP requests through the approval process in accordance with the timelines established in reference (a).

c. Maintains communications with all concerned by official message traffic, electronic mail (e-mail), and other means necessary to ensure coordination of efforts and activities up and down the chain of command.

2.2. Major Subordinate Command (MSC) Surgeons

a. Direct, coordinate, and monitor the execution of their respective HSAP.

2.3. MSC Health Service Support Element (HSSE) / Manpower Personnel

a. Submit and track all HSAP requests through the approval process in accordance with the timelines established in reference (a).

b. Manages all aspects of the HSAP for their respective MSC.

c. Keep the I MEF G-1, Navy Personnel section abreast of any changes in the HSAP reporting requirement or training schedule.

d. Communicate with all concerned by message traffic, email, and other means necessary to ensure coordination of efforts and activities.

e. Ensure that appropriate, beneficial and ongoing HSAP training is provided for their command's augmentation personnel.

CHAPTER 3. HSAP PERSONNEL REQUEST PROCESS

3.1. Basic Policy

a. Timely submission of the HSAP training request data by the MSCs is essential as it enables the sourcing commands to plan accordingly for decreased staff and ensures optimum readiness and filled billets.

b. All HSAP requests will be submitted via official Naval Message to the I MEF.

c. Courtesy email copies will be sent by the I MEF G-1, Navy Personnel section to all message INFO addressees for planning purposes and notification of incoming message.

3.2. HSAP Request Process Timeline

Days prior to deployment / evolution	Responsible Billet/Unit	Function
130	Requesting Unit	Provide HSAP request, via email, courier or fax, to the appropriate MSC Manpower Personnel for validation. Ensure billets are noted by billet description, NEC/DESIG rather than BSC.
125	MSC HSSE / Manpower Personnel	Send requirements, via Naval Message, to I MEF G-1, Navy Personnel.
120	I MEF G-1, Navy Personnel	Validate request and build in MRTM. Place in MCMPS and send to MARFORPAC.
100	MARFORPAC	Validate request from I MEF, G-1, Navy Personnel and send to Total Force Structure. (G-1, track request)
95	Total Force Structure	Validates request from MARFORPAC and forwards to PP&O. (G-1, track request)
90	PP&O	Validates request from Total Force Structure and sends to U.S. Fleet Forces. (G-1, track request)
90	U.S. Fleet Forces	MSG Received. (G-1, track request)
86	U.S. Fleet Forces	Validates request from PP&O and tasks to the regions. (G-1, track request)
81	U.S. Fleet Forces & BUMED	U.S. FF sends validated request to Chief, BUMED and nominations are due. (G-1, track request)
77	BUMED	Once validated, reclaims complete if any, nominations from regions are due back to U.S. Fleet Forces. (G-1, track request)
60	MEMBER	Member identified, notified and receives orders to report to unit MSC for deployment. (G-1, track request)
0	MEMBER	Member reports. MSC Manpower personnel direct individual to unit request HSAP personnel.

CHAPTER 4. ADMINISTRATIVE ITEMS**4.1. Transportation**

a. As noted in reference (a), transporting augmentation personnel to the Port of Embarkation (POE) or Site of Initial Assignment (SIA) is coordinated by the sourcing commands via their servicing Personnel Support Detachment (PSD)/Navy Passenger Transportation Office (NAVPTO).

b. In general, augmenting personnel become the responsibility of the operational commander and Commanding Generals upon arrival at the POE/SIA.

CHAPTER 5. TRAINING**5.1. Medical Readiness Skill-Based Training Requirements.**

a. As noted in reference (a), personnel designated to augment operational forces shall receive appropriate military medical readiness skill-based training in a timely manner to meet the mission of their assigned platform.

5.2. Alternative Methods of Training.

a. Alternative methods for achieving readiness skill training are highly encouraged. Examples include: mission support, operational deployments, field exercises, other military or civilian training evolutions, classroom instruction, graduate medical education (GME), continuing medical education (CME), and continuing education unit (CEU) opportunities.

5.3. Training Requirements

a. Per reference (c), healthcare personnel shall receive an orientation to the member's assigned billet for mobilization or deployment and an annual operational unit mission briefing. The goal is to conduct this in the environment and with the type of equipment that the member will use upon deployment.

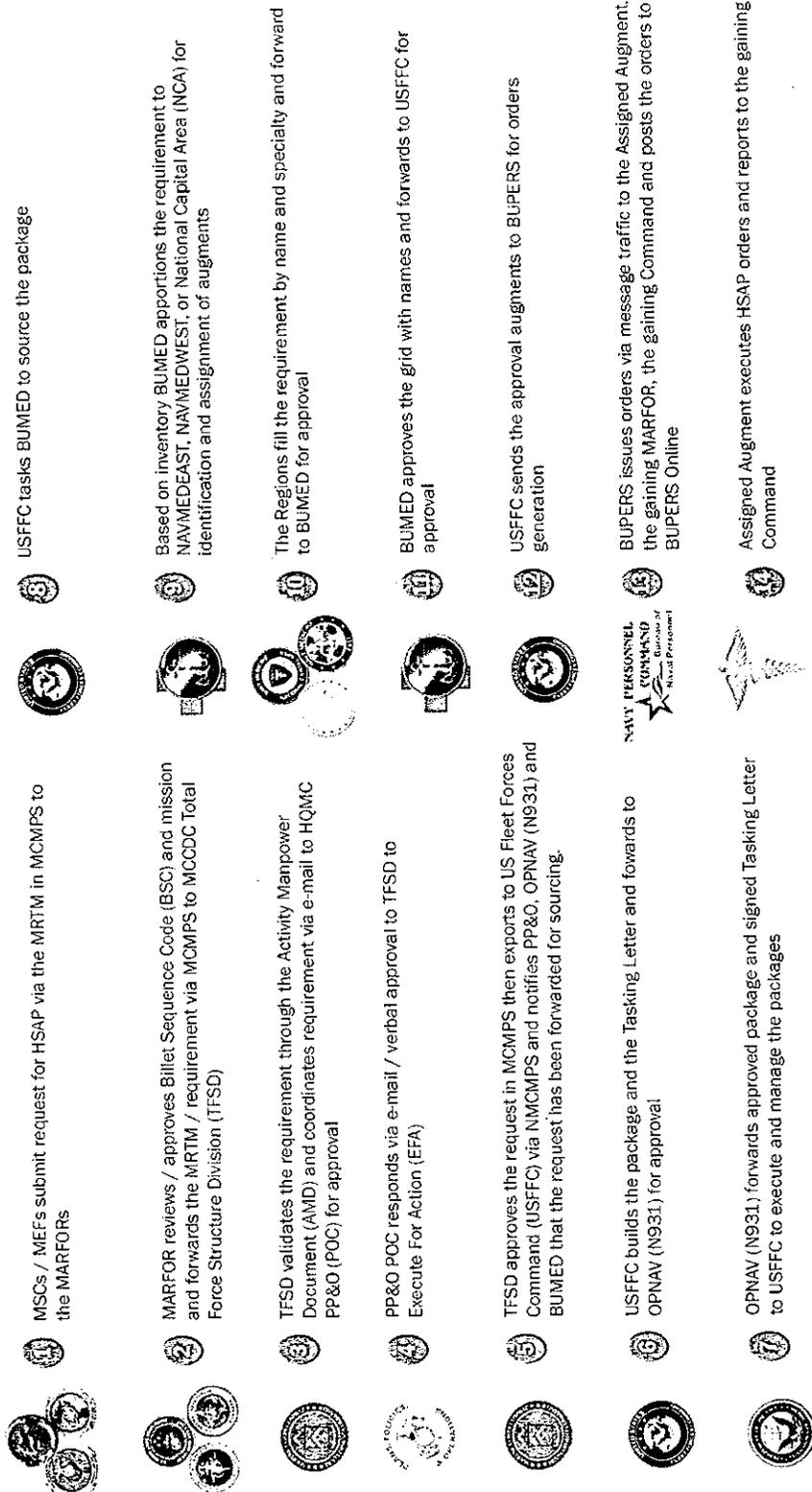
b. All healthcare personnel shall perform at least five days of medical readiness training annually. Training shall focus on participative hands-on and team building unit training with the specific or a similar / like unit with which they are scheduled or can reasonably expect to deploy or backfill.

c. Sustainment training shall be related to the member's operational billet and focus on the functions and capabilities that military operational units require to properly execute their health service support mission. Training shall address the individual, unit and leadership skills required to perform their individual assignments.

d. Readiness training programs shall include realistic and challenging individual and collective medical skills training and maximize the use of emerging technology, such as distance learning, computer simulation and virtual reality.

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Health Service Augmentation Program



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