

NOE Process

Introduction A reservist who incurs or aggravates a line of duty injury or illness and is not in, or does not remain in an Active Duty status is entitled to medical care for that injury or illness. A Notice of Eligibility (NOE) documents the member's illness/injury and authorizes medical treatment for that specific condition and time. NOEs are prescribed for members on IDT, ADT, or Active Duty Orders who suffer an injury or illness. Throughout this process, accurate and timely counseling for the member and submission of all medical documents and orders are vital.

- References**
- Reserve Policy Manual, COMDTINST M1001.28 (series), Ch. 6
 - Coast Guard Medical Manual, COMDTINST M6000.1E
 - Coast Guard Weight Manual, COMDTINST M1020.8H
 - ADOS Instruction, COMDTINST 1330.1D
 - Coast Guard Administrative Manual COMDTINST M5830.1
 - Reserve Medical Guide
 - R 131204Z JUN 13 FY13 Reserve Readiness Management Period (RMP) Policy Update
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- Documents Required** The following documents are required prior to approval of a NOE:
- Physician's Report
 - Line of Duty determination CG 3822
 - CG 3307 (RIB-1)
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Process

Stage	Who Does It	What Happens
1	Member	<ul style="list-style-type: none">• Immediately reports injury or illness to command.
2	Unit	<ul style="list-style-type: none">• Interviews member and completes CG 3822 to determine Line of Duty (LOD) status (see NOTE 1).• Informs member to obtain a Physician's Report (PR) from a Military Medical Officer (MMO) (see NOTE 2).• Provides guidance on NOE process.
3	Member	<ul style="list-style-type: none">• Obtains a signed PR.
4	Unit	<ul style="list-style-type: none">• Submits LOD, PR, and all relevant medical documentation (civilian and military) to PAC-13 at D11-SMB-MEDHold-NOE.

5	PAC-13	<ul style="list-style-type: none"> • Reviews and forwards submitted NOE package to ARL-DG-CGPSC-RPM_RESERVE_MEDICAL@USCG.MIL; • Sends NOE request message to PSC-rpm-3 in CGMS.
6	PSC-RPM-3	<ul style="list-style-type: none"> • Provides determination via CGMS. • Provides NOE authorization memo to PAC-13 upon approval.
7	PAC-13	<ul style="list-style-type: none"> • Forwards approved NOE memo to unit.
8	Unit	<ul style="list-style-type: none"> • Fills in appropriate spaces on CG-3307 (RIB-1) (see NOTE 3). • Counsels member and has him/her sign memo and CG-3307 (RIB-1) acknowledging NOE requirements and benefits. • Forwards signed documents to PAC-13 within 5 days.
9	PAC-13	<ul style="list-style-type: none"> • Reviews CG-3307/RIB-1 and forwards to CGPSC-RPM.
10	Member and Unit	<p style="text-align: center;">EXTENSIONS:</p> <ul style="list-style-type: none"> • Submit updated PR and medical documentation along with request for extension to PAC-13. • Documentation must be submitted no later than 5 working days prior to expiration of entitlements. Any documentation submitted beyond the 5 working day requirement is subject to termination of entitlements or delay in care.
11	PAC-13	<ul style="list-style-type: none"> • Reviews and forwards PR/documentation to CGPSC-RPM; and requests NOE Extension via CGMS. • Updates Medical file with new expiration date.
12	Member and Unit	<p style="text-align: center;">TERMINATION</p> <ul style="list-style-type: none"> • Send AFFD PR to PAC-13 (see NOTE 4)
13	PAC-13	<ul style="list-style-type: none"> • Reviews and forwards AFFD PR or NOE request to CGPSC-RPM.
14	PSC-RPM	<ul style="list-style-type: none"> • Updates system to show AFFD.
15	Member and Unit	<p style="text-align: center;">RMP REQUESTS</p> <ul style="list-style-type: none"> • Submit the following information with an RMP authorization request to PAC-13 (see NOTE 5): <ul style="list-style-type: none"> • Date/time of medical appointment • Medical Provider's Name, Address and Phone.
16	PAC-13	<ul style="list-style-type: none"> • Review and forward request to PSC-RPM-3 for approval.
17	PSC-RPM-3	<ul style="list-style-type: none"> • Approves RMP request and enters into DA (see NOTE 5).

****NOTE 1:** All LODs must include the date of injury, dates for all medical treatment, date the LOD was completed, and be signed by the unit CO or representative with "By direction" authority.

- **NOTE 2:** All **PRs** must include ICD-9 codes and a clear, concise, and detailed treatment plan and must be signed by an MMO.
- **NOTE 3:** **CG-3307 (RIB-1)** must have dates, ICD-9 codes, and other information inserted in the spaces between the (parentheses) prior to counseling the member, initialing and forwarding to PAC-13.
- **NOTE 4:** The member will be unable to perform any kind of Active Duty (ADT, ADOS), or accept PCS orders until RPM receives an Available for Full Duty (AFFD) PR by a MMO.
- **NOTE 5:** One RMP with pay may be authorized each month for medical appointments in conjunction with a NOE for the purpose of obtaining command directed monthly physician reports. However, members already receiving incapacitation pay are not eligible for an RMP. **All RMPs will be approved and entered into DA by PSC-RPM-3.** No Reservist may exceed a combination of 30 paid/unpaid RMPs in one fiscal year.
- **NOTE 6:** The NOE begins on the date provided by PSC-RPM-3 in the Approval Memo. From this date the member is responsible to submit updated PRs, as prescribed above, every 30 days.
- **NOTE 7:** Unless the reservist has been approved for Temporary Limited Duty (TLD) status, CG-PSC-RPM will not authorize a NOE to exceed a total period of six months. Commands shall initiate a Medical Evaluation Board (MEB) for any reservist expected to remain incapacitated for more than six months unless he/she has been approved for TLD. Temporary Limited Duty will not exceed 12 months from the date of initial injury. The member may perform limited duty IDT drills at the discretion of the command as long as duties will not further aggravate his/her condition.