



**THE ASSISTANT SECRETARY OF DEFENSE**

**1200 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1200**

**JUL 01 2024**

**HEALTH AFFAIRS**

**MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY FOR MANPOWER  
AND RESERVE AFFAIRS  
ASSISTANT SECRETARY OF THE NAVY FOR MANPOWER  
AND RESERVE AFFAIRS  
ASSISTANT SECRETARY OF THE AIR FORCE FOR  
MANPOWER AND RESERVE AFFAIRS  
DIRECTOR, DEFENSE HEALTH AGENCY**

**SUBJECT: Military Health System Human Capital Distribution Plan Business Rules**

**References: (a) Deputy Secretary of Defense Memorandum, "Stabilization and  
Improvement of the Military Health System," December 6, 2023  
(b) Directive-Type Memorandum 24-003, "Military Health System Manpower  
Requirements Determination, Resourcing, and Assignment," June 28, 2024  
(c) Under Secretary of Defense for Personnel and Readiness  
Memorandum, "Transparency of Military Medical Personnel and Clinical  
Readiness Data," August 8, 2022**

**1. Purpose.** This document details the guiding principles, responsibilities, and processes for conducting Human Capital Distribution in the Military Health System (MHS). The MHS Human Capital Distribution Plan (HCDP) business rules establish a collaborative process between the Military Departments and the Defense Health Agency (DHA) for planning and programming the uniformed medical and dental workforce within military medical treatment facilities (MTFs) and military dental treatment facilities (DTFs). These business rules implement references (a) through (c). The goal of the HCDP process is to maximize capacity to deliver health care in the direct care system, while maximizing operational and clinical competencies through knowledge, skills, and abilities (KSA) sustainment. The HCDP process will be conducted annually on a timeline that supports Military Department assignment cycles and is in accordance with the current operating model (see appendix A).

**2. Guiding Principles.**

- a. These business rules apply to peace time operations.**
- b. Uniformed medical personnel will be assigned on a Military Service manpower document linked to a DHA Unit Manning Document.**
- c. The latest approved President's Budget will be used to determine authorized military manpower requirements.**

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d. The HCDP assignment process does not change DHA manning or Military Service manpower documents but may inform future years programming and resourcing decisions.

e. When prioritization is required between support to DHA mission and Military Service missions, it will be adjudicated at the lowest level possible, and if necessary, through the MHS governance process.

f. The Office of the Assistant Secretary of Defense for Health Affairs (ASD(HA)), DHA, and the Military Services will meet annually in August for an executive conference to support the HCDP collaborative process.

### 3. Responsibilities.

#### a. ASD(HA)

(1) Adjudicate requests for exceptions to these business rules.

(2) Provide oversight of the HCDP process and approve the final HCDP staffing plan.

#### b. Director, DHA

(1) Prioritize DHA MTF/DTF staffing for military authorizations, as outlined in the Program Objective Memorandum manpower requirements process, by location and military occupational specialty.

(2) Submit HCDP staffing requests to the Military Services, according to the Secretary of the Military Department's manning guidance and distribution processes, to ensure sufficient time for planning and response to such requests. This will occur no later than the May prior to the following assignment cycle (see appendix B).

(3) Coordinate with the Secretaries of the Military Departments to place uniformed medical and dental personnel in DHA MTF/DTFs to meet the DHA military medical and dental personnel requirements.

(4) Support the Secretaries of the Military Departments by ensuring systems are in place to collect data and measure compliance with these HCDP business rules.

(5) Provide the Secretaries of the Military Departments with updates on Service member, civilian employee, and contractor personnel staffing to communicate a complete staffing perspective.

(6) Coordinate with the Secretaries of the Military Departments at an annual executive conference in August, to coincide with Military Departments assignment cycles (see appendix B)

#### c. Secretaries of the Military Departments

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(1) Review DHA's prioritized staffing plan to inform assignments for military personnel for the upcoming fiscal year.

(2) Determine availability of staffing to meet DHA requirements based on their respective distribution processes.

(3) Provide the DHA with a written estimate of the breakdown of military personnel by location and military occupational specialty to perform health care delivery in MTF/DTFs to meet the DHA's staffing plan within 90 days of completion of the HCDP executive conference.

(4) Coordinate with DHA annually to coincide with Military Department assignment cycles (see appendix B)

### 4. Process.

a. The HCDP process will be conducted annually on a timeline that supports Military Department assignment cycles.

b. The Secretaries of the Military Departments will provide the Director, DHA with potential gains and losses of personnel no later than the fifth duty day each April and October.

c. The Director, DHA will provide MTF/DTF staffing priorities to the Secretaries of the Military Departments no later than the first day of May. The Director, DHA's assessment will include future year changes to force structure and capabilities within the MTF/DTFs.

d. The Secretaries of the Military Departments will develop a proposed staffing plan to fill prioritized expected and vacant positions, subject to available personnel. Military Service staffing plans will be submitted back to the Director, DHA for adjudication no later than the thirty-first day of July.

e. The Director, DHA will brief the proposed HCDP, in coordination with the Military Services, to the executive conference for approval by ASD(HA) no later than the thirty-first day of August. DHA or the Military Services' concerns may be raised through MHS Governance processes.

f. The Secretaries of the Military Departments will begin assignment processes with report dates in the summer following the executive conference.

### 5. HCDP Executive Conference Staffing Requirements.

The following information will be provided to the Office of the ASD(HA) no less than 10 business days in advance of the HCDP Executive Conference. The Office of the ASD(HA) will distribute the information to all participants no less than 5 business days in advance of the HCDP Executive Conference.

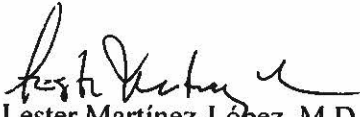
a. DHA staffing request by location and occupational specialty.

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b. Military Service projections by location and occupational specialty for health care delivery within MTF/DTFs.

c. DHA projections for gap mitigation via civilian employee or contractor medical personnel.

6. Approval. The ASD(HA) will approve the HCDP after review by the Senior Military Medical Advisory Council.



Lester Martínez-López, M.D., M.P.H.

Attachments:

As stated

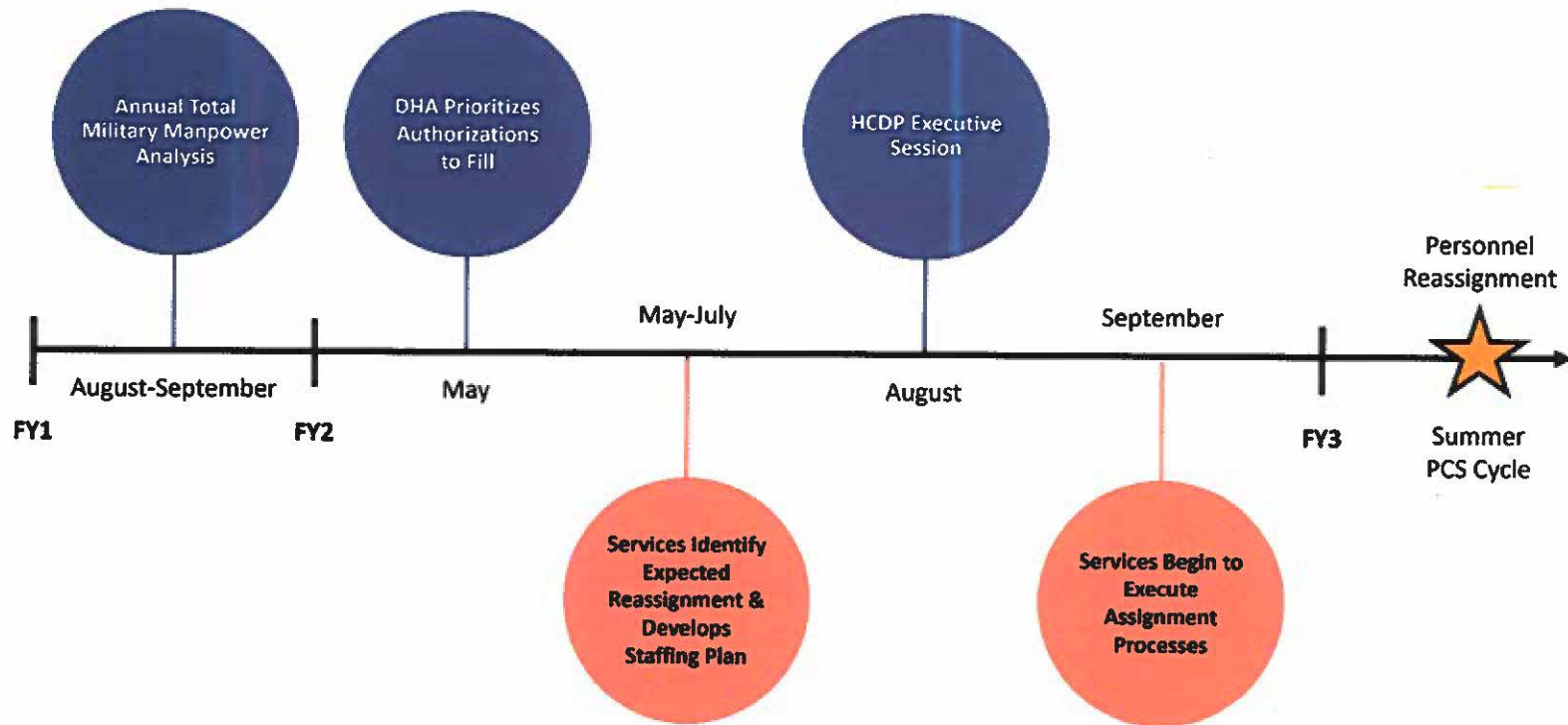
cc:

Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight  
Deputy Assistant Secretary of Defense for Health Services Policy and Oversight  
Deputy Assistant Secretary of Defense for Health Resources Management and Policy  
President, Uniformed Services University of the Health Sciences  
Joint Staff Surgeon

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Appendix A

Assignment Process Timeline



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### Appendix B

#### Military Manpower Categories

##### **Category 1: Active Component (AC) uniformed medical and dental personnel AC on orders to the DHA Headquarters.**

Uniformed medical and dental personnel on orders to these funded authorizations are generally assigned for 36 months duration at the DHA Headquarters (HQ), which includes Defense Health Networks and Defense Health Support Activities. Category 1 personnel are subject to the authority, direction, and control of the Director, DHA during their assignment. The Secretaries of the Military Departments retain administrative control of their personnel, including Category 1 personnel, at all times. The performance evaluation schemes will reflect a DHA reporting chain of authority. At the discretion of the Director, DHA, Category 1 personnel may fill roles within an MTF to support health care delivery and support the ability to obtain or maintain clinical and administrative skills that support operational readiness requirements. The DHA Military Personnel Support Division (MPSD) will provide the full array of Human Resource (HR) and support services, to include professional development and individual readiness training as defined by the Military Services. MPSD will coordinate with the Military Services to establish Memoranda of Agreement (MOAs) to capitalize on resources used in nearby locations to support Command and Officer in Charge (OIC)-related HR programs such as urinalysis, physical fitness, and readiness training requirements. Category 1 personnel are ordered as follows:

- Orders: Uniformed medical and dental personnel will be on orders to DHA HQ, pursuant to Permanent Change of Station (PCS) orders.
- Temporary Duty (TDY) or Temporary Additional Duty (TAD): The Director, DHA will authorize and fund TDY/TAD travel for DHA missions, including travel for continuing medical or professional health education.
- Accessibility: The Secretaries of the Military Departments, in coordination with the Director, DHA, may place personnel on temporary orders to meet a validated operational request for forces. The Secretaries of the Military Departments will fund travel, including per diem.

##### **Category 2: AC uniformed medical and dental personnel on orders to the MTF/DTF.**

Uniformed medical and dental personnel on orders to the MTF/DTF will generally be on orders to Military Service manpower documents and assigned to MTF/DTFs in accordance with Military Department manning guidelines and governing rule sets. Category 2 personnel are under the authority, direction, and control of the Director, DHA while on orders to the MTF/DTF. The performance evaluation schemes will reflect a DHA reporting chain of authority. By discretion of the MTF Director, Category 2 personnel may fill roles within the associated MTF/DTF to support health care delivery; ability to obtain or maintain clinical and

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administrative skills that support operational readiness requirements; and career or leadership development. This is inclusive of Military Department medical organization corps-specific professional development positions as identified by the Military Departments and also includes the MTF/DTF core positions (e.g., Director for Administration, Deputy Commander for Administration, Chief Medical Officer, Senior Enlisted Leader) at all levels for Officers and Enlisted and defined in the DHA manning documents. The Secretaries of the Military Departments and the Director, DHA will define notification guidelines for reassignment of Category 2 personnel. The DHN Directors may direct the movement of workload and workforce between or among the MTFs in the respective DHN area. Temporary duty to support a DHA health care delivery mission outside of the assigned DHN will be funded by the DHA and authorized in accordance with the Joint Travel Regulations. The Director, DHA can fill administrative positions when available (e.g., Department Chief positions or clinical positions at remote locations). Recurring or known operational requirements (e.g., Air Force generation, Army Combat Training Center Rotations) will be identified as part of the HC DP process. Dual-hatted MTF/DTF Directors/Service Commanders will communicate readiness requirements in a timely manner to support appropriate and cost-effective mitigating strategies for MTF/DTF operations. Category 2 personnel are ordered as follows:

- **Order:** Uniformed medical and dental personnel will be assigned pursuant to PCS orders on a Military Service manpower document and aligned to authorizations on the DHA unified manning document in the Fourth Estate Manpower Tracking System.
- **TDY or TAD:** The Director, DHA will authorize and fund TDY/TAD travel for DHA missions, including continuing medical or professional health education, including per diem, in coordination with the Secretaries of the Military Departments.
- **Accessibility:** The Secretaries of the Military Departments, in coordination with the Director, DHA, may place personnel on temporary orders to meet a validated operational request for forces request. The Secretaries of the Military Departments will fund travel, including per diem.

### **Category 3: AC uniformed medical and dental personnel on orders to the MTF/DTF also aligned with an operational billet.**

Uniformed medical and dental personnel on orders to the MTF/DTF also aligned with an operational unit perform their duties within an MTF/DTF to support medical training and proficiency. Performance of such duties within an MTF/DTF is subject to the authority, direction, and control of the Director, DHA. When Category 3 personnel perform functions in the operational unit, outside of the MTF/DTF, such functions fall under the command and control of their unit commander. Category 3 personnel will be utilized in the MTF/DTF in a manner that sustains readiness through maintenance of skills or proficiency. Performance evaluation schemes will be established in accordance with each Military Department's existing regulations and/or instructions. The performance evaluation schemes may reflect the supervisory chain of the MTF duty attachment, the reporting chain of the operational unit, or a combination of the two. To

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provide maximum predictability for both the uniformed medical and dental personnel and the MTF/DTF, Category 3 personnel will be available 88% of the fiscal year at the designated MTF/DTF and 12% of the fiscal year at their operational unit absent exigent and/or validated operational requirements. This availability will be documented in, and measured through, the Defense Medical Human Resources System internet (DMHRSi). Category 3 personnel may not be assigned an MTF/DTF duty position outside of their specialty, or a supervisory position, unless authorized by the operational unit commander. All clinical, to include all ancillary, Category 3 personnel will be privileged by the Director, DHA for care within the MTF/DTF. The dual-hatted MTF/DTF Director/Service Commander may request to place these personnel on temporary duty at locations other than where normally assigned (i.e., "have duty") with the approval of the first O-6 ranked Military Department Commander or higher in the operational chain of command and in accordance with applicable Military Department policy. These requests will only be made after having exhausted all other options to meet requirements with civilian employee, contractor personnel, and Category 2 DHA assigned military personnel. The Secretaries of the Military Departments will give the Director, DHA as much notification as possible when Category 3 personnel will be utilized for deployments and/or operational requirements. All clinical personnel, even those embedded in operational units, outside of theater are privileged by the Director, DHA when providing health care services in an MTF/DTF. Category 3 personnel are ordered as follows:

- **Orders:** Uniformed medical and dental personnel will be assigned pursuant to PCS orders on a Military Service manpower document associated and aligned to authorizations on the DHA unified manning document in the Fourth Estate Manpower Tracking System (FMTS).
- **TDY or TAD:** The Director, DHA will authorize and fund TDY travel for DHA missions and continuing medical or professional health education but requires coordination with the Military Department concerned first.
- **Accessibility:** The Secretaries of the Military Departments, in coordination with the Director, DHA, may place personnel on temporary or deployment orders to meet a validated operational mission. The Secretaries of the Military Departments will fund travel, to include per diem.

**Category 4: AC uniformed medical and dental personnel on orders to the operational force who provide medical services in the organizational area to support their unit or to enhance their readiness skills.**

The primary mission of uniformed medical and dental personnel assigned to the operational force is to support expeditionary operations and readiness of their assigned unit. Organic uniformed medical and dental personnel provide consultative services to operational leadership, clinical care, and preventative services training, in accordance with applicable DHA clinical and administrative guidelines, to ensure a consistent standard of care. Category 4 personnel fall under the command and control of their operational unit. Performance evaluation schemes will



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reflect their reporting chain at their operational unit. Availability to the MTF/DTF will be determined by the operational unit, and to provide maximum predictability for both the military medical personnel and the MTF/DTF, the amount of expected utilization within the MTF/DTF for these personnel will be identified during the HCDP planning process. Due to their operational requirements, Category 4 personnel may be exempt from DHA policies, such as opening schedules several months in advance for booking and the number of enrolled patients. For any health care services performed in the MTF/DTF, the Director, DHA will privilege Category 4 personnel prior to their providing health care services at the MTF/DTF and exercise authority, direction, and control over Category 4 personnel when they are providing health care services in an MTF/DTF. Category 4 personnel will adhere to applicable DHA clinical and administrative guidelines to ensure a consistent standard of care is provided to eligible beneficiaries. Category 4 personnel are ordered as follows:

- **Orders:** Uniformed medical and dental personnel will be assigned to Military Service units, pursuant to PCS orders on a Military Service manpower document.
- **TDY or TAD:** Category 4 personnel may serve in DHA funded TDY/TAD assignments with coordination and approval by the operational commander.
- **Accessibility:** The Director, DHA may request forces from the Secretaries of the Military Departments and/or the appropriate operational commander. The Director, DHA will fund the travel, to include per diem.

### **Category 5: AC uniformed medical and dental personnel with no recurring or standing duty or clinical time at the MTF.**

Category 5 personnel on orders to these billets fall under control of their operational unit or respective chain of command. Performance evaluation schemes will reflect their reporting chain at their operational unit. Military Departments credential and privilege as necessary for their duty status. These personnel may use the MTF for medical readiness sustainment. The Director, DHA will privilege Category 5 personnel prior to their providing care at the MTF/DTF and exercise authority, direction, and control over Category 5 personnel when they are providing health care services in an MTF/DTF. Category 5 personnel will adhere to applicable DHA clinical and administrative guidelines to ensure a consistent standard of care is provided to eligible beneficiaries.

### **Category 6: AC and Reserve Component uniformed medical and dental students and trainees (all components) in the MTF/DTF.**

Uniformed medical and dental personnel in training programs, to include residency or military occupational specialties, are under the administrative control outlined by their program (e.g., phase II clinical programs). Performance evaluation schemes will reflect a rating chain per Military Department guidance and length of training program. The Director, DHA cannot place these personnel on temporary duty to fill health care delivery requirements at other locations.

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The Director, DHA will privilege Category 6 personnel working in the MTF/DTF and exercise authority, direction, and control over Category 6 personnel when they are providing health care services in an MTF/DTF. Military medical training personnel will adhere to applicable DHA clinical and administrative guidelines to ensure a consistent standard of care is provided to eligible beneficiaries.

### **Category 7: Reserve component medical personnel**

Uniformed medical and dental personnel on orders to these billets fall under control of their Reserve operational unit or respective chain of command. Performance evaluation schemes will reflect their reporting chain at their operational unit. The Secretaries of the Military Departments will conduct credentialing and privileging as necessary for their duty status. Category 7 personnel may use the MTF/DTF for medical readiness sustainment. The Director, DHA will privilege these personnel prior to their providing care at the MTF/DTF and exercise authority, direction, and control over Category 7 personnel when they are providing health care services in an MTF/DTF. Category 7 personnel will adhere to applicable DHA clinical and administrative guidelines to ensure a consistent standard of care is provided to eligible beneficiaries. In general, reserve component personnel will not be assigned recurring or regular duty or clinical time at the MTF/DTF beyond using the MTF/DTF for medical readiness sustainment.