THE SECRETARY OF THE NAVY
WASHINGTON DC 20350-1000

June 1, 2016

MEMORANDUM FOR CHIEF OF NAVAL PERSONNEL
DEPUTY COMMANDANT OF THE MARINE CORPS, MANPOWER AND RESERVE AFFAIRS
SURGEON GENERAL OF THE NAVY
DIRECTOR, SECRETARY OF THE NAVY COUNCIL OF REVIEW BOARDS

SUBJECT: Disability Evaluation System Dual Processing

Reference: (a) SECNAVINST 1920.6 (Series)
(b) SECNAVINST 1850.4 (Series)
(c) MILPERSMAN 1910-702 (Series)
(d) MCO 1900.16, Section 6110 (Series)

The purpose of this memorandum is to standardize Department of the Navy (DON) policy concerning administrative separations (ADSEP) when the Service Member has a medical condition that may have been a contributing factor to one or more of the basis supporting the ADSEP. Historically, the medical conditions that contributed to a basis for ADSEP have been predominantly mental health conditions, including Post-Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI). However, other ratable conditions, as determined by the Veterans Affairs Schedule for Rating Disabilities (VASRD), have the ability to significantly contribute to the authorized basis for ADSEP. This memorandum sets forth policy to standardize the process for these cases, including the appropriate Separation Authority (SA).

Effective immediately, members being processed for any type of involuntary ADSEP who have a ratable condition may be referred into the Disability Evaluation System (DES). If the local SA believes the member should not enter the DES because they are being involuntarily administratively processed under provisions that authorize a characterization of service of other than honorable conditions, the case must be referred to the first General Officer/Flag Officer (GO/FO) in the chain of command for final determination. Once referred into the DES, these members will continue to be processed in the DES unless the GO/FO noted above disapproves such continuation.

The SA for these dual processing cases shall be the first GO/FO in the Service Member's chain of command unless a higher authority is required per references (a) through (d), or other regulation. The SA for officers remains unchanged. The SA may direct separation prior to completion of the DES process if the SA determines and documents, in writing, that the member should be separated for the misconduct despite his/her medical condition.

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For PTSD, TBI or other mental health conditions, an appropriately privileged military health care provider will be consulted for a medical opinion as to whether the medical condition that caused the referral into the DES contributed to a basis for which the member is being separated.

My point of contact for this matter is Mr. (b) (6) who may be reached at (b) (6) or (b) (6).