



HQBOR/20.1-C

March 24, 2023

MEMORANDUM FOR: All Chief Patrol Agents
All Directorate Chiefs

FROM: Kathleen Scudder KATHLEEN
Executive Director A SCUDDER Digitally signed by
Mission Support Directorate Date: 2023.03.23
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SUBJECT: Medical Reassignment Program Internal
Operating Procedure

Attached please find U.S. Border Patrol's (USBP) Medical Reassignment Program Internal Operating Procedure (IOP). This document is a procedural guide for all USBP employees who process, review, approve, or request a medical reassignment.

This IOP serves as a guide for eligible USBP employees who are seeking non-competitive reassignments to obtain access to medical care or treatment for serious health conditions of the employee, or immediate family members regularly residing in the employee's household. This IOP is effective immediately and supersedes the legacy Compassionate Transfer Program guidance. The following summarizes the major changes:

- Chief Patrol Agents and supervisors no longer required to evaluate cases or provide recommendations, reducing processing lead time at the sector level;
- The term "dire emergency" is no longer used as a criterion. The IOP establishes an objective, more inclusive, criterion;
- The medical documentation criterion is less restrictive and in compliance with Title 5 CFR § 339.104;
- The Compassionate Transfer Review Committee is eliminated from the process, reducing processing lead time at the Headquarters (HQ) level. The new, objective adjudication process eliminates the need for a committee board review;
- For approved cases, employees would be eligible to compete for competitive job opportunities immediately after entrance on duty at the new station; and
- The terms of any active relocation incentive service agreements would still apply since the reassignment would be based on the employee needs.

The Workforce Management Division of USBP HQ Mission Support Directorate provides oversight and periodic revisions for this IOP. Staff may address questions to our Medical Reassignment Program Coordinator, Ezeikel Allen at ezeikel.allen@cbp.dhs.gov or Workforce Management Division's mailbox address at gmb.hqsusbpwfm@cbp.dhs.gov.

Attachment

**U.S. BORDER PATROL
INTERNAL OPERATING PROCEDURE
MEDICAL REASSIGNMENT PROGRAM**

SHORT TITLE: IOP-2140-001-MRP

EFFECTIVE DATE: March 24, 2023

RESPONSIBLE OFFICE: U. S. Border Patrol (USBP)/Mission Support Directorate (MSD)/Workforce Management (WFM) Division

SUPERSEDES: The compassionate portion of the *Compassionate and Spousal Transfer Requests* memorandum, April 11, 2006

1. PURPOSE.

- 1.1. This publication implements USBP Medical Reassignment Program. It provides guidance and procedures on creating and processing medical reassignment requests.
- 1.2. This publication applies to permanent USBP non-bargaining unit employees and bargaining unit employees that are represented by the National Border Patrol Council (NBPC) who are seeking non-competitive reassignments to obtain access to medical care or treatment for themselves, or immediate family members regularly residing in their household. Bargaining unit employees who are represented by the National Treasury Employees Union (NTEU) should refer to the Collective Bargaining Agreement between U.S. Customs and Border Protection (CBP) and NTEU or applicable local agreement. Contractors are not eligible to apply.
- 1.3. Ensure all records created as a result of processes prescribed in this publication are maintained in accordance with CBP Directive 2110-040, *Records and Information Management Directive*, IOP 2110-033 Volume 1, *Internal Operating Procedure Management System*, and *2020 USBP Correspondence Manual*.
- 1.4. Refer recommended changes and questions about this publication to the USBP Headquarters (HQ) Responsible Office (R/O) listed at the top of this page.
- 1.5. This publication may be supplemented by Sectors with Standard Operating Procedures (SOP).
- 1.6. Waivers are not authorized for this IOP.

2. ROLES AND RESPONSIBILITIES.

2.1. Chief, USBP.

- 2.1.1. Responsible for ensuring compliance with medical reassignment guidance and procedures in accordance with this IOP.

2.2. Executive Director, MSD.

2.2.1. Executive Administrator for the Medical Reassignment Program and provides the Chief, USBP reasonable assurance of compliance with this publication; and

2.2.2. Approving Official for this IOP and medical reassignment requests.

2.3. Director, WFM.

2.3.1. Provides the Executive Director, MSD reasonable assurance of compliance with current guidance, procedures, and other internal controls to ensure nationwide Medical Reassignment Program effectiveness and accountability;

2.3.2. Establishes performance measures to monitor the effectiveness and efficiency of the Medical Reassignment Program; and

2.3.3. Appoints a Medical Reassignment Program Coordinator.

2.4. Medical Reassignment Program Coordinator, WFM.

2.4.1. Oversees the USBP Medical Reassignment Program, ensuring compliance with the procedures in this IOP;

2.4.2. Reviews all medical reassignment requests for procedural compliance;

2.4.3. Serves as the subject matter expert on medical reassignment guidance and ensures the process is being conducted in accordance with this IOP;

2.4.4. Assists employees, as appropriate, to address their comments, questions, or concerns; and

2.4.5. Works closely with assigned Nurse Consultant, Medical and Fitness Branch, National Programs Division, to ensure all medical reassignment requests are processed in accordance with IOP guidelines.

2.4.6. In coordination with the receiving sector's Division Chief, Mission Readiness Operations Division, identify non-competitive positions to accommodate cases being considered for approval; and

2.4.7. Prepares the appropriate memorandum endorsements for Executive Director, MSD.

2.5. Assigned Nurse Consultant, Medical and Fitness Branch, National Programs Division.

2.5.1. Reviews and determines if appropriate medical documentation is provided in accordance with the parameters of this IOP and Title 5 CFR § 339.104;

2.5.2. Determines if the serious medical condition of the employee or his/her immediate family member (as defined in Title 41 CFR 300-3) is in compliance with Title 29 CFR § 825.113; and

2.5.3. Determines if appropriate medical care or treatment is accessible near the employee's duty station in accordance with this IOP.

2.6. Branch Director, Career Path and Rotations Branch, WFM.

2.6.1. Responsible for Tier 3 final approval of personnel actions for approved medical reassignment requests.

2.7. Directorate Chiefs/Executive Directors, Chief Patrol Agents and Supervisors.

2.7.1. Responsible for ensuring compliance with the procedures in this IOP; and

2.7.2. Review requests to ensure all required paperwork is included. Recommendations for approval or disapproval are not required, but may be included. If appropriate documentation is not provided, return request to USBP employee.

2.8. Division Chiefs, Mission Readiness Operations Division (Headquarters and Sector).

2.8.1. Provide the Directorate Chiefs/Executive Directors and Chief Patrol Agents reasonable assurance of compliance with current guidance, procedures, and other internal controls to ensure nationwide Medical Reassignment Program effectiveness and accountability;

2.8.2. Oversee the implementation of the Medical Reassignment Program within the sectors, ensuring compliance with the procedures in this IOP;

2.8.3. Review all medical reassignment requests for completeness and prepare memorandum endorsement for the Chief Patrol Agent. Recommendations for approval or disapproval are not required;

2.8.4. Serve as the subject matter expert on medical reassignment procedures for the sectors and ensure the process is being conducted in accordance with this IOP;

2.8.5. For cases being considered for approval, provide the Medical Reassignment Program Coordinator available positions that have not been competitively announced to accommodate the request, and conduct qualification analyses when applicable.

2.8.6. For incidents requiring vetting (i.e., moving from a non-designated position to a designated position), conduct vetting procedures in accordance with CBP Directive 51000-002, Vetting Program Directive, January 25, 2021.

2.8.7. For approved cases, establish the employees' Enter-on-Duty date to the new station, in coordination with the appropriate Human Resources Specialist, Recruitment and Consulting Staffing Services, CBP Hiring Center; and

2.8.8. Assist and/or refer employees, as appropriate, to address their comments, questions, or concerns.

2.9. Human Resources Specialist, Recruitment and Consulting Staffing Services, CBP Hiring Center.

2.9.1. As applicable, conduct qualifications review for reassignments to a different occupational series or within the same series with a different line of work; and

2.9.2. Process the HRBE SF-52 action.

2.10. Eligible USBP Employees.

2.10.1. Review guidance and procedures that govern medical reassignments within this IOP; and

2.10.2. Ensure all requests are complete, correct, and submitted in compliance with this IOP.

3. PROGRAM GUIDELINES.

3.1. A Medical Reassignment request will be considered when an employee, or an employee's immediate family member (as defined in Title 41 CFR 300-3) within the household, may not have access to medical care for a serious health condition (as defined in Title 29 CFR § 825.113) within 50 miles commuting distance from the employee's current duty station. Reassignment to another duty station will be considered provided the serious health circumstances leading to the transfer request occurred after the employee accepted assignment at the current duty station.

3.2. Eligible employees must have previously held a permanent position that was not lost because of performance or conduct reasons, in accordance with 5 CFR 335.103(c)(3)(v) and CBP Directive 51335.015B, Merit Promotion Plan, Appendix 1.

3.3. The employee's memorandum will include at least two independent medical opinions from licensed physicians or other licensed health practitioners which substantiate the circumstances presented in the employee's memorandum.

3.4. Preference solely for living in a particular area to be close to family or for weather or environmental considerations will not be considered.

3.5. Requests for a medical reassignment involving a person other than immediate family members regularly residing in the employee's household will not be accepted for adjudication.

3.6. The supervisory endorsements must confirm all required paperwork is included. Recommendations for approval or disapproval are not required, but may be included.

3.7. A transfer cannot be made to a position with a higher promotion potential than the employee's previously held permanent position, or to a vacancy that has been announced under competitive procedures. If vacancy positions are not available, approved cases will remain valid for a period of one year from the date of the notification correspondence.

Approved cases pending transfer after one year must be resubmitted by the employee if the circumstances still warrant a medical reassignment.

3.8. If a medical reassignment is granted:

3.8.1. All costs involved in the transfer will be borne by the employee, per DHS Instruction 253-01-001, *Relocation Allowance*, November 11, 2016, Section VI.C.2.c.

3.8.2. The terms of any active relocation incentive service agreement would still apply since the reassignment would be based on the employee needs. This may result in the employee repaying funds received.

3.8.3. In accordance with *CBP Leave Handbook*, administrative leave is not authorized for medical reassignments, because these reassignments purely benefit the employees and not in the interest of CBP.

3.8.4. In accordance with Title 5 CFR 330.502, the agency must ensure reassignments for approved cases do not occur until at least 90 days after an employee's latest non-temporary competitive appointment.

3.9. At any time in the endorsement or approval chain, insufficient documentation will result in return of the request to the employee.

4. PROCEDURES.

4.1. The Request Submission.

4.1.1. To apply for a medical reassignment, USBP employees must submit a memorandum and supporting documents, through their chain of command, to the Executive Director, MSD, stating in detail, the need to relocate to access medical care unavailable within 50 miles commuting distance from the employee's current duty station. Additional required information includes:

4.1.1.1. If applicable, a copy of the employee's active relocation incentive service agreement;

4.1.1.2. The employee's current SF-50. This is necessary to confirm the last four digits of the social security number, birthdate, pay plan, series, grade, bargaining union status, tenure group, position occupied, etc.;

4.1.1.3. Entry on Duty Date;

4.1.1.4. Home address and station address;

4.1.1.5. Office and personal mobile phone;

4.1.1.6. List of adequate number of locations for reassignment (at least two). If the employee is limiting their request to one location, the employee must provide

complete documentation as to why only that location will meet the needs of the employee, i.e., medical facilities are not available at any other location;

4.1.1.7. Two independent medical opinions from licensed physicians or licensed health practitioner, substantiating the serious health condition and inadequate medical care near the employee's duty station, necessitating relocation to the requesting area. The medical opinions must be dated within one year from the date of the memo requesting the transfer;

4.1.1.8. Authorization for Release of Records form (Attachment 4 of this IOP).

4.1.1.9. Statement of Understanding Form for Medical Reassignment Request (Attachment 3 of this IOP). This document certifies the employee's understanding that all costs involved in the transfer will be at their own expense; and the terms of any active relocation incentive service agreement would still apply since the reassignment would be based on the employee needs;

4.1.1.10. The employee's resume. The resume is not a criterion for eligibility. The resume is utilized after the approval process to facilitate the best reassignment option for eligible employees; and

4.1.1.11. Appropriate officials' endorsement, verifying completeness. If any of the required documentation has not been included within the request, the local officials will return the request to the employee to add the missing documentation.

4.1.2. The Division Chief, Mission Readiness Operations Division (Headquarters or Sector), will electronically submit the request with global password protection to Medical Reassignment Requests mailbox address, medicalreassignmentrequests@cbp.dhs.gov.

4.1.3. The Medical Reassignment Program Coordinator may request supplemental information (i.e., proof of custody, residency, etc.) for consideration when reviewing the employee's case.

4.2. The Adjudication.

4.2.1. The Medical Reassignment Program Coordinator, will review the request and endorsement memorandums, ensuring compliance with this IOP. Requests not meeting the criteria or missing appropriate documentation will be returned through official channels to the employee. If the request is complete and in compliance with this IOP, the Medical Reassignment Program Coordinator will forward the request to the assigned Nurse Consultant.

4.2.2. The assigned Nurse Consultant will provide the Medical Reassignment Program Coordinator an official medical recommendation.

4.2.3. If assigned Nurse Consultant opines the criteria for the program is met, the Medical Reassignment Program Coordinator will contact the receiving Division Chief, Mission

Readiness Operations Division, to identify vacancy positions and prepare the endorsing memorandum response from Executive Director, MSD.

4.2.3.1. The vacancy position must be unannounced under competitive procedures and possess no known promotion potential;

4.2.3.2. If vacancy positions are not available, approved cases will remain valid for a period of one year from the date of the notification correspondence. Approved cases pending transfer after one year must be resubmitted by the employee if the circumstances still warrant a medical reassignment.

4.2.4. If assigned Nurse Consultant opines the criteria for the program is not met, the Medical Reassignment Program Coordinator will prepare the endorsing memorandum response from Executive Director, MSD.

4.2.5. The Medical Reassignment Program Coordinator will forward the endorsing memorandum, through official routing channels, to Executive Director, MSD for signature.

4.2.6. The Medical Reassignment Program Coordinator will disseminate the signed endorsing memorandum to the applicable Division Chiefs, Mission Readiness Operations Division.

4.2.7. The Division Chief, Mission Readiness Operations Division (Headquarters and Sector), will inform employee that his/her request has been adjudicated. If the request was approved, the receiving Division Chief, Mission Readiness Operations Division, will initiate a HRBE SF-52 request and coordination of the employee's Enter-on-Duty date. Note: The Human Resources Specialist, Recruitment and Consulting Staffing Services, CBP HC, must receive the HRBE-52 prior to the effective date of the reassignment.

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Kathleen Scudder
Executive Director
Mission Support Directorate

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

DHS Instruction 253-01-001, *Relocation Allowance*, November 11, 2016.

HB 51600-01B *CBP Leave Handbook*, February 2007.

CBP Directive 2110-040, *Records and Information Management Directive*, June 3, 2019.

CBP Directive 51000-002, *Vetting Program Directive*, January 25, 2021.

CBP Directive 51335.015B, *Merit Promotion Plan*, October 8, 2009. https://cbpgov.sharepoint.com/:b:/r/sites/USBP/MSD/wm/Employee_Relations_Documents/Compassionate_Transfer_Policy.pdf?csf=1&web=1&e=xzTAW6

IOP 2110-033 Volume 1, *Internal Operating Procedure Management System*, April 7, 2014.

USBP Correspondence Manual, July 2020.

Title 5 CFR § 330.502, *General restriction on movement after competitive appointment*.

Title 5 CFR § 335.103(c)(3)(v), *Discretionary actions*.

[Title 5 CFR § 339.104 Definitions \(Medical Documentation, Physician, Practitioner\)](#)

[Title 29 CFR § 825.113 Serious Health Condition.](#)

[Title 41 CFR § 300-3 What do the following terms mean? \(Immediate Family Members\).](#)

Abbreviations and Acronyms

CBP – Customs and Border Protection

CBPD – Customs and Border Protection Directive

HC – Hiring Center

HQ – Headquarters

IOP – Internal Operating Procedure

MSD – Mission Support Directorate

NA – Not applicable

NPD – National Programs Division

R/O – Responsible Office

SOP – Standard Operating Procedure

USBP – United States Border Patrol

WFM – Workforce Management

Terms

Executive Administrator. Senior executive at the USBP HQ division-level, who is delegated authority to provide administrative, support, and coordination responsibilities from the Chief, USBP.

Guidance and Procedures. Specific instructions and rules that implement/extend policy; establish a process to complete a task, project, or execute a program.

Internal Operating Procedure (IOP). An official USBP HQ publication that provides national guidance and procedures for implementing CBP and higher-level directives (policies) throughout the USBP.

Immediate family member. Any of the following named members regularly residing in the employee’s household:

- (a) Spouse (including a same-sex spouse). Any individual who is lawfully married (unless legally separated), including an individual married to a person of the same sex who was legally married in a state or other jurisdiction (including a foreign county), that recognizes such marriages, regardless of whether or not the individual’s state of residency recognizes such marriages.
- (b) Children of the employee, of the employee’s spouse, who are unmarried and under 21 years of age or who, regardless of age, are physically or mentally incapable of self-support. (The term “children” shall include natural offspring; stepchildren; adopted children; grandchildren, legal minor wards or other dependent children who are under legal guardianship of the employee, of the employee’s spouse; and an unborn child(ren) born and moved after the employee’s effective date of transfer.);

- (c) Dependent parents (including step and legally adoptive parents) of the employee, of the employee's spouse; and
- (d) Dependent brothers and sisters (including step and legally adoptive brothers and sisters) of the employee, of the employee's spouse, who are unmarried and under 21 years of age or who, regardless of age, are physically or mentally incapable of self-support.
- (e) No other person is considered an immediate family member for consideration purposes under this program.

Medical Documentation. A copy of a dated, written and signed statement, or a dated copy of actual medical office or hospital records, from a licensed physician or other licensed health practitioner, as these terms are defined below, that contains necessary and relevant information to enable the agency to make a decision. To be acceptable, the diagnosis or clinical impression must be justified according to established diagnostic criteria and the conclusions and recommendations must be consistent with generally accepted professional standards. The determination that the diagnosis meets these criteria is made by or in coordination with a licensed physician or, if appropriate, a practitioner of the same discipline as the one who issued the documentation. An acceptable diagnosis must include the information identified by the agency as necessary and relevant to its reassignment decision. This information may include, but is not limited to, the following:

- (a) The history of the medical condition(s), including references to findings from previous examinations, treatment, and responses to treatment;
- (b) Clinical findings from the most recent medical evaluation, including any of the following: Findings of physical examination; results of laboratory tests; X-rays; EKGs and/or other special evaluations or diagnostic procedures; and, in the case of psychiatric examination or psychological assessment, the findings of a mental status examination and/or the results of psychological tests, if appropriate;
- (c) Diagnosis, including the current clinical status;
- (d) Prognosis, including plans for future treatment and an estimate of the expected date of full or partial recovery; and
- (e) An explanation of the impact of the medical condition(s) on overall health and activities, including the basis for any conclusion as to whether restrictions or accommodations are necessary and, if determined to be necessary, an explanation supporting that determination.

Physician. Means a licensed Doctor of Medicine or Doctor of Osteopathy, or a physician who is serving on active duty in the uniformed services and is designated by the uniformed service to conduct examinations under this part.

Practitioner. Means a person providing health services who is not a medical doctor, but who is certified by a national organization, licensed by a State, and/or registered as a health professional to provide the health service in question.

Publication. An officially produced, published, and distributed document issued for compliance, implementation, and/or information.

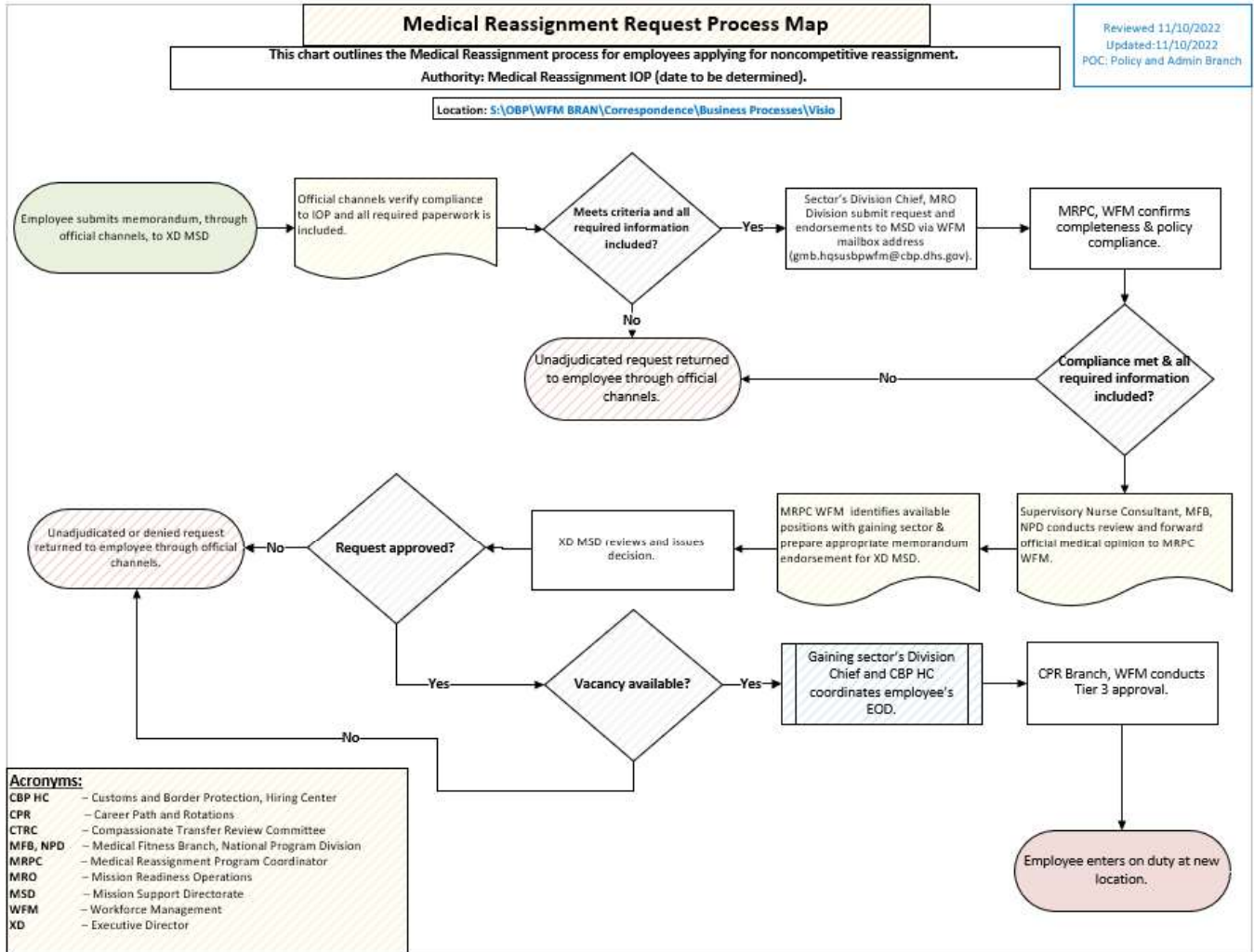
Regularly Resides. Refers to when an immediate family member resides with the employee in the same household on a regular and permanent basis.

Serious Health Condition. An illness, injury, impairment or physical or mental condition that involves inpatient care or continuing treatment by a health care provider.

(a) The term treatment includes (but is not limited to) examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations. A regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of continuing treatment that includes the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider, is not, by itself, sufficient to constitute a regimen of continuing treatment.

(b) Conditions for which cosmetic treatments are administered (such as most treatments for acne or plastic surgery) are not serious health conditions unless inpatient hospital care is required or unless complications develop. Ordinarily, unless complications arise, the common cold, the flu, earaches, upset stomach, minor ulcers, headaches other than migraine, routine dental or orthodontia problems, periodontal disease, etc., are examples of conditions that do not meet the definition of a serious health condition. Restorative dental or plastic surgery after an injury or removal of cancerous growths are serious health conditions provided all the other conditions of this regulation are met. Mental illness or allergies may be serious health conditions, if certain conditions are met.

Attachment 2



Attachment 3

**STATEMENT OF UNDERSTANDING
FOR MEDICAL REASSIGNMENT REQUEST**

I am requesting a medical reassignment from my current duty station of _____
to:

1. First choice: _____

2. Second choice: _____

I recognize the following conditions if my request is approved:

1. I understand that all costs involved in the transfer will be at my own expense, per DHS Instruction 253-01-001, Relocation Allowance, November 11, 2016, Section VI.C.2.c;
2. The terms of any active relocation incentive service agreement would still apply since the reassignment would be based on the employee needs. This may result in the employee repaying funds received; and
3. I understand administrative leave is not authorized for a Medical Reassignment, as it is for the benefit of the employee and not in the interest of CBP.

Print Name

Signature

Date

Attachment 4



**U.S. CUSTOMS AND BORDER
PROTECTION**

Office of Human Resources
Management Human Resources Policy and
Programs Directorate
National Programs
Division Medical and
Fitness Branch

Authorization for Release of Records

I, (print name) _____ SS#: XXX-XX
_____ authorize the release
of my medical records and the medical records of (print name)
_____, relating to my
request for
_____, to the applicable medical
professionals designated by the agency to evaluate said submitted request.
This release shall also include records, if any, governed by 42 C.F.R. Part
2 (Substance abuse disorder and treatment). The release of said medical
records will be limited to those with a need to know, as determined by the
agency, for evaluators as well as CBP Officials. This release will
terminate one year from the date obtained (noted below) unless consent is
withdrawn by myself in writing to management and the Medical and
Fitness Branch Nurse Consultant.

Date

Signature of employee releasing record