

June 26, 2006

**CONSIDERATIONS FOR VA SUPPORT FOR THE DEPARTMENT OF DEFENSE (DOD) POST DEPLOYMENT HEALTH REASSESSMENT (PDHRA) PROGRAM FOR RETURNING DEPLOYED SERVICE MEMBERS**

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive provides policy regarding VHA's supportive role in the Department of Defense (DOD)'s Post-deployment Health Reassessment (PDHRA) Program. (DD Form 2900)

**2. BACKGROUND:** The PDHRA Program is a force health protection program designed to enhance and extend the post-deployment continuum of care. The PDHRA offers education, screening, and a global health assessment to identify and facilitate access to care for deployment-related physical health, mental health and re-adjustment concerns for all service members, including Reserve Component (RC) personnel deployed for over 30-days in a contingency operation.

a. PDHRA, during the 90-180 days post-deployment period, provides outreach, education, screening for deployment-related health conditions and readjustment issues, outreach, and referrals to Military Treatment Facilities (MTFs), Department of Veterans Affairs (VA) health care facilities, Vet Centers, TRICARE providers, and others for additional evaluation and/or treatment. At this time, VA's involvement will be focused on managing referrals from RC Service Members (SM) and separated veterans.

b. PDHRA is a mandatory process for all active duty and reserve component service members and voluntary for those separated from military service. The PDHRA is administered by active duty healthcare providers and/or DOD contract providers through two modes of delivery:

(1) **On-site Administration.** On-site administration is a face to face interview with a DOD contract healthcare provider at active duty locations. DOD contract health care providers are responsible for administering the PDHRA at Reserve and Guard locations.

(2) **National Call Center Administration.** DOD contract healthcare providers must administer the PDHRA via telephone and/or a web-based module and coordinate follow-up referrals with VA.

c. Reserve and National guard service members referred under the PDHRA program will have a Line of Duty form completed. This form authorizes a one-time evaluation of the condition(s) noted in the PDHRA screen (Form DD-2900). This Line of Duty Form suffices as the sole authorization document to cover the cost of the one-time evaluation visit for PDHRA referrals not otherwise eligible for VA care.

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d. Service Members (SM) referred under the DA Form 2173, or its equivalent for other Services, allows the treating VA Medical Center or Vet Center to provide the SM's Commander with a written report on the PDHRA evaluation visit upon receiving all required written requests from the SM or veteran.

e. The Army began the Active Duty pilot programs in June 2005 and the Reserve Component pilot programs in November 2005. VA VISN, Medical Center and Readjustment Counseling Service staff actively participated in the Reserve Component's PDHRA pilots.

**3. POLICY:** It is VHA policy that the Office of Seamless transition (10AT) is responsible for overseeing VA's support of DOD's PDHRA Program.

### 4. ACTION

a. **VA Office of Seamless Transition.** The VA Office of Seamless Transition is responsible for:

(1) PDHRA coordination, compliance, and monitoring with DOD and VA for all on-site and call center PDHRA referrals to VA.

(2) Coordinating advance planning meetings by teleconference for PDHRA on-site screening events with identified VISN, VA Medical Center and Veteran Readjustment Counseling Service (Vet Center) staff.

(3) Coordinating and providing education and instruction to DOD's contract healthcare providers on issues pertaining to VA referrals and services.

(4) Implementing a quality assurance program to monitor compliance with appointment standards and timelines, and track the number of referrals, no-shows, and cancellations for PDHRA referrals.

(5) Providing guidance to VA field offices on PDHRA implementation and reporting requirements.

b. **VISN Director.** The VISN Director, or designee, is responsible for:

(1) Serving as the first line principal contact to resolve PDHRA referral issues between the VA Medical Centers and Military Units and/or SMs or veterans.

(2) Incorporating PDHRA duties and responsibilities under the Operation Iraqi Freedom (OIF) and/or Operation Enduring Freedom (OEF) POC.

(3) Ensuring that all PDHRA follow-up appointments are scheduled. ***NOTE:** Every attempt will be made to schedule appointments for health care related issues within 30 days of contact by the SM or veteran. Non-urgent issues are to be scheduled on a space available basis.*

(4) Ensuring that all PDHRA documentation requested by the SM or the veteran is provided in a timely manner.

(5) Submitting a weekly status report on the scheduling of all VISN VA Medical Center PDHRA follow-up appointments to the Office of Seamless Transition.

c. **RCS Regional Manager.** The RCS Regional Manager, or designee, is responsible for:

(1) Appointing a PDHRA POC responsible for assuring that all PDHRA follow-up appointments are scheduled within 30 days of contact by the SM or the veteran.

(2) Following the written authorization by the veteran client, ensures that all PDHRA documentation requested by the SM or the veteran is provided in a timely manner.

(3) Submitting a weekly status report on all PDHRA follow-up appointments to the Office of the Chief Readjustment Counseling Officer.

(4) Serving as the principal Vet Center Program POC to resolve PDHRA referral issues between the Vet Centers within its region and Military Units and/or SMs and veterans.

d. **Facility Director.** The facility Director, or designee, is responsible for ensuring the coordination with administrative and/or clinical staff with each PDHRA on-site screening location(s) in overseeing the enrollment and scheduling of PDHRA on-site screening appointments for PDHRA referrals; to include:

(1) Ensuring that all PDHRA follow-up appointments are scheduled. *NOTE: Every attempt will be made to schedule appointments for health care related issues within 30 days of contact by the SM/veteran. Non-urgent issues will be scheduled on a space available basis.*

(a) Processes must be established for the acceptance and scheduling of appointments during the weekend for PDHRA on-site screening event(s).

(b) Call Center referrals must be coordinated via appropriate enrollment and appointment scheduling processes.

(c) Referrals to other VA Medical Centers must be coordinated.

(d) Documentation relative to the PDHRA and DA Form 2173, or its equivalent, must be provided in a timely manner, as officially requested by the SM or the veteran.

(2) Ensuring billing procedures are in place to bill PDHRA costs for SM and/or non-eligible veterans to the appropriate Service Department.

(3) Assigning a lead staff person to coordinate and oversee the enrollment and scheduling of PDHRA on-site screening appointments and referrals.

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(4) Designating a POC to accept Call Center referrals, coordinate enrollment and appointment schedules and documentation request issues with local Guard and Reserve Units.

e. **Vet Center Team Leader.** The Vet Center Team Leader, or designee, is responsible for ensuring that:

(1) A staff person is assigned to each PDHRA on-site location to provide information and schedule follow-up evaluation appointments.

(2) Open slots for projected appointments are identified in advance of the PDHRA On-Site screening event.

(3) A POC is designated to accept PDHRA Call Center referrals to schedule follow-up appointments.

(4) Referrals to other Vet Centers are coordinated, as needed.

(5) A POC is designated to resolve PDHRA coordination, referral, and documentation request issues with local Guard and Reserve units.

(6) Documentation relative to the PDHRA and DA Form 2173, or its equivalent, is provided, following written authorization by the veteran client, as officially requested by the SM or the veteran.

**6. FOLLOW-UP RESPONSIBILITY:** The Office of Seamless Transition (10AT) is responsible for the contents of this Directive. Questions regarding this information letter may be addressed to the VA Office of Seamless Transition, Program Coordinator for Clinical and Case Management at 202-273-7822.

**7. RESCISSIONS:** None. This VHA Directive expires June 30, 2011.

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