



Department of Defense INSTRUCTION

NUMBER 6025.22
September 9, 2008

USD(P&R)

SUBJECT: Assistive Technology (AT) for Wounded Service Members

- References:**
- (a) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R)), June 23, 2008
 - (b) Section 561 of title V of Public Law 109-364, "John Warner National Defense Authorization Act for Fiscal Year 2007," October 17, 2006
 - (c) Sections 794d and 3002 of title 29, United States Code

1. **PURPOSE.** In accordance with References (a) through (c), this Instruction:

a. Establishes policy, defines terms, assigns responsibilities, and provides procedures for establishing AT programs within the Military Health System (MHS).

b. Provides support for an interdependent AT system between the DoD Computer/Electronic Accommodations Program (CAP) Office and the MHS, providing specific guidance to medical treatment facilities (MTFs) to improve the delivery and quality of rehabilitative services to wounded Service members in the Active Duty, Reserve, and Guard components.

2. **APPLICABILITY.** This Instruction applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities in the Department of Defense (hereafter referred to collectively as the "DoD Components").

3. **DEFINITIONS**

AT. Technology that provides people with disabilities with equal access to computer and telecommunication work environments. Technology of this type does not include durable medical equipment and is divided into two categories: devices and services.

AT device. Any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of individuals with disabilities (a list of available devices can be found at <http://www.tricare.mil/cap/wsm>). The devices assist individuals in accessing computer and telecommunication systems and/or gaining improved access to care and decision making. Examples include voice recognition and speech output software, assistive listening devices, and communication boards.

AT service. Any service that directly assists an individual with a disability in the selection, acquisition, or use of an AT device. Services may include needs assessments, acquisition, integration, coordination of services with rehabilitation plans, training, and technical assistance.

CAP. CAP provides AT to increase access to computer and telecommunication systems by employees with disabilities within the Department of Defense and Federal partner agencies, and Service members with cognitive, communication, dexterity, hearing, and vision impairments.

4. POLICY. In accordance with References (a) and (b), it is DoD policy that:

a. Strategies for utilizing AT during rehabilitation shall be aligned with generally accepted standards for health promotion and maximum functional outcomes.

b. MTFs shall incorporate AT into rehabilitative services programs as part of an organization-wide, interdisciplinary adoption of computer and telecommunication accessibility practices.

(1) MTFs shall incorporate CAP into rehabilitative services programs that include AT as part of the recovery and rehabilitation process.

(2) In coordination with CAP, AT programs shall track health care outcomes related to the introduction of AT, which shall be integrated into efficiency tracking for recovery and rehabilitation costs.

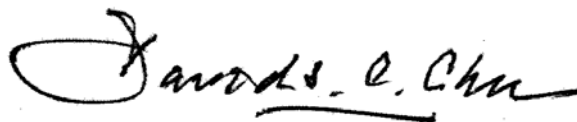
(3) AT service provision and utilization shall be documented within the integrated rehabilitation care plan using the electronic medical record system (EMRS).

5. RESPONSIBILITIES. See Enclosure 1.

6. PROCEDURES. See Enclosure 2.

7. RELEASABILITY. UNLIMITED. This Instruction is approved for public release. Copies may be obtained through the Internet from the DoD Issuances Web Site at <http://www.dtic.mil/whs/directives>.

8. EFFECTIVE DATE. This Instruction is effective immediately.

A handwritten signature in black ink that reads "David S. C. Chu". The signature is written in a cursive style with a large, looping initial "D".

David S. C. Chu
Under Secretary of Defense
Personnel and Readiness

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RESPONSIBILITIES

1. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)). The ASD(HA), under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, shall:

a. Establish organizational priorities for AT programs within the MHS.

b. Ensure that CAP and AT policy is established and monitored in accordance with References (a) and (b) and that AT activities meet all applicable confidentiality, privacy, security, and disclosure requirements.

c. Establish a standardized methodology for implementing the CAP AT process at MTFs to increase awareness and impact of AT programs across the MHS.

2. SURGEONS GENERAL OF THE MILITARY DEPARTMENTS. The Surgeons General of the Military Departments shall:

a. Establish as necessary comprehensive CAP and AT programs within MTFs serving wounded Service members, and implement a system for ongoing evaluation of such programs.

b. Disseminate CAP policy and procedures to MTFs.

c. Facilitate coordination of qualified staff to support CAP and AT programs within the continuum of care (DoD Component Wounded Service Member Programs, community-based healthcare organizations, the Veterans Administration Polytrauma rehabilitation centers, and other similar programs).

d. Ensure MTF Commanders designate an individual (e.g., CAP Representative or Coordinator) with relevant clinical background to establish and oversee program activities promoting a targeted, coordinated AT plan for improving access and care for patients and, when applicable, employees.

3. DIRECTOR, TRICARE MANAGEMENT ACTIVITY (TMA). The Director, TMA, shall ensure that the TRICARE Area Offices and TRICARE Regional Offices make available personnel to serve as CAP liaisons to support:

a. Incorporation of the CAP process in healthcare promotion, programs, and procedures.

b. Communication and dissemination of policies and other information related to CAP.

- c. Coordination of CAP education and training activities within local and regional areas.

4. DIRECTOR, CAP. The Director, CAP, shall:

- a. In collaboration with MTFs, conduct needs assessments and acquisitions, and provide training support services to ensure delivery and integration of AT for wounded Service members.

- b. Provide in-service training on CAP and the AT program to MTFs, as needed.

- c. Publish and maintain a CAP Wounded Service Members Guide to support the implementation of AT programs at MTFs.

- d. Distribute a report to MTF Commanders annually, which describes accommodation and AT activities, including cost savings achieved by MTFs as a result of collaboration with CAP.

5. MTF COMMANDERS. The MTF Commanders, in collaboration with CAP, shall:

- a. Establish an AT Plan. MTFs shall develop a coordinated plan for ensuring that eligible Service members have access to AT services as part of existing rehabilitative services programs.

- b. Designate a CAP Representative. MTFs shall identify an appropriate individual to serve as CAP Representative, who will coordinate AT needs assessments and related services with the DoD CAP Office to ensure eligible Service members receive appropriate accommodations solutions.

ENCLOSURE 2

PROCEDURES

1. PROVISION OF GENERAL-USE AT. CAP shall provide general-use AT to MTF programs, as requested, to enable onsite assessments and improved integration of AT into rehabilitation services.

2. NEEDS ASSESSMENTS. The MTF and CAP share the responsibility of conducting needs assessments to identify appropriate AT for eligible Service members. The MTF CAP Representative shall identify when CAP staff members are required to assist in the assessment process. Needs assessments shall include identification of training needs, technical specifications for computers and/or telecommunication systems, and aspects of Service members' functional limitations and computing or communication tasks. Once completed, the needs assessment information shall be submitted to CAP as part of the AT request.

3. AT REQUESTS. Requests for AT shall be submitted to CAP to review the requested AT device(s), assessment details, and the justification for accommodation information as required by References (b) and (c). When appropriate, the AT shall be procured by CAP and delivered to the MTF or other appropriate location at no cost to the MTF or location. If requested, CAP shall also procure training and technical integration support services for the Service members.

4. ONGOING SUPPORT. Service members shall be provided access to ongoing support from CAP following receipt of an AT device until separation from active duty service, at which time, AT and rehabilitative services shall become the responsibility of the Veterans Administration.

5. RETENTION OF AT. In accordance with Reference (b), the AT is authorized by law to become the property of the wounded Service member at his or her separation from active service.

6. OUTCOME MEASUREMENT. In order to better understand the impact of AT on rehabilitation services and re-employment, MTFs and CAP shall conduct annual reviews of activities, including measuring healthcare and re-employment outcomes. MTFs and CAP shall enable this review by maintaining records of activities, to include at a minimum, AT and training provided to Service members and the volume of activity at each location using EMRS and other reporting mechanisms.