



DEPARTMENT OF THE ARMY
OFFICE OF THE DEPUTY CHIEF OF STAFF, G-1
300 ARMY PENTAGON
WASHINGTON, DC 20310-0300

DAPE-CPZ

2/10/12

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Department of the Army Civilian Post-Deployment Health Reassessment (PDHRA) Compliance

1. Reference memorandum, DAPE-ZA, 15 July 2011, subject: Post-Deployment Health Reassessment (PDHRA) Compliance-Department of the Army Civilians (DACs) (Enclosure 1).
2. As part of the Army's ongoing efforts to protect the health and well-being of DA Civilians, aggressive program management actions were taken to improve PDHRA completion rates. The Army developed metrics that evaluate PDHRA compliance when a Soldier or DA Civilian completes the self-assessment and is screened by a healthcare provider for early identification and referral for treatment of emerging deployment related health concerns.
3. The referenced memorandum gained Command support and facilitated completion of timely PDHRAs. Over the last six months, Army-wide Civilian PDHRA completion rates improved from 61 percent to 74 percent. To assist you with reaching the Vice Chief of Staff of the Army's overall compliance rate of 100 percent, instructions on how to access call center services provided through the Reserve Health Readiness Program contract with Logistics Health Incorporated are provided at Enclosure 2. As previously mentioned, these services are not centrally funded, however, the information is provided as a tool to assist in meeting PDHRA program responsibilities.
4. Questions regarding this guidance should be directed to Mrs. Denetris Winston, 703-806-4014, DSN 656-4014, email denetris.a.winston.civ@mail.mil, Employment Policy Division, Office of the Assistant G-1 for Civilian Personnel.

FOR THE DEPUTY CHIEF OF STAFF, G-1:


SUSAN DUNCAN
Assistant G-1 for Civilian Personnel

- 2 Encls
1. DA G-1 Memo, 15 July 2012
 2. Instructions for Army Commands

DAPE-CPZ

SUBJECT: Department of the Army Civilians Post-Deployment Health Reassessment (PDHRA) Compliance

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OFFICE OF THE JUDGE ADVOCATE GENERAL, ATTN: DAJA-LE (MS. NUGENT)



DEPARTMENT OF THE ARMY
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DAPE-ZA

15 JUL 2011

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Post-Deployment Health Reassessment (PDHRA) Compliance-Department of the Army Civilians (DACs)

1. References:

a. Memorandum, Vice Chief of Staff of the Army (VCSA), 18 June 2007, subject: Army Post-Deployment Health Reassessment (PDHRA).

b. DoD Instruction 6490.03, subject: "Deployment Health," August 11, 2006.

2. Your help is needed in improving the civilian PDHRA completion rate. The VCSA has set the overall compliance rate for PDHRA at 100 percent. His trigger point (point where Commanders are to take aggressive action) is 85 percent. Currently, the Army-wide Civilian completion rate is 61 percent, well below the VCSA trigger point.

3. The PDHRA is a Commander's program and requires Command involvement and visibility which is crucial in enhancing the focus and increasing DA Civilian completion rates of the mandatory PDHRA. Command Human Resource (HR) organizations and the Medical communities must be equal partners in this effort and should increase their collaboration to improve processes and procedures for redeploying DA Civilians.

4. There is an understanding that timing and uncontrollable circumstances prevent full compliance. However, systems must be established within each command that seek maximum participation.

5. The immediate goal is to decrease the backlog of non-compliance and to increase the future compliance rate. To aid in reducing the backlog, the enclosed file provides a by-name list of those civilians (within your command) who have yet to complete their PDHRA. In an effort to meet the VCSA's goal of 100 percent, I propose a phased approach, whereby we set a goal of 1 September to meet the VCSA trigger point of 85 percent and make a marked improvement from that number by NLT 1 December 2011 to achieve the 100 percent goal to the extent possible.

Enc 1

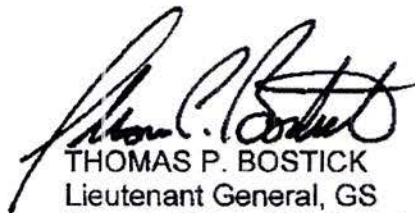
DAPE-ZA

SUBJECT: Post-Deployment Health Reassessment (PDHRA) Compliance-Department of the Army Civilians (DACs)

6. To assist you with this effort, AG-1CP will provide you with instructions on how to access services provided through the Defense Force Health Protection Services PDHRA support contract. This service has been very valuable in increasing Soldier compliance rates and eliminating the backlog of non-compliant cases. These services are not centrally funded however, the information is provided as a tool to assist commanders in meeting their PDHRA program responsibilities for civilian deployees.

7. I am confident through our joint efforts, we can improve the medical readiness of our DA Civilians and strengthen our force as a whole. I welcome and solicit your feedback to identify best practices you might employ at your organizations. I have several points of contact for this task: Mr. James Feagins at james.feagins@us.army.mil, Ms. Denetris Winston at Denetris.winston@us.army.mil, and Ms. Luanne Hailes at Luanne.hailes@us.army.mil ,

Encl
Matrix



THOMAS P. BOSTICK
Lieutenant General, GS
Deputy Chief of Staff, G-1

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SUBJECT: Post-Deployment Health Reassessment (PDHRA) Compliance-Department
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COMMANDER
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U.S. ARMY RESERVE COMMAND

Use of the Reserve Health Readiness Program (RHRP) Contract with Logistics Health Incorporated (LHI) to Accomplish Post Deployment Health Reassessments (PDHRA) for Department of the Army (DA) Civilians

Introduction. The PDHRA is a Commander's program and requires Command involvement and visibility which is crucial in enhancing the focus and increasing DA Civilians completion of the mandatory PDHRA. There is an understanding that timing and uncontrollable circumstances prevent full compliance. However, systems must be established within each command that seek maximum participation. Redeployed DA Civilians have access to Military Treatment Facility (MTF) Occupational Health Clinics to complete the PDHRA. Command Human Resource (HR) organizations and the Medical communities must be equal partners in this effort and should increase their collaboration to improve processes and procedures for redeploying DA Civilians. As an option to assist Commands with this effort, Army Commands may elect to use RHRP that contracted services with LHI to assist DA Civilians in remote locations or if there is not a MTF within the DA Civilian's local community with completion of the PDHRA.

Background. The RHRP is an office within the Office of the Assistant Secretary of Defense/Health Affairs (OASD/HA) Force Health Protection and Readiness. RHRP has a contract with LHI to conduct a wide variety of medical and dental readiness services primarily to Reserve Component Service members. The contract includes providing PDHRA services to DA Civilians in remote locations and has been doing so for the U.S. Army Corps of Engineers (USACE) since October 2009 and Army Materiel Command (AMC) since May 2010. Below are instructions on how to access services provided through the RHRP.

Instructions

1. Actions and Responsibilities of Commands.

a. Commands will need to identify who and how many of their DA Civilians are currently deployed, previously deployed and projected to deploy, that will require the use of RHRP services to complete the PDHRA.

b. Fund and budget for the PDHRA services. In order to receive PDHRA services through the RHRP, there are two (2) requirements for which each command must budget and fund. The first requirement is funding for a task order, the contract mechanism through which PDHRA services may be received. The second requirement is funding for the contracting fee associated with award of that task order. Commands must prepare and submit funding to support both requirements to RHRP and USAMRAA. RHRP must receive necessary funding no less than 60 days prior to the desired task order award date and start of PDHRA services. See paragraph two for more specific information on the funding and preparation of documentation, and submission of funds to the appropriate LHI POCs.

c. Provide a list of points of contacts (POCs) to HQDA AG-1CP, EPD, CEW for use by the LHI POC. For any emergent cases, the command POC will be contacted as the first responder by LHI.

d. Monitor DA Civilian PDHRA completion and compliance. Commands will provide RHRP a quarterly report of their DA Civilians to reconcile and certify service needs or completion of PDHRA requirement.

e. Communicate the benefits and process to their employees in multiple modes and several times to have the greatest success in PDHRA completion. There's a DA Civilian FAQ worksheet which is a good adjunctive resource using the following link: <http://cpol.army.mil/library/mobil/pdhra-toolkit.html>

2. Funding.

a. Prior to beginning the assessments, funding source needs to be determined and funds provided to RHRP. Instructions and more detail, including the cost (which is acquisition sensitive), is available if requested:

To receive PDHRA services through the RHRP, there are two (2) requirements that must be funded:

(1) Funding to support an RHRP task order, the contract mechanism through which PDHRA services may be received. Each task order has its own distinct Period of Performance that typically spans twelve (12) months during which time PDHRA services can be received. Commands should provide sufficient task order funding to support ten (10) months of PDHRA services. Funding only 10 months of PDHRA services instead of the full 12 months allowed by the task order Period of Performance minimizes the risk of under-execution in case actual RHRP usage proves less than anticipated. RHRP must receive necessary funding no less than 60 days prior to the desired task order award date and start of PDHRA services. This permits adequate time after receipt of funds for the necessary financial and contracting processes to award the task order. RHRP will provide copies of task orders to the Command point of contact. Task orders cannot be modified after award except to be closed out after its Period of Performance has expired and/or funding has fully disbursed.

(2) Funding to support the contracting fee associated with the RHRP task order. The Contracting Office for RHRP is the US Army Medical Research Acquisition Activity (USAMRAA). USAMRAA charges a contracting fee each time funding is obligated onto a task order. The fee has historically equaled a percentage of the task order's value depending on when during the fiscal year (FY) USAMRAA receives the paperwork to award the task order. USAMRAA is currently renegotiating its fees for FY12, but the fee is not anticipated to exceed 1.25 percent of task order value. This means that a task order funded at \$100.00 would incur a fee equaling \$1.25.

(3) Those organizations that desire PDHRA contract services must contact RHRP and USAMRAA directly. The organization will be required to prepare two (2) separate Basic Military Interdepartmental Purchase Requests (MIPRs, DD Forms 448) and a Support Agreement, DD Form 1144. In preparing the two separate MIPRs, Block #7 should read:

MIPR for contracting fee:
USAMRAA
ATTN: MCMR-AAZ-B (Karen Wolff)
820 Chandler Street
Fort Detrick, MD 21702-5012
Fax: 301-619-2243
DSN 343-2243
Email: Karen.Wolff@us.army.mil

MIPR for RHRP task order (Service Cost Fee):
TRICARE Management Activity
Director, Financial Operations Division
ATTN: Sandi Enoch
5111 Leesburg Pike, Suite 407
Falls Church, VA 22041

(a) The MIPR to pay the USAMRAA contracting fee must be submitted only after the task order has been awarded. This is because Block #9 of that MIPR must include the Purchase Request, Contract, and Task Order numbers so that USAMRAA can match those funds with the proper fee. The RHRP Program Office will provide these numbers along with a copy of the task order award.

(b) Email both MIPRs to the following individual at the RHRP Program Office who will ensure proper coordination of funds:

Timothy A. Remmel
Reserve Health Readiness Program (RHRP) Program Office
TRICARE Management Activity
Office of the Assistant Secretary of Defense (Health Affairs)
5205 Leesburg Pike, Suite 810
Falls Church, VA 22041
timothy.remmel.ctr@tma.osd.mil
Tel: 703.681.3279 x102

3. RHRP Deliverables.

a. Provide a call center which is accessible 24x7, every day of the year via a toll-free number, the access to which is monitored to prevent long hold times whenever possible.

b. DA Civilian contact with RHRP's contractor LHI can be either at the Civilian employee's initiative or at the command's request. LHI attempts to call the employee three times using a command-provided roster. If unable to reach the employee, LHI will mail a postcard requesting the employee call the LHI Call Center.

c. The DA Civilian typically completes their portion of the PDHRA on-line through AKO or the Army PDHRA website. The DA Civilian's response to the questionnaire will be screened by a licensed, trained health care professional.

d. LHI will provide a licensed, trained health care professional (typically Physician Assistants or Nurse Practitioner) for completion of the DA Civilian's DD Form 2900, whose documentation goes through a quality assurance process as well as having calls monitored for quality assurance (QA).

e. Behavioral health professionals will be available 24x7 should an immediate mental health consultation be needed.

f. If an emergency (either physical or emotional) were to arise during the call, protocol is to contact the local public safety/medical authorities who provide immediate assistance to the employee calling the RHRP Call Center, and to notify the command POC (as identified in paragraph 1c of this document the next duty day).

g. If referral is indicated, guidance is given to DA Civilians to contact their Occupational Health Clinic, private provider, or Employee Assistance Program depending upon the types of problems presented. The employee with a referral recommendation is also advised to contact their local Injury Compensation Program Administrator.

h. Monthly reports are generated indicating who has been screened and of those, who were referred. Reports are envisioned to be sent to the command POCs. Other processes, if needed, would be worked out with Dr. Sugden.

4. POC. The RHRP PDHRA POC is Dr. Brian Sugden who may be reached at 703-681-3279, extension # 167 and brian.sugden@tma.osd.mil. Dr. Sugden can answer questions and provide additional information and guidance.