



# Department of Defense INSTRUCTION

NUMBER 6490.10

March 26, 2012

*Incorporating Change 1, Effective October 28, 2015*

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USD(P&R)

SUBJECT: Continuity of Behavioral Health Care for Transferring and Transitioning Service Members

- References:
- (a) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
  - (b) DoD 6025.18-R, "DoD Health Information Privacy Regulation," January 24, 2003
  - ~~(c) Assistant Secretary of Defense for Health Affairs Memorandum, "Department of Defense InTransition Program," January 12, 2010~~
  - (c) *Executive Order 13625 "Improving Access to Mental Health Services for Veterans, Service Members, and Military Families," August 31, 2012*

1. PURPOSE. In accordance with the authority in Reference (a), this Instruction establishes policy for the Military Departments, assigns responsibilities, and prescribes guidelines for establishment of Military Department policy and procedures to ensure continuity of behavioral health (BH) care at the losing and gaining installations when Service members transition from one health care provider (HCP) to another when transferring to a new duty station or transitioning out of the Service.

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 within the DoD.

3. POLICY. It is DoD policy to maintain continuity of BH care for a Service member who requires further BH care or medical addiction treatment or follow-up. This will be accomplished by transfer to another HCP and/or health care facility (HCF) at the time of transitioning to another command, or when transitioning out of the Military Service, consistent with Reference (b). When transitioning to another command, notification shall also be made to the gaining commander when adherence to the ongoing treatment plan is deemed necessary to ensure mission readiness and/or safety.

#### 4. RESPONSIBILITIES

a. ~~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 monitor compliance with this Instruction and develop additional procedures as required. Under Secretary of Defense for Personnel and Readiness (USD(P&R)). The USD(P&R) monitors DoD compliance with this instruction through the Assistant Secretary of Defense for Health Affairs.~~

b. *Director, Defense Health Agency (DHA). Under the authority, direction, and control of the USD(P&R) and through the Assistant Secretary of Defense for Health Affairs, the Director, DHA:*

*(1) Will publish, in coordination with the Secretaries of the Military Departments, procedural guidance based on that developed by the Defense Center of Excellence for Psychological Health and Traumatic Brain Injury inTransition Program Management Office, consistent with the purposes of Executive Order 13635 (Reference (c)).*

*(2) Ensures implementation, maintenance, and establishment of the Military Services compliance reporting requirements for the inTransition program within the Military Health System.*

c. Secretaries of the Military Departments. The Secretaries of the Military Departments shall:

(1) Develop and distribute departmental policies and implementing procedures regarding the transition of a Service member's current BH care plan to another HCP and/or HCF at a new location in compliance with the Enclosure in this Instruction.

(2) Ensure Service medical treatment facility (MTF) commander compliance with this Instruction and that BH providers are made aware of the procedures by the installation medical authorities.

5. PROCEDURES. See Enclosure.

6. RELEASABILITY. ~~UNLIMITED~~ *Cleared for public release.* This Instruction is ~~approved for public release and is~~ available on the Internet from the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.

7. EFFECTIVE DATE. This Instruction is effective ~~upon its publication to the DoD Issuances Website~~ *March 26, 2012.*

A handwritten signature in black ink, appearing to read 'Jo Ann Rooney', with a long horizontal line extending to the right.

Jo Ann Rooney  
Acting Under Secretary of Defense for  
Personnel and Readiness

Enclosure  
Policy and Procedural Requirements  
Glossary

ENCLOSURE

POLICY AND PROCEDURAL REQUIREMENTS

This enclosure describes guidelines for the development of Military Department policy and implementing procedures.

a. Service members, regardless of status, shall be given information on the possible need for transfer of information upon transition as part of their initial orientation to treatment.

b. When transferring to a new command, transfer of clinical care of a Service member receiving BH care within the MTF system of care shall be arranged through direct HCP-to-HCP communication via secure methods (e.g., encrypted e-mail), as clinically indicated by the HCP. When separating from the military, this shall be arranged when the Service member provides contact information for a provider/HCF with whom he or she has established, or with whom he or she has agreed to have HCP involvement in establishing, follow-up care.

(1) Such transfers shall be made to a HCP at the receiving clinic with a level of expertise consistent with the Service member's BH needs and treatment plan.

(2) Uses and disclosures of BH information shall be in accordance with Reference (b).

c. Consistent with Reference (b), the gaining HCP may request a copy of treatment notes from the losing HCP to include:

(1) Medication prescription and monitoring

(2) Counseling session start and stop times

(3) The modalities and frequencies of treatment furnished

(4) Results of clinical tests

(5) Any summary of diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

d. Psychotherapy notes are not to be transferred from the originator of the notes to any other party without written authorization from the individual for uses and disclosures unless explicit criteria for disclosure without objection or consent are met in accordance with Reference (b).

e. The installation's out-processing checklist shall include a requirement that MTF personnel pre-screen the Service member's records.

(1) If the Service member's health record indicates specialty or primary care BH services were received during the last 180 days of duty at the current installation, the Service member's record shall be reviewed to assure:

- (a) Prior care received has been appropriately terminated;
- (b) There is no known need for ongoing follow-up; and/or
- (c) If out-processing is required with the HCF in which he or she received care.

(2) The tour of duty shall be inclusive of periods spent away from the primary command (i.e., deployed or on a temporary duty assignment).

f. BH records of personnel identified for permanent change of station (PCS) shall be reviewed to determine appropriate action.

(1) For open cases, the Service member:

(a) Shall be made aware of available resources for care during and after the PCS move to ensure no gaps in continuity of care and no unmet needs should an emergency arise.

(b) Shall be provided with the losing and gaining command's contact information and emergency contact information for the time of travel during transition.

(c) ~~May choose to utilize~~ *Shall be automatically enrolled in* the InTransition program ~~as described in Assistant Secretary of Defense for Health Affairs Memorandum (Reference (e))~~ to assist with an active service-to-civilian transition (information on the InTransition mental health coaching and support program is available at <http://www.health.mil/InTransition/default.aspx>). *A member has the right to opt out of the program.*

(2) For open cases, the losing HCP shall ensure appropriate transfer of care occurs at the time of transitioning to another command or out of military service by:

(a) Contact, as applicable, with a privileged HCP at the gaining facility to directly communicate the patient's history, current status, needs during the transition period, and to establish a follow-up appointment to ensure continuity of care. Ultimately, the plan for the patient's health during the transition period is a shared responsibility of the losing facility's HCP and the patient.

(b) Prior to the patient's PCS, and as clinically indicated, complete a summary of treatment or an abbreviated summary in the electronic medical record.

(c) If there are no adverse clinical implications, place a copy of the treatment summary in the outpatient medical record as a termination note. Otherwise, an abbreviated summary may be substituted.

(3) For closed cases, the HCP shall document the decision to close a case in the electronic medical record.

g. The guidelines for the development of Military Department policy shall apply to:

(1) Service members transferring within a Service, across Services, or from military to civilian HCPs (including Department of Veterans Affairs HCPs).

(2) Transfer of BH care during separation from service of Service members and/or their family members receiving care from a HCP within the Military Health System, whose transition shall result in initiating (or resuming) care with a civilian organization.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

|            |   |
|------------|---|
| ASD(HA)    | Assistant Secretary of Defense for Health Affairs |
| BH         | behavioral health                                 |
| <i>DHA</i> | <i>Defense Health Agency</i>                      |
| HCF        | health care facility                              |
| HCP        | health care provider                              |
| MTF        | medical treatment facility                        |
| PCS        | permanent change of station                       |

PART II. DEFINITIONS

HCP. Defined in Reference (b) and inclusive of BH providers. This term also encompasses sanctioned MTF- and/or HCP-delegated case management providers.

psychotherapy notes. Defined in Reference (b).