

ALARACT 082/2015

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SUBJ/ALARACT 082/2015 - HQDA EXORD 015-14 DEPLOYMENT HEALTH ASSESSMENT PROGRAM

THIS ALARACT MESSAGE HAS BEEN TRANSMITTED BY USAITA ON BEHALF OF HQDA OTSG//DASG-HSZ/DAMO-DASG//

(U) REFERENCES.

REF/A/TITLE 10 USC, CHAPTER 55, SECTION 1074, MEDICAL AND DENTAL CARE//

REF/B/DODI 6490.03/DEPLOYMENT HEALTH/AUG 2006/ (CERTIFIED CURRENT AS OF SEP 11)//

REF/C/DODI 6490.12/MENTAL HEALTH ASSESSMENTS FOR SERVICE MEMBERS DEPLOYED IN CONNECTION WITH A CONTINGENCY OPERATION/FEB 13//

REF/D/ARMY MANPOWER AND RESERVE AFFAIRS POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA) IMPLEMENTATION PLAN/JAN2006//

REF/E/ALL ARMY ACTIVITIES (ALARACT) MESSAGE 023/2002, PRE-AND POST-DEPLOYMENT HEALTH ASSESSMENTS, DATED 28 FEB 2002 (HEREBY SUPERSEDED)//

REF/F/ALL ARMY ACTIVITIES (ALARACT) MESSAGE 031/2006, POST-DEPLOYMENT HEALTH REASSESSMENT-PDHRA SCREENING, DATED 8 FEBRUARY 2006 (HEREBY SUPERSEDED)//

REF/G/ALL ARMY ACTIVITIES (ALARACT) MESSAGE 127/2008, PDHRA AT IN-OUT PROCESSING, DATED 14 MAY 2008 (HEREBY SUPERSEDED)//

REF/H/ALL ARMY ACTIVITIES (ALARACT) MESSAGE 253/2008, EXTENSION OF PHA TRANSITION UNTIL 1 JUL 09, DATED 21 OCTOBER 2008 (HEREBY SUPERSEDED)//

REF/I/ALL ARMY ACTIVITIES (ALARACT) MESSAGE 314/2008, PDHRA SCREENING GUIDANCE FOR COMMANDERS OF ACTIVE COMPONENT SOLDIERS, DATED 25 DECEMBER 2008 (HEREBY SUPERSEDED)//

REF/J/ALL ARMY ACTIVITIES (ALARACT) MESSAGE 003/2009, POST DEPLOYMENT AUDIOGRAMS, DATED 3 JANUARY 2009//

REF/K/ALL ARMY ACTIVITIES (ALARACT) MESSAGE 344/2009, PDHRA OUTREACH TO ACTIVE COMPONENT SOLDIERS WHO ARE NON-COMPLIANT FOR THE PDHRA

SCREEN, DATED 17 DECEMBER 2009 (HEREBY SUPERSEDED)//

REF/L/AR 600-8-101, PERSONNEL PROCESSING, IN-OUT-SOLDIER READINESS, MOBILIZATION, AND DEPLOYMENT PROCESSING/JUL 2003//

REF/M/ARMY MEDICAL COMMAND OPERATIONS ORDER 08-50, POST-DEPLOYMENT HEALTH REASSESSMENT PROGRAM/JUN 2008//

REF/N/AR 40-501, STANDARDS OF MEDICAL FITNESS/RAR AUG 2010//

REF/O/ARMY MEDICAL COMMAND OPERATIONS ORDER 11-03 (SOLDIER READINESS PROCESSING & MEDICAL / DENTAL RESET)/APR 2011/ (CURRENTLY UNDER REVISION)//

REF/P/HQDA EXORD 178-11, MOBILIZATION COMMAND SUPPORT RELATIONSHIPS AND REQUIREMENTS BASED DEMOBILIZATION PROCESS WITH FRAGOS 1&2/APR 2011//

REF/Q/HQDA EXORD 185-11, REDUCTION OF NONDEPLOYABLES/APR 2011//

REF/R/ARMY DIRECTIVE 2012-13, POLICY AND IMPLEMENTING GUIDANCE FOR DEPLOYMENT CYCLE SUPPORT/MAY 2012//

REF/S/OSD HA/MEMORANDUM/IMPLEMENTATION OF REVISED DEPARTMENT OF DEFENSE FORMS 2795, 2796, AND 2900/JUL2012//

REF/T/DD FORM 2795/PRE-DEPLOYMENT HEALTH ASSESSMENT (PRE-DHA)/SEP2012//

REF/U/DD FORM 2796/POST DEPLOYMENT HEALTH ASSESSMENT (PDHA)/SEP2012//

REF/V/DD FORM 2900/POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA)/SEP2012

REF/W/HQDA EXORD 055-13, IMPLEMENTATION OF REVISED DEPLOYMENT HEALTH ASSESSMENT FORMS/JAN 2013 (HEREBY SUPERSEDED)//

REF/X/ARMY DCS G-1 MEMO, DEPLOYMENT HEALTH ASSESSMENT PROGRAM (DHAP)/MAR 2013//

REF/Y/AR 40-66, MEDICAL RECORD ADMINISTRATION AND HEALTHCARE DOCUMENTATION/RAR JAN 2010//

REF/Z/ARMY DCS G-1 MEMO, THE POST-DEPLOYMENT HEALTH REASSESSMENT AND FREQUENT DEPLOYMENTS/MAY2008 (HEREBY SUPERSEDED)//

REF/AA/ALL ARMY ACTIVITIES (ALARACT) MESSAGE 233/2013, TIME PERIOD FOR COMPLETION OF THE PRE-DEPLOYMENT HEALTH ASSESSMENT (DD FORM 2795), DATED 18 SEP 2013//

REF/AB/HQDA EXORD 110-13, READY AND RESILIENT CAMPAIGN PLAN/MAR13//

[ADD] REF/AC/THIS ALARACT SUPERSEDES ALARACT 331/2013 HQDA EXORD 015-14 DEPLOYMENT HEALTH ASSESSMENT PROGRAM.

NARRATIVE: (U) THIS IS A RESUBMISSION OF EXORD 015-14 DEPLOYMENT HEALTH ASSESSMENT PROGRAM. THIS RESUBMISSION INCORPORATES CHANGES TO PARAGRAPHS AS MARKED. THIS ALARACT REMOVES THE REQUIREMENT FOR PROVIDER CONFIRMATION/VALIDATION OF A PRE-DEPLOYMENT HEALTH ASSESSMENT (PRE-DHA, DD FORM 2795) WITHIN 60 DAYS OF DEPLOYMENT. ADDS REQUIRED DOD ONLINE BEHAVIORAL HEALTH ASSESSMENT TRAINING FOR PROVIDERS WHO COMPLETE PHA AND DHAP (DEPLOYMENT HEALTH ASSESSMENT PROGRAM) SCREENING. DEPLOYMENT HEALTH ASSESSMENTS (DHA) PAST DUE OR INCOMPLETE OVER 24 MONTHS WILL BE LISTED AS NONCOMPLIANT AND REMOVED FROM THE OVERALL UNIT DHA COMPLIANCE PERCENTAGE IN THE MEDICAL PROTECTION SYSTEM (MEDPROS). FOR DEPARTMENT OF THE ARMY (DA) CIVILIANS (DAC), CLARIFIES THAT COMPLETION OF A SUBSEQUENT PRE-DEPLOYMENT MEDICAL SCREENING WILL RESET THE REQUIREMENT FOR A POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA) BASED ON A PRIOR DEPLOYMENT. FOR SOLDIERS, CLARIFIES THAT COMPLETION OF A DEPLOYMENT HEALTH ASSESSMENT (DHA) THAT INCLUDES A BEHAVIORAL HEALTH ASSESSMENT WILL RESET THE REQUIREMENT FOR A PDHRA BASED ON A PRIOR DEPLOYMENT.

1. (U) SITUATION.

1.A. (U) THE ARMY DHAP IS DESIGNED TO ADDRESS DEPLOYMENT-RELATED PHYSICAL AND BEHAVIORAL HEALTH NEEDS AND CONCERNS OF SOLDIERS, DA CIVILIANS AND DA CONTRACTORS WITHIN THE DEPLOYMENT CYCLE. THE DHAP SUPPORTS THE ARMY-WIDE EFFORT TO PROMOTE WELL BEING, REDUCE NOT MEDICALLY READY TO DEPLOY, AND MAXIMIZE UNIT READINESS. THE MISSION SCOPE OF THE DHAP INCLUDES ACTIVE ARMY, ARMY NATIONAL GUARD, ARMY RESERVE, INDIVIDUAL READY RESERVE, DA CIVILIANS AND DA CONTRACTORS. SPECIFIC DHAP PROCESS GUIDANCE VARIES BASED ON COMPONENT AND LOCATION.

1.B. [CHANGE] (U) DOD INSTRUCTION (DODI) 6490.03 (REF B) AND DODI 6490.12 (REF C) FORMALLY MANDATED THREE DEPLOYMENT-RELATED HEALTH ASSESSMENTS: A PRE-DEPLOYMENT HEALTH ASSESSMENT (PRE-DHA, DD FORM 2795) TO BE COMPLETED UP TO 120 DAYS PRIOR TO EXPECTED DEPLOYMENT; A POST-DEPLOYMENT HEALTH ASSESSMENT (PDHA) (DD FORM 2796) TO BE COMPLETED AS CLOSE TO REDEPLOYMENT DATE AS POSSIBLE, BUT NOT EARLIER THAN 30 DAYS BEFORE THE EXPECTED REDEPLOYMENT AND NO LATER THAN 30 DAYS AFTER REDEPLOYMENT; AND A POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA) (DD FORM 2900) TO BE COMPLETED BETWEEN 90 TO 180 DAYS AFTER REDEPLOYMENT. CRITICAL TO THE SUCCESSFUL DHAP EXECUTION IS THE COMPLETION OF UNIT RESILIENCE TRAINING (PREVIOUSLY KNOWN AS BATTLEMIND II TRAINING) IN ACCORDANCE WITH (IAW) AR 350-53 PRIOR TO THE COMPLETION OF THE SELF-ASSESSMENT PORTION OF THE DHAP FORMS.

1.C. (U) IN EARLY 2013, REVISIONS TO THE DHAP FORMS MANDATED BY THE ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD-HA) WERE IMPLEMENTED. THE REVISIONS INCORPORATED CONGRESSIONALLY-MANDATED BEHAVIORAL HEALTH ASSESSMENT QUESTIONS, PROVIDER INPUT, STUDY RESULTS AND LOGIC THAT HIGHLIGHTS POSITIVE AND PERTINENT NEGATIVE RESPONSES

AND ENSURES POSITIVE RESPONSES TO THE SELF-ASSESSMENT QUESTIONS ARE ADDRESSED BY THE PROVIDER, TO INCLUDE FERAL ANIMAL EXPOSURES AND RABIES RISKS.

2. (U) MISSION. EFFECTIVE UPON PUBLICATION OF THIS ORDER, THE ARMY CONTINUES TO IMPLEMENT AND STANDARDIZE DHAP PROCESSES ACROSS THE ARMY FOR DEPLOYING AND REDEPLOYED SOLDIERS, DA CIVILIANS AND DA CONTRACTORS TO ADDRESS POTENTIAL DEPLOYMENT-RELATED PHYSICAL AND BEHAVIORAL HEALTH CONCERNS TO SUPPORT EACH PHASE OF THE ARMY FORCE GENERATION (ARFORGEN) CYCLE.

3. (U) EXECUTION.

3.A. (U) INTENT.

3.A.1. [CHANGE] (U) ALL PERSONNEL WHO DEPLOY FOR GREATER THAN 30 DAYS OUTSIDE THE CONTINENTAL UNITED STATES (OCONUS) TO LOCATIONS WITHOUT FIXED US MILITARY TREATMENT FACILITIES (MTFS) WILL COMPLETE OR HAVE CONFIRMED/ AS CURRENT A PRE-DEPLOYMENT HEALTH ASSESSMENT (DD FORM 2795) WITHIN 120 DAYS OF EXPECTED DEPLOYMENT DATE; COMPLETE THE POST-DEPLOYMENT HEALTH ASSESSMENT (DD FORM 2796) AS CLOSE TO THE REDEPLOYMENT DATE AS POSSIBLE, BUT NOT EARLIER THAN 30 DAYS BEFORE THE EXPECTED REDEPLOYMENT DATE AND NLT 30 DAYS AFTER REDEPLOYMENT (RESERVE COMPONENT MEMBERS WILL COMPLETE THE PDHA (DD FORM 2796) BEFORE THEY ARE RELEASED FROM ACTIVE DUTY); AND COMPLETE THE POST-DEPLOYMENT HEALTH REASSESSMENT (DD FORM 2900) 90 TO 180 DAYS AFTER DEMOBILIZATION. DEPLOYMENT-RELATED CONDITIONS WILL BE DOCUMENTED AND REFERRALS MADE IN THE ELECTRONIC MEDICAL RECORD/SERVICE TREATMENT RECORD (STR) AS REQUIRED (WHEN AVAILABLE). COMMANDERS (COMBATANT COMMANDERS, SERVICE COMPONENT COMMANDERS OR COMMANDERS EXERCISING OPERATIONAL CONTROL) IAW DODI 6490.03 WILL CONDUCT HEALTH RISK ASSESSMENTS IOT DETERMINE THE NEED FOR DHAP COMPLETIONS FOR ALL CONTINENTAL UNITED STATES (CONUS) DEPLOYMENTS AND ALL OCONUS DEPLOYMENTS OF 30 DAYS OR LESS TO ANY LOCATION. DHA PAST DUE OR INCOMPLETE OVER 24 MONTHS WILL BE LISTED AS NONCOMPLIANT AND REMOVED FROM THE OVERALL UNIT DHA COMPLIANCE PERCENTAGE IN MEDPROS.

3.A.2. (U) EACH DHAP ASSESSMENT PROVIDES THE OPPORTUNITY TO CONDUCT A SELF-ASSESSMENT, HAVE A CONFIDENTIAL CONVERSATION WITH A HEALTH CARE PROVIDER, AND RECEIVE PRIORITIZED CARE TO ADDRESS DEPLOYMENT-RELATED HEALTH CONCERNS. THE DHAP SELF-ASSESSMENTS ARE COMPLETED IN THE MEDICAL OPERATIONAL DATA SYSTEM (MODS) ACCESSED VIA THE ARMY KNOWLEDGE ONLINE (AKO) SYSTEM.

3.A.3. (U) SUMMARY OF RECENT DHAP CHANGES AND CLARIFICATIONS.

3.A.3.A. [CHANGE] (U) PRE-DHA (DD FORM 2795). IN ORDER TO SYNCHRONIZE THE NEW DHAP FORMS WITH CONGRESSIONALLY-DIRECTED BEHAVIORAL HEALTH ASSESSMENT (BHA) TIMELINES, DOD HEALTH AFFAIRS AUTHORIZED ADMINISTRATION OF THE PRE-DHA UP TO 120 DAYS PRIOR TO THE ESTIMATED DEPLOYMENT DEPARTURE DATE (REF C). PROVIDERS WILL

(MANDATORY) COPY AND PASTE THE ASSESSMENT RESULTS FOR ALL COMPONENT SERVICE MEMBERS AND DACs INTO THE ARMED FORCES HEALTH LONGITUDINAL TECHNOLOGY APPLICATION (AHLTA) WHERE AVAILABLE. A HARDCOPY OF THE PRE-DHA WILL BE PRINTED FOR THE DEPLOYMENT HEALTH RECORD (DD FORM 2766).

3.A.3.A.1 (U) ACTIVE COMPONENT INDIVIDUALS EXPECTED TO DEPLOY AND FOUND BY A PRIVILEGED PROVIDER TO BE MEDICALLY READY TO DEPLOY WITHIN 72 HOURS, BUT REQUIRE MEDICAL READINESS UPDATES (E.G., IMMUNIZATIONS, DENTAL EXAM, OR EYE EXAM) OR NOT MEDICALLY READY TO DEPLOY - POTENTIALLY DISQUALIFYING CONDITION REQUIRING ADDITIONAL EVALUATION, WILL BE REASSESSED BY A PRIVILEGED PROVIDER AT LEAST EVERY 30 DAYS UNTIL THEY ARE FOUND MEDICALLY READY TO DEPLOY WITHOUT QUALIFICATION OR NOT MEDICALLY READY TO DEPLOY TO ENSURE CURRENCY OF MEDICAL READINESS.

3.A.3.A.2. (U) RESERVE COMPONENT INDIVIDUALS EXPECTED TO DEPLOY AND FOUND BY A PROVIDER TO BE MEDICALLY READY TO DEPLOY WITHIN 72 HOURS, BUT REQUIRE MEDICAL READINESS UPDATES (E.G., IMMUNIZATIONS, DENTAL EXAM, OR EYE EXAM) OR NOT MEDICALLY READY TO DEPLOY - POTENTIALLY DISQUALIFYING CONDITION REQUIRING ADDITIONAL EVALUATION, SHOULD BE REASSESSED, IF FEASIBLE, BY A PRIVILEGED PROVIDER AT LEAST EVERY 30 DAYS UNTIL THEY ARE FOUND MEDICALLY READY TO DEPLOY WITHOUT QUALIFICATION OR NOT MEDICALLY READY TO DEPLOY TO ENSURE CURRENCY OF MEDICAL READINESS.

3.A.3.A.3. [CHANGE] (U) PROVIDERS WILL COPY AND PASTE THE ASSESSMENT RESULTS FOR ALL COMPONENT SERVICE MEMBERS AND DACs INTO AHLTA WHERE AVAILABLE. A HARDCOPY OF THE PRE-DHA WILL BE PRINTED FOR THE DEPLOYMENT HEALTH RECORD (DD FORM 2766).

3.A.3.B. (U) PDHA (DD FORM 2796). ONLY THE MOST CURRENT VERSION OF DD FORM 2796 IS AUTHORIZED FOR USE. COMPLETION OF THE CURRENT, 2012 VERSION OF THE FORM, REQUIRES COMPUTERS WITH INTERNET ACCESS. THE SELF ASSESSMENT PORTION OF THE PDHA SHOULD OPTIMALLY BE COMPLETED SHORTLY AFTER REDEPLOYMENT DURING REVERSE SOLDIER READINESS PROCESSING (RSRP) AND THE SOLDIER WILL BE INTERVIEWED BY A HEALTHCARE PROVIDER NLT 30 DAYS AFTER REDEPLOYMENT. PROVIDERS WILL COPY AND PASTE THE ASSESSMENT RESULTS FOR ALL COMPONENT SERVICE MEMBERS INTO AHLTA. PRINTING A HARDCOPY OF THE PDHA IS NOT REQUIRED.

3.A.3.B.1. (U) OCONUS DEPLOYMENT MISSION DRAWDOWN MAY IMPACT INFRASTRUCTURE CAPABILITIES TO CONDUCT THE PDHA IN-THEATER. COMBATANT COMMANDS MAY CONDUCT THE PDHA IN THEATER WHERE APPROPRIATE SUPPORT INFRASTRUCTURE (AUTOMATION, PROVIDERS, FACILITIES, ETC.), ARE AVAILABLE. IF A PROVIDER INTERVIEW IS CONDUCTED IN THEATER, A SECOND PROVIDER INTERVIEW MUST BE CONDUCTED NLT 30 DAYS AFTER REDEPLOYMENT. THE EDIT/RE-SIGN FEATURE IN MODS CAN BE USED, PRECLUDING THE NEED FOR THE SOLDIER TO COMPLETE ANOTHER SELF-ASSESSMENT FOLLOWING DEPARTURE FROM THEATER.

3.A.3.B.2. (U) THE 2008 VERSION OF THE PDHA FORMS ON THE MEDICAL COMMUNICATIONS FOR COMBAT CASUALTY CARE (MC4) HANDHELD DEVICES ARE OUTDATED, PRECLUDING USE OF THE DEVICES FOR THE PDHA. EFFECTIVE 15 FEB 13 USE OF THE MC4 HANDHELD DEVICES FOR COMPLETION OF THE SELF-ASSESSMENT PORTION OF THE PDHA IN THEATER IS DISCONTINUED. THE MC4 DEVICES WERE NOT UPDATED WITH THE 2012 VERSIONS OF THE PDHA. ALL PDHAS COMPLETED IN THEATER AFTER 15 FEB 13 ARE COMPLETED VIA THE MODS WEB APPLICATION. PERSONNEL ARE REMINDED THAT THE PDHA CAN BE COMPLETED UP TO 30 DAYS PRIOR TO DEPARTURE FROM THEATER OR UP TO 30 DAYS FOLLOWING DEPARTURE FROM THEATER. PERSONNEL WITHOUT READY ACCESS TO MODS IN THEATER CAN COMPLETE THE PDHA FOLLOWING DEPARTURE FROM THEATER.

3.A.3.C. [CHANGE] (U) PDHRA (DD FORM 2900). DOD AND ARMY METRICS ARE SPECIFICALLY MONITORING THE MANDATORY PDHRA COMPLIANCE RATE OF 85% OR GREATER WITHIN THE 90 TO 180 DAY WINDOW AFTER REDEPLOYMENT. ARMY COMMAND (ACOM), ARMY SERVICE COMPONENT COMMANDS (ASCCS), AND DIRECT REPORTING UNIT (DRU) EMPHASIS WILL BE PLACED ON COMPLETING THE PDHRA WITHIN THE 90 TO 180 DAY COMPLIANCE WINDOW AFTER REDEPLOYMENT. FOR DACs, COMPLETION OF A SUBSEQUENT PRE-DEPLOYMENT MEDICAL SCREENING WILL RESET THE REQUIREMENT FOR A PDHRA BASED ON A PRIOR DEPLOYMENT. FOR SOLDIERS COMPLETION OF A DEPLOYMENT HEALTH ASSESSMENT THAT INCLUDES A BEHAVIORAL HEALTH ASSESSMENT WILL RESET THE REQUIREMENT FOR A PDHRA BASED ON A PRIOR DEPLOYMENT. PROVIDERS WILL (MANDATORY) COPY AND PASTE THE ASSESSMENT RESULTS FOR ALL COMPONENT SERVICE MEMBERS AND DA CIVILIANS INTO AHLTA WHERE AVAILABLE. PRINTING A HARDCOPY OF THE PDHRA IS NOT REQUIRED.

3.A.3.C.1. (U) SECONDARY ARMY METRICS INCLUDE TOTAL PDHRA COMPLETION COMPLIANCE PERCENTAGE OVER 180 DAYS AND PRIOR TO 90 DAYS AFTER REDEPLOYMENT. EARLY COMPLETION OF THE PDHRA IS REQUIRED PRIOR TO INSTALLATION CLEARANCE DUE TO ETS, RETIREMENT, AND SEPARATION FROM THE SERVICE, OR TRANSITION TO INDIVIDUAL READY RESERVE (IRR) REGARDLESS OF TIMEFRAME. SOLDIERS TRANSITIONING DUE TO PERMANENT CHANGE OF STATION (PCS), TEMPORARY CHANGE OF STATION (TCS) OR TO THE ARMY RESERVE OR ARMY NATIONAL GUARD ARE REQUIRED TO COMPLETE THE PDHRA WITHIN THE 90-180 DAY PERIOD IAW DODI 6490.03.

3.A.3.C.2. (U) PERSONNEL WHO DEPLOY AGAIN WITHIN 180 DAYS FOLLOWING THE END OF A DEPLOYMENT MAY NOT HAVE SUFFICIENT TIME TO COMPLETE THE PDHRA (DD FORM 2900). A PRE-DHA (DD FORM 2795) COMPLETED WITHIN 180 DAYS AFTER RETURNING FROM A DEPLOYMENT WILL BE ACCEPTED TO MEET THE PDHRA REQUIREMENT. FOR REPORTING PURPOSES, COMPLETION OF THE 2795 WILL BE CONSIDERED MEETING COMPLIANCE EVEN IF THE SERVICE MEMBER DOES NOT DEPLOY AGAIN.

3.A.3.C.3. (U) SOLDIERS IN TRANSITION ASSIGNED OR ATTACHED TO WARRIOR TRANSITION UNITS (WTU) OR COMMUNITY BASED WARRIOR TRANSITION UNITS (CBWTU) WILL COMPLETE ALL REQUIRED DHAP SCREENING. THERE ARE NO EXCEPTIONS OR EXEMPTIONS REGARDLESS OF COMPONENT FOR SOLDIERS IN A WTU.

3.A.3.C.4. (U) COMMANDERS OF ACTIVE ARMY SERVICE MEMBERS ENROLLED IN TRICARE PRIME REMOTE (TPR) AND TRICARE OVERSEAS PRIME REMOTE (TOPR) PROGRAMS WILL INSTRUCT SOLDIERS TO COMPLETE THE PDHRA (DD FORM 2900) SELF ASSESSMENT VIA ARMY KNOWLEDGE ONLINE (AKO). THEY MAY COMPLETE THE PDHRA PROVIDER INTERVIEW VIA TELEPHONE. FOR SPECIFIC CONTACT INFORMATION, EMAIL THE G1 DHAP HELP DESK AT DHAP.G1.FIELDINQUIRY@US.ARMY.MIL OR VISIT WWW.US.ARMY.MIL/SUITE/PAGE/611427.

3.A.3.D. (U) DHAP PRINTING GUIDANCE. A HARDCOPY OF THE PRE-DHA (DD FORM 2795) WILL BE PRINTED FOR THE FIELD FILE IAW REF Y AS STATED IN PARAGRAPH 3.A.3.A. ABOVE. COMPLETED DEPLOYMENT HEALTH ASSESSMENTS (DD FORMS 2795, 2796, 2900 AND THE MENTAL HEALTH ASSESSMENTS) DO NOT NEED TO BE PRINTED AND PLACED IN THE INDIVIDUAL'S MEDICAL FOLDER IF AN ELECTRONIC COPY IS AVAILABLE IN AN ELECTRONIC MEDICAL RECORD/SERVICE TREATMENT RECORD (AHLTA FOR ACTIVE COMPONENT OR HEALTH READINESS RECORD [HRR] FOR THE RESERVE COMPONENTS).

3.A.3.E. (U) PERIODIC HEALTH ASSESSMENT (PHA).

3.A.3.E.1. (U) A PHA SHOULD BE COMPLETED IF A SOLDIER'S PHA HAS EXPIRED OR IS MORE THAN 120 DAYS OLD AND WILL EXPIRE PRIOR TO THE SOLDIER'S PROJECTED RETURN FROM DEPLOYMENT. PROVIDERS ARE OFFERED THE OPPORTUNITY TO COMPLETE A PHA AFTER SIGNING THE PRE-DHA FORM.

3.A.3.E.2. (U) PRINTING A HARDCOPY OF THE PHA, SCANNING, AND UPLOADING A COPY INTO AHLTA (ACTIVE COMPONENT) OR HRR (RESERVE COMPONENT) IS REQUIRED.

3.A.3.F. (U) ENHANCED BEHAVIORAL HEALTH (BH) SCREENINGS IN CONJUNCTION WITH THE DHAP AND PHA. THE ARMY CONDUCTS BH SCREENINGS AT FIVE RECOGNIZED TOUCH POINTS THROUGHOUT THE DEPLOYMENT CYCLE: AT 120 DAYS BEFORE DEPLOYMENT, IN-THEATER END OF TOUR TOUCHPOINT, POST-DEPLOYMENT HEALTH ASSESSMENT ENHANCED BH SCREENING AT 1-30 DAYS AFTER RETURN FROM DEPLOYMENT, POST DEPLOYMENT HEALTH REASSESSMENT ENHANCED BH SCREENING AT 90-180 DAYS AFTER RETURN FROM DEPLOYMENT, AND PERIODIC HEALTH ASSESSMENT. ANNUAL ASSESSMENTS WILL BE UTILIZED TO COMPLY WITH DODI 6490.12 (REF C) DIRECTED 18 MONTH AND 30 MONTH POST DEPLOYMENT MENTAL HEALTH ASSESSMENT REQUIREMENT.

3.A.3.G. (U) SRP AND RSRP. COMMANDERS OF SRP/RSRP LOCATIONS AND EMBEDDED MEDICAL ASSETS WILL PROVIDE FOR THE IMPLEMENTATION OF STANDARDIZED MEDICAL PROCESSES IAW REF (O) TO PROVIDE STANDARDIZED AND PREDICTABLE MEDICAL SUPPORT AT SRP LOCATIONS FOR THE DEPLOYING AND REDEPLOYING FORCE IN EACH PHASE OF THE ARFORGEN CYCLE.

3.A.3.H. [CHANGE] (U) COMMANDERS WILL ENSURE UNIFORMED AND CIVILIAN NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS AND PHYSICIANS WHO CONDUCT PHA AND DHAP SCREENING COMPLETE THE REQUIRED DOD ONLINE TRAINING FOR BEHAVIORAL HEALTH ASSESSMENTS IF THEY HAVE NOT PREVIOUSLY COMPLETED THE TRAINING. A CERTIFICATE OF COMPLETION WILL BE PLACED IN THEIR PRIVILEGING FILE. THE TRAINING IS AVAILABLE AT

[HTTP://FHPR.OSD.MIL/PDFS/NDAA%20FHP_DHCC.PDF](http://FHPR.OSD.MIL/PDFS/NDAA%20FHP_DHCC.PDF). THE REQUIRED MENTAL HEALTH ASSESSMENT (MHA) POST TEST IS LOCATED AT [HTTPS://MHAQUIZ.FHPR.OSD.MIL](https://MHAQUIZ.FHPR.OSD.MIL). PROVIDERS WHO ARE NOT PRIVILEGED AS A NURSE PRACTITIONER, PHYSICIAN ASSISTANT OR PHYSICIAN ARE NOT AUTHORIZED TO COMPLETE DHAP FORMS IN THE MEDICAL OPERATIONAL DATA SYSTEM (MODS). COMMANDERS WILL WORK WITH THE CONTRACTING OFFICER TO ENSURE CONTRACT NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS AND PHYSICIANS COMPLETE ANY DHAP RELATED TRAINING MANDATED BY THEIR CONTRACT.

3.A.3.I. (U) COMMANDERS OF SOLDIERS AND DA CIVILIANS RECEIVING CARE FROM U.S. AIR FORCE AND/OR U.S. NAVY HEALTH CARE PROVIDERS WILL INFORM PERSONNEL THAT THE SELF-ASSESSMENT PORTIONS OF THE DHAP FORMS CAN BE COMPLETED VIA THE USAF OR NAVY DHAP SYSTEMS. PERSONNEL WITH USAF PROVIDERS CAN COMPLETE THEIR DHAP SELF-ASSESSMENT AT [HTTPS://IMR.AFMS.MIL/IMR/APPDIR.ASPX.PERSONNEL](https://IMR.AFMS.MIL/IMR/APPDIR.ASPX.PERSONNEL) RECEIVING CARE FROM NAVY PROVIDERS CAN COMPLETE THEIR DHAP SELF-ASSESSMENT AT [HTTPS://DATA.NMCPHC.MED.NAVY.MIL/EDHA](https://DATA.NMCPHC.MED.NAVY.MIL/EDHA). SELECT "NEW USER" AND USE THE (CASE SENSITIVE) PASS PHRASE Activenavy1#. UPON COMPLETION OF THE SELF-ASSESSMENT IN THE USAF OR NAVY SYSTEM, CONTACT THE SUPPORTING MEDICAL CLINIC AND SCHEDULE THE PROVIDER INTERVIEW. QUESTIONS AND MORE INFORMATION MAY BE OBTAINED FROM THE G1 DHAP HELP DESK AT DHAP.G1.FIELDINQUIRY@US.ARMY.MIL OR WWW.US.ARMY.MIL/SUITE/PAGE/611427.

3.B. (U) HEADQUARTERS DEPARTMENT OF THE ARMY (HQDA).

3.B.1. (U) ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS) (ASA M&RA).

3.B.1.A. (U) ASA M&RA, AS EXECUTIVE OFFICE OF THE ARMY DHAP, WILL PROVIDE DA POLICY OVERSIGHT.

3.B.2. (U) DEPUTY CHIEF OF STAFF, ARMY G-1.

3.B.2.A. (U) DESIGNATE A DHAP PROGRAM EXECUTIVE OFFICER AND MAINTAIN A DHAP MANAGEMENT OFFICE.

3.B.2.B. (U) PROVIDE POLICY GUIDANCE FOR INCORPORATING THE DHAP INTO DEPLOYMENT CYCLE SUPPORT (DCS) TO ENSURE ALL ACTIVE COMPONENT, RESERVE COMPONENTS, AND DOD/DA CIVILIAN PERSONNEL MEETING THE DHAP CRITERIA COMPLETE THE DHAP IN COMPLIANCE WITH DOD AND ARMY DIRECTIVES.

3.B.2.C. (U) PROVIDE DHAP POLICY GUIDANCE THAT ADDRESSES LINE OF DUTY (LOD) REQUIREMENTS AND PROCEDURES FOR RESERVE COMPONENT SOLDIERS IOT ENSURE ACCESS TO HEALTHCARE FROM THE DIRECT CARE SYSTEM, THE TRICARE NETWORK (VIA MMSO), AND THE DEPARTMENT OF VETERANS AFFAIRS (VA).

3.B.2.D. (U) COLLABORATE WITH AND ASSIST THE OFFICE OF THE SURGEON GENERAL (OTSG) AND MEDICAL COMMAND (MEDCOM) IN ADDRESSING DHAP

EXECUTION ISSUES, METRICS, AND STAFF ASSISTANCE VISITS.

3.B.2.E. (U) LEVERAGE THE KEY TENETS OF THE HQDA READY AND RESILIENT CAMPAIGN (R2C) WITH THE DHAP TO FORM A COMPREHENSIVE APPROACH IN ADDRESSING THE IMMEDIATE AND ENDURING NEEDS OF ALL SOLDIERS AND ARMY CIVILIANS.

3.B.2.F. (U) INCREASE AND IMPROVE MODS TRACKING AND MONITORING CAPABILITIES TO COVER ALL DHAP FORMS FOR SOLDIERS AND DOD/DA CIVILIANS.

3.B.2.G. (U) STRENGTHEN COORDINATION BETWEEN THE HUMAN RESOURCES (HR), MEDICAL AND ARMY COMMAND COMMUNITIES TO MAXIMIZE SOLDIER PARTICIPATION, REDUCE NON-DEPLOYABLE RATES, AND INCREASE UNIT READINESS.

3.B.2.H. (U) DEVELOP STRATEGIC COMMUNICATION (STRATCOM) MESSAGES/METHODS TO COMMUNICATE DHAP BENEFITS AND ENCOURAGE SUPPORT FOR COMMANDERS, LEADERS, SOLDIERS AND FAMILY MEMBERS. COORDINATE WITH THE OFFICE OF THE DCS, G2 TO ENSURE APPROPRIATE MESSAGING ADDRESSES REDUCTION OF STIGMA AND PERCEIVED IMPACTS TO SECURITY CLEARANCES.

3.B.2.I. (U) COORDINATE WITH OTSG/MEDCOM IN DEVELOPING MEASURES TO RECORD COMPLETION OF DEPLOYMENT HEALTH ASSESSMENT SCREENING PROCESS IN THE PERSONNEL RECORDS OF ALL ELIGIBLE DA CIVILIANS UTILIZING THE MEDPROS SYSTEM.

3.B.2.J. (U) TRACK DHAP COMPLETION FOR ELIGIBLE DA CIVILIANS. PROVIDE NOTIFICATION TO THESE DA CIVILIANS TO ATTEND THE REQUIRED DHAP SCREENING OFFERED AT THEIR SUPPORTING OCCUPATIONAL HEALTH CLINIC, MTF, OR OFFERING THEM THE OPTION OF COMPLETING THE PDHRA (DD FORM 2900) ON-LINE, WITH FOLLOW-UP SCREENING ASSESSMENT BY A HEALTH CARE PROVIDER TELEPHONICALLY FROM A DOD CALL CENTER.

3.B.2.K. (U) NOTIFY ELIGIBLE FORMER DA CIVILIANS WHO HAVE RETIRED FROM THE ARMY AND OFFER THEM THE OPPORTUNITY TO COMPLETE THE PDHRA PORTION OF THE DEPLOYMENT HEALTH ASSESSMENT REQUIREMENT. THIS REQUIREMENT IS FOR DA CIVILIANS WHO HAVE ALREADY SEPARATED AND WERE DEPLOYED OCONUS (WITHOUT FIXED-SITE MTF) AFTER 9 MARCH 2005. THE NOTIFICATION WILL INCLUDE INFORMATION ON HOW THEY CAN COMPLETE THE PDHRA PORTION OF THEIR DHAP REQUIREMENT ON-LINE, WITH A FOLLOW-UP SCREENING ASSESSMENT BY A HEALTH CARE PROVIDER FROM THE DOD CALL CENTER.

3.B.3. (U) OFFICE OF THE SURGEON GENERAL/US ARMY MEDICAL COMMAND.

3.B.3.A. (U) COORDINATE ALL MEDICAL POLICY AND SUPPORT ASSOCIATED WITH THE DHAP PROCESSES TO INCLUDE EXECUTION OF ASSESSMENTS, REFERRALS FOR EVALUATION AND TREATMENT, CASE MANAGEMENT, TRACKING OF REFERRAL CARE, PROGRAM EVALUATION, ELECTRONIC DOCUMENTATION IN MODS, THE ELECTRONIC MEDICAL RECORD, AND THE DEFENSE MEDICAL SURVEILLANCE

SYSTEM (DMSS).

3.B.3.B. (U) COORDINATE WITH OSD HEALTH AFFAIRS (OSD-HA) AND DEVELOP DHAP TRAINING, EDUCATIONAL AND OUTREACH MATERIALS FOR SOLDIERS, DA CIVILIANS, CLINICIANS, UNIT LEADERS AND LEADERSHIP AT ALL LEVELS.

3.B.3.C. (U) COORDINATE MEDICAL POLICY WITH REGIONAL MEDICAL COMMANDS TO ENSURE HEALTHCARE PROVIDERS WHO ADMINISTER THE DHAP AT SOLDIER READINESS PROCESSING (SRP) SITES, MEDICAL READINESS CLINICS, OCCUPATIONAL HEALTH CLINICS, WTU AND OTHER SITES ARE ORIENTED, TRAINED, AND EQUIPPED TO SUPPORT DHAP.

3.B.3.D. (U) COORDINATE MEDICAL POLICY WITH WARRIOR TRANSITION COMMAND TO ENSURE ALL SOLDIERS IN WARRIOR TRANSITION COMMAND COMPLETE THE DHAP REQUIREMENTS IAW DODI 6490.03 (REF B).

3.B.3.E. (U) COORDINATE MEDICAL POLICY TO ADMINISTER THE APPROPRIATE DHAP FORM AS PART OF SEPARATION PHYSICALS FOR ELIGIBLE SOLDIERS SEPARATING FROM THE SERVICE FOR ANY REASON. PDHRA COMPLETION IS AUTHORIZED WITHIN THE 0-89 DAY WINDOW FOLLOWING DEPLOYMENT FOR SEPARATING AND TRANSITIONING SOLDIERS. SEPARATIONS INCLUDE RETIREMENT, INVOLUNTARY SEPARATIONS, AND ETS. TRANSITIONING SOLDIERS INCLUDE USAR, IRR, AND ARNG TRANSITIONS (E.G., REFRAD).

3.B.3.F. (U) COORDINATE MEDICAL POLICY AND COLLABORATE WITH THE ARMY DCS G-1 AND ACS INSTALLATION MANAGEMENT COMMUNITY TO IMPLEMENT THE MEDICAL ASPECTS OF THE DHAP AND PROVIDE ASSISTANCE TO INSTALLATION MANAGEMENT COMMAND (IMCOM) SRP SITES AND COMMANDS WITH ORGANIC MEDICAL ASSETS AS REQUESTED.

3.B.3.G. (U) COORDINATE WITH G-1 DHAP OFFICE TO DEVELOP, PRODUCE AND POST INFORMATION MATERIALS FOR UNIT COMMANDERS TO INCREASE UNDERSTANDING AND AWARENESS OF THE DHAP PROCESS UTILIZING A VARIETY OF COMMUNICATION MEDIUMS TO INCLUDE INFORMATION BRIEFS, WEBSITES, AKO, S1NET, AND STRATCOM MATERIALS.

3.B.3.H. (U) COORDINATE POLICY WITH REGIONAL MEDICAL COMMANDS TO ENSURE CAPABILITY TO SCREEN SMALL NUMBERS OF ELIGIBLE SOLDIERS AND DA CIVILIANS AT ALL MTFs ON AN APPOINTMENT OR WALK-IN BASIS. ENSURE CAPABILITY EXISTS TO SUPPORT ELIGIBLE SOLDIERS AND DA CIVILIANS WHO DO NOT COMPLETE DHAP SCREENINGS WITH A UNIT. (FOR EXAMPLE, INDIVIDUAL MOBILIZATION AUGMENTEES, ARMY PROFESSIONAL FILLER SYSTEM [PROFIS], ETC.)

3.B.3.I. (U) INITIATE CHANGES TO MODS TO ACCOMMODATE THE LATEST DOD-APPROVED VERSIONS OF THE DHAP FORMS, IMPLEMENT ENHANCEMENTS TO MODS THAT FACILITATE COMPLETION OF THE FORMS BY SOLDIERS AND PROVIDERS, AND ENSURE MODS REPORTING CAPABILITIES ASSIST COMMANDS IN ENSURING COMPLIANCE.

3.B.3.J. (U) ENSURE MODS HELP DESK PERSONNEL ARE TRAINED, AVAILABLE 24/7, AND READY TO ASSIST THE FIELD IN EXECUTING THE DHAP.

3.B.3.K. (U) CONDUCT STAFF ASSISTANCE VISITS AND STAFF INSPECTION VISITS WITH SUPPORT FROM G-1 DHAP, THE OFFICE OF THE CHIEF OF THE ARMY RESERVE (OCAR), THE NATIONAL GUARD BUREAU (NGB), ACSIM/IMCOM AND FORSCOM AS APPROPRIATE.

3.B.4. (U) TASKS TO SUBORDINATE UNITS ARMY COMMANDS (ACOMS), ARMY SERVICE COMPONENT COMMANDS (ASCCS), AND DIRECT REPORTING UNITS (DRUS).

3.B.4.A. (U) INTEGRATE THE DHAP INTO THEIR DEPLOYMENT CYCLE SUPPORT ACTIVITIES AND COMMUNICATE THE IMPORTANCE OF THE DEPLOYMENT HEALTH ASSESSMENTS.

3.B.4.B. (U) DEVELOP SUPPORTING PLANS TO EXECUTE IMPLEMENTATION OF THE DHAP FOR DEPLOYING AND REDEPLOYING UNITS IN ACCORDANCE WITH THIS EXORD AND DEPLOYMENT CYCLE SUPPORT GUIDANCE.

3.B.4.C. (U) TRACK DHAP COMPLETIONS, FOCUSING ON COMPLIANCE WITH THE SPECIFIED WINDOWS OF TIME FOR EACH ASSESSMENT (E.G., COMPLETION OF PDHRA 90 - 180 DAYS FOLLOWING DEPLOYMENT) AS A COMMAND ITEM OF INTEREST.

3.B.4.D. (U) COORDINATE WITH THE SUPPORTING IMCOM AND ENSURE ALL SOLDIERS WHO MUST COMPLETE DHAP THAT ARE PCSING, ETSING, RETIRING, SEPARATING FROM THE SERVICE, AND TRANSITIONING BETWEEN ARMY COMPONENTS COMPLETE THE APPROPRIATE DHAP PDHRA SCREENING. THESE PERSONNEL MAY COMPLETE THE PDHRA PRIOR TO THE 90 TO 180-DAY WINDOW.

3.B.4.E. (U) UNIT COMMANDERS, TO INCLUDE MULTI-COMPONENT UNIT COMMANDERS, WILL ENSURE ALL ASSIGNED SOLDIERS AND DA CIVILIANS COMPLETE THE DHAP SCREENINGS ON TIME, REGARDLESS OF COMPONENT.

3.B.4.F. (U) UNIT COMMANDERS WILL COLLECT AND REPORT DATA AS DIRECTED ON UNIT PROGRESS TOWARD ACHIEVING 100% DHAP COMPLIANCE FOR ALL APPLICABLE SOLDIERS AND DA CIVILIANS.

3.B.5. (U) COMMANDER, US ARMY FORCES COMMAND (FORSCOM).

3.B.5.A. (U) INTEGRATE THE DHAP INTO THE DEPLOYMENT CYCLE SUPPORT ACTIVITIES AND COMMUNICATE THE IMPORTANCE OF THE DEPLOYMENT HEALTH ASSESSMENTS.

3.B.5.B. (U) ENSURE FORSCOM UNITS WITH ORGANIC MEDICAL PERSONNEL WHO CONDUCT THE DHAP FOLLOW ALL PROGRAM REQUIREMENTS, TO INCLUDE MEDICAL PROVIDER TRAINING, COMPLETION OF THE ASSESSMENTS IN THE REQUIRED TIME WINDOWS AND DOCUMENTATION OF THE ASSESSMENTS IN THE ELECTRONIC MEDICAL RECORD (AHLTA) AS SPECIFIED IN THIS EXORD.

3.B.5.C. (U) ESTABLISH REPORTING PROCEDURES TO TRACK COMPLIANCE OF ALL SUBORDINATE AC, ARNG AND USAR UNITS FOR COMPLETION OF THE DHAP WITHIN SPECIFIED TIME WINDOWS.

3.B.5.D. (U) ASSIST THE OTSG/MEDCOM WITH STAFF ASSISTANCE VISITS TO FORSCOM INSTALLATIONS AS REQUIRED.

3.B.6. (U) ASSISTANT CHIEF OF STAFF, INSTALLATION MANAGEMENT (ACSIM)/INSTALLATION MANAGEMENT COMMAND (IMCOM).

3.B.6.A. (U) COORDINATE FACILITIES SUPPORT AT ARMY INSTALLATIONS CONDUCTING DHAP SCREENINGS TO ENSURE ALL INSTALLATION SUPPORT REQUIREMENTS ARE IDENTIFIED AND MET.

3.B.6.B. (U) ENSURE SRP/RSRP FACILITIES SUPPORT REQUIREMENTS ARE PROVIDED IAW ESTABLISHED DOD/ARMY STANDARDS/SPECIFICATIONS TO INCLUDE BUT NOT LIMITED TO FACILITY SPACE, PRIVACY, AND AUTOMATION EQUIPMENT.

3.B.6.C. (U) COORDINATE WITH SUPPORTING MILITARY TREATMENT FACILITY (MTF) TO ADMINISTER THE APPROPRIATE DHAP SCREENING DURING INSTALLATION IN-AND OUT-PROCESSING AS REQUIRED. PDHRA COMPLETION IS AUTHORIZED WITHIN THE 0-89 DAY WINDOW FOLLOWING DEPLOYMENT FOR SEPARATING AND TRANSITIONING SOLDIERS. SEPARATIONS INCLUDE RETIREMENT, INVOLUNTARY SEPARATIONS, AND ETS. TRANSITIONING SOLDIERS INCLUDE USAR, IRR AND ARNG TRANSITIONS (E.G., REFRAD).

3.B.6.D. (U) MONITOR AND TRACK STATUS OF DHAP COMPLIANCE AS AN ITEM OF INTEREST AT PERIODIC INSTALLATION TENANT MEETINGS/IPRS.

3.B.7. (U) DIRECTOR, ARMY NATIONAL GUARD (ARNG).

3.B.7.A. (U) COORDINATE WITH FORSCOM, THE ARMY G-1 AND THE OTSG/MEDCOM TO ESTABLISH PLANS, POLICIES, AND PROGRAMS TO ENSURE ALL ARNG SOLDIERS WHO MEET THE ELIGIBILITY CRITERIA COMPLETE THE DHAP SCREENINGS IOT COMPLY WITH REF B.

3.B.7.B. (U) ESTABLISH REPORTING PROCEDURES AND METRICS TO MONITOR AND TRACK DHAP COMPLIANCE/COMPLETION OF ALL SUBORDINATE UNITS IAW REF B.

3.B.7.C. (U) EDUCATE ARNG SOLDIERS REQUIRING EVALUATION OR TREATMENT AS A RESULT OF A DHAP SCREENING ON THEIR OPTIONS FOR RECEIVING CARE SERVICES THROUGH TRICARE MILITARY MEDICAL SUPPORT OFFICES (MMSO) AT A MTF, TRICARE MMSO APPROVED PROVIDER, OR A VA HEALTH FACILITY DEPENDING UPON THEIR ELIGIBILITY AT THE TIME OF THE DHAP SCREENING.

3.B.7.D. (U) EDUCATE SOLDIERS ON AVAILABLE BENEFITS AND ENSURE A DA FORM 2173 (STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS) ASSOCIATED WITH A LINE OF DUTY (LOD) DETERMINATION WITH EITHER DA FORM 2173 (STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS) OR DD FORM 261 (REPORT OF INVESTIGATION, LINE OF DUTY AND MISCONDUCT STATUS) IS COMPLETED AND APPROVED, AND EVALUATION/TREATMENT IS OFFERED COMMENSURATE WITH ELIGIBILITY REQUIREMENTS.

3.B.7.E. (U) ASSIST THE OTSG/MEDCOM WITH STAFF ASSISTANCE VISITS AS

REQUIRED.

3.B.8. (U) CHIEF, ARMY RESERVE (CAR).

3.B.8.A. (U) COORDINATE WITH FORSCOM, THE ARMY G-1, AND THE OTSG/MEDCOM, ESTABLISH PLANS, POLICIES, AND PROGRAMS TO ENSURE THAT ALL USAR PERSONNEL MOBILIZED WHO MEET DHAP CRITERIA COMPLETE THE DHAP IAW WITH REF B.

3.B.8.B. (U) ESTABLISH REPORTING PROCEDURES AND METRICS TO MONITOR AND TRACK DHAP COMPLIANCE/COMPLETION OF ALL TROOP PROGRAM UNIT (TPU), ACTIVE GUARD RESERVE (AGR), WTU / CBWTU, AND INDIVIDUAL MOBILIZATION AUGMENTATION (IMA) SOLDIERS ASSIGNED TO SUBORDINATE USAR UNITS IAW REF B.

3.B.8.C. (U) EDUCATE USAR SOLDIERS REQUIRING EVALUATION OR TREATMENT AS A RESULT OF A DHAP SCREENING ON THEIR OPTIONS FOR RECEIVING CARE THROUGH TRICARE MMSO AT A MTF TRICARE MMSO APPROVED PROVIDER OR A VA HEALTH FACILITY DEPENDING UPON THEIR ELIGIBILITY AT THE TIME OF THE DHAP SCREENING.

3.B.8.D. (U) EDUCATE USAR SOLDIERS ON AVAILABLE BENEFITS AND ENSURE A DA FORM 2173 (STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS) ASSOCIATED WITH A LINE OF DUTY (LOD) DETERMINATION IS COMPLETED AND EVALUATION/TREATMENT IS OFFERED COMMENSURATE WITH ELIGIBILITY REQUIREMENTS.

3.B.8.E. (U) ASSIST THE OTSG/MEDCOM WITH STAFF ASSISTANCE VISITS AS REQUIRED.

3.B.9. (U) HUMAN RESOURCES COMMAND (HRC)

3.B.9.A. (U) COORDINATE WITH OTSG/MEDCOM IN DEVELOPING MEASURES TO RECORD COMPLETION OF DEPLOYMENT HEALTH ASSESSMENT SCREENING PROCESS IN THE PERSONNEL RECORDS OF ALL ELIGIBLE SOLDIERS UTILIZING THE MEDPROS SYSTEM.

3.B.9.B. (U) TRACK DHAP COMPLETION FOR ELIGIBLE IRR SOLDIERS, IMA SOLDIERS, AND RETIREE RECALL SOLDIERS. PROVIDE NOTIFICATION TO THESE SOLDIERS TO ATTEND THE REQUIRED DHAP SCREENING OFFERED AT A SITE WITHIN THEIR STATE OR REGION, OR OFFERING THEM THE OPTION OF COMPLETING THE PDHRA (DD FORM 2900) ON-LINE, WITH FOLLOW-UP SCREENING ASSESSMENT BY A HEALTH CARE PROVIDER TELEPHONICALLY FROM A DOD CALL CENTER. THESE SOLDIERS WILL COMPLETE THE DHAP AND ATTEND THE SCREENING AFTER RETURNING FROM DEPLOYMENT AND PRIOR TO BEING RELEASED FROM ACTIVE DUTY.

3.B.9.C. (U) NOTIFY ELIGIBLE FORMER SOLDIERS WHO HAVE RETIRED, ETS'D OR BEEN DISCHARGED FROM THE ARMY AND OFFER THEM THE OPPORTUNITY TO COMPLETE THE PDHRA PORTION OF THE DEPLOYMENT HEALTH ASSESSMENT. THIS OPTION IS FOR SOLDIERS WHO HAVE ALREADY SEPARATED AND WERE DEPLOYED OCONUS (WITHOUT FIXED-SITE MTF) AFTER 9 MARCH 2005. THE NOTIFICATION

WILL INCLUDE INFORMATION ON HOW THEY CAN COMPLETE THE PDHRA PORTION OF THEIR DHAP ON-LINE, WITH A FOLLOW-UP SCREENING ASSESSMENT BY A HEALTH CARE PROVIDER FROM THE DOD CALL CENTER.

4. (U) SUSTAINMENT.

4.A. (U) THE PRE-2012 VERSIONS OF THE DHAP FORMS WILL NOT BE COMPLETED BY A PROVIDER AFTER 17 MARCH 2013. ARMY PERSONNEL PRESENTING TO PROVIDERS AFTER 17 MARCH 2013 WITH A PRE-2012 VERSION OF A DHAP FORM WILL COMPLETE A NEW SELF-ASSESSMENT ON A 2012 VERSION FORM TO ALLOW THE PROVIDER TO COMPLETE THE ASSESSMENT.

4.B. (U) STANDARDIZED ASSESSMENT TOOLS (SATS) USED WITH PRE-2012 VERSIONS OF A DHAP FORM WILL NOT BE USED WITH THE 2012 VERSIONS OF THE DHAP FORMS. SATS QUESTIONS WERE INCORPORATED INTO THE 2012 DHAP FORMS. PROVIDERS WILL CONTINUE TO USE SATS WITH THE PERIODIC HEALTH ASSESSMENT (PHA) UNTIL THE PHA INCORPORATES SATS QUESTIONS.

4.C. (U) COMMANDERS ARE REMINDED THAT THE DHAP FORMS ARE HEALTH ASSESSMENTS. HEALTH ASSESSMENT ANSWERS ARE CONFIDENTIAL AND SUBJECT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OF 1996.

4.D. (U) COMMANDERS WILL IDENTIFY A DHAP COORDINATOR WHO WILL PROVIDE OVERSIGHT OF THEIR DHAP REQUIREMENTS, COORDINATION AND TIMELY COMPLETION AS REQUIRED.

5. (U) COMMAND AND SIGNAL.

5.A. (U) POCS: [CHANGE]

5.A.1 [CHANGE] (U) ASA (MANPOWER AND RESERVE AFFAIRS) POC IS COL LOZAY FOOTS, ASSISTANT DEPUTY FOR MEDICAL AFFAIRS, COM: 703-692-1296, DSN: 223; EMAIL: LOZAY.FOOT55.MIL@MAIL.MIL.

5.A.2 [CHANGE] (U) OFFICE OF THE DEPUTY CHIEF OF STAFF G-1 POC IS MS VALERIE LUBIN, DHAP PROGRAM EXECUTIVE OFFICER, COM: 703-571-7288, DSN: 671; EMAIL: VALERIE.M.LUBIN.CIV@MAIL.MIL.

5.A.3 [CHANGE] (U) OFFICE OF THE SURGEON GENERAL/US ARMY MEDICAL COMMAND POC IS COL GEORGE R. GOODWIN, CHIEF, G37 MEDICAL READINESS, COM: 703-681-0102, DSN:761-0102; EMAIL: GEORGE.R.GOODWIN8.MIL@MAIL.MIL.

5.A.4. (U) HQDA AOC: SURGEON ACTION OFFICER, COM: 703-693-4821, DSN: 223-4821, EMAIL: OTS.G.AOCCAT@CONUS.ARMY.MIL.

6. (U) THE EXPIRATION DATE OF THIS MESSAGE IS 22 May 2016.