Department of Defense
INSTRUCTION

NUMBER 6490.13
September 11, 2015
Incorporating Change 1, Effective March 31, 2017

USD(P&R)

SUBJECT: Comprehensive Policy on Traumatic Brain Injury-Related Neurocognitive Assessments by the Military Services

References: See Enclosure 1

1. PURPOSE. This instruction:

a. In accordance with the authority in DoD Directive (DoDD) 5124.02 (Reference (a)), reissues DoD Instruction (DoDI) 6490.13 (Reference (b)) to establish policy, assign responsibilities, and prescribe standard elements, pursuant to section 722 of Public Law 111-383 (Reference (c)), requiring the implementation of a comprehensive neurocognitive assessment policy in the Military Services.

b. Designates the Army as the Military Health System (MHS) Lead Service for the testing required by the DoD Neurocognitive Assessment Program for the Military Services.

2. APPLICABILITY. This instruction applies to OSD, the Military Departments (including the U.S. Coast Guard (USCG) at all times, including when it is a service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff (CJCS) 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 (referred to collectively in this instruction as the "DoD Components").

3. POLICY. It is DoD policy that:

a. All Service members and DoD civilians across the deployment cycle will undergo computerized neurocognitive assessment testing as specified in Enclosure 3.

b. Neurocognitive assessment tools will be used to screen for cognitive changes as part of a clinical evaluation and will not be used as a standalone diagnostic tool.

c. The Automated Neuropsychological Assessment Metrics (ANAM) is the DoD-designated neurocognitive assessment tool until such time as evolving science and medical best practices inform a change in policy.

d. Population-based neurocognitive assessment testing is not routinely performed upon return from deployment.

e. All individually identifiable information will be protected in accordance with DoDD 5400.11, DoD 5400.11-R, and DoD 6025.18-R (References (d), (e), and (f)).

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. RELEASABILITY. **Cleared for public release**. This instruction is available on the Internet from the DoD Issuances Website at http://www.dtic.mil/whs/directives.

7. EFFECTIVE DATE. This instruction is effective September 11, 2015.

Brad R. Carson
Acting Under Secretary of Defense
for Personnel and Readiness

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ENCLOSURE 1

REFERENCES

(a) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
(b) DoD Instruction 6490.13, "Comprehensive Policy on Neurocognitive Assessments by the Military Services," June 4, 2013 (hereby cancelled)
(c) Section 722 of Public Law 111–383, "National Defense Authorization Act for Fiscal Year 2011," January 7, 2011
(d) DoD Directive 5400.11, "DoD Privacy Program," October 29, 2014
(e) DoD 5400.11-R, "Department of Defense Privacy Program," May 14, 2007
(f) DoD 6025.18-R, "DoD Health Information Privacy Regulation," January 24, 2003
(g) DoD Instruction 6200.05, "Force Health Protection ~~(FHP)~~ Quality Assurance (*FHP*QA) Program," ~~February 16, 2007~~ *June 16, 2016*
~~(h) DoD Directive 6000.17E, "Executive Agent (EA) for the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE)," January 2, 2013~~
~~(i) DoD Directive 1404.10, "DoD Civilian Expeditionary Workforce," January 23, 2009~~
~~(j) Public Law 104-191, "Health Insurance Portability and Accountability Act (HIPAA)," August 21, 1996~~
(h) Public Law 104-191, "Health Insurance Portability and Accountability Act (HIPAA)," August 21, 1996
(i) Directive-type Memorandum-17-004, "Department of Defense Expeditionary Civilian Workforce," January 25, 2017
~~(k)~~*(j)* DoD Instruction 6490.03, "Deployment Health," August 11, 2006
~~(l)~~*(k)* DoD Instruction 6490.11, "DoD Policy Guidance for Management of Mild Traumatic Brain Injury/Concussion in the Deployed Setting," September 18, 2012

ENCLOSURE 2

RESPONSIBILITIES

1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)). The USD(P&R) oversees the effectiveness and implementation of the DoD Neurocognitive Assessment Program.

2. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)). Under the authority, direction, and control of the USD(P&R), the ASD(HA):

a. Develops policy and provides guidance on the DoD Neurocognitive Assessment Program.

b. Periodically revises policy in accordance with emerging science and evolving best practices.

c. Reviews, approves, or disapproves requests for waivers to this instruction.

d. Develops and disseminates MHS strategic communication plans for this instruction.

e. Provides an operating budget for the DoD Neurocognitive Assessment Program through the Defense Health Program.

3. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR HEALTH READINESS POLICY AND OVERSIGHT (DASD(HRP&O)). Under the authority, direction, and control of the ASD(HA), the DASD(HRP&O):

a. Oversees the DoD neurocognitive assessment program as the DoD policy proponent for currency and compliance.

b. Coordinates with Director, Defense Health Agency (DHA), and the ~~DoD Neurocognitive Assessment Implementation Working Group (NAIWG)~~ *Traumatic Brain Injury Advisory Committee (TAC)* for policy implementation issues related to neurocognitive assessments.

c. Defines key force health protection elements and measures of success for quality assurance in accordance with DoDI 6200.05 (Reference (g)).

d. In conjunction with the Health Affairs Policy Advisory Council, determines the frequency of reporting for each key force health protection element and the measures of success.

e. Develops and coordinates neurocognitive assessment policy to support changes or updates recommended by the Military Services.

4. DIRECTOR, DHA. Under the authority, direction, and control of the ASD(HA), the Director, DHA:

a. Develops neurocognitive assessment implementation plans and procedures for DoD.

b. Oversees the DoD neurocognitive assessment implementation process.

c. In collaboration with the DASD(HRP&O), facilitates joint policy implementation and sharing of best practices as a member of the ~~NAIWG~~ *TAC*.

d. Budgets annually for ~~the Secretary of~~ the Army, as MHS Lead Service, to implement and maintain the DoD Neurocognitive Assessment Program.

e. Monitors policy compliance, in coordination with the MHS Lead Service, and provides periodic in-process reviews of the metrics to the DASD(HRP&O) to inform policy decisions.

f. Analyzes and submits force health protection quality assurance (FHP~~/~~QA) policy compliance data, in coordination with the DoD centralized surveillance office (i.e., Armed Forces Health Surveillance ~~Center~~ *Branch*), to the DASD(HRP&O).

g. Through the Director, Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE):

(1) In collaboration with the Military Services and the MHS Lead Service, develops clinical recommendations for traumatic brain injury-related neurocognitive assessments.

(2) Supports the Military Services through the MHS Lead Service in the production and maintenance of DoD-developed neurocognitive assessment testing education and training products.

(3) Serves as the central clearinghouse for dissemination of all DoD neurocognitive assessment education and training products.

5. SECRETARIES OF THE MILITARY DEPARTMENTS AND THE COMMANDANT OF THE USCG. The Secretaries of the Military Departments and the Commandant of the USCG:

a. Implement Service-level programs, in collaboration with the MHS Lead Service, to provide adequate environment to maintain the capability for testing across the military deployment cycle that contains, at a minimum, the core elements specified in Enclosure 3 of this instruction.

b. Designate in writing appropriate representatives to the ~~NAIWG~~ *TAC* to facilitate development and implementation of Service-level programs.

c. Incorporate standardized DoD-developed training and education on neurocognitive assessment testing into Service programs.

d. Train and certify designated specialty clinical providers to review and interpret neurocognitive assessments. For non-specialty providers, train when to appropriately refer individuals to specialty care.

e. Implement standardized certification requirements for all proctors authorized to administer the neurocognitive assessment test.

f. Develop a process to track those Service members referred for further clinical evaluation and administration of neurocognitive assessment testing.

g. Implement procedures to monitor key FHP~~/~~QA elements, compliance, and measures of success.

h. Submit compliance metrics to the Director, DHA, through the MHS Lead Service.

i. Develop a communication plan to inform risks and mitigation strategies and educate its Service members about the neurocognitive assessment policy.

j. Ensure all protected health information gathered in Service-level programs is managed in accordance with Reference (f).

6. <u>SECRETARY OF THE ARMY</u>. In addition to the responsibilities in section 5 of this enclosure, the Secretary of the Army~~:~~*, through the Surgeon General of the Army, oversees the testing activities required by the DoD Neurocognitive Assessment Program. These include:*

~~a. Through the Surgeon General of the Army, oversees the testing activities required by the DoD Neurocognitive Assessment Program. These include:~~

~~(1)~~ *a.* <u>Neurocognitive Assessment Execution Activities</u>

~~(a)~~ *(1)* Designate elements in the operation and management of neurocognitive assessment testing as described in this instruction.

~~(b)~~ *(2)* Establish the capabilities and system integration necessary for the effective and efficient execution of the ~~MHS Lead Service~~ Neurocognitive Assessment *Testing* Program.

~~(c)~~ *(3)* Program, obtain, and provide the necessary administrative, logistical, and financial resources to establish and support the operation of neurocognitive assessment testing.

~~(d)~~ *(4)* Establish the capability for consistent and continuous access to baseline testing results and generation of summary reports 24 hours a day, 7 days a week.

~~(e)~~ *(5)* Coordinate with Service-level programs to collect relevant deployment-related neurocognitive assessment tests and testing metrics, and submit to the DoD Centralized Surveillance Office on a monthly basis.

~~(2)~~ *b.* <u>Neurocognitive Assessment Administrative Activities</u>

~~(a)~~ *(1)* Develop and distribute written guidance that contains task-level requirements to accomplish, at a minimum, equipment lifecycle management policies and formal agreements, software maintenance and application development, and equipment quality controls.

~~(b)~~ *(2)* Use the ANAM data repository to submit a copy of neurocognitive assessment testing compliance data on military, DoD civilian, and USCG members to the Director, DHA on at least a quarterly basis, or upon request.

~~(c)~~ *(3)* Develop, in coordination with all Military Services, standardized and medically appropriate testing parameters to support Service-level neurocognitive assessment testing programs.

~~(d)~~ *(4)* Develop business rules that include a change request process, approved through the ~~NAIWG~~ *TAC*, to identify, assess, and present strategies for business requirements.

~~(e)~~ *(5)* Establish Health Insurance Portability and Accountability Act (Reference ~~(j)~~*(h)*) compliant capabilities for intra-agency and interagency data sharing of neurocognitive assessment testing data.

~~(f)~~ *(6)* In collaboration with the ~~Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (~~DCoE~~)~~ and the Military Services, produce DoD-developed neurocognitive assessment testing education and training products.

~~(g)~~ *(7)* Coordinate with *the* DCoE and the Military Services in efforts to certify staff once they are trained using DoD-developed education materials.

~~b. As DoD Executive Agent for the DCoE in accordance with DoDD 6000.17E (Reference (h)):~~

~~(1) Chairs the NAIWG to facilitate joint policy implementation and sharing of best practices.~~

~~(2) In collaboration with the Military Services and the MHS Lead Service, develop clinical recommendations for traumatic brain injury-related neurocognitive assessments.~~

~~(3) Support the Military Services through the MHS Lead Service in the production and maintenance of DoD-developed neurocognitive assessment testing education and training products.~~

~~(4) Serve as the central clearinghouse for dissemination of all DoD neurocognitive assessment education and training products.~~

7. CJCS. The CJCS:

a. Incorporates this instruction into relevant joint doctrine, training, and plans.

b. Designates an appropriate representative to the ~~NAIWG~~ *TAC* to facilitate development and implementation of the program to the geographic Combatant Commands.

c. In consultation with the geographic Combatant Commanders and the Secretaries of the Military Departments, monitors the implementation of this instruction during all military operations, to include deployments, contingencies, and exercises.

8. GEOGRAPHIC COMBATANT COMMANDERS. Through the CJCS, the geographic Combatant Commanders:

a. Receive neurocognitive assessment compliance data from the MHS Lead Service, through the DHA as a combat support agency, for Service members entering the area of responsibility.

b. In coordination with the Services, ensure appropriate procedures exist to perform post injury neurocognitive testing, in area of responsibility, in accordance with Enclosure 3.

ENCLOSURE 3

SERVICE-LEVEL PROGRAM ADMINISTRATION

Service-level programs will provide written guidance that is current, contains task-level requirements, and standardizes implementation to accomplish or address, at a minimum, these core elements:

a. Scope of testing as it pertains to the DoD Neurocognitive Assessment Program across the deployment cycle; specifically at pre-deployment, post-injury, and post-deployment.

(1) Pre-deployment

(a) Perform a pre-deployment baseline neurocognitive assessment within the 12 months before deployment using the designated DoD neurocognitive assessment instrument.

(b) DoD civilian employees will receive a baseline neurocognitive assessment in the same manner as Service members, to the extent practical and consistent with ~~DoDD 1404.10~~ *Directive-type Memorandum-17-004* (Reference (i)).

(2) Post-injury

(a) Perform a neurocognitive assessment following a diagnosed concussion or mild traumatic brain injury in accordance with the DCoE clinical practice recommendation, found on the MHS website at ~~http://health.mil/military-health-topics/health-readiness?type=Forms+%26+Templates#RefFeed.~~ *http://health.mil/TBIresources.*

(b) Compare post-injury neurocognitive assessments to Service member baseline neurocognitive assessments, when available, to inform return-to-duty decisions by medical providers. To request baseline neurocognitive assessments during deployment, medical providers will call or e-mail the Neurocognitive Assessment Branch (MHS Lead Service) helpdesk at (855) 630-7849 or DSN 471-9242 or usarmy.jbsa.medcom.mbx.otsg--anam-baselines@mail.mil.

(c) Compare post-injury evaluations on Service members without baseline neurocognitive assessments to pre-deployment relevant norms.

(3) Post-deployment

(a) Upon return from deployment, those Service members who respond affirmatively to the traumatic brain injury risk assessment questions on the Post Deployment Health Assessment contained in DoDI 6490.03 (Reference ~~(k)~~*(j)*) will be referred for further clinical evaluation that may include the administration of a neurocognitive assessment. All referred Service members will be tracked as appropriate.

b. Appropriate quality assurance, testing environment, and quality control activities established by the MHS Lead Service.

c. Preventive maintenance on hardware used in neurocognitive assessment testing as established by the MHS Lead Service.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ANAM	Automated Neuropsychological Assessment Metrics
ASD(HA)	Assistant Secretary of Defense for Health Affairs
CJCS	Chairman of the Joint Chiefs of Staff
DASD(HRP&O)	Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight
DCoE	Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury
DHA	Defense Health Agency
DoDD	DoD Directive
DoDI	DoD Instruction
FHP~~/~~QA	force health protection~~/~~quality assurance
MHS	Military Health System
~~NAIWG~~	~~Neurocognitive Assessment Implementation Working Group~~
TAC	*Traumatic Brain Injury Advisory Committee*
USCG	United States Coast Guard
USD(P&R)	Under Secretary of Defense for Personnel and Readiness

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purpose of this instruction.

ANAM. One of several commercially available neurocognitive tools consisting of a library of computer-based assessments of cognitive domains including attention, concentration, reaction time, memory, processing speed, and decision-making. It may be used serially to assess changes in cognitive status over time.

deployed. Defined in DoDI 6490.11 (Reference ~~(l)~~*(k)*).

deployment cycle. Consists of at least three phases with varying timeframes related to Service members' movement from home station to a theater of operations and their return. The phases are described as pre-deployment, during deployment, and post-deployment.

mild traumatic brain injury. Defined in Reference ~~(l)~~*(k)*.

neurocognitive assessment. A standardized cognitive and behavioral evaluation using validated and normed testing performed in a formal environment. Testing uses specifically designated tasks to measure cognitive function known to be linked to a particular brain structure or pathway. Aspects of cognitive functioning that are assessed typically include intellectual functioning, attention, new-learning or memory, intelligence, processing speed, and executive functioning.

pre-deployment relevant norms. A representative sample of Service members tested in the pre-deployment environment.

traumatic brain injury. A traumatically induced structural injury or physiological disruption of brain function as a result of an external force that is indicated by new onset or worsening of at least one of these clinical signs immediately following the event:

Any alteration in mental status (e.g., confusion, disorientation, slowed thinking).

Any loss of memory for events immediately before or after the injury.

Any period of loss of or a decreased level of consciousness, observed or self-reported.