



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2748 WORTH ROAD
FORT SAM HOUSTON, TX 78234-6000

REPLY TO
ATTENTION OF

MCCS

OTSG/MEDCOM Policy Memo 11-064

29 JUL 2011

Expires 29 July 2013

MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands

SUBJECT: MEDCOM Policy Guidance to Direct Medical Stabilization Prior to Permanent Change of Station (PCS) for Behavioral Health (BH) Treatment

1. Purpose. To establish MEDCOM policy on directing medical stabilization prior to PCS for BH treatment.
2. Proponent. The proponent for this policy is the Behavioral Health Division (BHD), Assistant Chief of Staff for Health Policy and Services (ACSHPS).
3. Responsibilities.
 - a. The ACSHPS, through the BHD, is responsible for the distribution of BH policies and reviewing, updating, and deleting existing policies conflicting with these requirements.
 - b. Medical treatment facility (MTF) Commanders along with local BH leadership will ensure that all BH providers are aware of and follow the procedures outlined below.
 - c. BH providers are responsible for complying with these procedures.
4. Discussion.
 - a. Serving in the Armed Forces requires the physical and mental fitness necessary to plan and execute missions involving combat as well as stability, security, transition, and reconstruction operations. Any health condition that limits the physical or psychological ability of a service member to plan, train, or execute the mission represents a risk to that individual, the unit, and mission success.
 - b. A condition, or treatment for that condition, that negatively impacts on the mental status or behavioral capability of an individual must be evaluated to determine the potential impact both to the individual service member and to the mission.

*This policy supersedes OTSG/MEDCOM Policy Memo 09-061, 3 Aug 09, subject as above.

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5. Policy.

a. Recovery, amelioration of symptoms, and reduction of behavioral impairment are always goals associated with military BH treatment. Psychiatric disorders are most often treated with either a course of psychotherapy, pharmacotherapy, or a combined protocol. Medications prescribed to treat psychiatric disorders vary in terms of their effects on cognition, judgment, decision making, reaction time, psychomotor functioning/coordination, and other psychological and physical parameters that are relevant to effective functioning.

b. Diagnosed conditions that are not anticipated to be amenable to treatment and restoration to full functioning within 12 months of onset treatment will be considered unfitting or unsuitable for military duty and referred to the Army's Physical Disability Evaluation System (PDES) for possible referral to a medical evaluation board (MEB) in accordance with (IAW) Army Regulation (AR) 40-501, Standards of Medical Fitness, 14 Dec 07, Rapid Action Revision, 10 Sep 08.

c. BH Professionals providing treatment to individuals with psychiatric disorders must consider the following:

(1) All conditions that do not meet retention requirements or render an individual unfit or unsuitable for military duty will be appropriately referred to service-specific MEBs or personnel systems (e.g., service members for other military branches assigned to Army installations and receiving medical care at an Army MTF).

(2) Disorders not meeting the threshold for an MEB should demonstrate a pattern of stability, without duty-impairing symptoms (e.g., Soldier is able to work daily without restrictions or behavioral problems, takes medication as prescribed, etc.), for at least 90 days prior to PCS.

(3) Soldiers should be stabilized a minimum of 90 days from the start of the new psychotropic medication to demonstrate efficacy and/or be free of impairing side effects.

(4) Every effort should be made not to disrupt treatment already in progress – particularly those cases involved in specific, time-limited treatment protocols.

(5) The availability of a course of treatment or continuation of treatment at the gaining installation is consistent with practice and continuity of care standards.

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d. The BH provider with whom the Soldier is receiving care and IAW the above criteria will:

(1) Conduct a risk/benefit assessment based on history, diagnosis, severity of illness, and other factors to determine whether or not it is prudent for the Soldier to PCS. Special attention will be paid to Soldiers who have been prescribed medication within the past 90 days that have the potential for adverse side effects. Soldiers who will be in transit (e.g., TDY enroute to next duty station) for more than 30 days will not be recommended for PCS until such time that the BH provider determines the Soldier is stable and free of impairing side effects.

(2) Prescribe the PCSing Soldier on psychotropic medications a supply of medication equivalent to the known number of days of transition plus 1 week, once it is determined that the Soldier is stable enough to PCS.

(3) Ensure the PCSing Soldier has an appointment and/or point of contact (POC) at the gaining MTF to facilitate continuity of care:

(a) Contact the gaining BH clinic to schedule an inprocessing appointment with a BH provider. In cases where an appointment cannot be prescheduled, obtain BH clinic POC information for the PCSing Soldier.

(b) Fax or scan/email a copy of the Soldier's PCS orders to the gaining BH clinic.

(c) Provide the PCSing Soldier with the appointment time/date at the gaining clinic. In cases where an appointment could not be prescheduled, provide the PCSing Soldier with POC information for the gaining BH clinic.

(4) Provide the PCSing Soldier with information about resources available during his/her transition (Military OneSource, TRICARE, *inTransition* program, etc.).

(5) For Soldiers for whom stabilization at their current duty station is recommended, provide a temporary profile designated numerically as "3" at minimum IAW AR 40-501. The expiration date for stabilization will be specified on the profile (usually 90 days from initial profile date).

e. The MTF Commander will request deletion, deferment, or reassignment for the purpose of stabilizing a Soldier utilizing appropriate current policy and procedures.

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f. The Soldier or unit commander may request the Soldier's deletion or deferment from reassignment in appropriate cases when reassignment prior to medical stabilization would prove detrimental to the progress of the Soldier receiving professional counseling and/or newly prescribed psychotropic medication.

FOR THE COMMANDER:


HERBERT A. COLEY
Chief of Staff