Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 1332.18
September 14, 2025

DAD-MA

SUBJECT: Disability Evaluation System: Medical Evaluation Board Processes Completed at Military Medical Treatment Facilities

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency (DHA)-Procedural Instruction (PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (af), establishes implementation guidance for execution of the Disability Evaluation System (DES) Medical Evaluation Board (MEB) processes completed at military medical treatment facilities (MTFs), such that the standards for all MEBs, as outlined in References (g) through (i), will be consistently applied to all Service members.

a. The guidance set forth in this DHA-PI applies to both the Active Component and Reserve Component (RC), including initial entry trainees, and personnel attending a Military Service Academy, who, hereafter, are referred to collectively as "Service members" or "members."

b. This DHA-PI serves to supplement existing DES policy and clarify how the DHA will support the Military Departments (MILDEPs) in overseeing and executing their MEB processes, as required by law (Reference (e)), and DoD policy (References (g) through (i)). It is not intended to supplant or change existing organizational, MILDEP, or DoD policy.

2. APPLICABILITY. This DHA-PI applies to the DHA Enterprise (components and activities under the authority, direction, and control of the DHA) to include assigned, attached, allotted, or detailed personnel, and the MILDEPs, Combatant Commands, Office of the Chairman of the Joint Staff and the Joint Staff, and Surgeons General.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (c) through (af), to provide guidance on, and establish responsibilities for, the implementation of

requirements set forth in Reference (e), specifically outlining the DHA's procedures in supporting MILDEP readiness and the function of MEBs through collaborative oversight and execution of MEB processes. The DES is the mechanism for determining fitness for duty due to disability, and whether a Service member found unfit for duty resulting from disability will be separated, returned to duty, or retired. As such, the DES falls under the operational authority of the Secretaries of the MILDEPs and is ultimately a MILDEP personnel decision, with recommendations from clinicians through the MEB process. The DES is therefore governed by MILDEP policies, in addition to DoD policies (References (g) through (i)). Reference (g) directs roles and responsibilities for the DHA in support of the DES, while Reference (e) calls for policy that establishes how this support will be implemented. Therefore, this DHA-PI establishes direction, and assigns responsibilities, for the increased standardization and process improvement of the DES MEB processes completed at MTFs through DHA's role of administering and managing MTFs.

4. CANCELED DOCUMENTS. This DHA-PI incorporates and cancels the following document: Defense Health Agency Memorandum, "Defense Health Agency Roles and Responsibilities in the Execution Support of Disability Evaluation System Medical Evaluation Board Processes," October 17, 2023.

5. RESPONSIBILITIES. See Enclosure 2.

6. PROCEDURES. See Enclosures 3 and 4.

7. PROPONENT AND WAIVERS. The proponent of this publication is the Deputy Assistant Director (DAD), Medical Affairs (MA). When components and activities are unable to comply with this publication, the activity may request a waiver that must include a justification, including an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the DAD-MA to determine if the waiver may be granted by the Director, DHA or their designee.

8. RELEASABILITY. **Cleared for public release**. This DHA-PI is available to authorized users via the DHA Publication Systems Branch SharePoint site at https://militaryhealth.sharepoint-mil.us/sites/RPI-J1-AMP-PUBS/Lists/DHA%20Library%20Signed%20Publications/AllItems.aspx?viewid=cee5512c%2D1a36%2D4faf%2D9ce5%2D618a3b3e1a0e

9. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or canceled before this date in accordance with Reference (c).

SMITH.DAVID.J.1085480975 Digitally signed by SMITH.DAVID.J.1085480975 Date: 2025.09.14 20:20:21 -04'00'

David J. Smith, M.D.
Acting Director

Enclosures
1. References
2. Responsibilities
3. Procedures
4. Disability Evaluation System Medical Evaluation Board Programmatic Components
   Appendix: MEB Quality Assurance Checklist

Glossary

TABLE OF CONTENTS

ENCLOSURE 1

REFERENCES

(a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013, as amended
(b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013, as amended
(c) DHA-Procedural Instruction 5025.01, "Publication System," April 1, 2022
(d) United States Code, Title 10
(e) Public Law 117-263, Section 711, "James M. Inhofe National Defense Authorization Act for Fiscal Year 2023," December 23, 2022
(f) Code of Federal Regulations (C.F.R.), Title 38
(g) DoD Instruction 1332.18, "Disability Evaluation System," November 10, 2022
(h) DoD Manual 1332.18, Volume 1, "Disability Evaluation System Manual: Processes," February 24, 2023
(i) DoD Manual 1332.18, Volume 2, "Disability Evaluation System Manual: Quality Assurance Program (QAP)," October 8, 2024
(j) DoD Instruction 6025.18, "Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs," March 13, 2019
(k) DoD Manual 6025.18, "Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs," March 13, 2019
(l) DoD Instruction 5400.11, "DoD Privacy and Civil Liberties Program," January 29, 2019, as amended
(m) DoD Instruction 8580.02, "Security of Individually Identifiable Health Information in DoD Health Care Programs," August 12, 2015
(n) Public Law 104-191, "Health Insurance Portability and Accountability Act of 1996," August 21, 1996, as amended
(o) DoD 5400.11-R, "Department of Defense Privacy Program," May 14, 2007
(p) DoD Instruction 6130.03, Volume 1, "Medical Standards for Military Service: Appointment, Enlistment, or Induction," May 6, 2018, as amended
(q) DoD Instruction 6130.03, Volume 2, "Medical Standards for Military Service: Retention," September 4, 2020, as amended
(r) Public Law 110-181, "National Defense Authorization Act for Fiscal Year 2008," January 28, 2008
(s) Per Diem, Travel, and Transportation Allowance Committee, DoD, Joint Travel Regulations (JTR), Uniformed Service Members and DoD Civilian Employees, January 1, 2019
(t) DoD 7000.14-R, Department of Defense Financial Management Regulation, Volume 9: "Travel Policy," June 2015, as amended
(u) Office of the Under Secretary of Defense, Personnel and Readiness Memorandum, "Alignment of Operational and Installation-Specific Medical Functions and Responsibilities with Section 702 of the National Defense Authorization Act for Fiscal Year 2017, and Sections 711 and 712 of the John S. McCain National Defense Authorization Act for Fiscal Year 2019," March 27, 2019
(v) DHA-Procedural Instruction 7000.01, "Patient Travel," July 6, 2021

(w) DoD Instruction 6495.02, Volume 1, "Sexual Assault Prevention and Response: Program and Procedures," March 28, 2013, as amended
(x) DHA-Procedural Manual 6025.13, "Clinical Quality Management in the Military Health System, Volume 3: Healthcare Risk Management," August 29, 2019, as amended
(y) DoD Instruction 6490.16, "Defense Suicide Prevention Program," November 6, 2017, as amended
(z) DHA-Procedural Manual 6025.13, "Clinical Quality Management in the Military Health System, Volume 4: Credentialing and Privileging," August 29, 2019
(aa) DoD Instruction 6025.13, "Medical Quality Assurance and Clinical Quality Management in the Military Health System," July 26, 2023
(ab) C.F.R., Title 37
(ac) DoD 7000.14-R, Financial Management Regulation, Volume 7B, Chapter 16, "Physical or Mental Incapacitation," current edition
(ad) Deputy Secretary of Defense Memorandum, "Stabilizing and Improving the Military Health System," December 6, 2023
(ae) Memorandums of Agreement between the DoD and the VA pertaining to the IDES, January 16, 2009, and June 16, 2010[1]
(af) DoD Instruction 4000.19, "Support Agreements," December 16, 2020

[1] This reference is managed by the Agreements and Partnerships Management Office (APMO), DAD Acquisition and Sustainment (DAD A&S), DHA [dha.ncr.j-4.mbx.supportagreements@health.mil].

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA will:

a. In coordination with Secretaries of the MILDEPs, establish procedures to support the DES through the provision of MEBs in accordance with the requirements established in References (g) through (i).

b. Ensure compliance with this DHA-PI to support the execution of MEBs in MTFs, and any associated clinical processes and actions for Service members outlined in this instruction.

c. Assign responsibilities via this issuance, and provide oversight, as needed and appropriate, for the implementation guidance outlined in this DHA-PI as it relates to supporting DES MEB processes within MTFs.

2. ASSISTANT DIRECTOR, HEALTH CARE ADMINISTRATION (AD-HCA). The Assistant Director-HCA will:

a. Oversee DHA Network (DHN) and MTF compliance with this issuance.

b. Ensure coordination between DAD-MA, DAD-Healthcare Operations, other DADs, and J-Directors, as applicable, to ensure resources are provided to fulfill the terms of this DHA-PI.

c. Provide adequate resources to ensure MEB DES functions are appropriately staffed to fully support the DES mission and meet DoD established timeliness and efficiency goals.

3. DAD-HEALTHCARE OPERATIONS. The DAD-Healthcare Operations will:

a. Provide operational oversight and guidance to the DHNs and MTFs to ensure execution and implementation of the processes and procedures outlined in this DHA-PI, including ensuring an adequate supply of resources are readily available, and maintained, in all locations where DES examinations and MEBs are required.

b. Coordinate with clinical business operations to support implementation of this DHA-PI, including staffing processes and functions, and the development and availability of provider templating for MEB-related activities, including evaluations, DES-related clinical encounters, and required documents, as appropriate and needed.

c. Establish Relative Value Unit standards unique to DES providers and DES-specific Defense Medical Human Resources System – Internet (DMHRSi) codes.

4. DAD-MA. The DAD-MA, will:

a. Facilitate implementation of this DHA-PI to enable consistent application across the DHA.

(1) Develop procedural guidance that ensures DES MEB policy implementation to support MTFs in the provision of MEBs and any associated clinical processes and actions for Service members outlined in this DHA-PI.

(2) Provide ongoing guidance and support to the MILDEPs, DHNs, and MTFs to enable successful implementation of, and compliance with, the MEB processes outlined in this PI, including ensuring systems and standard processes are in place, and coordinating with, as needed and appropriate, DHA Headquarters Administration and Management (J-1) to ensure adequate DES staffing across the DHA enterprise.

(3) Coordinate with MTF Directors and the MILDEPs to establish procedures necessary to inform health care personnel of the DES MEB processes and requirements, as outlined in this DHA-PI.

b. In coordination with Secretaries of the MILDEPs, establish a DES Quality Assurance Program (QAP) and develop procedures to execute quality assurance, control, and improvement activities for the DES QAP (including metric establishment), in accordance with References (g) and (i), and as outlined in Enclosure 4.

c. In accordance with Reference (y), ensure suicide-related data collected in the DES is submitted to the Director, Defense Suicide Prevention Office, as requested.

(1) Additionally, in accordance with Reference (x) and Reference (y), ensure cases described in paragraph 4.c. of this Enclosure have been reviewed to determine if it was a significantly involved provider's failure to meet the standard of care that caused or contributed to an active duty member's death or disability payment.

(2) Such Reportable Events defined in paragraph 4.c.(1) of this Enclosure will then be reported as specified in Reference (x) and Reference (y).

d. In coordination with the MILDEPs, publish training standards and performance objectives in support of DES personnel and required training.

e. Designate a Director, Disability Evaluation Operations, to serve as the DHA Disability Evaluation Operations lead at the headquarters level.

5. DIRECTOR, DISABILITY EVALUATION OPERATIONS, DHA HEADQUARTERS. The Director, Disability Evaluation Operations, DHA Headquarters will:

a. Coordinate with DES subject matter experts across the MILDEPs, DHNs, and MTFs to ensure consistent application across their DES processes.

b. Coordinate with the DES Directors, Health Services Policy and Oversight (HSP&O), and Assistant Secretary of Defense (ASD) of Health Affairs (HA) to report and communicate on progress, performance, and operations of the DES processes on measures related to the MEB phase of the DES process, as required by policy (References (g) through (i)).

c. Chair, on behalf of DAD-MA, the ASD(HA) chartered DES DHA-PI Advisory Council until such time as the charter is dissolved, and act on behalf of DAD-MA for responsibilities relevant to DHA Disability Evaluation Operations (e.g., coordination of DES MEB reports from MTFs and DHNs, as specified in paragraph 9 of Enclosure 4).

6. SECRETARIES OF THE MILDEPS. As part of their statutory, regulatory, and DoD DES policy requirements, the Secretaries of the MILDEPs will:

a. Establish procedures in their respective MILDEP for implementation of, and compliance with, the guidance and processes outlined in this DHA-PI.

b. In coordination with Director, DHA, staff and provide resources, including identifying the appropriate medical and non-medical DES personnel to assign to each MTF, to include uniformed personnel on orders, needed to meet DoD established DES timeliness goals (Reference (h)). Staffing and resourcing should be done without reducing Service members' access to due process, including Temporary Disability Retired Lists (TDRL) case management, and MILDEP-level oversight and management of MEB operations.

c. In coordination with Director, DHA, support the DES QAP in accordance with References (a), (i), and other applicable MILDEP policies.

d. In coordination with the Director, DHA, establish and execute operational orders and/or agreements, as deemed appropriate, to support other MTFs to ensure equitable access to MEB activities for all members. Thus, personnel involved in the MEB process will serve all military members or TDRL Veterans for their DES processing, regardless of the member's military service affiliation, as specified in Enclosure 3, and in accordance with Section 1074 in Chapter 55of Reference (d).

e. Assist with coordinating DES MEB activities for their respective MILDEP and collaborate with DHA Headquarters and MTF DES activities, including facilitating the exchange of information required by relevant DoD policy.

f. Provide and fund travel associated with their respective Service members' DES MEB activities, as applicable, in accordance with Chapter 55, Section 1074i and Chapter 61, Section 1210 of Reference (d), and References (s) through (v). To the greatest extent feasible, Service members shall not be required to travel more than 100 miles (200 miles roundtrip) for their DES MEB activities (supported by the responsibilities outlined in paragraphs 7.h. and 8.m. of this Enclosure).

g. In collaboration with DHN and MTF Directors, develop as appropriate, an agreement (Installation Agreement or resource sharing agreement) to account for all associated resources for the DES program to include staff, MTF services, and/or space in accordance with Reference (af).

7. DIRECTORS, DEFENSE HEALTH NETWORKS (DHNs). Directors, DHNs will:

a. Exercise authority, and assign responsibility, to MTF Directors to appoint MEB convening authorities, Impartial Medical Review (IMR) reviewers (as described and defined in References (g) and (h), independent review entities for MEB Case Reviews (MCRs), and DES personnel and their responsibilities, for maximum efficiency in the execution of MEB activities.

b. Ensure MTF Directors designate appropriate personnel to enable compliance with this DHA-PI, including Physical Evaluation Board Liaison Officers (PEBLOs) and/or other staff appropriate to carry out assigned duties (e.g., case managers), as outlined in Enclosure 4. This may include leveraging other DHN resources available within the purview of the DHN Director's authority and control in order to assist MTFs that lack capacity/resources to staff dedicated DES personnel.

c. Ensure MTF Directors allocate sufficient resources to enable personnel involved in DES MEB duties to execute their assigned DES MEB duties to the greatest extent feasible. For DES MEB personnel, their assigned DES MEB duties will, to the greatest extent feasible, or as appropriate to the needs and demands of the MTF, be their primary duty.

d. Where necessary, coordinate with DHA J-1 to update general schedule position descriptions and contract performance work statements for DES personnel to ensure they are primarily assigned to DES duties and responsibilities to the greatest extent feasible, or as appropriate to the needs and demands of the MTF.

e. Ensure MTF Directors have the appropriate agreements (as described in paragraph 6.g. of this Enclosure) in place, as developed jointly with the MILDEPS, for resources utilized by the MILDEP DES programs.

f. Along with Directors, MTFs:

(1) Coordinate with the MILDEPs and other DHNs to optimize execution of DES operations, in consideration of MILDEP-specific regulatory requirements to operational decision-making; and

(2) Maintain authority to leverage DES personnel, and their responsibilities, for maximum efficiency in the execution of MEB activities.

g. Make manning assist requests to the Defense Health Support Activity, who in turn, will assist in coordinating those manning assist requests that are unable to be filled at the DHN level.

h. In coordination with Assistant Director-HCA or their designee, manage resources, including DES personnel and facilities utilization, throughout their respective DHN.

i. In coordination with the MILDEPS, as applicable and in accordance with Chapter 55, Section 1074i and Chapter 61, Section 1210 of Reference (d), and References (s) through (v), assist MTFs if they lack capacity to meet their demand of TDRL cases. This includes searching for availability at other MTFs within their respective DHN based on Service member's location of residence to ensure the member may be seen within a 100-mile radius of their location, to the greatest extent feasible.

8. DIRECTORS, MTF. The Director, MTF will:

a. Ensure dissemination of this DHA-PI to MTF healthcare personnel, and ensure MTF healthcare personnel are adequately informed on, and know how to access, this DHA-PI and information and resources related to the DES MEB processes.

b. Ensure compliance of MTF healthcare personnel with this DHA-PI.

c. Designate personnel within, and assign applicable duties to, the MTF personnel supporting MTF responsibility in the DES MEB process, as outlined in this instruction, including:

(1) Appointing MEB convening authorities and, along with DHN Directors, any other MEB DES personnel, and designate their responsibilities, for maximum efficiency in the execution of MEB activities at each respective MTF, in accordance with Reference (g), and as outlined in Enclosure 3.

(2) Designating IMR reviewers and MCR individual review entities to ensure the accuracy and consistency of MEB determinations.

d. Ensure, where applicable, all time spent executing the DES responsibilities (including those outlined in paragraph 8.c.(1) and (2) of this Enclosure), are documented utilizing the appropriate DES-associated DMHRSi codes, irrespective of having formal DES personnel designation.

e. In accordance with Reference (g), coordinate, or identify a designee to coordinate, with the MILDEPs to ensure the training of DES personnel, prior to performing DES duties, and report verification of DES personnel training on an annual basis to Director, Disability Evaluation Operations, DAD-MA, DHA and HSP&O, ASD(HA) as outlined in Enclosure 4.

f. In coordination with the MILDEPs, support the MEB process and/or TDRL re-evaluation exam(s) of Service members empaneled to MTFs that fall under a different branch of Service than the Service member. MTFs are to ensure Service members receive support and DES-related services by the MTF they are empaneled to, or by the MTF closest to their location, regardless of the Service member's military service affiliation, as specified in Enclosure 3.

g. Ensure the appropriate allocation, use, and provision of health care resources for DES operations, including supporting agreements as appropriate, sufficient to execute the requirements set forth in References (e), (g), (h) and (af). This includes enabling relevant specialty providers dedicated template allotments for MEB-related appointments, as feasible and applicable.

(1) This includes identifying potential facility space at, or near, MTFs for use by Department of Veteran Affairs (VA) personnel engaging in DES activities, in accordance with Reference (ae). VA may be responsible for all costs associated with the use of such space, including pursuant to reimbursable agreements with DHA or the host military installation.

(2) Resource needs will be communicated to DHA through the MTF's respective DHNs and subsequently to the respective Defense Health Support Activity, to include the need for additional support in the execution of TDRL re-evaluation exam(s).

h. Ensure there are sufficient DES MEB personnel to execute DES MEB duties as required and outlined in References (g) through (i). For DES MEB personnel, their assigned DES MEB duties will, to the greatest extent feasible, be their primary duty. Where necessary, coordinate with DHN Director and DHA J-1 to update position descriptions for DES MEB personnel to ensure they are primarily assigned to DES duties and responsibilities, to the greatest extent feasible.

i. Ensure their respective MTF executes the backfill of positions to maintain adequate staffing needed to comply with this DHA-PI and the requirements set forth in References (g) through (i). This includes, as feasible, ensuring DHA-appointed designated DES positions are protected from diversion to other collateral duties, and coordinating with MTFs within their DHN as needed to fulfill DES responsibilities required by this instruction and References (g) through (i).

j. Submit information and reports to comply with metric requirements established by DoD policy, as specified in References (g) and (i), and this instruction, as specified in Enclosure 4.

k. Implement local policy and procedures needed to achieve the MEB phase goals, within the MTF's purview, to support achieving the DoD-mandated DES timeliness goal of at least 80 percent of all Service members processing through the DES in 180 calendar days or less (Reference (g)).

(1) When an MTF fails to meet the MEB stage goal for three consecutive months, MTF Directors, or their designees, in coordination with the MILDEPs, will coordinate support, including determining the basis for underperformance and establishing a course of action accordingly (e.g., identify and assign appropriate medical personnel to successfully meet goals).

(2) MTF Directors will submit reports to their respective DHN on underperformance and instances of MTFs' need for additional personnel because of underperformance, as required by the DHA DES QAP outlined in this DHA-PI, and DoD DES QAP (Reference (i)).

l. Carry out duties as required for compliance with Reference (x) and Reference (aa), including:

(1) Identify and report to the local healthcare risk manager and DHA headquarters Healthcare Risk Management Program for clinical review in accordance with Reference (x) and Reference (aa), every instance in which the condition(s) that are the subject of the referral to the DES may have been incurred or aggravated because of MHS-provided medical care, or of standard of care not being met.

(2) Ensuring MILDEP and VA personnel facilitate the exchange of information needed for clinical reviews of active-duty death and disability cases.

m. In collaboration with the MILDEPs, and with support of the respective DHN as needed, provide and fund travel associated with Service members' DES MEB activities, as applicable, in accordance with References (s) through (v), to ensure members be seen within a 100-mile radius of their location, to the greatest extent feasible.

n. Ensure the responsibilities and activities of contractors assigned to MTFs in support of DES functions remain in accordance with, and kept within, the scope of their contract responsibilities and locations, and that contractors do not perform inherently governmental functions in support of DES responsibilities.

9. DIRECTORS, PATIENT ADMINISTRATION, AND/OR DES PROGRAM MANAGERS, MTF. The Director, Patient Administration, and/or DES program manager, of an MTF will:

a. Assign PEBLOs to Service members referred to the DES in accordance with Reference (h).

b. Ensure MEB examination results, to include VA Compensation and Pension Examinations or DoD Examination results, as appropriate, are recorded in the Service member's service treatment record (STR).

c. Ensure the provider(s) who will construct the narrative summary (NARSUM) and MEB report have access to the Service member's STR and disability examination results once available.

d. Provide the PEBLO with the NARSUM in accordance with Reference (h).

e. Upon the Service member's request for an IMR or rebuttal of their MEB findings, ensure the appropriate processes are followed to provide the Service member such due processes.

f. Ensure data quality of DES efforts, including data entry into DoD and MILDEP-specific systems, to include the MHS electronic health record (EHR), and submission of complete and accurate documentation in accordance with established DoD and MILDEP-specific policy.

g. Ensure the responsibilities and activities of contractors assigned to MTFs in support of DES functions remain in accordance with and kept within the scope of their contract

responsibilities and locations, and that contractors do not perform inherently governmental functions in support of DES responsibilities.

ENCLOSURE 3

PROCEDURES

1. GENERAL PROVISIONS

a. Service members will be referred into the Integrated Disability Evaluation System (IDES) unless the Secretary of the MILDEP concerned enrolls a Service member into the Legacy Disability Evaluation System (LDES) in accordance with the criteria in Paragraph 7.1. of Reference (h).

b. If a member is referred into the LDES, the referring provider, or other MEB provider, will conduct the medical exams and disability benefits questionnaires as required by Part 4 of Reference (f) and in accordance with relevant MILDEP policy.

c. MTFs will support all Service members and TDRL Veterans equitably, regardless of the individual's military Service affiliation, for the following components of their DES processing:

(1) In coordination with the MILDEP concerned, the referral of Service members into the DES for evaluation by an MEB, and record

(a) As appropriate, a detailed memorandum be provided to other Service's DES programs for MEB processing. This may be prepared by the Service member's primary care manager, a relevant specialty provider, or other related clinical staff (in consultation with applicable credentialed providers) as needed to ensure maximum MEB processing efficiency. A credentialed provider, however, must sign the memorandum.

(b) Initiation of a NARSUM inclusive of the minimal required information as specified under paragraph 4.b. of this Enclosure (i.e., all relevant clinical information, exclusive of Service-specific documentation requirements). This may be done by the member's primary care manager, a relevant specialty provider, or other related clinical staff (in consultation with applicable credentialed providers) as needed to ensure maximum MEB processing efficiency.

(2) The provision of TDRL reexaminations that are assigned to an MTF, as mandated by Chapter 61 of Reference (d). These TDRL Veterans will be treated the same as active duty Service members when being triaged for access to care, including hospitalizations, in connection with the provision of TDRL reexaminations, per Reference (g). Denial of service for the purposes of executing TDRL reexaminations, will be considered a violation of Chapter 55, Section 1074 of Reference (d) and this DHA-PI by the MTF and provider(s). Additional information for TDRL Veterans is included in this Enclosure.

d. DHN Directors will leverage all MTFs under their authority, direction, and control to support other MTFs within their same DHN that may have more limited resources and/or fail to meet timeliness standards.

(1) MTFs may also be leveraged to support MTFs external to their DHN with limited DES resources to the greatest extent feasible, as necessary, to maximize efficiency in meeting DoD-established DES timeliness goals outlined in Reference (g).

(2) MTF and DHN leadership will support the DES process, and in doing so, provide reports to MILDEP Regional Commanders for those stages of the MEB for which DHA has oversight responsibility. Accountability for readiness functions and requirements belongs to the MILDEPs.

2. DOD REFERRING PROVIDER. DoD healthcare providers (as defined in Reference (z)) involved in the DES, will adhere to the following procedures when referring a member to the DES:

a. In coordination with the Service member's commander, refer the Service member to the DES process in accordance with Section 3 of Reference (h).

b. Complete and sign/date the appropriate referral form(s), according to MILDEP DES and DoD policy (References (g) – (h)) and return to the PEBLO. The PEBLO provides the applicable VA forms related to VA disability examinations to the VA Military Services Coordinators (MSCs), who then coordinate with the Service member to schedule their VA examinations.

c. Notify the Service member of their referral to the DES and direct the Service member to the MTF patient administrator, DES Manager, or appropriate RC point of contact.

d. Notify the MTF patient administrator, DES Manager, or appropriate RC point of contact of a Service member's referral to the DES.

e. In coordination with the PEBLO, prepare and gather the minimum MEB elements required in Section 9 of Reference (h).

f. For new conditions identified after the referral forms have been submitted, in addition to following MILDEP-specific procedures, document in the existing NARSUM (e.g., an addendum may be utilized), or examination report for LDES cases, whether these newly identified conditions singularly, collectively, or through combined effect, may render the Service member unfit to perform the duties of the member's office, grade, rank, or rating, or are otherwise cause for referral to the Physical Evaluation Board (PEB), as established by Reference (g) or MILDEP regulations.

g. Construct the NARSUM when requested by an MTF's Director, Patient Administration, or DES program manager.

h. If completing the MEB, complete the MEB report when requested by the MTF's Director, Patient Administration, or DES program manager, ensuring that all evidence is considered as required in Section 9 of Reference (h), to include whether conditions singularly, collectively, or through combined effect, do not meet the medical retention standards of Reference (q) or Service retention standards.

3. DOD MEB EXAMINERS

a. DoD MEB examiners will follow the procedures, requirements, and responsibilities as outlined in Reference (h) and each MILDEP's respective polices, including items such as timeliness goals, required examination components and tasks, and required actions when a new condition is found that does not meet retention standards. DoD MEB examiners will also perform TDRL re-examinations as necessary.

b. The provider performing the disability examination, to the greatest extent feasible, shall not be a provider directly involved in the member's care in order to minimize potential conflict of interest and complications arising from dual relationships. This allows the treating provider to concentrate on medical/health care and the examiner to objectively focus on quantifying impairment, thus promoting clear role boundaries and expectations. However, availability of MEB examiners may be restricted in settings with limited resourcing (e.g., smaller MTFs). In these cases, the MTF Director, or designee, may exercise flexibility in appointing an MEB provider and ensure another provider is appointed only when there is concern for a conflict of interest between the member and the referring provider.

c. As outlined in Enclosure 2 of this PI, DHA-appointed DoD MEB Examiner positions will be protected from diversion to other, or collateral duties. If collateral duties are necessary, they will be in support of the DES mission to other MTFs to the greatest extent feasible.

4. DES MEB OPERATIONAL COMPONENTS

a. PROVISION OF MEBs. The primary role of the DHA within the DES is supporting the function of MEBs, to include, but not limited to, adequate staffing and resourcing of MEBs (in collaboration with the MILDEPs and according to relevant MILDEP policies), MEB rebuttals, IMRs, MCRs, as well as appointing convening authorities.

(1) An MEB evaluates, via a thorough record review (including examinations completed as part of DES processing and all documentation from corresponding VA disability exams), the medical status and duty limitations of Service members referred into the DES for conditions that may prevent them from performing the duties of their office, grade, rank, or rating.

(2) MEB Convening Authority. MTF Directors, in coordination with the MILDEPs, appoint senior medical officers to serve as MEB convening authorities. The convening authorities:

(a) Assemble an MEB for the MTF;

(b) Ensure the MEB staff complete their deliberations and documents their recommendations;

(c) Review the recommendations made by the MEB staff to ensure the accuracy of their conclusions and recommendations based on the information in the case file;

(d) Ensure that MEB rebuttal and/or IMR procedures include the necessary components, as outlined in Section 4.6 of Reference (h), if applicable;

(e) Appoint the IMR and MEB rebuttal reviewers; and

(f) Grant extensions to Service members for the preparation of IMR or MEB rebuttals in exceptionally limited circumstances if good cause is shown, as cited in reference (h):

1. Good cause will be used at exceptionally restrained discretion, and only for the exclusive benefit of the Service member and their DES processing. If at all possible, extensions are not to be granted for MEB appeals for reasons related to MILDEP resourcing or personnel issues, including legal counsel availability.

2. Personnel or resourcing shortages known to be causing DES processing delays are required to be addressed by DHN and MTF Directors, and MILDEPs, in accordance with the responsibilities and associated procedures outlined Enclosure 2, as well as by DoD (Reference (h)) and applicable MILDEP policy. These shortages are *not* permitted to delay Service member DES processing.

(g) In accordance with Section 1612 of Reference (r), upon a Service member's request, the MEB convening authority will assign an independent physician, or other appropriate health care professional, who is not part of the Service member's MEB, to conduct IMRs, in accordance with Reference (g). The IMR assignee serves to independently review the MEB findings and recommendations, and advise the Service member accordingly, on whether, upon their review, the MEB conclusions sufficiently describe the totality of their injuries and/or illnesses, to include consideration of combined effect.

1. After the IMR reviewer has counseled the Service member on their findings and the member has received the IMR report, they may consult with legal counsel, according to their MILDEP's policies and procedures, during the election period to either concur or submit a written rebuttal to the MEB's findings (as informed by the PEBLO). Service members referred into the DES will, upon request, be permitted at least one rebuttal of the MEB findings.

2. Service members may request an extension of time to prepare the IMR or MEB rebuttal. These requests are granted by the MEB convening authority when good cause is shown, as described in paragraph 4.a.(2)(f) of this Enclosure.

(h) In accordance with Reference (x) and Reference (aa), every case in which an MEB makes a referral to a PEB, the MEB approving official will identify and report to the local healthcare risk manager and DHA headquarters Healthcare Risk Management Program every instance in which the condition that is the subject of the referral may have been incurred or aggravated as a result of MHS-provided medical care and/or failing to meet the standard of care.

(i) In accordance with Reference (y), the MEB convening authority will submit suicide-related data collected in the DES to the Director, Defense Suicide Prevention Office, as requested.

b. MEB DOCUMENTATION

(1) As described in Reference (h), a NARSUM, also referred to as the 'MEB report,' will include at minimum:

(a) Pertinent medical history, to include any consultation(s), lab(s), imaging, present status on their ability to perform the duties and their office, grade, rank, or rating, as well as prognosis of all referred conditions;

(b) Conditions claimed by the Service member, and any other current diagnoses, and state whether each condition meets or fails medical retention standards, either singularly, collectively, or through combined effect, so the MEB may make a recommendation to the PEB accordingly.

(2) In addition to the NARSUM, the MEB results will include:

(a) The MEB convening authority signature, MEB decision, and if applicable (i.e., if requested by the member): the IMR, the MEB rebuttal, and the MILDEP's response to the Service member's MEB rebuttal (known as the 'surrebuttal').

(b) If a Service member's capability of managing their affairs is unclear, the MEB or TDRL packet will request, and include, the results of a competency board conducted in accordance with Section 602 of Reference (ab) and Reference (ac).

(c) Any additional documentation as required by DoD policy or MILDEP policies, including all components outlined in Reference (h).

(3) Any conditions that have any relation to sexual assault / military sexual trauma, or any mention of sexual assault / military sexual trauma shall follow applicable procedures and documentation guidance in Reference (w).

c. TDRL PROCEDURES

(1) TDRL Veterans will be given the same priority for appointments at the MTF as active-duty members as specified in 2.c. of this Enclosure, including hospitalization in connection with the conduct of the TDRL examination.

(2) To ensure TDRL Veteran appointments are scheduled at the closest MTF with the capacity and specialty required, MILDEP TDRL case managers may coordinate appointments through the nearest respective MTF.

(a) If a TDRL Veteran is turned away for any reason, they are permitted, and instructed, to go directly to the Patient Relations/Advocate at that MTF and the MTF DES program manager.

(b) Support may be requested from the associated DHN, who will direct a subordinate MTF to perform the TDRL examination. The DHN will have no more than 10 business days to make such decision and alert the appointed MTF and MILDEP TDRL Manager. If capability or capacity prevent booking a viable appointment, the DHN will request support from the office of the Director, Disability Evaluation Operations, DHA Headquarters. Cross-DHN MILDEP coordination with other MTFs may occur as long as the receiving facility validates capacity and capability and that DHN and/or MTF is not otherwise inhibited in its own TDRL support management.

(c) If recourse has still not addressed the scheduling of the TDRL Veteran's reevaluation exam(s), the office of the Director, Disability Evaluation Operations, DHA Headquarters, MA may be contacted via email: osd.pentagon.ousd-p-r.mbx.ides@mail.mil.

(3) The MILDEPs follow guidance outlined in Reference (g) when initiating the TDRL re-evaluation process. This includes determining whether documents received from the Veterans Benefits Management System (VBMS) for TDRL re-evaluations are sufficient to conclude if there has been a change in disability for which the member was temporarily retired, as required by Chapter 61 of Reference (d) and Reference (g).

(a) When a TDRL re-evaluation request is initiated through the respective MILDEP TDRL Management Offices, it must first be determined, by reviewing the Veteran's records in VBMS, if there are current or recent exams sufficient for rating purposes to prevent unnecessary exams being conducted. If new exam(s) are required, then proceed to schedule for re-evaluation exams.

(b) If the MILDEP concerned determines the available medical records and examination reports, including those available from VBMS, do not meet the requirements established in Reference (g), the Secretary of the MILDEP concerned, in coordination with the Director, DHA, will schedule and perform a TDRL re-examination that meets the requirements of Reference (g), as per compliance to Chapter 61 of Reference (d). TDRL Veterans will follow their respective Service's policy for detailed TDRL re-evaluation exam appointment guidance.

(4) As per Reference (g), MTFs may use disability examination reports from any medical facility or physician, including reports from civilian providers; however, the designated MTF is responsible for the adequacy, accuracy, and completeness of the examination and report.

(a) The report must include the competency information specified in Paragraph 3.2.g. of Reference (g).

(b) There is no physician co-signature requirement when only behavioral health conditions are present, whereby a licensed clinical psychologist may complete TDRL re-examinations independent of physicians. Otherwise, Service-specific policy shall be followed for TDRL re-examination provision and provider requirements beyond the guidance in this DHA-PI and relevant DoD policy (e.g., requirements for provider co-signatures).

(5) To the greatest extent feasible, TDRL re-evaluations shall be completed virtually via telehealth, as appropriate, for conditions that do not require in-person exams, according to Chapter I, Part 4 of Reference (f) to be sufficient for rating.

(6) If a member has difficulty traveling (e.g., bedbound patients) for a TDRL re-evaluation exam, the MTF DES Program Manager or the Medical Command of the MILDEP concerned may obtain a medical report from the Service member's attending physician and submit this report to the PEB instead. The report must contain all the required information outlined in the respective MILDEP policy, as well as the requirements set forth in References (g) and Chapter 61 of Reference (d). The report must be endorsed by the medical board convening authority, MEB approving authority, or designated representative.

d. Exam Priority. Wounded, ill, and/or injured Service members going through the DES process are to be given priority for specialty appointments when the purpose of the appointment is MEB-related.

ENCLOSURE 4

DES MEB PROGRAMMATIC COMPONENTS

1. INTRODUCTION. The MHS is the primary vehicle by which the DHA supports the DES process. Operationally, this consists of medical evaluations, including the MEB, IMRs, and rebuttals, as described in Enclosure 3. Additionally, the DHA executes DES programmatic responsibilities through program planning and allocation and use of healthcare resources for activities related to DES. This comprises facilitating an adequate supply of resources to all locations where DES examinations and MEBs are conducted, such as personnel, supplies, facility space, and appointment availability and standards.

2. PERSONNEL

a. Personnel requirements determinations and allocations will be determined using the manpower study outlined in Reference (ad). DHA J-1, in collaboration with DHA Headquarters Resource Management (J-8), will report to the Director via DAD-MA, and the MILDEP Surgeons' General and DES program, on a biennial basis to ensure adequate DES staffing across the MHS.

b. DES civilian and contractor personnel who are operationally aligned under DHA will remain in dedicated DES positions as their primary responsibility. Directors, DHNs, and MTFs, maintain authority to leverage DES personnel, and their responsibilities, for maximum efficiency in the execution of MEB activities. Exceptions to those responsibilities, to include diversion of personnel whose primary duties are within DES operations for other functions or utilization of vacated DHA-approved DES personnel authorizations for other functions, must be approved by the DHA Headquarters J-1 and the DAD-MA. Changes to contract responsibilities and locations, or questions on those matters, must be directed to the contracting officer via the contracting officer's representative; in the event of a conflict between a DHA contract term and a MILDEP policy, the contract term will govern.

c. Additional personnel may need to be allocated by DHA J-1, in collaboration with J-8 with coordination from DAD-MA (specific to DES assets) and the MILDEPs, as needed to meet DoD-mandated timelines specified in Reference (g). This includes:

(1) MILDEPs providing a list of the fourth estate manpower tracking system numbers for all DHA DES personnel and their respective MTFs to enable DHA in the protection of these DHA-appointed designated DES manpower positions from the diversion to other or collateral duties. If collateral duties are necessary, they should be in support of the DES mission to other MTFs to the greatest extent feasible.

(2) The backfill of these positions expeditiously upon vacancy to maintain adequate staffing; and

(3) Where necessary, coordinate with DHA J-1 to update position descriptions for DES personnel to ensure they are assigned as one full-time equivalent (FTE) to DES duties and responsibilities.

d. DMHRSi. DHA Headquarters DES Operations will coordinate with the Clinical Support Program Management Office (J-6) to enable MTF DES personnel to use unique DMHRSi codes for MEB staff tracking (e.g., providers, PEBLOs). Time spent on MEB activities (e.g., training, profile and STR review, TDRL, NARSUM) to complete non-count workload is to be reported accordingly so as to maintain their Relative Value Units and ensure protected time of DES personnel.

3. TRAINING

a. MTF Directors, or their designees, will coordinate with the MILDEPs to ensure the training of DES personnel, in accordance with Section 3.8 of Reference (g), prior to performing DES duties, and report verification of DES personnel training on an annual basis to the DAD-MA.

b. Training reporting requirements are outlined in paragraph 9.b. of this Enclosure.

4. FACILITY RESOURCES

a. The Director, DHA and the MILDEPs will coordinate to ensure PEBLOs and MSCs are provided adequate facility resources to perform their duties. This includes:

(1) Private space for Service member counseling, access to online resources, computers, printers, and telephone lines.

(2) Access to designated DoD DES electronic tracking system data to fulfill QAP requirements, in accordance with References (g) and (i), and as outlined in this Enclosure.

b. Facility space will also be provided for VA DES personnel in accordance with Reference (ae). If space is offered to VA DES personnel at an MTF facility and it is declined, or not utilized, for any reason, the MTF Director, Patient Administration and/or DES program manager will document this for recordkeeping purposes. This will also be reported through the appropriate chain of communication for leadership awareness of open or reappropriated space use.

5. MEDICAL RECORDS AND SERVICE TREATMENT RECORDS (STRs)

a. IT support and access to programs will be provided by DHA for medical record input, retrieval, and transfer.

b. The PEBLO or MTF Release of Information Office obtains and collates the complete STR (as defined in References (g) and (h)) in preparation of the member's DES case file, and provides the STR to the VA. This includes uploading all relevant EHR records and documents (e.g., AHLTA Web Print (AWP), MHS GENESIS (MHS-G) PDFs, paper documents not yet in Health Artifact and Image Management System or MHS-G, Part A of the Separation Health Assessment, applicable VA Forms, etc.), and any other applicable records, including civilian records, as directed in References (g) and (h).

c. Per Reference (h), the Service member is responsible for ensuring their STR is complete, including civilian records, and provides any missing records to the PEBLO during the DES Referral stage.

6. APPOINTMENTS

a. In accordance with Reference (h), the PEBLO, in coordination with the MSC, assists in scheduling all necessary DES appointments for the Service member, including VA examination appointments. The PEBLO also monitors the Service member's completion of IDES appointments, including disability examinations.

b. Information on appointment priority and appointments for TDRL Veterans may be found in Enclosure 3 of this DHA-PI.

c. Service members are expected to attend *all* scheduled IDES and VA Disability appointments, as monitored by their Commander (Reference (h)). Exceptions may be granted by the Commander, in accordance with Reference (h), for the welfare or morale of a Service member. Otherwise, Service members follow their respective Service policy and Command orders regarding appointment attendance.

d. DES-related consults and encounters will be coded as such in MHS-G for proper tracking of personnel management and resourcing.

7. FUNDING

a. Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, the ASD(HA), the Director, DHA, and the Secretaries of the MILDEPs, determine DES funding requirements and track DoD DES examination funding expenditures, as per References (g) and (h).

b. Funding for Service member travel related to DES activities is provided by Service member's respective Service or unit, or MTF, in accordance with respective MILDEP policies and References (s) through (v), respectively.

c. TDRL re-evaluation exams should be conducted via telehealth to the greatest extent feasible. When required to be in person, they should be conducted at the MTF closest to the TDRL Veteran. If a MILDEP finds that a TDRL Veteran must travel for a TDRL reevaluation exam, the respective MILDEP will be responsible for the associated costs.

8. QAP. The MEB QAP predominantly consists of the execution of MCRs, and MEB and PEBLO performance monitoring. The results will be reported, via the DHNs, to DAD-MA and the Director, DES Operations on a quarterly and annual basis.

a. The DAD-MA and MILDEPs maintain oversight of DoD and MILDEP-specific policy compliance, respectively, as well as quality control activities to assess and report performance of MEBs, including:

(1) The accuracy and consistency of MEB determinations.

(a) Meeting DoD-mandated DES timeliness goals per Reference (h).

1. MEB performance is based partially on the DoD-established 72-day goal threshold for the DHA/Service owned MEB phase of the DES, specifically, 7-day goal for the Referral Stage; 20-day goal for the MEB Stage; and 7-day (from date PEBLO receives Service member's request) goal for MEB rebuttal and/or IMR (Reference (h)).

2. MTFs are determined to be delinquent when failing to meet the timeliness goals of the Referral and MEB Stages for three consecutive months, as outlined in References (g) and (h). This is inclusive of NARSUM completion timeliness goal of five days.

(b) Review and assessment of customer satisfaction survey statistics, as available.

(c) MTF leadership, Assistant Secretaries of the respective MILDEP, and the DAD-MA staff, will coordinate support, including determining the basis for underperformance and establishing a course of action accordingly (e.g., identify and assign appropriate medical personnel to successfully meet goals).

(2) Assessing and monitoring performance of MEBs and PEBLOs, utilizing DES processing data, J-5 DES dashboard, performance data from the IDES Performance Report, and any other DES reporting as appropriate.

(a) Specified MEB Phase timeliness goals, as established in DoD policy (References (g) and (h)), will be tracked, and reported on based on DES phase and stage goals established in Reference (h).

(b) MEB and PEBLO performance is measured on completing 80 percent of their cases within each of the specified DoD-established timeliness goals (References (g) and (h)), as indicated above in this Enclosure. MEBs and PEBLOs are determined to be delinquent when failing to meet a timeliness goal for 80 percent of their cases for three consecutive months. PEBLOs' performance is measured based on PEBLO-specific required timelines outlined in Reference (h).

(c) MEB performance is also measured based on meeting MCR consistency thresholds as measured by the consistency checklist in the attached Appendix. An MEB will be determined delinquent if they fail to meet an 80 percent consistency rating or higher.

(d) PEBLO performance corrective action plans to address delinquencies will be reported to the Director, Patient Administration, or the DES Program Manager at the respective MTF, who will be responsible for executing the appropriate corrective plan with the PEBLO.

(e) MEB performance corrective action plans for delinquencies will be reported to the MTF and DHN Director, DAD-MA, and Director, DES Operations, DHA Headquarters, on the actions being taken to address the delinquencies through the respective corrective action plan. The Director, DES Operations, Medical Affairs, will subsequently share such reports with the respective MILDEP counterparts for their affiliated MTFs.

b. MCRs. The primary DES quality assurance responsibility of DHA is the MCR. DES MCRs function to improve MEB recommendations and NARSUM quality and consistency across all locations performing MEBs.

(1) Independent review entities are designated by the DAD-MA, or their designee, for MCRs to ensure MEB determination accuracy and consistency. These entities may only consist of personnel who have not previously previewed, reviewed, or been involved in the MEB convening authority of sample cases. These personnel must meet the criteria outlined in the current version, as amended, of Reference (i).

(2) The MCR segment of the MEB QAP will track DES decision discrepancies and manage these decision outcomes in accordance with DHA and DoD regulations and guidance.

(3) The independent review entities will document the results of the MCRs using the checklist in the Appendix of this PI, ensuring one checklist is completed for each case reviewed. In addition, the review entities will submit documentation on any special interest items identified by DAD-MA during the given reporting period.

(4) The results of each case reviewed will be collated and sent to DAD-MA via the Director, Disability Oversight, DHA Headquarters, on a quarterly basis pursuant to the current version, as amended, of Reference (i). The DAD-MA via the Director, Disability Oversight, DHA Headquarters will coordinate with Deputy Assistant Secretary of Defense for Health Services Policy and Oversight (within the Office of the ASD (HA)) DES staff to provide a summary performance report on MCR accuracy and consistency to the MILDEPs, DHA, and DoD leadership. The following will also be included in the report:

(a) Corrective actions taken to address issues, trends, or deficiencies identified in the MCRs and performance report, designated DES electronic tracking system data reports, customer satisfaction survey results, and others, as appropriate.

(b) Improvement activities' effectiveness on the DES process or personnel executing the DES.

(5) MCR processes established by DHA and the MILDEPs must yield a reconciliation of any differences between MCRs and MEB findings. A resolution must occur before a Service member's MEB is submitted to the informal PEB. The Service member will be provided an

opportunity to rebut or request an IMR of any changes to the MEB findings resulting from the MCR (or other MEB QA review procedures), to include changes to the NARSUM.

(6) MCR frequency will be determined in accordance with DAD-MA sampling plan published by DHA but will occur no less than monthly.

(7) MCRs will be randomly selected by MTF Directors, and cases will align with the eligibility criteria, in accordance with the current version, as amended, of Reference (i).

(8) MCRs will be conducted and documented using the standardized MEB checklist included at the Appendix of this PI. The independent review entity calculates the checklist score as part of the MCR.

9. REPORTING REQUIREMENTS

a. QAP Reporting. Data will be submitted to DAD-MA and the Director, DES Operations, DHA Headquarters monthly and quarterly, as required, pursuant to the current version, as amended, of Reference (i), as follows:

(1) Actions taken to address issues or trends identified in the MCRs; designated IDES electronic tracking system quality data reports; customer satisfaction survey results; and others, as appropriate.

(2) Improvement activities' effectiveness on the DES process or personnel executing the DES.

(3) DAD-MA DES staff will coordinate with HSP&O DES staff on the DES Annual Report (DAR).

(4) Input on any timeliness challenges that have been identified for specific DHN or MTFs as appropriate and when necessary.

b. Personnel Reporting

(1) Verification of DES personnel training will be reported by the MTF and DHN Directors on an annual basis to the DAD-MA.

(2) Verification of MTF personnel training will be provided to HSP&O for inclusion in the DAR.

(3) The MTF and DHN Directors will report to DAD-MA and ASD(HA) when an MTF receives additional personnel as a result of timeline delinquency.

(4) The MTF and DHN Directors will report staffing ratios and caseloads to DAD-MA and ASD(HA) for purposes of monitoring and maintaining adequate staffing.

APPENDIX

MEB ACCURACY AND CONSISTENCY QAP CHECKLIST

Checklist Question	**Responses**	**Policy Reference**
1. Did the MEB confirm the medical diagnosis for each of the Service member's pertinent (referred and claimed) medical condition(s) that may prevent the member from performing the duties of their office, grade, rank, or rating, regardless of whether each condition is cause for referral to a PEB?	**Yes**: The MEB accurately confirmed diagnosis of the Service member's pertinent (referred and claimed) medical conditions and their severity. **No**: The MEB did not accurately confirm the diagnosis for at least one of the Service member's pertinent medical conditions and their severity.	**DoDI 1332.18 – 3.2.f.(2); pg. 17** (2) MEBs will confirm the medical diagnosis for and document the full clinical information, including history, treatment status, and potential for recovery of the Service member's medical conditions that, singularly, collectively, or through combined effect, may prevent the Service member from performing the duties of their office, grade, rank, or rating; and state whether each condition is cause for referral to a PEB.
2. Did the MEB document the full clinical information of each of the Service member's pertinent medical condition(s) that may prevent the member from performing the duties of their office, grade, rank, or rating, regardless of whether each condition is cause for referral to a PEB?	**Yes**: The MEB documented the full clinical information of each of the Service member's pertinent medical condition(s) that may prevent the member from performing the duties of their office, grade, rank, or rating, regardless of whether each condition is cause for referral to a PEB. **No**: The MEB did not document the full clinical information of each of the Service member's pertinent medical condition(s) that may prevent the member from performing the duties of their office, grade, rank, or rating, regardless of whether each condition is cause for referral to a PEB.	**DoDI 1332.18 – 3.2.f.(2); pg. 17** (2) MEBs will confirm the medical diagnosis for and document the full clinical information, including history, treatment status, and potential for recovery of the Service member's medical conditions that, singularly, collectively, or through combined effect, may prevent the Service member from performing the duties of their office, grade, rank, or rating; and state whether each condition is cause for referral to a PEB.
3. Did the MEB make an accurate decision whether the Service member's medical condition(s), either singularly, collectively, or through combined effect, may render the member unfit to perform the duties of their office, grade, rank, or rating?	**Yes, No, or N/A to each:** **Yes:** The MEB made an accurate decision whether the Service member's medical condition(s), either singularly, collectively, or through combined effect, may render the member unfit to perform the duties their office, grade, rank, or rating.	**DoDM 1332.18 Vol 1 – 4.6.a.; pg. 21** **MEB convening authority must**: a. In accordance with Section 3 of DoDI 1332.18 and in coordination with DHA and the Secretary of the Military Department concerned, assemble an MEB using information the PEBLO provides in the DES case

Checklist Question	**Responses**	**Policy Reference**
	No: The MEB made an inaccurate decision whether the Service member's medical condition(s), either singularly, collectively, or through combined effect, may render the member unfit to perform the duties their office, grade, rank, or rating.	file. MEB members will consult and decide whether the Service member has medical conditions that, singularly, collectively, or through combined effect, may render the member unfit to perform the duties of the member's office, grade, rank, or rating. Any MEB listing a psychiatric diagnosis must contain a thorough psychiatric evaluation and include the signature of at least one psychiatrist or psychologist with a doctorate degree in psychology.
4. Did the MEB include the results of a competency board in the MEB package, if applicable?	**Yes**: The MEB included the results of the Service member's competency board, if applicable. **No**: The MEB did not include the results of the Service member's competency board. **N/A**: A competency board was not applicable.	**DoDI 1332.18 - 3.2.g.; pg. 17** g**.** **Competency**. When the Service member's capability to manage their affairs is unclear, the MEB or TDRL packet will include the results of a competency board conducted in accordance with Section 602 of Title 37, U.S.C., and Volume 7B, Chapter 16 of the DoD 7000.14-R. This issuance does not prescribe processes or requirements related to competency boards; refer to applicable laws and policies regarding competency boards.
5. Does the MEB package include the following required medical and non-medical information?	**Yes, No, or N/A to each:** **5.a.** Cover sheet with MEB convening authority signature and MEB decision (added after the MEB). **b**. NARSUM **c**. Documentation from examinations that meet minimum disability examination criteria for all medical conditions that could, singularly, collectively, or through combined effect, prevent the Service member from performing the duties of their office, grade, rank, or rating. **d**. Complete STR **e**. Commander's non-medical assessment letter.	**DoDM 1332.18 Vol. 1 - 9.a.-i.; pg. 41** **MINIMUM MEB ELEMENTS**. In addition to documents that may be required by each Military Service (e.g., performance assessments), MEB results must include [the elements listed in paragraphs a. through i. of Section 9, outlined in 'Response' column to the left]. **DoDI 1332.18 - 3.2.g.; pg.17** g**.** **Competency**. When the Service member's capability to manage their affairs is unclear, the MEB or TDRL packet will include the results of a competency board conducted in accordance with Section 602 of Title 37, U.S.C., and Volume 7B, Chapter 16 of the DoD 7000.14-R. This

Checklist Question	**Responses**	**Policy Reference**
	f. MEB addendums **g**. Line of duty determinations when required by Military Department regulations. **h**. Service member IMR (if applicable), MEB rebuttal, and MEB surrebuttal if requested by the member. **i**. Competency statement, as appropriate, when conditions outlined in Paragraph 3.2.g. of DoDI 1332.18 are met.	issuance does not prescribe processes or requirements related to competency boards; refer to applicable laws and policies regarding competency boards.
6. Does the NARSUM include the following required information?	**Yes, No, or N/A to each:** **6**.**a**. History, present status, and prognosis of all referred conditions, and may also include conditions claimed by the Service member to determine if they may be unfitting. **b.** For those medical conditions that, singularly, collectively, or through combined effect, may render the Service member unfit to perform the duties of the member's office, grade, rank, or rating, the MEB results will describe: **(1)** Medical history and current clinical condition inclusive of VA or DoD medical examination findings; documentation of whether additional medical exams or diagnostic tests were performed due to the results substantially affecting identification of the existence or severity of potentially unfitting conditions. **(2)** The impact on required duty and associated operational assignment limitations. **(3)** Whether the medical conditions are likely to improve sufficiently for the member to	**DoDM 1332.18, Vol. 1 - 9.b.(1)-(5); pg. 41** b. Narrative summary describing history, present status, and prognosis. For medical conditions that, individually or collectively, may render the member unfit to perform the duties of the member's office, grade, rank, or rating, the MEB results will describe: [9.b.(1)-(5)], as outlined to the left in 'Response' column.

Checklist Question	**Responses**	**Policy Reference**
	perform the full duties of the member's office, grade, rank, or rating within 12 months. **(4)** How the severity of the member's medical conditions are likely to change within the next 3 years? **(5)** The requirement to monitor or provide treatment for the member's chronic conditions within the next 12 months.	
7. Did the MEB accurately determine whether more current information was needed to substantiate the existence or severity of conditions?	**Yes**: The MEB accurately determined whether more current information was needed to substantiate the existence or severity of conditions. **No**: The MEB inaccurately determined whether more current information was needed to substantiate the existence or severity of conditions. **N/A**: The conditions did not necessitate the inclusion of any specialists or additional medical information for further substantiation.	**DoDI 1332.18 - Encl. 3.2.f.(1); pg. 17** (1) Medical information used in the DES must be sufficiently recent to substantiate the existence or severity of potentially unfitting conditions. The Secretaries of the MILDEPs will not perform additional medical exams or diagnostic tests if more current information would not substantially affect identification of the existence or severity of potentially unfitting conditions.
8. Did the MEB consider all documentation when making a recommendation on retention [to include any Impartial Medical Reviews, MEB rebuttals, and the VA Compensation & Pension (C&P) Exam], and document the medical status and duty limitations of SM?	**Yes**: The MEB considered all documentation when making a recommendation on retention (to include any Impartial Medical Reviews, MEB rebuttals, and the VA C&P Exam). **No**: The MEB did not consider all documentation when making a recommendation on retention (to include any Impartial Medical Reviews, MEB rebuttals, and the VA C&P Exam).	**DoDI 1332.18. – 3.2.a.(1)-(2); pg. 15** (1) Review all available medical evidence, including examinations completed as part of DES processing, and document whether the Service member has medical conditions that either singularly, collectively, or through combined effect, may prevent them from reasonably performing the duties of their office, grade, rank, or rating. (2) Document the medical status and duty limitations of Service members who meet the referral eligibility criteria

Checklist Question	**Responses**	**Policy Reference**
9. If applicable, did the MEB include a behavioral health evaluation and the signature of a psychologist with a doctoral degree or a board-certified psychiatrist?	**Yes, No, or N/A**	**DoDM 1332.18 Vol 1 – 4.6.a. MEB CA; pg. 21** a. Assemble an MEB using the information the PEBLO provides in the DES case file. MEB members will consult and decide whether the Service member has medical conditions that, singularly, collectively, or through combined effect, may render the member unfit to perform the duties of the member's office, grade, rank, or rating. *Any MEB listing a psychiatric diagnosis must contain a thorough psychiatric evaluation and include the signature of at least one psychiatrist or psychologist with a doctorate degree in psychology.* **DoDI 1332.18 – 3.2.b.(3) MEB; pg. 15** **(3)** Any MEB listing a behavioral health diagnosis must contain a thorough behavioral health evaluation and include the signature of a psychologist with a doctorate in psychology or a board-certified or board-eligible psychiatrist.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ASD	Assistant Secretary of Defense
C&P	Compensation and Pension
DAD	Deputy Assistant Director
DAR	DES Annual Report
DES	Disability Evaluation System
DHA	Defense Health Agency
DHA-PI	DHA-Procedural Instruction
DHN	Defense Health Network
DMHRSi	Defense Medical Human Resources System – Internet
EHR	Electronic Health Record
FTE	Full-time equivalent
HA	Health Affairs
HSP&O	Health Services Policy and Oversight
IDES	Integrated Disability Evaluation System
IMR	Impartial Medical Review
LDES	Legacy Disability Evaluation System
MA	Medical Affairs
MCR	MEB Case Review
MEB	Medical Evaluation Board
MHS	Military Health System
MHS-G	MHS GENESIS
MILDEPS	Military Departments
MSC	Military Service Coordinator
MTF	military medical treatment facility
NARSUM	narrative summary
PEB	Physical Evaluation Board
PEBLO	Physical Evaluation Board Liaison Officer
QAP	quality assurance program
RC	Reserve Component
STR	Service Treatment Record

TDRL	Temporary Disability Retired List
VA	Veteran Affairs

PART II. DEFINITIONS

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

DES. Defined in References (g) through (i) and in accordance with Chapter 61 of Reference (d).

disability. Defined in Reference (g).

full-time equivalent. The basic measure of the levels of employment used by the Office of Management and Budget. It is the total number of hours worked (or to be worked) divided by the number of compensable hours applicable to each fiscal year. 2,080 hours would be equal to one FTE (40 hours x 52 weeks = 2,080 hours). For example, a position with DES-related duties described as 1 FTE means the individual's position consists of DES-related duties 100% of their work time, whereas a position divided into 0.5 FTEs means the individual's total work time is split equally between 2 different types of duties or roles, dedicating 50% of their time to each one.

MEB. Defined in References (g) and (i).

MEB convening authority. Defined in Reference (i).

MEB findings. The conclusions and recommendations made by the MEB intended to reflect the complete spectrum of the member's condition(s) accurately and adequately to decide whether the Service member has medical conditions that, singularly, collectively, or through combined effect, may render the member unfit to perform the duties of the member's office, grade, rank, or rating. The Service member may request a rebuttal to the MEB findings.

MCR. An assessment of the accuracy and consistency of MEB recommendations using the policy-based checklist found in the Appendix of this PI. The DHA will report outcomes of case file reviews in accordance with the DoD's guidance through the procedures set forth in this PI.

PEB. Defined in Reference (i).

PEBLO. Defined in Reference (i).

QAP. Defined in Reference (i).

STR. Defined in Reference (g). A necessary component to be included in the member's MEB packet with the MEB's results.

surrebuttal. Defined in Reference (h).