SECRETARY OF THE ARMY
WASHINGTON

DEC 14 2012

MEMORANDUM FOR RECORD

SUBJECT: Report on Inspection of the Behavioral Health (BH) Process, Disability Evaluation System (DES) and Integrated Disability Evaluation System (IDES)

In accordance with my Title 10 responsibilities as Secretary of the Army, this memorandum serves as my review of the recommendations as set forth by The Inspector General (TIG) in the above-entitled inspection report. The Director of the Army Staff will task appropriate Army officials to implement each approved recommendation. The Inspector General will continue to monitor implementation and provide me with interim progress reports, as appropriate. My review of these recommendations is enclosed.

RELEASE AUTHORIZATION: I hereby authorize this report and associated recommendations to be posted to the Inspector General Network.

John M. McHugh

Encl

SUBJECT: Enclosure (SecArmy Recommendation Review) to SecArmy, Subject: Report on Inspection of the Behavioral Health (BH) Process, Disability Evaluation System (DES) and Integrated Disability Evaluation System (IDES)

1. Commander, United States Army Medical Command (MEDCOM).

a. Conduct re-training and re-validation of all Medical Evaluation Board (MEB) sites incorporating and ensuring compliance with current implementation guidance.

SA Review: Approve  **Disapprove ____ See Me ____**

b. In coordination with DCS, G-3/5/7, create standardized training requirements regarding the completion of DA Form 7652 (Commander's Performance and Functional Statement) during installation Company Commander / First Sergeant Courses.

SA Review: Approve  **Disapprove ____ See Me ____**

c. In coordination with DCS, G-1, standardize IDES reception, education and process integration for all IDES personnel and all stakeholders involved; include specific training for Soldiers, leaders, Physical Evaluation Board Liaison Officers (PEBLO), Soldier Medical Evaluation Board Counsels (SMEBC), MEB Doctors, BH Professionals and other involved IDES associates.

SA Review: Approve  **Disapprove ____ See Me ____**

d. Ensure compliance and reinforce implementation of Office of The Surgeon General (OTSG) / MEDCOM Annex O (MEB Phase Implementation Guidance to Operations Order (OPORD) 12-31).

SA Review: Approve  **Disapprove ____ See Me ____**

e. Ensure Soldiers' appeals and Impartial Medical Reviews (IMR) are conducted by a provider independent of the MEB process for Service Members (SM) that they have provided a Narrative Summary (NARSUM) for (no same physician diagnosis and review).

SA Review: Approve  **Disapprove ____ See Me ____**

f. Develop utilization guidance for PEBLOs and Contact Representatives to facilitate effective communication, responsibility management and cross-organizational coordination.

SA Review: Approve  **Disapprove ____ See Me ____**

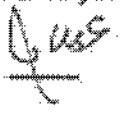
g. Explore expansion of the resident PEBLO training program and update the online training.

SA Review: Approve  **Disapprove** ____ **See Me** ____

h. Clarify MEDCOM Policy 12-035 for providers to decrease the perceived conflict between the policy and the current American Psychological Association (APA) guidelines and standards.

SA Review: Approve  **Disapprove** ____ **See Me** ____

i. Conduct a cost benefit analysis of the methods to expand SMEBC program.

SA Review: Approve  **Disapprove** ____ **See Me** ____

j. Encourage Family member participation in IDES.

SA Review: Approve  **Disapprove** ____ **See Me** ____

2. Deputy Chief of Staff, G-1.

a. In coordination with CDR MEDCOM, explore expansion of Physical Evaluation Boards (PEB) and / or modification of current authorities within IDES (i.e. increase number of PEBs, increase current PEB / MEB capabilities or expand current site authorities).

SA Review: Approve  **Disapprove** ____ **See Me** ____

b. In coordination with Director, United States Army Physical Disability Agency (PDA) and CDR, MEDCOM, conduct periodic certification and audit process for sites conducting MEBs and PEBs.

SA Review: Approve  **Disapprove** ____ **See Me** ____

c. Develop a credible proponent / office of primary responsibility for the IDES process.

SA Review: Approve  **Disapprove** ____ **See Me** ____

d. In coordination with CDR, MEDCOM, establish a forum or method for routine discussion of IDES-related policies to synchronize the implementation of regulatory changes across all Army installations and address any emerging issues or concerns.

SA Review: Approve ✓ **Disapprove** ____ **See Me** ____

e. Align Outside the Continental United States (OCONUS) IDES process to support Soldier and Continental United States (CONUS) installation requirements.

SA Review: Approve ✓ **Disapprove** ____ **See Me** ____

f. In coordination with Chief Information Officer (CIO) / G-6, establish a single tracking application for the IDES process that includes multi-organizational and Soldier access to allow for a common operating picture.

SA Review: Approve ✓ **Disapprove** ____ **See Me** ____

g. Update DA Form 7652 (Commander's Performance and Functional Statement) to include the requirement for a second signature from the next higher commander to increase accountability for thorough completion of the form.

SA Review: Approve ✓ **Disapprove** ____ **See Me** ____

h. In coordination with Office of the Judge Advocate General (OTJAG), clarify and issue updated policy regarding the rights and responsibilities of commanders to administratively separate Soldiers and to administer punishment under the Uniform Code of Military Justice (UCMJ) to Soldiers in the IDES process.

SA Review: Approve ✓ **Disapprove** ____ **See Me** ____

i. In coordination with CDR, MEDCOM, establish a standard vetting process for all IDES training material.

SA Review: Approve ✓ **Disapprove** ____ **See Me** ____

j. Update DA Form 3947 (Medical Evaluation Board Proceedings) to include the IMR election.

SA Review: Approve ✓ **Disapprove** ____ **See Me** ____

k. In coordination with CDR, MEDCOM, enforce standardization of Warrior Transition Unit (WTU) acceptance criteria.

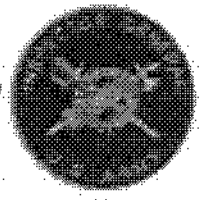
SA Review: Approve  **Disapprove ____ See Me ____**

3. Deputy Chief of Staff, G-3/5/7 in coordination with DCS, G-1 and CDR, MEDCOM review all relevant training and establish an Army-wide, standardized teaching program for IDES to ensure baseline knowledge for leaders, Soldiers and Families.

SA Review: Approve  **Disapprove ____ See Me ____**

A

Inspection Summary:
Inspection of the Behavioral Health (BH) Process, Disability Evaluation System (DES) and Integrated Disability Evaluation System (IDES)



What We Did:

The DAIG conducted an Inspection of the BH, DES and IDES. There are 19 findings and 22 recommendations from this inspection, key highlights are listed below.

What We Found:

- Non-compliance with Army standard for processing IDES Service Members (SM).
- Challenges exist in harmonizing, synchronizing and resolving IDES process issues.
- Knowledge about the IDES process is uneven and incomplete across all echelons of the Army.
- Multiple IDES tracking systems provide limited visibility while increasing workload and confusion for all participants and leaders concerned with the IDES process.
- There was poor or inconsistent organizational understanding of the role and requirements of DA Form 7652 (Commander's Performance and Functional Statement).
- The IDES reception and integration process for Soldiers, leaders and BH providers is not standardized and varies considerably across sites and roles.
- Medical Treatment Facilities (MTF) not in compliance with MEDCOM Operations Orders (OPORD).

What We Recommend:

- Conduct retraining and revalidation of all Medical Evaluation Board (MEB) sites incorporating new implementation guidance.
- Create standardized training requirements regarding the completion of DA Form 7652 (Commander's Performance and Functional Statement).
- Standardize IDES reception, education and process integration for all IDES personnel and all stakeholders involved.
- Ensure compliance and reinforce implementation of Annex O (MEB Phase Implementation Guidance to OPORD 12-31).
- Conduct periodic certification and audits for sites conducting MEBs and Physical Evaluation Boards (PEB).
- Align Outside Continental United States (OCONUS) IDES process to support SM and Continental United States (CONUS) installation requirements.
- View all relevant training and establish an Army-wide chain teaching program for IDES.

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SAIG-ID

DEC 07 2012

MEMORANDUM FOR SECRETARY OF THE ARMY

SUBJECT: Inspection of Behavioral Health (BH) Evaluations and Diagnoses in the Context of the U.S. Army Disability Evaluation System (DES) and Integrated Disability Evaluation System (IDES)

1. **Purpose.** From 15 May 2012 – 30 October 2012, the Department of the Army Inspector General (DAIG) conducted a comprehensive inspection of BH evaluations and diagnoses in the context of the DES and IDES. This memorandum provides an executive summary of the inspection results.

2. **Background.**

a. In November 2007, the Department of Defense (DoD) launched the DES Pilot Program, integrating aspects of the DoD and Department of Veterans Affairs (VA) disability evaluation systems to run concurrently rather than sequentially. The initiative was intended to be service member (SM) centric and focused on eliminating duplicative, time consuming and often-confusing elements of the two Departments' processes. The DES Pilot Program was centered in the National Capital Region (NCR) and was implemented at one Army (Walter Reed Army Medical Center), one Navy (Bethesda Naval Hospital) and one Air Force (Malcolm Grow Medical Center) Medical Treatment Facility (MTF). A DoD and VA review of the Program's first operational year deemed the Pilot successful enough to justify its extension beyond the NCR. On 1 June 2009, the DoD and VA DES Pilot Program expanded to other locations, was designated the IDES and became the model for DoD-wide implementation. The Army's IDES Program completed its final phase of implementation in October 2011.

b. Before 2008, the Army used the DES process to maintain a fit and ready force. The legacy DES evaluated only those medical conditions that called into question a Soldier's ability to continue to serve in the military. Disability compensation was awarded through two separate and sequential processes: the first process, conducted by the Army and the second, and subsequent process executed by the VA. As to the Army process, upon receiving a level 3 or 4 permanent profile (P3 or P4), a Soldier was referred for a medical evaluation by an Army medical department for a Medical Evaluation Board (MEB) and subsequently assigned a disability rating by an Army Physical Evaluation Board (PEB) as to those medical conditions rendering the Soldier unfit for continued service. Soldiers were accorded many opportunities for appellate reviews throughout the MEB and PEB processes pending a final disability determination

resulting in: the Soldier's medical separation and receipt of severance pay; medical retirement and award of disability retired pay; or return to duty.

c. Once a Soldier attained Veteran status, the VA prepared a claim to identify the medical conditions to be evaluated as part of the VA Compensation and Pension (C&P) examination. The VA conducted the C&P examination, evaluated the results and provided the Veteran a disability rating for all service connected conditions (not only those conditions rendering the Soldier unfit for further service in the Army). On average, it took 6 – 9 months after a Soldier received Veteran status before the Soldier began receiving VA benefits.

d. Beginning in 2007, the DoD and VA worked together to upgrade and simplify the disability evaluation and compensation system. The resultant process was the IDES. IDES integrated DoD and VA processes by initiating VA claim development while the Soldier was still a SM and by supplanting the Army's medical evaluation with the VA's C&P examination. Under the IDES, the DoD accepted the VA's C&P examination as the medical examination of record and directed the Army to use the results of the VA C&P examination as the basis for its determination as to whether a SM met or failed to meet retention standards. The VA C&P examination continued to be used by the VA as the basis for determining a Veteran's total disability compensation.

3. **Inspection Objectives.** In a 15 May 2012 directive, the Secretary of the Army (SecArmy) enumerated four objectives for the DAIG inspection:

a. (Knowledge) *Assess whether commanders, Soldiers and other participants in DES / IDES are sufficiently informed about, and understand, their respective roles, their rights and duties, and the sources of information and assistance available to them; all with a view to optimizing their participation in, and the overall effectiveness of, DES / IDES processes.* In general, the Inspection Team found major gaps in education and understanding of all participants in the IDES process, which limited their effective participation in the process. This lack of education was a common thread throughout the deficiencies identified in this report.

b. (Process) *Review the effect of the Army's implementation of IDES on the diagnosis and evaluation of behavioral health conditions.* There was overall weak implementation of Army IDES policy which resulted in additional BH exams and sometimes led to changed BH diagnoses.

c. (Appeal) *Review and evaluation of the sufficiency of appeal procedures available to Soldiers participating in the DES / IDES processes.* There are ample appeal,

reconsideration and similar opportunities in the IDES process; however, care provider interpretation of appeal procedures sometimes disadvantage SMs.

d. (Non-Medical) *To the extent arising from tasks outlined in this directive, collect and report to the Under Secretary of the Army (USA) and the Vice Chief of Staff, Army (VCSA) any observations that command climate or other non-medical factor affected behavioral health diagnoses and evaluations.* While the Inspection Team found command-climate related non-medical factors affecting Soldiers in the IDES process, (*e.g.*, Co Cdr's not submitting DA Form 7652 Commander's Performance and Functional Statement) they did not find significant non-medical factors directly affecting BH diagnoses and evaluations.

e. In addition, the inspection was intended to provide a factual baseline for all key organizations with responsibilities in the IDES BH process. All results were provided to the Army Behavioral Health Task Force, U.S. Army Medical Command (MEDCOM) and the Deputy Chief of Staff (DCS), G-1 for corrective action planning.

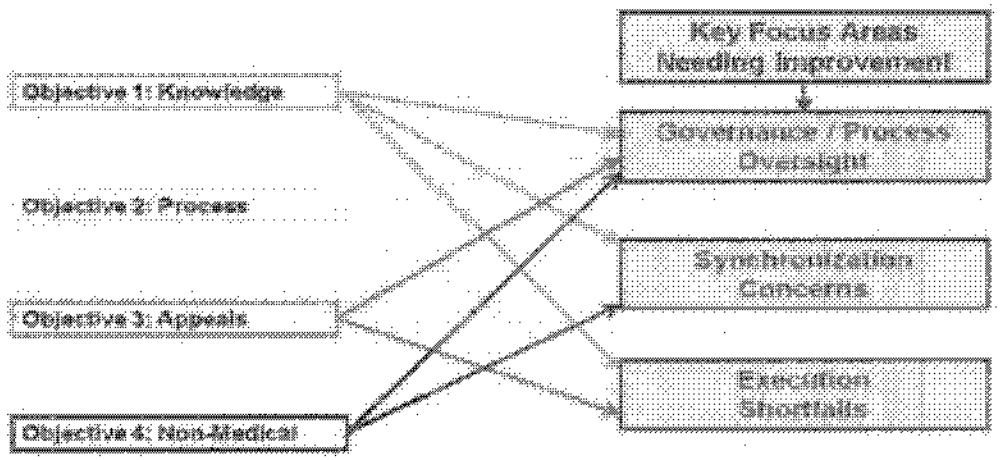
4. **Process Map.** Analysis of data accumulated from over 6,400 individuals across the 46 sites inspected resulted in findings that correspond to three primary areas of concern: Goverance / Process Oversight; Synchronization Concerns; and Execution Shortfalls as illustrated in Figure 1.

- The Governance / Process Oversight area reports on information associated with the Knowledge, Process, Appeals and Non-Medical objectives.

- The Synchronization Concerns area reports on data primarily derived from the Knowledge and Non-Medical objectives.

- The Execution Shortfalls area reports information associated with the Knowledge, Process and Appeals objectives.

(Figure 1) **Recommendation Process Map**



5. **Inspection Methodology.**

a. Preparation Phase. To prepare for this inspection, the Inspection Team received training on the IDES process, integrated 47 subject matter experts with the Team, interviewed senior Army officials associated with MEDCOM and DCS, G-1 and conducted extensive review of documented policies and procedures believed to govern the DoD and VA disability processes. Additionally, the Inspection Team conducted pre-inspection visits of the Physical Disability Agency (PDA) and a MTF responsible for conducting MEBs to validate inspection tools and establish a baseline understanding of MEDCOM and VA internal organization and structure, policies, processes and procedures.

b. Execution Phase. Beginning in July 2012, the Inspection Team conducted site visits, including 32 MTFs, 15 Warrior Transition Units (WTUs), eight Community-Based Warrior Transition Units (CBWTUs), an MEB processing site, five pre-MEB sites and three PEB sites. The Inspection Team conducted over 750 interviews, 80 sensing sessions and contacted 6,418 Soldiers, Family Members and civilian contractors. DAIG surveyed 2,472 leaders, Soldiers and BH professionals. Finally, the Inspection Team conducted an analysis of IDES-related regulations, forms and procedures to evaluate the efficiency of the current process.

c. Descriptive Percentages. For purposes of this report, data is presented using the following descriptive percentage ranges: Nearly all (90 – 99%), Most (76-89%), Majority (51 – 75%), Half (50%), Some (26 – 49%) and Few (1 – 25%).

6. **Inspection Summary.**

a. The Inspection Team found that the MEDCOM's execution of the IDES process was inefficient and contributed to the Army's inability to ensure SM completion of the process within the DoD-established goal of 295 days. This, coupled with the lack of an effective Army proponent to develop and disseminate IDES policies and processes across the Army, hindered the timely implementation and execution of IDES. These findings are best illustrated by the MTFs' unwillingness to follow published guidance or the common MTF practice of minimally instituting new guidance so as not to disrupt current activities, even though the new guidance was specifically intended to change drastically those very activities. The DAIG Inspection Team attributed much of this ineffectiveness to the medical profession's primary focus on so-called "clinical prerogatives" in lieu of enforcing organizational discipline and compliance. For example, notwithstanding that DoD Directive Type Memorandum (DTM) 11-015 prescribes a single medical examination, to be conducted by the VA (the VA Compensation and Pension (C&P) Examination), as the basis for all IDES processing, doctors assigned to conduct MEBs continued to assert that they were serving in a clinical role rather than in the administrative role assigned to them as part of the MEB process. Given their clinical role, as they perceived it, these doctors believed they had an ethical obligation to question and confirm the veracity of the VA medical examination. SMs were then subjected to additional testing, medical file reviews, re-writes of the Commander's Performance and Functional Statements and numerous other post-VA C&P examination events. The conduct of these follow-on reviews and events contravened the processes and procedures at the heart of the new IDES, as established by DoD DTM 11-015 and unduly extended IDES processing times. SM faith in, and understanding of, IDES was low; the post-VA C&P examination tests and reviews performed by the Army directly contradicted what Physical Evaluation Board Liaison Officers (PEBLOs) had told Soldiers about the new IDES.

b. The Inspection Team found that MEDCOM understood the issues that MTFs were having with compliance to IDES implementation. As a result of DA and MEDCOM IG feedback, on 16 July 2012, MEDCOM issued guidance in the form of Annex O to MEDCOM Operations Order (OPORD) 12-31 (Implementation of the IDES). Annex O further amplified the DTM 11-015 "single medical examination" requirement as applied to Army MTFs. Annex O required MTFs to accept the VA C&P Exam as the exam of record, eliminating the need for MEB doctors to conduct additional clinical diagnostic re-evaluation, although it allowed physicians some discretion. IAW the DTM, Annex O stipulated that an MEB examiner's sole duty was to conduct an administrative review of SM records to ensure compliance with established protocols. Although there was cultural resistance to this guidance at many MTFs, MEDCOM has shown a commitment to enforcing the "single medical exam" mandate to ensure a more streamlined and

efficient IDES process for SMs. MEDCOM IGs are now assessing compliance with the "single medical exam" requirement as part of The Surgeon General's IDES Corrective Action Plan (CAP).

c. The Inspection Team isolated four overarching factors for non-compliance with IDES policy and procedures as set forth in DoD DTM 11-015 and Headquarters Department of the Army (HQDA) Execution Order (EXORD) 080-12, which implemented the DTM for the Army:

(1) *Inadequate resourcing of the IDES process.* IDES sites are inadequately resourced to handle the increasing numbers of SMs entering into the process. For example, less than 20% of the Soldiers completing IDES in September 2012 executed the process within the DTM's Active Component (AC) goal of 295 days or the Reserve Component (RC) goal of 305 days.

(2) *Lack of recurring certification, continuous process improvement and audit and inspection capability.* The Inspection Team found a lack of oversight at MEB / PEB sites. No Army official or organization undertook to conduct, or to ensure the conduct of, recurring certification, continuous process improvement, audits or inspections of MEB / PEB sites.

(3) *MTFs are improperly implementing proponent requirements.* MTFs routinely interpret and implement policies locally. In some instances, a facility will implement the policy change in a way that causes the least disruption to its existing processes, even if the policy was intended to cause a drastic change to those processes. Culture and individual personalities play a large role in how medical professionals and MTFs implement policies. This was evident with MTF interpretations of the "single medical exam" requirement, the ineffective transfer of OCONUS SMs to CONUS MTFs, improper withholding of second profile signatures and inappropriate MTF interpretations of the MEB appeals process.

(4) *Lack of Internal Controls.* The Inspection Team found that MEDCOM lacked internal controls. For example, the process for disseminating Annex O, which implemented the critical "single medical exam" requirement set forth in DTM 11-015 from MEDCOM through Regional Medical Commands (RMC) to MTF leadership was ineffective as many BH providers and other personnel involved in the IDES process did not receive the Annex and thus were unaware of this important change in MEDCOM policy.

7. **Key Findings.** There are 19 findings in this inspection report. A summary of the key findings follows:

a. **Governance / Process Oversight:**

(1) *Non-compliance with Army standard for processing IDES SMs.* During Fiscal Year (FY) 2012, the Army averaged 396 days for an AC SM to complete the IDES process versus the DoD DTM 11-015 goal of 295 days. According to the September 2012 IDES Monthly Report, during the final six months of Fiscal Year (FY) 2012, the Army averaged 386 days for AC and 366 days for RC to complete the IDES process. This is far short from the DTM 11-015 goal of 295 days for AC and 305 days for RC Soldiers.

Choke points in the IDES process indentified during the past three months included the MEB stage (average 91 days versus 35 day goal), the PEB stage (average 19 days versus 15 day goal), the Disposition stage (average 88 days versus 35 day goal) and the Transition Stage (average 83 days versus 30 day goal). The sheer volume of SMs participating in IDES and the organizational structure required to support IDES far exceeded capacity, resulting in an inability to meet established timelines across the IDES process. Without improvements, SMs continued to languish in the system, which at times, exacerbated SMs' BH symptoms and led to an increase in friction and disciplinary problems within the units to which SMs were assigned.

(2) *Challenges exist in harmonizing, synchronizing and resolving IDES process issues.* There was no single overarching IDES policy. The IDES process proponent lacked the capability to effectively meet all regulatory roles and responsibilities. IDES was one of 155 programs managed by The Adjutant General, U.S. Army Human Resources Command (HRC). Proponency for IDES was not well known, nor were roles and responsibilities understood. Different commands directed and managed different principal parts of the IDES. For instance, HRC exercises operational control over the IDES process. The PDA, a subordinate organization of HRC, is delegated authority as the IDES operator and MEDCOM is the IDES operator for Army medical assets involved in the IDES process. This approach made communication of the various IDES policies, procedures and personnel processes tenuous and consistent oversight challenging.

(3) *Knowledge about the IDES process is inconsistent and incomplete across all echelons of the Army.* Training on IDES is inadequate, not standardized and in some cases conflicts with current standards. IDES represented a fundamental change to the Army's disability process. However, at the outset, neither DCS, G-1 nor MEDCOM issued overarching implementation policy guidance or training for Soldiers, leaders or personnel involved in the IDES process. The lack of detailed policy reduced the likelihood of standardization, synchronization and a clear understanding of expectations for all actors in the IDES process.

To combat this lack of universal knowledge MEDCOM has developed and issued an IDES guide. This guide is a partial solution that provides health care personnel a reference, but still falls short of the comprehensive training that is required to establish an Army-wide baseline understanding of the IDES. During the course of the inspection, teams found sporadic instances of IDES professionals (i.e. PEBLOs, BH and MEB Doctors) propagating inaccurate information on the IDES process. Future training must ensure there are no misperceptions among leadership and command messages are consistent with current official guidance.

b. **Synchronization Concerns:**

(1) *Multiple IDES tracking systems provide limited visibility while increasing workload and confusion.* Inspectors identified the use of multiple tracking systems (e.g., Veterans Tracking Application [VTA], Automated eDES, spread sheets, eMEB, ePEB), as well as noting that almost all sites used personally developed / customized local tracking systems to assist in gathering real time data. The use of multiple tracking systems may have been necessary to meet reporting requirements; however, this has resulted in an increased workload for PEBLOs, who must continually update multiple tracking systems. Due to increased workload and inefficiencies, PEBLOs sometimes fail to update the automated systems, resulting in inaccurate or missing data within / between systems.

(2) *There was poor and inconsistent organizational understanding of the role and requirements of DA Form 7652 (Commander's Performance and Functional Statement).* A majority of Soldiers and leaders surveyed (1303 of 2,472 or 53%) assessed themselves as having a poor understanding of the IDES process. Moreover, some leaders (422 of 1,471 or 29%) indicated that they were either unaware of the importance of DA Form 7652, that they had never heard of the form or that the form was not applicable to them in their leadership role. Consequently, many unit commanders provided no direct performance-based observations of the Soldier or assessment of the Soldier's suitability for continued service. Yet, this form—the only non-medical evaluation of a Soldier's performance of duty-related tasks and functions—is of great importance to the IDES process.

(3) *The IDES process for Soldiers is not standardized and varies considerably across sites / roles and inhibits proper understanding of procedural requirements.* Leaders' limited knowledge of the IDES process precluded their ability to positively influence, educate or support SMs undergoing the IDES process. Of leaders surveyed, some (396 of 1,403 or 28%) indicated that they "had never received any information or awareness" regarding the IDES process, and a few (346 of 1,420 or 24%) indicated that they were "not familiar with any" of the primary and integral roles in the IDES.

Moreover, some leaders (380 of 1,403 or 27%) indicated that they had to get information about the IDES on their own. Of BH providers surveyed, some (168 of 383 or 44%) "somewhat disagreed" to "strongly disagreed" with the statement that Soldiers had a comprehensive understanding of the IDES process. Only a few (10 of 383 or 3%) BH providers surveyed indicated that they "strongly agreed" Soldiers in the IDES had a comprehensive understanding of the process. Regarding BH providers' introduction to, and training in, the IDES system, some (156 of 366 or 42%) indicated that they procured information on their own or that they had never received any training in the IDES process.

(4) *Administrative Separation procedures for Soldiers in the IDES process.* Many commanders and enlisted leaders indicated a belief that Soldiers often seek refuge in the IDES process, particularly seeking BH services, after committing offenses that would subject them to punishment under the UCMJ. However, this action would not prohibit a commander from taking the appropriate administrative action against a Soldier in the IDES process, whether in the form of an Article 15 or by initiating an administrative separation action. Enlisted leaders indicated significant frustrations because of commanders' hesitation to apply administrative and / or disciplinary actions to Soldiers in the IDES process. Commanders reportedly direct enlisted leaders to counsel Soldiers in writing about offenses, but enlisted leaders perceive these efforts as futile when commanders do not follow-up with appropriate corrective actions or punishment, when warranted.

c. **Execution Shortfalls:**

(1) *MTFs not in compliance with MEDCOM OPORDs implementing established DoD and Army Policy.* Half (16 of 32 or 50%) of MTFs were not in full compliance with critical components of Office of The Surgeon General (OTSG) / MEDCOM Annex O to Fragmentary Order (FRAGO) 1 OPORD 12-31 that implemented DTM 11-015 and HQDA EXORD 080-12 requirements. These MTFs continued to conduct post VA C&P examination reviews even after the publication of a FRAGO that explicitly directed that no such exams take place. The post C&P exams included BH evaluations and provider assessments of SMs diagnosed with BH related issues by VA providers.

(2) *Appeals and Impartial Medical Reviews (IMR) not conducted by an independent provider.* During the course of this inspection, inspectors found some (14 of 32 or 44%) MEB sites where MEB physicians or BH providers who originally wrote the Narrative Summary (NARSUM) also conducted IMRs of the same Soldier's NARSUM. This practice led Soldiers to perceive both a lack of impartiality and that IMRs were not being conducted according to regulatory guidance (DTM 11-015) Appendix 4. DTM 11-015 states, "a Soldier has the right to an IMR, when requested, to

serve as an independent source for review of the findings and recommendations of the MEB..." ANNEX O to OPORD 12-31 implements this DoD requirement for the Army, stating "the IMR reviewer(s) cannot be one of the signature authorities for the Soldier's MEB, and / or NARSUM process."

(3) *Utilization and training of PEBLOs and Contact Representatives (PEBLO assistants) is inconsistent.* PEBLOs, in effect, are the face of IDES and are involved in every administrative action associated with the process. The Inspection Team found that the current utilization guidance at MTFs overtasked PEBLOs and relied on them for any new requirements as well as substantive MEB actions. However, there was no published utilization and training guidance for PEBLOs and Contact Representatives. The online PEBLO training course was outdated with the legacy DES information. In addition, PEBLOs were not equipped with the necessary initial training, command support and uniform guidance to effectively perform their duties. The inspection also identified that some PEBLOs and Contact Representatives were certified for duty without obtaining a thorough and standardized IDES knowledge base. The issues raised may indicate a possible inappropriate grade designation and need for a position description review based on the duties PEBLOs actually peform.

(4) *Shortage of Soldier Medical Evaluation Board Counsels (SMEBC).* SMEBCs are the only legal representatives in the Army that serve IDES Soldiers as a client. Despite the criticality of these personnel, there were insufficient SMEBCs to serve Soldiers in the IDES program. Inspectors noted that some sites (15 of 32 or 47%) did not have SMEBCs located on the installation and were supported by other installations. Installations without a SMEBC presented Soldiers with transportation and timeline challenges. Soldiers were either forced to commute longer distances to receive SMEBC services or SMEBCs were forced to commute to provide services to Soldiers. The shortages of SMEBCs also negatively affected the five-day timeline for a Soldier to request an IMR and / or appeal. Soldiers' timelines included non-duty days, which led to challenges receiving timely legal assistance. For example, if a Soldier received his or her MEB results on a Thursday and the five-day suspense to file an appeal included non-duty days (the weekend), the Soldier may not have had an opportunity to receive adequate counsel.

(5) *DA Form 3947 (Medical Evaluation Board Proceedings) contains no provision for a Soldier to elect an IMR.* The DA Form 3947 does not include an option for a Soldier to request an IMR. Instead, a Soldier must submit a memorandum in order to request an IMR. This requirement for a Soldier to initiate separate correspondence to request an IMR places an unnecessary burden on the Soldier, prolongs the IDES timeline and does not facilitate automated document processing.

8. **Key Recommendations.** There are 22 recommendations in this inspection report. Key recommendations are presented below:

a. **Commander (CDR), MEDCOM.**

(1) Conduct re-training and re-validation of all Medical Evaluation Board (MEB) sites incorporating and ensuring compliance with current DoD, Army and other applicable implementation guidance.

(2) In Coordination With (ICW) DCS, G-3/5/7 and CDR, TRADOC create standardized training requirements for inclusion in installation Company Commander / First Sergeant Courses regarding the completion of the Commander's Performance and Functional Statement (DA Form 7652).

(3) ICW DCS, G-1, standardize IDES reception, education and process integration for all IDES personnel and all stakeholders involved; include specific training for Soldiers, leaders, PEBLOs, SMEBCs, MEB Doctors, BH Professionals and other involved IDES personnel.

(4) Ensure compliance and reinforce implementation of OTSG / MEDCOM Annex O (MEB Phase Implementation Guidance to OPORD 12-31), to the extent it implements DoD and Army policy.

b. **DCS, G-1.**

(1) ICW PDA and CDR, MEDCOM, conduct periodic certification and audits for sites conducting MEBs and PEBs.

(2) Develop a credible proponent / office of primary responsibility for the IDES process.

(3) ICW CDR, MEDCOM, establish a forum or method for routine discussion of IDES-related policies to synchronize the implementation of regulatory changes across all Army installations and address any emerging issues or concerns.

(4) Align Outside Continental United States (OCONUS) IDES process to support SM and Continental United States (CONUS) installation requirements.

c. **DCS, G-3/5/7.** ICW DCS, G-1 and CDR, MEDCOM review all relevant training and establish an Army-wide, standardized teaching program for IDES to ensure baseline knowledge for leaders, Soldiers and Families.

9. **Ongoing Corrective Actions.** Upon completion of the execution phase of this inspection, the Inspection Team provided all stakeholders a briefing detailing findings and recommendations. In response to this briefing, the DCS, G1 and CDR, MEDCOM have already initiated the following key corrective actions (all ongoing corrective actions are listed in Enclosure 11 Appendix 4):

a. DCS, G-1 has—

(1) Designated a Brigadier General to serve as the IDES process "Champion."

(2) Together with the Chief Information Officer (CIO) / G-6, established a contract for an end-to-end Information Technology (IT) solution that allows for a common operating picture based on the needs of the IDES participant (SM, MTF Cdr, Co Cdr, etc.).

(3) Initiated the development of, and will subsequently staff and disseminate a single, updated, consolidated and comprehensive regulation for IDES, as directed by HQDA EXORD 080-12.

(4) Through the PDA, implemented a recent SecArmy directive authorizing PEBs to reduce Informal PEB (IPEB) staffing from three to two board members. The results of these actions improved the process minimally in September 2012, but long-term should significantly contribute to reduced IDES processing times.

b. CDR, MEDCOM recently—

(1) Established two additional MEB Remote Operating Cells (MEBROC) at Joint Base Lewis-McChord (JBLM) and Fort Carson and is evaluating the need for more cells.

(2) Directed the inspection of one–half of all IDES sites to assess compliance with authorized policies and procedures.

(3) Issued FRAGO 3 (OPORD 12-31) which directed the alignment of PEBLOs to supported units.

10. **Verification.** The 19 findings and 22 recommendations from this report were coordinated with and briefed to, each organization with equities in this inspection for verification and comments. All organizations concurred with the findings and recommendations of this report.

11. **Recommendation Follow-up.** Stakeholders identified in Enclosure 1 (Verification Matrix), will receive a copy of the inspection report and a HQDA, tasking requiring them to develop a corrective action plan to address their assigned recommendations and provide a copy of their plan to the DAIG Analysis and Inspection Follow-up Office (SAIG-AI / usarmy pentagon ingle mbx saig-ai-office@mail.mil) NLT 30 days after receipt of the HQDA tasking.

PETER M. VANGJEL
Lieutenant General, USA
The Inspector General

Encl
as

CF:
UNDER SECRETARY OF THE ARMY
ASSISTANT SECRETARY OF THE ARMY, MANPOWER AND RESERVE AFFAIRS
CHIEF OF STAFF, ARMY
VICE CHIEF OF STAFF, ARMY
CIO / G-6
DEPUTY CHIEF OF STAFF, G-1
DEPUTY CHIEF OF STAFF, G-3
COMMANDER, UNITED STATES ARMY MEDICAL COMMAND
DIRECTOR, ARMY BEHAVIORAL HEALTH TASK FORCE

1

SAIG-ID
SUBJECT: Enclosure 1 (Verification Matrix) to Memorandum, Subject: Inspection of the US Army Behavioral Health (BH), Disability Evaluation System (DES) and Integrated Disability Evaluation System (IDES)

1. Verification. The stakeholder organization(s) have been provided a (briefing / copy) of the inspection report findings and recommendations for verification and comment. The intent of this process is to ensure the inspection report is correct and to capture stakeholder's comments in the final report. The enclosure to this memorandum identifies the (stakeholder / responsible entity) and date briefed followed by a matrix containing all observations, findings, recommendations and concurrence or non-concurrence. There are 19 findings and 22 recommendations on the Secretary of the Army memorandum representing all of the findings from the objectives, other matter and positive notes.

2.

Organization	Stakeholder	Briefing Date	Comment
DIR, BHTF	(b)(6)	20121015	Concur
DCS, G-3/5/7		20121015	Concur
CDR, MEDCOM		20121015	Concur
DCS, G-1		20121018	Concur
CIO / G-6		20121101	Concur

Functional Assessment 1: *Governance / Process Oversight (PO)*			
Findings	**Recommendation**	**Stakeholder (s) Brief Date**	**Comment**
PO-1 DEFICIENCY (reference# ID-1205.01): During Fiscal Year (FY) 2012, the Army averaged 396 days for a SM to complete the IDES process versus the Directive Type Memorandum 11-015 goal of 295 days.	**PO-1.1 (reference# ID-1205-01.01):** DCS G-1, in coordination with CDR MEDCOM, explore expansion of Physical Evaluation Boards (PEB) and / or modification of current authorities within IDES (i.e. increase number of PEBs, increase current PEB / MEB capabilities or expand current site authorities).	DCS, G-1 (20121018) MEDCOM (20121015)	Concur Concur
PO-2 DEFICIENCY (reference# ID-1205-02): The IDES process lacks a recurring certification and audit capability for MEB and PEB sites needed to ensure common procedures and a common operating picture for each stakeholder across the enterprise.	**PO-2.1 (reference# ID-1205-02.01):** CDR, MEDCOM, conduct re-training and re-validation of all Medical Evaluation Board (MEB) sites incorporating and ensuring compliance with current implementation guidance.	MEDCOM (20121015)	Concur
	PO-2.2 (reference# ID-1205-02.02): DCS, G-1 ICW Dir, US Army Physical Disability Agency (PDA) and CDR, MEDCOM, conduct periodic certification and audit process for sites conducting MEBs and PEBs.	DCS, G-1 (20121018) MEDCOM (20121015)	Concur Concur
PO-3 OBSERVATION (reference# ID-1205-03): Challenges exist in harmonizing, synchronizing and resolving IDES process issues.	**PO-3.1 (reference# ID-1205-03-01):** DCS G-1, develop a credible proponent / office primary responsibility for the IDES process.	DCS, G-1 (20121018)	Concur

Findings	Recommendation	Stakeholder(s) Brief Date	Comment
PO-4 OBSERVATION (reference# ID-1205-04): Knowledge about the IDES process is uneven and incomplete across all echelons of the Army.	**PO-4.1 (reference# ID-1205-04.01):** DCS, G-3/5/7 ICW DCS, G-1 and CDR MEDCOM, review all relevant training and establish an Army-wide, standardize teaching program for IDES to ensure baseline knowledge for leaders, Soldiers and Families.	MEDCOM (20121015) DCS, G-1 (20121018) DCS, G-3/5/7 (20121015)	Concur Concur Concur
Functional Assessment 2: *Synchronization Concerns (SC)*			
SC-1 Deficiency (reference# ID-1205-05): MTFs are improperly implementing proponent policies.	**SC-1.1 (reference# ID-1205-05.01):** DCS, G-1, ICW CDR, MEDCOM, establish a forum or method for routine discussion of IDES-related policies to synchronize the implementation of regulatory changes across all Army installations and address any emerging issues or concerns.	MEDCOM (20121015) DCS, G-1 (20121018)	Concur Concur
SC-2 OBSERVATION (reference# ID-1205-06): Inconsistencies exist between IDES processes for Soldiers based in CONUS and OCONUS.	**SC-2.1 (reference# ID-1205-06.01):** DCS, G-1, align OCONUS IDES process to support Soldier and CONUS installation requirements.	DCS, G-1 (20121018)	Concur

Findings	Recommendation	Stakeholder(s) Brief Date	Comment
SC-3 OBSERVATION (reference# ID-1205-07): Multiple IDES tracking systems provide limited visibility while increasing workload and confusion for all participants and leaders concerned with the IDES process.	**SC-3.1 (Ref #ID-1205-07.01):** DCS, G-1, ICW CIO / G-6, establish a single tracking application for the IDES process that includes multi-organizational and Soldier access to allow for a common operating picture.	DCS, G-1 (20121018) CIO / G-6 (20121030)	Concur Concur
SC-4 OBSERVATION (reference# ID-1205-08): There was poor or inconsistent understanding of the role and requirements of DA Form 7652 (Commander's Performance and Functional Statement).	**SC-4.1 (reference# ID-1205-08.01):** CDR, MEDCOM ICW DCS, G-3/5/7, create standardized training requirements regarding the completion of DA Form 7652 (Commander's Performance and Functional Statement) during installation Commander / First Sergeant Courses.	MEDCOM (20121015) DCS, G-3/5/7 (20121015)	Concur Concur
	SC-4.2 (reference# ID-1205-08.02): DCS, G-1, update DA Form 7652 to include the requirement for a second signature from the next higher commander to increase accountability for thorough completion of the form.	DCS, G-1 (20121018)	Concur
SC-5 OBSERVATION (reference# ID-1205-09): The IDES reception and integration process for Soldiers, leaders and BH providers is not standardized and varies considerably.	**SC-5.1 (reference# ID-1205-09.01):** CDR, MEDCOM ICW DCS G-1, standardize IDES reception, education and process integration for all IDES personnel and all stakeholders involved; include specific training for Soldiers, leaders, Physical Evaluation Board Liaison Officers (PEBLO), Soldier Medical Evaluation Board Counsels (SMEBC), MEB Doctors, BH Professionals and other involved IDES associates.	MEDCOM (20121015) DCS, G-1 (20121018)	Concur Concur

Findings	Recommendation	Stakeholder(s) Brief Date	Comment
SC-6 OBSERVATION (reference# ID-1205-10): Commanders mistakenly believe that the IDES process shields Soldiers from administrative separation proceedings and from punishment under the Uniform Code of Military Justice (UCMJ).	**SC-6.1 (reference# ID-1205-10.01):** DCS, G-1, ICW Office of the Judge Advocate General (OTJAG), clarify and issue updated policy regarding the rights and responsibilities of commanders to administratively separate Soldiers and to administer punishment under the Uniform Code of Military Justice (UCMJ) to Soldiers in the IDES process.	DCS, G-1 (20121018)	Concur
Functional Assessment 3: *Execution Shortfalls (ES)*			
ES-1 DEFICIENCY (reference# ID-1205.11): Half (16 of 32 or 50%) of MTFs are not in full compliance with OTSG / MEDCOM Annex O to FRAGO 1 OPORD 12-31.	**ES-1.1 (reference# ID-1205.11.01):** CDR, MEDCOM ensure compliance and reinforce implementation of Office of The Surgeon General (OTSG) / MEDCOM Annex O (MEB Phase Implementation Guidance to OPORD 12-31). ***Ongoing Action:*** *OTSG / MEDCOM FRAGO 2 (OPORD 12-31) directed brief-back of Annex O distribution, receipt acknowledgement and confirmation of required guidelines.*	MEDCOM (20121015)	Concur

Findings	Recommendation	Stakeholder(s) Brief Date	Comment
ES-2 DEFICIENCY (reference# ID-1205.12): At some (14 of 32 or 43%) MEB sites, appeals and IMRs were not conducted by an independent provider.	**ES-2.1 (reference# ID-1205.12.01):** CDR, MEDCOM, ensure Soldiers' appeals and Impartial Medical Reviews (IMR) are conducted by a provider independent of the MEB process for SMs that they have provided a Narrative Summary (NARSUM) for (no same physician diagnosis and review). ***Ongoing Action:*** *IDES Guidebook issued on 1 Oct 12 reinforcing existing regulation that prohibits MEB members from appeal and IMR adjudication.*	MEDCOM (20121015)	Concur
ES-3 OBSERVATION (reference# ID-1205.13): There is no standardized vetting process for IDES training material.	**ES-3.1 (reference# ID-1205.13.01):** DCS, G-1 ICW CDR MEDCOM, establish a standard vetting process for all IDES training material. ***Ongoing Action:*** *WTC in collaboration with MEDCOM Patient Administration Division (PAD), developed standardized familiarization for WTC / CBWTU Soldiers, Families and unit cadre (partial solution).*	MEDCOM (20121015) DCS, G-1 (20121018)	Concur Concur
ES-4 OBSERVATION (reference# ID-1205.14): Utilization and training of PEBLOs and Contact Representatives is inconsistent.	**ES-4.1 (reference# ID-1205.14.01):** CDR, MEDCOM develop utilization guidance for PEBLOs and Contact Representatives to facilitate effective communication, responsibility management and cross-organizational coordination. ***Ongoing Action:*** *OTSG / MEDCOM FRAGO 3 (OPORD 12-31) directed alignment of PEBLOs to supported units. MEDCOM is conducting a review of all PEBLO and support team position descriptions.*	MEDCOM (20121015)	Concur

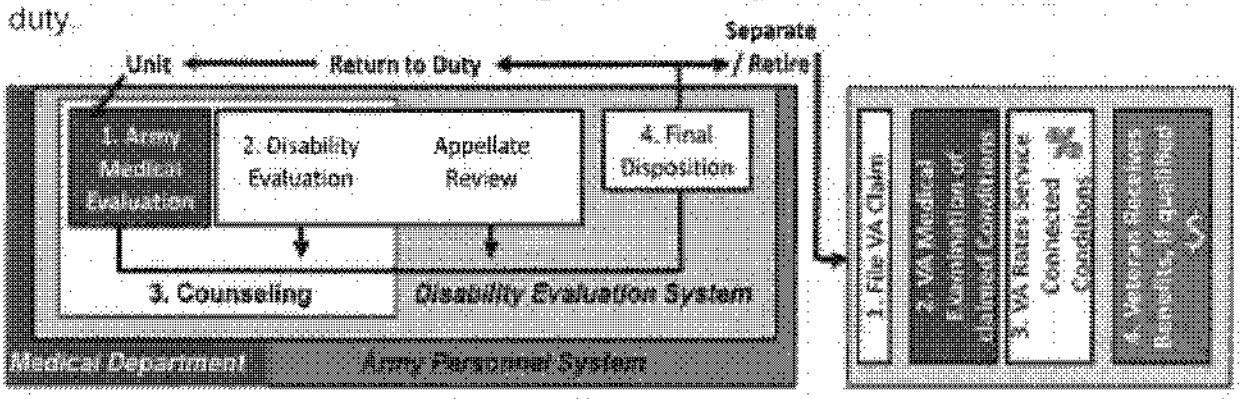
Findings	Recommendation	Stakeholder (s) Brief Date	Comment
ES-4 OBSERVATION (reference# ID-1205.14): Cont.	**ES-4.2 (reference# ID-1205.14.02):** CDR, MEDCOM explore expansion of the resident PEBLO training program and update the online training. ***Ongoing Action:*** *PEBLO Mobile Training Teams approved. OTSG improving customer service training across MEDCOM.*	MEDCOM (20121015)	Concur
ES-5 OBSERVATION (reference# ID-1205.15): MEB physicians and BH providers perceived MEDCOM Policy 12-035 as pressuring them to diagnose PTSD.	**ES-5.1 (reference# ID-1205.15.01):** CDR, MEDCOM clarify MEDCOM Policy 12-035 for providers to decrease the perceived conflict between the policy and the current American Psychological Association (APA) guidelines and standards.	MEDCOM (20121015)	Concur
ES-6 OBSERVATION (reference# ID-1205.16): There was a shortage of SMEBCs.	**ES-6.1 (reference# ID-1205.16.01):** CDR MEDCOM, conduct a cost benefit analysis of the methods to expand SMEBC program.	MEDCOM (20121015)	Concur
ES-7 OBSERVATION (reference# ID-1205.17): There was no provision on the DA Form 3947 (Medical Evaluation Board Proceedings) for a Soldier to elect an IMR.	**ES-7.1 (reference# ID-1205.17.01):** DCS G-1, update DA Form 3947 (Medical Evaluation Board Proceedings) to include the Impartial Medical Review election.	DCS, G-1 (20121018)	Concur
ES-8 OBSERVATION (reference# ID-1205.18): Minimal participation of Family members in the IDES process.	**ES-8.1 (reference# ID-1205.18.01):** CDR MEDCOM, encourage Family member participation in IDES.	MEDCOM (20121015)	Concur

FUNCTIONAL AREA: *Other Matters (OM)*			
Findings	**Recommendation**	**Stakeholder (s) Brief Date**	**Comment**
OM-1 DEFICIENCY (reference# ID-1205-19): WTUs have different acceptance criteria for service members.	**OM-1.1 (reference# ID-1205-19.01):** DCS G-1 ICW CDR MEDCOM, enforce standardization of Warrior Transition Unit (WTU) acceptance criteria.	DCS, G-1 (20121018) MEDCOM (20121015)	Concur Concur

2

Functional Assessment Area 1: Guidance and Process Oversight (PO).

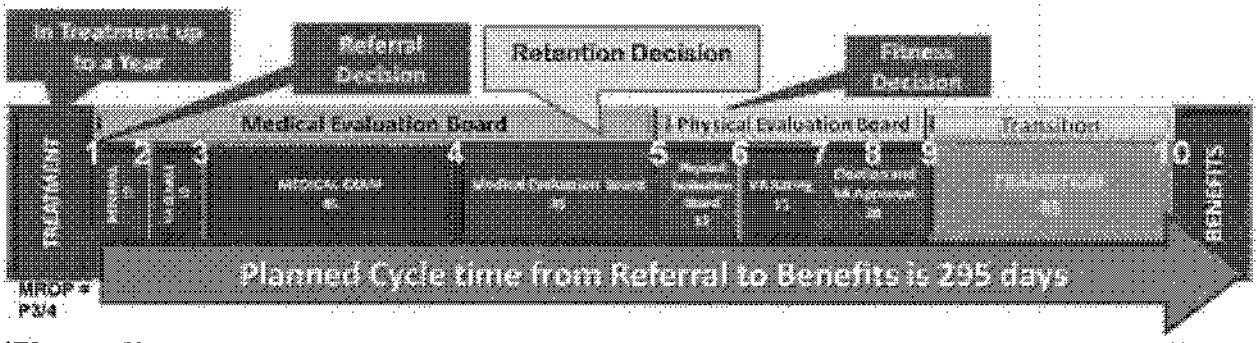
Background: Before 2008, the Army used the Disability Evaluation System (DES) to maintain a fit and ready force. This legacy system, illustrated below (Figure 2), evaluated Soldiers with conditions that called into question a Soldier's ability to continue to serve in the military through two separate processes conducted by the Army and the VA. Upon receiving a P3 or P4 permanent profile, Soldiers received a medical evaluation by the Army Medical Department and a Disability Evaluation by the Army. Soldiers received multiple opportunities for Appellate Reviews during the process and a final determination was made resulting in medical separation, retirement, or return to duty.



(Figure 2)

Once a Soldier received veteran status, the VA prepared a claim to identify the conditions to evaluate as part of the VA C&P examination. The VA evaluated the results of the C&P Exam and provided disability ratings for all service connected conditions. According to VA testimony to Congress, it took on average 6 – 9 months after the Soldier received Veteran status before they began receiving benefits.

Since 2007, the DoD and the VA worked to update and simplify the disability determination and compensation system. On 1 June 2009, a DoD and VA DES Pilot Program which expanded to other locations as IDES under DoD wide implementation. The Army's IDES Program completed its final implementation phase in October 2011. The resultant IDES process is shown at Figure 3 on page 2-2.



(Figure 3)

The IDES integrates VA and DoD / Army processes by conducting the VA claim development while the Soldier is still a Service Member (SM) and supplants the Service's medical exam with the VA's C&P exam. Under IDES, the DoD directed the Services to use the VA's C&P exam as the medical examination of record and to use the results as the basis for DoD's determination of whether a SM meets or fails retention standards. The VA C&P exam also is the basis for the VA's determination of total disability compensation.

Several concerns were noted in the implementation of the IDES, particularly as it related to Soldiers with BH conditions. Consequently, the Secretary of the Army tasked the Department of the Army Inspector General (DAIG) to inspect Behavioral Health aspects of the Army's IDES Process by focusing on four inspection objectives:

Objective 1 – Knowledge: Assess whether commanders, Soldiers and other participants in DES / IDES are sufficiently informed about, and understand, their respective roles; their rights and duties; and the sources of information and assistance available to them; all with a view to optimizing their participation in, and the overall effectiveness of, DES / IDES processes.

Objective 2 – Process: Review the effect of the Army's implementation of IDES on the diagnosis and evaluation of behavioral health conditions.

Objective 3 – Appeals: Review and evaluation of the sufficiency of appeal procedures available to Soldiers participating in the DES / IDES processes.

Objective 4 – Non-Medical: To the extent arising from tasks outlined in this directive, collect and report to the Under Secretary and the VCSA any observations that command climate or other non-medical factor affected behavioral health diagnoses and evaluations.

Analysis of data accumulated from over 6,400 individuals across the 46 sites inspected resulted in findings that correspond to three primary areas of concern:

Governance / Process Oversight (PO)	Synchronization Concerns (SC)	Execution Shortfalls (ES)

- The Governance / Process Oversight area reports on information associated with the **Knowledge, Process, Appeals and Non-Medical** objectives.
- The Synchronization Concerns area reports on data primarily derived from the **Knowledge and Appeals** objectives.
- The Execution Shortfalls area reports information associated with the **Knowledge, Process and Appeals** objectives.

SUMMARY OF FINDINGS: In the Guidance / Process Oversight (PO) focus area, the inspection identified two Deficiencies, two Observations and made five Recommendations.

1. **PO-1 DEFICIENCY (reference# ID-1205.01):** During Fiscal Year (FY) 2012, the Army averaged 396 days for a SM to complete the IDES process versus the DTM 11-015 goal of 295 days.

2. **PO-2 DEFICIENCY (reference# ID-1205-02):** The IDES process lacks a recurring certification and audit capability for MEB and PEB sites needed to ensure common procedures and a common operating picture for each stakeholder across the enterprise.

3. **PO-3 OBSERVATION (reference# ID-1205-03):** Challenges exist in harmonizing, synchronizing and resolving IDES process issues.

4. **PO-4 OBSERVATION (reference# ID-1205-04):** Knowledge about the IDES process is uneven and incomplete across all echelons of the Army.

FINDINGS AND RECOMMENDATIONS:

PO-1 DEFICIENCY (reference# ID-1205.01): During FY 2012, the Army averaged 396 days for a SM to complete the IDES process versus the DTM 11-015 goal of 295 days.

ROOT CAUSE: (CAN'T COMPLY) The IDES infrastructure is under resourced.

DISCUSSION: Less than 20% of AC Soldiers who completed the IDES in August 2012 finished within the goal of 295 days. According to the September 2012 IDES Monthly Report, during the final six months of FY 2012, the Army averaged 386 days for an AC SM and 366 days for a RC Soldiers to complete the IDES process. This is deficient from the DTM 11-015 goal of 295 days for AC Soldiers and 305 days for RC Soldiers.

The Army's established FY 2012 goal was for 60% of AC Soldiers to complete IDES in 295 days. Completion is defined as either returning to duty or receiving VA benefits. During August 2012, 43% of Army Reserve and 39% of Army National Guard members completed IDES within that goal. Choke points in the IDES process identified during the past three months included the MEB stage (91-day average versus 35-day goal), the PEB Stage (19-day average versus 15-day goal), the Disposition Stage (88-day average versus 35-day goal) and the Transition Stage (83-day average versus 30-day goal).

Leaders, Soldiers in the IDES process and Families complained that the process takes too long. Additionally, Soldiers with BH conditions often reported during interviews that their symptoms were exacerbated while in the IDES. Soldiers commonly reported limited access to BH treatment while in the IDES; a perception of a continued negative stigma associated with BH conditions in the Army and the uncertainty about how long the process would take. Soldiers in the Disposition and Transition stage of the IDES reported that they were unable to make definite plans regarding occupational opportunities outside of the Army, make housing arrangements or make financial plans for their future. This was primarily the result of the ambiguity surrounding how long it would take to receive a decision regarding their disposition, when they would be able to transition to Veteran status and the level of compensation they would receive. Moreover, exacerbation of BH symptoms reportedly led to an increase in disciplinary problems within the unit, creating additional challenges for leadership.

In some OCONUS locations, the absence of VA C&P exam capabilities for IDES creates additional timeliness challenges for commands, MTFs and WTUs in CONUS. The majority of OCONUS sites lack an Army or DoD MEB structure, although all OCONUS MTFs have the resources required to field an MEB site. Additionally, these locations lack VA C&P exam support necessary for IDES processing. Consequently, once an OCONUS Soldier receives a second signature on his or her permanent profile establishing their Medical Retention Determination Point (MRDP), per Paragraphs 2 and 3B(1) of All Army Activity (ALARACT) 374-2001, the Soldier "must transfer to a CONUS MTF to complete the IDES process." OCONUS sites reported that it routinely took 90+ days before a Soldier received all documents necessary for a Permanent Change of Station (PCS) to CONUS. As a result, the gaining MTF receives an IDES case that is many times well in excess of 100 days into the IDES process, yet the case has not even made it to the Claim Development Stage of IDES.

Troop unit and medical unit commanders in Europe and Pacific Regional Medical Commands (RMC) constantly voiced frustrations over the lack of a PEB dedicated to handling their OCONUS IDES cases. Commanders with Soldiers in IDES and leaders responsible for executing the IDES process appealed for the Army to expand the number of PEB sites to include an OCONUS PEB. Many leaders suggested that a PEB at Tripler Army Medical Center would aid in timely processing of OCONUS IDES packets.

DTM 11-015, Attachment 2, paragraph 4a directed Secretaries of the Military Departments to "Establish procedures for their respective Military Departments to ensure IDES site MEBs and Military Department PEBs are staffed and resourced to meet IDES timeliness goals." For OCONUS sites, a significant obstacle is the lack of a local / geographically near MEB and VA C&P exam capability, and a PEB within their region to process IDES cases efficiently.

RECOMMENDATION:

PO-1.1 (reference# ID-1205-01.01): DCS, G-1 ICW CDR, MEDCOM explore expansion of Physical Evaluation Boards (PEB) and / or modification of current authorities within IDES (i.e. increase number of PEBs, increase current PEB / MEB capabilities or expand current site authorities).

ONGOING ACTION: *CDR, MEDCOM recently established two additional MEBROCs at JBLM and Fort Carson and is evaluating the need for further expansion.*

ONGOING ACTION: *PDA recently directed PEB to reduce informal PEB staffing from three to two board members. Formal PEB membership remains unchanged at three members.*

STANDARDS:

DTM 11-015 – Integrated Disability Evaluation System (IDES), Incorporating Change 1, 3 May 2012, Attachment 2, Paragraph 4a;

OTSG / MEDCOM Policy Memo 08-030, Subject: Transfer of Warriors in Transition (WTs) Assigned to Outside Continental United States (OCONUS) Warrior Transition Units (WTUs) to CONUS WTUs, 9 June 2008 (Expired), Paragraph 4;

HQDA ALARACT 374/2011: ALARACT HQDA EXORD 295-11 Implementation of OCONUS (Europe, Japan and Korea) Plan for Soldiers Referred to the Integrated Disability Evaluation System (IDES) dated 1 September 2011, paragraph 2, 3A(1), and 3B(1)(C)(1)(B).