



# Defense Health Agency

## ADMINISTRATIVE INSTRUCTION

NUMBER 6490.02

March 7, 2024

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DAD-MA

SUBJECT: inTransition Program

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency Administrative Instruction (DHA-AI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (m):

a. Establishes the Defense Health Agency's (DHA) procedures for sustaining the Department of Defense (DoD) inTransition Program for Service members transferring or separating from the military who are receiving mental health and/or moderate to severe traumatic brain injury (TBI) care pursuant to Reference (g).

b. Implements provisions of References (e) through (g).

2. APPLICABILITY. This DHA-AI 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 Transition to Veterans Program Office.

3. POLICY IMPLEMENTATION. It is DHA instruction, pursuant to References (d) through (g), that:

a. DHA will oversee sustainment of the enrollment process for and execution of the inTransition Program.

b. All Service members who are separating from the military and have received mental health and/or moderate to severe TBI care within 1 year prior to their separation be automatically enrolled in the inTransition Program.

4. CANCELLED DOCUMENT. This DHA-AI cancels the following document: DHA-Procedural Instruction 6490.01, "inTransition Program," May 23, 2017, as amended.

5. RESPONSIBILITIES. See Enclosure 2.

6. PROCEDURES. See Enclosure 3.

7. PROPONENT AND WAIVERS. The proponent of this publication is the Deputy Assistant Director, Medical Affairs (DAD-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-AI is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/DHA%20Publications%20Signed/Forms/AllItems.aspx>.

9. EFFECTIVE DATE. This DHA-AI:

a. Is effective upon signature.

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

10. SUMMARY OF CHANGES. Publication was converted to an AI from a Procedural Instruction and aligns the guidance to the reissuance of DoD Instruction 6490.10, “Continuity of Behavioral Health Care for Transferring and Transitioning Service Members.” It is updated to reflect the revised DHA reporting structure, which impacts the reporting structure of the inTransition Program.

CROSLAND.TELITA.1017383040  
ITA.1017383040  
TELITA CROSLAND  
LTG, USA  
Director

Digitally signed by  
CROSLAND.TELITA.1017383040  
Date: 2024.03.07 10:08:48 -05'00'

Enclosures

1. References
2. Responsibilities
3. Procedures

Glossary

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) DoD Instruction 6490.09, “DoD Directors of Psychological Health,” February 27, 2012, as amended
- (e) DoD Instruction 6490.10, “Continuity of Behavioral Health Care for Transferring and Transitioning Service Members,” March 26, 2012, as amended
- (f) Executive Order 13625, “Improving Mental Health Services for Veterans, Service Members, and Military Families,” August 31, 2012
- (g) S. 2987, SASC Report for FY 2019, 115-262, Pages 203-204, “Warm Handoff for Transitioning Service members Suffering from PTSD and TBI”<sup>1</sup>
- (h) Code of Federal Regulations, Title 45, Parts 160 and 164 (also known as “HIPAA Privacy Rules”), current edition
- (i) United States Code, Title 5, Section 552a, “The Privacy Act of 1974”
- (j) Public Law 102-321, Alcohol, Drug Abuse, and Mental Health Reorganization Act, July 10, 1992
- (k) DoD Instruction 6490.08 "Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members," August 17, 2011
- (l) DoD Instruction 6490.03, “Deployment Health,” June 19, 2019
- (m) DoD Instruction 6490.06, “Counseling Services for DoD Military, Guard and Reserve, Certain Affiliated Personnel, and Their Family Members,” April 21, 2009, as amended

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<sup>1</sup>This reference can be found at: <https://www.armed-services.senate.gov/imo/media/doc/THE JOHN S. McCAIN NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2019 BILL REPORT.pdf>

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will provide support and strategic guidance for continued development and sustainment of the inTransition Program.
  
2. DIRECTOR, MILITARY-CIVILIAN TRANSITION OFFICE (MCTO). The Director, MCTO, will coordinate with DAD-MA, to ensure inclusion of necessary inTransition Program information into the Transition Assistance Program (TAP) that is required to implement References (e) through (g), and support Section 4 of Enclosure 3.
  
3. DAD-MA. The DAD-MA will appoint a Program Manager for inTransition who will, under the authority of DAD-MA:
  - a. Assume operational management for policy sustainment and monitoring of the inTransition Program.
  
  - b. Maintain a contract to provide telephonic coaching and supportive services to Service members during their transition to a new medical care facility, a new geographic location, or new health care system which ensures:
    - (1) A nationwide cadre of behavioral health professionals is maintained to provide services.
  
    - (2) That the inTransition Contractor complies with established contract requirements.
  
    - (3) Coaching services are available during normal business hours, Monday through Friday, 8:00am–5:00pm. During non-business hours, a call center network will be available to provide coaching services.
  
    - (4) Coaches are licensed mental health providers with a minimum of a Master’s degree in social work or other human services field. At least three years’ experience in health care delivery is preferred.
  
    - (5) The inTransition Program Contractor agreement incorporates DHA Business Associate Agreement verbiage, if appropriate.
  
  - c. Implement a robust strategic communications plan focused on health care providers, veteran service organizations, Service members, and their families regarding the inTransition Program.
    - (1) Create and disseminate education and outreach materials at referring DoD and Department of Veterans Affairs’ (VA) facilities to encourage program utilization.
  
    - (2) Coordinate with the military Medical Treatment Facilities (MTF) designated points

of contact to provide on-site or virtual training to increase awareness and utilization of the program.

(3) Coordinate with Reserve and National Guard Directors of Psychological Health to promote the availability of, and access to, the program.

(4) Provide public awareness on the availability of the program to discharged Service members who have a mental health need and require assistance connecting with the VA or a community provider.

4. PROGRAM MANAGER, INTRANSITION PROGRAM. The Program Manager, inTransition Program will:

- a. Manage the coordination, execution, and sustainment of the inTransition Program.
- b. Be the identified government lead of inTransition.
- c. Perform all Contract Officer Representative functions for the inTransition contract or support the designated Contract Officer Representative as appropriate in performing these functions.
- d. Develop data that describes the regular operation and outcomes of the inTransition Program, including the number of Service members enrolled, those contacted, those opting out, and those who made positive contact with the receiving health care system, and provide that data no less than quarterly to the Services and other stakeholders.
- e. Coordinate yearly update with the TBI Center of Excellence to ensure all TBI related information is up-to-date with state of the science clinical standards.

5. DIRECTOR, STRATEGY, PLANS AND ANALYTICS (J-5). The Director, J-5, will provide the inTransition Contractor necessary data regarding military separations and past mental health and/or moderate to severe TBI treatment to support sustainment of this DHA-AI.

6. DIRECTORS, DEFENSE HEALTH NETWORKS. The Directors, Defense Health Networks will confirm each MTF Director designates a point of contact to work with the inTransition Program Manager to conduct outreach and marketing activities.

7. MTF DIRECTORS. The MTF Directors will:

- a. Designate a point of contact to work with the inTransition Program Manager to conduct outreach and marketing activities.
- b. Encourage program utilization by participating in outreach and marketing activities, and

by disseminating materials that are provided by the inTransition Program in conjunction with Reference (k).

c. Confirm that all health care providers are aware of and follow the guidance and procedures in Enclosure 3.

ENCLOSURE 3

PROCEDURES

1. PROGRAM DESCRIPTION.

a. The inTransition Program offers specialized coaching and assistance to support Service members receiving mental health and/or moderate to severe TBI care who are relocating to another assignment, returning from deployment, transitioning from Active Duty to Reserve Component, Reserve Component to Active Duty, or preparing to leave military service.

b. The primary objective of the program is to support the Service members' efforts to achieve and maintain wellness and to ensure continuity of needed services. Coaching and assistance is designed to encourage the continuation of mental health and/or moderate to severe TBI care through transitions in geographic location and health care systems.

c. The inTransition Program provides a bridge for Service members' transitions to a new medical care facility, a new geographic location, or into a new health care system.

d. Transition periods may range in duration of time, from as short as a week to much longer if the Service member is returning to Reserve Component status from Active Duty.

e. The inTransition Program does not replace case management of medical conditions or referral services that are already being provided. The inTransition Program is not a covered TRICARE benefit, which precludes Managed Care Support Contractors from referring directly to the inTransition Program.

2. PROGRAM SCOPE.

a. Service members leaving military service who have received care for mental health and/or moderate to severe TBI within one year prior to their separations will be automatically enrolled in the inTransition Program but may decline participation at any time. All categories of discharge are eligible for the inTransition Program.

b. Transferring Service members with mental health and/or moderate to severe TBI conditions or concerns who are currently receiving care are eligible for assistance under this program. The patient population to be served may include, but is not limited to:

(1) Service members scheduled for a permanent change of station or an extended temporary duty station who recently received or are receiving mental health and/or moderate to severe TBI care.

(2) Wounded, ill, and injured Service members who recently received or are receiving mental health and/or moderate to severe TBI care and are returning to their home station following rehabilitative care at a DoD or VA Facility.



(3) Reserve Component Service members being activated who recently received or are receiving mental health and/or moderate to severe TBI care and must transition VA care to an MTF or TRICARE network.

(4) Service members or Reserve Component members moving from one location to another, including a deployed setting, who are/have been receiving mental health and/or moderate to severe TBI care, which do not fall into one of the categories above.

c. Any Service member may self-refer if they have received any type of discharge from the military with a documented or self-perceived mental health and/or moderate to severe TBI care need requiring assistance connecting with a new health care provider. Service members who have previously opted out of the inTransition Program and reconsidered this decision may self-refer at any time.

d. Additional information about the inTransition Program is available at: [www.health.mil/intransition](http://www.health.mil/intransition).

3. PROGRAM ENROLLMENT PROCEDURAL GUIDANCE. Neither written consent from the patient nor a signed authorization of disclosure form is required to enroll the Service member in the inTransition Program.

a. Automatic enrollment during the Separation History and Physical Examination (SHPE).

(1) Health care providers will screen separating Service members with any mental health and/or moderate to severe TBI issues to determine if they would like to remain in or opt out of the inTransition Program. Service members who have already enrolled will require no further action from the SHPE.

(2) If the Service member does not opt out of the program, health care providers or designated staff will:

(a) In collaboration with the Service member, start enrollment to the inTransition Program by calling the inTransition number at (800) 424-7877.

(b) Provide the following information to the inTransition coach at the time of the referral: name; complete telephonic and electronic contact information (home phone number, cell phone number, and e-mail address); destination or discharge status (e.g., permanent change of station destination, discharge from active duty); and diagnosis.

b. inTransition automatic enrollment by outbound calls.

(1) DHA J-5 will provide a list of all separating Service members and those identified during the SHPE to the inTransition Program.

(2) The inTransition Contractor will ensure all lists are balanced against the current enrollees in the inTransition Program to eliminate multiple contacts for Service members in the program.

(3) Service members who have not opted out or enrolled in the program will be contacted by an the inTransition Program and may accept or opt out.

c. Optional enrollment for transferring Service members.

(1) Any health care provider treating a patient's mental health and/or moderate to severe TBI condition may refer eligible patients as described in Section 2.b. of this enclosure to the inTransition Program (with the exception of Managed Care Support Contractors) whether or not the patient is present. Non-medical support providers may also refer eligible patients to the inTransition Program.

(2) Optional enrollment can be managed as follows:

(a) Utilize the procedures as described in Section 3.a.(2) of this enclosure.

(b) Provide information materials on the inTransition Program.

d. Self-referral. The inTransition Program is available to Service members who are going through some type of transition and also have a mental health and/or moderate to severe TBI care need or self-perceived mental health and/or moderate to severe TBI care need without restriction by calling the inTransition number at 1-800-424-7877.

e. Military Support Community. As described in the glossary, non-medical personnel may support the Service member enrollment process by providing information available at: <https://www.health.mil/intransition>.

4. TAP (TAP COUNSELING). The following actions will be conducted by the MCTO during the TAP Pre-separation/Transition Counseling briefing:

a. Brief each separating Service member that they will be contacted by an inTransition Coach after separation if they have been seen for mental health and/or moderate to severe TBI reasons within the past year while on Active Duty.

b. Promote the availability and dissemination of inTransition Program materials available at <https://www.health.mil/intransition>.

5. INTRANSITION COACHING.

a. The inTransition Coaches will:

(1) Provide specialized one-on-one motivational coaching, information, support, and education through regular telephonic contact to encourage continued engagement with mental health and/or moderate to severe TBI services and promote the Service member's greater participation in their own care.

(2) Maintain regular telephonic contact (weekly or at the preference of the Service member) until the Service member has been transitioned to the new provider and/or opts out of

the program.

(3) Educate Service members on the inTransition Program and educate the referring health care providers on program scope and responsibilities when requested.

(4) Ensure providers understand that the inTransition Program is not a replacement for case management and is not designed to meet standards of practice for clinical transfer of care. The health care provider who initiated the enrollment retains primary responsibility for the Service member until successful transition of care.

(5) Deliver coaching that supports the program user to overcome any barriers to care connection, to include stress management, time management, problem solving, and similar topics.

(6) Provide guidance in obtaining assistance and resources in the Service member's immediate area. Provide expert information on treatment options, modalities, and techniques, and on existing support networks and benefits.

(7) Provide current and relevant patient education on specific conditions, such as posttraumatic stress disorder, and/or moderate to severe TBI to inform misconceptions, reduce stigma, and mitigate symptoms.

(8) Facilitate scheduling the first appointment with the targeted resource for the Service member. The inTransition Coach will assist the Service member with contacting the receiving DoD, VA, TRICARE, or other health care provider offering referral information to enable a warm hand off to the supported Service member to the agency that will provide services.

b. The inTransition Program is not intended to be a suicide hotline or crisis intervention line. However, in a crisis, the inTransition Coach will take appropriate actions to facilitate patient safety, which may include contacting local emergency services, referral to local resources, and encouraging the patient in distress to take steps to ensure their safety.

## 6. TERMINATION OF INTRANSITION COACHING SERVICES.

a. The inTransition Coach assigned to a Service member will discontinue coaching services after the Service member has engaged in care with an accepting provider, or when the Service member otherwise informs the inTransition Coach they want to discontinue the program. One of the following outcomes constitutes a closed case:

(1) Appointment kept,

(2) Service member withdraws after appointment information provided notifying the Coach,

(3) Service member withdraws or disengages from the inTransition Program prior to completion, or

(4) Service member opts-out.

b. If the Service member withdraws or disengages from the inTransition Program prior to completion, the inTransition Coach will attempt to reconnect with the Service member via telephonic follow-up and/or additional communication channel.

7. INTRANSITION PROGRAM EVALUATION. The inTransition Contractor will perform program evaluation at their contractor or government location identified by DHA Business Associate Agreement verbiage. At a minimum, the inTransition Contractor will collect the following data as part of an Outcomes Evaluation Program:

a. Disposition of outbound calls:

(1) The number of Service members eligible for the program.

(2) The number of Service members who could not be reached by the inTransition Program.

(3) The number of Service members who decline the inTransition Program because they are already engaged in care.

(4) The number of Service members who opted out of the program.

(5) The number of Service members who accepted inTransition services.

b. Disposition of inbound calls:

(1) The number of Service members who accepted inTransition services.

(2) The number of Service members who declined inTransition services.

c. The total number of enrollees who remain in the program (from initial enrollment to hand-off to gaining site/provider) compared to the total number of enrollees in the program.

d. A quarterly report of the disposition of program participants, including:

(1) The number of Service members receiving care.

(2) The location of service to which the referral was made (i.e., the VA, private health insurance, TRICARE).

(3) The number of Service members lost to follow-up (unable to contact after initiation of the program).

(4) Specific breakout on the outcome metrics listed above for cases with a diagnosis of post-traumatic stress disorder or moderate to severe TBI to assess progress pursuant to Reference (g).

e. A quarterly report relating to the termination of inTransition Coaching Services as defined in Section 7 of this Enclosure.

(1) A report of the effectiveness of the program based on the data described above will be prepared and provided to the DHA inTransition Program Manager annually.

(2) The program will be modified as needed based on the results of the evaluation.

f. A quarterly report of individual closed cases, submitted to the DHA inTransition Program Management office.

## GLOSSARY

### PART I. ABBREVIATIONS AND ACRONYMS

AI	Administrative Instruction
AOC	alteration of consciousness
DAD	Deputy Assistant Director
DHA	Defense Health Agency
DoD	Department of Defense
J-5	Division Chief, Strategy, Plans and Analytics
LOC	loss of consciousness
MA	Medical Affairs
MCTO	Military-Civilian Transition Office
MTF	military Medical Treatment Facility
PTA	post traumatic amnesia
SHPE	Separation History and Physical Examination
TAP	Transition Assistance Program
TBI	traumatic brain injury
VA	Department of Veterans Affairs

### PART II. DEFINITIONS

mental health. A state of subjective well-being and successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution(s) to community or society.

Military Support Community. A support community, which consists of non-Military Health System staff who provide support to the Service member/veteran community but is not limited to chaplains, military line leaders, Veterans Service Organizations, and family support programs.

Moderate to severe TBI. TBI severity is classified by using findings from imaging studies, loss of consciousness (LOC), alteration of consciousness (AOC) and post traumatic amnesia (PTA). Moderate TBI is normal/abnormal structural imaging findings, LOC 30 minutes to 24 hours, AOC greater than 24 hours in addition to other criteria, PTA 1 to 7 days. Severe TBI is normal/abnormal structural imaging findings, LOC greater than 24 hours, AOC greater than 24 hours in addition to other criteria, PTA greater than 7 days.