



Department of Defense **INSTRUCTION**

NUMBER 6025.22
January 30, 2015

USD(P&R)

SUBJECT: Assistive Technology (AT) for Wounded, Ill, and Injured Service Members

References: See Enclosure 1

1. **PURPOSE.** In accordance with the authority in DoD Directive (DoDD) 5124.02 (Reference (a)), and section 561 of Public Law 109-364 (Reference (b)), similar to sections 794d and 3002 of Title 29, United States Code (Reference (c)), and in accordance with DoD Instruction (DoDI) 1300.24 (Reference (d)), this instruction reissues DoDI 6025.22 (Reference (e)) to:

a. Establish policy, define terms, assign responsibilities, and provide procedures for establishing AT programs in coordination with the Military Health System (MHS) and the Recovery Coordination Program.

b. Provide support for an interdependent AT system between the DoD Human Resources Activity's (DoDHRA) Computer/Electronic Accommodations Program (CAP), the MHS, and the wounded warrior programs. The AT system will provide specific guidance to military treatment facilities (MTFs) and transition units to improve the delivery and quality of rehabilitative services to wounded, ill, and injured Service members in the active duty, Reserve, and National Guard components.

2. **APPLICABILITY.** This instruction applies to OSD, the Military Departments (including the Coast Guard at all times, including when it is a service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within DoD (referred to collectively in this instruction as "DoD Components").

3. **POLICY.** It is DoD policy that:

a. Strategies for utilizing AT during rehabilitation must be aligned with generally accepted standards for health promotion and maximum functional outcomes.

b. MTFs and wounded warrior programs must incorporate AT into rehabilitative services programs as part of an organization-wide, interdisciplinary adoption of computer and telecommunication accessibility practices.

c. MTFs and wounded warrior programs must provide and assess AT services, as required, for wounded, ill, and injured Service members or Service members who are:

(1) Enrolled in their respective wounded warrior program; or

(2) Referred to the Integrated Disability Evaluation System (IDES) and participating in the Education and Employment Initiative (E2I) and Operation WARFIGHTER (OWF) programs for federal employment opportunities, in accordance with DoDI 1300.25 (Reference (f)).

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

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

7. EFFECTIVE DATE. This instruction is effective January 30, 2015.


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Under Secretary of Defense for
Personnel and Readiness

Enclosures

1. References
2. Responsibilities
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Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
- (b) Section 561 of Public Law 109-364, "John Warner National Defense Authorization Act for Fiscal Year 2007," October 17, 2006
- (c) Title 29, United States Code
- (d) DoD Instruction 1300.24, "Recovery Coordination Program (RCP)," December 1, 2009
- (e) DoD Instruction 6025.22, "Assistive Technology (AT) for Wounded Service Members," September 9, 2008 (hereby cancelled)
- (f) DoD Instruction 1300.25, "Guidance for the Education and Employment Initiative (E2I) and Operation WARFIGHTER (OWF)," March 25, 2013
- (g) DoD Directive 5400.11, "DoD Privacy Program" October 29, 2014
- (h) DoD 5400.11-R, "Department of Defense Privacy Program" May 14, 2007
- (i) Joint Publication 1-02, "Department of Defense Dictionary of Military and Associated Terms," current edition

ENCLOSURE 2

RESPONSIBILITIES

1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)). The USD(P&R):

a. Serves as the Secretary of Defense's principal advisor on the DoD interdependent AT system to improve the delivery and quality of rehabilitative, recovery and transition services for wounded, ill, and injured Service members.

b. Monitors compliance with this instruction.

2. DIRECTOR, DoDHRA. Under the authority, direction, and control of the USD(P&R), the Director, DoDHRA:

a. Establishes organizational priorities for AT programs in coordination with the MHS and wounded warrior programs.

b. Oversees implementation of the CAP.

c. Confirms that CAP policy is established and monitored in accordance with References (a) and (b) and that CAP activities meet all applicable acquisition, confidentiality, privacy, security, and disclosure requirements in accordance with DoDD 5400.11 and DoD 5400.11-R (References (g) and (h)).

d. Establishes a standardized methodology for implementing the CAP AT process at MTFs and wounded warrior programs to increase awareness and impact of AT programs across the MHS and throughout the wounded warrior programs.

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

a. Establishes organizational priorities for AT programs within the MHS.

b. Confirms that AT policy is established and monitored in accordance with References (a) and (b) and that AT activities meet all applicable confidentiality, privacy, security, and disclosure requirements in accordance with References (g) and (h).

c. Establishes a standardized methodology for implementing the CAP AT process at MTFs to increase awareness and impact of AT programs across the MHS.

d. Incorporates the CAP process in healthcare promotion, programs, and procedures.

4. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR WARRIOR CARE POLICY (DASD(WCP)). Under the authority, direction, and control of the ASD(HA), the DASD(WCP):

a. Synchronizes all programs and processes throughout the DoD that support E2I and OWF, including those provided by the Military Departments and U.S. Special Operations Command (USSOCOM). Recommends changes to policy and operational procedures to the USD(P&R), as necessary.

b. Coordinates the consultation and collaboration with other federal entities to maximize wounded, ill, and injured, and IDES-enrolled Service members access to all available support services and resources.

c. Engages with private-sector entities, to the extent authorized by law and DoD regulations, to facilitate the formation of partnerships to enhance employment opportunities.

5. DIRECTOR, DEFENSE HEALTH AGENCY (DHA). Under the authority, direction, and control of the ASD(HA), the Director, DHA ensures that MTFs in the National Capital Region implement actions applicable to MTFs under this instruction.

6. SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments:

a. Comply with the policies and procedures prescribed in this instruction.

b. Provide implementing guidance and oversee implementation of AT policies and procedures.

c. Recommend policy changes to this instruction, as necessary, to the USD(P&R).

7. SURGEONS GENERAL OF THE MILITARY DEPARTMENTS. Under the authority, direction, and control of the Secretaries of the Military Departments, the Surgeons General of the Military Departments:

a. Establish comprehensive CAP and AT programs within MTFs serving wounded, ill, and injured Service members, and implement a system for ongoing evaluation of such programs, including cost of AT, type of AT, medical diagnosis and prognosis.

b. Disseminate CAP policy and procedures to MTFs.

c. Support CAP and AT programs within the continuum of care, such as DoD Component wounded warrior programs, community-based healthcare organizations, the Veterans Administration Polytrauma Rehabilitation Centers, and other similar programs.

d. Require that MTF commanders designate an individual (e.g., CAP representative) with a relevant clinical background to establish and oversee program activities promoting a targeted, coordinated AT plan for improving access and care for patients, recovering warriors and, when applicable, employees.

ENCLOSURE 3

PROCEDURES

1. CAP. The CAP:

a. Conducts needs assessments; procures and delivers AT to the MTF or wounded warrior program location at no cost to the MTF or wounded warrior program; and provides training support services to confirm integration and use of AT for wounded, ill, and injured Service members in collaboration with MTFs and the wounded warrior programs,.

b. Provides AT and information or communication technology to MTFs and wounded warrior programs, as requested and appropriate, to enable onsite assessments, improved integration of AT into rehabilitation services, and onsite inventory.

c. Provides in-service training on CAP and the AT program to MTFs and wounded warrior programs. Provides training for new CAP representatives, including an overview of AT, needs assessments, request procedures, inventory management, and other ongoing support services. Also provides annual refresher training for key partners via online training, video teleconference, or webinars.

d. Publishes and maintains a CAP wounded, ill, and injured Service members guide (www.cap.mil/Documents/CAP_WSM_Handbook.pdf) to support the implementation of AT programs at MTFs and wounded warrior programs.

e. Provides access to ongoing support to Service members following receipt of an AT device until separation from active duty service, at which time the AT device becomes the property of an eligible Service member under Reference (b) and AT and rehabilitative services provided for personal use become the responsibility of the Department of Veterans Affairs.

f. Distributes a report to MTF commanders and wounded warrior program leaders annually. The report will describe accommodation and AT activities, including cost savings achieved by MTFs and wounded warrior programs as a result of collaboration with CAP.

2. MTF. In collaboration with CAP, MTFs will:

a. Incorporate CAP into rehabilitative services programs that include AT as part of the recovery and rehabilitation process.

b. Establish an AT plan. MTFs must develop a coordinated plan for ensuring that eligible Service members have access to AT services and equipment as part of existing rehabilitative services programs. The AT plans must incorporate the CAP partnership, integration of AT as part of recovery and rehabilitation, the introduction of re-employment through the utilization of

AT after injury or illness, and onsite inventory management procedures. The AT plans must be shared with the CAP Office at CAP@mail.mil.

c. Designate a CAP representative to be the MTF lead and point of contact for the CAP partnership by completing DD Form 2988, "CAP Partnership Representative Form." MTFs must identify an appropriate individual with a relevant clinical background to the CAP office to serve as a CAP representative. CAP representatives may include medical or rehabilitation professionals or case managers. The CAP representative will coordinate AT needs assessments, onsite inventory when applicable, and CAP-related services to guarantee eligible Service members receive appropriate accommodation solutions.

d. Integrate AT service provision and utilization within the integrated rehabilitation care plan using the Electronic Medical Record System. To better understand the impact of rehabilitation services, MTFs, working with CAP and the wounded warrior programs, must conduct annual reviews of activities, including measuring and reporting the impact of AT on healthcare and rehabilitation.

3. WOUNDED WARRIOR PROGRAMS. In coordination with CAP, the wounded warrior programs:

a. Incorporate CAP into support services that include AT as a part of the Service member's transition.

b. Establish an AT plan. Military Department and USSOCOM wounded warrior programs must develop a coordinated plan in coordination with the responsible MTF representative, if applicable, and with the MTF CAP representative for ensuring that eligible Service members have access to AT services as part of existing rehabilitative services programs. The AT plans must be shared with the CAP Office at CAP.WSM@mail.mil.

c. Designate a CAP representative. Military Department and USSOCOM wounded warrior programs must identify to the CAP office an appropriate individual to serve as a CAP representative by completing DD Form 2988. The CAP representative, a case manager, or another individual who provides support to wounded, ill and injured Service members, will coordinate AT needs assessments and related CAP services to confirm eligible Service members receive appropriate accommodation solutions.

4. COMMON PROCEDURES. In coordination with CAP, the MTFs and wounded warrior programs:

a. Identify when CAP staff members are required to assist in the needs assessment process. The needs assessment process must consider Service members' limitations, essential and required functions, and transition goals; as well as technical specifications for computers and telecommunication systems using DD Form 2989, "Computer Specification Information."

b. Submit AT requests to CAP using DD Form 2987, "CAP Accommodation Request." A needs assessment summary must also be submitted as part of the justification for accommodation section of the AT request.

c. Document in the Service member's record when he or she receives AT devices or services from CAP.

d. Provide independent verification of property receipt back to CAP. In accordance with Reference (b), the AT is authorized to become the property of the wounded, ill, or injured Service member at his or her separation from active service. MTFs and wounded warrior programs must record the transfer of property to the Service member upon separation from active service, or to his or her next duty station if he or she returns to active service.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ASD(HA)	Assistant Secretary of Defense for Health Affairs
AT	assistive technology
CAP	Computer/Electronic Accommodations Program
DASD(WCP)	Deputy Assistant Secretary of Defense for Warrior Care Policy
DHA	Defense Health Agency
DoDHRA	Department of Defense Human Resource Agency
DoDD	DoD directive
DoDI	DoD instruction
E2I	Education and Employment Initiative
IDES	Integrated Disability Evaluation System
MHS	Military Health System
MTF	military treatment facility
OWF	Operation WARFIGHTER
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
USSOCOM	U.S. Special Operations Command

PART II. DEFINITIONS

These terms and their definitions are for the purpose of this instruction.

AT. Technology that provides individuals with disabilities equal access to computer and telecommunication work environments. It does not include durable medical equipment and is divided into two categories: devices and services.

AT device. Any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of individuals with disabilities. The devices help individuals access computer and telecommunication systems and gain improved access to care and decision making. Examples

include voice recognition and speech output software, assistive listening devices, and augmentative or alternative communication devices. A list of available devices can be found at www.cap.mil/wsm/solutions/index.aspx.

AT service. Any service that directly assists an individual with a disability in the selection, acquisition, or use of an AT device. Services may include needs assessments, acquisition, integration, coordination of services with rehabilitation plans, training, and technical assistance.

CAP. A program under the authority of the DoDHRA that provides AT to increase access to computer and telecommunication systems by employees with disabilities within the DoD and federal partner agencies, and Service members with cognitive, communication, dexterity, hearing, or vision impairments.

wounded warrior programs. A system of support and advocacy to guide and assist the wounded, ill, and injured Service members and family or designated caregiver through treatment, rehabilitation, return to duty, or military retirement into the civilian community. Each Military Department has a unique wounded warrior program that addresses its Service members' needs. This term and its definition are proposed for inclusion in the next edition of Joint Publication 1-02 (Reference (j)).