



Department of Defense INSTRUCTION

NUMBER 6490.13

September 11, 2015

Incorporating Change 2, Effective May 28, 2024

USD(P&R)

SUBJECT: Comprehensive Policy on Traumatic Brain Injury-Related Neurocognitive Assessments by the Military Services

References: See Enclosure 1

1. PURPOSE. This instruction:

a. In accordance with the authority in DoD Directive 5124.02 (Reference (a)), reissues DoD Instruction (DoDI) 6490.13 (Reference (b)) to establish policy, assign responsibilities, and prescribe standard elements, pursuant to section 722 of Public Law 111-383 (Reference (c)), requiring the implementation of a comprehensive neurocognitive assessment policy in the Military Services.

b. Designates the Defense Health Agency (DHA) as the Military Health System (MHS) Lead Component for the testing required by the DoD Neurocognitive Assessment Program for the Military Services.

2. APPLICABILITY. This instruction applies to OSD, the Military Departments (including the U.S. Coast Guard (USCG) 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 (CJCS) and the Joint Staff, the Combatant Commands, the Office of Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this instruction as the "DoD Components").

3. POLICY. It is DoD policy that:

a. All Service members and DoD civilian employees across the deployment cycle will undergo computerized neurocognitive assessment testing as specified in Enclosure 3.

b. Neurocognitive assessment tools will be used to screen for cognitive changes as part of a clinical evaluation and will not be used as a standalone diagnostic tool.

c. The Automated Neuropsychological Assessment Metrics (ANAM) is the DoD-designated neurocognitive assessment tool until evolving science and medical best practices inform a change in policy.

d. Population-based neurocognitive assessment testing is not routinely performed upon return from deployment.

e. All individually identifiable information will be protected in accordance with DoDI 5400.11, DoD 5400.11-R, and DoD Manual 6025.18 (References (d), (e), and (f)).

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. RELEASABILITY. **Cleared for public release.** Available on the Directives Division website at <https://www.esd.whs.mil/DD/>.

7. SUMMARY OF CHANGE 2. The changes to this issuance:

a. Transfer responsibility for the testing required by the DoD Neurocognitive Assessment Program from the Secretary of the Army to the Director, DHA.

b. Update references for currency and accuracy.

8. EFFECTIVE DATE. This instruction is effective September 11, 2015.



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Acting Under Secretary of Defense
for Personnel and Readiness

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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- (b) DoD Instruction 6490.13, “Comprehensive Policy on Neurocognitive Assessments by the Military Services,” June 4, 2013 (hereby cancelled)
- (c) Section 722 of Public Law 111-383, “National Defense Authorization Act for Fiscal Year 2011,” January 7, 2011
- (d) DoD Instruction 5400.11, “DoD Privacy and Civil Liberties Programs,” January 29, 2019, as amended
- (e) DoD 5400.11-R, “Department of Defense Privacy Program,” May 14, 2007
- (f) DoD Manual 6025.18, “Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs,” March 13, 2019
- (g) DoD Instruction 6200.05, “Force Health Protection Quality Assurance (FHPQA) Program,” June 16, 2016, as amended
- (h) Public Law 104-191, “Health Insurance Portability and Accountability Act (HIPAA),” August 21, 1996
- (i) Directive-type Memorandum-17-004, “Department of Defense Expeditionary Civilian Workforce,” January 25, 2017, as amended
- (j) DoD Instruction 6490.03, “Deployment Health,” June 19, 2019
- (k) DoD Instruction 6490.11, “DoD Policy Guidance for Management of Mild Traumatic Brain Injury/Concussion in the Deployed Setting,” September 18, 2012, as amended

ENCLOSURE 2

RESPONSIBILITIES

1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)). The USD(P&R) oversees the effectiveness and implementation of the DoD Neurocognitive Assessment Program.

2. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)). Under the authority, direction, and control of the USD(P&R), the ASD(HA):
 - a. Develops policy and provides guidance on the DoD Neurocognitive Assessment Program.
 - b. Periodically revises policy in accordance with emerging science and evolving best practices.
 - c. Reviews, approves, or disapproves requests for waivers to this instruction.
 - d. Develops and disseminates MHS strategic communication plans for this instruction.
 - e. Provides an operating budget for the DoD Neurocognitive Assessment Program through the Defense Health Program.

3. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR HEALTH READINESS POLICY AND OVERSIGHT (DASD(HRP&O)). Under the authority, direction, and control of the ASD(HA), the DASD(HRP&O):
 - a. Oversees the DoD Neurocognitive Assessment Program as the DoD policy proponent for currency and compliance.
 - b. Coordinates with the Director, DHA, and the Traumatic Brain Injury Advisory Committee (TAC) for policy implementation issues related to neurocognitive assessments.
 - c. Defines key force health protection elements and measures of success for quality assurance in accordance with DoDI 6200.05 (Reference (g)).
 - d. In conjunction with the Health Affairs Policy Advisory Council, determines the frequency of reporting for each key force health protection element and the measures of success.
 - e. Develops and coordinates neurocognitive assessment policy to support changes or updates recommended by the Military Services.

4. DIRECTOR, DHA. Under the authority, direction, and control of the USD(P&R), through the ASD(HA), the Director, DHA:

- a. Develops neurocognitive assessment implementation plans and procedures for DoD.
- b. Oversees the DoD neurocognitive assessment implementation process.
- c. In collaboration with the DASD(HRP&O), facilitates joint policy implementation and sharing of best practices as a member of the TAC.
- d. Budgets annually to implement and maintain the DoD Neurocognitive Assessment Program.
- e. Monitors policy compliance and provides periodic in-process reviews of the metrics to the DASD(HRP&O) to inform policy decisions.
- f. Analyzes and submits force health protection quality assurance policy compliance data, in coordination with the DoD centralized surveillance office (i.e., Armed Forces Health Surveillance Division), to the DASD(HRP&O).
- g. Through the Branch Chief, Traumatic Brain Injury Center of Excellence (TBICoE):
 - (1) In collaboration with the Military Services, develops clinical recommendations for traumatic brain injury-related neurocognitive assessments.
 - (2) Supports the Military Services in the production and maintenance of DoD-developed neurocognitive assessment testing education and training products.
 - (3) Serves as the central clearinghouse for dissemination of all DoD neurocognitive assessment education and training products.
- h. Oversees the testing activities required by the DoD Neurocognitive Assessment Program, including:
 - (1) Neurocognitive Assessment Execution Activities.
 - (a) Designates elements in the operation and management of neurocognitive assessment testing as described in this instruction.
 - (b) Establishes the capabilities and system integration necessary to effectively and efficiently execute the Neurocognitive Assessment Testing Program.
 - (c) Programs, obtains, and provides the necessary administrative, logistical, and financial resources to establish and support the operation of neurocognitive assessment testing.

(d) Establishes the capability for consistent and continuous access to baseline testing results and generation of summary reports 24 hours a day, 7 days a week.

(e) Coordinates with Military Service-level programs to collect relevant deployment-related neurocognitive assessment tests and testing metrics, and submits them to the DoD Centralized Surveillance Office monthly.

(2) Neurocognitive Assessment Administrative Activities.

(a) Develops and distributes written guidance that contains task-level requirements to accomplish, at a minimum, equipment lifecycle management policies and formal agreements, software maintenance and application development, and equipment quality controls.

(b) Uses the ANAM data repository to submit a copy of neurocognitive assessment testing compliance data on Service members and DoD civilian employees at least quarterly, or upon request.

(c) In coordination with the Military Services, develops standardized and medically appropriate testing parameters to support Military Service-level neurocognitive assessment testing programs.

(d) Develops business rules that include a change request process, approved through the TAC, to identify, assess, and present strategies for business requirements.

(e) Establishes Public Law 104-191 (also known as the “Health Insurance Portability and Accountability Act”) (Reference (h)) compliant capabilities for intra-agency and interagency sharing of neurocognitive assessment testing data.

(f) In collaboration with the TBICoE and the Military Services, produces DoD-developed neurocognitive assessment testing education and training products.

(g) Coordinates with the TBICoE and the Military Services to certify staff trained using DoD-developed education materials.

5. SECRETARIES OF THE MILITARY DEPARTMENTS AND THE COMMANDANT OF THE USCG. The Secretaries of the Military Departments and the Commandant of the USCG:

a. Implement Service-level programs, in collaboration with the DHA, to provide adequate environment to maintain the capability for testing across the military deployment cycle that contains, at a minimum, the core elements specified in Enclosure 3 of this instruction.

b. Designate in writing appropriate representatives to the TAC to facilitate development and implementation of Service-level programs.

- c. Incorporate standardized DoD-developed training and education on neurocognitive assessment testing into Service programs.
- d. Train and certify designated specialty clinical providers to review and interpret neurocognitive assessments. For non-specialty providers, train when to appropriately refer individuals to specialty care.
- e. Implement standardized certification requirements for all proctors authorized to administer the neurocognitive assessment test.
- f. Develop a process to track Service members referred for further clinical evaluation and administration of neurocognitive assessment testing.
- g. Implement procedures to monitor key force health protection quality assurance elements, compliance, and measures of success.
- h. Submit compliance metrics to the Director, DHA.
- i. Develop a communication plan to inform risks and mitigation strategies and educate its Service members about the neurocognitive assessment policy.
- j. Ensure all protected health information gathered in Service-level programs is managed in accordance with Reference (f).

6. CJCS. The CJCS:

- a. Incorporates this instruction into relevant joint doctrine, training, and plans.
- b. Designates an appropriate representative to the TAC to facilitate development and implementation of the program to the Combatant Commands with physical areas of responsibility.
- c. In consultation with the Combatant Commands with physical areas of responsibility and the Secretaries of the Military Departments, monitors the implementation of this instruction during all military operations, including deployments, contingencies, and exercises.

7. COMBATANT COMMANDERS WITH PHYSICAL AREAS OF RESPONSIBILITY.
Through the CJCS, the Combatant Commanders with physical areas of responsibility:

- a. Receive neurocognitive assessment compliance data from the DHA, for Service members entering their respective areas of responsibility.

b. In coordination with the Military Services, ensure appropriate procedures exist to perform post injury neurocognitive testing, in their respective areas of responsibility, in accordance with Enclosure 3.

ENCLOSURE 3

MILITARY SERVICE-LEVEL PROGRAM ADMINISTRATION

Military Service-level programs will provide written guidance that is current, contains task-level requirements, and standardizes implementation to accomplish or address, at a minimum, these core elements:

a. Scope of testing as it pertains to the DoD Neurocognitive Assessment Program across the deployment cycle; specifically at pre-deployment, post-injury, and post-deployment.

(1) Pre-deployment

(a) Perform a pre-deployment baseline neurocognitive assessment within the 12 months before deployment using the designated DoD neurocognitive assessment instrument.

(b) DoD civilian employees will receive a baseline neurocognitive assessment in the same manner as Service members, to the extent practical and consistent with Directive-type Memorandum-17-004 (Reference (i)).

(2) Post-injury

(a) Perform a neurocognitive assessment following a diagnosed concussion or mild traumatic brain injury in accordance with the TBICoE clinical practice recommendation, found on the MHS website at <https://health.mil/TBIresources>.

(b) Compare post-injury neurocognitive assessments to Service member baseline neurocognitive assessments, when available, to inform return-to-duty decisions by medical providers. To request baseline neurocognitive assessments during deployment, medical providers will call or e-mail the Neurocognitive Assessment Branch helpdesk at (855) 630-7849 or DSN 471-9242 or usarmy.jbsa.medcom.mbx.otsg--anam-baselines@health.mil.

(c) Compare post-injury evaluations on Service members without baseline neurocognitive assessments to pre-deployment relevant norms.

(3) Post-deployment

(a)–Upon return from deployment, Service members who respond affirmatively to the traumatic brain injury risk assessment questions on the Post Deployment Health Assessment contained in DoDI 6490.03 (Reference (j)) will be referred for further clinical evaluation that may include the administration of a neurocognitive assessment. All referred Service members will be tracked as appropriate.

b. Appropriate quality assurance, testing environment, and quality control activities established by the DHA.

c. Preventive maintenance on hardware used in neurocognitive assessment testing as established by the DHA.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

| | |
|-------------|---|
| ANAM | Automated Neuropsychological Assessment Metrics |
| ASD(HA) | Assistant Secretary of Defense for Health Affairs |
| CJCS | Chairman of the Joint Chiefs of Staff |
| DASD(HRP&O) | Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight |
| DHA | Defense Health Agency |
| DoDI | DoD instruction |
| MHS | Military Health System |
| TAC | Traumatic Brain Injury Advisory Committee |
| TBICoE | Traumatic Brain Injury Center of Excellence |
| USCG | United States Coast Guard |
| USD(P&R) | Under Secretary of Defense for Personnel and Readiness |

PART II. DEFINITIONS

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

ANAM. One of several commercially available neurocognitive tools consisting of a library of computer-based assessments of cognitive domains including attention, concentration, reaction time, memory, processing speed, and decision-making. It may be used serially to assess changes in cognitive status over time.

deployment cycle. Consists of at least three phases with varying timeframes related to Service members' movement from home station to a theater of operations and their return. The phases are described as pre-deployment, during deployment, and post-deployment.

mild traumatic brain injury. Defined in DoDI 6490.11 (Reference (k)).

neurocognitive assessment. A standardized cognitive and behavioral evaluation using validated and normed testing performed in a formal environment. Testing uses specifically designated tasks to measure cognitive function known to be linked to a particular brain structure or pathway. Aspects of cognitive functioning that are assessed typically include intellectual functioning, attention, new-learning or memory, intelligence, processing speed, and executive functioning.

pre-deployment relevant norms. A representative sample of Service members tested in the pre-deployment environment.

traumatic brain injury. A traumatically induced structural injury or physiological disruption of brain function as a result of an external force that is indicated by new onset or worsening of at least one of these clinical signs immediately following the event:

Any alteration in mental status (e.g., confusion, disorientation, slowed thinking).

Any loss of memory for events immediately before or after the injury.

Any period of loss of or a decreased level of consciousness, observed or self-reported.