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HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
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OTSG/MEDCOM Policy Memo 21-019

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Expires 16 March 2023

16 MAR 2021

MEMORANDUM FOR COMMANDERS, MEDCOM REGIONAL HEALTH COMMANDS
(RHCs)

SUBJECT: Behavioral Health eProfiling Standardization Policy

1. References:

a. ALARACT 206/211, HQDA EXORD 223-11, Army Implementation of Electronic Profile (e-profile), dated 27 May 11.

b. Memorandum, Assistant Secretary of Defense for Health Affairs, 7 Oct 13, subject: Clinical Practice Guideline for Deployment-Limiting Mental Disorders and Psychotropic Medications.

c. Department of Defense Instruction 6490.07, Deployment Limiting Medical Conditions for Service Members and DoD Civilian Employees, 5 Feb 10.

d. Department of Defense Instruction 6490.04, Mental Health Evaluations of Members of the Military Services, 4 Mar 13.

e. Department of Defense Instruction 6490.08, Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members, 17 Aug 11.

f. AR 40-501, Standards of Medical Fitness, 27 Jun 19.

g. AR 40-502, Medical Readiness, 27 Jun 19.

h. DA PAM 40-502, Medical Readiness Procedures, 27 Jun 19.

i. AR 40-66, Medical Record Administration and Healthcare Documentation, Rapid Action Revision, 04 Jan 10.

j. OTSG/MEDCOM Policy Memo 19-010, 8 Feb 19, subject: Department of the Army (DA) Form 3822, Mental Status Evaluation.

*This policy memo supersedes OTSG/MEDCOM Policy Memos 17-079, subject: Behavioral Health eProfiling Standardization. Policy, 28 Dec 17.

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k. OTSG/MEDCOM Policy Memo 21-011, 9 Feb 21, subject: Behavioral Health At-Risk Management Policy.

l. OTSG/MEDCOM Policy Memo 16-099, 15 Nov 16, subject: Transferring Behavioral Health and Substance Use Disorder Clinical Care for Transitioning Soldiers.

m. FRAGO 2 to OPORD 16-33 (Realignment of Army Substance Abuse Program (ASAP) clinical care to MEDCOM) – USAMEDCOM.

n. Secretary of the Army (SA) Directive 2011-09, Employment of Licensed Professional Counselors as Fully Functioning Army Substance Abuse Program Practitioners.

o. Secretary of the Army (SA) Directive 2016-04, Realignment of the Army Substance Abuse Program's Clinical Care.

p. OTSG/MEDCOM Policy Memo 16-083, 12 Oct 2016, subject: Credentials Verification and Independent Privileging Requirement for Licensed Professional Counselors (LPC) and to Clarify the Requirements for a Waiver of Certain Credentials.

2. Purpose: To provide guidance on issuing profiles for Army personnel with behavioral health (BH) conditions and associated treatments to appropriately inform Commanders of duty limitation and treatment support recommendations.

3. Proponent: The proponent for this policy is the Behavioral Health Division, Health Care Delivery, MEDCOM G-3/5/7.

4. Applicability: This policy applies to all BH providers privileged at a Military Treatment Facility (MTF).

5. Background:

a. Variability exists throughout the Army when medical providers communicate duty limitations and other critical information regarding Soldiers with BH conditions in accordance with (IAW) AR 40-66, AR 40-502, and DA PAM 40-502 (references 1.g,h,i). This variability may contribute to confusion and serve as a barrier to effective care.

b. The Department of the Army (DA) Form 3349, Physical Profile, is the Army's standard method of communicating medical recommendations to a Commander regarding a Soldier's duty limitations. The Soldier's Commander makes the final decision on a Soldier's duties IAW the physical profile and documented duty limitations. BH providers use the DA Form 3349 in eProfile to communicate with Commanders about medical conditions and associated treatments that may interfere with execution of duties. When profiles are indicated, providers articulate how Commanders can best

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support the Soldier's BH treatment plan in order to optimize treatment outcomes. Specific and timely communication by providers can significantly enhance Soldiers' care by enabling Command teams to set conditions to reduce risk and support recovery.

c. AR 40-502 (reference 1.g) states that licensed clinical psychologists, licensed clinical social workers, physician assistants, and nurse practitioners can write temporary profiles for a period not to exceed 90 days. IAW DA PAM 40-502 (reference 1.h), any extension of a temporary profile beyond 90 days must be signed by a physician. The aforementioned providers may write a permanent profile as long as the profile is signed by a physician approving authority.

6. Policy:

a. Providers will assess Soldiers' medical readiness for duty during every clinical encounter, based on both current and recent clinical encounters. At a minimum, assessment of medical readiness will include the Soldier's mental status, risk of harm to self and others, symptom severity, prognosis for return to full duty (if no profile, may be N/A), treatment needs, and risk of decompensation or further injury if the Soldier participates in occupational activities (if no BH condition or symptoms, may be N/A). Providers will document their assessment of medical readiness along with any recommended duty restrictions in the electronic health record (EHR) at every clinical encounter with updates that reflect any significant change to Soldier's readiness status.

b. For the purpose of Command Directed Mental Evaluations, providers are defined by DoDI 6490.04 (reference d) and include Psychiatrists, Psychologists, Licensed Social Workers, and Psychiatric Nurse Practitioners. Army Directive 2011-09 (reference 1.n) authorized the Army Substance Abuse Program (ASAP) to employ licensed professional counselors (LPCs) and licensed mental health counselors (LMHCs) as independent practitioners with a well-defined scope of practice. In order to ensure their ability to carry out this duty, independently privileged LPCs and LMHCs are authorized to write temporary profiles for a period not to exceed 90 days with a physician's signature required for any extension beyond 90 days.

c. Providers will inform Soldiers when they are being placed on profiles and will describe the duty restrictions recommended. Providers will provide a hard copy, as necessary, to ensure the Soldier is aware of duty limitations.

d. When a BH profile is warranted, providers will utilize electronic profiles through the eProfile application IAW Reference 1.g. Enclosure 2 provides specific, though not exclusive, profiling guidance.

(1) When multiple situations from Enclosure 2 are applicable to a specific Soldier, providers will follow the most restrictive recommendations identified.

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(2) If a provider deviates from the minimum profiling guidance in Enclosure 2 based on his/her reasoned clinical opinion, he/she will document the rationale for this deviation in the EHR.

(3) The functional limitations documented in section 5 of the DA Form 3349 eProfile will be practical, logically related to the BH condition, written in plain language, and specific to the identified Soldier. The eProfile behavioral health template includes extensive guidance and multiple duty restrictions, many of which will not apply to every Soldier. Providers should include only duty restrictions that specifically apply to the Soldier being placed on profile, facilitating treatment and allowing the Soldier to remain safe while operating in the least restrictive conditions. Enclosure 1 provides examples of acceptable and unacceptable language.

e. IAW reference 1.j, DA Form 3822 reports will be used only for communicating with Commanders on findings of mental status evaluations. DA Form 3349 in eProfile will be used for all duty limitation recommendations to Commanders. If duty limitations that last longer than 72 hours are reported as part of the DA 3822, then the DA 3349 should be completed in addition to the DA 3822.

f. Profiles should be issued under the following circumstances:

(1) When a Soldier's BH condition(s), or the associated treatment, impairs sustained, independent functioning in his/her duties and necessitates duty limitations that require Command support and/or notification, providers will issue a temporary BH profile. Temporary profiles do not have a PULHES designation. Minimum profiling guidance is found in Enclosure 2. Providers will clearly document the clinical rationale for any deviation from these guidelines in the EHR.

(2) Providers will issue a temporary BH profile when a Soldier is at substantial risk for decompensation and/or recurrence of significantly impairing symptoms in the absence of adequate behavioral healthcare support.

(3) Providers will issue a temporary BH profile when a Soldier is at risk of harm to self or others and duty restrictions (e.g., restriction from carrying and firing weapons, etc.) will help to mitigate this risk.

(4) Providers will issue a temporary BH profile for Soldiers that require medical stabilization prior to transferring duty stations as described in reference 1.I.

(5) Providers will use a permanent S3 or S4 profile when they have determined that a Soldier will not meet medical retention standards within a year of the initial diagnosis, also called the medical retention determination point (MRDP). Permanent S3 or S4 profiles require two signatures (the profiling officer and the Approval Authority) and will prompt disability evaluation proceedings IAW AR 40-502 (reference 1.g). AR

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40-501, AR 40-502 and DA PAM 40-502 provide further guidance on medical retention standards and MRDP (references 1.f,g,h). Providers are not required to wait a full year before determining that a Soldier has reached MRDP. Permanent profiles continue to have a PULHES designation.

(6) Prescribing a medication for a BH condition does not always require a profile. Many psychotropic medications do not impair a Soldier's ability to function in the occupational setting, do not have duty-limiting side effects, or do not increase the risk of adverse outcomes. Some medications, however, may cause impairing side effects, require increased medical monitoring after initiation, or are specifically restricted from use in the deployed setting and require that providers issue appropriate profiles. Medications that always require a profile are described in Enclosure 2.

(7) BH providers do not have to administer a profile based solely upon Combatant Command (CCMD) medical waiver requirements if the Soldier has not received an identified deployment mission and there is no other clinical reason to administer a profile. For Soldiers who are preparing for deployment after receiving a deployment mission, BH providers will initiate a temporary profile for BH conditions and/or treatment that are identified as requiring a waiver, based upon the respective published CCMD guidance that is applicable to that mission IAW procedures that are described in DA PAM 40-502 (reference 1.h). When evaluating a Soldier's appropriateness for deployment, the BH provider will consider the totality of relevant factors, such as the Soldier's symptoms, functioning, treatment, stability, vulnerabilities, mission, and environment:

(a) Providers should consider the availability, accessibility, and practicality of treatment in the designated location, the potential for deterioration or recurrence of symptoms in the designated environment, the environmental conditions, and the mission requirements. While the occupational specialty in which the Soldier will function during the deployment/exercise should be considered, it must be noted that individuals may be called upon to function outside of their initially assigned occupational specialties and training.

(b) The decision to deploy individuals on medications should be balanced with effects of the medication on performance in austere environments, necessity for medication in the management of the condition, possibility of withdrawal symptoms, and other potential side effects. Logistical factors that should be considered include availability of refills, ability to procure controlled medications, access to providers familiar with managing the medication, and potential for abuse or diversion.

(c) When a clinical assessment determines a Soldier to be medically ready from a BH perspective, but the applicable CCMD guidance declares the Soldier as requiring a waiver, the provider will issue a temporary profile that includes the following comment (with situational edits): **"This Soldier has no BH symptoms or side effects from**

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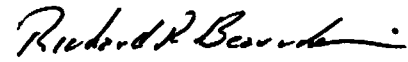
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treatment that limit medical readiness. However, due to deployment medical waiver requirements, he/she requires a waiver from the appropriate combatant command surgeon before he/she can deploy during the duration of this profile.”
The relevant CCMD Surgeon is the waiver approval authority.

FOR THE COMMANDER:

2 Encls

1. Appropriate profiling comments
2. Recommended profiling actions


RICHARD R. BEAUCHEMIN
Chief of Staff

ENCLOSURE 1 – Samples of Appropriate and Inappropriate Instructions to Commander

Profiling comments often have specific duty limitation recommendations. Providers should provide rationale for limitations whenever possible. Appropriate examples are as follows:

- "Requires eight consecutive hours for sleep in every 24 hour period"
- "No combat, no live or simulated fire training or exposure"
- "Service Member (SM) should not be exposed to stimuli suggestive of combat experiences (i.e., no simulator training, no ranges, no simulated mortars, no patrol lanes, no IED training, etc.)."
- "No weapons/ammunition"
- "No alcohol"
- "Quarters" – this should be used sparingly for BH conditions, rarely exceed one day, and almost never exceed three days.
- "SM should have access to all BH appointments. Expected treatment needed to return SM to full duty includes: 1 to 2 appointments per week for ... weeks..."
- "Please contact the profiling provider at XXX-XXX- XXXX to discuss the following potential duty limiting side effects of this medication (those with an "x") or if the Soldier displays concerning changes in mood, behavior, irritability, or safety.

This medication has few or rare side effects, there is no current recommended restriction to duty.

The medication may cause daytime drowsiness and consideration for limiting operation of heavy machinery during morning hours. It is expected that this side effect, if present, will diminish over time.

The Soldier is not to participate in live fire exercises or participate at the range while taking this medication or until command receives verification of suitability by the profiling provider.

The medication has a potential for abuse if not used correctly or as prescribed. Notify the profiling officer immediately if there is a sudden deterioration in performance."

Overly restrictive profiles hinder a Commander's ability to keep a Soldier engaged in an occupational function within the unit and can exacerbate isolation and stigma. Providers will generally avoid commenting on specific duties and should not use the following phrases:

- "No 24 hour duty"
- "No rotating shifts"
- "No formations"
- "No uniforms"
- Providers will not set work/duty times, i.e., "SM can only work from 9-5" or "cannot present to work until 1000 hours"

For cases referred to Medical Evaluation Board (MEB): "SM has been referred to the MEB process. No deployments to an austere environment; PCS, TDY or ETS until final fitness for duty has been determined or unless approved by PEBLO. SM should remain stationed near an MTF where definitive psychiatric care is available."

Suggested comments if Soldier requires deployment waiver due to Combatant Command waiver requirements associated with minimal standards of fitness for deployment, but Soldier is stable and eligible for a waiver: "This Soldier has no BH symptoms or side effects from treatment that limit medical readiness. However, due to deployment medical waiver requirements, he/she requires a waiver from the appropriate combatant command surgeon before he/she can deploy during the duration of this profile." Indicate if you as profiling authority support issuance of a waiver.

ENCLOSURE 2: Minimum Profile Guidance

Condition	Minimum Profile	Source
Schizophrenia, Schizophreniform, Schizoaffective Disorders, Bipolar I Disorder	Permanent Profile immediately indicated at time of diagnosis	HA Memorandum, DoDI 6490.07, AR 40-501
Bipolar II Disorder, Bipolar Disorder Unspecified, Brief Psychotic Disorder, Other Psychotic Disorders not due to a substance or known physiological condition	90 day temporary profile; reassess at 90 days to determine if permanent profile is warranted	
Anorexia Nervosa, Bulimia Nervosa with no improvement in symptoms or BMI despite treatment	90 day temporary profile; reassess at 90 days to determine if permanent profile is warranted	AR 40-501
Substance Use Disorders	Temporary profile will be written for substance use disorders if the disorder poses a substantial risk for deterioration and/or recurrence of impairing symptoms in the deployed environment or if active treatment was interrupted, or if duty limitations are required to ensure medical stability	DoDI 6490.07
Inpatient psychiatric hospitalization	30-day temporary profile immediately prior to discharge. Renew or provide more extended profile, as clinically indicated.	OTSG/MEDCOM Policy Memo 16-096
Intensive Outpatient Program or Residential Treatment Facility	Referring BH provider will place SM on temporary profile upon acceptance to IOP or RTF. Profile duration should last at least until completion of IOP or RTF and reevaluation in outpatient setting in order to ensure continuity of care.	

ENCLOSURE 2: Minimum Profile Guidance

Determined to be High Risk IAW OTSG/MEDCOM Policy Memo 16-096	30-day minimum temporary profile if Soldier is determined to be High Risk. Soldier must remain on temporary profile until no longer assessed as high risk, and thereafter, the profile will be modified, discontinued or renewed as clinically indicated.	OTSG/MEDCOM Policy Memo 16-096
Current suicidal intent or plan, suicide attempt, suicidal behaviors (preparatory behaviors, aborted or interrupted attempts)	Temporary profile in accordance with OTSG/MEDCOM Policy Memo 16-096	OTSG/MEDCOM Policy Memo 16-096
Condition	Minimum Profile	Source
Lithium, Valproic Acid, Carbamazepine, other anticonvulsants and all their forms used for treatment of a BH diagnosis	Temporary profile for 90 days, renew while on the medication	HA Memorandum; DoDI 6490.07
Benzodiazepines for routine, chronic use for treatment of a BH diagnosis. Does NOT include Sedative Hypnotics.	Temporary profile for 90 days, renew while on the medication	HA Memorandum; DoDI 6490.07
Antipsychotics used for primary stabilization of BH disorders	Temporary profile for 90 days; reassess at 90 days to determine if permanent profile is warranted	HA Memorandum; DoDI 6490.07
Sedative Hypnotics, benzodiazepines, or antipsychotics prescribed for chronic insomnia and used 4 or more days/week for longer than 3 months	Temporary profile for 90 days, renew while on the medication	

ENCLOSURE 2: Minimum Profile Guidance

Use of 4 or more psychotropics on a routine daily basis (antidepressants, anticonvulsants, antipsychotics, and benzodiazepines) used for stabilization of a BH disorder	Temporary profile for 90 days, renew while on 4 or more psychotropic medications	
Barbiturates	Temporary profile for 90 days, renew while on the medication	HA Memorandum; DoDI 6490.07
Initiation of or change in psychotropic medications	If medication is causing significantly impairing side effects or if Soldier is within 90 days of deployment and medication has yet to demonstrate efficacy and symptom stabilization	MEDCOM/OTSG Policy 16-099
Soldier requiring medical stabilization prior to impending PCS/ETS	Temporary profile until sufficient period of stability is achieved	MEDCOM/OTSG Policy 16-099