



# Defense Health Agency

## ADMINISTRATIVE INSTRUCTION

NUMBER 6050.01

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AD-CS

SUBJECT: Medical Assessments for Determination of Association between Medical Condition and Environmental, Safety and Health Issues in Housing Unit

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 References (c) through (o), establishes Defense Health Agency's (DHA) administrative procedures for the medical evaluation of individuals who are beneficiaries of the Military Health System (MHS), and referred by a Military Department to determine the possibility that a specific medical condition was caused by unsafe and unsanitary conditions of a housing unit.

2. APPLICABILITY. This DHA-AI applies to DHA, DHA Components (Markets, military medical treatment facilities (MTF), and dental treatment facilities (DTF)) and all personnel to include: assigned or attached active duty and reserve members, members of the Commissioned Corps of the Public Health Service, federal civilians, contractors (when required by the terms of the applicable contract), and other personnel assigned temporary or permanent duties at DHA, to include DHA regional and field activities (remote locations), and subordinate organizations administered and managed by DHA, to include medical treatment facilities under the authority, direction, and control of the DHA.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (a) through (e), that:

a. If the Secretary of a Military Department finds that a landlord fails to maintain safe and sanitary conditions for a housing unit under the established contract, and that these conditions were the causative factors resulting in a tenant of the housing unit receiving medical evaluation or treatment in an MTF, DTF, or through the TRICARE network at government expense, the landlord may be held responsible for reimbursing the DoD for any costs associated with providing such medical evaluation or treatment.

b. When provided with documentation of unsafe and unsanitary conditions and identifying information of tenants who have received medical evaluation or treatment within an MTF, DTF, or through the TRICARE network by the Military Department, the DHA will review all medical information available, which may include evaluating the individual, in an attempt to determine if the documented unsafe or unsanitary condition was a causative factor for which the tenant received medical evaluation or treatment.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. The procedures included in this DHA-AI establish those MHS-specific activities that will take place once a housing tenant who is a beneficiary of the MHS is referred for assessment or evaluation of causality due to environmental safety and health issues in a military housing unit. See specific details outlined in Enclosure 3.

6. PROPONENT AND WAIVERS. The proponent of this DHA-AI is the Deputy Assistant Director, Public Health. When Activities are unable to comply with this publication the activity may request a waiver by providing justification that includes a full analysis of the expected benefits and must include a formal review by the activity's senior legal officer. The activity director or senior leader will endorse the waiver request and forward them through their chain of command to the Director, DHA, to determine if the waiver may be granted.

7. RELEASABILITY. **Cleared for public release.** This DHA-AI is available on the Internet from the Health.mil site at: [www.health.mil/DHAPublications](http://www.health.mil/DHAPublications) and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.

8. 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).

/S/  
RONALD J. PLACE  
LTG, MC, USA  
Director

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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
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (d) Public Law 116-92, Section 3013(a) (d) (1-3), “National Defense Authorization Act for Fiscal Year 2020,” December 20, 2019
- (e) United States Code, Title 10, Chapter 55
- (f) Vineis P, Kriebel D, “Causal models in epidemiology: Past Inheritance and Genetic future,” *Environmental Health: A Global Access Science Source*, 5:21, 2006<sup>1</sup>
- (g) DoD Instruction 4165.63, “DoD Housing,” July 21, 2008, as amended
- (h) Parascandola M, Weed DL, “Causation in epidemiology,” *Journal of Epidemiology and Community Health*, 55(12): 905-912, 2001<sup>2</sup>
- (i) Vandembroucke J, Broadbent A, Pearce N, “Causality and causal inference in epidemiology: the need for a pluralistic approach,” *International Journal of Epidemiology*, 45(60), 1776-1786, December 2016<sup>3</sup>
- (j) DoD Instruction 6000.14, “DoD Patient Bill of Rights and Responsibilities in the Military Health System (MHS),” September 26, 2011, as amended
- (k) DoD Manual 6025.18, “Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs,” March 13, 2019
- (l) Code of Federal Regulations, Title 45, Parts 160 and 164 (also known as the “HIPAA Privacy, Security and Breach Rules”)
- (m) DoD Directive 5400.11-R, “Department of Defense Privacy Program,” May 14, 2007
- (n) DoD Instruction 8580.02, “Security of Individually Identifiable Health Information in DoD Health Care Programs,” August 12, 2015
- (o) United States Code, Title 42, Chapter 32, Sections 2651-53 (also known as the “Medical Care Recovery Act”)

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<sup>1</sup> This reference is available at: <https://ehjournal.biomedcentral.com/articles/10.1186/1476-069X-5-21>.

<sup>2</sup> This reference is available at: <https://pubmed.ncbi.nlm.nih.gov/11707485/>.

<sup>3</sup> This reference is available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5841832/>.

ENCLOSURE 2  
RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will:
  - a. Monitor implementation of this DHA-AI to achieve the stated purpose.
  - b. Communicate to the Surgeons General (SGs) updates to this DHA-AI.
  - c. Oversee the full implementation of this DHA-AI and ensure a uniform process is applied throughout the DHA Markets.
  - d. Be the final reviewer and approval authority in the final determination of medical assessments as described in this DHA-AI.
  - e. Coordinate communication pathways pertaining to processes established in this DHA-AI between DHA and Secretaries of the Military Departments.
  - f. Provide final results of medical evaluation and determination to specific Secretary of the Military Department with courtesy copies to Military Service SG and MTF/DTF Director.
  
2. DEPUTY ASSISTANT DIRECTOR, PUBLIC HEALTH. The Deputy Assistant Director, Public Health must:
  - a. Provide subject matter expert advice to the DHA Director during the review process of cases sent for review and approval.
  - b. Serve as DHA Director point of contact to address issues pertaining to environment, safety, and health issues and their effects on human health.
  
3. DEPUTY ASSISTANT DIRECTOR, MEDICAL AFFAIRS. The Deputy Assistant Director, Medical Affairs, must disseminate to the Market, the clinical criteria to determine whether housing caused the individual's health concerns.
  
4. DEPUTY ASSISTANT DIRECTOR, HEALTH CARE OPERATIONS. The Deputy Assistant Director, Health Care Operations must oversee and direct compliance of specific scope of medical assessments as described in this DHA-AI.

5. DHA MARKET DIRECTORS. The DHA Market Directors must:

- a. Direct compliance with the communication processes, procedures, and business rules regarding the assessment of patients referred from installation commanders outlined in this DHA-AI.
- b. Direct corrective actions, to include provision of additional resources and training as required, to achieve the goals outlined in this DHA-AI.
- c. Monitor and track compliance as outlined in this DHA-AI.
- d. Recommend updates to this DHA-AI with additional processes and procedures in support of continuous process improvement.

6. MTF/DTF DIRECTORS. MTF/DTF Directors must:

- a. Direct compliance with the communication processes, procedures, and business rules regarding the assessment of patients referred from installation commanders outlined in this DHA-AI.
- b. Implement procedures, to include provision of additional resources and training as required, to ensure providers are able to complete assessment of patients referred by installation commanders outlined in this DHA-AI.
- c. Direct compliance with this DHA-AI.
- d. Recommend updates to this DHA-AI with additional processes and procedures in support of continuous process improvement.
- e. Designate healthcare providers, who will serve as MTF/DTF leads or point of contact for the Military Installation Commander, Service SGs, and DHA.
- f. Assign duties and responsibilities to designated healthcare providers.
- g. Develop appropriate internal guidance on how these cases are going to be accepted, reviewed and managed by the MTF/DTF, to include communication means to the installation commander and Director, DHA.
- h. Ensure personnel are familiarized with the requirements in this DHA-AI as described in Enclosure 3.
- i. Serve as the MTF/DTF point of contact for communication with the Military Department.

ENCLOSURE 3

PROCEDURES

1. OVERVIEW

a. This DHA-AI establishes the responsibilities and actions MTF/DTFs and healthcare providers will follow in the evaluation and review of available medical information of individuals identified by a Military Department during a reimbursement claim process as having undergone medical evaluation for alleged exposure to unsafe or unsanitary conditions in a housing unit. The individuals evaluated according to this DHA-AI would have previously undergone medical evaluations due to symptomatology or medical conditions developed presumably while they were, or as result of, living in a military housing unit. Environmental and housing unit engineering and safety evaluations may have identified a factor that could potentially explain the individual(s)'s symptomatology or medical conditions.

b. The concept of causality is complex and in many cases uncertain. The element of causation involves the relationship between the individual human being and that which serves as agent of a manifested disease. For this to be a valid process, a healthcare provider must find that the medical condition did not develop, would have not developed, or in the case of an existing condition, did not exacerbate, in the absence of exposure to a determined environmental factor. This means that the cause of the medical condition is, at least potentially, definable unequivocally and easy identifiable. Unlike trauma, i.e., a fracture from a fall due to a poorly installed stair rail, or a medical condition like smallpox, both of which have clear and identifiable causal variables, environmental factors which could be present affecting different individuals in different ways, do not present in such a linear fashion. Most of the time a healthcare provider may be able to come close to an association, but in most instances it will be extremely difficult. What is offered in this DHA-AI is a uniform process to review medical information, complete any necessary evaluation, and make a final determination. This DHA-AI does not intend to provide specific steps or approaches of reaching that determination.

c. For the purposes of this DHA-AI, the medical evaluation or assessment process required from the MHS will be limited to an attempt of determining any association between the identified environmental factor(s) and symptomatology or medical condition present in a housing unit tenant.

d. The MTF/DTF process will begin when an MTF/DTF receives a request from a Military Department for the evaluation of an individual in which an environmental factor was identified. The process will conclude when the DHA Director provides results of evaluation to the respective Secretary of the Military Service and installation commander.

e. The MTF/DTF cost calculation process should follow that already established for Medical Affirmative Claims. The MTF Uniform Business Office must ensure all relevant medical records are costed and the bill provided to the supporting Judge Advocate General for inclusion in the case file. Any reimbursement for the provision of health care will be credited to the



MTF's current operating funds. If health care was provided in the private sector, the costs for the care should be obtained from the TRICARE contractor and included in the Judge Advocate General's case file. Reimbursement for private sector care costs will be remitted to the TRICARE contractor.

## 2. PREREQUISITES PRIOR TO MEDICAL EVALUATION

a. Individual(s) are identified by the Military Department and referred to the appropriate MTF/DTF of enrollment for evaluation and determination of any association between a medical condition and the presence of an identified environmental hazard. This implies that prior medical evaluations would have taken place in the initial presentation of the medical condition presumed to be caused by a housing unit condition.

b. Environmental assessment and survey of a specific housing unit should have been completed prior to sending an individual(s) to an MTF or DTF for medical/dental determination. This assessment should include findings of environmental factors considered to have contributed to a housing unit being considered unsafe and unsanitary according to established criteria according to Reference (g). Based on this assessment, a landlord was considered to have failed to maintain a safe and sanitary condition under specific and applicable contract.

c. Through established installation safety processes already in place, the environmental assessment determined that these identified housing conditions could have resulted in an individual (tenant) living in the specified housing unit to receive medical evaluations and treatment at DoD expense.

d. All available information relating to the safety and/or environmental investigation will be made available to the MTF or DTF for review.

## 3. MTF/DTF DIRECTOR

a. The MTF/DTF Director, or designee, will be the principal point of contact for the Military Department.

b. Once the designated healthcare provider completes the assessment and determination, the MTF/DTF Director will review the package. If approved, a memorandum for the DHA Director will be prepared for review and approval (Appendix 1 and 2).

#### 4. MEDICAL ASSESSMENT

a. The purpose of this medical assessment is to:

(1) Determine if all available medical information (health records from network and non-network providers, ancillary labs and other specialty evaluations) is sufficient to provide a healthcare provider with the necessary evidence to make a determination as to whether the tenant's medical conditions were caused by unsafe or unsanitary conditions of the housing unit.

(2) Determine if further evaluation is necessary.

(3) Reach a conclusion of whether, based on available information, any environmental factor present in the housing unit, and already identified by the installation's current processes, may be associated with a specific individual's medical condition.

(4) Provide final assessment determination to the DHA Director.

b. MTF/DTF administrative staff will collect the individual medical information relevant to medical conditions believed to be associated with a housing unit environmental condition, making sure it is as complete as possible, to include any health care obtained from Network and non-Network providers.

c. The healthcare provider will:

(1) Review all information available, to include electronic health records, referrals and any documentation received from health care obtained pertaining to those medical conditions believed to be associated to a housing unit environmental condition.

(2) Determine if available medical information (medical records) is sufficient to render a reasonable medical conclusion. If medical information available is sufficient, the healthcare provider will write in the individual's electronic medical records a summary of the history, physical findings, testing, medical or surgical management, rehabilitation, and current status; finalizing with a statement of whether there is/was an association between these findings and the identified environmental factor in the housing unit.

(3) Determine if a face-to-face visit is needed. The face-to-face encounter's purpose should be to complete any evaluation necessary, or to gather or assess further necessary information to complete the assessment.

(4) Gather additional pertinent information to complete the assessment (referrals to specific specialty services, laboratory/radiological studies, family or other witnesses' interviews, and other) as deemed necessary.

(5) Document, as a patient encounter, in the electronic health record the results of this evaluation, to include a summary of history and findings and a statement of whether there is an

association between the individual's medical condition and any environmental/physical factor already identified by Military Department review or investigation.

(6) Document in the electronic health record one of the following:

(a) There is a causal relationship between the individual's medical condition and identified environmental factor.

(b) There is no causal relationship between the individual's medical condition and identified environmental factor.

(c) A causal relationship cannot be determined.

d. The criterion for causality determination in an acute injury may be directly related to deteriorating housing (e.g. someone climbing a staircase when it collapses). The immediate temporal association between exposure and injury allows DHA to conclude causality. All other situations do not qualify as sufficient evidence because causal inference generally occurs at the population, not individual, level. As it is known, there are many uncertainties in available data in making estimates of causation or association in accordance with References (f), (h), and (i).

## 5. REVIEW PROCESS

a. Once a final determination has been reached as described in paragraph 4c(6) of this Enclosure, the healthcare provider will send memorandum (Appendix 1) to the MTF/DTF Director. Personally identifiable information or any other information protected by law will be safeguarded in accordance with References (j) through (n).

b. Upon review and approval, the MTF/DTF Director will send a memorandum (Appendix 2) to the DHA Director, or his designee, for review and approval.

c. Upon review and approval, the DHA Director, or designee, will take appropriate steps to obtain reimbursement of medical expenses pursuant to established processes for collection under Reference (o).

APPENDIX 1

SAMPLE MEMORANDUM FROM HEALTHCARE PROVIDER TO MTF/DTF DIRECTOR

MEMORANDUM FOR (MTF/DTF Director)

SUBJECT: Medical evaluation and determination of association between (Rank {if applicable} and name of referred individual)'s medical condition and identified environmental factor(s) in housing unit

In accordance with Public Law 116-92, National Defense Authorization Act for Fiscal Year 2020, section 3013, requiring that before the Secretary concerned may submit a claim to a landlord for reimbursement of Department medical evaluation and treatment costs, a military medical professional must determine that the tenant's medical conditions were caused by unsafe and unsanitary conditions of the housing unit, an evaluation of available medical records from the above mentioned individual was completed. This evaluation consisted of a review of the following medical records; (list what records were reviewed, electronic copies with source, paper copies of referrals or medical evaluations from Network and/or non-Network providers), and a face-to-face visit (if applicable) with (Rank {if applicable} and name of individual) on (date(s)).

After completion of this evaluation, medical evidence demonstrates that at the present time, (choose one; {there is a causal relationship between the individual's medical condition and identified environmental factor.} or {there is no causal relationship between the individual's medical condition and identified environmental factor.} or {a causal relationship cannot be determined}). Accompanied, please find information to access electronic medical records and/or copies of medical evidence relevant to medical conditions believed to be associated with a housing unit environmental condition. This information is not attached to this letter to safeguard the individual's Health Insurance Portability and Accountability Act rights and personally identifiable information. If you have any questions, I can be reached at (telephone number) or (email address).

Healthcare provider's name  
Rank (if applicable) and office symbol

APPENDIX 2

SAMPLE MEMORANDUM FROM MTF/DTF DIRECTOR TO DHA DIRECTOR

MEMORANDUM FOR (DHA Director)

SUBJECT: Medical evaluation and determination of association between (Rank {if applicable} and name of referred individual)'s medical condition and identified environmental factor(s) in housing unit

In accordance with Public Law 116-92, National Defense Authorization Act for Fiscal Year 2020, section 3013, requiring that before the Secretary concerned may submit a claim to a landlord for reimbursement of Department medical evaluation and treatment costs, a military medical professional must determine that the tenant's medical conditions were caused by unsafe and unsanitary conditions of the housing unit, an evaluation of available medical records from the above mentioned individual was completed. This evaluation consisted of a review of the following medical records; (list what records were reviewed, electronic copies with source, paper copies of referrals or medical evaluations from Network and/or non-Network providers), and a face-to-face visit (if applicable) with (Rank {if applicable} and name of individual) on (date(s)).

After completion of this evaluation, medical evidence demonstrates that at the present time, (choose one; {there is a causal relationship between the individual's medical condition and identified environmental factor.} or {there is causal relationship between the individual's medical condition and identified environmental factor.} or {a causal relationship cannot be determined.} Accompanied, please find information to access electronic medical records and/or copies of medical evidence relevant to medical conditions believed to be associated with a housing unit environmental condition. This information is not attached to this letter to safeguard the individual's Health Insurance Portability and Accountability Act rights and personally identifiable information.

This determination is submitted for your review and approval. If you have any questions, I can be reached at (telephone number) or (email address).

MTF/DTF Director's signature  
Rank

## GLOSSARY

### PART I. ABBREVIATIONS AND ACRONYMS

DHA	Defense Health Agency
DHA-AI	Defense Health Agency-Administrative Instruction
DTF	dental treatment facility
MHS	Military Health System
MTF	military medical treatment facility
SG	Surgeon General

### PART II. DEFINITIONS

These terms and their definitions are for the purposes of this DHA-AI.

Healthcare Provider. Individuals who have received special training or education in a health-related field and who perform services in or for the DoD in that field. Also known as medical personnel. Healthcare providers include, but are not limited to, individuals licensed, certified, or registered by a government agency or professional organization to provide specific health services.

MHS. DoD medical and dental programs, personnel, facilities, and other assets operating pursuant to Chapter 55 of Title 10, United States Code, by which the DoD provides: Healthcare services and support to the Military Services during the range of military operations. Healthcare services and support to members of the Military Services, their family members, and others entitled to DoD medical care.