Mental Health Care in TRICARE: Recent Enhancements to a Great Benefit

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Mental Health Care in TRICARE: Recent Enhancements to a Great Benefit

https://learn.extension.org/events/3315

MENTAL HEALTH CARE IN TRICARE: RECENT ENHANCEMENTS TO A GREAT BENEFIT

"Medically Ready Force...Ready Medical Force"
Objectives

- Explain how to access mental health care using the TRICARE benefit.
- Describe recent enhancements to the TRICARE mental health benefit.
- Explain when telemental health is appropriate, and how it is covered under TRICARE.
- Describe the autism care demonstration and coming changes to the program.

“Medically Ready Force…Ready Medical Force”
Mental Health Issues are Common

- Mental Health issues are common; in the United States, 18.3% of all adults have had a mental illness in the past year. 49% of adolescents do.
- Anyone can have a mental health issue; having a mental illness is not a sign of weakness or failure. It is an illness like any other.
- The good news is that treatment works! Most people with mental illness do well.
- Unfortunately only 43% of those with a mental illness received treatment. The rate is even lower (33%) for men.

Source: National Institutes of Mental Health data for 2016

Mental Health in TRICARE

- TRICARE we have worked to make accessing mental health services as easy as possible.
- TRICARE covers a wide range of mental health services, many without a referral.
- In addition to mental health services available at most military treatment facilities, we also have a robust Network of civilian mental health providers available for beneficiaries.
- Non-clinical counseling services can also be effective for stress and life problems that do not reach the level of a mental illness. These are available on many military bases.
- The expanded TRICARE telemedicine benefit can also make it easier to access care.

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How to access mental health services

- In an emergency situation, call 911 or go to the nearest E.R.
- What is an emergency?
  - Risk of serious harm to self or others
  - Needs immediate and continuous observation
- What if you are concerned about someone else’s safety?
  - Talk with the individual – do not be afraid to ask about suicide
  - Stay with them – do not leave them alone
  - Call 911
- Emergency services do not require a referral
- Military Crisis Line 1-800-273-8255 then press 1 or text 838255

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How to access mental health services

- In a non-emergency situation
  - Talk with your primary care provider
  - Call your military treatment facility (if applicable)
  - Call TRICARE
    - East Region (Humana) 1-800-444-5445
    - West Region (Health Net) 1-844-866-9378
    - Overseas (International SOS) (44)20-8762-8384
  - Use the TRICARE Provider Directory
    - www.tricare.mil “Find a Doctor”
TRICARE Regions under T-2107 (1-1-2018)

"Medically Ready Force…Ready Medical Force ”

What is covered?
No referral required

- Mental Health evaluations
- Office based outpatient psychotherapy (individual and group)
- Most psychiatric medications
- Office based Medication Assisted Treatment (MAT) for substance addiction
- Tobacco Cessation (counseling and medication)
- Psychological Testing (when preformed for diagnosis and treatment planning; not covered for academic placement)
- Active duty members must have a referral for all care
- Referral is not required for office based outpatient mental health treatment for other beneficiaries (except psychoanalysis)
What is covered?
Referral required

- Intensive Outpatient Programs (no preauthorization required)
- Partial Hospitalization Programs (no preauthorization required)
- Electroconvulsive Therapy
- Transcranial Magnetic Stimulation
- Inpatient Mental Health
- Psychoanalysis
- Applied Behavior Analysis for Autism Spectrum Disorder
- Residential Treatment (children and adolescents only)
- Except for the first two above, these also require preauthorization from the MCSC

Covered providers

- Psychiatrists and other physicians;
- Clinical psychologists;
- Certified Psychiatric Nurse Specialists (CPNSs);
- Certified Clinical Social Workers (CCSWs);
- TRICARE Certified Mental Health Counselors (TCMHCs);
- Certified marriage and family therapists;
- Pastoral counselors; and
- Supervised Mental Health Counselors (SMHCs)
What is not covered?

- Treatment for paraphilias and other sexual disorders
- Specific learning disorders
- Any treatment that has not been proven safe and effective as determined by TRICARE
- MH providers not listed on the previous slide
- Surgical treatment of gender dysphoria (non-surgical treatment, including hormonal therapy, is covered)

Recent Enhancements


  Goals:
  - Align TRICARE’s mental health and substance use disorder (SUD) benefit with the principles of mental health parity.
  - Expand covered MH and SUD treatment under TRICARE
  - Streamline requirements for institutional providers
  - Develop TRICARE reimbursement and cost-sharing methodologies
Recent Enhancements

∎ Mental health parity with medical/surgical benefit in TRICARE
  - Eliminate quantitative and qualitative treatment limitations on mental health and substance use disorder (SUD) benefit coverage
  - Align beneficiary cost-sharing for mental health and SUD benefits with those applicable to medical/surgical benefits

∎ Expand covered mental health and SUD treatment under TRICARE
  - Authorize psychiatric and SUD intensive outpatient programs
  - Cover outpatient SUD treatment by individual professional providers, Opioid Treatment Programs (OTPs) and Office Based Opioid Treatment (OBOT)
  - Cover non-surgical treatment of gender dysphoria

∎ Streamline TRICARE requirements for institutional providers

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Telemedicine Policy

∎ Telemedicine, when used appropriately, is a method that can improve access, convenience, and experience of care

∎ Telemedicine is a covered benefit in TRICARE, and its use is encouraged

∎ From the TRICARE Policy Manual (Ch. 5, Sec. 1, 1.3):
  - “telehealth modalities are covered services to the same extent as if provided in person”
  - “to the extent practical, the contractor shall offer telemedicine to all Tricare beneficiaries, regardless of location”

"Medically Ready Force...Ready Medical Force"
Telemedicine Policy

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Using Telemedicine in TRICARE

- Any authorized provider can use telehealth; reimbursement is the same as if care was provided in the office
- Care must be appropriate for telehealth
- Communication via secure, encrypted portal (not Skype®, etc.)
- Must be video and audio (not just audio only)
- Can be synchronous (real time with patient) or asynchronous (radiology readings, for example)
- Patient can be at home or in a provider office
- Provider must be licensed at both locations
- Contingency plan in place for emergencies
Telehealth is an excellent way to deliver many mental health services. Some providers will want the initial visit in person. Must have a safety plan, secure connection. Often used for individual psychotherapy, medication management. Not authorized for most applied behavior analysis services for autism.

Starting Jan. 1, 2018, costs for TRICARE benefits will be charged by Calendar Year (Jan. – Dec.) instead of Fiscal Year (Oct. – Sept.).

You will fall into two groups based on when you or your sponsor first enlisted or was appointed in a Uniformed Service.

- **Group A**: If you or your sponsor’s initial enlistment or appointment occurred before Jan. 1, 2018, you are in Group A.
- **Group B**: If you or your sponsor’s initial enlistment or appointment occurs on or after Jan. 1, 2018, you are in Group B.

**Exception:** if you purchase TRICARE premium based coverage (TRR, TRS, or TYA) or CHCBP, you have Group B cost shares, regardless of when the sponsor’s initial enlistment or appointment date occurs.
# Costs: Active Duty Family Members

<table>
<thead>
<tr>
<th>Costs for ADFMs</th>
<th>Select Group A</th>
<th>Select Group B</th>
<th>Prime Group A</th>
<th>Prime Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Enrollment</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>E1-E4: $50 for individual and $100 for family</td>
<td>E1-E4: $50 for individual and $100 for family</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>E5 and above: $150 for individual and $300 for family</td>
<td>E5 and above: $150 for individual and $300 for family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Catastrophic Cap</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Point-of-Service Option Deductible</td>
<td>N/A</td>
<td>N/A</td>
<td>$300 for individual and $600 for family</td>
<td>$300 for individual and $600 for family</td>
</tr>
<tr>
<td>Point-of-Service Option Cost-Share After Deductible</td>
<td>N/A</td>
<td>N/A</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

**TRICARE costs are subject to change.**

Go to [www.tricare.mil/about/changes/costs](http://www.tricare.mil/about/changes/costs) for the most up-to-date cost information.

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**“Medically Ready Force...Ready Medical Force”**

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<tbody>
<tr>
<td>Preventive Care Visit</td>
<td>Network: $0</td>
<td>Network: $0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Primary Care Visit</td>
<td>Network: $27</td>
<td>Network: $15</td>
<td>Network: $0</td>
<td>Network: $0</td>
</tr>
<tr>
<td>Specialty Care Visit</td>
<td>Network: $34</td>
<td>Network: $25</td>
<td>Network: $0</td>
<td>Network: $0</td>
</tr>
<tr>
<td>Urgent Care Center Visit</td>
<td>Network: $27</td>
<td>Network: $20</td>
<td>Network: $0</td>
<td>Network: $0</td>
</tr>
<tr>
<td>Emergency Room Visit</td>
<td>Network: $87</td>
<td>Network: $40</td>
<td>Network: $0</td>
<td>Network: $0</td>
</tr>
<tr>
<td>Inpatient Admission</td>
<td>$18.60 per day or $25/admission, whichever is more</td>
<td>Network: $60/day</td>
<td>Network: $0</td>
<td>Network: $0</td>
</tr>
</tbody>
</table>

**TRICARE Select Out-of-Network cost shares for outpatient care is 20% of the allowed charges**

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**“Medically Ready Force...Ready Medical Force”**
## Costs: Retirees, Family + Other Users

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<tr>
<th>Costs for Retirees, Retiree Family and Other Plan Users (Excluding TFL)</th>
<th>Select Group A</th>
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<th>Prime Group B</th>
</tr>
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<tbody>
<tr>
<td><strong>Annual Enrollment</strong></td>
<td>$0</td>
<td>$450 for individual or $900 for family</td>
<td>$289.08 for individual or $578.16 for family</td>
<td>$350 for individual or $700 for family</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$150 for individual and $300 for family</td>
<td>Network: $150 for individual or $300 for family</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Out-of-Network: $300 for individual or $600 for family</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual Catastrophic Cap</strong></td>
<td>$3,000</td>
<td>$3,500</td>
<td>$3,000</td>
<td>$3,500</td>
</tr>
<tr>
<td><strong>Point-of-Service Option Deductible</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>$300 for individual and $600 for family</td>
<td>$300 for individual and $600 for family</td>
</tr>
<tr>
<td><strong>Point-of-Service Option Cost-Share After Deductible</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>50%</td>
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**Medically Ready Force...Ready Medical Force**

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</thead>
<tbody>
<tr>
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<td>Network: $0</td>
<td>Network: $0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Primary Care Visit</strong></td>
<td>Network: $35</td>
<td>Network: $25</td>
<td>$20</td>
<td>$20</td>
</tr>
<tr>
<td><strong>Specialty Care Visit</strong></td>
<td>Network: $45</td>
<td>Network: $40</td>
<td>$30</td>
<td>$30</td>
</tr>
<tr>
<td><strong>Urgent Care Visit</strong></td>
<td>Network: $35</td>
<td>Network: $40</td>
<td>$30</td>
<td>$30</td>
</tr>
<tr>
<td><strong>Emergency Room Visit</strong></td>
<td>Network: $116</td>
<td>Network: $80</td>
<td>$60</td>
<td>$60</td>
</tr>
<tr>
<td><strong>Inpatient Admission</strong></td>
<td>Network: $250/day or 25% of facility charges, whichever is less plus 20% of separately billed services</td>
<td>Network: $175/day Out-of-Network: 25% of allowable charges</td>
<td>$150/admission</td>
<td>$150/admission</td>
</tr>
<tr>
<td></td>
<td>Out-of-Network: $250/day or 25% of facility charges, whichever is less plus 25% of separately billed services</td>
<td></td>
<td></td>
<td></td>
</tr>
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TRICARE Select Out-of-Network cost shares for outpatient care is 25% of the allowed charges

TRICARE costs are subject to change. Go to [www.tricare.mil/about/changes/costs](http://www.tricare.mil/about/changes/costs) for the most up-to-date cost information.

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“Medically Ready Force...Ready Medical Force”
Overview - ACD

- What are the covered services for the diagnosis of Autism Spectrum Disorder (ASD)?
- What is the Autism Care Demonstration (ACD)?
- Who is eligible for the ACD?
- What is Applied Behavior Analysis (ABA)?
- Who provides ABA services?
- What are the covered ABA services?
- What are the ongoing ACD requirements?
- What is the cost of the ACD?
- How do I access the ACD?
- Questions to ask you ABA provider
- Questions for you to consider
- ACD Points of Contact
- Questions

Covered Services For Autism Spectrum Disorder (ASD)

- TRICARE covers:
  - Occupational therapy
  - Physical therapy
  - Health care provider services
  - Psychological services
  - Psychological testing
  - Prescription drugs
  - Speech and language therapy
  - ABA under the ACD

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What Is The ACD?

The Autism Care Demonstration (ACD) is:
- A demonstration benefit
- Administered by the regional Managed Care Support Contractors (MCSC) (Health Net, Humana)

Who Is Eligible?

- ABA services are covered for all qualifying dependents of:
  - Active service members (ASM)
  - Retired service members
  - Certain National Guard and Reserve members

- Eligible beneficiaries must be:
  - Diagnosed with autism spectrum disorder (ASD) by a TRICARE-authorized ASD diagnosing provider
  - If an active duty family member:
    - Enrolled in Exceptional Family Member Program (EFMP)
    - Registered in Extended Care Health Option (ECHO)
What Is ABA?

- Behavior analysis is the scientific study of the principals of learning and behavior, specifically about how behavior affects, and is affected by, past and current environmental events in conjunction with biological variables.

- Applied behavior analysis (ABA) is the application of those principles to bring about meaningful changes.

- ABA, by a licensed and/or certified behavior analyst, focuses on treating behavior difficulties by changing an individual’s environment.

- ABA is delivered optimally when family members/caretakers actively participate.

Who Provides ABA Services?

TRICARE-authorized applied behavior analysis (ABA) providers:

- Authorized ABA supervisors
- Assistant behavior analysts (working under the supervision of an authorized ABA supervisor)
- Certified behavior technicians (working under the supervision of an authorized ABA supervisor)
Covered ABA Services

- A child's authorized ABA supervisor will:
  - Complete an initial ABA assessment
  - Develop an individual treatment plan
  - Work with the child to provide ABA services
  - Help parents, and other caregivers
  - Reevaluate the child and update the individual treatment plan every six months

- The treatment plan identifies the recommendations for ABA services to include the number of hours of ABA each week
- The treatment plan will identify if tiered services are recommended

Ongoing ACD Requirements

- Every six months:
  - A reassessment evaluation (outcome measure) and treatment plan update

- Every two years:
  - A periodic ABA program review (including outcome measure)
  - A new referral and authorization from the diagnosing/referring provider
What Is The Cost Of The ACD?

- For all ABA services, you pay the copayment or cost share for your TRICARE program (Prime or Select)
  - [https://tricare.mil/Costs/MentalHealthCosts](https://tricare.mil/Costs/MentalHealthCosts)
- These amounts apply to the yearly TRICARE catastrophic cap

How To Access Care Under The ACD

- Ensure your child has received a diagnosis of ASD and a referral to the ACD
  - Diagnosis from a Primary Care Manager (PCM) versus specialized ASD diagnosing provider
- Obtain an authorization letter for the ACD from the regional contractor
- Review the regional contractor letter and make the appointment with the provider listed on the authorization letter
- Contact the regional contractor DIRECTLY if your child cannot get an appointment with the provider listed on the authorization letter within the 28 day access standard
  - See last slide for contact information
ACD: Quick Reference

- Diagnosis of ASD
- Referral(s):
  - ABA
  - Outcome measures
- Authorization for an initial ABA assessment
- Assessment and treatment plan (completed by the BCBA)
- Authorization for 6 months
- Periodic ABA Program Review (every 2 years)
- Outcome measures
  - Every 6 months
  - Every 2 years

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ACD: Planned Changes

- Increased support for parents/caregivers
- Diagnosis of ASD
- Referral(s):
  - ABA
  - Outcome measures
- Authorization for an initial ABA assessment
- Assessment and treatment plan (completed by the BCBA)
- Authorization for 6 months
- Periodic ABA Program Review (every 2 years)
- Outcome measures
  - Every 6 months
  - Every 2 years

“Medically Ready Force...Ready Medical Force”
Questions To Ask Your ABA Provider

- What is the format for the ABA assessment and what can I expect? (Take me through the steps of how and what happens after the assessment)
- How do you determine the appropriate number of hours and goals for my child?
- What if I disagree with what is in the treatment plan?
- After the initial assessment, when can you start implementing the treatment plan?
- When do you decide to re-assess?
- When can we start my parent training sessions?
- How often will we meet to discuss the treatment plan?
- What is my role in the first week while services are being established and my child adjusts to new services?
- How will I be expected to implement parent goals/participation/data collection?
- How will the team look like?
- What do I do if I think the BT isn’t a good fit for my child, do I have a say in staffing?
- What contacts do you have with our PCM and/or specialty provider?
- What if we, as parents, feel like our child is not benefitting or progressing? What options do we have?
- When will you know it’s time for my child to terminate ABA services?

“Medically Ready Force...Ready Medical Force”

Questions For You To Consider

- Where are the support groups for siblings or parents?
- What are some other resources that may help my family? (Support groups, books/websites, other therapies)
- How do I involve the whole family or other treating providers?
- With a pending PCS, how do the different players help us make that transition (case manager, ABA provider, regional contractor, etc.)?
- Is there any coordination of players in or with the schools?
- Who will help me with enrolling in EFMP and registering ECHO?
- What does the home environment for an in home ABA program need to look like?
- How will socialization be targeted and what do I need to arrange with peers?
- What type of teaching will be done (i.e., Discrete Trail Teaching, Natural Environment Teaching, Functional Assessment)?
- How will OT, ST, and PT play a role and be integrated into my child’s therapy?

“Medically Ready Force...Ready Medical Force”
ACD Points of Contact

The Regional TRICARE® Contractors have ABA trained representatives available to help assist family members/caregivers to access timely ABA services. The Regional Contractor phone numbers are:

- Health Net Federal Services (West Region): 1-844-866-9378; #1; #5 (ask to speak with their Autism specialists)
- Humana Military (East Region): Main line – 1-800-444-5445; ABA Customer Service – 1-866-323-7155

Also see: http://www.tricare.mil/autism for updates as we transition to our new contractors

Non-clinical counseling options

- Military OneSource 1-800-342-9647; www.militaryonesoure.mil
- Military Family Life Counselors (MFLC)
  ▪ Located on or near many military bases
- Chaplains
- Service specific counseling services
  ▪ Army Counseling Service
  ▪ Marine Corps Community Services
  ▪ Navy Fleet and Family Support Centers
  ▪ Air Force Airman and Family Readiness Center
Questions?

Points of Contact:

- Military Crisis Line 1-800-273-8255, then press 1
- Call TRICARE
  - East Region (Humana) 1-800-444-5445
  - West Region (Health Net) 1-844-866-9378
  - Overseas (International SOS) (44)20-8762-8384
- Use the TRICARE Provider Directory
  - www.tricare.mil “Find a Doctor”
  - www.tricare.mil/mentalhealth

Certificate of Completion

MFLN Certificate of Completion is available for providers interested in receiving general training.

To receive a certificate, complete the evaluation survey at: https://vte.co1.qualtrics.com/jfe/form/SV_8kyGdhVeRSTqlKt
Connect with MFLN Military Caregiving Online!

- MFLN Military Caregiving
- MFLN Military Caregiving @MFLNMC
- MFLN Military Caregiving @mfln_mc
- MFLN Military Caregiving
- Military Families Learning Network

Upcoming Event

- **Title:** Opportunities & Possibilities: Posttraumatic Growth in Research & Practice (Part 1)
- **Time:** 11:00 a.m. – 12:30 p.m. Eastern
- **Date:** Wednesday, July 18, 2018
- **Location:** militaryfamilieslearningnetwork.org/event/22082/

For more information on MFLN Military Caregiving go to:
- https://militaryfamilies.extension.org/military-caregiving/
Find all upcoming and recorded webinars covering:

- Personal Finance
- Family Transitions
- Military Caregiving
- Network Literacy
- Family Development
- Nutrition & Wellness
- Community Capacity Building

[webinars link]

U.S. Department of Defense

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