

# Providing Mental Health and Addiction Services to Active-Duty Soldiers and Veterans

As of December 2009, over 2,000,000 U.S. troops have been deployed to Iraq or Afghanistan since September 11, 2001.<sup>1</sup> Among the U.S. troops returning from Iraq and Afghanistan, nearly 40 percent of soldiers, a third of Marines, and half of the National Guard members report symptoms of psychological problems.<sup>2</sup> Thirty-one percent of all Army soldiers and other military personnel who have experienced heavy combat in Iraq and Afghanistan also have at least one mental or psychosocial disorder. Problems facing returning soldiers include anxiety, depression, and PTSD in addition to substance abuse, TBI, family violence, and grief or bereavement.<sup>3</sup>

## Providing Services to Veterans and their Families

### **Veterans Health Administration (VA)**

#### *Beneficiary Enrollment and Behavioral Health Services*

The VA is the nation's largest integrated care system and was established to provide treatment for service-related conditions or disabilities. Eligibility requires honorable discharge from active, full-time service (this does not include National Guard/Reserve members). Veterans who are seeking care for a service-related disability or who have been determined to be at least 50 percent disabled from service-related conditions are automatically eligible for care at the VA.<sup>4</sup> A veteran who was released from service due to a mental disorder resulting from a highly stressful military experience will automatically receive a disability rating of no less than 50 percent.<sup>5</sup> Combat veterans returning from OIF and OEF (Iraq or Afghanistan) have a special two year eligibility after discharge, regardless of service-connected illness or disability.<sup>6</sup> Veterans not seeking care for service-related injury or illness or disability from service-related conditions may apply for VA enrollment by filling out a simple, one page application (<https://www.1010ez.med.va.gov/sec/vha/1010ez/>) which will be reviewed to determine eligibility. All eligible veterans are placed into one of eight priority groups used by the VA to balance demand with resources. The extent of enrollees receiving treatment at a given time is determined by Congressional appropriations.<sup>4</sup>

For those veterans eligible and in one of the eight groups, both inpatient and outpatient mental health and substance use services are available. Domiciliary care is available and provides residential rehabilitation programs for veterans requiring minimal medical care as they recover from medical, psychiatric, or psychosocial problems. The VA also provides supplemental services such as readjustment counseling, work restoration programs, educational assistance, a home loan program, and a special program for the homeless. Beneficiaries may also seek services through partnered federal agencies such Social Security and Housing and Urban Development.<sup>4</sup>

*Nearly 40 percent of soldiers who have served in Iraq or Afghanistan struggle with their mental health when they return home.<sup>2</sup>*

### *Determination of Disability Rating*

In order to obtain a disability rating, a person must be evaluated by a VA or contracted psychiatrist or psychologist. The evaluator will fill out a Disability Examination Worksheet that will be used throughout the process of disability determination. Disability is defined as the “level of functional impairment that substantially interferes with or limits one or more major life activities including basic living skills, instrumental living skills, and/or vocational or educational activities.”<sup>7</sup> For mental health and substance use conditions, one of three worksheets must be completed: eating disorders, initial evaluation of post-traumatic stress disorder, or mental disorders.<sup>8</sup> Considerations during the evaluation include frequency, severity, and duration of psychiatric symptoms, length of remission, and capacity for adjustment during periods of remission inclusive of all records of impairment, not solely at the time of evaluation.<sup>9</sup> As of July 13, 2010, VA adjudicators are no longer required to corroborate the details of testimony given by a veteran seeking treatment for PTSD, which will significantly simplify and streamline the claims process and allow the beneficiary to receive care sooner.<sup>10</sup>

### *Providing Services to Veterans*

On October 10, 2008, the Veterans Mental Health and Other Care Improvements Act in 2008 became law. It directs the Secretary of Veterans Affairs to establish a three-year pilot program to contract for the acquisition of rural mental health services within targeted areas. Eligible Iraq and Afghanistan veterans who are enrolled in the Veterans Health Administration, reside in rural areas, and do not have ready access to mental health services through VA Medical Centers and Clinics or Vet Centers will receive services. Contracted outpatient services will be provided at the contractor's facilities/locations. Services are expected to include peer outreach and peer support, outpatient mental health, readjustment counseling, and mental health day treatment. Community behavioral healthcare organizations in Maine, Colorado, Washington, Oregon, and Idaho were eligible to submit proposals for contracts in the Spring of 2010.<sup>11</sup> The National Council hosted a webinar on this program May 12, 2010. An audio recording of the call and the lecture slides can be viewed here: [http://www.thenationalcouncil.org/cs/recordings\\_presentations](http://www.thenationalcouncil.org/cs/recordings_presentations).

On May 5, 2010, President Obama signed the Caregivers and Veterans Omnibus Health Services Act of 2009 into law. The bill provides further language as to what services must be provided for veterans. Among the requirements established in the bill is that VA Hospitals are now required to provide veterans of OIF/OEF (Iraq and Afghanistan) with peer outreach and support services, readjustment counseling and mental health services as well as supportive mental health services for immediate family members of the qualified veterans.<sup>12</sup> The bill requires the VA to contract with a not-for-profit mental health organization to carry out a national program of training for peer outreach and support and training clinicians in community health centers. Under the bill, the Secretary will also contract with community mental health centers and other qualified entities to provide care in areas not adequately served by other health care facilities or VA health centers.<sup>12</sup>

Prior to this legislation, contracts and partnerships existed between the VA and community-based providers in some areas of the country. By reaching out to the VA system and opening the lines of communication, community behavioral health organizations have been able to provide mental health and/or substance use disorder services to veterans in their area.

## **TRICARE**

### *Enrollment*

TRICARE is the managed care insurance program sponsored by the Department of Defense available to all active duty and retired members of the Uniformed Services (including National Guard/Reserve active more than 30 consecutive days), their families, and survivors. The program offers nine different plan options and covers over 9.6 million beneficiaries. The plans differ in type of program (managed care, HMO, PPO, fee-for-service, premium-based), enrollment and cost, and medical provider choice.<sup>13</sup> Plans are available from the time of active duty all the way through secondary coverage to Medicare for retired service members.<sup>14</sup> Active duty service members are required to enroll in the Prime plan and will thus incur no cost. Coverage for non-active duty beneficiaries in the Standard plan is automatic (no fee, although they will pay out-of-pocket costs) as long as their information is current in the Defense Enrollment Eligibility Reporting System (DEERS). They may enroll in the other plans if they choose<sup>14</sup> (See the Appendix for further detail on cost-sharing requirements). After reviewing the options, beneficiaries can access the enrollment forms online: <https://www.dmdc.osd.mil/appj/bwe/indexAction.do>.<sup>15</sup> More information on plan choices can be found in this brief overview: [http://tricare.mil/mybenefit/Download/Forms/TRICARE\\_Choices\\_At\\_Glance\\_Br\\_L.pdf](http://tricare.mil/mybenefit/Download/Forms/TRICARE_Choices_At_Glance_Br_L.pdf).

*Becoming a TRICARE provider*

To supplement the healthcare resources of the uniformed services, TRICARE provides networks of civilian healthcare professionals, institutions, pharmacies, and supplies. These providers work outside of military or veteran health facilities. Reimbursement for behavioral health services can be provided to physicians, registered nurses, clinical social workers, clinical psychologists, mental health counselors, psychiatric nurse specialists, marriage and family therapists or pastoral counselors that have gone through the TRICARE certification and credentialing process. If a state does not offer licensure in one of the above fields, a provider is still eligible if they can prove membership in the field’s nationally recognized association or organization.<sup>16</sup>

While some TRICARE beneficiaries may have supplemental insurance, many rely on TRICARE providers for all of their health care needs. The more behavioral health professionals become TRICARE providers, the more options are available for beneficiaries to access services. About one-third of troops returning from OIF or OEF deployment sought help for mental health problems and estimates are that this number is only half of those that need services.<sup>17</sup>

At a minimum, a provider must complete the TRICARE certification forms and in most cases must also go through a credentialing process. Credentialing includes the applicant providing information on their source of education, board certification, license, professional background, malpractice history, and other pertinent data.<sup>18</sup> There are two types of TRICARE-Authorized Providers, Network or Non-Network<sup>19</sup>:

TRICARE-Authorized Providers				
<ul style="list-style-type: none"> <li>• TRICARE-Authorized Providers are those who meet TRICARE's licensing and certification requirements and have been certified by TRICARE to provide care to TRICARE beneficiaries.</li> <li>• These include doctors, hospitals, ancillary providers, and pharmacies. There are two types of TRICARE-authorized providers: Network and Non-network.</li> </ul>				
Network Providers	Non-Network Providers			
<ul style="list-style-type: none"> <li>• Have a signed agreement to provide care</li> <li>• Agree to file claims and handle other paperwork for TRICARE beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>• Do not have a contractual relationship with network</li> <li>• There are two types of non-network providers: Participating and Nonparticipating</li> </ul>			
	<table border="0"> <thead> <tr> <th>Participating</th> <th>Nonparticipating</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> <li>• Have agreed to file claims for TRICARE beneficiaries, to accept payment directly from TRICARE, and to accept the TRICARE-allowable charge as payment in</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• Have not agreed to accept the TRICARE-allowable charge or file claims for TRICARE beneficiaries.</li> <li>• Have the legal right to charge</li> </ul> </td> </tr> </tbody> </table>	Participating	Nonparticipating	<ul style="list-style-type: none"> <li>• Have agreed to file claims for TRICARE beneficiaries, to accept payment directly from TRICARE, and to accept the TRICARE-allowable charge as payment in</li> </ul>
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For more information, please contact Chuck Ingoglia, Vice President, Public Policy, National Council for Community Behavioral Healthcare, at [ChuckI@thenationalcouncil.org](mailto:ChuckI@thenationalcouncil.org) or 202.684.7457 ext. 249.

	<p>full for their services.</p> <ul style="list-style-type: none"> <li>• May choose to participate on a claim-by-claim basis.</li> </ul>	<p>beneficiaries up to 15% above the TRICARE-allowable charge for services.</p>
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To become a TRICARE provider, there are a few general conditions including<sup>19</sup>:

- In most cases, when applicable to their field, the potential provider must be a participating Medicare provider
- Valid and unrestricted professional health care license(s)
- Completed credentialing application, appropriate attachments, and signed unmodified release and attestation. A full re-credentialing review is conducted every three years.

TRICARE is divided into three separate regions of the United States. Each region has its own managed care support contractor (MCSC) responsible for administering the program.

WEST:

**West Region**

TriWest Healthcare Alliance Corp.  
Customer Service Line:  
1-888-TRIWEST (1-888-874-9378)  
[www.triwest.com/provider](http://www.triwest.com/provider)

NORTH:

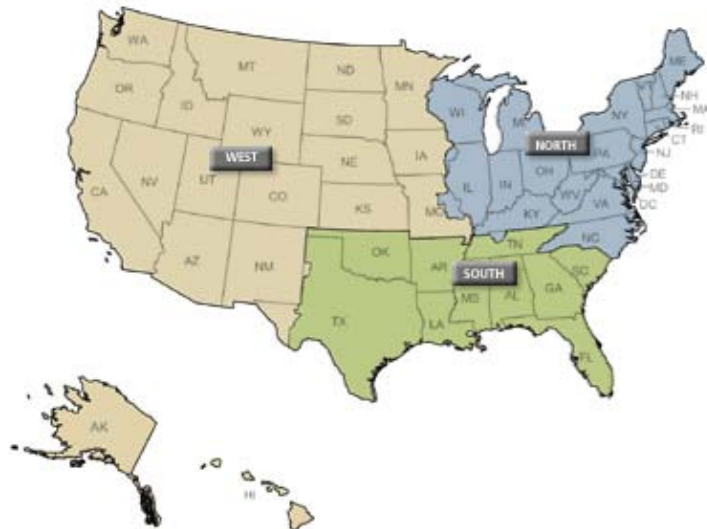
**North Region**

Health Net Federal Services, LLC  
Customer Service Line:  
1-877-TRICARE (1-877-874-2273)  
[www.healthnetfederalservices.com](http://www.healthnetfederalservices.com)

SOUTH:

**South Region**

Humana Military Healthcare Services, Inc.  
Customer Service Line: 1-800-444-5445  
[www.humana-military.com](http://www.humana-military.com)



Learn more about becoming a provider by visiting: <http://www.tricare.mil/tma/prospectiveproviders.aspx> . To find more detailed information about your region or access the regional provider handbook, visit your area’s respective website.

**Conclusion**

As the number of deployed troops continues to grow, so does the number of active-duty members or veterans who develop mental health or substance use disorders. According to the Army, 20-40 percent of members are evacuated every month from Iraq because of mental problems.<sup>20</sup> SAMHSA’s 2007 National Survey on Drug Use and Health (NSDUH) reported that 1.8 million veterans met the criteria for having a substance use disorder and found higher rates among veterans in all categories including use of alcohol in the past month, reporting driving while intoxicated, having smoked cigarettes daily in the past month, marijuana use in the past month, and past-month heavy alcohol use.<sup>21</sup> These men and women are returning to communities across the country.

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Community behavioral health organizations can improve access and develop the capacity to meet the need for services by becoming TRICARE providers and developing contractual relationships with their local VA.

## Appendix A- Cost of TRICARE to Beneficiary

### TRICARE Standard\*

#### Outpatient Cost Share:

Active duty: 15-20%

Retired: 20-25%

*Behavioral health services same as medical*

#### Inpatient Cost Share:

Active duty: \$16.30/day

Inpatient Behavioral Health: \$20/day

Retired: \$250-535/day or 25%, whichever is less, plus 20-25% for separately billed professional charges

Inpatient Behavioral Health: \$197 or 25%, whichever is less

\*Ranges depends on if provider is in network or not.

### TRICARE Prime\*\*

#### Annual Enrollment Fees:

\$230 for individual, \$460 for family

#### Out-of-pocket costs:

Outpatient: \$12/visit

Outpatient Behavioral Health: \$25 for individual visit (\$17 for group)

Inpatient: \$11/day

Inpatient Behavioral Health: \$40/day

\*\*Active duty service members and families do not incur any costs under the Prime plan, these cost only apply to retired members and their families.

For a more details, download [TRICARE: Summary of Beneficiary Cost](#)

## Appendix B- Behavioral Health Services Covered by TRICARE

### *Outpatient:*

Two psychotherapy sessions per week

Six hours per year of psychological testing

Substance use disorder outpatient services

60 individual or group therapy sessions per year

15 family therapy sessions per year

### *Inpatient:*

45 days of acute care for patients up to age 18 per year

30 days of acute care for patients age 19+ per year

60 days of psychiatric PHP per year

150 days at a residential treatment center per year

7 days of inpatient detoxification per year

21 days of inpatient rehabilitation per year

21 days of PHP for substance use disorder per year

For more details, download [TRICARE Behavioral Healthcare Services](#)

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- <sup>3</sup> Seal, K.H., Bernethal, D., Miner, C.R., Sen, S., & Marmar C. (2007). Bringing the war back home: Mental health disorders among 103,788 U.S. Veterans returning from Iraq and Afghanistan seen at Department of Veterans Affairs facilities. *Archives of Internal Medicine*, 167, 476-482.
- <sup>4</sup> MilitaryHandbooks. 2010 Veterans Healthcare Benefits Handbook.
- <sup>5</sup> Department of Veterans Affairs. Veterans Benefits Administration References Web Automated Reference Material System (WARMS). Mental Disorders Section 4.129. Online: <http://www.warms.vba.va.gov/bookc.html#q>
- <sup>6</sup> National Council for Community Behavioral Healthcare. (2008) Veterans on the Road Home, p. 65.
- <sup>7</sup> Department of Veterans Affairs. VHA Program Guide 1103.3- Mental Health Program Guidelines for the New Veterans Health Administration. June 3, 1999. Online: [http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1094](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1094)
- <sup>8</sup> Department of Veteran Affairs. Compensation and Pension Benefits- Index of Disability Examination Worksheets. Online: <http://www.vba.va.gov/bln/21/benefits/exams/index.htm>
- <sup>9</sup> Department of Veterans Affairs. Veterans Benefits Administration References Web Automated Reference Material System (WARMS). Mental Disorders Section 4.126. Online: <http://www.warms.vba.va.gov/bookc.html#q>
- <sup>10</sup> Department of Veterans Affairs. New Regulations on PTSD Claims. July 12, 2010. Online: [http://va.gov/PTSD\\_QA.pdf](http://va.gov/PTSD_QA.pdf)
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- <sup>13</sup> Department of Defense. TRICARE Choices Handbook. Online: [http://www.tricare.mil/mybenefit/Download/Forms/TRICARE\\_Choices\\_At\\_Glance\\_Br\\_L.pdf](http://www.tricare.mil/mybenefit/Download/Forms/TRICARE_Choices_At_Glance_Br_L.pdf)
- <sup>14</sup> Department of Defense. Tricare Benefit At-A-Glance. Online: <http://www.tricare.mil/mybenefit/home/overview/WhatIsTRICARE/TRICAREBenefitAtAGlance>
- <sup>15</sup> Department of Defense. Beneficiary Web Enrollment. Online: <https://www.dmdc.osd.mil/appj/bwe/indexAction.do>
- <sup>16</sup> Humana Military Healthcare Services. Provider Eligibility. Online: [http://www.humana-military.com/south/provider/Health\\_Wellness/Behavioral-Health/BehavioralHealthProviderEligibilityforNetworkParticipation.asp](http://www.humana-military.com/south/provider/Health_Wellness/Behavioral-Health/BehavioralHealthProviderEligibilityforNetworkParticipation.asp)
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