



THE ASSISTANT SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-1200

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HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
DEPUTY DIRECTOR, TRICARE MANAGEMENT
ACTIVITY

SUBJECT: TRICARE Prime Access Standards for Mental Health Care

This memorandum provides clarification of guidance for access standards for mental health care benefits under the TRICARE direct and purchased care system.

In its report of June, the Department of Defense (DoD) Task Force on Mental Health made recommendations for improvement of access to mental health care throughout the TRICARE system. These recommendations include adjustment of the TRICARE access standards to provide the same level of access to mental health services as for other medical conditions.

TRICARE Prime access standards have always applied to all health care needs of Prime beneficiaries, whether those needs involve medical or mental health care. Based on the perception of the DoD Task Force on Mental Health that access standards for mental health are not being observed or enforced, the following clarification of guidance is provided to the Military Health System for immediate compliance for Prime beneficiaries. All initial appointments to evaluate a Service or family member's new or reemerged behavioral health need are considered primary care and will result in an evaluation by a provider, who is professionally capable or specifically privileged to perform behavioral health assessments. Beneficiaries may choose to receive an initial behavioral health assessment from: their primary care provider; an integrated mental health provider within their primary care clinic, if available; or directly from a behavioral health care provider. Beneficiaries may request behavioral health assessment within the time frames below:

Emergency—a sudden or unexpected condition or the acute worsening of a chronic condition that is threatening to life, limb or sight and that requires immediate medical treatment to relieve suffering from painful symptoms. Behavioral health care will be provided on an immediate basis as dictated by the threat.

Urgent—a condition that, while not life or limb threatening, could become more serious if not treated as determined by a qualified health care provider. Mental health care will be provided within 24 hours or less.

HA POLICY: 07-022

Routine—a new behavioral health condition or exacerbation of a previously diagnosed condition for which intervention is required, but is not urgent. Behavioral health care will be provided within one week.

Beneficiaries retain the option of deferring an appointment past the seven day routine initial behavioral health assessment access standard, if desired, in order to procure their choice of provider and/or location of services.

Referrals following initial assessment by a Primary Care Manager or other network specialist will be provided within four weeks. If the referring provider determines that more urgent care is indicated, she or he shall enter on the referral request form one of the following priority indicators: STAT, within 24 hours, as soon as possible, today, or within 72 hours. Referrals that are considered urgent or involve sensitive or complex clinical situations may require provider-to-provider contact. All other access standards for substance abuse care, partial hospitalization and stabilization of emergency situations shall continue to apply.

Active Duty Service Members must obtain preauthorization for civilian services that are funded by the Supplemental Health Care Program, while Prime beneficiaries using their unmanaged outpatient behavioral health care visits, require preauthorization for their care after the eighth visit.

The TRICARE Regional Office Directors shall monitor and report quarterly on the effectiveness of the assistance their behavioral health provider locators give to beneficiaries seeking or referred for behavioral health care in making appointments that satisfy the priority levels requested. Services will monitor and report quarterly the degree to which behavioral health care initial access standards are met in medical treatment facilities. This policy is effective immediately.

My point of contact for this action is Col Bob Ireland, who can be reached by telephone at (703) 681-1703, or by e-mail at *Robert.Ireland@ha.osd.mil*.



S. Ward Casscells, MD

cc:

Surgeon General of the Army
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