



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

DEC 12 2013

The Honorable John P. Sarbanes
U.S. House of Representatives
Washington, DC 20515

Dear Representative Sarbanes:

Thank you for your inquiry dated May 16, 2013, on behalf of Ms. Hillary Alexander, a licensed professional clinical counselor and a graduate of a psychology-based counseling program at the University of Baltimore. Ms. Alexander requests changes to the Interim Final Rule (IFR): "TRICARE; Certified Mental Health Counselors." She supports grandfathering, making eligible all currently-licensed professional counselors (LPCs), and allowing graduates of counselor programs accredited by the Council on Higher Education Activities (CHEA) to fully participate in TRICARE. She requests a Congressional study of the Institute of Medicine's (IOM) recommendation for the Council on Accreditation of Counseling and Related Education Programs' (CACREP) accreditation of mental health counseling programs. We appreciate your request to review and give consideration to Ms. Alexander's letter and are happy to respond.

As you may be aware, Congressional legislation initiated the rule making changes for the independent practice of mental health counselors (MHCs) under TRICARE. The National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2008, section 717, required the Department of Defense to enter into a contract with the IOM National Academy of Sciences. The contract studied the advisability of the independent practice of MHCs under TRICARE and researched the credentials, preparation, and training of MHCs. The 2010 IOM report recommended the criteria under which MHCs could diagnose and treat mental health conditions in the military population. The report was prepared by the IOM's professional qualifications committee and is available on the following Web site: (<http://www.iom.edu/Reports/2010/Provision-of-Mental-Health-Counseling-Services-Under-TRICARE.aspx>). Later, the NDAA for FY 2011 required the Department to set the criteria for the authorization of MHCs under TRICARE. The Department developed, and then published, the IFR on December 27, 2011, (Federal Register, Vol. 76, No. 248, 80741-80744). The IFR's criteria are largely based on the 2010 IOM's recommendations. Among the criteria for independent practice, the IOM specifically recommended a master's or higher-level degree in mental health counseling from a CACREP-accredited program.

TRICARE participation is not limited to those who have graduated from a CACREP-accredited master's degree program. To clarify, during the transition period, the IFR allows the certified mental health counselor (CMHC) to possess a master's or higher-level degree from mental health counseling programs of education and training. These programs must be accredited by either CACREP or a regional accreditation organization. Both accreditation organizations are recognized by CHEA. Currently, the IFR requires supervised mental health counselors (SMHCs) to possess a master's or higher-level degree from a mental health counseling or allied mental health field from a regionally accredited institution. If SMHC requirements for state licensure, education, and supervised clinical practice are met, it is likely eligibility requirements for authorization as a SMHC under TRICARE are met. However, SMHC will no longer be recognized under TRICARE after December 31, 2014. As of January 1, 2015, the IFR criterion for the CMHC will allow only a master's or higher-level degree from a mental health counseling program accredited by CACREP. For authorization as a CMHC, the IFR implements a transition period for MHCs to gain the requisite education, examination, and post-master's supervised clinical practice rather than "grandfather" and make eligible all currently LPCs. Variability exists among the 50 states' licensing requirements for LPCs. The IFR provides standardization of the IOM's recommendations for MHCs in order to meet the quality standards for beneficiary care. During the transition period, TRICARE authorizes CMHCs and SMHCs who meet the full IFR requirements.

Ms. Alexander also requested changes to the TRICARE regulations to allow all future graduates of professional counselor training programs that are accredited by a CHEA-recognized accreditation program to participate. As you may know, the field of professional counselor education may include counseling psychology, rehabilitation counseling, student affairs, addiction, and community, school, and college counseling. These diverse professional counselor education programs may be accredited by CHEA-recognized accreditation organizations. However, for independent practice under TRICARE, the CMHC must have the requisite degree from a mental health counseling program. Currently, the SMHCs who practice under the referral and supervision of a TRICARE-authorized physician must have a master's or higher-level degree in mental health counseling or an allied mental health field from a regional accreditation organization. As you know, the Masters in Psychology and Counseling Accreditation Council (MPCAC) accredits psychology-based programs. However, MPCAC is not recognized as an accreditation organization by CHEA, or the U.S. Department of Education. CHEA advises students to be aware of the accreditation organization for prospective education programs.

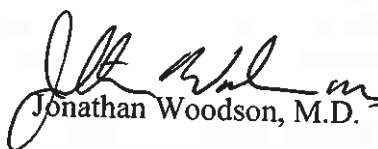
Regarding Ms. Alexander's request for a study that includes testimony from other accreditation bodies and takes into account the impact of CACREP-only policies on accessibility to mental health care by our veterans and military populations, the 2010 IOM report was Congressionally mandated, and the results were accepted by the Department. The online report provides a thorough review of the roles of CHEA and the U.S. Department of Education, the accreditation organizations of counselor educational institutions, CACREP, clinical mental health counseling, the Council on Rehabilitation Education, and the concept of "CACREP Equivalence." The independent practice of CMHCs under TRICARE whose education and training programs were accredited by CACREP are fully expected to enhance the quality of behavioral health care available to TRICARE beneficiaries. Our early data on accessibility to

the CMHC provider group indicates increased numbers of CMHCs available for TRICARE beneficiaries. TRICARE is committed to ensuring a continued robust, quality provider pool for TRICARE beneficiaries to access when seeking medically necessary and appropriate mental health counseling services from CMHCs and SMHCs.

Please also note that the Department solicited public comments in response to the above referenced IFR. In general, the public comments underscore the importance of balancing quality objectives with the preservation of a robust MHC provider pool to ensure continued access to quality mental health services for our beneficiaries. The Defense Health Agency will announce additional policy changes, if any, when the Final Rule is published in the Federal Register. If Ms. Alexander has additional questions, she may contact Dr. Patricia Moseley. Dr. Moseley may be reached at (703) 681-0072, or Patricia.Moseley@dha.mil.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,


Jonathan Woodson, M.D.