

WEB-BASED TRICARE ASSISTANCE PROGRAM (TRIAP) DEMONSTRATION

1.0. PURPOSE

The purpose of this demonstration is to test the use of web-based technologies to get information and Employee-Assistance Program (EAP)-like Behavioral Health (BH) services to our beneficiaries to determine if it increases the effectiveness and efficiency of identifying those who need medically necessary mental health care and in identifying their medical mental health needs earlier and in getting them referred or getting them access to the appropriate level of mental health care more effectively. We are also interested in learning if providing this level of care reduces a later need for mental health care. In addition, this will enable the Department of Defense (DoD) to determine whether:

- The availability to provide web-based EAP-like counseling is a valid mechanism to improve access in rural or underserved areas.
- There is acceptance and use of this delivery system by eligible beneficiaries.
- It is feasible to offer this service on a permanent basis.

2.0. AUTHORITY

2.1. Section 1092, Chapter 55, Title 10 of the United States Code (USC) allows the Secretary of Defense to conduct studies and demonstration projects. This section also specifies that the Secretary may enter into contracts with public or private organizations to conduct these studies and demonstrations.

2.2. In the House Report 2638 DoD Appropriations Act for Fiscal Year (FY) 2009 Joint Explanatory Statement (p.405), Congress stated: "An area of particular interest is the provision of appropriate and accessible counseling of service members and their families who live in locations that are not close to Military Treatment Facilities (MTFs), other Military Health System (MHS) facilities or TRICARE providers. Web-based delivery of counseling has significant potential to offer counseling to personnel who otherwise might not be able to access it. Therefore, the Department is directed to establish and use a web-based Clinical Mental Health Services Program as a way to deliver critical clinical mental health services to service members and their families in rural areas." The ability to provide web-based TRICARE Assistance Program (TRIAP) services is a valid mechanism to augment the basic TRICARE mental health benefit to provide short-term counseling options.

3.0. BACKGROUND

3.1. The DoD currently provides a robust program of mental health care for our Active Duty Service Members (ADSMs) and their families. In addition, the Department offers

Military One Source which provides multiple, currently 12, face-to-face BH non-medical counseling sessions for each issue faced by a beneficiary. For those needing medical treatment, BH care is provided in MTFs or through the TRICARE program.

3.2. The Managed Care Support Contractors (MCSCs) currently provide an array of text and multi-media based educational materials targeting pre-deployment, deployment, and post-deployment adjustment concerns. They also have BH Provider Locator and Appointment Assistant Centers staffed with licensed counselors, or beneficiary service representatives and customer service representatives to provide first and second level support, triage, and make appropriate BH referrals and locate providers for beneficiaries. This demonstration project will expand access to on-line contact options including web-based e-mail and video-conferencing to those eligible as indicated in this section to provide TRIAP services which are not otherwise covered as TRICARE authorized medically necessary mental health services.

4.0. DEFINITIONS

4.1. Interactive Telecommunications System. Interactive telecommunications systems are defined as multimedia communications equipment that includes, at a minimum, audio-video equipment permitting two-way, real time service or consultation involving the beneficiary and counselor as appropriate to the BH needs of the patient. Telephone services excluded by [32 CFR 199.4\(g\)\(52\)](#) do not meet the definition of interactive telecommunications services.

4.2. TRIAP Counseling. The DoD goal for professional, web-based assistance services is to provide ADSMs and their families, TRICARE Reserve Select (TRS) enrollees, and Transitional Assistance Management Program (TAMP) beneficiaries with an avenue for private, non-reportable discussion of personal life issues such as family difficulties and pressures, crisis intervention, anxiety, and self-esteem on a one-to-one basis in the context of a confidential relationship with a licensed professional.

4.3. TRIAP Services. Private, non-reportable discussions of personal life issues such as dealing with relationships, crisis intervention, stress management, family issues, parent-child communications, family separations, anxiety, and self-esteem on a one-to-one basis in the context of a confidential relationship with a licensed professional.

5.0. POLICY

5.1. TRIAP services will be provided to ADSMs and their spouses of any age, and their family members 18 years of age or older, and those beneficiaries enrolled in TRS and TAMP 18 years of age or older. A full range of private, confidential, counseling services via the web, including on-line video chat to address current and emerging needs.

5.2. Generally, the TRIAP services will support ADSMs and their families, TRS enrollees, and TAMP beneficiaries as it:

- Makes expert short term, TRIAP services available on demand.
- Helps cope with normal reactions to abnormal/adverse situations.

- Assesses and delivers short-term, solution-focused counseling for situations resulting from commonly occurring life circumstances such as deployment stress, relationships, personal loss, and parent-child communications.
- Provides an avenue for private, non-reportable discussion of personal life issues such as family difficulties and pressures, crisis intervention, anxiety, self-esteem, loneliness, and critical life decisions on a one-on-one basis in the context of a confidential relationship.

6.0. MINIMUM REQUIREMENTS FOR DELIVERY OF TRIAP SERVICES

6.1. If the beneficiary requests assistance services during the initial contact, the contractor shall determine the appropriate level of care required and direct the beneficiary accordingly. If appropriate and the beneficiary possesses the required hardware and software, video assistance services is an option that can be offered. However, the beneficiary must also be offered the alternative of face-to-face care if it is available. If video assistance services are not possible or not appropriate for the beneficiary's needs, referrals for care outside this demonstration to the MTF or network providers can be made (with appropriate authorization). Additionally, referrals can be made to Military One Source for telephonic or face-to-face counseling. If the provider determines that additional TRIAP services are necessary, the first follow-up session will be scheduled within three days of the initial intervention.

6.2. The contractor shall establish protocols and procedures for assessment, referral, and record keeping of beneficiaries in need of assistance services.

6.3. All employees, contractors, and subcontractors who will have access to beneficiary information will be advised of the confidential nature of the information, that the records are subject to the requirements of the Privacy Act of 1974, and to the extent applicable the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and that unauthorized disclosures of beneficiary information may result in the imposition of possible criminal penalties.

6.4. Contractor shall establish and maintain a record keeping system that is designed to protect the ADSM or family members' and others privacy and confidentiality, as appropriate and required for specific services. Although this TRIAP service is private and confidential, the contractor must keep utilization records which document that confidential and private services have been provided to Service members, their families, and others eligible for the Demonstration. The counselor must explain to the Service member, family member, or other that the personal identification information will be held in strictest confidence by the contractor. The contractor shall post the details of each contact on the record keeping system within three business days of the contact.

6.5. The contractor shall capture selective beneficiary contact and demographic information, to include ensuring that beneficiaries meet eligibility criteria, while ensuring beneficiary confidentiality, in a database and provide monthly reports detailing assistance services that includes at a minimum, the information necessary to provide monthly reports outlined in [paragraph 14.0](#).

6.6. The contractor shall maintain procedures for responding to Emergency, Urgent, and Non-Urgent calls. These procedures shall include an immediate response for Emergency situations, access to mental health counseling outside of this demonstration within one business day for Urgent calls, and access to web-based TRIAP services within three business days for Non-Urgent calls if the services cannot be provided immediately.

6.7. The contractor shall maintain a counseling model and process flow for triage purposes to determine if TRIAP services are appropriate.

7.0. GENERAL

7.1. There are no referral and authorization requirements for web-based TRIAP services. TRICARE beneficiaries who are eligible for the Demonstration may access this care using Personal Computers (PCs). Current referral rules apply to medically necessary TRICARE authorized mental health care.

7.2. Web-based TRIAP services are available 24 hours a day, seven days a week.

7.3. Web-based interaction such as e-mails, online video chat, or video IM for TRIAP services is not limited to a certain number of interactions. E-mail may be used to make appointments for assistance services, if needed.

8.0. FUNDING

This demonstration will be reimbursed using administrative funds. There are no claims to be filed.

9.0. AUTHORIZED PROVIDERS

9.1. Web-based TRIAP services may be provided by mental health clinicians who are licensed and authorized to provide these web-based services. State laws must be complied with. In addition to TRICARE-authorized providers, counselors providing web-based TRIAP services could include independently licensed masters prepared clinicians, including, but not limited to, licensed psychotherapists, marriage and family counselors and licensed professional counselors.

9.2. The contractor will ensure that those providing counseling have knowledge of military family programs and knowledge of the unique cultural aspects of the military lifestyle.

10.0. ELIGIBILITY

10.1. This demonstration is available to ADSMs, ADSM's spouses of any age, their family members 18 years of age or older, those enrolled in TRS, and TAMP beneficiaries. All must reside in the Continental United States (CONUS).

10.2. In the event that a beneficiary Outside the Continental United States (OCONUS) accesses TRIAP services, TRIAP personnel should encourage the beneficiary to utilize other outlets for similar counseling that have the ability for more immediate follow-up or

intervention if necessary. This includes military treatment facilities, combat stress control units, and supervisors/commanders. Military One Source services are available in both CONUS and OCONUS and are a viable referral option. If the TRIAP counselor believes that the ADSM is at-risk of any of the circumstances in which a DoD issuance requires health care providers to notify an ADSM's commander, the counselor shall obtain as much information as possible regarding the individual, Branch of Service, unit, a contact/call-back number, their location (as precisely as possible), closest MTF (if known) and command information. The TRIAP counselor shall then contact the ADSM's commander (or the commander's designee for receiving protected health information) and inform the commander or designee about the at-risk individual, in order to ensure he or she receives appropriate counseling/care. The circumstances triggering this requirement include but are not limited to serious risk of causing harm to oneself or others. The currently applicable DoD issuances are DoD 6025.18-R, C7.11.1 and Directive-Type Memorandum (DTM) 09-006, "Revising Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Military Personnel," July 2, 2009. The requirements of this DTM will be incorporated in DoD 6025.18-R or its successor issuance. In the event the counselor cannot obtain enough information to contact the ADSM's commander, the counselor shall then contact the appropriate Service Operations Center (Army Operations Center, Air Force Watch, Navy Watch Center, Coast Guard Operations Center, or Marine Corps Operations Center) for assistance. The Service Operations Center contact numbers are unclassified but sensitive and will be provided by the Contracting Officer's Representative (COR).

10.3. In the event reservists who lose TRICARE eligibility or are not enrolled in TRS access TRIAP services, TRIAP personnel should encourage the reservist to utilize other outlets for counseling such as community resources or the Veterans Administration if eligible.

11.0. MCSC RESPONSIBILITY

11.1. An assessment made by a licensed professional at the BH Care Provider Locator and Appointment Assistance or Customer Service Staff to determine if web-based professional TRIAP services are appropriate for the beneficiary. If it is, the BH contact center will determine if the beneficiary has the necessary software and hardware (the most currently available technology that meets the requirements of this Demonstration) to support web-based care. If that is the case, the BH Care Provider Locator and Appointment Assistance or Customer Service Staff will instruct the beneficiary on accessing web-based counseling.

11.2. Referral to an appropriate level of care if the beneficiary does not have the necessary hardware or software, or requires care beyond the scope of this Demonstration. This level of care may include a MTF, or a TRICARE network or authorized provider.

11.3. A virtual resource library of electronic documents related to BH/mental health concerns, to include but not limited to suicide prevention, post-traumatic stress disorder, and depression.

11.4. A secure, web-based e-mail, online video chat and IM capability.

11.5. When a call is received from an ADSM, the TRIAP counselor shall ask if the caller is on the Personnel Reliability Program (PRP). The purpose of the PRP is to ensure that each person who performs duties involving nuclear weapons meets the reliability standards of the

PRP. Each person assigned to PRP duties is responsible for their reliability and is required to report any behavior or circumstance about themselves or others in the PRP that may be expected to result in degradation in job performance or personal reliability or an unsafe or insecure condition involving nuclear weapons and/or Nuclear Command and Control (NC2) material. If the member responds that he/she is on the PRP, the TRIAP counselor shall read the following statement reminding the member of his or her obligation to self-report any information that could be Potentially Disqualifying Information (PDI) before providing any counseling services.

“As a Personnel Reliability Program (PRP) certified or administrative qualified individual, you are personally responsible for advising your Certifying Official or supervisor of any factors that could have an adverse impact on your performance, reliability, or safety while you are performing PRP duties. This includes factors that impact your physical and mental wellness, your dependability, your personal financial circumstances, or other legal concerns. When you receive any type of medical/dental treatment or evaluation, to include mental health or family related counseling, you are personally responsible for reporting the treatment or evaluation to your Certifying Official and for providing appropriate documentation concerning the treatment or evaluation to the competent medical authority (CMA) at your military treatment facility responsible for consulting with the certifying official on this matter. Failure to make these notifications or to provide the appropriate documentation may cast doubt on your reliability and may violate the provisions of DoD Regulation 5210.42. If you have any questions regarding these requirements you should consult with your Certifying Official for more information.”

11.6. The TRIAP counselor shall document that the statement was read or that it could not be read for any reason including the person hanging up.

12.0. TRICARE MANAGEMENT ACTIVITY (TMA) RESPONSIBILITY

An independent evaluation of the demonstration will be conducted. It will be performed retrospectively and use a combination of administrative and survey measures of BH care access to provide analyses and comment on the effectiveness of the demonstration in meeting this goal of improving beneficiary access to BH call centers by incorporating web-based technology.

13.0. EFFECTIVE DATE

This demonstration project will be effective for services on or after August 1, 2009. The demonstration project will continue until March 31, 2012.

14.0. MONTHLY REPORTS

By the 10th of each month, the contractor shall capture and report all service member, family member, TRS enrollee contacts by military service and installation, to include Guard and Reserve member affiliation. Specifically, the Duty Status, Rank, Installation and

Branch of Service of counseling participants, if applicable, type of counseling, number of sessions, and stratified by beneficiary category, rank and service. The type of counseling will be reported using **Diagnostic And Statistical Manual Of Mental Disorders, Fourth Edition** (DSM-IV-TR) "V" codes and descriptions. "V" codes shall not be used for reimbursement purposes.

15.0. EXCLUSIONS

Medical treatment including medication management and psychoanalysis.

