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TRICARE  
MANAGEMENT ACTIVITY

OD

CHANGE 96  
6010.51-M  
APRIL 15, 2010

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL  
FOR  
TRICARE OPERATIONS MANUAL (TOM), AUGUST 2002**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

**CHANGE TITLE:** EXTENSION OF THE DEPARTMENT OF DEFENSE (DOD) WEB-BASED  
TRICARE ASSISTANCE PROGRAM (TRIAP) DEMONSTRATION

**CONREQ:** 15025

**PAGE CHANGE(S):** See page 2.

**SUMMARY OF CHANGE(S):** This change extends the DoD web-based TRIAP Demonstration, adds a requirement for contractor reports to be due by the tenth of the month, and adds language to address how to handle calls from ineligible beneficiaries.

**EFFECTIVE DATE:** April 1, 2010.

**IMPLEMENTATION DATE:** Upon direction of the Contracting Officer.

  
Reta M. Michak  
Director, Operations Division

**ATTACHMENT(S):** 4 PAGES  
**DISTRIBUTION:** 6010.51-M

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT.

**CHANGE 96**  
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**REMOVE PAGE(S)**

**CHAPTER 20**

Section 11, pages 3 through 5

**INSERT PAGE(S)**

Section 11, pages 3 through 6

- 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.*

**10.3.** *In the event reservists who loses 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.

## **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, 2011.*

## **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.