Guidance on TRICARE Standards/Regulations: Qualified Mental Health Professionals Scope of Practice & Supervision
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitions</td>
<td>3-5</td>
</tr>
<tr>
<td>Grid of Qualified Mental Health Professionals</td>
<td>6</td>
</tr>
<tr>
<td>Certified Clinical Social Workers</td>
<td>7-8</td>
</tr>
<tr>
<td>Certified Psychiatric Nurse Specialist</td>
<td>9</td>
</tr>
<tr>
<td>Clinical Psychologist</td>
<td>10</td>
</tr>
<tr>
<td>Certified Marriage and Family Therapist</td>
<td>11-12</td>
</tr>
<tr>
<td>Pastoral Counselor</td>
<td>13-15</td>
</tr>
<tr>
<td>Mental Health Counselor</td>
<td>16-17</td>
</tr>
<tr>
<td>Certified Marriage and Family Therapist Certification Process</td>
<td>18-21</td>
</tr>
</tbody>
</table>
Definitions

**Extramedical Individual Providers.**
Providers that provide counseling or non-medical therapy and whose training and therapeutic concepts are outside the medical field.
- Certified marriage and family therapists.
- Pastoral counselors.
- Mental health counselor.
- Christian Science practitioners and Christian Science nurses.

(32 CFR 199.6 (c) TRICARE POLICY MANUAL 6010.54-M and CHAPTER 11, SECTION 1.1 I.B.)

**Full Clinical Practice Level**
An unrestricted license that is not subject to limitations on the scope of practice ordinarily granted all other applicants for similar specialty in the granting jurisdiction. The services provided must be within the scope of the license, certification, or other legal authorization. Licensure or certification is required to be an authorized provider when offered in the state where the service is rendered, even if such licensure or certification is not required by the state where the service is rendered. Providers who practice in a state where licensure or certification is optional are required to obtain that licensure or certification to become an authorized provider. A temporary professional state license which allows full and unrestricted scope of practice fully satisfies any Individual Professional Provider certification requirement for the period during which the temporary license is valid. The authorized status of the provider expires when the temporary license expires unless the temporary license is renewed or a regular license is issued to the provider.

If the state does not offer licensure or certification, the provider must have membership in or certification by (or be eligible to have membership in or certification by) the appropriate national or professional association that sets the standards for the specific profession. Associate, provisional, or student membership is not acceptable. Membership or certification must be at the full clinical level. If the provider does not have membership in or certification by the standard setting national or professional association, acceptable proof of eligibility is a letter or other written documentation from the appropriate association stating that the provider meets the requirements to be a member of or certified by the association.

(TRICARE Policy Manual 6010.54 M Chapter 11 Section 3.2 II. A. and TRICARE Policy Manual 6010.54 M Chapter 11 Section 3.2 II. B.)

**Physician Referral And Supervision**

Physician supervision means the physician provides overall medical management of the case. The referring physician does not have to be physically located on the premises of the provider to whom the referral is made. Communication back to the referring physician is an indication of medical management.

When physician referral and supervision is a prerequisite for CHAMPUS cost-sharing of the services of a provider authorized such referral and supervision means that the physicians must actually see the patient to evaluate and diagnose the condition to be treated prior to referring the beneficiary to another provider and that the referring physician provides ongoing oversight of the course of referral related
treatment throughout the period during which the beneficiary is being treated in response to the referral. Documentation is required of the physician’s examination, diagnostic impression, and referral.

Physician referral and supervision is required for the services of paramedical providers, for pastoral counselors, and mental health counselors. The overall management of the patient rests with the physician and, in order to assure appropriate case management, coordination must be made with the referring physician on an ongoing basis.

**Qualified Providers of Mental Health Services**

Only the types of providers listed below are considered qualified providers of mental health services. The person providing the care must meet the criteria of 32 CFR 199.6, (see pages 7-21 ) whether that person is an individual, professional provider or is employed by another authorized provider.

a. Psychiatrists and other physicians
b. Clinical psychologists
c. Certified psychiatric nurse specialists
d. Clinical social workers
e. Certified marriage and family therapists
f. Pastoral counselors; and
g. Mental health counselors

(32 CFR 199.4c (ix) (A) TRICARE Policy Manual 6010.54 M Chapter 7 Section 3.10 III)

**Scope Of Practice Limitation**

For CHAMPUS cost-sharing to be authorized, otherwise allowable services provided by a CHAMPUS-authorized individual professional provider shall be within the scope of the individual’s license as regulated by the applicable state practice act of the state where the individual rendered the service to the CHAMPUS beneficiary or shall be within the scope of the test which was the basis for the individual’s qualifying certification.

(Title 32 Part 199.6 (c) (iii))

**Services by Non-Medical Providers**

With the exception of pastoral counselors, and mental health counselors, approved categories of non-medical providers may render covered services independent of physician referral and supervision. All providers, however, are expected to consult with, or refer patients to, a physician for evaluation and treatment of physical conditions that may co-exist with or contribute to a mental disorder. Failure to do so will result in denial of the non-physician provider’s services on quality-of-care grounds. Questionable cases will be referred to peer review.

(TRICARE Policy Manual 6010.54 M Chapter 7 Section 3.10 III. 4)

**Supervision Program**

Facilities that employ masters or doctoral level staff who are not qualified mental health providers have a supervision program to oversee and monitor their provision of clinical care.

All care provided is the responsibility of a licensed or certified mental health professional, as previously defined in this section.

To provide services, nonlicensed clinicians:

1. Have a master's or doctoral degree in a mental health discipline;
2. Practice under a licensed or certified mental health professional for up to two years during which time the nonlicensed clinician is
actively working toward licensure or certification; and

(3) Meet the credential requirements of the facility to provide clinical services;

Supervision provided to nonlicensed clinicians is specified in writing and meets the following requirements:

(1) The supervisor is employed by the facility and provides clinical supervision only in privileged areas;
(2) The supervisor meets at least weekly on an individual basis with the supervisee and provides additional on-site supervision as needed;
(3) Supervisory sessions are regularly documented by the clinical supervisor;
(4) Clinical documentation meets clinical records and quality assessment and improvement standards; and
(5) All clinical entries by the supervisee are reviewed and countersigned by the supervisor.

Ensure that all mental health services listed in 32 CFR 199.4(c)(3)(ix) are provided by qualified mental health providers who meet TRICARE/CHAMPUS requirements for individual professional providers. (Exception: facilities that employ individuals with master's or doctoral level degrees in a mental health discipline who do not meet the licensure, certification, and experience requirements for a qualified mental health provider, but are actively working toward licensure or certification, may provide mental health services within the all-inclusive per diem rate but the individual must work under the documented direct clinical supervision of a fully qualified mental health provider employed by the facility). All other program services will be provided by trained, licensed staff.

(TRICARE Standard II. B.2 and Participation Agreement Chapter 7 Addendum D 3.3 (g))
# Qualified Mental Health Professionals

<table>
<thead>
<tr>
<th>Discipline*</th>
<th>Co-Signing of Medical Record Notes Required</th>
<th>Supervision and Referral by a Physician</th>
<th>Need Participation Agreement to Practice Independently</th>
<th>Qualified Mental Health Providers - Able to Supervise Applicable Staff **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Physician</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Licensed/Certified Social Worker</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Licensed/Certified Mental Health Counselor</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Licensed/Certified Marriage &amp; Family Therapist</td>
<td>No</td>
<td>No-If a participation agreement (PA) is signed Yes -If a PA is not signed (see page 17)</td>
<td>Yes</td>
<td>Yes -if a Participation Agreement (PA) is signed No-if a PA is not signed (see page17)</td>
</tr>
<tr>
<td>Licensed/Certified Pastoral Counselors</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes**</td>
</tr>
<tr>
<td>License/Certified Psychiatric Nurse Specialist</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Licensed/Certified Doctoral Level Psychologist</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

* **Note:** The licensure/certification must be at the full clinical level of practice.

**Note:** If the supervisee isn’t able to work towards licensure with the discipline of the person who is supervising, then that supervisor cannot supervise under TRICARE Standards. The supervisor must also be working within the scope of their practice/license/certification.
CERTIFIED CLINICAL SOCIAL WORKER

ISSUE DATE: March 1, 1984
AUTHORITY: 32 CFR 199.6(C)(3)(II)(F)

I. ISSUE

Certified Clinical Social Workers.

II. POLICY

A. A certified clinical social worker may provide covered services independent of physician referral and supervision when practicing within the scope of his or her license. The clinical social worker must meet the following criteria:

1. Is licensed or certified as a clinical social worker by the jurisdiction where practicing; or, if the jurisdiction does not provide for licensure or certification of clinical social workers, is certified by a national professional organization offering certification of clinical social workers; and

2. Has at least a master’s degree in social work from a graduate school of social work accredited by the Council on Social Work Education; and

3. Has had a minimum of two years or three thousand hours of post-master’s degree supervised clinical social work practice under the supervision of a master’s level social worker in an appropriate clinical setting, as determined by the contractor.

NOTE: Patients who have organic medical problems must receive appropriate concurrent management by a physician.

B. Mental health services provided by clinical social workers are subject to the limitations on psychiatric procedures.

C. All states, with the exception of New Jersey, Indiana and Wisconsin, now offer certification or licensure for social workers. To be authorized under TRICARE/CHAMPUS, the social worker must be licensed or certified at the Masters’ level. Licensure/certification at the BA or BSW level is not acceptable. For providers in New Jersey, Indiana and Wisconsin, the ACSW level is required. That level of membership can be verified by contacting the membership validation office at the National Association of Social Workers at (301) 565-0333.
The Diplomate status granted by the American Board of Examiners in Clinical Social Work is also recognized.

- END -
CERTIFIED PSYCHIATRIC NURSE SPECIALIST

ISSUE DATE: December 5, 1984
AUTHORITY: 32 CFR 199.6(c)(3)(III)(G)

I. ISSUE

Certified Psychiatric Nurse Specialist.

II. POLICY

A. A certified psychiatric nurse specialist may provide covered care independent of physician referral and supervision. A certified psychiatric nurse specialist is an individual who:

1. Is a licensed, registered nurse; and

2. Has at least a master's degree in nursing with a specialization in psychiatric and mental health nursing; and

3. Has had at least two years of post-master's degree practice in the field of psychiatric and mental health nursing, including an average of eight hours of direct patient contact per week; or

4. Is certified by the American Nurses Association through the American Nurses Credentialing Center.

B. Claims for mental health services provided by a certified psychiatric nurse specialist are subject to the limitations on psychiatric procedures.

-END-
CLINICAL PSYCHOLOGIST

ISSUE DATE: December 5, 1984
AUTHORITY: 32 CFR 199.6(c)(3)(III)(A)

I. ISSUE

Clinical Psychologist

II. POLICY

A. To be certified as an authorized clinical psychologist, an individual must:

1. Be licensed/certified/registered as a psychologist at the independent practice level in his/her jurisdiction; and

2. Fulfill the criteria in either paragraph II.A.2.a.1 or 2 below:

a. Have:

   (1) A doctoral degree in psychology from a regionally accredited university and

   (2) Two years of supervised clinical experience in psychological health services of which at least one year is post-doctoral and one year (may be the post-doctoral year) is in an organized psychological health service training program; or

b. Be listed in the National Register of Health Service Providers in Psychology.

B. A provider has fulfilled the degree requirement if the provider holds a doctorate from a regionally accredited institution and if the doctorate (or doctorate combined with additional coursework) fulfills the licensing/certifying/registering jurisdiction’s educational requirements to become a licensed/certified/registered psychologist at the independent practice level.

C. A provider who does not qualify as an authorized clinical psychologist is to be offered the alternative of applying for provider status under another mental health provider category or of applying for listing in the National Register of Health Service Providers in Psychology.

- END -

1
CHAPTER 11
SECTION 3.8

CERTIFIED MARRIAGE AND FAMILY THERAPIST

ISSUE DATE: December 5, 1984
AUTHORITY: 32 CFR 199.6(c)(3)(iv)(A)

I. ISSUE

Certified Marriage and Family Therapist.

II. POLICY

A. Provider certification criteria follow:

1. The provider must meet education and training requirements as specified in 32 CFR 199.6.

2. The provider must be licensed or certified as a marriage and family therapist.

   a. If licensure/certification is offered by the jurisdiction in which the provider is practicing, it is required in all cases, even if the jurisdiction offers it on an optional basis. Contractors must verify licensure/certification rules for jurisdictions not included below. The following jurisdictions provide licensure or certification for marriage and family therapists:

      Alabama
      Alaska
      Arizona
      Arkansas
      California
      Colorado
      Connecticut
      Florida
      Georgia
      Hawaii
      Illinois
      Indiana
      Iowa
      Kansas
      Kentucky
      Maine
      Maryland
      Massachusetts
b. In jurisdictions that do not offer specific licensure or certification for marriage and family therapists, the provider must be certified or be eligible for full clinical membership in the American Association for Marriage and Family Therapy (AAMFT), the national association that sets standards for the profession. If a provider is eligible for full clinical membership in the AAMFT but is not a member, he/she must submit documentation obtained from the AAMFT of such eligibility.

c. The provider must agree that a patient's organic medical problems must receive appropriate concurrent management by a physician. The provider must enter into a participation agreement with the TRICARE/CHAMPUS.

III. EXCLUSION

Associate members or student members of the AAMFT are not eligible for consideration as authorized certified marriage and family therapists.
Pastoral Counselor

ISSUE DATE: February 23, 1994

AUTHORITY: 32 CFR 199.6(c)(3)(iv)(B)

I. ISSUE

Pastoral Counselors.

II. POLICY

A. Provider Certification. A pastoral counselor may provide covered mental health services upon the referral and under the supervision of a physician. The pastoral counselor must have the following:

1. A recognized graduate professional education with the minimum of an earned master's degree from a regionally accredited educational institution in an appropriate behavioral science field, mental health discipline;

2. Experience which consists of either:

   a. A combination of:

      (1) 200 hours of approved supervision in the practice of pastoral counseling, ordinarily to be completed in a 2- to 3-year period, of which at least 100 hours must be in individual supervision. This supervision will occur preferably with more than one supervisor and should include a continuous process of supervision with at least three cases; 1,000 hours of clinical experience in the practice of pastoral counseling under approved supervision, involving at least 50 different cases;

      or

   b. A combination of:

      (1) 150 hours of approved supervision in the practice of psychotherapy, ordinarily to be completed in a 2- to 3-year period, of which at least 50 hours must be individual supervision; plus at least 50 hours of approved individual supervision in the practice of pastoral counseling, ordinarily to be completed within a period of not less than 1 nor more than 2 years; and
(2) 750 hours of clinical experience in the practice of psychotherapy under approved supervision involving at least 30 cases; plus at least 250 hours of clinical practice in pastoral counseling under approved supervision, involving at least 20 cases;

3. Licensure or certification as a pastoral counselor:

   a. If licensure/certification is offered by the jurisdiction in which the pastoral counselor is practicing, it is required in all cases, even if the jurisdiction offers it on an optional basis. Contractors must verify licensure/certification rules for jurisdictions not included below. The following jurisdictions provide licensure or certification for pastoral counselors:

      Maine
      New Hampshire
      North Carolina

   b. In jurisdictions that do not offer licensure or certification, a pastoral counselor must be (or must meet all the requirements to become) a fellow or diplomate member in the American Association of Pastoral Counselors (AAPC) as determined by the AAPC. Fellow or diplomate level pastoral counselors are listed in the AAPC Registry which can be obtained by writing to the AAPC at 9504-A Lee Highway, Fairfax, VA 22031. Updated membership information may be obtained by calling the AAPC at (703) 385-6967.

B. Because of the similarity of the requirements for licensure, certification, experience and education a pastoral counselor may elect to be authorized as a certified marriage and family therapist, and as such, would be subject to all previously defined criteria for the certified marriage and family therapist category, to include acceptance of the determined allowable charge as payment in full, except for applicable deductibles and cost-shares (i.e., balance billing of a beneficiary above the allowable charge is prohibited; may not bill beneficiary for noncovered care). The pastoral counselor must also agree to enter into the same participation agreement with the TRICARE Management Activity within which the pastoral counselor agrees to all provisions, including conditions upon termination, as specified in the 32 CFR 199.6 and outlined in this chapter.

NOTE: No dual status will be recognized. Pastoral counselors must elect one category of extremaedical providers as specified above. Once authorized as either a pastoral counselor, or a certified marriage and family therapist, claims review and reimbursement will be in accord with the criteria established for the elected provider category.

C. The services of an authorized pastoral counselor are covered when:

   1. A physician refers the beneficiary for therapy;

   2. A physician provides ongoing oversight and supervision of the therapy; and

   3. On each claim, the pastoral counselor certifies that a written communication has been (or will be) made to the referring physician of the results of the treatment. Such
communication will be made at the end of the treatment or more frequently, as required by the referring physician (see 32 CFR 198.7).
MENTAL HEALTH COUNSELOR

ISSUE DATE: February 24, 1988
AUTHORITY: 32 CFR 199.6(c)(3)(iv)(C)

I. ISSUE

Mental Health Counselor.

II. POLICY

A. Provider Certification. A mental health counselor may provide covered mental health services upon the referral and under the supervision of a physician. The mental health counselor must meet the following criteria:

1. A master’s degree in mental health counseling or allied mental health field from a regionally accredited institution; and

2. Two years of post-master’s experience which includes 3,000 hours of clinical work and 100 hours of face-to-face supervision; and

3. Licensure or certification as a mental health counselor.

C. If licensure/certification is offered by the jurisdiction in which the provider is practicing, it is required in all cases, even if the jurisdiction offers it on an optional basis. Contractors must verify licensure/certification rules for jurisdictions not included below. The following jurisdictions provide licensure or certification for mental health counselors:

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
District of Columbia
Florida
Georgia
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Mississippi
Missouri
Montana
Nebraska
New Hampshire
New Jersey
New Mexico
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming

or

b. In jurisdictions that do not offer licensure, the mental health counselor must be (or must meet all of the requirements to become) a Certified Clinical Mental Health Counselor (CCMHC) as determined by the Clinical Academy of the National Board of Certified Counselors (NBCC). Certification can be verified by checking the NBCC’s Register of Certified Clinical Mental Health Counselors or by calling NBCC at (910) 547-0607. Acceptable proof that the mental health counselor meets all the requirements to become a CCMHC is a letter (or other written documentation) from the Clinical Academy of the NBCC stating that the provider meets the requirements to be certified by the NBCC as a CCMHC.

- END -
CERTIFIED MARRIAGE AND FAMILY THERAPIST CERTIFICATION PROCESS

ISSUE DATE: February 23, 1994
AUTHORITY: 32 CFR 199.6(c)(3)(v)(A)

I. ISSUE

What is the process to certify a certified marriage and family therapist?

II. POLICY

Each contractor is the certifying authority and has participation agreement signatory authority for TMA for certified marriage and family therapists located within their geographical jurisdiction.

III. POLICY CONSIDERATIONS

A. Application. A complete application for certification as a certified marriage and family therapist consists of an application signed and dated by the requesting provider which provides:

1. The complete name and address (home and business) of the applicant.
2. A routine and emergency phone number for the applicant.
3. Legible photocopies of:
   a. Current state license which includes the expiration date and the original issuance date of licensure.
   b. Transcripts of professional education to include name and address of institution.
   c. Documentation of proof of supervised clinical experience which includes name and address of institution, dates of experience, name of supervisor, and signed certification that the applicant has successfully completed the required training hours.
   d. In the absence of jurisdictional licensure/certification, proof of full clinical membership (or eligibility for such) in the American Association for Marriage and Family Therapy (AAMFT). Proof may be either a copy of the formal response from the AAMFT.
acknowledging full clinical membership (or eligibility for such) in their Association, or listing in the current AAMFT Directory as a full clinical member.

B. Development. The certifying authority shall make at least one request for information missing from an application.

C. Decision notice. The certification decision shall be rendered within 60 days of receipt by the certifying authority of a complete application.

D. Rejected application. An applicant shall be notified in writing that he/she is no longer considered an applicant for certification when a pending incomplete application is not made complete within 60 days of the date a written notice to the applicant of the deficiencies of the applicant’s application unless the certifying authority has extended the response time for good reason.

E. Denied application. An applicant shall be notified in writing of the specific reason(s) that certification is not granted.

F. Certification process.

1. Authorization of an applicant as an authorized certified marriage and family therapist shall be made only after the certifying authority has verified that:

   a. The information provided in the complete application is true and current.

   b. The applicant complies in all respects with the requirements of the 32 CFR 199.

   c. The applicant is not otherwise barred from provider status.

   d. The applicant has returned a signed participation agreement.

   e. The applicant has used their social security number or their employers’s identification number (EIN) as the billing number.

2. Amended application. An applicant has amended a pending or approved application within 30 days of a change in any of the information required for application.

3. Compliance verification. The certifying authority shall maintain contemporary documentation that the currency of each approved certified marriage and family therapist has been verified at least at 24-month intervals following initial approval as an individual provider.

4. Certified marriage and family participation agreement. The text of the participation agreement for certified marriage and family therapists is at Chapter 11, Addendum C. The contractor is not authorized to make any change in the language of this agreement. Applicant specific changes to this agreement will not be considered by TMA.
G. Recertification. The claims processor is to follow the TRICARE Operations Manual, Chapter 4, Section 1, and the above outlined process for recertification of currently authorized marriage and family counselors and previously authorized pastoral counselors desiring to become certified marriage and family therapists. Previously authorized pastoral counselors or new applicants for pastoral counseling choosing to be an authorized certified marriage and family therapist must meet all the regulatory requirements for a certified marriage and family therapist including licensure, national association membership requirements and provisions of participation (see Chapter 11, Sections 3.8 and 3.9).

H. Unassigned claims submitted by providers:

1. Who are marriage and family counselors or previously identified pastoral counselors who have elected to become certified marriage and family therapists and who have signed a participation agreement should be denied.

2. Who have not signed a participation agreement should be denied by the claims processors as “provider not authorized” and offered information on how to become an authorized provider.

3. Who are marriage and family counselors or pastoral counselors who have elected to become a certified marriage and family therapist and who had entered into a participation agreement with TMA and subsequently terminated the agreement should be denied as “provider not authorized”.

I. Unassigned claims submitted by beneficiaries:

1. For care rendered by a marriage and family counselor or previously identified pastoral counselors who have elected to become certified marriage and family therapists and have signed a participation agreement should be returned uncontrolled to the beneficiary with instructions that the provider must submit the claim before payment can be made.

2. For care rendered by a marriage and family counselor or pastoral counselor not signing a participation agreement should be denied as “provider not authorized” and offered information on how to become an authorized provider.

3. For care rendered by a marriage and family counselor or pastoral counselor who has elected to become a certified marriage and family therapist and who had entered into a participation agreement and subsequently terminated the agreement should be denied as “provider not authorized” and returned to the beneficiary.

J. Administrative error.

Should the designated TMA certifying authority authorize a provider as a certified marriage and family therapist and subsequently realize that an administrative error (i.e., provider did not meet education criteria, etc.), was made during their certification process, the designated certifying authority must notify the provider in accordance with the TRICARE Operations Manual.
TRICARE Policy Manual 6010.54-M, August 1, 2002
Chapter 11, Section 11.3
Certified Marriage And Family Therapist Certification Process


- END -