

## Chapter 11

## Section 3.11

# Mental Health Counselor

Issue Date: February 24, 1988

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### 1.0 ISSUE

Mental Health Counselor.

### 2.0 POLICY

#### 2.1 TRICARE Certified Mental Health Counselor (TCMHC)

For the purposes of TRICARE, a TCMHC must be licensed for independent practice in mental health counseling by the jurisdiction where practicing. In jurisdictions with two or more licenses allowing for differing scopes of independent practice, the licensed mental health counselor may only practice within the scope of licensure he or she possesses. In addition, a TCMHC is an individual who:

**2.1.1** Meets all of the requirements identified in [paragraphs 2.1.1.1 through 2.1.1.3](#):

**2.1.1.1** Has passed the National Clinical Mental Health Counselor Examination (NCMHCE) or an examination determined by the Director, TRICARE Management Activity (TMA) as equal in scope, intent, and content to the NCMHCE; and

**2.1.1.2** Possesses a master's or higher-level degree from a mental health counseling program of education and training accredited for Mental Health Counseling or Clinical Mental Health Counseling by the Council for Accreditation of Counseling and Related Educational Programs (CACREP); and

**2.1.1.3** Has a minimum of two years of post-master's degree supervised mental health counseling practice that includes a minimum of 3,000 hours of supervised clinical practice and 100 hours of face-to-face supervision. This supervision must be provided by a mental health counselor who is licensed for independent practice in mental health counseling in the jurisdiction where practicing and must be conducted in a manner that is consistent with the guidelines for supervision of the American Mental Health Counselors Association (AMHCA).

Or

**2.1.2** Has met the requirements identified in paragraphs 2.1.2.1 or 2.1.2.2, plus 2.1.2.3 at any point prior to January 1, 2015.

**2.1.2.1** Possesses a master's or higher-level degree from a mental health counseling program of education and training accredited for Mental Health Counseling or Clinical Mental Health Counseling by CACREP and has passed the National Counselor Examination (NCE); or

**2.1.2.2** Possesses a master's or higher-level degree from a mental health counseling program of education and training accredited for Mental Health Counseling or Clinical Mental Health Counseling by CACREP or from an educational institution accredited by a Regional Accrediting Organization recognized by the Council for Higher Education Accreditation and has passed the NCMHCE; and

**2.1.2.3** Has a minimum of two years of post-master's degree supervised mental health counseling practice that includes a minimum of 3,000 hours of supervised clinical practice and 100 hours of face-to-face supervision. This supervision must be provided by a mental health counselor(s) who is licensed for independent practice in mental health counseling in the jurisdiction where practicing and must be conducted in a manner that is consistent with the guidelines for supervision of the AMHCA.

## **2.2 Supervised Mental Health Counselor**

After December 31, 2014, this category of provider will no longer be recognized by TRICARE and no reimbursement may be made to any person for services provided by this category of provider. However, for services rendered prior to January 1, 2015, a supervised mental health counselor under TRICARE is an individual who does not meet the requirements of a certified mental health counselor but meets the requirements identified in paragraphs 2.2.1 through 2.2.3 and abides by the conditions of reimbursement identified in paragraph 2.2.4.

**2.2.1** Possesses a minimum of a master's degree in mental health counseling or allied mental health field from a regionally accredited institution; and

**2.2.2** Has two years of post-masters experience which includes 3,000 hours of clinical work and 100 hours of face-to-face supervision; and

**2.2.3** Is licensed or certified to practice as a mental health counselor by the jurisdiction where practicing; and

**2.2.4** May only be reimbursed when:

**2.2.4.1** The TRICARE beneficiary is referred for therapy by a physician; and

**2.2.4.2** A physician is providing ongoing oversight and supervision of the therapy being provided; and

**2.2.4.3** The mental health counselor certifies on each claim for reimbursement that written communication has been made 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; and

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**2.2.4.4** The date of service is on or before December 31, 2014.

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