

AHEC Veterans Mental Health Project

Reference Materials

The following materials may be copied and provided to training participants at the discretion of the program organizer and/or speakers. These materials are not required to be distributed or discussed in the 1-hour or 4-hour curricula, but they do complement and reinforce the presentations.

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US Military Ranks and Units

Modern US Military Ranks

The table shows current ranks in the US military service branches, but they can serve as a fair guide throughout the twentieth century. Ranks in foreign military services may vary significantly, even when the same names are used. Many European countries use the rank Field Marshal, for example, which is not used in the United States.

Pay Scale	Army	Air Force	Marines	Navy and Coast Guard
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Commissioned Officers

**	General of the Army	General of the Air Force		Fleet Admiral
O-10	Army Chief of Staff General	Air Force Chief of Staff General	Commandant of the Marine Corps General	Chief of Naval Operations Commandant of the Coast Guard Admiral
O-9	Lieutenant General	Lieutenant General	Lieutenant General	Vice Admiral
O-8	Major General	Major General	Major General	Rear Admiral (Upper Half)
O-7	Brigadier General	Brigadier General	Brigadier General	Rear Admiral (Commodore)
O-6	Colonel	Colonel	Colonel	Captain
O-5	Lieutenant Colonel	Lieutenant Colonel	Lieutenant Colonel	Commander
O-4	Major	Major	Major	Lieutenant Commander
O-3	Captain	Captain	Captain	Lieutenant
O-2	1st Lieutenant	1st Lieutenant	1st Lieutenant	Lieutenant, Junior Grade
O-1	2nd Lieutenant	2nd Lieutenant	2nd Lieutenant	Ensign

Warrant Officers

W-5	Master Warrant Officer 5		Chief Warrant Officer 5	Master Warrant Officer
W-4	Warrant Officer 4		Chief Warrant Officer 4	Warrant Officer 4
W-3	Warrant Officer 3		Chief Warrant Officer 3	Warrant Officer 3
W-2	Warrant Officer 2		Chief Warrant Officer 2	Warrant Officer 2
W-1	Warrant Officer 1		Warrant Officer	Warrant Officer 1

Blank indicates there is no rank at that pay grade.
 ** Ranks used infrequently during wartime.

US Military Ranks and Units

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Pay Scale	Army	Air Force	Marines	Navy and Coast Guard
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Non-Commissioned Officers

Special	Sergeant Major of the Army	Chief Master Sergeant of the Air Force	Sergeant Major of the Marine Corps	Master Chief Petty Officer of the Navy
E-9	Command Sergeant Major Sergeant Major	First Sergeant (Chief Master Sergeant) Chief Master Sergeant	Sergeant Major Master Gunnery Sergeant	Master Chief Petty Officer
E-8	First Sergeant Master Sergeant	First Sergeant (Senior Master Sergeant) Senior Master Sergeant	First Sergeant Master Sergeant	Senior Chief Petty Officer
E-7	Sergeant First Class	First Sergeant (Master Sergeant) Master Sergeant	Gunnery Sergeant	Chief Petty Officer
E-6	Staff Sergeant	Technical Sergeant	Staff Sergeant	Petty Officer First Class
E-5	Sergeant	Staff Sergeant	Sergeant	Petty Officer Second Class
E-4	Corporal		Corporal	Petty Officer Third Class

Enlisted Personnel

E-4	Specialist	Senior Airman		
E-3	Private First Class	Airman First Class	Lance Corporal	Seaman
E-2	Private	Airman	Private First Class	Seaman Apprentice
E-1	Private (Recruit)	Airman Basic	Private	Seaman Recruit

Blank indicates there is no rank at that pay grade.
 ** Ranks used infrequently during wartime.

Unit Size (US Army in the late-20th Century)

Size, composition, and leadership of military units varies with time, place, and circumstances. The composition of fully authorized units (reflected in this table) will vary, especially during in periods of active engagement. Use this as a general guide for the late-20th century US Army. The composition of foreign military units may deviate considerably from US practices.

Unit	Approximate Personnel	Composition	Typical Commander
Army	100,000	2+ corps, HQ	General
Corps	30,000+	2+ divisions	Lt. General
Division	15,000+	3 brigades, HQ, support units	Maj. General
Brigade	4,500+	3+ regiments, HQ	Brig. General
Regiment	1,500+	2+ battalions, HQ	Colonel
Battalion	700	4+ companies, HQ	Lt. Colonel
Company	175	4 platoons, HQ	Captain
Platoon	40	4 squads	Lieutenant
Squad	10		Staff Sergeant

Military Speak from Operation Iraqi Freedom

INTRODUCTION: In most fields of endeavor, a shorthand lexicon develops to promote the transfer of the most information in the shortest amount of time. The military lexicon is no exception. What is different is the amount of information that must be transmitted in a short amount of time due to operational considerations.

- **Ali Baba:** Generic Iraqi term for bad guy, be it insurgent or criminal
- **angel:** a soldier killed in combat, used among some US medical personnel.
- **AO:** area of operation
- **AOR:** area of responsibility. The assigned area to any given unit.
- **APC:** Armored Personnel Carrier Primary mode of transportation for mechanized infantry units (AMTRAC –used by Marines, Bradley, Stryker - Army)
- **battlefield Airmen:** Air Force Special Operations Command [AFSOC] pararescue, combat control and weather troops. The term battlefield Airmen may be new, though AFSOC troops have been filling those combat jobs for many years.
- **battle rattle:** Full battle rattle is close to 50 pounds worth of gear, including a flak vest, Kevlar helmet, gas mask, ammunition, weapons, and other basic military equipment. One component is the soft vest that covers the torso the shoulders and the back. It's made of soft material, a mixture of Kevlar and Twaron. These are sown together in sort of a sandwich fashion inside a nylon camouflage-pattern shell. The nylon vest has attaching points for load-bearing equipment. The second component of the system is ceramic plates that fit in pockets in the front and back of the vest. These plates protect the heart and lungs. Any TV news report from Iraq or Afghanistan shows American service members wearing "full battle rattle." Wearing the battle rattle has saved lives in both Iraq and Afghanistan. A soldier in full dress, including helmet, flak jacket, and automatic weapon said to be wearing "battle rattle" "play clothes" or "Mommy's comforts" -- terms that antedated the war in Iraq, though used less frequently because the gear was used by smaller numbers of troops. The term Battle Rattle was previously associated with a call to arms on warships in the 1812 period.
- **BIAP :** Baghdad International Airport
- **Bombaconda:** nickname for LSA Anaconda, a major base near Balad, reflecting the frequent mortar attacks.
- **CC :** Coalition Country -- the coalition of the willing allies
- **CHU:** Containerized Housing Unit (pronounced "choo") - Aluminum boxes slightly larger [22'x8'] than a commercial shipping container, with linoleum floors and cots or beds inside. This insulated CONEX shipping container has a door, window, top vent, power cabling, and an air conditioner. One version houses four people, while another is split into two, two-person rooms. The version with a shower and toilet shared between two rooms is called a "wet chu", which provides less crowded latrine and shower conditions than tents. The CHU gives soldiers a lot more living space than tents.
- **CHUville:** a base consisting of a large number of CHUs.
- **CP:** Check Point. Usually numbered
- **CSH:** Combat Surgical Hospital. Pronounced "cash".
- **Death Blossom:** The tendency of Iraqi security forces, in response to receiving a little fire from the enemy, to either run away or do the "death blossom" spraying fire indiscriminately in all directions. The term originated in the 1984 movie "The Last Starfighter" as a maneuver in which a single starfighter can single handedly wipe out an entire armada.
- **DFAC [Dining FACility]:** A DFAC is where you eat. Soldiers eat in a dining facility, or DFAC (pronounced dee-Fak). Old soldiers show their age they call it a "chow hall" and if you say "mess hall" it dates you.

<http://www.globalsecurity.org/military/ops/iraq-slang.htm>

<http://www.rivervet.com/glossary.htm>

Military Speak from Operation Iraqi Freedom

DFACs are modern looking cafeteria; some decorated it with sports memorabilia, movie posters, and televisions with ESPN on.

- **dirt sailor:** A member of the Navy's Construction Battalions (Seabees). In Iraq, a sailor playing a part that is not a normal Navy role.
- **Drive on:** The ethos of the soldier/Marine. Just keep on goin'. Usually used in the phrase "Suck it up and drive on."
- **FOB:** forward operating base.
- **FOB Taxi:** any vehicle that never leaves the FOB.
- **fobbit:** service member who never goes outside the wire off the forward operating base.
- **FRAGO:** fragmentary order. Fragmentary order is an abbreviated form of an operation order, usually issued on a day-to-day basis, which eliminates the need for restating information contained in a basic operation order. FRAGOs do not take the place of an OPORD. A FRAGO determines timely changes to an already existing order. The important point here is that a frag order is issued based on the basic operation order and is not a "stand alone" directive. It will normally state the changes from the basic order such as enemy situation and new taskings. A more formal decision-making process may be required before issuing a FRAGO, especially if a major adjustment to the operation order (OPORD) is needed.
- **Frankenstein:** A Marine Corps monster truck, bulging and rippling with spot-welded seams of add on armor. "We scrounge around for what we need and 'Frankenstein' it together." As of December 2004, of the 30,000 estimated wheeled vehicles in Iraq and Afghanistan, about 8,000 of the older models did not have armor [protection](#). Of those that were protected, about 6, 000 had full protection, while about 10,000 vehicles had received add-on kits, many improvised in theater. Green Zone: Heavily guarded area with several former Presidential Palaces in central Baghdad where US, coalition and Iraqi authorities live and work. Much of the rest of Iraq is the "red zone". An attempt was made to rename it the International Zone (IZ), but this seems not to have stuck.
- **Green Zone:** Heavily guarded area with several former Presidential Palaces in central Bagdad where US coalition and Iraqi authorities live and work. Much of the rest of Iraq is the Red Zone.
- **Grunt:** Infantryman
- **gun truck:** an armored and heavily armed vehicle used for convoy security.
- **GWOT:** global war on terrorism.
- **haji :** 1: Arabic word for someone who has made the pilgrimage to Mecca; 2: used by the American military for an Iraqi, anyone of Arab decent, or even of a brownish skin tone, be they Afghanis, or even Bangladeshis; 3: the word many soldiers use derogatorily for the enemy.
- **haji armor:** improvised armor, installed by troops hiring Iraqis to update the vehicles by welding any available metal to the sides of Humvees
- **haji mart:** any small store operated by Iraqis to sell small items to Americans.
- **haji patrol:** 1: escort detail; 2: Local National unit is also referred to as the Haji patrol, with all the projects that are being performed by the local nationals.
- **haji shop:** even the smallest base has some form of what soldiers call a "haji shop" or, in more politically correct terms, a shop run by locals. Frequently near the PX, the "Haji" shop would sell everything from cigarettes to knockoff sunglasses to pirated DVDs.
- **hillbilly armor:** Improvised vehicle armor, salvaged from digging through local landfills for pieces of scrap metal to bolster armor on their vehicles. Typically a half-inch of scrap steel hastily cut in the shape of the door and welded or riveted on. Name derives from Tennessee National Guard 278th Regimental Combat Team, whose Spc. Thomas Wilson grilled SecDef Rumsfeld in December 2004

<http://www.globalsecurity.org/military/ops/iraq-slang.htm>

<http://www.rivervet.com/glossary.htm>

Military Speak from Operation Iraqi Freedom

about the need for such scrounging. "Why do we soldiers have to dig through local landfills for pieces of scrap metal and compromised ballistic glass to up-armor our vehicles?" Spc. Wilson asked.

- **IED** : improvised explosive device
- **ICDC** : Iraqi Civil Defense Corps [obsolete]
- **Indirect**: indirect fire, usually referring to mortars and rockets
- **inside the wire** - inside an enemy combatant detention facility. Working "inside the wire" of the enemy combatant detention facility can lead to stress for the US troops working here. But experts and leaders are working hard to help service members deal with the unique conditions of working in an isolated island base such as Guantanamo. Troops working inside the wire must pass through several sets of intimidating double gates. They always cover their nametapes and never call each other by their real names while they're near detainees. Vietnam-era phrase for the perimeter of any US base in Vietnam.
- **ITGA** : Interim Transitional Government of Afghanistan.
- **Jingle trucks** : [Afghanistan] (transport trucks with a narrow wheel base that are usually adorned with colorful stickers and chimes), the military contracted for host nation delivery trucks, known as "jingle trucks" because of the decorative metal tassels hanging from the bottom of the truck frames that jingled when the trucks moved. These trucks are contracted through Afghan Government officials. The NCO responsible for these contracts was known as the "jingle man." The contract price was based on the destination and the type of truck used. Fuel tankers and trucks that could carry 20- and 40-foot containers were available. Although serviceable, these trucks would not pass standard US specifications.
- **KAF**: That stands for Kandahar Air Field. That is the main base of operations for the Southern part of Afghanistan. The main post is big and has lots of people, it is a main transportation hub--both Helo and Fixed Wing--also Convoys of Humvees going in and out
- **KBR**: Kellogg, Brown & Root -- The biggest contractor serving the Coalition Forces.
- **Kevlar**: helmet
- **LN**: Local National. A citizen of Iraq, if you're in Iraq, Afghanistan if you're in Afghanistan, etc. Usually encountered as labor brought on post to do construction or other labor.
- **Mortaritaville**: nickname for LSA Anaconda, a major base near Balad, reflecting the frequent mortar attacks.
- **MRE**: Meals Ready to Eat. Alternately known as meals refused by everyone, mysteries, and the 3 lies; they aren't meals, they aren't ready, and they certainly aren't edible.
- **Muj** (pronounced: Mooj), short for Mujahadeen. Formally a person who wages jihad, informally used for the Iraqi Insurgents starting in 2005.
- **NCO**: Non-commissioned officer. A fancy way of saying sergeant.
- **NCOIC/OIC**: Non-commissioned officer in charge/Officer in charge.
- **outside the wire** -- outside the security perimeter surrounding the FOB.
- **OEF**: Operation Enduring Freedom.
- **OGA** : Other Government Agency - CIA
- **OIF**: Operation Iraqi Freedom.
- **OTV**: (Outer Tactical Vest)/**IBA** (Individual Body Armor)/Vest- body armor. Usually consists of a Kevlar vest and ceramic plates. Combined, rated to a threat level IV, meaning it can stop a 7.62mm round
- **PPE**: Personal Protective Equipment
- **POG** [pronounced "pogue"]: Originally used mainly by infantry personnel, referred to 'people other than grunts,' rear-echelon support troops. Varies in usage. Usually referred to someone that is a

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Military Speak from Operation Iraqi Freedom

“shammer”, or someone that is no good. Usage moved throughout the Army, now generally refers to anyone that is a poor excuse for a soldier/Marine.

- **PRT**: This stands for Provincial Reconstruction Team. These are military, government departments and civilian aid organizations from our country and many others who come to a town and help to rebuild. The PRT coordinates construction projects and provide humanitarian assistance.
- **PSD** : Personal Security Detail – often private security contractors
- **Red on red**: enemy-on-enemy fire. In June 2005 it was reported that Marines patrolling the desert near the Syrian border had, over the previous several months, seen a new trend in the Iraq insurgency. Insurgents were fighting each other in towns along the Euphrates from Husayba to Qaim. This suggested that there had been a split between Islamic militants and local rebels.
- **REMF**: rear-echelon motherf**r - Vietnam era phrase revived for the sandbox. The term REMF seems to have fallen into disuse, replaced by “**fobbit**”.
- **Remfland**: the rear-echelon areas where support personnel live and work in relative safety -- the paradox being that in the Sandbox, unlike Vietnam, REMfland is more a state of mind than a physical location.
- **RPG**: Rocket Propelled grenade. Insurgents like to fire these at coalition forces.
- **S-shops**: Battalion-level organizations that handle administrative duties. Usually there are only 4, but can be more, dependent upon the level of command. Many times referred to as ‘shops’ as in the ‘3 shop’ (operations)
- **S-1**: Personnel
S-2: Intelligence
S-3: Operations
S-4: Logistics and supply
- **Sandbox** or **Sandpit** : Iraq
- **SAPI**: Small arms protective insert, usually pronounced as “sappy.” Ceramic plates inserted into the front and back of the IBA/OTV
- **shake and bake**: first used during the Vietnam War, and revived in Iraq, to refer to attacks using a combination of conventional bombs, cluster bombs (CBU), and napalm. In the battle of Fallujah in 2004 it was used in reference to a combination barrage of White Phosphorus and explosive artillery shells.
- **sustainer theater**: AAFES' motion picture team has assembled an opening lineup of movies for the Balad Camp Anaconda theater dubbed "Sustainer." Before Soldiers can view first run shows at the Sustainer Theater the process of getting movies here takes weeks of time and effort, initially beginning at the Army Air Force Exchange Service headquarters in Dallas.
- **TCN**: Third Country National: A citizen of a neutral country who is in the theater of operations as a contractor. The Nepalese truck drivers who were killed by Ansar Al Sunnah in the summer of 2004 were TCNs.
- **TCP**: Traffic control point.
- **Terp**: interpreter
- **TOC**: Tactical Operations Center. Usually pronounced ‘tock.’ Where command elements are primarily located.
- **VBIED** : Vehicle Borne Improvised Explosive Devise. i.e. Car Bomb.
- **XO**: Executive Officer. One step Below Commanding officer

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Traumatic Brain Injury (TBI)

If the head is hit or violently shaken (such as from a blast or explosion), a "concussion" or "closed head injury" can result. Concussion is seldom life threatening, so doctors often use the term "mild" when the person is only dazed or confused or loses consciousness for a short time. However, concussion can result in serious symptoms. People who survive multiple concussions may have more serious problems. People who have had a concussion may say that they are "fine" although their behavior or personality has changed. If you notice such changes in a family member or friend, suggest they seek medical care. Keep in mind that these are common experiences, but may occur more frequently with TBI. If in doubt, ask your doctor.

Common Symptoms of Brain Injury

- Difficulty organizing daily tasks
- Blurred vision or eyes tire easily
- Headaches or ringing in the ears
- Feeling sad, anxious or listless
- Easily irritated or angered
- Feeling tired all the time
- Feeling light-headed or dizzy
- Trouble with memory, attention or concentration
- More sensitive to sounds, lights or distractions
- Impaired decision making or problem solving
- Difficulty inhibiting behavior – impulsive
- Slowed thinking, moving speaking or reading
- Easily confused, feeling easily overwhelmed
- Change in sexual interest or behavior

Recovery Following TBI

Some symptoms may be present immediately; others may appear much later. People experience brain injuries differently. Speed of recovery varies. Most people with mild injuries recover fully, but it can take time. In general, recovery is slower in older persons. People with a previous brain injury may find that it takes longer to recover from their current injury. Some symptoms can last for days, weeks, or longer. Talk to your health care provider about any troubling symptoms or problems. For more information, go to www.pdhealth.mil.

To Promote Healing & Manage Symptoms

- | Things That Can Help | Things That Can Hurt |
|--|--|
| <ul style="list-style-type: none"> • Get plenty of rest & sleep • Increase activity slowly • Carry a notebook – write things down if you have trouble remembering • Establish a regular daily routine to structure activities • Do only one thing at a time if you are easily distracted; turn off the TV or radio while you work • Check with someone you trust when making decisions | <ul style="list-style-type: none"> • Avoid activities that could lead to another brain injury – examples include contact sports, motorcycles, skiing • Avoid alcohol as it may slow healing of the injury • Avoid caffeine or "energy-enhancing" products as they may increase symptoms • Avoid pseudo ephedrine-containing products as they may increase symptoms – check labels on cough, cold, allergy, and diet medications • Avoid excessive use of over the counter sleeping aids – they can slow thinking and memory |

Quick Facts

Post-Traumatic Stress Disorder (PTSD)

PTSD is a condition that develops after someone has experienced a life-threatening situation, such as combat. In PTSD, the event must have involved actual or threatened death or serious injury and caused an emotional reaction involving intense fear, hopelessness, or horror. People with PTSD have three kinds of experiences for weeks or months after the event is over and the individual is in a safe environment.

Re-experience the event over and over again

- You can't put it out of your mind no matter how hard you try
- You have repeated nightmares about the event
- You have vivid memories, almost like it was happening all over again
- You have a strong reaction when you encounter reminders, such as a car backfiring

Avoid people, places, or feelings that remind you of the event

- You work hard at putting it out of your mind
- You feel numb and detached so you don't have to feel anything
- You avoid people or places that remind you of the event

Feel "keyed up" or on-edge all the time

- You may startle easily
- You may be irritable or angry all the time for no apparent reason
- You are always looking around, hyper-vigilant of your surroundings
- You may have trouble relaxing or getting to sleep

People who have PTSD have experiences from all three of these categories that stay with them most of the time and interfere with their ability to live their life or do their job. If you still are not sure if this is a problem for you, you can take a quick self-assessment through the [Military Mental Health Self Assessment Program](http://www.militarymentalhealth.org) at www.militarymentalhealth.org.

Most Service members do not develop PTSD. It also is important to remember that you can experience some PTSD symptoms without having a diagnosis of PTSD. PTSD cases often resolve on their own in the first 3 months, but even without the full diagnosis, if you have symptoms, you can benefit from counseling or therapy.

The good news: PTSD is treatable. You do not need to suffer from the symptoms of PTSD alone. Therapy has proven to be very effective in reducing and even eliminating the symptoms. Medication can also help. Early treatment leads to the best outcomes. So, if you think you or someone in your family may have PTSD, please seek treatment right away.

23 April 2007, V07-1

If you or a loved one experiences distress associated with combat trauma, you should make an appointment with your primary care manager. If you need counseling or help locating services, please call Military One Source 24/7 at 1-800-342-9647.

TIPS FOR SERVING VETERANS/SERVICE MEMBERS AND THEIR FAMILIES

- If you live/work close to a military base or post, go to the internet and get a rank chart for that branch. Post it in your exam rooms or counseling rooms as a way to 1) immediately let the service member know that it is safe to talk about military service with you and 2) a reference for you when your patient/client tells you (s)he is an E5. When researching the Marine Corps, research Navy as well because medical personnel on Marine bases are Navy.
- Put a clock in your lobby that is a 12-hour & a 24-hour clock. \$13 on Amazon.



- If you have a professional office or classroom, put a small American flag decal in the corner of a window to indicate that the office is a friendly place for military families to talk. Military families will not always acknowledge their military affiliation due to attitudes people have about the military and the combats in which they serve.
- Ask service member how they would like to be addressed – rank, first name, etc.



Becoming a TRICARE Provider

Becoming a TRICARE authorized (certified) provider requires only a few moments of your time, and the cost of a postage stamp. TRICARE, which is part of the Military Health System, under the auspices of the Assistant Secretary of Defense for Health Affairs, covers an ever growing 9.6 million beneficiaries that include active duty members and families of the Army, Navy, Marine Corps, Air Force, and Coast Guard, as well as retirees from each of the above services and their families. A critical adjunct to the active component are the National Guard and Reserve forces; these men and women have repeatedly left hearth and home for extended periods of intense combat, returning to their communities (and yours) bearing the emotional scars of that combat. This is where you can personally make a difference in each individual and family you treat, but also collectively, in maintaining the strong resilient fabric of our national security.

Before embarking on the process, there are a few things you may find helpful. TRICARE is the healthcare entitlement that reimburses for medical and behavioral health services outside the confines of a military treatment facility. As an authorized participating provider, you are agreeing to treat TRICARE beneficiaries for the reimbursement allowed by law. You may also choose to non-participate and charge 15 percent over the maximum allowable fee, which will ultimately be paid by the beneficiary. Being so large, TRICARE is separated into three regions (North, South, and West), and is administered by managed-care support contractors. These companies: HealthNet in North, Humana in the South, and TriWest in the West, provide a wide array of provider assistance services, not the least of which is processing and payment of claims. To assist you with determining who to contact for provider services, please see the attached state/region listing.

TRICARE-reimbursed services include, but are not limited to:

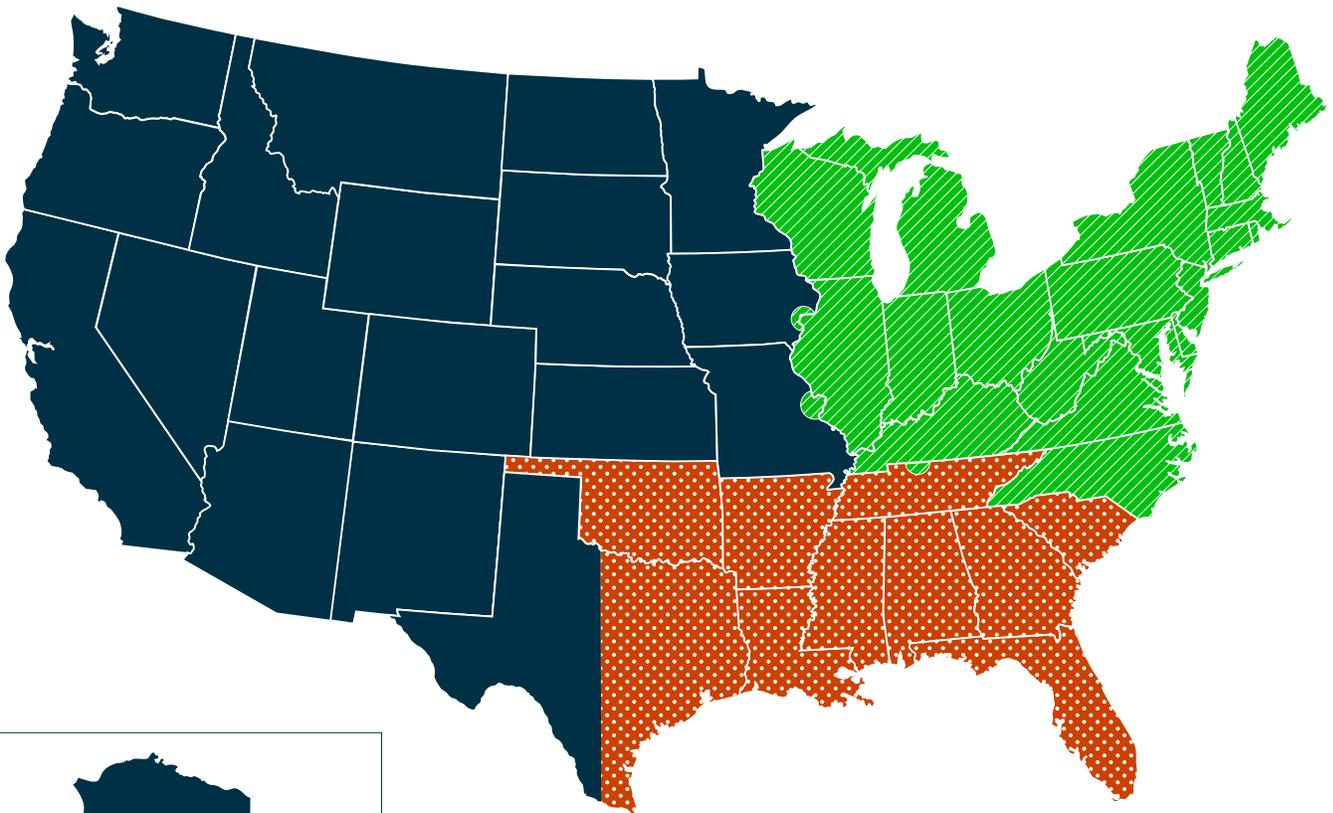
- Outpatient therapy
- Acute hospitalization
- Partial hospitalization
- Residential treatment center (children and adolescents)
- Substance use disorder rehabilitation

Non-active duty beneficiaries may self refer for care, and the first eight sessions in a fiscal year are automatically reimbursed. If continued therapy is required after the eighth session, merely submit a request for continued care using the applicable document on the regional website (www.triwest.com, www.humana-military.com, and www.hnfs.net). All three websites are treasure troves of information.

The following provider categories may be authorized and reimbursed by TRICARE:

- Psychiatrists
- Clinical psychologists
- Certified psychiatric nurse specialists
- Clinical social workers
- Certified marriage and family therapists
- Pastoral counselors
- Mental health counselors/
licensed professional counselors

You will find a certification application (to become an authorized provider) for each category in the Region folder corresponding to your state of practice. If you run into problems that cannot be resolved by the applicable contractor, please email the TRICARE/SAMHSA liaison at john.sparks@trow.tma.osd.mil.



North: www.hnfs.net

CT, DE, DC, IL, IN, IA*, KY, ME, MD, MA, MI, MO*, NH, NJ, NY, NC, OH, PA, RI, TN*, VT, VA, WV, WI

South: www.humana-military.com

AL, AR, FL, GA, LA, MS, OK, SC, TN*, TX*

West: www.triwest.com

AK, AZ, CA, CO, HI, ID, IA*, KS, MN, MO*, MT, NE, NV, NM, ND, OR, SD, TX*, UT, WA, WY

*denotes portion of state

TRICARE North region provides health care services and support in Connecticut, Delaware, the District of Columbia, Illinois, Indiana, the Rock Island Arsenal area of Iowa, Kentucky, Maine, Maryland, Massachusetts, Michigan, the St. Louis area of Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, the Fort Campbell area of Tennessee, Vermont, Virginia, West Virginia, and Wisconsin.

TRICARE South region provides health care services and support in Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, South Carolina, most of Tennessee, and the eastern portion of Texas.

TRICARE West region provides health care services and support in Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa (except for the Rock Island Arsenal area), Kansas, Minnesota, Missouri (except for the St. Louis area), Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, the extreme western portion of Texas, Utah, Washington, and Wyoming.

AHEC Veterans Mental Health Project

TRICARE FAQs

From A-TrACC Webinar 210T-A: TRICARE 101, held April 3, 2012. Presenter: Brian W. Corlett, Market Manager, Camp Lejeune Market, Health Net Federal Services. A recording of this webinar can be viewed at <http://a-tracc.adobeconnect.com/p1qfb9nigfh>.

Q. What is the process for active duty to get mental health services?

A. Active-duty service members need a referral to begin any type of specialty care. The military is very aware of the issues that often keep active duty military personnel from seeking and getting behavioral health services because they are afraid it may jeopardize their military careers. That is not an issue any longer. It may have been an issue in the past, but today, the military does not look down upon folks who need behavioral health therapy. This is just another medical condition that needs to be treated, and it does not have as much of a stigma as it used to have. Is it still there? Absolutely. But, it is much less than it has been in the past.

Q. In addition to active duty service members and military retirees, who also is eligible for TRICARE coverage?

A. Their families. Children are covered up to the age of 21 or 23 if they are a full-time student. There is a new program, called TRICARE Young Adults that allows young people up to the age of 26 to continue to be covered under their parents TRICARE. Remember though, that retirees are people who have generally served for 20 years or more and actually retired from the military. Those who only served four or eight years and then got out are not eligible for TRICARE because they are not retirees.

Q. Who can become TRICARE Certified and/or a TRICARE Network Provider?

A. Psychiatrists, Advanced Registered Nurse Practitioners, Clinical Psychologists, Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, Pastoral Counselors and Mental Health Counselors (LPC and LMHC). Pastoral Counselors and Mental Health Counselors require physician referral & oversight unless identified as a TRICARE Certified independent provider. All Mental Health Counselors must be recognized as TRICARE Certified after 12/31/2014.

Q. How can I become TRICARE Certified?

A. Contact PGBA to become TRICARE Certified at www.mytricare.com or 800-403-3950, Provider Data Management Dept. Doing this does not make you “in network” for TRICARE but allows for “out of network” benefits to be used. Visit Tricare.osd.mil/cmhc for non network reimbursement rates. A Certified Provider is sometimes called a “standard” or “authorized” provider. The process takes 30 days or less, and makes you eligible to apply to the TRICARE network.

Q. How can I become a TRICARE Network Provider?

A. Once you are TRICARE Certified, then you can contact Value Options for an application & contract to become a provider. Call 800-700-8646 or visit provhelptricare@jax.valueoptions.com online. You must agree to contracted reimbursement rates and adhere to the Provider Handbook found at humana-military.com. The process takes approximately 120 days. TRICARE refers only to network providers

A-TrACC Veterans Mental Health TA Webinars - November 2011 through September 2012

203T-A&B	An Introduction to the A-TrACC Vets Mental Health Project	Nov. 1 & 3, 2011	Mary Wainwright, A-TrACC Project Director & Kyle Peplinski, HRSA A-TrACC Project Officer. Recording: http://a-tracc.adobeconnect.com/p8y9154gw0l/
204T-A	A Public Health Perspective of Issues of Returning Service Members	Nov. 15, 2011	Harold Kudler, MD, Mid-Atlantic Veterans Health Care Network Mental Illness Research, Education and Clinical Center, Duke University Medical Center. Recording: http://a-tracc.adobeconnect.com/p8czdnuiw6/
205T-A	Military Culture – Vietnam to Afghanistan	Dec. 14, 2011	Brig. General Dan Hickman (US Army Ret). General Hickman began his military career as a private during the Vietnam War and completed his 35 year career as commander of the 30th Separate Armor Brigade serving in Operation Iraqi Freedom. Recording: http://a-tracc.adobeconnect.com/p17my6lgszc/
207T-A	Assessment & Treatment of Combat PTSD	Jan. 26, 2012	Lieutenant Commander Erin Simmons, PhD. Simmons is a clinical psychologist in the US Navy who has served two tours of duty in Iraq and was recently appointed Junior Psychologist for the Year. Recording: http://a-tracc.adobeconnect.com/ptsdwebinar/
208T-A	Signs & Symptoms of Traumatic Brain Injury	Feb. 23, 2012	James P. Kelly, B.A., M.A., M.D., Director, The National Intrepid Center of Excellence (NICoE). Dr. Kelly is a neurologist and one of America's top experts on treating concussions. Recording: http://a-tracc.adobeconnect.com/p7fb4bu9wp6/
209T-A	Substance Abuse Among Veteran Populations	Mar. 15, 2012	Jason Yates, P-LCSW, CCS, Director, Caring Services, Inc., High Point, NC, and Carlos Graham, LCSW, VA Combat Veteran Readjustment Counselor/Substance Abuse Social Worker. Recording: http://a-tracc.adobeconnect.com/p7g0ndbk1m8/
210T-A	TRICARE 101	April 3, 2012	Brian W. Corlett, Market Manager, Camp Lejeune Market, Health Net Federal Services. Recording: http://a-tracc.adobeconnect.com/p1qfb9nigfh
211T-A	Working Miracles in People's Lives: Connecting the Faith Community and Behavioral Health Professionals	May 1, 2012	Debbie Caton Rogers, MA, Director, Mental Health Education, Eastern AHEC, Greenville, NC; and John Oliver, D. Min, BCC, ACPE, Chief of Chaplain Services and Clinical Pastoral Educ. Supervisor at the Assn. for Clinical Pastoral Education, Durham VA Medical Center, NC. Recording: http://a-tracc.adobeconnect.com/p9tg1su3f83/
212T-A	Suicide and the Military: Gaining Ground in the Battle.	June 5, 2012	Jodi Flick, LCSW, Clinical Assistant Professor, Family and Children's Resource Program, Jordan Institute for Families, School of Social Work, University of North Carolina at Chapel Hill. Flick has over 30 years experience in crisis intervention and facilitates a Survivors of Suicide Loss support group. Recording: http://a-tracc.adobeconnect.com/p6cbg9vr8io/
213T-A	The Story of War & Warriors & Rural Mental Health	Aug. 7, 2012	Harold Kudler, MD, Mid-Atlantic Veterans Health Care Network Mental Illness Research, Education and Clinical Center, Duke University Medical Center. Recording: http://a-tracc.adobeconnect.com/p7r0abxsm7c/
214T-A	Project Wrap Up & Next Steps	Sept. 7, 2012	Mary Wainwright, A-TrACC Project Director & Kyle Peplinski, HRSA A-TrACC Project Officer. Recording: http://a-tracc.adobeconnect.com/p5o7qpb5abe/