

MANUAL: Personnel
Chapter Series CC--Commissioned Corps Personnel Manual
Part 2--Commissioned Corps Personnel Administration

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Chapter CC29--Officers' Relations, Services, and Benefits
Sub-Chapter CC29.3--Medical and Health Program
Personnel INSTRUCTION 2--Psychiatric Care from Non-Government Sources;
Officers Serving on Active Duty

CONTENTS

<u>Section</u>	<u>Subject</u>	<u>Page</u>
A.	Purpose and Scope.....	2
B.	Policy.....	2
C.	Pre-existing Condition or Condition Not Incurred in Line of Duty.....	2
D.	Nonavailability of Uniformed Service Facilities.....	4
E.	Psychiatric Conditions Covered.....	4
F.	Duration and Intensity of Treatment.....	4
G.	Services Covered.....	5
H.	Fees Covered.....	5
I.	Confidentiality.....	5
J.	Procedures.....	5
K.	Privacy Act Provisions.....	7
Exhibit I	Request for Service Sponsorship for Civilian Care.....	8
Exhibit II	Authorization for Service Sponsorship for Civilian Care.....	9

Section A. Purpose and Scope

This INSTRUCTION outlines the policies and procedures governing the provision of long-term, non-emergent psychiatric outpatient care, at the Department of Health and Human Services (HHS) expense, to active-duty Public Health Service (PHS) commissioned officers by private, non-Government sources. Policies and procedures governing ambulatory care for other medical conditions at HHS expense are provided in the Commissioned Corps Personnel Manual (CCPM), Subchapter CC29.3, INSTRUCTION 7. Special attention is given to ambulatory psychiatric care in this separate INSTRUCTION, since issues of pre-existence, availability of services in Uniformed Service facility catchment areas, impact on performance, absences from the duty station for medical appointments, and ongoing expense to the Government, are often more significant in relationship to psychiatric illness than is the case with the ambulatory care of other medical conditions.

Section B. Policy

Officers requiring psychiatric treatment are often unable to obtain such treatment from Uniformed Service facilities due to geographic isolation or service manpower shortages. Such care will be provided by outpatient private (non-Government) sources at HHS expense, within limits, if criteria specified in this INSTRUCTION are met and if funds are available.

Section C. Pre-existing Condition or Condition Not Incurred in Line of Duty

Division of Commissioned Personnel (DCP) funding of outpatient private psychiatric care to which an active-duty officer is otherwise entitled, may be denied if such denial is in the interest of the Government, and:

1. The requested or recommended care is deemed to be effectively a continuation of psychotherapy or psychoanalysis in which the officer was engaged prior to call to duty, as part of training for the practice as a psychiatrist, clinical psychologist, or other psychotherapist; or
2. The requested or recommended care is deemed to be for a psychiatric condition which pre-existed the call to active duty, and as determined by the Director, DCP, was not adequately disclosed in the application process. (In these cases, officers still under probationary appointment may be terminated at the discretion of the Director, DCP); or
3. The requested or recommended care is deemed to be for a psychiatric condition for which appointment has been restricted (medical limited tour); or
4. The psychiatric condition is deemed to have been acquired or aggravated because of events which occurred while the officer was not in the line of duty, or

5. The psychiatric condition is deemed to have been acquired or aggravated because of contemplated or executed adverse action against the officer for his/her behavior while not in the line of duty. Intentional misconduct, willful neglect, absence without authorized leave, are examples of behavior not in the line of duty.

When any of the above conditions apply, and if either the psychiatric condition itself or the anticipated result of denying Medical Affairs Branch (MAB) funding, for private ambulatory psychiatric care, raises significant question regarding the officer's fitness for duty, qualification for career appointment, or medical suitability for retention on active duty, the case will be referred by the Beneficiary Medical Program Section, MAB, DCP, to the Senior Medical Evaluations Officer for consideration of initiation of fitness for duty determination. If authorized by the Director, DCP, the case will be presented to the PHS Medical Review Board (MRB). The MRB may find the officer:

- (1) unfit or unsuitable for continued duty, and if in accord with CCPM, INSTRUCTION 6, Subchapter CC23.8, recommend separation without benefits, or
- (2) physically unqualified for career appointment and recommend termination of the medical limited tour of active duty, or
- (3) may find the officer fit for full or limited duty, and make non-binding recommendations to the Chief, MAB, that:
 - (a) ambulatory psychiatric care is not needed, or
 - (b) needed ambulatory psychiatric care can be adequately provided by an appropriate Uniformed Service medical facility, or
 - (c) needed ambulatory psychiatric care must be received from private providers to maintain fitness for duty. (The MRB must state its justification for this finding.)

As in other cases of fitness for duty determination not initiated by an officer, the officer may appeal to the Medical Appeals Board only findings in item (1) above. If finding (2), there is no appeal of an MRB finding that the officer is unqualified for career appointment, and if finding (3), and the officer is not satisfied with the decision of the Chief, MAB, regarding need, source, and funding for psychiatric care, he/she may appeal that matter to the Director, DCP. An officer may not appeal to the Medical Appeals Board, the determination of the MRB that he/she is fit for duty, unless the officer had informed the MRB, before it convened, that he/she wished medical disability separation from active duty.

Section D. Nonavailability of Uniformed Service Facilities

One of the following conditions regarding the nonavailability of Uniformed Service facilities must exist before the MAB will consider a request for PHS sponsorship for non-Government psychiatric care:

1. Neither the officer's duty station nor the officer's residence is within the catchment area of a Uniformed Service facility providing psychiatric care, and the desired private provider is not within a Uniformed Service facility catchment area, or
2. The Uniformed Service facility in the catchment area of the officer's duty station or residence provides a statement that needed psychiatric services are not available through catchment area Uniformed Service facilities, or
3. Compelling other reasons which would justify the use of private care versus available Uniformed Service care.

Section E. Psychiatric Conditions Covered

The cost for non-Government treatment is covered for any psychiatric condition which demonstrably has an effect upon the officer's ability to perform his/her official duties, or which can reasonably be attributed to (or aggravated by) his/her official duties. In making a determination of "service relatedness," the length of active service of the officer is one of the factors which will be given due consideration.

Note: Usually MAB will not cover the cost of private care for nonwork-related situational problems causing personal discomfort, but not interfering with the officer's ability to perform his/her duties.

Section F. Duration and Intensity of Treatment

Generally, the cost of a private outpatient psychiatric care will be supported by MAB for the duration of time and frequency of visits recommended by the therapist, up to a maximum of two visits per week and usually not to exceed 6 months. However, MAB may make exceptions to this rate depending on the level of demonstrable need. In certain cases, MAB may require the requesting officer to undergo an evaluation or consultation by a Uniformed Service or civilian psychiatrist. Limitation of MAB's support does not preclude the officer from making additional visits for treatment at his/her own expense.

Section G. Services Covered

The cost of individual, group, and couple or family (conjoint) private therapy may be covered by PHS. In order to qualify, such services must be under the supervision of a qualified therapist. As a rule, the cost of a psychoanalysis will not be supported. The cost of drugs is not covered by this mechanism, but these may be obtained, if stocked, at Uniformed Service facilities or by requesting reimbursement from MAB.

Section H. Fees Covered

MAB will determine whether the fees charged by the therapist are usual and customary for the services provided, taking into consideration local fee schedules. Partial funding may only be authorized when MAB considers the individual visit charge to be excessive for the area and/or for the professional status of the provider and/or for the type of treatment provided.

Section I. Confidentiality

All medical reports regarding an officer submitted to MAB in support of the request for funding or to verify delivery of authorized services, are reviewed in MAB and then are transferred to the officer's central medical file maintained by MAB. Central medical files are considered confidential; they are maintained in a restricted access area in the MAB office, and are handled only by MAB staff in accord with the Privacy Act. Information contained in medical reports and records in the possession of MAB may be released in selected cases only on a strict need-to-know basis for the accomplishment of the provisions of this INSTRUCTION (e.g., to the Director, DCP, for decisions regarding inadequate disclosure in the application process, and regarding appeal of denial of funding by MAB, or to the MRB for recommendations regarding fitness and qualification for career appointment). Information may also be released to a PHS employee when that employee has a justifiable need-to-know essential to the proper discharge of his/her official duties.

Section J. Procedures

1. Initial Request for Care. The officer requesting private psychiatric care at MAB's expense, should contact an MAB Patient Care Coordinator (PCC) at (1-800-368-2777 ext 2). MAB will make a determination on the availability of Uniformed Services care and, if not available, may authorize payment for private care for a limit of four (4) initial visits. The PCC will mail a Request for Service Sponsorship for Civilian Care letter (Exhibit I) which includes authorization for the initial four (4) visits and instructions concerning these procedures. The provider(s) must send a report of the evaluation of the officer and recommended treatment to the MAB medical

consultant. MAB will not authorize further treatment until review of the initial evaluation has been completed.

The service sponsorship request letter completed by the officer and the report(s) of evaluation are to be sent to Medical Affairs Branch, DCP, 5600 Fishers Lane, Room 4C-06, Rockville, MD 20857-0001 in an envelope marked "Medical - Confidential." No payment for the initial evaluation will be made until review of submitted documents has been completed.

2. MAB Action. The MAB Mental Health Care Coordinator will present the required materials (officer's request letter, provider reports and treatment plans) to the MAB medical consultant. The decision of the consultant regarding approval of the request, the authorized provider(s), the cost per session, frequency of sessions, and period of authorization will be sent to the officer and the provider(s) (Exhibit II).
3. Denials/Appeals. If the requested treatment or continuation of treatment is denied by the MAB medical consultant, the officer may appeal the decision in writing to the Chief, MAB, DCP, by requesting reconsideration and submitting an additional personal statement and/or report from the provider. If the Chief, MAB denies the appeal, a final appeal may be made, in similar fashion, to the Director, DCP.
4. Request for Extension of Service Sponsorship. If treatment beyond the initial period of authorization is recommended, a current progress report and a current treatment plan including anticipated duration and cost of treatment, must be submitted to MAB, before the expiration of the previously authorized period. Such requests are subject to review by MAB and processed in the same manner as the initial request.
5. Billings. Billings for services authorized pursuant to this INSTRUCTION will be forwarded to the following address:

Division of Commissioned Personnel/MAB
ATTN: Billing Section
5600 Fishers Lane, Room 4C-06
Rockville, MD 20857-0001

Section K. Privacy Act Provisions

1. Personnel records are subject to the Privacy Act of 1974. The applicable systems of records are 09-37-0002, "PHS Commissioned Corps Personnel Records," HHS/OASH/OSG, and 09-37-0003, "PHS Commissioned Corps Medical Records," HHS/OASH/OSG.

2. Contract health care records are maintained in 09-15-0008, "Emergency Non-PHS Treatment Authorization File," HHS/HRSA/BPHC, and 09-15-0029, "PHS Beneficiary-Contract Medical/Health Care Records," HHS/HRSA/BHCDA.

EXHIBIT I

Request for Service Sponsorship for Civilian Care

(Date)

(Officer's name)

(Address)

Dear Commissioned Officer:

You have requested PHS sponsorship for mental health care services from a civilian source. You have been authorized a total of four visits, at least one of which must be an evaluation by a psychiatrist. You may use the other three visits to see that same psychiatrist, a psychologist, or a licensed social worker for therapy.

If you wish authorization to continue therapy beyond these four visits, sign the following statement and fill out the information below pertaining to your future therapy visits:

<p><i>I request PHS sponsorship of my psychiatric care from a civilian source. If my request is approved, I understand that periodic progress reports from my therapist will be required.</i></p> <p>_____</p>
--

Therapist's name:

Frequency of visits:

Therapist's address:

Cost per session:

Therapist's phone #:

Return this letter **Beneficiary Medical Program/MAB/DCP**
5600 Fishers Lane, Room 4C-06
Rockville, MD 20857-0001

Include the psychiatrist's typed evaluation and the therapist's typed evaluation, treatment plan, and expected treatment outcome. Mark the envelope: **MEDICAL CONFIDENTIAL.**

If you have any questions, please call us at (800)-368-2777. We wish you good health.

Sincerely,

(Name of PCC)

Patient Care Coordinator

EXHIBIT II

Authorization for Service Sponsorship for Civilian Care

(Date)

(Officer's name)

(Address)

Dear Commissioned Officer:

A. Your request for PHS sponsorship for mental health care services from a civilian source has been received. The Beneficiary Medical Program has reviewed your evaluation and treatment plan and, if necessary, has discussed these and the frequency and cost of treatment with your therapist. The results of this review process are summarized below:

Therapist's name:

Therapist's phone:

Frequency of visits:

Cost per session:

Please verify the information above; call 800-368-2777 if there are errors.

B. Action

The Beneficiary Medical Program medical consultant recommends approval, specifics as above. Payment authorized only for the frequency of visits stated above. Your provider must accept the amount list as "cost per session" as payment in full. This authorization covers the period from (date) to (date). If you need to continue therapy beyond that date, you must again seek approval for PHS sponsorship. If no further therapy is needed, please have your provider send a final summary evaluation.

Bills (use HCFA 1500 form) for this therapy should be sent to:

**Beneficiary Medical Program/MAB/DCP
5600 Fishers Lane, Room 4C-06
Rockville, MD 20857-0001**

Payment of bills is contingent upon the availability of funds.

(Name), Chief
Medical Affairs Branch

cc: (Treating Mental Health Provider)