

Community Clergy Training Program (CCTP)



Module 3 Resources

Mental Health Services and Referrals

This supplementary section includes detailed information on each of six possible referral targets:

1. Section A: Veteran Health Administration (VHA)
2. Section B: Mental health care through private insurance
3. Section C: Community mental health agencies
4. Section D: Medicare
5. Section E: Pastoral counseling agencies
6. Section F: Military unit chaplains

Section A

Accessing Mental Health Care through the VA

Objectives for This Sheet

To explain a new way of getting Veterans into VA healthcare for community spiritual leaders.

To create accurate understanding of what will happen when community spiritual leaders call to refer their Veteran to VA healthcare.

Advantages: Extensive experience with mental health and military issues

Disadvantages: Warrior may resist services because of past experiences; warrior may be concerned about confidentiality

Background for Understanding Referrals

Relationships and systems within healthcare networks are often quite complex and can be confusing for those who are outside the service network. The complexity itself can serve as a barrier to getting your Veterans the best care. VA chaplains can help by being the knowledgeable link between VA resources and the community. They understand the difficulties facing spiritual leaders in local areas as well as the complexities of VA healthcare. And they have great compassion for our Veterans.

The Rural Clergy Training Project has set up a referral process in which the first step in getting a Veteran into healthcare is contact with a VA chaplain or designated staff member in the Chaplain Service.

How the Referral Process Will Work

1. A first critical step is to determine whether a Veteran or service member is in crisis. If he or she is suspected of the possibility of self-injury, one of two courses of action is possible.
 - **For situations that are immediately life threatening (24/7), dial 911.**
 - **For situations that require immediate attention but are not immediately life threatening, contact the Veteran Crisis Hotline (24/7): 1-800-273-8255 (Press 1). The Hotline is staffed with trained crisis counselors specifically trained to help Veterans.**

2. If the possibility of self-injury is not imminent, consider a referral to a VA facility.

First, identify the nearest VA facility. Using a computer or other electronic device, go to the following webpage: <http://www.va.gov/directory/guide/home.asp?isflash=1>. In the box labeled “Find Locations”, type your zip code into the “Address” block. Then, in the “Facility” block, use the pull-down menu to choose “Hospitals.” Click the “Go” button to identify the closest five VA Medical Centers to your location.

From the list of five VA Medical centers, choose a VA Medical Center to contact. Then identify the names of chaplains and their contact information at the VA Medical Center chosen. See the **Planning Toolkit**, (6) *VA Chaplain Service Directory* for contact telephone numbers and emails.

Place your call to the Chaplain Service. Give your name, your position (e.g., pastor, chaplain), and the reason for your call (e.g., information, referral).

If you are making a referral, you will be asked whether your Veteran has given permission for you to contact the VA on their behalf. If he/she has not given permission for us to make contact, you will be asked to gain permission before VA can contact the Veteran. **(This step is very important so that we do not surprise the Veteran and so that his/her sense of confidentiality and relationship with you is not harmed.)**

After understanding the need you have stated, the chaplain or chaplain designee will attempt to transfer your call to the most appropriate staff member, often a person who specializes in services, benefits, mental health, and/or rural health.

Staff members who work in rural health often travel to rural communities so they may not be available when you call. In that case, the chaplain or chaplain designee will take some additional information (i.e., the veteran’s name and phone number) and pass it on to the appropriate staff as quickly as possible. Except under unusual circumstances, you or your Veteran will usually be contacted within 48 hours.

You may be contacted about a week after your call to ensure that the matter you presented has been addressed. This is an optional step for the Chaplain Service aimed at quality control. There will not be follow-up on all calls placed to the Chaplain Service.

Section B

Accessing Mental Health Care through Private Insurance

Many private insurance policies cover mental health care. Coverage and costs, however, can be quite different across policies. The world of mental health care using private insurance can be confusing. Veterans who wish to access care through their private insurance can be helped through the process. The following brief presentation can be an initial guide to explore the world of mental health care through private insurance. It can be used as a guide for clergy to assist Veterans to gain information before mental health-related decisions (with the Veteran's permission). Alternatively, it can be given to a Veteran to be used in making his/her own contacts with an insurance company.

Advantages: Ensures confidentiality; near to where the warrior lives

Disadvantages: Less experienced with military personnel and issues

Guidelines for Gaining Information on Private Insurance Plans

As a first step, look for a telephone number for “Behavioral Health” on the back side of an insurance card. If there is no number for “Behavioral Health”, look for one for “Customer Service.” Place a call to that number and ask about “outpatient mental health benefits.” The following questions can be used to gain valuable information to make solid decisions about mental health care.

1. Do I need a referral from my primary care physician to a mental health professional?

Many insurance companies require referrals from a primary care physician to visit any specialist, including a mental health provider. If you do not receive a referral before visiting a mental health provider, your insurance provider may deny your claim.

2. *Do I need any pre-approval from the insurance company before seeing a mental health professional?*

A referral is an authorization from a doctor saying that a mental health visit is medically needed. A pre-approval or pre-authorization is an agreement that your insurance company makes to pay for mental health services.

Some insurance companies dole out 5 or 10 sessions at a time while others authorize services for an entire year. It is important to know this information before starting mental health services so you do not get stuck with paying for expensive services.

3. *Do I need to see a mental health professional who is on a list provided by my insurance company (in a “network”) or am I free to choose any qualified professional?*

If you need an “in network” mental health provider, you can usually find a directory on your insurance company's website. Or ask your primary care physician for the name of an effective mental health provider.

4. *Does the amount paid by my insurance company depend on whether I see a professional who is “in their network or preferred provider list” or “outside the network”? If there is a difference, what is the difference in what I would pay for “in network” vs. “out of network”?*

“In network” providers are almost always less expensive than “out of network” providers. Differences may be based on either a dollar amount or a percentage increase that you pay (see below).

5. *Do I have to pay anything such as a deductible before my benefits start?*

Some insurance plans require a Veteran to pay a certain amount out-of-pocket before benefits start. Ask the following questions.

- *Does my policy have a deductible?*
- *How much is my deductible?*
- *What is applied to the deductible?*
- *When does the deductible re-set? (Some deductibles re-set on January 1st, others may re-set on a date at the beginning of a fiscal year.)*

6. *Does my policy include co-pays?*

Most insurance plans require a co-payment or co-insurance to be paid to the mental health provider at the time of the service. Sometimes the amount is set (such as \$20). The amount can be a percentage of the provider's fee (such as 50%) for other insurance providers.

7. *Are there dollar limits, visit limits or other coverage limits for my mental health benefits? If there are limits, what are my benefits for each of these?*

It is common to have limits on psychiatric visits or medication management visits. For example, your plan may limit you to 25 sessions with a psychiatrist each year, up to 7 days of inpatient treatment each year, and 12 medication management visits each year. If you exceed these limits, you would have to pay out-of-pocket for the additional sessions.

8. *Is there a specific list of diagnoses for which services are covered?*

If there are, is my diagnosis one of the diagnoses covered by my policy? Insurance companies may not include certain diagnoses in their policies. Also, if you applied with your condition as a pre-existing condition, your insurance may not provide for your mental health care. Your insurance company can provide you with a list of covered and non-covered diagnoses.

Sources

- <http://www.mentalhealthamerica.net/insurance-questions>
- <http://www.yourmindyourbody.org/the-nuts-and-bolts-using-your-insurance-for-mental-health-services>

Section C

Accessing Mental Health Care through Community Mental Health Agencies

Community Mental health agencies provide services within all states. They are directly funded by state governments using funds from the Federal government. All community mental health agencies provide services using sliding fee scales. With sliding fee scales, wealthier clients pay more for services than less wealthy clients. Another advantage is that they offer services that can be much closer than VA services, especially in rural areas. They tend to have less experience with military issues than do VA professionals.

Advantages: Sliding fee scales; near to where the warrior lives

Disadvantages: Variable quality; less knowledgeable of the military

There are two primary mechanisms for identifying publicly funded mental health resources near you.

1. State Sources of Information Websites: For all fifty states, decisions on public mental health resources are vested at the state level. Funding, selection and organization of mental health resources are unique for each state. Therefore, the best and most accurate information on local mental health resources is accessed through states' individual websites. Since each state organizes its own websites, each is quite different. We have found, however, that most states have made the identification of public mental health agencies fairly easy. Websites for each state are given below with the states listed in alphabetical order. We suggest that you copy the website for your state and paste it into your browser.

- Alabama: <http://www.accmhb.org/centers.htm>
- Alaska: <http://dhss.alaska.gov/SuicidePrevention/Pages/Resources/mhcenters.aspx>
- Arizona: <http://www.azdhs.gov/bhs/Service-Locator.htm>
- Arkansas: http://arkedu.state.ar.us/commemos/attachments/CMHC_Contact_List.pdf
- California: <http://www.dhcs.ca.gov/services/MH/Pages/ProgramsforAdults.aspx>
- Colorado: <http://www.colorado.gov/cs/Satellite/CDHS-BehavioralHealth/CBON/1251581449824>
- Connecticut: <http://www.ct.gov/dmhas/cwp/view.asp?a=2902&Q=335206&dmhasNav=|>

- Delaware: http://dhss.delaware.gov/dhss/dsamh/mental_health_cmhc.html
- District of Columbia: <http://dmh.dc.gov/page/list-community-based-service-providers>
- Florida: <http://www.myflfamilies.com/service-programs/mental-health>
- Georgia: <https://bhlweb.com/tabform/Default.aspx>
- Hawaii: Hawaii District - <http://health.hawaii.gov/big-island>; Maui District - <http://health.hawaii.gov/maui/community-mental-health-centers-cmhc>; Kauai District - <http://health.hawaii.gov/kauai>
- Idaho: <http://www.healthandwelfare.idaho.gov/?TabId=103>
- Illinois: <http://www.dhs.state.il.us/page.aspx?module=12>
- Indiana: <http://www.iccmhc.org/providers>
- Iowa: <http://www.dhs.state.ia.us/uploads/CMHCMap9.27.12.FINAL.pdf>
- Kansas: <http://www.acmhck.org/about-us/cmhc-directory>
- Kentucky: <http://dbhdid.ky.gov/cmhc/default.aspx>
- Louisiana: <http://www.dhh.louisiana.gov/index.cfm/directory/category/17>
- Maine: <http://www.maine.gov/dhhs/samhs/mentalhealth/providers>
- Maryland: <http://dhmh.maryland.gov/mha/Documents/MACSA%20Directory.pdf>
- Massachusetts: <http://www.mass.gov/eohhs/provider/guidelines-resources/clinical-treatment/mental-health/dmh-resource-guides.html>. To identify service providers, scroll down page and click on DMH Resource Guide 2013.
- Michigan: http://www.michigan.gov/mdch/0,4612,7-132-2941_4868_4899-178824--_00.html
- Minnesota: <https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-0005-ENG>
- Mississippi: <http://www.dmh.ms.gov/service-options/community-mh-centers>
- Missouri: <http://dmh.mo.gov/mentalillness/helpinfo/adminagents.htm>
- Montana: <http://www.dphhs.mt.gov/qad/healthcarefacilitieslist/mentalhealthcenters.pdf>
- Nebraska: http://dhhs.ne.gov/publichealth/Documents/behavioral_health_regions_w_contact.pdf

- Nevada: Organization of Clinics - <http://mhds.state.nv.us/images/docs/mhdsorgchart201203.pdf>; Southern Nevada Adult Mental Health Services (SNAMHS) - http://mhds.state.nv.us/index.php?option=com_content&view=article&id=21&Itemid=14; Northern Nevada Adult Mental Health Services (NNAMHS) - http://mhds.state.nv.us/index.php?option=com_content&view=article&id=17&Itemid=13
- New Hampshire: <http://www.dhhs.nh.gov/dcbcs/bbh/centers.htm>
- New Jersey: <http://nj.gov/humanservices/dmhs/info/csc/AGENLIST.pdf>
- New Mexico: <http://www.nmbhr.com/default.aspx?pageId=22>
- New York: <http://bi.omh.ny.gov/bridges>
- North Carolina: <http://www.ncdhhs.gov/mhddsas/lmeonblue.htm>
- North Dakota: <http://www.nd.gov/dhs/locations/regionalhsc/index.html> <http://findtreatment.samhsa.gov/MHTreatmentLocator/faces/addressSearch.jspx?state=ND>
- Ohio: <http://mha.ohio.gov/Default.aspx?tabid=666>
- Oklahoma: http://ok.gov/odmhsas/Mental_Health_Community_Mental_Health_Centers/Mental_Health_Centers_by_City/
- Oregon: <http://www.oregon.gov/OHA/amh/Pages/cmh-programs.aspx>
- Pennsylvania: <http://www.mhdspa.org/Pages/LocalContacts.aspx>
- Rhode Island: <http://www.bhddh.ri.gov/MH/application.php>
- South Carolina: http://www.state.sc.us/dmh/center_inpatient.htm
- South Dakota: <http://dss.sd.gov/offices/>
- Tennessee: <http://tn.gov/mental/A&D/DSAS%20Treatment%20directory.pdf>
- Texas: <http://www.dshs.state.tx.us/mhservices-search/>
- Utah: <http://www.dsamh.utah.gov/locationsmap.htm>
- Vermont: <http://mentalhealth.vermont.gov/DAList>
- Virginia: <http://www.dbhds.virginia.gov/documents/OCC-CSBAddressList.pdf>
- Washington: <http://www.dshs.wa.gov/dbhr/rsn.shtml#dbhr>

- West Virginia: <http://www.wvbehavioralhealth.org/mental-health-services.php>
 - Wisconsin: <http://findtreatment.samhsa.gov/http://findtreatment.samhsa.gov/MHTreatmentLocator/faces/addressSearch.jsp?state=WI>
 - Wyoming: <http://www.health.wyo.gov/mhsa/index.html> (Staff at this website have reported that the site does not work well with Microsoft's Internet Explorer. For that reason, your search may be more effective if you use an alternative web browser such as Google's Chrome or Firefox.)
2. The U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's (SAMHSA) website: This site (<http://findtreatment.samhsa.gov/MHTreatmentLocator/faces/quickSearch.jsp>) allows a search for contact information by city for both private and public agencies that provide mental health services. The information provided is somewhat more general than that provided through the state sites.

Section D

Accessing Mental Health Care through Medicare

Mental health treatment is available for Veterans who are eligible for Medicare. Mental health help can include hospitalization (Part A), partial hospitalization (Part B) and outpatient services (Part B).

Medicare generally pays less to providers than do private insurance plans. For that reason, there are fewer providers than with private insurance plans. Care should be taken before starting up services to be certain that a mental health provider accepts Medicare payments.

Advantages: Ensures confidentiality; near to where the warrior lives

Disadvantages: Less experienced with military personnel and issues

Outpatient Services

1. Medicare (part B) covers outpatient care. Services must be provided by a doctor, clinical psychologist, clinical social worker, nurse practitioner, clinical nurse specialist, certified nurse-midwife, or physician assistant. Services must be provided in a doctor's or other health provider's office or hospital outpatient department.

Medicare only covers these visits when they are provided by a health care professional who accepts Medicare payments.

2. Costs:
 - 20% of the Medicare-approved amount for visits to a mental health professional to diagnose a condition or to monitor or change prescriptions. The Part B deductible applies.
 - 20% of the Medicare-approved amount for outpatient treatment of a condition (like individual or group psychotherapy, often called counseling or therapy).
 - Services provided in a hospital outpatient clinic or hospital outpatient department, may require an additional copayment or coinsurance amount to the hospital. This amount will vary depending on the service provided, but will be between 20-40% of the Medicare-approved amount.

Hospitalization (Inpatient Care)

1. Inpatient care is provided under Medicare (part A)
2. Costs:
 - \$1,216 deductible for each benefit period
 - Days 1–60: \$0 coinsurance per day of each benefit period
 - Days 61–90: \$304 coinsurance per day of each benefit period
 - Days 91 and beyond: \$608 coinsurance per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime)
 - Beyond lifetime reserve days : all costs.
 - 20% of the Medicare-approved amount for mental health services you get from doctors and other providers while you're a hospital inpatient.

Partial Hospitalization

Partial hospitalization programs (PHP) are usually operated by hospitals or community mental health clinics. They allow clients to live at home but to come into the PHP setting on designated days of the week for mental health programming. They include treatment for mental health and addiction.

1. Partial hospitalization is provided under Medicare (part B) if a doctor certifies that otherwise inpatient treatment would be required.
2. Costs:

The patient pays a percentage of the Medicare-approved amount for each service received from a doctor or certain other mental health qualified professional. The patient is also responsible for a copayment for each day of partial hospitalization services provided in a hospital outpatient setting or community mental health center. The Part B deductible applies.

Sources

- <http://www.medicare.gov/coverage/outpatient-mental-health-care.html>
- <http://www.medicare.gov/coverage/inpatient-mental-health-care.html>
- <http://www.medicare.gov/coverage/partial-hospitalization-mental-health-care.html>

Section E

Accessing Mental Health Care through Pastoral Counseling Agencies

Mental health treatment is available for Veterans who are eligible for Medicare. Mental health help can include hospitalization (Part A), partial hospitalization (Part B) and outpatient services (Part B).

Pastoral Counseling Agencies tend to be more available in cities than in rural areas. They are staffed with licensed clergy who have specialized training in mental health care as well as spiritual issues. They usually have traditional mental health care professionals (e.g., psychiatrists, psychologists, social workers) available for specialized and conjoint care. From the perspective of costs, they usually function much like private providers paid by medical insurance. Many offer sliding fee scales like community mental health agencies.

Advantages: Particular expertise in spiritual issues

Disadvantages: Often less experience with military issues; more limited training in mental health than some other referral options

Guidelines for Gaining Information on Private Insurance Plans for Pastoral Counseling

As a first step, look for a telephone number for “Behavioral Health” on the back side of an insurance card. If there is no number for “Behavioral Health”, look for one for “Customer Service.” Place a call to that number and ask about “outpatient mental health benefits.” The following questions can be used to gain valuable information to make solid decisions about mental health care.

1. Do I need a referral from my primary care physician to a pastoral counselor?

Many insurance companies require referrals from a primary care physician to visit any specialist, including a mental health provider. If you do not receive a referral before visiting a mental health provider, your insurance provider may deny your claim.

2. Do I need any pre-approval from the insurance company before seeing a pastoral counselor?

A referral is an authorization from a doctor saying that a mental health visit is medically needed. A pre-approval or pre-authorization is an agreement that your insurance company makes to pay for mental health services.

Some insurance companies dole out 5 or 10 sessions at a time while others authorize services for an entire year. It is important to know this information before starting mental health services so you do not get stuck with paying for expensive services.

3. *Do I need to see a pastoral counselor who is on a list provided by my insurance company (in a “network”) or am I free to choose any qualified professional?*

If you need an “in network” mental health provider, you can usually find a directory on your insurance company's website. Or ask your primary care physician for the name of an effective mental health provider.

4. *Does the amount paid by my insurance company depend on whether I see a professional who is “in their network or preferred provider list” or “outside the network”?*

If there is a difference, what is the difference in what I would pay for “in network” vs. “out of network”? “In network” providers are almost always less expensive than “out of network” providers. Differences may be based on either a dollar amount or a percentage increase that you pay (see below).

5. *Do I have to pay anything such as a deductible before my benefits start?*

Some insurance plans require a Veteran to pay a certain amount out-of-pocket before benefits start. Ask the following questions.

- *Does my policy have a deductible?*
- *How much is my deductible?*
- *What is applied to the deductible?*
- *When does the deductible re-set?*

Some deductibles re-set on January 1st, others may re-set on a date at the beginning of a fiscal year.

6. *Does my policy include co-pays?*

Most insurance plans require a co-payment or co-insurance to be paid to the mental health provider at the time of the service. Sometimes the amount is set (such as \$20). The amount can be a percentage of the provider's fee (such as 50%) for other insurance providers.

7. *Are there dollar limits, visit limits or other coverage limits for my mental health benefits? If there are limits, what are my benefits for each of these?*

It is common to have limits on psychiatric visits or medication management visits. For example, your plan may limit you to 25 sessions with a psychiatrist each year, up to 7 days of inpatient treatment each year, and 12 medication management visits each year. If you exceed these limits, you would have to pay out-of-pocket for the additional sessions.

8. *Is there a specific list of diagnoses for which services are covered? If there are, is my diagnosis one of the diagnoses covered by my policy?*

Insurance companies may not include certain diagnoses in their policies. Also, if you applied with your condition as a pre-existing condition, your insurance may not provide for your mental health care. Your insurance company can provide you with a list of covered and non-covered diagnoses.

Sources

- <http://www.mentalhealthamerica.net/insurance-questions>
- <http://www.yourmindyourbody.org/the-nuts-and-bolts-using-your-insurance-for-mental-health-services>

Section F

Accessing Mental Health Care through a Military Unit's Chaplain

Military units have a chaplain assigned for spiritual care. With National Guard and Reserve units, the chaplain is often a member of the community clergy where the military unit is based. The unit chaplain knows the mental health services offered by military service and often knows the mental health services in the warrior's community as well.

Advantages: Understands the military and the unit in which the warrior has served; no cost

Disadvantages: Military mental health may focus narrowly on getting the warrior equipped for combat again and miss some important, larger issues; warrior may have concerns that information may flow back to unit leaders and affect his military career

Contacting a Unit Chaplain

1. Discuss the advantages and disadvantages of a referral to the unit chaplain with the warrior.
2. If such a referral is desired by the warrior, give the warrior the choice of contacting the unit chaplain himself or having you, as community clergy, contact him or her.

If the warrior wants community clergy to contact the unit chaplain:

1. Gather contact information from the warrior.
2. Discuss what information should be disclosed to the unit chaplain and what information the warrior wishes to be kept confidential.
3. Initiate contact with the unit chaplain and follow disclosure guidelines given by the warrior.
4. Continue your relationship and support of the warrior as a member of the community clergy but turn primary responsibilities for mental health care over to the unit chaplain and his/her referrals.