

TRICARE Certified Mental Health Counselors and Supervised Mental Health Counselors TRICARE® Provider Attestation

PLEASE NOTE: This form will not be accepted if any of the verbiage is altered. You must complete the form in its entirety as is.

For the purposes of TRICARE, a TRICARE Certified Mental Health Counselor (TCMHC) is an independent provider licensed at the highest level within the jurisdiction where practicing and who does not require referral and oversight by a physician in order to receive reimbursement for service to a beneficiary. If you do not meet TCMHC requirements in TRICARE Policy Manual Chapter 11, Section 3.11, you may meet the requirements of a Supervised Mental Health Counselor (SMHC).

As of January 1, 2021, TCMHCs must meet the following requirements:

- Has passed the National Clinical Mental Health Counseling Examination (NCMHCE) or an examination determined by the Director, Defense Health Agency (DHA) as equal in scope, intent, and content to the NCMHCE; **AND**
- 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**
- 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 mental health counselors, psychiatrists, clinical psychologists, Certified Clinical Social Workers (CCSW), TCMHCs, or Certified Psychiatric Nurse Specialists (CPNS) who are licensed for independent practice in the jurisdiction where practicing and must be practicing within the scope of their licenses. Supervision must be conducted in a manner that is consistent with the guidelines regarding knowledge, skills, and practice standards for supervision of the American Mental Health Counselors Association (AMHCA): **OR**

At any point prior to January 1, 2017, have met the following requirements:

- 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 otherwise meets the requirements contained in paragraph 2.1.3) and has passed the National Counselor Examination (NCE) or NCMHCE; **OR**
- 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 from an educational institution accredited by a regional accrediting organization recognized by the Council for Higher Education Accreditation and has passed the NCMHCE; **AND**
- 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 mental health counselors, psychiatrists, clinical psychologists, CCSWs, TCMHCs, or CPNSs who are licensed for independent practice in the jurisdiction where practicing and that is consistent with the guidelines regarding knowledge, skills, and practice standards for supervision of the AMHCA. **OR**

At any time prior to January 1, 2021, have met the following requirements:

- 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 from an educational institution accredited by a regional accrediting organization recognized by the Council for Higher Education Accreditation and has passed the NCMHCE; **AND**
- 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 mental health counselors, psychiatrists, clinical psychologists, CCSWs, TCMHCs, or CPNSs who are licensed for independent practice in the jurisdiction where practicing and must be consistent with the guidelines regarding knowledge, skills, and practice standards for supervision of the AMHCA.

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Provider Name:	
National Provider Identifier (NPI):	

Please complete the following information (for all that apply):

Education:

Professional School:	
Degree Type:	
Date of Graduation:	

- Attended regionally accredited program
- Attended CACREP-accredited program in clinical mental health

Examination:

- NCE Date exam taken: _____
- NCMHCE Date exam taken: _____
- Other* (please indicate name of exam below) Date exam taken: _____

*Name of exam taken _____ (requires review to determine whether exam meets TRICARE requirements)

I certify to the best of my knowledge I meet TRICARE requirements to be a TCMHC.

Signature of provider: _____ Date: _____

If you do not meet the requirements to be a TCMHC, you may qualify to be an SMHC. An SMHC must meet the following requirements:

- Possess a minimum of a master’s degree in mental health counseling or allied mental health field from a regionally accredited institution; **AND**
- Have two years of post-masters experience that includes 3,000 hours of clinical work and 100 hours of face-to-face supervision; **AND**
- Is licensed or certified to practice as a mental health counselor by the jurisdiction where practicing; **AND**

May only be reimbursed when the following criteria are met:

- The TRICARE beneficiary is referred for therapy by a physician; **AND**
- A physician is providing ongoing oversight and supervision of the therapy being provided; **AND**
- The SMHC 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.

I certify to the best of my knowledge I meet TRICARE requirements to be an SMHC.

Signature of provider: _____ Date: _____