

**Traumatic Brain Injury/Brain Injury Association of America**  
**Veterans Benefits 101 For Protection and Advocacy TBI Advocates**

July 7, 2005

ELIZABETH PRIAULX: Hello, everyone. Thank you for joining the webcast on veterans benefits 101 with a special focus on veterans with traumatic brain injury. I just wanted to give you a few introductory comments on how a webcast works. Slides will appear in the central window and advance automatically. You don't have to worry about a button to push. The slide changes are synchronized to the speaker. You may need to adjust the timing of the slide changes to match the audio by using the slide delay control at the top of the messaging window. We encourage you to ask the speakers questions at any time during the presentation. Simply type your question in the white message window on the right of the interface, select question for speaker from the dropdown menu and hit send. Please include your state or organization in your message so that we know where you are participating from. The question will be relayed onto the speakers periodically throughout this webcast. If you don't have the opportunity to respond to your question during the broadcast we'll email you afterwards and try to get you the answer to your questions. Again, we really encourage you to submit questions at any time during the broadcast.

On the left of the interface is the real audio player window. You can adjust the volume of the audio using the volume control slider which you can access by clicking the loudspeaker icon. Those of you who selected accessibility features when you registered will see text captioning underneath the real audio player. At the end of the broadcast the

interface will close automatically and you'll have an opportunity to fill out an evaluation. Take a couple of minutes to do so. Your responses will help us to plan for future broadcasts in this series and improve our technical support. We really appreciate you being on the call and our first speaker will be Heather Hebdon, the director of the STOMP program out of Washington State. Heather, I'll let you explain what that is and go into your presentation. Thank you.

HEATHER HEBDON: Thank you. I am the director of STOMP for specialized training of military parents and it is part of a non-profit organization called Washington pave. The STOMP prom has been in existence since 1985 and our task is to work with military families who have family members with disabilities. So we provide information, training and assistance with regards to all aspects of services from education through working through the TRICARE system to looking at wills and guardianship and other areas that may be of concern to families when they have a family member with significant needs. Just a little aside, all of our staff including myself are family members, military -- members of military personnel, either active duty or retired and all of us have family members with disabilities. So we have kind of walked the walk and dealt with the system. I'm here today to talk about understanding TRICARE. When I had the initial discussion we understood this is to be a real basic to help you understand how this system works. I want to state that I'm not a health benefits advisor. We come from the perspective of the people who are working within the system and who use the system.

So with the first slide when we talk about understanding TRICARE you first need to understand that TRICARE is an acronym and it is basically for the joint services to ensure medical care for families.

When we go to the next slide, TRICARE is not insurance. You need to understand that. Many people refer to it as insurance but it is a health benefit that we receive. It is associated through the whole system by way of the legislation that has been established through CHAMPUS, the original name of this program. It is a portable program. That means that -- that once you've gotten into TRICARE, you have the ability to move with it from region to region if you are moved. And if you end up being medically discharged from the service, because of the Cobra laws you do still have the ability to buy into TRICARE for a period of time. Active duty and retired military personnel do continue to receive TRICARE as do survivors of military personnel even after they're gone. And that's important for you to understand. It is the purpose of TRICARE to ensure that you have access to medical care, whether it be within the MTF, the military treatment facility, or through a network of civilian providers. So they work through the process. It is much -- it is funded much in the same way as Medicaid within your states is funded.

The next slide. Some of the general information about it is first off it is an entitlement program. That means it is payer of last resort. It is paid after all of your other programs except Medicaid. The only one that determines the type of services to be provided is Congress. Now, many of you are in different regions and we have TRICARE regions. They must all follow the CHAMPUS regulations and must provide the services that

Congress has determined are available under the TRICARE program. We have three provider organizations in three regions. That doesn't mean that they get to choose what they're going to do. That means these are the providers who made the lowest bid for that region. TRICARE is also overseas and works with the systems overseas there and it is available once a family retires either medically or because they have served their time in the service. The branch of service in each region, there is a branch of service who has responsibility for oversight. For instance, here in the TRICARE west region where I live, the army has the oversight and so while we have a provider, the TRICARE west region is overseen and the funding flows through with the military oversight to protect it. Anything that is provided must comply with the CHAMPUS regulations. If they do not comply with the CHAMPUS regulations and are not a part of the prescribed services under CHAMPUS, they will not be provided. The CHAMPUS regulations can be acquired if you ever need them via the Internet by typing in TRICARE and asking for regulations and it will take you to the CHAMPUS regulations. There are a little over 1800 pages long so it is not something you want to print out if you can help it. CHAMPUS, for those of you who are kind of new to the system stands for the civilian health and medical program for the uniformed services. This was the original name of the TRICARE program. The first one is TRICARE prime. It's much like an HMO model, a health maintenance organization, in that you have a primary care manager who will either be within the military treatment facility or the civilian system that you have purchased into. And they will look at all of the services. There is no co-pay for active duty military personnel. If you are working through the military treatment facility, even if you're retired or medically retired, there is no co-pay. However, if you are in the civilian system and you are retired or medically retired, you will

have a small co-pay. It could be -- it's usually \$12. This is to do the primary care for your family or yourself. There is a small yearly charge that you must pay if you are not active duty. It's \$500 for a family. And that is a cost share that you have -- a cost that you have for buying into the program. This then allows you to be assigned to a primary care manager within that network who then will look at referring you to any specialty services you might need such as a neurologist, psychologist, pediatrician, etc. That person has the referral process. He's the gate keeper. It covers services for preventive as well as primary care services. So when you're looking at some of your preventive care that used to not be covered under CHAMPUS set is now all covered under TRICARE so going in for yearly exams and other things that you would want to do are covered.

The next slide under the TRICARE prime eligibility it is either active duty military personnel, their family members, retirees and their family members and survivors under the age of 65. Once you get to the age of 65, then you go into TRICARE for life and it's a different system. It's prime eligibility but through a different process. It is for the active duty reserve and their families. If the member is activated for more than 30 days. In order to be eligible, you must be enrolled in DEERS, the defense eligibility enrollment record. And you have to have that done. If you are not in that -- enrolled in DEERS, then you will not have the ability to get into TRICARE. Now, under TRICARE for prime, it allows enrollees the freedom to seek and receive non-emergent healthcare services from any TRICARE-authorized civilian provider. What that means is that you've got -- anyone within that network you can go to to get the supports you need. You also will have a healthcare finder who is working with your primary care manager to help work through things. TRICARE

prime is the most commonly used of the TRICARE programs because there is really no cost share for families to speak of.

Next slide, please. Some of the advantages of TRICARE prime is that there isn't an enrollment fee for active duty or military or their families and the fee, as I said, for retirees is minimal, \$500 -- \$460 to \$500 a year for a family which is really a small amount. Then all you have is a cost share of \$12 if you're using civilian resources. If you're using the military treatment facility, if you're located near a military treatment facility, there is no cost. You have guaranteed appointments. You're put to the top of any list within your system. And you don't get -- if the -- if you are in a civilian hospital. I was in a civilian hospital, just as an example. I had to be sent to a civilian hospital for a procedure back in February. The TRICARE billing acceptable for that was a little over \$7,000. The hospital and physician billed a little over \$30,000. I was not -- I did not have any cost share beyond my \$12 that I had to pay for that whole procedure and they could not come back to me and ask me to pay the difference between what TRICARE paid and what was allowable. One of the nice things is because your primary care manager is so involved, he will be coordinating the care and be aware of what is going on. That's one of the pluses that they have. It also can be a challenge if you don't have good communication with your primary care manager. We strongly encourage you to make sure you're doing that. Talking to your primary care manager. That you have a good line of communication open so that you have the ability to go forward with things in a quick and expedient manner. There also is the ability, if you are away from home on vacation or deployed and your family goes with you, to have away from home emergency coverage. Your TRICARE, if you are PCS, permanent change of

station, or as a veteran if you are moving to another area because of care, you would have to disenroll in TRICARE and reenroll if you were in a different region. However, it still has that transition time so even though you may have disenrolled you are still covered so people don't think they have this block of time that they have no protection. You are always covered under TRICARE prime because you bought into the system and you are protected there. There are some disadvantages that some people see. Of course, that would be that you do have an enrollment fee for retirees and their families. And that your choice of providers is limited to that network. If you go out of the network, then you are not using TRICARE prime and you may have a cost share above and beyond what you would expect. But they have a large network in most of the places. The other thing is your specialty care has to be done through a referral from your primary care manager. A lot of people feel that that is not always universally available to them to get what they need.

The next slide, please. The second program is the TRICARE extra. TRICARE extra is much like a PPO model, preferred provider organization model where there is a system of providers out there. Not an HMO but a PPO. So you have your choice of -- you choose your doctor, it is always going to be civilian services. You are not going to be working through the military treatment facility at all, you'll be working completely through the civilian system. You would choose your doctor and hospital. And then make sure that they were one of the TRICARE providers within the TRICARE extra network. And then they would work to ensure that you were supported through their network of providers. You can call a healthcare finder at the nearest TRICARE service center if you are needing help with that. Anyone is eligible for TRICARE extra, especially active duty personnel, their

family members and many retirees. This is a system you might use if you were looking at trying to have more versatility in who you wanted to meet with, who you wanted to get your care. Many of our veterans who are out there who are TRICARE eligible and have medical needs look to this system because they may not be near an MTF, a military treatment facility, and they may not have all of the resources that TRICARE prime would usually provide in their system because it's so -- they are so disassociated with the military system -- or the military network around there. TRICARE extra becomes a very good option for them.

The next slide, please. There are a number of advantages. Your co-pay is less than 5% of the TRICARE standard. What that means is that under TRICARE standard, which we'll talk about next, there is usually a 25% cost share for retirees and veterans, whereas with TRICARE extra you have an 80/20 split and they can't bill you above and beyond what are considered acceptable charges. So you don't have -- again, it would be kind of like what I had when I talked about my being in the hospital, instead of being the \$12 fee that I had because I was TRICARE prime. If I had been TRICARE extra 80% of those charges for the doctor and that would have been paid for by TRICARE. I would have had responsibility for the other 20%, even though I'm retired if I were under the next program we'll talk about, I would have had a 25% cost. There is no forms to file when you use TRICARE extra. All of that is done through the system, through the network and they are responsible for it. There is no enrollment fee like you have with TRICARE prime. If you are using a retail pharmacy network there is no deductible for how much you have to pay before you use it, which is nice. They also have a mail-in pharmacy system that you can use.

ELIZABETH PRIAULX: We're beginning to not be able to hear you.

HEATHER HEBDON: I'm trying to get as loud as I can. I'm sorry. With this program you can also use TRICARE standard. You don't have, per se, a primary care manager. You would work with your care physician that you've chosen but you would not have per se a manager that is going to have that communication linkage and all of the process that you have under TRICARE prime. So that could be a disadvantage. Your provider of choice is limited to the network. The PPO network, and there is a deductible that the patient has to pay, as well as the co-payments. It isn't always -- the providers may not always be universally available. It will depend on how effective your network has been developed in that area. So let's talk now about the third one.

If you go to the next slide, this is TRICARE standard. Formerly known as the CHAMPUS program. This is how the old CHAMPUS used to be. You get to choose your provider. Anyone who is a TRICARE preferred provider. This is a key thing you want to make sure you always ask is that when you are searching out a physician for this purpose, you ask them if they are a TRICARE preferred provider. If they aren't, then you have to do all of the paperwork and you will have any costs that they do not accept. If they bill \$100 for a service and TRICARE says we only pay \$40 for that service, then you would have the 25% of that \$40 plus you might have the other \$60 if they are not a TRICARE preferred provider. You make sure that when you choose the physician you want, that they are indeed a TRICARE preferred provider. Then they will accept what TRICARE will pay and

then you just have your cost share. You want to make sure that you know ahead of time what the deductibles for any outpatient treatment will be because there will be deductibles. You must meet them prior to TRICARE picking up any additional costs. You'll have your deductible plus your cost share. It gives you the most freedom of choice but it costs more because you are paying for that freedom of choice. You can use the military treatment facility if you are in that area. However, it's on a space-available basis. So if all of their TRICARE prime people are there and they have filled all the slots, you cannot use it except on an emergency basis for the military treatment facility.

If you turn to the next slide, some of the advantages of TRICARE is that it is the broadest choice of providers because you can go to anyone who is a TRICARE-approved provider. You don't have to be within a network or an HMO type of model. It is widely available because many doctors will use it. As well as hospitals. If they accept Medicaid they must accept TRICARE. That is one of the things that people don't understand because it is set up under the same system, the hospitals are required to accept TRICARE if they accept Medicaid. There is no enrollment fee for retirees or veterans or active duty military. You can also use the TRICARE extra. You can go into the P.P.O. model if you need to. Again, there are some disadvantages because you don't have anyone tracking. There is no primary care manager to help you with the process to help you with paperwork, etc. And so you have to keep track of it yourself. You do have a deductible and you do have a co-payment. And if you use a non-participating provider, then you can have the balance of the bill, if it exceeds the allowable charges. And you may have to file your own claims in that case.

Now, the next slide talks about a program that is going to be changing to ECHO. That stands for the extended care health option. There are times that veterans may be eligible for this program if they were -- if the family has a sponsor who was killed in active duty, they can continue to get TRICARE program for persons with disabilities. Sometimes if you were injured and it was a permanent injury that is life threatening or exceeds certain disabilities, you may -- I emphasize the word may be eligible for program with persons for disabilities. I want to go over it just briefly. This provides financial assistance to reduce the effects of cost for programs for such things as a person having mental retardation or a serious physical disability. It is not a stand-alone program. You have to have prior approval for all of it. It has to be done concurrently with TRICARE medical programs.

The persons who qualify are persons, if you turn to the next slide, are persons who have moderate or severe mental retardation. Those who have significant physical disabilities. The key here is that the person has to have acquired the disability prior to the age of 21 and the sponsor has to be active duty at the time they start the program. As I said, there are some key times that individuals may qualify for it even though you've gone into a medical system if it is for your veteran himself. But I would stress to you that all of the therapies, etc., are also available within the regular TRICARE system so it may not be a good source for you. I just want you to know about it.

What it offers, if you turn to the next slide, is medical, rehabilitative and equipment prosthesis, orthopedic braces and appliances. Can it provide educational services. Those

are very limited and are dealing with payer of last resort. There can be residential care but they have to have TRICARE approved and meet all the standards for a residential setting. They can provide transportation to and from facilities to receive care and it can include durable medical equipment including the maintenance of that equipment.

If you turn to the next slide, it also provides assistive technology devices and some vocational training and training for the parent or guardian or the person working with the individual so that they can provide assistance in the home. It provides assistive communication devices such as interpreters or translators. This again has to be prior approved. You can't just say well, I need it and try to go through the program. It has -- you have to have met all the eligibility criteria and get approval beforehand. Equipment adaptations if you need, for instance, a wheelchair, new footrests or some other piece of equipment to the wheelchair, it can be done under this program. It does not, however, include structural or alterations to a person's residence and if there are services that are being provided by the individuals with disabilities education act, that is primary payer. It doesn't cover dental care or accommodations and it doesn't provide computers. However, it can provide a specialized keyboard. The thing you have to have is you have to demonstrate it is for the use of the person themselves, not for other people. That others would not necessarily benefit from this program or from this piece of equipment, excuse me.

Some of the -- if you turn to the next slide, some of the advantages of PFPWD is there aren't any deductibles, you can have up to \$1,000 of service. When it turns to ECHO in

September that will go up to \$2,500 of service but at this time it's still \$1,000 of service and high cost items can be pro rated over a period of time so you don't have to worry about it. You can cost share some additional benefits through TRICARE but not all of them. Most times you have to choose one or the other. And currently under the program for persons with disabilities, if you have more than one family member with a disability, then the person -- the second person enrolled, meaning the person that would have the most needs, doesn't have the thousand dollar cap. When it changes to ECHO, that will no longer be there. There will be the \$2,500 cap for all members.

If you turn to the next slide, some of the disadvantages that it has is that there is the preauthorization and something that can take a lot of time because you have to demonstrate that you have contacted civilian resources and that you have looked at all other resources for payment because it is payer of last resort. You have to meet the specific diagnostic categories and as I said, there is a maximum of \$1,000 per month. Anything that exceeds that cannot be cost shared. So if you, for instance, got therapy and you tried to cost share the therapy between TRICARE -- the basic programs and program for persons with disabilities, that is not allowable. And as I said, it is for active duty military or those who are killed in combat, there are very few exceptions to that. Now, if we turn to the we'll talk a little bit about the ECHO program.

The program that is taking the place of program for persons with disabilities. If you have some of your personnel that would meet the criteria, this is something for you to be aware of. It will replace the current program for persons with disabilities. It will increase the

benefit to \$2,500 for each family member but there isn't the second loop which I told you about where if you had one member that exceeded that, they could just get all the services they needed under PFPWD. It limits it to the \$2,500. There is, under ECHO, respite care in the home for enrolled members. However, in order to be eligible for that, they have to meet two specific criteria. One is that they have to be using the ECHO program for some other service such as therapy or durable medical equipment, etc. You can only use respite during the times you are using ECHO for other services. And two, the provider has to be funded through a home healthcare provider. It can't be a family member or someone that we know and trust and feel good about. They have to go through an agency. You have to initiate the FMP enrollment in order to even participate in the extended home healthcare benefits of ECHO. If you are not enrolled in EFMP you are not eligible for ECHO services. You not only have to be DEERS enrolled but you have to demonstrate that you have enrolled in exceptional family member program.

If you turn to the next slide it also talks about the fact that this option for active duty sponsors and family members is going to use the same criteria that PFPWD has for who is eligible for the services. And you'll have the fee based on rank. It is not a 20/80 split. It is based on rank. That's one of the nice things that a person who, for instance, is an E-4 only pays \$20 for the up to the \$2,500 worth of services per month. And as you go up in rank, the highest that it will be would be for an O-4 and that is \$250. Which is 10%.

If you turn to the next slide, some of the things that you need to remember is the current program, the program for persons with disabilities, and the echo program that will be

taking its place, the person who receives it has to have moderate or severe mental retardation or a serious physical disability. They must be the dependents of an active duty member or, as I said, someone killed in combat with some very few exceptions. You must apply for and get approval before receiving any of the services. If you get the services and then try to get it, they will not pay retro active no matter what. That's what you want to look at all your other TRICARE benefits first. Those would be your first choice to use before you go through it. You would want to check with the health benefits advisors through the military system and through the networks. They can help you determine if this is an appropriate request or service for you. And they are available at no cost. They are an excellent resource to help you.

Then finally on this last slide right now it is limited to \$1,000 per month except when there is more than one family member. Again that will change to \$2,500 per month under echo. This is a separate program from the three programs we talked about before. The TRICARE prime, the TRICARE extra and the TRICARE basic. This is an additional program for military personnel who have family members who are disabled. You may be able to get services under basic TRICARE that you would also get under TRICARE PFPWD. There are some limited services such as hearing aids that the only way you can get it is through the ECHO program as of September 1 or under the program for persons with disabilities if you were getting it now. So that kind of gives you an idea of the basics 101 to TRICARE. If I can answer any questions, I would be happy to do that.

ELIZABETH PRIAULX: Wow, Heather, as somebody who deals with Medicaid law I can see that trying to explain Medicaid on a basic level is extremely difficult and it seems like TRICARE is difficult as well. Thank you for trying to get to the basics and I imagine that many of the advocates on this call won't become TRICARE experts but now want to remember some of this and know where to call for further information. Could you give out your full name of your organization one more time? We've had two people request that, and the email and phone number.

HEATHER HEBDON: If you're in Washington State we have our regular number which is 253-565-2266. If you're in the Tacoma area that's the one to use. If you're outside of Tacoma, Pierce County in the United States we have 1-800-5-PARENT. And you just ask for any of the STOMP staff. It's part of the Washington organization and you ask for STOMP. You can send us emails. The easiest way to do that would be to either send it to Rhonda Fullerton or myself. Rhonda's email is rfullerton @ Washington pave.com Washington is spelled out all lower case, or to myself. That's HHebdon @ Washington pave.com. And we'd be happy to respond with any answers that we can.

ELIZABETH PRIAULX: OK. Heather, you have a lot of questions. So Kelly Gourdin is waiting. I think I'll go through some of the questions for the next couple of minutes and then Kelly, I know will also be able to give some email sites that are great resources. A lot of questions are from the same people or same people have asked multiple questions so I'll try to lump them together. So it might take me a while to get the questions out as I go down this queue here. But we've had a number of questions from James Lichfield and he

asks why isn't TRICARE available for retired reservist who has been on active duty? Then he also asked, why isn't TRICARE available for disabled vets retired from the reserves? And is there a difference between the CHAMPUS regs. and the TRICARE regs?

HEATHER HEBDON: Let's start with those three first. There is no difference between the CHAMPUS regs. and TRICARE regs. if they're the same. Just a new name. They must comply with CHAMPUS regulations, OK? That has not changed. The CHAMPUS regulations were established by Congress and the only one that changes the rules is the federal Congress. Now, with retirees who are from the reserves, they are eligible for services once they hit 65. Then they would be eligible for TRICARE for life. Prior to that they are not eligible and the only way to change that is through Congress. I know that there have -- the military officers association of America MOAA has talked about that and have worked on issues with that. I would suggest strongly that any time something like that comes up, that there is a wonderful network that we can connect you with that can help to do some of that legislative lobbying process to help them see.

What you have to understand, the thing that is frustrating to many of our veterans and retirees who have dealt with this system who are reservists, is that the military -- the Congress has very few members who ever served in the military. And therefore they don't understand the system and how it works. And so they have basically said they have other sources of insurance available to them. They have the veteran's hospitals available to them. So therefore they don't need TRICARE. Well, not all of our retirees or our reservists families who have retired have a veteran's hospital nearby and many of them don't have

other sources of care or medical coverage. And that is an area that has to be continued to be argued with them. As I said, once they hit the age of 65 and they became eligible for all of their military benefits, that includes TRICARE for life. It used to be they just went into Medicaid but now they go into TRICARE for life.

ELIZABETH PRIAULX: That's an important segue to my question. You said that TRICARE will not pay for items that will technically be covered under the individuals with disabilities education act. How does it interact with Medicaid? Is it also a—

HEATHER HEBDON: The nice thing about Medicaid and TRICARE is Congress determined that TRICARE is primary payer to Medicaid. If you have an individual who is both Medicaid eligible and TRICARE eligible. TRICARE will pay first and then anything that TRICARE doesn't pick up, including cost shares, Medicaid should pick up.

ELIZABETH PRIAULX: OK. That's very important information. How does somebody appeal a denial of service under TRICARE? Are there good appeal rights?

HEATHER HEBDON: There are appeal rights. They have to go through the process and they are given that information at the time they are given a denial. They have to apply to -- appeal to the TRICARE region and it goes through an appeal process where it is reviewed. You even have a secondary level if you need to do that. But you go through the process at the regional level. It is spelled out to you when you get a denial letter.

ELIZABETH PRIAULX: OK. And we have a few other questions. A couple of questions from -- Dorothy. She wants to know, is TRICARE coverage used in V.A. hospitals? And are discharged military personnel eligible for TRICARE?

HEATHER HEBDON: OK. Let's start with if they're in a V.A. hospital, then they are covered under the veteran's administration and the funding that goes to them which is different than TRICARE. If the V.A. -- the V.A. now in all of the locations are also connected to the military treatment facilities. If there are military treatment facilities nearby, there is a network that can be used so that they could send a veteran to the military treatment facility for care. That is how Congress has addressed that instead of putting TRICARE funding into the V.A. system. In the V.A. hospitals. So no, TRICARE doesn't fund V.A. settings or pay for V.A. services in the V.A. hospitals. That is done through the V.A. system. And then the second question again was—

ELIZABETH PRIAULX: Yes. Let's see. Are discharged military personnel and their families eligible for TRICARE?

HEATHER HEBDON: If a military member is discharged under the could be rules they have a certain period of time they can still use TRICARE unless they were dishonorably discharge. There is a short period of time through Cobra that you can purchase into TRICARE to provide that transition period for the family.

ELIZABETH PRIAULX: And does TRICARE cover reservists?

HEATHER HEBDON: It does as long as they are on active duty for 30 days or more. It covers their family and themselves.

ELIZABETH PRIAULX: From our Maryland legal aid program, what federal laws regarding people with disabilities must TRICARE be in compliance with? For example, the Americans With Disabilities Act regarding interpreter access and access to materials in all tern formats and that type of thing.

HEATHER HEBDON: That's an excellent question. They must comply with the A.D.A. They sometimes don't realize that but they are required to comply with the Americans With Disabilities Act.

ELIZABETH PRIAULX: OK. And then a question about enrollment in the programs. How does somebody get enrolled in one of the three programs? And what if they are enrolled and they develop a bad relationship with their personal care manager? What is the process for being able to change programs or change personal care managers?

HEATHER HEBDON: OK. The way they enroll, they have to connect with the TRICARE regional people. And you can go online and get the regional offices and they can help you in enrolling in any of the different programs, whether it's TRICARE prime, TRICARE extra or TRICARE basic. If -- as I said, the only one that has an actual enrollment fee is TRICARE prime because of the type of program it is. The other two don't have an

enrollment fee but you have to let them know how your system is going to be. If you go with TRICARE basic, you basically have to find yourself a TRICARE-approved provider. You don't have to do much in the way of enrollment through the TRICARE system you have to show that you are eligible through DEERS. You have enrolled in the DEERS program which is the defense eligibility enrollment record.

ELIZABETH PRIAULX: How do you enroll in that program? That was another question.

HEATHER HEBDON: The way to enroll in DEERS, you can go into TRICARE and they'll show you how to enroll in DEERS. It is not hard to do. You have to show that you are eligibility rights for military medical treatment as a veteran or retiree or active duty person.

ELIZABETH PRIAULX: Some questions about ECHO. If an active duty military person receive ears a traumatic brain injury in an auto accident not related to service can they qualify for ECHO and when does it start?

HEATHER HEBDON: If they received it from a non-combat-related injury, they would not be eligible for continuing support under ECHO. Only if it somehow related to combat. And ECHO starts when you enroll and have been prior approved. It is not one that you enroll and you get it forever. You have to apply for each of the services that you need. Whether it be therapy or durable medical equipment, etc., you have to make an application and it is once you receive the approval for it. I did want to go back to the one question that you had earlier with regards to what happens if your primary care manager and you have a

problem. Every system has -- every person has the right within the system to choose to change providers. Whether they're in TRICARE prime, TRICARE extra or even with TRICARE basic, basically all you have to do is find a new provider. Under the both the TRICARE prime and TRICARE extra there is the right of a patient to change providers if they have a problem. And that is -- all they do is notify the TRICARE network that they are changing providers and if they are TRICARE extra they can ask for the list of TRICARE providers and connect up with the approved providers within the TRICARE network. The same with the TRICARE prime. If they aren't associated with the MTF, the military treatment facility, then they would get a list of the civilian providers in their area that are TRICARE prime network.

ELIZABETH PRIAULX: Does -- do the TRICARE or the disabilities program and ECHO, does it offer mental health issues?

HEATHER HEBDON: No, it's not covered under ECHO at all. Only through the TRICARE basic system. There are limited mental health support services, including time for residential treatment and outpatient care. Limited number of outpatient visits. They can appeal and ask for extensions of that but it has to be done on a case by case basis.

ELIZABETH PRIAULX: A follow-up question about ECHO. What about service-connected non-combat related injuries?

HEATHER HEBDON: If it isn't combat related it does not count and you will not get the continuing ECHO support.

ELIZABETH PRIAULX: There are so many questions here and I think we'll try to be able to answer them with a follow-up materials that we can post with the archives but I do want to be able to give Kelly Gourdin from the Walter Reed medical center a chance to talk about the services available through her programs and perhaps her colleague Ann Marie Stephens who has been on the air with us also perhaps would also like to talk about some services that people with traumatic brain injury can access. So Kelly, would you like to speak on this point?

KELLY GOURDIN: Great. Thank you, Elizabeth. Good afternoon. As Elizabeth said I'm Kelly Gourdin, the national case manager for the brain injury center at Walter Reed army medical center. I've been with the program for about 11 years. I sometimes feel like a veteran caring for veterans. My role primarily here as national case manager is to screen incoming patients who are being referred as an outpatient to our program. I collect most of the medical records information on patients who will be evaluated. I provided indication to service members' families, referral sources like physicians or other case managers and social workers. Most of all, I am the case manager for active duty members who currently do not have case management services. Today I would -- I am going to briefly tell you a little bit about who we are, what we are doing and give you an idea of our case management function at Walter Reed.

We'll be following with our educational coordinator with some of the educational initiatives taking place currently and allow for some questions. I also want to mention that you will be able to access the Power Point slides through archives at a later time. Our centers office is located at the Walter Reed medical center. Our program director is Dr. Debra Warden. The brain injury center known as the head injury program established back in 1992. We are a Congressionally directed program. Two is clinical research and three are educational corps. It is a collaboration of the Department of Defense, the Department of VA and a civilian site. We provided care for active duty veterans and eligible beneficiaries. Our goal is to provide expert case management and to ensure individualized evidence-based treatment for each patient to maximize function and also to decrease or eliminate disability.

We work together to provide services and support to help the individual with a traumatic brain injury return back to active duty, work and his community. Now I would like to tell you a little bit about our network. It consists of three military treatment facilities for tertiary care. They are dispersed across the United States and we have the community reentry civilian site to augment existing resources within the military and the veteran's healthcare system. Our three active duty military sites are Walter Reed Army Medical Center and our second is Will R. Hall Medical Center in Texas and the third is San Diego Medical Center located at San Diego, California. At these sites the primary focus is on mild traumatic brain injury. Just to give you a definition of a mild or how we defined mild TBI, that is a traumatic brain injury, person having a loss of consciousness less than one hour and post traumatic amnesia less than 24 hours.

We also offer a comprehensive evaluation that takes about two to three days. We provide education to patients and family members. Every patient is assigned a case manager for appropriate follow-up. We work with the physical evaluation board to support any medical boards as needed when patients are receiving a medical retirement. Our four V.A. sites are VA medical center located in Richmond, Virginia. Our James Bayhill EVA hospital of Tampa, Florida, our V.A. medical center of Minneapolis, Minnesota, and our Palo Alto healthcare system in California. At these sites the focus here is primarily on patients who suffered a moderate to severe brain injury and we're defining moderate TBI as a loss of consciousness ranging from anywhere from one hour to 24 hours and post traumatic amnesia of greater than 24 hours but less than seven days. Severe traumatic brain injury is a loss of consciousness greater than 24 hours and amnesia of greater than seven days.

At these sites the service members are offered a comprehensive evaluation to include a full range of medical and rehab services. There are therapies taking place. There is cognitive rehab, education, and we also have our drivers training, an evaluation for members who suffered a traumatic brain injury it is encouraged they go through that program. Each site also has a lead case manager to assist the service members with transitioning from a military to a veteran and accessing any V.A. benefits or other resources within the V.A. system. They are also providing follow-up for these service members. Our Virginia neurocare site in Charlottesville, Virginia is our civilian site. Our community reentry program that offers residential transitional living.

There is life skills training and there is also vocational rehab. So it is possible for a service member to start at an MTF, military treatment facility, then transfer to one of our lead site centers at one of the VA's. We work very hard to try to place them closest to home but that's not always accomplished. And from the V.A. they can go through our program at Virginia neurocare for the community reentry and as you can see or hear they are experiencing all levels of traumatic brain injury rehab. It's been on network. Now I would like to tell you a little bit about what we're doing here at this brain injury center at Walter Reed under the case management. In August of 2003 the hospital commander mandated our center to screen all wounded service members returning from combat for TBI. How is that done? We check our air vac manifest and we have a global database that we're also checking weekly for all Ramsey or all Walter Reed OIF, OEF combat admissions. These are all the patients coming back. They usually hit launch and from Germany to the states.

We have a clinical P.A. that screens patients through interview and examinations and he's evaluating for a loss of consciousness, any post traumatic amnesia and also any post concussive symptoms. After our screening process there is follow up and recommendations made regarding the patient's status. If a patient is screened positive, further cognitive testing may be warranted and the patient is then assigned a case manager. I have to explain the case management role is very important. It is the one person that the service member is likely on a routine basis to connect with or identify with. It is possible for a service member here to have more than one case manager at any given time, which is wonderful for our service members because as you know with the

traumatic brain injury the more assistance or resources you have in place, the better your outcome. The case manager has a responsibility for completing all our clinical forms.

Summaries of our traumatic brain injury evaluation and the recommendations are followed through with the primary physician or the referring -- the patient's primary physician or referring resources. That could be a case manager or a social worker. We just need to make sure that the clinicians involved in this patient's care know what our recommendations are from traumatic brain injury. We also provide follow-up via in person or by telephone. Appropriate resources are tapped into as needed for those individuals if we're contacting them by phone. Again, we are also involved in the -- what the medical holding company. That's the department here that is responsible for housing all service members who will likely be retiring from the military with a -- retiring with a medical discharge. And they also in that department, those service members are assigned a case manager as well. If a service member is screened negative, the case manager will then educate about mild traumatic brain injury and concussive systems.

We've seen many patients that date back to 2003, the very beginning of the war. And because of our increase in the number of patients that we're seeing, we have been given additional clinical staff to support our inpatient case management. In conclusion, I would just like to stress and say that traumatic brain injury is a significant combat-related injury combat theater. Traumatic patients can pose a very challenging set of care issues. Therefore, case management is very, very important. Education from the family and patients as well as caregivers is an important factor because these service members are

returning back to their home environments and they are visualized or seen as different people. Being at home with their families after being away for a period of time and experiencing a traumatic brain injury.

If you would like to reach us, call our 800 number that would get you forwarded directly to my office. And that number is 1-800-870-9244. Or you can dial me directly at 202-782-7287. Our clinical director also takes any inpatient referrals, he can be reached at 202-782-8668. His name is Dr. Lou French. Our web address is [www.dvbic.org](http://www.dvbic.org). I would like to give my colleague some initiatives that are taking place here.

ALICE MARIE STEVENS: Thank you, Kelly, can everyone hear me? First I would like to say that in the education corps we have a three-pronged mission. Our first priority is developing evidence-based training and educational materials to be used in the V.A. and across all branches of the armed services. Our second is to increase awareness of TBI and the third is to maintain collaborations among the armed services and other national organizations such as NAPIS. While we have just those three main objectives my job becomes quite involved because of the variance audiences that we have. We provide all of these services for providers of care, so that's all the medical clinicians and therapists, the patients and families, the armed services which includes the commanders and other personnel who come in contact with the service members in their daily task. And then also the general public. So in the scope of all that it's a very broad audience and diverse needs that we are trying to fulfill.

Currently we're developing online courses for first responders, that is, the individuals, the medics on the field, so assess concussion states and those will be released this fall or the first of next year. We're working to maintain consistency across our system and care and currently working on a case management manual that will help everyone in our system know what resources are available and how to access them and then we're also working on an awareness campaign that will also be launched in the fall.

ELIZABETH PRIAULX: Thank you, Alice Marie. Someone wanted me to repeat your name. Could you give out -- I think I have the email here for Kelly of the Walter Reed healthcare system. Could you give out your name and email?

ALICE MARIE STEVENS: My name is Alice Marie Stevens, I'm for the national organization. We do have a few education coordinators at some of our lead sites. I work with the entire organization. The best way to reach us by email is through our website. It's info @ dvbic.org and again, there is a considerable amount of information about our organization, how we operate, as well as other educational resource materials and web links at our website and the website address is [www.dvbic.org](http://www.dvbic.org).

ELIZABETH PRIAULX: Kelly and Alice Marie we have questions for you and then if people can stay on the line there were so many questions for Heather that Heather if you're still there would you be willing to answer a few more questions?

HEATHER HEBDON: I would be happy to.

ELIZABETH PRIAULX: Kelly, one question comes from our Maryland protection and advocacy program. He asks does your facility admit persons for psychiatric treatment and if so, how are their rights protected while they are residents in your facility? Do you ever propose individuals for involuntary admission?

KELLY GOURDIN: We do have a behavioral health program here at Walter Reed that is a component that deals directly with all of the psychiatric diagnoses. The point about confidentiality I have to stress that is kept. The patients are definitely protected here. There is this whole HIPAA regulation that says that any patient's information regarding their status or diagnoses, there is a whole confidentiality act that is in place at Walter Reed that protects the service member.

ELIZABETH PRIAULX: OK. And do you ever admit people on an involuntary basis for a mental health—

KELLY GOURDIN: They are actually directed directly to our mental health department. If there is a -- here at the brain injury center we don't have a teamworking directly with mental health. We are referring those patients to our inpatient service here on psychiatry.

ELIZABETH PRIAULX: Another question for Kelly. How do the case managers ensure that V.A. benefits are coordinated with other state benefits such as TBI waiver and Medicaid programs?

KELLY GOURDIN: It's coordinated at every site there is a lead case manager who has the responsibility of working with the veterans, I would say the resource person at the patients or soldier's home of record, hospital or veteran's hospital. They have a responsibility of working with that person to ensure that all of the resources are available to that service member.

ELIZABETH PRIAULX: What would be the best way for protection and advocacy programs and brain injury advocates to find out the names of the head case manager at these facilities so that they can make contact?

KELLY GOURDIN: I can refer you to our national V.A. coordinator. Her name is Gretchen Stephens and she is actually located at the Richmond V.A.

ELIZABETH PRIAULX: Her name is also on the slide there.

KELLY GOURDIN: Yes.

ELIZABETH PRIAULX: Then some other questions. What is the difference between discharged for medical reasons and medical retirement?

KELLY GOURDIN: There is really no difference. Being discharged if they are receiving a medical discharge, it's likely because there is some condition that does not allow them to remain on active duty.

ELIZABETH PRIAULX: Do you or Heather happen to have the citation for the TRICARE regs? That's something we can get for you afterwards if you don't have it memorized.

HEATHER HEBDON: No, I don't.

ELIZABETH PRIAULX: OK. I think that was it for most of the questions here. One person talked about how he does not believe that the V.A. coordinates with SSA for veteran's benefits. Could you discuss coordinates to that level?

KELLY GOURDIN: Gretchen Stephens is the most appropriate person to address that. I'm at the active duty site and I work with the national V.A. coordinator to address veteran's issues. I apologize for that.

ELIZABETH PRIAULX: One of the programs would like to know if you are tracking, or maybe Heather, have an idea of how many veterans with severe or traumatic brain injury are coming back from active duty?

KELLY GOURDIN: We have screened to date 475 patients that -- since 2003. There is a more global number and I don't have that number in front of me.

ELIZABETH PRIAULX: OK. And maybe this is for Heather. Does ECHO apply to disabled adult children of veterans over 21?

KELLY GOURDIN: Most commonly not because they have to be active duty military at the time that they apply for the program. So the veterans, unless as we said there is very little -- very few exceptions where they might be eligible for ECHO program and the adult children must have had the disability prior to the age of 18.

ELIZABETH PRIAULX: OK.

KELLY GOURDIN: The short answer is no.

ELIZABETH PRIAULX: OK. I think that was most of the questions for Alice and Kelly. And I just want to take the time before people start getting off the call to thank Heather and Alice and Kelly. We do have a few more minutes. We said this could go until 3:30 so I'll try to get through some of these other questions but wanted to take the time to say thank you and encourage folks to tap into this resource to learn more about medical benefits available for veterans with TBI. So if you are willing to take more questions, I will fire away here. It is really hard to -- somebody asked, is there any kind of way that you can figure out, of the three TRICARE programs, is there one that would be better for providing long-term care services for individuals with brain injury?

HEATHER HEBDON: It is going to depend -- that's a good question. It is going to depend on their location. Most times I emphasize trying for TRICARE prime if you're going to be near a military treatment facility or if you have no other insurance. Because it has the best coverage. However, if you're not near a military treatment facility and the network of providers under TRICARE prime is limited, it may not be a good system. Then I would go to the TRICARE extra. If you have other health insurance, because it is going to pay first, I would always go with TRICARE basic. Because that gives you your largest access to providers and you will have your other costs covered where you would not otherwise. But that's only if you have other insurance.

ELIZABETH PRIAULX: OK. I think a lot of these other questions can be answered through a follow-up handout that would be posted with the archives, but let me just check through one more time.

ALICE MARIE STEVENS: Elizabeth, this is Alice Marie. I would like to suggest that people visit the TRICARE website which has lots of information and can get to their specific questions. They also have a email there where you can put in your specific questions and get responses from the folks who actually administer TRICARE.

HEATHER HEBDON: I think that's probably the best recommendation that anybody could give. They truly are the ones that have the answers. Then if you still have questions you can go forward with them because you can post anything you need. Excellent point.

ELIZABETH PRIAULX: OK. That is a great way to end the session and one last question. Is there any particular way that you think that protection and advocacy programs as we encounter veterans with disabilities can be of help to TRICARE, to any of your case managers and to STOMP, what are the best ways to develop these relationships?

HEATHER HEBDON: I think keeping a line of open communication is the way to do it with any of these systems. Asking the right questions. And then not being afraid to say show me in the regulations. The different regions interpret differently but they have to tie into the regulations. That's what we have done. We continue to work with other systems to help military families and resources so that they can continue to be supported in accessing services. And we'll frequently ask them to show us where it is in the regulations.

ELIZABETH PRIAULX: Sounds like a lawyer.

ALICE MARIE STEVENS: I have one more suggestion for everyone as well. That is something that everyone who has worked with a TBI case already knows but we need to remind ourselves, that is every case is specific and unique. And the regulations may not apply the same way for each one. The same services may not be there. There may be additional ones. It is very important to know the specific case, and individual very, very well.

ELIZABETH PRIAULX: A key point. Two last questions. Could you repeat the TRICARE website?

HEATHER HEBDON: The best -- let me get my—

ELIZABETH PRIAULX: Yes, we told the speakers not to have their computers on.

HEATHER HEBDON: You ask me the hard stuff.

ELIZABETH PRIAULX: OK. Let's see, I'm on the STOMP site here. Let me see if I can link here. Let me see if I can pull it up quick.

HEATHER HEBDON: I've got it here. That is [www.TRICARE online.com](http://www.TRICARE online.com).

ELIZABETH PRIAULX: Two last questions that both came up about reservists. I think you asked are national guard soldiers currently on active duty covered by TRICARE? And for those not on active duty, is there any other veterans health coverage for reservists?

HEATHER HEBDON: I can't answer the other, what other resources there might be available. Maybe our friends from Walter Reed can help with that. The only time that they're going to be eligible for TRICARE is when they're on active duty for 30 days or longer. Then they are eligible.

ELIZABETH PRIAULX: OK.

HEATHER HEBDON: Once they've been activated.

KELLY GOURDIN: And regarding if they are on active, if they're reservists on active duty and the injury happened while on active duty, they are eligible for care within our network.

ELIZABETH PRIAULX: If they're not on active duty?

KELLY GOURDIN: If they're not on active duty they are not eligible.

ELIZABETH PRIAULX: Even through the V.A. system?

KELLY GOURDIN: Well, it depends. If they are veterans they're eligible to be seen within the V.A. system, yes, but it has to be -- under our services it has to be a service-connected injury. However, there are ways of going through appeals and wavering for each case. It's a unique case specific.

ELIZABETH PRIAULX: Is there a specific site for reservists on these issues? Website or source of information?

HEATHER HEBDON: Not that I'm aware of.

KELLY GOURDIN: Not that I'm aware of, either.

ELIZABETH PRIAULX: I think we got through the bulk of questions. Thank you for hanging on and thank you Heather, Kelly and Alice Marie.