



# Mandated Reporting Procedures for Providers

For Audio Call: (877) 563-4796

Enter Code: 7771224#

\*Phones are muted due to the large number of attendees

# Welcome and Introductions

## Presenter

- Military OneSource  
Provider Relations



# Training Topics

## Military OneSource Provider Mandated Reporting

Mandated reporting requirement

Mandated reporting procedures

Preparing to make the report (What information to gather)

Documenting the mandated report

- CAF Form overview
- Individual cases
- Couples and family cases

## Questions & Answers



# Mandated Reporting Requirement

**Mandated Reporting is required for the following issues:**

All Participants:

- Child, elder, vulnerable adult abuse
- Critical risk to others
- Risk to self

Service Member Participants:

- Sexual assault incidents
- Domestic violence
- Recent psychiatric hospitalization within 30 days
- Present or future illegal activity

# Mandated Reporting Procedure

To Make a Report Call Military OneSource at  
**(800)342-9647**

- A Triage Consultant or Clinical Supervisor will take the report and file the required information with the appropriate Department of Defense point of contact
- DO NOT contact the participant's command or supervisor (except in legally required circumstances; i.e. Tarasoff/ DTW)

**Note:** All records are confidential and should not be released to any Department of Defense office. If a government office requests a participant record, contact Military OneSource with the name and number of the requestor.

# Reporting Details

When making a report, please be prepared to answer the following questions (Reports may require 10 -15 minutes):

## 1. The nature of the incident:

- Child/Elder/Vulnerable Adult Abuse
- Risk To Self (Suicidal Intent)
- Risk to Others (Homicidal or Other Intent to Harm)
- Domestic Violence
- Sexual Assault (involving a service member)
- Psychiatric Hospitalization
- Illegal Activity

# Reporting Details (Cont.)

Please be prepared to answer the following questions:

2. Who is the alleged perpetrator/ victim?
3. Demographic Information of both perpetrator/victim:
  - Name
  - Date of Birth
4. Duty Status and Location: Active Duty, Guard, Reserve
5. Detailed account of the incident
  - When did the incident occur?
  - Were there any injuries?
  - Were there any witnesses?
  - Were weapons involved?
  - Were alcohol or drugs involved?

# Reporting Details (Cont.)

Please be prepared to answer the following questions:

6. Date of most recent occurrence and chronicity
7. Involvement of military or civilian agencies, arrests made?  
(e.g. FAP, MPs, SARC, CPS, DHS, local police)
8. Any action taken by SM/FM  
(e.g. police called, restraining order, etc.)
9. Any involvement with children (names and ages)
10. Was a safety plan developed? Support systems
11. Any resources or referrals that were given  
(e.g. TRICARE, educational materials, community resources, base services)

# Mandated Reporting Checklist



## Military OneSource Mandated Reporting Checklist

When making a report, please be prepared to answer the following questions (Reports may require 10 - 15 minutes to complete):

- The nature of the incident:
  - Child/Elder/Vulnerable Adult Abuse
  - Risk To Self (Suicidal Intent)
  - Risk to Others (Homicidal or Other Intent to Harm)
  - Domestic Violence
  - Sexual Assault (involving a service member)
  - Psychiatric Hospitalization
  - Illegal Activity \_\_\_\_\_
  - Other \_\_\_\_\_
- Who is the alleged perpetrator/ victim? \_\_\_\_\_
- Demographic information of both perpetrator/victim:
  - Name \_\_\_\_\_
  - Date of Birth \_\_\_\_\_
- Duty Status and Location: Active Duty, Guard, Reserve
- Detailed account of the incident
  - When did the incident occur? \_\_\_\_\_
  - Summary of Incident. \_\_\_\_\_
  - Were there any injuries? \_\_\_\_\_
  - Were there any witnesses? \_\_\_\_\_
  - Were weapons involved? \_\_\_\_\_
  - Were alcohol or drugs involved? \_\_\_\_\_
  - \_\_\_\_\_
  - Date of most recent occurrence and chronicity \_\_\_\_\_
  - Involvement of military or civilian agencies, arrests made? (e.g. FAP, MPs, SARC, CPS, DHS, local police) \_\_\_\_\_
  - \_\_\_\_\_
- Any action taken by SM/FM (e.g. police called, restraining order, etc.) \_\_\_\_\_
- Any involvement with children (names and ages) \_\_\_\_\_
- Was a safety plan developed? Support systems \_\_\_\_\_
- Any resources or referrals that were given (e.g. TRICARE, educational materials, community resources, base services) \_\_\_\_\_



# Documenting the Report (CAF)

- The only documentation required by Military OneSource is the Case Activity Form (CAF)
- ALL fields on the CAF form must be completed
- High Risk Case:  Yes  No
- Reviewed with MOS consultant?  Yes  No
- If yes, w/ whom?  
(Consultant's name)\_\_\_\_\_
- Was a safety plan developed?  Yes  No
- Please note whether a legally required report has been filed  
By Whom:\_\_\_\_\_ When:\_\_\_\_\_ Where:\_\_\_\_\_

# Documenting the Report CAF (cont.)

- Complete the abuse/risk table

	None/Denies	Current	History
Domestic Violence	0	0	0
Child Abuse/Neglect	0	0	0
Sexual Assault	0	0	0
Sexual Abuse (of a minor)	0	0	0

- Complete the Case Summary Note with brief details
- Close case if participant is out-of-scope
  - Mental Health Disorder
  - Substance use disorders
  - Severe impairment
  - Open FAP Case
  - Post Traumatic Stress
  - High Risk Participants
  - Domestic Violence or Assaults
  - Concurrent Care

# Military OneSource Case Activity Form P. 2

Participant Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Type of Counseling Provided:

Individual  Couple  Family

Military Identification card viewed and verified by provider?:

Yes  No

Does participant have any DSM diagnoses beyond a V-Code?  Yes  No (If yes, refer case to medical/mental health treatment)

Is issue related to deployment?  Yes  No Is issue related to reintegration?  Yes  No

**Risk and Functional Assessment:** Indicate participant's level of impairment at time of session:

Member's risk to self.....	00	01	02	03	<i>0 = No Evidence of Impairment                  1 = Mild Impairment                  2 = Moderate Impairment                  3 = Severe Impairment (must be significant impairment)</i>
Member's risk to others.....	00	01	02	03	
Mood Disturbances (depression or mania).....	00	01	02	03	
Anxiety.....	00	01	02	03	
Thinking / Cognition / Memory / Concentration.....	00	01	02	03	
Impulse / Reckless / Aggressive Behavior.....	00	01	02	03	
Activities of Daily Living Problems.....	00	01	02	03	
Medical / Physical Condition.....	00	01	02	03	
Substance Abuse / Dependence.....	00	01	02	03	
Job / School Performance.....	00	01	02	03	
Social Functioning / Relationship / Marital / Family.....	00	01	02	03	

**Counseling Goals:**

1.	<input type="radio"/> Met <input type="radio"/> Partially Met <input type="radio"/> Not Met <input type="radio"/> No Change
2.	<input type="radio"/> Met <input type="radio"/> Partially Met <input type="radio"/> Not Met <input type="radio"/> No Change
3.	<input type="radio"/> Met <input type="radio"/> Partially Met <input type="radio"/> Not Met <input type="radio"/> No Change

Mental Health Treatment History Assessed  Yes  No Notes: \_\_\_\_\_

Substance Abuse Treatment History Assessed  Yes  No Notes: \_\_\_\_\_

Strength, Skills, Aptitude and Interests Assessed  Yes  No Notes: \_\_\_\_\_

Supports Assessed  Yes  No Notes: \_\_\_\_\_

	None/Denies	Current	History
Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Abuse/Neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Assault	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Abuse (of a minor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

High Risk Case:  Yes  No

Reviewed with MOS consultant?  Yes  No

If yes, w/ whom?

(Consultant's name) \_\_\_\_\_

Was a safety plan developed?  Yes  No

Please note whether a legally/required report has been filed:

By Whom: \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

Case Summary Note: (Please include critical issues or events addressed in session)

--

Billing Type:  Interim  Final  Re-Open

# Military OneSource Case Activity Form (CAF)

## CAF Page 2 (Continued)

**Case Closing/Final Session** *(Must be filled out upon case closing or after 30 days of no contact)*

**Closing Reason:**

- Participant's case successfully resolved
- Participant withdrew/dropped out before the completion of services
- Participant discontinued for other reasons
- Out of Scope- Escalated to Crisis
- Out of Scope- Non Crisis

**Reasons Deemed Out of Scope (If Indicated)**

- Risk to Self       Risk to Others
- Currently Receiving Mental Health Tx.
- Currently Prescribed Psych. Medication
- Diagnosed w/ Mental Health Condition
- Fitness for Duty or Court Ordered
- Psych. Hospitalization     Illegal Activity
- Domestic Abuse     Child Abuse
- Substance Abuse     Sexual Assault/Rape

**Overall Status of Goals:**

- Goals Met
- Partially Met Goals
- Goals Not Met

**Case Disposition:**

- No Referral made to other resources
- Referral for other resources accepted
- Referral for other resources declined
- Did Not Keep Initial Appointment
- Discontinued Counseling

**Referral Type (check all that apply)**

- No referral beyond MOS
- TRICARE
- Military Treatment Facility
- Victim Advocate
- Sexual Assault Response Coordinator
- Family Advocacy Program
- Other Medical
- Other Substance Abuse
- Other Mental Health
- Community Resource
- Red Cross



Please Fax to 877-762-1356

# Documenting Reports for Couples and Family Cases

When documenting couples and family cases for Military OneSource, preventing the co-mingling of records is the utmost of importance.

**Co-mingling of Records:** This occurs when information specific to an additional participant is documented in the authorized participant's record. In order to prevent co-mingling records, please adhere to the following guidelines:

- CAF should not identify any participant other than the authorized participant or the family/couple unit.
- Session note may refer to additional participants as “family member” or “additional participant.” Do not use identifying words such as “spouse,” “daughter,” or “husband.”

# Military OneSource ProviderConnect

- › An online tool where providers can:
  - Submit Case Activity Forms and view their status
    - User Friendly
    - Fast payment
    - Successful, error-free submission
  - Access and print forms:
    - Authorizations
    - Provider Summary Vouchers
  - Submit re-credentialing applications
  - Access ProviderConnect message center
    - Submit customer service inquiries
    - Submit updates to provider demographic information

# Contact Information

## Military OneSource 24/7 dedicated line

- Phone: (800) 342-9647

## ValueOptions Provider Service Line

- Phone: (800) 397-1630

## ValueOptions Claims Department

- Phone: (888) 450-6795

## Electronic Claims /ProviderConnect EDI Helpdesk

- Phone: (888) 247-9311
- FAX: (866) 698-6032
- Email: [e-supportservices@valueoptions.com](mailto:e-supportservices@valueoptions.com)

## PaySpan Health Support

- Phone: (877) 331-7154
- Email: [providersupport@payspanhealth.com](mailto:providersupport@payspanhealth.com)

## Military OneSource Provider Relations Department

- Email: [MOSProviderRelations@MilitaryOneSource.com](mailto:MOSProviderRelations@MilitaryOneSource.com)



# Military OneSource

## Questions & Answers

# MILITARY ONESOURCE

*Thank you*

[MOSProviderRelations@militaryonesource.com](mailto:MOSProviderRelations@militaryonesource.com)