



Provider Documentation and High Risk Cases

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 high risk cases and reporting requirements

Scope of services

Reporting requirements

High risk cases

Military OneSource record keeping practices

The New CAF Form

The New CAF-PA Form for Additional Participants

Documenting couples and family cases to prevent co-mingling of records

Documentation of high risk cases

Questions & Answers

Scope of Services

Military One Source covers confidential, face-to-face, non-medical counseling services:

- Non-medical counseling for V-code issues such as:
 - Adjustment to situational stressors
 - Relationship issues
 - Parenting / family related issues
 - Stress management skills
 - Work-related issues
- Short term, psycho-educational, and solution focused in nature
- Military OneSource program is intended to prevent and alleviate lifestyle conditions that may compromise military and family readiness

Scope of Services

- Military OneSource does NOT cover the following:
 - Clinical mental health treatment or long-term issues such as:
 - Depression and anxiety
 - Substance use disorders
 - Severe impairment
 - Post Traumatic Stress Disorder
 - High Risk Participants
 - Domestic Violence or Assaults
 - Assessment services, fit -for-duty determinations, Disability assessments, or court-ordered counseling
 - Those recently diagnosed with a mental health illness, prescribed psychotropic medication, receiving concurrent psychiatric or behavioral health treatment, or with an open Family Advocacy Program (FAP) case.
 - **All participants who do not meet the scope of services criteria should be referred to their medical health insurance benefit, military base services, or community resources**

Mandated Reporting

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

➤ **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/supervisor**

Note: All records are confidential and should not be released to any Department of Defense office.

High Risk Cases

The following are examples and indicators of high risk participants:

- Domestic violence
- Suicidal Ideation
- Physical or sexual assault
- Chronic drug use or bingeing
- Drug induced behaviors that place the participant or others at risk
- Any behaviors that compromise safety
- A preoccupation with any of the above behaviors

High Risk Cases (Cont.)

If you determine that the participant referred to by Military OneSource is at risk, please take the following steps:

1. Make sure there are no immediate risks or critical needs. If there are immediate risks, take appropriate steps to ensure safety and then call Military OneSource to report.
2. Inform the participant that they do not meet the criteria for non-medical counseling and that a referral for treatment or long-term counseling is required. Discuss treatment options (TRICARE, base services, private insurance, community mental health, addictions treatment program, etc.).
3. If it is unclear what the treatment options are, refer the participant back to Military OneSource for resources. The call to Military OneSource can be made during the session and options discussed.

High Risk Cases (Cont)

4. If the participant behaviors warrant a required report, inform the participant and call Military OneSource immediately. Give the participant the option of witnessing the report and participating.
5. If needed, one (1) session may be used for transitioning the participant to ongoing services. This will allow for time to gather resources, to plan the next steps, and to assist the participant in accessing long term services.
6. Document the High Risk or reason for determining that the participant is out of scope and complete the Case Closing section of the CAF.

High Risk or 'Out-of-Scope' for Couples and Family Cases

- Additional participants who are deemed to be a high risk or out-of-scope are not eligible for Military OneSource non-medical counseling services. The same process should be followed with these participants to ensure that they are referred to appropriate services. They may be referred back to Military OneSource in order to open an individual case and obtain resources.
- In couples cases, providers may continue seeing the authorized participant individually. If the authorized participant is deemed out-of-scope, then the family member may call Military OneSource to open an individual case and receive a referral.
- A case-closing CAF is not required for additional participants in Family cases if other members of the family continue counseling sessions.

Military OneSource Record Keeping Practices

The New CAF Form

The new CAF form is very similar to the old form with a few differences outlined below:

- **One Date of Service per CAF:** The new CAF now allows for only one (1) date of service. Each session will require a unique CAF submission.
- **No Show indicator:** The CAF now requires that a provider document whether or not the participant 'Showed' for the session. If the participant did not show for the session, please submit a CAF with the No Show field marked 'Yes.' This should also be used for closing cases when the participant dropped out of counseling.
- **Mode of Delivery:** Indicate whether the session was conducted via Face-to-Face, Telephonic, Online, or Video modality.

New CAF Form (Cont.)

- **New V-Codes:** The new CAF has a longer list of V-Code choices based on ICD-9 codes. Please choose the primary issue presented and assessed.
- **Risk and Functional Assessment:** Indicate the participant's level of impairment at the time of the session. This assessment is required to for every session. *NOTE: 3= Severe Impairment indicating significant impact in daily functioning.*
- **Case Summary Note is Required:** Please enter a unique note for each session including any critical issues or events addressed in the session. Failure to write a Case Summary Note will result in a request to re-submit the CAF form.

New CAF Form (Cont.)

- **Case Closing/Final Session:** A final case closing CAF is required to be submitted after the final session or within 30 days of no contact. Please mark the Billing Type as 'Final' and fill out the Case Closing section of the CAF: Closing Reason, Reasons Deemed Out of Scope (*if out of scope*), Overall Status of Goals, Case Disposition, and Referral Type. If the participant did not attend a closing session, please mark the No-Show as 'Yes' and complete the Case Closing section of the CAF.
- **ALL Sections of the CAF are Required:** All sections of the Military OneSource CAF must be filled out for successful submission and reimbursement. If any section of the CAF is not completed it will be returned for resubmission.

Military OneSource Case Activity Form P. 1



Military One Source Case Activity and Billing Form

Instructions: Please use CAPITAL letters. Complete ALL information to ensure prompt payment. Keep a copy for your records.

Statement of Understanding Signed: Yes No

Authorized Participant Information: Last Name First Name MI

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Participant's Address: Street Address City

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State ZIP Code Date of Birth (mm/dd/yy) Participant Home Phone

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Participant Gender: Female Male **No Show:** Yes No

Billing Information: Date of Service (mm/dd/yy) Mode of Delivery:

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Face-to-Face Video
 Telephonic Online

Authorization Number

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Counselor: Last Name First Name MI

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Counselor Billing Address: Street City

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State ZIP Code Tax ID Number or SSN: NPI Number:

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Counselor's Phone: **Counselor's Signature:** **Date:**

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Total Sessions Billed: _____ **Number Sessions Used at Case Closing:** _____

Military OneSource Case Activity Form (CAF)

CAF Page 1 (Continued)

Presenting and Assessed Problem

Choose one presenting (P) and one assessed (A)

P A

- V61.20 Parent-Child Relational Problem
- V61.8 Sibling Relational Problem
- V61.8 Upbringing Away From Parents
- V61.8 High Emotional Level With Parents
- V61.29 Child Affected by Parent Relation Distress
- V61.10 Relational Distress with Intimate Partner
- V61.03 Disrupt. of Family by Separation/Divorce
- V62.82 Uncomplicated Bereavement
- V15.41 Hist. of Abuse/Neglect in Childhood
- V15.41 Hist. of Partner Violence, Physical, Sex
- V15.42 History of Partner Neglect, Psych.
- 995.81 Physical Abuse by Nonpartner
- 995.82 Adult Sexual Abuse by Nonpartner
- 995.83 Adult Psych Abuse by Nonpartner
- V62.3 Academic or Education Problem
- V62.21 Prob. Related to Current Military Deployment Status

P A

- V62.29 Prob. Related to Employment
- V60.0 Homelessness
- V60.1 Inadequate Housing
- V60.89 Discord with Neighbor, Lodger, or Landlord
- V60.6 Prob. Living in Residential Inst.
- V60.2 Lack of Adequate Food/ Water
- V60.2 Extreme Poverty
- V60.2 Low Income
- V60.2 Insufficient Insurance, or Welfare Support
- V60.9 Housing or Economic Problem
- V62.89 Phase of Life, Crime Victim
- V60.3 Prob. Related to Living Alone
- V62.4 Acculturation Difficulty, Social Rejection, Discrimination
- V62.9 Prob. Related to Social Environ.
- V62.9 Prob. Related to Psychosocial

P A

- V62.5 Prob. Related to Release From Prison or Other Legal
- V65.40 Other Counseling/Consultation
- V62.89 Religious or Spiritual Problem
- V61.7 Problem Related to Unwanted Pregnancy
- V61.5 Prob. Related to Multiparity
- V62.22 Exposure to Disaster, War
- V62.22 Hist. of Military Deployment
- V15.49 Personal Hist. of Psych Trauma
- V15.59 Personal History of Self-Harm
- V15.89 Other Personal Risk Factors
- V69.9 Problem Related to Lifestyle
- V71.02 Child/Adolescent Antisocial Beh.
- V63.9 Unavailability of Health Care Fac.
- V63.8 Unavailability of Helping Agency
- 278 Overweight or Obesity
- V62.89 Borderline Intellect. Functioning

Military OneSource Case Activity Form P. 2

Participant Last Name

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First Name

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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)

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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

This form is due within 15 days of the date of service.

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

Military OneSource Case Activity Form Participant Addendum (CAF-PA)

- The Military OneSource Case Activity Form Participant Addendum (CAF-PA) is required for all couples and family cases/sessions.
- This CAF Addendum documents additional participants and allows Military OneSource to track data related to couples and family members.
- The CAF-PA also provides documentation that the Statement of Understanding was reviewed and signed by all participants.
- Additional participant names and dates of birth are not required.

Military OneSource Case Activity Form- Participant Addendum (CAF-PA)

Military One Source Case Activity Form Participant Addendum (CAF-PA)

Instructions: For all couples and/or family cases, complete this Participant Addendum for every additional participant who attended the session. (Required fields are indicated by an asterisk *)

***Authorization Number**

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***Date of Service (mm/dd/yy)**

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Additional Participant # 1

Information:

***Relationship to Participant:** _____

***Gender:** Male Female

***Age**

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***No Show:** Yes No

***Statement of Understanding Signed:** Yes No

Risk and Functional Assessment: (Participant's level of impairment at time of session)

***Member's Risk To Self** Yes No

***Member's Risk To Others** Yes No

***Domestic Violence** Yes No

***Child Abuse or Neglect** Yes No

Documenting 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:

- The information provided in the Case Summary note should not identify any participant other than the authorized participant or the family/couple unit.

Documenting Couples and Family Cases

Co-mingling of records prevention

When writing Case Summary Notes for couples and family cases, write the note as if the family or couple is a single participant unit.

Some Examples:

1. The couple practiced communication skills such as active listening and reframing.
2. The couple addressed issues related to their lack of trust and intimacy.
3. The family discussed boundaries and limit setting.
4. The family identified individual roles and set goals related to household responsibilities and chores.

****Notes should be written so that if they were subpoenaed, no redaction of information would be required.**

Documenting High Risk Cases

- When documenting high risk cases, be sure to document the following fields on the CAF:
- If the participant has a DSM diagnosis beyond a v-Code.
 - Any severe impairment in the Risk and Functional Assessment
 - Domestic Violence
Child Abuse/Neglect
Sexual Assault
Sexual Abuse (of a minor)
 - If it is a High Risk Case: Yes No
 - If the case was reviewed with a Military OneSource consultant
 Yes No
 - If yes, w/ whom: (Consultant's name) _____
 - Was a safety plan developed? Yes No
 - If a legally required report has been filed:
By whom: _____ When: _____ Where: _____

Contact Information

- › Carelon Provider Service Line
 - Phone: (800) 397-1630
- › Military OneSource 24/7 dedicated line
 - Phone: (800) 342-9647
- › Carelon Claims Department
 - Phone: (888) 450-6795
- › Electronic Claims /ProviderConnect Helpdesk
 - Phone: (888) 247-9311
 - FAX: (866) 698-6032
 - Email: e-supportservices@valueoptions.com
- › PaySpan Health Support
 - Phone: (877) 331-7154
 - Email: providersupport@payspanhealth.com
- › Military OneSource Provider Relations Department
 - Email: MOSProviderRelations@MilitaryOneSource.com

Military OneSource

Questions & Answers

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Thank you