

Provider Documentation High Risk Cases



Training Topics

Overview

- Guidelines on billing for Military OneSource
- Confidentiality and records
- The Case Activity Form (CAF: Completion Instructions)
- High-risk documentation and reporting
- Case Closure
- Best practices for CAF submission
- Electronic CAF submission via PROVIDERCONNECT



Scope of Services

Non-medical counseling for service members and families:

- Face-to-face, online, by phone and video sessions
- Short-term, psycho-educational and solution focused - up to 12 sessions, per issue, per rolling calendar year
- Available to children and teens with some guidelines
- Can address Z-codes issues such as:
 - Stress management
 - Marital and communication issues
 - Decision making
 - Adjustment and deployment challenges
 - Parenting skills
 - Grief or loss

Relationship conflict is the top reason service members and their families seek support through Military OneSource and Military and Family Life Counseling programs.



Scope of Services (contd.)

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 (PTSD)
 - 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 benefits, military base services, or community resources

Informed Consent

Participants are provided with full disclosure:

- Participants hear a Limits of Confidentiality statement during their initial call to Military OneSource
- The provider must review the Statement of Understanding with participants prior to delivering face-to-face non-medical counseling services

Military Resources that respond to Mandated Reporting situations:

- Family Advocacy Program (FAP)
- Sexual Assault Response Coordinator (SARC)
- Victim Advocacy

Mandated Reporting

Provider reporting is required for the following issues:

All Participants:

- Child, elder, vulnerable adult abuse
- Critical risk to others
- Risk to self
- Wrongful death (homicide/suicide)

Service Members:

- Sexual assault incidents
- Domestic violence
- Recent psychiatric hospitalizations 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

Mandated Reporting Details

Please be prepared to answer the following questions:

1. Who is the alleged perpetrator/victim?
2. Demographic Information of both perpetrator/victim:
 - Name
 - Date of Birth
3. Duty Status, Location, Unit Number: Active Duty, Guard, Reserve
4. 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?

Mandated Reporting Details (contd.)

Please be prepared to answer the following questions:

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

Mandated Reporting Checklist



Military OneSource Mandated Reporting Checklist

In the event that a participant's circumstances require a mandated report/duty to warn, please call Military OneSource to file the report at 1-800-342-9647. Please have ready the following information (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 (Diagnosis _____)
 - ☐ Illegal Activity _____
 - ☐ Other _____
- ☐ Who is the alleged perpetrator/ victim? _____
- ☐ Demographic Information of both perpetrator/victim:
 - Name _____
 - Date of Birth _____
- ☐ Duty Status, Location, and Branch: Active Duty, Guard, Reserve

- ☐ Detailed account of the incident
 - When did the incident occur? _____
 - Summary of Incident. _____

Military OneSource Case Activity Form (CAF)



Military OneSource Case Activity Form (CAF) on website

Not secure | <https://pcomort2stg.pc/eProvider/providerLogin.do>

MOS WFO Collab... Military OneSource... ADMINISTRATIVE A... Team Tracking Tool... Home - MOS Oper... Cardon Behavioral... <https://coms.military...> MOS Windows 11... PULSE OneDrive FedEx CampusShip Login... Swampfox IOW/DR... Other bookmarks

carelon Cardon Behavioral Health Home Provider Home Contact Us Log In

Please Log In to ProviderConnect

Required fields are denoted by an asterisk (*) adjacent to the label.

Please log in by entering your User ID and password below.

*User ID

If you do not remember your User ID, please contact our eSupport Help Line.

*Password [Forgot Your Password?](#)

The information and resources provided through the Carelon Behavioral Health site are provided for informational purposes only. Behavioral health providers utilizing the Carelon Behavioral Health site ("Providers") are solely responsible for determining the appropriateness and manner of utilizing Carelon Behavioral Health information and resources in providing services to their patients. No information or resource provided through the Carelon Behavioral Health site is intended to substitute for the professional judgment of a behavioral health professional. Providers are solely responsible for determining whether use of a resource provided through Carelon Behavioral Health is consistent with their scope of licensure under applicable laws and ethical standards.

It is recommended that you use Edge, Chrome or Firefox when using ProviderConnect. Other Internet browsers may not be compatible and may result in formatting or other visible differences.

For assistance with any technical problems (such as connecting to or accessing the site) please call our eSupport Help Line at 855-247-9311 during business hours Monday through Friday 8AM - 5PM ET or you can email an Applications Support Specialist at esupportservices@carelon.com

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Two Outcome Questions to Ask Participants – Question 1

Military OneSource is always interested in non-medical counseling outcomes. Please ask participants these two questions during their first and final sessions and record the responses on the CAF form:

First and Final Sessions:

Question 1: *“How would you rate the severity of your problem?”*

Participants Response Options:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Low | <input type="checkbox"/> Do Not Know |
| <input type="checkbox"/> Moderate | <input type="checkbox"/> Did not respond |
| <input type="checkbox"/> Severe | <input type="checkbox"/> Provider deemed question inappropriate |
| <input type="checkbox"/> Very Severe | |

Two Questions to Ask Participants – Question 1 (contd.)

If you determine that the question, *“How would you rate the severity of your problem”* is not appropriate to ask, please mark:

☐ Provider deemed question inappropriate

If the participant did not show for the final session and you are submitting a Case Closure CAF, please mark:

☐ Do Not Know

Two Questions to Ask Participants – Question 2

Final Session Only:

Question 2: *“How is your ability to address the issue as compared to when we started counseling?”*

Participants Response Options:

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Improved | <input type="checkbox"/> Did not respond |
| <input type="checkbox"/> Same | <input type="checkbox"/> Provider deemed question inappropriate |
| <input type="checkbox"/> Lower | <input type="checkbox"/> N/A |

Two Questions to Ask Participants – Question 2 (contd.)

If you determine that the question, *“How is your ability to address the issue as compared to the start of counseling”* is not appropriate to ask, please mark:

☐ Provider deemed question inappropriate

If the participant did not show for the final session and you are submitting a Case Closure CAF, please mark:

☐ N/A

Importance of Accurate Documentation

- Conciseness: Provide clear and concise notes that cover the essential details of each counseling session.
- Completeness: Make sure to cover all required sections of the CAF
- Clarity: Use clear and professional language that accurately reflects the counseling session. Avoid jargon unless it is necessary and well-defined
- Timeliness: Submit your CAFs promptly and within the timely filing deadline. Document level of risk or safety
- Avoid: Copying and pasting session notes or writing the same notes for each session. A unique note is required for each session.
- Avoid: A note that is so general or brief that the quality of work is not reflected in your notes.

Case Summary Notes

Case Summary Notes are meant to be brief and general, yet informative about what occurred during each session related to the participant's progress toward established goals.

The following 3 elements are necessary for a comprehensive Case Summary Note (one sentence for each should suffice):

1. How did the participant present or what occurred during the session?
2. What steps were taken by the provider to achieve established goals?
3. What was the response of the participant?

Example:

- *Participant exhibited stress and discussed the pressures of his workplace and marriage. Practiced stress management exercises to be used in times of overwhelming stress. Participant was receptive and agreed to practice at home.*

Case Summary Notes (contd.)

Additional case summary details are required in the following situations:

- **High Risk Cases:** If the participant is engaging in high-risk behaviors (violence, abuse, self-harm, and impulsive or addictive behaviors that present risk to self or others), please document those behaviors and call Military OneSource to report or consult.
- **Safety Plan Developed:** If a safety plan was developed, please document a summary of that safety plan.
- **Risk and Functional Assessment indicating Severe Impairment:** If the participant exhibits Severe Impairment of functioning in any of the Assessment factors (this is indicated by a '3'), please clarify what behaviors lead to that determination in the Case Summary Note.

Case Activity Form (CAF) and Submission Procedures

Submit CAF within 30 days of the date of service

- Check that the Statement of Understanding radio button was reviewed
- Check, **but do not copy** Military ID cards
- Enter your billing address on the CAF (not practice address)
- It is IMPORTANT to complete ALL sections of CAF (Case Closing session is only required for Final CAF)
- Must complete the Case Closing section of the CAF once the services are complete or within 30 days after last contact.

Case Activity Form (CAF) and Submission Procedures

- Ensure that notes are entered under the correct participant to maintain the integrity and confidentiality of participant records
- Services must not exceed 12 sessions rendered during the stated dates listed on the authorization
- Authorizations are provider specific; only the authorized provider can render services
- Services can only be rendered by fully-independently licensed providers



How do I submit my Case Activity Form (CAF)?

Submit CAF within 30 days of the date of service

Online:

Military OneSource ProviderConnect Portal

[Carelton Behavioral Health ProviderConnect](#)

Records and Confidentiality

Guidelines for Record-Keeping

- Keep a copy of the record/CAF in your files
- Print CAFs prior to submission on ProviderConnect
- Have a 'Release of Information' (ROI) form signed before releasing any records
- Participants have a right to the record after completion of Freedom of Information Act (FOIA) request
- The record must NEVER be released to the Department of Defense or the chain of command
- The record may be released to a 3rd party (other than the DoD) with a signed ROI. It is always preferable to release the record directly to the participant.



Overview of Carelon Health Federal Services



Online Tools



Military OneSource ProviderConnect

A 24/7, Secure online tool where providers can:

- Access ProviderConnect message center
 - Submit customer service inquiries
 - Submit updates to provider demographic information
- Submit re-credentialing applications
- Access and print forms:
 - Authorizations
- Submit Case Activity Form and view form status

Increase convenience, decrease claims processing time, and ultimately claims payment time is reduced

Military OneSource Network Information

Carelon Health Federal Services Website

<https://www.carelonbehavioralhealth.com/providers/military-onesource>

Online Tools

Relias Learning Management System

- Website where Military OneSource Training Requirements may be completed
 - Self paced & access available 24/7
 - Military OneSource initial and annual training requirements
 - Military specific courses CEU accredited
 - For help with Relias Learning Management System
MOSProviderRelations@MilitaryOneSource.com

PaySpan Health

- Direct deposit for claims payment
 - Phone: (877) 331-7154
 - Email: providersupport@payspanhealth.com

Contact Information

- Military OneSource 24/7 dedicated line - Phone: (800) 342-9647
- Electronic Claims Submissions/EDI Helpdesk
 - Phone: (888) 247-9311
 - FAX: (866) 698-6032
- PaySpan Health Support
 - Phone: (877) 331-7154
 - Email: providersupport@payspanhealth.com
- Military OneSource Provider Relations Department - Email: MOSProviderRelations@MilitaryOneSource.com

Thank you

Military OneSource Provider Relations Department
MOSProviderRelations@MilitaryOneSource.com

