Training Topics

› Administrative Orientation
  • Welcome and Introductions
  • Overview of ValueOptions/Beacon Health Options
  • Military OneSource Program
    • Participant Eligibility Requirements
    • Scope of Services
    • Duty to Warn and Mandated Reporting Procedures
    • Referral Procedures
  • Case Activity Forms and Various Methods for Submission
  • Online Tools and Website Navigation Demonstration
  • Questions & Answers

› Military Culture Competence
  • Questions & Answers
Overview of Beacon Health Options/ValueOptions

- Founded in 1983
- Nation’s largest independent behavioral health and wellness company
- Committed to the principles of recovery and resiliency
- Currently serving over 45 million lives in 150,000 different locations
- Diverse client base:
  - Commercial division
  - Federal division
  - Public Sector division
- Over 29 years of continuous experience in supporting military members and their dependents
Provider Relations

- Ensures participants’ have access to readily available providers
- Maintains network composition by engaging in assertive retention strategies
- Engages in timely and appropriate recruitment
- Offers educative communications and trainings to our provider community and staff
- Provides escalated customer service for providers
Provider Credentialing:
  • Completion of Credentialing Application required for network participation

Military OneSource network participation requirements:
  • Must be a citizen of the United States
  • Speak English
  • FBI background check with fingerprints
  • Complete all training requirements
    • Training is required annually
Beacon Health Options/ ValueOptions Network Services

Provider Contracting:

• Contract with ValueOptions/ Beacon Health Options
  • Ownership Disclosure Form

• Military OneSource-Specific:
  • Military OneSource Provider Statement of Understanding
  • Military OneSource Short-term Non-medical Counseling Program Amendment

Questions about Contracting and Credentialing?
Call 1-800-397-1630 (8am – 5pm ET)
Program oversight is provided by the medical director

- Key Quality Indicators include but are not limited to:
  - Satisfaction feedback measures
  - Access and availability of services – geographic access; phone statistics; appointment availability; etc.
  - Complaints and Grievances tracking and reporting
  - Member safety – (adverse incidents and quality of care)
  - Quality Improvement activities/projects

- Military OneSource-Specific Quality Monitoring
  - Case Activity Form Audits
  - Collaborative management of high risk cases
  - Assure adherence to scope of non-medical counseling
Eligibility Requirements

Department of Defense Service Members and Dependents

- **Active Component (AC):** Active Duty service members who serve under the command of the President full time continuously until discharged or retired

- **Reserve Components (RC):** Army, Navy, Air Force, & Marine Corps Reserves and the Army National Guard and Air National Guard

- **US Coast Guard (not eligible):**
  - Service members are not eligible unless currently serving under a Department of Defense mission
  - Operate under Homeland Security and receive services under a separate program called **CG SUPRT**
Range of Support

- Community Resources & Referrals
- Financial
- Health Coaching
- Relationships
- Children & Youth
- Special Needs
- Confidential Non-medical Counseling
- Deployment
- Life Transitions
- Moving
- Libraries
- Career & Education
Additional Military OneSource Benefits

- Specialty Consultations
  - Financial Assistance
    - Tax Filing Services
    - Budget Management
  - Military Spouse Support
    - Education Resources
    - Career Assistance
  - Parenting and Childcare Resources
  - Elder Care Resources
  - Health and Wellness Coaching
  - Research for Community Services and Support

For more information about Military OneSource Programs
Please visit: http://MilitaryOneSource.mil
Other Benefits and Programs

Information regarding the following programs can be found by visiting http://www.military.com

- Morale, Welfare and Recreation (MWR)
- Commissary and Post Exchange Locations
- Wounded Warrior Support
- Thrift Savings Plans (TSP)
- Savings Deposit Programs (SDP)
- Service Members Group Life Insurance (SGLI)
- Educational benefits
- Family Advocacy Program (FAP)
- Legal Assistance
Military One Source covers confidential, face-to-face, non-medical counseling services:

- Short term, psycho-educational, and solution focused in nature
- Non-medical counseling for Z-code issues such as:
  - Adjustment to situational stressors
  - Relationship issues
  - Parenting / family related issues
  - Stress management skills
  - Work-related issues

- Military OneSource Program is intended to prevent the development or exacerbation of lifestyle conditions that may compromise military and family readiness
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

Provider reporting is required for the following issues:

All Participants

(Including additional 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 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
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 and Location: 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?
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 SM/FM
   (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

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

- 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. SAP, MPS, SARC, CPS, DPS, local police)

- Any action taken by SAP/PM (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)
Participants are provided with full disclosure:

- Participants hear a Limits of Confidentiality statement during their initial call to Military OneSource.
- The Statement of Understanding must be signed by all 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
Defining suicide “postvention”

- Immediate crisis intervention for those affected by a suicide or suicide attempt
The aftermath of suicide:

- Types of suicide survivors include:
  - Spouse / Significant other
  - Parents
  - Siblings
  - Children
  - Friends
  - Co-workers
Key issues
- Normal grief is magnified
  - Stigma and shame
  - Discomfort of others
  - Existential quandaries

Stages of Grieving
- Shock / denial
- Guilt
  - What could I have done?
  - Why didn’t I see this coming?
- Sadness
- Anger (and blame)
  - At the person who died
  - Authorities, helpers, family and friends
  - Why did he/she do this to me?
- Acceptance
Post Suicide Survivor Training

▷ Psycho-education regarding depression and suicide
▷ Supportive Counseling
  • Telling the Story
  • Reframing thoughts and perceptions
  • Connecting with others
▷ Resources
  • Support Groups
    • Peer-led
    • Professional-led
  • MHSA Services
▷ Normalize the healing process
Referral Procedures

Triage Consultants complete an assessment to determine that no urgent needs exist and that counseling is within scope of non-medical parameters.

- Member will be warmed transferred to the provider office.
- Providers are required to offer an appointment within 3 business days or at the convenience of the participant.
- If participant information is left on a voicemail, provider must call the participant back within 24 hours to schedule an appointment.
- Triage Consultants complete an assessment to determine that no urgent needs exist and that counseling is within scope of non-medical parameters.
- If unable to schedule an appointment with the referred Participant providers need to notify Military OneSource.
- Two business days after the referral Military OneSource will contact the participant to verify an appointment is scheduled.
Conditions of Military OneSource

› Cases are on a referral basis only, participants must be pre-authorized

› Authorizations are provider-specific: Participants cannot be transferred to a different provider without a new authorization

› Self-referral for additional treatment is not permitted, providers may not refer participants to themselves for ongoing services

› Providers may not bill or seek reimbursement from the participant or any other entity other than Beacon Health Options/ ValueOptions
  • Balance-billing and charging for missed appointments is prohibited

› Military OneSource benefit allows for a maximum of 12 sessions per authorization
  • Payment for services is limited to the number of sessions authorized and terms of Military OneSource Program

Providers can contact Military OneSource 24/7 for referral consultation if needed: (800) 342-9647
Military OneSource Case Activity Form P.1
### Military OneSource Case Activity Form (CAF)

**CAF Page 1 (Continued)**

<table>
<thead>
<tr>
<th>Assessed Problem (Choose 1 Problem/Issue):</th>
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<tbody>
<tr>
<td>O Z63.0 Relational Distress with Intimate Partner</td>
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<tr>
<td>O Z71.9 Other Counseling or Consultation</td>
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<tr>
<td>O Z60.0 Phase of Life Problem</td>
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<td>O Z62.820 Parent-Child Relational Problem</td>
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<td>O Z56.9 Problem Related to Employment</td>
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<td>O Z63.5 Disrupt. of Family by Separation/Divorce</td>
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<td>O Z63.4 Uncomplicated Bereavement</td>
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<td>O Z56.82 Problem Related to Current Military Deployment Status</td>
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<td>O Z62.898 Child Affected by Parental Rel. Distress</td>
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<td>O Z91.82 Personal History of Military Deployment</td>
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<td>O Z59.9 Housing or Economic Problem</td>
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<tr>
<td>O Z91.411 History of Partner Psychological Abuse</td>
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<td>O Z91.412 History of Spouse or Partner Neglect</td>
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<tr>
<td>O T74.11 Physical Abuse by Nonpartner (confirmed)</td>
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<tr>
<td>O T76.11 Physical Abuse by Nonpartner (suspected)</td>
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<tr>
<td>O T74.31 Psych. Abuse by Nonpartner (confirmed)</td>
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<tr>
<td>O T76.31 Psych. Abuse by Nonpartner (suspected)</td>
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<tr>
<td>O T74.21 Sexual Abuse by Nonpartner (confirmed)</td>
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<tr>
<td>O T76.21 Sexual Abuse by Nonpartner (Suspected)</td>
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<td>O Z91.410 History of Partner Violence, Physical</td>
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<td>O Z91.410 Hist. of Partner Violence, Sexual</td>
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<td>O Z62.810 Hist. of Physical Abuse as Child</td>
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<td>O Z62.810 Hist. of Sexual Abuse as a Child</td>
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<td>O Z62.811 Hist. of Psych. Abuse as a Child</td>
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<td>O Z72.9 Problem Related to Lifestyle</td>
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<td>O Z63.8 High Emotional Level Within Fam.</td>
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<td>O Z65.8 Problem Related to Psychosocial</td>
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<td>O Z59.9 Prob. Related to Social Environ</td>
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<tr>
<td>O Z91.49 History of Psychological Trauma</td>
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<td>O Z65.4 Victim of Crime</td>
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<td>O Z60.3 Acculturation Difficulty</td>
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<td>O Z60.4 Social Exclusion or Rejection</td>
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<td>O Z60.5 Target of (perceived)</td>
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<td>Discrimination or Persecution</td>
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<td>O Z62.891 Sibling Relational Problem</td>
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<td>O Z56.8 Religious or Spiritual Problem</td>
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<td>O Z65.5 Exposure to Disaster or War</td>
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<td>O Z72.810 Child/Adolescent Antisocial Beh.</td>
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<td>O Z60.2 Problem Related to Living Alone</td>
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<td>O Z91.89 Other Personal Risk Factors</td>
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<td>O Z62.29 Upbringing Away From Parents</td>
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<td>O Z59.6 Low Income</td>
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<td>O R41.83 Borderline Intellectual Functioning</td>
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<td>O Z59.0 Homelessness</td>
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<td>O Z59.2 Discord w/ Neighbor or Landlord</td>
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<td>O E66.9 Overweight or Obesity</td>
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<td>O Z65.2 Problem Related to Release From Prison</td>
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<td>O Z65.3 Prob. Related to Legal Circumstance</td>
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<td>O Z91.5 Personal History of Self-Harm</td>
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<tr>
<td>O Z64.0 Problem w/ Unwanted Pregnancy</td>
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<tr>
<td>O Z64.1 Problem Related to Multiparity</td>
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<tr>
<td>O Z59.9 Academic or Education Problem</td>
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<tr>
<td>O Z59.1 Inadequate Housing</td>
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<tr>
<td>O Z59.3 Problem Living in Residential Inst.</td>
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<td>O Z59.4 Lack of Adequate Food/ Water</td>
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<td>O Z59.5 Extreme Poverty</td>
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<tr>
<td>O Z59.7 Insufficient Social Insurance, or Welfare Support</td>
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<tr>
<td>O Z75.3 Unavailability of Health Care Facilities</td>
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<tr>
<td>O Z75.4 Unavailability of Helping Agencies</td>
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</tbody>
</table>
### 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

Fax to 877-762-1356 or submit electronically via ProviderConnect

This form is due within 15 days of the date of service.
Military OneSource 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. Submit along with the Case Activity Form (CAF).

Authorization Number

Date of Service (mm/dd/yy)

Additional Participant # 1
Information:

Relationship to Participant: ________________  Gender: ○ Male ○ Female

Age

Missed Appt./Not Present: ○ Yes ○ No

Statement of Understanding (SOU) Signed: ○ Yes ○ No  (SOU must be signed by all participants)

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

Please Fax to 877-762-1356 or Submit Electronically via ProviderConnect
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.
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.

**Please Do Not**:

1. Copy and paste session notes from one session to another.
2. Write the same note for each session. Write a unique note for each session.
3. Be so general or brief that the quality of work is not reflected in your notes.
Case Activity Form (CAF) and Submission Procedures

- Submit CAF within 15 days of the date of service
- Please use CAP letters and write legibly
- Document that the Statement of Understanding was signed
- Check, but do not copy Military ID cards
- Please use your billing address on the CAF (not practice address)
- It is IMPORTANT to fill out 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 completed or within 30 days after last contact.
How do I submit my Case Activity Form (CAF)?

Submit CAF within 15 days of the date of service

› **USPS:**
  ValueOptions, Inc.
  PO Box 1317
  Latham, NY 12110

› **Fax:**
  (877) 762-1356

› **Online:**
  Military OneSource ProviderConnect Portal
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
- 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.
Military OneSource

Online Tools
An 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
  - Provider Summary Vouchers
- Submit Case Activity Forms and view their status

Increase convenience, decrease claims processing time, and ultimately claims payment time is reduced
Live Demonstration of Website Navigation

www.valueoptions.com
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
  • For registration information please email:
    corporatefinance@valueoptions.com
  • Phone: (877) 331-7154
  • Email: providersupport@payspanhealth.com
Contact Information

- **ValueOptions Provider Service Line**
  - Phone: (800) 397-1630
- **Military OneSource 24/7 dedicated line**
  - Phone: (800) 342-9647
- **ValueOptions Claims Department**
  - Phone: (888) 450-6795
- **Electronic Claims Submissions/EDI 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
Questions & Answers
Thank you

MOSPProviderRelations@militaryonesource.com