



COURAGE BEYOND
A PROGRAM OF CENTERSTONE

PROVIDER MANUAL

**CENTERSTONE MILITARY SERVICES:
COURAGE BEYOND PROVIDER MANUAL**

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I. WHO IS ELIGIBLE

Active duty, non- active duty or retired military personnel and their immediate family members are eligible to receive Courage Beyond funded services. For the purposes of this document, these military personnel will be referred to as "Courage Beyond Members."

MILITARY SERVICE MEMBERS/VETERANS/FAMILY MEMBERS CAN REQUEST COURAGE BEYOND SERVICES VIA

1. Courage Beyond toll free access line @ 866-781-8010
2. Registering as a Courage Beyond Member via www.couragebeyond.org
3. Direct referral and request for services through you, a Courage Beyond Network Provider

II. FUNDING AND INSURANCE

Courage Beyond is a not for profit service organization and 100% of all counseling services are either charitable donations, state specific appropriations, and/or grants from individuals who have a passion to help our military, veterans and their loved ones. Courage Beyond is dedicated to helping individuals get the services they need and we appreciate each of our providers. In addition, we would like to stretch the philanthropic dollars and maximize what we can do for each Courage Beyond Member. With this in mind we request the following information in this section be discussed with each of your referrals:

"Our primary concern is the safety and comfort of you and your family. Because our fundraising efforts go toward providing money for anonymous counseling services we really want to be good stewards of those funds with each individual/family we serve. You have several choices in terms of where the funding for your particular counseling sessions comes from.

One option is to use your Tricare or other insurance/VA benefits to fund your counseling. Please note that some individuals do not feel comfortable with this option because, when the counselor bills Tricare or other insurance companies, it creates a record of the service. The positive side of using this option is that it allows the use of Courage Beyond funds for other military families who need the service and don't have others means of payment.

Are you comfortable using your Tricare or other insurance/VA benefits?

1. If Yes: You may have a co pay. Are you able to afford this co pay? We can assist you with the co pay if the co pay would prevent you from going to counseling. If you cannot afford the co pay, we will authorize payment of the co pay and help you find a counselor that accepts your insurance.
2. If No: We can use Centerstone Military Services Courage Beyond funding for all of your counseling, up to 12 sessions maximum.

If they choose option 1: "Thank you. By using your insurance you will be allowing another military family member or Warrior to receive our services."

If they choose option 2: "Thank you. Your choice to remain anonymous and not use your insurance will be absolutely honored."

A NOTE REGARDING SATISFACTION SURVEYS AND OTHER METHODS OF EVALUATING HOW HELPFUL THE SERVICE HAS BEEN:

All funding sources, including donors, are very interested in whether and how much the services are helping. We very much appreciate your cooperation in completing forms or surveys either in the counselor's office, through direct mail or online. This allows us to provide outcome information to funding sources which in turn helps us get the funds we need to continue and even increase availability of services.

Thank you for taking the time to discuss these important points with the military families you serve.

III. RECEIVING THE REFERRAL AND APPROPRIATE FORMS

Centerstone Military Services Courage Beyond Utilization Management staff may contact you to refer a Centerstone Military Services Courage Beyond Member and assist in setting up an appointment and obtaining an authorization. However, you may also be contacted directly by a Centerstone Military Services Courage Beyond referred client or a military service member/veteran whom you feel would benefit from receiving these services and who meet the eligibility and funding requirements. In order to verify the eligibility of the person contacting you and request authorization for services there are only **two (2) very important forms, the Centerstone Military Services *COURAGE BEYOND AUTHORIZATION DEMOGRAPHIC FORM (Appendix A) and the COURAGE BEYOND AUTHORIZATION REQUEST FORM (Appendix B).***

We request you ascertain the following information during the initial screening and complete the ***COURAGE BEYOND AUTHORIZATION DEMOGRAPHIC FORM.***

1. What branch of the service were/are you in?
2. Are you active duty or non-active duty?
3. What were the dates of service and were you deployed to a combat zone (if applicable)?
4. With what unit did you serve?

Upon verification of eligibility through the initial screening assessment, the provider must submit the ***COURAGE BEYOND MILITARY SERVICE CLIENT DEMOGRAPHIC FORM*** and ***COURAGE BEYOND AUTHORIZATION REQUEST FORM*** to support the medical necessity of services.

Submission of these forms to Centerstone Military Services Courage Beyond Utilization Management may be completed through SECURE email at um@advantagebehavioral.org or SECURE fax at 615-460-4107. If you have questions about authorizations, please contact the Centerstone Military Services Courage Beyond Utilization Management staff at 866-726-4560.

For self-referrals, no prior authorization is required for the first initial assessment session. However, within 24 hours of initial appointment, the provider must submit the ***COURAGE BEYOND AUTHORIZATION DEMOGRAPHIC FORM*** along with the ***COURAGE BEYOND AUTHORIZATION REQUEST FORM.*** Once received, we can officially enter them into the Courage Beyond Program and issue your referral letter. **Please allow 10 business days before contacting us to inquire about your request.**

IV. SERVICES

The therapist will provide assessment and brief consultation services, as well as any emergency services. Services are to be rendered in an EAP model using brief therapeutic interventions to address mild to moderate psychological distress or adjustment issues. If the severity of the illness and/or intensity of services require a higher level of care, the provider is responsible to make an appropriate referral.

Centerstone Military Services Courage Beyond services will be authorized in increments of four (4) sessions, up to a maximum of twelve (12) sessions. The first appointment is to be an initial assessment and is included in the total of twelve (12) sessions and is not “in addition to” the twelve (12) sessions. Centerstone Military Services Courage Beyond providers must submit a **COURAGE BEYOND AUTHORIZATION REQUEST FORM** to the Centerstone Military Services Courage Beyond Utilization Management Department at the end of every fourth (4th) session for clinical review to obtain authorization approval for any additional treatment services prior to providing the service to prevent the risk of a denial of payment. **Please allow 10 business days before contacting us to inquire about your request.**

V. CLINICAL DOCUMENTATION AND FORMS

At the time of the first session, all Centerstone Military Services Courage Beyond clients must sign a **STATEMENT OF UNDERSTANDING FORM**. The form will provide the client with information concerning Courage Beyond. A copy of the form must be offered to the client. A signed copy of the form **must** be submitted with the first claim in order to receive payment for services rendered.

The Centerstone Military Services Courage Beyond provider shall keep his/her clinical documentation/record keeping that includes the treatment plan for Courage Beyond Members and progress notes. This paperwork may be requested by Centerstone Military Services Courage Beyond Utilization Management at any time to support medical necessity for services billed.

VI. OBTAINING AUTHORIZATION FOR ADDITIONAL SERVICES

To request authorization approval for additional treatment sessions for a Centerstone Military Services Courage Beyond Member, the **COURAGE BEYOND AUTHORIZATION REQUEST FORM** must be submitted prior to additional services being provided. If an authorization is not received prior to the continuation of service, payment for that service will be denied. Requests to correct authorization information (CPT codes, start date, etc.) may be submitted until the 5th business day of the following month. Requests after that date will be denied.

Submission of the form to Centerstone Military Services Courage Beyond Utilization Management may be completed through SECURE email at um@advantagebehavioral.org or SECURE fax at 615-460-4107. If you have questions about authorizations, please contact the Centerstone Military Services Courage Beyond Utilization Management staff at 615-463-6670 or 866-726-4560.

Expired and/or unused sessions are never voided or “lost.” If the authorization date has expired, a new authorization request may be submitted for the number of sessions requested (maximum 4 sessions) with a note indicating the number of unused sessions. This procedure may be followed until the maximum number of twelve (12) sessions is reached per Courage Beyond Member.

Requests for authorization of more than 12 sessions may be sent to Centerstone Military Services Courage Beyond Utilization Management through SECURE email at um@advantagebehavioral.org or SECURE fax at 615-460-4107. A clinical assessment of medical necessity must be included with the Request for Authorization form. Requests will be reviewed by

the clinical team prior to authorization. There is **no guarantee** that requests for more than 12 sessions will be authorized and providers should obtain authorization **prior** to rendering services. Authorized sessions in excess of 12 should be considered a stop-gap and alternative funding should be explored.

VII. BILLING/CLAIMS

Services within the Centerstone Military Services Courage Beyond program are offered with advance approval by Advantage Behavioral Health. Four (4) sessions are offered at no cost to the member. No co-pays are ever required for members.

Invoices for services for Courage Beyond Members can be submitted on either a HCFA or a standard practice billing form via fax to 812-377-7194 or mailed to along with the Member **STATEMENT OF UNDERSTANDING FORM. STATEMENT OF UNDERSTANDING FORM, with client's signature**, must be submitted only once for each member at the submission of the first claim.

Advantage BH/CMS
601 Washington Street, Suite 102,
Columbus, IN 47201

Toll free contact # 800-766-0068
Fax line 812-377-7194

VIII. IMPORTANT CONTACTS AND NUMBERS

UTILIZATION MANAGEMENT

Email: um@advantagebehavioral.org

Fax: 615-460-4107

Phone: 866-726-4560, 615-463-6670, or 615-463-6658

PROVIDER SERVICES/RELATIONS

Email: Stephanie.Shiers@Centerstone.org

Fax: 615-460-4107

Phone: 866-726-4560 or 615-463-6658

BILLING/CLAIMS

Email: kristin.adkins@centerstone.org

Fax: 812-377-7194

Phone: 800-766-0068

IX. MILITARY PROVIDER TRAINING AND OTHER RESOURCE WEBLINKS

Military Culture Competence

<http://www.essentiallearning.net/student/content/sections/Lectora/MilitaryCultureCompetence/index.html>

National Center for PTSD

<http://www.ptsd.va.gov/professional/index.asp>

Center for Deployment Psychology

<http://deploymentpsych.org/>

Military National Resource Directory

<https://www.nrd.gov/>

General Suicide Prevention, Awareness, Support, Suicide Survivors Form

<http://www.suicide.org/index.html>

Veterans on the Road Home/National Council

<https://store.thenationalcouncil.org/catalog/show/53>

X. FORMS

Providers may obtain the latest forms by contacting Centerstone Military Services Courage Beyond program Utilization Management staff through

Fax 615-460-4017, calling 866-726-4560 or um@advantagebehavioral.org.



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STATEMENT OF UNDERSTANDING

Your services are provided through Courage Beyond. Courage Beyond is a program of Centerstone Military Services, 501(c)(3) non-profit organization, and provides programs, resources, and services to warriors and families impacted by combat stress, PTSD or related mood symptoms through a confidential and anonymous online community and national provider network. These include: Warrior & family stories; Online seminars, training, & workshops; Personal clinical care; Forums, blogs, and social networking. This information is provided to you to help you better understand and utilize available Courage Beyond services.

Advantage Behavioral Health contracts with independently licensed behavioral health providers to provide face to face services through a brief therapy model to Courage Beyond referrals, when authorized by Advantage.

FEES

Services within the Courage Beyond program are offered with advance approval by Advantage Behavioral Health. Sessions are offered at no cost to you.

PRIVACY

Information concerning the use of Courage Beyond services will not be given to anyone outside Courage Beyond and/or Advantage Behavioral Health without your permission unless required by law. Certain state laws require that Courage Beyond staff and therapists assume the responsibility for reporting to the appropriate parties' instances when a person is a danger to him or herself, to others, or when child or vulnerable adult abuse/neglect is involved.

COMPLAINTS AND GRIEVANCES

If you have a complaint concerning a person associated with Courage Beyond or Advantage Behavioral Health, the quality of services, or any other aspect of this program, you may register the complaint with the Customer Service Department by calling 1-866-726-4560 or mail to Advantage Behavioral Health, 44 Vantage Way, Suite 400, Nashville, TN 37228.

YOUR SATISFACTION IS IMPORTANT TO US

Shortly following your final session, you will be contacted by a Courage Beyond staff member via phone and asked to answer a short customer satisfaction survey. The caller will identify themselves as calling on behalf of Courage Beyond. Your participation in this survey helps us ensure high quality services and we appreciate your honest responses.

ADDITIONAL COURAGE BEYOND SERVICES AVAILABLE TO YOU

If you benefitted from the services you received and want more information on how to pay it forward to another person like you, or would like to learn more about the other programs that Courage Beyond offers visit www.couragebeyond.org or call 888-497-0379.

I have read and received a copy of this information and agree to the terms listed within.

Signature

Date



COURAGE BEYOND

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CENTERSTONE MILITARY SERVICES AUTHORIZATION REQUEST FORM

TODAY'S DATE: _____

Utilization Management um@advantagebehavioral.org

www.couragebeyond.org

Fax 615-460-4107 | Phone 866-726-4560 | 24/7 COURAGE BEYOND CRISIS LINE 866.781.8010

*Please allow 10 business days before inquiring about this request. If you have not received an authorization after 10 business days, please follow-up.

PROVIDER SIGNATURE:



Last Name of the individual Receiving Services:	Provider Name:
Client ID Number if Available:	Provider Clinic Location/Address:
Providers Email/Fax/Phone	City, State, Zip
___ Initial Request ___ Continuation Request Sessions 5-8 _____ Sessions 9-12 _____ ___ Re-Authorization Request _____ # of Unused Sessions ___ Insurance Co-Pay _____ Amount Co-Pay per session Please List Previous Authorization Numbers:	Use this Assessment Scale to Answer the Risk and Impairment questions below: 0 = none 1 = mild, ideation only 2 = moderate, ideation with plan OR hx of attempts 3 = severe, ideation and plan with either intent AND/OR means <i>(Please note that members identified as a 3 are not appropriate for CMS services and need more intensive treatment.)</i>
Requested Start Date:	Risk to Self - using above scale (0-3):
(Your authorization will begin on the date you enter above, if no date, today's date will be used)	Risk to Others - using above scale (0-3) :
Type of Services and Number of visits requested: ___ CPT Code 90791 Psychiatric Evaluation _____ # of visits ___ CPT Code 90834 Ind. Therapy (38-52min) _____ # of visits ___ CPT Code 90837 Ind. Therapy (53 +min) _____ # of visits ___ CPT Code 90846 Family Therapy (W/O patient) _____ # of visits ___ CPT Code 90847 Family Therapy WITH Patient _____ # of visits	Impairments: (rate all that apply using above scale 0-3) ___ Mood Disturbances (Depression or Mania) _____ Anxiety ___ Psychosis/Hallucinations/Delusions _____ Weight Loss/Gain ___ Thinking/Cognition/Memory/Concentration Problems _____ Substance Abuse/Dependence ___ Impulsive/Reckless/Aggressive Behavior _____ Medical/Physical Condition ___ Social/Relationships/Marital/Family Problems PRIMARY PRESENTING PROBLEM/CONCERN (check only one) ___ PTSD/PTSD SYMPTOMS ___ ANXIETY ___ DEPRESSION ___ RELATIONSHIP ISSUES ___ ADJUSTMENT ___ GRIEF ___ OTHER _____

COURAGE BEYOND

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CENTERSTONE MILITARY SERVICES CLIENT DEMOGRAPHIC INFORMATION FORM

TODAY'S DATE: _____

Utilization Management um@advantagebehavioral.org

www.couragebeyond.org

Fax 615-460-4107 | Phone 866-726-4560 | 24/7 COURAGE BEYOND CRISIS LINE 866.781.8010



**Centerstone Military Services is unable to authorize counseling services without complete demographic and military service information. In addition, due to the nature of the philanthropic efforts of Centerstone Military Services, we want to do everything we can to make sure we are good stewards of the funds and are assuming your request for authorization is because the recipient is a) uncomfortable using their current insurance, b) is unable to have timely access to a provider in their network and need help immediately or c) has no insurance coverage at this time.*

MILITARY SERVICE MEMBERS, SPOUSES, DEPENDENTS MUST MEET COURAGE BEYOND ELIGIBILITY REQUIREMENTS TO OBTAIN AUTHORIZATION FOR CENTERSTONE MILITARY SERVICES COUNSELING SERVICES. ACTIVE DUTY OR VETERAN MILITARY SERVICE INFORMATION IS REQUIRED TO VALIDATE ELIGIBILITY FOR SERVICE MEMBERS, SPOUSES, DEPENDENTS SEEKING COUNSELING SERVICE

Military Service Member (SM) Name:	Name of Family Member (FM) Recipient if not SM:
SM is comfortable using their insurance, Tricare, or VA benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	FM is comfortable using their insurance, Tricare, or VA benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Address if different than SM:
DOB:	DOB:
Phone:	Phone:
Email:	Email:
Active Duty <input type="checkbox"/> Non-Active Duty <input type="checkbox"/> (Required – status as of today's date)	Relationship to SM:
Branch of Service: (Required) If more than one branch, list primary <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Civilian Combatant (i.e, Blackwater, etc.) <input type="checkbox"/> National Guard or Reserve Dates of Service _____	Provider Name:
Deployed to Combat Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify Name of Unit Served With:	Provider Signature

❖ All information above is required for your Authorization to be approved.