

Secondary Data System (SDS) and Case Activity Report (CAR) Form Resource Guide

All documentation of Military OneSource Participant services, diagnoses, care plans, and any other case notes may only be entered into the approved U.S. government system (called the Secondary Data System [SDS]). Documentation in any other personal record keeping or application is strictly prohibited.

Within the SDS, providers will have access to a Case Activity Report (CAR) Form. The CAR Form serves two purposes: documenting each Participant counseling session (including no-show appointments) and submitting for reimbursement. To ensure payment, complete all sections of the CAR Form and submit within **three calendar days** from the Participant's date of service.

This resource guide details how to log into the SDS and complete a CAR Form.

Accessing the SDS and Non-Medical Counselor CAR Form

The CAR Form is located on the Military OneSource Secondary Data System (SDS), and access is limited to Military OneSource providers who have created an account on the Military OneSource website by authenticating oneself.

1. Go to the SDS URL <https://sds.militaryonesourceconnect.org>
2. Complete the authentication steps to access the SDS using the guide below
3. Select the Non-Medical Counselor CAR Form and complete all required fields
 - a. Currently, there is no way to save your progress while filing out the CAR Form. Do not close out a Form or refresh your browser window. Doing so will clear any data entered.
4. Select the Complete button to submit the Form.

Military OneSource SDS Help Desk

- Email: militaryonesourcesupport@asmresearch.com
- Phone: 877-819-0739

WARNING! THERE IS A 3-HOUR TIMEOUT IN THE SDS!

Once the SDS is open, it will time out in 3 hours. It is helpful to have the information you need on-hand before entering data into the CAR form to speed up data entry and prevent losing information due to a timeout.

SDS Login

From: noreply@sds.militaryonesourceconnect.org
Date:
To: your email address
Subject: Your Military OneSource Secondary Data System (SDS) Account is Ready!

Welcome!

Your Military OneSource Secondary Data System (SDS) account has been created.

- Military OneSource Network Provider with Evernorth Behavioral Health: Please refer to the **Welcome to Military OneSource** email sent from Evernorth Behavioral Health for information about how to get started. This email includes Resource Guides for creating a Military OneSource account and logging into the SDS to submit CAR forms.
- Coach or Consultant supporting Health & Wellness, Peer to Peer, Financial or Tax services: Please refer to your training resources for next steps.

Once you have completed preliminary Military OneSource account set up, you can access the SDS to complete and submit Case Activity Report (CAR) Forms at sds.militaryonesourceconnect.org.

Thank you for your support of our military and their families.

You will receive an email with the subject line **“Your Military OneSource Secondary Data System (SDS) Account is Ready!”**

Do not reply to this email as it comes from a **noreply** email address.

Read the email and click the link to access the SDS: <https://sds.militaryonesourceconnect.org>.

Note that this email will only go to those who have met the security and training requirements in order to service Military OneSource participants.

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Page 2 of 29



Military OneSource SDS

By clicking "ACCEPT" below, you acknowledge and consent to the following:

You are accessing an information technology system operated by or on behalf of Military OneSource that is furnished for U.S. Government-authorized uses only. All communications and data transiting, traveling to or from, or stored on this system will be monitored.

- * You consent to the unrestricted monitoring, interception, recording, and searching of all communications and data transiting, traveling to or from, or stored on this system at any time and for any legally permitted purpose by: Military OneSource, and by any person or entity (including government entities) authorized by Military OneSource or as otherwise authorized by applicable law or regulations.
- * You also consent to the unrestricted disclosure of all communications and data transiting, traveling to or from, or stored on this system at any time and for any purpose, to an authorized federal, Executive Branch, entity or by an authorized federal, Executive Branch, entity to any person or entity (including government entities) or as otherwise authorized by applicable law or regulations.

You are acknowledging that you have no reasonable expectation of privacy regarding your use of this system. These acknowledgments and consents cover all use of the system, including work-related use and personal use, without exception.

ACCEPT



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Every time you access the SDS URL link you will see the following landing page.

Click "Accept" to acknowledge and consent to the information.

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DOD Notice and Consent

You are accessing a U.S. Government (USG) Information System (IS) that is provided for USG-authorized use only. By using this IS (which includes any device attached to this IS), you consent to the following conditions:

- The USG routinely intercepts and monitors communications on this IS for purposes including, but not limited to, penetration testing, COMSEC monitoring, network operations and defense, personnel misconduct (PM), law enforcement (LE), and counterintelligence (CI) investigations.
- At any time, the USG may inspect and seize data stored on this IS.
- Communications using, or data stored on, this IS are not private, are subject to routine monitoring, interception, and search, and may be disclosed or used for any USG-authorized purpose.
- This IS includes security measures (e.g., authentication and access controls) to protect USG interests—not for your personal benefit or privacy.
- Notwithstanding the above, using this IS does not constitute consent to PM, LE or CI investigative searching or monitoring of the content of privileged communications, or work product, related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants. Such communications and work product are private and confidential. See User Agreement for details.

[CANCEL](#)[I AGREE](#)

You will then arrive at the **DOD Notice and Consent**. Click “**I AGREE**” to agree and continue.

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Log in to your account.

[Sign in with Google](#)

[Sign in with CAC or certificate](#)

[Sign in with DS Logon](#)

[Sign in with ID.me](#)

- Official U.S. federal sign-in options

Don't have an account?

[Create an account.](#)

[Back to SDS](#)

The SDS uses authentication services to validate yourself as an individual. Select the mode of personal authentication you prefer (Google if you have a Google account or ID.me for instance).

Proceed through all steps to authenticate yourself. This will authenticate you as an individual to access the SDS.

If you are having problems with authentication, you can try using a different login method. If support is still needed, you may outreach the Help Desk at the top of this Resource Guide.

Case Activity Report (CAR) Forms

Please select your role

NON-MEDICAL COUNSELOR

FINANCIAL / TAX CONSULTANT

HEALTH AND WELLNESS COACH

PEER TO PEER COACH

Once the authentication steps are complete, the browser will take you to the CAR Form landing page.

Select the **Non-Medical Counselor** CAR form and proceed to the next section to follow the step-by-step guide on CAR form submission.

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Non-Medical Counselor CAR Form

Case Information

Counselor Information

Case Information

These fields are all required

Counselor First Name: *

Your first name

Counselor Middle Initial: *

Your middle initial

Counselor Last Name: *

Your last name

Type in your **First Name**.
This field is used for billing purposes.

Type in your **Middle Initial**. If you do not have a middle initial, please enter NA.

Type in your **Last Name**.
This field is used for billing purposes.

These fields are all required.

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[Page 7 of 29](#)

Counselor Billing Street Address: *

These fields are all required

Your *billing* street address

Counselor City: *

Your *billing* city

Counselor State (2 character code): *

Your 2-letter *billing* state code (ex: NY, SC, TX)

Counselor Postal Code *

Your *billing* postal code

Counselor Phone

----- Your phone number (###-###-####)

****Headway callout:** Please note that you must enter **Headway's** billing information, not your own. The billing provider address should always be **205 Hudson St, New York, NY 10013**.

Type in your ***Billing Street Address***. This field is required and used for billing purposes.

Type in your ***Billing City***. This field is required and used for billing purposes.

Type in your ***Billing 2-letter state code***. This field is required and used for billing purposes.

Type in your ***Billing Postal Code***. This field is required and used for billing purposes.

Type in your ***Phone Number***.

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<p>Case Id *</p> <p>The eCMS case number provided by Triage</p>	<p>Type in the Case ID (eCMS case number provided by Triage).</p>
<p>Rendering Provider NPI *</p> <p>Your Counselor NPI – **used for billing purposes</p>	<p>Type Your Counselor NPI Type in Your Billing NPI.</p>
<p>Billing NPI *</p> <p>Your Billing NPI – **used for billing purposes</p>	<p>These fields are all <u>required</u> and are used for <u>billing purposes</u>.</p> <p>**Headway Callout: Enter your own counselor NPI in the Counselor NPI field. In the Billing NPI field, enter Headway's NPI, which varies by state. See Appendix A below to find the correct Headway NPI for your state.</p>

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Session Information

<p>Date of Service *</p> <p>mm/dd/yyyy, --:-- -- The date of service for the current session Must be MM/DD/YYYY</p> <p>Modality Id *</p> <p><input type="radio"/> In-person/Face to Face <input type="radio"/> Telephonic <input type="radio"/> Chat/Web Based <input type="radio"/> Video</p> <p>Choose the session modality from these options</p> <p>Session Type *</p> <p><input type="text" value="Select..."/></p> <p>Initial appointment Their first appointment for this concern</p> <p>Follow up appointment A planned follow up appointment</p> <p>Closing Their confirmed last appointment for this issue</p>	<p>Enter the Date of Service. This must be in the MM/DD/YYYY format, or you can use the date widget in this field. This field is used for billing purposes.</p> <p>Choose the Modality ID, or how the session was conducted. This field is used for billing purposes.</p> <p>Choose the Session Type from the dropdown list.</p> <p>Options:</p> <p>Initial appointment – the first appointment for this concern</p> <p>Follow up appointment – a scheduled follow up appointment</p> <p>Closing – their confirmed last appointment for this issue</p> <p>These fields are all required.</p>
<p>No Show *</p> <p><input type="radio"/> No <input type="radio"/> Yes</p>	<p>Select whether the Participant was a No Show.</p> <p>Options:</p> <p>No – they attended the scheduled session</p> <p>Yes – they were a no show and did not attend the scheduled session</p> <p>**Note – if Yes is selected, nothing else past this point will populate for the form.</p> <p>This field is required.</p>

Session Information

Participant Assessment

Session Information

This section is used for the primary Participant seeking counseling. There are options for Sub Participants further down.

Participant Assessment

This section covers the primary participant seeking counseling

First Name: *

Participant's first name

Last Name: *

Participant's last name

Date of Birth

mm/dd/yyyy --:--

Participant's date of birth
Must be MM/DD/YYYY

Type in the Participant's **First Name**. This field is required.

Type in the Participant's **Last Name**. This field is required.

Enter the Participant's **Date of Birth**. Must be in the MM/DD/YYYY format or chosen from the date widget. This field is optional.

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<p>Sex</p> <div style="border: 1px solid #ccc; padding: 5px; width: 100%;"> Select... Select the Participant's sex </div> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Sex Not Reported </div>	<p>Select the Participant's sex from the Sex dropdown menu.</p> <p>This field is <u>optional</u>.</p> <p>Options:</p> <ul style="list-style-type: none"> Male Female Sex Not Reported
<p>Parental Consent Obtained? *</p> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A </div> <p>Did you review limits of confidentiality? *</p> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> No Yes </div> <p>DSM Diagnosis *</p> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> No Yes </div>	<p>Select whether Parental Consent was obtained. Choose N/A if there was no child present during the session.</p> <p>Select an answer to Did you review the limits of confidentiality?</p> <p>Select whether the Participant has a DSM (Diagnostic and Statistic Manual of Mental Disorders) Diagnosis outside of a Zcode. If yes, participants should be referred for clinical/medical treatment to address the diagnosis.</p> <p>These fields are all required.</p>

<p>Domestic Violence</p> <p><input type="radio"/> None/Denies <input type="radio"/> Current <input type="radio"/> History</p>	<p>These fields are not required, and should be utilized only if addressed or disclosed. Select whether the Participant has disclosed involvement in the following situations:</p> <ul style="list-style-type: none"> • Domestic Violence • Child Abuse/Neglect • Sexual Abuse • Sexual Assault
<p>Child Abuse/Neglect</p> <p><input type="radio"/> None/Denies <input type="radio"/> Current <input type="radio"/> History</p>	<p>Options:</p> <p>None/Denies – no involvement or a denial of involvement Current – currently involved in a situation History – previously involved in a situation, but not currently</p>
<p>Sexual Abuse</p> <p><input type="radio"/> None/Denies <input type="radio"/> Current <input type="radio"/> History</p>	<p>Execute Adverse Incident/DTW/Mandated Reporting workflows as needed.</p>
<p>Sexual Assault</p> <p><input type="radio"/> None/Denies <input type="radio"/> Current <input type="radio"/> History</p>	

Risk Functional Assessments

<p>RiskFunctionalAssessments</p> <p>Member Risk To Self *</p> <p><input type="radio"/> No Evidence of Impairment <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe Impairment</p> <p>Member Risk To Others *</p> <p><input type="radio"/> No Evidence of Impairment <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe Impairment</p> <p>Mood Disturbances *</p> <p><input type="radio"/> No Evidence of Impairment <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe Impairment</p> <p>Anxiety *</p> <p><input type="radio"/> No Evidence of Impairment <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe Impairment</p> <p>Thinking Cognition Memory Concentration *</p> <p><input type="radio"/> No Evidence of Impairment <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe Impairment</p> <p>Impulse Reckless Aggressive Behavior *</p> <p><input type="radio"/> No Evidence of Impairment <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe Impairment</p> <p>Activities Daily Living *</p> <p><input type="radio"/> No Evidence of Impairment <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe Impairment</p> <p>Medical Physical Condition *</p> <p><input type="radio"/> No Evidence of Impairment <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe Impairment</p> <p>Substance Abuse Dependence *</p> <p><input type="radio"/> No Evidence of Impairment <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe Impairment</p>	<p>Indicate functional risk assessment outcomes in the following categories:</p> <ul style="list-style-type: none">• Member Risk To Self• Member Risk To Others• Mood Disturbances• Anxiety• Thinking Cognition Memory Concentration• Impulse Reckless Aggressive Behavior• Activities Daily Living• Medical Physical Condition• Substance Abuse Dependence <p>Options:</p> <p>No Evidence of Impairment</p> <p>Mild</p> <p>Moderate</p> <p>Severe Impairment</p> <p>These fields are all <u>required</u>.</p> <p>Execute Adverse Incident/DTW/Mandated Reporting workflows as needed.</p> <p>**Headway callout: Please refer to required risk assessment documentation steps here.</p>
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Military Identification Card Verified * <input type="radio"/> No <input type="radio"/> Yes	Select whether or not you had their Military Identification Card Verified. Options: Yes No This field is <u>required</u> and used for billing purposes.
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Presenting Assessed Problems

<p>Presenting Assessed Problems</p> <p>Assessed Checked * <input type="checkbox"/> Check this to indicate that you assessed the Participant's issue</p> <p>PresentingChecked * <input type="checkbox"/> Check this to indicate that the assessed problem was observed during the session</p> <p>Problem Id * Select... Select from this dropdown the problem ID that best represents the assessed issue See the table at the end of this document for the full list</p> <p>Add new Select “Add new” to add a new Assessed Problem</p>	<p>Select the checkbox to indicate whether Assessed Checked. You will check the box to indicate that you assessed the Participant's issue.</p> <p>Select the checkbox to indicate whether Presenting Checked. You will check the box to indicate that the assessed problem was observed during the session.</p> <p>Select the Problem ID that best represents the Participant's assessed issue. See the table at the end of this document for a full list of options. This field is used for billing purposes.</p> <p>These fields are all <u>required</u>.</p>
<p>Assessed Checked * <input type="checkbox"/></p> <p>PresentingChecked * <input type="checkbox"/></p> <p>Problem Id * Select... Select from this dropdown the problem ID that best represents the assessed issue See the table at the end of this document for the full list</p> <p>Select “Remove” if you need to remove an Assessed Problem Remove</p>	<p>If you have added an additional Assessed Problem and need to remove it, click “Remove.”</p>

<p>Initial Severity: *</p> <p>Select...</p> <p>Low</p> <p>Moderate</p> <p>Severe</p> <p>Very Severe</p> <p>Unknown</p> <p>Participant Did Not Respond</p> <p>Provider Deemed Question Inappropriate</p>	<p>This option will only appear if the “Session Type” selection above is “Initial appointment.”</p> <p>Choose the best option for the Participant’s response or lack of response to the question regarding their Initial Severity.</p> <p>Options:</p> <p>Low</p> <p>Moderate</p> <p>Severe</p> <p>Very Severe</p> <p>Unknown</p> <p>Participant Did Not Respond</p> <p>Provider Deemed Question Inappropriate</p> <p>This field is <u>required</u>.</p>
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<p>Final Severity: *</p> <p>Select...</p> <p>Improved</p> <p>Same</p> <p>Lower</p> <p>Change - Participant Did Not Respond</p> <p>Change - Provider Deemed Question Inappropriate</p>	<p>Choose the Participant's response to the Severity Rating Question</p> <p>This will only appear if the "Session Type" selection above is "Closing"</p>	<p>This option will only appear if the "Session Type" selection above is "Closing."</p> <p>Choose the best option for the Participant's response or lack of response to the question regarding their Final Severity.</p> <p>Options:</p> <p>Improved</p> <p>Same</p> <p>Lower</p> <p>Change - Participant Did Not Respond</p> <p>Change-Provider Deemed Question</p> <p>Inappropriate This field is <u>required</u>.</p>
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<p>Deployment Related Issue *</p> <p><input type="radio"/> No <input checked="" type="radio"/> Yes</p> <p>Select whether the issue is related to deployment</p> <p>Reintegrated Related Issue *</p> <p><input type="radio"/> No <input checked="" type="radio"/> Yes</p> <p>Select whether the issue is related to reintegration</p> <p>High Risk Case *</p> <p><input type="radio"/> No <input checked="" type="radio"/> Yes</p> <p>Select whether this is a high risk case</p>	<p>Choose whether this is a Deployment Related Issue.</p> <p>Choose whether this is a Reintegrated Related Issue.</p> <p>Select whether this is a High Risk Case. You would select Yes in an Adverse Incident/Duty to Warn/Mandated Reporting situation.</p> <p>These fields are <u>required</u>.</p>
<p>Reviewed Mos Consultant *</p> <p><input type="radio"/> No <input checked="" type="radio"/> Yes</p> <p>Select whether this was sent back to Triage for review Ex: during Adverse Event, Duty to Warn situations</p> <p>Safety Plan Developed *</p> <p><input type="radio"/> No <input checked="" type="radio"/> Yes</p> <p>Choose whether a safety plan was developed during the session – as needed basis for Duty to Warn situations</p>	<p>Select Yes or No for Reviewed Mos Consultant. This is in regards to whether it was sent back to a Triage (Mos) Consultant for review in an Adverse Incident/ Duty to Warn/Mandated Reporting situation or any situation where you connect with Triage for something outside of a Military OneSource referral.</p> <p>Select Yes or No for Safety Plan Developed to indicate whether a safety plan was developed with the Participant. This will be as needed and if a safety plan is developed, that should include a referral to clinical counseling.</p> <p>These fields are <u>required</u>.</p>

<p>Reviewed Mos Consultant *</p> <p><input type="radio"/> No <input checked="" type="radio"/> Yes</p> <p>Reviewed Mos Consultant By Whom: *</p> <p>The name of the Triage Consultant you spoke with</p> <p>Date Mos Consultant Reviewed: *</p> <p>mm/dd/yyyy, --:-- The date you spoke with Triage – MM/DD/YYYY <input type="text"/></p>	<p>These two additional options will only appear if the “Reviewed Mos Consultant” is “Yes.”</p> <p>***These two options will only appear if Yes is chosen for “Reviewed Mos Consultant”</p> <p>If you reviewed with a Mos/Triage Consultant, enter the name of the consultant you spoke with.</p> <p>If you reviewed with a Mos/Triage Consultant, enter the date you spoke with Triage.</p> <p>These fields are <u>required</u>.</p>
<p>Filed Legally Required Report *</p> <p><input type="radio"/> No <input checked="" type="radio"/> Yes</p> <p>Choose whether a legally required report was filed, if applicable</p> <p>Filed Legally Required Report By Whom: *</p> <p>Enter the name of the person who received your report</p> <p>Date Filed Legally Required Report *</p> <p>mm/dd/yyyy --:-- Date and time the report was filed <input type="text"/></p> <p>Filed Legally Required Report Where: *</p> <p>Where the report was filed (site, agency, dept., etc.)</p>	<p>Select whether a Legally Required Report was filed. These would be on an as needed basis for Adverse Incident/Duty to Warn/Mandated Reporting situation.</p> <p>For Filed Legally Required Report By Whom, fill in the name of the person receiving your report. If applicable, include their badge number.</p> <p>Fill in the Date Filed Legally Required Report with the date and time the report was filed.</p> <p>For Filed Legally Required Report Where, fill in the location where the report was filed. This would be the name of the site, agency,</p>

department, etc. it was filed with. Also include their phone number.

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Page 19 of 29

Case Notes:

Provide any additional details regarding the case as needed

If a Duty to Warn/Adverse Event situation, provide details on the actions you took before reporting to Triage if applicable

Example: Called 911 or immediately connected to Triage

If a Duty to Warn/Adverse Event situation, provide details on the transfer/report to Triage

Example: Transferred to Triage Consultant [name] on [date] at [time] due to [reason for transfer].

Provide any additional notes as needed in the Case Notes field.

In a Adverse Incident/Duty to Warn/Mandated Reporting situation, please provide any actions you took before making the report to Triage.

Example: called 911 or immediately reported to Triage

Also provide details regarding the report to Triage.

Example:

Transferred to Triage Consultant [name] on [date] at [time] due to [reason for transfer]

Also include referral to any additional Military OneSource resources via Triage.

****Headway callout:** Please note Headway Providers will be required to submit documentation in Case Notes, according to the Headway training guide. You must review and follow the risk assessment instructions provided in the Headway training [here](#) and will be asked to attest to documenting according to these instructions at the end of your session.



Sub Participant Assessments

Sub Participant Assessments

No entries yet.

Click the button below to add a new entry.

[Add new](#)

If there is a Sub Participant in the session, click **Add New** to create a section where you will fill in their information.

If there is no Sub Participant, do not click **Add New** and proceed with the form.

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<p>Sub Participant Assessments</p> <p>No Show *</p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p>First Name: *</p> <p>Sub Participant's First Name</p> <p>Last Name: *</p> <p>Sub Participant's Last Name</p> <p>Sex</p> <p>Select... Sub Participant's Sex</p> <p>Male</p> <p>Female</p> <p>Sex Not Reported</p> <p>Age *</p> <p>Sub Participant's Age</p>	<p>This section will only appear if “Add New” was selected in the “Sub Participant Assessments” section.</p> <p>Select whether the Sub Participant was a No Show.</p> <p>Type in the Sub Participant's First Name. This field is <u>required</u>.</p> <p>Type in the Sub Participant's Last Name. This field is <u>required</u>.</p> <p>Select the Sub Participant's Sex.</p> <p>Options:</p> <p>Male</p> <p>Female</p> <p>Sex Not Reported</p> <p>Type in the Sub Participant's Age. This field is <u>required</u>.</p>
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Page 21 of 29
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<p>Relationship to Participant *</p> <p>Select...</p> <p>Spouse</p> <p>Partner</p> <p>Father</p> <p>Mother</p> <p>Child</p> <p>GrandParent</p> <p>Other</p> <p>Relationship to Participant *</p> <p>Other</p> <p>If 'Other' is chosen, please specify: *</p> <p>Only appears if "Other" is chosen</p> <p>Enter their described relationship</p>	<p>This section will only appear if "Add New" was selected in the "Sub Participant Assessments" section.</p> <p>Select the Sub Participant's relationship to the Participant.</p> <p>This field will only appear if "Other" was selected in the "Relationship to Participant" section.</p> <p>Enter the Sub Participant's described relationship to the Participant.</p> <p>These fields are required.</p>
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Did you review limits of confidentiality? *

No

Yes

Choose whether the limits of confidentiality were reviewed with the Sub Participant

Parental Consent Obtained? *

Yes

No

N/A

If the Sub Participant is an adult, choose N/A

Select “Remove” to remove a Sub Participant section → Remove

Add new

← Select “Add new” to add a Sub Participant section

This section will only appear if “Add New” was selected in the “Sub Participant Assessments” section.

Select an answer to **Did you review the limits of confidentiality?**

Select whether **Parental Consent** was obtained. Choose N/A if there was no child present during the session.

If you need to remove a Sub Participant, select “Remove.”

If you need to add an additional Sub Participant, select “Add new.”

These fields are required.

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Counseling Goals

<p>Counseling Goals</p> <p>Goal * You must have at least 1 goal, but no more than 3</p> <p>A brief description of a goal for the current session</p> <p>Status *</p> <p><input type="radio"/> Met Select the status of this goal</p> <p><input type="radio"/> Not Met</p> <p><input type="radio"/> Partially Met</p> <p>Select “Remove” to remove a goal → Remove</p> <p>Add new ← Select “Add new” to add an additional goal</p>	<p>Type in your Counseling Goal for this session.</p> <p>You must have at least 1 goal, but no more than 3.</p> <p>Select the status of each goal.</p> <p>Options:</p> <p>Met</p> <p>Not Met</p> <p>Partially Met</p> <p>If you need to add a goal, select “Add new.”</p> <p>If you need to remove a goal, select “Remove.” These fields are <u>required</u>.</p>
--	--

Case Closing

<p>Case Closing Section</p> <p>**This section will only appear if the session type chosen is "Closing"</p>	<p>This section will only appear if the "Session Type" selected is "Closing."</p>
<p>Closing Date *</p> <p>mm/dd/yyyy --:-- Date the closing session occurred Must be MM/DD/YYYY</p> <p>Closing Reason *</p> <p>Select... Select the reason for closing the case</p> <ul style="list-style-type: none">Participant's case resolvedParticipant not engaged in contact or servicesParticipant discontinued for other reasonOut of Scope - Escalated to CrisisOut of Scope - Non Crisis	<p>Fill in the Closing Date with the date the closing session occurred. Must be in MM/DD/YYYY format or using the date widget.</p> <p>Select the reason for closing the case.</p> <p>Options:</p> <ul style="list-style-type: none">Participant's case resolvedParticipant not engaged in contact or servicesParticipant discontinued for other reasonOut of Scope – Escalated to CrisisOut of Scope – Non Crisis <p>These fields are <u>required</u>.</p>

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****This section will only appear if the “Closing Reason” is “Out of Scope – Escalated to Crisis”**

Closing Reason *

Out of Scope - Escalated to Crisis

Reason Deemed Out Of Scope *

Participant's Risk to Self

Participant's Risk to Others

Diagnosed with Mental Condition

Recurring Psychiatric Hospitalizations

Fitness for Duty or Court Ordered Evaluation

Domestic Abuse

Child Abuse

Sexual Assault / Rape

Substance Abuse

Illegal Activity

If the “Closing Reason” selected is “Out of Scope – Escalated to Crisis” you must also select the checkbox(es) next to the reason(s) why it was escalated.

This section will only appear if the “Closing Reason” selected is “Out of Scope – Escalated to Crisis.”

If the **Closing Reason** selected is **Out of Scope – Escalated to Crisis** you must also select the checkbox(es) next to the reason(s) why it was escalated. At least one selection is required in this scenario.

Ensure execution of Adverse Incident/DTW/Mandated Reporting workflows.

These fields are required.

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<p>**This section will only appear if the session type chosen is "Closing"</p> <p>Overall Goal Status *</p> <p><input type="radio"/> Met <input type="radio"/> Not Met <input type="radio"/> Partially Met</p> <p>Select the concluding status of the overall goal</p> <p>Case Disposition *</p> <p>Select...</p> <p>No Referral</p> <p>Referral Accepted</p> <p>Referral Declined</p> <p>Did Not Keep Initial Appointment</p> <p>Discontinued Counseling</p> <p>Select how the case ended</p>	<p>This section will only appear if the "Session Type" selected is "Closing."</p> <p>Select the Overall Goal Status at the time of closing. Options:</p> <p>Met</p> <p>Not Met</p> <p>Partially Met.</p> <p>Select the Case Disposition to indicate how the case ended.</p> <p>Options:</p> <p>No Referral</p> <p>Referral Accepted</p> <p>Referral Declined</p> <p>Did Not Keep Initial Appointment</p> <p>Discontinued Counseling</p> <p>These fields are <u>required</u>.</p>
<p>**This section will only appear if the session type chosen is "Closing"</p> <p>Referral Types</p> <p><input type="checkbox"/> No Referral Beyond MOS</p> <p><input type="checkbox"/> Tricare</p> <p><input type="checkbox"/> Military Tx Facility</p> <p><input type="checkbox"/> Victim Advocate</p> <p><input type="checkbox"/> Sexual Assault Response Coordinator</p> <p><input type="checkbox"/> Family Advocacy Program</p> <p>Select the checkboxes for all referrals made for this case</p> <p><input type="checkbox"/> Other Medical</p> <p><input type="checkbox"/> Other Substance Abuse</p> <p><input type="checkbox"/> Other Mental Health</p> <p><input type="checkbox"/> Community Resource</p> <p><input type="checkbox"/> Red Cross</p>	<p>This section will only appear if the "Session Type" selected is "Closing."</p> <p>Select the checkbox(es) for any and all referrals made in the course of this case.</p>

Complete	Select “ Complete ” to submit your form.
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Problem Codes

IDC-10-CM DSM Code (if applicable)	Description	Notes
A-XXX	Outside Scope of MOS	
E66.09	Overweight or Obesity	
R41.83	Borderline Intellectual Functioning	
T76.11	Adult Physical Abuse by Non-spouse Non-partner Suspected	
T76.21	Adult Neglect	
Z56.82	Problem Related to Current Military Deployment Status	
Z59.0	Homelessness	
Z59.1	Inadequate Housing	
Z59.2	Discord with Neighbor Lodger or Landlord	
Z59.3	Problem Related to Living in a Residential Institution	
Z59.4	Lack of Adequate Food or Safe Drinking Water	
Z59.5	Extreme Poverty	

Z59.6	Low Income	
Z59.7	Insufficient Social Insurance or Welfare Support	
Z59.9	Unspecified Housing or Economic Problem	
Z60.0	Abuse of Non-pharm Substance	
Z60.2	Problem Related to Living Alone	
Z60.3	Social Isolation of Country	
Z60.4	Social Exclusion or Rejection	
Z60.5	Target of Perceived Adverse Discrimination on Persecution	
Z60.9	Unspecified Problem Related to Social Environment	
Z62.8	Upbringing Problems	

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Page 28 of 29

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Z62.811	Personal History Past History of Sexual Abuse in Childhood	
Z62.812	Personal History Past History of Psychological Abuse in Childhood	
Z62.82	Problem Related to Current Military Deployment Status	
Z62.820	Parent Child Relational Problem	
Z62.821	Personal History Past History of Physical Abuse in Childhood	
Z62.891	Sibling Relational Problem	
Z62.892	Other Specified Problem Related to Primary Support Group	

Z63.4	Uncomplicated Bereavement	
Z63.5	Disruption of Family by Separation or Divorce	
Z63.8	High Expressed Emotion Level Within Family	
Z64.0	Problems Related to Unwanted Pregnancy	
Z64.1	Problems Related to Multi-parity	
Z65.0	Problems Related to Release from Prison	
Z65.3	Problems Related to Other Legal Circumstances	
Z65.4	Victim of Crime	
Z65.5	Exposure to Disaster War or Other Hostilities	
Z65.8	Religious or Spiritual Problem	
Z65.9	Unspecified Problem Related to Unspecified Psychosocial Circumstances	
Z71.0	Person Enc Counseling or Consultation	
Z73.0	Burnout	
Z75.2	Unavailability or Inaccessibility of HealthCare Facilities	
Z75.3	Unavailability or Inaccessibility of Other Helping Agencies	
Z91.410	Personal History Past History of Spouse or Partner Violence Sexual	
Z91.411	Personal History Past History of Spouse or Partner Psychological Abuse	
Z91.412	Personal History Past History of Spouse or Partner Neglect	
Z91.49	Personal History Past History of Spouse or Partner Violence Physical	
Z91.5	Personal History of Self Harm	

Z91.82

Personal History of Military Deployment

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Page 29 of 29
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Headway's Appendix to Evernorth's SDS and CAR Resource Guide

Appendix A – Headway Billing Entity and NPI by State

PC Name	NPI	States
New York Medical Behavioral Health Services, P.C.	1235600834	NY, NC, GA, TX, WA, VA, DC, MD, OR, SC
Headway Florida Behavioral Health Services, P.A.	1689260267	FL, TN, KY, NE, WV, OK, AR
Headway Michigan Behavioral Health Services, P.C.	1790377489	MI, MN, PA, AZ, MT, IA, MO, IN, ND
Headway Colorado Behavioral Health Services, Inc.	1164014874	CO, LA, OH, AL, HI, AK, MS, NM, SD, UT, ID
Headway New Jersey Behavioral Health Services, P.C.	1629660337	NJ, CT, MA, NH, RI, VT, ME, DE
Headway Illinois Behavioral Health Services, PLLC	1811572589	IL
Headway California Behavioral Health Services, P.C.	1174292866	CA, NV, WY
Headway Wisconsin Behavioral Health Services, S.C.	1437875564	WI
Headway Kansas Behavioral Health Services, P.A.	1033820410	KS