

OPTUMIST

Optum Provider Newsletter

V9. November 2015

Provider Services Manager's Message

Hello and welcome to the fall 2015 edition of the OPTUMIST newsletter. In this edition we are pleased to introduce our new Handbook Highlights sections for both the Fee For Service and TERM Provider Handbooks. As paneled providers it is important to remember that either one or both of these handbooks are considered part of your contract. It is essential you are aware of the information contained in them and ensure you are adhering to the appropriate requirements. Additionally, Optum is launching a new and improved website on November 1, 2015 that will make it easier to use with your smartphone, notepads, and desktops. The new website can be found at www.optumsandiego.com.

Also Included:

- ICD-10 Update – No Decimal Point Required on CMS 1500 Claims Form
- ICD-10 Tips for TERM and FFS Providers
- TERM Advisory Board Updates
- TERM Team Offers Documentation Assistance
- Trauma Informed Case Conceptualization
- Domestic Violence Treatment Modalities and Best Practice
- Training Opportunities

We hope you are enjoying the change of the seasons and we continue to welcome your questions and feedback on how we can make our newsletter more valuable to you.

Judy A. Duncan-Sanford

Judy A. Duncan-Sanford, MFT
 Manager, Provider Services, Optum Public Sector San Diego



Contact Numbers

San Diego
 Access and Crisis Line
 (888) 724-7240

Medi-Cal Provider Line
 (800) 798-2254

TERM Provider Line
 (877) 824-8376

Website:
www.optumsandiego.com

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The new and improved Optum San Diego website will be launching on November 1, 2015 with a new website address: www.optumsandiego.com.

New and Improved Optum San Diego Website

Launching November 1, 2015

New website address: www.optumsandiego.com

OPTUM™ San Diego

Logoff | Manage Users | Site Map

Search

Home | County Staff & Providers | Access & Crisis Line | Consumers & Families | Community Resources | About Us | Secure Documents

chat NOW Monday-Friday 4:00pm - 10:00pm

Access & Crisis Line
(888) 724-7240
7 days a week/24 hrs a day

Provider Line
(800) 798-2254

Support Desk
(800) 834-3792

TERM Line
(877) 824-8376

Connecting Communities to Services, One Person at a Time

The new website provides greater ease of use, superior security, and a wider reach.

- **Document Search**

The search function provides the capability to search all documents by title or document content. Search results for secure documents will prompt the user to log in, verifying user access to those secure documents.

- **Responsive Design**

Optimal viewing and functionality is possible on different devices, e.g. smart phones, notepads, and desktops. The screen size will match the size of the device and navigation has become more straightforward.

Cultural Competence Requirements

All providers are required to obtain a minimum of four hours of cultural competence training per calendar year on the effect of ethnicity and culture on mental health issues (page 44).

Each year the County selects a random number of providers to participate in a Medical Record Review (page 33). As part of the review the County auditor asks to see a copy certificate showing the requirement has been met. Please visit this section of the handbook to ensure you are aware of this requirement. Please visit our website to review this requirement in its entirety at www.optumsandiego.com.

Adherence to Timelines for TERM Work Product Submission

Treatment plans and evaluation reports provide important information that is utilized by Child Welfare Services and the Juvenile Probation Department in making recommendations to the Juvenile Court, and by the Juvenile Court for decision-making. The timelines for submitting TERM work products were developed with the requirements of the referring agencies and the Court in mind. Because late report submissions can have a negative impact on clients and on the Court process, adherence to the timeline requirements outlined in the *Work Product Submission Process* section of the TERM Provider Handbook (page 55) is a service delivery requirement. Please visit our website to review this requirement in its entirety at www.optumsandiego.com.

ICD-10: Reminder and Update

The use of ICD-10 Codes (International Classification of Diseases) for Billing was implemented on an industry wide basis on October 1, 2015.

IMPORTANT UPDATE: A previous communication was sent in error advising you that if an ICD-10 code includes a decimal point, it MUST be included with the code on the claim form.

Please be advised that starting immediately, Optum Public Sector is NOT requiring the decimal point be included on the CMS 1500 claim form. We apologize for any inconvenience our previous communication may have caused.

Any claim submitted that is currently in process with the Optum Public Sector Claim Department will be processed without requiring the decimal point.

Any claims that have been returned to you requesting a correction due to a missing decimal point can be faxed back to 619-641-6975 or 619-641-6979 for processing

Please remember:

- For Dates of Service (DOS) rendered through September 30, 2015, you must use the ICD-9 indicator.
- For all Dates of Service (DOS) rendered October 1, 2015 and after, you must use the ICD-10 indicator.
- DO NOT combine ICD-9 and ICD-10 codes on the same claim form; these must be submitted on different claim forms.

If you have any additional questions please contact the Claims Department at 800-798-2254 Option 2.

ICD-10 Tips for TERM and Fee For Service Providers

- An ICD-10 Information and Quick Reference document was sent out to all providers via email and can be found on the Optum website under both the [TERM Communications](#) and [Fee For Service Communication](#) tabs (“ICD-10 Transition”).
- An [ICD-10 Crosswalk](#) is available on the front page and both the TERM Provider and FFS Provider pages of the Optum website. The Crosswalk serves as a guide to aid in identifying the ICD-10 codes that correlate with the required DSM-IV diagnostic codes.
- The ICD-10 Crosswalk contains a tab for V-codes that are commonly used in treatment with CWS-referred clients.
- CWS is in the process of updating the CWS treatment plan form and group progress reporting forms used by TERM providers. Please be on the lookout for communication regarding the updated forms in the near future.



TERM Documentation Assistance

TERM Clinicians are available to provide individualized assistance with TERM documentation requirements. Please call the TERM Provider Line at 1-877-824-8376 Option 4 to request an individualized orientation to documentation standards.

TERM Advisory Board Updates

TERM Advisory Board Updates

The TERM Advisory Board meets bi-monthly to provide professional input regarding the performance of the system and its policies, procedures, and protocols. Discussion over the past quarter has included:

Expanded Access to TERM Provider Database: Based on stakeholder input, access to the TERM Provider Database (“TRES III”) expanded to providers and other professional partners on July 31, 2015. This is consistent with other insurance panels, and allows providers to view their own profiles for accuracy and permits visibility to the entire panel. Instructions on how to access the database were distributed to providers by email and are posted to the Optum website under the [TERM Communications](#) tab (“TRES III Provider Tip Sheet”).

Client Representation on the Board: The Board has expressed the need to include the voice of the client in the TERM system, and is seeking to add caregiver and youth representation to the Board.

Complaint Process: Based on the recommendation to make the TERM complaint process more accessible to clients and to provide CWS funded clients a process that is more consistent with the grievance process of Medi-Cal beneficiaries, a separate complaint form for clients has been developed for clients. The form for professional partners and the form for youth and families can be found on the Optum website under the [TERM Forms](#) tab. The client form is available in threshold languages.

Providers are currently represented on the Board by:

Martha Ingham, Ph.D.: drmarthaingham@gmail.com

Michael Anderson, Ph.D.: manderso@nu.edu

Please feel free to contact these provider representatives for additional updates from the Advisory Board meetings, or to provide professional or consumer feedback.

Trauma Informed Case Conceptualization

TERM providers serve a vital role in working with youth who are involved with Juvenile Probation and Child Welfare Services and who have a high prevalence of trauma exposure. Evaluation reports and treatment plans assist the referring agencies with formulating recommendations and the Court with decision-making. The focus of evaluation and treatment is to assist in mitigating the impact of the clients' trauma histories while building resilience as well as to reduce risk and recidivism. Trauma-informed assessment involves evaluating the ways in which a client's functioning might have been affected by the experience of trauma (Kerig 2013). It requires routine screening for trauma exposure and related symptoms, ensuring culturally appropriate, evidence-based evaluation and treatment methods are utilized, providing a strengths based approach, and ensuring continuity of care and collaboration across child-service systems (Kerig, 2013). It is important to note that while exposure to trauma does not always equate to a diagnosis of PTSD, it is important to assess for trauma exposure and the overall impact it has on the client, including complexity of trauma, stage of development when trauma exposure occurred, and other risk/protective factors that could be used to inform treatment. Exposure to single trauma versus complex trauma, as well as developmental stage of impact, might lead to different intervention plans/methods. Most available assessment measures only address effects from a single traumatic episode, thus it is incumbent on the provider to go a step further in evaluating and addressing polytrauma (Kerig, et. al. 2014). Additionally, it is important to note that many children and adolescents fail to meet all the criteria for the PTSD diagnosis while still having symptoms that are severe enough to interfere with functioning (Cohen & Scheeringa, 2009). As such, it is important to identify if partial diagnostic criteria are met and how trauma could impact their current and future functioning. Awareness of the broad range of children's potential reactions to trauma and loss is essential to competent assessment, accurate diagnosis, and effective intervention (NCTSN Core Curriculum on Childhood Trauma Task Force, 2012).



References:

- Cohen, JA, & Scheeringa, MS. (2009). Post-traumatic Stress Disorder Diagnosis in Children: Challenges and Promises. *Dialogues in Clinical Neuroscience*, 11(1), 91-99.
- Kerig, P.K. (2013). *Trauma-Informed Assessment and Intervention*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.
- Kerig, P.K., Ford, J.D. & Olafson, E., (2014). *Assessment of Trauma and Posttraumatic Stress in the Juvenile Justice System*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.
- NCTSN Core Curriculum on Childhood Trauma Task Force (2012). *The 12 Core Concepts: Concepts for Understanding Traumatic Stress Responses in Children and Families*. Core Curriculum on Childhood Trauma. Los Angeles, CA, and Durham, NC: UCLA-Duke University National Center for Child Traumatic Stress

Domestic Violence Treatment Modalities and Best Practices

The treatment modality for domestic violence/intimate partner violence needs to be carefully considered with regard to safety. Conjoint therapy for couples who have experienced IPV may increase the risk for further and more severe violence for victims and their children. Even if the safety risks can be managed, therapists must consider to what extent either party can benefit from treatment if significant power imbalances may render the victim less likely to participate fully in therapy. According to Murray & Graves (2013), when the conjoint approach is considered beneficial, “ethical issues may render it inadvisable due to safety concerns and difficulties in detecting the potential costs for all parties involved” (page 125). In addition, according to San Diego County Domestic Violence Standards (2015), California State Law pursuant to PC1203.097(c) (1)(G) prohibits couple’s or family counseling within the 52 week program, and any referral for couple’s counseling should be exercised with caution. Couple’s or family treatment should only be recommended with extreme caution at such a time that the perpetrator has demonstrated successful completion of treatment including completion of a relapse prevention plan.

References:

Murray, C. E. & Graves, K. N. (2013). Responding to Family Violence. New York, NY: Routledge.



Reminder

The Vista Hill-Juvenile Court Clinic (JCC) provides Medication 2nd Opinion Evaluations for the Juvenile Court, CWS, and now for the San Diego Community. Concerns regarding the effectiveness, appropriateness, or side-effects of the current medication regimen may be addressed with their clinic. A record and clinical review, along with an interview of the client/family by their Board Certified Child Psychiatrist(s), may provide support or suggestions for the course of future treatment. Community 2nd Opinion services are an opportunity for non-binding feedback on the Community Standards of Practice and the simplification of often overly complicated medication regimens. Communication, collaboration, and coordination with the Prescribing Physician is always their goal. Physician, Mental Health Provider, Probation Officer, Social Worker, Attorney, Court, or Guardian referrals are accepted.

Medication Evaluation or 2nd Opinion inquiries and referrals:
(858) 571-1964 fax: (858) 571-1967

Community Liaison/Family Facilitator: Solmaria Lopez
slopez@vistahill.org

SmartCare: Bella Montgomery, Psychiatric Nurse Practitioner
bmontgomery@vistahill.org

Director: Marc Gotbaum, PsyD.
mgotbaum@vistahill.org

BHCS: Deborah Skvarna, LMFT Director
dskvarna@vistahill.org

Pathways to Well-Being for TERM Providers

Pathways to Well-Being is a joint initiative between the Children Youth and Families Behavioral Health Services (CYF-BHS) and the Child Welfare Services (CWS) sectors of the County of San Diego, Health and Human Services Agency. The purpose of Pathways to Well-Being is to enhance the delivery of children's services through a collaborative team of mental health providers, CWS social workers, parent and youth partners, the child receiving services, and their family/caregivers. This approach enables strengths based, culturally relevant, and trauma informed services. Pre-requisites – An Introduction to Pathways to Well-Being: Understanding the Katie A. Lawsuit and the Core Practice Model eLearning, Overview of Children Youth and Families Behavioral Health Services eLearning. Please register through the County of San Diego LMS.

November 5, 2015 9:00 am—4:00 pm	Phoenix House Teen Recovery Center 785 Grand Ave., Suite 220, Carlsbad, CA 92008
November 12, 2015 9:00 am—4:00 pm	The Knowledge Center 5469 Kearny Villa Rd., Ste. 1000, San Diego, CA 92123
December 2, 2015 9:00 am—4:00 pm	South Bay Community Services, Families as Partners Program HHSA Building, 303 H St., Annex Room, Chula Vista, CA 91910
December 9, 2015 9:00 am—4:00 pm	County of San Diego Health and Human Services Agency 389 N Magnolia Ave., El Cajon, CA 92020
December 10, 2015 9:00 am—4:00 pm	Palomar Family Counseling Service, Inc. 1002 E Grand Ave., Escondido, CA 92025

Training Opportunities for Fee For Service and TERM Providers

- **The National Child Traumatic Stress Network Learning Center for Child and Adolescent Trauma** is offering free CEs. To search the course catalogue, please visit the [NCTSN](#) website. Once you establish an online account, you will be able to enroll in a variety of webinars.
- **BHETA (Behavioral Health Education & Training Academy)** offers free training to providers who contract with County Mental Health. If you take the courses, please list OptumHealth in the "company code" field when you create a BHETA account online. The [BHETA](#) website has more details on how to create an account, eligibility, and course registration.
 - * **Documentation for Medi-Cal Fee For Service Clients:** This webinar is free to you, and was created to educate, support, and assist you in fully understanding the standards and requirements specifically related to your Medi-Cal FFS documentation.
 - * **eLearnings Relevant to TERM:** Opportunities include Pathways to Well-Being, Introduction to Trauma Informed Care, Male Survivors of Sexual Trauma and Abuse, Introduction to Attachment Therapy, Assessing Suicide Risk in Youth, Cultural Competency, and Stages of Change.
- **TF-CBT Web** offers a web-based eLearning course on Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). It can be accessed at <http://fcbt.musc.edu/>.
 - * The County contracts with BHETA based at the Academy for Professional Excellence, a project of the SDSU School of Social Work. BHETA training meets the qualification for continuing education credit for MFTs, LPCCs, LCSWs and Psychologists. Providers can earn free CEUs for many of the offered classes. Email BHETA@mail.sdsu.edu if you have any questions.



Access and Crisis Line **Chat Services**



We are here for you.
Chat with someone who understands.

We can help you when:

- You need to chat with a professional who cares
- You are struggling to cope
- You are concerned about someone you know
- You feel you might be in danger of hurting yourself or others

Our free, confidential Live Chat Services are available
Monday – Friday, 4pm-10pm.

Go to www.optumsandiego.com or www.up2sd.org.

San Diego Access and Crisis Line: (888) 724-7240 / 7 days a week, 24 hrs. a day!



** These services are funded by the voter-approved Mental Health Services Act (Prop. 63). It is one of several Prevention and Early Intervention Initiatives implemented by the California Mental Health Services Authority (CaIMHSA), an organization of county governments working together to improve mental health outcomes for individuals, families and communities. CaIMHSA operates services and education programs on a statewide, regional and local basis.



Please inform your clients about our available chat services if they need emotional support for their mental health and drug and alcohol needs. The online chat service is available Monday—Friday, 4pm—10pm at: www.up2sd.org or www.optumsandiego.com

November

Save-A-Life Walk — November 8

Provider Orientation — N/A

December

Provider Orientation — December 2

January

Provider Orientation — January 28

