

OPTUMIST

Optum Provider Newsletter

V8. July 2015

Provider Services Manager's Message

Hello and welcome to the summer edition of the OPTUMIST Newsletter. In this edition, we want to highlight and provide you with some important information regarding the October 1, 2015 transition to the use of ICD-10 billing codes that will affect you. We also offer an article with psychotropic medication guidelines for children and youth in foster care per the State of California as released earlier this year.

Also Included:

- Cultural Competency Training Requirement and CEU Opportunities
- TERM Advisory Board Updates
- TERM Discharge Summary Reminder
- Requirements for Specialized Optum TERM Panel Evaluations
- The Relationship Between Substance Use and Child Mistreatment
- New Staff Members on the Optum TERM Team
- Training Opportunities

We hope you are having a wonderful summer and continue to welcome your questions and feedback on how we can make our newsletter more valuable to you.

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Psychotropic Medication Guidelines for Children and Youth in Foster Care

Over the last ten years, the number of children and youth on antipsychotic medications has tripled, paralleling the increase in off-label use of psychotropic medications for behavioral problems and ADHD. These increases have been particularly significant in the Medicaid and foster care systems.

The California Department of Health Care Services (DHCS) and the Department of Social Services (CDSS) have joint oversight of mental health services provided to children and youth involved with County child welfare and probation agencies. Those services are intended to ameliorate the negative effect of abuse or neglect and the potential negative effects and consequences subsequent to the removal from the primary home. While the focus of these mental health services is on psychosocial interventions, psychotherapy, and non-pharmacological treatments, there may be situations in which psychotropic medication is indicated. To help ensure that psychotropic medications are appropriately utilized, in 2012 the DHCS and CDSS jointly initiated a California Psychotropic Quality Improvement Project (informally referred to as the "QIP") which includes three workgroups (Clinical; Data and Technology; and Family, Youth, and Education) consisting of stakeholder volunteers as well as an appointed Expert Panel that serves in an advisory role. These bodies were tasked with developing policies, procedures, standards, and educational materials for the QIP. The QIP Clinical Workgroup developed the California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care based on review and incorporation of best practice guidelines and the work of the American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics, California county child welfare and behavioral health policies, as well as the policies of mental health agencies in other states.



The Guidelines apply to all youth involved in the Child Welfare and/or Probation systems. The Guidelines are grounded in basic principles that include safety, well-being, quality, and child-centered care. Since the use of psychotropic medication is never a sole intervention, a comprehensive treatment plan is critical to coordinating and integrating a variety of services, providers, and approaches. The treatment plan should be developed in collaboration with the other treatment team members as well as the child and the family. The interventions utilized should be strength-based, child focused, family centered, and trauma-informed.

While the concerns and greatest risk of adverse effects are with the antipsychotic medications, there are potential risks with all classes of psychotropic medications and so medications should be used only when the potential benefits clearly outweigh the potential harms.

Specific guidelines and checklists were developed to allow consideration of all pertinent concerns, periodic evaluation of treatment efficacy and tolerability, and emergency situations. The 41 specific items on the checklist are not only effective for prescribing psychotropic medication in this specific population but would be a useful guide for psychotropic medication use in all prescribers with all clientele, children, and youth regardless of the setting or legal status.

Please take a moment to familiarize yourself with the Guidelines and associated Appendices, which may be found at: <http://www.dhcs.ca.gov/provgovpart/Documents/PharmacyBenefits/QIPFosterCare/Clinical/Deliver/Guidelines.pdf>

Further information regarding the QIP, including discussion of the Foster Youth Bill of Rights and Questions to Ask, will be discussed in future articles – stay tuned!

ICD-10: Transition Date October 1, 2015—Are You Ready?

Use of ICD-10 Codes (International Classification of Diseases) for Billing will commence on an industry wide basis effective October 1, 2015. You can prepare now for a smooth and effective transition to ensure continuity in the care you provide and maintain your usual revenue cycle. Additional information and instructions will be sent out in the next few weeks via email blasts to assist you in successfully transitioning to this new billing requirement.

What You Need to Know: This is a “flip-of-the-switch change” for all providers. The legislation requires full and immediate transition to ICD-10 for billing for all Dates of Services October 1, 2015 and later. There is no transitional grace period for ICD-10.

Timeline: What about services spanning the transition date? A single claim cannot include both ICD-9 and ICD-10 code sets. The Date of Service (DOS), not the date the claim submission, determines which ICD code set (ICD-9 or ICD-10) should be used.

Examples:

Client A: Seen for services on 09/03, 09/10, 09/17 and 09/24: All DOS may be filed on a single claim using ICD-9 codes (DSM-IV diagnostic codes).

Client B: Seen for services on 10/01, 10/08, 10/15 and 10/22: All DOS may be filed on a single claim using ICD-10 codes (DSM-IV diagnostic codes).

Client C: Seen for services on 09/17, 09/24, 10/01 and 10/08: The September DOS may be filed on a single claim using ICD-9 and the October DOS will need to be submitted on a second separate claim using ICD-10 codes (DSM-IV diagnostic codes).

ICD-10 Overview—Free CEU: On Thursday, August 13th from 1:00-2:00PM, Dr. Michael Krelstein, the Behavioral Health Services Clinical Director, will host a 1-hour webinar discussing how medical necessity, ICD-10 codes, DSM-IV and DSM-5 are inter-related. The webinar will provide participants with an overview of ICD-10 and its use in diagnosis. Upon completion of this training, participants will be able to: diagnose behavioral health conditions using ICD-10, prioritize multiple diagnoses, and use the County’s ICD-10 diagnostic aid. This course meets the qualifications for one free hour of continuing education credit for MFTs, LPCCs, LEPs and/or LCSWs as required by the California Board of Behavioral Sciences, PCE 3776.

Registration: If you already have a BHETA LMS account, [click here](#) to register. If you do not already have an account, you will need to open an account. This training is FREE of charge to County employees and contractors.



Contract Requirement: A Reminder about Cultural Competency

The County of San Diego Mental Health plan requires that providers who treat clients with Medi-Cal coverage obtain a minimum of 4 hours of training each year in the area of cultural competency. Cultural competency is having an understanding of a client’s culture and its impact on health. Knowledge of a client’s cultural background enables providers to deliver care that is respectful of and responsive to the client’s beliefs about mental health treatment. The cultural training hours should focus on the effect of ethnicity and culture on clients’ mental health issues and treatment. More information regarding trainings is provided on page 7 of this newsletter.

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 will be expanded to providers and other professional partners by July 2015. This is consistent with other insurance panels, and will allow providers to view their own profiles for accuracy as well as allowing visibility to the entire panel. Please be on the look-out for additional information from the Optum Provider Services team in the near future.

Provider Marketing Policy: TERM referrals go through an objective process of utilizing the provider database to clinically match specialties with each case. Because provider marketing directly to attorneys, Child Welfare Services staff, or Probation staff has the potential to jeopardize the integrity of the established process, the Board was in consensus to memorialize a policy regarding provider marketing in the TERM Provider Handbook. An updated edition of the TERM Provider Handbook reflecting this policy clarification was made available to providers on July 1, 2015.

Consumer Representation on the Board: The Board has continued to assess ways to increase the voice of the consumer in the TERM system, with the recommendation to include consumer representation on the Board. The Board is evaluating the addition of caregiver and youth representation and researching specifications for these positions.

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 and will be made available by July 2015. The form will also be 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.



TERM Discharge Summary Reminder

Discharge Summaries are required for all Child Welfare Services referred clients regardless of whether treatment ended prematurely or due to goals being met. Discharge reports are submitted on the CWS Treatment Plan Form and should be clearly identified as a discharge report by checking the Discharge Summary box. In order to best assist CWS and the Court, the client's progress should be described with behavioral detail and the reason therapy terminated should be included in the narrative portion of the treatment plan, as well as documentation of coordination of the discharge with the client's Protective Services Worker.

Specialized Optum TERM Panel Evaluations

TERM psychological evaluators are occasionally requested to conduct evaluations that focus on very specific issues. Examples include juvenile sexual risk, fire-setting risk, competency to stand trial, parenting capacity, and neuropsychological assessment. These evaluations serve multiple critical roles and are utilized by the referring agencies and Juvenile Court to make decisions for client care and disposition. As such, it is imperative that evaluators are familiar with the current literature and professional standards in the area of the specialty evaluation. Minimum standards set for these specialized evaluations are available in the TERM Provider Handbook and resources and links are also provided to assist providers. This information can be accessed on the [Optum website](#) under the TERM Manuals tab (once on the website, hover over County Staff & Providers, select TERM Providers, then the Manuals tab).



The Relationship Between Substance Use Disorders and Child Maltreatment

Parental substance abuse has been identified as one of the leading causes for involvement in Child Welfare Services. Estimates of child welfare involved parents with substance abuse issues have ranged from 40 to 80% (Banks & Boehm, 2001). Children of substance abusing parents have been found to experience more significant abuse and neglect and to remain in the foster care system for a significantly longer period of time compared to other child welfare involved children (Berger, Slack, Waldfogel, & Bruch, 2010). Consequently, these children are at increased risk of experiencing a variety of negative outcomes. These findings underscore the importance of substance abuse assessment and coordination with the referring Protective Services Worker to support recovery for both children and their parents. TERM providers may find the following resources helpful in their efforts to improve outcomes for children and families affected by substance use disorders:

- Child Welfare Information Gateway
<https://www.childwelfare.gov/systemwide/substance/>
- National Institute on Drug Abuse
<http://www.nida.nih.gov>
- National Center on Substance Abuse and Child Welfare
<https://www.ncsacw.samhsa.gov/>
- Substance Abuse and Mental Health Services Administration
<http://www.samhsa.gov/>

References:

Banks H., & Boehm S. (2001) Substance abuse and child abuse. *Children's Voice*; 10(5), 36-42.
Berger, L. M., Slack, K. S., Waldfogel, J., & Bruch, S. K. (2010). Caseworker-perceived caregiver substance abuse and child protective services outcomes. *Child maltreatment*, 15(3), 199-210.

TERM Welcomes New Staff Members

Optum is pleased to announce the addition of three new TERM staff members.

- Vanessa Villasenor, LMFT is a bilingual clinician who joined the TERM clinical review team in June 2015. Vanessa has previously served children and families involved in the Child Welfare System in her work at South Coast Community Services and County of Riverside Department of Mental Health. She is responsible for conducting quality assurance of CWS treatment plans.
- Erika Osuna, LMFT is a bilingual clinician who joined the TERM team in July 2015 from Rady Children's Hospital, where she was employed since 2013. She has served children and families in the KidSTART Clinic and Behavioral Crisis Center. She will be involved in conducting quality assurance of CWS treatment plans.
- Jesus Herrera, Psy.D. is a bilingual psychologist who joined the TERM team in July 2015 from Rady Children's Hospital Chadwick Center, where he has served as a staff psychologist since 2008 and clinical improvement coordinator/supervisor since 2013. He will be responsible for conducting quality assurance of CWS and Juvenile Probation psychological evaluations, CWS treatment plans, and group standards oversight.



Training Opportunities for TERM Providers

- **TF-CBT Web** offers a web-based eLearning course on Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). It can be accessed at <http://tfcbt.musc.edu/>.
- The Community Resource Center in North County will be providing a **40-hour Domestic Violence Counselor Training** starting the first week of September. For more information, please contact Education & Prevention Coordinator Jennifer Sierra at 760-230-6317 or mjsierra@crcncc.org. Additional information will also be available on their website in the near future: <http://crcncc.org/>.
- The **Early Childhood Mental Health We Can't Wait 6th Annual Conference** will be held at the Crowne Plaza Hotel on September 17-19, 2015. Local, national, and internationally known speakers will review evidence based practices for prevention, screening, assessment, and treatment of children and families with trauma. For additional information, please visit <http://www.earlychildhoodmentalhealth-sandiego.com/>.
- The **17th International Conference on Violence, Abuse, & Trauma** will be held at the Town & Country Resort and Convention Center on September 9-12, 2015. Additional information can be found at <http://www.ivatcenters.org/Conferences.html>.

Training Opportunities for Fee for Service and TERM Providers

- **Project OUTFIT (On-line User Training for Intervention in Trauma):** Mental health clinicians have an opportunity to take part in Project OUTFIT, a PTSD training study based at the National Center for PTSD (U.S. Department of Veteran Affairs). This research project is investigating the impact of different delivery methods of a state-of-the-art skills training curriculum for addressing trauma. Community-based mental health providers who have treated at least one veteran with stress-related issues in the past year are invited to enroll in the study. Participants receive free training in one of three formats, and will take part in an online survey and mock phone session at three time points (baseline, 3-month, and 6-month). Five continuing education credits will be issued for completion of the training (see letter for specific accreditations). Please visit [SAMHSA](#) to learn more.
- **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** 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.
 - * **Opportunities Relevant to TERM:** eLearnings include Introduction to Pathways to Well-Being, Introduction to Trauma Informed Care, Male Survivors of Sexual Trauma and Abuse, and Introduction to Attachment Therapy.
 - * The County contracts with BHETA (Behavioral Health Education & Training Academy) 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, LPCs, LCSWs and Psychologists. Providers can earn free CEUs for many of the offered classes. Email BHETA@mail.sdsu.edu if you have any questions.

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

Director: Marc Gotbaum, PsyD. BHCS: Deborah Skvarna, LMFT Director
mgotbaum@vistahill.org dskvarna@vistahill.org



Access and Crisis Line Chat Services



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

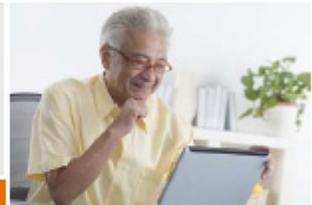
We can help you when:

- 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.optumhealthsandiego.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 (CaMHSA), an organization of county governments working together to improve mental health outcomes for individuals, families and communities. CaMHSA 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.optumhealthsandiego.com

August

Provider Orientation — August 26

September

Provider Orientation — September 30

October

Provider Orientation — October 28

