

OPTUMIST

Optum Provider Newsletter

V12. July 2016

Provider Services Manager's Message

Hello and welcome to the Summer 2016 edition of the OPTUMIST Newsletter. In this edition we are presenting updated information on the implementation of the New Mild – Moderate - Severe Criteria impacting the Medi-Cal FFS Network on September 1, 2016. Also highlighted for our TERM Providers is an article by Dr. Sara Maltzman, CWS Staff Psychologist entitled “CWS and TERM Policies Regarding Potential Conflicts of Interest: Therapy with Multiple Family Members.”

Also Included:

- TERM process changes: Treatment Plan Tracking Process and Updates to CWS Treatment Plan Format and Timelines for Submission
- FFS/TERM Provider Training Opportunities: BHETA Courses, TF-CBT, National Child Traumatic Stress Network
- TERM Advisory Board Information/Updates
- New CWS Treatment Plans Coming
- 7th Annual Early Childhood Mental Health “We Can't Wait” Conference—September 22—24
- New Provider Orientation Dates

We continue to welcome your questions and feedback on how we can make our Newsletter 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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NEW: Mild — Moderate — Severe Criteria for Fee for Service Medi-Cal Network Implementation Date Set for SEPTEMBER 1, 2016

This information is essential to facilitate your understanding of the changes affecting the authorization processes for Fee For Services Medi-Cal Providers **effective September 1, 2016**.

The changes related to the Medi-Cal Expansion will take place on **September 1, 2016**. A previous communication that includes the history and background for these changes can be found in the OPTUMIST Newsletter, Spring 2016 edition that is available for your review on our website at www.optumsandiego.com under the Communications tab.

As the Administrative Services Organization (ASO) for the County of San Diego, Optum manages Outpatient (OP) authorizations, utilization review and Fee For Services (FFS) provider claims. The current authorization and review process is changing to ensure the beneficiaries/clients are being referred to the most appropriate level of care as stated below:

- **Mild to Moderate:** Primary Care Providers/Physicians (PCP), Federally Qualified Health Clinic (FQHC), or Health Plan Behavioral Health (BH) network also referred to as the Managed Care Plan (Care1st, Community Health Group, Health Net, Kaiser, and Molina).
- **Severe:** County Clinic, FQHC, Organizational Providers, or County FFS Provider Network.

The philosophy of short-term therapy will be phased out for the FFS Provider Network, with an emphasis towards best practice, evidence-based treatment for the specific mental health condition of the client.

Who Does this Affect?

- All FFS Medi-Cal Providers regardless of License type (MD/DO, PNP, Psychologist, LMFT, LCSW etc.) that render Outpatient (OP) psychotherapy services to San Diego Medi-Cal beneficiaries (*This does NOT include Medication Management services*).
 - MD/DO/PNP – Only MD/DO/PNPs who provide OP Psychotherapy services will be required to follow the new process at this time.

New Process - Initial Assessment:

- FFS Providers will receive one (1) initial assessment to determine the client's severity level.
 - Providers will submit a claim for the Initial Assessment (*regardless of the Severity Determination*).
 - Assessment Determination is Mild: Referrals should be made to the client's Managed Care Plan.
 - Assessment Determination is Severe and an authorization is being requested to render the services subsequent to the Initial Assessment:
 - **NEW FORM REQUIRED:** Provider must complete and submit an Outpatient Authorization Request (OAR) Form.
 - When completed, the clinical information included on the form will support your severity determination and facilitate an appropriate authorization for the services (*this form will be available on our website the 1st week of August*).
 - OAR Determination: Initial authorization decision will be provided verbally within 4 business days.
 - Increments will be given at maximum of 12 sessions when authorized.

NEW: Mild — Moderate — Severe Criteria for Fee for Service Medi-Cal Network Implementation Date Set for SEPTEMBER 1, 2016 (continued)

New Process - Continuing Authorization:

- For continuing authorization requests received on or after September 1, 2016, FFS providers must submit the OAR Form. Note: Any current authorizations will be valid through the number of sessions that were approved OR until the expiration of the authorization. If all the sessions authorized have been used or expired by August 31, 2016, and a request for additional sessions is received on or after September 1, 2016, the new OAR Form will be required.
 - The same form will be used for both Initial and Continuing/Ongoing Authorization requests with check boxes to distinguish Initial or Continuing.
 - OAR Determination: Authorization decision will be provided within 14 calendar days.
 - Increments will be given at maximum of 12 sessions when authorized.

How to Prepare:

- The County of San Diego Health and Human Services Agency (HHSA) has created several tools as guidelines to assist you in determining the severity level for their Medi-Cal beneficiaries. It is strongly recommended you review these tools to better understand and prepare for the upcoming changes to the FFS Authorization Request Process.
 - Please go to www.optumsandiego.com : 1) Select County Staff & Providers, then 2) Select Healthy San Diego.

Name	Date
HSD MediCal BH IP Guide.doc	2015-03-13
HSD MediCalQuickVIDTool.docx	2015-07-14
ExpandSeverity FAQ 050514.pdf	2014-05-16
ExpandSeverity Screening Tool0314.pdf	2014-05-16
ExpandTargetPop042514.pdf	2016-03-14
HSD CMCBHQuickGuideMatrix.doc	2016-03-14
FINAL Adult MediCalSeverityAnalysis.docx	2015-01-16
FINAL CY MediCal Severity Analysis.docx	2015-01-16
FINAL HSD MediCalQuickGuideScreeningTool 1.15.docx	2015-01-20
HSD Safe Prescribing Guide 3-24-16 Final.docx	2016-06-21
Healthy San Diego-Cal MediConnect Behavioral Health-Credentialing Guide 6-27-16.pdf	2016-06-28

- Maintain a copy of this communication for future reference.
- Watch for additional information and details pertaining to these changes.
 - An additional email blast will occur with more details and instructions including the OAR Form.
- Webinars will be available in August. Plan to attend as instructions on the process and forms will be offered.

More information will be made available to you as we move closer to the implementation of this process on **September 1, 2016**. Thank you for your continued commitment to serving our Medi-Cal beneficiaries. The County of San Diego HHSA and Optum greatly appreciate the work you do and look forward to our continued collaboration in the future!

Training Opportunities for Fee For Service Providers

- **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.
- **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 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.

Important Information for TERM Providers

NEW: Mild — Moderate — Severe Criteria for Fee For Service Medi-Cal funded CWS Clients Effective SEPTEMBER 1, 2016

If you are a Provider on both the FFS Medi-Cal and TERM Network panels, your work process will be affected on both networks.

Treatment Plan Tracking Process: As outlined in the TERM Provider Handbook, CWS treatment plan submission is required for CWS-referred clients regardless of funding source. Effective September 1, 2016, TERM Providers who are rendering services to CWS-referred clients utilizing Medi-Cal funding can expect to receive monthly “Due Date Tracking” letters for these clients to facilitate the submission of the appropriate TERM work products. The letters will include a list of CWS-referred clients funded by both Medi-Cal and CWS, along with corresponding due dates for work product submission. All work products for CWS-referred clients are to be submitted to Optum TERM at 877-624-8376 per the process outlined in the TERM Provider Handbook.

Updates to CWS Treatment Plan Forms and Timelines for Submission: Optum and CWS are working collaboratively to streamline the documentation that is required for Medi-Cal funded treatment. CWS reporting forms and timelines for treatment plan submission will be updated to align with the Medi-Cal outpatient authorization process in order to facilitate a more streamlined process. Optum will communicate additional details about these changes to providers in the near future.

For additional information that is essential to facilitate your understanding of the changes affecting the authorization processes for Fee For Service Medi-Cal and TERM Providers being paid through Medi-Cal funding, please review the article titled “**NEW: Mild — Moderate — Severe Criteria Implementation Date Set for SEPTEMBER 1, 2016**” that can be found on pages 2 — 3 of this Newsletter.

More information will be made available to you as we move closer to the implementation of this process on **September 1, 2016**.

Thank you for your continued commitment to serving our Medi-Cal beneficiaries and Child Welfare Services clients. The County of San Diego HHS, Child Welfare Services, and Optum greatly appreciate the work you do and look forward to our continued collaboration the future!

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:

- **Client Representation on the Board:** We are pleased to announce that a youth partner representative will be joining the Board in August. The addition of this position is anticipated to afford a valuable perspective and feedback on the system.
- **TERM Partner Complaint Contacts:** Optum maintains a listing of TERM partner contact information that providers may access for concerns related to the TERM system. An updated listing was posted to the Optum website in June, and can be found at www.optumsandiego.com (hover over County Staff & Providers, select TERM Providers, and then the Quick Reference tab).
- **Updates to CWS Treatment Plan Forms:** Child Welfare Services is in the process of updating their treatment plan forms to further streamline documentation and to align with Medi-Cal outpatient authorization review requirements. The proposed forms were circulated for review at the June meeting and feedback from the Board is being incorporated. It is anticipated that the forms will be finalized and ready for distribution to TERM therapists later this summer.

Providers are currently represented on the Board by:

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

Estela Bobadilla, LMFT: estela.bobadilla@gmail.com

Please feel free to contact these provider representatives for additional updates from the Advisory Board meetings, or to

Training Opportunities for 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.
 - * **eLearnings:** 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://tfcbt.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.

CWS and TERM Policies Regarding Potential Conflicts of Interest: Therapy with Multiple Family Members

Dr. Sara Maltzman, CWS Sr. Staff Psychologist

858-514-6758; Sara.Maltzman@sdcounty.ca.gov

NOTE: This article is a revision of a column originally published in the June 2009 TERM Newsletter, and summarizes information covered in training for TERM providers offered in 2011 and 2016.

CWS cases are forensic cases and referrals for services are third party referrals, regardless of case status. In Voluntary Services cases or if a petition has been filed but the Court has not yet made True Findings (i.e., the case is “pre-juris”), CWS is the referring party. After Jurisdiction and Disposition, CWS typically is the referring party on the Court’s behalf; the Court approves the case plan recommended by the CWS Protective Services Worker (PSW). *When a case is a Voluntary Services (VS) case*, there is the potential for filing a petition if voluntary services are not adequate for mitigating risk to the child(ren). For that reason, all policies and best practices pertaining to cases under the Court’s jurisdiction also must apply to VS cases.

At the Detention hearing, the Court appoints attorneys (as indicated) for every party involved with the child(ren). Each parent is represented by a different attorney. The children may or may not have different attorneys, depending on the facts of the case as known at that time.

The guiding principle for the provision of case-related services to every member of the family is reasonable services. The legal definition of *reasonable services* is that the service is **both**

- *Timely*, and
- *Tied to identified goals that address the protective issues.*

The County of San Diego Child Welfare Services has a legal and ethical mandate to provide reasonable services as legally defined. Therefore, the purpose of County of San Diego CWS mental health treatment policies is to promote delivery of reasonable services. The policies are based on professional standards, guidelines, and research-supported best practices. The goal is to (a) minimize potential violations of professional standards and guidelines, and (b) promote objective, unbiased services to every family member to optimally promote reunification.

Within this context, Child Welfare Services and Optum TERM share common policies, including a policy regarding the potential for conflict of interest issues due to treating multiple family members.

- Evaluating and/or treating multiple family members – past OR present – constitutes potential conflict of interest. There is no “safe” time period between past treatment contact(s) and the current CWS-related referral.
- It is against CWS and TERM policies for a provider to treat two parents from same family, even if they are in different services.
- It is against CWS and TERM policies for a provider to treat a child AND a parent from the same family.
 - EXCEPTION: The provider is the child’s therapist AND conjoint treatment is started **after** the parent’s **successful** completion of his or her own treatment AND the child’s provider agrees that the child is ready for conjoint treatment with that parent.

Interns cannot see multiple members of the same family if they have the same supervisor. This is because the supervisor is the therapist of record. Supervising interns who are treating multiple family members essentially means that the supervisor is seeing multiple family members. Despite conscious efforts, there is the potential for implicit bias to enter supervision, which would deprive every family member of objective, optimal services.

A helpful rule of thumb is to remember that if the family members have different attorneys, they must have different providers. However, for children, even if they have the same attorney, it is best practice for every child in a family to have his or her own treatment provider. The reason is that the family dynamics are not always clear when referrals are initiated at the beginning of a case. Sometimes there are compelling reasons (geographic accessibility and/or cultural/linguistic needs) that make the option of separate therapists for every child unfeasible, or, on occasion, it may be clinically best for one provider to see siblings in individual treatment or conjoint treatment. However, these decisions should be the result of thoughtful discussion **before** treatment starts between the provider and the referring PSW during which the facts of the case as known to that point are reviewed to ensure that each child's best interests are maintained.

This conflict of interest policy may feel constricting to providers with a family systems theoretical orientation. It is helpful to remember that, due to the forensic context of these cases, theoretical orientation does not supercede or over-ride the additional professional standards or guidelines that pertain to the forensic setting, including those that guard against potential conflicts of interest. Thus, theoretical orientation assists with developing a conceptual understanding of family dynamics while practicing *within the context of applicable professional standards and guidelines and local policies*.

New Treatment Plan Forms Coming!

Rachel Swaykos, CWS Policy Analyst

858-616-5932; rachel.swaykos2@sdcountry.ca.gov

Revised treatment plan templates will be released September 1, 2016 to coincide with Optum TERM expanding its quality reviews of Medi-Cal funded mental health treatment. Template changes are in response to feedback from TERM providers, CWS staff, Optum staff, and our Juvenile Court partners. One of the biggest changes is that the 04-176/177 is split into two forms: one for YOUTH and one for PARENTS. Each plan is tailored to the needs of the client because parents and youth have different clinical and forensic needs in the Child Welfare system. The forms also have been updated to include information needed to make a medical necessity determination for Medi-Cal funded CWS clients to reduce extra paperwork for providers. Additionally, timelines for due dates, descriptions of CWS paperwork to review before seeing a client, and treatment descriptions have been updated for ease of use for both the providers and all stakeholders who review the plans after they are completed. As of September 1, 2016, please start using the updated forms for all CWS clients; the old forms will be phased out. Please see the Optum TERM Providers website for copies of the new templates and to see all of the updates.





The 7th Annual Early Childhood Mental Health (ECMH) “We Can’t Wait” Conference will feature international experts speaking about the intersection of “nature” and “nurture” as they relate to child development.

The old debate about which is more important will be replaced with how the two factors influence each other with respect to epigenetics, children who present with complex concerns (developmental, mental health, and medical illnesses), how prenatal events impact development, and how different conditions can present with similar problems and whether this changes the recommended treatment (problems like attention difficulties or emotional regulation).

YOU DO NOT WANT TO MISS THIS CONFERENCE!

On Thursday, September 22, 2016, attendees will hear from **Kristie Brandt, CNM, MSN, DNP** on emerging concepts and practices in the areas of brain development, trauma-informed care, and trans-disciplinary therapeutic interventions with children and families. Dr. Brandt is an internationally known teacher, trainer, clinician, and consultant. She is Director of the Parent-Infant & Child Institute in Napa, CA and Assistant Clinical Professor of Pediatrics V.F. at U.C. Davis School of Medicine, and a Child Trauma Academy Fellow with Dr. Bruce Perry.

On Friday September 23, we are pleased to feature a special west coast appearance by **James Garbarino, PhD**, Cornell University professor and nationally noted best-selling author and psychologist. Dr. Garbarino will discuss the things that we, both as individuals and as a society, can do about childhood trauma, family chaos, teen violence, and supporting parents. Full of insight, vivid individual portraits, practical advice and considered hope, this is one of the most important and impactful conferences you can choose to attend this year!

Dr. Garbarino will stay with us on Saturday for an intimate (limited seating) half-day on deconstructing delinquency, where case studies will be presented and discussed. Dr. Garbarino will share his expertise on what we could do differently with children and families with complex trauma, co-occurring disorders, and mitigating factors.

Breakout sessions will address the various therapeutic interventions for young children and how experience impacts biology (and vice versa). These workshops are purposely designed to be lively, interactive, and experiential.

Other topics will also include the role chaos and trauma has on later delinquency, the role biology and experience have on early childhood learning, caregiver advice and support and its impact on a child’s development, and examples of how the Early Childhood System of Care is changing to meet the needs of young children and their families.

The target audience includes all people involved in providing assessment, treatment, education, support, and advocacy for children and families.

[Click Here For More Info](#)

[Register Online Now!](#)



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

Upcoming Events

August

Provider Orientation — August 31

WebEx Trainings: Mild – Moderate Severe Process — TBD

September

Implementation of Moderate Severe Protocols — September 1

Provider Orientation — September 28

October

Provider Orientation — October 26

