

OPTUMIST



Provider Services Department Message

Greetings and welcome to the Summer 2023 edition of the OPTUMIST Newsletter. In this edition we are highlighting updated FFS Medi-Cal documents, the Provider Line, Telehealth updates, TERM reminders about work products, care coordination with CWS, new TERM clinical specialty and more!

We continue to welcome your questions and feedback on how we can make our Newsletter valuable to you.

Best wishes,

Provider Services Department

Contact Numbers

San Diego Access and Crisis Line	1-888-724-7240
Medi-Cal Provider Line	1-800-798-2254
TERM Provider Line	1-877-824-8376

Newsletter Content

- **P2:** Information and Updates for FFS Medi-Cal Providers
- **P4:** QI Corner – Updated outpatient treatment record and site tools
- **P5:** Information and Updates for FFS Medi-Cal and TERM Providers
- **P6:** Information and Updates for TERM Providers
- **P16:** Access and Crisis Line Chat Services
- **P17:** TERM and FFS Medi-Cal Provider Network Recruitment



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Information and Updates for FFS Medi-Cal Providers

Utilization Management Department Updates



Updated Outpatient Authorization Request (OAR) Forms:

The OAR Forms have been updated to reflect a maximum of 1 unit per day for Team Conference.

Please visit the Optum San Diego website: optumsandiego.com to download the most current versions of the [Psychotherapy OAR](#) and [Medication Services OAR](#), revised 07/01/23.

SMHS Authorization Requests Templates and Examples Inpatient Authorization Requests

SMHS Authorization Requests

- [Ancillary Specialty Mental Health Services Request \(docx\)](#)
- [Demographic Form Fill \(pdf\)](#)
- [ECT Authorization Request Form \(pdf\)](#)
- [Interpreter Services Request Form \(pdf\)](#)
- [MFT Eligibility Verification Form \(pdf\)](#)
- [Outpatient Authorization Request - Medication Services \(docx\)](#)
- [Outpatient Authorization Request - Medication Services Form Fill \(pdf\)](#)
- [Outpatient Authorization Request - Psychotherapy \(docx\)](#)
- [Outpatient Authorization Request - Psychotherapy Form Fill \(pdf\)](#)
- [Outpatient Authorization Request-Medication Services-Minimum Necessary \(pdf\)](#)
- [Outpatient Authorization Request-Psychotherapy-Minimum Necessary \(pdf\)](#)
- [Psych Testing Request Form \(docx\)](#)

Information and Updates for FFS Medi-Cal Providers

Contact Us

The Provider Line is available for you from 8 am – 5 pm Monday through Friday.



(800) 798-2254

Press 2 for Claims/Billing Questions

Press 3, then 3 again for Clinical Questions

Press 3, then 4 for Authorization Questions

Press 7 for Provider Services



This information is also available to you on our website: optumsandiego.com



QI Corner

**NEW Tools
coming soon!**



In order to align ourselves with the new Cal-Aim initiative, our outpatient treatment record and site tools have been updated.

The California Department of Healthcare Services released new requirements for documenting behavioral health services. The goal of these changes is to improve the client experience; effectively document treatment goals and outcomes; promote efficiency to focus on delivering person-centered care; promote safe, appropriate, and effective client care; address equity and disparities; and ensure quality and program integrity.

What's New:

- Problem List
- Telehealth consent options
- Open Payments Database Notice (MD/DO) requirement
- Physicians Notice to Consumers requirement
- Location of service added to progress note section

Resources:

Open Payments Database Notice and Acknowledgement located [HERE](#)

Physician's Notice to Consumers located [HERE](#)

What's Removed:

- Treatment plan section
- Questions regarding serious incidents and privacy incident requirements (Information maintained in provider handbook)
- Questions regarding pet therapy



Have Questions?

Contact SDQI@optum.com

Information and Updates for FFS Medi-Cal & TERM Providers

Telehealth Updates

Your revised fee schedules effective 07/01/2023 contains changes to the billing modifiers for telehealth/telephone services. Please see changes below.

Please note: In order to render telehealth services for Fee-for-Service (FFS) and/or Treatment and Evaluation Resource Management (TERM) network clients, providers will need to complete and submit a Telehealth Attestation form. For further information on requirements for rendering services via telehealth and videoconferencing technology, please reference the [Telehealth Attestation](#).

If you have any questions regarding your telehealth attestation status, please contact Provider Services at sdu_providerserviceshelp@optum.com

Changes effective July 1, 2023	
Remove	Replace with
Telehealth/Telephone Modifier: SC - Telephone GT - Telehealth	Replace with Modifier: 93 - Telephone 95 - Telehealth Place of Service: 02 - Telehealth other than client home 10 – Telehealth in client home



The Telehealth Attestation is available on the Optum San Diego website. Click [here](#).

Information and Updates for TERM Providers

TERM Provider Work Product Tracking

Due to the critical role your documentation plays in case planning and decision-making for Child Welfare Services clients, a TERM Due Date Tracking courtesy reminder letter is sent to providers on the third Monday of each month to assist with keeping track of the dates work products are due. We request that you review the client names and due dates carefully as TERM providers are required to submit a work product for each client listed. After reviewing, please contact TERM at 1-877-824-8376 Option 1 if any information is incorrect. The Due Date Tracking courtesy letter also allows you to request to remove (exclude) a client from your caseload if they will not be engaging in services or to postpone (extend) a due date if there are delays initiating services. For your convenience, the letter can be faxed directly to TERM at 1-877-624-8376 and your caseload will be updated upon receiving your request.

The letter includes any reports shown in our records as past due. Past due reports are identified in **BOLD** and are due to TERM immediately. Since TERM documentation is a critical aspect of client care, reports which are 30 days past due and that have not been submitted within 10 calendar days of the courtesy reminder letter will be elevated to Optum Provider Services as a complaint. As such, please ensure that you follow up timely to resolve any past due reports.



Thank you for your ongoing collaboration around this process and attention to ensuring work products are submitted within the timeframes required for Child Welfare Services client care.



Information and Updates for TERM Providers

Coordination of Care with Child Welfare Services Protective Service Workers

In your role as a TERM provider, you are keenly aware of the essential importance that coordination of care plays in your work with Child Welfare Services (CWS) involved clients. This coordination occurs between multi-disciplinary professionals working with mutual clients as well as with formal and informal members of a client's support network and in the context of Child and Family Teams and meetings.

Communication with CWS staff members and a client's assigned Protective Service Worker (PSW) is of central focus in TERM related service provision as the PSW functions as the team leader in making recommendations to the Court. The assigned PSW is also the point person by which providers can request clinically indicated services on behalf of their clients (i.e., addition of conjoint therapy when indicated, psychological evaluation, request for additional sessions and submission of reimbursement for these clinically necessary services). At times, this coordination can be complicated by changes in PSW case staffing assignments.

However, as you may already know, there are multiple resources available to providers to aid in coordination with PSWs. The TERM Providers landing page on the Optum San Diego website houses contact lists with up-to-date CWS staff roster information. This information can be located under the 'Contact Lists' tab on the [TERM Providers page](#), as seen below.



An additional resource to aid providers in coordinating with PSWs is the San Diego County PSW Locator Line. This resource can be contacted to verify the name and contact information of the PSW currently assigned to a client's case. This Line can be reached by calling 858-514-6995, option 4. Providers will be asked to provide a Verification Code to confirm authorization to access this confidential information.

Thank you for your contribution to TERM's mission and the clinical care you provide to CWS involved and referred clients. The time invested coordinating care is greatly appreciated and critical to the needs and case plans of clients referred for services.

Information and Updates for TERM Providers

TERM Panel Telehealth

In response to the COVID-19 pandemic, Federal mandates provided emergency guidance and approval for the delivery of behavioral health services via telehealth delivery. This guidance reduced previous restrictions around telehealth service delivery to assist with removing barriers to timely and safe access to services. With the May 11, 2023 expiration of the Federal COVID-19 Public Health Emergency declaration, the guidance related to ongoing delivery of behavioral health services via telehealth has been updated. As such, Optum TERM would like to take this opportunity to identify topics for provider consideration when offering services delivered remotely via telehealth.



The following set of questions offers providers the opportunity to consider your current knowledge of and practice related to telehealth service delivery. Below each question you will find helpful resources for your exploration to bolster your awareness in the domain of telehealth services.



Are you aware of the current policies that govern the legal and ethical practice of Telehealth services, including California specific documentation requirements for services conducted via telehealth?

- [California Telehealth Statute](#)
- [BBS Regulations on Standards of Practice for Telehealth](#)
- [BBS Frequently Asked Questions for Telehealth](#)
- [California Board of Psychology Telehealth FAQ](#)
- [California Association of Marriage and Family Therapists' General Overview of Changes to Telehealth Services Following PHE](#)
- [American Psychological Association Guidelines for the Practice of Telepsychology](#)
- [American Psychological Association: How to do Psychological Testing via Telehealth](#)



Did you know that as of July 1, 2023, the California Board of Behavioral Sciences (BBS) will now require all licensees renewing their licenses to complete a one-time three-hour law and ethics course specific to delivery of services via telehealth?

- [BBS Guidance on Requirements for Licensees to Obtain CEUs to Provide Telehealth Services](#)

Information and Updates for TERM Providers

TERM Panel Telehealth - *Continued*



Are you aware of and ensured that you are equipped with the necessary technological resources, knowledge, and skillset to conduct sessions safely and effectively via telehealth service delivery while adhering to legal and ethical guidelines?

- [California Telehealth Resource Center's Equipment Selection Tool for Telehealth Service Delivery](#)
- [California Association of Marriage and Family Therapists' Checklist for Providers Related to Provision of Telehealth Services in California](#)
- [California Association of Marriage and Family Therapists' Website Article on HIPAA and Compliant Telehealth Platforms](#)
- [American Psychological Association's Technology Checklist for Provider's Offering Telehealth Service Delivery](#)



Are you aware of unique client rights and responsibilities specific to engagement in services delivered via telehealth?

- [California Association of Marriage and Family Therapists' Sample Telehealth Consent Form](#)
- [American Psychological Association's Guidance on Informed Consent for Telehealth](#)
- [AHRQ's Easy-to-Understand Telehealth Consent Form](#)



Are you acquainted with current industry best standards related to provision of Telehealth services?

- [American Psychiatric Association and The American Telemedicine Association Joint Release on Best Practices in Videoconferencing-Based Telemental Health](#)
- [American Telemedicine Association Practice Guidelines for Telemental Health with Children and Adolescents](#)

Information and Updates for TERM Providers

TERM Panel Telehealth - *Continued*



When administering psychological assessments virtually, are you following the publisher’s manual, best practice guidelines, and ethical codes?

- [American Psychological Association Guidelines for Psychological Assessment and Evaluation](#)

Below are non-exhaustive publisher’s guidelines and resources

- [Pearson: Telepractice Today](#)
 - [Pearson: Telepractice and Questionnaires or Rating Scales](#)
 - [Pearson: Telepractice and the KBIT-2](#)
 - [Pearson: Telepractice and the WRAT-5](#)
- [WPS: Assessment Telepractice Overview](#)
- [PAR: Using Telehealth for Psychological Assessment](#)
- [MHS: Remote Administration](#)



Thank you for the tremendous efforts made to adapt to changing circumstances and guidance over the last three plus years. We greatly appreciate all that has been done to support CWS involved clients both remotely and in-person and acknowledge the level of flexibility, commitment, and professionalism that was and continues to be required to meet client needs. We hope to continue our partnership in offering the most appropriate and effective services to clients as we continue forward with multiple service delivery options. Further resources specific to telehealth service delivery considerations are in development and will be made available to TERM providers through the Optum San Diego TERM Providers landing page when completed.

As a reminder, TERM providers need to complete and submit a Telehealth Attestation form if interested in rendering treatment via telehealth service delivery.

The form can be found here: [Optum TERM Provider Telehealth Attestation](#)

Information and Updates for TERM Providers

DSM-5-TR and TERM Provider Treatment

Effective 01/01/2023 CWS, Probation and Optum TERM made the transition from DSM-IV-TR to DSM-5-TR. Thank you to all TERM providers for a smooth transition and adaptation of documentation. Your flexibility and drive to align with the most updated diagnostic guidelines in our field is greatly appreciated.

One of the key changes from DSM-IV to DSM-5 was eliminating the multi-axial formulation, including the Global Assessment of Functioning (GAF). From DSM-IV to DSM-5, there has been a reclassification of many disorders, reorganization of the classifications of disorders, and changing how disorders that result from a general medical condition are conceptualized. In the DSM-5, six classes were added and four were removed. As such, several individual disorders were reclassified from one class to another; pages 12 and 13 contain charts of updates adopted from SAMHSA. The American Psychiatric Association published a text revision of DSM-5 in 2022. The updates focused on additional diagnoses of Prolonged Grief Disorder and Unspecified Mood Disorder, revised language around gender issues, and inclusion of contextual variable considerations (i.e., culture, racism, discrimination, etc.)

- Prolonged grief disorder and unspecified mood disorder – Diagnosis is under the category of Trauma and Stressor-Related Disorders. Symptomatology criteria is similar to that of the Bereavement diagnosis, with the main differences based on symptom duration of 12 months and severity of impact on functioning
- Unspecified Mood Disorder – Diagnosis was removed during the transition from DSM-IV-TR to DSM-5 and is now included again on DSM-5-TR
- Revised Nomenclature
 - Experienced gender – Desired gender
 - Gender-Affirming medical procedure – cross sex medical procedure
 - Individual assigned male/female at birth – natal male/female
 - Intellectual developmental disorder – intellectual disability
 - Functional neurological symptom disorder – conversion disorder
 - Antipsychotic medication – neuroleptic

Per page 9 of the TERM Provider Handbook, “Optum TERM requires approved providers to deliver services that are clinically sound and culturally responsive. Such services meet the needs of a community with diverse cultures and linguistic needs.” Cultural, gender, and linguistic considerations for diagnoses and treatment have been a long-standing expectation of services rendered by TERM providers. Now, DSM-5-TR has documented information to assist mental health providers in further understanding the role that such contextual variables should play in the diagnostic process.

Resources:

[Substance Abuse and Mental Health Service Administration: Impact of the DSM-IV to DSM-5 Changes on the National Survey on Drug Use and Health](#)

Information and Updates for TERM Providers

DSM-5-TR and TERM Provider Treatment - *Continued*

Table 3 Disorder Classes Presented by the DSM-IV and DSM-5, as Ordered in DSM-IV

DSM-IV	DSM-5
1. Disorders usually first diagnosed in infancy, childhood, or adolescence	Dropped ¹
2. Delirium, Dementia, and Amnestic and other cognitive disorders	17. Neurocognitive Disorders
3. Mental Disorders due to a general medical condition	Dropped ¹
4. Substance-related disorders	16. Substance-Related and Addictive Disorders
5. Schizophrenia and other psychotic disorders	2. Schizophrenia Spectrum and Other Psychotic Disorders
6. Mood Disorders	3. Bipolar and Related Disorders
	4. Depressive Disorders
7. Anxiety Disorders	5. Anxiety Disorders
8. Somatoform Disorders	9. Somatic Symptom and Related Disorders
9. Factitious Disorders	Dropped ¹
10. Dissociative Disorders	8. Dissociative Disorders
11. Sexual and Gender Identity Disorders	13. Sexual Dysfunctions
	14. Gender Dysphoria
	19. Paraphilic Disorders
12. Eating Disorders	10. Feeding and Eating Disorders
13. Sleep Disorders	12. Sleep-Wake Disorders
14. Impulse-Control Disorders not elsewhere classified	15. Disruptive, Impulse-Control, and Conduct Disorders
15. Adjustment Disorders	Dropped ¹
16. Personality Disorders	18. Personality Disorders
N/A	1. Neurodevelopmental Disorders
N/A	6. Obsessive-Compulsive and Related Disorders
N/A	7. Trauma- and Stressor-Related Disorders
N/A	11. Elimination Disorders
N/A	20. Other Mental Disorders
N/A	21. Medication-Induced Movement Disorders and Other Adverse Effects of Medication

¹ A notation of “dropped” does not imply that the specific disorders were removed; rather the overall classification is not included in DSM-5. Disorders in those classes were mainly recategorized.

Information and Updates for TERM Providers

Table 4 Disorder Classification in the DSM-IV and DSM-5 for Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence

Disorder Types (version)	DSM-IV Disorder Class	DSM-5 Disorder Class
Mental Retardation (DSM-IV) Intellectual Disabilities (DSM-5)	Disorders usually first diagnosed in infancy, childhood, or adolescence	Neurodevelopmental Disorders
Learning Disorders	Disorders usually first diagnosed in infancy, childhood, or adolescence	Neurodevelopmental Disorders
Motor Skills Disorder	Disorders usually first diagnosed in infancy, childhood, or adolescence	Neurodevelopmental Disorders
Communication Disorders	Disorders usually first diagnosed in infancy, childhood, or adolescence	Neurodevelopmental Disorders
Pervasive Developmental Disorders (DSM-IV) Autism Spectrum Disorder (DSM-5)	Disorders usually first diagnosed in infancy, childhood, or adolescence	Neurodevelopmental Disorders
Attention-Deficit/Hyperactivity Disorder	Disorders usually first diagnosed in infancy	Neurodevelopmental Disorders
Conduct Disorder	Disorders usually first diagnosed in infancy	Disruptive, Impulse-Control, and Conduct Disorders
Oppositional Defiant Disorder	Disorders usually first diagnosed in infancy	Disruptive, Impulse-Control, and Conduct Disorders
Feeding and Eating Disorders of Infancy or Early Childhood	Disorders usually first diagnosed in infancy	Feeding and Eating Disorders
Tic Disorders	Disorders usually first diagnosed in infancy	Neurodevelopmental Disorders
Elimination Disorders	Disorders usually first diagnosed in infancy	Elimination Disorders
Separation Anxiety Disorder	Disorders usually first diagnosed in infancy	Anxiety Disorders
Selective Mutism	Disorders usually first diagnosed in infancy	Anxiety Disorders
Reactive Attachment Disorder	Disorders usually first diagnosed in infancy	Trauma- and Stressor-Related Disorders

Information and Updates for TERM Providers

Addition of New Clinical Specialty for TERM Panel Providers: Adoption Competency

Child Welfare Services has identified a need for a new clinical specialty for TERM therapists in Adoption Competency. This is in response to legislation that highlights the importance of having adoption competent therapists working with CWS involved youth who are in any form of permanency planning or adoption. CWS and Optum have collaborated on development of clinical specialty criteria and are moving forward with implementation of this specialty. For additional information regarding being an adoption competent therapist, please reference information previously published in the Optum Newsletter (Fall 2022 Edition).

Below are the criteria set forth for providers to meet when applying for the new clinical specialty:

- ✓ Licensed Psychologist, LMFT, LCSW or LPCC
- ✓ Minimum of two (2) years practice experience treating pre-adoptive and/or adoptive individuals and families in the last five (5) years (**Documentation to be reflected on Curriculum Vitae/Resume**)
- ✓ Documentation of advanced training curricula in adoption competency (such as ACT, NTI, TAC) OR completion of forty (40) hours of training in equivalent adoption competency topics (such as 7 Core Issues in Adoption; adoption competent mental health practices; therapeutic services that address grief, loss, separation and identity; trauma and brain neurobiology; attachment and attachment based parenting skills; openness in adoption; transracial/transcultural adoption; kinship/relative adoptions; adoption history/law/processes; adoptive family assessments; developmental considerations in adoption; evidence-informed clinical interventions that have shown efficacy with adopted children/families). This requirement may be satisfied by graduate level training or BBS/BOP approved continuing education units (CEUs). (**Copy of CEU Certificate(s) Required**)
- ✓ (**Must submit at recredentialing**) All treatment providers must submit documentation of a minimum of twelve (12) hours of continuing professional development relevant to adoption competency for the 3-year re-credentialing cycle (this may include various combinations of peer consultation, professional services, conference/convention attendance, academic coursework, supervision, publications, or self-directed learning)

These requirements are meant to recognize and capture a wide range of education, training and experience related to treating pre-adoptive and adoptive families, and Optum welcomes and encourages any providers whose experience falls within the requirements to apply. It is anticipated that this specialty will be added to the TERM application in the coming months and available for providers to add to their TERM profile.

The CWS therapy referral form is also being updated to allow CWS to request this specialty for a client when a client is referred for treatment, to include a documented reason the specialty is requested. TERM is also working on creating a non-exhaustive list of training topics and resources related to adoption that could be used to meet the established criteria, which will be made available on the Optum TERM Providers page.

For additional questions, please contact the TERM team at (877) 824-8376, Option 1.

Information and Updates for TERM Providers

TERM Advisory Board Provider Representatives

The TERM Advisory Board meets quarterly to provide professional input regarding the performance of the system and its policies, procedures, and protocols. Representation on the Board includes San Diego County HHS Behavioral Health Services, Child Welfare Services, Probation Department, Juvenile Court, Public Defender Juvenile Delinquency Branch, District Attorney, County Counsel, Dependency Legal Services, Children’s Legal Services, Optum, TERM Provider Panel, Youth and Parent Partners. TERM providers are currently represented on the Board by:

Michael Anderson, Psy.D.: drmike6666@gmail.com

Denise VonRotz, LMFT: dvonrotz@msn.com

Please feel free to contact your provider representatives for updates from the Advisory Board meetings, process improvement ideas, or to provide professional or client feedback.

Contact

For provider assistance, a TERM dedicated phone line is available Monday through Friday from 8am to 5pm at 1-877-824-8376. The available options for your call include:

Option 1: For questions about authorizations or receipt of work products

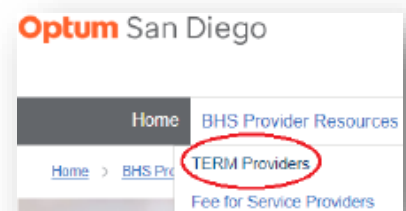
Option 2: For questions about CWS billing and claims

Option 3: For questions regarding participation in our network, credentialing, or your provider record



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Hover over BHS Provider Resources and select TERM Providers



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 optumsandiego.com or up2sd.org

San Diego Access and Crisis Line 1-888-724-7240 / 7 days a week 24 hours 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 (CalMHSAs), an organization of county governments working together to improve mental health outcomes for individuals, families and communities. CalMHSAs operates services and education programs on a statewide regional and local basis.

We Are Recruiting!

Contracting for Two Networks:

Fee-for-Service (FFS) Medi-Cal Provider Network:



Specialty Mental Health
Services:

- Advanced Outpatient Services
- Psychiatric Consultations
- Medication Management
- Psychological Testing

Treatment & Evaluation Resource Management (TERM) Provider Network:



Child Welfare & Juvenile
Probation Systems Services:

- Specialized Therapy
- Forensic Evaluations

Growing our richly diverse provider networks

Seeking:

- Master's Level Clinicians
- Psychologists
- Psychiatrists
- Psychiatric Nurses
- Practitioners
- Psychiatric Physicians' Assistants

Gain Supportive Solutions:

As a Contracted Provider, Optum is with you every step of the way.

We are here for you through personalized:

- Collaboration
- Courtesy Reviews
- Referrals
- Claims Processing & Payments
- And more!

What providers are saying:

"Optum was positive and collaborative"

"I never have to wait on hold for long periods of time which is appreciated."

"Provider Services staff is always friendly, responds quickly and offers help with all situations/questions. Thank you."

**Are You Ready to Be Part of the Solution?
Learn More Today!**



Alecia Neuben

Provider Recruiter

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Health Services.

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