

OPTUMIST



Provider Services Department Message

Greetings and welcome to the Fall 2024 edition of the OPTUMIST Newsletter! In this edition we are highlighting several topics including the updated FFS provider handbook, inpatient professional services, claims processing procedures, and TERM updates including standards for the use of therapy and evaluator interns, results of the TERM in-person therapy services survey, use of atonement letters with TERM referred clients, use of person-first language 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	(888) 724-7240
Medi-Cal Provider Line	(800) 798-2254
TERM Provider Line	(877) 824-8376

Newsletter Content

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optumsandiego.com

Information and Updates for FFS Medi-Cal Providers

Updated Fee-for-Service (FFS) Provider Handbook – Edition September 2024

The FFS Provider Handbook was updated in September 2024 and can be accessed on the Optum website: optumsandiego.com, or by clicking [here](#).

BHS Provider Resources → Fee for Service Providers → Manuals → FFS Operations Handbook (pdf)

The screenshot shows the Optum San Diego website interface. At the top, the navigation menu includes 'Home', 'BHS Provider Resources', 'Access & Crisis Line', 'Community Resources', 'About Us', and 'Beneficiary & Families'. A dropdown menu is open under 'BHS Provider Resources', with 'Fee for Service Providers' highlighted. Below this, a grid of 'PROVIDER RESOURCE MATERIALS' is displayed, with the 'Manuals' category highlighted in orange. Under the 'Manuals' section, the link 'FFS Operations Handbook (.pdf)' is highlighted with a red box. A red arrow points from the 'FFS Operations Handbook (.pdf)' link back to the 'Fee for Service Providers' menu item.

The cover of the 'Fee-for-Service Provider Handbook' features the Optum logo at the top left and the County of San Diego 'LIVE WELL SAN DIEGO' logo at the top right. The title 'Fee-for-Service Provider Handbook' is prominently displayed in blue, with the subtitle 'Adult/Older Adult, Child and Adolescent Mental Health Services' and 'Edition September 2024' below it. A circular photograph of a smiling female healthcare professional in a white lab coat is centered on the cover. The website 'optumsandiego.com' is listed at the bottom left, and a funding note from the County of San Diego Health and Human Services Agency is at the bottom right.

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



Inpatient Professional Services Review Criteria Spotlight:

The diagnosis code is indicated



The most missed question on the inpatient review is “Is the diagnosis indicated?” The review will fail if:

- The diagnosis on the note does not match the diagnosis on the claim. The diagnosis on the note must match the diagnosis on the claim for the claim to be substantiated. The diagnosis must include appropriate specifiers, if applicable.
- The diagnosis is not indicated on the note. The diagnosis must be present on the note to support medical necessity and effective patient care.
- The diagnosis is indicated as ‘unchanged/as per admission diagnosis.’ The diagnosis must be specified using ICD-10 codes or the code description.

Diagnosis on claim

Diagnosis: F31.2 Bipolar disorder, current episode manic severe, with psychotic features

A sample inpatient note can be found [HERE](#)

A documentation guide for inpatient professional services can be found [HERE](#)

Diagnosis on note

Diagnosis: F31.32 Bipolar disorder, current episode depressed, moderate

Diagnosis: As per admission

Diagnosis: Unchanged

The above notes would fail the review for not matching the diagnosis on the claim.



Have Questions? Email us at: SDQI@optum.com

Information and Updates for FFS Medi-Cal & TERM Providers

Claims Processing Procedures



As a reminder, all claims must be submitted within sixty (60) days from the date of service. All claims will be processed within thirty (30) days of receipt. Processed means paid, denied, or returned for correction.

A denied claim that has been corrected must be resubmitted within sixty (60) days from the date of the Explanation of Benefits (EOB), but no later than four (4) months from the date of service.

All payments will be made based on the approved fee schedule in effect at the time services are rendered.

For additional information regarding claims and billing, please refer to the [Fee-for-Service \(FFS\) Provider Handbook](#) and [TERM Provider Handbook](#) located on the Optum website.

Have Questions?

Contact the Claims Department at
(800) 798-2254, Option 2

Submitting Updated Documents



Please submit the below documents to the Provider Services Department prior to their expiration. Updated documents can be submitted via email to the Provider Services Department at sdu_providerserviceshelp@optum.com or by fax to (877) 309-4862.

- Professional Liability Insurance (PLI)
- American Nurses Credentialing Center (ANCC) Certifications (*Applicable to PNP's Only*)

Have Questions?

Contact the Provider Services Department at
(800) 798-2254, Option 7

Information and Updates for FFS Medi-Cal & TERM Providers

Telehealth Attestation Form



The Telehealth Attestation form has been updated effective 10/17/24 and can be accessed on the Optum website at optumsandiego.com, or by clicking [here](#).

FFS Providers Page

BHS Provider Resources → Fee for Services Providers → Provider Services

TELEHEALTH

- [Standards of Practice for Telehealth](#)
- [Telehealth Attestation \(pdf\)](#)

TERM Providers Page

BHS Provider Resources → TERM Providers → Provider Services Info

Telehealth Attestation/Standards

- [Standards of Practice for Telehealth](#)
- [Telehealth Attestation \(pdf\)](#)

As a reminder, in order to render telehealth services for Fee-for-Service (FFS) and/or Treatment and Evaluation Resource Management (TERM) network clients, providers must complete and submit a Telehealth Attestation to the Optum Provider Services Department.

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

Information and Updates for TERM Providers

Optum TERM Standards For the Use of Therapy and Evaluator Interns

TERM Standards for the Use of Therapy Interns

Optum TERM has developed specific standards for the use of pre-licensed professionals, and post-licensed professionals seeking clinical re-specialization, for rendering services to Optum TERM clients and their families. The purpose is to ensure that clients receive fair, objective and appropriate treatment in both Juvenile Court-ordered and voluntary, Child and Family Well-Being and Juvenile Probation cases. Services are required to meet Court expectations with the understanding that Court testimony may be required of the intern and supervisor. Optum TERM requires each supervisor to follow these standards. Please give careful attention to each of the following standards.

Optum TERM Standards for the Use of Therapy Interns are provided at the time of intern registration and can be found at optumsandiego.com

Join the Provider Network → Interns → Therapy Intern Application (attached to application)

TERM Standards for the Use of Evaluator Interns

Optum TERM has developed specific standards for the use of post-doctoral psychology (pre-licensed) trainees and post-licensed medical/psychological professionals to complete evaluations for the Juvenile Court. The purpose is to ensure that clients receive fair, objective and appropriate evaluations in both Court-ordered and voluntary, Child and Family Well-Being and Juvenile Probation cases. The results of every evaluation must meet Court expectations, with the understanding that Court testimony may be required of the intern and supervisor.

Optum TERM Standards for the Use of Therapy Interns are provided at the time of intern registration and can be found at optumsandiego.com

Join the Provider Network → Interns → Evaluator Intern Packet (attached to application)

Intern Registration with Licensing Boards



Please note that it is the responsibility of the intern and intern's supervisor to ensure that an intern's registration remains active with their licensing board throughout the intern's participation on the Optum TERM panel rendering services to TERM clients. A copy of the associate's renewal registration certificate must be submitted to Optum's Provider Services Department prior to expiration. The registration certificate can be emailed to Provider Services at sdu_providerserviceshelp@optum.com, or by fax to (877) 309-4862.

Information and Updates for TERM Providers

TERM In-Person Therapy Services Survey – Results Are In!



In July we reached out to TERM therapy providers requesting participation in a brief survey regarding potential options to support increased availability of in-person services for Child and Family Well-Being (CFWB) involved clients. We would like to extend our gratitude to the 31 providers who responded to the survey. Thank you for your time completing the survey and for the valuable insights you provided!

The majority of those who responded (27 out of 31 providers) reported maintaining office space that could be used for in-person therapy. Of those 27 providers, 18 indicated they are accepting in-person referrals. Three respondents indicated that they are accepting only non-CFWB referred clients, bringing the amount of respondents available for in-person therapy with CFWB-referred clients to a total of 15 providers.

Fifteen providers responded to the survey question, “If offered, would you consider using CFWB office space to render in-person treatment?” Five providers indicated a “yes” response, anticipating that they would accommodate between 1-4 CFWB referred clients.

TERM providers were asked to share any therapeutic considerations related to the use of CFWB office space when treating CFWB involved clients. Providers suggested that clients may be less willing to engage in a meaningful and safe way due to challenges with separating the TERM therapist from CFWB. An additional concern related to how the CFWB space may be triggering for clients. Providers also shared logistical concerns such as maintaining confidentiality in a building accessed by many. Childcare and transportation were again noted as a challenge to overcome if CFWB offices are made available for use with CFWB involved clients.

Collectively, providers offered excellent ideas on how to increase the availability of TERM providers for in-person therapy to CFWB referred clients, as well as important feedback on challenges that dissuade them from accepting CFWB referred clients for these services. Some of the additional feedback pertained to addressing logistical barriers such as childcare and transportation as well as client no-shows. Other ideas included financially incentivizing in-person services and limiting the telehealth service delivery type to unique circumstances only.

Based on limited interest in use of CFWB office space expressed in the survey results, CFWB office space will be made available on a case-by-case basis and can be accessed by TERM providers by reaching out to the assigned Protective Services Worker (PSW) to request to reserve space in a regional office for in-person therapy use. Optum and CFWB remain in dialogue regarding the additional feedback from the TERM In-Person Therapy Services Survey and will continue to collaborate on additional solutions that can be implemented to support providers in meeting the in-person therapy needs of CFWB involved clients. Optum TERM staff will additionally be reaching out to those providers that indicated willingness to speak further about in-person therapy solutions. Again, we appreciate your input on the survey, partnership in identifying solutions, and patience as we look at ways to integrate your feedback!

Information and Updates for TERM Providers

Use of Atonement Letters with TERM Referred Clients – Updated Guidance in TERM Provider Handbook



The most recent version of the TERM Provider Handbook published in July 2024 included updated guidance on the use of atonement letters with CFWB referred clients. Sometimes referred to as atonement letters, reconciliation letters, or apology letters, these have historically been included on CFWB case plans or utilized by TERM therapists as a clinical tool.

These letters have been viewed often as a way to support the client in acknowledging and taking responsibility for harm caused to others and increasing a perpetrator’s empathy and understanding towards their victim. These letters are generally created in a therapeutically supported setting and shared with the therapist and may or may not be shared with the person they are directed towards. While a therapist may use their clinical discretion in utilizing an atonement letter with their client, when treating a client who has an open case with CFWB or probation there are other legal ramifications that may result when these letters are shared with a third party outside of the therapeutic relationship. Specifically, once shared with a third party, these letters may be admissible as evidence in a court proceeding and are not protected by client confidentiality.

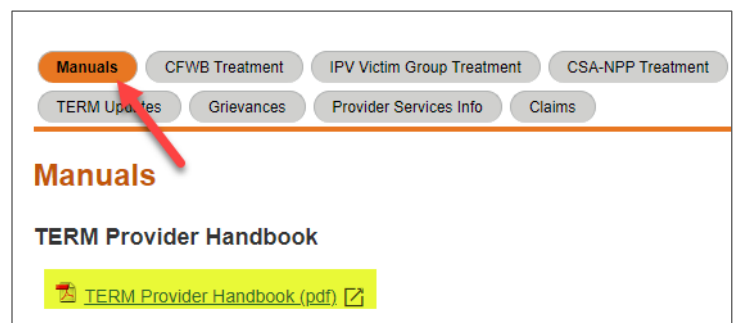
All TERM providers should review and be familiar with the updated guidance on atonement letters now included in the TERM Provider Handbook, which states on page 34: “At times, a therapist may find it clinically appropriate to utilize an atonement or reconciliation letter as a tool in the therapeutic process. However, TERM providers need to be aware that parents may have limited immunity for testimony in juvenile dependency proceedings and for statements made in court ordered treatment or evaluations, and that therapeutic privilege no longer applies when an atonement letter is shared with a third party. Once shared with a third party, the letter may be used as evidence in a court proceeding. Case law prohibits the use of atonement letters that will be shared with third parties as part of a court-ordered case plan, thus CFWB will no longer be including these in their case planning. TERM therapists may continue to use this as a therapeutic tool when clinically indicated, however they should inform their clients of the potential legal consequences of sharing it outside of the therapeutic setting.”

TERM clinicians may reach out to providers during the treatment plan quality review process if a treatment plan includes the use of an atonement letter as a treatment method, to ensure the provider’s understanding of this new guidance. Should TERM therapists have further questions regarding this, they are encouraged to contact a TERM clinical team member to discuss further.

The TERM Provider Handbook can be accessed by clicking [here](#).

It can also be accessed on the website: Optumsandiego.com

BHS Provider Resources → TERM Providers → Manuals → TERM Provider Handbook



Information and Updates for TERM Providers

Use of Person-First Language

As a TERM therapist or evaluator, you are well acquainted with the important role documentation plays in working with clients involved with CFWB and the juvenile justice system. TERM provider documentation is utilized to convey critical and timely information as well as updates related to the progress, needs, strengths, and barriers that exist in a given client's case and circumstances. Information documented on treatment plans and evaluation reports are reviewed by the Court and considered by referring parties in formulating recommendations to the Court. Therefore, this professional responsibility comes with opportunities to support effective treatment and case planning efforts, provision of information to multi-disciplinary professionals regarding best clinical practice, and ultimately aid our community in the shared goal for families to thrive in a connected community that enhances and restores nurturing and responsive relationships and environments.

TERM and CFWB appreciate your flexibility and continued dedication to meeting this population's needs through unprecedented times and look forward to your partnership as we move toward a balance in service delivery options that reflects our ultimate goal of providing evidence informed care based on unique client need.

With these opportunities, it is equally essential that the importance of responsible, client-centered documentation is also highlighted. Given the forensic nature of TERM work, providers are expected to uphold the highest standard possible in their documentation efforts. Providers are encouraged to remain mindful of the potential impact of the information, recommendations, and narrative captured in these written documents and to consider the audience of readers who may have access to provider documentation. For those reasons, it is essential TERM panel providers document in ways that are objective and free from bias; both conscious and unconscious.



Documentation that may contribute to subjectivity and biased client representations include language described in the literature as 'labeling' or 'emotional.' Labeling and emotional language center a client's behavioral health symptoms, diagnosis, or associated behavioral impacts in written and spoken communication. This type of language can, even if unintentionally, overshadow the individual person, leave room for reader inferences, and even perpetuate stigmatized reactions to the description of the client. A research-supported strategy shown to reduce both bias and the use of labeling language is that of person-first language. Person-first language is predicated on the goal of highlighting the individual person instead of a diagnosis. Person-first language accomplishes this goal by literally positioning the person first in written and spoken communication, promoting the concept that an individual is not defined by their diagnosis, disability, or illness (Ricciutti, N.M., & Davis, W. 2024).

Information and Updates for TERM Providers

Use of Person-First Language - *Continued*

Examples of Labeling and Emotional Language		
Documented Client Description	Language Category	Rationale
Addict Relapsed Mentally Ill Borderline Schizophrenic	Labeling Language	Potentially stigmatizing as it places the reader's focus on a specific diagnosis, symptom, or behavioral outcome rather than the person. This may allow a reader to make insinuations or inferences that are not intended and/or inaccurate. This language is also reductionistic as it focuses only on a client's diagnosis rather than the client's unique individual characteristics.
Suffers from Depression/anxiety/etc. If afflicted with/by... Has a problem with...	Emotional Language	Implies helplessness or a client's inability to affect change, removing individual agency when describing a client's symptoms and needs.

Examples of Person-First Language		
Documented Client Description	Language Category	Rationale
Person with a substance use disorder Recurrence of Use Person with Borderline Personality Disorder Person with Schizophrenia	Person-first Language	Using person-first language promotes the individual ahead of the diagnosis and description of any associated impact, placing the client first and as an active agent in their life and circumstances..

Studies conducted in 2018 (Ashford et al) indicated that the use of labeling in hypothetical clinical vignettes of clients with a history of substance use disorder led to readers holding a greater negative bias and belief that the hypothetical client required controlling and socially restrictive approaches. When replaced with person-first language in the same vignettes, readers scored higher on measures of benevolence and willingness to consider rehabilitative approaches. While individuals with substance use disorders and addictions have been previously shown to refer to themselves as “addicts” (Pivovarova and Stein, 2019), 70% of the same individuals responded that they would prefer others refer to them with terms like, ‘person who uses drugs.’

Information and Updates for TERM Providers

Use of Person-First Language - *Continued*

A similar study in 2023 (Gazzola et al) corroborated this finding with participants with histories of substance use disorders communicating that they would prefer being referred to as a “person with an addiction” or a “person with substance use disorder.” Notably, one study highlighted participant input that having helping professionals refer to them with labeling language created a “sense of hopelessness that treatment would not be effective” (Jones, 2021).

Using labeling and/or emotional language to describe an individual’s behavioral health presentation and needs, can contribute to stigma toward individuals with a diagnosable mental health and/or substance use disorder. Furthermore, research indicates this stigmatizing effect pervades perceptions among the public and helping professionals alike. In other words, even when a provider has extensive training and experience treating these conditions, the use of labeling and/or emotional language in clinical documentation can influence the provider’s conscious and unconscious perspectives about the very clients they seek to help. Helping professionals’ attitudes toward their clients is an essential element to consider in treatment efficacy. As such, provider stigma has the potential to add barriers to treatment access and to jeopardize successful outcomes.

Utilization of person-first language aligns with provider documentation expectations cited in the TERM Provider Handbook (2024) and aligns with TERM’s clinical orientation and framework for trauma-informed care that strives to avoid re-traumatization by the system. Importantly, use of person-first language also has the potential to assist readers (i.e. Court, attorneys, probation officers, social workers, providers) in guarding against bias and reducing unintentional biased and subjective documentation, along with transmission of stigma in clinical communication. TERM providers interested in this topic can take some of the following steps when considering their own clinical practice and documentation on treatment plans and evaluation reports.

- Become familiar with the importance of person-first language
- Consider the current language practices you utilize when describing clients
- Pay attention to the language utilized to describe individuals with behavioral health diagnoses in published works
- Notice labeling and emotional language and use caution when reading articles and other professional works that do not employ person-first language
- Practice critically evaluating articles based on the language used
- Reflect on stigma when reading professional documentation that does not utilize person-first language
- Contemplate unconscious biases when noticing labeling or emotional language, whether written or spoken
- Gently correct and educate colleagues when observing their use of labeling or emotional language

Ricciutti, N. M., & Davis, W. (2024). Person-first language and addiction literature: The presence of labeling and emotional language in counseling articles. *The Journal of Addictions & Offender Counseling*, 1–14. <https://doi.org/10.1002/jaoc.12137>

Information and Updates for TERM Providers

Updated Process for Medi-Cal Funded CFWB Evaluation Referrals



We are pleased to share that effective November 1, 2024, the authorization process for Medi-Cal funded CFWB evaluation referrals will be streamlined as follows:

- TERM providers accepting CFWB evaluation referrals through Medi-Cal funding will no longer need to submit the Optum Psychological and Neuropsychological Testing Request form.
- The clinical background information provided by CFWB on the evaluation referral form will be reviewed to make an authorization determination prior to appointment of a TERM evaluator.
- Any referrals that do not meet Specialty Mental Health Service medical necessity criteria will be defaulted to CFWB funds prior to appointment of a TERM evaluator.
- All CFWB referred evaluations will be authorized according to the standard CFWB evaluation authorization protocol outlined on the provider fee schedule. There is no change to the authorization you will receive or the established fee for the evaluation services.
- We hope this will make the process easier and more efficient for TERM CFWB evaluators.

Have Questions?

Contact the TERM Department 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 and Family Well-Being, 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 (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 CFWB billing and claims

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



San Diego Access and Crisis Line

888-724-7240 TDD/TTY Dial 711



Free, confidential support in all languages

- 24 hours a day
- 7 days a week



Online Chat Services are available ;

- Monday through Friday
- 4pm – 10pm



optumsandiego.com

We are here for you

The San Diego Access and Crisis Line (ACL) is an outstretched hand to individuals or people they know, who are overwhelmed, depressed, or searching for answers.

A phone call will connect you with a compassionate counselor who is always standing by to provide hope and encouragement.

We can help you when:

- You need to talk to a professional who cares
- You do not feel you can cope with life
- You are looking for community resources
- You are concerned someone you know might hurt themselves
- You feel you might be in danger of hurting yourself or others



If you or someone you know is in crisis, help is available nationwide. Call or text **988**, or chat at 988lifeline.org



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**LIVE WELL
SAN DIEGO**

Funding for services is provided by the County of San Diego Health & Human Services Agency.



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 and Family Well-Being & Juvenile Probation Systems Services:

- Specialized Therapy
- Forensic Evaluations

Growing our richly diverse provider networks

Seeking:

- Master’s Level Clinicians
- Psychologists
- Psychiatrists
- Psychiatric Nurse Practitioners
- Psychiatric Physician 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.”

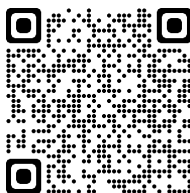
“Provider Services staff is always friendly, responds quickly and offers help with all situations/questions. Thank you.”



LIVE WELL
SAN DIEGO

Optum serves as the Administrative Service Organization for the County of San Diego Behavioral Health Services.

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



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