OPTUM TERM INTERN APPLICATION

San Diego County Mental Health Plan & Optum Public Sector Treatment and Evaluation Resource Management (TERM) Provider Network

Please mail, fax or email (secure) complete application packet to:

Optum Public Sector San Diego
Attention: Provider Services
P.O. Box 601370
San Diego, CA 92160-1370

Fax: (877) 309-4862

Email: sdu_providerserviceshelp@optum.com

Instructions and Frequently Asked Questions

Optum Application Process for the County of San Diego TERM Network Intern

Dear **Prospective TERM Intern**:

Thank you for your interest in joining the County of San Diego Treatment and Evaluation Resource Management (Optum TERM) provider network. Optum is the County's Administrative Services Organization and is responsible for contracting with providers who wish to join the Optum TERM provider network.

Optum TERM Network

Optum TERM is a mental health program developed under the direction of the Board of Supervisors and managed by Optum Public Sector San Diego through a contract with the County of San Diego Health & Human Services Agency (HHSA) Behavioral Health Services. The Optum TERM mission is to improve the quality and appropriateness of mental health services provided to the clients of HHSA Child and Family Well-Being (CFWB) and Juvenile Probation. In addition to contracting and credentialing providers, Optum is responsible for monitoring the work of the TERM network providers through a quality review process. You can obtain additional information about Optum TERM on the Optum website at www.optumsandiego.com, or by clicking here. You may also contact Optum TERM staff directly at (877) 824-8376, Option 1.

Optum TERM defines an Intern as a pre-licensed professional who is currently:

1. Registered with the California Board of Behavioral Sciences as an MFT Associate (AMFT), an Associate Social Worker (ASW), or an Associate Professional Clinical Counselor (APCC).
2. A post-doctoral trainee registered with the California Board of Psychology as a Psychological Associate.
3. A licensed provider now completing additional training in a clinical specialty.
4. Holds a Postgraduate Training Licensee (PTL) issued by the Medical Board of California or the Osteopathic Medical Board of California and is an intern/resident who is enrolled in a California ACGME-accredited postgraduate training program. The holder of a postgraduate training license (PTL) may engage in the practice of medicine only in connection with their duties as a resident in an ACGME-accredited postgraduate training program in California, including its affiliated sites, or under those conditions as are approved in writing by the director of their program.
5. A licensed Medical Doctor/Doctor of Osteopathic Medicine who is enrolled in a psychiatry residency training program.
6. A licensed Medical Doctor/Doctor of Osteopathic Medicine who has completed psychiatry training and is Board-certified or Board-eligible, now receiving additional training in specific specialty; or a Board-certified psychiatrist receiving additional training in child forensic evaluations.

Interns who are conducting treatment with clients referred by Child and Family Well-Being (CFWB) or evaluations with clients involved with CFWB or the Juvenile Probation Department while under the supervision of an Optum TERM-approved provider are required to complete this application. All items in this application must be completed. Email address and fax number are required for participation in the Optum TERM Network.

Application Process

Enclosed is the application for interns who want to join the Optum TERM Provider Network. An application checklist is included to assist you in collecting all the required documentation. Please ensure your Curriculum Vitae (CV) is current and includes the clinical experience and training you have completed thus far. To begin the application process, please submit the completed application and supporting documentation to:

Please mail, fax or email (secure) complete application packet to:

Optum Public Sector San Diego
Attention: Provider Services
P.O. Box 601370
San Diego, CA 92160-1370

Fax: (877) 309-4862

Email: sdu_providerserviceshelp@optum.com

If you have any questions, please contact **Provider Services at (877) 824-8376, Option 3.**

We appreciate the opportunity to work with you in serving the clients of the County of San Diego.

Sincerely,

Provider Services Department

Provider Services Department
Optum Public Sector, San Diego

CHECKLIST FOR TERM INTERN APPLICATION

Please print or type your answers to all questions. If further space is needed for you to provide complete answers, please attach additional pages and indicate the applicable question number.

Please use this checklist to confirm that you have included all the following information in your application packet.

☐	**Disclosure Questions:** Disclosure questions on pages #9 and #10 must be fully completed.
☐	**Standard Authorization, Attestation and Release Form:** Signature and date required on page #13.
☐	**Optum TERM Intern Agreement**: Intern and supervisor signature and date required on page #14.
☐	**Curriculum Vitae:** It is very important that your CV be detailed including descriptions of populations, specialties, and disorders treated, and the theoretical orientation of the work. Include the dates and locations of education and post-graduate training (If applicable).
☐	**All pages of the application must be completed:** Please do not write "refer to Curriculum Vitae/Resume" or attached documents as an answer to any questions on this application.
☐	**Licensing Board Supervision Agreement Form**: Please attach a copy of the signed supervision form (If Applicable).
☐	**Board of Behavioral Sciences Responsibility Statement for Supervisor ASW/AMFT/APCC:** Please attach a copy of the signed responsibility statement (for Board of Behavioral Sciences licensures).
☐	**Supervisor – Six-hour course in Supervision:** Please include the supervisor's training certificate (Must be within the past two years) ***NOTE: If the supervisor has never taken this course, it must be taken within 60 days of commencement of supervision.***
☐	**Photocopy of Certificate of Professional Malpractice/Professional Liability Insurance:** Indication limits of coverage and expiration date (*1mil for each occurrence/3mil for aggregate).*
☐	**State Driver's License/ID Card:** Active, valid copy (Color copy of scan required. Must be legible).
☐	**State Professional License/Registration:** Active pocket license or wall certificate required.
☐	**Writing Sample:** For Evaluator Interns, a writing sample is not required. For Therapy Interns, a writing sample is required and must be submitted with your application in order for it to be considered complete. The writing sample must be reviewed and signed by the supervisor. If additional documentation is needed, you and your supervisor will receive written communication. The writing sample packet for therapist is located on the Optum website at www.optumsandiego.com, or by clicking here.

All documents and copies submitted must be clear and legible.

OPTUM TERM INTERN APPLICATION

TERM Intern Application Type: ☐ Therapist Intern ☐ Evaluator Intern

Last Name: **First Name:** **MI:**

Date of Birth:

Social Security Number:

Email Address:

Phone Number: **Ext**:

License Type: ☐ AMFT ☐ASCW ☐ PhD ☐ PsyD ☐ APCC ☐ MD ☐ DO

License/Registration Number: **Expiration Date**:

NPI Number:

Education:

Institution: Degree: Year:

Institution: Degree: Year:

Institution: Degree: Year:

OPTUM TERM Approved Supervisor:

Supervisor Email:

Phone Number: **Ext**:

Agency Name:

Agency Director (*If different from Supervisor*):

INTERN'S HOME ADDRESS *(Required and is confidential. Cannot be a PO Box.)*

Address:

Suite:

City: **County:**

State: **Zip:**

PRACTICE INFORMATION

Secure/Encrypted Email: Do you have a secure/encrypted client facing email that is used to schedule appointments and/or communicate with clients? ☐ Yes ☐ No

- If 'Yes', I attest that this email is secure/encrypted, and all client information is protected per HIPAA regulations ☐
- Client Facing Email Address:

Primary treatment location where services will be rendered to clients in-person:

Address: **Suite** (if applicable):
City: **State:** **Zip Code:**

Does this office meet ADA guidelines? ☐ Yes ☐ No
Is this office accessible to public transportation? ☐ Yes ☐ No

Additional treatment location where services will be rendered to clients in-person:

Address: **Suite** (if applicable):
City: **State:** **Zip Code:**

Does this office meet ADA guidelines? ☐ Yes ☐ No
Is this office accessible to public transportation? ☐ Yes ☐ No

Additional treatment location where services will be rendered to clients in-person:

Address: **Suite** (if applicable):
City: **State:** **Zip Code:**

Does this office meet ADA guidelines? ☐ Yes ☐ No
Is this office accessible to public transportation? ☐ Yes ☐ No

Telehealth Services:

Will you be offering telehealth services: ☐ Yes ☐ No

- If 'Yes' – Download and Submit the Optum Provider Telehealth Attestation Form with this application
- If 'Yes' – Send a copy of your Business Associate Agreement (BAA) with your chosen HIPAA compliant platform with this application. Please contact your telehealth platform to obtain a copy of the BAA.

Services will ONLY be conducted virtually via Telehealth: ☐

CULTURAL COMPETENCE

Please identify the cultures in which you meet the Cultural Competency Criteria below and are willing to treat in your practice. Delivering culturally competence clinical services means you understand:

1) Ongoing social realities (e.g., racism, immigration patterns, acculturation) that can impact the mental health of culturally and linguistically diverse populations
2) Differences between culturally acceptable behaviors and pathological characteristics
3) Cultural beliefs around mental illness and help-seeking patterns
4) Have the ability to adapt your skills to fit the cultural context of a client

If you endorse cultural competency in the ability to deliver services to one of the groups listed below, you **must also** have experience consistent with one or more of the statements below:

- By adopting systemic practices that align behaviors, attitudes, and policies I have worked effectively in cross-cultural situations, showcasing cultural competence and diversity. All services provided have been tailored to meet the unique linguistic and cultural needs of diverse clients. I honor the diversity of cultures, address the complexities within and between them, and ensure services are accessible and relevant.
- Have completed formal training, such as a degree emphasis area, specific university courses, multiple workshops, or an internship focusing on culture and human behavior
- Have significant professional culture-based expertise (e.g., have provided cultural competence training to others and/or published peer-reviewed journal articles, book chapters, or major reports in this area)
- Have provided clinical treatment or evaluations to more than ten (10) members of the cultural group

Please check any group for which you are competent to evaluate family dynamics and provide treatment from the list in the table below:

☐ African American	☐ Dominican	☐ Iraqi	☐ Puerto Rican
☐ Amerasian	☐ Ethiopian	☐ Japanese	☐ Salvadorian
☐ Arab	☐ Filipino	☐ Jewish	☐ Samoan
☐ Asian Indian	☐ Guamanian	☐ Korean	☐ Somali
☐ Cambodian	☐ Haitian	☐ Laotian	☐ Sudanese
☐ Caucasian	☐ Hawaiian Native	☐ Mexican American / Chicano	☐ Vietnamese
☐ Chinese	☐ Hmong	☐ Native American	☐ Other:
☐ Cuban	☐ Iranian	☐ Pacific Islander	

DISCLOSURE QUESTIONS

Answer all the questions. For any "Yes" response, provide an explanation on page 13. If you believe a question is not applicable to you, you should answer the question by checking the "No" box

1. ☐Yes ☐ No	**LICENSURE** Has your license, registration or certification to practice in your profession ever been voluntarily or involuntarily relinquished, denied, suspended, revoked, restricted, or have you ever been subject to a fine, reprimand, consent order, probation or any conditions or limitations by any state or professional licensing, registration or certification board?
2. ☐Yes ☐ No	Has there been any challenge to your licensure, registration or certification?
3. ☐Yes ☐ No	**HOSPITAL PRIVILEGES AND OTHER AFFILIATIONS** Have your clinical privileges or medical staff membership at any hospital or healthcare institution, voluntarily or involuntarily, ever been denied, suspended, revoked, restricted, denied renewal or subject to probationary or to other disciplinary conditions (for reasons other than non-completion of medical record when quality of care was not adversely affected) or have proceedings toward any of those ends been instituted or recommended by any hospital or healthcare institution, medical staff or committee, or governing board including TERM – approved or Juvenile Court panels?
4. ☐Yes ☐ No	Have you voluntarily or involuntarily surrendered, limited your privileges, or not reapplied for privileges while under investigation?
5. ☐Yes ☐ No	Have you ever been terminated for cause or not renewed for cause from participation, or been subject to any disciplinary action, by any managed care organizations (including HMO's, PPOs, or provider organizations such as IPAs, PHOs)?
6. ☐Yes ☐ No	**EDUCATION, TRAINING AND BOARD CERTIFICATION** Were you ever placed on probation, disciplined, formally reprimanded, suspended or asked to resign during an internship, residency, fellowship, preceptorship, or other clinical education program? If you are currently in a training program, have you been placed on probation, disciplined, formally reprimanded, suspended or asked to resign?
7. ☐Yes ☐ No	Have you ever, while under investigation or to avoid an investigation, voluntarily withdrawn or prematurely terminated your status as a student or employee in any internship, residency, fellowship, preceptorship, or other clinical education program?
8. ☐Yes ☐ No	Have any of your board certifications or eligibility ever been revoked?
9. ☐Yes ☐ No	Have you ever chosen not to re-certify or voluntarily surrendered your board certification(s) while under investigation?

10. ☐Yes ☐ No	**DEA OR STATE CONTROLLED SUBSTANCE REGISTRATION** Have your Federal DEA and/or State Controlled Dangerous Substances (CDS) certificate(s) or authorization(s) ever been challenged, denied, suspended, revoked, restricted, denied renewal, or voluntarily or involuntarily relinquished?
11. ☐Yes ☐ No	**MEDICARE, MEDICAID, OR OTHER GOVERNMENTAL PROGRAM PARTICIPATION** Have you ever been disciplined, excluded from, debarred, suspended, reprimanded, sanctioned, censured, disqualified, or otherwise restricted in regard to participation in the Medicare or Medicaid program, or in regard to other federal or state governmental healthcare plans or programs?
12. ☐Yes ☐ No	**OTHER SANCTIONS OR INVESTIGATIONS** Are you currently the subject of an investigation by any hospital, licensing authority, DEA or CDS authorizing entities, education or training program, Medicare or Medicaid program, or any other private, federal or state health program or a defendant in any civil action that is reasonably related to your qualifications, competence, functions, or duties as a medical professional for alleged fraud, an act of violence, child abuse or sexual offense or sexual misconduct?
13. ☐Yes ☐ No	To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank or Healthcare Integrity and Protection Data Bank?
14. ☐Yes ☐ No	Have you ever received sanctions from or are you currently the subject of investigation by any regulatory agencies (e.g., CLIA, OSHA, etc.)?
15. ☐Yes ☐ No	Have you ever been convicted of, pled guilty to, pled nolo contendere to, sanctioned, reprimanded, restricted, disciplined or resigned in exchanged for no investigation or adverse action within the last ten years for sexual harassment or other illegal misconduct?
16. ☐Yes ☐ No	Are you currently being investigated, or have you ever been sanctioned, reprimanded, or cautioned by a military hospital, facility, or agency, or voluntarily terminated or resigned while under investigation or in exchange for no investigation by a hospital or healthcare facility or any military agency?
17. ☐Yes ☐ No	**PROFESSIONAL LIABILITY INSURANCE INFORMATION AND CLAIMS HISTORY** Has your professional liability coverage ever been cancelled, restricted, declined or not renewed by the carrier based on your individual liability history?
18. ☐Yes ☐ No	Have you ever been assessed a surcharge, or rated in a high-risk class for your specialty, by your professional liability insurance carrier, based on your individual liability history?
19. ☐Yes ☐ No	**MALPRACTICE CLAIMS HISTORY** Have you had any professional liability actions (pending, settled, arbitrated, mediated, or litigated) within the past 10 years? If yes, provide information for each case.

20. ☐Yes ☐ No	**CRIMINAL/CIVIL HISTORY** Have you ever been convicted of, pled guilty to, or pled nolo contendere to any felony?
21. ☐Yes ☐ No	In the past ten years have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor (excluding minor traffic violations) or been found liable or responsible for any civil offense that is related to your qualifications, competence, functions, or duties as a medical professional, or for fraud, an act of violence, child abuse or a sexual offense or sexual misconduct?
22. ☐Yes ☐ No	Have you ever been court-martialed for actions related to your duties as a medical professional?
23. ☐Yes ☐ No	Has a true finding ever been made against you, your spouse, or an adult member of your household in a Juvenile Court dependency action?
24. ☐Yes ☐ No	Have you, your spouse, or an adult member of your household ever been investigated by a Child Protective Agency?
25. ☐Yes ☐ No	**ABILITY TO PERFORM JOB** Are you currently engaged in the illegal use of drugs? ("Currently" means sufficiently recent to justify a reasonable belief that the use of drugs may have any ongoing impact on one's ability to practice medicine. It is not limited to the day of, or within a matter of days or weeks before the date of application, rather that it has occurred recently enough to indicate the individual is actively engaged in such conduct. "Illegal use of drugs" refers to drugs whose possession or distribution is unlawful under the Controlled Substances Act, 21 U.S.C.§ 812.22. It "does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provision of Federal Law." The term does include, however, the unlawful use of prescription-controlled substances.)
26. ☐Yes ☐ No	Do you use any chemical substances that would in any way impair or limit your ability to practice medicine and perform the functions of your job with reasonable skill and safety?
27. ☐Yes ☐ No	Do you have any reason to believe that you would pose a risk to the safety or wellbeing of your patients?
28. ☐Yes ☐ No	Are you unable to perform the essential functions of a practitioner in your area even with reasonable accommodation?

Standard Authorization, Attestation and Release

I understand and agree that, as part of the credentialing application process for participation, membership and/or clinical privileges (hereinafter, referred to as "Participation") at or with each healthcare organization indicated on the "List of Authorized Organizations" that accompanies this Provider Application (hereinafter, each healthcare organization on the "List of Authorized Organizations" is individually referred to as the "Entity"), and any of the Entity's affiliated entities, I am required to provide sufficient and accurate information for a proper evaluation of my current licensure, relevant training and/or experience, clinical competence, health status, character, ethics, and any other criteria used by the Entity for determining initial and ongoing eligibility for Participation. Each Entity and its representatives, employees, and agent(s) acknowledge that the information obtained relating to the application process will be held confidential to the extent permitted by law.

I acknowledge that each Entity has its own criteria for acceptance, and I may be accepted or rejected by each independently. I further acknowledge and understand that my cooperation in obtaining information and my consent to the release of information do not guarantee that any Entity will grant me clinical privileges or contract with me as a provider of services. I understand that my application for Participation with the Entity is not an application for employment with the Entity and that acceptance of my application by the Entity will not result in my employment by the Entity.

Authorization of Investigation Concerning Application for Participation: I authorize the following individuals including, without limitation, the Entity, its representatives, employees, and/or designated agent(s); the Entity's affiliated entities and their representatives, employees, and/or designated agents; and the Entity's designated professional credentials verification organization (collectively referred to as "Agents"), to investigate information, which includes both oral and written statements, records, and documents, concerning my application for Participation. I agree to allow the Entity and/or its Agent(s) to inspect and copy all records and documents relating to such an investigation.

Authorization of Third-Party Sources to Release Information Concerning Application for Participation: I authorize any third party, including, but not limited to, individuals, agencies, medical groups responsible for credentials verification, corporations, companies, employers former employers, hospitals, health plans, health maintenance organizations, managed care organizations, law enforcement or licensing agencies, insurance companies, educational and other institutions, military services, medical credentialing and accreditation agencies, professional medical societies, the Federation of State Medical Boards, the National Practitioner Data bank, and the Health Care Integrity and Protection Data Bank, and Child Protection Agencies to release to the Entity and/or its Agent(s), information, including otherwise privileged or confidential information, concerning my professional qualifications, credentials, clinical competence, quality assurance and utilization data, character, mental condition, physical condition, alcohol or chemical dependency diagnosis and treatment, ethics, behavior, or any other matter reasonably having a bearing on my qualifications for Participation in, or with, the Entity. I authorize my current and past professional liability carrier(s) to release my history of claims that have been made and/or are currently pending against me. I specifically waive written notice from any entities and individuals who provide information based upon this Authorization, Attestation and Release.

Authorization of Release an Exchange of Disciplinary Information: I hereby further authorize any third party at which I currently have Participation or had Participation and/or each third party's agents to release "Disciplinary Information," as defined below, to the Entity and/or its Agent(s). I hereby further authorize the Agent(s) to release Disciplinary Information about any disciplinary action taken against me to its participating Entities at which I have Participation, and as may be otherwise required by law.

As used herein, “Disciplinary Information” means information concerning (i) any action taken by such health care organizations, their administrators, or their medical or other committees to revoke, deny, suspend, restrict, or condition my Participation or impose a corrective action plan; (ii) any other disciplinary action involving me, including, but not limited to, discipline in the employment context; or (iii) my resignation prior to the conclusion of any disciplinary proceedings or prior to the commencement of formal charges, but after I have acknowledge that such formal charges were being (or are being) contemplated and/or were (or are) in preparation.

Release from Liability: I release from all liability and hold harmless any Entity, its Agent(s), and any other third party for their acts performed in good faith and without malice unless such acts are due to gross negligence or willful misconduct of the Entity, its Agent(s), or other third party in connection with the gathering, release and exchange of, and reliance upon, information used in accordance with this Authorization, Attestation and Release. I further agree not sue any Entity, any Agent(s), or any other third party for their acts, defamation or any other claims based on statements made in good faith and without malice or misconduct of such Entity, Agent(s) or third party in connection with the credentialing process. This release shall be in addition to, and in no way shall limit, any other applicable immunities provided by law for peer review and credentialing activities. In this Authorization, Attestation and Release, all references to the Entity, is Agent(s), and/or other third party include their respective employees, directors, officers, advisors, counsel, and agents. The Entity or any of its affiliates or agents retains the right to allow access to the application information for purposes of a credentialing audit to customers and/or their auditors to the extent required in connection with an audit of the credentialing processes and provided that the customer and/or their auditor executes an appropriate confidentiality agreement. I understand and agree that this Authorization, Attestation and Release is irrevocable for any period during which I am an applicant for Participation at an Entity, a member of an Entity’s medical or health care staff, or a participating provider of an Entity. I agree to execute another form of consent if law or regulation limits the application of this irrevocable authorization. I understand that my failure to promptly provide consent may be grounds for termination of Participation at or with the Entity. I agree that information obtained in accordance with the provisions of this Authorization, Attestation and Release, is not and will not be a violation of my privacy.

I certify that all information provided by me in my application is current, true, correct, accurate and complete to the best of my knowledge and belief, and is furnished in good faith. I will notify the Entity and/or its Agent(s) within 10 days of any material changes to the information (including any changes/challenges to licenses, DEA, insurance, malpractice claims, NPDB/HIPDB reports, discipline, criminal convictions, etc.) I have provided in my application or authorized to be released pursuant to the credentialing process. I understand that corrections to the application are permitted at any time prior to a determination of Participation by the Entity, and must be submitted online or in writing, and must be dated and signed by me (may be a written or an electronic signature). I acknowledge that the Entity will not process an application until they deem it to be a complete application and that I am responsible to provide a complete application and to produce adequate and timely information for resolving questions that arise in the application process. I understand and agree that any material misstatement or omission in the application may constitute grounds for withdrawal of the application from consideration: denial or revocation of Participation; and/or immediate suspension or termination of Participation. This action may be disclosed to the Entity and/or its Agent(s). I further acknowledge that I have read and understand the foregoing Authorization, Attestation and Release and that I have access to the bylaws of applicable medical staff organizations and agree to abide by these bylaws, rules, and regulations. I understand and agree that a facsimile or photocopy of this Authorization, Attestation and Release shall be as effective as the original.

Intern Signature **Name (print)** **Date Signed**

The National Practitioner Data Bank requires Health Care Entities to report: (1) professional review actions that are based on reasons related to professional competence or conduct and that adversely affect clinical privileges for a period longer than 30 days; or, (2) the voluntary surrender or restriction of clinical privileges while under investigation, or to avoid investigation. If you suspect you may not be accepted through our credentialing process for the reasons listed above, you may not want to apply since a denial of you application may require a report to the National Practitioner Data Bank if the denial is for reasons related to profession competence or conduct.

If you answered “yes” to any Disclosure Questions, please provide an explanation here:

OPTUM TERM INTERN AGREEMENT

The following items are required to be registered with Optum TERM. Please **initial** each item. As a TERM approved Intern, I AGREE TO:

[ ]	**Submit** a copy of current Board registration or proof of academic status with this registration; and **re-submit** this information **annually** or earlier if changes occur.
[ ]	Participate in peer review and quality review.
[ ]	Participate in continuing education as deemed appropriate by the Juvenile Court or Optum TERM.
[ ]	Obtain my site supervisor's signature on any documents sent to Optum TERM, CFWB, Probation or the Courts, and append the word "Intern" to my own signature, as my status is designated by Optum TERM.
[ ]	Observe all ethical standards of the profession for which I am preparing.

I HAVE READ AND UNDERSTAND THE OPTUM APPLICATION PROCESS FOR THE COUNTY OF SAN DIEGO TERM NETWORK. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

Printed name of Applicant/Intern:

_____ Date: _____

Signature

SUPERVISOR:

I HAVE READ AND UNDERSTAND THE OPTUM APPLICATION PROCESS FOR THE COUNTY OF SAN DIEGO TERM NETWORK. I HAVE REVIEWED AND APPROVED THIS INTERN'S APPLICATION AND WILL COMPLY WITH OPTUM TERM'S STANDARDS FOR USE OF INTERNS:

Printed name of Supervisor:

_____ Date: _____

Signature

Please return the signed and dated agreement to Optum Provider Services:

Fax: (877) 309-4862; or

Email: sdu_providerserviceshelp@optum.com

Note: This application will be processed only if fully completed, signed and the appropriate documentation attached

OPTUM 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. Please give careful attention to each of the following standards:

Definition of intern:

A. An **intern** is a post-doctoral trainee or post licensed medical/psychological professional who is currently:
   1. Registered with the Board of Psychology as a Psychological Associate **or**,
   2. A licensed psychologist, now completing additional training in a clinical specialty.

B. Psychiatry intern evaluators
   1. Must meet one these criteria:
      a. Holds a Postgraduate Training Licensee (PTL) issued by the Medical Board of California or the Osteopathic Medical Board of California and is an intern/resident who is enrolled in a California ACGME-accredited postgraduate training program. The holder of a postgraduate training license (PTL) may engage in the practice of medicine only in connection with their duties as a resident in an ACGME-accredited postgraduate training program in California, including its affiliated sites, or under those conditions as are approved in writing by the director of their program.
      b. A licensed Medical Doctor/Doctor of Osteopathic Medicine who is enrolled in a psychiatry residency training program; or.
      c. A licensed Medical Doctor/Doctor of Osteopathic Medicine who has completed psychiatry training and is Board-certified or Board-eligible, now receiving additional training in specific specialty; or a Board-certified psychiatrist receiving additional training in child forensic evaluations.
   2. Must submit a fully completed Optum TERM Intern Application, co-signed by their California ACGME-accredited postgraduate training program director.

1. Each intern applicant is required to submit the following documents:
   a. A fully completed Optum TERM Intern Application, co-signed by the supervisor
   b. A copy of the Board of Psychology “Supervisor Agreement Form” signed by both the applicant and supervisor
   c. A copy of the supervisor’s certificate for the most recent course completed (must be within the past two years)
   d. Writing Sample is not required.

2. Supervisors are required to be in good standing on Optum TERM’s evaluator panel and approved for the specialties relevant to the case at hand.

3. Supervisors are to be licensed in the intern's respective discipline. Supervision is required to conform to state laws, the standards of the intern's training program requirements, and the standards of practice in the profession.

4. Supervisors are to provide the intern with specific information regarding the Dependency and/or Delinquency programs, the Juvenile Court system, the role of the evaluator in these systems, relevant national and professional standards for court ordered evaluations, and the limits of the evaluator's special expertise in the case. This may be accomplished in lecture format or face to face supervision. Interns also are required to review and be familiar with all sections of the Optum TERM Provider Handbook.

5. Supervision is required to include the following:
   a. Knowledge of the case and careful case selection for each intern.
   b. Assistance for the intern in preparing for the evaluation, including selection of interview questions, appropriate tests (psychology interns), and other methods based on the nature of the referral and client's presentation.
   c. Review and oversight of the trainee's work product.
   d. Co-signature of the intern's evaluation report.

6. To prepare for the possibility of Court testimony, **all supervisors for pre-license intern evaluators must be present during the client interview**. This allows the supervisor to form an independent, clinical opinion. Supervisors of psychiatry interns and post-license psychologists who have a current professional license, may interview the client as needed.

7. Pre-license intern evaluators may not be assigned competency evaluations, school threat assessment evaluations, 300 e/i/f cases, Highly Vulnerable Children (HVC), or Family Code 7827 evaluations. Post-licensed intern evaluators may be considered for competency evaluation referrals if the intern and their supervisor both meet criteria established under California Welfare and Institutions code §709.

8. Approved interns may participate in appropriately assigned CFWB psychological evaluations if the needs cannot be met by existing TERM evaluators (specialized needs may include cultural needs, language needs, etc.). Prior to assigning a CFWB-referred client to an intern, Optum will review the case for appropriateness, and it is required that supervisors review the referral to ensure the clinical appropriateness of the assignment to the intern. For Juvenile Probation referrals, supervisors are required to discuss the appropriateness of intern assignment directly with the referring party and to inform the client and/or attorney of the planned use of an intern a minimum of three (3) days prior to the evaluation, so that, if preferred, the client and/or attorney can request an evaluator who is not an intern. The supervisor retains clinical and legal responsibility for each case.

9. **Interns shall not provide direct services to CFWB Medi-Cal funded cases.**

10. **Newly Licensed Optum TERM Interns:**

It is the policy of Optum TERM to allow a ninety (90) day grace period for Optum TERM interns who are newly licensed to continue to be Optum TERM interns pending submission, review and approval of their application to render services as an independent provider on the Optum TERM approved provider panel. This grace period will allow for continuity of client care. These procedures must be followed in order for this grace period to be in effect.

Procedure:

A. An individual who has completed her/his period of state registration as an intern, has passed the licensure exam and is waiting receipt of the professional license, is eligible to be listed by TERM for a ninety (90) day grace period. This grace period is to allow time for this professional to submit the TERM application and thus to ensure continuity of care for the client.
B. Within 5 business days of notification by the respective professional licensing board, the individual's agency must inform TERM in writing that the intern is newly licensed.
C. Within three (3) business days TERM will forward an application to this individual.
D. The agency must attest that this individual will:
    1. Continue to be an employee of the agency.
    2. Submit proof that the appropriate malpractice insurance coverage is in effect.
    3. Continue to receive professional consultation; and
    4. Submit the completed application to TERM within thirty (30) days of receipt of the license.
E. During the grace period and pending approval for serving on the TERM panel(s) as an independent provider, the individual may not receive any new TERM-referred cases at this or another agency, or in private practice.
F. Services for continuing clients must be billed by the agency supervisor at the specified intern rate for the services provider.

OPTUM 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 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.

Definition of intern:

A. An **intern** is a pre-licensed professional who currently is:
   1. Registered with the California Board of Behavioral Sciences as an /Associate Marriage and Family Therapist, an Associate Social Worker, or an Associate Professional Clinical Counselor.
      - A licensed clinician, now completing additional training in a clinical specialty
   2. A post-doctoral trainee or post licensed medical/psychology professional who is currently:
      - Registered with the Board of Psychology as a Psychological Associate; **or**
      - A licensed psychologist, now completing additional training in a clinical specialty.

1. Each Intern applicant is required to submit the following documents:
   a. A fully completed Optum TERM Intern Application, co-signed by the supervisor
   b. A copy of the appropriate Board's (Board of Behavioral Sciences or Board of Psychology) "Supervisor Responsibility Statement" or "Supervisor Agreement Form" signed by both the applicant and supervisor
   c. A copy of the supervisor's certificate for the most recent course completed (must be within the past two years)
   d. A Writing Sample:
      - To be supervised, reviewed, and signed by supervisor. For those writing samples that do not receive a passing score, a TERM Clinician will follow up to schedule a documentation review with the intern and supervisor.

2. Supervisors are required to be a member in good standing on Optum TERM's Therapist Panel and approved for the specialties relevant to the case at hand.

3. Supervision is required to conform to state laws for each licensure, the standards of the intern's training program requirements, and the standards of practice in the profession.

4. Supervisors are to provide the intern with specific information regarding the Dependency and/or Juvenile Justice programs, the Juvenile Court system, the role of the therapist in these systems, and relevant national and professional standards for therapeutic services. This may be accomplished in lecture format or face to face supervision. Interns are also required to review the Optum TERM Provider Handbook.

5. Supervision is required to include the following:
   a. Knowledge of the case and careful case selection for each intern.
   b. Assistance for the intern in preparing for delivery of services.
   c. Review and oversight of the intern's work.
   d. Co-signature of the intern's work products.

6. Supervisors will follow their licensing board's supervision requirements (i.e., individual, face-to-face supervision) for each intern. This supervision time is required to address a thorough discussion of CFWB cases and review of planned reports. No supervisor should be responsible for more intern cases than allowed by their licensing board. *No agency may register interns who receive supervision only in a group format.*

7. Each supervisor is required to be available to the intern, by phone or in person, at all times when the intern is at the agency or providing clinical services. Logs of supervisory sessions and supervisor time are required to be made available to Optum upon request. If an intern's future licensing board specifies more supervisory time at the site, these standards are required to be followed.

8. A supervisor overseeing an intern rendering services in a language or cultural context in which the supervisor does not have fluency will consult with a mental health provider that has fluency and/or with an expert on the culture.

9. The supervisor is required to take primary responsibility for the therapeutic management of clients assigned to an intern under their supervision. The supervisor is required to co-sign, and be responsible for, all reports and other written correspondence, *and is required to be prepared to testify in court if subpoenaed*. Each report should be discussed with the intern prior to countersigning by the supervisor.

10. Prior to assigning a CFWB-referred client to an intern, Optum will review the case for appropriateness, and it is required that supervisors review to ensure the clinical appropriateness of the assignment. The supervisor retains clinical and legal responsibility for each case. Supervisors are required to take into account both the client and case needs and the intern's level of skill and training in assigning cases. Risk factors and potential need for court testimony should also be considered prior to assigning to an intern. In some instances, it may be appropriate to transfer the case to a more experienced clinician.

11. Because children/adolescents in dependency cases suffer many losses, supervisors should make every effort to avoid changes in therapists. *If the supervisor knows that an intern is scheduled to leave the training program, a new therapy case involving ongoing treatment should not be assigned to that intern*. The client must be informed that there may be a change of therapist before ongoing services begin. The clinical supervisor is responsible for ensuring continuity of care in the event that an intern leaves the training program.

12. Before the assignment is made:
    a. TERM reviews the referral information to determine if a client may be appropriate to assign to an intern and discusses the referral with the licensed supervisor to ensure it is an appropriate clinical match. Interns cannot be assigned to provide individual therapy cases deemed as Highly Vulnerable Child (HVC).
    b. Interns are required to inform the client, verbally and in writing, of their intern status, and that they are under the supervision of a licensed therapist approved to provide such supervision.

13. Interns shall not provide direct services in CFWB Medi-Cal funded cases.

14. In all cases, the referral and the reimbursement are required to be made to the clinical supervisor. Claims are required to indicate that services were rendered by an intern. The supervisor retains clinical and legal responsibility for each case.

15. Each document submitted to Juvenile Court or CFWB is required to be clearly signed by the intern, co-signed by the supervisor, and is required to indicate their status as an intern.

16. **Newly Licensed Optum TERM Interns:**
    It is the policy of Optum TERM to allow a ninety (90) day grace period for Optum TERM interns who are newly licensed to continue to be Optum TERM interns pending submission, review and approval of their application to render services as an independent provider on the Optum TERM approved provider panel. This grace period will allow for continuity of client care. These procedures must be followed in order for this grace period to be in effect.

    Procedure:
    A. An individual who has completed their period of state registration as an intern, has passed the licensure exam, and is waiting receipt of the professional license, is eligible to be listed for a ninety (90) day grace period. This grace period is to allow time for this professional to submit the TERM application and thus to ensure continuity of care for the client.
    B. Within 5 business days of notification by the respective professional licensing board, the individual's agency must inform Optum TERM's Provider Services Department in writing that the intern is newly licensed.
    C. Within three (3) business days, Provider Services will forward an application to this individual.
    D. The agency must attest that this individual will:
        1. Continue to be an employee of the agency.
        2. Submit proof that the appropriate malpractice insurance coverage is in effect.
        3. Continue to receive professional consultation; and
        4. Submit the completed application to Optum TERM within thirty (30) days of receipt of the license.
    E. During the grace period and pending approval for serving on the TERM panel(s) as an independent provider, the individual may not receive any new TERM-referred cases at this or another agency, or in private practice.
    F. Services for continuing clients must be billed by the agency supervisor at the specified intern rate for the services provided.