

News

OptumHealth

TERM Newsletter

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OptumHealthSM
Public Sector

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TERM MANAGER MESSAGE

Greetings and Happy New Year! I'd like to take a moment to formally introduce myself as OptumHealth TERM's new Program Manager. Though I am new to the position, I have been a psychologist reviewer with OptumHealth TERM since the initiation of the contract in July 2009. During this time I have enjoyed working collaboratively with many providers and other stakeholders in the system, and am excited about my new role and the opportunity to continue working with all of you in this new capacity. Early goals I hold for my position include streamlining processes, improving efficiencies, and supporting achievement of best practice standards within our professional network. Please make note of my contact information and do not hesitate to contact me if there is anything you feel I should be aware of or if there is any way that I may be of assistance to you.

Included in this edition of the newsletter are several important announcements, including:

- ◆ Release of the updated TERM Provider Handbook
- ◆ A new CWS requirement to complete CWS training for providers receiving referrals for high risk cases
- ◆ A new requirement for juvenile competency evaluations, and
- ◆ Increased focus on documentation of treatment progress in CWS treatment plans

LeAnn Skimming, Ph.D.
OptumHealth TERM Manager

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ANNOUNCEMENTS:

Updated TERM Provider Handbook

TERM is pleased to announce that we are starting off the New Year with a new Provider Handbook, to be released mid-January. The handbook has been updated with new policies, procedures, and workflows that have been implemented since the last publication in 2008. Additional new information contained in the handbook are key provider obligations, standards for specialized evaluations, treatment conducted under the 300e Protocol, and updated treatment plan and psychological evaluation guidelines. We hope that you will find the handbook a helpful resource. Please take time to carefully review all the sections that pertain to you, as there are significant revisions and the handbook is incorporated into all Provider Agreements by reference.

Mandatory CWS Training for Providers Accepting High Risk Cases

CWS will be referring high risk cases only to providers who have completed CWS training effective April 1, 2011. Two trainings will be offered in order to assist providers in meeting this requirement. It is anticipated that CWS will continue to offer trainings on a semi-annual basis, in the event that your schedule cannot accommodate either of these initial training dates. Documentation of successful training completion must be received by Child Welfare Services by a deadline of April 1, 2011 for those providers wishing to receive referrals for high risk CWS cases. The trainings are open to all TERM panel providers; however, as a reminder, provisional providers and interns may not accept high risk referrals.

Training Title: Mental Health Services in Dependency Court Cases

The training will address practice issues pertinent to therapy and psychological assessments in dependency cases. In particular, distinctions between a clinical vs. a forensic approach to therapy and evaluations will be described. Specific topics will include: •Application of professional standards and relevant professional guidelines in dependency cases as a subset of forensic cases. •The working alliance in therapy and psychological assessments: similarities and differences in clinical vs. forensic cases. •Limits of Confidentiality, Consent to Treat, and Consent for the Release of Protected Health Information in dependency cases: what clinical information is confidential, who holds the privilege, who can provide consent to treat, and the exchange of information among the treating providers and the dependency system. •Establishment of the treatment goals and documentation of progress in dependency cases. •Working as a multidisciplinary team member: understanding the role of the protective services worker, the attorneys, and the Court in dependency cases.

Presented by: Sara Maltzman, Ph.D. and John Philips, J.D.

Dates: Friday February 11, 2011 or Friday March 11, 2011

Time: 9:00 am—1:00 pm

Place: County Mental Health Building located at 3851 Rosecrans Street, San Diego, CA 92110

CE Hours: 4 hours CE credit for psychologists, MFTs, and LCSWs offered through San Diego Psychological Association for the 2/11/11 training. No CE hours will be offered for the 3/11/11 training.

Cost: Training on 2/11/11 will cost \$55 for SDPA members and \$79 for non-members. Training on 3/11/11 will be offered free of charge.

Registration: Please register for the 2/11/11 training at <http://www.sdpa.affiniscap.com/calendar.cfm>. To register for the 3/11/11 training, please RSVP to Laurretta Jenkins at OptumHealth Provider Services either by telephone (619-641-6844) or e-mail (laurretta.jenkins@optumhealth.com). If you reach Laurretta's voicemail, please leave a message with your name and call back number.

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ANNOUNCEMENTS Cont'd

Treatment Plan Tracking Process Update

TERM has continued to fine-tune the work product tracking process. In order to have fewer errors in tracking late reports and reduce unnecessary late report notifications to providers, all parties are required to follow guidelines regarding communication and case coordination. The following updated procedures should be followed (new information is highlighted in bold):

Provider Responsibilities:

- ◆ Treatment Initiation: Per existing guidelines, providers are required to notify the PSW if a client does not begin services in a timely fashion or 'no shows' for appointments. This enables the PSW to contact the client and to be aware of issues resulting in treatment delays.
- ◆ Case Termination: The provider is required to submit a final TPU that provides a discharge summary for therapy cases in which all treatment goals are met or treatment has otherwise been discontinued (including instances in which clients drop out of treatment). **The TPU form has been updated to include a Discharge Summary checkbox. Please ensure that this checkbox is marked to clearly identify all discharge reports.** Providers are required to proactively coordinate treatment termination with the PSW.
- ◆ Early Termination That Occurs Before the ITP Is Due: **The Initial Treatment Plan must be submitted regardless of how many times a client has been seen. The ITP form has been updated to include a discharge summary checkbox. Please check the Discharge Summary box form to clearly identify that it is an early termination. Document the circumstances of the client's discontinuation of treatment, the number of sessions attended, the date PSW was notified of the termination, and any relevant clinical information obtained during initial sessions (e.g., clinical status, provisional diagnostic impressions, barriers to treatment). Goals and measures are not required. If no sessions were attended by the client, an Initial Treatment Plan is not required; however, this information must be verbally communicated to the PSW in a timely manner.**

PSW Responsibilities:

- ◆ Treatment Initiation: If there is a significant delay in the start of treatment, the PSW is expected to send in an UPDATED Treatment Authorization with a new start date. This will enable OptumHealth TERM to correct the original Authorization Date and update the report tracking system.
- ◆ Case Termination: Treatment ends at the end of the authorization period unless the PSW submits an additional 04-130C to inform OptumHealth TERM that services are continuing. **For all early terminations or situations in which the client does not initiate services that have been authorized, the PSW is required to submit the 04-130C to inform OptumHealth TERM that services are terminating. The report tracking system can then be updated to reflect that no further reports are expected. It is critical that this step be followed in order to eliminate unnecessary calls to providers.**

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AB 3632 Update

Forty-two school districts and the County of San Diego have arrived at an agreement to continue to provide mental health services to special education students through AB3632 through June 2011, through the County Office of Education. This will allow for services to proceed as usual without interruption at this time.

POLICY AND PROCEDURE UPDATES:

New Requirement for Juvenile Competency Evaluations

There has been an increase in referrals for juvenile competency evaluations. TERM has updated quality review standards for Juvenile Competency Evaluations because of the increased number of referrals, younger age of minors being referred, and increased scrutiny placed on the evaluation findings by the Court. Effective January 2011, the use of a formal competency assessment tool will be a required element for all TERM juvenile competency evaluations. Findings from such measures should be described in detail in the body of the report (i.e., a description of functional abilities related to the legal standard of competence to stand trial, such as factual understanding, competence to assist counsel, decisional competence). Either the use of a formal structured competency interview or standardized competency assessment measure will meet this requirement; however, since juvenile norms do not currently exist for standardized measures of competency, this approach is discouraged particularly for younger or more immature minors. If undertaken with older adolescents, the following guidelines apply:

- 1) Providers are required to be familiar with the current research literature and to cite applicable references pertaining to the use of the measure with juveniles;
- 2) Any modifications made to standardized administration should be thoughtful and clearly communicated in the evaluation report;
- 3) Findings should be interpreted with caution (e.g., adult norms should not be used to gauge the minor's functioning);
- 4) The measure should not serve as the sole method of assessing the minor's competency abilities;
- 5) For younger or more immature adolescents, the use of a developmentally sensitive structured competency interview is recommended (e.g., Juvenile Adjudicative Competency Interview; Grisso, 2005).

A review of best practice standards pertaining to assessment of juvenile competency is recommended to evaluators. One such resource is Kruh, I. & Grisso, T. (2008). *Juveniles' competence to stand trial*. New York: Oxford University Press. Additional information pertaining to requirements for specialized psychological evaluations can be located in the new TERM Provider Handbook.

Documentation of Treatment Progress in CWS Cases

Please note that extra attention is being focused on descriptions of treatment progress during the treatment plan quality review process. Along with detailed goals and quantifiable behavioral measures of progress, it is imperative for the child that CWS and the Court receive specific behavioral details showing how the risk has been reduced and progress has been made.

As a reminder: There should be a statement of whether the client has achieved the stated behavioral objectives for each behavioral measure. Document progress in the treatment plan by citing examples of specific behaviors exhibited by the client, spontaneous statements made by the client in sessions, or credible collateral reports. Descriptions of progress must be specifically related to the stated goals of treatment.

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Statements such as “client has made excellent progress” do not provide sufficient detail and will not pass quality review as evidence of behavioral change. An example of the level of detail needed for documentation of treatment progress is included below:

Protective Issue: Emotional abuse

Treatment Goal: Increase client’s understanding of dynamics and triggers of domestic violence

Measure: Client will be able to identify 3-5 “red flags” for domestic violence in current partner

Progress: Client has met the stated behavioral objective of identifying early warning signs for potentially escalating violence in her partner, as evidenced by her ability during sessions to identify the following red flags: criticizing/name calling, expressions of jealousy, rummaging through personal belongings. Working with client to implement a safety plan for herself and her children for when these red flag behaviors occur.

Correction to October 2010 Newsletter Regarding Services Provided in Custodial Settings

The October 2010 Newsletter incorrectly reported that professional visiting hours for psychological/psychiatric evaluations conducted with minors in custody at Kearny Mesa Juvenile Detention Facility and East Mesa Juvenile Detention Facility are: 8:00a.m. to 11:00a.m., 12:00p.m. to 4:00p.m., 5:00p.m. to 8:00p.m. Please note that Kearny Mesa Juvenile Detention Facility does not allow providers to conduct professional visits between 2:00 p.m. to 2:45 pm. Thank you to Dr. Becca Harvey for noting this correction!

YEAR END REVIEW OF POLICY AND PROCEDURE UPDATES FROM 2010

1. TERM as “Gatekeeper”: Please remember that providers are required to send all reports only to TERM, who will then forward the reports to the intended recipients following the quality review process. This process ensures that only reviewed plans are submitted to the referring agencies and subsequently to the Court. In order to assist in preventing unintended disclosures of Personal Health Information, please provide us with the name, phone, and fax numbers of the PSW for CWS work products. For Probation work products, please include the name, phone, and fax numbers of the minor’s Defense Attorney and Probation Officer.
2. Generally acceptable standards for conducting forensic evaluations call for the use of standardized psychological assessment techniques which demonstrate adequate levels of reliability, validity and include measures of response style or bias. Objective personality testing (such as, but not limited to the MMPI, MACI, MCMI-III, PAI) that is properly normed and validated with internal measures of validity are required for all Psychological Evaluations. In the case of children, use of formal structured/semi-structured diagnostic interviews (e.g., Kiddie-SADS, NIMH-DISC-IV), or standardized behavioral ratings (self-report, as well as caregiver and/or teacher ratings) and measures of emotional functioning are appropriate options for meeting this requirement.
3. CWS policy prohibits therapists from seeing multiple family members, and by extension, supervisors should not supervise interns who see clients from the same family. Because of the forensic nature of these cases, the risk is that the supervisor may be unintentionally influenced by information regarding the case and therapy provided to other family members, thus unintentionally biasing supervision. Another risk is that the supervisor may be required to testify on multiple family members and therefore engage in a conflict of interest.
4. For Medi-Cal funded clients or clients with funding from other non-CWS sources, PSWs should provide a completed 04-176A Therapy Referral Form to TERM providers.

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YEAR END REVIEW OF POLICY AND PROCEDURE UPDATES FROM 2010 Cont'd

5. Please use the most current form when drafting initial treatment plans and treatment plan updates. Current forms can be found on our website: <https://www.ubhonline.com/publicSector/index.jsp> (path: County and Org Providers > Scroll down to Forms > Page 3).

6. If providers are unable to see their clients for a period of time as a result of illness, vacation or other planned or unexpected event, and wish another provider to treat the clients in their absence, the following process should be followed to ensure payment for services:

- ◆ Provider or PSW to notify OptumHealth TERM of planned or unplanned absence. A *Temporary Treatment Authorization Form for TERM Provider* form will be available on the forms section of our website.
- ◆ OptumHealth TERM will interrupt authorization for initial provider as of date discussed in notification.
- ◆ Once a new/covering provider is identified, a new authorization must be approved by CWS management.
- ◆ OptumHealth will complete new authorization covering only the date range requested by initial provider or PSW. A new 90801 will not be issued since initial provider or PSW is responsible for providing new/covering provider with information about the client, treatment goals, etc.
- ◆ OptumHealth will send authorization letter to new provider.

UPDATES FROM PROVIDER SERVICES

E-mails

Please consider adding OptumHealth to your e-mail address book so that important e-mail correspondence isn't filtered out as spam.

Orientation for New Providers

All providers new to the OptumHealth TERM panel are now required to attend an orientation facilitated by the Provider Services Department, in conjunction with TERM, Utilization Management, and Claims. The orientation has been well-received as an excellent opportunity for providers to familiarize themselves with unique requirements for services provided through the Fee for Service and TERM panels. We would also like to extend an invitation to our seasoned providers to attend one of the orientations. If you should have an interest in attending, please contact Harriet Stupp, MFT, Manager of Provider Services at 619-641-6832 for the orientation schedule and to RSVP.

Consultation for Provisional Providers

Contributed By Harriet Stupp, MFT, Manager, Provider Services

All TERM clinicians who have been licensed less than three years are required to have 6 hours per year of consultation. The consultation is provided by a TERM provider who has been licensed more than three years, is privileged for the specialties relevant to the cases at hand, and is able to provide specific information regarding the Juvenile Court system and the role of the TERM provider. The consultant should also discuss the limits of the Provisional Provider's special expertise in a particular case as well as be familiar with all sections of the OptumHealth provider Agreement and the TERM Handbook. The date, time, and content of the consultation must be documented by the consultant and submitted by the Provisional provider to OptumHealth upon request.

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UPDATES FROM PROVIDER SERVICES Cont'd

OptumHealth does not provide the consultation; however, we would like to create a list of experienced TERM clinicians who are interested in being a consultant for the Provisional providers. If you are interested in providing consultation to a Provisional provider you will not only help us ensure that the provider understands the role of the clinician managing these cases but you can help guide them in the management of these difficult cases. This is a rewarding experience for both the consultant and the Provisional provider. Please contact Harriet Stupp, MFT, Manager of Provider Services at 619-641-6832 if you should have an interest in assisting a Provisional provider in their professional development.

Your TERM Provider Representatives

The TERM Advisory Board meets monthly to discuss policy issues and provide recommendations to OptumHealth TERM. Providers are represented on the Board by:

Christopher Carstens, Ph.D., for psychologists

contact@drcarstens.com

Roberto Weiss, MFT, for masters level therapists

rweiss@motivaassociates.com

Jeff Rowe, M.D., representing the S.D. Psychiatric Society & the S.D. Academy of Child & Adolescent Psychiatry

jeff.rowe@sdcounty.ca.gov

Martha Ingham, Ph.D., representing the San Diego Psychological Association

drmarthaingham@gmail.com

Jordanna (Jordie) Wasilesku, MFT, for organizational providers*

cbsafcc1@aol.com

*Welcome to Jordie Wasilesku, the new organizational provider representative to the TERM Advisory Board

Please feel free to contact these representatives with your ideas or suggestions.

Kudos to:

- ◆ We would like to extend kudos to the Probation Department for the enhancements made to the psychological and psychiatric evaluation referral forms and referral process. Providing referral forms to TERM will facilitate TERM's ability to track reports that are due and will improve the quality review process.
- ◆ Kudos to Dr. Christopher Carstens for his generosity in providing de-identified sample evaluation reports for review by the LA County Court Commissioner. The Commissioner is working on behalf of the LA County Juvenile Court to implement standardized processes for juvenile evaluations. The sample reports were greatly appreciated!
- ◆ We would also like to thank CWS for collaborative assistance on the new Provider Handbook, in particular for expeditiously updating and re-branding numerous forms for inclusion in the handbook.