

TERM Therapy Provider FAQ

This FAQ resource was compiled to assist TERM panel therapy providers quickly access information to assist with commonly asked questions when working with Child and Family Well-Being (CFWB) referred clients. As always, the Optum TERM team gladly invites your input and direct communication about the resources offered to support the work you do.

Please be in touch with suggestions, feedback, and questions so we can be of further support. Optum TERM can be reached by calling 877-824-8376 option 1.

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Authorization Related Questions

- How long am I authorized to work with the client?
 - If funded via CFWB, initial authorizations for all services last 6 months. Services are authorized for weekly therapy for the first 6 months and then, per CFWB policy, default to biweekly thereafter, with authorization extending for periods of 3 months for continued services beyond the first 6 months.
 - If funded via the client’s Medi-Cal, the initial authorization for the initial assessment to establish medical necessity lasts 1 year. Further authorization for ongoing sessions is authorized by the UM Department upon submission of the treatment plan.
 - Additional information can be referenced on the Provider Authorization document you received from Optum TERM after accepting the referral, which will include the authorization dates and details.
- Is there a current authorization for my client?
 - If the information to verify a current active authorization is not available (i.e., Provider Authorization document), outreach Optum TERM.
- How do I extend the authorization, request additional sessions, and/or ensure I am authorized for services provided after the last authorization lapsed?
 - Since Optum serves as the Administrative Services Organization for CFWB, all requests for additional services should be routed to the client’s PSW. The PSW will then submit any necessary documents, often a CFWB 04-130c form, to request extended coverage or to cover sessions that were provided after authorization lapsed. If you have not received confirmation of extended treatment authorization, contact the assigned PSW to coordinate.
- What is a Termination of Services letter? What should I do if I receive a Termination of Services Letter? How can I continue providing treatment to the client if CFWB is closing the client’s case?

- Providers receive a Termination of Services letter when CFWB has determined they will no longer be funding treatment (i.e., when a case closes).
 - This letter will include the client's name and will document the date by which treatment will no longer be funded through the Agency.
- When you receive this letter, you should make note of the date by which services will no longer be funded and make appropriate plans with the client to conclude services and discuss discharge planning needs for any ongoing treatment needs.
 - If you have questions or concerns with the information included in the letter, please contact the PSW directly.
- If, in collaboration with the client, it has been determined that continued treatment with you is indicated, coordinate with the client directly regarding payment and authorization for ongoing services upon conclusion of the CFWB case. The Letter also includes relevant information and guidance to review.

CFWB Contact Related Questions

- I think the assigned Protective Services Worker (PSW) changed. How can I verify this and figure out who the assigned PSW is now?
 - TERM providers can contact the County's PSW Locator Line to verify the name and contact information of the current worker. The number for this line is 858-514-6995. Callers will be asked to provide a passcode to authenticate the right to access confidential information. Please contact the Optum TERM Department to request the passcode or reference the first page of the client's referral to locate the code documented on the 04-176A referral form.
- I have not received Court records or other pertinent documents from the PSW, what should I do? The PSW has not responded to my outreach efforts (regarding the Court reports and/or other care coordination needs more broadly), what should I do?
 - Document efforts made to request documents on treatment plan submissions.
 - Contact the PSW Locator Line to ensure that you have the currently assigned PSW's correct contact information (as referenced in the question immediately above).
 - If the assigned PSW's contact information was verified and has not yet responded, include the assigned Protective Services Supervisor (PSS) in an email outreach.
 - The assigned PSS and their contact information will be listed in the CFWB referral form. Alternatively, PSW and PSS contact information can be accessed on the CFWB Alpha Roster Excel spreadsheet file located on the Optum San Diego website. This spreadsheet is updated monthly and reflects each PSW's assigned PSS. This resource can be downloaded as an Excel spreadsheet from this link: [CWFB Monthly Alpha Roster](#)

Client Caseload Related Questions

- How do I obtain a new copy of the referral form for a client?
 - Contact Optum TERM to request the referral form.
- A client I previously worked with and discharged has been re-referred to me and I am open to working with them again. Are services still authorized?
 - If contact was initiated by the client, contact the assigned PSW to ensure the case remains open, to discuss any changes in the case or client's needs, and to ensure the PSW is in support of the client assignment ongoing.

- It is possible the previous authorization has already expired. In the event the authorization remains in place, contact the assigned PSW if a new intake assessment is clinically warranted. If the authorization has lapsed, contact the PSW to request renewed authorization for services.
- If a client never engaged in services, how do I remove the client from my caseload?
 - Contact the assigned PSW to communicate the information.
 - Contact Optum TERM to request the client be removed from your caseload.
 - Alternatively, respond to the 'Due Date Letter' communication sent by Optum TERM to easily document the client's lack of engagement.
 - Once you have communicated the client's lack of engagement to Optum TERM, the information will be documented, and you will not receive further correspondence regarding required work products for the client's case.
- How do I request an extension to a due date for an initial treatment plan?
 - Contact Optum TERM to discuss the relevant reasons for the request.
 - Alternatively, respond to the 'Due Date Letter' communication sent by Optum TERM to easily document the requested extension.
- Can you give me a list of clients I need to submit updated work products for?
 - Keep an eye out for the monthly 'Due Date Letter' sent by Optum TERM that will include a list of clients with overdue and upcoming work product due dates, these are sent on the third Monday each month.
 - Contact Optum TERM at any time to request a copy of client work products coming due.
- How do I let Optum know that I am now open/closed/on hold for new TERM referrals?
 - Contact Optum's Provider Services Department at 877-824-8376 (Option 3) or sdu_providerserviceshelp@optum.com.

Claims Related Questions

- Why are my claims submissions being denied?
- Why wasn't I paid appropriately for claims I submitted?
 - More often than not, the best steps to follow when you have claims submission related questions are as follows:
 - 1) Review any denials received against your Explanation of Benefits (EOB) documents to understand the rationale for denied claims submissions.
 - 2) Review your contract and Provider Authorization document(s) to ensure claims were submitted for services you are contracted to provide.
 - 3) If you can identify the errors, submit corrected claims for review.
 - 4) If further review does not clarify your questions, contact Optum's Claims Department at 877-824-8376 option 2.
- How do I complete a claims submission?
 - Claims are to be submitted on a CMS 1500 Form and to be faxed to Optum's Claims Department at 877-364-6945.
 - Additional Claims related information and guidance for TERM providers can be accessed on the Optum San Diego website at this link: [Claims Resources for TERM Providers](#).

- How do I establish electronic claims submissions?
 - Contact Optum’s Claims Department at 877-824-8376 option 2 so they can provide you with the necessary information and documents to complete this process.

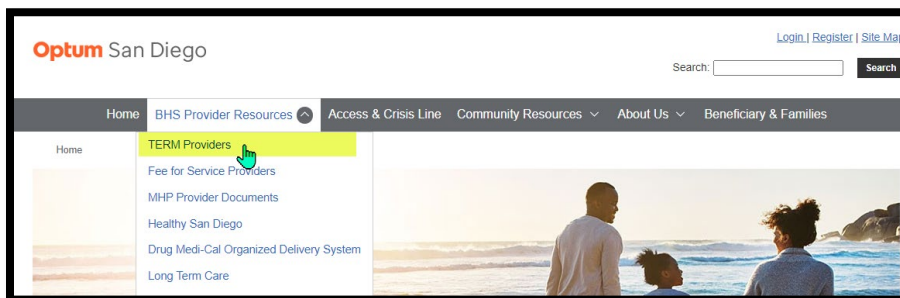
Application and Credentialing Related Questions

- What is the status of my TERM application/re-credentialing application?
 - In most situations, the Provider Services Department is likely to have the most up to date and helpful information to share regarding the status of provider applications. The Provider Services Department can be contacted at 877-824-8376 (Option 3) or sdu_providerserviceshelp@optum.com.
 - If you have established contact with an Optum TERM Clinician regarding your writing sample or the required 1:1 orientations, direct your inquiries toward that Clinician by contacting the TERM Department at 877-824-8376 (Option 1).

Documentation Related Questions

- What should I do if I received a request to follow up on my submitted treatment plan from an Optum TERM Clinician?
 - Review the communication received as this will often include the requested next steps and return contact information for the Clinician that reached out to you.
 - In the event you are not able to contact the Clinician directly, you can contact the TERM Department at 877-824-8376 (Option 1).
 - Fax any updated documentation for clinical quality review to 877-624-8376.
- How do I access the most up to date forms for documentation? Where can I find information on documentation resources and expectations? Where do I find the CANS/PSC forms?
 - All necessary forms, documentation standards, provider resources, required outcomes measures, and many other useful tools and links can be accessed on the Optum San Diego website by following the guidance depicted below

- 1) From an Internet browser, navigate to the [Optum San Diego website: https://www.optumsandiego.com/](https://www.optumsandiego.com/)
- 2) Hover over the menu header for ‘BHS Provider Resources’ and select ‘TERM Providers’ from the drop-down menu



- 3) This will direct the user to the ‘TERM Provider landing page’ of the website. From this page, select the tab for the need that most closely aligns with the service you are providing or question of interest (i.e., ‘CFWB Treatment,’ ‘IPV Victim Group Treatment,’ ‘CFWB/Probation Evaluations,’ etc.).