

Optum **TERM Network**

TERM Psychotherapy Provider: Specialty Addition Application

Paneled TERM Provider(s) ONLY requesting to add a Specialty (i.e. Modality, Age Range, Area of Competence and General Clinical Expertise and/or Safety Threats and Risk Factors)

Prepared By:



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TERM THERAPIST SPECIALITY ADDITION APPLICATION
San Diego County Mental Health Plan for TERM Network

Dear TERM Therapist:

This application is intended for providers who are currently contracted and paneled on the Optum Public Sector Treatment Evaluation and Resource Management (TERM) Network as a Therapist.

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 CWS 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 at the website: <https://www.optumsandiego.com> or you can contact Optum TERM staff directly at 1-877-824-8376 (Option 4).

Application Process (*An Application Does Not Guarantee the Addition of New Specialties*)

Enclosed is the application for providers who are requesting the addition of a Specialty that includes a modality, age range, area of competence and general clinical expertise and/or safety threats and risk factors to his/her provider profile for services that may be rendered to San Diego County Child Welfare (CWS) TERM clients. An application checklist is included to assist you in collecting all the required documentation. Please ensure your curriculum vita is current and includes the clinical experience and training necessary to support the specialties requested on your application. To begin the application process, please submit the completed application and supporting documentation to:

Optum Public Sector
Attention: Provider Services
Fax: 877-309-4862
Email: sdu_providerserviceshelp@optum.com

If you have any questions, please contact **Provider Services at 1-877-824-8376, Option 3.** We appreciate the opportunity to work with you in serving the clients of the County of San Diego.

Sincerely,

Judy A. Duncan-Sanford

Judy A. Duncan - Sanford, LMFT
Manager of Provider Services

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

A practitioner must be contracted and paneled on the Optum Public Sector Treatment Evaluation and Resource Management (TERM) Network. Please check the requirements for each discipline on the next pages to ensure you meet the minimum criteria.

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

Application Checklist – Speciality Addition for TERM Panel	
	Curriculum Vitae (CV) - <u>It is very important that your CV be detailed including descriptions of populations, specialties, and disorders treated, as well as the theoretical orientation of the work. This detail is required to approve you to treat various age groups or specialties.</u> Include the dates and locations of education and post-graduate training.
	Certification – Certificate must be submitted when required by the specialty criteria as stated in this application
	Specialty Criteria Requirement Section: must include any training, education, supervision/consultation and/or experience that may not be included on your CV.
	Attestation – Application Process Reviewed and Understood: on page (4) must be signed and dated.
	TERM Clinician Specialty Requirements (TERM Therapist Applicants): on page (13) must be signed and dated.
	Continuing Education: Applicant understands that CEU certificates DO NOT need to be submitted with this application. Applicant must be aware of the Continuing Education requirements for each of the specialties being requested and plan accordingly to complete them and maintain the certificates for possible future submittal if required.
	Pages 5 - 13: Only Complete the Pages that Contain the Specialty Information You Are Requesting to Add

IMPORTANT: Review of the CV is completed by TERM clinicians based on the following:

Glossary of Application Terminology and Requirements

Training: For the purpose of completing the TERM Panel Application, the word “training” refers to any Continuing Education Units (CEUs) that you acquire in effort to stay current with the specialty you are requesting approval for. Training can also include formal, didactic learning that is obtained by attending courses that are specific to the specialty.

Supervision/Consultation: For the purpose of completing the TERM Panel Application, “Supervision and/or Consultation” refer to obtaining clinical supervision and/or in consultation with peers who have experience with the specialty you are attesting to.

Experience: Refers to any direct practice, therapeutic treatment, and/or psychological evaluations of children and/or adults in the areas of competence and/or diagnoses you are attesting to, as the *primary* focus of treatment and/or evaluation.

Clarification: Clarification of your experience, training and/or supervision/consultation may be requested during the application process. If “clarification” is requested under any area of competence and/or diagnoses, TERM is requesting specific, detailed information of your experience, training and/or supervision/consultation.

Curriculum Vitae (CV): A record of your academic and professional achievements. A CV is a thorough account of your professional training and experience. Please include a CV with your TERM Panel Application and ensure it includes detailed information of your training, supervision/consultation, and experience treating and/or performing psychological evaluations in each of the areas of competence and diagnoses you are attesting to.

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Last Name:	First Name:	MI:
License Type: <input type="checkbox"/> MD/DO <input type="checkbox"/> PhD <input type="checkbox"/> PsyD <input type="checkbox"/> LCSW <input type="checkbox"/> LMFT <input type="checkbox"/> LPCC		
License Number:		

Optum Application Process for the County of San Diego TERM Network (Therapist)

Curriculum Vitae (CV): Must be current and include the clinical experience and training necessary to support the specialties requested on this application. Include descriptions of populations, specialties, and disorders treated, and the theoretical orientation of the work. This detail is required to approve you to treat various age groups or specialties. Include the dates and locations of education and post-graduate training.

- **Important: The CV submitted with the application** will be reviewed for the education, clinical experience and training to support the specialties requested on this application.
 - If the CV does not support the education, clinical experience and training for the specialties requested on this application you will receive notification that your application has been removed from further consideration.
 - You are welcome to reapply in 6 months

Application:

- TERM Clinician Specialty Requirements (Therapist): on page (13) must be signed and dated.
- Optum will require documentation to verify you meet the criteria outlined under TERM Clinician Specialty Requirements pertaining to the specialty or specialties designated.
- Review and complete the application in it's entirety. Only select the age ranges and specialties in which you have the experience and training **AND are requesting to add to your practice.**
- CV must be included with the application at the time of submittal.
- Signatures required on pages: 4 and 13

We will notify you of the outcome within ten (10) business days of the decision.

I have read and understand the Optum Application Process for the County of San Diego TERM

Network. Printed name of Applicant:

Date:

Signature

The **TERM** Network is a specialized panel focusing on evaluation and treatment of children and families referred through the dependency and delinquency systems. Due to the forensic and high risk nature of the referrals, specialized treatment and evaluation experience is required. **While completing this application please ONLY check those specialties to which you meet the criteria AND are requesting to add in your practice.**

Curriculum Vitae: It is very important that your Curriculum Vitae be detailed including; descriptions of populations served, clinical specialties, diagnoses treated, and the theoretical orientation of the work. This detail is required to approve you to treat various age groups or specialties. Include the dates and locations of education and post-graduate training and employment. Please note that you may be asked to testify in Court to support the treatment you have provided. At that time, your Curriculum Vitae will be used by the Court to determine your expertise to treat and/or evaluate clients in the Juvenile Court System.

Individual and Group Treatment Specialty Criteria:

Please document below any other relevant information pertaining to your qualifications for the specialty criteria below.

CEU certificates DO NOT need to be submitted with this application. Please ensure you are aware of the Continuing Education requirements for each of the specialties you are requesting and plan accordingly to complete them and maintain the certificates for future submittal if required.

Specific Criteria for Age Ranges:

Infant –Toddler: 0 months – 3 years <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> ▪ Licensed psychologist, LMFT, LCSW or LPCC ▪ Completion of didactic training and supervised clinical experience treating infants and toddlers ▪ Experience to include EITHER: <ul style="list-style-type: none"> ▪ Post-licensure certification as an infant-family and early childhood mental health specialist prenatal to 3 years endorsement or prenatal to 5 years endorsement OR <ul style="list-style-type: none"> ▪ A minimum of two (2) years treating infants and toddlers within the last five (5) years ▪ Minimum of twelve (12) hours of continuing education in topics relevant to infant/early childhood mental health and/or child development within the last three (3) years
Experience	
Supervision/ Consultation	

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Preschool: 3 - 5 years Yes No

- Licensed psychologist, LMFT, LCSW or LPCC
- Completion of didactic training and supervised clinical experience treating children between the ages of 3-5 years
- Experience to include EITHER:
 - Post-licensure certification as an Infant-Family and Early Childhood Mental Health Specialist prenatal as 3 - 5 years endorsement or prenatal to 5 years endorsement
- OR
- A minimum of two (2) years treating children between the ages of 3 - 5 years within the last five (5) years
- Minimum of twelve (12) hours of continuing education in topics relevant to infant/early childhood mental health and/or child development within the last three (3) years

Experience	
Supervision/ Consultation	

Children: 6 - 12 years Yes No

- Licensed psychologist, LMFT, LCSW or LPCC
- Completion of didactic training and supervised clinical experience treating children between the ages 6-12 years
- A minimum of two (2) years within the last five (5) years of practice treating children ages 6-12
- Minimum of twelve (12) hours of continuing education in topics relevant to child mental health and/or child development within the last three (3) years

Experience	
Supervision/ Consultation	

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Adolescents: 13 - 17 years Yes No

- Licensed psychologist, LMFT, LCSW or LPCC
- Completion of didactic training and supervised clinical experience treating children between the ages 13-17 years
- A minimum of two (2) years within the last five (5) years of practice treating children ages 13 and older
- Minimum of twelve (12) hours of continuing education in topics relevant to child/adolescent mental health and/or child/adolescent development within the last three (3) years

Experience	
Supervision/ Consultation	

Older Adults: 60 years and older Yes No

- Licensed psychologist, LMFT, LCSW or LPCC
- Completion of didactic training and supervised clinical experience treating older adults
- A minimum of two (2) years within the last five (5) years of practice treating older adults
- Minimum of twelve (12) hours of continuing education in topics relevant to geriatrics/gerontology and/or older adult mental health within the last three (3) years

Experience	
Supervision/ Consultation	

Specific Criteria for Clinical Specialties: (Prerequisite: Must meet age range specialty criteria)

Adults with Serious Mental Illness (SMI): CWS - Involved Parents Yes No

- Licensed psychologist, LMFT, LCSW or LPCC
- Completion of didactic training and supervised clinical experience treating adults with serious mental illness
- A minimum of two (2) years within the last five (5) years of practice treating adults with serious mental illness
- Minimum of twelve (12) hours of continuing education in topics relevant to with serious mental illness within the last three (3) years

Below mark age groups you are willing to treat in your practice:

- 18-22 years old 23 – 59 years old 60+ years old

Experience	
Supervision/ Consultation	

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Child Physical Abuse: Individual Treatment Yes No

- Licensed psychologist, LMFT, LCSW or LPCC
- Minimum of two (2) years practice experience working in Child Physical Abuse Treatment in the last five (5) years
- Documentation of completion of forty (40) hours of initial training that include topics related to child abuse and neglect, parenting, maladaptive client response styles such as denial and cognitive distortions, substance abuse, domestic violence, anger management, law and ethics, psychopathology including personality disorders, differential diagnosis, and risk assessments related to suicidality, homicidality, and training in actuarial risk assessment tools, if validated for intended purpose. This requirement may be satisfied by graduate level training or BBS/BOP approved continuing education units (CEUs).
- Minimum of twenty-one (21) hours of continuing education in topics related to child maltreatment and its prevention or amelioration within the last (3) years

Below mark age groups you are willing to treat in your practice:
 18-22 years old 23 – 59 years old 60+ years old

Experience	
Supervision/ Consultation	

Child Physical Abuse: Group Treatment Yes No

- Approved by County of San Diego Adult Probation Department as a Child Abuse Group Treatment Provider

Below mark age groups you are willing to treat in your practice:
 18-22 years old 23 – 59 years old 60+ years old

Domestic Violence Treatment – Victim: Group & Individual Treatment Yes No

- Licensed psychologist, LMFT, LCSW or LPCC
- Completion of an approved (40) hour training program in Domestic Violence that fulfills California State's requirement for domestic violence victim counselors
- Minimum of six (6) months supervised training experience working with Domestic Violence Victims and topics relevant to the CWS population
- Evidence of a minimum of two (2) years practice experience in Domestic Violence Victim treatment within the last five (5) years
- Minimum of fifteen (15) hours continuing education in topics relevant to Domestic Violence Victim treatment in the last three (3) years

Below mark age groups you are willing to treat in your practice:
 18-22 years old 23 – 59 years old 60+ years old

Experience	
Consultation	

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Domestic Violence Treatment – Offender: Group Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ Approved by County of San Diego Adult Probation Department as a <u>Domestic Violence Offender Group Treatment</u> Provider
Below mark age groups you are willing to treat in your practice: <input type="checkbox"/> 18-22 years old <input type="checkbox"/> 23 – 59 years old <input type="checkbox"/> 60+ years old

Domestic Violence Treatment – Offender: Individual Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> ▪ Licensed psychologist, LMFT, LCSW or LPCC ▪ Completion of the forty (40) hour basic domestic violence training from Facilitator Training Committee (FTC) approved provider, pursuant to PC1203.098(a)(1) ▪ Minimum of three (3) years practice experience working in Domestic Violence Offender Treatment in the last five (5) years ▪ Attendance at the San Diego Domestic Violence Council Treatment and Intervention Committee meetings; minimum attendance is three (3) per calendar year. ▪ Minimum of twenty-four (24) hours of continuing education in topics related to Domestic Violence Offender Treatment within the last (3) years 	
Below mark age groups you are willing to treat in your practice: <input type="checkbox"/> 18-22 years old <input type="checkbox"/> 23 – 59 years old <input type="checkbox"/> 60+ years old	
Experience	
Supervision/ Consultation	

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Child Sexual Abuse Victim Treatment: CWS - Involved Yes No

- Meet criteria for specific age group(s) 0 through 17 as outlined within the age category section above
- Supervised training experience working with Child Sexual Abuse Victims and topics relevant to the CWS population
- Training in evidence-supported treatment for sexual victimization
- Evidence of a minimum of two (2) years practice experience in Child Sexual Abuse Victim treatment within the last five (5) years
- Minimum of twelve (12) hours of continuing education in topics relevant to Child Sexual Abuse Treatment within the last three (3) years

Below mark age groups you are willing to treat in your practice:
 0-3 years old 3-5 years old 6-12 years old 13-17 years old

Experience	
Supervision/ Consultation	

Youth with Sexual Behavior Problems Treatment: CWS - Involved Youth Yes No

- Meet criteria for specific age group(s) 0 through 17 as outlined within the age category section above
- Supervised training experience working with Youth with Sexual Behavior Problems
- Training in evidence-supported treatment for sexual behavior problems
- Evidence of a minimum of two (2) years practice experience in youth with Youth with Sexual Behavior Problems treatment within the last five (5) years
- Minimum of twelve (12) hours of continuing education in topics relevant to Youth with Sexual Behavior Problems within the last three (3) years

Below mark age groups you are willing to treat in your practice:
 6-12 years old 13-17 years old

Experience	
Supervision/ Consultation	

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Sexual Offender Treatment: Group & Individual Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ Approved by California State Sex Offender Management Board (CASOMB) http://www.casomb.org AND continue to meet CASOMB requirements for treating sex offenders at the independent or Associate level
Below mark age groups you are willing to treat in your practice: <input type="checkbox"/> 18-22 years old <input type="checkbox"/> 23 – 59 years old <input type="checkbox"/> 60+ years old

Sexual Abuse Non Protecting Parent Treatment; Group & Individual Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No	
Below mark age groups you are willing to treat in your practice: <input type="checkbox"/> 18-22 years old <input type="checkbox"/> 23 – 59 years old <input type="checkbox"/> 60+ years old	
<ul style="list-style-type: none"> ▪ Approved by California State Sex Offender Management Board (CASOMB) http://www.casomb.org <p>OR</p> <ul style="list-style-type: none"> ▪ Licensed psychologist, LMFT, LCSW or LPCC ▪ A Minimum of three hundred (300) hours within the preceding two years treating Sexual Abuse Non-Protective Parents; two hundred (200) of those hours were provided face to face or providing supervision, OR two-thousand (2000) hours over lifetime ▪ Minimum of twenty (20) hours of continuing education units in CASOMB approved training topics, with fifteen (15) of those hours in CASOMB required core topics, in the last two (2) years 	
Experience	
Supervision/ Consultation	

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Please complete the following grids. Only check areas in which you specialize, have experience **AND** are requesting to **add** in your practice.

Clinical Experience: *(Not included under the Specialty Criteria)*

Modality:	Infants 0 - 3	Preschool 3 - 5	Children 6 - 12	Adolescents 13 - 17	Transitional Youth 18 - 22	Adults 23- 59	Older Adults 60+
Conjoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Areas of Clinical Expertise:	Infants 0 - 3	Preschool 3 - 5	Children 6 - 12	Adolescents 13 - 17	Transitional Youth 18 - 22	Adults 23- 59	Older Adults 60+
Adoption Related Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Attachment Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Autism Spectrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blind/Vision Impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Dependency/ Substance Abuse Treatment				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deaf Hearing Impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmentally Delayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-Occurring Disorders-Mental Health/Substance Abuse				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQIA			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medically Fragile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressive Disorders		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-Traumatic Stress Disorder (PTSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serious Emotional Disturbance (SED)			<input type="checkbox"/>	<input type="checkbox"/>			
Born Positive Toxicity (Pos Tox)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Safety Threats and Risk Factors:

	Infants 0 - 3	Preschool 3 - 5	Children 6 - 12	Adolescents 13 - 17	Transitional Youth 18 - 22	Adults 23- 59	Older Adults 60+
Domestic Violence – Exposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Emotional Abuse Victim - Due to Exposure to Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Emotional Abuse – Non-Protector					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neglect – Offender					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neglect - Non-Protector					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neglect – Victim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Child Physical Abuse – Victim -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Evidence Based Practices:

* Proof of CEU's and/or training certificate may be requested		Certification	
Behavioral	<input type="checkbox"/>	Date of Certification	
* CBT	<input type="checkbox"/>	<input type="checkbox"/> Yes Date:	No
* Child Parent Psychotherapy (CPP)	<input type="checkbox"/>	<input type="checkbox"/> Yes Date:	No
* DBT (Certification attests the ability to provide individual/group services)	<input type="checkbox"/> Ind <input type="checkbox"/> Grp	Yes Date:	No
* EMDR	<input type="checkbox"/>	<input type="checkbox"/> Yes Date:	No
* PCAT	<input type="checkbox"/>	<input type="checkbox"/> Yes Date:	No
* PCIT	<input type="checkbox"/>	<input type="checkbox"/> Yes Date:	No
* Play Therapy	<input type="checkbox"/>	<input type="checkbox"/> Yes Date:	No
* TF-CBT	<input type="checkbox"/>	<input type="checkbox"/> Yes Date:	No

Signature on this page is required of all TERM Network applicants. Failure to sign this form will cause a delay in the processing of your application.

I hereby attest that all of the information in this application is true and accurate to the best of my knowledge. I shall maintain proficiency in all specialty areas I selected on my application to the TERM network.

I understand that Optum may require documentation to verify that I meet the criteria outlined under the TERM Clinical Specialty Requirements pertaining to the specialty or specialties I have selected on this application. I agree to cooperate with an Optum TERM Network audit, if requested, to verify that I meet the required criteria.

Printed name of Applicant: .

_____ Date:
 Signature