

OPTUMIST



Provider Services Department Message

Greetings and welcome to the Fall 2023 edition of the OPTUMIST Newsletter. In this edition we are highlighting updates to Optum San Diego website registration, Privacy and Serious Incidents, TERM updates and reminders including the new Child and Family Well-Being (CFWB) Department, Mental Status Exam Documentation, "Consideration Fee" for TERM Evaluation Client No-Shows, and more!

We continue to welcome your questions and feedback on how we can make our Newsletter valuable to you.

Best wishes,

Provider Services Department

Contact Numbers

San Diego Access and Crisis Line	1-888-724-7240
Medi-Cal Provider Line	1-800-798-2254
TERM Provider Line	1-877-824-8376

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optumsandiego.com

Information and Updates for FFS Medi-Cal Providers

Optum San Diego Website Registration Updates



Effective 09/18/2023 Optum implemented the One Healthcare ID login and registration process on the Optum San Diego website.

Website Changes:

- For current users, there is a new look to the login page. Please continue to use your password to log in.
- For new users, there is a new registration page. You may use a security feature via an authenticator app for passwordless login or you may choose to set up a password to log in.

For additional information on the login and registration process, access the tip sheets on the optumsandiego.com website

OLD

Sign In With Your One Healthcare ID

One Healthcare ID or email address

Password

Sign In

Forgot One Healthcare ID | Forgot Password

If you'd like assistance, contact support at 1(800)834-3792 or sdhelpdesk@optum.com.

Additional options:
Create One Healthcare ID
Manage your One Healthcare ID
What is One Healthcare ID?

NEW

Sign In

One Healthcare ID or Email address

Continue

Forgot One Healthcare ID?

OR

Create One Healthcare ID

Manage My One Healthcare ID

Help Center

New Banner
Password Removed
Added Help Center



For questions or assistance, please contact the Optum Support Desk at 800-834-3792

Information and Updates for FFS Medi-Cal Providers

Contact Us

The Provider Line is available for you from 8 am – 5 pm Monday through Friday.



(800) 798-2254

Press 2 for Claims/Billing Questions

Press 3, then 3 again for Clinical Questions

Press 3, then 4 for Authorization Questions

Press 7 for Provider Services



This information is also available to you on our website: optumsandiego.com



Information and Updates for FFS Medi-Cal Providers

QI Corner – Compliance: Privacy and Serious Incidents

All Providers are required to report unusual occurrences or “serious incidents” involving clients in active treatment to San Diego County Behavioral Health Services (BHS), in accordance with policies and procedures established by the MHP.



Different types of serious incidents:

- Death of a client by suicide, under questionable circumstances or by homicide
- Incident reported in the media/public domain
- Suicide attempt by client that requires medical attention or attempt is potentially fatal and/or significantly injurious
- Tarasoff notification is made

Different types of privacy incidents:

- Client correspondence inclusive of another unrelated client’s information
- Misplacing or losing a client’s chart
- Using a personal email account to transmit PHI
- Losing a laptop, phone or tablet containing client information
- Throwing away client information, rather than taking appropriate steps to ensure confidential shredding
- Making copies of client information at a local copy store
- Car was stolen containing client information (charts, laptop, phone, tablet, etc.)

Should a reportable privacy incident occur, the following steps should occur:

- Complete the Privacy Incident Report and submit to the County Contracting Officer’s Representative and HHSA Privacy Officer located online [HERE](#)
- Notify Optum Quality Improvement at SDQI@optum.com

Should a reportable serious incident occur, the following steps should occur:

- Complete and submit the serious incident report, which can be found [HERE](#)
- Providers are also required to maintain a log of any serious incidents that may have occurred

Have Questions?

Email us at: SDQI@optum.com

Information and Updates for FFS Medi-Cal & TERM Providers

Telehealth Billing

In order to render telehealth services for Fee-for-Service (FFS) and/or Treatment and Evaluation Resource Management (TERM) network clients, providers will need to complete and submit a Telehealth Attestation form. For further information on requirements for rendering services via telehealth and videoconferencing technology, please reference the [Telehealth Attestation](#).

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

Place of Service (POS) for Telehealth and Telephone Services	
Telehealth	Telephone
Modifier: 95 – Telehealth	Modifier: 93 – Telephone
Place of Service: 02 – Telehealth other than in client home 10 – Telehealth in client home	Place of Service: 02 – Telehealth other than in client home 10 – Telehealth in client home



Information and Updates for TERM Providers

CWS is now CFWB!

The San Diego Child Welfare Services (CWS) Department is undergoing a reimagining and is operating under a new name as of July 2023. The former Child Welfare Services Department has integrated with the First Five Commission of San Diego to become the new Child and Family Well Being Department (CFWB).

This integration is part of a larger paradigm shift in practice and focus that is being prompted in response to the Family First Prevention Services Act (FFPSA) legislation that was signed into law in 2018. This legislation aims to allocate more funding on prevention services before a crisis occurs. As such, the new department is partnering with community-based organizations to provide early intervention and concrete resources that will cultivate a connected community that nurtures caring, strong, safe and healthy families, and reduce unnecessary child protective actions that have historically harmed and separated families.

This shift is anticipated to take several years to be fully implemented but has begun with the integration of these departments in San Diego County to become CFWB. CFWB will begin updating its forms, policies, and branding to include this new department name; as such, all TERM providers should be aware of this shift.



For further information regarding the CFWB Department, please visit the County website at: [Child and Family Well-Being](#)



Information and Updates for TERM Providers

Documenting a Mental Status Exam on CFWB Treatment Plans

The CFWB (Child and Family Well Being) Treatment Plan Forms for Youth and Parents were updated in November 2022 to include several areas for further documentation. One of these changes included the addition of a specific section to document the clinician's completion of a Mental Status Exam (MSE) with the client. This section of the treatment plan is one that comes up frequently during the quality review process as an area needing additional documentation by providers.

When documenting the MSE, the information can be brief, but should reflect individualized information related to the clinician's observations and assessment of various aspects of a client's current psychosocial functioning, to include things such as: observations, mood, cognition, perception, thoughts, behavior, insight, and/or judgement. For parent treatment plans, it should also reflect the client's awareness of the presenting mental health concerns and the impact it has on their children.



The MSE should be completed as part of a client's initial intake assessment to document a client's basic functioning. As client functioning can change over time, it is also necessary to update this section of the client's treatment plan as applicable throughout the course of treatment. At the time of discharge, an updated Mental Status Exam is helpful to demonstrate to CFWB and the Court what progress the client has made and successful meeting of identified treatment goals, or to support recommendations regarding continued treatment or other service referrals. Updated MSEs can be added with the date of the updated documentation.



For further guidance on documentation requirements on the updated CFWB treatment plans, TERM has created a resource guide to include instructions and sample plans. This resource guide, TERM Treatment Plan Documentation Resources, is available on our Optum Website, under the TERM Providers section, under CWS Treatment. Below is the link to access the resource guide:

[TERM Treatment Plan Documentation Resources](#)

TERM clinicians are also available to answer any further questions you may have regarding documentation requirements. Please see page 12 for TERM contact information.

Information and Updates for TERM Providers

TERM Therapy Provider Telehealth Checklist and Resources

In response to the COVID-19 pandemic, emergency approval was provided for the delivery of telehealth services via appropriate technological infrastructure. A growing body of clinical and academic research upholds the potential for telehealth services to be delivered both safely and efficaciously on an ongoing basis, and TERM partners are in support of the continued availability of telehealth to Child and Family Well-Being (CFWB, formerly known as CWS) involved clients when clinically appropriate. The literature highlights the importance around adopting a holistic framework for thoughtfully assessing which clients, and at what times, these services may be most effectively provided.

Ultimately, when considering telehealth service delivery, access to viable technological resources and client willingness is an essential foundation, though do not sufficiently indicate whether a given client may be able to effectively engage with telehealth services at a given time.

With the Federal Public Health Emergency officially expiring on May 11, 2023, a telehealth checklist has been developed which outlines considerations for TERM therapists when assessing a client's appropriateness for engaging in therapy services delivered via telehealth. In addition to the Optum "Telemental Health Requirements and Compliance Attestation" form for providers who wish to offer telehealth services, it is Optum's hope that the telehealth checklist can serve as a point of reference as you engage in the ongoing process of assessing a client's needs and the most likely form of service delivery to ameliorate the impact of trauma and abuse and/or address protective concerns. The checklist offers a non-exhaustive list, based on current research and guidelines, of important factors to inform the type of service delivery that is most likely to assist a given client at the specific time these factors are considered as well as provider knowledge, skillset, and technological capacity to meet the client's needs through telehealth. A resource list has also been compiled which includes links to professional resources to support use of telehealth best practices in your work with TERM referred clients. The checklist and the resources referenced are for informational purposes only and do not constitute legal or treatment advice. Questions of this nature should be deferred to your associated licensing board and professional organizations of membership.



The resources can be found on the Optum website under the TERM providers section (optumsandiego.com → BHS Provider Resources → TERM Providers → CWS Treatment).

[TERM Therapy Provider Checklist for Telehealth Services](#)

[TERM Therapy Provider Resource List for Telehealth Services](#)

Optum TERM welcomes provider feedback on these resources and hopes to continue to collaborate around clinical best practice in supporting CFWB involved clients.

*Please note that subsequent to the end of public health emergency, TERM psychological and psychiatric evaluation services are expected to be rendered in-person unless there is an extenuating circumstance identified and communicated by the referring agency.

Information and Updates for TERM Providers

Reimbursement of “Consideration Fee” for TERM Evaluation Client No-Shows

Effective 11/1/23, a \$200 “consideration fee” has been approved for psychological, neuropsychological or psychiatric evaluations referred through TERM process to cover situations where clients “no show” for their evaluation appointment. The referring agencies have approved the consideration fee due to the amount of time that is reserved for the evaluation appointment and the recognized financial impact when evaluation clients no-show.



Child and Family Well-Being Referrals

Starting 11/1/23, TERM evaluators accepting Child and Family Well-Being evaluation referrals (CFWB, formerly CWS) through Optum TERM will be pre-authorized for **one unit CPT code 99499 (no-show)**. For CFWB funded evaluations, this no-show authorization will be issued and sent to providers by Optum at the time as the authorization for the evaluation, referral form, and referral questions. For CFWB referrals that are funded by Medi-Cal, the provider will receive the no-show authorization at the time as the referral form, referral questions, and Medi-Cal psychological testing authorization request form are sent by Optum; however, the provider will still need to follow the established Medi-Cal pre-authorization request process to get the authorization letter for evaluation units.

Please Note: The CWS case number must be used when submitting claims. If evaluation services are financed by Medi-Cal, the 99499 must be reported on a different claims form than the evaluation services because it is paid for separately using CFWB funding.:



Juvenile Probation Referrals

Starting 11/1/23, TERM evaluators accepting evaluation referrals through TERM process may request reimbursement of the \$200 consideration fee by submitting an invoice to Probation Accounting; an explanation regarding the client’s failure to attend must also be concurrently submitted to Probation Aide Jessica Cruzado.

- Invoices should be directed to Edna Cowgill via fax or secure email: Edna.Cowgill@sdcounty.ca.gov; **Phone:** (858) 514-3247; **Fax:** (858) 281-5409
- Explanation of the no-show should be submitted to Jessica Cruzado via fax or secure email: Jessica.Cruzado@sdcounty.ca.gov; **Phone:** (858) 298-6540; **Fax:** (858) 694-4751



For both CFWB and Juvenile Probation referrals:

- It will be at the provider’s discretion to submit billing for the no-show consideration fee as applicable.
- There will be only one \$200 no-show fee reimbursed per client per evaluator.
- Evaluators are expected to make a good faith effort to schedule clients.
- No-show consideration fee reimbursement does not apply to evaluation referrals TERM providers may receive outside TERM process (e.g., from client’s attorney or client self-referral) or to any other TERM service referrals.

Information and Updates for TERM Providers

Demographically Similar Clients: Clinical and Ethical Considerations

TERM services are conducted within the context of the legal system, and the clinical information and documentation derived from these services is used and relied upon differently than in traditional therapeutic work. As stated in the TERM Provider Handbook, in non-forensic clinical work the provider's role may include taking on the client's "world view" and/or advocating for the client; however, in TERM work there may be additional potential consequences of the provider's professional judgment (e.g. provider's professional opinions may be considered as a source of information in decision making for Court, Child and Family Well Being (CFWB formerly known as CWS), Probation, etc.). Therefore, it is imperative that the provider guard against bias by maintaining objectivity and impartiality, which should be reflected in the treatment plan and evaluation documentation.



When making referrals through TERM process, the referring agencies may request a provider that matches the client's cultural or ethnic background. While these requests are considered, it is important to be aware that demographic matching has the potential to introduce bias and to also be aware of the clinical and ethical considerations around that. When seeking cultural and/or demographic matching between clinician and client, the presumption is that the provider will understand the client, the client will feel better understood, and consequently the therapeutic outcome will be improved (Raja, 2016); however, research aimed at testing this hypothesis has resulted in inconclusive data. Results have shown that while demographic matching can be laden with immense potential for therapeutic benefit through increased empathy, if left unchecked, there are risks for hazardous transference/countertransference dynamics and iatrogenic harm that can negatively impact the client (Raja, 2016). Rather than assuming clinician-client matching to be a benign endeavor, it remains important to navigate ethical risks in these dyads by safeguarding against biases, understanding demographic matching extends beyond the limits of multicultural competence/sensitivity, and taking on a client centered approach guided by ethicality and clinical appropriateness (Raja, 2016).

Below is a list of non-exhaustive potential biases that may affect clinical work (treatment and evaluation), strategies to identify these biases, and ways to minimize liability and client harm.

Information and Updates for TERM Providers

Demographically Similar Clients: Clinical and Ethical Considerations - *Continued*

Types of Bias	Definition (APA Dictionary of Psychology and References below)	Examples/How Bias May Present (Adopted from References Below)
Assumed Similarity	The tendency for perceivers to assume that other people possess the same qualities and characteristics that they have.	Vietnamese American therapist with a personal history of feeling ostracized by White peers may be less inclined to inquire into the developmental history of a Vietnamese American client with social anxiety, unknowingly assuming that the client encountered similar interracial social stressor and attributing the presenting concerns/symptoms to sociocultural rather than psychopathology.
Confirmation Bias	The tendency to gather evidence that confirms preexisting expectations, typically by emphasizing or pursuing supporting evidence while dismissing or failing to seek contradictory evidence.	Advocating for demographically matched therapist-client dyad out of an assumed sense that doing so would be consistent with culturally competent care rather than examining the mixed research outcomes and carefully considering ethical/clinical factors and implications.
Bias Blind Spot	The tendency of people to see themselves as less susceptible to nonconscious predispositions and cognitive influences than others.	A Methodist clinician might readily affirm that Christian therapists need to generally be attuned to the potential for shared faith to bias their therapeutic work. However, might be inclined to defend against similar accusations of bias directed at themselves.
Availability Heuristics	The tendency to rely on easily recalled information and/or examples as means for decision making and judgment formation.	Overemphasizing the positive research outcome for demographic matching at the cost of minimizing the mixed and/or negative research outcomes. Clinicians may overly rely on personal perceptions of when demographic matching has, from their perspective, yielded positive treatment outcomes.
Representativeness Heuristics	Making categorical judgments about a given person or target based on how closely the exemplar matches the typical or average member of the category.	Therapist/Evaluator's prototypes of mental disorders can have considerable influence on their diagnostic decision: Diagnosing a male (versus female) child with ADHD without fully considering data/criteria, such as trauma. Misdiagnosing a female client with Borderline Personality Disorder when the symptoms indicate Bipolar Disorder or Depression.
Affect Heuristics	The tendency for automatic emotional response to influence one's behaviors and/or judgments.	Black therapist working with a Black client overidentified with the client out of concern that he may be encountering racism in his psychosocial environment, only to later learn that the client had a history of pathological lying and likely possessed antisocial personality features.

Information and Updates for TERM Providers

Demographically Similar Clients: Clinical and Ethical Considerations - *Continued*

Potential Impact of Biases (Adopted from References Below):

- Ethical risk of therapists/evaluators assuming too much about their clients with similar demographics and being less curious to investigate further than they would with clients of a different background.
- Can influence interpersonal perceptions, interactions, and decision-making process without looking at other data/facts.
- Increase risk of countertransference.
- Over/Underestimate the accuracy that perceivers attribute to their judgments about others.
- Information gathering, clinical interview, and differential diagnostic process may be altered.
- Therapists/Evaluators may inadvertently anchor their thought process about a client's presenting concerns on shared demographics rather than curiosity around other possibilities.
- Diagnostic and judgment errors, which can lead to contraindicated treatment recommendations and medications.
- Unconscious influence on test selection, interpretation, and opinions.

Mitigating Bias (Adopted from References Below):

- Seek to disconfirm your opinion and consider alternative possibilities for symptomology, such as organic causes, psychosocial stressors, personality structures, etc.
- Seek out additional information to more accurately confirm, deny, or clarify assumptions.
- Actively monitor and question one's own thought process.
- Stay updated on evidence based, peer reviewed literature.
- Consult with competent colleagues and/or supervisors.
- Educate oneself and become aware of different potential biases.
- Incorporate structured interviews and/or standardized assessment tools intended for the population rather than relying on one's own judgment.

References

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- ❖ Raja, A. (2016). Ethical Considerations for Therapists Working with Demographically Similar Clients. *Ethics & Behavior, 26*:8, 678-687.
- ❖ Rogerson, M. D., Gottlieb, M. C., Handelsman, M. M., Knapp, S., & Younggren, J. (2011). Nonrational processes in ethical decision making. *American Psychologist, 66*, 614–623.

Information and Updates for TERM Providers

TERM Advisory Board Provider Representatives

The TERM Advisory Board meets quarterly to provide professional input regarding the performance of the system and its policies, procedures, and protocols. Representation on the Board includes San Diego County HHS Behavioral Health Services, Child and Family Well Being, Probation Department, Juvenile Court, Public Defender Juvenile Delinquency Branch, District Attorney, County Counsel, Dependency Legal Services, Children’s Legal Services, Optum, TERM Provider Panel, Youth and Parent Partners. TERM providers are currently represented on the Board by:

Michael Anderson, Psy.D.: drmike6666@gmail.com

Denise VonRotz, LMFT: dvonrotz@msn.com

Please feel free to contact your provider representatives for updates from the Advisory Board meetings, process improvement ideas, or to provide professional or client feedback.

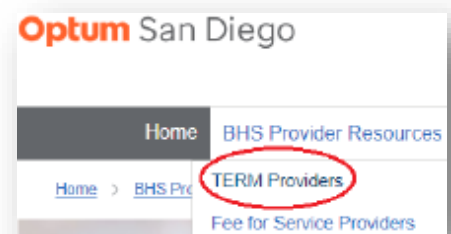
Contact

For provider assistance, a TERM dedicated phone line is available Monday through Friday from 8am to 5pm at 1-877-824-8376. The available options for your call include:

Option 1: For questions about authorizations or receipt of work products

Option 2: For questions about CFWB billing and claims

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



Access and Crisis Line Chat Services

We are here for you.

Chat with someone who understands.



We can help you when:

- You need to chat with a professional who cares.
- You are struggling to cope.
- You are concerned about someone you know.
- You feel you might be in danger of hurting yourself or others.

San Diego Access and Crisis Line

888-724-7240

7 days a week / 24 hours a day



**Our free, confidential Live Chat Services are available
Monday - Friday, 4pm - 10pm.**

Go to optumsandiego.com or up2sd.org



** These services are funded by the voter-approved Mental Health Services Act (Prop 63). It is one of several Prevention and Early Intervention Initiatives implemented by the California Mental Health Services Authority (CalMHSA), an organization of county governments working together to improve mental health outcomes for individuals, families and communities. CalMHSA operates services and education programs on a statewide regional and local basis.

We Are Recruiting!

Contracting for Two Networks:

Fee-for-Service (FFS) Medi-Cal Provider Network:



Specialty Mental Health Services:

- Advanced Outpatient Services
- Psychiatric Consultations
- Medication Management
- Psychological Testing

Treatment & Evaluation Resource Management (TERM) Provider Network:



Child and Family Well-Being & Juvenile Probation Systems Services:

- Specialized Therapy
- Forensic Evaluations

Growing our richly diverse provider networks

Seeking:

- Master's Level Clinicians
- Psychologists
- Psychiatrists
- Psychiatric Nurses
- Practitioners
- Psychiatric Physicians' Assistants

Gain Supportive Solutions:

As a Contracted Provider, Optum is with you every step of the way.

We are here for you through personalized:

- Collaboration
- Courtesy Reviews
- Referrals
- Claims Processing & Payments
- And more!

What providers are saying:

"Optum was positive and collaborative"

"I never have to wait on hold for long periods of time which is appreciated."

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

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



LIVE WELL
SAN DIEGO

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



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