TERM Newsletter

WINTER 2013

INSIDE THIS EDITION

TERM Manager's Message

We would like to take this opportunity to wish all of our TERM partners a Happy New Year, and to say thank you for your continued commitment to serving the clients of the County of San Diego. Our Winter 2013 newsletter spotlights trauma informed care, and features an article by Cristina Sanchez of Dependency Legal Group on the role of minor's counsel. Also included in this edition:

- News and Updates, including recent changes to the Medi-Cal network, CPT code changes, clarification of the procedure for Medi-Cal claims payment, changes to the STEPS program, clarification of timelines for Probation evaluations, and new legislation for domestic violence victims
- Frequently Asked Questions
- Clarification of the TERM provider's role regarding true findings

We welcome your questions and feedback on how we can make the TERM Newsletter the most useful to your work, and look forward to working with you in the year ahead.

News and Updates

CHANGES TO THE MEDI-CAL NETWORK

Effective January 1, 2013, the following two changes were made by the County of San Diego:

- MFT's and LCSW's will be able to be authorized to treat adult Medi-Cal beneficiaries. This is a significant change in policy and we are excited that this allows a broader panel of providers to work with the Medi-Cal clients.
- MFT's and LCSW's are no longer required to be contracted to treat Child Welfare Services (CWS) clients through the TERM network as a component of being contracted to the Medi-Cal panel.

If you are currently a provider on both networks and would like to only be on the Medi-Cal panel, please contact Provider Services at 800-798-2254, option 7 to modify your existing profile. We encourage you to continue with any existing clients for continuity of care.

CHILD WELFARE SERVICES BILLING CODES

CWS Billing Codes Not Changed

The CPT codes used to bill CWS for services did not change on January 1, 2013. Unfortunately, some TERM network providers are incorrectly using the new Medi-Cal codes when submitting CWS claims. Claims staff are currently cross-walking the codes and are following up with providers if claims are submitted with the wrong codes; however, we ask that you please continue to use the same CWS codes you used previously.

The codes for CWS were not changed for the following reasons:

- There is no federal or state requirement to make changes to the CWS codes.
- There was a short time frame to make the changes needed for the new Medi-Cal codes; therefore, the focus was on changing the Medi-Cal codes only.
- CWS reimburses for unique services not reimbursed by a health plan. For example: CWS reimburses for several different types of groups (e.g. domestic violence groups, sexual abuse and physical abuse) not reimbursed by Medi-Cal. OptumHealth worked with CWS to develop specialized codes for the unique CWS services.

Continue to Use CWS Codes

Please continue to use the codes listed on the previously forwarded CWS Fee Schedule. Do not use the codes on your Medi-Cal Fee schedule for services paid by CWS.

Questions?

If you have questions regarding the CWS codes or the new Medi-Cal codes, please contact Laura Ruiz, Manager of Claims at 619-641-6668.

TREATMENT PLAN TRACKING SYSTEM UPDATE

Because of the important role treatment plan documentation plays in Child Welfare Services client care, we have recently updated our CWS Treatment and Discharge Plan Tracking system. Effective October 1, 2012 additional notification will be provided on CWS plans that are greater than 30 days past due. If your statement reflects past due plans, please pay close attention to the instructions that will be included regarding required follow up actions. If you have any questions about this process, please do not hesitate to contact us at (877) 824-8376 (Option 1).

We appreciate the significant commitment of time treatment plan documentation entails, as well as all the efforts that are being made to keep paperwork current!

MEDI-CAL CLAIMS PAYMENT

For Medi-Cal funded services, this is a reminder to confirm client eligibility so that OptumHealth staff can process and pay your claims. Authorization is not a guarantee of payment; therefore, please confirm a client's Medi-Cal eligibility *prior* to rendering services.

The state eligibility system is updated on the first of each month. This means a client's eligibility must be verified each month. Providers can verify eligibility by calling the Automated Eligibility Verification System (AEVS) at 800-456-AEVS, (*2387)* or by going to the Medi-Cal website at http://www.medi-cal.ca.gov. Providers are required to have a valid PIN/User ID to access AEVS. Call 1-800-541-5555 for assistance in obtaining a temporary PIN. Marriage and Family Therapists (MFTs) cannot obtain an AEVS PIN; however MFTs may contact OptumHealth at 1-800-798-2254, option 2, to verify eligibility.

When checking a client's Medi-Cal eligibility please remember to check all of the following *critical* information:

- County of Residence must be 37 to bill San Diego Medi-Cal
- Other health coverage (OHC)—if the client is listed as having OHC, the provider is required to bill that insurance before billing Medi-Cal. Unfortunately, Medi-Cal will not reimburse if you are not a contracted provider of the other health plan or if the dates of service were not authorized with the client's other insurance coverage. Clients with OHC can be referred to the OHC plan for behavioral health services
- Medi-Cal coverage type (Aid Code) – not all Medi-Cal coverage will reimburse for Mental Health services. Please ensure that the aid code listed for a client covers Mental Health services. Click here for the link to the Medi-Cal aid code site that identifies which codes will reimburse for Mental Health services: MediCal Aid Codes

If you have any questions about how to confirm a client's Medi-Cal eligibility, you may contact OptumHealth at 1-800-798-2254, option 2.

If you have questions about your Medi-Cal provider number, you may contact 1-800-541-5555 to request information.

IS YOUR PRACTICE INFORMATION CURRENT?

When access information is outdated or inaccurate, it becomes a barrier to treatment. As a TERM panel provider, it is imperative that your access information stays current to ensure timely access to care. Please be sure to update any changes to the following:

- Address of your practice
- Phone number
- Secure fax number
- Licensure
- Languages spoken
- Treatment expertise

If you are unavailable to see new clients, please let us know. We offer you the opportunity to designate yourself as temporarily unavailable for new referrals. In this way, clients will not be referred to you when you do not have current availability. Update your information in our system by contacting OptumHealth Provider Services at 877-824-8376, Option 3.

To support timely access to care, please also make it a basic part of your business practice to return referral inquiry calls from clients or referring agencies within 24 hours.

UNITEDHEALTHCARE DONATES GRANT TO HELP HOMELESS IN SAN DIEGO

United Healthcare, parent company to OptumHealth, announced in November the donation of $250,000 to the San Diego Housing Commission to help operate the City of San Diego Downtown Emergency Winter Shelter. The grant is expected to provide more than half of the total funding for the downtown shelter this winter, covering operating expenses, meals, leased shower facilities, and utilities. The grant is part of United Healthcare's Affordable Housing Investment Program, which helps provide critical financing and affordable housing projects in targeted communities throughout the United States.

NEW LEGISLATION FOR DOMESTIC VIOLENCE VICTIMS

Have you heard that California law now provides victims of domestic violence with additional protections? According to SB 1403, victims of domestic violence and members of their households have the right to terminate a lease without penalty when specific documentation, such as a restraining order, is presented to the landlord within 180 days of receipt. The law also gives a tenant an option to change the locks if he/she has written proof that he/she was the victim of domestic violence. It also provides that a landlord cannot terminate a tenancy or fail to renew a tenancy based solely upon acts of domestic violence against a tenant.

CHANGES TO STEPS PROGRAM

The STEPS program is the only local day treatment program for youth with sexually abusive behavior concerns; however, we have been informed that the school district will be closing the school site in June 2013. While current clients will be able to continue through June, no new referrals will be accepted after 1/7/13.

Evaluators are asked to keep these changes in mind when considering recommendations for treatment and placement of sexually abusive youth. As always, please describe the treatment environment that is needed for the minor without specifying the name of a facility. It is most helpful to be as specific as possible about the level of structure and supervision the minor will require. Examples of such recommendations include:

- Boundaries classes for minor offenses
- Placement in the home with outpatient services where the youth would receive treatment once a week
- Placement in the home with more intensive outpatient treatment (e.g., increased frequency of sessions)
- Residential treatment facility for those needing a higher level of supervision and treatment

Other options for the school site are being assessed. We will continue to update you as any new information becomes available.

TIMELINES FOR PROBATION EVALUATIONS

We have received questions about the timelines for completion of Probation evaluations and wanted to provide clarification of the following required timeframes for evaluators to submit their reports:

- For **Pre-Adjudication** evaluations, all reports are due within 10 court days from the date they are ordered. To accommodate this timeline, evaluation reports must be submitted to OptumHealth TERM within 8 court days to allow a window of time for quality review.
- For **Post-Disposition** evaluations, all reports are due to OptumHealth within 30 days of assignment or by the date specified by the referring Probation Officer, whichever comes first.

TRANSPORTATION OF MINORS BETWEEN FACILITIES

We have recently learned that the process of requesting transportation of minors between facilities has temporarily changed due to the extreme short staffing the institutions are experiencing. In order to ensure that there is enough room to safely complete the transport, it is requested that evaluators provide a minimum of 48 hours' notice when requesting to have minors transported to Kearny Mesa Juvenile Detention Facility for psychological evaluation. The potential impact to timeliness of the evaluation process is recognized. If you are in need of a next day turnaround, please check with the institutions to see if the transport can be done within a shorter timeframe; they will try to accommodate such requests whenever possible.

Featured FAQs

Q: What should I do if I receive a Probation evaluation referral, but don't receive any referral questions?

A: Evaluators are expected to obtain clarity on specific referral questions prior to evaluating youth. If you do not receive referral questions, please contact the referral source for clarification. Obtaining case-specific referral questions is crucial to guiding an appropriate testing battery and providing meaningful evaluation recommendations.

Q: What should I do if I don't receive a Therapy Referral Form?

A: For treatment funded by CWS, the Therapy Referral Form will be supplied to the therapist by Optum-Health at the time the authorization letter is forwarded. For treatment funded by other sources, please ensure that a Therapy Referral Form is obtained directly from the referring PSW. It is imperative that the therapist have background information, including protective issues and case goals, prior to the start of treatment.

Q: Can I incorporate other treatment goals besides those listed on the Therapy Referral Form?

A: Yes. The goals listed on the Therapy Referral Form are included as a starting point as they have been linked with successful reunification; however, the therapist is expected to add other relevant case-specific protective goals based on their clinical assessment. Because of the short legal timeframes for reunification, please coordinate with the PSW to ensure that treatment goals directly address causes of abuse and neglect.

True Findings: TERM Provider's Role

When the Juvenile Court makes a true finding, the Court has determined that the allegations regarding abuse or neglect by the parent or guardian as filed in the petition by CWS are true by the preponderance of the evidence. Please remember that the client, whether an adult, child, or family, is in treatment because of the order of the Court. Therapy in this legal context is forensic in nature, and the Court looks to the therapist to provide objective information about the client's progress in addressing the issues which brought the family into the child welfare system. Once the Court makes its ruling, the true finding is no longer in dispute. While a true finding does not apply to pre-jurisdiction or Voluntary Services cases, the therapist is still expected to accept the allegations of abuse or neglect as the premise of services.

A provider working with a specific family or client may develop an opinion regarding the true finding; however, it is essential that therapists working with CWS clients accept the true finding of the Juvenile Court as a fact of the case. When a client continues to deny the true finding, the client's position will need to be addressed as an element of the therapeutic process. While the therapist is expected to accept the true finding as a fact of the case, s/he is not required to force the client to accept it. There are many techniques that providers can use to work with these clients. For example, Motivational Enhancement techniques may be helpful, along with adopting a forward looking perspective to safety planning. Consultation may also provide assistance. In addition, clients may work with their attorneys directly if they wish to contest the issues of the case or decisions made by the Court.

The Role of Minor's Counsel

Contributed by Cristina Sanchez

The role of minor's counsel in juvenile dependency court is unique because it is the only area of law in which an attorney might have to argue against his or her client's stated wishes. The typical representation of clients involves direct representation where the attorney advocates for what the client wants regardless of the client's best interest. In juvenile dependency cases, however, minor's counsel has to consider the client's stated wishes and the best interest of the client.

The obligations of minor's counsel are outlined in Welfare and Institutions Code § 317(e) and summarized as follows:

- Represent the child's legal interests;
- Investigate the child's situation independent of the social worker;
- Interview the child, ascertain his or her wishes and inform the court;
- The minor's attorney cannot advocate for the return of the child to the custody of a parent if the return conflicts with the safety and protection of the minor.

Minor's counsel performs a dual role in juvenile dependency cases as both attorney and guardian ad litem. Like any attorney, minor's counsel has a duty to conduct an independent investigation of all issues in the case that affect the client's legal interests and advocate for the protection of those interests. In addition, minor's counsel is appointed as the guardian ad litem. Case law has defined the guardian ad litem's responsibility as evaluating the "situation and needs of the child" and "making recommendations to the court concerning the best interests of the child."

What about privilege in dependency cases?

Privilege is addressed in W&I Code § 317(f). Minor's counsel holds the child's privileges which include attorney-client, therapist-patient, physician-patient, clergy-penitent if the child is not of sufficient age or maturity to consent. As the child gets older he or she can hold the privileges jointly with minor's counsel. Either counsel or the child may invoke the privilege.

If minor's counsel invokes the privilege, and the child is over the age of 12, the child may waive it.

- Example: Minor is 14 years of age. The social worker wants the minor's therapist to disclose information the minor told the therapist about the incident that led to his removal from his parents' custody. Minor's counsel invokes the privilege. However, the minor agrees with the disclosure. Thus, the minor's wishes prevail and the information is disclosed.

But if the child invokes the privilege and is 12 or older, minor's counsel may not waive it.

- Example: Minor is 14 years of age. Minor's counsel wants the minor's therapist to disclose information the minor told the therapist about the incident that led to his removal from his parents' custody in order to advocate for the minor's best interest, but the minor does not want the information disclosed. The therapist cannot disclose the information.

The Role of Minor's Counsel *(continued)*

In either situation, the represented child should be given the opportunity to consult with minor's counsel before waiving his or her privilege.

What can be disclosed without specific consent?

Case law has answered this question. "The communications are privileged as well as the details of the therapy, but the privilege does not preclude the therapist from giving circumstantial information to accomplish the information-gathering goal of therapy." In other words, a therapist may disclose what is reasonable to assist the court in evaluating whether further orders are necessary, but preserves the privileged nature of the details of the therapy. As a service provider to our minor clients, any number of people may request information about your treatment of the child, including social workers, parents, court appointed special advocates (CASA's), law enforcement, foster parents and etc. Unless the child is of sufficient age to waive, or minor's counsel waives the privilege, you may not disclose privileged communication. A good rule of thumb is, when in doubt - contact minor's counsel.

What is the best way to communicate with minor's counsel?

As trial attorneys, minor's counsel are required to be in court every day. In addition to court appearances, minor's counsel maintain contact with clients, service providers, social workers, caretakers, relatives, and CASA's, to name a few. The best way to communicate with minor's counsel is by e-mail. Minor's counsel's duties require investigation and interviews outside of court appearances. As a result minor's counsel have minimal office time. Consistent communication throughout the minor's juvenile dependency case is important to ensure that individuals working with the minor are informed of the issues related to the well-being of the minor. When communicating by email, please do not include protected health information in the transmission. We are able to identify the client using only the petition number and the role of the client, for example, "the mother."

Dependency Legal Group (DLG) of San Diego has two divisions that provide representation to minor's in dependency. The Minor's Counsel Office (MCO) are appointed as the attorney and guardian ad litem on the majority of juvenile dependency cases at the initial court hearing known as the detention hearing. The Conflicts Counsel Office (CCO) is appointed as the attorney and guardian ad litem when a conflict arises within a sibling group.

If you do not know the minor's attorney that is assigned to your minor client, you can contact DLG at (619) 795-1665 and the central receptionist will be able to connect you with minor's counsel.

[1] All references are to the California Welfare and Institutions Coed (W&I) unless otherwise noted.

[2] In re Cole C. (2009) 174 Cal.App.4th 900

[3] In re Kristine W. (2001) 94 Cal.App.4th 521

Best Practices: Trauma-Informed Care

Exposure to trauma in childhood is disproportionately high in the child welfare and juvenile justice populations. Not all people who experience trauma will develop full PTSD, however many will still have symptoms that impact functioning. Research has shown that experiencing trauma may cause a disruption in a child's development and may lead to significant long-term consequences with regard to a child's brain development, attachment, emotional and behavioral regulation, self concept, and social development.

Given the widespread and serious impact of trauma, trauma-informed services have been developed to guide providers about how to meet the unique needs of trauma survivors. A **trauma-informed** approach emphasizes considering the prevalence and impact of trauma in all aspects of client care and can be used across therapeutic modalities and orientations. In contrast, **trauma-specific** services are focused on directly addressing the trauma symptoms and facilitate recovery and healing.

Implementing trauma-informed care:

Trauma-informed approaches can enhance the effectiveness of mental health treatment. There are 5 core principles of trauma-informed care to consider in delivering services:

- *Safety* - Respond to clients with consistency and predictability and maintain clear but respectful boundaries
- *Trustworthiness* - Provide services that avoid re-traumatization and maximize transparency in the treatment
- *Choice* - Meet the client where they are at and offer choices to the client regarding their care whenever possible
- *Collaboration* - Partner with families, other providers, and system agencies; enhance the protective capacities of caregivers and teach them how to be responsive to the child's needs (see page 10 for more info on this topic)
- *Empowerment* - Utilize an approach that builds resiliency, honors and develops the client's strengths; utilize non-blaming language (such as "what has happened to you" instead of "what is wrong with you")

Additionally, it is important to refrain from diagnosing a client with a mental illness without first considering the impact of trauma. A comprehensive mental health screening, including history of traumatic events and trauma-related symptoms, should be routinely conducted with all clients. Trauma symptoms are viewed as the client's attempts to cope with the trauma and may not be obvious in the client's initial presentation. Behavioral manifestations of trauma may be masked, and in youth can appear similar to common delinquent behaviors. If the assessment yields the need for trauma-specific interventions, providers should be informed of best practice modalities to guide care or make treatment recommendations.

Clinical Resources

NATIONAL CHILD TRAUMATIC STRESS NETWORK EMPIRICALLY SUPPORTED TREATMENTS

The National Child Traumatic Stress Network (NCTSN) has developed a set of fact sheets which describe empirically supported clinical treatments and promising practices implemented by NCTSN centers across the country. The interventions reviewed are trauma-informed service approaches with the goal of reducing the impact of exposure to traumatic events on children and adolescents. To view the fact sheets, please visit http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices . On the website you can also find the *12 Core Concepts for Understanding Traumatic Stress Responses in Children and Families* developed in 2012 by the NCTSN Core Curriculum Task Force. The *Concepts* cover a range of considerations that providers and agencies should keep in mind as they strive to assess and assist trauma-exposed children and families in trauma-informed ways.

UNDERSTANDING THE EFFECTS OF MALTREATMENT ON BRAIN DEVELOPMENT

Information about the effects of abuse and neglect on child and adolescent brain development can be found in the Child Information Gateway's bulletin on Understanding the Effects of Maltreatment on Brain Development. The bulletin provides an overview of the empirical research in this area, and is designed to help professionals understand the emotional and behavioral impact of early abuse and neglect in children who come to the attention of the child welfare system.

TRAUMA-INFORMED CARE FOR CHILDREN EXPOSED TO VIOLENCE

The Safe Start Center and Office of Juvenile Justice and Delinquency Prevention (OJJDP) have developed a series of resources on trauma informed care which can be found at http://www.safestartcenter.org/resources/ . The resources include:

- Trauma Informed Care Tip Sheet series, including Tips for Parents and Other Caregivers designed for providers to use in their work with parents and other caregivers, focusing on warning signs of exposure to violence in children at different developmental levels and concrete ways to help children to feel safe.
- Toolkit for Children Exposed to Domestic Violence, which provides information on the prevalence and consequences of children's exposure to domestic violence.
- Toolkit for Court-Involved Youth and Exposure to Violence, which offers practice tips to attorneys, judges, and CASAs for trauma-informed advocacy in the courts.

TERM Advisory Board 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 psychologist evaluators
  Chris.carstens@outlook.com
- Roberto Weiss, MFT, for masters level therapists and clinical supervisors
  R.weiss@motivaassociates.com
- Martha Ingham, Ph.D., for the San Diego Psychological Association
  drmarthaingham@gmail.com

Please feel free to contact these representatives with your ideas or suggestions, or for updates from the Advisory Board meetings.

Training Opportunities

- The Chadwick Center for Children and Families at Rady Children's Hospital presents the 27th annual San Diego International Conference on Child and Family Maltreatment on January 28-31, 2013 at the Town and Country Resort and Convention Center. For additional information and registration, please visit http://www.sandiegoconference.org/ .
- Free CEs are offered through the National Child Traumatic Stress Network Learning Center for Child and Adolescent Trauma. To search the course catalogue, please visit the website at http://learn.nctsn.org/ . Once you establish an online account you will be able to enroll in a variety of webinars.
- A complimentary MMPI-2-RF workshop is being offered February 14-15, 2013 from 8:30 am - 4:30 pm at Alliant International University in Alhambra, CA. The workshop will be presented by Yossef Ben-Porath, Ph.D. and is sponsored by Pearson, the California School of Forensic Studies at Alliant University, and University of Minnesota Press. Twelve CEUs will be offered for full attendance. To register, please contact Sarah McIntosh at smcintosh1@alliant.edu.
- Free online training is offered by the Child Abuse Mandated Reporter Training Project at http://www.mandatedreporterca.com/ The goal of the training is for mandated child abuse reporters to carry out their responsibilities properly.
- BHETA offers free training to providers who contract with County Mental Health. Free CEUs are offered to LCSWs and MFTs. If you take the courses, please list OptumHealth in the "company code" field when you create a BHETA account online. The website has more details on how to create an account and eligibility http://theacademy.sdsu.edu/programs/BHETA/lms_login.htm.
- A free online training course in Trauma-Focused Cognitive Behavioral Therapy is offered by the Medical University of South Carolina through TF-CBT Web at http://tfcbt.musc.edu/. Up to 10 units of CE credits are offered for some disciplines.

OPTUMHealth™

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To contact OptumHealth TERM staff:

1-877-824-TERM (1-877-824-8376)

Option 1: Clinical Support Team (Authorizations, referrals, and work product tracking)

Option 2: Claims Department (Billing, claims questions)

Option 3: Provider Services (Contracting questions)

Option 4: TERM Clinical Team (Clinical questions)

FAX # 1-877-624-8376

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