

# OPTUMIST

OptumHealth Provider Newsletter

V1. October 2013

## Provider Services Manager's Message

It is my pleasure to introduce the OPTUMIST, our new OptumHealth Newsletter for MediCal Fee for Service (FFS) and TERM Network Providers. Through this expanded newsletter, we will share information, suggestions, and resources to enhance and support the success of providers on both the TERM and FFS Networks.

You will find articles, messages, and updates specific to TERM as well as information to keep you informed and up to date on what is happening with the MediCal Network. We are excited to expand our focus and to present our new Newsletter!

In this edition of the OPTUMIST, we are pleased to include an article addressing the Best Practices in Forensic Mental Health: Treatment of Intimate Partner Violence (IPV) Victims, written by the TERM Team Staff.

We are OPTUMISTIC about our expanded newsletter, and welcome your questions and feedback on how we can make these quarterly updates valuable to your work.



Judy Duncan, MFT  
Manager, Provider Services, Public Sector San Diego

## Contact Numbers

San Diego  
Access and Crisis Line  
(888) 724-7240

TERM Provider Line  
(877) 824-8376

Medi-Cal Provider Line  
(800) 798-2254

Website:  
[www.optumhealthsandiego.com](http://www.optumhealthsandiego.com)



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## Meet Ruth Kenzelmann Ph.D., Executive Director of OptumHealth, Public Sector San Diego



As the Executive Director for OptumHealth Public Sector San Diego, Ruth Kenzelmann, Ph.D, oversees behavioral health and wellness clinical services that improve the overall health and well-being of individuals in the San Diego market, as well as beneficiaries in MediCal, Medicare, and other local, state, and federal programs.

In addition, Dr. Kenzelmann is responsible for defining and leading the public sector business strategy by working closely with OptumHealth's community partners on how to best leverage the full breadth of their capabilities in support of health plans serving MediCal, Medicare, state-funded, and federal beneficiaries.

Dr. Kenzelmann has extensive experience in the public sector market. Prior to assuming her role with OptumHealth, she was a Clinical Coordinator at Mental Health Systems, a \$100 million non-profit and local leader in Mental Health and Drug and Alcohol Services, with over 100 programs throughout California. In her role as a Clinical Coordinator, Dr. Kenzelmann was responsible for the development of clinical policies, standards, and clinical practices. Previously, she served as a Director of Children's Services for Community Research Foundation, a San Diego-based local leader in Mental Health with the responsibility and clinical oversight of Short-Doyle MediCal, AB2726, and EPSDT contracted outpatient clinical programs for emotionally disturbed children and adolescents.

Dr. Kenzelmann earned her Bachelor of Arts degree in Developmental Psychology from the University of California, Santa Barbara. She earned both her Master of Arts in Marriage and Family Therapy and her Doctor of Philosophy in Psychology from United States International University in San Diego.

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## Best Practices in Forensic Mental Health: Treatment of Intimate Partner Violence (IPV) Victims

By The TERM Team, OptumHealth

TERM providers play a significant role in Intimate Partner Violence (IPV) prevention and intervention in families involved in the child welfare system. Use of evidence-based practice strategies to guide clinical work in this area is critical to optimal outcomes. Considerations outlined in the literature for providing the most effective scientifically-based treatment include the following:



### Trauma-Informed Care

Although there are many common patterns within family violence, it is important for therapists to view intimate partner violence through the lens of their clients' individual experience. Trauma-informed care is a framework based upon the recognition that many behaviors exhibited by victims are directly related to their traumatic experiences (National Center for Trauma-Informed Care, NCTIC, 2011). Trauma-informed care is not a model of treatment, but rather a creation of a supportive environment that is grounded in the awareness that clients' behavior and responses are often an expression of their trauma. The trauma-informed care approach is based on five key elements, including: safety, empowerment, trust, collaboration, and choice. The framework of trauma-informed care sets the stage for evidence-based, trauma-specific assessment and treatment to occur. [NCITC](#) provides trauma-informed care specific practices and interventions, and [The California Evidence-Based Clearinghouse](#) contains those applicable to treatment of IPV.

## Clinical Assessment

Structured clinical assessment is necessary to develop a comprehensive understanding of each client's unique experience with family violence. Ongoing assessment of risk and protective factors throughout treatment can track potential shifts in client's progress and alert the need for adjunctive services or modification of treatment and safety/prevention planning. *Assessment of Partner Violence: A Handbook for Researchers and Practitioners* by J.H. Rathus and E.L. Feinder, (2004), contains reviews of IPV assessment tools which TERM providers may consider utilizing in their client care.

## Safety & Ethical Considerations



In clinical work related to family violence, promoting client welfare is a basic ethical requirement, and safety considerations are paramount. Therapists must consider how to provide an emotionally safe climate in which clients can comfortably and securely examine challenging problems in their lives. Helping clients develop a detailed safety plan, including strategies to promote their safety and the safety of their children is the first priority when working with families affected by IPV. Even if a safety plan is already in place for the client with other service providers, it is important for the therapist to review these plans with the client to get a clearer understanding of their unique needs and to make any updates as clinically indicated. [The San Diego Domestic Violence Resources Regional Guide](#) contains a list of local resources that may be useful in safety planning.

The modality of treatment needs to be carefully considered with regard to safety. Conjoint therapy for couples who have experienced IPV may increase the risk for further and more severe violence for victims and their children. Even if the safety risks can be managed, therapists must consider to what extent either party can benefit from treatment if significant power imbalances may render the victim less likely to participate fully in therapy. Conjoint treatment may be considered after both clients have successfully completed their own therapy and the clinical assessment indicates that the risk issues and power differentiation have been mitigated; however, because of the forensic context of TERM work, it is TERM/CWS policy that a provider who has treated a parent cannot simultaneously or sequentially provide conjoint therapy for that family due to the potential for conflict of interest.

## References:

Murray, C.E. & Graves, K.N. (2013). *Responding to Family Violence: A Comprehensive, Research-Based Guide for Therapists*. New York, NY: Routledge.

Rathus, J.H. & Feinder, E.L. (2004). *Assessment of Partner Violence: A Handbook for Researchers and Practitioners*. Washington, D.C: American Psychological Association.

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## Update on the STEPS Program

As a follow up to previous communications in the TERM Newsletter, we wanted to let providers know that the STEPS adolescent day treatment program is up and running and accepting youth into their program. The deficit that was needed to keep STEPS open was funded through the school districts and Probation Department for the current school year.



## The Access and Crisis Line (ACL)

By Christopher Oneal, MFT, ACL Supervisor, OptumHealth

### San Diego Access and Crisis Line

*We are here for you!*



Did you know that the ACL started out as the 'DEFY' line in the 1970's in response to increasing drug abuse by the young? It was quickly nicknamed the 'DEFY' line because the last four digits in the phone number (3339) spelled the word DEFY. Of course, the ACL has evolved significantly since the 1970's! OptumHealth has been fortunate to manage the ACL on behalf of the County of San Diego Behavioral Health Services since 1997.

Master's level counselors or licensed clinicians answer approximately 8,000 calls per month. The ACL staff average over 16 years of clinical experience in a variety of areas, including work with: families and emotionally disturbed youth, social services and the elderly, domestic violence intervention, drug and alcohol abuse, and case management.

Callers can receive assistance with substance abuse, depression and suicide prevention, and recovery from mental illness or abuse. Staff offer support on handling an economic or mental health crises, and they help callers with referrals to services available in their area. Language interpreter services are always available, and they enable the ACL staff to assist callers in over 150 languages within seconds. Confidential and free of charge, the line is available 7 days per week, 24 hours per day. An easy way to remember the number to the ACL is to think of getting help 7/24 (724-724). The 0 is easy to remember as it is a number people call for help from an operator.

Providers are encouraged to use the ACL phone number as a contact for urgent or emergency mental health situations. In addition, providers may use the ACL phone number on their outgoing voicemail message. Brochures describing the ACL services are available for provider waiting rooms in a variety of languages. To obtain copies of the ACL brochures, please send an email to [sdu\\_providerserviceshelp@optum.com](mailto:sdu_providerserviceshelp@optum.com) or contact us at (800) 798-2254 Option 7.

The ACL is accredited by the American Association of Suicidology. Accreditation requires that the ACL meet nationally recognized standards pertaining to suicide prevention, staff training, handling of crisis calls, and up to date knowledge of local and national resources. In addition, the ACL works in conjunction with the National Suicide Prevention Lifeline and responds to calls from San Diego residents to the Lifeline.

For more information about ACL services, or information about community resources that can be helpful for clients, please call or contact us at (888) 724-7240.

## Medication 2nd Opinion Evaluations

By Marc Gotbaum, PsyD, Director, Vista Hill

**The Vista Hill-Juvenile Court Clinic (JCC)** is a County of San Diego contracted program providing Medication/Treatment Evaluations primarily for the youth who are involved in the Juvenile Court Delinquency or Dependency system. This includes up to 90 days of services for youth ages 5-25 who are on probation, in foster care, groups homes, or the community, and are even at-risk for these service involvements. JCC provides Psychiatric Medication Evaluations, Medication 2<sup>nd</sup> Opinions, Medication (at no cost), Counseling Support, and Transitional Planning Assistance for our eligible clients. Transportation Assistance and Tele-Psychiatry services are available to some clients with transportation limitations.

JCC is a MediCal and MHSa funded program. There is no fee for MediCal clients, and there is an UMDAP determined/adjustable fee for those with other or no insurance carriers. These clients do not have current access to providers or are waitlisted and require more immediate “bridging” of services. Immediate services (within 2 weeks) needs may be driven by court mandate or medical necessity. JCC is not a crisis or urgent care provider! ESU, PERT, or the local hospital ER may be a more appropriate emergency medication resource in such instances.

JCC provides Medication 2<sup>nd</sup> Opinion Evaluations for the Juvenile Court, CWS, and now for the San Diego Community. Concerns regarding the effectiveness, appropriateness, or side-effects of the current medication regimen may be addressed with our clinic. A record and clinical review, along with an interview of the client/family by our Board Certified Child Psychiatrist(s), may provide support or suggestions for the course of future treatment. Community 2<sup>nd</sup> Opinion services are an opportunity for non-binding feedback on the Community Standards of Practice and the simplification of often overly complicated medication regimens. Communication, collaboration, and coordination with the Prescribing Physician is always our goal. Physician, Mental Health Provider, Probation Officer, Social Worker, Attorney, Court, or Guardian referrals are accepted.

JCC has been provided over 7,000 Medication 2<sup>nd</sup> Opinion and JV-220 Review services to the San Diego Superior Court in more than 5 years.

For court-involved and at-risk cases, JCC can offer “bridging medication services” in the absence of an available Psychiatric Medical Provider for up to 90-days (longer by waiver). Out-of-custody youth with needs for transitional medication assistance can be seen within 2 weeks (often less). Community (non-court related) cases may receive 2<sup>nd</sup> Opinion services, but are not always eligible for Treatment services, per our contracted scopes. These clients may then benefit from a facilitated transitional connection with Vista Hill- SmartCare or the Behavior Health Consultation Services (BHCS) in which our Psychiatric Nurses, Psychiatrists, and Clinical Specialist staff assist in the connection, consultation, and support of Primary Health Care providers as Psychiatric Medication prescribers, in less complex or stabilized Psychiatric presentations.

### Contact information:

Medication Evaluation or 2<sup>nd</sup> Opinion inquiries and referrals:  
(858) 571-1964 fax: (858) 571-1967

Community Liaison/Family Facilitator: Solmaria Lopez  
[slopez@vistahill.org](mailto:slopez@vistahill.org)

Director: Marc Gotbaum, PsyD  
[mgotbaum@vistahill.org](mailto:mgotbaum@vistahill.org)

SmartCare: Bella Montgomery, Psychiatric Nurse Practitioner  
[bmontgomery@vistahill.org](mailto:bmontgomery@vistahill.org)

BHCS: Deborah Skvarna, LMFT Director  
[dsvarna@vistahill.org](mailto:dsvarna@vistahill.org)



## Before Considering an Inpatient Appeal

By Dr. Michael Bailey, Medical Director, OptumHealth

With the adoption of the Medical Record Review process by Optum in January 2012, authorization of initial and continued hospitalization is based on medical necessity being evident in the medical records that are submitted for review. When information is submitted that fails to meet California Code of Regulations, Title 9 criteria for inpatient care, a Notice of Action (NOA), or non-authorization, is issued. Previously, the utilization reviewer could verbally provide updated information, but with a State mandate that the information be provided in written form, verbal updates cannot be relied upon exclusively.

Unfortunately, sufficient documentation to meet medical necessity criteria may not always exist at the time of an admission. A non-authorization, or NOA, would be issued in such a case. An appeal of an NOA decision requires submission of medical records, a wait of several weeks, and an uncertain outcome.

Alternatively, an “expedited review” would allow the attending physician the opportunity to contact the medical reviewer directly, have a peer conversation about the case, and to fill in any gaps in the history. A decision about the authorization would be made immediately, pending receipt of the confirmatory documentation. Even if the NOA or non-authorization is still upheld, the appeals process remains an option.

So, if your request for an inpatient authorization has been denied and the beneficiary remains in the hospital, please contact the Care Advocate to arrange an expedited review at a time convenient for both physicians. This process is unavailable for those beneficiaries who are no longer hospitalized.



## News and Updates

### TERM Advisory Board Updates

The TERM Advisory Board meets monthly to provide professional input regarding the performance of the system and its policies, procedures, and protocols. Providers are currently represented on the Board by:

- ◆ Christopher Carstens, Ph.D: [chris.carstens@outlook.com](mailto:chris.carstens@outlook.com)
- ◆ Roberto Weiss, MFT: [r.weiss@motivaassociates.com](mailto:r.weiss@motivaassociates.com)
- ◆ Martha Ingham, Ph.D: [drmarthaingham@gmail.com](mailto:drmarthaingham@gmail.com)



Much progress has been made over the last quarter. TERM partners have worked collaboratively to develop a procedure to facilitate access to institutional records for TERM Probation evaluators, as well as to develop a workflow for CWS evaluators to access interpreter services for collateral interviews with non-English speaking caregivers; continued work is underway to identify a similar process for Probation evaluators. The Advisory Board has provided input into revisions to CWS referral forms, as well as updates to the TERM Provider Handbook which we are anticipating to release in early 2014. In addition, CWS and Optum have worked together to identify opportunities to streamline the authorization process for CWS funded services, and an action plan was presented by Optum in the September meeting. Please feel free to contact any of the provider representatives for additional updates from the Advisory Board meetings, or to provide professional or consumer feedback.

### Training Opportunities

- ◆ **The National Child Traumatic Stress Network Learning Center for Child and Adolescent Trauma** is offering free CEs. 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.
- ◆ **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](http://theacademy.sdsu.edu/programs/BHETA/lms_login.htm).
  - An upcoming training that may be of interest is the Adult Cognitive Behavioral Therapy Series; in addition, there are multiple e-Learning opportunities, including Introduction to Trauma Informed Care, Overview of Children, Youth, and Families Behavioral Health Services, Recovery Perspective in Behavioral Health Services, Stages of Change, and Understanding Medi-Cal Documentation Records.
  - A new e-Learning opportunity regarding documentation for your MediCal Fee for Service clients is now available on **BHETA**. This webinar is free to you, and was created to educate, support, and assist you in fully understanding the standards and requirements specifically related to your MediCal FFS documentation. To register for the documentation training, please go to the BHETA website by using the following link: <http://theacademy.sdsu.edu/programs/BHETA/register.htm>. The name of the Course is “Understanding Medi-Cal Documentation Standards: An e-Learning Course by the County of San Diego and OptumHealth.”
- ◆ **San Diego Youth Services** is offering a training on Seeking Safety (an evidence-based model for trauma and/or substance abuse) through on November 15<sup>th</sup>, 2013 from 9 am to 5 pm. The cost is \$70 and CEUs are offered for MFTs and LCSWs. For registration information, please contact Janet Caiazzo at (619) 221-8600 x 1278 or [jcaiazzo@sdyouthservices.org](mailto:jcaiazzo@sdyouthservices.org).

## FAQ's



### How do I obtain Outpatient Authorizations for MediCal eligible clients?

For new clients, you will need to submit a claim for the assessment and at least one follow-up visit. Your claim will be processed within 30 days, and an authorization will be given for the client. Initial authorizations are given in increments of one (1) assessment and seven (7) weekly follow-up visits for adults, and one (1) assessment and twelve (12) weekly follow-up visits for children. For continuing authorization, providers must complete an Outpatient Treatment Request (OTR) form and fax it to 1-866-220-4495. A determination regarding the request will be given within fourteen (14) days of receipt.

### How do I obtain Outpatient Case Conferencing or Case Management Authorizations for MediCal eligible clients?

For new clients, you will need to submit a claim with either or both of those services. After the claim is processed, additional Case Conference or Case Management sessions will be authorized. For adults, you will be given 16 units, to be used at two (2) times per week; for children, you will be given an initial authorization of 26 units, to be used at two (2) times per week. Each unit is 30 minutes in duration. If you need more than what is given, please feel free to contact the Utilization Management Department at 1-800-798-2254, Option 3, to speak to a Licensed Care Advocate.

## Upcoming Events

### November

Save a Life Walk at Balboa Park — November 10

Provider Orientation — November 18

OptumHealth Holiday Closures — November 28 & 29

### December

Provider Orientation — December (No meetings)

OptumHealth Holiday Closure — December 25

### January

OptumHealth Holiday Closure — January 1

Provider Orientation — January 8

Provider Orientation — January 29

\*\*\*The ACL remains open through holidays, 7 days per week, 24 hours per day.\*\*\*

Access and Crisis Line: (888) 724-7240

