

Provider Services Department Message

Greetings and welcome to the Summer 2024 edition of the OPTUMIST Newsletter. In this edition we are highlighting several topics including Medi-Cal provider enrollment via PAVE, updated FFS and TERM fee schedules effective 09/01/2024, TERM updates including in-person therapy services & provider survey, updated TERM provider handbook, upcoming training opportunities, 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 (888) 724-7240

Medi-Cal Provider
Line (800) 798-2254

TERM Provider
Line (877) 824-8376

Newsletter Content

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- **P19:** Recruitment for FFS Medi-Cal and TERM Provider Networks



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Information and Updates for FFS Medi-Cal Providers

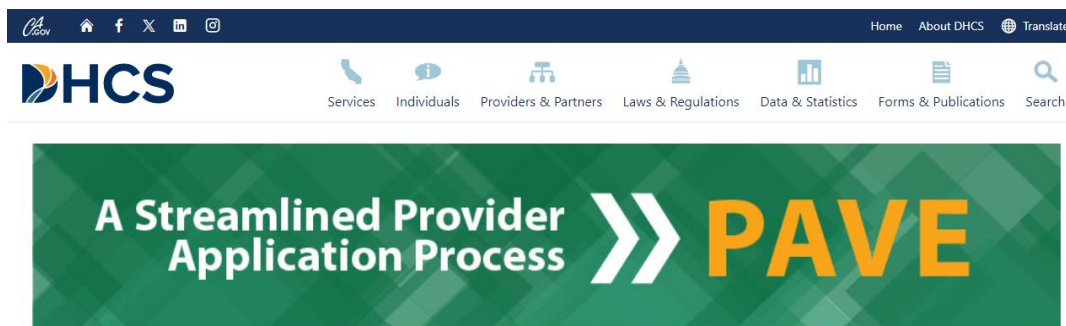
Medi-Cal Enrollment Through the Provider Application and Validation for Enrollment (PAVE) Portal

Medi-Cal Provider Enrollment:

As a reminder, all providers applying to render services to Medi-Cal Beneficiaries through the San Diego County Fee For Service (FFS) Medi-Cal Network must be enrolled in the Medi-Cal Program.

The Provider Services Department will assist in facilitating the enrollment process and a representative may be contacting you to enroll in the Medi-Cal program through the PAVE system.

We appreciate your cooperation and collaboration in this process as it is essential to ensure continued services to this vulnerable population which you serve.



What is PAVE?

The PAVE portal is the Provider Enrollment Division's (PED) web-based application designed to simplify and accelerate enrollment processes. PAVE is an interactive, web-based solution for the provider types who enroll with Medi-Cal through PED and manage their Medi-Cal accounts securely online. Providers can utilize the portal to complete and submit applications, report changes to existing enrollments, and respond to PED-initiated requests for continued enrollment or revalidation. PAVE features secure login, document uploading, electronic signature, application progress tracking, intuitive guidance, social collaboration and much more.

Click [here](#) to access PAVE Frequently Asked Questions

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

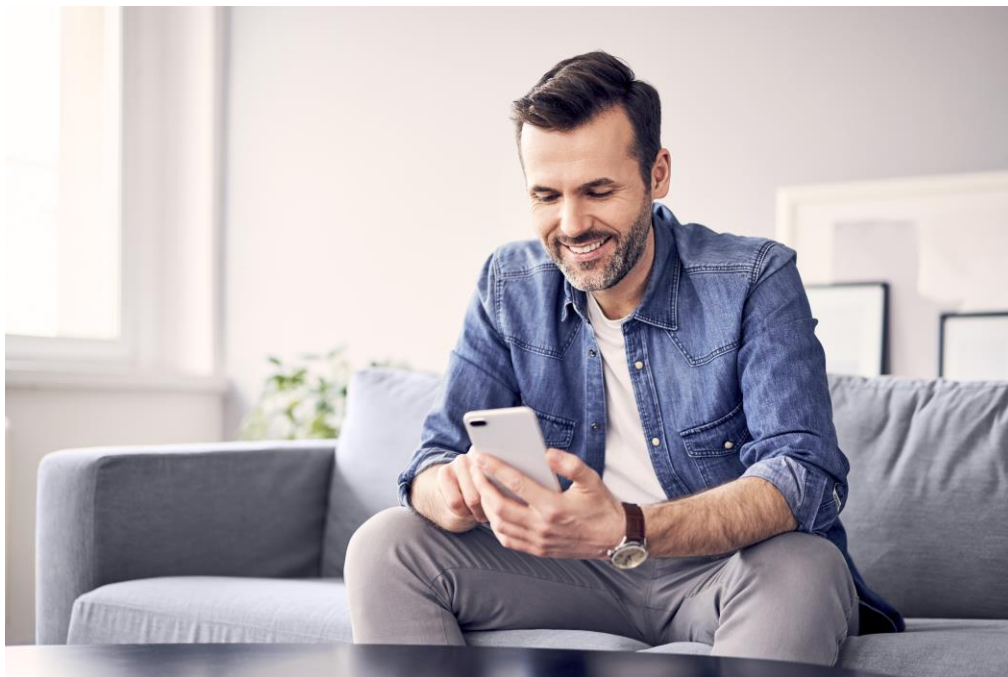
Press 3, then 3 again for Clinical Questions

Press 3, then 4 for Authorization Questions

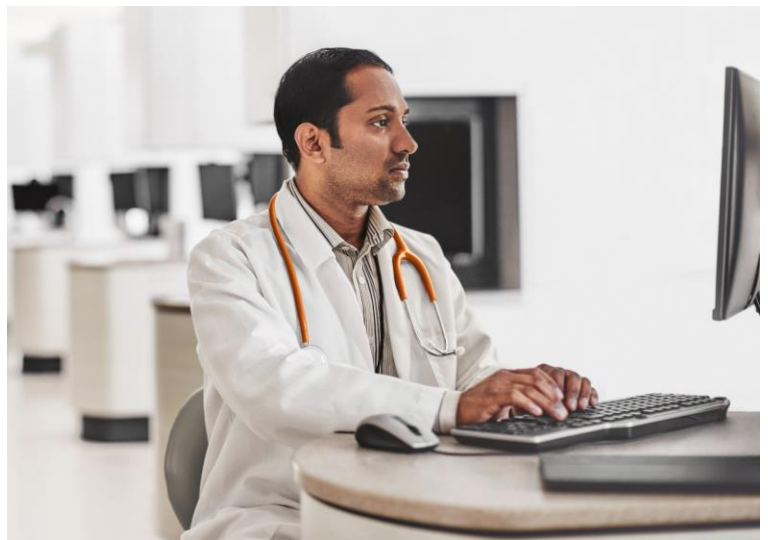
Press 7 for Provider Services



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



Inpatient Professional Services Review



To ensure progress notes meet criteria for claims to be substantiated, please follow these general documentation principles:

- The medical record should be complete and legible
- Documentation of each patient encounter should include:
 - Reason for the encounter and relevant history
 - Physical examination findings and interpretation of diagnostic test results
 - Assessment, clinical impression, or diagnosis
 - Plan for care
 - Date and legible identity of the examiner and patient

Inpatient Professional Service Review Criteria

- Client name or identifier is present on the progress note.
- Provider identifier is present on the progress note.
- The progress note is legible.
- The diagnosis code is indicated.
- The progress note supports the code billed.



[Please see the Inpatient Professional Services Documentation Guide for more information.](#)

Have Questions? Email us at: SDQI@optum.com

Information and Updates for FFS Medi-Cal & TERM Providers

Updated Fee Schedules Effective September 1, 2024



Optum Public Sector San Diego has implemented changes to all fee schedules effective September 1, 2024, including the following:

- Providers must bill with modifier **TJ** to receive the applicable rates for services rendered to children.

Updated fee schedules were emailed to you in August 2024 with changes indicated in red font. Please review the updated fee schedules for additional updates.

***Modifiers below are required to ensure accurate claims payments for services rendered by telephone, telehealth or to children**

93 = Telephone 95 = Telehealth SC = Telephone (T1017) **TJ = Services rendered to children**

Example fee schedule:

CPT Code	Modifiers	Description
90832	93, 95, TJ	Psychotherapy, 30 minutes with patient
90833	93, 95, TJ	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (add on code)
90834	93, 95, TJ	Psychotherapy, 45 minutes with patient
90836	93, 95, TJ	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (add on code)

Have Questions?

Contact the Provider Services Department

(800) 798-2254, Option 7

sdu_providerserviceshelp@optum.com

Information and Updates for TERM Providers

Optum TERM At a Glance



TERM UPDATES

- **In-Person Therapy Services & Provider Survey**
 - Highlights clinical considerations related to the need for in-person therapy services for CFWB-involved clients
 - Includes a link to a survey for TERM providers about in-person therapy
 - *We would greatly appreciate providers taking time to respond to the survey as we partner together in supporting each client!*
- **Updated TERM Provider Handbook**
 - Announces the new TERM Provider Handbook
 - Reviews the pertinent updates and changes made in the new version



UPCOMING TRAINING OPPORTUNITIES

October 23, 2024:

[Telehealth – The Fundamentals of Legal & Ethical Practice](#) (CEUs available)

November 15, 2024:

[Working with Interpreters via Telehealth](#) (No Cost, CEUs available)



QUICK LINKS

- [TERM Provider Handbook](#)
- [IPV-V Group Treatment Standards](#)
- [CSA-NPP Treatment Standards](#)
- [TERM Treatment Plan Documentation Resources](#)
- [Format & Required Elements of a CFWB Psychological Evaluation](#)
- [PSC – Parent Form](#)
- [PSC – Parent Form Spanish](#)
- [PSC – Youth Form](#)
- [PSC – Youth Form Spanish](#)
- [TERM Provider Telehealth Checklist](#)
- [Telehealth Attestation Form](#)
- [Claims Resources for TERM Providers](#)
- [Request for Addition CFT Meeting Units \(CFWB Funds\)](#)
- [Temporary Change of Authorization](#)

Information and Updates for TERM Providers

Updates to TERM Provider Handbook – Effective July 2024



The TERM Provider Handbook has been revised to include relevant updates to Optum TERM policies and practices as of July 2024. TERM would like to express gratitude and appreciation to our various community partners and stakeholders who provided input and feedback in this update, including the Child and Family Well Being Department, County Counsel, Dependency Legal Services, Children’s Legal Services, San Diego County Behavioral Health Services, Adult and Juvenile Probation, as well as the various teams within Optum Public Sector, including Claims, Quality Improvement, and Provider Services.

The TERM Provider Handbook can be accessed on the Optum website or by clicking [here](#). We encourage all TERM providers to review the updated guidance in the Handbook, paying close attention to the following information:

- **Shift from CWS to CFWB:** Please note the change in department name throughout the handbook from Child Welfare Services (CWS) to Child and Family Well Being Department (CFWB). 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 prompted in response to the Family First Prevention Services Act (FFPSA) legislation signed into law in 2018. This legislation aims to allocate more funding to 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. For further information regarding the CFWB Department, please visit the county website by clicking [here](#).
- **Shift from Juvenile Delinquency System to Juvenile Justice System:** Please note the change in language when referencing juvenile probation cases, including the shift from referring to clients involved with this system as delinquents or minors to referencing to them as youth, as well as the shift from the juvenile delinquency system to the juvenile justice system. Several appendices and guides have been updated on the Optum website to reflect current language and practice changes within this system.
- **Inclusion of Ongoing Telehealth Treatment Guidance:** As the public health emergency for the COVID-19 pandemic has subsided, the handbook now reflects established policies, procedures and best practice guidelines related to the provision of telehealth treatment.
- **Inclusion of CFWB Child and Family Team Meeting Guide:** TERM therapists may be asked to participate in a Child and Family Team meeting. Guidance on confidentiality and information-sharing practices pertaining to this process has been included in the handbook, including provider responsibility to ensure that their client or authorized legal representative has signed the Child and Family Team Release of Information (04-29CFT).
- **Updated Treatment Plan Documentation Guidelines:** The CFWB Treatment section and CFWB Treatment Plan Documentation Guidelines sections have been updated with current directives, guidance, and resources to align with the revised CFWB forms and assist TERM providers in documenting the required elements.

Information and Updates for TERM Providers

Updates to TERM Provider Handbook – Effective July 2024 - *Continued*

- ***Inclusion of Guidance on the Use of Atonement Letters:*** Case law prohibits CFWB from including atonement letters in a client’s case plan. Guidance has been included on what TERM therapists need to be aware of when utilizing this as a therapeutic tool.
- ***Additional Reimbursement Procedures:*** The handbook reflects procedures for additional reimbursement now available for TERM providers, including automatic authorization for case management and Child Family Team Meeting participation, allowances for reimbursement for providing court testimony, and reimbursement of a no-show consideration fee for psychological evaluation appointments.
- ***Updated Claims Procedures:*** Updated procedures are reflected for the inclusion of telehealth and electronic claims procedures.

Optum San Diego greatly appreciates your time in familiarizing yourself with the updates in the TERM Provider Handbook, and for partnering with us in our mission to provide the highest quality mental health services to CFWB and juvenile justice involved clients. The TERM team will be referencing the updated guidance in the current TERM Provider Handbook in its quality oversight of referrals, evaluations, and treatment plans. If there are any questions that arise regarding the information within the handbook, we encourage providers to reach out to the TERM team at (877) 824-8376, Option 1.

TERM In-Person Therapy Services



Telehealth has grown in popularity since its emergency approval in response to the global pandemic and it is now the predominant service delivery type among TERM providers rendering mental health treatment to Child and Family Well-Being (CFWB) referred clients. The growth in telehealth as a service delivery method has outpaced the availability of in-person services. As a result, there is a critical need for in-person therapy services for CFWB referred clients. To address this need, TERM and CFWB are exploring potential options to support providers in meeting the needs of CFWB involved clients and we encourage your participation in a brief survey at the end of this article.

While the benefits of telehealth have been identified and recognized as it bridged access to health care during a critical time, the unique limitations that exist within the child welfare population when it comes to delivering effective, evidence-based treatment cannot be overlooked. These limitations can be best understood by placing them in two categories: physical and therapeutic (Racine et al., 2020).

Information and Updates for TERM Providers

TERM In-Person Therapy Services - *Continued*

As we all continue to build competency around best practices in an increasingly telehealth world, we ask for consideration that the benefits of telehealth will not be equally experienced by all children, families experiencing domestic violence and abuse, and/or acutely symptomatic individuals. Below is a non-exhaustive list of telehealth’s physical and therapeutic limitations and considerations of unique challenges that may present when working with CFWB referred individuals.

Physical	Therapeutic	Limitations	Considerations (See Reference Below)
X		Access to technology	1) The reliability and access to devices such as tablets which allow for viewing of the client’s entire face and steady positioning as well as quality internet that supports the client’s adequate and active participation in treatment. 2) Comfort level with use of technology.
X	X	Space/ Confidentiality	Physical space restrictions where a client can privately engage in therapy. For children, it is ideal when the therapeutic space is not his/her/their bedroom. Private space is especially important as therapy is one of the only opportunities that individuals can disclose ongoing abuse of any kind.
X	X	Assessment	1) Client affect, particularly dissociation, when processing trauma is difficult to interpret due to lack of dual monitors that allow for viewing of narrative and client’s face. 2) Another consideration is the challenge that reality testing poses when working with an acutely symptomatic individual. 3) Finally, ongoing assessment of relapse symptoms in individuals with substance use disorders can also present challenges.
	X	Treatment	1) Clients with severe attentional difficulties or trauma symptoms may be more challenging to engage. 2) In children, cognitive capacity, and developmental level are important consideration. 3) Safety planning with individuals experiencing high suicidality and/or self-harm behaviors is an important consideration due to typical, non-linear progress made during treatment. 4) High risk IPV dynamics that pose a barrier to effective treatment due to ongoing threat of harm are another consideration.

Information and Updates for TERM Providers

TERM In-Person Therapy Services - *Continued*

TERM has seen an uptick in requests made by clients for in-person therapy across ages and service type. It is currently a challenge to meet the demand for in-person therapy due to the rate with which the use of telehealth has grown. CFWB is considering how to best leverage their resources in collaborating to meet this need. We invite you to partner with us in identifying solutions to increasing the availability of in-person therapy services by taking part in a brief survey ([TERM In-Person Therapy Services](#)).

TERM and CFWB appreciate your flexibility and continued dedication to meeting this population's needs through unprecedented times and look forward to your partnership as we move toward a balance in service delivery options that reflects our ultimate goal of providing evidence informed care based on unique client need.

References

Racine, N., Hartwick, C., Collin-Vezina, D., Madigan, S. (2020). Telemental health for child trauma treatment during and post-COVID 19: Limitations and considerations. *Journal of Child Abuse & Neglect*, 110.



Optum Provider Express Foster Care Toolkit



As a professional working to support CFWB-referred children and adults, you are acutely aware of the complex and nuanced needs and opportunities that present when working with children and youth in foster care. Your continued development of clinical acumen and competence throughout your tenure on the panel is immensely valuable. Specifically, your engagement in training and professional development opportunities aimed at further honing your clinical knowledge and skills in working with foster care involved clients contributes to the rich foundation of clinical best practices that is at the core of TERM's mission in our community.

Information and Updates for TERM Providers

Optum Provider Express Foster Care Toolkit - *Continued*

Optum TERM exists to support meaningful provider involvement on the panel and to share pertinent resources to inform your work with clients. In the effort to encourage provider interaction with valuable clinical resources, we are excited to share Optum's [Foster Care Toolkit](#) for your review. This resource was developed by Optum to inform and equip providers across its many networks. This resource can also be accessed on the TERM provider's landing page of the Optum San Diego website, located under the 'CFWB Treatment' tab. From this link, you can find a wealth of information and tools to support your practice:

- Information and data related to foster care in the United States
- An overview of Trauma Informed Care
- Behavioral health specific content and resources
- Highlighting of treatment modalities pertinent to work with foster care involved clients
- Links to specific resources to support providers, clients, and families
- Guidance on standardized tools for usage with clients
 - While the CANS and PSC are referenced on the site, please adhere to San Diego County protocols for the administration and submission of these tools

It is our hope that the sharing of this valuable resource will further enhance your awareness and bolster the quality of the essential care extended to TERM-referred clients. Thank you for your contributions to TERM's mission and the care you provide to foster care involved clients in your work on the panel.



Information and Updates for TERM Providers

Considerations When Working with Limited English Proficiency (LEP) Individuals

As part of working with Child and Family Well-Being and Juvenile Justice, TERM providers may come across a client who may not possess sufficient English to participate in the evaluation or therapy. When language needs cannot be met through the panel or community, interpreters can assist in increasing access for clients. Although using an interpreter may assist in bridging communication and can potentially serve as a cultural broker when appropriate, additional factors should be considered, such as selection of tests, potential for dual relationship, forming a working relationship with the interpreter, privacy/confidentiality. As outlined in American Academy of Psychiatry and Law (AAPL) guidelines, competence in cultural formulation includes respect for and knowledge of other cultures, as well as self-assessment to guard against cultural biases. Therefore, it is important for providers to understand culture when formulating the client's clinical presentation within the realm of forensic work, including identity, expression of mental health illness, power relationships, and language disparities. This article will highlight some considerations when faced with a client with limited English proficiency (LEP); please see the chart below for key terms and definitions. Specific guidelines are deferred to the clinician's licensing board and ethical guidelines along with state and federal law.

If an interpreter is needed, please communicate directly with the referring party (CFWB or Juvenile Justice) as the referring party is responsible for obtaining interpreter services.

Considerations	Discouraged
<ul style="list-style-type: none">☞ Continue seeking further education, training, and consulting with experts.	<ul style="list-style-type: none">☞ Assuming the client has sufficient English without fully assessing proficiency and fluency.
<ul style="list-style-type: none">☞ Providers are to continue recognizing their own competence, scope, and expertise. Maintain current knowledge of relevant research, scientific, professional and legal developments within the areas of competence.	<ul style="list-style-type: none">☞ Given the forensic nature of cases, the use of informal, untrained bilingual staff or people involved with the case, such as PSW or PO, should be reconsidered as the impacts of dynamics and legal implications may affect the client's presentation.
<ul style="list-style-type: none">☞ If a bilingual clinician is not available, consider obtaining a certified interpreter. Consider the use of qualified, certified interpreters in combination with seeking education, training, consultation, literature review pertinent to the population being served.	<ul style="list-style-type: none">☞ Given the sensitive nature and details of the cases as well as family dynamics, the impacts on using family members, especially minors, should be reconsidered, especially in forensic cases.

Information and Updates for TERM Providers

Considerations When Working with Limited English Proficiency (LEP) Individuals – *Continued*

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- ☞ Whenever possible, providers offer written information in the language understandable to clients, including consent forms, questionnaires, and assessments normed in the client’s preferred language.
 - ☞ Evaluators and therapists should be knowledgeable about the client’s primary language, including any regional dialects, along with any culturally unique symptoms, norms, and behaviors.
 - ☞ Evaluators consider any potential impacts or limitations (i.e. validity/reliability, response style, cultural/linguistic variables, etc.) when selecting testing instruments and follow the publisher’s manual and best practices/guidelines.
 - ☞ Although interpreters are chosen based on linguistic skills, consider how other characteristics (age, gender, SES, education, etc.) can play a role in the interaction.
 - ☞ Providers consider various cultural and linguistic factors when formulating clinical picture, making recommendations, and formulating goals.
 - ☞ Interpreters may be third party who will have access to the client’s confidential information. Please be aware of state and federal laws.
 - ☞ Using client quotes without denoting the use of an interpreter (spoken) or translator (written).
 - ☞ Attributing communication challenges as a clinical symptom without considering other cultural or linguistic background.
 - ☞ Assuming all battery of assessments can be administered with an interpreter. Some instruments, such as Structured Interview of Reported Symptoms, 2nd Edition (SIRS-2), discourage their use with an interpreter (Wagnoner, 2017).
 - ☞ Given the sensitive nature of the client’s case and abuse, assuming the client is comfortable speaking with an interpreter regarding these details without considering or exploring potential cultural implications, such as shame/saving face.
 - ☞ Assuming the interpreter is linguistically and culturally competent and has mental health training.
 - ☞ Assuming the interpreters operate under the same legal, ethical, and clinical standards as the provider.

Information and Updates for TERM Providers

Considerations When Working with an Interpreter

** If additional sessions are needed to support the use of interpreters, please coordinate directly with the PSW.*

- Discuss purpose of the meeting prior to the session with the client.
 - An introductory pre-session with the interpreter to further assess the interpreter's ability to assist with the type of case and client presentation.
 - A pre-assessment discussion can help clarify role and scope, including assessing for relationship with client (potential conflict of interest or dual relationship). Clarifying role can prevent the interpreter from inadvertently helping the client, especially when an evaluation is being conducted.
 - Review limits of confidentiality.
- Present yourself and the interpreter to the client along with checking with the client as to the use of an interpreter and reviewing confidentiality and limits to confidentiality.
- Use simple, short, and first-person speech while facing the client directly.
- Encourage interpretation as close to verbatim as possible.
- Follow up with the interpreter if there have been several exchanges between the client/interpreter without interpretation to the provider.
- Review any unusual or incorrect responses with the interpreter.
- Inquire as to any cultural implications of the information being discussed.
- Emotions that are distinct in one culture may be expressed differently in another. Therefore, attend to denotative (literal) and connotative (emotional) meanings of language, style of emotional expression, and linguistic idioms.
- Attempt to use the same interpreter for ongoing treatment with the same client, if appropriate, and discuss appointments and scheduling expectations.



Information and Updates for TERM Providers

Using Interpreters in Remote Settings

* Adopted from [American Translators Association Best Practices](#)

According to American Translators Association (ATA), “on-site interpreting provides the best quality interpreting services”. Given that in-person interpreters rely on several factors to process meaning, conducting virtual session with an interpreter can pose several limitations, which can ultimately impact the clinical work. When appropriate, remote interpreting may offer solutions and create access. Below are a non-exhaustive summary of best practices standards and challenges outlined by ATA for when remote interpreting is being considered.

Challenges	Considerations
<ul style="list-style-type: none">☞ Quality of the video or audio transmission may impact the ability to capture non-verbal cues, context, and turn-taking. For instance, in addition to internet speed, poor sound quality or competing ambient noises (i.e. background noise) may be an added challenge.	<ul style="list-style-type: none">☞ Use appropriate technology and ensure technical support. Interpreters and all active participants should have a high-speed, wide-bandwidth internet connection of at least 60 megabits per second with computers connected through an Ethernet cable.
<ul style="list-style-type: none">☞ Two-dimensional screens or additional source of content places added demands on interpreters, which may interfere with their attention/concentration and miss aspects of the conversation/dynamic.	<ul style="list-style-type: none">☞ Prior to session, connect with the interpreter to review expectations and provide pertinent information pertaining to the setting, context, and platform. Interpreters should receive all materials disturbed and presented prior to the session.
<ul style="list-style-type: none">☞ Limited or total inaccessibility to crucial non-verbal cues, such as facial expressions and body language, which hinders interpreters’ understanding of source message.	<ul style="list-style-type: none">☞ Connect with participants to review meeting etiquette (taking turns, quiet/confidential space) and use of remote technology, including ensuring adequate technical support. The responsibility of technical support should not fall on the interpreter. A rehearsal run to verify all systems are working may be beneficial.

Information and Updates for TERM Providers

Key Terms and Definitions

* Adopted from [US Commission on Civil Rights, Limited English Proficiency Plan \(October 2023\)](#)

Interpretation: The act of listening, understanding, analyzing, and processing a spoken communication in one language (source language) and then faithfully orally rendering it into another spoken language (target language) while retaining the same meaning

Limited English Proficiency (LEP): Describes individuals who: a. do not speak English as their primary language; and b. have a limited ability to read, write, speak, or understand English. Individuals with LEP may be competent in English for certain types of communication (e.g., speaking or understanding), but have limited proficiency in English in other areas (e.g., reading or writing). LEP designations are also context-specific; an individual may possess sufficient English language skills to function in one setting (e.g., conversing in English with coworkers), but these skills may be insufficient in other settings (e.g. addressing court proceedings). An individual who is deaf/hard of hearing may also have limited proficiency in spoken or written English and may not be proficient in ASL or any other recognized sign language.

Primary Language: The language in which an individual most effectively communicates when interacting with their environment. An individual's primary language may be a language variant.

Sight Translation: Oral or signed rendering of written text into spoken or signed language by an interpreter without change in meaning based on a visual review of the original text or document.

Translation: The process of converting written text from a source language into an equivalent written text in a target language as fully and accurately as possible while maintaining the style, tone, and intent of the text, while considering differences of culture and dialect.

Resources and References

[American Psychological Association. Guidelines, Policy Statements and Resolutions](#)

[American Translators Association - ATA Position Paper on Remote Interpreting](#)

[Board of Behavioral Sciences. Statue and Regulations](#)

[Board of Psychology Law and Regulations](#)

[Glancy GD, Ash P, Bath EP, et al. AAPL Practice Guideline for Forensic Assessment. Journal of the American Academy of Psychiatry and Law 43: S3-S53, 2015.](#)

[National Council on Interpreting in Health Care \(NCIHC\). A National Code of Ethics for Interpreters in Health Care.](#)

[Leanza, Y., Miklavcic, A., Boivin, I., and Rosenberg, E. \(2014\). Cultural Consultation: Encountering the Other in Mental Health Care. Working with interpreters. 89-113](#)

Information and Updates for TERM Providers

Resources and References – *Continued*

[Limited English Proficiency \(LEP\)](#)

[Rioja, V., and Rosenfeld, B. \(2018\). Addressing linguistic and cultural differences in the forensic interview. International Journal of Forensic Mental Health.](#)

[US Department of Health and Human Services. Think Cultural Health](#)

[Wagnoner, R. The use of an interpreter during a forensic interview: Challenges and considerations. Psychiatric Services 68:5. 507-511, 2017](#)

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

Contact

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

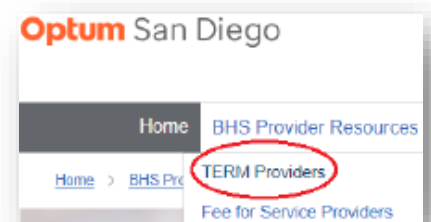
Option 1: For questions about authorizations or receipt of work products

Option 2: For questions about CFWB billing and claims

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



Hover over BHS Provider Resources and select TERM Providers



San Diego Access and Crisis Line

888-724-7240 TDD/TTY Dial 711



Free, confidential support in all languages

- 24 hours a day
- 7 days a week



Online Chat Services are available ;

- Monday through Friday
- 4pm – 10pm



optumsandiego.com

We are here for you

The San Diego Access and Crisis Line (ACL) is an outstretched hand to individuals or people they know, who are overwhelmed, depressed, or searching for answers.

A phone call will connect you with a compassionate counselor who is always standing by to provide hope and encouragement.

We can help you when:

- You need to talk to a professional who cares
- You do not feel you can cope with life
- You are looking for community resources
- You are concerned someone you know might hurt themselves
- You feel you might be in danger of hurting yourself or others



If you or someone you know is in crisis, help is available nationwide. Call or text **988**, or chat at 988lifeline.org



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



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 Nurse Practitioners
- Psychiatric Physician 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."



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

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



Tina Garcia, Provider Recruiter

(619) 641-5308

tina.garcia@optum.com

optumsandiego.com