

Provider Press

News You Can Use

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We hope you find our new publication of Provider Press helpful and insightful. On a quarterly basis, we will cover important updates, upcoming trainings and topics of interest to our Provider network. Your network management staff are continuing to enhance communication opportunities. We welcome your feedback on information that is important to you to ensure we are providing you with relevant and timely information.

HOLIDAY GIVING CHALLENGE

Happy New Year! Optum Idaho wants to say thank you to all of our providers who participated in our Holiday Giving Challenge. This year Optum Idaho regional staff gathered donations for Crisis Centers around the state. Region 1 & 2 also collected donations for the recovery centers in northern Idaho.

Providers and community members generously donated clothing, food, cash, and transportation vouchers to support Idaho's Crisis Centers. As an incentive Optum matched the donations for each Crisis Center up to \$3000. The Optum Holiday Giving Challenge also provided needed items that were delivered in time to celebrate the opening of Pathways Crisis Center in Boise on December 29. **Thank you again to everyone who participated.**

Watch your inbox for invitations to upcoming Provider Meet & Greet events in 2018.

These events are an opportunity to meet and network with other providers in your area, have your questions answered by Optum staff, learn about services in your communities and interact with stakeholders.

We recognize that it is challenging to take an hour or more out of your busy schedules to attend one of these events, so in 2018, we will host events that will also include a free continuing education credit, and lunch! Announcements will go out in the first quarter of the year so check your inbox!

Prior Authorization Parity

The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) requires that benefits for mental health and substance use disorders (MH/SUD) be provided and administered in a fashion that is no more restrictive than the manner in which medical/surgical benefits are provided.

We are excited to announce that effective January 1, 2018, in line with the Mental Health Parity Act, Optum will be removing the prior authorization and open authorization requirement for a number of services including psychological and neuropsychological testing and some psychotherapy services.

Services with no prior authorization requirements effective January 1, 2018:

- **90832** Individual Psychotherapy (30 minutes)
- **90834** Individual Psychotherapy (45 minutes)
- **90846** Family Psychotherapy without patient present
- **90847** Family Psychotherapy with patient present
- **90853** Group Psychotherapy
- **T2002** Transportation Modifier used with home-based family therapy and individual therapy in the home with the member present
- **H0004** Individual Drug/Alcohol Counseling
- **H0005** Group Drug/Alcohol Counseling
- **96101-96103** Psychological Testing
- **96118-96120** Neuropsychological Testing

These prior authorization changes are in accordance with Mental Health Parity, with the intent that Members will have more direct access to services necessary and providers will have increased efficiency. As always, services provided should be medically necessary.

As we continue to implement new services, additional analysis will be occurring to ensure continued compliance. We will keep you informed of any additional changes.

Revised Provider Manual

The Provider Manual has been updated effective January 1, 2018 and is available on the Optum website.

The Provider Manual was revised to include relevant information from the Clinical Model. Providers will no longer have to reference the Clinical Model as a supplemental document. We hope that you find this new system much easier to navigate and less cumbersome.

The Provider Manual is located on our website:

optumidaho.com >
“For Network Providers” >
“Guidelines and Policies” >
“Provider Manual”

The changes are being made in an effort to better streamline information for providers.

Education Update

Optum Idaho, in partnership with the Resource for Advancing Children's Health Institute (REACH) is excited to announce a series of evidence based practice webinars and e-learning modules for children and adolescents with serious emotional disturbance (SED). The CEU based education courses will be offered in a five-part webinar series starting in January 2018, and will be conducted by a panel of distinguished REACH National Experts with a focus on depression, anxiety, trauma, early childhood mental health, and disruptive behavior disorders. These foundational trainings will be



structured around diagnosis, assessment and treatment and will be targeted to Master's level clinicians working with children and adolescents with SED. Optum Idaho is partnering with the REACH Institute to offer access to the best, evidence based therapies to improve the mental health of children and adolescents in the State of Idaho. Please contact your Network Manager to register for this exclusive webinar training series which will be offered as complimentary education to our network providers. The REACH EBP modules will also be offered as on-demand courses in Relias starting late Q2 2018 to offer some flexible education courses for providers who are unable to attend the lunch time webinars.

We are committed to serving you, our valued provider community and we feel this will help expand the range of behavioral health services for our members.

YES Updates

In November, Optum offered some introductory Foundation webinars to our network providers about the Youth Empowerment Services (YES) project. The YES project is the Jeff D. lawsuit implementation and will create a new system of care in the State of Idaho for children and adolescents members who are diagnosed with a Serious Emotional Disturbance (SED). The YES Foundation webinars were the first in the series of many training sessions that will be offered to provide timely information and updates on the YES rollout over the next few years. The components in the YES System of Care are not new to the way services are already provided in today's environment, but there will be a common language, standardized access to care, and guiding principles that will act as a new care model for our children and adolescent members. There will also be new services available to YES class members starting with Respite in January 2018, and additional services will be announced throughout the next several years. To find out how to access Respite for a Member or to hear more about new services, please listen to the YES Foundation webinars.



YES Foundational Sessions 1 and 2 are now available as recorded webinars on Relias!

The YES Foundation webinars were recently recorded on November 14th and 16th, 2017 and had several hundred providers in attendance. The YES Foundations Session 1 webinar covers a brief history of YES, as well as an overview of the System of Care, Principles of Care, and the Practice Manual (or Guide). The YES Foundation Session 2 webinar provides an introduction to the Access Model, Child and Adolescent Needs and Strengths (CANS), Person Centered Planning, Practice Model, Child and Family Team (CFT), and Wraparound. All YES Foundation webinars and education courses are available free of cost to our network providers on Relias, our e-learning portal which offers the convenience of on-demand courses for clinicians. Please contact your Network Manager for information on how to register for a Relias license to be able to access these YES education courses and other CEU based classes.

Respite Services

Coming July 1, 2018

As part of the Youth Empowerment Services (YES) program, Optum will be contracting with agencies to provide group and individual respite services to eligible members. Initially, we will contract with agencies that have existing contracts with the Division of Behavioral Health (DBH), but will look to expand the network in the second quarter of 2018. Training opportunities will be available and completion of the trainings will be required to be credentialed into the network for respite.

Individual respite can be provided in the Member's home, another home, a foster family home, or at an agency and is provided at a staff-to-participant ration of 1:1. This service can also be provided overnight for up to 72 hours. Group respite can only be provided at a credentialed agency and overnight stay is not allowed. The staff-to-participant ratio is 1:4. Members can receive a total (group and individual combined) of 300 hours per calendar year.

Optum will provide more information in the coming months about becoming in-network for this service and will release level of care guidelines for your review.

Please submit any questions regarding Respite Services to optum.idaho.yes@optum.com.

Person Centered Plan

Agencies that provide services to youth who are determined by the Independent Assessor as a class member will need to become familiar with the Person Centered Plan. The Person Centered Plan is being implemented as part of the Youth Empowerment Services (YES) program with the Idaho Department of Health & Welfare (IDHW). It is a critical component to ensuring that appropriate behavioral health services and supports that meet a child's strengths and needs are provided. Starting January 1, 2018, a child who goes to the Independent Assessor and is determined to be a class member, will work with the Division of Behavioral Health (DBH) regional staff, as well as participants of the family's choice (family, providers, etc.) to develop a Person Centered Plan. You may be requested to participate on these teams to discuss and plan for your client's care. Once developed and approved, each individual provider will create a more specific treatment plan and will request any pre-authorized services from Optum Idaho.

Optum will continue to provide more information on Person Centered Plans as the YES program progresses and expands to more youth in the state of Idaho.

Cultural Competency

Introduction

At Optum we believe it is critical for providers to have an understanding of Cultural Competency in order to ensure your members get culturally sensitive and appropriate care. Therefore, we are pleased to highlight some information and key resources to help you on your journey, including free continuing education e-learning programs available through the Office of Minority Health, U.S. Department of Health & Human Services.

Cultural Competency Continuum

Cultural competency may be viewed in terms of a continuous progression of growth, development and change. It is important both for individuals and organizations to continuously and intentionally work to develop and strengthen competencies in order to provide effective services to diverse populations. The continuum ranges from potentially damaging and uninformed practices to constructive and professionally recognized practices that facilitate culturally relevant service delivery.

According to the often cited and adapted work of Terry Cross, MSW, there are 5 key points on the continuum:

1. Cultural destructiveness
2. Cultural incapacity
3. Cultural blindness
4. Cultural pre-competence
5. Cultural competence

Cultural destructiveness may be described as a point at which individuals refuse to acknowledge the presence or importance of cultural differences in the service delivery process. Disregard for diverse cultures may be seen in behaviors or policies that are damaging to or destructive to cultures and to the individuals living within that culture.

Cultural incapacity refers to a view in which cultural differences are neither punished nor supported. It is when the individual ignores differences. In therapeutic settings this may surface in the form of an overly narrow view of symptoms and associated diagnosis without consideration of cultural factors that may be relevant to the overall understanding of an individual's health, status, strengths and needs.

Cultural blindness involves a more active belief by an individual or organization that cultural differences are of no importance. Cultural differences may be noted but being color-blind and culture-blind is considered the desired state.

Cultural pre-competence involves recognition and responsiveness to cultural differences along with efforts to address systemic problems through advocacy. Pre-competence includes open acknowledgement of the need for cultural competency and active pursuit of current information and training related to diversity.

Cultural competence or proficiency holds culture in high regard. Here individuals and organizations may engage in research, develop culturally-informed therapeutic approaches and share their learning with others. Advocacy for cultural competence takes plans within the organization and more broadly as part of routine practices.

Cultural Competency Domains

In addition, the work of D.W. Sue and others identified three domains that are important for clinicians and organizations to consider in the development of a culturally sensitive approach to mental health service delivery:

- **Affective:** awareness of attitudes, beliefs or biases
- **Cognitive:** relevant knowledge set
- **Behavioral:** skills supporting effective services across cultures

G. R. Sadowsky and others contributed a fourth domain to be used in the assessment of cultural competencies:

- **Relationship:** understanding power differences in the context of therapy

The cultural competency continuum and domains noted here can be used for assessing where individuals and organizations are in terms of their readiness, preparedness and current level of functioning in the provision of culturally competent services.

Get to know the Network Management Staff



Karen Kopf serves as the Regional Network Manager for Regions 1 & 2. Karen joined Optum in June of 2013 and has lived in her region for 22 years. She has worked in the behavioral healthcare system in a number of capacities from education, to advocacy to system change. Karen earned an undergraduate degree from George Washington University, Washington, D.C.

Mary Jeffries serves as the Regional Manager for Regions 3 & 4. Mary began her healthcare career after graduating from Robert Morris College with a certificate in Medical Assisting. She worked for specialty offices where she assisted in the clinical and administrative arena. Mary attended George Fox University where she earned her Bachelor of Arts in Management and Organizational Leadership.



Bevin Modrak serves as the Regional Network Manager for Regions 4 & 5. Bevin joined Optum in October of 2013 as the Clinical Program Manager. Bevin has a long career serving the people of Idaho in a number of areas for over 19 years: child protection, adoption, adult mental health, and Medicaid. Bevin received his Bachelor's in Psychology from Washington State University in 1988 and returned to complete his Master's in Counseling in 1991.

Brenda Valle serves as the Regional Manager for Regions 6 & 7. Brenda has worked with Optum since March 2009 where her career began in New Mexico, transferring to Idaho in September 2013. Brenda has worked in a number of programs focused on community-based solutions serving refugees populations, fostering Native American children and meeting the clinical needs of geriatric populations. Brenda received her undergraduate degree from Utah State University and a Masters of Social Work from University of Utah.



Sharon Burke serves as the Medicaid Network Director, joining Optum in November 2016. Sharon has worked in the Behavioral Health Care System in Idaho in a number of capacities including her work at the Idaho Supreme Court, Idaho Department of Juvenile Corrections and Office of Drug Policy. She is passionate about creating effective and efficient systems for providers who offer vital services to those in need in our state. Sharon received an undergraduate degree from the University of Idaho and Masters of Public Administration from Boise State University.

Optum communicates with the Provider Network via fax and email distribution. If you would like to be added to the email distribution list, please send your contact information to optum_idaho_network@optum.com.