OPTUMIST

V53. Fall 2026



Provider Services Department Message

Greetings, and welcome to the Fall 2026 edition of the OPTUMIST Newsletter! In this edition we are highlighting several topics including a Utilization Management (UM) department update, Medi-Cal PAVE enrollment & revalidation, new Integrated Member Handbooks arriving in 2027, required notice to clients (SB1024), claims inquiries via robocalls, required ASCMI implementation by January 1, 2027, and TERM updates including verifying client demographic information before billing, updated TERM provider applications & new therapist adoption competency specialty, implementation of client flyers to support CFWB clients with accessing TERM services, bringing care to clients, and ethical considerations for the use of AI in mental health practices.

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

optumsandiego.com

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Funding for services is provided by County of San Diego Behavioral Health Services

Information and Updates for FFS Medi-Cal Providers

Utilization Management (UM) Department Update

Partnering for Timely Reviews

At Optum Utilization Management (UM), we value our partnership with providers and appreciate your commitment to delivering quality behavioral health services. Complete and accurate submissions help support timely reviews and minimize delays associated with requests for additional information.

Provider Tips for Efficient Authorization Reviews

- Include current clinical documentation
- Clearly identify requested services and frequencies
- Document treatment goals and medical necessity
- Verify member demographic information
- Use the most current authorization form
- Ensure all required information, including asterisked fields and applicable checkboxes, are completed

Need Assistance?

Provider Line
Mon-Fri, 8:00AM – 5:00PM
(800) 798-2254

- Option 3, then 3: Clinical Questions
- Option 3, then 4: Auth Questions

Common Provider Question

What is the most common reason additional information is requested?

- Missing, outdated, or insufficient clinical documentation supporting medical necessity. Including complete and current clinical information with the initial submission can help facilitate a thorough review.

Website Resources

Providers are encouraged to visit the Optum San Diego website regularly to access the most up-to-date authorization forms, provider resources, training materials, and important program updates.

Authorization Forms Pathway:

Fee for Service Provider → Fee for Service Providers → SMHS Authorization Requests

Forms and resources are subject to change. Please refer to the Optum San Diego website for the most current versions.

Visit optumsandiego.com for the latest provider resources, authorization forms, training opportunities, and program updates.

Thank you for your continued partnership and dedication to serving our clients. We appreciate your collaboration in supporting an efficient authorization process and fostering effective care coordination.

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Information and Updates for FFS Medi-Cal Providers

Medi-Cal PAVE Enrollment & Revalidation of Enrollment

Maintaining active Medi-Cal enrollment is essential to ensure uninterrupted participation in Medi-Cal programs, continued reimbursement for services, and compliance with California Department of Health Care Services (DHCS) requirements. Providers are encouraged to regularly monitor their enrollment status and maintain accurate information within the PAVE system.

What is PAVE?

Provider Application and Validation for Enrollment (PAVE) is the DHCS online portal used to manage Medi-Cal provider enrollment, provider information updates, and enrollment revalidation activities. Providers are responsible for ensuring that information maintained within PAVE remains current and accurate.

Revalidation Requirements

Medi-Cal providers are generally required to revalidate their enrollment at least every five years. DHCS will issue a formal notification when revalidation is required. Providers should wait until they receive a revalidation notice from DHCS before submitting revalidation materials.

Provider Compliance Checklist

Please review the following to ensure your enrollment remains in good standing:

☐ Verify that your contact information in PAVE is current and accurate.

☐ Monitor correspondence and notifications from DHCS on a regular basis.

☐ Respond promptly to enrollment, update, and revalidation requests.

☐ Maintain awareness of Medi-Cal enrollment requirements and deadlines communicated by DHCS.

☐ Notify the Optum Provider Services Department of any changes to your enrollment status.

☐ Periodically confirm your active enrollment status through DHCS PAVE Portal, or by clicking here.

Questions?

If you receive a revalidation notice or have questions regarding your Medi-Cal enrollment status, please contact the Optum Provider Services Department at (800) 798-2254, Option 5 or the PAVE Help Desk can be reached at (866) 252-1949, Monday through Friday, 8:00 AM to 6:00 PM Pacific Time (excluding State holidays). Timely attention to enrollment and revalidation requirements can help prevent claim payment disruptions and interruptions in participation within the Medi-Cal program.

Maintaining active enrollment today helps ensure uninterrupted service delivery and reimbursement tomorrow. Providers who do not complete the required PAVE enrollment or re-enrollment will be subject to administrative termination and may be ineligible for reimbursement until enrollment requirements are met.

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Information and Updates for FFS Medi-Cal Providers

A Simpler Path to Care: New Integrated Member Handbook Arriving in 2027

Helping members understand and access behavioral health services is about to get easier.

The Department of Health Care Services (DHCS) annually updates the Integrated Behavioral Health Member Handbook. BHIN 26-029 introduces the 2027 Integrated Behavioral Health Member Handbook templates and related notice requirements. Medi-Cal behavioral health delivery systems are expected to comply with the handbook and notice requirements as outlined in this BHIN.

For 2027, the Integrated Behavioral Health Member Handbook has been updated to align with DHCS policies released between November 2025 and July 2026.

What Will Members Receive? The integrated handbook will include available behavioral health services, how to access care, member rights and responsibilities, grievance and appeal procedures, language assistance services, and nondiscrimination protections.

What This Means for Providers? Providers play an important role in helping members navigate services and understanding their rights. Providers must ensure the Integrated Behavioral Health Member Handbook and all other required informing materials are made available to members in all threshold languages and prominently displayed.

Important Member Notifications: Counties must provide members with at least 30 days' notice before significant changes to services, benefits, or provider networks take effect. County of San Diego Behavioral Health Services is working on the Notification of Significant Changes and Summary of Changes that will go out to providers by 12/01/2026. Communication on this will be forthcoming and will provide information on how to notify members of these changes.

Provider Readiness Snapshot

- Review and distribute to members the Notification of Significant Changes & Summary of Changes that will be distributed to providers on or before December 1, 2026.
- Review the Integrated Behavioral Health Member Handbook that will be distributed to providers by January 1, 2027.
- Ensure the 2027 Member Handbook is made available to members effective January 1, 2027, in all threshold languages and prominently displayed, and cease distribution of all previous versions.

Key Dates

- **December 1, 2026:** County will provide Notification of Significant Changes and Summary of Changes by this date with instruction on how to notify members of changes.
- **January 1, 2027:** County will provide the final version of the 2027 Behavioral Health Member Handbook with instruction on how to access and request prints for the handbook in all threshold languages.

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Information and Updates for FFS Medi-Cal Providers

A Simpler Path to Care: New Integrated Member Handbooks Arrive in 2027 - *continued*

The integrated member handbook initiative represents more than a regulatory change. It is an opportunity to improve the member experience, strengthen communication, and support a more coordinated behavioral health system. Providers are responsible for communicating the availability of the handbook to members and explaining that the handbook details important information on members' benefits and how they can get care.

Reference: DHCS Behavioral Health Information Notice (BHIN) 26-029: Integrated Member Handbook Requirements and Templates Link: BHIN 26-029_2027 Member Handbook



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Information and Updates for FFS Medi-Cal Providers

Important Reminder: Changes to Optum Phone Menu Options

We would like to remind you of recent changes to the Optum phone system that may affect how you reach support teams.

The Provider Line (800) 798-2254 phone menu options for the following departments have been updated:

- Press 2 for Bed Availability
- Press 4 for Claims
- Press 5 for Provider Services

When contacting Optum by phone, please listen carefully to the updated prompts and select the option that best matches your inquiry. These changes are intended to improve call routing and help connect you more efficiently with the appropriate support team.

We encourage you to share this information with staff members responsible for claims submission, eligibility verification, and provider support inquiries to help minimize any disruption.

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

If you have any questions or experience difficulty reaching the appropriate department, please contact your Optum representative for assistance.

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



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QI Corner

What's new: Required Notice to Clients (SB 1024)



New Notice to Clients requirements are now in effect. Review your intake and documentation processes to ensure compliance.

- For **all new clients beginning July 1, 2025**, the Notice to Clients must include:
  - ✓ Provider's full name as filed with the BBS
  - ✓ License/registration number
  - ✓ License/registration type
  - ✓ License/registration expiration date
- Providers must continue to include Board of Behavioral Sciences complaint information within the notice. See the full SB 1024 notice using the resource link below.

Documentation Reminder:

- The Notice to Clients must be provided before psychotherapy services begin, or as soon as practical thereafter.
- Providers must document in the client record that the Notice was delivered.
- Electronic delivery, such as email or electronic intake paperwork, is permitted.

Compliance Tip:

- Review your intake packet, informed consent forms, and EHR templates to ensure the required information is included for all new clients.
- Updating your forms now can help ensure compliance with current Board of Behavioral Sciences requirements.

Learn More About SB 1024

For additional information regarding the SB 1024 Notice to Clients requirements, please click HERE to access the full notice.

Did you know?

Effective January 1, 2025, BBS licensees and registrants are only required to physically display their license or registration when providing in-person services. Licenses are not required to be displayed during telehealth sessions.

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

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Information and Updates for FFS Medi-Cal & TERM Providers

Important Reminder: Claims Inquiries via Robocalls

Dear Providers,

We would like to remind all providers that our staff are unable to respond to robocalls or automated messages regarding claim status, claim payments, or other claim-related inquiries.

Because these calls may contain or request Protected Health Information (PHI), responding to automated systems may create privacy and security concerns and could result in potential HIPAA compliance violations. To protect member information and ensure compliance with privacy regulations, staff are prohibited from engaging with robocalls that request claim details or other confidential information.

For claim-related inquiries, please use one of the approved communication channels below:

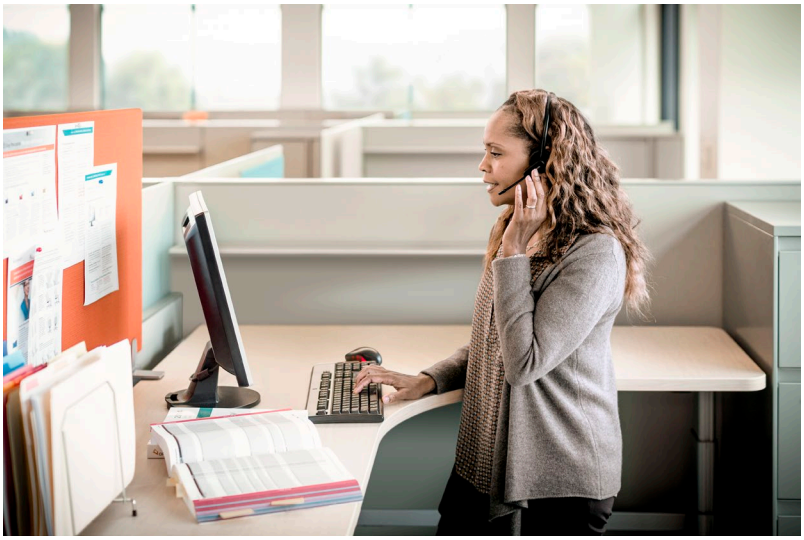
- **Provider Customer Service Line:** (800) 798-2254, option 4
- **Secure Email:** sdffsclaims@optum.com

We appreciate your cooperation and understanding as we work to safeguard confidential member information and maintain compliance with privacy requirements.

If you have any questions regarding approved methods for claims inquiries, please contact our Claims team.

Thank you,

Optum San Diego Public Sector Claims Team



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Information and Updates for FFS Medi-Cal & TERM Providers

Required ASCMI Implementation for Optum FFS and TERM Providers by January 1, 2027

What Optum providers need to know: Authorization to Share Confidential Member Information (ASCMI) is California's standardized process for obtaining a client's permission to share certain confidential health and social services information for care coordination, treatment, payment, and health care operations. Optum Fee-for-Service (FFS) and Treatment and Evaluation Resource Management (TERM) providers serving Medi-Cal beneficiaries must use the designated ASCMI authorization and revocation forms in applicable workflows no later than **January 1, 2027**.

Why ASCMI Matters

Using ASCMI consistently will:

- Support timelier and closed-loop referrals by enabling appropriate information sharing among care partners.
- Reduce delays in accessing Specialty Mental Health and Substance Use Disorder services.
- Strengthen continuity of care through more timely sharing of care transition information.
- Reduce duplication of assessments and administrative activities.
- Support the No Wrong Door approach by helping beneficiaries connect to the appropriate level of care regardless of where they enter the system.

Standardized Forms for the San Diego System of Care

San Diego County Behavioral Health Services has designated two forms for use within the San Diego System of Care:

- **Non-AB 133 ASCMI Authorization:** use when obtaining an ASCMI authorization.
- **ASCMI Revocation:** use when a client revokes an ASCMI authorization.

Actions Providers Should Take Now

To be ready by **January 1, 2027**, Optum FFS and TERM providers must:

- Download and review the Non-AB 133 ASCMI Authorization Form and the ASCMI Revocation Form.
- Identify every workflow in which staff obtain, document, maintain, submit, or revoke an authorization to share confidential information.
- Update those workflows so staff use the designated form whenever an ASCMI authorization or revocation is needed.
- Prepare clinical, administrative, health information management, and compliance staff to follow the updated process.
- Monitor Optum communications for the required form-use start date, submission instructions, technical assistance, and direction on authorizations completed before implementation.

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Information and Updates for FFS Medi-Cal & TERM Providers

Required ASCMI Implementation for Optum FFS and TERM Providers by January 1, 2027 - *continued*

Key Reminders for Providers

- The Authorization to Share Confidential Member Information (ASCMI) is a statewide authorization form developed by DHCS to standardize the exchange of protected information among care partners for care coordination, treatment, payment, and health care operations.
- When completing an ASCMI on paper, providers should use the Non-AB 133 ASCMI **Authorization Form**.
- Providers should review the clinical record to determine whether a current, valid ASCMI already exists, confirm the client's information-sharing preferences, and complete a new ASCMI only when changes to those preferences are requested.
- ASCMI authorizations generally expire one year from the date of the client's signature. For clients who are 17 years old at the time of signature, the authorization remains effective until age 18, which may be less than one year.
- The ASCMI is not valid until signed by the client. Electronic signatures, mousepad signatures, and wet signatures are acceptable. Verbal consent is not permitted and does not constitute a valid authorization.
- Completion of the ASCMI is voluntary. If a client declines to authorize information sharing, providers may document the client's preferences as indicated on the form. Clients should be informed that certain information may still be shared when permitted or required by law and that they may be asked to complete an authorization in the future to support care coordination.
- Providers should review affected workflows, educate staff on ASCMI requirements, and ensure processes are in place to support compliance with the January 1, 2027 implementation requirements.

Provider Resources

Providers can access the following resources to support implementation planning:

ASCMI Forms, Translations, and Implementation Resources
https://www.dhcs.ca.gov/calaim-transforming-medi-cal/calaim-ascmi-initiative/

DHCS ASCMI Information and Frequently Asked Questions (FAQs)
https://www.dhcs.ca.gov/calaim-transforming-medi-cal/authorization-to-share-confidential-member-information/

Non-AB 133 ASCMI Authorization Form
https://www.dhcs.ca.gov/wp-content/uploads/2025/10/ASCMI-Form-Non-AB-133-English.pdf

ASCMI Revocation Form
https://www.dhcs.ca.gov/wp-content/uploads/2025/10/ASCMI-Revocation-Form-English.pdf

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Information and Updates for FFS Medi-Cal & TERM Providers

Required ASCMI Implementation for Optum FFS and TERM Providers by January 1, 2027 - *continued*

Preparing for Compliance

Providers should begin familiarizing themselves with the ASCMI requirements and reviewing the designated authorization and revocation forms in advance of implementation. Optum encourages providers to assess workflows that may be impacted, identify any staff training needs, and incorporate applicable requirements into their operational processes.

The designated ASCMI authorization and revocation forms are expected to be utilized in applicable workflows beginning **January 1, 2027**. Additional operational guidance may be communicated by Optum as implementation approaches. Information regarding ASCMI requirements, forms, and expectations will also be incorporated into the applicable Provider operations Handbooks to support ongoing compliance and provider education.



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Information and Updates for TERM Providers

Optum TERM At a Glance

Important Reminder – Verify Client Demographic Information Before Billing

- A quick review of client demographic information during intake can help prevent billing issues, reduce claim rejections, and promote consistent client records across all members of the treatment team.

Updated TERM Provider Applications & New Therapist Adoption Competency Specialty

- TERM provider applications are being streamlined to simplify paneling, specialty additions, and re-credentialing. Once the updated applications are available, providers are encouraged to review them and consider applying for the new Adoption Competency specialty to expand access to specialized services for children and families.

Implementation of Client Flyer to Support CFWB Clients with Accessing TERM Services

- Client-facing informational flyers have been developed to provide clients with clear information about TERM services at the time of referral. Social workers have been encouraged to share the flyers with clients upon authorization of services to help set clear expectations and promote successful engagement with providers.

QUICK LINKS

- TERM Provider Handbook
- TERM Group Report Facesheet
- TERM Treatment Plan Documentation Resources
- IPV-V Group Treatment Standards
- CSA-NPP Treatment Standards
- Format & Required Elements of a CFWB Psychological Evaluation
- TERM Therapy Provider FAQ
- FAQ For CFWB Evaluations
- Claims Resources for TERM Providers
- TERM Therapy Provider Telehealth Best Practices
- Request for Additional CFT Meeting Units
- Temporary Change of Authorization

Bringing Care to Clients

- By increasing access to in-person therapy options and maintaining accurate Provider Profiles, providers can help improve access to care, enhance referral matching, and support better outcomes for clients and families.

Ethical Considerations for the Use of AI in Mental Health Practice

- As AI becomes increasingly integrated into healthcare, TERM providers are encouraged to remain informed about evolving ethical and legal standards.

Important Reminder: Changes to TERM's Optum Phone Menu Options

- The phone menu options for the TERM network's toll-free number have been updated.

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 HHSA Behavioral Health Services, Child Welfare Services, 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.

Current TERM Provider Representatives on the Board:

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

Denise VonRotz, LMFT: dvonrotz@msn.com

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

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Information and Updates for TERM Providers

Important Reminder – Verify Client Demographic Information Before Billing

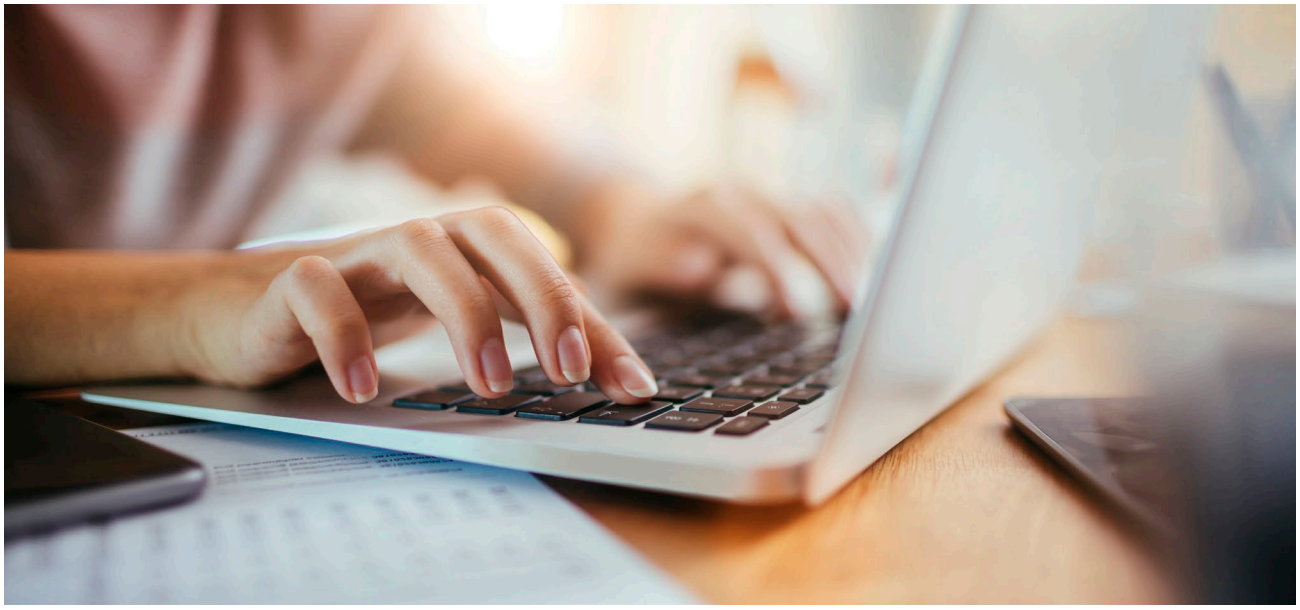
Child and Family Well-Being (CFWB) and Optum TERM work diligently to verify the client demographic information included on therapy and evaluation referral forms. However, providers are also responsible for confirming this information directly with clients during the intake process.

Accurate demographic information is essential to ensure successful claim processing and avoid billing delays or denials. Please verify that key details, including the client's legal name and date of birth, match the information documented on the referral paperwork. Taking this additional step also helps maintain consistency of client information across the treatment team, supporting accurate documentation and coordinated care.

If you identify any discrepancies, such as differences in the client's name or date of birth, please contact **Optum TERM** before submitting a claim to ensure the information entered in the **Patient Name** and **Patient Birth Date** fields on the CMS-1500 claim form is accurate.

For assistance, Optum TERM Clinical Support is available at **(877) 824-8376, Option 2**.

Key Takeaway: A quick review of client demographic information during intake can help prevent billing issues, reduce claim rejections, and promote consistent client records across all members of the treatment team.



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Information and Updates for TERM Providers

Updated TERM Provider Applications and New Adoption Competency Specialty

We are pleased to share that TERM provider network applications are being consolidated and updated to create a more efficient application process for providers. The updated applications are being designed to simplify the credentialing and recredentialing process by consolidating all required information into one comprehensive document aligned with current requirements. Application sections are being reorganized and instructions refined to improve clarity and ease of use, including updates to the clinical profile and TERM specialty criteria sections. Separate applications will be available for TERM therapists and TERM evaluators, and they will be able to be used for initial credentialing, routine recredentialing, and the addition of clinical specialties between three-year recredentialing cycles. Once finalized, the updated TERM Therapist Application and TERM Evaluator Application will be available on the Optum website at optumsandiego.com. The TERM Intern Application was also similarly updated and consolidated into one comprehensive document for both therapy and evaluator interns, and it is also available on the Optum website.

Adoption Competency Specialty

The updated TERM therapist application will include a newly added clinical specialty: Adoption Competency, which will be available for providers to request. The Child and Family Well-Being (CFWB) Department identified a need for this specialty to better serve children and youth ages 0–21 involved in permanency planning or adoption processes. This addition aligns with legislative priorities emphasizing the importance of utilizing adoption-competent therapists to reduce the risk of adoptive placement disruptions and to more effectively prepare adoptive families to address the complex emotional and behavioral needs of children from the foster care system. Adoption-competent therapists are professionals with specialized training and experience working with adoptive families who apply strength-based, trauma-informed approaches. Their practice reflects an understanding of the impact of grief and loss, attachment challenges, brain development, considerations related to open adoption, transracial adoption, birth family connections, and the recognition of adoption as a lifelong process, while also incorporating evidence informed interventions and therapeutic parenting strategies to support family stability and child well-being.



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Information and Updates for TERM Providers

Updated TERM Provider Applications and New Adoption Competency Specialty - *continued*

Currently credentialed TERM providers who meet requirements for the new Adoption Competency clinical specialty, and who are interested in serving this population, are strongly encouraged to request that this specialty be added to their profile. Providers may do so during their three-year recredentialing cycle or sooner by submitting a TERM provider application on the new form with the specialty addition application items included.



Below is an overview of the requirements to meet the Adoption Competency specialty, applicable for treating youth ages 0-21:

- ✓ Minimum of two (2) years practice experience treating pre-adoptive and/or adoptive individuals and families in the last five (5) years (Documentation to be reflected on Curriculum Vitae/Resume)

- ✓ Documentation of advanced training curricula in adoption competency (such as ACT, NTI, TAC) OR completion of forty (40) hours of training in equivalent adoption competency topics (such as 7 Core Issues in Adoption; adoption competent mental health practices; therapeutic services that address grief, loss, separation & identity; trauma & brain neurobiology; attachment and attachment-based parenting skills; openness in adoption; transracial/transcultural adoption; kinship/relative adoptions; adoption history/law/processes; adoptive family assessments; developmental considerations in adoption; or evidence-informed clinical interventions that have shown efficacy with adopted children/families). This requirement may be satisfied by graduate level training or BBS/BOP approved continuing education units (CEUs). (Copy of CEU Certificate(s) Required)

- ✓ At recredentialing, all treatment providers must submit documentation of a minimum of twelve (12) hours of continuing professional development relevant to adoption competency for the 3-year re-credentialing cycle (this may include various combinations of peer consultation, professional services, conference/convention attendance, academic coursework, supervision, publications, or self-directed learning).

We hope that the streamlined applications, which will be available soon, will improve your experience with the application process. Providers will be notified via email once the applications are available on the Optum website. If you any questions regarding the updated applications or the Adoption Competency Specialty, please contact the TERM team at (877) 824-8376.

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Information and Updates for TERM Providers

CFWB Client Flyer for TERM Services

In collaboration with the Child and Family Well-Being Department (CFWB), Optum has developed informational flyers for clients who are referred to a TERM provider for treatment or evaluation as part of their case plan. These resources were developed in response to provider feedback indicating that clients may not fully understand what TERM services are, why they have been referred, or what to expect from the process.

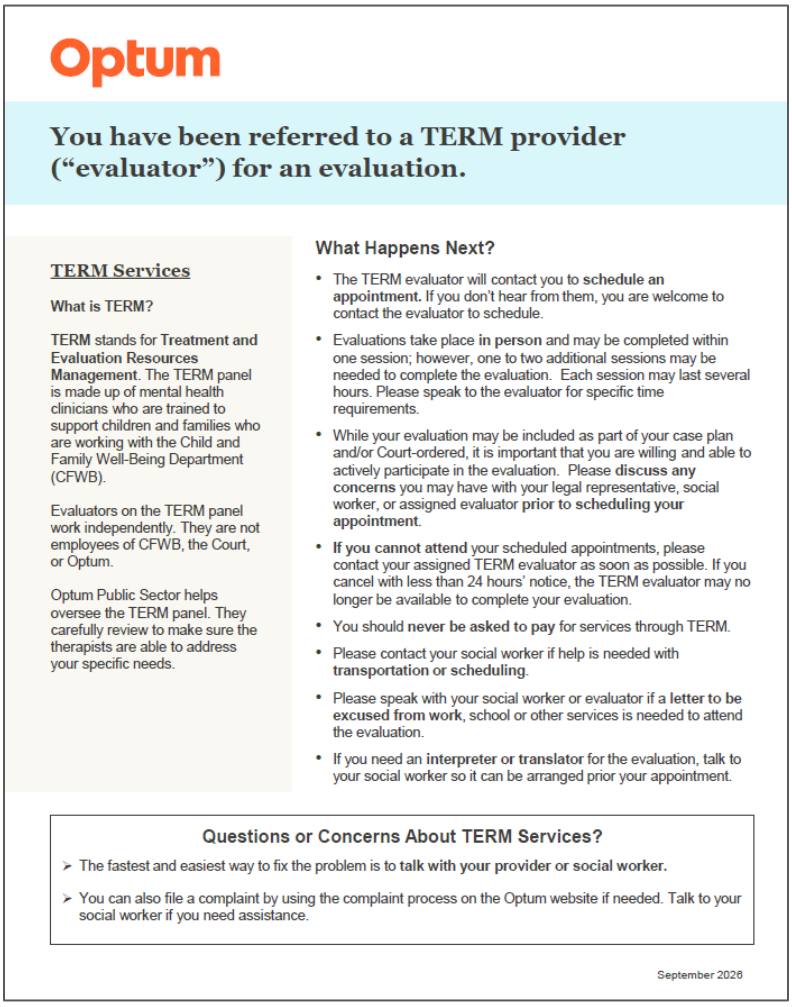
The flyers are designed to provide clients with a clear overview of TERM, including what happens after a referral is made and what they can expect when participating in TERM services. The goal of these resources is to strengthen clients' understanding of the TERM process, promote meaningful engagement in services, and support successful follow-through with their providers.

The flyers will be added to the CFWB forms repository and will be available for social workers to share with clients when notifying them that they have been authorized for TERM services. Providing this information at the time of notification will help ensure that clients have a foundational understanding of the services they have been referred to receive, the purpose of the referral, and what to expect as they move forward with services.

Three resources have been developed to address the needs of different client populations:

- **TERM Evaluation Flyer** - for clients referred to a TERM provider for an evaluation
- **TERM Therapy Flyer for Adults** - for adults referred for therapy services
- **TERM Therapy Flyer for Children - Caregivers** - for parents/caregivers whose child has been referred for therapy services

We greatly appreciate our TERM partners who offered valuable feedback and considerations in developing these resources. Their input, along with our collaboration with CFWB, helped ensure that the flyers provide clients with clear, practical, and meaningful information about TERM services.



Optum

You have been referred to a TERM provider ("evaluator") for an evaluation.

TERM Services

What is TERM?

TERM stands for **Treatment and Evaluation Resources Management**. The TERM panel is made up of mental health clinicians who are trained to support children and families who are working with the Child and Family Well-Being Department (CFWB).

Evaluators on the TERM panel work independently. They are not employees of CFWB, the Court, or Optum.

Optum Public Sector helps oversee the TERM panel. They carefully review to make sure the therapists are able to address your specific needs.

What Happens Next?

- The TERM evaluator will contact you to **schedule an appointment.** If you don't hear from them, you are welcome to contact the evaluator to schedule.
- Evaluations take place **in person** and may be completed within one session; however, one to two additional sessions may be needed to complete the evaluation. Each session may last several hours. Please speak to the evaluator for specific time requirements.
- While your evaluation may be included as part of your case plan and/or Court-ordered, it is important that you are willing and able to actively participate in the evaluation. Please **discuss any concerns** you may have with your legal representative, social worker, or assigned evaluator **prior to scheduling your appointment**.
- **If you cannot attend** your scheduled appointments, please contact your assigned TERM evaluator as soon as possible. If you cancel with less than 24 hours' notice, the TERM evaluator may no longer be available to complete your evaluation.
- You should **never be asked to pay** for services through TERM.
- Please contact your social worker if help is needed with **transportation or scheduling**.
- Please speak with your social worker or evaluator if a **letter to be excused from work**, school or other services is needed to attend the evaluation.
- If you need an **interpreter or translator** for the evaluation, talk to your social worker so it can be arranged prior your appointment.

Questions or Concerns About TERM Services?

- The fastest and easiest way to fix the problem is to **talk with your provider or social worker.**
- You can also file a complaint by using the complaint process on the Optum website if needed. Talk to your social worker if you need assistance.

September 2026

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Information and Updates for TERM Providers

CFWB Client Flyer for TERM Services - *continued*

Optum

You have been referred to a TERM provider for therapy services.

TERM Services

What is TERM?

TERM stands for **Treatment and Evaluation Resources Management**. The TERM panel is made up of mental health clinicians who are trained to support children and families who are working with the Child and Family Well-Being Department (CFWB).

Therapists on the TERM panel work independently. They are not employees of CFWB, the Court, or Optum.

Optum Public Sector helps oversee the TERM panel. They carefully review to make sure the therapists are able to address your specific needs.

Types of Treatment Provided:

- Your social worker has asked for the type of therapy needed to help with your case plan. This may be **individual, conjoint, or group therapy.**
- TERM therapists may meet with you **in person**, or through **video visits (telehealth)** if deemed appropriate by your social worker and therapist. If you meet by video, you need to be in a quiet and private place. You should be able to pay full attention to the meeting. Do not do other things at the same time, like driving or watching children. A **reliable internet connection** is also required.
- You **should never be asked to pay for services** with a TERM therapist. All services are covered by CFWB or billed to Medi-Cal if available.

What Happens Next?

- Your TERM therapist should reach out to you to **set up your first session**. If you don't hear from them, you can also call them. Your scheduling preferences will be considered, but their availability may be limited.
- You and your TERM therapist will work together to **create a written treatment plan** that addresses the goals outlined on your CFWB case plan.
- Your therapy services will be **confidential**. However, your TERM therapist will provide your social worker with **updates about your treatment goals and progress every three months** (NOT a detailed account of every therapy session). Your therapist will explain what information must be shared to show the court that you are working on your case plan. You and your therapist will work together to decide when you have completed your treatment goals, and are ready to stop therapy.
- It is important to **come to your appointments or call to cancel 24 hours in advance** if you cannot attend. If you miss too many visits or have too many late cancellations, your therapist may stop seeing you and end treatment.
- If you **need help getting to your appointment**, talk to your social worker.

What Should You Do If You Have Any Concerns About Your TERM Therapy?

- The fastest and easiest way to fix the problem is to **talk with your provider or social worker.**
- You can also file a complaint by using the complaint process on the Optum website if needed. Talk to your social worker if you need assistance.

September 2026

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Information and Updates for TERM Providers

CFWB Client Flyer for TERM Services - *continued*

Optum

Your child has been referred to a TERM provider for therapy services.

TERM Services

What is TERM?

TERM stands for **Treatment and Evaluation Resources Management**. The TERM panel is made up of mental health clinicians who are trained to support children and families who are working with the Child and Family Well-Being Department (CFWB).

Therapists on the TERM panel work independently. They are not employees of CFWB, the Court, or Optum.

Optum Public Sector helps oversee the TERM panel. They carefully review to make sure the therapists are able to address your specific needs.

Types of Treatment Provided:

- Your child's social worker has asked for a TERM therapist to support your child, or a child in your care. In some cases, the parent or caregiver will be asked to participate in sessions to best support the current caregiver to meet the child's needs.
- TERM therapists may meet with the child **in person**, or through **video visits (telehealth)** if deemed appropriate by their social worker and therapist. (Telehealth is not typically recommended for young children) If they meet by video, the child will need to be in a quiet and private place where they can pay full attention to the therapist. A device with **reliable internet connection** is also required.
- You **should never be asked to pay for services** with a TERM therapist. All services are covered by CFWB or billed to Medi-Cal if available.

What Should You Do If You Have Any Concerns About Your TERM Therapy?

- The fastest and easiest way to fix the problem is to **talk with your provider or social worker.**
- You can also file a complaint by using the complaint process on the Optum website if needed. Talk to your social worker if you need assistance.

What Happens Next?

- The TERM therapist should reach out to you to **set up the first session**. If you don't hear from them, you can also call them. Your scheduling preferences will be considered, but their availability may be limited.
- The TERM therapist will work to **create a written treatment plan** that addresses your child's needs. Birth parents' role in the child's therapy is determined by the court status and child's needs. Current caregivers' participation in the child's therapy will be based on the child's age, development, and treatment needs.
- TERM therapy services will be **confidential**. However, the TERM therapist will provide the child's social worker with **updates about the child's treatment goals and progress every three months** (NOT a detailed account of every therapy session). The therapist will explain what information must be shared. The therapist will work with your child's treatment team to decide when treatment goals have been met, and the child is ready to stop therapy.
- It is important to **attend all appointments or call to cancel 24 hours in advance** if you cannot attend. If your child misses too many visits or has too many late cancellations, the therapist may end treatment.
- If you **need help getting your child to appointments or accessing telehealth**, talk to your social worker.

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Information and Updates for TERM Providers

Bringing Care to Clients: The Value of In-Person Therapy Services



As we continue our shared commitment to improving outcomes for children, youth, and families, we again encourage paneled providers to consider increasing the provision of in-person therapy services whenever there is a complex clinical presentation, a child client, and/or the absence of private space conducive to telehealth services.

As a reminder, Child Family Well-Being (CFWB) office space may also be available for therapy use with TERM referred clients when clinical contraindications have been ruled out. Providers interested in expanding their in-person service capacity are encouraged to coordinate directly with the assigned Protective Services Worker (PSW) to discuss availability and site-specific requirements.

To facilitate access to in-person services, providers are also reminded that in-home services are available to Medi-Cal beneficiaries whenever clinically indicated and confidentiality and safety are ensured. In-home therapy can reduce barriers to care, increase appointment attendance, and provide clinicians with valuable insight into family dynamics and environmental factors that may influence treatment. Delivering services where clients live and function can also support individualized interventions that are directly applicable to the client's daily life.

Community spaces may also bridge the access to in-person therapy services. Libraries, community centers, faith-based organizations and recreational facilities can often provide a comfortable and familiar environment for the client. Providers are encouraged to consider community spaces as an option for therapy services when appropriate; however, confidentiality, privacy, and safety should always be evaluated to ensure the selected environment is suitable for therapeutic services.

Providers currently offering in-person therapy services are urged to review their recent clinical experience and compare it to the specialties listed in their Provider Profile. Ensuring that profiles accurately reflect current areas of expertise can help connect clients with providers who best meet their treatment needs. Providers who wish to add specialties to their profile may do so by completing the TERM Therapist Specialty Addition application, available on the Optum San Diego website at optumsandiego.com, or by clicking here *(BHS Provider Resources → TERM Providers → Join the Provider Network → Specialty Addition Applications).* Maintaining an up-to-date Provider Profile supports client access to care and enhances the referral matching process.

By leveraging available office space, incorporating in-home services when appropriate, and re-evaluating specialties, we can ensure clients have multiple pathways to receive timely, high-quality behavioral health care.

Thank you for your continued partnership and dedication to serving our clients and families. Together, we can expand access, strengthen engagement, and improve outcomes across our communities.

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Information and Updates for TERM Providers

Ethical Considerations for Use of Artificial Intelligence in Mental Health Practice

Given the sensitive nature of services provided to families involved with Child and Family Well-Being (CFWB), and the significant clinical, legal, and court-related decisions that may be informed by provider documentation, it is essential that all assessment and treatment practices adhere to the highest standards of professional competence, ethics, confidentiality, clinical judgment, and documentation integrity. As artificial intelligence (AI) tools become increasingly integrated into healthcare, TERM providers should understand the ethical, legal, and professional considerations associated with their use to ensure that services remain accurate, culturally responsive, and consistent with TERM and licensing-board guidelines.

Since the public release of chat bots, AI has become increasingly integrated into daily lives as human relationships with technology evolve. Thus, AI has become a topic of interest for mental health providers influencing client care and professional practice. Mental health professional organizations and governing boards are actively evaluating its impact on mental health services.

In the State of California, the governing boards of psychology and behavioral sciences have legal guidelines and requirements for the use of AI to ensure confidentiality, consent, and appropriate clinical use of the technology tool (California State Board of Behavioral Sciences, 2026; California State Board of Psychology, 2025). Ethical considerations have also started to be defined, and for some professional organizations have been documented in their Code of Ethics.

Across disciplines, emerging standards emphasize four core ethical considerations: 1) Clinical appropriateness, 2) Informed consent, 3) Confidentiality, and 4) Competent use of AI (American Counseling Association, 2026; American Association of Marriage and Family Therapists, 2026; American Psychological Association, 2024; National Association of Social Workers, 2025).

1. Mental health professionals are responsible for assessing whether AI tools meet a client's specific clinical and cultural needs and determining if their use could support psychological evaluation or psychotherapy treatment outcomes.

2. Clients should be informed and must consent on how, when, and what AI tools are being utilized by their mental health service provider along with the risks associated with the use of AI.

3. Providers should safeguard confidentiality and only utilize secure AI systems that comply with HIPAA legal requirements.

4. Mental health professionals should only utilize AI in their practice after achieving competency through training and practice to be able to understand its capabilities and limitations as well as practice adequate oversight of AI to mitigate risks (i.e. AI biopsychosocial contextual biases) and fortify safe and ethical client care (Caliskan, 2023)

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Information and Updates for TERM Providers

Implications for TERM Providers

Consistent with the TERM Provider Handbook (p. 16), providers are expected to practice in accordance with applicable licensure requirements, legal mandates, and professional ethical standards. As AI technologies become increasingly integrated into healthcare settings, TERM providers should maintain and continually enhance their competence regarding the ethical, legal, cultural, and clinical implications of AI use. This includes understanding the appropriate scope of AI within forensic and clinical contexts, evaluating the potential impact of AI on psychological evaluations and psychotherapy services, and ensuring that all use of AI aligns with professional standards of care and the best interests of clients.

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Information and Updates for TERM Providers

Important Reminder: Changes to TERM's Optum Phone Menu Options

We would like to remind you of recent changes to the Optum phone system that may affect how you contact our support teams.

The phone menu options for the TERM network's toll-free number have been updated.

TERM Phone Number (unchanged): (877) 824-8376

- Press 1 if you know your party's extension
- Press 2 for TERM referrals, authorizations, or reports
- Press 4 for Claims
- Press 5 for Provider Services

When contacting Optum by phone, please listen carefully to the updated prompts and select the option that best matches your inquiry. These changes are intended to improve call routing and help connect you more efficiently with the appropriate support team.

We encourage you to share this information with staff members responsible for claims submission, eligibility verification, and provider support inquiries to help minimize any disruption.

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

If you have any questions or experience difficulty reaching the TERM department, please contact your Optum representative for assistance.

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



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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

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

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988 SUICIDE & CRISIS LIFELINE

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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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."

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



Contact:

Jaqueline Cedillo, Provider Recruiter

(619) 641-5329

jaqueline.cedillo@optum.com

optumsandiego.com

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

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