

Non-TERM Providers

(Revised 10/09/20)

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Forms

The following forms are referenced in this file:

- 04-24C Order Authorizing Examination and Treatment - Court
- 04-24p Consent for Treatment - Parent
- 04-29 Authorization to Use or Disclose Protected Health Information
- 04-130C Payment Authorization for Mental Health Services (CWS/CMS Template)
- 04-176A Therapy Referral Form (CWS/CMS Template)
- 04-178 Request for TERM-Appointed Evaluator (CWS/CMS Template)

Policy

Under certain circumstances it is necessary to go outside the Treatment and Evaluation Resource Management (TERM) panel to secure mental health services, such as when a client:

- lives out-of-county or out of state.
- has linguistic or cultural needs that cannot be met through the TERM panel.
- has other special needs such as specific clinical concerns or developmental needs.

Therapy, especially individual therapy for a parent, is not to be an **automatic** element of a Case Plan, although it can at any time be used as a supplement or support for the case determined therapeutic work. If it serves as a supportive function, please refer the parent to a community provider. If the individual therapy is determined to be a necessary treatment related to the protective issue, the parent must be referred to a TERM-Contracted provider following the Mental Health Treatment Policy.

To support staff in understanding how and where to refer parents and children/youth, we have created flow charts which can be found here: [Therapy Flow Chart – Parent and Therapy Flow Chart – Child/Youth](#).

Policy (cont.)

Therapeutic Services for Parents:

In general, group therapy is the modality of choice for offending and non-protecting parents because it provides an opportunity for them to learn from peers. Peers are often better able to address denial, minimization of the protective issues, and defensiveness. In most cases, peers are able to appropriately confront parents in ways that cannot be done as effectively by therapists in one-to-one sessions. Group therapy also allows the therapist to see the interpersonal dynamics between the clients, which frequently reflects dynamics outside of group and provide coaching on those interactions. Additionally, peers can model protective behaviors to facilitate learning by other group members.

The length of a parent's participation in group therapy is determined by the SW, based on the parent's progress as documented in the progress report updates provided by the therapist. Because of the stringent W&I Code time frames, parents are not required to complete 52-session programs before they can reunify or have their CWS cases closed. The SW will continue to make those determinations based on SDM risk assessments, feedback from the Child and Family Team (CFT) during the CFTM, consultation with their supervisor, and MDT (Multi-Disciplinary Team) case consultation as warranted.

Sometimes a parent needs individual therapy to address mental health issues that impact their ability to safely care for their children. Consider including individual therapy for a parent if:

- A group facilitator makes a recommendation for the parent to have individual therapy because the parent has significant emotional issues/concerns pertaining to the protective issues that make him/her inappropriate for group at this time or that require additional individual treatment to address.
- A group facilitator makes a recommendation for the parent to have individual therapy because the parent's behavior is inappropriate or otherwise disruptive to the group.
- A parent is in a Substance Abuse program, is currently maintaining sobriety, but treatment recommendations include individual therapy to address mental health concerns.
- The parent has a documented history of serious mental illness (SMI), which continues to require stabilization via a therapeutic setting.
 - Serious mental illness is defined as a mental, behavioral or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. Examples of SMI include current in the past year: a diagnosis of psychotic disorder, severe major depression, and severe bipolar disorder.
- The parent does not have a diagnosed history of mental illness but self-reports depression or other significant mental health concerns that directly impacts the parent's ability to safely parent.
- The parent self-reports suicidal or homicidal ideation and/or other mental health symptoms that directly impact the parent's ability to safely parent.
 - Should a parent report active suicidal or homicidal ideation, the SW will immediately take steps to ensure the parent and others safety by consulting with supervisor regarding whether to contact Law Enforcement to assess the parents need for immediate treatment/hospitalization. If immediate safety threat, call 911.

Policy (cont.)

NOTE: Any parent or child who has had a psychiatric hospitalization (i.e. 5150, voluntary hospitalization) within the past year please consult with Staff Psychologist.

When referring a parent for individual therapy with a Non-TERM provider, the SW will submit the 04-176A and complete the “out of county/state” section.

Therapeutic Services for Children:

Children of any age, including infants, can potentially benefit from therapy when they are exhibiting emotional distress. Therapy should help children make sense of their feelings, thoughts and behavior; and assist them in learning how to improve interactions with others.

The CANS (Child and Adolescent Needs and Strengths) is the Mental health Screening tool. The Behavioral/Emotional Needs Domain (items 1 – 9) are the Mental Health Screening. If a child scores a 1, 2 or 3 on any of these 9 items, they will be referred to therapeutic services, either through a BHS provider, or via TERM.

In addition, consider therapy for children throughout CWS involvement when:

- The infant/toddler/child/youth has failure to thrive, whether due to abuse/neglect or emotional distress (e.g. depression)
- The child has suffered severe neglect
- To address concerns if the child will not be returning home which means the child is likely to experience loss, grief, and adoption-related anxiety and ambivalence.

Therapeutic Interventions for Children/Youth include:

- Infant Mental Health Specialist
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Parent-Child Attunement Therapy (PCAT) for parents and children age 1 to 3yr
- Parent-Child Interaction Therapy (PCIT) for parents and children age 2 – 7yr
- Play or Art Therapies
- Attachment Therapies for child and family
- Dialectical Behavioral Therapy (DBT).

NOTE: Refer to Mental Health - Mental Health Treatment policy for summary of each therapeutic intervention.

How to request therapy for client out of county/state

The SW will complete the 04-176A as usual and ensure the “out of county/state” section is completed so OPTUM TERM knows to seek a non-term provider.

Once Optum identifies a Non-TERM provider:

| If... | Then... |
|--|---|
| Provider is receiving the current rate | No further action is needed. |
| Provider is receiving a higher rate | OPTUM TERM emails Staff Psychologist who will approve of higher rate. |

How to request out of county/state services for a child

Please refer to the Therapy Flow Chart – child/youth to determine whether services should occur through a community referral or through OPTUM TERM. If the referral will be submitted to OPTUM TERM, an 04-176A must be completed. If the child lives out of county in California, Presumptive Transfer applies and the child’s county of residence will be providing specialty mental health services (SMHS). The SW must complete the Presumptive Transfer forms to ensure all children living out of county have access to Mental Health Services in their County of Residence.

The table below describes when to complete an 04-176A for a child/youth living out of County/State:

| If... | Then... |
|---|---|
| The child/youth needs individual therapy, is residing in the County of San Diego and there isn’t a TERM or a BHS contracted provider who is able to meet the youth’s needs, | complete a 04-176A including the Out of County/State section. |
| The child/youth needs individual therapy and is in an out of state placement, | complete a 04-176A including the Out of County/State section. |

How to obtain services for a child/youth (cont.)

| If... | Then... |
|--|--|
| <p>The child/youth needs individual therapy, is not placed in a group home, is residing in an out of county placement in California and a waiver of presumptive transfer is filed and approved,</p> | <p>complete a 04-176A including the Out of County/State section.</p> <p>NOTE: The County of San Diego, CWS and Behavioral Health Services (BHS) will be responsible for contracting mental health services to meet the youth’s needs.</p> |
| <p>The youth is residing in an out of county placement in California and a mental health assessment finds that the youth does not meet medical necessity criteria for Specialty Mental Health Services (SMHS) but the SW in consultation with the CFT has assessed that the youth is exhibiting behaviors that may benefit from individual, or conjoint therapy,</p> | <p>complete a 04-176A including the Out of County/State section.</p> <p>Under these circumstances, the county of residence will not provide mental health treatment but presumptive transfer will occur so that if clinically indicated in the future a new mental health assessment can be completed and SMHS can be provided by the county of residence. Under these circumstances, the youth’s mental health needs can be met by submitting a 04-55 and an 04-176A, indicating CWS funds for payment of therapeutic services.</p> |
| <p>The youth is residing in an out of county placement within California,</p> | <p>DO NOT complete a 04-55.</p> <p>Refer to Presumptive Transfer policy. The youth’s mental health services Medi-Cal benefit will be transferred to the county where the youth is residing (COR). Through the Presumptive Transfer process, it becomes the responsibility of the COR to arrange and pay for specialty mental health services.</p> <p>NOTE: Presumptive Transfer is to occur, unless a waiver is filed and approved.</p> |

Requesting a non-TERM provider

This table describes how to request a non-TERM provider.

| Step | Who | Action |
|------|-------|---|
| 1 | SW | Complete a 04-176A including the Out of County/State section and submit to OPTUM via the JELS clerk. The SW does NOT have to identify a provider. |
| 2 | Optum | <ul style="list-style-type: none">Identify (if necessary) and contract with a qualified provider.Email the provider information to the SW and PSS. |

Documents to send to the provider

The CWS records listed below are to be forwarded to the provider as soon as Optum issues an authorization letter to CWS and the provider, and **prior** to the client's face-to-face contact with the provider:

- The Detention Hearing Report
- The Jurisdiction/Disposition Report
- Copies of significant additional court reports, i.e. those that document major changes in the family's situation
- Copies of all prior psychological evaluations and Initial Treatment Plans/Updates for the client
- All prior mental health and other pertinent records
- Copies of History & Physical and Discharge Summary written by psychiatrist from all psychiatric hospitalizations for the client
- For Voluntary Services cases: Summary of case information and protective issues; 04-24P and 04-24A-P
- If the evaluation or therapy is for a child, then also provide a copy of:
 - 04-24P or 04-24C
 - 04-24A-P or 04-29
 - History of Child Placement report
 - IEP (and Triennial evaluation) if applicable.

NOTE: Due to confidentiality laws, case information that identifies clients cannot be emailed to anyone outside the county email system without county-approved safeguards. (See Email Policy).

Payment authorization

For detailed payment authorization information see Mental Health Treatment - Payment Authorization.

Quality Assurance and follow-up

All work products completed by non-TERM providers contracted with OPTUM TERM are submitted to Optum (TERM) for quality review. Documents submitted to Optum that have passed TERM's quality review will be forwarded to the SW. Optum will ensure that non-TERM providers have access to the 04-176/04-177 forms on their website, as well as any other applicable forms and documents.

At times, a SW may have questions about a report that may, or may not have, been reviewed and released by TERM. SWs may contact the CWS Staff Psychologist to discuss any questions they might have about the evaluation or therapy progress report.

Alignment with SET

Non-TERM provider policy aligns with SET [Value 1](#) and the agency practice to engage the family in safety planning by utilizing respectful, honest, and transparent communication and the guiding principle to build shared understanding and agreement through family engagement. It also aligns with SET [Value 3](#) and the guiding principal to have a continual focus on children's well-being and the agency practice to identify ways to mitigate trauma to children/youth by using a trauma-informed perspective.
