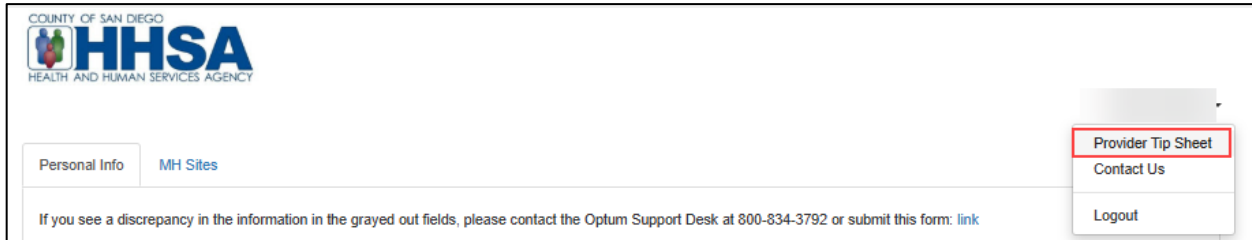


System of Care Application Tip Sheet for Providers

UPON LOGIN YOU SHOULD SEE THE FOLLOWING VIEW FOR MH/SUD PROVIDERS



All tabs will need to be reviewed and attested. Please note, **hard coded** fields changes require Modification ARFs, **grayed out** field's changes can be done through Optum via link, email, or telephone, and **open fields** are editable.

SAVE YOUR ENTRIES

1. Make sure to save your data as you complete each section for each subunit. If you do not save as you go, you will time out and lose your data. The system does not provide a time out warning screen.
 - a. Require fields are marked with red asterisks.
 - b. Each time you save, you will receive a successful saved message confirming your changes were saved.

PERSONAL INFO TAB

1. Basic Info
 - a. Review and update all required fields as appropriate.
 - i. Certain fields are not editable. If the information is incorrect contact the Optum Support Desk.
 - ii. **Professional Email** - Is viewable in the (public) Provider Directory [Link to Provider Directory](#). This is the email address that would be used when the Program Manager or Optum wants to contact you through the SOC application.
 - iii. **Private Email** – Optional alternative email address when the professional email address receives no response (not available to the public).
 - iv. **Cultural Training** – Once checked, hours of training become required.

2. Credentials/Certification/Licensure

- a. Review and update fields as appropriate.
 - i. Certain fields are not editable.
 - If the information is incorrect, please submit a Modification ARF to update the information in SmartCare [Link to ARF](#)
 - ii. Academic Degree Description – If not applicable enter N/A

3 Credentials/Certification/Licensure

Board Certified Psychiatrist

DEA Number (Not in System)

Type of Board Certification

Academic Degree *

Academic Degree Description *

Waivered Provider

Certification/Licensure

3 Certification

Certification Entity

3 Licensure

SUD - CA Practitioner Certification number

CA Practitioner License number

Licensing Entity

3. Professional Info

- a. Select all that apply to you.
 - i. If the information is incorrect, please contact the Optum Support Desk.
 - ii. Please note SUD Providers will not see Hospital Affiliations.

3 Professional Info

Areas of Expertise

Child/Adolescent

Adult

Geriatric

Substance Abuse

Areas of Expertise (SUD)

Child/Adolescent

Adult

Geriatric

Mental Health

Substance Abuse

Hospital Affiliations

Alvarado

Aurora

Bayview

Mercy Scripps

Palomar

Paradise Valley

Promise

Rady Children's

SDCPH

Sharp Grossmont

Sharp Mesa Vista

Tri-City

UCSD

Provider Practice Focus

Adjustment Disorders

Anxiety Disorders

Bi-polar Disorders

Delirium, Dementia, and Amnestic and other Cognitive Disorders

Depressive Disorders

Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence

Dissociative Disorders

Eating Disorders

Factitious Disorders

Impulse-Control Disorders Not Otherwise Elsewhere Categorized

Mental Disorders Due to a General Medical Condition Not Elsewhere Categorized

Mood Disorders

Personality Disorders

Schizophrenia and Other Psychotic Disorders

Sexual and Gender Identity Disorders

Sleep Disorders

Somatoform Disorders

Substance-Related Disorders

Provider Practice Focus (SUD)

Adjustment Disorders

Anxiety Disorders

Bi-polar Disorders

Delirium, Dementia, and Amnestic and other Cognitive Disorders

Depressive Disorders

Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence

Dissociative Disorders

Eating Disorders

Factitious Disorders

Impulse-Control Disorders Not Otherwise Elsewhere Categorized

Mental Disorders Due to a General Medical Condition Not Elsewhere Categorized

Mood Disorders

Personality Disorders

Schizophrenia and Other Psychotic Disorders

Sexual and Gender Identity Disorders

Sleep Disorders

Somatoform Disorders

Substance-Related Disorders

4. Cultural Population
 - a. Please check all populations in which you have training/experience treating.

Cultural Population *

Immigrant and Refugee Populations

Recent immigrants

Refugees and asylum seekers

Undocumented individuals

LGBTQ+ Communities

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning

Non-binary and gender non-conforming individuals

Socioeconomic Groups

Low-income families

Homeless individuals

Unemployed individuals

Individuals with Disabilities

Physical disabilities

Intellectual disabilities

Developmental disabilities

Military and Veteran Populations

Veterans

Military families

Ethnic/Racial Populations

Asian Indian

Black/African Am

Cambodian

Chaldean

Chinese

Cuban

Dominican

Eskimo/Alaskan Native

Ethiopian

Filipino

Guamanian

Hawaiian Native

Hmong

Iranian

Iraqi

Japanese

Korean

Laotian

Mexican American/Chicano

Middle Eastern Other

Mien

Native American

North African Other

Not Hispanic

Other Asian

Other Hispanic Latino

Other Non-White/Non-Caucasian

Other Pacific Islander

Puerto Rican

Salvadoran

Samoan

Somali

Sudanese

Unknown

Unknown/Not Reported

Vietnamese

White/Caucasian

Specialized Age Group

Infant 0-2

Preschool 3-5

Children 6-12

Adolescents 13-17

Transitional Youth 18-22

Adults 23-59

Older Adults 60+

5. Language Capacity
 - a. If it is incorrect, please contact the Optum Support Desk.

Language Capacity

English Fluent

6. Supervision of Peer Workers
 - a. Qualification for Supervision of Peer Workers.

Supervision of Peer Workers

Medi-Cal Peer Support Specialist Supervisors *

[Specifications](#)

MH/SUD SITES TAB

1. For each program, verify Treatment Location Information
 - a. The program's site information is not editable. If the information is INCORRECT notify your program manager.
 - b. Site-specific Email- The work email address that will be viewable in the (public) Provider Directory [Link to Provider Directory](#).
 - c. Service Status - Select "Available to provide services as this site" from the drop-down menu.
 - i. If you don't provide services under a specific site, select "Not available to provide services at this site."

MH Provider

The screenshot shows a form titled "MH Provider" with a section for "Treatment Location Information". On the left, there is a list of fields: Provider Group Name, Provider Group ID, Program Info, Site Name, Network, and Treatment Location Address. These fields are currently blurred. To the right of this list is a large grey rectangular area, also blurred. Below the list, there are two input fields: "Site-specific Email *" which is a text box, and "Service Status" which is a dropdown menu.

SUD Provider

The screenshot shows a form titled "SUD Provider" with a section for "Treatment Location Information". On the left, there is a list of fields: Provider Group Name, Provider Group ID, Program Info, Network, and Treatment Location Address. These fields are currently blurred. To the right of this list is a large grey rectangular area, also blurred. Below the list, there are two input fields: "Site-specific Email *" which is a text box, and "Service Status" which is a dropdown menu.

2. Check the boxes to confirm the **Service Types/Modalities** provided for each program.
 - a. This information is pre-populated from SmartCare based on the services you provide for each program. If it is incorrect, please contact the Optum Support Desk

MH Provider / SUD Provider

Service Types

- Crisis Intervention
- Intensive Care Coordination
- Intensive Home-Based Services
- Medication Support
- Mental Health Services
- Short Term Residential Therapeutic Programs
- Targeted Case Management
- Peer Support

Modalities

- Outpatient Treatment
- Care Coordination (delivered within treatment programs)
- Certified Peer Support Services (delivered within treatment programs)
- Clinician Consultation
- Contingency Management Services (applicable to providers approved to participate in the pilot period)
- IOS Ambulatory Withdrawal Management Services
- Medications for Addiction Treatment (MAT)
- OS Ambulatory Withdrawal Management Services
- Recovery Services
- Screening, Brief Intervention, Referral to Treatment and Early intervention (<21)

3. For each program, specify More Service Options

a. Telehealth Services

i. If the selection is incorrect, please contact the Optum Support Desk.

b. Distance Provider Travel to Field Based Services

i. Do you travel to beneficiary homes or satellite offices? If so, specify how many miles you regularly travel.

More Service Options

Telehealth Services *

Both Telehealth and Non-Telehealth

Distance Provider Travels to Field Based Services

No Mobile Service

4. Field-Based Services

a. SUD Providers will not see this field.

b. A collection of locations where you provide field-based services.

c. DO NOT include client home addresses.

i. Board & Cares and Independent Living Placement are also considered residences.

Field-Based Services

Insert New Location

5. For each program, confirm the Medical Age Group and Hours

a. SUD Providers will not see this field.

b. How many hours per week (0-40) do you serve the following client age groups at this site?

i. If you work for multiple sites, the total hours combined between the sites and age groups should be 40.

Medi-Cal Age Groups and Hours

Hours per Week

0-20 * 0

21+ * 1

ii. If the Hours are incorrect, please contact the Optum Support Desk.

CONTACT THE OPTUM SUPPORT DESK

1. There are three ways to contact the Optum Support Desk. An email template will appear by selecting any of the following three options.
 - a. Click on the drop-down arrow next to “your name” at the top of the page and select **Contact Us**.
 - b. Click on the **link** after the discrepancy sentence
 - c. Click on the **Optum Support Desk** on the bottom of the screen.

