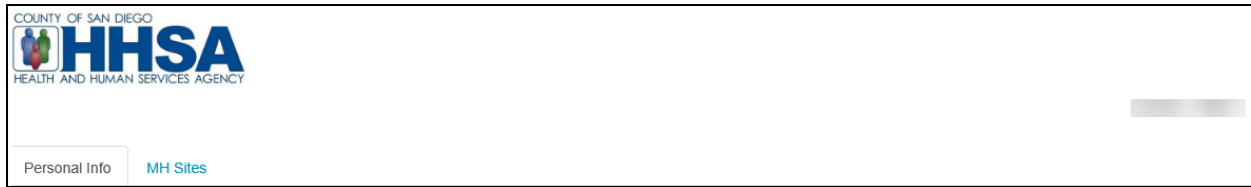


System of Care Application Tip Sheet for Providers

Upon login you should see the following view for **MH** Providers



Upon login you should see the following view for **SUD** Providers



Saving your entries:

Make sure to save your data as you complete each section for each subunit/facility. 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. Required fields are marked with red asterisk.
- b. Each time you save, you will receive a successfully 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, such as Last Name, First Name, Middle Name, SSN, and NPI Number are not editable. If that information is incorrect, please complete a Modify Access Request form (ARF) or a SanWITS User Modification form to update the information in the Electronic Health Record (CCBH/ SanWITS).
 - ii. **Professional Email**- The work email address that will be viewable in the (public) 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).

A screenshot of the "Basic Info" form. The form is titled "Basic Info" and contains the following fields:

- Last Name
- First Name
- Middle Name
- SSN (Not in System)
- NPI Number Type 1
- Gender * (dropdown menu)
- Professional Email * (text input)
- Private Email (text input)
- Hours of Cultural Competence Training Completed in Last Year * (text input)

System of Care Application Tip Sheet for Providers

2. Licensure

- a. Review and update fields as appropriate.
 - i. Certain fields, such as California Practitioner License number, DEA Number, Licensure/Credentials, and California Practitioner Certification number are NOT editable.
 - ii. If the information is **INCORRECT**:
 - For Mental Health (MH) - Please complete a modify Access Request form (ARF) to update the information in the EHR (CCBH).
 - For Substance Use Disorder (SUD) – Please provide your manager with the correct credentials and complete a SanWITS User Modification form.
 - iii. **Academic Degree Description** – If not applicable enter N/A

3 Credentials/Certification/Licensure

- 3 Board Certified Psychiatrist**
- 3 DEA Number** (Not in System)
- 3 Type of Board Certification**
- 3 Academic Degree ***
- 3 Academic Degree Description ***
- 3 Waivered Provider**
- 3 Certification/Licensure** Licensed Marriage and Family Therapist

3 Certification

- 3 SUD - CA Practitioner Certification number** (Not in System)
- 3 Certification Entity**

3 Licensure

- 3 CA Practitioner License number**
- 3 Licensure Entity**

3. Professional Info

- a. Select all that apply to you.
 - i. Please note SUD providers will not see Hospital Affiliations.

3 Professional Info

<p>Areas of Expertise</p> <ul style="list-style-type: none"> <input type="checkbox"/> Child/Adolescent <input type="checkbox"/> Adult <input type="checkbox"/> Geriatric <input type="checkbox"/> Substance Abuse <p>Hospital Affiliations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alvarado <input type="checkbox"/> Aurora <input type="checkbox"/> Bayview <input type="checkbox"/> Mercy Scripps <input type="checkbox"/> Palomar <input type="checkbox"/> Paradise Valley <input type="checkbox"/> Promise <input type="checkbox"/> Rady Children's <input type="checkbox"/> SDCPH <input type="checkbox"/> Sharp Grossmont <input type="checkbox"/> Sharp Mesa Vista <input type="checkbox"/> Tri-City <input type="checkbox"/> UCSD <p>Specialized Age Groups</p> <ul style="list-style-type: none"> <input type="checkbox"/> Infant 0-2 <input type="checkbox"/> Preschool 3-5 <input type="checkbox"/> Children 6-12 <input type="checkbox"/> Adolescents 13-17 <input type="checkbox"/> Transitional Youth 18-22 <input type="checkbox"/> Adults 23-59 <input type="checkbox"/> Older Adults 60+ 	<p>Provider Practice Focus</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adjustment Disorders <input type="checkbox"/> Anxiety Disorders <input type="checkbox"/> Bi-polar Disorders <input type="checkbox"/> Delirium, Dementia, and Amnesic and other Cognitive Disorders <input type="checkbox"/> Depressive Disorders <input type="checkbox"/> Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence <input type="checkbox"/> Dissociative Disorders <input type="checkbox"/> Eating Disorders <input type="checkbox"/> Factitious Disorders <input type="checkbox"/> Impulse-Control Disorders <p>Not Otherwise Elsewhere Categorized</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mental Disorders Due to a General Medical Condition Not Elsewhere Categorized <input type="checkbox"/> Mood Disorders <input type="checkbox"/> Personality Disorders <input type="checkbox"/> Schizophrenia and Other Psychotic Disorders <p>Sexual and Gender Identity Disorders</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sleep Disorders <input type="checkbox"/> Somatoform Disorders <input type="checkbox"/> Substance-Related Disorders
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System of Care Application Tip Sheet for Providers

4. Language Capacity

- a. Select fields as appropriate.
 - i. English language will automatically be selected as Fluent.

Language Capacity	
Request Additional Language	
Amharic	N/A
Arabic	N/A
Armenian	N/A
Assyrian Neo-Aramaic	N/A
Burmese	N/A
Cambodian	N/A
Cantonese Chinese	N/A
Mandarin Chinese	N/A
Other Chinese	N/A
Chaldean Neo-Aramaic	N/A
English	Fluent

After Saving and Attesting the “Personal Info” tab, click on “MH Sites/ SUD Sites”

- 1. Click on each SubUnit/Facility to confirm or indicate the types of services you provide.
 - a. If there are subunits/facilities listed for which you don't provide services:
 - i. For **MH providers** submit a modify ARF to remove the subunits.
 - ii. For **SUD providers** submit a SanWITS User Modification form to remove facilities.

MH Provider

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

Personal Info | MH Sites

- 3411 - MHS CNTR STAR ACT FSP MHSA
- 3413 - MHS CNTR STAR FSP VIHP MHSA
- 3414 - MHS CENTER STAR ACT FSP POFA
- 4242 - MHS ACTION CNTRL FSP MHSA POFA

SUD Provider

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

Personal Info | SUD Sites

- 100147 - North Inland WARC(8590)

System of Care Application Tip Sheet for Providers

2. For **each subunit/facility**, 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.
 - c. **Service Status**- Select "Available to provide services at 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 for an MH Provider. It includes the following fields:

- Treatment Location Address (text input)
- Legal Entity Name (text input)
- CCBH Unit ID (text input)
- Unit Name (text input)
- CCBH Subunit ID (text input)
- Subunit Name (text input)
- Network (text input)
- Treatment Location Address (text input)
- Site-specific Email (text input with a red asterisk)
- Service Status (dropdown menu showing "Available to provide services at this site")

SUD Provider

The screenshot shows a form for a SUD Provider. It includes the following fields:

- Agency Name (text input)
- Agency ID (text input)
- Facility Info (text input)
- Network (text input)
- Treatment Location Address (text input)
- Site-specific Email (text input with a red asterisk)
- Service Status (dropdown menu showing "Available to provide services at this site")

3. **Check the boxes** to confirm the **Service Types/ Modalities** provided for each subunit/facilities.
 - a. This information is pre-populated from CCBH/SanWITS based on the services you provided for each subunit/facility. Information can be updated as needed.

MH Provider / SUD Provider

The screenshot shows a form titled "Service Types" with the following checkboxes:

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

The screenshot shows a form titled "Modalities" with the following checkboxes:

- Intensive Outpatient Treatment
- Opioid Treatment Program
- Outpatient Treatment
- Residential
- Residential 3.1
- Residential 3.3
- Residential 3.5
- Residential 3.7 (Hospital)
- Residential 4.0 (Hospital)
- Residential Withdrawal Management 3.2
- Residential Withdrawal Management 3.7
- Residential Withdrawal Management 4.0

System of Care Application Tip Sheet for Providers

4. For each subunit/agency, specify **More Service Options**

a. **Telehealth Provider**

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 +
No Telehealth Services

Distance Provider Travels to Field Based Services
No Mobile Service

c. **Field Base Services**

- i. SUD Providers will not see this field.
- ii. Enter locations where you provide field-based services.
- iii. **DO NOT include client home addresses.**
 - Board & Cares and Independent Living Placements are also considered residences.

Field-Based Services

Insert New Location

iv. **Field-Based Site Information**

- Of visits
- Organization Name
- Address
- Phone Number
- Frequency
 - Select from drop-down. How often do you travel to this site?
- Make sure **client addresses, Board & Cares, and Independent Living Placements** are NOT added.
- Click “Save and Attest”
- If you need to enter multiple Satellite Sites Locations, select “Insert New Location” for each new location.
 - After you have completed all entries, you can view all your Field Based Site Locations.
 - **Calendar** icon indicates frequency.
 - **Wrench** icon indicates edit options. You have the option to edit (pen icon) or delete (trash icon) your entries.

System of Care Application Tip Sheet for Providers

5. For each subunit/agency, confirm the Medical Age Group and Hours

- a. How many hours per week (0-40) do you serve the following client age groups at this site?
- b. If you work for multiple sites, the total hours combined between the sites and age groups should be 40.

MH Provider / SUD Provider

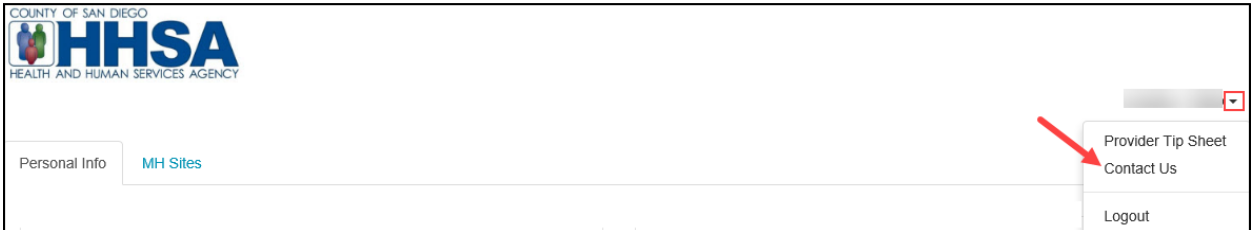
6. Medi-Cal Clients

- a. **Max** – This is the maximum Caseload of Medi-Cal Clients you can serve at this site.
- b. **Current**- This information is pre-populated from CCBH/SanWITS Assignment data.
 - i. Only clients which you are the primary server (SAI) on a CCBH/SanWITS Medi-Cal Client Assignment will be added to this number. You can edit as you see fit.
 - ii. Verify all information and click “Save and Attest”.

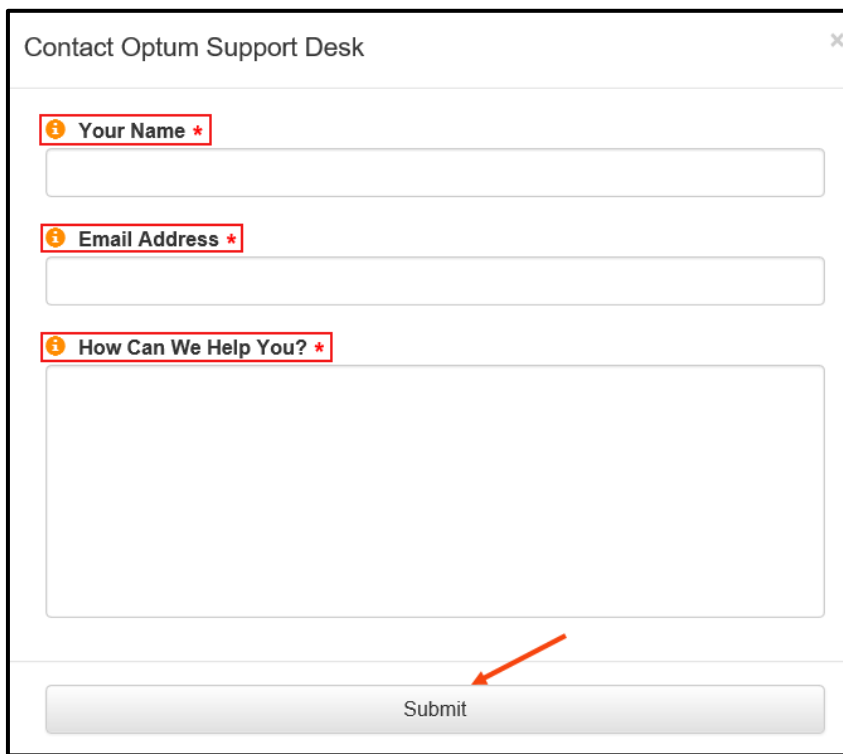
System of Care Application Tip Sheet for Providers

7. To contact the Optum Support Desk

- a. There are two ways to contact the Optum Support Desk.
 - i. Option 1. Click on the drop-down arrow next to “your name” and select **Contact Us**.



- An email template will appear, complete all fields, and select Submit.

A screenshot of a web form titled 'Contact Optum Support Desk'. The form has three input fields: 'Your Name *', 'Email Address *', and 'How Can We Help You? *'. Each field has an information icon to its left. Below the fields is a large text area for the message. At the bottom of the form is a 'Submit' button. A red arrow points to the 'Submit' button.

- ii. Option 2. On the bottom of the screen, click on “Optum Support Desk”, email template will appear. Complete all fields and select Submit.

