## 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:

1. <mark>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.</mark> The system does not provide a time out warning screen.
   a. Each time you save, you will receive a successfully saved message confirming your changes were saved.
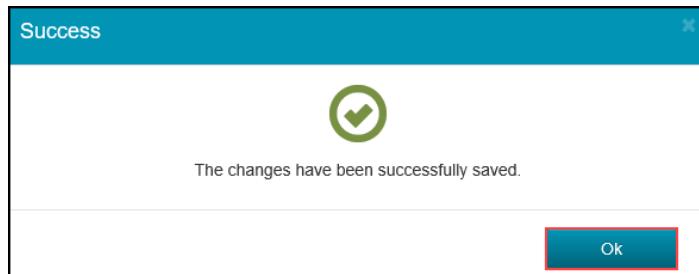
Personal Info Tab

1. **Basic Info**
   a. Review and update all fields as appropriate.
      i. Certain fields, such as Last Name, First Name, SSN, and NPI Number, are not editable. If that information is incorrect, please complete a modify Access Request Form (ARF) to update the information in the EHR.
      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).

Basic Info

Last Name	░░░
First Name	░░░
SSN	Not in System
NPI Number Type 1	░░░
Gender	Select one ⌄
Professional Email *	
Private Email	
Hours of Cultural Competence Training Completed in Last Year *	

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

Professional Info

Areas of Expertise
- ☐ Child/Adolescent
- ☐ Adult
- ☐ Geriatric
- ☐ 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

Specialized Age Groups
- ☐ Infant 0-2
- ☐ Preschool 3-5
- ☐ Children 6-12
- ☐ Adolescents 13-17
- ☐ Transitional Youth 18-22
- ☐ Adults 23-59
- ☐ Older Adults 60+

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

3. **Licensure**
   a. Review and update fields as appropriate.
      i. Certain fields, such as California Practitioner License #, DEA Number, and Licensure/Credentials are not editable. If the information is incorrect, please complete a modify Access Request Form (ARF) to update the information in the EHR.
      ii. **Academic Degree Description** – If not applicable enter N/A.

ⓘ Licensure	
ⓘ Academic Degree Code *	`<Select one> ⌄`
ⓘ Academic Degree Description *	
ⓘ California Practitioner License #	
ⓘ DEA Number	
ⓘ Licensure/Credentials	Mental Health Rehabilitation Specialist
ⓘ Licensing Entity	
ⓘ Board Certified Psychiatrist	☐
ⓘ Type of Board Certification	`<Select one> ⌄`
ⓘ Certifying Entity	

4. **Language Capacity**
   a. Select fields as appropriate.
      i. English language will automatically be selected as fluent.
      ii. Verify all information and click "SAVE"

ⓘ Language Capacity	
Arabic	N/A ⌄
Armenian	N/A ⌄
Cambodian	N/A ⌄
Cantonese	N/A ⌄
English	Fluent ⌄
Farsi	N/A ⌄
Hmong	N/A ⌄
Korean	N/A ⌄
Mandarin	N/A ⌄
Other Chinese	N/A ⌄
Russian	N/A ⌄
Spanish	N/A ⌄
Tagalog	N/A ⌄
Vietnamese	N/A ⌄
American Sign Language	N/A ⌄

Save   Reset

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

1. **Click on each SubUnit/Agency** to confirm or indicate the types of services you provide.
   a. If there are subunits/agency listed for which you don't provide services:
      i. For **MH providers** submit a modify ARF to remove the subunits.
      ii. For **SUD providers** please contact SUD_MIS_Support.HHSA@sdcounty.ca.gov

MH Provider
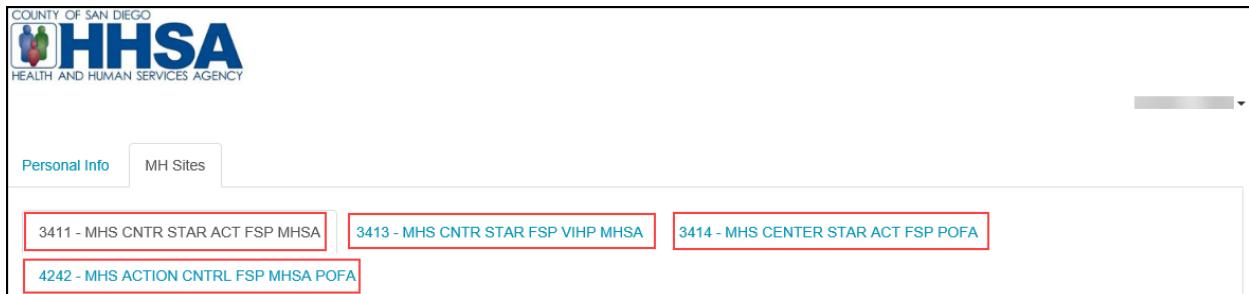
SUD Provider
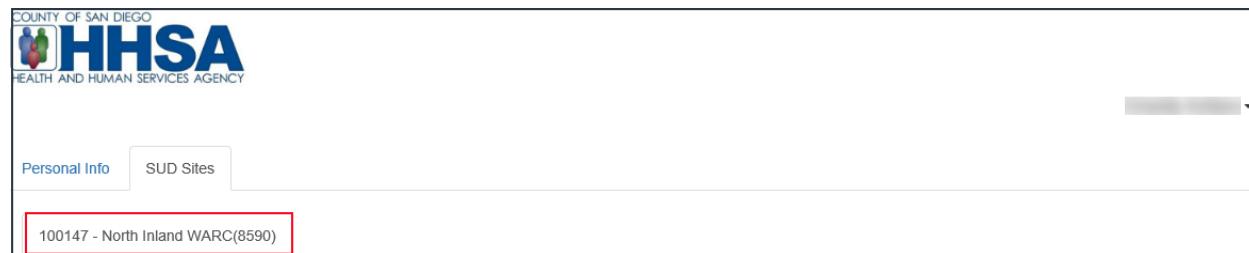
2. **For each subunit/agency**, verify **Treatment Location Information**
   a. This information is not editable but will help to confirm the location before any updates.
   b. **Site-specific Email-** The work email address that will be viewable in the (public) Provider Directory.
   c. **Service Status**- Select "Available to provide services at this site" from the drop-down menu.
      i. If you did not provide services under this specific site, then select "Not available to provide services at this site"

MH Provider

SUD Provider

Treatment Location Information

Agency Name
Agency ID
Facility Name
Facility ID
Network
Treatment Location Address

Site-specific Email *

Service Status

Available to provide services at this site

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

MH Provider

Service Types

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

SUD Provider

Modalities

Modalities
☐ Outpatient Drug Free Clinic
☐ Intensive Outpatient Clinic
☐ Residential
☐ Opioid Treatment Program

4. **For each subunit/agency**, specify **More Service Options**
   a. **Telehealth Provider**
      i. If you have had a contact type of "Telehealth" in the last 6 months this information will be pre-populated from CCBH/SanWITS.

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.

c. **Field Base Services**
   i. Enter locations where you provide field-based services.
   ii. DO NOT include client addresses
      - Board & Cares and Independent Living Placements as we consider those residents.

   iii. **Field-Based Site Information**
      - Organization Name
      - Address
      - Phone Number
         o Optional
      - Frequency
         o 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, simply select "Insert New Location"
  - When completing all entries, you can view all your Field Based Site Locations.
  - **Calendar** icon indicates Frequency.
  - **Wrench** Icon indicates Actions. The type of actions as seen next to each Field Based Site Location such as edit and delete.

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?
      i. 0-20
      ii. 21+
   b. If you work for multiple sites, keep in mind the total hours per week should total 40.

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"

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.**
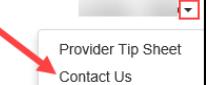
- An email template will appear, complete all fields and select Submit.
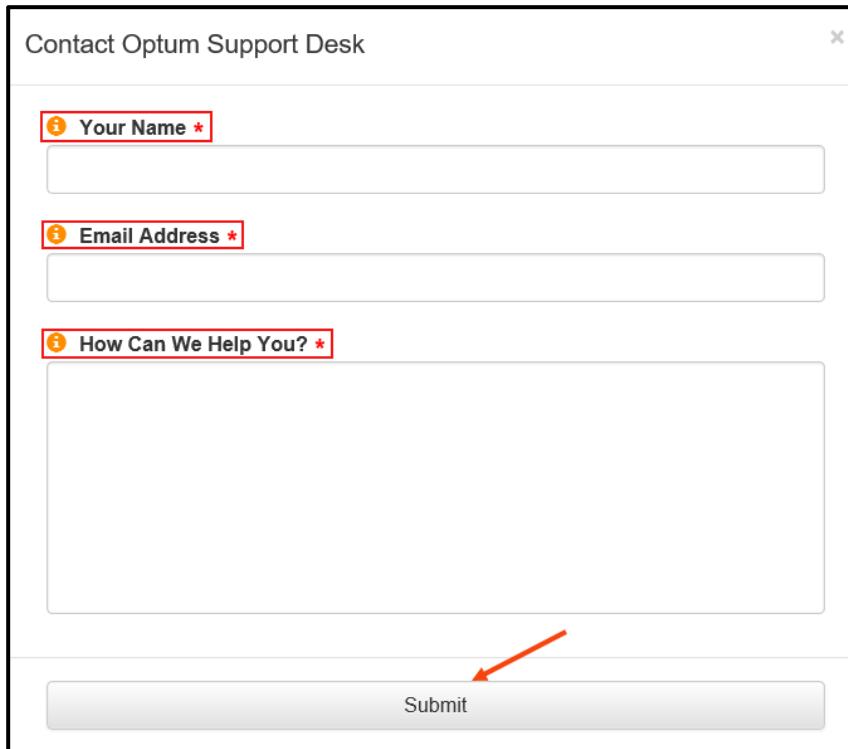
Contact Optum Support Desk   ×

ⓘ Your Name *

ⓘ Email Address *

ⓘ How Can We Help You? *

Submit

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

CONTACT

✉: Optum Support Desk
📱: 1-800-834-3792