# PROVIDER SPECIALITY ADDITION APPLICATION

**San Diego County Mental Health Plan & Optum Public Sector**

**Fee For Service (FFS) Medi-Cal Provider Network**

Prepared By:



*Confidential*

PRACTITIONER SPECIALITY ADDITION APPLICATION

San Diego County Mental Health Plan for Fee For Service (FFS) Medi-Cal

# COUNTY of SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

**Checklist for Medi-Cal Provider Application**

|  |
| --- |
|  |

Please print or type your answers to all questions. If further space is needed for you to provide complete answers, please attach additional sheets of paper and indicate on the sheet the applicable question number.

Please use this checklist to confirm that you have included all of the following information in your application packet.

|  |  |
| --- | --- |
|  | **Curriculum Vitae or Resume** - Current |
|  | **Provider Rights:** Print name on page 6. |
|  | **Clinical Specialty Form:** page 7 must be signed and dated |
|  | **Licensed Professional Clinical Counselor (LPCC)** (If applicable) CCR 1820.7 Requirement - LPCCs applying to treat couples and families must submit a copy of the Board confirmation of qualification. |
|  | **Medi-Cal Network Specialty Requirements:** Please carefully review the experience requirements on pages 12 – 13 before you check an age or treatment specialty. |
|  | **Child and Adolescent Needs and Strength Assessment (CANS):** Provider understands that all providers who render therapy services to clients ages 0 – 21 must become CANS certified and then be recertified every year. Provider may be reimbursed for training, certification, recertification and reports when the appropriate requirements are met. Additional information and instructions will be provided during the contracting process. |

**Please mail or fax complete information to:**

Optum Public Sector

Attention: Provider Services

P.O. Box 601370

San Diego, CA 92160-1370

Fax: 877- 309-4862

Email: [sdu\_providerserviceshelp@optum.com](mailto:sdu_providerserviceshelp@optum.com)

*Confidential*

### PRACTITIONER SPECIALITY ADDITION APPLICATION

**San Diego County Mental Health Plan for FFS Medi-Cal Network**

|  |
| --- |
| **Last Name**: Click here to enter text. **First Name**: Click here to enter text. **MI**: Click here to enter text.  **License Type**:  MD/DO  Psychologist ( PhD  PsyD)  LMFT  LCSW  LPCC  PNP  PA  **License Number**: Click here to enter text. **NPI #**: Click here to enter text. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **POPULATIONS AND SERVICES** | | | | | | | |
| Please check all Populations and Services in which you have clinical training and experience ***AND* are requesting to add to your practice.** | | | | | | | |
| **Populations:** | **Infants**  **Toddlers**  **0 - 3** | **Preschool**  **3 - 5** | **Children**  **6 -12** | **Adolescents**  **13 - 17** | **Transitional**  **Youth**  **18 - 22** | **Adults**  **23 - 59** | **Older Adults**  **60+** |
| Developmentally Delayed |  |  |  |  |  |  |  |
| Hearing Impaired |  |  |  |  |  |  |  |
| LGBTQIA |  |  |  |  |  |  |  |
| Physically Disabled |  |  |  |  |  |  |  |
| Veterans |  |  |  |  |  |  |  |
| Visually Impaired |  |  |  |  |  |  |  |
| **Services/Modalities:** |  |  |  |  |  |  |  |
| Critical Incident Stress Debriefing |  |  |  |  |  |  |  |
| ECT (MD Only including consult) |  |  |  |  |  |  |  |
| Family Therapy |  |  |  |  |  |  |  |
| Group Therapy |  |  |  |  |  |  |  |
| Home Visits |  |  |  |  |  |  |  |
| Individual Therapy |  |  |  |  |  |  |  |
| Inpatient Treatment |  |  |  |  |  |  |  |
| Medication Evaluation & Management |  |  |  |  |  |  |  |
| Neuropsychological Testing |  |  |  |  |  |  |  |
| Outpatient Treatment |  |  |  |  |  |  |  |
| Psychological Testing |  |  |  |  |  |  |  |

*Confidential*

### PRACTITIONER SPECIALITY ADDITION APPLICATION

**San Diego County Mental Health Plan for FFS Medi-Cal Network**

**Areas of Clinical Expertise:**

* + - ***Check*** areas of expertise in which you have clinical training and experience ***AND* are requesting to add to your practice.** You may be requested to submit documentation of CEUs or other training to demonstrate expertise in these areas.

***Note: \*\****All Clinicians are designated to treat Depressive and Anxiety Disorders for all appropriate ages

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Areas of Clinical Expertise I:** | **Infants**  **Toddlers**  **0 - 3** | **Preschool**  **3 - 5** | **Children**  **6 -12** | **Adolescents**  **13 - 17** | **Transitional**  **Youth**  **18 - 22** | **Adults**  **23 - 59** | **Older Adults**  **60+** |
| ***\*\* Anxiety Disorders (designated)*** | | | | | | | |
| Attention Deficit/Hyperactivity Disorder |  |  |  |  |  |  |  |
| Bipolar and Stress Disorder |  |  |  |  |  |  |  |
| Dissociative Disorders |  |  |  |  |  |  |  |
| Feeding and Eating Disorders |  |  |  |  |  |  |  |
| Factitious Disorders |  |  |  |  |  |  |  |
| Gender Dysphoria Disorders |  |  |  |  |  |  |  |
| Disruptive, Impulse-Control and Conduct Disorders |  |  |  |  |  |  |  |
| ***\*\* Depressive Disorders (designated)*** | | | | | | | |
| Paraphilic Disorders |  |  |  |  |  |  |  |
| Personality Disorders |  |  |  |  |  |  |  |
| Autism Spectrum Disorder |  |  |  |  |  |  |  |
| Trauma and Stress - Related Disorders |  |  |  |  |  |  |  |
| Schizophrenia and Other Psychotic Disorders |  |  |  |  |  |  |  |
| Somatic Symptom and Related Disorders |  |  |  |  |  |  |  |

*Confidential*

### PRACTITIONER SPECIALITY ADDITION APPLICATION

**San Diego County Mental Health Plan for FFS Medi-Cal Network**

Check **ALL** areas below in which you have clinical training and experience ***AND* are requesting to add to your practice**

You may be requested to submit documentation of CEUs or other training to demonstrate expertise in these areas.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Areas of Clinical Expertise II:** | **Infants**  **Toddlers**  **0 - 3** | **Preschool**  **3 - 5** | **Children**  **6 -12** | **Adolescents**  **13 - 17** | **Transitional**  **Youth**  **18 - 22** | **Adults**  **23 - 59** | **Older Adults**  **60+** |
| Physical Abuse Parent Non-Protecting Parent |  |  |  |  |  |  |  |
| Political Refugee |  |  |  |  |  |  |  |
| Sexual Abuse Victims |  |  |  |  |  |  |  |
| Sexual Abuse Non-Protecting Parent |  |  |  |  |  |  |  |
| Sexual Abuse Offender |  |  |  |  |  |  |  |
| Survivors of Torture |  |  |  |  |  |  |  |
| Trauma |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| 1. ***PROVIDER RIGHTS*** | |
| 1. **RIGHT TO REVIEW**   As an applicant for credentialing/re-credentialing, you have the right to review information obtained by Optum for the purpose of evaluating your credentialing or re-credentialing application. This includes non-privileged information obtained from any outside source (e.g., Malpractice insurance carriers, state licensing boards, National Practitioner Data Bank) but does not extend to review of information, references, or recommendations protected by law from disclosure. You may request to review such information at any time by sending a written request via email at [**sdu\_providerservices**](mailto:sdu_providerservices)**help@optum.com** to the Provider Services (PS) Manager. The PS Manager, or designee, will notify you within 72 hours of the date and time when such information will be available at the OPTUM Credentialing Department located in San Diego, California.   1. **RIGHT, UPON REQUEST, TO BE INFORMED OF STATUS OF CREDENTIALING/RECREDENTIALING APPLICATION**   You have the right to be informed, upon request, of the status of your credentialing and/or re-credentialing application. You may request such information by sending a written request via email to the Credentialing Manager at the above cited email address. You will be notified in writing and within no more than ten (10) working days of receiving your fax or letter, by return fax or letter, of the current status of your application with respect to outstanding information required to complete the application process.   1. **NOTIFICATION OF DESCREPENCY**   Practitioners will be notified when information obtained by primary sources varies substantially from information provided on the practitioner's application. Examples of information at substantial variance include reports of a practitioner's malpractice claims history, actions | taken against a practitioner's license/certification, suspension or termination of hospital privileges or board certification expiration when one or more of these examples have **not** been reported by the practitioner on his/her application. Sources will not be revealed if information obtained is not intended for verification of credentialing elements or is protected from disclosure by law.   1. **CORRECTION OF ERRONEOS INFORMATION**   If a practitioner believes that erroneous information has been supplied to OPTUM by primary sources, the practitioner may correct such information by submitting written notification to the Credentialing Manager. Practitioners must submit a written notice along with a detailed explanation to the Manager of Credentialing at [**sdu\_providerservices**](mailto:sdu_providerservices)**help@optum.com** Notification to OPTUM must occur within 48 hours of OPTUM notification to the practitioner of a discrepancy as provided in Section II or within 24 hours of a practitioner's review of his/her credential file as provided in Section I.  Upon receipt of notification from the practitioner, OPTUM will re-verify the primary source information in dispute. If the primary source information has changed, correction will be made immediately to the practitioner's credential file. If, upon re-review, primary source information remains inconsistent with practitioner's notification, Credentialing Manager will so notify the practitioner via fax or letter. The practitioner may then provide proof of correction by the primary source body to OPTUM Director of Medical Services via fax or letter at the email address above within ten (10) working days. The Credentialing Manager will re-verify primary source information if such documentation is provided. If, after ten (10) working days, primary source information remains in dispute, the practitioner will be subject to Adverse Action, up to administrative denial/termination. |
|  |
| Print Name: Click here to enter text. |

***CLINICIAN SPECIALTY REQUIREMENTS***

***Optum Public Sector San Diego Specialty Attestation***

**You must sign this document even if you are not requesting any of these specialty designations in your provider record.** Additional training, experience, requirements, and/or outside agency approval is required for the following populations, professional certifications, and specialties. **Please review Specialty Requirements on pages 8 - 9**.

If you are not requesting a specialty designation, please check the “No Specialties” box at the bottom of the list to indicate you have read this form and acknowledge that you have not requested these specialties.

*I have reviewed the Optum Specialty Requirements criteria that a Clinician must meet to be considered a specialist in the following treatment areas. After reviewing the criteria, I hereby attest that by placing a check next to a specialty or specialties, I meet Optum requirements for that treatment area.*

|  |  |
| --- | --- |
| **Physician Specialties** | **Non-Physician Specialties** |
| Child /Adolescent (Please specify all the ages that you treat)  Infant Mental Health (0 – 3)  Preschool (3 - 5)  Children (6 – 12)  Adolescents (13 - 18)  Geriatrics (60+)  Neuropsychological Testing | Child /Adolescent (Please specify all the ages that you treat)  Infant Mental Health (0 – 3)  Preschool (3 - 5)  Children (6 – 12)  Adolescents (13 - 18)  Neuropsychological Testing – *Psychologist only*  Psychiatric Nurses – Prescriptive Privileges (**Submit ANCC certificate, Prescriptive Authority, DEA Certificate and/or Controlled Substance certificate, based on CA State requirements.**  Domestic Violence Victim – (**Submit proof of 40 hr. CA approved DV Training**)  Domestic Violence Offender – (**Submit proof of 40 hr. DV Training from a Facilitator Training {FTC} approved provider.**)  Sexual Offender AND Sexual Abuse Non-Protecting Parent (**Must be approved by CA State Sex Offender Management Board (CASOMB)** [***http://www.casomb.org***](http://www.casomb.org) **and continue to meet CASOMB requirements**.) |
| **No Specialties (Must be checked if no other specialties are being designated)** | |

I understand that Optum may require documentation to verify that I meet the criteria outlined under Specialty Requirements pertaining to the specialty or specialties I have designated above. I will cooperate with an Optum documentation audit, if requested, to verify that I meet the required criteria.

I hereby attest that all of the information above is true and accurate to the best of my knowledge. I understand that any information provided pursuant to this attestation that is subsequently found to be untrue and/or incorrect could result in my termination from the Optum network.

**Please note that standard credentialing criteria must be met before specialty designation can be considered.**

**All clinicians must sign this form whether specialties are applicable or not. Failure to sign this form may cause a delay in the processing of your initial credentialing file.**

# Printed Name of Applicant: \_\_\_\_ Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_

# Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Click here to enter Date

Signature Stamps or Electronic Signature are not accepted

**Important Note: Signature on the Optum Public Sector Specialty Attestation page #7 is required of all applicants**

|  |  |  |
| --- | --- | --- |
|  | **PHYSICIAN SPECIALTY REQUIREMENTS** |  |
| **CHILD/ADOLESCENT:**   * Completion of an ACGME approved Child and Adolescent Fellowship ***OR*** recognized certification in Adolescent Psychiatry (This specialty includes Infants, Preschool, Children and Adolescents (twelve (12) years old and younger) | | |
| **GERIATRICS:**   * Completion of an ACGME approved Geriatric Fellowship ***OR*** recognized certification in Geriatric Psychiatry | | |
| **NEUROPSYCHOLOGICAL TESTING:**   * Recognized certification in Neurology through the American Board of Psychiatry and Neurology ***OR*** * Accreditation in Behavioral Neurology and Neuropsychiatry through the American Neuropsychiatric Association   **AND all of the following criteria:**   * State medical licensure does not include provisions that prohibit neuropsychological testing service; * Evidence of professional training and expertise in the specific tests and/or assessment measures for which authorization is requested; * Physician and supervised psychometrician adhere to the prevailing national professional and ethical standards regarding test administration, scoring, and interpretation. | | |
| **PSYCHOLOGISTS, NURSES & MASTER’S LEVEL CLINICIANS SPECIALTY REQUIREMENTS** | | |
| **INFANTS/TODDLERS – 0 - 3 Years**   * Completion of an APA approved or other accepted training/certification program in Child Psychology or Infant Mental Health   **AND one (1) or more of the following:**   * Fifteen (15) hours of CEU in topics relevant to Infant and Early Childhood Mental Health in the last thirty-six (36) month period * Documented certification in treatment of infants 0-3 years * Evidence of work experience with infants 0-3 years at an agency that provides treatment to this age group | | |
| **PRESCHOOL – 3-5 YEARS**   * Completion of an APA approved or other accepted training program in Child Psychology   **AND one (1) or more of the following:**   * Fifteen (15) hours of CEU in topics relevant to Child Development in the last thirty-six (36) month period * Evidence of practice experience in treating preschool aged children | | |
| **CHILDREN – 6-12 YEARS**   * Completion of an APA approved or other accepted training program in Child Psychology   **AND one (1) or more of the following:**   * Fifteen (15) hours of CEU in topics relevant to Child Development in the last thirty-six (36) month period * Evidence of practice experience in treating children | | |
| **ADOLESCENTS – 13-17 YEARS**   * Completion of an APA approved or other accepted training program in Adolescent Psychology   **AND one (1) or more of the following:**   * Fifteen (15) hours of CEU in topics relevant to Child Development in the last thirty-six (36) month period * Evidence of practice experience in treating adolescents | | |
| **OLDER ADULTS - 60 YEARS AND OLDER**   * Completion of an APA approved or other accepted training program in Geriatric Psychology   **AND one (1) or more of the following:**   * Fifteen (15) hours of CEU in topics relevant to Older Adults in the last thirty-six (36) month period * Evidence of practice experience in treating older adults | | |
| **NEUROPSYCHOLOGICAL TESTING – Psychologists Only:**   * Member of the American Board of Clinical Neuropsychology OR the American Board of Professional Neuropsychology   **OR**   * Completion of courses in Neuropsychology including: Neuroanatomy, Neuropsychological testing, Neuropathology, or Neuropharmacology * Completion of an internship, fellowship, or practicum in Neuropsychological Assessment at an accredited institution   **AND**   * Two (2) years of supervised professional experience in Neuropsychological Assessment | | |

***CLINICIAN SPECIALTY REQUIREMENTS***

**Important Note: Signature on the Optum Public Sector Specialty Attestation page #7 is required of all applicants**

|  |
| --- |
| ***PSYCHOLOGISTS, NURSES & MASTER’S LEVEL CLINICIANS SPECIALTY REQUIREMENTS (cont.)*** |
| **DOMESTIC VIOLENCE TREATMENT – VICTIM**  **▪** Documented completion of an approved (40) hour training program in Domestic Violence that fulfills California State’s requirement for domestic violence victim counselors  **AND both of the following:**   * Fifteen (15) hours CEU in Domestic Violence Victim training in the last thirty-six (36) month months * Evidence of recent practice experience in Domestic Violence Victim treatment |
| **DOMESTIC VIOLENCE TREATMENT – OFFENDER**   * + Documented completion of the forty (40) hour basic domestic violence training from a Facilitator Training Committee (FTC) approved provider   + Evidence of recent practice experience in Domestic Violence Batterers treatment |
| **SEXUAL OFFENDER AND SEXUAL ABUSE NON-PROTECTING PARENT TREATMENT**  ▪ **Must be approved by CA State Sex Offender Management Board (CASOMB)** [***http://www.casomb.org***](http://www.casomb.org) and continue to meet CASOMB requirements. |
| **PSYCHIATRIC NURSES REQUESTING PRESCRIPTIVE AUTHORITY MUST:**   * Possess a currently valid license as a Registered Nurse in California * Be authorized for prescriptive authority in California * Meet California specific mandates regarding DEA and/or Furnishing license and physician supervision * Attest that you meet California’s collaborative or supervisory agreement requirements * Specifically request prescriptive privileges on the Optum Public Sector application above |
| **PSYCHIATRIC PHYSICIAN ASSISTANTS REQUESTING PRESCRIPTIVE AUTHORITY MUST:**   * Possess a currently valid license as a Registered Nurse in California * Be authorized for prescriptive authority in California * Meet California specific mandates regarding DEA and physician supervision * Attest that you meet California’s collaborative or supervisory agreement requirements * Specifically request prescriptive privileges on the Optum Public Sector application above |

|  |  |  |
| --- | --- | --- |
|  | ***LICENSED PROFESSIONAL CLINICAL COUNSELOR REQUIREMENTS*** |  |
| **Signature for the following Attestation page is required of all LPPC applicants who are applying to assess or treat couples or families which includes the treatment of children. Effective January 1, 2016 CCR 1820.7 - A copy of the Board confirmation of qualifications to treat couples and families must be submitted with this application.**  **LPCCs are not permitted to assess or treat couples or families unless the LPCC has completed all of the required coursework on this subject as specified in California Business and Professions Code section 4999.20:**   * Six (6) semester units or nine (9) quarter units specifically focused on the theory and application of marriage and family therapy OR a named specialization or emphasis area on the qualifying degree in marriage and family therapy; marital and family therapy; marriage, family and child counselling; or couple and family therapy.   **AND:**   * No less than 500 hours of documented supervised experience working directly with couples, family, or children.   **AND:**   * A minimum of six (6) hours of continuing education specific to marriage and family therapy, completed in each license renewal cycle. | |