

# Optum **Fee For Service (FFS) Medi- Cal Network**

**Provider Clinical Application:  
Specialty Addition Application**

Prepared By:



*Confidential*  
PRACTITIONER 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**

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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 check the requirements for each discipline on the next page to ensure you meet the minimum criteria.

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

	<b><u>Clinical Specialty Requirements Form</u></b> on page 6 must be signed and dated
	<b><u>Licensed Professional Clinical Counselor (LPCC)</u></b> (If applicable) CCR 1820.7 Requirement - LPCCs applying to treat couples and families <u>must submit a copy</u> of the Board confirmation of qualification.
	<b><u>Medi-Cal Network Specialty Requirements:</u></b> Please carefully review the experience requirements before you check an age or treatment specialty.

**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)

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PRACTITIONER APPLICATION

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

**Last Name:**

**First Name:**

**MI:**

**License Type:**  MD/DO  PhD  Psychologist  LMFT  LPCC  LCSW  PNP  PA

**NPI:**

**Date:**

**License Number: Populations and Services:**

Please check only the Populations and Services in which you have clinical training and experience **AND** are requesting to **add** in 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							

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**Areas of Clinical Expertise:**

- **Check** areas of expertise in which you have clinical training and experience **AND** are requesting to **add** in 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+
<b>** Anxiety Disorders (designated)</b>							
Attention Deficit/Hyperactivity Disorder							
Bipolar and Related Disorders							
Dissociative Disorders							
Feeding and Eating Disorders							
Factitious Disorders							
Gender Dysphoria Disorders							
Disruptive, Impulse-Control and Conduct Disorders							
<b>** Depressive Disorders (designated)</b>							
Paraphilic Disorders							
Personality Disorders							
Autism Spectrum Disorder							
Trauma and Stress - Related Disorders							
Schizophrenia and Other Psychotic Disorders							
Somatic Symptom and Related Disorders							

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- Check **ALL** areas below in which you have clinical training and experience **AND** are requesting to **add** in 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+
ACA/Co-Dependency							
Adoption Pre/Post Issues							
ACA/Co-Dependency							
Adoption Pre/Post Issues							
Anger Management							
Domestic Violence Offender							
Domestic Violence Victim							
Co-Occurring Disorders (MH/DD)							
Co-Occurring Disorders (MH/Medical)							
Co-Occurring Disorders (MH/SUD)							
Family or Relationship Issues							
Co-Parenting							
Grief/Loss							
HIV/AIDS							
Physical Abuse Offender							
Physical Abuse Non-Protecting Parent							

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**Areas of Clinical Expertise: Continued**

- Check **ALL** areas below in which you have clinical training and experience **AND** are requesting to **add** in 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+
Political Refugee							
Sexual Abuse Victims							
Sexual Abuse Non-Protecting Parent							
Sexual Abuse Offender							
Survivors of Torture							
Trauma							

# 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 7 - 8.**

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
<input type="checkbox"/> Child /Adolescent (Please specify all the ages that you treat) <ul style="list-style-type: none"> <li><input type="checkbox"/> Infant Mental Health (0 – 3)</li> <li><input type="checkbox"/> Preschool (3 - 5)</li> <li><input type="checkbox"/> Children (6 – 12)</li> <li><input type="checkbox"/> Adolescents (13 - 18)</li> </ul> <input type="checkbox"/> Geriatrics (60+) <input type="checkbox"/> Neuropsychological Testing	<input type="checkbox"/> Child /Adolescent (Please specify all the ages that you treat) <ul style="list-style-type: none"> <li><input type="checkbox"/> Infant Mental Health (0 – 3)</li> <li><input type="checkbox"/> Preschool (3 - 5)</li> <li><input type="checkbox"/> Children (6 – 12)</li> <li><input type="checkbox"/> Adolescents (13 - 18)</li> </ul> <input type="checkbox"/> Neuropsychological Testing – <i>Psychologist only</i> <input type="checkbox"/> Psychiatric Nurses – Prescriptive Privileges (Submit ANCC certificate, Prescriptive Authority, DEA Certificate and/or Controlled Substance certificate, based on CA State requirements.) <input type="checkbox"/> Domestic Violence Victim – (Submit proof of 40 hr. CA approved DV Training) <input type="checkbox"/> Domestic Violence Offender – (Submit proof of 40 hr. DV Training from a Facilitator Training {FTC} approved provider.) <input type="checkbox"/> Sexual Offender AND Sexual Abuse Non-Protecting Parent ( <b>Must be approved by CA State Sex Offender Management Board (CASOMB) <a href="http://www.casomb.org">http://www.casomb.org</a></b> 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:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

Signature Stamps or Electronic Signature are not accepted

# CLINICIAN SPECIALTY REQUIREMENTS

**Important Note:** Signature on the Optum Public Sector Specialty Attestation page 6 is required of all applicants

## PHYSICIAN SPECIALTY REQUIREMENTS

<p><b>CHILD/ADOLESCENT:</b></p> <ul style="list-style-type: none"> <li>▪ Completion of an ACGME approved Child and Adolescent Fellowship <b>OR</b> recognized certification in Adolescent Psychiatry (This specialty includes Infants, Preschool, Children and Adolescents)</li> </ul>
<p><b>GERIATRICS:</b></p> <ul style="list-style-type: none"> <li>▪ Completion of an ACGME approved Geriatric Fellowship <b>OR</b> recognized certification in Geriatric Psychiatry</li> </ul>
<p><b>NEUROPSYCHOLOGICAL TESTING:</b></p> <ul style="list-style-type: none"> <li>▪ Recognized certification in Neurology through the American Board of Psychiatry and Neurology <b>OR</b></li> <li>▪ Accreditation in Behavioral Neurology and Neuropsychiatry through the American Neuropsychiatric Association</li> </ul> <p><b>AND all of the following criteria:</b></p> <ul style="list-style-type: none"> <li>▪ State medical licensure does not include provisions that prohibit neuropsychological testing service;</li> <li>▪ Evidence of professional training and expertise in the specific tests and/or assessment measures for which authorization is requested;</li> <li>▪ Physician and supervised psychometrician adhere to the prevailing national professional and ethical standards regarding test administration, scoring, and interpretation.</li> </ul>

## PSYCHOLOGISTS, NURSES & MASTER'S LEVEL CLINICIANS SPECIALTY REQUIREMENTS

<p><b>INFANTS/TODDLERS – 0 - 3 Years</b></p> <ul style="list-style-type: none"> <li>▪ Completion of an APA approved or other accepted training/certification program in Child Psychology or Infant Mental Health</li> </ul> <p><b>AND one (1) or more of the following:</b></p> <ul style="list-style-type: none"> <li>▪ Fifteen (15) hours of CEU in topics relevant to Infant and Early Childhood Mental Health in the last thirty-six (36) month period</li> <li>▪ Documented certification in treatment of infants 0-3 years</li> <li>▪ Evidence of work experience with infants 0-3 years at an agency that provides treatment to this age group</li> </ul>
<p><b>PRESCHOOL – 3-5 YEARS</b></p> <ul style="list-style-type: none"> <li>▪ Completion of an APA approved or other accepted training program in Child Psychology</li> </ul> <p><b>AND one (1) or more of the following:</b></p> <ul style="list-style-type: none"> <li>▪ Fifteen (15) hours of CEU in topics relevant to Child Development in the last thirty-six (36) month period</li> <li>▪ Evidence of practice experience in treating preschool aged children</li> </ul>
<p><b>CHILDREN – 6-12 YEARS</b></p> <ul style="list-style-type: none"> <li>▪ Completion of an APA approved or other accepted training program in Child Psychology</li> </ul> <p><b>AND one (1) or more of the following:</b></p> <ul style="list-style-type: none"> <li>▪ Fifteen (15) hours of CEU in topics relevant to Child Development in the last thirty-six (36) month period</li> <li>▪ Evidence of practice experience in treating children</li> </ul>
<p><b>ADOLESCENTS – 13-17 YEARS</b></p> <ul style="list-style-type: none"> <li>▪ Completion of an APA approved or other accepted training program in Adolescent Psychology</li> </ul> <p><b>AND one (1) or more of the following:</b></p> <ul style="list-style-type: none"> <li>▪ Fifteen (15) hours of CEU in topics relevant to Child Development in the last thirty-six (36) month period</li> <li>▪ Evidence of practice experience in treating adolescents</li> </ul>
<p><b>OLDER ADULTS - 60 YEARS AND OLDER</b></p> <ul style="list-style-type: none"> <li>▪ Completion of an APA approved or other accepted training program in Geriatric Psychology</li> </ul> <p><b>AND one (1) or more of the following:</b></p> <ul style="list-style-type: none"> <li>▪ Fifteen (15) hours of CEU in topics relevant to Older Adults in the last thirty-six (36) month period</li> <li>▪ Evidence of practice experience in treating older adults</li> </ul>
<p><b>NEUROPSYCHOLOGICAL TESTING – Psychologists Only:</b></p> <ul style="list-style-type: none"> <li>▪ Member of the American Board of Clinical Neuropsychology <b>OR</b> the American Board of Professional Neuropsychology</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>▪ Completion of courses in Neuropsychology including: Neuroanatomy, Neuropsychological testing, Neuropathology, or Neuropharmacology</li> <li>▪ Completion of an internship, fellowship, or practicum in Neuropsychological Assessment at an accredited institution</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>▪ Two (2) years of supervised professional experience in Neuropsychological Assessment</li> </ul>



## 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>** 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

## CLINICIAN SPECIALTY REQUIREMENTS

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

## 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.](#)

LPPCs are not permitted to assess or treat couples or families unless the LPPC 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.