



Summary of Instructions for Care Coordinators

CRITERIA

Orange County Resident; and
Authorized for Community Habilitation, CH, CH-R and/or Respite; and
Unserved or Under-Served; and
Looking to Connect with One or More of the Six Participating Providers

PREPARING TO MAKE A REQUEST TO CONNECT WITH AN OCCSI PROVIDER

Meet with Individual and/or Family to Discuss

- OCCSI is a Choice; There are Other Providers
- Benefits- Training, Enhanced CH, Networking Opportunities, Increased Accountability
- Workforce Challenges- There are No Staff Waiting to Be Matched
- CH (skill building) vs. Respite (supervision) - Families still get “A Break” When CH Is Provided.
- Data Collected from The Profile
- Option For Provider Preference and/or Exclusion
- Realistic Expectations- Preference for Type of Staff, Environmental Concerns, Etc. that Could Complicate or Prevent Service Delivery
- “Right- Size” the Hours and Service(s) Authorized- Hours Should be Realistic and Not Exceed Availability- Alternatively, There Must Be Enough Hours (CH) For Skill Building

If they choose OCCSI, obtain a signed OCCSI Authorization for Release of Information form with all fields entered correctly including box 10 plus 11 & 12 (if applicable). Box #10 is used to indicate the date of Authorization of Release expires. It provides a choice to either indicate a specific date or indicate “until written notification is provided” to the County DMH. Choosing the later will eliminate the need for annual authorization. Consent can be withdrawn at any time. Do not indicate provider preference or exclusion of providers on the Authorization form. All will have access to view profiles on the portal.

Supporting documentation will only be given to a provider that is looking to match staff.

Making an OCCSI Referral is a Two Step Process

Submit the Supporting Documentation, then Complete the Profile on the Portal

Step 1- Submit Supporting Documentation

Scan as PDF all of the following six documents (both sides if two-sided) and send to the Orange County Department of Mental OCCSI@orangecountygov.com

- Complete and accurate signed OCCSI Authorization for Release of Information form
- Full ISP/Life Plan with All Attachments (Leave provider blank or Indicate OCCSI
- Level of Care
- Notice of Decision
- Service Authorization
- Educational assessments and plans (IEP, psych, OT, PT, SLP, ABA) for those enrolled in school

The Orange County Department of Mental Health will provide notification of receipt via email and review within five business days.

*Do not move to Step 2 until you receive confirmation email of approval.

Step 2- Submit the Profile-Helpful Tips

Go to <https://dss.orangecountygov.com/occsi>

It is important that you have all information required to complete the profile. Once started, you will not be able to stop, save or return for completion at a later date.

Date fields must follow this template x/xx/xxxx or 1/13/1999

When done, you will click “insert” BUT before you do, print the profile

To Print- Click File Print on your web browser, use Control-P or right click the page to print out the form

Once Submitted, please do not email or call providers; they will contact you if and when there is a potential match; a match could take over a year. You may request time to advocate for an individual you feel is a priority or submit a paragraph or two providing an update or clarification prior to the supervisor monthly meeting on the first Wednesday of each month. Email OCCSI@orangecountygov.com

Note: Profile data is not deleted. Once matched to staff, the record is de-activated.

Section VIII - Problem Behaviors- If Yes, May Engage in These Problem Behaviors
this is defined as significant risk of harm to self and others. It includes both “regularly occurring”, routine, daily or weekly and low frequency behaviors that meet criteria of significant risk

Section XI - Current Services Authorized and Receiving

for "Currently provided" indicate 0 if receiving no services and if partially served, indicate the number of units receiving.

*If partially served, complete the following

Community Habilitation:

NOTE: 1 Unit = 15 Minutes **(based on units currently provided relative to the authorization)**

Current CH Provider:

CH Approved Units: per week. CH Currently Provided Units: per week

NOTE: 1 Unit = 15 Minutes. The number of approved units and provided units must be entered.

Respite:

Current Respite Provider:

Respite Approved Units: per week. Respite Currently Provided Units: per week

NOTE: 1 Unit = 15 Minutes. The number of approved units and provided units must be entered.

CH/CIHS:

CH/CIHS Approved Units: per week. CH/CIHS Currently Provided Units: per week

NOTE: 1 Unit = 15 Minutes. The number of approved units and provided units must be entered.

CH/CIHS in Process:

CH-R:

CH-R Approved Units: per week. CH-R Currently Provided Units: per week

NOTE: 1 Unit = 15 Minutes. The number of approved units and provided units must be entered.

Section XV - Sensitive Information- insert here anything that may be helpful in matching staff to the individual, e.g., family stressors, family dynamics, trauma history, etc.

Do the Math to Convert Authorized Hours to Units
Jane Smith is Authorized for 780 Hours Annually

There are four units in one hour.

780 Annual Hours x 4 = 3,100 Annual Units

To Convert 780 Annual Hours to Hours per Week: $780 \div 52 = 15$

Convert 15 Hours per Week to Units per Week: $15 \times 4 \text{ Units} = 60$

Convert 60 Units Per Week to Annual Units: $60 \times 52 = 3,100$.