HHSA Behavioral Health Services Management Information Systems

SanWITS User Modification or Termination Form





All forms must be TYPED and complete or will be returned.

Email completed and signed form to <u>SUDEHRSupport.HHSA@sdcounty.ca.gov</u> **AND** <u>BHSCredentialing@optum.com</u> by clicking on **SUBMIT FORM** at bottom of form, or fax to 1-855-975-4724 **AND** 1-844-493-5005.

Modify User:		Terminate User:
Effective Date:	(or)	Effective Date:
Select Modify to make any changes on the Staff Profile		Complete Section I and IV. User Signature not needed

SECTION I. USER INFORMATION

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First Name	Middle Name		Last Name	
Date of Birth	Last 4 of SSN		Gender	
Job Title	Work Email Address (No	o Personal Emails)	S	Staff Role
Agency Name		Facility Type		
		Outpatient	Residential	ОТР
Facilities Approved for:	(37xxxx)	Work P	hone Number	

Language(s)	Reading Proficiency	Speaking Proficiency	Writing Proficiency

SECTION II. CLINICAL STAFF

Rendering Staff National Provider ID Taxonomy # DEA Number (Prescribing MD)

Professional Credential/License License # Licensing Issuer Issue Date

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SECTION III. USER FUNCTION AND ROLES

Please select the access type needed in SanWITS.

NOTE: IAF training is a prerequisite to Encounters training

Roles for the Intro to Admin Functions (IAF) training: Access will include Full Access:Admission, ASAM Profile, Client Diagnosis, Client Profile, Cross-Agency Waitlist Management, Discharge, Intake, Notes, Outcomes, Non-Treatment Team Access

Roles for the Encounters training:

Access for Outpatient and OTP will include Full Access: Encounters, Release to Billing, Create Bulk Group Notes, Group Notes

Access for Residential will include Full Access:

Encounters, Release to Billing, Authorization, Inpatient Unit Dashboard, Inpatient Unit Management, Client Leave, Create Bulk Group Notes, Group Notes

Roles for Billing Staff/Claim Batching will include:

Agency Billing, Billing Encounter List and Create Facility Claim Batches (Please contact ADSBillingUnit.HHSA@sdcounty.ca.gov to schedule Billing Training after completing IAF and Encounters Roles for Assessments training- LPHA*
Assessment Training Date:

Access will include: Full Access to Assessments Sign and Finalize Assessments; Read-only access for IAF and Encounters roles

Roles for Assessments training- Counselor * Assessment Training Date:

Access will include: Full Access to Assessments, Sign Assessments; Read-only access for IAF and Encounters

Roles for Assessments training- QA Read-only access

Rendering Staff- No user roles assigned Only shows as rendering staff for encounters.

Peer Support Specialist*

Access will include: Read-only data entry access for IAF and Encounters roles

* Credentials are required

Select Additional Optional Roles:

Agency Reporting

training.)

Clinical Supervisor (LPHA Only)

Consent (Full Access)

Document Storage

Drug Test Results (Full Access)

Case Reopen

Medications (Full Access)

Referrals (Full Access)

SSRS View and Run Reports

View Consented Clients

Encounter Delete

Comments: Type all modification requests in the box below

SECTION IV. USER ACCESS AUTHORIZATION

Pursuant to the contractual agreement on file with the County of San Diego and as designated by my corporate office, I am authorizing access as noted above and affirm that I have personally reviewed the County's Summary of Policies with the above User:

User's Signature:	Date:
Approved by (Print Name):	Title:
ı	Program Manager/Director
Approver's Signature:	Date:
Pro	ogram Manager/Director

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