



Access Request Form (ARF) for Treatment Programs, County Hospitals and Clinics

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

Users must complete the required **SmartCare trainings** before submitting an ARF. The trainings will be completed via CalMHSA's Learning Management System (LMS). A CalMHSA LMS account can be created [here](#). Only after training has been completed should the required ARF be submitted to the [MIS help desk and BHSCredentialing](#).

Once training completion is confirmed, the MIS help desk will issue the user's SmartCare credentials.

Per California Department of Health Care Services (DHCS) BHIN 22-032, County Behavioral Health Plans (which include Mental Health Plans and DMC-ODS Plans) are required to report data on its network providers using the "274" standard which is an Electronic Data Interchange selected by DHCS to ensure provider network data submitted to DHCS is consistent, uniform, and aligns with national standards. This information is used by DHCS to monitor whether our provider network is adequate to support the estimated need and demand for behavioral health services. Required provider information, inclusive of identifying information, is sent to DHCS on a monthly basis for these purposes.

SECTION I. DEMOGRAPHIC INFORMATION

**For new user, reactivation and name change requests, a completed ARF, Summary of Policies and Electronic Signature Agreement must be signed and submitted. For Termination and Modification requests, only a signed and completed ARF is needed

Request Type	Start Date/ Effective Date	Optum Training Date	Computer Asset Tag (County Users Only)	All claims have been entered for this rendering staff (Terminated clinical staff only)
First Name	Middle Name	Last Name	Name change: list previous name	Gender
Work Email Address (No Personal Emails)		Work Phone#	Date of Birth	Supervisor Name
System Access:	SmartCare	Millennium	For SDCPH users	SanWits SUD legacy system

Select role below based on your job function (SmartCare Users Only)

Programs to be Added: _____ **RES/CSU Program** _____ **Programs to be Removed:** _____

1. Language **Proficiency** **2. Language** **Proficiency** **3. Language** **Proficiency**

SECTION II. CLINICAL STAFF

Required for all credentialed staff. Clinical Trainees and Medical Assistants must add a licensed clinical supervisor name in Section I (needed to cosign)

Select Credential/License Type				State Issued	
Credential/License#	Effective Date	Expiration Date	NPI#	Taxonomy#	
Registered Candidates:	BBS Application Received	Graduation Date	PTAN (Medicare Billing)	PTAN	Effective Date

SECTION III. PRESCRIBER INFORMATION

SmartCare users: Complete all fields for users who will be utilizing the e-prescribing function in CalMHSA Rx
Millennium users: Complete DEA fields.

DEA#	Effective Date	Expiration Date	Cell Phone#	Work Fax#	
Work Address			City	State	Zip Code

SECTION IV. MILLENNIUM USERS ONLY

Millennium Users: Complete Section I and IV (required), Section II (if clinical staff) and Section III (if a prescriber)

Select Role	Credentials	User Type	Select Dual Role, If needed
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See **APPENDIX A** for role descriptions

SECTION V. USER ACCESS AUTHORIZATION

Comments: Required for ALL modification requests, please type your request in the field below

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 Signature (not needed for termination requests)	Date Signed	User's Name and Title
Manager/Supervisor Signature	Date Signed	Manager/Supervisor Name and Title



COUNTY OF SAN DIEGO

Summary of Policies (SOP) Regarding County Data/Information and Information Systems

To aid in the performance of their regular job assignments and duties, County employees, volunteers, agents and contractors are provided access to many County tools and resources. In the electronic age, these tools and resources include County "data/information" in various formats (e.g. on electronic media, paper, microfiche) and County "information systems" (e.g. computers, servers, networks, Internet access, fax, telephones and voice mail), whether owned, provided or maintained by or on behalf of the County.

The County has established policies and procedures based on best business practices to support the performance of the County's business and to protect the integrity, security and confidentiality of the County's data/information and information systems. Users¹ of these resources play a critical role. By carrying out their regular assignments and duties in compliance with all applicable County's policies and procedures, best practices are maintained.

This summary helps users know their responsibilities by highlighting important aspects of policies that govern access to and use of County data/information and information systems. The policies themselves provide further detailed information governing the use of County data/information and information systems and should be reviewed. Most notably, the County Chief Administrative Officer (CAO) Policy *Acceptable Use of County Data/Information* provides additional guidance on protecting County data/information; the CAO Policy *County Information Systems – Management and Use* provides guidance in controlling and using County information systems; and the CAO Policy *Telecommunications – Management and Use* provides guidance in using desktop and cellular telephones.

Access to County data/information or information systems is necessary to the performance of regular assignments and duties. Failure to comply with these policies and procedures may constitute a failure in the performance of regular assignments/duties. Such failure can result in the temporary or permanent denial of access privileges and/or in discipline, up to and including termination, in accordance with Civil Service Rules.

1. County data/information in all formats and information systems are for authorized County use only. Personal use of County information systems is prohibited unless specifically authorized by the Appointing Authority.
2. As part of their regular assignments and duties, users are responsible for protecting any data / information and information systems provided or accessible to them in connection with County business or programs.
3. Users cannot share data/information with others outside of their regular duties and responsibilities unless specifically authorized to do so.
4. Users have no expectation of privacy regarding any data/information created, stored, received, viewed, accessed, deleted or input via County information systems. The County retains the right to monitor, access, retrieve, restore, delete or disclose such data/information.

¹ For purposes of this summary, the term "user" shall refer to any person authorized to use County data/information and information systems to perform work in support of the business, programs or projects in which the County is engaged. It also applies to users accessing other networks, including the Internet, through County information systems.

5. Attempts by users to access any data or programs contained on County information systems for which they do not have authorization will be considered a misuse.
6. Users shall not share their County account(s) or account password(s) with anyone, use another's account to masquerade as that person, or falsely identify themselves during the use of County information systems.
7. The integrity and security of County data/information depends on the observation of proper business practices by all authorized users. Users are requested to report any weaknesses in County information system security and any incidents of possible misuse or violation of County IT policies to the appropriate County representative.
8. Users shall not divulge Dial-up or Dial-back modem phone numbers to anyone.
9. Users shall not make copies of system configuration files (e.g. password files) for their own unauthorized use or to provide to other people/users for unauthorized uses.
10. Users shall not make copies of copyrighted software or information, except as permitted by law or by the owner of the copyright.
11. Users shall not engage in any activity that harasses, defames or threatens others, degrades the performance of information systems, deprives an authorized County user access to a County resource, or circumvents County security measures.
12. Users shall not download, install or run security programs or utilities that reveal or exploit weaknesses in the security of a County information system. For example, County users shall not run password cracking or network scanning programs on County information systems.

Misuse of workplace tools and resources, including County data/information and/or County information systems, will be reported to a user's management. Misuse may constitute a failure to perform regular duties and assignments. Such failure may result in short-term or permanent loss of access to County data/information or information systems and/or disciplinary action in accordance with Civil Service Rules, up to and including termination. For non County employees, including volunteers and employees of County contractors, misuse may result in a suspension or withdrawal of your access rights, termination of your participation in County programs, or appropriate against the contractor under the contract's terms, or any combination of all or some of the above consequences.

Acknowledgement:
I have received and read the County of San Diego's Summary of Policies Regarding County Data/Information and Information Systems.

User Name	User Signature	Date
Program Manager/ Director Name	Program Manager/ Director Signature	Date

ALL SIGNERS:	Keep a copy of this summary for your reference
COUNTY SIGNERS:	Department Personnel Representative --- file the original of this form in the authorized user's agency or department personnel file.
NON-COUNTY SIGNERS:	Contract administrator --- file the original form along with the contract

SAN DIEGO COUNTY BEHAVIORAL HEALTH SERVICES

Management Information Systems (MIS)

ELECTRONIC SIGNATURE AGREEMENT (ESA)

This Agreement governs the rights, duties, and responsibilities associated with the use of an electronic signature within the San Diego County MIS.

The undersigned (I) understands that this Agreement describes my obligations to protect my electronic signature, and to notify appropriate authorities if it is stolen, lost, compromised, unaccounted for, or destroyed. I agree to the following terms and conditions:

I agree that my electronic signature will be valid for one year from date of issuance or earlier if it is revoked or terminated per the terms of this agreement. I will be notified and given the opportunity to renew my electronic signature each year prior to its expiration. The terms of this Agreement shall apply to each such renewal.

I agree to keep my electronic signature secret and secure by taking reasonable security measures to prevent it from being lost, modified or otherwise compromised, and to prevent unauthorized disclosure of, access to, or use of it or of any media on which information about it is stored. I understand I may not share it with anyone under any circumstances. I agree that access to my electronic signature may be revoked or terminated per the terms of this agreement.

I will use my electronic signature to establish my identity and sign electronic documents and forms completed in the course of carrying out my assigned job duties. I am solely responsible for protecting my electronic signature. If I suspect or discover that my electronic signature has been stolen, lost, used by an unauthorized party, or otherwise compromised, then I will immediately notify the County MIS Unit and request that my electronic signature be revoked. I will then immediately cease all use of my electronic signature. I will immediately request that my electronic signature be revoked if I discover or suspect that it has been or is in danger of being lost, disclosed, compromised or subjected to unauthorized use in any way. I understand that I may also request revocation at any time for any other reason.

If I have requested that my electronic signature be revoked, or I am notified that someone has requested that my electronic signature be suspended or revoked, and I suspect or discover that it has been or may be compromised or subjected to unauthorized use in any way, I will immediately cease using my electronic signature. I will also immediately cease using my electronic signature upon termination of employment or termination of this Agreement.

I further agree that, for the purposes of authorizing and authenticating electronic health records, my electronic signature has the full force and effect of a signature affixed by hand to a paper document.

User **Signature** Date
User **Printed Name and Title**

Program Manager/Director **Signature** Date
Program Manager/Director **Printed Name and Title**



Instructions for Completing Access Request Form (ARF)

SECTION I. DEMOGRAPHIC INFORMATION

****For new user, reactivation and name change requests, a completed ARF, Summary of Policies and Electronic Signature Agreement must be signed and submitted. For Termination and Modification requests, only a signed and completed ARF is needed**

Request Type <input type="text" value="Modification"/>	Start Date/ Effective Date <input type="text"/>	Optum Training Date <input type="text"/>	Computer Asset Tag (County Users Only) <input type="text"/>	<input type="checkbox"/> All Claims have been entered for this user (Termination Requests Only)
First Name <input type="text"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>	Name change: list previous name <input type="text"/>	Gender <input type="text"/>
Work Email Address (No Personal Emails) <input type="text"/>		Work Phone# <input type="text"/>	Date of Birth <input type="text"/>	Supervisor Name <input type="text"/>

System Access: SmartCare Millennium For SDCPH users SanWits SUD legacy system

Request Type

- 1. New User-** select if user has never had a County SmartCare account
- 2. Modification-** select if you are requesting a change to the user's account. Be sure to type out your request in the Comments field on the ARF. **Summary of Policies (SOP) and Electronic Signature Agreement (ESA) forms not needed**
- 3. Termination-** select if user no longer needs an account. This will terminate user completely. If you are only needing to remove/change your program, use the Modification request type. User signature is not needed for Termination requests, only the staff name, program and approver's signature **All claims must be entered for terminated clinical staff (SOP and ESA forms not needed)**
- 4. Reactivation-** select if the user's account has been locked due to not logging in for more than 3 months
- 5. Name Change-** select if user's legal name has changed. For all Clinical mental health and SUD staff, their ARF, their NPPES account and their license/registration name must match before the form will be processed **NOTE:** For name change requests, newly signed Electronic Signature Agreement (ESA) and Summary of Policies (SOP) forms must be submitted with the ARF
- 6. Supervisor Change-** select this if the user's supervisor has changed. Type the current supervisor in the Supervisor Name field in Section I of the ARF
- 7. Leave of Absence-** select if the user will be gone for an extended period, but will still need access to SmartCare when they return.

Effective Date- This will be the employment date for a new user request or the date you want the changes to take effect

All Claims have been entered- Must be checked to confirm that all claims been entered into SmartCare

First, Middle Last Name- User's legal name. If the user is an LPHA or Counselor/CPSS, the name on the ARF, their NPPES account and License must match before the form will be processed

- Leave middle name blank if user does not have a middle name
- This name must match the name on the user's CalMHSA LMS account for training verification

If Name Change- List user's previous full name so it can be looked up in SmartCare

Gender- choose one of the choices from the drop down

Work Email Address- type the user's work email. Personal emails will not be accepted, except for Millennium Registry users

Work Phone- Type in the user's work phone# if applicable. Leave blank if user does not have a work phone#

Date of Birth- Enter user's date of birth

Supervisor Name- Enter supervisor's name

System Access- Choose what system the user is requesting access to. More than one option can be chosen

Select role below based on your job function (SmartCare Users Only)

<input type="checkbox"/> Administrative Staff	<input type="checkbox"/> Clinical Supervisor	<input type="checkbox"/> Medical Records Technician	<input type="checkbox"/> Program Manger
<input type="checkbox"/> AOD Counselor	<input type="checkbox"/> Clinical Trainee	<input type="checkbox"/> MHRS	<input type="checkbox"/> QA
<input type="checkbox"/> Billing Staff	<input type="checkbox"/> Community Health Worker	<input type="checkbox"/> ParaPro	<input type="checkbox"/> Registered Candidate
<input type="checkbox"/> Certified Peer Specialist	<input type="checkbox"/> LPHA	<input type="checkbox"/> Prescriber	<input type="checkbox"/> Rendering Staff (No login for user. For billing only)
	<input type="checkbox"/> Medical Assistant		

Admin- Select for admin, data entry, clerical or front desk staff. May be used by some staff at the corporate office

AOD Counselor- Select if the user is a registered or certified SUD counselor

Billing- Select for any users that are part of your program’s billing staff or complete billing related tasks

Certified Peer Support Specialist- Select if the user is a CPSS (must be certified) or forensic CPSS

Clinical Trainee- Select if the user is an unlicensed graduate student who is enrolled in a post-secondary educational program, that is required for the user to obtain licensure as a LPHA or a Licensed Mental Health Professional. A clinical trainee is also enrolled in a practicum program in agreement with their master’s program/school that is part of their degree. Once that practicum placement ends and/or they graduate, they are no longer clinical trainees.

- o **NOTE:** Please also provide the name of the user’s licensed clinical supervisor on the Current Supervisor field in Section I. This will be used as their cosigner for services

Community Health Worker- Select for any user that is a community health worker Additional info can be found on the [DHCS website](#)

LPHA- Select for any user that has a Professional healthcare license. Examples include Physicians, Nurses, Psychologists, Social Workers, Marriage and Family Therapists or Professional Counselors

MHRS- choose if the user is a Mental Health Rehabilitation Specialist

MRT- Select for a user that is a Medical Records Technician. MRT’s are admin staff that must view clinical records for the purpose of printing assessments, progress notes, etc

- o **NOTE:** An MRT form will need to be submitted with the ARF request

Medical Assistant- choose for medical assistants

- o **NOTE:** Please also provide the name of the user’s licensed clinical supervisor on the Current Supervisor field in Section I. This will be used as their cosigner for services

ParaPro- Choose if the user is a Para Professional or other qualified provider

Prescriber- Select for users that will use the e-prescribing functions through CalMHSA Rx. Section III of the ARF must be completed and include the user’s valid DEA# effective and expiration date

Program Manager- Select for Program Managers (Must provide license information).

QA- Select for users that are part of your programs Quality Assurance Team (QA).

- o **NOTE:** A QA form will need to be submitted with the ARF request

Registered Candidate- Users who have completed their practicum placement or graduated from a Master's program and have submitted their application to BBS within 90 days of the date of their degree

Rendering Staff (No Login)- Select for clinical staff who bill for services, but will not need a login to the SmartCare system

Programs to be Added: <input type="text"/>		<input type="checkbox"/> RES/CSU Program	Programs to be Removed: <input type="text"/>		
<input type="text"/>			<input type="text"/>		
1. Language	Proficiency	2. Language	Proficiency	3. Language	Proficiency
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Programs to be Added- Do not type in the facility numbers, legal entity numbers or units/subunits. Type in all requested program names the user needs access to. If more than one Legal Entity is being requested, an ARF will be needed for each additional Legal Entity

- o **NOTE:** Each Legal Entity must have their own program manager sign for attestation of information being provided on the ARF

Program to be removed- Do not type in the facility numbers, legal entity numbers or or units/subunits. Type in all requested program names the user needs to be removed from.

Language- Type in the language(s) the user speaks and choose the proficiency from the drop down. If the user only speaks English, it should still be entered on the field with the proficiency

SECTION II. CLINICAL STAFF

Required for all credentialed staff. **Clinical Trainees, Medical Assistants and Community Health Workers:** Add a licensed clinical supervisor name in Section I (needed to cosign)

Credential/License State Issued

Registered Candidates:

PTAN (Medicare Billing)

Select Credential/License- Select the specific license or counselor credential for the user.

- If the user is a clinical trainee or medical assistant, type the name of their licensed clinical supervisor in the supervisor field on Section I of the ARF
- All waived staff are required to attach an approved waiver form to the ARF. Please contact [QIMatters](#) to start the inquiry process

State Issued- Type the state the credential/license is issued in

Credential/License#- Type the credential/license#

Effective Date- Type the credential/license effective date for when the user can begin to bill for services

Expiration Date- Type the credential/license expiration date

NPI#- Type the users NPI#. This can be found on their NPPES account or NPI registry

Taxonomy#- Type in the user's Taxonomy number. This can be found on the user's NPPES account or NPI registry. The user must have a state approved taxonomy number in relation to their credential/license and it must be listed on their NPPES account. More information about this can be found in DHCS's DMC-ODS Billing Manual

Date BBS application Received- The date the BBS cashed the check/money order or the date BBS received the application via the tracking number on the certified mail receipt. Please also submit one of these verifications

Graduation Date- Enter the graduation date for any users that are registered candidates. Please also submit a copy of the user's diploma or final transcript

PTAN# (Mental Health)- Provider Transaction Access Number. Enter the user's PTAN# which is assigned to healthcare providers by the Centers for Medicare & Medicaid Services (CMS). This number is used to process claims and payments under the Medicare program

PTAN# Effective Date- Type in the PTAN# effective date

SECTION III. PRESCRIBER INFORMATION (SmartCare Users Only)

Complete all fields for users who will be utilizing the e-prescribing function in CalMHSA Rx will need to provide the following information

DEA#, Effective Date, Expiration Date- Enter the user's DEA information

Cell Phone#- Enter the user's cell phone. This cannot be a work# or landline. It is for E-prescribing verification purposes (REQUIRED Field)

Work Fax#- Enter the work's fax# (REQUIRED Field)

Work Address, City State Zip Code- Enter the main work address the user works at

SECTION IV. MILLENNIUM USERS ONLY			
Select Role	Credentials	User Type	Select Dual Role, If needed
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
See APPENDIX A for role descriptions			

Select Role- Select the role the user needs in Millennium

Credentials- Enter the user’s credential type

User Type- choose if the user is an external or internal user

Dual Role- Choose another role if the user needs dual roles in Millennium

Comments: Required for modification requests, please type your request in the field below

Comments- Please use this box to include the following information:

- What modifications are being requested to the user’s SmartCare Account
- Add any additional information not collected on the form

SECTION V. USER ACCESS AUTHORIZATION		
<i>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:</i>		
User Signature (not needed for termination requests)	Date Signed	User’s Name and Title
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Manager/Supervisor Signature	Date Signed	Manager/Supervisor Name and Title
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Users and Approver’s Signature- Signatures can be written or digitally signed

- The User’s signature/date must be signed on or before the Approver’s signature/date
- If digitally signed, the time stamp on the User’s signature must be before the time stamp on the Approver’s Signature
- This rule is the same for the Electronic Signature Agreement (ESA) and the Summary of Policies (SOP) forms attached to the ARF

Appendix A (Millennium Users Only)

Cerner Millennium Role Name	Role Name Used by SDCPH	Role Name Description
BH - Licensed Nurse	LVN/LPN	Licensed vocational nurse or Licensed Practical nurse
BH - Nurse	Registered Nurse	Registered Nurse
BH - Nurse IT	BH - Nurse IT	View only role and reviews reports. created solely for a support staff member
BH - Nurse Manager	Nurse Supv/ICN	Nurse Supervisors, DON and ADON in addition to the RN role may be assigned to this role.
BH - Recreational Therapist	Recreational Therapist	Provides recreational activity/group counseling support for SDCPH
BH - Recreational Therapist Aide	Recreational Therapist Aide	Different view than RT and pretty much view only. Does not Chart anything in PowerChart View only access
BH - Recreational Therapist Intern		Needs co-signature on all documentation - RT Student or possible the user has not passed certification
BH - Social Work/Case Management	LCSW/Case Manager	Social work/case management for SDCPH
BH - Social Work/Case Management Student	This may not be on their ARF but needs to be added	Needs cosignature on all documentation - Student or possible has not passed their LCSW
BH - Tech	MHA/C.N.A	Mental Health Aide. Main job is to round on patients and assist nursing as directed
DBA	Database Administrator	Mostly Cerner Support, IT, MIS, Informatics team, Hospital Admin, possible for leaders like DON, HIM Administrator, etc.
Dietician	Dietician	Dietician
EVS Management	EVS Mgr/Supvr	Sr. Healthcare Agency Housekeeper.
EVS Tech	EVS Technician	Healthcare Agency Housekeeper
HIM - Auditor		Used only to grant access to auditors when they come onsite to do their audits. Managed by HIM Manager. They would enter request via ARF as needed for temporary access.
HIM - Coders	HIM Coder	Used for staff performing coding
HIM - Managers	HIM Manager	Used for the HIM manager
HIM - Staff	HIM Staff	Used for HIM staff performing analysis, ROI & scanning
HUC	OA/Admin/Analyst	Unit Clerk-only one staff per unit. Would only be assigned if someone leaves the current position
Infection Control Practitioner	Infection Control Pract.	Used for Infection Control if not a nurse
PharmNet - IT	Pharmacy IT	Restricted to only certain licensed pharmacists with privileges of creating build in the system
PharmNet - Management	Pharmacy Manager	Used for Pharmacy Manager
PharmNet - Pharmacist	Pharmacist	Used for Pharmacist position
PharmNet-Student	Pharmacy Intern/Student	Used for Pharmacist Students
PharmNet - Technician 1	Pharmacy Tech	Used for Pharmacy tech position
Physician - Medical Consultant	Physician- Med Consultant	Used for MD Consultant
Physician - Psychiatry	Physician - Psychiatrist	Used for MD-Psychiatrist
Quality Reviewer	QA	Used for Licensed RN working in QA
Registration - Clerk	Admissions Clerk	Used for Admissions Clerk
Registration - Supervisor	Admissions Supv	Used for Admissions Supervisor
Supply Chain IT	Pharmacy Data Analyst	Used for Pharmacy analyst
View Only - Kitchen Manager	Kitchen Manager	Used for Kitchen Manager, View Access Only