

ACCOUNT REQUEST FORM (ARF) TIP SHEET

Cerner Community Behavioral Health (CCBH)

These tips are provided to assist you with successful ARF completion thus reducing processing errors and rejections. The goal is to reduce delay times for staff account creation or revision.

To Access all ARF Forms: [Optum Downloadable Forms](#)

Page 3	New User/Reactive User ARF
Page 9	Modify User/Terminate User ARF
Page 11	Group ARF
Page 14	DHP ARF

In General

Summary of Policies (SOP) and Electronic Signature Agreement (ESA): These two forms are attached to the New User ARF and the DHP ARF so they can be submitted together.

- Required for:
 - New account requests
 - Change in name
 - When staff return from a Leave of Absence (LOA)
 - Reactivating dormant accounts
- SOP and ESA are not required for:
 - Unit/Subunit Changes
 - Adding PTAN
 - Requesting Terminations/LOA
 - Credential Changes
 - Minor changes

All ARFs can be digitally signed and submitted online.

- The fields outlined in red are required fields.
- Some fields will be required, as reminders to complete.
- If there is any handwriting on the ARF, it will be rejected.
- If necessary, these forms may be printed out, signed by hand and scanned/emailed to the address on the ARF form.

Rejected ARFs:

- Be sure to read the email carefully that explains the reason(s) for the rejection and instructions for correction.

- When correcting an ARF, please remove the digital signature of the Program Manager, make the changes and resubmit.

Use only the most recent version of the form.

- The most recent version will be located on the Optum website at [Optum Downloadable Forms](#)
- Outdated forms will be rejected. This will ensure continuity in our forms and assure that all items on the ARF are included.

New User ARF:

- The New User ARF is for a new user to your legal entity.
- Also used for name changes to staff who have an account with your legal entity currently.

Group ARF:

- The Group ARF should be used whenever there are more than one user who need a modification to their account.
- This can be for adding/deleting a Unit/Subunit,
- Or for Terminations of staff from a legal entity.

Modify User ARF:

- The Modify User ARF should be used for minor changes to the account.
- For Terminations
 - Make sure the user is terminating from the Legal Entity – not just your U/SU
 - Termination ARFs must be submitted immediately when staff leaves your legal entity.
- For adding/deleting Unit/Subunits
- For credential changes
- For requesting Leave of Absence for staff

Doctor's Home Page (DHP) ARF

- The DHP ARF is a special form used for requesting DHP access for a doctor or the doctor's supporting nursing staff.
- SOP and ESA are required.
- MIS will not assign Prescriber or Prescriber Support menus until staff has attended the mandatory DHP training.

******When a DHP ARF applies the New User ARF is not required. *****

Terminations

- Must be sent immediately upon a staff's separation from a program.
- Failure to terminate a CCBH account timely exposes the Legal Entity and the County to potential HIPAA security breach liability.
- Make sure when terminating staff that they are not assigned to another U/SU in your legal entity and actively using the account there.
- If there are negative circumstances for the staff's termination requiring an emergency termination, call MIS at 619-584-5090 to request an emergency account termination. This action must still be followed by a termination ARF.

Leave of Absence (LOA)

- If staff is taking a leave due to medical reasons, lengthy leave, etc., please send in a Modify User ARF to let us know. This way the account will not be closed, and Citrix cancelled.
- When returning from a LOA, submit a New User ARF along with SOP and ESA.
- 12 months of account activity preceding the effective date of the ARF will be audited to review type and amount of activity in the system.
- Depending on the results of the account audit:
 - Accounts may be reactivated with no training required
 - Staff could be approved for a determination for a Skill Assessment by QM
 - In cases where there is minimal or no use identified, staff will be required to attend training. QM may also determine if staff must be retrained.

NEW USER/REACTIVATE ARF

Type of Request

Type of Request:

Employment Date:

Program Name: Legal Entity Number:

Note that some fields are outlined in red, and the form must have information before signing.

Select the Type of Request: New User, Name Change, Reactivate User

*****When a DHP ARF applies the New User ARF is not required. *****

Go to Page 14 for DHP ARF tips

- **New User:** Staff new to your Legal Entity. If they have an account in CCBH with a different Legal Entity, they are considered “New User” because they will get a new ID.
- **Name Change:** For current staff who have changed their name. They will get a new ID. This field is not for new staff with a maiden name.
- **Reactivate User:** For staff who have an ID under your Legal Entity
 - Reactivating staff who have been on LOA, or
 - Staff whose accounts have been deactivated due to non-use
- **Employment Date:** Enter the date the staff begins work at your facility or begins to provide/claim services.
- **Program Name:** Enter the name of your program
- **Legal Entity Number:** If you do not know your Legal Entity number, contact MIS

User Information

USER INFORMATION

First Name: MI: Last Name:

If this is a Name Change request, please enter previously used name:

Job Title: Last 5 Digits of SSN: Date of Birth:

Work Email: Work Phone:

- **First Name:** Enter the Legal First Name of the user.
- **MI:** Enter the Middle Initial of the user. Even though it is not used in signatures, it helps with identification, especially for identifying users with common names.
- **Last Name:** Enter the Legal Last Name of the user.
- **If this is a Name Change request, please enter previously used name:** ONLY used for a legal name change of an existing CCBH user.
 - Exception - If this is a new user account for your legal entity, and the staff had a previous account under a different name
- **Job Title:** Enter the Job Title assigned by your organization.
- ~~**Last 5 Digits of SSN:** Be sure to enter the last 5 digits (No Longer a required)~~
- **Date of Birth:** Full date of birth (mm/dd/yyyy)
- **Work Email:** Enter a corporate email account
 - Personal email, such as Hotmail, Gmail, etc., will not be accepted. There may be confidential email sent and these emails are not secure.
 - If an organizational email has not been assigned, we will use the Program Contact email on the ARF, until a proper email is provided for the staff.
- **Work Phone:** Enter the Area Code and phone number where the user can be reached during regular business hours. No personal phone numbers please.

Menu Group

MENU GROUP (Select Access Type)

Menu Choice:

Many programs will no longer have a Client Plan requirement after 9/01/2022. If you work for one of those programs, please consider canceling your *Client Plan and Progress Notes Training* and enrolling in a *Progress Notes* only training class instead. You can review the Info Notice at [BHIN 22-019 \(ca.gov\)](#) for details regarding the client plan requirement change.

For questions regarding the client plan requirement change, please email County QI at: QIMatters.HHSA@sdcounty.ca.gov

Should you need assistance adjusting your training class schedule, please contact Optum Training at: sdu_sdtraining@optum.com

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Problem List | <input type="checkbox"/> OR View Only |
| <input type="checkbox"/> Complete Assessments | <input type="checkbox"/> OR View Only |
| <input type="checkbox"/> Complete Client Plans | <input type="checkbox"/> OR View Only |
| <input type="checkbox"/> Complete Progress Notes | <input type="checkbox"/> OR View Only |
| <input type="checkbox"/> Complete GROUP Progress Notes | |

Menu Choice: Select a Menu from the Drop-Down

- **Admin – Data Entry:** For most Admin staff
 - Also used by some corporate level staff
 - Used by County Analysts
- **Admin – Data Entry Scheduler Lead:** Used by Admin staff who will in charge of managing the Scheduler feature in CCBH. Usually only one Admin staff per program.
- **Admin – Data Entry Scheduler Non-Lead:** Used by Admin staff who will be Scheduler Support staff at the program.
- **Billing Only – No Login Access:** Used only by unique clinical staffing. This is an unusual situation. Clinicians who claim services typically are expected to enter in CCBH and will need a different menu.
 - SDCPH clinical staff who do not enter into CCBH
 - County Sheriff clinical staff who do not enter into CCBH
 - Some MD's/Nurses who are on call, work in different programs sporadically, or who do not enter progress notes in CCBH yet (such as START programs).
- **Clinical – Clinical Staff:** Most widely used menu. This is used by all clinical staff, including, MD's, Nurses, therapists, MHRS staff, Para Pro's, etc. Anyone who is providing services to clients is considered a clinical staff.
- **Clinical – Program Manager:** There is one Program Manager menu assigned for each program, with minor exceptions.
- **Clinical – 24 Hr. Clinical Staff:** Used by programs providing 24-Hour services, such as START programs, ESU, PERT.
- **Medical Records Technician:** For Admin staff who must view clinical records for the purposes of printing Assessments, Progress Notes, etc.
 - There are qualifications for this menu.
 - To obtain the qualifications and application, contact MIS

- **QI/QA View Only:** For designated staff who work as Quality Improvement or Quality Assurance staff in programs.
 - There are qualifications for this menu.
 - To obtain the qualifications and application, contact MIS
- **Reports:** For County Analysts, and Entity Administrators.
- **Clinician will:** The next questions with check boxes are for clinical staff. Be sure to answer all.

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For questions regarding the client plan requirement change, please email County QI at: QIMatters.HHSA@sdcounty.ca.gov

Should you need assistance adjusting your training class schedule, please contact Optum Training at: sdu_sdtraining@optum.com

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Problem List | <input type="checkbox"/> OR View Only |
| <input type="checkbox"/> Complete Assessments | <input type="checkbox"/> OR View Only |
| <input type="checkbox"/> Complete Client Plans | <input type="checkbox"/> OR View Only |
| <input type="checkbox"/> Complete Progress Notes | <input type="checkbox"/> OR View Only |
| <input type="checkbox"/> Complete GROUP Progress Notes | |

Unit/Subunit Access

UNIT/SUBUNIT ACCESS (List all Units/Subunits to which user requires access. Use comment box for additional information.)

Unit:	<input type="text"/>	Subunit:	<input type="text"/>				
Unit:	<input type="text"/>	Subunit:	<input type="text"/>				
Unit:	<input type="text"/>	Subunit:	<input type="text"/>				
Unit:	<input type="text"/>	Subunit:	<input type="text"/>				

Enter all the Units/Subunits requested. If there are more Units/Subunits than there are text boxes, please put them in a table and attach to the request or enter in the Comment Section.

Credential and Certification Information

CREDENTIAL AND CERTIFICATION INFORMATION (Select one option and provide licensing information as appropriate.)

Administrative Staff

Unlicensed Clinical Staff: Select for Unlicensed Staff



Program Manager attests to User's Peer Support Certification Program Manager Name:

Licensed Clinical Staff: Select for Licensed Staff

License or Registration #: Issue Date:

NPI #: Taxonomy #:

If User is a Medical certified provider, please provide PTAN #:

PTAN Effective Date:

All staff must have a "credential". Some clinical staff will also have License or Registration information. To verify if your staff is Certified as a Peer Support Specialist you can look up here: [Peer Certification Portal](#)

Administrative:

Check this box for Admin Staff, as well as for those executives or County Analysts who will be accessing CCBH but not viewing any clinical records.

Unlicensed Clinical Staff

Select "Unlicensed Clinical Staff" for any staff with a clinical title who is not licensed to practice. Select from the Dropdown menu.

- **AMFT** – Associate Marriage & Family Therapist Intern, registered with the BBS
- **APCC - Associate** Professional Clinical Counselor Intern, registered with the BBS
- **ASW** – Associate Clinical Social Worker Intern, registered with the Board of Behavioral Sciences (BBS)
- **Certified Peer Specialist** **This credential is new and ONLY applies to staff that has passed the certified peer support specialist test**Program manager must attest when selecting this credential.
- **MHRS – Adult** – A staff who qualifies for a Mental Health Rehabilitation Specialist, determined by the [Organizational Provider Operations Handbook \(OPOH\)](#) and works in an Adult program
- **MHRS – Child** – A staff who qualifies as determined by the [OPOH](#), and works in a Children’s program
- **ParaPro (Not MHRS)** – A staff who qualifies as determined by the OPOH
- **W-LCSW Waivered** – ARF must be accompanied by the Waiver
- **W-MFT Waivered** – ARF must be accompanied by the Waiver
- **W-LPCC Waivered** - ARF must be accompanied by the Waiver
- **W-PhD/PsD Waivered** – ARF must be accompanied by the Waiver
- **WPSYCAND-Waivered Psych Candidate** – ARF must be accompanied by the Waiver

Licensed Clinical Staff

Select "Licensed Clinical Staff" for any staff with a clinical title and licensed to practice in California.

All Registered and Licensed staff will have a number, which can be verified at Department of Consumer Affairs (DCA) SEARCH: <https://search.dca.ca.gov>. See a separate Tip Sheet for accessing this web site. Enter the License/Registration number and the Issue Date in the text boxes.

All clinical staff, licensed or not, must have an NPI and Taxonomy, and they must match what is on the [NPI Registry](#). See attached instructions for locating NPI and Taxonomy numbers.

Regarding NPI/Taxonomies

- The NPI must be current with the staff's legal name and must match what was entered on ARF.
- The Taxonomy must also match the credential that was entered on the ARF

** A Guidelines for Choosing Taxonomies can be requested via MIS.**

If User has a PTAN number, enter it and the Effective Date. PTAN numbers are required for Medicare providers: MD's, DO's NP's, RN's, LCSW's

COMMENTS

COMMENTS (Please provide additional information, regarding reason for requesting Pre-Intake, User going to LOA, etc.)

-
- Use this section for any comments that help explain what is being requested for the account. This will streamline MIS processing and avoid misunderstandings.
 - Note if the User will need Pre-Intake, or for an Admin staff, the Client Attachments.

Program Contact Information

PROGRAM CONTACT INFORMATION (where communication to program will be sent regarding ARF)

First Name: Last Name:
Email: Phone:

-
- Enter the name, work email and phone number of the person who should be informed on the status of the ARF, whether approved, denied, or requiring additional information.
 - This should be Admin staff or a Program Manager

- Users should never be the one completing the form or be the program contact.
 - Users are not experienced in using the form, and the ARF will surely get rejected.
 - Sending information regarding the account will cause confusion for the user, and the ARF may not get re-sent, or trainings not registered.

User Access Authorization

USER ACCESS AUTHORIZATION

First Name: Last Name: Date:

User Signature:

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.

First Name: Last Name: Date:

Authorizing Program Manager Signature:

- The form can be digitally signed. If you do not have a digital signature, just click in the signature field and follow the directions to create one. Instructions can also be found on [Optum Downloadable Forms](#) under *How to Configure a Digital ID for Signing*.
- If you do not have the capability to digitally sign you may print out the form for handwritten signatures. *Electronic signatures* are not acceptable.
- User Signature: Complete with First Name, Last Name typed in.
 - Program Manager send to user
 - User signs and dates, emails to Program Manager
- Authorizing Program Manager Signature: The ARF must be signed by the Program Manager, or supervisor of the User.
 - If a Program Manager is requesting access, it must be signed by someone in the Legal Entity who is a higher level than him/her.
- The date on the digital signature will be used for our purposes
 - If you are printing out the form to sign, you MUST also include the date.
 - The Program Manager's date must be on or after the User's signature date as the signer is attesting that they personally reviewed the County's Summary of Policies with the user.

Submit



- **The Submit button should not be selected until you have digitally signed the SOP/ESA forms**
- If you submit before all forms are signed, the ARF will be rejected.

Editing the form

- If you made errors on the form, or need to change information after getting a rejection from MIS
- To edit, right-click on your digital signature and select Clear Signature. After corrections are made, enter your digital signature again and Submit.

MODIFY ACCOUNT OR TERMINATE USER ARF

Type of Request

Type of Request:

Effective Date:

Program Name: Legal Entity Number:

Staff First Name: MI: Last Name:

Staff ID: or Last 5 Digits of SSN: Job Title:

Note that some fields are outlined in red, and the field must have information before signing.

- Select what modifications you are making to the account:
- Enter the Effective date of the change
- Enter the Program Name and Legal Entity Number
- Enter the Staff name
- Enter the staffs CCBH staff ID
- If you are changing the job title, enter it here

Changes to Unit/Subunit Access – Only if changes to be made

CHANGES TO UNIT/SUBUNIT ACCESS

Unit: <input type="text"/>	Subunit: <input type="text"/>	Add/Delete <input type="button" value="v"/>				
Unit: <input type="text"/>	Subunit: <input type="text"/>	Add/Delete <input type="button" value="v"/>				
Unit: <input type="text"/>	Subunit: <input type="text"/>	Add/Delete <input type="button" value="v"/>				
Unit: <input type="text"/>	Subunit: <input type="text"/>	Add/Delete <input type="button" value="v"/>				

- CHANGING Units/Subunits:

- Enter the Unit/Subunits to change and select either Add or Delete
- Do for all Units/Subunits needing change
- TERMINATING USER:
 - Make sure all Units/Subunits assigned to the user are going to be terminated
 - If not sure, Modify by terminating only your Unit/Subunits

Changes to Credential – Only for making a change to a credential/taxonomy/adding a PTAN

CHANGES TO CREDENTIAL (Select one option and provide licensing information as appropriate.)

Administrative Staff
 Unlicensed Clinical Staff:

Licensed Clinical Staff:

License or Registration #: Issue Date:

NPI #: Taxonomy #:

If User is a Medical certified provider, provide PTAN #: Effective Date:

- Complete all fields where changes are being made
- Enter NPI and Taxonomy. Make sure the taxonomy matches the new credential being selected.
- The Staff might have to update their NPI registry, if so, do not submit modify ARF until the NPI is updated and showing the correct information.

Comments

COMMENTS (Please provide additional information, regarding reason for Modify ARF.)

- Brief statement to clarify changes requested, if necessary

Program Contact Information

PROGRAM CONTACT INFORMATION (where communication to program will be sent regarding ARF)

First Name: Last Name:

Email: Phone:

- Enter name, contact information so we can reply to the ARF

Signature

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.

Authorizing Program Manager Signature:

- For Modify User ARF, only the PM signature is required
- No SOP/ESA forms required for modifying users accounts

Submit



Click the Submit button. This will automatically send the ARF to the MIS Accounts Request email.

Editing the form

- If you made errors on the form, or need to change information after getting a rejection from MIS
- To edit, right-click on your digital signature and select Clear Signature. After corrections are made, enter your digital signature again and Submit.

GROUP ARF

The Group ARF is used when there are the same changes for multiple staff. It is used only for existing, current users. The fields outlined in Red are required

Type of Request

Type of Request:

Effective Date:

Program Name: Legal Entity Number:

- Select the type of changes to be made:
 - Modify Accounts
 - Terminations – CAUTION: All Units/Subunits will be closed. If you are only closing your Unit/Subunit, select Modify Accounts

Staff Names and IDs

COMMENTS (Please provide additional information, regarding the request.)

- For brief explanations regarding the request

Program Contact Information

PROGRAM CONTACT INFORMATION (where communication to program will be sent regarding ARF)

First Name: Last Name:
Email: Phone:

-
- Enter name, contact information so we can reply to the ARF

Signature

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.

Authorizing Program Manager Signature:



-
- Click anywhere in the field
 - Digitally sign. For instructions on creating a digital signature, use the Tip Sheet provided on Optum's registration site under Downloadable Forms: [Optum Downloadable Forms](#)
 - For Modify User ARF, only the PM signature is required
 - No SOP/ESA forms required for modifying users accounts

Submit

Submit

Click the Submit button. This will automatically send the ARF to the MIS Accounts Request email.

Editing the form

- If you made errors on the form, or need to change information after getting a rejection from MIS
- To edit, right-click on your digital signature and select Clear Signature. After corrections are made, enter your digital signature again and submit.

DHP ARF

Doctor's Home Page is used by MD's/DO's/NP's who e-prescribe, and for RN's/LVN's who support a prescriber who uses DHP.

- A DHP ARF is required for each MD/DO/NP who is requesting Doctor's Homepage.
- A DHP ARF is required for each RN/LVN who will be supporting the prescriber.
- Those licensed medical professionals will take the DHP training, after the initial training of Assessments has been completed. They will also take the CPPN class or PN class.
- Both an ARF and a DHP ARF are **not** required – just the DHP ARF. However, an SOP and ESA is required for all new staff.

User Type Request

Type of Request:

Employment Date:

This person is a:

Program Name: Legal Entity Number:

Type of Request:

- **Select New User**
 - Staff new to your Legal Entity. If they have an account with CCBH with a different Legal Entity, they are considered "New User" because they will get a new ID
- **Modify User**
 - Enter in Comments section what is being changed
 - User for reactivating staff who have been on LOA, or whose accounts have been deactivated due to non-use
 - For an existing user in your Legal Entity who now needs to use DHP
 - Making changes to the Unit/Subunit assignments
 - Any other changes to the account
 - You may be able to use the Modify User ARF instead of the DHP ARF
- **Employment Date**
 - Enter the date the user will begin providing services at your Unit/Subunits

This Person is a:

- Prescriber: an MD/DO/NP who legally can prescribe medications
- Non-Prescriber: any staff who will prescribe medications with the co-signature of an MD. (Typically an NP in training)
- Clinical Support Staff: RN or LVN who will need access to DHP to help set up medications for the prescriber

Program Name/Legal Entity Number:

- Enter the Program name, and the Legal Entity number

User Information

USER INFORMATION

First Name: MI: Last Name:

If this is a Name Change request, please enter previously used name:

CCBH Staff ID: Last 5 Digits of SSN: Date of Birth:

Work Address: City: Zip Code:

Work Email:

Work Phone: Fax (for pharmacy):

Languages Spoken - Language #1: Language #2: Language #3:

- **First Name:** Enter the Legal First Name of the user.
- **MI:** Enter the Middle Initial of the user. Even though it is not used in signatures, it helps with identification, especially for identifying users with common names.
- **Last Name:** Enter the Legal Last Name of the user.
- **If this is a Name Change request, please enter previously used name:** Enter the previous name of the user only if you are requesting a new ID for someone who changed their name and has an active account currently under the previous name.
 - If this a new user account, do not enter a maiden name or previous name.
- **CCBH Staff ID:** For current user, enter the Staff ID
- ~~**Last 5 Digits of SSN:** Be sure to enter the last 5 digits (No Longer a required)~~
- **Date of Birth:** Full date of birth (mm/dd/yyyy)
- **Work Address:** Enter the Street Address, City, State and ZIP Code for the User's workplace.
- **Work Email:** Enter a corporate email account
 - Preferable your company's email account for the user
 - Personal email, such as Hotmail, Gmail, etc., will not be accepted. There may be confidential email sent and these emails are not secure.
 - If an organizational email has not been assigned, we will use your email until you can correct this.
- **Work Phone:** Enter the Area Code and phone number where the user can be reached during regular business hours. No personal phone numbers please.
- **Fax:** For Prescribers, enter the Confidential Fax for the Pharmacy's use

Type of Access

TYPE OF ACCESS

Staff will: Complete Assessments Complete Client Plans Complete Progress Notes

Does Staff require a Supervising Physician? (If Yes, please provide the Default Supervising Physician below.)

First Name: MI: Last Name:

CCBH ID:

- **Staff will:** Check if user will complete Assessments, Client Plans and/or Progress Notes
- **Does Staff require a Supervising Physician?**
 - Answer No or Yes
 - If yes, enter the name and ID of the physician who will co-sign.

Unit/Subunit Access

UNIT/SUBUNIT ACCESS (List all Units/Subunits to be added or deleted.)

Unit:	<input type="text"/>	Subunit:	<input type="text"/>	Add/Delete <input type="button" value="v"/>				
Unit:	<input type="text"/>	Subunit:	<input type="text"/>	Add/Delete <input type="button" value="v"/>				
Unit:	<input type="text"/>	Subunit:	<input type="text"/>	Add/Delete <input type="button" value="v"/>				
Unit:	<input type="text"/>	Subunit:	<input type="text"/>	Add/Delete <input type="button" value="v"/>				

- Enter the Units/Subunits to be changed
- Select either Add or Delete

Linkage Information

LINKAGE INFORMATION (List All Staff to which user needs to be linked.)

CCBH ID:	<input type="text"/>	First Name:	<input type="text"/>	Last Name:	<input type="text"/>
CCBH ID:	<input type="text"/>	First Name:	<input type="text"/>	Last Name:	<input type="text"/>
CCBH ID:	<input type="text"/>	First Name:	<input type="text"/>	Last Name:	<input type="text"/>
CCBH ID:	<input type="text"/>	First Name:	<input type="text"/>	Last Name:	<input type="text"/>

- Enter all staff who need to be linked to a Physician, NP or nurse
 - For Prescribers, this will be any nurses who will be support
 - For Nurses, this will be any prescribers who they will support
 - Doctors do not get linked to other doctors
- If you have more linkages than this section allows, attach a list of Staff ID's, Names, and check the box.

Credential Information

CREDENTIAL INFORMATION (select one option and provide licensing information as appropriate.)

Select Credential: Job Title:

License or Registration #: Issue Date:

State of Issuance: NPI #: Taxonomy #:

If Prescriber, DEA information **MUST** be provided:

DEA #: Effective Date: Expiration Date:

If User is a Medical certified provider, please provide PTAN #:

Effective Date: Does Prescriber need an EPCS Token: Yes No

- **Select Credential:** Click on the field, and choose from the drop-down menu
- **Job Title:** Enter the Job Title assigned by the program
- **License or Registration #:** Enter the license number of the staff, and the
- **State of Issuance:** For MD/DO credential
- **NPI#/Taxonomy #:** Enter the NPI and Taxonomy numbers.
- **If Prescriber, DEA information must be provided:** Complete the DEA information: DEA #, Effective Date, and Expiration Date.
- **If User is a Medicare certified provider:** Enter the PTAN # and Effective Date
- **Does Prescriber need an EPCS Token:** A token is required if the Prescriber will be e-prescribing controlled substances.

Comments

COMMENTS (Please provide additional information, regarding reason for requesting Pre-Intake, User going to LOA, etc.)

- For brief explanations if necessary, regarding the request

PROGRAM CONTACT INFORMATION

PROGRAM CONTACT INFORMATION (where communication to program will be sent regarding ARF)

First Name: Last Name:

Email: Phone:

- Enter the name, work email and phone number of the person who should be informed on the status of the ARF, whether approved, denied, or requiring additional information.
- This should be Admin staff or a Program Manager
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User Access Authorization

USER ACCESS AUTHORIZATION

User Signature:

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.

Authorizing Program Manager Signature:

-
- The form can be digitally signed. If you do not have a digital signature, just click in the signature field and follow the directions to create one. Instructions can also be found on [Optum Downloadable Forms](#) under *How to Configure a Digital ID for Signing*.
 - If you do not have the capability to digitally sign you may print out the form for handwritten signatures. *Electronic signatures* are not acceptable.
 - User Signature: Complete with First Name, Last Name typed in.
 - Program Manager send to user
 - User signs and dates, emails to Program Manager
 - Authorizing Program Manager Signature: The ARF must be signed by the Program Manager, or supervisor of the User.
 - If a Program Manager is requesting access, it must be signed by someone in the Legal Entity who is a higher level than him/her.
 - The date on the digital signature will be used for our purposes
 - If you are printing out the form to sign, you MUST also include the date.
 - The Program Manager's date must be on or after the User's signature date as the signer is attesting that they personally reviewed the County's Summary of Policies with the user.

Submit



- The Submit button should not be selected until you have digitally signed the SOP/ESA forms
- If you submit before all forms are signed, the ARF will be rejected.

Editing the form

- If you made errors on the form, or need to change information after getting a rejection from MIS
- To edit, right-click on your digital signature and select Clear Signature. After corrections are made, enter your digital signature again and Submit.