

Alameda County Behavioral Health Care Services Clinicians Gateway Staff Authorization Request Form

PLEASE TYPE ALL REQUEST FORMS SUBMITTED TO THE HELP DESK

☐ New ☐ Update ☐ Disable

Date of Request: _____

Please submit an **InSyst Staff #** Request along with this Request if staff does not have one. Usernames will be issued if needed.

InSyst Staff # / Username: _____ / _____		Organization: _____		
<u>CG Staff Personal Info:</u>		Program Name: _____		
First Name: _____	Last Name: _____			
Professnl Suffix: _____	* Instructions Below			
Day Phone # : _____	ext: _____	E-mail Address: _____		
Program Address: _____		<input type="checkbox"/> Review / Co-sign of Notes is Required		
City: _____	<input type="checkbox"/> Can Review / Co-sign Notes			
State, Zip: _____	<input type="checkbox"/> Daily Approval/Daily Staff Log in CG			
		<input type="checkbox"/> Is LPHA (Licensed professional in the Healing Arts)		
Program Contact Person: _____		Program Phone # : _____ ext: _____		
Program Contact Email: _____				
Please check ALL the Clinician's Gateway Work Group authorization requests for this Staff:				
<table border="0" style="width: 100%;"><tr><td style="vertical-align: top; width: 50%;"><input type="checkbox"/> BHCS <input type="checkbox"/> Contracted Organization <input type="checkbox"/> Face Sheet Access Only [17] <input type="checkbox"/> View Notes Only [1] (includes Face Sheet) <input type="checkbox"/> Clinician who Provides Services [5] <input type="checkbox"/> Doctor who Provides Services [6] <input type="checkbox"/> Training Only (trainee)[45] <input type="checkbox"/> Clinical Admin (support or supervision) [2] <input type="checkbox"/> Scanning Operator - Imaviser Admin [37] <input type="checkbox"/> Change the Reviewer of a Note Role (supervisor) [15] <input type="checkbox"/> Confidential Files Access: Clinic _____ <input type="checkbox"/> Confidential Files Manager <input type="checkbox"/> Appointment Scheduler Administration [28] <input type="checkbox"/> Forms Entry <input type="checkbox"/> FSP <input type="checkbox"/> CFE <input type="checkbox"/> UELP <input type="checkbox"/> MAA <input type="checkbox"/> Other _____</td><td style="vertical-align: top; width: 50%;"><input type="checkbox"/> BHCS QA/Senior Management – Global Viewing [22] <input type="checkbox"/> ERMHS/AB3632 – Database Data Entry [18] <input type="checkbox"/> ERMHS/AB3632 – Database Viewing [20] <input type="checkbox"/> BHCS Information Systems Staff [3] <input type="checkbox"/> BHCS Information Systems Administration <input type="checkbox"/> Choices Group [23] <input type="checkbox"/> Criminal Justice (Santa Rita and CAP) [59] <input type="checkbox"/> EBCRP - Criminal Justice Client Sharing [59] <input type="checkbox"/> BOSS – Options Recovery Connections Client Sharing [35] <input type="checkbox"/> Health Pac - Crisis Referral Client Sharing [44] <input type="checkbox"/> FSP PSC (for PSC drop down) <input type="checkbox"/> Auditor [58] for Clinic or RU _____</td></tr></table>			<input type="checkbox"/> BHCS <input type="checkbox"/> Contracted Organization <input type="checkbox"/> Face Sheet Access Only [17] <input type="checkbox"/> View Notes Only [1] (includes Face Sheet) <input type="checkbox"/> Clinician who Provides Services [5] <input type="checkbox"/> Doctor who Provides Services [6] <input type="checkbox"/> Training Only (trainee)[45] <input type="checkbox"/> Clinical Admin (support or supervision) [2] <input type="checkbox"/> Scanning Operator - Imaviser Admin [37] <input type="checkbox"/> Change the Reviewer of a Note Role (supervisor) [15] <input type="checkbox"/> Confidential Files Access: Clinic _____ <input type="checkbox"/> Confidential Files Manager <input type="checkbox"/> Appointment Scheduler Administration [28] <input type="checkbox"/> Forms Entry <input type="checkbox"/> FSP <input type="checkbox"/> CFE <input type="checkbox"/> UELP <input type="checkbox"/> MAA <input type="checkbox"/> Other _____	<input type="checkbox"/> BHCS QA/Senior Management – Global Viewing [22] <input type="checkbox"/> ERMHS/AB3632 – Database Data Entry [18] <input type="checkbox"/> ERMHS/AB3632 – Database Viewing [20] <input type="checkbox"/> BHCS Information Systems Staff [3] <input type="checkbox"/> BHCS Information Systems Administration <input type="checkbox"/> Choices Group [23] <input type="checkbox"/> Criminal Justice (Santa Rita and CAP) [59] <input type="checkbox"/> EBCRP - Criminal Justice Client Sharing [59] <input type="checkbox"/> BOSS – Options Recovery Connections Client Sharing [35] <input type="checkbox"/> Health Pac - Crisis Referral Client Sharing [44] <input type="checkbox"/> FSP PSC (for PSC drop down) <input type="checkbox"/> Auditor [58] for Clinic or RU _____
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Please list ALL Provider Reporting Unit Numbers associated with this Staff:			
RU# _____	RU Name: _____	RU# _____	RU Name: _____
RU# _____	RU Name: _____	RU# _____	RU Name: _____
RU# _____	RU Name: _____	RU# _____	RU Name: _____
RU# _____	RU Name: _____	RU# _____	RU Name: _____

SEND FORM TO:

IS System Support Services

1900 Embarcadero Cove, 4th Floor

Oakland, CA 94606

Tel 510-567-8181, Fax 510-567-8161

his@acbhcs.org

QIC 28004

For System Support:

Web Portal Acct Exists? _____ E-Sig: _____ Conf: _____

Help Desk Log #: _____

Date & Name: _____

***INSTRUCTIONS FOR PROFESSIONAL SUFFIX:**

Please choose the highest registered intern or licensure (or AOD certification) status that you have from the list below.) If you are not registered, certified or licensed with a Board then choose the highest credential. In highest order Trainee/Student, MHRS, and Adjunct Staff.

Everyone must inform their program manager of the selection chosen.

In order to choose: trainee, MHRS, or adjunct staff your program manager must approve this selection.

Examples include:

(1) You may have a PhD in psychology, but if you are not waived or licensed with the Board of Psychology you must choose MHRS;

(2) Similarly, you may have a MSW degree, but if you are not registered as an ASW or licensed as an LCSW you must choose MHRS;

(3) You may have a BS degree in a MH field--but if you do not have the required 4 years of experience in the MH field you must choose Adjunct staff.

If you are not sure which credential to choose please consult the scope of practice sheet below. If you still have questions, contact the Quality Assurance Office at 510-567-8100 or Qaoffice@ACBHCS.org

<u>TITLE</u>	<u>DESCRIPTION</u>
Adjunct	other staff (such as consumer workers or family partners) certified by their agency, or program, for direct Medi-Cal service provision
Admin/Supp	administrative and support staff
ASW	associate clinical social worker
CNS	advance practice nurse--clinical nurse specialist
DO	psychiatrist
LCSW	licensed clinical social worker
LPCC	licensed professional clinical counselor
LPCC-F	licensed professional clinical counselor with additional training and experience to provide family counseling
LVN	licensed vocational nurse
MD	psychiatrist
MFT	licensed marriage and family therapist
MFT-Intern	marriage and family therapist intern
MHRS	mental health rehab specialist: (1) AA + 6 yrs exp; (2) BS + 4 yrs exp; or (3) non-waivered or non-registered intern with MA/MS/MSW/PhD/PsyD
NCAA-Certified	AOD staff <u>certified</u> with a National Commission for Certifying Agencies (NCAA) accredited organization approved by the CA Dept of Alcohol & Drug to provide Medi-Cal services
NCAA-Registered	AOD staff <u>registered</u> with a National Commission for Certifying Agencies (NCAA) accredited organization approved by the CA Dept of Alcohol & Drug to provide Medi-Cal services
NP	advanced practice nurse--nurse practitioner
PA	physician assistant
PCC-Intern	professional clinical counselor intern
PhD-Licensed	licensed clinical psychologist
PhD-Waivered	waivered psychologist
Psych Tech	psychiatric technician
PsyD-Licensed	licensed clinical psychologist
PsyD-Waivered	waivered psychologist
RN	registered nurse
RPh	licensed CA pharmacist, including BS.Pharm and PharmD
RPh-Intern	intern pharmacist registered with the CA board of pharmacy
Trainee	student in a MH program (master's degree or higher)