



## **Monthly Staff Change Attestation**

### **How to Complete the E-Form**

#### **Mission Statement:**

To maximize the recovery, resilience and wellness of all eligible Alameda County residents who are developing or experience a serious mental health, alcohol or drug concern.

Created by:  
BHCS IS Support Group  
July 23, 2014  
Version 1.3

## Monthly Staff Change Attestation E-Form

This document indicates the procedures for completing the Monthly Staff Change Attestation form which must be completed by all providers **no later than the 15<sup>th</sup> of each month**. The monthly attestation form notifies the BHCS of any changes to your Staff (new, departed or updated) that took place within your respective organization during the prior month.

## OIG Exclusion List Background

In order to comply with Federal law, Behavioral Healthcare Services will not employ or contract with any persons or entities who are excluded from participating in providing items and/or services billed to Federal health care programs, such as Medicare, Medi-Cal, and all other Federal health care programs. Behavioral Healthcare Services receives Federal funding for administrative operations as well as direct client care. Therefore, Behavioral Healthcare Services must monitor all employees, contracted staff, contracted entities and paid interns to ensure persons are not on the Exclusion list. This is the procedure for how to update your active staff roster using the online forms developed by BHCS Information Services (IS). You are required to update this roster when any changes in your staffing occur, including the addition, removal or retirement of any staff with functions described within the OIG Policy. Failure to accurately record these changes will result in the loss of Federal funding for any activities performed by staff that are discovered to be on the OIG list but were not properly reported on your active staff roster.

## Electronic Form Requests (E-Forms)

E-Forms are web based data entry forms that are similar to PDF forms but are accessed via your web browser (Internet Explorer or Google Chrome). E-Forms are dynamically created and can change based upon the input of the user. Once the E-Form is submitted, the form is automatically emailed to the IS Support Help Desk for processing (no faxing or manual emailing is required).

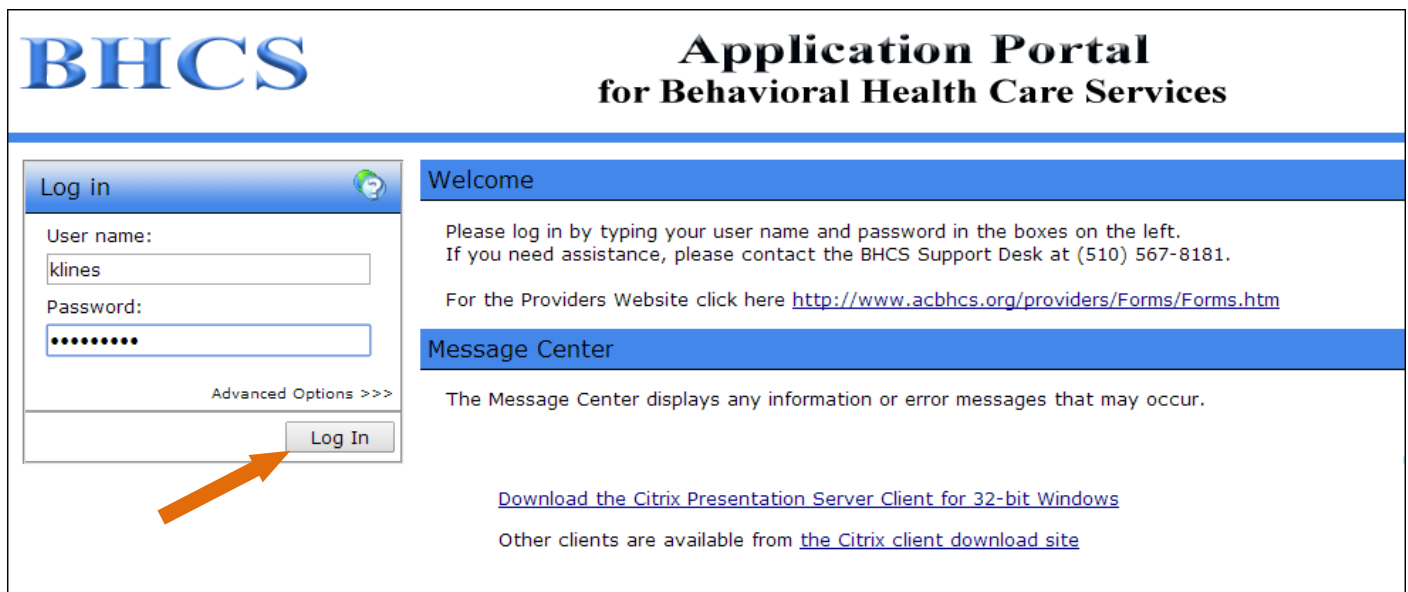
## Accessing E-Forms (Web Portal Users)

Approved Contractors and CBO users (Community Based Organizations) can access the various E-Forms via the BHCS Web Portal. This is the same access point from which Clinician's Gateway and INSYST screens are accessed.

1. Log on to the BHCS Web Portal from your browser:

<https://www.bhcsportal.org/Citrix/AccessPlatform/auth/login.aspx>

2. Enter your Username and Password in the appropriate fields and select "**Log In**". Each organization should have at least one or more individuals with access rights.



**BHCS**

**Application Portal  
for Behavioral Health Care Services**

**Log in**

User name:  
klines

Password:  
••••••••

Advanced Options >>>

**Log In**

**Welcome**

Please log in by typing your user name and password in the boxes on the left.  
If you need assistance, please contact the BHCS Support Desk at (510) 567-8181.

For the Providers Website click here <http://www.acbhcs.org/providers/Forms/Forms.htm>

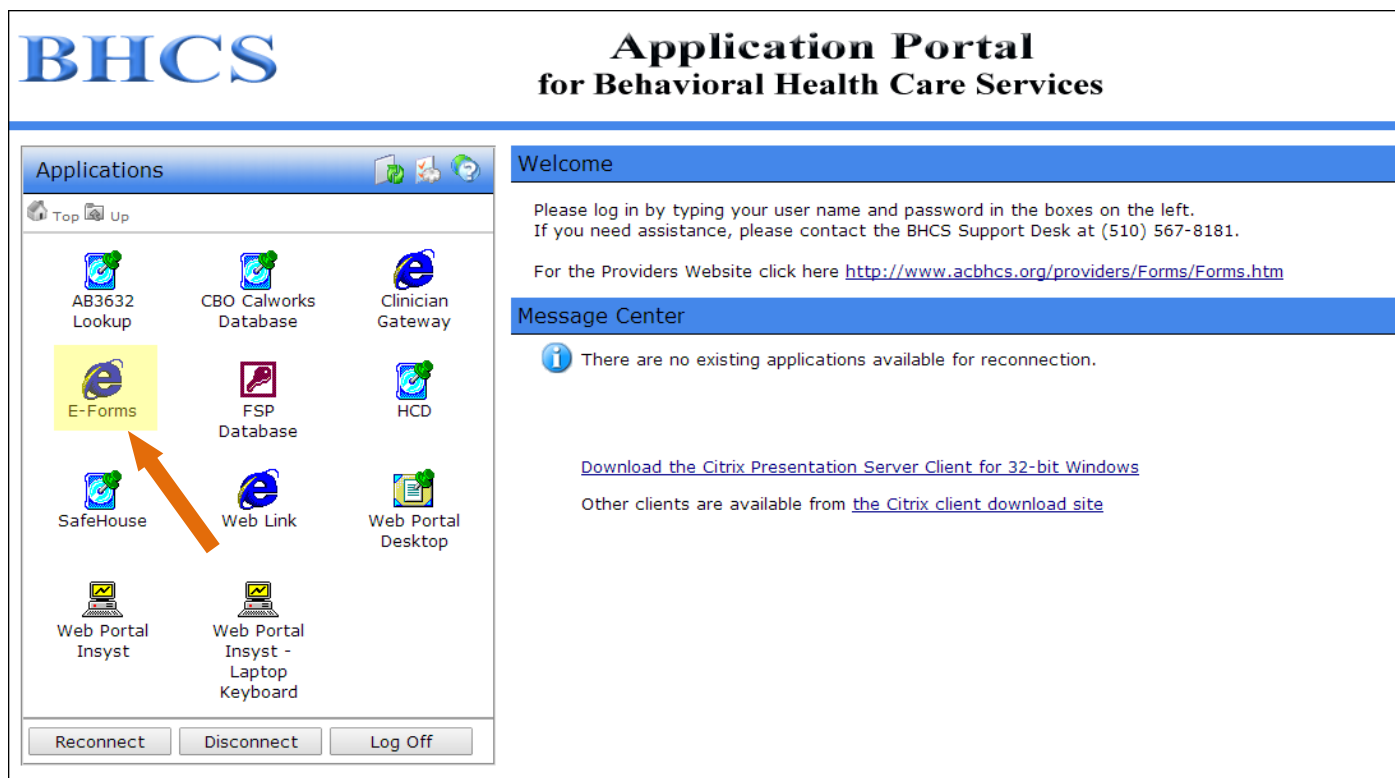
**Message Center**

The Message Center displays any information or error messages that may occur.

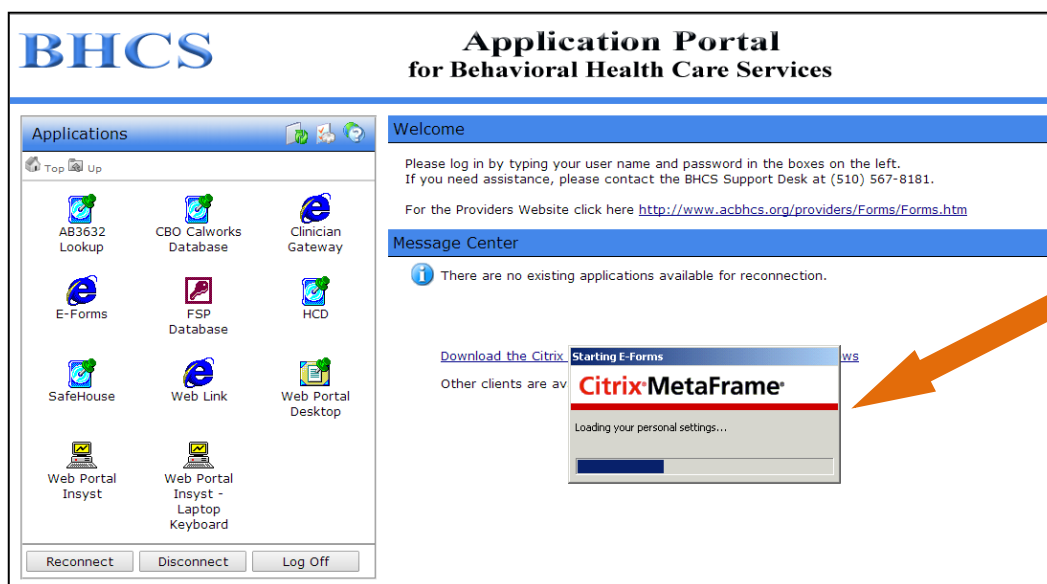
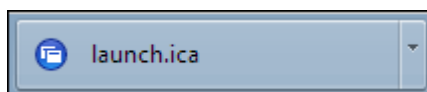
[Download the Citrix Presentation Server Client for 32-bit Windows](#)

Other clients are available from [the Citrix client download site](#)

3. From the Applications menu of the Web Portal, click on the link to the E-Forms page.
4. This will download a "Launch.ica" file that needs to be run in order to access the e-forms page.



5. Click on the "launch.ica" item to run the Citrix connection to access the forms page.



6. The E-Forms page contains various online forms that can be completed.
7. Select the "**Monthly Staff Change Attestation**" from the list of available forms.

The screenshot shows the 'Health Care Services Agency' intranet. The 'Behavioral Health' tab is selected in the top navigation bar. The 'E Forms' section is active, displaying a list of 'Electronic Form Requests (E-Forms)'. The forms listed include:



- Authorization (AOD) Request E-Form
- Authorization (MHS) Request E-Form
- CG Note Delete Request E-Form
- CG Staff Authorization Request E-Form
- CG Staff List Request E-Form
- CG Treatment Plan Request E-Form
- Client Merge Request E-Form
- Monthly Staff Change Attestation** (highlighted with a red box and an orange arrow)
- Staff Number (MHS) Request E-Form
- Report Request E-Form
- Service Request E-Form

## Monthly Staff Change Attestation Form

This attestation form is used to report on whether any changes took place with your clinical staff in the prior month. Before completing the form, please ensure that you have submitted a Staff Number Request form for any new staff, any staff that has departed or any clinical staff whose license has changed.

### Monthly Staff Change Attestation (completed by the 15<sup>th</sup> of each month)

1. Contact Information Section - Enter your 5-digit "**Vendor ID**" in the available field. Each CBO/Provider was issued a "Vendor ID" by the Network Office when your contract was established. This number is located on all disbursement checks. Ask your local admin person or contact your Contract/Fiscal Manager. The Vendor ID is required when filling out the Monthly Staff Attestation report. Note: the Vendor ID is a five-digit number with five leading Zero's (0000012345), do not enter the leading zero's.

Contact Information

### ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

## Monthly Staff Change Attestation

Please complete this form by the 15th of each month. This form is used to report on whether any changes took place with your staff in the prior month. Before completing the form, please ensure that you have submitted Staff Change Requests for any new staff or any staff that are no longer with your organization.

**Use the TAB key to navigate through each field.** Click on the GREEN circles for help on each field. When you have completed the form, click on the "Submit Monthly Staff Attestation" button. The completed form will be emailed to the IS Support Help Desk ([HIS@acbhcs.org](mailto:HIS@acbhcs.org)) and you will receive a copy for your records. Note: To process another request, simply press the Refresh icon or the F5 key to reload the form.

Today's Date :	07/23/2014			
• Please enter your Vendor ID # :	12345			
• Agency / Vendor Name :				
Indicate type of request :	Monthly Staff Change Attestation			
Reporting Unit(s) :				

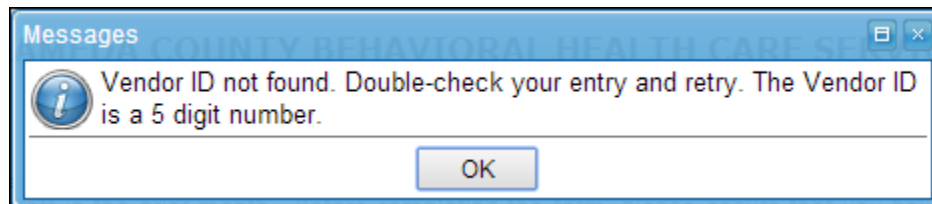
### Vendor ID Number located on disbursement check

Vendor Number	Vendor Name		Total Discounts\$0.00		
0000012345	HEALTH				
Check Number	Date		Total Amount	Discounts Taken	Total Paid Amount
24508	5/7/2014		\$40,491.53	\$0.00	\$40,491.53

2. After entering your Vendor ID, press the TAB key to search the database.



If you receive the following error message "**Vendor ID not Found**", ensure your 5-digit vendor ID is entered (12345) and try again.



3. After pressing the TAB key, the form will automatically insert the Vendor Name into the Vendor Name field.

Today's Date :	07/23/2014	
• Please enter your Vendor ID # :	12345	
• Agency / Vendor Name :	Health Care Services	
Indicate type of request :	Monthly Staff Change Attestation	
Reporting Unit(s) :		

4. Enter the Reporting Units that this Monthly Staff Change covers.

Today's Date :	07/23/2014	
• Please enter your Vendor ID # :	12345	
• Agency / Vendor Name :	Health Care Services	
Indicate type of request :	Monthly Staff Change Attestation	
Reporting Unit(s) :	01ABC, 01XYZ	

- Monthly Staff Change Attestation – This section is for attesting to the various changes to your clinical or administrative staff. Any change (new staff, updates to existing staff or staff that have departed) during the prior month must have been submitted to the BHCS on a Staff Number request form.

Monthly Staff Change Attestation		
Is this for SUD or MHS?	MHS (Mental Health Services)	
Indicate what Month this report covers:	February	
Indicate what Year this report covers:	2014	
Were there any Staff Changes during the month indicated ?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Changes	
Were ALL new Staff added to the Staff Master ?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Changes	
Were ALL inactive / expired staff removed from the Staff Master ?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Changes	
The agency (named above) has verified that all staff are not contained on the exclusion lists(s) for this month :	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	



- When you select Yes to attesting to the staff changes listed above, additional fields will be displayed allowing you to indicate the person attesting to the information. If you cannot attest to the information, you will not be able to complete and submit the form.

I attest that the information indicated above is correct.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
First Name of person Attesting :	Steve	
Last Name of person Attesting :	Smith	
Phone / Ext of person Attesting :	510.123.4567	
Email of person Attesting :	steve@email.com	

- Once you have attested to the information, the Submit button will become active so that the form can be completed.

## Submitting

- Click on the "**Submit**" button at the bottom of the page to submit the form.
- If any required data is missing, the missing fields will be highlighted in yellow and require you to go back and populate those fields.
- A copy of the form will be emailed to the person attesting and the form will be displayed for viewing. Simply click on the Close button to close the form viewer.

 Submit Monthly Staff Attestation	 Cancel
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# Staff Number Request Form

An INSYST Staff Number must be assigned to all staff (BHCS staff, Provider Staff and Standard Services Personnel staff). This staff number is required for any clinician that will be treating patients as well as any non-clinician that will be accessing the Clinicians Gateway system and for individuals that need to be checked against the Federal Exclusion List.

The Staff Number form is also used to update clinician licensing information and report on staff that have departed your organization.

1. Select the “**Staff Number Request**” from the list of available forms.

The screenshot shows a web browser window displaying the Health Care Services Agency intranet. The page title is "Electronic Form Requests (E-Forms)". The navigation menu includes links for HCSA Home, Human Resources, HCSA Admin Indigent Health, Public Health, Behavioral Health (highlighted), and Environmental Health. The main content area lists various E-Forms, including "Staff Number (MHS) Request E-Form", which is highlighted by an orange arrow. The list also includes "Authorization (AOD) Request E-Form", "Authorization (MHS) Request E-Form", "CG Note Delete Request E-Form", "CG Staff Authorization Request E-Form", "CG Staff List Request E-Form", "CG Treatment Plan Request E-Form", "Client Merge Request E-Form", "Report Request E-Form", and "Service Request E-Form".

**Electronic Form Requests (E-Forms)**

Electronic Form Requests (E-Forms):



The following E-Forms on this page are currently available to be completed in lieu of a standard PDF form. As more E-Forms are completed they will be added to the menu for you to access. The E-Forms allow you to complete your request online and immediately submit the completed form to the BHCS IS Support Help Desk ([HIS@achhcs.org](mailto:HIS@achhcs.org)) for processing. A PDF copy of the form will also be emailed to you for your records. Note: To process multiple requests of the same E-Form, simply press the browser refresh icon or the F5 key to reload the E-Form after submitting the form.

Select from one of the following E-Forms to complete your online request. For Help on completing an E-Form, click on the Help link.

- [Authorization \(AOD\) Request E-Form](#). Use this online e-form to setup an INSYST username and access to the INSYST database.
- [Authorization \(MHS\) Request E-Form](#). Use this online e-form to setup an INSYST username and access to the INSYST database.
- [CG Note Delete Request E-Form](#). Use this online e-form to request a CG Note to be deleted.
- [CG Staff Authorization Request E-Form](#). Use this online e-form to Create, Update or Disable a CG staff account.
- [CG Staff List Request E-Form](#). Use this online e-form to add individuals to the RU staff drop-down lists in the CG data collections forms.
- [CG Treatment Plan Request E-Form](#). Use this online e-form to request changes to the CG treatment plan.
- [Client Merge Request E-Form](#). Use this online e-form to merge duplicate INSYST client records.
- [Staff Number \(MHS\) Request E-Form](#). Use this online e-form to acquire an INSYST staff number for your clerical staff.
- [Staff Number \(AOD\) Request E-Form](#). Use this online e-form to acquire an INSYST staff number for your clerical staff.
- [Report Request E-Form](#). Use this online e-form to create & modify reports or run existing reports.
- [Service Request E-Form](#). Use this online e-form to make a request for network access.

## **Staff Number Form**

The Staff Number form must be completed for any new staff that is being added to your organization.

 **Health Care Services Agency**













Contact Information

**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES**

**Request for Staff Number (MHS)**

Please complete this form and allow 3 business days for processing. A Staff Number is used to identify you as a Mental Health Service (MHS) provider. Information such as; license number, Medicare number, NPI number and taxonomy code are used in the claiming process of services provided by clinicians. The coordination of this information is essential between your licensing board, Medicare (Palmetto) and the NPPES/NPI numerator. Clinicians are issued one staff number regardless of if they work at multiple agencies.

**Use the TAB key to navigate through each field.** Click on the GREEN circles for help on each field. When you have completed the form, click on the "Submit MHS Staff Request" button. The completed form will be emailed to Provider Relations (ProviderRelations@acbhcs.org) or the IS Support Help Desk (HIS@acbhcs.org) and you will receive a copy for your records. Note: To process another request, simply press the Refresh icon or the F5 key to reload the form.




• Today's Date :	07/22/2014		
• Indicate Type of Request :	OIG Staff Check Only		
• Contact Person's First Name :	Luke		
• Contact Person's Last Name :	Skywalker		
• Contact Person's Phone / Ext :	x12345		
• Contact Person's Email :	Luke@iamyourfather.org		
• Enter Name of Organization(BHCS or CBO name) :	Tatooine System		
• Enter Name of Clinic / Program :	Mos Eisley Cantina		
• Select The Type of User :	CBO (Community Based Organization)		
IS Access :			

### **Type of Staff Requests:**

1. **New Clinician Staff Number**: Use this selection if the employee is a licensed clinician that treats patients.
2. **New Non-Clinician Staff Number**: Use this selection if the employee is not a licensed clinician but is required to access clinical charts or Clinician's Gateway but does not provide clinical care.
3. **OIG Staff Check Only**: Use this selection to request an OIG (Office of Inspector General) check of the employee to verify that they are not on any exclusion list.
4. **Update Existing Clinician Staff Number**: Use this selection to update the staff number of an existing clinician in the event any of their license information has changed.
5. **Update Existing Non-Clinician Staff Number**: Use this selection to update the staff number of an existing non-clinician in the event any of their contact information has changed.
6. **Staff Number End Date**: Use this selection if the employee has departed and no longer works for your organization.
7. **OIG Emergency End Date**: For IS Staff Use Only

## E-Form Data Entry Notes

Completing an e-form is straight-forward and easy.

TAB	After entering the field information, the TAB key takes you to the next data entry field.
F5	The F5 key clears all the fields and reloads the E-Form page
	The RED dot to the left of the field description column indicates the field is <b>REQUIRED</b> and that the field must be populated in order to submit the form.
	The GREEN dot to the left of the field description column indicates the required field has been populated.
	The GREEN button with the question mark to the right of the data field is a Help menu for that field. Click on the button for information regarding the field.

## Frequently Asked Questions

Question	Answer
We do not currently have a user name and password for the web portal	You need to request network access by submitting a User Authorization
We don't know our Vendor ID number	Contact your Contract or Fiscal Manager
Vendor ID not found	Re-enter vendor ID, ensure it is 5-digits