



Behavioral Health Department

Alameda County Health

Contracted Providers

Accessing the ACBH Network
Completing the Provider Monthly Attestation Form
Completing a SmartCare Staff Request 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:

BHD IS Support Group

July 8, 2024

Version 2.0

Provider Monthly Attestation E-Form

This document indicates the procedures for completing the Provider Monthly Attestation form which must be completed by all contracted providers **no later than the 15th of each month for the prior month (ie July 15th for the month of June)**. The monthly attestation form notifies the ACBH of any changes to your Staff (new, departed or updated) that took place within your respective organization during the prior month. The Attestation e-Form is to be completed by both Mental Health and Substance Use Disorder clinics.

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 ACBH 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 secure web based data entry forms that are similar to PDF forms but are accessed via your web browser (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 AC Health Information Systems Desk for processing (no faxing or manual emailing is required).

Accessing E-Forms (County Users)

County users can access the various E-Forms via the ACBH Network. Open a browser and go to the following site to open the Provider Monthly Attestation form.

<https://acgovt.sharepoint.com/sites/BehavioralHealth/SitePages/ACBH.aspx>

or open the form directly using the link below

https://eforms3.acbhcs.org/lincdoc/doc/run/alameda/Monthly_Staff_Report

Accessing E-Forms (Providers / Contractors)

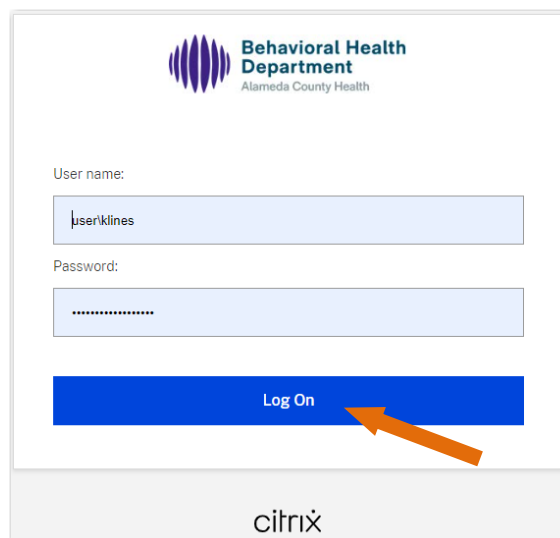
Approved Contractors and CBO's (Community Based Organizations) can access the various E-Forms via the ACBH Web Portal using their ACBH Username. This is the same access point from which Clinician's Gateway and SmartCare screens are accessed.

Each organization needs to have at least one or more individuals with access rights. **Note:** Refer to the appendix section for getting a Log On Username if you do not have one.

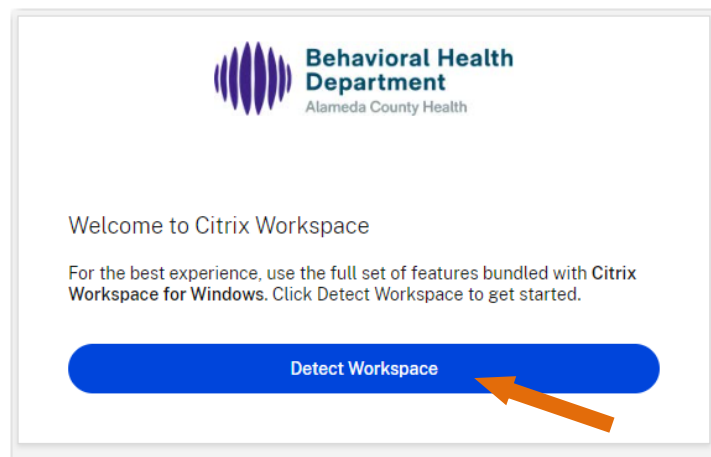
1. Log on to the ACBH Web Portal from your browser:

<https://bhcsportal.cloud.com/Citrix/StoreWeb/#/login>

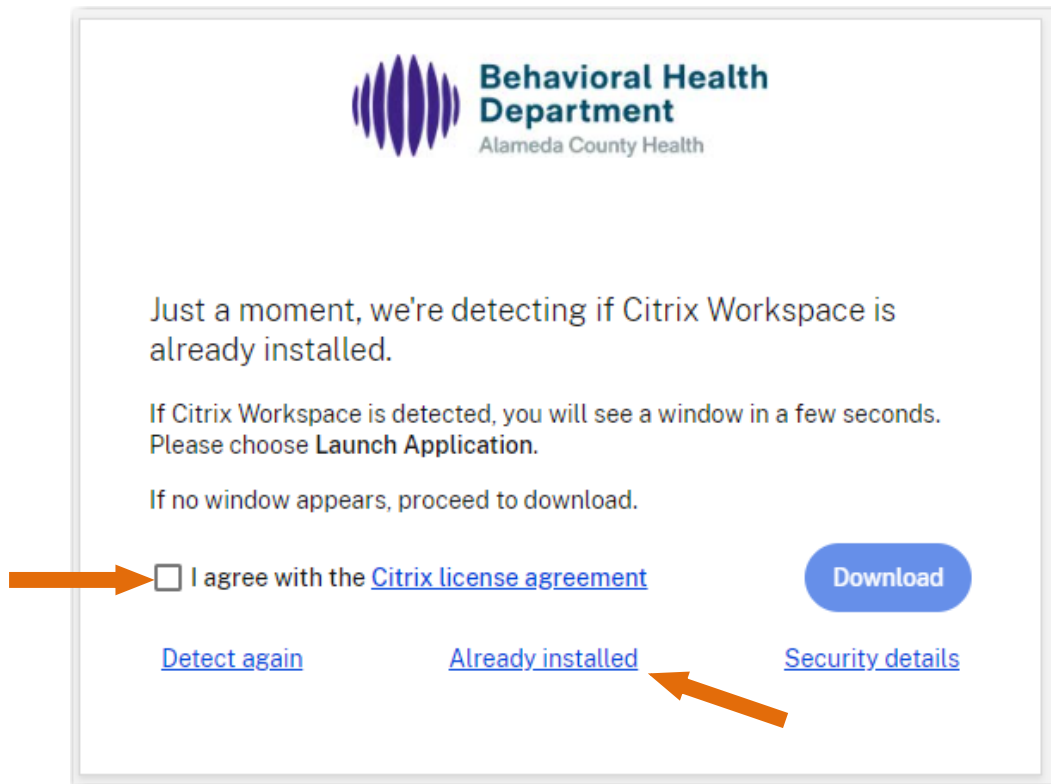
2. Enter your ACBH Username and Password and select "Log On".



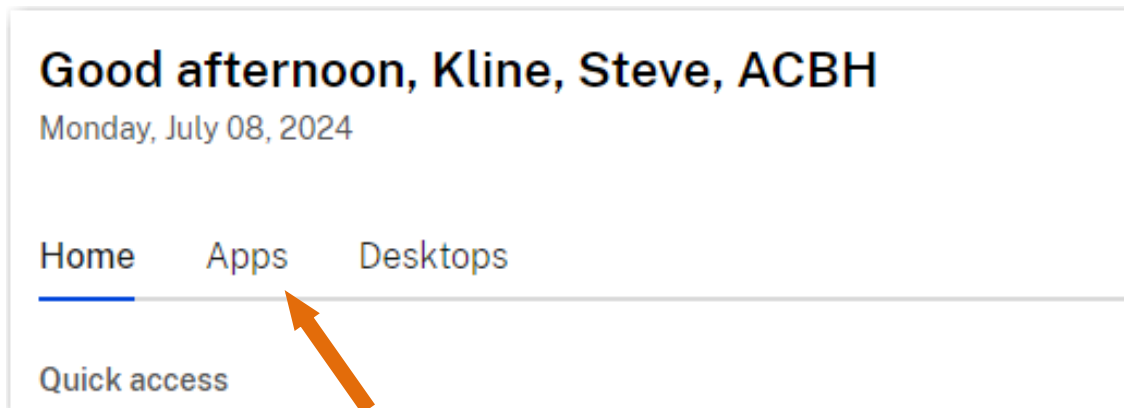
3. If necessary select "detect Receiver" at the Citrix menu.



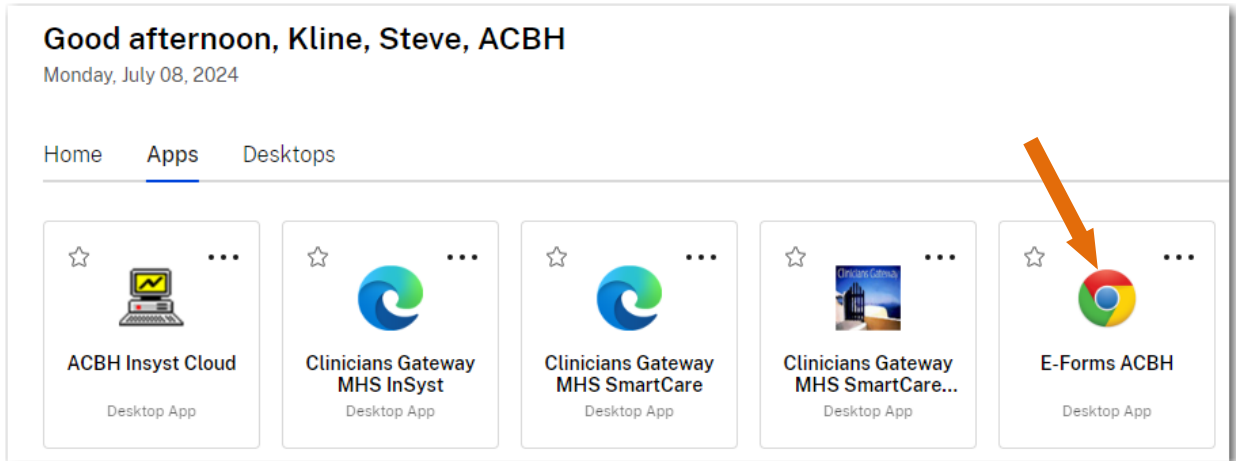
4. If necessary, select "I agree.." and then download the receiver. If already installed, select "Already Installed".



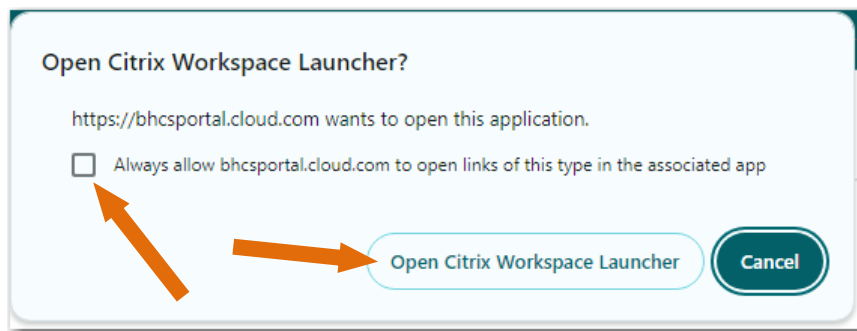
5. Click on the "Apps" link.



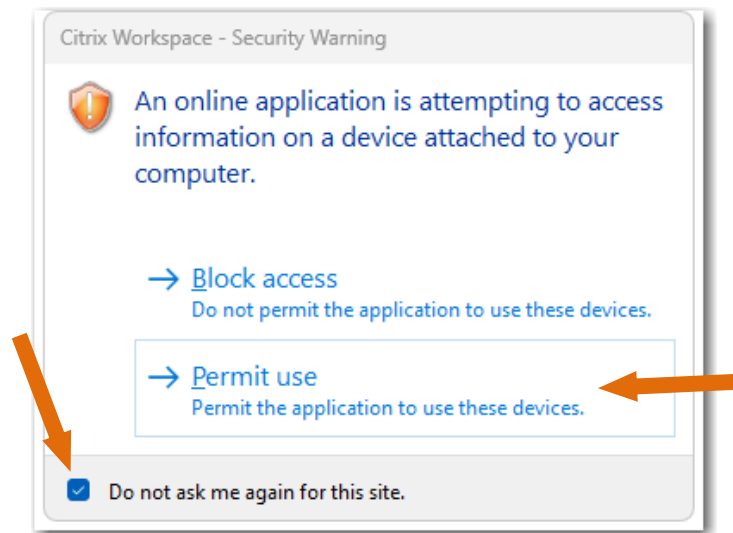
6. From the "Apps" menu of the Web Portal, click on the link to the "E-Forms ACBH" App.



7. If displayed, select the "allow" checkbox and then click on the Open Citrix Workspace button.



8. If displayed, click on the "Do Not ask me again for this site" checkbox and then click on the "Permit Use" selection.



9. The E-Forms Request page contains various online forms that can be completed.
10. Select the "**Provider Monthly Attestation**" from the Miscellaneous section to open the form.

Behavioral Health Department
Alameda County Health

Providers Home

- Access
- Administration
- CalOMS/DATAR
- CANS/ANSA
- Clinician's Gateway
- COVID-19
- Document Center
- Fiscal
- Forms
- HealthPac
- ICD-10

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 ACBH IS Support Help Desk (HIS@acbhc.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.

- [Help - How to Complete an E-Form](#)

Miscellaneous

- [Language Interpretation Translation \(LIT\) Form](#)
Use this online form for requesting language translation services. This form is for Alameda County Behavioral Health Care & their Providers Only.
- [Provider Monthly Attestation](#)
Use this online e-form to attest to your Monthly Attestation for Staff Changes or NACT/Final Rule Changes.
- [Unusual Occurrence Notification](#)
Use this online e-form for Providers to report of an unusual occurrence due to a death or incident in the clinics.
- [Yellowfin Data Access](#)
Use this online e-form to request access to the Yellowfin data analytics information. An email will be sent to the Data Management & Reporting team with a copy of your request.

Contact Information

Provider Attestation (Staff Changes & NACT Changes)

Please complete this form by the 15th of each month for the prior month (ie by November 15th for the month of October). This form is used to report on various monthly changes (Staff & Rendering Service Provider, Provider Directory, NACT Organization Information, or NACT Site Information) that may have taken place during 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. Refer to the links at the bottom of this form.

Provider Monthly Attestation Form (To be Completed by the 15th of Each Month)

The monthly 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 SmartCare Staff Number Request form for any staff that are **New**, have **Departed** or any clinical staff whose license has changed.

1. Contact Information Section – Ensure the request type indicates “Monthly Attestation for Staff and RSP Changes”.

Contact Information

Provider Attestation (Staff Changes & NACT Changes)

Please complete this form by the 15th of each month for the prior month (ie by November 15th for the month of October). This form is used to report on various monthly changes (Staff & Rendering Service Provider, Provider Directory, NACT Organization Information, or NACT Site Information) that may have taken place during 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. Refer to the links at the bottom of this form.

NOTE: This form is only completed once per Legal Entity # / Vendor ID #. This form is for centralized attestation and not for individual locations. If you have both MHS and SUD service types, only one attestation is required.

NACT (Network Adequacy Certification Tool) is reporting information required by the State of California.

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 Provider Attestation" button. The completed form will be emailed to the IS Support Help Desk (HIS@acgov.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 : 07/08/2024

● Indicate type of request : Monthly Attestation for Staff and RSP Changes

2. Organization Information Section – Complete the various fields to indicate the Service Area and Provider information. Note: the Organization number or Vendor ID is required, contact your local admin person or Contract/Fiscal Manager if unknown.

Organization Information - Refers to the parent organization and/or legal entity designation

When selecting your Provider Name from the drop down list, acronyms are not used. For instance CAPE is listed as its full name of "Community Association For Preschool Education".

● Is this for SUD or MHS? MHS

● Select Provider Name (dba) - acronyms not used: Alameda County - ACBH

Organization Name (LE): Alameda County - ACBH

What organization identifier are you using? Organization Number (LE): Vendor ID #

Organization Number (LE): 00001

Vendor ID Number: ABC123

3. 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 ACBH on a Staff Number request form.

Monthly Attestation for Staff & RSP Changes

REQUIRED FOR BOTH CLINICAL AND NON-CLINICAL STAFF.

Contractors/Providers are required to attest monthly that they have updated their staff roster with staff additions, departures, and staff information changes. "Staff" used in this context includes contractor's clinical and non-clinical employees, volunteers, and agents of contractor who provide goods and services under the contract with ACBH. **Contractors/Providers are no longer required to do their own monthly exclusion list checks** as ACBH will be performing these monthly checks on all names that contractors submit to ACBH. **Contractors/Providers are still required to do pre-employment and pre-contracting checks.**

Were there any Staff Changes (new staff or updates to staff info) during the month indicated ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No Changes	<input style="border: 1px solid gray; padding: 2px 5px;" type="button" value="?"/>
Were ALL new Clinical staff reported to the help desk to receive a Staff Number ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input style="border: 1px solid gray; padding: 2px 5px;" type="button" value="?"/>
Were ALL new Non-Clinical staff reported to the help desk to receive a Staff Number ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input style="border: 1px solid gray; padding: 2px 5px;" type="button" value="?"/>
Were ALL inactive / expired staff reported to BHCS ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input style="border: 1px solid gray; padding: 2px 5px;" type="button" value="?"/>
		<input type="checkbox"/> Not Applicable	

4. Attestation Section – Indicate the Month and Year this attestation covers.

Attestation

Indicate what Month this report covers:	<input type="text" value="August"/>	<input style="border: 1px solid gray; padding: 2px 5px;" type="button" value="?"/>
Indicate what Year this report covers:	<input type="text" value="2024"/>	<input style="border: 1px solid gray; padding: 2px 5px;" type="button" value="?"/>
I attest that the information indicated above is correct.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<input style="border: 1px solid gray; padding: 2px 5px;" type="button" value="?"/>

5. Form Attestation Section – After indicating that the information on the form is correct, please indicate your contact information in the fields provided.

Form Attestation

By submitting this form, you are attesting that all changes for staff (both clinical and non-clinical staff, including volunteers and agents of BHCS, providing and/or supporting services under your Federally-funded contract with BHCS) as well as Provider, Site or Organization Information has been submitted to the BHCS via the appropriate BHCS Request Form.

Was this form completed by someone other than the person attesting : ?

• First Name of person Attesting : ?

• Last Name of person Attesting : ?

• Phone / Ext of person Attesting : ?

• Title of person Attesting : ?

• Email of person Attesting : ?

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

Staff Change Notes

If any of the following staff changes occur after you have received a Staff Number, you must submit a Staff Change Form and indicate "**Update Existing (Clinician or Non-Clinician) Staff Number**" as the request type.

- Name Change
- License change or new renewal date
- Taxonomy code change
- Enrollment in Medicare or Medi-Cal
- Staff Mask change

[MHS SmartCare Staff ID# Request Link](#) / [SUD SmartCare Staff ID# Request Link](#)

Additional email to include as a CC :

Additional Comments

This comment field has a maximum of 2000 characters. Please be concise with your comments.

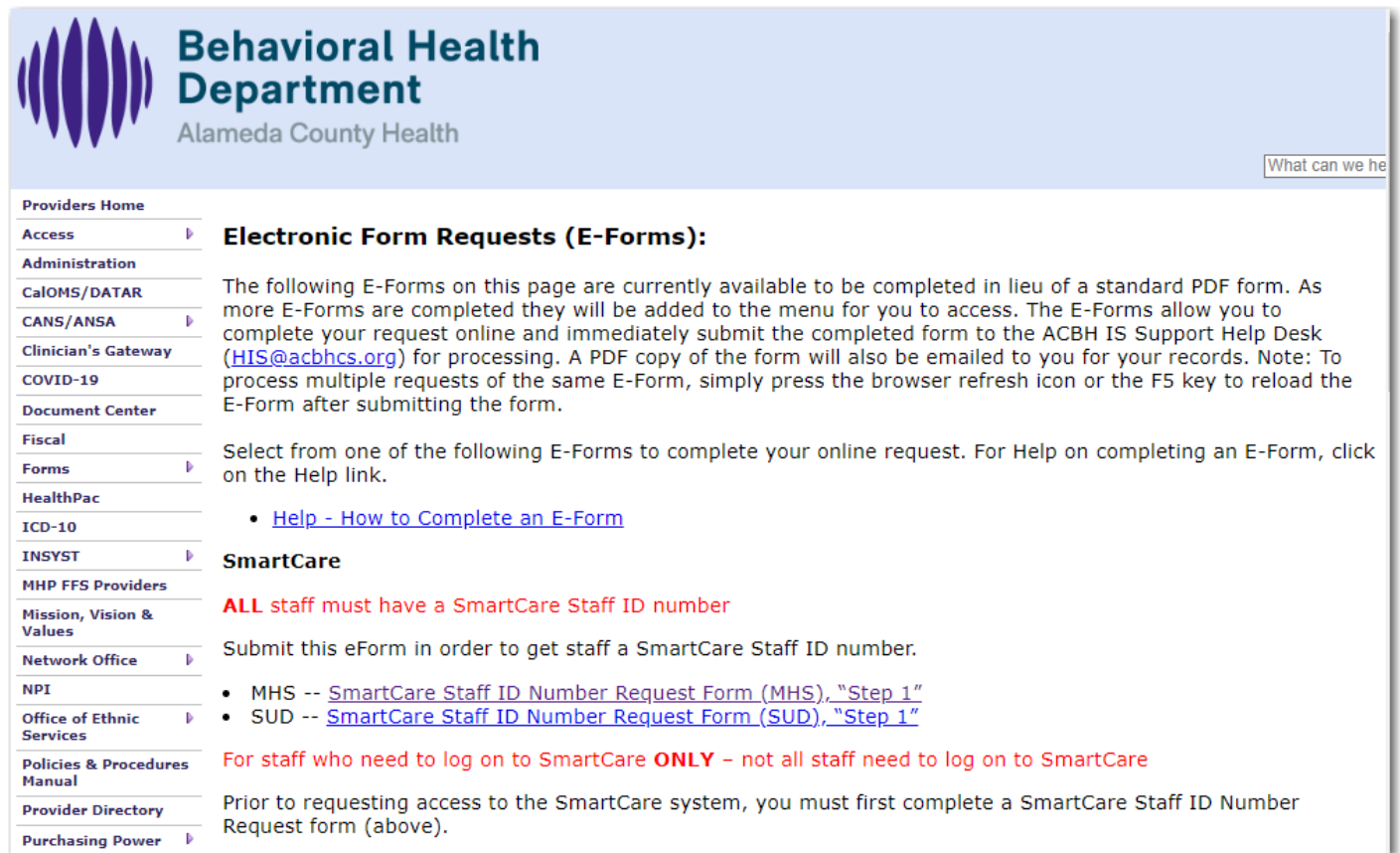
Comments:

SmartCare Staff Number Request Form

An SmartCare Staff Number must be assigned to all staff (ACBH 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 indicate staff that are no longer with your organization.

1. Select either the MHS or SUD **"Staff SmartCare Staff ID Request form"** from the list of available forms. The Staff Number form must be completed for any staff that is being added, updated or removed from your organization.



The screenshot shows the Behavioral Health Department website for Alameda County Health. The page is titled "Electronic Form Requests (E-Forms):" and lists various forms available for completion. A sidebar on the left contains a navigation menu with items like "Providers Home", "Access", "Administration", "CalOMS/DATAR", "CANS/ANSA", "Clinician's Gateway", "COVID-19", "Document Center", "Fiscal", "Forms", "HealthPac", "ICD-10", "INSYST", "MHP FFS Providers", "Mission, Vision & Values", "Network Office", "NPI", "Office of Ethnic Services", "Policies & Procedures Manual", "Provider Directory", and "Purchasing Power".

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 ACBH IS Support Help Desk (HIS@acbhcs.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.

- [Help - How to Complete an E-Form](#)

SmartCare

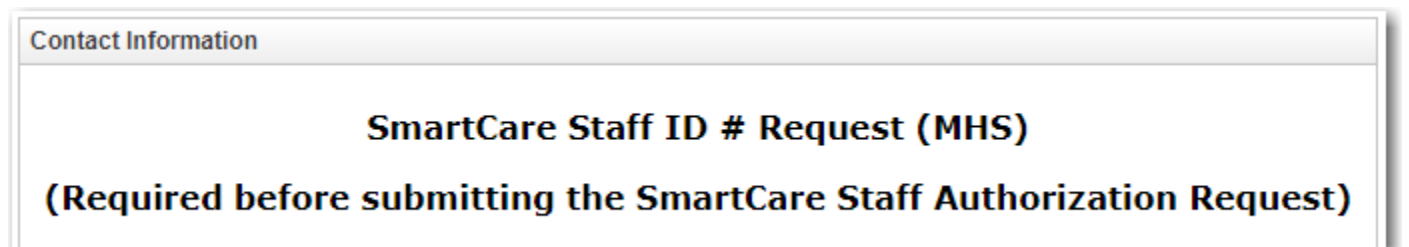
ALL staff must have a SmartCare Staff ID number

Submit this eForm in order to get staff a SmartCare Staff ID number.

- MHS -- [SmartCare Staff ID Number Request Form \(MHS\), "Step 1"](#)
- SUD -- [SmartCare Staff ID Number Request Form \(SUD\), "Step 1"](#)

For staff who need to log on to SmartCare ONLY – not all staff need to log on to SmartCare

Prior to requesting access to the SmartCare system, you must first complete a SmartCare Staff ID Number Request form (above).




The screenshot shows the "Contact Information" section of the website. It features a large heading: "SmartCare Staff ID # Request (MHS)" followed by a sub-heading: "(Required before submitting the SmartCare Staff Authorization Request)".


SmartCare Staff ID # Request (MHS)

(Required before submitting the SmartCare Staff Authorization Request)

2. Indicate the Type of Request from the menu selection.
 - a) *New Clinician Staff Number*: Use this selection if the employee is a licensed clinician that treats patients.
 - b) *Clinicians Only-Change Demographics*: Use this selection to update the demographics of an existing clinician.
 - c) *Clinicians Only-Change Medicare Info*: Use this selection to update the Licensure information of an existing clinician in the event any of their license information changed.
 - d) *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.
 - e) *Update Existing Non-Clinician Staff Number*: Use this selection if the employee is not a licensed clinician but their information needs to be updated.
 - f) *Expire Staff Number*: Use this selection if the employee has departed and no longer works for your organization.
 - g) *Objective Arts-Transfer Staff Number*: Use this selection to for Objective Arts transfers.



Behavioral Health Department
Alameda County Health



Alameda County Health

Approval Access

Approval Access:

Contact Information

SmartCare Staff ID # Request (MHS)

(Required before submitting the SmartCare Staff Authorization Request)

Prior to requesting access to the SmartCare system, you must first complete the SmartCare Staff ID# Request form. Once you receive your SmartCare Staff ID#, you can then request login access to SmartCare by completing the SmartCare Staff Authorization form. Please complete this form and allow 3 to 5 business days for processing. A Staff ID # must be assigned to all staff (ACBH staff, Provider Staff and Standard Services Personnel staff) to identify you as a Mental Health (MH) service provider. The Staff ID# is used to indicate the person as a clinician or non-clinician. Additional fields have been added to support the ability to check the individual against the Federal OIG Exclusion List and other exclusion lists.

As a clinician the form captures information such as; license number, Medicare number, NPI number and taxonomy codes that are used in the billing process of services provided. The coordination of this information is essential between your licensing board, Medicare (Noridian) and the NPPEs/NPI numerator. Only one Staff ID# is issued regardless where the individual works.

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 ID# Request" button. The completed form will be emailed to Billing & Benefits (billingbenefitssupport@acgov.org) or Systems Support (HIS@acgov.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.

Staff ID# Request Type:

- Use "**New Clinician Staff Number**" if the employee (Licensed or Unlicensed) provides services to clients.
- Use "**New Non-Clinician Staff Number**" if the employee is working in an admin or clerical capacity.

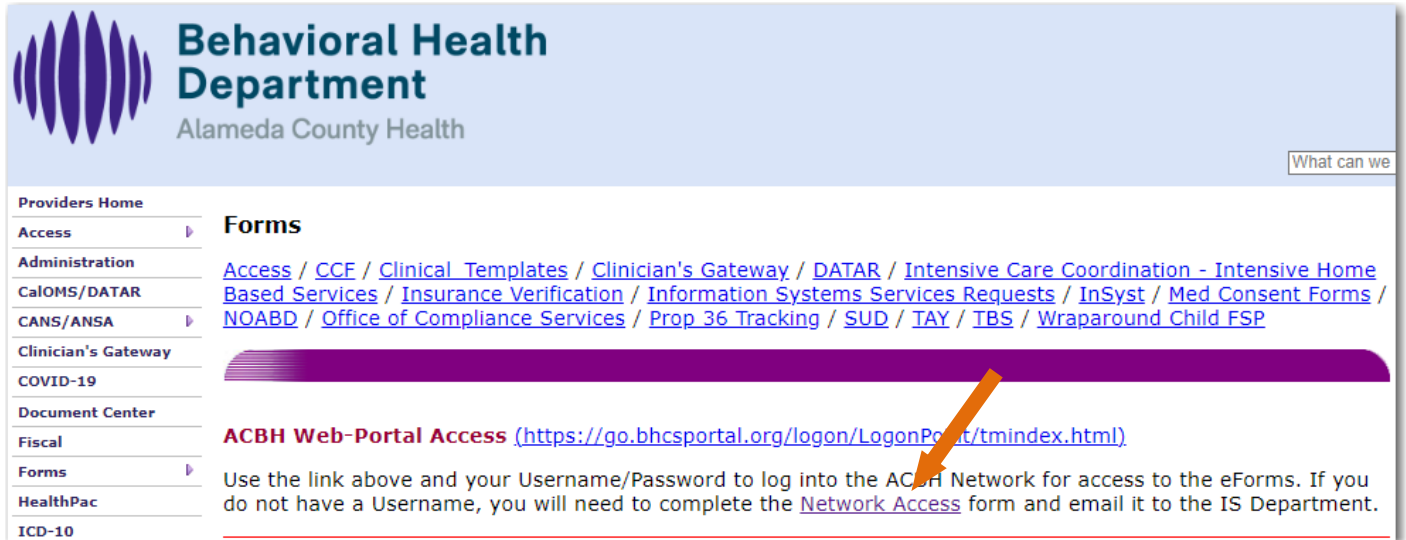
● Today's Date :	07/09/2024	📅	(?)
● Service Area:	MHS		(?)
● Select Type of Request :	New Non-Clinician Staff Number		(?)
● Contact Person's First Name :	John		(?)

APPENDIX

How to Get a Network Account to Access eForms

In order to access the Alameda County network, the user must have been first granted access to the network and issued a Username. This is done by completing the Network Access request form that is located on the providers website.

<https://bhcsproviders.acgov.org/providers/Forms/Forms.htm>



The screenshot shows the Behavioral Health Department website for Alameda County Health. The main navigation menu includes: Providers Home, Access, Administration, CalOMS/DATAR, CANS/ANSA, Clinician's Gateway, COVID-19, Document Center, Fiscal, Forms, HealthPac, and ICD-10. The 'Forms' section is expanded, showing a list of links: Access, CCF, Clinical Templates, Clinician's Gateway, DATAR, Intensive Care Coordination - Intensive Home Based Services, Insurance Verification, Information Systems Services Requests, InSyst, Med Consent Forms, NOABD, Office of Compliance Services, Prop 36 Tracking, SUD, TAY, TBS, and Wraparound Child FSP. Below this list, there is a purple banner with the text: **ACBH Web-Portal Access** (<https://go.bhcsportal.org/logon/LogonPoint/tmindex.html>). Below the banner, there is a paragraph: Use the link above and your Username/Password to log into the ACBH Network for access to the eForms. If you do not have a Username, you will need to complete the [Network Access](#) form and email it to the IS Department. An orange arrow points from the 'Forms' section header to the 'Network Access Request Form' link.






[Network Access Request Form](#) (fillable PDF)



The screenshot shows the Network Access Request form from the Health Care Services Agency. The form is titled "HEALTH CARE SERVICES AGENCY NETWORK ACCESS REQUEST" and includes the URL <https://bhcsproviders.acgov.org/providers/Forms/Forms.htm>. The form is intended to request network access to the ACBH web portal for the ability to complete and submit e-forms. The form includes a "Date Submitted:" field and a "CONTACT INFORMATION" section with the following fields: Contact First Name, Contact Last Name, Organization, Clinic/Program, Contact Phone #, Contact Email, Managers Name for Approval, and Managers Email. Below the form, there is a note: "After completing the form, please fax or email to the IS Support Help Desk Fax: 510.567.8161 or his@acgov.org".

E-Form Data Entry Notes

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

	After entering the field information, the TAB key takes you to the next data entry field.
	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 REQUIRED 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
What does OIG stand for	Office of Inspector General
What is the Exclusion List	A list of individuals that have committed an act of fraud against Medicare and other federal health care programs
When does the checking of employees begin	September 2014
We do not have anyone with a username and password for the web portal to access the attestation eform.	Each provider needs at least one person to access and complete the staff number request and attestation form. Complete the Network Access Request form on the providers website and email to Information Systems (hcsasupport@acgov.org)
We are not sure if our staff have staff numbers	Contact Information Systems to verify (hcsasupport@acgov.org or 510.817.0076)
We don't know our Vendor ID number	Vendor ID is located on the bottom left of your disbursement check or Contact your Fiscal Manager in the network office.
Vendor ID not found	Re-enter vendor ID, ensure it is 5-digits
Is the attestation for both MHS and SUD?	Yes, the OIG is for both Mental Health and Substance Use Disorder. More information to follow.
Since the exclusion list applies to personnel matters, should only HR be attesting?	This is a decision that needs to be determined individually by each provider. Changes will be made to the Attestation form to support someone other than the attester completing the form.
Are Interns also to be checked against the exclusion list?	Yes