



Behavioral Health Department

Alameda County Health

Contracted Providers / Vendors

Accessing the ACBH Network For Completing Various eForms

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
September 26, 2025
Version 3.0

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 IS Help Desk or Other Departments for processing (no faxing or manual emailing is required).

Accessing E-Forms (Providers / Contractors)

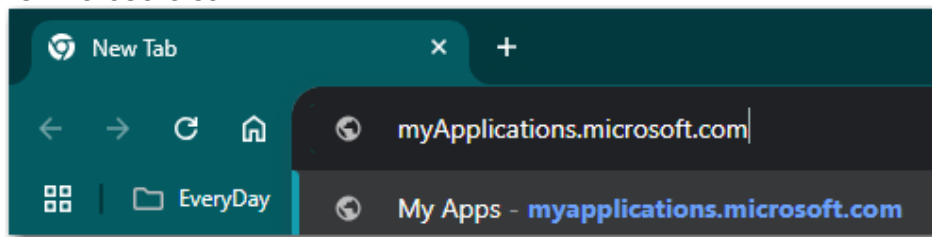
Approved Providers (Community Based Organizations) and Contractors can access the various E-Forms via the Microsoft MyApps Web Portal.

The Microsoft MyApps solution replaces the Citrix connection for all Providers and Alameda County employees. In order to use the MyApps solution with Alameda County, you must have previously been issued a username to access MyApps. The MyApps solution is a two-factor authentication method for providers to connect into the Clinicians Gateway EHR, the SmartCare billing system or any of the eForms. Each organization needs to have at least one or more individuals with access rights.

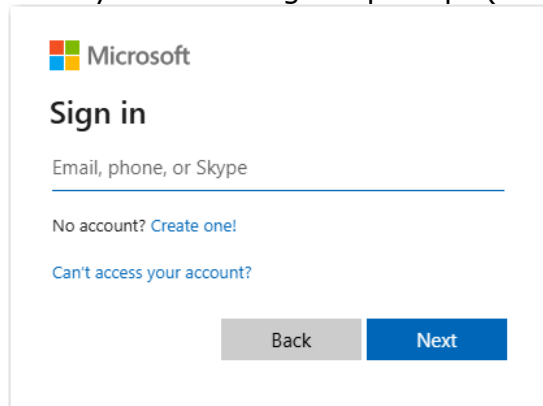
Note: If you do not have a MyApps username please email "ACHSupport@acgov.org" or contact 510.817.0076.

MyApps Login Process:

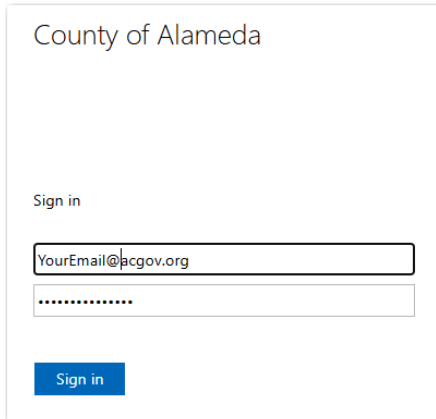
1. Open a browser page, Edge (recommended) or Chrome and navigate to "MyApplications.Microsoft.com"



2. Enter the Username provided to you at the Sign in prompt (then click Next).



3. Enter the Password issued for this account (or the one you already set) and then select the Sign In button.



County of Alameda

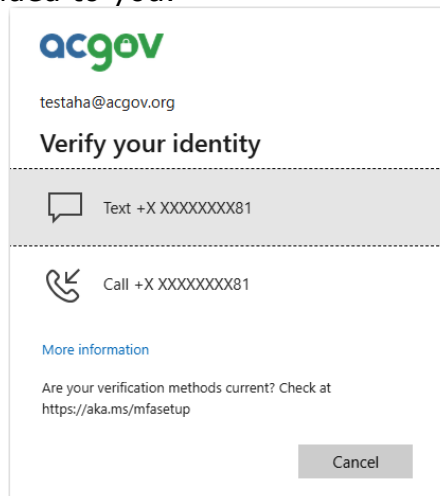
Sign in

YourEmail@acgov.org

.....

Sign in

4. At the Verify your Identity prompt, select your method of verification and then key in the code provided to you.



acgov

testaha@acgov.org

Verify your identity

☐ Text +X XXXXXXXX81

☐ Call +X XXXXXXXX81

[More information](#)

Are your verification methods current? Check at <https://aka.ms/mfasetup>

Cancel



acgov

testaha@acgov.org

Enter code

☐ We texted your phone +X XXXXXXXX81. Please enter the code to sign in.

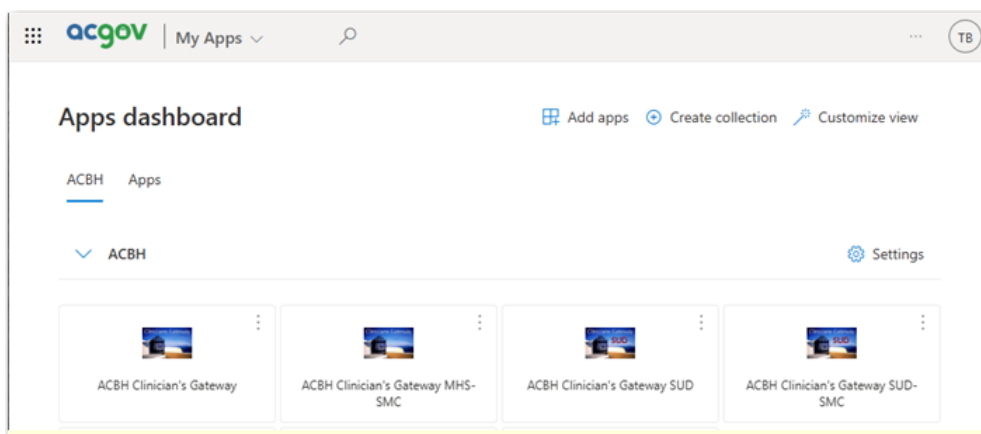
465688

Having trouble? [Sign in another way](#)

[More information](#)

Verify

5. Once logged in, you will be displayed with the Alameda County MyApps Dashboard to make your selection. Select the ACBH Provider eForms link.



acgov | My Apps

Apps dashboard

Add apps Create collection Customize view

ACBH Apps

ACBH

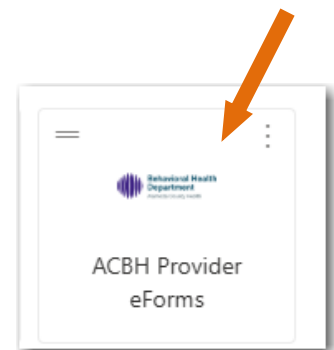
Settings

ACBH Clinician's Gateway

ACBH Clinician's Gateway MHS-SMC

ACBH Clinician's Gateway SUD

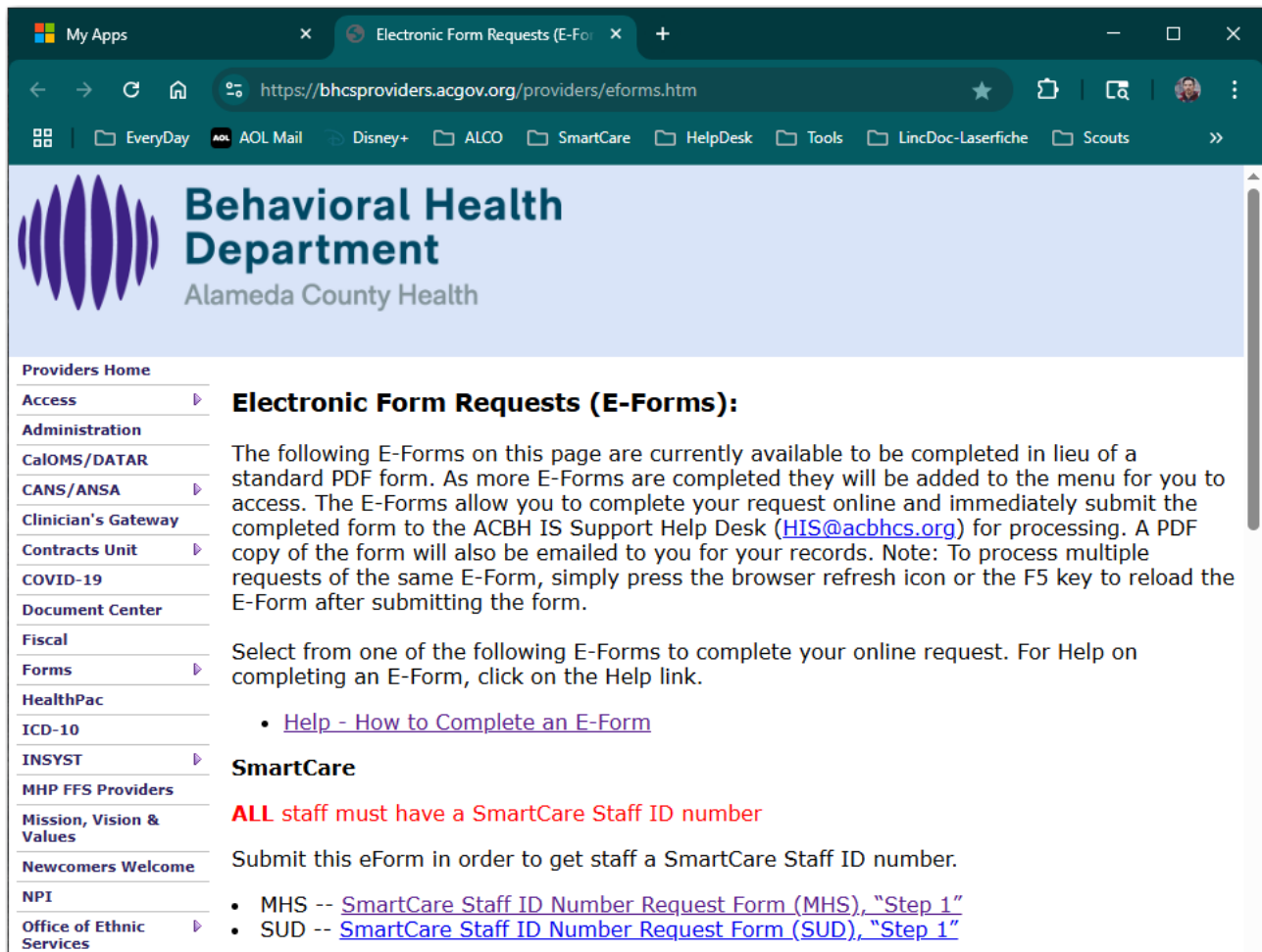
ACBH Clinician's Gateway SUD-SMC



Behavioral Health Department

ACBH Provider eForms

1. The ACBH Provider eForms link will load the “**Electronic Forms Request**” page.
2. The E-Forms page contains various online forms that can be completed online.
3. Select the appropriate eform from the page to complete.



Behavioral Health Department
Alameda County Health

Providers Home

- Access
- Administration
- CalOMS/DATAR
- CANS/ANSA
- Clinician's Gateway
- Contracts Unit
- COVID-19
- Document Center
- Fiscal
- Forms
- HealthPac
- ICD-10
- INSYST
- MHP FFS Providers
- Mission, Vision & Values
- Newcomers Welcome
- NPI
- Office of Ethnic Services

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"](#)

Miscellaneous

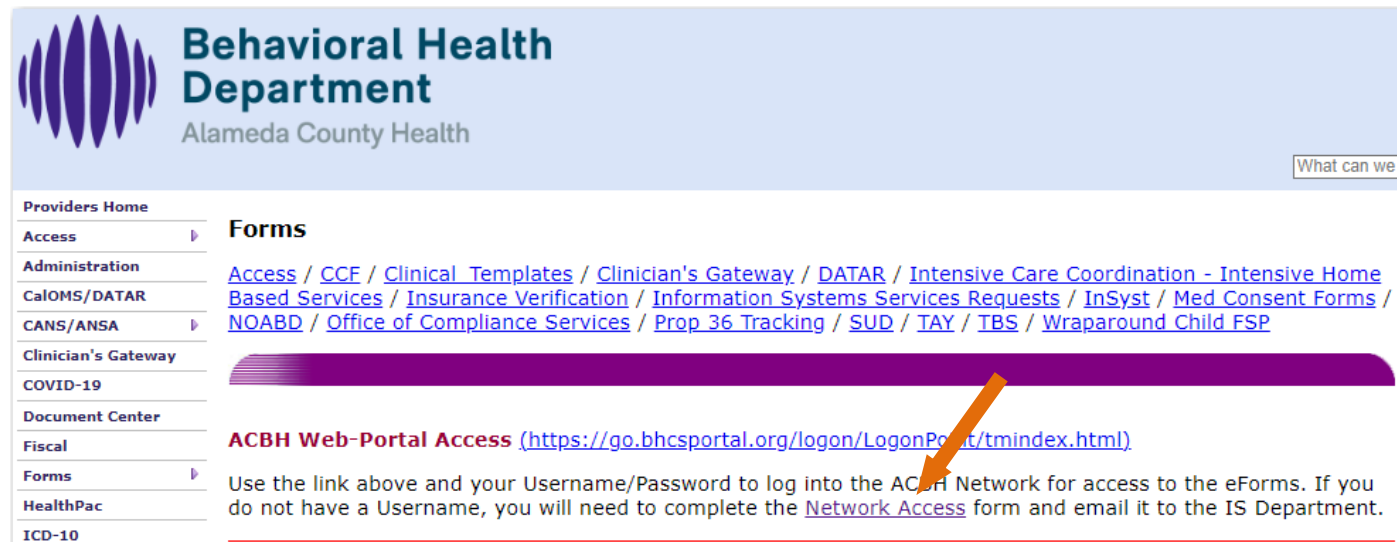
- [Language Interpretation Translation \(LIT\) Form](#)
Use this online form for requesting language translation services. This form is for Alameda County Behavioral Health Care & their Providers Only.
- [Provider Monthly Attestation](#)
Use this online e-form to attest to your Monthly Attestation for 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.

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>



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

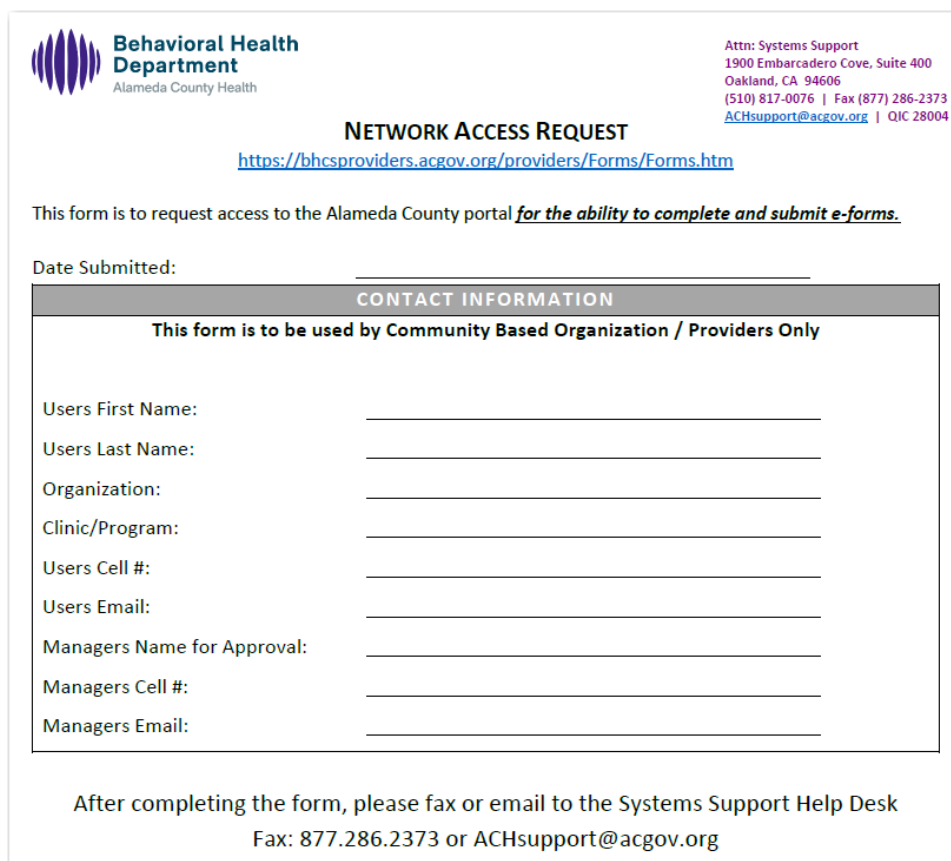
Forms

[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](#) / [Wraparound Child FSP](#)

ACBH Web-Portal Access (<https://go.bhcsportal.org/logon/LogonPoint/tminindex.html>)

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.

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



Behavioral Health Department
Alameda County Health

Attn: Systems Support
1900 Embarcadero Cove, Suite 400
Oakland, CA 94606
(510) 817-0076 | Fax (877) 286-2373
ACHsupport@acgov.org | QIC 28004

NETWORK ACCESS REQUEST

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

This form is to request access to the Alameda County portal **for the ability to complete and submit e-forms.**

Date Submitted: _____

CONTACT INFORMATION

This form is to be used by Community Based Organization / Providers Only

Users First Name: _____

Users Last Name: _____

Organization: _____

Clinic/Program: _____

Users Cell #: _____

Users Email: _____

Managers Name for Approval: _____

Managers Cell #: _____

Managers Email: _____

After completing the form, please fax or email to the Systems Support Help Desk
Fax: 877.286.2373 or ACHsupport@acgov.org