

HHSA Behavioral Health Services Management Information Systems

SanWITS User Modification or Termination Form



All forms must be TYPED and complete or will be returned.

Email completed and signed form to SUDEHRSupport.HHSA@sdcounty.ca.gov AND BHSCredentialing@optum.com by clicking on **SUBMIT FORM** at bottom of form, or fax to 1-855-975-4724 AND 1-844-493-5005.

Modify User:

Effective Date:

Select Modify to make any changes on the Staff Profile

(or)

Terminate User:

Effective Date:

Complete Section I and IV. User Signature not needed

SECTION I. USER INFORMATION

First Name

Middle Name

Last Name

Date of Birth

Last 4 of SSN

Gender

Job Title

Work Email Address (No Personal Emails)

Staff Role

Agency Name

Facility Type

Outpatient

Residential

OTP

Facilities Approved for: (37xxxx)

Work Phone Number

Language(s)

Reading Proficiency

Speaking Proficiency

Writing Proficiency

SECTION II. CLINICAL STAFF

Rendering Staff National Provider ID

Taxonomy #

DEA Number (Prescribing MD)

Professional Credential/License

License #

Licensing Issuer

Issue Date

SECTION III. USER FUNCTION AND ROLES

Please select the access type needed in SanWITS.

NOTE: IAF training is a prerequisite to Encounters training

Roles for the Intro to Admin Functions (IAF) training :
Access will include Full Access: Admission, ASAM Profile, Client Diagnosis, Client Profile, Cross-Agency Waitlist Management, Discharge, Intake, Notes, Outcomes, Non-Treatment Team Access

Roles for the Encounters training:
Access for Outpatient and OTP will include Full Access: Encounters, Release to Billing, Create Bulk Group Notes, Group Notes

Access for Residential will include Full Access: Encounters, Release to Billing, Authorization, Inpatient Unit Dashboard, Inpatient Unit Management, Client Leave, Create Bulk Group Notes, Group Notes

Roles for Billing Staff/Claim Batching will include: Agency Billing, Billing Encounter List and Create Facility Claim Batches (Please contact ADSBillingUnit.HHSA@sdcounty.ca.gov to schedule Billing Training after completing IAF and Encounters training.)

Roles for Assessments training- LPHA*
Assessment Training Date:
Access will include: Full Access to Assessments Sign and Finalize Assessments; Read-only access for IAF and Encounters roles

Roles for Assessments training- Counselor *
Assessment Training Date:
Access will include: Full Access to Assessments, Sign Assessments; Read-only access for IAF and Encounters

Roles for Assessments training- QA Read-only access

Rendering Staff- No user roles assigned Only shows as rendering staff for encounters.

Peer Support Specialist*
Access will include: Read-only data entry access for IAF and Encounters roles

*** Credentials are required**

Select Additional Optional Roles:

| | |
|---------------------------------|---------------------------|
| Agency Reporting | Medications (Full Access) |
| Clinical Supervisor (LPHA Only) | Referrals (Full Access) |
| Consent (Full Access) | SSRS View and Run Reports |
| Document Storage | View Consented Clients |
| Drug Test Results (Full Access) | Encounter Delete |
| Case Reopen | |

Comments: Type all modification requests in the box below

SECTION IV. 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:

User's Signature:

Date:

Approved by (Print Name):

Title:

Program Manager/Director

Approver's Signature:

Date:

Program Manager/Director