CMS NET COUNTY SYSTEM ADMINISTRATOR SECURITY AND CONFIDENTIALITY OATH

Submit Form: Fax: (916) 440-5346 or
Scan and email: cmshelp@dhcs.ca.gov

Questions? Contact the CMS Net Help Desk
(866) 685-8449 or cmshelp@dhcs.ca.gov

This form is to add a CMS Net user as a County System Administrator or County System Administrator Plus. Please type or print legibly.

County: _____

Mark one type of access- County System Administrator or County System Administrator Plus.

_____ County System Administrator
1. Add, deactivate or reactivate users
2. Reset user passwords
3. Modify/assign user security profiles
4. Modify/Reauthorize Cancelled SAR
5. Modify historical referral/transfer dates
6. Edit permanently assigned case numbers
7. End date Healthy Families Plans

_____ County System Administrator Plus
All above County System Administrator capabilities plus:
8. Correct program eligibility dates
9. Correct client eligibility closures/denials
10. Access transaction tracking to determine who last updated a particular record

Read the agreement items listed below and sign your initials if you agree to each.

_____ I will not divulge or share in any users' personal information including, but not limited to passwords and access codes to individuals who are not a designated CMS State or County System administrators.

_____ I will not abuse or misuse the privileges as a County System administrator.

_____ I will not create any unnecessary user security profiles such as fake, generic, or pseudo accounts.

_____ I understand that the Department of Health Care Services, Children's Medical Services Branch has the right to remove and revoke users' and counties' access to have County System administrator privileges at any time for any or no reason at all.

_____ I will follow and adhere to the CMS User Security procedures and guidelines for County System administrators outlined above.

Applicant's Name (Last, First): _____ Title: _____

Email Address: _____ Phone: _____

Applicant's Name (Signature): _____ Date: _____

Representative's Name (Print): _____ Phone: _____

Representative's Name (Signature): _____ Date: _____

INSTRUCTIONS

County: The name of the county submitting request.

Mark one type of access:

County System Admin User can:
1. Add, deactivate or reactivate users
2. Reset user passwords
3. Modify/assign user security profiles
4. Modify/Reauthorize Cancelled SAR
5. Modify historical referral/transfer dates
6. Edit permanently assigned case numbers
7. End date Healthy Families Plans

Co System Admin-Plus User can perform all above County System Administrator capabilities plus:
8. Correct program eligibility dates
9. Correct client eligibility closures/denials
10. Access transaction tracking to determine who last updated a particular record

Applicant's Name (Last, First): Type applicant's last name, then applicant's first name.

Title: The applicant's title.

Email Address: Type the applicant's email address.

Phone: Type the applicant's phone number, including area code (and extension if applicable) in format (999)999-9999.

Applicant's Name (Signature): Signature of applicant.

Date: Date account request was signed by the applicant.

Representative's Name (Print): Type the name of person submitting request. Representative must be a California Children's Services (CCS) Administrator.

Phone: Type the representative's phone number, including area code (and extension if applicable) in format (999)999-9999.

Representative's Name (Signature): Signature of representative.

Date: Date account request was signed by the representative.