County Approver Certification & Vendor Appointment Form
For Access to Substance Use Disorder Cost Report System (SUDCRS)

County Name: _____

To ensure the confidentiality of county SUD data, the Department of Health Care Services, requests the county behavioral health director designate two contacts to be responsible for approving county (and vendor, if applicable) staff requests for access to the **SUDCRS** system.

Please complete the information below and email the signed form to AODCOSTREPORT@dhcs.ca.gov. **The email must be sent from the signer's email account.** If you have any questions, please email to AODCOSTREPORT@dhcs.ca.gov

Approver I:

First Name: _____ Last Name: _____

Title: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Approver II:

First Name: _____ Last Name: _____

Title: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Appointed Vendor(s): (If applicable)
The vendor listed below has the authority to receive, send and process the above named county's confidential Drug Medi-Cal information in the **SUDCRS** system. (The designated county approvers will approve vendor access requests)

Vendor Name: _____ Phone Number: _____

Vendor Contact Name: _____ Contact Email Address: _____

County AOD Administrator/Executive Officer Certification:
I, the undersigned (check all that apply):

☐ Designate the above county individuals to have independent authority to approve access requests to the SUDCRS system. DHCS may rely on approvals, denials, and changes made by the above individuals in its processing of access requests to this county's data in the SUDCRS systems. As changes occur to the above approving contacts or vendor information, I will sign an updated certification and forward it to DHCS.

☐ Appoint the above vendor to have authority to receive, send and process the above named county's confidential Drug Medi-Cal information in the SUDCRS system.

_____ _____
County AOD Administrator/Executive Officer (Signature) Date

_____ _____
County AOD Administrator/Executive Officer (Print Name) County AOD Administrator/Executive Officer (E-mail address)