

### CMS NET COUNTY SYSTEM ADMINISTRATOR SECURITY AND CONFIDENTIALITY OATH

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

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