

County Approver Certification & Vendor Appointment

For Access to California Outcomes Measurement System

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 California Outcomes Measurement System (CalOMS Tx) system.

Please complete the information below and email the signed form to DATAR-CalOMSProgramSupport@dhcs.ca.gov . **The email must be sent from the signer's email account.** Please direct questions to DATAR-CalOMSProgramSupport@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 **CalOMS Tx** 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 CalOMS Tx 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 CalOMS Tx 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 CalOMS Tx system.

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