

BHSD SARF COMPLETION DIRECTIONS

USER INFORMATION		
First Name Click or tap here to enter text.	Last Name Click or tap here to enter text.	Request Date: Click or tap to enter a date.
Job Title Click or tap here to enter text.	Date of Birth (Needed for users with similar names) Click or tap to enter a date.	Access Start Date Click or tap to enter a date.
Contact Email - County (If exists) / CCP / Vendor Click or tap here to enter text.	Contact Phone # Click or tap here to enter text.	Access End Date (For CCP user, must be < 1 year) Click or tap to enter a date.
User Type <input type="checkbox"/> County Employee , <i>Employee ID:</i> Click or tap here to enter text. <input type="checkbox"/> County Contracted Provider , <i>CCP Organization Name:</i> Click or tap here to enter text. <input type="checkbox"/> Third-party Vendor , <i>Company Name:</i> Click or tap here to enter text. <input type="checkbox"/> Other: Click or tap here to enter text.		Department Name Click or tap here to enter text.
Manager Name Click or tap here to enter text.		Location/Office Address Click or tap here to enter text.
Manager Email Click or tap here to enter text.		Manager Phone # Click or tap here to enter text.

First Name & Last Name – Required

Request Date – Required

Job Title – Required

Date of Birth – Required if name is common

Access Start Date – Required

Contact Email – Required

Contact Phone – Required enter

User Type – Required

- County Contracted Provider (CCP) enter **Agency Name**

Location Address – Required

Manager Name/Email/Phone Number – Required

UNICARE EHR SYSTEM ACCESS	
Request Type <input type="checkbox"/> New User – <i>Create just like this user:</i> Click or tap here to enter text. <input type="checkbox"/> Change Existing User <i>User ID:</i> Click or tap here to enter text. <i>Specify updates/changes:</i> Click or tap here to enter text. <input type="checkbox"/> Other: Click or tap here to enter text.	<p style="text-align: center;"><u>County Network Access Needed</u></p> <p>All Unicare system access must have corresponding County network access, including the following special active directory (AD) permissions: HHS GGUnicareRemote & HHS GGUnicareSiteClerical.</p> <p style="text-align: center;"><u>County Remote Access Needed for CCP Users</u></p> <p>CCP users will also need remote access for Unicare system access.</p> <p style="text-align: center; color: blue;">Be sure to submit a separate request using the SCCGOV SARF.</p>
Unicare Job Function <input checked="" type="checkbox"/> Clerical <input type="checkbox"/> Read-Only <input type="checkbox"/> Clerical w/Billing <input type="checkbox"/> TSS System Support <input type="checkbox"/> Clinical <input type="checkbox"/> Other: Click or tap here to enter text.	
User Type <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Use Treatment Services	

Request Type – Required

Unicare Job Function – Required

User Type – Required

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*To access Unicare to enter data (Remote Access), we will need to complete and send Attachment A Remote Access and IT User Responsibility Statement. Please make sure supervisor is approver (not yourself).

For Remote Access please include mobile device type iPhone or Android. And email address that can be access on mobile device. Can be sent in email with SARF.

CCP User Request (myAvatar EHR ProviderConnect NX Portal – PCNX)	
Request Type <input type="checkbox"/> New User – <i>Create just like this user: Click or tap here to enter text.</i> <i>Indicate provider record this account should be linked: Click or tap here to enter text.</i> <input type="checkbox"/> Change Existing User <i>User ID: Click or tap here to enter text.</i> <i>Specify updates/changes: Click or tap here to enter text.</i>	User Type <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Use Treatment Services
myAvatar Job Function (select one) <input type="checkbox"/> PCNX Billing <input type="checkbox"/> PCNX Clinical SUTS	Supplemental Access <input type="checkbox"/> CC Inbox (Referrals Secure Messaging)
<input type="checkbox"/> PCNX Registration	Environment (select all that apply) <input type="checkbox"/> LIVE <input type="checkbox"/> UAT (limited users may be given access to this environment for testing purposes)

CCP User Request Section

Request Type – Required

User Type – Required

Supplemental Access – Check boxes if CC Inbox is requested

myAvatar Job Function Descriptions – Depends if you use PCNX in Avatar

PCNX Billing - FAST Service Entry Submission

PCNX Clinical SUTS - ALOC, ALOC QI, ALOC Report, Referral Disposition

PCNX Registration – Client Admission, Client Discharge, Financial Investigation, Financial Eligibility, Update Client Details, Women’s Health History, Client Diagnosis, CALOMS forms, CSI forms, CCP Program Availability, Real-Time 270/271

Environment – Required

Email completed form to BHSDBUSINESSOFFICE@HHS.SCCGOV.ORG