**County of Santa Cruz Mental Health and Substance Abuse Services**

# MHE 85 Avatar Practitioner ID Request Form Contractor Agency

# Use this form for Practitioner-Billing ID# Only. Use MHE 87 if Avatar User-Practitioner access is needed

# (Do not use this form for County Employees. County Employees must use Form MHE 10)

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| --- | --- | --- | --- | --- | --- |
| Section 1: Completed by Contracting Agency | | | | | |
| **(Questions below must be answered in the far right column with Yes / No / NA / or written Answer)** | | | | | |
| NAME OF CONTRACTING AGENCY | | | | |  |
| AGENCY STREET ADDRESS | | | | |  |
| AGENCY CITY, STATE, ZIP | | | | |  |
| AGENCY PHONE NUMBER | | | | |  |
| PRACTITIONER FIRST NAME | | | | |  |
| LAST NAME | | | | |  |
| MIDDLE INITIAL | | | | |  |
| SOCIAL SECURITY# *(required for DHCS Compliance/Auditing)* | | | | |  |
| GENDER | | | | |  |
| DATE OF BIRTH | | | | |  |
| FIRST WORKING DATE | | | | |  |
| INDIVIDUAL NPI # (National Provider Identifier #) | | | | |  |
| INDIVIDUAL NPI # Taxonomy Code Assigned | | | | |  |
| ETHNICITY | | | | |  |
| LANGUAGES SPOKEN (other than English) | | | | |  |
| TYPE OF WORK (for instance: MD, NP, RN, IMF, ASW, Counselor) | | | | |  |
| CLINICAL LICENSE #, CERTIFICATION # or Registration# with BBS (if none, then indicate this) | | | | |  |
| LICENSE/CERT/REG EXPIRATION DATE | | | | |  |
| LICENSE/CERT/REG AUTHORITY *(other than State of California)* | | | | |  |
| NAME OF SUPERVISOR OR MANAGER | | | | |  |
| NAME A CURRENT EMPLOYEE WHO DOES THE SAME JOB | | | | |  |
| PHONE NUMBER WHERE PRACTITIONER CAN BE REACHED *(Contact number if we need to obtain copy of license(s) for credentialing purposes).* | | | | |  |
| PROGRAM ASSOCIATION #1 *(refer to list of Programs for your Agency, or specify “All Programs”)* | | | | |  |
| PROGRAM ASSOCIATION #2 | | | | |  |
| PROGRAM ASSOCIATION #3 *(if more, list the rest here, separate with commas)* | | | | |  |
| **(All questions below must be answered with Yes / No / and check ALL that apply** | | | | | |
| **1. Does practitioner need Waiver Application?** | **NO** | **YES** | **If YES check one from below. The appropriate waiver and guidelines will be sent.**  IMFT  ASW  PCCI  Psychologist Assoc. | **2.** **LOCAL** Santa Cruz County **ONLY**: Does practitioner need an application for MH Rehabilitation Specialist (MHRS):  NO  YES | |
| Form Completed By:       Date Submitted:       Notes/Comments: | | | | | |
| Section 2: CoMPleted by County Staff | | | | | |
| **Avatar Practitioner ID #       Date Entered:       Entered By:       Copy Routed to QI:** | | | | | |

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