

SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES: BEHAVIORAL HEALTH DIVISION

STAFF NUMBER REQUEST FORM

Call Department of Health Services/Revenue Auditing (RA) at 707-565-4861 for questions regarding staff numbers.

Please complete all areas and if something is not known please write unknown.

A staff number cannot be issued without this required information.

New Employee

Updated Employee Information

Termination of Employee

Effective (no later than 30 days from submission date):

Last Name:

First Name:

Date of Birth:

Full-Time Equivalent (1.0 = 40 hrs) (FTE) (i.e., 1, 0.8, 0.5):

Gender: M F

Date of Hire:

Ethnicity:

Cuban

Mexican/Mexican American

Not Hispanic

Other Hispanic/Latino

Puerto Rican

Unknown

Languages:

American Sign Language (ASL)

Arabic

Armenian

Cambodian

Cantonese

English

Farsi

French

Hmong

Ilocano

Italian

Japanese

Korean

Lao

Mandarin

Mien

Other Chinese

Languages

Other Non-English

Other Sign Language

Polish

Portuguese

Russian

Samoan

Spanish

Tagalog

Thai

Turkish

Unknown/Not Reported

Vietnamese

License/ Job Class:

Associate Clinical Social Worker (ASW)

Client Support Specialist (CSS) (Unlicensed)

Graduate Student Intern or Trainee

Licensed Clinical Social Worker (LCSW)*

Licensed Professional Clinical Counselor (LPCC)*

Licensed Vocational Nurse (LVN)

Marriage and Family Therapist (MFT)*

Associate Marriage and Family Therapist (AMFT)

Physician Assistant (PA)

Associate Professional Clinical Counseling (APCC)

Psychiatric Nurse Practitioner (PNP)

Psychiatric Technician (PT)

Psychiatrist (MD)

Psychologist*

Psychologist Candidate**

Registered Nurse (RN)

Senior Client Support Specialist (SCSS) (unlicensed)

Unlicensed Mental Health Counselor Contract/CBO Worker

Unlicensed (MHRS) Contract/CBO Worker

* Out-of-State Psychologists, LCSW's, LPCC's and MFT's must be waived by Department of Health Care Services (DHCS) prior to claiming to Medi-Cal insurance for services that require the practitioner to hold a license. Call 565-4868 to initiate the DHCS waiver process.

** Psychologist Candidates are to be waived by DHCS prior to claiming to Medi-Cal Insurance for services that require the practitioner to hold a license. Psychologist Candidates include Registered Psychologists and Psychological Assistants who have completed 48 semester/trimester or 72 quarter units of graduate coursework, not including thesis, internship or dissertation and are gaining the experience required for licensure. Clinical psychology students do not require a waiver and provide services in accordance with the requirements for Graduate Students, unless they are employed or under contract to provide Medi-Cal SMS. Call 565-4868 to initiate the DHCS waiver process. For additional information, refer to the "Documentation and Scope of Practice Guidelines" at <https://sonomacounty.ca.gov/a/113732>.

MHS 144 (06-22) Return Form to: DHS/Revenue Management Unit, 1450 Neotomas Avenue, Suite 200, Santa Rosa, CA 95405 or fax to 707-565-4785

Mental Health Provider Practice Focus: *Select practice focus areas for the provider, no more than 5*

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Adjustment D/O | <input type="checkbox"/> Depressive D/O | <input type="checkbox"/> Factitious D/O | <input type="checkbox"/> Somatoform D/O |
| <input type="checkbox"/> Anxiety D/O | <input type="checkbox"/> D/O Usually First | <input type="checkbox"/> Impulse-Control D/O | <input type="checkbox"/> SUD D/O |
| <input type="checkbox"/> Bi-polar D/O | Diagnosed in | <input type="checkbox"/> Mood D/O | |
| <input type="checkbox"/> Delirium, Dementia,
Amnestic & other
Cognitive D/O | Infancy/Childhood/Adl | <input type="checkbox"/> Personality D/O | |
| | <input type="checkbox"/> Dissociative D/O | <input type="checkbox"/> Schizophrenia &
Other Psychotic D/O | |
| | <input type="checkbox"/> Eating D/O | | |

Age Group Served: *Identify the age group of clients that provider will be serving.*

- Adult – 21+ Youth – under 21

Mental Health Provider Service Types: *Check all service types that provider will be providing to clients.*

- | | | |
|---|---|---|
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Targeted Case Management | <input type="checkbox"/> IHBS |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> ICC | <input type="checkbox"/> Medication Support |

Staff Service Locations: *Check all service locations that provider will be utilizing for clients*

- Teleheath Face to Face Field Based Srvs

For Field Based Services please list maximum distance that provider will be permitted to travel:

Provide the information requested below in the columns on the right	Youth – Under 21	Adults – 21+
On average, what percentage of the total time will be working with youth and with adults (<i>e.g., 50%</i>)		
Max # Medi-Cal Members allowed: estimate the maximum caseload the provider could have at any given point in time for adults and youth. (<i>e.g., 25 clients</i>)		

Type of License #1:

Type of License #2:

Clinical License Number:

Clinical License Number:

Expiration Date:

Expiration Date:

NPI Number:

Taxonomy #:

Agency #1:

Agency Name / Reporting Unit:

Agency #2 (If Staff works for a second agency):

Agency Name /Reporting Unit:

Address where services to be rendered:

Address where services to be rendered:

Phone Number:

Phone Number:

Email Address:

Email Address:

Submitted By/Title:

Phone #:

FOR RA USE ONLY:

Staff Number Assigned:

Date Staff Directly Notified:

Date Request Received:

By: