Sage User Creation Form Job Aid

Instructions: The provider Sage Liaison should follow the below instructions to add, modify, or terminate a Sage User. Any errors on the Sage User Creation Form or missing required supporting documents will delay the process and may require the form to be rejected and the liaison to create a new request and/or new credentialing verification. Please ensure ALL required training (training set and ASAM criteria) are completed beforehand and please do not submit a request without all required supporting documents.

Step One: Fill in the SAPC Sage User Creation Form with the required information

Field	Description
User Type	This field will be pre-selected as “SAPC Provider” and cannot be modified. The user will move on to the next field
Request type	Used to indicate the action that needs to be taken for the user as follows: • Creation – User has never had a Sage account • Modification – User has had a previous Sage account or switching to a new agency • Additional Agency – User requires dual access (note: access group/role needs to match) • Termination – Offboard user (only these fields need to be completed: Agency Name, First/Last Name, C-Number, Email, User Role, and LPHA License/Counselor Credential number).
Practitioner? (Practitioner Enrollment information must be completed)	The user will select “Yes” if the user being requested is a practitioner (providing DMC-ODS services or “No” if they are not. If “Yes”, the registering user must fill in the remaining fields, including the practitioner enrollment information fields listed below before submitting the form. If “No”, the registering user will fill in the Agency Name, First/Last Name, C-Number, Email, User Role and KPI Access fields.

Agency Name	Select the agency name the registering user is associated with. If the registering user is associated with more than one agency, a separate Sage User Creation request form will need to be completed for each additional agency the user is associate with.
System Code	The System Code field will automatically populate the code associated with the agency selected in the Agency Name field.
First Name	First name should match NPI Registry. Do not enter hyphens, dashes, apostrophes or nicknames/abbreviations in user's name.
Middle Name	Middle name should match NPI Registry. Middle name is not a required field.
Last Name	Last name should match NPI Registry. Do not enter hyphens, dashes, apostrophes or nicknames/abbreviations in user's name.
User ID	Be sure to enter a 'c' before the numerical numbers (c123456). Do not add any special characters (i.e. hyphen, colon, etc.). Make sure there is no space between the letter 'c' and the numerical numbers.
Email	Enter the user's agency email address. Do not enter a personal email address.
Phone Number	User's agency phone number
SAPC Provider User Roles	Select the Sage user role that the user will be performing within their agency.
KPI Access	Select "Yes" or "No" to indicate whether the user will need access to KPI. Please note, KPI access is limited and should be requested on an approval basis only.
The following are practitioner enrollment information fields and must be filled in when a Sage User Creation request is being completed for a Practitioner.	
NPI Number	The 10-digit identification for the user. Must be unique to the practitioner and current National Provider Identifier.
LPHA License/Counselor Credential Number	A unique, alphanumeric identifier assigned to a person or entity verifying they have met specific requirements to practice an occupation or hold a particular qualification as assigned by the associated board.
License Effective Date	A license effective date is when a license officially begins its validity, also known as issuance date.
Expiration Date of License of credential or for Clinical Trainee	A license expiration date is the last day a license is valid.

anticipated ate they no longer need an intern	
DEA License Number (if applicable)	A unique registration identifier issued by the U.S. Enforcement Administration.
Date of Hire	The official first day of employment.
Practitioner DOB	The specific day, month and year a person was born.
Gender	Select the individual's personal pronoun and gender identity.
Additional Practitioner Language	Other than "English" select a second language if used to communicate with patients.
Practitioner Category	Select practitioner's specific field (authorized by a governing body to practice)
Discipline	Select practitioner's specific field (authorized by a governing body to practice. This should match practitioner category.
Area of Practice (Practitioner Categories for Coverage)	Select the billable item/service.
Practitioner Credential	Specify practitioner's credentials based on their certification.
Licensing/Certifying Registering Board	Select Governing body that verified an individual's qualifications.
The state in which the staff is licensed	Practitioner have been granted legal authority by a government agency in that state. Defaults to 'CA'.
Status of License/Registration/Cert	Select current official standing which indicates whether it is valid and active. Defaults to 'Active'.
Taxonomy Code	A 10-character, alphanumeric code to identify a provider's type of service.
Student/Intern Supervisor's Name	Required for Clinical Trainee's and Medical Assistants.

Step Two: Click on 'Upload' to attach supporting documents relevant to user's role. Found at the bottom of the form

The following documents are required to be uploaded when submitting the request by practitioner type:

Types of Practitioners	Required Documents
Practitioners (LPHA/License Eligible LPHA/Counselor)	Copy of ASAM training certificate for LPHA/License Eligible LPHA/Counselor Copy of License/Credential for the LPHA/License Eligible LPHA/Counselor Completed Credentialing Attestation Form SAPC-LNC Certificate of Completion (Training Set)
Clinical Trainees	Completed Student-Intern Attestation Form Completed Credentialing Attestation From SAPC-LNC Certificate of Completion (Training Set)
License Vocational Nurse (LVN)/Licensed Psychiatric Technician (LPT)/Medical Assistant (MA)/Community Health Worker (CHW) Peer Support Specialists	Copy of License (LVN & LPT), Copy School Certificate (MA) Completed Credentialing Attestation Form Completed CHW Attestation Form SAPC-LNC Certificate of Completion (Training Set) Copy of California Mental Health Services Authority (CalMHSA) Certificate Completed Credentialing Attestation Form SAPC-LNC Certificate of Completion (Training Set)
Non-Practitioners	SAPC-LNC Certificate of Completion (Training Set) Credentialing Attestation

Step Three: REVIEW Form to ensure information is correct before submitting request

- Any errors on the Sage User Creation Form or missing required supporting documents will delay the process and may require the form to be rejected and the liaison to create a new request and/or new credentialing verification and will create unnecessary delays in creating a Sage account.
- Please ensure ALL required training (training set and ASAM criteria) are completed beforehand and please do not submit a request without all required supporting documents

Submit request