

**ALABAMA CANS COMPREHENSIVE MULTISYSTEM ASSESSMENT  
ADMH CERTIFICATION PROCESS**

1. ADMH will send ADMH CANS Provider Forms to community mental health providers.
  - a. Security and Confidentiality Information
  - b. Provider Registration Agreement Form
  - c. Certified Super User Confidentiality Agreement Form
  - d. Individual User Confidentiality Agreement Form
  - e. User Removal Form
2. Provider Registration Agreement Form (two pages) and Certified Super User Confidentiality Agreement Form (one page) is completed and sent to ADMH.
3. Upon receipt of completed Provider Registration Agreement Form, ADMH will enter information into database.
4. Upon receipt of completed Certified Super User Confidentiality Agreement Form, ADMH will send training materials to Certified Super User
  - a. CANS User Manual
  - b. CANS Glossary
  - c. CANS Training Power Point Presentation (by Dr. John Lyons)
  - d. CANS Forms
  - e. CANS Manual
  - f. CANS Practice Vignettes and Scores
  - g. CANS Testing Vignettes
5. Once Certified Super User has trained a staff member, the Super User will send to ADMH completed testing vignette.
6. ADMH will score Vignette.
  - a. If trainee does not pass, Provider will be notified and Super User would retrain and step #5 - #6 will be required.
  - b. If trainee does not pass on second testing attempt, an outside Super User would retrain and step #5 - #6 will be required.
  - c. If the trainee does not pass the third attempt, they will not be able to be a Certified CANS User.
7. Once trainee has passed certification, ADMH will send provider documentation of Certification.
8. Provider will send the Individual User Confidentiality Agreement Form to ADMH.
9. ADMH will send provider access information for Certified CANS User.
10. When the Certified CANS User no longer works for the participating provider, provider is to complete the User Removal Form and submit to ADMH.

**ALABAMA CANS COMPREHENSIVE MULTISYSTEM ASSESSMENT  
ABHAS SECURITY AND CONFIDENTIALITY INFORMATION**

**ABHAS Operation**

The Alabama Behavioral Health Assessment System supports the use of a set of uniform assessment/reassessment tools for children and adolescents and the collection of consumer data. This document contains information relating to obtaining system access and security related guidance. Access is limited to providers that have filled out the Provider Registration Agreement Form and provide direct care as a community mental health provider.

**I. ABHAS Provider Registration Agreement**

The ABHAS Provider Registration Agreement Form establishes key contact information about the community mental health provider. This registration serves as the security cross check for authorization of individual user access to the ABHAS system. Also, part of this Agreement is the ABHAS Function Form. Providers designate what access to features each job function or position will have. There are five functions (Certified Clinician, Data Entry, Data Management, Request Reports, and Read Only Access). The ABHAS Provider Registration Agreement Form must be signed by the provider agency Executive Director.

**II. ABHAS Individual User Confidentiality Agreement Form**

The ABHAS Individual User Confidentiality Agreement Form is utilized to request user access to the ABHAS system. It is completed by the provider and signed by both the individual user requesting access and the authorized provider designee. Each provider agency designates what individuals will be issued usernames and passwords.

Each user must sign the ABHAS Individual User Confidentiality Agreement Form stating that he/she had read the ABHAS Security and Confidentiality Information and agrees to abide by its provisions. The Individual User Confidentiality Agreement Form must be kept with the employee personnel file as documentation. The provider agency's designee will notify ADMH when accounts need to be deleted or created due to changes in personnel. Users who willfully misuse information contained in ABHAS will have their access immediately restricted and/or terminated by ADMH.

**User Account**

The user account is secured by use of a username and a password. The username and password are not to be shared with any other person. This includes the user's supervisor and co-workers. Sharing this information violates the Individual User Confidentiality Agreement Form signed when applying for ABHAS access. Each ABHAS user will have a personal username and password.

For an account to be created, all forms must be signed, dated, and provided to ADMH: Provider Registration Agreement Form and Individual User Confidentiality Agreement Form.

### **User Removal**

When an ABHAS user no longer works for the participating provider agency, a User Removal Form needs to be submitted to ADMH.

### **Username**

The username consists of the user's full first name and full last name. If for some reason ABHAS needs to deviate from this standard, the user will be notified by phone. ADMH reserves the right to change the naming convention of any or all of a user's username. In this event, all parties involved will be notified prior to the change.

In the case of a forgotten username, ADMH can be contacted. The user can receive the correct username over the phone. Any other contact information pertaining to the user's account can also be updated via a phone conversation.

### **Password**

An initial password will be assigned by ABHAS which must be changed by the user the first time the user logs in to ABHAS according to the following rules. The password will consist of a maximum of 30 and no less than 7 characters and will include 1 non-alphanumeric character (i.e. !, #, \$, \*, etc.). All passwords are case-sensitive. The ABHAS reserves the right to change the password criteria standard at any time. All parties involved will be notified prior to the change.

Passwords are not to be shared with any other person. This includes supervisors and co-workers. This is a direct violation of the Individual User Confidentiality Agreement Form that all users sign. Each user will have a personally assigned password.

### **III. Confidentiality**

Users who willfully misuse information contained in ABHAS will have their access immediately revoked by ADMH.

### **Use of Registry Data**

Authorized users can access ABHAS and view assessments and reports related to consumers they serve. Registered provider agencies can access ABHAS and view assessment and reports related to assessment/reassessments of all consumers they serve. Information may be used to engage consumers and their families in planning and monitoring their progress. Information can be used for clinical supervision and total clinical outcome management (TCOM) by the provider agency. Provider agencies shall only access information of consumers for whom they are clinically or contractually responsible. Aggregated, de-identified data will also be accessible as to identify needs, promising practices, gaps in services, training needs, etc.

**IV. Security Procedures**

All enrolled provider agencies shall maintain reasonable and appropriate administrative, technical, and physical safeguards to ensure the integrity and confidentiality of behavioral health information. This includes compliance with any relevant state and/or federal confidentiality laws.

**V. Contact Information**

Any questions in relation to ABHAS should be directed to:

Alabama Department of Mental Health  
Attn: Kim Hammack  
Mental Illness Division  
RSA Union Building  
100 North Union Street  
Montgomery, Alabama 36130

[kim.hammack@mh.alabama.gov](mailto:kim.hammack@mh.alabama.gov)

Work number: 334 353-9144

Fax number: 334 242-3025

ALABAMA DEPARTMENT OF MENTAL HEALTH, MENTAL ILLNESS DIVISION  
 ALABAMA BEHAVIORAL HEALTH ASSESSMENT SYSTEM (ABHAS)  
 Version 1: July 2010

**ALABAMA CANS COMPREHENSIVE MULTISYSTEM ASSESSMENT  
 PROVIDER REGISTRATION AGREEMENT FORM**

ABHAS is an internet-based behavioral health assessment tool and registry system. Consumer information is confidential and is only available to authorized users of the system. This form must be completed and on record with ADMH before individual User and Confidentiality Agreements can be processed.

As a condition of participating in ABHAS, the Provider Agency enters into this agreement with ADMH and agrees to the following:

- ❖ The Provider Agency will abide by the requirements in the Individual User Confidentiality Agreement Form. Staff members that need access to ABHAS must sign the Individual User Confidentiality Agreement Form, which must be kept with the employee's personnel file.
- ❖ The Provider Agency acknowledges that unauthorized disclosure of confidential information may result in revocation to access ABHAS. The Provider Agency will take all reasonable steps to assure employee compliance with confidentiality requirements.
- ❖ If an authorized user leaves the provider agency employment, the Executive Director or designee must immediately notify ADMH to remove a user from the ABHAS system by completing the User Removal Form. This must occur prior to the employee's last day of employment.
- ❖ If this agreement is violated by any unauthorized misuse of the system, ADMH reserves the right to terminate access to the system.

Signing this form signifies agreement to be an Alabama CANS authorized provider. Please retain a copy for your records. Please fax, scan/email, or mail the original to the Alabama Department of Mental Health:

<b>Name of Mental Health Provider:</b>	
Provider Identification Number (ORGID):	
Provider Address:	
Provider City:	
Provider State:	
Provider Zip Code:	
Provider CEO/ED Printed Name:	
Provider CEO/ED Signature:	
Provider Designee: First/Last Name (This individual will control the Provider access. Designee will be the primary contact for the Alabama CANS Support Center.):	
Designee's Telephone Number:	
Designee's Email Address:	
Designee's Fax Number:	

**Mail, Email, or Fax the completed forms to:**

Alabama Department of Mental Health  
 Attn: Kim Hammack  
 Mental Illness Division  
 RSA Union Building: 100 North Union Street  
 Montgomery, Alabama 36130  
[kim.hammack@mh.alabama.gov](mailto:kim.hammack@mh.alabama.gov)  
 Work number: 334-353-9144      Fax number: 334-242-3025

**ALABAMA CANS COMPREHENSIVE MULTISYSTEM ASSESSMENT  
PROVIDER REGISTRATION AGREEMENT FORM**

**Provider Name:** \_\_\_\_\_

**Designee Signature:** \_\_\_\_\_

<b>JOB FUNCTION</b>
<u>Certified Clinician(s)/Case Manager(s) - (Certified Super Users and/or Certified CANS Users):</u>  
<u>Data Entry – (person entering CANS tool paper version if not the therapist/case manager):</u>  
<u>Data Management/IT/import-export/account un-lock/password reset/etc (DESIGNATE TWO PEOPLE):</u> Primary:  Alternate
<u>Request Reports (Example – Executive Director/Clinical Director/etc.):</u>  
<u>Read Only Access (Example – Executive Director/Clinical Director/Supervisor – Anyone that is not a Certified Super User or Certified CANS User):</u>  

**ALABAMA CANS COMPREHENSIVE MULTISYSTEM ASSESSMENT  
 CERTIFIED SUPER USER CONFIDENTIALITY AGREEMENT FORM**

The following form must be filled out and signed by each Certified Super User who will be receiving CANS training information. Each Certified Super User must sign this form prior to receiving CANS training material which includes:

- ❖ CANS User Manual
- ❖ CANS Glossary
- ❖ CANS Training Power Point Presentation (by Dr. John Lyons)
- ❖ CANS Forms
- ❖ CANS Manuals
- ❖ CANS Practice Vignettes and Scores
- ❖ CANS Test Vignettes

This form defines the requirement to maintain confidentiality of training information and the Certified Super User's agreement to abide by the system rules. The signed copy is to be kept with the Employee Personnel File. Certified Super Users who violate these rules will have Certification as a Super User immediately revoked.

- ❖ The Certified Super User agrees that it will at all times secure the originals and all copies of testing materials, including but not limited to, practice vignettes and scores and testing vignettes.
- ❖ The Certified Super User agrees to notify ADMH in the event that protection of training information is compromised
- ❖ The Certified Super User agrees to use only the training and testing materials provided by ADMH and that they will replace or supplement those materials and tests in their possession with those sanctioned by ADMH when and as periodically directed by ADMH upon release of such materials and tests by AMDH.

By signing this form, the Certified Super User acknowledges the conditions under which access to CANS training materials are granted and agrees to be held to these conditions. I have read and agree to abide by the conditions that are described on this form.

<b>NAME OF MENTAL HEALTH PROVIDER:</b>	
First Name:	Last Name:
Email Address:	Telephone Number:
Date Certified:	Super User Signature:
Provider Designee Name:	Provider Designee Signature:

**Mail, Email, or Fax the completed forms to:**

Alabama Department of Mental Health  
 Attn: Kim Hammack  
 Mental Illness Division  
 RSA Union Building: 100 North Union Street  
 Montgomery, Alabama 36130  
[kim.hammack@mh.alabama.gov](mailto:kim.hammack@mh.alabama.gov)  
 Work number: 334-353-9144 Fax number: 334-242-3025

**ALABAMA CANS COMPREHENSIVE MULTISYSTEM ASSESSMENT  
 INDIVIDUAL USER AND CONFIDENTIALITY AGREEMENT FORM**

The following form must be filled out and signed by each individual who will need access to ABHAS. Each individual must sign this form prior to receiving a User ID and Password.

All information in the ABHAS system is confidential, and all users have a responsibility to abide by applicable confidentiality laws. Users who violate these laws will have access to ABHAS immediately revoked. Consumer specific information is only available to authorized users.

By signing this form, the User acknowledges the conditions under which access to ABHAS is granted and agrees to be held to these conditions. I have read and agree to abide by the conditions that are described on this form.

<b>NAME OF MENTAL HEALTH PROVIDER:</b>	
Provider Identification Number (ORGID):	
<input type="checkbox"/> New User <input type="checkbox"/> Current User	
First Name:	Last Name:
Email Address:	Telephone Number:
Internal Staff ID (Number created by the provider to identify each staff):	
CANS Certification Expiration Date:	
Date Certified:	User Signature:
Trained by (name of Super User):	
Provider Designee Name:	Provider Designee Signature:
<b>CHECK ALL APPROPRIATE JOB FUNCTIONS</b>	
Check All that Apply to Treatment Staff Member	
<input type="checkbox"/> CANS Comprehensive Certified	
<input type="checkbox"/> EC-CANS Comprehensive Certified	
<input type="checkbox"/> Data Entry	
<input type="checkbox"/> Data Management/IT	
<input type="checkbox"/> Request Reports	
<input type="checkbox"/> Read Only	

**Mail, Email, or Fax the completed forms to:**

Alabama Department of Mental Health  
 Attn: Kim Hammack  
 Mental Illness Division  
 RSA Union Building: 100 North Union Street  
 Montgomery, Alabama 36130  
[kim.hammack@mh.alabama.gov](mailto:kim.hammack@mh.alabama.gov)  
 Work number 334-353-9144:      Fax number: 334-242-3025

**ALABAMA CANS COMPREHENSIVE MULTISYSTEM ASSESSMENT  
USER REMOVAL FORM**

This is a request to remove access to the Alabama CANS/EC-CANS for the following User:

<b>NAME OF MENTAL HEALTH PROVIDER:</b>	
First Name:	Last Name:
Designee Name:	Designee Signature:
Date of Request:	DATE OF REMOVAL:

Mail, Email, or Fax the completed forms to:

Alabama Department of Mental Health  
Attn: Kim Hammack  
Mental Illness Division  
RSA Union Building  
100 North Union Street  
Montgomery, Alabama 36130

[kim.hammack@mh.alabama.gov](mailto:kim.hammack@mh.alabama.gov)

Work number: 334 353-9144

Fax number: 334 242-3025