

California Department of Social Services, Department of Health Care Services, and County/Tribe
Memorandum of Understanding (MOU) Global 15-00576 or Psychotropic Medications 16-6009

SafeMeasures Medi-Cal Administrator Designation Form

Please designate between one to three county staff as SafeMeasures Medi-Cal Administrators whose role is to disseminate access of Medi-Cal reports in SafeMeasures by assigning appropriate county staff as Medi-Cal Users or My Upcoming Work Users pursuant to [ACIN I-27-17](#).

Although not required, we recommend that the same county staff have both roles as Authorized Requestor (for File Transfer) and SafeMeasures Medi-Cal Administrator.

Please submit the completed and signed form to: CWSData@dss.ca.gov

County Name: Humboldt

In order to become a Medi-Cal Administrator, **users are required to have SafeMeasures Administrator rights**. If necessary, please contact your SafeMeasures Administrator to create and/or upgrade your account before submitting this form.

	Name	E-mail
1	Ivy Breen	ibreen@co.humboldt.ca.us
2	Ashley Garrett	agarrett@co.humboldt.ca.us
3		

Please ensure that Authorized Signatory on this form matches the Signatory found on your county's MOU.

Approved by Authorized Signatory

Signature of Authorized Signatory

Date: _____

Name and Title