



**Agency Administrator License Compliance Agreement**  
**Palm Beach County**

\_\_\_\_\_ assigns,  
Agency Name  
\_\_\_\_\_ and \_\_\_\_\_  
Agency Administrator Agency Administrator Alternate

to act as the operating manager/liaison over the CMIS (Client Management Information System) system at this CMIS Member Agency. The Agency Administrator Alternate will act in the absence of the Agency Administrator.

The Agency Administrator is responsible for:

- Ensuring that CMIS Policies and Procedures are adhered to.
- Ensuring CMIS End User Agreements are adhered to.
- Communicating and authorize personnel/security changes for CMIS End Users to CMIS Staff within 24 hours of a change.
- Submitting requests for new licenses to CMIS no later than 72 hours before a scheduled training date.
- Scheduling/Authorizing CMIS End User Training.
- Informing CMIS Staff of all program changes within at least 5 business days prior the change.
- Ensuring client privacy, security, and confidentiality policies are adhered to.
- Ensuring data collection, entry and quality standards are met.
- Responding to CMIS data quality questions with 24 hours.
- Correcting client data in CMIS within 5 business days of notification of data errors.
- Attend at least one Agency Administrator Training and Level 1 Training.
- Attending all CMIS required meetings and conference calls.
- Acting as the first tier of support for CMIS End Users.
- Ensuring a basic competency with running CMIS system reports and have an understanding of system wide data quality reports.
- Ensuring Agency and all users are using the correct CMIS related forms and following the most current CMIS procedures and work flow.
- Ensuring the CMIS Privacy Notice is posted in a visible area of the Agency and communicated in a language understood by clients.
- Assisting with CMIS projects as needed (AHAR, PIT, EHIC, and Pulse).

\_\_\_\_\_  
Designated Agency Administrator Signature Date \_\_\_\_\_ Designated

\_\_\_\_\_  
Agency Administrator Alternate Signature Date \_\_\_\_\_

\_\_\_\_\_  
Executive Director Signature Date \_\_\_\_\_