

HCS / DDA Systems Access Request Form Instructions

HCS / DDA Authorizer Instructions: **Please submit requests individually.**

The DSHS / HCA Systems Access Request form is for use by HCS / DDA staff requesting access to PRISM, ProviderOne, or IPOne.

- **EASE**
 - Check the box to verify that an EASE request was submitted.
- **Request Type**
 - Check one of the options (New, Update, Remove, or Name change.) Removal must be submitted within 5 days of exit.
 - New user – The user has been approved for access to one of the programs listed and has no previous requests submitted.
 - Update user – User has access to one or more of the systems listed but an additional access is needed, only mark the box next to the additional item.
 - Remove user – Mark each of the boxes for which access is to be removed.
 - Change user name – Use to update the user name due to a change. For ProviderOne this will result in the termination of the prior account and a new account being created.
- **Requesting Organization and Mailing Address**
 - Enter the users office name and address (subcontractors enter their organization name and address)
- **State Office Date Received**
 - Reserved for AL TSA/DDA HQ IT Helpdesk use only
- **User ID**
 - If the user has an ASAP profile, this ID must match the ASAP ID exactly.
- **System Access Requested**
 - Check the box next to each system requested, attach any additional documentation required for the program.
 - **ProviderOne** roles – All staff that will authorize services need ProviderOne access.
 - ProviderOne View-Only: For case managers and most staff.
 - Note: Use the HCA form Non-HCA Employee Access Request Form to request other ProviderOne profiles.
 - **IPOne** Roles are defined as follows:
 - **IPOne – CM Role:** For Case Managers and other staff who will be submitting authorizations or processing over-payments.
 - **IPOne – HCRR:** For HCS/DDA HCRR users and others that need view only access.
 - **IPOne – HQ Role:** For Field Managers.
 - **IPOne – Other:** Other roles limited to designated staff and requires additional approval. This includes Finance Level 1 and Finance Level 2.
- **HCS/DDA User Information**
 - Enter the user information as indicated
 - If the person will be assigned cases as a primary case manager this box must be checked.
- **Access Justification**
 - Enter reason access is needed, e.g. Case Management and Coordination, Nursing Coordination, Oversight and Supervision, Determination of Eligibility, Billing.
- **Authorizing Signature**
 - HCS/DDA Authorizer – the authorizer is the direct supervisor of the user
- **Non-Disclosure of Confidential Information**
 - Ensure that HCS/DDA staff member has read the HCS/DDA User Agreement on System Usage and Non-disclosure of Confidential Information on the second page of the HCS/DDA Systems access request form.
 - Enter the requesting user's name and have them sign and date the agreement
- **Once completed scan both sides of the form and email to the AL TSAHELPDESK@dshs.wa.gov.**

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