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 ALTSA/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

Please submit requests individually.

Once completed scan both sides of the form and email to the ALTSAHELPDESK@dshs.wa.gov.