Gaining Access: CareConnect360

SOM FOSTER CARE & JUVENILE JUSTICE USERS APPLICATION ACCESS REQUEST



State of Michigan Department of Health and Human Services

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1 Introduction

All users request access to CareConnect360 by completing the CareConnect360 access request form, which is located in the Database Security Application (DSA). Both CareConnect360 and the DSA are accessed through the State of Michigan (SOM) single sign-on portal, called MILogin*.

Users must first request secure access to both applications using MILogin. When access is approved, the user receives an email notification and the **CareConnect360** link or **Database Security Application (DSA)** link appears on the MILogin Home page accordingly.

Users then request functional access by completing the CareConnect360 access request form within the DSA. This process determines the user's CareConnect360 security role(s). Upon submission, the CareConnect360 access request progresses through a review and approval cycle. Requests must be marked approved prior to the user's CareConnect360 security role(s) being granted. *The user's security role(s) must be manually assigned before access to any CareConnect360 data is granted*.

IMPORTANT: Users must have a MILogin account before they can complete these steps. Please reference the MILogin training materials for instruction.

* If experiencing any issues with MILogin, please contact the **SOM Client Service Center: 517-241-9700** -or- **800-968-2644**.





2 Request Application Access Using MILogin

Both CareConnect360 and the DSA are routinely accessed through the SOM single sign-on portal, MILogin. Users must request secure access to both applications using MILogin. The steps outlined in this chapter are *all one-time processes*; once completed, they will not need to be repeated.

2.1 Requesting CareConnect360 Access

Complete the following steps to request secure access to CareConnect360 through MILogin:

1. Access MILogin: <u>https://miloginworker.michigan.gov</u> (*SOM users*). The MILogin Home page displays (*Figure 2.1.1*).

Michigan.gov	HELP	CONTACT US
MILogin for Workers		
+ HOME & REQUEST ACCESS ES UPDATE PROFILE		
's Home Page		
Your password will expire in 365 days		
Access your applications by clicking on the application links below		
You do not have access to any application. You can request access by clicking on Request Access link.		
Copyright 2015-2017 State of Michigan		



2. Click Request Access. The Request Access page displays (Figure 2.1.2).

Mich	igan ₊gov					HELP CONT	ACT US
MILog	in for Worke	rs					
🖀 НОМЕ			🕒 LOGOUT				
Reques Search A	St Access Application plication with a keyword or set	ect an agency to view its appl	ications	Search Application	2 Additional Information	Confirmation	
Search appl	ication	Home Help Cont		Select Agencies			·
		Copyright 2015-201	7 State of Mich	igan			

Figure 2.1.2: Request Access





3. Select 'Michigan Department of Health & Human Services (MDHHS)' in the *Select Agencies* list. The list of MDHHS applications displays (*Figure 2.1.3*).

B Michigan.gov				HELP CONTACT US
MILogin for Workers				
# HOME 👌 REQUEST ACCESS 🖪 UPDATE PROFILE	🕞 LOGOUT			
Request Access		1 Search Application	2 Additional Information	3 Confirmation
Search for an application with a keyword or select an agency to view its app	olications			
Search application	Q n Services (M	Michigan Department	of Health & Human Serv	vices (MDHHS)
Behavioral Health Treatment Episode Data Set				
CHAMPS - Health Beat 2.0 - UAT				
SHAWPS S.				
CPR/BRS for Child Support CareConnect360				
Childrens Special Health Care Services				

Figure 2.1.3: Request Access

4. Select 'CareConnect360'. The CareConnect360 Terms & Conditions display (Figure 2.1.4).



Figure 2.1.4: CareConnect360 Terms & Conditions

5. Review the terms and conditions, select *I agree to the terms & conditions*, and click **Request Access**. The Additional Information page displays (*Figure 2.1.5*).





Michigan.gov					HELP CONTACT US
MILogin for Worke	rs				
		🕒 LOGOUT			
Request Access			● Search Application	2 Additional Information	3 Confirmation
Additional Information					
Provide following information to submit your acc	ess request				
* Required * Email Address					
Mobile Number					
*Work Phone Number					
10110001000					
SUBMIT	RESET				
Michigan.gov	HOME HELP CONTA	ACT US POLICIE	gan		

Figure 2.1.5: Additional Information

- 6. Confirm or enter your *Email Address, Mobile Number*, and *Work Phone Number*.
- 7. Click **Submit**. The Confirmation page displays (*Figure 2.1.6*).

Michigan.gov					HELP CONTACT US
MILogin for Worke	ers				
A HOME 🐣 REQUEST ACCESS	UPDATE PROFILE	🕒 LOGOUT			
Request Access Confirmation			● Search Application	2 • Additional Information	3 Confirmation
✓ Success The request for your access has bee You will see the updated list of applic	n successfully submitted. ation(s) on your home page	e once it is proce	əssed.		
НОМЕ					
🖄 Michigan.gov	HOME HELP CONT	ACT US POLICIE	S		
	Copyright 2015-201	7 State of Mich	igan		

Figure 2.1.6: Confirmation

8. Click Logout. The Logout Confirmation message displays (Figure 2.1.7).







Figure 2.1.7: Logout Confirmation

9. Click Continue. The Logout Success message displays (Figure 2.1.8).

Michigan.gov	HEI	LP CONTACT US
MILogin for Workers	;	
A HOME		
Confirmation		
✓ Success You have been successfully logged out. P	lease close the web browser.	
LOGIN		
Michigan.gov	HOME HELP CONTACT US POLICIES	
	Copyright 2015-2017 State of Michigan	

Figure 2.1.8: Logout Success

Note: Users receive an email notification from MILogin when access is approved, and the **CareConnect360** link displays on the MILogin Home page. Upon approval, continue with the steps in <u>2.2 Initially Accessing CareConnect360</u>.





2.2 Initially Accessing CareConnect360

A security role cannot be associated to a user until the user initially accesses CareConnect360. Upon initial access the MDHHS administrator is notified by email prompting them to assign the user's CareConnect360 security role(s). Appropriate CareConnect360 functionality is not enabled until the security role(s) is manually assigned.

Complete the following steps to initially access CareConnect360:

1. Access MILogin: <u>https://miloginworker.michigan.gov</u> (*SOM users*). The MILogin Home page displays (*Figure 2.2.1*).

Mich	igan.gov					HELP	CONTACT US
MILogi	n for Worker	S					
🚓 НОМЕ		UPDATE PROFILE	E LOGOUT				
Eller (Pro	s Home Pag	je					
Your pass	vord will expire in 365 days						
Access your app	ications by clicking on the applic	ation links below					
Middhhs Mi	chigan Department o	f Health & Human Se	ervices (MI)HHS)			
Michigar	gov	HOME HELP CONTACT					
		Copyright 2015-2017 S	State of Michig	an			

Figure 2.2.1: MILogin Home

2. Click CareConnect360. The CareConnect360 Terms & Conditions display (Figure 2.2.2).



Figure 2.2.2: CareConnect360 Terms & Conditions





- 3. Review the CareConnect360 Terms & Conditions and click Acknowledge/Agree.
- 4. *If logging in from outside the SOM network,* the Multi-Factor Authentication page displays (*Figure 2.2.3*). Every 24 hours, users outside the SOM network are required to perform an additional security measure called multi-factor authentication (MFA).

Michigan.gov		HELP	CONTACT US
MILogin for Work	ers		
A HOME			
MILogin Multifacto	r Authentication (MFA)		
Hello			
Select one of the following options to procee	d with additional authentication required to access the application.		
* Required			
🛳 🛛 Text Message	You will receive a passcode via a text message on your mobile XXX-XXX-2520		
Register Device	You may register your mobile XXX-XXX-2520, to generate your own passcodes		
🗘 Phone Call Back	You will get a call on your work phone number XXX-XXX-0473		
⊠ Email	You will receive a passcode in your email e*****@optum.com		
Michigan gov	HOME HELP CONTACT US POLICIES		
	Copyright 2015-2017 State of Michigan		

Figure 2.2.3: Multi-Factor Authentication

- a. Perform one of the following actions:
 - i. Click **Text Message**. MILogin texts a passcode to the mobile phone number you provided when you created your MILogin account. Enter the code in the *Passcode* field that displays, and click **Submit**.
 - ii. Click Register Device. MILogin texts instructions to the mobile phone number you provided. Follow the instructions to register your mobile phone and begin generating your own passcodes. Enter your generated code into the *Passcode* field that displays and click Submit.
 - iii. Click **Phone Call Back**. MILogin calls you at the work phone number you provided. Answer the call, listen to the brief message, and press any key on your phone keypad.
 - iv. Click **Email**. MILogin emails a passcode to the email address you provided. Enter the code in the *Passcode* field that displays and click **Submit**.
- b. Upon completion, MILogin automatically continues to log you in.





By clicking "accept" I acknowledge that I am an authorized user of the CareConnect360 system and that I have read and agree to the following:
 To comply with all Federal and State laws, rules and regulations pertaining to the confidentiality and use of information contained in or received from CareConnect360, including, but not limited to, the Child Protection Law (MCL 722.621-722.638), the Foster Care and Adoption Services Act (MCL 722.951-960), the Health Insurance Portability and Accountability Act (HIPAA), State of Michigan Mental Health Code (MCL 330.1001-330.2106), and MDHHS's Data Privacy and Security Policies and Procedures
 To use CareConnect360 only for the purpose of performing my job functions; any other use is prohibited.
 To ensure consent from the consumer to disclose or re-disclose confidential information is documented, as required by state and federal laws and regulations. To safeguard and not disclose any confidential information in accordance with Civil Service Rule 2.9 Extended conductor and Co
 5. To comply with Civil Service Rules 1-13 Patents and Inventions, and 1-14 Copyrights for any property which I participated in developing for the Michigan Department of Health and Human Services
 To keep confidential and to safeguard from unauthorized use and disclosure to other persons the user ID and password issued to me.
7. To ensure that the identifiable or potentially identifiable data shall not be accessed, used nor disclosed for any purpose other than that permitted by law and required for performing my job functions. All incidents, threats or violations that affect or may affect the confidentiality, integrity or availability of protected health information (PHI) or other confidential data will be reported immediately.
 To secure the data by utilizing proper encryption methods, when applicable, by workforce members that are transmitting or storing any PHI or other confidential data on portable devices. To restrict unintentional viewing of PHI or other confidential data in any form by those who are not authorized to view PHI or other confidential data.
I understand that any violation of this Security Agreement and any applicable laws, rules or regulations may result in disciplinary action taken against me pursuant to Civil Service Rules, and that I may be subject to criminal and civil penalties
I Agree Cancel

Figure 2.2.4: CareConnect360 User Agreement

5. The CareConnect360 User Agreement displays (*Figure 2.2.4*). Review the User Agreement and click **I Agree**. The Access – Step 1 window displays (*Figure 2.2.5*).

Note: The access window displays for all users who do not currently have an assigned CareConnect360 security role.

Step 1	Step 2
Your access has not b	been determined. Please follow the instructions below.
Are y	ou a State of Michigan employee? ③
	● Yes ○No
	Next

Figure 2.2.5: Access – Step 1





Note: To confirm an access question's intention, hover your cursor over the '**?**' (question mark icon). Help text displays (*Figure 2.2.6*); click the ' \mathbf{x} ' to close.



Figure 2.2.6: Access – example help

6. Select Yes, and click Next. The Access – Step 2 window displays (Figure 2.2.7).

itep 1		Step 2	
As a State of Mich using the Database	igan employee, you mu Security Application (ıst request CareConnec DSA) through MILogir	t360 access 1.
The request will g Once a decision is	o through a review and made, you will be notif	approval cycle upon su fied via email.	bmission.
Click "Finish" to a	lose this screen.		
		Previous	Finish

Figure 2.2.7: Access – Step 2

7. Click Finish. The CareConnect360 Home page displays (Figure 2.2.8).

MEDH	HS Michigan Dep	P hoartment of Human Services	utting people first ealthier and more	t, with t e produ	the goal of hel active lives, no	ping al mattei	ll Michigand r their stage	ers lead in life.
Michigan.gov	Application Home	Beneficiary Lookup	Training	×.	My Profile	×.	Contact	Exit
News: Welcom	News: Welcome to CareConnect360!!							
To support the cara access to informati This tool draws info Medicaid beneficia information for Me revenue or drug co primary, the claim It is the goal that a likely or potential h	e coordination of beneficiaries' phys ion on physical and behavioral healt ormation from the Data Warehouse rites. The data includes Medicaid eli idicaid beneficiaries. Due to federal dees, or if the primary diagnoses is r is retained but the SA-related diagn ccess and use of this tool will suppo nealth conditions of an individual an	ical health and behavioral health conc h care. . The information available is specific t gibility and enrollment information, cli confidentiality requirements, substan late to substance abuse the entire cla osis field is masked.) rt increased collaboration and integrat d support effective planning and com	ittions, MDHHS has dev o Medicaid <i>paid claims</i> aims and encounter dat ce abuse diagnosis clair im is dropped. Howeve ion of planning between nunication.	veloped a s (<i>fee for s</i> ta for bel m data ar er, if subs en provid	portal called Care service) and encou havioral and physic e not included. (Fo tance abuse is refli- ers. The portal will	Connect: nters (ca al health or substa ected in l provide	360. The portal p pitated paymen , dental and pha nce abuse proce diagnoses other for identificatio	provides ts) for armacy edures, than the on of specified

Figure 2.2.8: CareConnect360 Home

IMPORTANT: The first time you complete these steps the MDHHS administrator is notified, prompting them to assign your security role upon approval.

You <u>must</u> click through to the Home page. If you do not click **I Agree** to the User Agreement and click **Yes/Next** and **Finish** on the access window (Steps 5, 6, and 7 above), you have <u>not actually accessed</u> CareConnect360 and the MDHHS administrator <u>will not be notified</u>.

Appropriate system functionality is not enabled until your security role is manually assigned.





2.3 Requesting DSA Access

Follow the same MILogin **Request Access** steps used in <u>2.1 Requesting CareConnect360 Access</u>, but this time select 'Database Security Application (DSA)' from the list of MDHHS application options in Step 4.

When access is approved, you receive an email notification from MILogin and the **Database Security Application (DSA)** link displays on the MILogin Home page. Upon approval, continue with the steps in <u>3 Complete the CareConnect360 Access Request</u>.





3 Complete the CareConnect360 Access Request

Users complete the CareConnect360 access request form within the DSA. Demographic details are required for all access requests; the first time a user accesses the DSA the Demographics page automatically displays. Once user demographic details have been recorded, the Home page displays each subsequent time the DSA is accessed.

3.1 Entering DSA Demographic Details

Complete the following steps to enter user demographic details in the DSA:

1. Access MILogin: <u>https://miloginworker.michigan.gov</u> (*SOM users*). The MILogin Home page displays (*Figure 3.1.1*).

Mich	igan.gov				HELP	CONTACT US		
MILogi	in for Worke	rs						
A HOME	HOME & REQUEST ACCESS							
Access your app	S Home Page Access your applications by clicking on the application links below							
Мерння Мі	Michigan Department of Health & Human Services (MDHHS)							
CareConnec	t360							
Database Security Application (DSA)								
Michigan	I.gov	Home Help Contact	US POLICIES					
		Copyright 2015-2017 S	state of Michigan					



2. Click Database Security Application (DSA). The DSA Terms & Conditions display (Figure 3.1.2).

Terms & Conditions							
Database Security Application (DSA)							
Terms & Conditions The Michigan Department of Health & Human Services (MDHHS) computer information system (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and for official state busine Oustems users are provided from using any and or cress computer of for any many of the theorem o							
CANCEL X Acknowledge/Agree							

Figure 3.1.2: DSA Terms & Conditions





3. Review the DSA Terms & Conditions and click **Acknowledge/Agree**. The Demographics page displays (*Figure 3.1.3*).

Note: If user demographic details already exist, the DSA Home page displays instead. To update existing details, select *Demographics* in the main menu and continue with the steps below.

	Putting people first, with the goal of helping all Michiganders lead
Michigan	Department of healthier and more productive lives, no matter their stage in life.
MSDHHS Health	and Human Services
Welcome:	DSA v2.0 (Staging)
Home Demographics Request	Training ▶ Contact Email ▶ Exit
Please complete the Demographics before	e continuing.
 Indicates mandatory fields Last Name * 	Last Name
Eirst Name *	East Name
riist name Middle Initial	Middle Isitiel
Area Code & Phone Number	
Fax Number	
Are you a State of Michigan Employee? *	● Yes ○ No
Organization Group *	State of Michigan V
Employer Organization *	**Select Organization
HRMN ID *	HRMN ID (If you don't have one please enter 999999999.)
Job Title *	(New field)
Supervisor Name (Last, First) *	
Supervisor Phone *	Ext:
Supervisor Email *	Supervisor Email
Office/Division/Section/Unit *	Office/Division/Section/Unit
Primary Work Location - Name *	Work Location Name
Primary Work Location - Street Address *	Work Location Street Address
Primary Work Location - City *	Work Location City
Primary Work Location - State *	Work Location State
Primary Work Location - Zip Code *	Work Location Zip Code
Security Training Completed Date	NO TRAINING COMPLETED
Privacy Training Completed Date	NO TRAINING COMPLETED
Action Save Cancel Help	

Figure 3.1.3: DSA Demographics

- 4. Confirm your *Last Name*.
- 5. Confirm your *First Name*.
- 6. Confirm your *Email Address*.
- 7. Confirm your *Area Code & Phone Number*.

Note: Your name, email address, and phone number automatically populate from MILogin and cannot be changed; any updates must be made within MILogin.

- 8. Select 'Yes' for Are you a State of Michigan Employee?
- 9. Select 'State of Michigan' in the *Organization Group* list.
- 10. Select 'Dept. of Health and Human Services-Human Services' in the *Employer Organization* list.

Note: The options available in the *Employer Organization* field are dependent upon the *Organization Group* selected.

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- 11. Enter your *HRMN ID* or enter all 9s (nines) if you do not have a HRMN ID.
- 12. Enter your Job Title.
- 13. Enter your *Supervisor's Name* in last name, first name format (include the comma).
- 14. Enter your *Supervisor's Phone* number.
- 15. Enter your *Supervisor's Email*.
- 16. Enter the *Office/Division/Section/Unit* in which you work.
- 17. Enter your *Primary Work Location Name*.
- 18. Enter your *Primary Work Location Street Address*.
- 19. Enter your *Primary Work Location City*.
- 20. Enter your *Primary Work Location State*.
- 21. Enter your *Primary Work Location Zip Code*.
- 22. Click Save. The "User details updated successfully." message displays (Figure 3.1.4).
- 23. Continue with the steps in <u>3.2 Completing the CareConnect360 Access Request Form</u>.

Welcomer subjestions	Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life. and Human Services
Home Demographics Request	Training Contact Email Exit
* Indicates mandatory fields	
Last Name *	Sacwis
First Name *	Suzie
Middle Initial	Middle Initial
Email Address *	suziesacwis@michigan.gov
Area Code & Phone Number *	517-555-9876 Ext:
Fax Number	
Are you a State of Michigan Employee?	●Yes ○No
Organization Group *	State of Michigan
Employer Organization *	Dept. of Health and Human Services-Human Services
HRMN ID *	123456789 (If you don't have one please enter 999999999.)
Job Title *	Caseworker (New field)
Supervisor Name (Last, First) *	Super, Sally
Supervisor Phone *	517-555-1234 Ext:
Supervisor Email *	supersally@michigan.gov
Office/Division/Section/Unit *	Joy Division
Primary Work Location - Name *	Downtown
Primary Work Location - Street Address	111 Main Avenue
Primary Work Location - City *	Lansing
Primary Work Location - State *	M
Primary Work Location - Zip Code *	48911
Security Training Completed Date Privacy Training Completed Date	NO TRAINING COMPLETED NO TRAINING COMPLETED
Message User details updated success Action Save Cancel Help	uily.

Figure 3.1.4: DSA Demographics





3.2 Completing the CareConnect360 Access Request Form

Perform the following steps to complete the CareConnect360 access request form within the DSA:

1. Perform Steps 1-3 in <u>3.1 Entering DSA Demographic Details</u>. The DSA Home page displays (*Figure 3.2.1*).

Michigan D Health ar	Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life. nd Human Services
Welcome: Induser	DSA v2.0 (Staging
Application Acc Immediate Man Organization M	the NEW Database Security Application
 The Database Security Ap Applicants are responsible agreement at the end of th All requests will be reviewe When a reason for access needed. Insufficient reaso After submittal of the reque Request for Access may b Change requests cannot b Help information is contain To get started click on the 	pplication (DSA) is used to submit Request for Access to various MDHHS systems for new, change orrenewal requests. For the safeguarding of confidential, sensitive or Protected Health Information (PHI). Carefully read the security ne Request for Access. ed by immediate supervisors and program approvers. Is required, the user MUST provide a reason or justification. Be clear and concise as to why access is nos will result in the access request being denied. est, the applicant can view the status of their Request for Access. the approved in part or in full depending on the results of the supervisor and program approver's review. be submitted before a prior request has completed the authorization process. (Request > Application Access) link on the main menu above.

2. In the *Request* menu, select *Application Access* from the sub-menu. The Security Form Selection page displays (*Figure 3.2.2*).

Putting people first, with the goal of helping all Michiganders leac healthier and more productive lives, no matter their stage in life.			
Exit	DSA v2.0 (Stagi		
Email Address s State of Michigan Employee? Y n	uziesacwis@michigan.gov 'es		
Submit Dequest			
Suppli-Request			
Select-Access-Type			
Submit-Request			
Submit-Request			
	Ces Exit Email Address State of Michigan Employee? Y In Submit-Request Submit-Request Select-Access-Type Submit-Request		

Figure 3.2.2: Security Form Selection

- Click <u>Submit-Request</u> beside CareConnect360. The CareConnect360 access request form displays.
- 4. Select your manager from the *Immediate Manager* list (Figure 3.2.4 red arrow).





Note: Depending upon whether you are a Human Services user, Foster Care user, and/or a Juvenile Justice user, select your immediate manager(s) from the sub-lists (*Figure 3.2.3*).

Immediate Manager Selected Immediate Manager(s)		**Select Im	**Select Immediate Manager			
			MDHHS-Human Services **Select Immediate Manager 🗸			
Select Role(s)			MDHHS-Foster Care **Select Immediate Manager V			
	Domain		MDHHS-Juvenile Justice **Select Immediate Manager V			
✓	MDHHS-Foster Care			aid		
	MDHHS-Foster Care	These access to blood Lead testing result data to assist in percentary care.				

5. Select the check box beside the security role statement(s) that reflects the functionality needed to perform your job duties (*Figure 3.2.4 orange box*).

	Michigan Department of Health and Human Ser	Putting people first, with the go healthier and more productive vices	bal of helping all Michiganders lead lives, no matter their stage in life. DSA v2.0 (Staging)
Home Demographics	Request Training Contact Em	nail 🕨 Exit	
CareConnect360 Sec	urity Request		
User Name(Last, First) Area Code & Phone Numb Organization Request Type	Sacwis, Suzie er 517-555-9876 Dept. of Health and Hu Services-Human Servi New	Request Status Email Address iman State of Michigan Employee? ces	Incomplete suziesacwis@michigan.gov Yes
Roles Select Immediate Manager(5)		
Immediate Manager Selected Immediate Manager(s Select Role(s)	**Select Immediate Manager		
Domain	Role		Data Manager
MDHHS-Foster Care	I am a Foster Care worker and/or Sup Care Children under my care.	ervisor responsible for tracking Medicaid informa	tion for Foster <u>More-Info</u>
MDHHS-Foster Care	 I need access to Blood Lead testing re 	esult data to assist in beneficiary care.	More-Info
MDHHS-Human Ser	vices I am a Health Liaison Officer responsil Children in my assigned Counties.	ble for the review of Medicaid information for Fos	ter Care More-Info
MDHHS-Human Ser	vices I monitor Medicaid medication for your Medical Unit or Psychotropic Medication	th foster care beneficiaries as part of the DHHS C on Oversight Unit.	Child Welfare More-Info
MDHHS-Human Ser	vices I need access to Blood Lead testing re	esult data to assist in beneficiary care.	More-Info
MDHHS-Juvenile Ju	stice I need access to Blood Lead testing re	esult data to assist in beneficiary care.	More-Info
MDHHS-Juvenile Ju	tice I am a Juvenile Justice worker and/or Juvenile Justice Children under my ca	Supervisor responsible for tracking Medicaid info re.	rmation for <u>More-Info</u>
Action Save-And-Continu	ue Cancel Help Video Help		

Figure 3.2.4: CareConnect360 Access Request Form – Roles

6. Click <u>Save-And-Continue</u>. The form advances to the **Reason** tab (*Figure 3.2.5*).







Figure 3.2.5: CareConnect360 Access Request Form – Reason

 Enter a detailed reason for access, clearly identifying why you require CareConnect360 access to complete your job duties. Be certain to address each role requested on the **Roles** tab; reasons lacking detail may be denied.

Foster Care Worker example: I am a foster care worker for MDHHS. I need access to CareConnect360 for the children on my caseload to check and verify Medicaid status, health plan enrollment to review health information, monitor health appointments and determine if follow up is needed.

8. Click <u>Save-And-Continue</u>. The form advances to the User Agreement tab (Figure 3.2.6).

Michigar Health	Department of and Human Service	Putting people first, with the goal healthier and more productive li S	al of helping all Michiganders lead ives, no matter their stage in life.
Welcome: suziesacwis	Training) Contact Email	Evit	DSA v2.0 (Staging
CareConnect360 Security Reg			
User Name(Last, First) Area Code & Phone Number Organization Request Type	Sacwis, Suzie 517-555-9876 Dept. of Health and Human Services-Human Services New	Request Status Email Address State of Michigan Employee?	Incomplete suziesacwis@michigan.gov Yes
As a user of the CareConnect360 system I accept and agree to the following: <u>To maintain complete confidentiality of 1</u> regulations including, but not limited to, the Privacy and Security Policies and Procedur	n, <i>the data and any information receiv</i> Health Insurance Portability and Acco es.	ed from CareConnect360 as required by puntability Act (HIPAA), State of Michigan N	Federal and State laws, rules and Mental Health Code, and MDHHS's Data
To restrict unintentional viewing of PHI of I understand that any violation of this Se pursuant to Civil Service Rules, and that	or other confidential data in any for scurity Agreement and any applicat I may be subject to criminal and c	<u>m</u> by those who are not authorized to view ole laws, rules or regulations may result vil penalties.	PHI or other confidential data. in disciplinary action taken against me
I agree to the rules specified above Message Action Save-And-Continue Cancel	ielp Video Help		





Figure 3.2.6: CareConnect360 Access Request Form – User Agreement

- 9. Review the user agreement and select the *I agree to the rules specified above* check box.
- 10. Click Save-And-Continue. The form advances to the Review & Submit tab (Figure 3.2.7).

M	DHHS	Michigan Health a	Departm and Hur	ent of nan Service	Putting people first, with the goa healthier and more productive li	al of helping all Michiganders lead ves, no matter their stage in life.
Home	Demographics	Request 🕨	Training 🕨	Contact Email)	Exit	DSA V2.0 (Staging)
CareC	onnect360 Se	curity Requ	uest			
User N Area C	ame(Last, First) ode & Phone Numt	per	Sacwis, 517-555	Suzie 9876	Request Status Email Address	Incomplete suziesacwis@michigan.gov
Organi	zation		Dept. of Services	Health and Human s-Human Services	State of Michigan Employee?	Yes
×	Roles	Reason	🖌 User Agi	reement Review 8	& Submit	
Immedi	ate Manager	Chaliman,	Mary			
Selecte	d Role(s)					
Domai MDHH	in S-Foster Care	R I a in	ole am a Foster Ca formation for F	are worker and/or Sup oster Care Children u	ervisor responsible for tracking Medicaid nder my care.	Data Manager
Reason I am a fe review h	for Request oster care worker for health information, m	MDHHS. I need onitor health ap	d access to Ca pointments and	reConnect360 for the d determine if follow u	children on my caseload to check and verifing is needed.	y Medicaid status, health plan enrollment to
Messag Action	e <u>Submit-Request</u>	Continue-Late	r <u>Cancel</u> <u>He</u>	lp <u>Video Help</u>		

Figure 3.2.7: CareConnect360 Access Request Form – Review & Submit

- 11. Verify your CareConnect360 access request details. If any additions or changes are needed prior to submission, click the tab to return, update, and resave.
- 12. Click <u>Submit-Request</u>. The request submission confirmation displays (*Figure 3.2.8*); it is at this point that the review and approval cycle begins.

MODHHS Michigan Health	n Department of and Human Service	Putting people first, with the goal healthier and more productive lives	l of helping all Michiganders lead ves, no matter their stage in life.
Welcome: suziesacwis	Training Contact Email	Evit	DSA v2.0 (Staging)
CareConnect360 Security Req	uest		
User Name(Last, First)	Sacwis, Suzie	Request Status	Submitted
Organization	Dept. of Health and Human Services-Human Services	State of Michigan Employee?	Yes
Request Type	New	25	
Your request for access to CareConnect36	0 has been saved and submitted for p	processing.	
The submitted request will be automatically	processed through the authorization p	process. You may return at any time to chec	k the status of your request for access.
Your request number is 45270. You may pr	int your Request for Access Receipt for	or this saved request by clicking (Print-Rece	ipt) below.
Action Back-To-Home-Page Print-Re	ceipt Help		

Figure 3.2.8: CareConnect360 Security Request – submission confirmation

13. Click Print-Receipt to save and/or print your CareConnect360 Request Receipt (Figure 3.2.9).





Report Date 3/27/2018		Database Security Application - Request Receipt			Medhhs	Page 1 of 2	
Request Header							
Request ID	45270			Form	CareConnect360		
Request Status	st Status Submitted			Request Type	New		
Date Submitted 3/27/2018 3:16:00PM							
User Name	Name Sacwis, Suzie			Organization	Dept. of Health and Human Services-Human Services		
Phone	517-555-9876	3		Email	suziesacwis@michigan.gov		
Is Contractor for the State of Michigan: Yes							
Request Reason							
I am a foster care worker for MDHHS. I need access to CareConnect360 for the children on my caseload to check and verify Medicaid status, health plan enrollment to review health information, monitor health appointments and determine if follow up is needed. Review(s)							
Immediate Manager Review							
Immediate Manager Chaliman, Mary		Review Status Unreviewed	Review Date	Review Comments			
Data Manager Review							
Role			Data Manager	Review Statu	s Review Date	Review Comments	
I am a Foster Care worker and/or Supervisor responsible for Unreviewed tracking Medicaid information for Foster Care Children under my care.							
Director Review							
Director		Review Status Unreviewed	Review Date	Review Comments			
Training Manager Review							
Training Manager		Review Status Unreviewed	Review Date	Review Comments			
Security Administrator Review							
Security Administr	rator	Review State Unreviewed	Review Date	Review Comments			
Rules And Regulations as of 3/2/1/2010							
0 in ed 3/27/2018 Michigan Department of Health & Human Services							

Figure 3.2.9: CareConnect360 Access Request Receipt

IMPORTANT: Complete the steps in <u>2.1 Requesting CareConnect360 Access</u> and <u>2.2 Initially</u> <u>Accessing CareConnect360</u> only if you have not already done so.

When your access request is approved within the DSA and your CareConnect360 security role(s) assigned, you receive an email notification indicating access has been granted.

