

Gaining Access: Michigan Statewide Automated Child Welfare Information System (MiSACWIS)

**ALL MiSACWIS USERS
REQUESTING MiSACWIS ACCESS**



**State of Michigan
Department of Health and Human Services**

Last Updated: March 2020

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NOTE: All users must use two (2) applications to request (or maintain) MiSACWIS access:

- ★ **MILogin***
(the State of Michigan’s [SOM’s] single sign-on portal)
- ★ **Database Security Application (DSA)****
(contains electronic versions of SOM application access request forms/processes)

** You must have a MILogin account before you can complete these steps. If you experience any issues with MILogin, please contact the **SOM Client Service Center: 517-241-9700 -or- 800-968-2644.***

*** If you experience issues with the DSA/MiSACWIS steps, please contact the MDHHS MiSACWIS Administrator: MDHHS-DSA-MiSACWIS@michigan.gov*

1 IMPORTANT

All users must complete the following steps to obtain access to the Michigan Statewide Automated Child Welfare Information System (MiSACWIS). The form used to request MiSACWIS access, the **MiSACWIS Access Request Form**, is found within the Database Security Application (DSA).

Users complete the **MiSACWIS Access Request Form** to request initial MiSACWIS access (new users), or to establish ongoing MiSACWIS access (current users). *All users then complete the **MiSACWIS Access Request Form** on an annual basis to maintain MiSACWIS access.*

Both the DSA and MiSACWIS are accessed through MILogin. Users must subscribe to both the DSA and MiSACWIS in MILogin.

TIP: Most steps in this guide describe one-time processes – once completed, they do not need to be repeated. In fact, you may have already completed some!

Chapter 2: Fill Out MiSACWIS Access Request Form	Why do I have to do it?	Where?
Subscribe to DSA in MILogin	<ul style="list-style-type: none"> Grants access to the DSA, which allows you to complete the MiSACWIS Access Request Form located within the DSA. 	MILogin
Enter Your DSA Demographic Details	<ul style="list-style-type: none"> Demographic details are required to complete any access request form within the DSA. 	DSA
Complete the MiSACWIS Access Request Form	<ul style="list-style-type: none"> Filling out the MiSACWIS Access Request Form determines your approved MiSACWIS user groups, also known as your security role(s). 	DSA
Chapter 3: Subscribe to MiSACWIS	Why do I have to do it?	Where?
Subscribe to MiSACWIS in MILogin	<ul style="list-style-type: none"> To complete your MiSACWIS access request and become active! 	MILogin

Table 1: Required Access Request Steps

2 Fill Out MiSACWIS Access Request Form

2.1 Subscribe to DSA in MILogin

IMPORTANT: You may already have the **Database Security Application (DSA)** link on your MILogin Home page because you've had to fill out an access request form for another application. *If so, you do not need to repeat this process. Instead, please continue with the steps in [2.2 Enter Your DSA Demographic Details](#).*

Complete the following steps to subscribe to the DSA in MILogin:

1. Access MILogin: <https://miloginworker.michigan.gov> (SOM users and contractors with a michigan.gov email account) -or- <https://milogintp.michigan.gov> (users outside SOM network). The MILogin Home page displays.
2. Click **Request Access** (Figure 2.1.1). The Request Access search page displays.

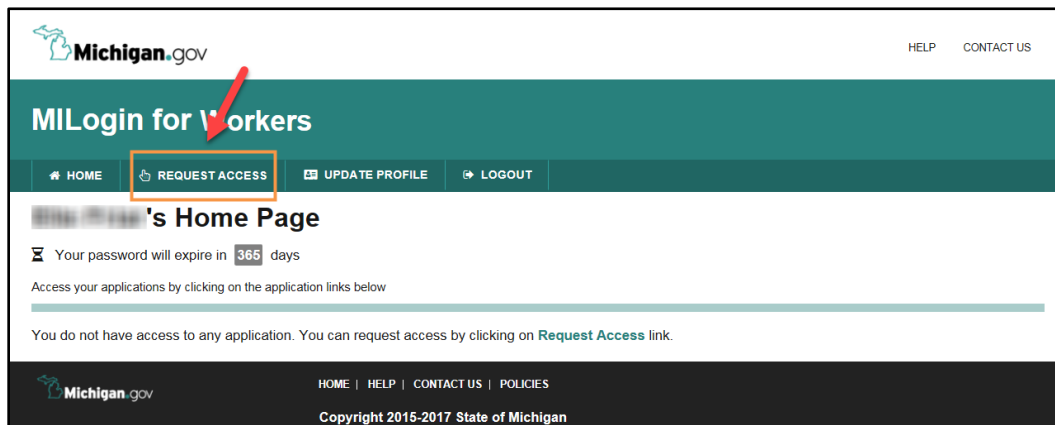


Figure 2.1.1: MILogin Home – new user

3. Select 'Michigan Department of Health & Human Services (MDHHS)' in the **Select Agencies** list (Figure 2.1.2). The list of MDHHS applications displays.

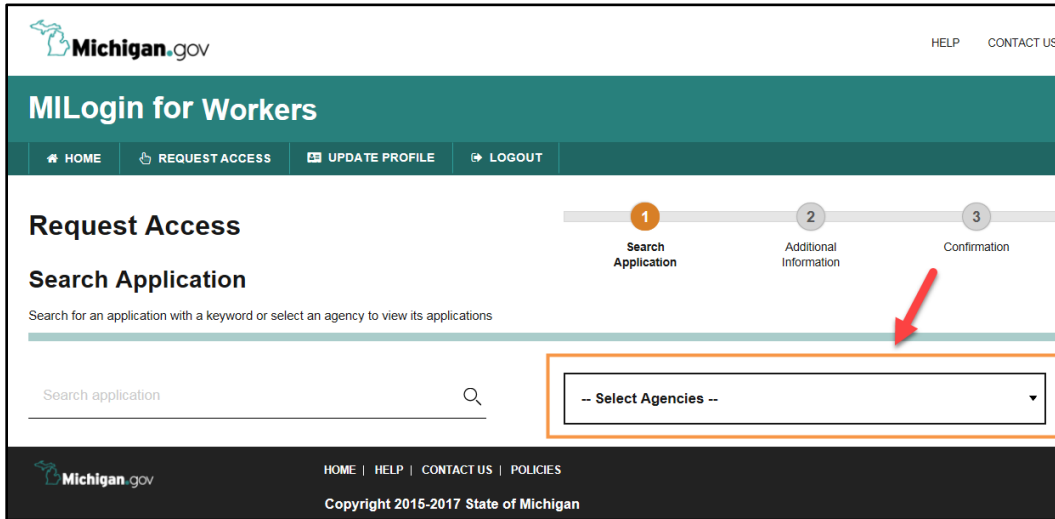


Figure 2.1.2: Request Access

4. Select 'Database Security Application (DSA)' (Figure 2.1.3). The DSA Terms & Conditions display.

Note: If you already have the DSA link on your MiLogin Home page, 'Database Security Application (DSA)' will not be listed as an option. If so, you do not need to continue this process. Instead, please proceed to [2.2 Enter Your DSA Demographic Details](#).

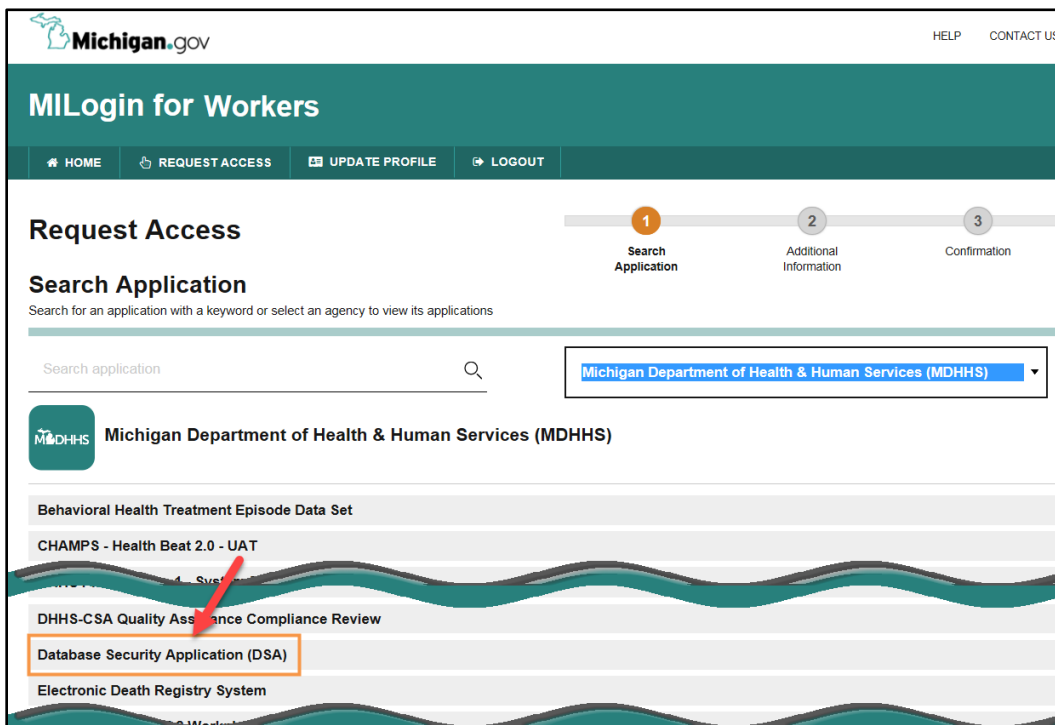


Figure 2.1.3: Request Access

- Review the DSA terms and conditions, select ***I agree to the terms & conditions***, and click **Request Access** (Figure 2.1.4). The Additional Information page displays.

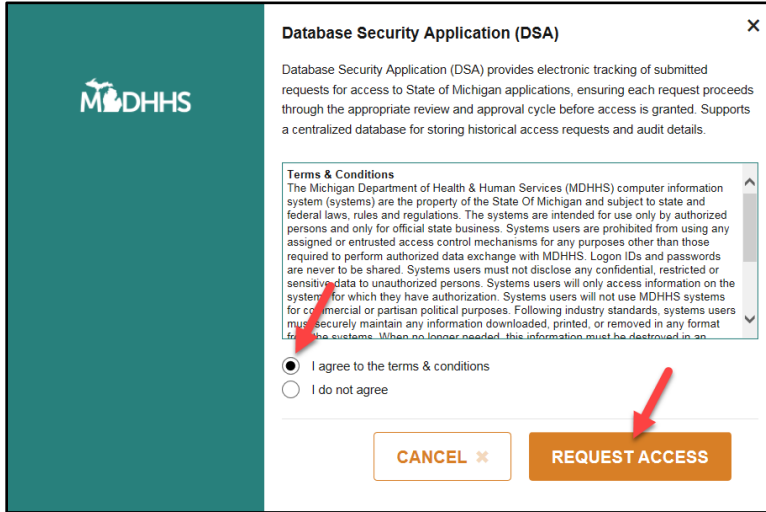


Figure 2.1.4: MiSACWIS Terms & Conditions

- Confirm or enter your **Email Address**, **Mobile Number**, and **Work Phone Number** (Figure 2.1.5).
- Click **Submit**. The Confirmation page displays (Figure 2.1.6).

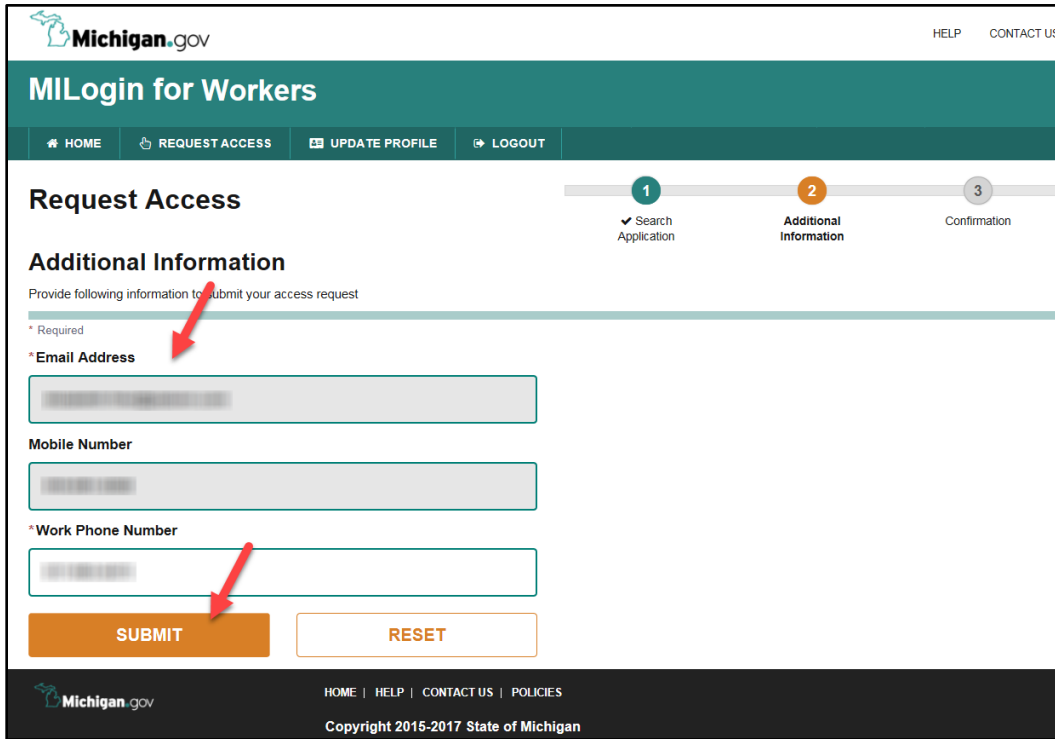


Figure 2.1.5: Additional Information

- Continue with the steps in [2.2 Enter Your DSA Demographic Details](#).

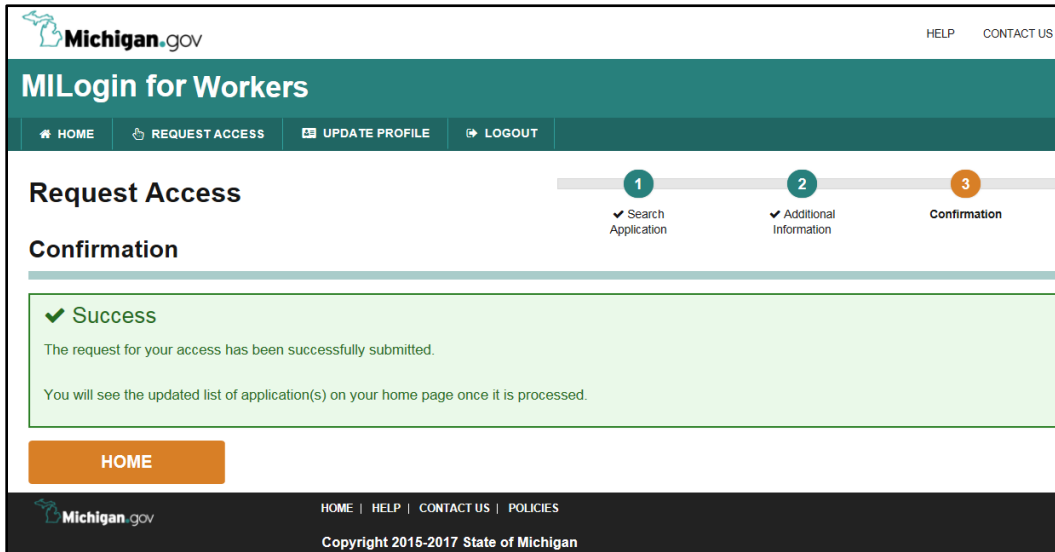


Figure 2.1.6: Confirmation

*Note: You receive an email from MILogin when the Database Security Application (DSA) link is added to your MILogin Home page. **Approval is automatic and should occur within minutes.***

2.2 Enter Your DSA Demographic Details

DSA demographic details are required for all access requests. The first time you access the DSA the Demographics page automatically displays. Once you record your demographic details, the Home page displays each subsequent time you access the DSA.

IMPORTANT: You may have already entered your DSA demographic details because you've had to fill out an access request form for another application. *If so, you do not need to repeat this process. Instead, please continue with the steps in [2.3 Complete the MiSACWIS Access Request Form](#).*

Once the DSA link appears on your MILogin Home page, complete the following steps to enter your demographic details into the DSA:

1. Complete the steps in [2.1 Subscribe to DSA in MILogin](#).
2. Click **Database Security Application (DSA)** (*Figure 2.2.1*). The DSA Terms & Conditions display.

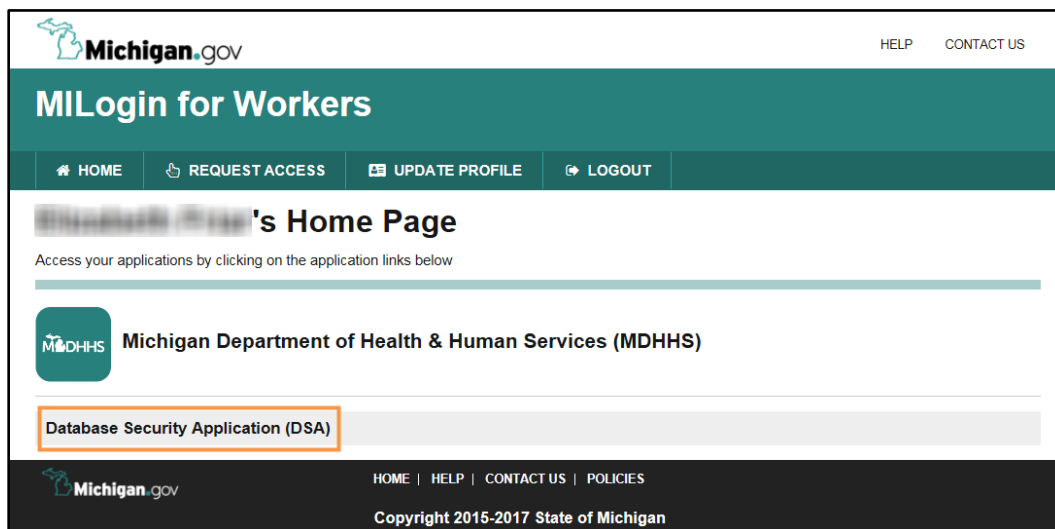


Figure 2.2.1: MILogin Home

- Review the DSA Terms & Conditions and click **Acknowledge/Agree** (Figure 2.2.2). The DSA Demographics page displays.



Figure 2.2.2: DSA Terms & Conditions

Note: If your demographic details already exist in the DSA, the DSA Home page displays instead. In this case, continue with the steps in [2.3 Complete the MiSACWIS Access Request Form](#).

- Confirm your **Last Name** (Figure 2.2.3).

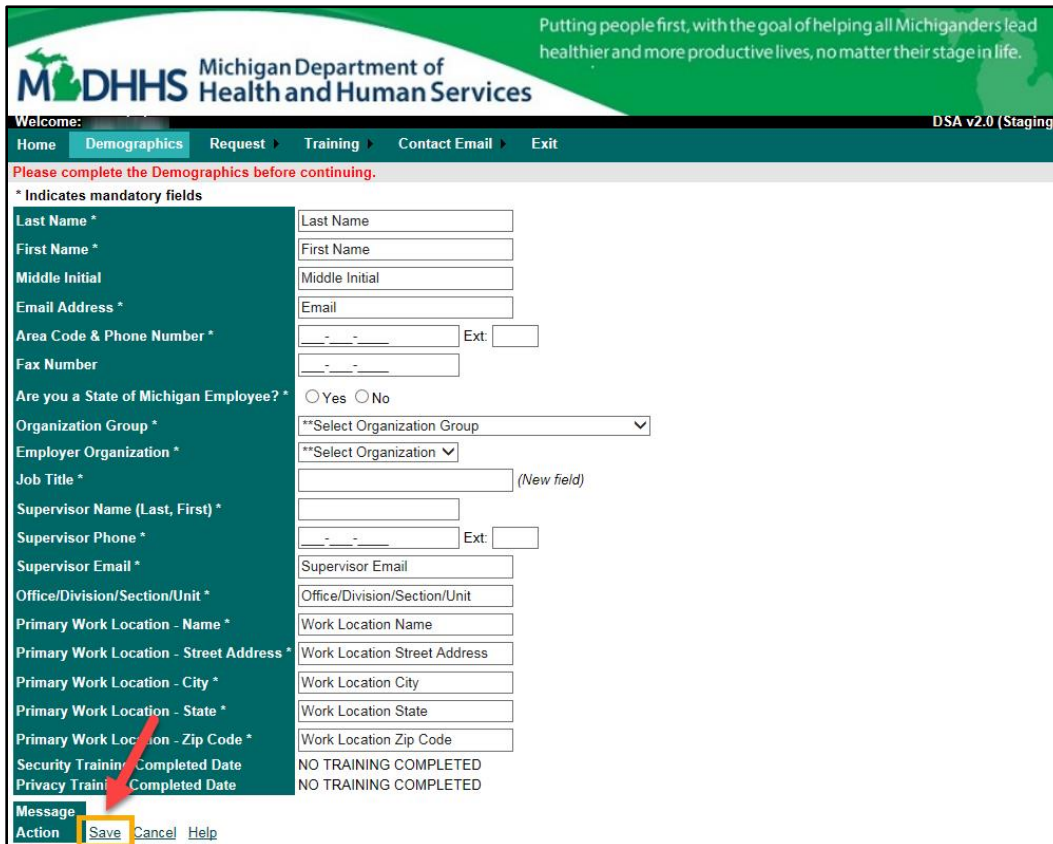


Figure 2.2.3: DSA Demographics – blank

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

Note: Your last name, first name, email address, and phone number automatically populate from MILogin. Any updates must be made within MILogin.

8. Select 'Yes' or 'No' for **Are you a State of Michigan Employee?**
9. Select your **Organization Group**.
10. Select your **Employer Organization**.

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

If you work for multiple organizations, select your primary organization here. You will complete separate MiSACWIS access requests for each individual organization when filling out the **MiSACWIS Access Request Form** (please see [2.3 Complete the MiSACWIS Access Request Form](#) for additional details).

Local Office Security Coordinators (LOSC users): Select 'State of Michigan' as your **Organization Group** here and 'Dept. of Health and Human Services-Human Services' as your **Employer Organization**. You will identify your individual county(ies) when filling out the **MiSACWIS Access Request Form** (please see [2.3 Complete the MiSACWIS Access Request Form](#) for additional details).

11. If your **Organization Group** is 'State of Michigan', the **HRMN ID** field appears. Enter your **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 2.2.4).
23. Continue with the steps in [2.3 Complete the MiSACWIS Access Request Form](#).

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Welcome: suziesacwis DSA v2.0 (Staging)

Home
Demographics
Request
Training
Contact Email
Exit

*** Indicates mandatory fields**

Last Name *	<input type="text" value="Sacwis"/>
First Name *	<input type="text" value="Suzie"/>
Middle Initial	<input type="text" value="Middle Initial"/>
Email Address *	<input type="text" value="suziesacwis@michigan.gov"/>
Area Code & Phone Number *	<input type="text" value="517-555-9876"/> Ext: <input type="text"/>
Fax Number	<input type="text" value="- - -"/>
Are you a State of Michigan Employee? *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Organization Group *	<input type="text" value="State of Michigan"/>
Employer Organization *	<input type="text" value="Dept. of Health and Human Services-Human Services"/>
HRMN ID *	<input type="text" value="123456789"/> <small>(If you don't have one please enter 999999999.)</small>
Job Title *	<input type="text" value="Caseworker"/> <small>(New field)</small>
Supervisor Name (Last, First) *	<input type="text" value="Super, Sally"/>
Supervisor Phone *	<input type="text" value="517-555-1234"/> Ext: <input type="text"/>
Supervisor Email *	<input type="text" value="supersally@michigan.gov"/>
Office/Division/Section/Unit *	<input type="text" value="Joy Division"/>
Primary Work Location - Name *	<input type="text" value="Downtown"/>
Primary Work Location - Street Address *	<input type="text" value="111 Main Avenue"/>
Primary Work Location - City *	<input type="text" value="Lansing"/>
Primary Work Location - State *	<input type="text" value="MI"/>
Primary Work Location - Zip Code *	<input type="text" value="48911"/>
Security Training Completed Date	NO TRAINING COMPLETED
Privacy Training Completed Date	NO TRAINING COMPLETED

Message User details updated successfully.

Action [Save](#) [Cancel](#) [Help](#)

Figure 2.2.4: DSA Demographics – completed

2.3 Complete the MiSACWIS Access Request Form

You must complete the **MiSACWIS Access Request Form**, located within the DSA, to be granted and to maintain access to MiSACWIS. Filling out the **MiSACWIS Access Request Form** determines your approved user groups, also known as security roles.

Upon submission, each access request progresses through a review and approval cycle. Requests must be marked approved prior to your user groups being granted within MiSACWIS.

TIP: Users complete the **MiSACWIS Access Request Form** to request initial MiSACWIS access (new users), or to establish ongoing MiSACWIS access (current users). *All users then complete the **MiSACWIS Access Request Form** on an annual basis to maintain access.*

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

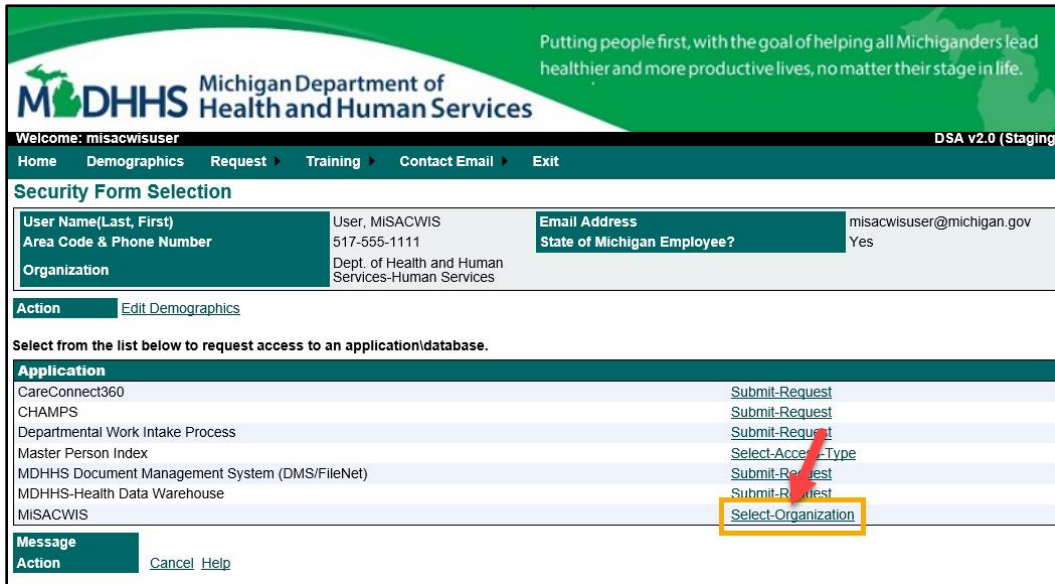
1. Complete the steps in [2.2 Enter Your DSA Demographic Details](#).
2. Select **Application Access** from the **Request** sub-menu (*Figure 2.3.1*). The Security Form Selection page displays.



Figure 2.3.1: DSA Home

3. Click Select Organization beside **MiSACWIS** (*Figure 2.3.2*). The Select Organization page displays, which is where you identify the organization(s) for which you work.

IMPORTANT: If you need to request access for more than one **Organization**, you will repeat these steps for each organization. For example, LOSC users will submit a separate MiSACWIS access request for each individual county (i.e. **Organization**).



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MDHHS Michigan Department of Health and Human Services

Welcome: misacwisuser DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

Security Form Selection

User Name (Last, First)	User, MISACWIS	Email Address	misacwisuser@michigan.gov
Area Code & Phone Number	517-555-1111	State of Michigan Employee?	Yes
Organization	Dept. of Health and Human Services-Human Services		

Action [Edit Demographics](#)

Select from the list below to request access to an application/database.

Application	Action
CareConnect360	Submit-Request
CHAMPS	Submit-Request
Departmental Work Intake Process	Submit-Request
Master Person Index	Select-Access-Type
MDHHS Document Management System (DMS/FileNet)	Submit-Request
MDHHS-Health Data Warehouse	Submit-Request
MISACWIS	Select-Organization

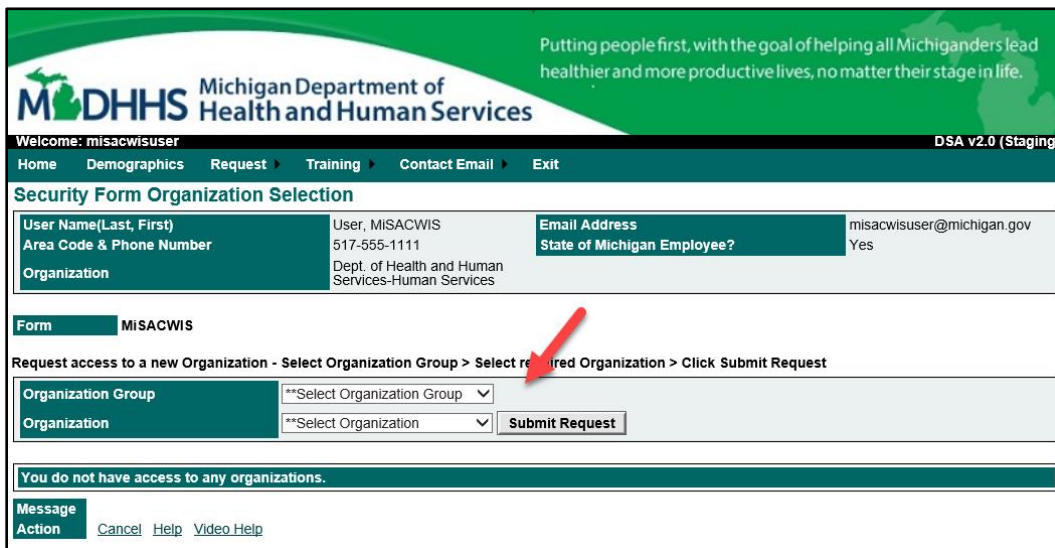
Message Action [Cancel](#) [Help](#)

Figure 2.3.2: Security Form Selection

4. First, select your **Organization Group** (Figure 2.3.3) (e.g., Courts, MDHHS County Office).
5. Then, select your **Organization**.

Note: The **Organization** options available are dependent upon the **Organization Group** selected. For example, when you select 'Courts' your **Organization** options are Michigan courts, and when you select 'MDHHS County Office' your **Organization** options are Michigan counties.

6. Click **Submit Request** to begin filling out the MiSACWIS access request form.



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Welcome: misacwisuser DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

Security Form Organization Selection

User Name (Last, First)	User, MISACWIS	Email Address	misacwisuser@michigan.gov
Area Code & Phone Number	517-555-1111	State of Michigan Employee?	Yes
Organization	Dept. of Health and Human Services-Human Services		

Form MISACWIS

Request access to a new Organization - Select Organization Group > Select required Organization > Click Submit Request

Organization Group	***Select Organization Group	
Organization	***Select Organization	Submit Request

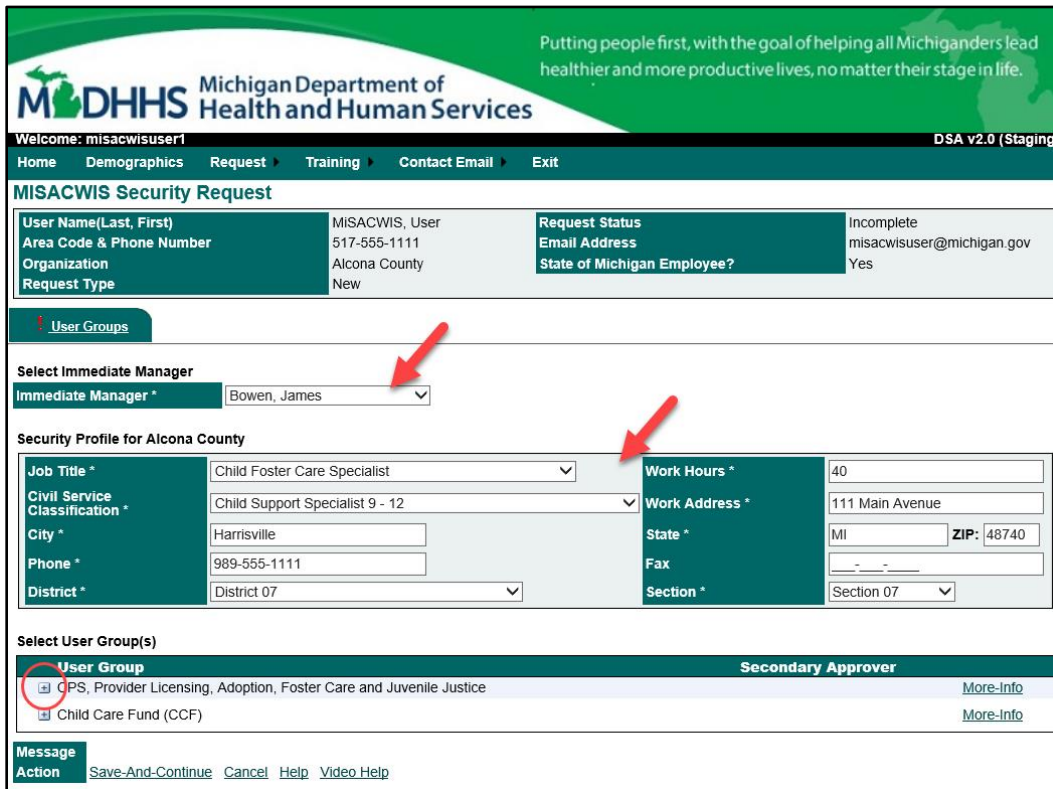
You do not have access to any organizations.

Message Action [Cancel](#) [Help](#) [Video Help](#)

Figure 2.3.3: Select Organization

7. On the **User Groups** tab, select your Immediate Manager or Authorized Requestor from the list (Figure 2.3.4).

- Enter all required **Security Profile** details, such as your **Job Title** and your number of weekly **Work Hours**. Required fields are marked with an asterisk (*).
- Click the plus sign (+) (Figure 2.3.4, red circle) to expand a user group category and select the **User Groups** that match your access needs.



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Michigan Department of Health and Human Services

Welcome: misacwisuser1 DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

MiSACWIS Security Request

User Name (Last, First)	MISACWIS, User	Request Status	Incomplete
Area Code & Phone Number	517-555-1111	Email Address	misacwisuser@michigan.gov
Organization	Alcona County	State of Michigan Employee?	Yes
Request Type	New		

User Groups

Select Immediate Manager

Immediate Manager * Bowen, James

Security Profile for Alcona County

Job Title *	Child Foster Care Specialist	Work Hours *	40
Civil Service Classification *	Child Support Specialist 9 - 12	Work Address *	111 Main Avenue
City *	Harrisville	State *	MI ZIP: 48740
Phone *	989-555-1111	Fax	
District *	District 07	Section *	Section 07

Select User Group(s)

User Group	Secondary Approver
<input checked="" type="checkbox"/> CPS, Provider Licensing, Adoption, Foster Care and Juvenile Justice	More Info
<input type="checkbox"/> Child Care Fund (CCF)	More Info

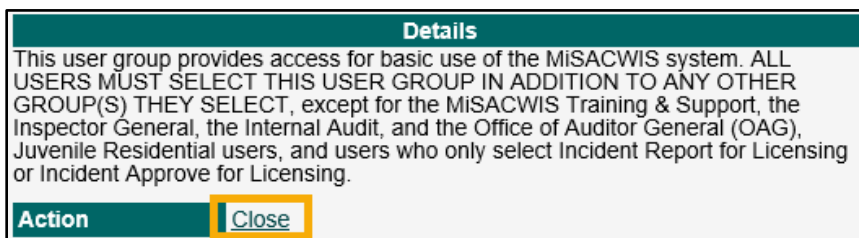
Message Action Save-And-Continue Cancel Help Video Help

Figure 2.3.4 MiSACWIS Access Request Form – User Groups

- Select the check box(es) (Figure 2.3.6, next page) beside the **User Groups** that reflect the functionality needed to perform your job duties. Select as many **User Groups** as you need.

TIP: To learn more about a user group, click [More Info](#) (Figure 2.3.6 orange box, next page). The Details pop-up displays (Figure 2.3.5). Click [Close](#) to exit.

***As noted in this ‘Basic’ user group example, most users must select ‘Basic’ in addition to any other User Groups selected.**



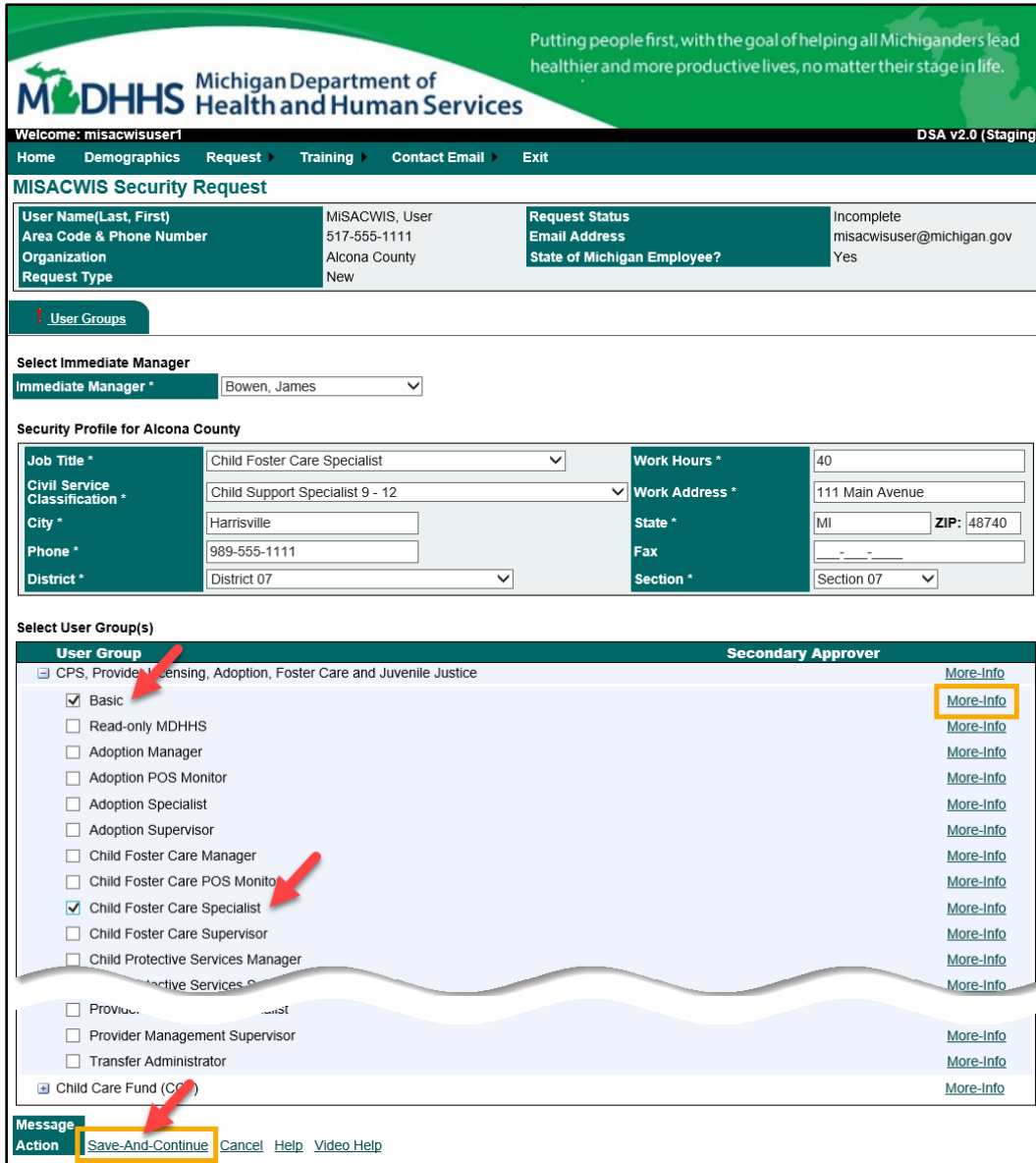
Details

This user group provides access for basic use of the MiSACWIS system. ALL USERS MUST SELECT THIS USER GROUP IN ADDITION TO ANY OTHER GROUP(S) THEY SELECT, except for the MiSACWIS Training & Support, the Inspector General, the Internal Audit, and the Office of Auditor General (OAG), Juvenile Residential users, and users who only select Incident Report for Licensing or Incident Approve for Licensing.

Action [Close](#)

Figure 2.3.5: More Info – User Group Details – ‘Basic’ example

11. Click Save-And-Continue. The form advances to the **Reason** tab.



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Welcome: misacwisuser1 DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

MiSACWIS Security Request

User Name (Last, First)	MISACWIS, User	Request Status	Incomplete
Area Code & Phone Number	517-555-1111	Email Address	misacwisuser@michigan.gov
Organization	Alcona County	State of Michigan Employee?	Yes
Request Type	New		

User Groups

Select Immediate Manager
 Immediate Manager * [Bowen, James]

Security Profile for Alcona County

Job Title *	Child Foster Care Specialist	Work Hours *	40
Civil Service Classification *	Child Support Specialist 9 - 12	Work Address *	111 Main Avenue
City *	Harrisville	State *	MI ZIP: 48740
Phone *	989-555-1111	Fax	
District *	District 07	Section *	Section 07

Select User Group(s)

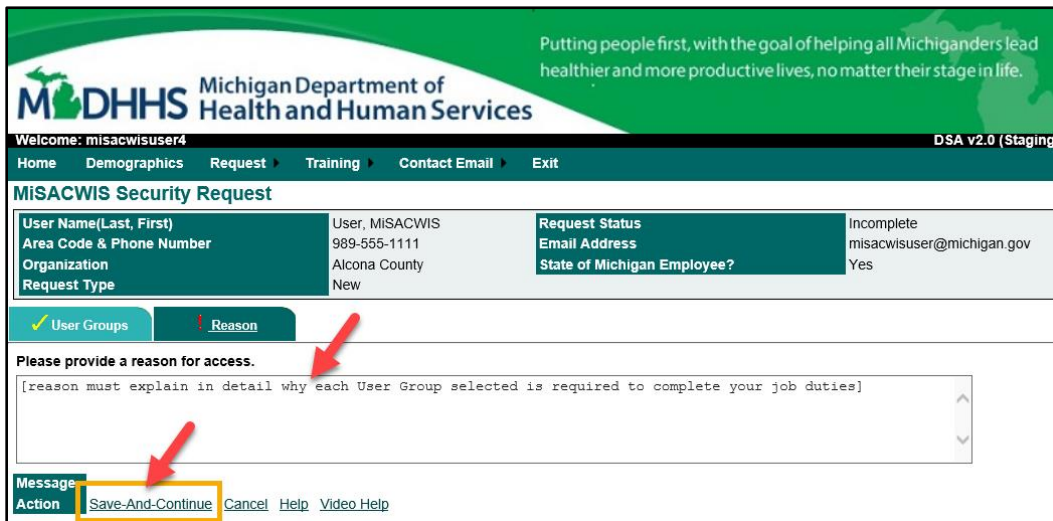
User Group	Secondary Approver	More-Info
<input checked="" type="checkbox"/> CPS, Provider Licensing, Adoption, Foster Care and Juvenile Justice		More-Info
<input checked="" type="checkbox"/> Basic		More-Info
<input type="checkbox"/> Read-only MDHHS		More-Info
<input type="checkbox"/> Adoption Manager		More-Info
<input type="checkbox"/> Adoption POS Monitor		More-Info
<input type="checkbox"/> Adoption Specialist		More-Info
<input type="checkbox"/> Adoption Supervisor		More-Info
<input type="checkbox"/> Child Foster Care Manager		More-Info
<input type="checkbox"/> Child Foster Care POS Monitor		More-Info
<input checked="" type="checkbox"/> Child Foster Care Specialist		More-Info
<input type="checkbox"/> Child Foster Care Supervisor		More-Info
<input type="checkbox"/> Child Protective Services Manager		More-Info
<input type="checkbox"/> Child Protective Services Supervisor		More-Info
<input type="checkbox"/> Provider Management Supervisor		More-Info
<input type="checkbox"/> Transfer Administrator		More-Info
<input checked="" type="checkbox"/> Child Care Fund (CCF)		More-Info

Message Action **Save-And-Continue** Cancel Help Video Help

Figure 2.3.6: MiSACWIS Access Request Form – User Groups

12. Enter a detailed reason for access, clearly identifying why you require the user groups to complete your job duties (Figure 2.3.7). Be certain to address each user group you selected on the **User Groups** tab.

13. Click Save-And-Continue. The form advances to the **User Agreement** tab.



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Welcome: misacwisuser4 DSA v2.0 (Staging)

[Home](#) [Demographics](#) [Request](#) [Training](#) [Contact Email](#) [Exit](#)

MiSACWIS Security Request

User Name (Last, First)	User, MISACWIS	Request Status	Incomplete
Area Code & Phone Number	989-555-1111	Email Address	misacwisuser@michigan.gov
Organization	Alcona County	State of Michigan Employee?	Yes
Request Type	New		

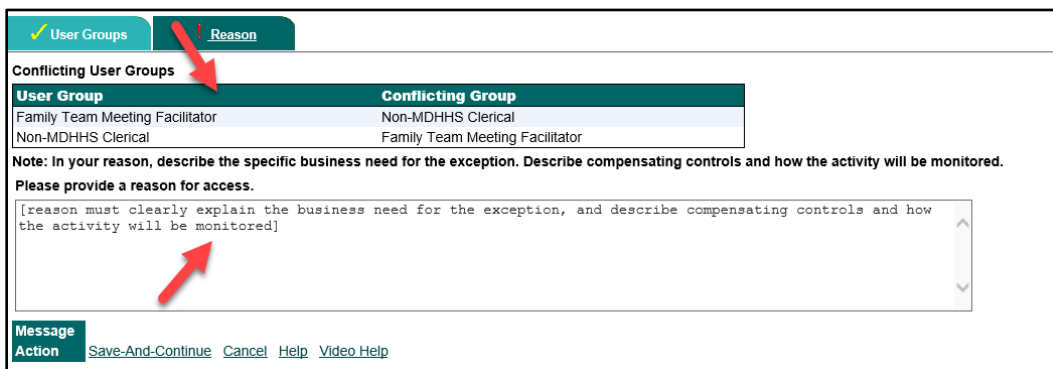
[User Groups](#) [Reason](#)

Please provide a reason for access.
 [reason must explain in detail why each User Group selected is required to complete your job duties]

Message
 Action [Save-And-Continue](#) [Cancel](#) [Help](#) [Video Help](#)

Figure 2.3.7: MiSACWIS Access Request Form – Reason

IMPORTANT: If you requested any conflicting user groups, the conflicts are listed on the **Reason** tab (Figure 2.3.8). In your reason, you must clearly explain the specific business need for the exception, and describe compensating controls and how the activity will be monitored.



[User Groups](#) [Reason](#)

Conflicting User Groups

User Group	Conflicting Group
Family Team Meeting Facilitator	Non-MDHHS Clerical
Non-MDHHS Clerical	Family Team Meeting Facilitator

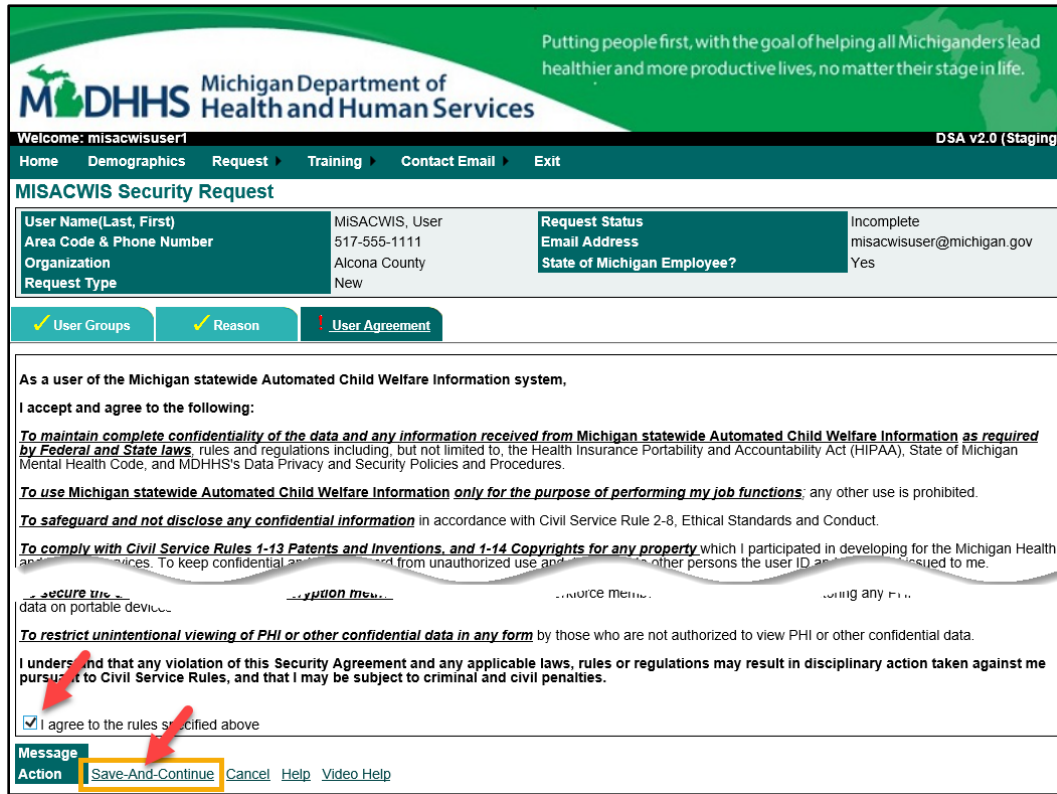
Note: In your reason, describe the specific business need for the exception. Describe compensating controls and how the activity will be monitored.

Please provide a reason for access.
 [reason must clearly explain the business need for the exception, and describe compensating controls and how the activity will be monitored]

Message
 Action [Save-And-Continue](#) [Cancel](#) [Help](#) [Video Help](#)

Figure 2.3.8: MiSACWIS Access Request Form – Reason – Conflicting User Groups

- Review the user agreement and select the *I agree to the rules specified above* check box (Figure 2.3.9).
- Click Save-And-Continue. The form advances to the **Review & Submit** tab.



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MDHHS Michigan Department of Health and Human Services

Welcome: misacwisuser1 DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

MiSACWIS Security Request

User Name (Last, First)	MISACWIS, User	Request Status	Incomplete
Area Code & Phone Number	517-555-1111	Email Address	misacwisuser@michigan.gov
Organization	Alcona County	State of Michigan Employee?	Yes
Request Type	New		

User Groups
 Reason
 User Agreement

As a user of the Michigan statewide Automated Child Welfare Information system, I accept and agree to the following:

To maintain complete confidentiality of the data and any information received from Michigan statewide Automated Child Welfare Information as required by Federal and State laws, rules and regulations including, but not limited to, the Health Insurance Portability and Accountability Act (HIPAA), State of Michigan Mental Health Code, and MDHHS's Data Privacy and Security Policies and Procedures.

To use Michigan statewide Automated Child Welfare Information only for the purpose of performing my job functions; any other use is prohibited.

To safeguard and not disclose any confidential information in accordance with Civil Service Rule 2-8, Ethical Standards and Conduct.

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 Health and Human Services. To keep confidential information from unauthorized use and to not share with other persons the user ID and password assigned to me.

To secure the data on portable devices and to use secure methods for storing any files.

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.

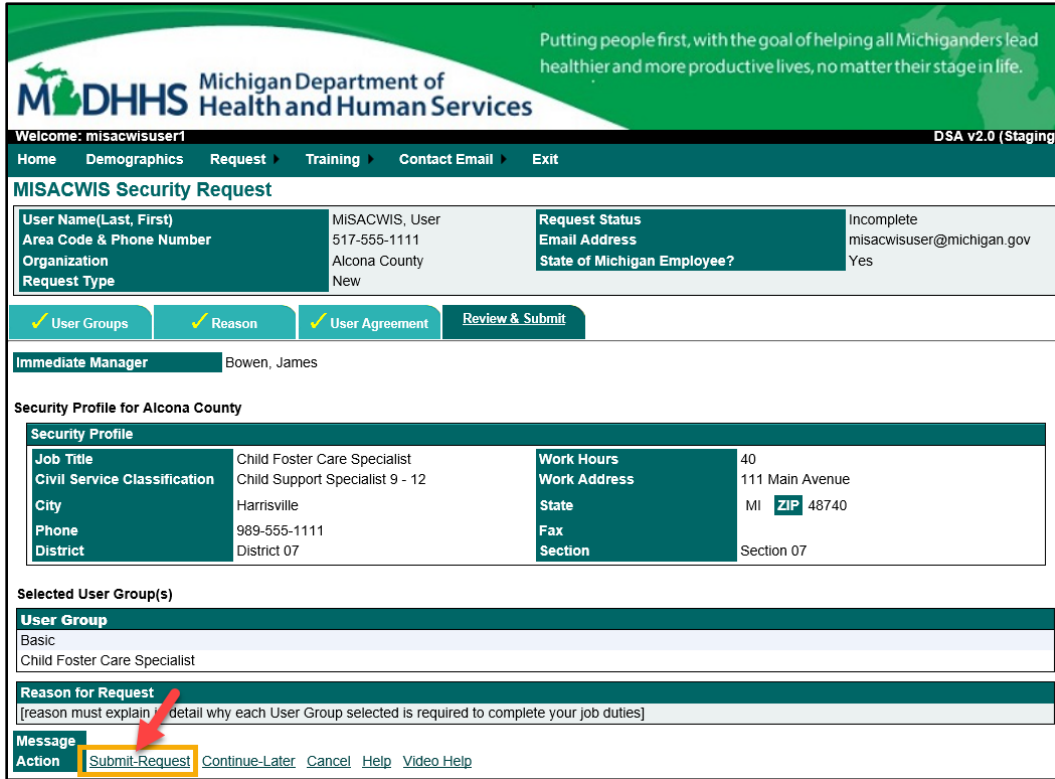
I understand that any violation of this Security Agreement and any applicable laws, rules or regulations may result in disciplinary action taken against me pursuant to Civil Service Rules, and that I may be subject to criminal and civil penalties.

I agree to the rules specified above

Message
 Action **Save-And-Continue** Cancel Help Video Help

Figure 2.3.9: MiSACWIS Access Request Form – User Agreement

16. Verify your MiSACWIS access request details (Figure 2.3.10). If any additions or changes are needed prior to submission, click the tab to return, update, and re-save.



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MDHHS Michigan Department of Health and Human Services

Welcome: misacwisuser1 DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

MiSACWIS Security Request

User Name (Last, First)	MiSACWIS, User	Request Status	Incomplete
Area Code & Phone Number	517-555-1111	Email Address	misacwisuser@michigan.gov
Organization	Alcona County	State of Michigan Employee?	Yes
Request Type	New		

User Groups
 Reason
 User Agreement
 [Review & Submit](#)

Immediate Manager: Bowen, James

Security Profile for Alcona County

Security Profile			
Job Title	Child Foster Care Specialist	Work Hours	40
Civil Service Classification	Child Support Specialist 9 - 12	Work Address	111 Main Avenue
City	Harrisville	State	MI ZIP 48740
Phone	989-555-1111	Fax	
District	District 07	Section	Section 07

Selected User Group(s)

User Group
Basic
Child Foster Care Specialist

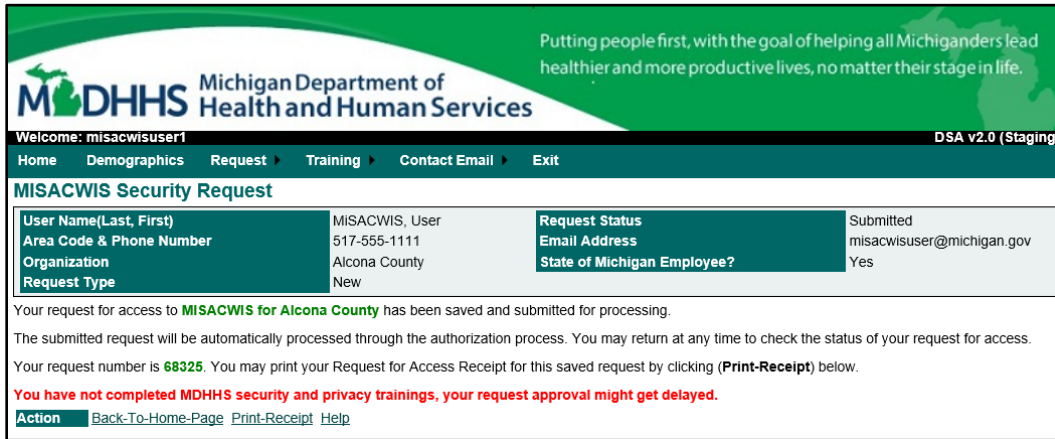
Reason for Request
 [reason must explain in detail why each User Group selected is required to complete your job duties]

Message

Action: [Submit-Request](#) [Continue-Later](#) [Cancel](#) [Help](#) [Video Help](#)

Figure 2.3.10: MiSACWIS Access Request Form – Review & Submit

17. Click Submit-Request. The submission confirmation displays (Figure 2.3.11).



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MDHHS Michigan Department of Health and Human Services

Welcome: misacwisuser1 DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

MiSACWIS Security Request

User Name (Last, First)	MiSACWIS, User	Request Status	Submitted
Area Code & Phone Number	517-555-1111	Email Address	misacwisuser@michigan.gov
Organization	Alcona County	State of Michigan Employee?	Yes
Request Type	New		

Your request for access to **MiSACWIS for Alcona County** has been saved and submitted for processing.

The submitted request will be automatically processed through the authorization process. You may return at any time to check the status of your request for access.

Your request number is **68325**. You may print your Request for Access Receipt for this saved request by clicking (**Print-Receipt**) below.

You have not completed MDHHS security and privacy trainings, your request approval might get delayed.

Action: [Back-To-Home-Page](#) [Print-Receipt](#) [Help](#)

Figure 2.3.11: MiSACWIS Access Request – submission confirmation

IMPORTANT: Due to protected health information contained within MiSACWIS, users are required to complete MDHHS security and privacy training sessions annually (Figure 2.3.11, red message). This training must be current. If not current, MiSACWIS access cannot be granted.

2.4 Track Your MiSACWIS Access Request Status

You can track the status of your MiSACWIS access request as it progresses through the review and approval cycle. Remember, requests must be marked approved in the DSA prior to your access/user groups being granted within MiSACWIS.

Complete the following steps to track the status of your MiSACWIS access request in the DSA:

1. Access the **Database Security Application (DSA)** through MILogin (*Figure 2.4.1*).

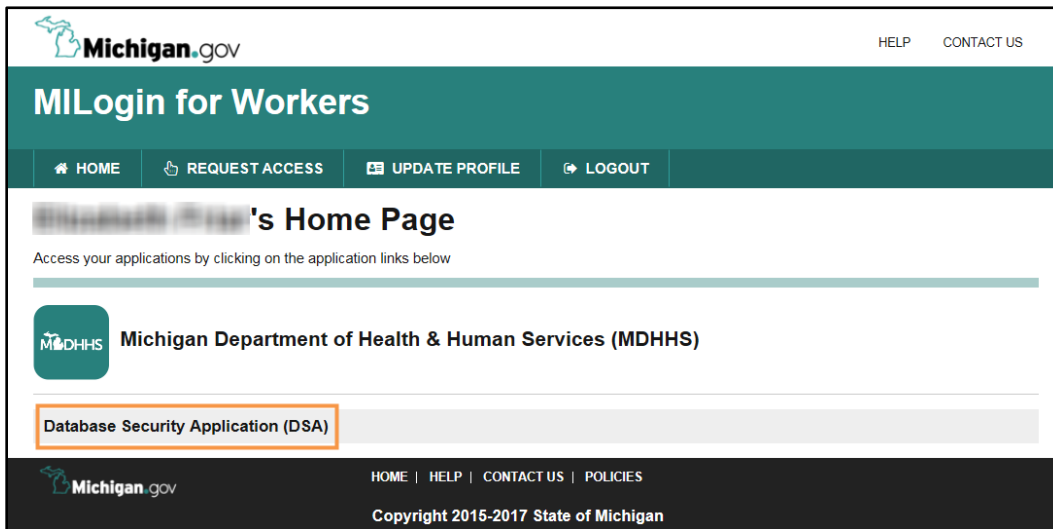


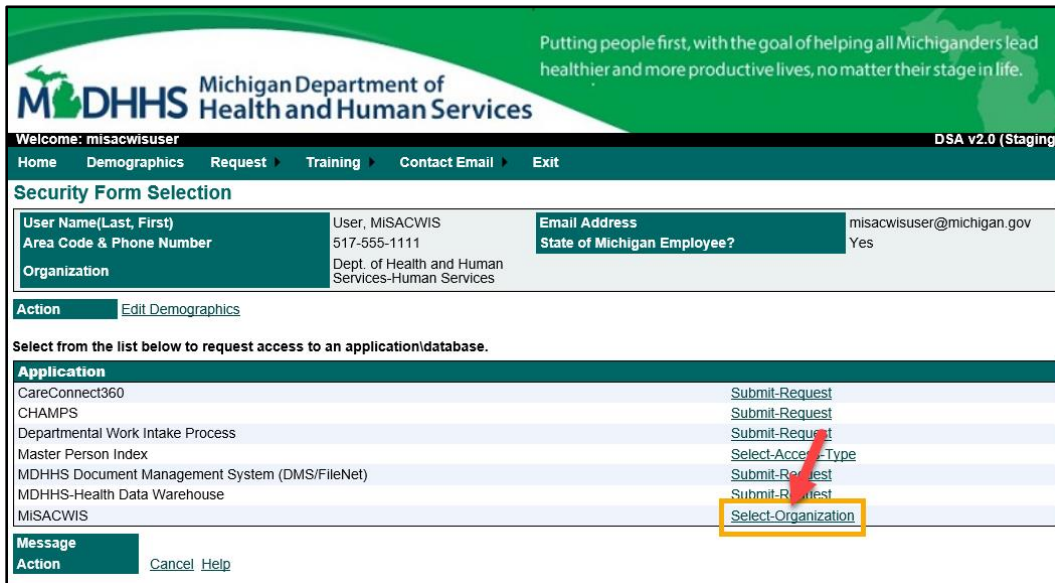
Figure 2.4.1: MILogin Home

2. Select **Application Access** from the **Request** sub-menu (*Figure 2.4.2*). The Security Form Selection page displays.



Figure 2.4.2: DSA Home

- Click Select Organization beside MiSACWIS (Figure 2.4.3). The Select Organization page displays.



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MDHHS Michigan Department of Health and Human Services

Welcome: misacwisuser DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

Security Form Selection

User Name (Last, First)	User, MISACWIS	Email Address	misacwisuser@michigan.gov
Area Code & Phone Number	517-555-1111	State of Michigan Employee?	Yes
Organization	Dept. of Health and Human Services-Human Services		

Action [Edit Demographics](#)

Select from the list below to request access to an application/database.

Application	Action
CareConnect360	Submit-Request
CHAMPS	Submit-Request
Departmental Work Intake Process	Submit-Request
Master Person Index	Select-Access-Type
MDHHS Document Management System (DMS/FileNet)	Submit-Request
MDHHS-Health Data Warehouse	Submit-Request
MISACWIS	Select-Organization

Message Action [Cancel](#) [Help](#)

Figure 2.4.3: Security Form Selection

- Locate your request under **Existing Organization Access** and click View Request Status (Figure 2.4.4).



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MDHHS Michigan Department of Health and Human Services

Welcome: misacwisuser1 DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

Security Form Organization Selection

User Name (Last, First)	MISACWIS, User	Email Address	misacwisuser@michigan.gov
Area Code & Phone Number	517-555-1111	State of Michigan Employee?	Yes
Organization	Dept. of Health and Human Services-Human Services		

Form MISACWIS

Request access to a new Organization - Select Organization Group > Select required Organization > Click Submit Request

Organization Group	**Select Organization Group	Submit Request
Organization	**Select Organization	

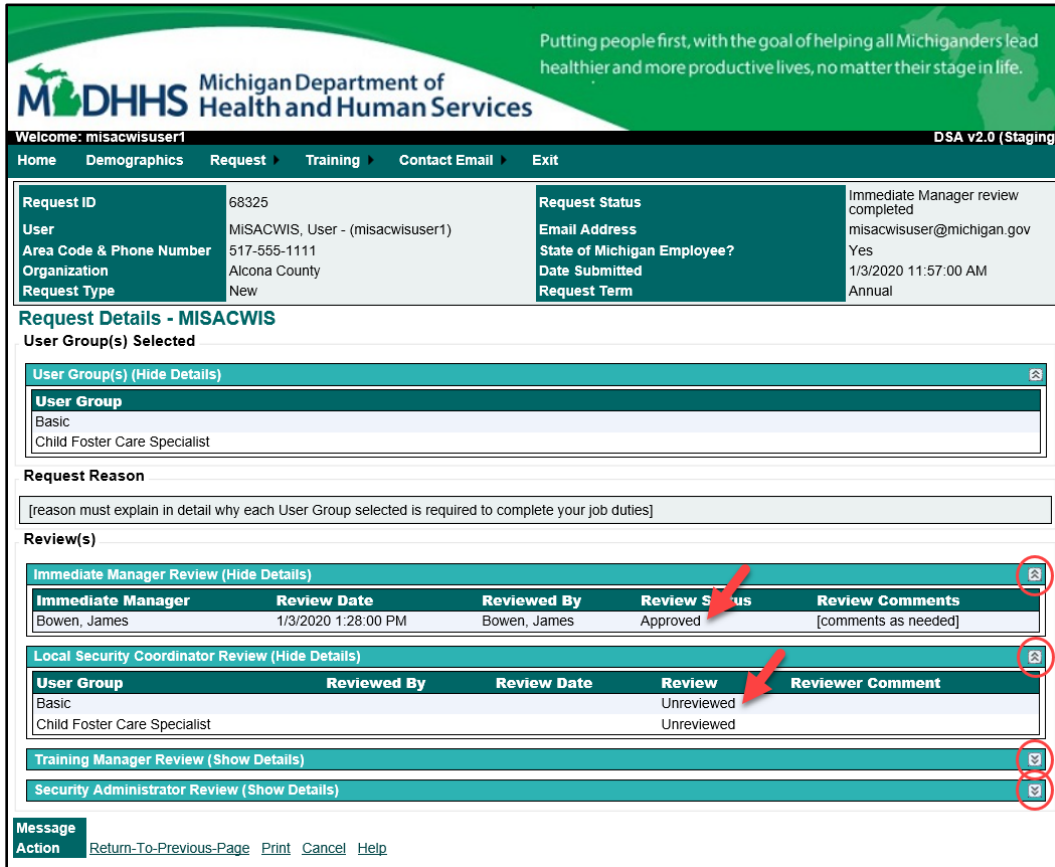
Existing Organization Access.

Organization	Action
Alcona County	View-Request-Status

Message Action [Cancel](#) [Help](#) [Video Help](#)

Figure 2.4.4: Select Organization

- Each review step initially displays as collapsed. Click the double-arrow beside each step (Figure 2.4.5, red circles) to expand the details.



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MDHHS Michigan Department of Health and Human Services

Welcome: misacwisuser1 DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

Request ID	68325	Request Status	Immediate Manager review completed
User	MISACWIS, User - (misacwisuser1)	Email Address	misacwisuser@michigan.gov
Area Code & Phone Number	517-555-1111	State of Michigan Employee?	Yes
Organization	Alcona County	Date Submitted	1/3/2020 11:57:00 AM
Request Type	New	Request Term	Annual

Request Details - MISACWIS

User Group(s) Selected

User Group(s) (Hide Details)

User Group
Basic
Child Foster Care Specialist

Request Reason

[reason must explain in detail why each User Group selected is required to complete your job duties]

Review(s)

Immediate Manager Review (Hide Details)

Immediate Manager	Review Date	Reviewed By	Review Status	Review Comments
Bowen, James	1/3/2020 1:28:00 PM	Bowen, James	Approved	[comments as needed]

Local Security Coordinator Review (Hide Details)

User Group	Reviewed By	Review Date	Review	Reviewer Comment
Basic			Unreviewed	
Child Foster Care Specialist			Unreviewed	

Training Manager Review (Show Details)

Security Administrator Review (Show Details)

Message Action: Return-To-Previous-Page Print Cancel Help

Figure 2.4.5: Request Details – example

Note: In the above example the MiSACWIS access request has been reviewed and approved by the Immediate Manager, and is awaiting the Local Office Security Coordinator’s review.

3 Subscribe to MiSACWIS in MILogin

When your MiSACWIS access request is approved you will receive an email outlining the final steps required to subscribe to MiSACWIS through MILogin, thus completing the MiSACWIS access request process. Please reference [2.4 Track Your MiSACWIS Access Request Status](#) to follow the progression of your MiSACWIS access request within the DSA.

IMPORTANT: If the **MDHHS MiSACWIS** link already exists on your MILogin Home page, you previously subscribed to MiSACWIS *and you will not need to repeat this process.*