

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

**ALL MiSACWIS/CCWIS-CWLM  
USERS  
REQUESTING ACCESS**



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

*Last Updated: November 2023*

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**NOTE:** All users must use two (2) applications to request (or maintain) MiSACWIS/CCWIS-CWLM 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-CCWIS steps, please contact the MDHHS MiSACWIS/CCWIS Administrator: [MDHHS-DSA-MiSACWIS@michigan.gov](mailto:MDHHS-DSA-MiSACWIS@michigan.gov)

# 1 Introduction

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

Users complete the **MiSACWIS/CCWIS Access Request Form** to request initial MiSACWIS or CCWIS-CWLM access (new users). *All users then complete the **MiSACWIS/CCWIS Access Request Form** on an annual basis to maintain MiSACWIS and CCWIS-CWLM access.*

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

Table 1: Required Access Request Steps

## 2 Fill Out MiSACWIS/CCWIS Access Request Form

### 2.1 Subscribe to DSA in MILogin

**IMPORTANT:** You may already have **Database Security Application (DSA)** 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 **Find Services** > (Figure 2.1.1). The Discover Online Services search page displays.

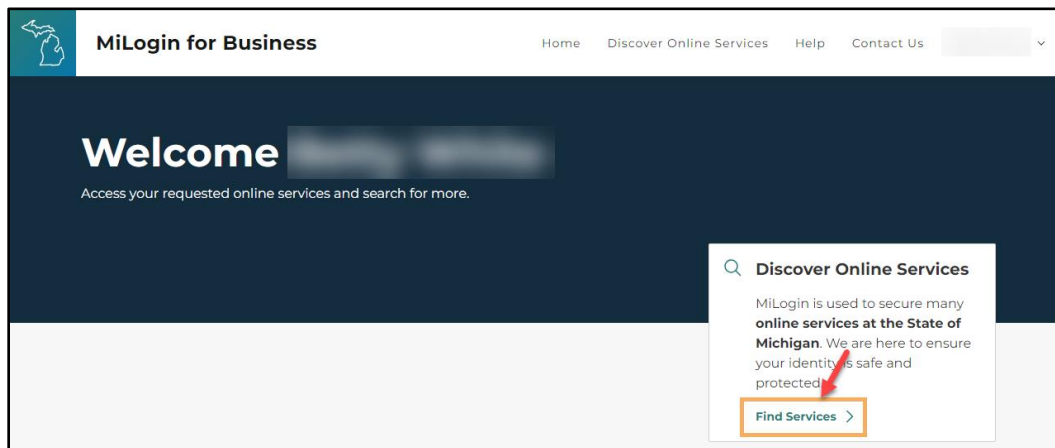


Figure 2.1.1: MILogin Home

3. Enter 'DSA' in the **Search for Services** field (Figure 2.1.2, next page), select the **Database Security Application (DSA)** option that displays, and click **Search**.  
**-OR-**  
Select 'Michigan Department of Health & Human Services (MDHHS)' in the **Filter by Departments** list (Figure 2.1.2, lower left), scroll through the list of MDHHS applications that displays, and locate the **Database Security Application (DSA)** option.

*Note: If you already have **Database Security Application (DSA)** 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](#).*

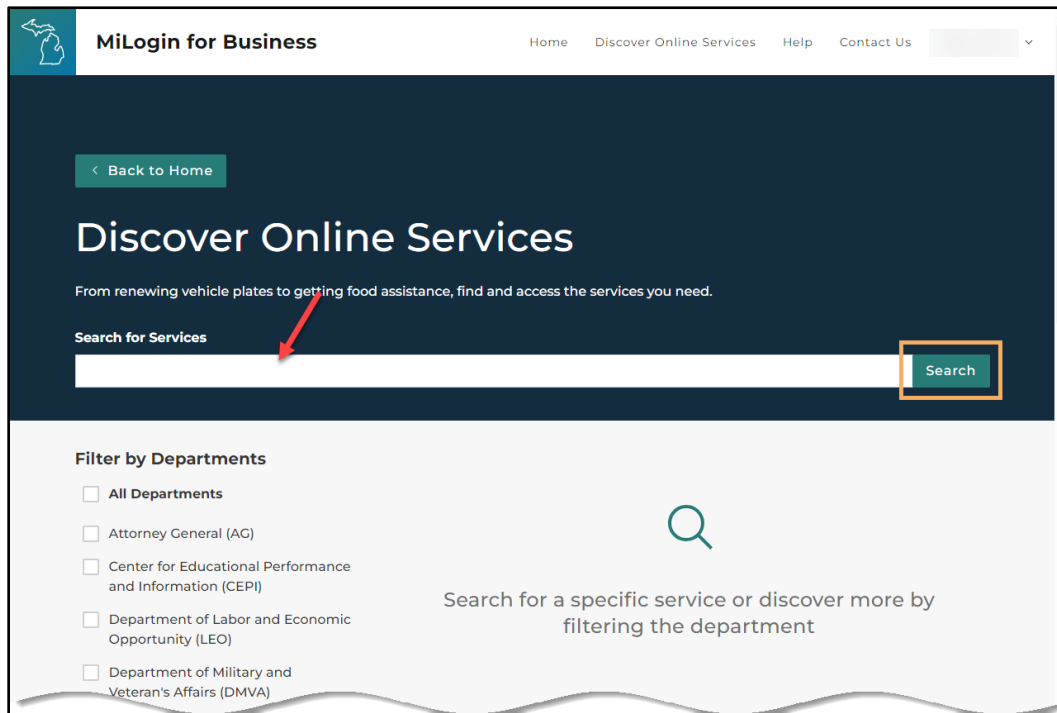


Figure 2.1.2: Discover Online Services

4. Click the arrow beside **Database Security Application (DSA)** (Figure 2.1.3). The DSA Terms & Conditions display.

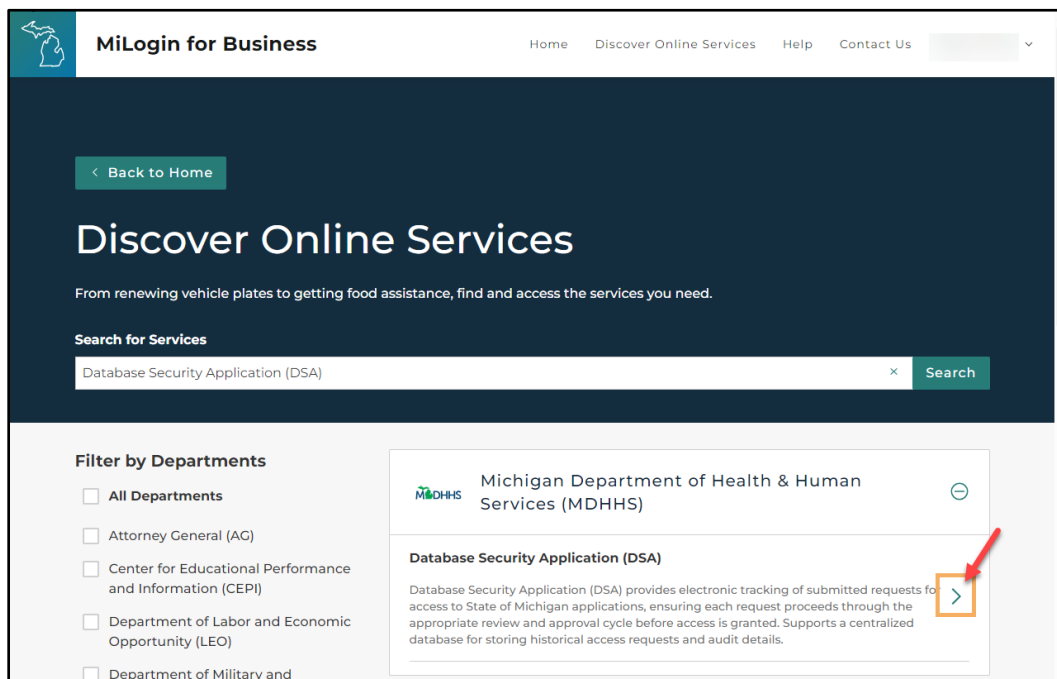
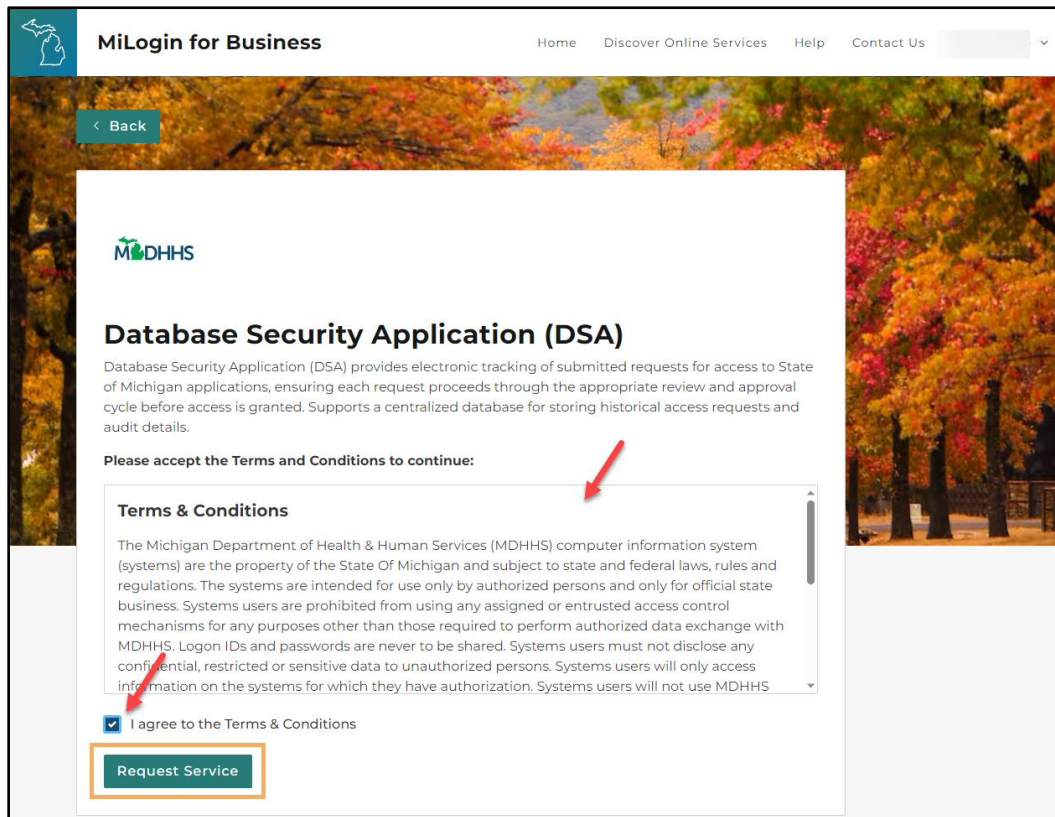


Figure 2.1.3: Discover Online Services

5. Review the terms and conditions (Figure 2.1.4), then select ***I agree to the Terms & Conditions.***



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**MDHHS**

### Database Security Application (DSA)

Database Security Application (DSA) provides electronic tracking of submitted requests for access to State of Michigan applications, ensuring each request proceeds through the appropriate review and approval cycle before access is granted. Supports a centralized database for storing historical access requests and audit details.

Please accept the Terms and Conditions to continue:

**Terms & Conditions**

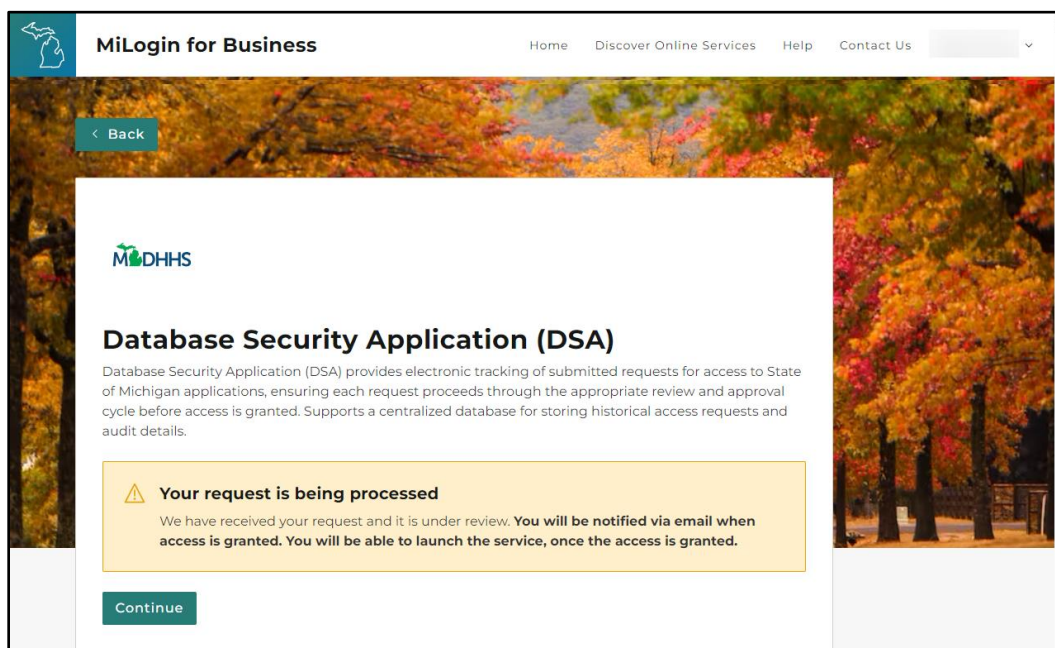
The Michigan Department of Health & Human Services (MDHHS) computer information system (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business. Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS

☒ I agree to the Terms & Conditions

**Request Service**

Figure 2.1.4: DSA Terms & Conditions

- Click **Request Service**. The request confirmation page displays (Figure 2.1.5).



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**MDHHS**

### Database Security Application (DSA)

Database Security Application (DSA) provides electronic tracking of submitted requests for access to State of Michigan applications, ensuring each request proceeds through the appropriate review and approval cycle before access is granted. Supports a centralized database for storing historical access requests and audit details.

**⚠ Your request is being processed**

We have received your request and it is under review. You will be notified via email when access is granted. You will be able to launch the service, once the access is granted.

**Continue**

Figure 2.1.5: Request Confirmation

7. Once **Database Security Application (DSA)** appears on your MILogin Home page, continue with the steps in [2.2 Enter Your DSA Demographic Details](#). *DSA approval is automatic and should occur within minutes, although you may need to log out and then log back in to see it.*



## 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 have 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/CCWIS Access Request Form](#).*

Once **Database Security Application (DSA)** 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](#).

*Note:* You cannot complete the next steps without completing the steps in [2.1 Subscribe to DSA in MiLogin](#) first.

2. Click **Database Security Application (DSA)** (*Figure 2.2.1*). The DSA Terms & Conditions display.

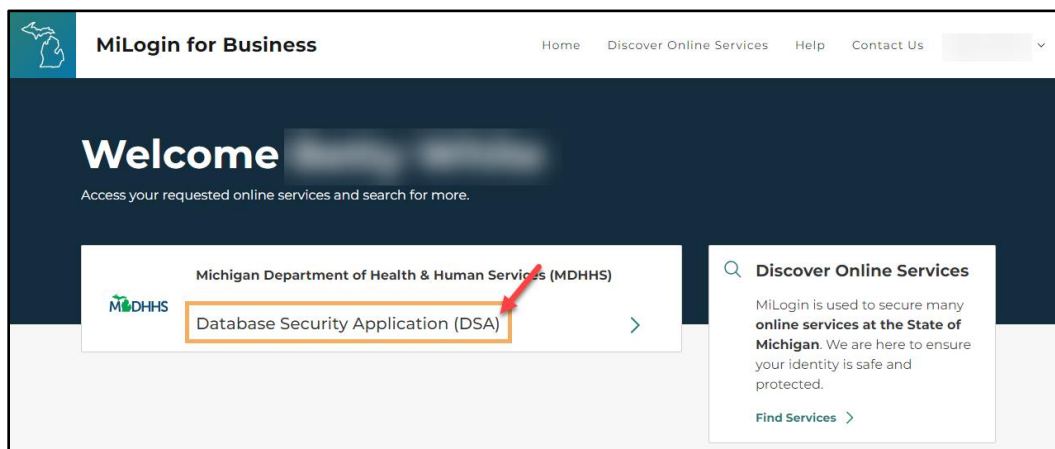


Figure 2.2.1: MiLogin Home

3. Review the DSA Terms & Conditions (*Figure 2.2.2, next page*).
4. Select the ***I agree to the Terms & Conditions*** check box.
5. Click **Launch service**. The DSA Demographics page displays.

*Note:* If your demographic details already exist in the DSA, **DO NOT UPDATE** unless required. Please continue with the steps in [2.3 Complete the MiSACWIS/CCWIS Access Request Form](#).



**MiLogin for Business**

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**MDHHS**

### Database Security Application (DSA)

Database Security Application (DSA) provides electronic tracking of submitted requests for access to State of Michigan applications, ensuring each request proceeds through the appropriate review and approval cycle before access is granted. Supports a centralized database for storing historical access requests and audit details.

Please accept the Terms and Conditions to continue:

**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 only for official state business. Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS

☒ I agree to the Terms & Conditions

**Launch service**

Figure 2.2.2: DSA Terms & Conditions

6. Confirm your **Last Name** (Figure 2.2.3, next page).
7. Confirm your **First Name**.
8. Confirm your **Email Address**.
9. Confirm your **Area Code & Phone Number**.

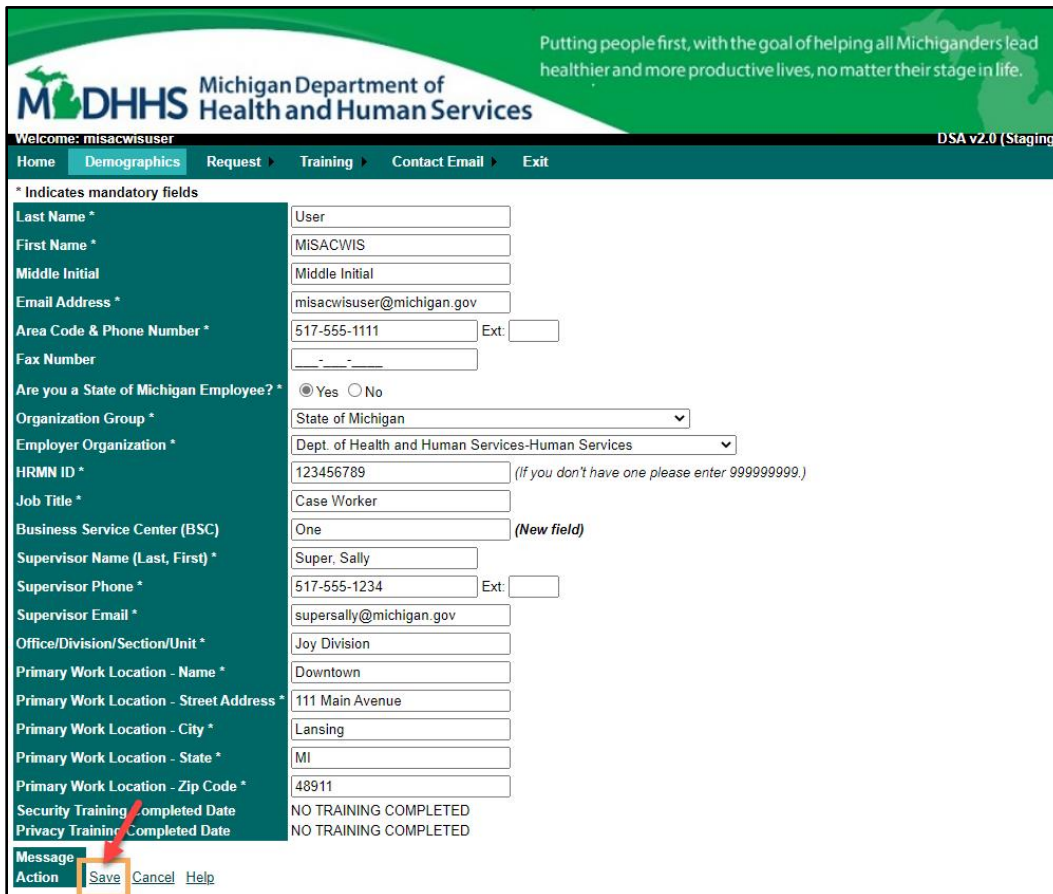
**Note:** Your last name, first name, email address, and phone number automatically populate from MiLogin. Any updates must be made within MiLogin.

10. Select 'Yes' or 'No' for **Are you a State of Michigan Employee?**
11. Select your **Organization Group**.
12. 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/CCWIS Access Request Form** (please see [2.3 Complete the MiSACWIS/CCWIS 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/CCWIS Access Request Form** (please see [2.3 Complete the MiSACWIS/CCWIS Access Request Form](#) for additional details).



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Michigan Department of Health and Human Services

Welcome: misacwisuser DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

\* Indicates mandatory fields

Last Name \* User

First Name \* MISACWIS

Middle Initial Middle Initial

Email Address \* misacwisuser@michigan.gov

Area Code & Phone Number \* 517-555-1111 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 \* Case Worker

Business Service Center (BSC) One (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 \* MI

Primary Work Location - Zip Code \* 48911

Security Training Completed Date NO TRAINING COMPLETED

Privacy Training Completed Date NO TRAINING COMPLETED

Message Action Save Cancel Help

Figure 2.2.3: DSA Demographics

13. If your **Organization Group** is 'State of Michigan', the **HRMN ID** field appears. Enter your **HRMN ID**.
14. Enter your **Job Title**.
15. Enter your **Business Service Center (BSC)**, if applicable.
16. Enter your **Supervisor's Name** in last name, first name format (include the comma).
17. Enter your **Supervisor's Phone** number.
18. Enter your **Supervisor's Email**.
19. Enter the **Office/Division/Section/Unit** in which you work.
20. Enter your **Primary Work Location – Name**.
21. Enter your **Primary Work Location – Street Address**.

22. Enter your **Primary Work Location – City**.
23. Enter your **Primary Work Location – State**.
24. Enter your **Primary Work Location – Zip Code**.
25. Click Save. The “User details updated successfully.” message displays.
26. Continue with the steps in [2.3 Complete the MiSACWIS/CCWIS Access Request Form](#).

## 2.3 Complete the MiSACWIS/CCWIS Access Request Form

You must complete the **MiSACWIS/CCWIS Access Request Form**, located within the DSA, to determine your approved MiSACWIS user groups and CCWIS-CWLM personas, 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/personas being granted within MiSACWIS/CCWIS.

**TIP:** Users complete the **MiSACWIS/CCWIS Access Request Form** to request initial MiSACWIS or CCWIS-CWLM access (new users). *All users then complete the **MiSACWIS/CCWIS Access Request Form** on an annual basis to maintain MiSACWIS or CCWIS-CWLM access.*

Perform the following steps to complete the MiSACWIS/CCWIS 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.

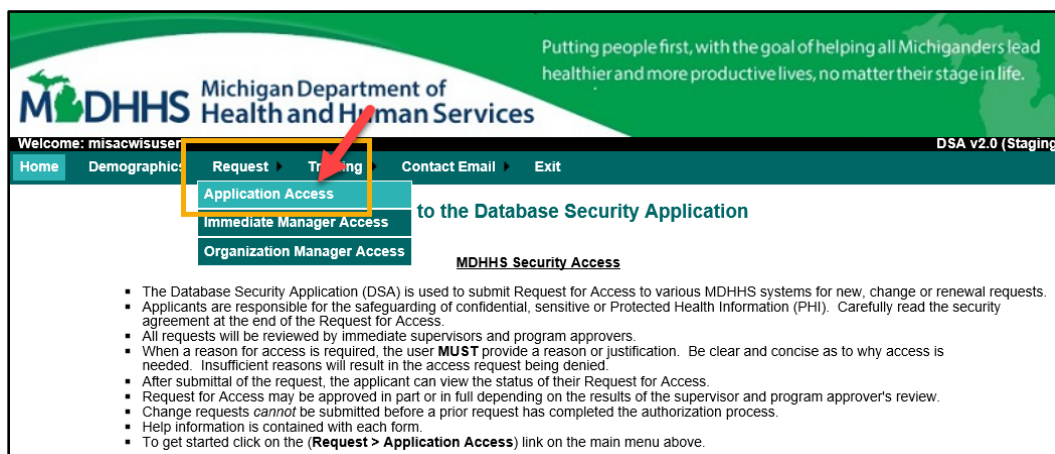


Figure 2.3.1: DSA Home

3. Click Select Organization beside **MiSACWIS/CCWIS** (*Figure 2.3.2, next page*). 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/CCWIS 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	<a href="#">Submit-Request</a>
CHAMPS	<a href="#">Submit-Request</a>
DW	<a href="#">Select-Access-Type</a>
MDHHS Document Management System (DMS/FileNet)	<a href="#">Submit-Request</a>
Michigan Adult Integrated Management System (MiAIMS)	<a href="#">Submit-Request</a>
MiSACWIS/CCWIS	<a href="#">Select-Organization</a>
MPI	<a href="#">Select-Access-Type</a>
Waiver Support Application	<a href="#">Submit-Request</a>

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

Figure 2.3.2: Security Form Selection

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

- Click **Submit Request** to begin filling out the MiSACWIS/CCWIS access request form.

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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 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	<b>Submit Request</b>
Organization	**Select Organization	

You do not have access to any organizations.

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

Figure 2.3.3: MiSACWIS/CCWIS – Select Organization

- On the **User Group/Personas** tab, select your Immediate Manager or Authorized Requestor from the list (Figure 2.3.4, next page).



8. 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 (\*).
9. Under **Select User Group/Persona(s)**, click the plus sign (+) (Figure 2.3.4, red circle) to expand a category and select the user group(s)/persona(s) that match your access needs.

**Note:** The CCWIS Child Welfare Licensing Module (CCWIS-CWLM) personas are located under **CCWIS Personas** (see [Step 11](#) for an example).

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Welcome: misacwisuser DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

**MiSACWIS/CCWIS Security Request**

User Name (Last, First)	User, MISACWIS	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 Group / Personas**

Select Immediate Manager

Immediate Manager \* Baker, Heather

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 / Persona(s)

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

Message Action Save-And-Continue Cancel Help Video Help

Figure 2.3.4 MiSACWIS/CCWIS Access Request Form – User Group/Personas

10. Select the check box(es) (Figure 2.3.5, next page) beside the **User Groups/Personas** that reflect the functionality needed to perform your job duties. Select as many as you need.

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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

### MiSACWIS/CCWIS Security Request

User Name (Last, First)	User, MiSACWIS	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 Group / Personas**

Select Immediate Manager

Immediate Manager \* Baker, Heather

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 / Persona(s)

User Group / Persona	Secondary Approver	More Info
<input checked="" type="checkbox"/> CPS, Provider Licensing, Adoption, Foster Care and Juvenile Justice		<a href="#">More Info</a>
<input checked="" type="checkbox"/> Basic		<a href="#">More Info</a>
<input type="checkbox"/> Read-only for the Entire Application		<a href="#">More Info</a>
<input type="checkbox"/> Adoption - Manager	MIDDLESTADT, AMY	<a href="#">More Info</a>
<input type="checkbox"/> Adoption - POS Monitor	MIDDLESTADT, AMY	<a href="#">More Info</a>
<input type="checkbox"/> Adoption - Specialist	MIDDLESTADT, AMY	<a href="#">More Info</a>
<input type="checkbox"/> Adoption - Supervisor	MIDDLESTADT, AMY	<a href="#">More Info</a>
<input type="checkbox"/> Child Foster Care - Manager		<a href="#">More Info</a>
<input type="checkbox"/> Child Foster Care - POS Monitor		<a href="#">More Info</a>
<input checked="" type="checkbox"/> Child Foster Care - Specialist		<a href="#">More Info</a>
<input type="checkbox"/> Child Foster Care - Supervisor		<a href="#">More Info</a>
<input type="checkbox"/> Protective Services - Manager		<a href="#">More Info</a>
<input type="checkbox"/> Trans...		<a href="#">More Info</a>
<input type="checkbox"/> URM/YAVFC Specialist	Cabanaw, Benjamin	<a href="#">More Info</a>
<input checked="" type="checkbox"/> Child Care Fund (CCF)		<a href="#">More Info</a>
<input checked="" type="checkbox"/> CCWIS Personas		<a href="#">More Info</a>

Message Action Save And Continue Cancel Help Video Help

Figure 2.3.5: MiSACWIS/CCWIS Access Request Form – User Group/Personas

**TIP:** To learn more about a user group/persona, click [More Info](#) (Figure 2.3.5 above, orange box). The Details pop-up displays (Figure 2.3.6). 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**

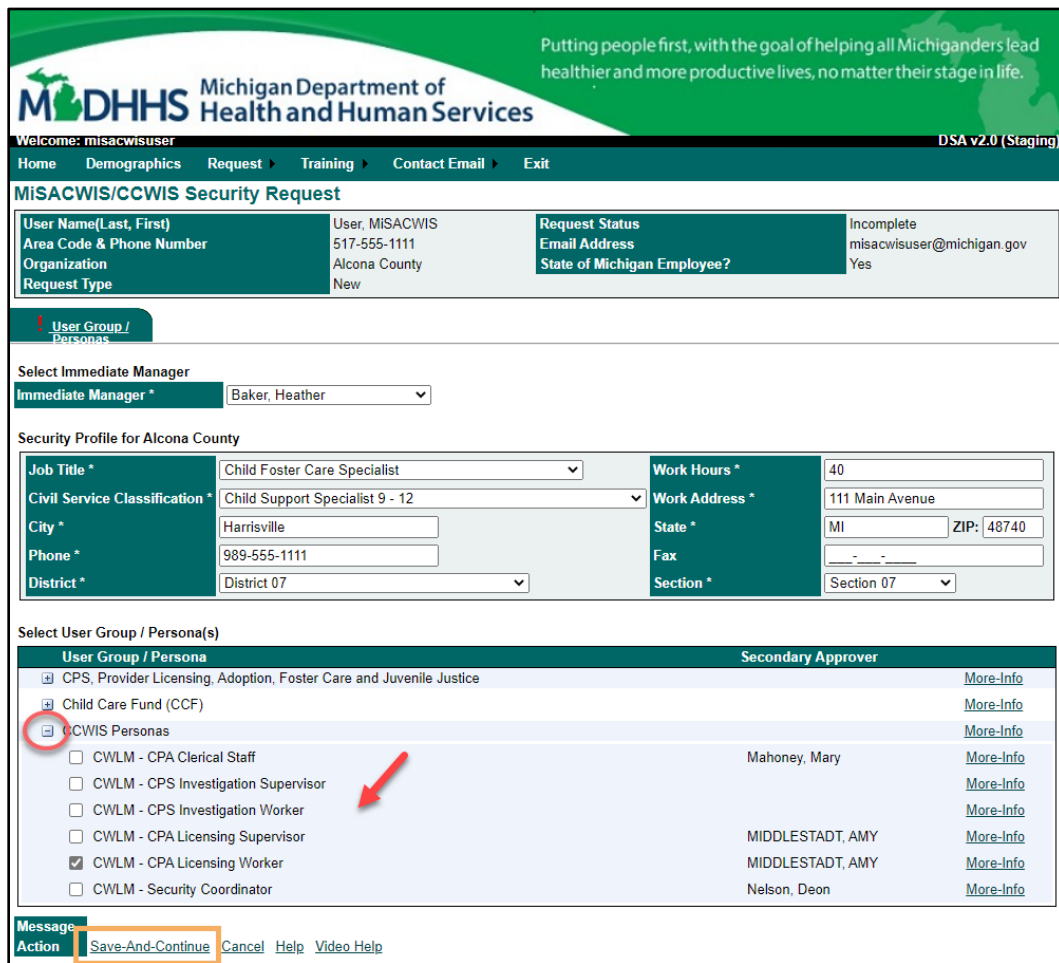
This user group provides access for basic use of the MiSACWIS system. ALL USERS MUST SELECT THIS USER GROUP IN ADDITION TO ANY OTHER GROUP(S) THEY SELECT, except for the MiSACWIS Training & Support, the Inspector General, the Internal Audit, and the Office of Auditor General (OAG), Juvenile Residential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

Action [Close](#)

Figure 2.3.6: More Info – MiSACWIS/CCWIS – User Group/Persona Details – 'Basic' example



11. If requesting CCWIS-CWLM personas, click the plus sign (+) beside **CCWIS Personas** and make your selection(s) (*Figure 2.3.7*).
12. When finished selecting all needed user groups and/or personas, click Save-And-Continue. The form advances to the **Reason** tab.



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Welcome: misacwisuser DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

### MISACWIS/CCWIS Security Request

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

**User Group / Personas**

Select Immediate Manager  
Immediate Manager \* Baker, Heather

Security Profile for Alcona County

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

Select User Group / Persona(s)

User Group / Persona	Secondary Approver
<input checked="" type="checkbox"/> CPS, Provider Licensing, Adoption, Foster Care and Juvenile Justice	<a href="#">More-Info</a>
<input checked="" type="checkbox"/> Child Care Fund (CCF)	<a href="#">More-Info</a>
<input checked="" type="checkbox"/> <b>CCWIS Personas</b>	<a href="#">More-Info</a>
<input type="checkbox"/> CWLM - CPA Clerical Staff	Mahoney, Mary <a href="#">More-Info</a>
<input type="checkbox"/> CWLM - CPS Investigation Supervisor	<a href="#">More-Info</a>
<input type="checkbox"/> CWLM - CPS Investigation Worker	<a href="#">More-Info</a>
<input type="checkbox"/> CWLM - CPA Licensing Supervisor	MIDDLESTADT, AMY <a href="#">More-Info</a>
<input checked="" type="checkbox"/> CWLM - CPA Licensing Worker	MIDDLESTADT, AMY <a href="#">More-Info</a>
<input type="checkbox"/> CWLM - Security Coordinator	Nelson, Deon <a href="#">More-Info</a>

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

Figure 2.3.7: MiSACWIS/CCWIS Access Request Form – User Group/Personas

13. Enter a detailed reason for access, clearly identifying why each user group/persona is required to complete your job duties (*Figure 2.3.8*). Be certain to address each user group/persona you selected on the **User Group/Personas** tab.
14. Click Save-And-Continue. The form advances to the **User Agreement** tab.

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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

### MiSACWIS/CCWIS Security Request

User Name (Last, First)	User, MISACWIS	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 Group / Personas** **Reason**

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

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

Figure 2.3.8: MiSACWIS/CCWIS Access Request Form – Reason

**IMPORTANT:** If you requested any conflicting user groups, the conflicts are listed on the **Reason** tab (*Figure 2.3.9*). 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.

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### MiSACWIS/CCWIS Security Request

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

**User Group / Personas** **Reason**

**Conflicting User Groups**

User Group	Conflicting Group
DHS Clerical	Family Team Meeting Facilitator
Family Team Meeting Facilitator	DHS Clerical

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 2.3.9: MiSACWIS/CCWIS Access Request Form – Reason – Conflicting User Groups

15. Review the user agreement (*Figure 2.3.10*) and select the ***I agree to the rules specified above*** check box.
16. Click Save-And-Continue. The form advances to the **Review & Submit** tab.

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**MiSACWIS/CCWIS Security Request**

User Name (Last, First)	User: MISACWIS	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 Group / Personas   
 ☒ 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 System 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 System 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 and to safeguard from unauthorized use and disclosure to other persons the user ID and password issued to me.

To ensure that the identifiable or potentially identifiable data shall not be accessed, used nor disclosed for any purpose other than that required for performing my job functions. All incidents, threats or violations that affect or may affect the confidentiality, integrity or availability of 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 to the rules specified above

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

Figure 2.3.10: MiSACWIS/CCWIS Access Request Form – User Agreement

17. Verify your MiSACWIS/CCWIS access request details (*Figure 2.3.11, next page*). If any additions or changes are needed prior to submission, click the tab to return, update, and re-save.

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

### MiSACWIS/CCWIS Security Request

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

☒ User Group / Person(s)
 ☒ Reason
 ☒ User Agreement

**Immediate Manager** Baker, Heather

Security Profile for Alcona County

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

Selected User Group / Persona(s)

User Group / Persona
Basic
Child Foster Care - Specialist
CWLM - CPA Licensing Worker

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

**Message**

**Action** Submit-Request Continue-Later Cancel Help Video Help

Figure 2.3.11: MiSACWIS/CCWIS Access Request Form – Review & Submit

- Click Submit-Request (Figure 2.3.11, above). The submission confirmation displays (Figure 2.3.12, next page).



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Home Demographics Request Training Contact Email Exit

### MiSACWIS/CCWIS Security Request

User Name (Last, First)	User, MiSACWIS	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/CCWIS 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 151996. You may print your Request for Access Receipt for this saved request by clicking ([Print-Receipt](#)) below.

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

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

Figure 2.3.12: MiSACWIS/CCWIS Access Request – submission confirmation

**IMPORTANT:** Due to protected health information contained within MiSACWIS/CCWIS, users are required to complete MDHHS security and privacy training sessions annually. This training must be current to be granted or maintain MiSACWIS/CCWIS access.

If not current, a red message displays (*Figure 2.3.12*) and your access request halts at the **Training Manager Review** step until you complete the MDHHS privacy and security sessions. As soon as you become compliant, your MiSACWIS/CCWIS access request will automatically continue forward through the review and approval cycle.



## 2.4 Track Your MiSACWIS/CCWIS Access Request Status

You can track the status of your MiSACWIS/CCWIS 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/personas) being granted within MiSACWIS/CCWIS.

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

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

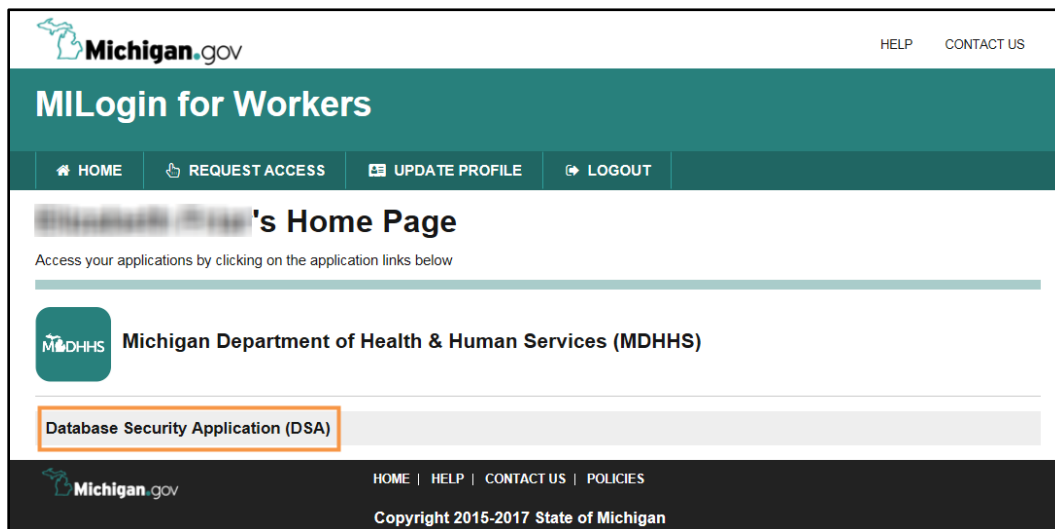


Figure 2.4.1: MILogin Home

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/CCWIS (Figure 2.4.3). The Select Organization page displays.



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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](#)

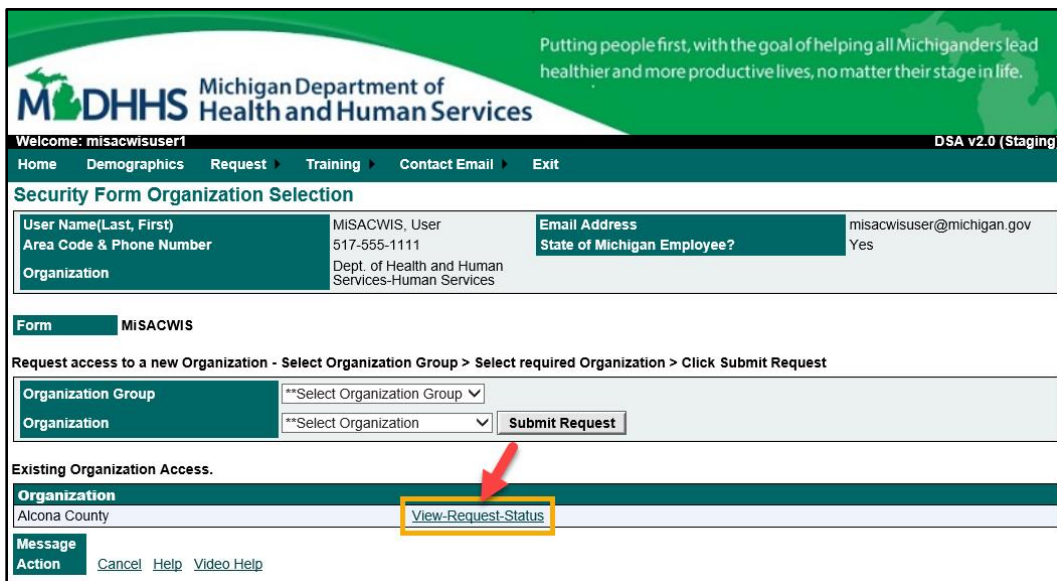
Select from the list below to request access to an application/database.

Application	Action
CareConnect360	<a href="#">Submit-Request</a>
CHAMPS	<a href="#">Submit-Request</a>
DW	<a href="#">Select-Access-Type</a>
MDHHS Document Management System (DMS/FileNet)	<a href="#">Submit-Request</a>
Michigan Adult Integrated Management System (MiAIMS)	<a href="#">Submit-Request</a>
MiSACWIS/CCWIS	<a href="#">Select-Organization</a>
MPI	<a href="#">Select-Access-Type</a>
Waiver Support Application	<a href="#">Submit-Request</a>

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	<a href="#">View-Request-Status</a>

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

Figure 2.4.4: MiSACWIS/CCWIS – Select Organization – View Request Status



- Each review step initially displays as collapsed. Click the double-arrow beside each step to expand the details (*Figure 2.4.5, red circles*).
- Check the **Review Status** (i.e., Unreviewed, Approved, Denied) and review any associated **Review Comments**.

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Welcome: misacwisuser DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

<b>Request ID</b>	172203	<b>Request Status</b>	Submitted
<b>User</b>	User, MiSACWIS - (misacwisuser)	<b>Email Address</b>	misacwisuser@org.org
<b>Area Code &amp; Phone Number</b>	517-555-1111	<b>State of Michigan Employee?</b>	No
<b>Organization</b>	Adoption and Foster Care Specialists, Inc.	<b>Date Submitted</b>	10/5/2022 11:19:00 AM
<b>Request Type</b>	New	<b>Request Term</b>	Annual

**Request Details - MiSACWIS / CCWIS**

User Demographics

User Details (Show Details)

Security Profile for Adoption and Foster Care Specialists, Inc.

Security Profile (Show Details)

User Group / Persona(s) Selected

User Group / Persona(s) (Hide Details)

User Group / Persona	More-Info
Child Foster Care - Private Specialist	More-Info
Basic	More-Info

Request Reason

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

Review(s)

Training Manager Review (Hide Details)

Training Manager	Review Date	Reviewed By	Review Status	Review Comments
Nelson, Deon			Unreviewed	

Authorized Requestor Review (Show Details)

Application Security Review (Show Details)

Exception Manager Review (Show Details)

Security Administrator Review (Show Details)

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

Figure 2.4.5: MiSACWIS/CCWIS – Request Details – example

**IMPORTANT:** Due to protected health information contained with MiSACWIS/CCWIS, users are required to complete MDHHS privacy and security training sessions annually. This training must be current to be granted or maintain MiSACWIS/CCWIS access.

If not current, your access request will halt as 'Unreviewed' at the first review step, **Training Manager Review** (*Figure 2.4.5, above*), until you complete the MDHHS privacy and security training sessions. As soon as you become compliant, your access request will automatically continue forward through the review and approval steps.

### 3 Subscribe to MiSACWIS/CCWIS in MILogin

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

**IMPORTANT:** If the **MDHHS MiSACWIS** and/or **CCWIS** links already exist on your MILogin Home page, you previously subscribed *and you will not need to repeat this process.*