

Gaining Access: Childrens Special Health Care Services

**CSHCS USERS
REQUESTING CSHCS ACCESS**



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

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NOTE: All users must use three (3) applications to request access to the Childrens Special Health Care Services (CSHCS) application:

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

You must complete all steps in all three applications to be granted any CSHCS application functionality. This means you must complete every step in this guide.

* 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/CSHCS steps, please contact the MDHHS CSHCS Administrator: MDHHS-CSHCS-System-Notifications@michigan.gov

1 IMPORTANT

All users must complete ALL steps in this guide to request access to the Children’s Special Health Care Services (CSHCS) application. If you do not perform every action outlined here, you **WILL NOT BE GRANTED ACCESS to the CSHCS application.**

TIP: The steps in this guide are a one-time process – once completed, they do not need to be repeated!

Chapter 2: Request Access Links	Why do I have to do it?	Where?
Request CSHCS Link for MILogin Home Page (section 2.1)	<ul style="list-style-type: none"> To get the ‘Childrens Special Health Care Services’ link on your MILogin Home page. DOES NOT grant you access to any CSHCS functionality! 	MILogin
Request DSA Link for MILogin Home Page (section 2.2)	<ul style="list-style-type: none"> To get the ‘Database Security Application (DSA)’ link on your MILogin Home page. DOES grant you access to the DSA – which allows you to complete the CSHCS access request form, located within the DSA. 	MILogin
Chapter 3: Access CSHCS First Time	Why do I have to do it?	Where?
Access CSHCS for the First Time (chapter 3)	<ul style="list-style-type: none"> To let the CSHCS application know you exist. Your access cannot be assigned if the CSHCS application doesn’t know who you are. 	CSHCS
Chapter 4: Complete Access Request Form	Why do I have to do it?	Where?
Enter Your Demographic Details (section 4.1)	<ul style="list-style-type: none"> Demographic details are required to complete the CSHCS access request form. 	DSA
Complete the CSHCS Access Request Form (section 4.2)	<ul style="list-style-type: none"> To be granted CSHCS functionality. Filling out the CSHCS access request form within the DSA determines your security role (your access). 	DSA

Table 1: Required Access Request Steps

2 Request Access Links for MILogin Home Page

Both the CSHCS application and the DSA are accessed through MILogin. You must manually request an access link for each application from MILogin. The links will then appear on your MILogin Home page.

2.1 Request CSHCS Link for MILogin Home Page

Follow these steps to request the **Childrens Special Health Care Services** link on your MILogin Home page. All you are doing here is obtaining a link to the CSHCS application.

This DOES NOT grant you access to any CSHCS functionality. *You must complete every step in this guide to gain full functional access to the CSHCS application.*

Note: You may already have the **Childrens Special Health Care Services** link on your MILogin Home page because you already access CSHCS to complete your job duties. If so, you do not need to repeat this process. Instead, please continue with the steps in [2.2 Request DSA Link for MILogin Home Page](#).

Complete the following steps to request the ‘Childrens Special Health Care Services’ link on your MILogin Home page:

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

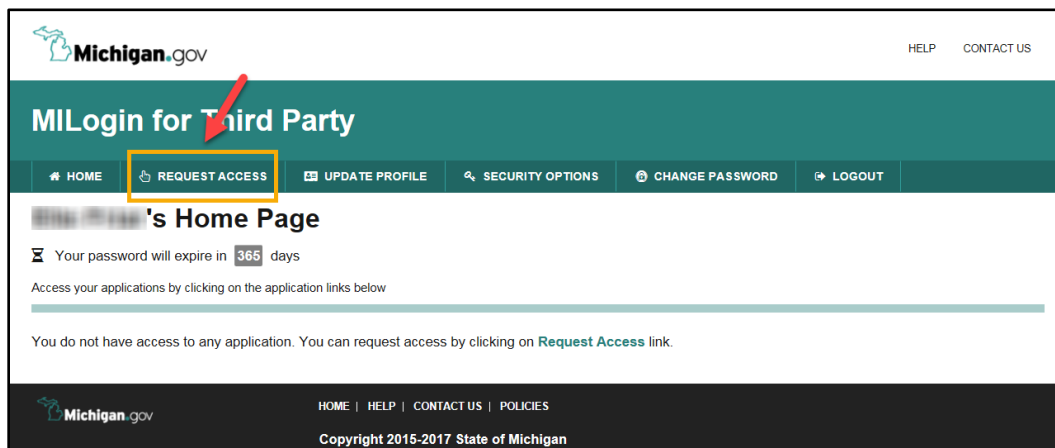


Figure 2.1.1: MILogin Home

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

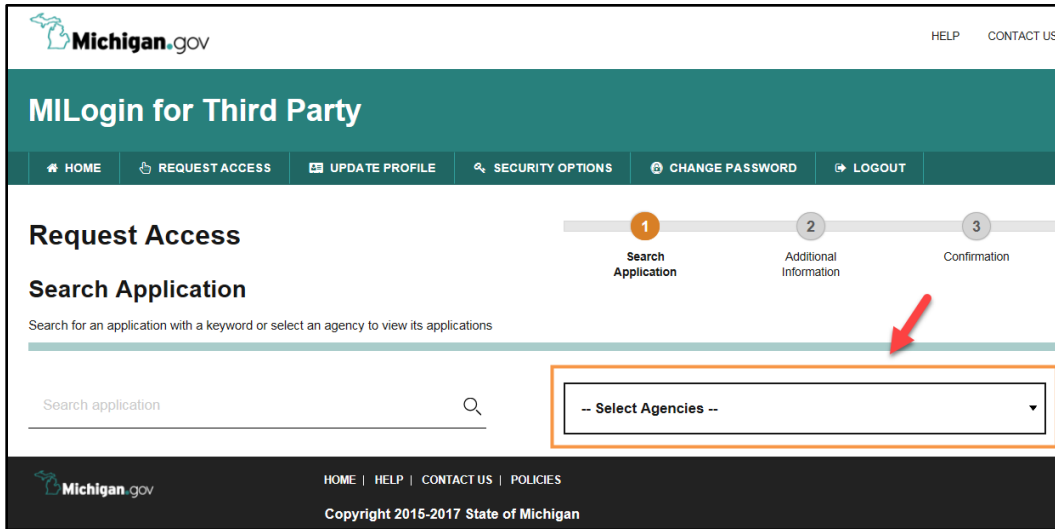


Figure 2.1.2: Request Access

4. Select 'Childrens Special Health Care Services' (Figure 2.1.3). The CSHCS Terms & Conditions display.

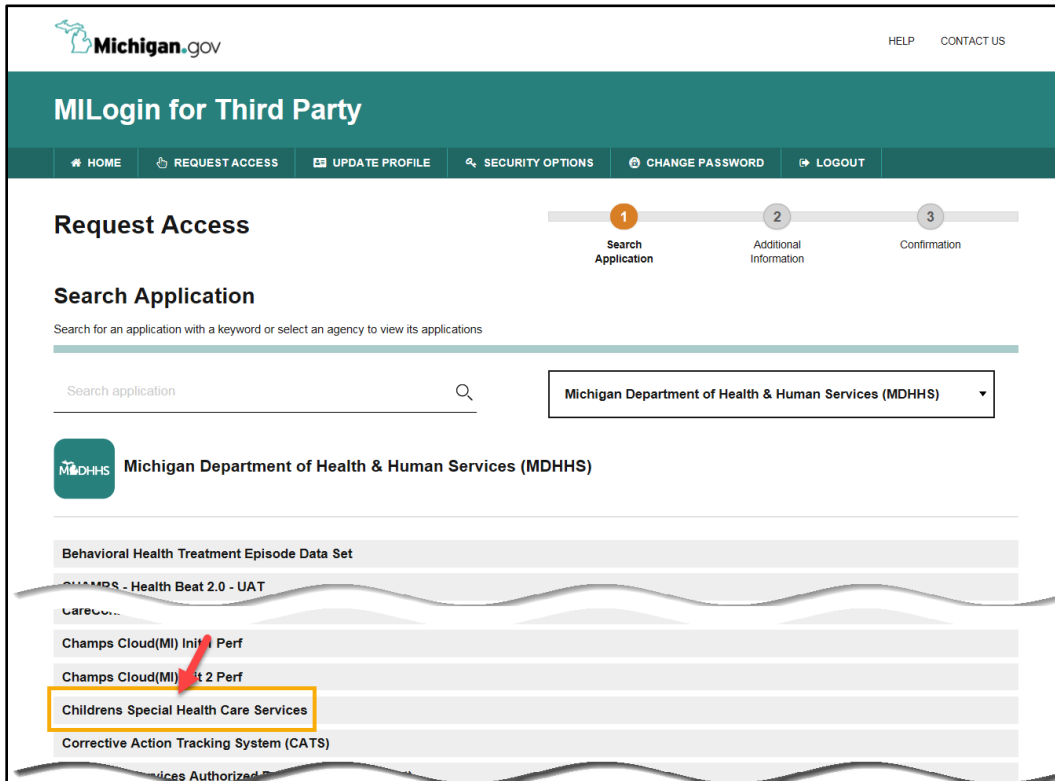


Figure 2.1.3: Request Access

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

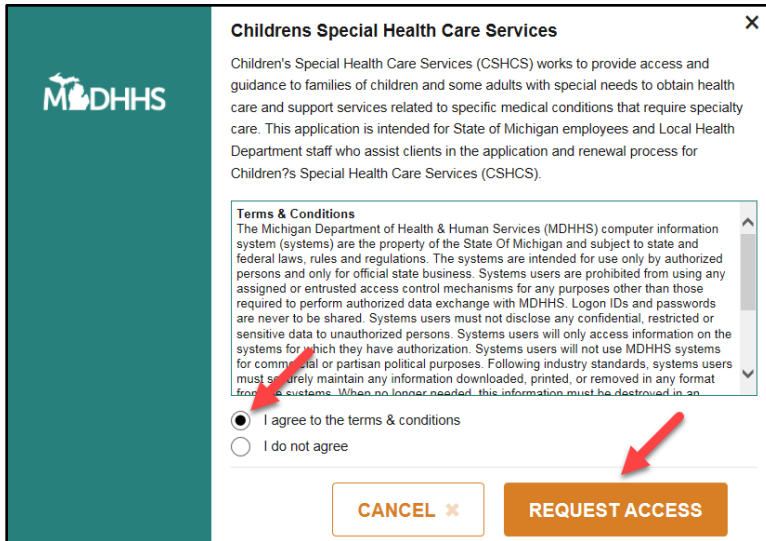


Figure 2.1.4: CSHCS Terms & Conditions

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

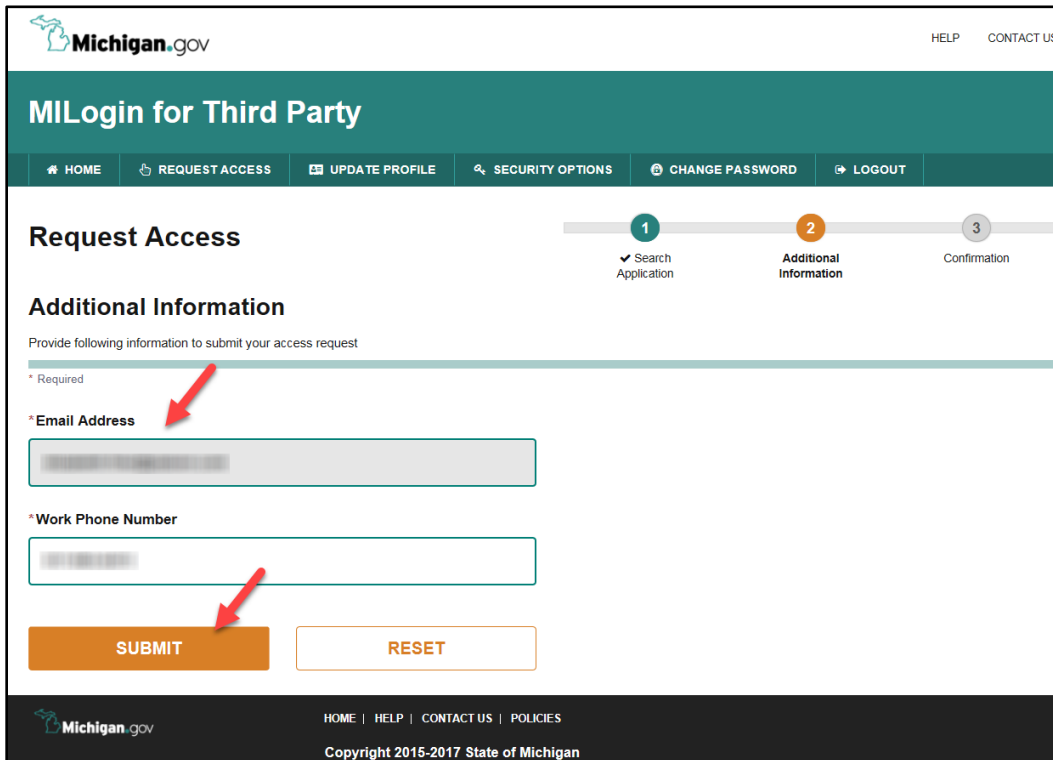


Figure 2.1.5: Additional Information

- Continue with the steps in [2.2 Request DSA Link for MILogin Home Page](#).

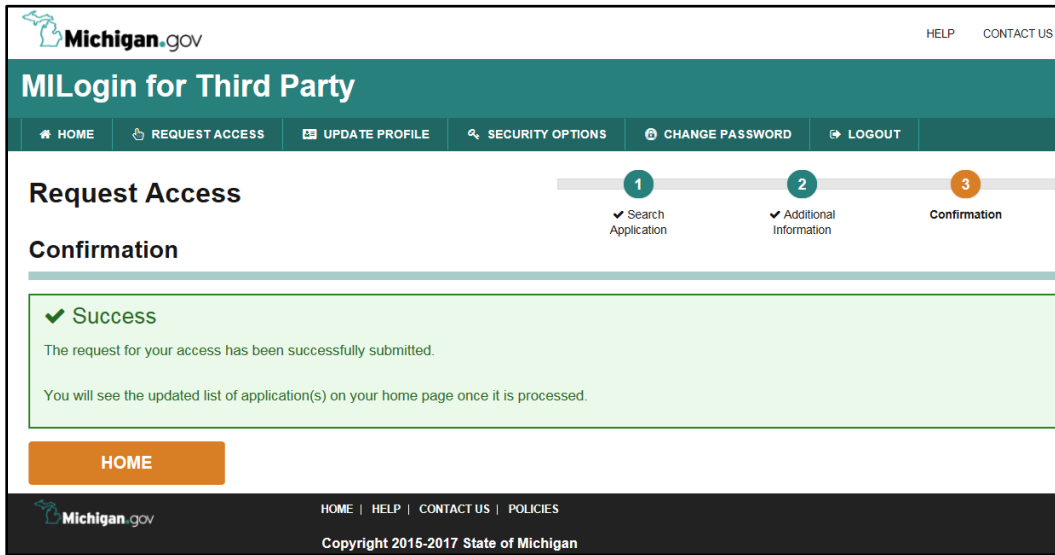


Figure 2.1.6: Confirmation

Note: You receive an email from MI Login when the **Childrens Special Health Care Services** link is added to your MI Login Home page.

2.2 Request DSA Link for MILogin Home Page

Note: 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 [3 Access CSHCS for the First Time](#).

Repeat the same steps outlined in [2.1 Request CSHCS Link for MILogin Home Page](#), *but this time select 'Database Security Application (DSA)' from the list of MDHHS options in Step 4.*

All you are doing here is obtaining your link/access to the DSA application. You will receive an email from MILogin when the **Database Security Application (DSA)** link is added to your MILogin Home page.

After completing the steps to request your DSA link, continue with the steps in [3 Access CSHCS for the First Time](#).

3 Access CSHCS for the First Time

Your security role cannot be assigned if the CSHCS application does not know you exist. You must access CSHCS once so the CSHCS application can store your user ID.

IMPORTANT: You cannot complete the steps below without first completing the steps in [2.1 Request CSHCS Link for MILogin Home Page!](#)

Complete the following steps to access the CSHCS application for the first time:

1. If necessary, access MILogin: <https://milogintp.michigan.gov> (users outside SOM network) -or- <https://miloginworker.michigan.gov> (SOM users and contactors with a michigan.gov email account). The MILogin Home page displays.
2. Click **Childrens Special Health Care Services** (Figure 3.1). The CSHCS Terms & Conditions display.

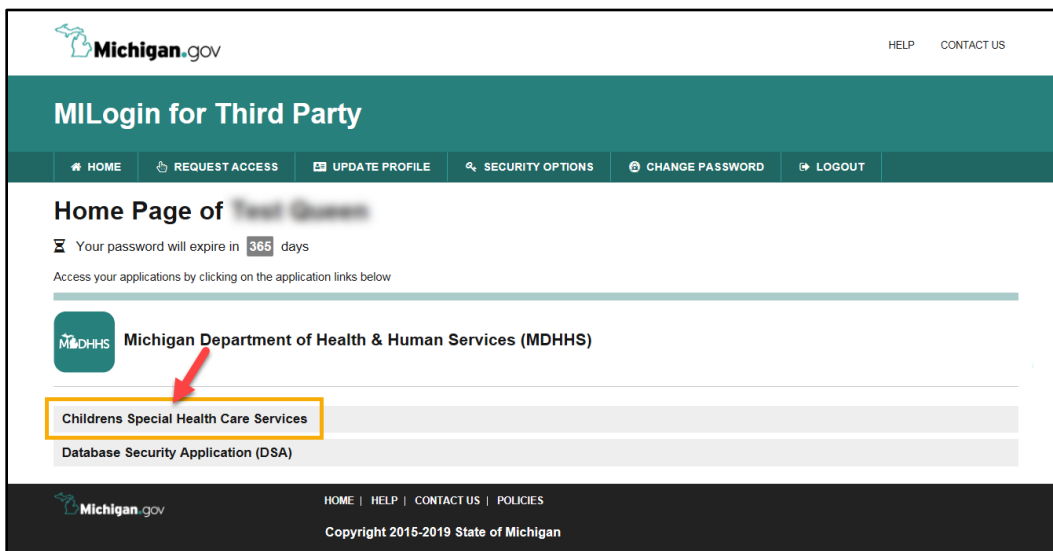


Figure 3.1: MILogin Home

- Review the CSHCS Terms & Conditions and click **Acknowledge/Agree** (Figure 3.2).

Note: If logging in from outside the SOM network, the Multi-Factor Authentication page displays. Otherwise the CSHCS Home page displays; if the CSHCS Home page displays, please continue with the steps in [4 Fill Out the CSHCS Access Request Form](#).

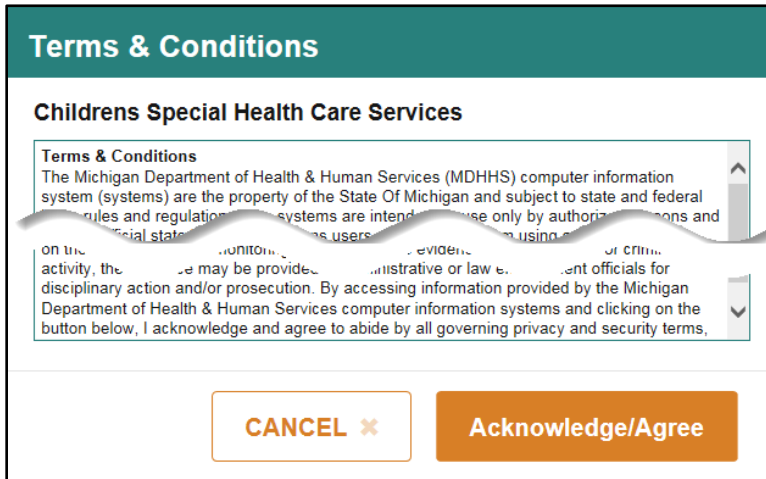


Figure 3.2: CSHCS Terms & Conditions

- Every 24 hours, *users outside the SOM network* are required to perform an additional security measure called multi-factor authentication (MFA). Perform one of the following actions to satisfy MFA (Figure 3.3):
 - 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**.

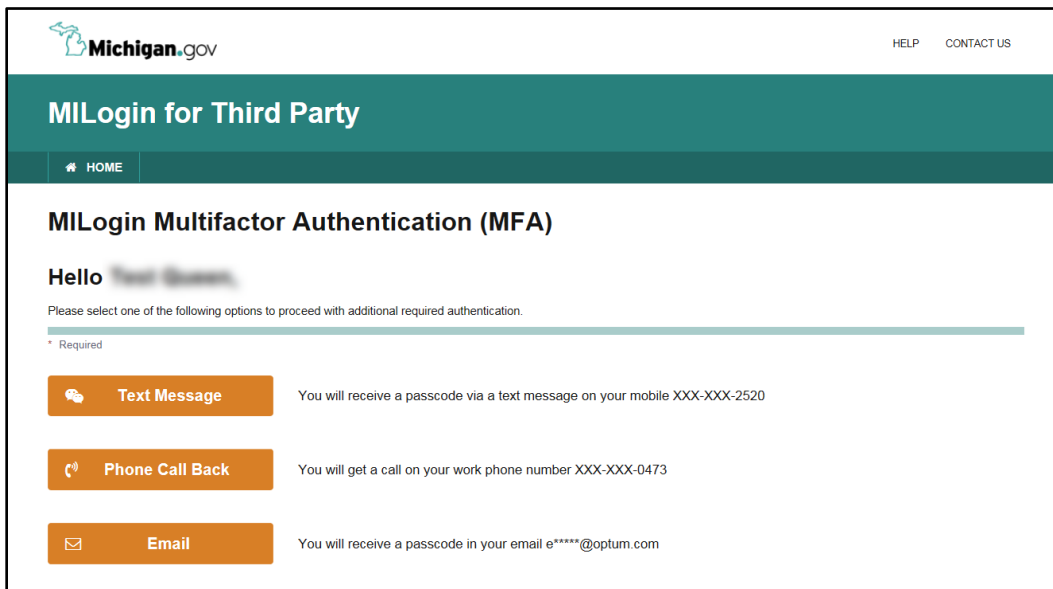


Figure 3.3: Multi-Factor Authentication

- b. 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.
 - c. Click **Email**. MILogin sends a passcode to the email address you provided. Enter the code in the **Passcode** field that displays and click **Submit**.
5. Upon completion, MILogin automatically continues to log you in and the CSHCS Home page displays (*Figure 3.4*).
 6. Continue with the steps in [4 Fill Out the CSHCS Access Request Form](#).



Figure 3.4: CSHCS Home

REMEMBER: Your CSHCS functionality is not enabled until you complete the final steps in [4 Fill Out the CSHCS Access Request Form](#), your access request is reviewed and approved, and your security role (access) is manually assigned.

4 Fill Out the CSHCS Access Request Form

All users must complete the CSHCS access request form, available within the DSA. Once submitted, each CSHCS access request progresses through a standard review and approval cycle.

IMPORTANT: You cannot complete the steps in this chapter without first completing the steps in [2.2 Request DSA Link for MILogin Home Page!](#)

4.1 Enter Your DSA Demographic Details

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.

Complete the following steps to enter your demographic details into the DSA:

1. If necessary, access MILogin: <https://milogintp.michigan.gov> -or- <https://miloginworker.michigan.gov>. The MILogin Home page displays.
2. Click **Database Security Application (DSA)** (Figure 4.1.1). The DSA Terms & Conditions display.

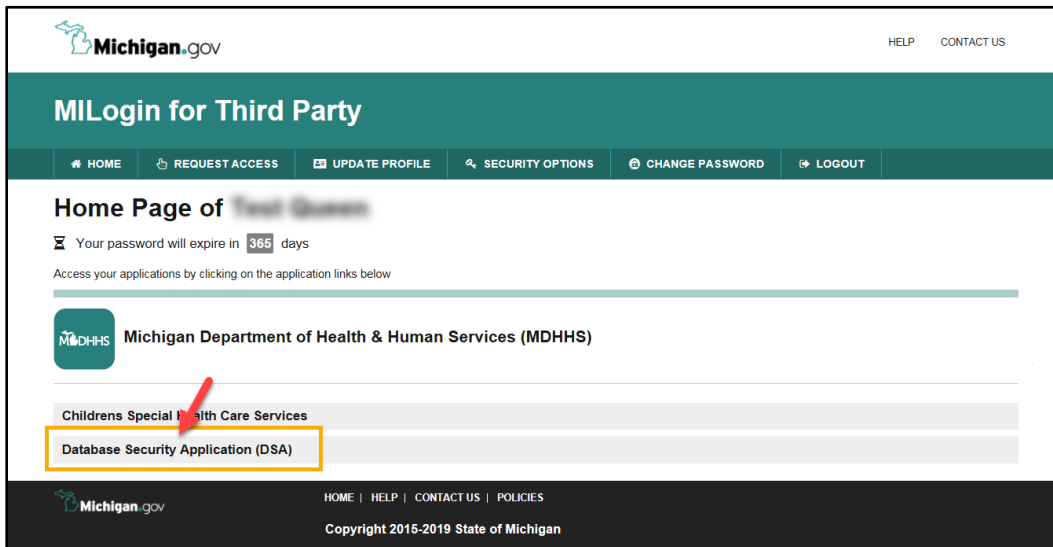


Figure 4.1.1: MILogin Home

- Review the DSA Terms & Conditions and click **Acknowledge/Agree** (Figure 4.1.2). The DSA Demographics page displays.

Note: If your demographic details already exist in the DSA, the DSA Home page displays instead. In this case, please continue with the steps in [4.2 Complete the CSHCS Access Request Form](#).

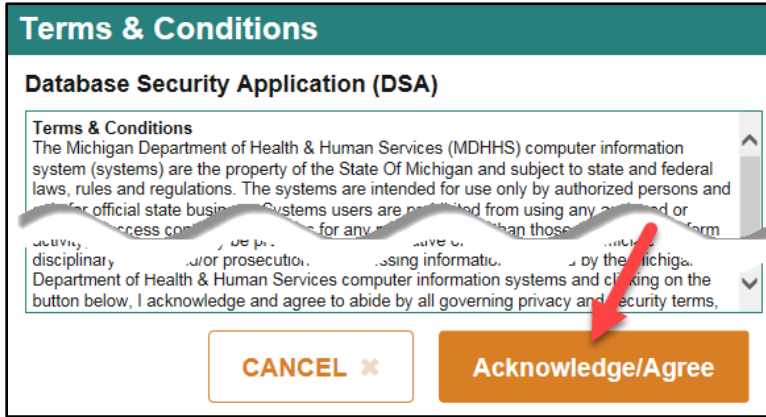


Figure 4.1.2: DSA Terms & Conditions

- Confirm your **Last Name** (Figure 4.1.3 [demographics blank] and Figure 4.1.4 [completed]).
- Confirm your **First Name**.

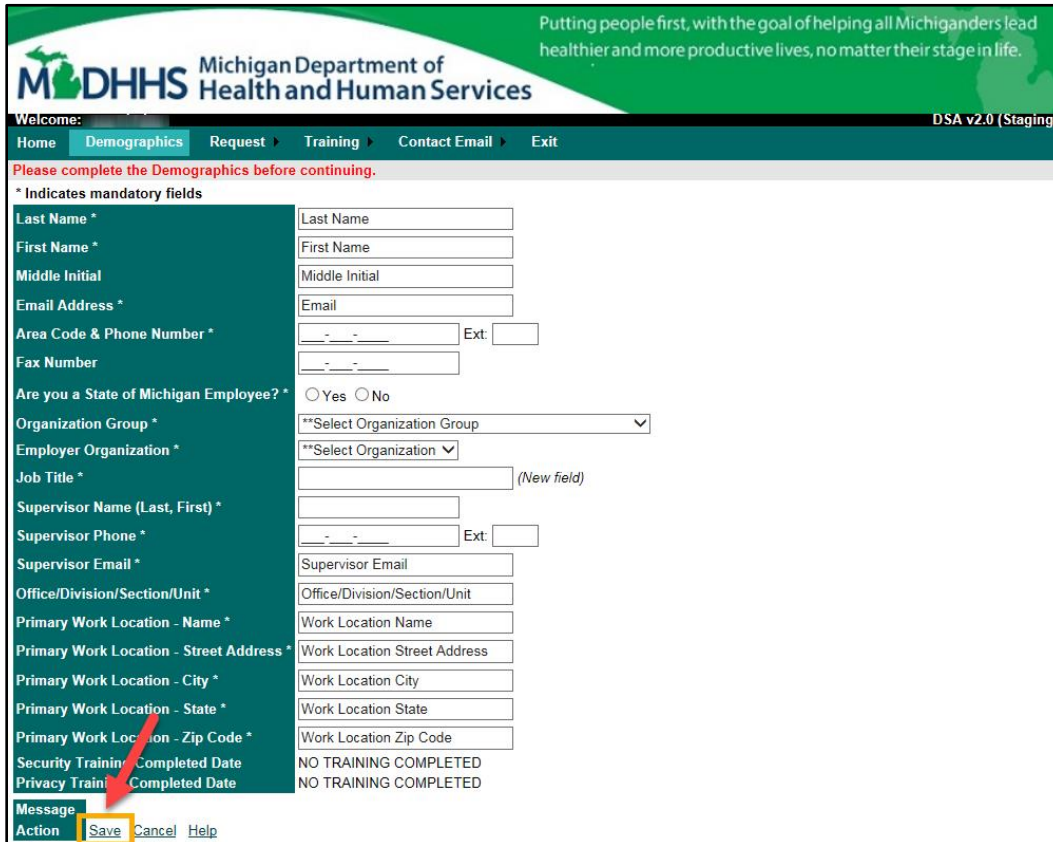


Figure 4.1.3: DSA Demographics – blank

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. All 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.

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.

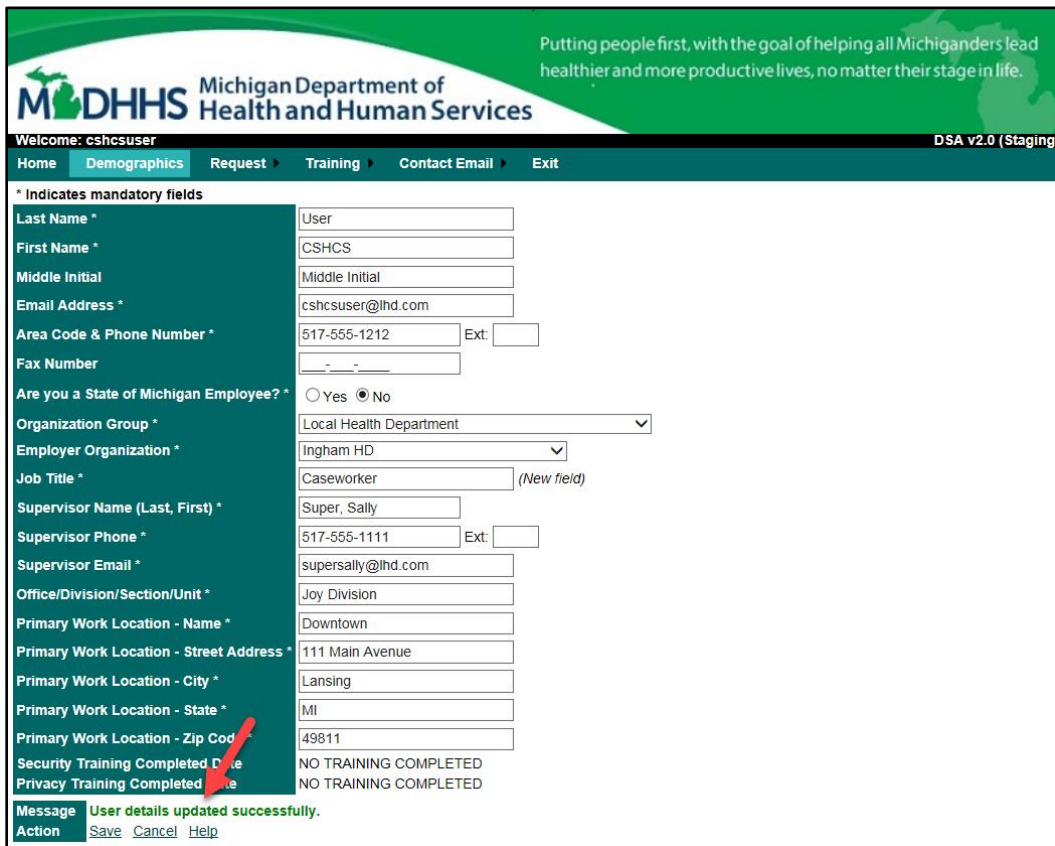


Figure 4.1.4: DSA Demographics – completed

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 4.1.4 above*).
23. Continue with the steps in [4.2 Complete the CSHCS Access Request Form](#).

4.2 Complete the CSHCS Access Request Form

You must complete the CSHCS access request form within the DSA to be granted any CSHCS application functionality. Filling out the CSHCS access request form determines your security role.

Upon submission, the CSHCS access request progresses through a review and approval cycle. Requests must be marked approved prior to your CSHCS security role (your access) being granted.

TIP: You complete the CSHCS access request form to request initial CSHCS application access, *and on an annual basis* to maintain CSHCS application access.

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

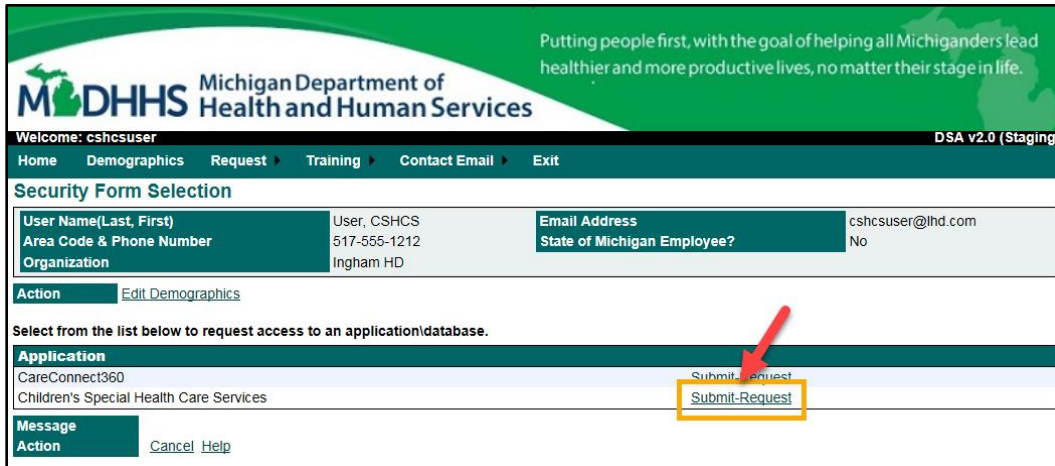
1. Complete the steps in [4.1 Enter Your DSA Demographic Details](#).
2. Select **Application Access** from the **Request** sub-menu (*Figure 4.2.1*). The Security Form Selection page displays.



Figure 4.2.1: DSA Home

Note: The access request forms (security forms) available are dependent upon the user's organization. Each organization has different program access needs.

- Click Submit Request beside Children’s Special Health Care Services (Figure 4.2.2). The CSHCS access request form displays the **Role Groups** tab.



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MDHHS Michigan Department of Health and Human Services

Welcome: cshcsuser DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

Security Form Selection

User Name (Last, First)	User, CSHCS	Email Address	cshcsuser@lhd.com
Area Code & Phone Number	517-555-1212	State of Michigan Employee?	No
Organization	Ingham HD		

Action [Edit Demographics](#)

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

Application	Action
CareConnect360	Submit-Request
Children's Special Health Care Services	Submit-Request

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

Figure 4.2.2: Security Form Selection

- Select your manager from the **Immediate Manager** list (Figure 4.2.4).
- Select the check box beside the **Role Group(s)** that reflects the functionality needed to perform your job duties.

IMPORTANT: If you need Children’s Healthcare Automated Support Services (CHASS) access, be certain to select it here.

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



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Welcome: cshcsuser DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

Children's Special Health Care Services Security Request

User Name (Last, First)	User, CSHCS	Request Status	Incomplete
Area Code & Phone Number	517-555-1212	Email Address	cshcsuser@lhd.com
Organization	Ingham HD	State of Michigan Employee?	No
Request Type	New		

Role Groups

Select Immediate Manager

Immediate Manager

Select Role Group(s)

Role Group	Program Manager
<input checked="" type="checkbox"/> Children's Health Care Services (CSHCS) Database	More-Info
<input checked="" type="checkbox"/> Children's Healthcare Automated Support Services (CHASS)	More-Info

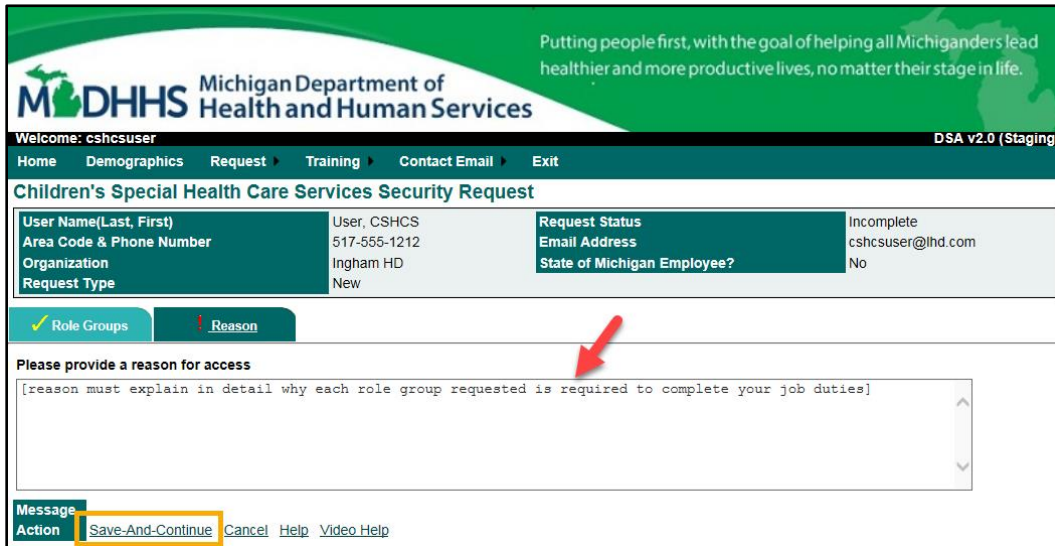
Message Action [Save-And-Continue](#) [Cancel](#) [Help](#) [Video Help](#)

Figure 4.2.4 CSHCS Access Request Form – Role Groups

- Enter a detailed reason for access, clearly identifying why you require CSHCS application access to complete your job duties (Figure 4.2.5).

Note: Reasons lacking detail may be denied.

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



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Welcome: cshcsuser DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

Children's Special Health Care Services Security Request

User Name (Last, First)	User, CSHCS	Request Status	Incomplete
Area Code & Phone Number	517-555-1212	Email Address	cshcsuser@hd.com
Organization	Ingham HD	State of Michigan Employee?	No
Request Type	New		

Role Groups Reason User Agreement

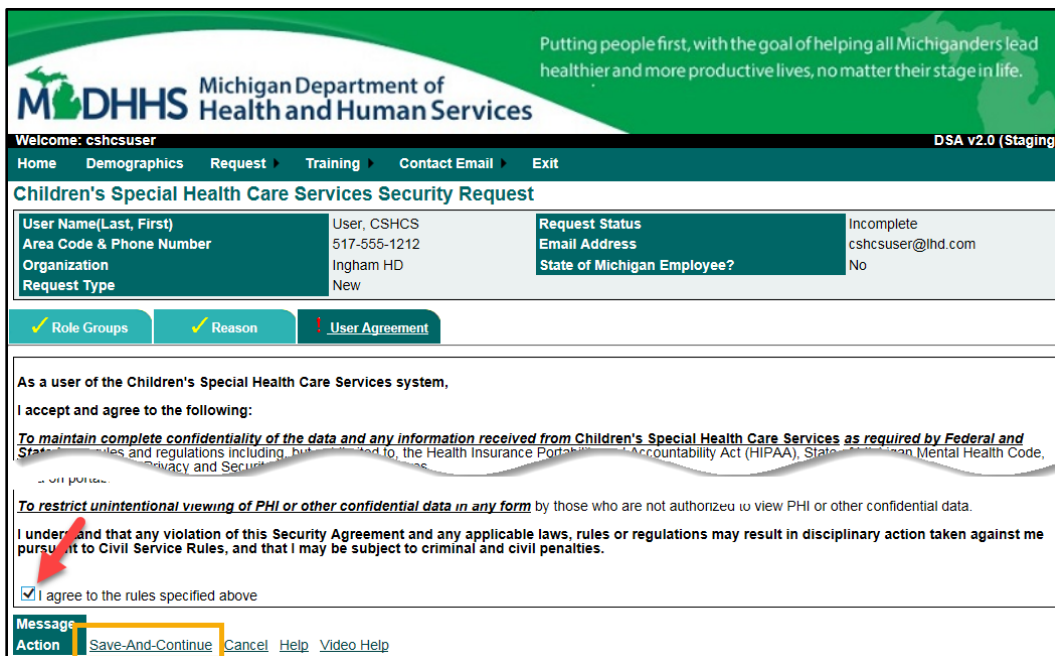
Please provide a reason for access

[reason must explain in detail why each role group requested is required to complete your job duties]

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

Figure 4.2.5: CSHCS Access Request Form – Reason

- Review the user agreement and select the ***I agree to the rules specified above*** check box (Figure 4.2.6).
- Click Save-And-Continue. The form advances to the **Review & Submit** tab.



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Welcome: cshcsuser DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

Children's Special Health Care Services Security Request

User Name (Last, First)	User, CSHCS	Request Status	Incomplete
Area Code & Phone Number	517-555-1212	Email Address	cshcsuser@hd.com
Organization	Ingham HD	State of Michigan Employee?	No
Request Type	New		

Role Groups Reason User Agreement

As a user of the Children's Special Health Care Services system,
 I accept and agree to the following:

To maintain complete confidentiality of the data and any information received from Children's Special Health Care Services as required by Federal and State rules and regulations including, but not limited to, the Health Insurance Portability and Accountability Act (HIPAA), State of Michigan Mental Health Code, and other applicable laws, rules and regulations.

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 4.2.6: CSHCS Access Request Form – User Agreement

- Verify your CSHCS access request details (Figure 4.2.7). If any additions or changes are needed prior to submission, click the tab to return, update, and re-save.



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Welcome: cshcsuser DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

Children's Special Health Care Services Security Request

User Name (Last, First)	User, CSHCS	Request Status	Incomplete
Area Code & Phone Number	517-555-1212	Email Address	cshcsuser@lhd.com
Organization	Ingham HD	State of Michigan Employee?	No
Request Type	New		

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

Immediate Manager: Traylor, Pamela

Selected Role Group(s)

Role Group	Program Manager
Children's Health Care Services (CSHCS) Database	
Children's Healthcare Automated Support Services (CHASS)	

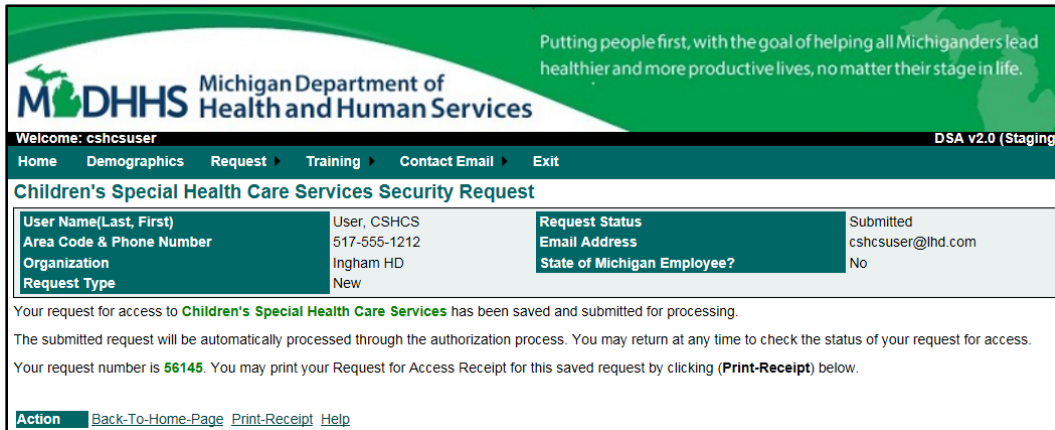
Reason for Request
 [reason must explain in detail why each role group requested is required to complete your job duties]

Message

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

Figure 4.2.7: CSHCS Access Request Form – Review & Submit

- Click Submit-Request. The submission confirmation displays (Figure 4.2.8).



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Welcome: cshcsuser DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

Children's Special Health Care Services Security Request

User Name (Last, First)	User, CSHCS	Request Status	Submitted
Area Code & Phone Number	517-555-1212	Email Address	cshcsuser@lhd.com
Organization	Ingham HD	State of Michigan Employee?	No
Request Type	New		

Your request for access to **Children's Special Health Care Services** 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 **56145**. You may print your Request for Access Receipt for this saved request by clicking (**Print-Receipt**) below.

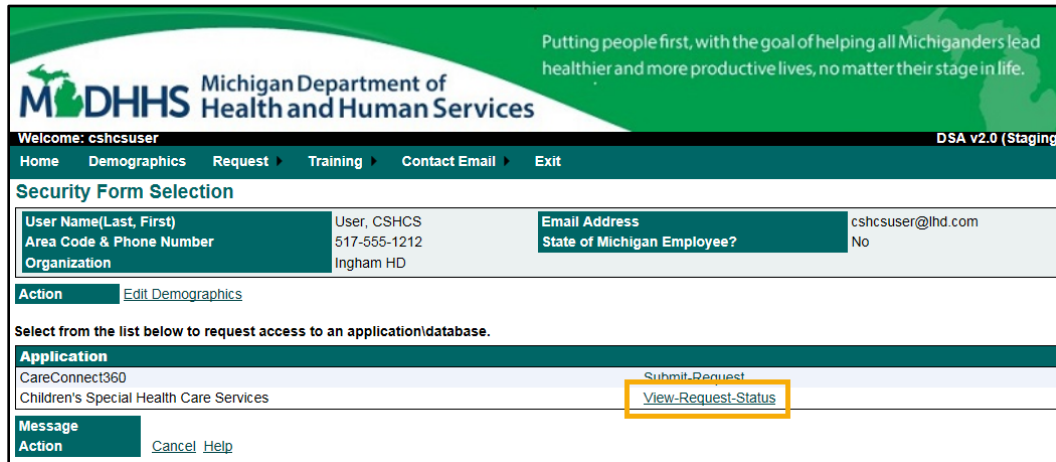
Action: [Back-To-Home-Page](#) [Print-Receipt](#) [Help](#)

Figure 4.2.8: CSHCS Access Request – submission confirmation

VERY IMPORTANT: Complete the steps in [2.1 Request CSHCS Link for MILogin Home Page](#) and [3 Access CSHCS for the First Time](#) if you have not already done so.

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

TIP - Check Review Status: You can always check the review status by returning to the Security Form Selection page and clicking View Request Status (Figure 4.2.9). The Request Details display.



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MDHHS Michigan Department of Health and Human Services

Welcome: cshcsuser DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

Security Form Selection

User Name (Last, First)	User, CSHCS	Email Address	cshcsuser@hd.com
Area Code & Phone Number	517-555-1212	State of Michigan Employee?	No
Organization	Ingham HD		

Action [Edit Demographics](#)

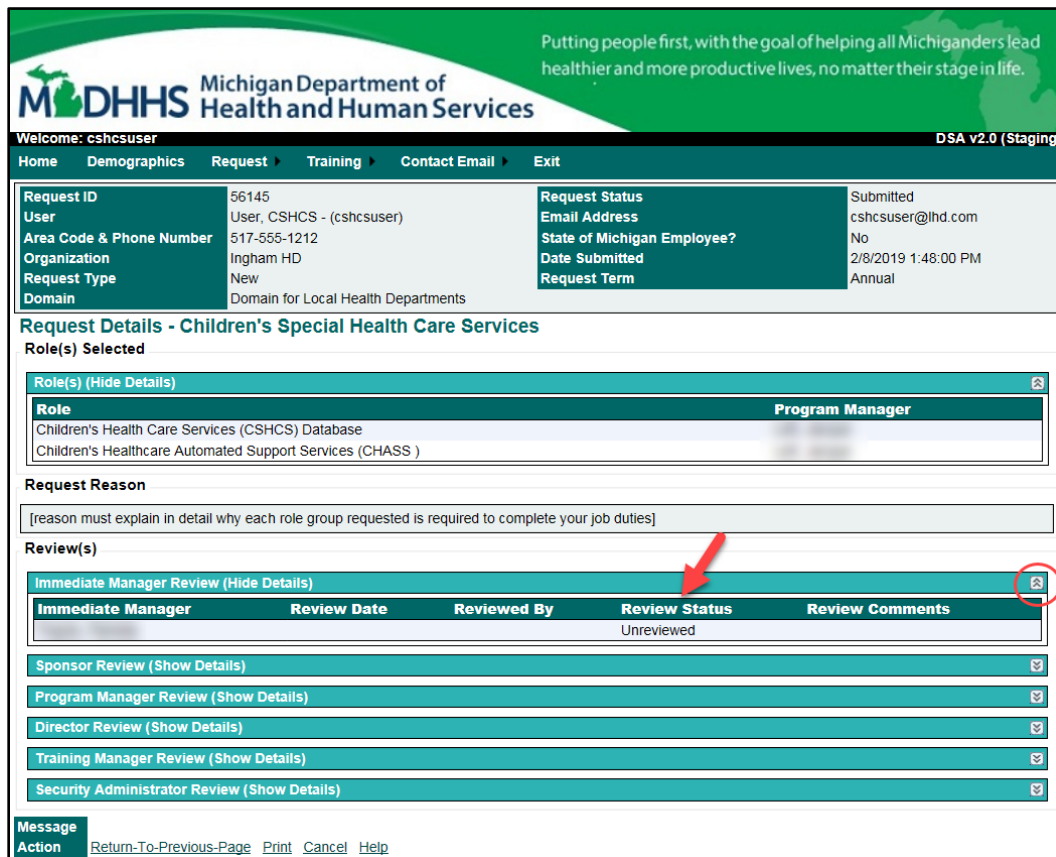
Select from the list below to request access to an application/database.

Application	Action
CareConnect360	Submit Request
Children's Special Health Care Services	View-Request-Status

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

Figure 4.2.9: Security Form Selection

Each review step initially displays as collapsed. Click the double-arrow beside the step (Figure 4.2.10) to expand the details. Once complete, the step's **Review Status** displays either 'Completed' or 'Denied'. When denied, **Review Comments** are required.



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MDHHS Michigan Department of Health and Human Services

Welcome: cshcsuser DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

Request ID	56145	Request Status	Submitted
User	User, CSHCS - (cshcsuser)	Email Address	cshcsuser@hd.com
Area Code & Phone Number	517-555-1212	State of Michigan Employee?	No
Organization	Ingham HD	Date Submitted	2/8/2019 1:48:00 PM
Request Type	New	Request Term	Annual
Domain	Domain for Local Health Departments		

Request Details - Children's Special Health Care Services

Role(s) Selected

Role	Program Manager
Children's Health Care Services (CSHCS) Database	
Children's Healthcare Automated Support Services (CHASS)	

Request Reason

[reason must explain in detail why each role group requested is required to complete your job duties]

Review(s)

Immediate Manager	Review Date	Reviewed By	Review Status	Review Comments
			Unreviewed	

Sponsor Review (Show Details) [Expand]

Program Manager Review (Show Details) [Expand]

Director Review (Show Details) [Expand]

Training Manager Review (Show Details) [Expand]

Security Administrator Review (Show Details) [Expand]

Message Action [Return-To-Previous-Page](#) [Print](#) [Cancel](#) [Help](#)

Figure 4.2.10: Request Details