

# Gaining Access: Waiver Support Application

**WSA USERS**  
**REQUESTING WSA ACCESS**



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

*Last Updated: December 2023*

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**NOTE:** Users must utilize three (3) applications to request (or maintain) access to the Waiver Support Application (WSA):

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

\* 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/WSA steps, please contact the MDHHS WSA Administrator for your program.

# 1 Understanding Access

Users must complete all steps in **Chapter 2 and Chapter 3** to request access to the Waiver Support Application (WSA) (see [Table 1](#)). The form used to request WSA access roles, the **WSA Access Request Form**, is found within the Database Security Application (DSA). Users must manually subscribe to both the DSA and the WSA in MILogin.

**NOTE:** Users initially complete the **WSA Access Request Form** to request their initial WSA access role. All users then complete the **WSA Access Request Form** on an annual basis to maintain their WSA access (please reference [5 Renew Your WSA Access Annually](#)).

**TIP:** Most steps in **Chapter 2** and **Chapter 3** describe one-time processes – once completed, they do not need to be repeated.

Chapter 2: Request WSA Access	Why do I have to do it?	Where?
Request <b>DSA</b> Link for MILogin Home Page (section 2.1)	<ul style="list-style-type: none"> <li>To get the ‘<b>Database Security Application (DSA)</b>’ link on your MILogin Home page.</li> <li>Grants you access to the DSA – which allows you to complete the <b>WSA Access Request Form</b>, located within the DSA.</li> </ul>	MILogin
Enter Your DSA Demographic Details (section 2.2)	<ul style="list-style-type: none"> <li>Demographic details are required in the DSA to complete the <b>WSA Access Request Form</b>.</li> </ul>	DSA
Complete the <b>WSA Access Request Form</b> (section 2.3)	<ul style="list-style-type: none"> <li>To be granted WSA functionality. Filling out the <b>WSA Access Request Form</b> within the DSA determines your security role(s) (your approved access).</li> </ul>	DSA
Chapter 3: Access WSA First Time	Why do I have to do it?	Where?
Request <b>WSA</b> Link for MILogin Home Page (section 3.1)	<ul style="list-style-type: none"> <li>To get the ‘<b>WSA Waivers</b>’ link on your MILogin Home page.</li> <li>DOES NOT grant you access to any WSA functionality or data!</li> </ul>	MILogin
Access the WSA Home Page (section 3.2)	<ul style="list-style-type: none"> <li>To let the WSA know you exist. Your approved security access cannot be assigned if the WSA doesn’t know who you are.</li> </ul>	WSA

Table 1: WSA Access Request Steps

## 2 Request WSA Access

### 2.1 Request DSA Link for MILogin Home Page

**IMPORTANT:** You may already have **Database Security Application (DSA)** on your MILogin Home page 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 [2.2 Enter Your DSA Demographic Details](#).

Complete the following steps to request the **Database Security Application (DSA)** 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 **Find Services** > (Figure 2.1.1). The Discover Online Services search page displays.

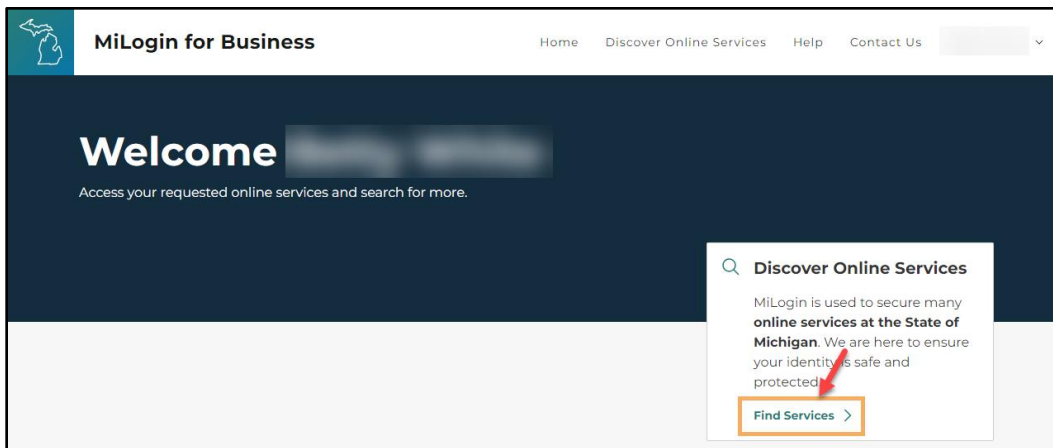


Figure 2.1.1: MILogin Home

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 Database Security Application (DSA) does not appear in the list, you already subscribed and have the **Database Security Application (DSA)** link on your MILogin Home page. Please continue with the steps in [2.2 Enter Your DSA Demographic Details](#).

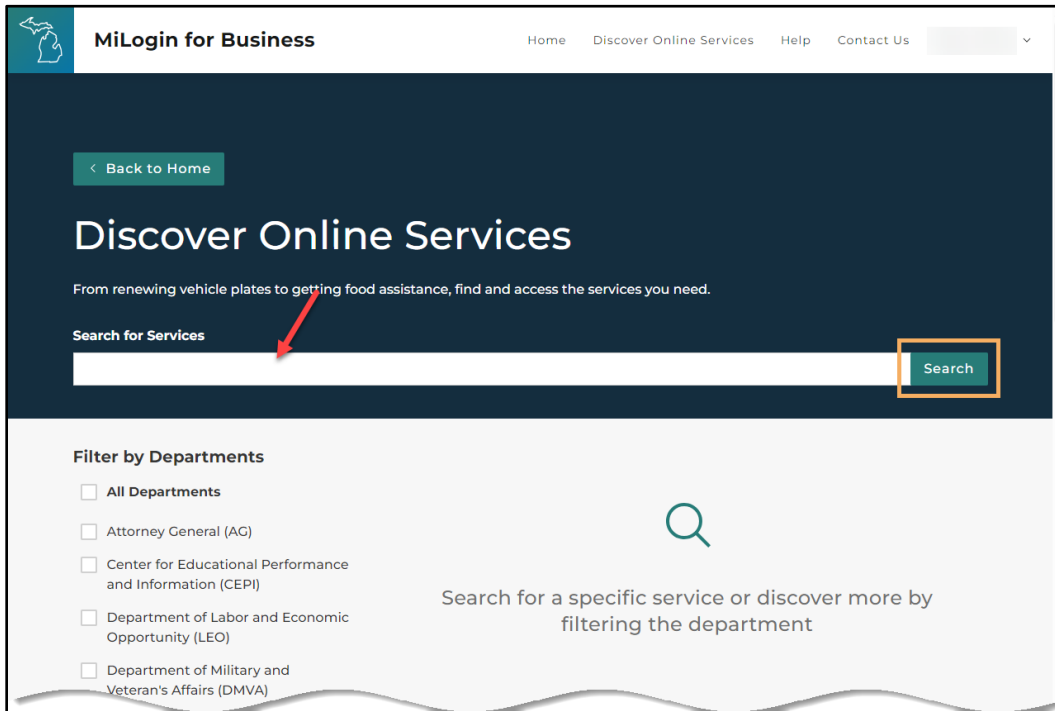


Figure 2.1.2: Discover Online Services

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

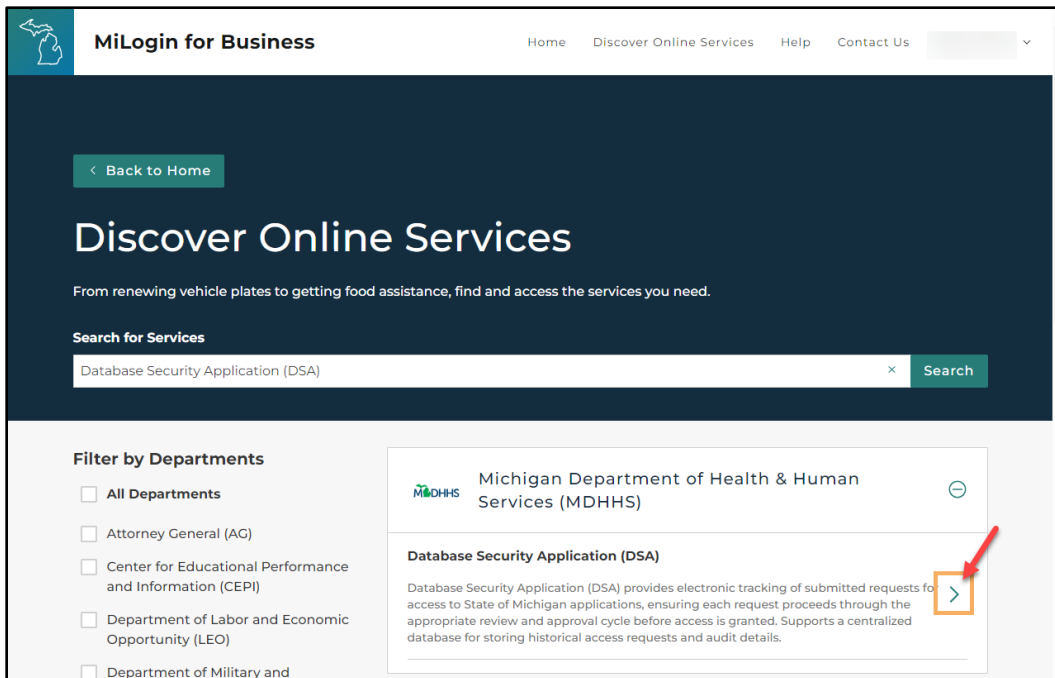


Figure 2.1.3: Discover Online Services

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

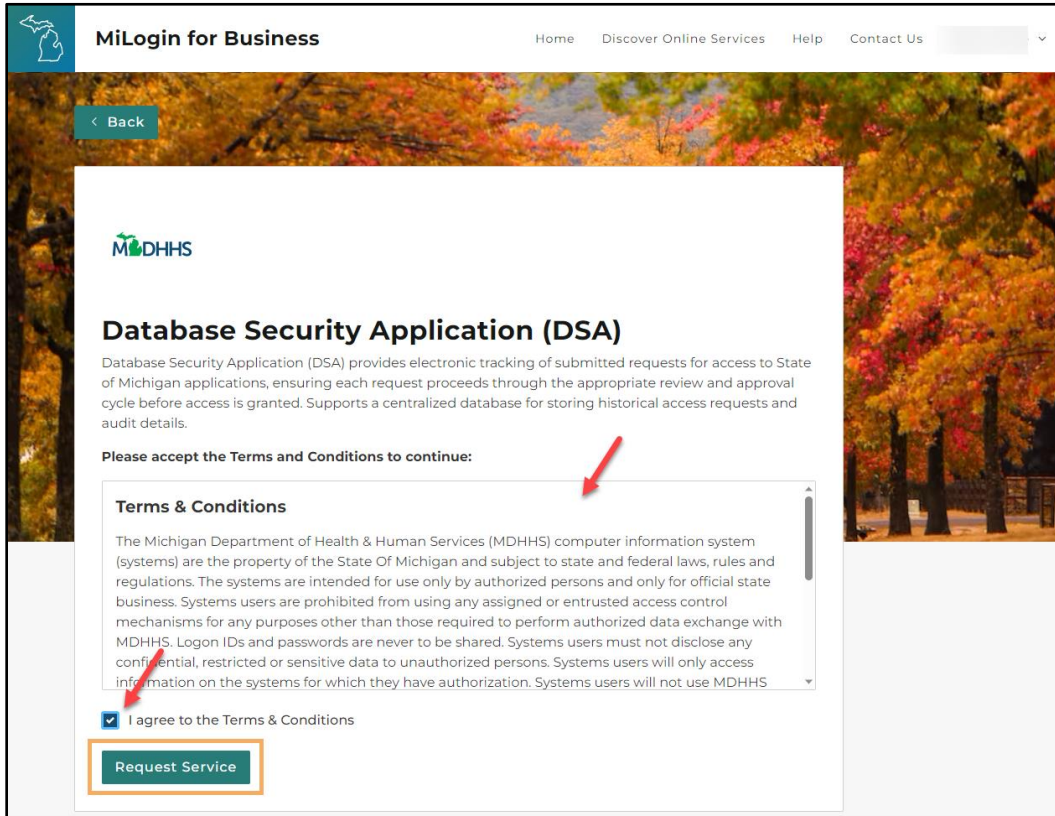


Figure 2.1.4: DSA Terms & Conditions

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

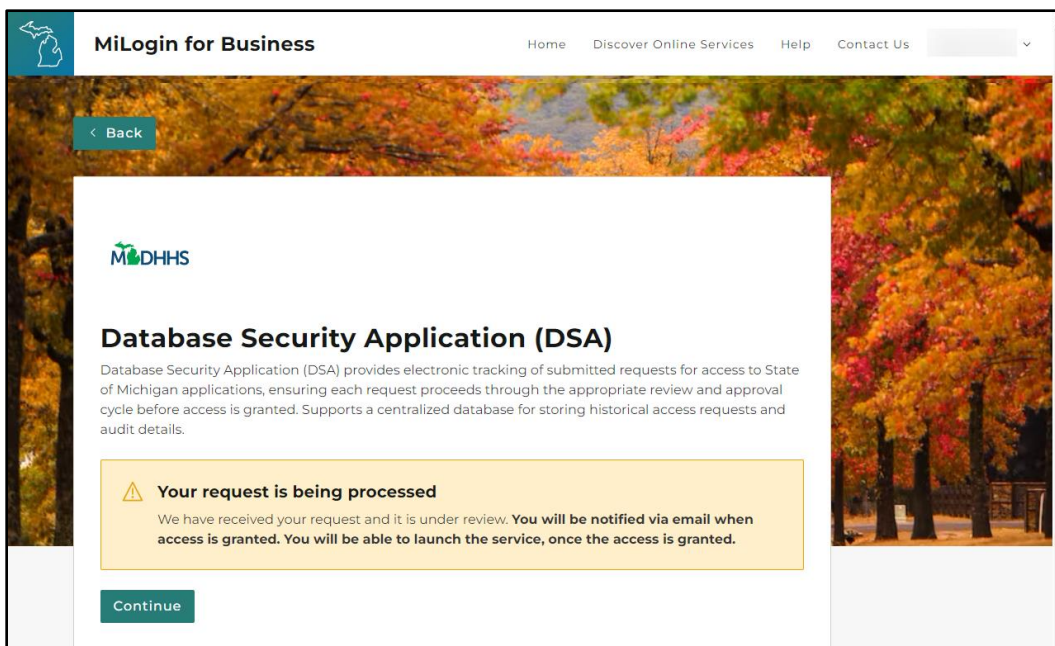


Figure 2.1.5: Request Confirmation

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 WSA 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 Request DSA Link for MILogin Home Page](#).

*Note:* You cannot complete the next steps without completing the steps in [2.1 Request DSA Link for MILogin Home Page](#) first.

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

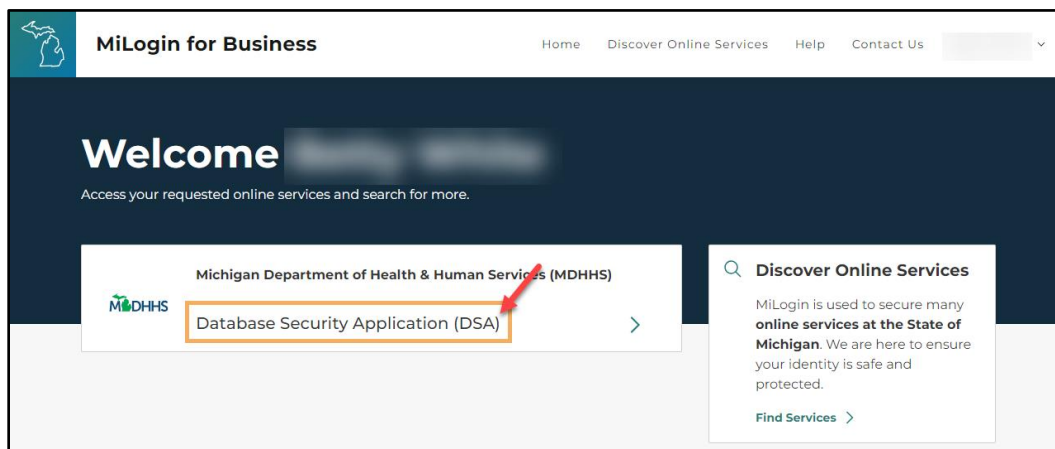


Figure 2.2.1: MILogin Home

3. Review the DSA Terms & Conditions (*Figure 2.2.2, next page*).
4. Click 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 WSA Access Request Form](#).



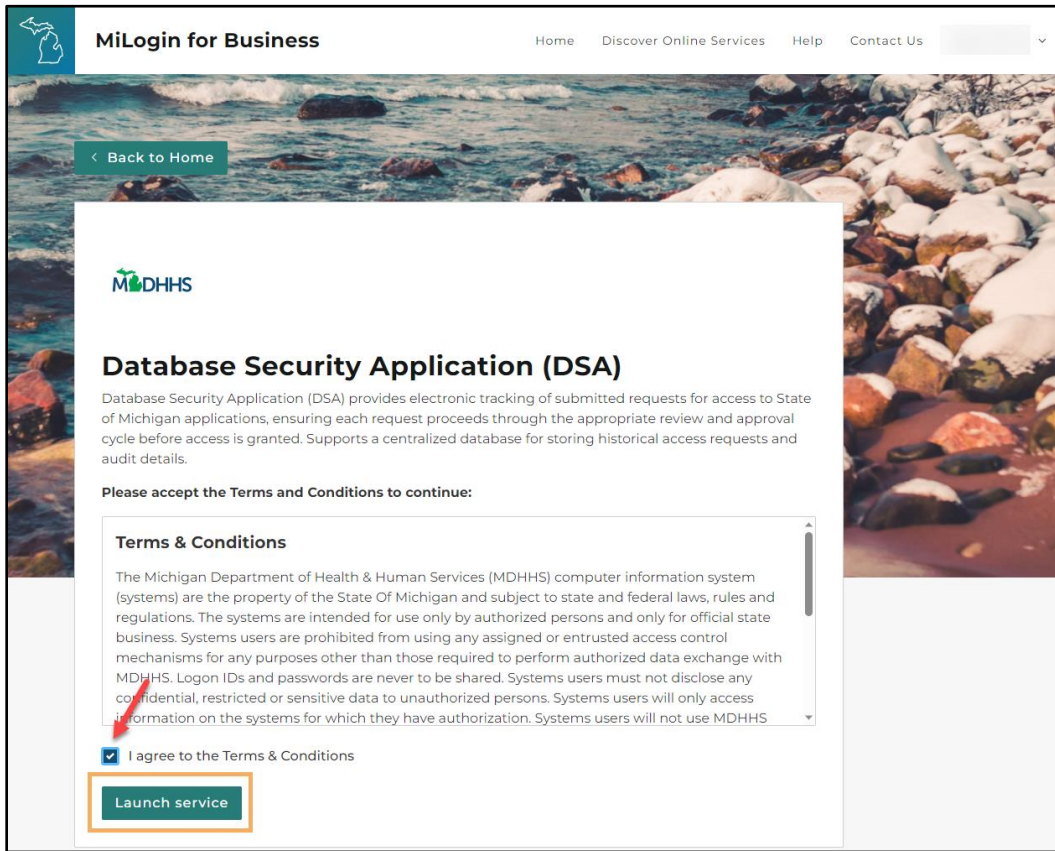


Figure 2.2.2: DSA Terms & Conditions

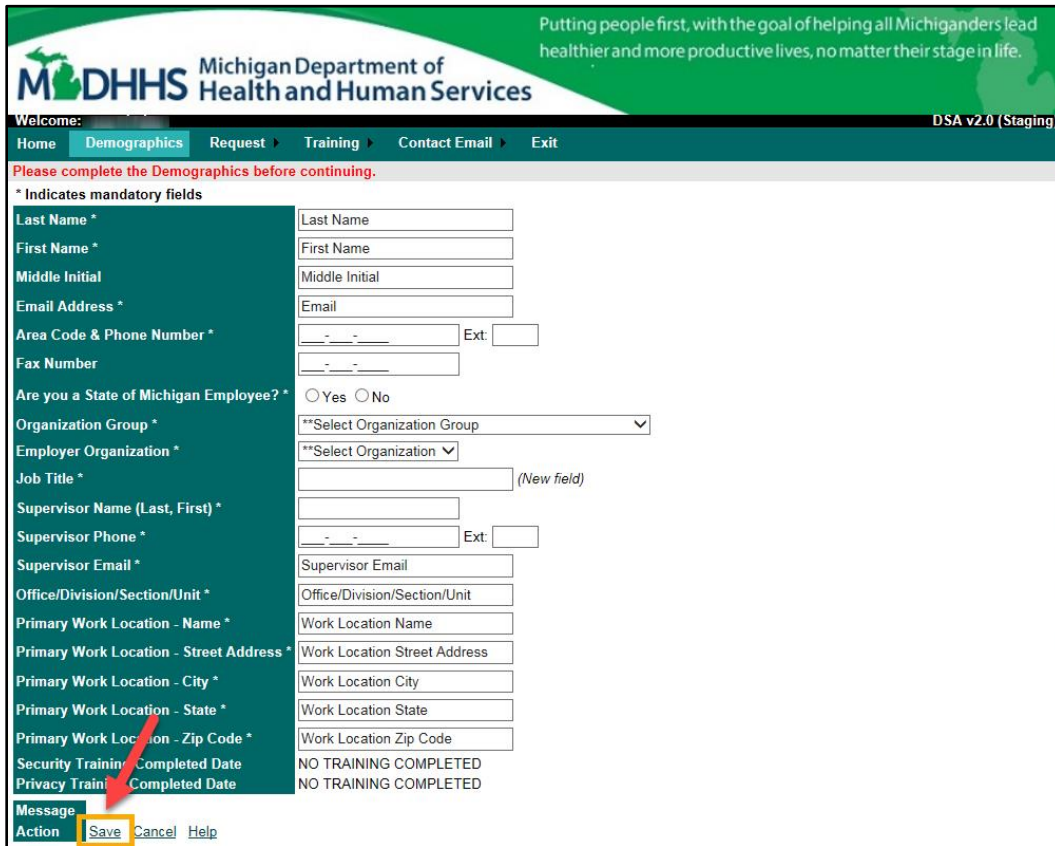
6. Confirm your **Last Name** (Figure 2.2.3, next page).
7. Confirm your **First Name**.
8. Confirm your **Email Address**.
9. Confirm your **Area Code & Phone Number**.

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

13. If your **Organization Group** is 'State of Michigan', the **HRMN ID** field appears. Enter your **HRMN ID**.
14. Enter your **Job Title**.



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MDHHS Michigan Department of Health and Human Services

Welcome: DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

Please complete the Demographics before continuing.

\* Indicates mandatory fields

Last Name \* Last Name

First Name \* First Name

Middle Initial Middle Initial

Email Address \* Email

Area Code & Phone Number \* - - Ext:

Fax Number - -

Are you a State of Michigan Employee? \*  Yes  No

Organization Group \* \*\*Select Organization Group

Employer Organization \* \*\*Select Organization

Job Title \* (New field)

Supervisor Name (Last, First) \* ,

Supervisor Phone \* - - Ext:

Supervisor Email \* Supervisor Email

Office/Division/Section/Unit \* Office/Division/Section/Unit

Primary Work Location - Name \* Work Location Name

Primary Work Location - Street Address \* Work Location Street Address

Primary Work Location - City \* Work Location City

Primary Work Location - State \* Work Location State

Primary Work Location - Zip Code \* Work Location Zip Code

Security Training Completed Date NO TRAINING COMPLETED

Privacy Training Completed Date NO TRAINING COMPLETED

Message

Action Save Cancel Help

Figure 2.2.3: DSA Demographics – blank

15. Enter your **Supervisor’s Name** in last name, first name format (include the comma).
16. Enter your **Supervisor’s Phone** number.
17. Enter your **Supervisor’s Email**.
18. Enter the **Office/Division/Section/(or) Unit** in which you work.
19. Enter your **Primary Work Location – Name**.
20. Enter your **Primary Work Location – Street Address**.
21. Enter your **Primary Work Location – City**.
22. Enter your **Primary Work Location – State**.
23. Enter your **Primary Work Location – Zip Code**.
24. Click Save. The “User details updated successfully.” message displays (Figure 2.2.4, next page).
25. Continue with the steps in [2.3 Complete the WSA Access Request Form](#).

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Michigan Department of Health and Human Services

Welcome: testuser DSA v2.0 (Staging)

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

**\* Indicates mandatory fields**

<b>Last Name *</b>	<input type="text" value="User"/>
<b>First Name *</b>	<input type="text" value="Test"/>
<b>Middle Initial</b>	<input type="text" value="Middle Initial"/>
<b>Email Address *</b>	<input type="text" value="testuser@michigan.gov"/>
<b>Area Code &amp; Phone Number *</b>	<input type="text" value="517-555-1234"/> Ext: <input type="text"/>
<b>Fax Number</b>	<input type="text" value="- - -"/>
<b>Are you a State of Michigan Employee? *</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Organization Group *</b>	<input type="text" value="State of Michigan"/>
<b>Employer Organization *</b>	<input type="text" value="Dept. of Health and Human Services-Health Services"/>
<b>HRMN ID *</b>	<input type="text" value="123456789"/> <small>(If you don't have one please enter 999999999.)</small>
<b>Job Title *</b>	<input type="text" value="Caseworker"/> <small>(New field)</small>
<b>Supervisor Name (Last, First) *</b>	<input type="text" value="Super, Sally"/>
<b>Supervisor Phone *</b>	<input type="text" value="517-555-1111"/> Ext: <input type="text"/>
<b>Supervisor Email *</b>	<input type="text" value="supersally@michigan.gov"/>
<b>Office/Division/Section/Unit *</b>	<input type="text" value="Joy Division"/>
<b>Primary Work Location - Name *</b>	<input type="text" value="Downtown"/>
<b>Primary Work Location - Street Address *</b>	<input type="text" value="111 Main Avenue"/>
<b>Primary Work Location - City *</b>	<input type="text" value="Lansing"/>
<b>Primary Work Location - State *</b>	<input type="text" value="MI"/>
<b>Primary Work Location - Zip Code *</b>	<input type="text" value="48911"/>
<b>Security Training Completed <input type="checkbox"/> Date</b>	NO TRAINING COMPLETED
<b>Privacy Training Completed <input type="checkbox"/> Date</b>	NO TRAINING COMPLETED

**Message** User details updated successfully.

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

Figure 2.2.4: DSA Demographics – completed

## 2.3 Complete the WSA Access Request Form

You must complete the **WSA Access Request Form**, located within the DSA, to request initial WSA access. Filling out the **WSA Access Request Form** determines your security access role(s). *Once established, all users complete the WSA Access Request Form on an annual basis to maintain WSA access.*

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

Perform the following steps to complete the **WSA Access Request Form** within the DSA:

1. Complete the steps in [2.2 Enter Your DSA Demographic Details](#).

*Note:* You cannot complete the next steps without completing the steps in [2.1 Request DSA Link for MILogin Home Page](#) and [2.2 Enter Your DSA Demographic Details](#) first.

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

*Note:* The access request forms (security forms) available are dependent upon your organization. Each organization has different program access needs.

*A different access request form exists for each WSA program:* Autism Waiver (AUT), Certified Community Behavioral Health Clinic (CCBH), Children’s Waiver Program (CWP), Habilitation Supports Waiver (HSW), Health Home Benefit (HHB), Opioid Health Home (HHO), Integrated Care Organization MI Health Link HCBS Waiver (ICO), MI Care Team Health Home (MIC), and Waiver for Children with Serious Emotional Disturbance (SED).

- Click Select Access Type beside WSA (Figure 2.3.2). The Select Access Type window displays.

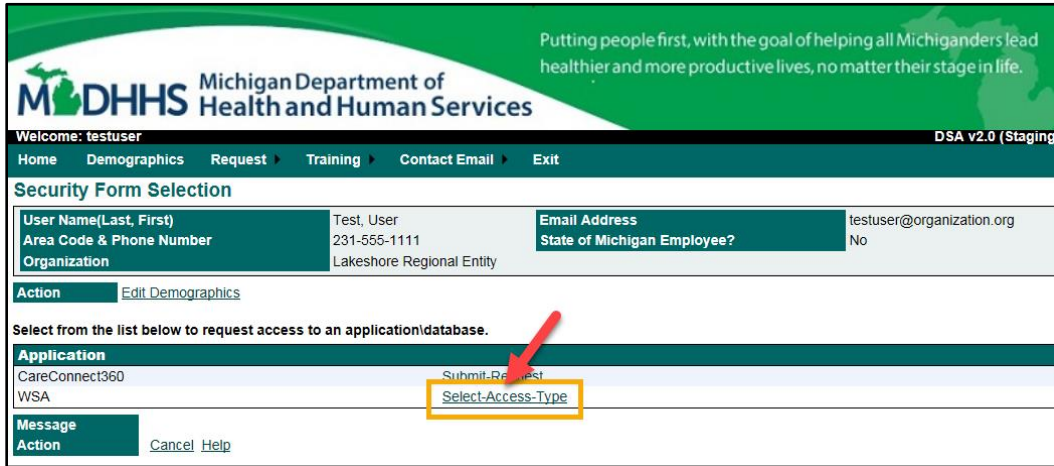


Figure 2.3.2: Security Form Selection

- Click Submit Request beside the WSA program for which you are requesting access (Figure 2.3.3). The associated access request form displays. All WSA programs follow the same steps to request access.

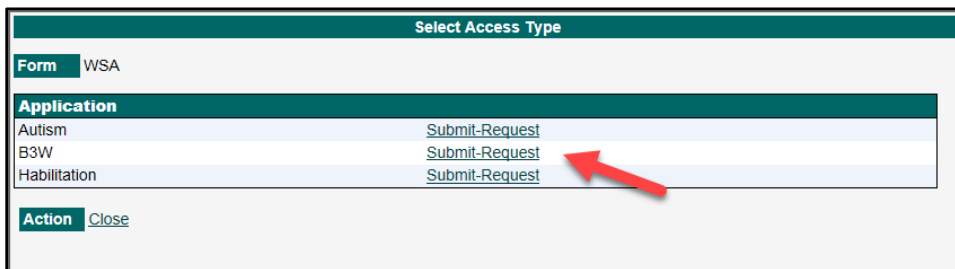


Figure 2.3.3: Select Access Type

- On the **Roles** tab, select your manager from the **Immediate Manager** list (Figure 2.3.4).

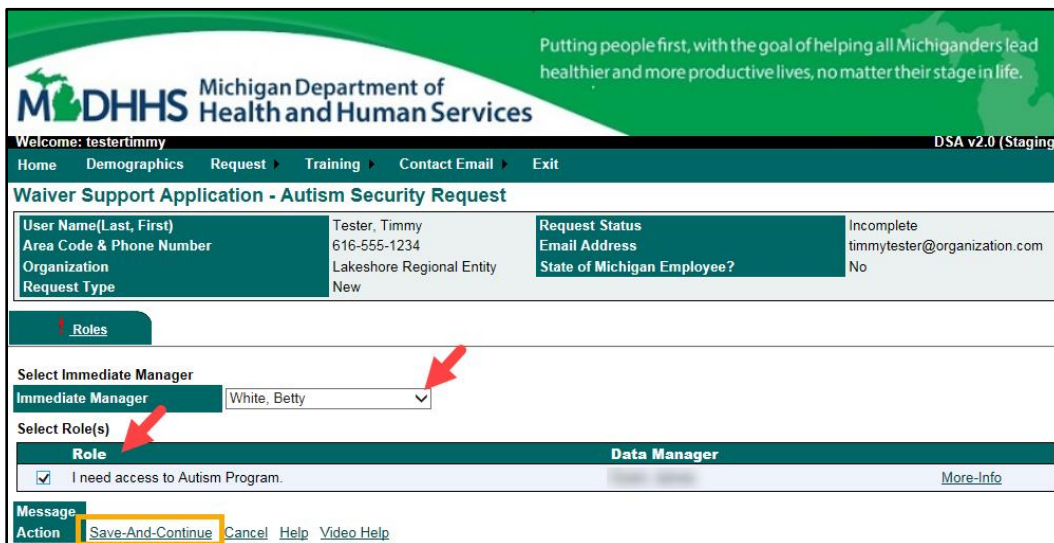
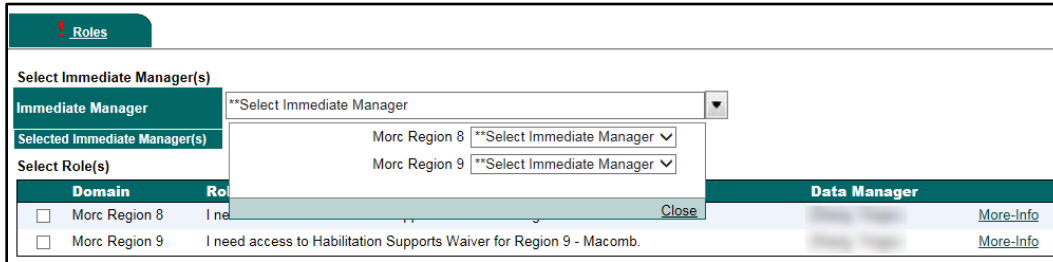


Figure 2.3.4 WSA Access Request Form – Roles



*Note:* Some users work in multiple regions, requiring them to select multiple **Immediate Managers**. In these cases the **Immediate Manager** list presents multiple sub-lists for selection (Figure 2.3.5).



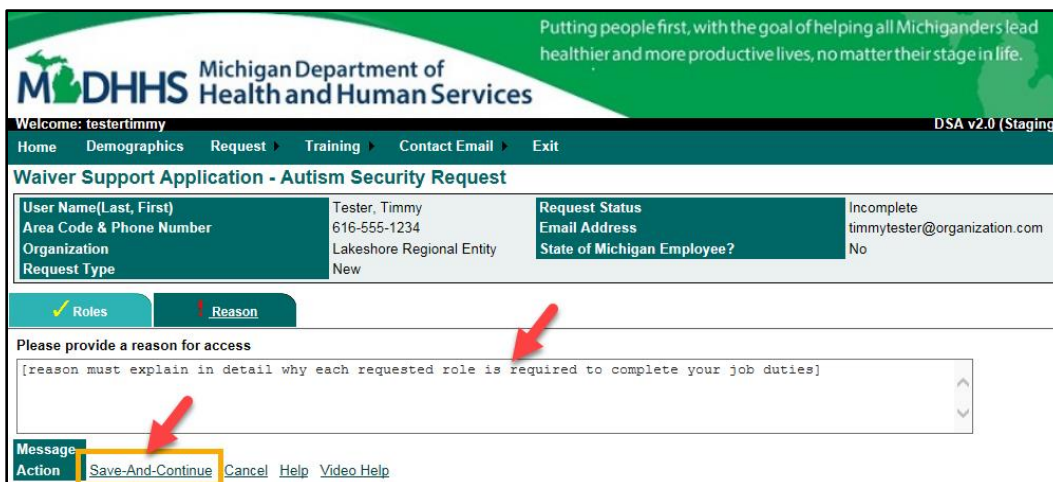
The screenshot shows the 'Roles' tab of the WSA Access Request Form. It features a 'Select Immediate Manager(s)' section with a dropdown menu currently set to '\*\*Select Immediate Manager\*\*'. Below this, two sub-lists are visible for 'Morc Region 8' and 'Morc Region 9', each with its own dropdown menu. A table below lists roles for these regions, with checkboxes for selection. The table has columns for 'Domain', 'Role', and 'Data Manager'. The role for Morc Region 9 is 'I need access to Habilitation Supports Waiver for Region 9 - Macomb'.

Figure 2.3.5: WSA Access Request Form – multiple Immediate Managers example

6. Select the check box beside the **Role** that reflects the functionality needed to perform your job duties (Figure 2.3.4, previous page).
7. Click Save-And-Continue. The form advances to the **Reason** tab.
8. Enter a detailed reason for access, clearly identifying why you require this WSA program access to complete your job duties (Figure 2.3.6).

*Note:* Some programs have multiple role options. When entering your reason, be certain to address each role requested on the **Roles** tab. Reasons lacking detail may be denied.

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



The screenshot shows the 'Reason' tab of the WSA Access Request Form. At the top, it displays the MDHHS logo and the text 'Michigan Department of Health and Human Services'. Below the logo, there is a navigation bar with 'Home', 'Demographics', 'Request', 'Training', 'Contact Email', and 'Exit'. The main content area shows a summary of the request: 'Waiver Support Application - Autism Security Request'. A table displays user information: 'User Name (Last, First): Tester, Timmy', 'Area Code & Phone Number: 616-555-1234', 'Organization: Lakeshore Regional Entity', and 'Request Type: New'. To the right, it shows 'Request Status: Incomplete', 'Email Address: timmytester@organization.com', and 'State of Michigan Employee?: No'. Below this, there are two tabs: 'Roles' (with a checkmark) and 'Reason' (with a red arrow pointing to it). The 'Reason' tab contains a text area with the prompt 'Please provide a reason for access' and a sub-prompt '[reason must explain in detail why each requested role is required to complete your job duties]'. A red arrow points to this text area. At the bottom, there is a 'Message' section with an 'Action' bar containing buttons for 'Save-And-Continue' (highlighted with a yellow box and a red arrow), 'Cancel', 'Help', and 'Video Help'.

Figure 2.3.6: WSA Access Request Form – Reason

10. Review the user agreement and select the *I agree to the rules specified above* check box (Figure 2.3.7).

11. 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: testertimmy DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

### Waiver Support Application - Autism Security Request

User Name (Last, First)	Tester, Timmy	Request Status	Incomplete
Area Code & Phone Number	616-555-1234	Email Address	timmytester@organization.com
Organization	Lakeshore Regional Entity	State of Michigan Employee?	No
Request Type	New		

Roles   
  Reason   
  **User Agreement**

As a user of the WSA-Autism system, I accept and agree to the following:

**To maintain complete confidentiality of the data and any information received from WSA-Autism 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 WSA-Autism only for the purpose of performing my job functions;** any other use is prohibited.

**To not disclose any confidential information** in accordance with Michigan's Ethical Standards Act, including any PHI or other confidential data on portable devices, using encryption methods, workforce memos, or any other means.

**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.

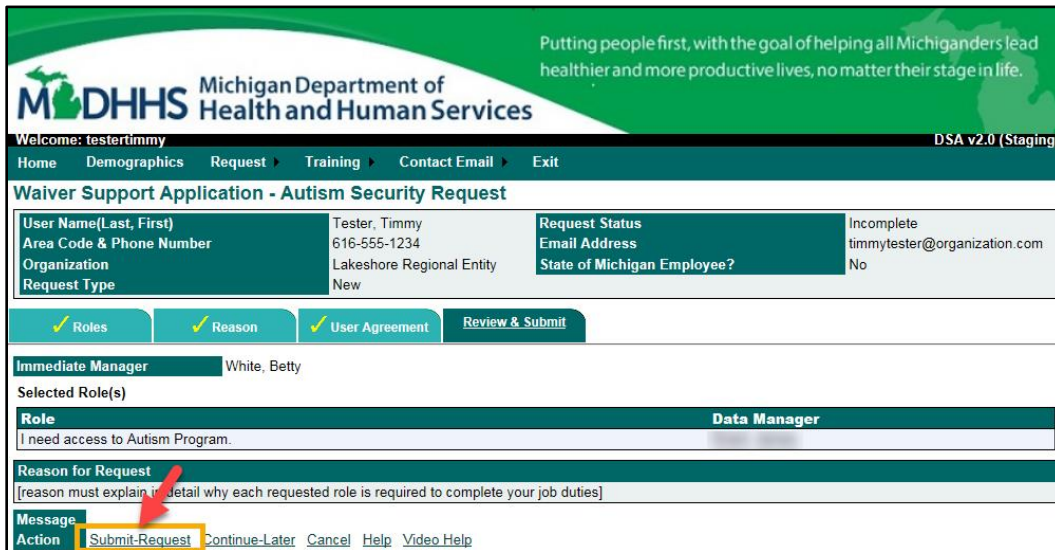
I understand that any violation of this Security Agreement and any applicable laws, rules or regulations may result in disciplinary action taken against me pursuant to Civil Service Rules, and that I may be subject to criminal and civil penalties.

I agree to the rules specified above

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

Figure 2.3.7: WSA Access Request Form – User Agreement

12. Verify your WSA access request details (Figure 2.3.8). 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: testertimmy DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

### Waiver Support Application - Autism Security Request

User Name (Last, First)	Tester, Timmy	Request Status	Incomplete
Area Code & Phone Number	616-555-1234	Email Address	timmytester@organization.com
Organization	Lakeshore Regional Entity	State of Michigan Employee?	No
Request Type	New		

Roles   
  Reason   
  User Agreement   
 **Review & Submit**

Immediate Manager White, Betty

Selected Role(s)

Role	Data Manager
I need access to Autism Program.	

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

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

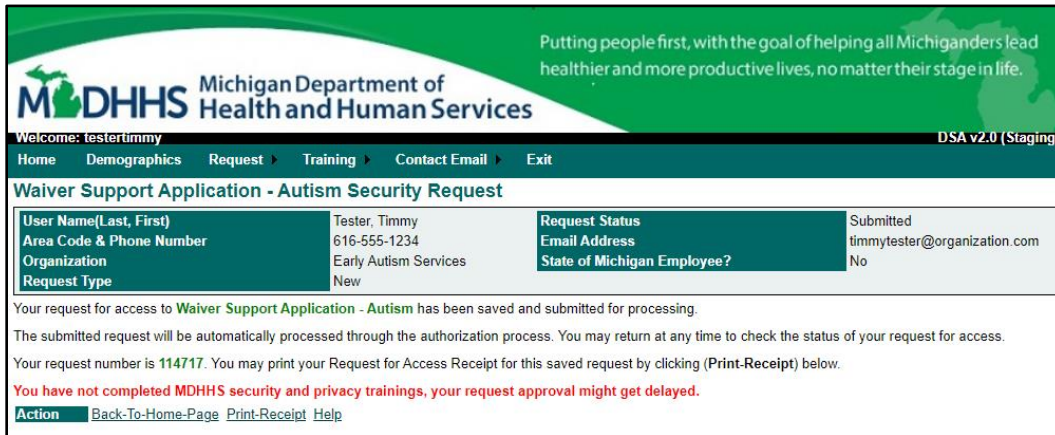
Figure 2.3.8: WSA Access Request Form – Review & Submit



- If everything is correct, click [Submit Request](#). The submission confirmation displays (*Figure 2.3.9*).

*Note:* When your access request is approved within the DSA, you receive an email notification indicating your WSA access role(s) has been approved (not assigned).

- You must continue with and complete the steps in [Chapter 3 Access the WSA for the First Time](#) before your approved access role(s) can be manually assigned.



**Figure 2.3.9: WSA Access Request – submission confirmation**

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

If not current, a red message displays (*Figure 2.3.9*) and your access request halts at the **Training Manager Review** step until you complete the MDHHS privacy and security training sessions. As soon as you become compliant, your WSA access request will automatically continue forward through the review and approval cycle.

## 3 Access WSA for the First Time

**IMPORTANT:** You may already have **WSA Waivers** on your MILogin Home page because you are a current user of a different WSA program than the one you intend to request. *If so, you do not need to repeat this process.* Instead, please continue with the steps in [3.2 Access the WSA Home Page](#).

### 3.1 Request WSA Link for MILogin Home Page

Your approved security role cannot be manually assigned if the WSA does not know you exist, so you must first request the WSA link and access the WSA Home page so the WSA can store your user ID. Remember, you complete the steps in [2 Request WSA Access](#) to obtain your approved security role.

Complete the following steps to request the **WSA Waivers** link on your MILogin Home page:

1. Access MILogin. The MILogin Home page displays.
2. Click **Find Services** > (Figure 3.1.1). The Discover Online Services search page displays.

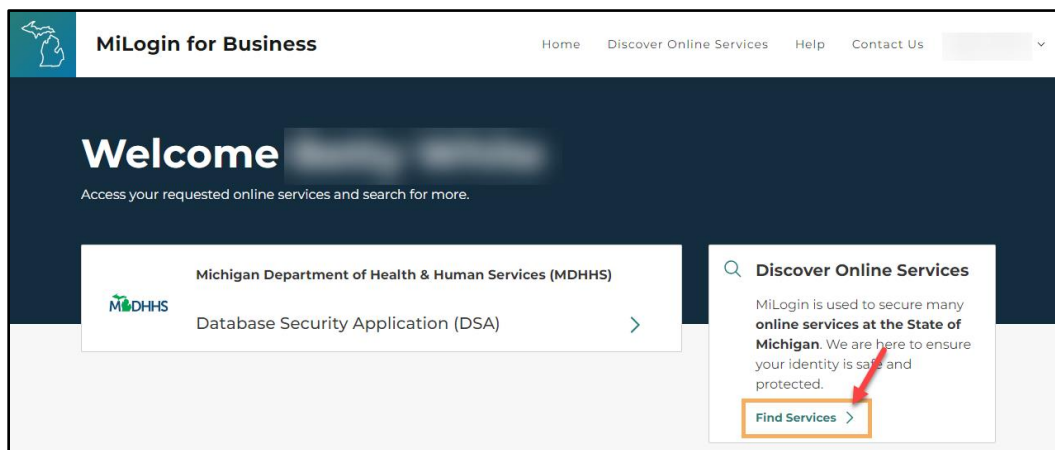


Figure 3.1.1: MILogin Home

3. Enter 'WSA' in the **Search for Services** field (Figure 3.1.2, next page), select the **WSA Waivers** option that displays, and click **Search**.

**-OR-**

Select 'Michigan Department of Health & Human Services (MDHHS)' in the **Filter by Departments** list (Figure 3.1.2, lower left), scroll through the list of MDHHS applications that displays, and locate the **WSA Waivers** option.

*Note:* If WSA Waivers does not appear in the list, you already have the **WSA Waivers** link on your MILogin Home page. Please continue with the steps in [3.2 Access the WSA Home Page](#).

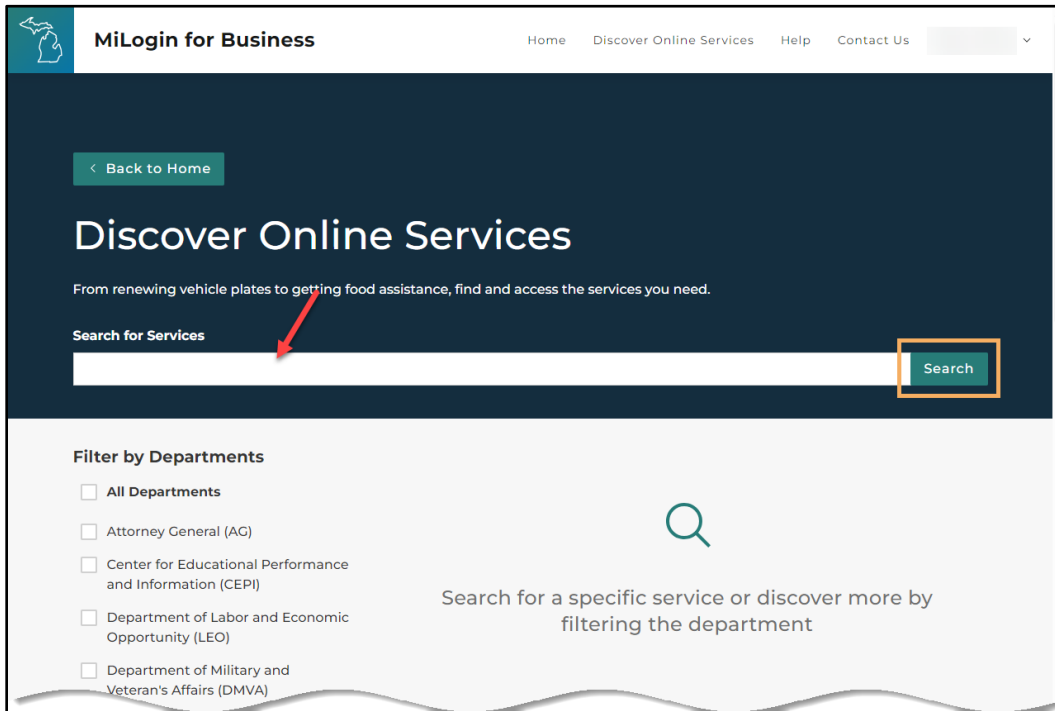


Figure 3.1.2: Discover Online Services

- Click the arrow beside **WSA Waivers** (Figure 3.1.3). The WSA Terms & Conditions display.

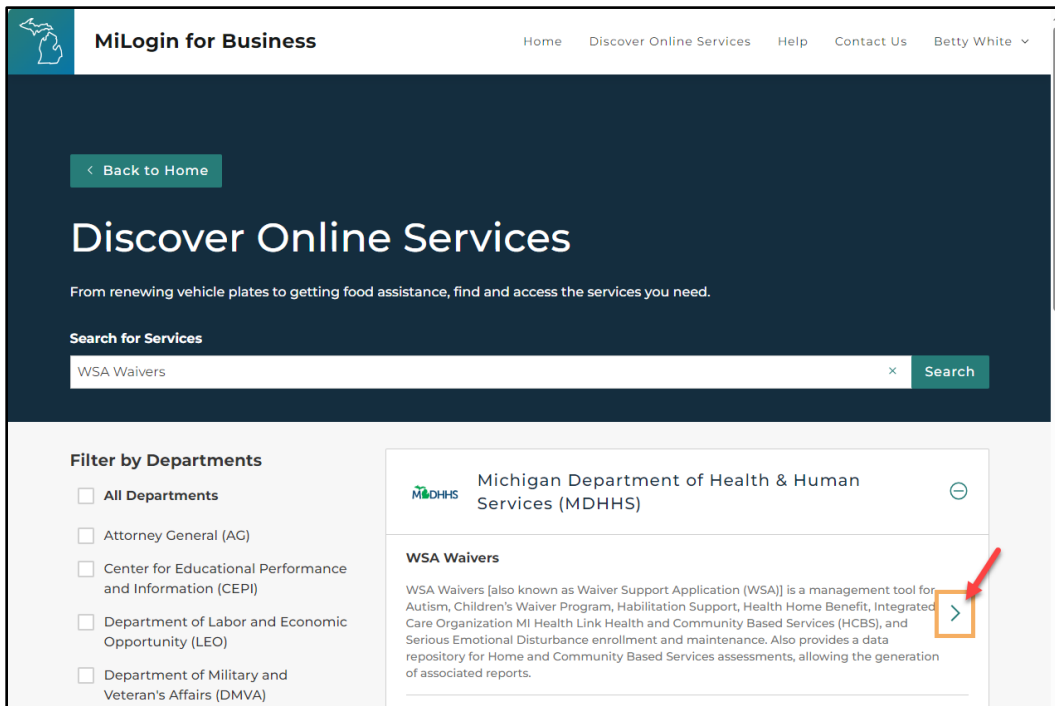


Figure 3.1.3: Discover Online Services

- Review the terms and conditions (Figure 3.1.4), then select ***I agree to the Terms & Conditions***.

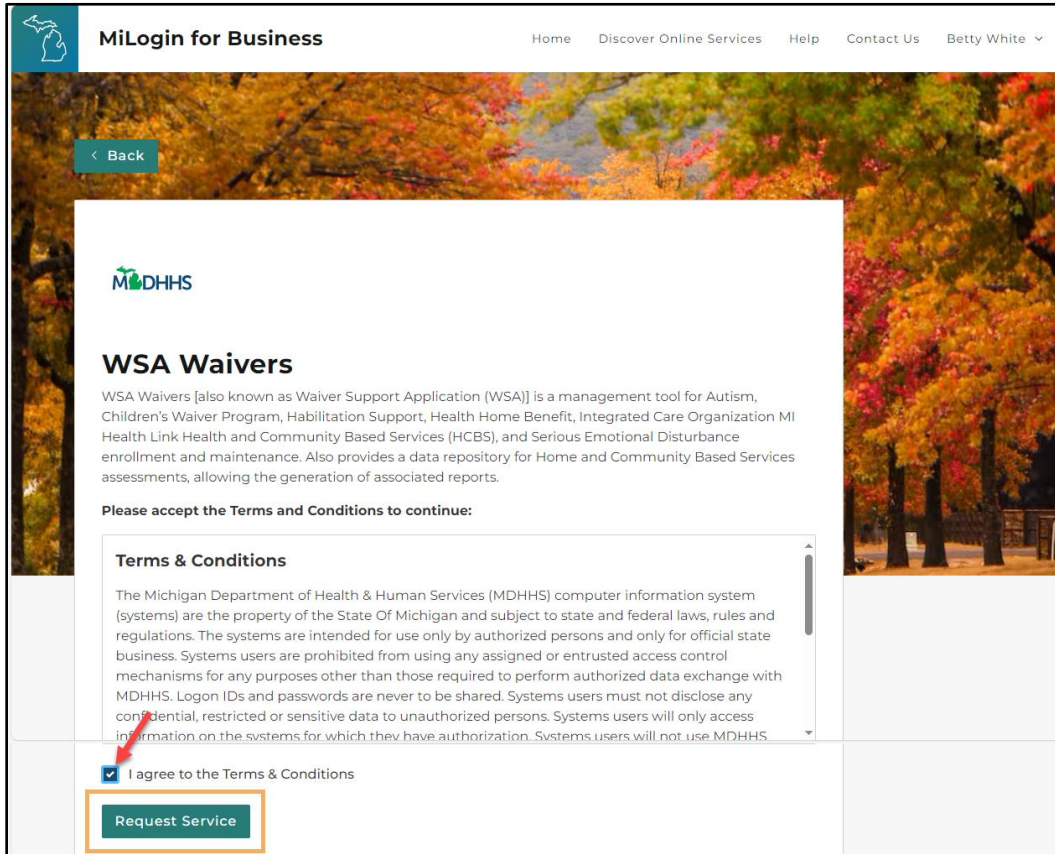


Figure 3.1.4: WSA Terms & Conditions

- Click **Request Service**. The request confirmation page displays (Figure 3.1.5).

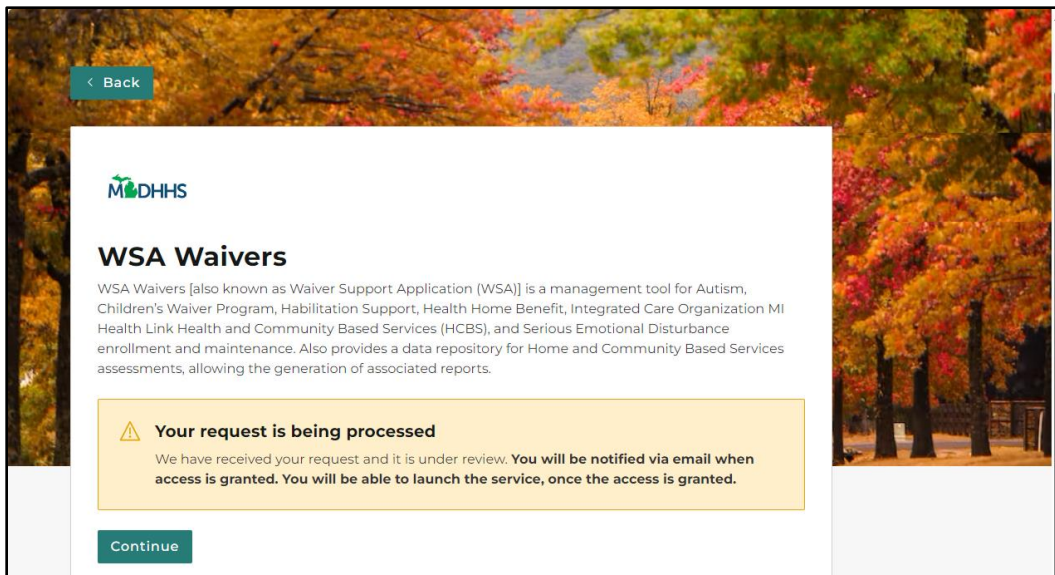


Figure 3.1.5: Request Confirmation

7. You will receive an email notification from MILogin when **WSA Waivers** is added to your MILogin Home page. Once the link appears, *it is important to continue with the steps* in [3.2 Access the WSA Home Page](#). You have not completed the access request process if you do not complete the steps in section 3.2.

## 3.2 Access the WSA Home Page

Complete the following steps to access the WSA Home page for the first time:

1. Complete the steps in [3.1 Request WSA Link for MILogin Home Page](#).

*Note:* You cannot complete the next steps without completing the steps in [3.1 Request WSA Link for MILogin Home Page](#) first.

2. Click **WSA Waivers** (*Figure 3.2.1*).

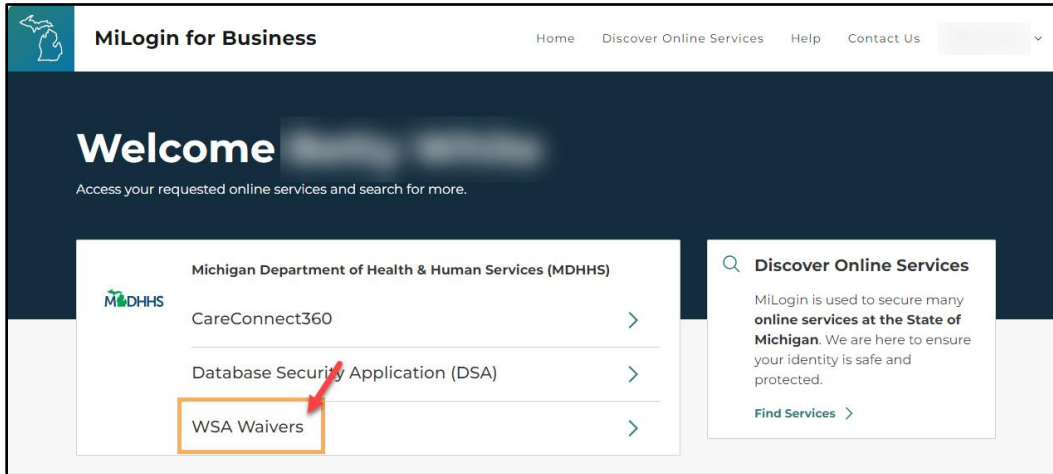


Figure 3.2.1: MILogin Home

3. Review the WSA terms and conditions (*Figure 3.2.2, next page*).
4. Click ***I agree to the Terms & Conditions***.
5. Click **Launch Service**.



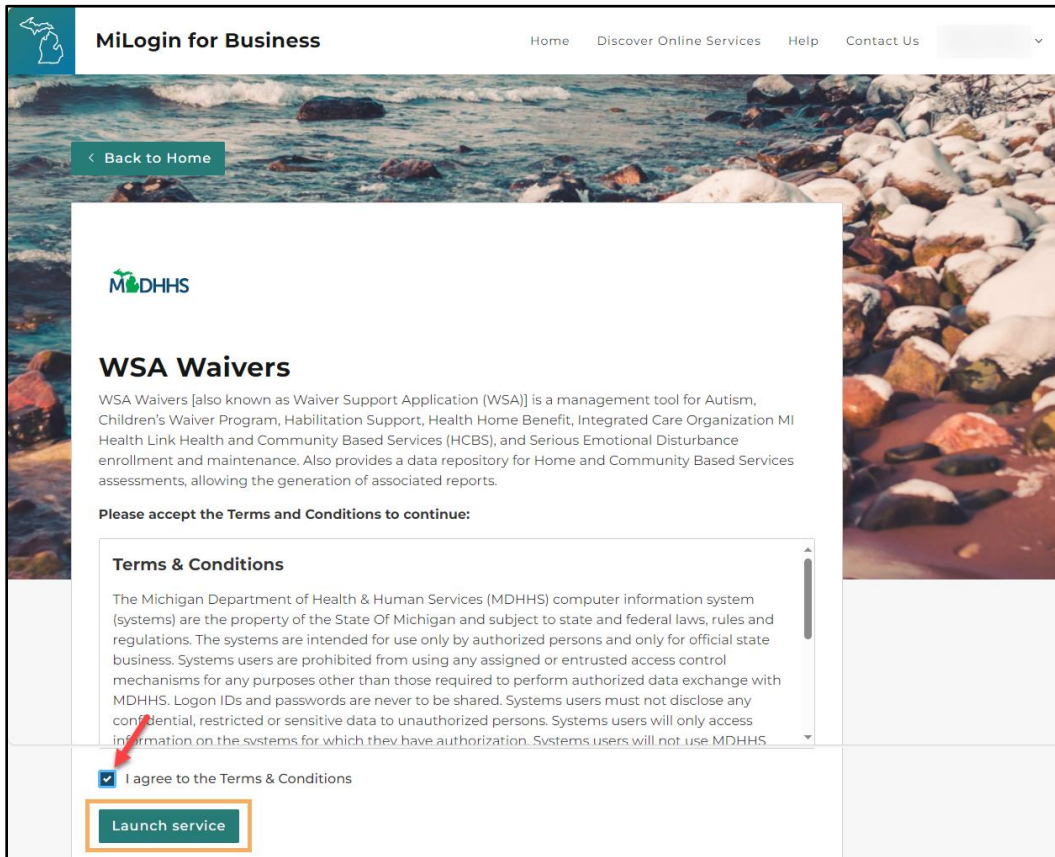


Figure 3.2.2: WSA Terms & Conditions

*Note: Every 24 hours, users outside the SOM network are required to perform an additional security measure called multifactor authentication (MFA).*

If a user logs into the WSA at 9am on a Tuesday, the MFA will last until 8:59am Wednesday. If the user logs out or “times out” of the WSA and logs back in prior to the end of that 24-hour period, MFA will not need to be performed again.

However, if the user logs out/times out of the WSA and does not log back in prior to the end of that 24-hour period, MFA will need to be performed again.

6. Select a verification method on the Multifactor authentication page (Figure 3.2.3, next page) to obtain and enter the passcode required to continue.
7. Upon completion, MiLogin automatically continues logging you in.



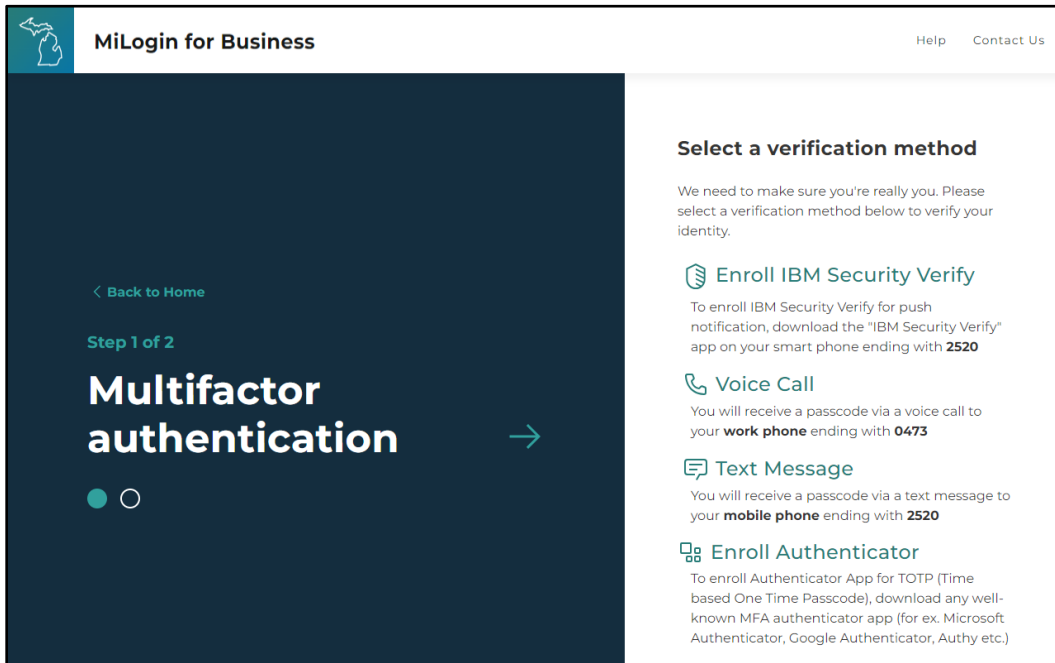


Figure 3.2.3: Multifactor Authentication

8. **IMPORTANT:** The first time you access the WSA (e.g., the first time you click **WSA Waivers** on the MiLogin Home page) the Demographic Form displays (*Figure 3.2.4, next page*), otherwise the WSA Home page displays.
  - a. Enter your **First Name**.
  - b. Enter your **Last Name**.
  - c. Enter your work **Phone Number**.
  - d. Enter your work **Email Address**.
  - e. Click Update. The WSA Home page displays (*Figure 3.2.5*).

*Note:* This action notifies the Administrator that you exist in WSA and are ready for your security role to be assigned once approved.

Remember, your WSA functionality is not enabled until you complete all the steps in [Chapter 2](#) and [Chapter 3](#), your access request is reviewed and approved, and your security role (access) is manually assigned.



Figure 3.2.4: WSA Demographic Form

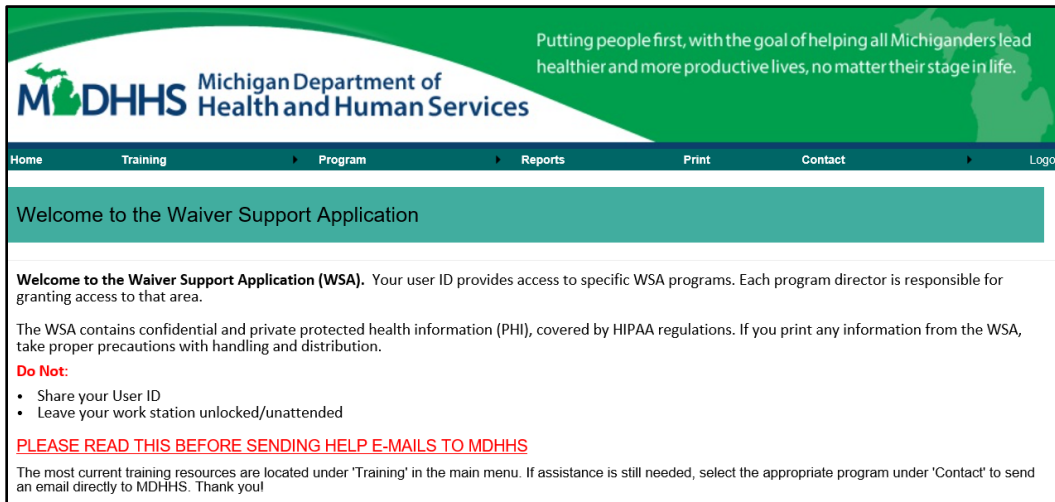


Figure 3.2.5: WSA Home

## 4 Track Your WSA Access Request Status

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

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

1. Access the **Database Security Application (DSA)** through MiLogin (*Figure 4.1*).

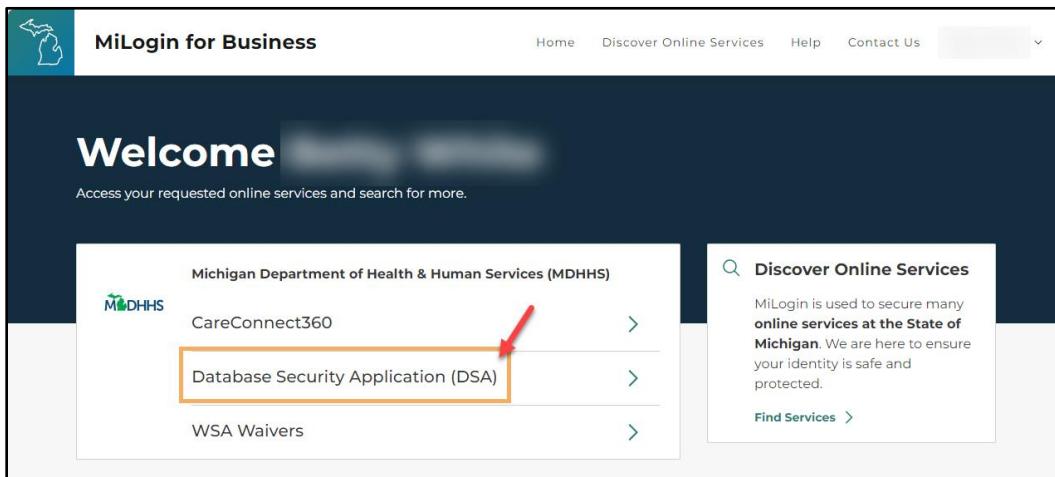


Figure 4.1: MiLogin Home

2. Select **Application Access** from the **Request** sub-menu (*Figure 4.2*). The Security Form Selection page displays.



Figure 4.2: DSA Home

- Click Select Access Type beside WSA (Figure 4.3). The Select Access Type window displays.

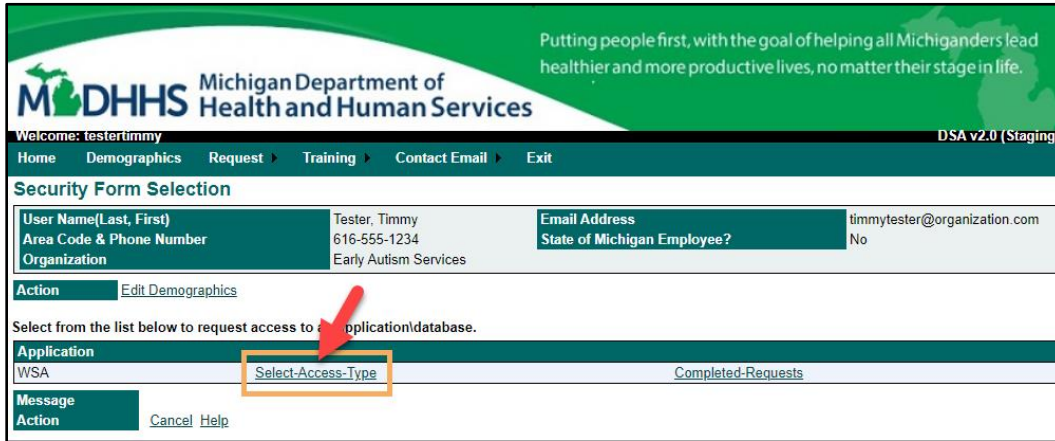


Figure 4.3: Security Form Selection

- Click View Request Status beside the WSA program for which you are awaiting approval (Figure 4.4).

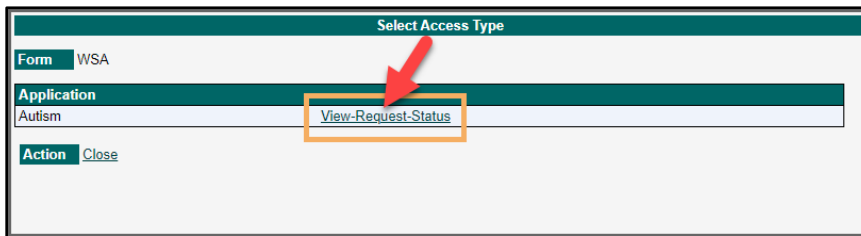


Figure 4.4: Select Access Type

- Each review step initially displays as collapsed. Click the double-arrow beside each step to expand the details (Figure 4.5, next page, red circles).
- Check the **Review Status** (i.e., Unreviewed, Approved, Denied) and review any associated **Review Comments**.

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

If not current, your access request will halt at the first review step, **Training Manager Review** (Figure 4.5, next page), 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 as listed.

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

Welcome: testertimmy DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

<b>Request ID</b>	114717	<b>Request Status</b>	Submitted
<b>User</b>	Tester, Timmy - (testertimmy)	<b>Email Address</b>	timmytester@organization.com
<b>Area Code &amp; Phone Number</b>	616-555-1234	<b>State of Michigan Employee?</b>	No
<b>Organization</b>	Early Autism Services	<b>Date Submitted</b>	6/18/2021 2:04:00 PM
<b>Request Type</b>	New	<b>Request Term</b>	Annual

**Request Details - Waiver Support Application - Autism**

**User Demographics**

User Details (Show Details) [icon]

**Role(s) Selected**

<b>Role(s) (Hide Details)</b> [icon]	
<b>Role</b>	<b>Data Manager</b>
I need access to Autism Program. <a href="#">More-Info</a>	

**Request Reason**

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

**Review(s)**

<b>Training Manager Review (Hide Details)</b> [icon]				
<b>Training Manager</b>	<b>Review Date</b>	<b>Reviewed By</b>	<b>Review Status</b>	<b>Review Comments</b>
			Unreviewed	

<b>Immediate Manager Review (Hide Details)</b> [icon]				
<b>Immediate Manager</b>	<b>Review Date</b>	<b>Reviewed By</b>	<b>Review Status</b>	<b>Review Comments</b>
			Unreviewed	

<b>Data Manager Review (Hide Details)</b> [icon]						
<b>Role</b>	<b>Data Manager</b>	<b>Review Date</b>	<b>Reviewed By</b>	<b>Review Status</b>	<b>Review Comments</b>	<b>Director Comments</b>
I need access to Autism Program.				Unreviewed		

<b>Director Review (Hide Details)</b> [icon]				
<b>Director</b>	<b>Review Date</b>	<b>Reviewed By</b>	<b>Review Status</b>	<b>Review Comments</b>
			Unreviewed	

<b>Security Administrator Review (Hide Details)</b> [icon]			
<b>Security Administrator</b>	<b>Completed Date</b>	<b>Completed By</b>	<b>Review Comments</b>

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

Figure 4.5: WSA Request Details – Autism example – all review levels expanded

## 5 Renew Your WSA Access Annually

All users must complete the **WSA Access Request Form** annually to renew/maintain WSA access. If the form is not completed prior to the annual expiration date, WSA access will be removed.

When renewing, the access request form displays with the user’s current access already selected. Upon submission, the WSA access request progresses through the review and approval cycle. Requests must be marked approved to maintain WSA access.

Perform the following steps to renew and maintain your WSA access:

1. Access the DSA.
2. Select **Application Access** from the **Request** sub-menu (*Figure 5.1*). The Security Form Selection page displays.



Figure 5.1: DSA Home

3. Click Select Access Type beside WSA (*Figure 5.2*). The Select Access Type window displays.

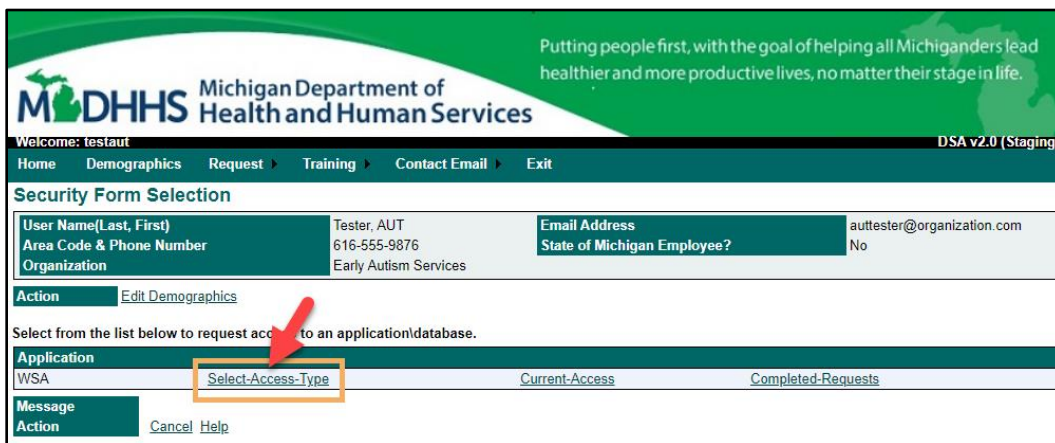
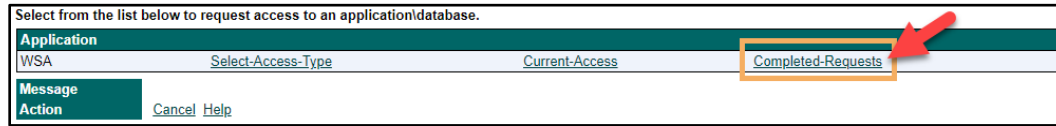


Figure 5.2: Security Form Selection



**TIP:** To complete the renewal process you must enter your reason for WSA access. If your job duties have not changed, you can copy and paste the reason from your most recently approved request by clicking Completed Requests on the Security Access Form page (Figure 5.3). Click View beside the request (Figure 5.4), then find and copy your previous reason for access. You will paste the reason in step 8 (on the **Reason** tab).



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

Application	WSA	Select-Access-Type	Current-Access	<b>Completed-Requests</b>
Message				
Action	Cancel Help			

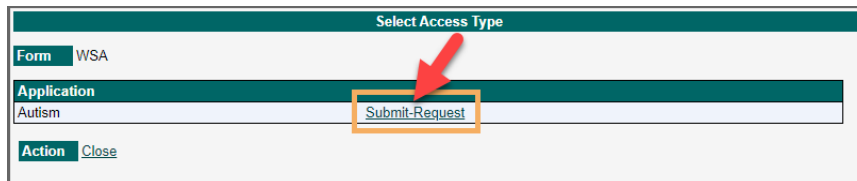
Figure 5.3: Security Form Selection



Form	Access Type	Request ID	Request Type	Date Submitted	Completion Reason	
WSA	Autism	121070	New	7/13/2021 10:32:00 AM	Request has been approved and access has been granted by the Security Administrator	<b>View</b> Print

Figure 5.4: Security Form Selection – Completed Requests

- Click Submit Request beside the WSA program for which you are renewing access (Figure 5.5). The access request form displays.

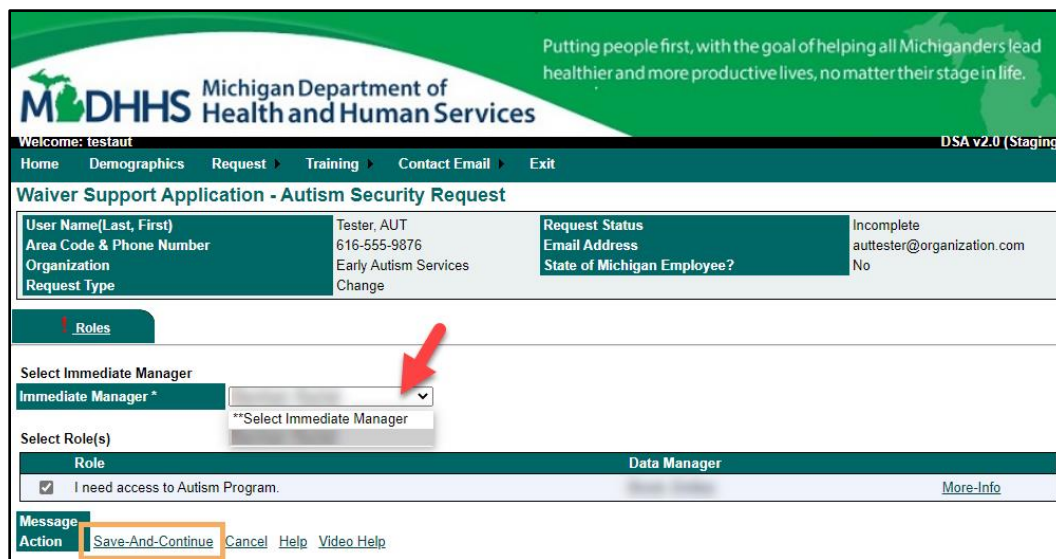


Select Access Type

Form	WSA
Application	Autism
Action	Close

Figure 5.5: Select Access Type

- Select your **Immediate Manager** from the list (Figure 5.6).



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Welcome: testaut DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

Waiver Support Application - Autism Security Request

User Name (Last, First)	Tester, AUT	Request Status	Incomplete
Area Code & Phone Number	616-555-9876	Email Address	auttester@organization.com
Organization	Early Autism Services	State of Michigan Employee?	No
Request Type	Change		

**Roles**

Select Immediate Manager

Immediate Manager \* **\*\*Select Immediate Manager**

Select Role(s)

Role	Data Manager
<input checked="" type="checkbox"/> I need access to Autism Program.	<a href="#">More-Info</a>

Message

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

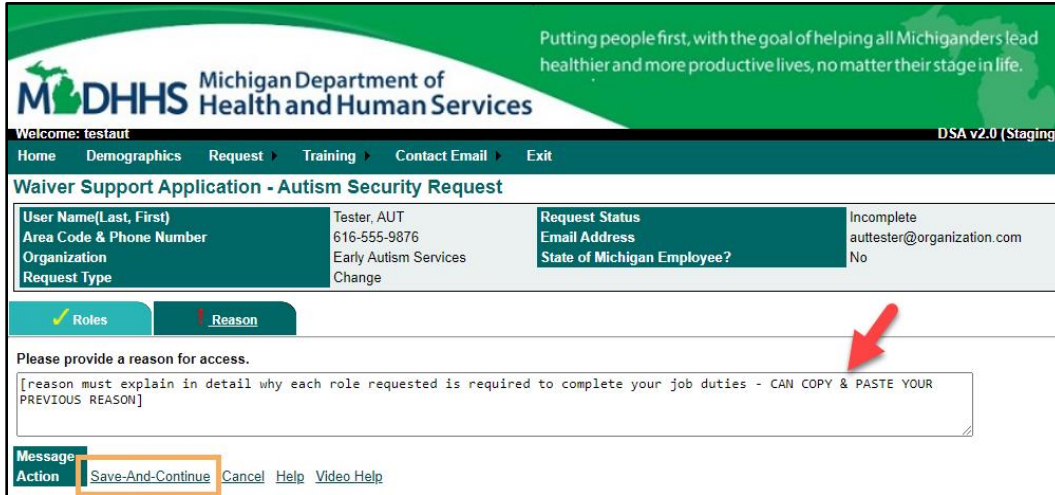
Figure 5.6: WSA Access Request Form – Roles

**IMPORTANT:** The access request form displays with your **most recently approved role(s)** already selected on the **Roles** tab. Do not remove/deselect your current role(s) unless you no longer need that access.

- Confirm your **Role** selections (Figure 5.6, previous page). Only update if necessary.



7. Click Save and Continue. The form advances to the **Reason** tab.
8. Enter (or paste, [see TIP above](#)) your detailed reason for WSA access (*Figure 5.7*).
9. Click Save and Continue. The form advances to the **User Agreement** tab.



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Welcome: testaut DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

**Waiver Support Application - Autism Security Request**

User Name (Last, First)	Tester, AUT	Request Status	Incomplete
Area Code & Phone Number	616-555-9876	Email Address	auttester@organization.com
Organization	Early Autism Services	State of Michigan Employee?	No
Request Type	Change		

Roles
  Reason

Please provide a reason for access.

[reason must explain in detail why each role requested is required to complete your job duties - CAN COPY & PASTE YOUR PREVIOUS REASON]

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

Figure 5.7: WSA Access Request Form – Reason

10. Review the user agreement (*Figure 5.8*).
11. Select the *I agree to the rules specified above* check box.
12. 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: testaut DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

**Waiver Support Application - Autism Security Request**

User Name (Last, First)	Tester, AUT	Request Status	Incomplete
Area Code & Phone Number	616-555-9876	Email Address	auttester@organization.com
Organization	Early Autism Services	State of Michigan Employee?	No
Request Type	Change		

Roles
  Reason
  User Agreement

As a user of the Waiver Support Application - Autism system, I accept and agree to the following:

*To maintain complete confidentiality of the data and any information received from Waiver Support Application - Autism as required by Federal and State laws*

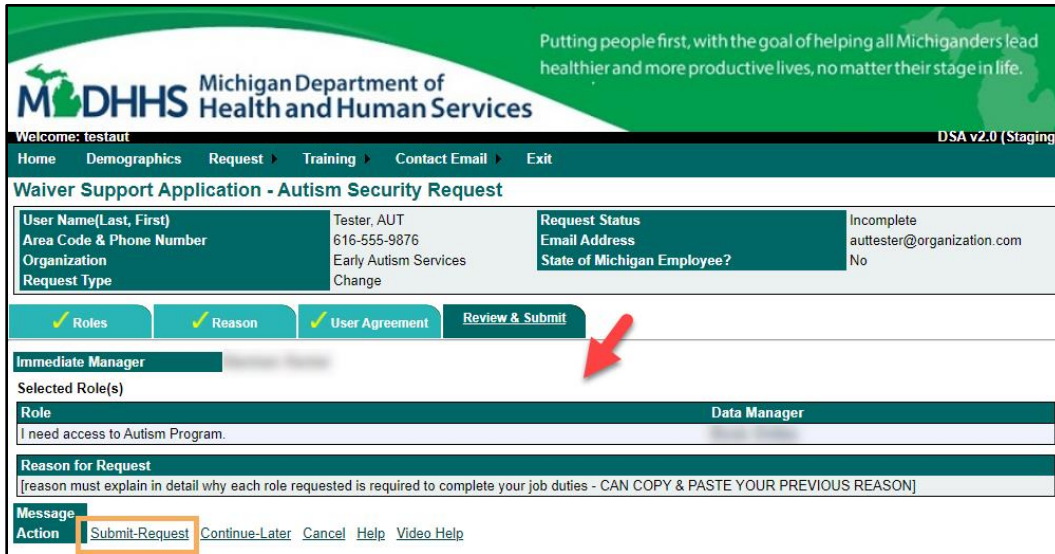
I understand that any violation of this Security Agreement and any applicable laws, rules or regulations may result in disciplinary action taken against me pursuant to Civil Service Rules, and that I may be subject to criminal and civil penalties.

I agree to the rules specified above

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

Figure 5.8: WSA Access Request Form – User Agreement

- Verify your access request details (Figure 5.9). If changes are needed prior to submission, click the tab to return, update, and re-save.



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Welcome: testaut DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

### Waiver Support Application - Autism Security Request

User Name (Last, First)	Tester, AUT	Request Status	Incomplete
Area Code & Phone Number	616-555-9876	Email Address	auttester@organization.com
Organization	Early Autism Services	State of Michigan Employee?	No
Request Type	Change		

Roles
  Reason
  User Agreement

Immediate Manager: [Redacted]

Selected Role(s):

Role	Data Manager
I need access to Autism Program.	[Redacted]

Reason for Request  
 [reason must explain in detail why each role requested is required to complete your job duties - CAN COPY & PASTE YOUR PREVIOUS REASON]

Message  
 Action:

Figure 5.9: WSA Access Request Form – Review & Submit

- If everything is correct, click Submit Request (Figure 5.9, above). The submission confirmation displays (Figure 5.10) and the review and approval cycle begins.



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MDHHS Michigan Department of Health and Human Services

Welcome: testaut DSA v2.0 (Staging)

Home Demographics Request Training Contact Email Exit

### Waiver Support Application - Autism Security Request

User Name (Last, First)	Tester, AUT	Request Status	Submitted
Area Code & Phone Number	616-555-9876	Email Address	auttester@organization.com
Organization	Early Autism Services	State of Michigan Employee?	No
Request Type	Change		

Your request for access to **Waiver Support Application - Autism** 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 121071. You may print your Request for Access Receipt for this saved request by clicking ([Print-Receipt](#)) below.

Action:

Figure 5.10: WSA Access Request Form Submission Confirmation

**REMINDER:** Due to protected health information contained within the WSA, users are also required to complete MDHHS privacy and security training sessions annually. This training must be current to renew WSA access.

If not current, your renewal request halts at the **Training Manager Review** step until you complete the MDHHS privacy and security training sessions. As soon as you become compliant, your renewal request automatically moves forward through the review and approval cycle.