

## Developmental Disabilities Administration Provider Consumer Information Systems (PCIS2) Logon Request Form

**INSTRUCTIONS:**

1. Section I must be completed or this request will not be processed.
2. Use the "User Roles and access rights" to complete Section II.
3. Obtain necessary signatures as indicated in Section III.
4. Submit completed and signed application to:
 

Operations Unit  
Developmental Disabilities Administration  
201 West Preston Street  
Baltimore, Maryland 21201

You may also fax it to **410-767-5850**
5. Call 410-767-0747 or e-mail: Helpdesk.dda@maryland.gov for assistance or questions on how to complete this form. You will receive an e-mail notification at the address on this form when completed.

<b>SECTION I:</b>				
<b>Please check only one</b>				
DDA Licensed Provider Agency	<input type="checkbox"/>			
Coordination of Community Services Provider	<input type="checkbox"/>			
DDA Regional Office	CMRO <input type="checkbox"/>	ESRO <input type="checkbox"/>	SMRO <input type="checkbox"/>	WMRO <input type="checkbox"/>
DDA Headquarters	<input type="checkbox"/>			
Other DHMH Administration	<input type="checkbox"/>			
Provider No / Facility ID assigned by OHCQ (Required)				
ORGANIZATION NAME:				
USER LAST NAME (Print):				
USER FIRST NAME (Print):				
TELEPHONE:				
<b>E-MAIL ADDRESS (Required):</b>				

**SECTION II: REQUESTED PRIVILEGES:**

**Licensee / Provider Agency: check access levels below (Not more than 4):**

- |                                      |   |
|--------------------------------------|---|
| Director <input type="checkbox"/>    | QA/PORII <input type="checkbox"/>                 |
| Attendance <input type="checkbox"/>  | QA/PORII Supervisor <input type="checkbox"/>      |
| Fiscal <input type="checkbox"/>      | QA/PORII Data Specialist <input type="checkbox"/> |
| Program <input type="checkbox"/>     | QA/PORII Read Only <input type="checkbox"/>       |
| Direct Care <input type="checkbox"/> | General User / Read Only <input type="checkbox"/> |
| LISS <input type="checkbox"/>        |   |

**Resource Coordination Roles – Please check access levels below (Not more than 4):**

- |  |                          |                     |                          |
|--|--------------------------|---------------------|--------------------------|
| Resource Coordinator                   | <input type="checkbox"/> | QA/PORII            | <input type="checkbox"/> |
| Resource Coordinator Supervisor        | <input type="checkbox"/> | QA/PORII Supervisor | <input type="checkbox"/> |
| Resource Coordinator Read Only         | <input type="checkbox"/> |                     |                          |
| Resource Coordinator Data Specialist   | <input type="checkbox"/> |                     |                          |
| Resource Coordinator Invoice Processor | <input type="checkbox"/> |                     |                          |

**DDA Regional Office Staff: check 1 or more of the access levels below:**

- |                        |                          |                          |                          |
|------------------------|--------------------------|--------------------------|--------------------------|
| Regional Director      | <input type="checkbox"/> | LISS                     | <input type="checkbox"/> |
| Eligibility Unit       | <input type="checkbox"/> | LISS View Only           | <input type="checkbox"/> |
| Fiscal Unit Supervisor | <input type="checkbox"/> | Log View                 | <input type="checkbox"/> |
| Fiscal Unit            | <input type="checkbox"/> | WPH                      | <input type="checkbox"/> |
| Operations Unit        | <input type="checkbox"/> | WPH View All             | <input type="checkbox"/> |
| Programs Unit          | <input type="checkbox"/> | General User / Read Only | <input type="checkbox"/> |
| Quality Assurance      | <input type="checkbox"/> | General User Enhanced    | <input type="checkbox"/> |
| PASRR                  | <input type="checkbox"/> |                          |                          |
| PASRR View Only        | <input type="checkbox"/> | Super User               | <input type="checkbox"/> |

**DDA Headquarters Office Staff: check 1 or more of the access levels below:**

- |                     |                          |                                |                          |                |                          |
|---------------------|--------------------------|--------------------------------|--------------------------|----------------|--------------------------|
| DDA HQ Director     | <input type="checkbox"/> | Log Unit Award - Update        | <input type="checkbox"/> | LISS           | <input type="checkbox"/> |
| DBA                 | <input type="checkbox"/> | Log Unit Approval Only         | <input type="checkbox"/> | LISS Update    | <input type="checkbox"/> |
| Developer           | <input type="checkbox"/> | Log report view unapproved     | <input type="checkbox"/> | WPH            | <input type="checkbox"/> |
| CFO                 | <input type="checkbox"/> | Invoice Update Receipt         | <input type="checkbox"/> | WPH View Only  | <input type="checkbox"/> |
| Budget              | <input type="checkbox"/> | Alter Operational Days         | <input type="checkbox"/> | BSS Provider   | <input type="checkbox"/> |
| Contracts           | <input type="checkbox"/> | Alter Previous FY              | <input type="checkbox"/> | MHA QA         | <input type="checkbox"/> |
| Contracts View Only | <input type="checkbox"/> | MMIS Reports                   | <input type="checkbox"/> | MDLC           | <input type="checkbox"/> |
| Rates               | <input type="checkbox"/> | Waiting List                   | <input type="checkbox"/> | MDLC Read Only | <input type="checkbox"/> |
| Fiscal Unit         | <input type="checkbox"/> | Waiver                         | <input type="checkbox"/> | MFUC           | <input type="checkbox"/> |
| Logs                | <input type="checkbox"/> | Utilization Review - Insert    | <input type="checkbox"/> | OHCQ           | <input type="checkbox"/> |
| Log Unit Award      | <input type="checkbox"/> | Utilization Review – Read Only | <input type="checkbox"/> | PASRR          | <input type="checkbox"/> |
| Log View            | <input type="checkbox"/> | Utilization Review - Update    | <input type="checkbox"/> | PCA / DCAR     | <input type="checkbox"/> |
| Log forms - Add     | <input type="checkbox"/> | Helpdesk                       | <input type="checkbox"/> | SMA            | <input type="checkbox"/> |
| Log forms - Update  | <input type="checkbox"/> | Helpdesk Supervisor            | <input type="checkbox"/> |                |                          |
| Log report          | <input type="checkbox"/> | Helpdesk Late Certify          | <input type="checkbox"/> |                |                          |
| Logs Processors     | <input type="checkbox"/> | General User / Read Only       | <input type="checkbox"/> |                |                          |

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION III: SIGNATURES:**

**For DDA Provider Agencies and CCS Providers Only**

Name of Organization CEO or Designee (Print First & Last Names): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DDA Assistant Director for Provider Management

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**For DDA Regional Offices Only**

Employee Supervisor (Print First & Last Names): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Regional Director

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**For DDA Headquarters and Other DHMH Staff Only:**

Employee Supervisor (Print First & Last Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR DDA OPERATION UNIT USE ONLY \*\*\*\*\*DO NOT WRITE BELOW THIS LINE**

DDA Assistant Director for DDA operation

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVED**  **DENIED**

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ASSIGNED LOGIN ID																			
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