

Medica Access Request for State Programs

User Access Request:

	Add a New User
	Revised MnCHOICES Access
	MNSP Access for completing RS Tools with legacy documents
	MMIS User (Must include confidentiality agreement)
	Edit an Existing User
	Reactivate a User
	Deactivate a User
	Add an Agency/Agency Combination to a User

User Information:

Logon ID: (PW or X Number - If requesting a new login ID type 'New')										
Prefix Title: (Ms., Mr., or Dr.)										
First Name:	Middle Initial: (Use NA if none)									
Last Name:										
Former Name(s):										
Phone:										
Agency Email:										
Job Title:										
Contractor/Temporary Worker:										
Supervisor's Name:										
Supervisor's Logon ID:										
Street Address:										
City:	Zip:									
MnCHOICES Roles: (Select all that apply)										
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Certified Assessor</td> <td style="width: 33%;">Care Coordinator MSHO/MSC+</td> <td style="width: 33%;"></td> </tr> <tr> <td>Care Coordinator SNBC</td> <td>Support Staff</td> <td>Rate Staff Agency Reports</td> </tr> <tr> <td>Lead Agency Supervisor</td> <td>Delegate Supervisor</td> <td></td> </tr> </table>		Certified Assessor	Care Coordinator MSHO/MSC+		Care Coordinator SNBC	Support Staff	Rate Staff Agency Reports	Lead Agency Supervisor	Delegate Supervisor	
Certified Assessor	Care Coordinator MSHO/MSC+									
Care Coordinator SNBC	Support Staff	Rate Staff Agency Reports								
Lead Agency Supervisor	Delegate Supervisor									
TrainLink ID: (Certified Assessor only)										
MnCHOICES Location Name: (Delegate/Medica)										
How will this access be used: (Specific task that will be performed)										

Required [Handling MN Information Securely](#) Trainings:

Course	Date Completed (Required annually)
Data Security and Privacy	
How to Protect Information	
Managing Security Information Problems	
Federal Tax Information	
Social Security Administration Information	
Protected Health Information	
Data Security for County Staff and Assisters	

Please send completed form as an email attachment to Medica's Security Liaison kristi.hocking@medica.com