MARYLAND Department of Health

This box is for DDA Official use
Ticket # _____

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

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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: DDA Service Desk
    Developmental Disabilities Administration
    201 West Preston Street
    Baltimore, Maryland 21201

    All requests must be received via email

5. Call 410-767-0747 or e-mail: Servicedesk.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.

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

SECTION II: REQUESTED PRIVILEGES:
Licensee / Provider Agency: check access levels below (Not more than 4):

Director	☐	QA/PORII	☐
Attendance	☐	QA/PORII Supervisor	☐
Fiscal	☐	QA/PORII Data Specialist	☐
Program	☐	QA/PORII Read Only	☐
Direct Care	☐	General User / Read Only	☐
LISS	☐		

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

Community Coordination	☐	QA/PORII	☐
Community Coordination Supervisor	☐	QA/PORII Supervisor	☐
Community Coordination Read Only	☐	QA/PORII/ Read Only	☐
Community Coordination Data Specialist	☐	QA/PORII Data Specialist	☐
Community Coordination Invoice Processor	☐		

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

Regional Director	☐	LISS	☐
Eligibility Unit	☐	LISS View Only	☐
Fiscal Unit Supervisor	☐	Log View	☐
Fiscal Unit	☐	WPH	☐
Operations Unit	☐	WPH View All	☐
Programs Unit	☐	General User / Read Only	☐
Quality Assurance	☐	General User Enhanced	☐
PASRR	☐		
PASRR View Only	☐	Super User	☐

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

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

Comments: _____

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SECTION III: SIGNATURES:

For DDA Provider Agencies and CCS Providers Only

Name of Organization CEO or Designee (Print First & Last Name): _____

Signature: _____   Date: _____

Provider Agency email address:

Email: _____   Date: _____

Comments:

For DDA Regional Offices Only

Employee• Supervisor (Print First & Last Name):   _____

Signature: _____   Date: _____

Regional Director

Signature: _____   Date: _____

Comments:

For DDA Headquarters and Other DHMH Staff Only:

Employee• Supervisor (Print First & Last Name):

Signature: _____   Date: _____

FOR DDA OPERATIONΟUNIT USE ONLY   ****DO NOT WRITE BELOW THIS LINE

DDA Assistant Director for DDA Uperation•

Signature: _____   Date: _____

APPROVED   ☐ **DENIED**   ☐

COMMENTS: _____

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ASSIGNED LOGIN ID															