Department of Medical Assistance Services

Send completed form to: OCS Security, 6th Floor

CHANGE COV User Access REQUEST: to be completed by the supervisor/manager with appropriate signatures where indicated.

Date Requested:	
Print **User First / Last Name**:	**User's Initials:**
User **Job Title / Position #**:	**Pos #:**
User **DMAS Phone**:	
User **Division**:	
Supervisor/Manager Printed Name and Phone #:	

Access to Oracle Database Application: mark/circle below.

If you do not see your Division's application, it could be an APEX application. **NOTE:** APEX applications are managed directly by each individual Division (listed in SharePoint, DMAS APEX Applications)

For Database Administrator -- **ORACLE USER ID:** _____

Appeals: Client		**Fiscal:** Government Financials TPLRS	
OCLA: ACLOG (obsolete)			
Program Integrity: FAIR PRU-MFCU PRU RMU		**Long Term Care (DADS):** MFP Tech Waiver Alzheimer's Waiver	
Behavioral Health (DDBH): EPSDT CMH Waiver Benefits		**Provider Reimbursement:** RUGS HCOST CRTK COST REPORTS MAP-122s PIRS (NH Tracking) Rehab (RCREIMB)	

Comments or Notes:
    Model after: _____ Role Type if known: _____

VITA Application: ID to be used to access (mark/circle what is needed) User ID: _____

TSO	DSS**: SPIDeR VaCMS
REPORTLINE (Online Reports - DOA)	*** additional forms or steps will be emailed for completion*
CIPPS/SLAS	IRMS (TAXATION)**
SVES VEC (*through a VITA Mainframe- ** additional steps will be emailed for completion*)	GIQD / DEERS (CHAMPUS)

Comments or Notes:
    Model after: _____

Authorizing Supervisor / Manager Signature and Date:

(**signature / date**): _____

Security Implemented/Reviewed by:

ORACLE Database Administrator (**signature / date**):
Ken Martin

Agency Compliance and Information Security Review (**signature / date**):
Brenda B. Edwards or Bill Burnette

Comments or Notes:

VITA Commonwealth Of Virginia

***Virginia Information Technologies Agency (VITA) and
Department of Medical Assistance Services (DMAS)
Information Security Access Use Agreement (ISA-UA)***

As a user of the State's central computer systems, which are operated by the Virginia Information Technologies Agency (VITA), and as a user of the Department of Medical Assistance Services (DMAS) information systems, I understand and agree to abide by the following terms which govern my access to and use of the processing services of VITA and DMAS:

- Access has been granted to me by DMAS as a necessary privilege in order to perform authorized job functions for the agency by which I am currently employed or contracted. I am prohibited from using or knowingly permitting use of any assigned or entrusted access control mechanisms (such as logon IDs, passwords, user IDs, file protection keys or production read/write keys) for any purposes other than those required to perform my authorized employment functions;

- If, due to my authorized functions, I require access on DMAS' information systems which is not owned by my agency or company, I must obtain authorized access to that information from the owning agency or company and present it to DMAS;

- I will not disclose information concerning any access control mechanisms of which I have knowledge unless properly authorized to do so by my employing agency or company, and I will not use any access mechanism which has not been expressly assigned to me;

- As a DMAS employee, I agree to abide by all applicable Commonwealth of Virginia (COV), VITA (see https://www.vita.virginia.gov/it-governance/itrm-policies-standards/), and additional pertinent employing DMAS policies, procedures and standards (based on VITA policies) which relate to the security of VITA computer systems and the data contained therein;

- Or, as a contract entity with DMAS, I agree to abide by all applicable Commonwealth of Virginia (COV), VITA (see https://www.vita.virginia.gov/it-governance/itrm-policies-standards/), and additional pertinent employing DMAS policies, procedures and standards (based on VITA policies) as defined within the established Business Associate Agreement (BAA) or signed contract with DMAS, as a user requesting this access, which relate to the security of VITA computer systems and the data contained therein;

- If I observe any incidents of non-compliance with the terms of this agreement, I am responsible for reporting them to the applicable, assigned DMAS contract monitor (who is required to report through DMAS' compliance management process for addressing such issues; such compliance management staff will report upwards as required to COV VITA Security), as well as DMAS management;

- By signing this agreement, I hereby certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to the same. I further acknowledge that any infractions of this agreement will result in disciplinary action, including but not limited to the termination of my access privileges.

Employee / Consultant Name (print below)	**Employee / Consultant Signature / Date** (below)

Agency, Division/Unit Name (print below)	Agency Contract Monitor assigned (print below)
DMAS/_____	_____

(If Consultant, Provide Name of Company) (print below)	(If consultant, provide your company email address)
_____	_____

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