

**OHIO DEPARTMENT OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES  
INDIVIDUAL AFFIDAVIT ON DATA SECURITY AND CONFIDENTIALITY**

**INSTRUCTIONS FOR FILLING OUT THE SECURITY AFFIDAVIT**

<b>Request type</b>	<p><b>New User</b> = New Employee of User who does not already have a User ID on the MR/DD application portal  <b>Add System</b> = Add system or Modify current access level  <b>Change</b> = Change name, email address, or phone numbers, also to drop system from user list (be sure to list previous name).  <b>Renewal</b> = Renew access for existing authorization annually (<b>only systems specified on form will be renewed</b>)  <b>Revoke</b> = User who no longer requires access to the system(s) (<b>remove systems specified/ or Termination of employment</b>). See page 2</p>						
<b>User Information:</b>	<p><b>Central Office</b> = User who works directly for the Central Office of Ohio Dept. of MR/DD  <b>Dev. Center</b> = User who works directly with an ODMR/DD Developmental Center  <b>COG</b> = User who works directly with a Council of Governments  <b>County Board</b> = User who works directly for a MR/DD County Board</p>						
<b>System Acronyms:</b>	<p align="center"><b><u>Ohio Department of MR/DD Only (Internal Use)</u></b></p> <table border="1"> <tr> <td data-bbox="388 667 959 1173"> <p>AAI = Day Habilitation Acuity Assessments  AIS = Asset Inventory System  BWC = Bureau of Worker’s Compensation  CAS = Central Accounting System  CASRPT = CAS Reports  CCAP = Community Capital Assistance Program  <b>ClientFind</b> = ODMR/DD Client List  CRN = Cognos Reporting tool  DCMIS = Developmental Center Management Information System  <b>DRA</b> = Daily Rate Application  DTS = Discipline Tracking System  ECS = Employee Certification System  FMLA = Family Medical Leave Act  GRD = Guardian System  GTS = Grievance Tracking System  <b>HIPAA</b>  LIC = Licensure  MA = Medical Administration</p> </td> <td data-bbox="959 667 1537 1173"> <p><b>MAC</b>= Medicaid Administration Claiming  PAS = Personnel Action System  PAWS = Payment Authorization Waiver S.  PCS -WEB = Provider Certification System  PEDE = Personal Encounter Data Entry  PMP = Performance Management Program  PSA = Problem Solving Application  PSC = Personal Service Contract System  PTS = Preadmission Screening, Resident Review Tracking  REG = Training Registry System  SUS = Space Utilization System  TXX = Title XX Quarterly Invoice  WAS = Waiver Administration System  <b>WMS_CO</b> = Waiver Management System (<b>PICT</b>)  <b>WMS_WTCO</b> = Waiver Management System (<b>WTS</b>)</p> </td> </tr> <tr> <td colspan="2" data-bbox="388 1173 1537 1220" style="text-align: center;"><b>MR/DD County Boards</b></td> </tr> <tr> <td data-bbox="388 1220 959 1530"> <p>CNT = Contact Management System  CRN – Cognos Reporting tool  CTP = County Transitions Plan  DDP = Developmental Disability Profile (County)  <b>DRA</b> = Daily Rate Application  ECTS = Employee Certification Training Search  GRD = Guardian System  IIF = Individual Information Form  ITS = Incident Tracking Systems  MA = Medical Administration  <b>MAC</b> = Medicaid Administration Claiming</p> </td> <td data-bbox="959 1220 1537 1530"> <p><b>MBS</b> = Internet Billing  <b>MBS Attest</b> = Internet Billing  PAWS = Payment Authorization Waiver  REG = Training Registry System  <b>WMS_CB</b> = Waiver Management System (<b>PICT</b>)  <b>WMS_WTCB</b> = Waiver Management System (<b>WTS</b>)</p> </td> </tr> </table>	<p>AAI = Day Habilitation Acuity Assessments  AIS = Asset Inventory System  BWC = Bureau of Worker’s Compensation  CAS = Central Accounting System  CASRPT = CAS Reports  CCAP = Community Capital Assistance Program  <b>ClientFind</b> = ODMR/DD Client List  CRN = Cognos Reporting tool  DCMIS = Developmental Center Management Information System  <b>DRA</b> = Daily Rate Application  DTS = Discipline Tracking System  ECS = Employee Certification System  FMLA = Family Medical Leave Act  GRD = Guardian System  GTS = Grievance Tracking System  <b>HIPAA</b>  LIC = Licensure  MA = Medical Administration</p>	<p><b>MAC</b>= Medicaid Administration Claiming  PAS = Personnel Action System  PAWS = Payment Authorization Waiver S.  PCS -WEB = Provider Certification System  PEDE = Personal Encounter Data Entry  PMP = Performance Management Program  PSA = Problem Solving Application  PSC = Personal Service Contract System  PTS = Preadmission Screening, Resident Review Tracking  REG = Training Registry System  SUS = Space Utilization System  TXX = Title XX Quarterly Invoice  WAS = Waiver Administration System  <b>WMS_CO</b> = Waiver Management System (<b>PICT</b>)  <b>WMS_WTCO</b> = Waiver Management System (<b>WTS</b>)</p>	<b>MR/DD County Boards</b>		<p>CNT = Contact Management System  CRN – Cognos Reporting tool  CTP = County Transitions Plan  DDP = Developmental Disability Profile (County)  <b>DRA</b> = Daily Rate Application  ECTS = Employee Certification Training Search  GRD = Guardian System  IIF = Individual Information Form  ITS = Incident Tracking Systems  MA = Medical Administration  <b>MAC</b> = Medicaid Administration Claiming</p>	<p><b>MBS</b> = Internet Billing  <b>MBS Attest</b> = Internet Billing  PAWS = Payment Authorization Waiver  REG = Training Registry System  <b>WMS_CB</b> = Waiver Management System (<b>PICT</b>)  <b>WMS_WTCB</b> = Waiver Management System (<b>WTS</b>)</p>
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<b>Signatures</b>	<p><b>Deputy Director’s</b> = Central Office Employee required so may be Asst. with an ODMR/DD Developmental Center  <b>Access Coordinator</b> = (Central Office and DC’s only) Individual assigned by each division to grant access to systems  <b>Superintendent’s</b> = County Board and Dev. Center required (may be Board of Director)</p>						

**OHIO DEPARTMENT OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES  
INDIVIDUAL AFFIDAVIT ON DATA SECURITY AND CONFIDENTIALITY**

Common errors made when filling out affidavits that delay processing include missing/incomplete information required on the affidavits, such as: Your name; Valid email address (individual email not company or group email address); Phone number; Contract number; Systems to access; Your signature; and/or Your superintendent signature, if applicable.

**TERMINATION PROCEDURE (Example below) pg 3**

When an employee serves notice of their intent to sever their employment or otherwise has changes in their employment, the current employee’s Appointing Authority (not necessarily the same one who signed the original affidavit) must:

- Make a copy of the most current employee’s affidavit filed
- Complete the **“REVOKE”** section of the **AFFIDAVIT**
- Fill in the effective date for the revoke
- Specify the reason for the revoke

**Section Request Type**       New User                       Add System                       Change  
    Renewal                      X Revoke ( MM / DD / YYYY )

**Signature of person revoking** \_\_\_\_\_

Once the Revoke Form is completed, please fax or mail the amended form to the Ohio Department of Mental Retardation/Developmental Disabilities: Fax: (614) 752-4673 or  
- Mail: Security Administrator  
- Ohio Dept. of MR/DD, Information Systems  
- 30 E. Broad St, Suite 1220  
- Columbus, Ohio 43215-3434

**Instruction for Claims Certification Addendum pg 4**

This section is to be filled out by the County Boards of MR/DD or by School districts for those who are to attest/certify to the accuracy of County Board of MR/DD or School Districts billing claims, the attached affidavit functions in a fiduciary capacity for the entity noted if they are not the Treasurer or Business Manager. \* The Superintendent must sign the form\*.

**OHIO DEPARTMENT OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES  
INDIVIDUAL AFFIDAVIT ON DATA SECURITY AND CONFIDENTIALITY**

**Instruction: Complete this form and fax to the Ohio Dept. of MR/DD, 614-752-4673 or mail the original to:  
Security Administrator, Ohio Dept. of MR/DD, 30 East Broad Street, Suite 1220, Columbus, OH 43215-3434**

<b>Request Type</b> <input type="checkbox"/> New User <input type="checkbox"/> Add System <input type="checkbox"/> Change <input type="checkbox"/> Renewal <input type="checkbox"/> Revoke ( ___/___/___ )		Signature of Revoker _____	
<b>IF REVOKING ACCESS, GIVE REASON</b> <input type="checkbox"/> Retired <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Transferred _____ Other: _____			
<b>User Information</b> <input type="checkbox"/> Central Office <input type="checkbox"/> Dev. Center <input type="checkbox"/> COG <input type="checkbox"/> County Board		*Name of ODMR/DD Division/Dev. Center/ County Board /Agency	
*Name: Last, First, MI		Contract Number or Billing Submitter Number :	
*Street Address:		*City	State    *Zip code
*Email Address:		Phone Number (    )	
<b>System(s) To Be Accessed:</b>			
1) _____ <input type="checkbox"/> Read <input type="checkbox"/> Update <input type="checkbox"/> Create <input type="checkbox"/> Reports		4) _____ <input type="checkbox"/> Read <input type="checkbox"/> Update <input type="checkbox"/> Create <input type="checkbox"/> Reports	
2) _____ <input type="checkbox"/> Read <input type="checkbox"/> Update <input type="checkbox"/> Create <input type="checkbox"/> Reports		5) _____ <input type="checkbox"/> Read <input type="checkbox"/> Update <input type="checkbox"/> Create <input type="checkbox"/> Reports	
3) _____ <input type="checkbox"/> Read <input type="checkbox"/> Update <input type="checkbox"/> Create <input type="checkbox"/> Reports		6) _____ <input type="checkbox"/> Read <input type="checkbox"/> Update <input type="checkbox"/> Create <input type="checkbox"/> Reports	
<b>FOR DIS USE ONLY</b>		<b>Completed</b> _____ \ _____	
Userid _____		Beg Date ( ___/___/___ )    End Date ( ___/___/___ )	

**\*required**

**ODMRDD Data Security and Confidentiality Agreement**

Security and confidentiality are a matter of concern for all users of Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD) information systems and all other persons who have access to ODMRDD confidential data. Each person authorized to access ODMRDD systems holds a position of trust relative to this information and must recognize the responsibilities entrusted to him in preserving the security and confidentiality of this information. Confidentiality requirements contained in law include, but are not limited to, ORC sections 5123.62(T), 5123.89 and 5126.044. An authorized user's conduct, either on or off the job, may threaten the security and confidentiality of this information. It is the responsibility of every user to understand and comply with the following:

1. You must not make or permit unauthorized uses, nor violate the confidentiality or privacy, of any information in files maintained by ODMRDD.
2. You must not seek to benefit personally or permit others to benefit personally by any confidential information that has come to you by virtue of your work duties.
3. You must not exhibit or divulge the contents of any record to any person except in the conduct of your work duties or in accordance with the policies of ODMRDD.
4. You must not knowingly include or cause to be included in any record or report a false, inaccurate, or misleading entry.
5. You must not delete or cause to be deleted any official record or report from any file from the system where it is stored except when required in the performance of your duties.
6. You must not access or request others to access any ODMRDD or Ohio Data Network system for personal business.
7. You must not violate rules and regulations concerning access to controlled areas.
8. You must not divulge or share any security codes (i.e., user-names, passwords, etc.) used to access any secured files.
9. You must immediately report any violation of this policy by anyone to the ODMRDD/DITS Security Manager.
10. You must not aid, abet or act in conspiracy with another to violate any part of this policy.
11. You must agree to follow all applicable ODMRDD policies and procedures pertaining to the use of ODMRDD or Ohio Data Network computer software and hardware.

**Any Violations Of This Agreement May Result In the Cancellation of your Security Access and Possible Referral to the Office of the Attorney General for its Disposition Pursuant To All Applicable Laws and Rules**

**Any Violations Of This Policy May Result In Disciplinary Action Pursuant To All Of The Applicable Laws And Rules**

I have read and understand the ODMR/DD policy on the data security and confidentiality.	
_____ User Signature                      Date	<u>Print Name</u> _____ Deputy Director/Superintendent/Designee
<u>Print Name</u> _____ Delegated Access Coordinator (for use by ODMR/DD employees only)	_____ Deputy Director/Superintendent/Designee Signature    Date
_____ Delegated Access Coordinator Signature    Date (for use by ODMR/DD employees only)	<input type="checkbox"/> <b>Addendum: Checking this box notifies ODMRDD that an addendum to the affidavit is enclosed</b>

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INDIVIDUAL AFFIDAVIT ON DATA SECURITY AND CONFIDENTIALITY**

**Claims Certification  
Addendum**

**Instruction: Complete this form and fax to the Ohio Dept. of MR/DD, 614-752-4673 or mail the original to:  
Security Administrator, Ohio Dept. of MR/DD, 30 East Broad Street, Suite 1220, Columbus, OH 43215-3434**

**Addendum for attestation authority:**

**I am the executive officer or designee for the entity referenced on the attached security affidavit. I hereby attest that the person who is being authorized for security access on the attached affidavit functions in a fiduciary capacity for the entity noted. Examples of responsibilities would be dispersal and authorization of expenditure of public funds and signatory for other financial obligations.**

**Print Name** \_\_\_\_\_

\_\_\_\_\_  
**Deputy Director/Superintendent/Designee Signature    Date**