Los Angeles County
One-e-App Temporary User Access - Special Events Only

Type of Request: Add   Modify   Inactivate   Reactivate   Delete (Remove)

Event Information

Date of Event: _____

Note: User Access will be deleted the day after this special event.

Location (Address of Event): _____

User Information

First Name: _____ Middle: _____ Last Name: _____

Agency: _____ Site: _____

Address: _____

City: _____ State: CA   Zip Code: _____

Work email: _____ Work Phone: _____

Type of Access

1)   2)

Please note that you must provide proof of your CEC or CAA certification, and/or a Certificate of Attendance from We've Got You Covered if requesting CEC or CEC Supervisor roles.

Type of License/Certificate	License/Certificate Number	Certification Date	Supervisor's Initial(s)	Date Verified

VERIFICATION OF LICENSE, CERTIFICATE, REGISTRATION OR PERMIT

Any Authorized User whose position requires a valid license/certification/registration/permit to perform the duties of his/her position is responsible for ensuring that the license/certificate/registration/permit is kept current. Failure by a designated staff to maintain the required license/certificate/registration/permit may result in denying access to One-e-App. The staff must provide documentation for verification. If there is a change in status (revocation, suspension and/or other related activities where employer notification is required) of the license/certificate/registration/permit, staff shall immediately notify their supervisor and cease enrollment activities immediately.

Justification:
(Explain the reason for the Type of Request)
_____

Applicant's Signature: _____ Date: _____

Supervisor's Name: _____ Phone: _____

Supervisor's Signature: _____ Date: _____

User Acount Administrator use ONLY

User Login ID: _____ Completed By: _____ Date Completed: _____

Instructions:

NOTE: Please complete the form in its entirety and follow all instruction listed below. Failure to do so will result in processing delays.
1) Complete One-e-App User Account Application Form, and Acknowledgment of Receipt and Understanding (Attachment A).
2) Scan & attach completed documents in an email to: **helpdesk@dhs.lacounty.gov**. Type in the Subject Line: **OEA USER APPLICATION**
3) Attach ONLY ONE employee request per email to the Service Desk, combining of applications in one request will result in delays.
4) An email from **helpdesk@dhs.lacounty.gov** will be sent to the submitter acknowledging receipt including a ticket number.
5) Once the application is processed, authorized user will receive an email from **helpdesk@dhs.lacounty.gov** with login instructions.

ACKNOWLEDGMENT OF RECEIPT AND UNDERSTANDING

COUNTY OF LOS ANGELES   **DEPARTMENT OF HEALTH SERVICES**

MANAGED CARE SERVICES

I acknowledge that I have received and read the following documents and will comply with them in my work environment:

Document	TITLE	Employee's Initials	Supervisor's Initials
Attachment B	One-e-App (OEA) System User Agreement & Code of Ethics and Conduct		
DHS 935.03	Workforce Security		
DHS 935.06	Security Incident Report and Response		
DHS 935.10	Physical Access Control and Validation		
DHS 935.11	Workstation and Mobile Devise Use and Security Policy		
DHS 935.14	System Access Control		
DHS 935.17	Person or Entity Authentication		
DHS 935.20	Acceptable Use of County Information Technology Resources		
BOS 6.100	Information Technology and Security Policy		
BOS 6.101	Use of County Information Technology Resources		
BOS 6.102	Countywide Antivirus Security Policy		
BOS 6.109	Security Incident Reporting		
CPC 502	California Penal Code 502(c)		
CA Code 825-830	California Welfare and Institutions Code 827		
CA Code 10850	California Welfare and Institutions Code 10850		

I am aware that if I violate the above policies, my access to One-e-App will be terminated upon receipt of notice from my employer or by notification from DHS of any unauthorized access. In addition, I may be subject to disciplinary action. I HAVE READ ALL THE DOCUMENTS MENTIONED ABOVE AND HAVE TAKEN DUE TIME TO CONSIDER IT PRIOR TO SIGNING. I UNDERSTAND AND AGREE TO ABIDE BY ALL OF ITS TERMS.

_____   _____   _____
Employee Signature   Initials   Date

_____   _____   _____
Witnessed by: Supervisor's Signature   Initials   Date

HOW TO…
Complete the One-e-App User Account Application

Type of Request

- **Add:** Check this radial button when submitting an application for a new user who does not have an account in One-e-App.

- **Modify:** Check this radial button when submitting an application requesting a modification to an existing user account in One-e-App.

- **Inactivate:** Check this radial button when submitting an application for an existing user who will be away for a long period of time. Their account will be inaccessible during their time of leave. Please note Inactivate is different that Delete.

- **Reactivate:** Check this radial button when submitting an application requesting to reestablish (Reactivate) the previously inactivated account.

- **Delete (Remove):** Check this radial button when submitting an application requesting the removal of a One-e-App user. This is typically done when an individual is no longer employed by the Agency.

User Information

- **Event Information:** Please indicate the date and location of the special event.

- **First, Middle, Last Names:** Input your information however it is spelled on your identification card.

- **Agency:** Specify the name of your Agency.

- **Site:** Some Agencies have multiple sites in various locations. Please specify your primary location as the Site.
  Note: This does not limit access to your primary location (site) only, you will have the option to choose from the various Sites within your Agency once you log into One-e-App.

- **Address, City, State, Zip Code:** Address, City, State, and Zip Code of your primary Site.

- **Work email:** Your work email account where you will be sent notifications.

- **Work Phone:** Your work phone number.

Types of Access

Community Partner Roles

- **Certified Enrollment Counselor (CEC/CAA):** A Certified Enrollment Counselor (CEC) will perform enrollment of applicants using the One-e-App system. In order to be registered in One-e-App as a CEC, you must provide your certification number on the application or attached a copy of the Certificate of Completion if you have not yet received your certification number.

- **CEC Supervisor:** A CEC Supervisor will manage the workload of CECs at a Community Partner organization. In order to be registered in One-e-App as a CEC Supervisor, you must provide us with your certification number on the application or attached a copy of the Certificate of Completion if you have not yet received your certification number.
  Note: A CEC Supervisor can enroll applicants into One-e-App. Therefore, it is NOT necessary to request both CEC Supervisor and CEC roles for the same user.

- **Read Only:** For various users, such as Clinic Front Desk Staff and Billing Staff, to have "read only' access to verify enrollment.

- **System Administrator:** A System Administrator has an overall view of the system for the Agency and can reset user passwords for that Agency.

License/Certification & Justification

- **License/Certification:** If you are requesting a CEC or CEC Supervisor role and have your license/certification during the time you are filling this form, please provide us with all the requested information.

- **Justification:** This section is required to be filled out for all Types of Requests. Please provide us with a brief explanation of the request. For example, you request Modify, briefly explain what it is you would like to be modified and why.

Type of Access

LA County Department of Health Services Roles

- **Fax Administrator:** The Fax Administrator will manage the unmatched fax queue to match faxes to an application.

- **Member Services:** Member Services staffs will have specific functionality such as change Medical Homes and Disenrollment.

- **Member Services Supervisor:** The Member Services Supervisor will monitor and oversee Member Services activity.

- **Program Advocate:** The Program Advocate will assist Community Partner enrollment activities and will be able to view applications and workload summaries.

- **Program Advocate Supervisor:** The Program Advocate Supervisor will manage the workload of Program Advocates and review program submission summaries and help desk reports.

- **Program Analyst:** The Program Analyst will audit enrolled applications to ensure that the application is supported by appropriate documentation.

- **Program Analyst Supervisor:** The Program Analyst Supervisor will oversee the work of the Program Analysts and can override the disposition of an application if it is determined to be incorrect.

- **Read Only User:** For various users, such as Clinic Front Desk Staff and Billing Staff, to have "read only' access to verify enrollment.

- **Report Administrator:** The Report Administrator has ability to create reports from the system.

- **Super System Administrator:** The Super System Administrator is a LA County Employee who administers the system for all users.

- **User Account Administrator:** The User Account Administrator is responsible for creating user accounts and can also delete (remove) and modify accounts (inactivate, reactive, password reset)

Justification

- **Justification:** This section is required to be filled out for all Types of Requests. Please provide us with a brief explanation of the request. For example, you request Modify, briefly explain what it is you would like to be modified and why.

User Account Administrator Use ONLY

- For LA County DHS internal use ONLY for handling Type of Request.

Acknowledgment of Receipt

- The Acknowledgment of Receipt and Understanding (Attachment A) on page two is included for all users to verify that they have in fact received all the mentioned documents. Please confirm by initialing and signing after you have received and read all documents.

MUST DO's…

NOTE: You must type or print legibly, complete the form in its entirety, and follow the instructions below. Failure to do so may result in processing delays.

- You and your supervisor must sign and dated the completed One-e-App User Account Application form and Acknowledgment of Receipt and Understanding (Attachment A).

- You must scan and attach the documents (including your Certificate of Completion, if applicable) and
  Email to: **helpdesk@dhs.lacounty.gov**
  Subject: **OEA USER APPLICATION**

You will then receive…

- An automated email from helpdesk@dhs.lacounty.gov with a ticket number.

- After the application has been processed, an email from helpdesk@dhs.lacounty.gov with login instructions.