

Multi System Youth Application Tracking System (MATs) Access Steps for the 7078 Form

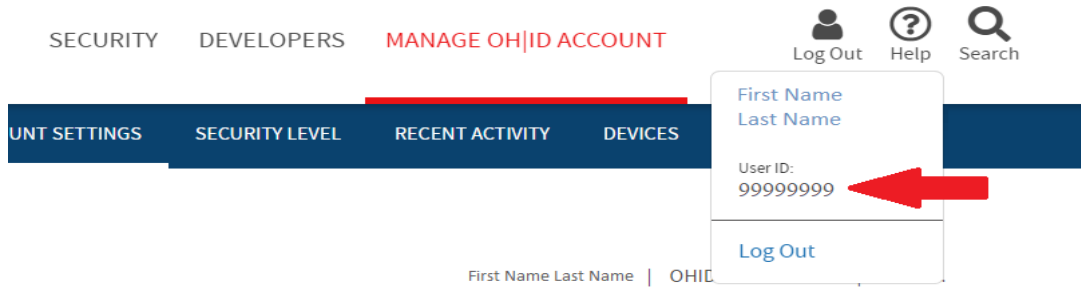
For individuals to gain access to MATs, the steps below must be followed.

You must have an OH ID.

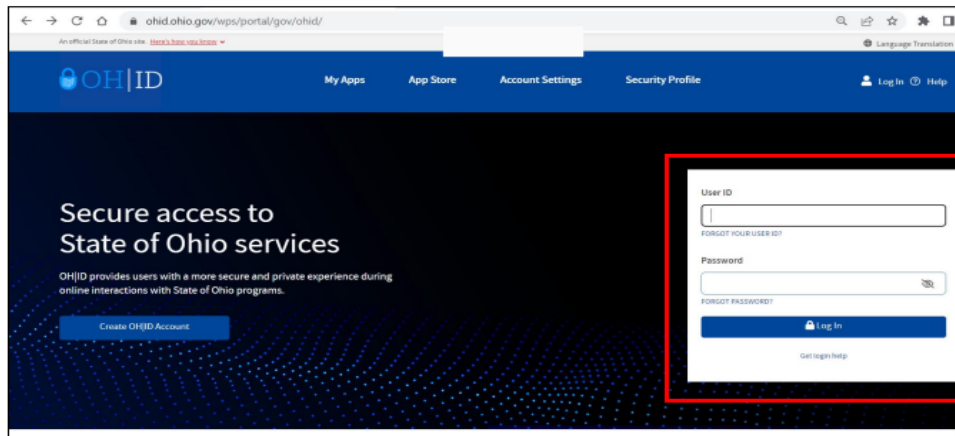
An OH ID is needed to complete an ODM 7078 and the ODM 7078 form (attached) must be completed by each person individually who would be submitting MSY applications.

If you do not have an OH ID or need to retrieve an already created OH ID, use the following steps.

- Individuals (non-state employed User (external)) must register for an OHID here: <https://ohid.ohio.gov/wps/portal/gov/ohid/create-account/create-account>
- Once registered, the User's 8-digit ID number can be found by clicking the person icon under the user's name. Please see the screenshot below.



If you have an individual who already has an OH ID and needs to retrieve it, navigate to ohid.ohio.gov and log into your OH ID account using your username and password. You will then navigate to the screen above to retrieve your OH ID.



- After you have your OH ID, please move on to the next steps to complete your 7078.

Multi System Youth Application Tracking System (MATS) Access Steps for the 7078 Form

The ODM 7078 must be completed in totality and signed and dated by the requestor and the requestor’s supervisor. The completed form is then emailed to appropriate email address listed below.

For FCFC - The completed form is sent to: OFCF@childrenandyouth.ohio.gov

For CMEs and sta – The completed form is sent to Aetna: aetnamsyaccess@aetna.com

There is very specific language and information that needs to be completed.

Please follow the example to avoid delays in gaining access to MATS.

OHIO DEPARTMENT OF MEDICAID CODE OF RESPONSIBILITY				
First Name	MI	Last Name	Work Phone	Supervisor/ Agreement Manager
[Redacted]		[Redacted]	[Redacted]	[Redacted]
County	County Agency		State Office	Bureau/Work Unit
[Redacted]	[Redacted]			
For Contract Employees:		Contract Company Name	Contract Telephone Number	
		[Redacted]		
ACCESS REQUESTED				
<input type="checkbox"/> ODM network / email access <input type="checkbox"/> FI (Vue360) <input type="checkbox"/> SPBM (Vue360Rx) <input type="checkbox"/> PNM <input type="checkbox"/> OBWP <input type="checkbox"/> MITS <input checked="" type="checkbox"/> Other (specify below)				
<i>(specify groups/roles for system(s) checked above or list other system(s) and groups/roles requested):</i>				
[Redacted]				
Justification - (REQUIRED) <i>(Explain why you need access to the system(s)):</i>				
[Redacted]				
Email Address			OH ID SOUID	
[Redacted]			[Redacted]	

Complete all the required fields below:

County

List the specific county or counties you cover

County Agency

List the County and the Agency

If you represent one county

Ex: County Agency – Delaware FCFC

If you represent more than one county, list them both

Ex: County Agency – Vinton Co FCFC and Jackson Co FCFC

For Multiple Counties and CME Affiliation

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For CMEs, write Aetna OhioRISE and the CME Agency (ex: Aetna OhioRISE- I Am Boundness)

If you serve multiple counties/entities, list all the entities and the affiliation

Ex: County Agency - Vinton and Jackson Co FCFC, Aetna CME – Integrated Services for Behavioral Health (ISBH)

Access Requested:

Check “Other”: box and list the system and role for which you need access in the blank line, underneath where it states to specify the groups/roles.

MATS – FCFC Application Creator

MATS- FCFC Application Submitter

MATS-CME Application Creator

MATS-CME Application Submitter

Roles are:

Creator – can only create MSY applications in MATS

OR

Submitter - Can create and submit MSY applications. Submitters have the responsibility of reviewing the applications and assuring they are complete before being submitted.

Justification:

For Creators – *Access to MATS to create MSY applications as part of my job functions.*

For Creators/Submitters - *Access to MATS to create/submit MSY applications as part of my job functions. “*

Email Address: Complete this field

OH ID/SOUID: Complete this field

Read all the acknowledgements. These pertain to security and confidentiality and are important to maintain.

Applicant Signature/Date: The person applying for access needs to sign and date the form

Supervisor/Agreement Manager Signature/Date: The Supervisor of the person applying for access

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