Getting Started in eCCPIS- Security

Outline:

- OBTAIN PKI
- REGISTER ON eCCPIS
- EMAIL NASA FORMS AND BILLING CERTIFICATION FORMS
- NASA ASSIGNS RIGHTS FOR USERS

Log-In screen for eCCPIS is below. The menu options available will be displayed on the left side of

the screen. The web address is <u>WWW.egov.aging.state.il.us</u>.



Obtain PKI Public Key Infrastructure:

- PKI identification and password are required to log in to the eCCPIS system.
- The PKI Identification is cross-checked with the Secretary of State's office, you must have your Driver's license/State ID to register.

■ If you have an out of state license, you can download and print a form to mail in to obtain PKI. Any questions contact the PKI customer support at 1-866-465-9119.

Navigate to eCCPIS Website: <u>www.egov.aging.state.il.us</u>, click on menu option '**Get PKI User ID** (In-State)'. You will be redirected to the State of Illinois PKI registration screen and submit online.

🥖 State of Illinois - PKI - Reg	istration Form - Windows Internet Explorer 📃 🖃 🔀
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😭 💠 🌈 State of Illinois - PKI - Registra	tion Form
State of Illinois Digital Identity Regist	State of Illinois Digital Identification ration
Enter your personal information exactly as re- For Assistance with problems call 217-785-88 respond by saying " This is concerning the re- Ouestions about State of Illinois Dioital Sions	gistered with the <u>SOS Driver Services Department</u> and found on your valid Illinois Drivers License or Identification Card. 80 gistration process for a digital certificate" stures? Read the FAOI
Personal Information as currently regis	stered with the Illinois Secretary of State
First Name:	Middle Name or Initial:
Last Name:	Name Suffix: (Jr, Sr, III)
Address	
Street Address:	
City:	Zip Code:
Personal Validation	
Driver's License Number: xxxx-xxxx-xxxx	
Weight As Shown On License:	lbs
User Information	
E-mail Address: (ex. xxxxx@yyy.com)	The e-mail address you enter will be included in your Digital ID. This will enable you to use the Digital ID for signing and encryption with certain e-mail software and will enable others to encrypt e-mail sent to you if they already know your e-mail address. This will also provide us with a way to notify you in case of problems.
User Name: (ex. JohnDoe or JohnDoe1)	You will use the Username that you select along with your password (which you will select later) to access your digital identity. Select a Username that you will be able to remember easily. If the Username that you ask for is already in use, you will be prompted to select another. Do NOT use a single quote (') in your username.
	*The Requested Username can be up to 30 characters in length.

Enter the information on the form **<u>EXACTLY</u>** as it appears on your Illinois Driver's license or State of Illinois ID card.

The User Name and Password that you create will be your login for eCCPIS. Do not share this information with anyone else. See PKI FAQ's <u>https://www2.illinois.gov/sites/doit/services/catalog/security/Pages/PKI-FAQs.aspx</u> this PKI <u>cannot</u> be shared with co-workers as it is linked to your Driver's license.

Out of State PKI applications must be mailed to: Illinois Dept. of Central Management Services Cyber Security, PKI 201 W. Adams St. Springfield, IL 62704-5170

Log-In to eCCPIS to Register

- Click on "Login to IDoA eGov Application" to register on ECCPIS. You will only register the first time logging into the application.
- After you are registered email <u>AGING.InfoTech@illinois.gov</u> your required forms.
- Contact your agency NASA to assign you rights to your contracts.

Navigate to eCCPIS Website: <u>www.egov.aging.state.il.us</u>, click on menu option '**Login to IDoA eGov Application'**. Enter your User name and login from the PKI. The registration screen will open.

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inter the fields below and pres	s Submit to perform User Registratio	on
User Information		
First Name*	Last Name*	User Type*
		3 - User 💙
Work Phone Number	Work Email	
Agency Name*		Agency Type*
		1 - IDoA
Agency Contract Number*	Agency Phone Number	2 - AAA
• dd		4 - Provider
Address Lille1		E - ElderRights Provider
Address Line?		R - Disabled Ride Free
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City*	County*	
	×	
State*	Zip Code*	

Fields marked with a * are required.

Agency Name and **Agency Contract Number** should be entered as exactly as your NASA has registered.

User Type Description	Definition
2 - NASA	NASA access to billing menus and administration menus (full access)
3 - User	User access to billing menus (billing access)
9 - NASA Waiver only	NASA for Waiver activities
0 - NASA NO Waiver	NASA for agency does not include WAIVER activities
A - User Waiver Only	User access to Waiver Activities (limited access)
B - User No Waiver	User has rights but does not have access to Waiver activities

<u>NASA</u> – Network Agency Security Administrator

The NASA is the "Super User" at an agency. The NASA will have the ability to grant access to other user's. The NASA form can be obtained from <u>www.egov.aging.state.il.us</u> by clicking on the **Get NASA Action Request Form** menu option on the left side of the screen.

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network Ag	geno	y Securi	ty Adm	nistrator (NASA) Action Request			
Add New NASA	Dele	te Current	NASA	Change	NASA Information		
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ame of Company Contracting with IDOA							
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etwork Agency Security Administrator Information							
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Contract Number		Add	Delete	Contract Number		Add	Delet
ne undersigned, an hereby advised and understand that State law se sources will be cause for sever disciplinary action. Further, I under distincti al information with support outdot the proper authorization ained by an whether such information partials to my individual pa dotance prometly to based. Certificate Autority. mppany Authorized Representative Signature	trictly stand t level. asswor	forbids my u hat Illinois s Further, I an d or the pass	se of State o tatute and C hereby ads word(s) of o	Illinois resources for any purpose other than Officia triffcate Authority policy prohibits disclosure or dise and authority and the requirements for non disclosu- hers. I will exercise diligence in the safekoping of p	al State business. Any una cussion of any State custo are of any confidential pa assessori information and Date	uthorized u mer informa ssword info will report	sage of Station or of rmation unauthoria
ietvork Agency Security Administrator (NASA) Sig DOA Contract Department Representative Signatur	nativ e				Date Date		
DOA Information Technology Representative Signa	nure				Date		

The form must be signed by the intended NASA and also by the Company Authorized Representative which is the person at your agency that signs your contracts with IDoA at the bottom of the form.

All NASA forms must be emailed to <u>AGING.InfoTech@illinois.gov</u> to be processed.

Each agency can have more than one NASA. If a person with NASA security leaves your agency, please notify IDoA immediately so that they can remove their access to eCCPIS. Assign User Rights. We highly recommend having more than one NASA.

<u>Only a NASA can assign rights to other users</u>. After the User signs into eCCPIS and completes their registration, the NASA can assign rights by using Menu Option-'Administration-User IDS – User Access Rights'. Put a % (percent symbol) in last name and it will bring up everyone registered at your agency.

8	eCCP	IS							
	Community Care Program Information System								
WELCOME MARGARET PROVIDER	RI	l ≁ Logout		🔏 Home	1	👔 Help			
H CLIENT MASTER REC	USER ACCESS RIGHTS								
# CASE MANAGEMENT	Enter the fields below and press Submit to search users								
I PAYMENTS	Enter the news before and press submit to search users								
# SUMMARY REPORTS	User Code								
WAIVER ACTIVITIES									
ADMINISTRATION	Last Name								
USER IDS									
User Access Rights	To list all active users enter % (percent symbol).								
Waiver Security	First Name								
E CLIENT IDS									
	Agency Name								
	Submit Cancel								
	* Denotes required field								

To see a list of all registered users for your agency, you can enter a % (percent symbol) in the last name field and click Submit.

8	eCCPIS Community Care Program Information System				
WELCOME MARGARET PROVID	ER !		N ≁ Logout	🔏 Hom	e 😰 Help
CLIENT MASTER REC CASE MANAGEMENT PAYMENTS SUMMARY REPORTS	UPDATE USER I	NFORMATION v to Update user informati	on Agency Name	User Type	Agency Type
WAIVER ACTIVITIES	00000033	billing provider	idoa provider	3-User	4-Provider
ADMINISTRATION USER IDS User Access Rights Waiver Security CLIENT IDS		C	ncel Prev Next		Page : 1 of 1

When the user name or list of user names is displayed, choose the user by clicking on the User Code next to the name.

VELCOME MARGARET PROVID	DER!		I≁ Logout	📋 🕋 Home	🔐 Help	
+ CLIENT MASTER REC	VIEW USER ACCESS RIGHTS	5				
E CASE MANAGEMENT	Press Undate to undate acces	s rights of the user				
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= SUMMARY REPORTS	User Code	User Type	Disti	nguish Name (I	DN)	
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User Access Rights	Work Phone Number	Work Email				
Waiver Security		-				
CLIENT IDS	Agency Name idoa provider		Ager 4 - Pr	ovider		
	Agency Contract Number HHH0207999	Agency Contract Number Agency Phone Number		Agency Fax Number		
	Address Line1 421					
	Address Line2					
	City	County				
	sp	Adams-010				
	State	Zip Code 62701				
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	Contract Number(s)		Vie	w only rights	All rights	
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The User information will be displayed. Choose Update to grant rights. Choosing All rights for a contract number will allow data entry in addition to viewing for the contract number specified.