



Requesting Network Access in the Enterprise Portal

Identity and Access Management

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TEXAS
Health and Human
Services

Requesting Network Access in the Enterprise Portal

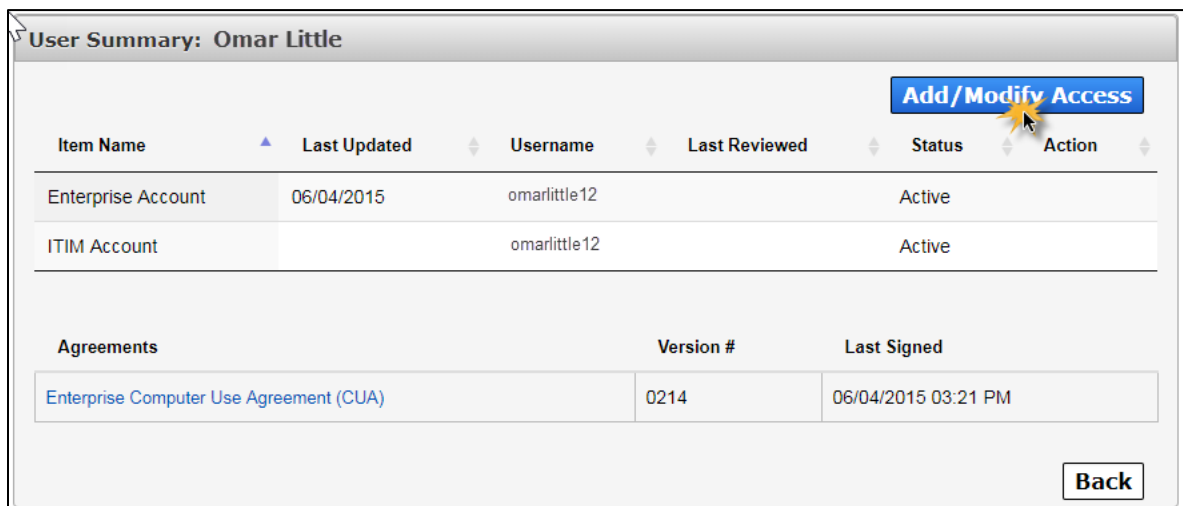
Network Access is used to add, modify or delete HHSC Outlook accounts and other network permissions. Requests can be made you or by supervisors on behalf of their employees. You or your employees must have a signed HHS Acceptable Use Agreement on file before access can be granted. You will receive an update to your request within ten business days. This document provides information on the following:

- [Requesting Network Access for an Employee](#)
- [Requesting Network Access for Yourself](#)
- [Completing the Provide Information: Network Access Screen](#)

Requesting Network Access for an Employee

1. Sign into the Enterprise Portal using your **Username** and **Password**.
2. Select **Manage Access** in the staff member's row to open the **User Summary** screen.

Figure 1 User Summary screen



User Summary: Omar Little

[Add/Modify Access](#)

Item Name	Last Updated	Username	Last Reviewed	Status	Action
Enterprise Account	06/04/2015	omarittle12		Active	
ITIM Account		omarittle12		Active	

Agreements	Version #	Last Signed
Enterprise Computer Use Agreement (CUA)	0214	06/04/2015 03:21 PM

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3. Select **Add/Modify Access** to open the **Select Items** screen.

Figure 2. Select Items screen

Select Items: Omar Little

Select up to 15 items. Search:

Access Name	Description
<input type="checkbox"/> MCATS - LaST	Medicaid Contract Administration Tracking System
<input type="checkbox"/> MCPAT	Medicaid/CHIP Policy Automated Tracking System
<input type="checkbox"/> Medicare Buy-In	Medicare Buy-In application
<input type="checkbox"/> MORT	Medicaid Occupancy Reporting
<input checked="" type="checkbox"/> Network Access	Network access
<input type="checkbox"/> NTK	DADS Long-term Care Services Intake System
<input type="checkbox"/> OAG	Office of the Attorney General
<input type="checkbox"/> ORR	Open Records Request Tracking System
<input type="checkbox"/> PALMS	Program Area Learning Management System
<input type="checkbox"/> PERLES	Position Employee Bridge for Legacy Systems

Agency:

HHSC DADS
 DFPS DSHS
 Other

Categories:

Business Applications
 Downloadable IT Forms
[Show all categories](#)
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4. Select **Network Access**.
5. Click **Next** to open the **Review Order** screen.

Figure 3. Review Order screen

Review Order

Item Name	Request Type	Submitted For	Status
Network Access	New Access	Omar Little	Information Required

6. Click the **Information Required** link to open the **Provide Information: Network Access** screen.
7. Complete the fields as described in the [Completing the Network Access Ordering Screen](#) section. Fields noted with an asterisk are required.
8. Click **Next** to open the **Review Order** screen.

Figure 4. Review Order screen

The screenshot shows a 'Review Order' interface. At the top right is an 'Empty Cart' button. Below it is a table with the following columns: 'Item Name', 'Request Type', 'Submitted For', and 'Status'. The table contains one row: 'Network Access', 'New Access', 'Omar Little', and a green checkmark. To the right of the checkmark are 'Edit' and a trash icon. Below the table is a checkbox with the text 'I understand that by submitting this order I am agreeing that all information in each request is true and necessary.' At the bottom right are two buttons: 'Return To List' and 'Submit Order', with a mouse cursor pointing at the 'Submit Order' button.

Item Name	Request Type	Submitted For	Status
Network Access	New Access	Omar Little	

I understand that by submitting this order I am agreeing that all information in each request is true and necessary.

[Return To List](#) [Submit Order](#)

9. Check the **I understand that by submitting this order I am agreeing that all information in each request is true and necessary** checkbox.
10. Click **Submit Order**. Your request will be updated within 10 business days. You will receive an email and a portal notification on your **Home** page when your request has been granted.

Requesting Network Access for Yourself

1. Sign into the Enterprise Portal.
2. Select **Manage Access** under **Access Management** to open the **Select Items** screen.

Figure 5. Select Items screen

Select Items: Omar Little

Select up to 15 items. Search:

Access Name	Description
<input type="checkbox"/> MCATS - LaST	Medicaid Contract Administration Tracking System
<input type="checkbox"/> MCPAT	Medicaid/CHIP Policy Automated Tracking System
<input type="checkbox"/> Medicare Buy-In	Medicare Buy-In application
<input type="checkbox"/> MORT	Medicaid Occupancy Reporting
<input checked="" type="checkbox"/> Network Access	Network access
<input type="checkbox"/> NTK	DADS Long-term Care Services Intake System
<input type="checkbox"/> OAG	Office of the Attorney General
<input type="checkbox"/> ORR	Open Records Request Tracking System
<input type="checkbox"/> PALMS	Program Area Learning Management System
<input type="checkbox"/> PERLES	Position Employee Bridge for Legacy Systems

Agency:

HHSC DADS
 DFPS DSHS
 Other

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[Clear category filters](#)

3. Select **Network Access** on the **Select Items** screen.
4. Click **Next** to open the **Review Order** screen.

Figure 6. Review Order screen

Review Order

Item Name	Request Type	Submitted For	Status
Network Access	New Access	Omar Little	Information Required

5. Click the **Information Required** link to open the **Provide Information: Network Access** screen.
6. Complete the fields as described in the [Completing the Network Access Ordering Screen](#) section. Fields noted with an asterisk are required.
7. Click **Next** to open the **Review Order** screen.

Figure 7. Review Order screen

The screenshot shows a 'Review Order' interface. At the top right is an 'Empty Cart' button. Below it is a table with the following columns: 'Item Name', 'Request Type', 'Submitted For', and 'Status'. The table contains one row: 'Network Access', 'New Access', 'Omar Little', and a green checkmark. To the right of the checkmark are 'Edit' and a trash icon. Below the table is a checkbox with the text 'I understand that by submitting this order I am agreeing that all information in each request is true and necessary.' At the bottom right are 'Return To List' and 'Submit Order' buttons. A mouse cursor is pointing at the 'Submit Order' button.

Item Name	Request Type	Submitted For	Status
Network Access	New Access	Omar Little	✓

I understand that by submitting this order I am agreeing that all information in each request is true and necessary.

[Return To List](#) [Submit Order](#)

8. Check the **I understand that by submitting this order I am agreeing that all information in each request is true and necessary** checkbox.
9. Click **Submit Order**. Your request will be updated within 10 business days. You will receive an email and a portal notification on your **Home** page when your request has been granted.

Completing the Provide Information: Network Access Screen

Complete the fields on the **Provide Information: Network Access** screen as described in the table below.

Figure 8. Provide Information: Network Access

Provide Information: Network access(HHSC Only) (Network Access) ?

Complete the following information before submitting your request:

- **HHSC Only - (SSLC and State Hospital staff - please follow your local process)**

Individual Type * Select One	Legal First Name *
Division	Middle Name
Individual Supervisor * Dhiren Patel	Last Name *
Effective Date * mm/dd/yyyy	Nickname (Display Name)
Is CAPPS Information correct? * <input type="radio"/> Yes <input checked="" type="radio"/> No	Phone Number ### ### ####
CAPPS Position Number *	Dept ID *
CAPPS Employee Number *	Street Address *
Position Title *	City *
Functional Title	State * Select One
Facility ID *	Zip Code *
Building & Room Number	Location(s) * State Office/Region (HHSC)
Outlook access needed * <input type="radio"/> Yes <input type="radio"/> No	VPN needed? * <input type="radio"/> Yes <input checked="" type="radio"/> No
Shared Folder Access ? <input type="radio"/> Yes <input checked="" type="radio"/> No	Shared Resources Creation ?
Shared Mailboxes <input type="radio"/> Yes <input checked="" type="radio"/> No	
Conference Room Access <input type="radio"/> Yes <input checked="" type="radio"/> No	
Shared Calendar Access <input type="radio"/> Yes <input checked="" type="radio"/> No	
Outlook Distribution Groups/lists <input type="radio"/> Yes <input checked="" type="radio"/> No	
Comments (Maximum character length is 250)	

Table 1. Provide Information: Network Access Field Descriptions

Field	Description	Required?
Individual Type	Select the type of employee for whom access is being requested.	Yes
Division	Indicate the agency Division for the employee for whom access is being requested.	No
Individual Supervisor	Indicate the Supervisor of the individual for whom access is being requested.	Yes
Effective Date	Indicate the Date you wish the changes to take effect. This could be the Start or Termination Date of the employee for whom access is being requested or modified.	Yes
Is CAPPS Information Correct?	Indicate whether the following pre-populated information from CAPPS is correct or not.	Yes
CAPPS Position Number	Provide the Position Number from CAPPS of the individual for whom access is being requested or modified. <ul style="list-style-type: none"> ● If the information comes from CAPPS, this field is pre-populated and is not editable. ● If, in the previous field, you designated that the CAPPS information is correct but there is no data in this field, then this field is editable and mandatory. ● If, in the previous field you designated the CAPPS information is incorrect, this field is optional and editable 	Yes
CAPPS Employee Number	Provide the Employee Number from CAPPS of the individual for whom access is being requested or modified. <ul style="list-style-type: none"> ● If the information comes from CAPPS, this field is pre-populated and is not editable. ● If, in the previous field, you designated that the CAPPS information is correct but there is no data in this field, then this field is editable and mandatory. ● If, in the previous field you designated the CAPPS information is incorrect, this field is optional and editable 	Yes

Field	Description	Required?
Position Title	Provide the Position Title for the individual for whom access is being requested. <ul style="list-style-type: none"> • For employees, Position Title is pre-populated and not editable. • If there is no information from CAPPS, this field is editable. 	Yes
Functional Title	Provide the Functional Title of the individual for whom access is being requested. <ul style="list-style-type: none"> • For employees, Position Title is pre-populated and not editable. • If there is no information from CAPPS, this field is editable. 	No
Facility ID	Provide the Facility ID for the individual for whom access is being requested.	No
Building and Room Number	Provide the Building and Room Number of the individual for whom access is being requested	No
Outlook Access Needed	Select Yes to request access for new employees. Employees need this access to have access to email. If the employee has left the agency, select No to delete their access. Provide Comments in the Comment section if an email back-up is needed for an employee no longer with the agency.	Yes
Shared Folder Access	Select Yes to gain access to a Shared Folder. Select No to remove access. Provide the Shared Folder name and mapping/server name in the Comments section.	Yes, if you are requesting access to a Shared Folder.
Existing Shared Folder <i>Maximum character length is 250</i>	Provide the name and mapping/server name of the Shared Folder for which you are requesting access. Example: Name of folder: SG-HOOT1001VFSRV05_Filepath: \\H00T1001VFSRV05\	Yes, if you are requesting access to a Shared Folder.
Shared Mailboxes	Select Yes to request access to a Shared Mailboxes . Select No to remove access. Provide the Shared Mailboxes address or display name in the Comments section.	Yes, if you are requesting access to Shared Mailboxes.

Field	Description	Required?
Existing Shared Mailboxes <i>Maximum character length is 250</i>	Provide the Shared Mailbox address or display name. Example: HHSC IT Services	Yes, if you are requesting Shared Mailbox Access
Conference Room Access	Select Yes to request access to Conference Rooms . Select No to remove access. Provide the Conference Rooms name in the Comments section.	Yes, if you are requesting access to Conference Rooms.
Existing Conference Room Access <i>Maximum character length is 250</i>	Provide the Conference Room Name for which you are requesting access. Example: HHSC ConfRM AUS Winters_320 (Conference Room Name and Room #)	Yes, if you are requesting Conference Room Access
Outlook Distribution Groups/Lists	Select Yes to request access to Outlook Distribution Groups/Lists . Select No to remove access. Provide the Outlook Distribution Groups/Lists display name in the Comments section.	Yes, if you are requesting access to Outlook Distribution Groups/Lists.
Existing Outlook Distribution Groups/lists <i>Maximum character length is 250</i>	Provide the display name of the Distribution List . Example: DL HHSC IT Services	Yes, if you are requesting Outlook Distribution/Groups Access
Legal First Name	Provide the First Name of the individual for whom access is being requested/modified.	Yes
Middle Name	Provide the Middle Name of the individual for whom access is being requested/modified.	No
Last Name	Provide the Last Name of the individual for whom access is being requested/modified.	Yes
Nickname (Display Name)	Provide the Nickname of the individual for whom access is being requested/modified.	No
Phone Number	Provide the Phone Number of the individual for whom access is being requested/modified. This is the published business phone number.	No
Dept. ID	Provide the Department ID of the individual for whom access is being requested/modified.	Yes
Street Address	Provide the Physical Street Address of the individual for whom access is being requested or modified.	Yes

Field	Description	Required?
City	Provide the City of the individual for whom access is being requested/modified.	Yes
State	Provide the State of the individual for whom access is being requested.	Yes
Zip Code	Provide the Zip Code of the individual for whom access is being requested/modified.	Yes
Location(s)	Indicate the office Location of the individual for whom access is being requested/modified. Valid values are as follows: State Office/Region (HHSC) (default).	Yes
VPN Needed?	Select Yes to request VPN access. Select No to remove VPN access. Make a note in the Comment section that you are removing VPN access.	Yes
Shared Resources Creation	Click the question mark to view details about Shared Resources Creation .	No
Comments (Maximum character length is 250)	Enter detailed Comments regarding your request as applicable.	No