

## PASSWORD CHANGE/CONFIRMATION REQUEST NURSING HOME FACILITY LOG-IN

**Attention: Minimum Data Set (MDS) Automation Coordinator**

Use this form to request a change or confirm your nursing home login password used for Minimum Data Set (MDS) submissions. This is called the **FAC Login ID Password**. All requests for password reset or confirmation must be in writing with a signature. Please send the completed form to the DSHS-ADSA FAX number above. Upon receipt, an ADSA representative will contact your facility using the facility telephone number of record to verify the request.

NAME OF NURSING HOME			
ADDRESS	CITY	STATE	ZIP CODE
NURSING HOME MDS COORDINATOR			
<b>REASON FOR REQUEST (check all that apply)</b>			
<div style="margin-bottom: 10px;"> <input type="checkbox"/> Password forgotten/lost.         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Change in staff person(s) performing MDS submissions.         </div> <div style="margin-bottom: 10px;">           Name of New Staff: _____            Title: _____ E-Mail: _____         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Other staff person or contractor with access to the password no longer needs access and/or is no longer associated with this facility. If a replacement is now in place:            Full Name: _____         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Change of facility name or new owner.            Current/New Facility Name: _____         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Change of facility MDS software vendor.            Name of New Vendor: _____         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Change password because local nursing home policy requires a periodic reset.         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Possible password breach has occurred or other reason indicated below.         </div> <div style="margin-bottom: 10px;">           Specify: _____         </div>			
<b>AUTHORIZED STAFF PERSON REQUESTING MDS PASSWORD CHANGE</b>			
PRINTED NAME		EFFECTIVE DATE OF CHANGE	
SIGNATURE		DATE	
<b>DSHS-ADSA USE ONLY</b>			
STAFF PERSON		DATE REQUEST RECEIVED	
DATE CHANGE MADE IN ASPEN		DATE NH TELEPHONED	