



Subrecipient Employee Change Form

A Subrecipient Employee Change Form should be completed whenever an agency has a change in staffing. It should be submitted directly to the HIV Services Program via email rwservicesadmin@isdh.in.gov. This form must be completed for any agency staff member working/serving clients served by the HIV Services program **regardless of funding source.**

This form must be submitted upon notification of an employee's hiring or resignation; in the case of resignation, this form is due prior to the last day of employment.

Employee Information *(all fields required)*

Agency Name

Employee Name

Position Title

Employee Phone Number

Employee Email Address

Employee Status: New Employee

Resigning Employee

Effective Date of **Removal** or **Access**

Database/System Access Request *(check all that apply)*

CAREWare

Permission Level

RWISE

Permission Level

CaseManager

Permission Level

HIVe

(View Only)

- *Please see Page 3 for Specific Database/System Access Requirements and Instructions*

Employee Funding Source *(please complete for new or resigning staff)*

IDOH RW Part B (Supplemental, Rebates)

MCPHD RW Part A

Indiana AIDS Fund

Other (please specify):

Please select all service categories that are funded by **IDOH RW Part B Supplemental/Rebates** that this staff member will provide services under.

<input type="checkbox"/> Administration	<input type="checkbox"/> Substance Abuse Outpatient	<input type="checkbox"/> Outreach
<input type="checkbox"/> Medical Case Management	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Psychosocial
<input type="checkbox"/> Non-Medical Case Mgmt.	<input type="checkbox"/> Food Bank	<input type="checkbox"/> Medical Transportation
<input type="checkbox"/> Medical Nutrition Therapy	<input type="checkbox"/> Housing	<input type="checkbox"/> Referral
<input type="checkbox"/> Outpatient Ambulatory	<input type="checkbox"/> Linguistics	<input type="checkbox"/> Other Professional Services

Employee Training and Standards Verification *(required)*

The agency has reviewed the appropriate IDOH Service Standards for the employee's new position and confirms that the new employee meets all requirements outlined for their role within the agency.

User has completed IDOH/MCPHD – approved HIPAA training at their agency. If HIPAA training is not available at the agency please reach out to rwservicesadmin@isdh.in.gov to request approved training materials; and confirmation of completion is maintained in the employee file.

Database/System Access Requirements and Instructions

CaseManager and HIVE

- A. To obtain access to the CaseManager and/or HIVE databases, new employees **must complete** the following process **prior to** submitting the Subrecipient Employee Change Form to IDOH.

Use the following steps to register for a User Account in the IDOH Gateway which houses the CaseManager and HIVE databases (You will need to follow the instructions on the Gateway to register for an Access Indiana account):

1. Open Google Chrome or Firefox and click the following link:
<https://gateway.isdh.in.gov/Gateway/SignIn.aspx>
2. Click on Register User
3. Create a User Name
4. Enter **HIV2009** as the Security Code
5. Scroll down to the section #1 – Organization Information
6. Leave the Organization Type set to Government – State. Select “Indiana State Department of Health from the “Select your organization” drop down list. This can only be done after you have entered the User Name and Security Code from above.
7. Enter your user information in section 2 – First name, Middle (optional), Last name, and Password fields. Remember your password. **Password must be 8 characters, 1 numeric character, and both upper/lower case.**
8. In section #3, enter your work address and contact information for phone and email. Use your work email address as your email contact address.
9. Click Submit to submit your request.

CAREWare

- A. A CAREWare User Agreement for IDOH/MCPHD is required for all subrecipient employees accessing CAREWare and RWISE. Upon receipt of this Subrecipient Employee Change Form, IDOH staff will prepare and send, within 2-3 business days, a CAREWare User Agreement to be completed by the employee requesting access.