Minnesota CAREWare - User Registration Form

Request to Add/Delete/Change Account to the Minnesota CAREWare System

INSTRUCTIONS: This form is to be completed by the user and forwarded to the Provider's Authorized Representative for review, approval and signature. Once the form is completed and approved, forward the original signed form to the Minnesota Department of Health's (MDH) CAREWare Data Coordinator for implementation. Please allow three business days to complete your request.

☐ New account
☐ Change/update account
☐ Enable account
☐ Delete account
☐ Disable account

Email request to: health.cwpems@state.mn.us

Attn: Dominique Cavallo/Tina Klein

Reason for disabling/deletion

This information is used only to help MDH determine whether to disable or delete this user's account in Minnesota CAREWare.

Please select the option that best describes the reason for disabling/deletion:

☐ Employee has moved to another Ryan White provider
☐ Employee has changed responsibilities at this agency
☐ Employee no longer works at this agency
☐ Employee has moved out of state
☐ Other, specify: _____

Agency name: _____   Date requested: _____

Requestor's name: _____

Requestor's job title: _____   Requestor's home zip code: _____

User type:

Select all that apply.

See back for descriptions.

☐ Agency Administrator (Admin GSP)
☐ Case Management Administrator (Admin MCM)
☐ Clinical Agency Administrator (Admin Clinical)
☐ General Service Provider (GSP)
☐ Medical Case Manager (MCM)
☐ Clinical Provider
☐ Grantee (HSPHD and DHS only)
☐ Grantee Data Analyst (HSPHD and DHS only)

Requestor's signature: _____

Requestor's phone: _____   Requestor's email: _____

First security question: What is the name of your high school?

First security question answer: _____

Second security question: What is your mother's legal **first** name?

Second security question answer: _____

Provider's authorized representative name: _____

Provider's authorized representative phone: _____

Provider's authorized representative signature: _____

Effective date: _____

Documented HIPAA Certification and Acknowledgement of Data Privacy Confidentiality Agreement

Effective date: _____

Definition of user types

☐ **Agency Administrator -** Agency Administrators access Ryan White data for program oversight. They are able to run reports, request and grant permission to share service data between providers when requested by a client and view non-clinical client data only. They are not able to enter or edit data. For PDI providers (agencies that continue to use their own data systems), the Agency Administrator is also responsible for ensuring timely uploads of data files.

Examples: The executive director of an AIDS service organization or manager of the HIV program in community-based organization.
MDH Use - Permission Categories Needed: Admin GSP

☐ **Case Management Administrator -** Case Management Administrators have the same permissions as Agency Administrators with the additional ability to view client case notes, request the sharing of clinical data and view shared clinical data (with client permission), and run case notes and clinical reports.

Examples: Executive director of an AIDS service organization or manager of case management program in a community-based organization.
MDH Use - Permission Categories Needed: Admin GSP and Admin MCM

☐ **Clinical Agency Administrator -** Clinical Agency Administrators have the same permissions as Agency Administrators with the additional ability to view client clinical data, run clinical reports, and request and grant the sharing of clinical data (with client permission).

Examples: The manager of the HIV program in a hospital or clinic.
MDH Use - Permission Categories Needed: Admin GSP and Admin Clinical

☐ **General Service Provider (GSP) -** General Service Providers use Ryan White data in the provision of direct services to consumers. They have the ability to view, enter, and edit non-clinical client data and to run reports. General Service Providers include all direct service providers except for Medical Case Managers and Clinical Providers.

Examples: Emotional support group leader, benefits counselor, emergency financial assistance worker.
MDH Use - Permission Categories Needed: GSP

☐ **Medical Case Manager (MCM) -** Medical Case Managers have the same permissions as General Service Providers. In addition, they are able to view and enter case notes and view clinical data (with client permission).

Examples: Case Managers assigned to client to assist in patient care coordination.
MDH Use - Permission Categories Needed: GSP and MCM

☐ **Clinical Provider -** Clinical Providers have the same permissions as General Service Providers. In addition, they are able to view, enter, and edit all clinical data, and run clinical reports.

Examples: All primary care staff, medication adherence staff, and early intervention services staff.
MDH Use - Permission Categories Needed: GSP and Clinical

☐ **Grantee -** Grantees access Ryan White data for program oversight. They are able to run reports and view non-clinical client data only. They are not able to enter or edit data.

Examples: Grant managers from Part A and Part B.
MDH Use - Permission Categories Needed: Central Administration

☐ **Grantee Data Analyst -** Grantees access Ryan White data for program oversight. They are able to run reports and view non-clinical client data only. They are not able to enter or edit data.

Examples: One Data Analyst from Part A and Part B.
MDH Use - Permission Categories Needed: Central Administration with permissions to all Provider Domains

☐ **Centralized Eligibility -** Program staff that need to verify a client's eligibility will have access to the Minnesota Portal and the At-A-Glance screen to verify eligibility for access to Ryan White programs. They are not able to enter or edit data and can only view the At-A-Glance screen.

Examples: One Data Analyst from Part A and Part B.
MDH Use - Permission Categories Needed: Central Administration with permissions to all Provider Domains

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MDH internal use only:

CAREWare Data Coordinator: _____   Effective date: _____

Forward to CAREWare System Administrator for Implementation:

Username: _____   Effective date: _____

System Access Completion: _____   Effective date: _____