

Idaho WITS User Set Up Checklist

The following Checklist and forms are used to set up individual users in Idaho WITS. There is a separate Checklist and forms used to set up an Agency

<input type="checkbox"/>	<p>WITS User Information Form</p> <ul style="list-style-type: none"> Agency Administrators will complete one WITS User Information Form per user. For Network Treatment Providers—The BPA billing number is the provider number that goes on the invoice to BPA.
<input type="checkbox"/>	<p>WITS User Agreement</p> <ul style="list-style-type: none"> Agency Administrators will submit a signed WITS User for each user being set-up.
<input type="checkbox"/>	<p>GAIN ABS User Information</p> <ul style="list-style-type: none"> Agency Administrators will complete one GAIN ABS User Information form per user. Only staff that are Certified GAIN-I Site Interviewers, Certified GAIN-I Administrators, or Local Trainers shall have read/write access to the GAIN production site. For Treatment Providers—Only staff that meet the criteria for QP or QP Trainee per IDAPA 16.06.03 and who are Certified GAIN-I Site Interviewers, Certified GAIN-I Administrators, or Local Trainers shall have read/write access to the GAIN production site.
<input type="checkbox"/>	<p>GAIN Usage Agreement for Non-GAIN Certified Staff</p> <ul style="list-style-type: none"> Non-GAIN-I Certified staff will fill in 'Trainees' Signature & Print lines. Agency Administrators will fill in 'GAIN Certified Trainer' Signature & Print lines.

Removing Access

Agency Administrators are responsible to notify DHW of any termination of employment so that timely termination of access to the WITS system can be completed. Agency Administrators will need to complete the top portion of the WITS User Information form indicating "Revoke Permissions" and submit to DHW as soon as possible for any employee that has access to WITS who leaves the agency's employment.

Problem Solving

Agency Administrators - Direct questions to the following persons based on the content of the question.

- Questions regarding forms, the status of submitted paperwork or technical problems and password resets may be directed to the Substance Use Disorders Program WITS IT Coordinator, Denise Williams at 208-334-4940 or williamsd@dhw.idaho.gov
- Questions regarding other issues related to Idaho WITS may be directed to Substance Use Disorders WITS Project Lead, Treena Clark at 208-334-6611 or clarkt@dhw.idaho.gov
- Questions regarding issues related to QP or QP Trainee or GAIN Administration or Certification may be directed to the Substance Use Disorders GAIN Lead, John Kirsch at 208-334-6680 or kirschj@dhw.idaho.gov

Forms may be submitted via Fax or Mail. Submit completed User forms to:

IDHW, Substance Use Disorders Program
450 West State Street, 3rd Floor
PO Box 83720
Boise, ID 83720-0036
Attn: WITS Coordinator

Or Fax to: 208-332-7305 Attn: WITS Coordinator

WITS User Information

Mail this completed form to the WITS Coordinator per the check list.
If you have any questions about this form, please e-mail the WITS Helpdesk at:
DBHWITSHD@dhw.idaho.gov or call 334-4940.

Please circle one of the following: **New User** **Edit Permissions** **Revoke Permissions**

Parent Agency Name _____

Site Location Name (if different) _____

Physical Address _____

City _____ State _____ Zip _____

First Name _____ MI _____ Last Name _____

Phone Number _____ Email _____

Job Title _____ Supervisor _____

Check here if individual is to have access to all facilities under the agency. Otherwise, please list the facilities the individual will need access to:

_____	_____
_____	_____
_____	_____
_____	_____

Individual will need the following permissions (please select one):

Permissions for GAIN-I Certified Clinical Staff

Certified GAIN-I Site Interviewer GAIN Trainee* Certified GAIN Local Trainer

Please submit a copy of GAIN Certification or IDHW GAIN Trainee Form. Supporting documentation of QP Status must be on file at DHW for individuals at DHW Treatment Agencies and will be verified before permissions will be granted.

**IDHW GAIN Trainee's must achieve GAIN Certification within six months of the date of the training. Access to the GAIN site will be revoked if not certified within this timeframe.*

Permissions for Other Clinical Staff (Non-GAIN-I Certified)

Permission may be given to Clinical Supervisors, Treatment Supervisors and other clinical staff who do not have a GAIN Certification. Supporting documentation of QP Status must be on file at DHW for individuals at DHW Treatment Agencies and will be verified before permissions will be granted.

Permissions for Administrative Staff

According to HIPAA guidelines, a person should only have enough access necessary to perform his or her job. Per DHW policy, Administrative Support Staff may have permission to Read/Write in Client Profile and Client Intake, and may have permission to Read only in all other areas of WITS.

IDAHO WITS USER AGREEMENT

Substance Use Disorders Program

I, _____, employed by _____
Agency Name

Understand that all information on the Idaho WITS database is confidential. I agree not to disclose any information regarding persons who have applied for, have received or who are receiving substance use disorders services to any unauthorized persons.

I understand that I may only use the information in the performance of activities of the Idaho WITS system for which I have been authorized. I understand that use or disclosure of any information concerning a recipient of assistance or service for any purpose other than the activities of Idaho WITS is prohibited except on written consent of the recipient.

I understand that I may only use the Idaho WITS site for those specific functions for which I am authorized. I understand that I will only be given access to information for which I have a legitimate need to know to complete my job functions.

I understand that my Idaho WITS pin and password are confidential and must be protected from unauthorized access. They are to be used only by me and I am prohibited from sharing my individual security information. Therefore, I agree to (a) limit unauthorized physical access to computer systems, displays, networks and health-care records; (b) position monitors and keyboards so they are not easily seen by anyone other than myself; (c) where appropriate, program workstations to display pass worded screen savors if left idle for a specified period of time.

I understand that Helpdesk service for Idaho WITS will be provided through the Idaho Department of Health and Welfare as a free service for users. I acknowledge and accept that Helpdesk service is provided without representation or warranty of any kind, and as such no liability will be taken for advice and assistance given to me where I or my representatives deem that advise to be inappropriate or incorrect. I am welcome to use the Idaho WITS helpdesk to help resolve WITS issues; however the Department and WITS Helpdesk accepts no responsibility for any loss that may be suffered by any user who relies totally or partially on information imparted by the Idaho WITS helpdesk to make the service workable in the providers' environment. The Department and WITS helpdesk will not be liable to you or any other persons or entity with respect to any liability, loss or damage caused or alleged to be caused either directly or indirectly by WITS or the WITS helpdesk. The Department reserves the right to protect our helpdesk staff from any form of abuse by withdrawing the helpdesk service from the customer at any time deemed fit by Department management.

By signing below, I am indicating that I have read this entire nondisclosure agreement and agree to abide by it. I also understand that any violation of this agreement may result in the revocation of my access to Idaho WITS. Furthermore, I understand that criminal prosecution may be undertaken if I knowingly and intentionally disclose the information to anyone who is unauthorized, or use the data for fraudulent purposes.

Print Name

Signature

Date

GAIN ABS USER INFORMATION

Mail this completed form to the WITS Coordinator per the check list.

If you have any questions about this form, please e-mail the WITS Helpdesk at DBHWITSHD@dhw.idaho.gov or call 208-334-4940.

Today's Date: _____

USER INFORMATION

Agency name: _____

GAIN ABS User First Name: _____

GAIN ABS User Last Name: _____

Phone number: _____

E-mail address: _____

Address: _____

City: _____

State: _____

Zip code: _____

Staff ID: *To be assigned by SUD*

Does the USPS package (addressed to Michelle) include a completed GAIN Usage Agreement for this user? Yes No

PERMISSIONS

(Please select the permissions for this user. According to HIPAA guidelines, a person should only have enough access necessary to perform his or her job. Also, the number of users that have permission to delete assessments, transfer assessments, and receive assessments should be limited.)

Create assessments

Edit assessments (If this GAIN ABS user will be completing assessments in more than one session, he or she must have this permission.)

Read/review assessments

Generate/edit GAIN Recommendation and Referral Summaries (G-RRS)

Read/review GAIN Recommendation and Referral Summaries (G-RRS)

Generate/edit Quick Recommendation and Referral Summaries (Q-RRS)

Read/review Quick Recommendation and Referral Summaries (Q-RRS)

Generate Personalized Feedback Reports (PFR)

Generate full assessment reports (full list of items and responses)

Generate Validity Reports

GAIN Usage Agreement
(Last updated By GAIN June 20, 2007)

By signing below I am agreeing to:

- use the GAIN only if I (or my agency) have a valid GAIN license agreement.
- represent the GAIN only as a tool for research or program evaluation and, if used clinically, as one of several sources of information that should be combined with clinical judgment in making diagnosis, placement and other clinical decisions.
- not train others to use the GAIN until I have been certified, or not otherwise misrepresent my certification level to others.

Name: _____

Agency: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Grant Program (if applicable): Not Applicable

Grant # (if applicable): Not Applicable

Sponsor/Funder (if applicable): Not Applicable

GAIN License #: Idaho Project License

Trainee Signature

Date (MM/DD/YYYY)

Print Trainee's Name

GAIN Certified Trainer

Date (MM/DD/YYYY)

Print Trainer's Name

Trainer, Please initial All that apply:

GAIN Coursework Certificate

GAIN Administration Certification