



Health Passport Access for Local CASA Programs

What is the Health Passport?

Health Passport is a patient-centered, internet-based health record. It makes a foster child's information available to authorized providers and medical stakeholders, such as Caseworkers, Medical Consenters, and CASA. The data in Health Passport is not a child/youth's complete medical record, but it does contain information on patient demographics such as:

- Doctor visits for which claims have been submitted
- Allergies
- Lab test results
- Immunizations
- Filled medications
- Assessments including CANS and FSNA's
- Hospitalizations

There are also electronic Texas Health Steps, dental and behavioral health forms available through Health Passport.

Local CASA Program Health Passport Access

Local CASA programs are granted access to the HP of children to which they are appointed by the court. **CASA staff members are the only individuals who are granted access through a DFPS process and password.** CASA volunteers and other CASA staff must view the electronic HP from the computer of the authorized user.

For staff with current access to the Health Passport: Once your program has established and run the new ABCS check on all current HP users, nothing more needs to be done and you will no longer be required to renew your access each year.

For New Users or First Time Program Access:

1. Executive Directors or Program Directors will designate CASA staff member(s) who will serve as the Designated Health Passport User for their program.

2. Designated Health Passport Users (DHPU) will complete online training at: www.fostercaretx.com. (See Attached HP Training Instructions)
3. Local programs will notify Ophelia Jaushlin at DFPSHealthPassport@dfps.state.tx.us of persons who have been named DHPU. *These persons must have completed the online training and have undergone the ABCS abuse/neglect registry check.* Local CASA programs must submit three forms:
 - a. NEW- A copy of the individual's "Non-DFPS Staff Computer Security Agreement" (Attached)
 - b. NEW- A copy of the individual's "Background Check Letter/Email from the DFPS Centralized Background Check Unit." (Attached)
 - c. CASA External User Contact Information Form (Attached)
4. If Texas CASA receives inquiries from a local program about not receiving HP access despite turning in forms, Texas CASA will pass on the inquiry to DFPS. If DFPS has processed the forms, they will indicate so in communication back to Texas CASA.

Ending Health Passport Access

CASA programs must notify Texas CASA and Ophelia Jaushlin at DFPSHealthPassport@dfps.state.tx.us prior to a DHPU separation from the program, if possible. If prior notice is not possible, programs will notify Texas CASA and Ophelia Jaushlin within 3 business days of the separation.

CASA Health Passport Access and File Storage

1. Most CASA programs will have one DHPU (Designated Health Passport User).
2. Programs serving in metropolitan areas will have additional DHPU based upon the number of children served. For programs serving more than 250 children annually, additional CASA staff members may become users up to a total of 5 per program.
3. The DHPU will access the HP either by themselves or along with the volunteer which the court has appointed. If the volunteer is present they may view the HP along with the DHPU.
4. HP users must take precautions outlined in the User Agreement to protect the child's HP record from electronic viewing and access to printed copies of portions of the HP.
5. If there is a need to print a portion of the HP, a copy will be stored in the CASA office file and a copy may be filed in the case file which is in the custody of the CASA volunteer.
6. The office file will be stored in a locked file cabinet when not in use. The CASA volunteer will protect the confidentiality of the child's health information.
7. Like all HP users, CASA HP users must read and comply with the Non-Medical Health Passport User Agreement.

Security Reports

1. Superior Health provides DFPS with daily security reports. If indicated, CPS will contact Texas CASA when a situation requires review. An example would be a CASA staff person accessing a child's HP record after DFPS conservatorship has been dismissed.
2. When CPS refers a situation for review, Texas CASA will contact the local program to discuss and report findings to CPS. Texas CASA may require a written plan explaining action to be taken and how further improper use will be prevented.
3. Texas CASA maintains written records of all internal reviews with local CASA programs and provides a response to CPS by email containing the findings of the review and any corrective actions taken.
4. Failure to comply with the User Agreement can result in the CASA staff member losing HP access.

Obtaining the IMPACT Person Identification Number

1. In order to access a child's HP record, the DHPU must have one of three identifiers and the child's name. The possible identifiers include:
 - a. Social Security Number
 - b. Medicaid Identification Number
 - c. IMPACT Person Identification Number (PID)
2. To obtain the child's PID, the CASA program will email the request for an IMPACT Identification number (PID) to the caseworker directly and cc: the caseworker's supervisor.
3. If a response is not received within 3 days (unless the information is urgently needed), the CASA program will forward the email to the designated point of contact or back-up contact for the Region.

Email requests should have the following information:

- a. Child's name with exact spelling
 - b. Date of birth
 - c. County of conservatorship
 - d. Cause number
 - e. CASA staff's office & cell number
4. A CASA volunteer reviewing the case file at CPS may request a copy of one the following forms which contain the child's PID #:
- a. Placement Authorization Forms 2085
 - b. Medical Consent Form 2085 B
 - c. Case File Cover Sheet

FAQs

Where do I get the forms to apply for HP access?

For first time users, contact Ophelia Jaushlin at DFPS, DFPSHealthPassport@dfps.state.tx.us , to request the appropriate forms.

How long will it take to get access once I have turned the forms in?

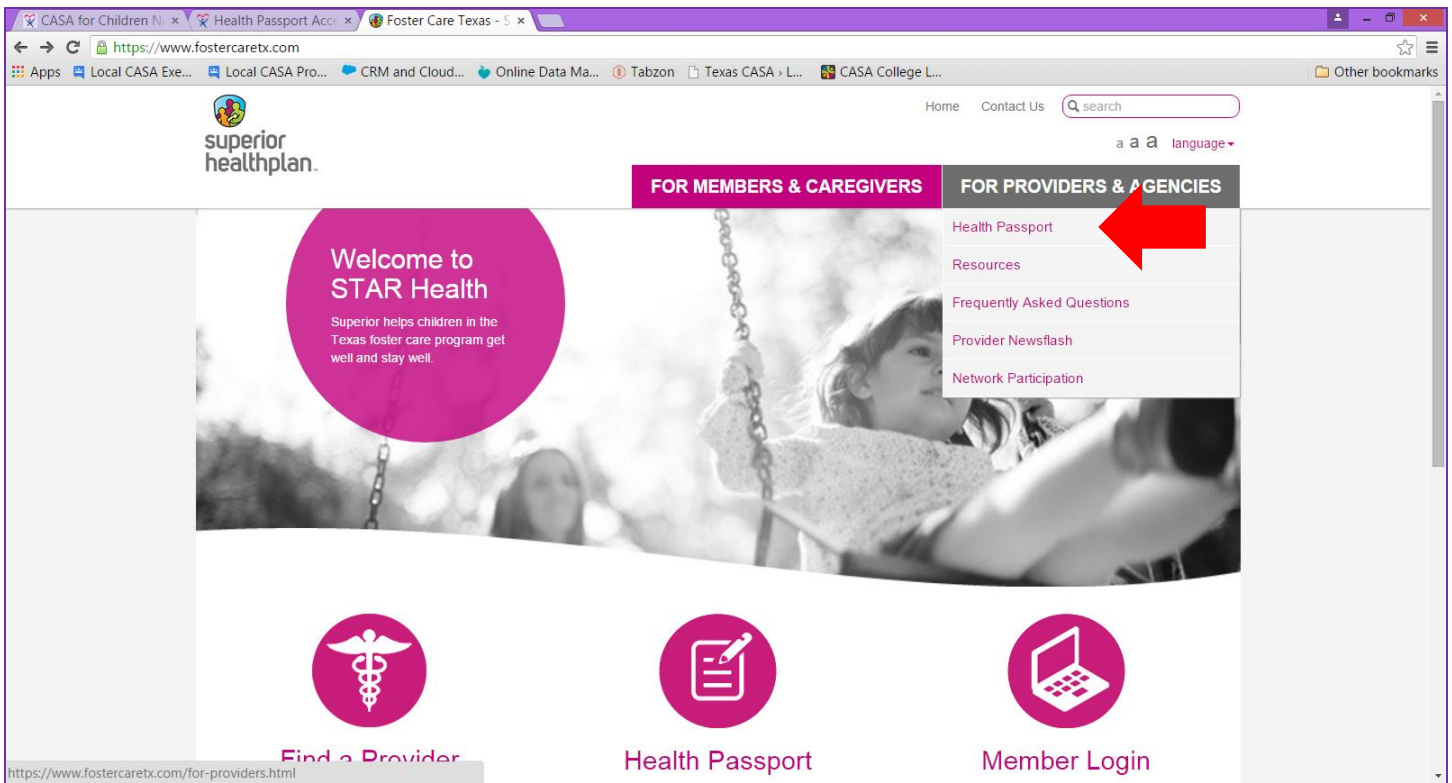
Allow at least one month for DFPS to process the request, the background check and the DFPS External User authorization.

What if it has been more than 30 days and I have not heard back from CPS Medical Services?

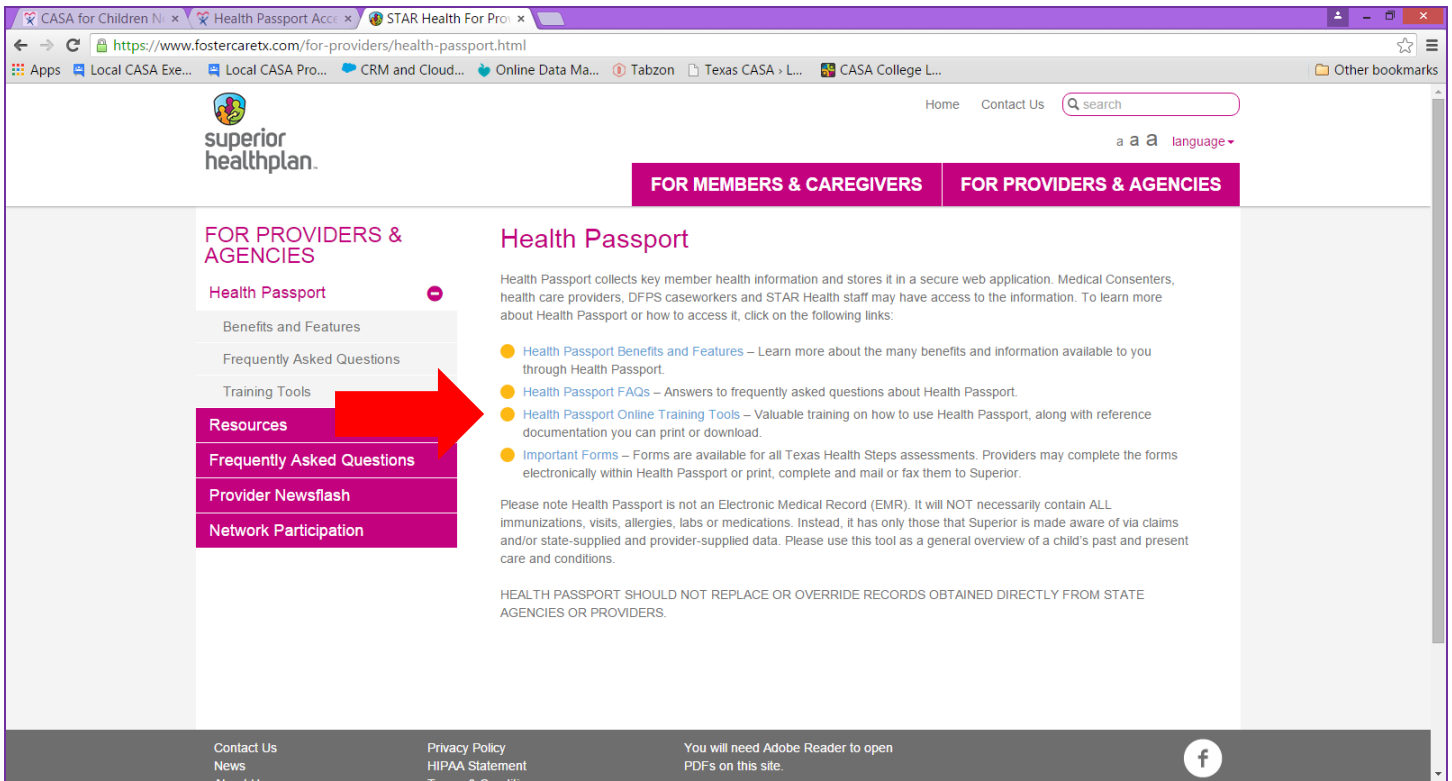
You may contact DFPSHealthPassport@dfps.state.tx.us directly to inquire if you have not heard back. Individuals are contacted directly with either access granted, need for more information or denial based on background checks.

HEALTH PASSPORT TRAINING INSTRUCTIONS

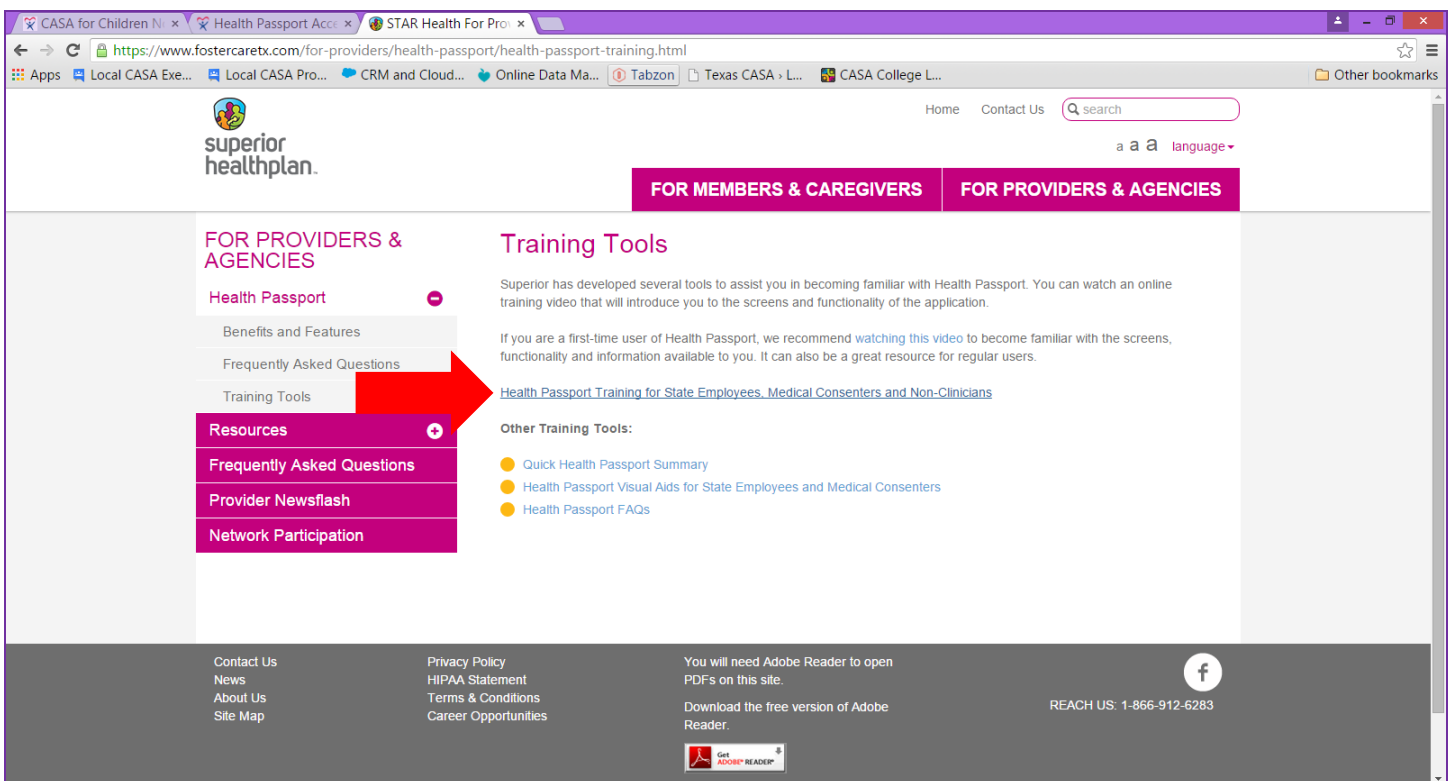
1) Go To www.fostercaretx.com and click on the "Health Passport" tab at the top (See RED Arrow).



2) Click on "Health Passport Online Training Tools"



3) Click on "Health Passport Training for State Employees, Medical Consenters and Non-Clinicians," and the training will begin. Please make sure your computer audio is turned on.



4) The Health Passport training should load and then begin.



NON-DFPS STAFF COMPUTER SECURITY AGREEMENT

CHIEF OPERATING OFFICER - IRM

Purpose: Non-DFPS employees who are requesting access to the DFPS network must complete this form so that background checks can be completed as required by DFPS IT security policy.

Directions: Complete this form and return to sender.

PERSONAL AND AGENCY INFORMATION

| | | | | |
|----------------------|---------------------|-----------------------------------|------|-----------|
| Name | Social Security No. | Division/Region | Unit | Mail Code |
| Provider Agency Name | | Telephone No. (Place of Business) | | |

I acknowledge that, as an authorized user of the Texas Department of Family and Protective Services network, I have access to confidential and sensitive information. I understand that certain information contained in Department files is of a personal nature and that some information is considered confidential under law. I will use this information with confidentiality and discretion in accomplishing my assigned job responsibilities. I will comply with Department guidelines on confidentiality and management of Department information by disclosing this information to DFPS employees and other individuals only to the extent that it is specifically authorized under Department information management procedures. If at any time a question or problem arises with regard to the release of information, I will not release any information until I am so authorized by my supervisor. Under no circumstances will I access confidential information for any purpose other than in the performance of my assigned job duties.

I understand that in performance of my assigned duties with DFPS, I may receive user identification codes (USERIDs) and/or passwords (also known as security codes) for the DFPS computer network. I understand that any issued USERIDs and/or passwords are for official state-approved business only. I understand that the USERIDs and/or passwords are to be used only by me, and that I am not to disclose any security codes to anyone or allow anyone to use my USERIDs and/or passwords. I understand that I am responsible for any actions done under my USERID and therefore must not allow anyone to access the network under my USERID. I agree to change all passwords if I think my password has been compromised.

I understand that the Internet is to be used as a Department resource and is provided as a business tool to be used for research, professional development, and communications that are work-related. Limited personal use of Internet resources is acceptable as long as it occurs during personal time (lunch or other breaks), is not excessive or inappropriate, and does not result in expense to DFPS.

I understand that I am prohibited from changing any software (including, but not limited to, display screens, operating system instructions, and applications) that reside on any DFPS system or automated storage medium unless the change is authorized. I further understand that I am prohibited from altering any data or database other than that which is specifically authorized as required in the performance of my job functions.

I understand that I may have access, either through the department network systems, a local area network (LAN), or a stand-alone PC, to public information access and exchange systems (e.g. Internet). I understand that it is a violation of department policy and that I am subject to disciplinary action, including termination, for using DFPS equipment to access unauthorized information or services or for publishing any statements or releasing any information in any form, through a DFPS "address" if such access is not authorized by appropriate management. I understand that I am prohibited from accessing any automated system, subsystem, or automated storage medium for which I have not previously received proper authorization.

I understand that, if I use this information in a manner not authorized by the Texas Department of Family and Protective Services or contrary to law, I may be subject to disciplinary action that could result in the termination of my network access, employment, and/or prosecution under one or more applicable statutes.

STAFF RESPONSIBILITY

All DFPS employees and authorized users have a responsibility for ensuring the security of information and equipment. DFPS staff and authorized users are responsible for reading, understanding, and following the Security, Electronic Mail (E-Mail), Internet/Intranet, and Computer Workstation Policies located on the [DFPS Information Security Standards and Guidelines](#) section of the Intranet. Data integrity, confidentiality, system access, and physical considerations are all essential elements of security.

As an authorized user of the DFPS network, I understand and agree that any and all computer software programs, applications source code, object code, and documentation, written or otherwise, created by me within the scope of my employment (meaning any work product prepared in whole or part using DFPS time, DFPS equipment, or done on DFPS premises) is owned by DFPS. I also agree to cooperate with DFPS in the registration of any such work for copyright purposes, or the application for patent protection, or any related litigation.

I will not use, load, install, or operate shareware or freeware or other copyrighted/uncopyrighted software that has not been formally acquired, licensed, and/or authorized by DFPS. I will not install on the LAN any software not formally approved by DFPS. I understand that violating a data security system is a crime under Chapter 33 of the Texas Penal Code (Computer Crimes). The criminal classification ranges from a Class B misdemeanor through a felony of the first degree, depending on circumstances.

I recognize that DFPS is licensed to use its computer software by a variety of vendors. I understand that DFPS does not own this software or its related documentation and, unless authorized by the software developer, does not have the right to reproduce it. I also understand that with regard to using software on local area networks or on multiple machines, employees must use the software only in accordance with the license agreement.

Passwords

A password should NEVER be shared with any other employee.

Texas Penal Code, Title 7,33.02 Breach of Computer Security, states:

- (a) A person commits an offense if the person knowingly accesses a computer, computer network, or computer system without the effective consent of the owner.

Network Security/Access Forms

An eMAC must be submitted for access to the DFPS network.

The HHSC Network Security/Access Form (Form 4743) must still be completed for access to any HHSC maintained and operated network or application.

Any questions about security should be directed to the **DFPS IT Security** email address.

I agree to follow policies and procedures related to data security, data confidentiality, and Internet/Intranet access in policy handbooks and manuals issued by DFPS, including any revisions or successors thereto. I understand that if I have any questions or problems, I am to immediately report the situation to my supervisor or administration support staff.

I have read Form 4047, Pages 1, 2, and 3 related to information security and data confidentiality. I understand that these and the above stated policies and procedures apply to all security codes I receive to conduct state-related business. I understand that failure to follow the policies, procedures, and laws of the State of Texas may result in loss of access to the computer system(s) and/or disciplinary action, which may include dismissal and criminal prosecution.

Signature:

X

Date Signed:

Program Area Approval for Non-DFPS Staff

PERSONAL INFORMATION

| | | | | | |
|--|---------------|-------------|---|-----------|---------------------|
| First Name | | Middle Name | | Last Name | |
| Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed) | | | | | |
| Residence Street Address | | City | County | State | Zip Code |
| Residence Telephone No. (A/C) | Date of Birth | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | Social Security No. |
| Race <input type="checkbox"/> Am Indian/AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaii/Pacif Isl <input type="checkbox"/> White <input type="checkbox"/> Unable to Determine (or, none of the above) | | | | | |
| Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine (or, none of the above) | | | | | |
| List other places you have resided (for a minimum of the past 5 years - continue on back as needed) | | | | | |

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [privacy policy](#).

*** Send Copy of the email you received from DFPS - it should be similar to this email.**

From: CASABGCR@dfps.state.tx.us
Sent: Wednesday, March 19, 2014 4:59 PM
To: <CASA USER NAME/EMAIL ADDRESS>
Cc:

Subject: CASA Background Checks Person's Name

This is a system-generated email.

DATE OF LETTER

Resource ID #2388XXXX
Contract ID #2338XXXX

Based on a background check against the Texas Department of Family and Protective Services case management system, the name listed below is cleared of any abuse/neglect history that would preclude the person from accessing DFPS clients or information. This background check has been conducted in compliance with DFPS policy.

Person's Name

PID #

The Person ID number (PID) above is provided for those persons who require access to Texas DFPS child information systems. If access is required please retain this notice for your records. In addition to the PID, an access code will be needed to gain access to Texas DFPS child information systems. The access code will be provided to the subject of the background check in a separate email.

ABCS Administrators (CASA representative entering background checks in ABCS) have the ability to make some edits to their account, such as updating their email address or adding/deleting users through the "Manage Account" feature in ABCS.

Questions regarding background check status, log in/password issues with ABCS, or other general background check related questions should be directed to CASABGCR@dfps.state.tx.us.

Thank you,

Texas Department of Family and Protective Services, Centralized Background Check Unit

CASA External User Contact information

Name _____

Position Title _____

Email address _____

Name of Program _____

Counties Covered _____

Street Address of Program _____

Mailing Address if different _____

Phone Number _____