



**DELAWARE HEALTH
AND SOCIAL SERVICES**

**DIVISION OF
DEVELOPMENTAL DISABILITIES SERVICES**

OFFICE OF THE DIRECTOR

January 8, 2016

Dear Providers

As the people we support learn about their rights to choose clinical service providers (BA/RN), other than within the Residential provider staff, it has become a challenge to support that choice with our current practices. In order for clinical service providers to have access to the necessary information they need within another provider's Therap account, the established protocol is for the clinical service provider to request login access through the Residential and/or Day service provider administrators. As it is becoming more common for clinicians to be supporting persons served by 2 or 3 other providers this results in the clinician needing to have multiple login ID's/accounts/passwords.

To streamline the process, we will be implementing access through the Oversight account **effective Monday, 1/18/2016**. The clinical provider staff will be set up with the same access rights that a clinical staff (BA/RN) at DDDS currently has. Their access will be restricted to only those individuals that they are actively supporting. When their service provision/support ends, their access to that individual's record will be removed. (This will mimic the rights access that will exist in the individual record in the new system when implemented.) As there are audit trails for the information in Therap, it will be easy to investigate when a potential report is received in regards to someone abusing their access to the information within another provider account. **If reported and substantiated, the user will lose their right for continued access while still utilizing Therap.**

In order for a provider to request their clinical staff to be set up and granted access to individuals they are serving with another Residential and/or Day provider, the attached form will need to be completed and submitted to **DDDS_ECRSRequest@state.de.us**, once received the clinical staff person will be set up with the appropriate access and emailed with the single login User ID, default password, and provider code that they will utilize to log into Therap for these specific individuals. The greatest word of caution is that they will need to switch to their home agency account to complete their billing data as that is the account in which the Service Authorizations will continue to be entered. **All other documentation will continue to be completed in the Residential provider account.** To aid with maintenance of access to the records, providers who have clinical staff accessing records through this process will be required to submit to DDDS, **the first week of each month**, a caseload report of each clinical staff person and the individuals they are actively supporting.

We look forward to hearing feedback on the process once it is implemented. Should you have any questions, please feel free to contact Bob Goodhart.

Sincerely,

Handwritten signature of Terrence W. Macy, Ph.D.

Terrence Macy, Ph.D.
Director of Community Services

Handwritten signature of Robert J. Goodhart.

Robert Goodhart
Quality Assurance Administrator



**DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES**

**Electronic Case Record
User Account Request Form**

Please complete the information below when requesting an account be established/modified/deleted for a user. This form is in addition to the Biggs User Authorization form that must be completed for access to State email and any other application/system maintained by DHSS Information Resource Management (IRM) unit. All state employees must have a valid state e-mail address established by IRM before a user account can be established in the Electronic Case Record System. Completion of all valid information below at the time of form submission will help to limit any potential delays in a user being able to access the Electronic Case Record System. Submit completed form to the DDDS Electronic Case Record System Administrator. **Fields marked with ** are the only fields required when an account is being deleted.**

Please Write Legibly

(Please check **one** of the following three boxes)

Add User Modify User Delete User**

First Name**:		Last Name**:	
Job Title:		Hire Date:	
Work Street Address:		Work City Address:	
Work State:	Delaware	Work Zip:	
Work Phone Number:		Work Fax Number:	
Work Cell Number (if applicable):		Work Email Address:	
Date Account is to be Deleted**:			

User Signature

Date

Supervisor Signature**

Date **

For Electronic Case Record System Administrator Use:	
User ID:	
Account Established/modified/deleted date:	
Notification Date:	
Date and Initials of Person Updating ECRS	