

<b>Department of Health (DOH)</b>		<b>Policy Number:</b>
<b>Developmental Disabilities Supports Division (DDSD)</b>		<b>Supersedes:</b> new
<b>POLICY</b>		
<b>Policy Title:</b>		
Electronic Health Passport		
<b>Effective Date:</b> November 1, 2011		
<b>Approved:</b>		<b>Date:</b>
Signature on file		June 17, 2011

## I. PURPOSE

To assure complete and consistent crucial information is shared with healthcare providers for adults receiving services through the Developmental Disabilities Waiver program, including emergency room personnel, hospitals, and various health practitioners from whom these individuals receive evaluation and treatment.

## II. POLICY STATEMENTS

- A. Primary Providers shall utilize a Health Passport from the electronic Comprehensive Health Assessment Tool (e-CHAT) section of the Therap system for each adult the agency serves through Developmental Disabilities Waiver funding.
- B. The primary and secondary providers shall assure that a current copy of the Health Passport is printed and available at all service delivery sites. The Health Passport for each individual shall be reprinted each time the e-CHAT is updated for any reason and whenever there is a change to contact information contained in the e-CHAT.
- C. Primary and secondary providers shall have internal procedures which assure that the current Health Passport, along with a current copy of the individual's Medication Administration Record or Medication list, accompanies each individual whenever they are taken by the provider to a medical appointment, urgent care or an emergency room, or are admitted to a hospital or nursing home.

## III. APPLICABILITY

Providers approved to provide Community Living, Community Inclusion, Private Duty Nursing, and Case Management services funded by the Developmental Disabilities Waiver when delivered to adults. This policy does not apply to Therapy providers, or Behavioral Support Consultation providers.

## IV. DEFINITIONS

*Adult:* means an individual who is age twenty-one or older, or who is at least eighteen years of age and receiving a Community Living Service.

*e-CHAT:* means electronic Comprehensive Health Assessment Tool, maintained on a secure website under contract with Therap Services. The tool must be completed for each adult served through Developmental Disabilities Waiver funding two weeks prior to their annual Individual Service Plan (ISP) meeting, upon hospital discharge and upon significant change of condition.

*Health Passport:* means a standardized document that contains individual, physician and emergency contact information, complete list of current and historical medical diagnoses, health and safety risk factors, allergies, insurance information and advance directives. The Health Passport also includes a standardized form to use at medical appointments

*Primary Provider:* Means the agency responsible as per the hierarchy to create and maintain the client record within Therap, in this order: Community Living, Private Duty Nursing, Adult Habilitation, Community Access, Supported Employment, Case Management.

*Secondary Provider:* means any other agency that is not the Primary Provider on the individual's team that is also required to utilize Therap.

*Therap:* means the secure online documentation system provided under contract by Therap Services, LLC.

## **V. REFERENCES**

Developmental Disabilities Waiver Service Standards