

Form 2085B Medical Consenter

Job Aid

Job Aid – Form 2085B Medical Consenter IMPACT 2.0 Release 2

Contents

Medical Consenter Detail Page	. 3
Medical Consenter Detail Page – How to Get There	. 3
Medical Consenter Detail Page – Updates	. 6
Medical Consenter List Page	. 8
Medical Consenter List Page – How to Get There	. 8
Medical Consenter List Page – Updates	10
Form 2085B Medical Consenter	11
Form 2085B Medical Consenter – Updates	11

Medical Consenter Detail Page

The **Medical Consenter Detail** page is where you initially launch a **2085B Medical Consenter** form in **SUB** or **ADO** stage. The page has now been modified to include a **Save and Complete** button that enables you to complete the consenter form, moving it into COMP status, and a **Delete** button that enables you to delete an in-process consenter form. The **Save and Complete** button displays after you have saved the **2085B Medical Consenter** form for the first time. The **Delete** button displays only when the form is in PROC status. The page has also been modified to include a Spanish language version of the English form in the **Form** dropdown. The Spanish reflects the same modifications as the English form.

As long as the consenter form is in PROC status (after being initially saved), you will be able to re-open and modify the consenter form, and all prefill fields will continue to update from IMPACT. When you select the **Save and Complete** button, the form will be locked and will then be read-only.

All current or prior **Medical Consenter** forms can be viewed and printed in IMPACT 2.0 in a closed stage or case.

Stages Affected: SUB, ADO

Medical Consenter Detail Page – How to Get There



To access the Medical Consenter Detail page, follow these steps:

1. From your **Assigned Workload** in the **My Tasks** tab, select the **Stage Name** hyperlink to the case.

Texas Department of Family and Protective Services												?	
My Tasks Case	Search Reports	Resources											
Workload	Workload												
Staff To-Do List	Assigned Wo	orkload											
	User Name : User ID :	10110										• Eligible	# new stage Worker Safety For Screening Screened
	Show 10 🗸 entries												₹
	SS !	WS Hr P/S M-Re	ef Stage Name 🕆	County	Stage	Туре	Opened 1	Assigned	Region	Unit	Stage ID	Case ID	PGM 1
		Р			SUB	REG	02/08/2018	03/23/2018	01	D1			CPS
		Ρ	\bigcirc	-	SUB	REG	02/08/2018	03/23/2018	01	D1		-	CPS
		s			FSU	REG	05/10/2017	06/27/2018	11	C5	-	-	CPS
		Ρ			SUB	REG	08/01/2017	08/23/2017	01	D1	-	-	CPS
		Ρ	-	_	SUB	REG	03/23/2016	04/03/2016	01	D1		-	CPS
		Ρ	1000	-	ADO	REG	10/17/2018	10/17/2018	01	D1	-	-	CPS
		S			SUB	REG	10/09/2018	10/11/2018	01	10			CPS
		Р		100	FSU	REG	02/08/2018	03/12/2018	01	D1	-	-	CPS
		Ρ			SUB	REG	03/06/2018	04/02/2018	01	D1	-	-	CPS

- 2. You will arrive at the **Case Summary** page.
- 3. Select the **Medical** tab on the secondary menu.

Case Summary	Case Summary Case Summary To	ol Case To-Do List Eve	ent List	Event Search	Case History	Principal Case Hist	tory Family Tree	PCSP				
Person	Case Summary											
Contacts/Summaries	Case Name:											* required field
Service Authorization											+	conditionally required field
Legal	Attention:											
Child Plans	You are currently in the	, SUB stage										
Placement	Case Information											
History	Case ID: Status (lpen					Region: Start Date of Case:	01	03/2018			
Medical												Expand All Collapse Al
Foster Care Eligibility	Show 10 v entries											
PCA	Mrg M-Ref	Stage Name	Stg	Туре	Opened	Time	Closed	Primary	Reg	Stage ID	Ov Dsp	Phone
ICPC	0			REG	11/10/2018			-	01			
Case Management	0	Residence &		REG	02/08/2018			100,000	01			-
	0			REG	02/08/2018			-	01			
	۲	Constanting of the local diversion of the loc		REG	02/08/2018			100,000	01			
	0	-	-	MDNG2	02/09/2018	04:26 PM	03/09/2018	-	01	-	RTB	

- 4. You will arrive at the **Medical Consenter List** page.
- 5. Select one of the hyperlinks under the **Type** column.

Case Summary	Medical Consenter	r Medical/Mental Assessment						
Person	Medical	Consenter List						
Contacts/Summaries	Stage Name:	Terror News						
Service Authorization	Case ID:							
Legal	Show 10 V entri	ies						
Child Plans	Туре	Name	Court Auth	DFPS Desig	Rel/Int	Start Date	End Date	Phone
Placement	Primary		DFPS	Live in caregiver	Aunt/Uncle	05/16/2018		
History	Backup	the second s	DFPS	DFPS employee	DFPS Staff	05/16/2018		100.00
Medical	Primary	100,000	DFPS	DFPS employee	DFPS Staff	03/29/2018	05/16/2018	
Foster Care Eligibility	Primary		DFPS	Emergency shelter employee	Foster Parent	02/09/2018	03/29/2018	1000
PCA	Backup	100000	DFPS	DFPS employee	DFPS Staff	03/29/2018	05/16/2018	100000000
ICPC	Backup	Trappeter Trappeter	DFPS	Emergency shelter employee	DFPS Staff	02/09/2018	03/29/2018	
Case Management	Showing 1 to 6 of	6 entries						
								Select Staff Select Person
	Medical	Consenter Form Lo	g					
	Status		Туре	Name	Start Date		End Date	
				No r	records exist.			

6. You will arrive at the **Medical Consenter Detail** page.

Medical Consenter	Medical/Mental Ass	essment										
Medical C	onsenter	Detail										
Stage Name: Case ID: Stage ID: Person ID:										:	conditionally	required field required field
Authorizatio Has there been a First:	n/Designatio	n Detail court authorized a	medical consenter?: Middle:	:		Last:	Yes	O No	Sfx:	V	Expand All	Collapse All
* Court Authorizer	et Primary	DFPS	✓ * Start Date:	05,	5/16/2018	‡ DFPS Designa	ited:	Live in caregiver End Date:	V	——————————————————————————————————————		
‡ Comments:												
Phone												
Address												
Notification	ð	Notification of I	Medical Consent Form	m filed with the Co	ourt - all appropriate j	parties notified of filir	ıg					

Medical Consenter Detail Page – Updates

- 1. Navigate to a **Medical Consenter Detail** page in **SUB** or **ADO** stage where there is no **2085B Medical Consenter Form**.
- 2. Select the **Forms** dropdown at the bottom of the page.
- 3. Select "Designation of Medical Consenter Form 2085-B" from the dropdown and select the **Launch** button.

Authorization/De Has there been a court h	signation Detail	a medical consenter?:			Yes	O No	
First		Middle:		Last	Terror and the second s		Sfic
* Court Authorized:	DFPS	\checkmark		‡ DFPS Designate	d:	Live in caregiver	V
* Type: Prima	ny 🕑	* Start Date:	05/16/2018			End Date:	
‡ Comments:							
Phone							
Address							
Notification	Notification of	Medical Consent Form filed v	with the Court - all appropriate par	rties notified of filing			
Forms							
Forms:	Designation of Medical	Consenter Form 2085-B	Launch				

4. The **2085B Medical Consenter Form** opens in a new tab.

	🛓 ") (" 🗉 🗉 🗿					
Texas Deptartment of Family					L	Form 2085B
and Protective Services		Attachment R. Designatio	on Of Madical Consenter			February 2019
Section 4. Child@dadiant.Comparing Information		Attachment D - Designatio	on Of Medical Consenter			
section 1. Child/Medical Consenter Information						
The Texas Department of Family and Protective Serv	rices (DFPS), managing conservator of:					
Child's Name			Child's DFPS IMPACT Person ID		Medicaid Number	
Para and Par						
Date of Birth	Legal County		Court Number		Cause Number	
	and the second se		1000 CO.			
Name of Judge			Phone Number of the Court			
hereby designates	as the Primary Medical Consenter(s) to consent to th	e medical care including physical, denta	l, behavioral health, vision and allied h	ealth care (e.g., physical therapy, occupat	ional therapy, speech therapy, dietetic services, etc.) for this ch	ild.
DED¢ barabu dasignatas	as Daskup Medical Concenter(s) for this shild in the super-	the Briman Medical Concenter is uppur	able			
Cention 2: Acknowledgement Agreement and Cin	as backup medical consenter(s) for this child in the event	the Primary Medical Consenter is unava	lable.			
Section 2. Acknowledgement, Agreement and Sig	natores					
As Primary/Backup Medical Consenter, I acknowl	edge and agree that:					
 I have received training on informed consent 	t and have presented a Certificate of Completion to the child's DF	PS caseworker;				
 I will cooperate with DFPS as stated in the N 	Medical Consenter Responsibilities (Section 3);					
 Failure to cooperate with DFPS may be a bag 	asis for revoking the designation;					
 I will provide a copy of this Form 2085B "De 	signation of Medical Consenter" to the child's health care provide	rs along with the Medicaid ID Card and	I STAR Health ID if applicable;			
 I will regularly provide information about the 	child's medical care to DFPS to include: preventive care, major n	nedical care, emergency care, and med	ical care for common childhood illne	sses and minor injuries for inclusion in re	equired reports;	
 I will notify the caseworker of services I cons 	sent to that are not covered by Medicaid or STAR Health; and					
 I will participate in each health care appoints 	nent for the child or I will provide written permission for the provis	ion of preventive care (Section 5) when	n I am unable to participate by provi	ding optional Section 6 with my signature	E.	
Terrar Baser						
Primary Medical Consenter			Second Primary Medical Conser	ter		
		1				
		<i>A</i>				ø
Dela	The later is the second		B		Total and the standard	
Date	Telephone Number		Date		Telephone Number	
100.00						
Backup Medical Consenter			Second Backup Medical Consen	ter		
-						

- 5. Select the **Save** icon in the form toolbar at the top of the page.
- 6. Return to the **Medical Consenter Detail** page and refresh the page in your browser.
- 7. Recognize that now that you have saved a **2085B Medical Consenter Form**, the **Medical Consenter Detail** page now displays a **Delete** button and **Save and Complete** button.

Medical Consenter	Medical/Mental Assess	sment									
Medical Co	nsenter D	Detail									
Stage Name: Case ID: Stage ID: Person ID:									:	 required fi conditionally required fi 	field field
Authorization Has there been a co	/Designation	Detail urt authorized a medi	cal consenter?:			es) No			Expand All Collapse) All
First:			Middle:	1	Last:			Sfx:	V		
* Court Authorized: * Type:	Primary V	DFPS	Start Date:	05/16/2018	‡ DFPS Designate	£	Live in caregiver	Y			
‡ Comments:											
Phone											_
Address											
Notification		Notification of Me	dical Consent Form t	filed with the Court - all appropriate partie	s notified of filing						_
Delete									Save	Save and Comp	olete

- 8. The **2085B Medical Consenter Form** is now in PROC status.
- 9. If you select the **Delete** button, the form will be deleted from the system. Recognize that you can only delete forms that are in PROC status.
- 10.If you select the **Save and Complete** button, the form status changes to COMP, and **Delete** and **Save and Complete** buttons are removed from the **Medical Consenter Detail** page.

Medical Consenter List Page

This page contains a new **Medical Consenter Form Log** section that displays a list of all forms associated with a child's Medical Consenters for a specific **SUB** or **ADO** stage. The section has an expandable/collapsible header and displays all consenter forms in reverse chronological order (newest to oldest forms according to Start date). All columns in the list are sortable.

You can open any of these forms by selecting the hyperlink under the **Status** column. Each form is indicated with one of the two statuses:

- **PROC** The form is still in process having some or all signatures still missing.
- **COMP** The form has been saved and completed with all needed signatures collected.

Medical Consenter List Page – How to Get There



To access the **Medical Consenter List** page, follow these steps:

1. From your **Assigned Workload** in the **My Tasks** tab, select the **Stage Name** hyperlink to the case.

Texas Department of Family and Protective Services														?	
My Tasks Case	Search	Reports	Resource	s											
Worldoad	Workload														
Staff To-Do List	Assign	ed Wo	rkload												
	User Name : User ID :		101.010											e Eligible	# new stag Worker Safet For Screenin Screene
	Show 10 V	entries													7
	s	.s !)	WS Hr P	/S M-Ref	Stage Name 🕆	County	Stage	Туре	Opened 🕆	Assigned	Region	Unit	Stage ID	Case ID	PGM
			Ρ				SUB	REG	02/08/2018	03/23/2018	01	D1		-	CPS
			P		\bigcirc		SUB	REG	02/08/2018	03/23/2018	01	D1		-	CPS
			S				FSU	REG	05/10/2017	06/27/2018	11	C5	-	-	CPS
			Ρ			-	SUB	REG	08/01/2017	08/23/2017	01	D1	-	-	CPS
			Ρ		-	_	SUB	REG	03/23/2016	04/03/2016	01	D1			CPS
			P		1000	-	ADO	REG	10/17/2018	10/17/2018	01	D1	-	-	CPS
			S				SUB	REG	10/09/2018	10/11/2018	01	10	-		CPS
			Ρ			-	FSU	REG	02/08/2018	03/12/2018	01	D1	-	-	CPS
			Ρ				SUB	REG	03/05/2018	04/02/2018	01	D1			CPS

- 2. You will arrive at the **Case Summary** page.
- 3. Select the **Medical** tab on the secondary menu.

Case Summary	Case Summary Case Summary	Tool Case To-Do List Ev	ent List E	Event Search	Case History Pr	incipal Case Histo	ry Family Tree	PCSP				
Person	Case Summary											
Contacts/Summaries	Case Name:	-										* required field
Service Authorization											+	conditionally required field
Legal	Attention:											
Child Plans	You are currently in the	, SUB stage										
Placement	Case Information											
History	Case ID:	Open				н	legion: tart Date of Care:	02/02	2/2019			
	otatus	open				9	cart bate of case.	02/03	0/2018			
Medical	otatus	open				0	cart bate of case.	02,0	2010			Expand All Collapse Al
Medical Foster Care Eligibility	Show 10 v entries	Open					cart Date of Gase.	04,0	/2010			Expand All Collapse Al
Medical Foster Care Eligibility PCA	Show 10 V entries	Stage Name	Stg	Туре	Opened	Time	Closed	Primary	Reg	Stage ID	Ov Dsp	Expand All Collapse Al
Medical Foster Care Eligibility PCA ICPC	Show 10 v entries	Stage Name	Stg	Type REG	Opened 11/10/2018	Time	Closed	Primary	Reg 01	Stage ID	Ov Dsp	Expand All Collapse Al
Medical Foster Care Eligibility PCA ICPC Case Management	Show 10 v entries	Stage Name	Stg	Type REG REG	Opened 11/10/2018 02/08/2018	Time	Closed	Primary	Reg 01 01	Stage ID	Ov Dsp	Expand All Collapse Al
Medical Foster Care Eligibility PCA ICPC Case Management	Show 10 v entries	Stage Name	Stg	Type REG REG REG	Opened 11/10/2018 02/08/2018 02/08/2018	- Time	Closed	Primary	Reg 01 01 01	Stage ID	Ov Dsp	Expand All Collapse Al
Medical Foster Care Eligibility PCA ICPC Case Management	Show 10 v entries	Stage Name	Stg	Type REG REG REG REG	Opened 11/10/2018 02/08/2018 02/08/2018 02/08/2018	Time	Closed	Primary	Reg 01 01 01 01 01	Stage ID	Ov Dsp	Expand All Collapse Al

4. You will arrive at the **Medical Consenter List** page.

Case Summary	Medical Consenter	Medical/Mental Assessment						
Person	Medical	Consenter List	7					
Contacts/Summaries	Stage Name:	Terror News						
Service Authorization	Case ID:							
Legal	Show 10 V entri	ies						
Child Plans	Туре	Name	Court Auth	DFPS Desig	Rel/Int	Start Date	End Date	Phone
Placement	Primary		DFPS	Live in caregiver	Aunt/Uncle	05/16/2018		
History	Backup	Concernant of Co	DFPS	DFPS employee	DFPS Staff	05/16/2018		
Medical	Primary	100,000	DFPS	DFPS employee	DFPS Staff	03/29/2018	05/16/2018	ALC: 12.10
Foster Care Eligibility	Primary		DFPS	Emergency shelter employee	Foster Parent	02/09/2018	03/29/2018	11110
PCA	Backup	100000	DFPS	DFPS employee	DFPS Staff	03/29/2018	05/16/2018	100.000
ICPC	Backup	Trappeter Property in	DFPS	Emergency shelter employee	DFPS Staff	02/09/2018	03/29/2018	
Case Management	Showing 1 to 6 of	6 entries						
								Select Staff Select Person
	Medical	Consenter Form Log]					
	Status		Туре	Name	Start Date		End Date	
				No re	cords exist.			

Medical Consenter List Page – Updates

- 1. At the **Medical Consenter List** page, select the expand icon in the **Medical Consenter Form Log** heading.
- 2. The section expands to display a list of available **Medical Consenter Forms** for the child.
- 3. Recognize that the listed forms are in either PROC or COMP status.
- 4. You can re-sort the list from the column headers.
- 5. Select a hyperlink under the **Status** column to open a **Medical Consenter Form** in a new tab.

	Medical Consenter	Medical/Mental Assessment						
Ν	Aedical Co	onsenter List						
	Stage Name: Case ID: Show 10 🗸 entries	1010100						
	Туре	Name	Court Auth	DFPS Desig	Rel/Int	Start Date	End Date	Phone
	Primary		DFPS	Live in caregiver	Aunt/Uncle	05/16/2018		
	Backup	100,000	DFPS	DFPS employee	DFPS Staff	05/16/2018		100.000
	Primary	1000,000	DFPS	DFPS employee	DFPS Staff	03/29/2018	05/16/2018	
	Primary		DFPS	Emergency shelter employee	Foster Parent	02/09/2018	03/29/2018	100.000
	Backup	Report Text 1	DFPS	DFPS employee	DFPS Staff	03/29/2018	05/16/2018	
	Backup	Ingen Tegner	DFPS	Emergency shelter employee	DFPS Staff	02/09/2018	03/29/2018	
	Showing 1 to 6 of 6 er	itries						
							[Select Staff Select Person
ſ	Medical Co Show 10 v entrie	onsenter Form Log						
	Status	Туре		Name 🕆	Start Date		End Date	
	PROC	Prima	агу	Recolloge 1	05/16/2018			
	Showing 1 to 1 of	l entries						

Form 2085B Medical Consenter

Improvements to the **2085B Medical Consenter Form** include several revisions to the form text and now the added ability of medical consenters and DFPS personnel to sign the form electronically via wet signature. A hyperlinked icon below the signature field opens a pop-up signature box that is signed manually and then confirmed using the **Save and Close** button. Once confirmed, the system date and signer's phone number prefills on the form. Once the form is saved (in PROC status), the signature and date fields are disabled, but the telephone number fields remain editable.

After you select the **Save and Complete** button on the **Medical Consenter Detail** page, the form is locked and becomes view-only. You will be able to access, view, and print any current or past consenter forms from a list section that has been added to the **Medical Consenter Detail List** page.

Form 2085B Medical Consenter – Updates

- 1. The **2085B Medical Consenter Form** is initially launched from the **Forms** dropdown of the **Medical Consenter Detail** page.
- 2. The **2085B Medical Consenter Form** opens in a new tab.
- 3. Recognize that data in the child's information table is prefilled from the system. This information refreshes each time the form is launched.

Texas Deptartment of Family				Form 2085B			
and Protective Services				February 2019			
Attachment B - Designation Of Medical Consenter							
Section 1: Child/Medical Consenter Information							
The Texas Department of Family and Protective Services (DFPS), managing conservator of:							
Child's Name			MPACT Person ID	Medicaid Number			
Prefilled			Prefilled		Prefilled		
Date of Birth Legal County	Cr	ourt Number		Cause Numbe	r		
Prefilled Prefil	lled 🛛 🖉		Prefilled		Prefilled		
Name of Judge			Phone Number of the Court				
hereby designates) as the Primary Medical Consenter(s) to consent to the medical care including physical, dental, behavioral health, vision and allied health care (e.g., physical therapy, occupational therapy,							
speech therapy, dietetic services, etc.) for this child.							
DFPS hereby designates as Backup Medical Consenter(s) for this child in the event the Primary Medical Consenter is unavailable.							
Section 2: Acknowledgement, Agreement and Signatures							
As Primary/Backup Medical Consenter, I acknowledge and agree that:							

- 4. Examine the form to see how it has been modified.
- 5. Scroll to the signature boxes in Section 2.
- 6. Select the wet signature icon below one of the signature boxes and recognized how this opens a pop-up signature window with **Clear** and **Save and Close** buttons.

	Attachment B - Designation Of Medical Consenter						
Section 1: Child/Medical Consenter Inform	ation						
The Texas Department of Family and Protecti	ve Services (DFPS), managing conservator of:						
Child's Name		Child's DFPS IMPACT Person ID	Medicaid Number				
Barran Thereit							
Date of Birth							
Contract Contract							
Name of Judge							
L							
hereby designates			,				
speech therapy, dietetic services, etc.) for thi							
DFPS hereby designates							
Section 2: Acknowledgement, Agreement							
As Primary/Backup Medical Consenter, I a							
 I have received training on informed 							
 I will cooperate with DFPS as stated 							
 Failure to cooperate with DFPS may 							
I will provide a copy of this Form 208							
I will regularly provide information at		Oliver allows					
I will notify the caseworker of service		Sign above	01000				
 I will participate in each health care 	Clear Save and Close		Close				
L			and the second secon				
Tapenas, Charden 1							
Primary Medical Consenter		Second Primary Medical Consenter					
		ji .					
L							

- 7. Sign the form with your cursor, finger or stylus and select the **Save and Close** button.
- 8. Recognize when the pop-up window closes, the signature box on the form becomes noneditable. Recognize, however, that the telephone number field remains editable.
- 9. Select the **Save** icon in the toolbar.

Section 2: Acknowledgement, Agreement and Signatures				
As Primary/Backup Medical Consenter, I acknowledge and agree	e that:			
I have received training on informed consent and have presented a Certificate of Completion to the child's DFPS caseworker:				
I will cooperate with DFPS as stated in the Medical Consen	ter Responsibilities (Section 3);			
Failure to cooperate with DFPS may be a basis for revoking	g the designation;			
· I will provide a copy of this Form 2085B "Designation of Me	edical Consenter" to the child's health care provi	iders along wi	th the Medicaid ID Card and STAR Health ID if applicable;	
· I will regularly provide information about the child's medical	I care to DFPS to include: preventive care, majo	or medical car	e, emergency care, and medical care for common childhood illnesses	and minor injuries for inclusion in required reports;
· I will notify the caseworker of services I consent to that are	not covered by Medicaid or STAR Health; and			
· I will participate in each health care appointment for the chi	Id or I will provide written permission for the pro	vision of prev	rentive care (Section 5) when I am unable to participate by providing	optional Section 6 with my signature.
Non Editable				
			Occand Drimon: Medical Concenter	
Primary medical Consenter			Second Primary Medical Consenter	
	Editable			
	Editable	· /		
1/31/2019				
Date	Telephone Number		Date	Telephone Number
				-

- 10. The form is now saved in PROC status.
- 11.If you return to the **Medical Consenter List** page and expand the **Medical Consenter Form Log**, you'll see the **2085B Medical Consenter Form** appears in the list in PROC status.
- 12. While the form is in PROC status, it can still be reopened and updated except for any signature fields that have been signed and confirmed.

Medical C Medi Stage N Case ID: Show 10	Consenter Medical/Me ical Consen ame: : 2 or entries	ntal Assessment Iter List						
Туре	Name	Court Auth	DFPS Desig	Rel/Int	Start Date	End Date	Phone	
Prima	iry	DFPS	Live in caregiver	Aunt/Uncle	05/16/2018		-	
Backu	q	DFPS	DFPS employee	DFPS Staff	05/16/2018		100.000	
Prima	iry	DFPS	DFPS employee	DFPS Staff	03/29/2018	05/16/2018	100.000	
Prima	iry	DFPS	Emergency shelter employee	Foster Parent	02/09/2018	03/29/2018	100.000	
Backu	qu	DFPS	DFPS employee	DFPS Staff	03/29/2018	05/16/2018		
Backu	qu	DFPS	Emergency shelter employee	DFPS Staff	02/09/2018	03/29/2018		
Showing	Showing 1 to 6 of 6 entries Select Staff Select Person							
Show	Medical Consenter Form Log							
St	atus	Туре 🕈	Name 🕆	Start Date	Start Date			
PR	ROC	Primary	Record and C	05/16/201	8			
Showing 1 to 1 of 1 entries								