CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES

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Contract Correspondence Transmittal (CCT)

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Division/Branch: Protection and Permanency/OOHC	
Key Words/Phrases: Training for PCC TWIST Tracking Module	

Dear PCC Provider,

As you may be aware, the federal government is currently tracking the frequency of worker visits with children in foster care (including residential programs). Due to these requirements, it is necessary for each private child caring agency to identify staff that will complete data entry related to these visits. For those agencies with foster care programs, your staff are currently completing this function in the PCC TWIST Tracking Module. Compliance with training and utilization of the PCC TWIST Tracking Module for the purpose of documenting worker visits to the child is imperative for Kentucky to obtain compliance with federal requirements.

Agencies should determine which staff will need access to use the module and the level of clearance they should have. Information on the roles/clearances of the administrator, PCC User 1s and PCC User 2s is provided below. Your agency's administrators should complete the necessary paperwork to obtain a user ID and sign up for training as soon as possible. Information on obtaining a user ID is provided in the attachment.

For budgetary reasons, each parent company should limit their participation for this training to their two (2) designated administrators and PCC User 1s. Large agencies are asked to use their administrators and PCC User 1s that receive training, to train PCC User 2s and any additional PCC User 1s. Please ensure that this information is shared with your staff as soon as possible.

To register for training, please go to the following link: https://tris.eku.edu/ors/default.asp and search for **TWIST: Private Child Care Tracking Screens** for PCC Staff. You will need to login in order to register. If you are a new user you can click on 'User Login' and then sign up for an account.

Roles	Org/ Dept	Description
PCC Admin	PCC	Two administrators for each parent agency are required. The PCC Admin can approve and manage user accounts for the agency as well as enter foster home and independent living directory information for all licensed programs within the agency and manage the foster children's records for all licensed programs within the parent agency. It is important that each agency think carefully about their selection for the PCC Admin role. These users will have the responsibility to approve users that have access to the agencies data as well as remove access when a user leaves the agency.
PCC User 1	PCC	For the licensed programs assigned to this user, the PCC User 1 can enter information related to foster homes and independent living locations as well as manage the foster children's assignments and moves.
PCC User 2	PCC	For the licensed programs assigned to this user, the PCC User 2 can manage the foster children's assignments and moves.

Training Information

Each parent company should limit their participation for this training to their two (2) designated Administrators and PCC User 1s. Large agencies are asked to limit the number of PCC User 1s that they send to this training. Training slots are available on a first come/first served basis. If the maximum enrollment for a site is reached, participants will need to register for one of the other sessions being offered for this training.

Training times are 9:00 a.m. to 12:00 p.m. with times being represented as the local time of each computer lab.

Training Date	Training Location	Lab Address	Number of participants
March 29th	Eddyville Center	620 W. Dale Ave Eddyville KY	20
April 5th	Bowling Green Center	1010 State Street Bowling Green KY	20
April 11th	Lexington Center	2050 Creative Dr. Lexington KY	20
April 13th	Louisville Center	908 W. Broadway 9th Floor Louisville	20
April 19th	Owensboro Center	311 W. Second Street Owensboro	20
April 28th	Florence Center	8311 E. Highway 42 Florence KY	20

Training description: *This training will provide participants with basic navigation of the PCC TWIST Tracking Module screens and the documentation of worker visits to children in residential programs.*

Directions to the training labs above may be accessed from www.eku.edu by selecting the "maps" tab on the far right of the screen.

If you have any questions regarding this matter, please contact Julie.cubert@ky.gov.

Sincerely,

Michael Cheek
Director

INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION REQUEST FOR THE TWIST PCC Tracking Module ACCOUNT

FORM INSTRUCTIONS

- One form must be submitted for each user requesting an account. A copy of the user's driver's license must accompany the account request form.
- All users must sign Section 3.
- For administrative accounts, the head of the organization (CEO, president, etc.) must sign the first signature line in Section 4.
- If the administrator is also the head of the organization, another staff member of the organization must sign the second signature line, attesting that the head of the organization is identified correctly in Section 1.
- **ALL** signatures must be original. We will not permit anyone to sign for another person. Clear signatures must be provided. *Access will not be granted if signatures are missing or names are illegible.*
- **ALL fields** must be completed. *Handwritten information must be legible.* Access will not be granted if the User Information is incomplete or illegible when the form is submitted.
- After completing and faxing the required documents, the user should go to the Request Account website <link> and complete the Account Request form online.
- After completing the form online, the user will receive an email to confirm their online request has been submitted.
- When the request is approve by the agency administrator and the CHFS Administrator, the requesting user will receive another email with the assigned account information.
- For questions concerning this process, please talk to your agency administrator or call the help desk at 502-564-0104, Option 3.

FAXING INSTRUCTIONS

- This completed form and the copy of the driver's license should be faxed to the attention of the CHFS Admin to 502-564-0328.

This form must be completed and returned by any person having a need and a right to access TWIST PCC Tracking Module. It must be completed in ink or typed. All information must be accurate and complete, and the form must contain the appropriate authorized signature(s). *When the form is completed, it MUST BE faxed for approval to CHFS at this fax number – XXX-XXX-XXXX.*

SECTION 1: USER INFORMATION

FULL NAME: _____ REQUEST DATE: _____

EMAIL: _____

PRIMARY PHONE: (____)_____ ALTERNATE PHONE: (____)_____

AGENCY NAME: _____

JOB TITLE/FUNCTION: _____

BUSINESS MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____ COUNTY: _____

SECTION 2: USER AGREEMENT

TWIST PCC Tracking Module User Agreement

The Department of Community Based Services (DCBS) in the Kentucky Cabinet of Health and Family Services is authorized to gather information about youth placed in foster care through the TWIST PCC Tracking Module. DCBS has responsibility for both the collection and appropriate use of information gathered through this module.

By accepting this user agreement, I acknowledge that I have been made aware of my responsibilities to protect the confidentiality of the information in the TWIST PCC Tracking Module. I am only permitted to use TWIST PCC Tracking Module for the purpose of tracking DCBS foster children in Kentucky. I acknowledge that I have been made aware that misuse of the information may potentially lead to penalties and/or system revocation.

As an authorized user, I agree to the following terms of use:

1. I agree to make only authorized uses of any information in the TWIST PCC Tracking Module. I agree to not divulge the contents of any record except as permitted by state or federal law.
2. I agree to not share any user name or password information. I acknowledge that I am responsible for any actions taken on the TWIST PCC Tracking Module under my login name.
3. I agree not to access the information contained in the TWIST PCC Tracking Module other than for authorized business actions.
4. I agree to terminate my access to the TWIST PCC Tracking Module when my employment with the reporting entity ends or when my job responsibilities no longer require me to access TWIST PCC Tracking Module information.
5. I agree to immediately report any misuse of the TWIST PCC Tracking Module or violations of this agreement to the Department of Community Based Services or the CHFS IT Security Officer.

Any misuse of the TWIST PCC Tracking Module or its information may lead to temporary revocation of access privileges, permanent loss of access privileges or penalties under state and/or federal law.

SECTION 3: AUTHORIZATION SIGNATURE FOR ALL ACCOUNT REQUESTORS
Section 3 Instructions: All users must sign Section 3.

I attest to the best of my knowledge that the information provided above is true, accurate, and complete and that I have read and agree to the TWIST PCC Tracking Module user agreement on page 1 of this document.

USER SIGNATURE:_____ **DATE:** _____

SECTION 4: AUTHORIZATION SIGNATURE(S) FOR AGENCY ADMINISTRATORS ONLY

Section 4 Instructions: To authorize the *PCC Administrator's Account*, the Agency's Authorized Official must sign Section 4 (A) below. If the PCC Administrator's Account will be administered by the head official of the Agency, rather than another agency employee, another staff member of the agency must sign Section 4 (B) below, attesting that the Agency's Authorized Official is identified correctly in Section 1 of this form.

A) **Authorization from the Agency's Official (CEO or President)**

I certify that the above named user requires administrative access to the Department of Community Based Services TWIST PCC Tracking Module and that the access complies with appropriate use as specified in the Intra-agency confidentiality and Information Sharing Agreements. I also acknowledge that this user will have the responsibility to manage the access (approve access, assign and update access to licensed programs and roles, and disable accounts) for other users within the agency named above.

AGENCY'S AUTHORIZED OFFICIAL SIGNATURE:

_____**DATE:** _____

Print Name *(must be legible):* _____

(B) Confirmation Signature

I certify that the user described in Section 1 of this document is the designated official for the Agency described above.

AGENCY APPROVER: _____ **DATE:** _____

Print Name *(must be legible):* _____

FOR DEPARTMENT FOR COMMUNITY BASED SERVICES USE ONLY

DATE REQUEST RECEIVED: _____ DATE USER AGREEMENT RECEIVED: _____

DATE COPY OF DRIVER'S LICENSE RECEIVED: _____ ACCOUNT ACTION: ☐ APPROVED ☐ DENIED

REVIEWER SIGNATURE: _____ ACTION DATE: _____

PRINT NAME (MUST BE LEGIBLE): _____

DENIAL REASON: ☐ USER INFO INCOMPLETE, ☐ OTHER _____

COMMENTS: _____

Cabinet for Health and Family Services

Requesting User ID / Password.

URL –**https://pcctracking.chfs.ky.gov/**

Step	Description	Expected Result
Setup	Open Browser to PCC Portal Page using URL above	CHFS Application Portal page opens.
1.1.1	Click <u>Want to sign up for an account?</u> link	Account request page opens
1.1.2	Enter the following bold information in the required fields * Reference Code: **PCCTRACK** Referrer Email: <u>**Melissa.Humphrey@ky.gov**</u> Comments: **Enter the name of the agency for which you work. This will allow the CHFS admin to assign you to the correct parent agency / licensed programs.** First Name: **(Your first name)** Last Name: **(Your last name)** Date of Birth: **your DOB** Email: **Your email address** Confirm Email: **Same as above** Address: **Work Address** City: **Work City** State: **Kentucky** Zip: **Work Zip code** Phone: **Work Phone #** Password: **enter a password that you can remember following the guidelines** → Confirm Password: **same as above** 4 Digit Pin: **Enter a 4 digit # that you can remember, this will be necessary to have should you ever forget your password and have to have it reset** Security Question: Select a question from dropdown Security Answer: **SPOT** Enter text from page: Enter info shown in shaded area. Click **I Accept, Submit Request** button	Receive Account Request Confirmation Page Password must meet the minimum complexity requirements: at least 8 characters; does not contain your first or last name; must contain characters from the following four categories: English uppercase (A through Z); English lowercase (a through z); Numerals (0 through 9); Non-alphabetic characters (@, #, $, %, ^, +, =).
1.1.3	Correct any fields listed as errors Click **I Accept, Submit Request** button	Receive Account Request Confirmation Page