

Overview:

Virtual Gateway

In order to view and/or manage client level information, users are required to have a consent created in EIM/ESM. Users that enter client data for their organization will have this consent automatically generated by the system and will not need to create one manually. This system consent does not replace any program-specific *Consent to Serve* or *Sharing of Data* consents, requiring wet signatures.

However, if users are preparing to facilitate a client referral/transfer of client information, users can manually create consent through EIM/ESM. Users will be required to select what information to be shared including the following scenarios:

Note: This functionality should only be used if users plan to share information with another provider organization.

Scenario A: How to access a student record to share basic demographic information (i.e. Face Sheet) across sites.

Complete the following steps to add a consent: Viewing Client Information

Log into EIM/ESM.

1. Select the [Clients] module.

Figure 1: EIM top bar with the Clients module highlighted

Home Clients Billing Contracts Credentials Report Help Logout

2. Select the **[Clients]** link from the left navigation menu.

The Client Search page opens.

On this page, the user searches for a Client by entering search criteria in one or more of the fields: Last Name, First Name, ID, ID Type, or Date of Birth.

Figure 2: Client Search page

Current Location: Client > Client Search			
Client	Client Search	1	
» Client Search			
» Advanced Client Search	At least one search criter	a must be entered	
» Cross Activity Eligibility	Last Name:		First Name:
» View Enrollments	ID:		B
	ID Type:	Select Below	
	Date of Birth:	· · · · · · · · · · · · · · · · · · ·	
			Search

- 3. Enter Search criteria in the fields.
- 4. Select the **Search** button.

The Search Results appear at the bottom of the page.

ient	Client Sear	ch							
Client Search	•								
Advanced Client Search	Last Nam	Last Name: 3000 First Name:							
Cross Activity Eligibility		p: [
View Enrollments		D.	_						
	ID Typ	e: Select Below	~						
	Date of Bin	th:							
	Search Resul	ts	-						Search
	Search Resul	ts	-						Search
	Search Resul	ts First Name	<u>ID</u>	ID Type	Date of Birth	Address	<u>City</u>	Region EOHHS REGION 5:	Search
	Search Resul Last Name 300068 Last Name	ts First Name 300068 First Name	ID 00000000	ID Type SSN	Date of Birth 08/07/1988	Address Homeless	City Somerset	Region EOHHS REGION 5: SOUTHEAST	State MA
	Search Resul Last Name 300068 Last Name 300077 Last Name	ts First Name 300068 First Name 300077 First Name	ID 000000000 00000000	ID Type SSN SSN	Date of Birth 08/07/1988 03/25/1958	Address Homeless Homeless	City Somerset Boston	Region EOHHS REGION 5: SOUTHEAST EOHHS REGION 6: BOSTON REGION	State MA MA
	Search Resul <u>Last Name</u> 300053 Last Name 300077 Last Name 300080 Last Name	ts First Name 300068 First Name 300077 First Name 300080 First Name	ID 000000000 000000000 000000000	ID Type SSN SSN SSN SSN	Date of Birth 08/07/1988 03/25/1958 10/07/1979	Address Homeless Homeless Homeless	City Somerset Boston Boston	Region EOHHS REGION 5: SOUTHEAST EOHHS REGION 6: BOSTON REGION EOHHS REGION 6: BOSTON REGION	State MA MA MA
	Search Resul Last Name 300068 Last Name 300077 Last Name	ts First Name 300068 First Name 300077 First Name	ID 000000000 000000000	ID Type SSN SSN	Date of Birth 08/07/1988 03/25/1958	Address Homeless Homeless	City Somerset Boston	Region EOHHS REGION 5: SOUTHEAST EOHHS REGION 6: BOSTON BEGION	State MA MA

5. Select the contract link.

The Applicant Face Sheet Summary appears.

urrent Location: Client > Client Searc	ch > Applicant FaceSheet Summary					
lanage Client	Client #120398759 : 300068 First Na	ame 3. 300068 Last N	lame			
Face Sheet	•					
Client Summary	Application Summary					
Personal Info	Application Number	Enroliment Status	Sub	nission Date	Expirati	ion Date
eferrals						
Relations	Olivert Overser					
nsurance	Client Summary					
Consents	First Name	Middle Name	Last Name	Sufi	ïx	Туре
Single Activity Eligibility	300068 First Name	300068 Middle Name	300068 Last Na	me		Primary
nrollments						
Waivers	Personal Information					
Services	D-46 Di-4 00/07/4000		A 20 \//-> 2 M			Conden M
rimary Care Provider	Date of Birth: 08/07/1988		Age: 30 Year(s) 3 Mo	ntn(s) 28 Day(s)		Gender: M
,,	Control Construction Neurophered COC COCC	Webset Orada Ora	and a first of a little by California I allow			
	Social Security Number: 000-00-0000	Highest Grade Cor In what langu	npleted: High School dip age do you prefer to rea	oma / GED d or discuss health re	elated materials? English	
	Social Security Number: 000-00-0000 Contact Information	Highest Grade Cor In what langu	npleted: High School dip age do you prefer to rea	oma / GED d or discuss health re	elated materials? English	
	Social Security Number: 000-00-0000 Contact Information Address	Highest Grade Cor In what langu Type	npleted: High School dip age do you prefer to rea Effective From	oma / GED d or discuss health re Effective To	elated materials? English	Primary
	Social Security Number: 100-00-0000 Contact Information Address 300068 Address Line 01 , Somerset, MA, 02726	Highest Grade Cor In what langu Type Homeless	Appleted: High School dip age do you prefer to rea Effective From 09/02/2018	oma / GED d or discuss health re Effective To	elated materials? English Restricted No	Primary Yes
	Social Security Number: 000-00-0000 Contact Information Address 300068 Address Line 01 , Somerset, MA, 02726 300068 Address Line 01 , Somerset, MA, 02726	Highest Grade Cor In what langu Type Homeless Homeless	Effective From 09/02/2018 12/02/2014	oma / GED d or discuss health re Effective To	Restricted No	Primary Yes No
	Social Security Number: 000-00-0000 Contact Information Address 300068 Address Line 01 , Somerset, MA, 02726 300068 Address Line 01 , Boston, MA, 02118	Highest Grade Cor In what langu Homeless Homeless Homeless	Effective From 09/02/2018 12/02/2018 05/05/2018	oma / GED d or discuss health re Effective To	Restricted No No No	Primary Yes No No
	Social Security Number: 000-00-0000 Contact Information Address 300068 Address Line 01 , Somerset, MA, 02726	Highest Grade Cor In what langu Homeless Homeless Homeless Homeless	Effective From 09/02/2018 12/02/2014 05/05/2018 12/14/2017	oma / GED d or discuss health re Effective To	Restricted Mo	Primary Yes No No No
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	Social Security Number: 000-00-0000 Contact Information Address 300066 Address Line 01 , Somerset, MA, 02726 300066 Address Line 01 , Somerset, MA, 02726 300066 Address Line 01 , Boaton, MA, 02116 300066 Address Line 01 , Somerset, MA, 02726 300066 Address Line 01 , Somerset, MA, 02726 300068 Address Line 01 , Somerset, MA, 02725	Highest Grade Cor In what langu Homeless Homeless Homeless Home Home Home Home	ppleted: High School dip age do you prefer to rea 09/02/2018 12/02/2014 05/05/2018 12/14/2017 01/25/2018 01/25/2018	ema / GED d or discuss health re Effective To	Restricted No No No No No No No No	Primary Yes No No No No
	Social Security Number: 000-00-0000 Contact Information Address 300068 Address Line 01 , Somerset, MA, 02726 300068 Address Line 01 , Somerset, MA, 02725 30	Highest Grade Cor In what langu Homeless Homeless Homeless Home Home Home Home Home	ppleted: High School dip age do you prefer to rea 99/02/2018 12/02/2018 12/02/2014 05/05/2018 12/14/2017 01/25/2018 03/31/2014 11/1/02/014	oma / GED d or discuss health re Effective To 05/04/2018	Restricted No No No No No No No No No No	Primary Yes No No No No No
	Social Security Number: 000-00-0000 Contact Information Address 300068 Address Line 01 , Somerset, MA, 02726 300068 Address Line 01 , Somerset, MA, 02726 300068 Address Line 01 , Somerset, MA, 02726 300068 Address Line 01 , Somerset, MA, 02725 300068 Address Line 01 , Somerset, MA, 02725 300068 Address Line 01 , Somerset, MA, 02725 300068 Address Line 01 , Worcester, MA, 01608	Highest Grade Cor In what langu Homeless Homeless Homeless Home Homeless Home Homeless Home Homeless	pieted: [High School dip age do you prefer to rea 60002/2018 12/02/2018 12/02/2014 05/05/2018 12/14/2017 01/25/2018 03/31/2014 02/25/2014 02/25/2014	d or discuss health re Effective To D5/04/2018	Restricted No	Primary Yes No No No No No No
	Social Security Number: 000-00-0000 Contact Information Address 300068 Address Line 01 , Somerset, MA, 02726 300068 Address Line 01 , Somerset, MA, 02726 300068 Address Line 01 , Somerset, MA, 02110 300068 Address Line 01 , Somerset, MA, 02726 300068 Address Line 01 , Somerset, MA, 02725 3	Highest Grade Cor In what langu Homeless Homeless Homeless Homeless Home Homeless Home Homeless Homeless Homeless Homeless	pieted: [High School dip age do you prefer to rea Effective From 99/02/2018 12/02/2018 12/14/2017 01/25/2018 03/31/2014 11/10/2014 12/12/2014 09/25/2014 09/25/2014	Effective To	Restricted No No No No No No No No No No No No No	Primary Yes No No No No No No No
	Social Security Number: 000-00-0000 Contact Information Address 300068 Address Line 01 , Somerset, MA, 02726 300068 Address Line 01 , Somerset, MA, 02725 300068 Address Line 01 , Somerset, MA, 02725 300068 Address Line 01 , Somerset, MA, 02725 300068 Address Line 01 , Worcester, MA, 02725 300068 Address Line 01 , Somerset, MA, 02725 300068 Address Line 01 , Somerset, MA, 02725 300068 Address Line 01 , Somerset, MA, 02725 300068 Address Line 01 , Boston, MA, 02118 300068 Address Line 01 , Boston, MA, 02127	Highest Grade Cor In what langu Homeless Homeless Homeless Home Home Home Homeless Homeless Homeless Homeless Homeless Homeless	Effective From 09/02/2018 12/02/2014 05/05/2014 03/05/2014 03/05/2014 03/05/2014 03/05/2014 03/05/2014 06/05/2014 06/05/2014 06/05/2014 06/05/2014 06/05/2014 06/05/2014 06/25/2014	GED d or discuss health re Effective To DS/04/2018 DS/04/2018	Restricted No No No No No No No No No No No No	Primary Yes No No No No No No No No No

6. Select **Consents** from the navigation bar.

The Consents page appears.

Figure 5: Consents page					
Current Location: Clients:> Client Search > Face	e Sheet > Consents				
Manage Client	Client #120398759 : 300068 Fi	irst Name 3. 300068 L	.ast Name		
» Face Sheet					
» Client Summary	Consents				
» Personal Info	Consenting Person	Consenting Name	Consent Type	Effective From	Effective To
» Referrals	Cold.	2735713 First Name 2735713 First	Default) (alue	02/21/2014	
» Relations		Name	Deladitvalue	03/3//2014	
» Insurance	Display 1 to 1 of 1				
» Consents					
» Single Activity Eligibility					Add Consent
» Enrollments					
» Waivers					
» Services					
» Primary Care Provider					

7. Select the auto-generated <u>Self</u> link.

The Update Consent page appears.

lanage Client	Client #120398759 :	300068 First	t Name 3. 3000	68 Last Nan	ne			
Face Sheet								
Client Summary	Update Consent							
Personal Info	Consort	ng Dornon First Name	2725712 Einst Nome		C	peopting Derson Lost Name	0725712 Einst Nom	20
Referrals	Consent	ng reison riist name.	2733713 Plistivalile		C	insenting reison Last Manie.	2735713111811481	
lelations		*Consenting Person:	Self	~		*Consent Type:	DefaultValue	•
isurance		Consent Procedure:						
onsents								
ingle Activity Eligibility								
nroliments		*Effective From:	03/31/2014			Effective To:		
laivers		Comments:		1				
ervices								
rimary Care Provider								
		Date Created	03/31/2014 03:49:53 PM			Created By	SYSTEM	
		Date Changed				Changed By		
				Associate Servi	ice Plan	Add Organization Link	Save Change	B Delete Conse
	Associated Organization	e						
	Associated organization	Differentiate Dista		Evelocities Dete		D -1		
	Organization Name	Effective Date		Expiration Date	•	Prima	ry	
	Services	09/29/2014				No		
	Bay Cove Human Services	03/31/2014				Yes		
	Associated Service Plan	s						
	Service Plan Version	S	ervice Coordinator	Service Plan Type	Status	First Serv	ice Delivery Date	Effective From
	936045				Active			09/14/2014



The Add Consent Organization Link page appears.

Figure 7: Add Consent Or	ganization Link page						
Manage Client	Client #120398759 : 30	DO068 First Name 3. 30	0068	_ast Name			
» Face Sheet » Client Summary	Add Consent Organization	Link					
» Personal Into » Referrals	Legal Name:						
» Relations	DBA Name:						
» Insurance » Consents	Organization ID:			Organization ID Type:	Select Below	~	
» Single Activity Eligibility	City:			HHS Region:	Select Below	~	
» Enrollments	Organization Group:						
» services							Search
» Primary Care Provider							

- 9. Add a legal name of the school in the Legal Name field. (*Hint*: Use %name for search criteria).
- 10. Select the [Search] button.

The Add Consent Organization Link page appears with search results at the bottom.

Figure 8: Add Consent C	Organization	n Link page with	Legal Name adde	ed and Search r	esults		
Current Location: Clients:> Client Search > F	ace Sheet > Consents	> Consent Summary > Add Co	nsent Organization Link				
Manage Client	Client #	£120398759 : 300	0068 First Name 3	3. 300068 Last N	Name		
» Face Sheet							
» Client Summary	Add Con	sent Organization L	_ink				
» Personal Info		Land Names	100				
» Referrals	_	Legar Marrie:	MCA				
» Relations		DBA Name:					
» Insurance		Organization ID:			Or	nanization ID Type: Select Below	
» Consents	<u> </u>						
» Single Activity Eligibility		City:				HHS Region: Select Below	 ✓
» Enrollments		Organization Group:					
» Waivers							
» Services							Search
» Primary Care Provider	Search R	Aculte					
		loounto	004 H	-			
	Select Code	Legal Name	DBA Name	Туре	City	State	HHS Region
	0	YMCA of Greater Worcester		Non Government	Worcester	MA	MASS
	0	YMCA of Greater Springfield		Non Government	Springfield	MA	EOHHS REGION 1: WESTERN MASS
	0	YMCA of Greater Boston		Non Government	Boston	ма	EOHHS REGION 6: BOSTON REGION
	Display 1 to 3	3 of 3			·		
		*Effective	From:			Effective To:	
							Save

- 11. Select the radio button next to the individual site/school of your choice.
- 12. Enter a date in the **Effective From** field or use the Calendar icon to select a date. (*Note*: This should match enrollment date).
- 13. Select the [Save] button.

The Update Consent page appears.

Manage Client	Client #120398759 :	300068 First	t Name 3. 3000)68 Last Na	me			
» Face Sheet								
» Client Summary	Update Consent							
Personal Info			0705740 5144 01444				0705740 5141 1144	1
Referrals	Conser	ting Person First Name:	2735713 First Name			Consenting Person Last Name:	2735713 First Name	
Relations		*Consenting Person:	Self	\sim		*Consent Type:	Default/alue 🔽	
Insurance		Consent Procedure:						
Consents								
Single Activity Eligibility			1					
Enrollments		*Effective From:	03/31/2014			Effective To:		
Waivers		Comments:						
Services		oominontor						
Primary Care Provider			l					
		Date Created:	03/31/2014 03:49:53 PM			Created By:	SYSTEM	
		Date Changed:				Changed By:		
				Associate Se	rvice Plan	Add Organization Link	Save Changes	Delete Conser
	Accordanted Organization							
	Associated Organizatio	15						
	Organization Name	Effective Date		Expiration D	ate	Prima	ny –	
	DPH - Bureau of Substance Addiction	09/29/2014				No		
	Bay Cove Human Sandrae	03/31/2014				Var		
	VMCA of Greater Workester	10/01/2018				No		
	Third of Creater Wordsater	10/0/12010		1		140		
	Associated Service Plan	IS						
	Associated Service Plan	ns se	ervice Coordinator	Service Plan Type	Status	First Servi	ce Delivery Date Effe	ctive From



Scenario B: How to access a student to share basic demographic information as well as all service plan data (i.e. encounters).

Complete the following steps to view or update information:

- 1. Access a Client's Application Face Sheet Summary.
- 2. Select **Consents** from the navigation bar.

Figure 10: Applicant Face Sheet Summary

Current Location: Client > Client Search > Applican	nt FaceSheet Summary				
Manage Client	Client #120398759 : 300068 First Name	3. 300068 Last N	ame		
» Face Sheet					
» Client Summary	Application Summary				
» Personal Info	Application Number	Enrollment Status	Submission Date		Expiration Date
» Referrals					
» Relations	Olient Cummon (
» Insurance	Client Summary				
» Consents	First Name	Middle Name	Last Name	Suffix	Туре
» Single Activity Eligibility	300068 First Name	300068 Middle Name	300068 Last Name		Primary
» Enrollments					
» Waivers	Personal Information				
» Services	Data of Births 09/07/1099		Arroy 20 Veer/e) 2 Month(e) 28 De	(0)	Conder M
» Primary Care Provider	Secial Security Number: 000.00.0000	Highest Crade Com	Age: 30 real(s) 3 Month(s) 20 Da	((5)	Genuer. M
	Social Security Number: 000-0000	In what language	pieteu: high School dipional/GED	health related materials?	English
	Contact Information	Tuna	Effective Seem - Effective	- To Dootsist	nd Drimany
	300068 Address Line 01 Somerset MA 02726	Homeless	09/02/2018	No No	Ves
	300068 Address Line 01 Somerset, MA, 02726	Homeless	12/02/2014	No	No
	300068 Address Line 01 . Boston. MA. 02118	Homeless	05/05/2018	No	No
	300068 Address Line 01 , Somerset, MA, 02726	Home	12/14/2017	No	No
	300068 Address Line 01 , Somerset, MA, 02726	Homeless	01/25/2018 05/04/20	118 No	No
	300068 Address Line 01 , Somerset, MA, 02725	Home	03/31/2014	No	No
	300068 Address Line 01 , Somerset, MA, 02725	Homeless	11/10/2014	No	No
	300068 Address Line 01 , Worcester, MA, 01608	Homeless	02/25/2014	No	No
	300068 Address Line 01 , Boston, MA, 02118	Homeless	06/25/2014	No	No
	300068 Address Line 01 , Boston, MA, 02127	Homeless	09/22/2014	No	No
	Phone Number Extension Type	Effective F	rom Effective To	Restricted	Primary

The Update Consent page appears with a link for the Associated Service Plans at the bottom.

Figure 11: Update Consents page with Associated Service Plan link highlighted

Current Location: Clients:> Client Search > Pace	sneet a consents a opdate consent							
Manage Client	Client #120398759 : 3	00068 First	Name 3. 3000)68 Last Nai	me			
» Face Sheet								
» Client Summary	Update Consent							
» Personal Info	0	Dense First Norse	0705740 Elect Name			Constant Descent Look Norma		
» Referrals	Consenun	g Person First Name:	2735713 First Name			Consenting Person Last Name	2735713 First Name	
» Relations		*Consenting Person:	Self	\checkmark		*Consent Type	: DefaultValue 🔽	
» Insurance		Consent Procedure:	[^
» Consents								0
» Single Activity Eligibility			L					*
» Enrollments		*Effective From:	03/31/2014			Effective To	: []	
» Waivers		Comments:						
» Services								0
» Primary Care Provider								~
		Date Created:	03/31/2014 03:49:53 PM			Created B	y: SYSTEM	
		Date Changed:				Changed B	y:	
				Associate Ser	vice Plan	Add Organization Link	Save Changes	Delete Consent
	Associated Organizations							
	Organization Name	Effective Date		Expiration Da	ite	Prim	ary	
	DPH - Bureau of Substance Addiction Services	09/29/2014				No		
	Bay Cove Human Services	03/31/2014				Yes		
	Associated Service Plans							
	Service Plan Version	Se	ervice Coordinator	Service Plan Type	Status	First Ser	vice Delivery Date	Effective From
	1936045				Active			09/14/2014

3. Select the <u>Associated Service Plan</u> link to find the appropriate provider to verify that a school has been identified. If no school is identified, complete Scenario C.

Scenario C: A parent organization is enrolling a student in a sub-organization or satellite site (how to connect a service plan with basic information to forward).

Complete the following steps to enroll a student in sub-organizations or satellite sites to add services to be delivered:

- 1. Access the **Update Consent** page.
- Figure 12: Update Consents page with Add Organization Link button highlighted

Current Location. Chemis. Chemisearch >	race sheet > consents > opuate	Consent									
Manage Client	Client #1203	98759 : 30	0068 Firs	t Name 3. 30	0068 L	.ast Nai	me				
» Face Sheet											
» Client Summary	Update Conser	nt									
» Personal Info		Consonting	Jorgon First Namo	0725712 Einst Name	1			Concepting Derson L	ant Namos	0725712 Einst Nom	
» Referrals		Consenting P	erson mist name.	2735713 Plist Name]			Consenting Person L	ist Marine.	27337131181181	-
» Relations		*C	onsenting Person:	Self		\checkmark		*Cons	ent Type:	DefaultValue 🔽]
» Insurance		C	onsent Procedure:								^
» Consents											
» Single Activity Eligibility											·
» Enrollments			*Effective From:	03/31/2014				Eff	ective To:		
» Waivers			Comments:								
» Services											
» Primary Care Provider				l							v
			Date Created	: 03/31/2014 03:49:53 PM				0	reated By:	SYSTEM	
			Date Changed	:				CI	nanged By:		
						Associate Ser	vice Plan	Add Organization	n Link	Save Changes	B Delete Consent
	Associated Org	ganizations									
	Organization Name		Effective Date			Expiration Da	ite		Prima	у	
	DPH - Bureau of Substan Services	nce Addiction	09/29/2014						No		
	Bay Cove Human Service	es (03/31/2014						Yes		
	Associated Sei	rvice Plans									
	Service Plan	Version	S	ervice Coordinator	Service	Plan Type	Status		First Servi	ce Delivery Date	Effective From
	936045	1					Active				09/14/2014

2. Select the [Add Organization Link] button, if no school is identified.

The Add Consent Organization Link page appears.

inage Client	Client #120398759 : 3	00068 First Name 3. 3	00068 L	.ast Name			
Face Sheet							
Client Summary	Add Consent Organization	Link					
Personal Info			4				
Referrals	Legal Name:						
Relations	DBA Name:						
Insurance	Ormanization ID:			Orresting ID Turn	Colort Delaw	1.00	
Consents	Organization ID:			Organization ID Type	Select Below		
Single Activity Eligibility	City:			HHS Region	: Select Below	~	
Enrollments	Organization Group:		1				
Waivers	organization oroup						_
Services							S
Primary Care Provider							

4. Select the **[Save]** button.

Virtual Gateway Customer Service 1-800-421-0938

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