

Build 18.9 FAQ's

HEALTH:

Please see the Health Services for Children in Foster Care Manual located on the OCFS Internet website (http://www.ocfs.state.ny.us/main/sppd/health_services/manual.asp), the Impact Analysis on Health and the Build 18.9 Health Services Job Aid for further clarification.

CLINICAL APPOINTMENT TAB:

1. **Question:** Does a provider have to be manually added for each child if they have already been added for one of the children in a stage?
Answer: No; all providers entered for any child in that stage are displayed for each child.
2. **Question:** Under what circumstances does the “Immunizations up to date?” question become enabled?
Answer: When physical-medical is the domain.
3. **Question:** At what point are Immunizations up to date recorded? Is there a history kept?
Answer: Each time the user enters a well-child visit, they should indicate whether immunizations are up to date. A history is kept, but not displayed on the screen.
4. **Question:** How do we track immunization dates? Are alerts generated in CONNECTIONS?
Answer: No alerts are to be generated in build 18.9. Immunization dates should be noted in the Health Narrative window.
5. **Question:** Can more than one recommended treatment be documented?
Answer: Yes.

Added: 2/16/07

6. **Question:** When entering the Condition field for Medications is there a drop-down list?
Answer: It is a direct entry field. There is no drop down, the worker inputs the condition for which the medication was prescribed.

CHILD HEALTH INFO. TAB:

1. **Question:** What date will be used for “start” and “end” dates for medications if not known?

- Answer:** Use DOB if condition was identified at birth; use 1/1/yr if only the year is known; use month/1/yr, if the day is unknown.
2. **Question:** If a child comes in on a medication and the current prescription is valid, what start date should be entered in CONNECTIONS?
Answer: An estimated date is acceptable.
 3. **Question:** Can you add multiple medications at the same time?
Answer: Yes. If the child is taking more than one medication there will be no end date posted for each of these medications.
 4. **Question:** Where does the medications list come from?
Answer: The Food and Drug Administration, FDA, and is periodically updated to incorporate new medications on the market. Generic medications are included in this listing.
 5. **Question:** When medications are saved, will they sort by “no end date” on top so currently administered medications will show first?
Answer: Yes
 6. **Question:** If a child who is taking psychotropic drugs goes AWOL, should the worker end date the medication?
Answer: No. When the child returns to care they should re-evaluated and changes can be made to the medication if needed. End dating a medication is an indication that such medication is no longer being prescribed for a diagnosed condition. Controlled substances dispensed in 30 day supply should not be end dated at the conclusion of each 30 day supply period.
 7. **Question:** Are dosages entered into CONNECTIONS?
Answer: No. CONNECTIONS is not taking the place of the medication administration record / log.
 8. **Question:** Do we enter over-the-counter medications?
Answer: Enter any over-the-counter medications that are used for chronic conditions.
 9. **Question:** How do we record an allergy that is not listed?
Answer: Choose other and then specify in the other column.
 10. **Question:** How do we define After Hours Health Agency Contact and Primary Care/Medical Home?
Answer: Whom do you call now? Enter that information (Sheriff Dept., beeper, Agency Supervisor, etc.)
 11. **Question:** Can you indicate substance abuse?
Answer: Yes

BIO. FAMILY HEALTH INFO. TAB:

1. **Question:** Who decides whether a parent or other family member is an alcoholic? (Now referred to as "alcohol abuse".)
Answer: Medical conditions, such as alcoholism, should be documented in writing. Caseworkers should not rely on hearsay.

2. **Question:** Are Substance Abuse programs and Mental Health services required to provide us (LDSS/VA) with reports?
Answer: SA and MH are required to disclose a diagnosis, treatment and follow-up as it relates to the child's need for treatment. Verbatim disclosures of the client/child should not be re-disclosed.

3. **Question:** When information is entered on the Bio Family is the date and who entered it tracked?
Answer: Only changes are noted.

4. **Question:** Bio Family Health – Deceased Parent – what do they write if the parent died of AIDS? This is a freeform text box.
Answer: Use the secondary illness like pneumonia, which in all likelihood was the actual cause of death. The user must **never** enter HIV or AIDS information on this dialog, as is noted at the top of the screen.

5. **Question:** Will the deceased parent show up in the health report?
Answer: The deceased parent, whether end-dated from the stage or not, still appears in the Bio. Family Health tab and in the reports. The heading in the column has the word "deceased" in it.

Updated answer 2/16/07:

6. **Question:** In a CCR, do the names in this tab get populated from the stage composition tab?
Answer: *Yes. The columns are populated with the name and PID of the Mother and Father in the CWS stage from which this CCR was created (if they exist).*

7. **Question:** Can people be added to the bio family tab without being in the stage composition?
Answer: You can enter health info on the bio family who is not in the stage comp on the bio family tab. Their specific identity will not be listed (so you will know that someone has a history of diabetes, but you won't know which relative has the disease).

8. **Question:** What are the rectangular boxes for (under the name, to the right of the check boxes)? Are they for narrative entries? What kind?
Answer: Yes, this area is for narrative input. For example if you check the box for allergies under the column of 'siblings not in CONNECTIONS' you should enter what allergies you are referring to.

HEALTH NARRATIVE TAB:

1. **Question:** At what age can child consent to HIV test?
Answer: See 97 ADM –15, Section B. Capacity to consent is not determined by the age of a child.
2. **Question:** Can RNs information be deleted, altered, etc. by anyone else?
Answer: Health Notes are frozen on save. New information on the other screens adds to the data on the screens. History is kept and is accessible, and includes who entered it. A new Health note can be added indicating that a previous note contains errors (e.g. was entered on the wrong child or case) and will be tracked by date and who made this entry.
3. **Question:** Can Health Narrative notes be modified?
Answer: No. (See above answer)
4. **Question:** Can Health Narrative notes be printed?
Answer: They are not a part of the Health Summary Report and are not an option for the Health History Report. Print tab is not available either, but screen print is. To get a running log of Health Notes, engage the Print Summary button and then each screen can be separately printed.

GENERAL QUESTIONS:

1. **Question:** What will users do with the Medicaid status field?
Answer: Users will not be able to enter anything in this field until B19.
2. **Question:** Who is responsible for designating an agency as responsible for maintaining the health information?
Answer: This is a business process decision. Only the CM or CP have the ability to do so.
3. **Question:** What information is required to be in CONNECTIONS vs. in the paper file?
Answer: CONNECTIONS is the system of record and all information that can be entered (data fields, narrative) are to be entered. The documents that must be retained in the “paper record” include but are not limited to: x-rays, photographs, lab work, medical and psychological evaluation reports, immunization histories, form 711 or equivalent recoding exam results, medication administration records/logs, signed consents, and copies of requests for records.
4. **Question:** What happens if you forget to complete a window in the Health Tab?
Answer: There are no required fields within the Health Module. Once a selection is made in some windows, yellow fields (required) appear based on that selection.

5. **Question:** What are the restrictions/implications of the information in the Health Module as related to HIPAA laws?

Answer: The federal government did not intend to impede the flow of protected health information when state law or regulation requires the disclosure of such information. HIPAA regulations (45 C.F.R. 164.512(a)) provide for, “A covered entity may use or disclose protected health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.”

The state is required by both State and federal law to collect information, including health information, on children who are in the foster care system. In particular, federal law, (Section 475(l)(c) of the Social Security Act (SSA), 42 U.S.C. 675) requires the state to collect case plans that include the most recent information available regarding the health records of the children, and also requires (Section 479 of the SSA) the state to collect and report certain Adoption and Foster Care data elements for all children receiving Title IV-E, including Title XIX (Medicaid) assistance. As noted previously, Section 446 of the Social Services Law mandates the use of CONNECTIONS as the state’s single statewide automated child welfare system. NYS regulations (18 NYCRR 441.7(a)(1) requires every authorized agency to maintain current case records for each children in its care, which must include medical histories of a child and his or her biological family, and a continuing medical record and dental history for each child.

Many Voluntary Agencies have determined they are “covered entities”. The fact that a covered entity is required by law to disclose public health information, and in this case, document such information in CONNECTIONS, does not subject OCFS or CONNECTIONS to HIPAA. Neither CONNECTIONS nor OCFS are covered entities as they do not perform any of the specific enumerated transactions that legally defines a “covered entity”.

6. **Question:** For which children should health information be recorded?
Answer: Health information for all tracked children in foster care is required.
7. **Question:** When the INV box is checked, does the item come off the list?
Answer: No, it is intended only to show that the item line is INVALID and was recorded in error.
8. **Question:** Where can workers document positive toxicology at birth babies?
Answer: This type of information should be documented in the Health Narrative Notes.
9. **Question:** Are the users supposed to search MMIS for prior Medicaid history? Should they note this in Health notes?
Answer: No

10. **Question:** Will nurses or caseworkers enter the health information?

Answer: That is a local decision to be decided in the BPR process.

11. **Question:** Medical data is entered/recorded by nurses and the medical department only has access to records. Who will have access to enter in CONNECTIONS?

Answer: A new business function of Maintain Health will enable medical staff without a role in the case to access the Health Record for all cases for which their agency has been designated responsible for health information. They will also need Case/Person search business function.

Added: 2/16/07

12. **Question:** *Can multiple agencies be designated as responsible for health information for the same child?*

Answer: *No. Only one agency can be designated responsible, per child at any one time.*

13. **Question:** *If a date is entered incorrectly, e.g.: medication start date, for example, can it be changed?*

Answer: *No, once information is entered and saved in the Health Module, it can not be changed. The INV box can be checked, where applicable, to "Invalidate" an entry made in error.*

14. **Question:** *What happens to the health information that has been entered in CONNECTIONS if you need to do a person merge?*

Answer: *If a user does a person merge for 2 children who both have health information stored in the system, **none** of the health information for the person and PID that is closing will be updated to the person and PID forwarded. It is up to the user to make sure that any health information that is associated with the closed PID gets entered for the open PID.*

15. **Question:** *If a previous foster child, with lots of recorded health information, returns as a parent to receive preventive services or their child comes into care, what health information comes forward on the parent?*

Answer: *None. Health information displays only for tracked individuals in the current stage. Since the "previous foster child" is now an adult and is not tracked in the current stage, no health information displays for that person.*

PERMANENCY HEARING REPORT

Please see the Caseworker Guide to the PHR located on the OCFS website and note that since the Guide was written, the law was changed with regard to providing notice to former foster parents. Please also refer to the Impact Analysis on Permanency Hearing Report for further clarification.

1. **Question:** Who receives the PHR with the medical information?
Answer: Same as now. There are health related questions in the PHR now.
2. **Question:** Who is responsible to delete sensitive information that was not screen out?
Answer: User completing the PHR.
3. **Question:** Who is responsible to send out the PHR?
Answer: Local District/Case Manager.
4. **Question:** Will there be an automatic way to track Permanency Reports for date the report was mailed?
Answer: When a notice is generated (Notices and Statements window), the “Date Generated” field is populated. Once the Notice is mailed, a date must be recorded by the user in the “Date Mailed” field. The PHR should be mailed with the Notices but there is no particular field for date the PHR was mailed.
5. **Question:** Does the Permanency Tab display (or enable) if no Permanency Hearing is required?
Answer: If there are tracked children in the stage, the tab will be enabled.
6. **Question:** What happens to those cases opened prior to the implementation of 18.9 in terms of Key Dates? Permanency replaces the tab but if the Key Dates data is retained, how does the user access it?
Answer: They don't. If the stage was closed prior to the implementation of B18.9 the key dates tab will remain. If the stage is open the key dates tab is replacement by the Permanency tab. The Key Dates functionality became an anachronism with the perm hearing legislation.
7. **Question:** When would I choose NOT to use the pre-fill option when I generate the Permanency Hearing report?
Answer: When the information in the last approved FASP is out of date or no longer accurate.
8. **Question:** What happens when more than one person is working in the Permanency Hearing Report? Is “Enhanced Narrative Locking” employed (saved to the user’s “T” drive)?
Answer: There is no narrative locking in the PHR. Whoever saves their work first will write over what is already there. The next worker who saves will write over the previous saved version.
9. **Question:** Where are historical PHR’s stored and how does a user access them to view?
Answer: Once a PHR has been launched it is tracked in a grid on the Permanency Tab. Status of the PHR is listed as “draft” or “final” in that grid.

10. **Question:** Once a PHR has been marked as Complete and is frozen (no longer modifiable), can it be deleted if there are errors and a new one launched?
Answer: A PHR marked final can not be deleted. It does not have to be sent, however. A new PHR can be launched if there are errors in the most recent PHR that has been marked as final. The date sent field can be left blank for the erroneous, final PHR as an indicator that this PHR was not used.
11. **Question:** Will you be able to check the final box (for PHR) even if there are blanks?
Answer: Yes, it functions as a word document at this point in time.
12. **Question:** Does the system track who checked the “Final” checkbox?
Answer: No.
13. **Question:** Once a person has been added as a participant for the Permanency Hearing, will they be there in the system for the next time?
Answer: Yes, the system will keep track of when and to whom notices were sent.
14. **Question:** Can someone like the Law Guardian be added to the PHR notices?
Answer: Yes, they would go in the outside participants section (like the SPR).
15. **Question:** Does a person with a role in the case get an alert when a notice is sent (like an invite for the SPR)?
Answer: No. The law clearly states that invitees must receive a written notice.
16. **Question:** Is there an approval process for the PHR?
Answer: This is a local protocol decision. There is not “submit for review” capability within the application for a review process.
17. **Question:** Does the system track who edited what in the PHR?
Answer: No, it is a Word template stored in the system.
18. **Question:** What should we do about groups of freed siblings?
Answer: For freed sibling groups, each child should have an individual PHR. A single child in a CCR (PPG of Adoption) will automatically generate a PH-3.
19. **Question:** Once you use an Individual Child PHR (PH-1) can you use a Multiple Child (PH-2) at the next Permanency Hearing?
Answer: Yes, you can choose the PH-2 by holding down the Ctrl Key and selecting more than one child for the report.
20. **Question:** Will a PHR for a freed child be generated (identified) as such?
Answer: Yes.
21. **Question:** Do you need to start a new PHR for a freed child in a CCR?
Answer: Yes

22. **Question:** Can you modify the case manager, case planner, or caseworker in the PHR?

Answer: No. This data is treated like demographic information and is pulled forward from the assignment window in the stage.

23. **Question:** Will there be any prompts or ticklers built in to prompt users for Permanency Hearing Report due dates?

Answer: Yes, they are getting these now from CCRS based upon the user entering the “next permanency hearing date due” in CCRS which creates a “To Do” in CONNECTIONS.

Updated Answer 2/16/07:

24. **Question:** Does the policy of no email reports from CONNECTIONS still exist?

Answer: *No, the PHR can be emailed. However, any documents containing confidential information are to be password protected in accordance with the instructions in the Guide for Caseworkers – Permanency Hearing Report, December 2005 and in keeping with “Security Guidelines for using Electronic Communication for Sharing Case Specific Information” located on the CONNECTIONS Intranet Security page.*

25. **Question:** *The PHR could pre-fill with confidential information related to STDs, family planning and reproduction and substance abuse if this information is entered in the Health Dialog (medications, diagnoses, etc). Such information may not be shared with caseworkers, health staff, the child’s foster parent, or birth parent or guardian without the express consent of the child with capacity to consent. Are there any re-disclosure implications when the child has not given consent and other caseworkers will see the PHR?*

Answer: *If there is no consent to share information related to STDs, family planning, etc. then it is the responsibility of the caseworker(s) to modify the PHR to address that issue and protect the child's right to privacy.*

EDUCATION

Updated Answer 2/16/07:

1. **Question:** How does the user document that the child is home schooled?

Answer: *In progress notes. The address of the foster home can be entered in the Education module should the worker wish to do so.*

2. **Question:** Who has access to (can view or maintain) the Early Intervention tab?

Answer: All workers assigned a role in a case have access to EI tab on all children as well as workers with an implied role.

3. **Question:** Are dates of completion and schools tracked in CONNECTIONS?

Answer: Yes, educational history will follow the child. There is no prompt for this functionality.

4. **Question:** Is there a Business Function (BF) for maintaining or entering information in the Education module?
Answer: No.
5. **Question:** Is there an Education narrative window?
Answer: No
6. **Question:** Does Date Completed under IEP mean the date of the current/active IEP or that the child completed all components of the IEP?
Answer: It is the date of the current/active IEP.

Added: 2/16/07

7. **Question:** *How do you document a Special Education Diploma?*
Answer: *Use High School Diploma since it is not a GED diploma; it is a high school diploma track as well.*

FASP/SUPERVISORY REVIEW

1. **Question:** Can the user copy and paste from the FASP reviewer's comments to the area of the FASP that needs the update?
Answer: Yes
2. **Question:** How will the user know what/where the supervisor made changes in the FASP?
Answer: They will be viewable in red, but the worker will have to navigate back to the FASP to make the changes.
3. **Question:** If the user submits the FASP for review multiple times to his/her supervisor (unit approver), are multiple versions of the FASP available for review? Will there be multiple "To Do's"?
Answer: When the Submit for Review pushbutton is selected for a FASP or Plan Amendment that currently has a Review in process, the following message will be displayed: "FASP/Plan Amendment has been submitted for review. All comments associated with review will be lost, and review process will be discontinued. Do you wish to continue?" Yes and No pushbuttons will exist. When the Yes pushbutton is selected in response to this question, the following will occur:
 - Review To-Do will be deleted.
 - Document containing the Review comments will be deleted.
 - When the No pushbutton is selected, the message box will close.
4. **Question:** Does the FASP submitted for review say "DRAFT"?
Answer: No

5. **Question:** How does the user know where to go in the CONNECTIONS FASP to apply corrections provided by their supervisor on the FASP which was reviewed?
Answer: Same as now. The header on each question is a map back to the FASP tree.

Added: 2/16/07

6. **Question:** *Are there time restrictions on the Submit for Review function?*
Answer: *No, this function can be used at any time during which the FASP is in process and not yet submitted for approval.*

WMS/CONNECTIONS INTERFACE

1. **Question:** Do workers need the new APP REG business function in order to push the WMS Sync button?
Answer: No
2. **Question:** Who can change the CID date?
Answer: Anyone with a role in the stage.
3. **Question:** How will the APP REG business function work?
Answer: Any District worker can press the APP REG button when it appears on the Stage Composition dialog. Users without the APP REG business function will never see the button.
4. **Question:** Is there an event created when APP REG is pressed?
Answer: No
5. **Question:** If the APP REG button is pressed will it lock out the capability to change the application date?
Answer: No.
6. **Question:** Is the comparison caretaker information on the WMS APP REG screen for informational purposes only?
Answer: Yes
7. **Question:** Can the application date in CONNECTIONS/WMS be corrected?
Answer: Yes, by anyone with a role in the stage, prior to approval of initial FASP and/or FDE.
8. **Question:** If initial FASP has been approved, can the CID be changed?
Answer: No.
9. **Question:** Will incorrect CID dates from past be changed since current cases have the wrong date?
Answer: No

10. **Question:** For cases closed mistakenly will the 6-month rule still apply for backdating application date?
Answer: CID trigger dates can NOT be entered if greater than 6 months from FSS creation date.
11. **Question:** Will WMS case name eventually reflect the CONNECTIONS case name?
Answer: Only if manually changed in WMS.

Added: 2/16/07

12. **Question:** *Can there be multiple changes to the Application Sign Date?*
Answer: *Yes, IF*
- a) *FDE hasn't been started or has been cancelled*
 - b) *Initial FASP hasn't been approved AND*
 - c) *Comprehensive FASP hasn't been launched*
13. **Question:** *How do workers with the APP REG business function access the cases? Do they use the same path as they did before?*
Answer: *If the case is on the workload it can be accessed that way; if a worker accesses cases via Unit Summary Access, they can use this path.*

CCRS/CONNECTIONS INTERFACE

1. **Question:** What will happen if the existing CID in CONNECTIONS is not the same as the existing CID in CCRS? Many cases have been closed and reopened and the CIDs no longer match. Will the CONNECTIONS CID override CCRS at the time of conversion or is this something that needs to be cleaned up prior to conversion?
Answer: No clean up is required. The CID in CONNECTIONS is the one that counts. CONNECTIONS is the system of record for plans. It does NOT matter if the CID match or don't match. The CONNECTIONS CID will override the CCRS CID.
2. **Question:** Do the services needed in CONNECTIONS have to match what CCRS has currently in order to convert properly? Is it necessary to clean up discrepancies? **Answer:** No. CONNECTIONS will feed the plan, as it exists in CONNECTIONS to CCRS. Nothing has to match.
3. **Question:** How will missed and template FASPs show in CCRS? Because cases are often closed and reopened, several cases have template FASPs that were completed in the previous CONNECTIONS stage.
Answer: CONNECTIONS will feed the next plan, as it exists with whatever plan date it has to CCRS. Templated FASPS will not convert. Missed FASPS will not convert.

4. **Question:** What will happen if the Initial (or any other) FASP is completed and approved prior to the CCRS opening?
Answer: Currently, CCRS is not opened prior to determining WMS eligibility which can take a few weeks and frequently occurs after the initial FASP is complete. CONNECTIONS will feed the plan, as it exists with whatever plan date it has to CCRS. So, if CCRS is not opened within 5 days of the FASP approval date, that date will not get transferred to CCRS. NOTE: The CONNECTIONS/CCRS interface is not intended to keep the two systems “in Synch”; CONNECTIONS is the system of record for plan data.
5. **Question:** Does CONNECTIONS check the date certain with CCRS?
Answer: Yes. Date certain information comes from CCRS. If it is incorrect it must be fixed in CCRS.
6. **Question:** What CCRS “clean-up” will we need to do before the implementation of Build 18.9?
Answer: No clean up is required. CCRS will accept whatever CONNECTIONS feeds to it, for the purpose of the plan information. There will be NO need to clean up data in CCRS. There will be NO need to ever even look at ASP data in CCRS once CONNECTIONS begins the feed. The sole purpose of this feed is to keep downstream systems like AMS supplied with the PC and PPG, so they can continue to function. This is NOT to keep CONNECTIONS and CCRS in synch. **CONNECTIONS is the system of record for plans.**

OTHER

1. **Question:** If a case is closed and the worker who recorded information for the case is no longer there, will anyone in the agency have access to the old record?
Answer: If a user in the agency of the Case Planner (who was unassigned prior to the case closing) has **access all in agency**, they will be able to view the information in the case or the closed case because the **agency** has historical jurisdiction. They will only be able to access information up to the point that their worker was unassigned. This is true for historical access based upon any role, not just Case Planner. This is the business record of the agency and agency will have access to the closed business record, even if the worker who recorded the information has an end dated worker code.

Updated answer 2/16/07:

2. **Question:** Will there be an alert for Foster Adoptive Home (FAD) recertification?
Answer: *There will continue to be system generated alerts for all FAD resources with the Facility Type of Certified Foster Home, Approved Relative Home or Foster/Adoptive Home. Alerts will be sent at 90, 60 and 30 days prior to the home expiration date. There are no such alerts for Adoptive Homes and Adoption Subsidy Homes, because there is no expiration date for these homes (see*

below). The Build 18.9 change that allows payment of Foster Care and Adoption Subsidy to a single resource does not impact these alerts.

Added: 2/16/07

- 3. Question:** How is an Adoptive Home different from an Adoption Subsidy Home
Answer: Prior to Build 18.9 an Adoptive Home was used to indicate that a home was receiving Adoption Subsidy. With the implementation of Build 18.9 we are adding a new Facility Type of “Adoption Subsidy Home” to serve this purpose. The Facility Type of “Adoptive Home” is to be used to designate that a family is interested in adopting a child and to record the adoption approval process. Adoption Subsidy Homes and Approved Adoptive Homes have no expiration dates. No FAD reauthorizations are to be done and they will remain open until manually closed. Adoption subsidies still must be reauthorized annually in WMS.

NYC SPECIFIC

PERMANENCY HEARING REPORT:

- 1. Question:** How does the PHR tab relate to the NYC legal tracking system?
Answer: The PHR may be uploaded to the LTS at ACS.
- 2. Question:** Will each worker have to send information to LTS?
Answer: This is a BPR decision for NYC.

OTHER:

- 1. Question:** ADVPO cases have no access to the FASP page. In the FSS stage do we change application date for these cases?
Answer: No. There is no ability to change the date as the FASP tab on which they are located is not enabled for ADVPO stages.
- 2. Question:** Admission screening is done by phone if parent/guardian is incarcerated or in program. If not done in person, will agency continue to be cited by ACS?
Answer: Local decision by ACS