



**Office of Children
and Family Services**

**Changes to the CONNECTIONS
Family Services Stage (FSS) - Phase 5**

Job Aid

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**Office of Children
and Family Services**



PROFESSIONAL DEVELOPMENT PROGRAM
ROCKEFELLER COLLEGE UNIVERSITY AT ALBANY State University of New York

Changes to the CONNECTIONS Family Services Stage (FSS) - Phase 5 Job Aid

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Module 1: Introduction

Purpose of this Job Aid

This job aid provides an overview of the modernized windows of the Health Services component in CONNECTIONS. It includes step-by-step instructions for certain tasks (e.g., designating health responsibility and generating the Combined Open Caseload Inquiry Report) and is intended for all workers who need to become familiar with the changes to the Health Services windows.

The tabs available on the modernized *Health Services* window will be the same as those on the existing window. This job aid focuses on how to navigate, view, and record information on the tabs:

- Child Health Info
- Clinical Appointment
- Early Intervention
- Bio. Family Health Info
- HIV Risk Assessment
- Health Narrative

What's Changing?

The *Health Services* window will have the same function and appearance as other modernized windows. Related windows currently accessed by buttons or menu commands on the existing *Health Services* window will instead be accessible via the **NAVIGATION PANE**. The **Other (View Details)** link will be available within many grids. Clicking it will display additional information pertaining to allergies, medical equipment, and hospitalizations, to name a few.

What's Staying the Same?

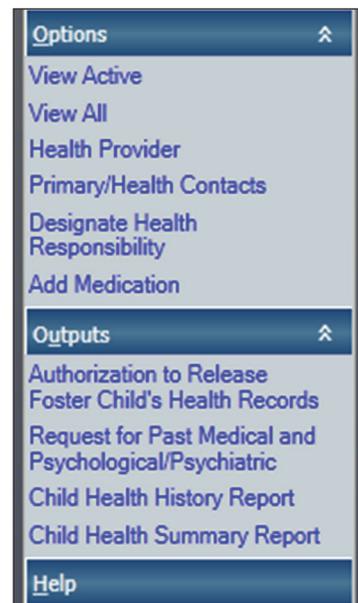
Much of the Health Services functionality and fields will remain the same. Recording health information for foster children continues to be required by New York State. In addition, children under the age of three (3) years old named in an Indicated CPS report must be referred for Early Intervention services.

Access to Health information in CONNECTIONS continues to be based on the worker's role, Unit Hierarchy, assigned Business Function(s), and—for some—their agency having designated health responsibility for a child. Additional security will still be required for certain *Health Services* window tasks (no additional security is needed for Case Managers and Case Planners to designate health responsibility for a child).



This job aid assumes familiarity with the existing *Health Services* window and will focus primarily on navigation and window design. If additional training is needed, please follow up with your Staff Development Coordinator. Additional resources will be reviewed in the last module.

Any visible identifying data in this document is fictitious and used for training purposes only. Window layout and content (e.g., field names) in CONNECTIONS Production upon implementation may differ from the images in this document.



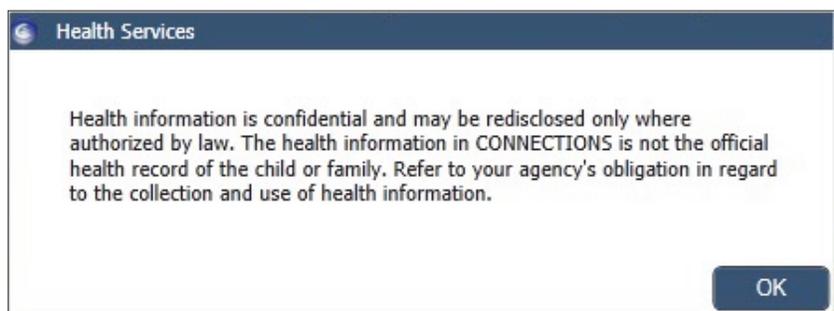
Module 2: Health Services in CONNECTIONS

Overview of Health Services

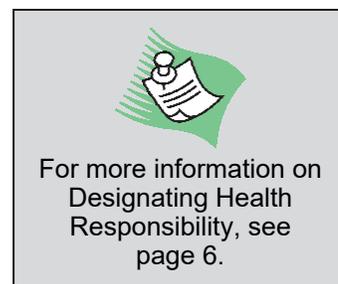
Districts and authorized agencies are responsible for providing comprehensive medical services for all children in foster care, for documenting such services, and for maintaining current records. Federal and New York State statutes and regulations define the services that must be provided, as well as standards for the confidentiality of medical information. The Health Services functionality was developed to support the continuity and integrity of the child's medical care and completion of activities required by federal or state mandate.

The Security of Health Services Information

All medical and mental health information about a child in foster care must be kept confidential in accordance with Social Services Law (section 372). Such information may be shared only with health practitioners, health staff, caseworkers, direct care workers, and foster and adoptive parents (with some exceptions) when they need it to provide adequate care and supervision. Access to health information in CONNECTIONS is role-specific and guarded by additional security to align with confidentiality guidelines. A particular agency can be designated as responsible for recording health information on a child-specific basis. In addition, the use of two Business Functions (VIEW HEALTH and MAINT HEALTH) support the unique health information security requirements.



Case Managers and Case Planners have access to view and maintain health information by virtue of role alone. Case Workers and those in their Unit Hierarchy may view and maintain all tracked children on their workload for whom their agency has been designated as responsible. The Case Manager and/or Case Planner can designate health responsibility for each child in a stage to an agency. Without designated responsibility, Case Workers from that agency will not be able to view and maintain Health Services information for the child(ren).



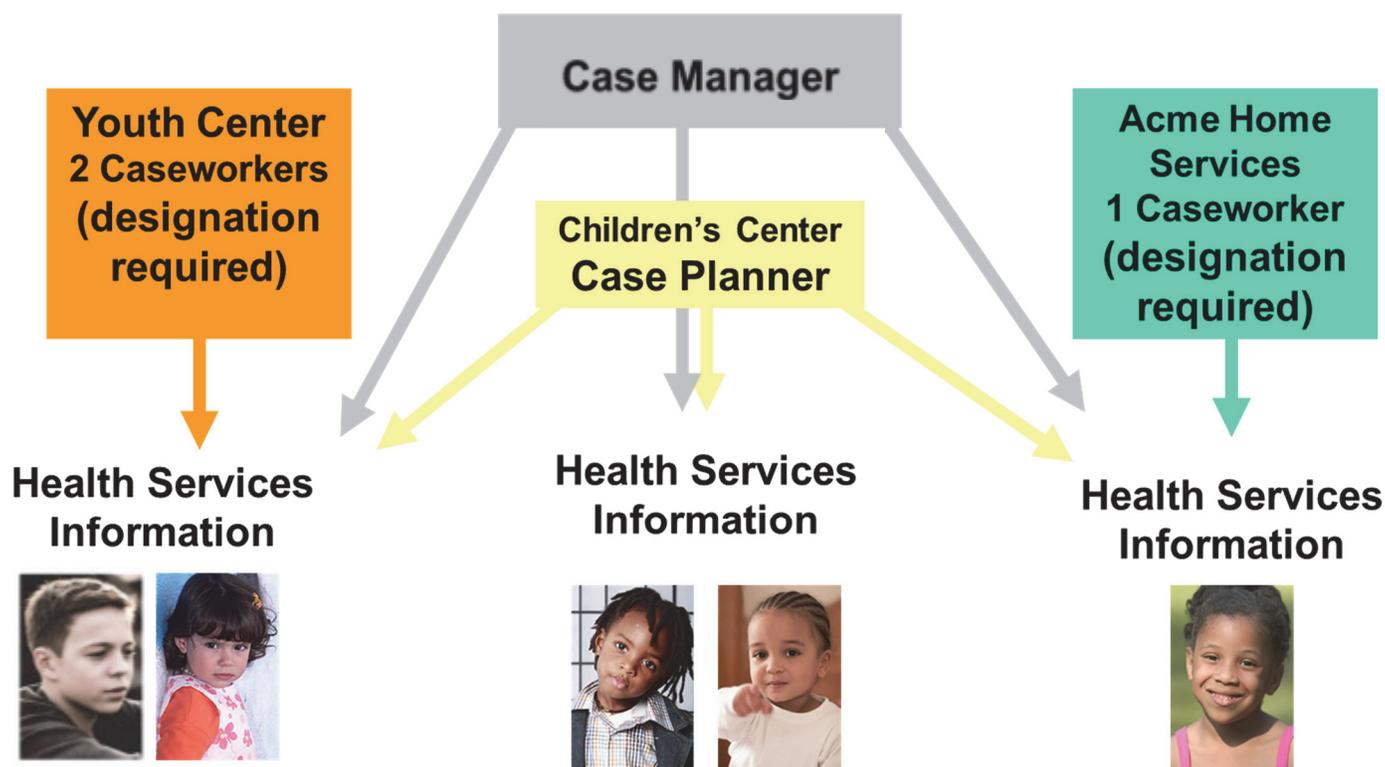
View Health

The VIEW HEALTH Business Function is appropriate for staff such as administrators or QA auditors who may need to review health information, but are not responsible for recording or editing the information. In combination with either the Case or Person Search Business Function, it grants view-only access to the Health Services windows in all Family Services Stages in the district/agency.

Maintain Health

The MAINT HEALTH Business Function is typically assigned to medical staff responsible for recording medical information for children in foster care. In combination with either the Case or Person Search Business Function, it grants modify access to the Health Services windows in all Family Services Stages in the district/agency.

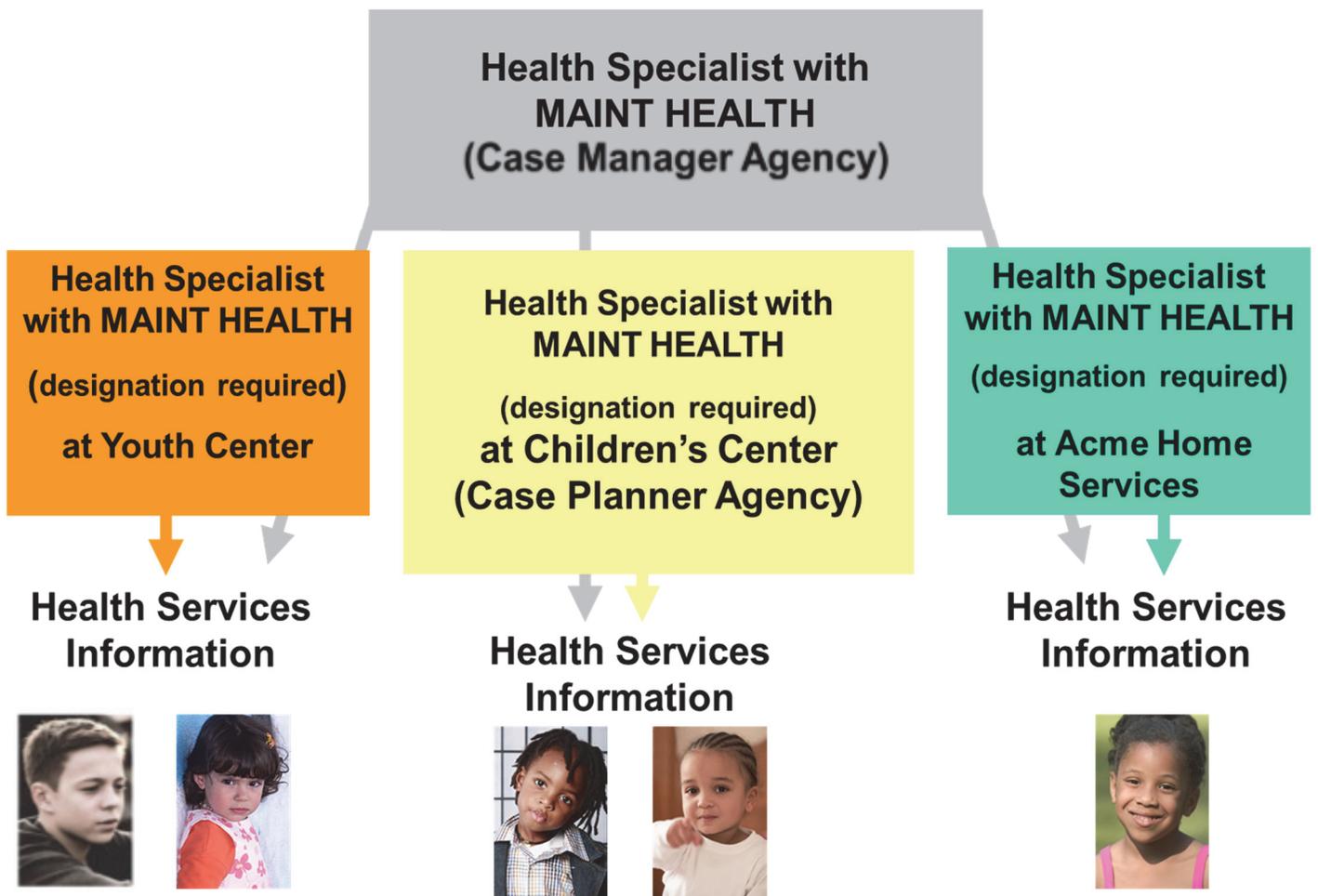
Access to Health Services by Role



Rules pertaining to Health Services access by assigned role:

- Workers with an assigned role of Case Worker will only have access to health information for children on their workload for whom their agency has been designated responsible.
- All assigned workers have access to Early Intervention information for all children.
- Workers with the role of Case Planner/Case Manager or those in their Unit Hierarchy may view and modify health information for all tracked children in the stage.
- The Primary and Secondary workers in a CPS Investigation (INV) stage open concurrently with a Family Services Stage (FSS) stage may view health information for all tracked children via implied role.

Access to Health Services by Business Function

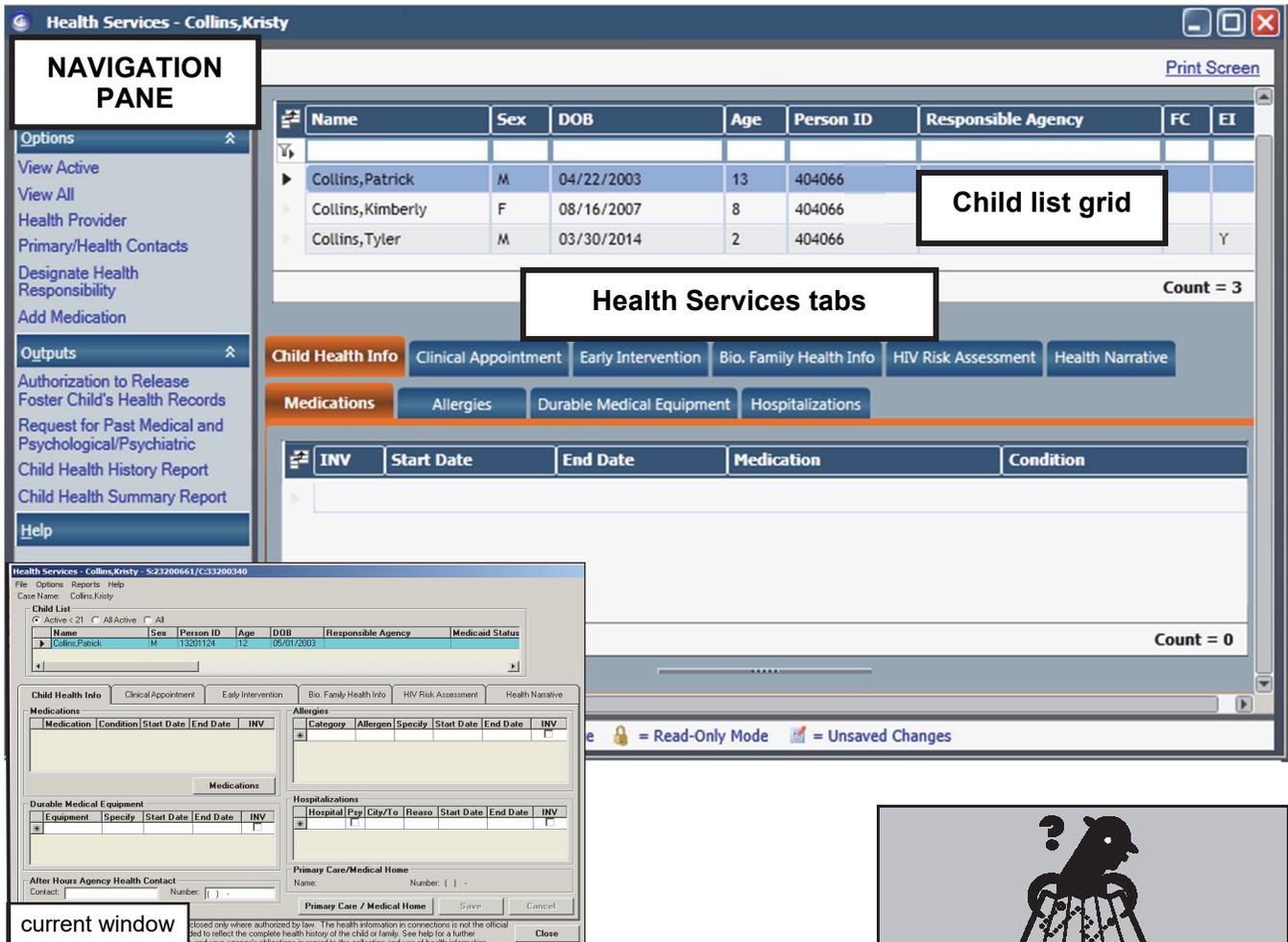


Rules pertaining to Health Services access by Business Function:

- Health Specialists who are responsible for recording health information, but do not have an assigned role in the stage, must be assigned the MAINT HEALTH Business Function in order to access the *Health Services* window (but no other FSS stage windows).
- Specialists **in the same district as the Case Manager or CPS Worker/Monitor** who have MAINT HEALTH may view and maintain health information for *all* tracked children in the stage.
- Specialists **outside the district of the Case Manager or CPS Worker/Monitor** who have MAINT HEALTH may view and maintain health information for tracked children *for whom their agency has been designated responsible*.
- It is important to note that this special security allows access to health information only for those tracked children for whom the agency has been designated responsible. If another agency becomes designated responsible for a child, only health information recorded up to the time responsibility was transferred will be available to the former agency. The newly-designated agency, however, can view health information previously recorded by former agencies.

Exploring the Health Services Window

When Phase 5 of the FSS modernization is implemented, the existing *Health Services* window in CONNECTIONS will be replaced with a version that looks and functions similarly to other modernized windows such as the *Person List* and *Progress Notes*. The function and purpose of the window will remain the same.



The modernized *Health Services* window will contain the following sections:

- **NAVIGATION PANE** - The **NAVIGATION PANE** will contain links to certain window functions that are currently accessible via buttons or menu commands.
- **Child list grid** - The child list grid will function the same as it does currently; the default view is a display of all persons in the stage under the age of 21 with no row automatically selected.
- **Health Services tabs** - The tabs that display will be the same as those on the current window. The **Child Health Info** and **Bio. Family Health Info** tabs will contain sub-tabs.

Where am I?
My Workload tab (FSS stage)
> Health Services link

Access to the *Health Services* window is also available via Case Search; however, when searching by Case Name, the search criteria must exactly match the CONNECTIONS Case Name in order for the search to return a match.

Understanding the Window Views

The default view of the child list grid is a display of all persons in the stage under the age of 21. The current **Active < 21**, **All Active**, and **Active** radio buttons will be replaced by the **View Active < 21**, **View Active**, and **View All** links in the **NAVIGATION PANE**.

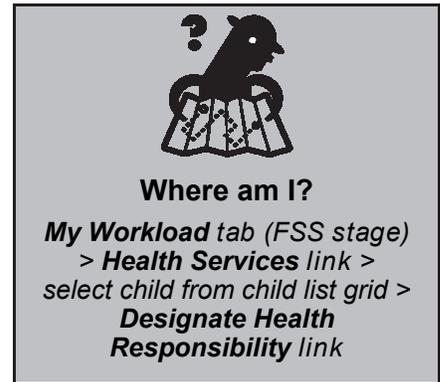


The **View Active < 21** link displays under Options when the grid is in **View Active** mode. The **View Active** link displays when the grid is in **View Active < 21** mode.

Designating Health Responsibility

The Designate Health Responsibility function is used to designate a specific agency as responsible for maintaining health information for a child. At a designated agency, all workers with a role in the stage and those with the MAINT HEALTH Business Function may record and modify health information for a child who is placed in that agency.

For open stages, the *Designate Health Responsibility* window can be accessed in modify mode by the Case Manager and Case Planner, and in view-only mode for all other workers. In closed stages, the window is available in view-only mode for workers with the VIEW HEALTH Business Function. The functionality of this window will remain the same as the existing window.



Designate Health Responsibility - Collins,Kristy

Case Name: **Header** Case Initiation Date : 2/1/2016 WMS Case # :

Name	Sex	DOB	Age	Person ID	Responsible Agency	Start date	End date
Collins, Kimberly	F	08/16/2007	8	42379434		06/28/2016	
Collins, Tyler	M	03/30/2014	2	42379504		06/28/2016	06/28/2016
Collins, Patrick	M	04/22/2003	13	42379494		06/28/2016	

Count = 3

Manage Health Responsibility

Tracked Child

Name	Sex	DOB	Age	Person ID
<input type="checkbox"/> Collins, Kimberly	F	08/16/2007	8	42379434
<input type="checkbox"/> Collins, Patrick	M	04/22/2003	13	42379494

Count = 2

Responsible Agency List

Agency Name
Responsible Agency List

! = Sensitive * = Required \$ = AFCARS ✓ = Data Exists (C) = Complete 🔒 = Read-Only Mode 📄 = Unsaved Changes

Designate Health Responsibility - Collins,Kristy

Print Screen

Name	Sex	DOB	Age	Person ID	Responsible Agency	Start date	End date
Collins, Kimberly	F	08/16/2007	8	423794	Children's Ser	06/28/2016	
Collins, Tyler	M	03/30/2014	2	423795	Children's Ser	06/28/2016	06/28/2016

Count = 3

Set End Date

Manage Health Responsibility

Tracked Child

<input type="checkbox"/>	Name	Sex	DOB	Age	Person ID
<input checked="" type="checkbox"/>	Collins, Kimberly	F	08/16/2007	8	423794
<input checked="" type="checkbox"/>	Collins, Patrick	M	04/22/2003	13	423794

Count = 2

Responsible Agency List

Agency Name
Children's Sys
County Dss

Add

Save & Close Save Reset

! = Sensitive * = Required \$ = AFCARS ✓ = Data Exists (C) = Complete 🔒 = Read-Only Mode 📄 = Unsaved Changes

Step-by-Step: Designating Health Responsibility

- 1 Select the child(ren) from the **Tracked Child** grid.
- 2 Select the agency name in the **Responsible Agency List**.
*The **Add** button enables.*
- 3 Click the **Add** button.
The designation is added to the grid at the top of the window. If a different agency was previously designated as responsible, it is automatically end-dated.
- 4 Click the **Save & Close** button.
The designation is now saved to the grid.



Workers in an agency designated as responsible who have the ACCESS ALL IN DISTRICT or ACCESS ALL IN AGENCY Business Function must be assigned the MAINT HEALTH or VIEW HEALTH Business Function in order to access health information in an FSS stage. Access to health information should be allowed only to those with an identifiable and supportable 'need to know'.

Module 3: The Health Services Tabs

The modernized *Health Services* window will contain the following tabs:

- **Child Health Info** - This tab is designed as a summary snapshot of the child's health information. An output of this information will be available.
- **Clinical Appointment** - This tab can be used to verify the completion of mandated and recommended health assessments. It also provides for recording diagnoses of chronic medical conditions.
- **Early Intervention** - This tab is used to record Early Intervention referrals that are required for all children under three (3) years of age in an Indicated CPS report and recommended for all foster children under three (3) years of age. You can also record evaluation results, program information, and the type of services a child receives.
- **Bio. Family Health Info** - This tab contains information to the extent known about hereditary conditions or diseases in the child's biological family, as well as information that is specific to the pregnancy of the mother for the selected child.
- **HIV Risk Assessment** - This tab is used to record the HIV Risk Assessment, which is required for all foster children. It is also used to record information pertaining to the child's capacity to consent to HIV testing, the presence of risk factors, and test results, if applicable.
- **Health Narrative** - This tab provides a place for recording confidential health information about the child that should not be recorded on the *Progress Notes* window.

The Child Health Info Tab

The **Child Health Info** tab is designed as a summary (e.g., electronic face sheet) of the child's health needs and medical history. It is meant to provide a snapshot of critical information, including current medications, durable medical equipment used by the child, and hospitalizations. The **Child Health Info** tab will be comprised of the following sub-tabs: **Medications**, **Allergies**, **Durable Medical Equipment**, and **Hospitalizations**.

INV	Start Date	End Date	Medication	Condition
	05/16/2016		DEPAKOTE	Bipolar

Count = 1

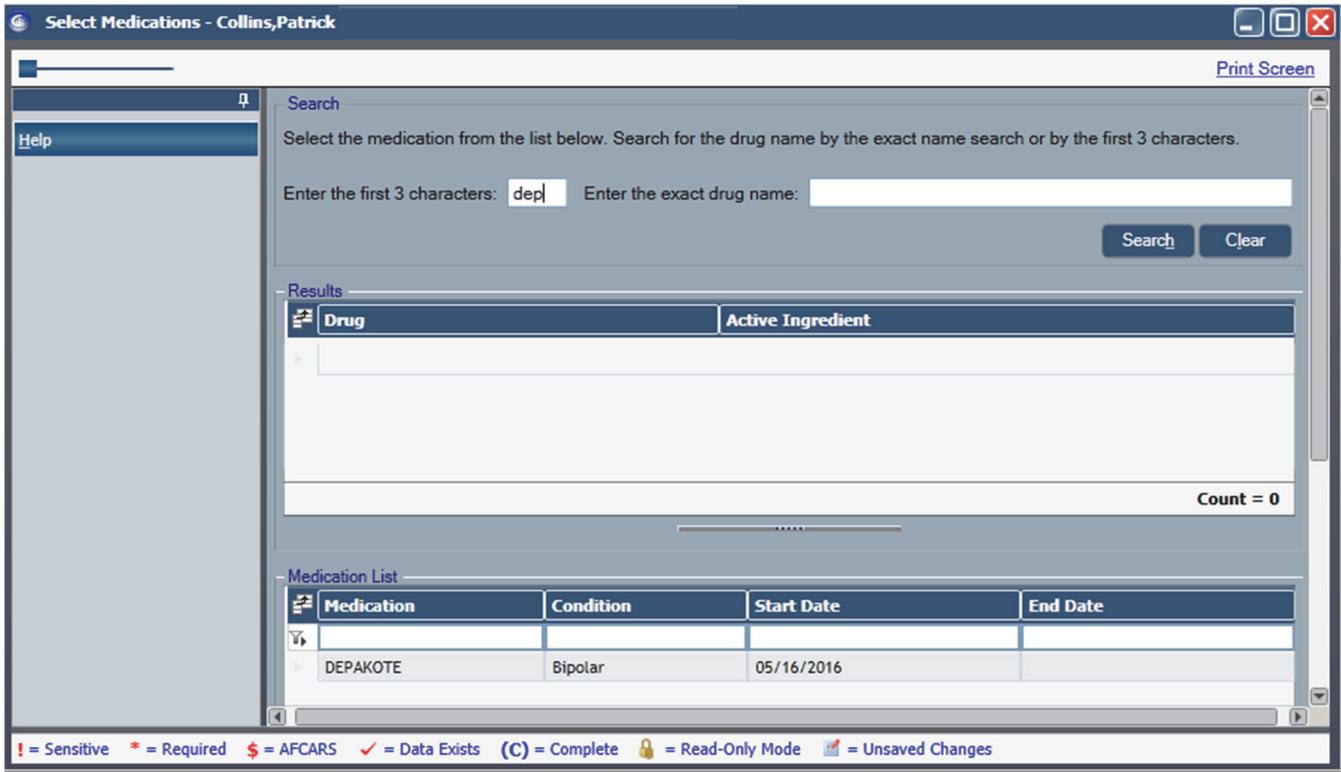
Recording Medications

When the **Medications** sub-tab is active, the **Add Medication** link will display in the **NAVIGATION PANE**. Clicking this link will open the *Select Medications* window. This window will continue to allow you to search for and add medications, including a condition and start date. End-dating a medication can be completed here, as well. Medication names are obtained from listings of the Food and Drug Administration (FDA) and are updated on a quarterly basis.

When recording medication information, be sure to copy its name carefully from the bottle itself, as there are many similarities in spelling. **If a medication cannot be located on the FDA drug list provided in CONNECTIONS, document the medication on the Health Narrative tab.**



Where am I?
My Workload tab (FSS stage)
 > **Health Services link** >
 select child from child list grid >
Medications tab >
Add Medication link



Search
 Select the medication from the list below. Search for the drug name by the exact name search or by the first 3 characters.

Enter the first 3 characters: Enter the exact drug name:

Results

Drug	Active Ingredient

Count = 0

Medication List

Medication	Condition	Start Date	End Date
DEPAKOTE	Bipolar	05/16/2016	

! = Sensitive * = Required \$ = AFCARS ✓ = Data Exists (C) = Complete 🔒 = Read-Only Mode 📄 = Unsaved Changes



Start Date Guidelines

For start dates regarding medications, allergies, and durable medical equipment, you should use the following guidelines (use best judgment to approximate the start date as best as possible):

- Use the exact date, if known. For new prescriptions, use the date on the prescription bottle.
- If only the year is known, use January 1st of that year.
- If only the month and year is known, use the first day of the month.
- If the medication, allergy, or equipment has been effective since birth, use the date of birth.
- If the start date is not known and no one can provide this information, make a best guess. For example, if you don't know exactly when a child started taking asthma medication, but you know it was when he was four years old, you should use the child's fourth birthday as the start date.

The absence of a start date will prevent you from saving a record. If start date information becomes available later, the record can be invalidated and a new one can be recorded with the correct date.

After selecting a medication and closing the *Select Medications* window, the grid on the **Medications** sub-tab will populate with the information you recorded.

INV	Start Date	End Date	Medication	Condition
	05/16/2016		DEPAKOTE	Bipolar

Count = 1

Medication: DEPAKOTE Start Date: 5/16/2016

Condition: Bipolar End Date:

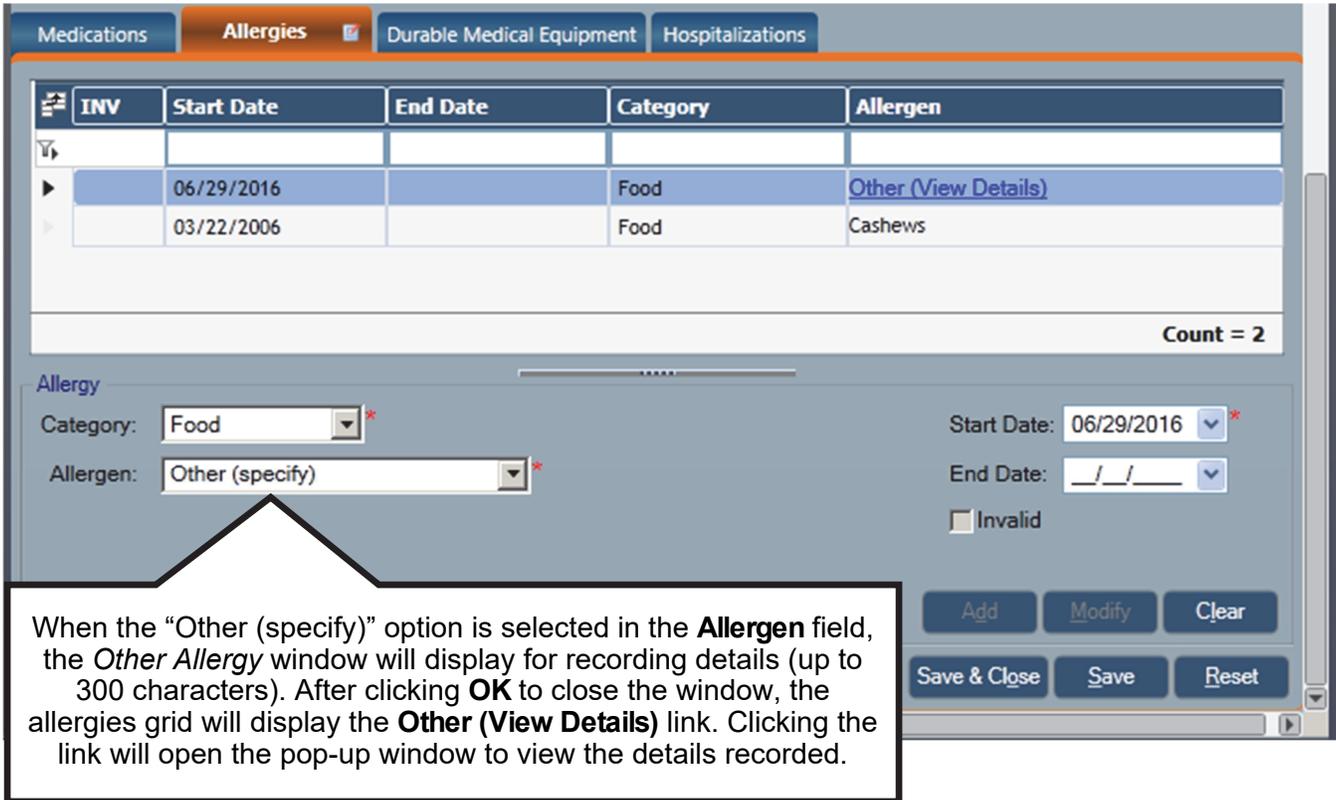
Invalid

The **Invalid** checkbox can be used to invalidate a medication if it was never correct (e.g., information entered for the wrong child, or a start date is discovered to be incorrect). Medication records cannot be modified, only invalidated or end dated. Only a saved record can be invalidated.

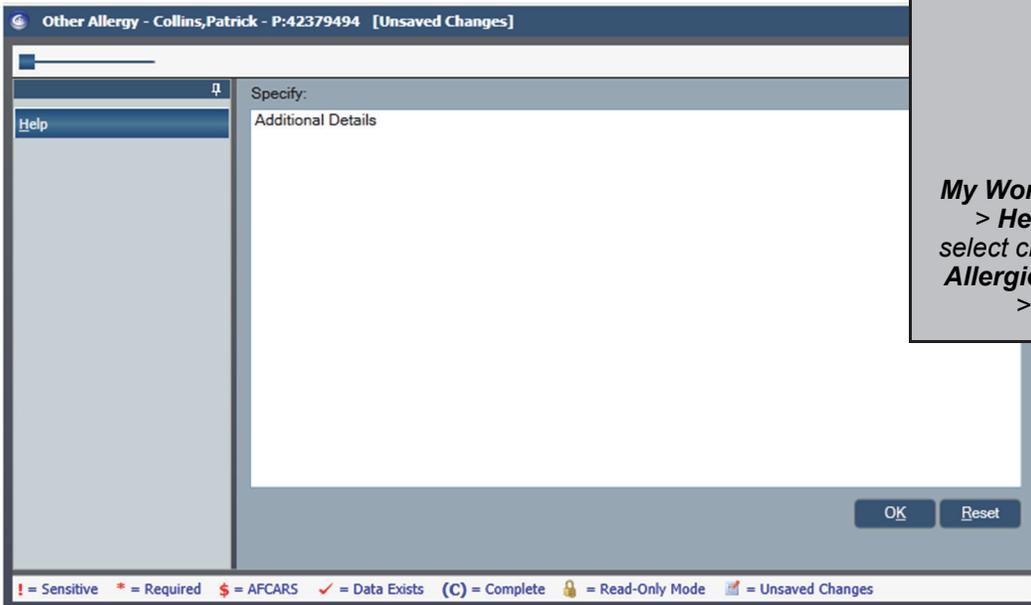
Buttons: Modify, Clear, Save & Close, Save, Reset

Recording Allergies

The **Allergies** sub-tab will function similarly to other modernized tabs through the use of a grid, a detail section below the grid, and **Add, Modify, Clear, Save & Close, Save,** and **Reset** buttons. Invalidating and end-dating are also available on this tab.



When the “Other (specify)” option is selected in the **Allergen** field, the *Other Allergy* window will display for recording details (up to 300 characters). After clicking **OK** to close the window, the allergies grid will display the **Other (View Details)** link. Clicking the link will open the pop-up window to view the details recorded.




Where am I?
My Workload tab (FSS stage)
 > **Health Services link** >
 select child from child list grid >
Allergies tab > Allergen field
 > “Other (specify)”

Recording Durable Medical Equipment

The **Durable Medical Equipment** sub-tab will continue to provide for the recording of durable medical equipment/adaptive devices currently used by or required by the child (e.g., wheelchair, feeding pump, glasses). Like the **Medications** and **Allergies** sub-tabs, the **Durable Medical Equipment** sub-tab will display a **Modify** button. As with other areas of CONNECTIONS where this functionality is used, changes can be made to previously saved records, which enables the **Modify** button. Once clicked, the button disables and the **Save & Close** and **Save** buttons enable.

INV	Start Date	End Date	Equipment
	06/29/2016		Apnea Monitor
	06/02/2013		Eyeglasses or Contact Lenses

Count = 2

Durable Medical Equipment

Equipment: *

Start Date: *

End Date:

Invalid

Recording Hospitalizations

You must record any overnight hospitalizations (admissions) while a child is in foster care and any overnight hospitalizations that occurred prior to foster care that are related to chronic health conditions or conditions that led to the child's removal. Additional hospitalizations may be recorded, if desired. The **Hospitalizations** tab will continue to provide for this.

INV	Start Date	End Date	Hospital	Psy	Reason	City/Town
	05/08/2010		Mercy Hospital	Y	Bipolar Disorder	Syracuse
	05/08/2010	05/09/2010	Mercy Hospital	Y	Bipolar Disorder	Syracuse

Count = 2

Hospitalization

Hospital: * City/Town: * Psychiatric Start Date: *

Reason: End Date:

Invalid

You are required to record the following details for a hospitalization:

- the name of the hospital
- the city in which the hospital is located
- the reason for the hospitalization
- the start date of the hospitalization (and end date, if appropriate)

If the hospitalization was a psychiatric hospitalization, this should be indicated by selecting the **Psychiatric** checkbox, which will place a "Y" in the **Psy** column. This will allow workers accessing the tab to tell, at a glance, whether the child has any history of psychiatric hospitalizations.

The Clinical Appointment Tab

The **Clinical Appointment** tab will be used to document the completion of the initial and periodic assessments in each of the five health domains required for all foster children. The tab allows you to record the date of the clinical appointment, the provider, the health domain and type of appointment, and any diagnoses or treatment recommendations. If a diagnosis is recorded, you may also record a treatment recommendation, but this is not required.

The **New Using** link will be available to copy existing clinical appointments.

You will be able to add and save a health provider during the process of recording a clinical appointment.

current window

INV	Appt Date	Domain Type	Appt Type	Diagnosis Date	Provider	City/Town	Tx Rec
	05/16/2016	Physical/Medical	Initial Assessment		Dr. Joel Nelson	SYRACUSE	<input checked="" type="checkbox"/>

Count = 1

Appointment Detail

Domain Type

Appointment Type

Appointment Date: ___/___/___

Health Provider

Read-Only Mode

Appointment Detail

Domain Type

Diagnosis

Treatment Recom

Information from the following appointments should be recorded on the **Clinical Appointment** tab:

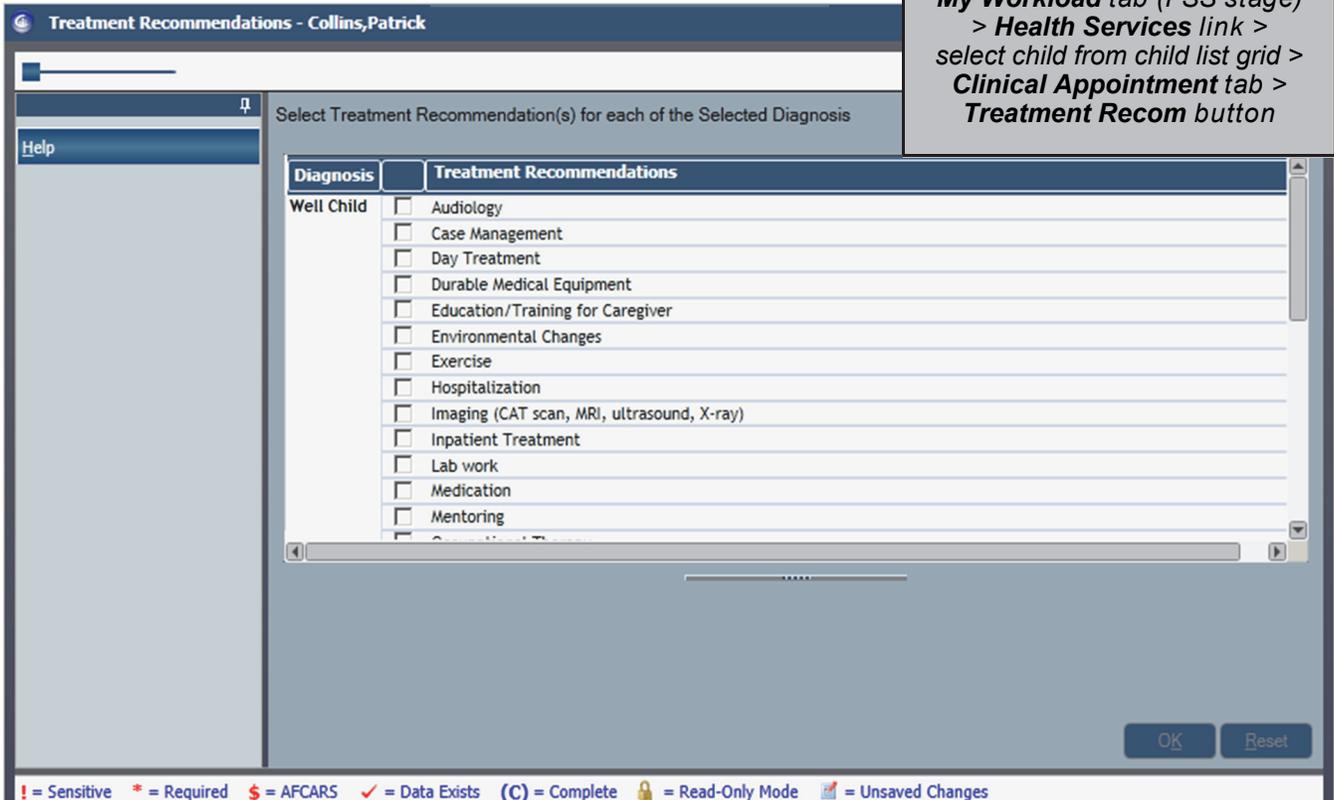
- the five initial health assessments
- periodic physical/medical well-child visits (immunizations are up to date)
- periodic preventive dental care visits
- the first clinical appointment when a chronic condition is diagnosed
- all emergency or crisis intervention appointments
- the discharge exam (required when a child is being discharged from foster care if s/he has not had a physical/medical assessment or well-child appointment within the past three months)

The Treatment Recommendations Window

For every diagnosis, one or more treatment recommendations may be recorded. The list of treatment recommendations to choose from is dependent upon the selected health domain. You will be able to access this window by clicking the **Treatment Recom** button on the **Clinical Appointment** tab.



Where am I?
My Workload tab (FSS stage)
 > **Health Services link** >
 select child from child list grid >
Clinical Appointment tab >
Treatment Recom button

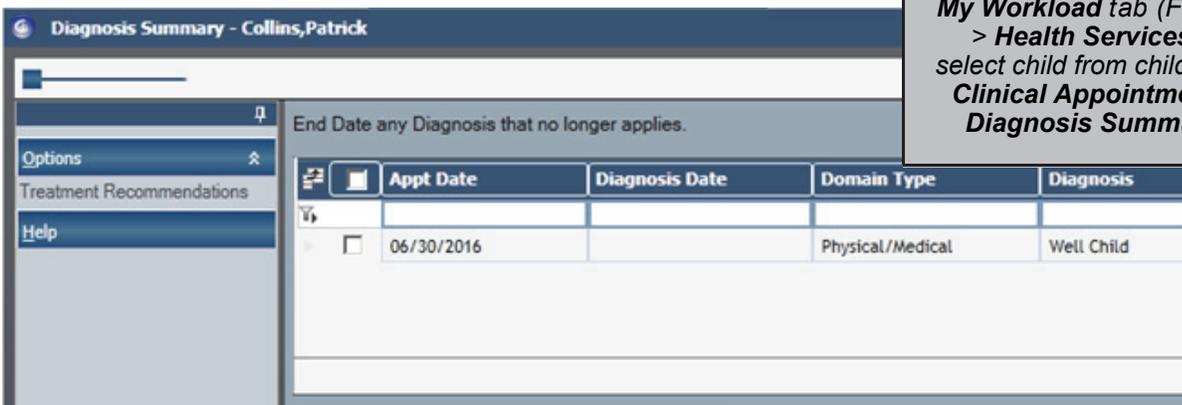


The Diagnosis Summary Window

The *Diagnosis Summary* window allows you to view and/or end-date any saved diagnoses. You will be able to access this window by clicking the **Diagnosis Summary** link in the **NAVIGATION PANE** of the *Health Services* window when the **Clinical Appointment** tab is active.



Where am I?
My Workload tab (FSS stage)
 > **Health Services link** >
 select child from child list grid >
Clinical Appointment tab >
Diagnosis Summary link



The Health Provider Window

The **Add/Select Provider** link on the modernized **Clinical Appointment** tab will replace the existing **Add/Modify Prov.** button. The *Health Provider* window will continue to serve as the location where you can add or modify information about the child's health providers. Health providers can be added without saving a clinical appointment.



Where am I?

My Workload tab (FSS stage)
> **Health Services link** >
select child from child list grid >
Clinical Appointment tab >
Add/Select Health Provider link

The screenshot shows a web application window titled "Health Provider - Collins, Kristy". At the top, there is a table with columns: Resource, Street, PO Box/Appt, City, State, and Zip. The first row contains: Dr. Smith, 100 S MAIN ST, SYRACUSE, NY, 13212-3104. Below the table is a "Resource Information" form with the following fields: Name (Dr. Smith), Street (100 S MAIN ST), PO Box/Appt, City (SYRACUSE), State (NY), Zip (13212-3104), County (ONONDAGA), and CD. There is also a Phone field with (315) 444-4444 and an Ext. field. A "Validate" button is next to the CD field. At the bottom of the form are "Add", "Modify", and "Clear" buttons. A status bar at the very bottom contains icons and text: "Sensitive", "Required", "AFCARS", "Data Exists", "Complete", "Read-Only Mode", and "Unsaved Changes".

The **Select Provider** button at the bottom of the window will be used to link a provider to the clinical appointment.

This is a close-up of the "Resource Information" form from the previous screenshot. The "Select Provider" button at the bottom left is highlighted with a black box. Other buttons at the bottom include "Add", "Modify", "Clear", "Save & Close", "Save", and "Reset".

The Primary/Health Contacts Window

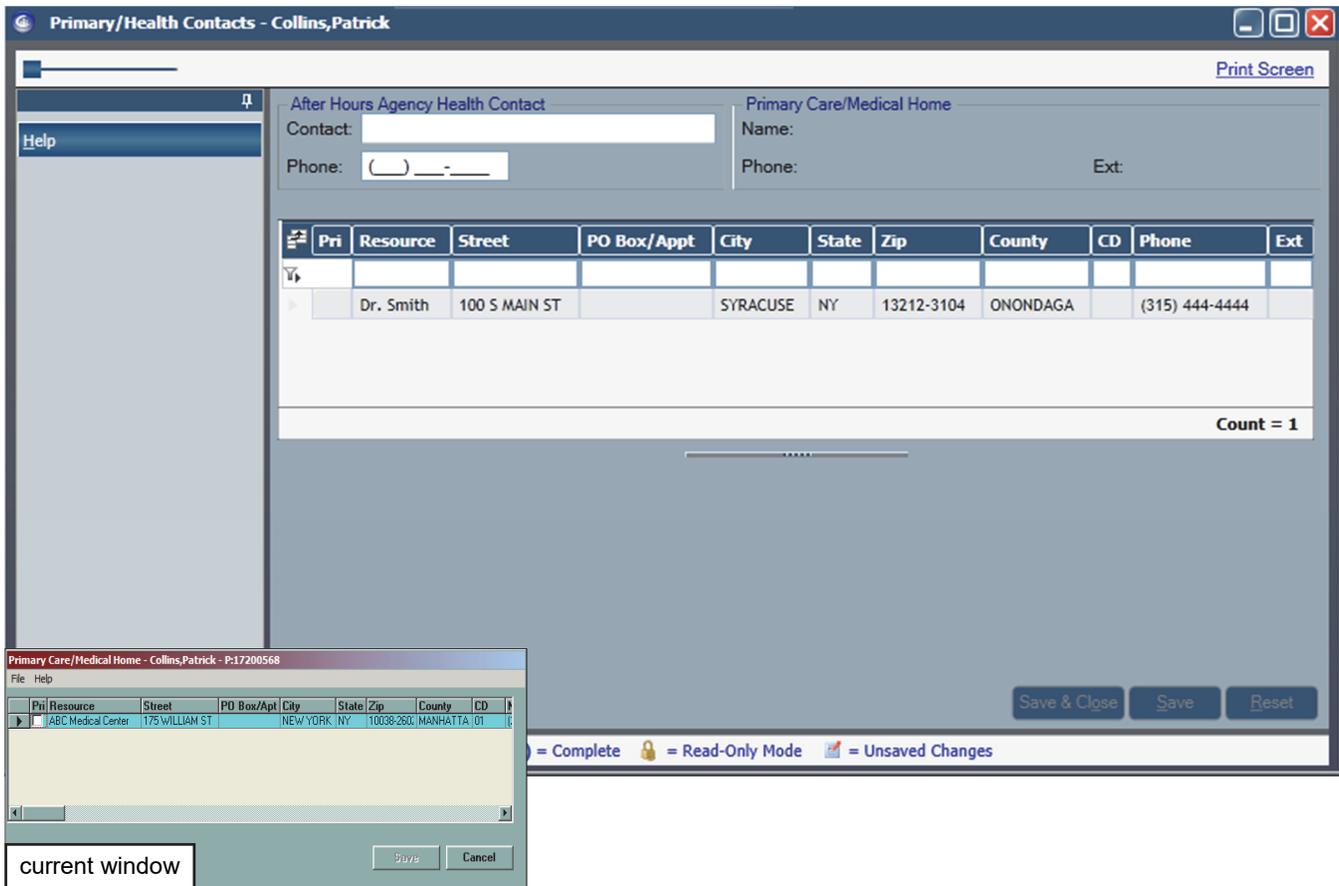
Every child in foster care must have a medical home—a central site for the provision and coordination of health services and the primary repository for health information. The medical home is usually the child’s pediatrician. If the child had a medical home when he or she entered foster care, efforts should be made to continue with that health care provider. Ideally, the child should have the same medical home throughout the episode of foster care and after discharge in order to provide continuity of care. Detailed reports of tests, treatments, and diagnoses go to the child’s medical home.

The new *Primary/Health Contacts* window will replace the existing *Primary Care/Medical Home* and *After Hours Agency Health Contact* windows, combining their functions into a single window.



Where am I?

My Workload tab (FSS stage)
 > **Health Services link** >
 select child from child list grid >
Clinical Appointment tab >
Primary/Health Contacts link



Pri	Resource	Street	PO Box/Appt	City	State	Zip	County	CD	Phone	Ext
	Dr. Smith	100 S MAIN ST		SYRACUSE	NY	13212-3104	ONONDAGA		(315) 444-4444	

Count = 1

The Early Intervention Tab

The **Early Intervention** tab will be used to document the Early Intervention referral, the evaluation date and result, the service provider(s), and the type of services the child has received, is presently receiving, and/or is expected to receive.

The screenshot shows the 'Health Services - Collins, Kristy' application window. The 'Early Intervention' tab is selected. The 'Early Intervention Evaluation' section includes:

- Referral Date: 04/27/2016
- Evaluation Date: 05/16/2016
- Classification/Disability Type: Disability Developmental Delay None

 The 'History' table contains one record:

INV	Start Date	End Date	Program Name	Contact Person	Contact Number	Date Updated	Updated By
	05/21/2016		Developing Horizons	Michael Smith	(315) 555-6789	06/28/2016	Fields,

 The 'Service Types' table shows:

Service Types	Receiving	Anticipated
Assistive Technology	<input type="checkbox"/>	<input type="checkbox"/>
Assistive Technology Device	<input type="checkbox"/>	<input type="checkbox"/>

 The 'current window' (bottom left) shows a 'Child List' with columns for Name, Sex, Person ID, Age, DOB, Responsible Agency, and Medicaid Sta. It also has an 'Early Intervention Evaluation' form with Referral Date: 12/15/2009, Evaluation Date: 01/03/2010, and Classification/Disability Type: Disability Developmental Delay None.

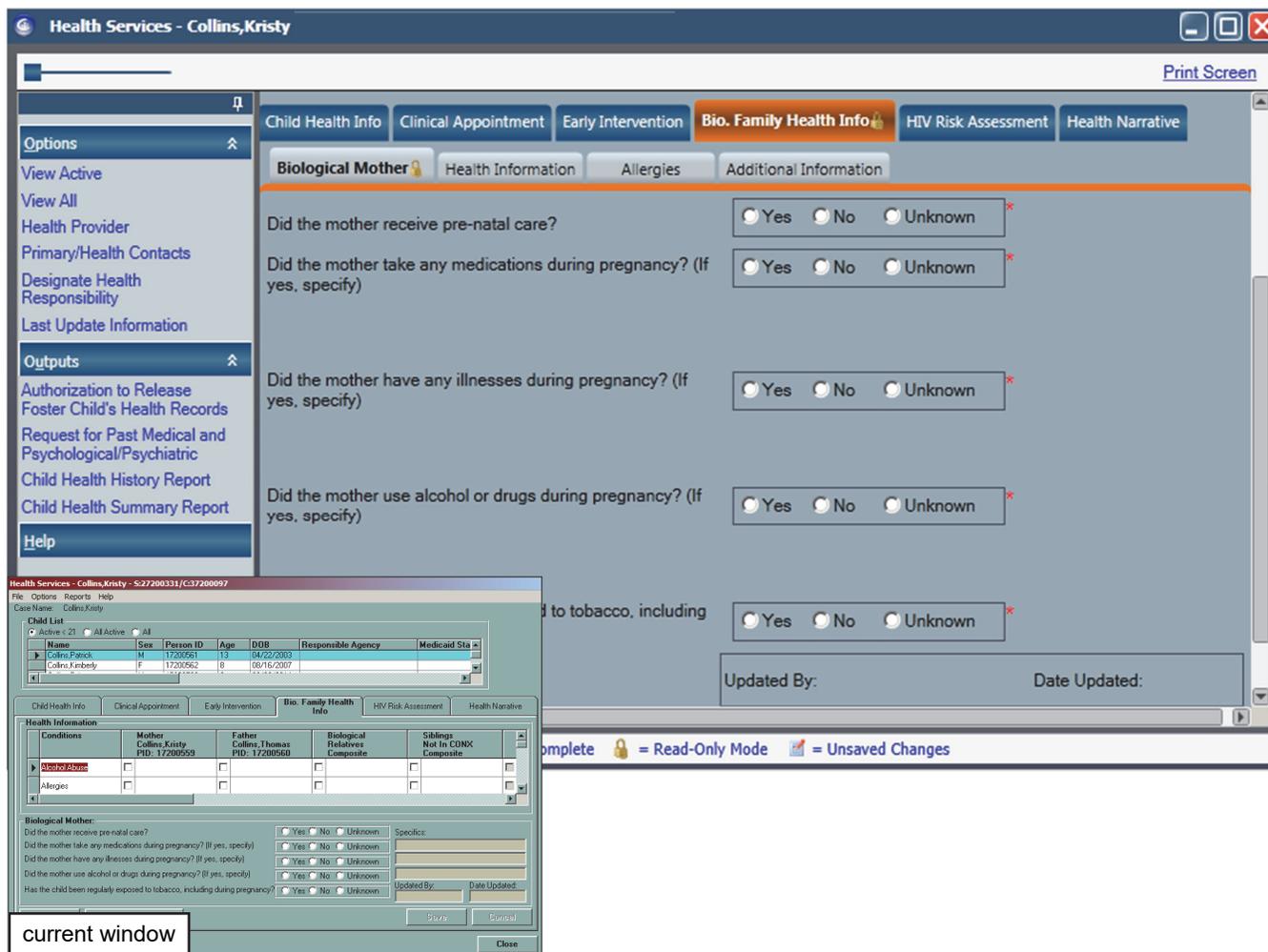
All applicable fields on the **Early Intervention** tab should be completed for referred children. A referral is required for children under three (3) years of age in an Indicated CPS report. The evaluation should also be recorded on the **Clinical Appointment** tab as a developmental assessment.



Unlike the other tabs on the *Health Services* window, all workers who have a role in the case or who have specialized security can access the **Early Intervention** tab for all children. However, you should record or modify Early Intervention information only for those children for whom you are responsible.

The Bio. Family Health Info Tab

The **Bio. Family Health Info** tab will be used to record specific information—to the extent known—about genetic or hereditary diseases or conditions in the child’s biological family, and information concerning pre-natal care or medications that the mother took while pregnant with the child. Recording pre-natal care information, to the extent available, is required for any preschool-aged foster children and optional for older foster children.



The modernized **Bio. Family Health Info** tab will be comprised of the following sub-tabs: **Biological Mother**, **Health Information**, **Allergies**, and **Additional Information**. **Biological Mother** will be the default sub-tab. When information is recorded on this sub-tab, but not saved, the only other enabled sub-tab will be **Additional Information**; the **Health Information** and **Allergies** sub-tabs will be disabled.

Personally identifiable information about the child's biological family (parents and siblings) on the tab is tied to the relationships recorded in the Family Relationship Matrix (FRM). The biological parents of tracked children must be identified in the FRM in order for the **Bio. Family Health Info** tab to be fully functional. With the exception of the **Siblings in CONX** column, information can be recorded directly on the tab and can be viewed by workers from other agencies authorized to view health information in the stage. The **Siblings in CONX** column is view-only and displays information recorded on the **Child Health Info** and/or **Clinical Appointment** tabs for a child's sibling(s).

The screenshot displays a software interface with a 'Health Information' tab selected. The main table lists various conditions and has checkboxes for 'Mother Collins, Kristy PID: 39011104', 'Father Collins, Thomas PID: 41550746', 'Biological Relatives Composite', 'Siblings Not in CONX Composite', and 'Siblings In CONX Composite'. A smaller window titled 'Health Information' is overlaid on top, showing a similar table with a 'current window' label pointing to it. The smaller window's table has the following data:

Conditions	Mother Collins, Kristy PID: 17200559	Father Collins, Thomas PID: 17200560	Biological Relatives Composite	Siblings Not In CONX Composite
Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The HIV Risk Assessment Tab

An HIV Risk Assessment and, along with that, an assessment of the child's capacity to consent to HIV testing, treatment, and disclosure of results is required for all foster children. The **HIV Risk Assessment** tab will be used to document the assessment in accordance with good casework practice. You do not need the child's consent to record the assessment in CONNECTIONS; however, it is good casework practice to ask the child if you can record this information.

The modernized **HIV Risk Assessment** tab will consist of the same fields as on the existing tab. A series of Yes/No questions must be answered and will build dynamically based on your responses.

The screenshot displays the 'HIV Risk Assessment' interface within the 'Health Services - Collins, Kristy' application. The main window features a table titled 'HIV Risk Assessment History' with the following columns: INV, Assessment Date, Newborn Screening, Assessment Complete, Risk Factors Exist, Child Has Capacity, Test Performed, Test Date, and Test Results. The table currently shows a count of 0 records. Below the table is a 'New' button. The 'HIV Risk Assessment' form includes the following fields and options:

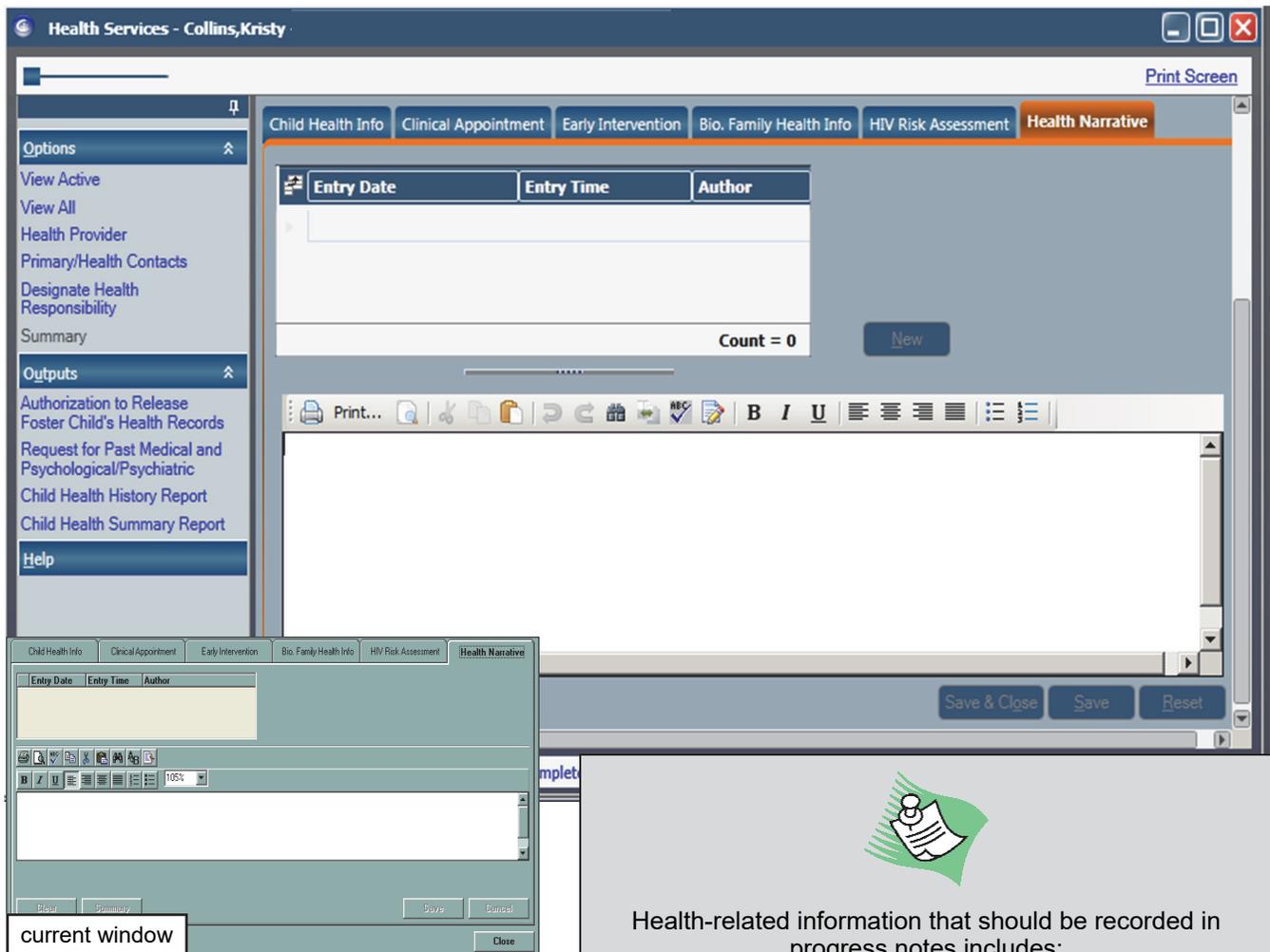
- Date of HIV Risk Assessment: 07/01/2016
- Will child consent to HIV test?: Yes No
- Is this a newborn screening?: Yes No
- Does child have capacity to consent to HIV test?: Yes No
- Does child have HIV Risk Factors?: Yes No
- Child consents to: Anonymous Confidential
- HIV Test section:
 - Date of HIV Test: / /
 - Result of HIV Test: Positive Negative Invalid

Buttons for 'Save & Close', 'Save', and 'Reset' are located at the bottom right of the form. The status bar at the bottom of the window indicates 'Read-Only Mode' and 'Unsaved Changes'. An inset window labeled 'current window' shows a smaller version of the same form.

The Health Narrative Tab

The **Health Narrative** tab will continue to be used to document confidential, child-specific health services and activities, and to record information that is not appropriate for inclusion in progress notes, including the following:

- any information related to HIV/AIDS
- verbatim notes from the provider on substance abuse diagnoses and services
- verbatim notes from the provider on mental health diagnoses and services
- notes on family planning and reproductive health



The screenshot shows the 'Health Services - Collins, Kristy' application window. The 'Health Narrative' tab is selected. The interface includes a navigation menu on the left with sections for Options, Outputs, and Help. The main area displays a table with columns for Entry Date, Entry Time, and Author, and a 'New' button. A text editor with a rich text toolbar is visible below the table. A smaller window titled 'current window' is overlaid on the bottom left, showing a similar table and text editor.



Health-related information that should be recorded in progress notes includes:

- information about consents and efforts to obtain them;
- appointment information;
- any assistance needed for the appointments (e.g., transportation); and
- information regarding health services that pertains to service delivery (e.g., mental health issues that might make it difficult for the various goals to be met).

Module 4: Outputs

According to the OCFS manual titled *Working Together: Health Services for Children in Foster Care*, there are three basic types of consent:

- consent for routine and emergency treatment
- consent to release health information
- informed consent for non-routine care and services

CONNECTIONS provides two forms to assist in obtaining medical records for a child in foster care:

- Authorization to Release Foster Child's Health Records
- Request for Past Medical and Psychological/Psychiatric Health Records

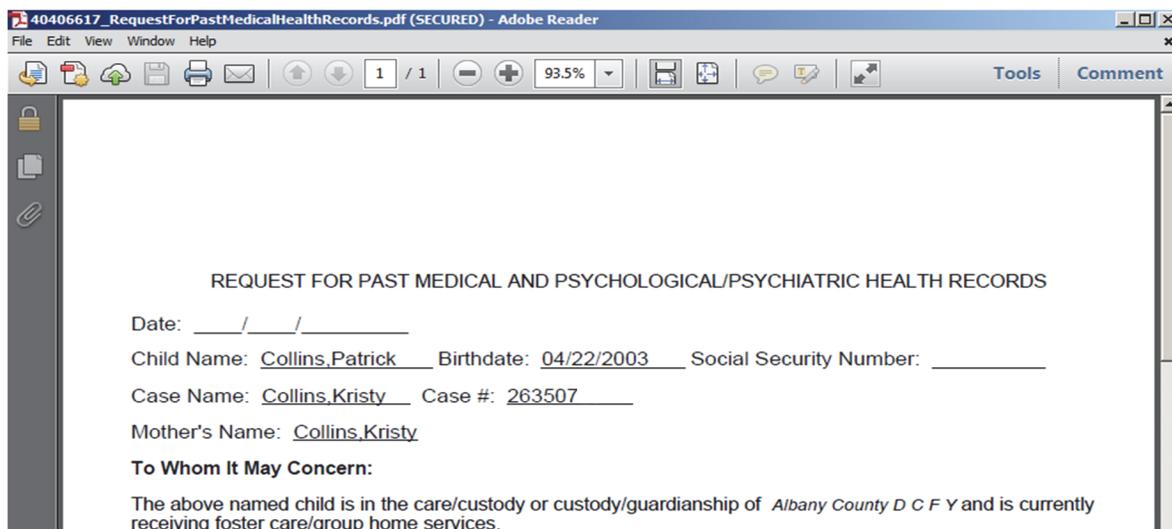


Authorization to Release Foster Child's Health Records

The Authorization to Release Foster Child's Health Records has an area at the top for the district or voluntary agency letterhead, followed by legal text and a checkbox list of all types of medical and psychological/psychiatric records that may be requested. For each type of information sought, the relevant New York State law that supports release of this information is cited. There is also a notice concerning the disclosure of HIV-related information. The form ends with a section for the person giving consent to revoke that consent if s/he so chooses. Under New York State OCFS regulations, a parent can revoke his or her consent at any time.

Request for Past Medical and Psychological/Psychiatric Health Records

The Request for Past Medical and Psychological/Psychiatric Health Records has an area at the top for district or voluntary agency letterhead, followed by legal text citing the appropriate Social Services Law to support the request and a checkbox list of all types of medical and psychological/psychiatric records that may be requested. At the bottom there are places for the requestor's contact information and the responding doctor's signature. The text contains four fields where CONNECTIONS automatically populates the name of the district or voluntary agency.



Child Health History Report

The Child Health History Report will continue to be available as a comprehensive report that displays all valid information, including that which has been end-dated. **Health Narrative** tab information, however, is not included in the report.

Step-by-Step: Generating the Child Health History Report

- 1 On the *Health Services* window, select the child(ren) from the child list grid.
- 2 Click the **Child Health History Report** link in the **NAVIGATION PANE**.
The Child Health History Report window displays.
- 3 Select the child(ren) to be included in the report.
- 4 In the **Options for Customized Report** section, select the desired checkbox(es).
- 5 Click the **Run Report** button.

CHILD HEALTH HISTORY REPORT				***WARNING*** CONFIDENTIAL INFORMATION AUTHORIZED PERSONNEL ONLY							
Case Name:	Collins,Kristy	Stage Name:	Collins,Kristy								
Case ID:	263507	Stage ID:	306963								
Case Initiation Date:	06/24/2016	Report Date:	08/05/2016								
District With Case Management:	ALBANY	District/Agency With Case Planning:									
CHILD DETAIL											
Name:	Collins,Patrick	Person ID:	40406617	Sex:	M	DOB:	04/22/2003	Age:	13	CIN:	
<i>This report represents the child's current health status. Additional information may be available.</i>											
CHILD HEALTH HISTORY DETAIL											
Medicaid Status	Medicaid Number	After Hours Agency Contact	After hours Agency Contact Phone Number	Primary Care/Medical Home	Primary Care/Medical Home Address	Primary Care/Medical Home Phone Number					

Child Health Summary Report

The Child Health Summary Report will continue to provide only current, valid information that has not been end-dated.

Step-by-Step: Generating the Child Health Summary Report

- 1 On the *Health Services* window, select the child(ren) from the child list grid.
- 2 Click the **Child Health Summary Report** link in the **NAVIGATION PANE**.
The Child Health Summary Report window displays.
- 3 Select the child(ren) to be included in the report.
- 4 Click the **Run Report** button.

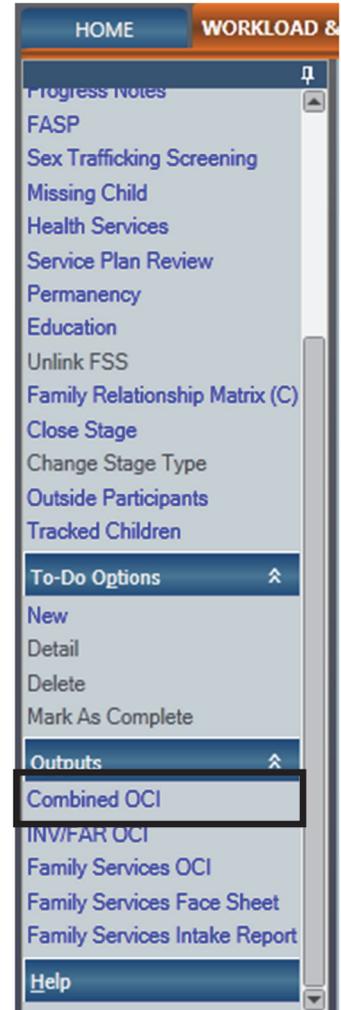
CHILD HEALTH SUMMARY REPORT				***WARNING*** CONFIDENTIAL INFORMATION AUTHORIZED PERSONNEL ONLY							
Case Name:	Collins,Kristy	Stage Name:	Collins,Kristy								
Case ID:	263507	Stage ID:	306963								
Case Initiation Date:	06/24/2016	Report Date:	08/05/2016								
District With Case Management:	ALBANY	District/Agency With Case Planning:									
<hr/>											
CHILD DETAIL											
<hr/>											
Name:	Collins,Patrick	Person ID:	40406617	Sex:	M	DOB:	04/22/2003	Age:	13	CIN:	
<i>This report represents the child's current health status. Additional information may be available.</i>											
HEALTH SUMMARY DETAIL											
<hr/>											
Medicaid Status	Medicaid Number	After Hours Agency Contact	After hours Agency Contact Phone Number	Primary Care/Medical Home	Primary Care/Medical Home Address	Primary Care/Medical Home Phone Number					
<hr/>											
Child Health Information - Collins,Patrick											
Allergies											

Combined Open Caseload Inquiry (OCI) Report

The combined Open Caseload Inquiry (OCI) Report displays an up-to-date snapshot of information about stages on your workload, including cues (flags) for coming-due or overdue tasks (see image below). A pop-up window displays for this report, allowing you to customize it before launching.

Step-by-Step: Generating the Combined Open Caseload Inquiry (OCI) Report

- 1 On the **WORKLOAD & TO-DOs** tab, click the **Combined OCI** link in the **Outputs** section of the **NAVIGATION PANE**.
The Open Caseload Inquiry Report Options window displays.
- 2 Select the desired checkboxes.
*The **Run Report** link enables.*
- 3 Click the **Run Report** link.
The following message displays: "The report has been launched. Check the Reports tab."
- 4 Click the **OK** button.
*The **My Workload** tab displays.*
- 5 Click the **REPORTS** tab to access the OCI Report.



Combined Open Case Inquiry by Worker - tmpFC0F.pdf (SECURED) - Adobe Reader

REPORT ID: COCI010
REPORT DATE/TIME: 07/01/2016 02:52:24 PM

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
OPEN CASELOAD INQUIRY REPORT

CONFID
AUTHOR

WORKER NAME: Wilson81,Darryl
AGENCY/COUNTY: A31/ONONDAGA

SITE: 3Q1
WORKI
UNIT: F

Selected Parameters: FSS - Health

Case Name/ Case ID	Stage Name/ Stage ID	Stage Start Date/Intak e Date	Case Initiation Date	Stage Type	Role	Case Planner Agency	FSS				Cue Description	Due Date	Coming Due Days	Days Overdu e
							Functional Area	FASP Type	FASP Status	Name				
Brown,Sherry 38500116	Brown,Sherry 28500213	09/14/11	06/01/11	CWS	CP	A31	Health			Brown, Cindy	Dental assessment is overdue A31	10/22/11		1714
Brown,Sherry 38500116	Brown,Sherry 28500213	09/14/11	06/01/11	CWS	CP	A31	Health			Brown, Cindy	Determination of capacity to consent and HIV risk are overdue A31	07/01/11		1827
Brown,Sherry 38500116	Brown,Sherry 28500213	09/14/11	06/01/11	CWS	CP	A31	Health			Brown, Cindy	Initial physical/medica l assessment is overdue A31	07/01/11		1827
Brown,Sherry 38500116	Brown,Sherry 28500213	09/14/11	06/01/11	CWS	CP	A31	Health			Brown, Cindy	Mental health assessment is	11/06/11		1699

Module 5: Resources

The Health Services Manual

For more information about Health Services, refer to *Working Together: Health Services for Children in Foster Care*. This manual includes all required casework activities, rules for obtaining consent, disclosure rules, and advice for working with caregivers, health care practitioners and insurance providers. It has appendices that include sample forms, New York State regulations and laws, Administrative Directives, and a detailed protocol for the Early Intervention Program. The manual is available on the OCFS Internet site: ocfs.ny.gov/main/sppd/health_services/manual.asp.

OCFS CONNECTIONS Internet Site

Many resources are available for you on the **Step-by-Step/Job Aids/Tips** page of the OCFS CONNECTIONS Internet site (<http://ocfs.ny.gov/connect/jobaides/>). There you will find resources such as How Do I? documents, Job Aids, Tip Sheets, and Quick Start Guides. These documents and others will provide you with the most up-to-date information on CONNECTIONS.

CONNECTIONS Regional Implementation Staff

If you cannot find the answer to your question(s) within the documentation mentioned above, you can contact one of the many statewide CONNECTIONS Regional Implementation Staff members. The current list of members is always available on the OCFS CONNECTIONS Internet site (at <http://ocfs.ny.gov/connect/contact.asp>) and intranet site (at <http://ocfs.state.nyenet/connect/contact.asp>).

Application Help Mailbox

You can directly contact the NYS CONNECTIONS User Support/Triage staff for help with complex application issues. Questions, problems, and concerns can be emailed to:

ocfs.sm.conn_app@ocfs.ny.gov

Human Services - ITS Enterprise Service Desk

The Human Services - ITS Enterprise Service Desk is available to answer basic questions related to your equipment, or to solve problems you are having with CONNECTIONS. If they cannot solve your problem, they will record your information and forward it to others who can. The Enterprise Service Desk is staffed 24 hours a day, seven days a week. The telephone number is:

1-800-NYS-1323 (1-800-697-1323)

Professional Development Program

Another resource is the CONNECTIONS Training Project of the Professional Development Program (PDP), Rockefeller College, University at Albany. CONNECTIONS trainers can provide you with assistance when you have a question about or are experiencing an issue with any area of CONNECTIONS. For assistance from a CONNECTIONS representative, contact the Professional Development Program at **CONNECTIONS@albany.edu**. Be sure to include your name, contact information, and your question or issue. A CONNECTIONS representative will respond as promptly as possible by email and/or phone.