

Office of Children and Family Services  
CONNECTIONS Case Management

**Impact Analysis**

**Subject:** Health Services

**Functional Area:** Case Management

**Brief Description of Current Function/Process:**

There are many different health service delivery models for children in foster care settings in New York State. How services are obtained will vary depending on whether the child resides in a foster home certified or approved by the local department of social services/ACS (direct care) or by a voluntary authorized agency (indirect care), or in a community based group home, or on a campus based or other congregate care setting. Essential health and clinical services may be obtained from health care practitioners in community based settings or located on-site at the voluntary authorized agency or social services district/ACS operated program. The various methods of service delivery, activities conducted to support the child's health and the people designated to perform the activities are frequently outlined in local protocols and depend on the types of available resources. All required activities for the provision of health services are outlined in 18 NYCRR 441.22 and in the NYS OCFS Manual *Working Together, Health Services for Children in Foster Care*, and the Title XIX (Medicaid) Early Periodic Diagnostic, Screening and Treatment Guidance available on the NYS Dept. of Health website. Documentation of the provision of all related health care services is essential and required by both federal and state statute and outlined in 18 NYCRR 441.22 and 18 NYCRR 428 Standards for Uniform Case Records. Information regarding to whom medical information must be disclosed is outlined in 18 NYCRR 357.3 (3) (b).

All children in foster care, regardless of the health service delivery system, must receive certain health services. These include:

- an initial Comprehensive Health Evaluation,
- periodic medical and dental examinations, follow up and treatment consistent with prevailing health care standards,
- any special services, including psychiatric or psychological services necessary to address their health needs, and
- periodic assessments for risk of HIV infection.

Social services districts/ACS and voluntary authorized agencies are also required to request authorization for medical care from the parent/guardian (in some cases, the social services district may give effective consent without parental consent), obtain the child's past medical records and maintain a continuous and permanent medical history of the child. They are also responsible for providing the child's and biological parents' health history to foster parents and prospective adoptive parents and, if a child is discharged to a parent, providing the parent with the child's health history or if the child is discharged to his or her own responsibility, to the child him or herself. Former foster children, including adopted foster children, are entitled to this information, upon request, as are certain others with whom a child is placed or discharged.

The confidentiality of health information is protected by the districts and agencies in accordance with the Social Services Law and the Public Health Law, as well as applicable federal standards.

**What Remains the Same:**

- The local district and voluntary agency health delivery systems for children in foster care.
- All regulations, regarding initial, periodic and discharge medical and dental exams remain the same, as do the regulations, state and federal statute and Public Health law pertaining to medical consents, confidentiality of health related information (including confidential HIV-related information), and acquisition and dissemination of medical history information. Please refer to the Health Services Manual for Children in Foster Care at: [http://www.ocfs.state.ny.us/main/sppd/health\\_services/manual.asp](http://www.ocfs.state.ny.us/main/sppd/health_services/manual.asp)
- Current health care documentation practices, such as who is responsible for the maintenance of the information may remain the same.

**What is New or Changes:**

- For districts that opt to record health information in the Health Services module, and for all Voluntary Agencies that are providing foster care services for children, staff at those programs will maintain health services information in CONNECTIONS for all children placed in foster care. This includes all children placed under Article 10, Article 7, Article 3 of the Family Court Act or a voluntary placement agreement and ACS PINS remands placed for detention with a voluntary agency.  
(At this time, local social services districts may determine the specific time period for completion of full implementation of the health services module for children in the custody of the social services district who are placed in their own certified or approved foster homes.)
- It is highly recommended that health information also be entered into CONNECTIONS for all children placed in the direct legal custody of relatives or other suitable persons under Article 10 of the Family Court Act. Health information for children served in child protective and preventive cases may also be entered.
- Early Intervention is to be documented in the system. Regular security rules apply; anyone with a role in the case, including cross agency workers can view/update information. For any child under the age of 3 in an open, indicated Child Protective Services case, a referral for a screening for Early Intervention Services as well as any follow up evaluation, program information and services recommended or received must be documented in the Health Services module.
- The specific components of the Health services module include:
  - Current medications, allergies, durable medical equipment, after hours contact, current primary care/medical home
  - Clinical appointments, diagnoses, and treatment recommendations
  - Early Intervention referral, evaluation, program information and history
  - Biological Family Health History for hereditary conditions
  - HIV Risk Assessment
  - Health Narrative
- An Initial Substance Abuse Assessment for all children age 10 and older is required to support compliance with federal reporting for AFCARS.

- Special security governs who has access to Health services information. It is stricter than other modules in CONNECTIONS. However, it does not apply to Early Intervention. For more information, please see the Impact Analysis on Security for Build 18.9.
- Case Managers and Case Planners will have access to all relevant health information for all the children in the case.
- To permit/enable a Case Worker (CW) associated with any stage to view or maintain health information, the Case Manager/Case Planner must “designate” the District or Agency of the CW as a responsible entity. After the organization has been designated, staff with a role in the case will be able to view and/or document essential health information.
- For those agencies that have been designated by the Case Manager/Case Planner as responsible for children in their care and that have specific staff who do not have a role in the stage and who have been determined to need the ability to view or document health information, must be given as appropriate, either of the new business functions, “Maintain Health” or “View Health.” Please review the OCFS Business Function Guidelines, dated 1/25/07, located on the CONNECTIONS Security page on the Intranet, before making assignment decisions.
- Special access – Certain staff in voluntary authorized agencies or social services districts have responsibilities that require access to the discreet section of a case record where health information is maintained, but require access more broadly for all children for whom their respective agencies are responsible. These may include a nurse, clinical supervisor or health care coordinator in a voluntary agency or local social services department who require access to the health services module for all children based on their need to document critical health activities, track health progress and support the follow-up treatment for a child. Staff in a designated agency who do not have a specific role in the case, but have been assessed to have a “need to know” and need access to health information, in order to maintain that information, must have the business functions of Maintain Health and Case/Person Search. They will then have access to the Health Services Module for each child in their respective agency’s care by completing an appropriate search and accessing the health services modules for each individual child. This form of access limits the maintain function to only the Health Services and denies broader access to the entire case record, including no access to progress notes. Users with View Health and Access All will have access across the entire stage, all modules, including Health.
- It is critical for the social services district and voluntary authorized agency administration to establish clear guidelines and standards for who has a “need to know” the related health information for children the agency serves. It is also important for the district/agency to establish a method to monitor and review the proper assignment of the new business functions “view health” and “maintain health” on a periodic basis to provide safeguards for the maintenance and confidentiality of this information.
- Primary and Secondary Workers who have a role in concurrently open CPS investigations can view health history for children involved in the investigation (implied role). No other implied role rules apply to the Health Services information.

**Implications/Considerations:**

**System**

- Does your organization have an existing system/database that collects health/medical information? Can it be replaced by CONNECTIONS? If not, how will updates to both

CONNECTIONS and an internal system/database be accomplished without duplicate data entry?

- Security Business Functions will need to be assigned to workers who do not have a role in the case, if such workers are responsible for updating or viewing Health Services information. For more information, please see the Impact Analysis on Security for Build 18.9 and the Business Function Guidelines which were referenced in the previous section.
- If the children in the case are placed in different voluntary agencies, each such agency will require designation by the Case Manager/Case Planner in order to maintain health information on a child.
- Once a child's health/medical history is entered into CONNECTIONS, that history follows the child. Therefore, if the Family Services Stage is closed in one local social services district, and opened in another, the Health information for the child will be available to the new Case Manager/Case Planner/CPS Monitor and some workers (those designated as responsible for health information for a specific child, or those with appropriate business functions).
- The Health tab supports specialized Health Narrative Notes. Narratives related to Health information are governed by the special security described above.
- Certain Health information can be pre-filled in the Permanency Hearing Report. HIV diagnoses will not be pre-filled and should not be identified in the Permanency Hearing Report
- Access to Health information in an open stage:
  - Workers with the role of Case Manager or those in their unit hierarchy may view and modify all tracked children in the stage.
  - Workers with the role of Case Planner or those in their unit hierarchy may view and modify all tracked children in the stage.
  - Workers with the role of CPS Worker/Monitor or those in their unit hierarchy may view and modify all tracked children in the stage.
  - Workers with the role of Case Worker or those in their unit hierarchy may view and modify all children on their caseload once their District/Agency has been designated as responsible.
  - The Primary and Secondary Investigators in a CPS INV stage open concurrently with an FSS stage may view all tracked children.
  - OCFS workers with a role in the stage (e.g., DRS) or those accessing their workload may view and modify all children in the stage.
  - Workers outside of the agency of the Case Manager with the MAINT HEALTH Business Function may view and modify health information for all children for which the agency has been designated as responsible.
  - Workers in the same agency as the Case Manager with the MAINT HEALTH Business Function may view and modify health information for all children.
  - Workers outside of the agency of the Case Manager or CPS Worker/ Monitor who have access to cases via the Case Search path and who have the VIEW HEALTH Business Function may view health information for all children for which their agency has been designated as responsible.
  - Workers in the same agency as the Case Manager with the VIEW HEALTH Business Function may view health information for all children.
- Access to Health information in a closed stage:

- Workers in the Case Manager’s agency with the MAINT HEALTH Business Function may maintain health information in a closed stage for any tracked child.
- Workers in the Case Planner’s agency with the MAINT HEALTH Business Function may maintain health information in a closed stage for any tracked child for whom the agency had been designated responsible.
- Workers in the Caseworker’s agency with the MAINT HEALTH Business Function may maintain health information in a closed stage for any tracked child for whom the agency had been designated responsible.
- Workers in the Case Manager’s agency with access to the closed stage and the VIEW HEALTH Business Function may view health information in a closed stage for all tracked children.

Note: If the Case Planner was unassigned prior to stage closure and the agency was never designated as responsible, the staff cannot access health information for the closed stage. If the agency was designated as responsible, the worker will be able to view and/or maintain health information for children for which they were designated responsible up to the point that their designation ended.

- Four documents can be generated from the Health module:
  - Child Health Summary
  - Child Health History
  - Authorization to Release Foster Child’s Records
  - Request for Past Medical and Psychological/Psychiatric Records
  - Individual Tabs may also be printed, including the Health Narrative by using the Screen Print function.

### **Program**

- Will the communication flow within and across district/agency need to be altered to allow for Health documentation to be entered into CONNECTIONS? How are documents shared/passed? Will this need to change for B18.9?
- How is other clinical information shared?
- Who is responsible for the documentation now?
- Does your agency’s initial comprehensive health evaluation of children in foster care include assessments for physical/medical health, dental, developmental, mental health, and substance abuse for children over 10?
- Will your organization capture information on children at home receiving preventive and/or protective services?
- Will your organization capture information on children placed in the custody of relatives under Article 10 of the Family Court Act?
- To whom will you assign the Business Function of “MAINT HEALTH”?
- Who among your staff who currently have the “ACCESS ALL” business function should be assigned the additional “VIEW HEALTH” business function? How will you monitor assignments and what steps or procedures will be developed to provide for the appropriate assignment and unassignment?
- Once Build 18.9 is in production, if your district has decided to implement documentation of Health Services in CONNECTIONS, or for all voluntary authorized agencies, data entry requirements apply for those children already in Foster Care, OCFS custody youth placed

in the care of a voluntary authorized foster care agency and ACS PINS remands placed for detention. For those children, the following information is to be documented:

- Information related to current or chronic conditions, including current allergies, medications, durable medical equipment, diagnoses at intake, and hospitalizations related to the reason(s) for the child's removal or those within the past 6 months related to emergency or chronic conditions.
- Information must be entered as soon as possible, and no later than:
  - the due date of the next FASP, or
  - the due date of the next Permanency Hearing Report, or
  - 90 days from the date of implementation of Build 18.9
- If the child entered foster care within the 90 days prior to implementation, initial assessments must also be entered within the same timeframes as above.
- Early Intervention information must be documented in the system prior to the child's 4<sup>th</sup> birthday or no later than the next FASP/PHR submission date, whichever is sooner. (EI services can be provided to children up to the age of 4, but a child must be under the age of 3 at the time of referral)
- Bio Family Health information must be documented in the system no later than the next FASP/PHR submission date.
- For children entering foster care after implementation of Build 18.9, Health Services information is to be entered into CONNECTIONS contemporaneously with receipt of documentation of the service or condition.
- The medications list is from the Food and Drug Administration (FDA).
- Health Narrative: These notes are specifically intended for additional information regarding HIV if the child and/or family has provided written consent for disclosure, family planning and reproductive health, and verbatim descriptions extracted from substance abuse and mental health evaluations and treatment notes submitted by providers. The Health Narrative does not print out as part of the Health Summary or Health History Report to protect the child and family, but can be printed separately if necessary by using the Screen Print function.

**Recommendations:**

- Business Function assignments for view and modify health information need to be carefully considered as they relate to the security of the health information that will be recorded in CONNECTIONS. Please refer to the OCFS Business Function Guidelines, dated 1/25/07, located on the CONNECTIONS Security page on the Intranet. Unit Approver designations and other roles in the Unit hierarchy should be reviewed to determine that such staff are appropriate for view or maintain access to this information (assuming they are not supervisors).
- New CONNECTIONS users, who may be responsible for the entry of health information must be identified by an LDSS/VA and given the ability to perform this function, including access to a PC, connectivity, user ID, training and appropriate security assignment.
- Review processes and procedures for requesting documentation of health services, to facilitate timely receipt of records.
- Case Managers and Case Planners should have a clear understanding of the need to “designate” an agency as responsible for capturing health information in the case record. The organization may need to develop a policy regarding the rules for designation of an agency or assign responsibility to either the Case Manager or the Case Planner to perform this task.

- Agencies may choose to develop a plan for data entry in order to meet the implementation requirements listed above for cases already open in CONNECTIONS.