



Eliot Spitzer
Governor

NEW YORK STATE
OFFICE OF CHILDREN & FAMILY SERVICES
52 WASHINGTON STREET
RENSSELAER, NY 12144

Gladys Carrión, Esq.
Commissioner

Administrative Directive

Transmittal:	08-OCFS-ADM-01
To:	Commissioners of Social Services Executive Directors of Voluntary Authorized Agencies
Issuing Division/Office:	Strategic Planning and Policy Development
Date:	February 13, 2008
Subject:	Changes associated with CONNECTIONS Build 18.9: Health, Education and Permanency Hearing Report Modules
Suggested Distribution:	Directors of Services Child Protective Services Supervisors Child Welfare Supervisors Legal Staff Staff Development Coordinators CONNECTIONS Implementation Coordinators Voluntary Agency Program Directors
Contact Person(s):	Questions concerning this release should be directed to your Regional Office, Division of Child Welfare and Community Services: Buffalo Regional Office – Mary Miller (716) 847 – 3145 Mary.Miller@ocfs.state.ny.us Rochester Regional Office – Linda Kurtz (716) 238 – 8200 Linda.Kurtz@ocfs.state.ny.us Syracuse Regional Office – Jack Klump (585) 423 – 1200 Jack.Klump@ocfs.state.ny.us Albany Regional Office – Glenn Humphreys (518) 486-7078 Glenn.Humphreys@ocfs.state.ny.us Yonkers Regional Office – Patricia Sheehy (914) 377 – 2080 Patricia.Sheehy@dfa.state.ny.us New York City Regional Office – Patricia Beresford (212) 383-1788 Patricia.Beresford@ocfs.state.ny.us Native American Services – Kim Thomas (716) 847 – 3123 Kim.Thomas@ocfs.state.ny.us
Attachments:	Yes
Attachment Available Online:	Yes Attachment A: “ Build 18.9 Business Functions”

Attachment B: List and Link to JOB Aids
<http://ocfs.state.nyenet/connect/security/Build%2018%209%20BF%20%2001-25-07.pdf>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
05 OCFS ADM-02 04-OCFS-LCM-04 97 ADM-15		18 NYCRR Parts 357, 428, 432, 441, 466 and 508; 18 NYCRR 360.8.1 and 463.2	SSL§§ 373- a,409, 422, and 446 FCA Articles 3, 7, 10 FCA §1089 Public Health Law Articles 17 and 27-F MHL §22.11 MHL §33.21	NYS OCFS Manual, “Working Together: Health Services for Children in Foster Care.”	SSA§ 475(l)(C) 42 U.S.C. 675 EPSDT 5123.2 Public Law 107- 133

I. Purpose

In March 2007, the Office of Children and Family Services (OCFS) implemented Build 18.9 in CONNECTIONS. Included in Build 18.9 were discrete modules that supported the documentation of currently required health and education information for children served through the child welfare system; the incorporation of the Permanency Hearing Report (PHR), the Notice of Permanency Hearing and the Statement to the Court of the Permanency Hearing Report and Notice Sent; as well as additional functional improvements that provide ease of use for workers and aid in system responsiveness.

At the time of the implementation of Build 18.9 in CONNECTIONS, OCFS provided local Departments of Social Services (LDSS) with the option to implement an incremental approach to full compliance with the documentation requirements of health and education in CONNECTIONS. This ADM will serve as official notification of what health and education data must now be included in CONNECTIONS for all children in foster care, including children placed in certified or approved foster homes, and all children in the custody of LDSS or OCFS placed in congregate care settings in Voluntary Authorized Foster Care Agencies (VA).

In addition, this ADM will identify significant changes and enhancements in CONNECTIONS Build 18.9 designed to capture essential data elements required to support New York State compliance with the federal Adoption and Foster Care Analysis Reporting System (AFCARS).

II. Background

The documentation of health and education information for children and families served through the child welfare system has been an essential requirement identified in both federal and state laws and regulations for some time. The documentation of this information in CONNECTIONS in discrete data fields is a new method of documenting critical case information. The new modules provide an organized, central location for staff to enter and view essential health and education information for all children they are responsible for serving through the child welfare system. The new modules also support the collection of essential health care and education data for children in foster care that is required by the federal government in the AFCARS data report that is submitted twice each year.

Section 446 of the Social Services Law (SSL) authorizes the creation of the state's single statewide automated child welfare system.

OCFS regulation 18 NYCRR 466.3 states that upon issuance of an administrative directive by OCFS indicating that information regarding a child welfare service or services must be entered into the CONNECTIONS system, each social services district or public or private agency providing such service that has access to the CONNECTIONS system must use the CONNECTIONS system or record the information in the form and manner prescribed by OCFS to satisfy the data requirements for the particular service.

Section 373-a of the SSL requires that to the extent medical histories are available, the medical histories of a child legally freed for adoption or of a child to be placed in foster care and of his or her biological parents, with information identifying such parents eliminated, must be provided by an authorized agency to such child's prospective adoptive parent or foster parent and upon request to the adoptive parent or foster parent when such child has been adopted or placed in foster care. In addition, to the extent available, the medical histories of a child in foster care and of his or her biological parents must be provided by an authorized agency to such child when discharged to his or her own care and upon request to any adopted former foster child; provided, however, medical histories of biological parents shall be provided to an adoptee with information identifying such biological parents eliminated. Such medical histories shall include all available information setting forth conditions or diseases believed to be hereditary, any drugs or medication taken during pregnancy by the child's natural mother and any other information, including any psychological information in the case of a child legally freed for adoption or when such child has been adopted, or in the case of a child to be

placed in foster care or placed in foster care which may be a factor influencing the child's present or future health. See also OCFS regulations 18 NYCRR 357.3 and 428.8.

OCFS regulations also require every authorized agency to maintain current case records for each child 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 [18 NYCRR 428.3(b)(2)(ii) and 441.7(a)(1)].

OCFS regulations also require every authorized agency to maintain educational information about foster children and, to the extent available, provide a copy of a foster child's education record at no cost to the child when such foster child is discharged to his or her own care. The education record of a foster child includes the names and addresses of the child's educational providers; the child's grade level performance; assurances that the child's placement in foster care took into account proximity to the school in which the child was enrolled at the time of placement; and any other relevant education information concerning the child [18 NYCRR 357.3 (j)].

Federal law, [section 475(l)(C) of the Social Security Act (SSA)], requires the collection of case plans that include the most recent information available regarding the health records and educational status and services provided to foster children. Federal law also requires the state to collect and report certain data elements to AFCARS for children in foster care and who have been adopted.

The federal and state statutory and regulatory standards pertaining to medical consents, confidentiality of health-related information (including confidential HIV-related information), and acquisition and dissemination of medical history information and educational information will remain the same with the implementation of CONNECTIONS Build 18.9. A description of the effects of the Health Insurance Portability and Accountability Act (HIPAA) on access to health-related information and disclosure of health-related information can be found in 05-OCFS-ADM-02.

Chapter 3 of the Laws of 2005, also known as the Governor's Permanency Law, affects the Family Court, social services districts and voluntary authorized agencies and provides that a PHR be provided to the Family Court and certain other persons in regard to abused, neglected, voluntarily placed and completely freed foster children. The provisions of Chapter 3 of the Laws of 2005 that relate to the PHR were effective December 21, 2005.

The PHR provides the Family Court with the information needed to make decisions regarding the safety and well-being of the child, the family's progress, the plan for achieving timely permanency for the child, and the reasonable efforts to finalize that plan. The requirements for the PHR are detailed in section 1089 of the Family Court Act (FCA). OCFS, in

collaboration with the Office of Court Administration (OCA) and with input from a number of local districts, developed a series of templates for the required PHR to be used statewide by LDSS and VA child welfare caseworkers. These templates, as well as the associated Notice of Permanency Hearing and the Statement to the Court of the Permanency Hearing Report and Notice Sent, have been promulgated as OCA forms. Build 18.9 has incorporated these templates and associated forms directly into the CONNECTIONS application, and certain health and education information and information from the most recent Family Assessment and Service Plan (FASP), at worker choice, may be pre-filled into the PHR.

Please note: With regard to any records kept (including those outside of CONNECTIONS), the records of a non-adopted child in foster care must be retained for 30 years following the discharge of the child from foster care. Records of the child receiving preventive services alone must be retained for six years after the 18th birthday of the youngest child in the family. [See 18 NYCRR 428.10(a)(5)(ii)]. Records of child protective services must be retained in accordance with sections 422(5), 422(6) and 422(8) of the SSL and 18 NYCRR 432.9(f). Records of an adopted child must be sealed and permanently retained. [See 18 NYCRR 428.10(a)(5) and 05-OCFS-ADM-02.]

III. Program Implications

A. Health Services Module

The CONNECTIONS Health Services Module has been designed to provide a systematic and organized presentation of the general health history and other critical health information pertinent to a child being served through the child welfare system.

This module fulfills several purposes.

- Primarily, it allows the child's case manager, case planner, associated caseworker, agency nurse, or health care coordinator easy access to the most critical health information for the child.
- The module also provides an overview of the status of required health activities, such as routine health evaluations and HIV risk assessments.
- Information from the health services module may be pre-filled into the PHR.
- Certain diagnoses recorded in the module are captured by the OCFS Data Warehouse for mandated federal AFCARS reports. Non-compliance with these reporting requirements may have a negative fiscal impact on child welfare operations in NYS.
- Data from the health services module can inform LDSS, VAs and OCFS of important trends and issues related to the health of children in foster care.

The Health Services Module is available for every child who is identified in CONNECTIONS as a “tracked” child. Information in Health Services is discretely entered for each individual child and can only be maintained and/or viewed by persons with an appropriate role in a case and those with access to their workload, or through special security business functions.

The Health Services Module is not intended to be a comprehensive health record or a substitute for the medical records maintained by the social services district, authorized agency, or the child’s medical provider. As is required now, there must still be external documentation maintained that includes:

- copies of lab tests,
- physician forms,
- immunization records,
- medical consent forms,
- psychiatric evaluations,
- copies of referrals to medical providers, and so on.

Because it is not necessary to enter all of the child’s medical appointments or services into CONNECTIONS, the external medical file will be the more complete record. The child’s medical providers will have the most comprehensive record of all and, as such, will likely be timelier than what the district or agency possesses.

Information that must be entered into the Health Module is listed in the **Requirements** section below.

Legal Authority/ Regulations for the Provision of Health Services

All children in foster care must be provided certain health services. The required activities for the provision of health services are outlined in 18 NYCRR 441.15, 441.22, and 442.21; as well as 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 (EPSDT) guidance available on the NYS Department of Health website.

This section of the Administrative Directive provides social services districts and voluntary authorized agencies with information on the current requirements for the provision of health services. The above referenced regulations did not change with the implementation of Build 18.9.

According to 18 NYCRR 441.22, each authorized agency is responsible for providing comprehensive medical and health services for every foster child in its care. This care must be provided by qualified persons. Social services districts and voluntary authorized agencies that provide foster care are also responsible for providing appropriate psychiatric, psychological and other essential services appropriate to the needs of the children in care (18 NYCRR 441.15).

Basis for Elements in Health Services Module

Working Together sets forth a five-assessment protocol that comprises the initial comprehensive health evaluation for each child entering foster care. Regulations or rationale for each assessment is as follows:

- Physical/Medical – 18 NYCRR 441.22(c)(2)
- Developmental – 18 NYCRR 441.22(c)(2); EPSDT 5123.2(A)(1)
- Dental – 18 NYCRR 441.22(c)(2)(vii)
- Mental Health – 18 NYCRR 441.15; EPSDT 5123.2(A)
- Substance Abuse – 18 NYCRR 508.8(b)(4)(iii)

In addition to the comprehensive evaluation, there are specific health services and information that are recorded in CONNECTIONS. The authority for these activities is as follows:

- HIV risk assessment for children in foster care – 18 NYCRR 441.22(b)
- Referral to the Early Intervention Program - 04-OCFS-LCM-04;
- Biological family health history – SSL§ 373-a, 18 NYCRR 357.3(b)

Documentation of Health Information

According to OCFS regulation 18 NYCRR 428.1, social services districts must provide a thorough family assessment and an account of all family and children's services delivered to children and their families through case records maintained in the form and manner and at such times as required by OCFS for the following:

- all children placed in social services district custody, or considered for such placement, which includes all children placed by a court directly in the custody of a relative or other suitable person pursuant to Article 10 of the FCA;
- all children in receipt of mandated and non-mandated preventive services (as defined in section 409-a of the SSL);
- all children legally freed for adoption; and
- all children named in an indicated report of child abuse or maltreatment (as defined under 18 NYCRR 432.1).

In addition to the general requirement for case documentation above, OCFS regulation 18 NYCRR 428.3(b)(2)(ii) lists additional information and documents that must be included in the uniform case record for children in foster care. These include:

- all reports of medical or clinical examinations or consultations, including
 - medical examinations and laboratory tests,
 - psychiatric or psychological examinations or consultations (either court-ordered or voluntary),

- dental examinations;
- medical consent forms signed by the parent or guardian, by the commissioner of the social services district, or by the child if the child has capacity to consent, as applicable, regarding medical treatment for any child in foster care placement;
- documentation that the child has been assessed for risk factors related to HIV infection in accordance with 18 NYCRR 441.22(b), and, if one or more risk factors have been identified, a description of the procedures that were followed to arrange for appropriate HIV-related testing, including obtaining the necessary written informed consent for such testing.

Historically, some of this information may have been documented in progress notes, the service plan, an external medical record, or the medical record component of the official case record. The form, manner and method of documenting specific health-related information and activities for children has changed in that now certain information must be entered into CONNECTIONS Health Services Module. However, the services and the need to document them have not changed.

Components of the Health Services Module

The Health Services Module provides functionality to designate health responsibility for each child in foster care to the social services district or authorized agency with whom the child is placed. In addition to the “Designate Health Responsibility” window, there are six tabs in the module.

Child Health Info tab serves as an electronic face-sheet that provides a health “snapshot” for the child. This tab records allergies, durable medical equipment, medications, hospitalizations, after-hours contact, and primary care/medical home. The Child Health Info tab must be kept updated with current information.

Clinical Appointments tab captures the details of specific appointments. Included are the date, medical provider, domain, appointment type, diagnosis, and treatment recommendations. The tab also contains a check-box to indicate whether a child’s immunizations are up-to-date at the conclusion of the medical appointment. Certain diagnoses will be captured from this tab for federal AFCARS reports.

The five domains (physical/medical, developmental, dental, mental health, substance abuse) mirror the multi-assessment protocol put forth in the manual *Working Together: Health Services for Children in Foster Care*. Refer to this manual at http://www.ocfs.state.ny.us/main/sppd/health_services/manual.asp for additional information on the requirements and recommended best practices for each assessment, and the comprehensive health evaluation. More than one domain may be selected for an appointment, as the clinician may address multiple aspects of the child’s well-being. For example, pediatricians

routinely assess developmental as well as physical health in the course of an infant's well child appointment.

Early Intervention tab records the date that a child is referred to the Early Intervention Program (EIP), evaluation date, and information on the services and program provider. In accordance with 04-OCFS-LCM-04, LDSS must inform parents of children under the age of three who are subjects in an indicated report of child abuse or maltreatment of the Early Intervention Program, and refer them to their county's EIP. Unlike the other tabs in the health services module, access to the Early Intervention tab is available to any staff with a role in the case.

Bio Family Health Info tab records hereditary conditions of the child's biological family, information on the mother's pregnancy, and the biological parents' cause of death, if applicable. Information on the biological parents' HIV status *must not* be recorded on this tab or anywhere else in the CONNECTIONS system. The CONNECTIONS system does not have a built in system capability to limit access to confidential HIV-related information to only those persons authorized by statute to have access. Therefore, it is incumbent on the social services district or voluntary authorized agency to administer the system in a compliant manner.

HIV Risk Assessment tab is a dynamic window that asks a series of questions on the mandated HIV risk assessment process for children in foster care. Results of HIV tests and Newborn Screening are recorded. The HIV risk assessment tab is completed for children in foster care *only*.

Health Narrative tab is available to document sensitive health information that is not to be included in progress notes, such as HIV-related information, family planning, and information on reproductive rights or sexually transmitted diseases of the child.

Additionally, information in the Health Services Module may be efficiently pre-filled onto the PHR that is now supported in CONNECTIONS. There are several questions in the PHR directly related to the child's diagnoses, specific treatment(s), and medication(s) the child is taking, etc. This information is mapped directly from the Health Services Module into the PHR if the pre-fill option is selected in the PHR window. Using this efficiency, once the information is entered into the Health Services Module, there is no need for duplicate direct data entry by the worker into the PHR. The new PHR may be modified by the worker so that the health information is presented cohesively to the court.

Any changes to specific health information must be completed in CONNECTIONS to provide consistent access to the most current and accurate information related to the health needs of the child for all persons involved with the child who are legally permitted to view or maintain this information.

It is critical for staff to carefully review the newly generated PHR to protect the confidentiality of certain health information. Information may not be inappropriately shared with persons who, while having a legal right to receive a copy of the PHR, do not have a right to certain health information. For example, OCFS has taken specific steps to safeguard against the mapping or inclusion of confidential HIV-related information in the PHR.

Confidentiality

The legal standards relating to the collection, maintenance, and disclosure of client identifiable child protective services, preventive services, foster care and adoption records remain unchanged by the implementation of CONNECTIONS Build 18.9. See 18 NYCRR 466.4 and 466.5 for further information on the confidentiality and security requirements for the CONNECTIONS system.

In general, health information received from a medical provider pursuant to an authorized request may be entered into the Health Services Module without obtaining additional consent from the protected individual. However, there are some circumstances that require special consideration.

HIV Information

A child with capacity to consent to an HIV test may choose to take a confidential test arranged by the social services district or VA, an anonymous test, or refuse a test. If the child agrees to a confidential test, consent is to be obtained for the agency to receive the test results. A model form for this purpose can be found in 97 ADM-15, Appendix D. Test results from anonymous tests cannot be verified, as the patient's name is not associated to the test result.

- If the child consents to a confidential test, the test results are recorded in the HIV Risk Assessment tab.
- If the child agrees to an anonymous test, the results are not available from the provider that performed the test, and therefore cannot be entered into the system.
- If the child confides the results of an anonymous HIV test, encourage the child to agree to a confidential test so that the results can be confirmed and documented, and appropriate services arranged.

If a child is diagnosed with HIV infection, this diagnosis must be entered into the Clinical Appointments tab. The diagnosis will not automatically pre-fill into the PHR. ***Carefully review the PHR to determine if it contains information, such as medications for HIV infection, that recipients of the PHR do not have the right to know and edit accordingly.***

A positive HIV result on the Newborn Screening is not a diagnosis of HIV infection. Rather, it indicates that the child was exposed to HIV in utero. The health provider must adhere to current medical protocols for further testing

and follow-up of an HIV-exposed infant. Subsequent HIV tests for the infant are recorded as a routine HIV risk assessment (not Newborn Screening) in the HIV Risk Assessment tab. Health providers may refer to the following web link:

<http://www.hivguidelines.org/GuideLine.aspx?pageID=258&guideLineID=25>

Notes regarding HIV must be entered into the Health Narrative and *not* in Progress Notes. When it contains confidential HIV-related information, a Health Summary may only be shared with persons who have the right to access confidential HIV-related information. In such a situation, one option is to produce a Child Health History Report by manually selecting each tab to print, omitting the HIV Risk Assessment tab.

Confidential HIV-related information on anyone other than a foster child must not be entered into CONNECTIONS. The CONNECTIONS system does not have a built-in system capability to limit access to confidential HIV-related information to only those persons authorized by statute to have access. Therefore, it is incumbent on the social services district or voluntary authorized agency to administer the system in a compliant manner. If a parent has HIV/AIDS, reference may be made in the case record to the parent's serious chronic illness without naming the diagnosis.

Reproductive Health

Minors also have the right to consent for reproductive health services and family planning services. However, a child in foster care may not need to assert that right, given the exercise of the right to consent from another source, such as a parent/ guardian or a local district. The child's ability to consent to services does not necessarily mean that the agency must request the child's permission to receive documentation of the service and enter it into the system.

The following scenarios provide further instruction on the confidentiality of reproductive health services. These apply to children in foster care.

1. Child receives routine reproductive health service (e.g., a pelvic exam) pursuant to an authorized consent signed by the parent for routine medical treatment. Information may be obtained from the provider and entered into the Health Services Module without further consent.
2. Child is prescribed contraceptives.
 - Because of possible side effects and interactions with other medications, this information, if obtained from the provider, must be included in the child's medical record irrespective of consent.
 - If this medication was prescribed pursuant to an authorized consent for routine medical treatment, the information may be obtained from the provider and entered into the Health Services Module without further consent.

- If the child independently sought and obtained the medication from a provider, the child's consent is required for the provider to disclose the information to the agency. If the child provides written consent, information may be obtained from the provider and entered into the system if the consent form allows redisclosure to any person who may access the information through the system. Carefully review the PHR and edit as necessary.
3. Child is treated for a sexually transmitted disease (STD) pursuant to an authorized consent for routine medical treatment (e.g., child was exposed to an STD as a result of sexual abuse). Information may be obtained from the provider and entered into the Health Services module without further consent.
 4. Child independently seeks treatment for an STD or termination of a pregnancy. Child consents to the treatment and confides the information to agency staff or a foster parent.
 - The information must not be shared with the child's parent/guardian without the child's express consent (see section 17 of the Public Health Law).
 - Child should be counseled on the need to share this information within the agency because of the implications for the child's overall health. If the child agrees and signs a written release, information may be obtained from the provider and entered into the system if the consent form allows redisclosure to any person who may access the information through the system.
 - If the child does not agree to share information, do not enter it into the system. The individual to whom the child has disclosed should balance the child's right to confidentiality against the agency's responsibility to protect the child's best interests in regard to safety, permanency and well-being. If it would be detrimental to the child's health if others in the agency were unaware of this information, a notation may be made in the medical record. Rather than entering the information in the clinical appointments tab, a note may be placed in the Health Narrative referring the reader to the agency medical record for further information.
 - Carefully review the PHR and edit as necessary.
 5. In accordance with 18 NYCRR 357.3, the child's medical history must be released to the parent when the child is discharged to the parent. In general, when a minor consents to her own reproductive health care, she may determine who is authorized to receive information about that care. Review the information and consents on file regarding the child's reproductive health services to determine if information may be released to the parent.

Mental Health

Routine mental health services, including initial assessments and ongoing therapy, are provided to children in foster care pursuant to an authorized consent for routine medical treatment. Information may be obtained from the provider and entered into the Health Services Module without further consent. Diagnoses and psychiatric medications should be entered into the Clinical Appointments and Child Health Info tabs respectively. If direct quotes from a mental health evaluation report or licensed clinician's treatment notes are entered into the system, they must be put into the Health Narrative rather than Progress Notes.

A child may obtain mental health services absent parental consent in limited situations (see section 33.21 of Mental Hygiene Law [MHL]). The provider may require the consent of the child or a court order to release the records to the agency. Once obtained, this information may be entered into the system without further consent. Carefully review the PHR and edit as necessary.

Substance Abuse Services

Substance abuse services, including initial assessments and ongoing treatment, are provided to children in foster care pursuant to an authorized consent for routine medical treatment. Information may be obtained from the provider and entered into the Health Services Module without further consent. Diagnoses of substance related disorders or dependencies should be entered into the Clinical Appointments tab. If direct quotes from a substance abuse evaluation report or licensed clinician's treatment notes are entered into the system, they must be put into the Health Narrative rather than Progress Notes.

A child may obtain treatment for chemical dependence absent parental consent in limited situations (see section 22.11 of the MHL). The provider may require the consent of the child or a court order to release the records to the agency. Once obtained, this information may be entered into the system without further consent. Carefully review the PHR and edit as necessary.

Security for the Health Services Module

Due to the confidentiality and sensitive nature of the information contained in the Health Services tab, security for this function is necessarily more restrictive. This extra layer of security enhances protection for the confidentiality and privacy of the child and his or her family.

Access to the Health Services Module is granted based on:

- the worker's role in the stage,
- status of the stage,
- the designation of an agency with health responsibility for each child,
- user's access to a workload, and
- the assignment of two new business functions (BFs) – MAINT (Maintain) HEALTH and VIEW HEALTH.

The MAINT HEALTH BF permits a staff person in a district or designated agency who does not have a specific role in the case, such as a nurse, clinical director or health care coordinator, necessary access to health information based on their need to document critical health activities, track health progress and support follow-up treatment for the children, but limits access to other health information.

For specific details on security and access to the Health Services Module, refer to the **CONNECTIONS System Build 18.9 Job Aid: Health Services** and Online Help within the Health Services Module. Please note the enhanced security does not apply to the Early Intervention tab.

Provision of access to information within a social services district or voluntary agency with which a local district contracts is based upon the principle of persons who have a “need to know” specific information. Social services administrators, program directors and security administrators in social services districts and agencies must make specific decisions regarding who may have access to what records based upon their role in providing services to a child or family member and their unique need to know the information maintained in different parts of the case record. OCFS has disseminated specific guidelines for each BF to aid in this decision-making process. Staff should consult the OCFS Build 18.9 Business Function Guidelines prior to making assignment decisions (see Appendix A).

It is also important for the district/agency to establish a method to monitor and review the proper assignment of the new BFs “VIEW HEALTH” and “MAINT HEALTH” on a periodic basis to provide safeguards for the maintenance and confidentiality of this information.

Required Actions

Entering and updating health-related information in the Health Services Module is *required* for:

- all children in foster care; and
- all children in OCFS custody placed in a Voluntary Agency (also included in the population referred to as “children in foster care”).

Detailed, step-by-step instructions for maintaining data fields in the Health Services Module are contained in the **CONNECTIONS System Build 18.9 Job Aid: Health Services**.

Required elements in the Health Services Module are as follows:

Designate Health Responsibility

Designation of Health Responsibility is required to allow caseworkers with a role in the stage other than that of the Case Manager or Case Planner, and staff with the MAINT HEALTH or VIEW HEALTH business function access to

the Health Services Module. Designation must be completed for each child by the Case Manager or Case Planner upon the child's entry into foster care. Designation is necessary to enable access for a worker with the role of Caseworker, even if the Caseworker is in the same social services district as the Case Manager or Case Planner.

Child Health Info tab

To support the accuracy of critical health information, records from health providers must be in the agency's possession when entering information on an overnight hospitalization. Written documentation in the child's medical record or verification from the prescriber or the prescription itself must be obtained before entering medications into the system. This is particularly critical as many medications have similar spellings. Allergies and durable medical equipment reported by the parent/guardian must be entered into the system pending verification by a health provider. If dates for the onset of allergies, the use of durable medical equipment, and the first prescription of a medication for a chronic condition are unknown, they may be estimated using the protocols described in the Job Aid. This information must be updated whenever it changes.

Required fields on this tab are:

- Current allergies, medications, and durable medical equipment with start and end dates, as applicable;
- All overnight hospitalizations while the child is in foster care;
- To the extent known, overnight hospitalizations prior to foster care which are related to chronic health conditions or conditions that led to the child's removal;
- After Hours Agency Health Contact, as applicable;
- Primary Care/Medical Home provider.

Clinical Appointments tab

To support the accuracy of critical health information, records from health providers must be in the agency's possession when entering data on clinical appointments. If an appointment must be entered, any diagnoses identified by the medical practitioner during that appointment must also be entered.

The following information must be entered into this tab:

- Initial assessments in five domains (physical/medical, dental, developmental, mental health, and substance abuse for children 10 years of age and older) for any child who entered foster care within the 90 days prior to the date the district implements the Health Services Module, and every child who enters foster care thereafter;
- Periodic well-child care (physical/medical domain);
- Periodic preventive care (dental);
- "Immunizations up to date" indicator for initial and well-child physical/medical appointments;

- Discharge exam (use the “Well child” appointment type);
- The initial diagnosis of a chronic health condition. If diagnosed prior to entry into care, use the “Diagnosis at Intake” appointment type;
- All “Emergency Care” and “Crisis Intervention” appointments;
- Provider name and address for all appointments entered.

Early Intervention tab

The Early Intervention (EI) tab must be completed for any child under the age of three in an open Family Services Stage who was involved in an indicated CPS report. Unlike other parts of the Health Services Module, the EI tab is not subject to enhanced security. If the child receives an EI evaluation, record it as a developmental assessment in the Clinical Appointments tab in addition to completing applicable fields in the EI tab.

The following information must be entered into this tab:

- Early Intervention referral date for all children under 3 in an indicated CPS case;
- All other fields as applicable for referred children;
- Information on this tab must be entered prior to the child’s 4th birthday.

Bio Family Health Info tab

Health information on a parent or biological relative should be obtained from the health care provider pursuant to a release signed by the parent or person whose records are requested prior to entering this information into CONNECTIONS. If records cannot be obtained but the information is credible, enter it into the Bio Family Health tab. Put a brief note in the additional information box stating that documentation verifying the diagnosis could not be obtained and why the diagnosis is believed to be credible. Information on the HIV status of a family member should *not* be entered into CONNECTIONS.

The following information must be entered into this tab:

- Hereditary conditions and allergies of the child’s biological family;
- Information on the biological family’s health history that could impact the child’s current or future health;
- Information on the biological mother’s pregnancy for this child;
- Parent’s cause of death, if applicable. If the parent died as a result of HIV/AIDS, record the exact illness (e.g., Pneumonia) if known, or a general term such as Infectious Disease, if unknown.

HIV Risk Assessment

All children in foster care must be assessed for HIV risk, and the results of that assessment must be recorded on the HIV Risk Assessment tab. This tab is used for children in foster care *only*. The CONNECTIONS system does not

have a built-in system capability to limit access to confidential HIV-related information to only those persons authorized by statute to have access. Therefore, it is incumbent on the social services district or voluntary authorized agency to administer the system in a compliant manner. See additional information on HIV in the Confidentiality section above.

The following information must be entered into this tab:

- All risk assessments completed for children in foster care in accordance with OCFS regulation;
- All fields as prompted by system logic;
- Test date and results for Newborn Screening and confidential HIV tests.

Health Narrative

The Health Narrative may be used to record health information that is not appropriate to record in Progress Notes. This includes:

- Any information related to HIV/AIDS services;
- Quotes from the substance abuse provider's reports or notes;
- Quotes from mental health provider's reports or notes;
- Confidential reproductive health services, including STDs.

If the Health Services Module is not utilized for Preventive or open Child Protective cases, any health information (excluding HIV) related to the reason for the delivery of services by the respective child welfare agency *must* be documented in Progress Notes in CONNECTIONS. This information may include service for substance abuse, mental health, Early Intervention, or hospitalizations related to service needs or child protective issues. Given the highly sensitive nature of reproductive health services and STDs, it is recommended that this information *not* be entered into Progress Notes.

Recommended Actions

Maintenance of health-related information in the Health Services Module is *recommended* for:

- all children placed in the direct legal custody of relatives or other suitable persons under Article 10 of the Family Court Act (not in DSS legal custody);
- children served in open, indicated child protective services cases; and
- children served in child preventive services cases.

Health information related to children served through preventive or protective services *may* be maintained in the Health Services Module at the discretion of the social services district. Use of the Health Services Module for children receiving preventive services only through contract preventive agencies is at

the discretion and agreement or contract between a social services district and its contracted agencies. The same safeguards for sensitive information apply to these records.

A referral to the Early Intervention Program and subsequent entry of data into CONNECTIONS is recommended for:

- foster children under the age of three, particularly those whose developmental assessment indicates the possibility of a developmental disability or delay; and
- any child under the age of three receiving child welfare services from a social services district or voluntary agency if there is reason to believe the child may be disabled or developmentally delayed or in danger of becoming developmentally delayed.

B. Education Module

Comparable to the Health Services Module, the Education Module provides an easily accessible location for documenting essential information related to a child's educational status. Documentation of relevant educational information is required for all children in foster care and youth in the custody of OCFS placed in a VA. The module supports easy identification of educational information about children; for example, what school they are in, if they have an Individualized Educational Plan (IEP), what special services they are receiving, surrogate parent information, and so on. In addition, it provides an historical view of the child's educational placements (e.g., how many schools the child was in, any special services provided to the child in previous schools, if the child repeated any grades, if she or he graduated, etc.). Similar to the Health Services Module, certain information entered into the Education Module will pre-fill to the PHR, if the pre-fill option is selected.

While much of a child's educational information must be recorded in the electronic case record, a hard copy of certain documents must still be maintained in the paper record and *must* include the information cited above (see 18 NYCRR 428.3) as well as copies of report cards, standardized test results, complete IEP reports and evaluations. All general information gathered from contacts with the school will continue to be recorded in Progress Notes. There is no narrative area in the Education Module.

Information can be recorded in the education module for children with no age limit, but remains applicable for foster children up to the age of 23. The upper age limit is derived from the federal Educational and Training Voucher (ETV) program funded through appropriations from the federal Promoting Safe and Stable Families Act of 2001 (Public Law 107-133) which makes such vouchers available to foster children and former foster children up to the age of 23.

The Education Module is available to all persons with a role or implied role in the case, and through the unit hierarchy. This ability to access the child's education information provides an opportunity for all persons serving the family to both view current information and, for those with a role in the case, add, modify and update the educational information, as needed. In addition, workers with a role in the current stage can view (but not change) education information that was recorded in a previous stage. Education information recorded in a previous stage is displayed in gray, except for the Child Case Record (CCR). If the child's current record was created in the CWS stage and carried over into the CCR stage, it will display without shading and is modifiable.

Legal Authority/Regulations Affecting Education Information

According to OCFS regulation 18 NYCRR 441.13, agencies providing foster care services are responsible for:

- taking such steps as may be necessary to make certain that all children in care receive education appropriate to their needs and in accordance with the requirements of the Education Law;
- maintaining an active and direct liaison with any school in which a child in its care is enrolled; and
- making certain that each child in its care receives appropriate educational and vocational guidance.

For children in foster care, OCFS regulation 18 NYCRR 428.3(b)(2)(iii) requires that the uniform case record include educational and/or vocational training reports or evaluations indicating the educational goals and needs of each foster child, including school reports and Committee on Special Education (CSE) evaluations and/or recommendations. It is recommended as a best practice that this information be recorded for all children removed under Article 10 of the Family Court Act and placed in the direct custody of a relative or other suitable person. Recording educational information is optional for children in receipt of preventive or protective services who are living at home with a parent or guardian.

Under federal law [section 475(1) of the Social Security Act], a case plan for a foster child must include the following:

- Names and addresses of educational providers;
- Grade level and performance;
- Child's school record;
- Services provided to a child.

For children in foster care or placed into the direct custody of a relative or other suitable person, education information and history has historically been

captured and maintained in the hard copy case file. Certain additional information has also been maintained in Progress Notes, under the Education Planning purpose.

Required Actions

Current educational data must be entered into CONNECTIONS for:

- all children in foster care; and
- all children in OCFS custody placed with a VA (also included in the population referred to as “children in foster care”).

In addition, new school year information is expected to be entered each year by ***October 1*** and any changes to educational information should be entered into the system as close to the actual change as possible.

Information that must be documented includes:

- all applicable fields on the Education Detail window; and
- all applicable fields on the IEP window, including Disability, Service Types, Related Services, and Surrogate Parent.

Detailed, step-by-step instructions for maintaining data fields in the Education Module are contained in the **CONNECTIONS System Build 18.9 Job Aid: Education**.

Other information gathered from the schools and related to the child’s educational issues, educational needs or attendance must continue to be documented in Progress Notes. In addition, the federal Safe and Timely Placement of Foster Children of 2006 requires that foster children be given their educational records, to the extent available, (at no cost) when the child is discharged from foster care to their own care. The education record includes, among other things, the names and addresses of the child’s educational providers and the child’s grade level performance. (See 18 NYCRR 357.3(j))

Build 18.9.6 will create a new BF for the Education Module. In Build 18.9.7 this business function will support allowing a worker, primarily an education specialist without a role in the case, to record and view education information.

Recommended Actions

If determined by the LDSS or VA as a best practice, educational information must also be entered for school age or pre-kindergarten children in direct custody of a relative or other suitable person (non-foster care) as certain information from Education can, at worker option, be made to pre-fill portions of the PHR.

The Education Module is optional for Preventive or Child Protective Services cases, but recommended for these service populations as well. VAs should

confer with the social services districts with which they contract about requirements to record education information. Being able to readily identify what school a child is attending and who the contact person is will assist every staff person associated with the case currently and in the future.

In order to provide for timely and accurate data entry, LDSS and VA staff should assess their current business processes regarding:

- whether information on children living at home who are in receipt of preventive and/or protective services will be supported in the Education Module;
- who is responsible for the entry and maintenance of this information;
- who is responsible for loading information on children currently in care;
- if departmental communication flow needs to be altered to allow for Education documentation to be entered into CONNECTIONS;
- if there are new CONNECTIONS users who may be responsible for the entry of Education information;
- if they have an existing system/database that can be replaced by CONNECTIONS;
- if they maintain two systems, how updates to both CONNECTIONS and an internal system/database will be achieved;
- how documents will be shared/passed from one department to another and if this will need to change.

C. Permanency Hearing Report

The Governor's Permanency Law (Chapter 3 of the Laws of 2005) requires that a PHR be created and sent to required parties fourteen days prior to each and every permanency hearing date certain and that the report be filed with the Court. A Notice of Permanency Hearing with the date, time and location of the hearing must also be submitted or mailed to the required parties and a Statement to the Court of the Permanency Hearing Report and Notice Sent must be submitted to the Court, listing all those who received the PHR and/or the Notice. These documents were placed on the OCFS website as stand-alone templates when Chapter 3 went into effect. With the implementation of Build 18.9, the PHR, Notice and Statement are supported in CONNECTIONS.

It should be noted that permanency hearings and PHRs apply to the following children:

- children who have entered foster care as abused or neglected children (FCA Article 10);
- children who have entered foster care through a voluntary placement agreement (SSL §384-a);
- children in foster care who have been surrendered for adoption (SSL §383-c) and are completely legally free;

- children who have been surrendered for adoption (SSL §384);
- foster children determined by a court to be completely legally free for adoption, whether in foster care pursuant to FCA Articles 3 (juvenile delinquent), 7 (PINS), or 10 (abused/neglected), or by voluntary placement or surrender; and
- children placed by the court directly with a relative or other suitable person as an outcome of a FCA Article 10 proceeding.

[Note: While Chapter 3 of the Laws of 2005 does not expressly refer to Unaccompanied Refugee Minors, OCFS's position is that the standards of the new Article 10-A of the FCA relating to permanency hearings apply to such children in part in order to satisfy federal Title IV-E State Plan requirements whereby New York must afford procedural safeguards to all categories of foster children, irrespective of whether they receive Title IV-E funding.]

Chapter 3 of the Laws of 2005 does *not* apply to permanency hearings for persons in need of supervision (PINS) and juvenile delinquents (JD) in foster care who are *not* completely freed for adoption.

Each permanency hearing for children affected by this law will have a date certain established. Petitions for extension of placement and/or permanency hearings are no longer filed as a means to calendar the permanency hearing for this population. The term "date certain" means a specific day set by the court when a permanency hearing will be held. The date certain for the initial permanency hearing is set at the first removal hearing, or the hearing under section 358-a of the SSL approving the voluntary placement agreement or surrender. The date for each subsequent permanency hearing is set at the completion of the previous permanency hearing. The actual timing of the date certain is based on the standards set forth in section 1089 of the FCA:

- Initial Permanency Hearing (Non-freed Child)
Date of removal from home plus 60 days plus 6 months = no later than 8 months;
- Initial Permanency Hearing (Completely Freed Child)
Immediately following an approval of a surrender or termination of parental rights disposition; or no later than 30 days after the court hearing completely freeing the child;
- Subsequent Permanency Hearings (Freed and Non-freed Child)
No later than 6 months following the preceding permanency hearing.

The Family Court has the authority to establish a date certain at an earlier date than the time frames listed above, since the statute requires the permanency hearing date to be set "no later than" each of the specified time frames. It should be noted that the date certain is to be entered in CCRS, as a modifier to the legal activity (Permanency Hearing) that is reported. This date is brought

over to CONNECTIONS. If necessary, it can be changed in CONNECTIONS, although any such change does not feed back to CCRS.

Notice of the Permanency Hearing and the Permanency Hearing Report under Article 10-A of the FCA must be provided to the following:

- the child's parent, including any non-respondent parent (see exception noted below);
- any other person legally responsible for the child;
- the foster parent in whose home the child currently resides, if applicable;
- the child's law guardian;
- the attorney for respondent parent, if applicable;
- the agency supervising the child's care, if applicable;
- any pre-adoptive parent; and
- any relative providing care for the child.

All former foster parents within whose home the child resided for a continuous period of 12 months must be provided *only with Notice of the Permanency Hearing*. This requirement is to be met regardless of whether the foster boarding home remains open or has since closed.

Effective July 26, 2006, Permanency Bill Technical Amendments - Chapter 437 of the Laws of 2006 did the following:

- Amended the notification provisions of section 1089 of the FCA to dispense with notification to the birth parent where the parental rights of the birth parent have been terminated or surrendered; and
- Permits the court to dispense with notification to a former foster parent where the court determines it is in the best interests of the child.

Overview of Permanency Hearing Report Module

CONNECTIONS Build 18.9 provides workers with the ability to complete their obligations regarding the PHR, Notices and Statement, by utilizing functionality in CONNECTIONS. With Build 18.9, the worker's responsibility to fulfill statutory and regulatory requirements associated with date certain time frames as they apply to completion and submission of the PHR remains in effect as detailed in Article 10-A of the FCA. In addition, current models of practice related to contributors to the PHR continue with Build 18.9, as does the capacity for multiple workers with an assigned role in the case to contribute to the PHR. The PHR Module in CONNECTIONS utilizes the same content as the PHR Templates. The PHR templates continue to remain available on the OCFS website. Workers at ACS and voluntary

authorized agencies that contract with ACS will continue to use the Legal Tracking System (LTS) as an adjunct to the Module.

The PHR in CONNECTIONS is generated based on the child's permanency planning goal. It is presented in template format with Microsoft Word-like functionality available. There are three types of Permanency Hearing Reports:

- Individual child report;
- Multiple children in the same case who are not completely legally freed; and
- Individual child who is completely legally freed for adoption (available only in the Child Case Record (CCR)).

The Permanency Hearing Reports are integrated into CONNECTIONS and are accessible and easily navigable from the Permanency window. From that window, selecting a single child will automatically generate the Individual Child Report, unless that child is freed for adoption and in a CCR, in which case the Freed Child Report will be generated. Selecting multiple children in the same placement will automatically produce the Multiple Child Report. It is important to note that more than one PHR can be launched and in process within a stage; however, only one PHR can be in process at any one time per child (or children if PH-2 is being used for multiple children).

Use the Permanency Hearing Report for **Multiple Children (PH-2)** for children who are *not* completely free for adoption when:

- all children in the same family are scheduled to have a Permanency Hearing at the same time; and
- the children have at least one parent in common (but if any confidentiality concerns among parent recipients exist, use the Individual Report); and
- the children are placed together; if placed apart again consider confidentiality.

Responses about each child must be individualized on the Multiple Children Report.

Use the Permanency Hearing Report for **Individual Child (PH-1)** for a child who is *not* completely free for adoption when:

- a child is "partially free" and another child in the family is not free for adoption;
- *any* of the Multiple Children Report conditions are not met; or
- whenever it is equally or more convenient for the caseworker or the Court has directed an Individual Child Permanency Hearing Report be used.

Always use the Permanency Hearing Report for **Freed for Adoption Individual Child (PH-3)** for:

- each child completely legally free for adoption.

No address information about any of the participants in a permanency hearing (including the child's address), nor the child's school address information should be included in any Permanency Hearing Report. Concerning the inclusion of confidential HIV-related information in the Permanency Hearing Report, such information may be included *only* if all the persons with whom you are sharing the report are authorized under the Public Health Law to have access to such information.

Any worker with a role in the case can launch a PHR. He or she will next select either "pre-fill" or "no pre-fill." Demographic information and certain other data will populate the PHR and is not modifiable on the report, whether "pre-fill" or "no pre-fill" is selected. Selecting "pre-fill" will produce a document already populated with information from the Family Services Stage (most recent FASP, Plan Amendment, Removal Update, and the Health and Education modules), however some information will still need to be directly entered into the "pre-filled" PHR (particularly the Freed Child report). All information pre-filled in the template will be modifiable by the users (except for demographic information as noted previously). *If the worker selects the pre-fill option, it is critical that he or she review the information in the answer fields so that it will be appropriate and accurate. Editing will be required in almost every case.*

All contributors with a role in the stage are able to work in the PHR template within the system. The system will maintain a history of all Permanency Hearing Reports generated for each child in a stage.

A PHR may still be e-mailed, after being secured by password protection, to parties outside of CONNECTIONS, such as a LDSS attorney or supervisor. The PHR must 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. The Guide is accessible at:

<http://www.ocfs.state.ny.us/main/legal/legislation/permanency/Guide%20for%20Caseworkers-Permanency%20Hearing%20December%202005.doc>

In addition to the PHR, the Notices and Statements are also generated by the system. Court information necessary for these notices is entered in CONNECTIONS and the system will note when the document was generated; workers can note when they were mailed. A history is also kept on who they were sent to and when. Furthermore, other participants in the permanency hearing can be added to the Invitee List for the permanency hearing via the

“Add Other Participants” function (from the Stage Composition Options menu).

Build 18.9.7 will add additional functionality to the Permanency Hearing Module such that information about the petitioner can be added to the Court Information window, and that information will be pre-filled on the Notice.

Legally Freed Children

For a child who has been legally freed and in a CCR, the Freed Child Report will be generated. The initial permanency hearing for a freed child must take place within 30 days of the hearing at which the child was legally freed. Many courts conduct the dispositional hearing and upon making the finding that a child is legally freed, move directly to the initial permanency hearing for the freed child. If the Family Court does not conduct the initial permanency hearing immediately following the dispositional hearing determining that a child is freed, there is the potential for a delay in the ability to auto-generate the correct PHR and submit that to the court and other parties within the specified time frames required by law. If the Court establishes the date certain for the initial permanency hearing for a completely freed child at the dispositional hearing, the child’s case is to be progressed to a CCR stage, thus allowing auto-generation of the correct PHR. If the Court does not establish the date certain for the initial permanency hearing after freeing, then the LDSS or VA staff must wait until receipt of notification of the date certain or court order legally freeing the child before they create the CCR.

Detailed, step-by-step instructions for creating and managing the PHR, Notice and Statement in CONNECTIONS are contained in the **CONNECTIONS System Build 18.9 Job Aid: Permanency Hearing Reports**.

Required Actions:

- Once the PHR is launched, before staff take any further steps, they must check the demographics that are presented in the PHR template.
 - Data fields cannot be modified directly in the PHR; therefore, they will have to go to the original data entry source in the FSS and change the information there.
- All social services districts and VAs must confirm and review established guidelines and business processes regarding who will launch the PHR and who will complete what parts, because everyone who has a role in the case can “launch” the PHR, just like the FASP.
- Workers must keep the report in DRAFT until they are confident that material is complete and all required reviews have taken place, in accordance with any district/agency guidelines about PHR review. Social services districts and VAs are asked to review the implications of this for the review and approval process, and to decide who will make the decision that the PHR is complete.
- Each PHR must be reviewed for: cohesion, accuracy, currency, redundancy, and compliance with applicable confidentiality standards.

- Workers must delete any health information from a pre-filled PHR if it would become available to a person who does not have the legal authority to access such information, or if the consent of child is required but has not been granted to share certain information.
- After review is completed, the PHR is to be marked as final, freezing the report.

There may be circumstances where the use of the PHR templates outside of CONNECTIONS may still be needed. One example is a freed minor mom in foster care who has her own child with her. Currently, the CCR can only accommodate a single person, necessitating leaving the minor mom in the CWS, so an expanded payment can be made for the pair. The freed child PHR is only available from the CCR, necessitating use of the stand alone template. There may be other reasons as well.

D. Security Changes

Recommendations:

Management should carefully consider who receives those Business Functions listed in Appendix A and also refer to the **CONNECTIONS System Build 18.9 Job Aid: Health Services**, and Online Help within the Health Services Module for further detail.

Out assignments, in conjunction with Unit Hierarchy Access, should be carefully reviewed to protect the confidentiality of the information in the Health Services tab. Agencies should:

- Review agency assignments of the UNIT SUM ACCESS Business Function;
- Realign agency protocol regarding the assignment of the UNIT SUM ACCESS Business Function if needed;
- Remove the UNIT SUM ACCESS Business Function from those who should not have it;
- End date any staff that are no longer in need of CONNECTIONS access at all.

Persons who do not have a role in the stage and who should be updating health information for all children in a district or voluntary agency, such as a Nurse or other health care professional, should be given the MAINT HEALTH Business Function. The MAINT HEALTH business function, in conjunction with the CASE or CASE/PERS SEARCH Business Function allows users to update/view Health for all children for whom his/her agency has been designated responsible. Persons who need access to agency-wide health information but do not need to update health information should be given the

VIEW HEALTH BF in conjunction with ACCESS ALL AGY/DISTRICT BF. This might include administrators or Directors of Services.

E. AFCARS Data Elements

Several of the required AFCARS elements are part of the Health and Education Modules. Primarily these are diagnoses which establish the child as disabled. It is essential that all such diagnoses be entered in the course of recording Initial Assessment, Reassessment and Well Child medical appointments. Any chronic condition for which credible information exists is to be entered as “diagnosis at intake.”

Modifications and enhancements will be made to CONNECTIONS in Build 18.9.6 that will further support compliance with federal AFCARS reporting requirements. Build 18.9.6, scheduled for implementation in spring of 2008, will contain modifications to include specific data elements related to placement and adoption services, including a new adoption related AFCARS window and additions to other windows for additionally required foster care data. Completion of these data fields will be required in order to meet AFCARS reporting needs for the first quarter of 2008. Most of these specific data elements relate to:

- Date of Removal
- Type of Legal Event Associated with Removal
- Conditions Associated with Child’s Removal

Examples of additional data elements that will be required are:

- Child Ever Adopted
- Has the child been previously adopted?
- Age (of child when previous adoption was recognized)
- How old was the child when the previous adoption was finalized?
- Was the child adopted internationally
- Foster family structure
- Child placed in Congregate Care

Required Actions:

All data elements must be completed effective with the date of implementation of the new functionality available in the CONNECTIONS application.

IV. Effective Date:

All requirements outlined in Health and Education are effective immediately. Priority should be given to entry of required fields in the Health Services Module, Clinical Appointments tab. This data must be entered by January 20, 2008 for all children in foster care in the custody of LDSS and OCFS as of December 1, 2007 or later. In relation to children receiving Preventive or Protective services only, all essential health and education information related to the reason for the receipt of child welfare services must be maintained in CONNECTIONS in either the Health or Education modules and/or in Progress notes. All relevant information must be maintained contemporaneously with the event and/or receipt of the information.

/s/ Nancy W. Martinez

Issued By: Nancy W. Martinez
Title: Director
Office of Strategic Planning and Policy Development

Appendix A

NYS OFFICE OF CHILDREN AND FAMILY SERVICES BUILD 18.9 BUSINESS FUNCTIONS

Business Function	Security Attributes	Recommendations for Assignment	Description	Needed with Role	Needed without Role	Office Type
MAINT APP REG	Maintain App Reg	LDSS staff who are approved within their district to open a WMS Services Case from CONX.	Users with this BF will be able to initiate the application registration process in WMS for child welfare cases open in CONX.	Yes, if they are approved to open a WMS Services Case from CONX.	Yes, if they are approved to open a WMS Services Case from CONX.	LDSS
MAINT HEALTH	Maintain Health	Persons, who do not have a role in the stage and who are responsible for documenting/ updating health information and maintaining the medical history for all children in a district or agency; such as a Nurse, other health care professional, or care coordinator. Refer to the Health Services Job Aid for further detail.	Users with this BF may update/view Health information for all children for which his/her agency has been designated as having health care responsibility. <u>Must be assigned the Case/Pers Srch BF.</u> BF allows access to the Health dialog via the Case Search path. No other dialogs are enabled.	No, not to access a child on their workload.	Yes, see Recommendations for Assignment	LDSS, VA, DRS
VIEW HEALTH	View Health	Persons who need to access health information on a district or agency wide basis, such as an Administrator or Service Director who do not have a role in the stage, or access via unit summary. The BF must be assigned with the <u>access all in district or agency BF to first gain access to the stage.</u> The View Health BF allows them further access to Health information. Refer to the Health Services Job Aid for further detail.	Users with this BF who also have the access all in district or agency BF may view health information for any child in a case where that district or agency has a role in the stage (or had a historical role in the case) and has or had been designated as responsible for updating the health information. For <u>Implied Role:</u> When accessing other FSS stages via Implied Role, the Health tab will only be enabled when the person in common is in any open INT, INV or ARI stage on the user's workload.	No, not to access a child on their workload.	Yes, see Recommendations for Assignment	LDSS, VA, DRS, RO, State

Appendix B

The Job Aids referenced in this ADM and the Job Aid describing other functionality that became available with Build 18.9 are located on the CONNECTIONS intranet website by following the link below:

<http://ocfs.state.nyenet/connect/jobaides/jobaides.asp>

Build 18.9 Job Aids

- [CONNECTIONS System Build 18.9 Job Aid: Health Services](#)
 - **Revisions:** [Health Services Job Aid](#)
- [CONNECTIONS System Build 18.9 Job Aid: Permanency Hearing Reports](#)
 - **Revisions:** [Permanency Hearing Reports Job Aid](#)
- [CONNECTIONS System Build 18.9 Job Aid: Critical Improvements](#) *(dated 4/5/07)*
 - **Revisions:** [Critical Improvement Job Aid](#)
- [CONNECTIONS System Build 18.9 Job Aid: Education](#)
 - **Revisions:** [Education Job Aid](#)