

Knowledge Base Article

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Overview

This Knowledge Base Article describes the steps to take if a **Provider** closes before their **Initial Home Study** has been completed. The **Closed** home study must be documented in Ohio SACWIS so that a "**Close**" **Recommendation** can be added and then approved by the State for foster care or by the Agency for adoption.

If a Closed home study is not final approved, the **Applicant Date Received will NOT populate** on the "Close" recommendation. To Close a Provider without completing the home study, complete the following steps.

Navigating to the Home Study Screen

- 1. From the Ohio SACWIS Home screen, click the Provider tab.
- 2. Click the **Workload** tab.

	Home		Intake	Case			Provider	Fi	nancial	Administration
w	CCP Pre-Scr	Provider Search	Provider Ma	itch Recrui	itment	Inquiry	Training	Contracts	Agency Certif	fications
Workle	oad									-
Provid	ler Worker:	All Pro	vider Workers 🖌		Sort B	y: (Provider Name (Ascendi	ng) 🗸	Filter	1
	<u>Test, Worker</u>									
	Prov <u>I</u> E	der Provi	der Name	Provider Status	Provid	er Type	Type Status	Appro	oval/Certification Period	Primary Address
	select 1234	6 Test, Provider		Active	Foster Care		Certified	11/22/202	2 - 11/21/2024	

3. Under your name link, click the appropriate **Select** link.

The **Provider Overview** screen for the selected provider appears.

Provider Overview				
Activity Log	PROVIDER NAME / ID:	CA	TEGORY / STATUS:	
Inquiries	Test, Provider / 123456	Ho	ome / Active	
KPIP History	PRIMARY ADDRESS:	PR	IMARY CONTACT:	
KCCP Pre-Screening Tool	123 Test Rd 🔷	Ho	ome:	
Forms/Notices	Test, Oh 12345			
<u>Skills</u>				
Training	Provider Actions			
Acceptance Criteria	Provider Information Linked 1692 Providers /	Associated Providers		
Description of Home				
Description of Family				
Foster to Adopt (1692) Home	Approval/Certification Spans			
Study				
Home.Study	Provider Type Level of Care	Approval/Certification Period	Agency	Certifying Entity

4. Click the Home Study link in the Navigation menu.



The Maintain Home Study History screen appears.

tudy Filter Criteria						5
ome Study Start Da	ite:			To Home St	tudy Start Date:	
in Error:	• Exc	clude 🔿 Includ	е			
Home Study Hist	ory					2
Provider Type	Home Study Type	Start Date	Status	Recommendation	Recommendation Date	Agency
Foster Care	Initial	07/27/2023	In progress	Pending	09/08/2023	Test County Children Services Board
iitial Home Study						
	udy Filter Criteria ome Study Start Da in Error: Home Study Histo Provider Type Foster Care	tudy Filter Criteria ome Study Start Date: in Error: © Exc Home Study History Provider Type Home Study Type Foster Care Initial	tudy Filter Criteria ome Study Start Date: in Error:	Hudy Filter Criteria ome Study Start Date: in Error: Image: Study History Provider Type Home Study Type Start Date Foster Care Initial 07/27/2023 In progress	uudy Filter Criteria ome Study Start Date: Image: To Home Study in Error: Image: Exclude O Include Home Study History Provider Type Home Study Type Start Date Status Recommendation Foster Care Initial 07/27/2023 In pending progress Pending ittal Home Study Image: Study Image: Study Image: Study Image: Study	uudy Filter Criteria ome Study Start Date: in Error:

- 5. If the home study has been started, click the **Edit** link in the appropriate row. OR
- 6. For a new home study, click the **Add Initial Home Study** button.

The Home Study Details screen appears.

7. Enter the required fields marked with a red asterisk.

Note: The Home Study Type, Assessor, Provider Type, and Start Date are required.

, igono ji				
Home Study Type: *	Initial 🗸	Assessor: *	Test, Assessor 👻	
Provider Type: *	Foster Care 🗸	Level of Care:	Family Foster Home	~
Start Date: *	07/27/2023	Priority:	~	

8. Click the **Save** button.

The **Maintain Home Study Information** screen appears displaying a grid of **Home Study Topics** links.



gency:	Test County Children Services Board		
Home Study Type:	Initial	Assessor:	
Provider Type:	Foster Care	Level of Care:	Family Foster Home
Start Date:	07/27/2023	Priority:	
Home Study Topics			
	Торіс		Status
Basic Provider Information (N	lame, Household Members, Address and Contact, Caregi	rer)	
Verifications			Not Completed
Safety Audit			Disposition Status Has Not Been Entered
References			No References Provided
Adult Children References			No / Not Applicable
Description of Home			Record Exists
Description of Family			Record Exists
Assessment Visits			No Visits Linked
Training Completed			Training Requirements Not Completed
Acceptance Criteria Informati	on		Characteristics Information - Not Available / Usage Placement Criteria - Not Available
Recommendation			Pending

Verifying the Verification Information

Important: Other than the **Verification** and **Recommendation**, no other information is required for the **Closed** recommendation to be processed for approval.

1. On the Maintain Home Study Information screen, click the Verifications link.

Maintain Home Study Infor	mation			
Agency:	Test County Children Services Board			
Home Study Type:	Initial	Assessor:		
Provider Type:	Foster Care	Level of Care:	Family Foster Home	
Start Date:	07/27/2023	Priority:		
Home Study Topics				
	Торіс		Status	
Basic Provider Information	Name, Household Members, Address and Contact, Caregiver)			
Verifications			Not Completed	
Safety Audit			Disposition Status Has Not Been Entered	

The Maintain Verification Tasks screen appears.



Maintai	aintain Verification Tasks					
	Verification Task	Status	Date	Narrative		
<u>view</u> edit	Applicant Attended Information/Orientation Meeting	Verified	03/01/2023	attended the informational meeting on 3/1/2023.		
<u>view</u> edit	Initial Assessor Contact	Verified	07/27/2023	Assessor reached out to to initiate home study process on 7/27/2023.		
<u>view</u> edit	Application Received by Agency	Verified	07/27/2023			

- 2. Verify that a **Status** and **Date** are displayed for the **Application Received by Agency** task.
- 3. If the **Status** and **Date** are not displayed, click the **Edit** link next to the **Date Application Received by Agency** task.

The Verification Details screen appears.

4. In the Status drop-down list, select Verified.

Distance in the second s			
status: ~	Verified 🗸	Date:	07/27/2023
Narrative:			
	Spell Check Clear 2000		

5. Click the **Save** button.

The **Maintain Verification Tasks Information** screen appears displaying the information.

Maintai	aintain Verification Tasks					
	Verification Task	Status	Date	Narrative		
<u>view</u> edit	Applicant Attended Information/Orientation Meeting	Verified	03/01/2023	attended the informational meeting on 3/1/2023.		
<u>view</u> edit	Initial Assessor Contact	Verified	07/27/2023	Assessor reached out to to initiate home study process on 7/27/2023.		
<u>view</u> edit	Application Received by Agency	Verified	07/27/2023			

6. Click the **Close** button at the bottom of the screen.

The Maintain Home Study Information screen appears.



Entering Recommendation Information

1. On the **Maintain Home Study Information** screen, click the **Recommendation** link.

Maintain Home Study Infor	mation		
Agency:	Test County Children Services Boa	ard	
Home Study Type:	Initial	Assessor:	
Provider Type:	Foster Care	Level of Care:	Family Foster Home
Start Date:	07/27/2023	Priority:	
Home Study Topics			
	Торіс		Status
Basic Provider Information	Name, Household Members, Address and Contact	, <u>Caregiver</u>)	
Verifications			Not Completed
Safety Audit			Disposition Status Has Not Been Entered
References			No References Provided
Adult Children References			No / Not Applicable
Description of Home			Record Exists
Description of Family			Record Exists
Assessment Visits			No Visits Linked
Training Completed			Training Requirements Not Completed
Acceptance Criteria Informa	ation		Characteristics Information - Not Available / Usage Placement Criteria - Not Available
Recommendation			Pending
Malidada far Anara			
validate for Approval			

The **Recommendation Details** screen appears.

ecommendation Information				
Recommendation: *	Close 🗸	Recommendation Date:	09/08/2023	Service Limits:
Certifying Entity:	~			[Link Rule Violations]
Reason(s) Recommendation Clos	ed or Denied			
Primary Reason:		v)		
Select All Secondary Reasons the	at Apply:			
DAge		Criminal History		Falsification of Application Information
Financial Management		Living Conditions		Marital Status Change
Medical Condition		Rehab Standards Not Met		Required Documentation Not Completed
Overification Disqualification		Ovoluntary Withdrawal		
If Primary or Secondary Reason i	is Other, Explain:			
Spell Check Clear 1000				
open oncer ofear 1000				





- 2. In the **Recommendation** field (near the middle of the screen), select **Close** from the drop-down list.
- 3. In the **Primary Reason** field, select the appropriate reason from the drop-down list.
- 4. If applicable, click the appropriate checkbox(es) in the **Select All Secondary Reasons that Apply** field.
- 5. Click the **Save** button.

The **Maintain Home Study Information** screen appears showing the **Recommendation** as **Closed**.

Home Study Topics						
Торіс	Status					
Basic Provider Information (Name, Household Members, Address and Contact, Caregiver)						
Verifications	Not Completed					
Safety Audit	Disposition Status Has Not Been Entered					
References	No References Provided					
Adult Children References	No / Not Applicable					
Description of Home	Record Exists					
Description of Family	Record Exists					
Assessment Visits	No Visits Linked					
Training Completed	Training Requirements Not Completed					
Acceptance Criteria Information	Characteristics Information - Not Available / Usage Placement Criteria - Not Available					
Recommendation	Close					

Routing the Home Study for Approval

- 1. Route the home study for approval according to your agency's processes.
- 2. Request that your supervisor **Final Approve** the Closed home study.
- 3. When complete, navigate to the **Provider Overview** screen for the appropriate provider using the steps previously discussed.



4. Click the Approval/Certification link in the Navigation menu.

KPIP History	Maintain Approval/Certificatio	n Recommendations				
KCCP Pre-Screening Tool						
Forms/Notices	Provider Type	Transaction Type	Status	Recommending Agency	Effective Date	Expiration Date
Skills						
Training	Add Recommendation					
Acceptance Criteria						
Description of Home						
Description of Family						
Foster to Adopt (1692) Home						
Study						
Home Study						
Approval/Certification						

The Maintain Approval/Certification Recommendations screen appears.

KPIP History	Maintain Approval/Certification Recommendations						
KCCP Pre-Screening Tool							
Forms/Notices	Provider 1	Type Transaction Typ	e Status	Recommending Agency	Effective Date	Expiration Date	
Skills							
Training	Add Recommenda	ation					
Acceptance Criteria							
Description of Home							
Description of Family							
Foster to Adopt (1692) Home							
<u>Study</u>							
Home Study							
Approval/Certification							

5. Click the **Add Recommendation** button.

The Maintain Transactions screen appears.

6. To create a request for closure, complete the required fields.

Important: Required fields display a red asterisk (*) next to them.

Transactions		Administrative Rules	Decision	
Maintain Transactions				
Agency: Application Date:	Test County Children Services Board	Agency Contact Person: * Recommendation Date: *		
Provider Type: * Transaction: *	`	Level of Care: Certifying Entity:		
Change Transaction Inform	nation			
Name Change	Level of Care Ch	nge Marital Status Change	Relocation	



7. In the **Closed Reason** field, select the appropriate choice from the drop-down list.

Note: If you select Other as the Closed Reason, enter comments in the If Other, Explain field.

Change Transaction Information				
Name Change	Level of Care Change	Marital Status Change	Relocation	
Close Transaction Information				
Closed Reason:	(v)			
If Other, Explain:				

8. Click the **Process Approval** button.

Transfer Transaction Information	
Receiving Agency:	(v
Receiving Agency Contact Person:	
Agency Worker Assignment	
Level of Care:	
Certifying Entity:	
Comments: Spell Check Clear 2000	
Process Approval	

9. If the closure request is for **Foster Care**, route it to Rita Jackson.

Deactivating a Service and/or an Other Service

When the closure request is Final Approved, complete the following steps.

1. Navigate to the **Provider Overview** screen for the appropriate provider using the steps previously discussed.



Provider Overview		
Activity Log	PROVIDER NAME / ID:	CATEGORY / STATUS:
Inquiries	Test, Provider / 123456	Home / Active
KPIP History		
	PRIMARY ADDRESS:	PRIMARY CONTACT:
KCCP Pre-Screening Tool	123 Test Rd 🔷	Cell:
Forms/Notices	Test, Oh 12345	
Skills		
Training	Provider Actions	
Acceptance Criteria	Provider Information inked 1692 Providers Associated Providers	
Description of Home		
Description of Family		
Foster to Adopt (1692) Home		
Study		
Home Study		
Approval/Certification		
Kinship Assessment		
Large Family Assessment	Approval/Certification Spans	
Contracts	••	
Service Credentials	No Current Provider Certification Available	

2. Click the Service Credentials link in the Navigation menu.

The **ODJFS Approved Services Filter Criteria** screen (**ODJFS Approved Services** tab) appears.

ODJES /	Approved Services		Other Services			Shared Home Agreements
DDJFS Approved Servi	ces Filter Criteria					
Agency Type: Service Category: Service Description:		v)	Agency: Service Type: Service Status:	Active	•	
Sort By: Filter	Service Ca	itegory (Ascending)				
DJFS Approved Servi	ces					
Result(s) 1 to 5 of 9 / Page 1	012					
Result(s) 1 to 5 of 9 / Page 1	Service Category	Service Type	Service Description	Service Status	Effective Date	Agency

3. In the **ODJFS Approved Services** section, if any **Active** services appear, click the **Deactivate** link next to the appropriate service.

The ODJFS Approved Services Activation/Deactivation Details screen appears.

4. The **Effective Date** field automatically populates the current date as the deactivation date. If needed, enter the appropriate deactivation date.



ODJFS Approved Services	Activation/Deactivation Details		
Agency:	Test County Children Services Board	Service Category :	Placement
Service Type:	Emergency Foster Care	Service Status:	active
Service Description:	Emergency Foster Care		
Effective Date: *	10/17/2023		
Comments:			
0	Spell Check Clear 256		
Save Cancel			

5. Click the **Save** button.

The **ODJFS Approved Services Filter Criteria** screen appears. The deactivated row no longer appears in the grid.

- 6. Repeat Steps 3-5 as needed to Deactivate each Active service.
- 7. When all Active services have been deactivated, click the Other Services tab.

The Other Services Filter Criteria screen (Other Services tab) appears.

ODJES AF	proved Services		Other	Services		Shared Home Agreements		
Other Services Filter Cri	teria							
Agency Type: Service Category: Service Description:		•	Agency: Agency: Service Ty Service St 	rpe: atus:	▼	~		
ort By:	Service Cate	agory (Ascending)	1					
ther Services	Service	Service Type	Service	Service	Service	Effective	Agency	
	Category		Description	Capacity	Status	Date		

8. If any **Active** services appear, click the **Deactivate** link next to the appropriate service.

The Other Services Activation/Deactivation Details screen appears.



9. The **Effective Date** field automatically populates the current date as the deactivation date. If needed, enter the appropriate deactivation date.

Other Services Activation/Dea	activation Details			
Agency:	Test County Children Services Board	Service Category:	Case Management	
Service Type:	Arranging for Services	Service Status:	inactive	
Service Description:	Arranging for Services	Service Capacity:		
Effective Date: *	10/17/2023			
Comments:				
	Spell Check Clear 256			

Save Cancel

10. Click the **Save** button.

The **Other Services Filter Criteria** screen appears. The deactivated row no longer appears in the grid.

11. Repeat Steps 8-10 to Deactivate each Active Other Service.

Adding Status Information

- 1. Navigate to the appropriate **Provider Overview** screen using the steps previously discussed.
- 2. Click the **Provider Information** link.

Provider Overview Activity Log Inquiries	PROVIDER NAME / ID: Test, Provider / 123456		CATEGORY / STATUS: Home / Active	
KPIP History KCCP Pre-Screening Tool Forms/Notices	PRIMARY ADDRESS: 123 Test Rd Test, Oh 12345	\$	PRIMARY CONTACT: Home:	
<u>Skills</u> <u>Training</u>	Provider Actions			
Acceptance Criteria Description of Home	Provider Information Linked 16	92 Providers Associated Providers		

The **Provider Name Information** screen (**Basic** tab) appears displaying the **Provider Status Information** section.



3. In the **Provider Status** field, select **Closed** from the drop-down list.

Provider Status Information								
							View Status History	
		Provider Status		Reason		Status Effective Date		
<u>view</u> edit	Active				02/13/1997			
Provide	r Status:	Closed V	Add Status					

4. Click the Add Status button.

The **Provider Status Information** screen appears.

5. In the **Effective Date** field, enter the appropriate date.

Provider Status Information	
Provider Status: * Closed v	
Effective Date: * 10/17/2023	
Comments:	
Spell Check Clear 1000	
OK Cancel	

6. Click the **OK** button.

The **Provider Name Information** screen (**Basic** tab) appears.

7. Click the **Save** button at the bottom of the screen.

The **Provider Overview** screen appears.

8. Have your supervisor end-date all assignments to this Provider record according to your agency's processes.

If you need additional information or assistance, please contact the OFC Automated Systems Help Desk at <u>sacwis_help_desk@childrenandyouth.ohio.gov</u>.

