

**Knowledge Base Article** 

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### **Overview**

This Knowledge Base Article discusses how to transfer a foster home in Ohio SACWIS from one agency to another (transferring agency to the receiving agency).

## **Security Roles**

Only the Ohio SACWIS security User Groups of **Home Study Assessor** and **Home Study Supervisor** have access to the agency transfer screens. If you do not have this security role, it must be requested from your agency system administrator.

## **Prior to Ohio SACWIS Entry**

Communication must be initiated between the transferring agency and the receiving agency to determine the receiving agency's Supervisory contact person's name, as this is the person who must be assigned to the Provider ID and their name must be entered on one of the Ohio SACWIS screens.

## Assignment

The Transferring Agency supervisor must assign the provider record to the Receiving Agency supervisor so the TCN's, obtained by the Receiving Agency for all adults in the home, can be entered into Ohio SACWIS by the Receiving Agency. This assignment can be completed by the following process:

1. Go to the **Assignments** link on the **Home** tab.

Home	Intake	Case	Provider	Financial	Administration
Alerts Action Iten	is Approvals	Assignments			

2. Check the box next to the Provider Name(s) you wish to assign to the receiving agency, then, click the Assign button at the bottom of the page.

Work Assignments		
Assignments for:	Self 🗸	Show
<ul> <li>Supervisor, Susan (12334) Case Ass</li> <li>Foster Family, Phinneas and Phan</li> <li>Supervisor, ICAMA Supervisor, I</li></ul>	ignments: 58; Provider Assignmen (Provider J <u>D</u> : <u>78945</u> ; Provi CAMA Worker, ICPC Supervisor	nt <u>s: 60</u> der Category: Home) [Adoption Case Creator, Assessment/Investigation Supervisor, ; ICPC Worker, Inquiry Worker, PlacementWorker, Supervisor, Unlinker, Worker]
edit		
Geographical Designation: None	Address:	
Worker, Wendy [Asses	ssment/Investigation Worker, Hom	e Study Assessor, PlacementWorker, Worker]
Worker, Wendell [Adoption	Worker, Home Study Assessor, In	quiry Decision Maker, Inquiry Worker, PlacementWorker, Worker]
Worker, Will [Home	Study Assessor, Provider Worker	r, Worker]
Assign Assign by Geographical Designation	n	



- 3. Select the name of the Receiving Agency from the drop-down menu, then, click the **Show** button
- 4. Select the name of the contact person/supervisor.

As	sign W	ork Item			
Ag	ency:		Ohio County Childre	n Services Board Show 🕖	
Er	nploye	es			
		Employee ID	Employee Name	Roles	
	select	12345	Supervisor, Sara	Home Study Assessor, Home Study Supervisor, Inquiry Decision Maker, Inquiry Worker, Provider Worker, Supervisor, Worker	r
	select	54321	Supervior, Sam	Home Study Assessor, Home Study Supervisor, Inquiry Decision Maker, Inquiry Worker, Provider Worker, Supervisor, Worker	r

- 5. Click the box(es) next to the **Roles** for this individual (**Home Study Supervisor**, **Home Study Assessor**, etc.)
- 6. Select **Save** at the bottom of the page

Home	Intake	Case	Provider	Financial
Employee Name: Supervisor, Sara Employee ID: 12345				
Employee Assignment				
Start Date:* 03/31/2023		End Date:		
Work Items				
Work Item Type	Work Item	D	١	Work Item Reference
Provider	8745698	Foster Family, Phin	neas and Phan	
Roles				
Select			Role	
Home Study Assessor				
Home Study Supervisor				
Inquiry Decision Maker				
Other Actions for <supervisor, (12)<="" susan="" td=""><td>&gt;</td><td>Note: For these actions assignments</td><td>will be end-dated as of the current system date</td><td>b</td></supervisor,>	>	Note: For these actions assignments	will be end-dated as of the current system date	b
End My Assignment(s)				
Comments:				
				le le
Spell Check Clear 200				
Save Cancel				



## **Entering TCNs – Receiving Agency**

Instructions for 'Adding an Authentication Number (TCN) on a Person' can be found by doing a search in the Knowledge Base/CAPS LMS for the following article:

Adding an Authentication Number (TCN) on a Person

Once the Receiving Agency TCN's have been documented on the provider record in Ohio SACWIS, the Transferring Agency may proceed with transferring the provider home as indicated in the steps below. Any activity logs may be entered by the Receiving Agency as well as to the contact they have had with the provider family.

## Navigating to the Maintain Transactions Screen

The transferring agency will complete the following steps:

- 1. From the Ohio SACWIS **Home** screen, click the **Provider** tab.
- 2. Click the **Workload** tab.
- 3. Under your workload, select the appropriate **Provider ID** link.

**Note:** If you know the **Provider ID** number, you can also use the **Search** link to navigate to the **Provider Overview** screen.

Home	Intake	Case	Provider	Financi	al	Administration
Workload Di	rectory	Recruitment	Inquiry	Training C	ontracts	Agency Certifications
						<u>h</u>
rkload						
ider Worker: All Provi	der Workers 💌	Sort By: Provide	er Name (Ascendir	ng) 💌 Filter		
Casaworkar John						
Caseworker John Provider TD	Provider Name	e Prov	vider Status	Provider Type	Type Status	Primary Address
Caseworker John Provider ID select	Provider Name	e Prov	vider Status	Provider Type Adoptive Care	Type Status	Primary Address
Cacaworkar John Provider ID select	Provider Name	e Prov Active	vider Status	Provider Type Adoptive Care Foster Care	Type Status Approved Certified	Primary Address
Cacaworkar John Provider ID select select	Provider Name	e Prov Active Active	vider Status	Provider Type Adoptive Care Foster Care Adoptive Care Foster Care	Type Status Approved Certified Approved Certified	Primary Address
Casaworkar Iohn Provider ID Select Select	Provider Name	e Prov Active Active Active	vider Status	Provider Type Adoptive Care Foster Care Adoptive Care Foster Care Adoptive Care Foster Care	Type Status           Approved           Certified           Approved           Certified           Approved           Certified	Primary Address

The Provider Overview screen appears.

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



Provider Overview Activity Log Linked Inquiries Forms/Notices	Provider Overview Provider Category: Provider Name: Primary Address:		Provider ID: Provider Status: Primary Contact:	
<u>Skills</u> <u>Training</u> <u>Acceptance Criteria</u>	<ul> <li><u>Tickler Summary</u></li> <li>No Ticklers Available</li> </ul>			
Description of Family Home Study Approval/Certification	Provider Actions Provider Information	n Information		
Service Credentials Placements/Services	Provider Type Level	of Care Approval/Certification	View Appression           On         Agency	Certification History Certifying Entity
Rule Violations Waiver Living Arrangement	Provider Assignment	Information	Family Services	ODJFS View Assignment History

#### The Maintain Approval/Certification Recommendations screen appears.

5. Click the Add Recommendation button at the bottom of the screen.



#### The Maintain Transactions screen appears.

## **Completing the Maintain Transactions Screen Fields**

Note: The fields on this screen change as certain field values are selected.

- 1. In the **Provider Type** field, select **Foster Care**. The **Application Date** field populates with the application date.
- 2. In the **Transaction** field, select **Transfer** from the drop-down list. The **Agency** field changes to a drop-down list.
- 3. In the Agency Contact Person field, select the appropriate name.
- 4. In the **Recommendation Date** field, select the appropriate date.
- 5. In the **Receiving Agency** field (**Transfer Transaction Information** section), select the appropriate agency.
- 6. In the **Receiving Agency Contact Person** field, enter the receiving agency contact person's name.



**Note:** The **Level of Care** field defaults to **Family Foster Home** and the **Certifying Entity** field defaults to **ODJFS**.

- Administrative Rules Transactions Decision vider Category: Home Provider ID : Provider Name: Maintain Transactions Agency Contact County Department of Job and Family Services Agency: Application Recommendation 08/21/2012 02/12/1988 Date: Provider Type: \* Foster Care 💌 Level of Care: -Transaction: \* Transfer -Certifying Entity: Change Transaction Information -📕 Level of Care Change 📕 Marital Status Change Relocation Name Change Close Transaction Information Ŧ Closed Reason: If Other, Explain: . -Spell Check Clear 2000 - Transfer Transaction Information Receiving Agency: County Department of Job and Family Services -Receiving Agency Contact Person: Susie Sacwis Level of Care: Family Foster Home -Certifying Entity: ODJFS -Comments: -Spell Check Clear 2000 Process Approval
- 7. When complete, click the **Process Approval** button.

The Process Approval screen appears.

## **Entering an Application Received Date if an Error Message Appears**

**Important:** If the home study is only a "converted shell" (with missing information), when you click the **Process Approval** button, you may receive the following error message: **Field Application Date is a required field**.

Please correct the following data Field applicationDate is a required fi	validation errors: eld.			
Provider > Workload > Approval/Certification				
Transactions	Administrative Rules	Decision		

This messages results from the approved initial home study not containing an **Application Received Date** in Ohio SACWIS.



To correct this issue, complete the following steps:

- 1. Navigate to the appropriate **Provider Overview** screen.
- 2. Click the **Home Study** link in the **Navigation** menu. The **Maintain Home Study History** screen appears.
- 3. Click the **View** link in the appropriate grid row. The **Maintain Home Study Information** screen appears.
- 4. Click the Verifications link. The Maintain Verification Tasks screen appears.
- 5. In the **Date Application Received by Agency** row, click the **Edit** link. The **Verification Details** screen appears.
- 6. Enter a date in the **Date** field.
- 7. Click the **Save** button. The **Maintain Verification Tasks** screen appears displaying the date in the **Date Application Received by Agency** row.

Once saved, the system will automatically "pull" that date into the **Maintain Transactions** screen. If it does not, contact the Automated Systems Help Desk for assistance.

# **Processing the Agency Transfer for Approval**

To process the transfer for approval, complete the following steps:

- 1. On the Process Approval screen, select Route in the Action field.
- 2. In the **Agency** field, select **Ohio Department of Job and Family Services** (Note: this is the first entry in the list, not in alphabetical order). This will change the names appearing in the **Reviewers / Approvers** field drop-down list.
- 3. In the **Reviewers / Approvers** field, select **Dana Harden-Freeman** (or other ODJFS delegate that may be mentioned in a broadcast message).

**Important:** The transferring agency will route the recommendation to **Dana Harden-Freeman** (or other ODJFS delegate that may be mentioned in a broadcast message) at **Ohio Department of Job and Family Services (ODJFS)**. However, Dana will not process the transfer until the signed **Recommendation for Transfer of a Foster Home (JFS 01334)** form is received. This form is discussed in more detail later in this document.

4. When complete, click the **Save** button.



L		Window	rs Internet Explorer		
	Action: * Route		Are you sure you want to navigate away from this page?		
	Comments:		Any unsaved changes will be lost.		
L			Press OK to continue, or Cancel to stay on the current page.		
	Spell Check Clear 2000		OK Cancel		
I	Agency: Ohio Department of Job and Family Ser	vices		•	Reviewers/Approvers: Please Select A Rev
0	Save Cancel				

The **Maintain Transactions** screen appears displaying a message that your data has been changed.

Home	Intake	Case	Provider	Fi	nancial	Administratio
Workload	Directory	Recruitment	Inquiry	Training	Contracts	Agency Certifica
Your data has been	changed.					⊠ <u>clos</u> (
Provider > Workload	> Approval/Certificat	ion				
Transa	actions	Administrative	e Rules	Dec	ision	
Provider Category:	Home	Provider I	D :	Provider Name	:	
Maintain Transact	ions					
Agency:	County Department	of Job and Family Services			Agency ( Person:	Contact

5. Following the ODJFS approval, the **Transferring Agency Supervisor** will assign the provider record to the **Receiving Agency Supervisor**.

**Important:** This ends the transferring agency's assignment to the provider record (if that agency is no longer the recommending agency for any other provider type on the foster care home).

## Accessing the JFS 01334 Form

The **Recommendation for Transfer of a Foster Home** form (**JFS 01334**) is available at the following path in Ohio SACWIS:

- 1. Navigate to the **Maintain Approval / Certification Recommendations** screen using the steps above.
- 2. Click the **Report** link in the appropriate row.



Home	Intake	Case	Provider	F	inancial	Admin	istration
Workload	Directory	Recruitmer	nt Inquiry	Training	Contracts	Agency (	Certifications
Provider Overview	Provider Cat	egory: Home Approval/Certifi	Provider ID	:	Provider Name:		<u>help</u>
Linked Inquiries		Provider Type	Transaction Ty	pe	Status	Effective Date	Expiration Date
<u>Forms/Notices</u> <u>Skills</u>	report	oster Care	Transfer		Approved	08/21/2012	
<u>Training</u> <u>Acceptance Criteria</u>	<u>view</u> report	Foster Care	Recommendation for Recerti	fication	Approved		
Description of Home Description of Family	view report	foster Care I	Recommendation for Recertif	ication	Approved		
Approval/Certifica     Contracts	tion view F	Foster Care	Change in Circumstances		Approved		

The Available Documents screen appears.

- 3. In the Generate Document field, select JFS 01334 Recommendation for Transfer of a Foster Home.
- 4. Click the **Select** button.

Work-Item Type:	PROVIDER	Work-Item Reference:
Task Type:	AC	Task Reference:
Available Documents Generate Document: Select Cancel	JFS 01213 - Notice of Approval for Foster Home JFS 01334 - Recommendation For Transfer Of A Foster Home Notification of Adoption Approval	

The Document Details screen appears.

5. Click the Generate Report button.

Document Details Document Category: Work-Item ID: Task ID:	Document Title: Work-Item Reference: Task Reference:	JFS 01334 - Recommendation For Transfer Of A Foster Ho	ome			
Document History         ID         Date Created         Employee ID         Name						
Document History Generate Report						

A report creation screen appears.



Your report is being created
Please wait
Report Requested: 09:33:42 AM Last Checked: 09:33:42 AM
Cancel

The selected report appears.

6. Click the **Save** button to save the form.

🔚 Save a Copy 🚔 🦉 🚵 👘 Search 🛛 🖑 It Select 📷 🔍 - 🚺 💀 🕞 113% - 🐵 📑 - 🖉 Sign -							
OHIO DEPARTMENT OF JOB AND FAMILY SERVICES RECOMMENDATION FOR TRANSFER OF A FOSTER HOME							
		FOSTER HOME INFORMATION					
	Caregiver #1			Caregiver #1 (First Name)			
		Caregiver #2		Caregiver #2 (First Name)			
lts		Street Address:					
City, State, Zip: Data of Current Cortificato: From: 00/01/2011				Ter			
Attac		Date of Current Certificate. From: 09/01/2011 10.					
		SENDING AGENCY					
sti		Name of AgencyCounty Department of Job and Family Services		Street Address:			
Comme		City:	State: OH	Zip: Phone Number:			
		Current Child Welfare Information System Resource ID # for this foster home					
Save Cancel							

The report is saved in Ohio SACWIS.

- 7. Print the form.
- 8. Have the caregiver(s) and representatives of both agencies sign the form.
- 9. Send the signed **Recommendation for Transfer of a Foster Home** form (**JFS 01334**) to ODJFS to complete the transfer.



**Important:** As mentioned previously, **Dana Harden-Freeman** (or other ODJFS delegate that may be mentioned in a broadcast message) will not process the transfer until the signed **Recommendation for Transfer of a Foster Home** (JFS 01334) is received.

Please refer to <u>Ohio Administrative Code 5101:2-5-31</u>, 'Sharing or transferring a foster home,' for more details on the rules regarding this process.

If you need additional information or assistance, please contact the OFC Automated Systems Help Desk at <u>SACWIS\_HELP\_DESK@jfs.ohio.gov</u>.

