

Creating a Help Me Grow Referral from Case Services



Knowledge Base Article

Creating a Help Me Grow Referral from Case Services

Table of Contents

Overview	3
Creating a Help Me Grow Case Service.....	3
Creating a Help Me Grow Referral	6
Linking a Provider to the Help Me Grow Referral	7
Completing the Help Me Grow Referral Form	9
Generating the Help Me Grow Referral Form Report	13
Sending the Referral to Help Me Grow	14

Creating a Help Me Grow Referral from Case Services

Overview

This article describes steps for creating a Help Me Grow Referral record and generating the Help Me Grow PCSA Referral form, which is required to link children with the Early Intervention and Home Visiting programs. Any user with access to the Case Services link within the Case can add a Help Me Grow Referral for a case member and generate the report.

Per [OAC 5101:2-36-03](#), within two working days of completion of an assessment/ investigation, the PCSA must make a referral to Help Me Grow for any child under age three involved in a substantiated report of abuse or neglect, regardless of the child's role in the report. The PCSA is also to refer any infant who has been identified as affected by legal or illegal substance abuse or withdrawal symptoms, or fetal alcohol spectrum disorder. While referrals are required in those instances, the PCSA is also encouraged to refer any child under age 3 where Early Intervention and/or Home Visiting services would be beneficial.

Important: Prior to adding a **Help Me Grow Referral**, there must be a **Help Me Grow Service Type** for the **Provider** that will be providing the Help Me Grow services. If there is not an existing service, the user will need to add an **Agency Service** for **Help Me Grow** with the **Service Category** of **Health Related & Home Health**. Then, link the **Help Me Grow Service** to the appropriate **Provider** of the Help Me Grow services. For instructions please refer to the article, [Setting Up a Help Me Grow Agency Service](#).

Creating a Help Me Grow Case Service

To create a Help Me Grow Referral, the child must first have a Help Me Grow Case Service.

Note: Upon recording a **Substantiated** disposition, the system will automatically create a new **Case Service** for **Help Me Grow** with a **Needed** status for each intake participant under the age of 3, regardless of their role in the report. A **Help Me Grow Referral** can then be created for the **Help Me Grow** Case Service. If this has already been done, you may skip to the next section.

For steps to record the Disposition for an Intake, please refer to the article, [Recording Case Disposition](#).

To refer a child who has **NOT** been involved in a Substantiated Intake for **Help Me Grow** services, add the Case Service with 'Needed' status via the Case Services link within the case.

1. From the Ohio SACWIS **Home** screen, click the **Case** tab.
2. Click the **Workload** tab.
3. Click the appropriate **Case ID**.

The Case Overview screen appears.

4. From the Navigation menu, click the **Case Services** link.

Creating a Help Me Grow Referral from Case Services

The **Case Services** screen appears, displaying all active services for the current case episode.

5. In the **Case Services** grid, select **Case Member** from the **Service** drop-down menu.
6. Click **Add Case Services**.

	Case Member Name(s)	Service Category / Type	Service Classification	Effective Dates	
edit	Sacwis, Susie	Case Management/Case Management Services	Case Member	06/14/2023 -	delete service_end Linked

Result(s) 1 to 9 of 9 / Page 1 of 1

Case Member / Caregiver / Caretaker History

The **Service Information** tab screen appears.

7. In the **Effective Date** field, enter the appropriate date.
8. From the **Service Category** drop-down menu, select **Health Related and Home Health**.
9. From the **Service Type** drop-down menu, select **Help Me Grow**.
10. In the **Case Member Name** field, select the appropriate child's name.
11. Click **Add Status/Provider**.

Creating a Help Me Grow Referral from Case Services

Service Information | Service Review | Service Activity

CASE NAME / ID: **Sacwis, Susie / 123456** Ongoing / Open (04/09/2021)

Service Information

Agency: Test County Children Services Board
Risk Contributors: None

Effective Date: * Estimated Service End Date:

Service Category: * Service Type: *

Member Service Status History

Current Status All Statuses

Case Member	Status	Provider	Service Description	Provider Address	Status Begin Date/End Date	Created in Error
<input type="text"/>	<input type="text"/>					

Case Member Name: *

The **Status Details** screen appears.

12. From the **Status** field drop-down menu, select **Needed**.
13. Enter the date in the **Status Begin Date** field.
14. Click **Save**.

Status Details

Case Member Name: Sacwis, Susie
Service Category: Case Management
Service Type: Case Planning

Status: * Status End Date:

Status Begin Date: *

End Reason: Secondary End Reason:

* The following end information will only be saved if an end date is entered

The **Service Information** tab screen appears, displaying the Needed status for the child in the **Member Service Status History** grid.

15. Click **Save**.

Service Information | Service Review | Service Activity

CASE NAME / ID: **Sacwis, Susie / 123456** Ongoing / Open (04/09/2021)

Service Information

Agency: Test County Children Services Board
Risk Contributors: None

Effective Date: * 11/06/2023 Estimated Service End Date:

Service Category: * Health Related & Home Health Service Type: * Help Me Grow

Member Service Status History

Current Status All Statuses

Case Member	Status	Provider	Service Description	Provider Address	Status Begin Date/End Date	Created in Error
sdlit Sacwis,Susie - 02/06/2009	Needed				11/06/2023	

Case Member Name: *

Creating a Help Me Grow Referral from Case Services

The **Case Services** screen appears, displaying the newly added **Help Me Grow** case service record.

For more information about managing Case Services, please refer to the article, [Managing Case Services](#).

Creating a Help Me Grow Referral

1. Click the **referrals** link for the **Help Me Grow Case Service** record.

	Case Member Name(s)	Service Category / Type	Service Classification	Effective Dates	
edit	Sacwis, Susie	Health Related & Home Health/Help Me Grow	Case Member	11/06/2023 -	delete
referrals					service end
					Not Linked
Case Member / Caregiver / Caretaker History					
edit	Sacwis, Susie	Independent Living & Transitional Living/Living within a budget	Case Member	09/07/2023 -	delete
referrals					service end
					Linked

The **Referral History** screen displays, showing any existing Referral records for this service.

2. Click **Add Referral**.

Service Category / Type:	Health Related & Home Health / Help Me Grow	Effective Dates:	11/06/2023 -		
Service Classification:	Case Member				
Add Referral					
Members	Provider/Provider ID	Service Description	Referral Date	Referral Status	

The **Help Me Grow Referral Form** page displays.

3. Enter the **Referral Date**.
4. Select the **Child** being referred from the dropdown list.
5. Select the **Intake ID** for which this Help Me Grow referral is being made, if applicable.

Note: Per [OAC 5101:2-36-03](#), a Help Me Grow referral must be made for any infant affected by substance abuse or withdrawal symptoms, or fetal alcohol spectrum disorder. A referral is also required for child under age three who is involved in a substantiated report of abuse or neglect, regardless of their role in the report, and for these children, the system creates an Action Item upon completion of the disposition. If

Creating a Help Me Grow Referral from Case Services

an intake is selected in the dropdown, the system will generate an activity log upon saving the Help Me Grow Referral report and this will resolve the Action Item.

6. Click **Link Provider**.



The screenshot shows the 'Help Me Grow Referral Form' with the following fields and a button:

- Referral Date:** A date input field with a calendar icon.
- Child:** A dropdown menu.
- Intake ID:** A dropdown menu with a tooltip that reads: "An Activity Log will only be generated on save of this report if an intake has been selected."
- Provider Information:** A blue button labeled "Link Provider".

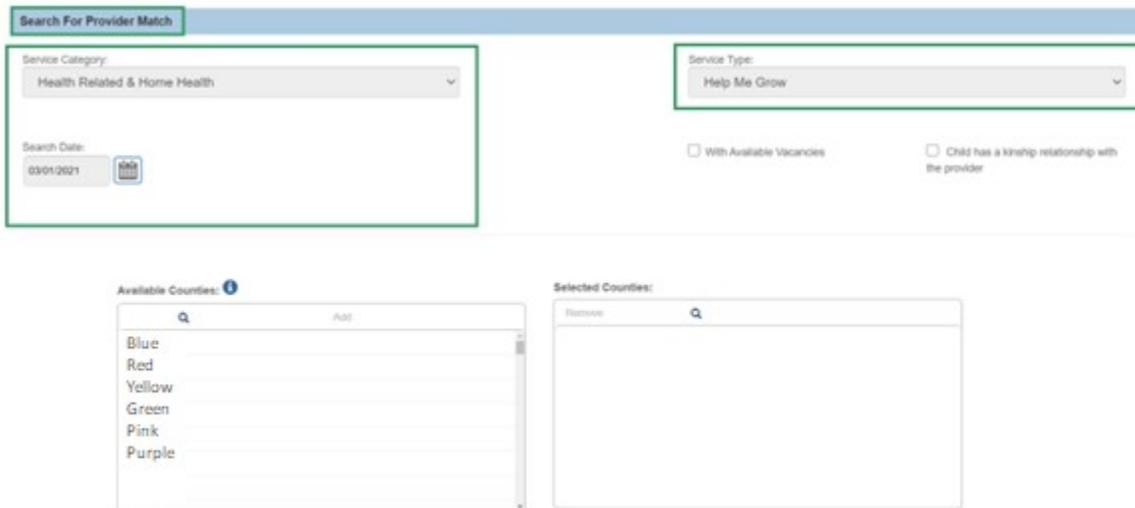
The **Search for Provider Match** screen appears.

Linking a Provider to the Help Me Grow Referral

Note: The **Service Category**, **Service Type**, and **Search Date** are pre-populated based on the information in the Case Service and cannot be changed. Without entering any additional search criteria, the search will return all Providers that have been set up with Help Me Grow services for your agency.

7. Enter additional **Search Criteria** if desired.

8. Click **Search**.



The screenshot shows the 'Search For Provider Match' screen with the following elements:

- Service Category:** A dropdown menu set to "Health Related & Home Health".
- Service Type:** A dropdown menu set to "Help Me Grow".
- Search Date:** A date input field set to "03/01/2021" with a calendar icon.
- Filters:** Two checkboxes: "With Available Vacancies" and "Child has a kinship relationship with the provider", both currently unchecked.
- Available Counties:** A list of counties: Blue, Red, Yellow, Green, Pink, Purple.
- Selected Counties:** An empty list with a "Remove" button and a search icon.

Creating a Help Me Grow Referral from Case Services

OR

School District:

Agency Type:

Agency:

Provider ID:

Note: If Provider ID is entered, criteria such as Provider Name, Member Name, Counties, School District, and Provider Skills will be ignored

Provider Name: OR Member Last Name: Member First Name: Member Middle Name:

[Child Information & Characteristics](#)

[Provider Skills](#)

Name Match Precision
Returns results matching entered names including AKA names/nicknames

Sort By:

Fewer Results + AKA/Nicknames More Results

The results display in the **Search Results** grid.

- Click the **select** link beside the Help Me Grow service displayed beneath the **Provider Name/ID** you wish to link to the Referral.

Search Results

Result(s) 1 to 4 of 4 / Page 1 of 1 Results per page:

	Provider Name / ID	Provider Category	Provider Status	Current Primary Address	Current Vacancies
view	Help Me Grow / 111111	NONODJFS	ACTIVE		
	View Services <input type="checkbox"/>				
	Test County Children Services Board:				
	<input type="button" value="select"/> Help Me Grow				

Creating a Help Me Grow Referral from Case Services

The **Help Me Grow Referral Form** screen displays, showing the selected Provider information.

Completing the Help Me Grow Referral Form

Note: The **Child's Current Living Arrangement** is pre-populated, based on information previously entered in Ohio SACWIS. If a **Placement** or **Living Arrangement** record has been entered for the child, the system will calculate and display the corresponding **Kinship** or **Foster Care** value. Otherwise, the system will populate **Biological/Adoptive Parents**. The field is editable if you need to select a different value.

10. Select the **Child's Current Living Arrangement** from the dropdown, if needed.

11. Select the **Primary Caretaker** from the dropdown.

Note: When the **Current Living Arrangement** is **Foster Care** or **Kinship**, the values in the **Primary Caretaker** dropdown include the Provider Applicants or Caregivers recorded in the child's **Placement** or **Living Arrangement** record, if applicable. If the child does not have a current Placement or Living Arrangement and **Kinship** is the selected Current Living Arrangement, the dropdown will include all adult **Case Members** and **Associated Persons**. If the Current Living Arrangement is **Biological/Adoptive Parents**, the dropdown will include all Persons with a Biological/Adoptive/Step Parent **Relationship** to the child.

Important: When the Primary Caretaker is selected, the **Caretaker Address, Contact, and Language** information from the **Person** record displays. If any information is missing, it should be entered on the Primary Caretaker's **Person** record so it can be included in the Help Me Grow Referral Form report.

12. Select the applicable response to indicate whether **The family has an active Plan of Safe Care**.

13. If **Yes**, a text field displays which is required to **identify the service providers involved in the Plan of Safe Care**.

Note: For additional information on the Comprehensive Addiction and Recovery Act (CARA) requirements and Plans of Safe Care, refer to the [CARA Collaboration Guide](#).

14. Select the applicable response to the **current judicial order** question.

15. Select the applicable response to indicate whether the caregiver is aware of the referral.

Creating a Help Me Grow Referral from Case Services

Help Me Grow Referral Form

Referral Date: *

Child: *

Intake ID: An Activity Log will only be generated on save of this report if an intake has been selected.

Provider Information:

Provider: Help Me Grow

Service Description: Help Me Grow

Provider Address:

Child's Current Living Arrangement:

Primary Caretaker:

Caretaker Address:
Test Address

Contact:

Language: English

The family has an active Plan of Safe Care:
 Not Answered No Yes

If yes, identify the service providers involved in the Plan of Safe Care:
[\(expand full screen\)](#)

Is there a current judicial order that awards custody to a person or agency other than the child's biological or adoptive parent?
 Not Answered No Yes

Is the primary adult caregiver with whom the child is living aware the PCSA is making a referral to HMG?
 Not Answered No Yes

Note: In the **Biological/Adoptive Parent(s)** grid, each person with a parent relationship to the child who is not selected as the Primary Caretaker will display, and all questions are required for each parent displayed in this section.

Important: If the parent's Address, Contact, or Language information is missing, update it in the Person record so it can be included in the Help Me Grow Referral Form report.

Note: Biological Parents will not display for children in Permanent Custody.

16. For each listed parent, select the appropriate response to indicate whether there are judicial orders that amend the biological or adoptive parent's rights.

17. If there are orders to **Modify** or **Terminate** the parent's rights, a text field displays and a description of the order is required.

Creating a Help Me Grow Referral from Case Services

Biological/Adoptive Parent(s) if different than Primary Caregiver:

Test, Adult Female Age 38, DOB 02/03/1985

Contact: 111 Test Rd, Test Oh 12345

Language:

Are there judicial orders that amend this biological or adoptive parent's rights?

Modify Terminate No Orders Not Answered

Briefly describe and attach the order with the referral:

[\(expand full screen\)](#)

Spell Check Clear 4000

In the **Reason For Referral** section, select all options that apply.

Note: Some **Reason For Referral** options may be pre-populated based on the selected **Intake** linked to the referral, the child's **Legal Status**, and the child's **Characteristics**, as applicable. All options can be edited if needed. At least one option must be selected to complete the referral.

18. If **Child is a victim of substantiated abuse and/or neglect...** is selected, select the appropriate response to the question, **Is this child in protective custody?**
19. If **Child was born affected by substance abuse...** is selected, a question about **neonatal abstinence syndrome (NAS)** displays and is required.
20. Select the appropriate checkboxes and radio buttons to complete the **Other Information** section.
21. If there are **visitation arrangements** or **safety precautions** that workers should take, text fields will display and require a description.
22. Enter text to include any **Other information that would be helpful in planning services for the child/caregiver.** (Optional)
23. When all information has been entered, select **Completed** in the **Referral Status** dropdown.
24. Click **Save**.

Note: Upon save of a Completed Referral, a Referred Member Service Status record will be created for the child, provider, and service description combination within the Help Me Grow Case Service record.

Creating a Help Me Grow Referral from Case Services

Reason For Referral (must select at least one for referral to be accepted):

Child is a victim of substantiated abuse and/or neglect assessed through the Traditional Response Pathway. *Results in program referral to Early Intervention and a system referral to Home Visiting.*
Is this child in protective custody?

Child was born affected by substance abuse or has been diagnosed with drug withdrawal symptoms by a physician resulting from prenatal drug exposure. Please see attached Physician or Hospital Report. *Results in program referral to Early Intervention and a system referral to Home Visiting.*
**Please include a copy with the referral, if available.*

Child is in a family with a child abuse/neglect report assessed through the Alternative Response Pathway (no finding/substantiation) where services are **required**. *Results in program referral to Early Intervention and a system referral to Home Visiting.*

Child is in a family with a child abuse/neglect report assessed through the Alternative Response Pathway (no finding/substantiation) where services are **recommended**. *Results in a system referral to Home Visiting.*

Child is in a family with a child abuse/neglect report assessed through the Traditional Response Pathway but is not the alleged child victim; the PCSA has determined that ASQ and ASQ SE: Early Intervention screening would be beneficial. *Results in a system referral to Early Intervention.*

None of the above circumstances applies, but the PCSA has determined that the caregiver may benefit from parenting education and home visiting support. *Results in a system referral to Home Visiting.*

Other Information:

Yes, There are other children in this child's home under the age of three.

Yes, The child is homeless

Yes, this child's biological parent(s) is /are incarcerated.

Are there visitation arrangements in place?
 Not Answered No Yes

Yes, this child has a plan in place/planned to be reunified with his/her parent.

Are there are safety precautions that workers should take during visits?
 Not Answered No Yes

Yes, this is currently an open case.

Other information that would be helpful in planning services for the child/caregiver:
(expand full screen)

Spell Check Clear 4000

Referral Status:

Note: Upon Save of a Completed Referral, a Referred Member Service Status will be created for the case member, provider, and service description combination.

Apply **Save** Cancel

The **Referral History** screen appears, displaying the Completed Referral.

Creating a Help Me Grow Referral from Case Services

Generating the Help Me Grow Referral Form Report

1. Click the **report** link beside the Referral record.

Referral History

Service Category / Type: Health Related & Home Health / Help Me Grow Effective Dates: 11/06/2023 -
Service Classification: Case Member

Add Referral

	Members	Provider/Provider ID	Service Description	Referral Date	Referral Status
view	Sacwis, Susie	Help Me Grow/111111	Help Me Grow	11/06/2023	Completed
report					

The **Document Details** screen appears.

2. Click **Generate Report**.

Document Details

Document Category: CASE Document Title: Help Me Grow Referral Report
Work-Item ID: Work-Item Reference:
Task ID: Task Reference:

Document History

ID	Date Created	Employee ID	Name
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Email Documents to: HMGreferrals@helpmegrow.org

Document History

Generate Report

The **Help Me Grow Referral Form** page displays.

3. Select the **Caseworker Name** from the dropdown.
4. Click **Generate Report**.

Help Me Grow Referral Form

Caseworker Name: *

Generate Report

The Report displays (the graphic below shows only the first page of the report).

5. Click **Save**.

Creating a Help Me Grow Referral from Case Services

Public Children Services Referral to Help Me Grow
(Please fully complete both sides of this form)

Public Children Services Agency Information

PCSA agency:		Date of referral:
Street address:		PCSA County:
Caseworker name:	Supervisor name:	
Caseworker phone:	Supervisor phone:	
Caseworker email:	Supervisor email:	
Caseworker's role: <input type="checkbox"/> Ongoing <input type="checkbox"/> Prevention Services <input type="checkbox"/> Investigative	Referrer's signature:	

Child Being Referred

Child name:	Child date of birth:	Child's sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Name of primary adult caregiver child currently resides with:		
Child's current living arrangements: <input type="checkbox"/> Biological/Adoptive Parent(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Step Parent(s) <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Kinship/Other		Sex of primary adult caregiver child resides with: <input type="checkbox"/> Female <input type="checkbox"/> Male
Address where child is currently living:		
City:	ZIP:	County:
Primary language spoken:	Interpreter needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child has an open case with PCSA agency: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the status? <input type="checkbox"/> Assessment/Investigative <input type="checkbox"/> Ongoing <input type="checkbox"/> Prevention Services		
The family has an active Plan of Safe Care: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the service providers involved in the Plan of Safe Care:		
Is there a current judicial order that awards custody to a person or agency other than the child's biological or adoptive parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Please include a copy if available		
Is the primary adult caregiver with whom the child is living aware the PCSA is making a referral to HMGM? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Biological/Adoptive Parent(s) Information (if different than above primary caregiver)

Name:	Date of Birth:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Street address:		
City:	ZIP:	County:
Phone number:	Primary language spoken:	Interpreter needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there judicial orders that amend this biological or adoptive parent's rights? <input type="checkbox"/> Modify <input type="checkbox"/> Terminate <input type="checkbox"/> No Orders Describe:		

Name:	Date of Birth:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Street address:		
City:	ZIP:	County:
Phone number:	Primary language spoken:	Interpreter needed: <input type="checkbox"/> Yes <input type="checkbox"/> No

This form must be used to make a referral from any Public Children Services Agency in the state of Ohio to the Help Me Grow System of Supports for Early Intervention and/or Home Visiting Services
HEA 8021 (Rev. 01/21)

[Save](#) [Cancel](#) [Review Parameters](#)

The **Referral History** screen appears.

Sending the Referral to Help Me Grow

1. Click the **report** link beside the Referral record.

Referral History					
Service Category / Type:	Health Related & Home Health / Help Me Grow	Effective Dates:	11/06/2023 -		
Service Classification:	Case Member				
Add Referral					
	Members	Provider/Provider ID	Service Description	Referral Date	Referral Status
view report	Sacwis, Susie	Help Me Grow/ 111111	Help Me Grow	11/06/2023	Completed

Creating a Help Me Grow Referral from Case Services

The **Document Details** screen displays, showing the saved report.

2. Click the PDF link to open the report and save a copy to your files.
3. Click the HMGreferrals@helpmegrow.org link on the screen to open an email.
4. Attach the saved Referral report to the email and send.

Important: All referrals to the Help Me Grow Early Intervention and Home Visiting programs by a PCSA must be sent to the above email address

The screenshot shows a web interface with a 'Document Details' tab. The details include: Document Category: CASE, Document Title: Help Me Grow Referral Report, Work-Item ID, Work-Item Reference, Task ID, and Task Reference. Below this is a 'Document History' table with columns for ID, Date Created, Employee ID, and Name. A single entry is shown with ID 12121212 and Date Created 11/06/2023. At the bottom, there is a field 'Email Documents to:' with the value 'HMGreferrals@helpmegrow.org' highlighted in a red box. A 'Generate Report' button is located at the bottom left of the form.

ID	Date Created	Employee ID	Name
12121212	11/06/2023		

Email Documents to: HMGreferrals@helpmegrow.org

[Generate Report](#)

The screenshot shows an email client window titled 'Untitled - Message (HTML)'. The 'To' field is populated with 'HMGreferrals@helpmegrow.org'. The 'Cc' and 'Subject' fields are empty. A 'Send' button is visible on the left side of the email composition area.

If you have additional questions pertaining to this Deployment Communication, please contact the [Customer Care Center](#).