

Recording Foster and Adoptive Parent Training



Knowledge Base Article

Recording Foster and Adoptive Parent Training

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Recording Foster and Adoptive Parent Training

Overview

This knowledge base article discusses how to record pre-service training or continuing training for a foster parent and/or adoptive parent.

It is important to note the following:

- To record either foster or adoptive training, a user must have a security user-group access of **Provider Training Admin** or **Private Agency – Training Worker**.
- Each agency should only record training for people who their agency will be recommending.

Please refer to [Rule 5101:2-5-33 | Foster caregiver preplacement and continuing training](#) and [Rule 5101:2-5-38 | Payment of foster caregiver training stipends; reimbursement of training allowances to recommending agencies](#) for additional information.

Adding a Training Session

1. On the Ohio SACWIS **Home** screen, click the **Provider** tab.
2. Click the **Training** tab. The **Training Sessions Search Criteria** screen appears.

Note: To locate an existing record, you can search by an already-recorded training Session ID (**From Session Date** field) or by a training participant (**Person Search** button) as shown in green below.

3. To add a new training session, click the **Add Session** button.

The screenshot shows the Ohio SACWIS interface. At the top, there are navigation tabs: Home, Intake, Case, Provider (selected), Financial, and Administration. Under the Provider tab, there are sub-tabs: Workload, Provider Search, Provider Match, Recruitment, Inquiry, Training (selected), Contracts, Agency Certifications, and KCCP Pre-Screening Tool. The main content area is titled 'Training Session Search Criteria'. It contains several input fields: 'From Session Date' (with a calendar icon), 'To Session Date' (with a calendar icon), 'Session Name', 'Session ID', 'Delivery Method' (dropdown), 'Location' (dropdown), 'Person ID', 'Person Search' (button), 'Clear' (button), and 'Agency' (dropdown menu showing 'Athens County Children Services Board'). Below the search criteria are 'Search' and 'Clear Form' buttons. At the bottom, there is a table titled 'Training Session Results' with columns: Session ID, Session Name, Session Date, Delivery Method, Location, Status, and Conducting Agency. Below the table is an 'Add Session' button.

The **Training Session Information** screen (**Session Information** tab) appears.

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Completing the Session Information Tab

1. In the **Session Name** field, enter the appropriate session name.
2. In the **Instructor Name** field, enter the instructor's name.
 - An instructor's name is not required to save the record. However, per Policy, an instructor's name is required to receive reimbursement for the training.
 - The **Instructor Name** field can only be edited until a payment exists for the training session.
3. In the **Session Date** field, enter the appropriate date.
4. In the **Delivery Method** field, select the appropriate means by which the training was presented.
5. The **Agency** field defaults to your agency's name and cannot be changed.
6. Select the corresponding **Location** from the drop-down.
7. In the **Session Start Time** and **Session End Time** fields, enter the appropriate time.

Important: When completing the **Session Date**, **Session Start Time**, and **Session End Time** fields, the system will prevent you from adding a participant to a training session if the date and hours overlap with another training session already entered for that participant. However, the system will allow a **one-minute overlap** in case the two training sessions start and end at the same time (i.e., training from 8:00-12:00 and 12:00-4:00 on the same date).

8. In the **Actual Hours** field, enter the number of training hours completed (session length minus any lunch/break times).
9. Enter **Maximum Participants**, if applicable.

Session Information	Additional Information	Participants
Training Session Information		
Session Name: *	<input type="text"/>	
Instructor Name:	<input type="text"/>	
Session Date: *	<input type="text"/>	Delivery Method: * <input type="text"/>
Agency:	Test County Children Services Board	
Location: *	<input type="text"/>	
Session Start Time: *	8:00 AM	Session End Time: * 5:00 PM
Actual Hours: *	<input type="text"/>	Maximum Participants: <input type="text"/>

10. In the **Training Competencies** field, select the **Topics** by clicking on the ones covered by the training.

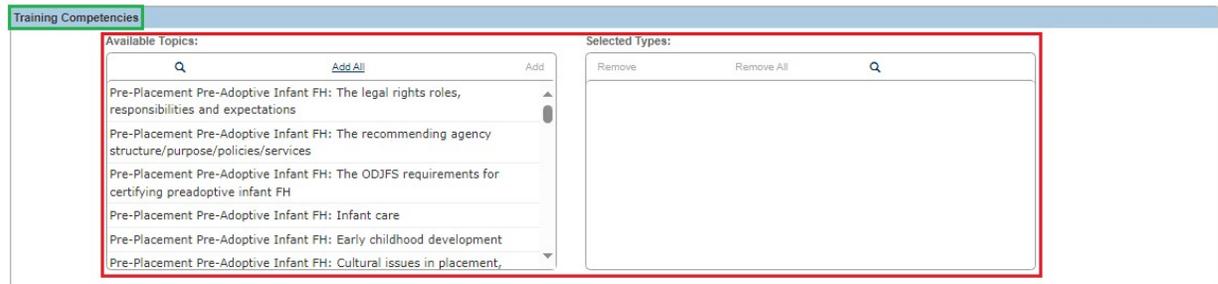
Important: You must select at least **one** training competency, but more than one competency can be selected.

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11. Click the **Add** button. The selection(s) moves to the **Selected Types** field below it.

12. In the **Status** field, select **Draft**.

Important: If **Completed** is selected, the record can no longer be modified.

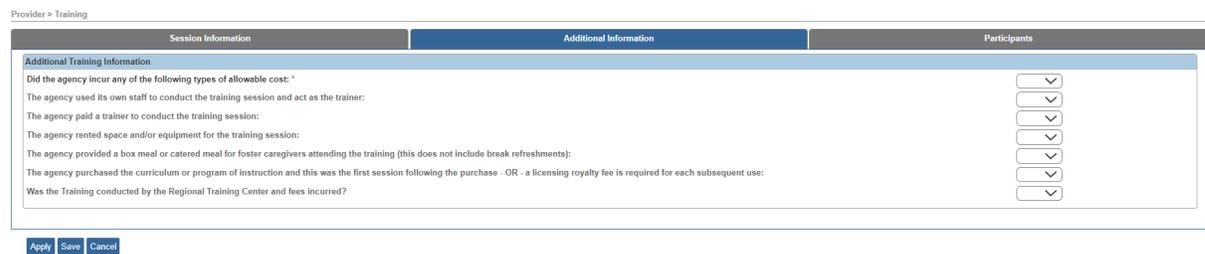


Status: *

Completing the Additional Information Tab

The **Additional Information** tab is only available to users who are employed by a private agency and is used to determine if an Allowance can be claimed for the session.

Answer the initial question **Did the agency incur any of the following types of allowable cost**. If the answer is **Yes**, complete the additional questions. If the answer is **No**, the remaining questions will be disabled.



Completing the Participants Tab

1. Click the **Participants** tab. The **Training Participants List** screen appears.

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2. Click the **Add Participant** button.

Person ID	Trainee Name	Training Type	Level of Care	Apply Hours to Certification	Stipend Payable to Participant	Reimburse Stipend	Created Date	
	Test, Trainee	Continuing	Family Foster Home	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	09/26/2023	delete

The **Person Search Criteria** screen appears.

3. Enter information into the appropriate fields.
4. Click the **Search** button.

Person ID: -- OR -- SSN:

Note: If Person ID or SSN are entered, all other search criteria will be ignored

OR

Last Name: First Name: Middle Name: Gender:

DOB: -- OR -- Age Range: -
From Age To Age

Reference, TCN, and Address Criteria

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

Sort by:

Fewer Results More Results

The results appear in the **Person Search Results** section of the screen.

Note: You can select an existing person or add a new person. However, it is **critical** to use the **same Person ID** if the individual is already identified as an Inquirer and/or Applicant in a Provider record.

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5. To choose an existing person, click the **Select** link in the appropriate row.
6. To add a new person, click the **Create New Person** button.
7. Complete the **Person Information** screen.
8. Click the **Save** button.
9. Then, click the appropriate **Select** link (**Person Search Results** section).

Person Search Results

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

Include only active case members

	Person Name / ID	Address	Gender	(Age) DOB	Active Case
select	Test, Adult / 123456		Female	(14) 07/03/2009	Yes

[Related Persons](#) ▾

[Create New Person](#)

The **Training Participants List** screen appears displaying the selected person's name.

Session Information Additional Information **Participants**

Training Participants List

[Add Participant](#)

Person ID	Trainee Name	Training Type	Level of Care	Apply Hours to Certification	Stipend Payable to Participant	Reimburse Stipend	Created Date
	Test, Trainee	<input type="text" value=""/> <input type="text" value="Continuing Pre-Placement"/>	<input type="text" value=""/>	<input type="text" value="Yes"/>	<input type="checkbox"/>	<input type="checkbox"/>	delete

[Add Participant](#)

[Apply](#) [Save](#) [Cancel](#)

10. In the **Level of Care** field, select the appropriate level from the drop-down list.
 - If either **Adoption Pre-Service** or **Adoption Training – Continuing** is selected from the drop-down list, a payment will **not** be created for financial payment processing.

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Session Information			Additional Information		Participants			
Training Participants List								
<input type="button" value="Add Participant"/>								
Person ID	Trainee Name	Training Type	Level of Care	Apply Hours to Certification	Stipend Payable to Participant	Reimburse Stipend	Created Date	
	Test, Trainee	<input type="text"/>	<input type="text"/>	Yes <input type="button" value="v"/>	<input type="checkbox"/>	<input type="checkbox"/>		delete
			<div style="border: 1px solid gray; padding: 2px;"> Family Foster Home Treatment Foster Home Medically Fragile Foster Home Pre-Adoptive Infant Foster Home Adoption Pre-Service Adoption Training-Continuing </div>					
<input type="button" value="Add Participant"/>								
<input type="button" value="Apply"/> <input type="button" value="Save"/> <input type="button" value="Cancel"/>								

11. In the **Apply Hours to Certification** field, select **Yes** or **No** from the drop-down list.

- This screen was designed with the understanding that (at most agencies) the user who records the training will be different from the user who determines if the training is payable and reimbursable. To complete the **Apply Hours to Certification** field and the **Stipend Payable to Participant** field, the user must have **Agency Fiscal Worker** security or have the profile called **Training Sessions – Agency Fiscal Worker** added to their agency-defined security user group.
- If the **Apply Hours to Certification** field shows **No**, a payment will not be reimbursed.

Training Participants List								
<input type="button" value="Add Participant"/>								
Person ID	Trainee Name	Training Type	Level of Care	Apply Hours to Certification	Stipend Payable to Participant	Reimburse Stipend	Created Date	
	Test, Trainee	<input type="text"/>	<input type="text"/>	Yes <input type="button" value="v"/>	<input type="checkbox"/>	<input type="checkbox"/>		delete
<input type="button" value="Add Participant"/>								

12. Click the **Stipend Payable to Participant** check box (shown below).

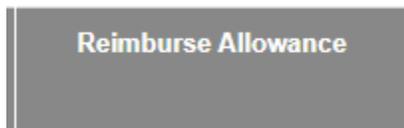
- The **Reimburse Stipend** check box stays grayed out (as shown in green above) until you click the **Stipend Payable to Participant** check box; then it becomes enabled. However, if you click the **Stipend Payable to Participant** check box, you do not have to click the **Reimburse Stipend** checkbox unless you want to be reimbursed.
- If the **Stipend Payable to Participant** field is unchecked, a payment will not be generated.

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- If the **Level of Care** field selection is reimbursable, the system automatically checkmarks the **Stipend Payable to Participant** field and the **Reimburse Stipend** field. However, these checkmarks can be removed.

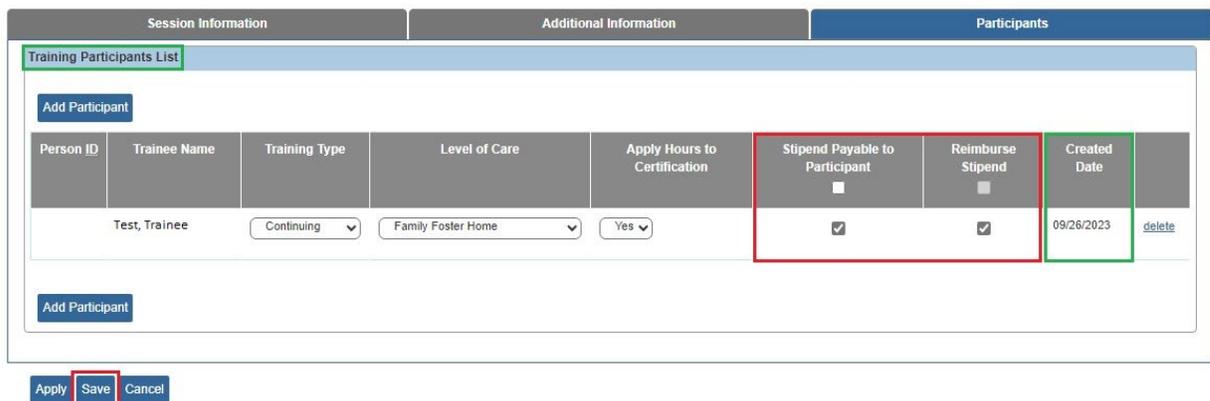
13. If reimbursement is desired, click the **Reimburse Stipend** check box.

14. Private Agency users only: Click the **Reimburse Allowance** check box, if applicable.



A rectangular button with the text "Reimburse Allowance" in white on a dark grey background.

15. Click the **Save** button.



The screenshot shows a web interface with three tabs: "Session Information", "Additional Information", and "Participants". The "Participants" tab is active, displaying a "Training Participants List". The list has a table with the following columns: Person ID, Trainee Name, Training Type, Level of Care, Apply Hours to Certification, Stipend Payable to Participant, Reimburse Stipend, and Created Date. A single row is visible with the following data: Test, Trainee; Continuing; Family Foster Home; Yes; Stipend Payable to Participant (checked); Reimburse Stipend (checked); 09/26/2023; and a delete link. Below the table are "Add Participant" buttons. At the bottom of the interface are "Apply", "Save", and "Cancel" buttons, with the "Save" button highlighted by a red box.

Person ID	Trainee Name	Training Type	Level of Care	Apply Hours to Certification	Stipend Payable to Participant	Reimburse Stipend	Created Date
	Test, Trainee	Continuing	Family Foster Home	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	09/26/2023 delete

The **Training Session Search Criteria** screen appears.

Note: Once a training session has been marked **Completed** or linked to an approved home study for an individual and/or payment generated, the **delete** link as shown above will disappear from the from a training session Participant.

Adding Information to a Training Session Record

To search for a specific training session by date and add information to the record, complete the following steps:

1. Using the steps above, navigate to the **Training Session Search Criteria** screen.
2. In the **From Session Date** field, enter a session date.
3. Click the **Search** button.

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Training Session Search Criteria

From Session Date:  To Session Date: 

Session Name:

Delivery Method:

Location:

Person ID: OR

Person:

Agency:

The filtered records appear in the **Training Session Results** grid section.

4. Click the **Edit** link in the appropriate row.

Training Session Results

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

	Session ID	Session Name	Session Date	Delivery Method	Location	Status	Conducting Agency	
edit	121212	TEST	09/26/2023	Web Base Training	Agency	Draft	Test County Children Services Board	delete
report								

The **Training Session Information** screen appears.

Marking the Training as Completed

1. When training is complete, navigate to the **Training Session Information** screen as discussed at the beginning of this document.
2. Click the **Session Information** tab (which may default).

Session Information | Additional Information | Participants

Training Session Information

Session Name: * Session ID: 121212

Instructor Name:

3. In the **Status** field (bottom of the screen), choose **Completed**.
4. Click the **Save** button.

Status: *

Important: When you click save, if an instructor's name has not been previously entered, a validation message appears stating you must enter a name to get reimbursement.

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5. If reimbursement is not desired, click the **OK** button.
6. If reimbursement is desired, click **Cancel** and return to the **Session Information** tab to enter the instructor's name.

sacwis-uat.jfs.ohio.gov says

An instructor's name has not been recorded for this training session, in order for a training session to be reimbursable, an instructor's name must be present. Select OK to save without an Instructor Name or Cancel to return to previous page.

OK

Cancel

Once saved, the **Training Session Search Criteria** screen appears displaying **Completed** in the **Training Session Results** section.

Training Session Results							
Result(s) 1 to 1 of 1 / Page 1 of 1							
	Session ID	Session Name	Session Date	Delivery Method	Location	Status	Conducting Agency
edit	121212	TEST	09/29/2023	Web Base Training	Agency	Completed	Test County Children Services Board
report							

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Foster Parent Training Payment Processing

To process a payment request for training, from the **Home** screen:

1. On the **Financial** tab, click the **Payment** tab.
2. Click the **Create Payment Request** link in the **Navigation** menu.
3. Click the **Create Payment Requests** tab.
4. Checkmark the box next to **Training** Payment Type.
5. By entering a **Retroactive Claim Month**, the system will look for all payments that can be created starting at the beginning of the Retroactive Claim Month through the end of the Claim Month.
6. Select the appropriate **Roster Grouping** value.
7. Click the **Process** button.
8. The payment processing job runs overnight. The next day, the training payment request appears for rostering, approval, and disbursement. Refer to the [KBA Payment Processing of Non-Adoption Payments](#) for additional information.

Select	Payment Type	Claim Month	Retroactive Claim Month	Date & Time Last Processed	Status	Roster Grouping	Report
<input type="checkbox"/>	Training	04/2024		Claim Month: 04/2024 Requested: 04/03/2024	Process Requested	Payment Type/Claim Month	

To process a manual payment request for training, foster parent training payments can also be generated in Ohio SACWIS clicking the **Manual Payment Request** link in the Navigation menu.

Manual Payment Selection Criteria

- Payment by Provider
- Payments by Service Authorization
- Payments by Foster Parent Training Session
- Payments by PASSS Subsidy

- **Per OAC 5101:2-5-38 (B)(1):** Stipend payments must be made to the foster caregiver within one hundred twenty calendar days of the completion of the training event for continuing training or within one hundred twenty calendar days after certification for pre-placement training.

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- **Per OAC 5101:2-5-38 (J) and (K):** All claims for allowance payments and stipend reimbursements must be perfected within eighteen calendar months subsequent to the month in which the training occurred. Claims made after that time frame will not be honored. Any failure of an agency to pay a stipend to a foster caregiver within the required timeframes of this rule shall result in the forfeiture of any stipend reimbursement owed to the agency for the event.
- A foster parent must be licensed before a payment will generate in Ohio SACWIS.

If you need additional information or assistance, please contact the Department of Children and Youth's Children Services Operational Support Customer Care Center at <https://odjfs2.my.site.com/CustomerCareCenter>.