Adding a Service Review and Service Participation Status



Knowledge Base Article

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Overview

When completing a **Case Review** or **Semiannual Administrative Review (SAR)**, a **Service Review** and **Service Participation Status** are required in Ohio SACWIS. To add each of those, complete the following steps:

Navigating to the Case Review / SAR Screen

- 1. From the Ohio SACWIS Home screen, click the Case tab.
- 2. Click the **Workload** tab.
- 3. Select the appropriate **Case ID** link. The **Case Overview** screen appears.

Note: If you know the **Case ID** number, you can also use the **Search** link at the top of the **Home** screen and navigate to the **Case Overview** screen.

- Intake Administrati Case Provide Financial Court Calendar Workload Placement Requests <> Case Overview CASE NAME / ID: Adoption Activity Log Open (11/21/2022) Sacwis, Susie / 123456 Attorney Communication Intake List ADDRESS: CONTACT Forms/Notices 123 Test Rd Substance Abuse Screening Test. Oh 12345 0 Ongoing Case A/I AGENCI Test County Children Services Board Specialized A/I Tool MARY WORKER: SUPERVISOR(S) Law Enforcement Test, Worker Test, Supervisor Justification/Waiver Assign Worker Case Services Legal Actions Case Actions Legal Custody/Status Living Arrangement / View Member Details | Access Original Case | Program Categories | Case Status History | View Adoption Subsidies Guardianship Initial Removal Action Items Case Alerts nts / Eligib Potential Adoptive Families Child Recruitment Pre-Adoptive Staffing/Matching Conference Placement/ICCA Residential Treatment Information Independent Living Case Plan Tools Visitation Plans Review Tools Family Team Meeting
- 4. Click the **Review Tools** link in the **Navigation** menu.

The **Review Tools Filter Criteria** screen appears displaying the **Review Tools** section below it.



Adding a Service Review and Service Participation Status

- 5. Select Family Case Plan from the Plan Type drop-down menu.
- 6. Make a selection from the **Review Tool** drop-down menu.
- 7. Click the **Add Review** button.

| Review | Tools Filter Criteria | | | | | |
|-------------|----------------------------------|----------|---------------|----------------------|-------------------------------------|--|
| Reviev | w Tool: | | | Agency: | | |
| | ~ | | | Test County Ch | ildren Services Board 🐱 | |
| Appro | ved Date: | | | | | |
| | | | | | | |
| rom Da | ate To Date | | | | | |
| Filter | | | | | | |
| | - | | | | | |
| eview | Tools | | | | | |
| Plan T | ype: | Revi | ew Tool: | | Add Review | |
| | ~ | | | ~ | | |
| | | 17 | 91. | | | |
| | Review Tool | Status | Approved Date | Plan Name | Адепсу | |
| <u>view</u> | Semiannual Administrative Review | Approved | 05/04/2023 | Initial Nov 20, 2022 | Test County Children Services Board | |
| view | Case Review | Approved | 05/03/2023 | Initial Nov 20, 2022 | Test County Children Services Board | |
| | | | | | | |
| | | | | | | |
| lan T | Vne: | Revi | ew Tool: | | | |

The Family Case Plan Information screen appears.

8. Click the Select Family Case Plan button.

| REVIEW TOOL: Case Review | | REVIEW FOR PLAN: | STATUS: In progress |
|-----------------------------------|----|--|---------------------|
| Case Review Topics | < | Family Case Plan Information | |
| Members to the Review | MR | No Family Case Plan has been selected. | |
| Safety Reassessment | SR | Select Family Case Plan | |
| Strengths and Needs Assessment | SN | | |
| Concern Review | CR | | |
| Visitation | V | | |
| Risk Reassessment | RR | | |
| Case Analysis | CA | | |
| Approval | A | | |
| | | | |



The Available Family Case Plans screen appears.

9. Click the **Select** button for the appropriate plan.

| Availabl | Available Family Case Plans | | | | | | | | |
|----------|-----------------------------|-------------|--|-----------------------|-------------------------------------|--|--|--|--|
| | Plan Name | Plan Number | Plan Type | Effective Date | Agency | | | | |
| select | Initial Nov 20, 2022 | 1.00 | Adoption Family Case Plan Status: <u>Approved</u> | 11/21/2022 - Approved | Test County Children Services Board | | | | |

The **Family Case Plan Information** screen appears displaying a number in the **Plan Name** field as shown below.

10. Click the **Apply** button.

| Case Review Topics | < | Family Case Plan Information |
|--|----|--|
| Members to the Review Not Completed | MR | Plan Type: Effective Date: Adoption Family Case Plan 11/21/2022 - Approved |
| Strengths and Needs Assessment Not Completed | SN | Plan Name: Last Case Review Date: Initial Nov 20, 2022 (1.00) 05/03/2023 |
| Concern Review Not Completed | CR | Plan Developed By: Test County Children Services Board |
| Visitation Not Completed | V | Review Event: 10 05/11/2022-Placement |
| Case Analysis Not Completed | CA | Child(ren) in the Case Review |
| Approval | • | Sacwis, Susie - Female Age 14, DOB 07/03/2009 Protected under ICWA: Court Case Number: No |
| | | Child Location: Court ID Number: No Placement |
| | | Agency Legal Status: Permanent Custody |
| | | Child's Permenency God: Previous Topic Next Topic Apply Save Cancel |

The **Case Review Topics** screen appears with a message that your data has been saved.



Adding the Service Review

1. Click the **Case Services** link on the side navigation bar.

| Case Overview Activity Log | CASE NAME / ID: Sacwis, Susie / 123456 | Adoption Open (11/21/2022) |
|---|---|-------------------------------------|
| Attorney Communication | | |
| Forms/Notices | Review Tools Filter Criteria | |
| Substance Abuse Screening | Review Tool: | Agency: |
| Ongoing Case A/I | | Test County Children Convises Board |
| Specialized A/I Tool | | Test County Children Services Board |
| Law Enforcement Justification/Waiver Case Services Legal Actions | Approved Date: | |
| Legal Custody/Status Living Arrangement / Guardianship | From Date To Date | |

The Case Services Filter Criteria screen appears.

Important:

- To approve the work item, a service review must be completed for every service that is not end dated.
- The service review date must fall within the current Case Review period.

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

| Case Servi | ces Filter Criteria | | | | | |
|----------------|--|---|--------------|-------------------------------|-----------------|-------------|
| From Effec | ctive Date: | | To Effective | Date: | | |
| Case Member: | | <u>~</u> | Status: | | ~ | |
| Service Ca | itegory: | ~) | Service Typ | e: 🗸 | | |
| Service Go | bal: | •) | Service: | | ~ | |
| End-dated | services : Exclude In | clude | Linked State | us 🔍 🗸 |) | |
| Sort Resul | its By: | ~ | Current C | Case Episode 🔿 View Historica | | |
| Filter | ear Form | | | | | |
| Case Servi | ces | | | | | |
| Service: | Add Ca | se Services | | | | |
| Result(s) 1 to | 2 of 2 / Page 1 of 1 | | | | | |
| | Case Member Name(s) | Service Category / Typ | e | Service Classification | Effective Dates | |
| edit | Sacwis, Susie | Education & Training/After School Service | es | Case Member | 09/19/2023 - | delete |
| referrals | | | | | | service end |
| | | | | | | Not Linked |
| 🕀 Case M | Member / Caregiver / Caretaker History | | | | | |
| | Coquir Surio | | | | | |
| edit | Sacwis, Susie | Counseling/Family Counseling | | Case Member | 09/19/2023 - | delete |
| referrals | | | | | | service end |
| | | | | | | Not Linked |
| 🗄 Case N | Member / Caregiver / Caretaker History | | | | | |
| | | | | | | |



The **Service Information** screen appears.

3. Click the **Service Review** tab.

| Service Information | Service Review | Service Activity |
|---|------------------------------|------------------|
| CASE NAME / ID: Sacwis, Susie / 123456 | Adoption / Open (11/21/2022) | |
| Service Information | | |
| Agency: Test County Children Services Boa | d | |
| Risk Contributors: None | | |

The **Service Review** screen appears.

4. Click the Add Service Review button.

| | Service Information | | Service Revie | w | Service Activity | |
|-------------------|------------------------|----------------------|---------------|----------------------------------|------------------|------------|
| CASE NAME / ID: | Sacwis, Susie / 123456 | | Adoj | otion / Open (11/21/2022) | | |
| Service Category: | Counseling | | Service Type: | Family Counseling | | |
| Service Review | | | | | | |
| - | | | | | | Expand All |
| | | Case Member(s) / DOB | | | Review Date | |
| Add Service Re | wiew | | | | | |
| Apply Save Car | ncel | | | | | |

The Service/Activity Review Details screen appears.

5. In the **Review Date** field, verify the date is correct.

Note: The **Review Date** field populates with the current date but can be changed to a prior date.

- 6. Click the **Check Box** next to the appropriate case member.
- 7. Select the appropriate **Service Recommendation** (Required) from the dropdown list.
- 8. Select the appropriate **Participation Status** field from the drop-down list.



Adding a Service Review and Service Participation Status

Important: Based on the **Service Category** selected, the system will determine if the **Participation Status** drop-down field is required. The **Service Participation Status** is required for the following service categories: **Child Care**, **Counseling**, **Diagnostic**, **Education/Training**, and **Mental Health**.

9. If a barrier exists, select the appropriate type in the **Barrier Type** field.

10. If a **Barrier Type** is selected, complete the **Barrier Comments** field (Required).

| Service/Activi | ity Review Details | | | |
|-------------------|----------------------------|------------------------|----------------------|--------------|
| Review Inform | mation | | | |
| Review Date: * | 10/04/2023 | | | |
| | Case Member(s) / DOB | Service Recommendation | Participation Status | Barrier Type |
| | Sacwis, Susie - 07/03/2009 | ~ | ~ | ✓ |

11. If needed, complete the **Recommendation Comments** field (not required).

12. If needed, complete the Participation Comments field (not required).

13. Click the **Save** button.

| ecommendation Comments: | |
|-------------------------|-----|
| | |
| | |
| Spell Check Clear 2000 | _1) |
| articipation Comments: | |
| | |
| | |
| | 10 |
| Spell Check Clear 2000 | |
| | |
| | |
| | 2 |
| Spell Check Clean 2000 | |
| | |
| | |
| Cancel | |

The **Service Review** screen appears displaying a message that your data has been saved as shown below.



Adding the Service Activity

1. Click the **Service Activity** tab.

| Se | ervice Information | Service Review | Service Activity |
|--|--------------------|--------------------------------|------------------|
| CASE NAME / ID: Sacwis, Susie / 123456 | | Adoption / Open (11/21/2022) | |
| Service Category: | Counseling | Service Type: Family Counselin | 19 |

The Service Activity Filter Criteria screen appears.

- 2. In the **Case Service Participant** field at the bottom of the screen, select the appropriate case member.
- 3. In the Activity Start Date field, select the appropriate date.

Important: The date must be current or in the past, not a future date, and must fall within the current Case Review period.

4. Click the Add Service Activity button.

| Service Information | Service Review | Service Activity |
|--|-----------------------|----------------------|
| CASE NAME / ID: Sacwis, Susie / 123456 | Adoption / Ope | pen (11/21/2022) |
| Service Category Counseling | Service Type | Family Counseling |
| Service Activity Filter Criteria | | |
| Case Service Participant: | Activity To Date: | |
| Service Activity Results | | |
| Result(s) 0 / Page 0 of 0 | | |
| Case Service Participant* | Activity Start Date:* | Add Service Activity |
| | | |

The Add Service Activity screen appears.



5. Complete the **Calendar Information** by selecting **Attended** or **Not Attended** from the drop-down fields (not required).

| Add Service Activity | | | | | | | | |
|--------------------------|------------------------|-----|----------------------|------|----|-----|--|--|
| Case Service Participant | Sacwis, Susie | | Participation Status | | | | | |
| Activity Start Date: | 10/04/2023 A | | Activity End Date: | | | | | |
| Comments: | | | | | | | | |
| | | | | | | | | |
| Spell Check Clear 2000 | Spell Check Clear 2000 | | | | | | | |
| | October 2023 | | | | | | | |
| Sun | Mon | Tue | Wed | Thur | | Sat | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | | |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 | | |
| 29 | 30 | 31 | | | | | | |
| Apply Save Cancel | | | | | | | | |

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

The **Service Activity Filter Criteria** screen appears displaying a message that your data has been saved and information in the **Service Activity Results** section.

7. Click the **Save** button again.

| ervice Activity Filter Criteria Case Service Participant: Activity From Date: Filter | 、 通 Activity 1 | o Date: | |
|--|-------------------|----------------------------|----------------------|
| Service Activity Results Result(s) 1 to 2 of 2 / Page 1 of 1 | | | |
| Activity Start Date | Activity End Date | Case Servio | ce Participant |
| edit 10/04/2023 | | Sacwis, Susie - 07/03/2009 | delete |
| | | | |
| | | | |
| | | | |
| Case Service Participant* | ✓ Activity ! | itart Date:* | Add Service Activity |
| | | | |

Apply Save Cancel

The record is Saved.

If you have additional questions pertaining to this Deployment Communication, please contact the <u>Customer Care Center</u>.

