

Q&A from EHR Support Desk – February 2024

Additional Resources:

File Testing and Certification (FTC) Environment Help section (must be logged in):

<https://ftc.vaei.casetivity.com/pages/Help>

- Contains *EMR File Testing and Certification Guide, EMR File Testing Scenarios, EMR File Upload Instructions, EMR Troubleshooting, Entity Dependencies, EMR Entity Match and Update Logic.*

ITCVA Website's TRAC-IT Documents section: <https://www.itcva.online/tracit-documents>

- Contains the *Data Dictionary, XML Schema, XML Input File (sample), EMR Response Schema.*

ITCVA Website's TRAC-IT Webinars section: <https://www.itcva.online/trac-it-webinars>

- Contains *Test Scenarios, EMR Upload Demos, EMR Office Hours recordings, and past Q&A documents.*

Q&A:

1. What does "name" mean in the Field Name column for consents?

The <name> would include the Parent / Guardian of the child, who is giving the consent. Since this field has a field type of "String" you can enter the Parent / Guardian's full name (First and Last) in the <name> field in the Consent entity.

2. What is the maximum file size for an xml being uploaded?

The maximum file size for an upload is 25 MB, or up to approximately 5000 clients per file, whichever comes first. If your daily file is larger than this, it will need to be broken up into smaller uploads.

3. As per the Entity Dependencies document, if we are sending the discharge information, we need to send the following tags too. Can you please clarify this: Transition (if IFSP exists)? Do you need to send IFSP details also?

- **Client**
- **Referral**
- **Enrollment**
- **Transition (if IFSP exists)**

If a child (enrollment) is found to be *eligible* for EI services and has an IFSP, Transition information is required to be sent at Discharge. Transition is tied to the IFSP.

- So, if a child with an IFSP is being Discharged, Transition details would need to be included in the file.
- If the child already has an IFSP tied to (documented on) their enrollment in Trac-IT, IFSP details do not need to be included in addition to Transition in the Discharge.

If a child is found to be *ineligible* for EI Services, Transition information does not need to be sent, as the child would not have an IFSP. If a child has an IFSP developed and is later found ineligible, Transition information would still be required at discharge.

4. My question is in regard to ServiceType Valueset. Is it required to separate Initial IFSP, Annual IFSP and IFSP Review in encounter data? Are we required to identify Initial Assessment, Assessment and Intake in the encounter data sent to TRAC-IT?

If your agency is not planning to generate billing from TRAC-IT, then you are not required to separate the IFSP types or eligibility/assessment or to use any of the other event-based contact notes.

5. We are a little confused on our end we've gotten a couple of errors on the upload process that client doesn't exist. How do we go about making a test client?

The process to create a "test client" in the FTC environment would be the same as the process to submit a new referral for any new client that enters your program.

To submit a new referral through EMR, you would include the client information you have, plus the referral information, but you would need to leave the <enrollmentNumber> field blank (this is also known as the TRAC-IT ID number). When this field is blank, this indicates to TRAC-IT/FTC that you are submitting a new referral. When this field is filled in, TRAC-IT looks for an already-existing client with that enrollment number. If it cannot find one, it will give you a message back indicating that the enrollment cannot be found.

Once you successfully submit the new referral, the TRAC-IT <enrollmentNumber> for that client will be returned to you in the response file. You can then store this enrollment number in your EHR to use for future uploads for this client.

6. Given the following two response messages, why was discharge information not accepted?

***Enrollment Warning: Child is ineligible, changes to eligibility determination not made
Guardian Error: Email required when Survey Method is email***

The discharge data is not accepted because there are other errors in the data that you will want to correct first before discharging the client. This enrollment warning does not affect your ability to discharge the case, but the guardian error must be corrected before the discharge information will be accepted.

7. Per the data dictionary, IFSP Timeliness Reason is required if IFSP was not signed, and discharge date is 45 days after first referral date. No other IFSP data is required in this scenario. Except for this scenario, for the rest of the time, do we need to send the IFSP data?

Every time an initial IFSP is created in TRAC-IT, either via EMR import or through the tasks, TRAC-IT checks to see if an IFSP timely reason is required. If an IFSP is late, the IFSP cannot be added to the record until the IFSP timely reason is provided. Through EMR, you would receive

this error when uploading a late initial IFSP without a late reason: *<message>Reason for late is required if the initial IFSP is greater than 45 days from the earliest referral date</message>*. If you receive this error, the IFSP will not be added to the case until you resend it with the IFSP Timely reason included. Due to this, you would always be sending full IFSP information with this late reason in this scenario.

In the scenario mentioned in the data dictionary where the client has not had an IFSP developed, but the discharge date is more than 45 days after the first referral date, you can just send the *<reasonIfLateCode>* on the *<ifsp>* entity without any other IFSP information, since there would be no IFSP.

8. IFSP Timeliness reason means nothing but late reason?

The timeliness reason for the IFSP refers to the reason the IFSP first meeting date is beyond 45 days from the first referral date for the client. The IFSP timeliness reason can be sent using the *<reasonIfLateCode>* tag on the *<ifsp>* entity.

9. When a provider is assigned to a service on an IFSP, does the email address of the contractor need to match that provider's email address in TRAC-IT?

Yes, for the provider(s) assigned to the Service on the IFSP, their email sent via the EMR upload will need to align with the email that is on record in TRAC-IT for that Provider. The system validates the email on the EMR upload against what is currently listed on the provider's profile in TRAC-IT.

10. This question is about the Place of Service in the Progress or Visit Note. In the Data Dictionary, the value set includes CHILD – Child Care, COMM – Community, HOME – Home, OTHER – Other Setting. Are we required to map to each of the four categories? Do we need to differentiate Child Care from Community?

Per DBHDS' guidance all four Service Locations (CHILD – Child Care, COMM – Community, HOME – Home, OTHER – Other Setting) listed in the data dictionary should be mapped accordingly to Service Location. So, in the case when the place of Service is a Child Care facility, it should be reported in the Progress Note as CHILD – Child Care.

11. What is the consent to communicate? Is this the consent to communicate via text? Or is it a consent to release/exchange information?

If you were entering data through the tasks in TRAC-IT, the "consent to communicate" consent type would be created on the child's record when this consent is given in the Add Contact task. There is a separate, optional *<permissionToText>* field located on the Client entity where you can indicate whether permission to text has been granted, if you would like.

12. Can you please provide more information on how to resolve the following issues? Why is it throwing "Service plan Service Coordination has no end date or contact note and requires a late reason" error? Also, why is it throwing "Discharge data is not accepted due to one or more errors" error?

At discharge, there are validations the system performs to ensure there is complete reporting data added to the record before the case can be closed. If there are errors that indicate missing information, the discharge data will not be accepted, and you will receive the error "Discharge data is not accepted due to one or more errors". This is to allow you to add the missing information before you close the case.

The error message "Service plan Service Coordination has no end date or contact note and requires a late reason" is pointing you to a service plan that exists on the child's IFSP where there is a missing reason for late. In this case, the service plan for "Service Coordination" requires a late reason before the case can be discharged. This is because there is not a contact note for Service Coordination within 30 days of the start date of this service, and the service plan was active for more than 30 days.

To add a late reason to this service plan, you can send the latest IFSP and service plans, and include the <reasonIfLateCode> on the service plan entity with the appropriate late reason value. The alternative would be to upload a contact note for Service Coordination that took place within the first 30 days of that service, which would set the service as "Not Late" in TRAC-IT and a reason would not be required.

13. To update a late reason on a service plan, do we need to send the entire IFSP or just one tag is fine?

The minimum IFSP information that would need to be sent to update a late reason on a service plan is below:

- IFSP first meeting date
- IFSP signed date (only the most recent IFSP)
- Last IFSP Review date (if applicable)
- IFSP timeliness reason (if applicable)
- All current service plans on the IFSP, adding the <reasonIfLateCode> only on the service(s) that need it.

You do not need to send the other IFSP fields - goals, attendees, assessments, and text fields are not needed to add a late reason to a service plan.

14. What is this error? "If a discharge date is sent for a child who has been enrolled at least 6 months, there must be two assessment scores that are at least six months apart, else a reason code for no exit assessment data is required."

This error indicates that more assessment information is required before you can discharge the client. Since the client was enrolled in EI for more than 6 months, the client needs to have either two assessments on the record that are at least 6 months apart, or a reason why there are not two assessments that meet these criteria.

Assessments can be sent either as part of the child's IFSP, or as an exit assessment on the child's enrollment. If you are sending an exit assessment, you can send the <assessments> tag directly within the enrollment entity. Please refer to the sample XML file and schema for more information on how to send assessments. Alternatively, you can provide the

<reasonForNoExitDataCode> on the enrollment entity if the client did not have another assessment. The possible values for this field are given by the value set "ExitReason" and can be found in the data dictionary.

Follow up question: What dates are being used to calculate the 6 months?

For this calculation, a child is considered "enrolled for six months" if the first IFSP meeting date and discharge date are 6 months or more apart.

15. How are you calculating the transitionPlanReasonCode conditionally required column?

A transition plan date **OR** a transition plan timeliness reason code is required if the client had an IFSP Meeting Date AND the discharge date you are providing falls on or after their second birthday.

A transition plan reason code is also required if the Transition Plan date is either less than 90 days OR greater than nine months prior to the client's third birthday.

16. What is the error "*Provision of early intervention services' consent is required when servicesProvidedEarly is True*"?

This error is referring to the true/false field <serviceProvidedEarly> on the enrollment entity. This field is optional, but when it is sent as "true," parental consent for an Initial EI Service Coordination Plan is required as well. Sending <servicesProvidedEarly> as "true" or 1 indicates that an Initial EI Service Coordination Plan has been developed with the family.

17. We received a result file back on our most recent test file and one of the errors was "Other is not a valid code for field writtenLanguageCode". According to your data dictionary "Other" is a valid code. Why is this being flagged as an error?

The value of "Other" is acceptable for *writtenLanguageCode*, though when this value is sent in EMR, the code should be sent in all caps as "OTHER". The display of "Other" is what shows up in the TRAC-IT UI once the value is ingested by the EMR upload.

18. If we send multiple discipline codes for an attendee, should all of the discipline codes match with TRACT IT configuration or should any one of them match?

For IFSP Attendees, when you are sending disciplines, you can include some or all of a provider's disciplines. So, you can choose to just send one of them if the provider has multiple disciplines in TRAC-IT but was only serving as one discipline at the IFSP meeting. Each discipline sent must align with the provider's disciplines in TRAC-IT.

19. Do you process the XML file in a sequential manner?

Yes, TRAC-IT processes the XML file sequentially from one client to the next.