PRASPECT

FREQUENTLY ASKED QUESTIONS

The fastest way to find what you are looking for: Press "Ctrl" and "F" keys at the same time to get a "search" box. Type in a keyword. Once you find the correct question, Ctrl + Click to go directly to the answer.

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Q: I am unable to view my referrals-

A: The screen is gray or black. The usual cause is a pop-up blocker. Change your settings to allow pop-ups on the site. You may need to get assistance from your IT department.

FYI, settings can change without your knowledge when your computer automatically downloads and installs Windows updates.

Q: When I try to change client status to "pending enrollment", I get error message:

A: HTTP 400 Bad Request. This error occurs when the "Newly Referred Clients" list is very long. Even when you only try to change the status and assign one client at a time, (from what you see, it looks like just one client and 2 data elements -the status and the staff assigned) the system is really looking at every single client on that list and at 6-8 data elements for each one. So because the list is so long, the system is timing out each time you try to change the status. Solution 1: Programmer can temporarily reset the number of data elements it looks at until you get the list down to a smaller list. Solution 2: If you still end up having errors and are unable to assign, Programmer will have to temporarily decrease your list to 25 records at a time for you to assign so that the system does not time out.

Q: I received a summary email stating I had new referrals, however, my "Unassigned Referrals", "Newly Assigned Clients" or "Newly Assigned Patients" lists are empty or do not match the numbers in the email.

A: The email is a summary of activity for the preceding 24 hour period. If you have received referrals during the day and processed them (assigned them to programs, staff, etc.) during that same 24 hour period, they will no longer show up on your "Unassigned Referrals", "Newly Assigned Clients" or "Newly Assigned Patients", but will still be counted in your daily summary email.

Q: How do I change my password?

A: You can change your password after logging on. Click on "user administration" tab on left side, then "account update option". Follow commands to change your password.

Q: The numbers in our HUB Performance Reports do not add up correctly:

A: Please reference FAQs on Reports.

Q: When is the next training and how do I register?

A: Current schedules are also posted on the landing page of www.praspect.org just prior to logging on. To view training schedules, Click on Documents > CI, CHV, & IPO/CHW > CHV & CHW Programs Training Schedule. Click on the appropriate link to register. Be sure to register ahead of time.

Q: Why did I receive a referral for a client who lives in a different county?

A: In most cases, the incorrect county is entered on the referral. The system works by assigning to the correct hub based on the county that is entered on the referral.

Corrections can be requested by emailing specific details to SPECT@snjpc,org

Q: I received a duplicate referral? How can I delete it?

A: You can remove the duplicate referral by choosing "No Program Assignment (Denied) and click "Assign Patients". It will be removed.

Q: What is the correct way to identify the type of outreach event in SPECT?

A: When entering an initial contact in SPECT, under "Referral Agency Information," and "Outreach Type" there are five options: Agency, Self, Door-to-Door, Event, Other. Select "Self" for someone who calls in or comes in requesting services. Select "Agency" when another agency or organization gives the referral (these are usually faxed in to Central Intake).

Q: How do I enter referrals where clients only provide minimal information?

A: Some individuals refuse to provide any personal info aside from just their name and phone number. For these types of clients, you can complete the required fields in order to document the referrals and services you provide. Be consistent. For example, in address, you could enter "refused" in the street. You will have to have a city (you could type "refused" under city), ZIP and county however, in order for the referral to be saved in your program or HUB. This will throw off your demographics slightly, for example if you always use your office zip, it may skew your results slightly showing a few more clients in that town than is true. If the client is from an event, you may want to use the event location as the city and zip. The other suggestion as far as zip is if you are able to say to your client 'I'd be happy to help you locate a food pantry, what city do you live in?" and get their town that way. You could still use refused as the street. For phone #, you can use 000-000-0000, however, you can't use zeros for DOB. The system requires a valid DOB in order to calculate age for your reports. As above, you can make something up, but be constant and always use it. The system will allow a weird year like 1900, so if you used always 01/01/1900, you would be able to pick those out as belonging to clients who refused.

Alternatively, if the client is willing to indicate his/her age or age range, you could calculate it, using Jan 1 or July 15 and the approximate year.

Q: Client does not appear on "Closed Patients List".

A: Only the last 25 based on assignment date are included. If a client does not appear on the list, user the search feature under your programs "Referrals" tab.
Click on Referral > Search all referrals

Select the correct record by clicking on the patient name to view the patient profile.

Q: How do I take a screen shot?

A: To take a screen shot: Hold Print Screen key > Press CTRL key and letter V key to paste screen shot into body of email or word document (to attach to email).

Q: I have a client currently enrolled in a program who is moving to another county. How do I reassign her to the new county?

A: There is not a way within SPECT to transfer to the new county HF/TIP program. You will need to complete a new referral with the client's new address and county. BEFORE you submit it though, you should reach out to the HUB admin and the HF/TIP program for the new county and alert them both that the client is moving. Make sure the new HUB admin is on the lookout for the referral and assigns her to the same program for continuity. Email SPECT@snjpc.org if you need help with contact info for the new county hub or program.

Q: Are race and ethnicity counted as one field (i.e. to match attendee total) on Community Health Worker (CHW) outreach events?
A: No. Race and ethnicity are counted as separate fields.

Q: Do I need to close referrals in PRA|SPECT if I have already closed them on our program software (i.e. ETO, FAMSYS)?

A: Yes, all client records must be closed on PRA|SPECT

Q: Do I need to document resources, referrals, and appointments made for clients enrolled in CHV services on PRA|SPECT?

A: CHV programs must enter resources, referrals, and appointments for clients up to and including the point of enrollment in services. Outcomes must be entered for all items documented on PRA|SPECT.

Q: How would a pregnant woman not in prenatal care know her EDD?

A: Referral entered may approximate the client's due date based upon the client's last known LMP.

Q: Should we be creating a new outreach for reoccurring events (i.e.: daily door to door)?

A: Yes CHWs should create daily outreach events for daily door to door or daily street outreach (Example: Daily Door to Door-Week of 02/02/15). Any Initial contacts must be linked to an event in order to be counted in reports.

Q: Should client self-referrals be linked to an outreach event?

A: Yes for all Community Health Worker (CHWs) entering referrals. CHWs should create weekly outreach events for self-referrals (Example: Self-referrals, Week of 02/02/15).

Q: Should we reopen a closed record if there is future contact with client?

A: No, you are able to add and update new encounters/engagements to closed records. Even if a referral was recently closed, a new referral should be completed if circumstances now require a new round of case management.

Q: Should we continue to log client encounters/engagements and corresponding resources, referrals, and appointments on PRA|SPECT once we start entering individual program assessment on another system (i.e. FAMSYS, ETO, PATSY)?

A: Community Home Visiting (CHV) programs must document all encounters/engagements and corresponding resources, referrals, and appointments on PRA|SPECT up to and including the point of enrollment in their program. Upon the completion of the program, CHVs must close client records and ensure that outcomes have been updated for all resources, referrals, and appointments.

Q: Should client self-referrals be linked to an outreach event?

A: Yes for all Community Health Worker (CHWs) entering referrals. CHWs should create weekly outreach events for self-referrals (Example: Self-referrals, Week of 02/02/15).

Q: Can resources, referrals, and appointments be updated on closed client records?

A: Yes. Resources, referrals, and appointments can be updated and added at any status (pending, enrolled, closed).

Q: Would telling a client about childbirth classes and providing the registration link to sign up be entered as a referral or appointment?

A: Referral - specific information was given to the client with a call to action.

Q: What if we have a client that is uncomfortable or unwilling to answer very personal questions on CHS?

A: The CHS is designed to be completed with the optimal amount of information to best identify and address client needs. However, should a client exhibit reluctance to answer certain questions, PRA|SPECT allows you to enter the CHS with minimal information.

Q: Under outreach event totals, should we only be entering the segment of the population that our program is targeting (i.e. women ages 18-42)?

A: No. You should be entering the total number of attendees (including men and women of all ages) that you interacted with at the event.

Q: How do I enter an outreach event for clients reached via food bank or other community location? A: Enter the outreach event in IPO Administration using a meaningful name including town (Example: Food Bank of South Jersey, Camden). Important: Always search prior to entering a new outreach event.

Q: How long do closed referrals stay on PRA|SPECT?

A: Closed referrals always remain on PRA|SPECT.

Q: Is the Community Health Screening (CHS) form available in Spanish?
A: No, at this point in time the CHS form is not available in Spanish. The initial contact form is currently available in Spanish.

Q: How do I close a client who does not wish to participate or complete a CHS?

A: Click on Initial Contact > Search/Modify > select your client and click on her to open her Patient Profile. Click on the pencil. Change Client Status to Closed, and change Program Closed Reason to the appropriate selection. Click on Update Information to close her.

Q: How do I add an item that is not currently on Service Programs / Providers menu?

A: Email type, program, and provider information for addition to SPECT@snjpc.org (Example: Type - Healthcare, Program - Smoking Cessation, Provider - Mom's Quit Connection) Note: Type, program, and provider are based upon menu display on resource, referral, and appointment Service Programs / Providers menus. A current list is available on the landing page prior to logging in.

Q: What happens if a pregnant client refuses community home visiting?

A: If referred is selected for community health worker, the referral will be sent to HUB for triage to community health worker services. If refused is selected for community health worker and referred is selected for central intake, the referral will be sent to HUB for triage to central intake managed service.

Q: Is central intake HUB responsible for alerting SPECT@snjpc.org when programs have supervisory changes?

A: It is program responsibility to notify SPECT@snjpc.org of all staff and supervisory changes. However, it is very helpful for central intake to notify SPECT@snjpc.org if this information is available.

Q: I have been utilizing the RRA report to monitor CHW Case management- I will pull up the report- go into the CHW list see the patient encounter has been resolved and if the CHW closes under RRA, then I go into the patient status and close the case with appropriate reason for closure. Usually the client disappears from the RRA report and the patient status moves to Closed patients. Issue: the clients are not leaving the RRA report- they are staying under the CHW RRA as closed and they are not showing up on the Patient Closed Report. Should they leave the RRA report and show up on Closed Report? Help!

A: In your question, there are 2 different "closed" status – the patient and the RRA (Resource, referral or appointment). The patient status will be New, Pending enrollment, enrolled, or closed. The RRA status will be open or closed. The patient status is independent of the RRA status, and the RRA status is independent of the patient status. So, a client with patient status of closed can have RRAs statuses of open and closed, and a client with patient status of open can have RRAs statuses of open and closed. When you run the RRA report, if you select all statuses for RRAs, you will see any RRA made within your selected time period whether the RRA is open or closed and whether the patient status is open or closed. This is because you (as a program) are responsible for following up on all of the RRA's you make, whether or not the client is closed. To better manage the report, you may want to use the filter and select only RRAs having a status

of "open". That way you will be able to focus on those clients and RRAs which require follow up, without seeing all of the closed referrals.

Q: What action should HUB take if client has moved to a different county since the original referral form was completed?

A: Step 1: Close referral with reason "Patient Moved". Step 2: Enter new referral with client's new address. The referral will automatically go to the correct HUB based on the county entered on the referral.

Q: When I go to close the enrolled status to closed I am noticing there is still a CHW Program - Hub/In Process in the status. Why are there two CHW Program with status and other fields filled in? Should I have change the Hub/ In process to Closed, reason-Duplicate? What is causing the Hub/In Process to appear?

A: This is not an error and you should not try to close it. The client will disappear for you altogether. This is showing the path of the client. The Hub/In Process shows the date the referral was entered and the date she was sent to CI. The other line shows the date that CI sent her to your program and the date you enrolled her for case management. If a client was sent to another program and returned to CI, that path will also appear as a separate line.

Q: What is the Program Status/History on the client profile and what does HUB/In Process mean?

A: The Program Status/History details the referral path. HUB/In Process is the date the Community Health Screening (CHS) form was submitted to the central intake HUB.

Q (CHW specific): Our program completed more referrals then what is displaying on our IPO report for # of Completed Screens, where is this number pulled from?

A (CHW specific): This number is pulled from the number of referrals entered with an outreach event. Referrals not entered with an outreach event will not be reflected in this number.

Q: How should we handle this situation? 1. Client is referred to both CHW program and Home Visitation (HV) to Central Intake (CI) in SPECT 2. Client is assigned to HV program by CI 3. Client's appointment with HV program is not for 4 weeks but client is need of services now Should Central Intake forward the client back to the CHW program via SPECT so that a CHW may connect family to services and provide light case management while they wait for their HV appointment?

A: Since client has agreed to both CHV and CHW, assign her to CHW until vacancy arises in CHV so that her immediate needs can be met and contact can be maintained with her in order not to lose her. CHV may also want to be in touch to explain the situation and keep her ready to enroll as soon as possible. As soon as the opening arises, she should be closed by CHW and returned to hub so she can be enrolled in CHV. This will require a lot of good communication between you, CHW and CHV program. An alternative would be to enroll her in a different CHV program with an opening.

Q: Are closed initial contact forms included on reports?

A: Closed initial contact forms are included in the IPO Report. Closed initial contact forms are not in the CI Referral Report. However, the CI Referral Report does display outreach efforts (resources, referrals, and appointments) for closed initial contact forms in sections A4 and A5.

Q: Where is Community Home Visiting on the provider list for RRA?

A: A client can only be enrolled in (1) Community Based Service (CHV, CHW, CI) program at a time. Hence, home visiting is not listed on the provider list (for entering resources, referrals, and appointments). Here are the steps you would take if you have (for instance) a CI Managed client assignment that would like to be referred to a Community Home Visiting (CHV) program: Return the referral to the HUB by selecting Record Status: Closed and Closed Reason: Other Reason. Notify HUB that referral is being returned for reassignment to a CHV program.

Q: If my CHW program completes a CHS (2 pager) for a client in SPECT but the client lives in another county, will that county's CI receive the referral for them to follow up? Also will that show up on my quarterly report as a completed CI referral?

A: Yes, the county of client's residence will receive the referral and yes, it will show up on your quarterly report as a completed CI referral.

Q: Why did SPECT log me off?

A: For security purposes, SPECT will automatically log you out after 45 minutes of inactivity. One other reason that the system might log you off if you are in the middle of entering a client contact or other client–related information is if someone else accesses that same client at the same time (your supervisor, for example.)

Q: In recording outcomes of RRAs, what is the difference between Referral Specific - by Participant versus Referral Specific - by Provider?

A: "By participant" means that the client told you the outcome. For example, she says, "Yes, I went to WIC on 10/11 and signed up." "By Provider" means that the actual agency told you the outcome. For example, Betty at Lumberton WIC offices says "Yes, your client Amanda Smith kept her appointment on 10/11 and enrolled in WIC."

Q: When composing an initial RRA, do you know why the user cannot change the "Type" under the "Service Programs/Providers" category? In order to change the "Type" the user has to completely cancel the RRA and start over.

A: Before clicking Save: Once you select Type it updates the Program and Provider menus accordingly. Hence, if you wanted to change the type you can click select to reset all (3) menus. After clicking Save: Once you have entered an RRA there is no way to reselect the type. You would need to delete the undesired record and create a new one.

Q: What does MIHOPE stand for?

A: The Mother and Infant Home Visiting Program Evaluation (MIHOPE) is a legislatively mandated, large-scale evaluation of the effectiveness of home visiting programs funded by MIECHV.

Q: What RRAs are automatically generated from POC referrals made on the PRA?

A: WIC Smoking Cessation Substance Abuse Services (from Substance Abuse Prevention Education) Substance Abuse Services (from Substance Abuse Assessment) TANF Mental Health Counseling (from Mental Health Assessment) Nutrition Consult Food Stamps Breastfeeding Consult Diabetes Care Program Childbirth Education Emergency Assistance SSI Domestic Violence Services (from Domestic Violence Assessment) Prenatal Care (from Preterm Labor Prevention) DCP&P

Q: Documenting Door to Door outreach efforts. If we spend two hours doing Door to Door and find few people home, but we leave flyers in mail boxes, rolled in doors etc., how do we document this effort?

A: The best way to document this type of outreach is to use "Door to door" as event type. In the comments, include the number of flyers you left. Under the demographic section, include what you know from the folks you actually connected with and the # of initial screens you completed during your outreach.

Q: How should I handle MIHOPE clients on the HUB Returned Referrals List?

A: You should close them from the list by selecting No Program Assignment-Denied. The referral will still show up on the Patients tab under MIHOPE Patients. The reason that these referrals appear on the Returned Referrals List is because many of the CI HUBS are responsible for sending out a packet of educational info and resources to the woman (rather than the CHV program doing it). If you don't need to do it or if it is already completed, you can close Returned Referral accordingly.

Q: How should I document a referral generated on the CHS update 4Ps Plus screen for a pregnant client?

A: The referral cannot be logged on the CHS update, and should be logged by using the Encounter/Engagement add referral option.

Q: Does the CI Referral Report pull information from the original CHS or updated?

A: It will pull from both and will be cleared indicated on the updated CI Referral Report.

Q: Will we ever be able to move a referral to a different county?

A: Presently, the referral can only be moved by FHI. However this feature may be added at some point in the future.

Q: Who is responsible for CHS updates?

A: It depends, but ideally the person that collects or receives the information or is managing the client.

Q: How do you delete a patient encounter?

A: Presently, you are not able to delete Encounters/Engagements. If added in error please email deletion request to SPECT@snjpc.org

Q: Is the CHS update only for Pending Enrolled clients or should we also complete for Enrolled clients.

A: The CHS update can be completed for both Pending Enrolled and Enrolled clients.

Q: If a client stays with us for 3 years, does that mean that the CHS information needs to be or the duration of that time?

A: Prenatal fields for pregnant clients are only updatable for a specific time period based upon the client's due date, and technically-speaking you can make CHS update as long as the client is on your pending enrolled or enrolled list, and we are always happy to have updated information. However, generally the updates are more common in the beginning of a client's service. Frequently, they refuse to answer some of the personal questions or do not yet feel comfortable in disclosing certain behaviors or risk factors. The CHS update is geared toward these types of situations where more information is collected as trust is gained-usually pretty early in the enrollment process. Since HV programs are responsible for entering data and keeping current in SPECT up to and including the point of enrollment, as well as closing the client, and since you

use other programs for client management (PATSY, FAMSYS, ETO, etc.), we would be happy to get all updates, however we don't require it.

Q: When does the Community Health Screening (CHS) count as a completed referral?

A: The CHS counts as a completed referral once it is submitted.

Q: Once you submit the assigning referrals shortcut (maximum of (3) referrals if list displays >10 clients), when is the next time you can submit another 3?

A: As soon as the records drop off of the referrals list you can assign the next 3.

Q: If the client is not interested in assigned program or service, would referral be closed returned to Hub or just closed?

A: It depends on the client's response. When in doubt, it's best to reach out to SPECT@snjpc.org for further guidance.

Q: After webinar training, how long will it take to get a username and password?

A: Account login is emailed to registered email address within (2) days of training completion (if database user registration form was submitted). Please check SPAM or JUNK folder if not received in Inbox.

Q: I am attempting to assign a client, but when I click on the top pencil, the following message is loaded: 500 - Internal server error. There is a problem with the resource you are looking for, and it cannot be displayed.

A: Clients should be referred from their program. For example, if a client is enrolled in CI Managed, she will need to be assigned from there - not from the general search.

Q: Under family support services in SPECT, how should we classify home visits? There is no category for home visits in the drop down box.

A: To record Home visits, select "Met in Person" under "Contact Method" and "Contacted" under "Contact Outcome". See below screenshot. (For no-shows, select "Met in Person" under "Contact Method" and "No Show" under "Contact Outcome".