

4- OpenRecordsRequest.pdf –

- Copy of my open records request dated April 21, 2008.....page 1
- Copy of the contract for the SAMS system first dated June 4, 2001.....pages 2-4
- Copy of the mandate and instructions dated January 29, 2008, issued by Amy Ramsey, Nutrition Specialist, Bureau of Aging and Disability Resources (BADR)...pages 5-6
- SAMS Docs – Nutrition Check Committee, Form and SAMS Data Entry...pages7-19
- “dhfsbadr.org” and “dhfsbadr.com” messages as of May 9, 2008page 20
- Documentation of SAMS Programs removed from dhfsbadr web sites.....pages 21-22

COPY

6112 Exchange Street
McFarland, WI 53558
April 21, 2008

Michael Morgan, Secretary
Department of Administration

Karen Timberlake, Secretary
Department of Health and Family Services

Re: Open Records Request

1. Copy of current contract with Harmony Inc. for Social Assistance Management System (SAMS)
2. Copies of agendas and minutes of the Nutrition Check Committee from year 2006 to present
3. Copies of the agendas and minutes of the Data Stewardship Committee for year 2000 and a listing of meetings for years 2001 to present
4. A report on the number of nutrition participants' records contained in Wisconsin's SAMS servers

Dear Department Secretaries:

Hundreds of thousands of electronic records containing confidential information of Wisconsin's elderly and disabled citizens and their caregivers are warehoused in data centers (with suspected security vulnerabilities) outside the state of Wisconsin.

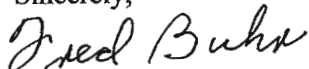
Information to populate recipients' electronic records is collected through a deceptive process that utilizes paper forms. The forms contain no mention that the information will be entered into a participant's electronic record. The attached form appears to be a self scoring stand alone checklist to be discussed with a doctor or other qualified professional rather than a form to collect information to enable electronic tracking of a client's nutrition data.

These electronic records should immediately be removed from the out of state data centers and moved to the Human Services Resource System (HSRS) at Wisconsin's data center. The secretive practice should be discontinued and only necessary information should be collected. A risk assessment as to whether security breaches might have occurred over the past several years should be conducted.

The eHealth Care Quality and Patient Safety board should consider recommending a law that would prohibit state or local agencies from circumventing ADM12, HIPAA and state privacy and open meetings laws through their placing the electronic records in data centers outside the state of Wisconsin. The principles of responsible data stewardship should be reviewed by all DHFS staff.

This is a follow up to my request of January 31, 2008, to Bureau of Aging and Disability Resources (BADR) staff asking that they cite the authority for the practice. Pending a response to that request, I am suspending my entering data into the SAMS tracking system.

Sincerely,



Fred Buhr, Data Entry Volunteer
McFarland Senior Outreach Program

Attachments:

Nutrition Checklist mandated to be completed by nutrition participants and entered into 25 electronic fields by the Nutrition Check Committee effective March 1, 2008

ACLU Model Standards of Fair Information Practices, all of which are violated by the Department's practice

cc: ACLU and Associated Press

SOFTWARE AND SERVICES CONTRACT

Synergy Software Technologies Inc. 159 Pearl Street Essex Junction, Vermont 05452

1. **Parties.** The parties to this Contract are *Synergy Software Technologies Inc.* (hereafter, CONTRACTOR), whose address is 159 Pearl Street, Essex Junction, Vermont 05452, and, *Wisconsin Bureau of Aging & Long Term Care Resources, Division of Supportive Living, Department of Health and Family Services, PO Box 7851, 1 W. Wilson Street, Suite 450, Madison, WI 53707.* (hereinafter, CUSTOMER)

2. **Purpose of Contract.** The purpose of this contract is to license and implement software products developed by CONTRACTOR, and to procure related services.

3. **Term of Contract and Required Approvals.** This Contract is effective as of 6/4/01. The term of the Contract is from the date of contract execution through 8/31/02. All services shall be completed during this term.

4. **Payment.** The CUSTOMER agrees to pay the CONTRACTOR for the services described in the challenge grant proposal including breakdowns of Scope of Service and Time Schedule for Completion of Tasks, which is incorporated herein by reference. Payment for services under this Contract will be made on a reimbursement basis within 30 days of receipt of an itemized invoice from the CONTRACTOR approved by the CUSTOMER.

5. **Responsibilities of CONTRACTOR.** The services to be provided by the CONTRACTOR are described in Attachment A – *Other Provisions and Agreements*, including breakdowns of Scope of Service and any other required special provisions and agreements, which is attached and made a part of this Contract by reference.

6. **Responsibilities of CUSTOMER.**

- A. At the request of the CONTRACTOR, the CUSTOMER will provide technical assistance, direction and cooperation to assist CONTRACTOR in satisfactorily performing or delivering the software and services for which CONTRACTOR has been retained.
- B. The CUSTOMER shall compensate CONTRACTOR in accordance with item 4.
- C. The CUSTOMER shall comply with all the terms of this agreement.

7. **General Provisions.**

A. **Amendments.** Any changes, modifications, revisions or amendments to this Contract which are mutually agreed upon by the parties to this Contract shall be incorporated by written instrument, executed and signed by all parties to this Contract.

B. **Americans with Disabilities Act.** The CONTRACTOR shall not discriminate against a qualified individual with a disability and shall comply with the Americans with Disabilities Act, P.L. 101-336, 42 U.S.C. 12101, *et seq.*, and/or any properly promulgated rules and regulations related thereto.

C. **Applicable Law/Venue.** The construction, interpretation and enforcement of this Contract shall be governed by the laws of the State of Vermont. The Courts of the State of Vermont shall have jurisdiction over this Contract.

D. **Assignment.** Neither party shall assign or otherwise transfer any of the rights or delegate any of the duties set forth in this Contract without the prior written consent of the other party.

E. **Compliance with Laws.** The CONTRACTOR shall keep informed of and comply with all applicable federal, state and local laws and regulations in the performance of this Contract.

F. **Entirety of Contract.** This Contract, including Attachment A -- *Other Provisions and Agreements and the Non-Disclosure Agreement*, and any related software license agreements for products being licensed as a part of this contract represents the entire and integrated Contract between the parties and supersedes all prior negotiations, representations, and agreements, whether written or oral.

G. **Force Majeure.** Neither party shall be liable for failure to perform under this Contract if such failure to perform arises out of causes beyond the control and without the fault or negligence of the non-performing party. Such causes may include, but are not limited to, acts of God or the public enemy, fires, floods, epidemics, quarantine restrictions, freight embargoes, and unusually severe weather. This provision shall become effective only if the party failing to perform immediately notifies the other party of the extent and nature of the problem, limits the delay in performance to that required by the event, and takes all reasonable steps to minimize delays. This provision shall not be effective unless the failure to perform is beyond the control and without the fault or negligence of the non-performing party.

H. **Indemnification/Hold Harmless.** The Parties shall each release, defend, indemnify, and hold harmless each other, and their respective officers, agents, employees, successors and assignees from any cause of action, or claims or demands arising out of the performance of and/or compliance with the terms of this Contract, provided a party need not be bound by this clause if such cause of action, claim or demand arises out of the negligence of the other.

I. Independent CONTRACTOR. The CONTRACTOR shall function as an independent CONTRACTOR for the purposes of this Contract, and shall not be considered an employee of the CUSTOMER for any purpose. The CONTRACTOR shall assume sole responsibility for any debts or liabilities that may be incurred by the CONTRACTOR in fulfilling the terms of this Contract; and shall be solely responsible for the payment of all federal, state and local taxes which may accrue because of this Contract. Nothing in this Contract shall be interpreted as authorizing the CONTRACTOR or its agents and/or employees to act as an agent or representative for or on behalf of the CUSTOMER, or to incur any obligation of any kind on the behalf of the CUSTOMER. The CONTRACTOR agrees that no health benefits, workers' compensation and/or similar benefits available to employees will inure to the benefit of the CONTRACTOR or the CONTRACTOR's agents and/or employees as a result of this Contract.

J. Kickbacks. The CONTRACTOR certifies and warrants that no gratuities, kickbacks or contingency fees were paid in connection with this Contract, nor were any fees, commissions, gifts, or other considerations made contingent upon the award of this Contract. If the CONTRACTOR breaches or violates this warranty, the CUSTOMER may, at its discretion, terminate this Contract without liability to the CUSTOMER, or deduct from the Contract price or consideration, or otherwise recover, the full amount of any commission, percentage, brokerage, or contingency fee.

K. Nondiscrimination. The CONTRACTOR shall comply with Presidential Executive Order 11246 entitled, "Equal Employment Opportunity," as amended by Presidential Executive Order 11375, and as supplemented in the Department of Labor Regulations (41 CFR Part 60), the Civil Rights Act of 1964, applicable Vermont laws, and the Americans With Disabilities Act (ADA), 42 U.S.C. 12101, et seq. The CONTRACTOR shall assure that no person is discriminated against based on the grounds of sex, race, religion, national origin, sexual orientation or disability in connection with performance of this Contract.

L. Notices. All notices arising out of, or from, the provisions of this Contract shall be in writing and given to the parties at the address provided under this Contract, either by regular mail, express mail, or delivery in person.

M. Severability. Should any portion of this Contract be judicially determined to be illegal or unenforceable, the remainder of the Contract shall continue in full force and effect, and either party may renegotiate the terms affected by the severance.

N. Taxes. The CONTRACTOR shall pay all taxes and other such amounts required by federal, state and local law, including but not limited to federal and social security taxes, workers' compensation, unemployment insurance and sales taxes.

O. Termination of Contract. This Contract may be terminated with thirty days written notice by either party for cause if the other party fails to perform in accordance with the terms of this Contract. Prior to termination, the breaching party shall be afforded ten days to cure such breach. CONTRACTOR will be paid, no matter which party terminates, for all work done to the effective date of termination.

P. Titles Not Controlling. Titles of paragraphs are for reference only, and shall not be used to construe the language in this Contract.

Q. Waiver. The waiver of any breach of any term or condition in this Contract shall not be deemed a waiver of any prior or subsequent breach.

S. Confidentiality. The CUSTOMER recognizes that in the course of negotiating and execution of this contract they have been and will continue to be exposed to product plans, proprietary concepts and miscellaneous materials or information of a confidential nature belonging to CONTRACTOR. CUSTOMER hereby agrees to take reasonable measures to protect such information from disclosure to parties that have not been explicitly authorized to receive or view such materials by CONTRACTOR. The CUSTOMER agrees to the terms of the attached Non-Disclosure Agreement which are incorporated herein as if set out in full.

9. Signatures. In witness thereof, the parties to this Contract, either personally or through their duly authorized representatives, have executed this Contract on the days and dates set out below, and certify that they have read, understood, and agreed to the terms and conditions of this Contract.

DATED as of June 4 2001.

CUSTOMER:

Harvey Rottier
Signature

Harvey Rottier
Name

Deputy Bureau Director
Title
Bureau of Information Systems
Division of Management & Technology
Department of Health and Family Service

CONTRACTOR: Synergy Software Technologies Inc. (EIN 03-0345510)

X *[Signature]*
Stan Eames, President

June 4, 2001



RECEIVED MAR 17 2008

LICENSE AND SERVICE CONTRACT RENEWAL AGREEMENT

Our records indicate that your licensing and/or subscription will expire on 12/31/07. To assure a smooth renewal process, and to avoid interruption of services, please:

- 1. Verify the attached renewal invoice. SAMS users only (for all other license(s) move to step 2), please pay special attention to the Tier(s) on your SAMS license(s). It is important that you verify your organization is licensing the appropriate Tier. Please see attached 'Pricing Schedule' for information on determining your Tier(s). The client count is based on the 'Active' Consumers in SAMS. (Open SAMS, click on 'Customers', you will see 3 pull down lists in the tool bar near the top of the list. Set the middle pull down list to 'Active'. Click 'Apply'. Look in the lower left corner to see your 'Active' consumer count.) Please notify Amy Ahern immediately with any changes at 802.878.8514 X 78 or aahern@synergysw.com.
2. Submit payment or a signed purchase order authorizing the invoice PRIOR to the start date of your license period (to avoid interruption of services).
3. Indicate, by signing and returning this Renewal Agreement, your acceptance and agreement that you are bound by the existing terms of your contract(s) and license(s).
4. Submitting payment, or a signed purchase order, or use of the software and/or subscription services after the above expiration date, is your affirmative agreement that you are bound by the terms and conditions of the agreements set out in the attached invoice.

CUSTOMER:

James Schmuddeke, Program + Policy Analyst 3/13/08
Signature Title Date

Wisconsin Bureau of Aging and Disability Resources
Agency name and address (Print Clearly)

CONTRACTOR:

Rich Goodwin, Director of Financial Operations 3/18/08
Signature Date

SCAN-X-MESSAGE: NOTSPAM O:99 S:99 R:95 P:95 M:97 C:98
Return-Path: <IThompson@mcfarland.wi.us>
Content-class: urn:content-classes:message
X-MimeOLE: Produced By Microsoft Exchange V6.5
Subject: FW: [Badgeraginglist] SAMS for Tracking Nutrition Screening Data
Date: Tue, 29 Jan 2008 13:21:35 -0600
X-MS-Has-Attach:
X-MS-TNEF-Correlator:
Thread-Topic: [Badgeraginglist] SAMS for Tracking Nutrition Screening Data
Thread-Index: AchiqUouUONfvFPQRp6xkkiw5oBQ4gAAp4uw
From: "Ingrid Thompson" <IThompson@mcfarland.wi.us>
To: <fredbuhr@merr.com>
X-pstn-neptune: 0/0/0.00/0
X-pstn-levels: (S:99.90000/99.90000 CV:99.9000 R:95.9108 P:95.9108 M:97.0282
C:98.6951)

Fred,

I'm passing this information along to you. If you need clarification, I will be glad to get more information. Since I haven't been doing SAMS myself for several years, I'm not sure how it is different from the past.

Stay cozy!

Ingrid Thompson
McFarland Senior Outreach Services
PO Box 110
McFarland, WI 53558
608 838-7117 x 203
ingrid.thompson@mcfarland.wi.us

-----Original Message-----

From: Badgeraginglist@yahoo.com
[mailto:Badgeraginglist@yahoo.com] On Behalf Of Amy Ramsey
Sent: Tuesday, January 29, 2008 1:01 PM
To: Badgeraginglist@yahoo.com; WisNutrition@yahoo.com
Subject: [Badgeraginglist] SAMS for Tracking Nutrition Screening Data

Hi Everyone!

Beginning 3/1/08 all nutrition programs will be required to use SAMS to track client nutrition data from the new Nutrition Screening Form that everyone was required to implement by 1/1/08.

For new participants/clients: nutrition programs should begin to use SAMS for tracking client nutrition data from the new Nutrition Screening

Form at the participant's first initial assessment.

For participants/clients that are currently on the program and already entered into SAMS: nutrition programs should begin to use SAMS for tracking client nutrition data from the new Nutrition Screening Form at the participant's next reassessment. Nutrition programs do not need to go back to their initial assessment or previous reassessments and update information. Again they should begin to enter the required data at the participant's next reassessment.

Karl Schlenker has developed a SAMS Data Entry and Reporting document to help nutrition programs understand how to enter the required SAMS data. Please go to: <http://dhfsbadr.org/docs/sams/nutritioncheck/>. You will find the SAMS Entry and Reporting instructions that will assist you in entering the required SAMS data as well as the required Nutrition Screening Form that all nutrition programs should be using.

If you have questions about this process, please feel free to contact Karl Schlenker at: schlekm@dhfs.state.wi.us or 608-266-2537.

This data will be very useful to our nutrition programs because it will allow those at the local level to show nutrition outcomes and it will allow me to show nutrition outcomes at the state level.

Amy

* * * * *

NOTICE: This E-mail and any attachments may contain confidential information. Use and further disclosure of the information by the recipient must be consistent with applicable laws, regulations and agreements. If you received this E-mail in error, please notify the sender; delete the E-mail; and do not use, disclose or store the information it contains.

Amy Ramsey, RD, CD
Nutrition/Prevention Specialist
Bureau of Aging & Disability Resources
Division of Long Term Care
1 W. Wilson Street, Room 450
P.O. Box 7851
Madison, WI 53707-7851
(608) 266-5743
ramseas@dhfs.state.wi.us

SAMS Docs - Nutrition Check Committee, Form, and SAMS Data Entry**NOTE:**

Although you can click on certain file types and view them directly within your web browser, this is not recommended because you will experience slow performance. For PDF, Word (.doc), and Excel (.xls) files, follow these steps to save a document to your local hard drive and view it from there.

- (1) RIGHT-click on the hyperlink below.
- (2) Depending on your web browser, select [Save Target As] or [Save Link As].
- (3) Save the file to your local hard drive - usually your C:\ drive.
- (4) Use Windows Explorer to navigate to the saved file on your hard drive and open it from there.

File Name / Link	Size	Description
nutrition_checklist_form.pdf	52 KB	Nutrition Checklist - Assessment Form: In 2007 Wisconsin's Nutrition Check Committee standardized a nutrition checklist form. This form defines a point system which must be used by all Wisconsin nutrition providers (and SAMS users) to define whether a client is considered to be at high nutritional risk.
nutrition_checklist_instructions.pdf	145 KB	Nutrition Checklist - SAMS Data Entry Instructions: Based on committee recommendations, customized data fields were added to Wisconsin's SAMS database which will allow users to track improvement/decline of nutrition within a nutrition provider's client base. This document demonstrates how to properly enter this nutritional assessment data into SAMS.

The Warning Signs of poor nutritional health are often overlooked. Use this checklist to find out if you or someone you know is at nutritional risk.

Read the statements below. Circle the number in the yes column for those that apply to you or someone you know. For each yes answer, score the number in the box. Total your nutritional score.

DETERMINE YOUR NUTRITIONAL HEALTH

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables, or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook, and/or feed myself.	2
TOTAL	

Total Your Nutritional Score. If it's -

0-2 **Good!** Recheck your nutritional score in 6 months.

3-5 **You are at moderate nutritional risk.** See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in 3 months.

6 or more **You are at high nutritional risk.** Bring this checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

Remember that warning signs suggest risk, but do not represent diagnosis of any condition. Turn the page to learn more about the Warning Signs of poor nutritional health.

These materials have been adapted from the Nutrition Screening Initiative, a project of American Academy of Family Physicians, The American Dietetic Association and National Council on the Aging, Inc.

The Nutritional Screening Initiative, 2626 Pennsylvania Avenue, NW Suite 301, Washington, DC 20037. The Nutrition Screening Initiative is funded in part by a grant from Ross Laboratories, a division of Abbott Laboratories

DISEASE Use the word **DETERMINE** to remind you of the Warning Signs.

Any disease, illness or chronic condition which cause you to change the way you eat, or makes it hard for you to eat, puts your nutritional health at risk. Four out of five adults have chronic diseases that are affected by diet. Confusion or memory loss that keeps getting worse is estimated to affect one out of five or more of older adults. This can make it hard to remember what, when or if you've eaten. Feeling sad or depressed, which happens to about one in eight older adults, can cause big changes in appetite, digestion, energy level, weight and well-being.

EATING POORLY

Eating too little and eating too much both lead to poor health. Eating the same foods day after day or not eating fruit, vegetables, and milk products daily will also cause poor nutritional health. One in five adults skip meals daily. Only 13% of adults eat the minimum amount of fruit and vegetables needed. One in four older adults drink too much alcohol. Many health problems become worse if you drink more than one or two alcoholic beverages per day.

TOOTH LOSS / MOUTH PAIN

A healthy mouth, teeth and gums are needed to eat. Missing, loose or rotten teeth or dentures which don't fit well or cause mouth sores make it hard to eat.

ECONOMIC HARDSHIP

As many as 40% of older Americans have incomes of less than \$6,000 per year. Having less – or choosing to spend less – than \$25-30 per week for food makes it very hard to get the foods you need to stay healthy.

REDUCED SOCIAL CONTACT

One-third of all older people live alone. Being with people daily has a positive effect on morale, well-being and eating.

MULTIPLE MEDICINES

Many older American's must take medicines for health problems. Almost half of older Americans take multiple medicines daily. Growing old may change the way we respond to drugs. The more medicines you take, the greater the chance for side effects such as increased or decreased appetite, change in taste, constipation, weakness, drowsiness, diarrhea, nausea, and others. Vitamins or minerals when taken in large doses act like drugs and can cause harm. Alert your doctor to everything you take.

INVOLUNTARY WEIGHT LOSS / GAIN

Losing or gaining a lot of weight when your are not trying to do so is an important warning sign that must not be ignored. Being overweight or underweight also increases your chance of poor health.

NEEDS ASSISTANCE IN SELF CARE

Although most older people are able to eat, one of every five have trouble walking, shopping, buying and cooking food, especially as they get older.

ELDER YEARS ABOVE AGE 80

Most older people lead full and productive lives. But as age increases, risk of frailty and health problems increase. Checking your nutritional health regularly makes good sense.

During June/July 2007, Amy Ramsey and Karl Schlenker conferred with the Nutrition Check Committee to determine how best to proceed regarding a standardized nutrition form and the use of SAMS to track client nutrition data. Karl explained to committee members a few options for tracking nutrition assessment data in SAMS. The two best options we discussed were as follows:

Option A : Assessment Forms

SAMS has built-in functionality which allows a user to assess a client multiple times and thus create a long-term assessment history. Users can custom-design their own assessment forms using additional software (Omnia Designer) which is sold by Synergy Software. However, SAMS currently stores this assessment data completely separate from the client's other information. (Ostensibly Synergy used this design to, e.g., allow a nutrition coordinator to password-protect her assessments and thus prevent other SAMS users from reading her assessment notes.) This data separation effectively prevents a SAMS user from generating a standard SAMS report which will include customized assessments data fields. Synergy sells another software package (Omnia Analyzer) which allows users to more intricately report on these built-in assessments. General consensus among the nutrition committee members was that the use of SAMS assessment forms is not a viable option at this time, because (1) our current data-tracking needs are limited (i.e. only 10 questions on a nutrition checklist), and (2) the financial cost to each aging unit of purchasing two additional software packages (Omnia Designer and Omnia Analyzer) would outweigh the benefit and likely be prohibitive in most cases.

Option B : Custom User Fields

SAMS also allows an administrative user (i.e. Karl Schlenker) to create one or more customized data fields. A standard SAMS user can then choose from these optional fields and apply one or more of them, including values, to client records within SAMS. While considering the use of custom fields for tracking nutrition assessment data in SAMS, a few potential problems were identified. Firstly, this method cannot be used to generate an unlimited number of historical assessments, since each custom field can exist only once on a given client's data record. Secondly, the data-entry interface is not particularly convenient. Thirdly, reporting - at least for now - will be fairly limited. (A client-listing report can be filtered to show, e.g., a list of client names based on their assessment data. However, the report won't actually display that assessment data; it will only show the basic information for each client with matching criteria.) Despite these limitations, the committee deemed Option B to be preferable to Option A (above). The common sentiment was that it is more important to be able to report on a small amount of data than to track an unlimited amount of history (but not have the ability to report on it).

In July 2007, Amy Ramsey e-mailed a preliminary form to committee members. Karl Schlenker used the 10 questions on that form to create 20 custom data fields within SAMS. The first 10 data fields represent the 10 questions as asked on the client's initial nutrition assessment. The second 10 data fields represent the same 10 questions as asked on the client's most recent reassessment. By storing data from the initial assessment and the most recent reassessment, a SAMS user can generate reports to compare nutritional statistics or trends. Four additional data fields were then added - 2 for tracking the dates (of the assessment & reassessment), and 2 for tracking the 'total score' values (also for the assessment & reassessment). This makes a total of 24 custom data fields. Finally, a 25th data field was added so that users can store some *limited* nutrition notes. (This data field is limited to just 250 characters, so these notes must be kept brief. If more detailed notes are required, users can enter them into SAMS via the built-in 'Notes' field or via SAMS 'Journal Entries'.)

During the configuration of these 25 custom data fields in SAMS, it became apparent that several custom fields already exist in SAMS. Most of these other custom data fields were created by different county aging units in years past, when each aging unit separately maintained its own SAMS database (i.e. prior to the statewide merge). It was clear that, for purposes of data entry and visual readability, the 25 new fields should be kept together in the overall list (which includes the pre-existing field names). To accomplish this, a 4-character prefix was assigned to each new field name and description. In order to keep all of the new data fields together in an alphabetical listing, this prefix starts with the letter 'q' (since that letter was not yet in use in the existing list of field names). The second character is either an 'i' (representing the initial assessment) or an 'R' (representing the latest reassessment). The final two digits represent the question number - i.e. 01, 02, 03..... through 10.

So... for example... the custom data field starting with the prefix "qR07" would be used to record the client's response to the 7th question on their most recent reassessment. (Don't worry - the data fields also have descriptions built into them. This explanation only intends to show the logic behind the cryptic characters which precede the data field descriptions.)

All 25 new custom data fields can be seen in the table on the following page. Fields are listed using the alphabetical order in which they will appear within SAMS.

Nutrition Checklist - SAMS Data Entry and Reporting

Self-Description / Data Field Description	Score	SAMS Description	SAMS Prompt / Question
I have an illness or condition that made me change the kind and/or amount of food I eat.	2	qi01-IIIOrCondition	qi01-Illness/cndtn chngd food?
I eat fewer than 2 meals per day.	3	qi02-FewerThan2meals	qi02-Less than 2 meals/day?
I eat few fruits or vegetables or milk products.	2	qi03-NoFruitVegMilk	qi03-Few fruits/veggies/milk?
I have 3 or more drinks of beer, liquor or wine almost every day.	2	qi04-ThreePlusDrinks	qi04-Three or more drinks/day?
I have tooth or mouth problems that make it hard for me to eat.	2	qi05-ToothMouthProbs	qi05-Tooth/mouth-eating hard?
I don't always have enough money to buy the food I need.	4	qi06-NoMoneyForFood	qi06-Not enough food money?
I eat alone most of the time.	1	qi07-EatsAlone	qi07-Eats alone most of time?
I take 3 or more different prescribed or over-the-counter drugs per day.	1	qi08-ThreePlusDrugs	qi08-Three or more drugs/day?
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2	qi09-GainedLost10+Lb	qi09-10 lbs +/- in last 6 mos?
I am not always physically able to shop, cook and/or feed myself.	2	qi10-NoShopCookFeed	qi10-Cannot shop/cook/feed?
date of client's initial assessment	n/a	qi91-InitAssessDate	qi91-Initial Assessment Date
total score (0-21) from client's initial assessment	0-21	qi92-InitAssessScore	qi92-Initial Assessment Score

10 questions from initial assessment

date & score from initial assessment

I have an illness or condition that made me change the kind and/or amount of food I eat.	2	qR01-IIIOrCondition	qR01-Illness/cndtn chngd food?
I eat fewer than 2 meals per day.	3	qR02-FewerThan2meals	qR02-Less than 2 meals/day?
I eat few fruits or vegetables or milk products.	2	qR03-NoFruitVegMilk	qR03-Few fruits/veggies/milk?
I have 3 or more drinks of beer, liquor or wine almost every day.	2	qR04-ThreePlusDrinks	qR04-Three or more drinks/day?
I have tooth or mouth problems that make it hard for me to eat.	2	qR05-ToothMouthProbs	qR05-Tooth/mouth-eating hard?
I don't always have enough money to buy the food I need.	4	qR06-NoMoneyForFood	qR06-Not enough food money?
I eat alone most of the time.	1	qR07-EatsAlone	qR07-Eats alone most of time?
I take 3 or more different prescribed or over-the-counter drugs per day.	1	qR08-ThreePlusDrugs	qR08-Three or more drugs/day?
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2	qR09-GainedLost10+Lb	qR09-10 lbs +/- in last 6 mos?
I am not always physically able to shop, cook and/or feed myself.	2	qR10-NoShopCookFeed	qR10-Cannot shop/cook/feed?
date of client's most recent reassessment	n/a	qR91-ReassessDate	qR91-Reassessment Date
total score (0-21) from client's most recent reassessment	0-21	qR92-ReassessScore	qR92-Reassessment Score

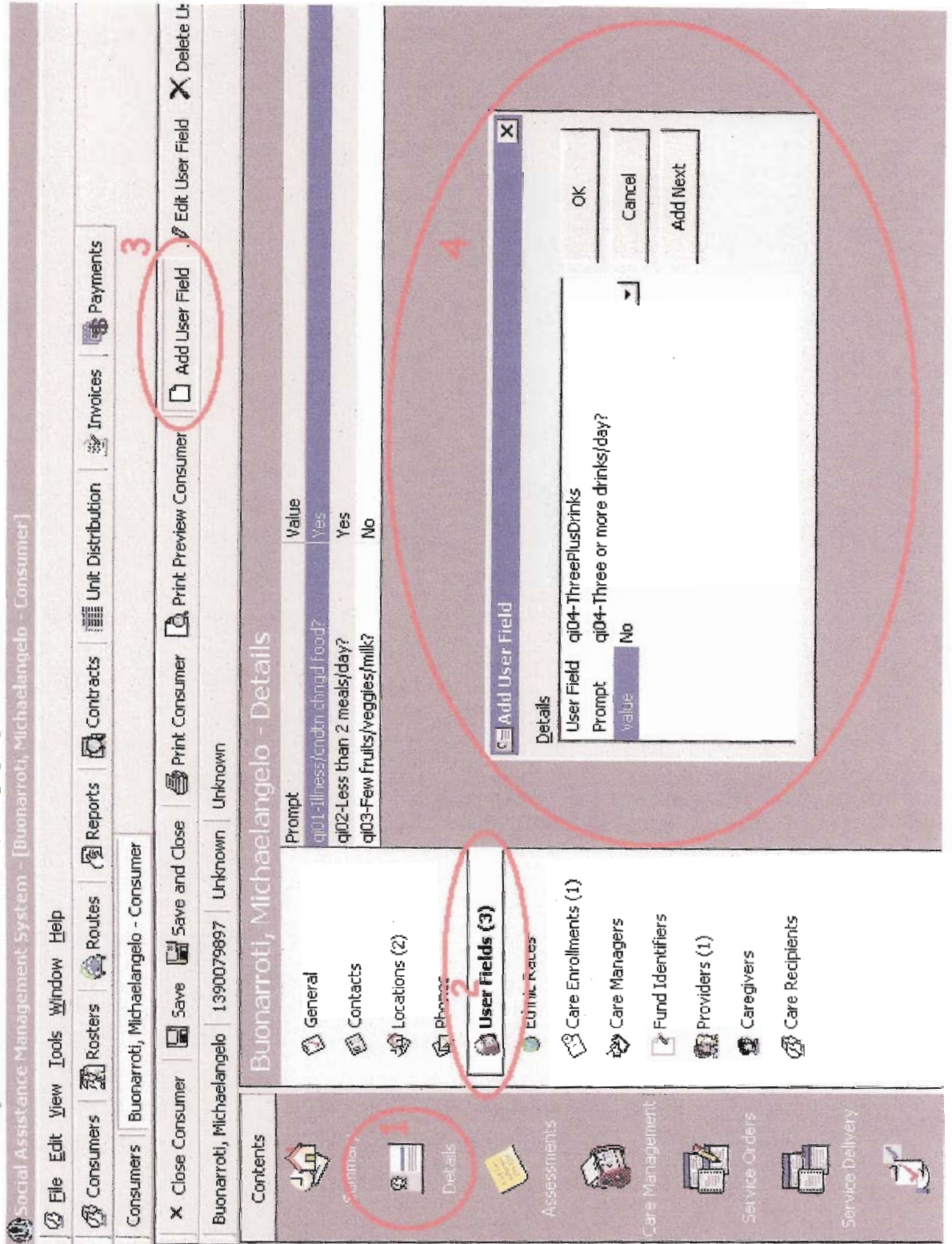
10 questions from most recent reassessment

date & score from most recent reassessment

notes regarding client's nutrition (for initial assessment & all reassessments)	n/a	qx99-NutritionNotes	qx99-Nutrition Notes
---	-----	---------------------	----------------------

Nutrition Checklist - SAMS Data Entry and Reporting

To enter data for a client's initial assessment, you will need to apply 10 user field values to your client's record in SAMS. Start by opening the client record in question. Then click on (1) the 'Details' icon, (2) the 'User Fields' icon, and (3) the 'Add User Field' button. This will bring up (4) the pop-up window, which you can use for quickly adding your data. The initial assessment will require 12 data fields - i.e. 10 for the questions, 1 for the assessment date, and 1 for the total score (which you must calculate manually). TIP: When creating multiple custom data entries, use the 'Add Next' button to continuously add fields without closing the pop-up window.



The screen print below shows how a client's record might appear after you have created data entries for the initial assessment *and* the most recent reassessment. (This screen print also includes the optional data field for Nutrition Notes.)

Social Assistance Management System - [Buonarroti, Michaelangelo - Consumer]

File Edit View Tools Window Help

Consumers Rosters Routes Reports Contracts Unit Distribution Invoices Payments

Consumers Buonarroti, Michaelangelo - Consumer

Close Consumer Save Save and Close Print Consumer Print Preview Consumer Add User Field Edit User Field Delete User Field Print User Fields

Buonarroti, Michaelangelo 1390079897 Unknown Unknown

Buonarroti, Michaelangelo - Details

Prompt	Value
qi01-Illness/cndtn chngd/ food?	No
qi02-Less than 2 meals/day?	Yes
qi03-Few fruits/veggies/milk?	Yes
qi04-Three or more drinks/day?	Yes
qi05-Tooth/mouth-eating hard?	No
qi06-Not enough food money?	No
qi07-Eats alone most of time?	Yes
qi08-Three or more drugs/day?	Yes
qi09-10 lbs +/- in last 6 mos?	No
qi10-Cannot shop/cook/feed?	No
qi91-Initial Assessment Date	03/05/2007
qi92-Initial Assessment Score	9
qr01-Illness/cndtn chngd/ food?	No
qr02-Less than 2 meals/day?	No
qr03-Few fruits/veggies/milk?	No
qr04-Three or more drinks/day?	Yes
qr05-Tooth/mouth-eating hard?	No
qr06-Not enough food money?	No
qr07-Eats alone most of time?	No
qr08-Three or more drugs/day?	Yes
qr09-10 lbs +/- in last 6 mos?	No
qr10-Cannot shop/cook/feed?	No
qr91-Reassessment Date	05/15/2007
qr92-Reassessment Score	3
qx99-Nutrition Notes	Combined alcohol with 6 prescription drugs and poor nutrition. Counseling and meal access has helped greatly.

Contents

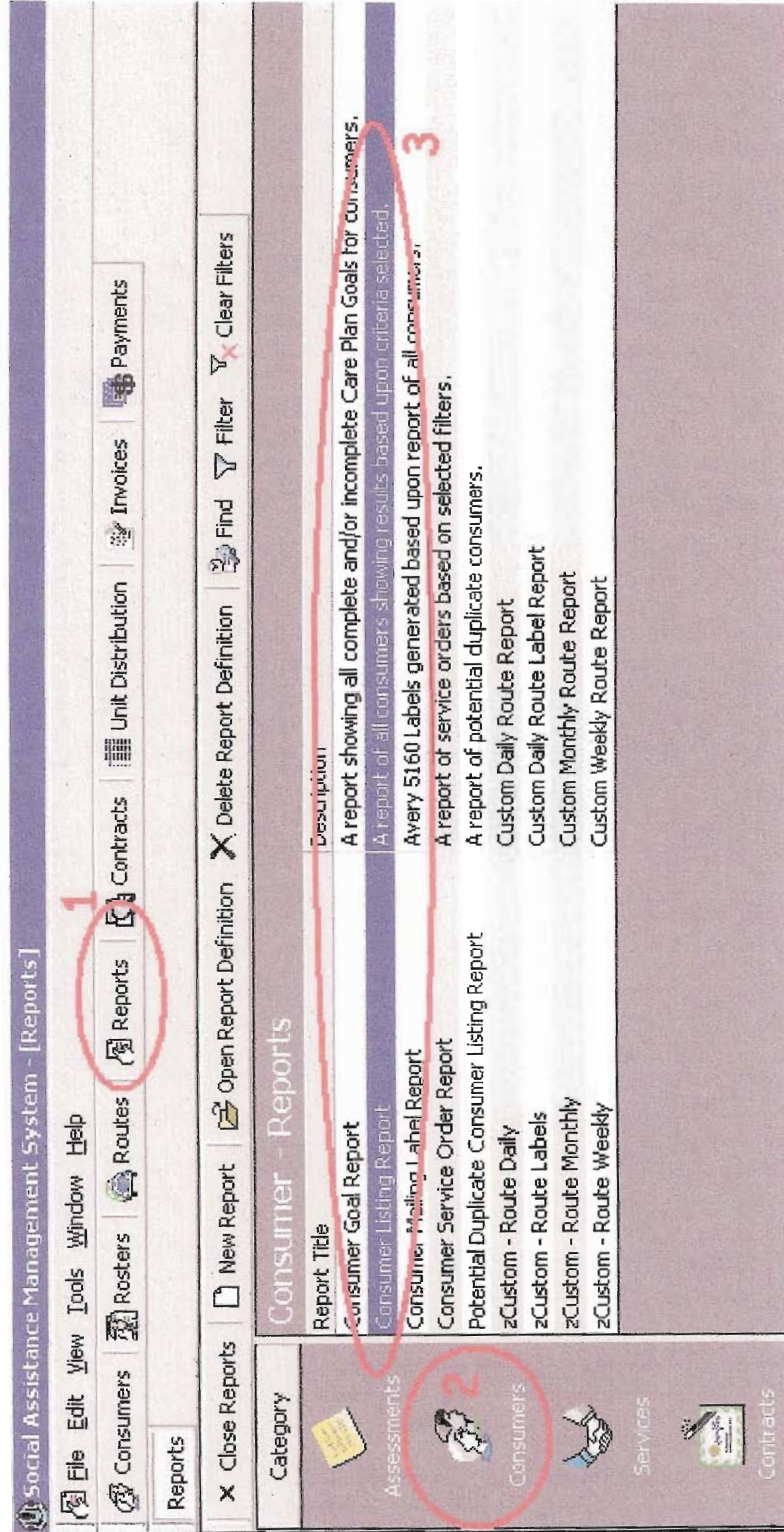
- Summary
- Details
- Assessments
- Care Management
- Service Orders
- Service Delivery

General

- Contacts
- Locations (2)
- Phones
- User Fields (25)
 - Ethnic Rates
 - Care Enrollments (1)
 - Care Managers
 - Fund Identifiers
 - Providers (1)
 - Caregivers
 - Care Recipients

Nutrition Checklist - SAMS Data Entry and Reporting

More than one template in SAMS can be used for generating a report which is filtered based on custom user fields; the type of report you generate is limited only by your imagination. However, for this demonstration, let's say that we want to show clients who - on or after June 1 - have lowered their nutrition risk total to less than 6 points (when it was previously higher than 6). We'll start by creating a new Consumer Listing Report in SAMS, by (1) clicking the 'Reports' button, and (2) clicking the 'Consumers' icon, and (3) double-clicking the 'Consumer Listing Report' line (to create a new report).



Nutrition Checklist - SAMS Data Entry and Reporting

When the report definition comes up, you should (1) type a report description (preferably starting with the county name), and (2) filter the report with our county listed as a Consumer Provider. NOTE #1: Although you technically don't need to filter the report to your county (since it will automatically filter to only show your clients), manually adding this filter may make the report run faster. NOTE #2: Be sure that your provider filter is the 'Consumer Provider' - ***NOT*** the 'Default Provider'.

The screenshot shows the SAMS Consumer Listing Report interface. The window title is "Untitled - SAMS Consumer Listing Report - Filtered to User Organization". The report title is "Quasi - Recent Nutrition Improvements" (circled in red with a '1'). The report description is "Quasi County Aging Office" (circled in red with a '2'). The report is filtered by "Consumer Provider". The interface includes a menu bar with options like File, Edit, View, Tools, Window, and Help. The main area displays the report details, including the report title, description, and various filters. The report is currently filtered to show only "Consumer Provider" records.

Report Title	Description
Quasi - Recent Nutrition Improvements	Quasi County Aging Office

Report Title: Quasi - Recent Nutrition Improvements

Comments:

Description: Quasi County Aging Office

Report Header

Care Enrollment

Care Providers

Default Agency (Any)

Primary Care Managers (Any)

Care Manager (Any)

Consumer Fund Identifier (Any)

Fund Effective Date (on)

Fund Effective Date (through)

Fund Start Date (on or after)

Fund Start Date (on or before)

Fund Identifier End Date (on or after)

Fund Identifier End Date (on or before)

Default Provider (Any)

Consumer Provider

Provider Effective Date (on)

Provider Effective Date (through)

Provider Start Date (on or after)

Provider Start Date (on or before)

Provider End Date (on or after)

Provider End Date (on or before)

Consumer Details

Location

NAPIS

Advanced Filters

After defining a report title and specifying your county as a consumer-level filter, you can add a number of user field filters to limit the resulting list of client names to those which match your selected criteria. In this example, we'll add the following filters:

- qi92-Initial Assessment Score >=6 (only show clients who initially had a score greater than or equal to 6)
- qR91-Reassessment Date On or after 06/01/2007 (we only want to see clients who *recently* improved - i.e. some time after June 1st).
- qR92-Reassessment Score < 6 (only show clients who had a reassessment score less than 6)

See the picture on the following page. With the report definition open, (1) click on the User Fields line to select it, and then (2) click on the dots to bring up the first pop-up window (title 'User Field Filters'). Once the first pop-up window is up, (3) click on the 'ADD' button to create new filtering criteria. A second, smaller window (titled 'Edit User Field') will then pop up. Add your criteria (in our example this is the 3 items listed above), using (4) the 'Add Next' button in between each addition to speed up the process. After you add the last filtering criterion, you can (5) click the 'OK' button to close the smaller pop-up window. Finally, you can (6) click the 'OK' button to close the larger pop-up window and apply the new filtering criteria.

(The picture on the following page demonstrates these 6 steps.)

The screenshot displays the Social Assistance Management System interface. The main window is titled "Untitled - SAMS Consumer Listing Report - Filtered to User Organization". The left sidebar contains a navigation menu with items like "Report", "Care Enrollment", "Care Providers", "Consumer Details", "Location", "NAPIS", "Advanced Filters", "Characteristics", "Ethnicity", "Personal", "User Field", and "User Fields". The "User Fields" item is circled in red and labeled with a red "1".

The main content area shows a table of filters with the following data:

Prompt	Value
qR92-Initial Assessment Score	>= 6
qR91-Reassessment Date	On or after 06/01/2007
qR92-Reassessment Score	< 6

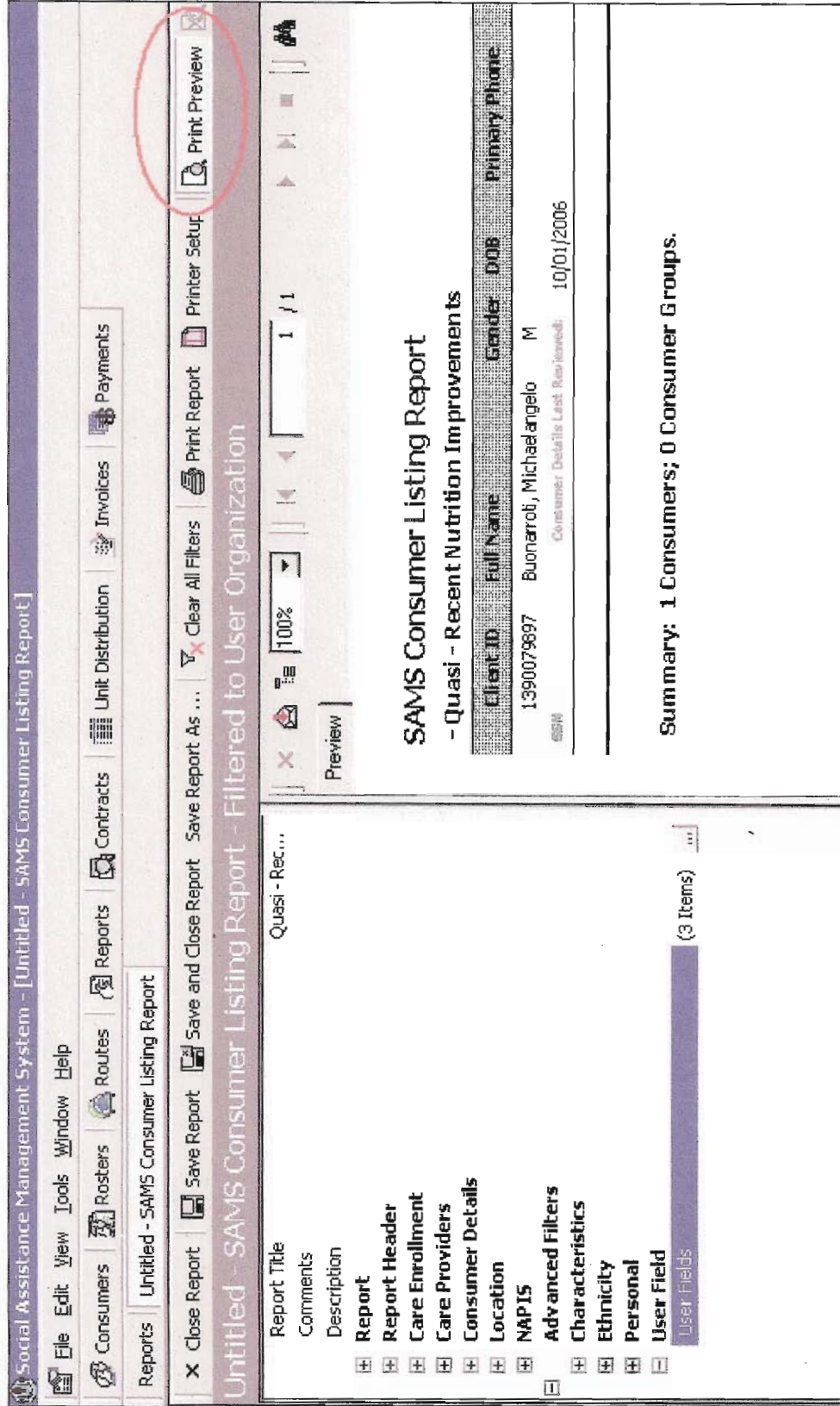
Below the table is an "Add User Field" dialog box. It contains a "Details" section with the following information:

User Field	Value
qR92-ReassessmentScore	
Prompt	qR92-Reassessment Score
Compare	<
Value	6

The dialog box has "OK", "Cancel", and "Add Next" buttons, all of which are circled in red. A red "2" is placed near the "Add Next" button. A red "3" is placed near the "Add" button in the main window's bottom right. A red "4" is placed near the "Add Next" button. A red "5" is placed near the "OK" button. A red "6" is placed near the "OK" button in the main window's bottom right.

Nutrition Checklist - SAMS Data Entry and Reporting

After you have selected all of your desired filtering criteria, click the 'Print Preview' button to display the report on screen. If you will regularly use this report, you can save the report definition and open it later for modification.



FINAL NOTE: Even if you use custom data fields to enter a client's total nutrition risk score, you must still specify a Yes/No value in SAMS for the built-in NAPIS data field called 'High Nutritional Risk'. (Fortunately, you will be able to check for inconsistencies in your data - by running a report which show clients whose 'High Risk' setting does not accurately reflect the total score from their most recent reassessment.)

May 9, 2008:

The web domains named "dhfsbadr.org" and "dhfsbadr.com" are privately owned and contain no affiliation with the State of Wisconsin. Most content contained herein was originally disseminated via other official means; this small collection of web pages simply acted as a personal repository. This site was NEVER represented to anyone as being affiliated with the State of Wisconsin in any official capacity, nor was it represented as a means of officially distributing any type of state policy.

Unfortunately, the two domain names do contain the letters "dhfs" in them and thus present some potential for confusion. Because of this fact, DHFS personnel have requested that I remove all content from this web site.

To visit the official web site for the Department of Health and Family Services, State of Wisconsin, please click here:

<http://dhfs.wi.gov>

SAMS - current list of all programs and services

Service	Unit Type	T- III	T- VI	NO AA	Prtn rshp	COP	Fam Care	NFCSP Giver	NFCSP Recip	AFCSP Giver	AFCSP Recip	VOL	COP Wvr	Mem Care	CIP II	Total
01-Administration	hours	X	X	X	X	X	X	-	-	-	-	-	X	-	-	7
02-Personal Care	hours	X	X	X	-	-	-	FY2007	FY2007	X	X	-	-	X	-	6
03-Homemaker	hours	X	X	X	-	-	-	FY2007	FY2007	X	X	-	-	-	-	5
04-Chore	hours	X	X	X	-	-	-	FY2007	FY2007	X	X	-	-	X	-	6
05-Home Delivered Meals	meals	X	X	X	X	X	X	-	-	X	X	-	X	X	X	11
06-Adult Day Care/Health (Hours)	hours	X	X	X	-	X	-	FY2007	FY2007	X	X	-	X	X	-	8
0601-Adult Day Care/Health (Days / 8-Hr)	days	X	X	X	-	X	-	-	-	-	-	-	X	X	-	6
0602-Adult Day Care/Health (Half Days / 4-Hr)	half days	X	X	X	-	X	-	-	-	-	-	-	X	X	-	6
0603-Adult Day Care/Health (Overnights / 24-Hr)	overnights	X	X	X	-	X	-	-	-	-	-	-	X	X	-	6
07-Case Management	hours	X	X	X	-	-	-	FY2007	FY2007	X	X	-	-	X	-	6
08-Congregate Meals	meals	X	X	X	X	X	X	-	-	-	-	-	X	X	X	9
09-Nutrition Counseling	sessions	X	X	X	-	-	-	FY2007	FY2007	X	X	-	-	-	-	5
10-Assisted Transportation	one-way trips	X	X	X	X	X	X	FY2007	FY2007	X	X	-	X	X	-	10
11-Transportation	one-way trips	X	X	X	X	X	X	FY2007	FY2007	X	X	-	X	X	-	9
13-Nutrition Education	sessions	X	X	X	-	-	-	-	-	X	X	-	-	-	-	5
14-Information and Assistance	contacts	X	X	X	-	-	-	FY2007	FY2007	X	X	-	-	X	-	6
15-Outreach	contacts	X	X	X	-	-	-	FY2007	FY2007	X	X	-	-	X	-	6
16-Public Information	activities	X	X	X	-	-	-	FY2007	FY2007	X	X	-	-	X	-	6
17-Counseling and Training	sessions	X	X	X	-	-	-	FY2007	FY2007	X	X	-	-	X	-	6
18-Temporary Respite Care	hours	-	X	X	-	-	-	FY2007	FY2007	X	X	-	-	X	-	5
18-Temporary Respite Care (III-B)	hours	X	-	-	-	-	-	-	-	-	-	-	-	-	-	1
19-Medication Management	contacts	X	X	X	-	-	-	FY2007	FY2007	X	X	-	-	X	-	6
20-Advocacy Leadership Development	contacts	X	X	X	-	-	-	-	-	-	-	-	-	-	-	3
21-Insurance / Benefits	hours	X	X	X	-	-	-	-	-	-	-	-	-	-	-	3
22-Assessments	assessments	X	X	X	X	X	X	FY2007	FY2007	X	X	-	X	X	-	10
24-Assistive Devices/Technology	occurrences / other	X	X	X	-	-	-	FY2007	FY2007	X	X	-	-	X	-	6
25-Handicapped Meals	meals	-	X	-	-	-	-	-	-	-	-	-	-	-	-	1
26-CDSMP - Chronic Disease Self-Mgmt Program	sessions	X	X	X	-	-	-	-	-	-	-	-	-	X	-	4
29-Community Education	sessions	X	X	X	-	-	-	FY2007	FY2007	X	X	-	-	X	-	6
30-Elder Abuse	contacts	X	X	X	-	-	-	-	-	-	-	-	-	-	-	3
32-Exercise / Fitness	sessions	X	X	X	-	-	-	-	-	-	-	-	-	-	-	3
34-Farmer's Market Vouchers (redeemed)	vouchers	-	-	X	-	-	-	-	-	-	-	-	-	-	-	1
36-Health Screening	contacts	X	X	X	-	-	-	FY2007	FY2007	X	X	-	-	X	-	7
38-Home Modifications	occurrences / other	X	X	X	-	-	-	FY2007	FY2007	X	X	-	-	-	-	5
40-Home Security and Safety	contacts	X	X	X	-	-	-	FY2007	FY2007	X	X	-	-	-	-	5
42-Recreation / Socialization	sessions	X	X	X	-	-	-	FY2007	FY2007	X	X	-	-	-	-	5
44-Shopping Assistance	hours	X	X	X	-	-	-	-	-	-	-	-	-	-	-	3
48-Support Groups	sessions	X	X	X	-	-	-	FY2007	FY2007	X	X	-	-	X	-	6
50-Visiting	hours	X	X	X	-	-	-	FY2007	FY2007	X	X	-	-	X	-	6

SAMS - current list of all programs and services

Service	Unit Type	T-III	T-VI	NO AA	Prtm rshp	COP	Fam Care	NFCSP Giver FY2007	NFCSP Recip FY2007	AFCSP Giver	AFCSP Recip	VOL	COP Wvr	Mem Care	CIP II	Total
52-Vouchers sent/given	vouchers	X	X	X	X	X	X	FY2007		X	X	-	X	X	-	10
54-Bill Payment / Financial Assistance	occurrences / other	-	-	X	-	-	-	-	-	-	-	-	-	-	-	1
65-Counseling	sessions	-	-	-	-	-	-	X	-	-	-	-	-	-	-	1
66-Respite Care (Hours)	hours	-	-	-	-	-	-	X	X	-	-	-	-	-	-	2
6601-Respite Care (Days / 8-Hr)	days	-	-	-	-	-	-	X	X	-	-	-	-	-	-	2
6602-Respite Care (Half Days / 4-Hr)	half days	-	-	-	-	-	-	X	X	-	-	-	-	-	-	2
6603-Respite Care (Overnights / 24-Hr)	overnights	-	-	-	-	-	-	X	X	-	-	-	-	-	-	2
67-Supplemental Services	occurrences / other	-	-	-	-	-	-	X	X	-	-	-	-	-	-	2
68-Information Services	activities	-	-	-	-	-	-	X	-	-	-	-	-	-	-	1
69-Access Assistance / I&A	contacts	-	-	-	-	-	-	X	-	-	-	-	-	-	-	1
71-Hours of Service	hours	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
72-Transportation Expenses	amounts	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
73-Trip Miles	miles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
82-Volunteer Expenses	amounts	-	-	-	-	-	-	-	-	-	-	X	-	-	-	1
84-Volunteer Mileage	miles	-	-	-	-	-	-	-	-	-	-	X	-	-	-	1
86-Volunteer Time	hours	-	-	-	-	-	-	-	-	-	-	X	-	-	-	1
92-Cancellations - Adult Day Care/Health (Hours)	hours	-	-	X	-	-	-	-	-	-	-	-	-	-	-	1
94-Cancellations - Congregate Meals	meals	-	-	X	X	X	X	-	-	-	-	-	X	-	X	6
96-Cancellations - Home Delivered Meals	meals	-	-	X	X	X	X	-	-	-	-	-	X	-	X	6
9901-Adult Day Svcs (Days)	days	-	-	X	-	-	X	-	-	-	-	-	-	-	-	2
9902-Adult Day Svcs (Half Days)	half days	-	-	X	-	-	X	-	-	-	-	-	-	-	-	2
9903-Cancellations - Adult Day Svcs (Days)	days	-	-	X	-	-	X	-	-	-	-	-	-	-	-	2
9904-Cancellations - Adult Day Svcs (Half Days)	half days	-	-	X	-	-	X	-	-	-	-	-	-	-	-	2
9905-Adult Day Svcs (Hours)	hours	-	-	-	-	-	X	-	-	-	-	-	-	-	-	1
9906-Cancellations - Adult Day Svcs (Hours)	hours	-	-	-	-	-	X	-	-	-	-	-	-	-	-	1
Total :																
		37	38	46	9	13	16	8	5	26	26	3	13	24		