

NEW YORK STATE OFFICE FOR THE AGING

2 Empire State Plaza, Albany, NY 12223-1251

Andrew M. Cuomo, Governor

Greg Olsen, Acting Director

An Equal Opportunity Employer

PROGRAM INSTRUCTION

Number 11-PI-19

Supersedes

Expiration Date

DATE: October 27, 2011

TO: NY Connects programs

SUBJECT: NY Connects Long Term Care Resource Directory Business Rules, Style Guide and FAQs

.....
ACTION REQUESTED: Adherence to State prescribed rules for the NY Connects Long Term Care Resource Directory.

RESPONSE DUE DATE: On-Going

PURPOSE: This correspondence provides guidance on the operation and maintenance of the NY Connects Long Term Care Resource Directory.

The NY Connects Long Term Care Resource Directory Business Rules outlines the expectations and roles and responsibilities of NYSOFA, the hosting vendor, local NY Connects programs and community providers, including minimum listing requirements, data quality and data maintenance expectations.

The NY Connects Long Term Care Resource Directory Style Guide provides guidance for the creation of consistent formats, organizational naming conventions and provides information and style examples for data elements.

The NY Connects Long Term Care Resource Directory Frequently Asked Questions (FAQ) document provides useful information on the effective uploading and maintenance of listings in the NY Connects Long Term Care Resource Directory.

BACKGROUND: To help support the NY Connects local program Information and Assistance function and increase public access to long term care information, NYSOFA will expand its existing nyconnects.org public website to include a web-based long term care resource directory. The site is searchable by topic and county allowing individuals, providers, and NY Connects I & A Specialists to quickly find information on county level governmental, not-for-profit and for-profit/proprietary provider long term care listings.

PROGRAMS AFFECTED:

- | | | | | |
|---|--------------------------------------|----------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Title III-D | <input type="checkbox"/> Title III-E | <input type="checkbox"/> CSE | <input type="checkbox"/> SNAP | <input type="checkbox"/> Energy |
| <input type="checkbox"/> EISEP | <input type="checkbox"/> NSIP | <input type="checkbox"/> Title V | <input type="checkbox"/> HIICAP | <input type="checkbox"/> LTCOP |
| <input checked="" type="checkbox"/> NY Connects | | | | |

CONTACT PERSON:

Stacey Agnello, Project Manager
S_Agnello@ofa.state.ny.us

TELEPHONE:

(518) 474-8976



**NY Connects Long Term Care Resource Directory
Business Rules
between
NYS Office for the Aging (NYSOFA),
Local NY Connects Programs and
the Vendor**

October 2011



**NY Connects Long Term Care Resource Directory Business Rules
between
NYS Office for the Aging (NYSOFA),
Local NY Connects Programs and the Vendor**

In building and maintaining the **NY Connects** Long Term Care Statewide Resource Directory database, the following outlines the roles and responsibilities of the parties involved.

To ensure that all parties are clear on their responsibilities for updates, edits and approval, each listing will be assigned an owner. Ownership of a listing will be assigned to the county in which the main office of a listing resides, unless it is a statewide or national listing.

1. The default ownership is determined by the county in which the main office of a program/agency resides. There may be times in which it is more feasible for a different county to take the ownership role. Local programs that have a mutual interest in a listing can change ownership designation. As long as there is mutual agreement between all parties, the county that has the original ownership should submit a written request to mail to: nyconnects@ofa.state.ny.us to request the change in ownership designation.
2. For statewide and national listings, NYSOFA will be listed as the owner.
3. If the main office resides outside New York State or outside of the U.S., contact your State **NY Connects** Long Term Care Coordinator to discuss determination of ownership.

NY Connects programs will be expected to adhere to the following business rules for the operation and maintenance of the NY Connects Long Term Care Resource Directory.

1. Roles and Responsibilities

A. State (NYSOFA)

1. NYSOFA reserves the administrative right to view, edit, add, delete or override any listing from the **NY Connects** Long Term Care Resource Directory. Any determination made by NYSOFA with respect to inclusion, exclusion and/or removal or editing of an entity shall be binding on the local **NY Connects** programs.
2. NYSOFA will be responsible for communication with the vendor for the provision of system maintenance.
3. NYSOFA will set the minimum update frequency for provider update notification. At a minimum, the default frequency will be on an annual basis.
4. NYSOFA will maintain a dedicated mailbox for correspondence related to help desk or programmatic issues at nyconnects@ofa.state.ny.us.
5. NYSOFA will perform periodic audits of the statewide system for accuracy and completeness of listings and adherence to the State prescribed inclusion/exclusion policy (Appendix A) on an annual basis, at a minimum.
6. NYSOFA will designate staff to coordinate and manage the system and validate data changes, as part of a Quality Improvement plan.
7. NYSOFA will maintain national or statewide listings.

B. Vendor (RTZ)

1. RTZ will verify that the GetCare product complies with the most current *AIRS STANDARDS FOR PROFESSIONAL INFORMATION & REFERRAL AND QUALITY INDICATORS*.
2. RTZ will set up the GetCare system to send an automated update reminder notification to active providers with a provider e-mail address listed. The notification frequency will be set at nine months from the date of last update of that entry. Local programs have the ability to increase the update frequency notification.
3. All local program requests for help desk assistance for the GetCare product will be entered into the Issue Manager in the GetCare product.
4. RTZ will produce reports for NYSOFA of listing duplicates, data anomalies, incomplete listings, and other data errors.

5. The GetCare system will set default update request notification to active providers to nine months from date of entry or revision in the Get Care system.

C. Local (NY Connects Programs)

1. Local **NY Connects** programs will designate staff that will have review, edit, and approval rights for listings in the GetCare system.
2. Local **NY Connects** staff will have the ability to view information for all listings, but only have the ability to edit those listings whose providers are either solely in their county or whose parent organization resides in their county. Local **NY Connects** staff will not have the ability to edit statewide or national listing.
3. Local **NY Connects** programs will send new national or statewide resources or edits to existing national or statewide listings to NYSOFA at nyconnects@ofa.state.ny.us for consideration.
4. Local **NY Connects** programs will determine if a listing meets the criteria under the State prescribed Inclusion/Exclusion policy (Appendix A) before approving the listing.
5. Local **NY Connects** programs will be responsible for ensuring that the minimum data set (Appendix B) for listings is maintained.
6. Local **NY Connects** programs will be responsible for ensuring that listings meet the style protocols set by NYSOFA in the NY Connects Long Term Care Resource Directory Style Guide.
7. Local **NY Connects** programs will have discretion as to whether to grant providers access to update their own listings.
8. Local **NY Connects** programs will assign the taxonomy of any new listings, after the initial migration of data.
9. Local programs will be responsible for using the listing maintenance tool to check for revised or updated listings provided by providers on a regular basis, preferably weekly.
10. Local **NY Connects** programs have the discretion whether or not to grant basic edit access to providers for the purpose of updating their own listings. The GetCare system will send an automated update reminder notification to active providers at the provider e-mail address listed. The notification frequency will be set at nine months from the date of last update of that entry. Local programs have the ability to increase the update frequency notification.

11. If provider access is granted, local **NY Connects** staff will still retain the responsibility to approve the listing before the revised listing is published.
12. Local **NY Connects** programs will send requests for help desk assistance for the GetCare product through the **NY Connects** help desk at nyconnects@ofa.state.ny.us or (518) 474-6096.
13. Local **NY Connects** programs are responsible for maintaining accurate information for resources that meet the Inclusion/Exclusion policy (Appendix A) to the best of their ability.
14. Local **NY Connects** programs are responsible for updating listings within their respective counties on the schedule prescribed by NYSOFA. At a minimum, the default frequency will be on an annual basis.
15. Revisions will be reviewed, checked against the inclusion/exclusion policy (Appendix A) and posted within 30 days of receipt of new or revised information.
16. Local **NY Connects** programs will perform periodic audits of their county level data for accuracy and completeness of listings, adherence to the **NY Connects: Choices for Long Term Care** Resource Directory Inclusion/Exclusion Policy (Appendix A), the Minimum Listing Requirements (Appendix B) and the NY Connects Long Term Care Resource Directory Style Guide, on an annual basis at a minimum.

D. Provider

1. Providers may request access to view and edit their own listings. Local **NY Connects** programs have the discretion whether or not to grant basic edit access to providers for the purpose of updating their own listings. In the case of a dispute, NYSOFA reserves the right to make the final decision.
2. The edited listings will maintain a “pending approval” status until approved by the local **NY Connects** program.
3. Each provider will be assigned a code that designates which listing in which county they have authority to edit.
4. Provider information will only be published to the live site after it has been approved by local **NY Connects** staff or NYSOFA staff.

E. Health Facility Information System (HFIS) Updates

Listings that overlap between the statewide HFIS data and one or more regional datasets will abide by the following rules:

1. When a facility name in HFIS listing matches a local **NY Connects** listing, the local listing will be the controlling or preferred record.
2. When there are no HFIS matches to the local **NY Connects** listing, a new listing will be created.
3. The updated HFIS data will be transferred from DOH to NYSOFA monthly or when there is an update to HFIS data. An email will be sent to State staff indicating the HFIS information has been uploaded to NYSOFA's DMZ server.
4. The HFIS data from the DMZ server will be automatically archived to a NYSOFA internal server.
5. An auto-generated e-mail will be sent to designated State staff indicating that HFIS information has been downloaded from the DMZ server to the GetCare product by RTZ Associates, Inc.

APPENDIX A

NY Connects: Choices for Long Term Care Resource Directory Inclusion/Exclusion Policy

Purpose of the Policy: To provide guidance for the selection of entities, including service providers, agencies and programs, to include in the resource directory/listing for **NY Connects: Choices for Long Term Care**. This comprehensive directory will support the provision of accurate and objective information and assistance for the older population and adults and children with disabilities who need long term care. All entities added to the information and assistance (I&A) system must be in compliance with the criteria provided below. The criteria will serve as a basis to include or deny applicants and eliminate bias for selection.

Background: This policy was developed from extensive review and application of the following nationally accepted resources; the *Standards for Professional Information and Referral, 5th Edition*, Alliance of Information and Referral Systems (AIRS), and the *Inclusion/Exclusion Policy Development Guide for Aging Information and Referral/Assistance*, National Aging Information & Referral Support Center, National Association of State Units on Aging, December 2005. It is also compatible with the New York State Point of Entry Standards and reflective of the goals of **NY Connects**.

Disclaimer: The inclusion or exclusion of an entity does not constitute an endorsement nor signify disapproval by **NY Connects**. **NY Connects** does not assume responsibility for the quality of services provided by any entity deemed eligible for inclusion.

NYSOFA and the local **NY Connects** staff shall review the inclusion/exclusion policy on a regular basis to ensure the policy meets the needs of the **NY Connects** I&A system. The local **NY Connects** and NYSOFA reserve the right to exclude and/or remove any entity from the **NY Connects** I&A system, provided that any determination made by NYSOFA with respect to inclusion, exclusion and/or removal of an entity from the **NY Connects** I&A system shall be binding on the local **NY Connects**.

Scope: The **NY Connects** I&A system shall include entities that offer medical or non-medical support services to the community (older adults and people with disabilities), including but not limited to categories in the **NY Connects** Quantitative Report (adapted from the Alliance of Information and Referral Systems (AIRS) Taxonomy of Human Services). Examples of types of services that would be eligible for inclusion are consumer and caregiver supports, community based services, home based services, facility based services, and insurance and benefits information.

Criteria for Inclusion

An entity may be included if it meets **one or more** of the following criteria (i.e. an entity does not have to meet ALL criteria to be included):

1. The entity is a government, non-profit, or sub-contractor thereof (e.g. Early Intervention programs, Area Agency on Aging contract providers, Medicaid service contractors, etc.).
2. The entity is a for-profit entity that offers a long term care service for older adults and/or people with disabilities OR a service that promotes independence that is not otherwise available or accessible within reasonable proximity to or in the county. For example, not all grocery stores or pharmacies in the community would be included; however, all grocery stores and pharmacies that offer home delivery may be included because they provide a service that promotes independence and contributes to the ability of people to remain in their homes. Taxi companies that provide transportation to rural areas would be another example of such entity.
3. The entity provides services to the community at large on a voluntary basis, such as faith-based organizations, social clubs, or self- help support groups, advocacy or community consumer coalition, e.g.: Parent to Parent of NYS, American Cancer Society, Community Coalitions for Diabetes, Epilepsy Associations, Multiple Sclerosis Chapters, etc.
4. The entity is a professional association that provides a social, health, or community service, e.g.: Bar Association, Gerontology Society of America, NYS Nurses Association, National Association of Social Workers, NYS Occupational Therapy Association, etc.
5. The entity is an Information and Referral provider such as, crisis lines, hotlines, and help lines.

Criteria for Exclusion

An entity may be deemed ineligible for inclusion if **one or more** of the following criteria apply:

1. The entity knowingly or unknowingly discriminates or denies services based on age, gender, race, color, nationality, religion, disability, sexual orientation, or any other basis prohibited by law.
2. The entity has a suspended or revoked license or certification.
3. The entity violates municipal, state, or federal laws or regulations.
4. The entity misrepresents, by omission or commission, pertinent facts regarding its services, organizational structure, or any other pertinent matter.

5. The entity does not have an established address, phone, or consistently available contact person.
6. The entity is a private practitioner such as a physician, group practice of providers, osteopath, podiatrist, dentist, legal/paralegal provider, etc., except in the case that the practitioner provides a long term care service that is not otherwise available or accessible within reasonable proximity to or in the county.

APPENDIX B

Minimum Listing Requirements

Records must comply with the minimum baseline structure before being approved for live posting to the GetCare system. The following fields marked with an asterisk are required and constitute the minimum baseline structure. Some of the following fields are auto-generated by the system. The remaining fields are strongly recommended.

1. *+Unique ID/Agency ID
2. *+County Code as prescribed by NYSOFA (based on physical location of the main agency site.)
3. * Agency name
4. * Agency Address, including street, city, county and zip code
5. * Agency phone number – including area code
6. * Agency TDD/TYY number, if applicable (enter NA, if not applicable)
7. Agency fax number – including area code, if applicable
8. Agency website address, if applicable
9. E-mail address, if applicable
10. *Service or Program Name
11. * Program address, including street, city, county and zip code
12. * Program phone number – including area code
13. * Program TDD/TYY number, if applicable (enter NA, if not applicable)
14. Program fax number – including area code, if applicable
15. Program website address, if applicable or if different from agency website
16. *Service Description
17. *Geographic area served
18. *Target Population served, if applicable
19. Languages in which the service is provided
20. Hours of operation
21. Program eligibility requirements for service provided
22. Financial eligibility requirements for service provided
23. Documentation required for service
24. Intake process
25. Cost of service and fee structure
26. Method of payment accepted
27. * AIRS Taxonomy Code and corresponding program type
28. *+Date of last update
29. *+Name of agent who last updated the record
30. *+Date last approved
31. *+Name of agent who last approved the record

*=NYSOFA-designated required field

+ = automatically generated by GetCare System



NY Connects Long Term Care Resource Directory

STYLE GUIDE

October 2011

Acknowledgement

The **NY Connects** Long Term Care Resource Directory Style Guide (**NY Connects** Style Guide) was developed to provide end users with guidance and best practices for managing listings in the **NY Connects** Long Term Care Resource Directory (**NY Connects** Resource Directory) in a standardized manner.

We graciously thank the Alliance of Information and Referral Systems for granting NYSOFA permission to include information from their March 2009 Alliance of Information and Referral Systems (AIRS) Style Guide, in order to explain best practices throughout this document.

NY Connects Style Guide

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Introduction and Purpose

Style is often a subjective matter. There is no correct way to style a certain data element. There is, however, a right way to apply decisions made as consistently as possible. Inconsistency in style, especially in the service description fields, makes it more difficult for users to understand the product, service or description. For example, some agencies may use formal sentences, while others may bullet the information.

A Style Guide provides suggestions for the creation of consistent formats and includes guidance on organizational naming conventions. The **NY Connects** Long Term Care Resource Directory Style Guide (**NY Connects** Style Guide) is a collection of current best practices that address the collection and maintenance of local data by **NY Connects** programs. The **NY Connects** Style Guide will help local programs understand expectations, plan staff time, and engage in consistent practices from program to program.

All **NY Connects** programs will be expected to manage their resources listings according to this Guide. Based on input from **NY Connects** programs overtime, these recommended practices are expected to change and be more responsive to the specific needs of updating and maintaining the **NY Connects** Long Term Care Resource Directory. It may be helpful to refer to the **NY Connects** Long Term Care Resource Directory Business Rules and FAQs for related information on policies and procedures.

The following guidance provides information and style examples for data elements in the **NY Connects** Long Term Care Resource Directory. If the field is self-explanatory or contains a pick list, no explanation is provided.

The **NY Connects** Style Guide, as well as the Business Rules are available through the HELP section of the **NY Connects** Long Term Care Resource Directory. The HELP section is located at the top of the page in either the System Admin tab or the Listing Maintenance tab in the Provider Login area of the site. The **NY Connects** Style Guide and FAQs are also available on NYSOFA's AAARIN site.

For convenience, appendices from the AIRS 2009 Style Guide are provided as a resource for decision-making regarding preferred language (i.e. child care not childcare, southwest not south west) and common abbreviations.

Data Element: Agency Name

The Agency Name is the full legal name of the organization that provides the programs/services included within the **NY Connects** Long Term Care Resource Directory. In certain cases, a decision can be made to use the name under which the organization is more commonly known or is “doing business as” (such as using YWCA instead of Young Women’s Christian Association).”

Style examples

American Red Cross Mohawk Valley Chapter
Catholic Charities of Chemung County
Mount Vernon Apartments
New York State Office for the Aging
Westside Senior Center

Additional Information (Source: AIRS)

- ❑ Strive to use full names without abbreviations and ampersands (for example, Anytown Parks and Recreation Department instead of Anytown Parks & Rec. Dept.). You may understand the abbreviations but a person who is not a native English speaker may not.
- ❑ Use ampersands if they are used in the name of the organization (for example, Hightown Children & Youth Clinic).
- ❑ Avoid beginning an organization name with the word “The” (such as The Gathering Place). A failure to follow this principle tends to create hard-to-follow alphabetical listings with dozens of agencies called “The this ...” and “The that ...”
- ❑ Sometimes the official name may make that organization harder to find in a listing of alphabetical names (for example, the official name may be Anytown Big Brothers but most users would search for – and expect to find – the name under Big Brothers, so perhaps it may be styled accordingly).
- ❑ Similarly, the official name may comprise legal words or phrases (such as “Inc”) that are not relevant and not part of the everyday name. When this is the case, you should generally omit them. There may be occasions when it makes better sense to include the word or phrase, such as when it is part of the name of the organization, e.g. Girls Inc.
- ❑ Use apostrophes in the same manner as the organization. In order to get around occasional limitations of online searching when it comes to apostrophes, list a version without the apostrophe in the AKA(Also Known As) field (for example, Saint Jude’s Emergency Shelter with Saint Judes Emergency Shelter as an AKA).

- ❑ When naming government organizations, use the same structure for divisions of the same level of government (for example, Cortland County Public Health Department and Cortland County Social Services Department rather than Cortland County Public Health Department and Social Services Department – Cortland County)

As a general rule, always structure these records with the level of jurisdiction listed first (for example, Blue State Department of Motor Vehicles or Red County Sheriff's Department)

Try to imagine (or actually see for yourself with a search), how all of those government records look when listed in alphabetical order. They should all be grouped together with a similar look/appearance.

- ❑ If the common name is an abbreviation, omit the punctuation from the official name (for example, ARC rather than A.R.C.). This holds true if the organization or the site name is taken from someone's initial (for example, CJ Correctional Facility rather than C.J. Correctional Facility).
- ❑ Do not abbreviate Street, Avenue, Boulevard, Mount, Road, etc. when these words appear in organization names (for example, Spruce Street Community Center).
- ❑ If an abbreviation is a well-known part of a name and the name would otherwise seem "odd" to anyone in the community, then the abbreviated version should be preferred (for example, in branding situations such as **NY Connects**).

Data Element: Name of Service

The service or program name can be a generic descriptor, such as Adult Day Services or In-home Respite. It may also be a specific and recognized name such as Angel Tree, Head Start, or Vial of Life.

Style examples

Congregate Meals
Early Intervention Services
Expanded In-Home Services for the Elderly Program (EISEP)
Home Energy Assistance Program (HEAP)
Home-delivered Meals (when the service is known by its generic name)
Meals on Wheels (when the service is known by its "brand" name)
Weatherization Referral Assistance Program (WRAP)
Women, Infants and Children Program (WIC)

Data Element: Website

The website should include the home page or main website address of the agency if available. It is not necessary to use the “http://” in a web address, except in those urls that do not include www.

Style example

www.nyconnects.org

Data Element: Address

The address fields consist of two lines:

Address Line 1
Address Line 2

Address Line 1 is used for the actual street address. Address Line 2 is reserved for an additional component such as the apartment, suite or unit number.

Style examples

100 Main Street

17 Oak Drive
Suite 17

9206 South Willow Street W
4th Floor

500 Orangeblossom Street
Unit 4

Additional information (Source: AIRS)

If you are unsure whether it is a “suite”, use the more flexible word “unit”. Never use “#” as an introduction to a number. For example, change 16 Balsam Avenue, #24 to 16 Balsam Avenue, Unit 24.

If the street name incorporates a “direction” (such as Young Street North or Old Avenue South) that can be written in full; addresses that reflect a larger grid can be designated with the abbreviation (such as 453 Wood Road NW or 67 Stone Place SE).

Data Element: Alternate Address

This field is used if an organization has multiple sites that provide the same services. Use the same rules as in Address.

Data Element: City

This is the part of the physical address that describes the major city or town from which the site operates.

Style examples

Elmira
Yonkers
Rochester

Data Element: Phone Number

Phone Number refers to the 10 digit number, which includes the area code. Always include the area code to make the calling area clear.

- ❑ If a phone number is publicly promoted as a word or name (1-800-CARE), use the actual digits of the number in the phone field. You may place the marketing-friendly narrative version of the number in the detailed description of services.
- ❑ A phone extension option is included as part of the phone field in this system, it is not necessary to use x or ext, to designate the extension number.

Data Element: Fax

Fax refers to the 10 digit number Fax number. Always include the area code.

Data Element: Mailing Address

The mailing address describes the official postal address of the site(s) from which the organization operates when that address differs from the physical address (i.e. if there is no specific mailing address, then the physical address is the 'official' address and the only address required).

A mailing address may be different from that of the physical location of the listing. A mailing address is an official address where mail is received, but services may not be provided there.

Data Element: Agency Description

The description of agency is a brief (1-2 sentences or a single statement) summary of the organization's primary nature and activities.

Style examples

Support and resources for family caregivers
Comprehensive developmental disabilities program
Food pantry and rental assistance program
Assisted living facility

Data Element: Detailed Description of Service

A service/program listing describes the types of assistance an organization delivers to its clients.

Services are specific activities that can be classified using AIRS Taxonomy terms. Specific types of services should be essentially the same no matter what organization is providing them.

The service description is the place to provide contextual information (for example, on secondary and ancillary services). It is also a place where other data elements can be added if there are no specific fields for those elements and their inclusion would be helpful.

The description should be written in specific enough terms to determine whether this resource is appropriate for the individual requiring the service or support and will meet their needs. The description must reference and describe all of the services that have been assigned an AIRS Taxonomy.

Examples

Licensed child care to children with developmental disabilities.

Provides literature, videotapes, and other materials of interest to individuals, caregivers, and health professionals.

Tutoring services for adults, who want to learn to read, write and speak English.

All referrals should be directed to main office. Tutoring is done at all sites.

Style Tips from (Source: AIRS):

- ❑ Try to start the description with the most distinct summary of the service/program and add details at the end. Imagine a ‘newsletter style’ that starts with the most important information in a story and then goes on to the details in order of relevance, so that it can be “cut” at any point without completely losing the meaning.
- ❑ Service descriptions should be precise but also meaningful. They should anticipate any questions that a client might reasonably ask that have not been addressed in other fields. However, it should not include every conceivable piece of detail, as these issues are best addressed by the client contacting the program directly.
- ❑ Avoid using full sentences such as “This program provides peer counseling within a supportive environment” if “Peer counseling available” gets to the point quicker and is easier for the I&A Specialist to read.
- ❑ Formats such as bullets or asterisks are often easier to read on the computer screen.

Style example

- Congregate dining for older adults
 - Kosher meals available
 - Recreational activities after meal for program participants
-
- ❑ Avoid over-elaborate phrases (usually supplied by the agencies themselves in their completed surveys) such as “Provides a family-focused model based on empowerment and individualized expression.” Ask yourself, “What are they actually doing and what would a potential client really want to know?”
 - ❑ As a very general rule, adjectives and adverbs can be eliminated.
 - ❑ When creating a list use commas and not semi-colons.
 - ❑ Write in third person.
 - ❑ Do not abbreviate days or months.
 - ❑ One space following a comma, semi-colon, colon or period.
 - ❑ Don’t use abbreviations such as e.g. or i.e. if possible. Use “for example” and “that is” or “that means”.
 - ❑ Avoid subjective language (such as “highly qualified staff) and social service jargon.

- ❑ Spell out numbers when less than two digits (for example, “Open nine months a year” or “Open 10 months a year).
- ❑ Prefixes and hyphens: The common sense rule is only to use a hyphen if the word looks strange without it. Generally if the prefix and the word following it are both vowels, then a hyphen may be needed (for example, pre-empt rather than preempt). Some words, however, are well established enough to not require a hyphen (for example, coordinate and cooperate).
- ❑ Strive for active verbs and clear language.
- ❑ Omit minor details that would be hard to consistently update and that can be left to the client to discover when contacting the program.

Data Element: Other Eligibility Criteria

Eligibility can be stated in terms of requirements, e.g., “the individual must be an adult over the age of 60” or exclusions, e.g., “we do not serve people who are homeless.” It can include material/information that needs to be taken to the organization in order to access the service.

Style examples

Appointment preferred

Appointment required

Referral required

Telephone for service

Telephone to apply

Walk in for service

Professional referral only

Physician referral required

Call or walk in for service

Intake conducted Monday through Friday between 9 am and 2 pm

Phone on Mondays between 9 am and 5 pm for an appointment

No documentation required

Call for details

Picture ID

Two pieces of picture ID

Driver license

Proof of income

Proof of address

Proof of age

Physician order required

Income verification

Birth certificates

Proof of residency

Additional information about eligibility (Source: AIRS)

- ❑ Eligibility can be based on a number of factors such as age, gender, geography, physical and/or mental health, language, sexual preferences, cultural background, income and geographic location.
- ❑ If eligibility is obvious, then there is no need to enter the information. For example, there is no reason to state that a hospital is for people who are ill or injured, that a food pantry is for individuals who are hungry and can't afford to pay for food, or that a library is for people wanting to borrow books.
- ❑ However, if a library has a reading program for children of a particular age range, then that needs to be stated in the eligibility area.
- ❑ Geographic eligibility, along with age and gender eligibility can often be handled more precisely within the Service Listing record. However, a clear textual expression of eligibility is always helpful.
- ❑ Avoid saying "Everyone" or "Anyone."
- ❑ Use "person first" language. For example, "People with physical disabilities" and not "Disabled people."
- ❑ Also try to avoid labelling language, even if sometimes it seems a little contrived. For example, "People who are in correctional facilities" rather than "People in jail."
- ❑ Use numerals for ages as it is easier to read. The exception is to use "birth" rather than "0."

Style example

From birth to 3 years.

Data Element: Service/Program – Fee Structure/Cost of Service

The fee structure is an outline of the cost of receiving a service.

The consumer needs to know if there is a fee and, if so, approximately how much it is and/or how it is calculated.

Typical phrases include "sliding scale", "no charge" or "fixed fee." Specific dollar amounts are generally not listed, as they may change frequently.

Data Element: Program Type

Taxonomy Code and Program Type

Program type describes the general group of services/programs to which a specific listing belongs. For example, there are many adult day programs and while the service details of each one may vary, each adult day program is the same type of service.

In this system, the program type is connected to an AIRS Taxonomy code. Sometimes, more than one taxonomy code may make up a single program type. For example, the taxonomy codes for Social Security Retirement Benefits, Social Security Disability Benefits, and Social Security Survivors Insurance are each connected to a broader program type called Social Security Benefits.

The Program type is the information that consumers will see and be able to choose from on the consumer website of **NY Connects**. A program type is always paired with a taxonomy code.

When assigning an AIRS Taxonomy code, only those taxonomies which meet the **NY Connects** Inclusion/Exclusion criteria set forth by NYSOFA are in the pick list. Please refer to the **NY Connects** Inclusion/Exclusion policy found in the **NY Connects** Resource Directory Style Guide.

Program Type Examples

Adult Day Program
Information & Assistance
Congregate Meals
Health Care Decision Making

Other Points

Gender-Neutral (Non-Sexist) Language

- Eliminate use of “man”, (for example, man-made disaster, mankind: use disaster of human origin, humanity, people, human beings)
- Occupations: firefighters, not firemen; flight attendants, not stewardesses; police officers, not policemen and police women, chair, chairperson or presiding officer, not chairman.
- Pronouns:
 1. Recast sentences in the plural: help people meet their needs, not help the individual meet his or her needs.
 2. Reword sentences to eliminate gender reference altogether: the average person is worried about income, not the average person is worried about his income.
 3. Indefinite pronouns: According to the Purdue University Online Writing Lab, “In all but strictly formal uses, plural pronouns have become acceptable substitutes for the masculine singular.” Example: “Anyone who wants to go to the game should bring their money”, not “Anyone who wants to go to the game should bring his money.”

http://owl.english.purdue.edu/handouts/general/gl_nonsex.html

- Although “girls” is appropriate for adolescent and younger females, “women” should be used when referring to adults. Likewise, “boys” is appropriate for adolescent or younger males, “men” should be used when referring to adults.

Respectful Language

- Avoid language about people with disabilities that is demeaning, (for example, afflicted, crippled, invalid, suffering from).
- People with disabilities, not handicapped people, disabled people or the disabled.
- People who are homeless, not homeless people or the homeless.
- People who are blind, people who are deaf, not deaf people, blind people, the deaf, the blind.
- People who have epilepsy, not epileptics; people with dyslexia, not learning disabled.
- Uses a wheelchair, not wheelchair-bound.

Respectful Language Continued

- Accessible bathroom stall, accessible parking space, not handicapped bathroom stall, disabled bathroom stall, handicapped parking space, disabled parking space.
- Most disabilities are not a disease. Do not call a person with a disability a "patient" unless referring to a hospital setting. In an occupational and physical therapy context, "client" is preferred.
- Some diseases, by legal definition, are considered disabilities. Victimization imagery ("AIDS victims") or defining the person by the disease ("she is a diabetic") is still inappropriate. Use "person with diabetes" or "people living with AIDS."
- "Blind" refers to total loss of eyesight; "low vision" or "visual disability" is more accurate for people who have some degree of sight. Avoid "non-sighted."
- For people with speech impairments, avoid "mute," "dumb," or "speech impediment."
- Avoid "deformed," "deformity" and "birth defect." A person may be "born without arms" or "has a congenital disability," but is probably not defective.
- Down syndrome is a chromosomal condition that causes developmental disability. Use "person with Down syndrome."
- Use cognitive, psychiatric, learning disabilities, intellectual disability or physical head trauma. Avoid "mentally retarded," "insane," "slow learner," "learning disabled" and "brain damaged."
- Cerebral palsy is a disability resulting from damage to the brain during birth that causes muscle incoordination. Avoid "palsied" and "spastic."
- A seizure is an episode caused by a sudden disturbance in the brain. If seizures are recurrent, it is called a seizure disorder. Use "person with epilepsy" or "child with a seizure disorder." Avoid "epileptic," either as a noun or adjective.
- Avoid "dwarf" or "midget." Some groups prefer "little people," but it's best to use "person of short stature."
- Quadriplegia is a substantial loss of function in all four extremities. Paraplegia is a substantial loss of function in the lower part of the body. Use "man with paraplegia" or "she has quadriplegia." Avoid "paraplegic" or "quadriplegic" as either a noun or adjective.
- Use non-disabled rather than normal for people who do not have a disability.

Respectful Language Continued

- African American, not Black if born in the United States.
- Native American or American Indian.
- The term Asian American is preferable to Asian. Asians are Asian nationals; Asian Americans are Americans of Asian descent who possess their own distinct cultures in this country.
- Sexual orientation, not sexual preference.
- Transgender, rather than transsexual.

Numerals

- Use figures rather than words when the number refers to a date, the time of day, an age, a percentage or money.
- Use figures when there is a range of numbers (for example, people age 8 to 15).
- In all other cases, spell out numbers one through nine and use figures for 10 and above.
- Never begin a sentence with a figure unless it is a year. Hyphenate the adjectival form (for example, the 10-year old boy; it was a five-day trip).
- In a series, follow the above rules: They had 10 dogs, six cats and 97 hamsters; They had four four-room houses, 10 three-room houses and 12 10-room houses.
- When using the ordinal form of the number, spell out first through ninth and use figures starting with 10th (for example, "first", "third", "11th", "20th")

Punctuation

- When listing a series of three or more, use commas to separate words except for the "and" which falls before the last word: "the organization provides X, X, X and X."
- Use a comma before "and" only if one of the last two items includes a conjunction (for example, "counseling, support groups and respite" or "outreach, advocacy, and information and assistance").

Punctuation Continued

- Be careful when using compound sentence punctuation and wording. Use "and" or the appropriate equivalent word and a comma or semi-colon between the two parts of the compound sentence when the first part of the sentence contains several elements that are connected with "and" or an equivalent. Examples: "The program provides food and shelter, and assists people who need health referrals." OR "The program provides food, shelter and clothing; and assists people who need health, family planning and employment referrals." NOT "The program provides food, shelter and assists people who need health referrals."
- Hyphenation Rule: Generally speaking, hyphenate between two words when the two words are used as one and are used as an adjective.

Appendix A: Preferred Human Services Spellings and Usages

Preferred use is listed first

A

Aboriginal [always capitalize]
adult day program [not adult day care]
African American [always capitalize,
no hyphen]
after school [no hyphen when referring
to a time, e.g., stay after school]
after-school [adjective after-school program]
aftercare
also known as [avoid 'aka' in descriptive
text]
alternative school
Alzheimer's disease
American Indian [use Native American]
American Sign Language [ASL]
analyze
and/or [but try to avoid using]
anti-racism
Asian American [no hyphen]
assistive technology [not assistive devices]
audiotapes
audiovisual

B

baby boom
babysitter
backup
barrier free [no hyphen unless used as an
adjective, e.g. the home is barrier free
or a barrier-free home]
biannual
Bible [use for the book only, capitalized]
biblical [lower case]
bicultural
bilingual
birth weight
birthrate
bisexual
Braille
breastfeed

B (cont.)

build up [verb]
build-up [noun or adjective]
bylaws
byline
byproduct

C

cannot [always one word]
cardiopulmonary resuscitation (CPR)
[use phrase with acronym, as above]
caregiver
CD-ROM
chairperson
child care
childbirth
classroom
clean up [verb]
clean-up [noun]
clearinghouse
co-directors
coed
coeducational
cooperative [not co-op]
co-owner
co-pay
co-payment
co-signer
co-sponsor
community-based
company-wide
consumer/survivor
consumers/survivors
Convention refugees
cooperation
coordinate
countywide
co-workers
crosscultural

APPENDIX B

D

database
day care
daylight
daytime
decision making
dependent
detoxification
dietitian [not dietician]
door-to-door [adjective, e.g. door-to-door service]
door to door [no hyphen when used after a verb, e.g., go door to door]
downtime
downtown
drop in to apply [verb]
drop-in center [noun]
dropdown
drop out [verb]
dropout [noun]

E

Elders [as in Native Elders]
elderly [use older adults]
e-business
e-commerce
e-mail
ensure [preferred to insure when meaning a guarantee; insure for insurance]
ex-inmates [rule: use hyphen when ex means former; use no hyphen when ex means out of]
ex-member
ex-offenders
ex-psychiatric
ex-residents
eyeglasses
eye to eye [see eye to eye]
eye-to-eye [eye-to-eye confrontation]
eyewitness

F

face-to-face [adjective or adverb, e.g., face-to-face meeting]
face to face [No hyphen when used after a verb, e.g., meeting face to face]
family oriented

F (cont.)

fee-for-service
ferryboat
first-degree [first-degree murder but murder in the first degree]
firsthand
focused
for-profit
follow-up [noun]
follow up [verb]
francophone [do not capitalize]
free of charge
full time job [works full time but full-time job]
fundraiser
fundraising

G

gender [rather than sex]
geographic [not geographical]
group home

H

hair care
half-hour
halfway
halfway house
hands-on [adjective]
health care
helpline
high school
historic [important, stands out in history]
historical [happened in the past]
home-based
home buyer
home care
home help
home page
home sharing
homebound [prefer: people whose ability to leave home is limited. Avoid shut-ins]
homelike
homemade
homemaker service
homemaking
honorarium
honorary

APPENDIX B

H (cont.)

honor
hosteling
hotline
household

I

in-depth [adjective, e.g., in-depth conversation.]
in depth [adverb, e.g., talking in depth]
in-home assessment
in-house
in-service
inpatient
inquiry [never enquiry]
interorganization
intercity
intergroup
Internet [capitalize]
interschool
interstate
intervenors
intranet

J

job-ready
job seekers
jump-start [verb]
jump start [noun]

K

kick off [verb]
kickoff [noun]
know-how [noun]

L

laid off
laid-off workers
layoff
life skills
lifelong
live-in staff
login
logoff
logon
long distance [go a long distance]
long-distance [long-distance calls]

L (cont.)

long range [same rule as above]
long-term housing
low cost [at a low cost]
low-cost [low-cost housing]
lunchtime

M

mailroom
meals on wheels
MD
microcomputers
microelectronics
Midwest
more than [rather than over]
multidisciplinary
multi-ethnic
multicultural
multilanguage
multilingual
multiservice

N

nationwide
Native American
non... [use hyphen if a vowel follows, otherwise treat as one word]
noncustodial
nondenominational
non-emergency
nongovernmental
nonmedical
non-offending
nonperishable
nonprofit
nonresidential
nonsectarian
nonstatus
nonverbal
nonviolent
North American Native
northeast
northwest [unless “the Northwest”]

O

odd jobs
offset
offshore

APPENDIX B

O (cont.)

on hand
on premises
on-the-job-training
one bedroom [adjective, e.g., one-bedroom house]
one-on-one
one-time
one-to-one
ongoing
online
orthopedic
orthotic
outpatient
overall
overeaters
override

P

pain relieving drugs
paperwork
parent-teacher associations
part-time [adjective]
pediatric
people
percent
persons [people preferred for all plural uses; use person when referring to a specific individual]
physiotherapy [never physio]
postcoronary
postgraduate
postnatal
postoperation
postpartum
postsecondary
postwar
preadmission
prebook
precare
precondition
pre-employment
premarital
premarriage
prenatal

P (cont.)

preoperative
preplanning
prerelease
preretirement
preschool
preteen
pretrial
preventive
prevocational
private home
pro-business
pro-labor
pro-life
pro-war
programming
provide services for [rather than provide services to]
psychogeriatric
psychosocial

R

reapply
recognize
recur
recurring
redevelopment
re-entering
re-establishment
reintegration
relocate
resume [not resumé or résumé]
retraining
right-to-life
right-to-work
RSVP

S

school-age children
school-based
self care
self contained
self-defense
self-government

S (cont.)

self help group [use mutual support group]
self improvement
self managed
self referral
seniors [older adults]
sexual assault [not rape]
set up [verb]
setup [noun]
sexually transmitted diseases
short-range
short-term
shut-ins [avoid]
shut off [verb]
shut-off notice [compound modifier]
sick room
sign interpreters
sign up [verb]
sign-up sheet
65 years and older [do not use “and up” or
“and over” or “and above”]; also age 18
and younger [do not use “and under” or
“and below”]
sizable [not sizeable]
skill training
Social Security
social service agencies
software
sole support
southwest [unless “the Southwest”]
southeast
spinal cord injury
spring [never capitalize]
staff are [not staff is]
standout [noun]
start-up
stepbrother
stand out [verb]
stepfather
stepmother
stepparent widespread

T

12-step
tax-exempt
toll-free [adjective]
toward [not towards]
tradesperson
trans-positive
24-hour emergency service

U

underemployed
unemployed
United States

V

Vice President
voicemail
videotapes
volunteer-based

W

walk in to register
walk-in medical clinic
Web site
well-being
weekdays
weekend
wheelchair accessible
wheel-in shower
workplace
workplan
work-related organizations
workshop
worksite
World Wide Web
worldwide

X

x-ray

Z

ZIP code [capitalize ZIP, lowercase
code; ZIP stands for Zone
Improvement Program]

APPENDIX B

Primary Street Suffix Name/ United States Postal Service Standard Suffix Abbreviation

A	
ALLEY	ALY
ANNEX	ANX
ARCADE	ARC
AVENUE	AVE
B	
BAYOO	BYU
BEACH	BCH
BEND	BND
BLUFF	BLF
BLUFFS	BLFS
BOTTOM	BTM
BOULEVARD	BLVD
BRANCH	BR
BRIDGE	BRG
BROOK	BRK
BROOKS	BRKS
BYPASS	BYP
C	
CAMP	CP
CANYON	CYN
CAPE	CPE
CAUSEWAY	CSWY
CENTER	CTR
CENTERS	CTRS
CIRCLE	CIR
CIRCLES	CIRS
CLIFF	CLF
CLIFFS	CLFS
CLUB	CLB
COMMON	CMN
CORNER	COR
CORNERS	CORS
COURSE	CRSE
COURT	CT
COURTS	CTS
COVE	CV
COVES	CVS
CREEK	CRK

CRESCENT	CRES
CREST	CRST
CROSSING	XING
CROSSROAD	XRD
CURVE	CURV
D	
DALE	DL
DAM	DM
DIVIDE	DV
DRIVE	DR
DRIVES	DRS
E	
ESTATE	EST
ESTATES	ESTS
EXPRESSWAY	EXPY
F	
FALL	FALL
FALLS	FLS
FERRY	FRY
FIELD	FLD
FIELDS	FLDS
FLAT	FLT
FLATS	FLTS
FORD	FRD
FORDS	FRDS
FOREST	FRST
FORGE	FRG
FORGES	FRGS
FORK	FRK
FORKS	FRKS
FORT	FT
FREEWAY	FWY
G	
GARDEN	GDN
GARDENS	GDNS
GATEWAY	GTWY
GLEN	GLN
GLENS	GLNS

GREEN	GRN
GREENS	GRNS
GROVE	GRV
GROVES	GRVS
H	
HARBOR	HBR
HARBORS	HBRs
HAVEN	HVN
HEIGHTS	HTS
HIGHWAY	HWY
HILL	HL
HILLS	HLS
HOLLOW	HOLW
I	
INLET	INLT
ISLAND	IS
ISLANDS	ISS
ISLE	ISLE
J	
JUNCTION	JCT
JUNCTIONS	JCTS
K	
KEY	KY
KEYS	KYS
KNOLL	KNL
KNOLLS	KNLS
L	
LAKE	LK
LAKES	LKS
LAND	LAND
LANDING	LNDG
LANE	LN
LIGHT	LGT
LIGHTS	LGTS
LOAF	LF
LOCK	LCK
LOCKS	LCKS
LODGE	LDG
LOOP	LOOP

M	
MALL	MALL
MANOR	MNR
MANORS	MNRS
MEADOW	MDW
MEWS	MEWS
MILL	ML
MILLS	MLS
MISSION	MSN
MOTORWAY	MTWY
MOUNT	MT
MOUNTAIN	MTN
MOUNTAINS	MTNS
N	
NECK	NCK
O	
ORCHARD	ORCH
OVAL	OVAL
OVERPASS	OPAS
P	
PARK	PARK
PARKWAY	PKWY
PARKWAYS	PKWY
PASS	PASS
PASSAGE	PSGE
PATH	PATH
PIKE	PIKE
PINE	PNE
PINES	PNES
PLACE	PL
PLAIN	PLN
PLAINS	PLNS
PLAZA	PLZ
POINT	PT
POINTS	PTS
PORT	PRT
PORTS	PRTS
PRAIRIE	PR
R	
RAMP	RAMP
RANCH	RNCH

RAPID	RPD
RAPIDS	RPDS
REST	RST
RIDGE	RDG
RIDGES	RDGS
RIVER	RIV
ROAD	RD
ROADS	RDS
ROUTE	RTE
ROW	ROW
RUE	RUE
RUN	RUN
S	
SHOAL	SHL
SHOALS	SHLS
SHORE	SHR
SHORES	SHRS
SKYWAY	SKWY
SPRING	SPG
SPRINGS	SPGS
SPUR	SPUR
SPURS	SPUR
SQUARE	SQ
SQUARES	SQS
STATION	STA
STREAM	STRM
STREET	ST
STREETS	STS
SUMMIT	SMT
T	
TERRACE	TER
THROUGHWAY	TRWY
TRAFFICWAY	TRFY
TRAIL	TRL
TUNNEL	TUNL
TURNPIKE	TPKE
UNDERPASS	UPAS
U	
UNION	UN
UNIONS	UNS
V	
VALLEY	VLY

VALLEYS	VLYS
VIADUCT	VIA
VIEW	VW
VILLAGE	VLG
VILLAGES	VLGS
VILLE	VL
VISTA	VIS
W	
WALK	WALK
WALKS	WALK
WALL	WALL
WAY	WAY
WAYS	WAYS
WELL	WL
WELLS	WLS

Building Abbreviations	
APARTMENT	APT
BASEMENT	BSMT
BUILDING	BLDG
DEPARTMENT	DEPT
FLOOR	FL
FRONT	FRNT
HANGAR	HNGR
LOBBY	LBBY
LOT	LOT
LOWER	LOWR
OFFICE	OFC
PENTHOUSE	PH
PIER	PIER
REAR	REAR
ROOM	RM
SIDE	SIDE
SLIP	SLIP
SPACE	SPC
STOP	STOP
SUITE	STE
TRAILER	TRLR
UNIT	UNIT
UPPER	UPPR



**NY Connects Long Term Care
Resource Directory**

FREQUENTLY ASKED QUESTIONS

(FAQs)

October 2011

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Introduction

This Frequently Asked Questions (FAQ) document provides useful information on the effective uploading and maintenance of listings in the NY Connects Long Term Care Resource Directory. The NY Connects Long Term Care Business Rules and the NY Connects Long Term Care Style Guide are additional sources of information on managing the NY Connects Long Term Care Resource Directory.

All of these documents can be accessed through the HELP section of the NY Connects Long Term Care Resource Directory. The HELP section is located at the top of the page in either the System Admin tab or the Listing Maintenance tab in the Provider Login area of the site. They are also available on NYSOFA's AAARIN site (<http://www.aaarin.ofa.state.ny.us>).

Topic Category Key	
Policy	P
Listing Maintenance	LM
Technical Assistance	TA
Access	A
Definitions	D

Policy	
P1	Q. Can I maintain information that is not long term care in the Long Term Care Resource Directory?
	A. No. All listings must meet the inclusion/exclusion criteria in order to be listed in the NY Connects Long Term Care Resource Directory.
P2	Q. When will counties be responsible for making changes to their data?
	A. Local NY Connects staff are responsible for any updates or changes to their data once they receive their username and password.
P3	Q. Who is responsible for assigning the AIRS taxonomy to new listings?
	A. Local NY Connects programs are responsible for assigning a taxonomy code to new listings. NYSOFA will confirm and approve the taxonomy assignment.
P4	Q. How will local NY Connects programs update provider information when a program's catchment area spans multiple counties?
	A. Counties will need to collaborate on updates. The county that "owns" the listing will have the responsibility for entering the updates.
P5	Q. How often are listings required to be updated?
	A. The NY Connects Standards (available on AAARIN at http://www.aaarin.ofa.state.ny.us) state that listings must be updated on an annual basis. NYSOFA has set the update frequency for the Long Term Care Resource Directory at nine (9) months, with the expectation that all listings will be updated within the twelve (12) month cycle. Local programs can set the threshold to update more frequently.
P6	Q. What are the mandated fields for the Directory? Are they different than what is listed in the current NY Connects Standards?
	A. The mandated fields (Minimum Listing Requirements) in the Long Term Care Resource Directory are the same as what is currently listed in the NY Connects Standards. There are also recommended fields, which help to make a listing more useful. Refer to Appendix B in the NY Connects Long Term Care Resource Directory Style Guide.

Policy (cont.)	
P7	Q. What if the main office of an agency is outside the state or country?
	A. Since the location of the main office of an agency determines ownership, contact NYSOFA at NYConnects@ofa.state.ny.us or (518) 408-1876 to discuss determination of ownership.
P8	Q. I have a local Resource Directory. Will I have to maintain both the NY Connects Long Term Care Resource Directory and local Resource Directories?
	A. It is the expectation of NYSOFA that long term care resources will be maintained in the State Resource Directory. It is up to local program discretion to determine whether or not to keep a separate local directory. After January 1, 2012, NYSOFA will no longer allow local programs to support a local resource directory through NY Connects funding.
P9	Q. Will a county website be able to link to the NY Connects Long Term Care Resource Directory?
	A. Local websites can link to the nyconnects.org site to access the Long Term Care Resource Directory.

Listing Maintenance	
LM1	Q. How will the style guide be applied and enforced?
	A. NYSOFA will host teleconferences to discuss appropriate operating procedures and best practices in implementing the style guide. Local programs, through their quality review, will be responsible for identifying errors and making corrections.
LM2	Q. Who will be responsible for updating a listing?
	A. Each listing will be assigned an owner who will have the responsibility for updates, edits and approval.

Listing Maintenance (cont.)	
LM3	Q. How is ownership of a listing determined?
	<p>A. The default ownership is determined by the county in which the main office of a program/agency resides. RTZ will assign ownership based on this rule. There may be times in which it makes more sense for a different county to take the ownership role and maintain the listing. Local programs that have a mutual interest in a listing may change the ownership designation. As long as there is mutual agreement between all parties, the county that has the original ownership should submit a written request to: NYConnects@ofa.state.ny.us to request the change in ownership designation.</p> <p>Once the change has been completed, an email will be sent back to both counties informing them that the change has been made.</p>
LM4	Q. How will listings be updated?
	<p>A. If the listing has an administrative contact with an e-mail, the system will auto-generate a reminder to the provider directly. Providers will have the ability to request a password from the local NY Connects program in order to update their own information. It is up to local NY Connects program discretion whether to grant access to providers. Local NY Connects programs are responsible for the accuracy of the information and approving the listing, before it is available to the public.</p> <p>Listings are updated annually, at a minimum. Local NY Connects programs must have either basic or advanced access to update a listing.</p> <p>NYSOFA reserves the right to remove and approve any listing.</p>
LM5	Q. What happens if a consumer searches for services in a county that does not participate in NY Connects?
	<p>A. Though non-participating counties have not entered any information into the NY Connects Long Term Care Resource Directory, the database may still generate some services located in a non-participating county. Another NY Connects program may have included providers in the directory whose service area includes a county that does not participate in NY Connects. Also, information that is downloaded from the New York State Department of Health's Health Facilities Information System may also have been entered for a non-participating county.</p> <p>The New York State Office for the Aging may work with trade associations and other groups to populate the Directory with listings for counties that are not participating in NY Connects.</p>

Listing Maintenance (cont.)	
LM6	Q. Whose responsibility is it to maintain and update national or statewide listings?
	A. NYSOFA staff will maintain and update them.
LM7	Q. Is the provider phone number a mandatory field?
	A. Yes, the provider phone number is a mandatory field.
LM8	Q. What is the completion score?
	A. The completion score indicates the level of data elements that have been completed by the programs as they update county/provider information. The completion score ranges from 0-10, with 10 indicating that all data elements have been completely entered.
LM9	Q. What information do I need for the administrative contact?
	A. In order to save the listing, there must be at least a name and a phone number for the contact. The administrative contact is the person at the program/ agency that is your contact for providing the updated information. You should also collect an e-mail address for the contact.
LM10	Q. If an agency has multiple counties on their Certificate of Need, but they don't provide much active service in a particular area, do we need to list all the areas on the Certificate of Need in the listing?
	A. Discuss this issue directly with the provider to mutually determine what to list. Contact us at NYConnects@ofa.state.ny.us or (518) 474-6096 if you have questions or need assistance in discussing this with a provider.
LM11	Q. What if a listing is no longer active?
	A. When a listing is no longer active, the owner of the listing should change the status to "Inactive". Listings are not deleted, as they may become active again.

Listing Maintenance (cont.)	
LM12	Q. Can a provider add a new listing?
	A. Provider(s) can add a new listing if they are given access rights by the local NY Connects program. However, the county still needs to review and approve this listing before it is available to the public.
LM13	Q. Can you run a report on the date the listing was last updated?
	A. Yes. Filtering on the date range field in listing maintenance allows you to sort all listings by the date they were last updated. Your search results listings will reflect the date range and other search criteria.
LM14	Q. Can a listing be approved without a taxonomy code assigned?
	A. Listings can be approved without a taxonomy code. However, in order for search results to return accurately, all listings should include a taxonomy code.

Technical Assistance	
TA1	Q. What happens if a provider agency changes its name?
	A. The local NY Connects programs can edit the name of the agency on the tab called Agency Information. Providers can contact the local NY Connects program to request edits to their listing. See also A4.
TA2	Q. Can the back-end fields be customized for my county?
	A. No. The back end fields for the Long Term Care Resource Directory cannot be customized.
TA3	Q. Will NYSOFA have follow up calls with NY Connects local programs?
	A. NYSOFA will host teleconferences to discuss operating procedures, best practices in implementing the style guide and user issues. NYSOFA will send out information on scheduled calls as they are scheduled.

Technical Assistance (cont.)	
TA4	Q. What if a search using a particular keyword returns no results?
	A. Check your spelling of the search work or use a similar word. For example: "Babysitting" may be added as a keyword for respite. NYSOFA will sponsor "User Group" conference calls to discuss issues like these. NYSOFA and RTZ can modify keywords in order to improve search results.
TA5	Q. Is there a way to get back to service listings after searching without going back to listing maintenance
	A. Yes, on the Admin tab there is a "Back to Search Results" Link
TA6	Q. Can I use the back arrow in the browser?
	A. Yes, but at times it may not be necessary.
TA7	Q. How do I request assistance if I have questions or need help?
	A. Send an email request to: NYConnects@ofa.state.ny.us
TA8	Q. Can I print out a hard copy of all the resources in my county?
	A. Yes, this can be done through the report module.
TA9	Q. What reports can I run from this system?
	A. The report module includes a directory, a quick list, and agency count.
TA10	Q. Is it required that all providers have the ability to edit their pages?
	A. Whether or not to grant provider access to update their own data will be a local county decision. Providers with access will be able to update the information, but the local NY Connects program staff must review and approve the changes.

Access	
A1	Q. What if additional staff need training or user IDs?
	<p>A. Online resource directory training is available in the help section of the Directory.</p> <p>A user ID Request form must be completed for each user by an authorized individual, such as an AAA Director, DSS Commissioner or the IT person in charge of managing user IDs at your county. The User ID Request Form can be obtained through the help section of the Directory, or by sending an email to NYConnects@ofa.state.ny.us. The User ID Request Form is also available on the AAARIN website. Once completed, send a written request and completed User ID Request form to NYConnects@ofa.state.ny.us.</p> <p>A user ID and temporary password will be sent to the user by RTZ.</p>
A2	Q. Will NYSOFA mandate training before a user ID is provided?
	A. No. NYSOFA will not mandate the training, but strongly encourages new users to be trained using the on line tutorial prior to requesting a user ID.
A3	Q. Can a local NY Connects program restrict provider access to update their own information?
	A. Yes, local NY Connects programs can restrict provider access. Provider access is at the discretion of the local NY Connects program.
A4	Q. How can providers request a user ID?
	A. Providers will need to contact the local NY Connects program in their county. The NY Connects program will determine if they wish to grant update access to that provider. If NY Connects wishes to grant access, they will need to e-mail a completed user ID Request form to NYConnects@ofa.state.ny.us and state in the body of the e-mail that they have granted permission for the provider to obtain access.
A5	Q. How long are the passwords for the directory valid?
	A. Passwords are valid for 90 days. You will be prompted to update your password.

Access (cont.)	
A6	Q. What is the difference between basic and advanced access?
	A. Basic access allows a user to enter and edit listings. Advanced access allows a user to enter and edit information, as well as approving changes and pushing the change to the live site. Access to individual fields can be turned on or off through a specialized request. If individual tailoring of access is necessary, send an email request to NYConnects@ofa.state.ny.us .

Definitions	
D1	Q. What is the AIRS taxonomy?
	A. The Alliance of Information and Referral System (AIRS) taxonomy is a classification system that allows you to index and access community resources based on the services they provide and the target populations they serve. Appendix A (NY Connects Taxonomy) provides a guide to assist you in assigning the correct taxonomy codes for new listings.
D2	Q. What is HFIS data?
	A. HFIS stands for Health Facility Information System. Through collaboration with the New York State Department of Health, NYSOFA will obtain a monthly update of a mutually agreed upon minimum data set of facilities and programs licensed or accredited through the New York State Department of Health. This information will be combined with information the local program may have for that particular listing.

APPENDIX A- NY Connects Taxonomy Guide

Taxonomy code	Taxonomy term	Consumer Value
BD-1800.2000	Food Pantries	Food Pantries
BD-5000.1500	Congregate Meals/Nutrition Sites	Congregate Meals
BD-5000.3500	Home Delivered Meals	Home Delivered Meals
BH-3000.1800-950	Weatherization Programs	Weatherization Programs
BH-3000.3550-390	Home Rehabilitation	Home Rehabilitation Rehab
BH-3900.3100	Housing Search Assistance	Housing Search Assistance
BH-7000	Residential Housing Options	Housing
BH-8400.6000-040	Adult Residential Care Homes	Adult Residential Care Homes
BH-8400.6000-060	Assisted Living	Assisted Living
BH-8900	Utility Assistance	Utility Assistance
BR-8900	Financial Assistance	Financial Assistance
BT-4500.4500	Local Transportation	Transportation
BT-4500.6500-170	Disability Related Transportation	Disability Related Transportation
BT-4500.6500-500	Medical Transportation	Medical Transportation
BT-4500.6500-800	Senior Ride Programs	Senior Ride Programs
DD-5000.7150	Retirement Planning	Retirement Planning
DD-5000.6000-150	Daily Money Management Services	Money Management
FP-0500	Advocacy	Advocacy
FT-1000.9000	Veterans Benefits Assistance	Veterans Benefits Assistance
FT-1000.9500	Welfare Rights Assistance	Welfare Rights Assistance
FT-2700.0500	Advanced Medical Directives	Health Care Decision Making
FT-2700.0500	Advanced Medical Directives	Advanced Medical Directives
FT-3200	Legal Services	Legal Services
FT-4950	Long-Term Care Ombudsman	Long-Term Care Ombudsman
FT-6900.2500-050	Adult Guardianship	Adult Guardianship
FX-8700.6500-600	Property Tax Exemption	Property Tax Exemption
FX-8800	Tax Assistance	Tax Assistance
HL-2000.8000	Special Education Assessment	Special Education Assessment
JB-9000.6600	Pet Therapy	Pet Therapy
JR-8200.3000	Household Safety Education	Household Safety Education
LF-4900.6200	Nutrition Assessment	Nutrition Assessment
LH-0350	Aging and Disability Resource Centers	NY Connects

Taxonomy code	Taxonomy term	Consumer Value
LH-0600	Assistive Devices	Assistive Devices
LH-2600	Health Care Referrals	Health Care Referrals
LH-2700.1700	Disease/Disability Information	Disability Information
LH-2700.5000	Medication Management	Medication Management
LH-2700.6000	Nutrition Education	Nutrition Education
LH-2700.9500	Wellness Programs	Wellness Programs
LH-3500	Health Insurance Information	Health Insurance Information
LH-5000	Medical Equipment & Supplies	Medical Equipment & Supplies
LH-5100.6500	Prescription Drug Assistance	Prescription Drug Assistance
LL-3000.2500	General Acute Care Hospitals	Hospitals
LL-3000.9000	Veterans Administration Hospitals	Veterans Services
LL-6000	Nursing Facilities	Nursing Facilities
LR-1550	Centers for Independent Living	Centers for Independent Living
LR-1570	Condition Specific Rehabilitation	Condition Specific Rehabilitation
LR-1610	Rehabilitation/Habilitation	Rehabilitation/Habilitation
LR-1700	Early Intervention Services	Early Intervention Services
LR-3100	Developmental Disabilities Programs	Developmental Disabilities Programs
LR-3200	Independent Living Skills	Independent Living Skills
LR-6200	Occupational Therapy	Occupational Therapy
LR-6400	Orientation and Mobility Training	Vision Services
LR-6600	Physical Therapy	Physical Therapy
LR-8000.0500	Audiology	Hearing/Auditory Services
LR-8000.8000-820	Speech Therapy	Speech Therapy
LR-8400.0400	Aquatic Therapy	Aquatic Therapy
LT-1750.0500	AIDS/HIV Clinics	AIDS/HIV Services
LT-1750.1700	Dementia Management	Alzheimers Disease/Dementia Services
LT-2800	Home Health Care	Home Health Care
LT-3000	Hospice & Palliative Care	Hospice & Palliative Care
LX-8450	Substance Abuse Services	Substance Abuse Services
ND-2000	Employment	Employment
ND-9000	Vocational Rehabilitation	Vocational Rehabilitation
NL-5000.2600	Government Prescription Drug Benefits	Government Prescription Drug Benefits
NL-5000.5000	Medicaid	Medicaid

Taxonomy code	Taxonomy term	Consumer Value
NL-6000.2000	Food Stamps	Food Stamps
NS-1800.8000	Social Security Disability	Social Security Benefits
NS-7000.8000	Social Security Retirement Benefits	Social Security Benefits
NS-8000.5000	Medicare	Medicare
NS-8200.8000	Social Security Survivors Insurance	Social Security Benefits
PH-0500	Attendant Services for People with Disabilities	Consumer Directed Programs
PH-0800	Caregiver Training	Caregiver Training
PH-0800	Caregiver Training	Caregiver Support
PH-1000	Care/Case Management	Care/Case Management
PH-1400	Companionship	Companionship
PH-1600.0500-020	Adult Day Programs (Social)	Adult Day Programs (Social)
PH-1600.0500-040	Adult Day Health Care Programs	Adult Day Health Care Programs
PH-1800.6260	Personal Emergency Response Systems	Personal Emergency Response Systems
PH-1800.8500	Telephone Reassurance	Telephone Reassurance
PH-2200	Escort Programs	Escort Programs
PH-2400.1500	Child Care Provider Referrals	Child Care Provider Referrals
PH-3300	In-Home Services	In-Home Services
PH-3500	Interpretation/Translation	Interpretation/Translation
PH-5000	Support Groups	Support Groups
PH-6500.0500	Adult Protective Services	Adult Protective Services
PH-6500.1500	Child Protective Services	Child Protective Services
PH-7000	Respite Care	Respite Care
PL-7000.3150	Disability Related Sports	Adapted Recreational Programs
PX	Volunteer Opportunities	Volunteer Opportunities
RP-4500	Specialized Counseling Services	Specialized Counseling Services
RP-8000.0500	Art Therapy	Art Therapy
TF-2000.5500-800	Senior Centers	Senior Centers
TJ-3000	Information and Referral	Information and Referral
TJ-6500.6300	Outreach Programs	Outreach Programs
TN-0200	Aging Associations	Aging Associations
YB-8000	Older Adults	Older Adults
YD	Caregivers	Caregivers
YD-3300	Informal Caregivers	Caregivers

Taxonomy code	Taxonomy term	Consumer Value
YF-1800	Developmental Disabilities	Developmental Disabilities
YF-3000.0270	AIDS/HIV	AIDS/HIV
YF-3000.0440	Alzheimer's Disease/Dementia Services	Alzheimers Disease/Dementia
YF-3000.1300	Brain Injuries	Brain Injuries
YF-3000.1300-050	Acquired Brain Injuries	Traumatic Brain Injuries
YF-3200	Hearing/Auditory Services	Hearing Impairments
YF-9000	Vision Services	Visual Impairments
YK-6500.2500	Grandparents	Grandparents
YL-3300.4500	Low Income	Low Income
YN-0500	Active Military	Military/Veterans
YN-9000	Veterans	Military/Veterans
YX	Victims/Survivors	Victims/Survivors
YZ-1700	Disabilities Issues	People with Disabilities
Program Type Unspecified		