

Meeting Minutes

DCF/DAC Bi-Weekly JAD Meeting

June 16, 2020, 10:00 – 11:30 EST

Attendees:

DCF: Jonathan Hall, Nathan McPherson, Richard Power, Gregory Nix, Tracey Fannon, Victor Gaines

Outside Organizations: Jesse Lindsey-FEI, Larry Brown, Beau Frierson-Lakeview, Roderick Harris-BBCBC, Johnny Guimaraes-SFBHN, Diego Wartensleben-Carisk Partners, Tom Rose, Debbie Stephenson, Sharyn Dodrill-Carisk Partners, Steve Lord, Danielle Downing, Jason Lee, Katie Morrow, Matt Lightner, Ryan Lavender,

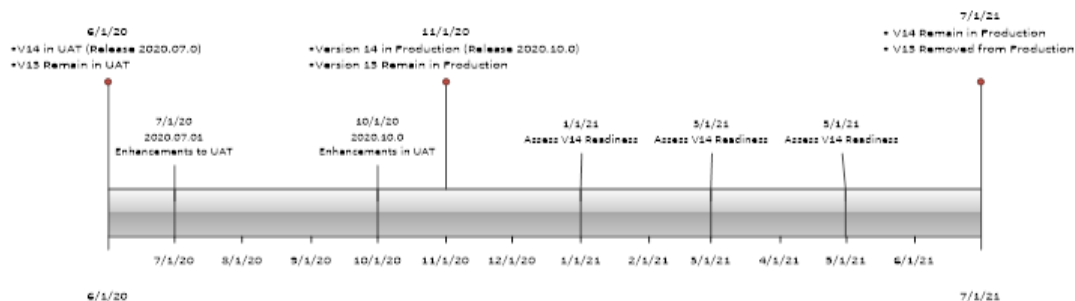
Purpose: Discuss JAD issues for transitioning from Version 13 to Version 14 of FASAMS.

Discussion Summary (by Agenda Topic):

Follow-up Items:

1) Request for Guidance Manual for FASAMS Transition

- FASAMS V.14 into testing environment on 6/1 to allow for 5 months of testing before moving into production on 11/1/20.
- FEI/DCF have two scheduled enhancement releases between the 6/1/20 V.14 UAT Release Date and the 11/1/20 V.14 Production Date. Scheduled enhancements have been prioritized to focus on improving the testing process.
- After FASAMS V.14 moves into production on 11/1/20, providers will be allotted additional time, based on provider need, to begin submitted V.14 data in XML, with 100% of providers expected to submit by 7/1/2021.
- In the month that a provider is ready to submit V.14 data, they will only need to be prepared to submit data for the previous month (i.e. in June would submit May data), which is adherent to established timelines for data submission. Note: Providers do not have to submit back to the beginning of the FY.



Steps for Transitioning Records from FASAMS V.13 to FASAMS V.14

1. Do not close any open Treatment Episodes in Version 13.
2. Submit all Providers in V14 format
3. Submit all Subcontracts in V14 format
4. Submit all active ProviderClients in V14 format

5. Create a new Treatment Episode for currently opened Tx Episodes
 - a. USE the original admission date from the Treatment Episode
 - b. DO NOT submit historical data to FASAMS Version 14
 - i. Rule of thumb: if it was submitted in FASAMS Version 13, do not resubmit in FASAMS Version 14 or it will be double counted (what will happen to record—can update V13—talk about this in JAD how to generate error warning with duplicate data—can we just have ME request V13 data to be deleted from FASAMS)
 - How are we going to handle providers currently submitting V13—since V13 treatment episode
 - c. Create Placement Records for Clients using the current placement
 - d. Need to add language about date POMs due are cycled with new date—ability to pull original admission is not same—idea: not worry about pom updates for first 90-180 days, just let them get POM cycle--based on previous POM admission.
6. Submit current/active Service Events for all Clients in V14 format
7. Submit current Acute Care data in V14 format
8. Submit current Waiting List data in V14 format
9. Submit Contract in V14 format

Process for Change and Enhancement Requests

The existing policy on submitting change and enhancement requests to the DCF Helpdesk (Email: dcf.helpdesk@myflfamilies.com; Phone: (850) 487-9400 or Toll Free (855) 283-5137) should be followed for any communication of problems or concerns.

Please note that requests not submitted through the helpdesk will be redirected to the helpdesk. Adhering to this process will enable DCF to better track request, changes and fixes addressed during this transition period. Please contact the QA Business Analyst, Greg Nix (gregory.nix@myflfamilies.com / 850-717-4138), if you have further questions or concerns regarding the submission of questions/concerns to the Helpdesk.

- We should have a final draft of the manual prior to our next meeting
- 2) **Request to Distribute V14 Transition Timeline**
 - Draft memo provided, waiting for official DCF memorandum
 - 3) **Request for DCF to Schedule Meeting with Regional SAMH Directors**
 - Met with all of the SAMH Directors and Contract Managers last Wednesday and let them know that there will be some reporting gaps that we will need to iron out.
 - 4) **Request to Develop Exception Report for Placement Record**
 - Jesse walked everyone through the draft enhancement
 - Everyone will have access to the report – but only the data you have submitted
 - There will be four search criteria
 - Submitting Entity
 - Provider – select multiple providers or all providers
 - Placement Code Type
 - Number of Days w/o Service Event Submitted Against Placement Record
 - Blank, 1, 10, 15, 30, 90, 180, 270, 365

- FEI will add a Date Range and a Client Specific Range
- The report should return all Placement Record SRIs, and their associated data in the below columns (in the below order):
 - Submitting Entity
 - Provider
 - Treatment Episode SRI
 - Admission SRI
 - Admission Date
 - Placement Record SRI
 - ProviderClientSourceRecordIdentifier
 - Placement Code Type
 - Days since last Service Event submission
 - This is a calculation: (current date) – (last Service Event date submitted that references the Placement Record)
 - Please submit any additional things you would like to see by COB Friday

5) Request to Provide Test Cases to ME/EHR Providers to Aid in Development

- Provided to Ed and he has been working with those.
- The test case that Greg wrote up we have as an enhancement and it has gone through the approval process
- FEI's QA team will build out those XML's to follow that individual's test case timeline
- FEI's intention is to have this to the ME's by the end of the month
- After these results have gone out, Greg would welcome anybody sending in scenarios or situations with clients that they've had trouble with so we can do this on a regular basis moving forward

6) Follow-up Questions from MEs/Providers

- Clarify from Lakeview that Admission on Treatment Episode does not mirror how we naturally do business – idea preferred approach would be multiple admissions within the episode. Put program entity in performance outcome metrics – we'll talk about this and we'll have a more detailed discussion of this in our next meeting
- Will send individual responses to each of you in emails

New Agenda Items:

1) Status Report for Performance Outcome Workgroup

- Group has met twice
- Key things:
 - People aren't necessarily submitting the same evaluations or assessment with each of their POM records so it's difficult to gauge functional improvement
 - How to address target populations
 - We've spoken with our clinical team and everyone seems to be in agreement about having these target population eliminated, and we think we have a way to do that
 - We're looking at everything to make sure we can still meet all of our reporting requirements
 - 90-day performance outcome updates

- General issue with this approach because it's not based on any clinical movement throughout the system
- Longer term goal is to look at these on a more clinical basis – it's longer term because we don't want to jeopardize any of the development for Version 14
- We'll be looking at some things we can do that won't jeopardize develop and also what things we can include in future versions to make these ore meaningful
- Short term is 90 days is way too short an interval so we have proposed that to our clinical team and they are looking at what requirements are out there to see is would be feasible to go to a longer gap maybe from 90 to 180 days
- We will also be looking at the numerators and denominators and trying to make some change with them

2) Identify Next Steps

- Email Jonathan between now and Friday the 26th with any items for our next agenda