Meeting Minutes

DCF/DAC Bi-Weekly JAD Meeting

July 14, 2020, 10:00 – 11:45 EST

Attendees:

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

Outside Organizations: Jesse Lindsey-FEI, Beau Frierson-Lakeview, Larry Brown, Roderick Harris-BBCBC, Johnny Guimaraes-SFBHN, Diego Wartensleben-Carisk Partners, Debbie Stephenson, Sharyn Dodrill-Carisk Partners, Steve Lord, Ryan Lavender, Jennifer Ramirez, William Garcia, Joanne Szocinski, Mike Lupton, Katie Morrow, Tom Rose

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

Discussion Summary (by Agenda Topic):

<u>**Avoiding Duplicate Entry**</u> **–** Primary issue of discussion was the polling of providers for where they see themselves at and where they need to be for successful transition between v.13 and v.14

<u>**Performance Outcome Collection Schedule**</u> – Primary issue of discussion was the issue of when to submit POMS during the transition. A specific request was made to uncouple admission from POMS during transition. Wide ranging discussion held but no specifics determined. SAMH QA assistance was offered to any provider or ME requesting assistance.

<u>**Program Area Submissions**</u> – Primary issue of discussion was how to code Co-Occurring Disorders into the system. Topic was wide ranging and no conclusion was achieved.

<u>**Overlapping Placement Records for Same Placement Type**</u> – Primary issue of discussion was on projected problems regarding overlapping placements. Follow-up on resolving the question, "Start Date of Placement to be >= End Date".

<u>**Preferences for Undo-Deletes**</u> – Primary issue of discussion was provider concerns about data corruption due to the juncture between v.13 and v.14. FEI stated they would be able to support any of the routes identified for the providers and MEs.

<u>**Sub-contract Number and Immediate Discharge Entity**</u> – No discussion held on this topic as it was determined the issue has been resolved and no discussion necessary.

<u>**Status report for Performance Outcome Workgroup**</u> – Primary issue of discussion was the identification of target populations.

<u>**Status Report of UAT/ Ideas for Measuring Progress Toward V14 Implementation**</u> – Primary issue of discussion was the readiness and ability of individual providers to successfully transition from v.12 to v.14. Many concerns about potential data corruption, hold outs waiting until last minute to enter v.14 data. Recognition that communication to the field needs to be clear and unambiguous. Various means of establishing metrics to track the progress of the v.14 transition were identified and further work to be carried out.

Meeting opened with comments by J. Hall. Standing request issued to record today's meeting and all subsequent ones. No objections raised. Standing policy now to record all work group meetings.

Follow-up Items:

1) **Review Open Issues**
   - Avoiding duplicate data entry between V13/V14
     - Issue due to some providers wanting to re-enter clients to start the new FY
       - FASAMS can handle this issue but it was determined there is a need to query the providers on how important an issue this is
       - IT Workgroup Responded:
         - M.Lupton said each ME asked their providers
           - For CFCHS its one, maybe two
         - No further feedback
         - J.Hall – I take it not everybody has had a chance to ask their providers. Is this something that we feel like we can do between now and our next meeting? Is this able to be accomplished? Will keep this on the agenda for the next meeting.
           - reviewed work practices to determine if our planned designs are in accord with the needs of the providers, specifically regarding the need to go back to the beginning
           - offered SAMH-QA assistance on this matter

     - Update on Provider intentions to submit back to start of FY
       - Exception report – Good solution to delete old records, checking on the quantity of providers; exception report is desired
       - Concern that two different databases will be a mess
       - RECOMMENDATIONS: Release timeline for when transitioning
   - Performance Outcome Collection Schedule
     - Update on Provider ability to provide actual admission date
       - CFCHS – 1 Provider definitively will have a problem; direct entry folks didn't reply (use system as E.H.R.)
         - addressed impact issue on providers regarding admission start date and POMS
           - M.Lupton said one provider said it would definitely be a problem for them but am looking at ways to help them transition, we did have an issue crop up and it has to do with POMS – the last outcome they had for a client was in v.12 format. They were wondering if there was any way for the go live period that it would be ok to submit without a POM. (issue of providers still entering data in old SAMHIS, v.12)
           - Basically what they (providers) would like to do is submit the admission and their placement and wait until deadline for POM to submit at that time
             - Primary concern is translating old values to new values and the subsequent corruption of data

- Sharyn Dodrill entered conversation – raised issues of combining POMS, schedule, all the things that would be affected is being discussed here
- J. Hall acknowledged the problems and said further investigation on this issue would be conducted
- Question from CFBHN regarding POMs
  - Would it be possible to skip the POM across all providers, use v.13 measures not v.14
- J. Hall asked for some further elaboration from S. Dodrill
  - S. Dodrill – I'm just pointing out some major changes in content and schedule of POMS and we seem to be coming at this from two different directions
- Joanne Szosinkski asked a clarifying question that J. Hall responded to
  - What if providers decide they don't want to submit v.14 until July 1, 2021
    - J. Hall – we need to a get a sense of how many providers are going to wait till that time to enter their data
- Will DCF provide language that clarifies the requirements for v.14 launch?
  - We're preparing a document where some of these items will have the loop closed on them. This will have specific instructions for the change over
- S. Dodrill asked if the timeline can be published and leave the decision up to ME and providers as to when they will begin entering v.14 data
- M. Lupton raised concern about workload on MEs
- S. Dodril raised concern about statements coming from DCF not working for the parties in the field
- J. Hall reviewed plan for releasing guidance memorandum and will bring final draft to group for review prior to dissemination
  - Will send draft out before next meeting so everyone has time to review
- For Go Live Period not submit a POM (for new elements or elements that have changed from previous versions, currently submitting elements in V12) – not submit a POM with an initial admission in V14
- Possible to not enter POM for admission and tie into the V13 POM submissions
- Needs to align with changes being discussed with the GD24 Workgroup (POM content and schedule)
- Will keep on agenda for next meeting to have time to flesh this issue out more
- Review Possible solutions and timeline for implementing
- Jonathan will produce a guidance memo and bring back to group for discussion

- Concern that Providers will wait until last minute to start entering
- Providers aren't necessarily waiting until the last minute, but rather to see how successful others are
- Jonathan brought up the survey DCF would like to do and Steve Lord feels it would be a good idea.
- DCF will discuss with the group before sending it out.
- Mike Lupton will try to get additional information on this issue
- S.Lord brought up issue that providers aren't necessarily waiting til last minute, but rather to see how successful others are
- J.Hall reviewed the flexibility of the timeline in consideration of differing capabilities around the state
  - S.Dodrill requested that prior to memorandum dissemination that SAMH take into account the impact on providers in the field (general discussion had on importance of clear communication from SAMH to the field)
- Program Area Submissions
  - In the meantime, what do we do for V14
  - Possible to add the PA Code to POM and keep admission record to allow providers to do both
  - First question does person have sign symptoms
    - J. Hall brought up Program Areas
      - Identified difficulty that arises in Co-Occurring Disorders
      - Problems were immediately identified and the need for guidance for v.14
      - M. Lupton was called on to offer feedback (refer to recording)
      - S. Dodrill brought up changing the business rules for incoming data
      - (discussion continued regarding how to code Co-Occurring into the system prior to v.15)
      - J. Hall redirected conversation to remaining agenda items
      - General consensus to poll the MEs and EHRs prior to taking action on a Co-Oc fix
      - J. Hall said once feedback on Co-Oc question is received and reviewed a follow up JAD would be scheduled
  - Overlapping Placement Records for Same Placement Type
    - Follow-up on feasibility rule to state "Start Date of Placement to be >=End Date"

2) **Preferences for Undo-Deletes**
   Not addressed at this meeting

3) **Sub-contract Number and Immediate Discharge Entity**
   - Resolved, not needed
4) **Status Report for Performance Outcome Workgroup**
   - J.Hall began discussing item 4 on the agenda
     - Bill at Central Florida responded "that's a good metric – how many providers are set up"
     - M.Lupton – how many different file types have started testing (individual providers and their ME)
     - J.Lindsey than asked for clarification from S.Lord

- o J.Szosinksi – what do you mean by providers need to setup in UAT? Why would we be setting them up in UAT?
    - J.Lindsey said initial onset of FASAMS each ME had to provide its provider data set
    - Joanne said her question was answered
- o J.Hall we want to review these metrics to determine if progress is being made
- o S.Dodrill asked how issues that are submitted to helpdesk are going to be tracked and resolved
- o Nathan asked if weekly stakeholder is providing the info she needs
- o S.Dodrill said report needs revamping, said she will provide feedback
- o J.Hall asked for any further recommendations on tracking progress, made clear he is available if anyone has an idea or question
    - Survey idea floated
    - New way to identify target population
    - Thresholds for POM submissions
    - How many providers
    - How many different file types providers are testing with their ME (i.e. provider, treatment episode, etc…)?
    - DCF response to inquiries and helpdesk tickets
    - Surveys: good idea

5) **Status Report of UAT/Ideas for Measuring Progress Toward V14 Implementation**
    - o Thresholds for POM submissions
    - o How many providers
    - o How many different file types providers are testing with their ME (i.e. provider, treatment episode, etc.…)?
    - o DCF Response to Inquiries and Helpdesk Tickets
        - -Surveys: good idea
        - Meeting concluded