DCF/DAC-Subcommittee JAD Meeting

Date: 11/10/2020

Start Time: 10:00

End Time: 11:10

Attendees: Jennifer Ramirez, Ryan Lavender, Roderick Harris, Joe Glidden, Sharyn Dodrill, Jason Lee, Victor Gaines, Steve Lord, Tracey Fannon, Diego Wartensleben, Richard Power, Greg Nix, Lisa Tajdari, Katie Morrow, Jesse Lindsey, Danielle Downing, Eduardo De Cardenas, Johnny Guimaraes, Larry Brown, Nathan McPherson, Jonathan Hall

Opening Remarks:

Jonathan reported on a discussion regarding DischargeCodes. He brought up the Service Setting Codes for v.12 to compare against TreatmentLocale codes for v.14. Last week this group agreed they wanted to maintain Service Setting Codes in v.12 and use them for TreatmentLocale codes for v.14. He reviewed prior discussion around this topic and said he needed to know from the ME IT Representatives what their thoughts and concerns are. He identified there are discrepancies in values and settings between v.12 and v.14. Opened discussion up to the floor.

Steve Lord – "I think it makes the most sense to take a look at the list and find the most distinct."

Joe Glidden – "I don't know, because prison is the same as jail, right?"

Steve Lord – "Uh, almost."

Jonathan Hall - "If we did jail slash prison, would that work?"

Steve Lord – "Yeah, that would work."

Jonathan Hall – "Ok, is that agreeable with everyone?" no dissent, "Do we want to add these things that are listed in v.14 but not listed in v.12? Or is that accounted for in v.12? I don't see anything reflected in Adult Family Care Home. Is that something that should be added in everyone's view?"

General consensus given

Jonathan Hall – "Acute care settings, I only found Addictions Receiving Facility was mirrored in v.14."

Steve Lord – "You are correct. The list for v.14 is more comprehensive and better."

Joe Glidden – "I think that works but it's a code that our EHR uses exclusively."

Jonathan Hall, Steve Lord and Joe Glidden discussed the field reality to the data base and the need to have an accurate value for these codes.

Jonathan Hall – "Is there any need for specification for Residential Treatment Center or any others?

Joe Glidden – "Nursing home services?"

Jonathan Hall – "Is there any feedback on that?"

Steve Lord – "You can add it in there, but I think we need to be specific to v.12 to v.14

Small discussion had about differences between the v.12 codes to v.14 codes and a need for specification as to what the specific code entails. Specifically Nursing home services / adult family care and state hospital, i.e. – state mental health treatment facility. Steve Lord identified distinction b/w

nursing home and adult family care due to the nature of the business and settings. He asked if SAMH actually needs these codes or not. Jonathan Hall responded that some of these codes in v.12 are utilized rarely if ever. Removing those codes does not meet pushback.

Sharyn Dodrill came on the line and announced her presence.

Discussion returned to codes. Joe Glidden asked about v.12 County Health Department. Jonathan Hall pointed out that this code was not replicated in v.14. Rich Power did advise some caution due to occasional requests from DOH for a report on some of these reported values.

Sharyn Dodrill – "Can you explain the color coding on your document? Red, yellow, green?

Jonathan Hall – The red simply means these settings in v.12 are in v.14 that are the same, the red is indicating the things we need to change in v.12 to provide more clarity in the transition to v.14. Yellow indicates a code that exists in v.12 that is not specified in v.14.

Brief discussion had on therapeutic foster home levels. General consensus that there is little need for these codes and can be condensed under foster home. Question raised about the distinction between a foster home and a therapeutic foster home. Sharyn Dodrill reviewed the differences but finished by saying this is not a code they use with great frequency. Steve Lord said there was no particular preference in the code(s) for foster homes. Joe Glidden, I want to look at our data and see if anybody is actually using those codes. Jonathan Hall confirmed SAMH would conduct a review and see how frequently these foster home codes are utilized. Sharyn Dodrill spoke that she believed these distinctions were not so much service settings as they were parameters to include in a treatment program. Steve Lord "Just so you know, about 99%of what we report is number 11 – provider premises."

Sharyn Dodrill – Which brings up…go down to v.14 you really have to separate out the individual settings from community settings.

Jonathan Hall – The way it is in v12 there aren't a lot of those settings but there is code 16 Other Setting.

Sharyn Dodrill focused on the distinction of settings that are attributable to a specific service versus just a setting separate from a specific service or program. Jonathan Hall asked about v12 code 15. Steve Lord spoke to this issue and identified it was something that might be used if a client is sent to another provider for services. Sharyn Dodrill continued her questioning about program settings versus treatment settings. Jonathan Hall said the v12 BHOS codes could be removed per Ute Gazioch's determination. Jonathan Hall said SAMH would merge all the therapeutic foster settings under a general foster setting code. Steve Lord said changing code numbers would be painful but retiring or providing new numbers would be good. Jonathan Hall review the removal of separate codes and not put new codes into those missing sequentials. Sharyn Dodrill focused on v12 codes 28,29,30 and the issue of providers utilizing these codes incorrectly. Steve Lord spoke to prior years when providers were seeking guidance on inputting data values. This raised the issue of historical meaning to the v12 codes compared to present day utilization. Jonathan Hall entered two new codes for v12 – Adulty Family Care Home and Medical Hospital. Jonathan Hall said he would look back into prior versions to determine the exact definition of each code. Sharyn Dodrill requested clarification on Residential Treatment Program. Jonathan Hall compared the two values which are different code values and that a decision had been made not to broaden this code value. Sharyn Dodrill said she thought residential treatment was specific to child services. Steve Lord said this issue goes back to the historical definitions and that present understanding may be inaccurate. Jonathan Hall said he would review the issue w/ SAMH Clinical Team to determine what codes and values and definitions need to be attributed. Opportunity for further input provided. Sharyn Dodrill asked for clarification on v12 09 – Juvenile Detention Center Prevention

Services. Jonathan Hall crossed out Prevention Services in response. Sharyn Dodrill requested v12 10 be only Nursing Homes. Delinquency Commitment brought up. Steve Lord identified this value represents different settings and programs in DJJ. Jonathan Hall changed code to Delinquency Commitment Facility. Joe Glidden reported he had run a query on the data for therapeutic foster homes and found that these codes were not being used in prior years but this past year it has exhibited utilization. He then asked about non-client specific setting codes. Jonathan Hall asked if it would be helpful to add the non-client specific option. Sharyn Dodrill spoke in the negative to that option due to the lack of specificity. Some discussion had on the issue of site for prevention, non-client specific services. Jonathan Hall asked the group that if anything else comes to mind to please email him. He then redirected the meeting to the next topic on the agenda, Discharge Reason Codes.

Jonathan Hall said essentially state facilities have been doing some testing in v.14 and they received an error message saying their discharge reasons were not being accepted. In review of the history we determined we had gotten a list of new discharge reasons that had been put in the pamphlet but not the UAT environment. Even though a lot of the options were the same, the code values were different from v.13 which is not optimal. We are seeking to get this issue straightened out. Jesse Lindsey reported he could not recall these codes being specifically addressed and there is some discrepancy between v13 and v14. He reported a primary concern of FEI and SAMH is to not change the meaning of an established code and wanted to put this out there for review. Sharyn Dodrill spoke up and she said the transition from v12 to v13 is very problematic which has led to "other discharges" which are meaningless. She voiced opinion that there are many issues related to this and further investigation and work needs to be done. She specifically referenced how the discharge reason codes can give a false impression that a client failed at the services which skews the picture. Jesse Lindsey responded and said it seemed more work was needed to be done on this issue but generally depending on what the decision is, implementing the change to FASAMS would be relatively quick and easy because it's a vocabulary item. He identified some changes between code values between v13 and v14 which presents a problem where data inaccuracy could arise. He reviewed that this issue was primarily managed by Ute and her team and he was not aware of what level of involvement the MEs had in the lead up to FASAMS launch. He identified his concern was the lack of attention on this. Steve Lord confirmed the MEs had not been consulted prior to the v13 change over. Sharyn Dodrill requested a meeting that this is the primary topic. Consensus from attendees that further work on this is necessary. Jonathan Hall said review would occur and this would be the primary topic for the following week's meeting. General consensus reached on this plan of action. Sharyn Dodrill said her team had created a crosswalk for this problem and she would send it to Jonathan Hall to reduce time in gathering everything together. Jonathan Hall said this would tabled until the following meeting next Tuesday.

Jonathan Hall then brought up UAT Goals from the agenda to review. He pulled up his transition document with goals stipulated and how calculations would be run by determining numerator and denominator values. He said these goals are not necessarily universal due to differences in provider preparation for the transition. He then opened the floor for discussion. Joe Glidden said only a couple of his providers have begun testing so 2 out of 45 or so. Its dependent on the other providers and when they'll be ready. He reported the majority of them would be prepared to switch by the end of the current fiscal year. He reported that the testing aspect he is already at near 100% completion. Jonathan Hall asked if the 1/31/21 date for providers to achieve 5% of active clients in UAT. Joe Glidden said he could not confirm that goal is realistic or not. He said he would have to follow up with his providers. Jonathan Hall asked the vendors on the line if the 1/31/21 deadline for 5% active clients in v.14 UAT. Danielle Downing said that would be fine w/ Credible as they are currently conducting testing with the ME's. No responses. Jonathan Hall queried the meeting. Joe Glidden asked, "are we looking to test data currently in v13 or just create a dummy record?" Nathan McPherson said he and his team had

expected some test cases in the UAT by this time. Jonathan Hall stated the purpose of this discussion was to determine if the deadlines are realistic and achievable. He said SAMH is certainly open to looking at the goals differently or making changes to the timeline so feedback would be greatly appreciated. Jonathan Hall reviewed the importance of the UAT environment for successful launch of v14. No response from the attendees. Jonathan Hall said this topic could be tabled and spoke to everyone going back to their providers and confirm the feasibility of this schedule. Joe Glidden said he thought the deadlines and goals were reasonable. Jonathan Hall again opened the floor. No response. Meeting moved on to next agenda item.

Jonathan Hall said the meeting was running slightly over time, but he wanted to review the Transition Memorandum. He said he felt SAMH had pulled together the final transition memo to provide guidance. He said he would give everyone a few more days to review with their people to confirm and move forward. He then brought the current draft of the memorandum up for review by the attendees. He reviewed the three options SAMH and the ME's created for the transition from v13 to v14. He said SAMH is merely asking that the ME's and vendors notify them of the option that given agency has chosen. Jesse Lindsey said he would work from his side on the SRI's for the transition by next week. Jonathan Hall reviewed the initial steps for transitioning data from v.13 to v.14 with specific, detailed guidance on the issue of Treatment Episodes which was broken down for how to make the transition. He then reviewed the current plans for the creation of Dimensional Model to assist with the transition. He asked if there were any questions. No response from attendees. He said he would give attendees a week to digest the memorandum before finalization and dissemination. Asked if there was anything else that needed to be addressed, any questions or concerns before conclusion? No response. He then thanked everyone and dismissed attendees till the next scheduled JAD.

Meeting concluded.