DCF/DAC-Subcommittee JAD Meeting

Date: 10/20/20

Start Time: 10:00

End Time: 11:30

Attendees: Jesse Lindsey, Andrew Barden, Danielle Downing, Diego Wartensleben, Tracey Fannon, Debbie Stephenson, Jason Lee, Joanne Szocinski, Joe Glidden, Johnny Guimaraes, Matt Lightner, Ryan Lavender, Tom Rose, Victor Gaines, William Garcia, Richard Power, Steve Lord

Agenda Items:

Item	Presenter	Time Limit
1. Pilot Update • There have been several test cases developed to test the system and each of the different data sets. To date, the provider data sets have been tested, as well as the subcontract data sets. There was one error that was identified in the subcontract data set, which we reviewed in our last meeting and that has been corrected. Now LSF is working with its providers and members and they have submitted all of the client records for testing, and as far as I'm aware, there has not been any errors identified in that testing process. They're currently working to wrap up submitting the treatment episode data sets for each of those clients and are scheduled to wrap that up this week. We'll have some detail in what we've learned in the treatment episode the next time we meet.	Jonathan Hall	10:00-10:10
2. Finalize Proposed Enhancements • *316493* Create Unique Constraint rule o We had some comments about removing SRIs from all of the unique constraint logic, so I went in and it was a relatively small change. Basically, we had client SRI under treatment episode and I essentially just said Client SSN/PSSN via the Client SRI that is submitted. That's going to check against the SSN and PSSN that's submitted. I think that satisfies the request. o Under admission I had Parent Treatment SRI listed, but I stated that in a more generic way, which is just the ParentTreatmentEpisode. Whatever treatment episode the admission is being submitted under, that's the one that is going to be checked. That entity will be checked to verify that it isn't a duplicate record being submitted.	Jesse Lindsey	10:10-10:30

○ It's pretty much similar in the Client-specific Unique Constraint Rule. I changed that to SSN/PSSN based on the feedback from everyone. The episode SRI will back to the treatment episode and that treatment episode will link back to the SSN/PSSN, so it's using a client identifier. ○ Those were the main requests to have updated, as well as remove the county area code and site identifier. Those have also been removed. ○ Question – can you send this out after the call, so we all have a chance to read through it again? ○ Yes, the deadline to get it back is tomorrow, the 21st. • *328878* Create General Improvement assessment ToolCode ○ What we did in here were the rules. Everything basically stayed the same regarding the new GeneralFunctionalImprovement ToolCode and the basic items that can be submitted. The rules is what I added in here. I want to verify that the CGAS rule is as expected for the end users which is within an evaluation entity, ToolCode 9, which is CGAS, is required when a POM is submitted, and the ProgramAreaCode =3, and the Age of Client is >=5. I wanted to ask should the age of client be identified at POM date or admission date? I think admission date might make more sense, so I wanted to bring that up. ○ Jonathan – I would think it would be at admission date simply because I understand there are people who are above the age of 18 and remain receiving CMH services. They continue to receive services because they started before the age of 18. ○ Joe – I think that's for substance abuse. I think we need to also include co-occuring. ○ Jesse – You're right. I'll add 6. ○ Next, with the GeneralFunctionalImprovement rule that was added, basically, within the evaluation entity, ToolCode of 12 is required when a POM is submitted as well. ○ I just wanted to make sure that these required Tool Codes should always be submitted with POMs. That's one of the things I didn't fully understand, so I just wanted to make sure everyone fully agreed with that.		

○ Mike – I think in the past, CFARS, FARS, those are every 6 months, but the current requirement on a POM is every 90 days. If the requirement on the POM is still 90 days, I don't think requiring the functional evaluation every 90 days makes sense because there are tools that people use that aren't every 90 day tools. ○ Steve – Agreed ○ Jesse – So, what should the requirement be for general functional improvement? ○ Mike – I think that the current functional improvement tools we have used were every 6 months. I don't know if that is the same for all tools, or if it varies by different functional tool. I think it should be whatever is appropriate for the tool. Maybe a "not later than" something, but I don't know what that would be because I don't know enough about tools. ○ Diego – On the POMs that were originally required every 90 days, maybe we can put every 6 months? ○ Jesse – That's a different policy question. That's beyond the scope of this conversation. I know that policy makers at DCF have looked at that, but I'm not sure if a decision has been made. ○ Steve – To Mike's point, it really depends on the tool, and also the setting. So, if we have people in our outpatient, we may do a PHQ9 every time they come in, but if they are on inpatient, we might not do one at all. FARS, CFARS are done every 6 months. I think part of it you will need policy to determine that. FARS and CFARS have been long established, so I think it's just a safe bet to leave those at 6 months. The other tools are going be somewhat provider driven. ○ Jonathan – I'll run that by Ute as an action item for me and have something, hopefully by tomorrow Jesse. Rich, from a data reporting standpoint, does it make a difference from your perspective in terms of frequency of which the functional assessment data is provided? Is 180 days as good as 90 days in your estimation? ○ Rich – No (I couldn't understand him on the tape after that point). ○ Jesse – So, you're going to look into seeing when it should be submitted, and it should not be tied to a POM is what I am hearing. Is that correct?		

○ Jesse – Mike, from what I heard from you, it sounded like you wanted some sort of logic in the rule that says, "must be submitted within 180 days of the last ToolCode 12 evaluation"? ○ Mike – No, I just think that whatever the normal schedule for whatever that tool is, is the frequency with which it should be done. It's something that the provider would know. It's not something that we necessarily have a system rule. Now, you may say okay, we've got to cap it at some point, so we don't want to go a year without getting an update on the client's functional assessment when they're in ambulatory settings and I think that's reasonable. I just don't know that saying every 6 months you must do it, because it may be more frequent, it may be less. I don't know. ○ Jonathan – Would any interval be longer than 6 months? ○ Steve – I couldn't imagine so. ○ Jesse – Is this a tool that is actually being used by the providers currently? ○ Jonathan – There's different tools that will be used to get the gist for what general functional improvement is. We have different standards. ○ Rich – Jesse, how would you enforce this anyway? There is no way the system can force them to send something in at a certain period in time. ○ Jesse – The only way would be if they submitted an evaluation that didn't have the general functional improvement within a specified amount of time, their evaluation would get rejected, or their potential treatment episode would be rejected if they're submitting an update to the treatment episode. We need to know the actual requirement before we can find the solution. ○ Mike – I think what you're looking at is effectively a business rule and exception reports, because to actually have a validation in the system where you block subsequent data, that's saying "hey, we're missing this" and so, because we're missing this, we're going to miss even more. I don't think that's where you want to be. ○ Rich – I agree. I think exception reports would be the answer to that one. ○ Jesse – Okay. This came up from this team with the intention of making it required, but from		

what you're saying, now it should not be required. That's what I'm hearing. Is that accurate? ○ Mike – In the documentation, under the business rules, you say that it is required, but in terms of system validation, I don't know that you're going to be able to come up with a good validation that's not going to cause you other problems. If it's in the documentation saying that it's required, then we can follow up with providers pointing to the PAM as the requirement. We can say "you need to submit these, they're missing" or we can say "you need to close out the client if they aren't there anymore". ○ Jesse – I think that's fine if everyone agrees with that. Basically, in that scenario this just wouldn't even become a rule in the system, which is fine, and we would essentially just create the new ToolCode for use and reports and manual monitoring would be the only way it would be enforceable. Does everyone agree with that? ○ Jonathan – Yes, Jesse. I think that's how we need to move forward. ○ Jesse – Okay, I'll just strike it off and I'll send this document out with the other ones so that everyone can get a look at it before it is 100% finalized by DCF. Thank everyone, I appreciate it.		
3. Review FASAMS Transition Document with a focus on the following objectives: As mentioned at the start of the call, we're working to finalize a document that outlines the timelines for transitioning to FASAMS v14 and the expectations, therein, as well as outlining how to transition records from v13 to v14. In an effort to finalize that document, and get something out as quickly as possible, there's a couple of items that are lingering. The two objectives we have for closing the loop on this are determining the best way to deduplicate records in FASAMS v13 and determine a strategy for linking v13 and v14 in the DIM model as we develop different pieces of input in regards to what the providers capabilities are and how they'll go about providing composite fields, SRIs and the like. We have some options we'd like to go over with you to see if you agree or is there another option you can think of that would be more agreeable. We'll start with the deduplicating records.	Jonathan Hall	10:30-11:30

• How to deduplicate FASAMS v13 Records ○ Jesse has pulled a list of all the duplicated records in FASAMS v13, and typically that most of the data elements are the same, but the SRIs are different. We are able to dedupe in short to ensure that we have accurate data reflecting in FASAMS v13 as we move forward into the matching v14 to v13. We want to make sure that we have a matching one to one ratio. It's important that we don't deduplicate these things. We have a couple of options that we've identified to assist you. This is not something that we want to do ourselves at DCF or FEI, because we don't want to make a habit of deleting data that has been submitted. The options that we've identified, and we are hoping there will be other options that you all see to help us do this, are: ▪ Option 1: Jesse can provide a list of SRIs for every duplicated record pulled from v 13 and the MEs can go in and identify the correct record and submit deletion files for each duplicate. This might be a little labor intensive and confusing, so we have a second option, which we have allowed before in a different area and it seems to have worked well. ▪ Option 2: We purge all the data previously submitted in v13, allowing the ME to resubmit all submitted data into v13 without duplicated records. ○ Those are the two options we've identified. I'll just pause and open the floor for ideas, concerns and the likes. I also do want to mention that we are implementing that unique constraint that Jesse described previously. Hopefully, that will prevent any type of duplication moving forward. This effort will just be between what's been duplicated prior to the implementation of the use of the UCI.		

○ Jesse – That's correct. We are going to move forward with the Unique Constraint in both versions 13 and 14 once we get the final sign-off from all the MEs tomorrow. As far as sending out the SRIs in v13, the way that we've identified them is using the composite keys in that unique constraint document, and the most recently submitted SRI, the number of duplicated records, and then all of the SRIs for those duplicated records. I have a spreadsheet for all the MEs with different tabs for each data set that I'll be sending out to everyone this week. ○ Jonathan – Any questions, concerns or comments or any preferences on how to handle this? Would getting an inventory of what you have duplicated be necessary to determine what would be the best strategy? ○ Steve – As a provider, I like option 2. MEs might like option 1 better. ○ Mike – I think I would need to see what it looks like and think through what the impacts would be. If we had five just going in and deleting would be easy; if we have 50,000, not so much. It's kind of figuring out what the pain is going to be. ○ Jesse – I figured it would be something like that, and I agree with you that it might be different per ME, so we're going to let each ME decide their way and put in a formal request to purge and resubmit if that's what they determine. I'm right in line with you on that, Mike. ○ Jonathan – Regardless of the amount of records we're talking about, is there a situation where neither one of these options are agreeable to everyone? Is there a third option that we may not be considering that would be more preferable? ○ Mike – If we are going to talk about a preferable option, that would probably be just ignoring that, but I don't think that's really a realistic option on the table.		

○ Jonathan – I really wish that was an option because I know it's going to be a lot of extra work on you guys and us, but I don't think that we can move forward without having the duplicates accounted for. ○ Mike – At least, on the plus side, this will give us a good test of the unique constraint rules we identified to see if they actually were the right ones. ○ Jesse – And actually this process would happen before unique constraint goes into production. We would still anticipate there might be some duplication, but from what we've seen the duplicates records have come from month after month submitting the same file each month, and how some source systems are resubmitting the same data with different SRIs. The expectation would be that in a single submission there would not be those same duplicates over time that we are seeing right now. We did talk about trying to put the unique constraint rule in a little early, before the normal deployment schedule. I think it was determined that would be a little more of a barrier than a benefit. It's all still under discussion; we are figuring this out as we go. I'll also say that if after some consideration there are other ideas or third options, do let us know. You don't have to have all the answers right now. There's still time on this. ○ Johnny – Jesse and Jonathan, I'm going to throw out something crazy, if this could possibly be another option. How about deleting everything in version 13 and then having us resubmit everything in version 14? ○ Jesse – We would love that, but I think we made that recommendation about six months back and there was concern that it would still require the MEs to manipulate provider data. That was nixed. One of the original thoughts we had was to have everything submitted in version 14.		

○ Johnny – In version 13 we have that derived data anyway. I don't know; I'm just throwing it out there. ○ Jesse – It's definitely appealing from an FEI perspective. ○ Johnny – I'll let Mike chime in. ○ Joe – It would eliminate the need for transfer admissions, we wouldn't need to submit those. ○ Johnny – We would still need to submit those? ○ Joe – No, we wouldn't need to submit a transfer admission for those if we actually derive the data for version 14. It would be a lot easier to do that instead of continuously making all these transfer admissions. ○ Johnny – Correct, and that was one of the main things I was thinking of. That would get rid of all those transfer admissions that we've done, which is derived data and data that the providers did not have. We were going to have an issue with all of those open transfer admissions anyway. That was a follow-up question. What's the point then. Do we close out all of those open transfer admissions prior to going to v14 or would they be left open in all perpetuity in v13? ○ Jesse – Those are good points, Johnny. I'd like to definitely hear a sound off from every ME on that option. ○ Diego – I think our plan is to convert everything to v14, so I would agree with Johnny that it would be good to just leave everything in v13 and start fresh with v14. ○ Mike – I guess I'm the other side of that, which is I didn't want anything that we had translated for providers to in any way, shape or form, go into v14. The only thing I want in v14 is what the providers tell me is the truth or there situations; actual admission dates, all of that. If we do something where we translate into v14 for providers, then that means, again, that they're trying to synchronize their system with whatever we say is reality and they don't align.		

	That's would I thought we were trying to avoid with v14. So, all of the linking from v13 to v14 creates these problems because v13 isn't necessarily based in reality. So, if you want to be able to trace from provider, to ME, to DCF, all the way through, the way you do it is by having what the provider says is true. ○ Jesse – So, it sounds like you would not want to. Is that what I heard? ○ Mike – That is correct. ○ Danielle – Is there a way if you wait until each provider is go live and convert them to v14, but only with their real data? This may not be realistic, but I think this is what all of us were hoping would be happening, as well. If we removed the v13 data and started fresh with v14, I don't know if this is semantics, but that way the data that is coming in is only the real data from the provider. ○ Mike – Yes, so the way I've thought about this is effectively say Circle of Care, which is one of our providers on Credible, when Steve Lord says, 'it's time for us to go live", we have data as of this date. So, potentially, July 1, and we delete all v13 from July 1 forward, and then in v14, which are fresh, new tables that included with any of the sins of the past, we get what Circles of Care tells us is the truth about all of their open clients. From there forward, with each new client as they come on board, if they come on board in the middle of the year, then we have a misfortune of supporting both v12, which they have been submitting, and v14, which they are now submitting, but that way once they are in v14 everything from that point forward is directly what they say is reality. ○ Steve – That has been my intent to submit data. Go back to July 1 and submit true data, and the old stuff kind of be damned and see what ends up happening. ○ Jonathan – I kind of get your point, Mike. If I understand correctly, there's no validation in v14 to make sure something is or is not existing in v13. Only through		

	the DIM model are we linking those things for reporting purposes. Once you've deleted all the records from v13, and then put that derived data in v14, now there's contingencies based on that data that wouldn't be there if it was left in v13, is that correct? ○ Mike – Fundamentally, if you are taking something in v14 that I have translated then we have the same problems that we did with v13, which is stuff got translated, and at some point, that's the start of your foundation of data. That's my whole vision and what I thought we had been talking about for the last few months, was the idea that v14 was going to be clean going forward. We weren't going to seed it with anything from the past. That's kind of been the way that I have been approaching this for the last few months. ○ Jonathan – That was my understanding up until now, as well. ○ Steve – My concern is that if you're going to pull over v13 admissions, which I know are junk for us, and then I give you the accurate admissions for v14, is there going to be some trouble for us when we start reporting performance outcomes and service events? ○ Diego – I'm a little confused because sometimes in v14 we don't do anymore with the transfer admissions and that was the part that we had to derive the most. Our admission dates and everything are coming directly from the provider from v12. ○ Steve – Yeah, but those are bad dates. ○ Diego - No, that's data that is going to come from our system and those are actual dates. ○ Jonathan – Is it fair to say that the Department has changed its position over different renditions of the pamphlet regarding admission dates in the sense that in v12 the direction was that the admission date that would be provided was the date they originally started receiving SAMH funded services, and now we're moving toward instruction		

	that is more to the tune of what did they actually start services with that provider. So, that would be the instance, as I understand it, that they wouldn't be able to match; the dates wouldn't align. ○ Steve – Exactly. ○ Jonathan – So, even though the providers have been providing that data; they've been providing it based on tools or instructions that were given in a previous rendition of the pamphlet. ○ Jesse – I wanted to chime in. We've heard from 6 of the 7, the only person we haven't heard from is Jennifer and her crew and I just wanted to hear if she had an opinion on this. Obviously, DCF would have to take this back and mull it over. Jennifer, any opinion on this? ○ Jennifer – I'm still going to be thinking about this. I am not really very familiar with all of the history from 2012. ○ Jesse – Okay, so still considering it. I think this is something that at least DCF will probably discuss internally, Jonathan. ○ Jonathan – Jesse, I have a quick question just to make sure that I am on the same page with everyone else. In the event that we don't choose to resubmit data in v14, and we have to go the route of deduplicating within v13, and purging the data and resubmitting it, I know that we've turned off the rule that required transfer admissions, correct? ○ Jesse – Yes, in v13. In v14 there's no concept of a transfer admission. ○ Jonathan – They are correct in the sense that they would have to reapply those transfer admission standards to the reupdated 13 data, or could they submit without including transfer admissions? ○ Jesse – Yes, basically what we did was we turned off the required validation between the service event and treatment setting, which means they can submit service event against any admission. They would be able to get all of their data in without having to use transfer admissions to change treatment settings. I know that was a little bit of a		

	maze, what I just said, but essentially, they can get all treatment settings in without submitting transfer admissions is the quick answer. ○ Jonathan – We will certainly have to mull this over. This is a new concept. Thank you, Johnny, for presenting it so that we can consider it. The promise of having everyone's systems kind of aligned was very alluring to me. That is definitely something we would like to achieve in v14, so I do want to be cautious that we don't jeopardize that effort. We will certainly consider it and see if there is a way that it could be done with jeopardizing that effort. Any other questions, concerns, comments or suggestions in regards to deduplicating approaches? ○ Jesse – I'll just mention, Jonathan, the transition that you are going to potentially look at next could change depending on the internal DCF discussions. It may be premature to relay those now. Just FYI. ○ Jonathan – Okay, we will table that so as not to create any confusion and plan to discuss this at our next meeting. Would you guys be agreeable to potentially meeting next Tuesday? ○ Jesse – Maybe during this transition period where there are so many moving parts is it beneficial to just make this a weekly call rather than bi-weekly, so we can just kind of get these things hammered out quicker? ○ Jonathan – I certainly would find it very helpful to me. Would you guys be willing to move this up to weekly, at least for the interim, as we figure out everyone's transitioning? ○ Group consensus was yes. ○ Jonathan – We will schedule this to recur on a weekly basis, so that we can attack some of these issues in a quicker fashion. ○ Jesse – Sounds good. ○ Jonathan – Any other questions, concerns or comments before we go? ○ Jennifer – I have a comment. Could it be possible for my own understanding		

because I'm a little bit confused on things. I really don't have a big history as far as submission of data, would it be possible to put in a specific scenario, like for example, we have a particular treatment episode with an admission date of 1/1/2020, and then the POM and everything else that we submitted for v13, and then for v14, what will happen to this record? I wanted to see a picture of the transition. What's going to happen to this one? I have a good picture of if it's a new record I don't have any problem, but if it is an older record that we already have in our system, what is going to happen? ○ Jesse – We can get something together for you, Jennifer, and discuss that. It might be something that we just follow-up on and make sure that we have a full understanding of the picture you're looking for. That shouldn't be a problem. That's something that we can probably discuss this Thursday. ○ Jonathan – We have something similar to that, if I'm not mistaken, so we can send that to you and discuss it Thursday, so we can see if you had in mind something else during our pilot call. ○ Jennifer – Okay, because I was confused about what the admission. That this what they submitted to us vs. are they going back to that admission way before the ME came into being. • Action Items: ○ Jesse is going to send out the updated enhancement docs for the unique constraint rule and the general functional improvement and seek out everyone's final piece of input by tomorrow. ○ Jesse will send out inventory of duplicated records for ME to choose best/most preferred strategy for deduplication ○ DCF will discuss option to resubmit v13 data in v14 ○ Jonathan will make meetings recur every week instead of bi-weekly going forward.		

○ DCF will provide LSF an outline of how records will look at different dates in different versions.		