

FASAMS Data submission issues and proposed solutions

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Data Sets creating submission issues

- Subcontract
- Treatment Episode
- Service Event

Subcontract Issues

- Issues identified
 - Funds allocated to OCA-Covered Service combinations change often which requires many subcontract/amendment updates

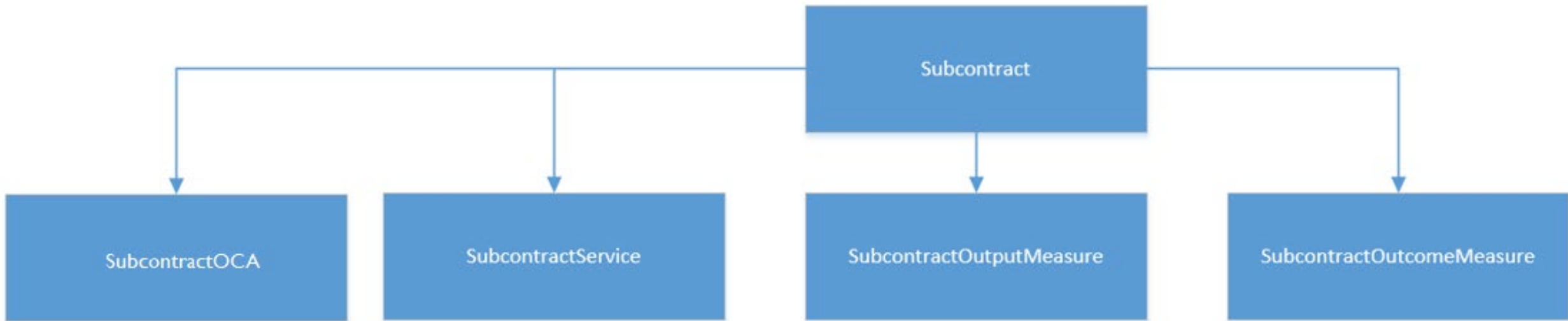
Subcontract Proposed Solution

- Subcontract table:
 - Add the following data elements to Subcontract table:
 - SourceRecordIdentifier (to replace existing key fields)
 - Remove key field designation from the following fields:
 - ContractNumber
 - SubcontractNumber
 - AmendmentNumber
- SubcontractOCA table
 - Add a child table under Subcontract table called SubcontractOca table
 - Add the following fields to the new SubcontractOca table
 - SourceRecordIdentifier
 - ExpenditureOCACode
 - TotalSubcontractedOcaAmount
 - Add new calculations based on fields in this table
- Update OCA validation rule in Subcontract Service:
 - Must be a valid OCA value for the ProjectCode. Valid values are listed in Pamphlet 155-2, Appendix 1, Table 10.

Subcontract Proposed Solution cont.

- SubcontractService table
 - Add the following data elements to SubcontractService Table:
 - PaymentType
 - Required
 - ContractedAmount field
 - Make this field optional instead of required
 - Must first be discussed with DCF Contracts and Budget Office
 - Add new rules to SubcontractService table:
 - ExpenditureOcaCode cannot be submitted unless the ExpenditureOcaCode already exists in the SubcontractOca table
 - Project code submitted must be valid for ProjectCode, PaymentMethodCode, and UnitOfMeasureCode combination based on Pamphlet 155-2, Appendix 1, Table 10.
 - Remove some calculations that are based on SubcontractService fields
 - The following data elements are required and must be unique within a Subcontract:
 - CoveredServiceCode or ProjectCode
 - ProgramAreaCode
 - ExpenditureOcaCode
 - EffectiveDate
 - PaymentRatePerUnitAmount
 - UnitOfMeasureCode
 - PaymentMethodCode

New Subcontract data structure



SubcontractOCA and Subcontract Service tables

SubcontractOCA		SubcontractService	
	TotalSubcontracted OCA amount		ContractedAmount OCA Rate
MH001	\$ 1,000.00	MH001 + CS1	15/hr
MH009		MH001 + CS2	50/hr
		MH001 + CS3	25/hr
		MH001 + CS4	
		MH001 + CS5	
		MH001 + CS6	
		MH001 + CS7	
			\$ -

Treatment Episode Issues

- Issues Identified
 - Transfer Admissions require too much data to be submitted
 - Often the data is not available from the Provider
 - Referencing the POM from the Initial Admission is not accurate because the data was not collected at the time of the Transfer Admission
 - Managing Entities must derive the Treatment Setting, and therefore the ProviderSite, based on the Covered Services submitted by Providers
 - Deriving the Treatment Settings is problematic in FASAMS because there is no longer a 1:1 relationship between Treatment Settings and Covered Services

Treatment Episode Proposed Solutions

- Update the “Admission Must Have Outcome Measure Rule” to be two rules
 - One for Initial Admission and one for Transfer Admission
- Update the “Discharge Must Have Outcome Measure Rule” to be two rules
 - One for Final Discharge and one for Transfer Discharge
- Update the “IsCodependentCode” and “ReferralSourceCode” rules
 - One for Final Discharge and one for Transfer Discharge

Treatment Episode Proposed Solutions cont.

- Deactivate/expire the existing Treatment Setting Codes in Table 3 of Appendix 1, on 8/1/2020, as follows:
 - **03** for Rehabilitation/Residential-Hospital (other than Detoxification)
 - **04** for Rehabilitation/Residential -Short term (30 days or fewer)
 - **05** for Rehabilitation/Residential –long-term term (30 days or more)
 - **06** for Ambulatory – Intensive outpatient
 - **07** for Ambulatory – Non-Intensive outpatient
 - **08** for Ambulatory Detoxification
 - **97** for Non-TEDS Tx Service Settings
- Add new Treatment Setting Codes in **Table 3 of Appendix 1** as follows.
 - **09** for Crisis Stabilization provided under a CMHC provider
 - **10** for Residential/Rehabilitation
 - **11** for Residential Treatment Center
 - **12** for Inpatient Hospital
 - **13** for Ambulatory Outpatient
 - **14** for Other Service Settings

Treatment Episode Proposed Solutions cont.

- Old to New Treatment Settings conversions:
 - 03 for Rehabilitation/Residential-Hospital (other than Detoxification)
 - With CSU becomes TreatmentSettingCode 09 for Crisis Stabilization provided under a CMHC provider
 - With Inpatient becomes TreatmentSettingCode 12 for Inpatient Hospital
 - 04 for Rehabilitation/Residential -Short term (30 days or fewer)
 - Becomes TreatmentSettingCode 10 for Residential/Rehabilitation PLUS ServiceDuration = 2
 - 05 for Rehabilitation/Residential –long-term term (30 days or more)
 - Becomes TreatmentSettingCode 10 for Residential/Rehabilitation PLUS ServiceDuration = 1
 - 06 for Ambulatory – Intensive outpatient
 - Becomes TreatmentSettingCode 13 for Ambulatory Outpatient PLUS ServiceIntensity = 1 PLUS AmbulatoryDetoxOnly = 0
 - 07 for Ambulatory – Non-Intensive outpatient
 - Becomes TreatmentSettingCode 13 for Ambulatory Outpatient PLUS ServiceIntensity = 2 PLUS AmbulatoryDetoxOnly = 0
 - 08 for Ambulatory Detoxification
 - Becomes TreatmentSettingCode 13 for Ambulatory Outpatient PLUS ServiceIntensity = 2 PLUS AmbulatoryDetoxOnly = 1
 - 97 for Non-TEDS Tx Service Settings
 - Becomes TreatmentSettingCode 14

Treatment Episode Proposed Solutions cont.

- Update Table 3 of Appendix 1 to reflect new Service Settings and applicable covered services and projects as specified in Memorandum 20190514-B, Attachment 1 section.
- Add the following data elements to Admission Subentity of Provider Treatment Episode.
- **ServiceDuration**
 - This field indicates the clinical assessment of the person needs for long-term service duration (at least 30 days) or short-term service duration (less than 30 days) at the time of his/her initial or transfer admission into a Residential/Rehabilitation Service Setting.
 - Required only if TreatmentSettingCode is 10 (Residential/Rehabilitation)
 - Must be one of the following values:
 - 1 for long-term duration
 - 2 for short-term duration
- **ServiceIntensity**
 - This field indicates the clinical assessment of the person needs for intensive services (at least two service events in three consecutive days per week) or non-intensive services at the time of his/her initial or transfer admission into an Ambulatory Outpatient Service Setting.
 - Required only if TreatmentSettingCode is 13 (Ambulatory Outpatient)
 - Must be one of the following values:
 - 1 for Intensive Services
 - 2 for Non-Intensive Services
- **AmbulatoryDetoxOnly**
 - This field indicated the clinical assessment of the person needs to receive only ambulatory detoxification services at the time of his/her initial or transfer admission into an Ambulatory Outpatient Service Setting
 - Required only if TreatmentSettingCode is 13 (Ambulatory Outpatient)
 - Must be one of the following values:
 - 0 for No
 - 1 for Yes

Service Event Issue

- Issue Identified
 - Some Service Events cannot be submitted to the system because of the rule “Must match the related Admission’s or Immediate Discharge’s ContractNumber if TypeCode is 1 (Client-Specific).”

Service Event Proposed Solution

- Add new field to ServiceEvent entity:
 - Add SubcontractServiceSourceRecordIdentifier field
 - Remove Rule:
 - Must match the related Admission's or Immediate Discharge's ContractNumber if TypeCode is 1 (Client-Specific).
 - Add Rule:
 - SubcontractServiceSourceRecordIdentifier
 - Rules to apply:
 - Required
 - Must match an existing SubcontractService.SourceRecordIdentifier

Questions? Comments?