

Meeting Minutes

Transitioning FASAMS Versions with DCF and DAC Subcommittee

April 29, 2020, 12:00 – 1:00 EST

Attendees:

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

Outside Organizations: Jesse Lindsey-FEI, Larry Brown, Beau Frierson-Lakeview, Roderick Harris-BBCBC, Mike Lupton-CFCHS, Johnny Guimaraes-SFBHN, Joe Glidden, Diego Wartensleben-Carisk Partners, Jordy Pineda, Jessica Knott, Tom Rose, Lisa Tajdari, Jennifer Ramirez-LSF, Scott Case, Joanne Szocinski-CFBHN, Nydia Neris, Debbie Stephenson, William Garcia

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

Discussion Summary (by Agenda Topic):

1) Review Status for Version 14 Production Date

- DCF provided a status update of the Version 14 release schedule, with UAT scheduled for 6/1/20 and production currently scheduled for 10/1/20, with a possible extension to 11/1/20.
- DCF has begun meeting with the DAC Subcommittee to discuss strategies for transitioning FASAMS.
- DCF went over primary points from the 4/17/20 meeting with the E.H.R. vendors:
 - All anticipated development would be completed by 10/1/20 deadline;
 - Primary concern is time for staff training, especially if required to submit data back to 7/1/20;
 - Smaller/medium sized providers may not be prepared at the same rate as larger providers with more resources; and
 - Clarified expectations that all providers would be submitting V14 data in XML format.

2) Strategies for Transitioning Data

- Resubmit all FASAMS data in V14:
 - Pros
 - A consistent account of FASAMS data; and
 - Method for transitioning with condensed time frame (now extended).
 - Cons
 - Requires MEs to derive, previously derived data elements.
- Submit V13 data in SAMHIS/Start new in V14:
 - Pros
 - Would not require ME to derive data; and
 - Would provide DCF with a full account of data in ME System.
 - Cons
 - Not feasible solution for DCF; and
 - Not in DCF best interest, need to continue to move forward.

- Administrative Discharge from V13/Readmit in V14 – using original admission date:
 - Pros
 - At first glance, seems to be an agreeable solution for most; and
 - Allows for data synchronicity.
 - Cons
 - Requires all providers to be on board, who have not previously agreed;
 - Concerns with reporting;
 - How will we reconcile discharge dates and manage artificial dates;
 - What will process be to verify that individuals have been administratively discharged and not have parent data active in V13;
 - What will happen with clients who have been in the system for years and have legacy data not in FASAMS format: *Potential Solution: put original admission date for treatment episode, but only enter current status/events in V14;*
 - Can artificial discharge dates be managed/how will this impact provider E.H.R system: *Potential Solution: will we need a discharge from V14. Rich – how would that be reconciled. Jesse will work with developers. SRI may not work as those are autogenerated. Consider unique identifier from client and bouncing off admission dates;*
 - Feedback from providers - a lot have reminders in their systems about when outcomes are due, concerned about all being done at the same time – could be mitigated by not requiring an administrative discharge;
 - When specifications are identified, have real time example; and
 - Concerns about the amount of time this will take/need a process for vendors to administratively discharge and resubmit with one click as opposed to thousands of separate entries.

3) Reporting Structure with Dual Versions in Production

- Small tweak in the naming convention in the XML for V14 to include “*Version 14*” in it so we know when we receive the file it needs to be processed in the V14 format as opposed to V13.
- Once V14 goes live we will still be able to receive V13 data, which will be loaded into the current tables in the V13 format - V14 will be saved in completely new tables.
- No sharing of modules between the two versions for purposes of data integrity.
- When we transition to V14 it will be completely clean cut.
- Plan is for FEI to work with DCF and MEs to identify how to migrate the V13 data into the V14 format in a separate reporting database. V13 data will always be there - we’re going to use an ETL process to convert it to V14 format for historical reporting purposes.

4) Proposed Timeline for Transition Deployment

- Timeline identifies a process for getting to our end goal of everyone submitting in V14.
- Targets and target dates have not been established - they were inserted to serve as an example.
- Current goal is to get V14 in UAT by 6/1/20 to allow adequate time for testing and training through 11/1/20.
- V14 would be put into Production on 11/1/20, and V13 will remain in Production in a separate environment.

- Once V14 goes into Production, the plan is to set quarterly targets for how many providers will be submitting totally in V14.
- DCF is developing a survey to assess provider readiness that would go out at the quarterly intervals to gauge how many providers are actually fully submitting and identify barriers they may be having in getting there.

5) Other Discussion Points

- We won't discuss these today, please email Jonathan any thoughts suggestions
 - How can we make the best use of testing time;
 - How can we incorporate test cases of typical client movement into testing/training;
 - Project Code – how to account for movement throughout the system; and
 - How to build system prompts for assessments. Multiple assessments for different admission types - more clarification is needed in the pamphlet chapters.

6) Decision Points

- When new admission records are submitted in V14 for existing open episodes, the actual admission date should be provided. However, only current placement and POM data is required to be included.
- By 7/1/2021, all providers should be submitting data in V14 format.
- FASAMS will only accept V13 formatted data through 8/15/2021.

7) Action Items

- Provide use cases we can leverage in our testing plan for V14 – Roderick – 5/15/20
- Work with OZ and FEI to produce a comprehensive test plan that will include participation by HQ, ME, Provider, and facility staff – Nathan – 5/29/20

8) Open Issues

- How will open episodes in V13 be closed or administratively discharged? Is this required?
- How will FASAMS reporting accommodate data submitted in V13 and V14 data formats?