

CALOMS TX USERS GROUP CONFERENCE CALL

This is Alcohol and Drug Programs' (ADP) first California Outcomes Measurement System-Treatment (CalOMS Tx) Users' Group Conference Call since the Regional Trainings in 2008. These meetings will occur on a quarterly basis, where the State, County and Providers can continue to communicate CalOMS Tx issues and concerns. Sharing success as well as mistakes is a great learning and training tool and this users' group has been very successful and well received thus far. Thank you for being a participant in these meetings and sending your feedback and questions. We will use your feedback to make future calls productive and valuable to everyone.

There was discussion of the CalOMS Tx/Drug Medi-Cal Reconciliation Project (Reconciling CalOMS Tx client records with Drug Medi-Cal (DMC) client billing records. ADP requested counties review DMC records to determine the reason for the absence of the CalOMS Tx client treatment records):

AGENDA QUESTIONS:

1. Q: On the CalOMS Tx Error Submission and Detail Report, there are errors related to re-submissions. Please explain the basis of these errors and if there are fields that are not considered to be duplicates.

A: Re-submission Error Codes (471, 472, 473, and 560) all occur because a record (admission, discharge or annual update) has already been submitted and accepted. There is no need to keep trying to submit a record when it has already been accepted.

2. Q: If a provider is contracted to provide Parolee Services Network (PSN) services, and only sees one or two PSN clients per year, do they have to submit CalOMS Tx data for all of their clients throughout the year, or only the one or two PSN clients as they occur?

A: ADP is responsible for reporting on the treatment services that each client receives in any program that is ADP funded or licensed, provides NTP services, or is Drug Medi-Cal (DMC)-certified, whether the individual client is ADP funded or not. Consequently, since PSN funding is accepted from ADP via the county, all clients that receive treatment from a PSN funded program must be reported to CalOMS Tx.

3. Q: On the CalOMS Tx Reports and Menu Selections in ITWS, the provider number & name appear to be based on the Master Provider File Provider Number and Program Name fields. Since the Program Name may be the same for multiple Provider Numbers, would it be possible to append the DBA Name field to the Program Name when it is available? Having that additional information would provide more clarity when selecting a provider or viewing results within a report.

A: Adding a facilities Doing Business As (DBA) name would require a system change at ADP and ITWS. The Provider ID and Program Name that display on the dropdown menu in ITWS are based on the information the providers give ADP. Both Provider ID and Program name are required fields, while a Doing Business As name is not required. This change is not recommended as displaying the DBA in place of the Program Name will result in providers only displaying a Provider ID but nothing else in ITWS. Making this change at this time will slow down performance of the drop down menu, and make it longer to generate. However, we will continue to look at all possible improvements to the user interface.

4. Q: Our county will be working with our providers regarding the use of discharge status codes 1-8. In the revised data collection guide (Aug. 2009), it states, "the client is available to complete the discharge interview either in person as planned, or by contacting the client by telephone." I am confident that the counselors and their supervisors will ask about billing for the discharge interview via telephone. Can you please provide feedback on this part of the discharge interview? Perhaps this is a Drug MediCal question only? Any help is appreciated.

A: The ADP Fiscal Management and Accountability Branch states that counties cannot be reimbursed for the discharge interviews unless the interview occurs at the facility. Title 22 (Drug MediCal) will only allow ADP to pay for face-to-face counseling, nor will the regulation allow us to reimburse for completing the questionnaire, only counseling. Counties can still do a discharge over the phone if the client does not wish to return for CalOMS Tx, but they cannot bill DMC for the telephone interviews. .

5. Q: Can we (counties) receive feedback on our DMC reconciliation cleanup efforts, so that we know if our methodology works?

A: After this year's reconciliation, Data Management Section (DMS) will provide feedback.

6. Q: In what format do we send our NTP corrections once you give us the list of errors or inconsistencies? Do you send out a notice if there are no errors?

A: ADP sent an Excel spreadsheet showing the discrepancies when there were DMC billing records and no CalOMS Tx admission record. Most counties simply added columns to the spreadsheet either explaining the discrepancy (usually the name was wrong—or admission was under wrong provider ID), or stated an admission has since been submitted for that billed DMC client. If your county did not receive a notice with a spreadsheet of data to be reconciled then you either do not bill for DMC, or your errors were minor.

CONFERENCE CALL QUESTIONS:

7. Q: How do I change the original admission record?

A: Revise the original admission as necessary and resubmit the admission as a Form Type "2". For guidance, review the Data Collection Guide, page 12 for Type of Form.

8. Q: How do we correct an admission that has a matching discharge?

A: To correct an original admission record that has a matching discharge record attached to it, please do the following:

- First delete the discharge record,
- Then fix the admission,
- Then re-submit your discharge record.

For more information, review the CalOMS Tx File Instructions, page 44, "How to Delete Sequential Records."

9. Q: If there is a demographic change to information in the original admission, is that considered a change that would require a re-submission?

A: Yes.

10. Q: How do I discharge someone who walks away from their treatment plan?

A: Do an administrative discharge. Please see Section 8.5.1 of the Data Collection Guide on Administrative Discharges.

11.Q: Can I bill DMC for the discharge interview?

A: The ADP Fiscal Management and Accountability Branch states that counties cannot be reimbursed for the discharge interviews unless the interview occurs at the facility. Title 22 (Drug MediCal) will only allow ADP to pay for face-to-face counseling, nor will the regulation allow us to reimburse for completing the questionnaire, only counseling. Counties can still do a discharge over the phone if the client does not wish to return for CalOMS Tx, but they cannot bill DMC for the telephone interviews.

12.Q: Can the outcome report allow for multiple selection criteria, such as; women, CalWORKs, dependency drug court, etc? Can we allow multiple selection criteria?

A: This is not possible with the current version. It is, however, on our internal "Issue log" as a system enhancement.

13.Q: Regarding dependency drug court data and the new codes: What happened to the old data?

A: Past drug court data using the old codes is still (remains) in the database. Only the definitions of the source of referral codes changed.

14.Q: Regarding the "treatment admissions child status" outcomes report, why do I keep getting an error message?

A: The error report is the result of a system vulnerability. This is a fairly large report and it is best to generate these larger reports early in the morning or late in the afternoon when the system is less busy. We are sorry for the inconvenience, and are looking at technical solutions to decrease report generating time.

15.Q: Why do inactive providers show on the drop-down in the Outcome Reports selection page? Is there a way to display inactive providers only in the FY they provided services?

A: Inactive providers should not be removed from the drop-down as there is data associated with all provider IDs. Modifying CalOMS Tx to display only active providers based on the FY the provider were in business will require a system change on our end. We will add this to ADP's issue log for future builds.

16.Q: Can we delete admissions if we can't do a discharge?

A: You should never delete a valid admission; this will reduce the number of treatment services provided. If a face-to-face discharge is not possible, please submit an administrative discharge. If a provider has no data to report, then please send in a Provider No Activity (PNA) report to the state for that month. Please see section 3.11.3 for information on SYS-4.

17.Q: CADPAAC has been promising a new version of reports for county contracted providers. When will it happen?

A: The pilot, using five county contracted providers, is in progress. The results will be assessed and a roll-out plan regarding the remaining county providers will be developed.

18.Q: Deadline for 08/09? Counties did not receive a letter this year as a reminder to reconcile their data. What is the deadline for this?

A: The notification about this year's reconciliation was sent out on Monday, October 5, 2009. Use the Error and Submission, Open Admissions and Open Providers Reports as a reference to review and correct and discharge your data. There is no need to wait for a reminder from us to correct data.

19.Q: Is admission information automatically populated when you are doing a discharge, or do you have to retype the information?

A: Since admission records already contain many of the required data fields for discharge records, you should not have to re-enter this information for discharge records. You will need to contact your vendor regarding this issue to ensure that data collected at admission is populated when you enter discharge records.

20.Q: Can we just correct the admission record instead of having to back out a bunch of stuff and then resubmit?

A: To correct the admission record your options are as follows:

- If you have an open admission that needs to be corrected, you can correct and resend the admission record.
- If the admission has a matching discharge already, you must delete the discharge record, then fix the original admission and lastly, resubmit the discharge, so that all records match.
- You cannot change one without matching the other or the new record will reject.

- You may do this in the same batch file, but the records must be sequential when submitting the file, so that the deleted discharge is first, then the corrected admission comes in next, then the corrected discharge.

21.Q: Can we create a new record type to deal with corrections? The current process is WAY too cumbersome.

A: At this time, there are no shortcuts. We will add this to our issue log.

22.Q: What are the discharge status differences between satisfactory vs. unsatisfactory?

A: Aids that explain discharge status are as follows:

- Section 8 in the Data Collection Guide discusses the collection of discharge data;
- Protocols, rules, sample scenarios begin on page 92;
- Appendix H lists further scenarios giving examples of which discharge codes should be used for which scenario;
- ADP Bulletin 08-08 addresses the differences.

23.Q: What's the special services contract id number?

A: Section 6.9 in the Data Collection Guide discusses special service contracts. Some counties contract with neighboring counties for the provision of services available in one county, which are not available in another. Special service contracts are issued by ADP, ranging from 0000 – 9999. If a special services contract exists and a special services contract identification number has been assigned, the two-digit code of the county paying for the services (referring county) must be entered in the county paying for services field (see Section 6.8). Failure to enter the county code in the county paying for services field when a special services contract number has been entered will produce an error and the record will be rejected. A code of 99902 should be entered if there is not a special services contract in place.

24.Q: In the Service Utilization outcome report, why isn't the percent calculation for discharge status based on the total discharges?

A: ADP did not base the percent calculations on the total number of discharges as an accommodation to the counties who requested the detail subtotal data during CalOMS Tx design. ADP included the subtotals so that counties and providers could have both options at their disposal (subtotals and totals). Calculating the total discharges takes only one additional simple step: dividing the subtotal for each subcategory by the total number

of discharges. (The sub categories are: Non-Administrative discharges for completed and not completed Tx, and Administrative discharges, did not complete Tx.)

We recommend that you download the report in Excel. Then add another column next to your report totals to calculate additional information.

CONFERENCE CALL COMMENTS:

25. Comment: One county referred to last October's Regional User's Group Meetings. What happened to the questions we asked then? We didn't get answers to the questions that were raised.

Response: A table listing the most common questions raised was sent out in early March, 2009. We will send this out again as an attachment, along with these meeting notes.

26. Comment: Please post the agendas regarding these quarterly conference calls on ADP's website.

Response: We are currently working on revamping the CalOMS Tx web page to include a link to all documents for each conference call, as well as a FAQ section on CalOMS Tx.

27. Comment: Counties wish to see their own UNIQUE clients.

Response: Under the current version, this is not possible. Due to errors in ADM 11 (treatment being provided under a special services contract on behalf of another county), it could be possible to see another county's data if we showed unique clients. It is, however, on our internal "Issue log" for the CalOMS Tx system for bug fixes and future versions.

28. Comment: All CalOMS Tx reports need to be available in txt files.

Response: The Error and Submission Details report can now be downloaded as a flat file. We will look into adding .txt files as an option.

29. Comment: It was noted that there was an error in the Data Dictionary regarding MED-12. There was a lengthy discussion about CalOMS Tx changes that cost the counties money and staff time (and may not have even been necessary). Counties stated that they definitely need more lead time to work with vendors when a change does require an adjustment to their systems.

Response: ADP will facilitate collaboration and communication to attempt to reduce costs and staff impact to the counties. If you notice any inconsistencies with any piece of the CalOMS Tx documentation, please notify ADP as soon as possible.

30. Comment: A suggestion was made to move Appendix E, the Table of Data Elements and Data Collection Points from the Data Collection Guide to the Data Dictionary.

Response: When we next update these documents, ADP will either copy Appendix E to the Data Dictionary, or move it per the suggestion.

31. Comment: Counties are still very interested in receiving an unresolved error report, as it would be very helpful to see errors and rejections more clearly.

Response: Under the current version, this is not available. It is, however, on our internal "Issue log" for the CalOMS Tx system for bug fixes and future versions and is a high priority.

ACTION ITEMS:

- ADP will post all Quarterly Conference Call schedules, agendas, and meeting notes to the website 10 business days prior to the next conference call.
- ADP will post the document released after the 2008 CalOMS Tx Regional User's Group meetings to the website within 30 days after the call.
- ADP will incorporate Appendix E from the Data Collection Guide and may incorporate it in the Data Dictionary the next time both documents are revised. In the meantime, you can print out Appendix E from the Data Collection Guide to store it next to your data dictionary.
- ADP will add a "Frequently Asked Questions" section to the CalOMS Tx website before the end of the year.
- ADP sent out a notification about this year's data reconciliation Monday, October 5, 2009. You may also use the Error and Submission, Open Admissions, and Open Providers Reports as a reference to review, correct, and discharge your data.