

FASAMS Requirements Document

Create XML for client narrative WI 14823

Created by: Jesse Lindsey

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GENERAL

VERSION CONTROL

Date	Version	Author(s)	Brief Description of Change
6/9/2020	1.0	Jesse Lindsey	Initial document creation
6/10/2020	1.1	Jesse Lindsey	Update document and add final estimate

STAKEHOLDERS

Role	Name
FEI Implementation Manager	Jesse Lindsey
FEI Account Manager	Kory Schnoor
FEI Product Manager	Jessica Knott
DCF OITS Project Director	Nathan McPherson
DCF SAMH Project Sponsor	Jonathan Hall
DCF Business Analysts	Gregory Nix / Victor Gaines

SUPPORTING DOCUMENTS AND REFERENCES

Narrative of Client

TERMS AND DEFINITIONS

Terms	Description

SCOPE

INITIAL REQUEST & ASSUMPTIONS

Business Statement

DCF needs a suite of XML files created based on a fictitious client timeline. These files will assist DCF and the MEs in their testing of the new FASAMS Version 14.

Scope Definition

Create all necessary XML files needed to follow the fictitious client, John Smith, through his timeline of care. This would include a Provider, Client, Subcontract, Treatment Episode, and Service Event XML files.

Assumptions, Constraints, Dependencies

As questions arise while the XML is created, Jesse will facilitate meetings between DCF and FEI as needed.

EXISTING FUNCTIONALITY

Currently DCF has to use the XMLs created by FEI while testing the system or create the XMLs themselves.

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PROPOSED FUNCTIONALITY

Create XML files based on fictitious client John Smith's treatment timeline and provide to DCF.

INITIAL ESTIMATE/ QUOTE HISTORY

Phase/ Quote Date	Item(s)	Description	Estimate/ Quote
6/11/2020	14823	Initial Estimate	0 - 90
6/11/2020	14823	Final Estimate	Final Estimate: Analysis = 8 Dev = 0 Test = 48 Acct / Project Management = 4 Total = 60

REQUIREMENTS

Req. ID	Requirement	Ref. ID	Dev	QA
1.0	Create XMLs based on the timeline in 1.1			
1.1	TIMELINE			
	- 16 May 2018: John Smith placed in CSU at Anytown Behavioral Health as indigent			
	for suicidality			
	 Biopsychosocial completed 17 May 2018 			
	 Diagnosis: Substance Abuse Disorder (F10.12) 			
	 FARS completed 18 May 2018 			
	 Referred to outpatient SA services 			
	Identity confirmed, client has BlueCross/BlueShield			
	 Client discharged with referral to outpatient SA services 			
	- 8 June 2018: John re-arrested for fighting			
	 Loses job and insurance due to arrest 			
	 Released under court supervision with random UA's 			
	 16 June 2018: John enters Outpatient SA Treatment 			
	 SASSI-2 – diagnosis: Alcohol Abuse Disorder (F10.122) 			
	- 3 July 2018 - Life Event Checklist (LEC), Generalized Anxiety Disorder-7 (GAD-7) and			
	the Patient Health Questionnaire (PHQ-9) completed by outpatient therapist			
	 Diagnosis : Cyclothymic Disorder (F34.0) 			
	 15 August 2018: Outpatient Treatment completed 			
	 LOCUS completed at this time 			
	 22 October 2019: FIT assigned to client and his family 			
	 DLA-20 completed at this time 			
	 Children's Home Society case manager assigned 			
	- 25 October 2019 : John enters detox (3 days)			
	- 2 November 2019 : John exits detox (3 days)			



Req. ID	Requirement			QA
	 9 January 2020: John enters detox (3 days) (John meets care coordination criteria – 3 detox events in last 90 days) 20 January 2020: John enters inpatient rehabilitation (Co-Occurring Disorder Program) 3 March 2020: John exits inpatient rehabilitation 22 April 2020: John assigned a case manager from Anytown Behavioral Health 23 April 2021: John discharged from services; no final assessment completed 			