

FASAMS Requirements Document

Allow Service Events for Immediate Discharges

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GENERAL

VERSION CONTROL

Date	Version	Author(s)	Brief Description of Change
10/8/2018	1.0	Tammy Davis	Initial creation of the document.
1/28/2019	1.1	Jesse Lindsey	Document update after JAD
2/11/2019	1.2	Jesse Lindsey	JAD update after meeting with team
2/13/2019	1.3	Yiwen Ma	Internal Review
3/1/2019	1.4	Yiwen Ma	Removed Req. 2.5 as the rule no longer exists.
3/7/2019	1.5	Yiwen Ma	Added Req. 3.2.3 based on discussion with DCF

STAKEHOLDERS

Role	Name
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SCOPE

INITIAL REQUEST & ASSUMPTIONS

Business Statement

The change is to provide Providers and Managing Entities the ability to report covered services (ex. assessments, evaluations or screenings) that were performed as part of an intake or admission process that results in the immediate discharge of an individual. The current structure of an immediate discharge does not allow for the accounting of client-specific covered services. These services are necessary to be performed in order to assess whether an individual meets the criteria for an admission into a MH or SA program. This will have a downstream effect of matching the covered services reported in FASAMS to the reported covered services listed on the Monthly Provider Detail Report sent to SAMH by the MEs.

Scope Definition

The enhancement will modify the ImmediateDischarge and ServiceEvents entities so that FASAMS has the ability to accept Service Events that were performed in cases of Immediate Discharges. In addition, reports that run on Service Events will be updated to include the Immediate Discharge-related services as well.

Assumptions

The following reports are run based on Service Events data, but will remain unchanged, because they report on admission-related data only:

- Contract Compliance All Outcome Measure reports
 - These reports are based on Performance Outcome Measures, which do not occur in Immediate Discharges)
- URS 6 (MHBG 11): Profile of Client Turnover
- URS 12 (MHBG 12): State Mental Health Agency Profile
 - This report covers only SMI/SED populations, which are calculated based on Performance Outcome Measures.
- URS 16 & 17 (MHBG 19 & 20): Profile of SMI Receiving Specific Services

EXISTING FUNCTIONALITY

Currently FASAMS allows/requires client-specific Service Events (TypeCode = 1) to be associated with admissions within a Treatment Episode. AdmissionSourceRecordIdentifier is required when TypeCode is 1.

PROPOSED FUNCTIONALITY

The following new fields will be added to ImmediateDischarge entity:

- SiteIdentifier
- ProgramAreaCode
- ContractNumber

The following new field will be added to ServiceEvent entity:



• ImmediateDischargeSourceRecordIdentifier

The existing business rules will be updated to allow Service Events submission for Immediate Discharges, and ensure they match the appropriate Immediate Discharges. The existing rule above will be altered to require a client-specific Service Event (TypeCode = 1) to be submitted with either an AdmissionSourceRecordIdentifier or ImmediateDischargeSourceRecordIdentifier.

INITIAL ESTIMATE/ QUOTE HISTORY

Phase/ Quote Date	Item(s)	Description	Estimate/ Quote
01/17/2019	8368	Initial Estimated Hours	90 to 180
02/20/2019	8368	Final Estimate Hours	Analysis: 36 Development: 100 Testing: 80 Acct/Project Management: 16 Total = 232

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REQUIREMENTS

NOTE TO QA

For UAT, submit 10 test ServiceEvents records with ImmediateDischarge Test records

- 5 of them are true positives
- 2 are true negatives (ex. TypeCode 2 associated with an immediate discharge)
- An ME is able to go in and submit the records

1. UPDATE IMMEDIATE DISCHARGE ENTITY

Req. ID	Requirement	Dev	QA
1.1	Add New Field	×	
	Field Name: SiteIdentifier		
	Value Type: String		
1.1.1	Implement these rules on the new field above:	\boxtimes	
	Required.		
	 Must match the SiteIdentifier for a single Provider site already set up in FASAMS for the 		
	Treatment Episode's associated Provider.		
1.2	Add New Field		
	Field Name: ProgramAreaCode		
	Value Type: String		
1.2.1	Implement these rules on the new field above:	\boxtimes	
	Required.		
	Must be one of the following values:		
	o 1 for Adult Mental Health		
	o 2 for Adult Substance Abuse		
	o 3 for Child Mental Health		
	 4 for Child Substance Abuse 		
	 5 for Adult Substance Abuse and Mental Health 		
	o 6 for Child Substance Abuse and Mental Health		
1.3	Add New Field		
	Field Name: ContractNumber		
	Value Type: String		
1.3.1	Implement these rules on the new field above:	\boxtimes	
	 Required when the Provider.ContractualRelationshipCode is not 3 (State Mental Health 		
	Treatment Facility - DCF Operated).		
	 Must match a single contract number already set up in FASAMS. 		



2. UPDATE SERVICE EVENT ENTITY

Req. ID	Requirement	Dev	QA
2.1	Update the existing ServiceEvent rule from:		
	Requires AdmissionSourceRecordIdentifier when TypeCode is 1 (Client-Specific)	_	
	To		
	Requires AdmissionSourceRecordIdentifier or ImmediateDischargeSourceRecordIdentifier		
	(See Req. 2.2 below) when TypeCode is 1 (Client-Specific).		
	AdmissionSourceRecordIdentifier and ImmediateDischargeSourceRecordIdentifier must		
	not be provided together for one ServiceEvent.		
2.2	Add a new field to the ServiceEvent Entity:		
2.2	·		
	Field Name: ImmediateDischargeSourceRecordIdentifier Makes Towas Styles		
	Value Type: String		
2.3	Add the this rule on the new field ServiceEvent. <u>ImmediateDischargeSourceRecordIdentifier</u> :		
	Must not be provided if the ServiceEvent's TypeCode is 2 (Non-Client-Specific).		
2.4	Update the existing rule on ServiceEvent. <u>FederalTaxIdentifier</u> from		
	 Must match the Provider's FederalTaxIdentifier of the related Admission if TypeCode is 1 		
	(Client-Specific).		
	То		
	 Must match the Provider's FederalTaxIdentifier of the related Admission or 		
	ImmediateDischarge if TypeCode is 1 (Client-Specific).		
2.5	Removed on 3/1/2019 (This rule was removed towards the end of DDI.)		
	Update the existing rule on ServiceEvent. SiteIdentifier from:		
	 Must match the Provider's SiteIdentifier of the related Admission if TypeCode is 1 (Client- 		
	Specific).		
	To		
	 Must match the Provider's SiteIdentifier of the related Admission or ImmediateDischarge 		
	if TypeCode is 1 (Client-Specific).		
2.6	Update the existing rule on ServiceEvent. ContractNumber from	\boxtimes	
	 Must match the related Admission's ContractNumber if TypeCode is 1 (Client-Specific). 		
	То		
	 Must match the related Admission's or ImmediateDischarge's ContractNumber if 		
	TypeCode is 1 (Client-Specific).		
2.7	Update the existing rule on ServiceEvent. ProgramAreaCode from	×	
	 Must match the related Admission's ProgramAreaCode if TypeCode is 1 (Client-Specific). 		
	То		
	 Must match the related Admission's or ImmediateDischarge's ProgramAreaCode if 		
	TypeCode is 1 (Client-Specific).		
2.8	Make the following rule changes for the field ServiceEvent. TreatmentSettingCode:		
2.8.1	Update the existing rule from		
	Must match the related Admission's TreatmentSettingCode if TypeCode is 1 (Client-		
	Specific).		
	То		
	Must match the related Admission's TreatmentSettingCode if TypeCode is 1 (Client-		
	Specific) and there is a related Admission.		
2.8.2	Add this new rule:		
	 Must be 06, 07, or 97 when the Service Event is related to an Immediate Discharge. 		
	Warning Message: "Must be a valid TreatmentSettingCode when Service Event is submitted for		
	TypeCode 1 and ImmediateDischarge."		
2.9	Make the following rule changes for the field ServiceEvent. ServiceDate:		
2.9.1	Update this existing rule from:		
2.3.1	opuate this existing rate from:	K Z	



Req. ID	Requirement	Dev	QA
	 Must be greater than or equal to the related AdmissionDate when TypeCode is 1 (Client-Specific). To 		
	 Must be greater than or equal to the related AdmissionDate when TypeCode is 1 (Client-Specific) and there is a related Admission. 		
2.9.2	Add this new rule: • Must be match the EvaluationDate of the related ImmediateDischarge when there is one. Warning Message: "ImmediateDischarge ServiceEventServiceDate must match the Treatment Episode ImmediateDischargeEvlauationDate."		
2.10	Add a new rule to the field ServiceEvent.CoveredServiceCode: • Must be one of the following code when there is a related ImmediateDischarge: • 01 – Assessment • 04 – Crisis Support • 11 – Intervention • 27 – TASC • 48 – Indicated Prevention Warning Message: "Must be a valid CoveredService for Service Events submitted for Immediate Discharge. Valid Covered Services include: Assessment (01), Crisis Support (04), Intervention (11), TASC (27), Indicated Prevention (48)."		
Note	 The following existing functionality will not be affected by the changes above: No warning or rejection if project code is submitted Existing rules on HCPCSProcedureCodes in the Service Event chapter will remain unchanged. Error will be produced if a submission is missing HCPCS code or if the HCPCS code is not valid. 		
Note	FEi will update the ServiceEvent Chapter and create a step-by-step guide on Immediate Discharge submission after the development is complete.		



3. UPDATE REPORTS TO COVER IMMEDIATE DISCHARGE SERVICES

Req. ID	Requirement	Dev	QA
3.1	Contract Compliance – All Output Measure reports	×	
	These reports should be updated to count in Service Events that are related to Immediate		
	Discharges when calculating the number of clients served.		

		Admissions ≥ Persons Served	Costs per Person						
Level Of Care	Number of admissions (A)	Number of Persons Served (B)		ean Cost of Services (C)		edian Cost f Services (D)	Dev	Standard viation of Cost (E)	
Detoxification (24-Hour Care)									
1. Hospital Inpatient	0	0		N/A		N/A		N/A	
2. Free-Standing Residential	46,578	25,648	\$	106.25	\$	125.00	\$	84.33	
Rehabilitation/Residential									
3. Hospital Inpatient	23,903	23,098	\$	98.00	\$	109.00	\$	40.34	
4. Short-term (up to 30 days)	12,387	12,308	\$	209.78	\$	170.00	\$	98.23	
5. Long-term (over 30 days)	14,587	7,564	\$	106.25	\$	125.00	\$	84.33	
Ambulatory (Outpatient)									
6. Outpatient	26,458	24,567	\$	98.00	\$	109.00	\$	40.34	
7. Intensive Outpatient	2,930	2,503	\$	209.78	\$	170.00	\$	98.23	
8. Detoxification	3,635	4,578	\$	106.25	\$	125.00	\$	84.33	
Opioid Replacement Therapy									
9. ORT Detoxification	5,478	5,415	\$	98.00	\$	109.00	\$	40.34	
10. Opioid Replacement Therapy	3,452	3,400	\$	209.78	\$	170.00	\$	98.23	

Req. ID	Requirement	Dev	QA
3.2	SABG Table 10 – Treatment Utilization Matrix		
3.2.1	 Number of Persons Served (B) – This column should be updated to include also clients who received services from Immediate Discharges. 		
3.2.2	 Cost per Person (C, D and E) – These columns should be updated to include also costs incurred from services delivered during Immediate Discharges. 		
3.2.3	 Added on 3/7/2019 Number of admissons (A) – This column should be updated to count one 'pseudo admission' for each ImmediateDischarge reported. Note: There will be no actual Admission records submitted for FASAMS in the case of Immediate Discharge. 		



1. 17 and under 2. 18-24 3. 25-44 4. 45-64 5. 65 and over 6. Total	A. Total	A. Total	Total B. White		C. Black of African American	the s	D. Nativ Hawaiia Other Pi Islander	n/ acific	E. Asii	an	F. Am Indian kan N	/Alas	G. Mon One Ra Reporte	ce	H. Unkno	own	I. Not His Latino	panic or	J. Hispan Latino	ic or
		М	F	м	F	M	F	м	F	м	F	м	F	М	F	М	F	м	F	
	33,407	9,504	5,033	9,504	2,094	49	20	53	62	74	25	2,039	4,950	0	0	10,394	9,583	4,902	8,528	
2. 18-24	16,704	4,752	2,517	4,752	1,047	25	10	27	31	37	13	1,020	2,475	0	0	5,197	4,792	2,451	4,264	
3. 25-44	66,814	19,008	10,066	19,008	4,188	98	40	106	124	148	50	4,078	9,900	0	0	20,788	19,166	9,804	17,056	
4. 45-64	40,088	11,405	6,040	11,405	2,513	59	24	64	74	89	30	2,447	5,940	0	0	12,473	11,500	5,882	10,234	
	1,670	475	252	475	105	2	1	3	3	4	1	102	248	0	0	520	479	245	426	
6. Total	158,683	45,144	23,907	45,144	9,947	233	95	252	295	352	119	9,685	23,513	0	0	49,372	45,519	23,285	40,508	
7. Pregnant Women	2,458		1,498		409		2		5		6		23		0		1,578		880	
Numbers of Persons Served who were admitted in a Period Prior to the 12 month reporting Period				1	5,499															
Number of persons served outside of the levels of care described on SABG Table 10					9,458															

Req. ID	Requirement	Dev	QA
3.3	SABG 11: Number of Persons Served for Alcohol and Other Drug Use		
	This report should be updated to count in Service Events that are related to Immediate		
	Discharges when calculating the number of clients served.		

	American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			More Than One Race Reported			Race Not Available			Total			
			Not		1.0.0	Not			Not			Not			Not			Not			Not			Not	
	Female	Male	Available	Female	Male	Available	Female	Male	Available	Female	Male	Available	Female	Male	Available	Female	Male	Available	Female	Male	Available	Female	Male	Available	Total
Non-Medicaid Sources (only)	980	278	0	1,870	1,839	0	2,098	879	0	298	769	0	2,984	2,983	0	279	352	0	0	0	0	8,509	7,100	0	15,609
People Served by Both Medicaid and Non- Medicaid Sources	278	189	0	1,098	892	0	1,982	1,201	0	873	298	0	1,989	987	0	125	421	0	0	0	0	6,345	3,988	0	10,333
Total Served	1,258	467	0	2,968	2,731	0	4,080	2,080	0	1,171	1,067	0	4,973	3,970	0	404	773	0	0	0	0	14,854	11,088	0	25,942

Req. ID	Requirement	Dev	QA			
3.4	URS 5A (MHBG 10A): Profile of Clients by Type of Funding Support (Race)					
	This report should be updated to count in Service Events that are related to Immediate					
	Discharges when calculating the number of clients served.					
3.5	URS 5B (MHBG 10B): Profile of Clients by Type of Funding Support (Ethnicity)					
	This report should be updated to count in Service Events that are related to Immediate					
	Discharges when calculating the number of clients served.					
3.6	Provider Expenditure Reports					
	This report should be updated to cover the costs incurred from services of Immediate					
	Discharges as well.					