



CDSS

Webinar: SafeMeasures Medi-Cal Psychotropic Medication Reports - Training and Demonstration

Monday, May 15, 2017

1:00pm– 2:00pm

Please call the phone number provided by GoToWebinar

Welcome and Introductions

- **Lori Fuller**, Chief, Permanency Policy Bureau, CDSS
- **Alicia Sandoval**, Chief, Child Welfare Data Analysis Bureau, CDSS
- **Jennifer White**, Research Program Specialist, Child Welfare Data Analysis Bureau, CDSS

Housekeeping

- The phones will be muted until the Q & A session
- Type your questions in the chat box
- Additional Questions and Feedback:
 - Data related – cwsdata@dss.ca.gov
 - Policy related – QIPsychotropic@dss.ca.gov

Agenda

- Purpose
- Review ACIN I-27 17
- Data Sharing Agreements
- Data available
- Review of SafeMeasures Medi-Cal Roles & Responsibilities
- Instructions for Access
- Data Protections and Responsibilities
- SafeMeasures Demonstration

Purpose

Process for accessing data matched between CWS/CMS and Medi-Cal paid claims for psychotropic medications using SafeMeasures

All County Information Notice

I-27-17

- Senate Bill 238 requires CDSS to develop and distribute a monthly report:
 - Medi-Cal paid claims data for psychotropic medication
 - Counties signatory to one of two data sharing agreements
- SafeMeasures as a monthly reporting tool
 - County aggregate and client-level reports
 - Medication-specific information for each child on a caseworker's caseload

Data Sharing Agreements

	Global Data Sharing Agreement	Psychotropic Medication Data Sharing Agreement
Execution between CDSS & DHCS	April 9, 2015	December 2, 2016
All County Info. Notices	ACIN I-36-15	ACIN I-87-16
Population	Children and non-minor dependents receiving CWS	Dependent children 0-17 years old in out-of-home care on psychotropic medication
Available Data	Eligibility, Demographic, Medical, Mental Health, Payment & Medication	Data pertaining to psychotropic medications, including lab tests and psychosocial data
Purpose for Use	Permissible purposes enumerated in the agreement	Health oversight activities, as specifically defined in Title 45 of the CFR section 164.512(d)
Business Associate Addendum	Required	Not Required
Number of Signatory Counties	26	16

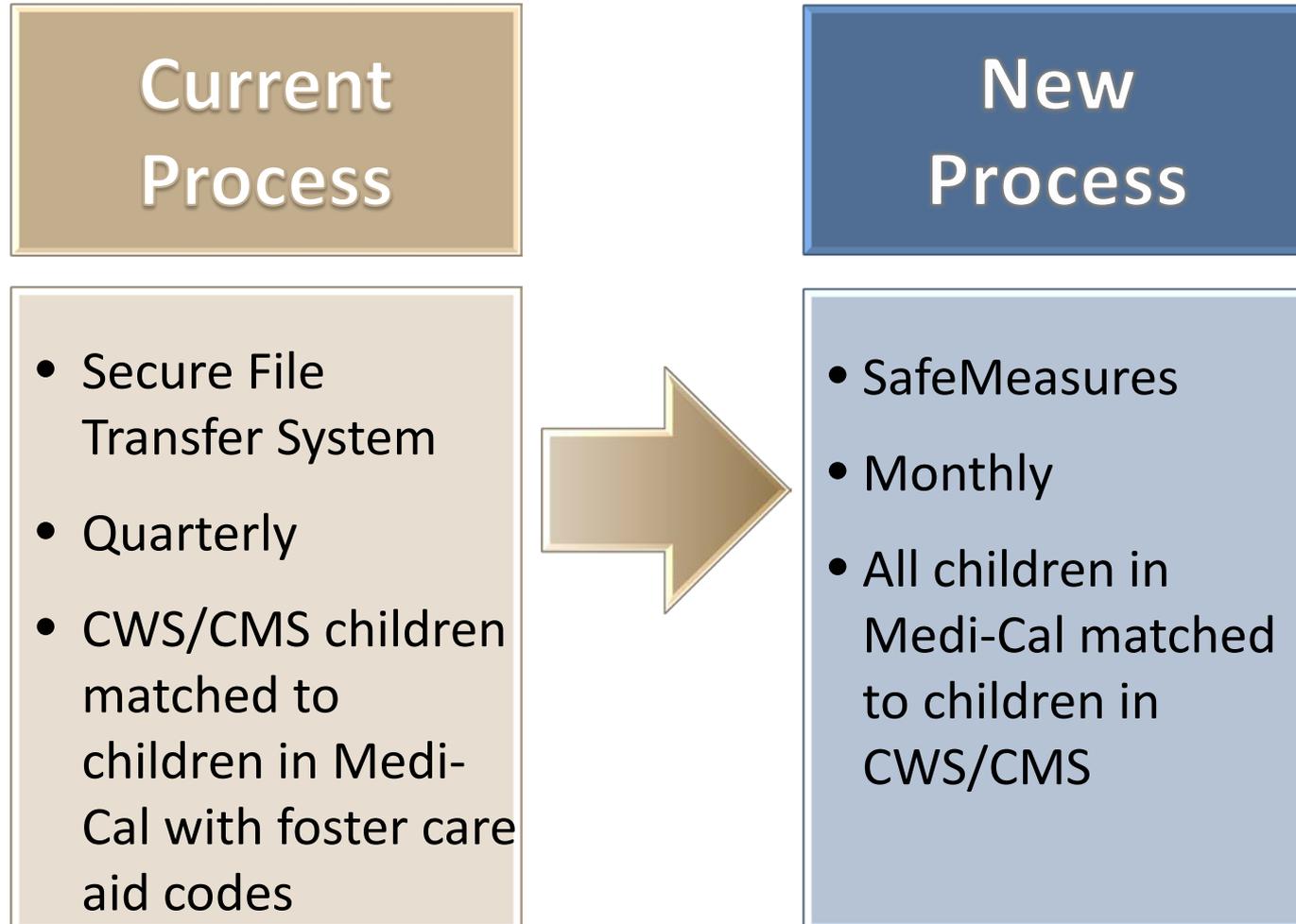
Process for Opting into an Agreement

1. County signs and e-mails the signatory page to CWSData@dss.ca.gov.
2. Signatory designates Authorized Requestors who are responsible for submitting data requests.
3. Submit data requests form.

Data Elements Available

- **Demographic & Client:** Name, SSN, DOB, Ethnic Group, Age Group, Client Index Number
- **Case Information:** Placement name, address, & dates, Foster Care Episode Dates, Case Dates
- **Medication Details:** Medication brand and generic names, paid claim dates, strength, units, days' supply, national drug code
- **Prescriber:** Name, address, specialty, ID
- **Pharmacy:** Name, address, ID

Data Transmission Process



Reports Available in SafeMeasures

- Currently Available
 - Use of Psychotropic & Antipsychotic Medications (Measure 5a.1 & 5a.2)
 - Children on One or More Antipsychotic Medications
 - Use of Psychotropic Medications for Children Age Five and Under
- Coming Soon
 - Use of Multiple Concurrent Psychotropic Medications (Measure 5c)
 - Three or More Concurrent Psychotropic Medications

Reports Under Development

- Additional Indicators and Data
 - Concurrent medications
 - Dosages exceeding recommended guidelines
 - Off-label use
 - Length of time on medications by drug class
 - Metabolic Monitoring (Measure 5d) and Screening (Measure 5h)
 - First Line Psychosocial Care (Measure 5e)
 - Follow-up Visits (Measure 5g)

SafeMeasures Medi-Cal Roles

	Required SafeMeasures Access Level	Viewable Reports	How Access is Granted
Medi-Cal Administrator	SafeMeasures Administrator	Countywide aggregate and client-level data	County request to CWSdata@dss.ca.gov
Medi-Cal User	SafeMeasures User	Countywide aggregate and client-level data	Medi-Cal Administrator
Medi-Cal My Upcoming Work/Assignments	SafeMeasures User	Cases assigned as a primary or secondary worker and/or supervisor	Medi-Cal Administrator

Process for County Access

1. Medi-Cal Administrator should also be a designated SafeMeasures Administrator
2. Signatory identifies Medi-Cal Administrator (i.e., Authorized Requestor to your county's data sharing agreement)
3. The Signatory should complete, sign, and submit the *SafeMeasures Medi-Cal Administrator Designation form*
4. Submit the most recent version of a *Data Request Form* (some counties)
5. Email all documents to CWSData@dss.ca.gov

Designating a Medi-Cal Administrator

- The staff listed are your county's current Authorized Requestors. They are responsible for submitting data request forms.
- Signatory confirms their role as Medi-Cal Administrators who will have the additional responsibility of designating access of Medi-Cal psychotropic medication reports in SafeMeasures.

California Department of Social Services
Research Services Branch
Child Welfare Data Analysis Bureau

California Department of Social Services, Department of Health Care Services and County/Tribe Global Memorandum of Understanding (MOU) 15-00576, or the Psychotropic Medications Data Sharing Agreement (Agreement No. 16-6009)

SafeMeasures Medi-Cal Administrator Designation Form

Please designate between one to three county staff as SafeMeasures Medi-Cal Administrators whose role is to disseminate access of Medi-Cal reports in SafeMeasures by assigning appropriate county staff as Medi-Cal Users or My Upcoming Work Users pursuant to [ACIN I-27-17](#). The staff listed is your county's current Authorized Requestors. They are responsible for submitting data request forms and downloading secure data files from CDSS' Secure File Transfer system.

Please submit the completed and signed form to: CWSData@dss.ca.gov

County Name: Metropolis County

Name	Keep, Replace, or Remove Choose one option	E-mail	SafeMeasures Access Level	Required Action
1 Lois Lane	<input type="checkbox"/> Keep staff <input type="checkbox"/> Replace, see below <input type="checkbox"/> Remove, do not replace	Lois.Lane@county.gov	SafeMeasures Administrator	<input type="checkbox"/> Sign this form and return to CWSdata@dss.ca.gov
Replacement Staff Name:				
2 Clark Kent	<input type="checkbox"/> Keep staff <input type="checkbox"/> Replace, see below <input type="checkbox"/> Remove, do not replace	Clark.Kent@county.gov	SafeMeasures User	<input type="checkbox"/> Please contact your county's SafeMeasures Administrator to upgrade your account <input type="checkbox"/> Sign this form and return to CWSdata@dss.ca.gov
Replacement Staff Name:				
3 Jimmy Olson	<input type="checkbox"/> Keep staff <input type="checkbox"/> Replace, see below <input type="checkbox"/> Remove, do not replace	Jimmy.Olson@county.gov	No Account	<input type="checkbox"/> Please contact your county's SafeMeasures Administrator to create an account <input type="checkbox"/> Sign this form and return to CWSdata@dss.ca.gov
Replacement Staff Name:				

Approved by Authorized Signatory

Signature of Authorized Signatory

Date: _____

Medi-Cal Administrator Responsibilities

- Designate appropriate staff to view the data.
- Access to county-wide, client-level reports of Medi-Cal data should be limited to county staff with the appropriate business need.

Medi-Cal County Reports: View countywide aggregate and client-level data
Examples: Directors, Program Planners/Analysts

My Medi-Cal Assignments: Cases assigned as a primary or secondary worker and/or supervisor
Examples: Social workers, public health nurses

User Information

User Name*	JordanH
First Name	Hal
Last Name*	Jordan
Email Address*	Hal.Jordan@CoastCity.Gov
CWS/CMS Login	CoastCityHalJordan
User Role	User
Main Menu	Main Menu
User Groups	<input checked="" type="checkbox"/> CFSR <input checked="" type="checkbox"/> Quarterly Reports <input type="checkbox"/> <input type="checkbox"/>
	<input checked="" type="checkbox"/> Medi-Cal County Reports <input type="checkbox"/> My Medi-Cal Assignments

Data Security Provisions

- **Accept Security Provisions once every 365 days**
 - Privacy and security training
 - Government purpose permitted within agreement
 - Access in secure setting
 - Notice of breach, security incident, unauthorized access, or misuse

The information on the following page is subject to additional restrictions. You must accept the following provision before proceeding.

Medi-Cal County Reports

Security Advisory & User Acknowledgment

THE DATA CONTAINED IN THIS SECTION OF SAFEMEASURES INCLUDES PROTECTED HEALTH INFORMATION (PHI) UNDER THE PROTECTIONS OF THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA). ACCESS TO THIS INFORMATION WITHOUT AUTHORITY, OR IN EXCESS OF AUTHORITY, IS A VIOLATION OF FEDERAL AND STATE LAW.

By pressing 'Accept' below, I hereby acknowledge that:

- I will only access and use this protected health information for an official government purpose permitted by my county Department of Health Care Services (DHCS) and California Department of Social Services (CDSS). Access or use of this information for any other purpose is strictly prohibited.
- I will not disseminate or otherwise provide this information to any unauthorized person.
- I will only access this information in a confidential setting and from a secure, encrypted workstation. I will not leave this information unattended at any time.
- I have completed an annual security & privacy training provided by my organization within the past 365 days and have received a certificate of completion.
- I understand it is my responsibility to protect the confidentiality and integrity of this information, and that I must promptly report any suspected breach, security incident, unauthorized access, or misuse to the County Administrator and Information Security Office.
- I understand that my access to this information is subject to being monitored, logged, and audited, with or without my knowledge.
- I understand that improper access or misuse of this information is a violation of federal and state law and may result in disciplinary action in accordance with my county's policies and/or collective bargaining agreement.

[Go Back](#) [Accept](#)

Locating Medi-Cal Reports

- Medi-Cal reports can be found in two areas:
 1. Medi-Cal Reports Menu
 2. Index

Main Menu

- ★ My Dashboard
- Main Menu**
- Child and Family Services Re...
- SDM Measures
- Cases by Service Component
- Extras Menu
- Probation Menu
- Proposed Measures
- Quarterly Views
- Medi-Cal Reports**
- Index
- Support Center
- Change Password
- Usage Report

Welcome to SafeMeasures: Please use the **Contact Us** button to r

Caseload Management

- » Primary Assignments by Service Component
- » Assignments by Role

Compliance Summaries

- » Investigation Compliance Summary
- » SDM Investigation Compliance Summary
- » Case Compliance Summary

Referrals and Investigations

Based on all referrals received during the month

- » Referrals
- » Referral Outcomes
- » Allegation Types - By Client
- » Time to Referral Assignment
- » Time to Investigation - By Referral
- » Time to Investigation - By Child
- » Time to First Contact Entry

Locating Medi-Cal Reports cont.

★ My Dashboard

■ Main Menu

■ Child and Family Services Re...

■ SDM Measures

■ Cases by Service Component

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■ Probation Menu

■ Proposed Measures

■ Quarterly Views

■ Medi-Cal Reports

☰ Index

📄 Support Center

🔑 Change Password

I

ICPC-In Caseload [ICPC]

ICPC-Out Caseload [Children in Probation Placement]

ICPC-Out Caseload [ICPC]

Immediate Response Referrals Open 2 Days Without Contact [Referral Conta

In Placement 15 of 22 Months [Children in Placement]

Initial Family Strengths and Needs Assessment Completion [SDM for Referra

Initial Family Strengths and Needs Assessment Time to Completion [SDM for

Investigation Compliance Summary [Compliance Summaries]

Investigation Time Open (based on first contact date) [Referrals and Investiga

Investigation Time Open (based on referral received date) [Referrals and Inve

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Map of Placement Homes and School Zones [Children in Placement]

Measure 2D - Time to First Completed Referral Contact [State Measures]

Measure 2F - Timely Monthly Caseworker Out-of-Home Visits [Children in Pr

Measure 2F - Timely Monthly Caseworker Out-of-Home Visits [State Measure

Measure 2F - Timely Monthly Caseworker Out-of-Home Visits in Client Resid

Measure 2F - Timely Monthly Caseworker Out-of-Home Visits in Client Resid

Measure 2S - Timely Monthly Caseworker In-Home Visits [State Measures]

Measure 5a.1: Use of Psychotropic Medication [Medi-Cal Paid Claims Data]

Measure 5a.2: Use of Antipsychotic Medication [Medi-Cal Paid Claims Data]

Mental Health Screenings (Best Practice) [Pathways to Well-Being]

Mental Health Screenings [Children in Placement]

Medi-Cal Psychotropic Medication Available Reports

The data contained in these reports include Protected Health Information (PHI) that is subject to the protections of the federal Health Insurance Portability and Accountability Act (HIPAA). This information may only be used for an official government purpose permitted by your county's data use agreement with the California Department of Health Care Services (DHCS) and California Department of Social Services (CDSS). This includes the performance of health oversight activities, as specifically defined by 45 C.F.R. Section 164.501, pertaining to the treatment of children/youth in foster care with psychotropic medication. Access or use of this information for any other purpose is strictly prohibited.

Medi-Cal Paid Claims Data

- » Measure 5a.1: Use of Psychotropic Medication
- » Use of Psychotropic Medication for Children 5 and Under
- » Measure 5a.2: Use of Antipsychotic Medication
- » Psychotropic Medications Per Medi-Cal Paid Claims Data

De-Identification & Suppression

Please note that these reports are not intended for public release until the appropriate de-identification and suppression procedures required by the federal Health Insurance Portability & Accountability Act (HIPAA) have been met.

Case Status		Count	%
Psychotropic Paid Claim(s)		6,143	8.0%
No Psychotropic Paid Claim		70,737	92.0%
Total		76,880	100%



The California Health and Human Services Agency Data De-Identification Guidelines

Reports by Client

Please note that these reports are not intended for public release until the appropriate de-identification and suppression procedures required by the federal Health Insurance Portability & Accountability Act (HIPAA) have been met.

Supervisor	Staff Member	Case ID	Client ID	Client Name	Birth Date	Case Start Date	Episode Start Date	Recent Medication Date
Lane, Lois	Kent, Clark	1111-2222-3333-1234567	2222-3333-4444-567891	Peter Parker	12/30/1999	12/31/1999	01/12/2000	06/16/2016
Wayne, Bruce	Pennyworth, Alfred	2222-3333-4444-1234567	2222-3333-4444-567891	Gordon, James	04/12/2006	06/30/2008	07/02/2008	04/01/2016
Olson, Jimmy	White, Perry	1111-2222-3333-1234567	2222-3333-4444-567891	Drake, Tim	12/30/1999	12/31/1999	01/12/2000	06/16/2016
Gordon, Barbara	Ross, Pete	2222-3333-4444-1234567	2222-3333-4444-567891	uyld , Kenny	04/12/2006	06/30/2008	07/02/2008	04/01/2016
Olson, Jimmy	White, Perry	1111-2222-3333-1234567	2222-3333-4444-567891	Drake, Tim	12/30/1999	12/31/1999	01/12/2000	06/16/2016
Wayne, Damian	Ross, Pete	2222-3333-4444-1234567	2222-3333-4444-567891	Vale, Vicky	04/12/2006	06/30/2008	07/02/2008	04/01/2016
Brown, Jerry	Newsom, Gavin	1111-2222-3333-1234567	2222-3333-4444-567891	Schwarzenegger, Arnold	12/30/1999	12/31/1999	01/12/2000	06/16/2016
Harris, Kamala	Pelosi, Nancy	2222-3333-4444-1234567	2222-3333-4444-567891	Vale, Vicky	04/12/2006	06/30/2008	07/02/2008	04/01/2016
Lane, Lois	Kent, Clark	1111-2222-3333-1234567	2222-3333-4444-567891	Peter Parker	12/30/1999	12/31/1999	01/12/2000	06/16/2016
Wayne, Bruce	Pennyworth, Alfred	2222-3333-4444-1234567	2222-3333-4444-567891	Gordon, James	04/12/2006	06/30/2008	07/02/2008	04/01/2016
Olson, Jimmy	White, Perry	1111-2222-3333-1234567	2222-3333-4444-567891	Lang, Lana	12/30/1999	12/31/1999	01/12/2000	02/01/2016
Gordon, Barbara	Ross, Pete	2222-3333-4444-1234567	2222-3333-4444-567891	Braverman, Kenny	04/12/2006	06/30/2008	07/02/2008	04/01/2016
Olson, Jimmy	White, Perry	1111-2222-3333-1234567	2222-3333-4444-567891	Drake, Tim	12/30/1999	12/31/1999	01/12/2000	06/16/2016
Wayne, Damian	Ross, Pete	2222-3333-4444-1234567	2222-3333-4444-567891	Vale, Vicky	04/12/2006	06/30/2008	07/02/2008	04/01/2016
Brown, Jerry	Newsom, Gavin	1111-2222-3333-1234567	2222-3333-4444-567891	Schwarzenegger, Arnold	12/30/1999	12/31/1999	01/12/2000	06/16/2016
Harris, Kamala	Pelosi, Nancy	2222-3333-4444-1234567	2222-3333-4444-567891	Vale, Vicky	04/12/2006	06/30/2008	07/02/2008	04/01/2016

Client Medication History

- Medication History includes both:

- Medi-Cal
- CWS/CMS

Case ID:	1299-8919-9883-0009458
Case Name:	Sensitive Case
Client ID:	1111-2222-3333-1234567
Birth Date:	01/01/2005
Death Date:	N/A
Initiating Referral:	1111-2222-3333-1234567
Start Date:	06/30/2005
End Date:	
Reason Closed:	
Current County:	Metropolis

Medi-Cal Psychotropic Paid Claims Data					
Medication Filled Date	National Drug Code	Medication Generic Name	Antipsychotic Indicator	Medication Strength/Units	Days Supply
6/11/2016	00378350291	RISPERIDONE	Y	0.25 MG / 90	30
5/10/2016	00378350291	RISPERIDONE	Y	0.25 MG / 60	20
4/08/2016	00378350291	RISPERIDONE	Y	0.25 MG / 60	30

CWS/CMS Psychotropic Medication Information		
Medication	Condition Treated	Prescriber
RISPERDAL **OR** ABILIFY	Psychotropic Medication Required	

Medi-Cal Psychotropic Paid Claims

- **Data elements**

- Medication Filled Date
- National Drug Code
- Medication Generic Name
- Medication Brand Name
- Antipsychotic Indicator
- Medication Strength/Units
- Days' Supply
- Prescriber NPI, Name, Address, & Specialty
- Pharmacy ID, Name, & Address

Medi-Cal Psychotropic Paid Claims Data				
Medication Filled Date	National Drug Code	Medication Generic Name	Antipsychotic Indicator	Medication Strength/Units
12/17/2015	65862019301	FLUOXETINE HCL	N	20 MG / 30
11/16/2015	65862019301	FLUOXETINE HCL	N	20 MG / 30
10/10/2015	00093718856	FLUOXETINE HCL	N	10 MG / 45
9/10/2015	00093718856	FLUOXETINE HCL	N	10 MG / 45
8/10/2015	00093718856	FLUOXETINE HCL	N	10 MG / 45
7/13/2015	00093718856	FLUOXETINE HCL	N	10 MG / 45
4/19/2016	00093718856	FLUOXETINE HCL	N	10 MG / 30
3/14/2016	65862019301	FLUOXETINE HCL	N	20 MG / 30

Resources & Information

- Website
 - QIP Website
- All County Information Notices
 - I-20-08 – “Psychotropic Medications”
 - I-69-13 – “Improving Psychotropic Medication Use Among children In Foster Care: The Quality Improvement Project”
 - I-30-15 – “Psychotropic Medication Authorizations- Data Reconciliation Report”
 - I-36-15 & I-36-15E – “Improving Safety For Children In Foster Care Receiving Psychotropic Medications”
 - I-87-16 & I-87-16E – “Psychotropic Medication Data Sharing”
 - I-27-17 – “Implementation of Medi-Cal Pharmacy Paid Claims for Psychotropic Medications in SafeMeasures”

Questions

- Please type your questions in the chat box, or
- Email us at:
 - Data related – cwsdata@dss.ca.gov
 - Policy related – QIPsychotropic@dss.ca.gov
 - SafeMeasures – support@SafeMeasures.org