JCIC Meeting Minutes
July 21, 2010 10:00 – Noon EST
Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities

Held as Video/Audio-Conference Call

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Attending Representatives:

Regional MH/MR Boards

Four Rivers:	Brad Dossett Renee Marchbanks
Pennyroyal:	John Pyle Mike Kissner
River Valley:	Lisa Boehman-Kincheloe Talea Parker
Lifeskills:	not attending
Communicare:	Vicky Heath Elaine South
Seven Counties:	Gerald Brazeau Kevin Early
Northkey:	not attending
Comprehend:	Rick Jones
Pathways:	Tom Leach Rusty Johnson Barbara Sands
Mountain:	not attending
Kentucky River:	Darlene Dixon
Cumberland River	Miranda May
Adanta:	Tammy Speaks Cathy VanBruggen Susan Wheeldon
Bluegrass:	Nathan Millay Tammy Nalle

KDMHDDAS:

Mental Health / Substance Abuse:
Jeff Jamar
Lou Kurtz
David Meredith

Mental Retardation:
Kedra Fitzpatrick

Administration & Financial Management:
Hope Barrett – Chairperson
Susan Walker

Commissioner's Office:
not attending

University of Kentucky:

Research and Data Management (RDMC):
Harry Hughes

Center on Alcohol & Drug Research (CDAR):
Erin Stephenson

KARP: Carl Boes

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Introductions - Welcome

1. Client/Event Data Set

1a. Reminder of Changes to Data Submission Guide for SFY 2011- see handout.

1b. Collateral/Co-Dependency effects on Treatment Episode Data Discharge NOMS

Previously: A study was completed to better understand the client records and the collateral/co-dependency diagnostic criteria. Inconsistencies were found in interpreting this field into practice. The information generated from JCIC's last discussion was taken to the Department's Data Users Group for a final discussion.

Update: New Information on this topic include: 1) Department reports do not depend upon this field, 2) TEDS files can be adjusted to not rely upon this field of poor data quality.

The following is the final decision:

- Modify the 2011 Data Submission Guide to reflect that this field is not longer required.

- The Data Quality Reports for the Client file will be adjusted to reflect this change beginning with July 2010 files.

2. Human Resources Data Set

none

3. Division-Specific Topics:

3a. Mental Health / Substance Abuse (MH/SA)

none

3b. Intellectual Disabilities (ID) – *previously named "Mental Retardation (MR)*

PASRR Specialized Services

PASRR Specialized Services should always be coded as DMHMRS Modifier 1 (service code) 90-PASRR Specialized Service or 94-PASRR specialized goods purchased; no other interpretation of this service should occur.

90: PASRR Specialized Services (Unit of Service: 1 Service)

Definition: The continuous and consistent implementation of training and related services which are comparable to services received in an ICF/MR or in a community-based waiver program where 24-hour supervision is available and are directed toward skills acquisition, maintenance of functional status, and the implementation of specified goals and objectives as determined through a person-centered planning process.

One Service is counted as one face to face contact or event for a period of time in a day (i.e. an individual's participation for any number of hours in one day at an Adult Day Training program, one community outing, and/or one visit by a Behavioral Support Professional to conduct a functional analysis would all count as "1 Service.") Case Management for individuals receiving PASRR SS would be coded as a service/procedure code 90 and mirror the expectation for the ID Case Management and equal One Service per month.

94: PASRR Specialized Goods Purchased (Unit of Service: 1 purchase)

Definition: Tangible item purchased for maintenance of functional status or for the implementation of specific goals or objectives determined through person-centered planning process.

3c. Administration & Financial Management (A&FM)

none

4. New Items

4a. JCIC Official Contact list

To communicate about JCIC outcomes, the Department posts JCIC meeting minutes to the Department web page and "Data Points" are shared. The group was asked the broad question, "What are additional and best ways to relay JCIC outcomes information to your colleagues?" It was suggested that the CMHC CEOs be asked to designate the "official" representatives to JCIC. While CMHC staff members want to continue their role with the group, this would affirm an established and critical avenue for communicating JCIC outcomes and products. Hope will follow-up.

4b. Assessing our system for capacity to report Evidence Based Practices (EBP)

The Department will be designing a methodology to better document EBP usage by CMHCs. Any JCIC representative that would like to participate in the subgroup can contact Lou Kurtz (502) 564-4456 or Louis.Kurtz@ky.gov.

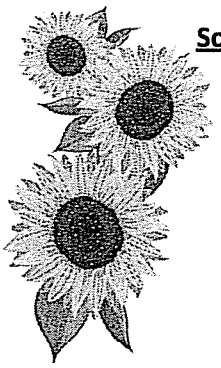
4c. "First Date of Contact" or "Admission Date"

These fields were once collected by the Department. While there is still a filler-space for them in the Client file structure, their use stopped years ago because inconsistencies were discovered in how CMHCs interpreted these fields in practice. In consideration of reinstating these fields, the Department will survey Centers on how these two fields are locally collected including definitions and interpretations that are applied. The Dept. staff will attempt to accomplish the brief survey by the next JCIC meeting.

4d. MH Client Level Data Reporting to SAMHSA-CMHS

Last month at the "2010 National Mental Health Block Grant and Data Conference", it was announced that by 2013 State Mental Health Authorities will be required to successfully submit a TEDS-like file for Mental Health. The file structure and its submission processes have yet to be determined; the NASMHPD National Research Institute (NRI) is currently drafting such guidelines following their recently completed pilot project. Like the TEDS files, the responsibility of file submission will rest on the State Mental Health Authority, not the CMHCs or Regional Mental Health Authorities unless data elements need to be added to current data collection efforts. Hope will keep the group informed as new information is learned. It is expected that SAMHSA-CMHS will distribute the file structure and data elements by summer 2011.

5. Next Meeting - September 15, 2010



Scheduled Meetings for SFY 2011

- November 17, 2010
- January 19, 2011
- March 16, 2011
- May 18, 2011

The following is taken from: **http://mhmr.ky.gov/DataReports/CMHCDataGuide.aspx**

DSG changes for FY 2011

02/02/2010
New Field 86 in Client File – Military History
A "Military History" field has been added to the Client file. The Military History field was optional for Fiscal Year 2010. It is mandatory beginning with Fiscal Year 2011.

02/02/2010
Inactivating Field Number 13 – Veteran Status
Field Number 13 (Veteran Status) has been deactivated beginning with Fiscal Year 2011. It has been replaced by Field Number 86 (Military History).

02/02/2010
Changes to "Living Arrangements" Field in Client File and Discharge File
Code 99 (Other) has been deactivated beginning with Fiscal Year 2011. In order to compensate for dropping that code, two new codes were added in Fiscal Year 2010: Code 25 (Living in residence of a family member – other than parent or guardian) and Code 26 (Living in residence of a friend or acquaintance).

02/02/2010
Changes in Allowable Values in Field 70 (Deaf and Hard of Hearing)
Code 1 (Yes) has been dropped and three new codes have been added to provide further specificity: Code 2 (Deaf), Code 3 (Hard of Hearing), and Code 4 (Deaf-Blind). Errors in this field will be Possible Errors for Fiscal Year 2011. Beginning with Fiscal Year 2012, they will be considered General Errors.

02/02/2010
New Field in Client File and Discharge File – Self-Help Attendance
A new field, "Attendance at Self-Help Programs in the Past 30 Days", is being added to the Client file and the Discharge file. In the Client file, the field only needs to be collected for clients with a current Substance Abuse diagnosis. In the Discharge file, it is expected for all records. Errors in this field will be treated as General Errors effective with July 2010 data files.

04/26/2010
Clarifications to Service Code Definitions as Set out in Appendix E
Definitions for Event Service Codes 24 (Miscellaneous Services Purchased), 25 (Miscellaneous Goods Purchased), 90 (PASRR Specialized Services) and 91 (MR Crisis Prevention) have been expanded to provide further clarification.