

**Pre-Application Technical Assistance Reports for the
Access to Recovery Grant Program**

Report on Technical Assistance to Delaware

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
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Consultation between Chris Hansen and the State of Delaware

Written Report

Contents

- Introduction and Purpose of TA
- Methodology
- Content of TA Discussion
- Consultant's Background

Introduction and Purpose of TA

The State of Delaware requested technical assistance to address issues related to alternative information technology (IT) infrastructures for the proposed Access to Recovery (ATR) voucher system. Assistance with this issue was provided by Chris Hansen, a technical expert from Johnson, Bassin & Shaw, Inc. (A summary of the consultant's professional experience appears at the end of this report.)

Methodology

The TA took place in New Castle, Delaware on May 5, 2004. The TA was informal and entailed the discussion of questions related to the issue identified in the Purpose of the TA. Participants included a consultant from Johnson, Bassin and Shaw, Inc. (Chris Hansen), representatives from the Division of Substance Abuse and Mental Health (DSAMH) in the State's Department of Health and Social Services, and Deni Carise, Ph.D., Director of Treatment Systems for the Treatment Research Institute (TRI), University of Pennsylvania. The DSAMH staff who participated were Jack Kemp (Substance Abuse Director), Melody Lasana (Fiscal Unit), Michael Kelleher (Fiscal Unit), Kim Lucas (Alcohol and Drug Services Coordinator), Harris Taylor (Director of Program Accountability), Walt Mateja (Planner), Maurice Tippet (MIS Manager), Kathy Leonard (IT Section Management Analyst), and Chet Chalifoux (IT Section Management Analyst).

Content of TA Discussion

The Delaware SSA is concerned about alternative potential infrastructures for an ATR voucher system. Over the long run, Delaware has a clear preference for Web-based systems to reduce operating costs, but the ATR implementation would be delayed if it depends on developing a new Web-based system.

The WITS system. In response to DE's inquiry about web-based systems, specifically WITS and the possibility of such a system being rapidly implemented, the consultant responded that WITS was one such possibility for rapid implementation of a Web-based system, with the caveat that WITS lacks a voucher issuance and redemption component. The consultant also discussed other possibilities for developing a Web-based component, including partnering through NASADAD or other States. The consultant advised Delaware to seek TA from CSAT on WITS, including a demonstration and discussion with Richard Thoresen about possibilities and timelines for modifying the WITS system.

The Medicaid MIS. One possibility raised was whether Delaware could modify their existing Medicaid Management Information System (MMIS), supplied by EDS, as a possible voucher issuance and redemption system. Delaware had held such discussions earlier with EDS, but had terminated negotiations when funding dried up. Delaware felt there might be enough room in the ATR administrative budget to complete the necessary modifications and to operate this system as an ATR voucher processing system. The following two problems were identified:

- 1) EDS modifications cannot be initiated until the ATR award is completed, which is estimated for September 2004, and roll-out will require time for training. Deployment is likely to take 3 to 5 months.
- 2) The EDS system relies on HIPAA procedure codes, but HIPAA contains no codes for recovery support services. The consultants advised Delaware to seek post-award TA from CSAT to establish a set of HIPAA-approved procedure codes for recovery support services. CSAT could then provide these codes for States and Tribes that receive ATR grants, using the ATR proposals to identify the services needing approved codes. Recognizing that HIPAA approval is time consuming (and that CSAT may not be able to create a common set of codes quickly), Delaware should include a requirement for the support of temporary recovery support service codes in its negotiations with EDS.

Use of a paper system. The consultant also discussed the possible use of a paper system. The primary advantage of a paper system is rapid implementation: paper would allow implementation of a basic ATR system and allow services to begin promptly. It might be used until EDS could make modifications and complete deployment of the MMIS to allow ATR vouchers. A paper system would place heavy demands on accounting staff responsible for paying vouchers presented for redemption. It would also be difficult to process vouchers in large numbers and still meet reporting requirements of the ATR grant. During any processing phase using paper vouchers, it will be necessary to limit the scope of the ATR system.

The consultant also recommended that Delaware acquire a copy of Washington State’s CONMAN system that will automate ledgers for voucher processing during any paper phase. Interested parties should be aware that the use of the CONMAN system requires MS Sequels Server license and software and PowerBuilder software. In addition, it is important to note that CONMAN has no module for tracking vouchers and that such a function will have to be programmed. Interested parties should contact Mr. Fritz Reide at 360-438-8224 to find out more.

Functionality of various IT options. The consultant reviewed the needed IT functionality of various options. Results are summarized in the following table:

	WITS	EDS MIS	Paper System	Current Systems
GPRR Reporting	Yes	Need to Add	Not Suitable	Need to Add
7 Domains at Admit, Discharge, and Every 2 Months	Some; Need to Add the Rest	Not Suitable	Not Suitable	Need to Add
7 Domains at Follow-up	Need to Add	Not Suitable	Not Suitable	Need to Add
Unique ID	Yes	Yes	Yes	Yes

	WITS	EDS MIS	Paper System	Current Systems
Service Events	Yes	Yes	Yes	Need to Increase Frequency of Collection from EOM to Meet Reporting Requirements
Treatment/Recovery Support Vouchers Issuance	Need to Add	Yes, but Need to Add Recovery Support Codes	Yes	Not Suitable
Assessment Vouchers Issuance	Need to Add	Yes	Yes	Not Suitable
Assessments	Yes	Not Suitable	Not Suitable	Yes, but Need to expand to cover Recovery Support
Outreach	Yes	Not Suitable	Not Suitable	Unknown
Voucher Redemption	Need to Add	Yes, but Need to Add Recovery Support Codes	Yes	Not Suitable
Post Redemption Management	Need to Add	Yes	Not Suitable	Unknown

The consultant believes that the options available to Delaware can, in combination, provide any needed functionality. The phased scenario would meet functional needs as follows:

■ **Initial paper system plus current MIS:**

A paper system will support voucher issuance, redemption, and payment. The current MIS supports the monitoring of service events, although the time delay in getting services reported would need to be fixed. The current MIS would need to be modified to collect remaining measures among the seven domains at admission and discharge. The current MIS would need modifications to collect the seven domains at 2-month intervals during treatment, although paper documents could be collected and held until the software is finished. This would allow a total of 3 months of added time after the first ATR admission is made. The current MIS would need minor modifications to change data definitions to meet GPRA definitions, and a reporting module would be needed by 4 months after award to upload data to GPRA. Delaware should ask for TA from CSAT for specifications for batch file uploads, both fixed format and XML tag libraries.

■ **EDS Plus Current MIS**

EDS would modify MMIS to accept non-Medicaid vouchers. Vouchers would be implemented as Prior Authorizations in the EDS system. Providers who are accustomed to Medicaid billing would have a familiar interface, so training needs would be reduced accordingly. Technology would be needed to interface between existing systems and the EDS

system—either a real-time data exchange using Web services or a batch exchange with replication, file transfer, or similar approach. A data warehouse solution is also possible.

The current MIS systems would be modified as set forth above for the paper system.

■ **New Web System**

Delaware would acquire a new Web-based solution to replace both the current complex of management information systems and perhaps the EDS system. The new system would provide a Web architecture, which would reduce maintenance and operating costs, display a consistent user interface to control training costs, and allow Delaware greater freedom to upgrade in the future.

Options include building a new system or modifying WITS (or another transfer system) to provide the needed functionality. There may be combinations of transfers and new development that would be better than any single solution. The consultant recommends that Delaware conduct a feasibility study to determine the suitability and costs of each option. It may be suitable to request post-award TA from CSAT to do this.

Consultant's Background

This TA was conducted by Chris Hansen, a Senior Researcher with Johnson, Bassin & Shaw, Inc. Mr. Hansen has had an extensive career as an expert in substance abuse and management information systems, first at the State of Washington and now nationally. He has been a clinician, a treatment facility director, a program administrator, a research investigator, a software industry executive, and a consultant in substance abuse and information systems. He has managed State-level programs for adolescent treatment, women's services, childcare, Native American services, prevention, and workplace programs. He has led development of more than 40 State-level data systems in substance abuse and other human services fields. His information technology experience with voucher systems includes documents, negotiable instruments, electronic benefit transfer cards, and electronic vouchers in the Women, Infants, and Children and Farmers Market nutrition programs, Medicaid, job training, childcare, and developmental disabilities.

Mr. Hansen is the technical lead for Access to Recovery technical assistance to States in the Information Technology domain.