



California Outcomes Measurement System (CalOMS) Funding Issues -- Frequently Asked Questions

This FAQ addresses the funding questions or concerns raised by counties and providers of publicly funded alcohol and other drug (AOD) services related to CalOMS:

If a provider spends more time collecting and recording data on current and former clients, won't that limit the total number who can receive substance abuse services?

CalOMS intends to measure the impact of treatment and recovery services on AOD clients. The Department of Alcohol and Drug Programs (ADP) recognizes additional resource demands on counties and providers to collect appropriate and necessary data to measure outcomes, but at this time has no separate allocation or extra funds for this function.

Counties and providers should build greater data activity into their budgets because outcome measures assist the AOD field in determining treatment effectiveness. Demonstrated service effectiveness can help secure future program funding from both ADP and other sources, encourage client and referral agency participation, and reinforce the message that treatment improves lives. Further, outcome measures identify ways of improving client services.

More thorough individual assessments can also lead to better treatment/recovery plans. Matching treatment services to a person's particular problems and needs is critical for a successful return to productive functioning

in the family, workplace, and society. This is the ultimate goal of the impending federal Performance Partnership Grant.

May counties and their contractors use federal Substance Abuse Prevention and Treatment (SAPT) Block Grant and State General Fund (SGF) monies to cover costs of CalOMS-required data collection?

Yes, for overall substance abuse treatment and recovery operating costs through the Negotiated Net Amount (NNA) contract process and a subsequent cost report.¹

Can the Drug Medi-Cal (DMC) Program reimburse any additional time needed to complete more data-intensive intake/initial assessment, treatment/recovery, and discharge planning/summary forms during the treatment episode?

County-contracted and direct DMC-certified providers may use DMC funding to cover extra data collection functions with current clients, subject to Title 22, California Code of Regulations (CCR), restrictions. These limit:

- multiple services on a single calendar day,² and
- *individual* counseling at Outpatient Drug Free (ODF) services to five types: intake/assessment, treatment planning,

¹ Section 11991.2, Health and Safety Code (HSC)

² Sections 51341.1(j)(4) and 51490.1(d), Title 22, CCR

discharge planning, crisis intervention, and collateral services.³

Also, the ODF case file must clearly explain the relationship of additional DMC time billed to treatment planning (for initial or revised initial treatment plans and quarterly treatment plan updates) or discharge planning.⁴ As always, DMC services are subject to post-service post-payment review and recoupment if not correctly documented.⁵

Who will cover the cost to conduct post-service follow-up interviews?

There is no “medical necessity” to pay for follow-up contacts with former DMC clients.⁶ Therefore, ADP is considering contracting with a “third party” research entity to locate and interview, at several months after discharge, a random sample of former clients from DMC (as well as SAPT and SGF) funded providers.

Can Substance Abuse and Crime Prevention Act (SACPA) funding be used for increased treatment staff costs required to prepare a more comprehensive initial assessment and discharge summary and to conduct the post-service follow-up interview?

Yes, as long as collecting data to measure treatment outcomes (i.e., the change in a client’s condition between admission and the follow-up interview) occurs while the client receiving publicly funded AOD

treatment services remains in SACPA treatment, including possible aftercare.

SACPA requirements continue even after the final appropriation ends June 30, 2006. ADP will determine how best to fund subsequent treatment outcome measurement.

Since the SACPA Program is presently engaged in a statewide evaluation to follow up many of its clients, will ADP exempt it?

This evaluation does not collect statewide client data, may not include all CalOMS-required data elements, and ends June 30, 2006. Therefore, there are no plans to waive participation of SACPA clients in CalOMS.

May counties use Temporary Assistance to Needy Families (TANF) funds to collect and report the above CalOMS data?

Each county contracts with the California Department of Social Services for CalWORKs funding. Counties may use a Memorandum of Understanding (MOU) between their substance abuse services and their social services components to administer their parts of (largely federal) TANF monies. Through inclusion in the MOUs, counties may incorporate case management into their contracted TANF services to cover staff time for assessment and follow-up activities.

What if I have further questions on funding or other CalOMS concerns?

Please e-mail CalOMSheIp@adp.state.ca.us.

³ Section 51341.1(d)(2)(B), Title 22, CCR

⁴ Sections 51341.1(g)(1), (h)(2)(A)(i)(e), (h)(6)(A) and (B), Title 22, CCR; Section 10415(g), Title 9, CCR

⁵ Sections 51341.1(e)(2), (k), and (m), Title 22, CCR; Sections 456.3, 456.4, 456.5, and 456.6, Chapter IV, Title 42, Code of Federal Regulations

⁶ Sections 51303, 51341.1(h)(1)(D)(i), and 51341.1(h)(5)(A) and (B), Title 22, CCR