SPURS Project (SAMS application)

SPURS Frequently Asked Questions

Most issues related with the implementation and administration of the State Unit on Aging Programs Uniform Reporting System (SPURS) will be highlighted in this Frequently Asked Questions (FAQ) document. Updates/additions will be distributed via email by the DADS organization.

Information included in this document has been provided from the AAA's via the Help Desk, Training Discussions and Weekly Deployment conference calls to the SPURS Project Team. If you have a question regarding the SPURS application environment please submit it to DADS Access & Intake/AAA Help Desk at T3Ahelp@dads.state.tx.us. We are committed to answering your questions within a 48 hour time period.

FAQ Categories:

1. **AAA System Administration**
2. **General SPURS / SAMS**
3. **Intake and Assessments**
4. **Service Plans**
5. **Service Delivery**
6. **Reports**
7. **ShipNPR (CMS)**

Change Control Log

Version	Date	Author	Description
1.0	13Aug2010	S Heumann	Original document creation
1.1	16Aug2010	S Heumann	Minor revisions, new questions added
2.0	08Nov2010	R Carr	New questions added
2.1	24Nov2010	E De Jong, R Carr	Reformat structure, new questions added
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3.4	28Jul2011	E De Jong	Question addition (2.1.5)
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3.7	20Nov2011	E De Jong	Question additions (5.2.10, 5.2.11, 5.2.12)
3.8	06Jan2012	E De Jong	Question additions (7.2.9)

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AAA System Administration

1.1 Application performance issues

1.1.1 Why has my permission to update tables changed?

Background: As the AAA System Administrator I used to be able to update several tables in the SAMS application. Now, in SPURS I'm restricted from updates. Why?

- **Answer:** With the deployment of SPURS, it is DADS intention to standardize tables and definitions for use by all AAAs. For this reason, DADS A&I/AAA System Administrators will maintain TX_DADS database tables except for the Providers and Sites tables.
- AAA System Administrators can view all tables in SPURS. Create and edit privileges are allowed for AAA System Administrators to edit/add items to the Provider, Care Manager & Site tables. Updates to other tables must be requested from DADS Help Desk. Requests for table updates should be made using the 'SPURS Configuration Change Request Form.' Electronic copies of the request form should be submitted to the DADS Help Desk.

1.1.2 How do end users report possible bugs or program errors?

Background: I think I found a program error in the system. What do I do?

- **Answer:** Software/system issues or problems should be reported by AAA staff to the designated AAA System Administrator. In the event the problem cannot be resolved, a request for assistance should be submitted to DADS Help Desk. DADS will seek assistance from Harmony as needed.

1.1.3 What does a Run-Time Error mean and what do I do about it?

Answer: Run time errors and software problems should be reported via email directly to support@harmonyis.com **along with documentation,** including screen shots and Citrix server name. The AAA System Administrator should report the problem to Harmony and monitor all responses**.** The phone number for Harmony support is (800) 318-7260 or (703) 657-1500.

1.1.4 What steps should I take if the Citrix session locks up / freezes or reports several run time errors on screen?

Answer: Several troubleshooting options are available. The recommended first step (Option 1) is to use the Windows task manager or Citrix icon (see figure below) to disconnect / close the active Citrix session. Try to login to the AN website again to see if this corrects the issue. If still unable to restore the session, reboot the workstation and attempt to access the AN website again.

Right click this Citrix icon to display the Citrix session and available options

- Option 2: The Citrix Session will normally be locked for a period of 20-30 minutes before a user can log in again. Users can call Harmony support ((800) 318-7260 or (703) 657-1500) for an immediate manual disconnect by a customer service representative (CSR), if they don't want to wait for the citrix session timeout to occur.

1.1.5 In the Admin console - what's the *Local* checkbox for?

Answer. This element is not something local AAA administrators need to use. It tells the system where to copy certain data/files for import / export functionality.

1.1.6 Fund Identifiers in the Admin console – shouldn't it carry identifiers for other local funds and local cash match?

Answer. Fund Identifiers are both there

1.2 Policy and Procedures

1.2.1 What are the AAA system administrator roles and responsibilities?

Background: Let's assume you are the AAA System Administrator for one of the Texas Area Agencies on Aging. You've just returned to your office from training in Austin and you have no idea what you need to do to set up the AAA data in the SPURS system. You ask yourself once again, "Now, what am I responsible for?" The following information provides a short overview and points you in the right direction toward supporting your users.

✓ *Keep your AAA users and Provider Agency User information accurate in the SAMS Administrator tool.*

Key AAA User Information:
- Name
- Email Address
- Direct Phone Number
- User roles in the system.

Key AAA Provider Agency Information:
- Agency Name and AAA affiliation
- Contact information
- Number of unduplicated customers served annually
- Number of users (Citrix licenses) needed and user identifier information (see Key AAA User Information, above)
- Focal point designation
- Number of SAMS licenses and approval letter from AAA Director

✓ *Set up and maintain the Agency Record, Provider and Care Manager Table (Refer to the SAMS Administrator guide, pages 133 thru 185, for complete details) in the SAMS Administrator tool.*

- Know the fund identifiers - services provided**,** contract rate information**,** profit/non-profit information**,** Care Manager Names and services associated with each. Refer to the list for Texas SPURS fund identifiers and services, attached as Appendix A-1.
- Update the staff information shown within the Agency Record for annual NAPIS reporting by September 30 of each year.

✓ *Assist users with day-to-day operations for SAMS/SPURS.*

Document SAMS application issues and business process questions for end users. When adjusting the AAA business processes, any assistance with program related inquiries may be sent to the DADS Help Desk for answers. Also forward documentation (screen shots or wording of pop up screens or error messages) of any unresolved issues or table information that may not look correct to the DADS Help Desk for further consideration and research. Also remind users that every 45 days their Aging Network.com password needs to be changed.

1.2.2 What is the procedure for notifying DADS of user list updates?

Background: We have had an employee resign who has a TXDADS login and who completed training for SPURS. What do we do?

- **Answer:** Requests to add/change users, update email addresses and phone numbers on file with DADS and to add/change AAA Provider information should be done using the '*SPURS User Change Request*' process in *Appendix B* of this document. Users may request an electronic copy of the change request form via email to the DADS Help Desk. Simple change requests for updating drop down values, such as zip codes, topics, subservices, or places can be stated in an email to the Help Desk without a change request form.
- **Special Note:** "Pre-SPURS" users and AAA System Administrators should **not** contact Harmony directly regarding additional users or licenses for the SPURS System. All requests in this area must be requested through DADS.

1.2.3 What is required to populate the Care Manager Table?

Answer: Each AAA System Administrator must designate all of their AAA's SAMS users as a "Care Manager," (including Care Coordinators, Benefits Counselors, etc.) in the Provider table. Select "New Care Manager" button to add a Care Manager. Complete the Agency Services, Roles (Care Manager), and Provider Types section. Provider Types should reflect "Consumer Provider" and/or I&R Program and Service Provider at a minimum. Be sure to indicate "Focal Point" and "Senior Center" as appropriate.

Provider Types	
Active	Description △
☑	AAA Services
☑	Agency Provider
☑	Consumer Provider
☑	Focal Point
☑	I & R Program and Service Provider
☑	I & R Program Only
☑	Informal Supports
☑	Insurance
☑	Private Pay
☑	Senior Center
☑	Third Party
☑	Third Party Liability
☑	Waiver Service Provider

1.2.4 When we have just one or two users who need AN.com password reset, who do we contact?

Answer. Please send a note to the DADS Helpdesk, and DADS will contact Harmony on your behalf to request the reset.

1.2.5 What fields do I complete to set up my AAA Provider Table?

Answer: All Providers will be converted from your legacy system; therefore it is very important for the Data Reviewers and AAA System Administrators to spend time building the attributes for each provider. This table is central to the information appearing in the appropriate drop down menus in SAMS (at least Consumer Provider and/or I&R Program and Service Provider).

- Some providers may be duplicated, due to spelling or typographical errors. The "Service Remap" function can be used to combine duplicate providers into one. After all 28 AAAs are Live, duplicate Providers serving multiple AAAs will be reviewed and merged by DADS System Administrators.
- Ensure the Provider Type; Section Detail; Agencies; Services and Contract Rates (if implementing this option) are correct.

- When listing Services be sure to use the updated service name to which your legacy data has been mapped. The old services will expire once all AAAs have completed the data conversion phase.
    - o Include the designation of Profit/Non Profit (NAPIS).
    - o Include the designation of Minority Provider, if applicable to meet NAPIS requirements.
    - o Include the designation of Rural if applicable to meet NAPIS requirements.
    - o Verify the accuracy of other sections and update as needed.

Provider - Untitled		
	Details	
Details	Name	
	Short Description	
Agencies (0)	Long Description	
	Notes	
Subproviders (0)	Medical Assistance ID	
	Start Date	06/16/2010
Services (0)	End Date	
	Universal PIN	
Privileges (0)	NPI	
	Hipaa Taxonomy	
Sites (0)	Url	
	Email Address	
Contacts (0)	Certified with Medical Assistance	Yes
	Minority Provider	No
Locations (0)	For Profit	Yes
	Active	Yes
Phones (0)	Local	No
	Is Rural	Don't Know
Roles (0)	Exclude From Website	No
	Billing	
Types (0)	Is Affordable	Don't Know
	Accepts Medicaid	Don't Know
Languages (0)	Accepts Medicare	Don't Know
	Accepts Private Insurance	Don't Know

Special note: If Privileges are required for a Provider Organization, contact DADS Help Desk at T3Ahelp@dads.state.tx.us.

1.2.6 Are volunteers allowed to have access to the SAMS environment?

Answer: DADS has determined it will not permit licenses to be established for volunteers at this time, regardless of the source of payment for software licenses. This decision is based upon the premise that allowing this access would change the original SPURS project scope and require additional funding, resources and implementation time.
- DADS has allocated all planned funding for the initial implementation of the SAMS application environment and reached its maximum number of purchased software licenses. In order for DADS to be as equitable as possible in allocating the number of software licenses it can support across AAAs, it has elected to assign the current pool of

software licenses to full-time staff (405 licenses were originally purchased by DADS; approximately 600 licenses are being managed by DADS). The AAA may purchase extra licenses for part-time staff if it chooses to do so.

- As you are aware, the statewide system is inclusive of data for all persons served by AAAs across the entire state. HIPAA security and compliance would need to be studied to determine if public access to health / consumer data is even allowed. If that access is allowed, it would likely require a special profile for the user and modifications to the application and database structure to control the access. With some AAAs supporting providers in the system, there are multiple layers of access and control to consider. Because this type access was not planned in the original project, the potential for "scope creep" is great. "Scope creep" basically means additional facets of a project are added creating the need for additional resources such as man-hours, funding, application changes, related testing and user / volunteer training. In this situation, the need for resources to manage licenses would be ongoing as volunteers are brought on to the system or leave the system.

1.2.7 Can I track two different sites operated by one Provider?

Answer: Yes, site locations may be set up in SAMS, with specifics on location, the hours of operation contact information, etc. Providers may have many locations that may be tracked and reports may be run for site-specific information.

1.2.8 What are the minimum requirements for a strong SAMS password?

Answer: Password security for SAMS is controlled at the SQL database level, and DADS uses the SAMS Administrator application interface to set / modify SAMS login ID passwords. The list below provides the recommended guidelines for creating a strong password.

- Be eight to fourteen characters long.
- Contain both uppercase and lowercase letters.
- Contain at least 1 number.
- Contain at least 1 symbol, such as ` ! " ? $? % ^ & * ( ) _ - + = { [}] : ; @ ' ~ # | \ < , > . ? /
- Not resemble any of your previous passwords.
- Not match your login name.

1.2.9 What role(s) should we be using to set up our staff - Provider or Care Manager?

Answer. Staff should be set up as a Care Manager, and you associate certain services to them as providers of those services. This enables them to deliver services directly and be

assigned as care managers also. If you have access to the remapping tool, you can change any delivered services to Care Manager vs. Provider. DADS can help you with this remapping functionality if needed.

1.2.10 Do the AAA's need to keep their old systems (and contracts) for five years?

Answer: The answer is different for each agency, depending on which legacy system they currently use. The contract between DADS and the AAA governing organization dictates that 5 years maintenance of historical data is required. Agencies that use an older version of SAMS will have their historical data imported into the new system as part of the migration. If agencies with other systems (Q Continuum, ServicePoint, AIM) import their historical data into the Harmony SAMS database, no maintenance of legacy systems is required. If these agencies elect to keep their historical data on the old systems, then yes maintenance of the legacy systems will be required. If agencies extract their historical data off their old system and maintain it in-house themselves – then no, the old legacy systems will not need to be maintained.

1.2.11 Will DADS cover Harmony software licenses for providers?

Answer: The State Unit on Aging is covering the AAA user license costs. The AAA's need to cover sub-contractor and vendor provider license costs required, if any. Three subcontracted Ombudsman licenses are included in the State cost as well. T4A has agreed to receive and provide consolidated / centralized invoicing with Harmony for certain AAA sub-contractor and vendor licenses, and will work out a cost recovery structure and mechanism for each of the AAA agencies. Others will be billed directly by Harmony. DADS approves and maintains a database of all licenses, regardless of payment source.

1.2.12 If a provider services two different AAA Offices how does SPURS know to show the services I enter against my AAA reports?

Answer: Your default AAA Agency is set according to your user ID. You are part of the AAA Agency Organization and therefore are restricted to entering data only for your agency. You may not be able to show any services delivered on behalf of another agency.

1.2.13 What does it mean to update the Agency Record?

Answer: All AAA Agency records have been established in SAMS and Providers were linked to the Agency records during the conversion phase. The AAA System Administrator should review their Agency record to ensure all Providers are listed. The Staffing Profile, formerly reported through the Quarterly Performance Report, must be completed for NAPIS by September 30 of each fiscal year. The Privileges section has been updated by DADS.

General SPURS / SAMS

2.1 Application performance issues

2.1.1 Will SAMS application performance be slow and are there any instances where it "kicks you out" (other than when the program is idle)?

Background: Our current system slows down when multiple people are logged in or will abruptly shut down even when working on it. Additionally, when running large reports, it works faster when just the person running the report is logged on.

- **Answer:** SAMS may be slow if you have a large report to run. We have reports of SAMS "Freezing" at times. If you experience the database freezing, please note the date and time it occurred and the function you were performing and report it to your AAA System Administrator so they may pass on the information to the SPURS Administrators.

2.1.2 Which of the AAAs are experiencing troubles with system freezing?

Answer: Several of the AAAs (North, Alamo, Central, Capital) are reporting frequent freezing up or slowness in the system. Suggestion: Each AAA should make a note when experiencing the issues and report incidents to the DADS Helpdesk. DADS will monitor trends and engage Harmony for additional research.

2.1.3 SAMS Care Manager Visibility to clients is not working properly – what's wrong?

Background: A Care Manager is trying to see all of her clients but the system won't pull them all up for her since she's not the primary on them all.

- **Answer:** Set the filter on Care Manager vs. Care Manager is Primary. Then SAMS will return all the clients where there is a Care Manager assigned.

2.1.4 Central AAA agency engagement of Harmony support via email to address a specific question was delayed – what happened?

Background: Follow Up on Central's Cases Filed – the recent delay in support getting back to Central was Gayle's fault – she's in the support system under multiple customers, so system didn't know which queue to put the request in. Once Chris followed up, he was able to associate the cases to the correct queue. Turns out that when filing a case via e-mail, the filer needs to make sure the e-mail address of the filer is a designated contact for the AAA – this will make sure it goes to the organization's queue and not into "Can't tell where to put it" queue.

- **Answer:** Central reported that Roy Skorstad was very helpful on their call when they finally connected, and he sent Sandra a document regarding Dashboards functionality that was especially helpful. Gayle requested Roy send it to her, and he did, so it's attached to these notes and now everybody can use it. Roy also indicated he'll get back to Central soon to help with that remaining widget.

2.1.5 Why did a consumer search for existing records not show all the entries when searching by last name – what happened?

Background: A client called our AAA to inquire about potential services, and the AAA phone operator gathered the caller's name to search SPURS if an existing consumer record (and associated client ID) is present. We searched by last name and didn't find any existing record, but when searching by first and last name the search results were different and an existing record was found.

- **Answer:** Unfortunately this is a known issue, and going forward, a best practice when looking for a consumer is to use both the first and last name in the search window. The search doesn't require the full first and last names, so a partial string will work. This should cut down on the potential for duplicate client records to be created within SPURS.

2.2 Policy and Procedures

2.2.1 What is the proper syntax for entering time into time duration fields within SAMS?

Background: The provided conversion table only goes to 60 minutes, is any time over that amount just added to the 60 minutes (X action took 67 minutes so .12 for the 7 minutes would be added to the 1.0 of the 60 minutes)?

- **Answer:** Yes that is correct process for time data entry.

2.2.2 How are DPS vendors classified in the SAMS application?

Background: In our old system, all our direct purchase of service (DPS) vendors were considered "agencies" regardless of the Social Service Program. In SAMS what would our DPS vendors be and would they be broken down based on the Social Service Program, (NAPIS Title III and Family Caregiver Support T3E)?

- **Answer:** In SAMS your "DPS" vendors are considered providers and the services and fund identifiers are set up within the provider table.

2.2.3 Is there any way the computer can be hooked up to the phone system so when there's an incoming call the system will automatically populate the SAMS fields? (Similar to 911 dispatch service).

Answer: This type of functionality is not planned at this time.

2.2.4 How can we get the most current info out to all agencies when questions are answered on the weekly deployment calls?

Answer: FAQ's will be coming out (via the Weekly Wednesday email broadcast) on a regular basis from the DADS team and will also be published on the DADS website (http://www.dads.state.tx.us/providers/AAA/Procedures/index.html).

2.2.5 Will SAMS be able to track clients with limited English speaking & writing capabilities?

Answer: Yes - Language is entered through the consumer detail screen.

2.2.6 Will SAMS provide notifications for client enrollment and care plan changes?

Background: Our current system generates message notifications for the system administrator when clients are enrolled or when changes occur in the care plan, will SAMS generate similar notifications?

- **Answer:** Users may set up a function within their dashboard to track updates to the service plan or consumers. Refer to the Core SAMS Training Manual, pages 52-56 for more information.

2.2.7 How is the SAMS application addressing individual agency permissions to locking their database instance?

Background: Concho reports they still have permissions to lock down their instance thereby limiting the ability to enter previous month's services. If they use it, it will lock down the entire statewide.

- **Answer:** Access needs to be removed for this functionality. DADS has made the application change to address this issue.

2.2.8 Are the current SPURS job aids published anywhere on web?

Background: For SPURS users that didn't attend the 2011 T4A conference in San Antonio, we didn't receive the latest caregiver job aid and would like a better communication method for determining the most current job aid to use.

- **Answer:** The active (most current) versions of the published SPURS job aids are now available on the web for AAAs to reference. The data is integrated into the DADS website (http://www.dads.state.tx.us/providers/AAA/Procedures/index.html), published in Adobe PDF format (unless noted otherwise in the filename), and located at the bottom of the web page, so make sure you scroll down to find the entries.

2.2.9 What are the guidelines for first and last name syntax when completing data entry?

Background: As part of the data clean-up and normalization after completing all the AAA data migrations into the SPURS environment, DADS would like to publish best practice guidelines for entering consumer data into the consumer and call log records.

- **Answer:** Please use the guidance below for all data entry going forward from Sept 1, 2011. There is no requirement to review or change any existing historical data that is already entered into the SPURS environment. Included below are some examples to help visualize what the data entry for these fields should look like. This guidance is part of an ongoing clean-up initiative for the integrity of the Harmony SPURS data, now that the AAA migrations have completed and agencies have had some time to use and explore the functions of the application environment.
  1. Capitalize the first letter of the first name, the remaining letters are lowercase
  2. Capitalize the first letter of the last name, the remaining letters are lowercase (with exception of names like McCormick, that have multiple letters properly capitalized)
  3. Do not place special characters in either the first name or last name fields (i.e. ~!@#$%^&*:+;?). The only exceptions to this include the ' (apostorphe) and – (dash / hyphen) characters which are considered acceptable characters.
  4. Use the prefix and suffix fields to capture appropriate data (Dr., Junior, Senior, II, III, etc.)
  5. Use the maiden name and AKA name fields to appropriately document data related to marriage, divorce, legal separation, or preferred / alternate first or last names
  6. Use proper mixed case, proper noun syntax (with limited use of abbreviations) for any text entered into the notes or topics fields within the call log. Avoid using ALL CAPITAL LETTER syntax in the notes fields as well, if possible.

McKenzie, Jacquelyn A - Details

General
- Contacts
- Locations (1)
- Phones (1)
- User Fields (32)

Prefix	
First Name	Jacquelyn
MI	A
Last Name	McKenzie
Suffix	
Maiden Name	Doe
AKA Name	Jackie
Date Registered	07/02/2010

Female with Maiden name and preferred first name listed in the proper fields

Doe Sr, William B - Details

General
- Contacts
- Locations (1)
- Phones (1)
- User Fields (32)

Prefix	
First Name	William
MI	B
Last Name	Doe
Suffix	Sr
Maiden Name	
AKA Name	Bill
Date Registered	07/02/2010

Male with Last name suffix and preferred first name listed in the proper fields

Intake and Assessments

3.1 Application performance issues

3.1.1 Why doesn't the topic sum button work correctly?

Background: When entering Units of Service Delivered using Topics in the Service Delivery view, the service units shown converted for this month disappear when I enter a new amount.

- **Answer:** This is known as a "work around" as a result of the data conversion, and should only be used when entering units for the same month as converted data.
- *Problem:* What tends to happen is when a new Care Coordination service needs to be added in June, the record is updated, a Topic is added, and when the Topics are "Summed", the prior total Units is being overwritten with the new service time only. If 4 hours were spent on Care Coordination for John Smith in June, and data was converted from the old system, the 4 hours is shown in the Units field. The user has an additional 8

hours to add to this consumer record. For the initial month of conversion, the user needs to make sure to manually add the converted units to the new units and enter that total with Topics. So the user will enter 12 hours in the unit field to accurately report on June's services.

3.1.2 If a Consumer has received services from two AAAs which AAA is listed as the home or default agency?

Answer: When a Consumer Record holds service information from various AAAs the default agency is determined by the county of residence. Service Units will be reported according to the service provided by the Agency listed on the Service Delivery.

3.1.3 Can an individual consumer be assigned to multiple care managers?

Background: Intakes - if a consumer is assigned to one care manager but we want the consumer to show up on someone else's list, can we do a referral to two care managers?

- **Answer:** Yes, however, only one manager will be designated as the primary manager. Also note you'll want to avoid filtering on Primary Care Manager - instead filter on Care Manager if you want to see both associations.

3.1.4 What field will DADS expect to find the Narratives when monitoring the AAA agency?

Background: We haven't entered our case notes into a system before, and there are so many Journal fields in SAMS.

- **Answer:** Use Topics (on the Service Delivery View) for Activity/Time Tracking.
- DADS requires the use of Topics for recording case notes and tracking time. Topics are currently configured for Care Coordination (CC), Benefits Counseling (BC) and Caregiver Support Coordination (CSC), where the unit type is hours or time-based. Services in SAMS for CC include Care Coordination (hour) and Caregiver Support Coordination (hour). Services in SAMS for BC include Legal Assistance (over 60 and under 60 with special circumstances). This setup is subject to change.
- When recording Service Delivery for CC and BC interactions, use Topics for the service component associated with a unit when the unit is an "Hour".
- Federal reporting currently tracks Caregiver Support Coordination as "Contacts", and State reporting tracks "Hours". For Caregiver Support Coordination, you will need to do two entries: one for the contact and one for the time spent by Topic.
- When finished entering all topics and their associated times, click the Sum Topics button to transfer the total time into the Total Units field.
- Use the Topics Note field to enter narrative comments. Optionally, you may also cut and paste this entry into the Consumer Journal.   Consumer Journals do not capture time and do not calculate time.
- Each of these services has a Non-NAPIS equivalent to enable tracking of travel time and other non-reportable time that maybe tracked by the AAA for performance measurement. Note travel time *must* be tracked for Benefits Counseling funded through CMS. SPURS has been configured to allow AAAs to capture travel time as a "Non-NAPIS" Topic.
- DADS staff will refer to Topics when conducting Performance Audits and Monitoring.

3.1.5 What Topics may I use for tracking IR & A?

Answer: Your system administrator can print a list of topics entered by service using the SAMS Administrator application. If changes are needed to the list of Topics please use the Change Configuration Request Form.

3.1.6 After any edit or re-assessment, would we have to refresh the info or would closing the particular window suffice?

Answer: When updating the records the user must save the changes before exiting or closing the window. The refresh button is used to update the screen with new information which may have been added in another view.

3.1.7 Will SAMS have to remain open for IR&A so that when they have incoming calls they can immediately begin the call log action?

Answer: Yes.

3.1.8 On Service Orders – if purchasing a service that varies, like Home Maintenance, is there a way to put a cost for each item separately vs. SAMS-calculated total cost for service order?

Answer: Jeff is looking into this. (Marilu and Lower Rio get a "Sammy" for stumping Jeff on this issue weeks ago in training.) In SAMS, if you try delivering home maintenance on three days in the same month, the three units of service will be correct but unless all have the same cost, the total will be wrong. SAMS will take units x dollars (n units x $y = total $$z) to give total cost and this doesn't work where the three services have different costs, so a work-around is needed and Jeff will keep us posted.

3.1.9 Who can edit the vendor's name on service order?

Background: We left the agency's name by default as provider and wanted to update that to the actual vendor we wanted to authorize. We got an error message about "Provider selection may not be changed while service order item exists."

- **Answer:** If you've added items to the right side of the service order, SAMS won't let you modify the provider getting the authorization. An Admin would have to go into SAMS and delete the service order, and then you'd need to recreate it under the correct vendor name.

3.1.10 When adding to provider contact type, there are missing options (billing contact, owner, president, CFO, etc.) – how do these values get populated?

Answer: DADS has the system administration permissions to add additional values / field descriptions to an internal table within SAMS. Send an email request to Rocky and Eric to have the table values updated.

3.2 Policy and Procedures

3.2.1 What is the procedure for Information, Referral & Assistance Call Tracking (i.e. 211; ADRC related functions)?

- **Answer:** For AAAs involved in the Texas 211 system, the SAMS functionality in call tracking is not intended nor is it programmed to replace your current ISIS or IRIS system. To report NAPIS related calls use consumer groups to enter units. The AAA must have supporting documentation (including electronic format) maintained and available to report only eligible units, and must be able to report an estimated audience for each month.
- AAAs not using a different system must use SAMS to log calls. SAMS will automatically produce estimated audience and total contacts for each month.

3.2.2 What is the effective date for AAA use of the new Caregiver Assessment Questionnaire (CAQ)?

Answer: The AAA must implement the Caregiver Assessment Questionnaire once the AAA has converted to the SAMS statewide database. The AAA is not required to implement this form until it has the capability to enter the data into the statewide system. This will avoid a backlog of data entry for the AAA. Once "live" in the SAMS system, the AAA must use the Questionnaire and must enter the responses into the SAMS system, using the client assessment function.

3.2.3 Which Assessment forms do I use?

Background: Do I have to use the Assessment form in SAMS for Nutrition Risk Assessment; AAA Customer Needs Evaluation (aka 2060 form); Intake Processing; Caregiver Intake; Public and Media Events; and the Individual Client Contact information?

- **Answer:** For any consumer assessments done after the AAA SPURS Production Go Live date the SAMS Assessment forms are required (excluding the Client Intake and Caregiver Intake) to properly capture the data in the SAMS Statewide system (SPURS). Entry of the assessment results will ensure appropriate calculations and all data is stored for reporting to NAPIS and the Administration on Aging (AoA) at the end of the year.
    - The Client Intake and Caregiver Intake forms will include targeting data not captured elsewhere in SAMS; completing targeting data is at the option of the AAA Director. These Intake forms are in the process of being separated and shortened; however previously entered data will not be lost.
    - As an additional side note, instructions and job aids for the assessment forms (Nutritional Risk Assessment, the Consumer Needs Evaluation form, and the Caregiver Assessment form) all include the requirement to enter the assessment data into SAMS.

3.2.4 What is the proper process for correcting data entry when entering a new consumer?

Background: Staff member was entering a consumer, made a mistake, and can't delete the form.

- **Answer:** User needs admin permissions to delete records, and these permissions are only assigned to 1 or 2 individuals for each agency. Please engage your local AAA system

administrator to coordinate deletion of the incorrect record. If a local administrator is unavailable, users can submit a request to the AAA Helpdesk (t3aHelp@dads.state.tx.us) to have the incorrect record deleted.

3.2.5 Can the Assessment forms be modified by AAA agency staff?

Answer: The "assessment" forms in the SAMS system *may not* be changed. The TX-DADS Intake is in the process of being revised/completed and should not be used (we have advised against AAAs using this version of the Intake).

- The paper form (DADS website) of the DADS Intake will be revised once the SAMS Intake form is revised. The AAA may change the paper form as long as it captures *all required information* which is bolded on the current paper form. The same is true for the CNE and the NRA -- the AAA is cautioned to ensure the forms calculate properly if revised on paper as there are new requirements related to NAPIS for the CNE.
- The forms are reviewed during on site and desk review monitoring for accuracy and compliance to reporting requirements.
- The TX-DADS CareGiver Assessment *may not be altered in the system or on paper* as other sections at DADS (outside A&I/AAA Section) are also capturing data. This assessment was developed with extensive input from AAAs in conjunction with SB 271. The identical questions must be used statewide.

3.2.6 Can rosters be used for client data updates across multiple months?

Answer: Yes! Contractors or anyone completing data entry can use rosters to enter data this way. The steps below illustrate how this would be completed.

1. Open the session itself like you normally would.
2. Look in the upper left for the dropdown at the top.
3. Select "Any".
4. System will return columns enabling entry for the whole year.
5. You can then enter whichever data for the months you want to enter.

3.2.7 How do we update vendor contact information if they have offices outside of Texas?

Answer: DADS has the system administration permissions to add additional values / field descriptions to an internal table within SAMS that allows additional cities, counties and states outside of Texas to be populated. Send an email request to Rocky and Eric to have the table values updated.

3.2.8 Must we collect NAPIS data for every call when using the I&A call log to enter the call session into SAMS?

Answer: No. All you need is some form of indicator if it's eligible for Title III (60 and over or calling on behalf of). You do not have to get all the details for an I&A call. You can capture the same level of detail you used to with a paper log – no requirement to go into a full intake. If you do not capture age, it won't count for NAPIS reporting and should not be reported to DADS in the QPR.

3.2.9 Can agencies use consumer groups to count their respective I&A contacts without reviewing individual call logs?

Answer: Yes, you can do that if you prefer. You still have to figure out how to provide the proper reporting requirements on the QPR form.

3.2.10 What is the proper process for assigning referrals to Benefits Counselors and Care managers?

Background: We are trying to figure out how to refer clients (logged calls) to other care managers and benefits counselors, but are unable to find instructions in our SAMS manual. This is the scenario we are trying to achieve - Calls come in. Some are referrals for benefits counseling and some are referrals for care management. We want to forward the logged call to our lead benefits counseling staff that reviews referrals and assigns them to the other benefits counselors, and also CC the alternate benefit counseling staff. We also want to forward the logged call to our lead care manager staff that reviews referrals and assigns them to other case managers, and also CC the alternate case management staff. I remember getting trained on this process, but don't remember how and can't find how to in SAMS manual or F1 help.

- **Answer:** The steps below use the caller record and dashboard search capabilities to route activity request through proper channels for review and assignment. Here are your steps:

  1. Click New Call
  2. Search for Consumer/Caller Info
  3. Create new IR Caller record if needed
  4. Open Activities
  5. Create Activity for Caller/Consumer and select the Care Manager from the Provider dropdown
  6. User will be prompted to enroll if Caller/Consumer is unregistered – do enrollment if prompted
  7. Save and close call
  8. Care Manager will see the new Activity upon next login either in the Dashboard (recommended, but requires setup) or the Activities and Referrals list screen.

- To do the CC: You can only add one care manager to the activity, so you'll want to make the referral to the primary.

- In order for the Benefits Counselors and Case Management folks to see what's out there – you can approximate a CC by using the dashboard. Each backup person should set up a dashboard widget (custom search) - that would be an **activity search** for **activity with status of not started**, **filtered to include** the **names** of care managers or benefits counselors as applicable. This will let the backups view any activities pending regardless of assignments.

3.2.11 Is it necessary to include provider name on new assessment forms, and also include the name of individual who completed the assessment?

Background: Is it necessary to put providers name on assessment and the name of whoever did the assessment on the form? Because of vendor agreements, the AAA does the data entry

at the local office. The assessment form (NRA) asks several questions on who did the assessment.

- **Answer:** Those questions are not required by the assessment and are not required by DADS at this time. If you're not capturing it, that's okay. You must enter the provider to get the reports out correctly.

3.2.12 Do the CNE and the Nutritional risk assessment forms have to be entered for clients retroactive to Oct. 1st, 2010?

Answer: Although the entire CNE and Nutritional Risk answers would not have to be entered into SAMS retroactive to October 1, 2010, there are certain fields required for NAPIS which would need to be updated. The number (count of NAPIS ADLs and IADLs, as appropriate for the service) must be entered in the client details, as well as whether the consumer is at high nutritional risk.

3.2.13 When assessments such as the Consumer Needs Evaluation or Nutrition Risk Assessment are conducted under Caregiver services, are the assessments linked to the caregiver or care recipient?

Answer: Assessments must be linked to the care recipient when **respite or supplemental services** are provided under Caregiver services. When a caregiver receives respite or supplemental services, the OAA requires care recipients to be unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual. By linking the Consumer Needs Evaluation to the care recipient, the AAA has demonstrated the care recipient's need in the SAMS system. The same is true for the Nutrition Risk Assessment for a care recipient receiving home delivered meals. The Nutrition Risk Assessment is required for all individuals receiving nutrition services, so the Nutrition Risk Assessment would be linked to the care recipient.

- Let's say the Caregiver goes to the local senior center once a week for a congregate meal. Which record would the Nutrition Risk Assessment be linked to? In this case, the assessment is linked to the Caregiver as the Caregiver is the one who must be assessed under the congregate meals program.

3.2.14 I&R Call Log – when you close and get the screen that pops up for recording your units, is that all III-B funding?

Answer. It depends on your setup. You create separate service templates for your deliveries – caregiver IR&A would be separate from regular IR&A. Anytime you add a fund identifier, it's like creating a new service. Naming conventions become important. Several AAAs need multiple identifiers – so create one for III-B and one for III-E and one for IR&A – CMS. Then when closing out, you'll need to choose the correct one for delivery of the unit.

3.2.15 When professionals contact AAA for info about a client under 60 (not a caregiver), how is the AAA to document those calls?

Answer. The call is not eligible to be counted as a NAPIS I&A. Leave the Fund ID blank and it will not be counting in NAPIS.

Service Plans

4.1 Application performance issues

4.1.1 Is there a way to create a Service Order for Multiple Consumers?

Background: For example, to generate a service authorization for everybody in a congregate meal service?

- **Answer:** Not really. You'll need to have a plan for each individual to create the authorization – whether you print from service plan print preview or wherever, you'll need one plan per consumer.

4.1.2 When doing topics, is there a box for contact vs. no contact to note the interaction on Caregiver and Caregiver Coordination?

Background: There is not a separate check box for entering Caregiver Support Coordination contacts within the Topics field. The Caregiver Support Coordination contacts must be entered as a separate service delivery. The contacts are required by the Administration on Aging and must be documented for the NAPIS report. Number of contacts is not required for Care Coordination funded under Title III-B. For background, the proposed NAPIS report for 2011 - 2013 had included a new definition for Caregiver Support Coordination with the unit of service being one hour (same as NAPIS for Care Coordination funded under Title III-B). However, about 50% of the states were not pleased with this change and cited it would be very expensive to make this change -- considering the 2009-2010 economy; the proposed NAPIS definition for Caregiver Support Coordination was deleted. Caregiver Support Coordination (as in previous years) continues to fall under access services where the unit of service is one contact. Hopefully this will change after 2013. It is one of those conflicts between what NAPIS requires and what the state requires.

- **Answer:** This documentation is best captured via consumer groups – use Daily Unit Details to record the daily number of contacts. The monthly total will update each time a user enters the daily total.

4.1.3 When entering service rates for provider & service delivery records, is there a way to correct entries if the incorrect rate was used?

Background: A wrong service rate was entered for a provider and service delivery records were created with the wrong rate. The correct rate was changed in the provider record, but the consumer service delivery still show the incorrect rate and needs to be changed. Do all the incorrect records have to be manually updated?

- **Answer:** Manual entry is an option, but not recommended. An alternate option is to use an available utility (called the Change Rate Wizard) within SAMS Administrator that will allow administrators to modify the rate for a selected provider/service and correct all associated

consumer records. The wizard walks end-users through the steps to make the rate change, and then identify which records need to be changed. This utility is only available to individuals with Administrator permissions and thus sees the SAMS Administrator application on their Citrix (AN.com) menu screen.

- Changes made in the Provider record to update or modify incorrect rates for the service provider will be applied to all future provider & service delivery record updates. In the case of incorrect rates being discovered and corrected, changes to impacted provider and service delivery records will not be applied retroactively when only changed in the Provider record. Someone still needs to use the Change Rate Wizard or complete manual data entry to correct the impacted records.

4.1.4 When entering transportation care plans for providers, is there a way to capture different rates for different rides within rosters?

Background: I am entering transportation care plans but we have different rates for different rides and I was wondering how to work this with the rosters? I didn't put a rate in the set up for the Vendor because I thought I could just put in the correct amount when I was entering the units in the roster.

- **Answer:** SAMS users that have administrative permissions can create a subservice for each ride type (and differentiate the rates across the different subservice entries) and then individual SAMS users can enter the rate for each subservice when they create the roster.

4.2 Policy and Procedures

4.2.1 What is the proper process for documenting multiple care plans for the same date?

Background: Can't seem to enter two different care plans for same date for same vendor for same service with two different units (health maintenance services).

- **Answer:** If both units are designated Health Maintenance, with same Fund Identifier, you would double them up – diapers $65 and ensure; total and divide so as to use average cost. You don't need a care plan to record the service delivery. You could take the total amount and divide by units provided to get the average so the total amount always matches – units and dollars will then match fiscal. You need to have total units and dollars to match. Alternate – if you had different sub-services you could potentially do that. DADS: we're looking at the delivery of unit of service and depending on financial records as far as payments go.

4.2.2 Is there a way to convert the Caregiver to an ordinary Consumer who can still get services (not Caregiver but as Consumer)?

Answer: The question above implies the individual linked/identified as a caregiver is/was not eligible for Title III services other than those provided under Title III-E (National Family Caregiver Support Program), necessitating the individual to be "converted" to a "consumer." This is not a correct assumption. If the consumer is age 60 and meets other criteria, as applicable, the individual is already a Title III consumer.

- **Example**: An individual may have been receiving congregate meals for years under Title III-C. Later, the individual became an informal caregiver (requirement under Title

III-E) and (voila) the person is eligible for caregiver services. That caregiver, receiving Title III-E services, was and is still eligible for Title III-C (non-caregiver) congregate meal services.   The former caregiver record remains intact, and begins or continues receiving Title III "non-caregiver" services.

- In SAMS a Caregiver is a Consumer; the only thing that defines them as a SAMS Caregiver is the relationship to one or more Recipients. The receipt of services, whether it be under the Title III program or FCSP IIIE is what will categorize the client in the appropriate sections of the NAPIS Report. As previously stated, if the Recipient passes, then the relationship to the Caregiver should stay intact but end-dated, and the Recipients overall Status can be inactivated. The Caregiver may also be receiving other formal services, so it may not be necessary to change anything in the Caregiver's record.

4.2.3 What do we do to the relationship of the Caregiver when the Care Recipient passes away?

Background: Of course, we can change the Care Recipient to inactive, but other than end dating any care plan for the Caregiver, what do we do about the Caregiver side when the recipient passes away?

a. Does the link need to remain until the annual NAPIS report is filed so the activity can be counted for the FY?
b. Is there a way to convert the Caregiver to an ordinary Consumer who can still get services (not Caregiver but as Consumer)?
c. How is this situation best handled?

- **Answer:** If a care recipient passes away; their enrollment and record will most likely and should be end-dated/ de-activated. Together these adjustments would make the care recipient no longer eligible to receive services within the system; however, the caregiver relationship/history would remain. I would say your users would probably want their data to be as accurate as possible so they should safely be able to end-date the caregiver relationship at this time.
- The NAPIS report is going to be looking at historical caregiver service data. In other words, during the time the recipient was alive and receiving services while the caregiver relationship was intact, these units should be counted in the NAPIS report appropriately as caregiver units. At any time afterward, you can modify the caregiver record however you or your processes determine should you decide to set them up with services.

Service Delivery

5.1 Application performance issues

5.1.1 What is the status of the Unduplicated Clients Report?

Answer: North cannot explain any of the variances they are finding, although they are finding some issues with the report. It appears that if a consumer had services under a local fund then switched to Title III, it wasn't getting picked up properly. Rhonda printed out the monthly reports for this FY for testing and is finding that issues are there, but are sporadic and inconsistent. North found meals were more likely to be a problem – with smaller services there

are fewer unduplicated throughout the year but meals tend to be much larger counts. Once Capcog gets going, they should be encouraged to test these as well as they were previously getting the counts needed. Will continue to add everybody's comments to the work by Rosie and Concho, and will advise development that the report needs some more work.

5.2 Policy and Procedures

5.2.1 Who can edit the vendor's name on an existing service order?

Background: We left the agency's name by default as the provider and wanted to update that field to reflect the actual vendor we wanted to authorize. We receive an error message ("Provider selection may not be changed while service order item exists.") that does not allow us to change the value.

- **Answer:** If you've added items to the right side of the service order, SAMS won't let you modify the provider getting the authorization. An administrator (either the AAA Admin or DADS) would have to go into SAMS and delete the existing service order. The AAA user would then need to recreate the service order under the correct vendor name.

5.2.2 If a client needs to be deactivated, do we do that before or after we run units for the month?

Answer: You can do it either way. If deactivated in the month, SAMS will still pull the units for that client into this month's reporting. Just make sure to use the default filter, which picks up both active and inactive.

5.2.3 Are consumer journals optional if the narrative documenting visits and time spent with the client fall under the "topics" section?

Background: At training we were told DADS will focus on the notes in the service delivery <care coordination hour> "topics" section of the care coordination care plan.

- **Answer:** Yes the various journal entries found in SAMS are optional for all users. All narratives (i.e. case notes) should be documented using the Topics function in the service delivery view. Refer to the appendices for lists of the available Topics.

5.2.4 For unit quantity edits on a client's plan, where would the adjustments occur?

Background: Would users place adjustments only in the Service Delivery (actual) or in the Care Management | Service Plan | Care Plan Service Plan (projected units)? Ex. 20 hours for homemaker service projected for June but only 10 were rendered.

- **Answer:** The actual number of units delivered will be entered in Service Delivery. There is no need to adjust the Service Plan to reflect the actual amount.

5.2.5 How does AAA staff differentiate between monthly and installation fees when documenting service delivery?

Background: For example, in Service | Emergency response service, would we use subservices to break out costs?

- **Answer:** Yes, you would use sub-services for that. The service itself is Emergency response. Installation is there as a sub-service, as is monitoring. Monitoring is the monthly sub-service.

5.2.6 How does the AAA staff handle existing client agency contact information when they move from one area to another, and the supporting agency needs to be updated or changed?

Background: A situation occurs where we have a client that used to belong to another AAA - the client has moved into our area. Are we supposed to contact the other AAA agency and have them remove themselves as the primary? The system won't let us change the default agency.

- **Answer:** The Client's County of Residence will determine the primary AAA, once you deliver a service to the consumer, you should be able to designate your AAA as the primary agency. When your AAA is not the default, you can still run reports on service deliveries that your agency has rendered to that consumer. When someone moves, you do want to make the consumer default to the new AAA that serves the new address.

5.2.7 What is the proper process for tracking services provided to grandparents?

Background: Grandparents - how are we tracking for caregiver respite and other homemaker services that we give them?
- **Answer:** Sub-services should enable tracking; the individual AAA agency will be responsible to set those up.

5.2.8 What is the proper process for tracking a caregiver caring for someone under the age of 60?

Background: This question was originally posed in weekly Q & A calls during the 2010 data conversions. We are trying to understand how SAMS would know to associate the caregiver and care recipient for NAPIS purposes (and not make the caregiver a "grandparent" or not a caregiver at all).
- **Answer:** A consumer record should be created for the individual (under age 60) being cared for. Once created, enter the consumer record, go to the details section, find the Characteristics subsection, and change the 'Disabled' field to a value of "Yes".

5.2.9 What is the proper process for capturing providers in service delivery records, if missing from drop-down lists?

Background: One issue we are having is in regards to adding a provider under service delivery. For our respite voucher service a caregiver hires their own attendant. We have listed all the providers under the SAMS admin, however when we go to enter in the information under service delivery, we cannot pull up that specific provider name. The attendant hours are how we gather the units so it is important we are able to pull those names up. Any ideas on what we are doing wrong?
- **Answer**: Providers and services filter each other in a delivery. In other words, if I choose a provider, the only services that appear in the dropdown are those associated during that time-frame in the provider record within SAMS Admin. If I choose the service first, the only providers that appear in the dropdown are those that can deliver that service. This is

assuming that the care program and service category are properly associated. It could also be something as simple as they are setting the category and it may not be associated to the service. To deliver the service, I would suggest:

1. Set the Care Program First
2. Skip the service category
3. Set the agency
4. With both the service and provider fields blank, without actually choosing either, can you see the service she's looking for in the service field? Can you see the provider you're looking for in the provider field?
5. Assuming both are visible, now choose the service. If the provider you're looking for is no longer visible in the provider drop down, it is not associated and DADS will need to check SAMS Admin. Also, the service has to be active in SAMS Admin during the time period that they're trying to deliver the unit.

5.2.10 When AAA staff spends time for the provision of Evidence Based Intervention activities is the AAA required to report units of service?

Background: When AAA staff spend time for the provision of Evidence Based Intervention activities – such as training Master Trainers, preparing for an event, coordinating facilities for events, preparing publicity – and charge time to this service category, is the AAA required to report units of service, even if staff does not have direct contact with participants?

- **Answer**: Yes. The AAA must report Evidence Based Intervention units of service. All evidence based intervention activities must result in providing an evidence based program to participants. This service may be either cost reimbursement or fixed unit rate. If the reimbursement method is cost reimbursement, the time staff spends preparing for the activity may be expensed one month (and reported on the QPR) and the activity provided the following month (units reported on the QPR). If the reimbursement method is a fixed unit rate, the units and the cost of the unit must both be recorded on the same month on the QPR.

5.2.11 If the AAA provides an Evidence Based Intervention program, can AAAs request reimbursement, report expenditures, etc. in different categories such as Instruction & Training or Health Screening?

Answer: No. All Evidence Based Intervention unduplicated persons, units of service, and expenditures must be reported under "Evidence Based Intervention" and funds must be requested under that category. If a program does not meet the requirements for being evidence-based, it must be reported under a different category, as appropriate. It is especially important to enter data into SPURS consistently across the state when categorizing services.

5.2.12 How much documentation is required for Evidence Based Intervention activities?

Background: When the AAA expends funds for Grandparents and Other Elderly Caregivers Serving Children (GOECSC), to what extent does the AAA need to track its costs in its financial records? Is this a new service?

- **Answer**: This category supports a new Administration on Aging (AoA) reporting requirement for FY12 and all subsequent fiscal years. GOECSC is not intended to be

considered as an independent service. Changes have been made to the Request for Reimbursement, Request for Adjustment Journal and Quarterly Performance Report for the AAA's use in requesting funds and reporting expenditures. Services provided through the Title III-E GOECSC category should also be entered into SPURS using this category. For supplemental service purchases, it is relatively easy to track and report units of service and expenditures. However, the AAA does not need to establish a separate GOECSC category in its fiscal records for services such as Caregiver Support Coordination.

- The agency must determine the method used to support the expenses charged to Title III-E GOECSC. The agency may require staff to track time and expense for Title III-E GOECSC or the agency may charge Title III-E GOECSC based on a percentage of units reported for Title III-E GOECSC. Whichever method the agency chooses to use it must be consistent in its use and must have auditable supporting documentation for the charges and methodology.

Reports

6.1 Application performance issues

6.1.1 Will Exporting reports into MS Excel change the report?

Background: The Core Training manual states "Although multiple export file options are available, the rendered image of most reports in SAMS best translates to an Adobe PDF file".

- **Answer:** No, however when importing to Excel the data will require some additional format changes.

6.1.2 Why are changes to report definitions not saved properly?

Background: I saved changes I made to a report yesterday, but now I can't find it in the list of Report Definitions. The list of Report Definitions is so long. Where did it go?

- **Answer:** In the Core SAMS Training Manual Pages 68 – 89 there are instructions to create and adjust Reports in SAMS. Since the database is serving 28 AAA's and DADS, finding your report may be difficult. In order to limit the search, we have adopted a naming convention for defining reports. DADS asks that you begin the report title with your AAA Name as shown in the Agency Table. When reviewing the list of Reports Defined, your search can begin by looking at all reports shown under your AAA Name.

6.1.3 Is there a way to run a report showing clients missing the Nutritional Risk Assessment?

Answer: SAMS captures whether the consumer record indicates "high risk" for nutrition. If you run the NAPIS Consumer Listing Report, set the filter to include High Risk Nutrition Flag and run the report. When you go through the report generated, look for a dash in the column. That generally means that the NRA is missing. You can run reports filtering on period of time and/or by services if you like. The results of the report will include the criteria for certain NAPIS characteristics – you can sort the results by column header and anything missing will rise to the top.

6.1.4 How can we get at the audience size when running reports on call activity?

Answer: If a user runs a service report, like the Agency Summary Report, filter for the service of IR&A, your organization, and timeframe, and also make sure in the top 'Report' section to set 'Show Consumers' as No, and 'Include Consumer Groups' as Yes.

- Also – there is a saved report in the Agency Summary Report section of the TX_DADS_SANDBOX called '---IR&A Contacts'. If you open and run this report you will see 3 named consumers / 20 group consumers (which combines to generate an estimated audience size of 23 "consumers"), and the Units column = 24 (contacts).

6.2 Policy and Procedures

6.2.1 Recommendations for sharing report definitions with other agencies / best practices.

Answer: Always set it to *Share With (User)* unless there is an explicit purpose for sharing out to others in your organization.

- If you really want to share with (All), it may be a good idea to also save a (User) version of the report with a different name from the shared version. The DADS organization recommends using a different report name for each agency adopting the shared report.
- Each agency should do a Save As when saving the report, placing agency name in front of report description. This will preserve the agency's filters. On doing the Save As, set security to User or Agency as applicable. Then the report cannot be modified by others.

6.2.2 Who can create new reports using the Advanced Reporting Suite?

Answer: The Advanced Reporting tool suite was moved into Production status on March 31, 2011 and is available to all the AAAs as well as the DADS organization. This new tool suite has two roles and related permissions defined – the report writer and report runner role. Both roles have specific licenses assigned and a set number of licenses that were purchased as part of the initial roll-out of the new product. Report writers are the ones that can truly create or modify reports, and individuals can submit a request to the DADS Helpdesk to determine who has writer and runner permissions or to request changes or additional licenses be assigned.

- Report "Runner" (runner) – this user role permits access to the storage areas of the solution. Runners may execute (run) available reports, and may retrieve reports that are auto-generated on a pre-defined schedule.

- Report "Writer" (writer) – this user role includes the permissions of the runner role with expanded access to develop datasets, report definitions, reports, and reporting objects for use against the DWH. Report writers can create a wide variety of charts, graphs, and reports "on the fly." These items can be saved in a variety of formats and modified as needed.

6.2.3 Is there a formal list of required reports for AAA usage?

Background: I was looking for a basic list of recommended or required SAMS reports for AAA usage, as well as program requirements for QPR, but have not been able to find anything specific.

- **Answer:** There are no "required" reports in SAMS. The AAA would continue to follow the same directions for preparing its QPR as documented at the DADS website (http://www.dads.state.tx.us/providers/AAA/Procedures/index.html). The appendix section also lists many of the default reports and their descriptions for additional reference.

ShipNPR (CMS)

7.1 Application performance issues

7.2 Policy and Procedures

7.2.1 What's the proper process for recording ICC contacts?

Background: We can record several contacts in a follow up topic according to time spent, but when having to track ICC contacts, how do we record these?

- **Answer:** Record the number of ICC contacts in the topic/comment field.

7.2.2 Where are the ICC & PAM forms located?

Background: I cannot locate the ICC and PAM forms on the shared drive.

- **Answer:** The PAM form is located in the Tools Menu dropdown. In order to access the ICC form you must be in a consumer record to access the ICC form.

7.2.3 Now that FY2011 has started, are all agencies responsible for loading ICC and PAM data into SAMS?

Answer. Effective January 1, 2011 *all* Area Agencies on Aging are required to enter information into the Individual Client Contact form (ICC) and Public and Media Activity for (PAM) in *both* SAMS and SHIPTalk. The ICC form is accessed in SAMS through the "assessments" function for an individual consumer record. The PAM form is accessed in SAMS through the "Tools" drop down menu. The identical information must also be entered into SHIPTalk until further notice by DADS. This will allow DADS to compare data entered using the SAMS functionality against the data entered using SHIPTalk.

- By entering ICC and PAM forms directly into SAMS effective January 1, AAAs will be able to batch upload information to the Centers for Medicare and Medicaid Services (CMS) for the first quarter of 2011.

- At the end of January, DADS will be able to compare data entered into each system, identify data anomalies, provide further training and technical assistance, and test upload capability. If needed, these activities will be repeated in February, 2011.

- The DADS organization recognizes dual data entry into both systems is a challenge. However, it is critical we ensure the SAMS system captures all we need to report to CMS as CMS continues to focus on state performance.

7.2.4 I&A Call that turns into a SHIP-related call – how do you enter the SHIP-related contact into SAMS when you don't have a Consumer file?

Answer. You can use the Legal Awareness template being setup for the generic call information, but you'll need to register a Consumer and complete the ICC form in SAMS to document a SHIP-reportable contact.

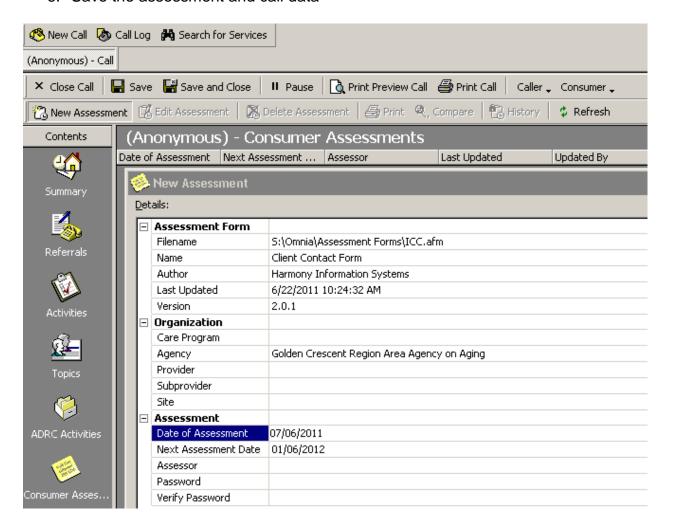### 7.2.5 Should a Benefits Counselor submit an ICC form for a client responding to a MIPPA grant mailing?

Background: Our benefits counselor sent out the MIPPA mailing using the addresses provided by DADS. Individuals that received the letters contacted the benefits counselor via phone. The benefits counselor completed a DADS Intake and determined their income was too high to qualify for MSP or LIS. Under service delivery in SPURS, the time spent would be Legal Assistance depending on the client's age. However, since they did not qualify for MIPPA which fund identifier would you use since the client would not have called if it were not for the MIPPA mailing? In addition, how is the time the benefit counselor spent getting the MIPPA mailing ready to be sent out to be counted in Service Delivery under SPURS?

- **Answer.** You can use the Legal Awareness template being setup for the generic call information, but you'll need to register a Consumer and complete the ICC form in SAMS to document a SHIP-reportable contact.
    - The initial letters would be considered a mass mailing (an event). The benefits counselor would report on the PAM form. For the MIPPA quarterly report, the mailing would be one event and the number of letters sent would be considered touches/reaches.
    - Those potential clients that called you back - you did a screening for both programs. An ICC form would be completed. Check the appropriate boxes, making sure if no application was submitted NOT to check MIPPA 1,2,3.
    - Title III B should be the fund identifier entered for clients 60 years or older. For clients under 60 years of age - be sure to enter "Legal Assistance -- less than 60 years of age" and use the CMS fund identifier for these units.
    - For time the benefit counselor spent getting the MIPPA mailing ready to be sent out to be counted in Service Delivery under SPURS - you can enter this activity as Legal Awareness in consumer groups as long as you use a template that does not map to NAPIS activities. You should use the MIPAA fund identifier.
    - Instructions for the State Program Report, related to Older Americans Act funds, state: The service units for information and assistance and for outreach are individual, one-on-one contacts between a service provider [AAA in your case] and a client. An activity that involves contact with *multiple* current or *potential clients* should not be counted as a unit of service.

7.2.6 What is the proper process for completing an ICC form for an anonymous contact?

Background: When you have an ICC to complete, but no identifying information i.e. name, date of birth (anonymous contact) -- how do we get to the ICC form and what is the proper process to follow?

- **Answer.** Users can create a new call, leaving the contact information anonymous and then select Consumer Assessment from the left navigation pane and choose ICC as the form to gather the ICC data.
  1. Click the new call button
  2. Leave the contact information as anonymous and fill out any pertinent call details (date, time, etc.)
  3. Select Consumer Assessment from the left navigation pane
  4. Click the New Assessment button and select ICC.afm as the assessment form
  5. Fill out the ICC form with all collected data
  6. Save the assessment and call data

7.2.7 Is it a requirement to enter all contacts from the CBA interest list into the SPURS system?

Answer. If you are referring to entering contacts on the Individual Client Contact (ICC) form in SPURS, any information entered into an ICC in ShipNPR must also be entered into an ICC in SPURS. The data in the two systems must match when testing (to compare data in ShipNPR to data in SPURS) is conducted by DADS.

If you are referring to entering contacts for AoA reporting, this particular AAA initiative is one-on-one contact to named individuals to encourage the use of existing services and benefits (NAPIS) and not mass media (publications, publicity campaigns, television or radio advertising, PSAs or other mass media). The AAA may report this activity as Legal Awareness using Consumer Groups. Legal Awareness requires only an "Estimated Persons Count."

7.2.8 In order to count a person in the ICC form, wouldn't the person have to be a client (intake and all)?

Answer. No. A complete client intake is required for AoA Legal Assistance. A complete client intake is not required for AoA Legal Awareness. ShipNPR also does not require a complete client intake in order to count a person in the ICC.

Generally, an ICC (in SPURS and ShipNPR) can result from IR&A, AoA Legal Assistance or AoA Legal Awareness as long as the requirement for CMS is met.

Please refer to the pages of the "Job Aid: Benefits Counseling Work Flow" for additional information about entering data in the ICC form in SPURS for various contacts. Note, even anonymous calls can "lead" to an ICC in SPURS (and ShipNPR for the time being) – but anonymous calls would not "lead" to a client intake in SPURS.

7.2.9 What is the process for correcting ICC or PAM entries that have already been uploaded to ShipNPR?

Answer. Users have 2 options to be considered and followed when it is necessary to make corrections. Either option can be used, but the individual AAA has discretion on which process they follow.

- **Option 1 – Delete the entries from the ShipNPR and SPURs databases, then recreate the entries within SPURs, and perform an export to the ShipNPR environment.**
  1. Benefit counselors do not have delete permissions within the ShipNPR website / database, so someone would need to engage Patsy Fernandez to delete the record(s) that need correction within the ShipNPR database, providing specifics on the record(s) to be deleted that would include the type of record (ICC or PAM), the date, and who originally created the record.
  2. Patsy would then delete the record(s) and notify the user when completed.
  3. Most SPURs users do not have delete permissions within the SPURs environment, so the user would likely need to engage their regional AAA administrator to delete the records that need correction within the SPURs database, providing specifics on the record(s) to be deleted that would include the type of record (ICC or PAM), the date, consumer / client ID (if for an ICC record update) and who originally created the record.
  4. Once the record(s) has been deleted, the user could then recreate the ICC or PAM form and then run the export process to upload the SPURs data into the ShipNPR website.

- **Option 2 – Edit the entries in both the ShipNPR and SPURS databases to keep both entries up-to-date, no export to the ShipNPR environment is needed.**
  1. All benefits counselors have the ability to edit their own records within the ShipNPR website / database, so someone could log into the ShipNPR website, find the record(s) that needs the correction made, make the necessary changes, and then press the Submit button on the website to save the record changes to the ShipNPR database.
  2. The user would then need to essentially follow the same process within SPURs – finding the assessment record(s) that needs the correction made, making the necessary changes, and then selecting the Save button on the assessment form to save the record changes to the SPURs database.
  3. Because manual edits to both database records were completed, there is no need to run any export process to synchronize the data.
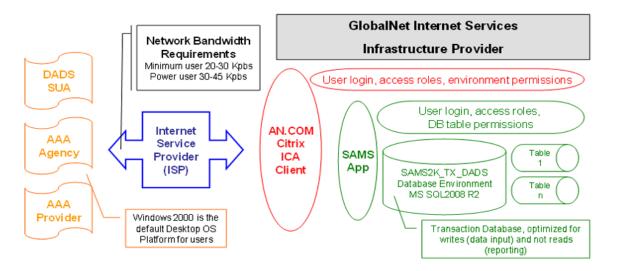
Appendix
A-1: Services and Allowable Sources FY12

	State General Revenue	Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-D Medication Mgmt.	Title III-E	Title VII-EAP	Title VII-OAG	CMS Basic	NSIP	Housing Bond	Disaster Relief	SGR Additional Other
Adult Day Care	x	x					x	x					x	x
Area Agency Administration	x	x	x	x			x							x
Assisted Transportation	x	x					x						x	x
Care Coordination	x	x					x						x	x
Caregiver Education & Training	x	x			x		x	x					x	x
Caregiver Information Services	x	x			x		x	x					x	x
Caregiver Respite Care-In Home	x	x					x	x					x	x
Caregiver Respite Care-Institutional	x	x					x	x					x	x
Caregiver Respite Care-Non-Residential	x	x					x	x					x	x
Caregiver Support Coordination	x	x					x						x	x
Chore Maintenance	x	x				x	x	x					x	x
Congregate Meals	x		x								x		x	x
Data Management	x	x	x	x			x							x
Emergency Response	x	x					x	x					x	x
Employment Placement	x	x												x
Escort	x	x					x						x	x
Evidence Based Intervention	x	x			x	x	x							x
Evidence Based Prevention	x	x			x	x	x							x
Health Maintenance	x	x			x	x	x	x					x	x
Health Screening/ Monitoring	x	x			x	x							x	x
Home Delivered Meals	x			x			x				x		x	x
Homemaker	x	x					x	x					x	x
Hospice	x	x					x	x					x	x
Income Support	x	x					x						x	x
Information Referral & Assistance	x	x					x	x		x			x	x
Instruction and Training	x	x			x	x	x							x
Legal Assistance Age 60 & Over	x	x					x	x		x			x	x
Legal Assistance Under 60										x			x	
Legal Awareness	x	x						x		x			x	x
Mental Health Services	x	x					x						x	x
Nutrition Consultation	x		x	x	x									x
Nutrition Counseling	x		x	x	x	x		x						x
Nutrition Education	x		x	x	x	x								x
Ombudsman	x	x						x	x				x	x
Participant Assessment	x	x		x			x						x	x
Personal Assistance	x	x					x	x					x	x
Physical Fitness	x	x			x		x							x
Recreation	x	x			x		x							x
Residential Repair	x	x					x	x				x	x	x
Senior Center Operations	x	x											x	x
Shopping	x	x					x						x	x
Telephone Reassurance	x	x					x	x					x	x
Transportation D/R	x	x					x						x	x
Transportation Fixed Route	x	x					x						x	x
Visiting	x	x					x	x					x	x
Volunteer Placement	x	x											x	x
Voucher - Caregiver Respite Care	x	x					x	x					x	x
Voucher - Homemaker	x	x					x	x					x	x
Voucher - Transportation	x	x					x	x					x	x
last revision: 11Aug2010				**X**	**Allowable funding source.**									

A-2: Application interface diagram

Application Interface

Desktop Web Browser → Aging Network Citrix ICA client → SAMS App Interface → SAMS2K_TX_DADS SQL2008 R2 Database

Application Infrastructure Overview

DADS SUA

AAA Agency

AAA Provider

Network Bandwidth Requirements
Minimum user 20-30 Kpbs
Power user 30-45 Kpbs

Internet Service Provider (ISP)

Windows 2000 is the default Desktop OS Platform for users

AN.COM Citrix ICA Client

GlobalNet Internet Services Infrastructure Provider

User login, access roles, environment permissions

SAMS App

User login, access roles, DB table permissions

SAMS2K_TX_DADS Database Environment MS SQL2008 R2

Table 1

Table n

Transaction Database, optimized for writes (data input) and not reads (reporting)

A-3: Time Conversion chart (minutes to decimal value)

Throughout the SAMS system, there are fields for entering time. These fields are usually formatted as decimal fields, where you enter time as a fraction of an hour. Use the following table to convert minutes to a fractional hour for each entry of countable time entered:

Minutes	Decimal Hours	Minutes	Decimal Hours	Minutes	Decimal Hours
1	.02	21	.35	41	.68
2	.03	22	.37	42	.70
3	.05	23	.38	43	.72
4	.07	24	.40	44	.73
5	.08	25	.42	45	.75
6	.10	26	.43	46	.77
7	.12	27	.45	47	.78
8	.13	28	.47	48	.80
9	.15	29	.48	49	.82
10	.17	30	.50	50	.83
11	.18	31	.52	51	.85
12	.20	32	.53	52	.87
13	.22	33	.55	53	.88
14	.23	34	.57	54	.90
15	.25	35	.58	55	.92
16	.27	36	.60	56	.93
17	.28	37	.62	57	.95
18	.30	38	.63	58	.97
19	.32	39	.65	59	.98
20	.33	40	.67	60	1.0

B-1: Change Control process

Throughout the initial implementation and configuration of the SAMS application environment, members of the SPURS Project team examined all aspects of the setup against the business practices imposed for the State.

The administration of SAMS allows for a flexible, table-driven design with which feedback can be seamlessly integrated into the current table selections. It is expected that the wide variety of database and application usage in the Agencies across the state will lead to areas where future enhancements to SAMS may be helpful.

While all requests are welcome, a change control process will be implemented so that the possible impact of any requested change is fully understood before a change is authorized.

As more users are brought on to the system, each request must be assessed in light of its potential impact (both positive and negative) to other users and related user groups. The request will also be evaluated for any possible impact to the integrity of the data collected in SAMS. Each request will be reviewed by the appropriate focus group, and will be approved or denied prior to being implemented in the production system.

To submit a configuration change request form:

1. Collect and document the following items:
   a. Name and date of the request
   b. Table as classified in the SAMS Administrator tool
   c. Items to add or changes to implement in SAMS application environment
   d. Reason for the change request
   e. AAA and AAA SAMS System Administrator submitting the request
2. Submit the request via email to the DADS helpdesk (T3Ahelp@dads.state.tx.us)

To submit a user change request form:

Requests to add / change users, update email addresses and phone numbers on file with DADS or to add / change AAA Provider information should be done using the '*SPURS User Change Request*' process. Users may request an electronic copy of the change request form via email to the DADS Help Desk. Fill out the form and submit it as an attachment back to the Help Desk and the DADS administration team will be engaged.

- **Special Note:** Simple change requests for updating drop down values, such as zip codes, topics, subservices, or places can be stated in an email to the Help Desk without a change request form.

B-2: SPURS Reports and descriptions

SAMS groups reports into eight categories. After accessing the *Reports* area, select one of the following categories in the *Navigation* pane.

- *Assessments* - reassessment reports and blank assessment forms. See Assessments to print an assessment form filled out with a consumer's data.
- *Consumers* - generate lists of goals, consumer directories, mailing labels, and service orders.
- *Services* - report on service deliveries with agency summaries, consumer lists and summaries, and NSIP Meal information.
- *Contracts* - generate service contract monitoring reports including service delivery records.
- *Care Plans* - monitor care plan services and totals.
- *Billing* - generate reports on invoices, including open invoice totals.
- *Activities & Referrals* - report on and print mailing labels based on consumer actions.
- *Administrative* - print mailing labels and the provider/services structure.

SAMS splits the reports screen into an upper and lower pane. The upper pane contains *Reports*. You create your own report definitions based on these pre-defined types. The lower pane displays *Report Definitions*. These reports have criteria entered and are ready for use. You can click on the column headings to sort the Report and Report Definitions panes.

Assessments

- Blank Consumer Assessment - select from existing assessment forms to print a blank form, ready to fill in.
- Consumer Reassessment Report - shows consumers due for an assessment.

Consumers

- Consumer Goal Report - view a list of consumers with certain goals, goals completed or incomplete, and/or goal dates. You can sort, group, and filter the report on many consumer fields.
- Consumer Listing Copay Report - generates a list of consumer copays and includes care enrollment and copayment relation information. The report list can be grouped, sorted, and/or filtered on many consumer fields.
- Consumer Listing Report - a list of consumers. The list can include phone and location (address) information and be grouped by *Agency*, *Provider*, *County*, or *Town*.
- Consumer Mailing Label Report - generate mailing labels for a group of consumers. You can select from the same grouping as *Consumer Listing* and sort by several consumer fields, including last name or zip code. *Mailing Labels* also offers a *Birth Date* label - the day and month print on the label for use in sending birthday cards and other birthday-related correspondence. Mailing Labels are Avery 5160 and group by ZIP Code by default.
- Consumer Service Order Report - view a list of consumers with certain service orders based on *Agency*, *Provider*, *Service*, *Subservice*, and *Date* criteria. You can sort, group, and filter the report on other consumer fields.
- Consumer Transportation Report - custom SIMS report for display of transportation service orders on any specific days.
- Potential Duplicate Consumer Listing Report - a report of potential duplicate consumers.

Services

- Agency Summary Report - a summary of services and costs by agency. Displays services and subservices - groups by *Agency* by default.
- Agency Summary Report - New Consumers - a summary showing service delivery for new consumers for one or more agencies. Grouped by *Provider*, *Site*, *County*, or *Town*.
- Agency Summary Report (Totals only) - group by *County of Residence* by default, displays service cost totals by *Agency*.
- Consumer Contact And Phone Listing Report - print contact and phone information filtered on service information.
- Consumer Quarterly Report - shows units of service delivery per quarter broken down by consumer demographics and characteristics.
- Consumer Services List Report - a listing of all consumers receiving a specified service or services. Totals by consumer and includes a grand total.
- HDM Meal Donation Letter - reports by service period for Meal Donation Letters.
- Multi Service Report - a count of service delivery units by multiple consumer characteristics / categories.
- NAPIS Consumer Listing - lists consumers filtered by service deliveries and NAPIS information. You can select the columns that appear on the report.
- NSIP Meal Reports Tab - cross tab of all Home Delivered and Congregate Meals (NSIP Meals) delivered in a specified time period.
- NSIP Meals Recipient List - listing of all consumers who have received a Home Delivered or Congregate Meal (NSIP Meal) in a specified time period.
- Service Category Monthly Report - cross-tab report showing counts of those served by service categories. A *Cross Tab* report compares two sets of demographic data.
- Service Delivery Consumer Listing - displays a list of consumers who have received specified service(s).
- Report results include *Last Name, First Name*, *Residence Town*, *County*, *Zip*, *Phone Number*, *Units,* and *Unit Cost*.
- Service Delivery Consumer Mailing Label - Avery 5160 labels generated for consumers receiving specified service(s). Mailing labels group by ZIP Code by default.
- Service Delivery Profile - Cross Tab - all consumers receiving a specified service or services broken down in a cross tab.
- Service Demographics - counts of characteristics, services, and *Ethnicities* served displayed for a fiscal period.
- Topic Profile - Outcome Chart - chart showing outcomes of topics discussed. Filter on *Service*, *Provider*, *Agency*, *Providers*, *Topic*, *Topic Outcome*, *Topic Complete Status*, and topic follow up dates.
- Topic Profile - Topic Hours Distribution - a list including consumer information showing topic hours. Filter on *Service*, *Provider*, *Agency*, *Providers*, *Topic*, *Topic Outcome*, *Topic Complete Status*, and topic follow-up dates.
- Topic Profile - Topic Time Spent Chart - a chart showing the time spent on individual topics. Filter on *Service*, *Provider*, *Agency*, *Providers*, *Topic*, *Topic Outcome*, *Topic Complete Status*, and topic follow up dates.
- Compact Route Sheet (daily) - SAMS report for printing daily compact route sheet.

- Compact Route Sheet (weekly) - SAMS report for printing weekly compact route sheet.
- SAMS Kitchen Report - a list of meal counts, by route.
- SAMS Consumer Provider Service Report - report showing a list of all consumers who have received a home delivered or congregate meal (NSIP meal) in a specified time period.

Contracts
- Service Contracts Report - use to monitor service contracts. Creates a report grouped by *Agency* and *Provider* that lists the *Service*, *Contract Item Identifier,* and *Subservice.* Prints the *Contracted Units* and *Cost*, *Unit Price*, *Delivered Units* and *Cost*, along with *Units* and *Dollars Remaining* for each service.

Care Plans
- Care Plan Consumer Cost - calculates monthly service plan against deliveries.
- Care Plan Monitoring Report - lists care plans and associated services. A list of services in care plans are grouped by *Consumer* by default. The report prints services and totals within each care plan.
- Suspended Services - lists suspended service plans. Shows results based on a variety of criteria.

Billing
- Consumer Co-Payment - list of consumers with cost shared services by service period, and co-payment amount due.
- Copay Statement of Invoice Reprint - SAMS Report for printing consumer copayment invoices, by both agency and invoice date.
- Invoice Item Report - list of invoices grouped by month. The invoice report shows *Units Invoiced*, *Unit Price*, *Invoice Amount,* and *Balance Due*. The report can show supporting details such as *Consumer*, *Service Provider Totals*, *Service Totals*, and *Consumer SSN*.
- Payment Report - list of payments, with payment details by type.

Activities & Referrals
- Consumer Activity/Referral Mailing Labels - print Avery 5160 labels for consumers based upon report of consumers associated with certain activities and referrals.
- Consumer Activity/Referral Report - a report showing all consumer activities and referrals.

Administrative
- Administrator Mailing Label Report - prints Avery 5160 labels for contacts from *Agencies*, *Providers*, and *Care Managers*.
- Provider Service Report - grouped by *Provider* by default, this report prints the *Locations*, *Contacts*, *Services,* and *Fund Identifiers* associated with each provider.
- SAMS User Login - a list of all user login information, by organization and access roles.

Due to customized reports that may appear in our database, all of the reports available may not appear in the list above.*