

# Webinar: SafeMeasures Implementation

BEGIN SLIDE TRANSCRIPT

## **Slide 1**

### **Slide Text:**

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

Monday, May 15, 2017

1:00 pm – 2:00 pm

Please call the phone number provided by GoToWebinar

### **Narration by Lori Fuller:**

Good afternoon everyone and welcome to today's webinar on the Department's implementation of SB 238's monthly psychotropic medication reports through SafeMeasures. If you are unable to hear us, please let us know by using the chat function in the webinar.

We will have a Question & Answer session at the end of the presentation where we will answer questions submitted via chat.

## **Slide 2**

### **Slide Text:**

Welcome and Introductions

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

### **Narration by Lori Fuller:**

Let's get started with introductions of today's presenters. My name is Lori Fuller. I am the Chief of the Permanency Policy Bureau here at the Dept of Social Services.

Alicia Sandoval, Chief, Child Welfare Data Analysis Bureau, CDSS

Jennifer White, Research Program Specialist, Child Welfare Data Analysis Bureau, CDSS

# Webinar: SafeMeasures Implementation

## Slide 3

### Slide Text

Housekeeping

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

### Narration by Lori Fuller

Before we get started with the presentation, I just wanted to cover some housekeeping items.

As I mentioned before, your phones are muted. There will be a Question & Answer session at the end of the presentation. Due to the large volume of folks we have registered for this webinar we will not be taking live questions. However, you can type your questions into the chat box at any time and we will provide responses at the end.

You can also send us e-mails or feedback:

Data related emails can be sent to: [cwsdata@dss.ca.gov](mailto:cwsdata@dss.ca.gov)

Policy related emails can be sent to: [QIPsychotropic@dss.ca.gov](mailto:QIPsychotropic@dss.ca.gov)

Today's webinar will be recorded and posted for viewing at a later date.

## Slide 4

### Slide Text

Agenda

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

# Webinar: SafeMeasures Implementation

- Data Protections and Responsibilities
- SafeMeasures Demonstration

## **Narration by Lori Fuller**

Today's webinar will focus on providing counties with guidance and information on ACIN I-27-17. We will discuss:

1. The purpose of this webinar,
2. A review of the ACIN
3. The existing Data Sharing Agreements available to counties
4. The data available through the agreements and in SafeMeasures
5. The newly created SafeMeasures roles
6. Providing counties with instructions to access these reports
7. Counties' responsibilities to protect the data, and
8. A demonstration of the reports in SafeMeasures.

## **Slide 5**

### **Slide Text:**

Purpose

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

### **Narration by: Lori Fuller**

The purpose of today's webinar is to inform counties about the process to access data matched between CWS/CMS and Medi-Cal paid claims for psychotropic medications on the SafeMeasures data analytic and case management platform.

## **Slide 6**

### **Slide Text:**

All County Information Notice I-27-1716-State Study, 2008

- Senate Bill 238 requires CDSS to develop and distribute a monthly report:
  - Medi-Cal paid claims data for psychotropic medication
  - Counties signatory to one of two data sharing agreements
- SafeMeasures as a monthly reporting tool

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- County aggregate and client-level reports
- Medication-specific information for each child on a caseworker's caseload

## **Narration by Lori Fuller**

On Thursday, May 4th, ACIN I-27-17 was issued which describes how the Department will implement the monthly reports for Medi-Cal paid claims data for psychotropic medications required in Senate Bill 238 counties that are signatory to one of two data sharing agreements available to them.

We will clarify how the counties can begin to gain access to SafeMeasures and demonstrate what data are available.

Now Alicia will discuss the data sharing agreements available for counties.

## **Slide 7**

### **Slide Text:**

Data Sharing Agreements

Table.

Row 1, Column 1: Blank

Row 1, Column 2: Global Data Sharing

Row 1, Column 3: Psychotropic Medication Data Sharing Agreement

Row 2, Column 1: Execution between CDSS and DHCS

Row 2, Column 2: April 9, 2015

Row 2, Column 3: December 2, 2016

Row 3, Column 1: All County Info. Notices

Row 3, Column 2: ACIN I-36-15

Row 3, Column 3: ACIN I-87-16

Row 4, Column 1: Population

Row 4, Column 2: Children and non-minor dependents receiving CWS

Row 4, Column 3: Dependent children 0-17 years old in out-of-home care on psychotropic medication

Row 5, Column 1: Available Data

Row 5, Column 2: Eligibility, Demographic, Medical, Mental Health, Payment & Medication

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Row 5, Column 3: Data pertaining to psychotropic medications, including lab tests and psychosocial data

Row 6, Column 1: Purpose for Use

Row 6, Column 2: Permissible purposes enumerated in the agreement

Row 6, Column 3: Health oversight activities, as specifically defined in Title 45 of the CFR section 164.512(d)

Row 7, Column 1: Business Associate Addendum

Row 7, Column 2: Required

Row 7, Column 3: Not Required

Row 8, Column 1: Number of Signatory Counties

Row 8, Column 2: 26

Row 8, Column 3: 16

### **Narration by Alicia Sandoval**

Thank you Lori. Good afternoon everyone.

As Lori mentioned, two data sharing agreements currently exist between CDSS and DHCS to exchange psychotropic medication data. Counties may choose to opt into one of these two.

The Global Data Sharing Agreement, which is further explained in ACIN I-36-15, has been available to counties since April 2015. We refer to this agreement as “global” because it is a broad agreement, which allows exchange of various types of data. Through this agreement, counties can receive data for children and non-minor dependents with an open child welfare case. Data available through this agreement includes Eligibility, Demographic, Medical, Mental Health, Payment & Medication data, and can be used for a wide range of permissible purposes. Specialty mental health services data will soon become available through this agreement.

In order to ensure that psychotropic medication data is accessible in every county for the performance of health oversight activities, the Psychotropic medication data sharing agreement became available to counties in December 2016 and is further explained in I-87-16, as you can see on the second column. This agreement is limited when compared to the global agreement. But it does allow exchange of psychotropic medication data to counties for children in foster care up to age 17 and only for the purpose of health oversight activities.

Also, both agreements do not have expiration dates which eliminates contract renewal processing.

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As of today, 26 counties have opted into the global data sharing agreement, and 16 counties have opted into the psychotropic medication data sharing agreement.

## Slide 8

### Slide Text:

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

### Narrated by Alicia Sandoval:

Counties only need to enter into one of the agreements, and the process for opting in is fairly simple.

For either agreements, we ask the appropriate county representative signs and e-mails the signatory page of one of the agreements to our inbox [CWSData@dss.ca.gov](mailto:CWSData@dss.ca.gov).

The signatory will also designate county staff as Authorized Requestors who are responsible for submitting data requests.

## Slide 9

### Slide Text:

Data Elements Available

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

### Narration by Alicia Sandoval

The data that are currently available include:

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- **Demographic and client information** such as name, social security, date of birth, ethnic group, and age group
- **Case information** such as placement name, address, placements dates, foster care episode dates, and case dates.
- **Medication details** such as brand and generic names, paid claim dates, strength, units, days' supply and national drug code.
- **Prescriber information** such as name, address, specialty
- **Pharmacy** name and address.

## Slide 10

### Slide Text:

#### Data Transmission Process

- Current Process
  - Secure File Transfer System
  - Quarterly
  - CWS/CMS children matched to children in Medi-Cal with foster care aid codes
- New Process
  - SafeMeasures
  - Monthly
  - All children in Medi-Cal matched to children in CWS/CMS

### Narration by Alicia Sandoval

Currently, these data are being exchanged through a manual process through CDSS' Secure File Transfer system on a quarterly schedule. This process is cumbersome. Counties are required to complete a form to create a CDSS SFT account and data files are uploaded and downloaded manually. Also, because the data files are processed quarterly, cases may be closed by the time counties download the files.

With the new process, Medi-Cal psychotropic medication claims data will be provided through SafeMeasures on a monthly schedule. And because SafeMeasures is refreshed daily, you will be accessing cases that are currently open.

Jennifer will now talk about SafeMeasures access and reports.

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## Slide 11

### Slide Text:

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

### Narration by Jennifer White

Thank you Alicia. Good afternoon everyone.

There are currently three reports that are available in SafeMeasures with several more coming soon, and others that are being developed.

Those that are currently available are:

1. Use of Psychotropic & Antipsychotic Medications (Measure 5a.1 & 5a.2), which we are all familiar with and currently posted on the California Child Welfare Indicators Project Website hosted by UC Berkeley.
2. Children on one or more antipsychotic medications
3. And Use of Psychotropic Medication for Children Age Five and Under

In the near future, the following reports will also become available:

1. Use of Multiple Concurrent Psychotropic Medications (Measure 5c)
2. Children on three or more concurrent psychotropic medications

## Slide 12

### Slide Text:

Reports Under Development

- Additional Indicators and Data
  - Concurrent medications
  - Dosages exceeding recommended guidelines
  - Off-label use



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- Length of time on medications by drug class
- Metabolic Monitoring (Measure 5d) and Screening (Measure 5h)
- First Line Psychosocial Care (Measure 5e)
- Follow-up Visits (Measure 5g)

### Narration by Jennifer White

SB 238 also required CDSS work with stakeholders to develop additional indicators. These indicators developed in collaboration with the Child Welfare Director's Association and the Psychotropic Medication Implementation Workgroup late in 2016.

These include:

- Concurrent medications by each drug class
- Dosages exceeding recommended guidelines
- Off label use
- Length of time on medications by drug class

The remaining measures identified in Senate Bill 484, will also be developed in SafeMeasures and includes:

- Metabolic Monitoring and Screening, Measures 5d and 5e
- First Line Psychosocial Care (Measure 5e)
- Follow-up Visits (Measure 5g)

### Slide 13

#### Slide Text:

SafeMeasures Medi-Cal Roles

Table.

Row 1, Column 1: Blank

Row 1, Column 2: Required SafeMeasures Access Level

Row 1, Column 3: Viewable Reports

Row 1, Column 4: How Access is Granted

Row 2, Column 1: Medi-Cal Administrator

Row 2, Column 2: SafeMeasures User

Row 2, Column 3: Countywide aggregate and client-level data

Row 2, Column 4: County request to CWSdata@dss.ca.gov

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Row 3, Column 1: Medi-Cal User

Row 3, Column 2: SafeMeasures User

Row 3, Column 3: Countywide aggregate and client-level data

Row 3, Column 4: Medi-Cal Administrator

Row 4, Column 1: Medi-Cal My Upcoming Work/Assignments

Row 4, Column 2: SafeMeasures User

Row 4, Column 3: Case assigned as a primary or secondary worker and/or supervisor

Row 4, Column 4: Medi-Cal Administrator

### Narration by Jennifer White

Because Medi-Cal data in SafeMeasures is Protected Health Information that is subject to the protections of the Federal Health Insurance Portability and Accountability Act, otherwise as known as HIPAA, three new roles within the SafeMeasures system were created:

In your county, there are currently SafeMeasures Administrators who are responsible for creating and maintaining SafeMeasures accounts. For these Medi-Cal reports, the Medi-Cal Administrator functions in a similar role of creating and designating the two types of users to view these protected Medi-Cal reports for psychotropic medications; therefore, they also need to also be SafeMeasures Administrators as you can see in that first row. These Medi-Cal Administrators can view all the data in the county, including aggregate and client-level reports. Examples include Division Directors and Program Managers. On the next slide, I'll go through the process of how one becomes a Medi-Cal Administrator.

The second role is *SafeMeasures Medi-Cal User*. They will also have access to all of their county's Medi-Cal aggregate and child-level reports. These users may include Supervisors, Program Planners, Program Analysts, and Program Specialists.

The last role are *SafeMeasures Medi-Cal "My Upcoming Work" Users* who will only have access to view client-level data of the children whose case they are assigned to as a primary worker, secondary worker, and/or supervisor as identified in CWS/CMS. They will not have the ability to view countywide aggregate or client-level reports. Examples of Medi-Cal "My Upcoming Work" Users may include social workers, probation officers, and public health nurses.

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## **Slide 14**

### **Slide Text:**

#### Process for County Access

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

### **Narration by Jennifer Sandoval**

During the first week of this month, county child welfare directors, signatories to the data sharing agreements, and their authorized requestors received an e-mail with instructions for gaining access to Medi-Cal psychotropic medication reports in SafeMeasures.

1. As I mentioned in the previous slide, the Medi-Cal Administrators need to also be SafeMeasures Administrators.
2. Next, the Signatory to the agreement (or the individual who signed your county's data sharing agreement) identifies a Medi-Cal Administrator, who may also be the Authorized Requestor to the agreement.
3. Next, the signatory completes and signs the SafeMeasures Medi-Cal Administrator Designation form.
4. Some counties may also need to submit the most recent data request form to ensure their request for data is current since we've added a few new data elements, such as brand name and client index number
5. E-mails all documents to our inbox at [CWSData @dss.ca.gov](mailto:CWSData@dss.ca.gov)

## **Slide 15**

### **Slide Text:**

#### Designating a Medi-Cal Administrator

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

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- Image of SafeMeasures Medi-Cal Administrator Designation Form

### **Narration by Jennifer White**

So, let's go ahead and review this Medi-Cal Administrator Designation Form, which was included as an attachment to the e-mail with instructions I mentioned a couple of slides ago.

The staff listed on this form are your county's current Authorized Requestors to the data sharing agreement. They are responsible for submitting data request forms, and in the previous process, they were also responsible for downloading files from the Secure File Transfer system.

As you can see on the form, Lois Lane from Metropolis County is a current authorized requestor and we have identified her as a current SafeMeasures Administrator. The Signatory to the agreement may then confirm her additional responsibility as becoming a Medi-Cal Administrator who, as I mentioned previously, will be responsible for identifying and designating appropriate county staff to view these protected Medi-Cal reports. The Signatory can do that by checking the "Keep Staff" box here. Should the signatory choose to replace Lois Lane with a different staff, they would check the second box here, and identify their replacement by completing the row below, and providing the replacement's name, email address and SafeMeasures Access level. If the Signatory chooses to remove Lois Lane entirely without a replacement, they can choose the last option here.

In the case of Lois Lane, she is already a county SafeMeasures Administrator and no further action is needed.

In Clark Kent's case, he is a SafeMeasures User and would need to contact the SafeMeasures Administrator (like Lois Lane) to upgrade his account to a SafeMeasures Administrator.

In Jimmy Olson's case, it shows here that he does not have a SafeMeasures account and would also need to contact the SafeMeasures Administrator who will need to create an account for him.

Once all SafeMeasures Medi-Cal Administrators are identified, and have SafeMeasures Administrator accounts, the Signatory may then sign and date this form and submit it to our inbox at [CWSData@dss.ca.gov](mailto:CWSData@dss.ca.gov).

We ask that no more than three Medi-Cal Administrators are listed. Additionally, any future revisions to the SafeMeasures Medi-Cal Administrators should be submitted to [CWSData@dss.ca.gov](mailto:CWSData@dss.ca.gov)

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## Slide 16

### **Slide Text:**

#### Medi-Cal Administrator Responsibilities

- Designate appropriate staff to view the data.
- Access to county-wide, client-level reports of Medi-Cal data should be limited to county staff with the appropriate business need.
  
- Medi-Cal County Reports
  - View countywide aggregate and client-level data. Examples: directors, program Planners/Analysts
  - My Medi-Cal Assignments: Cases assigned as a primary or secondary worker and/or supervisor. Examples: Social workers, public health nurses

#### Image of User Information Example

- User name, First name, Last name, Email address, CWS/CMS Login, User role, Main menu, User Groups, CFSR checked, Quarterly reports checked.

### **Slide Narration by Jennifer White:**

Once Medi-Cal Administrators can access Medi-Cal Psychotropic Medication reports in SafeMeasures, one of the first they will have to do is designate appropriate staff to view these protected data.

Access to county-wide, client-level reports of Medi-Cal data should be limited to staff with the appropriate business needs because of the additional protections and responsibilities for these data.

The process for designating staff is to simply go to the User Information section within SafeMeasures, and toward the bottom of the page, these two options should appear.

In this example, Hal Jordan, the Administrator should decide whether he would be able to view countywide aggregate and client-level data such as your Directors or program planners and analysts.

Or if Hal should only view cases assigned to him as a primary or secondary worker, or as a supervisor; typically, these are your social workers, public health nurses or probation officers.

The administrator can choose one or both of these options for Hal.

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## Slide 17

### Slide Text:

#### Data Security Provisions

- Accept Security Provisions once every 365 days
  - Privacy and security training
  - Government purpose permitted within agreement
  - Access in secure setting
  - Notice of breach, security incident, unauthorized access, or misuse
  
- The information on the following page is subject to additional restrictions. You must accept the following provision before proceeding.
  - Image of Medi-Cal County Reports Security Advisory and User Acknowledgment

### Slide Narration by Jennifer White

The first time that a user logs on to SafeMeasures to view Medi-Cal Psychotropic Medication reports, they will see this screen. Please read the page carefully, and ensure that you've met, and if requested, can provide documentation of these responsibilities.

Again, because these data contain Protected Health Information that is subject to the protections under HIPAA, a user must accept these responsibilities once every 365 days. These security provisions include:

1. Annual Privacy and Security Training,
2. The use and access of these data are solely for the an official government purpose permitted by your county's data use agreement;
3. That the user is accessing this information in a confidential setting and from a secure, encrypted workstation;
4. The user does not disseminate or provide information from these data to unauthorized persons
5. And that the user should Provide notice of any suspected breach, security incident, unauthorized access, or misuse of this information.

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## Slide 18

### **Slide Text:**

Locating Medi-Cal Reports

- Medi-Cal reports can found in two areas:
  - Medi-Cal Reports Menu
  - Index
- Image of SafeMeasures Main Menu screen with Medi-Cal Reports highlighted

### **Narration by Jennifer White:**

Once a user has accepted the security provisions, they can access the reports in two areas within SafeMeasures.

On the left hand screen, the Medi-Cal Reports can be accessed directly from the Medi-Cal Reports menu, or from the Index page.

Here it is in the Medi-Cal Reports menu.

## Slide 19

### **Slide Text:**

Locating Medi-Cal Reports cont.

- Image of SafeMeasures Main Menu screen with Index highlighted
- Measure 5a.1: Use of Psychotropic Medications (Medi-Cal Claims Data) highlighted
- Measure 5a.2: Use of Antipsychotic Medications (Medi-Cal Claims Data) highlighted

### **Narration by Jennifer White:**

And here is from the Index. The are listed as “Measure 5a.1 – Use of Psychotropic Medications (Medi-Cal Claims Data), and Measure 5a.2 – Use of Antipsychotic Medications (Medi-Cal Claims Data).

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## Slide 20

### **Slide Text:**

#### Medi-Cal Psychotropic Medication Available Reports

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

#### Image: Box

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

### **Narration by Jennifer White:**

Once you enter the Medi-Cal Psychotropic Medication Reports from either locations, you will see this page that lists the Medi-Cal reports that are currently available.

Please note that SafeMeasures contains Psychotropic Medications reports from two sources:

1. Data entered by county workers in CWS/CMS, and
2. CWS/CMS data matched to Medi-Cal paid claims data.

Each Medi-Cal Psychotropic Medication report can be identified by the title, and the red text you see here describing the security protections.

The reports that are currently available are listed here:

1. Use of Psychotropic and Antipsychotic Medications (Measures 5a.1 & 5a.2);
2. Use of Psychotropic Medication for Children 5 and Under;



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## Slide 21

### **Slide Text:**

De-Identification & Suppression

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

Image of Case status.

Psychotropic Paid Claim(s). Count 6,143. 8.0 percent.

No Psychotropic Paid Claim. Count 70,737. 92.0 percent.

Total. 76,880 claims. 100 percent.

Pie chart showing breakdown.

The California Health and Human Services Agency [Data De-Identification Guidelines](#) can be found here.

### **Narration by Jennifer White:**

If you're a Medi-Cal Administrator or Medi-Cal User, you'll see your county aggregate reports.

You'll note here that although these are aggregate reports, they are not intended for public release until the appropriate de-identification and suppression procedures required by HIPAA have been met.

We've provided a web link here of the California Health and Human Services Agency Data De-Identification Guidelines. These guidelines describe a procedure to be used by departments and offices in the agency to assess data for public release and assuring that data is de-identified for purposes of public release that meet the requirements of the California Information Practices Act (IPA) and Federal HIPAA to prevent the disclosure of personal information.

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## Slide 22

### **Slide Text:**

Reports by Clients

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

Image of report example.

### **Narration by Jennifer White**

Click on either parts of the report, children on medication, or children not on medication, will bring you to this page that lists client level information.

In this view, you will see staff assigned to the child, case and placement information, and the most recent psychotropic medication paid claim date.

Clicking on the blue H icon, or History Icon on the left will bring you to the Medication History Page.

## Slide 23

### **Slide Text:**

Client Medication History

- Medication History includes both:
  - Medi-Cal
  - CWS/CMS

Image: Example of client Medication History report

### **Narration by Jennifer White**

As I noted previously, SafeMeasures contains both CWS/CMS entered information and matched Medi-Cal paid claims data for psychotropic medication. This view can provide a comparison between the data entered by county workers, and the data matched to Medi-Cal.

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## Slide 24

### Slide text:

#### Medi-Cal Psychotropic Paid Claims

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

Image of Medi-Cal Psychotropic Paid Claims report example

### **Narration by Jennifer White**

Accessing the Medi-Cal Psychotropic Paid Claims data will bring you to this page, which provides a row of data for each claim for that child. For example, if a child was on a 30-day supply of Abilify during the year, these data would show 12 instances of Abilify to represent each paid claim, in other words, one paid claim a month.

These data should be familiar to those who have been receiving files from us through the Secure File Transfer System.

The data elements available are those listed by Alicia in a previous slide. This include all the medication details, such as the national drug code, strength, units, days supply, prescriber name, specialty, and address, and pharmacy information. New data elements that will be included are Client Index number from Medi-Cal and Medication brand name.

As with any SafeMeasures reports, there is an option to export these data to Excel provided that you meet the security responsibilities and protections.

## Slide 25

### Slide Text:

#### Resources and Information

- [QIP Website](#)

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

## **Narration by Jennifer White**

We know that this was a lot of information in a short presentation. However, we hope it gave counties information on accessing Medi-Cal reports in SafeMeasures can enhance your current efforts for oversight and monitoring of psychotropic medication use for the children in our care.

On this slide are a few resources as references. Again, the slides and the recording will be made available for viewing at a later date. We will make sure to send an e-mail notification when they available.

## **Slide 25**

### **Slide Text:**

#### Questions

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

## **Narration by Jennifer White**

We will now be going through the questions you’ve typed into the chat box.

END OF SLIDE TRANSCRIPT