

TREATMENT PERCEPTIONS SURVEY (TPS)

FAQs (updated on 01/05/2020)

Survey Administration

1. Could you clarify whether I need to submit a county certification document to DHCS (as described in IN 19-022) for Treatment Perception Surveys?... I want to be sure whether I also need to send documentation as we do with ASAM electronic submissions.

You do not need to submit a county certification document to DHCS for the TPS (see [MHSUDS IN 17-026](#) and [MHSUDS In 18-032](#)). Feel free to visit the [TPS website](#) for additional information.

2. Billing of services requires that age goes up to 20 for youth, but the survey is stopping at 17 for youth. Will this cause a problem as we now have to remember youth is through age 20 for billing, and the youth survey is only through age 17?

The TPS form for youth is intended for clients between the ages of 12 and 17 who present in person and receive face-to-face treatment services during the TPS survey period. However, clients up to age 20 who are receiving treatment services in youth programs through the Early and Periodic Screening, Diagnostic & Treatment (EPSDT) benefit may be offered the TPS survey form for youth (rather than for adults) and will be included in the analysis.

3. Should the TPS be administered to clients who present face-to-face for case management services? For example, a client may be treated in OP programs but only receive case management during the target period.

Yes, clients who present in person at the outpatient program and receive only case management services during the survey period should be offered a TPS form.

4. Should all clients (e.g., Medi-Cal beneficiaries, out-of-county clients, uninsured clients) receiving face-to-face services during the specified survey period be offered a survey form to complete?

Yes, unless a client is experiencing an emergency that requires immediate attention, she/he should be offered a survey form.

5. Could you please clarify what is meant by “outside the office?”

By “outside the office”, we mean “field-based settings.” A survey form should be handed to a client only when a service is rendered in-person either in an office or field-based setting (e.g., mobile unit, in-home service) during the survey period.

6. Should we survey clients who reside in our county but are receiving services (e.g., residential, OPT/NTP) in another county?

Your county is not required to survey clients who reside in your county but are receiving services in another county during the survey period. (Also, see question 3 and the answer below.) However, your county has the option of (1) having completed survey forms returned to the clients’ county of residence for submission to UCLA for scanning/analysis, or (2) asking the county/provider to share with you its TPS program-level summary reports. Counties should work directly with each other to determine which option is preferable.

7. Should we survey clients who are receiving services from providers in our county but reside in another county?

Yes, regardless of their county of residence, if clients are receiving services from a provider located in your county during the survey period, they should be offered a survey form.

Counties that share clients have the option of (1) returning completed surveys to the county of residence to be included when that county submits its survey forms to UCLA for scanning/analysis, or (2) sharing with each other the survey reports prepared by UCLA. Counties should work directly with each other to determine which option is preferable.

8. What is the policy for programs that are not yet certified and pending DMC contracts? Should they be excluded if their contract is pending and it is unlikely they will be contracted by the survey period? Or is there some other policy?

The TPS is meant to be administered during the survey period by programs in the county’s provider network that are delivering DMC-ODS services (DMC certified). As a general rule, programs that are not DMC certified (and not contracted by the county) by the start of the survey period should not be included in the TPS. Contact Cheryl Teruya at cteruya@mednet.ucla.edu if you have questions specific to your county.

9. If a client visits more than one treatment facility during the survey period, should they be given a survey form at each facility?

Yes. For example, if a client receives OTP/NTP and residential treatment services at two different treatment facilities during the survey period, the individual would be offered a survey form at each facility.

10. What about clients who do not have a session during the week of survey? Do we submit a blank survey?

Only clients who present in person for face-to-face services during the survey period should be offered a TPS form. (Please do not submit blank survey forms for clients who do not present for a session during the survey period.)

11. If clients visit the same treatment facility more than once during the survey period, should they be asked to complete a survey form each time?

No. Each client need complete only one survey form at the treatment facility during the survey period. Providers can ask clients if they have already been offered a survey form during the survey period. Clients who indicate that they have not been offered a survey form can then be given one to complete.

12. For treatment settings, we have about 1600 NTP patients and about 650 for all other services. We were wondering if it's better to take a subsample from the NTP sites so they are not over-represented (say 250 total), or to just sample all NTP patients and disregard the unequal group sizes? Any advisement would be appreciated.

Please offer a survey form to each patient who presents in person to the NTP for treatment services. (If they indicate that they have already filled out a survey form during the 5-day survey period, they do not need to fill out another one.)

13. Clients in Opioid/Narcotic Treatment Programs typically come in daily for medication dosing. Are providers required to track and monitor which clients have and have not been surveyed?

No. Providers can simply ask clients if they have already been offered a survey during the survey period. Clients who indicate that they have not been offered a survey form can then be given one to complete. Clients need to complete only one survey form at the treatment facility during the survey period.

14. Should all methadone clients be surveyed? Should MAT clients who are receiving services under the FQHC and NOT under Drug Medi-Cal be surveyed?

Yes, all methadone clients receiving face-to-face services at the OTP/NTP during the survey period should be offered a survey form.

MAT clients who are receiving services under the FQHC (NOT under Drug Medi-Cal) would NOT be surveyed unless they are receiving services in one of the five treatment settings (OTP/NTP, Residential, OP/IOP, Detox/WM [stand-alone], Partial hospitalization). These clients would be surveyed in the treatment setting.

15. Some of the clients in our OTP/NTP come in every other week rather than daily. Could we extend our survey period one more week so we can survey these clients?

No. While all client feedback is important, for purposes of the DMC-ODS waiver evaluation and standardization of the procedures statewide, please only send survey forms (or survey data) collected during the specified five-day survey period.

16. Would it be possible for a county participating in the DMC ODS waiver to administer the TPS during a survey period that is different from what is listed in [MHSUDS IN 17-026](#) and [Instructions](#) (for adults) and [MHSUDS IN 18-032](#) and [Instructions](#) (for youth)?

No. Counties participating in the DMC ODS must administer the TPS according to the established survey periods included in MHSUDS IN 17-026 and MHSUDS IN 18-032. However, counties may administer the TPS during additional survey periods if they wish.

17. Is there an option for counties to administer the TPS during the same week as the Mental Health Consumer Perception Survey (CPS also known as MHSIP; data collection is coordinated by the California Institute for Behavioral Health Solutions [CIBHS]) instead of the dates specified in [MHSUDS IN 17-026](#) (adults) and [MHSUDS IN 18-032](#) (youth)?

Counties participating in the DMC ODS should administer the TPS according to the established survey periods included in MHSUDS IN 17-026 and MHSUDS IN 18-032 (youth).

18. If our county would like to administer the TPS more often than annually as required by DHCS, would UCLA be able to scan and analyze the data, and prepare reports for us?

As UCLA has limited resources, unfortunately it is not be able to provide counties with additional support for additional surveys beyond the annual administration as part of the DMC-ODS demonstration.

Survey Forms

19. We have a number of providers serving our county's beneficiaries. Would it be appropriate to use the Out-of-County-Reporting (OOCR) number for our county, or should providers use the CalOMS number issued by their County of residence? A few of our providers are out-of-county.

Please have the out-of-county provider use its CalOMS Provider ID rather than your county's OOCR number.

20. Are there any "best practices" for preparing the survey forms?

Some counties pre-fill the CalOMS Treatment Provider ID, Reporting Unit (if required by the county), and treatment setting using the fillable PDFs, and print the forms out for each provider. This seems to help avoid missing and/or inaccurate information. This information, which is to be included in the top section of the TPS form, is required for purposes of the DMC-ODS waiver evaluation. The fillable PDFs are posted on the [TPS website](#).

21. Is the CalOMS Provider ID the six digit "ID Number" assigned by DHCS to each SUD provider that identifies the provider and the different level of treatment (residential, outpatient, etc.)?

Yes.

22. What should treatment providers do if they do not know their CalOMS Treatment Provider ID or Program Reporting Unit ID?

Please contact your County administrator for this information and guidance. Program Reporting Unit identification number is not required by UCLA for the DMC ODS waiver evaluation, but may be required for county-specific purposes. If the CalOMS Provider ID (and/or the Program Reporting Unit) is missing, UCLA will not be able to generate program-level summary reports for these providers.

23. Does the “Program Reporting Unit” section at the top of the survey form need to be filled in?

This is an optional section that has been added in response to county requests that TPS results be reported according to their own defined units. Counties that do not have/use “Program Reporting Unit” identification numbers can leave this section blank. Counties that do use Program Reporting Unit IDs may choose to require their providers to fill in the section if they would like the results of their surveys to be reported by Program Unit. County administrators should let their providers know whether this information is required. Otherwise, by default, reports will be prepared by CalOMS Provider ID and modality. If information in these fields is inconsistent or otherwise unusable, UCLA will revert to reporting by CalOMS Provider ID and modality.

24. What treatment setting should be indicated on the TPS form for a sobering station (non-licensed overnight detox facility)?

Detox/WM. If the facility does not have a CalOMS ID, you may create one starting with your two-digit county code, for purposes of the survey.

25. I'm administering the TPS surveys for our county and want to confirm the correct treatment setting for our MAT clients. If they are receiving MAT services for opioids at one of our outpatient/IOP clinics, should the treatment setting be marked as OP/IOP as compared to OTP/NTP? (Methadone services are rendered in a separate NTP in our county.) I get confused since MAT services for opioids are provided in multiple settings.

The treatment setting that should be marked on the TPS forms for clients receiving MAT services at your outpatient/IOP clinics is OP/IOP. You are correct that NTP would be marked as the treatment setting for clients receiving methadone or other MAT services (e.g., Suboxone) at an NTP.

26. We have a standalone MAT clinic, which mainly does prescribing for alcohol use disorder (AUD), but is expanding to prescribe Suboxone for opioid use disorder (OUD). What treatment setting should we mark on the TPS form? OP/IOP or OTP/NTP?

The treatment setting would be OP/IOP. If the clinic does not have a CalOMS ID, you may create one for purposes of the survey, starting with your 2-digit county code.

27. What treatment setting should be selected for residential detox? Residential or detox/WM?

If the program provides only detox/WM services (and case management services), but no treatment services, then the treatment setting would most likely be “detox/WM (standalone).

28. Are counties allowed to modify the TPS form?

Counties may add county-specific items to the end of the TPS form, but please do not remove or change the order of the data elements on the form (including CalOMS ID, treatment settings, questions, demographics). This information is required for purposes of the DMC-ODS waiver evaluation. Please do not send UCLA additional county-specific data, particularly identifying client information (e.g., names, client IDs, date of birth). For counties submitting TPS data electronically, please follow the Codebook (available as a PDF and Excel spreadsheet) that is included on the TPS website. Please contact Cheryl Teruya (cteruya@mednet.ucla.edu) if you would like to discuss.

29. Is UCLA developing an electronic TPS form that can be completed by clients on a tablet or online (e.g., web-based)?

UCLA has received requests from county administrators for an electronic survey, and will be looking in to this possibility in the near future.

Survey Data Submission/Analysis/Access, and Reporting

30. Should treatment providers return the completed TPS forms directly to UCLA for scanning?

No, please return the completed TPS forms to the individual who is coordinating the TPS for your county. If you do not know who this person is, please contact your supervisor or county administrator for SUD services for instructions.

31. Do you have any tips to ensure that the forms submission process goes smoothly?

Yes. Please review the forms to make sure that the CalOMS Treatment Provider IDs, Reporting Units (if required by your county) and treatment settings in the section at the top are filled in accurately. Also, be sure to review the comments for anything that might need immediate attention prior to submitting the forms. Also, please fill out and include the Cover Sheet in the box/envelope. Feel free to visit the [TPS website](#) for additional information.

32. We have a number of surveys that were extra/not filled out, etc. They have the county program numbers on them. Are these okay to discard? I'm assuming you don't need blank surveys from us - only those that were filled out?

Yes, feel free to discard the survey forms if they are blank.

33. How do you recommend we handle surveys with client names on them? Though I have trained our staff to explain the survey to the clients, we have youth that are ingrained to write their name on everything...Do we throw them out? Redact the name?

Please redact the name (and any other patient identifying information such as phone number), and submit the forms for processing.

34. What should counties do if the CalOMS Provider IDs and Reporting Units are missing or incorrect on the TPS forms that we receive from our providers?

“Batch” the forms together using a rubber band or binder clip, and then attach a note with the correct information. You may also contact Cheryl Teruya (cteruya@mednet.ucla.edu) for instructions/guidance.

35. Do we need to secure a UPS envelope/box for sending the survey forms to UCLA for scanning?

No, you may use any envelope/box (preferably new) as long as it is sturdy. Please be sure to secure the envelope/box with tape to avoid tears or openings. Tape the UPS label prepared by UCLA for your county securely on the front/top of the envelope/box.

36. What should the county do if the provider used an older version of the TPS forms?

If the forms have already been completed by clients, please send the forms to UCLA for scanning/analysis. Please let the provider know that the current forms and additional information/resources are posted on the [TPS website](#).

37. What constitutes a “completed” survey form? Should we submit/send in a survey form/data if the patient only responds to a few survey questions?

A survey form is considered “completed” if the client answers at least one of the 14 (adult form) or 18 (youth form) questions, and should be submitted/sent to UCLA for scanning and analysis.

38. Is it permissible for counties to return photocopies of survey forms to UCLA for scanning?

No. Please send to UCLA the original survey forms completed by clients. Photocopies cannot be scanned into UCLA's data system.

39. When boxing our surveys for each site, do you want them separated by CalOMS ID?

Yes, that would be very helpful in processing the forms, but it is not required.

40. What is the procedure for shipping completed survey forms to UCLA for scanning?

Please complete the TPS Shipment Form posted on the [TPS website](#), and email it to Cheryl Teruya at cteruya@mednet.ucla.edu. UCLA will pay for the cost of shipping completed forms via UPS.

41. Is it permissible for our county to use a different carrier than UPS to send the completed TPS forms to UCLA?

Currently our system is set up to pay for UPS shipping charges. However, your county can elect to use a different carrier and pay for the shipping charges if that is preferable. Please contact Cheryl Teruya at cteruya@mednet.ucla.edu, as UCLA will need the tracking number and the date that the package is sent.

42. Will the results be made available to counties? If so, when can I expect the results?

Yes, the TPS results are made available to each county. County administrators will receive county- and provider-level summary reports typically within 3 months from the date UCLA received the forms/data files. (Sample reports and additional information are posted on the [TPS website](#).)

43. How will counties receive access to their county- and program-level reports, raw data files, and images of client comments prepared by UCLA?

The UCLA Evaluation Team is using Box – a secure, HIPAA compliant file-sharing platform – to enable counties to upload data (if they have chosen to scan their survey forms locally) and access their reports/data that have been prepared by UCLA.

- UCLA will create a folder specifically for each county in the UCLA Health Sciences Box.
- UCLA will send an email invitation to the individuals identified by the county administrator to collaborate on the county's folder in Box.

- Individuals who receive the email invitation to collaborate on the county's folder in Box should open the email, click on "Accept Invite," and follow the instructions to set up a free Box account and access the county's folder. (Each user will need to create a free account. Instructions on how to use Box will also be included in each county's folder.)
- Account holders will be able to upload data files into the folder as well as download reports and data files.
- Access to the county's folder will expire six months from the time the account is set up. (Access can be extended if needed.) UCLA will be using Box for each survey period.

44. Does the provider-level report go directly to the provider?

No, provider-level summary reports as well as county-level reports go directly to the county. The county can share the reports/data with their providers as they wish.

45. We did not receive individual provider-level reports for some of our providers. Why?

Most likely, UCLA received less than three returned forms from the particular provider. Reports are not generated in an effort to maintain the anonymity of the clients' responses if only one or two clients respond to the survey. However, their responses are included in the county-level summary reports and raw data file provided to the county.

46. What will UCLA do with the client comments written on the TPS forms?

UCLA will compile images of the client comments (only what is written within the Comments box on the form) and make them available to counties in their Box folders. However, UCLA does not have the resources to review, analyze, and/or summarize the written client comments.

47. Will the county receive back from UCLA comments written by clients on the surveys?

Yes, images of the comments, organized by CalOMS Provider ID and/or Program Reporting Unit, will be included in the Box folder created for each county.

48. Why are some of the clients' comments typed? Is it because they contained PHI?

In cases where the survey forms that were submitted cannot be scanned (e.g., copied rather than printed from the PDFs, torn, reduced in size), the data, including comments, are transcribed (recorded/typed) on to new forms, which are then scanned in to the database. The images of the clients' comments are captured and compiled by provider.

49. We were comparing our scores from 18/19 and 19/20 and we saw that across the board, our TPS results were lower in 19/20 compared to 18/19, with the exception of the outcomes question ("Better able to do things"). Is this something you've seen among other providers when it comes to Year 2 implementation of the DMC-ODS? What might explain this?

Some counties may find their survey results to be different from the previous year's results. While some scores may have increased, others may have decreased either by domain or survey item.

Please use caution in interpreting the changes in scores from one survey period to another, as the change may not always reflect an actual decline or actual improvement in clients' perceptions of treatment. The reason for the change in score(s) could be due to different providers in different treatment settings participating from year to year.

As an example, County A in Year 1 may have received 1,000 survey forms from 30 providers in four types of treatment settings (10 OP, 5 Residential, 10 OTP/NTP, and 5 WM). In Year 2, County A may also have received 1,000 survey forms from 30 providers, but from different treatment settings (5 OP, 15 Residential, 15 OTP/NTP, and 0 WM). In Year 2, the scores for each domain may have shown increases of 2%. These results should not be interpreted as real increases in clients' satisfaction with treatment because the case-mix of clients by treatment settings is different in Years 1 and 2 in County A.

It is recommended that in order to analyze the true differences/changes in scores from year to year, counties should make comparisons at the provider level within the same treatment setting.

50. How will counties gain access to their TPS raw data?

Counties may request access to their data by indicating this on the Cover Sheet to be included when shipping the completed TPS forms to UCLA. (See the [TPS website](#) for the Cover Sheet.)

Please be aware that the raw data files include demographic information of clients collected in the survey. These data are for informational purposes only and should not be used to identify clients receiving services from your programs. Please suppress demographic information by program when sharing raw data with providers to prevent identification. HIPAA rules require suppressing client count by demographic or identifying categories when the count is equal to or less than 11.

Images of client comments written in the Comments box on the survey will also be made available to counties in their Box folder.

51. Will the county receive the original completed survey forms (hard copies) back from UCLA once the data have been scanned into the database?

No. Be sure to send the original forms (rather than the photocopies) to UCLA for processing. Photocopies cannot be scanned into the data system. If the County wishes to keep a record of the survey forms, please make a photocopy of the forms before sending the ORIGINAL Forms to UCLA.

52. Is there a Code Book for the data file that UCLA prepares for counties that submit paper TPS forms for scanning?

Yes, please contact Cheryl Teruya at cteruya@mednet.ucla.edu for the Code Book.

53. We would like to compare our county's TPS results with statewide results. Where can we find the statewide results?

TPS statewide results for each year are included in the DMC-ODS Evaluation Reports the following year. For example, the 2017 TPS results are included in the 2018 DMC-ODS Evaluation Report, and the 2018 TPS results are included in the 2019 DMC-ODS Evaluation Report. These reports are posted on [DHCS' DMC-ODS website](#) and [UCLA's California DMC-ODS Evaluation website](#). The statewide results for the 2019 survey period are posted on the [TPS website](#).

54. Will UCLA calculate response rates for counties/providers as part of the analysis?

No. However, they may be estimated at a later date based on other data sources.

55. What is the overall response rate for the TPS?

The overall response rate for all adult and youth surveys in 2018 was 60.9%. The response rate was calculated as the number of surveys received divided by the number of patients that received services during the survey period as reflected in the administrative DMC claims database.