

## TREATMENT PERCEPTIONS SURVEY (TPS)

### FAQs (updated on 09/16/19)

#### Survey Administration

1. 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 included in the analysis.

2. 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.

3. 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.)

4. 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). 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](mailto:cteruya@mednet.ucla.edu) if you have questions specific to your county.

5. 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.

6. Should we survey clients who reside in our county but are receiving services (e.g., residential, NPT/OTP) 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. If a client visits more than one treatment facility during the survey period, should she/he be given a survey form at each facility?

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

9. If a client visits the same treatment facility more than once during the survey period, should she/he 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 can then be given one to complete.

10. 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.

11. 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 NTP/OTP 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.

12. 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 evaluation and standardization of the procedures statewide, please only send survey forms (or survey data) collected during the specified five-day survey period.

13. 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.

14. 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?

Although UCLA has limited resources, it may be able to provide counties with additional support for a second survey period during each year of the DMC ODS demonstration. Counties may contact Cheryl Teruya ([cteruya@mednet.ucla.edu](mailto:cteruya@mednet.ucla.edu)) to request this support.

15. 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.

16. 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).

17. 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.

## Survey Forms

18. Can the survey forms be printed from the PDF files in black and white, or do they have to be printed in color?

The forms should be printed on plain paper in black and white.

19. 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](mailto:cteruya@mednet.ucla.edu)) for instructions/guidance.

20. 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](#).

21. 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.

22. 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.

23. 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.

24. 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?

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.

25. 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).

26. 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**

27. 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](#).

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

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

29. 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](mailto:cteruya@mednet.ucla.edu), as UCLA will need the tracking number and the date that the package is sent.

30. 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.

31. 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.

32. 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.

33. 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.

34. 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.

35. 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.

36. 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.

37. 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.

38. 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.

39. 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.

40. 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.