

Questions and Answers regarding the SOMMS State subcontract RFP

| No. | Date | Question and Answer |
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| 20 | Nov 28 | <p>Q. One of the required TEDS data items is the “co-dependent/collateral” code. Is reporting of co-dependents/collaterals required?</p> <p>A. No, reporting of co-dependents/collaterals is optional as it has always been for TEDS. However, the co-dependent <u>field</u> on the TEDS admission and discharge records must have a valid code. States that do not report co-dependents use the code “2” (no) in this field for all records.</p> |
| 19 | Nov 28 | <p>Q. The NOMS also include Prevention services. Are they going to be included at some time in the future or not?</p> <p>A. Prevention NOMS are not included as part of the TEDS reporting process.</p> |
| 18 | Nov 28 | <p>Q. If a State has an Access to Recovery grant and is reporting through a separate process, are these admissions and discharges part of the TEDS reporting?</p> <p>A. If clients that receive ATR vouchers for substance abuse TREATMENT services are treated at facilities that receive funding through the SSA, they should be reported to TEDS.</p> |
| 17 | Nov 28 | <p>Q. It is possible for clients to be covered by private insurance and be served by an agency that is publicly funded. Do we report these clients?</p> <p>A. Yes, if a State is currently able to report these clients to TEDS, we expect the State to continue to do so.</p> |
| 16 | Nov 28 | <p>Q. When will the NOMS under development be added to TEDS reporting requirements?</p> <p>A. SAMHSA expects the client-level NOMS that are currently not defined to be defined and added to TEDS/NOMS at the end of FY 2007.</p> |

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| 15 | Nov 22 | <p>Q. Are detailed drugs a required data item for NOMS reporting?</p> <p>A. No, detailed drugs are NOT required reporting. Detailed drugs are in the TEDS Supplemental Data Set (Admissions) and only 3 of the supplemental data items are required. They are:</p> <p>Living Arrangements Detailed Not in Labor Force Arrests in 30 Days Prior to Admission</p> |
| 14 | Nov 22 | <p>Q. Are the primary, secondary & tertiary substance problems "at discharge" an update of these 3 indicators at admission (and they should remain in the same priority order), or are they to reflect what the 3 indicators are at discharge (and the order could change)?</p> <p>A. The 3 Substance codes in the discharge record should reflect the status at discharge and not be an update of the codes assigned at admission. That is, the order and the codes can change between admission and discharge.</p> |
| 13 | Nov 22 | <p>Q. In the RFP it indicates that states that do not qualify and can not meet the NOMS reporting, SAMHSA will provide technical assistance to states through a separate SOMMS central services contract. Will the technical assistance include financial help to build, modify, or purchase a data system that will be able to report all NOMS or will this be strictly consultation dollars?</p> <p>A. Technical assistance may include financial help to build, modify, or purchase a data system provided that the system developed is State property, the State has the right to modify the application, and there is no transaction fee attached to the system by the vendor.</p> |
| 12 | Nov 21 | <p>Q. If a State elects to submit TEDS data with NOMS data elements for the first 3 quarters of 2005 (Jan through Sept) as part of their proposal: 1. Will those data replace TEDS data already submitted for that period? 2. Since NOMS reporting under the subcontract begins with January 2006 data, how should data for the last quarter of 2005 be submitted?</p> <p>A. Data submitted with the proposal for the first 3 quarters of 2005 will be added to the TEDS database as a replacement for the data previously submitted, unless the State requests that we do otherwise. Data for the last quarter of 2005 should be submitted as a normal TEDS data submission. It is preferred that the NOMS</p> |

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| | | <p>data elements are included in the data submission for the last quarter of 2005, but that is not required. SAMHSA would like to receive complete data for 2005 as soon as possible, but the timeliness requirements spelled out in the RFP do not apply to the 2005 data.</p> |
| 11 | Nov 18 | <p>Q. Do the timeliness requirements specified in the RFP apply to the 2005 data for those states able to submit those data as part of their proposal?</p> <p>A. No, the timeliness specifications spelled out in the RFP do not apply to 2005 data. They only start to apply after January 1, 2006. The SOMMS subcontracts are not retroactive to 2005. Therefore state’s data for the last quarter of 2005 is not subject to the timeliness rules.</p> |
| 10 | Nov 18 | <p>Q. RFP expectations indicate that the entire TEDS data set is the expected deliverable, with NOMS measures simply added in. Some states may not collect some TEDS data items that are not related to the NOMS. In some instances, a state may not include all of the specific items listed in the TEDS coding structure. For example, a state may include a subset of the substances listed for the TEDS Substance Problem Codes. Is the entire TEDS data set mandatory, and must each TEDS data item be matched in the State data set?</p> <p>A. To be eligible for a SOMMS State subcontract, a state must be able to report the existing TEDS Minimum Data Set, the existing TEDS Discharge Data Set, and the data elements for the new NOMS outcome measures. Several of the NOMS are based on existing TEDS Supplemental Data Set variables, i.e. “living arrangement” and “detailed not in labor force”. The remainder of the Supplemental Data Set items is NOT required for the SOMMS state subcontracts. The exact list of variables needed for NOMS are shown on page 3 of the RFP. Individual State variables may not match exactly with the corresponding TEDS data item and that is the purpose of the TEDS State Crosswalk. The Crosswalk defines how the state data are mapped to the corresponding TEDS data, and must be constructed before data are submitted to TEDS.</p> |
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| 9 | Nov 18 | <p>Q. The RFP specifies that data are to be reported for all clients in facilities that receive “public funds”. How is “public funds” defined? Since most states do not have authority over funds administered by other agencies and may have no ability collect data for clients receiving those funds, are clients in treatment through these non-SSA administered funds to be included?</p> <p>A. Under the SOMMS subcontracts, the scope of TEDS reporting remains unchanged. When describing the facilities that report to TEDS, as a group, we sometimes use the shorthand phrase "facilities that receive public funds" and this terminology found its way into the RFP. To be clear, this should be stated as, "at a minimum, States are expected to report admissions and discharges for all clients treated at facilities that receive funds through the SSA." However, SOMMS subcontracts do not require States to expand the provider universe for TEDS/NOMS reporting. Some States are able to collect data from a wider universe of facilities and report those data to TEDS. We hope that these States will continue to do so. Other States that have constraints limiting their TEDS reporting to publicly funded clients only are still eligible for the SOMMS state subcontracts.</p> |
| <p>8 Revised</p> | Nov 18 | <p>Q. I note we're to be collecting NOMS on all clients. Does this include detox clients?</p> <p>A. No, the NOMS data elements are not required for detox clients, though States should continue to report all other data elements for detox clients as specified in the TEDS Instruction Manuals. In the TEDS data, the NOMS data elements for Detox clients should be filled with the appropriate code for "not collected".</p> |

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| 7 | Nov 18 | <p>Q. If we already know that we do not currently meet the RFP criteria, but are working toward being able to do so (and document our plans in the application), will our proposal still be considered for an award if our state is ranked in the top 32 applicants?</p> <p>A. All states are encouraged to submit proposal even if they don't anticipate being able to report NOMS and meet the criteria in 2006. Their proposal should outline their plans for reporting NOMS by the end of FY 2007 AND describe the types of technical assistance needed to meet this goal. SAMHSA will use this information to appropriately target technical assistance to the states. Since payments under the SOMMS State Subcontracts are tied to the submission of NOMS, a state that could not report any NOMS in 2006 would not receive an award in the first round of funding, but would be eligible to reapply for the second round. In the meantime, the state's needs for technical assessment would be evaluated and addressed by the SOMMS central services contract.</p> |
| 6 | Nov 16 | <p>Q. When we talk of meeting the NOMS through TEDS submissions, are we just talking about Substance Abuse Data? Our office also collects data on those served in our Mental Health programs.</p> <p>A. Only the specified substance abuse NOMS data elements are reported through TEDS.</p> |
| 5 | Nov 16 | <p>Q. Does the crosswalk worksheet include the new NOMS variables? Why are some discharge items not on the worksheet?</p> <p>A. The new NOMS variables have been added to the crosswalk worksheet. Variables that are identical for admissions and discharges and should not change between admission and discharge are not repeated in the discharge section of the worksheet. These are mostly demographic items that do not change over time. Also, the admission items that are included in the discharge data set are not repeated in the discharge section of the worksheet.</p> |
| 4 | Nov 16 | <p>Q Are there any restrictions on how the \$150,000 is to be spent? Must it be spent on data-related expenses?</p> <p>A. We are not asking for invoices showing how funds were expended. In order to receive the money, the requirement is that the state deliver the data according to the criteria spelled out in the</p> |

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| 3 | Nov 16 | <p>Q Clarify the RFP statement “The admission and discharges must cover all clients treated in all facilities receiving public funds in the State (not just block grant funds).”</p> <p>A. Under the SOMMS subcontracts, the scope of TEDS reporting remains unchanged. At a minimum, States are expected to report admissions and discharges for all clients treated at facilities that receive funds through the SSA.”</p> |
| 2 | Nov 16 | <p>Q. What is the time period for the first year of the contract?</p> <p>A. The time period covered by the contract is one year from the date of award. The data year to be reported starts in January 2006. According to the criteria specified in the RFP, the data for the first quarter of 2006 are due no later than 60 days after March 31, i.e. May 29.</p> |
| 1 | Nov 15 | <p>Q. When would the new (NOMS) data items need to be reported in order to be considered for the SOMMS subcontract?</p> <p>A. States responding to the RFP will be ranked according to: 1) their stated ability to report at least some of the NOMS variables for admission and discharge data, beginning January 2006, and 2) their plans for reporting all NOMS by the end of FY 2007. States that successfully meet the reporting of NOMS data for CY 2005 data evaluation factor will be highly competitive for receiving an award. (See page 7 of RFP). The RFP calls for submission of 2006 data within 60 days of the end of the first calendar quarter. That is, admissions and discharges occurring during January through March of 2006 would be submitted by the end of May 2006. If a state cannot meet that schedule, the proposal should specify when the state could begin NOMS submissions, and which NOMS data elements would be included.</p> |