TREATMENT PERCEPTIONS SURVEY (TPS): Frequently Asked Questions (FAQs)

(updated on 10/12/2020)

General Survey Administration

1. What do we do if the client presents in person to the clinic for services during the survey period?

   There are several options. The provider could give the client access to a desktop computer or tablet or email or text the survey link to the client's smart phone so they may complete the survey. Another option is to offer the client a paper survey form to complete. Be sure the client can complete the survey in privacy.

2. Should all clients (e.g., Medi-Cal beneficiaries, out-of-county clients, uninsured clients) receiving services during the specified survey period, whether face-to-face, by telephone or by telehealth, be asked to complete the survey?

   Yes, unless a client is experiencing an emergency that requires immediate attention, they should be asked to participate in the survey.

3. Should we survey clients who reside in our county but are receiving services (e.g., residential, OTP/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. However, your county has the option of:

   (1) having the out-of-county provider give the unique provider link (provided by the county of residence) to the client, or hand the client a paper survey form to complete. The paper survey form would be returned to the clients' county of residence to be processed locally; 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.

4. 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 asked to complete a survey.

Counties that share clients have the option of (1) giving clients the appropriate customized/unique provider survey link or returning completed paper survey forms to the county of residence to be processed locally, 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.

5. If clients visit the same treatment facility more than once during the survey period, or receive services on more than one day during the survey period, should they be asked to complete the survey each time?

   No. Each client should complete the survey for each facility only once during the survey period. Providers can ask clients if they have already been offered the survey during the survey period. Clients who indicate that they have not been offered the survey may be given the survey link or paper survey form.

6. If a client visits or receives services from more than one treatment facility during the survey period, should they complete the survey for 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 should be asked to complete the survey for each facility.

7. Can clients receive help from county or provider staff to complete the survey?

   Yes, non-clinical provider staff, volunteers, and consumer advocates, for example, may help clients complete the survey. Be sure to provide help in a manner that ensures the client feels comfortable in answering the survey openly and honestly.

8. 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 ask each patient who presents in person to the NTP for treatment or receives services by telephone or telehealth to complete the survey. (If they indicate that they have already completed the survey during the 5-day survey period, they do not need to complete it again.)

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

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

    Yes, clients who receive only case management services during the survey period should be asked to complete the survey.

11. 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 currently delivering DMC-ODS services (DMC certified). Contact Cheryl Teruya at cteruya@mednet.ucla.edu if you have questions specific to your county.

12. 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 asked to complete a survey during the survey period. Clients who indicate that they have not been asked can then be given the survey link or handed a paper survey form to complete. Clients need complete the survey only once during the survey period.

13. 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 services at the OTP/NTP or by telephone or telehealth during the survey period should be asked to complete the survey.

    MAT clients who are receiving services under the FQHC (NOT under Drug Medi-Cal) would NOT be surveyed. However, if they are also receiving services in one of the five treatment settings (OTP/NTP, Residential, OP/IOP, Detox/WM [stand-alone], Partial hospitalization), treatment providers should ask them to complete the survey.

14. 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 ask only clients who receive services during the specified five-day survey period to complete the survey.

15. 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 know 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.

16. Should we survey clients who are receiving recovery services?

    Surveying clients who are receiving recovery services is not required/is optional.

Online Survey

1. Is it possible to save the online survey and return to complete it later?

    No, the respondent would need to restart the survey. However, the survey is relatively short and shouldn't take too long to complete.

2. How can the survey link be given to clients?

    The link can be provided (e.g., cut and pasted) in an email message, text message, or in the chat box if using a telehealth interface to provide services. The QR code can also be printed on paper (e.g., flier) and handed to the client for scanning using a smart phone or shown to the client if using a video-conferencing platform (e.g., Zoom).

3. Is the TPS online survey anonymous?

    Yes, similar to the paper survey forms, the online survey is anonymous. Information that can identify the client will not be collected.

4. Can the surveys be customized by the counties? Can counties add questions?

    Counties that have Qualtrics accounts may be able to customize the survey. Feel free to contact Cheryl Teruya at cteruya@mednet.ucla.edu for more information.

5. Are online surveys considered complete if clients only answer a few questions?

   Yes. Online surveys are considered complete when the individual clicks the last "next" button and receives the message "Thank you for taking the time to answer these questions! Your responses have been recorded." While we encourage clients to fully complete the survey, clients can choose not to answer any questions as they wish.

6. How will counties be able to track/monitor if clients receiving are accessing the online survey?

   UCLA will send counties daily counts of the online surveys by provider.

7. What equipment is needed to access the online surveys?

   Online surveys can be accessed from many devices, including desktop computers, laptops, tablet computers, and smart phones. The online survey is designed for use on Google Chrome, Microsoft Edge, Microsoft Internet Explorer, Mozilla Firefox, and Apple Safari.

8. What should we do if a client does not have access to the internet?

   Non-clinical provider staff, volunteers or consumer advocates can complete the online survey on behalf of the client over the phone. The client could also fill out a paper survey form, and the county/provider could later enter the client's responses using the data entry survey link.

9. The survey link isn't working for me. What can I do?

   Some county or provider firewalls may block access to the survey from their network. You may need to work with your county or provider IT services to allow access to the survey. Another option is to access the survey from a smart phone or computer away from the program or at home. You could also instead offer the client a paper survey form to complete.

10. What if a client has trouble navigating the online survey (e.g., lacks computer skills)?

    A family member or non-clinical provider staff, volunteer, and consumer advocate, for example, may help clients navigate the online survey. Be sure to provide help in a manner that ensures the client feels comfortable answering the survey questions openly and honestly. Another option is to hand the client the paper survey form to complete.

11. Can the TPS survey be administered using the Zoom platform polling?

No. However, if you are using a video-conferencing platform, you may type in or paste the online survey link in the chat box. Clients can click on the link and fill out the survey.

12. Can UCLA customize the online survey for our county (e.g., add additional questions)?

Not at this time. However, that may become possible in the future.

13. Can we work with UCLA to administer the survey more than annually (e.g., quarterly)?

Please contact Cheryl Teruya at cteruya@mednet.ucla.edu with your inquiry.

14. Will we be able to review client comments in case immediate action needs to be taken?

Yes, client comments will be sent to each county at the end of the survey period.

15. How would we be sure that each client responds just once?

There is always a chance that a client could complete the online survey more than once. Providers can help by asking clients to complete the survey only once/whether clients already completed the survey. UCLA will also check IP addresses for duplicates, but cannot be sure that the same IP address means that the same client is responding to the survey multiple times. For example, it could be that providers are providing clients access to the online survey from the same computer at the clinic.

16. Will the unique link be by facility or by facility and level of care?

A unique link will be provided for each "program" defined for the TPS as a unique combination of CalOMS Provider ID and treatment setting and/or Program Reporting Unit ID (optional) as indicated by the county. For example, each "program" below would have a unique/customized link.

    CalOMS Provider ID 001027, Detox/WM (standalone), adults
    CalOMS Provider ID 001027, OTP/NTP, adults
    CalOMS Provider ID 000000, OP/IOP, adults
    CalOMS Provider ID 000000, OP/IOP, youth
    CalOMS Provider ID 000000, Reporting Unit 0411, OP/IOP, adults
    CalOMS Provider ID 000000, Reporting Unit 0425, OP/IOP, adults

Paper Survey Forms

[Note: Paper survey forms must be processed locally using the data entry survey link or following instructions given by a county to its provider network.]

1. 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.

2. 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 PDF function and printing the forms out for each provider. This helps 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](#).

3. 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.

4. 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.

5. 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 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.

6. 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.

7. I'm administering the TPS survey 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.

8. We have a standalone MAT clinic, which mainly prescribes 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.

9. 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)."

10. 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.

Survey Data Submission/Access, and Reporting

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

   No. Due to COVID-19, UCLA is not processing paper survey forms for the 2020 survey period. UCLA is accepting only electronic data via the online survey link, data entry survey link, or data file submitted by the county. Counties are asked to give their providers county-specific guidance on how the paper survey forms should be processed locally.

2. What constitutes a "completed" paper survey form? Should we enter responses using the data entry survey link if the client only responds to a few survey questions?

   A survey form is considered "completed" if the client answers at least one of the 15 (adult form) or 19 (youth form) questions. The responses should be data entered and submitted to UCLA.

3. 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 data. (Sample reports and additional information are posted on the TPS website.)

4. What will UCLA do with the client comments typed in the online survey?

   Client comments text collected via the online survey will be sent to each county at the end of the survey period for review in case immediate attention is needed.

   The client comments text will also be included in the raw data files that are made available to counties in their Box folders. However, UCLA does not have the resources to review, analyze, and/or summarize the written client comments.

5. How will counties receive access to their county- and program-level reports, and raw data files 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 <u>7 days</u> from the time the account is set up. UCLA will be using Box for each survey period.

6. Will counties gain access to their TPS raw data?

   Yes, the raw data files will be included in each county's folder in Box. 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.

7. 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 see fit.

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

   Most likely, less than three clients from the particular provider responded to the survey. 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.

9. We were comparing our scores from 2017/2018 and 2018/2019 and we saw that across the board, our TPS results were lower in 2018/2019 compared to 2017/2018, 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.

10. 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.

11. 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.

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

    The response rate for the 2018 TPS was conservatively estimated at 41.0%. The response rate was calculated as the number of surveys received divided by the number of clients that received services during the survey period as reflected in the administrative DMC claims database. If programs only collected TPS questionnaires from Medi-Cal beneficiaries, the response rate would be 60.9%. If every program sought to collect surveys from all clients, however, then the numerator would be inflated relative to the denominator, since only 67.4% of clients were Medi-Cal beneficiaries in 2018 according to CalOMS-Tx. To adjust for this, the reported response rate would be 67.4% x 60.9% = 41.0%.