

Los Angeles County
AB2034 Transition to FSP

Role of MHALA

1. Provide reports to help determine eligibility—Consists of Residential, Education and Employment statuses for the year between July 1, 2006 and June 30, 2007. Simply call us to request.
2. Assist in installing OMA-compliant Caminar update—in progress. Please be patient as we have limited resources.
3. Attempting to convert existing AB2034 Caminar data into OMA version—anticipate knowing if this can be done by end of next week. Most favorable scenario is that programs will be able to keep their existing Caminar database with all of the “old” AB2034 data intact but converted to the new OMA codes.
4. MHALA will no longer be supporting Caminar as of July 1, 2008. Providers continuing to use Caminar will need to contact Caminar Software directly for telephone support.

Caminar Software

Steve Gilbert

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Baseline Reports

MHALA will provide the transforming AB2034 clients' data to assist in entering the new baselines. This will consist of reports run for the year prior to the new partnership date to identify status changes to go on the new baselines.

PLEASE NOTE: The County is requiring that you have COMPLETE baselines for each FSP client. The baselines CANNOT be completed with what you currently have in Caminar!! You will have to go back and manually complete the baselines.

For example:

| LIVING ARRANGEMENTS <i>continued</i> | | | | | | |
|--------------------------------------|------|----|---|--|--|--------|
| RESIDENTIAL TYPE | FROM | TO | TONIGHT (Check one in this column) | YESTERDAY (as of 11:59 PM the day BEFORE the partnership began) (Check one in this column) | DURING PAST 12 MONTHS indicate the TOTAL: | |
| | | | | | # Occurrences | # Days |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | |

The LA County forms require FROM and TO dates under living arrangements in addition to the number of occurrences and days. **YOU WILL NEED TO FILL THESE DATES IN FOR ALL CLIENTS ENROLLED INTO YOUR PROGRAM AFTER JULY 1, 2006!** MHALA can provide you the dates for consumers enrolled before 7/1/2006 because these data would have been already recorded as post-enrollment status changes.

MHALA and Caminar CANNOT give you specific dates for data that was originally entered as an occurrence and number of days!

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Baseline Reports

Other areas of the baseline that the providers will have to fill in manually include all questions and items that appear on the County FSP forms but have no corresponding question on the State forms.

Examples:

| PHYSICAL HEALTH | | | | | | |
|--|---|----|---------|---|----|---------|
| | CURRENT (LAST 4 WEEKS) <small>(circle one for each question)</small> | | | LAST 12 MONTHS <small>(circle one for each question)</small> | | |
| Client states that he/she is in good physical health? | YES | NO | UNKNOWN | YES | NO | UNKNOWN |
| Client has access to needed medical services? | YES | NO | UNKNOWN | YES | NO | UNKNOWN |
| Client receives needed medical services? | YES | NO | UNKNOWN | YES | NO | UNKNOWN |
| Client has a primary care physician? | YES | NO | UNKNOWN | YES | NO | UNKNOWN |
| Client uses a primary care physician? | YES | NO | UNKNOWN | YES | NO | UNKNOWN |
| Client has access to needed dental services? | YES | NO | UNKNOWN | YES | NO | UNKNOWN |
| Client receives needed dental services? | YES | NO | UNKNOWN | YES | NO | UNKNOWN |
| Is the client obese (based on BMI)? | YES | NO | UNKNOWN | YES | NO | UNKNOWN |
| Has the client EVER been told by a physician that he/she has diabetes? | YES | NO | UNKNOWN | YES | NO | UNKNOWN |
| Did the client receive physical health services from a DHS clinic or hospital IN THE PAST 12 MONTHS? | YES | NO | UNKNOWN | <small>(circle one)</small> | | |
| Does the client have a chronic physical health care problem or problems that require periodic medical services ? | YES | NO | UNKNOWN | <small>(circle one)</small> | | |

| SOURCES OF FINANCIAL SUPPORT Indicate all the sources of financial support used to meet the needs of the client. | DURING THE PAST 12 MONTHS | | CURRENT | |
|--|-----------------------------|-------------------------------|-----------------------------|-------------------------------|
| | <u>Check all that apply</u> | <u>Monthly Average Amount</u> | <u>Check all that apply</u> | <u>Monthly Average Amount</u> |
| Client's Wages | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Client's Spouse / Significant Other's Wages | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Savings | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Other Family Member / Friend | <input type="checkbox"/> | | <input type="checkbox"/> | |

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Key Event Review

There are some residential statuses on the baselines and residential key events entered since 7/1/2007 that will need to be manually reviewed for the correct code.

| County Living Arrangement | State Living Arrangement |
|---|---|
| Alcohol or Substance Abuse Residential Rehabilitation Center Crisis Residential Program Long Term Residential Program Transitional Residential Program | Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs) |
| Emergency Shelter Temporary Housing (includes people living with friends but paying no rent) | Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent) |
| Juvenile Hall Juvenile Probation Camp / Ranch | Juvenile Hall / Camp / Ranch |
| Group Living Home Sober Living Home | Unlicensed but supervised congregate placement (includes group living homes, sober living homes) |