DATA SUBMISSION OPTIONS – SURVEYMONKEY, DATA FILE TEMPLATES, AND MOVEIT

CARE Act Data Collection and Reporting

March 2025

[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

Welcome to the CARE Act Data Collection and Reporting Data Submission Options training, one of multiple trainings available to counties related to CARE Act data collection and reporting.

Health Management Associates (HMA) is collaborating with DHCS to develop, manage, and support CARE Act data collection and reporting processes. Our HMA Data Team:
- Supports county behavioral health (BH) agency data collection efforts.
- Supports development of the CARE Act Annual Report.
- Assists DHCS' independent evaluation contractor with data collection to determine program outcomes, impact, and lessons learned related to the CARE Act.

In this training, we will walk through the CARE Act data submission options, provide live demonstrations or walk throughs of existing tools, which include SurveyMonkey and the Data File Template Options. We will then preview the quality assurance process county BH agencies and HMA will engage in together. While this training references the

Data Dictionary 2.0, the processes described here also apply to Data Dictionary 1.0.

Disclaimer: This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, California Department of Health Care Services.

[Slide Image Description: This slide includes images of the presenters of this training on a light blue background.]

Our presenters today are members of the HMA Data Team. My name is Carlie Balicki and I serve as project manager for the team. Cha Lee and Jessica Wu are members of the HMA Data Team and serve as CARE data subject matter experts. They are responsible for processing and analyzing data received from counties, maintaining the data collection and reporting tools and resources, and supporting county staff responsible for CARE Act data collection and reporting through technical assistance.

[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

Let's take a look at our learning objectives for today.

Our goal is that, by the end of the session, participants will have an increased ability to:
- Describe the two options for submitting data for CARE Act participants: SurveyMonkey and the Data File Templates.
- Enter data in SurveyMonkey to ensure accurate and complete CARE Act reporting.
- Perform bulk file uploads of CARE participant data using Data File Template Options A or B via the MOVEit File Transfer Application.
- Understand the Quality Assurance process for CARE Act data.

[Slide Image Description: This slide shows the major sections of this training on a light blue background.]

The agenda for today's session includes the following topics:
- CARE Act Data Submission Process and Options Overview
    - Summarize CARE Act data submission process and options.
- Instructions for Requesting Access to the MOVEit File Transfer Application
    - Present step-by-step instructions for requesting access to the MOVEit File Transfer Application for submitting data to DHCS and accessing Quality Assurance (QA) reports.
- SurveyMonkey Platform Demonstration
    - Navigate directly within the SurveyMonkey platform.
- Data File Template Options A & B and MOVEit Walk Through
    - Walk through the structure of the Data File Template Options A & B and submission procedure using the MOVEit File Transfer Application.
- Quality Assurance Process Preview
    - Review the quality assurance process for CARE Act Data.

Let's move onto our first section.

CARE Act Data Submission Process and Options Overview

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[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

In this first section, we will provide an overview of the CARE Act data submission process and options for submitting CARE Act data.

County CARE Act Data Reporting Schedule

» Counties will **collect data in monthly installments** and **submit it quarterly** within 60 days following the close of the reporting period.

  • Alternative: Counties can opt to submit data monthly

Reporting Period	Submission Deadline
Q1: January 1 – March 31	May 30
Q2: April 1 – June 30	August 29
Q3: July 1 – September 30	November 29
Q4: October 1 – December 31	March 1

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[Slide Image Description: This slide shows a table that shows the data reporting schedule.]

Here, we have the county CARE Act data collection and reporting schedule. Counties will collect data in monthly installments and submit it at least quarterly within 60 days following the close of the reporting period. Counties can submit their data monthly, if preferred, or wait until the end of the reporting period to submit data for all three months in the period.

The table on this slide details the data submission deadlines based on the reporting period, which reflect the four quarters of the calendar year.

- Data from January 1 – March 31, or Q1, is due May 30.
- Data from April 1 – June 30, or Q2, is due August 29.
- Data from July 1 – September 30, or Q3, is due November 29.
- Data from October 1 – December 31, or Q4, is due March 1.

County CARE Act Data Submission Workflow

Data Submission
within 60 days following the close of a reporting period

❑ Submit data for each reporting month via SurveyMonkey or a Data File Template/MOVEit.

HMA Quality Assurance (QA)
within 45 business days of a submission

❑ Assess for data quality.
❑ Upload QA report to county MOVEit folder.
❑ Notify county by email.

QA Report Status

Accepted:
No further action required

Corrections Needed:
Within 15 business days of receiving QA report

❑ Correct identified data issues.
❑ Re-upload monthly data file via MOVEit.

*The QA report and QA correspondence emails will come from the HMA CARE Act Data Team: CAREDataTeam@healthmanagement.com.

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[Slide Image Description: This slide provides a workflow for how counties will submit data and the quality assurance and correction process.]

Now, we want to provide a high-level overview of the workflow counties can expect to follow once they submit data.

Data Submission
As mentioned, counties will collect data on CARE participants in monthly installments and submit this data at least quarterly (within 60 days following the close of a reporting period). HMA will reach out to CARE Act data contacts in the weeks leading up to a submission deadline with an email reminder and instructions. HMA will track your submissions closely and will reach out directly to notify you of your submission status in the days following a submission deadline.

Quality Assurance
Once your data has been received by HMA, we will initiate the quality assurance, or QA, process. During the QA process, HMA will evaluate your data submission for quality, generate a report highlighting any deficiencies, and share it with you for corrections and resubmission. Counties can expect their QA reports within 45 business

days following data submission. The HMA data team will notify county data contacts via email when their QA report is uploaded. This correspondence will come from the HMA CARE Act Data Team email: CAREDataTeam@healthmanagement.com.

QA Report Status

For QA reports that indicate "Corrections Needed," counties will have 15 business days to correct the data issues and resubmit within MOVEit. For any data file or section with a QA report status of "Accepted," counties will not need to take any further action.

Later in this session, we will show a more detailed look at a QA report as well as where files should be placed and retrieved within MOVEit.

County Data Submission Options

County BH agencies have two options for submitting data to DHCS:

> 📄 **SurveyMonkey**

> ▦ **Data File Templates via the MOVEit File Transfer Application**

» Counties must submit data using the same mechanism for all months within the reporting quarter.
» County BH agencies can switch to a different mechanism in subsequent reporting quarters (e.g., SurveyMonkey for Q1 2025; Data File Templates for Q2 2025).

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[Slide Image Description: This slide shows two blue boxes describing the SurveyMonkey and MOVEit data submission mechanisms. A description of how county BH agencies use the data submission mechanisms is detailed.]

Now that we have that high-level context, let's move onto an overview of the two county data submission options.

1. **The first option is SurveyMonkey:** SurveyMonkey is the cloud-based service used to host a CARE Act data collection and reporting tool. This tool might be best suited for counties that prefer a more manual data entry process.

2. **Counties can also choose to use the Data File Template Options provided by HMA** to bulk upload monthly CARE Act data files using the MOVEit file transfer application. MOVEit is an existing mechanism for secure transfer of data used by DHCS.

Importantly, counties can only choose one option to submit the data within a reporting period. In other words, counties should not submit one month of data within SurveyMonkey and then another month of data from that same reporting period via

the data file templates. However, counties can switch their submission option between quarters; meaning, they can use SurveyMonkey to submit Q1 data and then use the Data File Templates and MOVEit for Q2.

SurveyMonkey Option

A CARE Act data collection and reporting tool has been created using SurveyMonkey, which results in an easy-to-use survey form counties can use to submit CARE Act data.

Logic is built into the forms; only data points relevant to the client's Current CARE Status will be required.

SurveyMonkey may be a suitable choice for counties that are comfortable with manual data entry.

Users are allowed to save and return to the responses.

Once users finish and exit out of the survey, they will not be able to make any changes until HMA exports their submitted data and shares this as part of their QA report.

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[Slide Image Description: This slide shows five blue rectangles that provide detail on SurveyMonkey.]

Here, we have more details on the first option for submitting CARE Act data, which is SurveyMonkey.

A CARE Act data collection and reporting tool has been created using SurveyMonkey, which results in an easy-to-use survey form counties can use to submit CARE Act data. The flow of the form is built based on the structure of the CARE Act Data Dictionary 2.0. The resulting SurveyMonkey forms have logic built in, so it will only present you with the questions or require responses to the data points that are relevant to the client being reported.

SurveyMonkey may be a suitable choice for counties that prefer **manual data entry**.

Users can save and return to responses before submission. However, once the survey is submitted, users will not be able to make any changes until HMA provides their QA report. A full export of submitted data will be provided within the QA report, which will be accessed on MOVEit. County BH agencies will not automatically receive a copy of their submission from SurveyMonkey upon completion.

Data File Template Option

HMA has developed two Data File Template Options to support data entry and submission.
- **Template Option A** mirrors how data would look if exported from SurveyMonkey.
- **Template Option B** is formatted to support automated queries from county data systems.

Counties must use and follow the structure of the Data File Template Options provided. Data provided to DHCS in a format other than the provided Data File Templates will be returned for correction.

Additionally, counties should not use MOVEit for data storage, as all files uploaded via MOVEit are automatically deleted every 45 days.

Initial Data File Template submissions, Quality Assurance Report transmission, and data resubmissions will occur via MOVEit. MOVEit is a mechanism used for secure, automated file transfer of sensitive data.

Data File Templates are available for download on the CARE Act Data Collection and Reporting Resources page here.

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[Slide Image Description: This slide shows four blue rectangles that provide detail on Data File Templates and MOVEit.]

The second option for county BH data submission involves uploading an HMA-provided Data File Template to the MOVEit File Transfer Application, a secure platform for automated transfer of sensitive data.

HMA has developed two Data File Template Options to support data entry and submission.
- **Template Option A** mirrors how data would look if exported from SurveyMonkey.
- **Template Option B** is formatted to support more automated queries from existing county data systems.

We will provide a walkthrough of each Data File Template to highlight the differences, helping counties make an informed choice between the two options.

Counties must use and follow the structure of the Data File Template Options provided. Data provided to DHCS in a format other than the provided Data File Templates will be returned for correction.

Additionally, counties should not use MOVEit for data storage, as all files uploaded via MOVEit are automatically deleted every 45 days.

We do want to flag that initial Data File Template submissions, Quality Assurance Report transmission, and data resubmissions will occur via MOVEit. This means that all counties regardless of if they choose to submit initial data via SurveyMonkey will need access to their unique county folder on MOVEit. Information on obtaining MOVEit access will be covered in the next section of this presentation.

Data File Templates are available for download on the CARE Act Data Collection and Reporting Resources page here.

Overview of a Complete Submission

» A complete submission includes data on Petitioned Individuals, CARE Inquiries, and System Referrals.
» SurveyMonkey: Three Forms, one for each section.
» Data File Templates A and B: Separate tabs for each section.

Data Dictionary 2.0 Section	Focus	Unit of Analysis	Measurement Period
Section 3.	Petitioned Individuals	**Individual-level** data on CARE participants.	CARE Process Initiation, Active Service, and Follow-Up Period
Section 4.	CARE Inquiries	**Aggregate** total counts of inquiries received by topic, source, and outcome.	At any point, regardless of Measurement Period
Section 5.	System Referrals	**Individual-level** data on system-referred individuals.	Referral Period

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For more information on the Data Dictionary 2.0, please view the Data Dictionary 2.0 Walkthrough training here.

[Slide Image Description: This slide details what should be considered a complete submission when submitting via the Data File Templates.]

We'll also clarify here what will be considered a complete submission when reporting CARE Act data as there are three sections of the Data Dictionary that must be reported.

- A complete submission will include data on Petitioned Individuals, CARE Inquiries, and System Referrals. Again, these reference the three sections of the Data Dictionary 2.0.
- If reporting via SurveyMonkey, counties will be provided with three separate Forms
- Alternatively, Data File Templates Options A and B include separate tabs for Petitioned Individuals, CARE Inquiries and System Referrals.

The table provides additional information on the three sections of the Data Dictionary that must be reported. The first column identifies the section, the second column identifies the focus, or title of the Section, the third column identifies the unit of analysis, and the final column notes the applicable measurement period.

- Section 3 of the Data Dictionary, for Petitioned Individuals, is reported at the individual-level during the CARE Process Initiation, Active Service, and Follow-Up Periods
- Section 4 of the Data Dictionary, for CARE Inquiries, is reported in aggregate. County reporting for inquiries should include, but is not limited to general inquiries, contacts by phone, warmlines, voice messages, emails, and in-person conversations or consultations relating to the CARE Act. These data are not reported in connection with a CARE Act measurement period, as they can be received at any point.
- Section 5 of the Data Dictionary, for System Referrals, is reported at the individual-level during the Referral Period.

Let's now review some important instructions for accessing MOVEit.

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For more information on the Data Dictionary 2.0, please view the Data Dictionary 2.0 Walkthrough training here.

Instructions for Requesting Access to the MOVEit File Transfer Application

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[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

In this section, we will provide step-by-step instructions for gaining access to the MOVEit File Transfer Application. All counties will need access to their unique county folder within MOVEit, regardless of how they submit data. This means that counties that submit data via SurveyMonkey will also access their QA reports and full data export within MOVEit. It's important for every county to have authorized MOVEit users. There is no limit to the number of authorized MOVEit users, and we encourage counties to request access for multiple users to ensure submissions can be made if the primary user is unavailable during a submission window.

Requesting Access to the MOVEit File Transfer Application

1. County staff handling CARE Act data should request MOVEit access by submitting their information via this form.

2. Users will receive an invitation from invites@microsoft.com to join the MOVEit File Transfer Application with the subject line **"[DHCS IT staff name] invited you to access applications within their organization."**

3. Users will receive a second email with instructions for setting up MOVEit access. If the user has not previously registered with DHCS, they will first be asked to register with a Microsoft Outlook account.

4. Once MOVEit account set up is complete, counties must respond to the instructions email, and then DHCS IT staff will grant access to your unique county folder within the **"DHCS_CAREAct"** MOVEit folder.

[Slide Image Description: This slide includes a step-by-step process and screenshots related to requesting access to MOVEit.]

Gaining access to MOVEit is a multistep process that requires prompt responses to DHCS IT communications. County BH staff must complete this process. Additionally, staff with existing MOVEit access for other programs must still follow these steps to access the "DHCS_CAREAct" folder.

Step-by-step instructions are provided here:
1. County staff responsible for CARE Act data collection and reporting should request MOVEit access by submitting their information via this form, which is linked in the slides.
2. Users will receive an invitation from invites@microsoft.com to join the MOVEit File Transfer Application with the subject line **"[DHCS IT staff name] invited you to access applications within their organization."**
3. Users will receive a second email with instructions for setting up MOVEit access. If the user has not previously registered with DHCS, they will first be asked to register with a Microsoft Outlook account.
4. Once MOVEit account set up is complete, counties must respond to the instructions

email, and then DHCS IT staff will grant access to your unique county folder within the **"DHCS_CAREAct"** MOVEit folder. It's very important to follow-through on these steps to ensure access to the correct folders.

Requesting Accessing to the MOVEit File Transfer Application

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Once within MOVEit, counties will navigate to "Folders" in the menu on the left side of the page. Users should be able to click into the **"DHCS-CAREAct"** folder, where they will see their unique county folder.
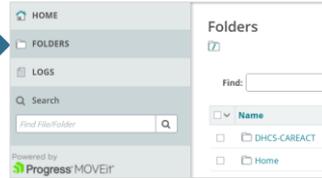
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Each unique county folder will include two sub-folders: **"DHCS Delivery"** and **"Submission."** The "Submission" folder is where counties upload initial and resubmitted Data File Templates. The "DHCS_Delivery" folder is where you will access QA reports and any other files DHCS wishes to transmit securely.

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Users should send a final confirmation email to DHCS IT once they have successfully accessed their unique county folder within the "DHCS-CAREAct" folder within MOVEit so the ticket can be closed out.

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[Slide Image Description: This slide includes a step-by-step process and screenshots related to requesting access to MOVEit.]

5. Once within MOVEit, counties will navigate to "Folders" in the menu on the left side of the page. Users should be able to click into the **"DHCS_CAREAct"** folder, where they will see their unique county folder.
6. Each unique county folder will include two sub-folders: **"DHCS_Delivery"** and **"Submission."** The **"Submission"** folder is where counties upload initial and resubmitted Data File Templates. The **"DHCS_Delivery"** folder is where you will access QA reports and any other files DHCS wishes to transmit securely to counties.
7. Users should send a final confirmation email to DHCS IT once they have successfully accessed their unique county folder within the "**DHCS_CAREAct**" folder so the IT ticket can be closed out.

If you have any issues related to MOVEit access, please email DHCS IT Helpdesk at ITServiceDesk@dhcs.ca.gov or call (800) 579-0874 (and select option 3).

With that, I am going to turn it over to Cha for a demonstration of the SurveyMonkey platform.

SurveyMonkey Platform Demonstration

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[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

Now, with that context, we will provide a demonstration of the SurveyMonkey platform. This demo shows how counties can manually enter CARE Act data through a SurveyMonkey Form. Counties will receive links to three SurveyMonkey Forms, one for each section of the Data Dictionary 2.0 including Section 3. Petitioned Individuals, Section 4. CARE Inquiries, and Section 5. System Referrals. Counties will only see questions relevant to the participant for whom they're entering data.

Accessing CARE Act SurveyMonkey Forms

» Each section of the Data Dictionary will have its own separate SurveyMonkey Form where counties will report monthly data on a quarterly basis.

» HMA will share these links in an email to county BH agency data collection and reporting contacts prior to the submission deadline. Only county staff who are responsible for data entry will have access to the link and password.

Petitioned Individuals Survey Test Form:
https://www.surveymonkey.com/r/testPetitionedIndividuals
Password: CARE2025!

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[Slide Image Description: This slide provides instructions on how to access SurveyMonkey Form links and includes a link to the SurveyMonkey test site and the login information.]

Each section of the Data Dictionary—including Petitioned Individuals, CARE Inquiries, and System Referrals—will have its own separate SurveyMonkey Form where counties will report monthly data on a quarterly basis. HMA will share these links in an email to county BH agency data collection and reporting contacts prior to the submission deadline. The survey links will always be password protected. Only county staff who are responsible for data reporting will have access to the link and password.

Here, we've provided a test link for the Petitioned Individuals SurveyMonkey Form, which we will be using to demonstrate how to enter data into the SurveyMonkey platform. We encourage you to follow along with the demo on your own browser. The password is all caps CARE2025!

Petitioned Individuals Survey Test Form:
https://www.surveymonkey.com/r/testPetitionedIndividuals
Password: CARE2025!

Petitioned Individuals: Key Takeaways

» Demographic and basic client information are required every reporting month.

» 3.3.10 Current CARE Status is critical, as it determines all subsequent data collection based on the client's status during the reporting month.

» The CARE Act Flowchart for Petitioned Individuals for Data Dictionary 2.0 supports complete and accurate reporting. The flowchart lists all the required data points based on the CARE status, including the branching data points.

[Slide Image Description: This slide shows a bullet point list of key takeaways from the SurveyMonkey demonstration using the Petitioned Individuals SurveyMonkey Form.]

We think it will be helpful to review the key takeaways from the demo before we begin. Please keep these in mind as we review the form.

- Demographic and basic client information are required every reporting month.
- 3.3.10 Current CARE Status is critical, as it determines all subsequent data collection based on the client's status during the reporting month.
- The CARE Act Flowchart for Petitioned Individuals for Data Dictionary 2.0 has been provided to support county BH agencies in complete and accurate reporting. The flowchart lists all the required data points based on the CARE status, including the branching data points.

Flowchart for Petitioned Individuals (Section 3 of Data Dictionary 2.0):

View the full Data Flowchart for Petitioned Individuals for Data Dictionary 2.0 here.

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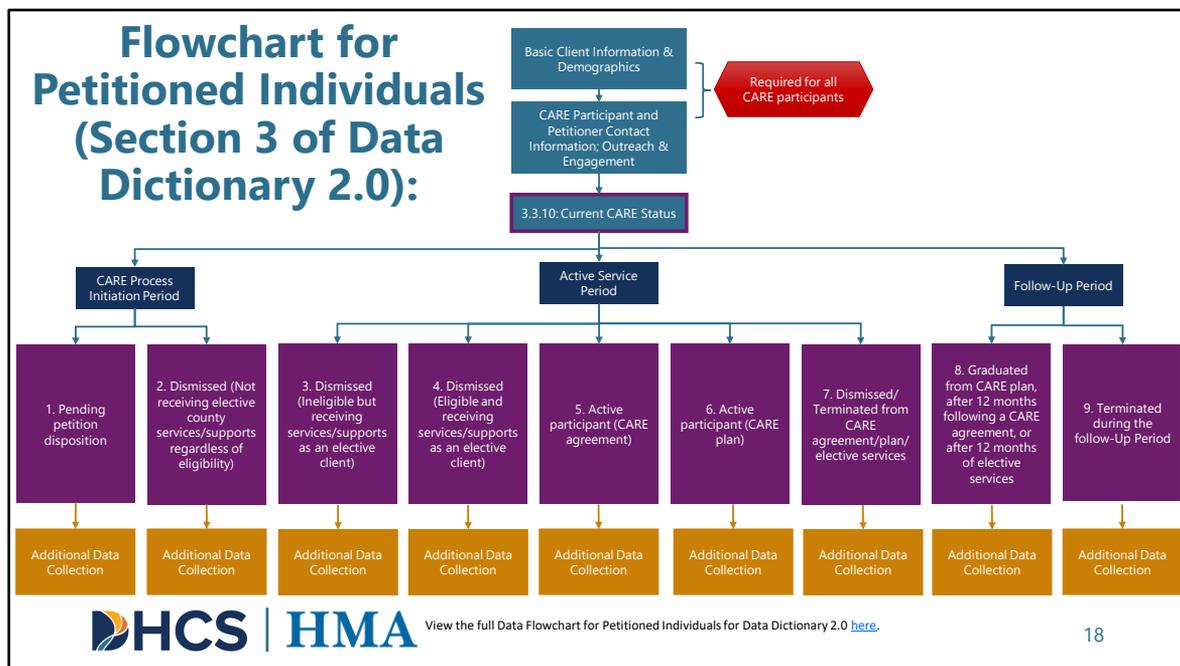
[Slide Image Description: This slide shows a flowchart that details the additional specifications for the 3.3.10 current CARE status.]

Next, we are going to move into a live demo of the SurveyMonkey tool. We are going to demo one of the shorter routes through the Petitioned Individuals survey, which is a situation in which a CARE participant is in the CARE Process Initiation Phase. This portion of the training is intended to show how to use the SurveyMonkey tool, rather than get into specifics on data points. Please be aware that for CARE participants with CARE Status in the Active Service or Follow-Up Period, counties will have additional mandatory data reporting.

This high-level data collection flow chart shows how 3.3.10 Current Care Status determines further data collection and reporting. Basic client information and demographic information are required for all CARE participants that flow through county BH, regardless of whether they end up receiving county BH services.

Now, I will ask that we pull down the slides so I can share my screen.

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Data points required for all CARE participants include Basic Client Information, Demographics, CARE Participant and Petitioner Contact Information, and Outreach and Engagement. Then, counties will select the applicable Current CARE Status that applies to the CARE participant in the reporting month. These include:

Value Code Options 1 and 2 are only applicable during the CARE Process Initiation Period:
1. Pending petition disposition
2. Dismissed (not receiving elective county services/supports regardless of eligibility)

Value Code Options 3, 4, 5, 6, and 7 are only applicable during the Active Service Period:
3. Dismissed (Ineligible but receiving services/supports as an elective client)
4. Dismissed (Eligible and receiving services/supports as an elective client)
5. Active participant (CARE agreement)
6. Active participant (CARE plan)
7. Dismissed/Terminated from CARE agreement/plan/elective services

Value Code Options 8 and 9 are only applicable during the Follow-Up Period
8. Graduated from CARE plan, after 12 months following a CARE agreement, or after 12 months of elective services
9. Terminated during the follow-Up Period

View the full Data Flowchart for Petitioned Individuals for Data Dictionary 2.0 here.

Live Demo: Introduction & Instruction

If users need any technical assistance or need to edit the data for a client, please use this form to submit the requests here.

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Petitioned Individuals

The Community Assistance, Recovery, and Empowerment Act Data Collection and Reporting Tool.

Welcome to the **Petitioned Individuals - Community Assistance, Recovery, and Empowerment (CARE) Act Data Collection and Reporting Tool (DCRT)**. This CARE Act DCRT is currently hosted by SurveyMonkey, a cloud-based service, for manual data entry.

This portion of the CARE Act DCRT is used to report individual level data for Petitioned Individuals. Logics are embedded within the DCRT so that it only requires data points relevant to the CARE participant's current status. County behavioral health agencies are required to enter basic CARE participant information data throughout the measurement period to allow the DCRT to link information to CARE participants over time. Demographic information data will be required for all new CARE participants and those existing CARE participants who have updated demographic information.

Within the CARE Act DCRT, users are able to save and return to the previous responses as responses are saved page by page. In order to save responses, click "next" to go to the next page of the CARE Act DCRT. It is required that users finish entering data for a CARE participant in one sitting. Once the responses have been submitted, users will not be able to go back to those submitted responses.

When a response does not have an answer, please use 09/09/9999 for date and the "Unknown" option for non-date. If the "Unknown" or "Not applicable" option is not available, please leave the response blank.

The Department of Health Care Services (DHCS) contracted Health Management Associates (HMA) to provide training and technical assistance (TTA) to County Behavioral Health Agencies and providers to support data reporting for the CARE Act. If you need any technical assistance or need to edit the data for a CARE participant, please use the Request CARE Act Data Collection and Reporting Assistance form to submit the requests.

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Next

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[Slide Image Description: This slide shows a screenshot of the SurveyMonkey data collection and reporting tool.]

This is the first page of the tool in SurveyMonkey. It provides a welcome and short orientation to the survey. This page has instructions on how to save responses and how to report on data points that are unavailable.

At the bottom of this introductory page, we include the link to the Request CARE Act Data Collection and Reporting Assistance form. If users need any technical assistance or need to edit the data for a client, please use this form to submit the requests here.

Once you have read this information and are ready to move on, there will be a box at the bottom of the page that says "**Next.**" Click "**Next**" to move to the next page in the survey.

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Petitioned Individuals
The Community Assistance, Recovery, and Empowerment Act Data Collection and

Reporting Tool.

Welcome to the **Petitioned Individuals - Community Assistance, Recovery, and Empowerment (CARE) Act Data Collection and Reporting Tool (DCRT)**. This CARE Act DCRT is currently hosted by SurveyMonkey, a cloud-based service, for manual data entry.

This portion of the CARE Act DCRT is used to report individual level data for Petitioned Individuals. Logics are embedded within the DCRT so that it only requires data points relevant to the CARE participant's current status. County behavioral health agencies are required to enter basic CARE participant information data throughout the measurement period to allow the DCRT to link information to CARE participants over time. Demographic information data will be required for all new CARE participants and those existing CARE participants who have updated demographic information.

Within the CARE Act DCRT, users are able to save and return to the previous responses as responses are saved page by page. In order to save responses, click "next" to go to the next page of the CARE Act DCRT. It is required that users finish entering data for a CARE participant in one sitting. Once the responses have been submitted, users will not be able to go back to those submitted responses.

When a response does not have an answer, please use 09/09/9999 for date and the "Unknown" option for non-date. If the "Unknown" or "Not applicable" option is not available, please leave the response blank.

The Department of Health Care Services (DHCS) contracted Health Management Associates (HMA) to provide training and technical assistance (TTA) to County Behavioral Health Agencies and providers to support data reporting for the CARE Act. If you need any technical assistance or need to edit the data for a CARE participant, please use the Request CARE Act Data Collection and Reporting Assistance Form (here) to submit the requests.

Live Demo:
Reporting Month

Reporting Month

3.1.2: What is the reporting month for this submission?

Reporting Month (Date)
Date
MM/DD/YYYY

MM – Two-digit month, must be a value from 01 through 12
DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month
YYYY – Four-digit year, must be a value that is at least 2023

Create a new submission for each new petition, even if it is associated with an individual who had a prior petition. Enter the date corresponding to the last day of that month. All CARE participant data should represent the entirety of the reporting month unless otherwise specified.

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Prev   Next

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[Slide Image Description: This slide shows a screenshot of the SurveyMonkey data collection and reporting tool.]

When you click "Next," you will be directed to the first data point, which is 3.1.2 Reporting Month. 3.1.2 refers to the data point number, which maps to the question's data point number within the Data Dictionary. We recommend keeping the relevant Data Dictionary version open while entering data into the form, as it provides data point-specific information to ensure complete and accurate reporting.

Data point 3.1.2 Reporting Month is a required data point because it establishes a time stamp, which is very important for analysis. The form will not let you move onto the next page until you enter a date.

Additional specifications are included below that in red. These additional specifications will help you enter data accurately. The specification for Reporting Month states that the date should correspond to the last day of the reporting month. Let's assume that we are reporting data for January 2025. We would then enter 01/31/2025 and then click "Next."

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3.1.2: What is the reporting month for this submission?

MM – Two–digit month, must be a value from 01 through 12
DD – Two–digit day, must be a value from 01 through 31 and a valid day for the month
YYYY – Four–digit year, must be a value that is at least 2023

Create a new submission for each new petition, even if it is associated with an individual who had a prior petition. Enter the date corresponding to the last day of that month. All CARE participant data should represent the entirety of the reporting month unless otherwise specified.

[Slide Image Description: This slide shows a screenshot of the SurveyMonkey data collection and reporting tool.]

The next page requests Basic Client Information. Reporting Basic Client Information is required for all CARE participants that flow through county BH regardless of whether they end up receiving county BH services. If you refer to the Flowchart for Petitioned Individuals, you will see that Basic Client Information includes data points 3.3.1 through 3.3.9.

Let's now move through the questions on this page of the survey.

Let's pretend we are entering data for a hypothetical CARE participant named Ming Wang and we are using SurveyMonkey to report the CARE Act data for her.

3.3.1 Which county was assigned by the court to investigate or provide services to this CARE participant in the reporting month?
- We will select the reporting or investigating county.
- Let's select "**Stanislaus County.**"

3.3.2: What is the CARE participant's current first name?

We enter the client's first name.
- Let's enter "**Ming.**"

3.3.3: What is the CARE participant's current last name?

We enter the client's last name.
- Let's enter "**Wang.**"

3.3.4: What is the CARE participant's date of birth?

We enter the client's date of birth (which can help determine age).
- Let's enter "**09/05/1981.**"

3.3.5 (a): What is the CARE participant's Social Security Number (SSN)?
3.3.5 (b): What is the CARE participant's Medi-Cal Client Index Number (CIN)?

Now counties are required to report both SSN and CIN. When the SSN or CIN is not known, please use the unknown value 99999.

We enter the client's **SSN and CIN.**
- Let's enter "**123-45-6789**" for SSN.
- Let's assume that the CIN is unknown. We will enter 99999.

3.3.6: What is the petition case number?

We enter the petition case number.
- Let's enter "**123456789.**"

3.3.7: What date was the CARE petition filed?
- We enter the petition file date.
- Let's enter a random date.

3.3.8: On what date did the court order the investigation?
- We enter the date of investigation.
- For Ming, the date of investigation is not applicable. From the additional specification, we will enter "**09/09/9998.**"

3.3.9: Who filed the original CARE petition?
- We select the original petitioner.
- Ming is referred by a family member who lives with her.
- We will select "**A person who lives with the respondent.**"
- There are many different options for the petitioner. Choose the option that makes the most sense for the client.

Now that we have entered all required data points from 3.3.1 to 3.3.9, we click "Next"

Live Demo:
CARE Participant Contact Information

CARE Participant Contact Information

3.3.15 What is a phone number where the CARE participant can be reached?

Phone number must be 10 characters long. Do not include dashes.
99902 – No phone number
99999 – Unknown

3.3.16 Does the CARE participant give permission to text this number for the purposes of a third-party participant survey?

○ Yes
○ No
○ Unknown

3.3.17 What is the CARE participant's email address?

Alpha – 1 to 50 characters (@ allowed)
99902 - No email address
99999 - Unknown

[Slide Image Description: This slide shows a screenshot of the SurveyMonkey data collection and reporting tool.]

The CARE Data Dictionary 2.0 requires county BH agencies to report on CARE Participant and Petitioner Contact information. We will go ahead and fill in these data points. Then, click "Next."

_____

- 3.3.15 What is a phone number where the CARE participant can be reached?
  - Phone number must be 10 characters long. Do not include dashes.
  - 99902 – No Phone number
  - 99999 – Unknown
- 3.3.16 Does the CARE participant give permission to text this number for the purposes of a third-party participant survey?
- 3.3.17 What is the CARE participant's email address?
  - Alpha – 1 to 50 characters (@ allowed)
  - 99902 – No email address
  - 99999 – Unknown

[Slide Image Description: This slide shows a screenshot of the SurveyMonkey data collection and reporting tool.]

Data points 3.3.19 to 3.3.21 are new for Data Dictionary 2.0. Counties will need to provide the petitioner contact information. Let's fill in these data points and click "Next."

_____

- 3.3.19 What is the original petitioner's current first name?
  - Alpha – 1 – 50 characters
  - 99999 – Unknown
- 3.3.20 What is the original petitioner's current last name?
  - Alpha – 1 to 50 characters
  - 99999 – Unknown
- 3.3.21 What is the original petitioner's phone number?
  - Phone number must be 10 digits long. Do not include dashes.
  - 99999 – Unknown

Live Demo:
Outreach and Engagement Efforts

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Outreach and Engagement Efforts

3.3.23 What was the total number of outreach attempts with the CARE participant in the reporting month, by type? (Specify all)

Phone/Electronic

In-person: In the community

In-person: Institutional/hospital setting

Outreach attempts (one-way communication): Count the number of in-person and virtual efforts made to contact a CARE participant to engage in services and supports during **CARE Process Initiation Period**. Institutional settings may include jail, residential or hospital settings. Exclude mass mailings, distribution emails, and mass text messages.

3.3.24 What was the total number of in-person and virtual engagements with the CARE participant in the reporting month, by type? (Specify all)

Phone/Electronic

In-person: In the Community

In-person: Institutional/hospital setting

Engagements (two-way exchange): Count the number of times county engaged with a CARE participant. Institutional settings may include jail, residential or hospital settings.

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[Slide Image Description: This slide shows a screenshot of the SurveyMonkey data collection and reporting tool.]

Here we have another new section for Data Dictionary 2.0. These two data points ask counties the total number of outreach and engagements touchpoints there were in the reporting month. We will enter aggregate numbers for each question on the page and click "Next."

_____

- 3.3.23 What was the total number of outreach attempts with the CARE participant in the reporting month, by type? (Specify all phone/electronic, in-person: in the community, and in-person: institutional/hospital setting.)
    - Outreach attempts (one-way communication): Count the number of in-person and virtual efforts made to contact a CARE participant to engage in services and supports during CARE Process Initiation Period. Institutional settings may include jail, residential or hospital settings. Exclude mass mailings, distribution emails, and mass text messages.
- 3.3.24 What was the total number of in-person and virtual engagements with the

CARE participant in the reporting month, by type. (Specify all phone/electronic, in-person: in the community, and in-person: institutional/hospital setting.)

- Engagements (two-way exchange): Count the number of times county engaged with a CARE participant. Institutional settings may include jail, residential or hospital settings.

[Slide Image Description: This slide shows a screenshot of the SurveyMonkey data collection and reporting tool.]

The next page will request demographic information. The demographic information is always required. To reduce the burden of re-entering demographic information for existing clients, we have added this question. As you can see, it does not have a data point number.

Selecting "No" will allow you to skip re-entering demographic information for existing clients if you've already done so in a previous reporting month. If the client is new or an existing client who has new demographic data, you will select "Yes," which will direct you to enter data for the demographic section of the Data Dictionary. If you select "No," it will skip the demographic section and take you to the Current CARE Status section.

Let's assume we already have entered the demographic information for Ming in the previous reporting month, so we will select "No" and click "Next." This action should skip the demographic section and take us to the Current CARE Status section.

_____

- Was this CARE participant new, or does demographic information need to be updated?
  - Demographic information is required for all new CARE participants. If the demographic information needs to be updated for an existing CARE participant, please also select "Yes" for this question.

Live Demo: Important Specification Information for Current CARE Status

Important Specification Information for Current CARE Status

Please read this important specification information before continuing to the next page.

The next page will ask for the CARE participant's current CARE status. This data point is critical as it helps guide data collection based on the CARE participant's CARE status. It must be reported every month.

If a change in CARE status occurs, the data points associated with each status must be reported and requires a separate submission for each CARE status.

If a CARE participant with a CARE agreement or a CARE plan is dismissed by the court during the Active Service Period but continues participation in elective county services and supports, the client should be designated as an Elective Client (3.3.10 Value Code Option 4).

If a CARE participant is terminated from elective county services and supports during the Active Service period, the CARE participant should be designated as Dismissed/Terminated (3.3.10 Value Code Option 7); if terminated from services during the Follow-Up Period, select Terminated (3.3.10 Value Code Option 9). Data associated with the Active Service or Follow-Up Periods must be reported, in addition to the data points required for when a CARE participant is terminated.

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[Slide Image Description: This slide shows a screenshot of the SurveyMonkey data collection and reporting tool.]

The text on this page details important specification information for 3.3.10 Current CARE Status. You should read this information before continuing to the next page to answer 3.3.10 Current CARE Status.

From the specification information, we learn that 3.3.10 Current CARE Status is always required for every reporting month and users must complete the survey twice when there is a change of CARE status within the same reporting month for a client.

Once we have read the details, we can click "Next."

_____

Important Specification Information for Current CARE Status
Please read this important specification information before continuing to the next page.

The next page will ask for the CARE participant's current CARE status. This data point is

critical as it helps guide data collection based on the CARE participant's CARE status. It must be reported every month.

If a change in CARE status occurs, the data points associated with each status must be reported and requires a separate submission for each CARE status.

If a CARE participant with a CARE agreement or a CARE plan is dismissed by the court during the Active Service Period but continues participation in elective county services and supports, the client should be designated as an Elective Client (3.3.10 Value Code Option 4).

If a CARE participant is terminated from elective county services and supports during the Active Service period, the CARE participant should be designated as Dismissed/Terminated (3.3.10 Value Code Option 7); if terminated from services during the Follow-Up Period, select Terminated (3.3.10 Value Code Option 9). Data associated with the Active Service or Follow-Up Periods must be reported, in addition to the data points required for when a CARE participant is terminated.

[Slide Image Description: This slide shows a screenshot of the SurveyMonkey data collection and reporting tool.]

This page is where users will be asked to report current CARE status.

3.3.10 Current CARE Status is a very crucial data point and must be reported every reporting month. The selected CARE status for the client in the reporting month will determine all subsequent required data points.

There are nine CARE statuses, and each CARE status will have different required branching data points. Please refer to the petitioned individual data flow chart for a complete data flow visual for each CARE status.

In this presentation, we will use "Pending petition disposition" as an example. **All CARE participants** must have data entered for this CARE status before they assume another, as this data serves as baseline information.

_____

- 3.3.10: What is the CARE participant's current CARE status?
  - Pending petition disposition
  - Dismissed (Not receiving elective county services/supports, regardless of eligibility)
  - Dismissed (Ineligible but receiving services/supports as Elective client)
  - Dismissed (Eligible receiving services/supports as Elective client)
  - Active CARE agreement
  - Active CARE plan
  - Dismissed/Terminated from CARE agreement/plan/elective services (no longer receiving county services and supports)
  - Graduated from CARE plan, after 12 months following a CARE agreement, or after 12 months of elective services
  - Terminated during the Follow-Up Period (no longer receiving county services and supports

Live Demo:
Services and Supports During CARE Process Initiation Period

Services and Supports During CARE Process Initiation Period

3.3.25 What services and supports were provided or coordinated by county behavioral health agency during the CARE Process Initiation Period? (Select all that apply)

- [ ] Mental Health Services
- [ ] Substance Use Disorder Services
- [ ] CalAIM Community Supports and/or ECM
- [ ] Social Services and Supports
- [ ] Specialized Program—Full Service Partnership (FSP)
- [ ] Specialized Program—Assertive Community Treatment (ACT)
- [ ] Specialized Program—Forensic ACT (FACT)
- [ ] Specialized Program—Early Psychosis Intervention
- [ ] Housing Supports and Services
- [ ] Unknown
- [ ] Other
- [ ] None

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[Slide Image Description: This slide shows a screenshot of the SurveyMonkey data collection and reporting tool.]

A new requirement under Data Dictionary 2.0, is for counties to provide data on services and supports during the CARE Process Initiation Period. Let's say the CARE participant has Housing Supports and Services. We will select that option and click "Next."

_____

- 3.3.25 What services and supports were provided or coordinated by county behavioral health agency during the CARE Process Initiation Period? (Select all that apply)
  - Mental Health Services
  - Substance Use Disorder Services
  - CalAIM Community Supports and/or ECM
  - Social Services and Supports
  - Specialized Program—Full Service Partnership (FSP)
  - Specialized Program—Assertive Community Treatment (ACT)

- Specialized Program—Forensic ACT (FACT)
- Specialized Program—Early Psychosis Intervention
- Housing Supports and Services
- Unknown
- Other

[Slide Image Description: This slide shows a screenshot of the SurveyMonkey data collection and reporting tool.]

For Data Dictionary 2.0, the Stabilizing Medications data points will be required for the CARE Process Initiation Period, Active Service, and Follow-Up Periods.

After answering the stabilizing medication questions, you will be asked to answer questions related to Housing Placement, LPS Involvement, Criminal Justice, Volunteer Supporter, Inpatient Hospitalizations, and ED visits. We will quickly answer these data points and submit the Petitioned Individuals survey Form.

_____

- 3.5.6: Were there any medications prescribed to reduce symptoms of hallucinations, delusions, and disorganized thinking? (Yes, No, Unknown)
    - Per W&I Code Section 5971 (q), stabilization medications mean medications included in the CARE plan that primarily consist of antipsychotic medications, to reduce symptoms of hallucinations, delusions, and disorganized thinking (i.e., typical or atypical antipsychotics, long-acting injectable antipsychotics,

or mood stabilizers). Stabilization medications may be administered as long-acting injections if clinically indicated. Stabilization medications shall not be forcibly administered.

- 3.6.1: What was the CARE participant's living situation in the reporting month?
    - Homeless (or unhoused)
    - Institutional
    - Temporary
    - Permanent
    - Unknown
    - Other

Housing status is defined by the individuals' living situation. Please see Appendix G for a specific definition for each living situation.

Select the living situation that describes where the client spent the majority of their time. If a CARE participant spent exactly 15 days in each living situation, please use the most current living situation at the end of the reporting month. For those who were at risk of becoming unhoused during the reporting month, select the appropriate housing option (i.e., Institutional, Temporary, Permanent). Do not select "other."

- 3.8.1: Has the CARE participant been on an involuntary LPS hold in the reporting month? (Select all that apply)
    - Yes, 72 Hours (LPS 5150 Hold)
    - Yes, 14 Days (LPS 5250 Hold)
    - Yes, 30 Days (LPS 5270 Hold)
    - No
    - Unknown

LPS Hold: California law allows individuals to be taken into custody due to mental illness, if the individual is likely to cause or suffer specific kinds of harm. This is often referred to as a "5150 hold,". Individuals could be held for up to 72 hours. At the conclusion of a 72-hour hold, individuals will be released, signed in as a voluntary patient, put on a 14-day involuntary hold, or referred for conservatorship.

LPS holds should only be reported in its originating month. If the client was in an LPS hold at the time of petition filing, report the appropriate LPS hold.

Live Demo: Thank You

Thank you for completing the survey. If you need any technical assistance or need to edit the data for a client, please use the Request CARE Act Data Collection and Reporting Assistance form (https://docs.google.com/forms/d/e/1FAIpQLSeqgKj1SJRZhY_OEBhHCYRFghyJL7P3uDR0SGpxF5tMOsv_pw/viewform) to submit the requests. A member of the data support team will respond as soon as possible.

Also, please do not forget to submit another survey if there is a change of CARE status.

Done

[Slide Image Description: This slide shows a screenshot of the SurveyMonkey data collection and reporting tool.]

After selecting "Done," you will see a thank you screen. If you need any technical assistance, please copy and paste the link on the screen to submit a request for technical assistance. Click "Done" again to exit out of the survey or to start a new entry.

_____

Thank you for completing the survey. If you need any technical assistance or need to edit the data for a client, please use the Request CARE Act Data Collection and Reporting Assistance form here to submit the request. A member of the data support team will respond as soon as possible.

Also, please do not forget to submit another survey if there is a change of CARE status.

**CARE Inquiries:
Key Takeaways**

» Counties only report CARE inquiries at the aggregated level.
» Counties will report on all CARE inquiries that they receive for the CARE Act.

CARE Inquiries survey test form:
https://www.surveymonkey.com/r/testCAREInquiries
Password: CARE2025!

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[Slide Image Description: This slide shows a bullet point list of key takeaways from the SurveyMonkey demonstration using the CARE Inquiries SurveyMonkey Form.]

For the CARE Inquiries Form, counties will report on all CARE inquiries that they receive for the CARE Act in the reporting month. Counties will report these data in aggregate.

_____

CARE Inquiries Survey Test Form: https://www.surveymonkey.com/r/testCAREInquiries
Password: CARE2025!

CARE Inquiries: SurveyMonkey Form

[Slide Image Description: This slide shows a screenshot of the SurveyMonkey data collection and reporting tool.]

We've provided another test link here for the CARE Inquiries Form. The password is also CARE2025! The functionality of this Form and the Form for System Referrals is the same as for Petitioned Individuals, so while we won't show these Forms live, we can summarize what counties will report.

Data point 4.2.2 asks for the total number of CARE inquiries received in the reporting month for each of the sources provided. There is also an "Other" category where counties can report inquiries to sources not listed here. Data points 4.2.3 and 4.2.4 ask about the topics discussed and the type of connection made following the inquiry, respectively. This information will be provided in aggregate. Once you enter data for each of these data points, you'll click "Done".

_____

4.2.2 How many total CARE inquiries were received in the reporting month from each of the following sources (Specify all)

- County Behavioral Health or Social Services Representative

- Community Member (e.g., religious organization member or leader, community program member or leader)

- Family Member, Friend, Roommate

- Public Guardian or Conservator

- Self-Referral

- Hospital or Crisis Stabilization Unit (CSU) Provider or Staff

- Outpatient Behavioral Health Provider or Staff

- Community Outreach or Housing Entity

- First Responder

- Court or Public Defender

- Other(s)

Each inquiry may have more than one inquiry source; count all inquiries for each inquiry source

4.2.3 For all CARE inquiries received during the reporting month, how many times were the following topics discussed? (Specify all)

- CARE eligibility information

- Petition assistance, information about petition process, self-help center information or services

- Mental health court

- Housing services and supports

- Mental Health or Substance Use Disorder services and supports

- CARE outreach or education (e.g., for purposes of advertising or promoting process)

Each inquiry may cover more than one topic; count all topics for each inquiry

4.2.4 How many total CARE inquiries received in the reporting month resulted in a connection of an individual to each of the following services and supports? (Specify all)

- County MH Services

- County Substance Use Disorder Services

- CalAIM Community Supports and/or ECM (including housing supports and services)

- Social Services and Supports

- Specialized Program: Full-Service Partnership (FSP)

- Specialized Program: Assertive Community Treatment (ACT)

- Specialized Program: Forensic ACT (FACT)

- Specialized Program: Early Psychosis Intervention

- No connection: Insufficient information or incomplete transaction/encounter with individual (e.g., abandoned call)

- Other(s)

A single inquiry may result in multiple connections; report all connections made for each inquiry.

System Referrals: Key Takeaways

» Demographic and Basic Client Information are always required.
» Data point 5.5.3 System Referral Outcome (Status) determines subsequent required data points.
» Counties should continue reporting on a system referral until their status reaches Value Code Option 1, 3, or 4:
  • 1 – Petitioned to the CARE process.
  • 3 – Not petitioned – accepted voluntary treatment and enrolled in any other county services and supports.
  • 4 – Neither petitioned nor referred to any county services and supports.

System Referrals survey test form:
https://www.surveymonkey.com/r/testSystemReferred
Password: CARE2025!

[Slide Image Description: This slide shows a bullet point list of key takeaways from the SurveyMonkey demonstration using the System Referrals SurveyMonkey Form.]

And finally, we'll review the System Referrals Form. For system referred individuals, demographic and basic client information are always required. Similar to data point 3.3.10 Current CARE Status for Petitioned Individuals, data point 5.5.3 System Referral Outcome (Status) serves as a driver data point that determines subsequent required reporting. Counties will be required to report on system referred individuals until they reach 5.5.3 System Referral Outcome Value Code Option 1, 3, or 4. These refer to:

• 1 – Petitioned to the CARE process.
• 3 – Not petitioned – accepted voluntary treatment and enrolled in any other county services and supports.
• 4 – Neither petitioned nor referred to any county services and supports.

Again, we've provided a test link in case counties would like to preview the System Referral Form. The password is also CARE2025!

System Referrals Survey Test Form:

https://www.surveymonkey.com/r/testSystemReferred
Password: CARE2025!
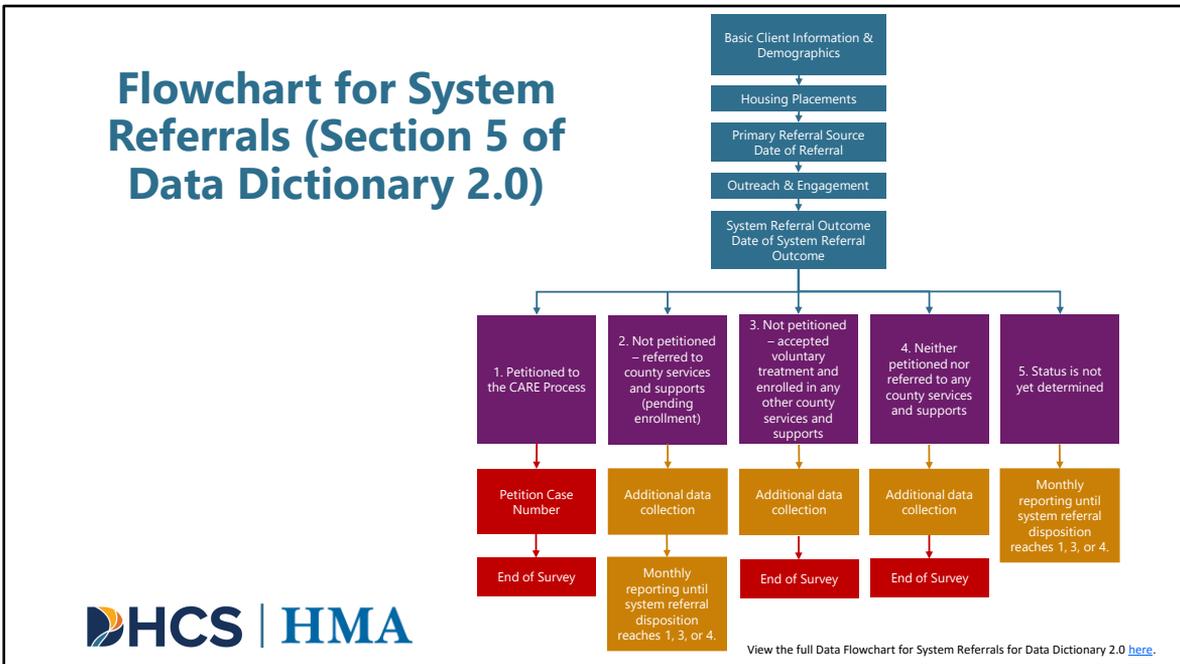
[Slide Image Description: This slide shows a flowchart that details the required data points related to an individual's system referral outcome status.]

Here you see the reporting process flowchart for Section 5. System Referrals. This visually depicts how 5.5.3 System Referral Outcome (Status) acts as a driver question to determine subsequent required reporting.

Individuals can either be:
1. Petitioned to the CARE Process
2. Not petitioned – referred to county services and supports (pending enrollment)
3. Not petitioned – accepted voluntary treatment and enrolled in any other county services and supports
4. Neither petitioned nor referred to any county services and supports
5. Status is not yet determined

This flowchart is available on the CARE Act Resource Center's Data Collection and Reporting Resources page. View the full Data Flowchart for System Referrals for Data Dictionary 2.0 here.

And now, I'll pass it over to Jessica to walk through the data file templates and submitting via MOVEit.

Data File Template Options A & B and MOVEit Submission Walk Through

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[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

Next, we will go over the mechanics of bulk uploading data to DHCS using Data File Template Options A & B.

This is relevant to counties who will not be manually entering their data via the SurveyMonkey platform demonstrated earlier.

Data File Template Options A & B and Uploading via MOVEit

Compare and contrast Data File Template Option A and B to support county choice of template.

Share best practices and key considerations when using the Data File Templates.

Walk through how data are displayed within the Data File Templates, and how to upload data via MOVEit File Transfer Application.

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[Slide Image Description: This slide introduces what will be presented in the Data File Template Option and MOVEit demo.]

This section will:
- Compare and contrast Data File Template Option A and B to support county choice of template.
- We will also share best practices and key considerations when using the templates.
- And finally, we will walk through how data are displayed within the templates, as well as how to upload data via MOVEit File Transfer Application.

Summary of Data File Template Differences

Option A	Option B
Mirrors the Excel data extract from SurveyMonkey.	Streamlined version to support a more automated process.
Results in a wide format, with multiselect data value options separated into their own columns.	Data for Petitioned Individuals is reported within a **single sheet.**
To support more intuitive reporting for Petitioned Individuals, the file template is separated into **several sheets** by Current CARE Status.	Multiselect data value options can be delimited by commas.

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[Slide Image Description: This slide visually shows the differences in Data File Template Options A and B]

HMA has made two Data File Template Options available. Here, we've highlighted key differences between the two templates to aid counties in choosing the template option that best suits their needs.

Data File Template Option A was created to mirror the Excel data extract from SurveyMonkey, which is a very wide file with multiselect data value options separated into their own columns. Additionally, the Petitioned Individuals Template is separated into several sheets by Current CARE status.

Data File Template Option B was created in response to requests from Cohort I counties to support a more automated data process. It is more streamlined than option A, as Petitioned Individuals data can be reported within a single sheet and multiselect value options can be included within the same cell. One thing to note is that there are no multiselect questions in the CARE Inquiries section, so the CARE Inquiries tab is identical in Template Options A and B.

Best Practices & Key Considerations for Using the Data File Templates

Use the DHCS-approved Data File Templates: Non-conforming templates will be returned for resubmission.

Submit Clean Data Files: Only include CARE participant data. Counties should remove all extraneous notes and comments, as well as county-created variables from the data files before submission.

Check for duplicate records: Counties should remove duplicates before submission.

[Slide Image Description: This slide summarizes key takeaways and common issues to avoid when using Data File Templates.]

Here, we've outlined some best practices and key considerations for using the Data File Templates. Following these guidelines will help counties avoid having their data returned for resubmission before QA.

- First, counties should only **use the DHCS-approved Data File Templates**. Submission of a county-developed template will be returned for resubmission using the approved templates. Counties should not create their own data point headers and tab name(s). Please use the same column and tab titles that are included within the approved templates.

- Secondly, **Data File Templates** should only include CARE participant data upon submission. Please remove all extraneous notes and comments, as well as any county-created variables from the data files before submission.

- Counties should also **check for duplicate records** before submitting data to DHCS.

Best Practices & Key Considerations for Using the Data File Templates

3.1.1 Reporting Month (Date): As specified in the Data Dictionary, enter the last day of the month that the data corresponds to (e.g., 1/31/25 for data from the month of January).

Use Correct Value Codes: Enter the numeric value code(s) into the Data File Templates as specified in the Data Dictionary. Widespread use of descriptive value code(s) within the Data File Templates will be returned for correction and resubmission.

Follow the required file naming conventions:
Initial submission: Name of County_MMYYYY, where MM corresponds to the reporting month and YYYY the reporting year (E.g., "Orange_012025").
Resubmissions: Name of County_MMYYYY_Resubmission_DDMMYYYY, where the first MMYYYY corresponds to the reporting month and year and the second DDMMYYYY corresponds to the date data are resubmitted (E.g., "Orange_012025_Resubmission_02152025").

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[Slide Image Description: This slide summarizes key takeaways and common issues to avoid when using Data File Templates.]

Additionally, the data point 3.1.1 Reporting Month (Date) should refer to the *reporting month* of the data being submitted (not when the data was submitted to DHCS). Furthermore, the Reporting Month (Date) must be the **last** day of that reporting month.

Counties should also enter the **numeric** value codes into the Data File Templates as specified in the Data Dictionary. Widespread use of value code **descriptions** within the templates will be returned for correction and resubmission.

Finally, to support automation, counties are required to **use a specific file naming convention** for data submitted to DHCS. HMA will reach out to any counties that have not followed the prescribed file naming convention so the file name can be corrected.
- The **initial submission** should be titled Name of County underscore reporting month and reporting year.
  - For example, Orange County's submission for January 2025 should be "Orange_012025"
- **Re-submissions** should be titled Name of County underscore reporting month and

reporting year underscore date data are resubmitted

- For example, Orange County's data for January 2025 that was resubmitted on February 15 2025, should be named "Orange_012025_Resubmission_02152025"

Walk Through of Data File Template Option A

[Slide Image Description: This slide introduces the Data File Template Option A layout]

Now, we will walk through the Data File Template Options. We also included on the slide links to the Data Dictionary and Data Flow Charts, so you can easily reference them as needed.

Let's start with **Data File Template Option A.** This welcome tab with instructions is what you should see when you first open the template. On the bottom of the spreadsheet, you will see other tabs, including:
- The change log with version change details
- A complete Data Dictionary.
- The CARE Inquiries template
- The System Referrals template
- And the Petitioned Individuals template
    - The Petitioned Individuals template (abbreviated using "PI") is separated into tabs corresponding to each CARE status (which are noted in the parentheses in the tab titles). For example, PI – Dismissed (2,7) corresponds to CARE status value codes 2 and 7.

Download Data File Template Option A here. View the Data Dictionary 2.0 here. View the Petitioned Individuals Flowchart here. View the System Referrals Flowchart here.

Walk Through of Data File Template Option A

[Slide Image Description: This slide introduces what will be included in the Data File Template Option and MOVEit demo.]

Here is an example of a completed Petitioned Individuals template tab for someone who has assumed the Pending Disposition CARE Status. Each column is labeled with the data point number and description.

The blue cells indicate fields where data is required. You will notice that the first several columns for demographic information are the same for each CARE status.

_____

Download Data File Template Option A here. View the Data Dictionary 2.0 here. View the Petitioned Individuals Flowchart here. View the System Referrals Flowchart here.

Walk Through of Data File Template Option A

BX	BY
3.4.10 Employment Status	3.4.10 Employment Status - Other

Blue and Orange =
Required Data Point

White = Not Required

A	
99903	Temporary employment

[Slide Image Description: This slide shows an example, using Employment Status, of blue and orange conditional formatting in template A]

These templates also include conditional formatting, which is an Excel tool that automatically applies colors to cells based on specified values. We use conditional formatting here to highlight in orange the additional fields that are required for each record.

In some cases, the value of one data point may cause a following cell to turn orange, indicating that data is required in that cell. As you can see in the second row of this example, if column BX Employment Status is set to the value code "Other" (99903), column BY will turn orange, signaling that data must also be entered in BY. However, if BX has any value that is NOT "Other," BY will remain white, meaning data is not required in that cell for that row. This color-coding also applies to the CARE Inquiries and System Referrals tabs, where blue and conditional orange cells indicate a required data point.

Another feature of Data File Template A is that for counties who are in the process of fully automating their data reporting, the cells will have dropdown menus to select

value codes for each data point. To see these dropdown menus, you can simply click the cell you would like to enter data in.

_____

Download Data File Template Option A here. View the Data Dictionary 2.0 here. View the Petitioned Individuals Flowchart here. View the System Referrals Flowchart here.

Walk Through of Data File Template Option B

	A	B	C	D	E	F	G	H	I
	3.1.2 Reporting Month (Date)	**3.3.1 County**	**3.3.2 Current First Name**	**3.3.3 Current Last Name**	**3.3.4 Age**	**3.3.5(a) SSN**	**3.3.5(b) Medi-Cal Client Index Number**	**3.3.6 Petition Case Number**	**3.3.7 Petition File Date**
1									
2	1/31/2025	1	Jane	Doe	1/1/1990	123456789	12345678A	A134DGJ385	1/1/2025
3									
4									
5									
6									
7									
8									
9									

Welcome Change Log Data Dictionary CARE Inquiries System Referrals **Petitioned Individuals** +

Download Data File Template Option B here. View the Data Dictionary 2.0 here. View the Petitioned Individuals Flowchart here. View the System Referrals Flowchart here.

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[Slide Image Description: This slide introduces the layout of template B.]

Now that we have seen Data File Template Option A, we will look at Data File Template Option B and note the differences.

In contrast to Data File Template Option A where petitioned individuals data is separated into tabs by CARE status, all petitioned individuals data can be populated into the same tab in template option B. We structured it this way to support counties that are using more automated processes to pull data extracts from an existing database, such as an electronic health record.

_____

Download Data File Template Option B here. View the Data Dictionary 2.0 here. View the Petitioned Individuals Flowchart here. View the System Referrals Flowchart here.

Example of Data File Template Reporting Difference

Option A: "Check all that apply" Data Point Responses Separate

3.4.2 Race/Ethnicity - White	3.4.2 Race/Ethnicity - Hispanic	3.4.2 Race/Ethnicity - Black	3.4.2 Race/Ethnicity - Other Asian or Pacific Islander	3.4.2 Race/Ethnicity - Alaskan Native or American Indian
1	2			

Option B: "Check all that apply" Data Point Responses Comma-Delimited

3.4.2 Race/Ethnicity	3.4.2 Race/Ethnicity - Other
1, 2	

[Slide Image Description: This slide visually shows the differences in Data File Template Options A and B]

Another main difference between Template Options A and B is that option B allows users to include data for multiselect questions within a single cell, compared to Template A, which separates out all multiselect value code options into different cells.

An example of a question that allows for multiple selections is Race/Ethnicity. If you refer to the Data Dictionary, you will see White is equal to Value Code Option 1 and Hispanic is equal to Value Code Option 2 and so forth.

Example data is shown on the slide for a respondent that identifies as both White and Hispanic. In Data File Template Option A, there should be a 1 in the first column for White and a 2 in the second column for Hispanic. The rest of the cells for this question should be left blank. In Data File Template Option B, you are able to include all applicable value code options for Race/Ethnicity separated by a comma, so the data would be formatted as 1, 2.

Using Delimited Commas: Reporting Reason(s) for Services Not Provided

3.5.3 Mental Health Treatment Services in CARE Agreement or Plan Not Provided	3.5.3 Mental Health Treatment Services in CARE Agreement or Plan Not Provided (Other)
1, 7, 16	

1: Adult Crisis Residential Services **7:** Intensive Care Coordination **16:** Psychosocial Services

3.5.4 Reason for Mental Health Services in CARE Agreement or Plan Not Provided	3.5.4 Reason for Mental Health Services in CARE Agreement or Plan Not Provided (Other)
2, 99903, 99903	Client did not engage, Facility closed due to fire

2: Client declined **99903:** Other **99903:** Other

General and scenario-based reporting guidance can be found in the Supplemental Guide for the CARE Act Data Dictionary 2.0 here.

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[Slide Image Description: This slide visually shows how data is entered into Data File Template Option B.]

Here we want to show counties how to report data for questions that include an "Other" in template option B.

Let's take the data point 3.5.3 that solicits information on "Reasons for Mental Health Treatment Services Not Provided".

Let's say the following three services were included in the individual's CARE agreement or plan but weren't provided in the reporting month. This information is provided in the column for data point 3.5.3. In this example, the services not provided were:
- 1 – Adult Crisis Residential Services
- 7 – Intensive Care Coordination
- 16 – Psychosocial Services

If a service in the CARE plan or agreement is not provided during the reporting month, counties must provide a reason in data point 3.5.4. If there are multiple services not provided, each of them will require a separate reason.

Here, because there are 3 services not provided, there must be 3 reasons listed in 3.5.4. Furthermore, the order of values in 3.5.3 and 3.5.4 should correspond.

For instance, the reasons here are listed as 2, 99903, and 99903. This is interpreted to mean that:
- **Client declined** is the reason Adult Crisis Residential Services was not provided.
- **Other** is the reason Intensive Care Coordination was not provided.
- **And Other** is the reason Psychosocial Services was not provided.

Lastly, counties must specify the 99903 value code in the following column. If 99903 is used more than once, like in this example, both reasons should be specified. We can see here that the reason Intensive Care Coordination was not provided was because the client did not engage, and the reason Psychosocial services were not provided was because the facility closed due to fire.

I also want to highlight that the previously mentioned blue and conditional orange color-coding applies to Template B as well. The 3.5.4 data point is blue, which means it is required. As you can see in the bottom table, if "Other" is included in the list of values, the following cell will turn orange, indicating a required data point.

A PDF of the Supplemental Guide for the CARE Act Data Dictionary 2.0 can be downloaded here.

Walk Through of Data File Template Option B

	A	B	C	D	AL	AM	AN	AO
1	3.1.2 Reporting Month (Date)	3.3.1 County	3.3.2 Current First Name	3.3.3 Current Last Name	3.3.10 Current Care Status	3.3.25 Services and Supports Provided	3.3.25 Services and Supports Provided - Other	3.3.26 Current Services and Supports Provided Outside the County
2	1/31/2025	1	Jane	Doe	Pending petition disposition	1		1,2
3	1/31/2025	1	Jane	Doe	Active participant (CARE agreement)			
4								
5								
6								
7								
8								

*columns E-AK are hidden for legibility

Download Data File Template Option B here. View the Data Dictionary 2.0 here. View the Petitioned Individuals Flowchart here. View the System Referrals Flowchart here.

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[Slide Image Description: This slide illustrates an instance where an individual changes CARE status within the same reporting month.]

Lastly, I want to highlight one question we receive about Data File Template B, which is how to report data when an individual changes CARE status within the same reporting month. In these instances, you must include each CARE status as a separate row. For example, if Jane Doe had a CARE Status of "Pending petition disposition" in January and later changed to an "Active participant (CARE agreement)" later that same month, there would need to be two rows of data for Jane in January. In Data File Template A, these rows would be separated into their respective CARE Status tabs, but in Data File Template B, they would be in the same tab, since there is only one tab for the Petitioned Individuals template.

_____

Download Data File Template Option B here. View the Data Dictionary 2.0 here. View the Petitioned Individuals Flowchart here. View the System Referrals Flowchart here.

Uploading Files to MOVEit: Demonstration

Folders

DHCS-CAREACT ▸ XXX County ▸ Submission

Find: [   ] 🔍   Drop files to upload.   **Upload Files**

⬆ Parent Folder
There are no files or folders in this folder.

HOME
FOLDERS
LOGS
Search
Find File/Folder

Powered by
Progress MOVEit

47
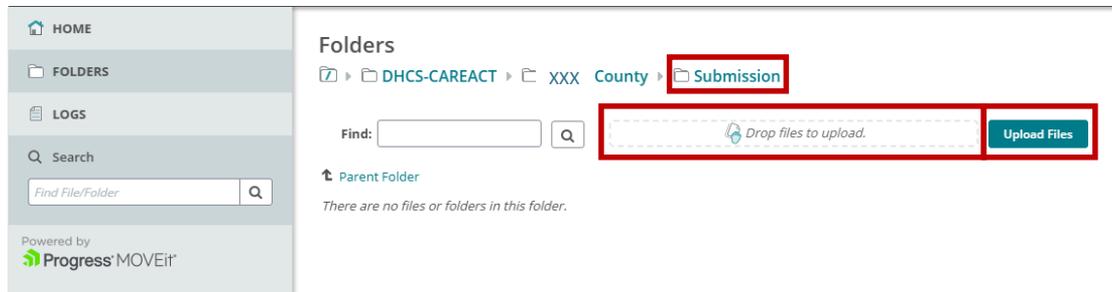
[Slide Image Description: This slide demonstrates how to upload files to MOVEit.]

Now that we've learned how to enter data into each of the Data File Template options, we can move forward and learn how to upload the data via MOVEit File Transfer Application.

To upload a completed Data File Template, please be sure your file is saved within your DHCS environment. Navigate to your county's folder, click on the **"Submission"** folder, and drag and drop your file to be uploaded. Alternatively, use the upload files button in the upper right-hand corner. You will locate the file where you saved it and then click upload. Once you see your file has successfully been uploaded using the correct file naming convention, you are finished.

HMA will review the monthly data files and will provide you a QA report within 45 days. This QA report will indicate if the data is accepted or if it needs to be updated and resubmitted.

With that, I will hand it back to Cha to talk about the quality assurance process.

Quality Assurance Process Overview

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[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

Now, we'll move on to an overview of the Quality Assurance process.

C.A.R.T. Dimensions

Quality Dimension	Description
C: Completeness	Checks for missing, surplus, or duplicate data
A: Accuracy	Checks for typos and questionable records
R: Reasonability	Checks if the individual data are valid and the data set is plausible
T: Timeliness	Checks for timely submission of data

Note: C.A.R.T. Dimensions will be applied to all submitted data, whether via SurveyMonkey or via MOVEit File Transfer Application.

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[Slide Image Description: This slide includes a table with the descriptions of each of the C.A.R.T. Dimensions.]

HMA's QA process will follow the C.A.R.T. Dimensions that have been used by DHCS for the Managed Care Plans. These are industry-standard QA dimensions.

HMA will look for **C**ompleteness, **A**ccuracy, **R**easonability, and **T**imeliness for submitted data.

- Completeness: We will check for missing, surplus, and duplicate data.
- Accuracy: We will check for typos and questionable records.
- Reasonability: We will check if the individual data are valid, and the data set taken as a whole is plausible.
- Timeliness: We will check for timely submission of the data.

Note: C.A.R.T. Dimensions will be applied to all submitted data, whether via SurveyMonkey or via the MOVEit File Transfer Application.

QA Process: County QA Reports and Correcting Deficiencies

HMA will upload **one QA report per reporting quarter** via the MOVEit File Transfer Application to the **"DHCS_Delivery"** folder within 45 days of initial upload.

County data contacts will receive an email from CAREDataTeam@healthmanagement.com when their QA report has been uploaded.

Folders
⑦ ▸ ☐ DHCS-CAREACT ▸ ☐ XXX County

Find: [_____] 🔍

☐ ∨ **Name**   ⊘
      ↑ *Parent Folder*
☐   ☐ DHCS_Delivery
☐   ☐ Submission

50
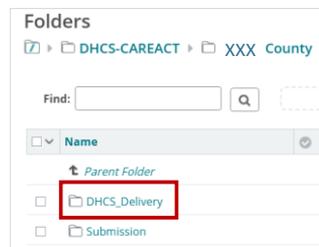
[Slide Image Description: This slide outlines the quality assurance protocol and process for authorized users.]

HMA will upload **one QA report per reporting quarter** via the MOVEit File Transfer Application to the **"DHCS_Delivery"** folder within 45 days of county submission of their quarterly data.

County data contacts will receive an email from CAREDataTeam@healthmanagement.com when their QA report has been uploaded.

QA Process: Data Resubmission Guidelines

Counties that receive a QA Report with a status of **"Corrections Needed"** are expected to correct all deficiencies outlined in their report and resubmit within 15 days of receiving the report.

- Counties that submit initial data via **SurveyMonkey** will receive their full dataset in Data File Template Option A format within their QA Report, which they should use to correct deficiencies.
- Counties that submit via **Data File Templates** should correct their data using the Data File Template they initially used (either Option A or B)

Counties must upload their corrected monthly data files via the MOVEit File Transfer Application to the **"Submission"** folder.
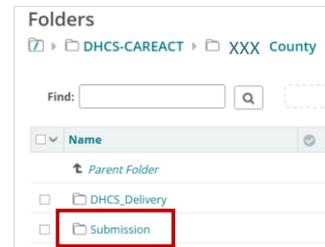
[Slide Image Description: This slide outlines the resubmission guidelines for authorized users.]

Counties that receive a QA Report with a status of **"Corrections Needed"** are expected to correct all deficiencies outlined in their report and resubmit monthly files within 15 days of receiving the report.
- Counties that submit via **SurveyMonkey** will receive their full dataset as part of their QA Report. This dataset will conform to Data File Template A, which they should use to correct deficiencies.
- Counties that submit via **Data File Templates** should correct their data using the Data File Template they initially used (either Option A or B).

Counties must upload their corrected monthly data files via the MOVEit File Transfer Application to the **"Submission"** folder.

QA Report Preview – Summary Tab

CARE Quality Assurance Status			
Section	**Reporting Month**	**Data File Name**	**QA Reporting Status**
Petitioned Individuals	1/31/2025	CountyName_012025	Accepted
Petitioned Individuals	2/28/2025	CountyName_022025	Corrections Needed
Petitioned Individuals	3/31/2025	CountyName_032025	Corrections Needed
System Referrals	1/31/2025	CountyName_012025	Accepted
System Referrals	2/28/2025	CountyName_022025	Corrections Needed
System Referrals	3/31/2025	CountyName_032025	Accepted
CARE Inquiries	1/31/2025	CountyName_012025	Accepted
CARE Inquiries	2/28/2025	CountyName_022025	Corrections Needed
CARE Inquiries	3/31/2025	CountyName_032025	Accepted

Name of County:
Date of QA Report:
Care Act Quality Assurance Protocol Version: 2.0

Status: Corrections Needed

This QA Report provides a summary of the quality assurance checks conducted by HMA, following the C.A.R.T. Dimensions.

Each submitted file has data on petitioned individuals, CARE inquiries and system referrals. They must pass all elements on the QA Checklist Information tab. The Petitioned, CARE Inquiries, and System Referrals QA Issues include specific data quality issues that must be corrected. When the QA Reporting Status is Accepted, it means the data passes all elements on the QA Checklist Information tab and no data quality issues are flagged for correction in the corresponding issue tabs.

Files with deficient metrics that have not been granted an exemption must be corrected and resubmitted within 15 business days of receiving the report.

Summary | History Log | QA Checklist Information | Petitioned QA Issues | CARE Inquiries QA Issues | System Referrals QA Issues

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[Slide Image Description: This slide includes a screenshot of a county QA Report.]

Each county QA report will be dropped into the MOVEit File Transfer Application's "DHCS_Delivery" folder to download and review. The HMA team will also send out an email to let all county data contacts know that their county QA report is ready for review.

Regardless of how the data is submitted using Data File Template (Option A or B) or through SurveyMonkey, the QA report will look the same. When users open a QA report, they will see multiple tabs across the bottom, including the Summary, History Log, QA Checklist Information, Petitioned QA Issues, CARE Inquiries QA Issues, and System Referrals QA Issues.

The Summary Tab, shown here, is provided to help counties quickly identify which files, and which tabs within those files, require attention. The first column identifies the section of the Data Dictionary the row refers to, the second column identifies the reporting month, the third column lists the county data file name, and the final column shows the QA reporting status for each of the files submitted by counties.

If the status is "Accepted," counties do not need to take any further action.
If the status is "Corrections Needed," the data issues for that specific reporting month and section will need to be corrected and resubmitted.

The example here shows that the January Petitioned Individuals file has been accepted, while the February and March Petitioned Individuals files require resubmission. For System Referrals and CARE Inquiries, only the February file requires resubmission.

QA Report Preview: QA Checklist Information Tab

CARE Quality Assurance Checklist Information	
File Naming Convention	**Section**
The name of the file adheres to the following naming convention: (**Name of County_MMYYYY**), where MM corresponds to the reporting month and YYYY the reporting year. For resubmissions, please use the name of the county, month & year of the reporting month, resubmission, and date of resubmission (**Name of County_MMYYYY_Resubmission_DDMMYYYY**).	Petitioned Individuals, System Referrals, & CARE Inquiries
Completeness	**Section**
Missing Data: Verify that all required data points are submitted. When the answer to a question is unknown, the "Unknown" option is used. Please refer to the data dictionary and CARE participant's and system referral individual's data flowcharts for the required data points.	Petitioned Individuals, System Referrals, & CARE Inquiries
Duplication/Surplus Data: For each reporting month, CARE participants are not being reported more than once per CARE status; system referral individuals are not being reported more than once per system referral outcome; and counties are not reporting the total CARE inquiries more than once per source, topic, and service and support.	Petitioned Individuals, System Referrals, & CARE Inquiries
Accuracy (or Validity)	**Section**
All text values has the right spelling and/or use unforbidden characters. For example, the first and last name of the clients should not have any numbers.	Petitioned Individuals & System Referrals
For existing clients, basic client and demographic information, particularly variables used to link clients over time (e.g., name, social security, date of birth) are accurate and can be linked to previously submitted records.	Petitioned Individuals & System Referrals
Validity Check: data submitted adheres to the value codes defined in the CARE data dictionary and are not out of range.	Petitioned Individuals, System Referrals, & CARE Inquiries
Cross validation with Judicial Council data: The total number of CARE plans and CARE agreements should match between JC and County BH.	Petitioned Individuals
Reasonableness	**Section**
The current CARE status for each existing client aligns with the sequence of the CARE Court process. For example, if Client A's CARE status (3.3.10 Current CARE Status) was reported as "Active CARE Agreement" in the prior reporting month, Client A's CARE Status in the following reporting month cannot be "CARE Process Initiation Period", "Dismissed", "Elective Client", or "Active CARE Plan." The same applies to system referral individuals using Primary System Referral Source, Date of System Referral, and System Referral Outcome (Status).	Petitioned Individuals & System Referrals
Reasonableness of reported data values. Each reported data value will be compared with both current and previous reported data values from other data points. For example, the date of graduation cannot be earlier than the date of investigation.	Petitioned Individuals & System Referrals
Cross validation with Judicial Council data. The cumulative number of CARE clients cannot exceed the total number of petition dispositions (including dismissed clients and clients with a CARE plan or agreement), since every CARE client must have a petition to qualify for CARE.	Petitioned Individuals & System Referrals
Timeliness	**Section**
The data is submitted on time, no later than 60 days following the end of the reporting quarter.	Petitioned Individuals, System Referrals, & CARE Inquiries

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[Slide Image Description: This slide has a list of the 11 elements based on the C.A.R.T. metrics.]

The "QA Checklist Information" tab lists out each of the 11 C.A.R.T. metrics used to evaluate CARE Act data. The first column of the table lists all 11 elements. The second column shows which sections of the CARE Act Data Dictionary 2.0 are relevant to each of the 11 C.A.R.T. metrics. If we look at the first row, we can see that the file naming convention applies to all three sections of the Data Dictionary 2.0.

_____

File Naming Convention
The name of the file adheres to the following naming convention: (Name of County_MMYYYY), where MM corresponds to the reporting month and YYYY the reporting year. For resubmissions, please use the name of the county, month & year of the reporting month, resubmission, and date of resubmission (Name of County_MMYYYY_Resubmission_DDMMYYYY).

Completeness

Missing Data: Verify that all required data points are submitted. When the answer to a question is unknown, the "Unknown" option is used. Please refer to the data dictionary and CARE participant's and system referral individual's data flowcharts for the required data points.

Duplication/Surplus Data: For each reporting month, CARE participants are not being reported more than once per CARE status; system referral individuals are not being reported more than once per system referral outcome; and counties are not reporting the total CARE inquiries more than once per source, topic, and service and support.

Accuracy (Validity)

All text values has the right spelling and/or use unforbidden characters. For example, the first and last name of the clients should not have any numbers. For existing clients, basic client and demographic information, particularly variables used to link clients over time (e.g., name, social security, date of birth) are accurate and can be linked to previously submitted records.   Validity Check: data submitted adheres to the value codes defined in the CARE data dictionary and are not out of range. Cross validation with Judicial Council data: The total number of CARE plans and CARE agreements should match between JC and County BH.

Reasonableness

The current CARE status for each existing client aligns with the sequence of the CARE Court process. For example, if Client A's CARE status (3.3.10 Current CARE Status) was reported as "Active CARE Agreement" in the prior reporting month, Client A's CARE Status in the following reporting month cannot be "CARE Process Initiation Period", "Dismissed", "Elective Client", or "Active CARE Plan." The same applies to system referral individuals using Primary System Referral Source, Date of System Referral, and System Referral Outcome (Status). Reasonableness of reported data values. Each reported data value will be compared with both current and previous reported data values from other data points. For example, the date of graduation cannot be earlier than the date of investigation. Cross validation with Judicial Council data. The cumulative number of CARE clients cannot exceed the total number of petition dispositions (including dismissed clients and clients with a CARE plan or agreement), since every CARE client must have a petition to qualify for CARE.

Timeliness

The data is submitted on time, no later than 60 days following the end of the reporting quarter.

QA Report Preview: Issues Tab Example

» In addition to tracking timeliness of submission, HMA will validate each data point within each QA Issues tab based on:
  • Completeness or missing data.
  • Accuracy (or validity).
  • Reasonableness.
» When a data point is acceptable, it will receive a "Pass" indicated in green.
» When a data point is deficient, it will receive a "Fail" indicated in red.

Data Point	QA Status
3.1.2 Reporting Month (Date)	Pass
3.3.1 County	Pass
3.3.2 Current First Name	Pass
3.3.3 Current Last Name	Pass
3.3.4 Age	Fail
3.3.5 (a) Social Security Number	Pass
3.3.5 (b) Medi-Cal Client Index Number	Pass
3.3.6 Petition Case Number	Pass
3.3.7 Petition File Date	Pass

Summary | History Log | QA Checklist Information | Petitioned QA Issues | CARE Inquiries QA Issues | System Referrals QA Issues

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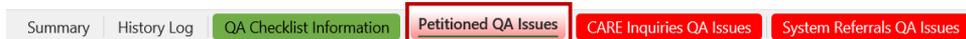
[Slide Image Description: This slide includes a screenshot of a county QA Report.]

The QA report also includes tabs that correspond to data quality issues for each section of the Data Dictionary: Petitioned Individuals, CARE Inquiries, and System Referrals. Each QA Issues tab will list all the identified data quality issues.

HMA will validate each data point within each QA Issues tab based on:
• Completeness or missing data.
• Accuracy (or validity).
• Reasonableness.

Timeliness, the last C.A.R.T. metric, is determined by counties adhering to the data submission deadlines outlined in the first section of this session.

The image shown on the right is from the Petitioned QA Issues tab. When a data point has no deficient quality issues, it will receive a "Pass" indicated in green. If corrections are needed, it will receive a "Fail" indicated in red. Here, you see that data point 3.3.4 Age requires corrections. More information related to each "failed" data point is provided on the next slide.

[Slide Image Description: This slide includes a screenshot of a county QA Report.]

As mentioned, this example shows there is a quality issue for data point 3.3.4 Age. Details about the quality issues can be found within each QA Issues tab and will be outlined in Columns E to U to help counties identify the issue and correct it within their Data File Template.

- **Column E to H, Box 1:** Identifies which data file the issue exists in. You can see here that the issue is located in the February data file for Q1 2025. If Data File Template Option A is used, it also lets counties know that the data point is within the 3.3.10 Current CARE Status – Value Option 5, which is the CARE agreement tab.

- **Column I to P, Box 2:** Identifies which CARE participant entry requires correction. This row lists relevant identifiers, such as Petition Case Number.

- **Column Q to S, Box 3:** Identifies which data point requires correction. In this case, the cells indicate data point 3.3.4 Age is problematic.

- **Column T to U, Box 4:** Identifies the quality issue. Here, we see that the issue is

related to C – Completeness. In column U, the comment notes that data point is missing.

This level of detail is provided to help counties identify the issues that require correction.

QA Process: Cumulative QA Report for CARE Act Annual Reports

CARE Act Annual Report
Developed and posted each year by July until 2028.

» Prior to analyzing county-submitted data for DHCS Annual Reports, counties will have one final opportunity to make corrections or updates to previously submitted data.

» Counties will receive a cumulative QA report that flags data issues for new data that will be incorporated into the upcoming Annual Report.

» No corrections will be accepted for data that have been included in prior Annual Reports.

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[Slide Image Description: This slide describes the cumulative QA report process for data included in the Annual Report.]

- Prior to analyzing county-submitted data for these Annual Reports, counties will have one final opportunity to make corrections or updates to previously submitted data.
- Counties will receive a cumulative QA report that flags data issues for new data, that will be incorporated into the upcoming Annual Report.
- No corrections will be accepted for data that have been included in prior Annual Reports.

And now, I'll pass it to Carlie to close us out.

Closing

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[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

With that, we can wrap up with a review of our objectives and guidance on how to access data collection and reporting resources and technical assistance.

Objectives

At the end of the session, participants will have an increased ability to:

» Describe the two options for submitting data for CARE participants: SurveyMonkey and the Data File Templates.

» Enter data in SurveyMonkey to ensure accurate and complete CARE Act reporting.

» Perform bulk file uploads of CARE participant data using Data File Template Options A or B via the secure MOVEit File Transfer Application.

» Understand the Quality Assurance process for CARE Act data.

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[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

As a reminder, we hope that by the end of the session participants would have an increased ability to:

- Describe the two options for submitting monthly data for CARE participants: SurveyMonkey and the Data File Templates.
- Enter data in SurveyMonkey to ensure accurate and complete CARE Act reporting.
- Perform bulk file uploads of CARE participant data using Data File Template Options A & B via the MOVEit File Transfer Application.
- Understand the Quality Assurance process for CARE Act data.

Data Collection and Reporting Resource Center

» Visit the CARE Act Resource Center Data Collection and Reporting Resources page, which provides resources and guidance related to:

CARE Act Data Dictionary, Supporting Resources, and Trainings	CARE Act Data Submission and Quality Assurance Process	Supplemental Guide for the CARE Act Data Dictionary 2.0
For Data Dictionary 1.0 and 2.0: • Flowcharts • Data File Templates • Trainings Technical Assistance Resources	Submitting CARE Act Data to DHCS SurveyMonkey MOVEit File Transfer Application CARE Act Data Quality Assurance Process	General Guidance Scenario-Based Guidance

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[Slide Image Description: This slide includes a list of the major sections included on the CARE Act Data Collection and Reporting Resources website.]

There are many opportunities to access resources or request support from HMA. Our approach to training and technical assistance related to CARE Act data collection and reporting includes several avenues to learn more and ask questions.

First, the CARE Act Resource Center has a repository of resources and trainings specific to data collection and reporting. The main sections and elements within those sections include:

CARE Act Data Dictionary, Supporting Resources, and Trainings
- For Data Dictionary 1.0 and 2.0:
    - Flowcharts
    - Data File Templates
    - Trainings
- Technical Assistance Resources

CARE Act Data Submission and Quality Assurance Process

- Submitting CARE Act Data to DHCS
- SurveyMonkey
- MOVEit File Transfer Application
- CARE Act Data Quality Assurance Process

Supplemental Guide for the CARE Act Data Dictionary 2.0
- General Guidance
- Scenario-Based Guidance

Data Collection and Reporting Technical Assistance

Request technical assistance specific to Data Collection & Reporting TTA.

County data team members should sign up for the CARE Act email listserv and select "Data Collection and Reporting" for their CARE Act Role.

All county BH agencies must have an authorized MOVEit user with appropriate folder access. Request access or changes to authorized users using this form.

Register for and attend bi-weekly office hours.

Connect with DHCS IT staff regarding accessing MOVEit at ITServiceDesk@dhcs.ca.gov or (800) 579-0874 (Select option 3).

DHCS | HMA

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[Slide Image Description: This slide lists technical assistance opportunities for counties.]

In addition to the Data Collection and Reporting Resources page, we also make available several avenues to learn more and ask questions.

- You can submit questions, concerns, or requests for technical assistance specific to data collection and reporting at the link here: Data Collection & Reporting TTA . HMA can provide individualized technical assistance with your county data teams and vendors as requested.
- We will be communicating to data team members via our listserv, so we encourage everyone to sign up for the listserv. Please email us with any changes to your county's list of data contacts to ensure we have the most up-to-date contact list.
- Regardless of whether you choose to manually submit data via SurveyMonkey or to bulk upload data, *all counties* must have access to the MOVEit File Transfer Application. Request access using this form. You can also use that form to request changes to your county's list of authorized users.
- We encourage everyone to attend our bi-weekly data office hours to ask any data collection and related questions or problem solve with fellow county staff responsible for CARE Act data collection and reporting. Register at this link: bi-

weekly office hours.

- DHCS IT is also available to help with any MOVEit access-related issues. They are available Monday-Friday from 7:30am to 5:30pm.
    - **Email Address:** ITServiceDesk@dhcs.ca.gov
      Phone: (800) 579-0874 and select option 3
      Hours of Operation: Monday through Friday; 7:30 a.m. - 5:30 p.m.
    - DHCS CARE Team: dhcscareact@dhcs.ca.gov

Questions?
CARE-Act.org

[Slide Image Description: This slide shows the CARE-act website and the email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing the CARE Act. The website is **CARE-Act.org** and our email address is **info@CARE-Act.org.**