

Notice of Proposed Specifications for California Aging Reporting System

The California Department of Aging (CDA) is requesting all Area Agencies on Aging (AAAs) prepare to transition from submitting **aggregated** state and federal data reporting, to **client-level (or client-specific)** data reporting. This Notice is transmitting the preliminary **California Aging Reporting System (CARS)** specifications prior to a "Readiness Survey" to enable AAAs and their vendors (if applicable) to assess and comment on their transitional needs.

Once the new data file specifications are finalized (within the next couple of months), AAAs will have additional months to configure a test file in the appropriate format which will result in a "**certification**" that the AAA is capable of meeting the new specifications. Then AAAs will have up to another **six months** to submit a final file containing data for the complete 2007-08 fiscal year reporting for National Aging Programs Information System (NAPIS) and the Family Caregiver Support Program (FCSP).

Background

From the early 1970s to today, CDA has required AAAs and their service providers to only report aggregated client and service performance data. With the twin influences of the 1998 joint CDA-California Association of Area Agencies on Aging **Integrated Data System Vision Statement** and the passage of **SB 910** in 1999 (Vasconcellos, Statutes of 1999, Chapter 948; Welfare and Institutions Code, Section 9101.5), CDA's long-range strategy for using Aging Services data changed in two important ways. First, due to the advances in Internet "web-based" technology, it now offers greater opportunities to build a more integrated and useful information technology system among all AAAs and CDA. Second, to develop sound policy based on changing client characteristics and needs, it is essential that we use client-specific data whenever possible.

The essential differences between the two types of data are that with aggregated data you can only relate to single variables (the number of females, the number of persons with one activities of daily living (ADL) deficiency, and so on); whereas, a client-level database links client characteristics to multiple variables including individual service utilization. With aggregated data, you may know the number of females served and you may know the number of people with one ADL deficiency, but you can't tell how many females have a walking ADL deficiency. Nor can you determine what Older Americans Act or Older Californians Act community services were used by female clients to help offset that deficiency. **Keep in mind this new data system requires that client profile data be "connected" via unique identification numbers to service utilization data, something that has not been previously required by the State.** Clients must still be unduplicated for registered services, something that has traditionally been required by both state and federal governments.

With **client-specific profile data connected to service utilization data**, information can be obtained that is very useful in identifying which community services will help which constituencies. That is a powerful public policy tool, especially if linked to other state comprehensive databases on the aging population.

Preparation Steps for Transition

Collecting client-level data will allow CDA to better identify and address unmet needs as well as accommodate NAPIS reporting requirements that call for an **unduplicated** count of consumers within and across geographic boundaries, such as Planning and Service Areas.

CDA has selected the **web-based California GetCare application** as the underlying foundation for a "modified off-the-shelf" system to be developed and maintained by RTZ Associates of California. This will establish a new statewide client-level database. Both CDA and RTZ recognize that submitting client-level data is a significant change for AAAs and want to make this transition as simple as possible.

AAAs that are using GetCare locally will have their data automatically uploaded into the state system and will not have to do anything to comply with the new expectations. AAAs not using GetCare locally will need to submit quarterly files via a secure File Transfer Protocol (FTP) site. Instead of creating more complicated XML-like framework, it was thought to be easier for AAAs to assemble data in a tab delimited file format (most legacy data systems and common spreadsheet applications – including Microsoft Excel – support flat file exports).

Attached is a preliminary set of specifications **for AAA review and comment**. CDA and RTZ will continue to work on making the instructions and specifications more explicit, but wanted to let AAAs have something to review as soon as possible before completing the CDA Readiness Survey.

AAAs should submit questions and comments no later than by the **close of business July 20, 2007**. CDA and RTZ will conduct follow-up Readiness Surveys to better assess **each AAA's ability to meet these new requirements**. Provided no unforeseen problems surface, CDA will release the final specifications shortly thereafter. Final specifications will not be changed within a State Fiscal Year.

Beginning in early November 2007, FINAL specifications will be issued. AAAs will be expected to make final adjustments and submit a test file to the system sometime between November 2007 and January 2008 **for certification of readiness**. If your agency wants to submit a test file before January, please let the CARS Project Team know when you submit your comments. CDA may accommodate a limited number of "early system adopters."

AAAs will be expected to submit a final file to the system for the entire fiscal year in August 2008, per the usual cycle.

The attached **preliminary CARS specifications** are divided into **five sections**, each addressing distinct sets of data. Instead of requiring sites to assemble data into a complicated hierarchical structure, each of these sections represents **a separate flat file**. These five areas include: (1) client/caregiver data; (2) enrollment information; (3) units of service counts; (4) service provider information; and (5) caregiver/care receiver relationships.

Once these five files have been submitted to the secure FTP site, they will be checked against the final specifications. Acceptable files will be loaded into the statewide CARS (the modified California GetCare) database. The system will then automatically aggregate and validate individual AAA data for the federal NAPIS report. AAAs will be able to view their own summary data online with California **NAPISCare interface**, with the ability to add and update summary information on those screens and finalize for submittal. This will obviate the need for back-and-forth with CDA analysts as has been past practice and will save the State and many AAAs a significant amount of time.

AAAs are encouraged to contact CDA's CARS Project Team with any questions and comments. Also, AAAs are encouraged to frequently consult the CARS web site for periodic progress updates. From the Home Page at www.aging.ca.gov, select "AAA Partners" in left menu, then select "California Aging Reporting System (CARS)" from the bottom of the center menu. There you will find General Information, Progress Reports, and Frequently Asked Questions and Answers.

For AAAs who contract with and use information technology (IT) vendors or IT services to meet state and federal specifications, CDA may, with the expressed knowledge and approval of each AAA, work with those vendors or services on the AAA's behalf. However, all local systems are strictly the purview and responsibility of AAAs. CDA does not endorse any particular IT vendor or service for use by AAAs or providers. CDA and RTZ will work closely with each AAA and their vendor or service to ensure that all of their technical questions and concerns are addressed, and the transition to a statewide client-level database is completed as smoothly as possible. Send your questions or comments to (CARS@aging.ca.gov). We appreciate your cooperation.