

# Avatar Process Improvement - CalAIM Workgroup

## Meeting Minutes

3/21/2024

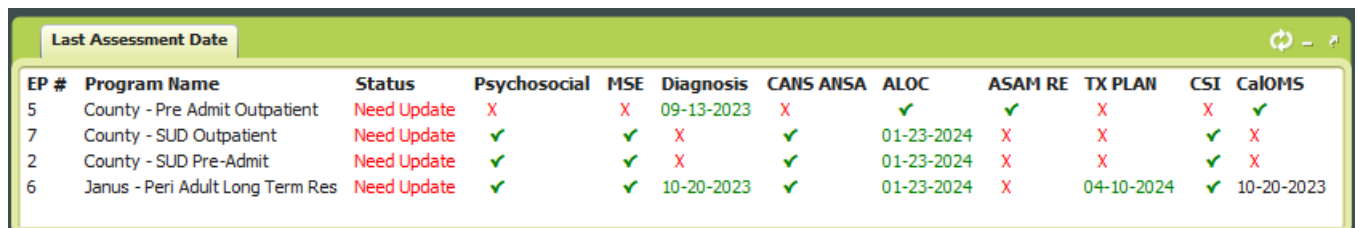
9:00 AM - 10:00 AM

### Announcements

1. Next meeting is scheduled for 4/4/2024, 9 AM – 10 AM. (We normally meet every other Thursday morning at 9 AM.)
2. Agendas, meeting minutes, and QI Guides are posted on the [Avatar Webpage, CalAIM Subpage](#)
3. During the meeting, please use the raise hand function or the chat box if you have questions, comments, concerns.
4. Is there anyone that should be invited to this meeting? (Or should be removed from the invite list?) (If you don't tell us, we don't know!)

### AGENDA ITEMS / MINUTES>>>

1. Announcement – Tiffany Cantrell-Warren (HSA BH Director) and Adriana Bare will be at the next meeting.
2. Assessment Widget Updates



EP #	Program Name	Status	Psychosocial	MSE	Diagnosis	CANS ANSA	ALOC	ASAM RE	TX PLAN	CSI	CalOMS
5	County - Pre Admit Outpatient	Need Update	X	X	09-13-2023	X	✓	✓	X	X	✓
7	County - SUD Outpatient	Need Update	✓	✓	X	✓	01-23-2024	X	X	✓	X
2	County - SUD Pre-Admit	Need Update	✓	✓	X	✓	01-23-2024	X	X	✓	X
6	Janus - Peri Adult Long Term Res	Need Update	✓	✓	10-20-2023	✓	01-23-2024	X	04-10-2024	✓	10-20-2023

- a. General project tasks/parameters
  - i. Add new fields/data items (columns)
  - ii. Split into three widgets to accommodate many new columns added (space issues) – Adult MH, Children's MH, SUD
  - iii. Dylan and Israel are modifying the widget with help from Nancy/QI.
  - i. Checks to be replaced by last date completed for most items. With CalAIM, most assessments no longer have defined due dates. Widget will show when last assessment is completed & will include both psychosocial assessment and the new CalAIM assessment.

### Prior Discussion

- b. Chart view setup: All three widgets will be added to the same chart vs "different tabs." Izzy to make demo view for people to look at. Concern re "when you add program's names to widgets it has duplicate dates in the widget."
- c. compliance report (Dave)

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Discussion of details of widget and specific items on widgets.

- d. **SUD Treatment plan:** Should be included and, as with other items, should show the last date completed. Sara: The only program required to use the old standalone treatment plan form is the NTP/OTP programs, some programs that use SUBG grant funds will need to have a SUBG care plan but it is still undecided what form it should be in (treatment plan template vs care plan progress note).
- e. **PSC 35 form** (Children's form): Action item: Izzy to investigate whether or not we can add PSC 35 dates to widgets because this form is managed by an external database, that is not inside Avatar. Has this been done?
- f. **CANS/ANSA:** CANS and ANSA are in the same format. The same data items can be added to both the Adult and Children's MH widgets.
- g. **ASAM Brief/Adolescent ALOC/Adult ALOC (SUD forms)**
- h. **Last Problem List Update and last TCM Care Plan (data from progress notes):** It would be useful to know if/when these have been done. This would be data from progress notes, looking at the most recent instance of a progress note where the "Problem List Update" note type was selected, or the "TCM Care Plan" note type was selected.
- i. **SIDE ISSUE: Discussion of forms that are not currently in Avatar, that could be added to widgets.** In order to add items to the widget, there needs to be an Avatar form that clinicians use. If an external paper or electronic form is being used, we cannot add an associated data item to the widget. These items could be added to a wish list for future projects. Forms discussed:
  - i. IHBS, TBS, TFC authorization forms (Vince) (Vince to send copy to Madea.)
  - ii. ACES awareness tool (Jen)

### Minutes Discussion TODAY

- a. **PSC 35 form** (Children's form): Action item: Izzy to investigate whether or not we can add PSC 35 dates to widgets because this form is managed by an external database, that is not inside Avatar. Has this been done and if so, what was the outcome? **Is it possible to add this item to a widget (Izzy has been checking into this)?**
  - i. Discussion: Izzy waiting for NetSmart collaboration to see if widgets can be "stacked."
  - ii. We are firm on the decision to make three widgets for Children's MH, adult MH, and SUDS. Too many data elements to make combining all three feasible. The widget would be too large.
  - iii. Izzy/Nancy to meet to discuss design elements and data parameters if needed.
- b. **ASAM Brief/Adolescent ALOC/Adult ALOC (SUD forms):** Discussion today
  - i. Sara Avila - ASAM brief is one form used for both kids and adults. The Adolescent ALOC and Adult ALOC have different time frames for when they are due depending on the program. Do we need both forms on the widget? Or could it be an either/or, depending on the child's age? Do different programs start using the Adult form at different times, different ages? If these two forms can be combined into one item, it would help save space, but if not, both items should be on the Sud widget.

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- ii. Sarah Tisdale - ASAM Trainings are now without associated Fees. From DHCS ASAM Criteria Training Update. ASAM has updated its permissions to enable ASAM Criteria training without any royalty fees. ASAM still requires a licensing agreement but with no fees attached. Interested organizations can learn more on the ASAM Criteria Training Licensing webpage. ASAM has also released a comprehensive slide deck on the 4th edition of The ASAM Criteria to support organizations in developing training: <https://www.asam.org/asam-criteria/training-consulting> (you can find the link midway on the page).
- iii. Amanda – what about the ASAM reassessment? Sara- it is now updated when clinically indicated. We could potentially add the ASAM reassessment into the widget on the date it was last done.
- c. **Adolescent ALOC and Adult ALOC** have different time frames for when they are due depending on the program. Do we need both forms on the widget? Or could it be an either/or, depending on the child’s age? Do different programs start using the Adult form at different times, different ages? If these two forms can be combined into one item, it would help save space, but if not, both items should be on the Sud widget.

### 3. CalAIM Assessment Form

- a. Type of Services question was updated to add “Peer Support Services” as a list item (Dylan). other items to add, or is this it? Izzy says that changes he makes to widgets are reverting, I think.

The screenshot shows a web-based assessment form. The 'Type of Services' section is expanded, showing a list of service categories with checkboxes. The 'Peer Support Services' checkbox is highlighted in yellow. Below this section, there are radio button options for 'Referral to Primary Care' and 'Referral to Managed Care Plan', and another set of radio buttons for 'Other' with options 'No Services Recommended', 'Client Declined', and 'Unable to complete assessment'. The 'SUD Risk Rating' section is also visible, with a dropdown menu set to 'SUD Risk Section Not Completed' and a green checkmark icon. Below that, there are radio button options for 'Dimension 1 - Acute intoxication and/or withdrawal potential' with levels 'None', 'Mild', 'Moderate', 'Severe', and 'Very Severe'.

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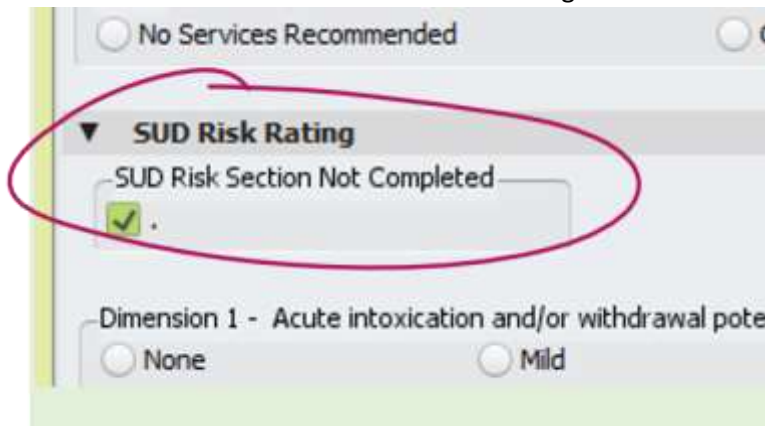
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- b. Form has been added to most user roles and chart views (Nancy/Dylan). We discussed this previously, and more users were added. Anyone else who needs to use/view the form who cannot?
- c. Links to other forms were added (Dylan). Are there others to add or is this it?

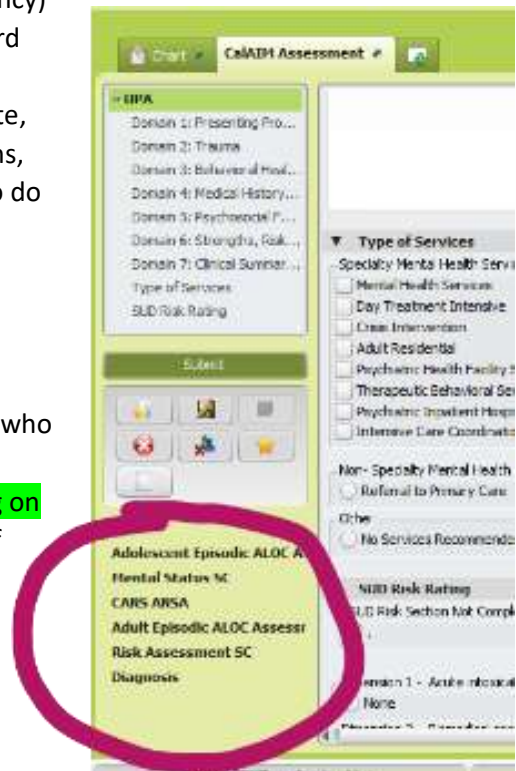
### Minutes/Discussion Today

1. Demo of new item to indicate if SUD Risk Rating section was not completed (Dave).



- a. This allows the clinician to definitively indicate that the section was not completed. (So you know that the clinician didn't just accidentally skip the section.) (Nancy)
- b. Shelley - Rationale for adding this item was moving toward integrating MH & SUD services.
- c. At present, it will not be required for MH staff to complete, since it requires special training to answer these questions, and additionally, at intake, it may not be the right time to do a substance use inventory due to client stability. (Nancy)
- d. At present, only MH staff will be using the form. (SUDS programs have their own assessments that are a requirement.)
- e. Dave - Can questions be disabled if clinician clicks "not completed?" Nancy - yes, this is possible. No decision on who might do this.

2. **Training for CalAIM Assessment - Action Item: Nancy working on training video.** Video will not address content substantially. If there is a desire for more content training (what to write), this may be a separate training by QI.
3. Links on form (circled out right)
  - a. What are these links? (Nancy) These links allow user to access other related forms more easily, as they complete the assessment process. These are not required, nor do



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they automatically open. They are just there for the convenience of the user. (Many Avatar forms have these types of links.)

- b. Are there any other links that we would like to have on the form? **Action Item: General Agreement that problem list should be added.**
4. Robert - "This would be a great place for 'CM/Therapy/OT/Testing/Ben rep form.'"
5. Workflows - The form is designed for non-LPHA staff to save the form as a draft, which the LPHA then opens, finalizes and signs. There is a field in the form for a non-LPHA to add the name of the LPHA/supervisor who will finalize and complete the form. (Highlighted in blue at right.)

The screenshot shows the 'CalAIM Assessment' form interface. At the top, there is a green header with the title 'CalAIM Assessment' and a plus icon. Below the header, the form is divided into several sections. On the left, there is a sidebar with a list of categories: 'Presenting Pro...', 'Summary', 'Behavioral Heal...', 'Medical History...', 'Psychosocial F...', 'Strengths, Risk...', 'Clinical Summar...', 'Notes', and 'Sign'. The main content area has a 'Draft/Final' status section with 'Draft' selected. Below this is a 'Completed by' field with 'NANCY MAST (001885)' entered. Underneath is a 'Clinical Staff Approving Assessment' field with 'STEPHEN R. RUZICKA (000717)' entered. A large 'DRAFT' watermark is overlaid on the form. The 'Assessment Date' is set to 03/29/2024.

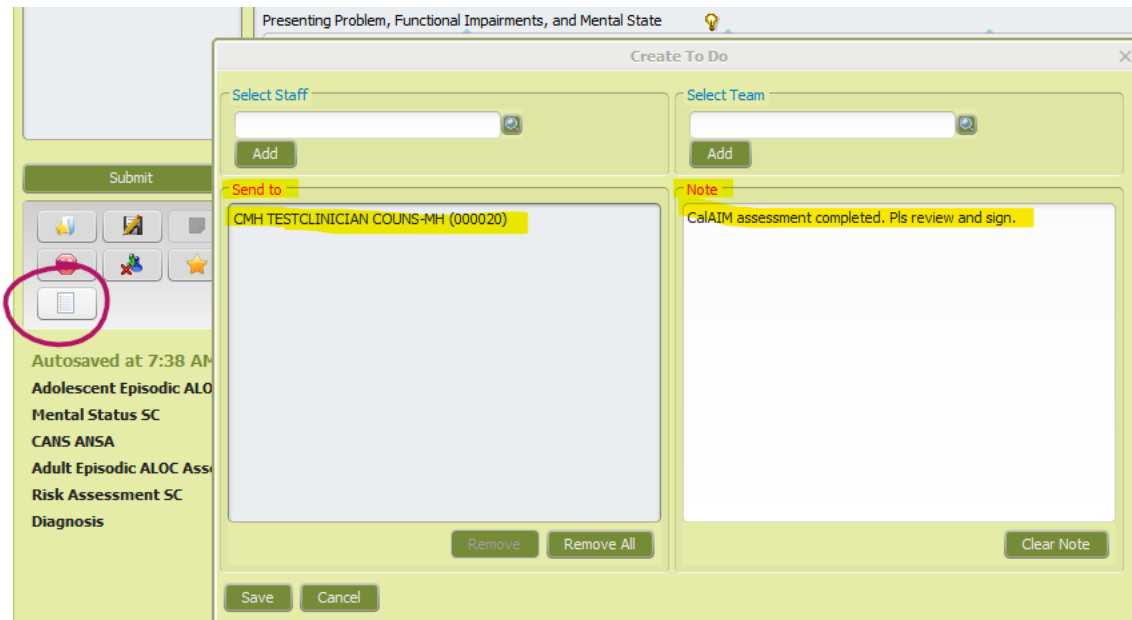
- a. Veronica with question about, if the person completing the form is in LPHA, do they enter their name twice? There was general agreement that no, if the clinician who is filling out the form is in LPHA, then leave the question "Clinical Staff Approving Assessment" blank.
- b. Discussion of possibly adding a link to the Staff Messaging form system. Nancy - unclear if this is possible, since Staff Messaging is a different kind of form than most of our Avatar forms.
- c. Question about document routing (the ability of the clinician completing the form to finalize and then send it to a supervisor for cosignature). Nancy - we made the decision early on to not have this feature, to avoid this from happening. We want the LPHA to actually open the form, look at it, make any edits, before signing. Regulations require that assessments are completed by in LPHA, which is indicated by the LPHA signature.
- d. Dave - Discussion of monitoring to ensure this completed. Adding this item to compliance widgets (discussed above). It would be useful to also be able to show whether or not the form is completed, or in draft. Nancy - i.e. was the form completed by the non-LPHA, and is now waiting for LPHA cosignature.
- e. Nancy Demo and discussion of "Create To Do" messaging system available for most Avatar forms. We do not typically use this, but there is a way to notify another user about a form, and send them any type of message you want. It creates a "to do" in the supervisors My To Do's. This could be used by the non-LPHA clinician completing the form, to let their LPHA supervisor know that they need to review and sign the form. There was general agreement that using this system could be useful, and the preferred method of communicating with supervisor.

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### 6. New "Medical Note" form for county prescribers only

- a. This was announced and discussed in prior meetings. This new note will not replace the SC Med Service Progress Note. County prescribers may use either note for now with the plan that they will all eventually use the new note. But contractor prescribers and other medical staff will continue to use the older SC Med Service Progress Note.
- b. There had been a previous issue where services from this note were not showing up on the "service history" widget. Has this been fixed? SIDE ISSUE: Deleted services have also been showing up in the service history widget, along with edited services not showing the change. (TESTING 3/6/24 Problem appears to have been fixed.)
- c. Another previously identified issue: "location code is not showing up on the form" (Dave). TESTING (Nancy): Location code (and several other fields from the Medical Note form) are not visible in chart view or the Progress Note widget, but can be seen in the Service History widget.
- d. Minutes/Discussion Today: Dave - the new Medical Note does not have a location code on the form. Nancy - This is a serious problem. The location code can be set in an appointment on the Scheduling calendar, but what the location is, is not visible in the note is opened, nor can it be updated or added in, when using the note. Notes completed without the scheduling calendar will have a blank location code, which is critical for billing. Follow-up?

### 7. Progress Note Templates - Not Discussed

- a. Information notice was sent last month for these two new progress note templates.
  - i. NEW Problem List, Review, Add or Remove Template

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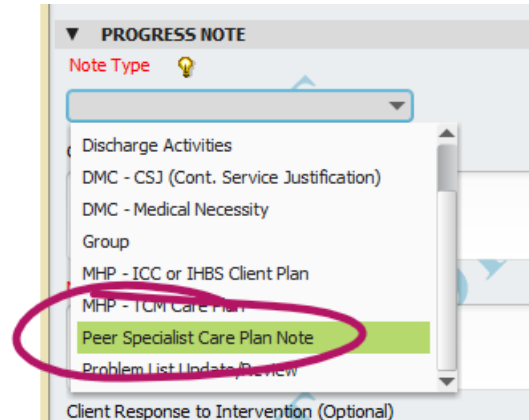
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- ii. NEW MHP – TCM Care Plan Goal Statement Template
- b. Other progress note templates that are being worked on:
  - i. Enhancements for SUDS
  - ii. Feedback on billing codes
- 8. Peer Support Services

a. Previous discussion/announcement: a new text template, along with a new note type has been added. No comments or changes requested from previous meeting. Template is being used successfully.

b. Previous discussion about peer services in general:

- i. Can a supervisor can work on the template with a peer, and the peer puts it into avatar for their note? Dave- this is fine.
- ii. Jessica - Is there guidance around timelines for peer support care plan note? Can they bill if they do not yet have a peer care plan in place? If so, what services/codes? Dave- guidance document does not timelines. **Action item (QI team, Dave & Shelly) – To look into this. Regs may not be clear on timeframes.**
- iii. Dave-latest peer guidelines are out, on the Avatar Resource page, CalAIM subpage.



### Minutes/Discussion today

- c. Jessica - Question about “multiple levels of care” for groups. Nancy clarifies: The question is about having clients in different admission programs in the same group. There is an Avatar work around that allows this, but clients in the group, in their various programs, must all be billed at the same rate. Sara (and possibly Nancy) to work with Jessica on this.
- d. Sara - Edition of progress note type “SUBG Care Plan” and a text template to go with it. Nancy working on this. Sara wants to run by stakeholders one more time for any input. Nancy can then add. Dave - Question about, if a specific note type is selected, could Avatar automatically add the text template. Nancy: probably not, but will check.
- e.
  - i.

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### 9. Documentation of outcome of Screening Tool Forms

Search Forms  
screening tool

Name	Menu Path
Adult Screening Tool (Non Episodic)	Avatar PM / Assessments
Youth Screening Tool (Non Episodic)	Avatar PM / Assessments
Adult Screening Tool Report	Avatar PM / Reports
Youth Screening Tool Report	Avatar PM / Reports
Screening Tool Outcomes Report	Avatar PM / Reports

- a. COMPLETED! A "dictionary item" was added to the "Screening Tool Outcome" question on the SRADL (shown below). (NOTE: This item was not added to the screening tool forms, just the SRADL. We are not allowed to make adjustments to the screening tool forms, which are created by the state.) Specifically, "Declined Services" was added as an option to the Screening Tool question. This allows clinicians to indicate that although a client qualified for services, based on the screening tool, the client declined them.

Screening Tool Outcome (for MHP Use Only)

<input type="checkbox"/> MHP (internal)	<input type="checkbox"/> MCP (Carelon)
<input type="checkbox"/> DMC-ODS (SUDS)	<input type="checkbox"/> Declined Services

This update impacts Adult and Children's Access primarily, and key people are already been aware of the change. Representatives from Children's Behavioral Health (Vince, Meg) were in the last Avatar Process Improvement Meeting on 2/22, where the update was announced. Shelley met with Adult Access subsequent to the Avatar meeting (they informed that they were already aware of the update). Finally, this change has been communicated to QI staff who will bring this info to their next Children's and Adult UR meetings.

- b. Previous discussion about how to document the client declined services in SRADL from last meeting. Needs clarification.
  - i. What to check in in "Clinical Disposition" field in SRADL if client declined services? Could check "provided/received information" in box.
  - ii. If checked off as "declined services" would clinicians be required to enter, in SRADL, "date offered/date scheduled"? Dave - you would click "information only".



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### 10. ISS/ICC Form Updates (Vince/Dylan)

- a. How to enter the ICC coordinator in the ISS screening form if the client is already receiving ICC services through FCS? New question, "FCS Coordinated"?
- b. Dylan to clarify current routing and build updates in UAT.
- c. Planning on demo for the MHP Children's UR in Feb
- d. Add a new list item for an existing question - Screening Tool Outcome
- e. QI will host Children's UR in February to introduce so all providers that need it have it.
- f. Previous discussion:
  - i. Dave –The new ISS form is done, went live last week. Dave discussed accessing the report. When you submit the form the report pops out, it is a cool feature.
  - ii. A question about clinician's name being in the report. Dave had a discussion and a look at the report with Dylan and don't know if he has made those corrections yet. Follow up item for Dylan.

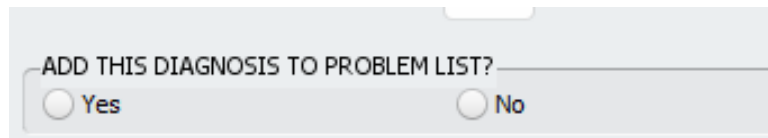
### 11. ASAM Screening tool

- a. Spanish language version needed. Clarify: Is this the form itself, or is there a report for the screening tool that would be provided to a Spanish-speaking client?
- b. Other updates needed?
- c. Minutes/Discussion Today: Grace requesting a change. There is a question involving meds that uses the term "Psychiatric Medication." can it instead say "Psychotropic Medications?" Dylan to follow up.

12. **Note Type information** - see discussion above about adding note type information to assessment widget. Current reports that look for this information? Updates to current reports or new reports?

### 13. Diagnosis form and problem list interface issues:

- a. There have been glitches with duplicate problems in problem list, which will prevent anyone from updating/saving problem list. Previously, the diagnosis form added to the problem list automatically. This automation has been removed. (Previously the question shown below was automatically set to "Yes." This has been turned off.
- b. Additionally, the diagnosis form does not automatically add a start date to the problem, which is required, thus this automation is not useful, as clinicians would need to still go to the problem list to add the start date.
- c. Izzy- Follow up item - will take a look at the diagnosis form and the problem list and see what is passed on when you click the box to default diagnosis into problem list.



ADD THIS DIAGNOSIS TO PROBLEM LIST?  Yes  No

14. **Patient portal:** The patient portal is a system whereby client records are placed in a separate system (e.g. HIE/HIO), where clients can view their own records. This is a state requirement, and counties are working on implementing. Our patient portal is in process. It has been beta tested and there are some challenges that present compliance issues. IT is working on it. questions? Comments?

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### 15. New Forms in Avatar – future projects

- a. IHBS referral form. Separate from ISS form. Still on paper. Vince to send form to Madea.

### Parking Lot

2. (Dave) New Managed Care Authorization form & report - Some services require authorizations; this form would be used to authorize times of service. Report includes pre-auth for EDC, Telos, Casa Pacific. Need to add authorization for TBS, ICC, IHBS, SUDs Residential (RTARs), inpatient stays to this as well. Still in UAT testing.
3. Discussion from last meeting: Follow up for Dylan-will this report send reminders in avatar when authorization is due? Meg from last meeting-service authorization requests and presumptive transfer would be great to add to this report as well as psych testing & eating disorder referrals eventually would be great to add.

### CalAIM Overview and recap

1. CalAIM has ushered major regulatory changes to the California Medi-Cal system.
2. CalAIM is designed to streamline documentation and auditing practices by focusing on Fraud Waste & Abuse (FWA) to alleviate the excessive administrative burden and focus more on clinical best practice.
3. CalAIM employs a person-centered approach to improve access and coordination among the delivery systems.
4. Minor documentation infractions resulting in recoupments will no longer be deemed priority through the lens of FWA.
5. With CalAIM, providers can bill for legitimate collaboration of staff members in the same agency who hold different roles for the same client. This has been an area of lost revenue and staff frustration.

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### Attendance

Dagny Blaskovich (Volunteer Center), Daniel Crews (County IT), Dave Chicoine (County QI), Dylan Jones (County IT), Grace Saldivar-Napoles (County AMH), Israel Balderas (County IT), Jennifer Gosk (Front St.), Jessica Stone (Janus Compliance), Johanna Jefferies (County AMH), Leo Torres (County SUDS), Madea Owen (County QI), Mary Zinsmeyer (New Life), Meg Yarnell (CMH), Nancy Mast (County QI), Robert Annon (County AMH), Rosalie Evans (Encompass), Sara Avila (County QI), Sarah Tisdale (Encompass QI), Shelly Barker (County QI), Veronica Gonzalez (County AMH), Amanda Engeldrum Magana (PVPSA), Beloved Bolton (County QI), Bernadette Franzel (Encompass QI)

### Meeting Purpose:

- The Avatar CalAIM Workgroup is a subcommittee of the Avatar Process Improvement Meeting, to address CalAIM related changes to Avatar forms, reports, and workflows. The workgroup reports back to the larger Avatar Process Improvement Meeting.
- Mission: Make recommendations and decisions about CalAIM updates to Avatar, with representation from County Behavioral Health and Contract Partners, including line staff, supervisors, and management.
- Webpage: Click here for meeting agendas and minutes. Avatar CalAIM Webpage
- CalAIM References: CalMHSA CalAIM Main Webpage
- CalAIM LPHA manual: [https://www.calmhsa.org/wp-content/uploads/CalMHSA-MHP-LPHA Documentation-Guide06232022.pdf](https://www.calmhsa.org/wp-content/uploads/CalMHSA-MHP-LPHA%20Documentation-Guide06232022.pdf)
- CalAIM trainings: <https://www.calmhsa.org/wp-content/uploads/CalMHSA-LMS-Instructions-5.24.22.pdf>

### Get Involved!

- To add agenda items, contact is [nancy.mast@santacruzcounty.us](mailto:nancy.mast@santacruzcounty.us)
- During the meeting, please use the raise hand function or the chat box if you have questions, comments, concerns.
- Review guidance documents on the [Avatar Webpage, CalAIM Subpage](#). New documents are being added weekly.
- Review test documents in [UAT](#).
- To request new projects, innovations or updates to Avatar, please feel free to share your ideas and suggestions in the Avatar meeting. You may also fill out and “Avatar Improvement Change Request Form” where you can provide details about your requested project.