

Avatar Process Improvement Committee

Meeting Minutes

[Link to Santa Cruz Avatar CalAIM Webpage \(Minutes and agendas\)](#)

6/13/2024

9:00 AM - 10:00 AM

Mission:

The Avatar Process Improvement Committee is an established bi-weekly NetSmart Avatar user group with representation from County Behavioral Health and Contract Partners, including providers, supervisors, and management, with the intention of evaluating change recommendations and making programming decisions to improve the electronic health care system.

Minutes

I. Completed items

- A. ISS/ICC Form and Report
- B. CalAIM Assessment Form
- C. SUBG Care Plan Progress Note Type & Template

II. Assessment Widget Updates

- A. Three new AVATAR Widgets for Compliance Tracking
- B. IT: Israel is the lead
- C. Committee has made recommendations for Widget fields; Dave and Sara added more information including Widget name changes:
 - 1. MH Adult Documentation Dates
 - 2. MH Childrens Documentation Dates
 - 3. SUDS Documentation Dates
 - 4. The three widgets are currently in LIVE and available for review. For now, each clinician must add these widgets to their Avatar home console "by hand" - they are not automatically defaulted into clinician's view.
 - 5. Sara - Request to update one of the labels in the the SUD widget so it reads "SUDS documentation dates" instead of "SUDS last assessment dates." Izzy to follow up.
- D. Minutes/Discussion today – Israel continues with programming. There are two changes to the MHP widget. Please review the widget.

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III. Peer Support Specialist Services (Group Service Code Billing in SUDS)

- A. **Goal:** Ensure that Peer Support Specialist Group services are billed in Episodes
- B. Updates from the 4/5 QI & SUDS meeting?
- C. **Clarify:** Issues with limitations to billing based on LOC enrollment:
 - 1. Avatar Group note form/template does allow you to add client from multiple LOCs. (Example 3.5 Res and 2.0 IOP clients can be in one Peer group). **Needs testing.** *Janus has not launched groups for peers due to this.*
 - 2. When a client is discharged from an LOC, the Episode is closed; but Janus wants to provide continued Peer services after LOC discharge.
 - 3. There can be a standalone Peer level per DHCS.
 - 4. Possible workflow solutions:
 - a. Client discharges from an LOC but keeps the Episode Open to bill Peer services.
 - b. Create a new Peer Support Specialist Episode per County or CBO (for billing)
 - c. Bill Peer services in the Recovery Support Services (RSS) Episode
 - 5. Sara - Discussion with QI/Suds meeting pending. Question from last QI/SUDS meeting: can peer support services can be billed standalone? Would it make sense to add these codes to RSS program? Somehow putting it into a different forum, so when closed to residential they could still receive peers support services.
 - 6. Jessica-We are putting all clients in one "RSS" group for ease of simplicity.
 - 7. Adriana – Need to make sure which codes are being used, and then have them added to programs, which should be easy to do. RSS seems like it may be most appropriate. **Adriana will send a list to Sara and then put it in a request change.**

D. Minutes/Discussion today

- 1. Problem fixed? Previously, Front St. not able to put peer group notes in Avatar, due to issues with coding for peer services. Certain peer codes were not available when peer specialists attempted to write group progress notes. (Jen Gosk)
 - a. Adriana - Problem was addressed by IT. If there are issues please email askQI@santacruzcountycyca.gov
 - b. Kayla - Peer at Front St. had issue with their billing recently. Shelly – this was investigated. The peer spec is not yet certified so they cannot bill using peer codes

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IV. **NEW ITEM: 2024/2025 Billing changes for Code G2212 (Adriana)**

The HCPCS code G2212, which is used for prolonged office or other outpatient visits, has had a few changes.

See the [DHCS Specialty Mental Health Services Medi-Cal Billing Manual v. 1.4](#), page 28, for an explanation of add-on codes and specifically, code G2212 which is used for most add-on services.

A. End users will see changes in certain codes that they use.

B. The good news is that certain codes will no longer require add-on codes to bill extra time, or the time for the primary code will be extended. This is based on feedback to the state that minimums for certain codes such as psychotherapy at 15 minutes, did not make sense.

C. Summary of changes:

1. First service date for new codes: 7/1/24.

2. Changeover plan is similar to how we implemented CalAIM coding changes July, 2023.

3. Change primarily affects G2212 add-on codes, adding additional time to the primary code. State is removing G2212 as of July 1st.

4. Adriana's team is working on 50 new codes to replace those that use G2212.

5. **Transition Plan/Overlap Period:** There will be a period of time that both new codes and the old codes will be available to allow clinicians to finish up services provided prior to 7/1/24. Old codes will be retired and no longer available after a certain point.

6. **New codes will still have the same number, but there will be an "N" (for new") in front of the name** so you will know which ones to use for the transition period, once transition period is over we will take the "N" away from front of code name.

7. **Communicating Changes to Staff is key.** Treatment teams need to know to watch for this.

8. We are hoping to have a list of the new codes by end of day 6/14/24 so providers can be notified & trained.

9. Adriana's team may send emails to providers if they are using wrong codes.

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D. Technical/Billing/Programming

1. We have been able to claim through January. There was a huge effort by billing staff and we think we will be able to be current in 3 months.
2. The first priority needs to be making sure the new service codes are available for staff to use in the next ten days.
3. A related item is new billing codes for DMC for LVN's, OT's and MA's. See next...

V. New billing codes for DMC for LVN's, OT's and MA's (Adriana)

- A. DHCS is expanding the role for LVN's, OT's, MA's and LPT's, which will allow them to bill for new types of services.
- B. Recently, the state offered more clarity about who can bill for what.
- C. Accounting has made a plan for editing certain services initially submitted as nonbillable, to make them billable, while we work on making these changes on the front end. Changes will allow the aforementioned staff to have an expanded array of codes.
- D. Question about whether LVN's will be able to be reimbursed for injections? (Jen Gosk) Adriana: LVN is still not listed among the allowed practitioner types for subcutaneous injection.
- E. Snip from fy24-25 MHP service tables published by DHCS:
See Medi-Cal Behavioral Health Fee Schedules Fiscal Year 2024-25

Code	Description	Time	Priority	Code	Time	Priority	Code	Time	Priority	Code	Time	Priority
90785	Interactive complexity. There is no assigned time for this code.	Variable. This code is claimable when at least 1 unit of the primary procedure is claimed.	This code cannot be extended.	No	If 100 minutes of Psychiatric Diagnostic Evaluation was provided and the interaction is complex in nature, claim the appropriate primary procedure code and 1 unit of 90785.	AOD, LCSW, LCSW-CT, LMFT, LMFT-CT, LOT, LOT-CT, LPCC, LPCC-CT, LPT, LPT-CT, LVN, LVN-CT, MA, MD/DO, MD/DO-Clerks, NP, NP-CT, PA, PA-CT, PhD-CT/PsyD-CT, PhD/PsyD, Pharm, Pharm-CT, RN, RN-CT	01, 02, 03, 04, 05, 06, 07, 08, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 31, 32, 33, 34, 41, 42, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 60, 61, 62, 65, 71, 72, 81, 99	96170, 96171, T1013				
90791	Psychiatric diagnostic evaluation, 60 minutes. Time changed from 15 to 60 min	31 Min Prior II	68 Min Prior 23 Min	No. For service time of 68 minutes or more, claim the appropriate units of T2024 (Assessment substitute) Prior 02212	If 67 minutes of service time was provided, claim 1 unit of 90791. If 100 minutes of service time was provided: 100 minutes / 15 minutes in T2024 = 6.6667 units of T2024. Round up to get 7 units of T2024. For 100 minutes of service time, claim 7 units of T2024	LCSW, LCSW-CT, LMFT, LMFT-CT, LPCC, LPCC-CT, MD/DO, MD/DO-Clerks, NP, NP-CT, PA, PA-CT, PhD-CT/PsyD-CT, PhD/PsyD	01, 02, 03, 04, 05, 06, 07, 08, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 31, 32, 33, 34, 41, 42, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 60, 61, 62, 65, 71, 72, 81, 99	90846, 90847, 96170, 96171, T2024				
90846	Psychiatric diagnostic evaluation with	31 Min Prior II	68 Min Prior 23 Min	No. For service	If 67 minutes of service time was	MD/DO, MD/DO-Clerks,	01, 02, 03, 04, 05, 06, 07,	90846, 90847, 96170, 96171,				

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VI. NEW ITEM: SRDL Form Report (Dylan)

- A. Report that has parameter (input) page and then people can select three or more items to identify the record and then view and print the report.
- B. Target date is end of the week (6/14/24).
- C. Israel - I'm correcting existing SRDL timeliness report in avatar to fix how the first service rendered date is captured in avatar.

VII. NEW ITEM: IHBS referral form (Dave) - set up a first meeting w/ IT, Vince, and Dave to create the form build instructions

- A. Form is used for managed care authorizations.
- B. Discussion of need for clear specifics on form.
- C. Dave to meet with Vince re and then send form spec to Adriana.

VIII. New Forms in Avatar – future projects None discussed in meeting.

IX. Parking Lot

- A. **AVATAR 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.
- B. **New "Medical Note" form (for County Prescribers only)** - Add Medical Note services to Service History Widget. Work with Netsmart on location code showing in widget.

Get Involved!

- 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. [Avatar Project Request Form \(santacruzhealth.org\)](#)

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Next Meeting

1. Next meeting is scheduled for 6/27/2024, 9 AM – 10 AM. (every other Thursday morning at 9 AM.)

Attendance

Rosalie Evans (Encompass), Samuel Kim (County IT), Sara Avila (County QI), Shelly Barker (County QI), Veronica Gonzalez (County AMH), Adriana Bare (County BH Business Management), Bernadette Franzel (Encompass QI), Claire Friedman (Sobriety Works), Daniel Crews (County IT), Dave Chicoine (County QI), Dylan Jones (County IT), Erica Ortiz (County Accounting), Gary Reaves (County Adult MH), Israel Balderas (County IT), Jennifer Gosk (Front St.), Jessica Stone (Janus Compliance), Johanna Jefferies (County AMH), Kayla Gray (County HTS), Madea Owen (County QI), Mary Zinsmeyer (New Life), Meganne Parker (Janus), Nancy Mast (County QI)