

Avatar Process Improvement - CalAIM Workgroup

Meeting Agenda

12/1/2022

9:00 AM - 10:00 AM

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 Partner's front-line staff, providers, 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 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
- 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 CalAIM Webpage. New documents are being added weekly.
- Review test documents in [UAT](#).

AGENDA ITEMS / MINUTES>>>

Announcements

1. **Next meeting – December 15, 2022, 9 AM – 10 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.**

General Discussion

1. **Problem List** – We are still working out details about how we will use the problem list and how we will classify problems that might need to be sequestered.
 - a. [Minutes/Discussion - x](#)

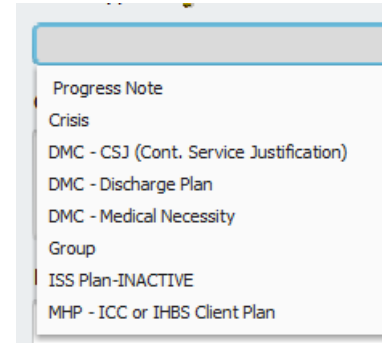
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2. **Form Changes** – An Avatar glitch causes the chart view to not show recent changes for form labels. This is being worked on by Netsmart.
 - a. [Minutes/Discussion](#) - x
3. **Progress Note Type changes/updates.**
 - a. Added a space in front of “Progress Note” to put it in front.
 - b. How about automatically defaulting “Progress Note” for new notes? Will people remember to change it when needed?
 - c. [Minutes/Discussion](#) - x



Reports – What reports need updating? What new reports do we need? (Dave)

1. **Peer Review Report for chart reviews**
 - a. [Minutes/Discussion](#) – x

Row Labels	Count of note_type_value
Crisis	130
DMC - CSJ (Cont. Service Justification)	3
DMC - Discharge Plan	3
DMC - Medical Necessity	88
Group	2009
Med Transfer Note	6
Medication Note	1304
MHP - ICC or IHBS Client Plan	25
MHP - TCM Care Plan	37
Problem List Update	160
Progress Note	12209
Progress Note wCoSign~INACTIVE	1
Psychiatric Annual Update	1
Psychiatric Evaluation	39
Grand Total	16015

2. **Progress Note Type report**
 - a. [Minutes/Discussion](#) – x

3. **Crisis Intervention Timeliness Report – Michael Garcia working on this**
 - a. [Minutes/Discussion](#) – x

4. [Minutes/Discussion](#) - x

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Measuring urgent psychiatric requests (Dave)

1. The problem needs to be accurately defined.
 - a. What is the timeframe? 3 days? What is the definition of an urgent appointment? We cannot address the problem until we have accurately defined the parameters.
 - b. Is this for new (“front door”) clients only? Or does this include current clients who might need an urgent appointment?
 - c. Use of SRADL for this measurement – Prior discussion was that this is not a desirable workflow for ongoing clients. Clinicians are not going to open a SRADL, which should be for intakes, for ongoing client, nor should they.
2. As far as we know, there is no good way to mine whether or not an urgent psychiatry appointment is a same day/next day appointment. Kayla: The same day/next day “S code,” is not used reliably, and it gets changed to a CPT code when the provider writes the progress note. There are prescheduled urgent appointments that clients can be put into, but also psychiatric clinicians (mostly nurses) might see a client on an ad hoc basis, therefore it gets difficult to measure urgent appointments.
3. [Minutes/Discussion - x](#)

The screenshot shows a software interface with two sections. The first section, 'Urgency Level', contains a list of radio button options: NTP (3 days), Psychiatry (15 days), NA - Information Only, Emergent (Immediate), Routine (10 days), Urgent-Prior Auth Needed (96 hours), and Urgent-Prior Auth Not Needed (48 hrs). The second section, 'CLINICAL DISPOSITION', is a dropdown menu with a lightbulb icon, containing a list of checkboxes: Health Navigation, Denied (no Medi-Cal), SUDS Only - Beacon Therapy, SUDS Only - Referral to County Access, CSP Only - Ref'd to Community Resources, Medi-Cal NOABD-Delivery System Letter, Provided/Received Information, Referred (Approved) for Services, Referred to BEACON, Referred to Integrated BH, Referred to Community Resources/Supports, Unable to Contact, MH Assessment in Progress/Scheduled, Crisis Services, and SUD Interim Perinatal Services (48 hrs).

Follow-up Needed

1. [Report Subcommittee](#)
2. [SRDL break out group](#)
3. [Screening/tracking break out group](#)
4. [Minutes/Discussion - x](#)

What topic should be covered next? What are the priorities?

1. [DMC specific progress note text templates](#). Text templates are prewritten text that can be added to a progress note to help prompt the user. These are different than information in light bulbs. These could potentially be assigned to certain system codes.
2. [Universal screening tool](#)
3. [Trauma screening tool](#)
4. [Minutes/Discussion - x](#)

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Action Items:

1. NA

Parking Lot

1. NA

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.