

Avatar Process Improvement - CalAIM Workgroup

Meeting Agenda

1/12/2023

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 Webpage, CalAIM Subpage](#). New documents are being added weekly.
- Review test documents in [UAT](#).

AGENDA ITEMS / MINUTES>>>

Announcements

1. **Next meeting – January 26, 2022, 9 AM – 10 AM;** (We 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. **NEW “Medical Note” form in Avatar:** This form was created for county prescribers only. It is a separate form from the normal SC Med Service Progress Note that you are familiar with. Once it is fully implemented you will see it added to the chart view and you can view these notes just like any other.

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General Discussion

1. CalAIM Tools in UAT

- a. Versions of the CalAIM Screening Tool for Adults, Screening Tool for Youth and Transition Tool are in UAT, developed by NetSmart. We expect some changes to these forms as more information comes from the state. State is still refining these forms.
- b. [Minutes/Discussion From last meeting](#)
 - i. Clarified that these forms are mandated for use by all counties as part of CalAIM reform. These tools, developed by the state, must be used by everyone.
 - ii. State start date for implementation of these forms was January 1, but there is a grace period. The state is still making some minor refinements to these tools. These refinements will be used to update the forms in Avatar.
 - iii. The tools in Avatar were created by Netsmart.
 - iv. The tools are currently in UAT.
 - v. Further discussion will be around how to implement use of these tools and should involve county and contractor management.
- c. [Minutes/Discussion today](#)
 - i. x

2. Updates to SRDL (Dave C., Sara Avila) - Changes have been made to the SRADL, primarily to facilitate data collection for SUD programs, but to also be able to monitor timeliness for urgent psychiatric appointments (requirement is 3 days). Please review in UAT.

- a. Measuring urgent psychiatric requests (Dave)
- b. Other Changes to form Clinical Disposition (Nancy/Sara)
- c. See appendix at end of document [Detail of SRDL Changes](#) for more information.

3. Stan Einhorn - Assessment Tool “Children’s Behavioral Health Intensive Support Services Eligibility Form” We want to convert this form to an Avatar form.

4. 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. [Previous Discussion/Notes](#)
 - i. CalAIM requires that we track who adds the problem and when they resolve it. Looking for a report to mine data out and Netsmart working on feature for this.
 - ii. Problem list is non-episodic and embedded into treatment plans. For Sequestered SUD programs we are working on a feature that would “hide” SUD problems however the first day it is added it will still be able to be seen. Meetings scheduled with Adrianna and IT.
 - iii. Diagnosis form and use by non-LPHAs Discussion: CalAIM now allows non-LPHAs to enter certain diagnoses (limited to some specific Z-codes described as “social determinants of health”). Question: What are the workflows?
 - iv. This new rule does apply to both MH and SUD programs. See notes from last meeting for specifics.
- b. [Minutes/Discussion today](#)
 - i. x

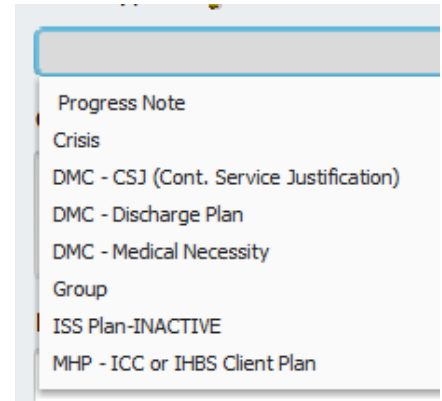
Avatar Process Improvement - CalAIM Workgroup

Meeting Agenda

1/12/2023

9:00 AM - 10:00 AM

5. **Progress Note Type changes/updates (Nancy) – Any more questions or changes here? Is this item wrapped up?**
6. **Mary Zinsmeyer (New Life) - Request for a mechanism to track face-to-face time.** This needs more discussion/clarification. Not discussed today.
7. **Dave - Peer Review Report for chart reviews.**
8. **Dave – New Timeliness Report**
 - a. Progress Note Type report – AND - Crisis Intervention Timeliness Report – Michael Garcia working on this.
 - b. New timeliness report that will have general, crisis and NTP standards
 - c. Will also include an item for progress note type



9. NEW ITEM: Managed Care Authorization Report (Dave)

- a. **Programs**
 - i. Inpatient Hospitalizations
 - ii. TBS
 - iii. Residential Programs (both MHP and DMC)
- b. **Possibly a new Netsmart update will work for this, but needs to be added to UAT and tested.**

Avatar Cal-PM 2022 Update 77 has been released.

A new registry setting has been added to myAvatar to better track and manage authorizations - both Managed Care Authorizations to track an individual client's authorized services, as well as Payor Based Authorizations to track non-client specific authorizations (commonly used to track "P-Auths"). The new registry setting is titled "Require Authorizations At Guarantors/Payors Level". The following features are added when this setting is enabled:

1) A new subsection is added to Guarantors/Payors to configure which service code(s) require an Authorization (either Managed Care Authorization or Payor Based Authorization), which service code(s) require an Authorization Number on a claim and apply effective dates to the configuration.

10. NEW ITEM: Request to add functionality to track 5150 reassessments. (Danielle Long, Dave)

- a. Need two items, one when it's upheld and one when it's not.
- b. "We can add more Dispositions to the SRDL. For example, we could add '5150 Lifted' and '5150 Upheld'.
- c. Reporting, either creating a custom Avatar report or requesting an ad-hoc spreadsheet on-demand.

Avatar Process Improvement - CalAIM Workgroup

Meeting Agenda

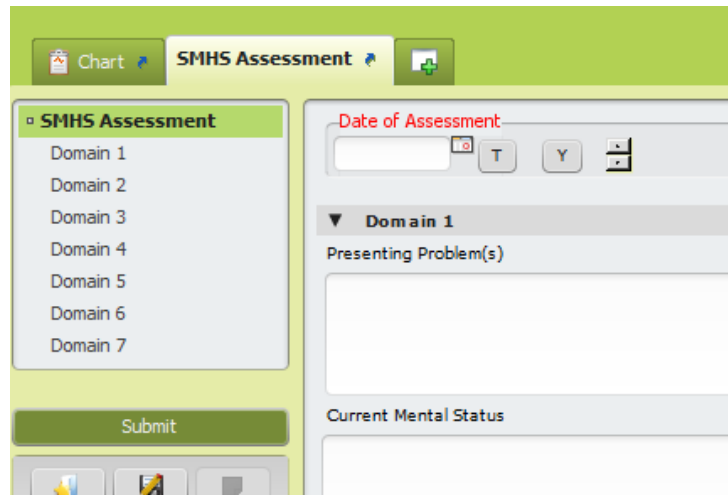
1/12/2023

9:00 AM - 10:00 AM

11. NEW ITEM: New "7 Domains"

Assessment: NetSmart made a super simple, psychosocial assessment, that follows those "7 Domains" that are required for CalAIM assessments. Nancy added it to UAT. It's called, "SMHS Assessment." Use this UAT link if needed and let Nancy know if you need a password reset. Avatar UAT: <https://santacruzuat.netsmartcloud.com>

There has been no decision made about whether or not we want to use this form, but we want to review with the committee.



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

1. No new items

Action Items:

1. x

Parking Lot

1. Progress note: Add DMC documentation start and end time, can we add two more fields in progress notes for this? Nancy shared this can be added, but it will not sync automatically with the total duration. SUD providers to decide if this is useful. Add this as a January agenda item.

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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Meeting Agenda

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Attendance

Detail of SRDL Changes

Activate Clinical Review

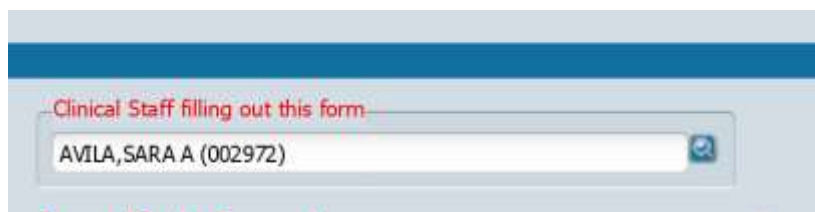


The screenshot shows a blue header bar with a downward arrow and the text "CLINICAL REVIEW". Below this is a form field with the label "Activate Clinical Review". The form has two radio buttons: "Yes" (which is selected) and "No". A yellow lightbulb icon is positioned to the right of the form field.

✓✓ Changed Dictionary Value/Label to “Activate Review Questions Below”

✓✓ Edited Lightbulb - Make sure it’s clear that anyone can click this item, not just clinical staff.

Clinical Staff filling out this form



The screenshot shows a form field with a red label "Clinical Staff filling out this form". The text "AVILA, SARA A (002972)" is entered into the field. A blue magnifying glass icon is visible to the right of the text.

✓✓ Changed Dictionary Value/Label to “Clinical Staff” [Remove the part that says “filling out this form”]

✓✓ Added lightbulb

“Enter one of the following:

- Clinical staff person filling out this form
- Clinical staff person that the form is being filled out on behalf of
- Clinical supervisor - Enter the team supervisor’s name only if you do not know the name of the specific clinician who will fill out the rest of this form.”

Clinical Disposition

Avatar Process Improvement - CalAIM Workgroup

Meeting Agenda

1/12/2023

9:00 AM - 10:00 AM



✓✓ **Changed Dictionary Value/Label** from “Medi-CAL NOABD-Delivery System Letter” to “Medi-CAL NOABD” (Item 01)

✓✓ **Changed Dictionary Value/Label** from “MH Assessment in Progress/ Scheduled” to “Assessment in Progress/Scheduled” (Item 08)

✓✓ **Updated Lightbulb for the above item**- Select “Medi-CAL NOABD” any time a NOABD is given. The type of NOABD issued, and why it was issued should be noted in the Clinical Notes field.

✓ **Added Dictionary Item** - “Referred to Other SUDS Provider”

✓ Referred to Other SUDS Provider

✓✓ **Updated Lightbulb for the above item** – For SUD programs only: Select when, after completing an ASAM brief screening, you have determined that the client needs referral to a different provider, either due to needing a different LOC or due to provider not having capacity.

✓✓ **Added Dictionary Item** - “In Custody ASAM Brief Completed”

✓ In Custody ASAM Brief Completed

✓✓ **Updated Lightbulb for the above item** – For SUD programs only: For in-custody screenings. Use when Documenting ASAM brief screening results and potential follow up plan after release. Include coordinating with jail staff regarding scheduling future provider appointments after client is released.