Avatar Process Improvement - CalAIM Workgroup
Meeting Agenda

1/26/2023
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 – February 9, 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.**

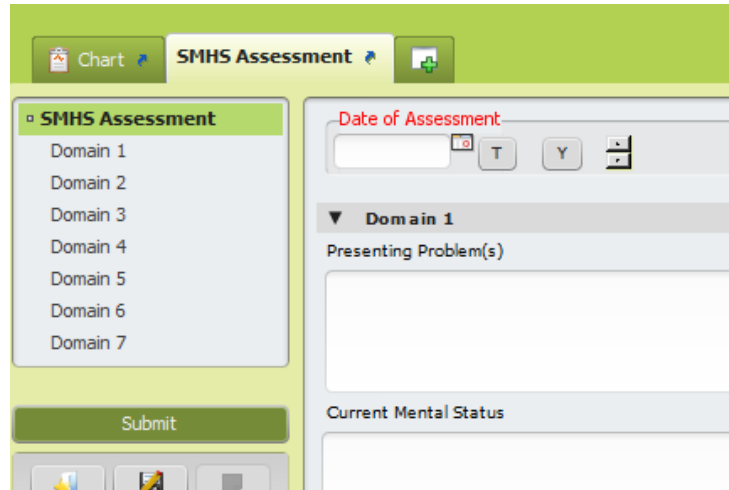**General Discussion**

1. **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.

   a. Netsmart made a very simple form with large text boxes covering the 7 domains, with only 1-4 questions per domain. CalAIM recommending that MH programs simplify assessment processes, and this would be one way to do it.

   b. The form is editable-we can add templates, etc. to it.

   c. Suggestion from group to have more check boxes added. It would be nice to have these embedded in each category to reduce assessment time. Which questions? What would the check boxes say?

2. **CalAIM Tools in UAT**

   a. Versions of the **CalAIM Screening Tool for Adults, CalAIM Screening Tool for Youth and CalAIM Transition Tool** are in UAT, developed by NetSmart.

   b. These forms are mandated for use by all counties as part of CalAIM reform.

   c. The tools in Avatar were created by Netsmart and match the state forms.

   d. The tools are currently in UAT for your perusal.

   e. State start date for implementation of these forms was January 1, but there is a grace period. The state was making minor refinements up to about two months ago. We don't anticipate any more updates, but you never know.

   f. Workgroups around how to implement use of these tools are happening. Any news about these workgroups?

   g. Minutes/Discussion today

      i. X

3. **COMPLETE? Updates to SRDL (Dave C., Sara Avila, Nancy Mast) -** 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).

     a. See the notes from the <u>last meeting</u>, end of document, Detail of SRDL Changes, for more information.

     b. <mark>Minutes/Discussion today</mark>

          i. x

4. **Stan Einhorn** - Assessment Tool **"Children's Behavioral Health Intensive Support Services Eligibility Form"** We want to convert this paper form to an Avatar form.

     a. State regulations specify that ICC and IHBS are significant components of children's services. To that end, all youth entering care will be assessed to see if they meet the criteria for ICC/IHBS.

     b. Currently, this is being tracked "manually" through various forms and spreadsheets that each agency keeps. This project would centralize, unify, and streamline procedures across agencies.

     c. Encompass TBS, IHBS, and ICC are primary agencies providing these services.

     d. What reports that might be needed?

     e. Nancy, Stan and Dave met to for a preliminary meeting on this. Dave creating spreadsheet of data items.

     f. <mark>Minutes/Discussion today:</mark>

          i. x

5. **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. 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.

          ii. 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.

          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.

          v. Thousands of problems historically added; Updated Problem List (See UAT) has a way to sequester problems, but not old problems. Need to Identify which SUD problems need to be hidden.

          vi. Problem Classification Question/Column – See UAT. Problems can be classified by specific programs only for sequestered SUD charts.

     b. <mark>Minutes/Discussion today</mark>

          i. x

6. **COMPLETE! Progress Note Type changes/updates (Nancy)**

7. **Request for a mechanism to track face-to-face time. (Mary Zinsmeyer - New Life) -** Sara to meet with Mary separately to clarify the problem and look at possible solutions.

   a. Minutes/Discussion today
      i. x

8. **Dave - Peer Review Report for chart reviews.** Will Pull out all info needed for peer review for UR meetings. Very close to being done.
   a. Minutes/Discussion today
      i. x

9. **Dave – New Timeliness Report**
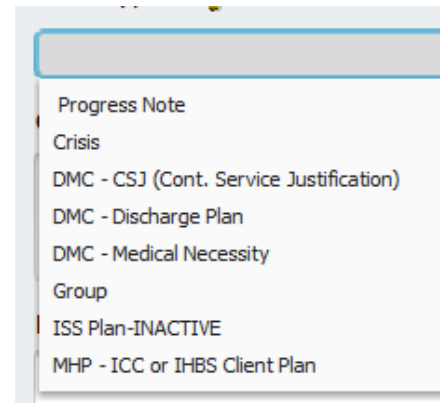   a. Progress Note Type report – AND - Crisis Intervention Timeliness Report – Michael Garcia working on this.
   b. New timeliness report that will have general, crisis and NTP standards
   c. Will also include an item for progress note type
   d. Monitoring timeliness of progress notes.
   e. Minutes/Discussion today
      i. x

10. **NEW ITEM: Managed Care Authorization Report (Dave)**
    a. Programs
       i. Inpatient Hospitalizations
       ii. TBS-please add IHBS and ICC as well.
       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.

11. **COMPLETE? Request to add functionality to track 5150 reassessments. (Danielle Long, Dave)**
    a. Added '5150 Lifted' and '5150 Upheld' to SRADL Disposition question.
    b. Reporting, either creating a custom Avatar report or requesting an ad-hoc spreadsheet on-demand.

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.**

Attendance