

Avatar Process Improvement - CalAIM Workgroup

Meeting Agenda

2/9/2023

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 23, 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.**

Avatar Process Improvement - CalAIM Workgroup

Meeting Agenda

2/9/2023

9:00 AM - 10:00 AM

General Discussion

1. **NEW ITEM: Report re not being able to add fentanyl related disorders to the problem list** – It appears you *can* add fentanyl to the problem list. When entering SUDs, start by typing in the name of the substance. Previously, you could simply type Substance Use and a whole list of different types of disorders would come up, but this does not work anymore.

The screenshot shows a software interface with a 'Problem List' tab. The table below lists several problems, with the sixth row highlighted in yellow. A search results dialog box is open in the foreground, displaying a list of fentanyl-related disorders with their corresponding SNOMED codes.

Row ID	Problem
1	Opioid dependence (SNOMED-75544000)
2	Problems influencing health status (SNOMED-118222006)
3	Problem related to unspecified psychosocial circumstances (SNOMED-284465006)
4	Anxiety (SNOMED-48694002)
5	Unemployed (SNOMED-73438004)
6	fentanyl use disorder

Code	Description
43823717!!66491	Fentanyl use disorder, mild (SNOMED-5602001)
41500854!!66491	Fentanyl use disorder, moderate (SNOMED-5602001)
41501064!!66491	Fentanyl use disorder, severe (SNOMED-5602001)
45326602!!66491	Fentanyl use disorder, mild, in controlled environment (SNOMED-5602001)
45326632!!66491	Fentanyl use disorder, mild, in early remission (SNOMED-5602001)

Avatar Process Improvement - CalAIM Workgroup

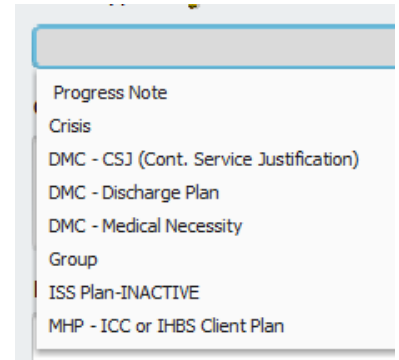
Meeting Agenda

2/9/2023

9:00 AM - 10:00 AM

2. NEW ITEM: Progress Note Type Change (Sara Avila) - Possibly change “DMC - Discharge Plan” to just “Discharge Activities” to cover both DMC and MH.

- a. Changing to “Activities” instead of “Plan” to cover the types of services DMC and MH perform under the discharge umbrella.
- b. Although Discharge Activities are slightly different for SUDS versus MH, we don’t think this would cause a data mining/extraction problem because the program would tell us which type of activities were being performed, either under DMC or MH.



BEFORE:

Note type: **DMC - Discharge Plan**

Lightbulb: DMC - Discharge Plan: Progress Note documenting discharge planning activities, including care coordination activities associated with discharge.

AFTER:

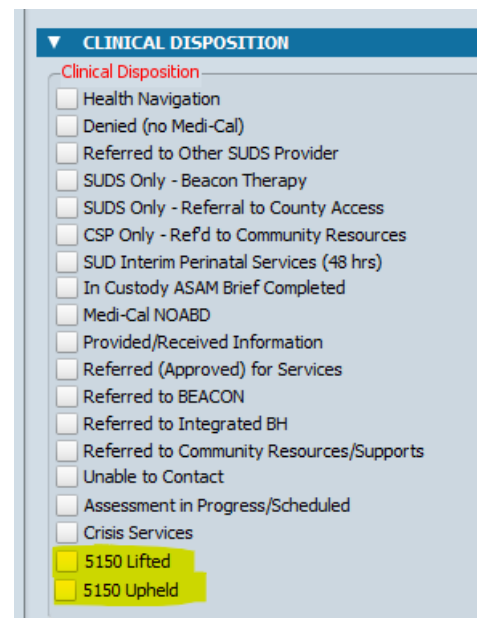
Note type: **Discharge Activities**

Lightbulb: Discharge Activities (DMC and MH): Includes development of discharge plan, discharge progress note with summary of TX, and any care coordination activities associated with discharge.

3. NEW ITEM Question about updating list item for Clinical Disposition in SRADL. Would it be a good idea to change the labels?

5150 Lifted => 5150/5585 Lifted

5150 Upheld => 5150/5585 Upheld



Avatar Process Improvement - CalAIM Workgroup

Meeting Agenda

2/9/2023

9:00 AM - 10:00 AM

4. New "7 Domains" Assessment - Discussion of whether or not to use this form

- a. This very simple psychosocial assessment, created by NetSmart, was reviewed at the last meeting.
- b. This form is more in keeping with the "paperwork reduction" aspects of CalAIM, but is a considerable departure from our current Psychosocial Assessment SC.
- c. The form could be updated with additional questions and whatnot if we want.
- d. 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?
- e. Suggestion to change the labels to provide more direction to people filling out the form.
- f. **Adding Residential Referral Form to Avatar (Dave)** Could the SMHS Assessment work for this?
 - i. Suggestion from Dave to add the EDC/TELOS/CASA P. application information into the psychosocial to streamline documentation and efficiency and justify placement at higher levels of care. Feedback on this encouraged.
 - ii. Currently, Residential programs require a variety of items, including a separate Referral form, and also the current Avatar Psychosocial Assessment SC. Could the new "SMHS Assessment" (discussed above) suffice for this purpose?
 - iii. Sarah Tisdale: Assessment for residential programs must align with multiple entities including CARF, County contract, and other entities governing residential programs. The stripped down SMHS Assessment would need significant additions to comply with regulations. There are items that the new form does not have that the current Psychosocial Assessment SC has.
- g. **Minutes/Discussion today**
 - i. Given the above, do we want to pursue using this form, or do we want to say no?

The screenshot shows a web-based assessment form titled "SMHS Assessment". On the left, there is a sidebar with a list of seven domains: Domain 1, Domain 2, Domain 3, Domain 4, Domain 5, Domain 6, and Domain 7. Below this list is a "Submit" button. The main form area on the right includes a "Date of Assessment" field with a calendar icon, a "Domain 1" section that is expanded to show a "Presenting Problem(s)" text area, and a "Current Mental Status" section. The interface is clean and uses a light green and white color scheme.

5. 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. State start January 1, but there is a grace period.
- e. Workgroups around how to implement use of these tools are ongoing. Any news about these workgroups?
- f. Developed by NetSmart.

Avatar Process Improvement - CalAIM Workgroup

Meeting Agenda

2/9/2023

9:00 AM - 10:00 AM

- g. Need to be moved to LIVE. When? What needs to be done prior to this?
 - h. There has been recent clarification from the state that the screening tools are only intended for use between plans (e.g. referral from MHP to Managed Care Plan), and the county cannot require providers to use this.
 - i. Can the tools be automatically scored? (Nancy) No, Avatar does not provide this functionality.
 - j. [Minutes/Discussion today](#)
 - i. x
6. Assessment Tool for [Children’s Behavioral Health Intensive Support Services Eligibility \(Stan\)](#) - This project is in process. No new information to report today.
7. **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. (Sara Avila)
- a. [Previous Discussion/Notes](#)
 - i. This new rule does apply to both MH and SUD programs.
 - 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. 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.
 - v. Problem Classification Question/Column – See UAT. Problems can be classified by specific programs only for sequestered SUD charts.
 - vi. We are delaying transferring the UAT problem list to LIVE for a couple of reasons:
 - Concern that providers are not being trained on how to classify problems.
 - Concern that providers are not updating the problem list when new problems arise because of lack of training.
 - b. [Minutes/Discussion today](#)
 - i. X
8. **Request for a mechanism to track face-to-face time. (Mary Zinsmeyer - New Life)** - Sara and Dave were to meet with Mary separately to clarify the problem and look at possible solutions. Report?
9. **Dave – New Timeliness Report**
- a. [Minutes/Discussion today](#)
 - i. x
10. **Dave - Peer Review Report for chart reviews.** Will Pull out all info needed for peer review for UR meetings. Very close to being done.

Avatar Process Improvement - CalAIM Workgroup

Meeting Agenda

2/9/2023

9:00 AM - 10:00 AM

- 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. Crisis notes must be completed within 24 hours of the service. In order to monitor this, the “Start Time” field on the progress note must be filled in. The report that monitors this then compares the start time to the “submit” time on the note, which should be within 24 hours. Unfortunately, this question is not red/required.
- f. Follow up training is needed for staff around this.
- g. [Minutes/Discussion today](#)
 - i. x

11. 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.

- c. [Minutes/Discussion today](#)
 - i. x

Future Items: What are the priorities and needs? What should be addressed first?

Minutes/Discussion today - We added several items to our to do list today, as below.

1. Document Routing for ASAM/ALOC Assessments? (Jessica Stone)

Avatar Process Improvement - CalAIM Workgroup

Meeting Agenda

2/9/2023

9:00 AM - 10:00 AM

- a. When these forms were created, document routing was not added. Unfortunately, both of these forms require medical director cosignature. (Some programs? All programs?)
- b. Also unfortunately, Routing cannot be added "after the fact" to Avatar forms.
- c. Nancy to check to make double extra sure.
2. Problem List: "Duplicate Problem" error has been popping up again. (Jessica Stone, Dagny Blaskovich) - Nancy asks for specific clients and instances where this is happened to report to NetSmart. This is likely related to a needed Avatar update that has not yet been implemented.
3. Supervisor Reports
 - a. Supervisor Reports are less relevant because of CalAIM changes. Assessments and other items are no longer due on specific dates, but are to be done "as clinically indicated." (Nancy)
 - b. SUD Supervisor Report still not complete. (Maya Jarrow)
 - i. Says "test" on the label and in the report printout.
 - ii. Maya to send markup to Dave with changes needed.
4. The "Assessment" widget which has a lot of the same data as the supervisor reports, has not been updated relevant to CalAIM changes.

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