Avatar Process Improvement - CalAIM Workgroup
Meeting Agenda

3/9/2023
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 – March 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.**

New Agenda Items

1. **NEW ITEM (Karen Hackett): Request to add two new note types to facilitate client appointments.**
   There is sometimes confusion when clients have telehealth psychiatry appointments. Telehealth can either be:
   a. Client comes to office, but sees the doctor via Teams from separate room, OR
   b. Client is at home were at another off-site location and is seen via Doxy.me.
   c. It would be helpful if they were two telehealth note types as follows:
      TELEHEALTH patient in office
      TELEHEALTH patient offsite or patient remote
   d. Discussion
      i. x
      ii.

2. **Tracking Fentanyl Use Disorder Treatment (Janus)**
   a. Previously, we worked it out that one actually can pull in Fentanyl related problems/diagnoses into the problem list and diagnosis forms, respectively.
   b. What are the parameters of tracking and monitoring data regarding Fentanyl? Are there existing reports that would serve this need?
   c. Discussion
      i. x
   ii.

3. **Problem List Review (Dave)**
   a. If you review the list or update within the context of meeting with the client, this is a billable activity and you should use the Problem List Update note type, even if the problem list doesn't change.
   b. Therefore, can we change the note type from "Problem List Update to Problem List Update/Review?"
   c. Discussion
      i. x

Old Agenda Items

5150 Upheld => 5150/5585 Upheld

5585 is the equivalent of 5150, but for youth.
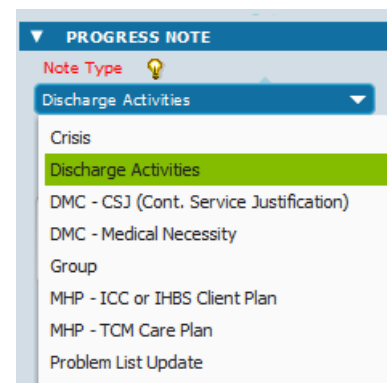
4. **New "7 Domains" Assessment - Discussion of whether or not to use this form. Is this discussion complete? Have we decided not to use this?**

    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.

5. **Adding Residential Referral Form to Avatar (Dave)** Could the SMHS Assessment work for this? This suggestion is 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.

   a. 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?

   b. 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.

   c. Minutes/Discussion from last time
      i. Given the above, do we want to pursue using this form, or do we want to say no?
      ii. Medical necessity is in the pre-authorization application for Telos, EDC, and Casa Pacific, however, is a word document that is not contained in avatar. Proposal to streamline and bring forms these into the managed care authorization form.
      iii. Dave would like a work group to discuss and explore this option in March with Encompass and County representatives. Dave to bring this topic up again in March.

   d. Today's Discussion
      i. Could this form be more inclusive for residential programs, so it is more universal? What questions or items would need to be added?
      ii.

6. **CalAIM Tools**
   a. **Tools are in UAT and are currently being added to LIVE. They might be in LIVE by the time we meet.**
   b. **Background**
      i. **Forms for reference:**

         Adult Screening Tool: https://www.dhcs.ca.gov/Documents/DHCS-8765-A.pdf
         Youth Screening Tool: https://www.dhcs.ca.gov/Documents/DHCS-8765-C.pdf
         Transition Tool: https://www.dhcs.ca.gov/Documents/DHCS-8765-B.pdf

      ii. **The CalAIM Screening Tool for Adults, CalAIM Screening Tool for Youth and CalAIM Transition Tools** are mandated for use by all counties as part of CalAIM reform. The tools in Avatar were created by Netsmart and match the state forms. Per state regulation, they must match the state forms exactly. (See above links to view the state issued versions, which are fillable PDFs.)

      c.   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.

      d.   Nancy and Gian have created non-episodic versions of these forms, with added logic and client demographic information to facilitate use of the form. The NetSmart versions of these forms were episodic, which is not desirable since screenings will often happen with individuals who will not qualify for services and will not be opened to services.

      e.   State start January 1, but there is a grace period. County training this week, with target date to start using these forms is March 1.

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

      g.   When are we moving forms to LIVE?

      h.   Minutes/Discussion last time
- We need a separate work group for these tools.
- Proposal to stop using word documents ad spreadsheets for tracking and put this information into avatar.
- Robert has many tracking spreadsheets and would like to have this transitioned to avatar.
- Nancy-there is an "admission referral form" in avatar that may be used.
- Dave recommending a side break out group.

      i.   Minutes/Discussion today last time
- X
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7.   Assessment Tool for **Children's Behavioral Health Intensive Support Services Eligibility (Stan) -** This project is in process. No new information to report today. Can someone from IT dept take this over?

8.   **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

9. **Dave – New Timeliness Report**
    a.   Minutes/Discussion from last meeting
        i.   Dave-finalizing timeliness report that shows all services, when the provider did the service and when they wrote the note, separates outpaitent from residential and crisis services timeliness.
        ii.   This will be attached to a peer review report that brings in chart review elements, these two items will be a "peer review packet."
    b.   Minutes/Discussion today
        i.   x

10. **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.
    c.   Dave- report has length of authorization for services, expanded module that has report and get managed care data. For residential authorizations you can sort how many client there are, when their authorization is coming due to manage the authorization data set.
    d.   Minutes/Discussion today
        i.   X

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

1. Document Routing for ASAM/ALOC Assessments? (Jessica Stone)
    b.   When these forms were created, document routing was not added. Unfortunately, both of these forms require medical director cosignature. (Some programs? All programs?)
    c.   Also unfortunately, Routing cannot be added "after the fact" to Avatar forms.
    d.   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)
           1. Says "test" on the label and in the report printout.
           2. 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.
5. Claire Freidman-County website does not have accurate information, wrong location. Casey working on updating website for accurate information, reach out to Casey. Nancy to follow up with Claire.
6. Jen Gosk-When will the certified peer support specialist be able to do medi-cal billing in avatar? This is a question for County Adult Leadership.
7. Bernadette-question from Encompass supervisor around accepting several notes in avatar, issue is when she has a bunch of notes at one time to approve her password does not work. Avatar glitch-Nancy will follow up. Work around is approving one note at a time until issue is fixed.

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