Avatar Process Improvement - CalAIM Workgroup
Meeting Agenda

3/23/2023
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 Partners, including line staff, supervisors, 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 – April 6, 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.**

Problem List

1. **Update to Problem Classification Question/Column is Complete**

2. **Problem List Changes – Messaging and Training on new features to the problem list**

3. **Note Type – "Problem List Update" updated to "Problem List Update/Review"**
   a. **Label changed to:** Problem List Update**/Review**
   b. **Lightbulb changed to** Problem List Update**/Review** - If you add, remove, resolve, **or review** problems in the Problem List, document this in your progress note. Problems in the problem list may be identified by staff, the person in care, and/or significant support persons. **Reviewing the problem list is an acceptable use of clinical time, as long as you are doing so to ensure that needed problems are on the list. Make sure you document the clinical need to review the list in your progress note.**
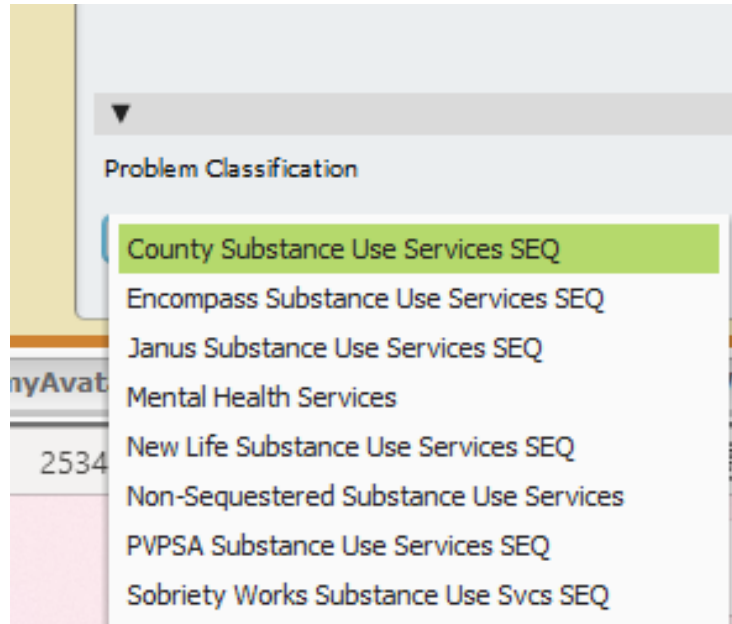
4. **Problem List and Diagnosis Form – Diagnoses from the Diagnosis form can be added directly to the problem list without opening the problem list.**
   a. Recommend using the diagnosis form to add DSM diagnoses to the problem list, rather than adding to the problem list directly.
   b. Make sure to fill in the Problem Classification question in the Diagnosis form, which will then be added to the problem list.

5. **Sequestration of Historical Problems on Problem List** – We are still working out details about how we will classify historical problems that might need to be sequestered. These are problems that already exist in Avatar, and need the Problem Classification question filled out.
   a. Minutes/Discussion today
      i. x

Old Agenda Items

6. **Use of the new "SMHS Assessment" (in UAT)**
   a. This very simple psychosocial assessment, created by NetSmart, to be more in keeping with the "paperwork reduction" aspects of CalAIM. It is a considerable departure from our current Psychosocial Assessment SC, being much simpler.
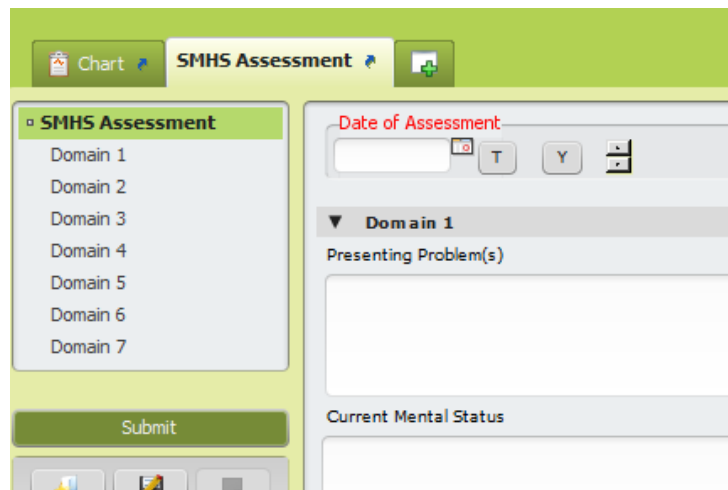   b. We would like to discuss using this form after making some custom updates to it so that it is more universal. In particular, could form could be updated to meet the requirements of residential referrals. The current residential referral form is paper, cumbersome, and could use some

        streamlining. If it could be combined with the SMHS assessment it could be very useful, and potentially replace the much longer Psychosocial Assessment SC.

        i.   EDC/TELOS/CASA P

        ii.   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.

7. **CalAIM Tools – Adult Screening Tool, Youth Screening Tool, Transition Tool**
   a. **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
   b. **These were all added to Avatar LIVE last week.**
   c. **Feedback? Questions? (Access and Children's Gates?)**
      i.   Nancy and Gian have created non-episodic versions of these forms, with added logic and client demographic information to facilitate use of the form.
   d. Minutes/Discussion today
      i.   x
8. **Dave – New Timeliness Report (Pending IT completion of updates)**

9. **Managed Care Authorization Report (Dave) (Pending IT completion of updates)**

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