

Avatar Process Improvement - CalAIM Workgroup

Meeting Agenda

6/15/2023

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](#).
- To request new projects, innovations or updates to Avatar, please feel free to share your ideas and suggestions in the Avatar meeting. You may also fill out and “Avatar Improvement Change Request Form” where you can provide details about your requested project.
<https://www.santacruzhealth.org/HSAHome/HSADivisions/BehavioralHealth/AvatarProjectRequestForm.aspx>

AGENDA ITEMS / MINUTES>>>

Announcements

1. **Next meeting – June 29, 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. **Is there anyone that should be invited to this meeting? (Or should be removed from the invite list?) (If you don't tell us, we don't know!)**

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Agenda Items

1. **CalAIM Service Code Trainings and Avatar Changes**
 - a. **Discussion Today:**
 - i. x
2. **DONE! (Nancy) Treatment Plan To Do List Notifications** – We had previously discussed and agreed on turning notifications off or the SC Episodic Treatment Plan only. We believe that this plan is not being used at all anymore but any programs, and we want clinicians to no longer get these reminders, which will not stop until the episode is closed without this change.

Client	Action	Form	Sent	From	Comments
Lil' T Tttfavreau	Review To Do Item	SC SUD Treatment Plan	04/10/2023	TEM...	SC SUD Treatment Plan / Plan de Tratamiento de Uso de Sustancias', ' Is Due For Review On 01/09/2022
Hortense Tttmcr...	Review To Do Item	SC MH Episodic Treatment Plan	04/10/2023	TEM...	SC MH Episodic Treatment Plan / SM Plan de Tratamiento Episodico 'Initial' Is Due For Review On 08/30/2022

3. **ALMOST DONE! Problem List Changes and Classification of Historical Problems** - County has completed the project for adding problem classification to problem lists for you. Problems associated with currently open SUD programs were updated. Please continue to update lists as you add new problems, or when you find older problems that should be classified. Also, if you find a problem that you think has been misclassified, please feel free to change the classification.

Row ID	Problem	Other	Problem Classification	Type
1	Alcohol use disorder, moderate (SNOMED-15167005)		Encompass Substance Use Services SEQ (EN)	
2	Discharge planning issues (SNOMED-309039003)		Encompass Substance Use Services SEQ (EN)	
3	Alcohol use disorder, severe, dependence (SNOMED-713862009)		Encompass Substance Use Services SEQ (EN)	
4	Alcohol use disorder, severe, in early remission (SNOMED-11061003)		Encompass Substance Use Services SEQ (EN)	
5	Problem with medical care compliance (SNOMED-7058009)		Encompass Substance Use Services SEQ (EN)	
6	Anxiety and depression (SNOMED-231504006)		Mental Health Services (MH)	
7	Self-care deficit (SNOMED-284777000)		Mental Health Services (MH)	
8	Impaired activities of daily living (SNOMED-129818000)		Mental Health Services (MH)	
9	Poor concentration (SNOMED-26329005)			

4. **SOLUTION IDENTIFIED - Problem List Duplicate Problem Error** ticket out to Netsmart for cleaning up duplicate problems in problem list as it is making the problem list glitchy. [Update from NetSmart 5/1/23: NetSmart still working on problem. No solution yet.]
 - b. **Discussion Today:** NetSmart provided a solution for this problem, this week, which will be applied soon.
 - i. x
5. **Potential Problem List Updates - Pending exploration with NetSmart**
 - c. Prior Discussion

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- i. Add Date Identified to dx form so you don't have to then open Prob list to add this after completing a dx form. (Veronica)
 - ii. Make Date Identified question required (Dave)
 - iii. Sarah Tisdale: Have date identified populate back to Diagnosis form from Problem List.
- d. "Date Identified" Field and Problem List

Row ID	Problem	Onset	Date Identified	Date of Onset	Time Of Onset
1	Substance abuse (SNOMED-66214...			01/01/2015	
2	Post-traumatic stress disorder, chr...			07/01/2016	
3	OCD (obsessive compulsive disorde...			02/01/2017	
4	Schizoaffective disorder, bipolar ty...			10/03/2017	
5	Mental retardation (SNOMED-9113...			01/01/1990	
6	Psychosis (SNOMED-69322001)			01/01/1990	
7	Poor impulse control (SNOMED-286...			01/01/1990	
8	Pica (SNOMED-14077003)			01/01/1990	
9	Anorexia (SNOMED-75408008)			01/01/1990	

- e. Field is required per CalAIM. Problem: There is no equivalent field on diagnosis form to populate this question. Is there a way to add this to the diagnosis form? Nancy: if field cannot be added to the diagnosis form, the submit date/time on the diagnosis form might suffice as a data point, at least in terms of audit compliance.

Diagnosis

7: Charis - Child Outpatient
05/06/2020 - Active

6: Sobriety Works - Adult IOT (0)
04/29/2020 - Active

5: LE - 0
12/16/20

Sort/Filter: Type Of Diagnosis Primary Diagnosis

Submitted 05/21/2021 at 08:02 PM by NANCY MAST LMFT

Diagnosis
Date of Diagnosis: 05/06/2020
Time of Diagnosis: 12:00 AM
Type of Diagnosis: Admission

Primary Diagnosis: Recurrent depression (F33.9) (Major depres

Status: Active
Bill Order: 1

- f.
- g. Date of Onset field: per recent feedback from state at our most recent audit, Date of Onset is not required. Please add the state if desired, but it is not required.

6. Assessment Tool "Children's Behavioral Health Intensive Support Services Eligibility Form"

- a. Nancy has finished the test version of the form, which can be tested in UAT.
- b. Please take a look at it and provide feedback to Nancy.

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- c. Gian working on a printout (report) of the form for printing, etc. Unfortunately, because some of the questions are fairly long, we will not be able to print this form directly from the chart view, thus we need a report.

7. CalAIM Tools – Adult Screening Tool, Youth Screening Tool, Transition Tool

- a. Feedback? Questions? (Access and Children’s Gates?) Nancy and Gian have created non-episodic versions of these forms, with added logic and client demographic information to facilitate use of the form.

b. Discussion Today

- i. x

8. No-show service codes (Sarah Tisdale) – Need for Encompass to have “M880” service code for client cancellations. This service code needs to be assigned to Encompass programs for use with progress notes (Encompass does not use Avatar Scheduling Calendar) This is for data tracking purposes, as they need a mechanism to track “client cancellations” vs. “no shows”. Sarah to request these updates from County IT.

- c. County is working on a project to monitor no-shows. Request will go to this committee. Note that service codes are changing with CalAIM and we need to keep this in mind when updating functionality related to service codes.
- d. Plan from last meeting was to have an off-line discussion to clarify what the needs are here. Did this happen? Is there still a need for this?

e. Discussion Today:

- ii. x

9. Supervisor Reports - Need updating to reflect CalAIM Changes

- f. 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.”
- g. SUD Supervisor Report still not complete. (Maya Jarrow)
 - iii. Says “test” on the label and in the report printout.
 - iv. Janus to send markup to Dave with changes needed. Did this happen?

h. Discussion Today

- v. x

Parking Lot

1. **Combining "SMHS Assessment" with Residential Referral Form** - What information is needed to fulfill the needs for residential programs? Dave - This is part of QI work plan and tracking authorized services. Would like to have a workgroup. This can be moved to parking lot items.

2. **Added in meeting - Avatar update projects: Need to look at all avatar projects and do appraisals of skill sets in order to see who can best do the projects, or what projects need to be delayed.**

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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