

Avatar Process Improvement - CalAIM Workgroup

Meeting Agenda

7/13/2023

9:00 AM - 10:00 AM

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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 – July 27, 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

- a. Questions about Training Resources? Trainings are completed and you should have received written materials and a link to videos in an email. Sent to all County BH staff and contractor supervisors. Written materials are also posted on the [Avatar CalAIM webpage here](#).
- b. **New Today –**
 - i. X

2. Timing of CalAIM Payment Reform Avatar Changes

WHEN IS IT CHANGING?

CalAIM Payment Reform changes go into effect July 1, 2023

Service date June 30th or before --> Progress Notes Finalized by Friday, July 7th, 11:59pm
Service date July 1st or after -----> Leave Progress Notes in Draft until Monday, July 10th

- a. June notes should be completed (finalized and co-signed if applicable). Deadline was 7/7.
- b. Group and Individual note forms have been updated. Questions?
- c. Questions about how timing fields work on the progress note? In the new notes, the duration of Direct Service Time and Travel & Documentation Time no longer total. (See picture below from the new note.) For services prior to 7/1, we will total the billing time for you in the background (but you are welcome to do this yourself if you want to – it would be very helpful to us.)

The screenshot shows a software interface for entering service times. It features a dropdown menu for 'PRACTITIONER(S) / TIME' with 'TEST, DOCTOR (006430)' selected. Below this are three input fields: 'Direct Service Time' with the value '30', 'Documentation & Travel Time' with the value '15', and 'Billing Time (minutes)' with the value '45'. A 'Calculator' button is visible to the right of the Billing Time field. Below these fields is a section for 'RESIDENTIAL SERVICE ONLY' with a dropdown for 'Residential Note Type'.

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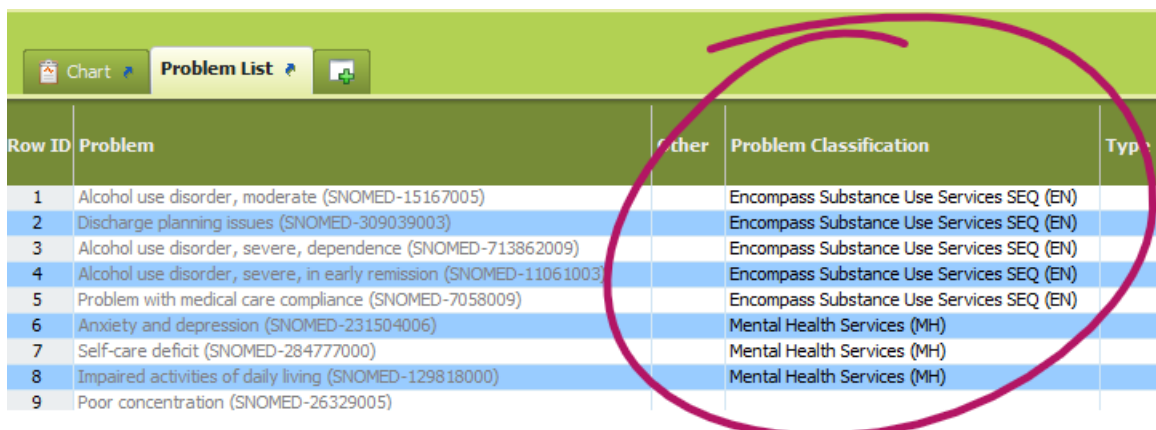
3. SERVICE CODE CHANGEOVER:

- a. The deadline for adding all new codes was 7/10/23.
 - i. This is mostly done, but there are still a few programs that need added codes. In particular, many programs are lacking “K” codes.
 - ii. For a few other services, service code information from the state is delayed (i.e. we don’t know what the code should be), and those services may have to avoid finalizing draft notes beyond the 7/10 deadline. These services include MAT and Nurse Injection (MH).
- b. Accounting has been putting notes back to draft that have the wrong codes relative to the service date. They were also drafting notes with service date on or after 7/1, but have stopped now. (Remember, we were supposed to have left progress notes from 7/1 on in draft until 7/10.)
- c. “I can’t find my service codes.” - If clinicians report that they don’t see new codes that they think they should be using, let us know. Send an email to askQI@santacruzcounty.us
- d. Be sure all episodes have a diagnosis entered ASAP for June services. If you don’t have a final diagnosis, it’s OK to add a preliminary diagnosis and then update. We need this done so that we can submit services to the state for recoupment, and we want to get paid for June.
- e. If a provider neglects to complete notes for June services, after 7/10/23, have the clinician use a nonbillable code (A001/M001).
- f. **New Today –**
 - i. X

4. **New Today –**

- a. X

2. **DELAYED DUE TO AVATAR ISSUE** - **Problem List Changes and Classification of Historical Problems** - County has done the bulk of 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



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)			

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feel free to change the classification. **Project delayed due to issue with Avatar Problem List Status.** (See next item.)

3. **SOLUTION HAS BEEN ID'd and will be applied Thursday, 7/13/23 - 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.
 - a. We are still working with NetSmart on the issue of Avatar thinking there are duplicate problems, which prevents finalizing the form. This is also affecting entering diagnoses.
 - b. Specify Other problems: At some point in the past six months, Avatar stopped allowing more than one "Specify Other" problem. If a user attempts to submit a problem list with more than one Specify Other problem, they will get a warning to change the status of all that one Specify Other problem to "Inactive."
 - c. Has the related issue, where you get this morning for a problem that is not duplicated happened recently? It would be helpful to know if other errors with the problem list that we have had in the past, are still occurring.

The screenshot shows the Avatar Problem List interface. At the top, there are tabs for 'Chart', 'Problem List', and a plus icon. Below the tabs is a table with the following columns: Row ID, Problem, Other, Problem Classification, Type, Date Identified, Date of Onset, Time of Onset, Status, Severity, and Chronicity. The table contains 17 rows of patient data. Row 4 is highlighted in yellow, showing a problem with the status 'Active (A) (A)'. A dropdown menu is open over the status field of row 4, showing 'Status search results:' with a list of codes and descriptions: A (Active), NTSTPVOID (Auto Delete From Tr), I (Inactive), M (Monitoring), and R (Resolved). The 'I' option is currently selected.

Row ID	Problem	Other	Problem Classification	Type	Date Identified	Date of Onset	Time of Onset	Status	Severity	Chronicity
1	Substance abuse (SNOMED-66214007)					01/01/2015		Active (A) (A)		
2	Post-traumatic stress disorder, chronic (SNOMED-313...					07/01/2016		Active (A) (A)	Severe (3)...	Chronic (C...
3	OCD (obsessive compulsive disorder) (SNOMED-1917...					02/01/2017		Resolved (R) (R)	Moderate ...	Chronic (C...
4	Schizoaffective disorder, bipolar type (SNOMED-3836...					10/03/2017		Active (A) (A)		
5	Mental retardation (SNOMED-91138005)					01/01/1990				
6	Psychosis (SNOMED-69322001)					01/01/1990				
7	Poor impulse control (SNOMED-286756000)					01/01/1990				
8	Pica (SNOMED-14077003)					01/01/1990				
9	Anger (SNOMED-75408008)					01/01/1990				
10	Chronic paranoid schizophrenia (SNOMED-31658008)					07/20/1970				
11	Anxiety with depression (SNOMED-231504006)					01/01/2021				
12	Aggressive outburst (SNOMED-192083006)									
13	Family dysfunction (SNOMED-248539004)									
14	Adjustment disorder with disturbance of emotion (SN...									
15	Other contact with orca, initial encounter (SNOMED-7...									
16	Conflict between patient and family (SNOMED-81935...									
17	Disruptive mood dysregulation disorder (SNOMED-71...					01/04/2023				

4. Potential Problem List Updates - Pending exploration with NetSmart

- a. Prior Discussion
 - 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.
- b. "Date Identified" Field and Problem List
- c. 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.

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- d. 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.

5. **Assessment Tool “Children’s Behavioral Health Intensive Support Services Eligibility Form” (Vince)** Request to add reminder like we have in our treatment plans for this form. (Vince Stroth) Nancy to check with NetSmart to see if this is possible. Answer from NetSmart: This functionality is not supported.

6. **Supervisor Reports - Need updating to reflect CalAIM Changes**

- 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.”
- b. SUD Supervisor Report still not complete. (Maya Jarow)
 - iv. Says “test” on the label and in the report printout.
 - v. Janus to send markup to Dave with changes needed. Did this happen?
- b. Possible organization of subcommittee to discuss.

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. **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.**

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