

# Avatar Process Improvement - CalAIM Workgroup

## Meeting Agenda

7/27/2023

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](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](mailto: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. NetSmart, has scheduled a UAT update for Friday 7/28 at 3PM CT (1 PM our time). Avatar will be down approximately 30 minutes.
2. Next meeting – August 10, 2023, 9 AM – 10 AM; (We meet every other Thursday morning at 9 AM.)
3. Agendas, meeting minutes and QI Guides are posted on the [Avatar Webpage, CalAIM Subpage](#)
4. During the meeting, please use the raise hand function or the chat box if you have questions, comments, concerns.
5. 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. Service Code Changes

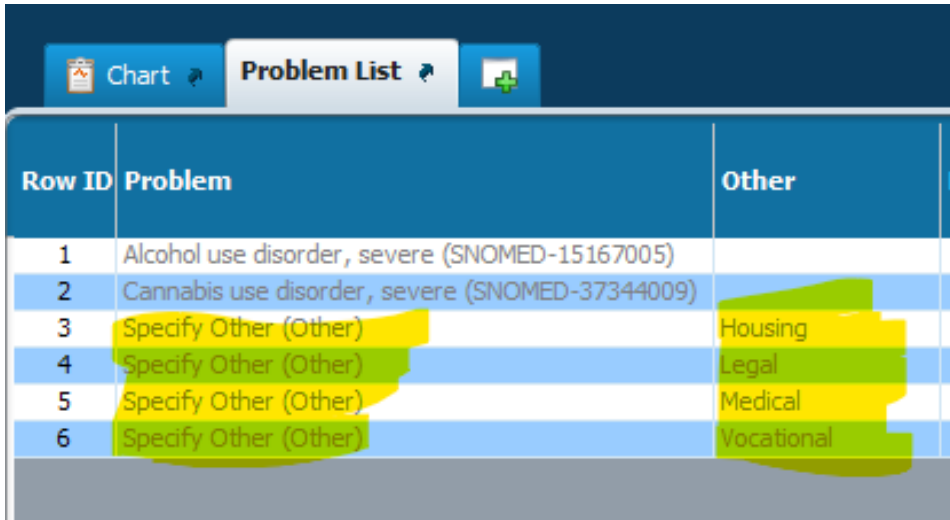
a. Questions about Training Resources? Trainings are completed and you should have received written materials and a link to videos in an email. Sent to all County BH staff and contractor supervisors. Written materials are also posted on the [Avatar CalAIM webpage here](#).

#### b. Discussion Today –

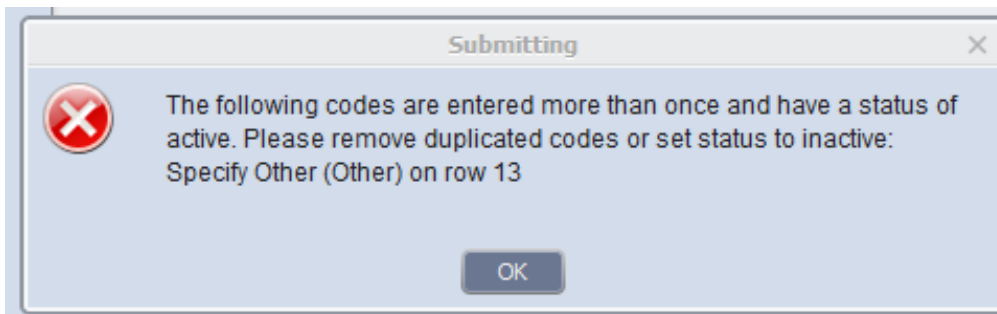
i. x

#### 2. Problem List “Specify Other” Problem Type -

a. BACKGROUND/EXPLANATION: Using Specify Other causes errors with the Problem List, which prevents the list from being finalized. This means no one can add a problem at all to the Problem List.



| Row ID | Problem   | Other      |
|--------|---|------------|
| 1      | Alcohol use disorder, severe (SNOMED-15167005)  |            |
| 2      | Cannabis use disorder, severe (SNOMED-37344009) |            |
| 3      | Specify Other (Other)                           | Housing    |
| 4      | Specify Other (Other)                           | Legal      |
| 5      | Specify Other (Other)                           | Medical    |
| 6      | Specify Other (Other)                           | Vocational |



Because the Problem List and the Diagnosis Form are connected, it may prevent a user from saving the Diagnosis Form, preventing addition of any diagnoses to the episode. In the past six months, the Problem List was updated by NetSmart. The solution essentially only allows there to be one Specify Other problem in an entire problem list. If there is more than one Specify Other problem in a Problem

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List, the user will get the warning pictured above, and then be unable to save. The user will then be directed to change all but one of the *Specify Other* problems to “Inactive.”

| Row ID | Problem   | Date 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    |                  |               |               |

Additionally, we have attempted to apply other solutions from NetSmart to fix this problem, but none have worked.

- b. PROPOSED SOLUTION: Direct clinicians to stop using the “Specify Other” problem type entirely. This may take some training to help people identify SNOMED codes they can use.

c. Discussion Today –

- i. X

3. Assessment Tool “Children’s Behavioral Health Intensive Support Services Eligibility Form” (ISS Assessment Form) Form is completed, along with a “report” (printout) in UAT for review. Once approved, it can be moved to LIVE.

a. Discussion Today –

- i. X

4. 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 Jarrow)
  - i. Says “test” on the label and in the report printout.
  - ii. Janus to send markup to Dave with changes needed. Did this happen?
  - iii. Possible organization of subcommittee to discuss.

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### b. Discussion Today –

i. X

### 1. Use of "SMHS Assessment" to replace current Psychosocial Assessment SC

- a. **Dave** - Can form be adapted so that it also works for residential intakes?
- b. **Nancy** - What items would need to be added to this form to make it useful for us, and ultimately replace our current psychosocial?
- c. Subcommittee to work on development?

### c. Discussion Today –

i. X

## Parking Lot

### 1. Update Avatar Project List

## 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