

Avatar Process Improvement - CalAIM Workgroup

Meeting Agenda

9/21/2023

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. H

AGENDA ITEMS / MINUTES>>>

Announcements

1. **Next meeting – October 5, 2023, 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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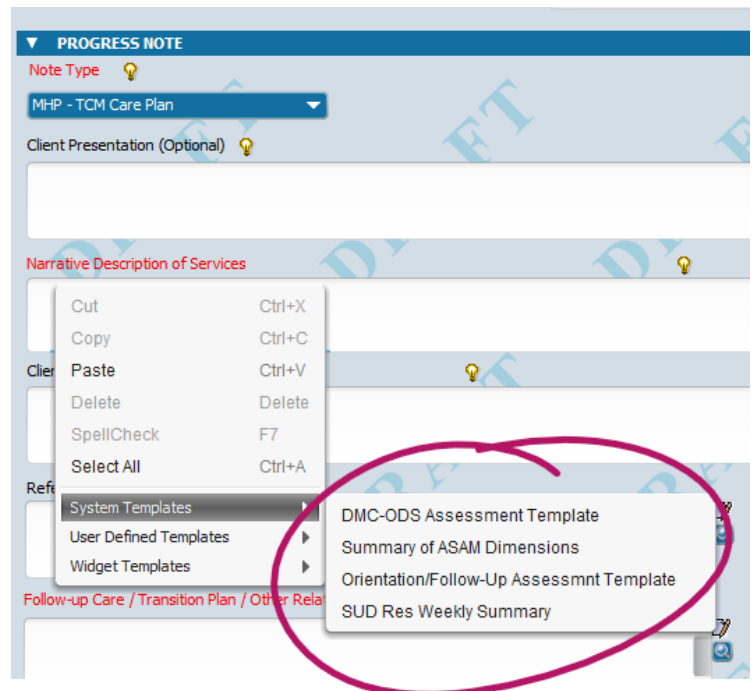
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Agenda Items

1. **Assessment Tool “Children’s Behavioral Health Intensive Support Services Eligibility Form” (ISS Screening Form) - Form is completed, along with a “report” (printout) in UAT for review. Once approved, it can be moved to LIVE.**
 - a. Children’s BH wants to launch soon in LIVE but needs to work out how to introduce the new form and report, as well as finalize workflows. There may be some minor changes to the form related to the aforementioned. Dylan Jones (IT), Nancy Mast (QI) and Meg Yarnell (CBH) have been meeting to discuss changes to the form.
 - b. See UAT to review the form.
 - c. Aggregate data reports - Need for Spreadsheet View type report
 - d. **Minutes/Discussion today**
 - i. **Demo in UAT (Dylan)**

2. **(Dave) Discussion of adding text templates (automatic text users can add to forms) to the SC General Purpose Progress Note for TCM care plan progress notes.**
 - a. Nancy can add once the text has been finalized.
 - b. **Minutes/Discussion today**
 - i. **x**



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3. Service Activity report

- The Service Activity Report in LIVE is not yet complete, and is not accurate.
- Daniel & Maria are revising the report in UAT. There is a new Practitioner category summary on the report. See example below.

Service Activity Report
Practitioner Category Summary

9/7/2023

Date Range: 4/3/2023-4/7/2023

| | Unique Clients | Number of Contacts | Total | Adjusted Total | Allowable | MediCal Eligible | Medi-Cal% | Cost | CalAIM Units |
|-------------------------------------|----------------|--------------------|-------|----------------|-----------|------------------|-----------|-----------|--------------|
| April | | | | | | | | | |
| Encompass - SSP-Adult Long Term Res | 9 | 108 | 843 | 630 | 800 | 630 | 100% | 17,494.41 | 79 |
| EN-SSPRES | | | | | | | | | |
| APCC | 5 | 21 | 139 | 139 | 139 | 139 | 100% | 6,331.90 | 24 |
| ASW | 1 | 1 | 10 | 0 | 10 | 0 | 0% | 0.00 | 0 |
| Other | 9 | 43 | 43 | 0 | 0 | 0 | 0% | 0.00 | 0 |
| RAC | 6 | 22 | 81 | 81 | 81 | 81 | 100% | 6,760.84 | 22 |
| SUDRC | 9 | 21 | 570 | 410 | 570 | 410 | 100% | 4,401.67 | 33 |

c. Minutes/Discussion today

4. CalAIM coding changes (progress note service codes)

- Cheat sheets, FAQs and videos published by QI and are on the [Avatar CalAIM Webpage](#).
- If you have questions, think that there is a code you should have that you don't, or see a code that you think should not be there, contact the QI department.
- Training of new staff
- Minutes/Discussion today

CalAIM Resources

Home
Training Resources
Forms & Reports
Information Notices
Meetings
CalAIM

As the California Department of Health Services rolls out the CalAIM initiative, we will make changes to our Avatar system to reflect that. This page has resources relevant to those changes.

County QI Department CalAIM Information and Guidance

FEE FOR SERVICE CPT CODING FREQUENTLY ASKED QUESTIONS (FAQ)

- Fee for Service DMC and MHP FAQ #1 6.27.2023
- NEW** Fee for Service DMC FAQ #2 8.4.2023
- NEW** Fee for Service MHP FAQ #2 8.4.2023

DMC SERVICE CODE GUIDES (Drug Medi-Cal or Substance Use Treatment Programs)

- NEW DMC QUICK GUIDE** DMC CPT CalAIM Coding 8.4.2023
- Fee for Service DMC-ODS CPT Coding 6.28.2023
- Fee for Service DMC LPHA Service codes 6.27.2023
- Fee for Service DMC Med Support LPHA codes 6.27.2023
- Fee for Service DMC Non-LPHA codes 6.27.2023
- Fee for Service DMC Peer Services codes 6.27.2023

MHP SERVICE CODE GUIDES: Mental Health Programs

- NEW MHP QUICK GUIDE** MHP CPT CalAIM Coding 8.4.2023
- Fee for Service MHP LPHA Service codes 6.23.2023
- Fee for Service MHP Non-LPHA codes 6.23.2023
- Fee for service MHP CPT Coding 6.23.2023
- Fee for Service MHP Peer Services codes 6.23.2023

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5. Update for Last Assessment Date Widget – Widget needs updating because of CalAIM changes.

| EP # | Program Name | Status | Psychosocial | MSE | Diagnosis | CANS ANSA | ALOC | ASAM RE | TX PLAN | CSI | CalOMS |
|------|---------------------------------------|-------------|--------------|-----|------------|------------|------|---------|------------|------------|--------|
| 7 | Charis - Child Outpatient | Need Update | 02-02-2023 | X | 05-06-2020 | 05-31-2019 | ✓ | ✓ | 10-05-2020 | X | ✓ |
| 10 | Encompass - Pre-Admit SEQ | Need Update | ✓ | ✓ | X | ✓ | X | X | X | ✓ | X |
| 8 | LE - 00044 MH COUNTY OUTPATIENT | Need Update | 02-02-2023 | X | 07-01-2022 | 05-31-2019 | ✓ | ✓ | 09-25-2022 | 07-01-2022 | ✓ |
| 3 | LE - 00440 MH ENCOMPASS OUTPATIENT | Need Update | 02-02-2023 | X | 09-19-2017 | 05-31-2019 | ✓ | ✓ | 08-14-2019 | 02-01-2018 | ✓ |
| 5 | LE - 00442 MH FRONT STREET OUTPATIENT | Need Update | 02-02-2023 | X | 12-16-2019 | 05-31-2019 | ✓ | ✓ | 03-15-2021 | X | ✓ |
| 9 | Pacific Clinics - Children Outpatient | Need Update | 02-02-2023 | X | 01-14-2023 | 05-31-2019 | ✓ | ✓ | X | X | ✓ |
| 6 | Sobriety Works - Adult IOT | Need Update | ✓ | ✓ | X | ✓ | X | X | 10-01-2021 | ✓ | X |

- a. Discussion from last meeting
 - i. New ISS Screening form needs to be added. Form is done at intake and then clients are reassessed periodically. Need to understand what the timeframes are to add to widget.
 - ii. Discussion of including PSC-35, but this form is external, web-based and run by a different agency. It might not be possible. Need to check.
 - iii. Even if certain items are no longer done on a routine basis, it might be good to leave the item on the widget and have the last date completed, as items like psychosocial assessment still need to be done when there has been change. (If assessment is not done when needed, then how can we know that services are still necessary and targeted toward the right things?)
- b. Minutes/Discussion today
 - i. Has the subcommittee met yet? (Dave)

6. Reports - Need updating to reflect CalAIM Changes

- a. SUD Supervisor Report
 - i. There are two supervisor compliance reports, one for DMC & one for MH. MH does not have annual psychosocial assessment due date any longer (psychosocial is due "as needed" per CalAIM). Are there documents that also no longer have a specific due date for SUDS?
 - ii. Reports can be changed, including fields, so they are functional for staff & supervisors.
 - iii. Janus sent Dave items about SUD report changes that are needed. Encompass SUD supervisors will provide feedback on changes that are needed.
 - iv. Four residential programs, ALOC must be done 72 hours of residential admission. Hours are harder for Avatar to calculate vs. days on reports. Would looking at 3 days or 2 days instead, work? Or possibly this might need a separate report.
 - v. For items that no longer have a specific due date, we might want to have the report at least provide the last date that assessment was done.
- b. MH User Compliance Report (Dave)
- c. Managed Care Authorization Form (Dave)
- d. "Adult MH Report" (Dave)

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- e. **Request for new Managed Care Authorization Report (Dave)**
 - i. Report includes pre-auth for EDC, Telos, Casa Pacific. Need to add TBS to this as well.
 - ii. Meg-service authorization requests and presumptive transfer would be great to add to this report, Psych testing, eating disorder referrals eventually would be great to add.

- f. **Minutes/Discussion today**

- i. x

- 7. **Use of "SMHS Assessment" to replace current Psychosocial Assessment SC**

- a. Clinical standards committee was formed a while ago to discuss things such as assessment, what to include, how long it should be etc. and is an appropriate place to discuss these updates.

- b. **Minutes/Discussion today**

- 8. **Update Avatar Project List**

- a. Report based on address - for homeless/unhoused folks.
 - i. A report based on their location would help. Would like to have an excel sheet that could be sorted.
 - ii. Report out from subcommittee? (Dave)

- b. Other New projects/new ideas?

- c. **Minutes/Discussion today**

- 9. **New Item**

Parking Lot

- 1. x

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