Avatar Process Improvement - CalAIM Workgroup
Meeting Agenda
11/30/2023
9:00 AM - 10:00 AM

Announcements

1. **Next meeting is tentatively scheduled for 11/30/23, 9 AM – 10 AM, but we want to discuss meeting dates over the holidays today.** (We normally 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!)**

AGENDA ITEMS / MINUTES>>>

1. **When to meet next.** If we meet every two weeks, these are the dates through the holidays. Do we want to meet on all these dates or do we want to skip some?
   a. 11/30 – We decided last time to meet today.
   b. 12/14
   c. 12/28
   d. 1/11
   e. Discussion Today

2. **Non-episodic assessment form, "CalAIM Assessment" (Dave)** The practice standards committee is looking at this new CalAIM assessment. A few programs are piloting using this assessment. This assessment cannot be used by providers widely yet-there are workflow issues that need to be worked out, assessment update timeline standards & leadership will need to discuss recommendations form practice standards committee. This new assessment will be non-episodic. Assessment is currently in LIVE if you want to check it out.
   a. Discussion Today

3. **Prog Note Templates (Dave)**
   a. TCM Care Plan is complete and in LIVE.
   b. "Problem List Review, Add or Remove" Template is in UAT. Needs to be moved to LIVE (Nancy)
   c. Other proposed templates
      i. Two Provider Group Note Template TBD.
      ii. Children's Behavioral Health??
      iii. ICC/IHBS?
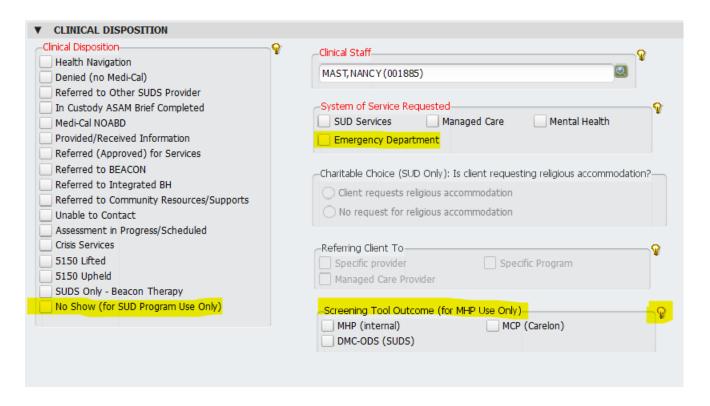   iv. Group Note Template - include documenting two providers in one note

v. Others?

d. <mark>Discussion Today</mark>

4. **SRDL Changes in UAT (Dave/Sara)**
   a. Label update and lightbulb for 'Screening tool outcome' to be MHP only. DMC providers were using this check box but it is for MHP only. Nancy updated to make it clear this is for MHP use only.
   b. SRDL for DMC providers only includes a "no show" check box to capture no shows for DMC programs only. Dave to follow up with Sara to introduce this idea to DMC groups.
   c. SRDL NO SHOW DMC library to the disposition library (Dave)
   d. A few items that have never been used were retired from the Clinical Disposition question.
      i. SUDS Only - Referral to County Access
      ii. CSP Only - Ref'd to Community Resources
      iii. SUD Interim Perinatal Services (48 hrs)
   e. <mark>Discussion Today</mark>

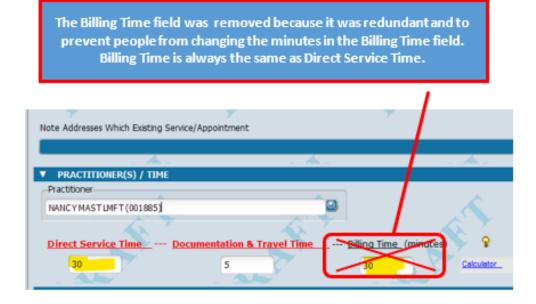**Avatar Process Improvement - CalAIM Workgroup**
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5. **ICC screening tool update (Vince, Dylan, Meg)**
   a. We will need an announcement about this to for providers when it is ready.
   b. CBH needs to finalize changes and workflows before form and report can be implemented.
   c. Vince-reviewed form with partner agencies and identified the following:
      i. Need definition of "physical" for criteria for ICC.
      ii. Need updated physical health & substance use comorbidity definition in lightbulb. Dylan updated lightbulb.
   d. Dylan-there are two things for follow up on this form- Netsmart is in agreement to keep form in draft, will require some programing. Netsmart will see if draft form status can done without programming, second pending item is the auto populating clinician into the form for whomever is filling out the form. Netsmart checking on this as well. The form changes that Vince recommended are in UAT.
   e. Has the form been moved to LIVE? (Dylan)
   f. Discussion Today

6. **Prog Note: Removing the billing time field from the prog notes (Daniel)**
   a. This has been done to the SC General Purpose Progress Note, the SC Group Progress Note and the SC Med Service Progress Note.

   b. There was a question about entering zero minutes to the Direct Time field for notes launched from the Scheduling Calendar. Avatar will not allow zero minutes in this field. The field is working as expected within the context of changes made to the forms. For non-billable services, enter 1 minute into direct time. There is no situation where one would enter 0 minutes in Direct Time but use a billable code.

7. **New from last meeting (Megan) related to the above – There was confusion about add on codes, in particular codes that max out at 15 minutes and require an add on code.**
    a. Is it that the system is not working right or that there is a training need? (Nancy).
    b. Several diagnostic codes require an add on code to bill for more than 15 minutes, e.g. 97091.
    c. For instructions on how to enter add-on codes in progress notes, see this handy video by Nancy. https://www.youtube.com/watch?v=maoOpCHnQkg

    d. Discussion Today
        i.
8. **(Daniel) Service activity Report:** IT dept working on final updates to forms.
    a. Discussion from last meeting:
        i. Daniel – for the SAR report, it will look like two separate services for primary and add on codes, the add on codes won't show in report as attached to the primary code. Next SAR update will show how many GG2212 (add on codes) will go with primary service.
        ii. Amanda-we use the SAR for running reports by client and we run the SAR by month to see if clinicians skipped adding the add on codes, we've been catching errors that way. Request for SAR months grouping to be taken out so we can look at date to date range.
        iii. Daniel - Dylan and I worked on SAR "fixed group" calculations for medi-cal eligible and medi-cal allowable units on report.
            1. Daniel shared his screen showing definitions of what columns stand for in the updated SAR.
            2. The total columns on the SAR report.
                a. "Adjusted" column shows total (subtracting all non-billable services from billable services).
                b. The "allowable" column includes minutes per unit for each code times amount maximum of unit for each code to be an "allowable service."
                c. "Medical eligible" column shows medi-cal allowable units (how much of service cost will be sent to medi-cal, cost is the "CalAIM" cost)
                    i. helpful to show how much other funding sources will cover.
                d. "CalAIM units" column has information on what we are going to claim to the state.
            3. SAR report also shows information for groups that are billed and how many units of service we will receive for each group (divided by a set "5" participants in each group no matter how many are in each group).
            4. 90785 only code that has "flat rate fee" regardless of credential of provider. If you see anything else in this report that needs attention, please contact us so we can address it.
        iv. Group expressed needing "date to date" logic in this report.
            1. Dave-the "SAR 2" has date to date parameters to run the report
            2. Daniel - will review logic from the SAR 2 report that had date parameters, start and end date. No month grouping for this report.
        v. Jessica Stone-we would like billing to be able to use this report if they need to.

      vi.   Mary Z.- we are using SAR to make sure that billing codes are correct before we send to our billing dept.

      vii.   Dave - for UR I use it all the time to review service ratios, but now rates are by discipline and not service code so we will need to look at how this translates when looking at the new SAR report.

   b.   Discussion Today

Parking Lot

1. Compliance report: Meg/Vince-New ISS Screening form needs to be added to last assessment widget. Form is done at intake and then clients are reassessed periodically. 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.

2. Dave-subcommittee for compliance report on Dave's to do list, compliance report will have fields swapped out. Date TBD for subcommittee.

3. Robert-issues with chart not showing most recent note in widget-this is coming up as we are addressing inactive clients with open LE44's as we move to close those LE episodes. Kayla -Last service date does not shuffle in chronological order, have to go into document viewer to see last date of note, not in widget. Any progress notes in chart not shuffling in chronological order. Nancy - need to clarify problem and then send ticket to Netsmart.

4. (Dave) New Managed Care Authorization form & report - Some services require authorizations; this form would be used to authorize times of service. Report includes pre-auth for EDC, Telos, Casa Pacific. Need to add authorization for TBS, ICC, IHBS, SUDs Residential (RTARs), inpatient stays to this as well. Still in UAT testing. Discussion from last meeting: Follow up for Dylan-will this report send reminders in avatar when authorization is due? Meg from last meeting-service authorization requests and presumptive transfer would be great to add to this report as well as psych testing & eating disorder referrals eventually would be great to add.

5. Robert: Can we add library in avatar from discharge form of all inpatient places in CA so CSP/PHF can use this when discharging person? Nancy- Discharge form cannot be used for this. Maybe can populate a dictionary but will need to be discussed more.

6. Vince-can we enable sending client reminders in upcoming appts in scheduling calendar?

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.**

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Attendance

Claire Friedman (Sobriety Works); Dagny Blaskovich (Volunteer Center); Daniel Crews (County IT); Dave Chicoine (County QI); Dylan Jones (County IT); Israel Balderas (County IT); Jessica Stone (Janus Compliance); Julie Krokidas-Wooden (Sobriety Works); Madea Owen (County QI); Maria Warnke (County IT); Mary Zinsmeyer (New Life); Meg Yarnell (CMH); Sarah Tisdale (Encompass QI); Vince Stroth (County CMH)

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.