

# Avatar Process Improvement - CalAIM Workgroup

## Meeting Agenda

3/21/2024

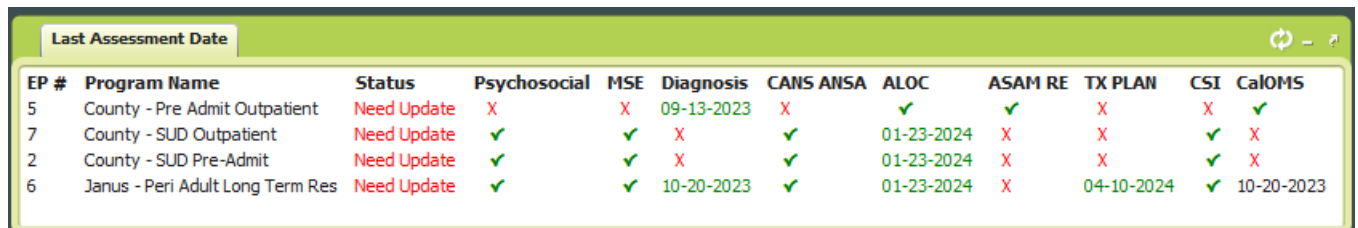
9:00 AM - 10:00 AM

## Announcements

1. Next meeting is scheduled for 4/4/2024, 9 AM – 10 AM. (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. Assessment Widget Updates



EP #	Program Name	Status	Psychosocial	MSE	Diagnosis	CANS ANSA	ALOC	ASAM RE	TX PLAN	CSI	CalOMS
5	County - Pre Admit Outpatient	Need Update	X	X	09-13-2023	X	✓	✓	X	X	✓
7	County - SUD Outpatient	Need Update	✓	✓	X	✓	01-23-2024	X	X	✓	X
2	County - SUD Pre-Admit	Need Update	✓	✓	X	✓	01-23-2024	X	X	✓	X
6	Janus - Peri Adult Long Term Res	Need Update	✓	✓	10-20-2023	✓	01-23-2024	X	04-10-2024	✓	10-20-2023

- a. General project tasks/parameters
  - i. Add new fields/data items (columns)
  - ii. Split into three widgets to accommodate many new columns added (space issues) – Adult MH, Children's MH, SUD
  - iii. Dylan and Israel are modifying the widget with help from Nancy/QI.
  - i. Checks to be replaced by last date completed for most items. With CalAIM, most assessments no longer have defined due dates. Widget will show when last assessment is completed & will include both psychosocial assessment and the new CalAIM assessment.

### Prior Discussion

- b. Chart view setup: All three widgets will be added to the same chart vs "different tabs." Izzy to make demo view for people to look at. Concern re "when you add program's names to widgets it has duplicate dates in the widget."
- c. compliance report (Dave)

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Discussion of details of widget and specific items on widgets.

- d. **SUD Treatment plan:** Should be included and, as with other items, should show the last date completed. Sara: The only program required to use the old standalone treatment plan form is the NTP/OTP programs, some programs that use SUBG grant funds will need to have a SUBG care plan but it is still undecided what form it should be in (treatment plan template vs care plan progress note).
- e. **PSC 35 form** (Children's form): Action item: Izzy to investigate whether or not we can add PSC 35 dates to widgets because this form is managed by an external database, that is not inside Avatar. Has this been done?
- f. **CANS/ANSA:** CANS and ANSA are in the same format. The same data items can be added to both the Adult and Children's MH widgets.
- g. **ASAM Brief/Adolescent ALOC/Adult ALOC (SUD forms):**
  - Sara- ASAM brief is one form used for both kids and adults. The Adolescent ALOC and Adult ALOC have different time frames for when they are due depending on the program. Do we need both forms on the widget? Or could it be an either/or, depending on the child's age? Do different programs start using the Adult form at different times, different ages? If these two forms can be combined into one item, it would help save space, but if not, both items should be on the Sud widget.
  - Amanda – what about the ASAM reassessment? Sara- it is now updated when clinically indicated. We could potentially add the ASAM reassessment into the widget on the date it was last done.
- h. **Last Problem List Update and last TCM Care Plan (data from progress notes):** It would be useful to know if/when these have been done. This would be data from progress notes, looking at the most recent instance of a progress note where the "Problem List Update" note type was selected, or the "TCM Care Plan" note type was selected.
- i. **SIDE ISSUE: Discussion of forms that are not currently in Avatar, that could be added to widgets.** In order to add items to the widget, there needs to be an Avatar form that clinicians use. If an external paper or electronic form is being used, we cannot add an associated data item to the widget. These items could be added to a wish list for future projects. Forms discussed:
  - i. IHBS, TBS, TFC authorization forms (Vince) (Vince to send copy to Madea.)
  - ii. ACES awareness tool (Jen)

## Minutes Discussion TODAY

- a. **PSC 35 form** (Children's form): Action item: Izzy to investigate whether or not we can add PSC 35 dates to widgets because this form is managed by an external database, that is not inside Avatar. Has this been done and if so, what was the outcome? **Is it possible to add this item to a widget (Izzy has been checking into this)?**
- b. Sara- **ASAM brief** is one form used for both kids and adults. Should this be added to widget?
- c. **Adolescent ALOC and Adult ALOC** have different time frames for when they are due depending on the program. Do we need both forms on the widget? Or could it be an either/or, depending

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on the child's age? Do different programs start using the Adult form at different times, different ages? If these two forms can be combined into one item, it would help save space, but if not, both items should be on the Sud widget.

### 2. CalAIM Assessment Form

- a. Type of Services question was updated to add "Peer Support Services" as a list item (Dylan). other items to add, or is this it?

The screenshot displays a web-based assessment form. The 'Type of Services' section is expanded, showing a list of checkboxes for various services. 'Peer Support Services' is highlighted in yellow. Below this, there are radio button options for 'Referral to Primary Care' and 'Referral to Managed Care Plan', and another set for 'Other' including 'No Services Recommended', 'Client Declined', and 'Unable to complete assessment'. The 'SUD Risk Rating' section is also expanded, showing a 'SUD Risk Section Not Completed' checkbox with a green checkmark, and a 'Dimension 1 - Acute intoxication and/or withdrawal potential' section with radio buttons for 'None', 'Mild', 'Moderate', 'Severe', and 'Very Severe'.

- b. Form has been added to most user roles and chart views (Nancy/Dylan). We discussed this previously, and more users were added. Anyone else who needs to use/view the form who cannot?

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- c. Links to other forms were added (Dylan).  
Are there others to add or is this it?

Chart CalAIM Assessment

UPA

- Domain 1: Presenting Pro...
- Domain 2: Trauma
- Domain 3: Behavioral Heal...
- Domain 4: Medical History...
- Domain 5: Psychosocial F...
- Domain 6: Strengths, Risk...
- Domain 7: Clinical Summar...
- Type of Services
- SUD Risk Rating

Submit

Adolescent Episodic ALOC A

Mental Status SC

CANS ANSA

Adult Episodic ALOC Assessr

Risk Assessment SC

Diagnosis

Type of Services

- Specialty Mental Health Services
- Mental Health Services
- Day Treatment Intensive
- Crisis Intervention
- Adult Residential
- Psychiatric Health Facility S
- Therapeutic Behavioral Ser
- Psychiatric Inpatient Hospi
- Intensive Care Coordinat

Non- Specialty Mental Health

- Referral to Primary Care

Other

- No Services Recommend

SUD Risk Rating

SUD Risk Section Not Compl

Dimension 1 - Acute intoxicat

- None

Dimension 2 - Disruptive

### 3. New "Medical Note" form for county prescribers only

- a. This was announced and discussed in prior meetings. This new note will not replace the SC Med Service Progress Note. County prescribers may use either note for now with the plan that they will all eventually use the new note. But contractor prescribers and other medical staff will continue to use the older SC Med Service Progress Note.
- b. There had been a previous issue where services from this note were not showing up on the "service history" widget. Has this been fixed? SIDE ISSUE: Deleted services have also been showing up in the service history widget, along with edited services not showing the change. (TESTING 3/6/24 Problem appears to have been fixed.)
- c. Another previously identified issue: "location code is not showing up on the form" (Dave). TESTING (Nancy): Location code (and several other fields from the Medical Note form) are not visible in chart view or the Progress Note widget, but can be seen in the Service History widget.

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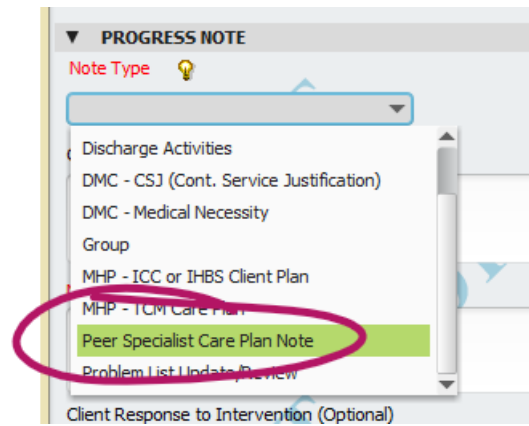
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4. Progress Note Templates
  - a. Information notice was sent last month for these two new progress note templates.
    - i. NEW *Problem List, Review, Add or Remove* Template
    - ii. NEW *MHP – TCM Care Plan Goal Statement* Template
  - b. Other progress note templates that are being worked on:
    - i. Enhancements for SUDS
    - ii. Feedback on billing codes

5. Peer Support Services

- a. Previous discussion/announcement: a new text template, along with a new note type has been added. No comments or changes requested from previous meeting. Template is being used successfully.
- b. Previous discussion about peer services in general:

- i. Can a supervisor can work on the template with a peer, and the peer puts it into avatar for their note? Dave- this is fine.
- ii. Jessica - Is there guidance around timelines for peer support care plan note? Can they bill if they do not yet have a peer care plan in place? If so, what services/codes? Dave- guidance document does not timelines. **Action item (QI team, Dave & Shelly) – To look into this. Regs may not be clear on timeframes.**
- iii. Dave-latest peer guidelines are out, on the Avatar Resource page, CalAIM subpage.



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### 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](#)
- [Fee for Service DMC FAQ #2 8.4.2023](#)
- [Fee for Service MHP FAQ #2 8.4.2023](#)
- [Fee for Service DMC FAQ #3 10.13.23](#)
- [Fee for Service MHP FAQ #3 10.13.23](#)

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

- **DMC QUICK GUIDE** [DMC CPT CalAIM Coding 8.4.2023](#)
- [Fee for Service DMC-ODS CPT Coding 6.28.2023](#)
- **UPDATE** [Fee for Service DMC-ODS LPHA Service codes 10.13.2023](#)
- **UPDATE** [Fee for Service DMC-ODS Med Support LPHA codes 10.13.23](#)
- **UPDATE** [Fee for Service DMC-ODS Non-LPHA Service codes 10.13.23](#)
- [Fee for Service DMC Peer Services codes 6.27.2023](#)

#### MHP SERVICE CODE GUIDES: Mental Health Programs

- **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](#)

#### PEER SUPPORT SPECIALISTS

- **NEW** [Peer Support Specialist Guidelines](#)

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### 6. Documentation of outcome of Screening Tool Forms

Search Forms	
screening tool	
Name	Menu Path
Adult Screening Tool (Non Episodic)	Avatar PM / Assessments
Youth Screening Tool (Non Episodic)	Avatar PM / Assessments
Adult Screening Tool Report	Avatar PM / Reports
Youth Screening Tool Report	Avatar PM / Reports
Screening Tool Outcomes Report	Avatar PM / Reports

- a. COMPLETED! A "dictionary item" was added to the "Screening Tool Outcome" question on the SRADL (shown below). (NOTE: This item was not added to the screening tool forms, just the SRADL. We are not allowed to make adjustments to the screening tool forms, which are created by the state.) Specifically, "Declined Services" was added as an option to the Screening Tool question. This allows clinicians to indicate that although a client qualified for services, based on the screening tool, the client declined them.

Screening Tool Outcome (for MHP Use Only)

MHP (internal)       MCP (Carlon)

DMC-ODS (SUDS)       Declined Services

- This update impacts Adult and Children's Access primarily, and key people are already been aware of the change. Representatives from Children's Behavioral Health (Vince, Meg) were in the last Avatar Process Improvement Meeting on 2/22, where the update was announced. Shelley met with Adult Access subsequent to the Avatar meeting (they informed that they were already aware of the update). Finally, this change has been communicated to QI staff who will bring this info to their next Children's and Adult UR meetings.
- b. Previous discussion about how to document the client declined services in SRADL from last meeting. Needs clarification.
    - i. What to check in in "Clinical Disposition" field in SRADL if client declined services? Could check "provided/received information" in box.
    - ii. If checked off as "declined services" would clinicians be required to enter, in SRADL, "date offered/date scheduled"? Dave - you would click "information only".

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### 7. ISS/ICC Form Updates (Vince/Dylan)

- a. How to enter the ICC coordinator in the ISS screening form if the client is already receiving ICC services through FCS? New question, "FCS Coordinated"?
- b. Dylan to clarify current routing and build updates in UAT.
- c. Planning on demo for the MHP Children's UR in Feb
- d. Add a new list item for an existing question - Screening Tool Outcome
- e. QI will host Children's UR in February to introduce so all providers that need it have it.
- f. Previous discussion:
  - i. Dave –The new ISS form is done, went live last week. Dave discussed accessing the report. When you submit the form the report pops out, it is a cool feature.
  - ii. A question about clinician's name being in the report. Dave had a discussion and a look at the report with Dylan and don't know if he has made those corrections yet. Follow up item for Dylan.

### 8. ASAM Screening tool

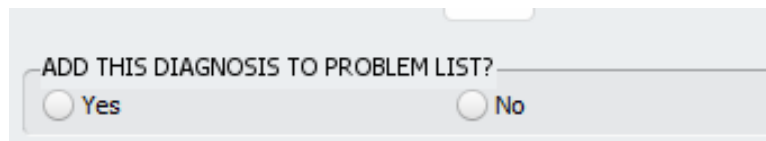
- a. Spanish language version needed. Clarify: Is this the form itself, or is there a report for the screening tool that would be provided to a Spanish-speaking client?
- b. Other updates needed?

9. **Note Type information** - see discussion above about adding note type information to assessment widget. Current reports that look for this information? Updates to current reports or new reports?

10. Diagnosis form and problem list

interface issues:

- a. There have been glitches with duplicate problems in problem list, which will prevent anyone from updating/saving problem list. Previously, the diagnosis form added to the problem list automatically. This automation has been removed. (Previously the question shown below was automatically set to "Yes." This has been turned off.
- b. Additionally, the diagnosis form does not automatically add a start date to the problem, which is required, thus this automation is not useful, as clinicians would need to still go to the problem list to add the start date.
- c. Izzy- Follow up item - will take a look at the diagnosis form and the problem list and see what is passed on when you click the box to default diagnosis into problem list.



ADD THIS DIAGNOSIS TO PROBLEM LIST?

Yes  No

11. **Patient portal:** The patient portal is a system whereby client records are placed in a separate system (e.g. HIE/HIO), where clients can view their own records. This is a state requirement, and counties are working on implementing. Our patient portal is in process. It has been beta tested and there are some challenges that present compliance issues. IT is working on it. questions? Comments?

### 12. New Forms in Avatar – future projects

- a. IHBS referral form. Separate from ISS form. Still on paper. Vince to send form to Madea.



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### Parking Lot

2. (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.
3. 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.

### 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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### 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%20Documentation-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.