

Avatar Process Improvement - CalAIM Workgroup

Meeting Agenda

11/3/2022

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 Partner's front-line staff, providers, 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 CalAIM Webpage. New documents are being added weekly.
- Review updated SC Group Progress note form in [UAT](#).

AGENDA ITEMS>>>

Announcements

1. **Next meeting – November 17, 2022, 9 AM – 10 AM** – We are moving back to every other week.
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.**

General Discussion

1. **Problem List** - Any problems or questions re the Problem List?
2. **Reports** – What reports need updating? What new reports do we need?
 - a. **Crisis Intervention Report (Dave)**
3. **Form Changes** – An Avatar glitch causes the chart view to not show recent changes for form labels. This is being worked on.
4. **Minutes**

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- a. Discussion

Service Request and Disposition Log Potential Updates

1. **SUDS needs certain changes to the SRDL to capture data. There are also questions about use of form and workflow.**
2. **Activate Clinical Review Button** - workflow challenges scope of practice issue with completing the SRDL form.
3. **Measuring Urgent Psychiatry appointments**
4. **Minutes**
 - a. Discussion

Follow-up Needed

1. **Report Subcommittee**
2. **SRDL break out group**
3. **Screening/tracking break out group**
4. **Minutes**
 - a. Discussion

What topic should be covered next? What are the priorities?

1. **DMC specific progress note text templates.**

Text templates are prewritten text that can be added to a progress note to help prompt the user. These are different than information in light bulbs. These could potentially be assigned to certain system codes.
2. **Universal screening tool**
3. **Trauma screening tool**
4. **Minutes**
 - a. Discussion

The screenshot shows a software interface with two main sections. The top section is titled 'Urgency Level' and contains a list of radio button options: NTP (3 days), Psychiatry (15 days), NA - Information Only, Emergent (Immediate), Routine (10 days), Urgent-Prior Auth Needed (96 hours), and Urgent-Prior Auth Not Needed (48 hrs). The bottom section is titled 'CLINICAL DISPOSITION' and contains a list of checkboxes for various clinical outcomes, including Health Navigation, Denied (no Medi-Cal), SUDS Only - Beacon Therapy, SUDS Only - Referral to County Access, CSP Only - Ref'd to Community Resources, Medi-Cal NOABD-Delivery System Letter, Provided/Received Information, Referred (Approved) for Services, Referred to BEACON, Referred to Integrated BH, Referred to Community Resources/Supports, Unable to Contact, MH Assessment in Progress/Scheduled, Crisis Services, and SUD Interim Perinatal Services (48 hrs). A lightbulb icon is visible in the top right corner of the 'CLINICAL DISPOSITION' section.

Action Items:

1. x

Parking Lot

1. x

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CalAIM Overview and recap

2. CalAIM has ushered major regulatory changes to the California Medi-Cal system.
3. 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.
4. CalAIM employs a person-centered approach to improve access and coordination among the delivery systems.
5. Minor documentation infractions resulting in recoupments will no longer be deemed priority through the lens of FWA.
6. 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.

Attendees