

Avatar Process Improvement - CalAIM Workgroup

Meeting Minutes

3/23/2023

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.
<https://www.santacruzhealth.org/HSAHome/HSADivisions/BehavioralHealth/AvatarProjectRequestForm.aspx>

AGENDA ITEMS / MINUTES>>>

Announcements

1. Next meeting – April 20, 2022, 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. NEW: Sara Avila (County QI) will be organizing a Practice Standards Committee for county mental health and substance use treatment programs.

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Problem List

1. Problem List Changes – Messaging and Training on new features to the problem list
 - a. Update to Problem Classification Question/Column is Complete

The screenshot shows a software interface with a 'Problem List' tab. A table lists 14 problems with columns for ID, Problem, Other, Problem Classification, Type, Date Identified, and Date of Onset. A dialog box titled 'Problem Classification search results:' is open, showing a table with 'Code' and 'Description' columns. The codes listed are AD, EN, JN, MH, and NL. The 'AD' code is highlighted in yellow.

Problem ID	Problem	Other	Problem Classification	Type	Date Identified	Date of Onset
1	Substance abuse (SNOMED-66...					01/01/2011
2	Post-traumatic stress disorder, ...					
3	OCD (obsessive compulsive dis...					
4	Schizoaffective disorder, bipola...					
5	Mental retardation (SNOMED-9...					
6	Psychosis (SNOMED-69322001)					
7	Poor impulse control (SNOMED-...					
8	Pica (SNOMED-14077003)					
9	Anger (SNOMED-75408008)					
10	Chronic paranoid schizophrenia ...					
11	Anxiety with depression (SNOM...					
12	Aggressive outburst (SNOMED-...					
13	Family dysfunction (SNOMED-2...					
14	Adjustment disorder with distur...					

Code	Description
AD	County Substance Use Services SEQ
EN	Encompass Substance Use Services SEQ
JN	Janus Substance Use Services SEQ
MH	Mental Health Services
NL	New Life Substance Use Services SEQ

2. Note Type – “Problem List Update” updated to “Problem List Update/Review”

The screenshot shows a 'PROGRESS NOTE' section with a 'Note Type' dropdown menu. The dropdown is open, showing a list of note types. The 'Problem List Update/Review' option is highlighted in yellow.

PROGRESS NOTE

Note Type

- Crisis
- Discharge Activities
- DMC - CSJ (Cont. Service Justification)
- DMC - Medical Necessity
- Group
- MHP - ICC or IHBS Client Plan
- MHP - TCM Care Plan
- Problem List Update/Review**

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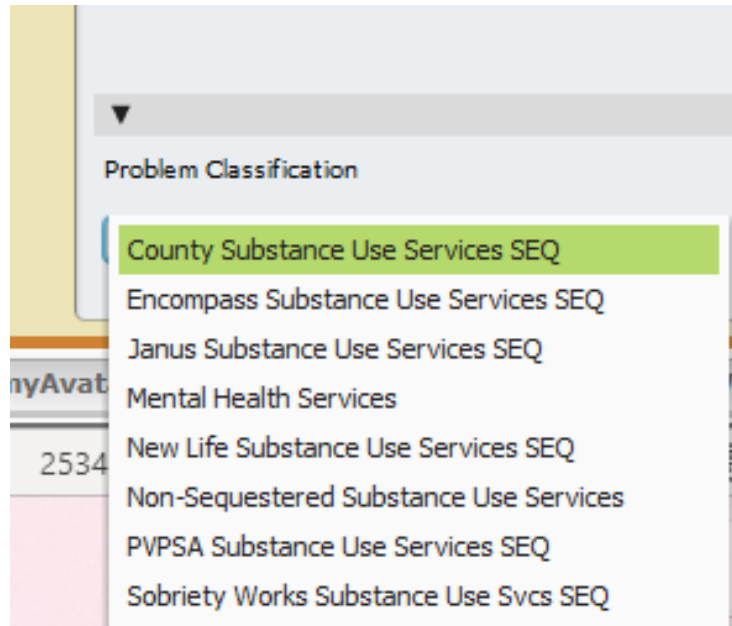
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3. Problem List and Diagnosis Form – Diagnoses from the Diagnosis form can be added directly to the problem list without opening the problem list.

- a. Recommend using the diagnosis form to add DSM diagnoses to the problem list, rather than adding to the problem list directly.
- b. Make sure to fill in the Problem Classification question in the Diagnosis form, which will then be added to the problem list.

c. Minutes/Discussion today

- i. Nancy-When you put in a diagnosis form there is a button on the form that you can click called “add to problem list” and this will add the diagnosis into the problem list automatically, but it will not include “the date identified” in the problem list. You would then have to go into the problem list to add “date identified” next to the diagnosis into the problem list.
- ii. Dave-can we add the date of onset into the diagnosis form?
- iii. Nancy-probably not because netsmart would have to make customization, not sure if this is a feature they have on the form, but we can ask.
- iv. Veronica-Likes the “add to problem list feature” on diagnosis form. Question, if I do not go back into problem list to add “date identified” to diagnosis it is red, do I need to go back into the problem list and add this? Follow up question: Should access be adding to the problem list? Answer: Check with your supervisor if you are doing intake assessment activities. If you are billing for any services, there must these be one diagnosis in the chart. The problem may or may not be required depending on what activities you are performing.
- v. Dave-Date identified is a CalAIM requirement. It is not a red field in the problem list, but it is required in the problem table. The diagnosis “submit” date may be able to act as the “date identified” but right now the direction is to add this date next to the diagnosis in the problem table. In particular, if you are performing case management type activities, in a mental health program, you may have to add a problem, as well as writing a progress note to describe your problem list planning activities.



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- vi. Sara-Shared the CALMHSA Clinician's documentation manual that includes date identified requirement for diagnosis/problems.
- vii. Nancy-there is a new med progress note for prescribers for county episodes that will have information defaulted into it such as medications, this will have the prescriber's diagnosis auto populate the problem lists from the new med progress note. You may see more diagnoses in the chart, in the county episode because of this.

4. **Sequestration of Historical Problems on Problem List** – We are still working out details about how we will classify historical problems that might need to be sequestered. These are problems that already exist in Avatar, and need the Problem Classification question filled out.

a. **Minutes/Discussion today**

- i. Nancy-for new clients in SUD programs where the episode is sequestered, you're going to want to pick one of the problem classification options when adding to the problem list. For Mental Health programs you do not need to classify problems right now.
- ii. Sara-had a training on Monday, for substance use treatment programs, on how to classify problems for SUD sequestered problems. There are a few new updates to the diagnosis form, and new steps, since the training. Sara will update the training slides and email them out. Problem classification is now moved to avatar LIVE.
- iii. Sara-The data team is working on classifying historical Sequestered problems. There are about 3,100 sequestered historical problems. SUD providers do not need to wait for this to be done for new clients coming in that are in Sequestered programs.
- iv. Claire-have a few sequestered people open, can we go in and classify sequestered problems?
 - i. Nancy-Yes, this can be done if desired. You do not have to wait for a county data clerk to update your client's problem list.
 - ii. Nancy-There is an Encompass pre admit program that is a non-sequestered program but is acting as a sequestered program. IT department working on this.

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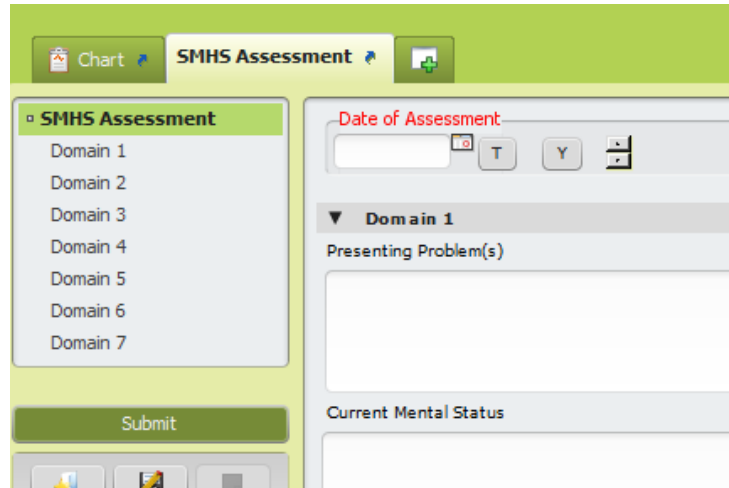
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Old Agenda Items

5. Use of the new "SMHS Assessment" (in UAT)

- a. This very simple psychosocial assessment, created by NetSmart, to be more in keeping with the "paperwork reduction" aspects of CalAIM. It is a considerable departure from our current Psychosocial Assessment SC, being much simpler.



- b. We would like to discuss using this form after making some custom updates to it so that it is more

universal. In particular, could form could be updated to meet the requirements of residential referrals. The current residential referral form is paper, cumbersome, and could use some streamlining. If it could be combined with the SMHS assessment it could be very useful, and potentially replace the much longer Psychosocial Assessment SC.

- i. EDC/TELOS/CASA P
- ii. Assessment for residential programs must align with multiple entities including CARF, County contract, and other entities governing residential programs. The stripped down SMHS Assessment would need significant additions to comply with regulations. There are items that the new form does not have that the current Psychosocial Assessment SC has.

6. NOT DISCUSSED: CalAIM Tools – Adult Screening Tool, Youth Screening Tool, Transition Tool

- a. For reference:

Adult Screening Tool: <https://www.dhcs.ca.gov/Documents/DHCS-8765-A.pdf>

Youth Screening Tool: <https://www.dhcs.ca.gov/Documents/DHCS-8765-C.pdf>

Transition Tool: <https://www.dhcs.ca.gov/Documents/DHCS-8765-B.pdf>

- b. These were all added to Avatar LIVE last week.
- c. Feedback? Questions? (Access and Children's Gates?) Nancy and Gian have created non-episodic versions of these forms, with added logic and client demographic information to facilitate use of the form.

7. NOT DISCUSSED: Dave – New Timeliness Report (Pending IT completion of updates)

8. NOT DISCUSSED: Managed Care Authorization Report (Dave) (Pending IT completion of updates)

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9. **NEW ITEM:** Sarah Tisdale shared the need for Encompass to have "M880" service code for client cancellations. This service code needs to be assigned to Encompass programs for use with progress notes (Encompass does not use Avatar Scheduling Calendar) This is for data tracking purposes, as they need a mechanism to track "client cancellations" vs. "no shows". Sarah to request these updates from County IT.

Future Items: What are the priorities and needs? What should be addressed first?

1. Document Routing for ASAM/ALOC Assessments? (Jessica Stone)
 - b. When these forms were created, document routing was not added. Unfortunately, both of these forms require medical director cosignature. (Some programs? All programs?)
 - c. Also unfortunately, Routing cannot be added "after the fact" to Avatar forms.
 - d. Nancy to check to make double extra sure.
2. Problem List: "Duplicate Problem" error has been popping up again. (Jessica Stone, Dagny Blaskovich) - Nancy asks for specific clients and instances where this is happened to report to NetSmart. This is likely related to a needed Avatar update that has not yet been implemented.
3. Supervisor Reports
 - 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." (Nancy)
 - b. SUD Supervisor Report still not complete. (Maya Jarrow)
 1. Says "test" on the label and in the report printout.
 2. Maya to send markup to Dave with changes needed.
4. The "Assessment" widget which has a lot of the same data as the supervisor reports, has not been updated relevant to CalAIM changes.
5. Claire Freidman-County website does not have accurate information, wrong location. Casey working on updating website for accurate information, reach out to Casey. Nancy to follow up with Claire.
6. Jen Gosk-When will the certified peer support specialist be able to do medi-cal billing in avatar? This is a question for County Adult Leadership.
7. Bernadette-question from Encompass supervisor around accepting several notes in avatar, issue is when she has a bunch of notes at one time to approve her password does not work. Avatar glitch-Nancy will follow up. Work around is approving one note at a time until issue is fixed.

Parking Lot

1. Progress note: Add DMC documentation start and end time, can we add two more fields in progress notes for this? Nancy shared this can be added, but it will not sync automatically with the total duration. SUD providers to decide if this is useful. Add this as a January agenda item.

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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