Avatar Process Improvement - CalAIM Workgroup
Meeting Minutes

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 test documents in UAT.

AGENDA ITEMS>>>

Announcements

1. **Next meeting – December 1, 2022, 9 AM – 10 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.**

General Discussion

1. **Problem List** - Any problems or questions re the Problem List? **Minutes: Maya Jarrow [chat]: Is system notes in LIVE?** Nancy: Not yet. We still need to iron out some details regarding Problem List updates from NetSmart. You can see these in UAT.
2. **Reports** – What reports need updating? What new reports do we need?
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 - Discussion of Progress Note Type changes/updates.**
    a. Dave shows Progress type use data. Each "count" is an instance of the that particular note type being used. Time frame? The good news is that people seem to be using the Problem List Update type. Reminder that clinicians MUST use Problem List Update and the Care Plan/Client Plan note types so that we can track these required activities per CalAIM.

Row Labels	Count of note_type_value
Crisis	130
DMC - CSJ (Cont. Service Justification)	3
DMC - Discharge Plan	3
DMC - Medical Necessity	88
Group	2009
Med Transfer Note	6
Medication Note	1304
MHP - ICC or IHBS Client Plan	25
MHP - TCM Care Plan	37
Problem List Update	160
Progress Note	12209
Progress Note wCoSign~INACTIVE	1
Psychiatric Annual Update	1
Psychiatric Evaluation	39
Grand Total	16015

    b. Jessica Stone: Question about Progress Note Type for Treatment Plan Update, for programs that are still using a standalone treatment plan. No decision made. [need to discuss – does this cause any problems?]
    c. Discussion of DMC – Discharge Plan Note Type – Jessica: How is this being used? Briana: just for the plan. Not or Treatment/Discharge Summary or any closing progress note you might write.
    d. Discussion of adding Medical necessity note type (for DMC programs). No decisions made.
    e. Discussion of needing a report to measure timeliness of crisis notes (Dave).
        i. Nancy: The submit time exists and can be compared to the start time in the progress note. This would need training so that people writing crisis notes no they have to put something in the Start Time field, and understand what point that is. It is the time the service starts, which includes any alert for response. For example, if a crisis worker is called by police to intervene with the client downtown, the "time" starts when the crisis worker gets the call, not when the crisis worker arrives at the scene.
        ii. Jessica brings up an interesting issue about what defines a crisis. We did not get into this in this meeting.
    f. Jessica Stone [chat]: Just to confirm is there a regular tx plan type of note for ntp or only problem list and tcm tx plan? Nancy: If your program still needs to do a standalone treatment plan, follow whatever protocols you already have in place. For MH programs, you typically want to write a progress note when you update the treatment plan. In addition to providing clinical documentation, this allows you to bill for your time when updating the treatment plan.
5. **Minutes - DAVE: There is a need for measuring urgent psychiatric requests. Discussion:**
    a. The problem needs to be accurately defined.
        i. What is the timeframe? 3 days? What is the definition of an urgent appointment? We cannot address the problem until we have accurately defined the parameters.
        ii. Is this for new ("front door") clients only? Or does this include current clients who might need an urgent appointment?
        iii. Discussion of use of SRADL for this. This is not a desirable workflow for ongoing clients. Clinicians are not going to open a SRADL, which should be for intakes, for ongoing client, nor should they.
    b. As far as we know, there is no good way to mine whether or not an urgent psychiatry appointment is a same day/next day appointment. Kayla: The same day/next day "S code," is not used reliably, and it gets changed to a CPT code when the provider writes the progress note. There are prescheduled urgent appointments that clients can be put into, but also psychiatric clinicians (mostly nurses) might see a client on an ad hoc basis, therefore it gets difficult to measure urgent appointments.

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Service Request and Disposition Log Potential Updates

1. **SUDS needs certain changes to the SRADL 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.

Follow-up Needed

1. **Report Subcommittee**
2. **SRDL break out group**
3. **Screening/tracking break out group**

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**

Urgency Level
- NTP (3 days)
- Psychiatry (15 days)
- NA - Information Only
- Emergent (Immediate)
- Routine (10 days)
- Urgent-Prior Auth Needed (96 hours)
- Urgent-Prior Auth Not Needed (48 hrs)

▼ CLINICAL DISPOSITION

Clinical Disposition
- 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
- SUD Interim Perinatal Services (48 hrs)

Action Items:

1. **NA**

Parking Lot

1. **NA**

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.**