Avatar Process Improvement - CalAIM Workgroup

Meeting Minutes

12/15/2022
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 Webpage, CalAIM Subpage***. New documents are being added weekly.
- Review test documents in UAT.

AGENDA ITEMS / MINUTES>>>

Announcements

1. **Next meeting – January 12, 2022, 9 AM – 10 AM;** Meeting frequency was recently changed from weekly to every other week. The next scheduled meeting on **December 29th, 2022, has been canceled** due to holidays. We will resume on January 12 and meet every other week after that.
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

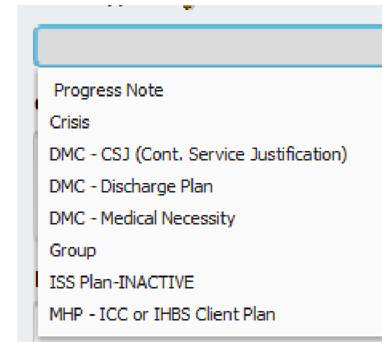
1. **CalAIM Tools in UAT**

a. Versions of the CalAIM screening tool for Adults, screening tool for Youth and Transition Tool are in UAT, developed by NetSmart. We expect some changes to these forms as more information comes from the state. State is still refining these forms.
b. Minutes/Discussion Today –
    i. Clarified that these forms are mandated for use by all counties as part of CalAIM reform. These tools, developed by the state, must be used by everyone.
    ii. Timeframe for implementation is pending finalization of forms. The state is still making some minor refinements to these tools. These refinements will be used to update the forms in Avatar.
    iii. The tools in Avatar were created by Netsmart.
    iv. The tools are currently in UAT.
    v. Further discussion will be around how to implement use of these tools and should involve county and contractor management.

2. **Stan Einhorn** - Assessment Tool Not discussed today.
3. **Problem List** – We are still working out details about how we will use the problem list and how we will classify problems that might need to be sequestered.
    a. Minutes/Discussion from Last meeting (12/1/22) – Netsmart not solving the changes that CalAIM wants, there may be more changes to problem list coming. The issue that we have because of our sequestered SUD episodes is somewhat unique to Santa Cruz County, and thus is a low priority to Netsmart because it does not affect many entities. Most counties/entities do not have SUD information combined with mental health information, and the few that do only have one SUD program versus the many programs that we have.
        i. CalAIM requires that we track who adds the problem and when they resolve it.
        ii. Looking for a report to mine data out and netsmart working on feature for this.
        iii. Problem list is non-episodic and embedded into treatment plans.
        iv. For Sequestered SUD programs we are working on a feature that would “hide” SUD problems however the first day it is added it will still be able to be seen.
        v. Meetings scheduled with Adrianna and IT.
        vi. Trainings come January for new items features on problem list. Contact Nancy if you want to test out a zoom training feature to use zoom as a platform for trainings.

b. Minutes/Discussion Today –
   i. Nancy demonstrated the form and filled people in on changes and planned use of the form.
   ii. This led to a discussion of Diagnosis form and use by non-LPHAs Discussion: **CalAIM now allows non-LPHAs to enter certain diagnoses (limited to some specific Z-codes described as "social determinants of health").** To that end, non-LPHAs were given access to the diagnosis form a few months ago. The diagnosis form does and has always had the functionality of adding problems to the problem list (there's a button you click). See this DHCS Information Notice for more info. List of Z-Codes is on page 3. https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-009.pdf
   iii. Question: What are diagnosis the **workflows**?
      1. Programs may now have non-LPHAs enter a preliminary Z-code diagnosis. What are the workflows for this? Can clerical staff do this?
      2. One county has required all problems to be entered through the diagnosis form. No adding directly to the problem list. What are the advantages of this? It may help to guarantee there is some sort of diagnosis on "day 1" for the client which would facilitate billing for services such as case management with very new clients.
   iv. Question: Does this apply to both MH and SUD programs? Answers:
      1. **Both SUD and MH programs** *may* add a Z-code diagnosis with new clients at intake.
      2. **Both MH and SUD programs** should update to a formal diagnosis that is relevant to the services being provided and reflects the intake assessment.
      3. **Timeframes to formal diagnosis:** Note that these are state mandated timeframes described below. Programs may require formal diagnosis sooner due to workflows and administrative reasons.
         a. **For MH programs**, regulations do not give a definitive timeframe. However, the final diagnosis must reflect the treatment being provided. Only in rare cases would you want to keep the Z-code diagnosis indefinitely.
         b. **For SUD programs**, there are time limits to arriving at a formal SUD diagnosis. The Z-code must be replaced with a formal diagnosis following these timeframes.
            i. **Youth outpatient** – Final/formal diagnosis must be entered no more than **60 days** from the opening date to services.
            ii. **Adult outpatient** – **30 days, unless client is homeless, then 60 days**
            iii. **Residential programs – At intake (day 1).** Residential programs must have a formal diagnosis for the client at intake, for service authorization requests (RTAR). Although the CalAIM standard is more lenient, the service authorization requirement means they cannot wait to arrive at a diagnosis for the client.

4. **Progress Note Type changes/updates.**
   a. Minutes/Discussion from last meeting
      i. Dave - Suggestion about automatically populating "Progress Note" as the default note type when clinicians initially open the form. Pros: this will save one step for clinicians. The Progress Note, note type is by far the most common note type selected. However, if another note type is needed, will clinicians forget to change it? As of now, note types of the best way for us to monitor whether certain notes have been written. No feedback from group regarding automatically defaulting "Progress Note" for new notes.



      ii. Jessica Stone (Janus) - Request to add a Note Type: DMC Treatment Plan (for NTP). Currently, NTP programs are using the Problem List Update note type which doesn't quite fit this situation. Jessica to send to spec Nancy for further discussion. For these programs that still require a stand-alone treatment plan, treatment plan itself tells you that it has been completed.
   b. Minutes/Discussion Today – We discussed the request from Jessica Stone (Janus) to add a Note Type: DMC Treatment Plan (for NTP). This item was placed on hold for now. This request is a response to state audit. There is information that the SUD Treatment plan does not capture but is required by the state. This includes the date of counselor signature. More exploration is needed before coming back to this potential update.

1. **Mary Zinsmeyer (New Life) - Request for a mechanism to track face-to-face time.** This needs more discussion/clarification. Not discussed today.
2. **Peer Review Report for chart reviews.** Not discussed today.
3. **Progress Note Type report -** Not discussed today.
4. **Crisis Intervention Timeliness Report – Michael Garcia working on this.** Not discussed today.

Measuring urgent psychiatric requests (Dave) **Not discussed today.**

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

1. **No new items**

Action Items:

1. **Updates to SRADL (Dave C., Sara Avila) -** Changes are being made primarily to facilitate data collection for SUD programs, but to also be able to monitor timeliness for urgent psychiatric appointments (requirement is 3 days). These are still being worked on (Nancy) and we hope to have these to show you at our next meeting.

Avatar Process Improvement - CalAIM Workgroup

Meeting Minutes

12/15/2022
9:00 AM - 10:00 AM

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.

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

Beloved Bolton (County QI), Briana Kahoano (County SUDS), Dagny Blaskovich (Volunteer Center), Dave Chicoine (County QI), Jessica Stone (Janus), Joel Stiles (New Life), Mary Zinsmeyer (New Life), Nancy Mast (County QI), Sarah Tisdale (Encompass QI), Veronica Gonzalez (County AMH)