

Avatar Process Improvement - CalAIM Workgroup

Meeting Minutes

1/12/2023

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 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 26, 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 “Medical Note” form in Avatar:** This form was created for county prescribers only. It is a separate form from the normal SC Med Service Progress Note that you are familiar with. Once it is fully implemented you will see it added to the chart view and you can view these notes just like any other. There was a question about diagnosis. The form will pull the current diagnosis for the episode into the note. If the med provider writing the note decides to update the diagnosis in their note, it will create a

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new DX in avatar via the Diagnosis form. Once providers start using the form, you might see more diagnoses added to the chart. The Medication Note is currently being built for County BH Providers by Netsmart.

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 From last meeting](#)
 - 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. State start date for implementation of these forms was January 1, but there is a grace period. 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.

c. [Minutes/Discussion today](#)

- i. Have not moved these to LIVE yet in avatar. These forms can be tested in UAT.
- ii. Sarah Tisdale would like clarification re: if the screening and transition tools would be used by contract providers.
 - CalAIM mandates use of these tools.
 - Vince-Work groups needed around use of these tools, especially with youth.
 - Workflows for these items should be a follow up item.

2. Updates to SRDL (Dave C., Sara Avila) - Changes have been made to the SRADL, primarily to facilitate data collection for SUD programs, but to also be able to monitor timeliness for urgent psychiatric appointments (requirement is 3 days). Please review in UAT.

- a. Measuring urgent psychiatric requests (Dave)
- b. Other Changes to form Clinical Disposition (Nancy/Sara)
- c. See appendix at end of document [Detail of SRDL Changes](#) for more information.

d. [Minutes/Discussion today](#)

- i. Urgency Level: Added 1) Urgent psychiatry (48hrs), workflow TBD, state measurement requirement. Took out NTP request, it will now be client/legal guardian request.
- ii. Urgency level: added screening for situations in SUDS when they are called to do a screening for someone in Jail, but they cannot do an appt.
- iii. Activate Clinical Review: Clerical staff can now enter data on behalf of clinical by adding clinical staff name.
- iv. Clinical Disposition: "Delivery NOABD" item replaced with just "NOABD" so more people can use this item.

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- v. Clinical Disposition: “In custody ASAM brief competed” added and “Referred to other SUDS provider” added.
- vi. Please test these out in UAT to see if anything needs to be altered before we move it to LIVE.
- vii. Workgroup with Sara has been working on these changes, currently in testing phase. Beloved will be running some meetings for SRADL monitoring/reporting.

3. Stan Einhorn - Assessment Tool “Children’s Behavioral Health Intensive Support Services Eligibility Form” We want to convert this form to an Avatar form. [Minutes/Discussion today:](#)

- a. Stan- State regulations specify that ICC and IHBS are significant components of children’s services. To that end, all youth entering care will be assessed to see if they meet the criteria for ICC/IHBS.
- b. Currently, this is being tracked “manually” through various forms and spreadsheets that each agency keeps. This project would centralize and unify procedures across agencies.
- c. Encompass TBS, IHBS, and ICC are primary agencies providing these services.
- d. Nancy – In addition to making a form, we need to think about reports that might be associated with it. What data items need to be on the form so we can track using reports. Next step - Nancy and Stan to discuss direction of form. Stan to set up meeting with Nancy.

4. 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. [Previous Discussion/Notes](#)
 - i. Problem list is non-episodic and embedded into treatment plans. 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. Meetings scheduled with Adrianna and IT.
 - ii. CalAIM requires that we track who adds the problem and when they resolve it. Looking for a report to mine data out and Netsmart working on feature for this.
 - iii. 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”). Question: What are the workflows?
 - iv. This new rule does apply to both MH and SUD programs. See notes from last meeting for specifics.
- b. [Minutes/Discussion today](#)
 - i. Nancy - thousands of problems historically added; Updated Problem List (See UAT) has a way to sequester problems, but not old problems. Need to Identify which SUD problems need to be hidden.
 - ii. Problem Classification Question/Column – See UAT. Problems can be classified by specific programs only for sequestered SUD charts.

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5. **Progress Note Type changes/updates (Nancy) – Any more questions or changes here? Is this item wrapped up?**

- a. **Minutes/Discussion today** - No updates on this form the meeting. This project can be marked as complete.

6. **Mary Zinsmeyer (New Life) - Request for a mechanism to track face-to-face time. Minutes/Discussion today**-Sara to meet with Mary separately to clarify the problem and look at possible solutions.

7. **Dave - Peer Review Report for chart reviews. Minutes/Discussion today** Will Pull out all info needed for peer review for UR meetings. Very close to being done.

8. **Dave – New Timeliness Report**

- a. Progress Note Type report – AND - Crisis Intervention Timeliness Report – Michael Garcia working on this.
- b. New timeliness report that will have general, crisis and NTP standards
- c. Will also include an item for progress note type
- d. **Minutes/Discussion today**-Monitoring timeliness of progress notes.

9. **NEW ITEM: Managed Care Authorization Report (Dave)**

- a. Programs
 - i. Inpatient Hospitalizations
 - ii. TBS-please add IHBS and ICC as well.
 - iii. Residential Programs (both MHP and DMC)
- b. Possibly a new Netsmart update will work for this, but needs to be added to UAT and tested.

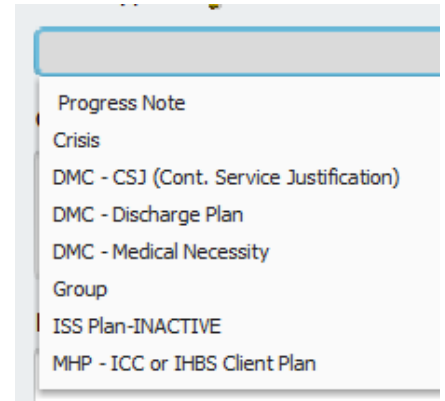
Avatar Cal-PM 2022 Update 77 has been released.

A new registry setting has been added to myAvatar to better track and manage authorizations - both Managed Care Authorizations to track an individual client's authorized services, as well as Payor Based Authorizations to track non-client specific authorizations (commonly used to track "P-Auths"). The new registry setting is titled "Require Authorizations At Guarantors/Payors Level". The following features are added when this setting is enabled:

1) A new subsection is added to Guarantors/Payors to configure which service code(s) require an Authorization (either Managed Care Authorization or Payor Based Authorization), which service code(s) require an Authorization Number on a claim and apply effective dates to the configuration.

10. **NEW ITEM: Request to add functionality to track 5150 reassessments. (Danielle Long, Dave)**

- a. Need two items, one when it's upheld and one when it's not.
- b. "We can add more Dispositions to the SRDL. For example, we could add '5150 Lifted' and '5150 Upheld'.
- c. Reporting, either creating a custom Avatar report or requesting an ad-hoc spreadsheet on-demand.
- d. **Minutes/Discussion today**-Looking at SRADL "clinical disposition" for this, suggestion for group.



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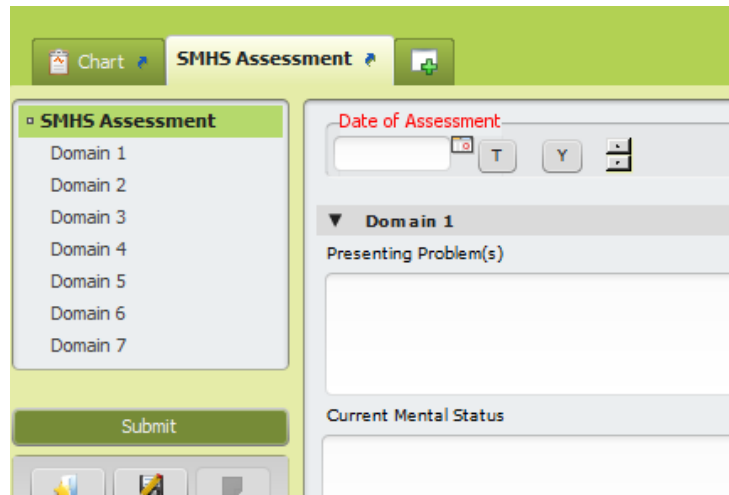
9:00 AM - 10:00 AM

11. NEW ITEM: New "7 Domains"

Assessment: NetSmart made a super simple, psychosocial assessment, that follows those "7 Domains" that are required for CalAIM assessments. Nancy added it to UAT. It's called, "SMHS Assessment." Use this UAT link if needed and let Nancy know if you need a password reset. Avatar UAT:

<https://santacruzuat.netsmartcloud.com>

There has been no decision made about whether or not we want to use this form, but we want to review with the committee. [Minutes/Discussion today:](#)



- Netsmart made a very simple form with large text boxes covering the 7 domains, with only 1-4 questions per domain. CalAIM recommending that MH programs simplify assessment processes and this would be one way to do it.
- The form is editable-we can add templates, etc. to it.
- Veronica-can we get a printout of the blank assessment form? Access uses assessment form a lot and they have paper format of current assessment they use. Nancy – If a workgroup or department needs a drop form, that workgroup should make it. Drop forms are not necessarily recommended because of the risk of charting outside Avatar.
- Suggestion from group to have more check boxes added. It would be nice to have these embedded in each category to reduce assessment time.

Parking Lot

- 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

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

Vince Stroth (County CMH), Veronica Gonzalez (County AMH), Veronica Campos (Janus), Stan Einhorn (County CMH), Silbiano Cruz (County IT), Sarah Tisdale (Encompass QI), Sara Avila (County QI), Nancy Mast (County QI), Meganne Parker (Janus), Maya Jarrow (Janus), Mary Zinsmeyer (New Life), Madea Owen (County QI), Johanna Jefferies (County AMH), Jessica Stone (Janus), Jennifer Gosk (Front St.), Jace Freyman (Encompass), Erica Ortiz (County Accounting), Dave Chicoine (County QI), Dagny Blaskovich (Volunteer Center), Claire Friedman (Sobriety Works), Briana Kahoano (County SUDS), Bernadette Franzel (Encompass QI)

Detail of SRDL Changes

Activate Clinical Review

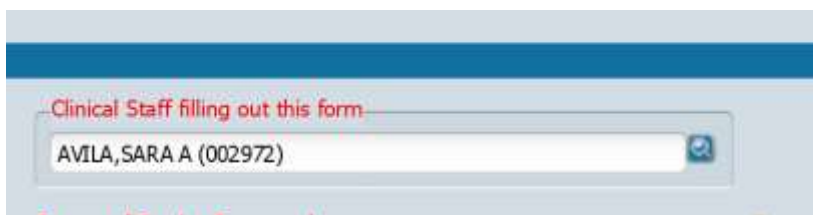


The screenshot shows a software interface with a blue header bar containing a dropdown arrow and the text "CLINICAL REVIEW". Below this is a form field with the label "Activate Clinical Review". The field contains a radio button labeled "Yes" which is selected, and another radio button labeled "No" which is unselected. A yellow lightbulb icon is positioned to the right of the form field.

✓✓ Changed Dictionary Value/Label to “Activate Review Questions Below”

✓✓ Edited Lightbulb - Make sure it’s clear that anyone can click this item, not just clinical staff.

Clinical Staff filling out this form



The screenshot shows a software interface with a blue header bar. Below it is a search field with the text "Clinical Staff filling out this form" in red. A dropdown menu is open, showing the text "AVILA, SARA A (002972)" and a blue search icon.

✓✓ Changed Dictionary Value/Label to “Clinical Staff” [Remove the part that says “filling out this form”]

✓✓ Added lightbulb

“Enter one of the following:

- Clinical staff person filling out this form
- Clinical staff person that the form is being filled out on behalf of

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- Clinical supervisor - Enter the team supervisor's name only if you do not know the name of the specific clinician who will fill out the rest of this form."

Clinical Disposition



▼ CLINICAL DISPOSITION

Clinical Disposition

- Health Navigation
- Denied (no Medi-Cal)
- SUDS Only - Beacon Therapy
- SUDS Only - Referral to County Access
- CSP Only - ReFd 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)

✓✓ Changed Dictionary Value/Label from "Medi-CAL NOABD-Delivery System Letter" to "Medi-CAL NOABD" (Item 01)

✓✓ Changed Dictionary Value/Label from "MH Assessment in Progress/ Scheduled" to "Assessment in Progress/Scheduled" (Item 08)

✓✓ Updated Lightbulb for the above item- Select "Medi-CAL NOABD" any time a NOABD is given. The type of NOABD issued, and why it was issued should be noted in the Clinical Notes field.

✓ Added Dictionary Item - "Referred to Other SUDS Provider"

✓ Referred to Other SUDS Provider

✓✓ Updated Lightbulb for the above item – For SUD programs only: Select when, after completing an ASAM brief screening, you have determined that the client needs referral to a different provider, either due to needing a different LOC or due to provider not having capacity.

✓✓ Added Dictionary Item - "In Custody ASAM Brief Completed"

✓ In Custody ASAM Brief Completed

✓✓ Updated Lightbulb for the above item – For SUD programs only: For in-custody screenings. Use when Documenting ASAM brief screening results and potential follow up plan after release. Include coordinating with jail staff regarding scheduling future provider appointments after client is released.