

# Avatar Process Improvement - CalAIM Workgroup

## Meeting Minutes

1/26/2023

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. <a href="#">Avatar CalAIM Webpage</a>
CalAIM References:	<a href="#">CalMHSA CalAIM Main Webpage</a>  CalAIM LPHA manual: <a href="https://www.calmhsa.org/wp-content/uploads/CalMHSA-MHP-LPHA_Documentation-Guide06232022.pdf">https://www.calmhsa.org/wp-content/uploads/CalMHSA-MHP-LPHA_Documentation-Guide06232022.pdf</a>  CalAIM trainings: <a href="https://www.calmhsa.org/wp-content/uploads/CalMHSA-LMS-Instructions-5.24.22.pdf">https://www.calmhsa.org/wp-content/uploads/CalMHSA-LMS-Instructions-5.24.22.pdf</a>

### Get Involved!

- To add agenda items, contact is [nancy.mast@santacruzcounty.us](mailto: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 – February 9, 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.**

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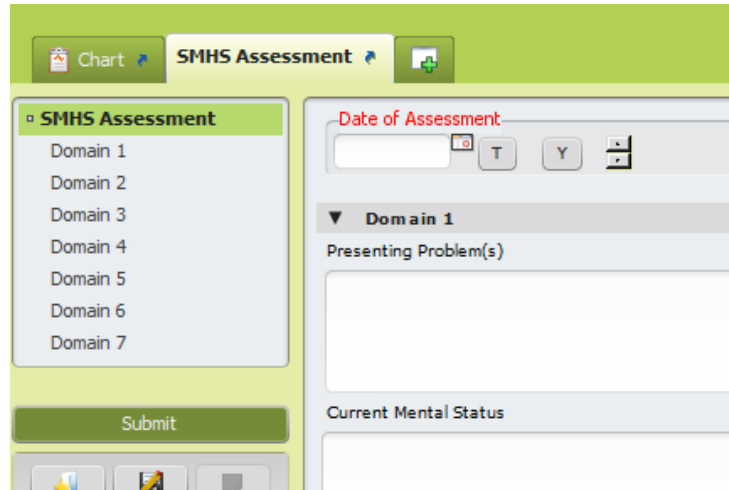
### General Discussion

#### 1. 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.



- a. For is very simple with only large text boxes covering the various data items. CalAIM recommending that MH programs simplify assessment processes, and this would be one way to do it.
- b. The form is editable-we can add templates, etc. to it.
- c. Suggestion from group to have more check boxes added. It would be nice to have these embedded in each category to reduce assessment time. Which questions? What would the check boxes say?

#### d. Minutes/Discussion today

- i. Suggestion to change the labels to provide more direction to people filling out the form.
  - ii. Dave -Could updates to this form Suggestion from Dave to add the EDC/TELOS/CASA P. application information into the psychosocial to streamline documentation and efficiency and justify placement at higher levels of care. Feedback on this encouraged.
- e. Link to CalMHSA Assessment requirements (starts on page 11): <https://www.calmhsa.org/wp-content/uploads/CalMHSA-MHP-LPHA-Documentation-Guide-06232022.pdf>

#### 2. Adding Residential Referral Form to Avatar (Dave)

- a. Could the SMHS Assessment work for this?
  - i. Currently, Residential programs require a variety of items, including a separate Referral form, and also the current Avatar Psychosocial Assessment SC. Could the new "SMHS Assessment" (discussed above) suffice for this purpose?
  - ii. Sarah Tisdale: 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

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regulations. There are items that the new form does not have that the current Psychosocial Assessment SC has.

### 3. CalAIM Tools in UAT

- a. Versions of the **CalAIM Screening Tool for Adults, CalAIM Screening Tool for Youth and CalAIM Transition Tool** are in UAT, developed by NetSmart.
- b. These forms are mandated for use by all counties as part of CalAIM reform.
- c. The tools in Avatar were created by Netsmart and match the state forms.
- d. The tools are currently in UAT for your perusal.
- e. State start date for implementation of these forms was January 1, but there is a grace period. The state was making minor refinements up to about two months ago. We don't anticipate any more updates, but you never know.
- f. Workgroups around how to implement use of these tools are ongoing. Any news about these workgroups?
- g. **Minutes/Discussion today - CalAIM Screening Tool for Adults, CalAIM Screening Tool for Youth and CalAIM Transition Tool** are in UAT.
  - i. Developed by NetSmart.
  - ii. Need to be moved to LIVE. When? What needs to be done prior to this?
  - iii. Sarah Tisdale - There has been recent clarification from the state that the screening tools are only intended for use between plans (e.g. referral from MHP to Managed Care Plan), and the county cannot require providers to use this.
  - iv. Can the tools be automatically scored? (Nancy) No, Avatar does not provide this functionality.
  - v. No updates from the work groups currently working on these tools. We are waiting for feedback.

### 4. COMPLETE! Updates to SRDL (Dave C., Sara Avila, Nancy Mast) - Changes have been made to the SRDL, primarily to facilitate data collection for SUD programs, but to also be able to monitor timeliness for urgent psychiatric appointments (requirement is 3 days).

- a. **Minutes/Discussion today**
  - i. No additional suggestions or questions from committee. Project is complete.
  - ii. See the notes from the [last meeting](#), end of document, Detail of SRDL Changes, for more information. Changes include,
    - Changes to labels,
    - New disposition items - items for jail & 5150 release & HOLD for MERT, changed NOABD list items,
    - One Urgency level item added - Psychiatry 48 hours (there is no workflow yet for this).
  - iii. Beloved with QI is helping with development of the monitoring tools, including SRDL timeliness reports. This timeliness data gets reported quarterly and annually to the state.

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5. **Stan Einhorn - Assessment Tool “Children’s Behavioral Health Intensive Support Services Eligibility Form”** We want to convert this paper form to an Avatar form.
  - a. 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, unify, and streamline procedures across agencies.
  - c. Encompass TBS, IHBS, and ICC are primary agencies providing these services.
  - d. What reports that might be needed?
  - e. Nancy, Stan and Dave met to for a preliminary meeting on this. Dave creating spreadsheet of data items.
  - f. **Minutes/Discussion today:**
    - i. This will help with state audit requirements. Auditors *will* ask for these forms (they have in the past). Having this form in Avatar makes it much easier to procure in audit.
    - ii. Connect to managed-care forms in Avatar? (Dave)
  
6. **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.
    - v. 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.
    - vi. Problem Classification Question/Column – See UAT. Problems can be classified by specific programs only for sequestered SUD charts.
  - b. **Minutes/Discussion today**
    - i. We are delaying transferring the UAT problem list to LIVE.
    - ii. Concern that providers are not being trained on how to classify problems.
    - iii. Concern that providers are not updating the problem list when new problems arise because of lack of training.

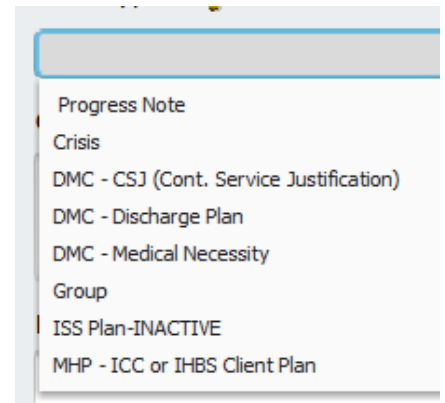
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7. **COMPLETE! Progress Note Type changes/updates (Nancy) - No** questions or comments from committee. Project is complete.
8. **Request for a mechanism to track face-to-face time. (Mary Zinsmeyer - New Life) - Sara** to meet with Mary separately to clarify the problem and look at possible solutions.
  - a. **Minutes/Discussion today**
    - i. **Joel off this week, but would like to meet with Dave next week about this when he is back.**
    - ii. **Dave can discuss reports needed.**



### 9. Dave – New Timeliness Report

- a. **Minutes/Discussion today**
  - i. **Dave working on reports.**

### 10. Dave - Peer Review Report for chart reviews. Will Pull out all info needed for peer review for UR meetings. Very close to being done.

- 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. Monitoring timeliness of progress notes.
- e. **Minutes/Discussion today**
  - i. **Crisis notes must be completed within 24 hours of the service.**
  - ii. **In order to monitor this, the “Start Time” field on the progress note must be filled in. The report that monitors this then compares the start time to the “submit” time on the note, which should be within 24 hours. Unfortunately, this question is not read/required. Nancy did not think this was possible, but will check.**
  - iii. **Follow up training is needed for staff around this.**

### 11. NEW ITEM: Managed Care Authorization Report (Dave) **(not discussed today)**

- a. Programs
  - i. Inpatient Hospitalizations
  - ii. TBS-please add IHBS and ICC as well.
  - iii. Residential Programs (both MHP and DMC)

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- 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.

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

Minutes/Discussion today - We added several items to our to do list today, as below.

1. **Document Routing for ASAM/ALOC Assessments?** (Jessica Stone)
  - a. When these forms were created, document routing was not added. Unfortunately, both of these forms require medical director cosignature. (Some programs? All programs?)
  - b. Also unfortunately, Routing cannot be added "after the fact" to Avatar forms.
  - c. 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)
    - i. Says "test" on the label and in the report printout.
    - ii. 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.

### 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

Amanda Engeldrum Magana (PVPSA), Andres Aguirre (Front St), Beloved Bolton (County QI), Briana Kahoano (County SUDS), Claire Friedman (Sobriety Works), Dagny Blaskovich (Volunteer Center), Dave Chicoine (County QI), Eileen Movshovitz (County AMH), Jace Freyman (Encompass), Jessica Stone (Janus), Madea Owen (County QI), Mary Zinsmeyer (New Life), Maya Jarrow (Janus), Nancy Mast (County QI), Robert Annon (County AMH), Rosalie Evans (Encompass), Sarah Tisdale (Encompass QI), Silbiano Cruz (County IT), Vince Stroth (County CMH),