Avatar Process Improvement - CalAIM Workgroup

Meeting Minutes

3/9/2023
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 f

ront-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 – March 23, 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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New Agenda Items

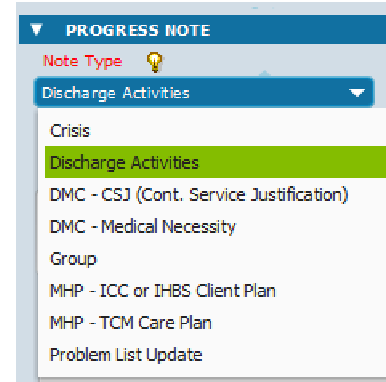
1. **NEW ITEM (Karen Hackett): Request to add two new note types to facilitate client appointments.**
   There is sometimes confusion when clients have telehealth psychiatry appointments. Telehealth can either be:
   a. Client comes to office, but sees the doctor via Teams from separate room, OR
   b. Client is at home were at another off-site location and is seen via Doxy.me.
   c. It would be helpful if they were two telehealth note types as follows:
      TELEHEALTH patient in office
      TELEHEALTH patient offsite or patient remote
   d. Discussion
      i. The reason for this request is to fix this problem. When clients have appointments, they can meet with the doctor via teams, or via "Doxy." Teams is used when the client in at the office, but in a different room than the doctor. Doxy is used when the client is elsewhere, typically at home.
      ii. Nancy shared that this is a significant problem as clients are missing appointments due to misunderstandings about the location of the client and the platform being used.
      iii. Changing options to "Telehealth patient on site", "Telehealth patient off site" would make the platform and location of the client, clearer.
      iv. Are there reports that are pulling for telehealth?
      v. Kayla shared that staff reading the "status update" helps, but Karen shared that there is still confusion with reception giving clients incorrect information for telehealth appts.
      vi. No decision was made. It might not be a good practice to create a new location code to fix an administrative/workflow problem.
2. **Tracking Fentanyl Use Disorder Treatment (Janus)**
   a. Previously, we worked it out that one actually can pull in Fentanyl related problems/diagnoses into the problem list and diagnosis forms, respectively.
   b. What are the parameters of tracking and monitoring data regarding Fentanyl? Are there existing reports that would serve this need?
   c. Discussion
      i. Nancy-this was resolved. We found that it was a problem that "Fentanyl" was not being spelled correctly by staff.
3. **Problem List Review (Dave)**
   a. If you review the list or update within the context of meeting with the client, this is a billable activity and you should use the Problem List Update note type, even if the problem list doesn't change.
   b. Therefore, can we change the note type from "Problem List Update to Problem List Update/Review?"
   c. Discussion

i. Dave shared that the progress note “note type” button you can choose which kind of progress note you are doing.

ii. There was a question about use of the Note Type, “Problem List Update.” If you are reviewing the problem list with your client to see a particular problem is already on the list, and you find that it is, can you still choose the note type Problem List Update?

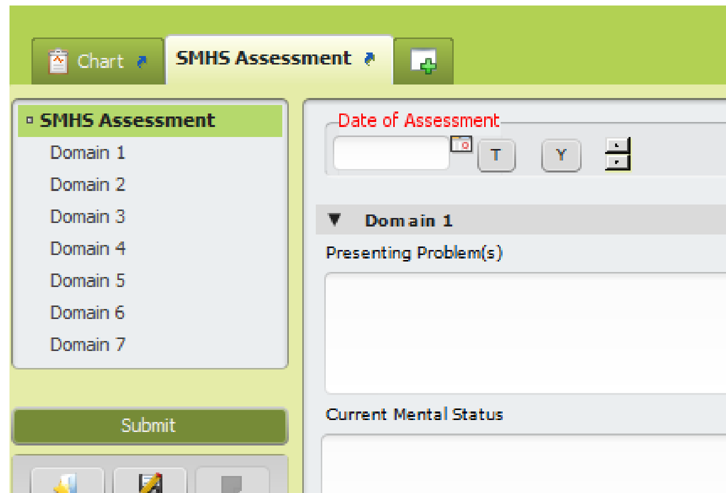
iii. Should we change the name of this label to “problem list update/review”?

iv. The group generally liked this idea, no objections from the group to change this.



Old Agenda Items

4. Not Discussed **New "7 Domains" Assessment - Discussion of whether or not to use this form. Is this discussion complete? Have we decided not to use this?**
    a. This very simple psychosocial assessment, created by NetSmart, was reviewed at the last meeting.
    b. This form is more in keeping with the “paperwork reduction” aspects of CalAIM, but is a considerable departure from our current Psychosocial Assessment SC.
    c. The form could be updated with additional questions and whatnot if we want.
    d. 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
    e. Suggestion to change the labels to provide more direction to people filling out the form.



5. **Adding Residential Referral Form to Avatar (Dave)** Could the SMHS Assessment work for this? This suggestion is 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.
   a. 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?
   b. 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 regulations. There are items that the new form does not have that the current Psychosocial Assessment SC has.
   c. Minutes/Discussion from last time
      i. Given the above, do we want to pursue using this form, or do we want to say no?
      ii. Medical necessity is in the pre-authorization application for Telos, EDC, and Casa Pacific, however, is a word document that is not contained in avatar. Proposal to streamline and bring forms these into the managed care authorization form.
      iii. Dave would like a work group to discuss and explore this option in March with Encompass and County representatives. Dave to bring this topic up again in March.
   d. Today's Discussion
      i. Could this form be more inclusive for residential programs, so it is more universal? What questions or items would need to be added?
      ii. Dave-would like pre-authorization and concurrent review documents to be added into the avatar psychosocial form for Telos, EDC, and Casa Pacific, possibly Front st. Can this form be modified to add in these documents? Can demographics be automated? Need IT support. Also for youth screening and placement documents.
      iii. Nancy-this would be adding questions to psychosocial form. Need a workgroup around this.
      iv. Dave-who would like to talk about removing word docs/forms and adding into avatar psychosocial form instead to streamline documentation? Andy from Front st. is interested in workgroup. Bernadette with Encompass QI would like to take this back to Encompass team to see if it would be a good fit.
      v. Joel Stiles SUD Residential uses ASAM and Psychosocial they have to do progress note that reflects psychosocial data-not everything is in the ALOC assessment. It would be nice if ALOC assessment in avatar included the extra information. Nancy shared that ASAM may be able to be updated. Would Text template in progress note suffice? Joel says they are using a checklist within the note.
      vi. Dave-ARTAR word doc app and spreadsheets needs to come into managed care authorization in avatar. Avatar has more features than we are using, then having reports from this. Dave would like this added to the agenda for next time.

6. **CalAIM Tools**
   a. **Tools are in UAT and are currently being added to LIVE. They might be in LIVE by the time we meet.**
   b. **Background**
      i. **Forms 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

      ii. **The CalAIM Screening Tool for Adults, CalAIM Screening Tool for Youth and CalAIM Transition Tools** are mandated for use by all counties as part of CalAIM reform. The tools in Avatar were created by Netsmart and match the state forms. Per state regulation, they must match the state forms exactly. (See above links to view the state issued versions, which are fillable PDFs.)
   c. 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.
   d. Nancy and Gian have created non-episodic versions of these forms, with added logic and client demographic information to facilitate use of the form. The NetSmart versions of these forms were episodic, which is not desirable since screenings will often happen with individuals who will not qualify for services and will not be opened to services.
   e. State start January 1, but there is a grace period. County training this week, with target date to start using these forms is March 1.
   f. Workgroups around how to implement use of these tools are ongoing. Any news about these workgroups?
   g. When are we moving forms to LIVE?
   h. Minutes/Discussion last time
      - We need a separate work group for these tools.
      - Proposal to stop using word documents ad spreadsheets for tracking and put this information into avatar.
      - Robert has many tracking spreadsheets and would like to have this transitioned to avatar.
      - Nancy-there is an “admission referral form” in avatar that may be used.
      - Dave recommending a side break out group.
   i. Minutes/Discussion today last time
      - Not discussed in meeting

7. Assessment Tool for **Children's Behavioral Health Intensive Support Services Eligibility (Stan) -** This project is in process. No new information to report today. Can someone from IT dept take this over?

8. **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. (Sara Avila)
   a. Previous Discussion/Notes
      i. This new rule does apply to both MH and SUD programs.
      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. 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.
      v. Problem Classification Question/Column – See UAT. Problems can be classified by specific programs only for sequestered SUD charts.
      vi. We are delaying transferring the UAT problem list to LIVE for a couple of reasons:
         - Concern that providers are not being trained on how to classify problems.
         - Concern that providers are not updating the problem list when new problems arise because of lack of training.
   b. Minutes/Discussion today
      i. Nancy shared that the "specify other" problem in problem list almost always have an associated SNOMED code. Click in field press tab and wait. Please encourage staff not to use "specify other" and use the name of the SNOMED code.
      ii. Claire shared that many of the problems she used to input in the problem list are not available and when she puts in the name of the problem the search returns "specify other".
      iii. Nancy-SNOMED code list is dynamic and changes over time, (e.g., "anxiety and depression" turned into "anxiety with depression"). Nancy has own Mental Health SNOMED code list that are categorized by issue.
      iv. Jessica shared that their treatment plans are having issues with the problems being deleted out of the treatment plan when client signs it. Staff are having to re-submit the treatment plan when problems get automatically deleted. Nancy shared one time is to print it out, sign, and scan it in and then fix treatment plan in chart. Write a progress note to document this. Can use comment box "if client has not signed plan please explain" put in this box "see scanned plan for client signature".
      v. Claire shared that problems are still coming up as "other" in the problem list, Nancy and Claire Friedman to meet about this.

9. **Dave – New Timeliness Report**
    a. Minutes/Discussion from last meeting
        i. Dave-finalizing timeliness report that shows all services, when the provider did the service and when they wrote the note, separates outpatient from residential and crisis services timeliness.
        ii. This will be attached to a peer review report that brings in chart review elements, these two items will be a "peer review packet."
    b. Minutes/Discussion today
        i. Dave: Report in avatar "Progress note aging report test" that is in live that shows all services how long it took to go from the date the service was rendered to date note was finalized and by progress note type. Wants to include was there a TCM care plan in chart? Was there a problem list update in chart? Need IT support.
        ii. Dave: please add this to IT list.

10. **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.
    c. Dave- report has length of authorization for services, expanded module that has report and get managed care data. For residential authorizations you can sort how many client there are, when their authorization is coming due to manage the authorization data set.
    d. Minutes/Discussion today
        i. Dave-List item for IT. Only using for Psych inpatient and MH res. Need report to manage clients in concurrent review and would like to expand for ARTAR. Would like to add TBS to managed care document.

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.

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), Bernadette Franzel (Encompass QI), Claire Friedman (Sobriety Works), Dagny Blaskovich (Volunteer Center), Dave Chicoine (County QI), Eileen Movshovitz (County AMH), Joel Stiles (New Life), Johanna Jefferies (County AMH), Julie Krokidas-Wooden (Sobriety Works), Karen Hackett (County Psychiatry), Kayla Gray (County HTS), Leo Torres (County SUD), Madea Owen (County QI), Mary Zinsmeyer (New Life), Maya Jarrow (Janus), Nancy Mast (County QI), Orpheus Brown (New Life), Robert Annon (County AMH)