Avatar Process Improvement - CalAIM Workgroup

Meeting Minutes

4/6/2023
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 Partners, including line staff, supervisors, 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.
- To request new projects, innovations or updates to Avatar, please feel free to share your ideas and suggestions in the Avatar meeting. You may also fill out and "Avatar Improvement Change Request Form" where you can provide details about your requested project. https://www.santacruzhealth.org/HSAHome/HSADivisions/BehavioralHealth/AvatarProjectRequestForm.aspx

AGENDA ITEMS / MINUTES>>>

Announcements

1. **Next meeting – April 20, 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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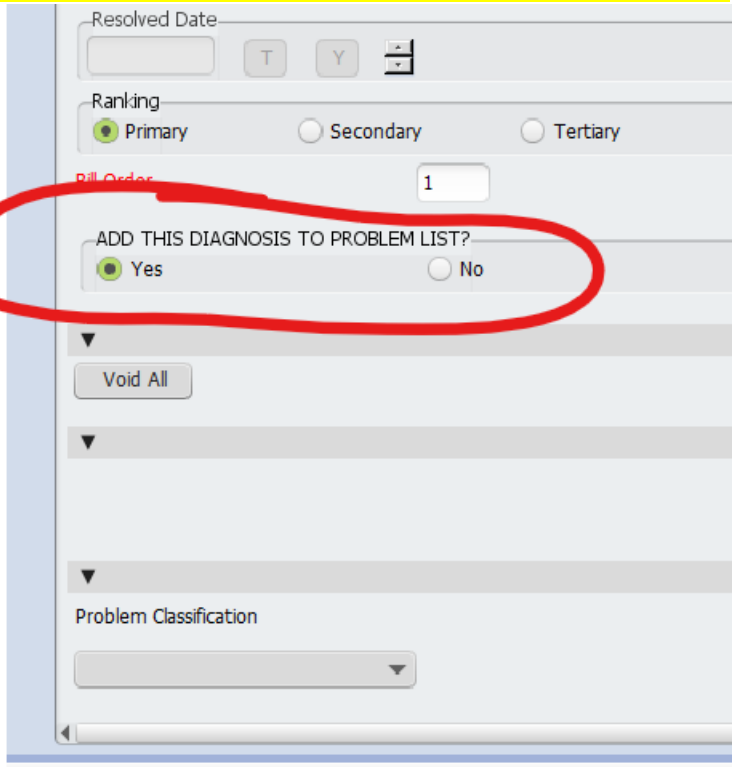
New Agenda Items

1. **TBD-No new items were added in the meeting.**
2. **Please add Jorge from IT to meeting Invite (Nancy)**

Old Agenda Items

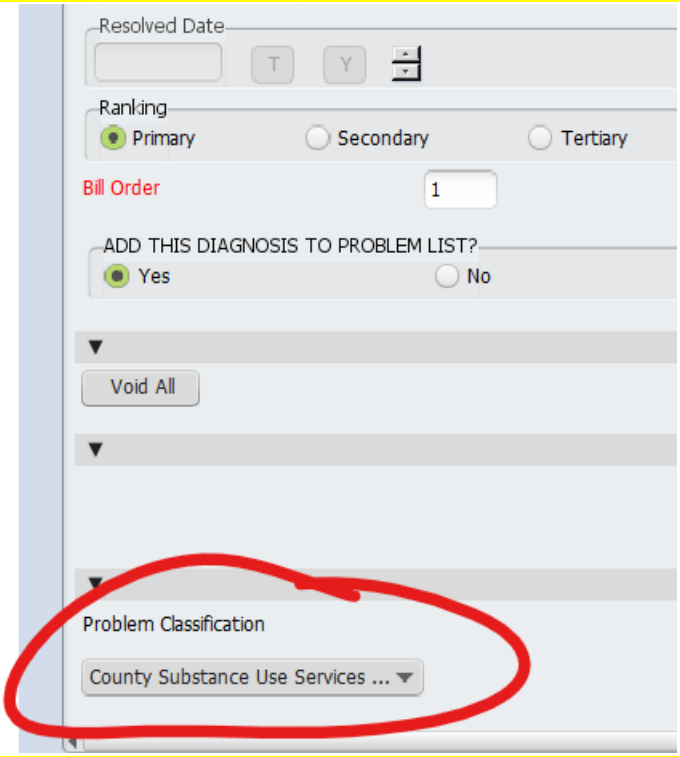
1. **Assessment Tool "Children's Behavioral Health Intensive Support Services Eligibility Form"** Currenlty in the works with IT-Dave shared direction we want to go is to bring in forms to get away from spreadsheets and word docs.
2. **Problem List Changes and Classification of Historical Problems -** County is currently working on adding problem classification to problem lists for you. The problems that will be updated are those associated with currently open SUD programs. Please feel free to update on your own though, if desired.
   a. **Nancy-"Add to Problem List" button question on Diagnosis form.**



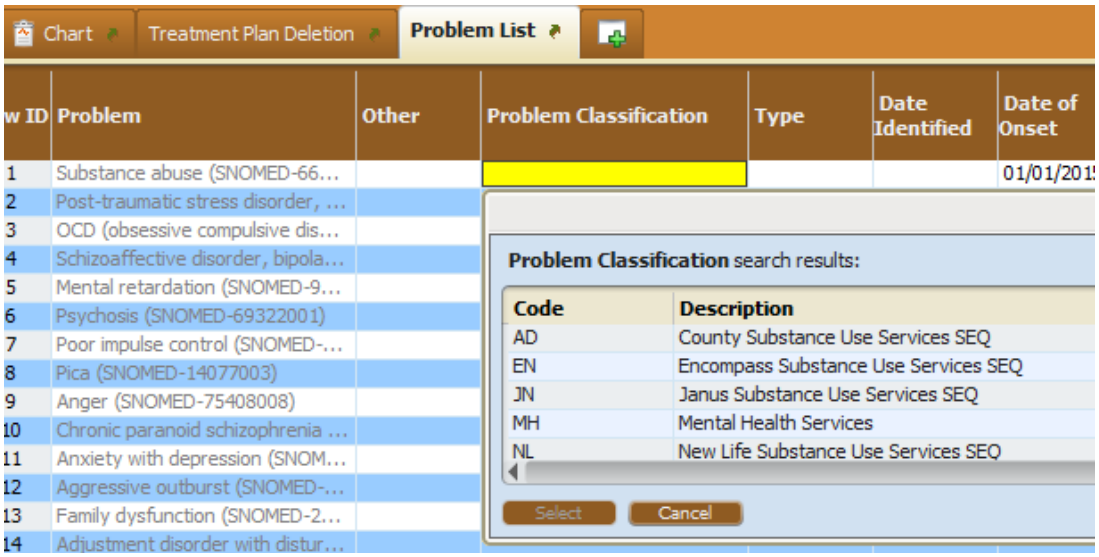
   i. This question, when clicked "Yes" adds any diagnosis automatically to the problem list. Question had previously been left blank, but with CalAIM changes, it is automatically set to "Yes."
   ii. When creating a diagnosis, you may change this to "No" to avoid duplicate problems in problem list.

iii. Unfortunately, using this scenario, you still have to open the problem list and to enter the "date identified."

iv. Also, the Diagnosis Form now has a Problem Classification question that will add that information to the Problem List when it adds the rest of the problem.



b. Nancy has ticket out to netsmart for cleaning up duplicate problems in problem list as it is making the problem list glitchy.



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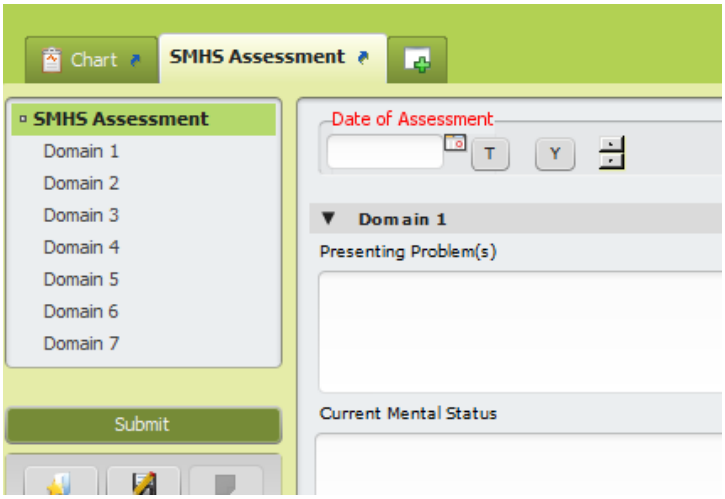
3. **Combining "SMHS Assessment" with Residential Referral Form -** What information is needed to fulfill the needs for residential programs?
    a. Dave - This is part of QI work plan and tracking authorized services. Would like to have a workgroup. This can be moved to parking lot items.
4. **CalAIM Tools – Adult Screening Tool, Youth Screening Tool, Transition Tool**
    a. 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

b. Feedback? Questions? (Access and Children's Gates?) Nancy and Gian have created non-episodic versions of these forms, with added logic and client demographic information to facilitate use of the form.
    i. Nancy has gotten requests about printing from Avatar. The Transition Tool, the Adult Screening Tool and the Youth Screen Tool all have printouts ("reports"), which will provide all of the necessary elements in a paper/PDF form, that can then be transmitted via email and whatnot. Search for these in the Forms & Data widget on the Home Console.

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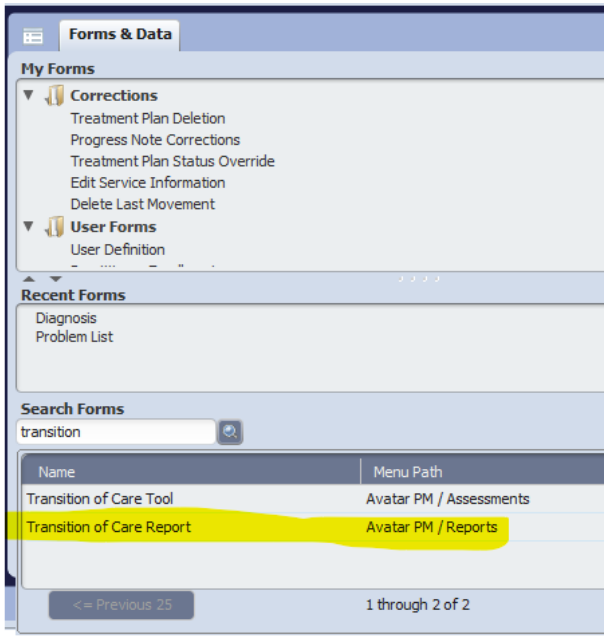
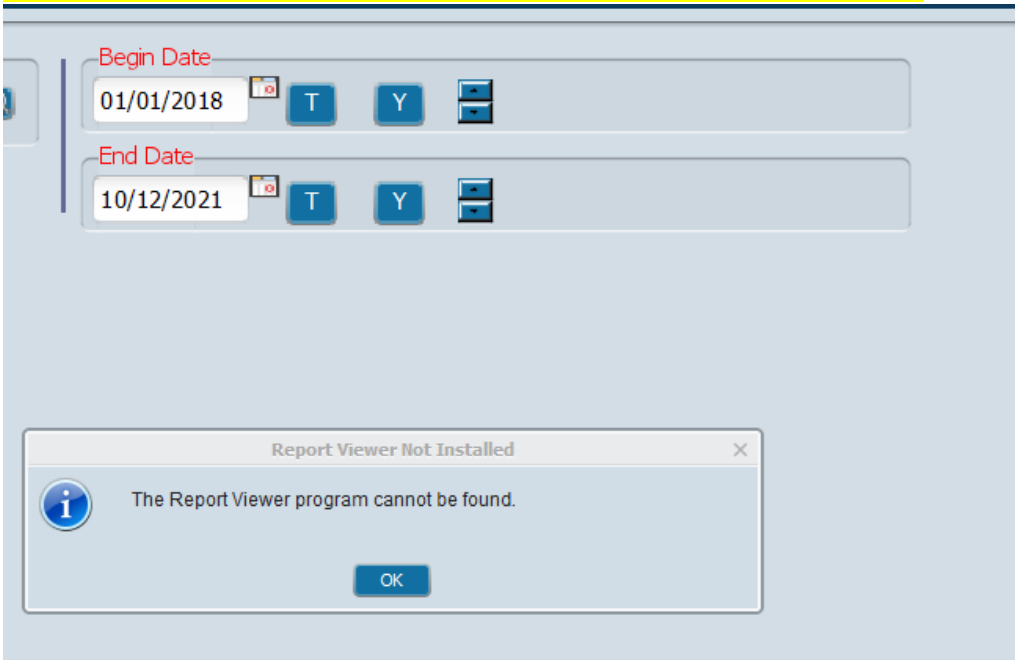


i. Report Viewer Tool - There is an extra piece of software needed to print reports (including those mentioned above) that you may not have on your computer.



For help, contract employees (Non-County) should contact HSA.MhCompAssist@santacruzcounty.us

County Employees contact: ITSupport@santacruzcounty.us

ii. Issue with Medi-Cal Number on printouts (Vince Stroth) - The tools require CIN or Medi-Cal number, but the forms have the SSN. Nancy is working on this with Gian.
    i. Johanna - ACCESS has been printing out the forms and entering the info manually when sending to receiving agency.

c. English version is in Avatar. We are working on Spanish version but for now continue using paper or PDF.
    i. Thank you to Veronica for translating these tools!
    ii. Workaround is to use a paper form in Spanish for translated tool until state provides translated versions of tools.
    iii. Nancy - we may be looking at Spanish being added to the reports, avatar has a form to look and see what language client uses and then print out the form in either language. We would have to talk to Gian about that.

d. Workflows
   i. Workflows re this form and being worked out in a separate meeting that meets on Tuesday mornings.
   ii. For people using the form, please think about what workflows are naturally occurring, and your thoughts about potential workflows and policies.
   iii. County Adult ACCESS is currently using the Electronic/Avatar versions of these tools.
   iv. County Children's ACCESS - has not yet started to use transition tool. Once assessed at county and determined that MCP level of care is indicated, then they will use it to refer to Carelon (Beacon). Not very often used. County is responsible for medically necessary services while they are getting referred and opened to Carelon (Beacon).

e. Dave is working on reports for screening and transition tools for monitoring (aggregate report).

f. Nancy - "Duplicate Problem" error has been popping up again.
   i. 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.
   ii. Nancy has been doing audits of charts and seeing "specify other" for problems when there is a SNOMED code. Happening in SUD programs mostly, (e.g. when someone is in early treatment and in denial there is not a good problem code that matches some of these problems can be solved with staff training. Staff need to understand what SNOMED codes may be used for certain problems.

5. Dave – New Progress Note Timeliness Report (Pending IT completion of updates)

a. Includes last date of all note types, including Problem List Planning. Monitoring for compliance items.

b. Dave - In LIVE "progress note aging report" for both DMC and MHP. It works! New feature – provides a list of all services based on client or provider, gives date service rendered, date finalized, and measures number of days it took. Crisis 24 hours or standard 3 day. Includes what type of services (TCM care plan, problme list update/review). Supervisors can use it to see if the client has a TCM care plan or needs one for several clients at a time, etc. Compliance report for sups and staff.
   i. Bernadette Franzel - This report is not sorting by clinician. Previously did that. Makes supervision difficult. Nancy got this worked out with the IT department after the meeting. The report should now print like it used till, aggregating services by each clinician together, to facilitate supervision.

c. Jessica Stone - For IOP, no way to make it business days? For notes due within three days, the report uses calendar days, not business days. This unfortunately may not accurately reflect the needs of all programs. This decision was made because business days vary by program.

d. Dave - Crisis notes (24 hours) are not calculating hours correctly. Gian is working on this report.

6. **Managed Care Authorization Report (Dave) (Pending IT completion of updates)**
   a. Dave-reaching out to IT to download and manage open authorizations for inpatient care and for adult and crisis residential. Currenlty do not have a report to see number of clients in hospitals or due dates for residential pre-authorization and concurrent reviews, would like to expand to TBS and ARTAR for SUD residential.

7. **No-show service codes (Sarah Tisdale) -** NEW ITEM: Sarah Tisdale shared the need for Encompass to have "M880" service code for client cancellations. This service code needs to be assigned to Encompass programs for use with progress notes (Encompass does not use Avatar Scheduling Calendar) This is for data tracking purposes, as they need a mechanism to track "client cancellations" vs. "no shows". Sarah to request these updates from County IT.
   a. County is working on a project to monitor no-shows. Request will go to this committee. Note that service codes are changing with CalAIM and we need to keep this in mind when updating functionality related to service codes.
   b. Nancy - we need more information on this, and what the issue is that we are trying to solve. May be a separate conversation with Encompass.
   c. Dave - can we hold off on this as there is a lot of work being done in the background with service codes. Nancy shared there is a big project going on for fee for service behind the scenes in avatar and with accounting team. If you have any problem with service codes or progress notes, let Nancy know. These changes shouldn't affect what end-users see, but it's possible there could be some effects. Some of the changes have to do with credentials.
8. 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 checked with Netsmart to confirm that you cannot add routing after a form has been created.
   d. Jessica Stone (Janus) - The issue is that ASAM/ALOC must show LPHA approval. If a non-LPHA clinician completes these forms, there is no way to route to supervisor for cosignature. Janus gets around this problem by having the non-LPHA write a progress note describing the service/activity, and routing the progress note to the LPHA supervisor for cosignature. Janus recently, during audit, got approval from state auditors, confirming that this process is acceptable.
9. Supervisor Reports - Need updating to reflect CalAIM Changes
   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.
         - Jessica – Dave, can you send this report to me to mark up?

- Dave - MH report needs to be updated as well.

10. The "Assessment" widget which has a lot of the same data as the supervisor reports, has not been updated relevant to CalAIM changes.
11. 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.
    a. Nancy - County SUDS needs to have a workflow for updating the RecoveryWave website, but for now, if you have address or phone number that needs to be fixed, send Nancy an email to send to IT dept. for update.
12. 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.
    a. Robert Annon (County Adults) - Peer support is now billable and there is a DHCS 40-hour training to certify. Looking into funding to help people take this, and expand this. How this will work has not yet been completely figured out.
    b. Claire Friedman (Sobriety Works) - Are we going to have to send people through an approved program through the county for peer support staff? There are outside organizations doing this certifying. Can County provide list of approved peer support specialist training? Perhaps Casey knows for SUD? Claire to check at CalAIM meeting what the new info is.
13. Bernadette Franzel - Question from Encompass supervisor around accepting several notes in Avatar. Supervisors are unable to cosign the notes as a batch, but have to sign each note individually. Nancy - This is a known Avatar problem, which has happened before, and typically requires an update to Avatar to fix. Nancy will follow up.
    a. Bernadette - Will double check to make sure this is still happening.
    b. Nancy - This error happened a few years ago after update.
14. New med note: Still in Beta Testing. Nancy is participating in the workgroup for this new feature. This new form will only affect County psychiatric providers. They are the only Avatar users that will be using this new form. The form imports data from Avatar, such as diagnosis, and if changed when the provider writes the progress note, exports that information back. Because of this, you may see more diagnosis forms in the chart view. This will be only in County MH episodes (LE – 00044 and County Pre-Admit (the MH one)). You might also see more diagnoses getting added to Problem Lists.

15. Add to agenda for next time: Dave-CalAIM webpage - We need to re-organize and look at how we are saving things on the webpage.

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.**

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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), Briana Kahoano (County SUDS), Claire Friedman (Sobriety Works), Dagny Blaskovich (Volunteer Center), Dave Chicoine (County QI), Jessica Stone (Janus Compliance), Joel Stiles (New Life), Johanna Jefferies (County AMH), Julie Krokidas-Wooden (Sobriety Works), Karen Hackett (County Psychiatry), Madea Owen (County QI), Mary Zinsmeyer (New Life), Nancy Mast (County QI), Robert Annon (County AMH), Rosalie Evans (Encompass), Vince Stroth (County CMH)