

# Avatar Process Improvement - CalAIM Workgroup

## Meeting Minutes

4/20/2023

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](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](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](#).
- 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 – May 4, 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. **Is there anyone that should be invited to this meeting? (Or should be removed from the invite list?) (If you don't tell us, we don't know!)**

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### New Agenda Items

1. **Is there any reason for this field or should it be removed?** This is that signature field on progress notes. It may have been added r/t CalAIM changes where it was not clear if clients were going to need to sign plan development notes. (They are not required to sign.)

The screenshot shows the 'SC General Purpose Progress Note' form. On the left is a sidebar with a 'General Purpose Progre...' menu and a 'Submit' button. The main form area has several sections: 'Referrals to Community Services' with a text field, 'Follow-up Care / Discharge Summary' with a text field, 'Clinical Quality Indicators' with a list of checkboxes (Review of Current Medications, Smoking Cessation Counseling, SUD Screening, Suicide Risk Assessment), and 'Is This A Transition Of Care?' with radio buttons for 'Yes' and 'No'. At the bottom, there is a 'Signature' field with a 'No Picture' message and a 'Signature' button. A red circle highlights the 'Signature' field.

a. Discussion today: No objections to removing the field. No one can think of any reason why this was here.

2. Dave-CalAIM webpage - We need to re-organize and look at how we are saving things on the webpage.

#### Discussion today:

a. Silbiano

i. IT is reorganizing all county web pages.

ii. HSA is next. The look of the page will change. "More presentable and more attractive."

iii. See the Environmental Health page that has been reorganized. <https://www.sceeh.org/>

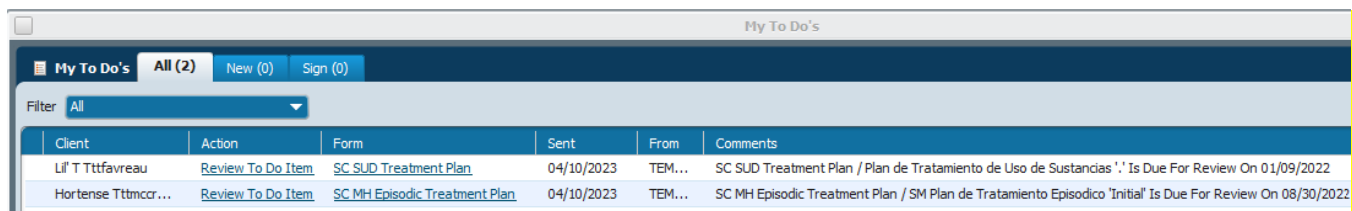
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- b. Overall, the group was very receptive to changing the look and feel of county websites to make them feel more “friendly.”
3. **Treatment Plan To Do List Notifications** - People will continue to get these despite as discontinuing treatment plans for most programs. Because clinicians add their name to treatment plans, in the Plan Participants table, they will keep getting those reminders. Avatar is set up so that the reminder will only go away if someone updates the plan (and remembers to remove the clinicians name from the Plan Participants list). The reminders will also stop if the episode is closed. Because we are no longer doing treatment plans for most programs, clinicians will keep getting these reminders. There may be a general setting in Avatar that will stop this, but it will affect every single person using those treatment plans, so maybe not? Group consensus? **Discussion today:**



The screenshot shows a web interface titled "My To Do's". At the top, there are tabs for "All (2)", "New (0)", and "Sign (0)". Below the tabs is a "Filter" dropdown menu set to "All". The main content is a table with the following columns: Client, Action, Form, Sent, From, and Comments. There are two rows of data:

Client	Action	Form	Sent	From	Comments
Lil' T Tttfavreau	<a href="#">Review To Do Item</a>	<a href="#">SC SUD Treatment Plan</a>	04/10/2023	TEM...	SC SUD Treatment Plan / Plan de Tratamiento de Uso de Sustancias '': Is Due For Review On 01/09/2022
Hortense Tttmcr...	<a href="#">Review To Do Item</a>	<a href="#">SC MH Episodic Treatment Plan</a>	04/10/2023	TEM...	SC MH Episodic Treatment Plan / SM Plan de Tratamiento Episodico 'Initial' Is Due For Review On 08/30/2022

- a. General agreement to turn off, if possible, for the Episodic Treatment Plan. Nancy needs to investigate if we can turn this off for one plan, but not others. If we find that this is not helpful, it's pretty easy to turn reminders back on.
- b. Decisions:
  - i. SC Episodic Treatment Plan: YES, turn off reminders.
  - ii. SC Short Term Treatment Plan: NO
  - iii. SC Sud Treatment Plan: Probably NO, but check, mainly with Janus. Sarah Tisdale: ENC SUD programs might want this turnoff also. We need consensus from Sud programs.

### Old Agenda Items

1. **Not Discussed. Move to tabled items.** **Assessment Tool “Children’s Behavioral Health Intensive Support Services Eligibility Form”** Currently in the works with IT (Dave) Purpose 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.

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- a. Nancy - "Add to Problem List" button question on Diagnosis form.

The screenshot shows a portion of a web-based diagnosis form. At the top, there is a 'Resolved Date' field with a calendar icon. Below that is a 'Ranking' section with three radio buttons: 'Primary' (selected), 'Secondary', and 'Tertiary'. Underneath is a 'Bill Order' field with a text input containing the number '1'. The question 'ADD THIS DIAGNOSIS TO PROBLEM LIST?' is circled in red, with two radio buttons: 'Yes' (selected) and 'No'. Below this is a 'Void All' button, followed by a section for 'Problem Classification' with a dropdown menu.

- 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.

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w ID	Problem	Other	Problem Classification	Type	Date Identified	Date of Onset
1	Substance abuse (SNOMED-66...					01/01/2011
2	Post-traumatic stress disorder, ...					
3	OCD (obsessive compulsive dis...					
4	Schizoaffective disorder, bipola...					
5	Mental retardation (SNOMED-9...					
6	Psychosis (SNOMED-69322001)					
7	Poor impulse control (SNOMED-...					
8	Pica (SNOMED-14077003)					
9	Anger (SNOMED-75408008)					
10	Chronic paranoid schizophrenia ...					
11	Anxiety with depression (SNOM...					
12	Aggressive outburst (SNOMED-...					
13	Family dysfunction (SNOMED-2...					
14	Adjustment disorder with distur...					

**Problem Classification search results:**

Code	Description
AD	County Substance Use Services SEQ
EN	Encompass Substance Use Services SEQ
JN	Janus Substance Use Services SEQ
MH	Mental Health Services
NL	New Life Substance Use Services SEQ

- b. Nancy has ticket out to Netsmart for cleaning up duplicate problems in problem list as it is making the problem list glitchy. [Update from NetSmart 4/19/23: "I have been able to get this over to our development team. I will update you once I have heard back from them with an update."]

w ID	Problem	Other	Problem Classification	Type	Date Identified	Date of Onset
1	Substance abuse (SNOMED-66...					01/01/2011
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NL	New Life Substance Use Services SEQ

### Discussion Today:

- c. Various requests regarding forms. Nancy to explore whether or not these are doable.
- Add Date Identified to dx form so you don't have to then open Prob list to add this after completing a dx form. (Veronica)
  - Make Date Identified question required (Dave)
  - Sarah Tisdale: Have date identified populate back to Diagnosis form from Problem List.
- d. Recent audit report (Dave) Findings from DHCS:
- Questions about being able to sort problem list (Nancy: form already has this capability)

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- ii. Date Identified was blank on many of these forms, leading to request above about making this item red/required. (Nancy: we have limited ability to affect the functionality of this form. Unlikely we can have the form do this, but Nancy will look into it.)
- e. Julie Krokidas-Wooden: Discussion about clutter created by “inactive,” problems. Nancy: Use sort and filter functions in form so that you do not have to look at inactive problems.

### 3. CalAIM Tools – Adult Screening Tool, Youth Screening Tool, Transition Tool

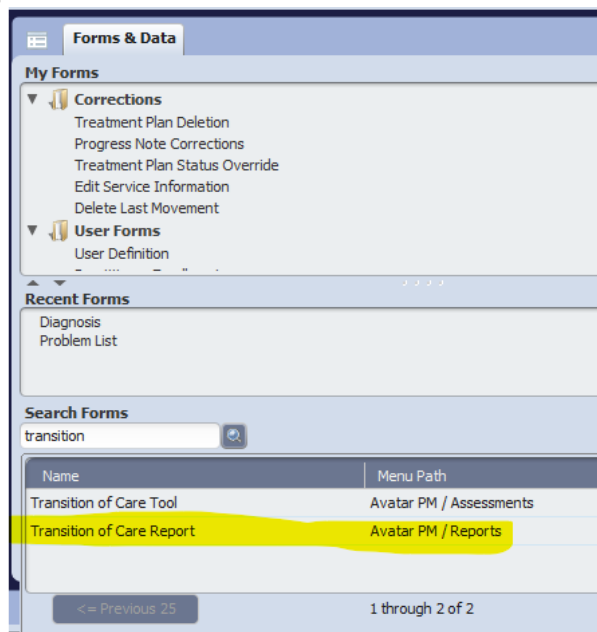
- a. For reference:

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.
- c. During the last meeting there were questions about the process of printing these tools out from Avatar. Any follow-ups on this? Search for these in the Forms & Data widget on the Home Console.

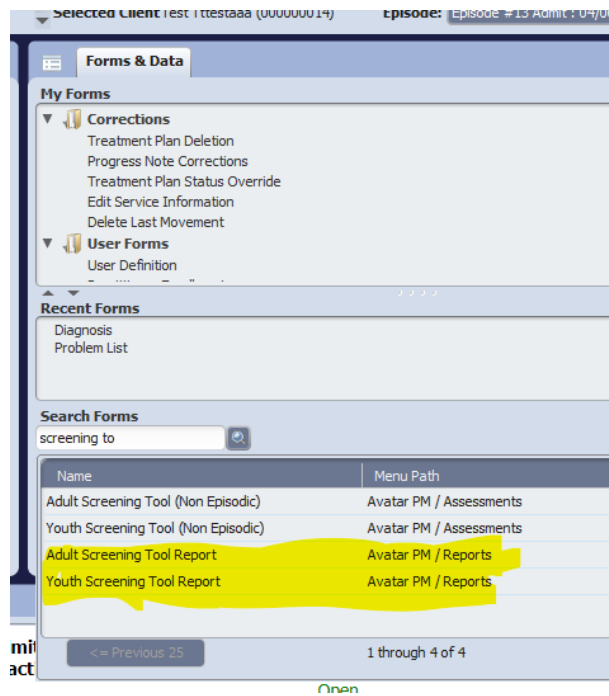


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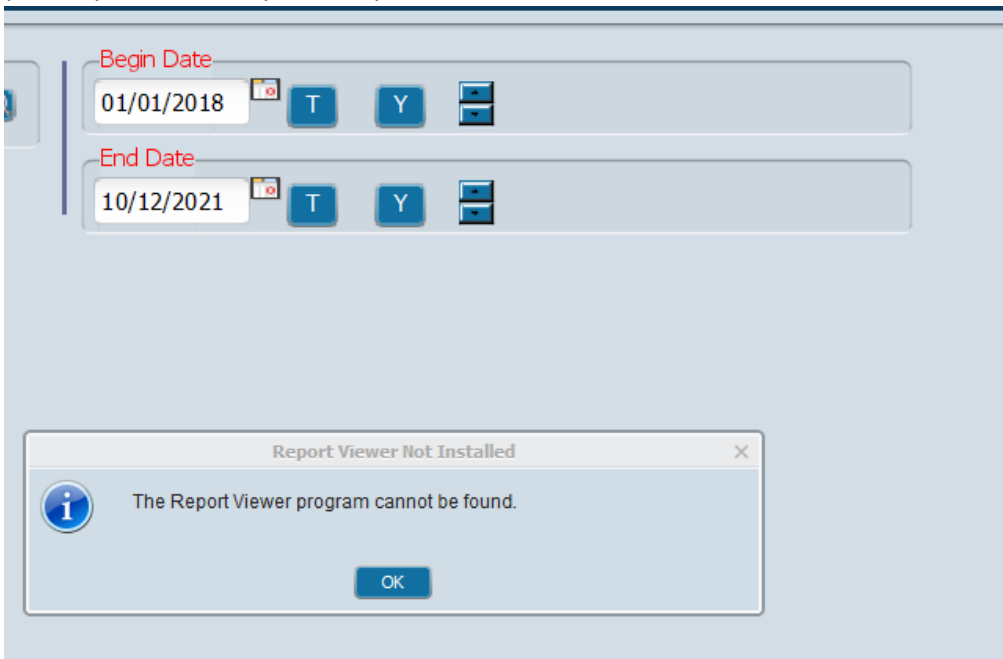
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Report Viewer Tool - There is an extra piece of software needed to print reports (including those mentioned above) that you may not have on your computer.



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

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County Employees contact:

[ITSupport@santacruzcounty.us](mailto:ITSupport@santacruzcounty.us)

- d. Issue with Medi-Cal Number on printouts (Vince Stroth)
  - i. The tools require CIN or Medi-Cal number, but the forms have the SSN. Nancy is working on this with Gian.
  - ii. Johanna - ACCESS has been printing out the forms and entering the info manually when sending to Receiving agency.
- e. English version is in Avatar. We are working on Spanish version but for now continue using paper or PDF.
  - i. Nancy - Spanish is being added to the reports. There will be both English and Spanish on the printouts.
- f. **Workflows for Transition and Screening Tools** - Workflows re these forms are being worked out in a separate meeting that meets on Tuesday mornings. For people using the form, please think about what workflows are naturally occurring, and your thoughts about potential workflows and policies.
- g. Dave is working on reports for screening and transition tools for monitoring (aggregate report).

### Discussion Today:

- a. Workflows
  - i. Workflows should be designed by the team/supervisor/manager are performing the work. QI department is available in a consultative capacity. Teams are encouraged to individualize their workflows to customize for the particular tasks and responsibilities of the team.
  - ii. Discussion between Adult and children's access regarding parallel workflows.
- h. CIN issue
  - i. Vince: The CIN field on the Avatar version of the Transition Tool pulls in the SSN, and not the CIN. Silbiano will work with IT. Potentially we will just make this text field with no auto population of data.
  - i. Printing this and other Avatar forms. Anyone can print from the chart review, but for forms that have a "report," i.e. a specially formatted printout, users needed the Report Viewer software that should be obtained from County IT. Most programs probably already have a copy of this piece of software in their system for people to use (it's a fairly small .exe file), but if needed County IT has a portal where this can be downloaded. Contact County IT for instructions and password to do this.
- b. Question about certain items in the form getting cut off in printout. We determined that this was because people are printing from the chart view, which does cut off some of the questions, which are rather long. This is why we created the report/printout, which has the full text of all of the questions. When you print out using the report, you will see all of the information you need.



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### 4. Dave - 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, problem 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.
- c. There was an issue with the report not sorting correctly, which Nancy got worked out with the IT department. The report should now print like it used to, aggregating services by each clinician together, to facilitate supervision.

#### d. Discussion Today: Not Discussed

- i. x

### 5. Managed Care Authorization Report (Dave) (Pending IT completion of updates) - Dave-reaching out to IT to download and manage open authorizations for inpatient care and for adult and crisis residential. Currently 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.

#### a. Discussion Today: Not Discussed

- i. x

### 6. No-show service codes (Sarah Tisdale) – 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. Plan from last meeting was to have an off-line discussion to clarify what the needs are here. Did this happen? Is there still a need for this?

#### c. Discussion Today: Not Discussed

- i. x

### 7. 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. Janus to send markup to Dave with changes needed. Did this happen?

#### c. Discussion Today: Not Discussed

- i. x

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8. Peer Support Services
  - a. 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.
  - b. 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.
  - c. 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.
  - d. Discussion Today: Not Discussed
    - i. x

### NEW ITEMS BROUGHT UP IN MEETING

1. 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, which is very time-consuming. Nancy - This is a known Avatar problem, which has happened before, and typically requires an update to Avatar to fix. Nancy will follow up.

### Parking Lot

1. **Combining "SMHS Assessment" with Residential Referral Form** - What information is needed to fulfill the needs for residential programs? 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.

### 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.

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### Attendance

Amanda Engeldrum Magana (PVPSA), Beloved Bolton (County QI), Bernadette Franzel (Encompass QI), Cynthia Nollenberger (County Adult MH), Dagny Blaskovich (Volunteer Center), Daniel Crews (County IT), Dave Chicoine (County QI), Jessica Stone (Janus Compliance), Joel Stiles (New Life), 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), Sarah Tisdale (Encompass QI), Silbiano Cruz (County IT), Veronica Gonzalez (County AMH), Vince Stroth (County CMH)