

# Avatar Process Improvement - CalAIM Workgroup

## Meeting Minutes

6/29/2023

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](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 – July 13, 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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### Agenda Items

#### 1. CalAIM Service Code Trainings and Avatar Changes

- a. Trainings are completed and you should have received written materials and a link to videos in an email. Sent to all County BH staff and contractor supervisors. Written materials are also posted on the [Avatar CalAIM webpage here](#).

### CalAIM Resources

[Home](#)   [Training Resources](#)   [Forms & Reports](#)   [Information Notices](#)   [Meetings](#)   [CalAIM](#)

As the California Department of Health Services rolls out the CalAIM initiative, we will make changes to our Avatar system to reflect that. This page has resources relevant to those changes.

**[County QI Department CalAIM Information and Guidance](#)**

**NEW FEE FOR SERVICE CPT CODING INFORMATION**

- [Fee for Service DMC and MHP FAQ 6.27.2023](#)
- [Fee for Service DMC LPHA Service codes 6.27.2023](#)
- [Fee for Service DMC Med Support LPHA codes 6.27.2023](#)
- [Fee for Service DMC Non-LPHA codes 6.27.2023](#)
- [Fee for Service DMC Peer Services codes 6.27.2023](#)
- [Fee for Service DMC-ODS CPT Coding 6.28.2023](#)
- [Fee for service MHP CPT Coding 6.23.2023](#)
- [Fee for Service MHP LPHA Service codes 6.23.2023](#)
- [Fee for Service MHP Non-LPHA codes 6.23.2023](#)
- [Fee for Service MHP Peer Services codes 6.23.2023](#)

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### b. New Today – Timing of Avatar Changes to Codes and Progress Note Forms

#### WHEN IS IT CHANGING?

CalAIM Payment Reform changes go into effect July 1, 2023

Service date June 30<sup>th</sup> or before → Progress Notes Finalized by Friday, July 7<sup>th</sup>, 11:59pm  
Service date July 1<sup>st</sup> or after -----→ Leave Progress Notes in Draft until Monday, July 10<sup>th</sup>

- i. The new individual note and group note will be moving to LIVE sometime between 6/30 and 7/3.
- ii. June notes should be completed (finalized and co-signed if applicable) no later than 7/7.
- iii. In the new notes, the duration of Direct Service Time and Travel & Documentation Time no longer total. (See picture below from the new note.) For services prior to 7/1, we will total the billing time for you in the background (but you are welcome to do this yourself if you want to – it would be very helpful to us.)

The screenshot shows a software interface with a blue header bar containing a dropdown menu labeled "PRACTITIONER(S) / TIME". Below this is a text input field for "Practitioner" containing "TEST,DOCTOR (006430)". Underneath are three input fields: "Direct Service Time" with the value "30", "Documentation & Travel Time" with the value "15", and "Billing Time (minutes)" with the value "45". A "Calculator" button is located to the right of the Billing Time field. Below these fields is another blue header bar labeled "RESIDENTIAL SERVICE ONLY" with a dropdown menu for "Residential Note Type".

- iv. CODE CHANGEOVER:
  - i. The new codes have already been added to LIVE. Right now, they are in Avatar along with all the old codes.
  - ii. People should start using the new codes for services rendered on or after 7/1/23, but leave in draft until after 7/10.
  - iii. On 7/11 old code deactivation will start.

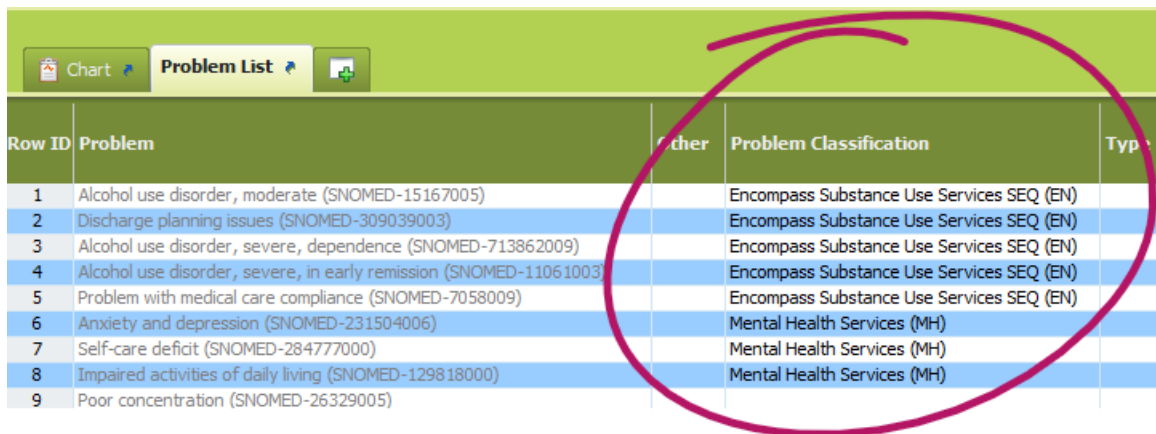
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- iv. "I can't find my service codes." - If clinicians report that they don't see new codes that they think they should be using, let us know. Send an email to [askQI@santacruzcounty.us](mailto:askQI@santacruzcounty.us)
  - v. Be sure all episodes have a diagnosis entered ASAP for June services. If you don't have a final diagnosis, it's OK to add a preliminary diagnosis and then update.
- c. **New Today** – Other re this topic
- i. If a provider neglects to complete notes for June services, after 7/10/23, have the clinician use a nonbillable code (A001/M001).
  - ii. For a few services, service code information from the state is delayed, and those services may have to avoid finalizing draft notes beyond the 7/10 deadline. These services include MAT and Nurse Injection (MH).
  - iii. There was a request to clarify time frames on all these changes. Information in b. was clarified by IT, accounting, business management and QI and will be sent to supervisors.
2. **DELAYED DUE TO AVATAR ISSUE** - **Problem List Changes and Classification of Historical Problems** - County has done the bulk of for adding problem classification to problem lists for you. Problems associated with currently open SUD programs were updated. Please continue to update lists as you add new problems, or when you find older problems that should be classified. Also, if you find a problem that you think has been misclassified, please feel free to change the classification. **Project delayed due to issue with Avatar Problem List Status. (See next item.)**



Row ID	Problem	Other	Problem Classification	Type
1	Alcohol use disorder, moderate (SNOMED-15167005)		Encompass Substance Use Services SEQ (EN)	
2	Discharge planning issues (SNOMED-309039003)		Encompass Substance Use Services SEQ (EN)	
3	Alcohol use disorder, severe, dependence (SNOMED-713862009)		Encompass Substance Use Services SEQ (EN)	
4	Alcohol use disorder, severe, in early remission (SNOMED-11061003)		Encompass Substance Use Services SEQ (EN)	
5	Problem with medical care compliance (SNOMED-7058009)		Encompass Substance Use Services SEQ (EN)	
6	Anxiety and depression (SNOMED-231504006)		Mental Health Services (MH)	
7	Self-care deficit (SNOMED-284777000)		Mental Health Services (MH)	
8	Impaired activities of daily living (SNOMED-129818000)		Mental Health Services (MH)	
9	Poor concentration (SNOMED-26329005)			

3. **SOLUTION DELAYED - Problem List Duplicate Problem Error** ticket out to Netsmart for cleaning up duplicate problems in problem list as it is making the problem list glitchy. [Update from NetSmart 5/1/23: NetSmart still working on problem. No solution yet.] NetSmart provided a solution for this problem, this week, which will be applied soon. Please test the problem list in UAT, to see if you can duplicate the error. So far, testing has been positive, but it's difficult to test an error that only occurs intermittently. **Discussion Today: After applying the solution to UAT, we found some glitches. We are working with NetSmart on fixing so that we can apply the solution to LIVE.**

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4. We are still working with NetSmart on the issue of Avatar thinking there are duplicate problems, which prevents finalizing the form. This is also affecting entering diagnoses.
5. **POSSIBLE TEMPORARY SOLUTION:** Change the status of as many codes as you can to “Inactive” and save. This may stop the warning from happening. Make sure that you don’t change the status on problems that are currently in use. However, if you do make a mistake, the status can be changed back to “Active” pretty easily.

Row ID	Problem	Date of Onset	Status	Severity	Chronicity
1	Substance abuse (SNOMED-66214007)	01/01/2015	Active (A) (A)		
2	Post-traumatic stress disorder, chronic (SNOMED-313...	07/01/2016	Active (A) (A)	Severe (3)...	Chronic (C...
3	OCD (obsessive compulsive disorder) (SNOMED-1917...	02/01/2017	Resolved (R) (R)	Moderate ...	Chronic (C...
4	Schizoaffective disorder, bipolar type (SNOMED-3836...	10/03/2017	Active (A) (A)		
5	Mental retardation (SNOMED-91138005)	01/01/1990			
6	Psychosis (SNOMED-69322001)	01/01/1990			
7	Poor impulse control (SNOMED-286756000)	01/01/1990			
8	Pica (SNOMED-14077003)	01/01/1990			
9	Anger (SNOMED-75408008)	01/01/1990			
10	Chronic paranoid schizophrenia (SNOMED-31658008)	07/20/1970			
11	Anxiety with depression (SNOMED-231504006)	01/01/2021			
12	Aggressive outburst (SNOMED-192083006)				
13	Family dysfunction (SNOMED-248539004)				
14	Adjustment disorder with disturbance of emotion (SN...				
15	Other contact with orca, initial encounter (SNOMED-7...				
16	Conflict between patient and family (SNOMED-81935...				
17	Disruptive mood dysregulation disorder (SNOMED-71...	01/04/2023			

### 6. Potential Problem List Updates - Pending exploration with NetSmart

- a. Prior Discussion
  - iv. 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)
  - v. Make Date Identified question required (Dave)
  - vi. Sarah Tisdale: Have date identified populate back to Diagnosis form from Problem List.
- b. “Date Identified” Field and Problem List
- c. Field is required per CalAIM. Problem: There is no equivalent field on diagnosis form to populate this question. Is there a way to add this to the diagnosis form? Nancy: if field cannot be added to the diagnosis form, the submit date/time on the diagnosis form might suffice as a data point, at least in terms of audit compliance.
- d. Date of Onset field: per recent feedback from state at our most recent audit, Date of Onset is not required. Please add the state if desired, but it is not required.

### 7. Assessment Tool “Children’s Behavioral Health Intensive Support Services Eligibility Form”

- a. Nancy has finished the test version of the form, which can be tested in UAT.

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- b. Please take a look at it and provide feedback to Nancy.
- c. Gian working on a printout (report) of the form for printing, etc. Unfortunately, because some of the questions are fairly long, we will not be able to print this form directly from the chart view, thus we need a report.
- d. Please test in UAT.
- e. Need a plan for notifying staff to use the form.
- f. Request to add reminder like we have in our treatment plans for this form. (Vince Stroth) Nancy to check with NetSmart to see if this is possible.

### 8. 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."
- b. SUD Supervisor Report still not complete. (Maya Jarow)
  - vii. Says "test" on the label and in the report printout.
  - viii. Janus to send markup to Dave with changes needed. Did this happen?
- d. Possible organization of subcommittee to discuss.

## 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.
2. **Avatar update projects: Need to look at all avatar projects and do appraisals of skill sets in order to see who can best do the projects, or what projects need to be delayed.**

## 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

Not available.