

Avatar Process Improvement - CalAIM Workgroup

Meeting Minutes

7/13/2023

9:00 AM - 10:00 AM

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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 – July 27, 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** - Questions about Training Resources? 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](#). **No questions today.**

2. **New Today – Coding**
 - a. Question about changes in certain service code labels. (The label is the name next to the code, highlighted in this example. (Julie Krokidas-Wooden)

IOT H0007 SUD Crisis Intervention Svc (AIOH0007)

Answer (Madea): There is a different naming convention for IOT/OP services. These codes now have an “A” in front of the code. Please contact QI if you are having difficulty finding the right service code (askqi@santacruzcounty.us). Handouts with service codes will be updated to include the correct naming convention.

 - b. Although code selection should not be case-sensitive, it may help to capitalize if you enter the actual code in the prog note.

 - c. Vince Stroth - is there a difference between psychotherapy for LPHA and intensive home-based services? Will codes be changed to distinguish high end psychotherapy? Vince will send these questions to askqi@santacruzcounty.us

 - d. Julie - Question about people not being able to pull up the codes that they need. If you cannot locate the code think you should be able to use, send a message to askqi@santacruzcounty.us. Codes are linked to the program(s), but also to the license/credential of person writing note. It’s possible that one of these two things has not been set up properly. It’s also possible that the type of code to be used has changed.

 - e. Kayla Gray - Jail services no longer have access to any nonbillable codes. Most jail services nonbillable, and they need these codes. Answer (Nancy): The word from accounting/business management is that people no longer need to worry about nonbillable codes. Avatar will scan for “lockouts” on the backend, and not bill for services that should not be billable. For example, doing an assessment at jail, is typically not billable. Avatar scans for locations and dates to determine whether or not services billable. However, the generic nonbillable codes M001 and A001 are still available across all programs.

 - f. Jen Gosk - Comment about med support staff having more work because they have to do separate notes for injection services versus other med support activities such as preparing med boxes.

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3. Timing of CalAIM Payment Reform Avatar Changes

WHEN IS IT CHANGING?

CalAIM Payment Reform changes go into effect July 1, 2023

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

- a. June notes should be completed (finalized and co-signed if applicable). Deadline was 7/7.
- b. Group and Individual note forms have been updated. Questions? **No questions.**
- c. Questions about how timing fields work on the progress note? 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.) **No questions.**

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".

4. SERVICE CODE CHANGEOVER:

- a. The deadline for adding all new codes was 7/10/23.
 - i. This is mostly done, but there are still a few programs that need added codes. In particular, many programs are lacking "K" codes.
 - ii. For a few other services, service code information from the state is delayed (i.e. we don't know what the code should be), and those services may have to avoid finalizing draft notes beyond the 7/10 deadline. These services include MAT and Nurse Injection (MH).

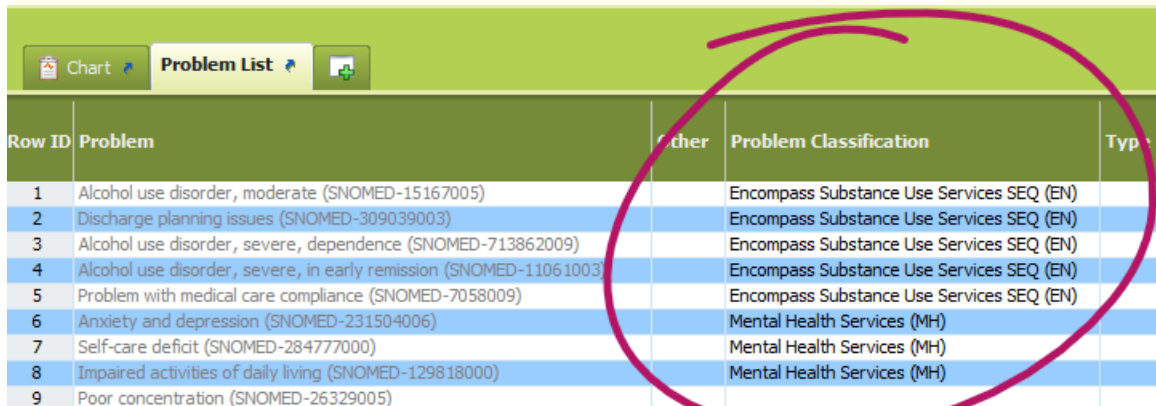
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- b. Accounting has been putting notes back to draft that have the wrong codes relative to the service date. They were also drafting notes with service date on or after 7/1, but have stopped now. (Remember, we were supposed to have left progress notes from 7/1 on in draft until 7/10.)
 - c. "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
 - d. 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. We need this done so that we can submit services to the state for recoupment, and we want to get paid for June.
 - e. If a provider neglects to complete notes for June services, after 7/10/23, have the clinician use a nonbillable code (A001/M001).
 - f. **New Today –**
 - i. Jessica Stone - Question about providing care coordination and problem list update in the same session. Nancy - in general, you may combine services like this. If you do multiple activities, and one of these activities is the problem list update, these select that item as the progress note type. We use that note type to find when the problem list has been updated, which is a Medi-Cal requirement. Medi-Cal wants to know when a problem list is updated, and the problem list itself does not track this information.
 - ii. Jessica Stone - Question about combining H&P, diagnostic activities and assessment activities by a medical provider. Jessica will send an email to Sara Avila to follow-up.
5. **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



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)			

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.)**

- a. **New Today –**
 - i. Nancy - Duplicate problems warning seems to be less common.

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- ii. Discussion of use of “specify other” in the problem list. Nancy - In the past, we have strongly recommended, but not prohibited use of this problem, but moving forward, we may have to ban it entirely, since it does seem to cause this warning.

- 6. **SOLUTION HAS BEEN ID'd and will be applied Thursday, 7/13/23 - 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.
 - a. 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.
 - b. Specify Other problems: At some point in the past six months, Avatar stopped allowing more than one “Specify Other” problem. If a user attempts to submit a problem list with more than one Specify Other problem, they will get a warning to change the status of all that one Specify Other problem to “Inactive.”
 - c. Has the related issue, where you get this morning for a problem that is not duplicated happened recently? It would be helpful to know if other errors with the problem list that we have had in the past, are still occurring.

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			

Status search results:

Code	Description
A	Active
NTSTPVOID	Auto Delete From Tr
I	Inactive
M	Monitoring
R	Resolved

Select Cancel

- d. Jessica Stone re what to add when you are doing multiple intake activities like Ass and Prob List, use the main activity as your billing code. I clarified and he is right.
- e. JS re physical. Us H&P, dx and one other activity. Code allows for only 52 mins. What code to use? There may be an auditing requirement and need to use a certain code. SA will need to answer.

7. Potential Problem List Updates - Pending exploration with NetSmart

- a. Prior Discussion

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- i. 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)
 - ii. Make Date Identified question required (Dave)
 - iii. 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.
8. **Assessment Tool "Children's Behavioral Health Intensive Support Services Eligibility Form" (ISS Assessment Form) (Vince)** 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. Answer from NetSmart: This functionality is not supported. **Discussion Today** – This form must be done at intake, and then periodically, when certain trigger events happened that indicate an increase in acuity. There has been discussion about a way to send a reminder to the clinician about this. There really isn't a way to track triggers like this in form, but there could be a report built to monitor this type of thing.
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."
 - 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?
 - iii. 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.**

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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

Vince Stroth (County CMH), Silbiano Cruz (County IT), Nancy Mast (County QI), Mary Zinsmeyer (New Life), Madea Owen (County QI), Kayla Gray (County HTS), Karen Hackett (County Psychiatry), Julie Krokidas-Wooden (Sobriety Works), Jessica Stone (Janus Compliance), Jennifer Gosk (Front St.), Dylan Jones (County IT), Dave Chicoine (County QI), Daniel Crews (County IT), Dagny Blaskovich (Volunteer Center), Amanda Engeldrum Magana (PVPSA)