Avatar Process Improvement - CalAIM Workgroup

Meeting Minutes

7/27/2023
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. **NetSmart, has scheduled a UAT update for Friday 7/28 at 3PM CT (1 PM our time). UAT Avatar will be down approximately 30 minutes.**
2. **Next meeting – August 10, 2023, 9 AM – 10 AM;** (We meet every other Thursday morning at 9 AM.)
3. **Agendas, meeting minutes and QI Guides are posted on the *Avatar Webpage, CalAIM Subpage***
4. **During the meeting, please use the raise hand function or the chat box if you have questions, comments, concerns.**
5. **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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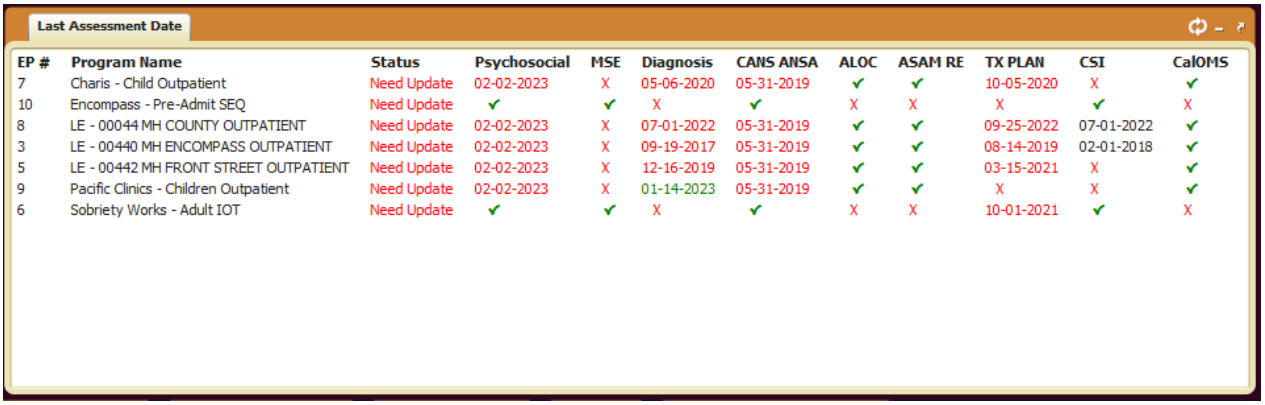
Agenda Items

1. **New Items (Brought up in meeting)**
    a. Mary Zinsmeyer – Progress Note aging report may be miscalculating the age of some draft notes. E.g. a note that is 7 days late is showing as 11 days late. Some notes are calculated as due in one day (crisis) and others not. This is regulatory. Will meet with Mary to discuss and identify issues with the report, if any.
    b. Dave – Clinicians continue to mistakenly use old service codes (those used prior to 7/1/23). Nancy - IT and business departments are working furiously on code changeover. Priority is making sure new codes are in the system. Retirement of old codes is lower priority, but we should get to this soon. Please remind your staff to not use old codes.
    c. Julie Krokidas-Wooden – Reports continued confusion about use of add-on codes. Jorge confirmed Avatar should not allow clinicians to select add-on codes that are not correct. Nancy - If you have questions, think that there is a code you should have that you don't, or see a code that you think should not be there, contact the QI department. Julie would like "cheat sheets" that are easier to use and specific to each program (Seconded by Claire Friedman.) Dave working on improved guidance.
    d. Vince - Updating Assessment widget with information on the PSC-35. This item is not on the widget. (Picture below for reference.) Nancy - Will talk to Gian who made this widget about adding the PSC 35. Other items need to be reconfigured, as they no longer have strict due dates due to CalAIM changes.



Last Assessment Date

EP #	Program Name	Status	Psychosocial	MSE	Diagnosis	CANS ANSA	ALOC	ASAM RE	TX PLAN	CSI	CalOMS
7	Charis - Child Outpatient	Need Update	02-02-2023	X	05-06-2020	05-31-2019	✔	✔	10-05-2020	X	✔
10	Encompass - Pre-Admit SEQ	Need Update	✔	✔	X	✔	X	X	X	✔	X
8	LE - 00044 MH COUNTY OUTPATIENT	Need Update	02-02-2023	X	07-01-2022	05-31-2019	✔	✔	09-25-2022	07-01-2022	✔
3	LE - 00440 MH ENCOMPASS OUTPATIENT	Need Update	02-02-2023	X	09-19-2017	05-31-2019	✔	✔	08-14-2019	02-01-2018	✔
5	LE - 00442 MH FRONT STREET OUTPATIENT	Need Update	02-02-2023	X	12-16-2019	05-31-2019	✔	✔	03-15-2021	X	✔
9	Pacific Clinics - Children Outpatient	Need Update	02-02-2023	X	01-14-2023	05-31-2019	✔	✔	X	X	✔
6	Sobriety Works - Adult IOT	Need Update	✔	✔	X	✔	X	X	10-01-2021	✔	X

2. **Service Code Changes**
    a. 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.
    b. No questions or comments from group.

3. **Problem List "Specify Other" Problem Type -**
    a. BACKGROUND/EXPLANATION: Using Specify Other causes errors with the Problem List, which prevents the list from being finalized. This means no one can add a problem at all to the Problem List.

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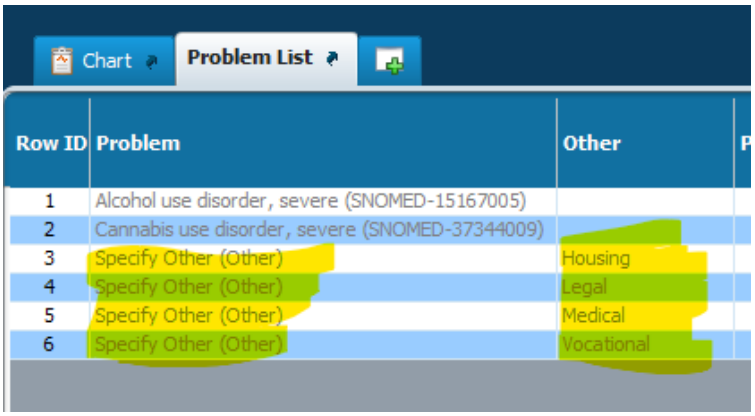
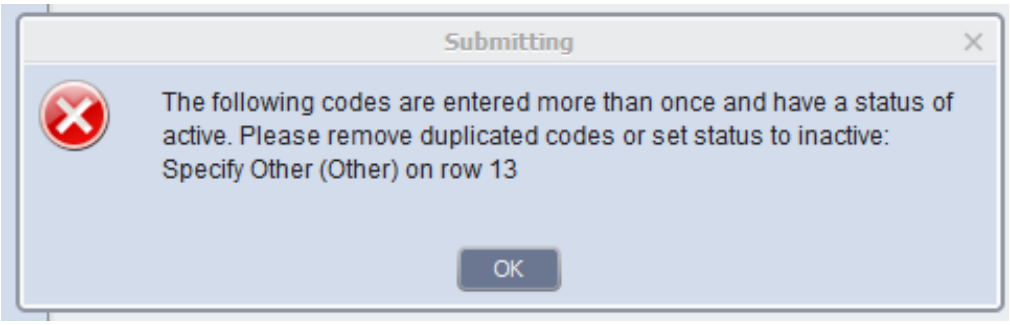
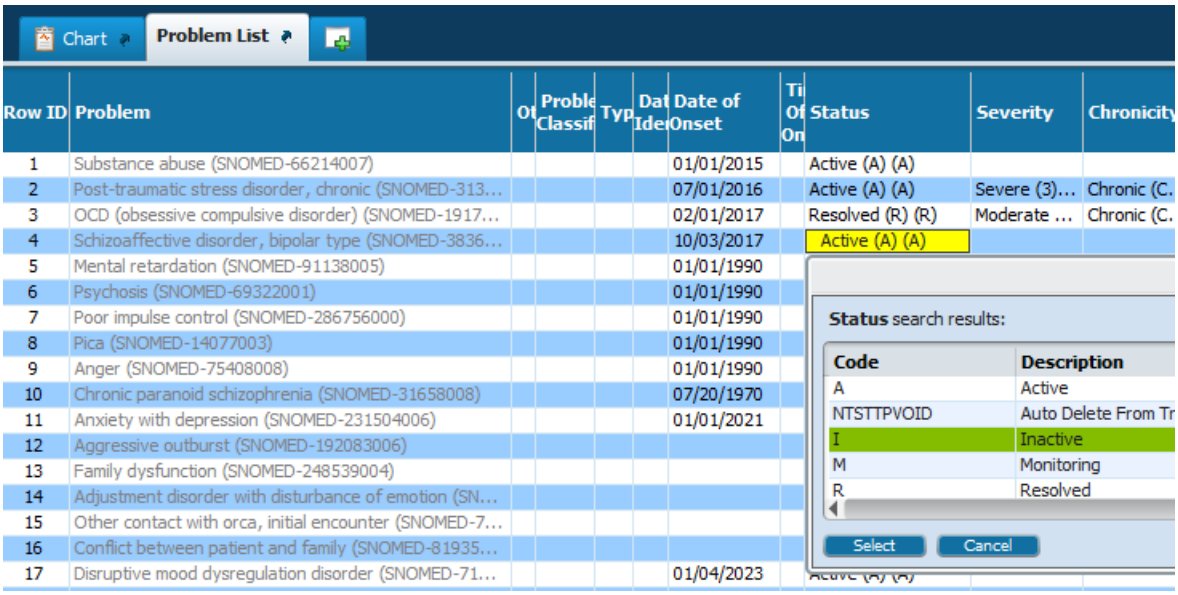




Because the Problem List and the Diagnosis Form are connected, it may prevent a user from saving the Diagnosis Form, preventing addition of any diagnoses to the episode. In the past six months, the Problem List was updated by NetSmart. The solution essentially only allows there to be one Specify Other problem in an entire problem list. If there is more than one Specify Other problem in a Problem List, the user will get the warning pictured above, and then be unable to save. The user will then be directed to change all but one of the *Specify Other* problems to "Inactive."



Additionally, we have attempted to apply other solutions from NetSmart to fix this problem, but none have worked.

PROPOSED SOLUTION: Direct clinicians to stop using the "Specify Other" problem type entirely. This may take some training to help people identify SNOMED codes they can use.

b. Discussion Today
   i. No objections from the group re no longer using "Specify Other." For the most part, people are not using this problem type, as QI has directed people to avoid using it as much as possible.
   ii. Dave – Wondering about directing cleanup of lists with multiple Specify Other problems to the clinician. Nancy - this depends on whether or not this is a single clinician, whether or not the clinician can be identified, and whether or not the clinician is still working in the program. Many of these items are quite old. So far, people have directed issues with this to the QI department, who can clean up the list.

4. **Assessment Tool "Children's Behavioral Health Intensive Support Services Eligibility Form" (ISS Assessment Form) Form is completed, along with a "report" (printout) in UAT for review. Once approved, it can be moved to LIVE.**
   a. Discussion Today
      i. Vince has a label change for one item that he will send to Nancy.
      ii. Questions about messaging to staff around this form. Nancy – QI can put out a general announcement about the new form, but Children's BH should determine workflows and other issues around use of the form.

iii. Dave – Discussion of aggregate/data reports. Dave will organize small group to discuss specifics and create spec, after which IT dept can be involved. Vince to send Dave/Nancy current data tracking for the form upon which to build the Avatar report.
iv. Jorge – We might consider a dashboard type widget for this item.

5. **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.
   b. Not discussed today.

6. **Use of "SMHS Assessment" to replace current Psychosocial Assessment SC**
   a. **Dave -** Can form be adapted so that it also works for residential intakes?
   b. **Nancy** - What items would need to be added to this form to make it useful for us, and ultimately replace our current psychosocial?
   c. Subcommittee to work on development?
   b. Not discussed today except to acknowledge we need a subcommittee to work on specifics.

Parking Lot

1. **Update Avatar Project List**

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

Vince Stroth (County CMH), Robert Annon (County AMH), Nancy Mast (County QI), Mary Zinsmeyer (New Life), Kayla Gray (County HTS), Karen Hackett (County Psychiatry), Julie Krokidas-Wooden (Sobriety Works), Jorge Fernandez (County IT), Jessica Stone (Janus Compliance), Jennifer Gosk (Front St.), Israel Balderas (County IT), Dylan Jones (County

IT), Dave Chicoine (County QI), Dagny Blaskovich (Volunteer Center), Claire Friedman (Sobriety Works), Bernadette Franzel (Encompass QI), Beloved Bolton (County QI)