

Avatar Process Improvement - CalAIM Workgroup

Meeting Minutes

8/24/2023

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 – August 24, 2023, 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. Service Activity report (Dave)

- a. The cost column is all "0"s, people are concerned about this due to calculating payment/productivity.
- b. Discussion today
 - i. Nancy-New CalAIM Report is in UAT, please test this out in UAT to make sure it is functional. If you see an issue please let Nancy and/or askQI know.
 - ii. Meg Yarnell asked about productivity reports for data, could SAR report be used for this? This is supposed to be a separate report from SAR report. Jorge Fernandez said he can look into it but would be best Israel/Gian to follow up as well as they may be working on this. Maria & Daniel need invite to avatar meeting as they may be working on this too.
- c. 8/24/23 Minutes: Daniel & Maria are revising the report in UAT. Two versions of SAR. UAT is more current version, the LIVE version is not accurate. Will re-visit in two weeks.

2. Progress Note aging report (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. **Was this cleared up or does it need more discussion?**

- a. Clinicians continue to mistakenly use old service codes (those used prior to 7/1/23) (Dave)
- b. 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. Discussion today
 - i. Mary-progress note reports need hours measurement.
 - ii. Dave-reports will measure hours if provider put service starts time & stop time but provider has to put in hours in progress note (ex. crisis service for MH).
 - iii. Nancy gets a lot of requests for fixing "assessments", however providers are referring to progress notes. Note types, service codes etc. can be in report. Ex. can look to see when planning notes are done, "problem list review update" date.
- d. 8/24/23 Minutes: Sorted by crisis notes at the top on the report. New CalAIM codes including SUDs crisis codes. Link to progress note type, TCM care plan & last date entered of each note type. It is slow to run.

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3. Continued confusion about use of add-on codes.

- a. Avatar should not allow clinicians to select add-on codes that they should not use but we continue to see errors in this area, at least as of last week. Is this still happening?
- b. 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.
- c. Cheat sheets and more FAQ sheets have been published by QI and are on the [Avatar CalAIM Webpage](#).
- d. Discussion today
 - i. Nancy reviewed training and information resources on CalAIM webpage, "service code add on cheat sheets" were developed by QI and are available on the CalAIM webpage.
 - ii. Nancy-we are still sorting out what codes to be used & where. If you notice anything wrong with service codes please send to ASKQI email so QI can forward to IT.
 - iii. Dave-old codes are not in LIVE anymore.
- e. 8/24/23 Minutes: Links need to be updated on the webpage to fee for service training videos. County staff can access these training videos through the Relias training system. New staff need some training on fee for service, please give us feedback on the training materials & ways to improve. NTP does not have a code sheet & there are a lot of nuance things, some services that are particular.

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

FEE FOR SERVICE CPT CODING FREQUENTLY ASKED QUESTIONS (FAQ)

- [Fee for Service DMC and MHP FAQ #1 6.27.2023](#)
- **NEW** [Fee for Service DMC FAQ #2 8.4.2023](#)
- **NEW** [Fee for Service MHP FAQ #2 8.4.2023](#)

DMC SERVICE CODE GUIDES (Drug Medi-Cal or Substance Use Treatment Programs)

- **NEW DMC QUICK GUIDE** [DMC CPT CalAIM Coding 8.4.2023](#)
- [Fee for Service DMC-ODS CPT Coding 6.28.2023](#)
- [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](#)

MHP SERVICE CODE GUIDES: Mental Health Programs

- **NEW MHP QUICK GUIDE** [MHP CPT CalAIM Coding 8.4.2023](#)
- [Fee for Service MHP LPHA Service codes 6.23.2023](#)
- [Fee for Service MHP Non-LPHA codes 6.23.2023](#)
- [Fee for service MHP CPT Coding 6.23.2023](#)
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4. Update for Last Assessment Date Widget

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

- a. 8/24/23 Minutes: Needs to be updated. There is a meeting with Meg next week to discuss.

5. 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. Children’s BH wants to launch soon in LIVE but needs to work out how to introduce the new form and report.
- b. 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.
- c. Jorge – We might consider a dashboard type widget for this item.
- d. Discussion Today
 - i. Nancy-this is considered a screening. In UAT right now. There is a form and a report in avatar, the report is a print out, because chart view print out cuts off items. Gian made a report that can be printed, “ISS screening report”. Please take a look in UAT. Children’s is figuring out how to launch, put in live, and messaging about it.
 - ii. Vince-report looks nice. Lightbulbs on report are informative. Supervisors to look in UAT, give feedback and then transition to LIVE.
 - iii. Dave-would like aggregate report with data so supervisor’s can see all activity in a time period.
 - iv. Meg shared MH report is emailed out every month to Children’s staff with last assessment date, CANS, etc. Can we pull last ISSE date into this report for children’s? PSE 35 would be nice to have in report. Shows good data on what is going on. Nancy-PSE 35 is outside of avatar, reporting specific to PSE 35 would be with data roundtable & not avatar.
 - v. Vince-would like to start this form in LIVE prior to aggregate report creation. Sent ICC/IHBS tracking spreadsheets to Nancy, Nancy combined multiple spreadsheets into one. May have to be two separate reports: tracking & output.
 - vi. Meg-we need a small group discussion about what we need for aggregate report before asking IT. Dave-will schedule a meeting for this discussion to include Meg, Nancy, Vince & ask Leah who from UR would be a good rep. from Encompass.

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- e. 8/24/23 Minutes: Working on aggregate report for this, Dylan Jones said parsing code that needs to be written becomes complex given large number of options.

6. 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 in past meeting.
- c. Discussion today
 - i. Mary-ALOC has be done within 72 hours of residential and then progress note assessment is due shortly after.
 - ii. Dave-there are two reports one for DMC & one for MH. MH does not have annual psychosocial assessment due date anylonger. Reports can be changed, including fields so it is functional for staff & supervisors.
 - iii. Nancy-may want to look at the last date that assessment was done. Hours is harder for avatar to calculate vs. days on reports. If reporting to track if would possibly be looking at 3 days or 2 days instead of hours. Interesting to think about combining items in reports.
- d. 8/24/23 Minutes: Janus sent Dave items about SUD report changes that are needed. Encompass SUD supervisors will provide feedback on changes that are needed.

7. 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?
- d. We need a subcommittee to work on specifics.
- b. Discussion Today
 - i. Meg asked about this new form.
 - ii. Dave-clinical standards committee was formed a while ago to discuss things such as assessment, what to include, how long it should be etc.
 - iii. Meg-is there representation from children's? Dave-Leah would know, Leah is on the committee. Meg to reach out.
- c. 8/24/23 Minutes: Psychosocial assessment Dave would like to use the short form version of the SMHS assessment to shorten the assessment but still meet the DHCS standards.

8. Miscellaneous Other Discussion items:

- a. Bernadette had an outpatient program ask “are units of servcie combined by day”? Ex. If they have one 5 minute session and another 5 minute session in same day. Dave-if it's the same code, same client

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same day it will be combined into one service. Dave will reach out to Sube & Leah as there are training materials that cover this. Bernadette to email Dave copy of question.

- b. Jen Gosk-Dave shared a compilation of notes that needed to be corrected with new service codes in Adult MH UR & gave feedback that many notes were done with correct service codes which was great and Jen shared this with Front st staff. Could this be provided ongoing for props when there are less corrections needed?
- c. Follow up from 8/24/23 meeting: Encompass/Bernadette asked. If there is one note for all 3 services that are the same code/same day, how is the start and end time captured in the note? Follow up question for Sara A. Veronica- Is there follow-up information about being able to use the M90885 Psychiatric Evaluation of Records & Tests for when we are reviewing Avatar and EPIC, (records from outside providers and in-house county providers)? Yes, this code can be used, as long as the review of records is for diagnostic purposes and/or for determining medical necessity for SMHS.

Parking Lot

1. **Update Avatar Project List:** 8/24/23 Minutes: New projects/new ideas? Kayla Gray would like a report based on address for homeless/unhoused folks. A report based on their location would help. Would like to have an excel sheet that could be sorted base don needs. Dylan Jones can be reached out to, Dave will set up meeting with Dylan Jones and Kalya. Meg Yarnell has power BI report that has system level info. that could be updated, Dylan can help with this & will follow up with Gian. Meg link to report: <http://hsa/Home/Admin-Services/Reporting-Portal>.

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.