Avatar Process Improvement - CalAIM Workgroup
Meeting Minutes
11/16/2023
9:00 AM - 10:00 AM

Announcements>>>

1. **Next meeting is tentatively scheduled for 11/30/23, 9 AM – 10 AM, but we want to discuss meeting dates over the holidays today.** (We normally 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!)**

AGENDA ITEMS / MINUTES>>>

1. **When to meet next.** If we meet every two weeks, these are the dates through the holidays. Do we want to meet on all these dates or do we want to skip some?
   a. 11/30
   b. 12/14
   c. 12/28
   d. 1/11
   e. Discussion Today
      i. Group decided to keep 11/30 meeting.

2. **Non-episodic assessment form, "CalAIM Assessment" (Dave)**
   a. Discussion Today
      i. The practice standards committee is looking at this new CalAIM assessment. A few programs are piloting using this assessment. This assessment cannot be used by providers widely yet-there are workflow issues that need to be worked out, assessment update timeline standards & leadership will need to discuss recommendations form practice standards committee. This new assessment will be non-episodic. Assessment is currently in LIVE if you want to check it out.

3. **BH IT Project Management App (Dylan) –** IT dept using software to manage projects (Avatar and other projects), including addressing and prioritizing backlog items. Plan is to also use this to inform IT dept capacity.
   a. Discussion Today
      i. Dave – Avatar improvement committee is a user group that reports what changes/modifications are needed in avatar & IT looks at these and tries to implement changes.
      ii. Dylan - using project management app./software to help with projects. This would be used if Daniel wanted to use it. Product owners' put priority projects on the list, so a person serving a

project management role would capture this information and put onto a list and then software developers & programmers look at this list and let users know a timeline for the various projects. Lean on Daniel to capture & communicate timelines & priorities.

4. **Prog Note Templates (Dave)**
   a. TCM Care Plan is complete and in LIVE. Nancy to send out announcement.
   b. "Problem List Review, Add or Remove" Template is in UAT. Nancy to move to LIVE and send announcement.
   c. Two Provider Group Note Template TBD.
   d. Children's Behavioral Health??
   e. Others?
   f. Discussion Today
      i. Dave – Will send out an announcement to providers that this template is available to be used LIVE. Template can be customized. Problem list review/update template is in UAT, it will be moved to LIVE and this will be add to the announcement. Children's UR recommended more template types that would be useful (ICC/IHBS). These are helpful for training new staff as well. There could also be a group progress note template to include documenting two providers in one note as well. Any other templates needed for DMC & MHP let us know.
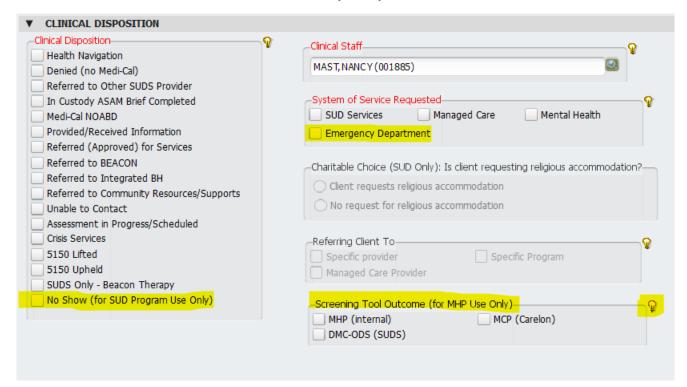
5. **SRDL Changes in UAT (Dave/Sara)**
   a. **Label update and lightbulb for 'Screening tool outcome' to be MHP only**
   b. **SRDL NO SHOW DMC library to the disposition library (Dave)**
   c. **A few items that have never been used were retired from the Clinical Disposition question.**
      i. **SUDS Only - Referral to County Access**
      ii. **CSP Only - Ref'd to Community Resources**

          iii. SUD Interim Perinatal Services (48 hrs)

    d. Discussion Today
          i. Dave – Screening tool outcome in SRDL for MHP only. DMC providers are using this check box many times in the SRDL but it is for MHP only. Need to re-write filter in the screening tool outcome report to only include the MHP. Who is the owner of the report for IT? Daniel -f orward this to me & will work on getting to it.
          ii. Dave - SRDL for DMC providers only includes a "no show" check box- this will capture no shows for DMC programs only. Dave to follow up with Sara to introduce to DMC groups.
          iii. Dave-SRDL "clinical disposition" group, Nancy pared down the list.

6. ICC screening tool update (Vince, Dylan, Meg)
    a. We will need an announcement about this to for providers when it is ready.
    b. CBH needs to finalize changes and workflows before form and report can be implemented.
    c. Discussion Today
          i. Dave – What is the update on the forms/form logic/label wording? Once this is done, we can pilot it and then run reports.
          ii. Vince-reviewed form with partner agencies, need definition of "physical" for criteria for ICC. Need updated physical health & substance use comorbidity definition in lightbulb. Other supervisors that it was shared with liked the rest of the form. Lightbulb definition for physical
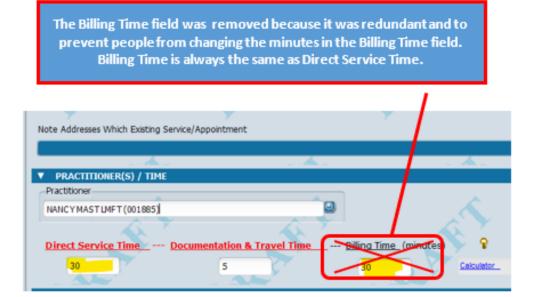
health & SUDs comorbidity -Meg will send updated efinition to Dave, Dylan and Nancy by end of week.

iii. Dylan-there are two things for follow up on this form- Netsmart is inagreement to keep form in draft, will require some programing. Netsmart will see if draft form status can done without programming, second pending item is the auto populating clinician into the form for whomever is filling out the form. Netsmart checking on this as well. The form changes that Vince recommended are in UAT.

iv. Dylan – can move to LIVE from UAT & then he will send notifications to Nancy, Dave, & Vince once moved.

v. Dave-Oce moved to LIVE, the form can be piloted in LIVE by a few people in Children's. Then an announcement to providers about this form's availability. Meg-would like to add this to reports to track it.

7. **Prog Note: Removing the billing time field from the prog notes (Daniel)**
    a. This has been done to the SC General Purpose Progress Note, the SC Group Progress Note and the SC Med Service Progress Note.

The Billing Time field was removed because it was redundant and to prevent people from changing the minutes in the Billing Time field. Billing Time is always the same as Direct Service Time.

    b. There was a question about entering zero minutes to the Direct Time field for notes launched from the Scheduling Calendar. Avatar will not allow zero minutes in this field. The field is working as expected within the context of changes made to the forms. For non-billable services, enter 1 minute into direct time. There is no situation where one would enter 0 minutes in Direct Time but use a billable code.
    c. Discussion Today
        i. Dave reviewed this during the meeting.

      ii.   Daniel-direct service time should only have "non-zero" number. Avatar logic that was put in there around 2016/2017 is requiring a "non-zero" number in direct service time because some avatar logic was removed, this goes back to how avatar originally operated.

      iii.   Sarah T.-direct service time field requiring a "non-zero" number happened when avatar first launched and then it went away, this will cause confusion for folks around no show codes and A001 & M001 notes but this update can be communicated out to provides.

      iv.   **Megan-please add this item on future agendas-the assessment service code 97091 is auto defaulting to "15 minutes" when the clinician goes into add extra time they cannot add more than 15 minutes to this code & billing time has dropped due to this, we are losing a lot of Assessment billing time due to this.**

      v.   Sarah T.- does this code diagnostic code 90791 have a maximum time for billing of 15 minutes? Bernadette- an add on code can be used with 90791. Mary Z. Prolonged office visit add on code can be used with primary code of 90791 when more then 15 minutes is needed to bill, this is used for AOD assessments. **Meg-please bookmark this for us to come back to. For example, issue we are running into is that the clinician met with family for 50 to 60 minutes to gather some gather some data for assessment, but initial service code assessment under fee for service is maxed out at 15 minutes.** Jessica Stone-more training/guidance is needed around billing for add on codes.

8. **(Daniel) Service activity Report:**
   a. **Post CalAIM service activity report**
      i. IT dept working on final updates to forms.
   b. Discussion Today
      i. Daniel – for the SAR report, it will look like two separate services for primary and add on codes, the add on codes won't show in report as attached to the primary code. Next SAR update will show how many GG2212 (add on codes) will go with primary service.
      ii. Amanda-we use the SAR for running reports by client and we run the SAR by month to see if clinicians skipped adding the add on codes, we've been catching errors that way. Request for SAR months grouping to be taken out so we can look at date to date range.
      iii. Daniel-Dylan and I worked on SAR "fixed group" calculations for medi-cal eligible and medi-cal allowable units on report. Daniel shared his screen showing document of final definitions of what columns stand for in the updated SAR. He showed the total columns on the SAR report. "Adjusted" column shows total (subtracting all non-billable services from billable services). The "allowable" column includes minutes per unit for each code times amount maximum of unit for each code to be an "allowable service". "Medical eligible" column shows medi-cal allowable units (how much of service cost will be sent to medi-cal, cost is the "CalAIM" cost) helpful to show how much other funding sources will cover. "CalAIM units" column has information on what we are going to claim to the state. SAR report also shows information for groups that are billed and how many units of service we will receive for each group (divided by a set "5" participants in each group no matter how many are in each group). 90785 only code that has "flat rate fee" regardless of credential of provider. If you see anything else in this report that needs attention, please contact us so we can address it.

iv. Group expressed needing "date to date" logic in this report. Dave-the "SAR 2" had date to date parameters to run the report from one unspecified date to another unspecific date. Daniel-we will review logic from the SAR 2 report that had date parameters, start and end date. No month grouping for this report.

v. Jessica Stone-we would like billing to be able to use this report if they need to. Mary Z.- we are using SAR to make sure that billing codes are correct before we send to our billing dept. Dave-for UR I use it all the time to review service ratios, but now rates are by discipline and not service code so we will need to look at how this translates when looking at the new SAR report.

Parking Lot

1. Compliance report: Meg/Vince-New ISS Screening form needs to be added to last assessment widget. Form is done at intake and then clients are reassessed periodically. Discussion of including PSC-35, but this form is external, web-based and run by a different agency. It might not be possible. Need to check.
2. Dave-subcommittee for compliance report on Dave's to do list, compliance report will have fields swapped out. Date TBD for subcommittee.
3. Robert-issues with chart not showing most recent note in widget-this is coming up as we are addressing inactive clients with open LE44's as we move to close those LE episodes. Kayla -Last service date does not shuffle in chronological order, have to go into document viewer to see last date of note, not in widget. Any progress notes in chart not shuffling in chronological order. Nancy - need to clarify problem and then send ticket to Netsmart.
4. (Dave) New Managed Care Authorization form & report - Some services require authorizations; this form would be used to authorize times of service. Report includes pre-auth for EDC, Telos, Casa Pacific. Need to add authorization for TBS, ICC, IHBS, SUDs Residential (RTARs), inpatient stays to this as well. Still in UAT testing. Discussion from last meeting: Follow up for Dylan-will this report send reminders in avatar when authorization is due? Meg from last meeting-service authorization requests and presumptive transfer would be great to add to this report as well as psych testing & eating disorder referrals eventually would be great to add.
5. Robert: Can we add library in avatar from discharge form of all inpatient places in CA so CSP/PHF can use this when discharging person? Nancy- Discharge form cannot be used for this. Maybe can populate a dictionary but will need to be discussed more.
6. Vince-can we enable sending client reminders in upcoming appts in scheduling calendar?

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.

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.

Attendance

Claire Friedman (Sobriety Works); Dagny Blaskovich (Volunteer Center); Daniel Crews (County IT); Dave Chicoine (County QI); Dylan Jones (County IT); Israel Balderas (County IT); Jessica Stone (Janus Compliance); Julie Krokidas-Wooden (Sobriety Works); Madea Owen (County QI); Maria Warnke (County IT); Mary Zinsmeyer (New Life); Meg Yarnell (CMH); Sarah Tisdale (Encompass QI); Vince Stroth (County CMH)