

Avatar Process Improvement - CalAIM Workgroup

Meeting Minutes

11/30/2023

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 – We decided last time to meet today.
 - b. 12/14
 - c. 12/28
 - d. 1/11
 - e. Discussion Today
 - i. 12/14-will meet, 12/28-no meeting, 1/11-will meet
2. **Non-episodic assessment form, “CalAIM Assessment” (Dave)** 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.
 - a. Discussion Today
 - i. Dave- “CalAIM assessment” is a new version of the psychosocial assessment & it is currently avatar LIVE & being piloted by Children’s staff. Adult access will start piloting the form next week. The form is non-episodic, there are new features on it, there are about 6 questions that cover CalAIM items, if you would like to check it out it is in avatar. We will need to look at
 - ii. Dave- We will need to look at tracking reports for the new CalAIM assessment so managers & supervisors can see which ones are in draft and which ones are finalized. There are re-assessment timelines being discussed in the practice standards committee & work flow considerations, an LPHA will need to finalize the new assessment.

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3. Prog Note Templates (Dave)

- a. TCM Care Plan is complete and in LIVE.
- b. "Problem List Review, Add or Remove" Template is in UAT. Needs to be moved to LIVE (Nancy)
- c. Other proposed templates
 - i. Two Provider Group Note Template TBD.
 - ii. Children's Behavioral Health??
 - iii. ICC/IHBS?
 - iv. Group Note Template - include documenting two providers in one note
 - v. Others?

d. Discussion Today

- i. Dave-Nancy added a "problem list review/update" template in avatar LIVE. The TCM care plan template for mental health programs is in LIVE as well. We will need to create announcements for these.
- ii. Meg-created a few children's templates with Vince, need to get them vetted in January by Children's supervisors.
- iii. Nancy-demo'd where to find the TCM care plan & problem list templates, you can find them in "system templates" in the progress notes. We can make some templates specific to an "SUD agency". Want to be mindful of clutter when putting these templates in.
- iv. Sara-I know of at least one template that needs to be in there for SUD, and will look & see if there are any DMC ones that are not being used that can be taken out.
- v. Mary-asked regarding the group note template-will this be for DMC as well? Will there be different templates bet. 3.1 and 3.5 LOC? Sara-said she is not sure just yet. Mary asked Is the problem list update/review template for SUD programs as well & the group note template? Sara -responded that yes problem list & group note templates are for both SUD & MH.
- vi. Meg-it would be helpful to have messaging around these templates & ISS form for staff.
- vii. Dave-asked Nancy if she could make the announcements for Problem list update/review & TCM care plan templates.

4. SRDL Changes in UAT (Dave/Sara)

- a. Label update and lightbulb for 'Screening tool outcome' to be MHP only. DMC providers were using this check box but it is for MHP only. Nancy updated to make it clear this is for MHP use only.
- b. SRDL for DMC providers only includes a "no show" check box to capture no shows for DMC programs only. Dave to follow up with Sara to introduce this idea to DMC groups.
- c. SRDL NO SHOW DMC library to the disposition library (Dave)
- d. 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

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iii. SUD Interim Perinatal Services (48 hrs)

e. Discussion Today

i. Sara-We have a training for the workflow for capturing the “no show” in the SRDL for SUDs programs. The no show in the SRDL is currently in UAT; we have a training set up on the 4th at 4 for capturing no shows. Nancy will put in LIVE after training. Need to work on avatar reports to capture no show data once it is in LIVE.

ii. Dave-we are going to need to “mine out data”, going to need IT help with updating the reports for no shows.

iii. Sara-will set up something with Daniel, Izzy, & Dylan to talk about the no show report needed. Dave-it will be helpful to show measurements in EQRO survey for data submission so we can address the data EQRO will look for, Dave can help with this.

The screenshot shows a 'CLINICAL DISPOSITION' form with the following sections:

- Clinical Disposition:** A list of checkboxes including 'Health Navigation', 'Denied (no Medi-Cal)', 'Referred to Other SUDS Provider', 'In Custody ASAM Brief Completed', 'Medi-Cal NOABD', 'Provided/Received Information', 'Referred (Approved) for Services', 'Referred to BEACON', 'Referred to Integrated BH', 'Referred to Community Resources/Supports', 'Unable to Contact', 'Assessment in Progress/Scheduled', 'Crisis Services', '5150 Lifted', '5150 Upheld', 'SUDS Only - Beacon Therapy', and 'No Show (for SUD Program Use Only)'. The 'No Show' option is highlighted in yellow.
- Clinical Staff:** A dropdown menu showing 'MAST,NANCY (001885)'.
- System of Service Requested:** Radio buttons for 'SUD Services', 'Managed Care', 'Mental Health', and 'Emergency Department'. 'Emergency Department' is highlighted in yellow.
- Charitable Choice (SUD Only):** Radio buttons for 'Client requests religious accommodation' and 'No request for religious accommodation'.
- Referring Client To:** Radio buttons for 'Specific provider', 'Specific Program', and 'Managed Care Provider'.
- Screening Tool Outcome (for MHP Use Only):** Radio buttons for 'MHP (internal)', 'MCP (Carelton)', and 'DMC-ODS (SUDS)'. This section is highlighted in yellow.

5. ICC screening tool update (Vince, Dylan, Meg)

- We will need an announcement about this to for providers when it is ready.
- CBH needs to finalize changes and workflows before form and report can be implemented.
- Vince-reviewed form with partner agencies and identified the following:
 - Need definition of “physical” for criteria for ICC.

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- ii. Need updated physical health & substance use comorbidity definition in lightbulb. Dylan updated lightbulb.
 - d. Dylan-there are two things for follow up on this form- Netsmart is in agreement to keep form in draft, will require some programming. Netsmart will see if draft form status can be 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.
 - e. Has the form been moved to LIVE? (Dylan)
 - f. Discussion Today
 - i. Dave-the ICC form is in LIVE as well as report. After form is piloted we should look at the report and make sure it is functioning well enough to replace the spreadsheets being used to track.
 - ii. Meg – I just found out that it was in LIVE on Tuesday, haven't talked about it with management team going to do this on Tuesday. Will pilot first & then report back at next meeting.
 - iii. Dave-Once we have some data on its usage we can move to managed care authorizations which is the second piece to this. We want to look at the clients on the ICC spreadsheets and make sure that all data is in avatar and form working before replacing spreadsheet.
 - iv. Meg-excited about the movement happening in this group!
6. 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.

The screenshot shows a software interface for entering service information. It includes a section for 'PRACTITIONER(S) / TIME' with a dropdown menu showing 'NANCYMAST LMFT(001885)'. Below this, there are three input fields: 'Direct Service Time' (with a value of 30), 'Documentation & Travel Time' (with a value of 5), and 'Billing Time (minutes)' (with a value of 30). The 'Billing Time' field is circled in red and has a large red 'X' over it. A red arrow points from a text box above to this field.

- 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

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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. **This is only happening with the scheduling calendar connected progress notes, if the note is not connected to the scheduling calendar you can you put "0" in direct service time. Contractors do not use the scheduling calendar so this would not impact them.**
- ii. Dylan-Everything is recording into tables correctly. If people want to be able to put in "0" minutes in direct service time we can work around it, but need rational for this as avatar is not designed to have "0" minutes put in direct service time. QI sent out directive that 0 minutes should not be used,
- iii. Nancy-This is only happening when scheduling calendar is used for the note & "0" is put in direct service time. I put out information that explained to people what to do & why this is happening but didn't distribute the information widely. If County supervisors and managers please make sure staff understand that they cannot put "0" in direct service time when using the scheduling calendar. If non-billable note from scheduling calendar put "1" minute.
- iv. Sarah-contractor staff will be entering "0" in non billable note as it is not connected to scheduling calendar, only County staff use scheduling calendar.
- v. Daniel-if avatar allows it this should be fine.

7. New from last meeting (Megan) related to the above – There was confusion about add on codes, in particular codes that max out at 15 minutes and require an add on code.

- a. Is it that the system is not working right or that there is a training need? (Nancy).
- b. Several diagnostic codes require an add on code to bill for more than 15 minutes, e.g. 97091.
- c. For instructions on how to enter add-on codes in progress notes, see this handy video by Nancy.
<https://www.youtube.com/watch?v=maoOpCHnQkg>

d. Discussion Today

- i. Nancy-what is the issue with the add on codes? A code not working right? People don't understand how to use add on codes? Or people are surprised by the minutes that can be billed for?
- ii. Meg-there is confusion about how to use the add on codes. Need more training for staff on add on codes. We are losing billing time. For example, someone does an hour on an assessment and only bills 15 minutes.
- iii. Nancy-there is a video on how to use add on codes in avatar. Nancy shared link to video during meeting
- iv. Dave-do we need lightbulbs for add on codes in avatar? Meg-lightbulbs would be helpful.
- v. Sara-there is a warning pop up that if you put in over 15 minutes for some codes you need to use add on code, but the warning does not specify which add on code to use. Maybe we need to modify the pop up warning to tell people that an add on code needs to include the remaining time.

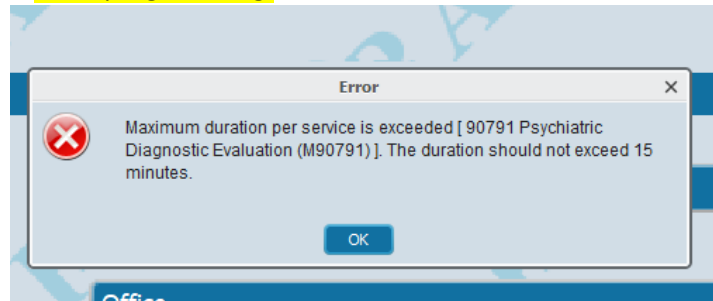
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- vi. Daniel-there are several add-ons for several codes, we need to find something that doesn't look like an error pop up, but includes what codes need to be used for add on codes.
- vii. Nancy-identify which codes are used the most, so we can modify the pop ups as it requires a lot of programming.



8. (Daniel) Service activity Report: IT dept working on final updates to forms.

- a. Discussion from last meeting:
 - 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.
 - 1. Daniel shared his screen showing definitions of what columns stand for in the updated SAR.
 - 2. The total columns on the SAR report.
 - a. "Adjusted" column shows total (subtracting all non-billable services from billable services).
 - b. The "allowable" column includes minutes per unit for each code times amount maximum of unit for each code to be an "allowable service."
 - c. "Medical eligible" column shows medi-cal allowable units (how much of service cost will be sent to medi-cal, cost is the "CalAIM" cost)
 - i. helpful to show how much other funding sources will cover.
 - d. "CalAIM units" column has information on what we are going to claim to the state.
 - 3. 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).
 - 4. 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.
 - 1. Dave-the "SAR 2" has date to date parameters to run the report

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2. Daniel - 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.
- vi. Mary Z.- we are using SAR to make sure that billing codes are correct before we send to our billing dept.
- vii. 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.

b. Discussion Today

- i. Daniel-The "post CalAIM service activity report" looks like the numbers are all correct, Dylan has been working on it. However, the report is running very slow, we are working on making this report run faster.
- ii. Dave-any feedback on the report?
- iii. Meg-Will run it and report back out.
- iv. Dylan-suggestion if you want to look at SAR with 3 months of data for example, it will never run faster than 5 minutes. We need to take a step back and look at an easier & more effective way to look at data that people need. Had meeting with Lisa and she is using excel & copying and pasting from report. Caution, if using SAR for everyone's needs.
- v. Meg-this is an important point, is there a meeting we can attend to go over needs for prioritization?
- vi. Dylan- Working on these types of projects involves like someone like Daniel and a developer and the customer actually getting together and hashing out what it is that they. Get what people want, communicate & capture.
- vii. Dave-So the SAR report is stabilized, even if it does take time to run. Second project with Shelly & Daniel with power BI tool for productivity. Daneil-power BI is only for county right now. In the future may be able to use power BI reports for contractors if there is time and ability.
- viii. Dave- SAR report goal completed for this committee's purposes.
- ix. Nancy-Some errors are happening once in a while (progress note in chart but sometimes not seeing in SAR report but Daniel can see in table. Other issue, some duplication in SAR with two rows for one note. Please let Daniel & Nancy know if you notice other errors in SAR.

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

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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.

Attendance

Sara Avila (County QI), Sarah Tisdale (Encompass QI), Vince Stroth (County CMH), Amanda Engeldrum Magana (PVPISA), Beloved Bolton (County QI), Dagny Blaskovich (Volunteer Center), Daniel Crews (County IT), Dave Chicoine (County QI), Dylan Jones (County IT), Israel Balderas (County IT), Madea Owen (County QI), Mary Zinsmeyer (New Life), Meg Yarnell (CMH), Nancy Mast (County QI), Robert Annon (County AMH),

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

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- CalAIM LPHA manual: [https://www.calmhsa.org/wp-content/uploads/CalMHSA-MHP-LPHA Documentation-Guide06232022.pdf](https://www.calmhsa.org/wp-content/uploads/CalMHSA-MHP-LPHA%20Documentation-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.