

# Avatar Process Improvement - CalAIM Workgroup

## Meeting Minutes

1/11/2024

9:00 AM - 10:00 AM

## Announcements

1. Next meeting is tentatively scheduled for 1/25/24, 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!)
5. Apologies for no agenda today. Nancy is on vacation.

## Minutes

1. CalAIM assessment
  - a. need assessment added to the MH supervisor compliance report
  - b. MHP items - Need to plan for retiring the current Psychosocial Assessment SC, for this assessment, for MHP. DMC-ODS programs that use the old psychosocial will continue.
  - c. Two different forms in play; wish to show data for this information
  - d. Assessment Widget – aka “last assessment date” (last finalized date rather than due date) - Should have all of these currently: Psychosocial, ANSA, CANS/ANSA, CalAIM Assessment form
  - e. Question on CalAIM assessment needs a new dictionary item - need to add Peer Support Specialist as indicated service
  - f. question from IT (Dylan) regarding expectations about historical data with change to CalAIM assessment
  - g. There was a report that the links to other forms in the CalAIM assessment (on left side of form) are no longer working. These are forms that should be linked: new ANSA, adolescent and adult ALOC, MSE and Dx. Action item: Dave will email Dylan to offer content for updates to these links on the left side view within Avatar
  - h. Chart view updates need to be done for all relevant users, especially prescribers.
2. Avatar access for WellPath discharge planner
  - a. Brenda Campbell emailed about how to offer access to Avatar for WellPath discharge planner (WellPath=jail medical contracted agency); County employees but outside of HSA; the provisioning might be modeled after the read only access that Public Guardian teams have; need to consider access agreement; Jail medical view as provisioning level does exist in Avatar from previous contractor

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- b. Action item: Shelly will reach out to Sube and Brenda to understand the rationale for access and how to comply with HIPPA
- 3. Progress note templates
  - a. enhancements for SUDS
  - b. feedback on billing codes; can finalize progress notes without including 1440
  - c. Dave requests attendees to send an email to AskQI
- 4. Peer Support Specialist care plans
  - a. Jessica Grijalva wanted to clarify when they can begin billing? They have 4 peers certified
  - b. Sobriety Works and Front St are eager to begin billing as well.
  - c. Action step: Shelly will schedule a meeting to review and seek feedback on the recently-drafted Peer Support Specialist guidance
- 5. SRADL
  - a. Feedback on usage of new buttons; noted that MHP was added to the check box options
  - b. Jen is wondering about this new option and where to route
- 6. ISS/ICC form
  - a. This is live and report is available too
  - b. Unclear how many people are using this form
  - c. AskQI received a question about if it is possible/how to revert this form back to draft
  - d. Vince asked: How do we enter the ICC coordinator in the ISS screening form if the client is already receiving ICC services through FCS? A supervisor informed me they were not able to enter the FCS clinician's name as ICC coordinator. Some members of this group are are not Avatar users...therefore could build a box "FCS Coordinated" Vince agrees that could work well.
  - e. Dylan question: who would do the approval if it's an FCS approval?...then the clinician would do that approval; that clinician could approve; thus could build a box for FCS and then INTERNAL clinician would become responsible for approval to final vs draft; this impacts people from the school team
  - f. Workflow established and agreed upon.
  - g. Action step: Dylan will build and go back to UAT; clarify current routing; no routing to supervisor if internal to County
- 7. Residential authorizations RTAR paper to Avatar in the future
- 8. Progress note time capturing
  - a. Chart view – sometime have old labels "SC General Purpose Progress Note"
  - b. The type of note used impacts who else can view the note
  - c. Have not yet rolled this to the other two templates
  - d. Med support and medical notes – both versions are in play
  - e. Karen Hackett notes that most providers have not started using the new Medical Note; intent was to gradually begin using new note. Action step: Karen and Dave will schedule a meeting with Dr. Dinaker to develop guidance and a timeline for adoption among all prescribers.
- 9. SARII Post CalAIM
  - a. Available to QI today; it's live
  - b. Janus notes – 4 reports for each program; intention is to click all programs

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### 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.

### Attendance

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Vince Stroth (County CMH), Amanda Engeldrum Magana (PVPESA), Andres Aguirre (Front St), Daniel Crews (County IT), Dave Chicoine (County QI), Dylan Jones (County IT), Israel Balderas (County IT), Jennifer Gosk (Front St.), Jessica Nichols (Janus), Julie Krokidas-Wooden (Sobriety Works), Karen Grijalva (Encompass), Karen Hackett (County Psychiatry), Mary Zinsmeyer (New Life), Robert Annon (County AMH), Rosalie Evans (Encompass), Shelly Barker (County QI)

### 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](mailto: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.