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This document is intended as guidance for using the Avatar Problem List, which is different from the Avatar Diagnosis Form.

This document describes use of the Problem List in Avatar, in its current form. There will be upcoming changes to the Problem List form in Avatar, to align with CalAIM. A new version of this document will be released at that time.

Regarding the diagnosis form, CalAIM now allows non-LPHA paraprofessionals to add certain diagnoses to the diagnosis form. The County QI department will be issuing guidance around this change.

## **INTRODUCTION**

With the introduction of CalAIM initiatives, for most programs, the requirement to do a separate stand-alone treatment plan is going away.

Instead, you will simply add problems to a Problem List, and then write a progress note to document your activities.

In addition, for Mental Health programs only, if the services include case management, your progress note will have a short statement that describes your plan for providing Case Management (now called Targeted Case Management or TCM).

For more guidance around writing these specialized types of progress notes see the following documents from the QI Department.

## What service code to use?

When you update the problem list and/or write a planning progress note, use these service codes to bill for service. (Yes, you can bill for updating the problem list.)

Mental Health Plan (MHP) service code = Plan **Development** 

**DMC-ODS** service code = Treatment Planning

(For DMC-ODS, Treatment Planning codes may change to better match the activity, but for now, use a Treatment Planning code.)

Resources and Guides	Contents
QI Guidance_DMC-ODS Progress Note_8.29.22	Writing Progress Notes under CalAIM (SUDS)
QI Guidance_MHP Progress Note_8.29.22	Writing Progress Notes under CalAIM (MH)
QI Guidance_Residential Daily PN Additional Info_10.27.22	Writing and billing for residential daily notes (MH and SUDS)
CalAIM Progress Note Form Update_QI Guidance 10.5.2022	Outlines changes to Avatar progress note form.
County QI Information Notice - CalAIM DMC 7.1.22	General Guidance for Drug Medi-Cal Programs
County QI Information Notice - CalAIM Specialty MH 7.1.22	General Guidance for Mental Health Programs
For even more details see the State of California Hea	olth and Human Services Agency Information

Notice BHIN 22-019.

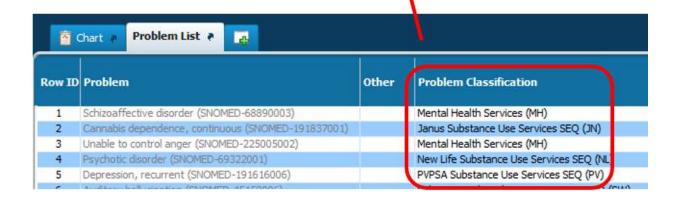
# **NEW QUESTION/COLUMN: Problem Classification**

When you look at the Problem List in Avatar, you will see a new column, **Problem Classification**. It allows us to sequester problems. (To find out more about sequestration, see the Avatar Clinicians Manual, page 58.)

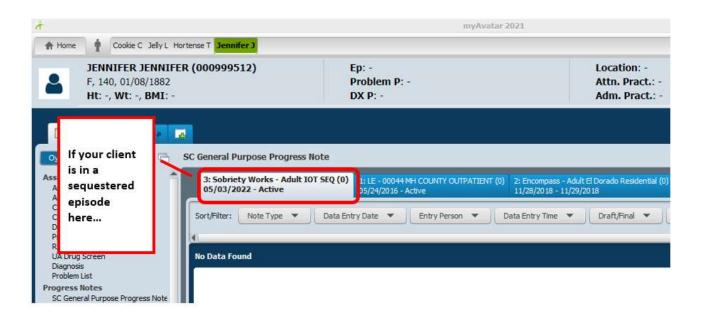
2023 Update

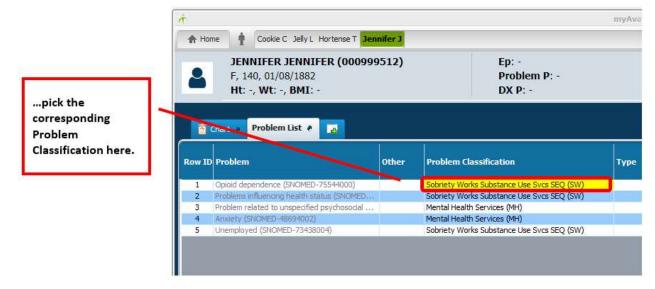
The Problem Classification question allows us to sequester certain rows to the SUD program, if needed.

Only people working in that program will see the row.



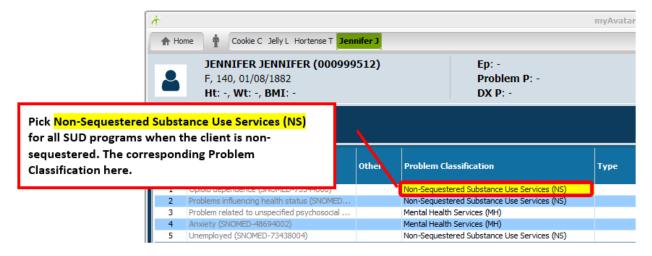
## For Sequestered Substance Use Disorder Services





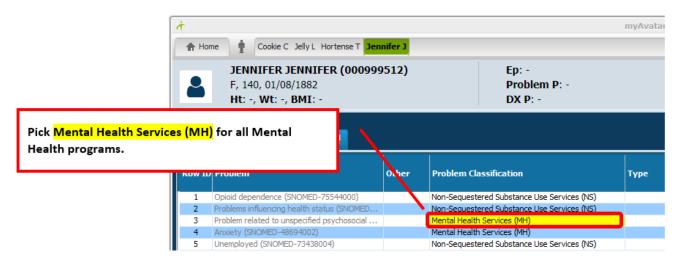
## For Non-Sequestered Substance Use Disorder Services

Choose Non-Sequestered Substance Use Services (NS) if your SUD client consents to documentation being non-sequestered. Use this item for all SUD programs, regardless of agency.



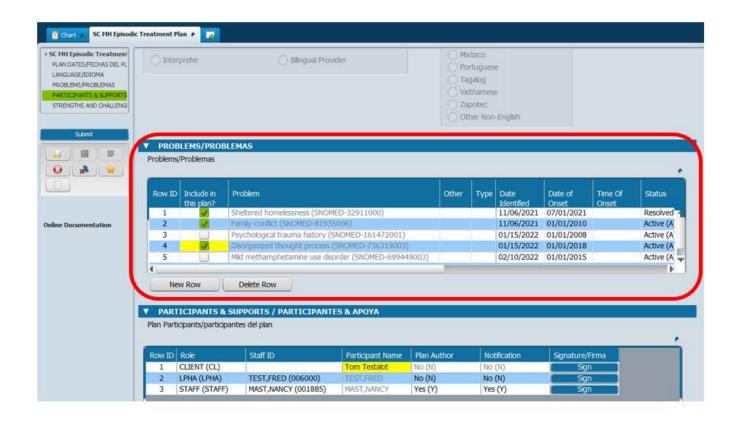
## For All Mental Health Programs

For all Mental Health programs, regardless of agency, select Mental Health Services (MH).



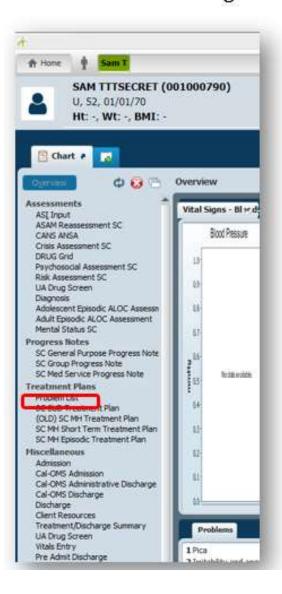
### **How to Use the Avatar Problem List**

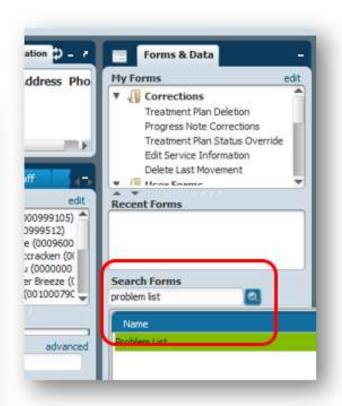
Good News: Avatar already has a problem list. If you have ever created a treatment plan in Avatar, you're already familiar with it. You are probably used to seeing the problem list in a treatment plan (below), but this form can be opened without first opening a treatment plan.



### **Opening the Avatar Problem List**

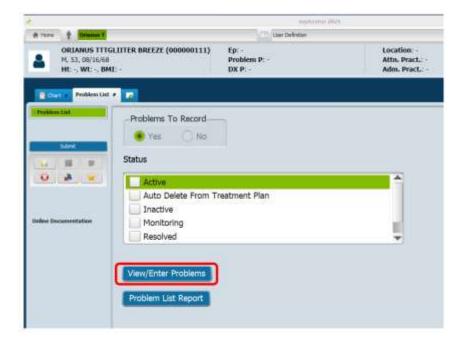
Open the Problem List from the Forms & Data Widget >





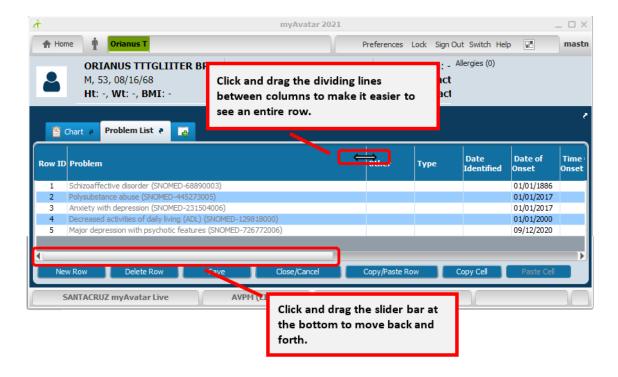
Or from the chart

The Problem List form has two pages. To see the actual Problem List, after you open the form, click "View/Enter Problems."



## **How to View Existing Problems**

When you open the Problems Table, some of the information will be cut off on the right.

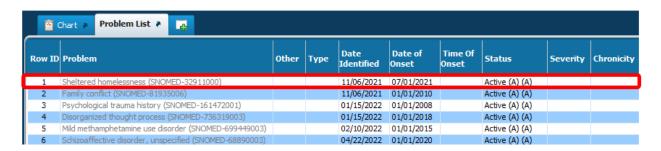


#### **Enter Problems into the Problem Table**

The problem list is shared across all programs in Avatar. You may see problems that have been added by other clinicians, either working in your agency, or at another agency in another part of the county.

Everyone adds problems to the same list. You are encouraged to collaborate with other providers when updating the Problem List.

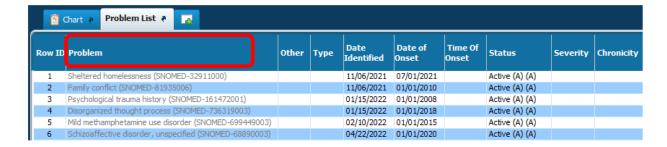
Each of the problems is entered as one line or row in the list.



### **Description of Columns in the Problem List**

This section describes what information to enter in each column on the Problem List. Some columns/questions in the Problem List are required. Some are not. (See below.)

**Problem (REQUIRED):** This is the problem you are working on with the person in care.



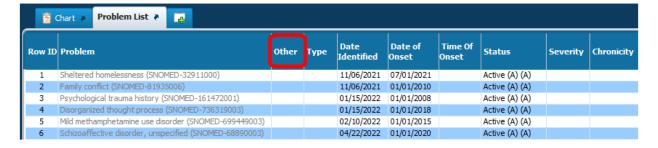
Enter problems based on your scope of practice.

**LPHAs may add:** Any clinically appropriate problem, diagnosis or not.

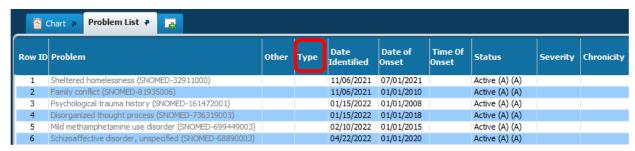
Paraprofessionals (non-LPHA) may add: Any clinically appropriate problem other than a diagnosis. Exception, paraprofessionals may enter a "Z-code" diagnosis to be used prior to formal assessment and identification of the final diagnosis. (Guidance on this is coming soon. Look for information on how to use the Diagnosis Form for Paraprofessionals.)

See Appendix for more information on SNOMED codes.

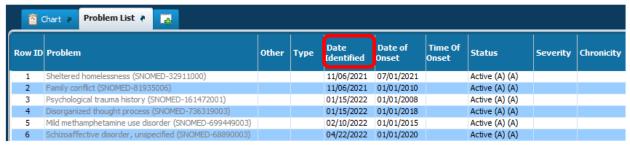
Other: If you pick the "Specify Other" Problem Code you will need to describe the problem in this field. You are discouraged from using this. Instead, try to find a problem that fits for the person in care. There are over 20,000 problems to choose from, so you should be able to find something that works.



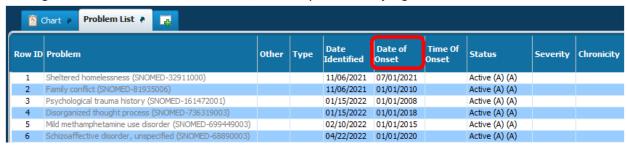
#### Type: Do not use.



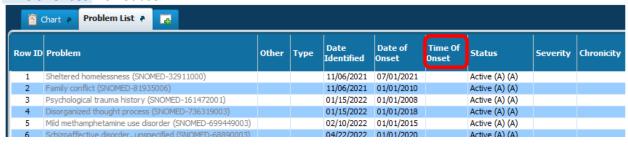
Date Identified (REQUIRED): This is the date you met with the client / guardian and together identified the problem(s). This is not the date that the actual problem started, e.g. when the person in care started feeling depressed. The date the problem started is the **Date of Onset** (below).



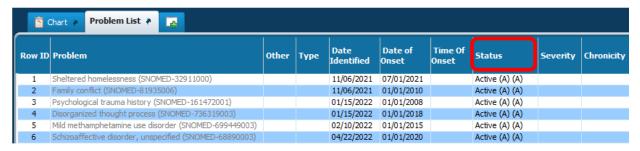
Date of Onset (REQUIRED): Date the problem started. Best practice is to use the date the client/guardian identifies as the start date, but use your clinical judgement.



#### Time of Onset: Do not use.



#### Status (REQUIRED):



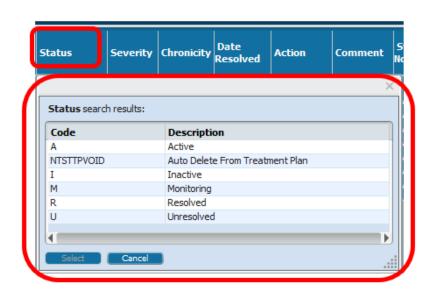
#### **EXPLANATION OF STATUS MENU ITEMS**

ACTIVE: This means the problem is current and you (or another clinician) are working on it with the person in care.

NTSTTPVOID: Do not use unless instructed to do so. (This is a special status for fixing glitched problem lists.)

**INACTIVE:** This means that the problem exists, but is not currently being treated.

MONITORING: Do not use.



RESOLVED: This means that the problem is resolved – the person in care no longer has this problem or problem is in remission.

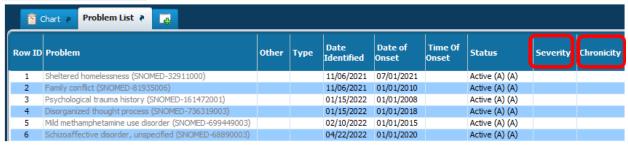
UNRESOLVED: Do not use unless you are reactivating a problem that was previously resolved. Avatar will not allow you to add a problem that already exists, even if that problem is resolved.

If a problem re-surfaces for the person in care, and you need to work on the problem again, follow these steps:

- 1) Change the status on the resolved problem to UNRESOLVED.
- 2) Close and save the Problem List.
- 3) Reopen the Problem List.
- 4) Change the status of the problem to ACTIVE.

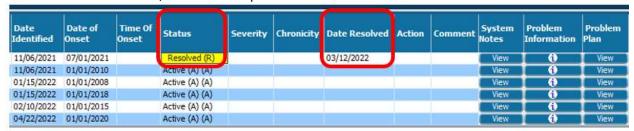


#### Severity and Chronicity: Do not use.



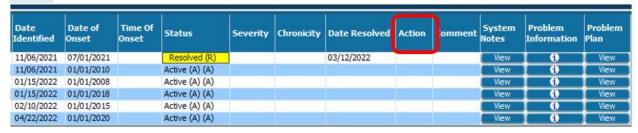
#### **Date Resolved:**

- Date the problem ended.
- If status is RESOLVED, this field is required.



Note about Resolving Problems: Before you resolve, review the problem with the person in care to ensure they agree that the problem has been resolved. If another clinician mistakenly resolves a problem that you are working on, it can be reactivated as described above.

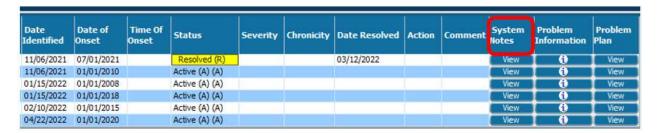
#### Action: Do not use.



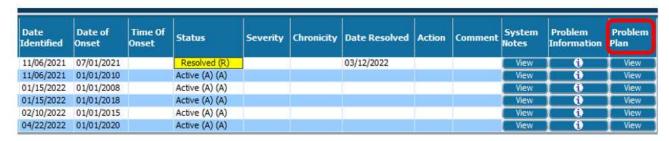
Comment: Optional. This text field is for supplemental information. It is preferred that you enter this information in a progress note, not here.

Date Identified	Date of Onset	Time Of Onset	Status	Severity	Chronicity	Date Resolved	Action		System Notes	Problem Information	Problem Plan
11/06/2021	07/01/2021		Resolved (R)			03/12/2022		E .	View	0	View
11/06/2021	01/01/2010		Active (A) (A)	1					View	1	View
01/15/2022	01/01/2008		Active (A) (A)						View	0	View
01/15/2022	01/01/2018		Active (A) (A)						View	0	View
02/10/2022	01/01/2015		Active (A) (A)						View	i i	View
04/22/2022	01/01/2020		Active (A) (A)						View	1	View

System Notes: Coming soon! This field will tell you who added or updated the problem, and when.

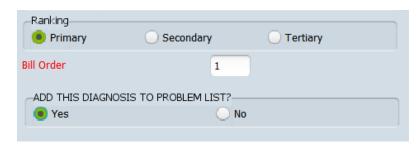


#### Problem Plan: Do not use.



# Diagnosis Form / Adding Provider's Diagnosis to the Problem List

Automatically add your diagnosis to the problem list when entering a diagnosis in the Avatar Diagnosis From.

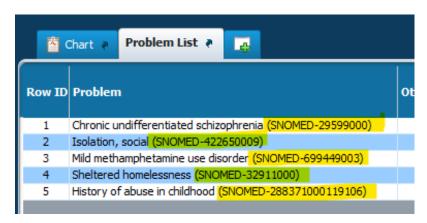


In the diagnosis form, for the question, ADD THIS DIAGNOSIS TO PROBLEM LIST? Enter Yes.

Clicking **Yes** will add the diagnosis to the problem list

# **APPENDIX: SNOMED CODES (Systematized Nomenclature of Medicine Codes**)

All problems you add to the Problem List are assigned SNOMED codes.



- You may see the terms "SNOMED Code" and "Problem" used interchangeably.
- SNOMED codes can be diagnoses, functional impairments, and a category that may be new to you called "Social Determinants of Health." (More information on this will be coming soon from the County QI department.)
- When a diagnosis is added to the Diagnosis Form, that problem gets pulled into the Problem List, and gets assigned a SNOMED code.
- SNOMED codes that are not diagnoses are added directly to the Problem List, instead of through the Diagnosis Form. For example, "Homelessness."
- All diagnoses have a corresponding SNOMED code, but not all SNOMED codes have a corresponding diagnosis. A problem like homelessness, for example, is not a diagnosis, but it is a problem you may want to address with your client.
- Based on your scope of practice, and type of services you provide, you may not be permitted to add a diagnosis. Instead use a SNOMED code that describes the Functional Impairment associated with the diagnosis. In general, functional impairments are preferred over a diagnosis (when applicable) because functional impairments more specifically describe what you are treating.
- For example, if your client has the diagnosis of depression, you might choose SNOMED codes such as: social isolation, poor motivation, poor self-care.