Avatar CalAIM Workgroup Meeting Minutes

7/7/2022
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 Partner's front-line staff, providers, 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-Guide-06232022.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 the CalMHSA CalAIM LPHA manual
- Review with updated problem list form (update from Netsmart) in UAT.
- Sign up for CalMHSA CalAIM trainings: https://www.calmhsa.org/wp-content/uploads/CalMHSA-LMS-Instructions-5.24.22.pdf

AGENDA ITEMS>>>

Announcements

1. Next meeting – July 21, 2022   **Schedule -** Every other Thursday, starting July 7, 9 AM-10 AM
2. Agendas and meeting minutes 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.

Agenda Items

1. **Introductions:** name, program
2. **Intent and focus of workgroup**
   a. Workgroup purpose is to discuss CalAIM changes to Avatar. This workgroup is a subcommittee of our Avatar Process Improvement Meeting and will report back periodically to the larger meeting.

    b. This workgroup is comprised of both supervisory and line staff. We want to have a good representation of those who are familiar with Avatar and use it daily. If there are key people that should be here, please let us know so we can invite them.

    c. There should be clarity about the interface between this mtg and the avatar improvement mtg to reduce redundancy. Identifiable difference is that this avatar mtg is focused on CalAIM. (Stan E)

    d. Discussion ensues on the focus in upcoming meetings. The interpretation of CalAIM changes to Avatar should be developed collectively. Ideas:

        i. Janus is waiting for a user-friendly problem list.

        ii. Avatar's existing problem list has an update from Netsmart that the group can review in UAT.

        iii. [Paperwork] "Reduction" is part of the intent. (Julie KW)

        iv. The paring down of psychosocial assessment from 11 to 7 domains and how it will change the format of the psychosocial in avatar (Amanda T.)

    e. The meeting comes to the consensus to focus on modifying the psychosocial first, as that regulation seems more developed. The state is also responding to changing federal regulations and have yet to give feedback on other subjects of interest (i.e. treatment plans, progress notes).

    f. Recommendation that the workgroup determine avatar forms and needs, and then bring feedback to the main avatar improvement mtg.

3. **CalAIM overview and recap**

    a. CalAIM has ushered major regulatory changes to the California Medi-Cal system.

    b. 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.

    c. CalAIM employs a person-centered approach to improve access and coordination among the delivery systems.

    d. Minor documentation infractions resulting in recoupments will no longer be deemed priority through the lens of FWA.

    e. 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. (Stan E)

4. **Avatar forms and reports for future meeting topics**

    a. Psychosocial modification and updates

    b. Problem List - complex topic. Cybele will bring info to the supervisors this is it is applicable to when we start to talk about the problem list.

    c. Progress notes including process/procedure for writing daily progress notes for residential programs (including billing codes)

    d. Treatment Plans

    e. Diagnosis form

    f. Trauma Screening Tool

   i. A universal Trauma Screening Tool will be required by all counties, but DHCS has not yet released a draft of said Trauma Screening Tool. ETA is unknown. The state is still working on it. (Cybele)
   ii. When we get it, we will discuss adding to Avatar.
   iii. It will possibly be the ACES, or some version of it, but we do not yet have the final form. ETA unknown.
   iv. State has promised that this screening tool will be brief.
   v. ACES is already included in our CANS and possibly the ANSA. We need documentation on this in case we need to provide to state auditors.
   vi. ACES identifies risk factors that are contributory to adult issues and tracks back to trauma loading. The Related research finds ACES use in non-behavioral health settings like primary care helps identify questions. It can help set up a trajectory for recovery and change that include awareness of the impact of trauma for children's and adults. (Stan E)
   https://training.acesaware.org/
   vii. CDC has a website that shares there data collection surrounding the ACES (Julie K)

g. Universal Screening Tool
   i. Different from the Trauma Screening Tool.
   ii. Also being developed by state for us. We do not yet have it.
   iii. Will be a mandatory form that all counties will be required to use.
   iv. We anticipate it will be brief.
   v. In state seminars for QA staff, counties have been encouraged to supplant current assessments with this tool, but this is not required. We will need to look to see if the tool is sufficient on its own.

h. "Once we all start the CALHMSA trainings, we'll may have more ideas and questions." Instructions on how to sign up for CalMHSA CalAIM trainings:
   https://www.calmhsa.org/wp-content/uploads/CalMHSA-LMS-Instructions-5.24.22.pdf

i. QI monitoring tools (reports and widgets)
j. No wrong door billing, workflows, etc…

5. **Staff Training - Who is responsible? How to organize?**
6. **Psychosocial is the topic for the next meeting.**
   a. We need to discuss, and evaluate and plan for possibly modifying our current Psychosocial Assessment SC form to ensure CalAIM requirements are being met. Our current psychosocial may already meet all the requirements, but need some tweaks.
   b. Also incorporate CANS-ANSA/ACES as part of that discussion. Trauma Screening is a mandated piece of assessment per CalAIM. (Nancy)
   c. Please review the CalMHSA CalAIM LPHA manual that references the 7 domains and we'll talk about in the next mtg. (Cybele) (Assessment domain info starts on page 12.)

Project Status and Updates

   1.

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Action Items

1. Review the CalMHSA CalAIM LPHA manual
2. Review with updated problem list form (update from Netsmart) in UAT.
3. Sign up for CalMHSA CalAIM trainings: https://www.calmhsa.org/wp-content/uploads/CalMHSA-LMS-Instructions-5.24.22.pdf

Parking Lot

1.

Attendees

Amanda Travers (County SUDS), Beloved Bolton (County QI), Christina Borbely (County QI), Cybele Lolley (County QI), Dagny Blaskovich (Volunteer Center), Dave Chicoine (County QI), Ellen Suski (County Q), Emilio Rubalcava (Front Street), Erica Ortiz (County Accounting), Gian Wong (County IT), Jessica Stone (Janus), Julie Krokidas-Wooden (Sobriety Works), Madea Owen (County QI), Mary Zinsmeyer (New Life), Maya Jarrow (Janus), Nancy Mast (County QI), Neera Bhatnagar (County CMH), Orpheus (New Life), Sarah Tisdale (Encompass QI), Silbiano Cruz (County IT), Stan Einhorn (County CMH), Sube Robertson (County QI)