Avatar Process Improvement Meeting Agenda

5/19/2022
9:00 AM - 10:00 AM

Meeting Identity and Mission:	Inclusive, collaborative, agenda driven Continued Process Improvement meeting focused on new state and federal requirements, as well as improving client care and staff experience.
Opportunity to:	Share both our voice and needs to impact processes & procedures, create and modify forms and workflows, develop reports and widgets
Commitment to:	Bring information back to the groups we represent, gather input and test current projects to ensure they meet our needs
Meeting Website:	Click here for meeting agendas and minutes. Avatar Resources / Meetings

Get Involved!	**•To add agenda items, complete the AVATAR request form; contact is David.chicoine@santacruzcounty.us** **•Housekeeping items – Please use the raise hand function or the chat box if you have questions, comments, concerns.**

AGENDA ITEMS>>>

Introductions **TIME: 5 minutes** **STAFF: Dave**

1. **Next meeting – June 2, 2022** **Dave will be on vacation. Can anyone help Nancy facilitate the meeting?**
2. **Introductions: name, program**

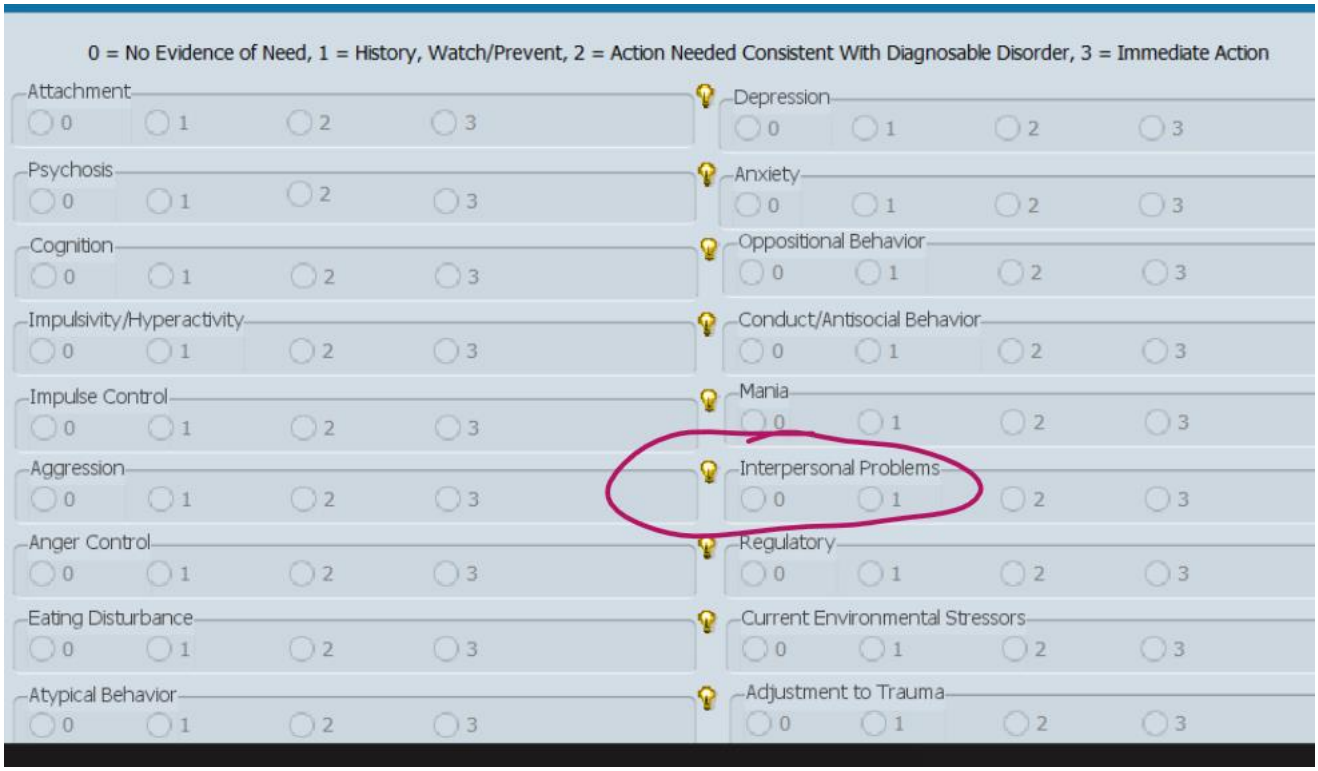
Announcements

Agendas and meeting minutes are posted on the Avatar Webpage, Meetings Subpage.

Project Status and Updates

1. **California Advancing and Innovating Medi-Cal (CalAIM) discussion STAFF: Dave Time: 10 mins**
   a. The purpose of the CalAIM initiative is to streamline paperwork. Recoupment is to be based primarily on findings of "fraud, waste and abuse" rather than errors that are made in good faith such as an accidentally forgotten signature. In addition, we anticipate changes in medical necessity, the ability to bill for services prior to assessment, and treatment plan changes.
   b. CalAIM proposes a new "no wrong door" focus which allows any client, with any diagnosis, to present at any service entity and receive services, which are now billable under CalAIM. This will create changes in workflows, assessment, case management and much more. The expectation is that if the client needs referral to another type of service, the case management and other activities designed to assess and then link the client to the proper services, are all billable.

c. Part of our adaptation to this is going to be customizing Avatar so we can still monitor things like timeliness, but these tools need to be updated so they can be aligned with all new thinking about clinical services. California DHCS has contracted with CAL MHSA to provide informative webinars to county QI staff weekly and we are currently going through the series.
d. Question about having others attend the aforementioned state seminars. QI will look into this. ADD: QI dept did check and these webinars are only for county QI staff. However there will be a manual created by CAL MHSA for line staff that describes new (and hopefully less intense) documentation requirements.
e. We anticipate that Treatment Plans will be replaced by a Problem List that will be filled with SNOMED Codes. What direction should staff be given about codes? Is there are way to organize SNOMED codes in a way that is seamless with the CANS/ANSA Life Domains? i.e. A clinician completes the CANS/ANSA and then uses the results to identify SNOMED codes that can be added to the problem list?



Problem search results:

Code	Description
197963!!66199	Interpersonal problem (SNOMED-225706007)
327791!!66199	Interpersonal relationship problem without mental disorder (SNOMED-160822004)
327792!!66199	Interpersonal relationship problem, no mental disorder (SNOMED-160822004)
78912470!!66199	Witness to interpersonal violence (SNOMED-365448001)
81079!!66199	Interpersonal problem, not elsewhere classified (SNOMED-56098000)
Other	Specify Other

2. Use of Z-Codes for clients being served prior to the establishment of a formal diagnosis: As part of the CalAIM "no wrong door" policy, we will be able to provide services and bill for things like case management, navigation, linkage and even psychotherapy prior to establishment of a formal diagnosis. DHCS describes these potential clients as, "persons with potential health hazards related to socioeconomic and psychosocial circumstances." This ability to provide reimbursable services for clients prior to diagnosis is especially impactful for clinicians encountering clients who are homeless, in crisis, on the streets, etc.... Counselors who are not LPHA's would be able to use Z codes to facilitate billing.

DHCS Priority SDOH Codes

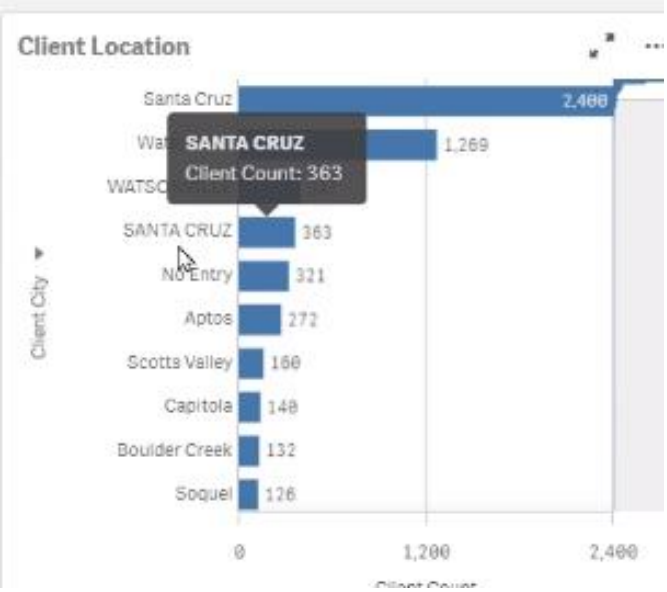
Code	Description
Z55.0	Illiteracy and low-level literacy
Z58.6	*Inadequate drinking-water supply*
Z59.00	*Homelessness unspecified*
Z59.01	*Sheltered homelessness*
Z59.02	*Unsheltered homelessness*
Z59.1	Inadequate housing (lack of heating/space, unsatisfactory surroundings)
Z59.3	Problems related to living in residential institution
Z59.41	*Food insecurity*
Z59.48	*Other specified lack of adequate food*
Z59.7	Insufficient social insurance and welfare support
Z59.811	*Housing instability, housed, with risk of homelessness*
Z59.812	*Housing instability, housed, homelessness in past 12 months*
Z59.819	*Housing instability, housed unspecified*
Z59.89	*Other problems related to housing and economic circumstances*
Z60.2	Problems related to living alone
Z60.4	Social exclusion and rejection (physical appearance, illness or behavior)
Z62.819	Personal history of unspecified abuse in childhood
Z63.0	Problems in relationship with spouse or partner
Z63.4	Disappearance & death of family member (assumed death, bereavement)
Z63.5	Disruption of family by separation and divorce (marital estrangement)
Z63.6	Dependent relative needing care at home
Z63.72	Alcoholism and drug addiction in family
Z65.1	Imprisonment and other incarceration
Z65.2	Problems related to release from prison
Z65.8	Other specified problems related to psychosocial circumstances (religious or spiritual problem)

Below is a link to a DHCS document that further describes these codes.

https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-009.pdf

Row ID	Problem	Status	Date of Onset
1	Food insecurity (SNOMED-733423003)	Active (A)	05/18/2022
2	Homelessness (SNOMED-32911000)	Active (A)	05/18/2022

3. **CONVENTION FOR ADDING DATA TO ADMISSION FORM** **STAFF: Dave** **TIME ALLOTTED: 15 mins**
    a. Can we have a universal standard for how client names and addresses are entered into admission forms – all caps, vs. "proper" – SANTA CRUZ vs. Santa Cruz.
    b. Proper Form is preferred – e.g. Santa Cruz
    c. This is a problem because one of our monitoring tools, KPI dashboards, is case sensitive, and sees SANTA CRUZ and Santa Cruz as separate cities. See graph at right.
    d. Testing: City name is also auto populated if the user enters the zip code first. When it does this, the city name is in proper form. (Santa Cruz). For zip codes with more than one city, it looks like Avatar enters the largest city in the zip code. E.g. [verified] 95060 includes Santa Cruz, Davenport, and Scotts Valley, but when you type 95060, it auto populates Santa Cruz.



4. **State will require notes in 3 business days starting July 1. How to measure? What about holidays?**
    a. This, along with a few other changes, starts 7/1/22. Monitoring tools will need to be adjusted and there's an issue of measuring three *business* days, which is trickier from a programming standpoint than measuring 3 days.
    b. Encompass has already implemented a policy that notes are due within 3 calendar days, so they are ready!
    c. Would it be preferable to adopt an overall policy of three *days* versus three *business* days?

5. **Children's Intensive Support Services (ISS) assessment and tracking**

    STAFF: Stan Einhorn TIME ALLOTTED: 10 mins

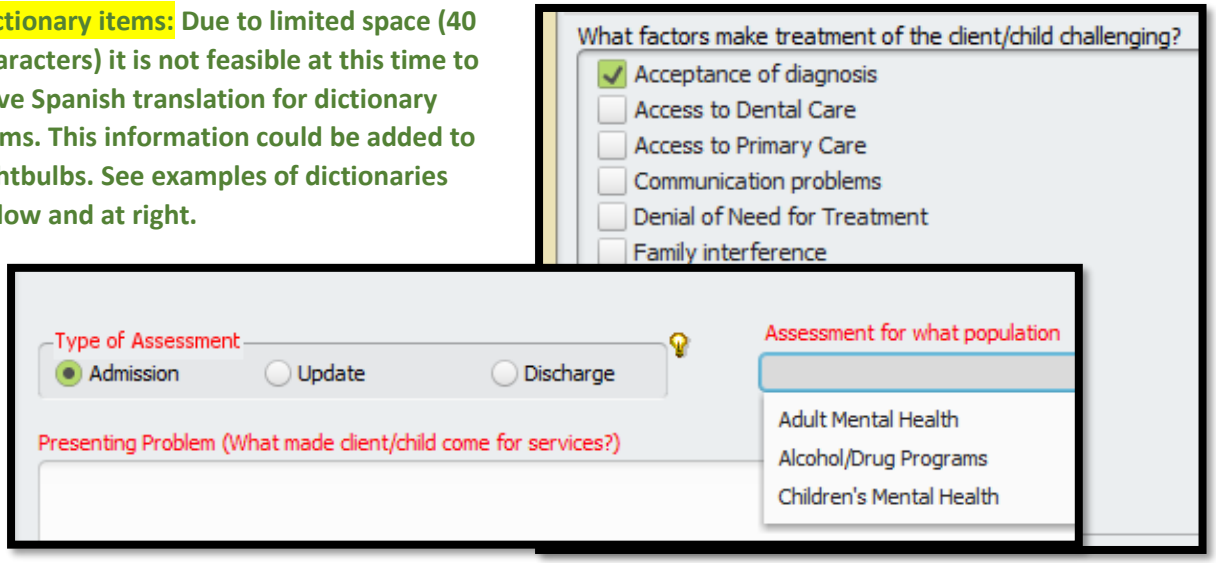
    a. Meeting has not yet convened.
    b. **BACKGROUND: All CMH clients must be assessed at admission and every six months to see if they qualify for enhanced, intensive services, per new state regulations.** Current procedure involves paper forms and a spreadsheet. There are two paper forms, an assessment form, and a referral form. The referral form is filled out depending on the outcome of the Assessment. Assessment is done at intake and every six months thereafter. This is a complex procedure with multiple forms and multiple points of decision-making by several people and therefore is more appropriate for a subcommittee.
    c. For TAY age clients in Adult MH Programs, both county and contractors need training in this system.

6. **PENDING Netsmart Solution: Request to update the SC MH Short Treatment plan to have the headings in both English and Spanish like the other treatment plans.** **STAFF: Sarah Tisdale/Nancy** **10 mins**
    a. Still needs to be moved to LIVE. There is a problem adding to LIVE that has been reported to Netsmart.

7. **COMPLETE FOR NOW? CANS/ANSA Spanish question labels in Spanish** **STAFF: Dave** **10 mins**

- **Question labels are translated and can be viewed in UAT.**

- **Dictionary items: Due to limited space (40 characters) it is not feasible at this time to have Spanish translation for dictionary items. This information could be added to lightbulbs. See examples of dictionaries below and at right.**



- **Lightbulbs are on hold. We are waiting for information from Community Data Roundtable which may have the information we need for lightbulbs.**
    a. Possibly we could use county contracted language support services, which would be done for a fee.
    b. Some current lightbulbs are for a clinician working with a child and are not helpful for working with an adult client. This issue might need to get sorted before adding translation.
    c. Community Data Roundtable is working on a Spanish language user's manual, which may have the language we are looking for. So let's not duplicate work until we see what that manual has to offer.

8. **Last Assessment Widget** **STAFF: Dave** **10 mins**
    a. Background: On the Assessment Widget, which provides information about when assessments and treatment plans are due, the logic for the Short Term Treatment Plan is not correct. This plan expires after three months. Logic currently is the same as the Episodic treatment plan which expires after year. Gian will look into this.
    b. No objections to making changes to the widget as they are feasible.
    c. Next steps on this project? The main issue from a programming perspective is that the tx plan item on the widget really is pulling from three different plans with three different expiration dates – 89 days, 90 days, and 364 days.
    d. Gian, Dave, and Nancy to meet about this.

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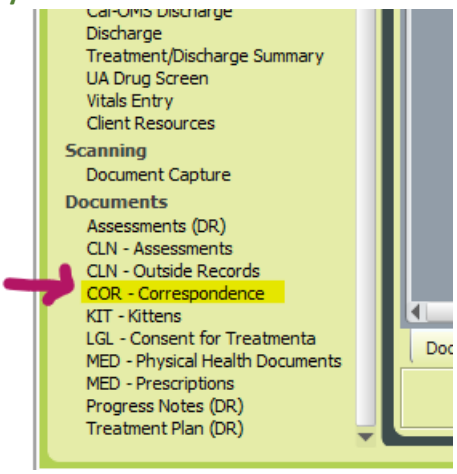
9. **New Filing Category for Scanned Correspondence in Chart** **STAFF: Nancy** **10 mins**
    a. See UAT, test client #11 for an example of how this looks.
    b. We can add whatever categories we want, so what makes sense? The goal is to help people find things in the client chart, so too many categories would be a problem.
    c. Other possible categories: NOABD's, ISS Screening tool, financial documents, specific intake documents and Hospital summaries.
    d. Do we want to implement this addition in LIVE? Erica (accounting manager) has an updated list of document categories that reception has been updating periodically.
    e. Discussion of separate meeting to look into updating.
    f. Can we look over Flor's document list?



10. **Documenting Authorization History** **STAFF: Stan** **10 mins**
    a. Not discussed.
    b. TBS Authorization, start date
    c. Adriana Bare working on this?

11. **Tracking Adult Residential and Crisis Residential Timeliness** **STAFF: Dave** **10 mins**
    a. Not discussed.
    b. For Telos, EDC and Casa Pacific, there is a state requirement to measure time between request for the bed, approval of transfer, and actual client date of client's admission. I.e., when there is a request for a bed in one of these programs, how long does it take for the approval of the bed, and how long does it take to actually get the client into that facility.
    c. This is a request from EQRO.
    d. Data is not currently amassed in a consistent and reliable way. Different programs use their own tracking (spreadsheets) which is a problem when we need to analyze the data.
    e. Discussion of using Avatar to track this information.
    f. The wait list management system in Avatar could be explored as a solution.

12. **Avatar "NX" (new version of Avatar coming)** **STAFF: Jorge** **10 mins**
    a. IT Staff going to a conference on this. IT dept has been having regular meetings with Netsmart re NX.
    b. Factors to consider:
        i. We want to let problems shake out with early adopters first. Currently no CA counties are using NX.
        ii. To transition to NX, we need to make sure we have adequate staffing to provide support.

13. **Adding a diagnosis to the Med Note** **STAFF: Dave/Robert Annon** **10 mins**
    a. If the diagnosis is added, it's not clear that this connects to the diagnosis form, creating double work.
    b. Gian to look into a ScriptLink solution for this.

Action Items **TIME: minutes**

1. Short Term Tx Plan with updated Spanish labels to be added to LIVE (Nancy).

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2. Gian, Dave and Nancy to meet to discuss update to Assessment Widget re tx plan expiration dates.
3. Children's Intensive Support Services (ISS) assessment and tracking workgroup to be organized. (Stan Einhorn)

Parking Lot

1. Project list review and update for new year.
2. ROI Avatar forms. IT working to separate Spanish/English versions because combining was causing the report to take too long to run.
3. Possible updates to Evidence Based Practices (EBPs) question in progress notes. Keep in parking lot for now since CalAIM will change this most likely. Topic: Use of evidence-based practices in the General Purpose Progress note to meet the state requirement of Documenting Coordination of Care –DHCS for MH requires demonstration of coordination of physical and mental health care.
4. DMC RTAR Form (Residential Pre-Authorization Form) – Conversion from Paper Form to Avatar Form STAFF: Amanda Crowder - This paper form is used for authorizing residential substance use treatment placements. There is a tight legal timeframe on these placements and having this info in Avatar would be helpful for tracking. We may need to hold off on this as this procedure may change with Cal-AIM.
5. DMC-ODS Pre-Admit Workgroup Report Out STAFF: Sarah Tisdale The primary task of this workgroup is currently specifications for the Avatar version of the ASAM Screening tool.
6. Documenting TBS Authorization History. Adiana Bare working on this?
7. Tracking Adult Residential and Crisis Residential Timeliness: Telos, EDC and Casa Pacific must measure time between request for the bed, approval of transfer, and actual client date of client's admission. I.e., when there is a request for a bed in one of these programs, how long does it take for the approval of the bed, and how long does it take to actually get the client into that facility. This is a request from EQRO state auditors.

Attendees