

Avatar Process Improvement - CalAIM Workgroup

Meeting Agenda

8/11/2022

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](https://www.calmhsa.org/wp-content/uploads/CalMHSA-MHP-LPHA%20Documentation-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. Please keep conversation focused on the CalAIM changes that are needed in avatar. If you have other non-related CalAIM ideas or suggestions for avatar updates, please mention these briefly in the meeting and we will take note of them for further discussion in parking lot items for a separate meeting.
2. **Next meeting** – August 18th, 2022 9am-10am
3. Agendas and meeting minutes are posted on the [Avatar Webpage](#), [CalAIM Subpage](#)
4. During the meeting, please use the raise hand function or the chat box if you have questions, comments, concerns.
5. **The SC General Purpose Progress Note form will be the main topic of discussion today focusing on potential changes to the form with new CalAIM requirements.**

Agenda Items

1. **Introductions:** name and program

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2. How to get involved
3. The main agenda item for today is the Problem List

Progress Note Discussion

Recommended Avatar Improvement Areas

DMC-ODS/MHP:

- Residential Progress Note template:

Suggestion: Add “/ Daily Summary” next to 24 hour service or add new “daily summary PN” option

Edit service code to read “Daily Summary PN Res 3.1 or 3.5” (DMC), this makes that actual PN billable and eliminates the need for another staff person to enter the daily residential rate. (Still need to confirm with Adriana). Alternate option is to add another non-billable code to use for daily summary “residential daily summary non-billable”

***Current work around select “BH residential note”, “24 hour” option and A001/M001 “non-billable”.**

The screenshot shows a progress note form with several sections. The 'Progress Note Purpose' section has 'BH Residential Note' selected. The 'PRACTITIONER(S) / TIME' section shows 'STILES, JOEL (003437)' with 'Face-to-Face' time of 0 and 'Other Time' of 15. The 'RESIDENTIAL SERVICE ONLY' section has '24-hour Service' selected. The 'SERVICE INFORMATION' section shows 'Service Program' as 'New Life - Adult LT Res' and 'Service Charge Code' as 'RES 3.1 Residential (A1500)'. Annotations include yellow boxes around 'BH Residential Note', '24-hour Service', and 'RES 3.1 Residential (A1500)', and arrows pointing from these areas to the text on the right.

Change top comment box to “Narrative description of services”

Change top comment box label to “Narrative Description of Services” and keep last “follow-up care/ discharge summary” box.

Add System Templates for each type of Progress note including: DMC-ODS care coordination PN, Weekly summary PN (both plans), initial medical necessity PN & CSJ (DMC-ODS), TCM & ICC/IHBS TX plans imbedded in progress notes (MH plan) and planned development progress notes documenting changes to client

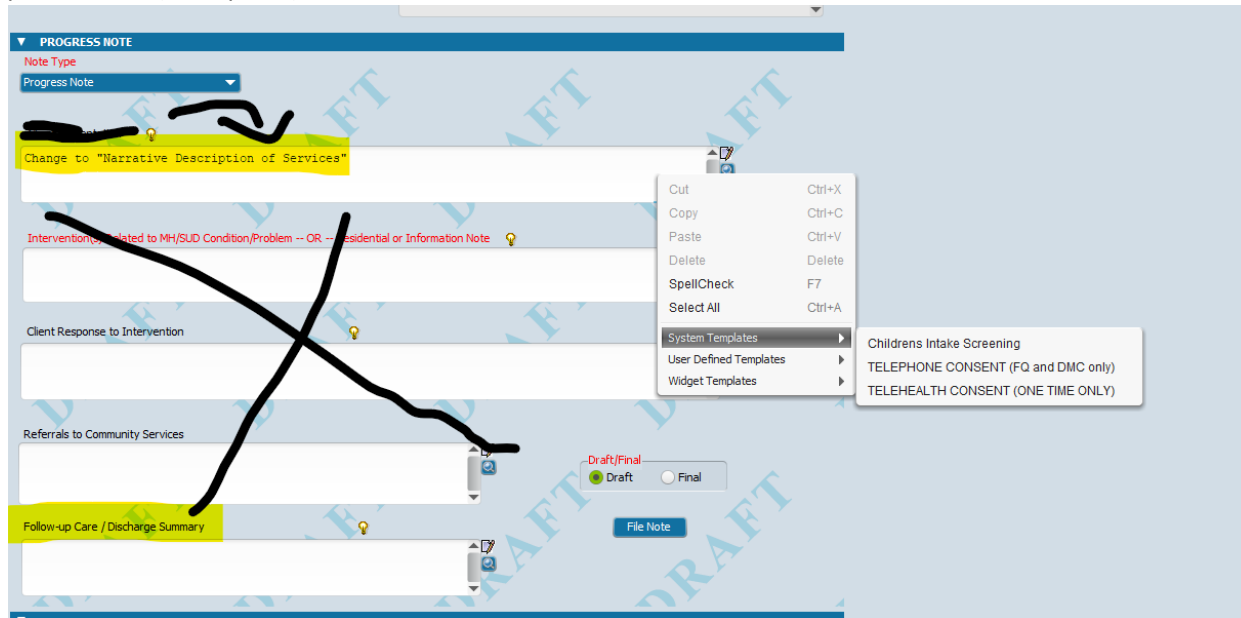
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problem list (both plans)



Mental Health:

Update Lightbulbs to align with CalAIM.

SMHS Residential Progress Note template:

Avatar changes needed for MHP daily residential progress notes:

Practitioner FTF Time: 0 - 24" hours here.

Practitioner Other Time: 0

Total Duration (minutes)-Label change to delete "Minutes": This is billed by the day so can this be changed to 24 hours".

Residential Note Type: 24-hour Service

Service Date / End Date for Weekly Summary:-Label needs to be changed to just "service date"

Service Program:

Location:

Service Charge Code: NON-BILLABLE RESIDENTIAL WEEKLY SUMMARY (M180)-This needs to be changed to "service code ADULT RESIDENTIAL (M1650).

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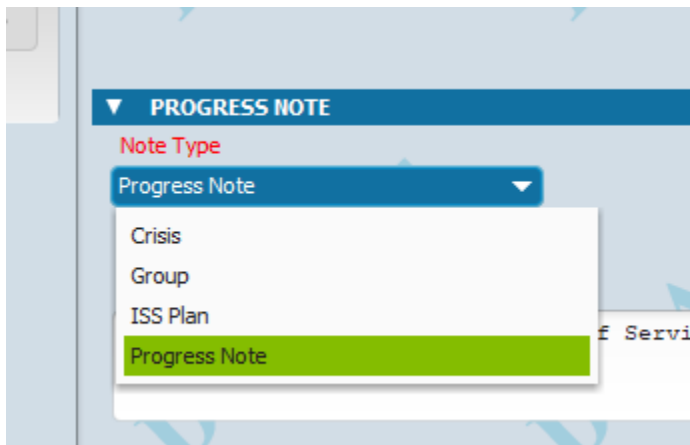
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Treatment Planning Progress note

Add category for progress note type called "TX planning"



Action Items:

1. Small DMC/DMC-ODS group to discuss and test sequestration of problems in problem list
2. Problem list in LIVE
3. Share with supervisors and train staff on new problem list

Other Discussion

1. Trauma Screening Tool
 - a. A universal Trauma Screening Tool will be required by all counties. The state is still working on it. It will possibly be the ACES, or some version of it, but we do not yet have the final form. ETA unknown.
 - b. 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.
 - c. ACES information: <https://training.acesaware.org/>
 - d. CDC also has a website re ACES. It shares their data collection surrounding the ACES

Parking Lot

1. Training - Who is responsible? How to organize?.

CalAIM Overview and recap

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

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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.

Attendees