Avatar Process Improvement - CalAIM Workgroup
Meeting Minutes

8/4/2022
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. **The Problem list will be the main topic of discussion today focusing on the CalAIM requirements and what changes have been made to the problem list in UAT, and what updates still need to be made in LIVE to meet CalAIM requirements.**
2. 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.
3. **Next meeting** – August 11th, 2022 9am-10am
4. Agendas and meeting minutes are posted on the Avatar Webpage, CalAIM Subpage
5. During the meeting, please use the raise hand function or the chat box if you have questions, comments, concerns.

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Agenda Items

1. **Introductions:** name and program
2. **How to get involved**
3. **The main agenda item for today is the Problem List**

Problem List Discussion

1. **Review the Problem List guidance document QI sent out this week: Avatar Problem List - CalAIM**
2. **Look at the Problem List in UAT.**
    a. It is very important to keep the problem list from getting congested and too long. This means that providers are putting in the dates the problems were resolved into problem list. 4 dates are required to be put into the problem list:
        i. The Date the problem started for the client (Date of Onset)
        ii. The date the problem stopped (Date resolved)
        iii. The date the staff added the problem (Date identified)
        iv. The date the staff resolved the problem
    b. It is a clinical supervision and clinical judgement issue to resolve problems on the problem list, and review what is on the problem list with the client.

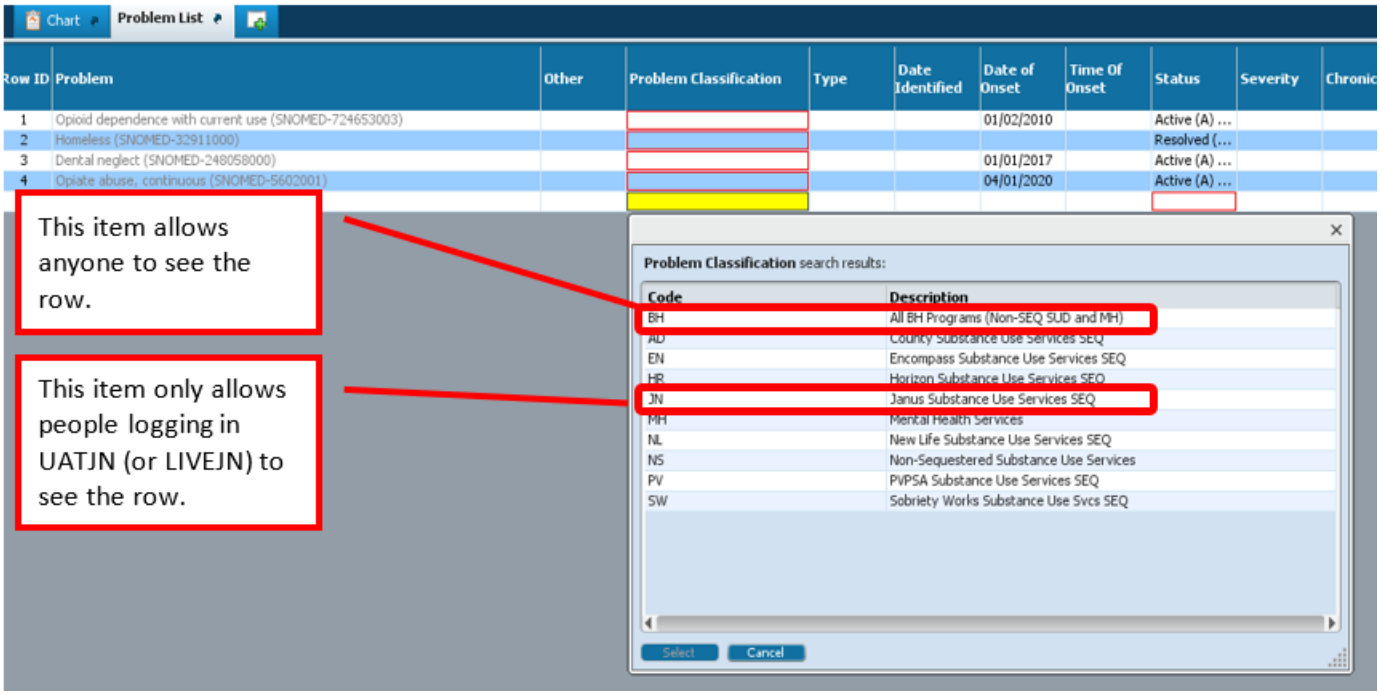
4. **Problem Classification categories: Labels of Sequestered vs. non-Sequestered programs** (If you are not familiar with how sequestration in Avatar works, see the Avatar Clinicians Manual page 58. This explains how sequestered episodes work.)
    i. System Notes Category-This shows a list of all the providers who have added and resolved problems and the corresponding dates, regulatory requirement to have this.
    ii. Compare Problem list in UAT vs in LIVE
    iii. Gather questions/feedback & share testing items-
        - Can there be an avatar flag when a client is discharged notifying providers to review the problem list with the client? This would be a good workflow to implement at the program level, do not want to congest the problem list as there are many changes being made.
        - Please let QI know if a problem list is getting glitchy or very long, especially with the coming updates so Nancy can reach out to Netsmart.
5. **CalAIM Requirements** for problem lists are in the CalMHSA CalAIM LPHA manual starting on page 16.
6. The following weeks will focus on other CalAIM changes (i.e. care plan, care coordination, targeted case management treatment plan, progress notes).

Problem List in UAT:

1. **Have** you looked at the Problem List in UAT? Feedback? Questions about the update? **How is the Problem list in UAT working? Any changes to be made?**
2. **Problem Classification Question** - There is a new question in the Problem List in UAT which allows us to sequester rows.

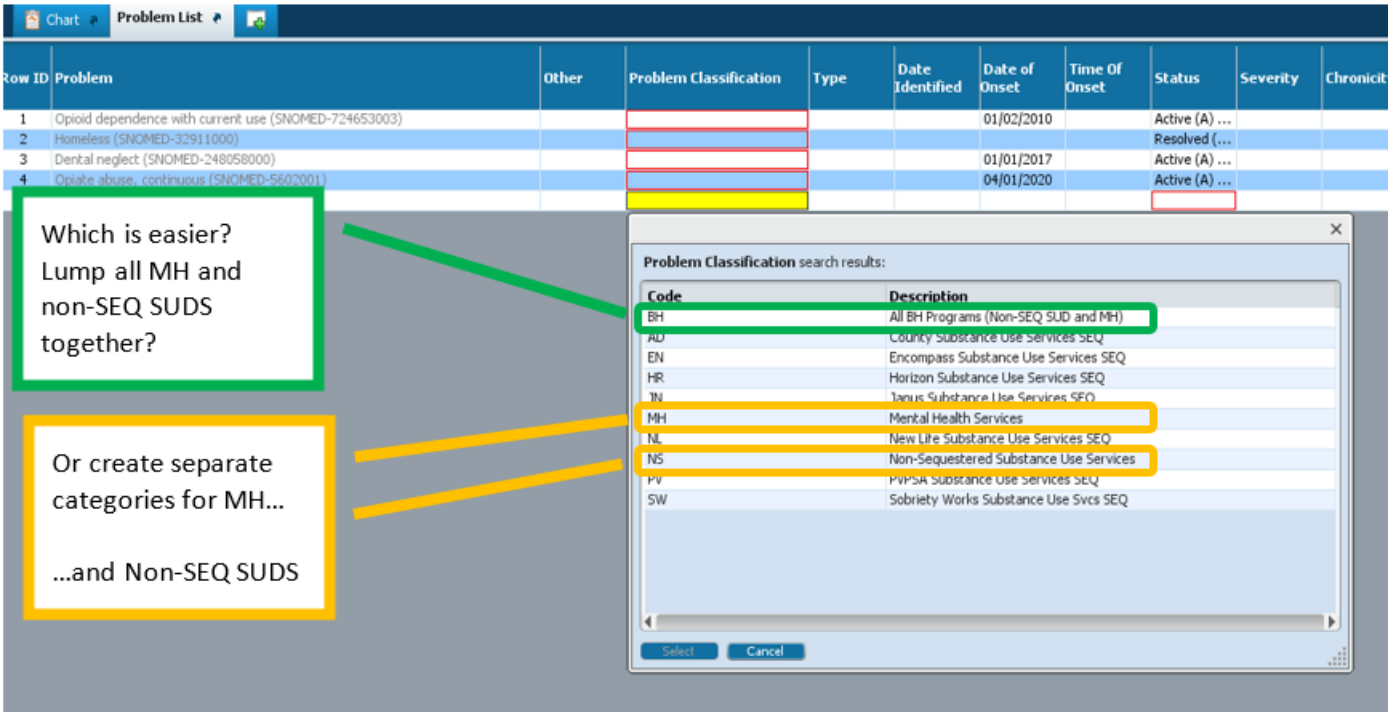
- **Labels for the Problem classification.** Importance of clear distinction due to breach of confidentiality risk**. (not currently in LIVE)**
- **How the problem list problems will work with Sequestration vs. non-Sequestration**
    i. Previously the problem list was not sequestered because we didn't know which provider added it, now the person who added SUD problem will be identified so there needs to be sequestration in the problem list.
- **Depending on which item you pick for the Problem Classification field, certain rows will be sequestered.**
    ii. Only a SUD treatment provider who is serving a person in a SEQ program needs to sequester problems. MH providers are not needing to use sequestration when adding an SUD related problem to the problem list as it will not be an SUD DSM diagnosis, within the scope of their training/work.

e.g. If you pick "Janus Substance Use Services (JN) only people logging in with UATJN (or LIVEJN) will see the row. It just won't be there for everyone else. This works similar to sequestered *episodes*.



- **You can only pick one category (problem classification) per problem. What labels should we use for these categories?**
    i. All BH Programs (Non SEQ SUD and MH) may not meet purposes for data reports since all non-sequestered programs will be in this category. Best to choose either MH services or non-sequestered SUD services for non- Sequestered programs for better data collection to meet reporting needs.

ii. Only an SUD treatment provider who is serving a person in a SEQ program needs to sequester the SUD problem in the problem list.
iii. How to select for non-sequestered programs, suggestion to specify what programs are labeled



- The discussion came to the decision to do separate problem classifications for non-Sequestered programs (i.e. MH and SUD separate classification vs. "All BH Programs (Non-SEQ and MH)).

- NTP has no changes in treatment plan requirements.

- The progress note does not have to be tied to a problem on a client's problem list. Use best clinical indication when doing the progress note think about what is in the assessment, ASAM, problems, treatment, and document towards this.

- What should we do with problems that come up as active from a closed episode? There is a way to re-activate problems that were previously resolved.

3. System Notes Link in the Problem List

- **Currently in UAT only-This shows everyone who has added and resolved a problem and the dates.**
- **Function of System Notes - Allows you to see who added/updated the problem and when. This is blank in LIVE currently. See UAT to see how this works.**

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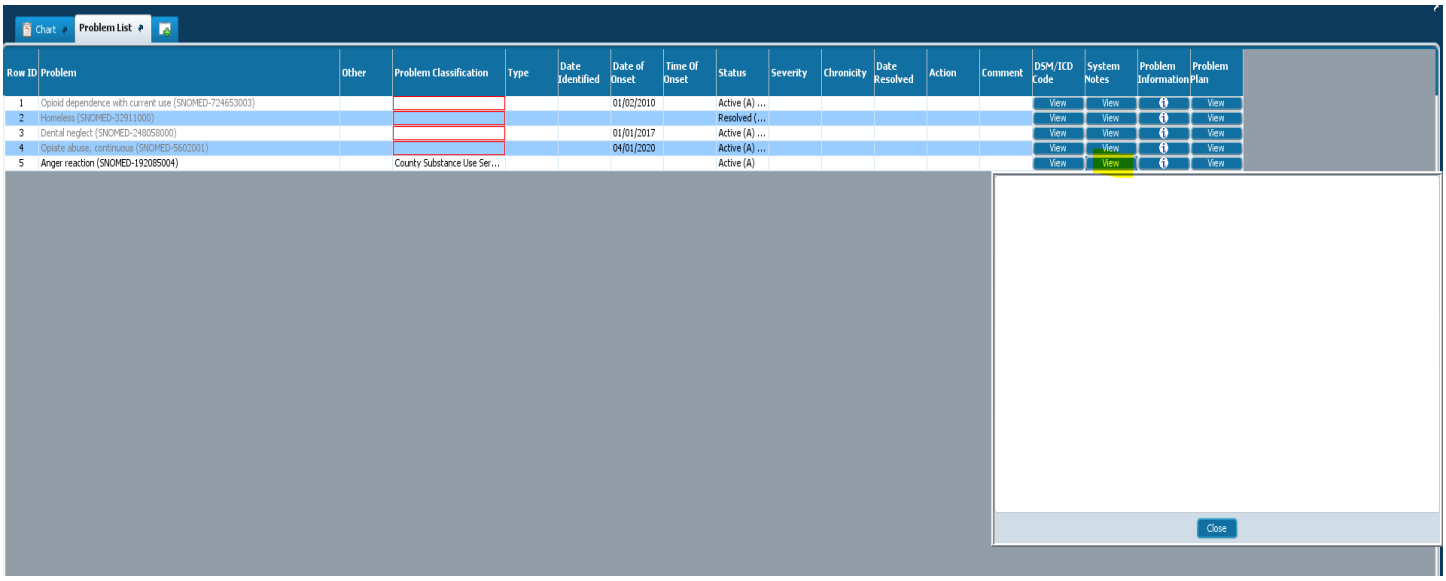
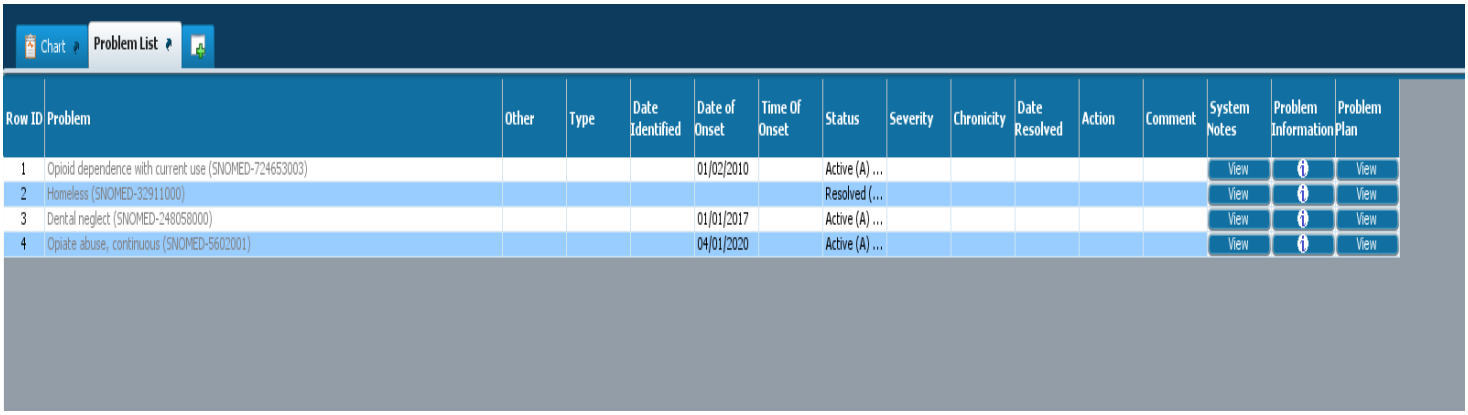


Problem List in LIVE:

- **Problem list as it looks currently in LIVE**



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**

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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?
2. Overall Intent and focus of workgroup - Does this need any refinements or additions?
    a. Workgroup purpose is to discuss CalAIM changes to Avatar and report back periodically to the larger meeting.
    b. Comprised of both supervisory and line staff.

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.

Attendees

Amanda Crowder, Amy Bravo, Andres Aguirre, Beloved Bolton, Briana Kahoano, Carrie Likeness, Claire Friedman, Cybele Lolley, Dagny Blaskovich (Guest), Dave Chicoine, Emily Sellers, Erica Ortiz, Eva Gomez, Gian Wong, Gilbert Ramirez, John Wasielewski, John Wasielewski, Julie Krokidas-Wooden, Kayla Gray, Laura Hyams, Madea Owen, Nancy Mast, Orpheus Brown, Sarah Tisdale, Silbiano Cruz, Stan Einhorn, Sube Robertson, Veronica Gonzalez