

DHHS Mental Health – Avatar Implementation User Forum

Date: 9/25/08

Time: 1:30 – 3:00 PM

Location: 7001 East Parkway, Sacramento, Conference room 1

Facilitator: Kacey Vencill **Scribe:** John Sawyer

Attendees: (See sign in sheet)

Time	Agenda topic	Presenter
5	Welcome / Introductions In addition to the Sacramento County core team members: • Kacey Vencill – Business Analyst • John Sawyer – IT Analyst • Len Gray – Project Manager The third user forum was very well attended by both Sacramento County and Contracted Providers. Thanks for your continued support and participation.	Kacey Vencill
10	1. A spreadsheet explaining the security roles in Avatar was discussed and can be found linked on the Project Website under the "Security Implementation" section: https://www.sacdhhs.com/default.asp?WOID=MBR 2. The avatar team is gathering numbers (not names at this time) of users by role for each site. Each provider present was provided a security role sheet which included: • Inquiry (read only access to Avatar) • Data Entry • Authorization (select County sites only) We are requesting feedback from all sites regarding the numbers of users for these roles. We are looking to have all information submitted by Friday, October 10 th . Documentation of all currently identified provider locations along with the feedback received to date regarding users by role can be found linked on the Project Website under the "Security Implementation" section. Contact names in red indicate sites for which we have received no information. 3. Users who do not currently have CATS IDs because they have never been through CATS training are eligible to receive an Avatar User ID, but they will be expected to attend Avatar training prior to receiving their logon credentials.	John Sawyer
40	Avatar Demo 1. Demonstration of the Access team process from authorization to first service entry was provided. The screens discussed included:	Kacey Vencill

- As with all screens in Avatar, required items show in red.
- Non-required items such as Demographics which are entered here will be available in subsequent programs.
- The 10 aliases which were discussed at a prior Forum were reflected here
- b. Fast Financial Eligibility The bulk of financial eligibility information can be captured on this screen, rather than on the more inclusive "Financial Eligibility" screen.
 - Guarantor (Payor)
 - Plan Policy Number (i.e. CIN) there is no error checking for CIN at this point.
- c. Managed Care Authorization
 - Guarantor (only those which were entered during financial eligibility determination will be present)
 - Service Code
 - Authorization Number
 - Authorization Start and End Dates
 - Type of Authorization
 - o The individual who is making the authorization
- d. Business process change: The Access team will admit the client to the outpatient programs.

Mental Health will be developing a policy to handle this change. This will be communicated to the provider community ahead of time with an opportunity for feedback prior to implementation.

- e. Client Charge Input
 - o Date of Service
 - Client ID (can be entered by ID or Name)
 - Program
 - Service Code (only the ones established for the Program will be available)
 - Practitioner
 - Duration
 - Cost of Service
- f. Recurring Charge Input offers a way to enter recurring charges "in bulk" rather than individually
 - o From Date
 - o Through Date
 - o Exclude Weekends
 - The drop down populates with the selected date range and then individual dates (or select all) can be chosen.
 - Client ID
 - Service Code
- 2. Screen Bundling Allows screens to be "bundled" together so that screens commonly used for a function can all be opened at once.
 - a. Two options for bundles:
 - Sequential- each screen opens in automatically in a predetermined order, and as each is saved, the next one opens.
 - Simultaneous- all of the bundled screens open at the same time, allowing users to toggle back and forth between various screens and enter data in any order.
 - b. Bundled screens can be submitted individually.
 - Required fields are screen specific. Since screens can be saved individually, only the required fields on the form(s) being saved are actually "required".
 - d. Chart Review- chart review is on of the tabs that shows up in bundled screen view. This is an option that may not have significant functionality at go-live, but down the road, it will allow for time sensitive case due dates to be tracked in one place. It will become more useful when clinical documentation is available in Avatar.

	 3. Family Registration and UMDAP a. Family ID- a client cannot be in 2 family groups at the same time. b. Add members- allows establishment of the UMDAP year and family members for the family group. 	
5	Suggestions for future User Forums	Users
	 270/271 Processing demonstration- The 270/271 process is being implemented in Avatar in 2 sections. The actual program side of the implementation is complete, but Netsmart is still working with the State on the communication portion, so it is not ready for demonstration at this time. It is expected to be available at go-live, and we will be looking to demonstrate it at a forum as soon as it is available. Demonstration of Group Services Demonstration of report on UMDAPs due Demonstration of a revised version of the I-1 	
5	Next month's project activities in review	Kacey
	 Sites and Users (Security Roles) Providers are being asked to provide numbers of users by role the Avatar team by October 10th. As we get closer to training, we will be following up to gather names of users by site/role. 	Vencill
	 Bundling Avatar offers the ability to bundle screens as demonstrated today. We are asking for feedback from providers as to which screens would be nice to have as available bundles. Feedback on this can be sent to <u>Avatar@SacCounty.net</u>. 	
	 RADPlus Modeling We have been and will continue to look at the business processes involved in all areas of the program to determine those which may require modifications to existing or new screens (i.e. modeling) in order to gather information necessary to function. 	
	4. Reporting Hand in hand with modeling, we will be identifying reporting needs for all areas, determining what is already available, and if it is not already present determining whether the reports require additional modeling to gather the information upon which they are built.	
10	Open Forum	All
	The following questions and answers were provided at the User Forum:	
	Q. Do we need to provide feedback on users for other roles such as clinicians?	
	A. Not at this time. The only functions that will be available in Avatar at go-live are the functions currently present in CATS/MSO.	
	Q. Can users who don't currently have a CATS ID receive an AVATAR ID?	
	A. Yes, but they will be expected to go through Avatar training prior to receiving their ID.	

- Q. How will the change in the authorization process affect calculation of length of stay for a program?
- A. Because the Access team will be admitting clients into programs at the time of authorization, program admit date will no longer be viable to calculate length of stay against. Instead, the First Date of Services (whether for a billable service or not) will be used as the start date for this purpose.
- Q. Regarding the client charge input screen. If providers don't want to see the calculated "Cost of Service" field, can it be hidden? If so, could it be removed for some programs but left viable for others if they wish?
- A. We can look into whether that field can be hidden. If so, then it will be a decision that will have to be made system wide, because it will impact everyone. Changes to screens affect all users.
- Q. Given the changes in process regarding the authorization to programs, will programs still be required to submit census reports to the Access Team?
- A. To be detailed in the policy.
- Q. Will providers still receive fax referrals from the Access Team?
- A. The majority of authorizations will be visible to providers in Avatar. There will still be a necessity to fax authorizations when an authorization is made to a provider that does not use Avatar.
- Q. How will high-risk referrals be handled, will there still be phone contact from the Access Team?
- A. Changes to the process are still being developed. This is one of the issues that will impact how the final business process will be implemented.
- Q. Will the county be going to standard CPT codes or will it continue to use local codes.
- A. We are staying with the local codes.
- Q. How will the Master Client Inquiry work in Avatar?
- A. The I-1 has to be revised. The report will be available at go-live.
- Q. At the time of admission, the assigned practitioner may not be known. How will this be handled, given it is a required field in Avatar?
- A. This will be a business decision and details will be provided once available.
- Q. Since MSO will not be there at go-live, how will providers access the services request assessment information?
- A. This type of information will be available in Avatar.
- Q. Are all screens printable?
- A. Any of the screens can be screen-printed, although in most cases reports will be more useful.
- Q. Can Practitioners and Staff be looked up by ID? How will these IDs be different than CATS?
- A. IDs will be the same as they currently are in CATS, and the Staff, Client and Practitioner fields can be searched both by name and by ID number.
- Q. Will be forms be changed when Avatar is implemented?
- A. Not State forms, but local forms may be revised.

Q. Will Avatar solve the problem of POEs disappearing?
A. Yes, it should.

Q. Will providers have to do a fee waiver to alter UMDAP information?

A. There will be a policy developed which will address:

• When to do UMDAP

• When to complete a fee waiver

• Who is responsible for completing the information

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