

Avatar Process Improvement - CalAIM Workgroup Meeting

Agenda

8/25/2022

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-Guide06232022.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 guidance documents on the Avatar CalAIM Webpage. New documents are being added weekly.
- Review with updated problem list form (update from Netsmart) in [UAT](#).
- Review updated SC General Purpose Progress note form in [UAT](#).
- Sign up for CalMHSA CalAIM trainings: <https://www.calmhsa.org/wp-content/uploads/CalMHSA-LMS-Instructions5.24.22.pdf>

AGENDA ITEMS>>>

Announcements

1. We have a lot of CalAIM changes to cover. For the next several weeks at least, we will be focusing primarily on CalAIM related items. 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.
2. **Next meeting** – September 1, 2022 9 AM – 10 AM
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. **For today, we will continue discussing progress note changes.**

Avatar Process Improvement - CalAIM Workgroup Meeting

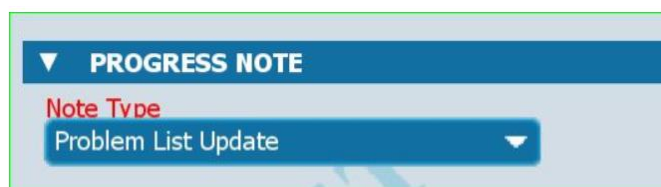
Agenda

8/25/2022

9:00 AM - 10:00 AM

SC General Purpose Progress Note Form (Still in UAT)

1. What should the Go Live date be for the SC General Purpose Progress note? When should we move it from UAT to LIVE? What is the group consensus?
 - a. QI recommends no more than 2 weeks from now.
 - b. Progress note guidance from the QI department is pending. In addition to a document that outlines regulations, we hope to put together a simpler document that is more of a “how to” for writing the new progress notes.
 - c. =>>> Progress Note guidance from the QI dept has been issued and is on the Avatar CalAIM Webpage.
2. Note Type Item – Problem List Update: Question about wording of this item (Leah Flagg-Wilson).
Either:
 - a. Problem List creation / update, or
 - b. Problem list update
3. Is it possible to add two more note types for DMC? (Sara Avila) The purpose for these additions is to easily identify progress notes where the LPHA documented the clinical indication for care coordination services.
 - a. DMC-CSJ (continued service justification)
 - b. DMC-LPHA-doc-CC (Care Coordination) or something similar?
4. Note Type Changes - Additional Note Types were added. See UAT.



Questions that affect billing/accounting. We are holding these for when Adriana Bare can attend.

1. Adding back co-practitioner to the SC Group Progress Note form.
 - a. New CalAIM regulations allow co-practitioners to bill without also writing a progress note, so we should be able to add a co-practitioner back into this note.
 - b. Would we also want to add the co-practitioner back into the SC General Purpose Progress note? It doesn't happen a lot, but sometimes there might be two clinicians working together with the client. Example: 5150 or other crisis type situation. More than one clinician might respond, and it would be helpful if only one of them has to write a progress note.
2. Also: Changing label for M401, M601 vs. creating a new code. M401 is tied to a lot of reporting. Would it be OK then to just change from “Case Management” to “Targeted Case Management”
3. Residential Progress Note Billing
 - a. Programs that previously did a weekly summary (mostly residential programs) are moving from a weekly summary to a daily summary as required by CalAIM.
 - b. Service Code for residentials - non-billable daily summary code this needs clarification from Adriana to see if this impacts billing.
 - c. Suggestion to edit the “Service Charge Code” to read “Daily Summary PN Res 3.1 or 3.5” (DMC), this makes the actual PN billable and eliminates the need for another staff person to enter the daily residential rate on the back end. (Erica still needs to consult with Adriana).

Avatar Process Improvement - CalAIM Workgroup Meeting

Agenda

8/25/2022

9:00 AM - 10:00 AM

- d. This may be problematic because Room and Board in DMC-ODS is billed through different funding and billed separately from the residential daily rate. Will this work for patient accounting? Erica to follow up with Adrianna.
- e. Alternate option is to add another non-billable code to use for the daily summary such as "residential daily summary non-billable."
- f. IOT is a bundled rate, will there no longer be group notes needed since it is a daily note? Need follow up from billing department. Prior to waiver, daily summary would go to DHCS. There is a new billing manual; Sara will send.

Adding Start and Stop Time for DMC Documentation to the SC General Purpose Progress Note

We may want to add Documentation Start Time and Documentation End Time to our progress notes, which is required for DMC notes.

What is the recommendation?

SAMPLE BELOW SHOWS THE POSSIBLE ADDED FIELDS: New time fields to possibly be added are circled in red. (These do not currently exist on the form.)

The screenshot shows a form titled "SERVICE INFORMATION". It contains several input fields: "Date Of Service / End Date for Weekly Summary" with the value "08/12/2022" and buttons for "T" and "Y"; "Service Start Time" with the value "01:00 PM"; "Service End Time" with the value "02:00 PM"; and two new fields, "Documentation Start Time" with the value "02:30 PM" and "Documentation End Time" with the value "02:45 PM", which are circled in red.

If we added the above fields, we would also add Documentation Time, shown below.

The screenshot shows a form with four input fields: "Face-to-Face", "Documentation", "Other Time", and "Total Duration (minutes)". The "Documentation" field is circled in red.

Avatar Process Improvement - CalAIM Workgroup Meeting

Agenda

8/25/2022

9:00 AM - 10:00 AM

Unfortunately, these two fields do not talk to each other.

In other words, this....

▼ SERVICE INFORMATION

Date Of Service / End Date for Weekly Summary
08/12/2022 T Y

Service Start Time: 01:00 PM Service End Time: 02:00 PM

Documentation Start Time: 02:30 PM Documentation End Time: 02:45 PM

Does not talk to this....

Face-to-Face Documentation Other Time Total Duration (minutes)

60 15 0 75

Features and potential issues:

1. As shown above, the Start and End Time would not automatically populate the Documentation Duration field. (But the new field WOULD be added into the Today Duration automatically.)
2. We are looking into addition of these time fields with Netsmart.
3. These fields are not needed for most MH notes. Primary for DMC-ODS notes.

Discussion Points:

1. Reasons for this addition:
 - a. DMC-ODS requires start and end time of documentation (start and end time when writing the progress note). Currently, DMC-ODS staff have to type into the narrative portion of a note.
 - b. Most MH programs do not need these fields, except for potentially crisis notes. Because these are due within 24 hours of the service, this could help tracking timeliness of crisis notes.
2. Is there a way that documentation start time and end time would not be required for MHP notes? This would require expanding general purpose progress note? Best way would be to add another button/question within general progress note for-“SUD” note or “MH” note, which would be the only way to do this. This is a Follow up item.

General Discussion

1. What topic should be covered next? What are the priorities?

- a. SC General Purpose Progress Note
 - a. We will continue to work on this in UAT and discuss this in the next meeting.
- b. SC Group Progress Note
- c. SC Med Note

Avatar Process Improvement - CalAIM Workgroup Meeting

Agenda

8/25/2022

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- d. DMC specific progress note text templates (text templates are prewritten text that can be added to a progress note to help prompt the user)

Action Items:

1. Problem list-QI needs to look into the problem list and issues with breaches of confidentiality with privacy with further discussion with the work group.
2. Adrianna and Erica to look into billing codes for residential.
3. Test out problem list in UAT (All)
4. Progress note in UAT-share with group in two weeks.
5. Share with supervisors and train staff on progress note in UAT two weeks to one month after it is shown in two weeks.
6. Discuss “phase two” of progress notes; including lightbulb information in fields and system templates or buttons for MH and SUD programs.

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.
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.

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