

Avatar Process Improvement - CalAIM Workgroup Meeting

Agenda

9/8/2022

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:	CalMHPSA CalAIM Main Webpage CalAIM LPHA manual: https://www.calmhsa.org/wp-content/uploads/CalMHPSA-MHP-LPHA_Documentation-Guide06232022.pdf CalAIM trainings: https://www.calmhsa.org/wp-content/uploads/CalMHPSA-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 updated SC Group Progress note form in [UAT](#).

AGENDA ITEMS>>>

Announcements

1. **For today, we will continue discussing progress note changes.**
2. **Next meeting** – September 15, 2022, 9 AM – 10 AM
3. Agendas, meeting minutes and QI Guides 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 the next several weeks at least, we will be focusing primarily on CalAIM related items.
6. Sept. 19 is the go live date for the updated SC General Purpose Progress Note.
7. Re adding problem list elements to progress notes. Although your progress notes should reflect items in the problem list, you do not have to actually add problem list elements to your routine progress notes. We encourage you to develop protocols and workflows to ensure that your progress notes address items in the problem list. The QI Dept is available for problem-solving.

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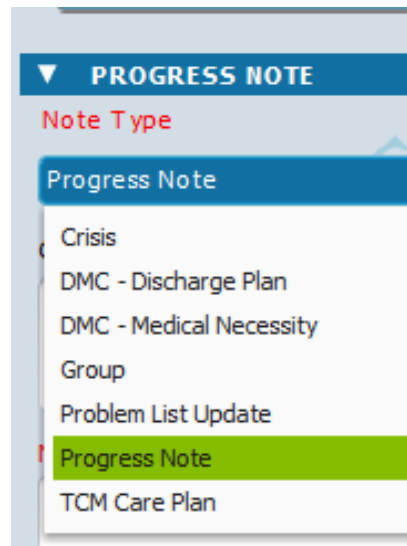
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SC General Purpose Progress Note Form (in UAT)

Progress note guidance from the QI department is on the Avatar CalAIM webpage. Please review and get familiar with the changes.

SC General Purpose Progress Note - Progress Note Types

DAVE: Additional Note Types were added. See UAT. The purpose of the Progress Note Type is so we can easily find note types in the progress note widget, e.g. filter only for crisis notes, Care Plan, Discharge Plan, etc...



PROGRESS NOTE TYPE DEFINITIONS FOR THE LIGHTBULB

Crisis: Crisis Intervention service; Describe the interventions provided until the crisis has ended. Include your follow-up steps for coordination of care and safety planning. Make sure you enter the start time and end time of your intervention. Start time includes time from dispatch to meeting with the client.

DMC-CSJ: Continued service justification (Substance Use Disorder Treatment Programs only)

DMC-Discharge Plan: (Substance Use Disorder Treatment Programs only)

DMC-Medical Necessity: (Documentation for Level of Care (Substance Use Disorder Treatment Programs only))

Progress Note: This is the default note type for providing of general and ongoing services. Make sure to include your narrative description of services as well as follow-up steps, i.e what will you and/or the client do for follow-up.

TCM Care Plan: Use this item for a note that describes your plan for providing TARGETED CASE MANAGEMENT (TCM) services to your client. Describe TCM goals and activities, participation of the person in care, and the transition plan for when goals are achieved. **ONE TIME ONLY:** Use this progress note type one time only for each TCM goal. Then use "Progress Note" type for future services toward achieving the goal.

Group: Group Note requirements - title of group, provider(s) and credential(s), total duration and per client duration, intervention, follow-up

Problem List Update: Problems identified by staff, person in care and/or significant support person. Include the name and title of the provider that identified, added, or removed the problem, and the date the problem was identified, added, or resolved.

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Follow Up on Miscellaneous Suggestions and Discussion from meeting on September 1 (Last Meeting)

- I. Mental Health Specialized intensive kids programs still have separate treatment plans; ICC, IHBS, TBS, IHSS. Stan would like more direction information on this. QI is waiting for state guidance on this.
- II. Discussion of SUDS Needs
 - A. DMC: doc time required start / end time; EBP intervention
 - B. Document "Travel time included" (if appropriate)
- III. Increase font size, suggestion of 14 pt. We can do bulleted lists but not numbered list,
- IV. RESIDENTIAL DAILY NOTE should describe how services provided during the day reduced impairment, restored function or prevented significant deterioration in functioning.

Progress Note 3.0 (Future Updates/Wish List for Progress Notes)



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.)

A screenshot of a service information form. The form has a blue header with a dropdown arrow and the text 'SERVICE INFORMATION'. Below the header, there is a field for 'Date Of Service / End Date for Weekly Summary' with the value '08/12/2022' and buttons for 'T' and 'Y'. Below this, there are two fields: 'Service Start Time' with the value '01:00 PM' and 'Service End Time' with the value '02:00 PM'. At the bottom, there are two new fields: 'Documentation Start Time' with the value '02:30 PM' and 'Documentation End Time' with the value '02:45 PM'. These two new fields are circled in red.

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

<u>Face-to-Face</u>	<u>Documentation</u>	<u>Other Time</u>	<u>Total Duration (minutes)</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	Service End Time
01:00 PM	02:00 PM
Documentation Start Time	Documentation End Time
02:30 PM	02:45 PM

Does not talk to this....

<u>Face-to-Face</u>	<u>Documentation</u>	<u>Other Time</u>	<u>Total Duration (minutes)</u>
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.

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

- I. **DMC specific progress note text templates (text templates are prewritten text that can be added to a progress note to help prompt the user)**
- II. **Group progress notes**

Action Items:

- I. **Group Service Co-practitioners:** QI to make recommendations on best practices when two people provide group service, with different levels of licensure. For example, and LMFT and an MHRS do a group together.

Other Discussion

1.

Parking Lot

- I. **Problem list:** On hold in UAT pending updates from Netsmart and meeting with Nancy. Netsmart working on possible sequestering issues with the updated Problem List. Problem list on hold until we get new information from Netsmart.
- II. **Trauma Screening Tool:** We are waiting for the state to provide this universal tool that all counties will be required to use.

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