Agenda

9/15/2022 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: <u>https://www.calmhsa.org/wp-content/uploads/CalMHSA-MHP-LPHA Documentation-</u> 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 <u>nancy.mast@santacruzcounty.us</u>
- 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 <u>UAT.</u>

AGENDA ITEMS>>>

Announcements

- 1. For today, we will continue discussing progress note changes, shifting to the Group Progress Note once any final discussion is completed for the individual progress note.
- 2. Next meeting September 22, 2022, 9 AM 10 AM
- 3. Agendas, meeting minutes and QI Guides are posted on the <u>Avatar Webpage</u>, <u>CalAIM Subpage</u>
- 4. During the meeting, please use the raise hand function or the chat box if you have questions, comments, concerns.
- 5. We continue to focus primarily on CalAIM related items.
- 6. The GO LIVE date for the updated SC General Purpose Progress Note is postponed (from Sept. 19) due to an Avatar glitch we are seeing in UAT. A ticket has been filed with Netsmart.
- 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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- 8. Netsmart has created an Adult Screening Tool which we have added to Avatar. Please review.
- 9. Dave and Nancy will be combining the two Avatar meetings. Expect a cancellation of the current meetings and a new invite to a new weekly series.

SC General Purpose Progress Note Form (in UAT) – Updates Complete?

- 1. Lightbulb definitions and other changes have been added to UAT. Please review.
- 2. **Progress note guidance** from the QI department is on the Avatar CalAIM webpage. Please review and get familiar with the changes.

SC Group Progress Note Form (in UAT) – Co-Practitioner has been added.

- 1. Co-Practitioner has been added back to form in UAT. Thank you to those who have been providing data for testing?
- 2. Do we need a quick demo of how the form works for discussion?
- 3. Description of group services from CalAIM manual:
 - a. For groups facilitated by multiple practitioners, a single progress note signed by one of the practitioners shall be used to document the group service provided. Progress notes shall contain the information as noted above and modifications and additional information as noted below
 - b. Information about the specific involvement and specific amount of time of involvement of each practitioner in the group activity, including time spent traveling to/from the service and documenting the service.

Follow Up on Problem List Discussion from meeting on September 1

- 1. We cannot add the problem list to LIVE until Netsmart resolves certain issues related to sequestration of SUDS data. The problem list changes, as seen in UAT, show who updated the problem or who added the problem which may be a breach situation. This needs discussion.
- 2. Is the problem list automatically tracking who is touching the problem list?
- 3. If we are consistent with documenting Problem List updates in progress notes, this may meet the requirements for tracking.

Other Items

1. x

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

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

Date Of Service / End Da 08/12/2022	te for Weekly Summary
Service Start Time	Service End Time
Oocumentation Start Tin 02:30 PM	ne Documentation End Time 02:45 PM

Face-to-Face	Documentation	- Other Time	Total Duration (minutes)
		1	

SERVICE INFORMATION Unfortunately, these two fields do not talk to each other. Date Of Service / End Date for Weekly Summary-08/12/2022 Y Т In other words, this.... -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.... Documentation Face-to-Face Other Time -Total Duration (minutes) 60 75 15 0

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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.

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. These are different than information in light bulbs.
- II. Universal screening tool
- III. Trauma screening tool

Action Items:

- I. Finish Dave's Flyer with light bulb definitions to release as a training tools.
- **II.** 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.

Parking Lot

- I. Trauma Screening Tool: We are waiting for the state to provide this universal tool that all counties will be required to use.
- **II.** 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.
- III. Discussion of SUDS Needs

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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