

Avatar Process Improvement - CalAIM Workgroup

Meeting AGENDA

10/13/2022

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 updated SC Group Progress note form in [UAT](#).

AGENDA ITEMS>>>

Announcements

1. **Next meeting** – October 20, 2022, 9 AM – 10 AM
2. Agendas, meeting minutes and QI Guides are posted on the [Avatar Webpage](#), [CalAIM Subpage](#)
3. During the meeting, please use the raise hand function or the chat box if you have questions, comments, concerns.
4. We continue to focus primarily on CalAIM related items.
5. Netsmart has created an Adult Screening Tool which we have added to UAT. Please review.

General Discussion

- **SC General Purpose Progress Note Updates**
 - Guidance re these updates in on the [Avatar CalAIM webpage](#).
 - Changes to the Note Type list and lightbulbs affect both the SC General Purpose Progress note and the SC Group Progress Note. (Behind the scenes, all notes share the same table.) Both share the same lightbulb.

Any problems or questions re these changes?

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

- **Any issues with the form?**
- Minutes
 - Minutes for two facilitators seems to be working OK. If there are problems let us know.
 - Scope of practice and billing code: Both clinicians doing the group must be within their scope of practice. E.g. If an LMFT and a non-licensed person do a group together, you must bill group rehab, not group therapy.
 - Due to how the billing works, productivity will appear zero for the co-facilitator. On a Service Activity Report the co-facilitator's time does not appear. It's just rolled into the time for the main facilitator.
 - The main facilitator writes all the notes.
- Note types and lightbulbs are shared between the SC General Purpose Progress note and the SC Group Progress Note. Subcommittee looked at these and did not find any problems or inconsistencies re the group note. Has anyone noticed any issues with this.

Follow Up on Problem List Discussion

1. **No changes for Problem List form at this time. We cannot add the problem list to LIVE until Netsmart resolves certain issues related to sequestration of SUDS data.**
2. **A link to open the problem list has been added to the SC General Purpose Progress note and the SC Group Progress note.** This does not allow adding problem list elements directly, but does make it easier to consult with the problem list when writing a progress note.

3. **IMPORTANT: The Problem List in LIVE is the same Problem List you are used to.**

- NO change to the problem list, it is the same one as we used to use in treatment plans. The difference - users open the Problem List as a separate document, instead of editing it inside of the treatment plan. (Type "Problem List" in the search forms field, in the Forms Widget on the Home Console in Avatar to open the form.)

The screenshot shows the myAvatar 2021 interface. At the top, there's a navigation bar with 'Home', 'SC General Purp', 'Preferences', 'Lock', 'Sign Out', and 'Switch'. Below this, a patient summary card displays: 'LIL' T TTTFAVR...', 'F, 20, 04/18/2002', 'Ht: 5' 4", Wt: 19...', 'Ep: 11 : LE - ...', 'Problem P: -', 'DX P: F32.4 ...', 'Location: 12...', 'Attn. Pract.: -', and 'Adm. Pract.:...'. The main content area is titled 'SC General Purpose Progress Note'. On the left, there's a sidebar with a dropdown menu for 'General Purpose Progr.' containing 'CLIENT / EPISODE', 'SELECT A DRAFT PROGR.', 'PRACTITIONER(S) / TIME', and 'RESIDENTIAL SERVICE ...'. Below this is a 'Submit' button and a set of icons. A pink circle highlights a 'Problem List' link at the bottom of the sidebar. The main form area has sections for 'CLIENT / EPISODE' (with a 'Select Client' dropdown showing 'TTTFAVREAU, LIL' T (11)') and 'SELECT A DRAFT PROGRESS NOTE -- OR -- START A NEW PROGR' (with a 'Select Draft Note To Edit' dropdown). There are also radio buttons for 'Progress Note For' (Existing Appointment, New Service) and 'Progress Note Purpose' (Outpatient Note, BH Residential Note).

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The screenshot shows a software interface with a search function. At the top, there is a 'Recent Forms' section listing 'Problem List' and 'SC MH Episodic Treatment Plan'. Below that is a 'Search Forms' section with a search box containing 'problem list' and a search icon. The search results are displayed in a table with two columns: 'Name' and 'Menu Path'. The table contains one row: 'Problem List' with the menu path 'Avatar CWS / Assessments / Product Assessments'. At the bottom of the table, there are navigation buttons: '<= Previous 25', '1 through 1 of 1', and 'Next 25 =>'.

Name	Menu Path
Problem List	Avatar CWS / Assessments / Product Assessments

- The progress note form cannot have problems pulled into it, spirit of CalAIM is to expand ability to document content broadly which is why we are not pursuing adding problem list elements to progress notes.
- General documentation tips
 - Write a progress note every time you do a problem list update.
 - Use the Note Type “Problem List Update,” when writing your note documenting that you updated the problem list. This note type to be added next week when the SC General Purpose Progress Note updates removed from UAT to LIVE.
 - Supervisors and managers - Work with staff to clean up client problem lists. For programs that no longer require treatment plans, stop creating standalone treatment plans now. Instead, simply update the problem list and write a progress note. You do not have to do standalone treatment plans for programs that no longer have this requirement.

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Service Request and Disposition Log

1. Activate Clinical Review Button

- a. This opens up referrals and appointments that are needed to measure timeliness standards such as 10-day routine appointments.

2. Measuring Urgent Psychiatry appointments

3. Universal Screening Tool

- a. There is a version of this in UAT right now.
- b. This is going to be a state-wide, required tool. All counties must do this when clients request services.

Urgency Level

- NTP (3 days)
- Psychiatry (15 days)
- NA - Information Only
- Emergent (Immediate)
- Routine (10 days)
- Urgent-Prior Auth Needed (96 hours)
- Urgent-Prior Auth Not Needed (48 hrs)

CLINICAL DISPOSITION

Clinical Disposition

- Health Navigation
- Denied (no Medi-Cal)
- SUDS Only - Beacon Therapy
- SUDS Only - Referral to County Access
- CSP Only - Ref'd to Community Resources
- Medi-Cal NOABD-Delivery System Letter
- Provided/Received Information
- Referred (Approved) for Services
- Referred to BEACON
- Referred to Integrated BH
- Referred to Community Resources/Supports
- Unable to Contact
- MH Assessment in Progress/Scheduled
- Crisis Services
- SUD Interim Perinatal Services (48 hrs)

SUDS Daily Summary Billing

How's it going?

Follow-up Needed

1. Organizing possible Report Subcommittee
2. Check in with Adrianna and Gian re: removing signature requirement from progress notes
3. QI guidance to be sent out about ICC/IHBS Care plan in a progress note

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4. Nancy will follow up with Netsmart about this; will there ever be a possibility for the documentation start and end time to automatically populate to “other time”?

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

This is under investigation by Nancy/Netsmart.

1. DISCUSSION/RECOMMENDATIONS from 9/29/22 – Let's continue the discussion.

- a. NOTING DOCUMENTATION START AND END TIME IS ONLY DMC REQUIREMENT, IT IS NOT A MH REQUIREMENT.
- b. This needs to be discussed specifically with DMC leadership in a separate meeting (Sube).
- c. The majority of the committee were positive about this change.
- d. Group asked is there ever a possibility for the documentation start and end time to automatically populate to the total “other time?” Nancy will follow up with Netsmart about this to see if it is a possibility.
- e. Would SUD staff prefer this over typing into the narrative of a progress note?
- f. We need to consider how this change would affect mental health staff using this progress note.
 - i. MH staff can just skip the Documentation Start and End Time questions. (They already know to skip Service Start Time and Service End Time.)
 - ii. They *will* need direction on what to do with the added, Documentation Time question here, since this is required.

A screenshot of a 'SERVICE INFORMATION' form. The form has a blue header with a dropdown arrow. Below the header, there are several input fields: 'Date Of Service / End Date for Weekly Summary' with a date picker set to 08/12/2022 and buttons for 'T' and 'Y'; 'Service Start Time' with a dropdown set to 01:00 PM; 'Service End Time' with a dropdown set to 02:00 PM; 'Documentation Start Time' with a dropdown set to 02:30 PM; and 'Documentation End Time' with a dropdown set to 02:45 PM. A red rectangular box highlights the 'Documentation Start Time' and 'Documentation End Time' fields.A screenshot of a progress note form showing a table with four columns: 'Face-to-Face', 'Documentation', 'Other Time', and 'Total Duration (minutes)'. Each column has a corresponding input field. The values in the fields are 60, 15, 0, and 75. A red rectangular box highlights the 'Documentation' column and its value '15'.

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- iii. Best way would be to add another button/question at the top of the note that specifies whether the note is for SUD programs or MH programs that would disable certain fields not used by each program. This is a Follow up item.

FOR REFERENCE: BELOW SHOWS YOU WHAT THESE POTENTIALLY ADDED FIELDS WOULD LOOK LIKE AND HOW THEY WOULD WORK

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.

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

▼ 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

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

In other words, this....

Does not talk to this....

Face-to-Face	Documentation	Other Time	Total Duration (minutes)
<input type="text" value="60"/>	<input type="text" value="15"/>	<input type="text" value="0"/>	<input type="text" value="75"/>

▼ 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

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:

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2. 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.

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. These could potentially be assigned to certain system codes.
- 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.
- III. **Sara and Subé to gather meeting with SUDs network re: documentation start and end time on progress notes**

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

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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Attendees