Avatar Process Improvement - CalAIM Workgroup

Meeting Agenda

12/15/2022
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: 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 Webpage, CalAIM Subpage***. New documents are being added weekly.
- Review test documents in UAT.

AGENDA ITEMS / MINUTES>>>

Announcements

1. **Next meeting – January 12, 2022, 9 AM – 10 AM;** The meeting on December 29th, 2022 has been canceled.
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.**

General Discussion

1. **CalAIM Tools in UAT**
    a. Versions of the CalAIM screening tool for Adults, screening tool for Youth and Transition Tool are in UAT, developed by NetSmart. We expect some changes to these forms as more information comes from the state. State is still refining these forms.
2. **Stan Einhorn** - Assessment Tool

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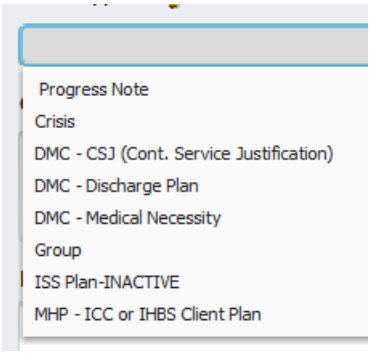
3. **Problem List** – We are still working out details about how we will use the problem list and how we will classify problems that might need to be sequestered.
    a. Minutes/Discussion from Last meeting (12/1/22) – Netsmart not solving the changes that CalAIM wants, there may be more changes to problem list coming. The issue that we have because of our sequestered SUD episodes is somewhat unique to Santa Cruz County, and thus is a low priority because it does not affect entities. Most counties/entities do not have SUD information combined with mental health information, and the few that do only have one SUD program versus the many programs that we have.
        i. CalAIM requires that we track who adds the problem and when they resolve it.
        ii. Looking for a report to mine data out and netsmart working on feature for this.
        iii. Problem list is non-episodic and embedded into treatment plans.
        iv. For Sequestered SUD programs we are working on a feature that would "hide" SUD problems however the first day it is added it will still be able to be seen.
        v. Meetings scheduled with Adrianna and IT.
        vi. Trainings come January for new items features on problem list. Contact Nancy if you want to test out a zoom training feature to use zoom as a platform for trainings.
    b. Minutes/Discussion Today – x

4. **Progress Note Type changes/updates.**
    a. Minutes/Discussion from last meeting
        i. Dave - Suggestion about automatically populating "Progress Note" as the default note type when clinicians initially open the form. Pros: this will save one step for clinicians. The Progress Note, note type is by far the most common note type selected. However, if another note type is needed, will clinicians forget to change it? As of now, note types of the best way for us to monitor whether certain notes have been written. No feedback from group regarding automatically defaulting "Progress Note" for new notes.



        ii. Jessica Stone (Janus) - Request to add a Note Type: DMC Treatment Plan (for NTP). Currently, NTP programs are using the Problem List Update note type which doesn't quite fit this situation. Jessica to send to spec Nancy for further discussion. For these programs that still require a stand-alone treatment plan, treatment plan itself tells you that it has been completed.
    b. Minutes/Discussion Today – x

5. **Other Agenda Items Brought to Committee During Last Meeting (12/1/22)**
    a. Mary Zinsmeyer (New Life) - Request for a mechanism to track face-to-face time. This needs more discussion/clarification.
    b. Minutes/Discussion Today – x

Reports – What reports need updating? What new reports do we need? (Dave)

1. **Peer Review Report for chart reviews.**
    a. Minutes/Discussion from last meeting.
        i. Report is being built for mental health programs first, and then programming for SUD programs will be built, after bugs have been worked out.

ii. The Mental Health report is more complicated, because it pulls from multiple episodes. The SUD report only pulls from one episode. The Mental Health report looks at a 90 day time frame. The SUD report looks at a 60 day timeframe.

iii. The report is designed to pull information from various parts of Avatar for chart audits. Includes things like progress notes, treatment plans, assessments. Basically, everything you would want when you are doing the chart review.

iv. This will pull from multiple episodes.

v. Sarah Tisdale - Question/reminder that the report will need to pull from both open and closed episodes, because sometimes chart audits include information from episodes that were closed.

b. Minutes/Discussion Today – x

2. Progress Note Type report

a. Minutes/Discussion from last meeting:

i. Report to be based on Service Activity Report?

ii. Report will show data for certain required progress note types, for example:

1. Number of charts have a TCM Care Plan progress note.
2. Number of charts that have a Problem List Update progress note.

Row Labels	Count of note_type_value
Crisis	130
DMC - CSJ (Cont. Service Justification)	3
DMC - Discharge Plan	3
DMC - Medical Necessity	88
Group	2009
Med Transfer Note	6
Medication Note	1304
MHP - ICC or IHBS Client Plan	25
MHP - TCM Care Plan	37
Problem List Update	160
Progress Note	12209
Progress Note wCoSign~INACTIVE	1
Psychiatric Annual Update	1
Psychiatric Evaluation	39
Grand Total	**16015**

iii. Also, Meganne Parker (Janus) is working with Gian on export to excel of the SAR data for reviews/audits and/or custom service code report down the line.

b. Minutes/Discussion Today – x

3. Crisis Intervention Timeliness Report – Michael Garcia working on this.

a. Crisis intervention progress notes are due in 24 hours, unlike most other notes that we are doing three days. Because of this, we need to know both the date and time of the service. Report is still in progress.

b. Nancy - You can mine the submit date and time the progress notes. The data is visible in the chart view. We would then need to ensure that the progress note contains the start time of the service, and additionally, ensure that staff understand the definition of start time. For example, the crisis service may not start with the client encounter, but instead begins with a call from law enforcement for an emergency response from behavioral health.

c. Minutes/Discussion from last meeting: There can be other reports that are customizable if need, QI can take report request based on your needs. Nancy shared that some needs are just data extract form avatar to excel-this is available if needed.

d. Minutes/Discussion Today – x

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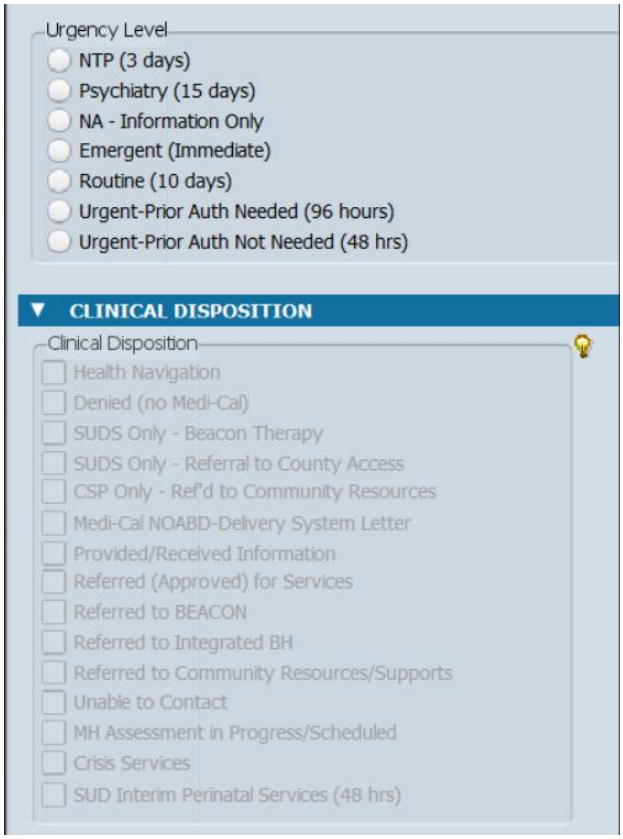
Measuring urgent psychiatric requests (Dave)



1. The problem needs to be accurately defined.
    a. What is the timeframe? 3 days? What is the definition of an urgent appointment? We cannot address the problem until we have accurately defined the parameters.
    b. Is this for new ("front door") clients only? Or does this include current clients who might need an urgent appointment?
    c. Use of SRADL for this measurement – Prior discussion was that this is not a desirable workflow for ongoing clients. Clinicians are not going to open a SRADL, which should be for intakes, for ongoing client, nor should they.
2. As far as we know, there is no good way to mine whether or not an urgent psychiatry appointment is a same day/next day appointment. Kayla: The same day/next day "S code," is not used reliably, and it gets changed to a CPT code when the provider writes the progress note. There are prescheduled urgent appointments that clients can be put into, but also psychiatric clinicians (mostly nurses) might see a client on an ad hoc basis, therefore it gets difficult to measure urgent appointments.
3. Minutes/Discussion
    a. For the Urgency Level Question on a SRADL, clinicians almost always indicate routine 10 days, or psychiatry 15 days. The two "Urgent" items are rarely selected. Parameters of these items are poorly defined and understood.
    b. For urgent requests, if a client needs a psych eval right away-how do we measure this?
        i. State wants to know.
        ii. Dave recommends that a button is added under urgency level called "Urgent Psychiatry" (for both new and existing clients) to start collecting data. This would be two separate workflows for new and existing categories.
            1. Nancy: would require staff training. Staff working with existing clients would need to be trained to fill out a SRADL for clients accessing urgent services. Is this feasible? Is there another way to data mine this information, such as using progress notes? Also, the SRADL really is designed for intake procedures and not collecting information on existing clients.
            2. Phase two: workflow and trainings with this button. Access believes new button under "urgency level" would be easier. Access worker would have to do two logs in this case to capture data. (e.g. client comes into walk in services, Access schedules same day/next day appt., there would be one SRDL for the assessment appt., and a different SRDL for urgent psychiatry appt.) Suggestion: Second SRDL log should be named "County Psychiatry."

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Follow-up Needed

1. **Form Changes not showing in chart view** – An Avatar glitch causes the chart view to not show recent changes for form labels. This is being worked on by Netsmart. New label changes are not updated (i.e. progress note still says "intervention" instead of narrative description of services"). A ticket has been filed with NetSmart.
2. **Report Subcommittee -** currently taking place.
3. **SRDL break out group -** Sara Avila leading group for changing restrictions of SRDL form so you do not have to be a clinician to hit the "clinician" button and so you can put your own name into the "clinician" name box on SRDL so a clerk could put their name on it and make an appt. Right now it has to be a clinician's name. Clerical staff may not have permission to schedule a follow up appointment if you have scheduling permissions for calendar in avatar.
4. **Screening/tracking break out group-not discussed in meeting.**
5. **Nancy follow up**
    a. Sarah Tisdale (Encompass) - Request that the advanced directive question on the admission form be added to the "Update Client Data" form. It's more common for a clinician to work with a client on in advanced directive after services commence, rather than during the initial assessment. You can update the Admission Form, but reopening the form to add this information is complicated and clinicians are not used to this type of workflow. Nancy to investigate whether or not these "product" forms can be altered this way. These forms belong to Avatar/NetSmart and we may not be able to change them very much.
    b. Cynthia Nollenberger (County Adult MH) - Question about adding service code capability for certain programs. For example, the County Liaison team could now, under CalAIM, built for rehab and case management, in addition to crisis services, but currently, their clinicians can only use crisis service code and nonbillable service code. Follow up with Nancy. Also, other programs that might need this change? CalAIM allows us to capture revenue for services we already provide at the "front door." We used to not be able to bill for any of the services, such as case management rehab counseling.

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

1. **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.
2. **Universal screening tool-not discussed in meeting**
3. **Trauma screening tool- not discussed in meeting**

Action Items:

1. Update on SRDL break out group lead by Sara for 12/1 meeting.

Parking Lot

2. Progress note: Add DMC documentation start and end time, can we add two more fields in progress notes for this? Nancy shared this can be added, but it will not sync automatically with the total duration. SUD providers to decide if this is useful. Add this as a January agenda item.

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.**