Avatar Process Improvement - CalAIM Workgroup

Meeting Minutes

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?

i. **Feedback from providers; some say it is quicker to use this note. Training recommendation from group to the entire group that we can simplify language in our progress notes, (i.e. what I the client saying, how can we include that in the note? Vs. including the exact problem name in the note). Adult MH clinicians are not seeing significant time savings. It is difficult to find discreet info such as presentation and response when it is mixed in with other information.**
ii. **Nancy mentioned sometimes there are glitches such as all fields being required sometimes. Only narrative description of services and follow up fields are required. Suggestions to sign in and sign back out.**
iii. **Dave-need providers to use and write notes to see how the note type is working**

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

- **Any issues with the form?**
- **Nancy-Always start with "enter group note"**
- 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.
    - **Concern was raised that fee for service rate will be impacted for non-licensed practitioners billing and receiving a different rate than licensed practitioners. July 2023 move to fee for service.**
    - **Nancy responded-this is a policy/procedure item to look towards for future changes to billing. This should not affect revenue because the billing for both facilitators is added together and attached to the person writing the notes. This will however affect individual productivity for the cofacilitator.**
    - **Discussion of creating a report, or updating current reports to accurately reflect the productivity of the co-facilitator.**
  - The main facilitator writes all the notes.
    - **Nancy reviewed this in the meeting.**
      i. **Stan: Co-practitioner is a billed time, it would go against contractor or internal person trying to meet productivity needs and going off service activity report then co-practitioner is missing from that time, and tracking of practitioner billing.**
      ii. **Nancy replied that the service activity of each program will show up correctly, SAR will show main facilitator's time as having the entire minutes for the group, and co-facilitator will show up as having 0 minutes. Follow up-may need specific productivity report for each practitioner's service time when there are two facilitators' doing the group.**
- 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.
    - **Nancy reviewed this Live in the meeting**

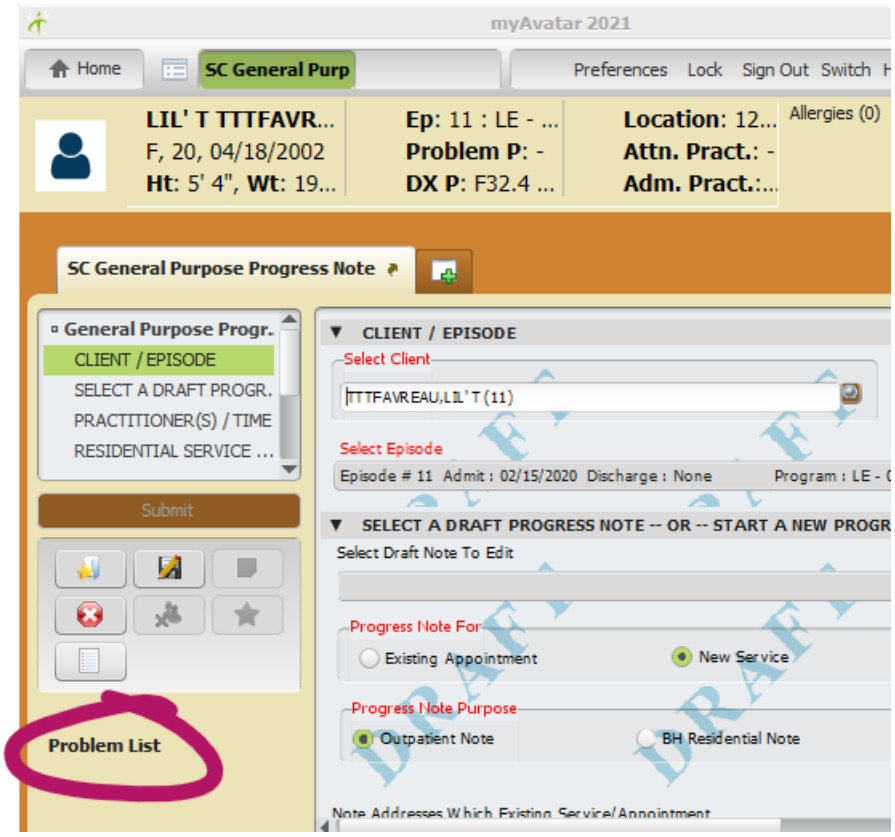
Avatar Process Improvement - CalAIM Workgroup

Meeting Minutes

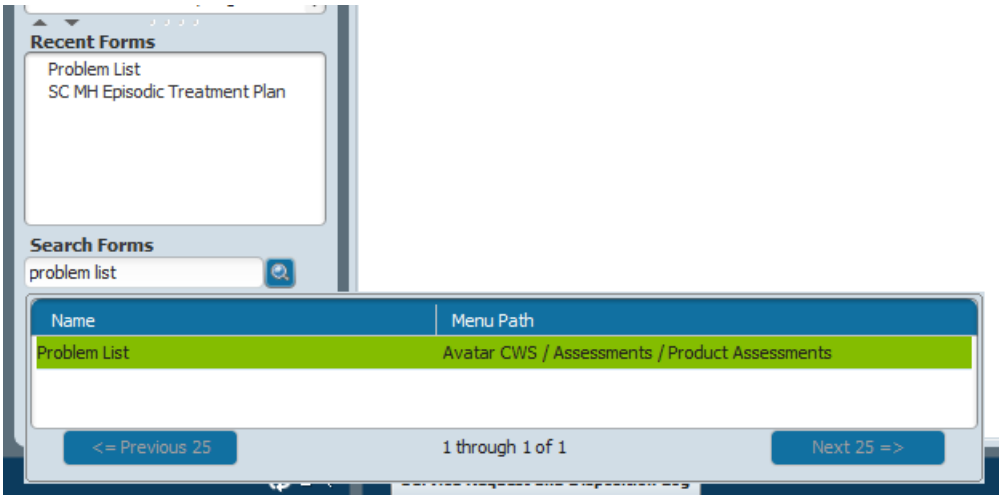
10/13/2022
9:00 AM - 10:00 AM

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. **Nancy-**make sure issue you are addressing in progress note is on problem list. You can clieck cntrl+c to copy problem and cntrl + p to paste problem into. progress note
4. **Nancy-reviewed this feature with the group and showed on screen how this link to the problem list works.**



5. **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 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.
  - **Nancy-it is important to have practitioners select note type, this is how we will track.**
  - **You can look at progress notes in progress note "widget", the note types are the sorting categories for the progress notes in the selection" drop down in the widget so you can sort by note type. Good way for supervisor to audit the chart, (e.g. problem list updates, etc.). You can do "all notes" to see all the notes, there is also a "crisis" selection drop down. Also, the "my notes" drop down selection to show the notes you have written. Chart widget goes back a few years.**
  - 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.

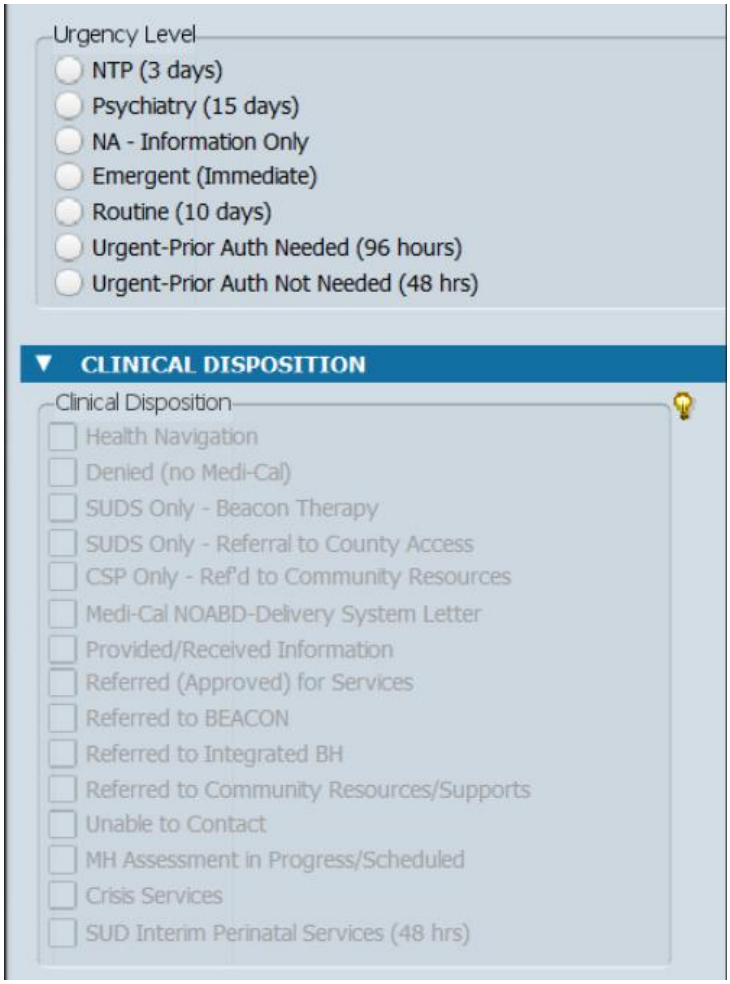
Avatar Process Improvement - CalAIM Workgroup

Meeting Minutes

10/13/2022
9:00 AM - 10:00 AM

Service Request and Disposition Log

1. Activate Clinical Review Button
2. This opens up referrals and appointments that are needed to measure timeliness standards such as 10-day routine appointments.
3. **Dave-when you select "no", and then "routine" and then they don't click "appt. Offered" we can't use this to see how long it took to offer an appt. This data needs to be given to state to see how long it takes to offer appt.'s.**
4. **Dave-workflow challenges scope of practice issue with completing the SRDL form.**
5. **Dave-What happens if a non-licensed person hits that clinical review button? (i.e. clerk starts and clinician re-opens and finishes SRDL) there are concerns about clerks selecting "activate clinical re view".**
6. **Nancy-problem list clerical staff do not have a number like a practitioner does, the clerk may put a clinician's name or supervisor's name in**.
7. **Question from group - once SRDL is opened, can you leave it in draft? Nancy responded that yes you can re-open it.**
8. Measuring Urgent Psychiatry appointments
9. **Dave-if someone needs to see psychiatrist right away which button do we press?**
   Dave proposes another button gets added "Urgent Psychiatry" under "urgency level", new regulation requirement to track this. Need exact time frame for what would be considered "urgent". Suggestion from group, for "same day/next day' near "urgent" label.
10. Universal Screening Tool
    a. There is a version of this in UAT right now, for children. They equivalent adult tool will be added as soon the state provides a version of the form.
    b. This is going to be a state-wide, required tool. All counties must do this when clients request services.
    c. **Dave-how are we going to mark screening? We are going to be talking more about this. Think about data collection as we implement new mandate for universal screening tool that DHSC is requiring us to do Jan 2023.**



d. **Question from group-ASAM brief in avatar in pre-admit, can this be moved into other episodes as well (i.e. copy it over). Nancy-workflow issue ask Sara Avila but may be able to copy to other episodes, if the form works like other assessment forms in Avatar. This is a matter of setting up the programming to do this.**

SUDS Daily Summary Billing

How's it going?

- **Meganne Parker said they struggled with daily notes, not a good "catch system" to make sure all notes are in there. They need to do a daily audit to make sure all notes are in there. In long run it is going to be better. Day of intake and day of discharge-does there need to be a progress note in the chart? Then who is going to enter the code? Maya Jarrow-intake note already note being put in by admission counselor. Instead of A001 non billable not should they be billing daily rate note for that day instead? Intake date they may have not made it to a group that day.**
- **Follow up for Sara.**

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
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"?
5. **Follow up-may need specific productivity report for each practitioner's service time when there are two facilitators' doing the group.**
6. **Follow up question for Sara-Meganne Parker said they struggled with daily notes, not a good "catch system" to make sure all notes are in there. They need to do a daily audit to make sure all notes are in there. In long run it is going to be better. Day of intake and day of discharge-does there need to be a progress note in the chart? Then who is going to enter the code? Maya Jarrow-intake note already note being put in by admission counselor. Instead of A001 non billable not should they be billing daily rate note for that day instead? Intake date they may have not made it to a group that day.**
7. **SRDL break out group**
8. **Screening/tracking break out group**

Avatar Process Improvement - CalAIM Workgroup

Meeting Minutes

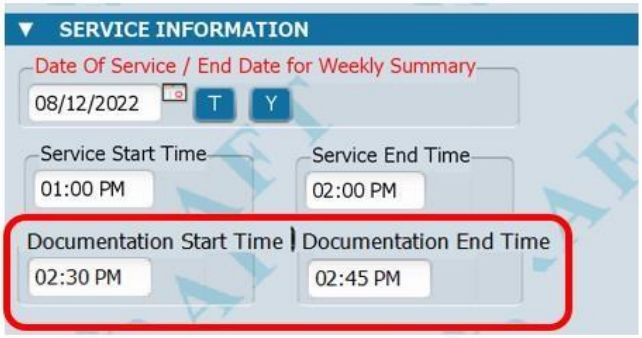
10/13/2022
9:00 AM - 10:00 AM

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.

Not discussed in the meeting



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.

        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.

Avatar Process Improvement - CalAIM Workgroup

Meeting Minutes

10/13/2022
9:00 AM - 10:00 AM

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.

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

In other words, this….

Does not talk to this….

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:

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.**

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.

Attendees