

Avatar Process Improvement - CalAIM Workgroup Meeting

Agenda

9/1/2022

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. **For today, we will continue discussing progress note changes.**
2. **Next meeting** – September 8, 2022, 9 AM – 10 AM
3. Agendas and meeting minutes 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. Netsmart working on possible sequestering issues with the updated Problem List.

SC General Purpose Progress Note Form (in UAT)

1. **QUESTION FOR THE GROUP:** Go Live date for the SC General Purpose Progress note?
 - a. QI recommends Sept 19.
 - b. Progress note guidance from the QI department is on the Avatar CalAIM webpage.

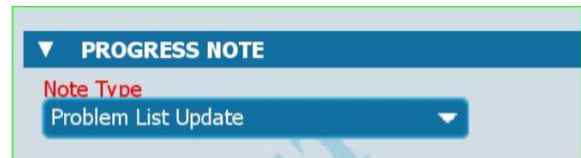
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2. **Dave:** “How to” guide for writing the new progress notes.
3. **Dave:** Progress Note Types Discussion. Additional Note Types were added. See UAT.



▼ PROGRESS NOTE

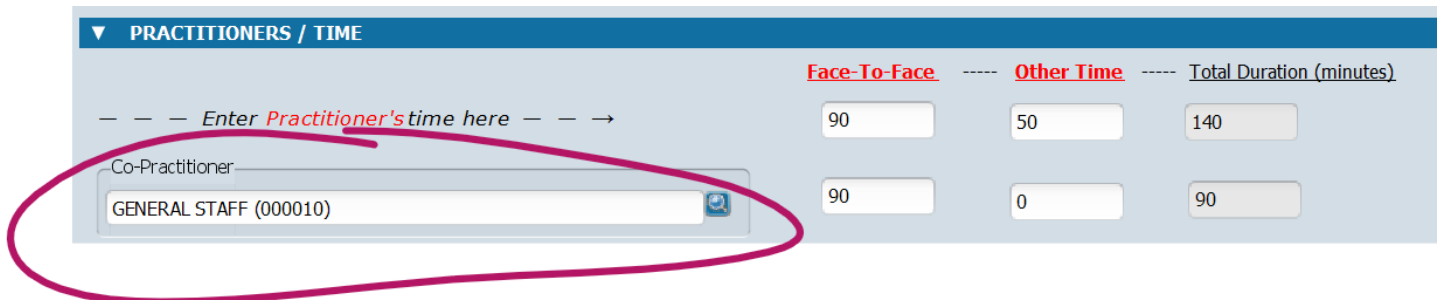
Note Type

Problem List Update ▼

Questions that affect billing/accounting.

Adriana Bare attended the meeting on 8/25/22 to inform on these topics.

New CalAIM regulations allow co-practitioners to bill without also writing a progress note. We have added back the co-practitioner field to the SC Group Progress Note form in UAT for discussion and testing.



	Face-To-Face	Other Time	Total Duration (minutes)
--- Enter Practitioner's time here --- →	90	50	140
Co-Practitioner: GENERAL STAFF (000010)	90	0	90

1. **REQUEST FOR TESTING group note in UAT:** Please test having practitioners with two different types of licenses facilitating a group together, so we can see how the accounting system handles this behind the scenes. E.g. LMFT and MHRS. (QI to discuss what is best practice in this situation.)
2. **QUESTION FOR THE GROUP (From last time):** Are we agreed on the change below?
 - a. FROM: CASE MANAGEMENT (M401)
 - b. TO: TARGETED CASE MANAGEMENT (M401)
 - c. Note that this *will* change previous service code labels for all past services. Parenthesis can be used in service codes. Consensus, with input from Adriana seemed to be changing to TARGETED CASE MANAGEMENT (M401). Need to verify at next meeting.
3. **Residential Progress Note Billing CAN THE GROUP GO OVER THIS AND VERIFY THIS IS WHAT WE AGREED ON LAST TIME?**
 - a. Programs that previously did a weekly summary (mostly residential programs) are moving from a weekly summary to a daily summary as required by CalAIM.
 - b. Current practices for MH Programs
 - i. Some programs write the daily summary as a non-billable note and then do the service charges separately using “Recurrent Client Charge Input.”
 - ii. Other programs use a billable code for their daily summary and do not have to then use “Recurrent Client Charge Input.”
 - c. Per Adriana, there is no problem eliminating (1.) above and having everyone do (2.) Agreement was expressed by the committee to implement this?
4. **Can we get a better understanding of what this is? For SUD programs, there was a suggestion to edit the Service Charge Code to read “Daily Summary PN Res 3.1 or 3.5” (DMC) (Sara Avila).** This makes the actual PN

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billable and eliminates the need for another staff person to enter the daily residential rate on the back end. (Which Service Charge Code?)

- a. Adrianna says it is ok to use daily billable code on progress notes, room and board rate billing is no longer used. *Room and Board entry can be used in re-occurring charge form but needs to connect the service code to the progress note. This needs to be tested, if the daily rate and board and care rate is still used in SUD this needs to be followed up with accounting and a daily summary code, instead of the current weekly summary code, needs to be added.
- b. Need to eliminate access to non-billable code if there is change to daily service code.
- c. This may be problematic because Room and Board in DMC-ODS is billed through different funding and billed separately from the residential daily rate. Will this work for patient accounting?
- d. Adrianna asked What they are using to compile board and care re-occurring client charge form at Encompass? Sarah Tisdale will follow up with Encompass Fiscal regarding this.

Adding Start and Stop Time for DMC Documentation to the SC General Purpose Progress Note

NOT DISCUSSED LAST TIME

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.)

The screenshot shows a form titled "SERVICE INFORMATION". It contains several input fields: "Date Of Service / End Date for Weekly Summary" with the value "08/12/2022" and buttons for "T" and "Y"; "Service Start Time" with the value "01:00 PM"; "Service End Time" with the value "02:00 PM"; "Documentation Start Time" with the value "02:30 PM"; and "Documentation End Time" with the value "02:45 PM". The "Documentation Start Time" and "Documentation End Time" fields are circled in red.

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

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<u>Face-to-Face</u>	<u>Documentation</u>	<u>Other Time</u>	<u>Total Duration</u> (minutes)
<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 01:00 PM	Service End Time 02:00 PM
Documentation Start Time 02:30 PM	Documentation End Time 02:45 PM

Does not talk to this....

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

General Discussion

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

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

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Action Items:

1. Problem list – On hold pending updates from Netsmart.
2. Test out progress note form in UAT (all).
3. Discuss “phase two” of progress notes; including lightbulb information in fields and system templates or buttons for MH and SUD programs.
4. Adriana to look into eliminating double service codes for SUDS. Most programs have one set of codes for under 21 and one set of codes for 21+. We can probably do this billing on the “back end” of Avatar, eliminating the need for clinicians to pick from two codes based on the client’s age.

Other Discussion

1. Trauma Screening Tool

- a. A universal Trauma Screening Tool will be required by all counties. The state is still working on it. It will possibly be the ACES, or some version of it, but we do not yet have the final form. ETA unknown.
- b. ACES is already included in our CANS and possibly the ANSA. We need documentation on this in case we need to provide to state auditors.
- c. ACES information: <https://training.acesaware.org/>
- d. CDC also has a website re ACES. It shares their data collection surrounding the ACES

Parking Lot

1. Training - Who is responsible? How to organize?

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