

Avatar Process Improvement - CalAIM Workgroup

Meeting Notes

9/29/2022

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 6, 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.
6. 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. Expect new email invitation for weekly meeting, two meeting are being combined into one.

General Discussion

1. **UAT Progress Notes Fixed (Needs Testing):** The GO LIVE date for the updated SC General Purpose Progress Note was postponed (from Sept. 19) due to an Avatar glitch. A Netsmart solution has been applied and needs testing. (The error was

Avatar Process Improvement - CalAIM Workgroup

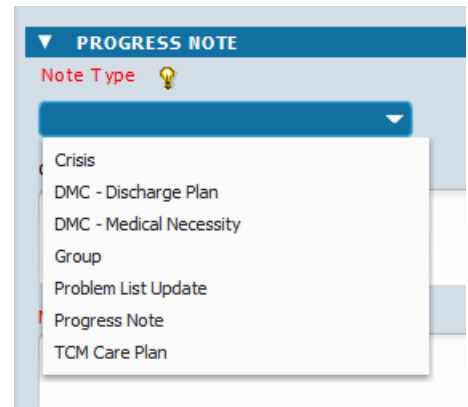
Meeting Notes

9/29/2022

9:00 AM - 10:00 AM

that when you selected “New Service” Avatar changed this to “Existing Appointment,” which prevented the note from being finalized.

2. **Prog Notes for ICC / IHBS Client Plans – Request for adding one more Progress Note type for Children’s programs.** (Leah)
3. **Removing the signature requirement when entering documentation in Avatar.** Avatar already tracks this behind the scenes. Is signing each note or other document required? (Robert)



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. **Testing needed.** Co-Practitioner has been added back to the Group Progress Note form in UAT. Thank you to those who have been providing data for testing. To test:
 - a. Test duration with two practitioners. You can run a Service Activity Report after entering the group information to see if Avatar is calculating the billing accurately.
 - b. Look over cosmetic changes to the form.
2. **Group Progress Note Subcommittee:** Meeting in October. (Nancy)
3. **Discuss possible Report Subcommittee**
4. **LPHA and Non-LPHA co-practitioner for group notes.** Needs testing and QI discussion.

Follow Up on Problem List Discussion from meeting on September 1

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. For now:**
 - a. **The Problem List in LIVE is the same Problem List you are used to.**
 - b. **Write progress note every time you do a problem list update**
 - b. **Once progress notes are updated in LIVE, there will be a note type, Problem List Update, to select when writing problem list update notes.**
 - c. **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.

Other Items/Follow-up from meeting

1. x

Avatar Process Improvement - CalAIM Workgroup

Meeting Notes

9/29/2022

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

Not discussed in meeting:

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.



▼ 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



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

60 15 0 75

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

In other words, this....

Does not talk to 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



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

60 15 0 75

Avatar Process Improvement - CalAIM Workgroup

Meeting Notes

9/29/2022

9:00 AM - 10:00 AM

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.

Discussion of removing the requirement for

UAT Progress Notes Fixed (Needs Testing): The GO LIVE date for the updated SC General Purpose Progress Note was

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

Avatar Process Improvement - CalAIM Workgroup

Meeting Notes

9/29/2022

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- 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