Avatar Process Improvement - CalAIM Workgroup Meeting

Minutes

8/25/2022
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 with updated problem list form (update from Netsmart) in UAT.
- Review updated SC General Purpose Progress note form in UAT.
- Sign up for CalMHSA CalAIM trainings: https://www.calmhsa.org/wp-content/uploads/CalMHSA-LMS-Instructions5.24.22.pdf

AGENDA ITEMS>>>

Announcements

1. We have a lot of CalAIM changes to cover. For the next several weeks at least, we will be focusing primarily on CalAIM related items. If you have other non-related CalAIM ideas or suggestions for avatar updates, please mention these briefly in the meeting and we will take note of them.
2. **Next meeting** – September 1, 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 today, we will continue discussing progress note changes.**

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SC General Purpose Progress Note Form (Still in UAT)

1. NOT DISCUSSED - What should the Go Live date be for the SC General Purpose Progress note? When should we move it from UAT to LIVE? What is the group consensus?
   a. QI recommends no more than 2 weeks from now.
   b. Progress note guidance from the QI department is pending. In addition to a document that outlines regulations, we hope to put together a simpler document that is more of a "how to" for writing the new progress notes.
   c. Progress Note guidance from the QI dept has been issued and is on the Avatar CalAIM Webpage.
2. Note Type Item – Problem List Update: Question about wording of this item (Leah Flagg-Wilson). Either:
   a. Problem List creation / update, or
   b. Problem list update

3. Is it possible to add two more note types for DMC? (Sara Avila) The purpose for these additions is to easily identify progress notes where the LPHA documented the clinical indication for care coordination services.
   a. DMC-CSJ (continued service justification)
      i. Per Sara, This would help these CSJ services be tracked and found. All Agreed that this option would cover the needs
      ii. Per Adrianna, maybe able to assign note types to practitioners of certain disciples or connected to service codes to the wrong note type does not get selected with many note type options. .
   b. DMC-LPHA-doc-CC (Care Coordination) or something similar?
      i. Jessica (Janus) brought up a concern that "Initial Medical necessity" note may be part of a "care coordination note".
4. Note Type Changes - Additional Note Types were added. See UAT.

Questions that affect billing/accounting. Adriana Bare attended the meeting to inform on these topics.

1. Adding back co-practitioner to the SC Group Progress Note form.
   a. New CalAIM regulations allow co-practitioners to bill without also writing a progress note, so we should be able to add a co-practitioner back into this note. Next steps:
      i. Co-practitioner field in note needs to be added first into UAT; Gian can put in co-practitioner field to group progress note and general progress note and let Nancy know and Nancy will update every-one and include form to put tested group data in it.
      ii. Next, need to do testing in UAT with groups; if contractors test groups in UAT let Nancy know, if internal County tests groups pass the information to supervisor and accounting.
      iii. Accounting will need to know information from groups tested; date of service, provider, and program of service.
      iv. Whomever tests, they should tell Christina or Erica.

v. If there are two facilitators, the note will go in under one service code. The person writing the notes needs to make sure that the other practitioner can use that code. E.g., and LMFT and an unlicensed paraprofessional facilitated group together. The LMFT rights the notes. In order to recoup for services provided by the unlicensed paraprofessional, the LMFT, needs to use a service code that both providers can use such as group rehab counseling. The LMFT cannot use a group therapy code because the unlicensed professional cannot use that code.
vi. Although Avatar does allow clinicians with two different types of licenses to facilitate a group together, QI needs to decide who will bill/sign for the group. What is best practice in this situation?
vii. What about a group facilitated by two clinicians into different agencies. In this case, each clinician must write their own set of notes because the billing generated by these notes goes through two different episodes.
viii. Due to special regulations governing FQHC services, and FQHC clinician (therapist or psychiatric provider) cannot provide group services with a non-FQHC clinician, regardless of licensure. This might be something to look into though for the future.

b. Would we also want to add the co-practitioner back into the SC General Purpose Progress note? It doesn't happen a lot, but sometimes there might be two clinicians working together with the client. Example: 5150 or other crisis type situation. More than one clinician might respond, and it would be helpful if only one of them has to write a progress note. Gian will add the co-facility back to both note types in Avatar.
c. Note that we are not including the Med Service Progress Note in this discussion at all. This discussion only involves the SC General Purpose Progress Note and the SC Group Progress Note.

2. Also: Changing label for M401, M601 vs. creating a new code. M401 is tied to a lot of reporting. Would it be OK then to just change from "Case Management" to "Targeted Case Management".
    i. Discussion about changing the MH case management service charge code
        1. FROM: CASE MANAGEMENT (M401)
        2. TO: TARGETED CASE MANAGEMENT (M401)
        3. 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. We did discuss creating new case management service codes.
    a. Per Adrianna would need to create a new billing connection to the codes, so this would not require us to rewrite current reports. However, we need to have a good reason why we need a new code vs. changing the name of a current code.
    b. We should not be adding new services codes just to make it easier to find certain types of notes. Instead, use the Note Type field and other features of Avatar Progress Notes.
4. Stan made Suggestion of a Sub-group needed for kids around ICC, Katie A codes and clarification with regard to Targeted Case Management. This is a training need. After the meeting Adrianna followed up with a complete list of all service codes in Avatar for people to use for discussion. List is "all codes that bill out to Medi-Cal with TCM (HCPC - T1017)." Katie A, Intensive Care Coordination is also billed with that code, however it is used in a very specific way and already called "Intensive Care Coordination." So this means there is no name change needed,

or new workflow required, for those codes. No Avatar changes are needed. Stan: It will continue to be a training issue regarding the difference between Targeted Case Management and Intensive Care Coordination

	A	B	
	SERVICE_COI	service_code_value	grou
7	K402	KATIE A - INTENSIVE CARE COORDINATION	3
8	M401	CASE MANAGEMENT	5
8	M601	CASE MANAGEMENT-NON BILLABLE	20
9	M602	KATIE A - INT CARE COORD-NON BILLABLE	20
2	NK402	Non KTA - Intensive Care Coordination	5

5. Residential Progress Note Billing
    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."
        iii. WHY?
        iv. It is unknown why we do this that way, but per Adriana, there is no problem eliminating (i.) above and having everyone do (ii.) Agreement was expressed by the committee to implement this.
    c. 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 billable and eliminates the need for another staff person to enter the daily residential rate on the back end.
        i. Discussion about the "Service Charge Code" for DMC-ODS. It does not need to change to "daily summary" as this is noted with the new residential note type – Daily Summary.
        ii. 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.
        iii. Need to eliminate access to non-billable code if there is change to daily service code.
    d. 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?
        i. 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.
6. Sara Tisdale had a question about SUDS having duplicate codes for use with clients who are under 21 verses 21 and older. This system is difficult to use, and leads to lots of errors. Adriana thinks that we can get rid of having two separate codes, and instead, Avatar will look at the age of the client on the "back end" of Avatar, when accounting processes billing. This would eliminate clinicians having to make sure they use the right code based on the age of the client.

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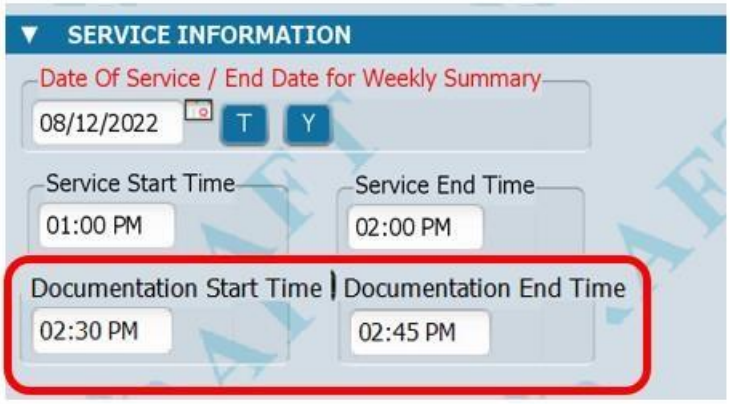
Adding Start and Stop Time for DMC Documentation to the SC General Purpose Progress Note

NOT DISCUSSED

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?

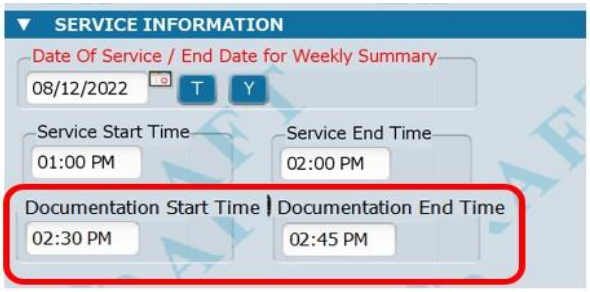
SAMPLE BELOW SHOWS THE POSSIBLE ADDED FIELDS: New time fields to possibly be added are circled in red. (These do not currently exist on the form.)



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….

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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. SC General Purpose Progress Note
        a We will continue to work on this in UAT and discuss this in the next meeting.
    b. SC Group Progress Note
    c. SC Med Note
    d. DMC specific progress note text templates (text templates are prewritten text that can be added to a progress note to helped prompt the user)

Action Items:

1. **Problem list-QI needs to look into the problem list and issues with breaches of confidentiality with privacy with further discission with the work group.**

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2. **Follow up on Residential Billing board and care re-occurring client charge form and how this can be tied to the daily summary service code progress note.**
3. **Test out progress note form in UAT (all).**
4. **Group progress note Practitioner filed needs to be added to group note form in UAT, Nancy to send out update once this happens and then County and Contractor practitioner groups need to be tested in UAT, and the informaiton of the group notes shared with Nancy, and accounting.**
5. **Case Management Service code change to targeted case management 401.**
6. **Adding Continued Service Justification and medical necessity as a note type for DMC for progress notes.**
7. **Share with supervisors and train staff on progress note in UAT.**
8. **Discuss "phase two" of progress notes; including lightbulb information in fields and system templates or buttons for MH and SUD programs.**

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

Adriana Bare, Amanda Crowder, Beloved Bolton, Briana Kahoano, Claire Friedman, Courtney Barrett, Cybele Lolley, Erica Ortiz, Eva Gomez, Gian Wong, Gregory Goldfield, Jessica Nichols, Jessica Stone, Joel Stiles, Julie Krokidas-Wooden, Kayla

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Gray, Leo Torres, Madea Owen, Maya Jarrow, Nancy Mast, Orpheus Brown, Sabrina Brunner, Sara Avila, Silbiano Cruz, Vince Stroth,