Avatar Process Improvement - CalAIM Workgroup
Meeting Minutes

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.

General Discussion

- **UAT SC General Purpose Progress Note Fixed!** The glitch we were seeing with the SC General Purpose Progress Note has been fixed. The GO LIVE date for the updated SC General Purpose Progress Note (previously postponed from 9/19/22) is now **Wednesday 10/5/22. An announcement outlining the changes to the form will be sent out earlier in the week.**

Reminder: QI guidance regarding progress note content includes information about these changes. See the Avatar CalAIM webpage for more information.

- **NEW NOTE TYPE: Prog Notes for ICC / IHBS Client Plans –** Request for adding one more Progress Note type for Children's programs. (Leah)

  - ICC/IHBS - DHCS has confirmed that treatment plans can be done in a progress note.

  - For these specialty children's programs, there may be both a TCM plan and an ICC/IHBS plan, so we need both of these note types.

  - It should be named "client plan" (vs. "care plan"). "Client Plan" is the most commonly used nomenclature for this item in regulatory documents from the state.

  - Leah to send definition for lightbulb language to Nancy

  - QI will release guidance for ICC/IHBS care plan soon

- **NEW NOTE TYPE: DMC-CSJ (Cont. Service Justification)** (Sara Avila) - This was part of the original list update that was overlooked. Sara to send description to Nancy for lightbulb.

- **Two items to add:**

  a. DMC-CSJ (Continued service justification)
  b. Prog Notes for ICC/IHBS Client Plans-Request for adding one more Progress Note Type for Children's Program (Leah)
  c. Changes in Pink below
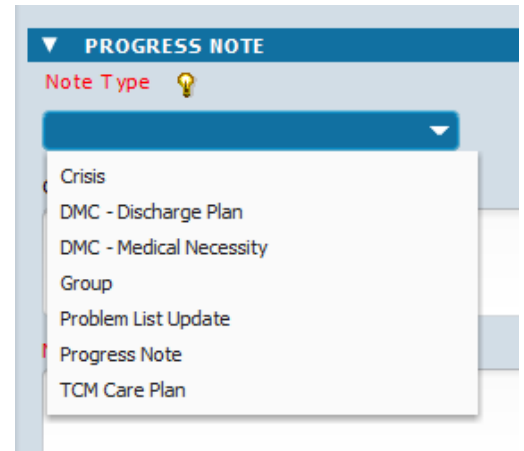
PROGRESS NOTE TYPE (Final)	Discussion
Crisis	
DMC-CSJ (Cont. Service Justification)	Added the part in parentheses
DMC -Discharge Plan	
DMC – Medical Necessity	
Group	
Problem List Update	
Progress Note	
MHP - TCM Care Plan	Added "MHP" in front of each of these items to differentiate from DMC.
MHP - ICC/IHBS Client Plan	Added "MHP" in front of each of these items to differentiate from DMC.

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Note that all items specific to DMC or MHP are labeled as such in the above list. Other items without these designations are used for both types of services.

Nancy to make changes.

Removing the signature requirement when entering documentation in Avatar for progress notes. (Robert)

- **Justification of request:** Avatar already tracks this behind the scenes. Is signing each note or other document required? This would be a timesaver for staff.
- **Discussion:**
    - Removing the signature requirement turns off document routing. You wouldn't be able to route it without signature function.
    - If this is removed, you will no longer see the .tif version of the document and you will not be able to find the document in the Clinical Document Viewer. In addition, progress notes are only visible in the chart view for up to a year. After that, you can see them, but only in the progress note widget.
    - QI Needs to research this - including discussion with Adrianna and Gian to ensure that this will not affect Avatar programmatically if this change is done. Sube to discuss with Adrianna and Gian.

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

- **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:
    - 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.
    - Look over cosmetic changes to the form.
- **LPHA and Non-LPHA co-practitioner for group notes.** Needs testing and QI discussion.
- **Group Progress Note Subcommittee: First meeting, today,** 9/29/22 (Nancy)
- **Not discussed: Organizing possible Report Subcommittee**

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. For now:**
2. **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.)
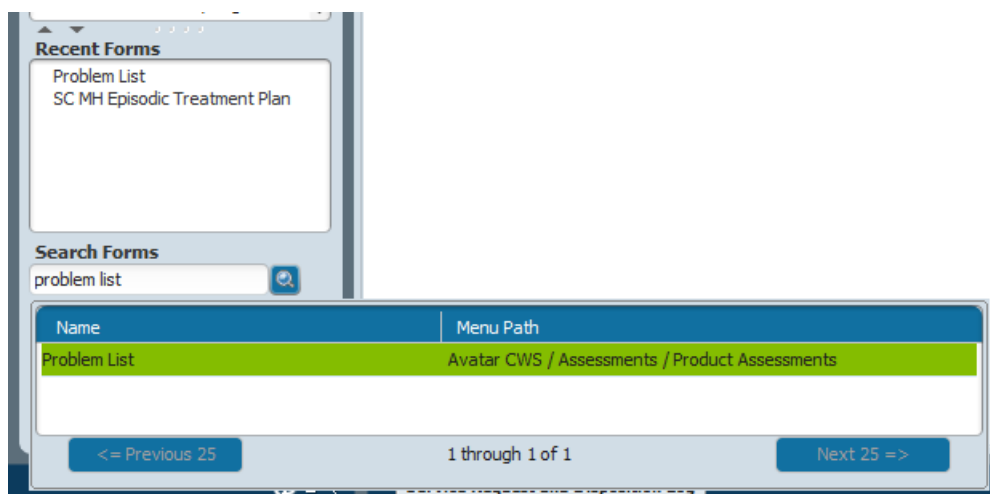
- Nancy demonstrated how to use the problem list.
- The progress note form cannot have problems pulled into it, spirit of CalAIM is to expand ability to document content broadly which is why we are not pursuing adding problem list elements to progress notes.
- General documentation tips
    - Write a 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.
    - 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. Leah-to send light bulb definitions to Nancy for ICC/IHBS Care Plan Progress Note type.
2. Check in with Adrianna and Gian re: removing signature requirement from progress notes
3. QI guidance sent out around progress note light bulb definitions next week
4. QI guidance to be sent out about ICC/IHBS Care plan in a progress note
5. Nancy-to update Plan type labels; MHP/TCM Care plan & "MHP/ICC/IHBS Care plan" and add this as a note type "DMC-CSJ (Cont. Service Justification)"
6. 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"?
7. Add Jen Gosk to Group Progress note meeting.

Progress Note 3.0 (Future Updates/Wish List for Progress Notes)

1. **Add link to progress notes to the problem list so people can reference it, if desired when writing progress notes.**

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

We may want to add Documentation Start Time and Documentation End Time to our progress notes, which is required for DMC notes.

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:

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. **DISCUSSION/RECOMMENDATIONS**
   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. If not required, MH staff can just skip these questions, but will need direction on what to do with the added, Documentation Time question here.

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.

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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.**
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.
III. **Sara and Subé to gather meeting with SUDs network re: documentation start and end time on progress notes**

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

Amanda Engeldrum Magana (PVPSA), Andres Aguirre (Front St), Beloved Bolton (County QI), Bernadette Franzel (Encompass QI), Claudette DeGodoy (County QI), Dagny Blaskovich (Volunteer Center), Dave Chicoine (County QI), Eileen Movshovitz (County AMH), Emilio Rubalcava (Front St.), Emily Sellers (County SUDS), Erica Ortiz (County Accounting), Gregory Goldfield (County SUDS), Jace Freyman (Encompass), Jennifer Gosk (Front St.), Jessica Nichols

(Janus), Jessica Stone (Janus), Joel Stiles (New Life), Julie Krokidas-Wooden (Sobriety Works), Leah Flagg-Wilson (County QI), Leo Torres (County SUDS), Madea Owen (County QI), Mary Zinsmeyer (New Life), Maya Jarrow (Janus), Meganne Parker (Janus), Nancy Mast (County QI), Robert Annon (County AMH), Sara Avila (County QI), Silbiano Cruz (County IT), Stan Einhorn (County CMH), Steven King (County SUDS), Sube Robertson (County QI), Vince Stroth (County CMH), Amanda Crowder (County SUDS), Briana Kahoano (County SUDS), Claire Friedman (Sobriety Works), Ellen Suski (County QI), Eva Gomez (County SUDS), Gian Wong (County IT), Grace Saldivar-Napoles (County AMH), John Wasielewski (Sobriety Works), Karen Hackett (Adult Psychiatry), Kayla Gray (County HTS), Laura Hyams (County CMH), Nick Bobeda (Janus), Orpheus Buster Brown (New Life), Paulina Uribe (Janus), Sabrina Brunner (Janus), Sarah Tisdale (Encompass QI), Veronica Campos (Janus), Veronica Gonzalez (County AMH), Veronica Leonor (Janus)