Avatar Process Improvement - CalAIM Workgroup Meeting
Minutes

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 Partners 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/MEETING NOTES>>>

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.

Nancy to go to meeting in two weeks with Netsmart-Avatar Electronic health record group, problem list is going to stay in UAT until breach of confidentiality of SUDs problems in problem list with sequestered client information is determined to be done in a way that protects the privacy of client PHI.
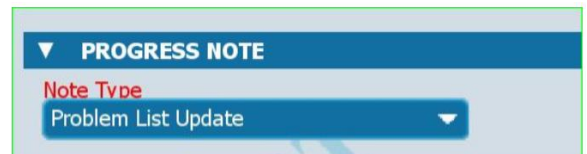
SC General Purpose Progress Note Form (in UAT)

Notes from the meeting highlighted in yellow.

I.   **QUESTION FOR THE GROUP:** Go Live date for the SC General Purpose Progress note? QI recommends Sept 19. No objections from committee.

II.   **Progress note guidance** from the QI department is on the Avatar CalAIM webpage. Please review and get familiar with the changes.

Dave: Reviewed draft "How to" guide for writing the new progress notes.

I.   **Lightbulb updates** for items in the Progress Note Section (Text at bottom of note.)

   A.   **Client Presentation question:**
      1.   Current: Describe the client's presentation or any significant changes in functioning/behavior
      2.   Question was formerly required. Changed to Optional.
      3.   Suggestion to change in lightbulb information in the presentation label, as there may not always be changes in functioning/behavior.
         i.   There could be a special template or sobriety works for this.
         ii.   Or label could just be "presentation".

   B.   **Narrative Description of Service**
      1.   Keep required
      2.   Current Lightbulb: Narrative description of the service, including how the service addressed the person's behavioral health (MH / SUD) need (symptoms, condition, diagnosis and/or risk factors) and the purpose of the service. Describe interventions utilized and how the person in care was included and participated. **Include relevant description of the presentation of the person in care. Include progress towards problems on problem list if applicable.**
      3.   **Suggested Update:** Narrative description of the service, including how the service addressed the person's behavioral health (MH / SUD) need (symptoms, condition, diagnosis and/or risk factors) and the purpose of the service. Describe interventions utilized and how the person in care was included and participated. Interventions provided to support the client, improve ability to regulate behavior, improve areas of functioning.
      4.   Suggestion to include what is on the MH Progress note information notice re progress note content and interventions.

   C.   **Client Response to Intervention:** The client's response to the care provided, and the progress the client is making in treatment.
      1.   Question was formerly required. Changed to Optional.
      2.   No changes suggested

D. **Referral to Community Services**: Referrals offered as appropriate; coordinated care contact info; status of referrals.
   1. Question was optional and will remain optional.
   2. No changes suggested.
E. **Follow-up Care / Transition Plan / Other Related Documentation**:
   1. Currently required. No change to that.
   2. **Current Lightbulb:** Follow-up Care: Plan for next steps based on client response to intervention, whether progress was made or not, adjustments needed to type, frequency, duration of service.
   3. **Suggestion to add the following:** Transition Plan: Document the termination and/or transition of services with brief summary of services provided and reasons for closure with referrals offered as appropriate.
F. Lightbulb Misc. Discussion
   1. Narrative lightbulb For DMC this would include start and end time of documentation time and travel time if appropriate and 1 EBP.
   2. Residential Daily Note lightbulbs should describe how services provided during the day reduced impairment, restored function, or prevented significant deterioration.

II. **Dave: Progress Note Types Discussion. Additional Note Types were added. See UAT.**
A. The purpose of the Progress Note Type is so we can easily find note types in the progress note widget, e.g. filter only for crisis notes, Care Plan, Discharge Plan, etc…
B. There could be a lightbulb placed by the note type with a defintion dictionary for each type of note.
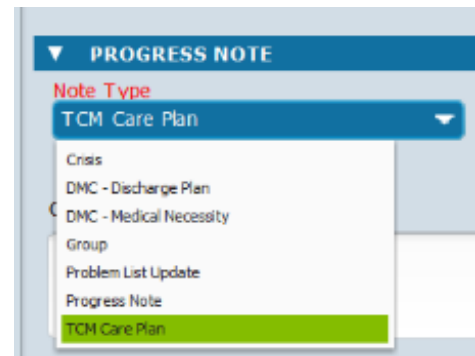
PROGRESS NOTE	DEFINITION
Crisis	Crisis Intervention service; requires intervention and follow-up; and start time.
~~DMC-LPHA-doc-CC"~~	~~LPHA documented clinical indication for care coordination services (if documented outside of the medical necessity & CSJ PN), medical necessity and continued services justification~~ This item will not be included in the final dictionary.
DMC-CSJ	Continued service justification
DMC -Discharge Plan	
DMC – Medical Necessity	Documentation for Level of Care
Group	Group Note requirements: title of group, provider(s) and credential, total duration and per client duration, intervention, follow-up
Problem List Update	Problems identified by staff, person in care and/or significant support person, if any. The name and title of the provider that identified, added, or removed the problem, and the date the problem was identified, added, or resolved.
Progress Note	General Services, Narrative and Follow up required.
TCM Care Plan	One-time only: Specifies TCM goals and activities, participation of the person in care, transition plan when goals are achieved.

III.   Residential Note Type – New "Daily Summary" Button (This change was announced.)

IV. Other suggestions and Discussion

A.   Mental Health Specialized intensive kids programs still have separate treatment plans; ICC, IHBS, TBS, IHSS. Stan would like more direction information put out on this. QI is waiting for state guidance on this.

B.   Clinical Quality Indicators section at the bottom of the note is not used. These are more for psychiatric providers to monitor transition between Primary Care and Specialty Psychiatry.

C.   **Discussion of SUDS Needs.**

1.   DMC: doc time required start / end time; EBP intervention
2.   Document "Travel time included" (if appropriate)

D.   Increase font size, suggestion of 14 pt. We can do bulleted lists but not numbered list,

E.   RESIDENTIAL DAILY NOTE should describe how services provided during the day reduced impairment, restored function or prevented significant deterioration in functioning.

Questions that affect billing/accounting.

I.   **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.**

II. **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.)
  A. Nancy sent out an email the excel spreadsheet for collecting the test data and how to test.

III. **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)
    1. This has been agreed to change to Targeted case management label.
  C. Note that this *will* change previous service code labels for all past services.

IV. **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
    1. Some programs write the daily summary as a non-billable note and then do the service charges separately using "Recurrent Client Charge Input."
    2. 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?
  D. Guidance was issued from County BH around progress notes and the codes that DMC/MH residential's can use, please reference this.

V. **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 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.
    1. This was not discussed in the meeting. Please see County DMC IN on progress notes for current codes that can be used.
  B. Per Adriana, Need to eliminate access to non-billable code if there is change to daily service code.
    1. This was not discussed in the meeting.
  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?
    1. This was not discussed in the meeting.
  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.
    1. This was not discussed in the meeting.

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

NOT DISCUSSED IN THIS 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 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….

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:

NOT DISCUSSED IN THIS MEETING

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)
    b. Group progress notes

Action Items:

1. Problem list – On hold in UAT pending updates from Netsmart and meeting with Nancy.
2. QI will take input from group today for lightbulb definition updates and review in next week's meeting on 9/8, including Sara's recommendations to DMC language for lightbulb definitions.

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    a   **If you have additional suggestions for light bulbs field label definition for DMC please email to Sara Avila And for MHP please email to Dave Chicoine.**

    b   **Include these suggestions in the agenda for next week and send draft ahead of next week's meeting.**

Other Discussion

1.

Parking Lot

1. Trauma Screening Tool

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 Crowder (County SUDS), Amanda Engeldrum Magana (PVPSA), Beloved Bolton (County QI), Briana Kahoano (County SUDS), Claire Friedman (Sobriety Works), Dagny Blaskovich (Volunteer Center), Dave Chicoine (County QI), Eileen Movshovitz (County AMH), Emilio Rubalcava (Front St.), Emily Sellers (County SUDS), Erica Ortiz (County Accounting), Gian Wong (County IT), Gregory Goldfield (County SUDS)?, Jessica Stone (Janus), John Wasielewski (Sobriety Works), John Wasielewski (Sobriety Works), Julie Krokidas-Wooden (Sobriety Works), Kayla Gray (County HTS), Laura Hyams (County CMH), Leo Torres (County SUDS), Madea Owen (County QI), Mary Zinsmeyer (New Life), Maya Jarrow (Janus), Meganne Parker (Janus), Nancy Mast (County QI), Nick Bobeda (Janus), Sabrina Brunner (Janus), Sara Avila (County QI), Sarah Tisdale (Encompass QI), Silbiano Cruz (County IT), Stan Einhorn (County CMH), Sube Robertson (County QI), Veronica Campos (Janus), Veronica Gonzalez (County AMH), Veronica Leonor (Janus), Vince Stroth (County CMH)