Avatar Process Improvement - CalAIM Workgroup Meeting

Minutes

9/8/2022
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 15, 2022, 9 AM – 10 AM
3. Agendas, meeting minutes and QI Guides 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. Sept. 19 is the go live date for the updated SC General Purpose Progress Note.
7. Re adding problem list elements to progress notes - Although your progress notes should reflect items in the problem list, you do not have to actually add problem list elements to your routine progress notes. We encourage you to develop protocols and workflows to ensure that your progress notes address items in the problem list. The QI Dept is available for problem-solving.

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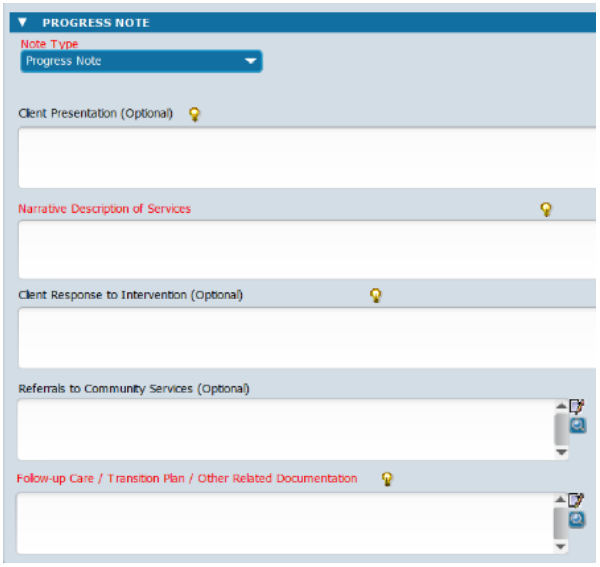
SC General Purpose Progress Note Form (in UAT) CAL AIM Proposed Changes

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

1. Lightbulb definitions will be finalized by next week's Sep 15th meeting, then put into UAT.
2. Note Type Question: definitions are important to help supervise charting for CALAIM changes and to easily find certain notes such at Problem List Updates and Care Planning/Care Coordination notes.
3. Red required fields changed: Some of the text fields at the bottom of the note are no longer required.
4. Service Code Update: CASE MANAGEMENT changed to TARGETED CASE MANAGEMENT. This is for mental health programs.
5. Several Residential billing codes were changed from non-billable to billable. Programs will no longer have to write a non-billable progress note documenting a daily service and then also use Recurring Charge Entry to add the billing.



SC General Purpose Progress Note - Fields

Discussion of Fields in the SC General Purpose Progress Note – There was general agreement on these updates.

Client Presentation (Previously Required, Now Optional)

Lightbulb: Describe the client's presentation or any significant changes in functioning/behavior.

Narrative Description of Service (Required)

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 progress towards problems on problem list if applicable.

DMC-ODS Additional Requirements - *Start and end of documentation time* Indicate at least 1 EBP utilized. NTP (Only): Continue to document how services provided relate to problems/ goals on client treatment plan. Document "Travel time included" (if appropriate).

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

DMC-ODS Residential Daily Summary Note: (Is it possible to do a link instead?)

Include documentation start and end time & that confidentiality was maintained if service was provided in the community. Include documentation of how evidence-based practices (EBP) were utilized. Describe a summary of the services provided during that day, including all group and individual counseling sessions. For individual services, include the start & end time, interventions utilized and how the service addresses the person's behavioral health (SUD / MH) related needs (e.g. symptoms, conditions, diagnosis and/ or risk factors). For group services, include the group name/title, purpose, start & end time, and group count for each group the person attends during that day. Document clinically relevant information, including how the person in care was included and participated. Include relevant description of the presentation of the person in care. Describe any progress made towards addressing problems identified on their problem list.

Client Response to Intervention (Previously Required, Now Optional)

Lightbulb: The client's response to the care provided, and the progress the client is making in treatment.

Referral to Community Services (Optional)

Lightbulb: Referrals offered as appropriate; coordinated care contact info; status of referrals.

Follow-up Care / Transition Plan / Other Related Documentation (Required)

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.

Transition Plan

Lightbulb: Document the termination and/or transition of services with brief summary of services provided and reasons for closure with referrals offered as appropriate.

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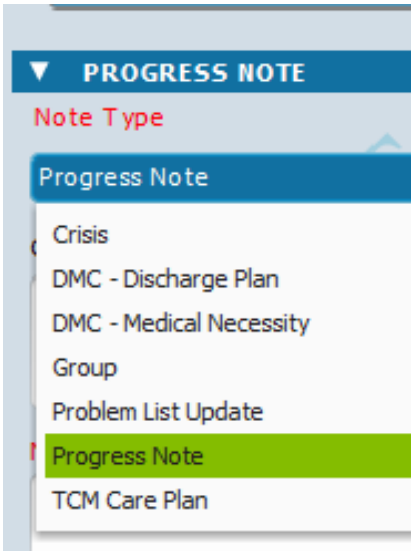
SC General Purpose Progress Note - Progress Note Types



DAVE: Additional Note Types were added. See UAT. 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…

FYI: The SC General Purpose Progress Note in UAT does not allow you to select "New Service" under the required field "Progress Note for." Can this be corrected? (ADD: A Netsmart ticket has been filed to address this problem.)

- Start with general purpose progress note first, then select new service. Make sure to do everything in order, questions on left first and then questions on right.
- Please continue to report to QI if there are ongoing UAT issues.

PROGRESS NOTE TYPE DEFINITIONS FOR THE LIGHTBULB

Goal: Have all lightbulbs completed and presented back to group next week and then transition to UAT.

1. Nancy shared that Lightbulbs are there to guide the clinician on what they are doing; we want to make them "regulation light" and "what-to-do heavy."
2. Font size will be bigger. Suggestion from Sep 1 meeting Increase font size, suggestion of 14 pt. (ADD: Done!)
3. Discussion of adding more information about what to include in progress notes. There would need to be info for the following programs: MH, DMC, NTP, MH, DMC Residential.

Note Types – Below are the agreed upon lightbulb elements that describe each of the new note types.

Crisis: Crisis Intervention service; Describe the interventions provided until the crisis has ended. Include your follow-up steps for coordination of care and safety planning. Make sure you enter the start time and end time of your intervention. Start time includes time from dispatch to meeting with the client.

*PN needs to be completed within 24 hours of the start of the crisis service.

DMC-ODS Crisis= An actual relapse or an unforeseen event or circumstance, which presents to client an imminent relapse threat

i. DMC/DMC-ODS includes imminent relapse threat for crisis. This needs to be completed within 24 hours for DMC/DMC-ODS.
ii. Suggested to include if the crisis pertains to something new not on the problem list that staff are reminded to add this to the problem list. (e.g. reminder: "consider adding this item to the problem list."

DMC-CSJ: Continued service justification (Substance Use Disorder Treatment Programs only). (CSJ) To be completed by an LPHA within 5-6 months of admission or last CSJ (NTP=12 months).

i. Suggested to include care coordination in the lightbulb to document clinically indicated care coordination services need to be included in both the CSJ and medical necessity PN. This was agreed that this is a good idea.

DMC-Discharge Plan: (Substance Use Disorder Treatment Programs only). Progress Note documenting discharge planning activities including care coordination activities associated with discharge.

i. Add-Care coordination in lightbulb.

DMC-Medical Necessity: Documentation of medical necessity by LPHA for current Level of Care (Substance Use Disorder Treatment Programs only). Review with program supervisor for program and/or CalAIM timeline requirements.

Discussion:

i. Agency has different requirements for time frames so 30 days was taken out of definition.
ii. For lightbulbs remove 30 days (e.g." review with program supervisor for program and/or CalAIM timeline requirements). NTP not going by CalAIM timelines.
iii. Suggested to include are Coordination in the lightbulb to document clinically indicated care coordination services, or if care coordination is not included in initial Medical Necessity note, "please use for prescribing care coordination." Need to be included in both the CSJ and medical necessity PN. This was agreed that this is a good idea.
iv. General medical progress note form is being updated soon. Janus needs to document medical necessity and CSJ by LPHA in med progress note.

Progress Note: This is the default note type for providing of general and ongoing services. Make sure to include your narrative description of services as well as follow-up steps, i.e what will you and/or the client do for follow-up.

TCM Care Plan (MHP Only): Use this item for a note that describes your plan for providing TARGETED CASE MANAGEMENT (TCM) services to your client. Describe TCM goals and activities, participation of the person in care, and the transition plan for when goals are achieved. ONE TIME ONLY: Use this progress note type one time only for each TCM goal. Then use "Progress Note" type for future services toward achieving the goal.

Discussion:

1. Discussion of when care plan notes get done. Per QI:
   a. The state is going to audit re care planning being current in the chart. QI therefore is going to audit for this as well.

b. QI does not provide specific direction about when Care Planning notes get done, but they should reflect the current status, problems, and needs of the client, in addition to the clinician's activities toward addressing these items. Agencies and workgroups should design workflows and procedures to ensure notes meet the requirements.
    i. The chart as a whole, in addition to care planning notes, should provide a general picture of how the client is doing *currently*.
    ii. The chart and care planning notes should be updated when there is a significant change, to ensure that the chart is *current*.
    iii. The purpose of the care plan is to address the client's CM needs. You do not need a TCM care plan note for each separate care plan problem or goals. You may provide general categories in a TCM note, discussing CM needs. The note should explain why a coordinator needs to link the client to services (e.g. medical, school, etc). See MHP TCM care plan guide.

2. Suggestion to take out ONE TIME ONLY from definition as Care plan is updated when there is a new need or change in a simple care plan progress note. On the SUD side these are "care coordination" notes and there are some slightly different requirements.
    a. Must be signed by LPHA.
    b. Must be done annually. (For MH, no annual requirement but must reflect current status of client.)
    c. This was reviewed in the meeting, add in that this is "mental health only" and the definition should include this.

Group Note Type:

Discussion:

1. Group Note requirements - title of group, provider(s) and credential(s), total duration and per client duration, intervention, follow-up.
2. Dave would like to add examples on this in documentation manual and other places.

Problem List Update: Problems identified by staff, person in care and/or significant support persons, if any.

Follow Up on Miscellaneous Suggestions and Discussion from meeting on September 1 (Last Meeting)

1. Discussion of adding Problem List for to LIVE. We cannot do this until Netsmart resolves certain issues related to sequestration of SUDS data. The problem list changes, as seen in UAT, show who updated the problem or who added the problem which may be a breach situation. This needs discussion.
2. Lightbulb language not updated yet in UAT.

3. Name and title of provider should be taken out of lightbulb because if happens automatically in avatar, same with the date.
4. Sobriety works is updating the problem list with a comment in the comment box on the far right that states who owns managing the problem.
5. Is the problem list automatically tracking who is touching the problem list? Not currently in LIVE, which is why we ask for a progress note. Next version net smart is working on may have that available.

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

Not discussed in Meeting.

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 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.)

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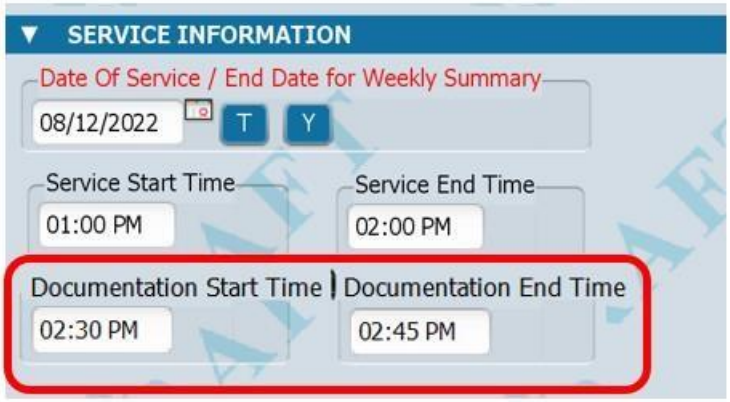

If we added the above fields, we would also add Documentation Time, shown below.

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.

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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.

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)**
II. **Group progress notes**
III. **Med Progress notes**

Action Items:

I. **Finished UAT lightbulbs definitions to be able to move to UAT.**
II. **Finish Dave's Flyer with light bulb definitions to release as a training tools.**
III. **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.

Other Discussion

Parking Lot

I. **Problem list:** On hold in UAT pending updates from Netsmart and meeting with Nancy. Netsmart working on possible sequestering issues with the updated Problem List. Problem list on hold until we get new information from Netsmart.
II. **Trauma Screening Tool:** We are waiting for the state to provide this universal tool that all counties will be required to use.
III. 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.
IV. Discussion of SUDS Needs

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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

Briana Kahoano (County SUDS), Claire Friedman (Sobriety Works), Dagny Blaskovich (Volunteer Center), Dave Chicoine (County QI), Eileen Movshovitz (County AMH), Erica Ortiz (County Accounting), Gian Wong (County IT), Grace Saldivar-Napoles (County AMH), Jessica Stone (Janus), Julie Krokidas-Wooden (Sobriety Works), Karen Hackett (Adult Psychiatry), Kayla Gray (County HTS), Madea Owen (County QI), Maya Jarrow (Janus), Nancy Mast (County QI), Paulina Uribe (Janus), Robert Annon (County AMH), Sara Avila (County QI), Sarah Tisdale (Encompass QI), Stan Einhorn (County CMH), Sube Robertson (County QI), Veronica Gonzalez (County AMH), Vince Stroth (County CMH)