Meeting Minutes

10/19/2023 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, including line staff, supervisors, 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 Webpage, CalAIM Subpage. New documents are being added weekly.
- Review test documents in <u>UAT</u>.
- To request new projects, innovations or updates to Avatar, please feel free to share your ideas and suggestions
 in the Avatar meeting. You may also fill out and "Avatar Improvement Change Request Form" where you can
 provide details about your requested project. H

AGENDA ITEMS / MINUTES>>>

Announcements

- Next meeting November 2, 2023, 9 AM 10 AM; (We meet every other Thursday morning at 9 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. Is there anyone that should be invited to this meeting? (Or should be removed from the invite list?) (If you don't tell us, we don't know!)

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Agenda Items

- 1. (Dave) Changes to avatar progress note "billing time" field
 - a. Billing time field will no longer be there (not yet in UAT)
 - b. We will need an announcement about this to providers

Progress Note Duration fields change
Background: In the past, Direct Time and Other time added up to become billing time. According to CalAIM billing rules, only the Direct Service Time is billable. When we edited the progress note forms for the CalAIM change, we left all 3 fields staff were used to seeing to illustrate the new calculation, which makes Direct and Billing time the same.
Proposal:
Due to issues with the form allowing staff to edit Billing time, and confusion whether billing time should include Documentation and Travel propose eliminating 1 of the 3 fields.
Now:
<u>Direct Service Time Documentation & Travel Time</u> Billing Time (minutes)
Proposed change:
Direct Service Time Documentation & Travel Time Billing Fime (minutes)
Result:
Direct Service Time Documentation & Travel Time

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c. Discussion today

- i. Dave-People are modifying the "billing time" field even though this does not need to be changed. Nancy-The "direct time" always equals the total duration now, so "billing time" is not required.
- ii. Dylan-will be programming to make the "billing time" field disappear in UAT first. Next week on Tuesday this should be done. Nancy will do the announcement to providers.
- iii. Bernadette-In chart view, you can still see "face to face time" field, will this still be there?

 Nancy-in chart view if a question is not answered/left blank it will not show in the chart view.
- iv. Jen—would the post CalAIM SAR still reflect billing time? Dave-we need to make sure that SAR is still working properly after this change, as well as group notes.
- v. Dave-would this apply to group notes? Dylan to check with Adriana if this applies to med support note & group notes. Nancy-no this wouldn't apply to group notes.

2. (Dave) Service activity Report:

- a. Post CalAIM service activity report
 - i. Still not working correctly for SUD programs?
- b. Discussion today
 - i. Sarah T.- There are still issues with MH outpatient and SUD services on report, there are still things that cannot be reconciled. Unit of service and time entered-CalAIM billable logic is not correct on this. Encompass DARs team submitted something to Daniel Crews about this.
- 3. (Vince) ISS Screening Form Form is completed, along with a "report" (printout) in UAT for review. Once approved, it can be moved to LIVE
 - a. Children's BH wants to launch soon in LIVE but needs to work out how to introduce the new form and report, as well as finalize workflows.
 - b. Discussion from last meeting:
 - i. Workflow for form to be discussed in next Children's UR meeting. Dylan Jones-working on updates waiting to hear back on final feedback for form.
 - ii. Once form is finalized in UAT, do some data entry and see if the form and report function appropriately. Then move to LIVE & expand.
 - c. Discussion today
 - i. Vince-emailed Dave & Dylan, met with partner agencies to review and get feedback in UR last week. There are a couple items they wanted to add. Form is in UAT.
 - ii. Dylan is working on these edits, waiting for Meg to be back in order to round out light bulb section & definitions.
- 4. (Dave) TCM care plan & problem list progress note templates
 - a. Subé finalized text for TCM care plan template & it is ready to move into LIVE
 - b. TCM care plan template: Client is receiving mental health treatment in hopes of achieving their goal to [add goal]. Writer will continue to support [client and/or client's caregiver/support person] through case management services to address their needs and goals identified in the assessment until [add what it will look like when the goal(s) are met].
 - c. Dave- Example of Problem list update/review template for feedback

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i. Example: Writer met with [client and/or client's caregiver/support person] to add or remove problems from the problem list that are current and relevant to the client's mental health treatment. Problems identified are [list problems (within scope of practice)] by [provider (name and credential if different than writer), client and/or client's caregiver/support person] on this date, [date identified on problem list].

d. Discussion today

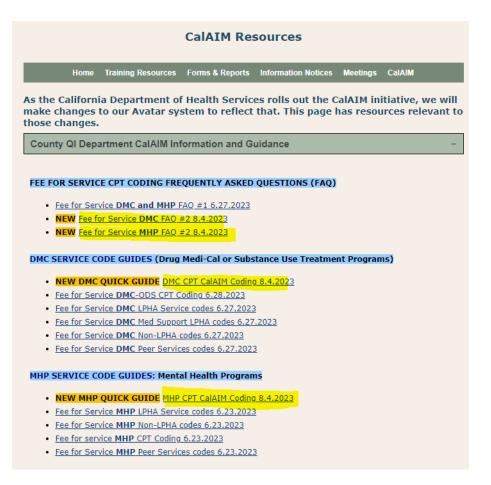
- Dave-TCM Care Plan template is ready to be moved into LIVE. Introduced the problem list update/review progress note template example. Dave will bring this example to QI staff meeting.
- ii. Sarah-problem list template we might want to sub out "SUD" in this sentence "to add or remove problems from the problem list that are current and relevant to the client's <u>mental health</u> treatment".
- iii. Dave-Template could suffice for 0-5 years old for MSE, gave this feedback to Lisa.

5. CalAIM resources

- FAQ #3 was emailed out & will be posted on webpage soon
- b. Updated SUD service code grids emailed out

c. Discussion today

- i. Dave-when we have a new staff person how do we use materials to train?
- ii. Suggestion
 from group to
 archive out of
 date CalAIM
 materials on
 website.
- iii. Amanda E.request for



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more of an SUD clinical guide for staff to go through, like Monterey has.

- iv. Dave-put together the subcommittee and organize training materials into a guide, Dave will follow up on this with Subé.
- 6. (Dave) New Managed Care Authorization form & report
 - a. Some services require authorizations, this form would be used to authorize times of service.
 - i. Report includes pre-auth for EDC, Telos, Casa Pacific. Need to add authorization for TBS, ICC, IHBS, SUDs Residential (RTARs), inpatient stays to this as well. Still in UAT testing.
 - b. Discussion from last meeting:
 - i. Follow up for Dylan-will this report send reminders in avatar when authorization is due?
 - ii. Meg from last meeting-service authorization requests and presumptive transfer would be great to add to this report as well as psych testing & eating disorder referrals eventually would be great to add.
 - c. Discussion today
 - i. Dave-provided overview of this.
- 7. (Printing ROIs) Prior discussion: Vince- Can we have clinicians be able to print out scanned ROI forms in avatar? This is an avatar permissions item, QI recommendation to have one manager per program to have access to print out chart documentation, however, there is HIPAA requirement to log any document that has been printed from a chart (so client knows). Can email AskQI for avatar printing permission requests. Discussion today:
 - a. Dave-This was discussed with Subé, QI manager. We do not want widespread use of printing ability due to the need to protect client info, but would consider on a case-by-case basis for now. This needs further discussion and clarification.
 - b. Nancy- To clarify, this request is for permitting people to print scanned documents. Very few people can do this. Anyone can print "regular" chart documents. The ask is primarily for printing ROI's that might be requested by a school or another program.
 - c. Current procedure for requesting scanned document printouts is to send a message to AskQI email for the document, which will be sent via secure email.

Parking Lot

- 1. Compliance report: Meg/Vince-New ISS Screening form needs to be added to last assessment widget. Form is done at intake and then clients are reassessed periodically. Discussion of including PSC-35, but this form is external, web-based and run by a different agency. It might not be possible. Need to check.
- 2. Dave-subcommittee for compliance report on Dave's to do list, compliance report will have fields swapped out. Date TBD for subcommittee.
- 3. Robert-issues with chart not showing most recent note in widget-this is coming up as we are addressing inactive clients with open LE44's as we move to close those LE episodes. Kayla -Last service date does not shuffle in

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chronological order, have to go into document viewer to see last date of note, not in widget. Any progress notes in chart not shuffling in chronological order. Nancy - need to clarify problem and then send ticket to Netsmart.

- 4. Robert: Can we add library in avatar from discharge form of all inpatient places in CA so CSP/PHF can use this when discharging person? Nancy- Discharge form cannot be used for this. Maybe can populate a dictionary but will need to be discussed more.
- 5. Vince-can we enable sending client reminders in upcoming appts in scheduling calendar?

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.

Attendance

Madea Owen (County QI), Mary Zinsmeyer (New Life), Nancy Mast (County QI), Robert Annon (County AMH), Sarah Tisdale (Encompass QI), Veronica Gonzalez (County AMH), Vince Stroth (County CMH), Amanda Crowder (County SUDS), Amanda Engeldrum Magana (PVPSA), Bernadette Franzel (Encompass QI), Dave Chicoine (County QI), Dylan Jones (County IT), Israel Balderas (County IT), Jace Freyman (Encompass), Jennifer Gosk (Front St.), Jessica Stone (Janus Compliance), Johanna Jefferies (County AMH), Jorge Fernandez (County IT), Julie Krokidas-Wooden (Sobriety Works), Kayla Gray (County HTS)