

# Avatar Process Improvement - CalAIM Workgroup

## Meeting Agenda

8/18/2022

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-Guide-06232022.pdf](https://www.calmhsa.org/wp-content/uploads/CalMHSA-MHP-LPHA%20Documentation-Guide-06232022.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](mailto:nancy.mast@santacruzcounty.us)
- During the meeting, please use the raise hand function or the chat box if you have questions, comments, concerns.
- Review the [CalMHSA CalAIM LPHA manual](#)
- Review with updated problem list form (update from Netsmart) in [UAT](#).
- Sign up for CalMHSA CalAIM trainings: <https://www.calmhsa.org/wp-content/uploads/CalMHSA-LMS-Instructions-5.24.22.pdf>

## AGENDA ITEMS>>>

### Announcements

1. Please keep conversation focused on the CalAIM changes that are needed in avatar. 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 for further discussion in parking lot items for a separate meeting.
2. **Next meeting** – **August 25<sup>th</sup>, 2022 9am-10am**
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. **The SC General Purpose Progress Note will be the main topics of discussion today.**

### Agenda Items

1. **Introductions:** name and program
2. **How to get involved**

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### Progress Notes

#### 1. Updates to SC General Purpose Progress Notes now in UAT. Thanks Gian!

- a. Updates include redoing the label for Progress Note Purpose – Residential Note . Changed from 24-hour Service to Daily Summary Note.

SELECT A DRAFT PROGRESS NOTE -- OR -- START A NEW PROGRESS NOTE

Select Draft Note To Edit

Progress Note For:  Existing Appointment  New Service

Progress Note Purpose:  Outpatient Note  BH Residential Note  Information Note

Note Addresses Which Existing Service/Appointment

Practitioner: MAST,NANCY (001885)

Face-to-Face ---- Other Time ---- Total Duration (min)

RESIDENTIAL SERVICE ONLY

Residential Note Type:  Face-To-Face Contact  Daily Summary  Weekly Summary

Start Date for Weekly Summary

- b. Added new progress note types to including TCM Care Plan.

PROGRESS NOTE

Note Type

- Crisis
- DMC - Discharge Plan
- DMC - Medical Necessity
- Group
- Problem List Update
- Progress Note
- TCM Care Plan

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- c. Updates to narrative text boxes at the bottom of the form. Relabeling and having more of these not required. This is for outpatient notes.

The screenshot shows a 'PROGRESS NOTE' form with several sections. A red box highlights the text 'No longer red/required' with a red arrow pointing to the 'Client Presentation (Optional)' label. Another red arrow points from the same box to the 'Narrative Description of Services' label. The form includes a 'Note Type' dropdown, and text boxes for 'Client Presentation (Optional)', 'Narrative Description of Services', 'Client Response to Intervention (Optional)', 'Referrals to Community Services (Optional)', and 'Follow-up Care / Transition Plan / Other Related Documentation'. Each text box has a lightbulb icon next to its label.

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### 2. Start and Stop Time for DMC Documentation

Let's discuss possibly adding Documentation Start Time and Documentation End Time to our progress notes for DMC.

SAMPLE:

The screenshot shows a form titled "SERVICE INFORMATION". It includes a date field for "Date Of Service / End Date for Weekly Summary" with the value "08/12/2022" and buttons for "T" and "Y". Below this are fields for "Service Start Time" (01:00 PM) and "Service End Time" (02:00 PM). A red box highlights two new fields: "Documentation Start Time" (02:30 PM) and "Documentation End Time" (02:45 PM).

And then we would add a new box here.

Unfortunately, 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.)

The screenshot shows a summary bar with four fields: "Face-to-Face", "Documentation", "Other Time", and "Total Duration (minutes)". The "Documentation" field is highlighted with a red box. Each field has a corresponding input box below it.

In other words, this....

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▼ SERVICE INFORMATION

Date Of Service / End Date for Weekly Summary  
08/12/2022 T Y

Service Start Time: 01:00 PM      Service End Time: 02:00 PM

**Documentation Start Time: 02:30 PM      Documentation End Time: 02:45 PM**

Does not talk to this....

**Face-to-Face**      **Documentation**      **Other Time**      **Total Duration (minutes)**

60      15      0      75

### General Discussion

1. **What topic should be covered next? What are the priorities?**
  - a. SC General Purpose Progress Note
  - 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 help prompt the user)
- 2.

### Progress Notes

[Notes from last time. What to keep for this week's agenda?]

**Residential Progress Note template:**

- I. Moving from Weekly summary to Daily summary
- II. Suggestion to edit the "Service Charge Code" to read "Daily Summary PN Res 3.1 or 3.5" (DMC), this makes the actual PN billable and eliminates the need for another staff person to enter the daily residential rate on the back end. (Still need to consult with Adriana).

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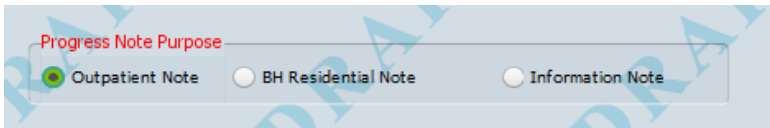
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- a. This may be problematic because Room and Board in DMC-ODS is billed through different funding and billed separately from the residential daily rate. Will this work for patient accounting? Erica to follow up with Adrianna.
- b. Alternate option is to add another non-billable code to use for the daily summary such as “residential daily summary non-billable”.

### SC General Purpose Progress Note / APIC proposed changes (8/11/22)

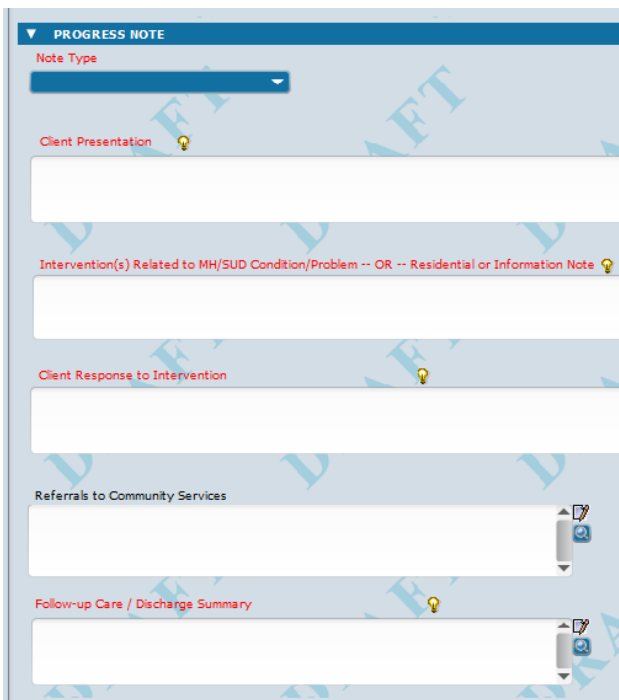
PROGRESS NOTE PURPOSE: Check box



Progress Note Purpose

Outpatient Note     BH Residential Note     Information Note

#### Outpatient Note: Fields



PROGRESS NOTE

Note Type

Client Presentation

Intervention(s) Related to MH/SUD Condition/Problem -- OR -- Residential or Information Note

Client Response to Intervention

Referrals to Community Services

Follow-up Care / Discharge Summary

**Client Presentation:** turn off required red, change label to “Client Presentation (Optional)”

**Intervention:** keep required red, change label to “Narrative Description of Services”

**Client Response:** turn off required red, change label to “Client Response to Intervention (Optional)”

**Referral to Community Resources:** not required, change label to “Referral to Community Resources (Optional)”

**Follow-up Care / Discharge Summary:** keep required red, change label to “Follow-up Care / Transition Plan/Other related Documentation”.

And make field bigger.

#### Note Type: Library Choices to Add

- “TCM Care Plan”
- “Problem List Update”
- “DMC – Medical Necessity”
- “DMC – Discharge Plan”

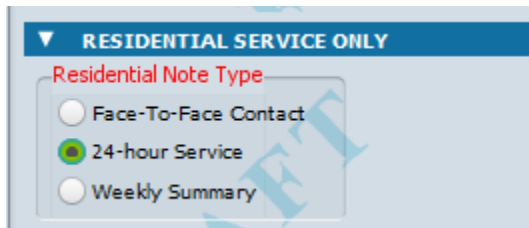
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Residential Note: Intervention Box only: do we want to change the required fields same as above?



The screenshot shows a dropdown menu titled "RESIDENTIAL SERVICE ONLY". Below the title, there is a section labeled "Residential Note Type" with three radio button options: "Face-To-Face Contact", "24-hour Service", and "Weekly Summary". The "24-hour Service" option is currently selected.

Change label from "24-hour Service" to "Daily Summary"

Information Note: Intervention Box only: No Changes

### Action Items:

1. Build template in UAT and Mark up (Dave) and present this UAT prototype next week
2. Adrianna and Erica to look into billing codes for residential
3. Test out problem list in UAT (All)
4. Problem list move to LIVE-Ticket to netsmart
5. Share with supervisors and train staff on new problem list once in LIVE

### 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.

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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