

# Avatar Process Improvement - CalAIM Workgroup Meeting

## Minutes

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. <a href="#">Avatar CalAIM Webpage</a>
CalAIM References:	<a href="#">CalMHSA CalAIM Main Webpage</a>  CalAIM LPHA manual: <a href="https://www.calmhsa.org/wp-content/uploads/CalMHSA-MHP-LPHA Documentation-Guide06232022.pdf">https://www.calmhsa.org/wp-content/uploads/CalMHSA-MHP-LPHA Documentation-Guide06232022.pdf</a>  CalAIM trainings: <a href="https://www.calmhsa.org/wp-content/uploads/CalMHSA-LMS-Instructions-5.24.22.pdf">https://www.calmhsa.org/wp-content/uploads/CalMHSA-LMS-Instructions-5.24.22.pdf</a>

### 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](#).
- Review Progress note form in UAT
- Sign up for CalMHSA CalAIM trainings: <https://www.calmhsa.org/wp-content/uploads/CalMHSA-LMS-Instructions5.24.22.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.**

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## SC General Purpose Progress Note Form Updates in UAT

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

▼ 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(S) / TIME

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

Updates include redoing the label for Progress Note Purpose – Residential Note.

“Daily Summary” button disables “start date of weekly summary button”

(Label changed from “24-hour Service” to “Daily Summary”).)

Residential Note Type Question - Changed label from “24-hour Service” to “Daily Summary”

▼ RESIDENTIAL SERVICE ONLY

Residential Note Type

☐ Face-To-Face Contact

☒ 24-hour Service

☐ Weekly Summary

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**Updates to narrative text boxes at the bottom of the form.** Relabeling and having more of these not required. This is for outpatient notes. Changes made to field labels and note type dictionary (dropdown list).

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 sections are: 'Note Type' (dropdown), 'Client Presentation (Optional)' (with a lightbulb icon), 'Narrative Description of Services' (with a lightbulb icon), 'Client Response to Intervention (Optional)' (with a lightbulb icon), 'Referrals to Community Services (Optional)', and 'Follow-up Care / Transition Plan / Other Related Documentation' (with a lightbulb icon). Each section has a corresponding text input area.

**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.

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Added new progress note types to including TCM Care Plan. TCM (Targeted Case Management) which the state is considering the same as “Case Management” for all SMHS case management services.

## ADDED:

“TCM Care Plan”

“Problem List Update”

“DMC – Medical Necessity”

“DMC – Discharge Plan”

A screenshot of a software interface showing a dropdown menu titled 'PROGRESS NOTE'. The menu lists several options: Crisis, DMC - Discharge Plan, DMC - Medical Necessity, Group, Problem List Update, Progress Note, and TCM Care Plan. The 'TCM Care Plan' option is highlighted at the bottom of the list.

## Discussion about the updates to the narrative text fields.

1. **“Narrative Description of services”** and the **“follow up/transition plan/ other related documentation”** are required fields. **“Client presentation”, “client response to intervention”, and “referrals to community”** are optional fields.
2. A concern was presented that if only the **“Narrative Description of services”** and **“follow up/transition plan/ other related documentation”** sections are red and required it will limit the best practice standard of including the other information such as client presentation and response to interventions.

A screenshot of a software interface showing a form titled 'PROGRESS NOTE'. The form has several sections: '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'. A red box highlights the 'Narrative Description of Services' section with the text 'No longer red/required'. A red arrow points from this box to the 'Client Response to Intervention (Optional)' section, indicating that this section is also no longer red/required. The 'Follow-up Care / Transition Plan / Other Related Documentation' section is also highlighted in red.

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This led to the following discussion:

- If all four DIRP boxes are red and required, ***This will require all general purpose progress notes have all fields required for all programs***, it could not just be for adult MH progress notes.
  1. Documentation needs to align with DHCS, that is requiring a lean progress note.
  2. ***Recommendation*** to add a different note type for different types of programs (i.e. Adult MH) to reflect the work with the client's that is happening and currently put in the red required fields of a template. ***In addition to CALAIM requirements, can we make note templates specific to programs?*** Clinical groups can train staff to what avatar supports and requires, so best practice documentation is prompted for required fields. Front line workers that are busy can find the red required fields to document quickly.
  3. It was then recommended to look at this as a "second phase" of CalAIM progress note template decisions as there is a need to have the progress note template ready to be in LIVE soon.
  4. ***Phase two***: Adding/updating lightbulbs and system templates is easy, adding a new question to general purpose progress note especially with one custom logic is harder.
- Is there a lightbulb instruction by "narrative description of services?" No there is not, but Gian said it can be added.
- Spirit of CalAIM is about reducing paperwork, being less stringent about what needs to be in notes, and pairing down to the basics so that we can do what we do best – and that's providing treatment.
  1. ***Recommendation***-This progress note needs to be available in UAT so staff can be trained before this goes in LIVE. There is some urgency as QI guidance is going out regarding the CalAIM progress note.
  2. What is a good training period of time to give? Most shared that at minimum two weeks to one month post formal notice of change in UAT.
- Concern about meeting being focused on CalAIM only and that we are rushing the agenda. People are feeling a bit railroaded.
- Group voted on a) Two red required fields versus b) Previous format where all fields except referral box is required. Results:
  1. 2 red (update): Majority voted for this
  2. 4 red (previous configuration): Three votes
- We cannot disappear non-required text field as they contain historical information in the chart, but the boxes can be disabled. Plan: Show UAT progress document next time in the meeting in two weeks. Phase two after UAT initial form is done, we can discuss including enhancements such as system of care button MH and SUD, and light bulbs.

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

We discussed the possibly of adding Documentation Start Time and Documentation End Time to our progress notes, which is required for DMC notes.

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.)

**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**

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

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

[ ]    [ ]    [ ]    [ ]

Unfortunately, these two fields do not talk to each other.

In other words, this....

Does not talk to this....

**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**

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

60    15    0    75

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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.

There was discussion about the documentation start and end time:

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 and end time would not be required for MHP notes? This would require expanding general purpose progress note.
3. 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. SC General Purpose Progress Note
  - a. We will continue to work on this in UAT and discuss this in the next meeting.
- 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)

### Residential Progress Note Billing Discussion

- I. Programs that previously did a weekly summary (mostly residential programs) are moving from a weekly summary to a daily summary as required by CalAIM.
- II. Service Code for residential; non-billable daily summary code this needs clarification from Adriana to see if this impacts billing.
- III. 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. (Erica still needs to consult with Adriana).
  - 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.



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- B. Alternate option is to add another non-billable code to use for the daily summary such as “residential daily summary non-billable”.
- C. IOT is a bundled rate, will there no longer be group notes needed since it is a daily note? **Need follow up from billing department.** Prior to waiver, daily summary would go to DHCS. There is a new billing manual; Sara will send.

### Action Items:

1. Problem list-QI needs to look into the problem list and issues with breaches of confidentiality with privacy with further discussion with the work group.
2. Adrianna and Erica to look into billing codes for residential.
3. Test out problem list in UAT (All)
4. Progress note in UAT-share with group in two weeks.
5. Share with supervisors and train staff on progress note in UAT two weeks to one month after it is shown in two weeks.
6. Discuss “phase two” of progress notes; including lightbulb information in fields and system templates or buttons for MH and SUD programs.

### 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

Amanda Crowder, Amanda Engeldrum Magana, Andres Aguirre, Beloved Bolton, Briana Kahoano, Claire Friedman, Courtney Barrett, Cybele Lolley, Dagny Blaskovich, Dave Chicoine, Eileen Movshovitz, Erica Ortiz, Eva Gomez, Gian Wong, Gregory Goldfield, Jennifer Gosk, Jessica Nichols, Jessica Stone, Joel Stiles, Julie Krokidas-Wooden, Kayla Gray, Leo Torres, Madea Owen, Mary Zinsmeyer, Maya Jarrow, Nancy Mast, Orpheus Brown, Robert Annon, Sabrina Brunner, Sara Avila, Silbiano Cruz, Veronica Gonzalez, Vince Stroth