

Avatar Process Improvement - CalAIM Workgroup

Meeting Minutes

8/11/2022

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
- 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 18th, 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 form will be the main topic of discussion today focusing on changes needed to the form to align with CalAIM requirements.** In future meeting we will continue to discuss general, group, and med support progress notes, in addition to looking at DMC specific progress note templates.

Agenda Items

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1. **Introductions:** name and program
2. **How to get involved**
3. **Problem List: Last meeting we discussed the problem list updates in UAT.**
 - a. The problem list in UAT has two new fields: 1) **“Problem classification field”** has labels for sequestered vs. non sequestered programs. Some problems are sequestered for SUD programs that have sequestered charts. The categories decided upon were the: **“Non-Sequestered Substance use (SUD)”**, and **“Mental Health Service (MH)”**, 2) System Notes field you can see the person who added the problems to the problem list and when they were added.
 - b. It was discussed moving over the problem list from UAT to LIVE, a ticket will be put into netsmart for this.
 - c. Please test the new problem list in UAT with DMC SEQ problem labels to test if they are safe to use for confidentiality standards.
 - d. Timeline for problem list in LIVE is in 3 days we can have the problem list in LIVE
 - e. QI will release updated problem list guidance once new Problem list goes into LIVE
4. **The main agenda item for today was the Progress Note**

Progress Note Discussion

Recommended Avatar Improvement Areas

DMC-ODS/MHP:

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).
 - 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

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Outpatient Note: Fields

The screenshot shows a 'PROGRESS NOTE' form with a 'Note Type' dropdown menu. Below the menu are five text input fields, each with a red label and a lightbulb icon: 'Client Presentation', 'Intervention(s) Related to MH/SUD Condition/Problem -- OR -- Residential or Information Note', 'Client Response to Intervention', 'Referrals to Community Services', and 'Follow-up Care / Discharge Summary'. The fields are currently empty.

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”

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

The screenshot shows a 'RESIDENTIAL SERVICE ONLY' form with a 'Residential Note Type' section. It contains three radio button options: 'Face-To-Face Contact', '24-hour Service' (which is selected), and 'Weekly Summary'.

Change label from “24-hour Service” to “Daily Summary”

Information Note: Intervention Box only: No Changes

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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 recoupsments 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