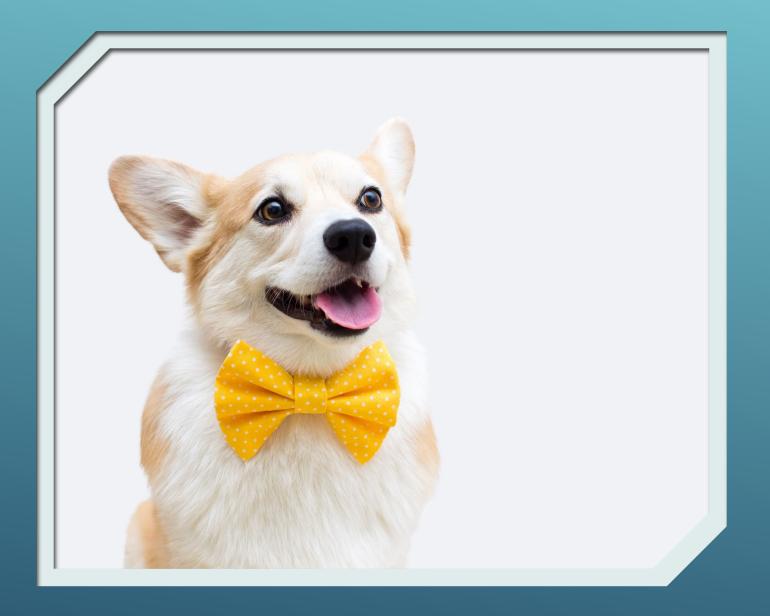


# WELCOME TO CALAIM: PROGRESS NOTES

JUNE 21, 2023





#### HOUSEKEEPING

- Reminder- Please keep your mic muted
- Type your questions into the chat –Q&A will be at the end of the webinar
- Stay grounded & Pawsitive



#### A MOMENT OF GRATITUTE

Thank you to all of you for the positive feedback from our first webinar

► Many of you sent pictures of your dogs/cats/pets (QM loves them all) –YES, we love your cats too! ©

Thank you for your enthusiasm and excitement for the lunch. We will announce the winners soon!

# TODAY'S PRESENTATION HAS BEEN BROUGHT TO YOU BY:

- MIS (Billing) Doreen & Marie
- IT Eddie, Alys, & Paul
- AOD Clara, Desirae & Mary
- QM Team









# BEHAVIORAL HEALTH & RECOVERY SERVICES

Behavioral Health includes both: Mental Health & SUD

Today's presentation will have both MH & SUD.

Integration is the future!



Pause /Paus



#### TODAY'S AGENDA

#### **About Progress Notes**

- ▶ What are they?
- ► Why are they changing?

#### **Timelines**

When are progress notes due

#### **New Avatar Progress Note Form**

► New form fields

#### Coding Services (MH)

- ▶ What's changed?
- ▶ When do these changes go into effect?
- Definitions
- ► How to use the new service codes

#### How to write a Progress Note

- ▶ What's included in a progress note?
- ► New progress note templates

Coding Services & Progress Note Form (SUD)

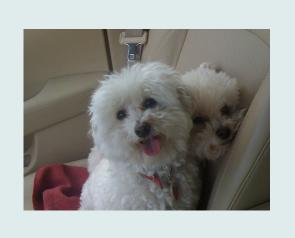
5 MIN BREAK

Demo Avatar Progress Note Form

Resources









## ABOUT PROGRESS NOTES



#### WHAT ARE PROGRESS NOTES?

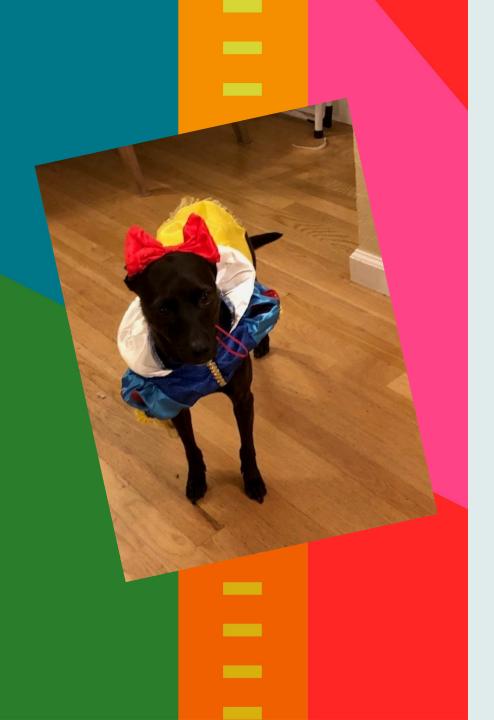
#### **Key Points**

Your bill for reimbursement of the services provided

Legal record of services provided to the client

Are for the client, care team, and yourself

Helps other providers know what is going on with the client and what's being worked on



# WHY ARE PROGRESS NOTES CHANGING?

#### **Key Points**

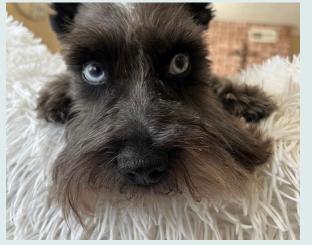
Reduce time it takes to document services by simplifying the content of notes

Less time writing the note and more time focusing on client care

Reduce over writing for audit purposes

New focus is on important aspects of a note such as the service you provided and next steps







## TIMELINES

## When are Progress Notes Due?

Within 3 business days of providing a service

Within 24 hours for Crisis Services notes

Daily progress note for services that are billed daily Residential and Day Treatment Services (including Therapeutic Foster Care, Day Treatment Intensive, and Day Rehabilitation).

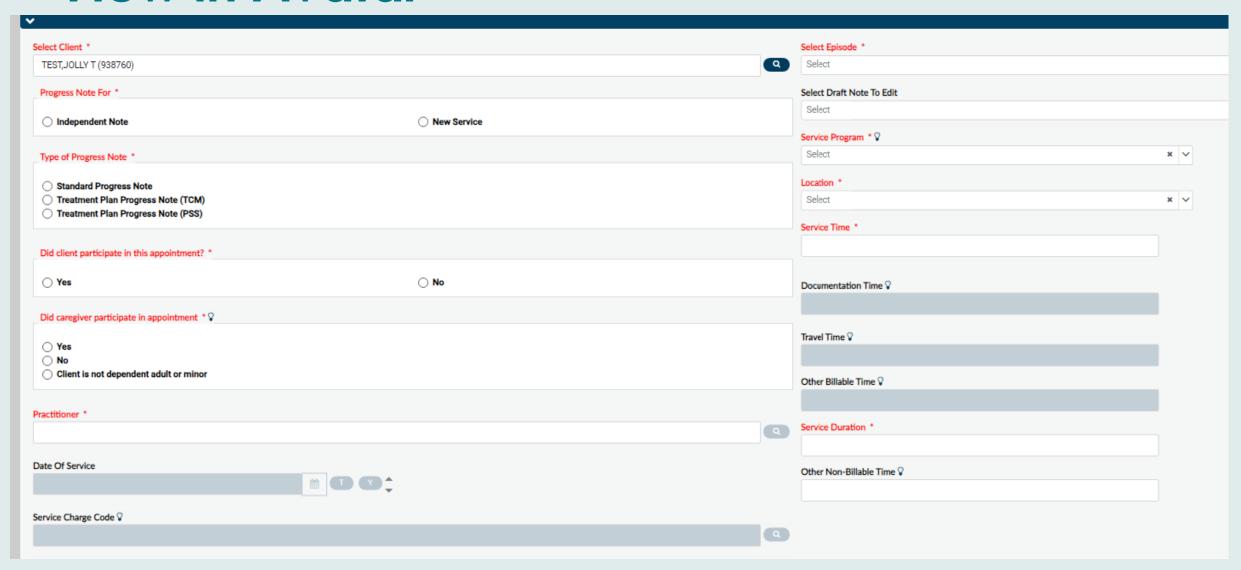
\*Weekly summaries are no longer be required for Day Rehabilitation and Day Treatment Intensive.

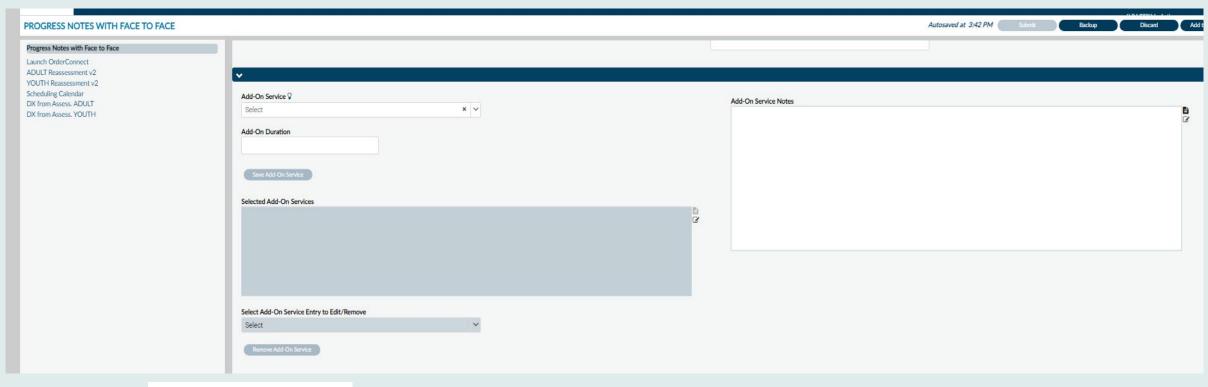
\*If the note is entered outside of these timeframes, document the reason for the late note. No need to code late notes using (55) non-billable.





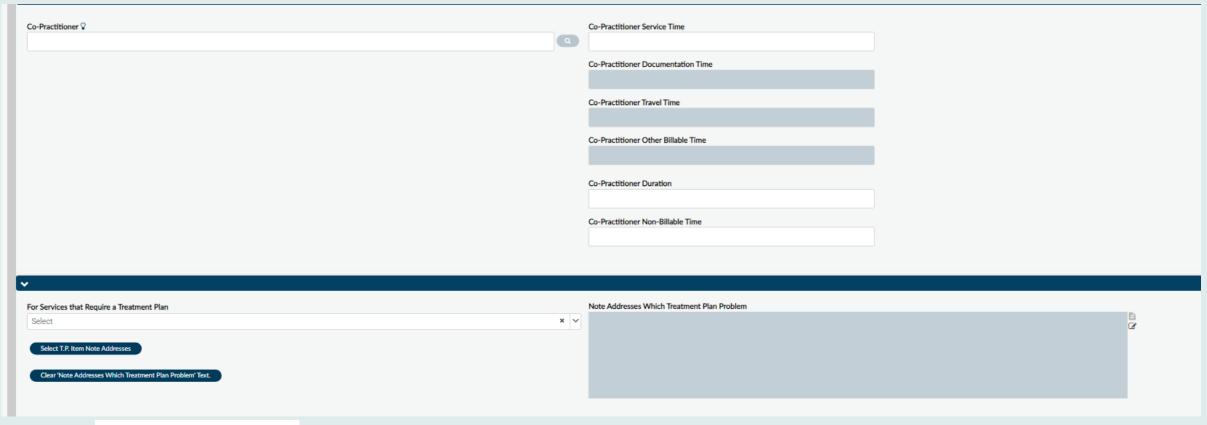
## NEW AVATAR PROGRESS NOTE FORM





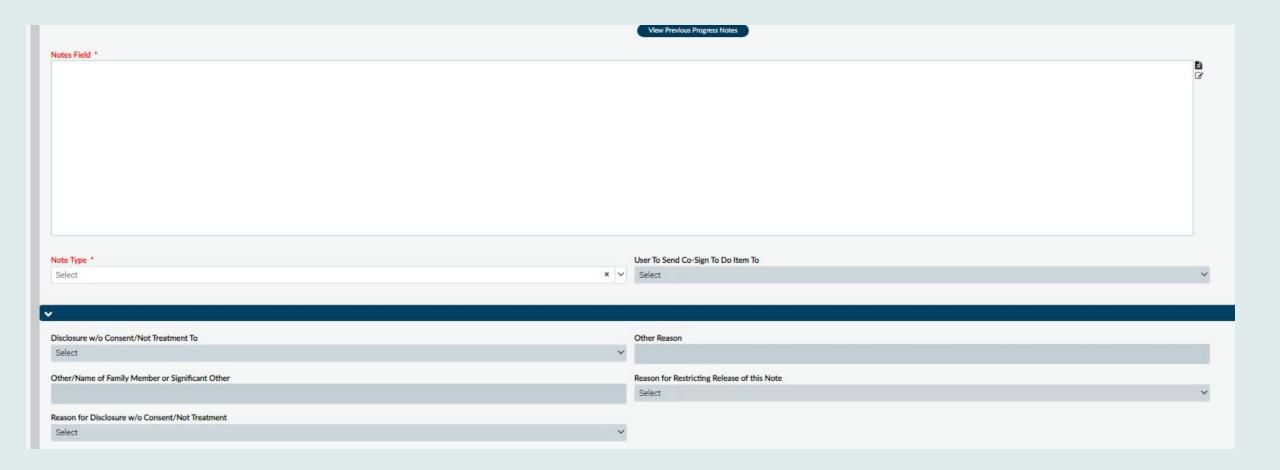


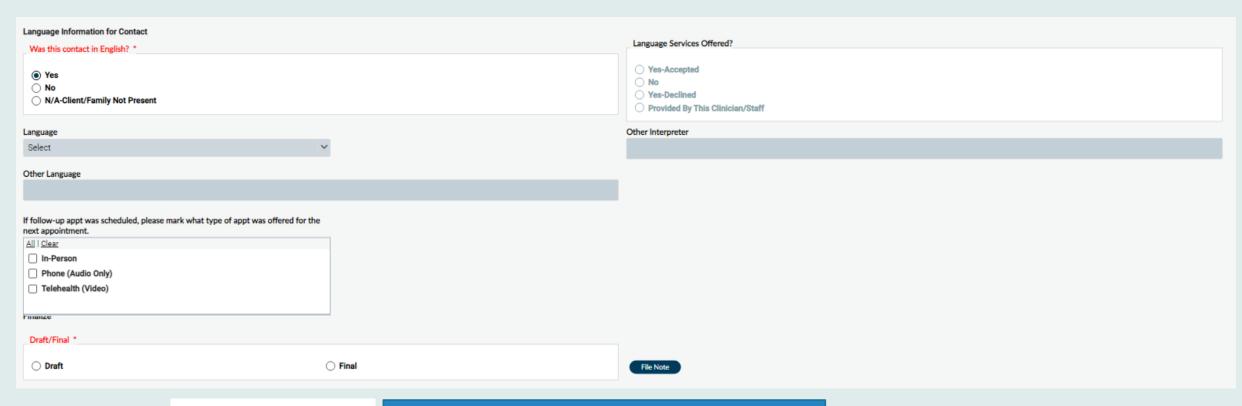
More than one Add-On service can be added, be sure to save each Add-On.





Co-Practitioner Section will no longer be used for services after July 1<sup>st</sup>







NEW: Follow up appointment

- ☐ In-Person
- ☐ Phone (Audio Only)
- ☐ Telehealth (Video)

## A Thank you "Starbucks Gift Card"







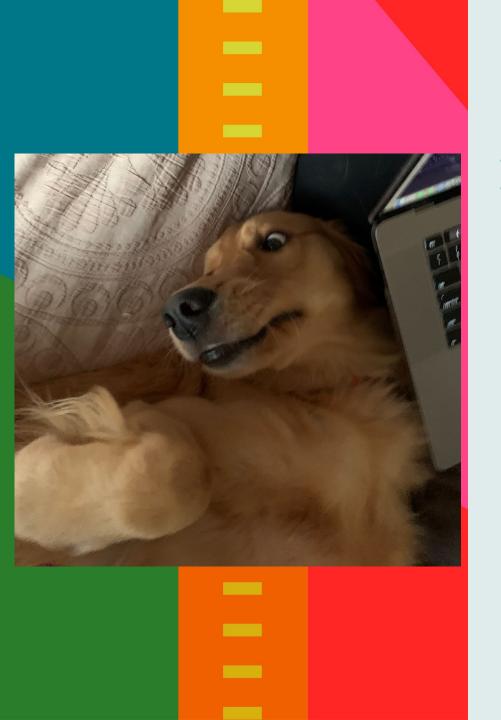
When are progress notes due?

## CODING SERVICES









#### WHAT'S CHANGED?

#### **Key Points**

Reimbursement for services (done through progress notes) is being aligned with the Centers for Medicare & Medicaid Services (CMS) Current Procedural Terminology (CPT) coding system.

This allows services to be identified with more specificity on claims.

DHCS refers to this as Payment Reform.

This requires providers to use updated service codes to bill for services.



# WHEN DO THESE CHANGES GO INTO EFFECT?

#### **Key Points**

As of July 1, 2023, Payment Reform under the new CalAIM requirements goes into effect.

Any services provided before July 1, 2023, should still use the old service codes that BHRS has used in the past to code services.

Any services provided on or after July 1, 2023, should use the updated service codes.

## **Direct Care Requirements**

DHCS policy states that only direct client care should be counted toward selection of service time when documenting a service.

Direct client care can include time spent meeting directly with the client as well as with caregivers and significant support persons and other professionals.

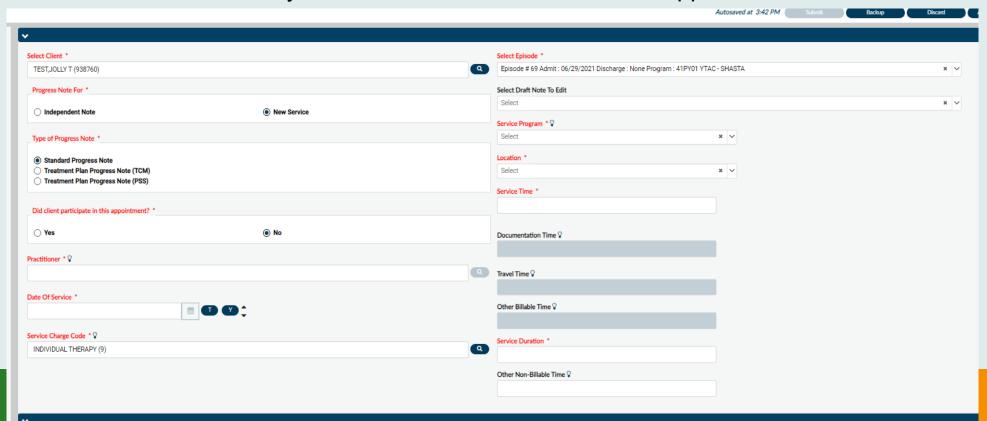
This means that administrative activities, utilization review and quality assurance activities or other activities a provider engages in either before or after a direct client care visit are not billable.



## New "Time" Items in Progress Note

"Other Billable Time" will no longer be used under CalAIM. You would put your Documentation and Travel Time into 2 new dedicated time fields.

- **Documentation Time** The time you use to document your services in a progress note.
- Travel Time The time you use to travel to a direct service appointment.



### **Definitions of "Travel Time"**

No changes to criteria of when to add travel time to a progress note.

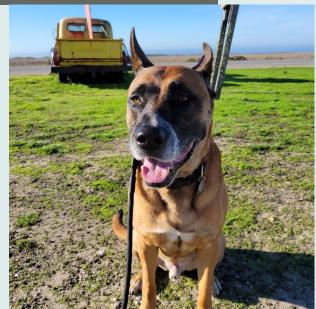
#### When to add time to the "Travel Time" field:

- Travel time may be added if it is a component of a direct client care service.
- No client/no show travel may be added to a (55) Missed Visit progress note.
- Billing for a service while driving may be acceptable when tied to a billable service. Use careful judgement.
- Round-trip travel time from a <u>provider site to an off-site location to provide a billable</u>
   <u>service</u> (E.g., driving from office to first client, driving to second client, and driving back
   to office.)
- Travel time from staff's home to client's home could be added, but **only** for the amount of time it would have taken to drive <u>from your office to the client.</u>

#### When NOT to add time to the "Travel Time" field:

- Travel time <u>between provider sites</u>.
- Travel time from <u>staff's home to a provider site</u>.







## **New Items in Progress Notes**

#### **Location Codes**

Phone (ends June 30th)

Phone – Client home

Phone – Client not at home

**IHBS Home Visit** 

\* IHBS as a service code goes away and will be a location code.



## **New Items in Progress Note**

- Add On Code For the service codes that have maximum time frames the remainder of the time you spent providing a service, over the maximum amount allowed to be entered into the normal service time category, needs to go in the Add-On section as one of the Prolonged Service Codes to be billed.
  - An Add-On Code refers to a service that cannot be billed for on its own. These services will only be billed for, or reimbursed, if they are included on the same progress note as another billable service that occurred on that same day.
  - **Prolonged Service** Under CalAIM, some service codes have a maximum amount of billable time. The remainder of the time is still billable, but only if you add it under this section called "Add-On" in the progress note.
  - There are <u>two</u> Prolonged Service Codes: One for regular services (e.g., Assessment, Individual Therapy, etc.) and another for Group services (Group Therapy).

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Add-On Service Codes										
G2212	Prolonged Service	If a service has a maximum time limit, use this code to add the additional time spent providing the service.	Y	Y	Y	Y				
G2212G	Prolonged Service- Group	If a group service has a maximum time limit, use this code to add the additional time spent providing the service.	Y	Y	Y	Y				
T1013	Sign Language or Oral Interpretive	Use when third-party interpretation was provided during the session/service.  The amount of time entered for interpretation should not exceed the time of the session/service.	Y	Y	Y	Y	Υ*	Y	Y	Y



# CHANGES TO THE PROGRESS NOTE/ITEMS REMOVED

The fields that will not be used for services that occur on or after 7/1/2023 are:



#### **OTHER BILLABLE" TIME**

There are certain fields in the progress note that will no longer be used in Avatar because they will no longer be part of the billing structure under CalAIM.

"Other Billable" Time will no longer be captured.

These fields will "gray-out" if the service happened after 7/1/23 but will still be available for services before 7/1/23.

## "Number of clients in group"



Under CalAIM, we don't need to use this in our calculation for group services because DHCS has adjusted the rates for groups to eliminate the need for that calculation. Therefore, the entire duration of the group should be added to each group client member note.

**How do people document group time?** 

Staff MUST get all of their notes for services that occurred on or before 6/30/2023 into Avatar by 7/31/2023.

After this, they will only be able to enter services that were provided on or after 7/1/2023.

## The "Co-Practitioner" Section (MH & SUD)

#### Each Practitioner <u>must</u> write their own Progress Note

Each Practitioner will have to capture their direct service time with each client.

#### What about co-facilitating a group?

Each facilitator will capture the whole amount of time they spent providing direct service time with the group.

For example, if facilitator #1 began group and facilitated the group for 60 mins, their direct service time would be 60mins, but facilitator #2 arrived 15mins late, their direct service time would be 45min.

**Remember**- For each client, capture the full length of the group –unless the client arrived late or left the group early.

#### What about a service (crises intervention) that included two different providers?

Each practitioner should write their direct service time and include how they intervened and supported the client (service provided).



# Service Code for "Collateral" will no longer be a service code

Under CalAIM, the way that a Collateral is billed has changed. Instead of a collateral service being its own distinct service code, the way it was previously, collateral instead is viewed as a component of many different services.

#### Definition of "Collateral"

- A caregiver or
- A significant support person who is supporting the client in a nonprofessional capacity.

Can I still provide a "Collateral Service"?

#### Yes!

The provider working with the client's support person would simply select the service code that most accurately represents the service they are providing such as:

- Assessment
- Plan Development
- Rehabilitation
- Case Management



## 1 NOTE FOR SAME-DAY SERVICES

If you provided the same client, the same service, multiple times on the same day

You only write 1 progress note
Summarize the services
Plus add the direct service time for the whole day

For example: You provided the client case management in the morning and in the afternoon on the same day.



## Service Code Cheat Sheet (MH)

Service Code	Type of Service	Description	MD/NP	LMFT LSCW Ph.D./PsyD (Including Associates)	RN	LVN	MFT/SW Student Intern	от	PSS	MHRS
		Assessment								
5CA	Assessment (Non-MD)	Mental Health Assessment by a non-MD.		Y	Υ	Υ	γ*	Y	Υ	Y
14CA	MD/NP Assessment 1-15 minutes	Mental Health Assessment by a MD/NP.  For a service over 15 minutes, also use (G2212) Prolonged Service code to add additional service time.	Y							
		Treatment Planni	ng							
6CA	Plan Development (Non-MD/NP)	Plan development by non-MD/NP.		Y	Y	Y	γ*	Y	Y	Υ
		Individual Therap	ру		<b>I</b>			-		
90832CA	Individual Therapy 16-37 minutes	Use for Individual Therapy between 16-37 minutes.	Y	Y			γ*			
90834CA	Individual Therapy 38-52 minutes	Use for Individual Therapy between 38-52 minutes.	Y	Y			γ*			
90837CA	Individual Therapy 53-60 minutes	Use for Individual Therapy between 53-60 minutes.	Y	Y			γ*			



# HOW TO USE THE NEW SERVICE CODES?

#### **Key Points**

Utilize the Service Code Cheat Sheet to help you determine the correct Service Code to use. Many of the codes are self-explanatory or like the old codes.

The new Service Codes are in Avatar, you will not need to memorize them.

Each service code has a corresponding description to help you understand when to use the code.

Some codes have a maximum billable time. If you go over this time, add the time to the "Add-On" section.

When in doubt, contact QM!

#### Reminder about when to use 55

#### **Key Points**

- When entering a progress note late, code it for the service provided, not a 55.
- When in doubt, contact QM!



#### (55) Non-Billable Services

- Clerical task
- Close a chart
- CPS/APS report
- Deceased client
- Discharge Note

- SSI paperwork no client present
- Tarasoff Report—making report
- Translation only
- Transportation of client –driving to appointment
- Prepare, Testify, Wait in court

- Write a letter for court
- Rep-Payee functions
- Review/Prepare chart for release of information
- Appointment Scheduling
- Send or receive email, voicemail, fax

- Family member referral
- Preparation for service
- Non-billable Group use code 550
- No service missed visit no show

#### A Thank you "Starbucks Gift Card"







Behavioral Health is inclusive of what services?



# HOW TO WRITE A PROGRESS NOTE

# WHAT'S INCLUDED IN A PROGRESS NOTE?

Most required elements are already embedded in the Avatar progress note form, such as your electronic signature.

Your focus is on what is entered on the Progress Note Form in Avatar.

The written part on all progress notes contain at least these 2 elements:

#### **PROBLEM / INTERVENTIONS:**

Describes the service provided to the client

Includes how the service addresses the client's behavioral health need

#### **PLAN:**

Describes next steps by the provider or by the client

\*Depending on the type of note, additional fields have been added to the templates to assist you with including other required information.

You no longer need to write a lengthy description of your client's response to your interventions!



# NEW PROGRESS NOTE TEMPLATES (MH & SUD)

Simplified templates based on In-Person Services vs.

Remote Services.

#### Templates include:

Treatment Plan Progress Note

In-Person Service (Not Group) Remote Service (Not Group)

In-Person Group (1 Facilitator)
In-Person Group (2 or more Facilitator)

Remote Group (1 Facilitator)
Remote Group (2 or more Facilitator)

Crisis Intervention\*

Medication Support\*

\*Can be used for both in-person or remote

These templates will be ready in Avatar on 7/1/2023. However, you can start using the template now by copy and pasting the template text into Avatar.



#### Template Sample

List people involved in the services and their role:

Location of client at the time of service:

PROBLEM / INTERVENTIONS. Describe the service provided to the client. Include how the service addresses the client's behavioral health need (e.g., symptom, condition, diagnosis and/or risk factors):

PLAN. Next steps including, but not limited to, planned action steps by the provider or by the client, collaboration with the client, collaboration with other provider(s) and any update to the problem list as appropriate:

The difference between the in-person service progress note and remote service progress note. You should put the client's location if you are providing a remote service. This is a BBS requirement, safety concern. For instance, if a session ends abruptly where to send the police or a mobile crisis team?

It is **not** sufficient to write "Will plan to meet next week at scheduled time." This section must be more specific regarding what you plan for the next session. Such as "Plan to continue identifying strategies to use in stressful situations at next session" or "Plan to continue to next module of [EBP Protocol] at next session."

#### Template Sample

*Location of the client at the time of service:* 

PROBLEM / INTERVENTIONS. Describe the service provided to the client. Include how the service addresses the client's behavioral health need (e.g., symptom, condition, diagnosis and/or risk factors):

Facilitator 1: Describe the (1) specific involvement and (2) specific amount of time of involvement of this practitioner in the group activity:

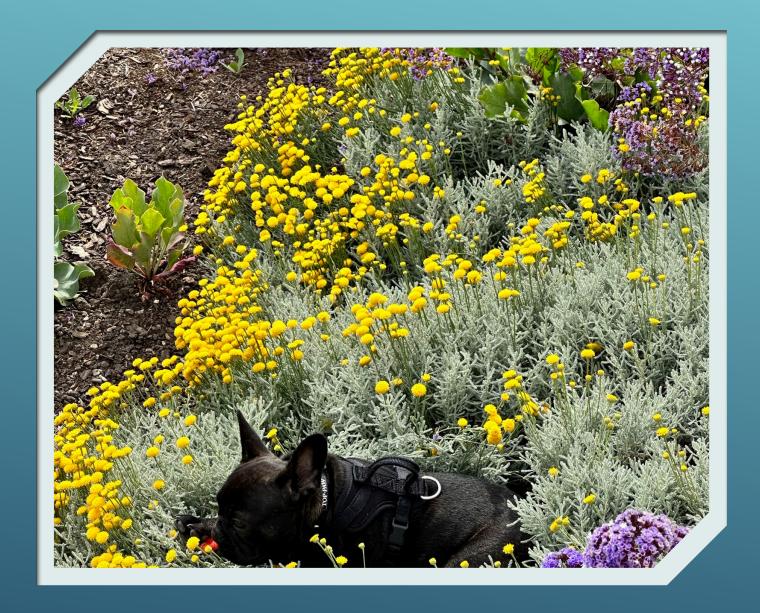
PLAN. Next steps including, but not limited to, planned action steps by the provider or by the client, collaboration with the client, collaboration with other provider(s) and any update to the problem list as appropriate:

This is where you write that you're providing a group therapy service and note the focus of the group for this session, and how this address the client's behavioral health need.

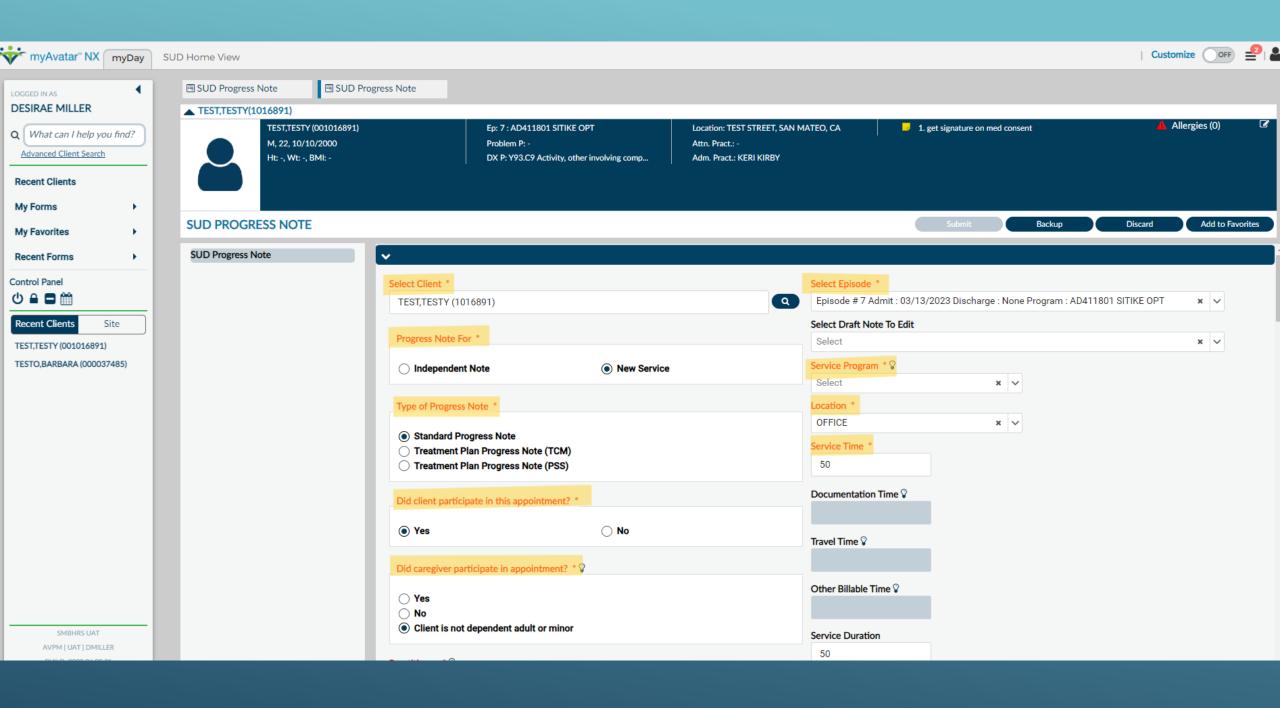
NEW: You do not need to include client's response to intervention.

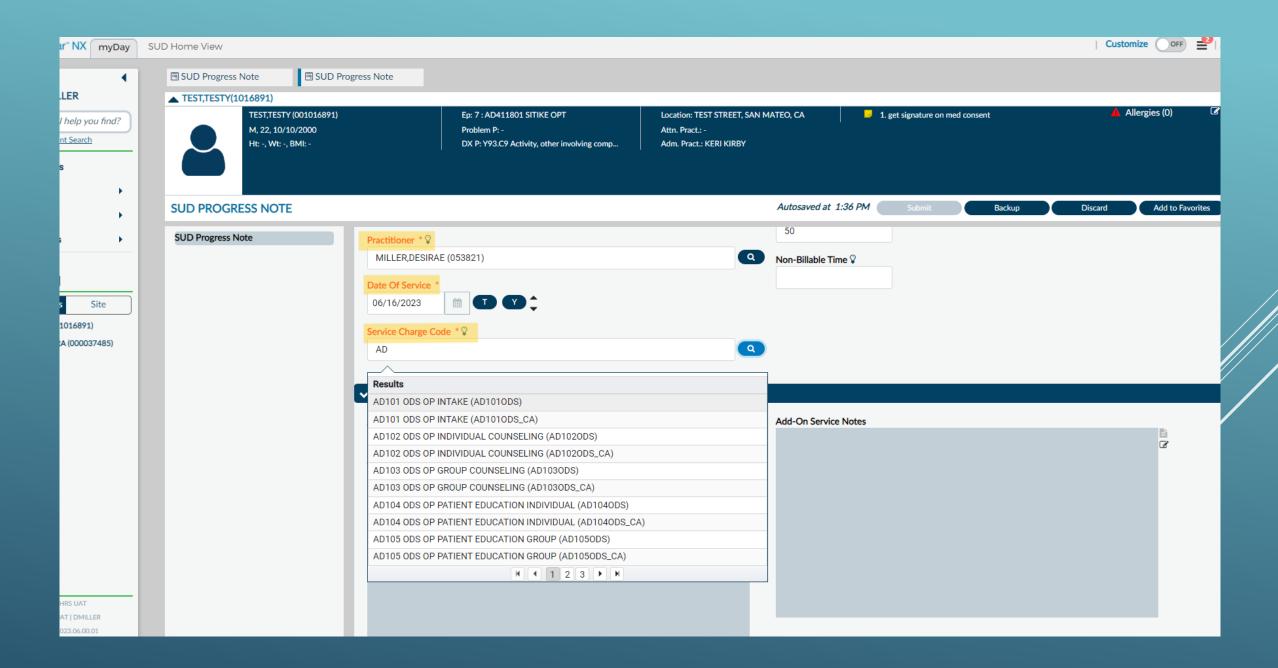
This is where you write about the interventions you provided. Remember, you don't need to write how the client responded to your interventions anymore!

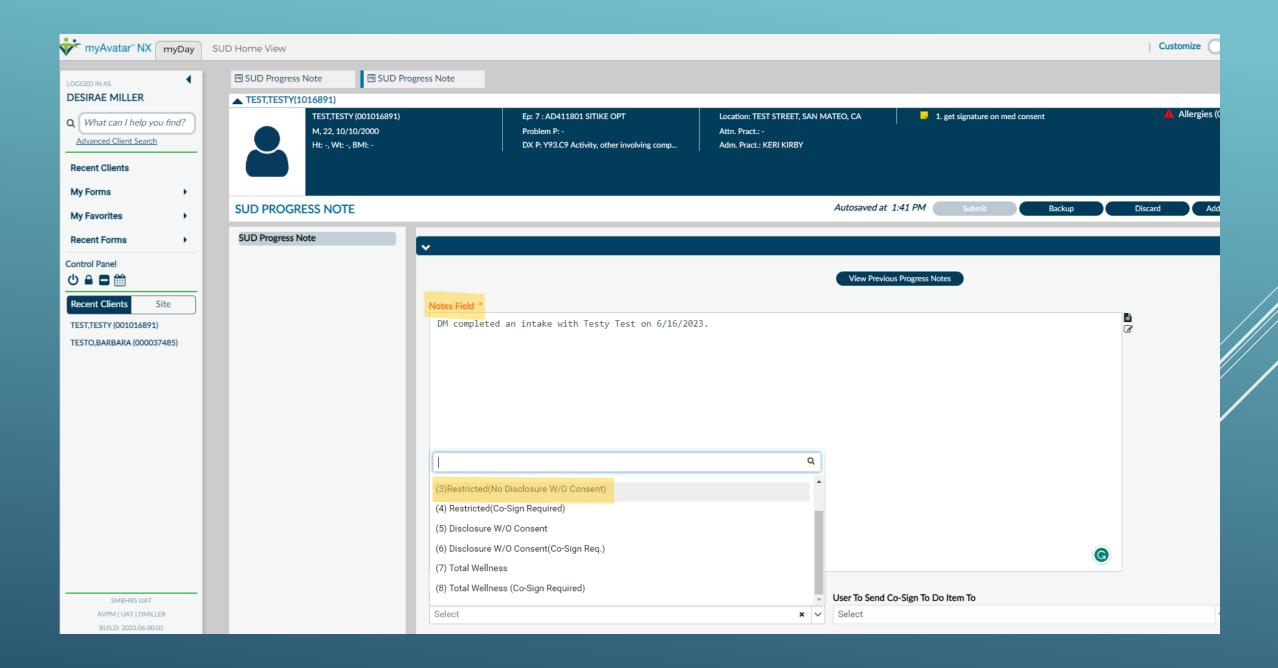
This is where you write that you're providing a group therapy service and note the focus of the group for this session, and how this address the client's behavioral health need.

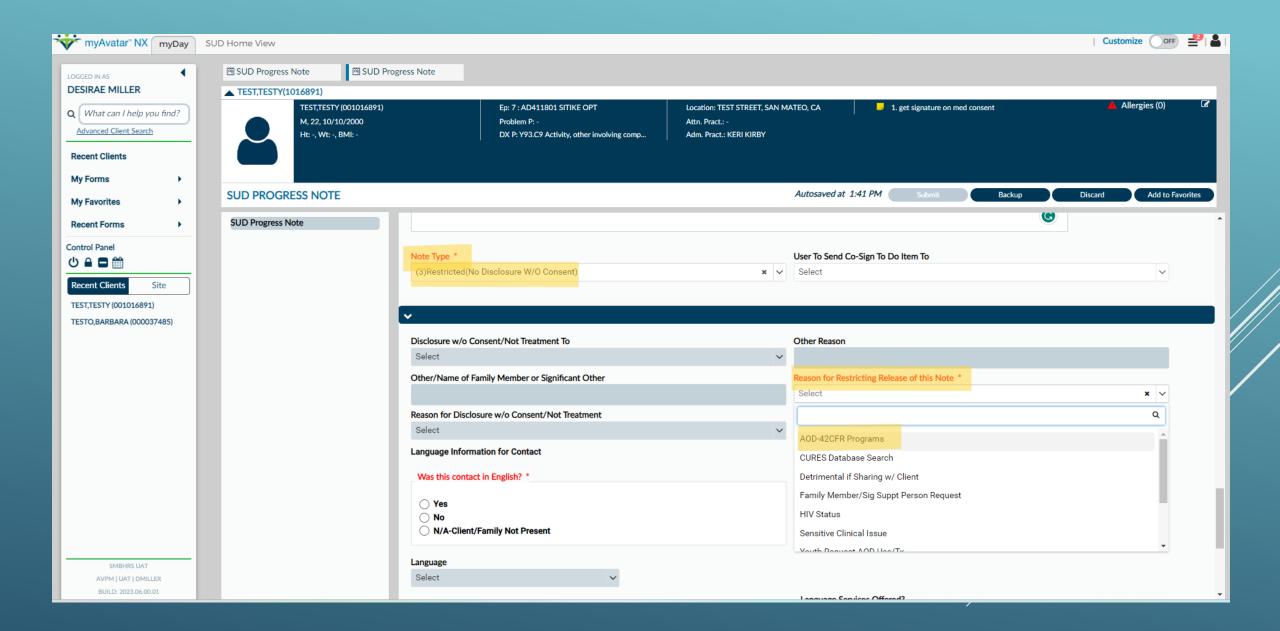


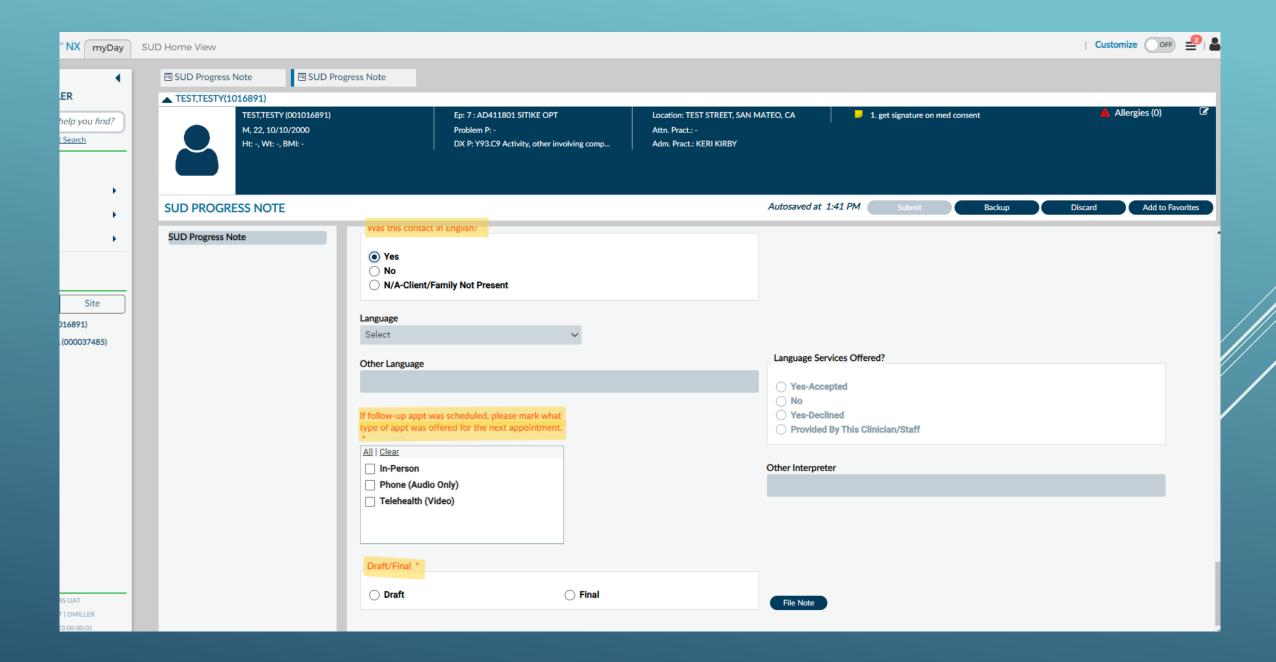
# AVATAR NX SUD PROGRESS NOTES











#### A Thank you "Starbucks Gift Card"







When do the new service codes go into effect?



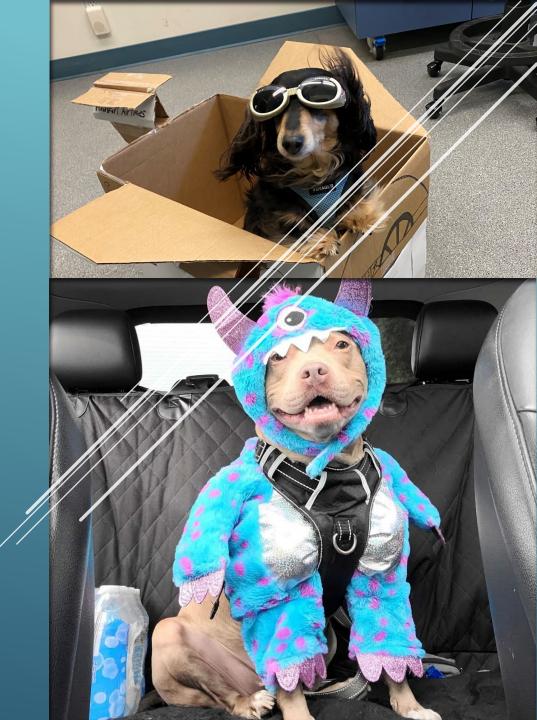






### BREAK TIME

## IT'S DEMO TIME



#### Avatar Sample Progress Notes

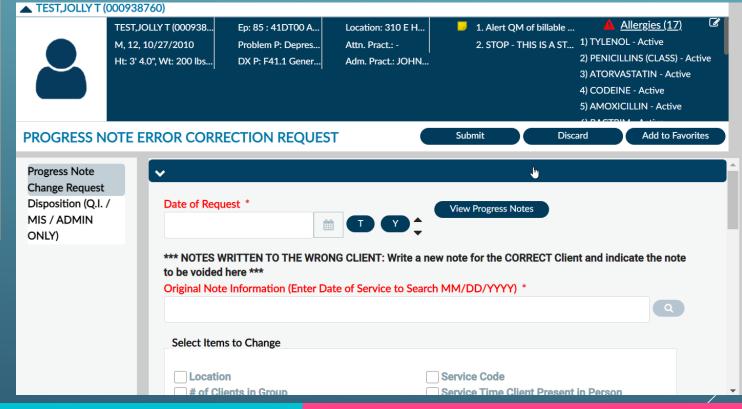
Service Code	Service Description	Duration	Location	Travel Time	Documentation Time
5CA	Assessment – Non-MD	55 minutes	Office	none	7 minutes
90837CA	Individual Therapy 53-60 minutes  Add-On Code (G2212)	71 minutes (total) 60 minutes (90837CA) 11 minutes (G2212)	Telehealth Home	none	11 minutes
10CA	Group Therapy	95 minutes (total duration) 15 minutes 10CA 80 minutes G2212G	Telehealth	none	12 minutes
14CA	MD NP Assessment	74 minutes (total) 15 mins (14CA) 59 mins (G2212)	Office	none	44 minutes
99214CA	Medication Visit 30-39 minutes	39 minutes	Office	none	10 minutes
AD101ODS_CA	Intake	50 minutes	Office	none	9 minutes



# PROGRESS NOTE SUPPLEMENTAL FORMS

#### PROGRESS NOTE SUPPLEMENTAL FORMS

- Progress Note Error CorrectionRequest
- Append Progress Notes





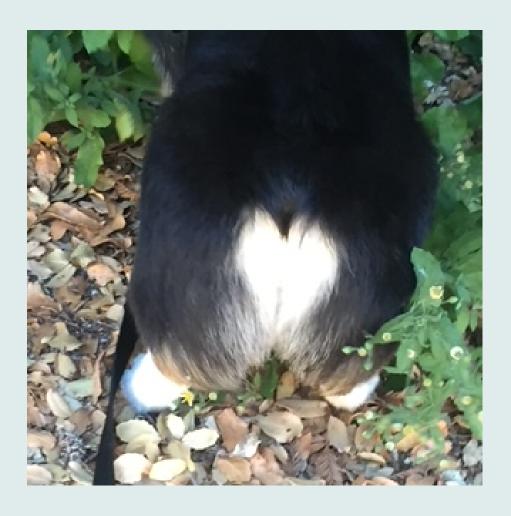


## POST QM WEBINAR SURVEY

- ▶ https://www.surveymonkey.com/r/5 postsurvey
- ► Please complete the survey by Friday, June 30th.



## RESOURCES



#### **QM Resources**

- ► These resources can also be found on the OM Website
- Service Code FAQ (Includes Service Code Cheat Sheet)
- ► Email

  HS BHRS ASK QM@smc

  gov.org



## QUESTIONS & ANSWERS

