



September 2, 2021

Documentation Expectations and Guidance for AKAIMS

Minimal Data Set

As a result of the May 2021 cyberattack on DHSS, AKAIMS remains off-line. To reduce the burden associated with the resulting alternative reporting process, Minimal Data Set (MDS) Agencies have the option to close out the remainder of the state fiscal year by entering a single encounter note per active program enrollment for each client that received a service in that program in quarter four of State Fiscal Year 2021. Similarly, starting in FY2022, MDS agencies will have the option to limit encounter note entry to a single service note per active program for each month of July, August, and September 2021. As of October 1, 2021, the MDS Requirement of all Encounter Notes for all agencies and all programs will resume. This will allow agencies to focus on the entry of the remainder of the MDS which will have an expected due date of 10/31/21. We need this information in the system by 10/31/21 for the state's reporting obligation. The Federal Fiscal Year closes out 9/30/2021 and we will begin to develop the reports in October and will need finalized information prior to submission.

Please be aware the selection to reduce encounter note entry will reduce the accuracy of future encounter note data related reports in the AKAIMS Report Manager System. The Division of Behavioral Health will likewise lose the ability to use AKAIMS to accurately report the number and array of services provided in organizations. While part of this can be supplanted by Medicaid data, the portion of the population that is not covered by Medicaid will remain omitted from these reports. Reports for the upcoming legislative session or other aggregate counts needed for various initiatives will underrepresent the total efforts of the many organizations across the state.

AKAIMS Electronic Health Records

As a result of the May 2021 cyberattack on DHSS, AKAIMS remains off-line. The Division of Behavioral Health sent out messages to switch to paper documentation a day after we were informed of the cyberattack. Several emails were distributed to encourage organizations to reach out to AKAIMS staff for reports that included Assessments, Treatment Plans, and Encounter Notes documented in the system, along with an array of other reports to help organizations build a paper chart if a paper back-up was not already an organizational policy.

The Division of Behavioral Health recognizes even with the items that were sent out, documentation challenges exist for organizations that use AKAIMS for their Electronic Health Records system while the system was unavailable due to the cyberattack. For those agencies, the division authorizes specific regulatory components are held harmless during the time the AKAIMS system was unavailable. The date range for the hold harmless begins May 18, 2021,

and ends the day AKAIMS is available, announced via GovDelivery ListServ and emails going out to the various AKAIMS User Groups. The hold harmless offer applies to the exclusions listed below.

During the hold harmless period, the Assessment does not need a Behavioral Health Screening as defined in 7 AAC 135.100 to have a date prior to the Assessment Signature Date. The Behavioral Health Screening will need to be incorporated into any assessments used to develop a treatment plan for services after the hold harmless period has ended.

During the hold harmless period, professional behavioral health assessments as defined in 7 AAC 135.110 do not need a final signature by the clinician administering the assessment prior to the development of the treatment plan or administration of behavioral health services. After the hold harmless period the professional behavioral health assessment will need to be finalized with appropriate signatures for services.

During the hold harmless period, the behavioral health treatment plans defined in 7 AAC 135.120 do not need assessments finalized nor do they need to be signed by the directing clinician or client prior to delivering services. The agency is responsible to ensure the services are still delivered at an adequate skill level as defined in 7 AAC 135.120(b)(2). The hold harmless period will waive the need for the 90-day review of the Treatment Plan defined in 7 AAC 135.120(f). Organizations will need to possess an active Treatment Plan that meets 7 AAC 135.120 to bill Alaska Medicaid after the hold harmless period has ended.

Services may be delivered without a finalized treatment plan during the hold harmless period. Contemporaneous Record Keeping according to 7 AAC 105.230(d)(7) and 7 AAC 105.230(h) is not required during the hold harmless period.

All other components of 7 AAC 105.230 remain in effect to demonstrate necessary information required for billing Medicaid.

After AKAIMS becomes available, all contemporaneous documentation requirements and regulatory documentation standard expectations are again in force.

Recommendations for Updating Files Once AKAIMS is Back On-Line

AKAIMS has a section for Document Upload. Organizations may choose different scenarios on how and if they would like to enter information into AKAIMS. By completing the documentation on paper and keeping the paper charts some organizations may decide to omit adding the information into AKAIMS with the exception of the MDS requirements described above. They can direct anyone who needs access to this information to look in the paper charts. Other organizations may wish to take advantage of the document upload section called Client External History, which is located under the Client Profile. The document upload does not add it into the Episode of Care directly but can be referenced by anyone who has access to that client record as a standalone document. This would eliminate the need to track down the paper chart for sections that are uploaded.

Behavioral Health Assessments

For behavioral health assessments (BHAs) that were created on paper, the organization may decide to retype or copy/paste the document section by section into AKAIMS; alternatively they may add a sentence in the first box to instruct individuals to look in the document upload section. If the decision is to add the text into the Episode of Care's BHA itself for cleaner continuity of the record, we recommend adding an addendum at the end to direct an individual to look at the Paper Record's signature date on the Assessment. This would be true regardless of whether the paper is in the document upload or just in a paper chart. This is to demonstrate to anyone reviewing the chart that the wet signature date is not the digital signature date they see on the front of the BHA in AKAIMS, rather that it is the wet signature that is on the paper version.

Treatment Plans

Treatment Plans can also be uploaded but just as the Assessment mentioned it would be an external file. Thus, it would not have the standard functionality of a Treatment Plan entered directly into AKAIMS, such as the ability to click a link in the note screen to add Problems/Goals/Objectives/Interventions. Regardless of if you wish to add the treatment plan into the system or upload it, be certain to reference where the original is located with the wet signature and date.

Encounter Note Options

Encounter Notes are the largest lift for organizations. There is the option to leave the encounter note only in the paper chart for the client with a miscellaneous note to inform people that the encounter notes are only in paper. There is the scenario where all the encounter notes are scanned as a single file and if someone will need to read a note in this time period, would have to scroll through all the notes to find it. Agencies can also upload the notes one at a time in reference to a specific date. In addition to the document upload section, there is the decision if agencies would want or in some cases need to build an encounter note directly in AKAIMS. For agencies that use a separate billing system but use AKAIMS reports for QA and/or various other reports such as productivity, they may wish to add the first page of the encounter note into the system. In addition, some agencies may want to add in the text of the second page of the note, the actual information and sign off with a note that directs individuals to the locations of the note that has the wet signature on it. Those agencies that bill through AKAIMS may need to add the first page of the note into AKAIMS to either bill through the system, or if they billed through Payor Path, may wish to add the note to have a placeholder to manually reconcile the billing event.

Crisis Intervention/Crisis Stabilization

Crisis Intervention/Crisis Stabilization notes may be useful as an uploaded document. Organizations will need to fill in the Crisis Intervention/Crisis Stabilization MDS information for reporting purposes and then indicate where the filled-out form is located, either paper or the uploaded version.

Other Documents

There may be need for other documents created while the system was down to be uploaded. If on the document upload section, you do not see a document type option that meets your needs, please reach out to the AKAIMS support team to add additional items to the drop box.

AKAIMS Billing

The AKAIMS System will be brought back online to the same version that was active during the time the cyberattack hit the Division. This version required the Manual Upload of the Electronic Billing (837) to Optum and the Manual retrieval of the Electronic Remittance Advice (835) from Optum. The AKAIMS team received the version that creates the automated process. There is the possibility that the automated process may take time to set up along with running the risk of not working as anticipated. The decision was made to allow organizations that were waiting for AKAIMS to come back online to bill to stick with a process they were familiar with and when billing is caught up, to hold a discussion with organizations on when we should move forward with the automated billing system.

For organizations that billed via Payor Path or Paper Invoices, please coordinate with the AKAIMS support team if you need assistance on how to manually reconcile those claims back into the system once the claims are paid.

Alternative Billing Other than Medicaid:

The State of Alaska only has authority to speak on behalf of Alaska Medicaid. The agency will need to coordinate with other billing organizations regarding documentation expectations during this time period where optional MDS set entry is permitted.

GPRA/SOR/COVID

Organizations that have the grant obligation to administer a Government Performance Results and Modernization Act (GPRA) for Division of Behavioral Health Grants, and the GPRA date occurred during the time AKAIMS was unavailable due to the cyberattack, have the option for the AKAIMS/Research Team to enter the GPRA into their client record on their behalf. This is an optional accommodation for organizations and the treatment agency may elect to enter the GPRA themselves. To sign up for the AKAIMS/DBH Research Team to enter the GPRAs on your behalf, please email Sandy Warren at Sandra.warren@alaska.gov. She will begin a MoveIt message for you to send to the division scanned paper copies of the GPRAs via MoveIt. The AKAIMS/Research Team will need the agency to have built the Profile, Intake and Program Enrollment in the AKAIMS record prior to entering the GPRA. This only applies to GPRAs that have a date while the AKAIMS system was offline. GPRAs that were administered prior to then or after the system is available return to the responsibility of the treatment organization to enter the data into the AKAIMS system.

ISA

Paper invoices cleared the last of the FY2021 billings. A target of 12/31/2021 is set for completion of data entry into AKAIMS. These ISA Notes will need to match the line-item invoices submitted to the state. After entering the note into AKAIMS, the note will be locked rather than billed. This is for the purpose of claim reconciliation needed for the legislative session on services delivered through ISA funds. ISA is completely funded by Alaska General Leger Funds and often under a higher level of review. A demonstration of how to lock notes will be provided in the next ISA User Group.

Documentation Trail

As an organization, you may wish to formally document the decision which can include this letter and the SFY 2022 – DBH Guidance Document #2. For MDS, the document might only be your decision on entering encounter notes for the specified time period. For Health Record Agencies, documentation on each of the items above will help formalize what the process is for the client records at your organization and should assist in future reviews.

Sincerely,

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