

## Initiatives Report

Name	Public Description	Section/Column	Priority 1-10	Product Management Meeting - Status	Need Determination
Add Delete Confirmations and Guardrails	There have been numerous instances of county users accidentally deleting something, such as a program, client, or staff member. Recovering this information is difficult, and even if deleted correctly, this will often orphan related records. For example, deleting a program will remove the affiliations of the documents that were associated with that program, thereby making them unable to be CDAG'd. We are requesting more guardrails around deleting items, including a confirmation message and a system review to determine if there are any "child" records (meaning records that rely on the record being deleted in order to function).	SysAdmin	2	Waiting on LOE	Essential Modification - Functionality is not present
Need the ability to add Controls created in SmartCare to DFA documents (through DFA functionality)	In SmartCare, there are "controls". An example of this is the Problem List Control, which can be seen on the CalAIM Assessment and the Progress Note. These are items that can be added to documents as a whole section. These controls include functionality that impacts the system elsewhere. For example, adding a problem to the Problem List Control in the CalAIM Assessment means that when you view the Problem List Control on the Progress Note, the problem you added shows up in both places. CalMHSA is working with Streamline to make these controls available to be added to CalMHSA-created documents.	SysAdmin	2	Awaiting Streamline Design	Essential Modification - Functionality is not present
Document Mapping (Categories for Documents list page)	In the "Documents (Client)" list page, there is a filter for the type of document. This filter is dynamic, meaning a document type will only show if the client has such a document at all. However, CalMHSA learned that the creation of these document types is manual. CalMHSA is therefore working to ensure all documents that are active in SmartCare have their type setup so that they can be seen in this filter. CalMHSA is also working to create the "folders", such as "Assessments" and "Progress Notes" to ensure all overarching categories are accounted for.	SysAdmin	2	Deployed to Prod - Complete	Essential Modification - Functionality is not present
Program drop-down to associate to a calendar entry for when adding to the staff calendar	Every service appointment in SmartCare requires a client, program, and provider. However, every calendar entry only requires a provider. This type of event is often used for tracking the administrative tasks done. Sometimes this may need to be tracked to a specific program, however. Counties therefore requested that a Program field be added to the calendar entry for tracking purposes.	SysAdmin	2	Awaiting Streamline Design	Industry Standard - Functionality requires workarounds
CDAG Inquiry Screen	Some counties hold their Access Lines out as 42 CFR Part 2 providers. We are working on a way to CDAG Inquiries to address this concern.	SysAdmin	2	Awaiting Streamline Design	State Requirement
Improved QA Environment Coordination	SmartCare works on a hub and spoke model, where CalMHSA's production environment pushes configuration changes down to county affiliate production environments. CalMHSA's QA environment is also supposed to push down configuration changes to county affiliate QA environments. This sync has not been turned on for numerous reasons, including billing testing and state reporting testing that is still occurring out of county QA environments. This has impacted other testing, however. When a new deployment is pushed to QA environments, some setup is often needed. CalMHSA completes this setup and testing in CalMHSA QA, but since this setup doesn't push to the county QA environments, counties are not able to test in their own QA unless CalMHSA makes the configuration changes in all environments separately and manually. CalMHSA is hoping to improve this process so counties can benefit from testing after CalMHSA completes the necessary configurations in CalMHSA QA.	SysAdmin	3	In Progress (active task)	Optimization - Functionality is present but very clunky
Add a filter & column for program in 'Documents (Client)'	All documents in SmartCare require a client and a program. CalMHSA requested that a "Program" column and filter be added to the "Documents (Client)" list page so that a user can filter by a specific program.	SysAdmin	3	Awaiting QA Deployment	Optimization - Functionality is present but very clunky

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Redoing PDFs (RDLs) across SmartCare	In SmartCare, there are 2 pieces to every document: the data entry piece and the report (pdf) view. The latter is called the RDL. CalMHSA has created a style guide for RDLs which includes state required items, such as ensuring the font size is at least 12 point and adding a redisclosure statement at the bottom of documents from an SUD program. When CalMHSA creates a new document for SmartCare, this style guide is used when creating the RDL. However, there are many core documents used by CalMHSA, meaning documents created by Streamline that are not unique to CalMHSA's environments. CalMHSA is working to redo the RDLs for all of these documents, from the Release of Information to service notes.	SysAdmin	3	In Product Roadmap Development	State Requirement
User Role Permission Grid Report	This would be a report that would present all permissions and all user roles in a grid format to show which permissions were granted to which user roles in a way that's easy to compare permissions between user roles.	SysAdmin	3	Waiting on LOE	Optimization - Functionality is present but very clunky
Inquiry - Add ability to lock Inquiry Details screen similar to Flow Sheets	The Inquiry Details screen is just that - a screen. Screens, unlike documents, cannot be "signed" and "completed". The Inquiry Details screen must be a screen rather than a document, since a document must be associated with a client and a program. The inquiry, by definition, does not require either. That being said, the Inquiry is meant to capture data about an event. That information should be able to be locked down so that others cannot edit the information. CalMHSA is looking at the "lock" feature used in the Flow Sheets as a potential option and is working with Streamline to determine if this is possible. This would require someone to "lock" the Inquiry. The ability to "unlock" the record and make changes would be permissioned to only supervisory staff.	SysAdmin	6	Parking Lot	Essential Modification - Functionality is not present
Train Portal: Unread messages do not display in the messages function or the widget	This was originally reported as a bug. Only the initial message sent from a staff member to a client appears in the client's messages. Any replies to that message do not appear.	SysAdmin	8	Parking Lot	Essential Modification - Functionality is not present
Add military time support to SmartCare	Military time, or 24-hour time, is often used in 24-hour settings, such as crisis units, residential facilities, and inpatient hospitals. Currently most fields in SmartCare do not accept the input of military time, or if they do, the field requires a colon to accept the time (e.g. 13:15, but not 1315). We've also heard from counties that it would be nice to be able to select how you prefer time to show (e.g. an inpatient nurse prefers 1315, or 13:15, but an outpatient nurse prefers 1:15p).	SysAdmin	8	Awaiting Additional Details from Streamline	Industry Standard - Functionality requires workarounds
Add/delete items at scale (example: figure out a way to quickly add more than 1 staff/user to a new program)	Right now when creating a new program, you can't add staff to the program in the program set-up. You have to go to each staff/user profile and add the new program manually. This is very tedious and time consuming. There are numerous other examples of not being able to work at scale. This includes being able to add multiple programs to a user's account at once but having to remove programs one at a time. We're trying to make these types of processes more user-friendly and efficient.	SysAdmin	9	Parking Lot	Optimization - Functionality is present but very clunky
Need a way to see what is included in the Primary-to-Affiliate sync and to be able to manage it	CalMHSA's environment syncs with the environments of county affiliates. CalMHSA is looking to be able to see what items are currently syncing and at what level.	SysAdmin	9	Awaiting Streamline Requirements Doc	Essential Modification - Functionality is not present

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Need a way to see a field is required without having to click on anything	In SmartCare, fields that are required in order for the user to save or sign a document are not clearly marked as such. When a user tries to save or sign, SmartCare will run validation checks and inform the user why they cannot save or sign. This does not label the field itself, but merely references which fields are required. CalMHSA is requesting to have required fields be clearly identified without the user having to attempt to save or sign.	SysAdmin	10	Parking Lot	Industry Standard - Functionality requires workarounds
Add a pop-up at login that lets users know that changes have been made - acknowledge and doesn't show up every time they log in	Changes are often made to SmartCare, such as new deployments or changes to configurations. We've heard from counties that end-users aren't always made aware of these changes. To ensure users are made aware, CalMHSA is considering a pop-up at login that describes any changes made to SmartCare since their last login.	SysAdmin	10	Parking Lot	Enhancement - Would be nice to have
Ability to Share Between Specific CDAGs Rather than All/None	Currently, when the Coordinated Care Consent is signed, ALL CDAG walls are dropped and ALL users can see documents from ALL programs. Counties have requested a way to share between specific programs, or specific CDAGs.	SysAdmin	10	Parking Lot	Essential Modification - Functionality is not present
Adding Programs to Rx Module to allow for CDAG of prescriptions & related documents	The e-prescribing module of SmartCare is not being CDAG rules. This is to allow prescribers to see all of the medications a client is on, which is generally required by the DEA, especially around controlled substances. However, since the data entered into this module does not have an associated program, when that data is pulled back into SmartCare, that data cannot be CDAG'd. This has the potential to result in breaches in the same way that seeing the author of a document is a known SUD Counselor, so too would seeing a prescription written by a known SUD prescriber. Since medical staff already have access to the non-protected information via the e-prescribing module, they are also allowed access to the non-CDAG'd screens in SmartCare that shows the same information. Staff who do NOT have access to the e-prescribing module are not granted permission to view these screens. This often results in the non-medical direct-service staff not being able to see what medications a client is currently prescribed, which can limit care coordination.	SysAdmin	10	Parking Lot	Essential Modification - Functionality is not present
Care Coordination	This is a large project to attempt to track the transitions a client makes through services. While EHRs are good at tracking services and documents in a program, the transition from one program to another, whether by referral or transfer, is far more difficult to capture.	Patient Administration	2	In Progress (active task), Bugs Found in Post-Prod Review; Working on Bugs	Essential Modification - Functionality is not present
Special Population Improvements	CalMHSA is working to improve the usability of Special Populations through the use of "My Office" level list pages and a client-based widget. The new list pages would show all clients in SmartCare with a Special Population and filters would include the type of special population. A use case for this would be to quickly see all current clients with the special population "ICC/IHBS". The client dashboard widget would show what special populations a client currently has and would link to the special populations list page to make quick edits.	Patient Administration	4	In Progress (active task)	Optimization - Functionality is present but very clunky
Tracking Grievances, Appeals, and other MCPAR items	CalMHSA is exploring the option to track grievances and appeals (and other MCPAR items) in SmartCare. While this is a state requirement, it's unclear if it's wise to track these types of items in the EHR.	Patient Administration	5	Need County Shared Decision Making Meeting	State Requirement

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OKR Q1: Improve Orders Sig in Client Orders and Rx [Streamline Development]	<p>Our current order sig especially for medications in BOTH Client Orders and Rx to be improved for pt safety, consistency, and reduce confusion for doctors prescribing and pharmacists/nursing receiving the order.</p> <p>There is a secondary goal that is less of a priority which is to make the sig more patient-friendly</p> <p>Our goal is to get the sig appropriately functioning so it looks like this:</p> <p style="text-align: center;">This is the ideal sig:                      [Drug Name], [Strength]                      Take [# of dose form with units] (total dose with units) by [route] + in layman terms], [frequency]                      [Additional instructions to patient]                      Dispense Quantity: # with units                      Refills: #                      [Notes to Pharmacy]                      [Comments to internal staff] - not on the sig</p>	Medical	1	Waiting on LOE, Development that needs to be scheduled	Essential Modification - Functionality is not present
Add Medical Care Shared Plan to a v1 a simple report	This is a temporary report to capture any user's who checked add medical care shared plan in the new psych/medical note template	Medical	1	In Product Roadmap Development	
Discharge /Transfer Summary V2	This is to combine medically relevant data with the CalMHSA Discharge Summary	Medical	1	Awaiting QA Deployment	
Psych/Medical Note Template + associated Workflows	A new note template focused on prescribers, nurses and medical staff's documentation, along with workflow	Medical	1	Testing in QA	
46385/ 47208 Client Medical-Related Facesheet	Client specific- medical facesheet with relevant information for medical staff to get a quick overview of the pt.	Medical	1	Post-Prod Review Needed	
Order Template Frequency Clean Up	<p>We found discrepancies in order template frequency for lab orders.</p> <p>We are standardizing the order template.</p>	Medical	2	Awaiting Additional Details from Streamline	Industry Standard - Functionality requires workarounds
Visualize All Templates/Preferences/Orderset more easlier Available	Create functionality that allows end users to be able to see all medication templates and/or preferences/ordersets within Rx and Client Orders	Medical	2	Development that needs to be scheduled, Awaiting Streamline Design	Essential Modification - Functionality is not present
Lab Orders/Labs Results are missing programs	Missing programs from labs	Medical	3	Awaiting Additional Details from Streamline	
Client Orders: Discontinue medication, losing the text or updated text in "comments" and instruction text	This is a bug where a medication is discontinued in client orders, users are losing their instructions text and comments	Medical	3	Streamline Design Needs Review	
Functional Keyphrases	This is the ability to create keyphrases are can pull in distinct data either client or author specific.	Medical	3	Testing in QA	

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User Cannot Determine Parent Order ID when needing to modify recurring orders	This is to give more clarity to ensure that if modify/ discontinuing a recurring order that they select the "parent" order	Medical	4	Streamline Design Needs Review	Essential Modification - Functionality is not present
Streamline build: notification to end user that labs did not go through?	This is to create a notification system to end user when there is a lab error.	Medical	4	LOE Received, Needs Review, Awaiting Streamline Design	
add "Days of Week" to orders sig and MAR	<p>Issue: Currently Days of the Week which is required field if MAR program and &gt; 24 hr frequency only shows up on the pdf. However, it should be part of the order/med sig then that is visible. It should show up on the MAR fields and even within Client Order itself /or Med Rx so that providers don't have to go the PDF (which is usually just for documentation not actually what people look at day to day) to find this information. It would be much easier and consistent to have this available from a UX standpoint right in front.</p> <p>Rationale:The expectation that providers would wait until it shows up on the MAR is an assumption esp if you need to change the order. This should be part of the clean up to make the system consistent. Any changes to the ordering system should reflect across all screens.</p>	Medical	5	Awaiting Streamline Requirements Doc	
Diagnosis search Ticket	This is to improve how diagnosis is searched and make it easier to find the right diagnosis	Medical	5	Awaiting Additional Details from Streamline	Optimization - Functionality is present but very clunky
Wt Based Dosing	This is to support prescribers to accurately calculate the amount if medication to prescribe based on weight.	Medical	5	Awaiting Streamline Requirements Doc	Essential Modification - Functionality is not present
Label Changes in RX/Client Orders	This is to be more clear for the headers of the order sig within Rx/client orders specifically "Directions" to change to "Frequency" and "Dose" to "# of Units"	Medical	5	Awaiting Streamline Design	Enhancement - Would be nice to have
Remove requirement for height and weight for Rx <18	This is to create a way to bypass th ht/wt requirement if pt < 19 yo	Medical	5	Development that needs to be scheduled	Industry Standard - Functionality requires workarounds
Issues with SL widget with voided medication	This is an issue where the medication widget in SL is showing voided medications	Medical	5	Awaiting QA Deployment	
Need Ability to override Max Dose in 24 Hours (Previously part of ZD 35698)	This improves on Streamline's Max Dose Quantity Allowed in 24 hours which is currently free text, and make it functionable in helping end users to be aware that they me over the recommended maximum dose.	Medical	6	Streamline Requirements Need Review	

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Client Orders: Alert when there are duplicative orders of the same drug	<p>Issue: Currently, there is no safeguard with a warning to the user that there exist a previous order with the same drug. Need a warning to pop up in Client Order screen when prescribing the same medication that is already being prescribed with overlapping dates. Allow user to continue, but warning should be a pop up where acknowledgement is required.</p> <p>Rationale: Avoid having duplicate medications on the list because it can lead to confusion and potential for the patient to be given the same medication twice</p>	Medical	6	Development that needs to be scheduled	
Change wording for "Include on Prescription" on Rx	This is to change the wording in medication Rx for "include on prescription" which does not actually add to the bottle itself but does switch the comment to "Note to Pharmacy."	Medical	6	Development that needs to be scheduled	Optimization - Functionality is present but very clunky
Need ability to set times for scheduled administration for more than once per hour	<p>Issue: This is to be able to order medication sequentially within 1 hr. important for fast acting medications. Needs to be included on MAR</p> <p>Rationale: Allow for efficiency for users.</p>	Medical	7	Waiting on LOE	Optimization - Functionality is present but very clunky
Change Administration Time options in client MAR to be based on actual order time vs. Order Template Frequency time	Change Administration Time options in client MAR to be based on actual order time vs. Order Template Frequency time	Medical	7	Awaiting Streamline Design	
eRX - Disable Prescribe Button	This gives permission to sys admin to disable prescribe button in Medication Rx	Medical	7	Development that needs to be scheduled	Essential Modification - Functionality is not present
Fix Pop up for Medication Consent to be changed from Verbal Consent by Phone --> Verbal Consent Obtained	This is to fix the medication consent within Rx to change that the pt verbally consented over the phone to just "pt verbally consented"	Medical	7	Development that needs to be scheduled	Enhancement - Would be nice to have
Medication Min/Max Recommendations not consistent	<p>Initially there was an issue with specifically the min/max ranges for Geodon were inaccurate in comparison to FDA guidelines. This particular medication was fixed. However, while testing the fix for this, we tested other medications and found that sometimes there is a phrase such as "Pediatric Recommended Dosage Ranges Not Available For This Medication" and sometimes "Min 0 mg/kg/day - Max 0 mg/kg/day".</p> <p>We'd like for this language to be consistent. If a medication is not recommended, we feel it would make more sense to say "This medication is NOT recommended for patients under the age of X" or "This medication is NOT recommended for patients under X kg" or something.</p> <p>We are looking for SL to create consistency</p>	Medical	9	Waiting on LOE	Optimization - Functionality is present but very clunky

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Psych Note Template V2 Wishlist + Inpatient Add-ons	We know there are several items that are to be fixed in the psych note template, along with other items that may be on county's wishlist especially for inpatient/csu settings. We are pending development until release of V1 into county PROD systems	Inpatient	7	Awaiting Additional Details from County, In Progress (active task)	Optimization - Functionality is present but very clunky
CDAG: Associate documents with a program enrollment period (episode) rather than just a program	<p>This was originally reported as a bug. When creating a document in SmartCare, the CDAG window pops up and requires the user to select a program. The available options are limited based on what programs the client is associated with (requested, enrolled, or recently discharged from) and what programs the user is associated with. In this dropdown, the program list includes the dates of the program enrollment. However, when selecting a specific enrollment, SmartCare seemed to ignore the user's selection and instead selected the first instance of the client's enrollment in that program. This was especially troublesome for crisis and inpatient programs, which have clients open for a short time before discharging and tend to have clients be re-enrolled.</p> <p>CalMHSA requested that Streamline fix this so the document would be associated with that particular instance of the program. This way, when information is also initialized forward (e.g. the document pulls in the program enrollment date), the information is accurate.</p> <p>Streamline has made the fix and it is in the Feb MSP. However, there were a few unintended consequences. Scanned documents brought over during conversion are associated with a program, but there may not be an enrollment instance of that program in SmartCare, since this is legacy data. Even if there is a program enrollment, the enrollment dates may not include the effective date of the scanned document. CalMHSA is working with Streamline to figure out a solution to this issue.</p>	Clinical Documentation	2	In Product Roadmap Development	Essential Modification - Functionality is not present
CDAG Users are able to edit a document from a program that they are not associated with but is within their CDAG	<p>This was initially reported as a bug. Users must be associated with a CDAG, and may also be associated with programs in their user setup (Staff Details). CalMHSA has understood this to mean that the CDAG the user is associated with should determine what they can see in the system and the Programs the user is associated with should determine what they can write to. This is the case for new documents, as the CDAG pop-up dropdown will only allow a user to select a program that they are associated with and the client is enrolled in (or recently discharged from).</p> <p>However, for documents that already exist in the system, a user may see any documents from programs within their CDAG, even if they are not directly associated with that program.</p> <p>The document setup screen (Document Management) determines if the document is editable after signature. It is not impacted by CDAG, programs, etc. Because of this, a user can view a document associated with a program that is within their CDAG and click the Edit button while in that document. This allows that user to edit a document in a program they aren't associated with, essentially giving them a type of "write" access to documents outside of their associated programs.</p> <p>CalMHSA is working with Streamline to adjust the functionality to ensure that users who are not associated with a program cannot edit a document associated with that program.</p>	Clinical Documentation	2	Awaiting Streamline Design	Essential Modification - Functionality is not present
Inquiry updates should NOT overwrite signed notes	<p>This was initially reported as a bug. When in the Inquiry screen, if the Crisis checkbox is checked, you can enter the start of service information. This is incredibly helpful in crisis situations. Once you save the Inquiry, the link to the associated service note becomes clickable. Clicking this link will take you to the associated service note. If the program or procedure code is then changed in the service note screen, this will create issues with the link between the Inquiry and the corresponding Service Note. When the program or procedure of the note was changed, and then the Inquiry was changed and saved, SmartCare soft-deleted the completed service note and re-created a new one based on the information in the crisis tab.</p> <p>CalMHSA is asking that Streamline address this issue, as we feel that no automatic features in SmartCare should delete a signed clinical document.</p>	Clinical Documentation	2	Awaiting Streamline Design	Essential Modification - Functionality is not present

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Scanning Document Types	<p>When scanning or uploading a document into a client's record in SmartCare, you have to first select "Client (Medical Records)" and then choose the Record Type. This categorizes the type of scanned document being uploaded. There are limited record type options to choose from. Counties have requested that this be expanded to increase the specificity for tracking purposes.</p> <p>Note: This task is not related to the issue of having more than "Client (Medical Records)" as an option in the scanning screen (Upload File Detail).</p>	Clinical Documentation	2	Awaiting Prod Deployment (Tested in QA & Approved to Prod)	Optimization - Functionality is present but very clunky
Problem List Re-Design	<p>This is about making sure the problem list shows the person who identified the problem and when, per BHIN 23-068. CalMHSA is discussing options with DHCS around this, as this makes care coordination between SUD and MH providers difficult and duplicative.</p> <p>This also addresses using SNOMED descriptions rather than ICD-10 code descriptions. We've had requests that the ICD-10 code description be used, as staff are trained on DSM/ICD rather than SNOMED.</p>	Clinical Documentation	3	LOE Received, Needs Review, Awaiting additional details from State	State Requirement
ASAM Criteria, 4th Edition	<p>DHCS is requiring that counties utilize a specific ASAM assessment, developed by UCLA, by Jan 1, 2025. However, the ASAM recently put out the 4th edition of their criteria and the UCLA assessment is based off of ASAM's 3rd edition. DHCS is working with UCLA to create a newer version of their assessment to match ASAM's 4th edition. CalMHSA plans to update the ASAM Assessment in SmartCare to match the new UCLA version, once it becomes available.</p> <p>There has also been a request to add the problem list to the ASAM Assessment in SmartCare, which CalMHSA will explore as part of the ASAM Assessment update.</p>	Clinical Documentation	3	Awaiting Additional Details from County	State Requirement
Diagnosis Validation - ensure only valid diagnosis codes are used	<p>Every year, CMS reviews and edits the ICD-10. This means that one year, a code (e.g. F43.8) may be a valid code and the next year it's invalid (e.g. requires F43.89 or F43.87). During the previous change (10/1/23), CalMHSA had Streamline run a script to remove the invalid codes from the diagnosis search.</p> <p>However, when creating a diagnosis document, the system will pull forward the information from the previous diagnosis document associated with that program. This means that there are already diagnoses included on the document. Some of these diagnoses may not be valid anymore due to CMS's changes. There is nothing to inform the clinician upon signing that these codes are no longer valid.</p> <p>Since service notes pull information from the diagnosis document into the billing diagnosis tab, this means invalid ICD-10 codes are being included on a service. The nightly billing job sees this invalid ICD-10 code and throws an error, not allowing the service to create a charge.</p> <p>CalMHSA is requesting that a validation be added on the diagnosis document to ensure that all ICD-10 codes included on the diagnosis document are valid.</p>	Clinical Documentation	3	In Progress (active task)	Essential Modification - Functionality is not present
All Counties: Problem List modifications disappearing on Groups and Service Notes	<p>This was initially reported as a bug. When adding a problem to the problem list via the service note, the problem start date defaults to the effect date of the document, rather than the date of the service. Since the document will only show problems that are active on the date of the service, this often means that the problem just added does not show on the document itself. We are requesting that the default start date of the problem to be the service date, so that all problems added will remain visible.</p>	Clinical Documentation	5	Development that needs to be scheduled	Optimization - Functionality is present but very clunky
Improve group process functionality	<p>We've received a lot of feedback about the group functionality in SmartCare. The current functioning has required a lot of training to avoid errors. We have received many requests to improve this functionality to address these issues.</p>	Clinical Documentation	5	Awaiting Initial Design by Product Management	Optimization - Functionality is present but very clunky



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BHIN 24-005: Mobile NTP	CalMHSA is exploring what is required in order to implement the Mobile NTP initiative.	Clinical Documentation	5	Awaiting Initial Design by Product Management	State Requirement
Tracking Documentation and Travel Time	<p>Pre-CalAIM, services were claimed based on the minutes it took to complete the service. This claim included service time, travel time, and documentation time. CalAIM Payment Reform changed this to pay for services based on encounters. The rates for encounters are supposed to include the expected travel and documentation time.</p> <p>The only way to ensure fiscal solvency is to be able to track all time spent on services to ensure a county's rates are accurate. County directors are requesting that the travel and documentation time fields are completed to allow them to track rate accuracy, which would allow them to lobby the state if a rate adjustment is needed.</p> <p>CalMHSA is exploring methods to increase data entry into these fields, including the option of making these fields required, or conditionally required.</p>	Clinical Documentation	5	Waiting on LOE	Industry Standard - Functionality requires workarounds
Mobile Crisis Enhancements	<p>While the Mobile Crisis benefit has been implemented, there have been requests to improve functionality and address outstanding reporting requirements.</p> <p>DHCS has not yet released Mobile Crisis reporting requirements but CalMHSA will address them as they arise.</p>	Clinical Documentation	5	Awaiting Initial Design by Product Management	Optimization - Functionality is present but very clunky
Crisis-Type Procedure Code - should not have to be limited to DFA-notes only	<p>In order to utilize the Crisis tab in the Inquiry screen, the procedure codes must be marked as a crisis type of procedure code. This procedure code's associated note must be a specific type of document called a "DFA". This means that the progress note, which Streamline created for CalMHSA, and the psych note, which CalMHSA is creating in another method, cannot be associated with a crisis-type procedure code. This has caused CalMHSA to duplicate the crisis intervention procedure code into "Crisis Inquiry" and re-create a simple narrative note in DFA in order to use the Crisis tab functionality for crisis intervention services. CalMHSA is asking Streamline to expand the functionality of this tab to be able to use any progress note type document in SmartCare.</p>	Clinical Documentation	7	Awaiting Streamline Design	Optimization - Functionality is present but very clunky
Evaluate best practice for Problem List and Diagnosis Integration	<p>CalMHSA is exploring ways to address the duplicity of having a diagnosis document and a living problem list. We've had many requests for there to be some sort of exchange between these two items. There has even been requests to remove the need for the diagnosis document. CalMHSA is exploring these options both with Streamline and DHCS.</p>	Clinical Documentation	8	Awaiting Additional Details from Streamline	State Requirement
Display Proxies on Documents RDL (pdf)	<p>When a Proxy creates a document for a provider in SmartCare, the Proxy cannot sign the document; they simply submit the document for the provider to review, finalize, and sign. Because the proxy does not sign the document, they do not show up on the document anywhere. Whenever a co-signer signs, their signature is added to the document. Currently, in order for the proxy to show, they have to be added as a co-signer.</p> <p>Counties have requested that the proxy's name and attestation date (the date they submitted the document to the provider for review and final signature) be included on the pdf, similar to a co-signer. In SmartCare, each pdf is created using the RDL. Each document may use its own RDL to create the pdf. CalMHSA is working to update any CalMHSA-created RDLs to include the proxy's information on the pdf. CalMHSA is also working to update Streamline-created RDLs to include this information.</p> <p>This is an ongoing task as documents are created and RDLs are updated.</p>	Clinical Documentation	9	In Progress (active task)	Industry Standard - Functionality requires workarounds

## Initiatives Report

Name	Public Description	Section/Column	Priority 1-10	Product Management Meeting - Status	Need Determination
<p>Automatically map CANS and ANSA questions answered 2 or 3 to the Problem List (Sonoma County Request)</p>	<p>A county has requested that we develop a way to automatically push items marked as 2 or 3 on the CANS or ANSA to the problem list (Client Clinical Problems). They have provided a suggested crosswalk for ICD-10 codes they feel would match the CANS/ANSA item.</p> <p>Some additional concerns that would need to be addressed in order to move this forward include how to deal with duplicate ICD-10 codes, what to do when the ICD-10 code is already on the problem list, should problems be marked as resolved when the CANS/ANSA moves to a 0 or 1 score, and would the problem's program change based on the most current CANS/ANSA completed.</p> <p>This is considered an item that would be nice to have, but is not critical. There is also some work going on at the State regarding the CANS which may impact this request. As these potential changes roll out, this request will be reconsidered.</p>	<p>Clinical Documentation</p>	<p>10</p>	<p>Parking Lot</p>	<p>Enhancement - Would be nice to have</p>
<p>Clean up ANSA functionality to match CANS functionality</p>	<p>When Streamline implemented their ANSA 3.0, we found that it had different functionality than the CANS. We had requests to make these two documents function similarly.</p>	<p>Clinical Documentation</p>	<p>10</p>	<p>Abandoned/Withdrawn</p>	<p>Enhancement - Would be nice to have</p>
<p>Service Note: Interpreter Services: Make Interpreter Agency a Dropdown</p>	<p>In a service note, you can designate when a service is provided in a language other than English. You can also designate if an interpreter was needed and what agency provided the service. The field where you enter the name of the interpreter agency is a free-text field, meaning you can enter anything you'd like. This enhancement would make this a drop-down field, where counties could enter in their contracted interpreter agencies in order to better track which agencies are being used and at what frequency. This could also help with Language Line utilization tracking, as Language Line would be an available option in the drop-down menu.</p>	<p>Clinical Documentation</p>	<p>10</p>	<p>Parking Lot</p>	<p>Enhancement - Would be nice to have</p>
<p>Rename Procedure Codes and add Numbers</p>	<p>CalMHSA has heard from counties that codes are often hard to distinguish. We originally used the CPT language directly, then worked to clarify using plain language. As we learn more about payment reform, and as we get clarification from DHCS and MedCCC, we have been updating the display names to make them even more clear.</p> <p>We've also had requests to add numbers to the beginning of the display names to make it easier for SysAdmins when adding procedure codes to programs.</p>	<p>Billing</p>	<p>9</p>	<p>Awaiting QA Deployment</p>	<p>Optimization - Functionality is present but very clunky</p>