Initiatives Report

Name	Public Description	Section/Column	Priority 1-10	Product Management Meeting - Status	Need Determination
Staff with Multiple Taxonomy Codes, or when a staff moves from one Taxonomy to another	Some staff/users may have more than one taxonomy code but only one taxonomy code field is present and is used for all claims. Counties need a way to select which taxonomy code goes on claims based on program and license/degree that's associated with the procedure code.	Billing	3	Awaiting Streamline Requirements Doc	Essential Modification - Functionality is not present
Zip Code Validation Improvements		Billing	4	Awaiting Additional Details from Streamline	Industry Standard - Functionality requires workarounds
Validations on Client Information Screen to address billing requirements	This is related to billing errors and/or billing denials due to information not being present on the Client Information screen. This includes "Sex" being incomplete and/or not matching the Medi-Cal information, and "Address" not including the city, state, and zip code and/or these 3 fields not matching. CalMHSA is exploring with Streamline what is possible to address these concerns.	Billing	4	Awaiting Additional Details from Streamline	Industry Standard - Functionality requires workarounds
CSU Maximum Hours & Billing	This was received as an urgent request from a regarding how CSU services are billed. There is a maximum number of hours that can be claimed. Currently, the process is to enter the hours that will be claimed in the service, not the total hours the client was present., which can be found by looking at the program enrollment data. The county indicated that this program enrollment information is not enough for fiscal tracking, and they have been entering in the full number of hours the client was present in the CSU rather than only the hours they meant to claim. They indicated other counties are also doing it this way, despite the current CalMHSA guidance. Now, attempting to re-do the services manually in time to claim for services would be onerous to impossible. At CalMHSA's recommendation, they explored alternatives and have come up with a solution. CalMHSA will be reviewing this solution internally and bringing it to counties for review before implementing this.	Billing	4	Awaiting Additional Details from County	
Rename Procedure Codes and add Numbers	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. 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.	Billing	9	Awaiting QA Deployment	Optimization - Functionality is present but very clunky
Service Request - Service Type setup	Some service request setup for preparation for Service Request flow. Should not impact anything until Service Request is released.	Change Request Intake	2		
Change Taxonomy Global Codes to include the name/description	We have confirmed with Streamline that changing the global code name should not impact billing in any way, so we are adding the name/description of the Taxonomy code to Staff Taxonomy (GC Category). This GC is used in Staff Details and in the Appointment Search (Specialty).	Change Request Intake	3		Industry Standard - Functionality requires workarounds
Create a user role for "Contractor QA"	Some counties have provide the "Medical Records/Quality Assurance" user role to contractor staff. This role has access to some screens that aren't CDAG'd, which may include some state reporting screens. These screens are important to leave open, as the people responsible for submitting a report to DHCS need to make sure to include all records. This request is to create a new user role for "Contractor QA", which will give similar permissions but be denied any screens or reports that are not CDAG'd.	Change Request Intake	6		Optimization - Functionality is present but very clunky

CalMHSA
California Mental Health Services Authority

Initiatives Report

Name	Public Description	Section/Column	Priority 1-10	Product Management Meeting - Status	Need Determination
5. CDAG: Associate documents with a program enrollment period (episode) rather than just a program	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. 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. 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.	Clinical Documentation	2	In Product Roadmap Development	Essential Modification - Functionality is not present
6. CDAG Users are able to edit a document from a program that they are not associated with but is within their CDAG	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). 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. 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. 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.	Clinical Documentation	2	Awaiting Streamline Design	Essential Modification - Functionality is not present
Inquiry updates should NOT overwrite signed notes	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. CalMHSA is asking that Streamline address this issue, as we feel that no automatic features in SmartCare should delete a signed clinical document.	Clinical Documentation	2	Awaiting Streamline Design	Essential Modification - Functionality is not present

Initiatives Report

Name	Public Description	Section/Column	Priority 1-10	Product Management Meeting - Status	Need Determination
Scanning Document Types	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. 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).	Clinical Documentation	2	Awaiting Prod Deployment (Tested in QA & Approved to Prod)	Optimization - Functionality is present but very clunky
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.	Clinical Documentation	3	In Product Roadmap Development	State Requirement
Problem List Re-Design	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. 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.	Clinical Documentation	3	LOE Received, Needs Review, Awaiting additional details from State	State Requirement
ASAM Criteria, 4th Edition	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. 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.	Clinical Documentation	3	Awaiting additional details from State	State Requirement
Diagnosis Validation - ensure only valid diagnosis codes are used	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. 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. 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. 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.	Clinical Documentation	3	Awaiting Additional Details from Streamline	Essential Modification - Functionality is not present

CalMHSA
California Mental Health Services Authority

Initiatives Report

Name	Public Description	Section/Column	Priority 1-10	Product Management Meeting - Status	Need Determination
All Counties: Problem List modifications disappearing on Groups and Service Notes	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.	Clinical Documentation	5	Development that needs to be scheduled	Optimization - Functionality is present but very clunky
Improve group process functionality	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.	Clinical Documentation	5	Awaiting Initial Design by Product Management	Optimization - Functionality is present but very clunky
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	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. 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. CalMHSA is exploring methods to increase data entry into these fields, including the option of making these fields required, or conditionally required.	Clinical Documentation	5	Waiting on LOE	Industry Standard - Functionality requires workarounds
Mobile Crisis Enhancements	While the Mobile Crisis benefit has been implemented, there have been requests to improve functionality and address outstanding reporting requirements. DHCS has not yet released Mobile Crisis reporting requirements but CalMHSA will address them as they arise.	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	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.	Clinical Documentation	7	Awaiting Streamline Design	Optimization - Functionality is present but very clunky
Evaluate best practice for Problem List and Diagnosis Integration	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.	Clinical Documentation	8	Awaiting Additional Details from Streamline	State Requirement

CalMHSA
California Mental Health Services Authority

Initiatives Report

Name	Public Description	Section/Column	Priority 1-10	Product Management Meeting - Status	Need Determination
Display Proxies on Documents RDL (pdf)	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. 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. This is an ongoing task as documents are created and RDLs are updated.	Clinical Documentation	9	In Progress (active task)	Industry Standard - Functionality requires workarounds
Automatically map CANS and ANSA questions answered 2 or 3 to the Problem List (Sonoma County Request)	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. 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. 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.	Clinical Documentation	10	Parking Lot	Enhancement - Would be nice to have
Clean up ANSA functionality to match CANS functionality	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.	Clinical Documentation	10	Abandoned/Withdrawn	Enhancement - Would be nice to have
Service Note: Interpreter Services: Make Interpreter Agency a Dropdown	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.	Clinical Documentation	10	Parking Lot	Enhancement - Would be nice to have
BQuIP & ASAM LoC reporting	CalMHSA is exploring whether the BQuIP must be reported as part of the monthly ASAM Level of Care report, as it's generally considered an ASAM Screener, but is not currently being included in the ASAM LOC report. Update: CalMHSA has received confirmation from DHCS that the BQuIP should be reported on the ASAM LoC report. CalMHSA will work on a method for including this.	Compliance/State Reporting	1	Awaiting additional details from State	State Requirement

CalMHSA
California Mental Health Services Authority

Initiatives Report

Name	Public Description	Section/Column	Priority 1-10	Product Management Meeting - Status	Need Determination
Legal Status: BHIN 23-067, 24-011, & 24-013 LPS Quarterly Data Collection	Counties have a requirement to track LPS data across the county. Since some counties have an LPS facility, CalMHSA is working on a way to easily pull their LPS data for reporting. The county has to provide data to the state from ALL LPS facilities in the county. This task is not meant to add in all LPS data from all LPS sites in the county, but merely to make data reporting from county owned and operated LPS facilities easy to obtain.	Compliance/State Reporting	1	In Product Roadmap Development	State Requirement
How to track SUD Urgent requests	EQRO has a requirement to track urgent requests for SUD services. This is not currently on the TADT, but may be in the future. CalMHSA is working with the State to determine how this should be tracked and reported on.	Compliance/State Reporting	1	Awaiting additional details from State	State Requirement
TADT Updates	This is in relation to the draft BHIN related to the Network Adequacy submission.	Compliance/State Reporting	1		
CARE Act Implementation	This task is tracking all items related to CARE Act implementation. This includes any required documents, reporting, and tracking.	Compliance/State Reporting	2	In Product Roadmap Development	State Requirement
EQRO: Penetration Rates Report	CalMHSA is working to create a penetration rates report that can be used during EQRO.	Compliance/State Reporting	2	In Progress (active task)	Industry Standard - Functionality requires workarounds
How to address when a clinician leaves without finishing their service notes	CalMHSA is working on training articles and protocols on addressing off-boarding staff. We've had counties have staff leave who have not finished	Compliance/State Reporting	3	Needs Discussion with Team	Optimization - Functionality is present but very clunky
Denial of Rights Monthly Report	LPS facilities must report monthly on any incidents of denying a patient's rights. CalMHSA is working to create this report from data in SmartCare.	Compliance/State Reporting	3	In Product Roadmap Development	State Requirement
Program Meta Tagging Feedback	This is the task where we're reviewing feedback from counties regarding Program Meta Tagging (Datapalooza) and adjusting as necessary.	Compliance/State Reporting	3	In Progress (active task)	Enhancement - Would be nice to have
Quality Assurance Timeliness Tracking Report	CalMHSA recently deployed a TADT report, which is meant to be used to complete the TADT form that DHCS provides as part of the Network Adequacy Certification process. Counties need a more usable timeliness tracking report that can be behind CDAG rules and provide more clear information. This has been delivered (see release notes)	Compliance/State Reporting	3	In Product Roadmap Development	Essential Modification - Functionality is not present
Be able to upload state reports (CANS, PSC, CSI, 1st Psych Appt, etc.) in bulk from contractors	Counties have requested that state reporting items be able to be uploaded to SmartCare in bulk. This way they can quickly upload contractor information and report out from SmartCare in one batch.	Compliance/State Reporting	5		Industry Standard - Functionality requires workarounds
County Health report	CalMHSA is working on a set of reports to determine the health of the EHR. This includes determining if programs are setup correctly, how many programs have 0 clients associated, are people billing, how many people logged in within the last 30 days, etc. This should give system administrators some guidance on additional trainings to provide to staff, ways to improve their EHR setup, etc.	Compliance/State Reporting	5	Awaiting Initial Design by Product Management	Optimization - Functionality is present but very clunky
CalOMS - Add refresh button to re-initialize the information that initializes from the Client Information screen	When creating a new CalOMS document, some client information gets pulled in from the Client Information screen. However, when the user goes to this screen to correct information, the CalOMS document doesn't re-pull this information forward. CalMHSA is requesting a method to refresh the data on the CalOMS document from any data pulled in from the Client Information screen. CalMHSA is re-reviewing this methodology and is scheduling a County Shared Decision Making Meeting for this topic.	Compliance/State Reporting	9	LOE Received, Needs Review	Optimization - Functionality is present but very clunky

CalMHSA
California Mental Health Services Authority

Initiatives Report

Name	Public Description	Section/Column	Priority 1-10	Product Management Meeting - Status	Need Determination
Shared Treatment Plan v2 [INTERNAL]		Inpatient	1	Awaiting Additional Details from County, In Progress (active task)	Essential Modification - Functionality is not present
Seclusion and Restraints Debrief	Create a seclusion and restraint debrief form	Inpatient	2	Development that needs to be scheduled	
Cumulative Observations Report (eg Safety check/S&R/Observation Checks)	This is to capture as any frequency patient check such as a S&R, safety check and obs/behavioral checks and compile for IP /CSU teams to be able to easily find information	Inpatient	2	Development that needs to be scheduled	
Shift Report/ Rounding on Unit Tools	This is a rounding tool to help organize multidisciplinary teams get an overview of each pt /room and their main issues and outstanding items	Inpatient	2	Awaiting QA Deployment	
Medication Reconciliation workflow		Inpatient	3	Development that needs to be scheduled	Optimization - Functionality is present but very clunky
MAR Report V2	This an improved MAR report that is multiclient over a time period	Inpatient	3	Bugs Found in QA Review; Working on Bugs	
Need newly created permissions for the 'inpatient activity details' screen copied from train to prod		Inpatient	3		Essential Modification - Functionality is not present
Adhoc vs Full medication list for Client Orders		Inpatient	4	Needs Discussion with Team	Industry Standard - Functionality requires workarounds
S&R/Safety Checks Workflow Improvements	This is to improve S&R related workflow to be more efficient from orders to nursing obs to reports	Inpatient	4	Awaiting Initial Design by Product Management, In Product Roadmap Development, Development that needs to be scheduled	
Pyxis/Omnicell Dispensing Systems	This is about creating a workflow for counties that have a Pyxis and Omnicell system	Inpatient	4		

Initiatives Report

Name	Public Description	Section/Column	Priority 1-10	Product Management Meeting - Status	Need Determination
Removing expired Client Orders from active list or way to remove if leaving program (eg inpt)[INTERNAL]	This is an issue where have to manually remove medications/ orders that have already expired. It should go int the history or a filter, so only active medications/order should show. also that way it gets removed from Rx and doesn't cause confusion to other users. and nice to have is still that you can order from this but its not the first thing you see	Inpatient	6	Awaiting Additional Details from Streamline	Industry Standard - Functionality requires workarounds
Abbreviated Notes Report V2 [INTERNAL]	This is a desire to make the Abbreviated Note Report more user friendly and move towards the IDEO timeline for notes idea	Inpatient	6	Awaiting Initial Design by Product Management	
Psych Note Template V2 Wishlist + Inpatient Add-ons [INTERNAL]	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
IP Nursing Assessment and Documentation (INTERNAL)	This is to improve the nursing workflow for IP/CSU setting	Inpatient	8	Awaiting Additional Details from County	
Interoperability - How to add new language global code to UCSDI & CCDA processes	Working to determine the data mapping for Language for CCDA	Interoperability	4		State Requirement
Ability to add legal entities, certified sites, and contract contacts in for Org Providers		Managed Care	8	Needs Discussion with Team	Enhancement - Would be nice to have
Improve Orders Sig in Client Orders and Rx [Streamline Development]	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. There is a secondary goal that is less of a priority which is to make the sig more patient-friendly Our goal is to get the sig appropriately functioning so it looks like this: 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]	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 checkboxed add medical care shared plan in the new psych/medical note template	Medical	1	Bugs Found in QA Review; Working on Bugs	
CURES/AIMS Checks to Client Medical-Related Facesheet		Medical	1	In Product Roadmap Development	
AfterCare Discharge /Transfer Summary V2	This is to combine medically relevant data with the CalMHSA Discharge Summary	Medical	1	Deployed to Prod - Complete	

CalMHSA
California Mental Health Services Authority

Initiatives Report

Name	Public Description	Section/Column	Priority 1-10	Product Management Meeting - Status	Need Determination
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	
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	We found discrepancies in order template frequency for lab orders. We are standardizing the order template.	Medical	2	Awaiting Additional Details from Streamline	Industry Standard - Functionality requires workarounds
Visualize All Templates/Preferences/ Orderset more easlier Available INTERNAL]	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, Streamline Design Needs Review	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	
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	Development that needs to be scheduled	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	Awaiting Streamline Design, LOE Received, Needs Review	
Add "Days of Week" to orders sig and MAR	Issue: Currently Days of the Week which is required field if MAR program and > 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. 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.	Medical	5	Awaiting Streamline Requirements Doc	

Initiatives Report

Name	Public Description	Section/Column	Priority 1-10	Product Management Meeting - Status	Need Determination
Diagnosis search Ticket [INTERNAL]	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 [INTERNAL]	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 [INTERNAL]	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 [INTERNAL]	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	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	
Client Orders: Alert when there are duplicative orders of the same drug	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. 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	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	Issue: This is to be able to order medication sequentially within 1 hr. important for fast acting medications. Needs to be included on MAR Rationale: Allow for efficiency for users.	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

CalMHSA
California Mental Health Services Authority

Initiatives Report

Name	Public Description	Section/Column	Priority 1-10	Product Management Meeting - Status	Need Determination
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
Psychiatric Advance Directive (Under Construction)		Medical	8	Development that needs to be scheduled	
Medication Min/Max Recommendations not consistent	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". 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. We are looking for SL to create consistency	Medical	9	Waiting on LOE	Optimization - Functionality is present but very clunky
Update Standard ROI	CalMHSA has received feedback from counties regarding the current Release of Information document in SmartCare. CalMHSA worked with 3 representatives of a group of 13 county counsels with regards to requested changes. Since this is a core document, meaning it's used by all SmartCare customers, there are limited changes that can be made. CalMHSA was also not able to create our own, separate version of the ROI without losing all of the integrated functionality. Further changes, if needed, can be reviewed in the future.	Patient Administration	1	In Product Roadmap Development	Optimization - Functionality is present but very clunky
Coordinated Care Consent Updates	CalMHSA has received feedback from counties regarding the current Coordinated Care Consent document in SmartCare. CalMHSA worked with 3 representatives of a group of 13 county counsels with regards to requested changes. This update includes making some items customizable by counties.	Patient Administration	1	Awaiting QA Deployment	Optimization - Functionality is present but very clunky
Separate ICC and IHBS in Specialty Populations		Patient Administration	1	In Product Roadmap Development	State Requirement
End Consent and "Revoke Consent" functionality does not carry over to Consent Document's .pdf	Initially reported as a bug. When a consent is revoked, the consent document itself is not updated. The only way to see a consent is revoked is to go the Consents list page. CalMHSA has requested that the consent document itself be updated (e.g. new version) to clearly show that the consent has been revoked.	Patient Administration	1	Awaiting Additional Details from Streamline	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

CalMHSA
California Mental Health Services Authority

Initiatives Report

Name	Public Description	Section/Column	Priority 1-10	Product Management Meeting - Status	Need Determination
Service Authorization Request and Review Process	Some behavioral health services require prior or concurrent authorization. This process includes the request for authorization, as well as the review process. This process also ties in with billing, as some services may not be billed without an authorization. This process is also related to the Care Coordination process, as receiving an authorization generally means a client is being referred to another program. CalMHSA deployed a stop-gap measure, called Authorization Tracking, so that counties could manually track authorizations, though it does not currently impact the billing process.	Patient Administration	2	Testing in QA	State Requirement
Justice Involved Reentry Initiative-Requirements for Medi-Cal Delivery Systems	This is tracking any needs related to the Justice Involved Re-Entry Initiative (BHIN 23-059).	Patient Administration	2	Deployed to Prod - Complete	State Requirement
Core ROI is NOT behind CDAG even though CDAG pop-up occurs when creating the document	When creating an ROI (core form), the CDAG popup happens and a program is selected. However, when in the Client Information: Release of Information Log, ALL ROIs can be seen, regardless of CDAG that the person is logged in under. Being able to see the author of a document may result in a breach of information (e.g. the author is a known SUD Counselor, thereby showing that the client is receiving SUD services), hence the need for CDAG.	Patient Administration	2	In Product Roadmap Development	Essential Modification - Functionality is not present
Need a way to designate Primary Phone Number in Client Information	Originally reported as a bug. Currently, there isn't a way in SmartCare to designate the client's primary phone number. There's a method of indicating the client's preferred communication method, and if the client's preferred method is "telephone" the preferred phone number can be selected. However, for certain documents, such as the Transition of Care Tool, client information is pulled in from the Client Information screen. Many of these require the client's phone number. Without the end user being able to select the primary phone number, the system has no way to determine what to pull in. Currently, it pulls in the first phone number entered.	Patient Administration	3	Awaiting Streamline Design	Essential Modification - Functionality is not present
Reviewer Process	This is the process in which documents must first be reviewed by a supervisor before being marked complete in the system. This includes the Resident/Attending process. This also includes a service not billing until the Reviewer has signed.	Patient Administration	3	LOE Received, Needs Review, Need County Shared Decision Making Meeting	Industry Standard - Functionality requires workarounds
VIP Client Sequestering	Currently, to sequester a VIP client from all except a few users, a county must reach out to CalMHSA, who has to run a script on the back-end of the system. CalMHSA has requested that there be a front-end method of doing this.	Patient Administration	3	In Product Roadmap Development	Essential Modification - Functionality is not present
CDAG - Staff Calendar - There's no blocked time for appointments that aren't visible to a CDAG	When someone tries to schedule for a staff member who works in a CDAG outside their own, they may not be able to see all the staff's availability, since some appointments will be hidden from view. We are working with Streamline to figure out a solution for this, such as having a "Service Exists" block to show when a service outside the user's CDAG exists on a staff's calendar.	Patient Administration	3	Wish to pursue but on hold due to SL Dev Updates	Essential Modification - Functionality is not present

CalMHSA
California Mental Health Services Authority

Initiatives Report

Name	Public Description	Section/Column	Priority 1-10	Product Management Meeting - Status	Need Determination
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
Multi-language functionality	Counties have a requirement to provide documents in a client's preferred language. Counties have therefore requested some commonly-used documents to be translated into commonly-used languages. Some counties have staff whose primary language is not English and have been hired specifically to work with clients who share their preferred language. They would prefer to write documents in this preferred language in SmartCare. Since clients access SmartCare when they're accessing the Patient Portal, SmartCare should be available in their preferred language. This includes not just certain documents but the names of the documents, the field labels, the filters, etc.	Patient Administration	4	Need County Shared Decision Making Meeting	Essential Modification - Functionality is not present
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	Awaiting Initial Design by Product Management	State Requirement
NOABD Improvements	Currently, NOABDs exist in SmartCare as letter templates. This is somewhat clunky, as the user has to replace certain sections of the letter template with their own, individualized words. Users also have the option to edit the language of the letter before sending, which can result in them changing the letter template language, which is required by DHCS. CalMHSA is working to create a data-entry screen where a user can instead select what type of NOABD they're sending and then only fill out the sections they need to customize. This would then create the appropriate NOABD document which would include all necessary language. There's also the consideration of automatically including the required attachments in the SmartCare document. Currently, these would simply be added when mailing the letter itself, but counties have requested that these attachments be included in the SmartCare document. CalMHSA is considering this option.	Patient Administration	5	Development that needs to be scheduled	Optimization - Functionality is present but very clunky
Add Day of Week Column in Appointment Search	In the Appointment Search screen it would be helpful to have a column showing the day of the week the appt falls on. Having this visible will help with client scheduling.	Patient Administration	5	Parking Lot	Enhancement - Would be nice to have
Patient Portal Implementation	Meaningful Use requires counties to have a Patient Portal. While SmartCare has Patient Portal, this task is the effort to fully configure it for full implementation.	Patient Administration	6	Awaiting Initial Design by Product Management, Need County Shared Decision Making Meeting	State Requirement

CalMHSA
California Mental Health Services Authority

Initiatives Report

Name	Public Description	Section/Column	Priority 1-10	Product Management Meeting - Status	Need Determination
Treatment Team and Caseload Revamp	This task is about exploring improvements or reworking the treatment team and caseload system. For example, family members can be added to a client's treatment team, but should not require a program, as they would be a client-level treatment team member. Other non-staff members, such as a Drug Court attorney should include a program, so as not to share the information that the client is involved in Drug Court. Also, when a staff member works in multiple programs with a single client, they may be added multiple times to the treatment team. When a client is discharged from a program, all treatment team members associated with that program should be removed from the treatment team, unless they are also present under another program.	Patient Administration	7	Parking Lot	Optimization - Functionality is present but very clunky
Inquiry and Client Information screen syncing	Currently, when completing the Inquiry Details screen, information added in the screen will push to the Client Information screen. While this is desirable upon a client's first encounter with County Behavioral Health, at least one county found it concerning, as the inquiry was also being used to track additional requests. This task explores whether the Inquiry should push data to the Client Information screen automatically, or if there should be an opt-out. If information does push, why not also include the Inquirer as a Client Contact.	Patient Administration	10	Parking Lot	Enhancement - Would be nice to have
Tie Telehealth Mode of Service to Telehealth Consent		Patient Administration	10	Parking Lot	Enhancement - Would be nice to have
Staff Calendar Enhancements - Drag & Drop Functionality and Recurring Services from Calendar w/o saving first	Currently, to make changes to an appointment, a user has to click into the appointment and make changes in the service screen. Counties requested that users be allowed to "drag and drop" appointments in the Staff Calendar. Counties also requested that recurrences be edited from the calendar view itself.	Patient Administration	10	Parking Lot	Enhancement - Would be nice to have
Be able to print a visual daily schedule view from the staff calendar	Counties have requested the ability to print a daily schedule for providers. This would be a schedule-view, rather than a list-view.	Patient Administration	10	County Request - CAB Review Needed	Industry Standard - Functionality requires workarounds
Inquiry Screen Improvements	These are some minor changes requests to the Inquiry Details screen, such as no longer needing to click "Save" before being allowed to "Link/Create Client" or to default the start date/time of the Inquiry to the current date/time.	Patient Administration	10	Parking Lot	Enhancement - Would be nice to have
Create FSP Agreement in SmartCare	A request to build a basic FSP Agreement in SmartCare.	Sprint Priority Board	6	Awaiting Initial Design by Product Management	
Business v. Calendar Days - County Holidays		SysAdmin	1	In Progress (active task)	State Requirement
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	1	Awaiting Streamline Design	State Requirement

CalMHSA
California Mental Health Services Authority

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
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
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	Bugs Found in QA Review; Working on Bugs	Optimization - Functionality is present but very clunky

CalMHSA
California Mental Health Services Authority

Initiatives Report

Name	Public Description	Section/Column	Priority 1-10	Product Management Meeting - Status	Need Determination
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
Clinician Error Reporting - Rename		SysAdmin	7	In Progress (active task)	
Staff Calendar for non-providers	In SmartCare, there is only the Staff Calendar. This is actually closer to "Clinician Calendar", as the staff/user must be on the Clinician staff list to have a calendar associated with them. This task is to explore providing a calendar to non-clinicians, who sometimes provide implementation-related tasks that can be claimed through the Administrative Claiming process (BAA).	SysAdmin	8	Non-Dev Solution Implemented, Parking Lot	Enhancement - Would be nice to have
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
Tie SMS Reminders to SMS Consent		SysAdmin	10	Parking Lot	Enhancement - Would be nice to have
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

CalMHSA
California Mental Health Services Authority

Initiatives Report

Name	Public Description	Section/Column	Priority 1-10	Product Management Meeting - Status	Need Determination
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