# Initiatives Report

| Name | Public Description | Category | Priority 1-10 | Need Description |
|---|---|---|---|---|
| Need ability to override Service Note Requirement for Contractors | | Billing | 1 | |
| 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 | Essential Modification - Functionality is not present |
| 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 | |
| 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 | Industry Standard - Functionality requires workarounds |
| 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.<br>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.<br>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.<br>Update: Unforeseen consequences have been found post-implementation. CalMHSA is working with Streamline to address these issues. | Clinical Documentation | 2 | Essential Modification - Functionality is not present |

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| 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.<br>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.<br>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.<br>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 | Essential Modification - Functionality is not present |
| 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 | State Requirement |
| BHIN 24-005: Mobile NTP | CalMHSA is exploring what is required in order to implement the Mobile NTP initiative.<br>UPDATE: CalMHSA expects that this initiative will mean the creation of a Mobile NTP program. No other EHR-related items seem necessary at this time. The protocol for this item can be found here: https://2023.calmhsa.org/bhin-24-005-mobile-narcotic-treatment-programs/ | Clinical Documentation | 5 | 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.<br>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.<br>CalMHSA is exploring methods to increase data entry into these fields, including the option of making these fields required, or conditionally required.<br>UPDATE: CalMHSA is planning to make the Documentation Time and Travel Time fields required, but allow 0 (zero) to be entered. We're hoping this can be not-required for non-billable services. | Clinical Documentation | 5 | Industry Standard - Functionality requires workarounds |
| BHIN 24-030: CalOMS Treatment Demographic Reporting | CalMHSA is working with Streamline to make the necessary changes to the CalOMS reporting fields, as described in BHIN 24-030. | Compliance/State Reporting | 1 | State Requirement |
| 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.<br>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 | 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 | State Requirement |

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# Initiatives Report

| Name | Public Description | Category | Priority 1-10 | Need Description |
|---|---|---|---|---|
| EQRO: Penetration Rates Report | CalMHSA is working to create a penetration rates report that can be used during EQRO. | Compliance/State Reporting | 2 | Industry Standard - Functionality requires workarounds |
| CARE Act Implementation | This task is tracking all items related to CARE Act implementation. This includes any required documents, reporting, and tracking.<br>UPDATE: This task has been separated out into its component parts. This task is marked complete but the other tasks will be tracked separately. | Compliance/State Reporting | 2 | State Requirement |
| 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 | Optimization - Functionality is present but very clunky |
| 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 | Enhancement - Would be nice to have |
| 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 | State Requirement |
| Coordinated Care Consent change default expiration to 1 year | This is to address the new requirement that consents must, by default, expire in 1 year. | Compliance/State Reporting | 5 | State Requirement |
| 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 | Optimization - Functionality is present but very clunky |
| Level of Care Congruency report | Request for a report between ASAM Level of Care between brief screening (BQuIP) and the acutal ASAM LoC assessment | Compliance/State Reporting | 7 | |
| Safety Plan for Seclusion or Restraints -pending client programID fix | | Inpatient | 2 | |
| 1-Hour Face-to-Face Assessment- pending client programID fix and post PROD fix roles | | Inpatient | 2 | |
| Seclusion and Restraints Debrief- pending client programID fix | Create a seclusion and restraint debrief form | Inpatient | 2 | |
| IP Nursing Assessment and Workflow | This is to improve the nursing workflow for IP/CSU setting | Inpatient | 8 | |
| Interoperability - How to add new language global code to UCSDI & CCDA processes | Working to finalize the data mapping for Language for CCDA.<br>Update: CalMHSA has made changes to the existing global code for mapping for CCDA. If counties need additional languages added, please request them using the enhancement request process. | Interoperability | 4 | State Requirement |

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# Initiatives Report

| Name | Public Description | Category | Priority 1-10 | Need Description |
|---|---|---|---|---|
| Psych/Medical Note Template + associated Workflows | A new note template focused on prescribers, nurses and medical staff's documentation, along with workflow | Medical | 1 | |
| CURES/AIMS Checks (V6) to Client Medical-Related Facesheet from Psych Note V1.5 | | Medical | 1 | |
| 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 | |
| Functional Keyphrases (not a blocker for psych note) | This is the ability to create keyphrases are can pull in distinct data either client or author specific. | Medical | 3 | |
| Lab Vendor for smaller counties vs manual entry into flowsheets | | Medical | 3 | |
| MAT Medication/NDC Billing Phase 2 | | Medical | 4 | |
| 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 | Essential Modification - Functionality is not present |
| Issues with SL widget with voided medication | This is an issue where the medication widget in SL is showing voided medications | Medical | 5 | |
| 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 | |
| Psychiatric Advance Directive (Under Construction) | | Medical | 9 | |
| 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.<br>This update includes making some items customizable by counties. | Patient Administration | 1 | 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.<br>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 | Optimization - Functionality is present but very clunky |
| 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. Currently slated for development in August 2024. | Patient Administration | 1 | State Requirement |

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|---|---|---|---|---|
| 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). | Patient Administration | 2 | 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.<br>CalMHSA is working with Streamline to make these controls available to be added to CalMHSA-created documents. | Patient Administration | 2 | 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.<br>Estimated to be deployed to QA on 9/26/24 | Patient Administration | 2 | Industry Standard - Functionality requires workarounds |
| 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 | Essential Modification - Functionality is not present |
| 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. | Patient Administration | 3 | Optimization - Functionality is present but very clunky |
| 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".<br>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 | Optimization - Functionality is present but very clunky |
| Patient Portal Implementation (part 1) | 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 | State Requirement |
| 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. | Patient Administration | 8 | Essential Modification - Functionality is not present |
| 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. | Patient Administration | 9 | Essential Modification - Functionality is not present |

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| 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.<br>This had gone to county review and counties agreed to put this on hold. For now, we are removing it from the initiatives tracker, as we are not currently pursuing this change. We will re-evaluate in the future. | Patient Administration | 10 | Enhancement - Would be nice to have |
| 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.<br>UPDATE: CalMHSA is removing this from our list of requested updates at this time. We can re-evaluate in the future, if needed. | Patient Administration | 10 | Enhancement - Would be nice to have |
| 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. | Patient Administration | 10 | 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.<br>This is on hold, as we expect more changes and merging of HIPAA and 42 CFR Part 2. For now, we are removing it from the initiatives tracker, as we are not currently pursuing this change. We will re-evaluate in the future. | Patient Administration | 10 | 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.<br>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. | Patient Administration | 10 | Essential Modification - Functionality is not present |
| [Enh] - Documents (client) how to meta tag documents as 'Medical Record' | We need to find a way to indicate, especially to med records, which client documents actually constitute their medical record and are, for instance, discoverable. There are a number of documents that display in 'Documents (client)' that are not considered part of the medical record. | SysAdmin | 7 | Essential Modification - Functionality is not present |

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