RELEASE NOTES: 10/21/2024
Monthly Service Pack – SC.CORE.6.0_1.26.000.2409.014

Executive Summary:

1. A new field 'Assigned Staff' is added in the 'Activity Tracker Report' and this will help to determine the staff, who has addressed the ‘Activity’ for a client in the ‘Client Activity Tracker’/'My Client Activities' screen. **(EII #127266).**

2. To check the last dispense for the patient and notify the user (Nurse at the Dispense/Re-Dispense Screen) that the increase or decrease has exceeded a set amount (Min and Max), the nurse needs to receive a warning. To catch the attention as a part of this feature, the Label size and color changes are done in ‘Patient Safety Acknowledgement Popup’ warning message. **(EII # 128319)**

3. ~~The changes are implemented in the ‘Dispense Information’ section under the MAT Management details screen to check the ‘No show’ details. (How many dosage clients have missed on which date).~~ ~~**(EII # 128321)**~~

4. The following changes are implemented in **UDS Table**:

    - The Changes in UDS Table 3B Demographic Characteristics report is done to display the data for the ‘Race’, ‘Ethnicity’, ‘Sexual Orientation’, and ‘Gender Identity’ fields based on external code value set up in the ‘External mapping’ table. **(EII #127670)**

    - The Changes to the UDS Table Patients by ZIP Code are done to ensure that only the patients that are displayed in the Patient Detail Report, are the patients that were included in the ‘UDS Table Patients by ZIP Code’ report. **(EII # 127821)**

5. A Flag is Created when the Guardian didn't cosign the document. This is to make sure that guardian signatures are collected for the clients who are minors for the documents. **(EII # 126758)**

6. Implementation of adding legal guardian, contact as Co-signer, is done for documents and Services/Notes. **(EII #127941)**

7. The signature displays on the PDF for Documents and Service Notes, based on the configuration key ‘ShowSigningSuffixORBillingDegreeInSignatureRDL’ value. **(EII #128441)**

8. Currently, the PDF does not have Add-On code details displayed even though the same is added in the Add-On Codes tab of the Service. Now, the Add-On code details are displayed on the PDFs generated for all the Service Notes. **(EII # 126766)**

9. The Ordering Physician is added automatically as a co-signer, when the order is signed by an order author, who is not the ordering physician. **(EII #127499)**

10. The Dispense Signature workflow is implemented in Mat screen for the below purposes

    - To capture Dispense signature last in the dispense process.

- To implement a functionality to capture the Client Signature at time of dispense instead of the Staff signature.
- To Add a Configuration option for setting the 'Client Signature for dispensing MAT Medication'. **(EII #127573)**

11. Implemented 'HELPS - Traumatic Brain Injury (TBI) Screening Tool' document. **(EII #128305)**

12. A new 'Modified SCOFF Questionnaire' document has been implemented to capture the specific data. **(EII #128344)**

13. A new configuration key 'CreateClaimsFromServiceAction' has been implemented to Create claim lines when the charge has been billed. **(EII #125885)**

14. A new 'Client Ledger' Report is implemented. This report will pull the Client "Ledger Entries" details and "Charge/Payment Summary" details from the 'Client Account' screen. **(EII #128515)**

15. Added a new field 'MAT Auto Schedule Days' in the 'General' section of 'MAT Configuration' screen that determines the period, for which future records will be generated. **(EII #128100)**

16. The Clients listed in the group can Print/Download in the PDF format when clicking on Show service report icon in Group Service Details Page. This option is included to provide auditors with a copy of group rosters, which has Client service report for audit purpose. **(EII #126804)**

17. The client, whose consent is signed, is only shown to share their information in Group service Details Screen. **(EII #125173)**

18. ~~The 'No Pump Dispense' icon is implemented in the 'MAT management' list screen. This is required if dispense was done for the wrong client, then it needs to be documented under the correct client as No Pump or to document manual.~~ ~~**(EII #127715)**~~

19. The '2022 NOMS SPARS Report' title has been changed to 'NOMS SPARS Report' and 'Generate CSV File' has been implemented as per the NOMS Code book in the NOMS SPARS Report to Capture Data in Correct Format. **(EII #123774)**

20. Staff Access Rule is applied to Co-Signer drop down to improve the system performance. **(EII #128587)**

21. The 'Health Maintenance Triggering Factor Details' screen is renamed to the 'Decision Support Intervention Triggers' screen. The Multi-select dropdown options are implemented for 'Race', 'Ethnicity', 'Language', 'Sexual Orientation', 'Gender Identity', and 'Date of Birth' and Sex to the 'Triggering Factor' dropdown. **(EII #126720)**

22. The 'DSI Source References' icon is implemented in the toolbar for the Documents and Services to ensure the Source Attribute information available to users. **(EII #128520)**

23. The licensed programs are required to conduct a validated Gambling Screen on all admissions if initial assessments indicate a possible gambling concern. To facilitate this, 'DSM-V Pathological Gambling Diagnostic Form' document is implemented. **(EII #126663)**

24. The new documents named ‘Mood and Feelings Questionnaire (Parent Version) and Mood and Feelings Questionnaire (Child Version)’ has been implemented to capture the required data. **(EII #128343)**

****** DISCLAIMER: The document is only available to those customers who have purchased an annual subscription. It is a premium add-on to SmartCare and not included in SmartCare Base Subscription. If you are interested in learning more about this document, please contact your account manager***.

Abbreviation: EII - Engineering Improvement Initiatives

Contents

TASKS SUMMARY – 'CHANGE' RELATED (41)

Sl. No	Task No	Summary	Module Name
104	EII # 128384	To add 'Program' as a filter to document search popup dialogue in Disclosures/Requests	Disclosures/Requests
105	EII # 125387	Implementation of Disruption Template List and Detail page.	Disruptions
106	EII # 126699	Added new fields in 'Document Codes Detail' screen.	Document Codes
109	EII # 126688	Changes to Move Validation messages for Program/Agency Discharge from Store Procedure to the 'Document Validations' module.	Documents
112	EII # 128221	CDTC BPRS Assessment Document Move	Documents
~~115~~	~~EII # 128689~~	~~Implementation of custom hook in the ISP document CarePlanMain.js~~	~~Documents~~
~~118~~	~~EII # 127125~~	~~DLA-20 Adult: Changes in dropdown and score textbox on change of the value and vice versa and changes in score value description~~	~~Documents~~
68	EII # 127941	Implementation of adding legal guardian as Co-signer for documents	Documents
123	EII # 128441	Display of signature on PDF based on the existing configuration key	Documents
124	EII # 127556	New changes are implemented to the Consent documents, Documents and My Document list page.	Documents
125	EII # 128305	Implementation of 'HELPS - Traumatic Brain Injury (TBI) Screening Tool' document.	Documents
128	EII # 128345	Changes in National Outcome Measures (NOMs) (Client) screen	Documents
131	EII # 128520	Implementation of 'DSI Source References' icon in the toolbar for the Documents and Services.	Documents
132	EII # 126663	Implementation of 'DSM-V Pathological Gambling Diagnostic Form' document.	Documents
133	EII # 128343	To implement MFQ Parent Version & Child Version (Mood and Feelings Questionnaire)	Documents
~~136~~	~~EII # 127624~~	~~To add Configuration Key to display the Chosen First Name of the client in the 'Individualized Service Plan' document for the 'Client name to be utilized in goal descriptions on plan' field under the 'General' tab~~	~~Documents/ Care Plan~~
140	EII # 128047	Changes in the Health Data Templates for Select Sub-templates.	Flow Sheet
141	EII # 127632	Changes in the Flow Sheet for the 'Meaningful Use/ Vitals' template for Children's weight and Adult's weight	Flow Sheet
150	EII # 128180	Client pop-up modifications for 'Family' Type of Client.	Foster Care
151	EII # 128190	Placement Rates: Implementation of new 'Client Age Group' dropdown & Created Add-On Code services once Completes the service that has been created.	Foster Care

154	EII # 126804	Group service detail: The Clients listed in the group can Print/Download in the PDF format when clicking on Show service report icon.	Group Services
155	EII #125173	Group Service Details - Show only client whose consent is signed to share their information	Group Services
156	EII #126312	Group Service Details - Add scroll bar to Clients list instead of left and right navigation buttons	Group Services
157	EII #128587	Staff Access Rule changes – Applied to Co-Signer dropdown in the Group Service detail screen	Group Services
160	EII # 127453	Flowsheet List of Labs	Health Data Templates
161	EII # 126868	PC: Flow Sheets Text Cuts Off Text Making It Difficult to Read	Health Data Templates
163	EII # 126720	Changes in the 'Decision Support Intervention Triggers' page	Health Maintenance Triggering Factor
169	EII # 128302	CCD Generation: Add Program ID to the Episode Section.	Interface
180	EII # 127499	MAT: Auto-add Ordering Physician as a co-signer when the order is signed if the order author is not the ordering physician.	Methadone
181	EII # 127573	MAT: Dispense Signature Workflow	Methadone
182	EII # 127720	MAT: Management Screen late order scheduled not appearing on screen - need to change limit of time.	Methadone
183	EII # 128100	Implemented changes in the 'MAT Configuration' screen	Methadone
184	EII # 128319	MAT: Changes in Patient Safety Acknowledgement Popup Message	Methadone
185	EII # 128321	Changes are implemented in the MAT Management Details screen.	Methadone
186	EII # 127715	The 'No Pump Dispense' icon is implemented in the 'MAT management' list screen.	Methadone
191	EII # 127266	The 'Assigned Staff' field is added to the Activity Tracker Report.	My Reports
192	EII # 125885	A new configuration key has been implemented to Create claim lines when the charge has been billed.	My Reports
193	EII #128515	Implementation of a new 'Client Ledger' Report.	My Reports
198	EII # 127821	Changes to the UDS Table Patients by ZIP Code.	My Reports
199	EII #127670	Changes in UDS Table 3B Demographic Characteristics report.	My Reports
200	EII #123774	Update NOMS CSV file for SPARS to Capture Data in Correct Format Based on NOMS Code book.	My Reports

TASKS SUMMARY – 'NEW FUNCTIONALITY' RELATED (3)

Sl. No	Task No	Summary	Module Name
121	EII # 128344	Implementation of a new 'Modified SCOFF Questionnaire' document.	Documents
166	EII # 127363	Request Ability to CDAG Inquiry Screen Using "Inquiry Handled By" Section, "Program" Field	Inquiries
202	EII # 128703	Modifying the Reallocation Job	My Reports

TASKS SUMMARY – 'DEFECT FIXES' (59)

Sl. No	Task No	Summary	Module Name
107	Core Bugs #128763	Random page documents are displayed when clicking the page numbers in the Document Validations list page	Document Validations
108	Core Bugs #129379	All Documents: The validation message is displayed when the user clicked on ctrl+alt+v hotkey, preventing users from signing the document.	Document Validations
110	Core Bugs # 129000	Placement issue of the 'Help icon'	Documents
111	Core Bugs # 128825	Service Request- Review /Approval Detail: The hyperlink in the Attachment tab was disabled.	Documents
~~113~~	~~Core Bugs # 128848~~	~~Care Plan: A validation message is displayed even though the 'Objective Start Date' field contains a required date.~~	~~Documents~~
~~114~~	~~Core Bugs # 128902~~	~~The deleted 'Needs' are displayed in the 'PDF' and initialized into the new ISP Document.~~	~~Documents~~
61	Core Bugs # 128807	Stored Procedure optimization for Performance improvement in List pages, Detail Pages and widgets etc.	Performance and Scalability Improvements
116	Core Bugs # 128820	Release Of Information: when contact radio button is selected in the Release To/From then the related fields were not populating	Documents
117	Core Bugs # 128951	Diagnosis Document: The Client PC Problems are listed twice in the PDF	Documents
119	Core Bugs # 128872	Transition Of Care document: Current Medications not Listed in the PDF	Documents
120	Core Bugs # 129091	'Safety/Crisis Plan' Core document: The 'Open Contacts' Button navigating to incorrect 'Client Information(C)' screen	Documents
126	Core Bugs # 129063	To rename Mental Status Exam (Psych Version) - IP' to 'Mental Status Exam'	Documents
127	Core Bugs # 129192	On opening Consents list page error is logged in errorlog table	Documents
129	Core Bugs # 129315	C-SSRS Adult Since Last Visit: large space between the Suicidal Behavior question on page 1 and the answers to that question on page 2	Documents
130	Core Bugs # 129274	Release of Information: Expiration End Date not calculating correctly	Documents

~~134~~	~~Core Bugs # 129303~~	~~Individualized Service Plan: Error Logged in while adding/ removing the data in the 'Needs' and 'Goals/Objectives' tabs~~	~~Documents/ Care Plan~~
~~135~~	~~Core Bugs # 129291~~	~~Individualized Service Plan: Error Logged in while navigating to the 'Supports/ Treatment Program' tab.~~	~~Documents/ Care Plan~~
137	Core Bugs # 129202	Risk Assessment: The reviewer drop down is not displayed in the signature popup	Documents/ Risk Assessment
138	Core Bugs # 129271	DFA Editor Issues	Dynamic Forms
139	Core Bugs # 129439	Payments/adjustments: Electronic Remittance popup red error issue.	ERProcessing Template Rules
142	Core Bugs # 129430	New Entry Flow Sheet: Pulse Oximetry (SpO2) field is accepting only the decimal values	Flow Sheet
143	Core Bugs # 128721	FC Referrals: Error with Foster Care referrals	Foster Care
144	Core Bugs # 128845	Referrals: Saved Referral Not Showing on List Page before Client ID is created	Foster Care
145	Core Bugs # 129008	FC Referrals: Foster Care School - Name issue in the Referrals and Client Information (c) Screen.	Foster Care
146	Core Bugs # 128526	New icon is not working in Placement History details screen	Foster Care
147	Core Bugs # 128849	New version of documents created on Save of Foster Care Referral other than Foster Referral Document.	Foster Care
148	Core Bugs # 128871	Placement Details Pop Up - License Type Dropdown: Unable to See All Options	Foster Care
149	Core Bugs # 129066	Issue in Referral List and Detail pages	Foster Care
152	Core Bugs # 128627	Error in Grievance form	Grievances/Appeals
153	Core Bugs # 128899	Group Service was not being created for clients with notes longer than 100 characters.	Group Services
158	Core Bugs # 129286	Group Notes: Not able to create a Recurring Attendance group.	Group Services
159	Core Bugs # 129252	The 'Time of Service' for the staff is defaulting to 12 AM when there is no client in the group.	Group Services
162	Core Bugs # 129189	Health Data Sub-Templates: The Validate checkbox is deselecting automatically.	Health Data Sub Template
164	Core Bugs # 129141	Reprocess Icon: Present the user with a validation message	Import837List
165	Core Bugs # 129024	Due to the 'This code is not billable' checkbox in the 'Rules' section, marking services not billable under the 'Service Details' screen.	Inquiries
167	Core Bugs # 129085	Inquiry: The 'Display' field in the ClientAddresses table record contains many extra spaces between the Address portion and the City portion and ClientAddresseshistory entries contain Null addresses.	Inquiries
168	Core Bugs # 129261	Inquiry: Error message was displayed when click on the "Open Service Note" link under the Crisis tab.	Inquiries
170	Core Bugs # 128985	Bottom of Key Phrases pop-up cuts off the Use link and makes it inaccessible.	Key Phrases
171	Core Bugs # 129236	In Use Key Phrases Popup Can't See Scroll Bar in the Agency tab	Key Phrases

172	Core Bugs # 128847	Unable to edit or remove landing page message.	Landing Page Messages’ Screen
173	Core Bugs # 129294	Blank window once after login	Login
174	Core Bugs # 129132	Service Request - 3 fields not pushing from Service Request to Authorization	Manage Authorizations
175	Core Bugs # 128812	Staff Details Page: Smart Key textbox validation message issue.	Manage Staff
176	Core Bugs # 129056	Contract Rate amount limited to 8 characters	MCO
177	Core Bugs # 128854	Admin fee adding cost to service	MCO
178	Core Bugs # 129428	Error Message on EM code pop up	Medical Progress Note document
179	Core Bugs # 129380	Workgroups are not appearing in the Message Detail screen when permissions are granted from the Role Definition	Messages
187	Core Bugs # 127275	SmartCare Anywhere: Client Sign button disabled in offline mode	Mobile
188	Core Bugs # 128887	Smart Key Expires On The Next Login Checkbox is not functioning correctly.	Mobile
189	Core Bugs # 128885	Unable to log in on native app using Active Directory authentication	Mobile
190	Core Bugs # 128784	Change in Smart Key validation	My Preferences screen
194	Core Bugs # 128996	UDS Table 6B Quality of Care Measures’ report: Table 6B Section F : Qualifying Service encounter date.	My Reports
195	Core Bugs # 129007	An error has occurred during report processing in My Reports.	My Reports
196	Core Bugs # 129009	Payment Category (Unposted Payments - Deferred Revenue) - GL Debit/Credit is not Correct	My Reports
197	Core Bugs # 128823	The Revenue Report: The program name is not displayed in the report.	My Reports
201	Core Bugs # 129368	For payment with $0 amount for a service, the report removes the amount and shows it as blank entries in the ‘Debit and Credit’ columns in the "General Ledger Details report".	My Reports
203	Core Bugs # 129344	Payment Receipt report: Amount mismatch in the Total Payments	My Reports
204	Core Bugs # 129387	Issue in Retroactive Charge Reallocation Report	My Reports

Functionality-wise Task Details:

Disclosures/Requests

Reference No	Task No	Description
104	EII # 128384	To add 'Program' as a filter to document search popup dialogue in Disclosures/Requests.

Author: Ramya Nagaraj

104: EII # 128384: To add 'Program' as a filter to document search popup dialogue in Disclosures/Requests.

Note: This functionality is implemented for a specific customer. If you have Primary and County type of setup and would like to use these functionalities, please get in touch with Streamline Support.

Release Type: Change | **Priority:** Urgent

Prerequisite:
1. System configuration key 'DisplayCDAGSectionInStaffDetails' value is set to 'Yes'.
2. System configuration key 'EnableClinicalDataAccessGrouping' value is set to 'Yes'.

Navigation Path 1: Select a Client -- Go Search -- 'Disclosures/Requests (Client)' -- Disclosures/Requests screen.

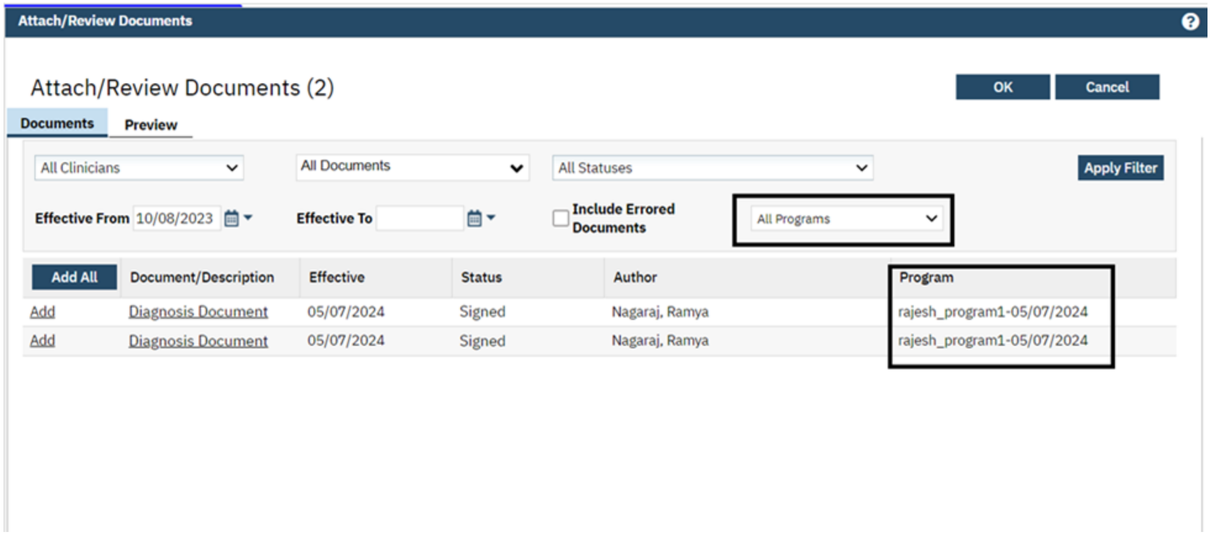
Navigation Path 2: Go Search -- 'Disclosures/Requests (My Office)' -- Disclosures/Requests screen.

Functionality 'Before' and 'After' release:
Purpose: Ability to filter by program and see program associated in Disclosures: Attach/Review Documents Pop-Up.

With this release, the 'Program' dropdown filter and column is added to Disclosures/Requests screen.
Now the user will be able to use program as a filter in both 'Disclosures/Requests(Client)' and 'Disclosures/Requests(My Office)' screens and get the visibility to which program each disclosure records are tagged to.

Disclosures: Attach/Review Documents Pop-Up:

- **In Disclosures: Attach/Review Documents Pop-Up**, a new 'Program' filter is added to filter the records based on the associated program. It will pull the programs that are common across the selected CDAG profile, client enrolled, and program associations in staff details. Program Display format will be the same as it is in the "Document Program Selection popup". (i.e -Program Name – Client enrolled date/ Client Discharge Date)
- A new column named 'Program' is implemented to display the associated program with the respective Document/Service Note. The program display format will be the same as it is in the "Document Program Selection popup".
- When CDAG is turned off "EnableClinicalDataAccessGrouping" = No, the program column will display the programs that are associated with Service Notes and Documents. If no programs are associated, "No Program Associated" text will be displayed. Program display format will be "Program Name".



All Clinicians | All Documents | All Statuses

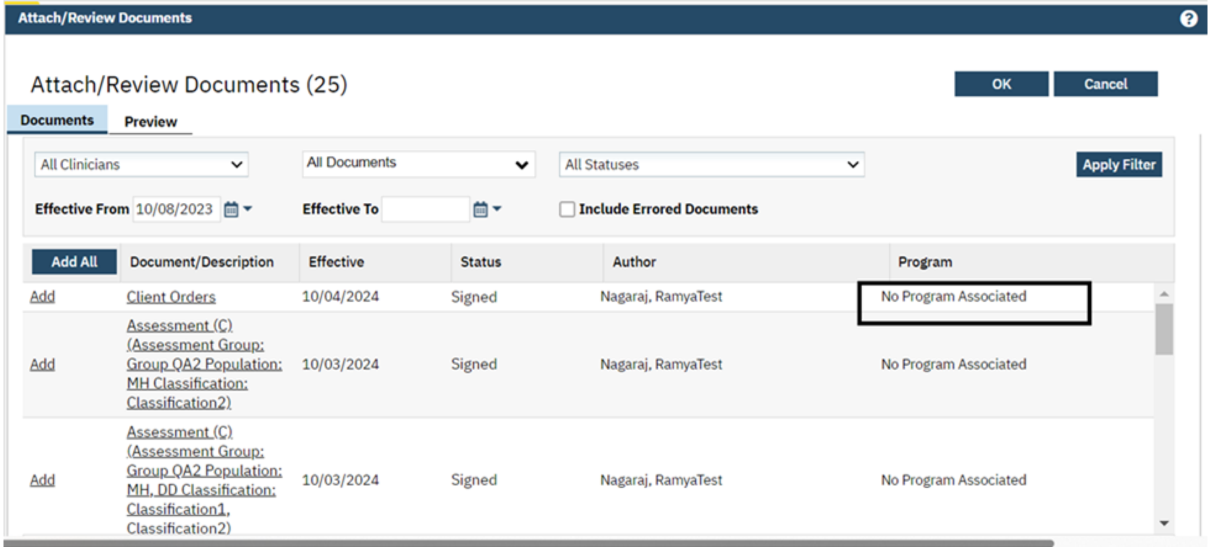
Effective From 10/08/2023

Effective To

☐ Include Errored Documents

All Programs

Add All	Document/Description	Effective	Status	Author	Program
Add	Diagnosis Document	05/07/2024	Signed	Nagaraj, Ramya	rajesh_program1-05/07/2024
Add	Diagnosis Document	05/07/2024	Signed	Nagaraj, Ramya	rajesh_program1-05/07/2024



All Clinicians | All Documents | All Statuses

Effective From 10/08/2023

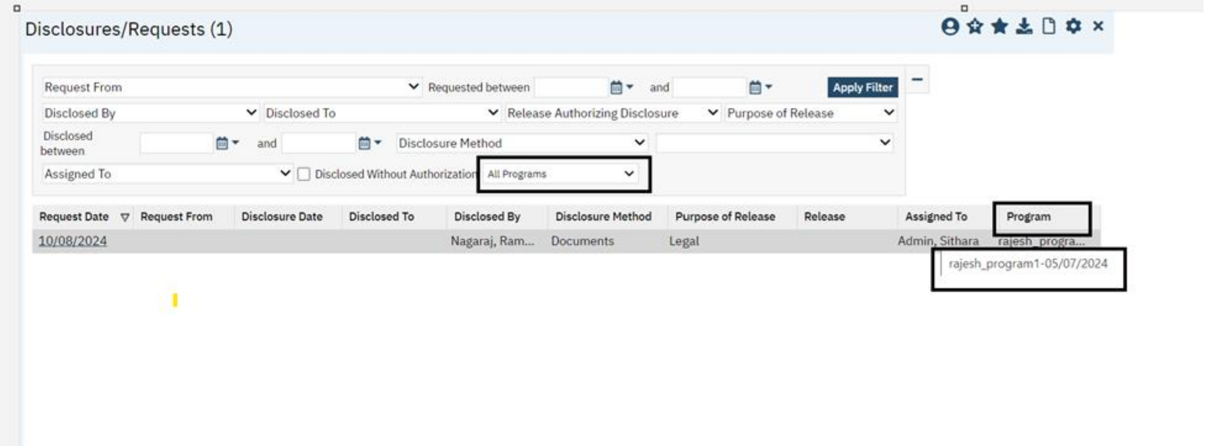
Effective To

☐ Include Errored Documents

Add All	Document/Description	Effective	Status	Author	Program
Add	Client Orders	10/04/2024	Signed	Nagaraj, RamyaTest	No Program Associated
Add	Assessment (C) (Assessment Group: Group QA2 Population: MH Classification: Classification2)	10/03/2024	Signed	Nagaraj, RamyaTest	No Program Associated
Add	Assessment (C) (Assessment Group: Group QA2 Population: MH, DD Classification: Classification1, Classification2)	10/03/2024	Signed	Nagaraj, RamyaTest	No Program Associated

Disclosures/Requests (Client):

- A new Program dropdown is implemented in the Disclosures/Requests (Client) List page filter section. The Program Display format will be same as it is in the "Document Program Selection popup". This filter will pull programs that are common across the selected CDAG profile, client enrolled, and program associations in staff details.
- A new column named 'Program' is implemented in Disclosures/Requests (Client) List page to display the associated program with the respective "Disclosure/Request Details". Program Display format will be the same as it is in the "Document Program Selection popup".

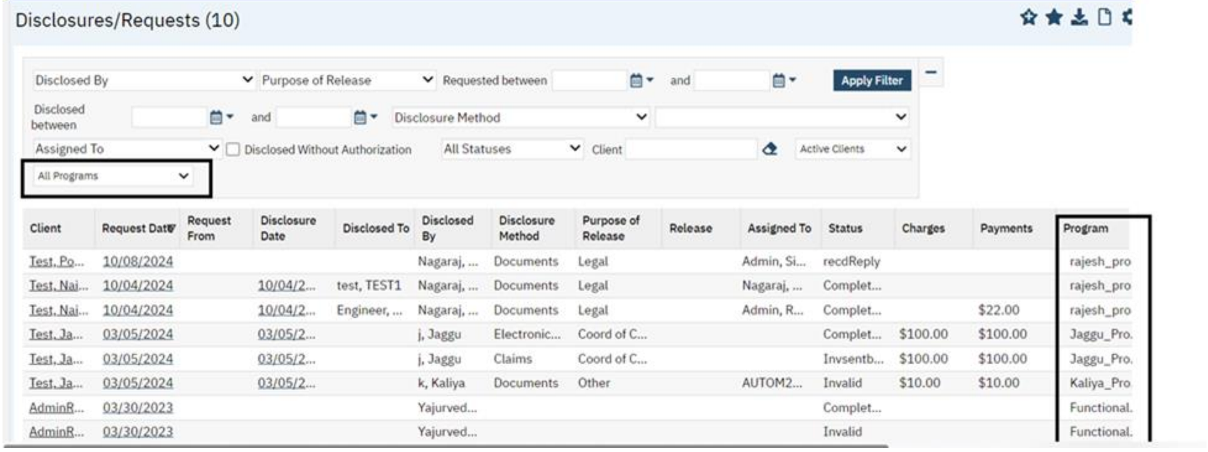


Request Date	Request From	Disclosure Date	Disclosed To	Disclosed By	Disclosure Method	Purpose of Release	Release	Assigned To	Program
10/08/2024				Nagaraj, Ram...	Documents	Legal		Admin, Sithara	rajesh_progra...

rajesh_program1-05/07/2024

Disclosures/Requests (My Office):

- A new Program dropdown is implemented in the Disclosures/Requests (My Office) List page filter section. The Program Display format will be "Program". This filter will pull programs that are common across the selected CDAG profile and program associations in staff details.
- A new column named 'Program' is implemented in Disclosures/Requests (My Office) List page to display the associated program with the respective "Disclosure/Request Details". Program Display format will be "Program".



Client	Request Date	Request From	Disclosure Date	Disclosed To	Disclosed By	Disclosure Method	Purpose of Release	Release	Assigned To	Status	Charges	Payments	Program
Test, Po...	10/08/2024				Nagaraj, ...	Documents	Legal		Admin, Si...	recdReply			rajesh_pro
Test, Nai...	10/04/2024		10/04/2...	test, TEST1	Nagaraj, ...	Documents	Legal		Nagaraj, ...	Complet...			rajesh_pro
Test, Nai...	10/04/2024		10/04/2...	Engineer, ...	Nagaraj, ...	Documents	Legal		Admin, R...	Complet...		$22.00	rajesh_pro
Test, Ja...	03/05/2024		03/05/2...		j, Jaggu	Electronic...	Coord of C...			Complet...	$100.00	$100.00	Jaggu_Pro.
Test, Ja...	03/05/2024		03/05/2...		j, Jaggu	Claims	Coord of C...			Invsentb...	$100.00	$100.00	Jaggu_Pro.
Test, Ja...	03/05/2024		03/05/2...		k, Kaliya	Documents	Other		AUTOM2...	Invalid	$10.00	$10.00	Kaliya_Pro
AdminR...	03/30/2023				Yajurved...					Complet...			Functional.
AdminR...	03/30/2023				Yajurved...					Invalid			Functional.

Data Model Changes: ProgramName column is added in ListPageSCDisclosureDocuments table.

Disruptions

Reference No	Task No	Description
105	EII # 125387	Implementation of Disruption Template List and Detail page.

Author: Yashas Kydalappa

105. EII # 125387: Implementation of Disruption Template List and Detail page.

Release Type: Change **|** **Priority:** Urgent

Navigation Path 1: Administration' – 'Disruption Template List' -- 'Disruption Template List' list page.

Navigation Path 2: 'Administration' – Plans – 'Plans' list page – 'Plan Details' screen – 'Rules' tab.

Navigation Path 3: 'Administration' -- Global Codes – Select 'DISRUPTIONLIMITTYPES' – Global Code Details.

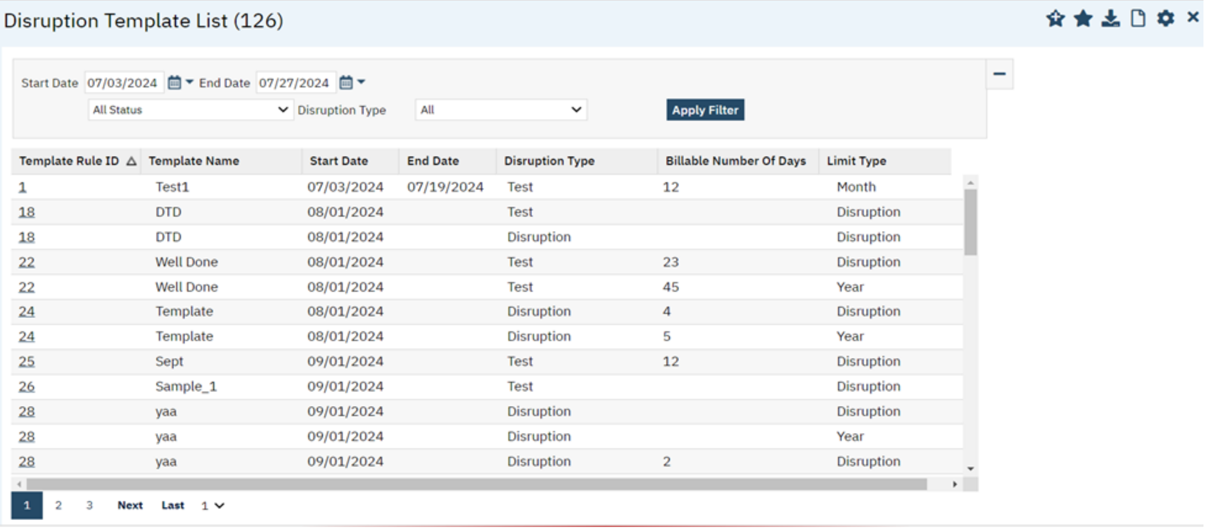
Purpose: To document the Billing Process for Foster Care.

Functionality 'Before' and 'After' release:

With the release, a screen named 'Disruption Template List' is implemented for creating the Disruption template and added a 'Disruption Template' in the Plan Details screen.

1. **'Disruption Template List' List Page.**

The below mentioned details will be displayed in the Disruption Template List page.



Start Date 07/03/2024 End Date 07/27/2024
All Status
Disruption Type All

Template Rule ID	Template Name	Start Date	End Date	Disruption Type	Billable Number Of Days	Limit Type
1	Test1	07/03/2024	07/19/2024	Test	12	Month
18	DTD	08/01/2024		Test		Disruption
18	DTD	08/01/2024		Disruption		Disruption
22	Well Done	08/01/2024		Test	23	Disruption
22	Well Done	08/01/2024		Test	45	Year
24	Template	08/01/2024		Disruption	4	Disruption
24	Template	08/01/2024		Disruption	5	Year
25	Sept	09/01/2024		Test	12	Disruption
26	Sample_1	09/01/2024		Test		Disruption
28	yaa	09/01/2024		Disruption		Disruption
28	yaa	09/01/2024		Disruption		Year
28	yaa	09/01/2024		Disruption	2	Disruption

Filter section:

- **Start Date:** 'Start Date' is the Calendar type mandatory filter, when try to search without start date the system will display the 'Please Enter Start Date' warning message.
- **End Date:** 'End Date' is the Calendar type mandatory filter, when trying to search without a start date the system will display the 'Please Enter End Date' warning message.
- **Status:** Status drop down has options of All, Active and Inactive. Respective data will be displayed in the list page when filtered.
- **Disruption Type:** The values initiated for the Disruption Type drop down are from global codes and their category is 'FCDisruptionTypes'.
- **Apply Filter:** It is a button.

Grid section:

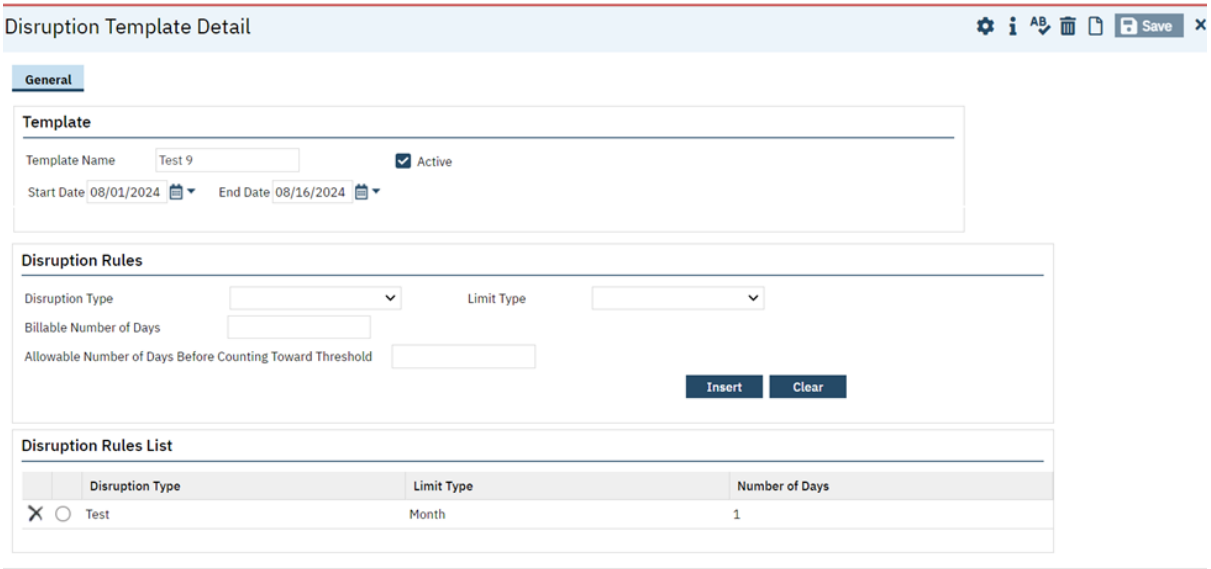
- **Template Rule ID:** It displays the Template Rule ID, and the Template Rule ID has a hyperlink it will navigate to the 'Disruption Template Detail' screen.
- **Template Name:** It displays the name of the Template from the Disruption Template Details Screen.
- **Start Date:** It Displays Start date of the Template from Disruption Template Details Screen.
- **End Date:** It Displays End date of the Template from Disruption Template Details Screen
- **Disruption Type:** It displays Disruption Type from Disruption Template Details Screen

- **Billable Number of Days:** It displays Billable Number of Days from the Disruption Template Details Screen.
- **Limit Type:** It displays Limit Type from Disruption Template Details Screen.

2: 'Disruption Template Detail' screen

Disruption Template Detail will be displayed when clicking on the 'New' button under 'Disruption Template List' List Page or by clicking on Template Rule ID hyperlink.

- The Disruption Template Detail screen has a 'General' tab only.



Template Name: Test 9

☑ Active

Start Date: 08/01/2024

End Date: 08/16/2024

Disruption Type	Limit Type	Number of Days
Test	Month	1

'Template' Section:

The Template section has the following fields

- **Template Name:** Template Name is a Texbox field for inserting the template names if no system will show the error stating 'Please Enter Template Name'.
- **Active:** Active is a check box type response option.
- **Start Date**: Start Date is the Calendar type mandatory field, when trying to save the template without the Start Date system will show the error stating 'Please Enter Start Date'.
- **End Date:** End Date is a Calendar controlled field.

'Disruption Rules' section:

The Disruption Rules section has the following fields

- **Disruption Type:** Disruption Type is a mandatory drop down, the initiation for the drop-down values is from the global code category called 'FCDisruptionTypes'.
- **Limit Type:** Limit Type is mandatory drop down, the initiation for the drop-down values is from the global code category called 'DisruptionLimitTypes'.
- **Billable Number of Days:** This a text box, it allows only numeric digits.
- **Allowable Number of Days Before Counting Toward Threshold:** This is a text field that allows only numeric digits.
- **Insert/Modify:** when click on the Insert button the entered data will get inserted to the Disruption rules list. The Modify button will be enabled for existing records.
- **Clear:** This is a button that will remove the inserted values from the Disruption Rules section.

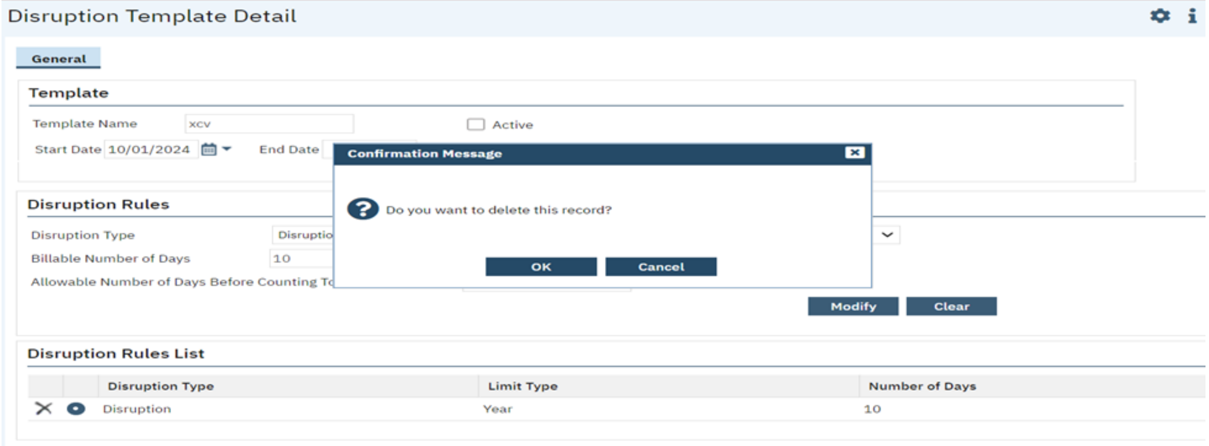
'Disruption Rules List' grid

The Disruption Rules List is a Grid type, it has the following columns

- Disruption Type
- Limit Type

- Number of Days

When clicking on the delete icon system will ask a confirmation message in pop-up stating, 'Do You Want to Delete This Record?' . When the user clicks 'Ok', the system will delete the record and click on Cancel will close the pop-up.



Template Name: xcv

☐ Active

Start Date: 10/01/2024

End Date:

Confirmation Message: Do you want to delete this record?

Disruption Type: Disruptio

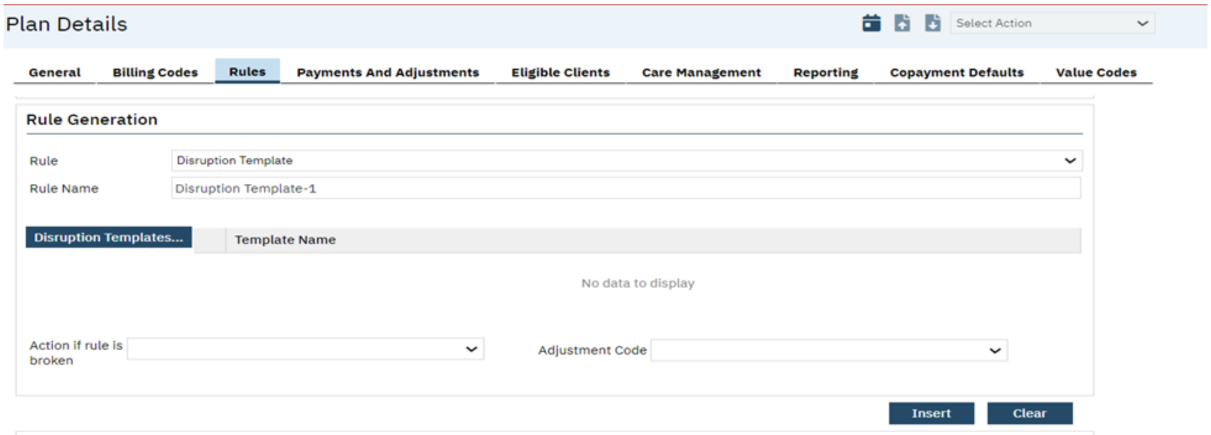
Billable Number of Days: 10

Allowable Number of Days Before Counting To

		Disruption Type	Limit Type	Number of Days
✕	●	Disruption	Year	10

3: 'Disruption Template' plan rules:

- A new plan rule 'Disruption Template' has been implemented with the existing rules under rules drop down.



Rule: Disruption Template

Rule Name: Disruption Template-1

No data to display

Action if rule is broken:

Adjustment Code:

'DISRUPTIONLIMITTYPES' Global Code:

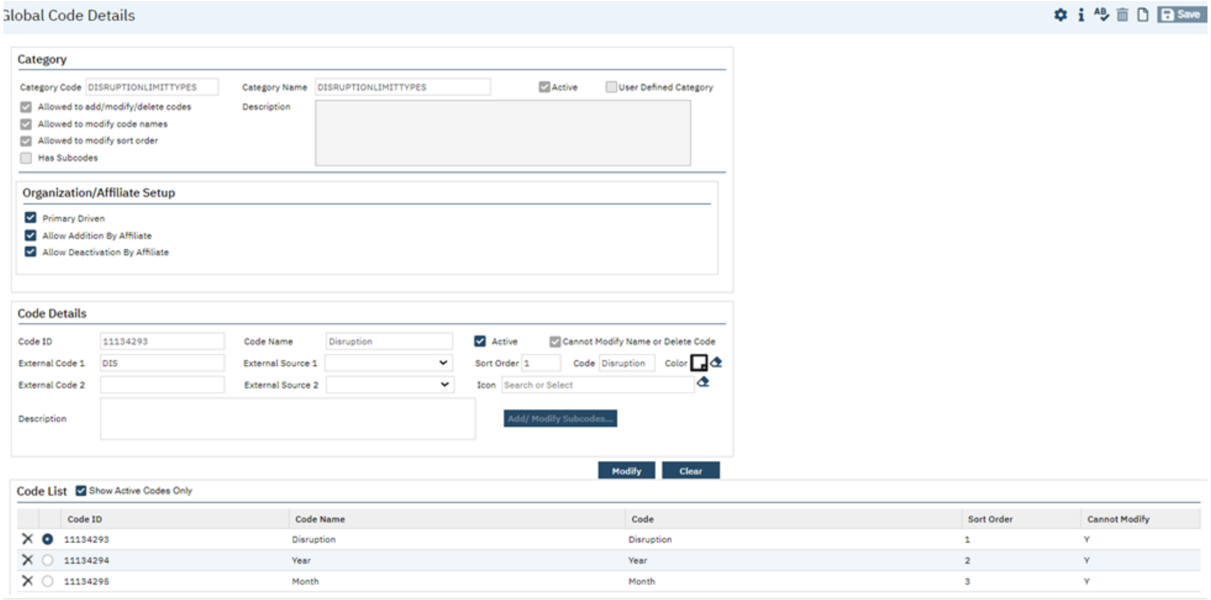
A new DISRUPTIONLIMITTYPES global code category has been implemented with 'Disruption', 'Year' and 'Month'.

Global code Details:

Global Code Category: DISRUPTIONLIMITTYPES

Description:

- **Disruption:** when the limit type is selected as disruption, the system will consider it based on induvial disruption length.
- **Year:** when the limit type is selected as Year, the system will consider the billable and allowable number of days once for the year and reset the values automatically from next year.
- **Month:** when the limit type is selected as Month, the system will consider the billable and allowable number of days once for the Month and reset the values automatically from next Month onwards.



Category Code: DISRUPTIONLIMITTYPES
Category Name: DISRUPTIONLIMITTYPES
☑ Active
☐ User Defined Category
☑ Allowed to add/modify/delete codes
☑ Allowed to modify code names
☑ Allowed to modify sort order
☐ Has Subcodes
Description:

☑ Primary Driven
☑ Allow Addition By Affiliate
☑ Allow Deactivation By Affiliate

Code ID: 11134293
Code Name: Disruption
☑ Active
☑ Cannot Modify Name or Delete Code
External Code 1: DIS
External Source 1:
Sort Order: 1
Code: Disruption
Color:
External Code 2:
External Source 2:
Icon: Search or Select
Description:

Code List ☑ Show Active Codes Only

		Code ID	Code Name	Code	Sort Order	Cannot Modify
✕	●	11134293	Disruption	Disruption	1	Y
✕	○	11134294	Year	Year	2	Y
✕	○	11134295	Month	Month	3	Y

The added global codes in this page, will be displayed in Limit Type drop down of “Disruption Rules” section on the “Disruption Template Details” screen.

Data Model Changes: A new ‘DisruptionTemplates’ and ‘DisruptionTemplateRules’ tables are created.

Document Codes

Reference No	Task No	Description
106	EII # 126699	Added new fields in ‘Document Codes Detail’ screen.

Author: Santosh Huggi

106. EII # 126699: Added new fields in ‘Document Codes Detail’ screen.

Release Type: Change | **Priority:** Urgent

Navigation Path: 'Administration’ – ‘Document Codes’ list page – search and select required document -- ‘Document Codes Details’ – ‘General’ tab – ‘Details’ section.

Functionality ‘Before’ and ‘After’ release:

Purpose: To ensure we obtain guardian signatures for the clients who are minors and documents related to 'Release of Information' and 'Consent'.

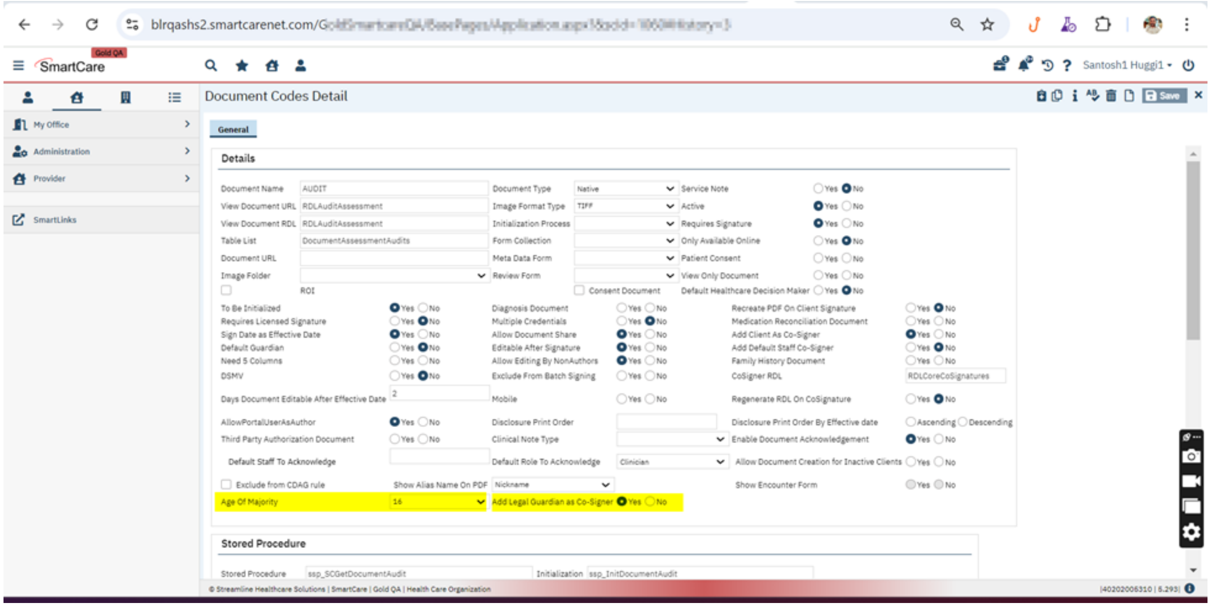
With this release, in the ‘Details’ section of ‘General’ tab in ‘Document Codes Detail’ screen, two new fields have been added as mentioned below:

‘Age of Majority’ field – This is the dropdown field; By default, it will be blank for new records, this dropdown contains the below listed values.

- 12
- 13
- 14
- 15
- 16
- 17
- 18

‘Add Legal Guardian as Co-Signer’ field – This is a Radio button field with options as ‘Yes’, ‘No’. The users can select the required values for the above-mentioned fields and save the record.

Document Codes Detail – Screen



Document Codes Detail

Details

Document Name: AUDIT
View Document URL: RDLAuditAssessment
View Document RDL: RDLAuditAssessment
Table List: DocumentAssessmentAudits
Document URL:
Image Folder:
☐ ROI
Document Type: Native
Image Format Type: TIFF
Initialization Process:
Form Collection:
Meta Data Form:
Review Form:
☐ Consent Document
Service Note ○ Yes ● No
Active ● Yes ○ No
Requires Signature ● Yes ○ No
Only Available Online ○ Yes ● No
Patient Consent ○ Yes ○ No
View Only Document ○ Yes ○ No
Default Healthcare Decision Maker ○ Yes ● No
To Be Initialized ● Yes ○ No
Requires Licensed Signature ○ Yes ● No
Sign Date as Effective Date ● Yes ○ No
Default Guardian ○ Yes ● No
Need 5 Columns ○ Yes ○ No
DSMV ○ Yes ● No
Days Document Editable After Effective Date: 2
AllowPortalUserAsAuthor ● Yes ○ No
Third Party Authorization Document ○ Yes ○ No
Default Staff To Acknowledge:
☐ Exclude from CDAG rule
Show Alias Name On PDF: Nickname
Age Of Majority: 16
Diagnosis Document ○ Yes ○ No
Multiple Credentials ○ Yes ● No
Allow Document Share ● Yes ○ No
Editable After Signature ● Yes ○ No
Allow Editing By NonAuthors ● Yes ○ No
Exclude From Batch Signing ○ Yes ○ No
Mobile ○ Yes ○ No
Disclosure Print Order:
Clinical Note Type:
Default Role To Acknowledge: Clinician
Add Legal Guardian as Co-Signer ● Yes ○ No
Recreate PDF On Client Signature ○ Yes ● No
Medication Reconciliation Document ○ Yes ○ No
Add Client As Co-Signer ● Yes ○ No
Add Default Staff Co-Signer ○ Yes ● No
Family History Document ○ Yes ○ No
CoSigner RDL: RDLCoreCoSignatures
Regenerate RDL On CoSignature ○ Yes ● No
Disclosure Print Order By Effective date ○ Ascending ○ Descending
Enable Document Acknowledgement ● Yes ○ No
Allow Document Creation for Inactive Clients ○ Yes ○ No
Show Encounter Form ○ Yes ○ No

Stored Procedure

Stored Procedure: ssp_SCGetDocumentAudit
Initialization: ssp_InitDocumentAudit

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Data Model Change - In 'DocumentCodes' table two new columns are added as ‘AgeOfMajority’ and ‘DefaultLegalGuardian’

Document Validations

Reference No	Task No	Description
107	Core Bugs #128763	Random page documents are displayed when clicking the page numbers in the Document Validations list page.
108	Core Bugs #129379	All Documents: The validation message is displayed when the user clicked on ctrl+alt+v hotkey, preventing users from signing the document.

Author: Lakshmi Kumarappan

107. Core Bugs # 128763: Random page documents are displayed when clicking the page numbers in the Document Validations list page.

Release Type: Fix **|** **Priority:** Medium

Navigation Path: Administration -- 'Document Validations' -- 'Document Validations' list page.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the Document Validations list page, when the user clicked from page-to-page, the random page documents were displayed.

With this release, the above-mentioned issue has been resolved. Now, the Document Validations list page displays the appropriate documents for that page when the user clicks from page to page.

Author: Lakshmi Kumarappan

108. Core Bugs # 129379: Random page documents are displayed when clicking the page numbers in the Document Validations list page.

Release Type: Fix **|** **Priority:** High

Navigation Path: 'Client' search – select any document – Enter the required fields – Click on 'Sign' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user attempted to add document validations in any documents by clicking on ctrl+alt+v hotkey, the below validation message was populating due to the absence of previous document values entered and this prevented the user to sign the document.

Validation Message: "PHQ-2 - Over the last weeks-Little interest/pleasure in doing things is required"

With this release, the above-mentioned issue has been resolved. Now, the above validation message will no longer be triggered, and the user is able to sign the document without any issue.

Documents

Reference No	Task No	Description
109	EII # 126688	Changes to Move Validation messages for Program/Agency Discharge from Store Procedure to the 'Document Validations' module.
110	Core Bugs # 129000	Placement issue of the 'Help icon'
111	Core Bugs # 128825	Service Request- Review /Approval Detail: The hyperlink in the Attachment tab was disabled.
112	EII # 128221	CDTC BPRS Assessment Document Move
~~113~~	~~Core Bugs # 128848~~	~~Care Plan: A validation message is displayed even though the 'Objective Start Date' field contains a required date.~~
~~114~~	~~Core Bugs # 128902~~	~~The deleted 'Needs' are displayed in the 'PDF' and initialized into the new ISP Document.~~
~~115~~	~~EII # 128689~~	~~Implementation of custom hook in the ISP document CarePlanMain.js~~
116	Core Bugs # 128820	Release Of Information: when contact radio button is selected in the Release To/From then the related fields were not populating
117	Core Bugs # 128951	Diagnosis Document: The Client PC Problems are listed twice in the PDF
~~118~~	~~EII # 127125~~	~~DLA-20 Adult: Changes in dropdown and score textbox on change of the value and vice versa and changes in score value description~~
119	Core Bugs # 128872	Transition Of Care document: Current Medications not Listed in the PDF
120	Core Bugs # 129091	'Safety/Crisis Plan' Core document: The 'Open Contacts' Button navigating to incorrect 'Client Information(C)' screen
121	EII # 128344	Implementation of a new 'Modified SCOFF Questionnaire' document.
68	EII # 127941	Implementation of adding legal guardian as Co-signer for documents
123	EII # 128441	Display of signature on PDF based on the existing configuration key
124	EII # 127556	New changes are implemented to the Consent documents, Documents and My Document list page.
125	EII # 128305	Implementation of 'HELPS - Traumatic Brain Injury (TBI) Screening Tool' document.
126	Core Bugs # 129063	To rename Mental Status Exam (Psych Version) - IP' to 'Mental Status Exam'
127	Core Bugs # 129192	On opening Consents list page error is logged in errorlog table
128	EII # 128345	Changes in National Outcome Measures (NOMs) (Client) screen

129	Core Bugs # 129315	C-SSRS Adult Since Last Visit: large space between the Suicidal Behavior question on page 1 and the answers to that question on page 2
130	Core Bugs # 129274	Release of Information: Expiration End Date not calculating correctly
131	EII # 128520	Implementation of 'DSI Source References' icon in the toolbar for the Documents and Services.
132	EII # 126663	Implementation of 'DSM-V Pathological Gambling Diagnostic Form' document.
133	EII # 128343	To implement MFQ Parent Version & Child Version (Mood and Feelings Questionnaire)

Author: Sachin Ranganathappa

109. EII # 126688: Changes to Move Validation messages for Program/Agency Discharge from Store Procedure to the 'Document Validations' module.

Release Type: Change **|** **Priority:** High

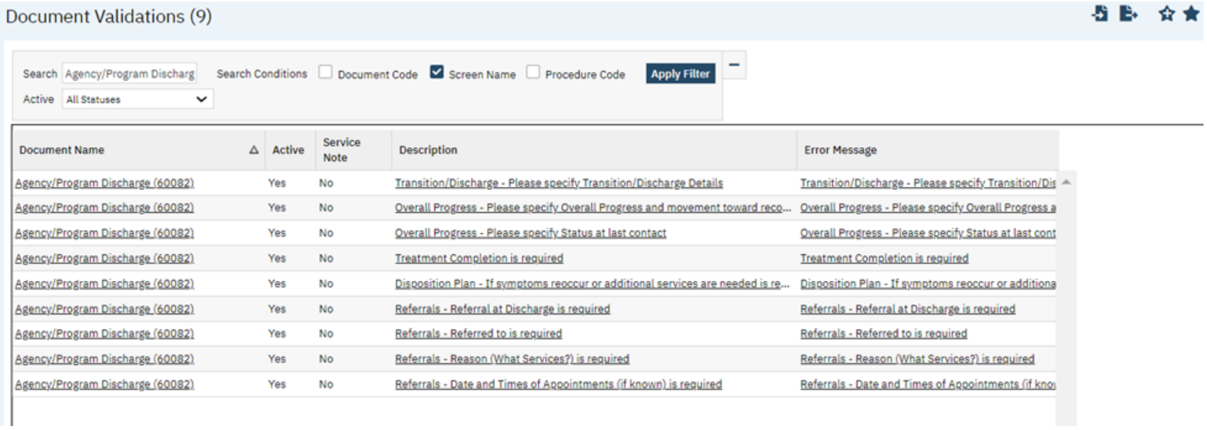
Navigation Path: 'Client Search' - 'Select Client' – 'Agency/Program Discharge (Client)' - Enter all the required details – Click on 'Sign'.

Functionality 'Before' and 'After' release:

Purpose: To Move the Validation messages currently present in the 'Stored Procedure' to the 'Document Validation' module. Where the end user's admin can control the validations.

With this release, the following validation messages in the 'Agency/Program Discharge' Document are moved from 'Stored Procedures' to "Document Validations".

- Progress Review – Overall Progress - Please specify Overall Progress and movement toward recovery.
- Progress Review – Overall Progress - Please specify Status at last contact.
- Progress Review – Treatment Completion is required.
- Referrals/Disposition – Disposition Plan - If symptoms reoccur or additional services are needed is required.
- Referrals/Disposition – Referrals - Referral at Discharge is required.
- Referrals/Disposition – Referrals - Referred to is required.
- Referrals/Disposition – Referrals - Reason (What Services?) is required.
- Referrals/Disposition – Referrals - Date and Times of Appointments (if known) is required.



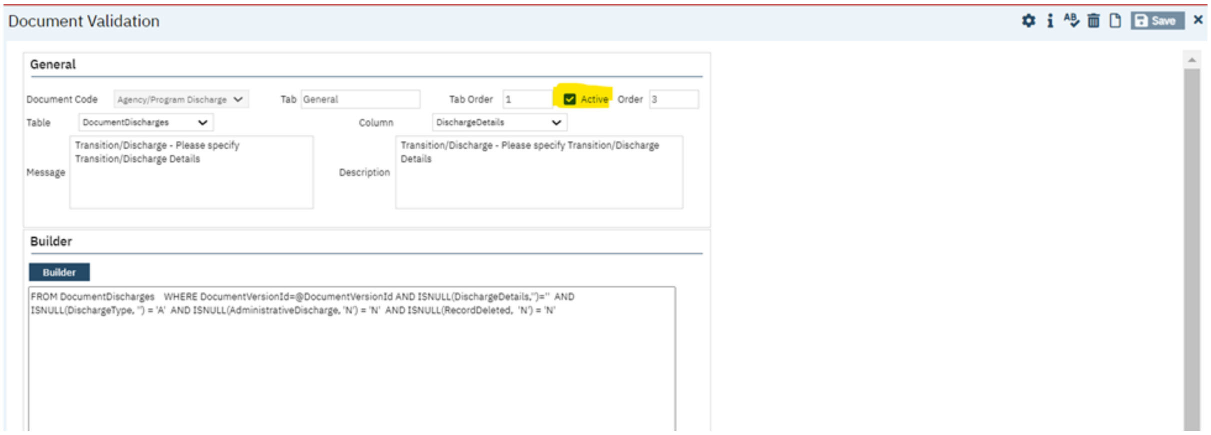
Document Validations (9)

Search: Agency/Program Discharg | Search Conditions: ☐ Document Code ☑ Screen Name ☐ Procedure Code

Active: All Statuses

Document Name	Active	Service Note	Description	Error Message
Agency/Program Discharge (60082)	Yes	No	Transition/Discharge - Please specify Transition/Discharge Details	Transition/Discharge - Please specify Transition/Dis
Agency/Program Discharge (60082)	Yes	No	Overall Progress - Please specify Overall Progress and movement toward reco...	Overall Progress - Please specify Overall Progress a
Agency/Program Discharge (60082)	Yes	No	Overall Progress - Please specify Status at last contact	Overall Progress - Please specify Status at last cont
Agency/Program Discharge (60082)	Yes	No	Treatment Completion is required	Treatment Completion is required
Agency/Program Discharge (60082)	Yes	No	Disposition Plan - If symptoms reoccur or additional services are needed is re...	Disposition Plan - If symptoms reoccur or additiona
Agency/Program Discharge (60082)	Yes	No	Referrals - Referral at Discharge is required	Referrals - Referral at Discharge is required
Agency/Program Discharge (60082)	Yes	No	Referrals - Referred to is required	Referrals - Referred to is required
Agency/Program Discharge (60082)	Yes	No	Referrals - Reason (What Services?) is required	Referrals - Reason (What Services?) is required
Agency/Program Discharge (60082)	Yes	No	Referrals - Date and Times of Appointments (if known) is required	Referrals - Date and Times of Appointments (if kno

Note: If the Customer doesn't want any validation, then they can deactivate it from Document Validations through the below **path**:
Go search – Document Validation – 'Agency/Program Discharge' – uncheck the 'Active'checkbox – 'Save'.



Document Validation

General

Document Code: Agency/Program Discharge
Tab: General
Tab Order: 1
☑ Active
Order: 3
Table: DocumentDischarges
Column: DischargeDetails
Message: Transition/Discharge - Please specify Transition/Discharge Details
Description: Transition/Discharge - Please specify Transition/Discharge Details

Builder

```
FROM DocumentDischarges   WHERE DocumentVersionId=@DocumentVersionId AND ISNULL(DischargeDetails,'')=''  AND
ISNULL(DischargeType, '') = 'A'  AND ISNULL(AdministrativeDischarge, 'N') = 'N'  AND ISNULL(RecordDeleted,  'N') = 'N'
```

Author: Rakesh Naganagoda

110. Core bugs #129000: Placement issue of the 'Help icon'

Release Type: Fix | **Priority:** High

Navigation Path: Login to SmartCare – 'Client' – Navigate to any Document/Assessment screen – Add the Help Icon.

Functionality 'Before' and 'After' release:

Before this release, here was the behaviour. When the help icon was created, the users were observing that the help icon was displayed outside the text box.

With this release, the above-mentioned issues have been resolved. Now the 'Help icon' is displaying on the top right corner of the text box.

Author: Lakshmi Kumarappan

111. Core bugs # 128825: Service Request- Review /Approval Detail: The hyperlink in the Attachment tab was disabled.

Release Type: Fix | **Priority:** Medium

Navigation Path: Go search- Service Request-Review/Approval List (Client)- Click on New- Select the Request status as 'Submitted'-'Attachments tab- Attachments section- Click on any of the Hyperlink in the Attachments section.

Functionality 'Before' and 'After' release:

Before this release, here was the behaviour. In the Service Request-Review/Approval List, when the status of the request was marked as "Submitted", then in the attachments tab, the documents hyperlink was disabled. With this, the user was not able to view the attached documents.

With this release, the above-mentioned issue has been resolved. Now, in the Service Request-Review/Approval List, when the status of the request is marked as "Submitted", then in the attachments tab, the documents hyperlink made enabled to view the image, which is uploaded. Now, the user is able to view the attached documents.

Author: Sachin Ranganathappa

112. EII # 128221: CDTC BPRS Assessment Document Move

DISCLAIMER: The document is only available to those customers who have purchased an annual subscription. It is a premium add-on to SmartCare and not included in SmartCare Base Subscription. If you are interested in learning more about this document, please contact your account manager.

Release Type: Change **|** **Priority:** On Fire

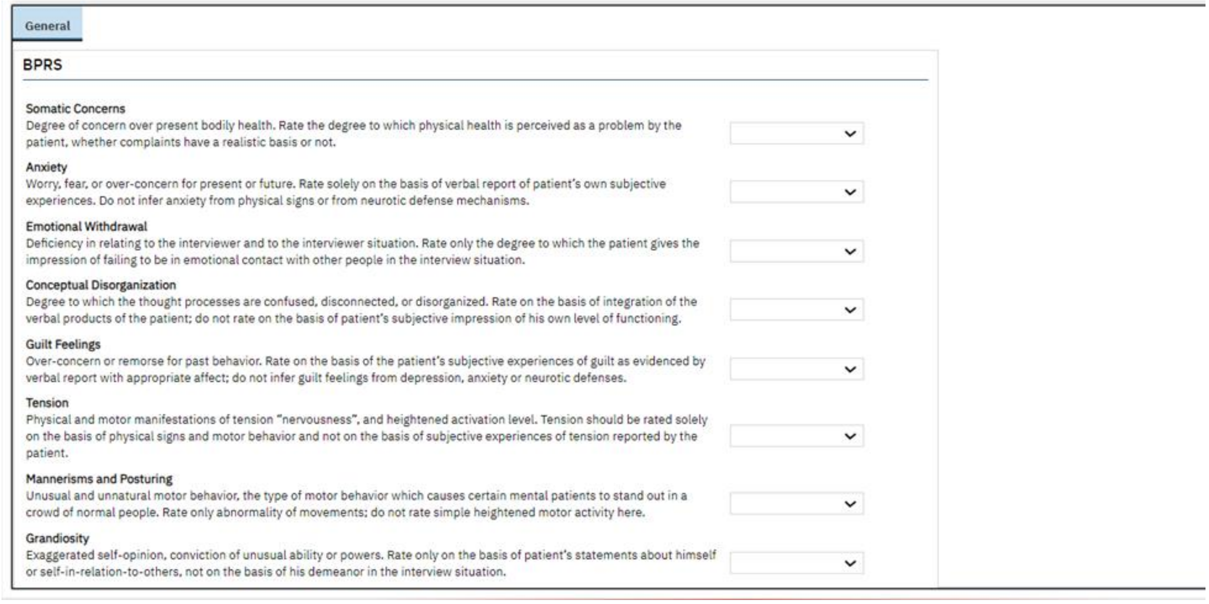
Navigation Path: 'Client Search' - 'Select Client' – 'BPRS (Client)' - Enter all the required details-Click on sign.

Functionality 'Before' and 'After' release:

Purpose: The new 'BPRS (Brief Psychiatric Rating Scale)' document is implemented to measure psychiatric symptoms such as depression, anxiety, hallucinations, psychosis and unusual behaviour.

With this release, a new Document called 'BPRS' has been implemented along with initializations and the required validations.

This document consists of a 'General' tab 'BPRS' section under which below 18-item questionnaire fields and corresponding dropdowns are present.



BPRS

Somatic Concerns
Degree of concern over present bodily health. Rate the degree to which physical health is perceived as a problem by the patient, whether complaints have a realistic basis or not.

Anxiety
Worry, fear, or over-concern for present or future. Rate solely on the basis of verbal report of patient's own subjective experiences. Do not infer anxiety from physical signs or from neurotic defense mechanisms.

Emotional Withdrawal
Deficiency in relating to the interviewer and to the interviewer situation. Rate only the degree to which the patient gives the impression of failing to be in emotional contact with other people in the interview situation.

Conceptual Disorganization
Degree to which the thought processes are confused, disconnected, or disorganized. Rate on the basis of integration of the verbal products of the patient; do not rate on the basis of patient's subjective impression of his own level of functioning.

Guilt Feelings
Over-concern or remorse for past behavior. Rate on the basis of the patient's subjective experiences of guilt as evidenced by verbal report with appropriate affect; do not infer guilt feelings from depression, anxiety or neurotic defenses.

Tension
Physical and motor manifestations of tension "nervousness", and heightened activation level. Tension should be rated solely on the basis of physical signs and motor behavior and not on the basis of subjective experiences of tension reported by the patient.

Mannerisms and Posturing
Unusual and unnatural motor behavior, the type of motor behavior which causes certain mental patients to stand out in a crowd of normal people. Rate only abnormality of movements; do not rate simple heightened motor activity here.

Grandiosity
Exaggerated self-opinion, conviction of unusual ability or powers. Rate only on the basis of patient's statements about himself or self-in-relation-to-others, not on the basis of his demeanor in the interview situation.

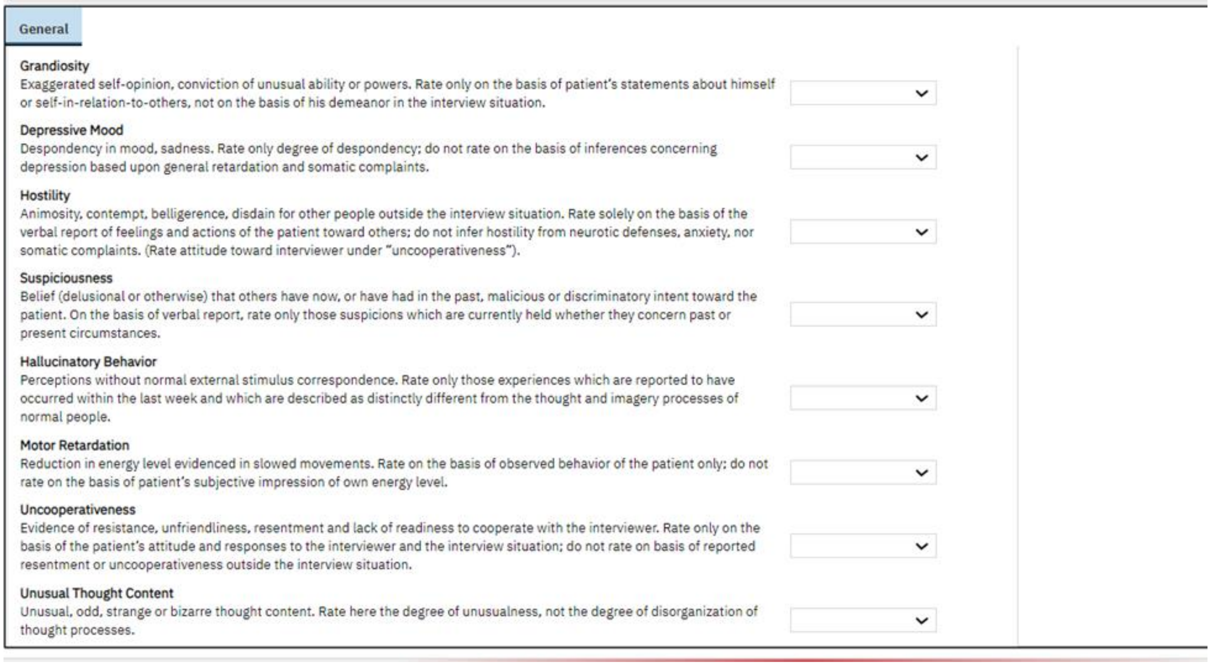
1. **Somatic Concerns:** Degree of concern over present bodily health. Rate the degree to which physical health is perceived as a problem by the patient, whether complaints have a realistic basis or not.
2. **Anxiety:** Worry, fear, or over-concern for present or future. Rate solely on the basis of verbal report of patient's own subjective experiences. Do not infer anxiety from physical signs or from neurotic Défense mechanisms.
3. **Emotional Withdrawal:** Deficiency in relating to the interviewer and to the interviewer situation. Rate only the degree to which the patient gives the impression of failing to be in emotional contact with other people in the interview situation.
4. **Conceptual Disorganization:** Degree to which the thought processes are confused, disconnected, or disorganized. Rate on the basis of integration of the verbal products of the patient; do not rate on the basis of patient's subjective impression of his own level of functioning.

5. **Guilt Feelings:** Over-concern or remorse for past behavior. Rate on the basis of the patient's subjective experiences of guilt as evidenced by verbal report with appropriate affect; do not infer guilt feelings from depression, anxiety or neurotic defenses.

6. **Tension :** Physical and motor manifestations of tension "nervousness", and heightened activation level. Tension should be rated solely on the basis of physical signs and motor behavior and not on the basis of subjective experiences of tension reported by the patient.

7. **Mannerisms and Posturing:** Unusual and unnatural motor behavior, the type of motor behavior which causes certain mental patients to stand out in a crowd of normal people. Rate only abnormality of movements; do not rate simple heightened motor activity here.

8. **Grandiosity:** Exaggerated self-opinion, conviction of unusual ability or powers. Rate only on the basis of patient's statements about himself or self-in-relation-to-others, not on the basis of his demeanor in the interview situation.



General

Grandiosity
Exaggerated self-opinion, conviction of unusual ability or powers. Rate only on the basis of patient's statements about himself or self-in-relation-to-others, not on the basis of his demeanor in the interview situation.

Depressive Mood
Despondency in mood, sadness. Rate only degree of despondency; do not rate on the basis of inferences concerning depression based upon general retardation and somatic complaints.

Hostility
Animosity, contempt, belligerence, disdain for other people outside the interview situation. Rate solely on the basis of the verbal report of feelings and actions of the patient toward others; do not infer hostility from neurotic defenses, anxiety, nor somatic complaints. (Rate attitude toward interviewer under "uncooperativeness").

Suspiciousness
Belief (delusional or otherwise) that others have now, or have had in the past, malicious or discriminatory intent toward the patient. On the basis of verbal report, rate only those suspicions which are currently held whether they concern past or present circumstances.

Hallucinatory Behavior
Perceptions without normal external stimulus correspondence. Rate only those experiences which are reported to have occurred within the last week and which are described as distinctly different from the thought and imagery processes of normal people.

Motor Retardation
Reduction in energy level evidenced in slowed movements. Rate on the basis of observed behavior of the patient only; do not rate on the basis of patient's subjective impression of own energy level.

Uncooperativeness
Evidence of resistance, unfriendliness, resentment and lack of readiness to cooperate with the interviewer. Rate only on the basis of the patient's attitude and responses to the interviewer and the interview situation; do not rate on basis of reported resentment or uncooperativeness outside the interview situation.

Unusual Thought Content
Unusual, odd, strange or bizarre thought content. Rate here the degree of unusualness, not the degree of disorganization of thought processes.

9. Depressive Mood: Despondency in mood, sadness. Rate only degree of despondency; do not rate on the basis of inferences concerning depression based upon general retardation and somatic complaints.

10. Hostility: Animosity, contempt, belligerence, disdain for other people outside the interview situation. Rate solely on the basis of the verbal report of feelings and actions of the patient toward others; do not infer hostility from neurotic defenses, anxiety, nor somatic complaints. (Rate attitude toward interviewer under "uncooperativeness").

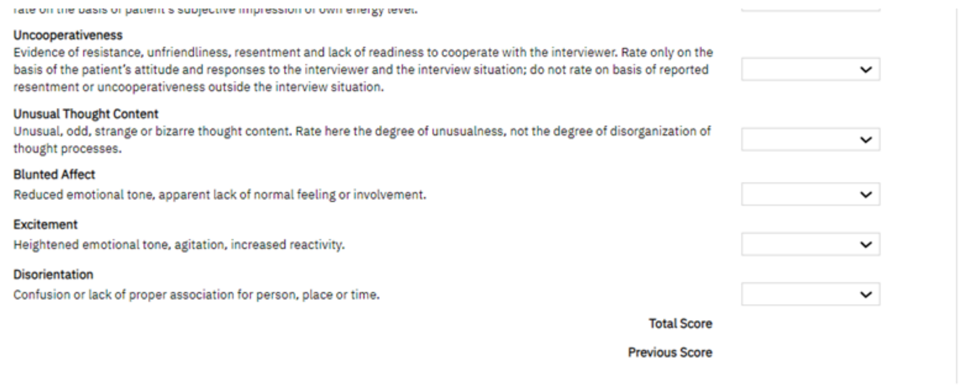
11. Suspiciousness: Belief (delusional or otherwise) that others have now, or have had in the past, malicious or discriminatory intent toward the patient. On the basis of verbal report, rate only those suspicions which are currently held whether they concern past or present circumstances.

12. Hallucinatory Behavior: Perceptions without normal external stimulus correspondence. Rate only those experiences which are reported to have occurred within the last week and which are described as distinctly different from the thought and imagery processes of normal people.

13. Motor Retardation: Reduction in energy level evidenced in slowed movements. Rate on the basis of observed behaviour of the patient only; do not rate on the basis of patient's subjective impression of own energy level.

14. Uncooperativeness: Evidence of resistance, unfriendliness, resentment and lack of readiness to cooperate with the interviewer. Rate only on the basis of the patient's attitude and responses to the interviewer and the interview situation; do not rate on basis of reported resentment or uncooperativeness outside the interview situation.

15. Unusual Thought Content: Unusual, odd, strange or bizarre thought content. Rate here the degree of unusualness, not the degree of disorganization of thought processes.



rate on the basis of patient's subjective impression of own energy level.

Uncooperativeness
Evidence of resistance, unfriendliness, resentment and lack of readiness to cooperate with the interviewer. Rate only on the basis of the patient's attitude and responses to the interviewer and the interview situation; do not rate on basis of reported resentment or uncooperativeness outside the interview situation.

Unusual Thought Content
Unusual, odd, strange or bizarre thought content. Rate here the degree of unusualness, not the degree of disorganization of thought processes.

Blunted Affect
Reduced emotional tone, apparent lack of normal feeling or involvement.

Excitement
Heightened emotional tone, agitation, increased reactivity.

Disorientation
Confusion or lack of proper association for person, place or time.

Total Score

Previous Score

16. Blunted Affect: Reduced emotional tone, apparent lack of normal feeling or involvement.

17. Excitement: Heightened emotional tone, agitation, increased reactivity.

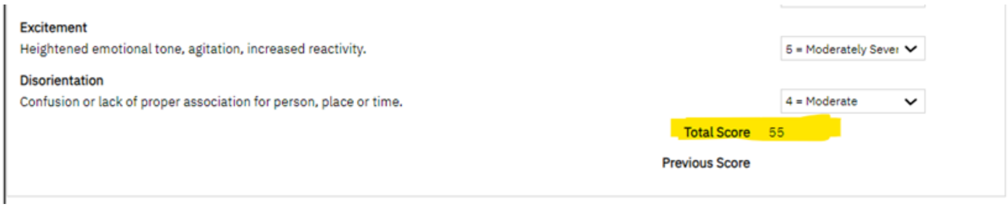
18. Disorientation: Confusion or lack of proper association for person, place or time.

For all the 18-item questionnaire the below values are listed in dropdowns.

0 = Not assessed
1 = Not present
2 = Very mild
3 = Mild
4 = Moderate
5 = Moderately Severe
6 = Severe
7 = Extremely Severe

The following score fields are present at the end of the section.

- **Total Score:** The total score will be displayed based on value selected in each questionnaire



Excitement
Heightened emotional tone, agitation, increased reactivity.
5 = Moderately Sever

Disorientation
Confusion or lack of proper association for person, place or time.
4 = Moderate

Total Score 55

Previous Score

- **Previous Score:** The 'Previous Score' value should display the 'Total Score' value of the previously signed most recent document.

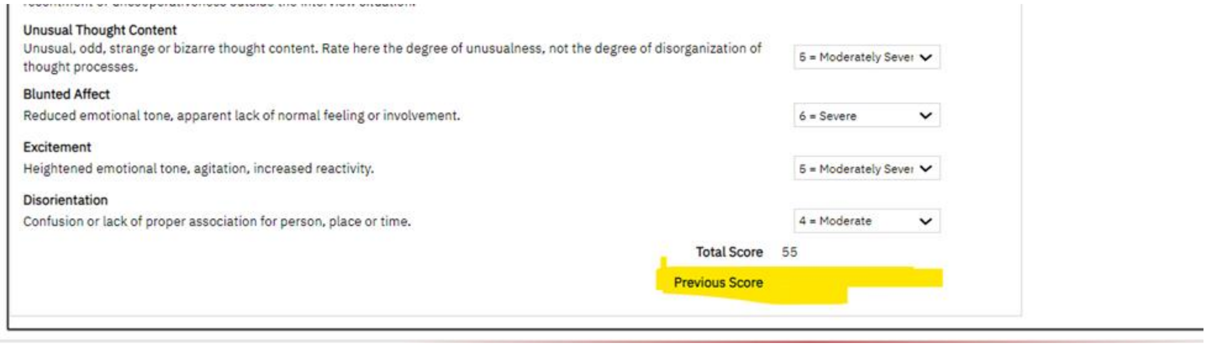
Excitement
Heightened emotional tone, agitation, increased reactivity.

Disorientation
Confusion or lack of proper association for person, place or time.

Total Score

Previous Score 55

If there is not previously signed document present, then it is shown as blank.



Unusual Thought Content
Unusual, odd, strange or bizarre thought content. Rate here the degree of unusualness, not the degree of disorganization of thought processes. 5 = Moderately Sever

Blunted Affect
Reduced emotional tone, apparent lack of normal feeling or involvement. 6 = Severe

Excitement
Heightened emotional tone, agitation, increased reactivity. 5 = Moderately Sever

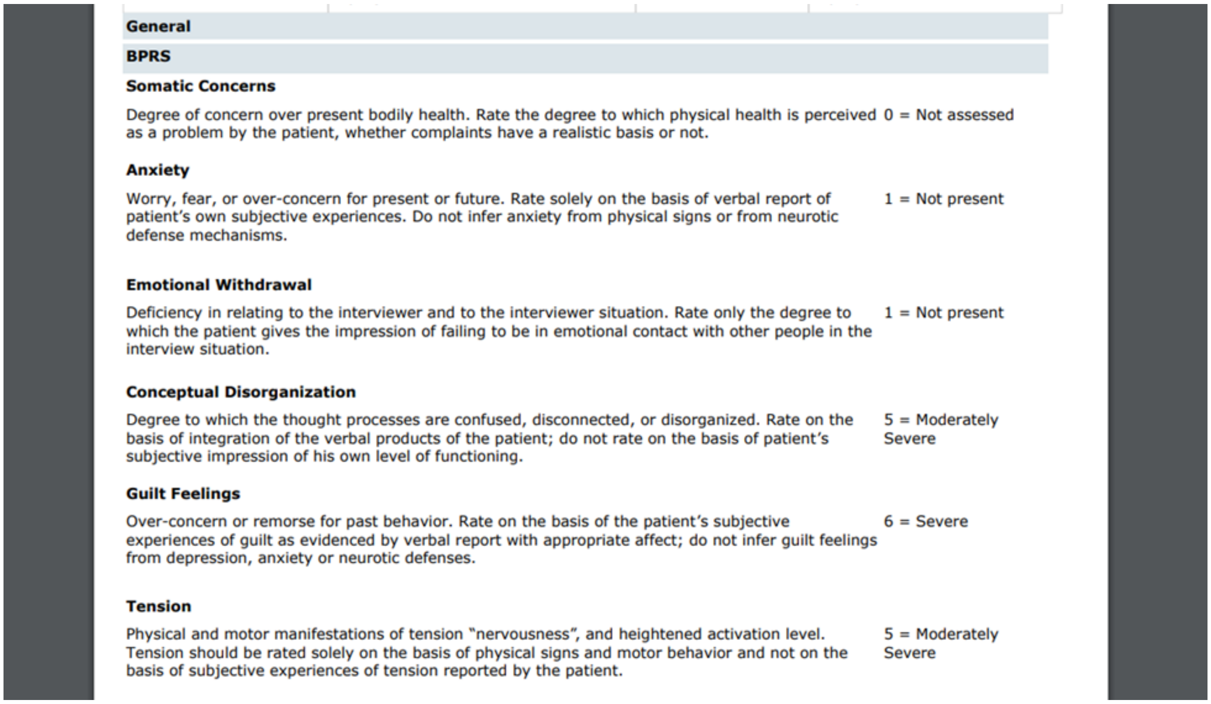
Disorientation
Confusion or lack of proper association for person, place or time. 4 = Moderate

Total Score 55

Previous Score

Once after entering all the required fields in the document, the user can sign the document, and the PDF will be generated.

PDF Screenshots:



General

BPRS

Somatic Concerns

Degree of concern over present bodily health. Rate the degree to which physical health is perceived as a problem by the patient, whether complaints have a realistic basis or not. 0 = Not assessed

Anxiety

Worry, fear, or over-concern for present or future. Rate solely on the basis of verbal report of patient's own subjective experiences. Do not infer anxiety from physical signs or from neurotic defense mechanisms. 1 = Not present

Emotional Withdrawal

Deficiency in relating to the interviewer and to the interviewer situation. Rate only the degree to which the patient gives the impression of failing to be in emotional contact with other people in the interview situation. 1 = Not present

Conceptual Disorganization

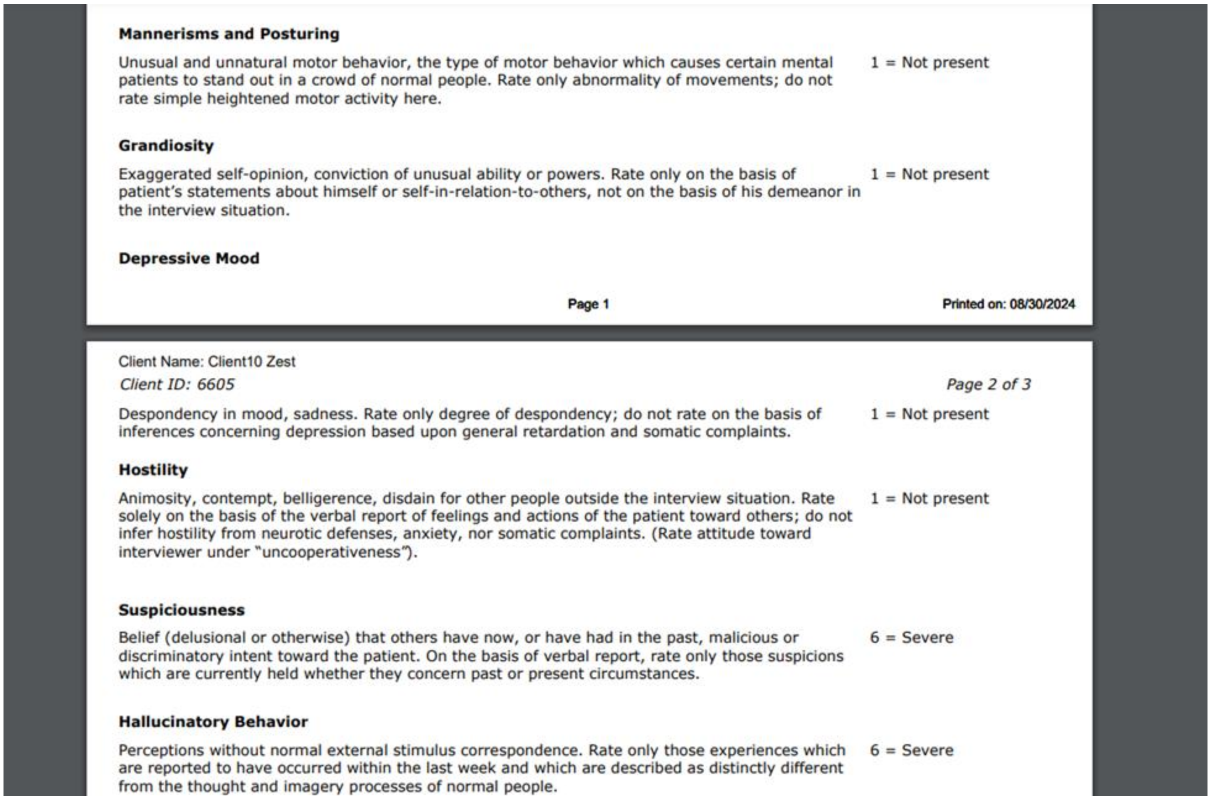
Degree to which the thought processes are confused, disconnected, or disorganized. Rate on the basis of integration of the verbal products of the patient; do not rate on the basis of patient's subjective impression of his own level of functioning. 5 = Moderately Severe

Guilt Feelings

Over-concern or remorse for past behavior. Rate on the basis of the patient's subjective experiences of guilt as evidenced by verbal report with appropriate affect; do not infer guilt feelings from depression, anxiety or neurotic defenses. 6 = Severe

Tension

Physical and motor manifestations of tension "nervousness", and heightened activation level. Tension should be rated solely on the basis of physical signs and motor behavior and not on the basis of subjective experiences of tension reported by the patient. 5 = Moderately Severe



Mannerisms and Posturing

Unusual and unnatural motor behavior, the type of motor behavior which causes certain mental patients to stand out in a crowd of normal people. Rate only abnormality of movements; do not rate simple heightened motor activity here. 1 = Not present

Grandiosity

Exaggerated self-opinion, conviction of unusual ability or powers. Rate only on the basis of patient's statements about himself or self-in-relation-to-others, not on the basis of his demeanor in the interview situation. 1 = Not present

Depressive Mood

Page 1 Printed on: 08/30/2024

Client Name: Client10 Zest

Client ID: 6605 *Page 2 of 3*

Despondency in mood, sadness. Rate only degree of despondency; do not rate on the basis of inferences concerning depression based upon general retardation and somatic complaints. 1 = Not present

Hostility

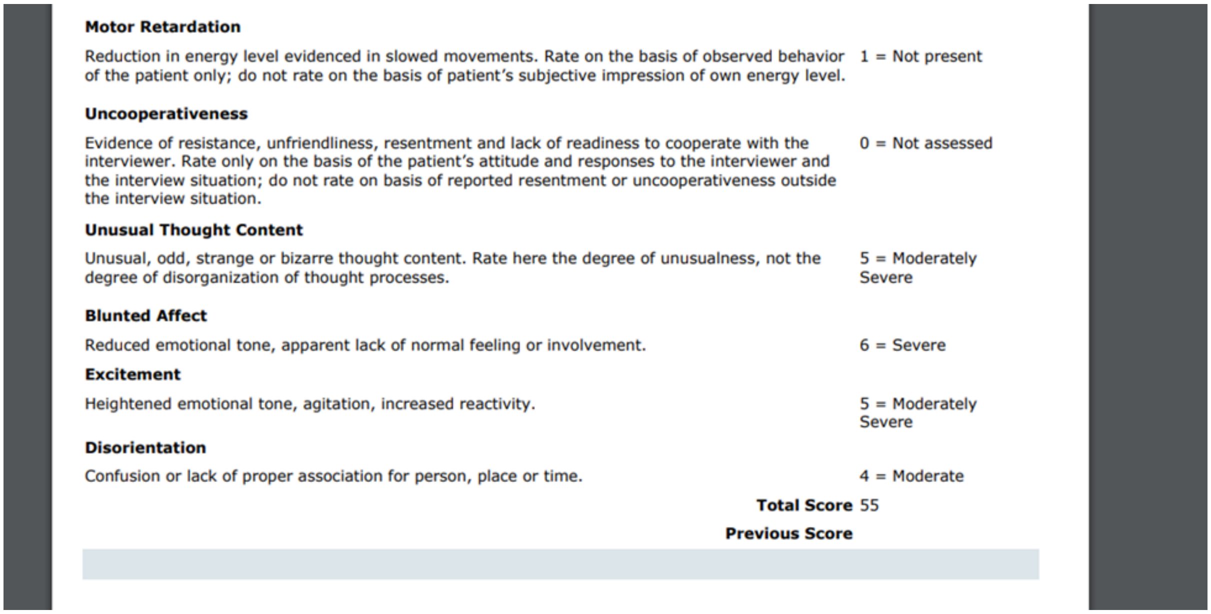
Animosity, contempt, belligerence, disdain for other people outside the interview situation. Rate solely on the basis of the verbal report of feelings and actions of the patient toward others; do not infer hostility from neurotic defenses, anxiety, nor somatic complaints. (Rate attitude toward interviewer under "uncooperativeness"). 1 = Not present

Suspiciousness

Belief (delusional or otherwise) that others have now, or have had in the past, malicious or discriminatory intent toward the patient. On the basis of verbal report, rate only those suspicions which are currently held whether they concern past or present circumstances. 6 = Severe

Hallucinatory Behavior

Perceptions without normal external stimulus correspondence. Rate only those experiences which are reported to have occurred within the last week and which are described as distinctly different from the thought and imagery processes of normal people. 6 = Severe



Motor Retardation

Reduction in energy level evidenced in slowed movements. Rate on the basis of observed behavior of the patient only; do not rate on the basis of patient's subjective impression of own energy level. 1 = Not present

Uncooperativeness

Evidence of resistance, unfriendliness, resentment and lack of readiness to cooperate with the interviewer. Rate only on the basis of the patient's attitude and responses to the interviewer and the interview situation; do not rate on basis of reported resentment or uncooperativeness outside the interview situation. 0 = Not assessed

Unusual Thought Content

Unusual, odd, strange or bizarre thought content. Rate here the degree of unusualness, not the degree of disorganization of thought processes. 5 = Moderately Severe

Blunted Affect

Reduced emotional tone, apparent lack of normal feeling or involvement. 6 = Severe

Excitement

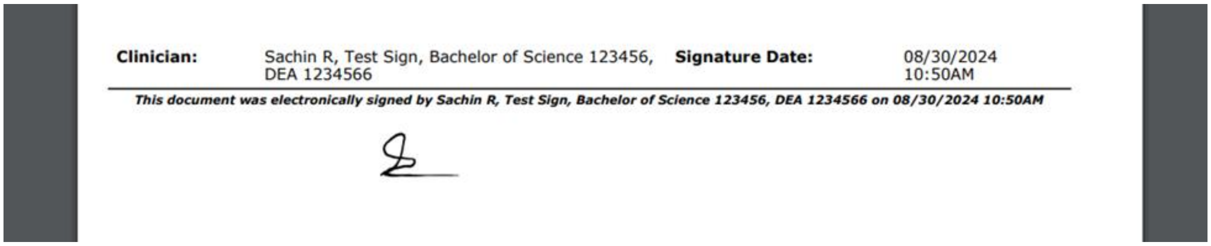
Heightened emotional tone, agitation, increased reactivity. 5 = Moderately Severe

Disorientation

Confusion or lack of proper association for person, place or time. 4 = Moderate

Total Score 55

Previous Score



Clinician:	Sachin R, Test Sign, Bachelor of Science 123456, DEA 1234566	**Signature Date:**	08/30/2024 10:50AM

This document was electronically signed by Sachin R, Test Sign, Bachelor of Science 123456, DEA 1234566 on 08/30/2024 10:50AM

Data Model Changes: Core table " DocumentBriefPsychiatricRatingScales" is created.

~~**Author:** Harika Rajendran~~

~~113. Core bugs # 128848: Care Plan: A validation message is displayed even though the 'Objective Start Date' field contains a required date.~~

~~**Release Type: Fix | Priority:** High~~

~~**Navigation Path:** 'Client' Search - Select a Client - Go to the 'Care Plan' Screen.~~

~~**Functionality 'Before' and 'After' release:**~~

~~Before this release here was the behaviour. Whenever a user created new care plans with the 'Objective Start Date' field populated with the required date, the user was receiving a below validation message for the 'Objective Start Date' field on save;~~

~~**Validation Message:** " Goals/Objectives - Objective #1 02- Start date is required"~~

~~With this release, the above-mentioned issue has been resolved. Now, when the user enters the 'Objective Start Date' with the required date and clicks on 'Save', the above validation message will no longer be triggered.~~

~~**Author:** Harika Rajendran~~

~~114. Core bugs # 128902: The deleted 'Needs' are displayed in the 'PDF' and initialized into the new ISP Document.~~

~~**Release Type:** Fix **| Priority:** High~~

~~**Navigation Path**: 'Client' Search - Select a client - 'Individualized Service Plan' document.~~

~~**Functionality 'Before' and 'After' release:**~~

~~Before this release here was the behaviour. The deleted 'Needs' were displayed in the 'PDF' and initialized into the new ISP (Individualized Service Plan) Document.~~

~~With this release, the above-mentioned issue is resolved. Now, the deleted 'Needs' are neither displayed in the PDF nor initialized into the new ISP Document.~~

~~**Author:** Harika Rajendran~~

~~115. EII # 128689: Implementation of custom hook in the ISP document CarePlanMain.js~~

~~**Note:** **This change is specific to the customer who is having the customization logic in their environment.**~~

~~**Release Type:** Change | **Priority:** Urgent~~

~~**Navigation Path:** Client -- 'Individualized Service Plan' -- 'Individualized Service Plan' Screen.~~

~~**Functionality 'Before' and 'After' release:**~~

~~With this release, a custom hook DFACustomFieldsRefreshTabPageContents() is added in the core 'CarePlanMain.js' to call the CustomFields DFA tab js function on the ISP document.~~

Author: Ramya Nagaraj

116. Core bugs # 128820: Release Of Information: when contact radio button is selected in the Release To/From then the related fields were not populating.

Release Type: Fix | **Priority:** Medium

Navigation Path: Go search-Release of Information (Client).

Functionality 'Before' and 'After' release:

Before this release, here was the behaviour. In the Release of information screen, when the user selected the Contact radio button in the Release To/Release From section, the data was not auto populated. Similarly in the Agency of Contact information section after selecting a program, the data was not populated.

With this release, the above-mentioned issue is resolved. Now in the Release of information screen, when the user selects the Contact radio button in the Release To/Release From section, the data is populating and also in the Agency of Contact information section after selecting a program, the data is populated.

Author: Akshay Vishwanath

117. Core bugs # 128951: Document: The Client PC Problems are listed twice in the PDF.

Release Type: Fix | **Priority:** Medium

Prerequisites: The System config key 'ShowSNOMEDCodeAndDescriptionOnScreensAndPDFs ' is set to 'Yes'.

Navigation Path: Go search-Select Client-Diagnosis Document-Enter the all the required details- Sign the document.

Functionality 'Before' and 'After' release:

Before this release, here was the behaviour. The Client PC problems were listed twice in the PDF of Diagnosis document.

With this release, the above-mentioned issue has been resolved. Now, the client problems are not listed twice in the PDF of the diagnosis document.

Author: Akshay Vishwanath

~~118. EII # 127125: DLA-20 Adult: Changes in dropdown and score textbox on change of the value and vice versa and changes in score value description~~

~~***DISCLAIMER: The document is only available to those customers who have purchased an annual subscription. It is a premium add-on to SmartCare and not included in SmartCare Base Subscription. If you are interested in learning more about this document, please contact your account manager.***~~

~~**Release Type:** Change | **Priority:** Urgent~~

~~**Navigation Path**: 'Client'- Go-search – 'DLA-20 Adult' document.~~

~~**Functionality 'Before' and 'After' release:**~~

~~Before this release, here was the behavior. In the DLA-20 Adult document, the below mentioned issues were observed:~~

~~1. In the 'Scale value-Description' field value, the alphabet 'v' was in small case all over the document.~~

~~2. 'Severe' was misspelled as 'Sever' in Score -description value '2' of 'Nutrition' field.~~

~~3. 's' letter was not present in 'relationship' in Score - description value '4' of 'Family Relationships' field.~~

~~4. ',' (comma) was missing after 'self-control' in Score- description value '3' of 'Alcohol/Drug Use' field.~~

~~5. In the Score- description values 4, 5, 6, & 7, in Community Resources field, 'independence' word was displayed.~~

~~6. When the user selects 'Scale value-Description' drop down value, the same score value was not getting updated in Score –description or Vice versa.~~

~~With this release, the above-mentioned issue has been resolved. Now,~~

~~1. The 'Scale value-Description' field has been modified as 'Scale Value-Description'.~~

~~2. 'Sever' word displaying correctly as 'Severe' in Score -description value '2' of 'Nutrition' field.~~

~~3. 'relationship' has been modified as 'relationships' in Score -description value '4' of 'Family Relationships' field.~~

~~4. After 'self-control' ','(comma) has added in Score- description value '3' of 'Alcohol/Drug Use' field~~

~~5. In Score- description values 4, 5, 6, & 7 in Community Resources field, 'independence' word has been modified to 'independent'~~

~~6. When the user selects 'Scale value-Description' drop down value, the same score value is updating in Score – description and Vice versa.~~

~~For example, if the user uses the dropdown to select a value, then the Score Selector field should change to that value and if the user inputs a number in the Score Selector field, then the dropdown should change to that same value.~~

~~7. 'i' icon description has been modified to be the same as the Score Value description.~~

~~8. The Score Value Description has been modified as mentioned in the below table:~~

~~**Health Practices**~~	
~~**Scale**~~	~~**Score Description**~~
~~1~~	~~Evidence of danger to self/others; No self-care; evidence of breaks in reality; requires pervasive interventions (e.g., multiple or lengthy stays in crisis, jail).~~
~~2~~	~~Marked limitations in self-care and may have physical complications; extensive help for very severe mental impairments; concern for danger to self/others.~~
~~3~~	~~Limited self-care and compliance; serious impairments in moods, symptoms, mental status; maybe physical issues promoting continuous help for health care.~~
~~4~~	~~Marginal self-care and compliance with health issues or prescriptions; managing moods is moderate problem; requires scheduled low level mental health assistance.~~
~~5~~	~~Moderately self-sufficient; manages moods but relies on intermittent, some routine assistance or home visits by helping persons; in private or self-help residences.~~
~~6~~	~~independent self-care, compliant with treatment, meds; minimal support; some assistance ok from family, friends, other helping persons.~~
~~7~~	~~Optimally independent in taking care of physical and mental status; makes good health care decisions; no assistance needed in self care.~~
~~**Housing Stability, Maintenance**~~	
~~**1**~~	~~Health endangering threat; needs or relies on pervasive supervision in protective environment; dependent - does not manage household, not self-sufficient.~~
~~**2**~~	~~Marked limitations in keeping or maintaining stable housing e.g., sometimes on street, needs or uses constant assistance, likely in 24/7 supported or protective residences.~~
~~**3**~~	~~Dysfunctional in community housing; unstable; Limited self-sufficiency e.g., relies on respite, assistance, private or self-help home, may occasionally help in household maintenance.~~
~~**4**~~	~~Stable community housing but housing may be inadequate or s/he may be only marginally self-sufficient e.g., relies on regular assistance to maintain stable household.~~
~~**5**~~	~~Moderately self-sufficient in independent, private residence with routine, low level assistance e.g., home visits by helping persons; mostly maintains household by self.~~

~~6~~	~~Adequate independence: self-sufficient with minimal assistance in community based, independent housing e.g. intermittent support from family, friends, others.~~
~~7~~	~~Optimal independence: Self-sufficient in community based, independent living with no significant assistance or public support in housing.~~
~~Communication~~	
~~1~~	~~Not effective: high risk threats or non-communicative; pervasive dependence.~~
~~2~~	~~Communication is dysfunctional, blunted, or antagonistic with others; dependent on assistance.~~
~~3~~	~~Limited verbal or nonverbal effectiveness in communicating with others & may rely on assistance.~~
~~4~~	~~Not clear about problems; marginal effectiveness in communicating with others; uses regular assistance.~~
~~5~~	~~Moderately effective in communicating with others; using routine assistance.~~
~~6~~	~~Adequately effective in communicating with others; minimal need for assistance.~~
~~7~~	~~Optimal effectiveness in communicating with others; no significant assistance needed.~~
~~Safety~~	
~~1~~	~~Unsafe; Imminent danger to self or others; needs or requires pervasive level of continuous supervision.~~
~~2~~	~~Marked limitations in safety around home, community; needs/has extensive level of continuous supervision.~~
~~3~~	~~Makes unsafe decisions; "at risk" e.g., abusive or abused, cognitive limitations, needs supervision.~~
~~4~~	~~Marginally safe, aware and self-protective, benefits from regular assistance or monitoring.~~
~~5~~	~~Moderately safe; good decisions; benefits from routine care-givers e.g., home visits by helping persons.~~
~~6~~	~~Safe decisions; Adequate self-protection with minimal assistance from family, neighbors, friends, and others.~~
~~7~~	~~Optimally safe; alert; takes care of self with no significant assistance from others.~~
~~Managing Time~~	
~~1~~	~~High risk; aberrant routines or MIA (missing); No management of time; pervasive direction of others.~~
~~2~~	~~Marked limitations in routine time management; needs or receives extensive direction by others.~~
~~3~~	~~Limited e.g., poor routine management of meds, sleep, mealtimes; might need/use constant direction.~~
~~4~~	~~Marginally effective; disruptions in routines; uses regular direction (e.g., prompts).~~

~~5~~	~~Moderately effective time management; benefits from routine direction of others.~~
~~6~~	~~Adequate time management; minimal prompts or reliance on direction of others.~~
~~7~~	~~Optimal routines for health and wellness; self-directive in managing sleep, meds, mealtimes.~~
~~Managing Money~~	
~~1~~	~~No income and no involvement in managing personal or public assisted finances; total dependence on public or institutional help.~~
~~2~~	~~Marked limitations in management of personal finances; often involves rep payees or total supervision; very limited money; minimal participation in spending or managing money.~~
~~3~~	~~Requires help to seek/manage public financial assistance (may have rep payee for rent); dependent or minimal participation in managing personal finances.~~
~~4~~	~~Marginally independent in managing personal income, benefits or public assisted finances; often uses help; moderately participates in paying day-to-day rent and expenses.~~
~~5~~	~~Moderately independent in managing personal finance (minimum public assistance); minimal, intermittent assistance from others; significant participation in managing money.~~
~~6~~	~~Adequately independent in managing independent, personal finances with minimal checks and balances or assistance of others.~~
~~7~~	~~Optimal independence in managing independent and personal finances.~~
~~Nutrition~~	
~~1~~	~~High risk dietary concerns; Does not manage nutritional needs; no participation in meal planning, shopping and preparation.~~
~~2~~	~~Very severe dietary limitations; substantial dependence on continuous assistance, often involves constant supervision; no nutritional meal plans, preparation.~~
~~3~~	~~Serious limitations; needs or depends on continuous assistance from others; may eat what is available, limited participation in meal plans, shopping and preparation.~~
~~4~~	~~Marginal independence managing nutritional needs 2x/day; often uses assistance; some participation in meal planning, shopping and preparation.~~
~~5~~	~~Moderately independent in meeting nutritional needs 2x/day; benefits from intermittent assistance, but participates in meal planning, shopping and preparation.~~
~~6~~	~~Adequately independent in managing nutritional needs with minimal assistance from others in meal planning, shopping and preparation.~~

~~7~~	~~Optimal independence in managing nutritional needs with no significant assistance from others needed for meal planning, shopping, and preparation.~~
~~**Problem Solving**~~	
~~1~~	~~No problem solving; pervasive dependence on others to handle daily living problems; threat of health endangering threat; no participation in problem solving.~~
~~2~~	~~Very severe limitations in problem solving, often involving constant supervision; minimal participation in problem solving.~~
~~3~~	~~Serious limitations in meeting day-to-day needs, problem solving; often needs or relies on assistance; limited participation in treatment-related problem solving.~~
~~4~~	~~Marginally self-sufficient in day to day problem solving; often needs or uses regular assistance, participates in treatment-related problem solving.~~
~~5~~	~~Moderately self-sufficient in problem solving with routine assistance from others; compliant in treatment-related decision making.~~
~~6~~	~~Adequately self-sufficient in day-to-day problem solving with minimal assistance from others.~~
~~7~~	~~Optimal and independent problem solving with no significant assistance from others.~~
~~**Family Relationships**~~	
~~1~~	~~Dysfunctional relationships or deviant behaviors often leading to physical aggression or severe abuse, withdrawn, often rejected by others.~~
~~2~~	~~Very dysfunctional relationships within family (e.g., total withdrawal, unwanted dependency, destructive verbal or physical communication).~~

~~**3**~~	~~Dysfunctional family relationships ; often no positive communication or participation with family or significant others.on assistance;~~
~~**4**~~	~~Marginally functional family relationships (e.g., relationships are often stressed or infrequent, superficial, unreliable).~~
~~**5**~~	~~Moderately effective continuing and close relationship with at least one family member or significant other.~~
~~**6**~~	~~Adequate personal relationship with one or more family members or with significant other.~~
~~**7**~~	~~Positive relationship with family/significant others; assertively contributes to these relationships.~~
~~**Alcohol/Drug Use**~~	
~~**1**~~	~~Current abuse or dependence leading to imminent health and safety threats - pervasive substance abuse, no self-control diagnosed; accepts or denies pervasive substance abuse; currently evidences no self-control or safe use; imminent health and safety threats.~~
~~**2**~~	~~Current abuse or dependence; may deny substance abuse problem, does not participate in treatment; extremely limited self-control for abstinence or safe use.~~
~~**3**~~	~~Current abuse or dependence, acknowledges serious substance abuse problem but shows limited self-control, struggles with treatment plan.~~
~~**4**~~	~~Current moderate problem with use, dependence, compliant with treatment, moderate success over alcohol, cigarettes and drugs.~~

~~5~~	~~No current use but recent history of abuse/dependence; adequately aware of risks and seeking help, information, support, treatment to continuously sustain success.~~
~~6~~	~~Safe Use, not smoking or Abstinent with self help groups. May have had a history of substance abuse related issue.~~
~~7~~	~~No history of substance abuse-related problems and optimal self control with substances~~
~~Leisure~~	
~~1~~	~~Dependent - No independent participation in leisure activities.~~
~~2~~	~~Dependent - min. participation in leisure of any kind without help.~~
~~3~~	~~Limited interests or independent participation in leisure activities.~~
~~4~~	~~Marginally independent leisure activity participation.~~
~~5~~	~~Moderately independent leisure activity participation.~~
~~6~~	~~Adequately independent in at least one leisure activity.~~
~~7~~	~~Optimal interests; independence with 2 or more leisure activities.~~
~~Community Resources~~	
~~1~~	~~No independent use of community resources; chronic reliance on helpers to gain access OR adamantly refuses necessary help.~~
~~2~~	~~Inappropriate dependence OR unable to be independent with community resources, very reliant on helpers.~~
~~3~~	~~Does not seek appropriate supports services without help; limited independence with community resources, reliant on help to gain access.~~

~~4~~	~~Marginally independent, occasional reliance to gain access to recreational, educational and vocational resources.~~
~~5~~	~~Moderately independent in use of community resources, intermittent reliance gaining access.~~
~~6~~	~~Adequate independent use of community resources, minimal need for help in gaining access.~~
~~7~~	~~Optimal independent use of community resources, no significant need for help in gaining access.~~
~~Social Network~~	
~~1~~	~~Extremely dysfunctional in relationships (e.g., often imminent physical aggression, involves police or severely withdrawn)~~
~~2~~	~~Marked limitations in social network relationships (e.g., excessive dependency or destructive behaviors)~~
~~3~~	~~Limited interpersonally, often no significant friendships, socially isolated or avoids and withdraws.~~
~~4~~	~~Marginal functioning with others (e.g., friendships are often minimal, unreliable, strained).~~
~~5~~	~~Moderately effective continuing and close relationship with at least one friend.~~
~~6~~	~~Adequate interpersonal relationships with one or more friends.~~
~~7~~	~~Positive relationship with one or more friends; optimally independent with assertively contributions.~~
~~Sexuality~~	
~~1~~	~~Severely dysfunctional, pervasive high risk; danger to self or others prompts continuous protective supervision.~~

~~**2**~~	~~Marked limitations in sexual health & self-care, likely prompts extensive level of protective interventions due to high risk to self or others.~~
~~**3**~~	~~Behaviors indicate limited sexual health self-care; risk concerns may prompt extra care, interventions, even supervision if risks appear imminent.~~
~~**4**~~	~~Marginally sufficient in self-care of sexual health; minimal understanding of personal or others sexual behavior, issues, inhibitions~~
~~**5**~~	~~Moderately sufficient in sexual health and self-care with routinely helpful education, guidance of others as age appropriate.~~
~~**6**~~	~~Adequate self-care around sexual self &health, self respect, asking only expected and minimal guidance from others.~~
~~**7**~~	~~Optimal sexual self-care., self respect and respect for partner, no guidance from others needed.~~
~~**Productivity**~~	
~~**1**~~	~~Productivity severely limited; often unable to work or adapt to homemaking or school; virtually no attempt to be productive.~~
~~**2**~~	~~Occasional attempts at productivity unsuccessful; no routine or structure at home or in day activities.~~
~~**3**~~	~~Limited productivity; often with currently restricted capabilities for school, independent employment and home making.~~
~~**4**~~	~~Marginal productivity with mental distress (e.g. reduced ability to work in sheltered or independent setting.~~
~~**5**~~	~~Moderately functional working in independent job, at home or in school; fluctuates with the limited skills experience.~~

~~6~~	~~Adequate functioning; working in independent jobs, home or school; often not applying all available abilities.~~
~~7~~	~~Optimally performs employment-related functions, homemaking, or school tasks with ease and efficiency.~~
~~Coping skills~~	
~~1~~	~~Pervasive stresses, no mindful use of coping skills approach health endangering threat, needs/requires pervasive supervision.~~
~~2~~	~~Negative use of coping skills often leading to relapse, crises, involving constant interventions, in or out of protective environment.~~
~~3~~	~~Ineffective use of few coping skills prompting regular interventions (e.g., extra contacts, frequent use of over-the-counter medications).~~
~~4~~	~~Marginally effective knowledge and use of coping mechanisms; seeks assistance to create or initiate coping mechanisms.~~
~~5~~	~~Moderately effective range of coping mechanisms, WNL routine reminders, assistance to initiate coping mechanisms.~~
~~6~~	~~Effective use of coping mechanisms with only expected, minimal assistance, knows self, acts to reduce stressors and use options to restore confidence.~~
~~7~~	~~Optimally effective use of coping mechanisms under various stresses with no significant assistance from others.~~
~~Behavioral Norms~~	
~~1~~	~~Totally isolated from or evidences severely deviant behaviors (i.e., behavior is overtly disruptive or threatening, may involve criminal justice sanctions).~~

~~2~~	~~Often isolated or demonstrates deviant behaviors, e.g., rejected or belligerent to helpers, neighbors; may have serious restrictions by courts/parole.~~
~~3~~	~~Limited successful and appropriate interactions; minimal survival level interactions or seriously impaired behaviors, e.g., arrested, restricted by courts/parole~~
~~4~~	~~Marginally effective interactions; may be compliant with courts/parole; may receive multiple public system supports in accord with multiple needs.~~
~~5~~	~~Moderately effective and independent in community interactions; may receive some public support in accord with needs~~
~~6~~	~~Adequate positive interactions in resident neighborhood; in one community organization or recreational activity~~
~~7~~	~~Independently and Positively interacts in community, church or clubs, recreational activities, hobbies, or personal interests, often with other participants.~~
~~Personal Hygiene~~	
~~1~~	~~No self care - no personal hygiene; evidence indicates health endangering threat, pervasive needs.~~
~~2~~	~~High risk or severe problems with teeth or in self-care, personal hygiene; health endangered.~~
~~3~~	~~Limited self-care of teeth, poor personal, oral hygiene; needs or dependent on assistance.~~
~~4~~	~~Marginally self-sufficient in maintaining adequate hygiene, dental - oral health; moderate support~~
~~5~~	~~Moderately self-sufficient in maintaining adequate hygiene with routine assistance.~~

~~**6**~~	~~Adequate self-care in maintaining good hygiene; minimal prompts or infrequent assistance.~~
~~**7**~~	~~Optimal hygiene functioning, self-sufficient around cleanliness; no issues.~~
~~**Grooming**~~	
~~**1**~~	~~No personal grooming indicative of high risk, pervasive needs.~~
~~**2**~~	~~Marked limitations evident with poorly cleaned hair, hands, self-grooming, serious needs.~~
~~**3**~~	~~Limited self-care in grooming, general observations indicate serious impairments.~~
~~**4**~~	~~Marginally self-sufficient in maintaining adequate grooming - regular assistance.~~
~~**5**~~	~~Moderately self-sufficient in grooming with prompts or support - routine assistance.~~
~~**6**~~	~~Adequate self-sufficiency in grooming, minimal assistance needed.~~
~~**7**~~	~~Optimal self-sufficiency in grooming with no issues and no routine assistance.~~
~~**Dress**~~	
~~**1**~~	~~Unclean, undressed -high risk needs due to no self-care~~
~~**2**~~	~~MSevere impairment, wearing unclean & inappropriate dress for weather, tasks.~~
~~**3**~~	~~Insufficient clean dress or dress is in poor repair, ill fitting in all weather~~
~~**4**~~	~~Marginally self-sufficient in maintaining clean, appropriate dress~~
~~**5**~~	~~With periodic support or help, wears clean, appropriate dress~~
~~**6**~~	~~Adequate self-sufficiency in maintaining clean, appropriate dress~~
~~**7**~~	~~Optimal self-sufficiency in maintaining clean, appropriate dress;~~

Author: Sithara Ponnath

119. Core Bugs # 128872: Transition Of Care document: Current Medications not Listed in the PDF.

Release Type: Fix **|** **Priority:** Medium

Navigation Path: Go Search — Client — Transition Of Care — Enter the year 2021 to 2022 in From and To Date fields — Click on View icon — Navigate to Current Medications section in the PDF.

Functionality 'Before' and 'After' release:

Before this release, here was the behaviour. In the Transition Of Care document, when the user entered From date as 2021 and To date as 2022 and clicked on View icon, the Current Medications section displayed 2024 medications instead of displaying the medications prescribed during the 2021-2022 in the PDF.

With this Release, the above-mentioned issue has been resolved. Now, in the Current Medications section of Transition of Care Document PDF displays medications prescribed during the period entered in From and To Date fields.

Author: Santosh Huggi

120. Core bugs # 129091: 'Safety/Crisis Plan' Core document: The 'Open Contacts' Button navigating to incorrect 'Client Information(C)' screen.

DISCLAIMER: The document is only available to those customers who have purchased an annual subscription. It is a premium add-on to SmartCare and not included in SmartCare Base Subscription. If you are interested in learning more about this document, please contact your account manager.

Release Type: Fix **|** **Priority:** Medium

Navigation Path: Log in to 'SmartCare Application' – 'Client' search – select the 'Client' – Navigate to 'Documents' – 'Safety/Crisis Plan' - 'Safety/Crisis Plan' document screen.

Functionality 'Before' and 'After' release:

Before this release, here was the behaviour. In the 'Safety/Crisis Plan' (core) document screen, when the user clicked on 'Open Contacts' button in 'Support Systems' section, the 'Client Information (C)' screen was loaded with 'ScreenId' 3. But when clicked on 'Client Id' in the 'Client Summary' screen, it navigated to the 'Client Information(C)' with 'ScreenId' 969. Hence there was a difference in the tabs display.

With this release, the above-mentioned issue has been resolved. Now, in the 'Safety/Crisis Plan' Core document, upon clicking on the 'Open Contacts' button in the 'Support Systems' section, the SmartCare navigates to the 'Client Information (C)' screen with 'ScreenId' 969 as desired.

Author: Ramya Nagaraj

121. EII # 128344: Implementation of a new 'Modified SCOFF Questionnaire' document.

DISCLAIMER: The document is only available to those customers who have purchased an annual subscription. It is a premium add-on to SmartCare and not included in SmartCare Base Subscription. If you are interested in learning more about this document, please contact your account manager.

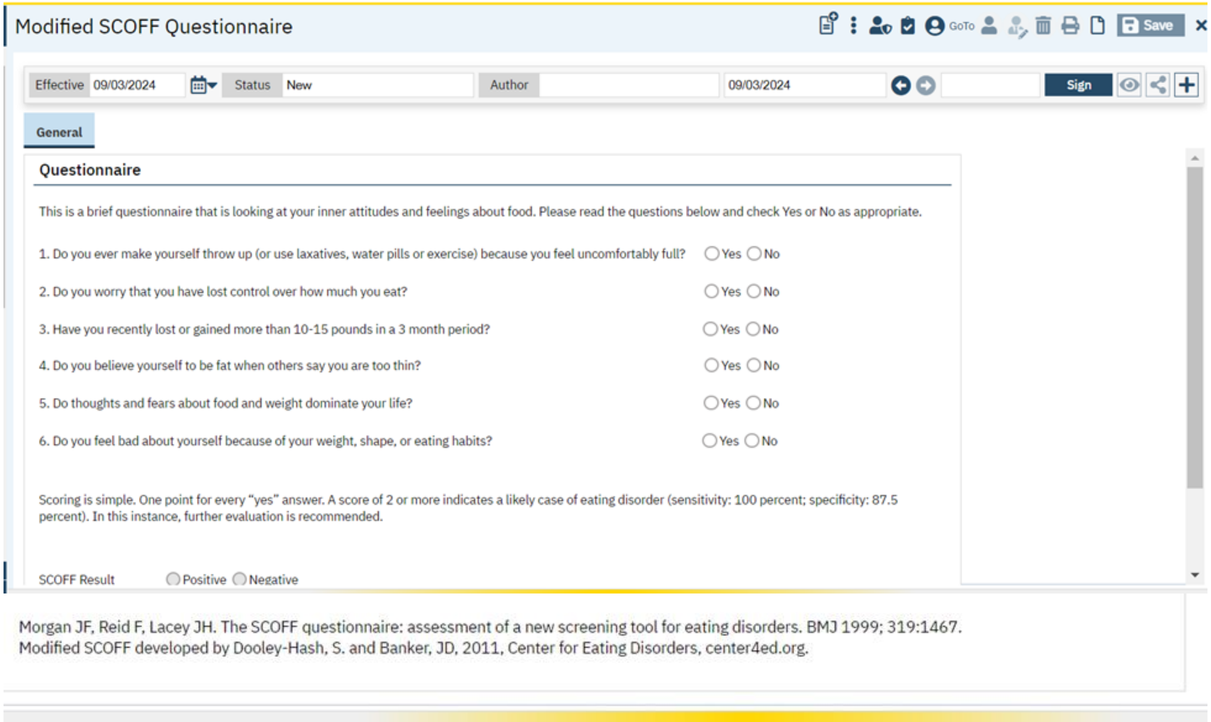
Release Type: New Functionality **|** **Priority:** On Fire

Navigation Path: 'Client' search - 'Modified SCOFF Questionnaire' document.

Functionality 'Before' and 'After' release:

Purpose: To implement a new 'Modified SCOFF Questionnaire' document.

With this release, a new 'Modified SCOFF Questionnaire' document has been implemented.



Modified SCOFF Questionnaire

Effective 09/03/2024 Status New Author 09/03/2024

Questionnaire

This is a brief questionnaire that is looking at your inner attitudes and feelings about food. Please read the questions below and check Yes or No as appropriate.

1. Do you ever make yourself throw up (or use laxatives, water pills or exercise) because you feel uncomfortably full? ○ Yes ○ No
2. Do you worry that you have lost control over how much you eat? ○ Yes ○ No
3. Have you recently lost or gained more than 10-15 pounds in a 3 month period? ○ Yes ○ No
4. Do you believe yourself to be fat when others say you are too thin? ○ Yes ○ No
5. Do thoughts and fears about food and weight dominate your life? ○ Yes ○ No
6. Do you feel bad about yourself because of your weight, shape, or eating habits? ○ Yes ○ No

Scoring is simple. One point for every "yes" answer. A score of 2 or more indicates a likely case of eating disorder (sensitivity: 100 percent; specificity: 87.5 percent). In this instance, further evaluation is recommended.

SCOFF Result ○ Positive ○ Negative

Morgan JF, Reid F, Lacey JH. The SCOFF questionnaire: assessment of a new screening tool for eating disorders. BMJ 1999; 319:1467.
Modified SCOFF developed by Dooley-Hash, S. and Banker, JD, 2011, Center for Eating Disorders, center4ed.org.

This 'Modified SCOFF Questionnaire' document has a 'General' tab with the below section and fields having 'Yes' and 'No' radio button options.

General Tab:

'Questionnaire' section:

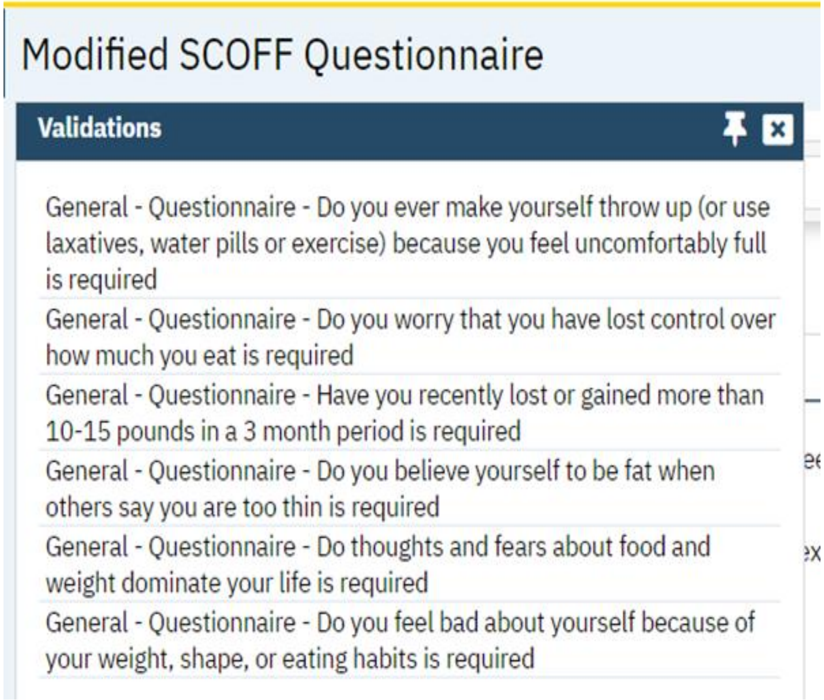
This is a brief questionnaire that is looking at your inner attitudes and feelings about food. Please read the questions below and check Yes or No as appropriate.

1. Do you ever make yourself throw up (or use laxatives, water pills or exercise) because you feel uncomfortably full?
2. Do you worry that you have lost control over how much you eat?
3. Have you recently lost or gained more than 10-15 pounds in a 3 month period?
4. Do you believe yourself to be fat when others say you are too thin?
5. Do thoughts and fears about food and weight dominate your life?
6. Do you feel bad about yourself because of your weight, shape, or eating habits?

label text:

Scoring is simple. One point for every "yes" answer. A score of 2 or more indicates a likely case of eating disorder (sensitivity: 100 percent; specificity: 87.5 percent). In this instance, further evaluation is recommended.

SCOFF Result: This is a radio button with 'Positive' and 'Negative' radio button options.
The 'SCOFF Result' is an auto-score field. If "Yes" is selected for two or more questionnaires (in questionnaires 1 to 6), then the 'Positive' radio button will be set. Otherwise, the 'Negative' radio button will be set.
At the end of this document, the below-mentioned details are displayed:
Morgan JF, Reid F, Lacey JH. The SCOFF questionnaire: assessment of a new screening tool for eating disorders. BMJ 1999; 319:1467.
Modified SCOFF developed by Dooley-Hash, S. and Banker, JD, 2011, Center for Eating Disorders, center4ed.org.
When none of the questionnaires are answered in 1-6 above, the list of validations is displayed in the 'Validation Pop-up' (Refer below screenshot).
Screenshot of validations:



Modified SCOFF Questionnaire

Validations

General - Questionnaire - Do you ever make yourself throw up (or use laxatives, water pills or exercise) because you feel uncomfortably full is required

General - Questionnaire - Do you worry that you have lost control over how much you eat is required

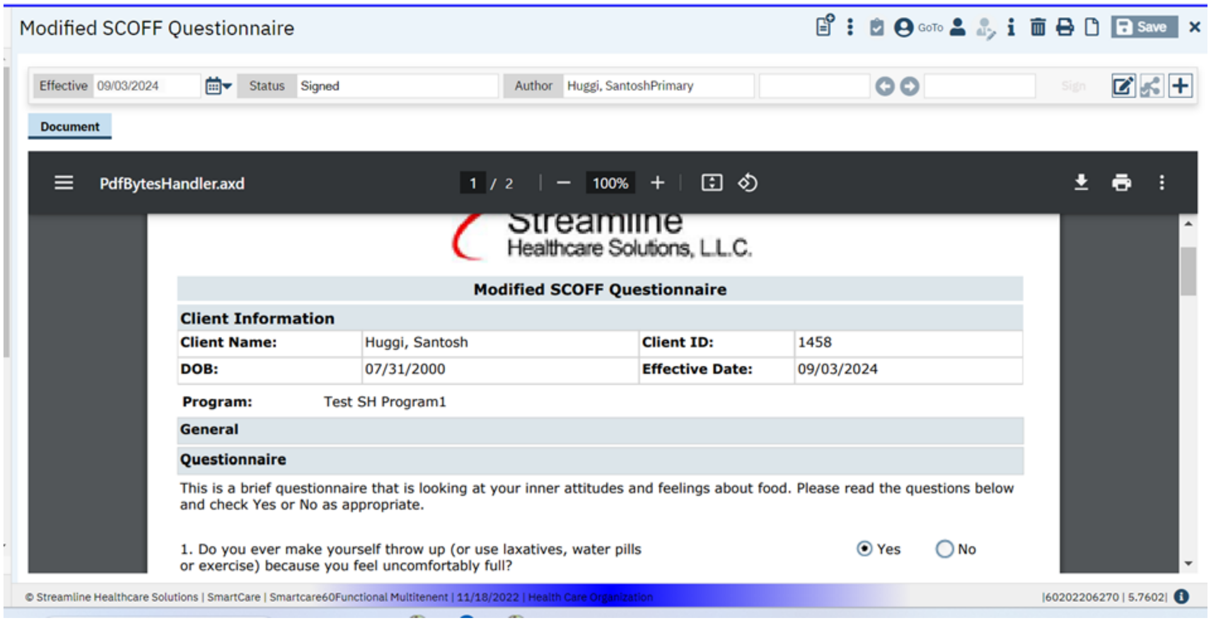
General - Questionnaire - Have you recently lost or gained more than 10-15 pounds in a 3 month period is required

General - Questionnaire - Do you believe yourself to be fat when others say you are too thin is required

General - Questionnaire - Do thoughts and fears about food and weight dominate your life is required

General - Questionnaire - Do you feel bad about yourself because of your weight, shape, or eating habits is required

Once the user signs the 'Modified SCOFF Questionnaire' document, the PDF will be generated.



Modified SCOFF Questionnaire

Effective 09/03/2024 Status Signed Author Huggi, SantoshPrimary

Streamline
Healthcare Solutions, L.L.C.

Modified SCOFF Questionnaire

Client Information

Client Name:	Huggi, Santosh	**Client ID:**	1458
DOB:	07/31/2000	**Effective Date:**	09/03/2024

Program: Test SH Program1

General

Questionnaire

This is a brief questionnaire that is looking at your inner attitudes and feelings about food. Please read the questions below and check Yes or No as appropriate.

1. Do you ever make yourself throw up (or use laxatives, water pills or exercise) because you feel uncomfortably full? ● Yes ○ No

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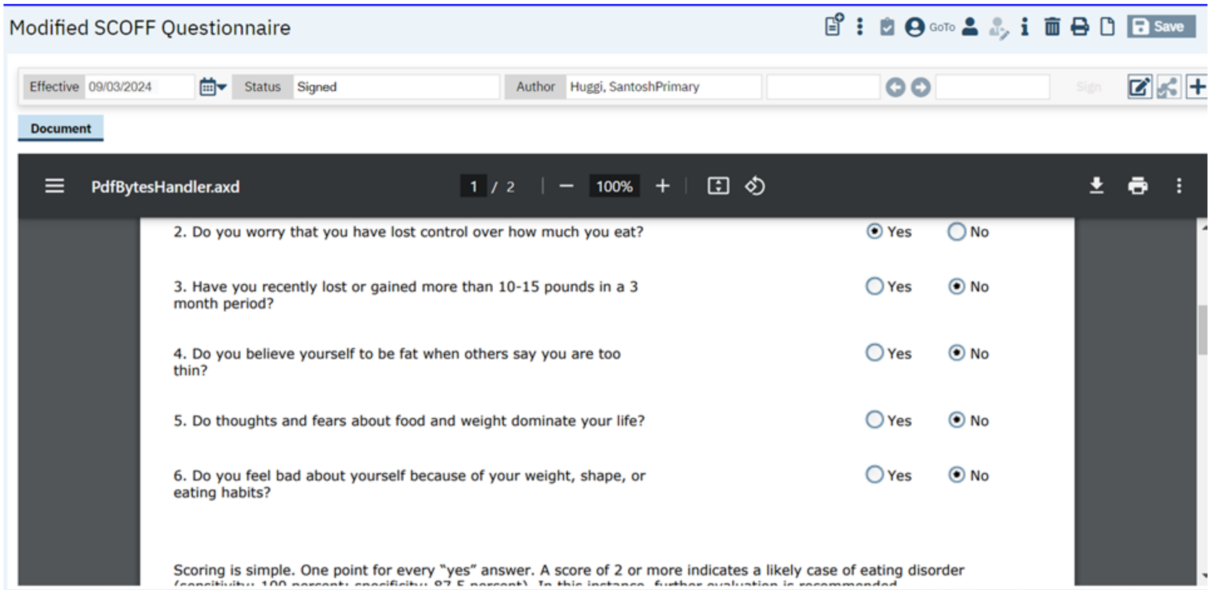


Effective 09/03/2024 Status Signed Author Huggi, SantoshPrimary

2. Do you worry that you have lost control over how much you eat? ● Yes ○ No

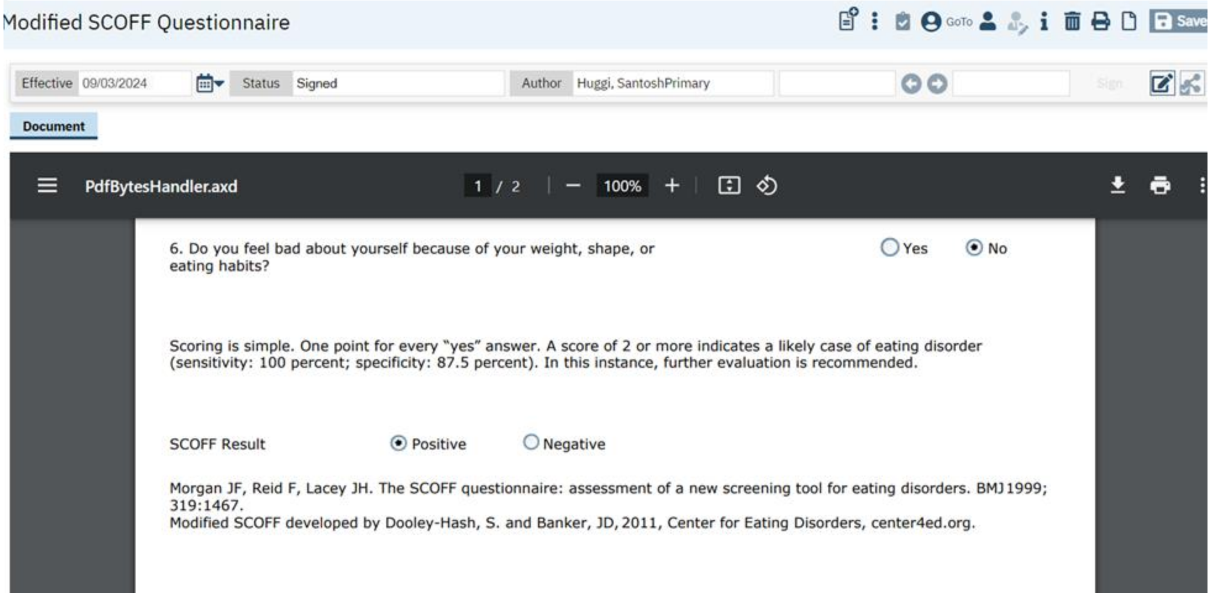
3. Have you recently lost or gained more than 10-15 pounds in a 3 month period? ○ Yes ● No

4. Do you believe yourself to be fat when others say you are too thin? ○ Yes ● No

5. Do thoughts and fears about food and weight dominate your life? ○ Yes ● No

6. Do you feel bad about yourself because of your weight, shape, or eating habits? ○ Yes ● No

Scoring is simple. One point for every "yes" answer. A score of 2 or more indicates a likely case of eating disorder



Effective 09/03/2024 Status Signed Author Huggi, SantoshPrimary

6. Do you feel bad about yourself because of your weight, shape, or eating habits? ○ Yes ● No

Scoring is simple. One point for every "yes" answer. A score of 2 or more indicates a likely case of eating disorder (sensitivity: 100 percent; specificity: 87.5 percent). In this instance, further evaluation is recommended.

SCOFF Result ● Positive ○ Negative

Morgan JF, Reid F, Lacey JH. The SCOFF questionnaire: assessment of a new screening tool for eating disorders. BMJ 1999; 319:1467.
Modified SCOFF developed by Dooley-Hash, S. and Banker, JD, 2011, Center for Eating Disorders, center4ed.org.

Data Model Change:
A new table '**DocumentSCOFFQuestionnaires**' has been created.

Author: Kiran Tigarimath

122. EII # 127941: Implementation of adding legal guardian as Co-signer for documents.

Release Type: Change | **Priority:** Urgent

Prerequisite:

1. The legal guardian checkbox is checked under 'Contacts' tab of 'Client Information' screen for

a client.

2. Select 'Yes' or 'No' radio button for 'Add Legal Guardian as Co-Signer' field under 'Document Codes Detail' screen for respective document using the path, 'Administration' – 'Document codes' – 'Document Codes Detail' Screen.

Navigation Path: 'Client' – 'Documents'

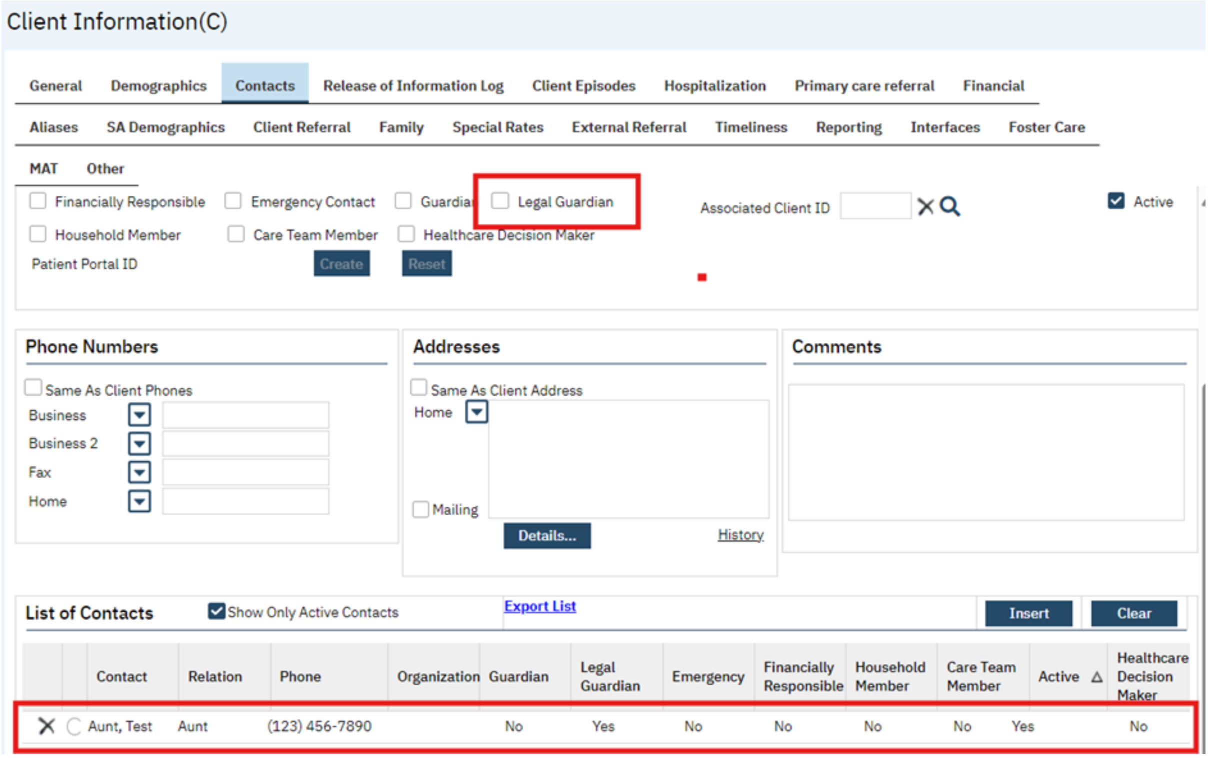
Functionality 'Before' and 'After' release:

Purpose: To add legal guardian as a Co-signer for documents and service notes.

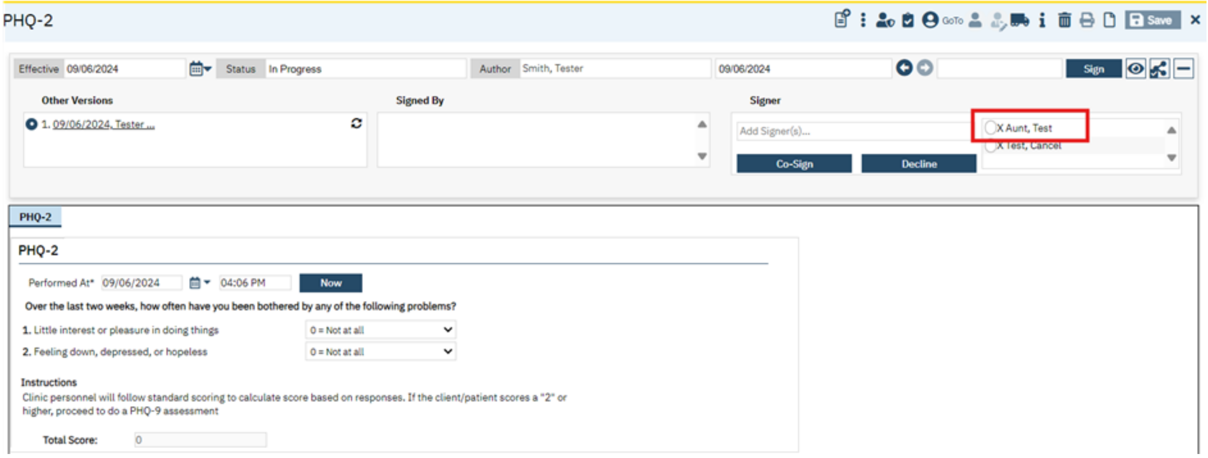
With this release, a functionality is implemented to add legal guardian of the client as Co-signer based on the 'Add Legal Guardian as Co-Signer' field radio button under 'Document Codes Detail' Screen of the respective document,

1. If the 'Add Legal Guardian as Co-Signer' radio button is 'Yes' in 'Document Codes Detail' Screen, on saving or signing the respective document, legal guardian of the client will be added as Co-signer.

2. If the 'Add Legal Guardian as Co-Signer' radio button is 'No' or not selected in 'Document Codes Detail' screen, on saving or signing the respective document, the legal guardian of the client will not be added as Co-signer.



		Contact	Relation	Phone	Organization	Guardian	Legal Guardian	Emergency	Financially Responsible	Household Member	Care Team Member	Active	Healthcare Decision Maker
✕	○	Aunt, Test	Aunt	(123) 456-7890		No	Yes	No	No	No	No	Yes	No



PHQ-2

Effective 09/06/2024 Status In Progress Author Smith, Tester 09/06/2024

Other Versions

● 1. 09/06/2024, Tester ...

Signer

○X Aunt, Test
○X Test, Cancel

PHQ-2

Performed At* 09/06/2024 04:06 PM

Over the last two weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things — 0 = Not at all
2. Feeling down, depressed, or hopeless — 0 = Not at all

Instructions

Clinic personnel will follow standard scoring to calculate score based on responses. If the client/patient scores a "2" or higher, proceed to do a PHQ-9 assessment

Total Score: 0

Author: Kiran Tigarimath

123. EII # 128441: Display of signature on PDF based on the existing configuration key

Release Type: Change **|** **Priority:** Urgent

Prerequisite: A new recode category SetDegreesToNotDisplayInSignatureSection has been created.

Navigation Path: 'Client' – - 'Documents'

Functionality 'Before' and 'After' release:

Purpose: To display the signature of the Author/Clinician/Co-signers on the PDF based on the existing configuration key value.

With this release, the signature display has been implemented on the PDF for Documents and Service Notes, based on the configuration key 'ShowSigningSuffixORBillingDegreeInSignatureRDL' value.

1. The signature changes will be reflected for the Author/Clinician/Co-signers.

2. The signature changes will be reflected on all documents and service notes.

3. Along with existing values, the below-mentioned values will be added to the existing configuration key.

- BillingDegreeAndLicense#: If the key value is set to "BillingDegreeAndLicense#" ,then the staff information will be displayed as "FirstName LastName, SigningSuffix, License Type/Degree, License #" where Billing and or Primary License are marked as Yes in the "License History" section of the "Licenses / Degrees" tab of the "Staff Details" screen.
- AllBillingDegreeAndLicense#: If the key value is set to "AllBillingDegreeAndLicense#", then the staff information will be displayed as "FirstName LastName, SigningSuffix, License Type/Degree, License #" irrespective of whether the Billing and Primary License are marked as Yes or No.

5. If there are more than one combination of Billing and License # which satisfies the above criteria, then they will be displayed by coma separated e.g. <FirstName> <LastName>, <SigningSuffix>, <Degree1> <License #1>, <Degree2>, <License #2>.

6. A Recode "SetDegreesToNotDisplayInSignatureSection" is created. For all the above values of the Configuration Key, the License Type/Degree and the respective License# will appear in the Signature section only if the Degree is not set up in the Recode.

Example: If GlobalCodeId for the Code Name "NPI" is set up in the recode, the signature section should not display the Degree NPI and its License# even though this Degree has been set up for that staff.

Note: As per existing functionality, only Active Licenses will be displayed in signed PDF.

System Configuration Key Details:

Key: ‘ShowSigningSuffixORBillingDegreeInSignatureRDL’

Read Key As: Show Signing Suffix OR Billing Degree In Signature RDL.
Acceptable Values: SigningSuffix, OnlyBillingDegree, BillingDegree, BillingDegreeAndLicense#, AllBillingDegreeAndLicense#
Default Value: Existing default value

Description: This is a feature being added to the core product by introducing a system configuration key. This key is used to modify the staff signing suffix display for staff signatures in the Signature Section of RDL/PDF for all Documents and Service Notes.

If the key value is set to "SigningSuffix", then the system will render the staff information as "FirstName LastName, SigningSuffix".

- If the key value is set to "OnlyBillingDegree", then the system will render the staff information as "FirstName LastName, Only Billing Degree".
- If the key value is set to "BillingDegree", then the system will render the staff information as "FirstName LastName, All Degrees"
- If the key value is set to "BillingDegreeAndLicense#", then the system will render the staff information as "FirstName LastName, SigningSuffix, Degree, License #" where Billing and Primary License are marked as Yes in the "License History" section of the "Licenses / Degrees" tab of the "Staff Details" screen.
- If the key value is set to "AllBillingDegreeAndLicense#", then the system will render the staff information as "FirstName LastName, SigningSuffix, Degree, License #" irrespective of whether the Billing and Primary License are marked as Yes or No.
- If there are more than one combination of Billing and License # which satisfies the above criteria, comma separate them.

Ex: <FirstName> <LastName>, <SigningSuffix>, <Degree1>,<License #1>, <Degree2>, <License #2>

Note: If by chance the value of the key is updated with any value apart from the allowed values, the system will consider the default behavior.

Author: Savitha Siddaraju

124. EII # 127556: Documents: New changes are implemented to the Consent documents, Documents and My Document list page.

Release Type: Change | **Priority:** Urgent

Prerequisites:

In the Document codes screen, the below mentioned points need to be configured for documents.

1.The ‘Consent Document’ checkbox is selected, then such documents will be considered as Consent Documents (Example ‘Consent to Treat’ document).

2.The radio buttons for ‘Recreate PDF On ClientSignature’ and ‘Regenerate RDL On CoSignature’ are selected as NO in order to append the consent revoke date in pdf.

Navigation Path 1 : 'Client' - 'Consent to Treat ' —Enter all the required fields- Sign the document – Select the Co-signer as Client and sign the document.- Go to ‘Revoke Consents (Client)’ document- select the consent data and sign the document – Navigate to the 'Consent to Treat ' document –PDF - 'Consent Revoked on:[Date]'field.

Navigation Path 2: 'My office' - 'My Documents' screen – ‘Document/Description’ column – ‘Revoked on <date>’ for respective consent document.

Navigation Path 3: 'Client' - 'Documents' screen - ‘Document/Description’ column - ‘Revoked on <date>’ for respective consent document.

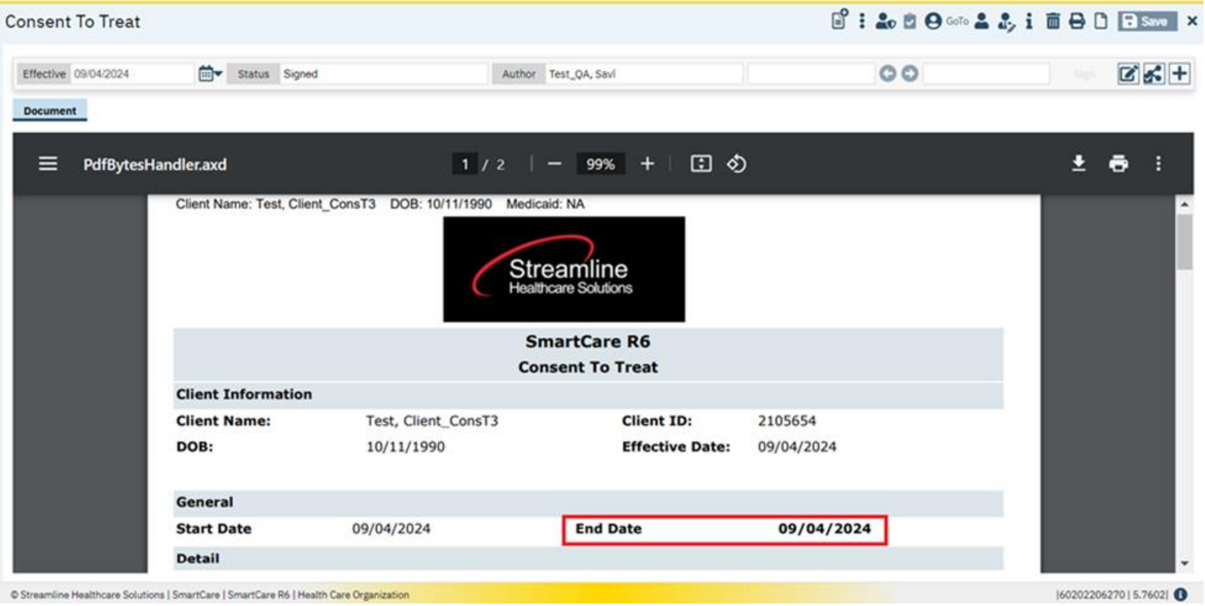
Functionality ‘Before’ and ‘After’ release:

Purpose: When a user revokes or end a consent, it updates the list page but does not update the consent document to show that it has been revoked and this could cause a mistake in thinking that there is consent when there is not.

With this release, a new field 'Consent Revoked on: [Date]' is added to the PDF of any Consent document. The ‘Revoked On <date>’ text is added to the ‘Document/Description’ column in the Documents and My Document list page.

Consent document PDF:

When a user adds an end date to any consent document, for such document PDF, the field name ‘End Date’ and the date is highlighted in Black bold text.



Effective 09/04/2024 Status Signed Author Test_QA, Savi

Client Name: Test, Client_ConsT3 DOB: 10/11/1990 Medicaid: NA

SmartCare R6
Consent To Treat

Client Information

Client Name:	Test, Client_ConsT3	**Client ID:**	2105654
DOB:	10/11/1990	**Effective Date:**	09/04/2024

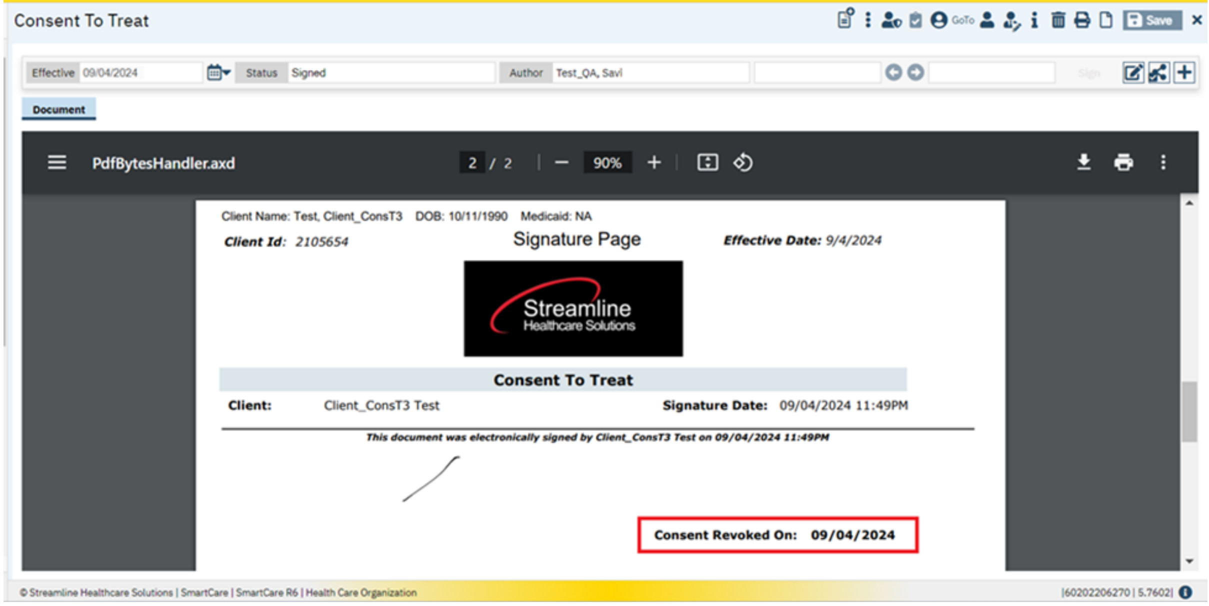
General

Start Date	09/04/2024	**End Date**	**09/04/2024**

Detail

When a user revokes any consent document, for such a document PDF the field 'Consent Revoked on: [Date]' will be appended on footer. And also this field name and value will be highlighted in Black bold text.

'Consent Revoked on: [Date]': the date will be appended based on the Revoke consent document is signed.



Effective 09/04/2024 Status Signed Author Test_QA, Savi

Client Name: Test, Client_ConsT3 DOB: 10/11/1990 Medicaid: NA

Client Id: 2105654 Signature Page **Effective Date:** 9/4/2024

Consent To Treat

Client: Client_ConsT3 Test **Signature Date:** 09/04/2024 11:49PM

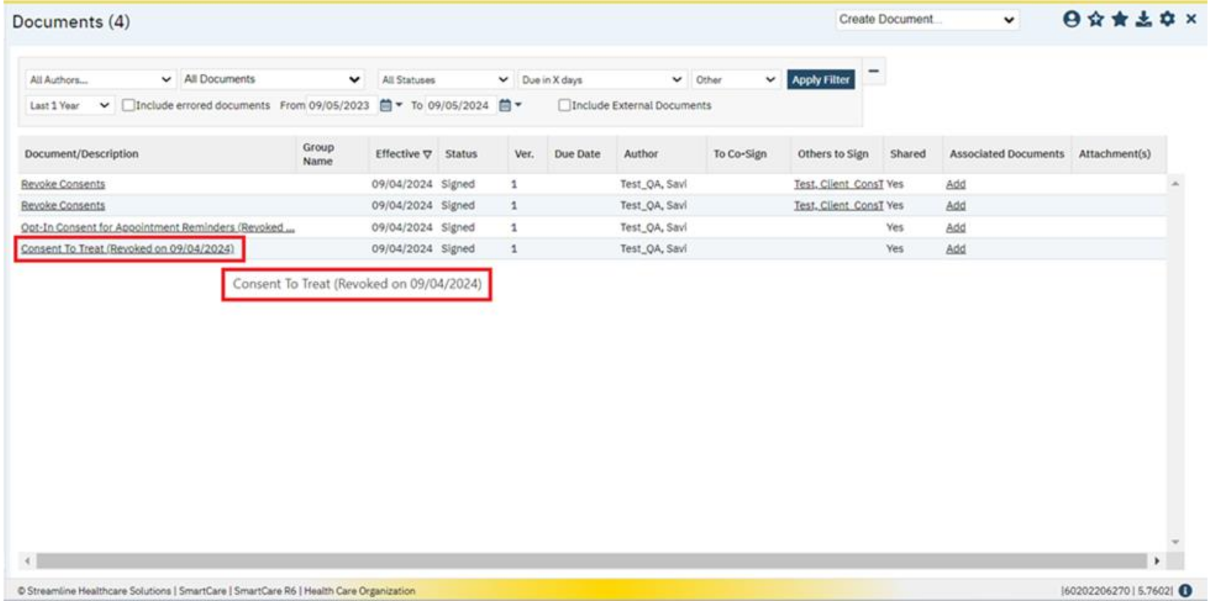
This document was electronically signed by Client_ConsT3 Test on 09/04/2024 11:49PM

Consent Revoked On: 09/04/2024

When Consent is not Revoked, for such document PDF the field 'Consent Revoked on: [Date]' will not be appended on footer.

Documents List Page:

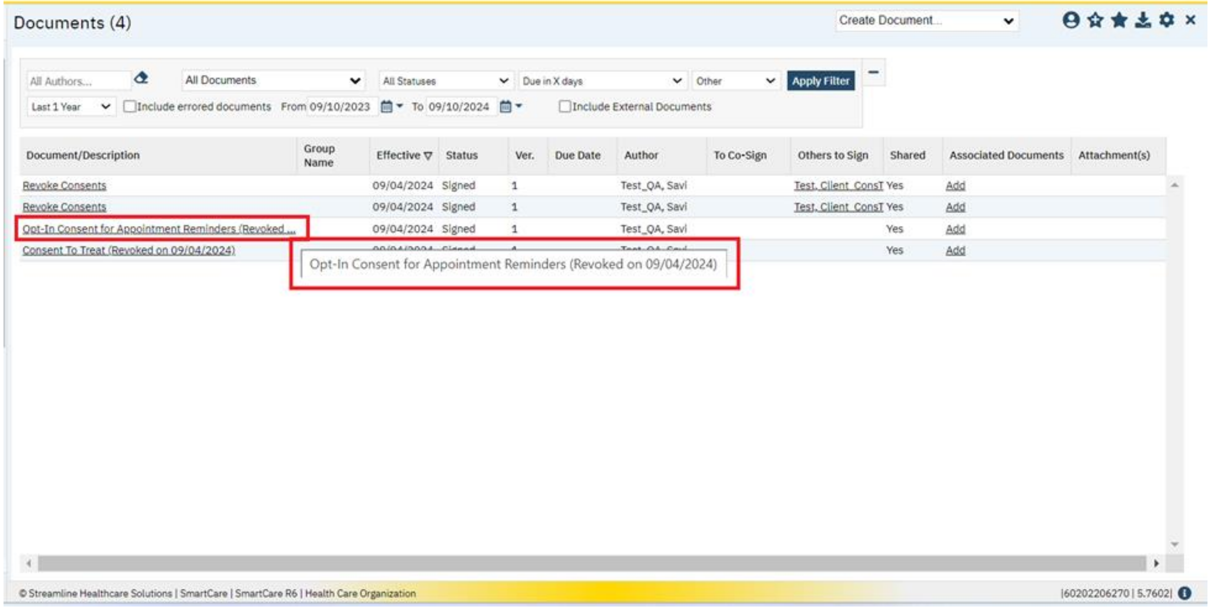
In the ‘Document/Description’ column, the text ‘Revoked on <date>’ will be appended for respective consent document and also if data is long then it shows ellipses on hover displaying the full data.



From 09/05/2023 To 09/05/2024

Document/Description	Group Name	Effective	Status	Ver.	Due Date	Author	To Co-Sign	Others to Sign	Shared	Associated Documents	Attachment(s)
Revoke Consents		09/04/2024	Signed	1		Test_QA, Savi		Test, Client_ConsT	Yes	Add	
Revoke Consents		09/04/2024	Signed	1		Test_QA, Savi		Test, Client_ConsT	Yes	Add	
Opt-In Consent for Appointment Reminders (Revoked ...		09/04/2024	Signed	1		Test_QA, Savi			Yes	Add	
Consent To Treat (Revoked on 09/04/2024)		09/04/2024	Signed	1		Test_QA, Savi			Yes	Add	

Consent To Treat (Revoked on 09/04/2024)



Documents (4)

Last 1 Year ☐Include errored documents From 09/10/2023 To 09/10/2024 ☐Include External Documents

Document/Description	Group Name	Effective ▽	Status	Ver.	Due Date	Author	To Co-Sign	Others to Sign	Shared	Associated Documents	Attachment(s)
Revoke Consents		09/04/2024	Signed	1		Test_QA, Savi		Test, Client_ConsT	Yes	Add	
Revoke Consents		09/04/2024	Signed	1		Test_QA, Savi		Test, Client_ConsT	Yes	Add	
Opt-In Consent for Appointment Reminders (Revoked ...		09/04/2024	Signed	1		Test_QA, Savi			Yes	Add	
Consent To Treat (Revoked on 09/04/2024)									Yes	Add	

Opt-In Consent for Appointment Reminders (Revoked on 09/04/2024)

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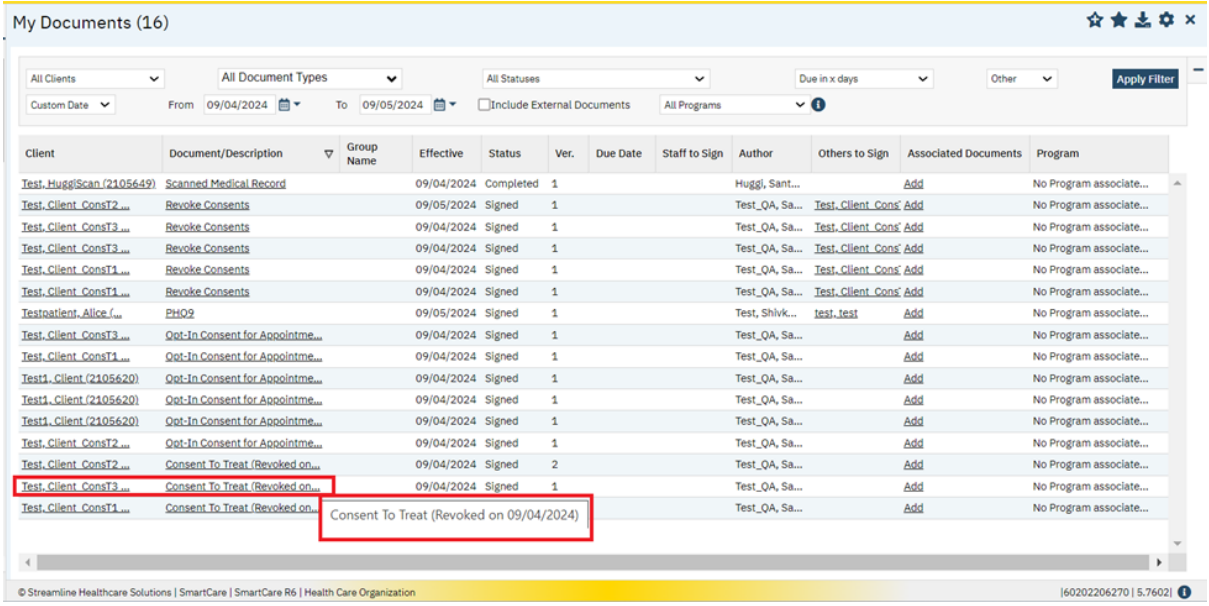
My Document list page :



My Documents (16)

Custom Date From 09/04/2024 To 09/05/2024 ☐Include External Documents All Programs

Client	Document/Description	Group Name	Effective	Status	Ver.	Due Date	Staff to Sign	Author	Others to Sign	Associated Documents	Program
Test, HuggiScan (2105649)	Scanned Medical Record		09/04/2024	Completed	1			Huggi, Sant...		Add	No Program associate...
Test, Client_ConsT2 ...	Revoke Consents		09/05/2024	Signed	1			Test_QA, Sa...	Test, Client_Cons	Add	No Program associate...
Test, Client_ConsT3 ...	Revoke Consents		09/04/2024	Signed	1			Test_QA, Sa...	Test, Client_Cons	Add	No Program associate...
Test, Client_ConsT3 ...	Revoke Consents		09/04/2024	Signed	1			Test_QA, Sa...	Test, Client_Cons	Add	No Program associate...
Test, Client_ConsT1 ...	Revoke Consents		09/04/2024	Signed	1			Test_QA, Sa...	Test, Client_Cons	Add	No Program associate...
Test, Client_ConsT1 ...	Revoke Consents		09/04/2024	Signed	1			Test_QA, Sa...	Test, Client_Cons	Add	No Program associate...
Testpatient, Alice (...	PHQ9		09/05/2024	Signed	1			Test, Shivk...	test, test	Add	No Program associate...
Test, Client_ConsT3 ...	Opt-In Consent for Appointme...		09/04/2024	Signed	1			Test_QA, Sa...		Add	No Program associate...
Test, Client_ConsT1 ...	Opt-In Consent for Appointme...		09/04/2024	Signed	1			Test_QA, Sa...		Add	No Program associate...
Test1, Client (2105620)	Opt-In Consent for Appointme...		09/04/2024	Signed	1			Test_QA, Sa...		Add	No Program associate...
Test1, Client (2105620)	Opt-In Consent for Appointme...		09/04/2024	Signed	1			Test_QA, Sa...		Add	No Program associate...
Test1, Client (2105620)	Opt-In Consent for Appointme...		09/04/2024	Signed	1			Test_QA, Sa...		Add	No Program associate...
Test, Client_ConsT2 ...	Opt-In Consent for Appointme...		09/04/2024	Signed	1			Test_QA, Sa...		Add	No Program associate...
Test, Client_ConsT2 ...	Consent To Treat (Revoked on...		09/04/2024	Signed	2			Test_QA, Sa...		Add	No Program associate...
Test, Client_ConsT3 ...	Consent To Treat (Revoked on...		09/04/2024	Signed	1			Test_QA, Sa...		Add	No Program associate...
Test, Client_ConsT1 ...	Consent To Treat (Revoked on...							Test_QA, Sa...		Add	No Program associate...

Consent To Treat (Revoked on 09/04/2024)

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Data Model Changes:

Added column 'IncludedInConsentDocument' in the 'DocumentRevokeConsentDetails' table.

Author: Praveen Gangadhara

125. EII # 128305: Implementation of 'HELPS - Traumatic Brain Injury (TBI) Screening Tool' document.

DISCLAIMER: The document is only available to those customers who have purchased an annual subscription. It is a premium add-on to SmartCare and not included in SmartCare Base Subscription. If you are interested in learning more about this document, please contact your account manager.

Release Type: Change | **Priority:** On Fire

Navigation Path: Client – Documents – 'HELPS - Traumatic Brain Injury (TBI) Screening Tool' document.

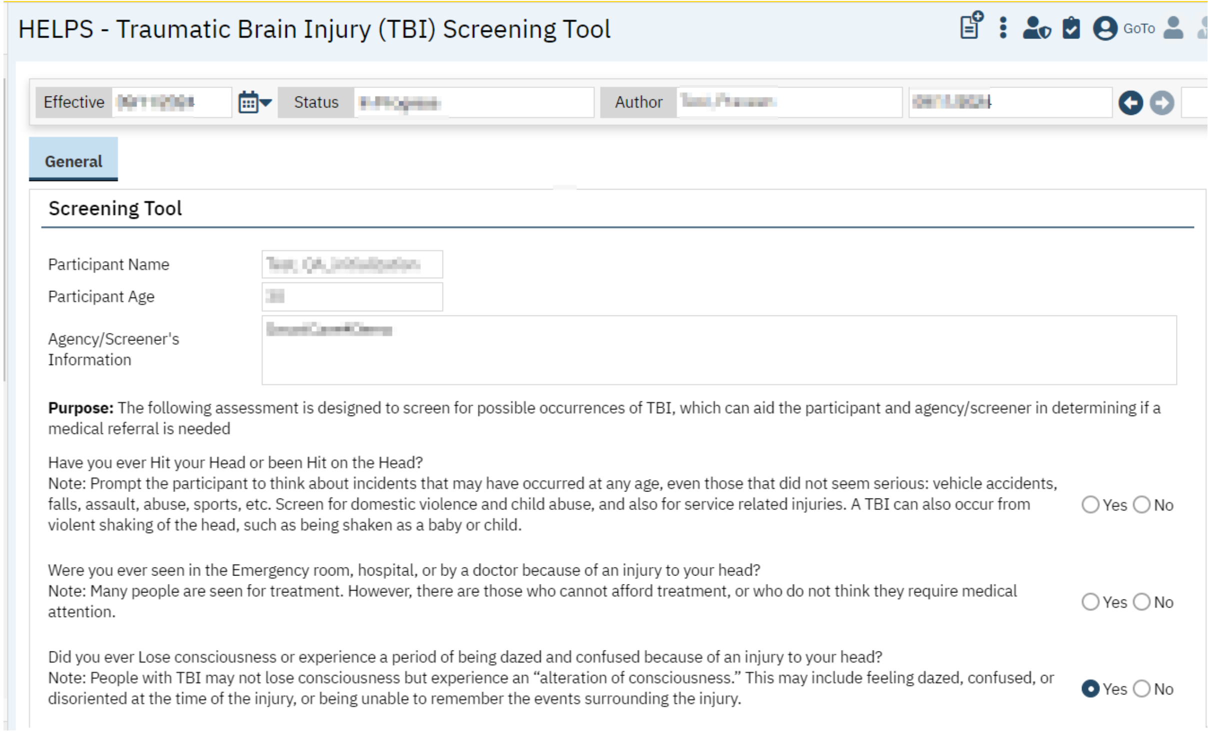
Functionality 'Before' and 'After' release:

Purpose: This is a screening tool which the customer has requested to utilize which does not currently exist in the catalogue.

With this release, a 'HELPS - Traumatic Brain Injury (TBI) Screening Tool' document is implemented.

The 'HELPS - Traumatic Brain Injury (TBI) Screening Tool' document has a 'General' tab along with two sections namely - **'Screening Tool' and 'Scoring'**.

The 'Screening Tool' section is displayed with below mentioned fields:



HELPS - Traumatic Brain Injury (TBI) Screening Tool

Effective [redacted] Status [redacted] Author [redacted] [redacted]

General

Screening Tool

Participant Name [redacted]

Participant Age [redacted]

Agency/Screener's Information [redacted]

Purpose: The following assessment is designed to screen for possible occurrences of TBI, which can aid the participant and agency/screener in determining if a medical referral is needed

Have you ever Hit your Head or been Hit on the Head?
Note: Prompt the participant to think about incidents that may have occurred at any age, even those that did not seem serious: vehicle accidents, falls, assault, abuse, sports, etc. Screen for domestic violence and child abuse, and also for service related injuries. A TBI can also occur from violent shaking of the head, such as being shaken as a baby or child. ○ Yes ○ No

Were you ever seen in the Emergency room, hospital, or by a doctor because of an injury to your head?
Note: Many people are seen for treatment. However, there are those who cannot afford treatment, or who do not think they require medical attention. ○ Yes ○ No

Did you ever Lose consciousness or experience a period of being dazed and confused because of an injury to your head?
Note: People with TBI may not lose consciousness but experience an "alteration of consciousness." This may include feeling dazed, confused, or disoriented at the time of the injury, or being unable to remember the events surrounding the injury. ● Yes ○ No

a. '**Participant Name**': This is a text box field and initializes from the 'Client Name' field, displaying the name in LastName, FirstName format. It is an editable text box field. This is a required field.

b. ‘**Participant Age’**: This is a text box field and initializes from ‘Age’ field from the ‘Demographics’ tab of ‘Client Information’. It is an editable text box field, it will allow only 3 digits. This is a required field.

c. ‘**Agency/Screener's Information’** : This is a text area field and it will initialize the ‘Agency Name’ from the ‘Agency’ table. It is an editable text area field.

‘**Purpose:** The following assessment is designed to screen for possible occurrences of TBI, which can aid the participant and agency/screener in determining if a medical referral is needed’ : This is a label

‘Have you ever Hit your Head or been Hit on the Head?

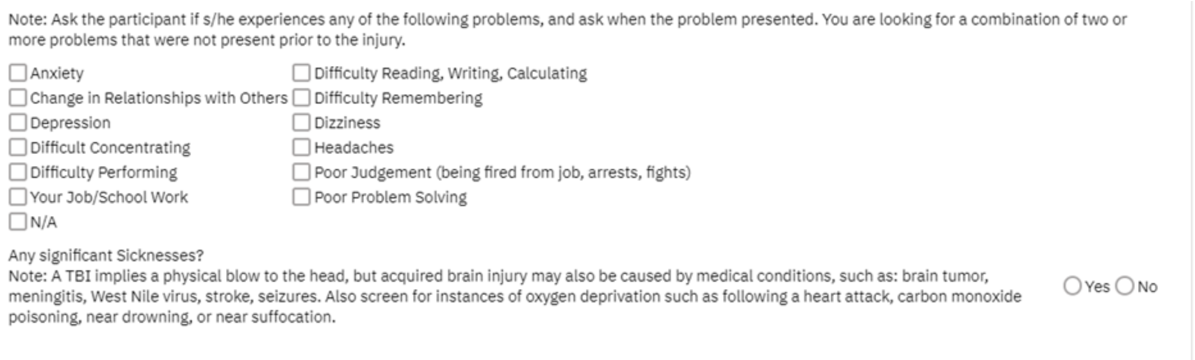
Note: Prompt the participant to think about incidents that may have occurred at any age, even those that did not seem serious: vehicle accidents, falls, assault, abuse, sports, etc. Screen for domestic violence and child abuse, and also for service related injuries. A TBI can also occur from violent shaking of the head, such as being shaken as a baby or child.’ : This is a radio button and displayed with ‘Yes’ and ‘No’ values and it is a required field.

‘Were you ever seen in the Emergency room, hospital, or by a doctor because of an injury to your head? Note: Many people are seen for treatment. However, there are those who cannot afford treatment, or who do not think they require medical attention.’ : This is a radio button and displayed with ‘Yes’ and ‘No’ values and it is a required field.

‘Did you ever Lose consciousness or experience a period of being dazed and confused because of an injury to your head?

Note: People with TBI may not lose consciousness but experience an “alteration of consciousness.” This may include feeling dazed, confused, or disoriented at the time of the injury, or being unable to remember the events surrounding the injury.’ This is a radio button and displayed with ‘Yes’ and ‘No’ values and it is a required field.

‘Do you experience any of these Problems in your daily life since you hit your head?’ : This is a radio button and displayed with ‘Yes’ and ‘No’ values and it is a required field.



Note: Ask the participant if s/he experiences any of the following problems, and ask when the problem presented. You are looking for a combination of two or more problems that were not present prior to the injury.

☐ Anxiety
☐ Change in Relationships with Others
☐ Depression
☐ Difficult Concentrating
☐ Difficulty Performing
☐ Your Job/School Work
☐ N/A

☐ Difficulty Reading, Writing, Calculating
☐ Difficulty Remembering
☐ Dizziness
☐ Headaches
☐ Poor Judgement (being fired from job, arrests, fights)
☐ Poor Problem Solving

Any significant Sicknesses?
Note: A TBI implies a physical blow to the head, but acquired brain injury may also be caused by medical conditions, such as: brain tumor, meningitis, West Nile virus, stroke, seizures. Also screen for instances of oxygen deprivation such as following a heart attack, carbon monoxide poisoning, near drowning, or near suffocation. ○ Yes ○ No

‘Note: Ask the participant if s/he experiences any of the following problems, and ask when the problem presented. You are looking for a combination of two or more problems that were not present prior to the injury.’ This is a required field and the checkboxes displayed with below mentioned values:

- Anxiety

- Change in Relationships with Others

- Depression

- Difficult Concentrating

- Difficulty Performing

- Your Job/School Work

- Difficulty Reading, Writing, Calculating

- Difficulty Remembering

- Dizziness

- Headaches

- Poor Judgement (being fired from job, arrests, fights)

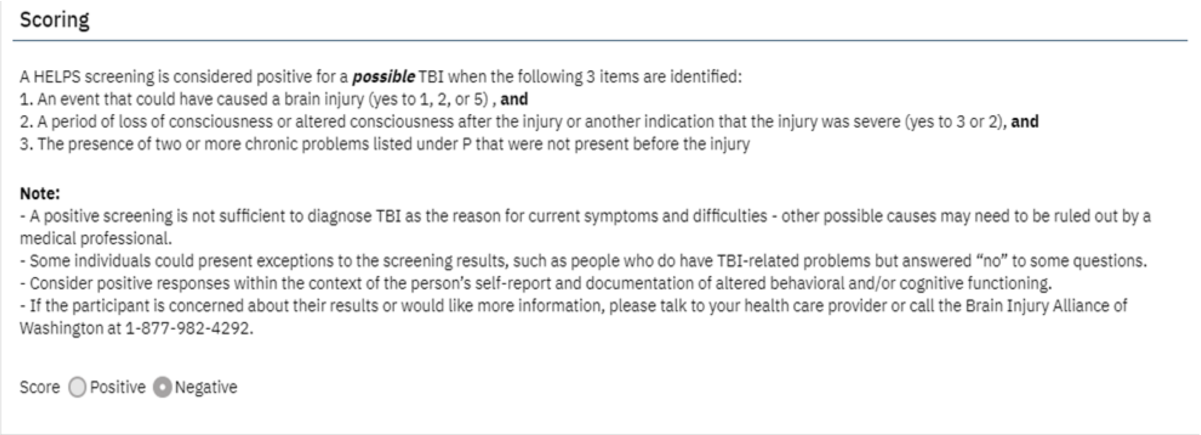
- Poor Problem Solving

- N/A

· 'Any significant Sicknesses?

Note: TBI implies a physical blow to the head, but acquired brain injury may also be caused by medical conditions, such as: brain tumor, meningitis, West Nile virus, stroke, seizures. Also screen for instances of oxygen deprivation such as following a heart attack, carbon monoxide poisoning, near drowning, or near suffocation.' This is a radio button and displayed with as 'Yes' and 'No' values and it is a required field.

The 'Scoring' section is displayed with below mentioned fields:



Scoring

A HELPS screening is considered positive for a ***possible*** TBI when the following 3 items are identified:
1. An event that could have caused a brain injury (yes to 1, 2, or 5) , **and**
2. A period of loss of consciousness or altered consciousness after the injury or another indication that the injury was severe (yes to 3 or 2), **and**
3. The presence of two or more chronic problems listed under P that were not present before the injury

Note:
- A positive screening is not sufficient to diagnose TBI as the reason for current symptoms and difficulties - other possible causes may need to be ruled out by a medical professional.
- Some individuals could present exceptions to the screening results, such as people who do have TBI-related problems but answered "no" to some questions.
- Consider positive responses within the context of the person's self-report and documentation of altered behavioral and/or cognitive functioning.
- If the participant is concerned about their results or would like more information, please talk to your health care provider or call the Brain Injury Alliance of Washington at 1-877-982-4292.

Score ○ Positive ● Negative

·'A HELPS screening is considered positive for a possible TBI when the following 3 items are identified:

1. An event that could have caused a brain injury (yes to 1, 2, or 5), and

2. A period of loss of consciousness or altered consciousness after the injury or another indication that the injury was severe (yes to 3 or 2), and

3. The presence of two or more chronic problems listed under 4 that were not present before the injury' as a label.

'Note:

- A positive screening is not sufficient to diagnose TBI as the reason for current symptoms and difficulties - other possible causes may need to be ruled out by a medical professional.

- Some individuals could present exceptions to the screening results, such as people who do have TBI-related problems but answered "no" to some questions.

- Consider positive responses within the context of the person's self-report and documentation of altered behavioral and/or cognitive functioning.

- If the participant is concerned about their results or would like more information, please talk to your health care provider or call the Brain Injury Alliance of Washington at 1-877-982-4292.' as a label.

The 'Score' radio button field is disabled with values such as 'Positive' and 'Negative'. Score is automatically calculated based on the above mentioned scenarios.

Scoring Logic for the document for both 'Positive' and 'Negative' are as mentioned below:

Positive (radio button): For 'Positive' scoring follow 3 main scenario as:
1) An event that could have caused a brain injury (yes to 1, 2 or 5),

and

2) A period of loss of consciousness or altered consciousness after the injury or another indication that the injury was severe (yes to 3 or 2), and

3) The presence of two or more chronic problems listed under 4th question that were not present before the injury.

Negative (radio button): If any one of the above conditions/one or more conditions fails then scoring will be calculated as 'Negative'.

Data Model Changes: A new table **'DocumentTraumaticBrainInjuries'** is created.

Author: Akshay Vishwanath

126. Core Bugs # 129063: To rename Mental Status Exam (Psych Version) - IP' to 'Mental Status Exam'

Release Type: Fix | **Priority:** Medium

Navigation Path: 'Client' - 'Mental Status Exam' document.

Functionality 'Before' and 'After' release:

Before this release, here was the behaviour. The 'Mental Status Exam' document name was renamed as 'Mental Status Exam (Psych Version) - IP'.

With this release, the above-mentioned issue has been resolved. Now, the document name is correctly displayed as 'Mental Status Exam' document. Also, the validation messages are corrected based on the document name in validation pop up.

Author: Praveen Gangadhara

127. Core Bugs # 129192: On opening Consents list page error is logged in errorlog table.

Release Type: Fix | **Priority:** Medium

Navigation Path: Select Client - Go search - Consents (Client) - Consents list page.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user opened the consents list page, an error was logged in errorlog table.

With this release, the above-mentioned issue has been resolved. Now, when the user opens Consents list page error is not logged in errorlog table.

Author: Praveen Gangadhara

128. EII # 128345: Changes in National Outcome Measures (NOMs) (Client) screen

DISCLAIMER: The document is only available to those customers who have purchased an annual subscription. It is a premium add-on to SmartCare and not included in SmartCare Base Subscription. If you are interested in learning more about this document, please contact your account manager.

Release Type: Change **|** **Priority:** On Fire

Navigation Path: Go Search - Select Client - National Outcome Measures (NOMs) (Client) - New - Record Management tab- Assessment type - select Reassessment radio button.

Functionality 'Before' and 'After' release:

With this release, the below mentioned changes has been implemented in National Outcome Measures (NOMS) (Client) document:

1. 'Which month assessment?' field label has been changed to 'Which month reassessment?'

2. In the 'Which month reassessment?' field, the following global code options has been added.

   - 3 Month Reassessment
   - 6 Month Reassessment

3.'Which month reassessment' field will be display under 'Reassessment' radio button.

4.'Which month reassessment' field will be displayed only if the 'Reassessment' radio button is selected for 'Assessment Type' field.

5.'Month and Year of Birth' field will be saved in 'MM/YYYY' format instead of 'MM/DD/YYYY hh:mm:ss' format.

Author: Sunita Biradar

129. Core Bugs # 129315: C-SSRS Adult Since Last Visit: large space between the Suicidal Behavior question on page 1 and the answers to that question on page 2.

DISCLAIMER: The document is only available to those customers who have purchased an annual subscription. It is a premium add-on to SmartCare and not included in SmartCare Base Subscription. If you are interested in learning more about this document, please contact your account manager.

Release Type: Fix **| Priority:** Medium

Navigation Path: Login into Smart Care application -- Search and select Client -- Navigate to C-SSRS Adult Since Last Visit -- Enter all the required details – Sign.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior, When the user entered all the details in C-SSRS Adult Since Last Visit document and signed the document, in the PDF, there was a large space between the Suicidal Behavior question on page 1 and the answers to that question on page 2.

With this release, the above-mentioned issue has been resolved. Now, in the C-SSRS Adult Since Last Visit signed PDF, there is no space between the Suicidal Behavior question on page 1 and the answers to that question on page 2.

Author: Sunita Biradar

130. Core Bugs # 129274: Release of Information: Expiration End Date not calculating correctly.

Release Type: Fix | **Priority:** High.

Navigation Path: Login into SmartCare application -- Search and Select a Client -- Navigate to Release of Information -- Enter all required Details – Sign.

Functionality 'Before' and 'After' release:

Before this release, here was behavior. In the Release of Information screen, under Expiration section when none of the check boxes are selected and when the user entered the Start Date, the End Date was calculated one year from the Start Date on saving the document
Example: Start Date: 19/09/2024 End Date: 19/09/2025

With this release, the above-mentioned issue has been resolved. Now, in the Release of Information screen, under Expiration section when none of the check boxes are selected and when the user enters the Start Date, on signing the document the End Date will be calculated one year from the Signing Date.

Example: Start Date: 19/09/2024

Staff Signed the document:20/09/2024

End Date: 20/09/2025

Author: Rakesh Naganagoda

131. EII # 128520: Implementation of ‘DSI Source References’ icon in the toolbar for the Documents and Services.

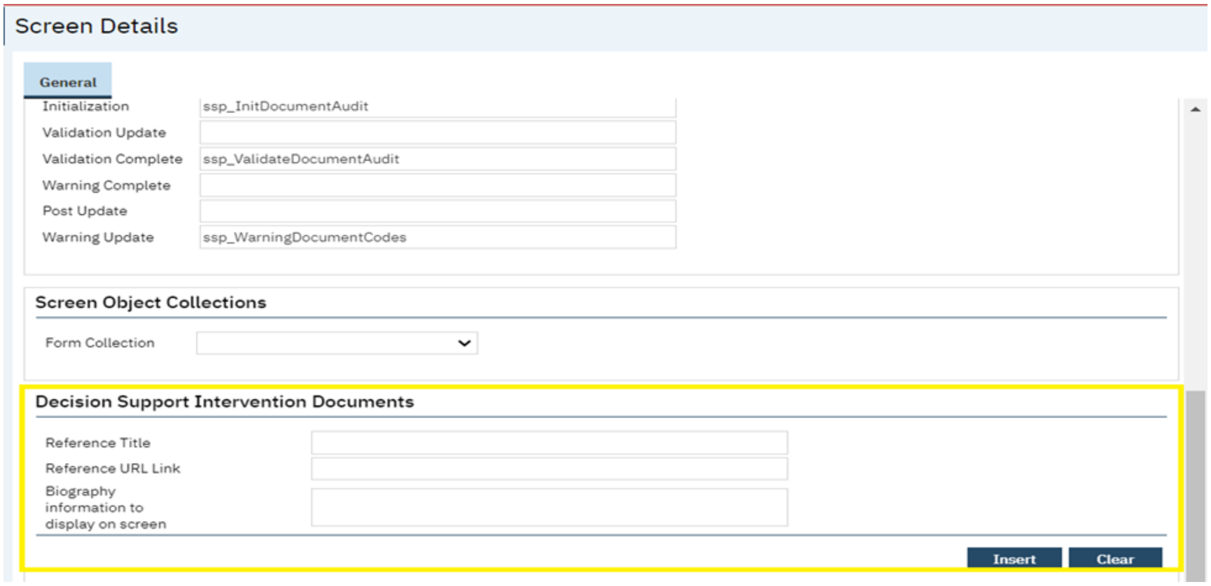
Release Type: Change **| Priority:** On Fire

Prerequisites:

Enter the data in the below mentioned fields in the ‘Decision Support Intervention Documents’ section of the ‘Screen Details’ page for the required Document and Service.

- Reference Title
- Reference URL Link
- Biography information to display on screen

Through the Path: 'Administration’ – ‘Screens’ – ‘Screens’ list page -- click on any hyperlink of ‘Screen Name’ -- ‘Screen Details’ screen – ‘General’ tab – ‘Decision Support Intervention Documents’ section.



Screen Details

General

Initialization: ssp_InitDocumentAudit
Validation Update:
Validation Complete: ssp_ValidateDocumentAudit
Warning Complete:
Post Update:
Warning Update: ssp_WarningDocumentCodes

Screen Object Collections

Form Collection:

Decision Support Intervention Documents

Reference Title:
Reference URL Link:
Biography information to display on screen:

Navigation Path 1: Client -- Documents – ‘Documents’ list page -- Open any Document -- Click on ‘DSI Source References’ icon -- ‘DSI Source References Information’ pop up will display.

Navigation Path 2: Client – ‘Services/Notes’ – ‘Services/Notes’ list page -- Open any Service/Notes -- Click on ‘DSI Source References’ icon - ‘DSI Source References Information’ pop up will display.

Functionality ‘Before’ and ‘After’ release:

Purpose: To meet the requirement of making the Source Attribute information available to users of the documents or services.

With this release, a new icon called ‘DSI Source References’ has been implemented in the Toolbar of Documents or Services. On click of ‘DSI Source References’ icon, the ‘DSI Source References Information’ pop up will display.

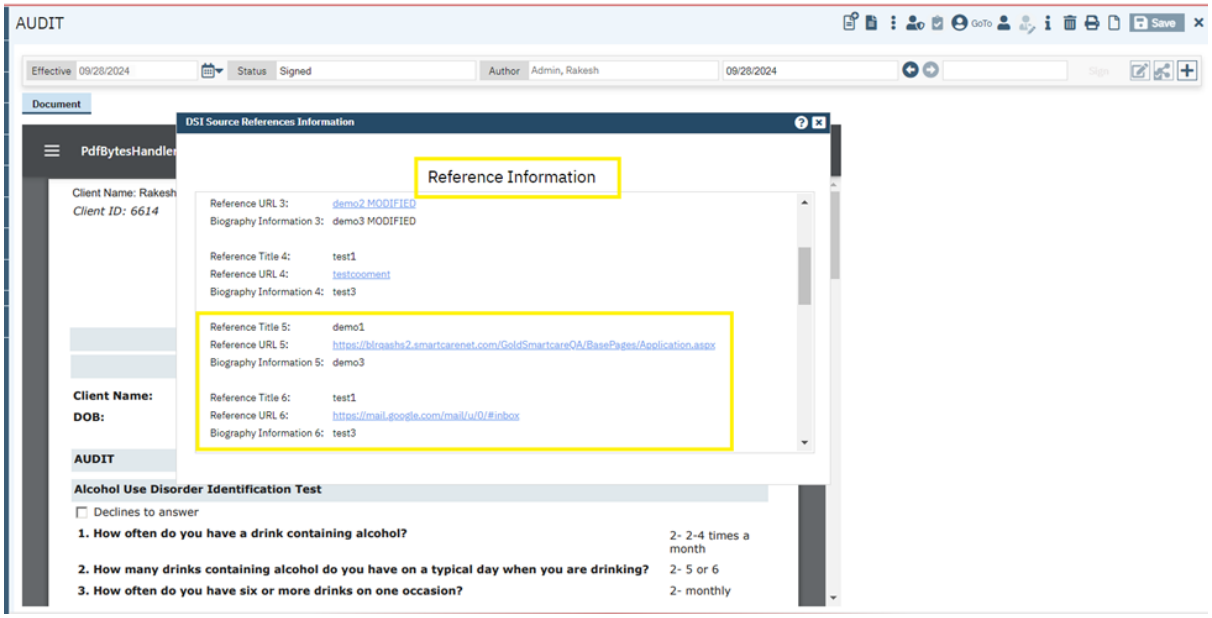
In the ‘DSI Source References Information’ pop up, the following reference information will be displayed for required Document and Service, which is entered in the ‘Decision Support Intervention Documents’ section of the ‘Screen Details’ page.

- **Reference Title:** Display as a Text.
- **Reference URL:** Display as a HyperLink, when clicked opens the Screen URL to another tab.
- **Biography Information:** Display as a Text.

Note:

- The user can add any number of Reference Information in the Screen Details page for Document and Service. Scroll Bar will be enabled in the Pop up, if more Reference Information are available for the Document and Service.
- If there is no reference Information are available for the Document and Service, then the pop up will displays the message "This Document does not have any references in the respective Screen Setup".

Screen Shot of the DSI Source References Information pop up for Document:



Effective 09/28/2024 Status Signed Author Admin, Rakesh 09/28/2024

Client Name: Rakesh
Client ID: 6614

Reference Information

Reference URL 3: demo2 MODIFIED
Biography Information 3: demo3 MODIFIED

Reference Title 4: test1
Reference URL 4: testcooment
Biography Information 4: test3

Reference Title 5: demo1
Reference URL 5: https://blrqashs2.smartcarenet.com/GoldSmartcareQA/BasePages/Application.aspx
Biography Information 5: demo3

Reference Title 6: test1
Reference URL 6: https://mail.google.com/mail/u/0/#inbox
Biography Information 6: test3

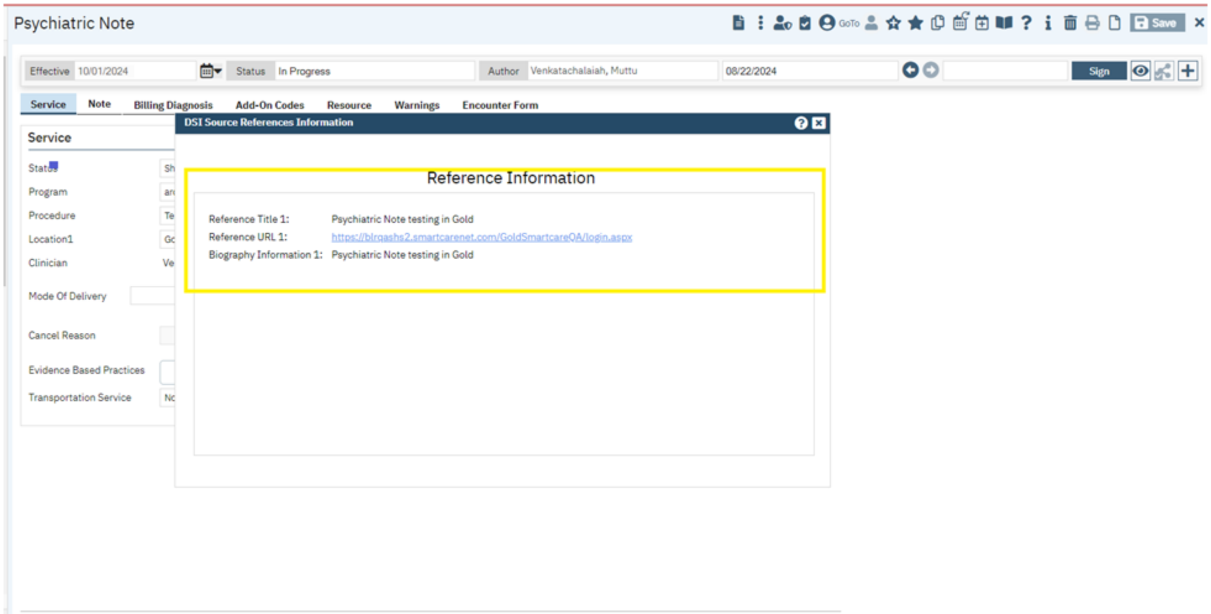
Client Name:
DOB:

Alcohol Use Disorder Identification Test

☐ Declines to answer

1. How often do you have a drink containing alcohol? 2- 2-4 times a month
2. How many drinks containing alcohol do you have on a typical day when you are drinking? 2- 5 or 6
3. How often do you have six or more drinks on one occasion? 2- monthly

Screen Shot of the DSI Source References Information pop up for Service:

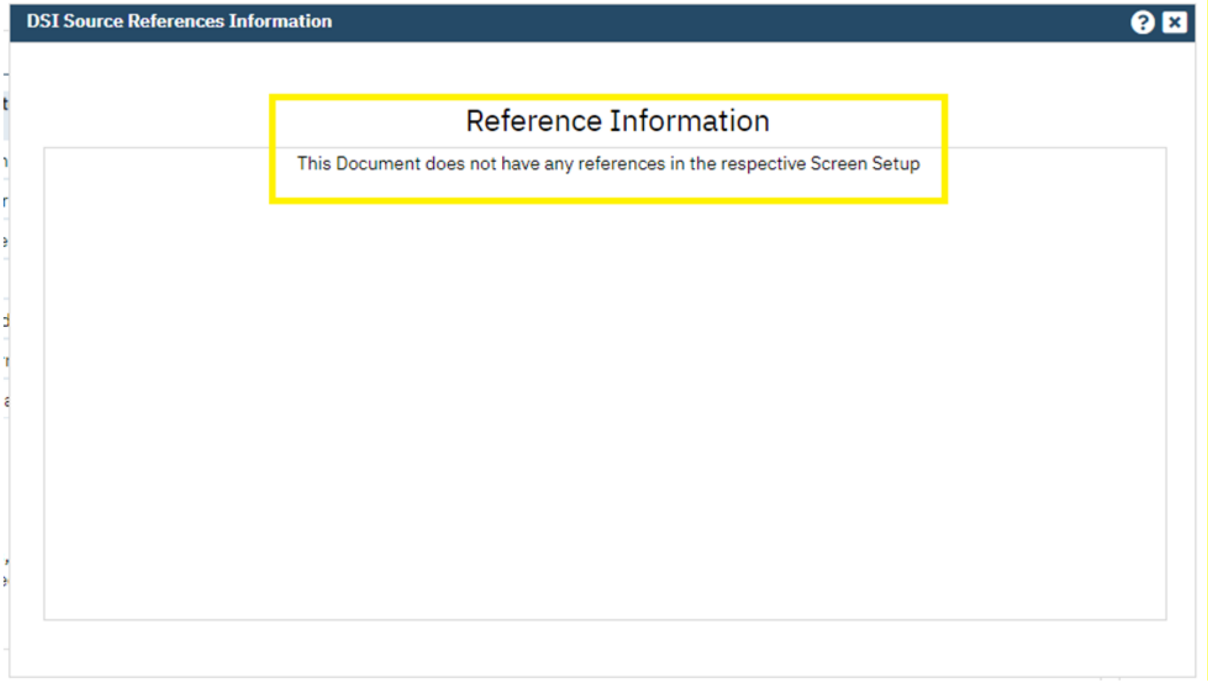


Effective 10/01/2024 Status In Progress Author Venkatachalaiah, Muttu 08/22/2024

Reference Information

Reference Title 1: Psychiatric Note testing in Gold
Reference URL 1: https://blrqashs2.smartcarenet.com/GoldSmartcareQA/login.aspx
Biography Information 1: Psychiatric Note testing in Gold

Screen Shot of the DSI Source References Information pop up which don't have any data:



Reference Information

This Document does not have any references in the respective Screen Setup

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Author: Praveen Gangadhara

132. EII # 126663: Implementation of 'DSM-V Pathological Gambling Diagnostic Form' document.

DISCLAIMER: The document is only available to those customers who have purchased an annual subscription. It is a premium add-on to SmartCare and not included in SmartCare Base Subscription. If you are interested in learning more about this document, please contact your account manager.

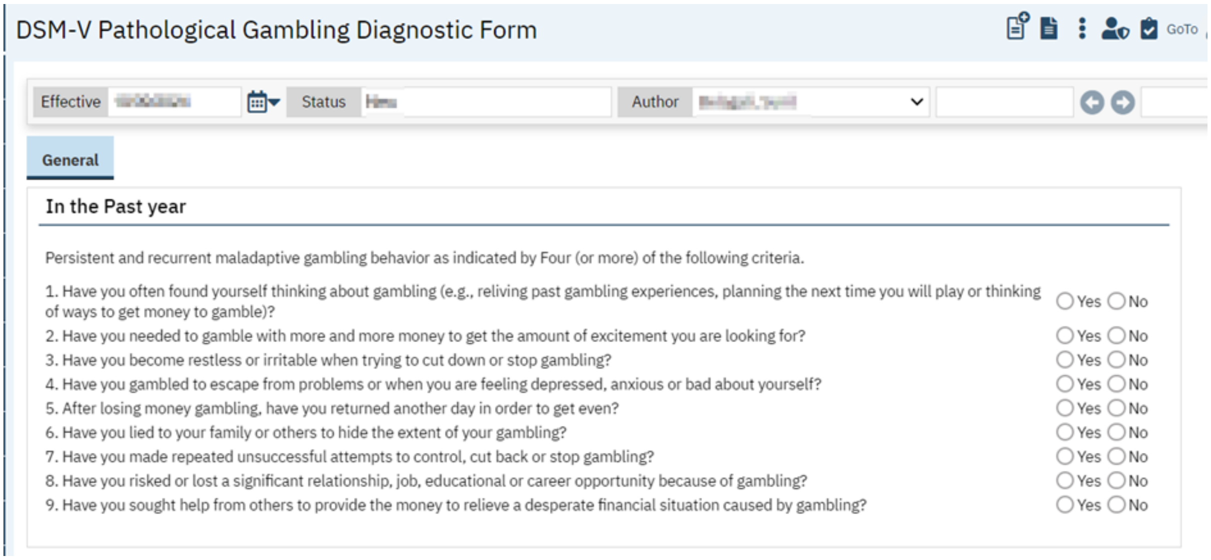
Release Type: Change | **Priority:** Urgent

Navigation Path: Client – Documents – 'DSM-V Pathological Gambling Diagnostic Form' document.

Functionality 'Before' and 'After' release:

Purpose: The licensed programs are required to conduct a validated Gambling Screen on all admissions if initial assessments indicate a possible gambling concern. Gambling Screen must be recognized as a validated screen, it provides a recommended list of validated screens, which includes the DSM-V Pathological Gambling Diagnostic Form.

With this release, a new 'DSM-V Pathological Gambling Diagnostic Form' document has been implemented.



DSM-V Pathological Gambling Diagnostic Form

Effective [redacted] Status [redacted] Author [redacted]

General

In the Past year

Persistent and recurrent maladaptive gambling behavior as indicated by Four (or more) of the following criteria.

1. Have you often found yourself thinking about gambling (e.g., reliving past gambling experiences, planning the next time you will play or thinking of ways to get money to gamble)? ○ Yes ○ No
2. Have you needed to gamble with more and more money to get the amount of excitement you are looking for? ○ Yes ○ No
3. Have you become restless or irritable when trying to cut down or stop gambling? ○ Yes ○ No
4. Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself? ○ Yes ○ No
5. After losing money gambling, have you returned another day in order to get even? ○ Yes ○ No
6. Have you lied to your family or others to hide the extent of your gambling? ○ Yes ○ No
7. Have you made repeated unsuccessful attempts to control, cut back or stop gambling? ○ Yes ○ No
8. Have you risked or lost a significant relationship, job, educational or career opportunity because of gambling? ○ Yes ○ No
9. Have you sought help from others to provide the money to relieve a desperate financial situation caused by gambling? ○ Yes ○ No

The 'DSM-V Pathological Gambling Diagnostic Form' document is displayed with the General tab. The General tab is displayed with below mentioned sections.

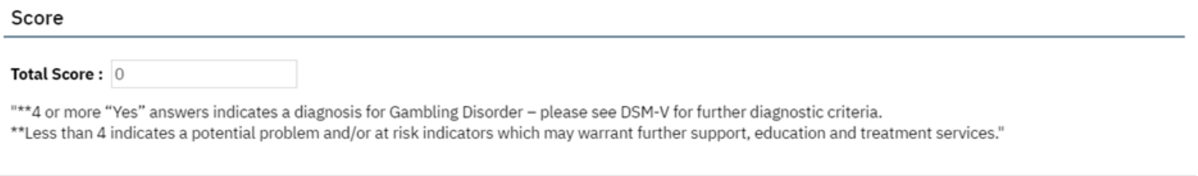
- In the Past year
- Score

1. **In the Past year section** is displayed with following fields:
· 'Persistent and recurrent maladaptive gambling behavior as indicated by Four (or more) of the following criteria.': This is a label.

. '1. Have you often found yourself thinking about gambling (e.g., reliving past gambling experiences, planning the next time you will play or thinking of ways to get money to gamble)?': This is a radio button field with values as '**Yes'** and **'No'** options.

· '2. Have you needed to gamble with more and more money to get the amount of excitement you are looking for?': This is a radio button field with values as **'Yes'** and **'No'** options.
· '3. Have you become restless or irritable when trying to cut down or stop gambling?': This is a radio button field with values as **'Yes'** and **'No'** options.
· '4. Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?': This is a radio button field with values as **'Yes'** and **'No'** options.
· '5. After losing money gambling, have you returned another day in order to get even?': This is a radio button field with values as **'Yes'** and '**No**' options.
· '6. Have you lied to your family or others to hide the extent of your gambling?': This is a radio button field with values as **'Yes'** and '**No**' options.

2.The '**Score** 'section is displayed with below mentioned fields:



Score

Total Score : 0

"**4 or more "Yes" answers indicates a diagnosis for Gambling Disorder – please see DSM-V for further diagnostic criteria.
**Less than 4 indicates a potential problem and/or at risk indicators which may warrant further support, education and treatment services."

· The 'Total Score' is displayed as disabled text box field and the score will be auto calculated.

The Score logic as mentioned below:

- The score for Yes = 1
- The score for No = 0
- Auto-sum the response option based on the user response.

"**4 or more "Yes" answers indicate a diagnosis for Gambling Disorder – please see DSM-V for further diagnostic criteria.
**Less than 4 indicates a potential problem and/or at risk indicators which may warrant further support, education and treatment services.": This is a label.

Data Model Changes: A table DocumentDSMVPathologicalGamblingDiagnosticForms is created.

Author: Sunita Biradar

133. EII # 128343: To implement MFQ Parent Version & Child Version (Mood and Feelings Questionnaire)

DISCLAIMER: The document is only available to those customers who have purchased an annual subscription. It is a premium add-on to SmartCare and not included in SmartCare Base Subscription. If you are interested in learning more about this document, please contact your account manager.

Release Type: Change | **Priority:** On Fire

Navigation Path 1: 'Client' -- Go Search – 'Mood and Feelings Questionnaire (Parent Version) – Mood and Feelings Questionnaire (Parent Version)' document

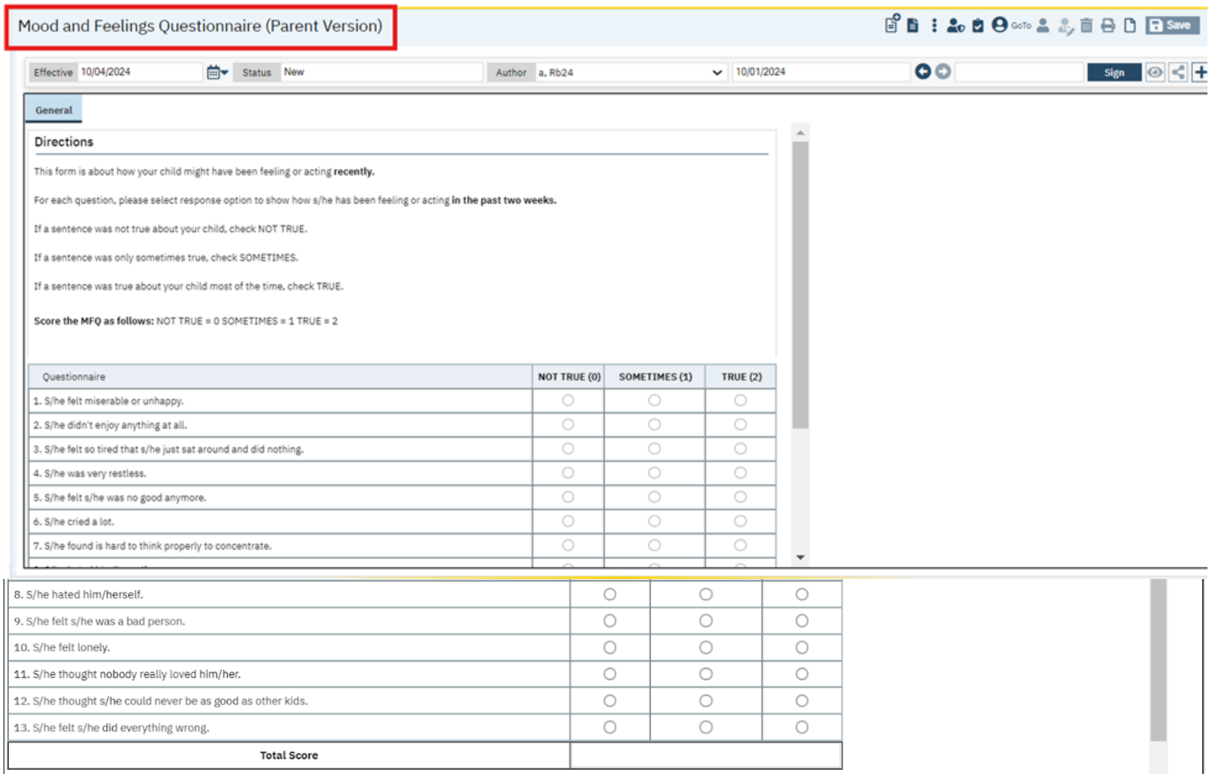
Navigation Path 2: 'Client' -- Go Search – 'Mood and Feelings Questionnaire (Child Version) – Mood and Feelings Questionnaire (Child Version)' document

Functionality 'Before' and 'After' release:

Purpose: This is a screening tool which customers requested to utilize which does not currently exist in our catalog.

With this enhancement, a new documents named 'Mood and Feelings Questionnaire (Parent Version) and Mood and Feelings Questionnaire (Child Version)' has been implemented with the he following functionalities:

I. 'Mood and Feelings Questionnaire (Parent Version)



Mood and Feelings Questionnaire (Parent Version)

Effective 10/04/2024 Status New Author a, Rb24 10/01/2024

Directions

This form is about how your child might have been feeling or acting **recently.**

For each question, please select response option to show how s/he has been feeling or acting **in the past two weeks.**

If a sentence was not true about your child, check NOT TRUE.

If a sentence was only sometimes true, check SOMETIMES.

If a sentence was true about your child most of the time, check TRUE.

Score the MFQ as follows: NOT TRUE = 0 SOMETIMES = 1 TRUE = 2

Questionnaire	NOT TRUE (0)	SOMETIMES (1)	TRUE (2)
1. S/he felt miserable or unhappy.	○	○	○
2. S/he didn't enjoy anything at all.	○	○	○
3. S/he felt so tired that s/he just sat around and did nothing.	○	○	○
4. S/he was very restless.	○	○	○
5. S/he felt s/he was no good anymore.	○	○	○
6. S/he cried a lot.	○	○	○
7. S/he found is hard to think properly to concentrate.	○	○	○
8. S/he hated him/herself.	○	○	○
9. S/he felt s/he was a bad person.	○	○	○
10. S/he felt lonely.	○	○	○
11. S/he thought nobody really loved him/her.	○	○	○
12. S/he thought s/he could never be as good as other kids.	○	○	○
13. S/he felt s/he did everything wrong.	○	○	○
Total Score			

'Mood and Feelings Questionnaire (Parent Version) contains General tab with the below details:
3.**'Directions' Section**

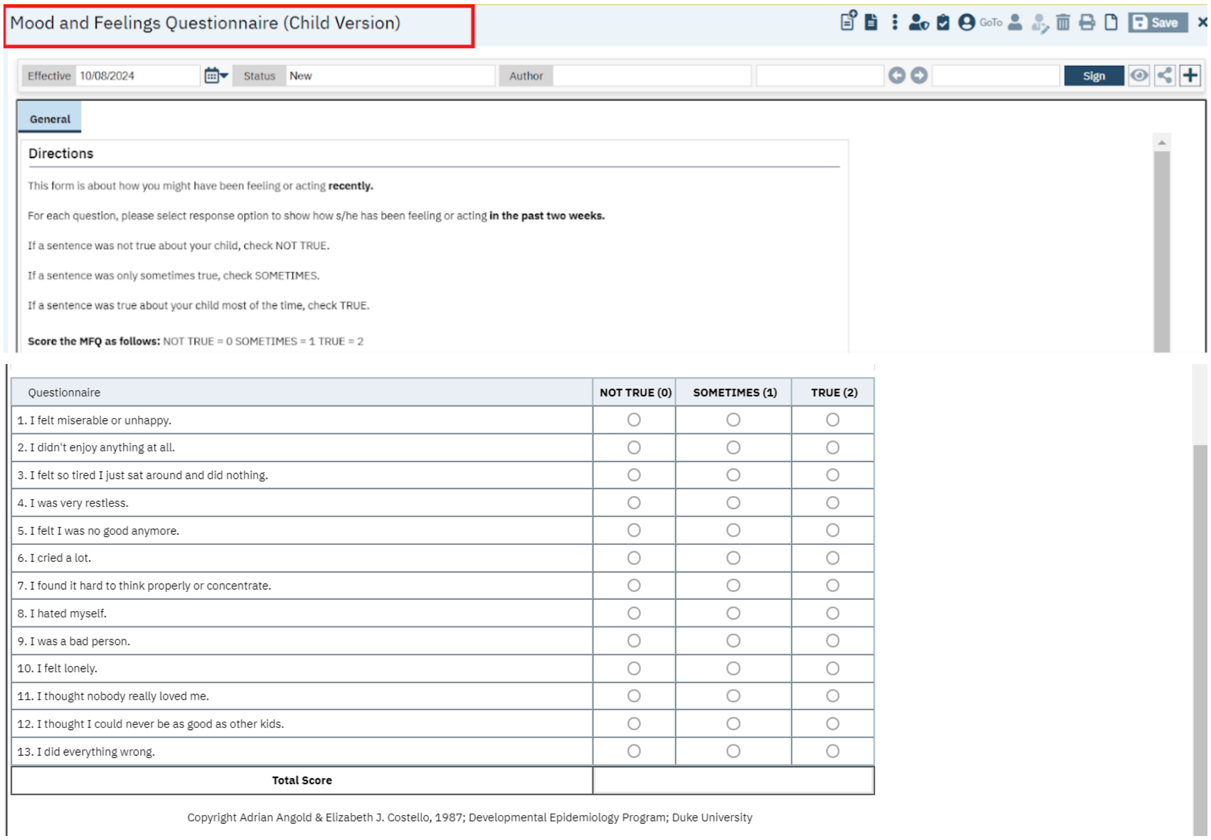
This form is about how your child might have been feeling or acting recently.
For each question, please select a response option to show how s/he has been feeling or acting in the past two weeks.
If a sentence was not true about your child, check NOT TRUE.
If a sentence was only sometimes true, check SOMETIMES.
If a sentence was true about your child most of the time, check TRUE.

Scoring of the MFQ as follows: NOT TRUE = 0 SOMETIMES = 1 TRUE = 2
13 Questionnaire will be displayed with radio button options NOT TRUE(0), SOMETIME(1), TRUE(2)

1. S/he felt miserable or unhappy.
2. S/he didn't enjoy anything at all.
3. S/he felt so tired that s/he just sat around and did nothing.
4. S/he was very restless.
5. S/he felt s/he was no good anymore.
6. S/he cried a lot.
7. S/he found it hard to think properly to concentrate.
8. S/he hated him/herself.
9. S/he felt s/he was a bad person.
10. S/he felt lonely.
11. S/he thought nobody really loved him/her.
12. S/he thought s/he could never be as good as other kids.
13. S/he felt s/he did everything wrong.

Total Score:
Total score will be calculated on sum of Score the MFQ as follows: NOT TRUE = 0 SOMETIMES = 1 TRUE = 2.
The copyright Text will be displayed after the grid.

II. 'Mood and Feelings Questionnaire (Child Version)



Effective 10/08/2024 Status New Author

Directions

This form is about how you might have been feeling or acting **recently.**

For each question, please select response option to show how s/he has been feeling or acting **in the past two weeks.**

If a sentence was not true about your child, check NOT TRUE.

If a sentence was only sometimes true, check SOMETIMES.

If a sentence was true about your child most of the time, check TRUE.

Score the MFQ as follows: NOT TRUE = 0 SOMETIMES = 1 TRUE = 2

Questionnaire	NOT TRUE (0)	SOMETIMES (1)	TRUE (2)
1. I felt miserable or unhappy.	○	○	○
2. I didn't enjoy anything at all.	○	○	○
3. I felt so tired I just sat around and did nothing.	○	○	○
4. I was very restless.	○	○	○
5. I felt I was no good anymore.	○	○	○
6. I cried a lot.	○	○	○
7. I found it hard to think properly or concentrate.	○	○	○
8. I hated myself.	○	○	○
9. I was a bad person.	○	○	○
10. I felt lonely.	○	○	○
11. I thought nobody really loved me.	○	○	○
12. I thought I could never be as good as other kids.	○	○	○
13. I did everything wrong.	○	○	○
Total Score			

Copyright Adrian Angold & Elizabeth J. Costello, 1987; Developmental Epidemiology Program; Duke University

'Mood and Feelings Questionnaire (Child Version) contains General tab with the below details:
3.'Directions' Section

This form is about how you might have been feeling or acting recently.
For each question, please select the response option to show how you have been feeling or acting in the past two weeks.
If a sentence was not true about you, check NOT TRUE.
If a sentence was only sometimes true, check SOMETIMES.
If a sentence was true about you most of the time, check TRUE.

Scoring of the MFQ as follows: NOT TRUE = 0 SOMETIMES = 1 TRUE = 2
13 Questionnaire will be displayed with radio button options NOT TRUE(0), SOMETIME(1), TRUE(2)
1. I felt miserable or unhappy.
2. I didn't enjoy anything at all.
3. I felt so tired that I just sat around and did nothing.
4. I was very restless.
5. I felt I was no good anymore.
6. I cried a lot.
7. I found it hard to think properly to concentrate.
8. I hated myself.
9. I was a bad person.
10. I felt lonely.
11. I thought nobody really loved me.
12. I thought i could never be as good as other kids.
13. I did everything wrong.

Total Score:
Total score will be calculated on sum of Score the MFQ as follows: NOT TRUE = 0 SOMETIMES = 1 TRUE = 2.
The copyright Text will be displayed after the grid.

Data Model Changes: Added new tables DocumentParentMoodAndFeelingQuestionnaires,DocumentChildMoodAndFeelingQuestionnaires

Documents/Care Plan

Reference No	Task No	Description
~~134~~	~~Core Bugs # 129303~~	~~Individualized Service Plan: Error Logged in while adding/ removing the data in the 'Needs' and 'Goals/Objectives' tabs~~
~~135~~	~~Core Bugs # 129291~~	~~Individualized Service Plan: Error Logged in while navigating to the 'Supports/ Treatment Program' tab.~~
~~136~~	~~EII # 127624~~	~~To add Configuration Key to display the Chosen First Name of the client in the 'Individualized Service Plan' document for the 'Client name to be utilized in goal descriptions on plan' field under the 'General' tab~~

~~**Author:** Harika Rajendran~~

~~134. Core Bugs # 129303: Individualized Service Plan: Error Logged in while adding/ removing the data in the 'Needs' and 'Goals/Objectives' tabs.~~

~~**Release Type:** Fix **| Priority:** Medium~~

~~**Navigation Path 1:** Client -- 'Individualized Service Plan' -- 'Individualized Service Plan' Screen – 'Needs' tab – add/remove data -- 'Goals/Objectives' tab -- add/remove data – Click on Save.~~

~~**Navigation Path 2:** 'Administration' - 'Error Log Viewer'- 'Error Log Viewer' list page.~~

~~**Functionality 'Before' and 'After' release:**~~

~~Before this release, here was the behavior. In the Individualized Service Plan document, when the user tried to add or remove data in the 'Needs' and 'Goals/Objectives' tabs, Error Log was captured in the Error Log Viewer screen.~~

~~With this release, the above-mentioned issue has been resolved. Now, No Error log is Captured in the Error Log Viewer screen when the user tries to add or remove data in the 'Needs' and 'Goals/Objectives' tabs in the 'Individualized Service Plan'.~~

~~**Author:** Harika Rajendran~~

~~135. Core Bugs # 129291: Individualized Service Plan: Error Logged in while navigating to the 'Supports/ Treatment Program' tab.~~

~~**Release Type:** Fix **| Priority:** Medium~~

~~**Navigation Path 1:** Client -- ‘Individualized Service Plan’ -- ‘Individualized Service Plan’ Screen – ‘Supports/ Treatment Program’ tab.~~

~~**Navigation Path 2:** ‘Administration’ - ‘Error Log Viewer’- ‘Error Log Viewer’ list page.~~

~~**Functionality ‘Before’ and ‘After’ release:**~~

~~Before this release, here was the behavior. An Error Log was captured in Error Log Viewer screen when the user tried to navigate to the ‘Supports/ Treatment Program’ tab in the ‘Individualized Service Plan’ document.~~

~~With this release, the above-mentioned issue has been resolved. Now, no Error log is Captured in the Error Log Viewer screen when the user navigates to the ‘Supports/ Treatment Program’ tab in the ‘Individualized Service Plan’ document.~~

~~**Author:** Harika Rajendran~~

~~136. EII # 127624: To add Configuration Key to display the Chosen First Name of the client in the 'Individualized Service Plan' document for the 'Client name to be utilized in goal descriptions on plan' field under the 'General' tab.~~

~~**Release Type:** Change **| Priority:** Urgent~~

~~**Navigation Path:** Client Search - Select a Client - Go to 'Individualized Service Plan’ Screen.~~

~~**Functionality ‘Before’ and ‘After’ release:**~~
~~**Purpose:** Client's preferred name can be used where it is needed vs documentation that has legal name.~~

~~With this release, a new Configuration key ‘SetChosenNameForISPDocument’ is added, which allows the user to set chosen names for ISP documents in the field 'Client name to be utilized in goal descriptions on plan' under the 'General' tab.~~
~~**System Configuration Key Details:**~~

~~**SystemConfigKey:** SetChosenNameForISPDocument~~

~~**Read Key as**: Set Chosen First/Full Name For ISP Documents.~~
~~**Allowed values:** - ‘ChosenFirstName’, ‘ChosenLastName, FirstName’, ‘None’.~~
~~**Default value:** None~~
~~**Modules:** SCM Clinical 3/(SCM Clinical 3) Care Plan~~

~~**Description:**~~
~~This is a new feature being added to the requesting customer that will allow them to set chosen names for ISP documents for the field 'Client name to be utilized in goal descriptions on plan' under the 'General' tab.~~
~~A) If the key value is set to “None”, this will be the default value of the key, as it drives the existing behavior.~~
~~B) If the key value is set to “ChosenFirstName”, display the Chosen First Name of the client in the 'Individualized Service Plan' document for the field 'Client name to be utilized in goal descriptions on plan' under the 'General' tab.~~
~~C) If the key value is set to “ChosenLastName, ChosenFirstName”, display the Chosen First Name, Last Name of the client in the 'Individualized Service Plan' document for the field 'Client name to be utilized in goal descriptions on plan' under the 'General' tab.~~
~~**Note:**~~

~~1. If by chance the value of the key is updated with any value apart from the allowed values, the system will consider the default behavior, i.e., the same as the key value is "None".~~
~~2. ISP – Individualized Service Plan~~

~~**Data Model Changes:**~~
~~In the "DocumentCarePlans" table "NameInGoalDescriptions" column length increased from varchar(50) to varchar(100).~~

Documents/Risk Assessment

Reference No	Task No	Description
137	Core Bugs # 129202	Risk Assessment: The reviewer drop down is not displayed in the signature popup.

Author: Harika Rajendran

137. Core Bugs # 129202: Risk Assessment: The reviewer drop down is not displayed in the signature popup.

Release Type: Fix | **Priority:** Urgent

Navigation Path: Go search -Risk Assessment (Client)-Enter all the required fields-Sign.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the Risk Assessment document, when the Staff tried to Add the reviewer, the reviewer drop down was not displayed in the Signature pop up.

With this release, the above-mentioned issue is resolved. Now, when the Staff adds the Reviewer in the Risk Assessment document, the reviewer drop down is displayed with a list of the reviewers in the Signature pop up.

Dynamic Forms

Reference No	Task No	Description
138	Core Bugs # 129271	DFA Editor Issues

Author: Sunil Belagali

138. Core Bugs # 129271: DFA Editor Issues

Release Type: Fix | **Priority:** High

Navigation Path 1: Login to SmartCare application – 'Forms' list page – Select any Form – DFA Editor page - Modify any Fields – Do not Save.

Navigation Path 2: Again, navigate to 'Forms' list page – Select some other Form – DFA Editor page – Select the radio button of Form section only – Skip the Form Section Group – Try to insert form item into 'Form Items' section.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When a user created any Unsaved changes for one Forms in DFA Editor and in another Form tried to insert the Form item without selecting the 'Form Section Group', the DFA was allowing to insert.

With this release, the above-mentioned issue has been resolved. Now, when a user creates any Unsaved changes for one Forms in DFA Editor and in another Form, inserts the Form item without selecting the 'Form Section Group', the DFA will not allow to insert instead it will display a Warning Validation message.

Warning Validation message: Please select Form Section Group from above grid.

ER Processing Template Rules

Reference No	Task No	Description
139	Core Bugs # 129439	Payments/adjustments: Electronic Remittance popup red error issue.

Author: Kiran Tigarimath

139. Core Bugs # 129439: Payments/adjustments: Electronic Remittance popup red error issue.

Release Type: Fix | **Priority:** Medium

Navigation Path: 'My Office' - 'Payments/Adjustments' list page - 'Electronic Remittance' Icon - 'Electronic Remittance' popup.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user clicked on the 'Import New File' button in 'Electronic Remittance' popup under the 'Payments/Adjustments' list page, a red error message was displayed.

With this release, the above-mentioned issue has been resolved. Now, when the user clicks on the 'Import New File' button in the 'Electronic Remittance' popup under the 'Payments/Adjustments' list page, an error message is not displayed, and the user is able to Import file.

Flow Sheet

Reference No	Task No	Description
140	EII # 128047	Changes in the Health Data Templates for Select Sub-templates.
141	EII # 127632	Changes in the Flow Sheet for the 'Meaningful Use/ Vitals' template for Children's weight and Adult's weight
142	Core Bugs # 129430	New Entry Flow Sheet: Pulse Oximetry (SpO2) field is accepting only the decimal values.

Author: Aishwarya Bommaklar

140. EII # 128047: Changes in the Health Data Templates for Select Sub-templates.

Release Type: Change **|** **Priority:** Urgent

Navigation Path: 'Administration' – 'Health Data Templates' list page – Click on the 'Health Data Template Name' hyperlink – Select 'Sub-Template' Drop-down.

Functionality 'Before' and 'After' release:

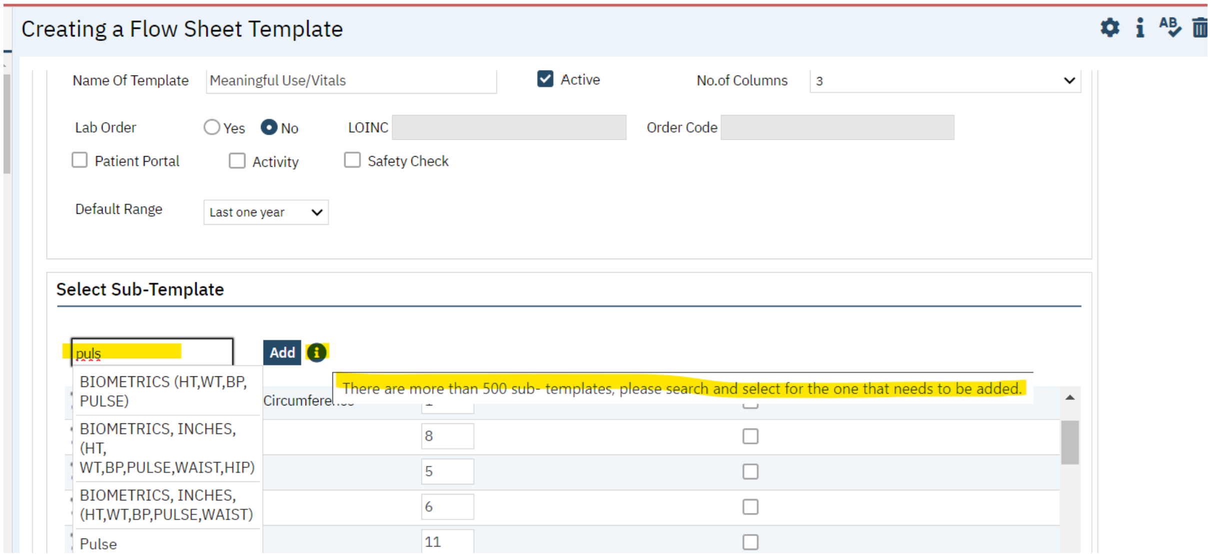
Purpose: To Change the dropdown to a searchable textbox when there are more than 500 Sub-Template. and let users to search for the sub-templates that they are trying to add to the flowsheet template.

With this release, a typeable search textbox is added to display 'Sub-Templates' instead of a drop-down if the number of "Sub-Templates" exceeds more than 500.

When the number of 'Health Data' Sub-Templates exceeds more than 500, the 'Select Health Data' Sub-Template dropdown is hidden, and a typeable search field is displayed. This allows the user to type and search for the required sub-template and add it to the list.

An 'Information' icon is implemented when the typeable search field is displayed. Upon hovering over the 'Information' icon, the below label message is displayed.

Label message: " There are more than 500 sub- templates, please search and select for the one that needs to be added."


Creating a Flow Sheet Template

Name Of Template: Meaningful Use/Vitals
☑ Active
No.of Columns: 3

Lab Order ○ Yes ● No
LOINC
Order Code

☐ Patient Portal ☐ Activity ☐ Safety Check

Default Range: Last one year

Select Sub-Template

puls

There are more than 500 sub- templates, please search and select for the one that needs to be added.

BIOMETRICS (HT,WT,BP, PULSE)
BIOMETRICS, INCHES, (HT, WT,BP,PULSE,WAIST,HIP)
BIOMETRICS, INCHES, (HT,WT,BP,PULSE,WAIST)
Pulse

Author: Suganya Shivakumar

141. EII # 127632: Changes in the Flow Sheet for the 'Meaningful Use/ Vitals' template for Children's weight and Adult's weight

Release Type: Change | **Priority:** Urgent

Navigation Path: 'Client' Search --- Select a Client --- Navigate to 'Flow Sheet' Quicklink --- 'Client' Menu --- 'Flow Sheet' List Page --- In 'Vital History' tab --- Select 'Meaningful Use/ Vitals' template --- From 'Add Flow Sheet' dropdown filter --- Click on 'New' Icon --- 'New Entry Flow Sheet Detail' page --- Enter all required fields in 'Height/Weight/BMI/Head Circumference' section --- Click on 'Save' Icon.

Functionality 'Before' and 'After' release:

Purpose: To calculate the 'Weight (oz, lb, and kg)' attributes specific to these units that can be created and added to flowsheet templates which will reflect in the 'Vitals Common control'.

Here, the 'oz' value is for the Client's weight (Children).

The 'kg' value is for the Client's weight (Adult).

With this release, the following changes are implemented:

'New Entry Flow Sheet' screen

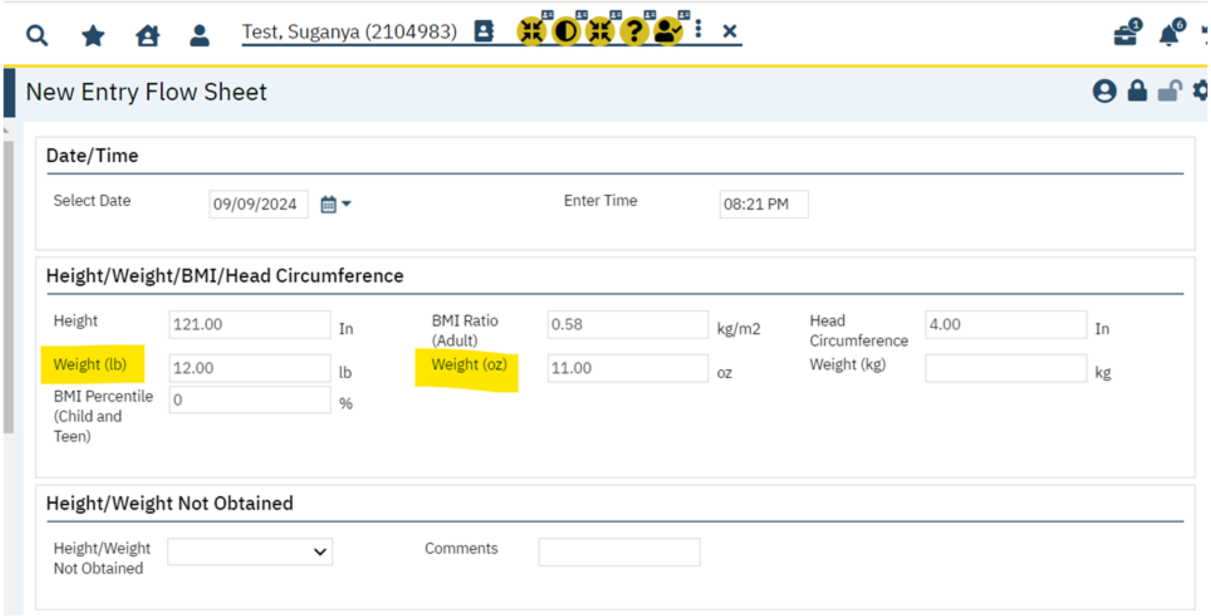
Two new textboxes named 'Weight (oz) field with the unit 'oz' and 'Weight (kg)' field with the unit "kg" next to "lb" have been added in the 'Height/Weight/BMI/Head Circumference' section of the 'New Entry Flow Sheet' screen.

a. The Weight (oz) field with the unit "oz" symbol.
b. The Weight (kg) field with the unit "kg" symbol.

The 'Weight' field is renamed to 'Weight (lb)' with the unit "lb" symbol.

- The maximum decimal value that the Weight (oz) field will accept is 15.99 (because 16 oz = 1 lb), any value > 15.99 must be cleared off.

Example: 10lb and 2oz (2/16 = 0.125 lb) 10+0.125 = 10.125lb



New Entry Flow Sheet

Date/Time

Select Date 09/09/2024

Enter Time 08:21 PM

Height/Weight/BMI/Head Circumference

Height 121.00 In

BMI Ratio (Adult) 0.58 kg/m2

Head Circumference 4.00 In

Weight (lb) 12.00 lb

Weight (oz) 11.00 oz

Weight (kg) kg

BMI Percentile (Child and Teen) 0 %

Height/Weight Not Obtained

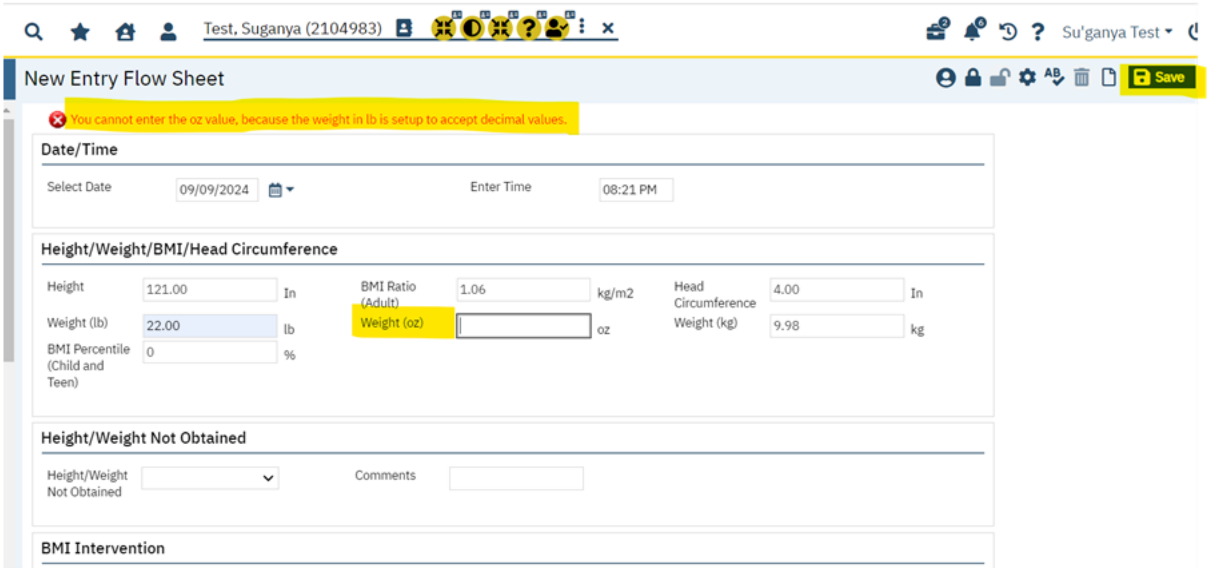
Height/Weight Not Obtained

Comments

A. If the Weight in "lb" is setup as a "Decimal" (data type), then, on the Flow sheet,

a. The users cannot enter the value in the 'Weight(oz)' field. If they enter the 'oz' value in this case, the following validation message will be displayed when saving.

Validation Message: "You cannot enter the oz value, because the weight in lb is setup to accept decimal values."



New Entry Flow Sheet

You cannot enter the oz value, because the weight in lb is setup to accept decimal values.

Date/Time

Select Date 09/09/2024

Enter Time 08:21 PM

Height/Weight/BMI/Head Circumference

Height 121.00 In

BMI Ratio (Adult) 1.06 kg/m2

Head Circumference 4.00 In

Weight (lb) 22.00 lb

Weight (oz) oz

Weight (kg) 9.98 kg

BMI Percentile (Child and Teen) 0 %

Height/Weight Not Obtained

Height/Weight Not Obtained

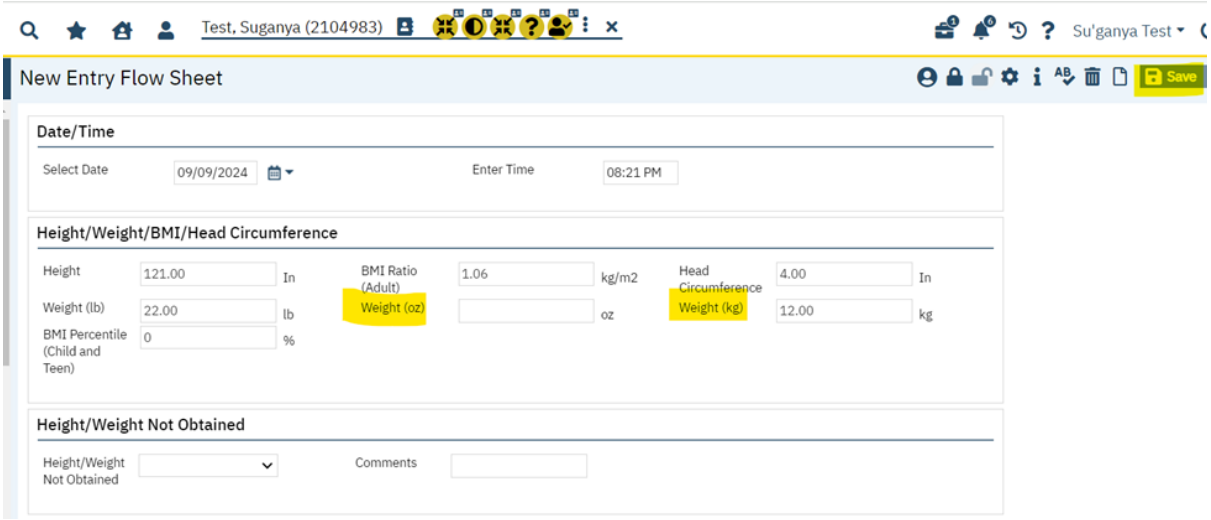
Comments

BMI Intervention

B. If the Weight in "lb", the entered pounds value will be considered, the pounds value is converted to kg, and the converted value is displayed in the 'Weight (kg)' field. **(Refer to the below formula).**

Formula for conversion: Divide the value by 2.205

Example: 10.5lb = 4.76kg



New Entry Flow Sheet

Date/Time

Select Date 09/09/2024

Enter Time 08:21 PM

Height/Weight/BMI/Head Circumference

Height 121.00 In

Weight (lb) 22.00 lb

BMI Percentile (Child and Teen) 0 %

BMI Ratio (Adult) 1.06 kg/m2

Weight (oz) oz

Head Circumference 4.00 In

Weight (kg) 12.00 kg

Height/Weight Not Obtained

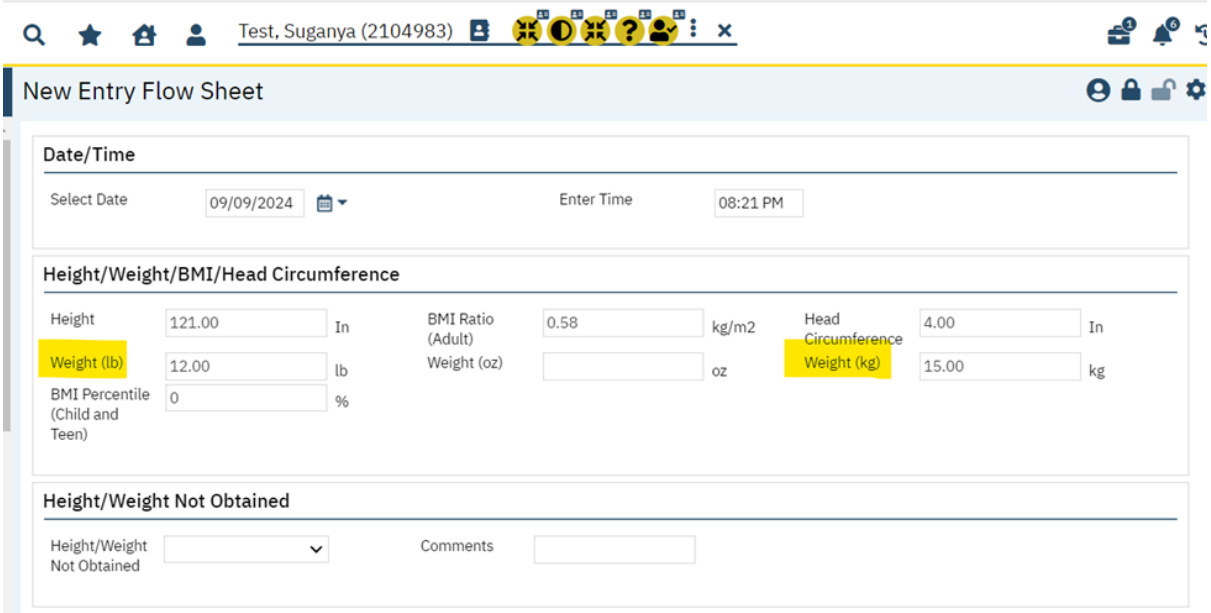
Height/Weight Not Obtained

Comments

C. The kg field can be set up as a decimal data type. If the user enters the kg value on the flowsheet,

(a) The entered value is converted to the lb, if the lb field is setup as a decimal field.

The **formula for converting kg to lb:** multiply the kg value by 2.205.
Example: 10 kg = 22.05 lb



New Entry Flow Sheet

Date/Time

Select Date 09/09/2024

Enter Time 08:21 PM

Height/Weight/BMI/Head Circumference

Height 121.00 In

Weight (lb) 12.00 lb

BMI Percentile (Child and Teen) 0 %

BMI Ratio (Adult) 0.58 kg/m2

Weight (oz) oz

Head Circumference 4.00 In

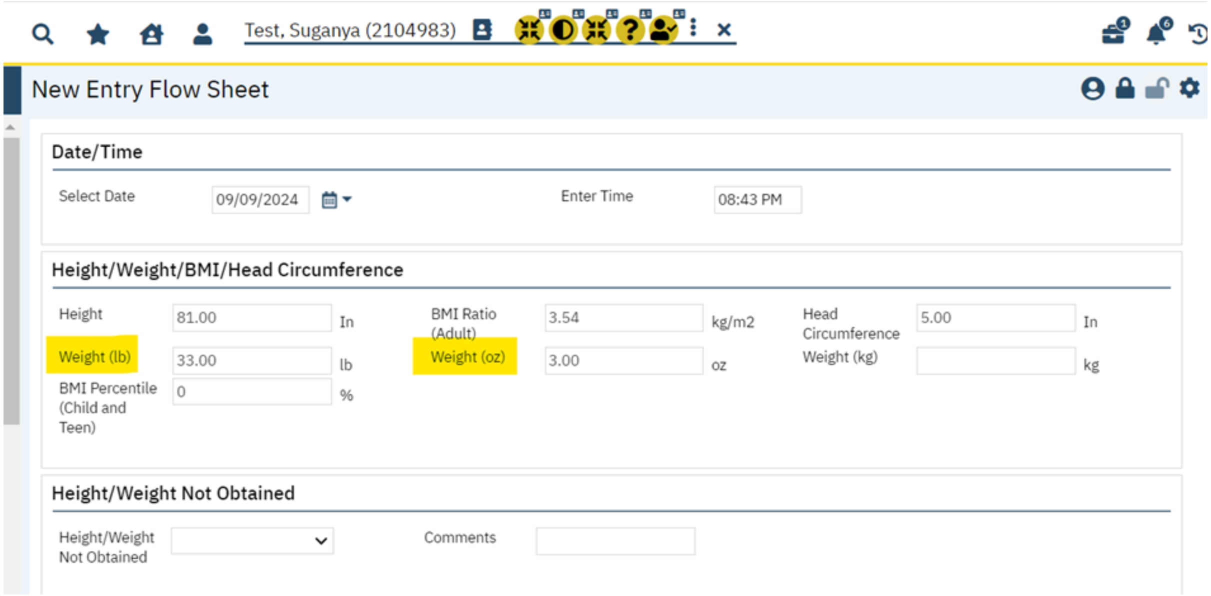
Weight (kg) 15.00 kg

Height/Weight Not Obtained

Height/Weight Not Obtained

Comments

(b) When the user enters the value in the ‘oz’ field, the value will be Converted and auto-initialized to lb field. Formula - (16 oz = 1 lb).



New Entry Flow Sheet

Date/Time

Select Date 09/09/2024

Enter Time 08:43 PM

Height/Weight/BMI/Head Circumference

Height 81.00 In

BMI Ratio (Adult) 3.54 kg/m2

Head Circumference 5.00 In

Weight (lb) 33.00 lb

Weight (oz) 3.00 oz

Weight (kg) kg

BMI Percentile (Child and Teen) 0 %

Height/Weight Not Obtained

Height/Weight Not Obtained

Comments

3. SmartView screen:

The SmartView values will be initialized from the latest vital Flow Sheet.

1. For Weight (lb) field Name:

The 'Weight' label is modified to "Weight (lb)" under the ‘Vitals’ section (**Refer the ‘SmartView’ screenshot)**

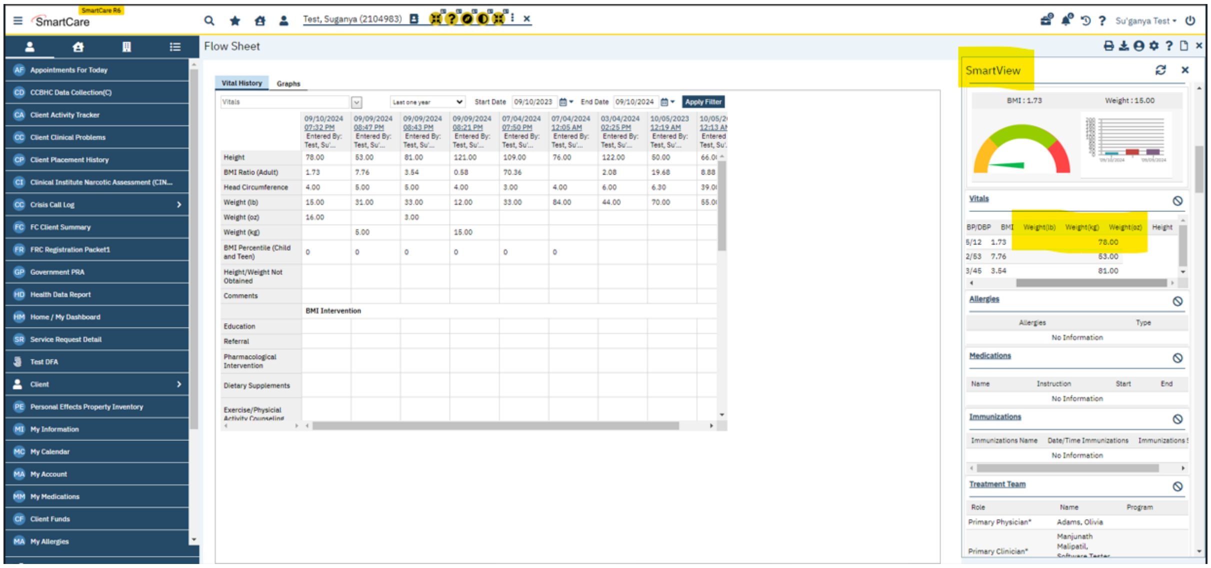
If the Flowsheet has Weight (lb) and Weight (oz) entered, both the values are considered and converted to pounds (lb) and displayed in the "Weight (lb)" field. **(Refer to the below Example).**

Example: 10lb and 2oz (2/16 = 0.125 lb) 10+0.125 = 10.125lb

2. For the Weight (kg) field Name:

A new Weight (kg) label is added to the ‘Vitals’ section of ‘SmartView’ and initialized the Weight (kg) from the latest Vitals flowsheet.

SmartView screenshot



Vitals | Last one year | Start Date 09/10/2023 | End Date 09/10/2024

	09/10/2024 07:32 PM Entered By: Test, Su'...	09/09/2024 08:47 PM Entered By: Test, Su'...	09/09/2024 08:43 PM Entered By: Test, Su'...	09/09/2024 08:21 PM Entered By: Test, Su'...	07/04/2024 07:50 PM Entered By: Test, Su'...	07/04/2024 12:05 AM Entered By: Test, Su'...	03/04/2024 02:25 PM Entered By: Test, Su'...	10/05/2023 12:19 AM Entered By: Test, Su'...	10/05/2 12:13 AI Entered Test, Su'
Height	78.00	53.00	81.00	121.00	109.00	76.00	122.00	50.00	66.0
BMI Ratio (Adult)	1.73	7.76	3.54	0.58	70.36		2.08	19.68	8.88
Head Circumference	4.00	5.00	5.00	4.00	3.00	4.00	6.00	6.30	39.0
Weight (lb)	15.00	31.00	33.00	12.00	33.00	84.00	44.00	70.00	55.0
Weight (oz)	16.00		3.00						
Weight (kg)		5.00		15.00					
BMI Percentile (Child and Teen)	0	0	0	0	0	0			
Height/Weight Not Obtained									
Comments									
	BMI Intervention								
Education									
Referral									
Pharmacological Intervention									
Dietary Supplements									
Exercise/Physicial Activity Counseling									

Author: Niroop Hassan

142. Core Bugs # 129430: New Entry Flow Sheet: Pulse Oximetry (SpO2) field is accepting only the decimal values.

Release Type: Fix | **Priority:** Medium

Navigation Path: Go search- Select a client - Select Flow sheet - Click on New icon - 'New Entry Flow Sheet' page - 'Pulse' section.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the New Entry Flow Sheet screen, the 'Pulse Oximetry (SpO2)' field was accepting only the decimal values.

With this release, the above-mentioned issue has been resolved. Now, the 'Pulse Oximetry (SpO2)' field value is modified from Decimal to numeric values in the New Entry Flow Sheet screen.

~~Foster Care~~

~~Reference No~~	~~Task No~~	~~Description~~
~~143~~	~~Core Bugs # 128721~~	~~FC Referrals: Error with Foster Care referrals~~
~~144~~	~~Core Bugs # 128845~~	~~Referrals: Saved Referral Not Showing on List Page before Client ID is created~~
~~145~~	~~Core Bugs # 129008~~	~~FC Referrals: Foster Care School - Name issue in the Referrals and Client Information (c) Screen.~~
~~146~~	~~Core Bugs # 128526~~	~~New icon is not working in Placement History details screen~~
~~147~~	~~Core Bugs # 128849~~	~~New version of documents created on Save of Foster Care Referral other than Foster Referral Document.~~
~~148~~	~~Core Bugs # 128871~~	~~Placement Details Pop Up - License Type Dropdown: Unable to See All Options~~
~~149~~	~~Core Bugs # 129066~~	~~Issue in Referral List and Detail pages~~
~~150~~	~~EII # 128180~~	~~Client pop-up modifications for 'Family' Type of Client.~~
~~151~~	~~EII # 128190~~	~~Placement Rates: Implementation of new 'Client Age Group' dropdown & Created Add-On Code services once Completes the service that has been created.~~

~~**Author:** Shivakanth Moger~~

~~143. Core Bugs # 128721: FC Referrals: Error with Foster Care referrals~~

~~**Release Type:** Fix | **Priority:** Medium~~

~~**Navigation Path:** Log in to SmartCare application – Client Search - Referrals (My Office) – 'Referrals' list page.~~

~~**Functionality 'Before' and 'After' release:**~~

~~Before this release, here was the behaviour. The below-mentioned issues were found in the 'Referrals' list page:~~

1. ~~When the user clicked on the referral 'ID' hyperlink text in the Referrals list page, the 'Object reference not set to an instance of an object.' error was getting displayed.~~

2. ~~When the user clicked on the 'New' Icon in the Referrals list page, the 'Index was outside the bounds of the array.' error was getting displayed.~~

~~With this release, the above-mentioned issue has been resolved. Now,~~

1. ~~When the user clicks on the referral 'ID' hyperlink text in the Referrals list page, error is not displaying and Referral Details screen is opened.~~

2. ~~When the user clicks on the 'New' Icon in the Referrals list page, Referrals Details screen is displaying without any error message.~~

~~**Author:** Shivakanth Moger~~

~~144. Core Bugs # 128845: Referrals: Saved Referral Not Showing on List Page before Client ID is created~~

~~**Release Type:** Fix **|** **Priority:** Medium~~

~~**Navigation Path:** Go search -- 'Referrals (My Office)' -- Referrals list page -- 'New' -- 'Referrals' Detail page.~~

~~**Functionality 'Before' and 'After' release:**~~

~~Before this release, here was the behaviour. When the user created a Foster Child without linking the ClientID in the referral Detail screen and clicked on the save button, the entries were not showing in the Referrals list page.~~

~~With this release, the above-mentioned issue has been resolved. Now, without adding ClientID in the Referrals Detail screen and clicking on the save button, the entries are getting displayed in the Referrals list page.~~

~~**Author:** Shivakanth Moger~~

~~145. Core Bugs # 129008: FC Referrals: Foster Care School - Name issue in the Referrals and Client Information (c) Screen.~~

~~**Release Type:** Fix | **Priority:** Medium~~

~~**Navigation Path 1:** 'Client' -- 'Client Information (c)' screen – 'Foster Care' tab – 'Educational Needs' section.~~

~~**Navigation Path 2:** Log in to the application – 'Referrals' – 'Referrals' list page – New/click on any ID hyperlink text – 'Referrals' Detail page – 'Child(ren)' section.~~

~~**Functionality 'Before' and 'After' release:**~~

~~Before this release, here was the behaviour. The below mentioned issues were observed in Referrals and Client Information (c) Screen.~~

~~1. In the 'Referrals' Detail page, under the 'Child(ren)' section, the 'School Name' drop-down was showing the Last Name and First Name (Last Name, First Name) from the Frequent Contact Detail screen.~~

~~2. In the Client Information(C), under the Foster Care tab, the 'School Name' drop-down was showing the Last Name and First Name (Last Name, First Name) from the Frequent Contact Detail screen.~~

~~With this release, the above-mentioned issues are resolved. Now, the logic is modified to display the 'List As' from the Frequent Contact Detail screen, to the 'School Name' drop in the 'Referrals' Detail and Client Information(C) screens.~~

~~**Author:** Abhishek Naik~~

~~146. Core Bugs # 128526: New icon is not working in Placement History details screen.~~

~~**Release Type:** Fix **|** **Priority:** Medium~~

~~**Navigation Path:** 'Client' -- Go Search 'Client Placement History' -- 'Client Placement History' list page -- Click on the 'New' icon from the list page – Fill all required details and Save – Again Click on the 'New' button from the detail page.~~

~~**Functionality 'Before' and 'After' release:**~~

~~Before This release, here was the behaviour. When the user created a Client Placement History and saved and again clicked on the 'New' button, the new button was not functional on the 'Client Placement History' Detail page.~~

~~With this Release, the above mentioned issue has been resolved. Now, the 'New' button is working in the 'Client Placement History' page in the above condition.~~

~~**Author:** Abhishek Naik~~

~~147: Core Bugs # 128849: New version of documents created on Save of Foster Care Referral other than Foster Referral Document.~~

~~**Release Type:** Fix | **Priority:** Medium~~

~~**Navigation Path:** 'My Office' -- 'Referrals' list page -- Click on 'New' icon – Fill all details and 'Save' the Referral.~~

~~**Functionality 'Before' and 'After' release:**~~

~~Before this release, here was the behaviour. New versions of the documents other than Foster Referral Document, were created for Clients on saving the referrals.~~

~~With this release, the above-mentioned issue has been resolved. Now, new versions of only the Foster Referral documents are created for clients on saving the referrals.~~

~~**Author:** Lakshmi Kumarappan~~

~~148. Core Bugs # 128871: Placement Details Pop Up - License Type Dropdown: Unable to See All Option.~~

~~**Release Type:** Fix | **Priority:** High~~

~~**Navigation Path:** Go search-Referrals (My Office)-Click On New-Enter all the required information under Referrals tab- Click on Placement details.-Verify the License Type drop down.~~

~~**Functionality 'Before' and 'After' release:**~~

~~Before this release, here was the behaviour. Unable to see all dropdown options or the full scroll bar in the Licence drop down under the Placement details pop-up in the Referral detail screen.~~

~~With this release, the above-mentioned issue has been resolved. Now, the horizontal and vertical scroll bar is added to see all the options in the Licence drop down under the Placement details pop-up in the Referral detail screen.~~

~~**Author:** Lakshmi Kumarappan~~

~~149. Core Bugs # 129066: Issue in Referral List and Detail pages.~~

~~**Release Type:** Fix | **Priority:** Medium~~

~~**Navigation Path:** 'Go' search – 'Referral (My office)'.~~

~~**Functionality 'Before' and 'After' release:**~~

~~Before this release, here was the behavior. The below issues were encountered in Referral List and Detail pages:~~

1. ~~In the Referral List screen, inactive global codes appeared.~~
2. ~~On the Referral Detail screen, after saving changes, partial data was reflected in the Referral List page.~~
3. ~~In Biological Family popup, after deleting the Relation and Saved the data and closed the popup, Add Relation hyperlink was not working.~~

~~With this release, the above-mentioned issue has been resolved. Now,~~

1. ~~In the Referral List screen, inactive global codes are not displayed.~~
2. ~~On the Referral Detail screen, after saving changes, all the entered data are displayed in the Referral List page.~~
3. ~~In Biological Family popup, after deleting the Relation and Saving the data and closing the popup, Add Relation hyperlink is working.~~

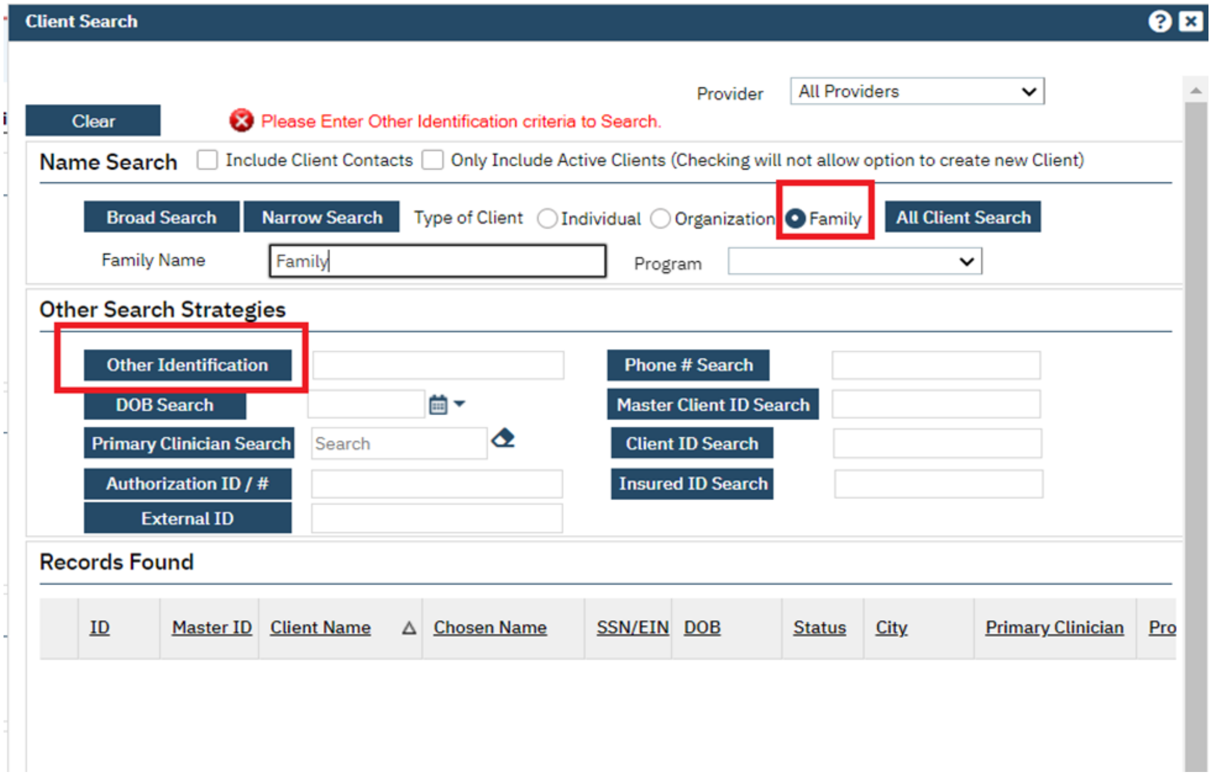
~~**Author:** Abhishek Naik~~

~~150. EII # 128180: Client pop-up modifications for 'Family' Type of Client.~~

~~**Release Type:** Change | **Priority:** Urgent~~

~~**Navigation Path:** Client Search Pop-up -- Select 'Family' Type of Client.~~
~~**Functionality 'Before' and 'After' Release:**~~
~~With this release, the following changes have been implemented for the 'Family' Type of Client in the Client Search pop-up.~~

1. ~~EIN search is removed from the Client search pop-up for 'Family' Type of Client.~~
2. ~~'Other Identification' field is made mandatory for creating a 'Family' Type of Client. The validation message 'Please Enter Other Identification criteria to Search.' will be displayed on click of 'Other Identification' button.~~
3. ~~'Other Identification' button has been repositioned to the top, replacing the EIN search field.~~



Provider: All Providers

Please Enter Other Identification criteria to Search.

Type of Client: ○ Individual ○ Organization ● Family

Family Name: Family

~~**Author:** Yashas Kydalappa~~

~~151. EII # 128190: Placement Rates: Implementation of new 'Client Age Group' dropdown & Created Add-On Code services once Completes the service that has been created.~~

~~**Release Type:** Change | **Priority:** Urgent~~

~~**Prerequisites:**~~

~~1. The program is enrolled to the client under the 'Program Assignment Details' screen.~~

~~2. Location ID is mapped to the 'FCLocationForServices' recode.~~

~~**Note:** Only one location ID should be effective under a recode. If not, the job won't create a placement rate service.~~

~~3. Client Placement history is created under the 'Placement History Details' screen through the below **path:**~~

~~'My Office' -- 'Foster Care' -- 'Placements' -- 'Placement History Details' screen.~~

~~4. Automatic Add on Codes are created with client age group through the **Path:**~~

~~'Administration' -- 'Billing Codes' -- 'Automatic Add On codes' -- 'Automatic Add on codes' list page – click on the 'New' button– 'Automatic Add on code Detail' screen.~~

~~**Navigation Path:** 'My Office' – 'Services' – 'Services' list page – Select the service – 'Service Details' screen – 'Add on codes' tab.~~

~~**Functionality 'Before' and 'After' release:**~~

~~**Purpose:** To create placement services and bill, then convert to claims based on the placement record.~~

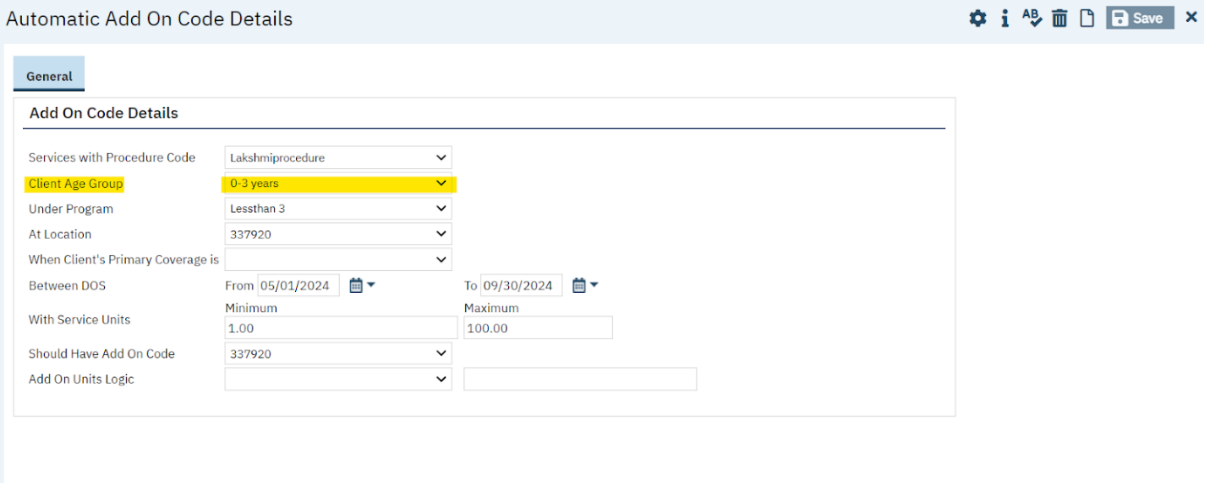
~~With the release, the following changes have been implemented:~~

~~A new 'FCLocationForServices' recode category is implemented.~~

~~1. '**Automatic Add On Code Details' screen:**~~

~~**'Add On Codes' section:**~~

- ~~The new 'Client Age Group' dropdown has been implemented under the 'Automatic Add On Code Details' screen.~~

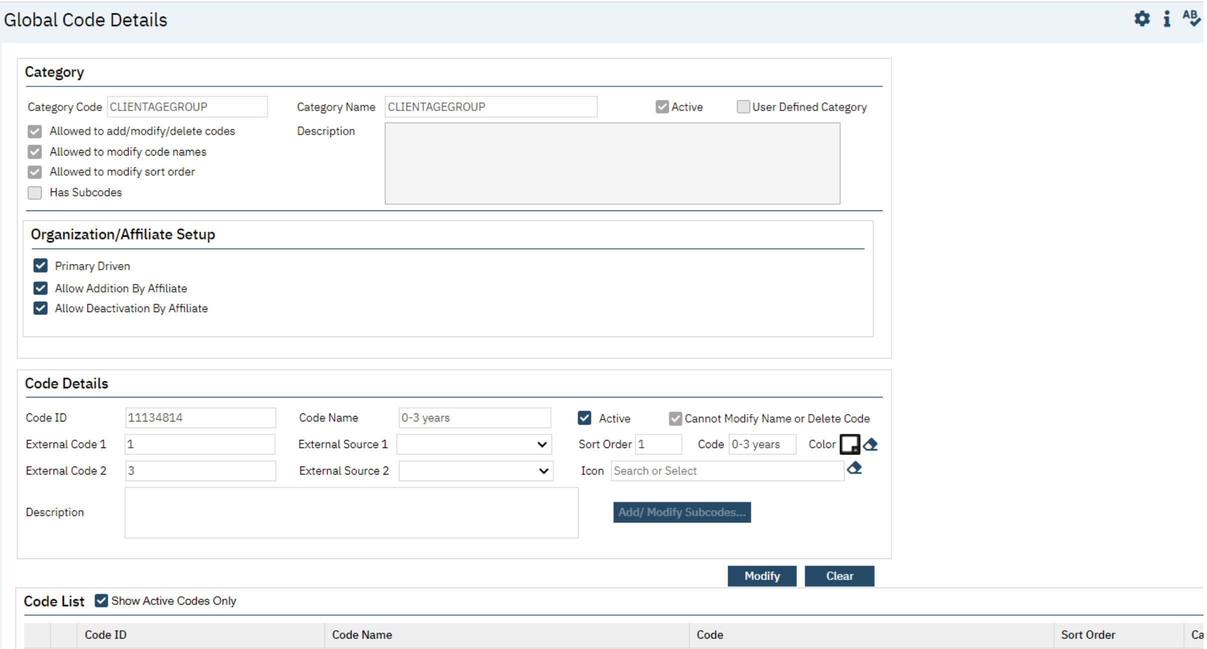


Automatic Add On Code Details

Add On Code Details

Services with Procedure Code: Lakshmiprocedure
Client Age Group: 0-3 years
Under Program: Lessthan 3
At Location: 337920
When Client's Primary Coverage is:
Between DOS: From 05/01/2024 To 09/30/2024
With Service Units: Minimum 1.00 Maximum 100.00
Should Have Add On Code: 337920
Add On Units Logic:

- ~~The Initiation for the 'Client Age Group' dropdown values is from the globalcode category 'CLIENTAGEGROUP'.~~



Global Code Details

Category

Category Code: CLIENTAGEGROUP

Category Name: CLIENTAGEGROUP

☑ Active

☐ User Defined Category

☑ Allowed to add/modify/delete codes

☑ Allowed to modify code names

☑ Allowed to modify sort order

☐ Has Subcodes

Description:

Organization/Affiliate Setup

☑ Primary Driven

☑ Allow Addition By Affiliate

☑ Allow Deactivation By Affiliate

Code Details

Code ID: 11134814

Code Name: 0-3 years

☑ Active

☑ Cannot Modify Name or Delete Code

External Code 1: 1

External Source 1:

Sort Order: 1

Code: 0-3 years

Color

External Code 2: 3

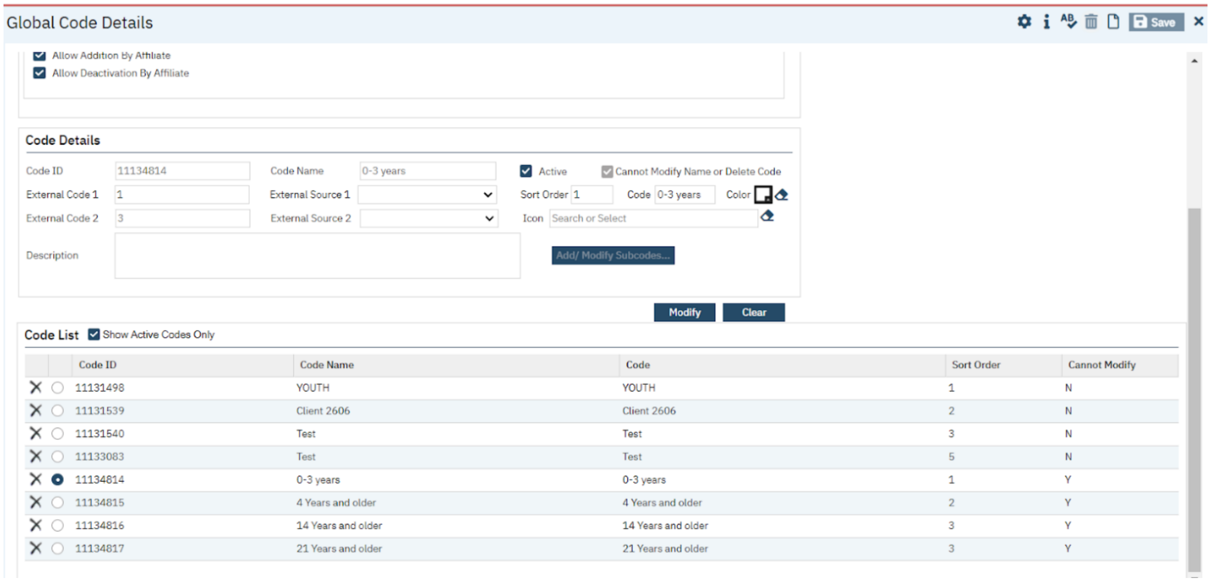
External Source 2:

Icon: Search or Select

Description:

Code List ☑ Show Active Codes Only

	Code ID	Code Name	Code	Sort Order	Ca



Global Code Details

☑ Allow Addition By Affiliate

☑ Allow Deactivation By Affiliate

Code Details

Code ID: 11134814

Code Name: 0-3 years

☑ Active

☑ Cannot Modify Name or Delete Code

External Code 1: 1

External Source 1:

Sort Order: 1

Code: 0-3 years

Color

External Code 2: 3

External Source 2:

Icon: Search or Select

Description:

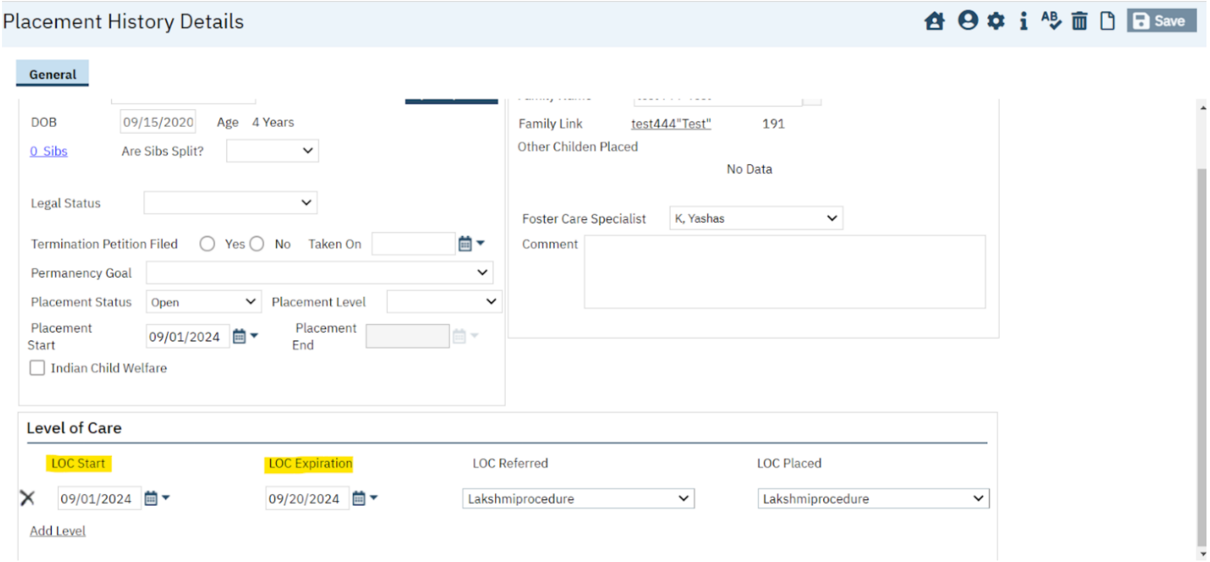
Code List ☑ Show Active Codes Only

		Code ID	Code Name	Code	Sort Order	Cannot Modify
✕	○	11131498	YOUTH	YOUTH	1	N
✕	○	11131539	Client 2606	Client 2606	2	N
✕	○	11131540	Test	Test	3	N
✕	○	11133083	Test	Test	5	N
✕	●	11134814	0-3 years	0-3 years	1	Y
✕	○	11134815	4 Years and older	4 Years and older	2	Y
✕	○	11134816	14 Years and older	14 Years and older	3	Y
✕	○	11134817	21 Years and older	21 Years and older	3	Y

~~2. Foster Care Placement Rate Services job~~

~~The below job has been implemented to create services based on the location ID(Refer Prerequisite 2) which has mapped to the ‘FCLocationForServices’ recode category and Client Placement Histories ‘LOC Start’ date and ‘LOC Expiration’ date.~~

~~Job: Exec ssp_Job_FosterCarePlacementRateServices~~



DOB 09/15/2020 Age 4 Years
0 Sibs Are Sibs Split?
Legal Status
Termination Petition Filed ○ Yes ○ No Taken On
Permanency Goal
Placement Status Open Placement Level
Placement Start 09/01/2024 Placement End
☐ Indian Child Welfare

Family Link test444"Test" 191
Other Childen Placed
No Data
Foster Care Specialist K, Yashas
Comment

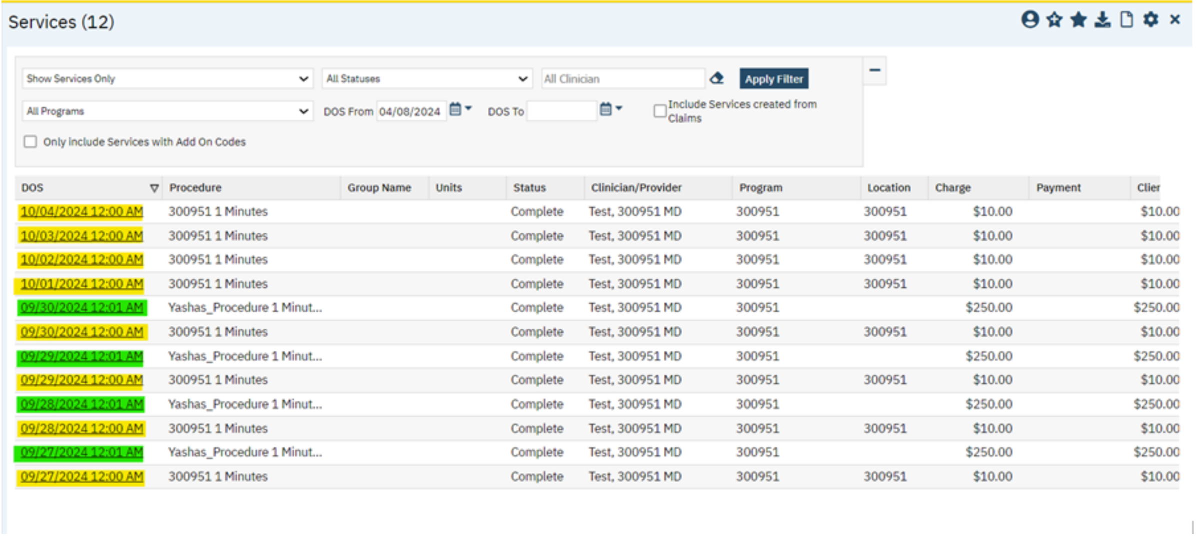
Level of Care

LOC Start	LOC Expiration	LOC Referred	LOC Placed
09/01/2024	09/20/2024	Lakshmiprocedure	Lakshmiprocedure

~~3. Add On Code services.~~

- ~~The Add-On Code services will be created once Completes the service that has been created from the job (Exec ssp_Job_FosterCarePlacementRateServices).~~
- ~~If the Client's age is 0-3 years and 0-3 years values have been configured under the 'Automatic Add-On Codes,' then when the client turns 4 years old, the 'Automatic Add-On Code' service won't get created.~~
- ~~In the below example, the client's age turns 4 on October 1st. Starting from that day, the "Automatic Add On Code" service will no longer be generated once complete the placement rate service.~~

~~**Note:** In the below screenshot, the yellow highlighted services are created from the Placement Rate service and the Green Highlighted services are 'Automatic Add On Code services'.~~



Show Services Only
All Statuses
All Clinician
All Programs DOS From 04/08/2024 DOS To
☐ Include Services created from Claims
☐ Only include Services with Add On Codes

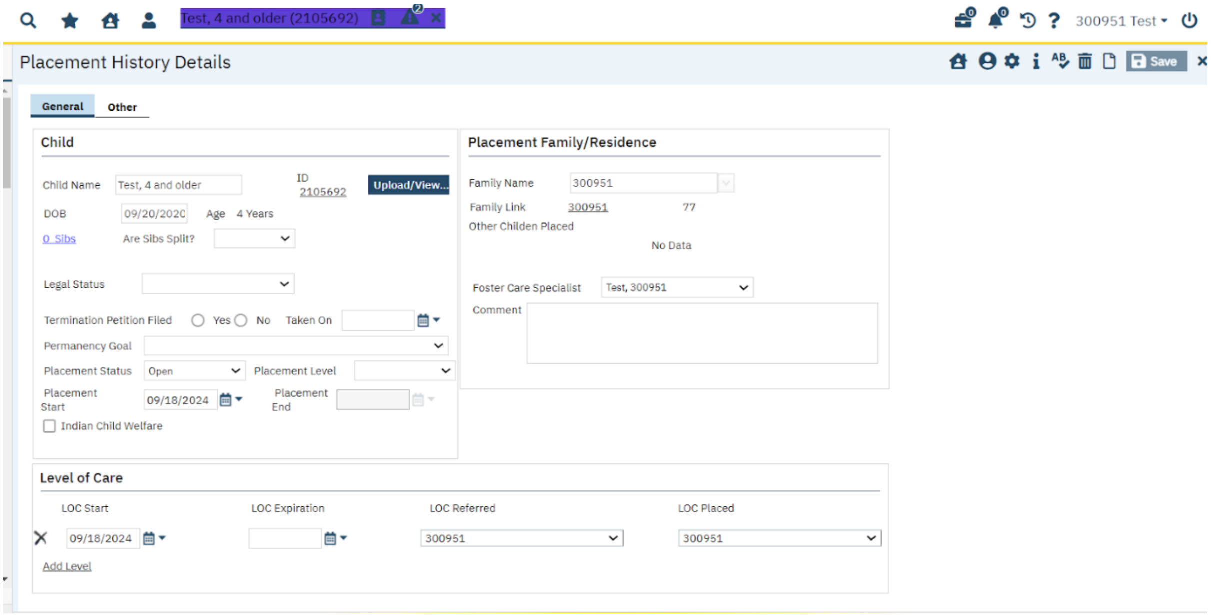
DOS	Procedure	Group Name	Units	Status	Clinician/Provider	Program	Location	Charge	Payment	Clier
10/04/2024 12:00 AM	300951 1 Minutes			Complete	Test, 300951 MD	300951	300951	$10.00		$10.00
10/03/2024 12:00 AM	300951 1 Minutes			Complete	Test, 300951 MD	300951	300951	$10.00		$10.00
10/02/2024 12:00 AM	300951 1 Minutes			Complete	Test, 300951 MD	300951	300951	$10.00		$10.00
10/01/2024 12:00 AM	300951 1 Minutes			Complete	Test, 300951 MD	300951	300951	$10.00		$10.00
09/30/2024 12:01 AM	Yashas_Procedure 1 Minut...			Complete	Test, 300951 MD	300951		$250.00		$250.00
09/30/2024 12:00 AM	300951 1 Minutes			Complete	Test, 300951 MD	300951	300951	$10.00		$10.00
09/29/2024 12:01 AM	Yashas_Procedure 1 Minut...			Complete	Test, 300951 MD	300951		$250.00		$250.00
09/29/2024 12:00 AM	300951 1 Minutes			Complete	Test, 300951 MD	300951	300951	$10.00		$10.00
09/28/2024 12:01 AM	Yashas_Procedure 1 Minut...			Complete	Test, 300951 MD	300951		$250.00		$250.00
09/28/2024 12:00 AM	300951 1 Minutes			Complete	Test, 300951 MD	300951	300951	$10.00		$10.00
09/27/2024 12:01 AM	Yashas_Procedure 1 Minut...			Complete	Test, 300951 MD	300951		$250.00		$250.00
09/27/2024 12:00 AM	300951 1 Minutes			Complete	Test, 300951 MD	300951	300951	$10.00		$10.00

~~4. Placement Rates.~~

~~4a. Client Placement history with No end date.~~

~~If the Placement History has been created for the client without an End date, then when the job runs the Placement rate services will be created everyday.~~

~~**(4a) screenshot:**~~



Placement History Details

Child

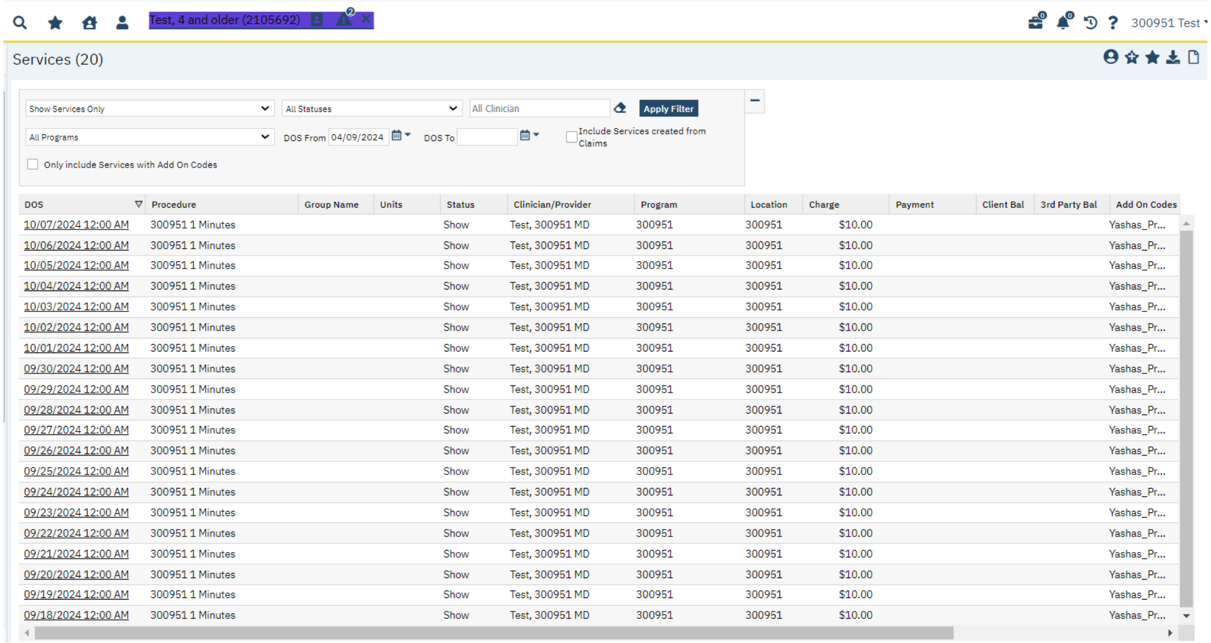
Child Name: Test, 4 and older
ID: 2105692
DOB: 09/20/2020
Age: 4 Years
0 Sibs
Are Sibs Split?:
Legal Status:
Termination Petition Filed: ○ Yes ○ No
Taken On:
Permanency Goal:
Placement Status: Open
Placement Level:
Placement Start: 09/18/2024
Placement End:
☐ Indian Child Welfare

Placement Family/Residence

Family Name: 300951
Family Link: 300951 77
Other Childen Placed
No Data
Foster Care Specialist: Test, 300951
Comment:

Level of Care

LOC Start	LOC Expiration	LOC Referred	LOC Placed
09/18/2024		300951	300951



Services (20)

Show Services Only
All Statuses
All Clinician
All Programs
DOS From 04/09/2024
DOS To
☐ Include Services created from Claims
☐ Only include Services with Add On Codes

DOS	Procedure	Group Name	Units	Status	Clinician/Provider	Program	Location	Charge	Payment	Client Bal	3rd Party Bal	Add On Codes
10/07/2024 12:00 AM	300951 1 Minutes			Show	Test, 300951 MD	300951	300951	$10.00				Yashas_Pr...
10/06/2024 12:00 AM	300951 1 Minutes			Show	Test, 300951 MD	300951	300951	$10.00				Yashas_Pr...
10/05/2024 12:00 AM	300951 1 Minutes			Show	Test, 300951 MD	300951	300951	$10.00				Yashas_Pr...
10/04/2024 12:00 AM	300951 1 Minutes			Show	Test, 300951 MD	300951	300951	$10.00				Yashas_Pr...
10/03/2024 12:00 AM	300951 1 Minutes			Show	Test, 300951 MD	300951	300951	$10.00				Yashas_Pr...
10/02/2024 12:00 AM	300951 1 Minutes			Show	Test, 300951 MD	300951	300951	$10.00				Yashas_Pr...
10/01/2024 12:00 AM	300951 1 Minutes			Show	Test, 300951 MD	300951	300951	$10.00				Yashas_Pr...
09/30/2024 12:00 AM	300951 1 Minutes			Show	Test, 300951 MD	300951	300951	$10.00				Yashas_Pr...
09/29/2024 12:00 AM	300951 1 Minutes			Show	Test, 300951 MD	300951	300951	$10.00				Yashas_Pr...
09/28/2024 12:00 AM	300951 1 Minutes			Show	Test, 300951 MD	300951	300951	$10.00				Yashas_Pr...
09/27/2024 12:00 AM	300951 1 Minutes			Show	Test, 300951 MD	300951	300951	$10.00				Yashas_Pr...
09/26/2024 12:00 AM	300951 1 Minutes			Show	Test, 300951 MD	300951	300951	$10.00				Yashas_Pr...
09/25/2024 12:00 AM	300951 1 Minutes			Show	Test, 300951 MD	300951	300951	$10.00				Yashas_Pr...
09/24/2024 12:00 AM	300951 1 Minutes			Show	Test, 300951 MD	300951	300951	$10.00				Yashas_Pr...
09/23/2024 12:00 AM	300951 1 Minutes			Show	Test, 300951 MD	300951	300951	$10.00				Yashas_Pr...
09/22/2024 12:00 AM	300951 1 Minutes			Show	Test, 300951 MD	300951	300951	$10.00				Yashas_Pr...
09/21/2024 12:00 AM	300951 1 Minutes			Show	Test, 300951 MD	300951	300951	$10.00				Yashas_Pr...
09/20/2024 12:00 AM	300951 1 Minutes			Show	Test, 300951 MD	300951	300951	$10.00				Yashas_Pr...
09/19/2024 12:00 AM	300951 1 Minutes			Show	Test, 300951 MD	300951	300951	$10.00				Yashas_Pr...
09/18/2024 12:00 AM	300951 1 Minutes			Show	Test, 300951 MD	300951	300951	$10.00				Yashas_Pr...

~~4b. Initially Client Placed on placement rates and later on discharged.~~

- ~~When the client has been placed to the placement rates and then discharged, in this case, the placement rate service will be created till the 'Discharge Date'.~~

- ~~Eg: If the client placement is created on 1st January(LOC Start) and discharged on 10th January(LOC Expiration), then services are no longer created after 10th January.~~

~~4c. The Discharge Date has been retroactively changed to the Prior date.~~

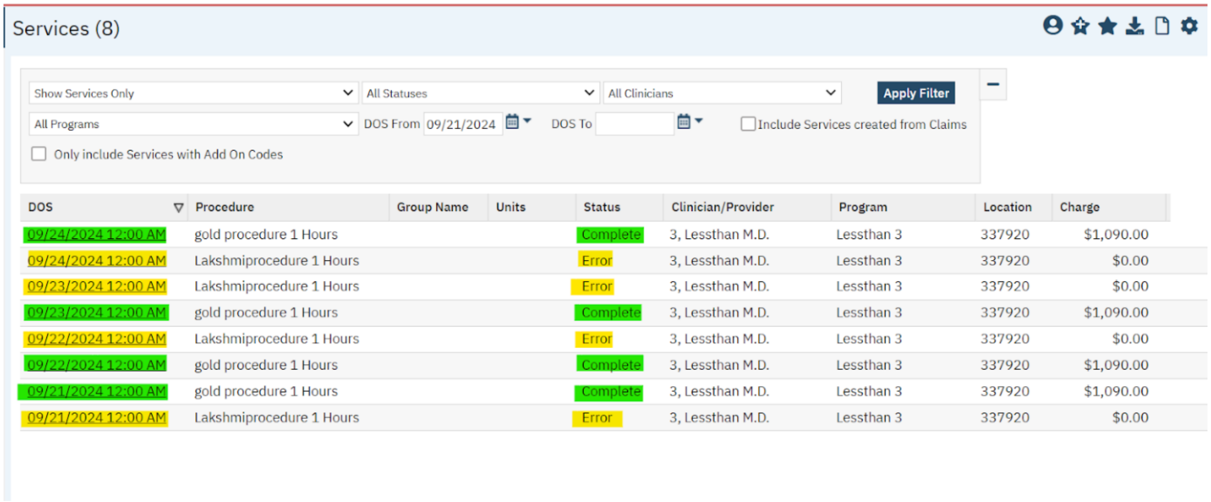
- ~~When the client has been placed to the placement rates initially without out 'End Date', the job will create the service on a daily basis, and then the client will be discharged from placements retro actively. Once the Placement rate job runs the services which are created after the discharge date will be errored out.~~

  ~~**Example:** The client initially placed to placement history on January 1st without an End Date, then the job will create services on a daily basis. On 10th January, the user retroactively set the end date of placement record to 5th of January. When the job runs again, the services which are created after 5th January, those services will be changed to errored service.~~

~~4d. Client Level of Care has changed retroactively.~~

- ~~When the client has placed to the placement history initially with a Level of care, the job will create the service on a daily basis, then retroactively change the 'LOC Placed' dropdown option in the 'Level Of Care' under the client placement history. When the job runs again, the services were created for the previous procedure of LOC will turn out to be errored and a new service will be created for a new level of care procedures.~~

  ~~**Example** -Initially, the client placed to the placement history with a level of care from 21 September 2024, then on 24th September, the LOC was changed. The services that have been created from 21st September with the previous LOC procedure will turned into error and new services will be created based on the new LOC procedure from 21st September**. Refer to the below screenshot.**~~



DOS From 09/21/2024

DOS To

DOS	Procedure	Group Name	Units	Status	Clinician/Provider	Program	Location	Charge
09/24/2024 12:00 AM	gold procedure 1 Hours			Complete	3, Lessthan M.D.	Lessthan 3	337920	$1,090.00
09/24/2024 12:00 AM	Lakshmiprocedure 1 Hours			Error	3, Lessthan M.D.	Lessthan 3	337920	$0.00
09/23/2024 12:00 AM	Lakshmiprocedure 1 Hours			Error	3, Lessthan M.D.	Lessthan 3	337920	$0.00
09/23/2024 12:00 AM	gold procedure 1 Hours			Complete	3, Lessthan M.D.	Lessthan 3	337920	$1,090.00
09/22/2024 12:00 AM	Lakshmiprocedure 1 Hours			Error	3, Lessthan M.D.	Lessthan 3	337920	$0.00
09/22/2024 12:00 AM	gold procedure 1 Hours			Complete	3, Lessthan M.D.	Lessthan 3	337920	$1,090.00
09/21/2024 12:00 AM	gold procedure 1 Hours			Complete	3, Lessthan M.D.	Lessthan 3	337920	$1,090.00
09/21/2024 12:00 AM	Lakshmiprocedure 1 Hours			Error	3, Lessthan M.D.	Lessthan 3	337920	$0.00

~~**Note:** In the above screenshot, the yellow highlighted services are errored ones.~~

~~**Data Model Changes:** Added a new column 'ClientAgeGroup' in the 'AutomaticAddOnCodeConfigurations' table.~~

Grievances/Appeals

Reference No	Task No	Description
152	Core Bugs # 128627	Error in Grievance form

Author: Kiran Yogendra

152. Core Bugs # 128627: Error in Grievance form.

Release Type: Fix **| Priority:** High

Navigation Path: Go Search – 'Grievance/Appeals (My Office)' – Grievances list page – Click on any entry (Date hyperlink) – Check if the Unsaved Changes count increases (without any changes).

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When a user tried to navigate to the Grievance Details page from the list page, the Unsaved Changes count was getting increased as and when the user lands on to the details page without any modifications.

With this release, the above-mentioned issue has been resolved. Now the Unsaved Changes count is not increased when the user navigates to the Grievance Details page from the list page. The count is increased only when the user modifies something on the Details page.

Group Services

Reference No	Task No	Description
153	Core Bugs # 128899	Group Service was not being created for clients with notes longer than 100 characters.
154	EII # 126804	Group service detail: The Clients listed in the group can Print/Download in the PDF format when clicking on Show service report icon.
155	EII # 125173	Group Service Details - Show only client whose consent is signed to share their information
156	EII # 126312	Group Service Details - Add scroll bar to Clients list instead of left and right navigation buttons

157	EII # 128587	Staff Access Rule changes – Applied to Co-Signer dropdown in the Group Service detail screen
158	Core Bugs # 129286	Group Notes: Not able to create a Recurring Attendance group.
159	Core Bugs # 129252	The 'Time of Service' for the staff is defaulting to 12 AM when there is no client in the group.

Author: Niroop Hassan

153. Core Bugs # 128899: Group Service was not being created for clients with notes longer than 100 characters

Release Type: Fix | **Priority:** High

Prerequisite: Client has more than 100 characters in the 'ClientNote'.

Navigation Path: 'My Office' – 'Groups' - 'Groups' list page – Click on 'New' icon – 'Group Details' page – Enter required data and select 'Attendance' checkbox in 'Attendance' section – Click on 'Save' icon - Click on 'Schedule' button in Attendance' section – 'Attendance Assignment' page – Select the required date and click on 'Apply Filter' button – Select the required 'Staff', 'Start Time', 'End Time' and select required client whose Client Note is more than 100 characters and click on 'Save' icon.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When a client note exceeded 100 characters and the 'Save' icon was clicked on the 'Attendance Assignment' page, the Group Service was not being created for such clients.

With this release, the above-mentioned issue has been resolved. Now the Group Service is created regardless of the size of the client note.

Author: Suganya Sivakumar

154. EII # 126804: Group service detail: The Clients listed in the group can Print/Download in the PDF format when clicking on Show service report icon.

Release Type: Change | **Priority:** Urgent

Navigation Path 1: My office-Groups- Groups List page- Click on New Icon- Group Detail page -Mode of Delivery dropdown field -Enter all the required fields-Click on Save button -Navigate to Schedule tab- Click on New Group Service button-Group Service Clients popup -Select Date of Service and Clients - Click on Select button.

Navigation Path 2: Navigate to Group Service Detail Screen- Enter all the required fields in the Service Tab - Click on Save Button - Click on Show Service Report Icon in Clients Section- Print Service Report Popup displays

-Navigate to Note tab -Under Client Note enter some values - Click on Save Button.

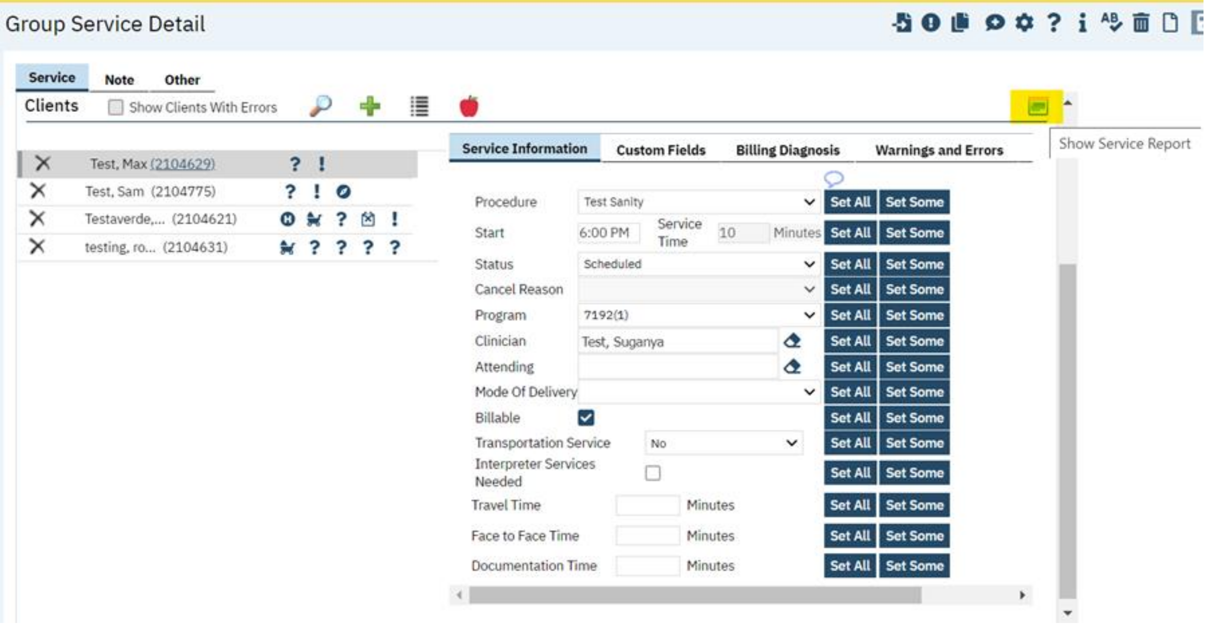
Functionality 'Before' and 'After' release:

Purpose: Currently, Group Service Client Popup doesn't have the ability to print the details. To provide auditors with a copy of group rosters which has the Client service report for audit purpose, the SmartCare need print option in the pop up. With this, the Staffs can download or print the Service report from the Group Service Client Popup.

With this release, the following changes are added in the Group service detail screen.

1. In the Group Service detail screen, when clicking on the "Show Service Report" icon under the Client Section, the Group Service client popup will be displayed in PDF format.

2. The Clients listed in the group can be printed or downloaded in the PDF format.



Group Service Detail

Clients:
- Test, Max (2104629)
- Test, Sam (2104775)
- Testaverde,... (2104621)
- testing, ro... (2104631)

Procedure: Test Sanity

Start: 6:00 PM Service Time: 10 Minutes

Status: Scheduled

Cancel Reason:

Program: 7192(1)

Clinician: Test, Suganya

Attending:

Mode Of Delivery:

Billable: ☑

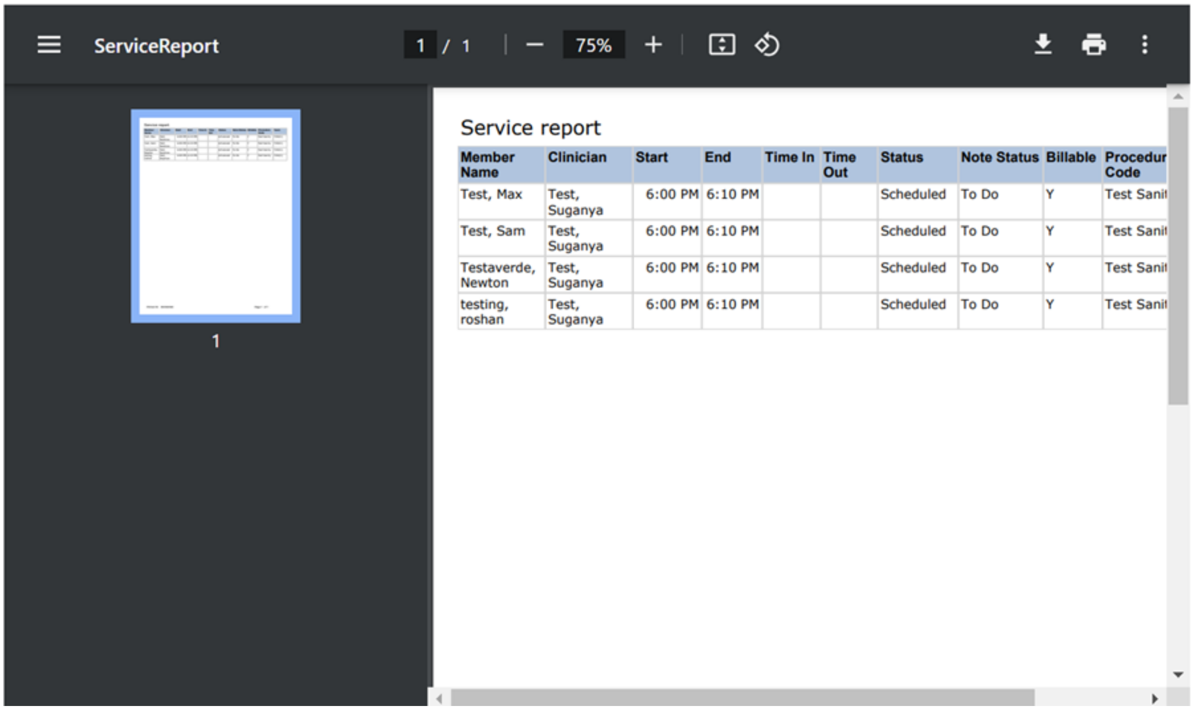
Transportation Service: No

Interpreter Services Needed: ☐

Travel Time: Minutes

Face to Face Time: Minutes

Documentation Time: Minutes



Service report

Member Name	Clinician	Start	End	Time In	Time Out	Status	Note Status	Billable	Procedur Code
Test, Max	Test, Suganya	6:00 PM	6:10 PM			Scheduled	To Do	Y	Test Sanit
Test, Sam	Test, Suganya	6:00 PM	6:10 PM			Scheduled	To Do	Y	Test Sanit
Testaverde, Newton	Test, Suganya	6:00 PM	6:10 PM			Scheduled	To Do	Y	Test Sanit
testing, roshan	Test, Suganya	6:00 PM	6:10 PM			Scheduled	To Do	Y	Test Sanit

.

Author: Suganya Sivakumar

155. EII # 125173: Group Service Details - Show only client whose consent is signed to share their information.

Note: This functionality is implemented for a specific customer. If you have Primary and County type of setup and would like to use these functionalities, please get in touch with Streamline Support.

Release Type: Change | **Priority:** On Fire

Prerequisite:
1. System configuration key "DisplayCDAGSectionInStaffDetails" is set to be 'Yes'.
2. System configuration key "EnableClinicalDataAccessGrouping" is set to be 'Yes'.

Navigation Path 1: My office --- Groups --- Groups List page --- Click on New Icon --- Group Detail page --- Mode of Delivery dropdown field --- Enter all the required fields --- Click on Save button --- Navigate to Schedule tab --- Click on New Group Service button --- Group Service Clients popup --- Select Date of Service and Clients --- Click on Select button.

Navigation Path 2: Navigate to Group Service Detail Screen --- Enter all the required fields in the Service Tab --- Click on Save Button --- Navigate to Note tab --- Under Client Note enter some values --- Click on Save Button.

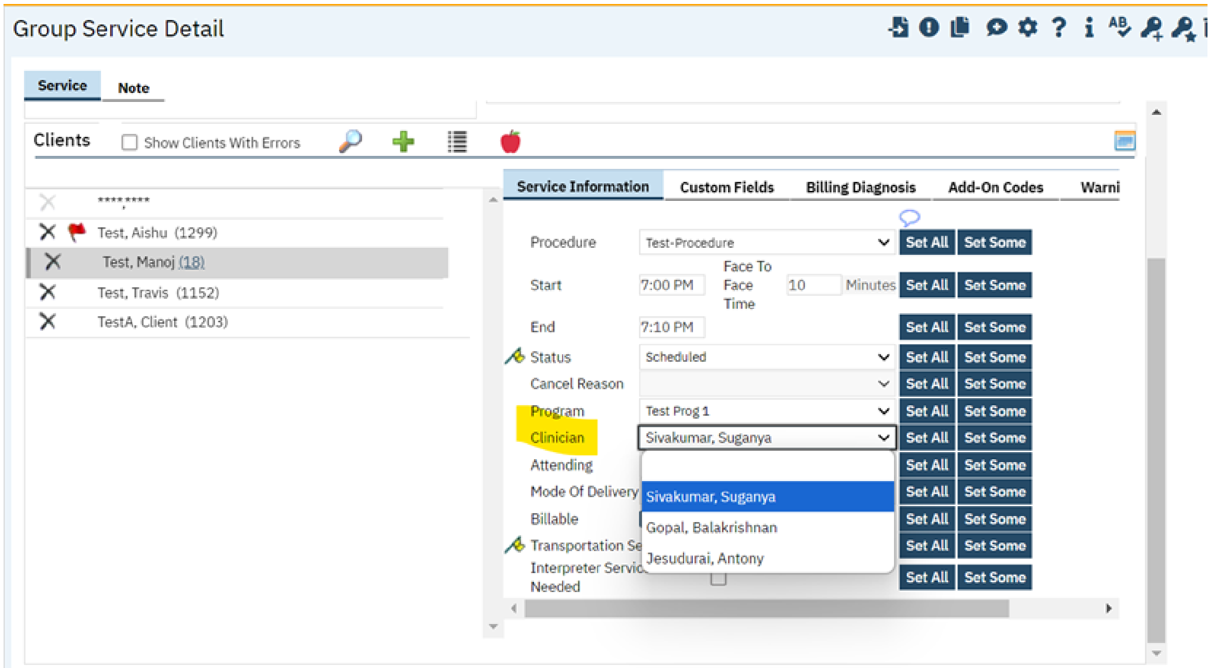
Functionality 'Before' and 'After' release:

Purpose: To show clients who have Consent Signed, in Group Service Details screen.

With this release, in the group service detail screen, the following changes have been implemented:

The **Clinician** field under the service information tab displays under 2 categories.

1.The clinicians list is displayed based on the selected program, i.e., only clinicians who have access to the selected service program are displayed via any of their CDAGs.



Group Service Detail

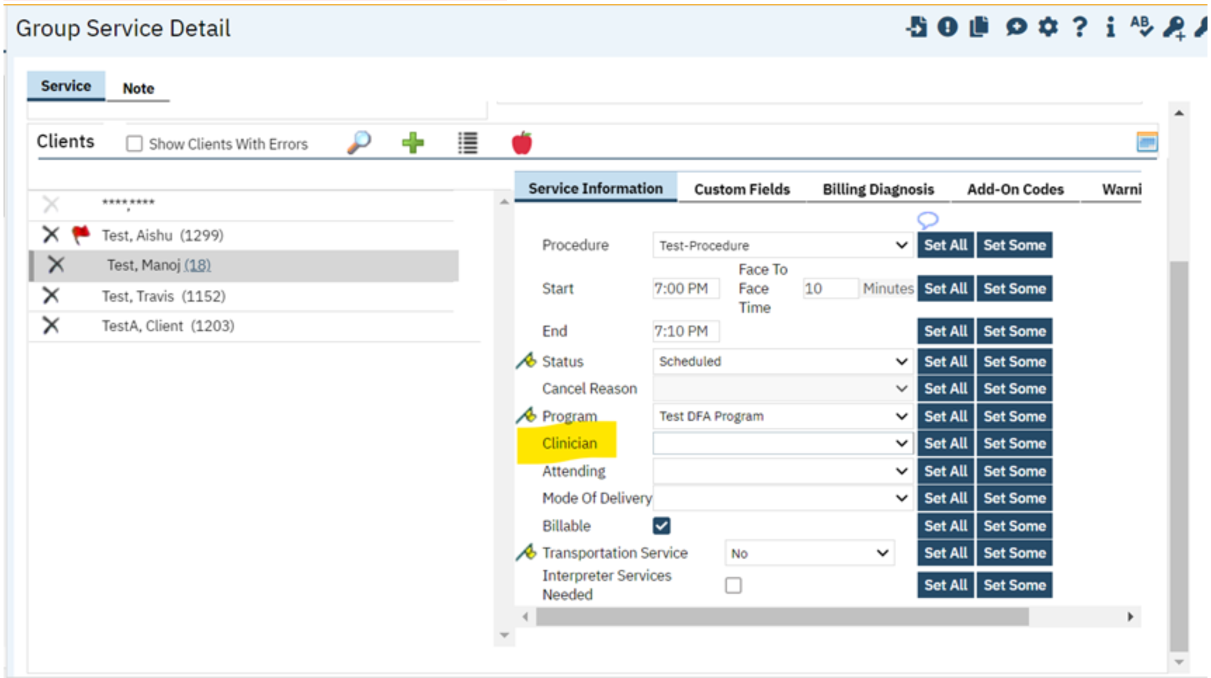
Clients ☐ Show Clients With Errors

****
Test, Aishu (1299)
Test, Manoj (18)
Test, Travis (1152)
TestA, Client (1203)

Service Information | Custom Fields | Billing Diagnosis | Add-On Codes | Warni

Procedure: Test-Procedure
Start: 7:00 PM Face To Face Time: 10 Minutes
End: 7:10 PM
Status: Scheduled
Cancel Reason:
Program: Test Prog 1
Clinician: Sivakumar, Suganya
Sivakumar, Suganya
Gopal, Balakrishnan
Jesudurai, Antony
Attending
Mode Of Delivery
Billable
Transportation Se
Interpreter Servic Needed ☐

2.If a Clinician is selected first and then a Program that they do not have access to (via any of their CDAGs) is selected, the Clinician field is cleared out.



Group Service Detail

Clients ☐ Show Clients With Errors

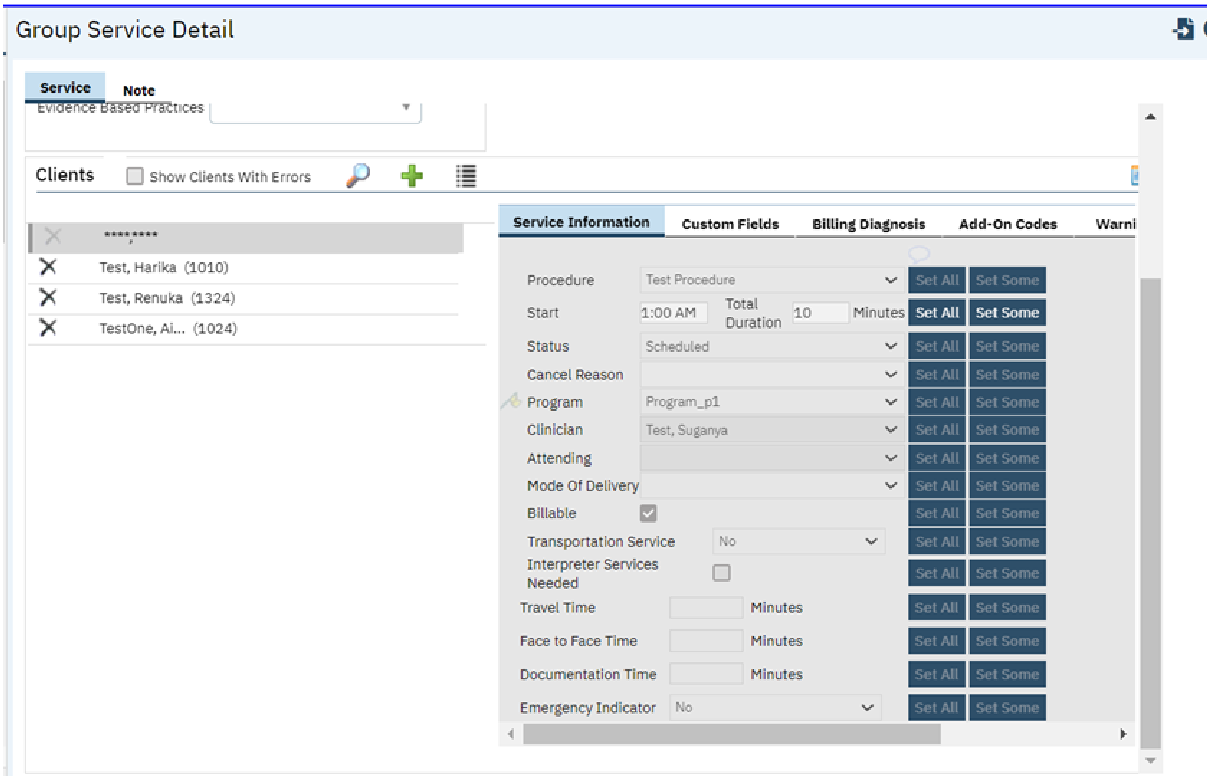
****
Test, Aishu (1299)
Test, Manoj (18)
Test, Travis (1152)
TestA, Client (1203)

Service Information | Custom Fields | Billing Diagnosis | Add-On Codes | Warni

Procedure: Test-Procedure
Start: 7:00 PM Face To Face Time: 10 Minutes
End: 7:10 PM
Status: Scheduled
Cancel Reason:
Program: Test DFA Program
Clinician:
Attending:
Mode Of Delivery:
Billable: ☑
Transportation Service: No
Interpreter Services Needed: ☐

In the List of Clients section:

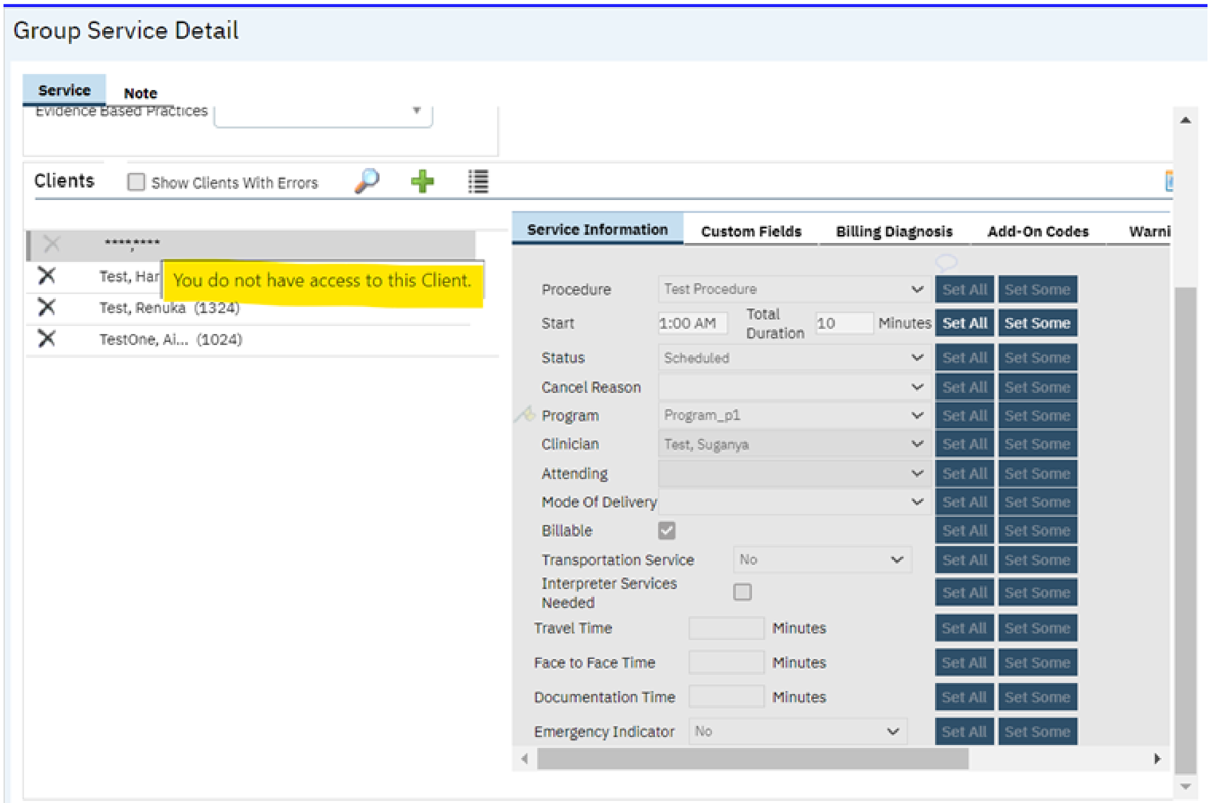
1. If the logged-in staff does not have access to a Program, that is on the Service Information of any Clients in the Group Services, and if someone changes the Program for a Client in a group at the Client level, then that Client name will be masked.



Clients:
- ********
- Test, Harika (1010)
- Test, Renuka (1324)
- TestOne, Al... (1024)

Procedure: Test Procedure
Start: 1:00 AM Total Duration: 10 Minutes
Status: Scheduled
Cancel Reason:
Program: Program_p1
Clinician: Test, Suganya
Attending:
Mode Of Delivery:
Billable: ☑
Transportation Service: No
Interpreter Services Needed: ☐
Travel Time: Minutes
Face to Face Time: Minutes
Documentation Time: Minutes
Emergency Indicator: No

2. The Client's name will be masked like this (****, ****). And on the mouse hover it displays the tooltip message like "You do not have access to this Client."



Group Service Detail

Evidence Based Practices

☐ Show Clients With Errors

****

Test, Har

You do not have access to this Client.

Test, Renuka (1324)

TestOne, Ai... (1024)

Procedure: Test Procedure

Start: 1:00 AM

Total Duration: 10 Minutes

Status: Scheduled

Cancel Reason:

Program: Program_p1

Clinician: Test, Suganya

Attending:

Mode Of Delivery:

Billable: ☑

Transportation Service: No

Interpreter Services Needed: ☐

Travel Time: Minutes

Face to Face Time: Minutes

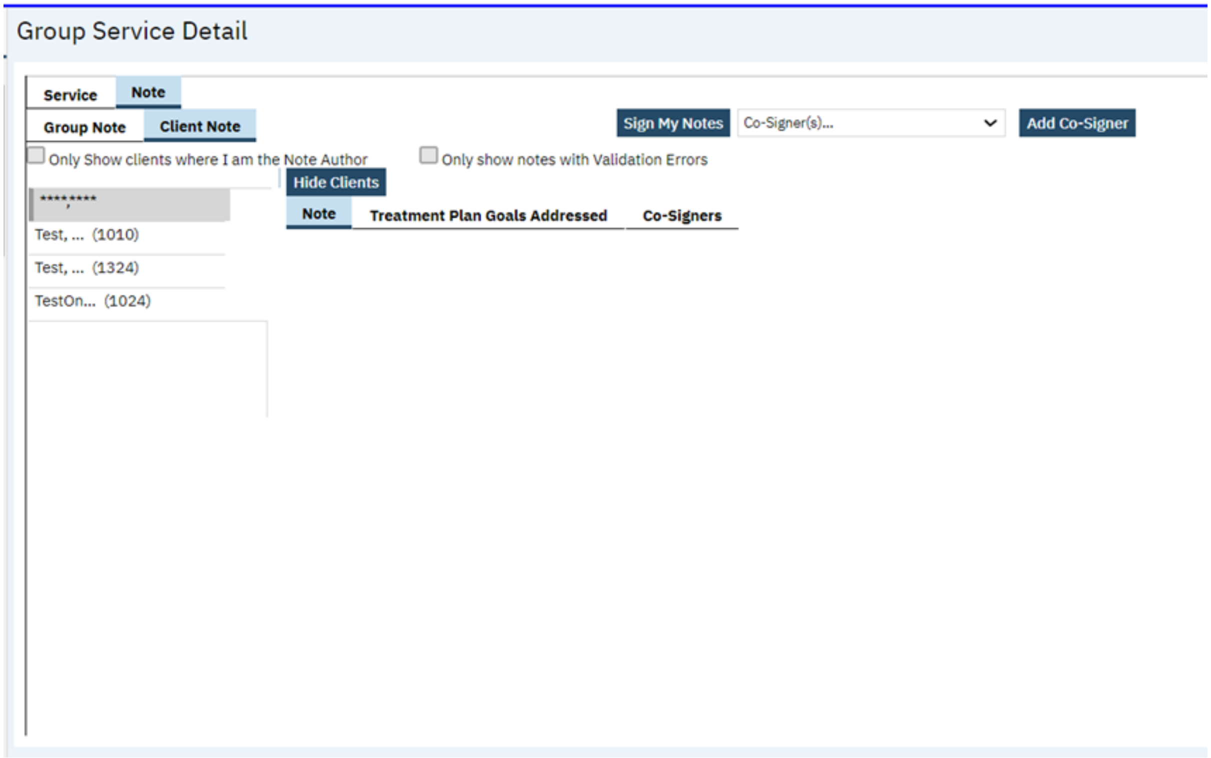
Documentation Time: Minutes

Emergency Indicator: No

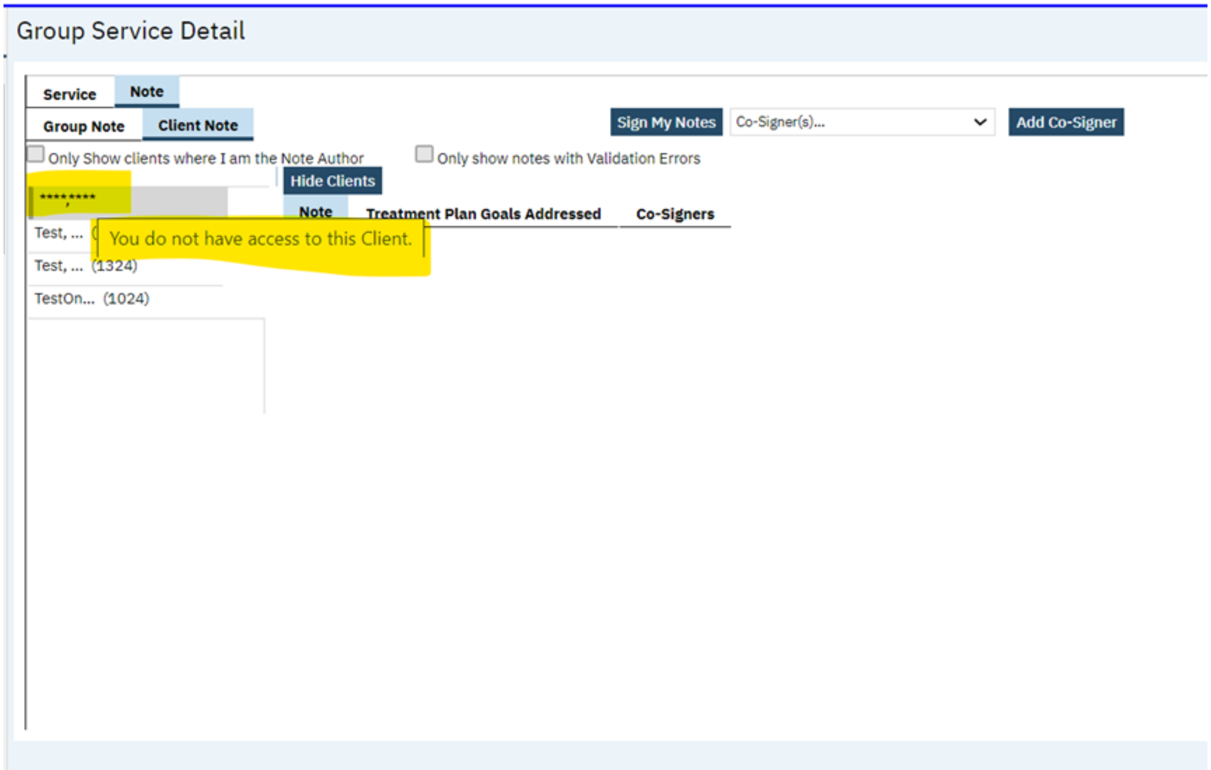
3.When a client has signed the Internal Consent Management (MH) document (most recently signed), then regardless of the Program selected for that Client under Service Information, the users will be able to see that, Client information without Masking.

In the Client Note tab:

1. If the logged-in staff does not have access to a Program that is on the Service Information of any Clients in the Group Services and if someone changes the Program for a Client in the Group at the Client level, then on the Client Note for such Clients, the name will be masked and disabled ,so that users do not click on them and see the in-progress/signed note



2. The Client's name will be masked like this (****, ****). And on the mouse hover displays the tooltip message like "You do not have access to this Client."



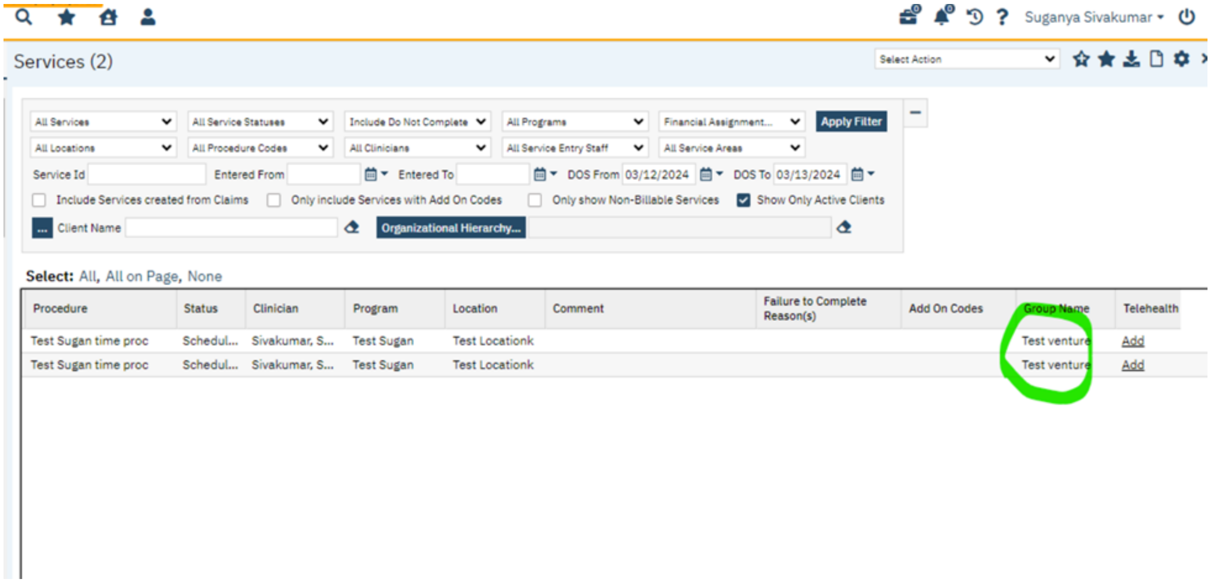
You do not have access to this Client.

3.When a Client has signed Internal Consent Management (MH) document (most recently signed), then regardless of the Program selected for that Client under Service Information, the users will be able to see that

Client's notes.

Services:

In the Service List page – The hyperlink is removed from the Group Name if the Logged in staff does not have access to the Group's default program.



Service Id | Entered From | Entered To | DOS From 03/12/2024 | DOS To 03/13/2024

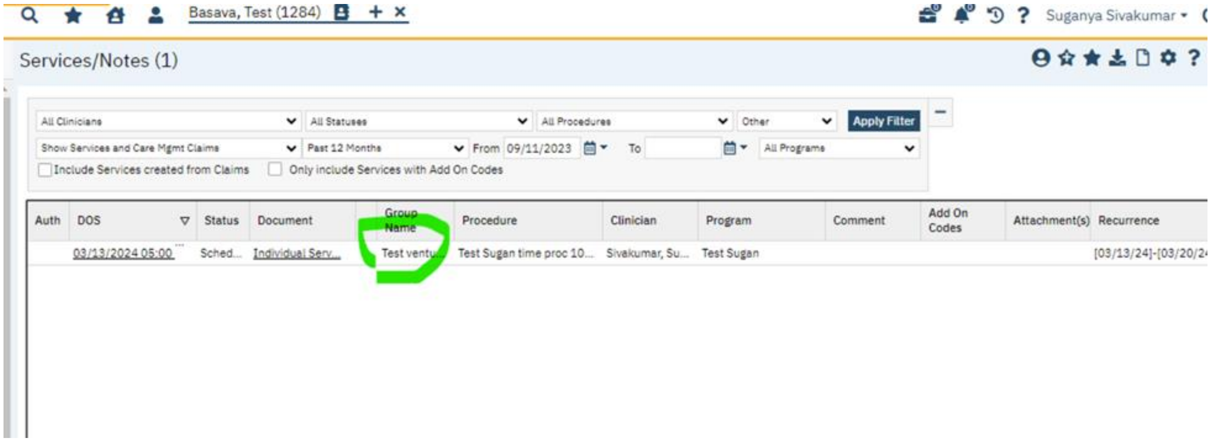
☐ Include Services created from Claims ☐ Only include Services with Add On Codes ☐ Only show Non-Billable Services ☑ Show Only Active Clients

Client Name

Procedure	Status	Clinician	Program	Location	Comment	Failure to Complete Reason(s)	Add On Codes	Group Name	Telehealth
Test Sugan time proc	Schedul...	Sivakumar, S...	Test Sugan	Test Locationk				Test venture	Add
Test Sugan time proc	Schedul...	Sivakumar, S...	Test Sugan	Test Locationk				Test venture	Add

Services/Notes:

In the Service/Notes List page – The hyperlink is removed from the Group Name if the Logged in staff does not have access to the Group's default program.



From 09/11/2023 | To

☐ Include Services created from Claims ☐ Only include Services with Add On Codes

Auth	DOS	Status	Document	Group Name	Procedure	Clinician	Program	Comment	Add On Codes	Attachment(s)	Recurrence
	03/13/2024 05:00	Sched...	Individual Serv...	Test ventu...	Test Sugan time proc 10...	Sivakumar, Su...	Test Sugan				[03/13/24]-[03/20/2

Author: Aishwarya Bommaklar

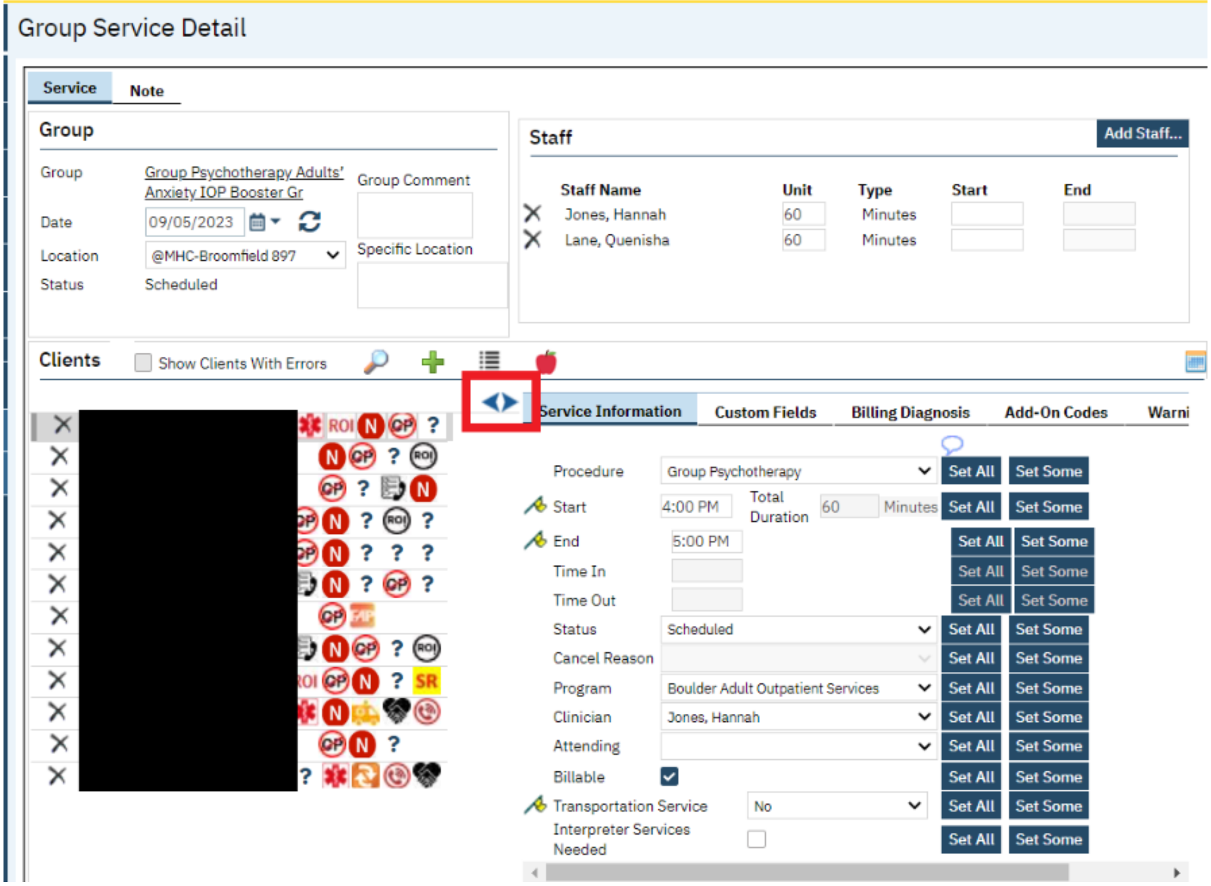
156. EII # 126312: Group Service Details - Add scroll bar to Clients list instead of left and right navigation buttons.

Release Type: Change | **Priority:** Urgent

Navigation Path: My Office – Groups – Click on the Group name hyperlink – Add more clients in Clients section in Group Details screen – Click on Schedule tab – Click on Create New Group Service – Enter Date of Service and select the Clients – Click on OK – Clients section – Click on Note tab – Click on Client Note tab – Clients section.

Functionality 'Before' and 'After' release:

Before this release, when there were a huge number of Clients in Group Service, left and right arrow marks were used to view all the Clients in the Clients section in the Group Service Details screen and the Clients section under the Client Note tab.



Group

Group: Group Psychotherapy Adults' Anxiety IOP Booster Gr
Date: 09/05/2023
Location: @MHC-Broomfield 897
Status: Scheduled
Group Comment
Specific Location

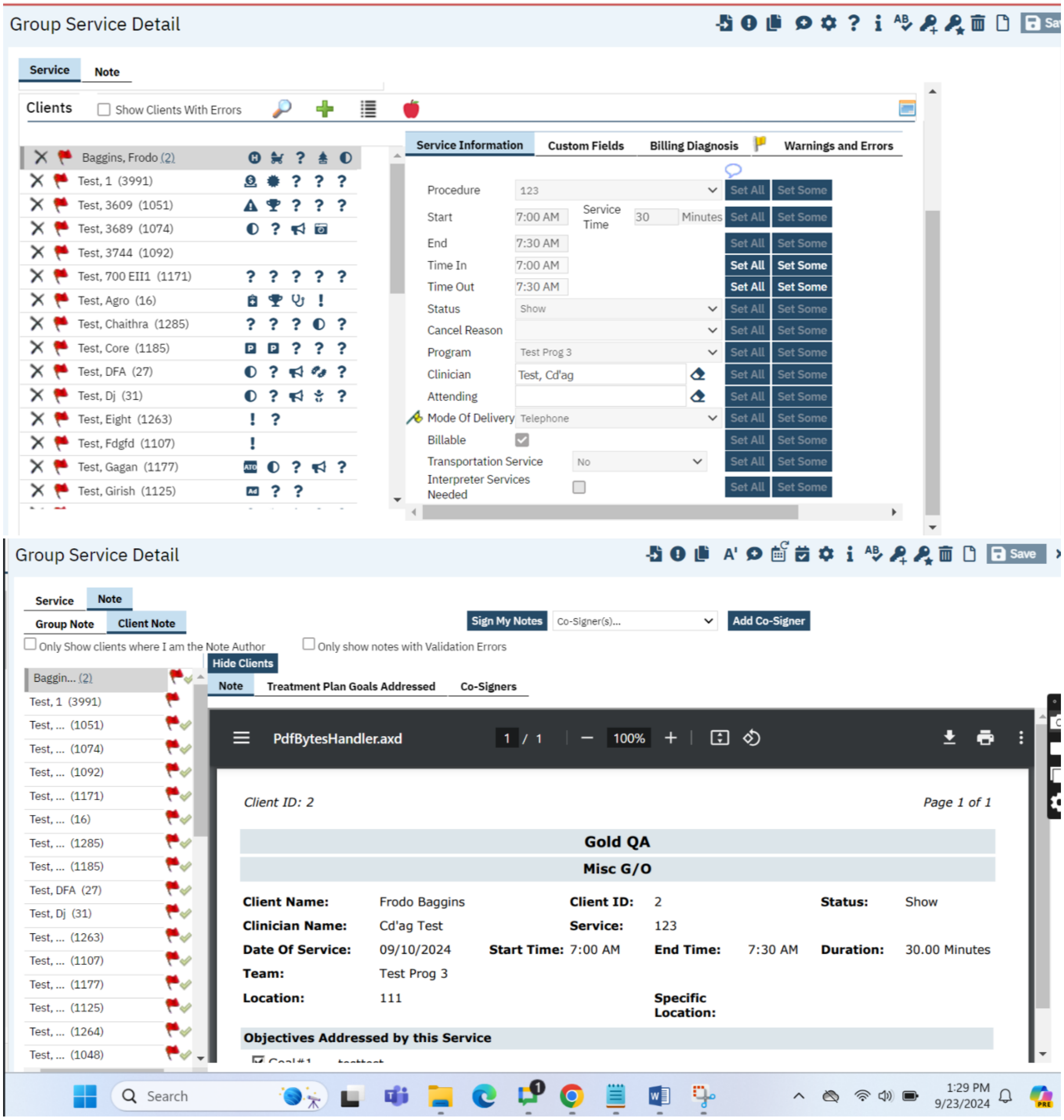
Staff

Staff Name	Unit	Type	Start	End
Jones, Hannah	60	Minutes		
Lane, Quenisha	60	Minutes		

[redacted]

Procedure: Group Psychotherapy
Start: 4:00 PM Total Duration: 60 Minutes
End: 5:00 PM
Time In
Time Out
Status: Scheduled
Cancel Reason
Program: Boulder Adult Outpatient Services
Clinician: Jones, Hannah
Attending
Billable ☑
Transportation Service: No
Interpreter Services Needed ☐

With this release, when there are huge number of Clients in the Group, a vertical scroll bar is implemented to view all the Clients instead of using the left and right arrow marks in Client section in Group Service Details screen and Clients section under Client Note tab.



Group Service Detail

Clients ☐ Show Clients With Errors

Baggins, Frodo (2)
Test, 1 (3991)
Test, 3609 (1051)
Test, 3689 (1074)
Test, 3744 (1092)
Test, 700 EII1 (1171)
Test, Agro (16)
Test, Chaithra (1285)
Test, Core (1185)
Test, DFA (27)
Test, Dj (31)
Test, Eight (1263)
Test, Fdgfd (1107)
Test, Gagan (1177)
Test, Girish (1125)

Service Information | Custom Fields | Billing Diagnosis | Warnings and Errors

Procedure: 123
Start: 7:00 AM Service Time: 30 Minutes
End: 7:30 AM
Time In: 7:00 AM
Time Out: 7:30 AM
Status: Show
Cancel Reason:
Program: Test Prog 3
Clinician: Test, Cd'ag
Attending:
Mode Of Delivery: Telephone
Billable: ☑
Transportation Service: No
Interpreter Services Needed: ☐

Group Service Detail

Group Note | Client Note

Co-Signer(s)...

☐ Only Show clients where I am the Note Author ☐ Only show notes with Validation Errors

Baggin... (2)
Test, 1 (3991)
Test, ... (1051)
Test, ... (1074)
Test, ... (1092)
Test, ... (1171)
Test, ... (16)
Test, ... (1285)
Test, ... (1185)
Test, DFA (27)
Test, Dj (31)
Test, ... (1263)
Test, ... (1107)
Test, ... (1177)
Test, ... (1125)
Test, ... (1264)
Test, ... (1048)

Note | Treatment Plan Goals Addressed | Co-Signers

PdfBytesHandler.axd 1 / 1 100%

Client ID: 2 *Page 1 of 1*

Gold QA

Misc G/O

Client Name:	Frodo Baggins			**Client ID:**	2	**Status:**	Show
Clinician Name:	Cd'ag Test			**Service:**	123		
Date Of Service:	09/10/2024	**Start Time:**	7:00 AM	**End Time:**	7:30 AM	**Duration:**	30.00 Minutes
Team:	Test Prog 3						
Location:	111			**Specific Location:**			

Objectives Addressed by this Service

1:29 PM
9/23/2024

Author: Suganya Sivakumar

157. EII # 128587: Staff Access Rule changes – Applied to Co-Signer dropdown in the Group Service detail screen

Release Type: Change | **Priority:** Urgent

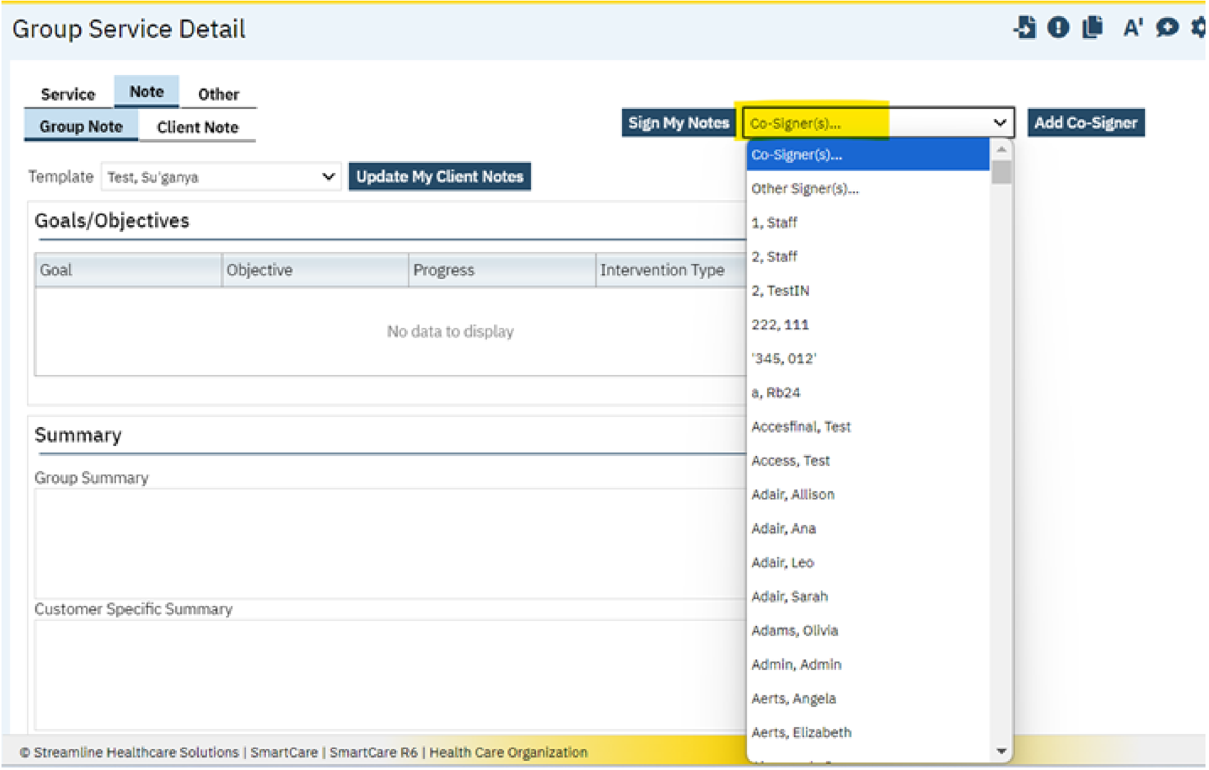
Navigation Path 1: Administration --- Staff/Users --- Staff/Users List Page --- Search for the Logged in Staff Name --- Click on Hyperlink under Staff Name --- Staff Detail page --- Navigate to Roles/Permissions tab --- In Permissions section --- Filter for Staff Access Rule --- Grant Permission for Limited Staff and All Staff.

Navigation Path 2: My office --- Groups banner --- Groups List page --- Click on New Icon --- Group Detail page --- Mode of Delivery dropdown field --- Enter all the required fields --- Click on Save button --- Navigate to Schedule tab --- Click on New Group Service button --- Group Service Clients popup --- Select Date of Service and Clients --- Click on Select button.

Navigation Path 3: Navigate to Group Service Detail Screen --- Enter all the required fields in the Service Tab --- Click on Save Button --- Navigate to Note tab --- Under Client Note enter some values --- Click on Save Button.

Functionality 'Before' and 'After' release:

With this release, the values in the Co-signer dropdown in the Note tab and the Client Note tab of Group Service Detail screen, will be displayed based on the system Configuration key **ApplyStaffAccessRuleOnCoSignerDropDown** and the Staff permissions.



Note:

1. If the Configuration Key **"ApplyStaffAccessRuleOnCoSignerDropDown"** is set to 'Yes' and in the Staff Permission, where All Staff permission is Granted, then All Staff names will be displayed in the co-signer dropdown.
2. If the Configuration Key **"ApplyStaffAccessRuleOnCoSignerDropDown"** is set to 'Yes' and in the Staff Permission where Limited Staff permission is Granted , then Limited Staff Names(Staff associated to the program) will be displayed in the co-signer dropdown.
3. If the Configuration Key **"ApplyStaffAccessRuleOnCoSignerDropDown"** is set to 'No' and in the Staff Permission where All Staff permission is Granted, then All Staff names will be displayed in the co-signer dropdown.

4. If the Configuration Key "**ApplyStaffAccessRuleOnCoSignerDropDown"** is set to 'No' and in the Staff Permission where Limited Staff permission is Granted, then All Staff names will be displayed in the co-signer dropdown.
5. If the Configuration Key "**ApplyStaffAccessRuleOnCoSignerDropDown"** is set to 'Yes' and in the Staff Permission where both All Staff and Limited Staff permission is Granted, then All Staff names will be displayed in the co-signer dropdown.
6. If the Configuration Key "**ApplyStaffAccessRuleOnCoSignerDropDown"** is set to 'Yes' and in the Staff Permission where both All Staff and Limited Staff permission is Denied, then All Staff names will be displayed in the co-signer dropdown.
7. If the Configuration Key "**ApplyStaffAccessRuleOnCoSignerDropDown"** is set to 'No' and in the Staff Permission where both All Staff and Limited Staff permission is Granted, then All Staff names will be displayed in the co-signer dropdown.
8. If the Configuration Key "**ApplyStaffAccessRuleOnCoSignerDropDown"** is set to 'No' and in the Staff Permission where both All Staff and Limited Staff permission is Denied, then All Staff names will be displayed in the co-signer dropdown.

Author: Suganya Sivakumar

158. Core Bugs # 129286: Group Notes: Not able to create a Recurring Attendance group.

Release Type: Fix | **Priority:** High

Navigation Path 1: My Office -- Managing Groups Quick Links -- Group List page -- Click on New Icon -- Group Detail Page -- Enter all the Required fields -- Click on Save Icon -- In Attendance section -- Select Attendance checkbox -- Select the Group Note Type dropdown values -- Click on Save Icon -- Click on Schedule button -- Navigate to the Attendance Assignment screen.

Navigation Path 2: Attendance Assignment -- In the Schedule Attendance section – select the appropriate date -- Click on Apply Filter -- In the Default values section -- Client List displays -- Select Staff Name -- Enter the Start and the End Time -- Click on Apply Filter.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the Attendance assignment screen, the user was unable to schedule a Recurrence for the Attendance group.

With this release, the above-mentioned issue has been fixed. Now, the user can schedule a Recurrence of the Attendance group in the Attendance assignment screen successfully.

Author: Suganya Sivakumar

159. Core Bugs # 129252: The 'Time of Service' for the staff is defaulting to 12 AM when there is no client in the group.

Release Type: Fix | **Priority:** High

Navigation Path: 'My Office' --- 'Managing Groups' --- 'Group List page' --- Click on 'New' Icon --- 'Group Detail Page' ---- Enter all the Required fields ---- Click on 'Save' Icon --- Navigate to 'Schedule' tab --- Click on 'New Group Service' button --- 'Group Service Clients' popup --- Select 'Date of Service' and 'Clients' --- Click on 'Select' button --- Navigate to 'Group Service Detail' Screen --- Enter all the required fields in 'Service' tab ---

Navigate to 'Note' tab --- Under 'Client Note' section --- Enter all the required fields --- Click on 'Sign' Button --- Sign the 'Group Services'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Group Service Details' screen, when there were no clients in the Group, the 'Time of Service' for the staff was defaulted to 12 AM.

With this release, the above-mentioned issue has been fixed. Now, the 'Time of Service' for the staff will calculate the staff start time in the 'Group Service Details' screen, when there are no clients present in the Group.

Health Data Templates

Reference No	Task No	Description
160	EII # 127453	Flowsheet List of Labs.
161	EII # 126868	PC: Flow Sheets Text Cuts Off Text Making It Difficult to Read

Author: Raju, Jagadeesh

160. EII # 127453: Flowsheet List of Labs.

Release Type: Change **|** **Priority:** Urgent

Navigation Path 1: Administration — Orders list page – Order Details.

Navigation Path 2: Administration – 'Health Data Templates' – 'Health Data Templates' list page -> 'Health Data Templates' Detail page.

Functionality 'Before' and 'After' release:

Purpose: Implemented a functionality to process the compendium.

With this release, when we process the compendium, if the Orders are Inactive, then the system will not create or update the Health Data Templates for those orders.

Author: Bommaklar, Aishwarya

161. EII # 126868: PC: Flow Sheets Text Cuts Off Text Making It Difficult to Read.

Release Type: Change| **Priority:** Urgent

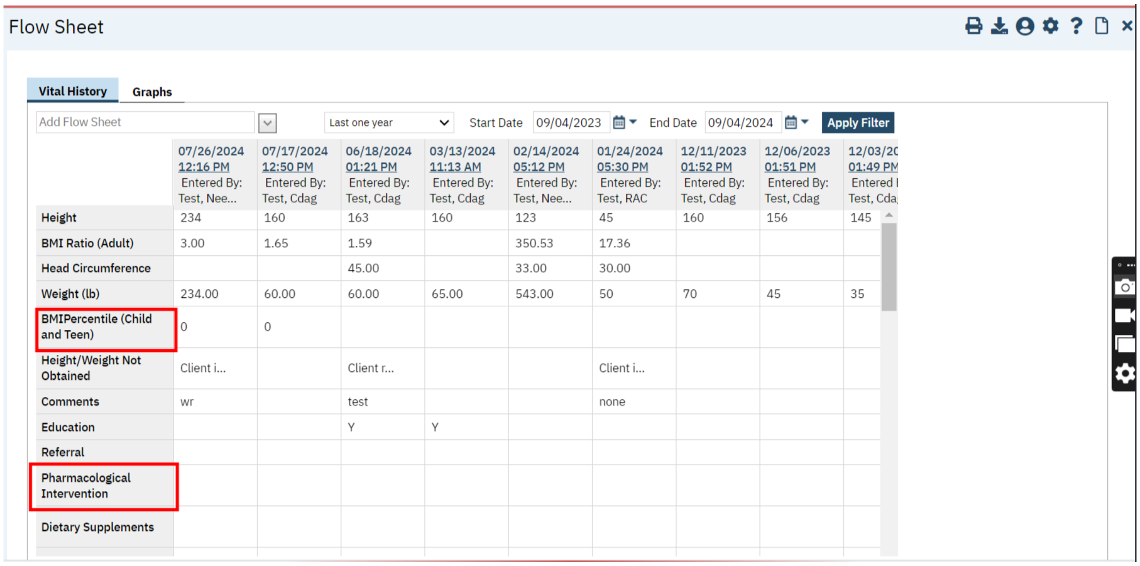
Navigation Path 1: Administration – Health Data Sub-Templates list page – Click on the Template Name hyperlink – Edit Name of the Template and enter a lengthy name – Click on Save icon.

Navigation Path 2: Client – Flow Sheet screen.

Functionality 'Before' and 'After' release:

Purpose: To have the ability to see the complete Vital/Date element names in Flowsheet screen. Currently when the flow sheet is viewed, the data elements names are gets cut off. On hovering over Staffs, the user will be able to view the text completely. This implementation will ensure to view the Vital/Data elements names without hovering over on the text.

With this release, in the flow sheet, the row height has been increased to display the full name of the Health Data Sub-Template heading. Before it displayed only limited characters and the user had to mouse hover on the heading to read the full name.



Add Flow Sheet

Last one year

Start Date 09/04/2023

End Date 09/04/2024

	07/26/2024 12:16 PM Entered By: Test, Nee...	07/17/2024 12:50 PM Entered By: Test, Cdag	06/18/2024 01:21 PM Entered By: Test, Cdag	03/13/2024 11:13 AM Entered By: Test, Cdag	02/14/2024 05:12 PM Entered By: Test, Nee...	01/24/2024 05:30 PM Entered By: Test, RAC	12/11/2023 01:52 PM Entered By: Test, Cdag	12/06/2023 01:51 PM Entered By: Test, Cdag	12/03/20 01:49 PM Entered Test, Cda
Height	234	160	163	160	123	45	160	156	145
BMI Ratio (Adult)	3.00	1.65	1.59		350.53	17.36			
Head Circumference			45.00		33.00	30.00			
Weight (lb)	234.00	60.00	60.00	65.00	543.00	50	70	45	35
BMIPercentile (Child and Teen)	0	0							
Height/Weight Not Obtained	Client i...		Client r...			Client i...			
Comments	wr		test			none			
Education			Y	Y					
Referral									
Pharmacological Intervention									
Dietary Supplements									

Health Data Sub Templates

Reference No	Task No	Description
162	Core Bugs # 129189	Health Data Sub-Templates: The Validate checkbox is deselecting automatically.

Author: Bommaklar, Aishwarya

162. Core Bugs # 129189: Health Data Sub-Templates: The Validate checkbox is deselecting automatically.

Release Type: Fix | **Priority:** High

Navigation Path: Administration – Health Data Sub-Templates – Click on Template Name hyperlink – Select Validate checkbox – Click on Save icon.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When adding a health data element to a health data sub-template, the 'Validate' checkbox was deselecting automatically.

With this release, the above mentioned issues has been resolved. Now, when adding a health data element to a health data sub-template, the 'Validate' checkbox is not deselecting.

Health Maintenance Triggering Factor

Reference No	Task No	Description
163	EII # 126720	Changes in the 'Decision Support Intervention Triggers' page.

Author: Varsha Patil

163: EII # 126720: Changes in the 'Decision Support Intervention Triggers' page.

Release Type: Change **| Priority:** Urgent

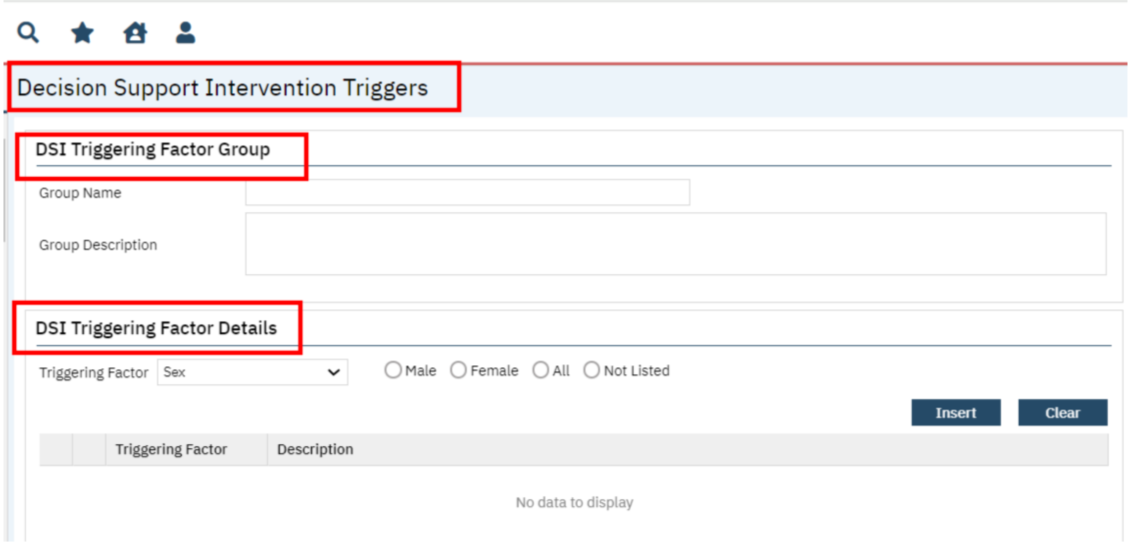
Navigation Path: 'Administration' – 'Health Maintenance Triggering Factor' – 'Decision Support Intervention Triggers' – 'Triggering Factor' field.

Functionality 'Before' and 'After' release:

Purpose: To rename the 'Health Maintenance Triggering Factor Details' screen to the 'Decision Support Intervention Triggers' screen and to add Multi-select dropdown options 'Race', 'Ethnicity', 'Language', 'Sexual Orientation', 'Gender Identity', and 'Date of Birth' and Sex to the 'Triggering Factor' dropdown.

With this release, the following changes have been implemented in the 'Decision Support Intervention Triggers' screen.

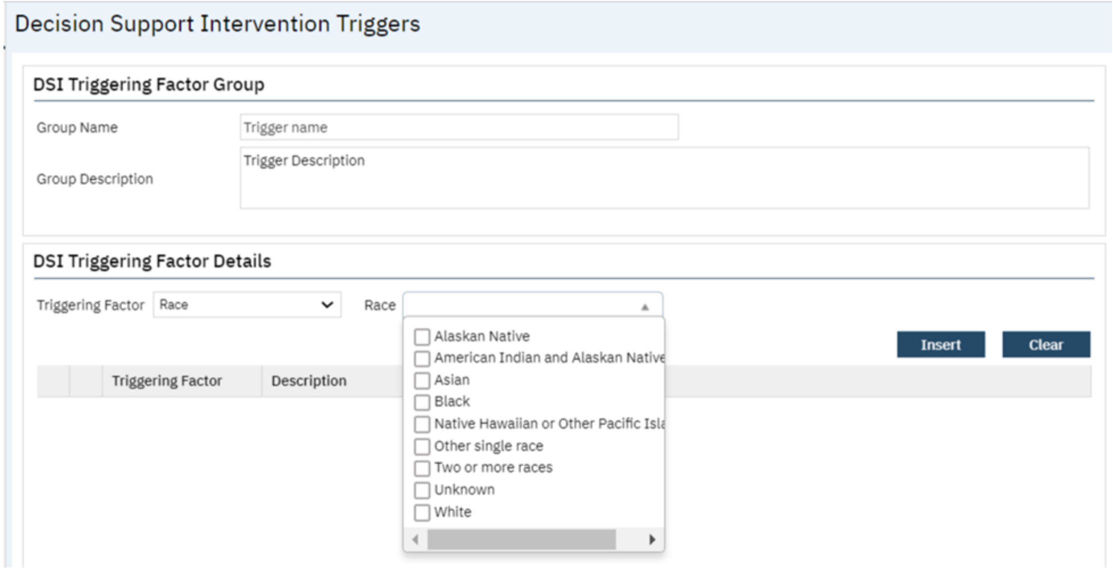
1. Renamed the 'Health Maintenance Triggering Factor Details' screen name as 'Decision Support Intervention Triggers' (Refer to the screenshot).
2. Renamed the 'Triggering Factor Group' header name as 'DSI Triggering Factor Group' (Refer to the screenshot).
3. Renamed the 'Triggering Factor Details' header name as 'DSI Triggering Factor Details' (Refer to the screenshot).



Triggering Factor: Sex

4. The options ‘Race’, ‘Ethnicity’, ‘Language’, ‘Sexual Orientation’, ‘Gender Identity’, and ‘Date of Birth’ are added to the ‘Triggering Factor’ dropdown.

5. **Race:** When ‘Race’ is selected in the ‘Triggering Factor’ dropdown, a new ‘Race’ Multi-select dropdown field will be displayed, in this dropdown field, the options are pulled from [Client Information] > [Demographics] > [Identifying Information] > Race.

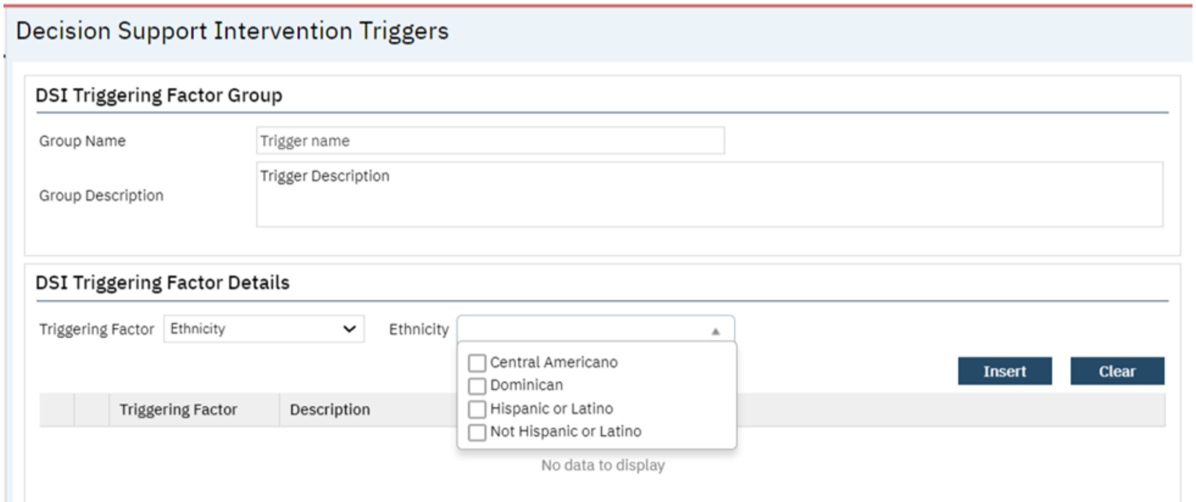


Group Name: Trigger name

Group Description: Trigger Description

Triggering Factor: Race

6. **Ethnicity:** When ‘Ethnicity’ is selected in the ‘Triggering Factor’ dropdown, a new ‘Ethnicity’ Multi-select dropdown field will be displayed, in this dropdown field, the options are pulled from [Client Information] > [\Demographics] > [Identifying Information] > Ethnicity.



Decision Support Intervention Triggers

DSI Triggering Factor Group

Group Name: Trigger name

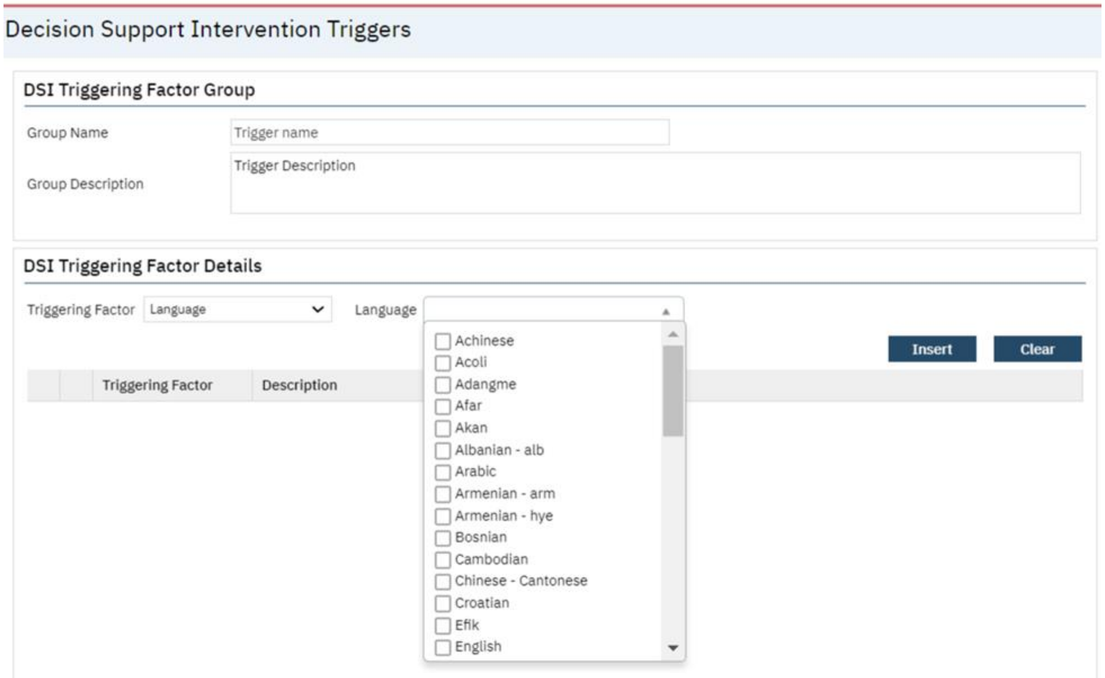
Group Description: Trigger Description

DSI Triggering Factor Details

Triggering Factor: Ethnicity

Ethnicity:

7. **Language:** When 'Language' is selected in the 'Triggering Factor' dropdown, a new 'Language' Multi-select dropdown field will be displayed, in this dropdown field, the options are pulled from [Client Information] > [Demographics] > [Language] > Primary/Preferred Language.



Decision Support Intervention Triggers

DSI Triggering Factor Group

Group Name: Trigger name

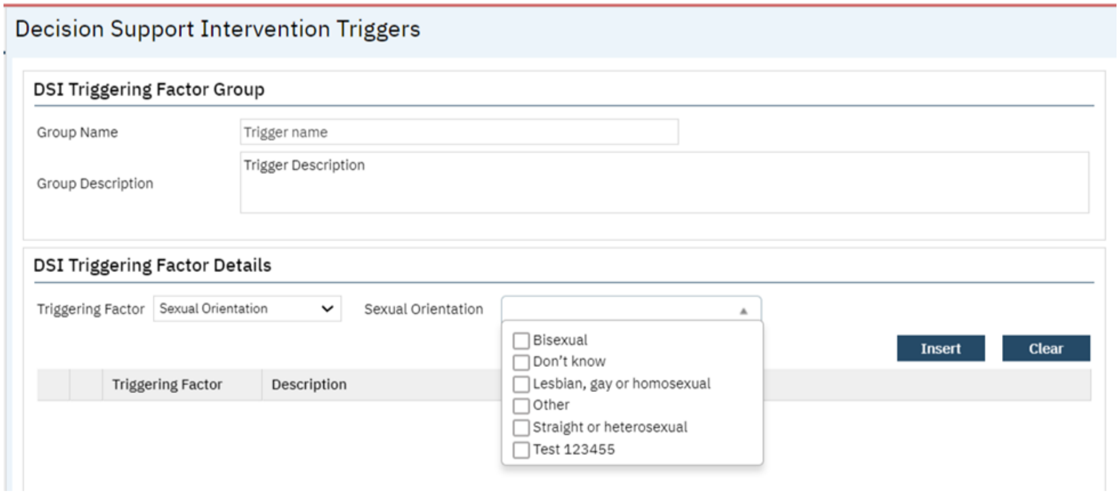
Group Description: Trigger Description

DSI Triggering Factor Details

Triggering Factor: Language

Language:

8. **Sexual Orientation:** When 'Sexual Orientation' is selected in the 'Triggering Factor' dropdown, a new 'Sexual Orientation' Multi-select dropdown field will be displayed, in this dropdown field, the options are pulled from [Client Information] > [Demographics] > [Identifying Information] > Sexual Orientation.


Decision Support Intervention Triggers

DSI Triggering Factor Group

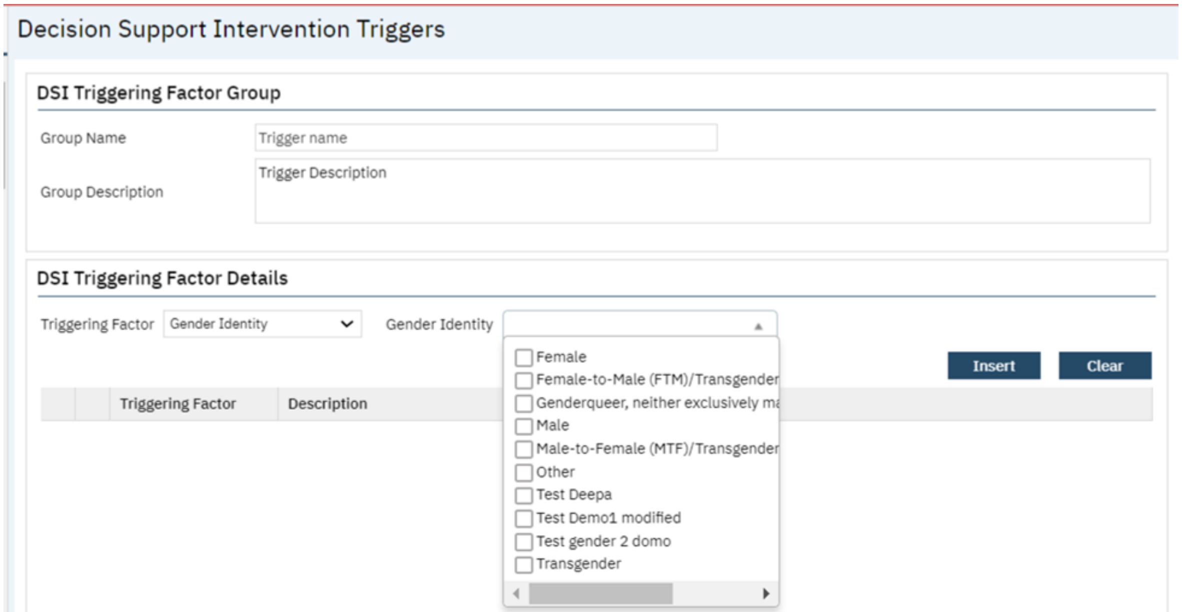
Group Name: Trigger name

Group Description: Trigger Description

DSI Triggering Factor Details

Triggering Factor: Sexual Orientation

9. **Gender Identity:** When ‘Gender Identity’ is selected in the ‘Triggering Factor’ dropdown, a new ‘Gender Identity’ Multi-select dropdown field will be displayed, in this dropdown field, the options are pulled from [Client Information] > [Demographics] > [Identifying Information] > Gender Identity.


Decision Support Intervention Triggers

DSI Triggering Factor Group

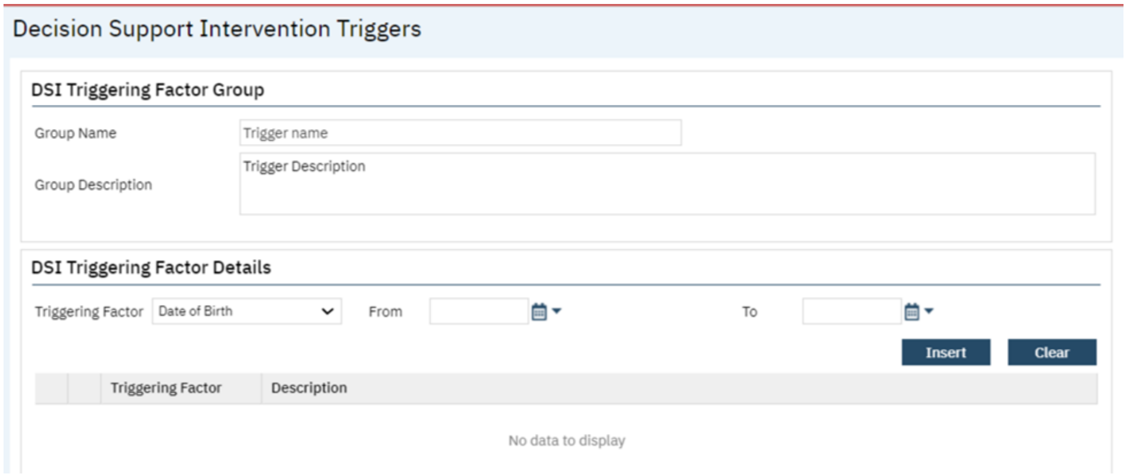
Group Name: Trigger name

Group Description: Trigger Description

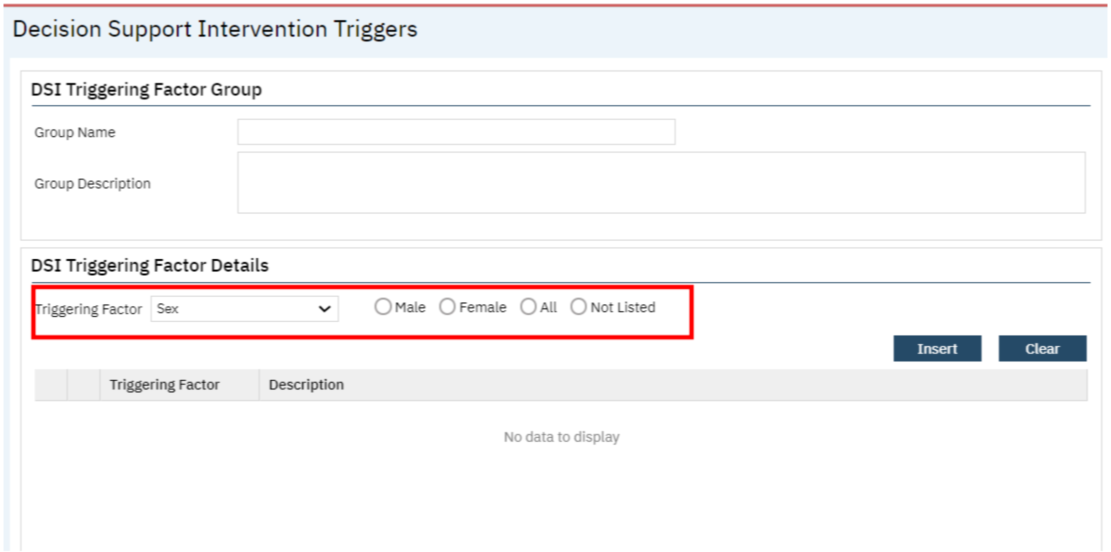
DSI Triggering Factor Details

Triggering Factor: Gender Identity

10. **Date of Birth:** When ‘Date of Birth’ is selected in the ’Triggering Factor’ dropdown, the date range ‘From’ and ‘To’ Date control fields are displayed, user can select ‘From’ and ‘To’ date ranges.



11. The **Gender** dropdown field has been renamed to the **'Sex'** dropdown field in the 'Triggering Factor' field. When 'Sex' is selected in the 'Triggering Factor' dropdown, the "Male", "Female", "All" and "Not Listed" radio button options are displayed. The users can select any one radio option.



Data Model Changes:

1. New columns 'FromDOB' and 'ToDOB' are added to the 'HealthMaintenanceTriggeringFactors' table.
2. New columns 'LastClientRaceId' and 'LastClientEthnicityId' are added to the 'ClientHealthMaintenanceDecisions' table.

Import837List

Reference No	Task No	Description
164	Core Bugs #129141	Reprocess Icon: Present the user with a validation message.

Author: Gangadhar, Rakesh

164. Core Bugs #129141: Reprocess Icon: Present the user with a validation message.

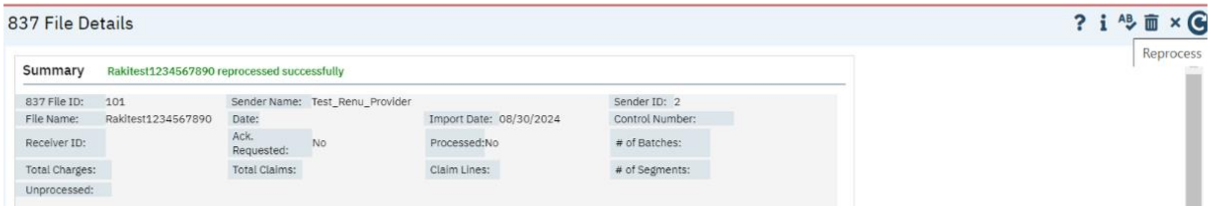
Release Type: Fix **|** **Priority:** Medium

Navigation Path: My Office' - '837 Import' - 'Start Batch Upload' - select Sender and 837 file - 'Import files' - Select 'Import date' hyperlink - '837 File Details' - 'Reprocess' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user clicked on the 'Reprocess' icon on the 837 File Details page, there was no 'FileName reprocessed successfully' message displayed.

With this Release, the above mentioned issue has been resolved. Now, after clicking on the 'Reprocess' icon, the file is processed and displaying with the message 'FileName reprocessed successfully' in the '837 File Details' screen.



Rakitest1234567890 reprocessed successfully

837 File ID: 101
File Name: Rakitest1234567890
Receiver ID:
Total Charges:
Unprocessed:
Sender Name: Test_Renu_Provider
Date:
Ack. Requested: No
Total Claims:
Import Date: 08/30/2024
Processed:No
Claim Lines:
Sender ID: 2
Control Number:
# of Batches:
# of Segments:

Inquiries

Reference No	Task No	Description
165	Core Bugs # 129024	Due to the 'This code is not billable' checkbox in the 'Rules' section, marking services not billable under the 'Service Details' screen.
166	EII # 127363	Request Ability to CDAG Inquiry Screen Using "Inquiry Handled By" Section, "Program" Field.
167	Core Bugs # 129085	Inquiry: The 'Display' field in the ClientAddresses table record contains many extra spaces between the Address portion and the city portion and ClientAddresseshistory entries contain Null addresses.
168	Core Bugs # 129261	Inquiry: Error message was displayed when click on the "Open Service Note" link under the Crisis tab.

Author: Sunita Biradar

165. Core Bugs # 129024: Due to the 'This code is not billable' checkbox in the 'Rules' section, marking services not billable under the 'Service Details' screen.

Release Type: Fix | Priority: Urgent

Prerequisite: Map the 'Procedure',' Program', and 'Location' with the respective client through the below **Path:**

Path: Login to SmartCare Application -- 'Client' search – Select a client -- 'Procedure Code Details' screen – select 'Program/Procedure/Location – click 'Save'.

Navigation Path: Login to 'SmartCare Application' – Search a 'Client' – Select a 'Client' – Open 'Inquiry Details' screen – select 'Crisis' tab – select the 'Crisis Program' and 'Procedure' – fill the required details – click on 'Save' – click on 'Open Service Note' hyperlink under 'Note' section – the application will navigate to the 'Service Note' – Click on 'Open Service Detail' icon in toolbar.

Functionality 'Before' and 'After' release:
Before this release, here was the behavior. Inconsistent functionality of the 'Billable' checkbox occurred in the 'Service Details' screen due to the 'This code is not billable' checkbox in the 'Rules' section of the 'Procedure Code Details' screen. As a result, this 'Procedure Code' never had a rate associated with it, leading to inconsistent logic for the 'Billable' checkbox under the 'Service Details' screen.

With this release, the above-mentioned issue has been resolved. Now, the logic for the 'This code is not billable' checkbox in the 'Rules' section of the 'Procedure Code Details' screen has been implemented correctly, and the 'Billable' checkbox under the 'Service Details' screen is working as expected.

Author: Muttu Venkatachalaiah

166: EII # 127363: Request Ability to CDAG Inquiry Screen Using "Inquiry Handled By" Section, "Program" Field.

Note: This functionality is implemented for a specific customer. If you have Primary and County type of setup and would like to use these functionalities, please get in touch with Streamline Support.

Release Type: New Functionality | **Priority**: Urgent

Prerequisites:

1. The system configuration key 'DisplayCDAGSectionInStaffDetails' value is set to 'Yes'.

2. The system configuration key 'EnableClinicalDataAccessGrouping' value is set to 'Yes'.

Navigation Path 1: SmartCare --'Client' -- 'Client Inquiries' Screen -- 'Inquiry Details' Screen.

Navigation Path 2: SmartCare --'Client' -- 'Client Inquiries' list page screen.

Navigation Path 3: SmartCare -- Inquiries (My Office) list page.

Functionality 'Before' and 'After' release:

Purpose: To Implemented CDAG logic for the inquiry screens.

With this release, the CDAG logic is implemented for the below screens:

1.'Inquiry Details' screen:

- On the Inquiry Details Screen, the 'Program' field in the "Inquiry Handled By" section is required before being saved the Inquiry.
- Programs will be displayed in the 'Program' field based on the programs that are associated with Staff Details.
- The Program field will default to the user's Primary Program, if a primary program is identified in Staff

Details.

2.'Client Inquiries' list page screen:

- 'Client Inquiries' records will be displayed on the list page based on the programs that are associated with Staff Details.

3. Inquiries (My Office) list page.

- Programs are displayed in the "All Programs" dropdown based on the programs that are in the logged-in user's selected CDAG profile.
- On the Inquiries List Page, the users can see the records based on this Program field in relation to their CDAG. If the program in the Program field is one that is in their CDAG, they can see this inquiry record. If it is not in their CDAG, then this inquiry record is hidden from them.

Recode CategoryCode/CategoryName: DisableCDAGForDetailScreens

This recode category is used to disable the Clinical Data Access Grouping (CDAG) for the details screens and associated list pages for the screen IDs, that are inserted in this recode.

Note: This recode works for only "Inquiries".

Author: Akshay Vishwanath

167.Core Bugs #129085: Inquiry: The 'Display' field in the ClientAddresses table record contains many extra spaces between the Address portion and the City portion and ClientAddresseshistory entries contain Null addresses.

Release Type: Fix | **Priority:** Medium

Navigation Path1: Client Search – Inquiry (New Client)- Create a new client – Save the data.

Navigation Path 2: Select the above created client and add client address in Inquiry Details screen – Go search – Inquiries (My office) – Click on New.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. For the client without any address when new inquiry is created, a null entry was getting created in ClientAddressHistory table.
When existing client address was present for a client and a new inquiry was created for same client, extra space was added between address portion and city portion in the 'Display' field of the ClientAddresses table.

With this release, the above-mentioned issue has been resolved. Now, for the client without any address when new inquiry is created, a null entry is not created in ClientAddressHistory table. And when existing client address is present for a client and a new inquiry is created for same client, the extra space is not added between address portion and city portion in the 'Display' field of the ClientAddresses table.

Author: Santhosh Krishnegowda

168.Core Bugs #129261: Inquiry: Error message was displayed when click on the "Open Service Note" link under the Crisis tab.

Release Type: Fix **| Priority:** Urgent

Prerequisites: The Login Staff exists with user code length more than 20 characters.

Navigation Path: Go Search-Inquiry(My Office)-Click on New-Select Client- Check the Crisis checkbox-go to Crisis tab-Click on the Open Service Note Hyperlink.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the Inquiry details screen, when the user attempted to click on the "Open Service Note" link, in the note section under the Crisis Tab, an error message was displayed:

Error Message: "Object cannot be cast from DBNull to other types." Instead of navigating to the relevant Service Note, the error is triggered.

With this release, the above-mentioned issue has been resolved. Now, an error message is not displayed when the user clicks on the "Open Service Note" link, in the note section under the Crisis Tab of the Inquiry details screen.

Interface

Reference No	Task No	Description
169	EII # 128302	CCD Generation: Add Program ID to the Episode Section.

Author: Munish Sood

169. EII # 128302: CCD Generation: Add Program ID to the Episode Section.

Release Type: Change | **Priority:** On Fire

Navigation Path 1: Client - Services - New 'Service' - Add details - Save.

Navigation Path 2: Client - USCDI Summary of Care -Save & Sign.

Navigation Path 3: Client - Continuity of Care Document/Record - Continuity of Care Document/Record Details.

Functionality 'Before' and 'After' release:

With this release, when the user generates USCDI version of CCD XML, the system displays the client's program ID in the Event fields of the Encounter's section of the CCD XML content. The Client's program ID is an event ID in the FHIR resource within the Encounter section and always Client's program ID will start and display from second ID of Encounter section in the CCD XML content.

Key Phrases

Reference No	Task No	Description
170	Core Bugs # 128985	Bottom of Key Phrases pop-up cuts off the Use link and makes it inaccessible.
171	Core Bugs # 129236	In Use Key Phrases Popup Can't See Scroll Bar in the Agency tab

Author: Sunil Belagali

170. Core Bugs #128985: Bottom of Key Phrases pop-up cuts off the Use link and makes it inaccessible.

Release Type: Fix **| Priority:** Medium

Prerequisites:
1.System configuration key "UseKeyPhrases" is set to 'Y'.

2.The required Screen has a value for 'Key Phrase Category' field in the Screens Detail page.

Navigation Path: Login to SmartCare application – Select the 'Client'– Navigate to any Documents or Services/Notes - Click on 3 dots in the tooltip – Click on 'Favorite Phrases' – Select Agency tab in the 'Use Key Phrases' pop-up – Observe that the 'Use' link at bottom of 'Use Key Phrases' pop-up is accessible.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the Agency tab of 'Use Key Phrases' pop-up, the users were unable to access 'Use' link of the last Phrase at the bottom of 'Use Key Phrases' pop-up.

With this release, the above-mentioned issue has been resolved. Now, in the Agency tab of the 'Use Key Phrases' pop-up, the users can access the 'Use' link of the last Phrase at the bottom of the 'Use Key Phrases' pop-up.

Author: Sunil Belagali

171.Core Bugs #129236: In Use Key Phrases Popup Can't See Scroll Bar in the Agency tab.

Release Type: Fix **| Priority:** Medium

Prerequisites:

1.System configuration key "UseKeyPhrases" is set to 'Yes'.
2.The required Screen has a value for 'Key Phrase Category' field in the Screens Detail page.

Navigation Path: Go Search - Select Client - Select any Document - click on Select Action - Favorite Phrases - Use Key Phrases Popup.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In Any document when the user clicked on Favorite Phrases, in the Use Key Phrases Popup, the scroll bar was missing in the Agency tab.

With this release, the above-mentioned issue has been resolved. Now, when the user clicks on Favorite Phrases in the Use Key Phrases popup, the scroll bar is displayed in the Agency tab.

'Landing Page Messages' Screen

Reference No	Task No	Description
172	Core Bugs # 128847	Unable to edit or remove landing page message.

Author: Sachin Ranganathappa

172. Core Bugs # 128847: Unable to edit or remove landing page message.

Release Type: Fix **|** **Priority:** Medium

Navigation Path: Administration -- Landing Page Messages -- 'Landing Page Messages' list page – click on new icon – 'Landing Page Message Detail' screen – enter all the required data – Click on 'Save' icon.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The user was unable to modify or remove the landing page message in the 'Landing Page Message Detail' screen after creating it.

With this release, the above-mentioned issue has been resolved. Now, the user can modify or remove the created landing page messages in the 'Landing Page Message Detail' screen.

Login

Reference No	Task No	Description
173	Core Bugs # 129294	Blank window once after login.

Author: Kiran Tigarimath

173.Core Bugs # 129294: Blank window once after login.

Release Type: Fix **|** **Priority:** High

Navigation Path: Login to SmartCare.

Functionality 'Before' and 'After 'release:

Before this release, here was the behavior. The user was getting blank window when logged in to SmartCare application.

With this release, the above-mentioned issue has been resolved. Now, after logging into the SmartCare application, the user is displayed with the preferred screen after logging to the SmartCare application.

Manage Authorizations

Reference No	Task No	Description
174	Core Bugs # 129132	Service Request - 3 fields not pushing from Service Request to Authorization.

Author: Shivakanth Moger

174.Core Bugs # 129132: Service Request - 3 fields not pushing from Service Request to Authorization.

Release Type: Fix **| Priority:** Medium

Prerequisite: The 'Service Request—Review/ Approval' entry is created with the Programs and Comments fields data by following the below **path:**

Login to SmartCare Application – select any client – Search for 'Service Request – Review/ Approval List – Click the 'New' icon – Service Request – Review/ Approval Detail screen – 'Approval' tab – fill all the required fields (Program Approved and Comments) and make sure that the 'Generate Authorization' check box is selected and click on Insert button – 'Save'.

Navigation Path: Login to SmartCare Application – select any client – Search for 'Authorizations' – click on the Id hyperlink text which is created from the Service Request – Review/ Approval Detail screen – 'Authorization Details' screen.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the Authorizations list page, when the user clicked on any Id hyperlink text which was created from the 'Service Request – Review/ Approval Detail screen', the Requested section Program drop-down, Approved section Program drop-down and Status section Comments fields, were not initialized properly in the Authorization Details.

With this release, the above-mentioned issue has been resolved. Now, the Requested section Program dropdown, Approved section Program dropdown and Status section comments are initializing properly in the Authorization Details.

Manage Staff

Reference No	Task No	Description
175	Core Bugs # 128812	Staff Details Page: Smart Key textbox validation message issue.

Author: Niroop Hassan

175. Core Bugs # 128812: Staff Details Page: Smart Key textbox validation message issue.

Release Type: Fix | **Priority:** Medium

Navigation Path: 'Administration' – 'Staff/Users' - 'Staff/Users' list page – Click on required staff name hyperlink – 'Staff Details' page – 'Account' section – 'Smart Key' textbox.

Functionality 'Before' and 'After' Release:

Before this release, here was the behaviour. In the 'Staff Details' page, when the user entered less than 6 digits in the 'Smart Key' textbox under 'Account' section, the below validation message was displayed.

Validation Message: "SmartKey should have 6 characters".

With this release, the above-mentioned issue has been resolved. Now, when the user enters less than 6 digits in the 'Smart Key' textbox in the 'Account' section of the 'Staff Details' page, the below validation message will be displayed.

Validation Message: "SmartKey value must contain exactly 6 digits"

MCO

Reference No	Task No	Description
176	Core Bugs # 129056	Contract Rate amount limited to 8 characters.
177	Core Bugs # 128854	Admin fee adding cost to service

Author: Yashas Kydalappa

176. Core Bugs # 129056: Contract Rate amount limited to 8 characters.

Release Type: Fix | **Priority:** Medium

Navigation Path: 'My Office' -- 'Provider Contract' -- Select Provider -- 'Provider contract' -- 'Contracted Details'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In 'Contracted rates Detail' screen, the user could enter only 8 characters in the 'Rate' field.

With this release, the above mentioned issue is resolved and now, the 'Rate' field in 'Contracted rates Detail' screen, has been modified such that it allows upto 12 characters.

Author: Renuka Gunasekaran

177. Core Bugs # 128854: Admin fee adding cost to service.

Release Type: Fix | **Priority:** Medium

Prerequisite: Add admin fee for billing code by following **path** -> 'My Office' ->'Billing codes' -> 'Admin Fee' tab.

Navigation Path 1: 'My Office' -- 'Provider Contracts' -- Select Provider -- 'Contracts' -- 'Provider contracts' -- 'New Contracted rates' icon -- 'Contract Rates details' -- Add Contract rate in Billing code field -- Add '0' in 'Administrative fee' or 'Administrative %'.

Navigation Path 2: 'My Office' -- 'Claim Lines' -- Claim type 'P/I/PP/PI' -- 'Claim Entry screen' -- save -- select Claim line -- 'Claim details screen' -- 'Select Action ' -- 'Adjudicate' -- 'Select Action' -- 'Pay'.

Navigation Path 3: 'My Office' -- 'Service From claim' -- check the Paid claim line -- Click on 'Create Service' icon -- Click on Service ID hyperlink.

Functionality Before and After release:

Before this release, here was the behavior. The 'Override Charge Amount' field was not updated with any value when 'Administrative fee' or 'Administrative %' field was updated with a '0' value.

After this release, the 'Override Charge Amount' field is updated with charge amount when 'Administrative fee' or 'Administrative %' field is updated with '0' value.

Medical Progress Note document

Reference No	Task No	Description
178	Core Bugs # 129428	Error Message on EM code pop up.

Author: Smruthi Srikanth

178.Core Bugs # 129428: Error Message on EM code pop up.

Release Type: Fix | **Priority:** Medium

Navigation Path 1: Search for any Client – ‘My Calendar (My Office)’ - Create ‘New Primary care Entry’.

Navigation Path 2: Search for any Client – ‘Client summary (Primary Care)’ – Click on ‘Quick Note status’ under the ‘Visit’ Section – Select required ‘Template’ – Click on the Sign button for Medical Progress Note Document.

Functionality ‘Before’ and ‘After’ release:

Before this release, here was the behavior. When the user tried to sign “Medical Progress Note’ Document, the below error message was displayed in EM Sign Note Popup.

Error: Column ‘EMcode ‘does not allow nulls.

With this Release, the above-mentioned issue has been resolved. Now, the users are able to sign the “Medical Progress Note’ document without any error.

Messages

Reference No	Task No	Description
179	Core Bugs # 129380	Workgroups are not appearing in the Message Detail screen when permissions are granted from the Role Definition.

Author: Sunita Biradar

179.Core Bugs # 129380: Workgroups are not appearing in the Message Detail screen when permissions are granted from the Role Definition.

Release Type: Fix | **Priority:** High

Prerequisites: A Work Group is created through the below **path:**

Go search-Work Groups (Administration)- Click on New- Select the logged in staff in the staff dropdown-click on save.

Navigation Path 1: Navigate to 'Role Definition'(Administration)-Select 'Role'-Select 'Permission type' as 'Workgroup' -Enter the created 'Message Group'(from the Prerequisites path) Name-Grant permission.

Navigation Path 2: Login into smart care application- Messages (My office)-Click on New- Message detail screen-To drop down.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the permission was granted to the Work group in the Role definition screen, those work groups were not displayed in the 'To' dropdown under the Message details screen.

With this release, the above-mentioned issue has been resolved. Now, permission is granted to the Work group in the Role definition screen, those work groups are displayed in the 'To' drop down under the Message details screen.

~~Methadone~~

~~Reference No~~	~~Task No~~	~~Description~~
~~180~~	~~EII # 127499~~	~~MAT: Auto-add Ordering Physician as a co-signer when the order is signed if the order author is not the ordering physician.~~
~~181~~	~~EII # 127573~~	~~MAT: Dispense Signature Workflow~~
~~182~~	~~EII # 127720~~	~~MAT: Management Screen late order scheduled not appearing on screen - need to change limit of time.~~
~~183~~	~~EII # 128100~~	~~Implemented changes in the 'MAT Configuration' screen.~~
~~184~~	~~EII # 128319~~	~~MAT Changes in Patient Safety Acknowledgement Popup message.~~
~~185~~	~~EII # 128321~~	~~Changes are implemented in the MAT Management Details screen~~

~~186~~	~~EII # 127715~~	~~The ‘No Pump Dispense’ icon is implemented in the ‘MAT management’ list screen.~~

~~**Author:** Madhu Basavaraju~~

~~180. EII # 127499: MAT: Auto-add Ordering Physician as a co-signer when the order is signed if the order author is not the ordering physician.~~

~~**Release Type:** Change | **Priority:** Urgent~~

~~**Navigation Path 1:** ‘Administration’ -- ‘Orders’ -- ‘Orders’ list page -- click on New - ‘Order Details’ screen - Select ‘Medication/Lab’ in ‘Order Type’ dropdown -- ‘Options’ Section – Select all the required fields - Click on Save.~~

~~**Navigation Path 2:** ‘Client’ - ‘Client Orders’ -- ‘Client Orders’ list page – click on new icon - ‘Client Order Details’ screen - Select the Order created in Navigation Path 1 - Enter the required fields – click on Insert – click on Save and sign.~~

~~**Purpose:** To add the Ordering Physician as a co-signer automatically, when the order is signed and the order author is not the ordering physician.~~

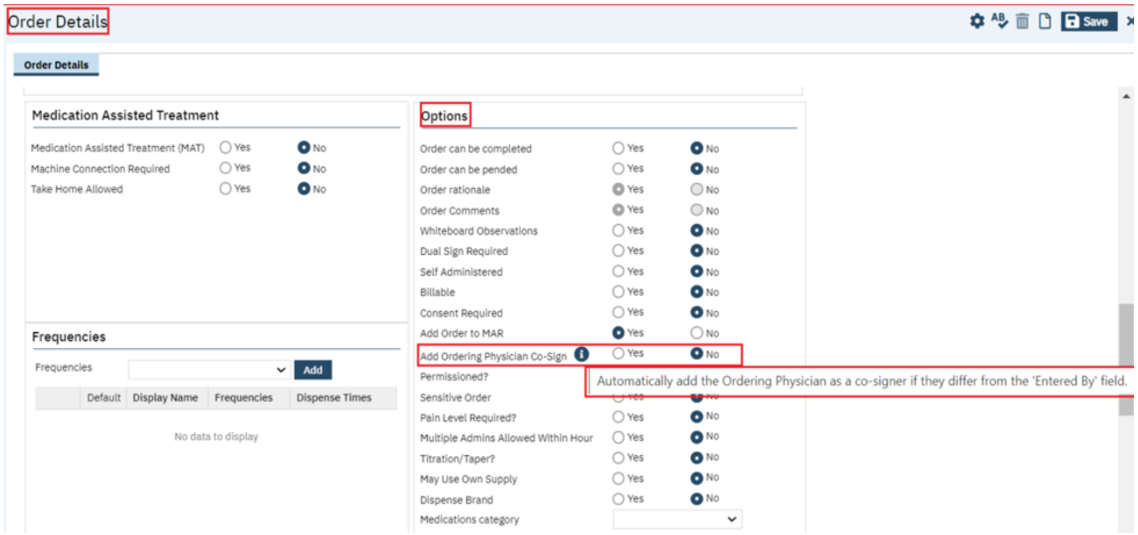
~~**Functionality ‘Before’ and ‘After’ release:**~~

~~With this release, the below-mentioned changes have been implemented.~~

~~1. In the ‘Options’ section of the ‘Order Details’ screen, the ‘Prescription Required’ radio button field has been renamed as ‘Add Ordering Physician Co-Sign’ radio button field with ‘ToolTip’.~~

~~a) Hovering over ToolTip icon, it will display below mentioned text:~~

~~“Automatically add the Ordering Physician as a co-signer if they differ from the 'Entered By' field”.~~



Medication Assisted Treatment

Medication Assisted Treatment (MAT) ○ Yes ● No
Machine Connection Required ○ Yes ● No
Take Home Allowed ○ Yes ● No

Frequencies

Frequencies

	Default	Display Name	Frequencies	Dispense Times

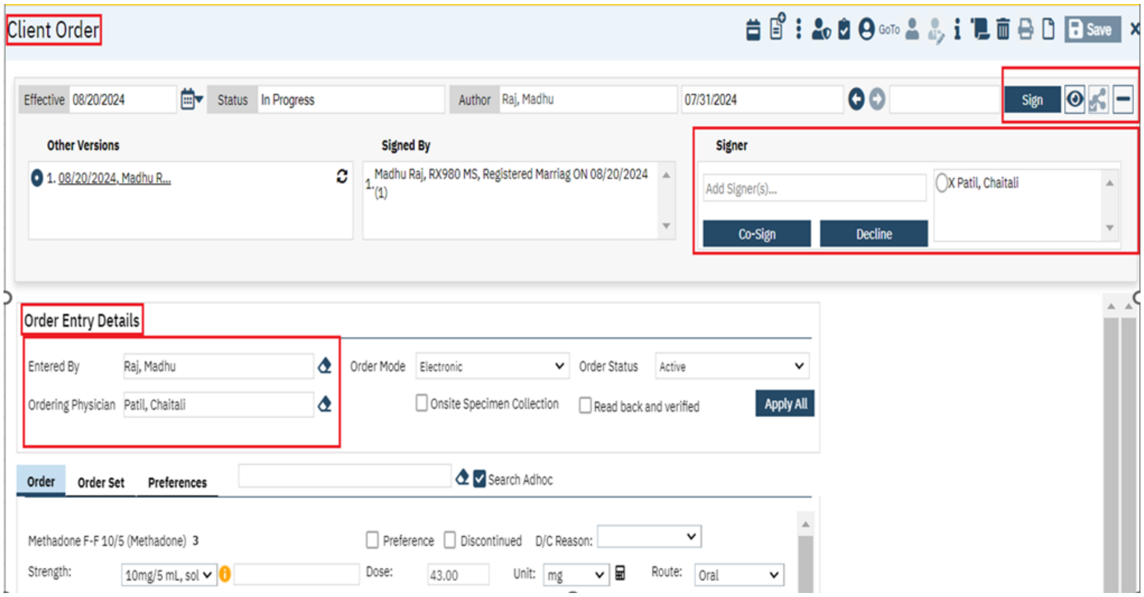
No data to display

Options

Order can be completed ○ Yes ● No
Order can be pended ○ Yes ● No
Order rationale ● Yes ○ No
Order Comments ● Yes ○ No
Whiteboard Observations ○ Yes ● No
Dual Sign Required ○ Yes ● No
Self Administered ○ Yes ● No
Billable ○ Yes ● No
Consent Required ○ Yes ● No
Add Order to MAR ● Yes ○ No
Add Ordering Physician Co-Sign ○ Yes ● No
Permissioned?
Sensitive Order
Pain Level Required? ○ Yes ● No
Multiple Admins Allowed Within Hour ○ Yes ● No
Titration/Taper? ○ Yes ● No
May Use Own Supply ○ Yes ● No
Dispense Brand ○ Yes ● No
Medications category

Automatically add the Ordering Physician as a co-signer if they differ from the 'Entered By' field.

~~b) When the "Add Ordering Physician Co-Sign" radio button is set to Yes and when the "Entered By" field is not the same as the "Ordering Physician" in the Client Orders, clicking on Sign will automatically include the ‘Ordering Physician’ as a Co-signer.~~



Effective 08/20/2024 Status In Progress Author Raj, Madhu 07/31/2024

Other Versions: 1. 08/20/2024, Madhu R...

Signed By: 1. Madhu Raj, RX980 MS, Registered Marriag ON 08/20/2024 (1)

Signer: Add Signer(s)... ○X Patil, Chaitali

Order Entry Details

Entered By: Raj, Madhu

Ordering Physician: Patil, Chaitali

Order Mode: Electronic

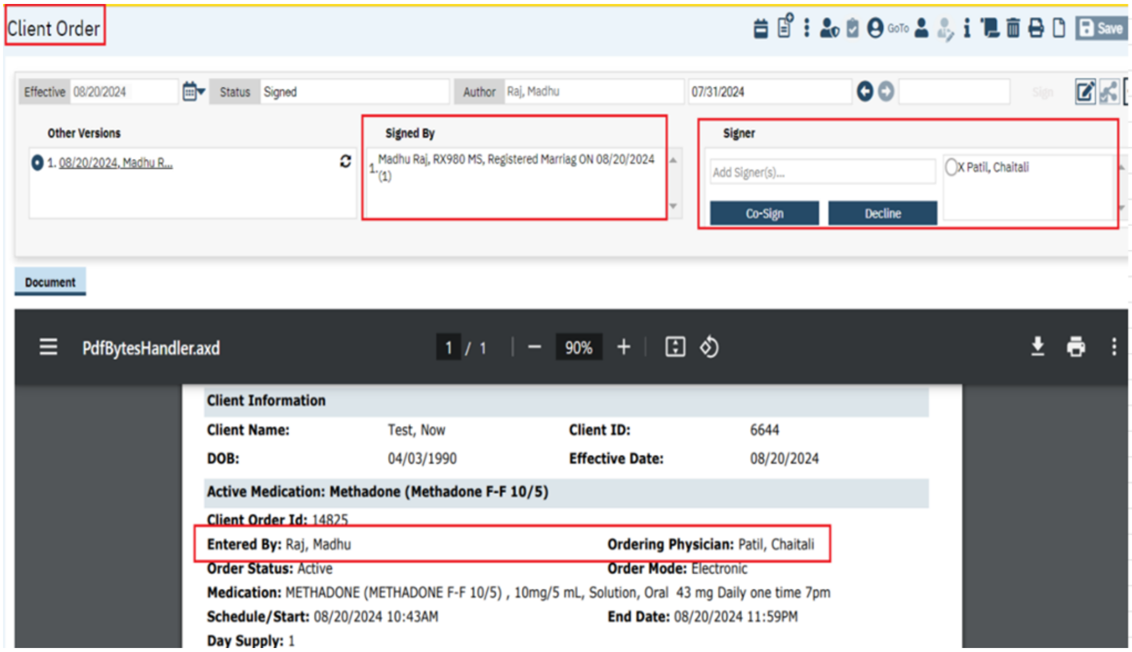
Order Status: Active

☐ Onsite Specimen Collection ☐ Read back and verified

☑ Search Adhoc

Methadone F-F 10/5 (Methadone) 3 ☐ Preference ☐ Discontinued D/C Reason:

Strength: 10mg/5 mL, sol Dose: 43.00 Unit: mg Route: Oral



Effective 08/20/2024 Status Signed Author Raj, Madhu 07/31/2024

Other Versions: 1. 08/20/2024, Madhu R...

Signed By: 1. Madhu Raj, RX980 MS, Registered Marriag ON 08/20/2024 (1)

Signer: Add Signer(s)... ○X Patil, Chaitali

Client Information

Client Name: Test, Now **Client ID:** 6644

DOB: 04/03/1990 **Effective Date:** 08/20/2024

Active Medication: Methadone (Methadone F-F 10/5)

Client Order Id: 14825

Entered By: Raj, Madhu **Ordering Physician:** Patil, Chaitali

Order Status: Active **Order Mode:** Electronic

Medication: METHADONE (METHADONE F-F 10/5) , 10mg/5 mL, Solution, Oral 43 mg Daily one time 7pm

Schedule/Start: 08/20/2024 10:43AM **End Date:** 08/20/2024 11:59PM

Day Supply: 1

~~**Author:** Madhu Basavaraju~~

~~181. EII # 127573: MAT: Dispense Signature Workflow~~

~~**Release Type:** Change **|** **Priority:** Urgent~~

~~**Navigation Path 1:** Administration – Global codes – ‘MATCaptureClientSign’ Category.~~

~~**Navigation Path 2:** Administration – ‘MAT Configuration’ – ‘General’ tab – ‘Client Signature’ section – select ‘Capture Client Signatures to dispense medication’ – Save.~~

~~**Navigation Path 3:** 'Administration' tab - 'Orders' - 'Orders' list page - New - 'Order Details' screen - Select 'Medication' Order Type - Enter the required fields - Select (Medication Assisted Treatment (MAT), Machine Connection Required, Take Home Allowed) = Yes under 'Medication Assisted Treatment' section - Save.~~

~~**Navigation Path 4:** My Office – 'Medication/Lot/Bottle' list page – New - 'Medication/Lot/Bottle Details' screen - Enter the required fields – Save.~~

~~**Navigation Path 5:** My Office – 'MAT Dispenser' list page – New - 'MAT Dispenser Detail' screen – 'General' tab - Enter the required fields – Save.~~

~~**Navigation Path 6:** 'Client' tab - 'Client Orders' list page - New - 'Client Order details' screen - Select the Order created in Navigation Path 1 - Enter the required fields – Insert - Save and sign.~~

~~**Navigation Path 7:** 'My Office' – 'MAT Management' list page – Connect User – Enter required fields - Click on 'Dispense' icon for the respective 'Client' Medication to be dispensed – 'MAT Management Details' screen.~~

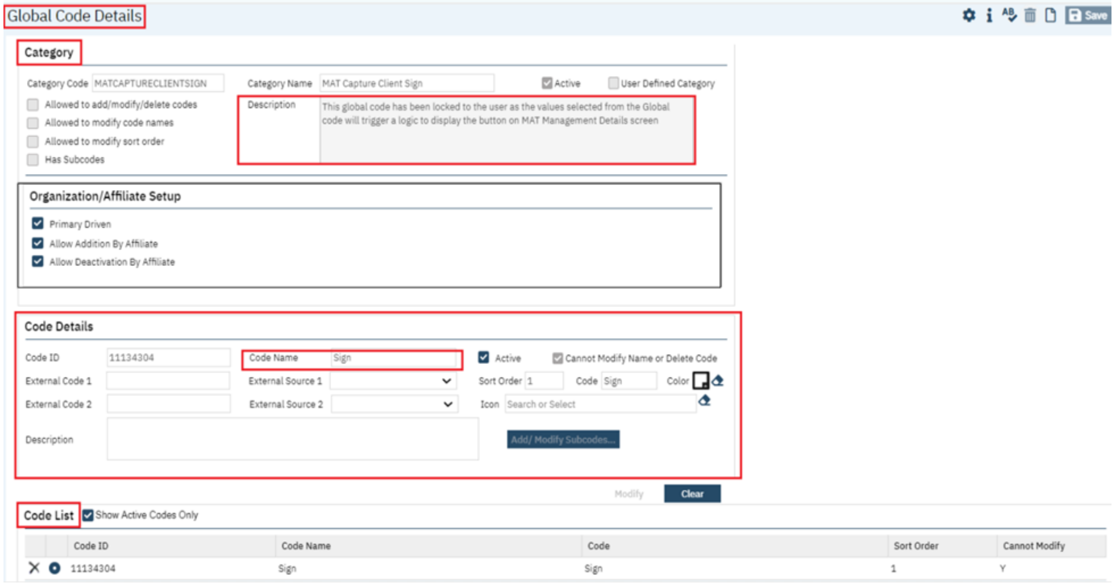
~~**Functionality 'Before' and 'After' release:**~~

~~**Purpose:**~~

- ~~To capture Dispense signature last in the dispense process.~~
- ~~To implement a functionality to capture the Client Signature at time of dispense instead of the Staff signature.~~
- ~~To Add a Configuration option for setting the 'Client Signature for dispensing MAT Medication'.~~

~~With this release, additional functionality has been implemented in the MAT module.~~

~~**1.Global Codes:** 'MATCAPTURECLIENTSIGN' Global Code is newly added and the existing System Configuration key 'SetSignatureRequiredToDispenseMATMedication' has been deleted.~~



Category

Category Code MATCAPTURECLIENTSIGN

Category Name MAT Capture Client Sign

☑ Active ☐ User Defined Category

☐ Allowed to add/modify/delete codes
☐ Allowed to modify code names
☐ Allowed to modify sort order
☐ Has Subcodes

Description: This global code has been locked to the user as the values selected from the Global code will trigger a logic to display the button on MAT Management Details screen

Organization/Affiliate Setup

☑ Primary Driven
☑ Allow Addition By Affiliate
☑ Allow Deactivation By Affiliate

Code Details

Code ID 11134304

Code Name Sign

☑ Active ☑ Cannot Modify Name or Delete Code

External Code 1

External Source 1

Sort Order 1

Code Sign

Color

External Code 2

External Source 2

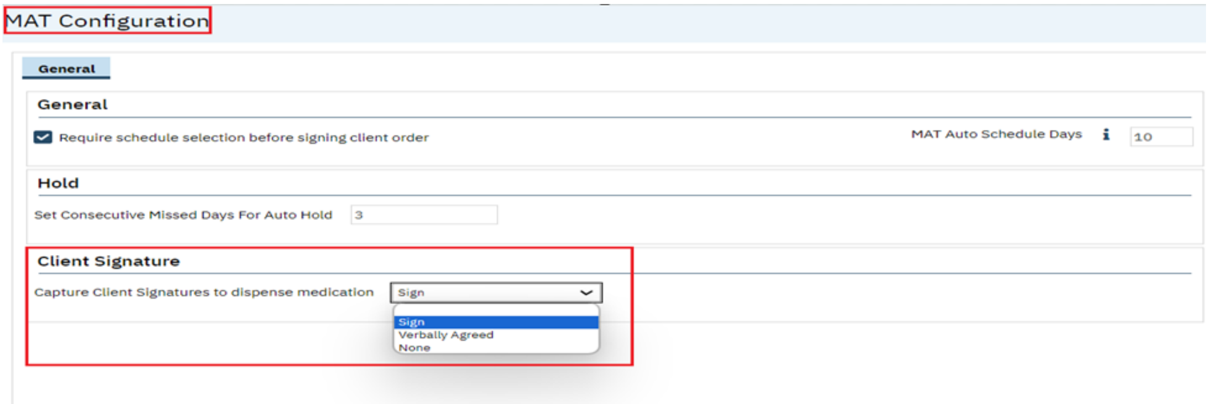
Icon Search or Select

Description

Code List ☑ Show Active Codes Only

		Code ID	Code Name	Code	Sort Order	Cannot Modify
✕	●	11134304	Sign	Sign	1	Y

~~**2.MAT Configuration - A new 'Client Signature' section has been added.**~~



MAT Configuration

General

☑ Require schedule selection before signing client order

MAT Auto Schedule Days: 10

Hold

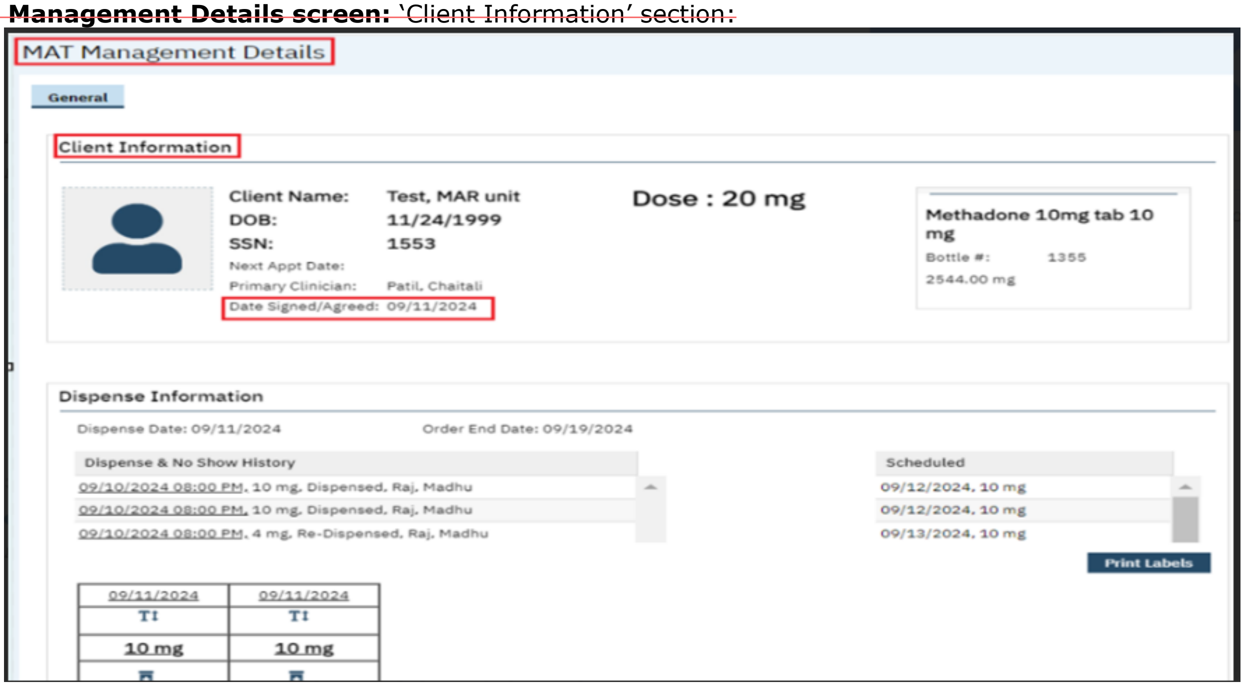
Set Consecutive Missed Days For Auto Hold: 3

Client Signature

Capture Client Signatures to dispense medication: Sign

- ~~**'Client Signature' section:** 'Capture client signatures to dispense medication' Global Code' dropdown displays the below mentioned values:~~
    - ~~Sign~~
    - ~~Verbally Agreed~~
    - ~~None~~
- ~~These dropdown values will be listed based on the new Global Code 'MATCaptureClientSign'.~~
- ~~The Default value in the dropdown will be 'None'.~~
- ~~It's a required field, else standard validation will be displayed.~~
- ~~Based on the selection of dropdown value, Sign Button/Verbally Agreed Button will appear in the 'Client Information' section of 'MAT Management Details' screen.~~

~~**3. MAT Management Details screen:** 'Client Information' section:~~



MAT Management Details

Client Information

Client Name: Test, MAR unit
DOB: 11/24/1999
SSN: 1553
Next Appt Date:
Primary Clinician: Patil, Chaitali
Date Signed/Agreed: 09/11/2024

Dose : 20 mg

Methadone 10mg tab 10 mg
Bottle #: 1355
2544.00 mg

Dispense Information

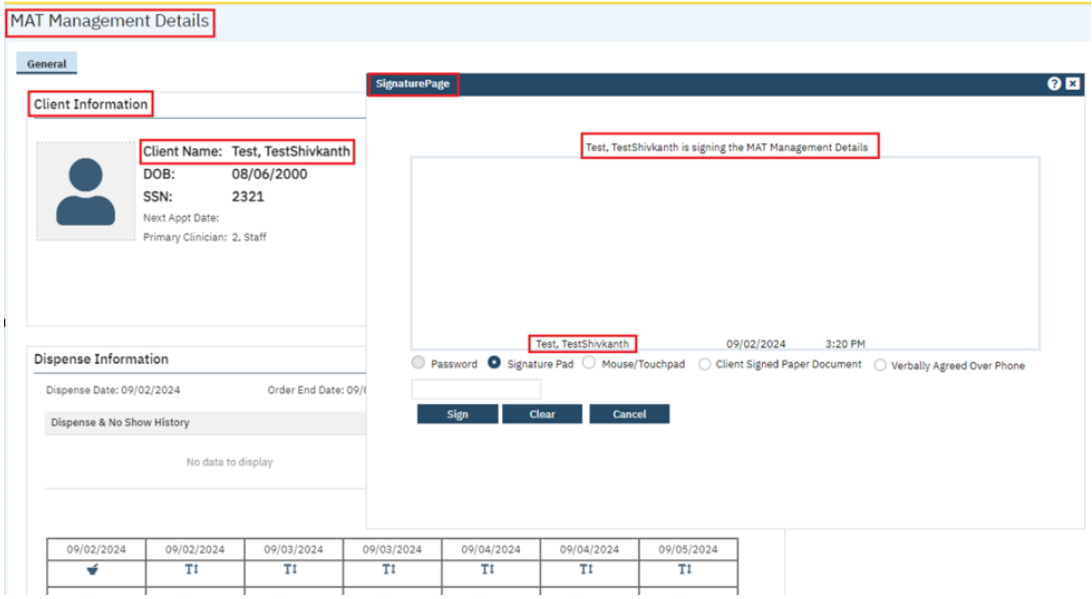
Dispense Date: 09/11/2024
Order End Date: 09/19/2024

Dispense & No Show History
09/10/2024 08:00 PM, 10 mg, Dispensed, Raj, Madhu
09/10/2024 08:00 PM, 10 mg, Dispensed, Raj, Madhu
09/10/2024 08:00 PM, 4 mg, Re-Dispensed, Raj, Madhu

Scheduled
09/12/2024, 10 mg
09/12/2024, 10 mg
09/13/2024, 10 mg

09/11/2024	09/11/2024
T1	T1
10 mg	10 mg

- ~~The 'Date Signed' label changed to 'Date Signed/Agreed' and field's logic is modified to capture and display the client's signature date.~~
    - ~~This field will not be displayed, when the MAT Configuration 'Capture client signatures to dispense medication' is selected as 'None'.~~
- ~~The 'Signed By' field has been removed.~~
- ~~When 'Capture client signatures to dispense medication' is 'Sign', then:~~
    - ~~Signature pop up will be displayed, on click of 'Sign' Button.~~



Client Information

Client Name: Test, TestShivkanth
DOB: 08/06/2000
SSN: 2321
Next Appt Date:
Primary Clinician: 2, Staff

Dispense Information

Dispense Date: 09/02/2024 Order End Date: 09/

Dispense & No Show History

No data to display

Test, TestShivkanth is signing the MAT Management Details

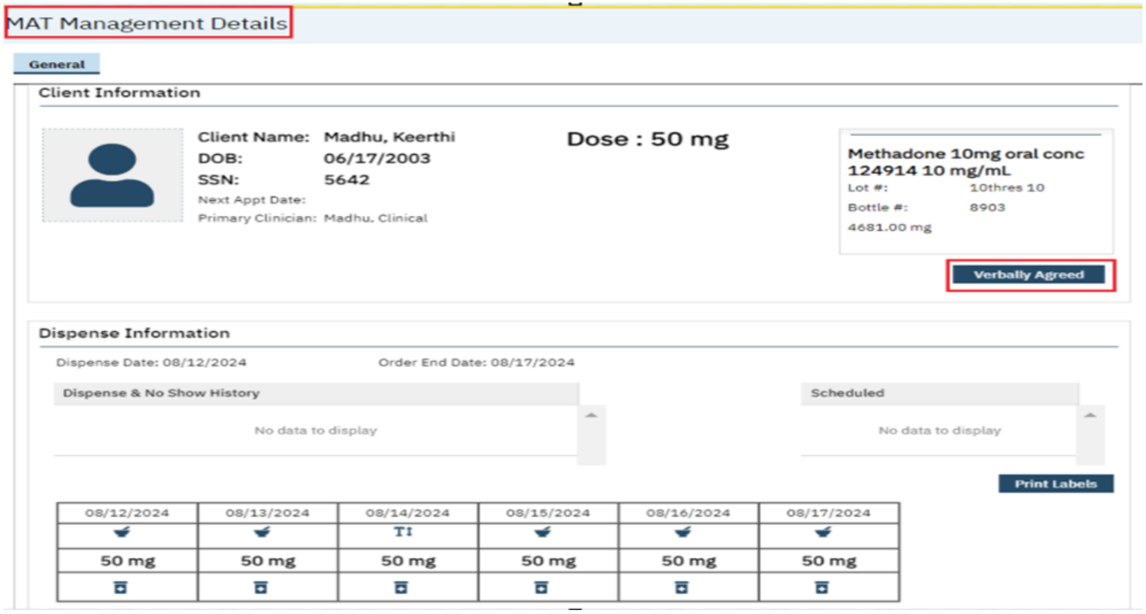
Test, TestShivkanth 09/02/2024 3:20 PM

○ Password ● Signature Pad ○ Mouse/Touchpad ○ Client Signed Paper Document ○ Verbally Agreed Over Phone

09/02/2024	09/02/2024	09/03/2024	09/03/2024	09/04/2024	09/04/2024	09/05/2024
	T↕	T↕	T↕	T↕	T↕	T↕

- ~~The Client must Sign before dispensing medication.~~
- ~~One Client's signature per day is required, to cover both the Clinic (Face to Face) and Take Home dose. Ex: Client order is in place for Monday, Thursday Face to face Tues, Wed, Fri, Sat, Sun are Take homes, so they capture Client signatures before dispensing for every walk-in (face to face) day.~~
- ~~MAT Edit Dosage Popup: If the dose is changed/edited, then Client signature is recaptured.~~
- ~~For Split doses it captures only one Signature for both.~~
- ~~Exception take home performs the same as normal Take home only.~~
- ~~For face-to-face orders, when the filtered date is for future date, a new Client signature is captured.~~
- ~~For Re-dispense, the Client signature is recaptured.~~
- ~~The Client’s name appears in the signature pop-up instead of the staff name.~~

~~When ‘Capture client signatures to dispense medication’ is 'Verbally Agreed' then:~~



Client Information

Client Name: Madhu, Keerthi
DOB: 06/17/2003
SSN: 5642
Next Appt Date:
Primary Clinician: Madhu, Clinical

Dose : 50 mg

Methadone 10mg oral conc 124914 10 mg/mL
Lot #: 10thres 10
Bottle #: 8903
4681.00 mg

Dispense Information

Dispense Date: 08/12/2024 Order End Date: 08/17/2024

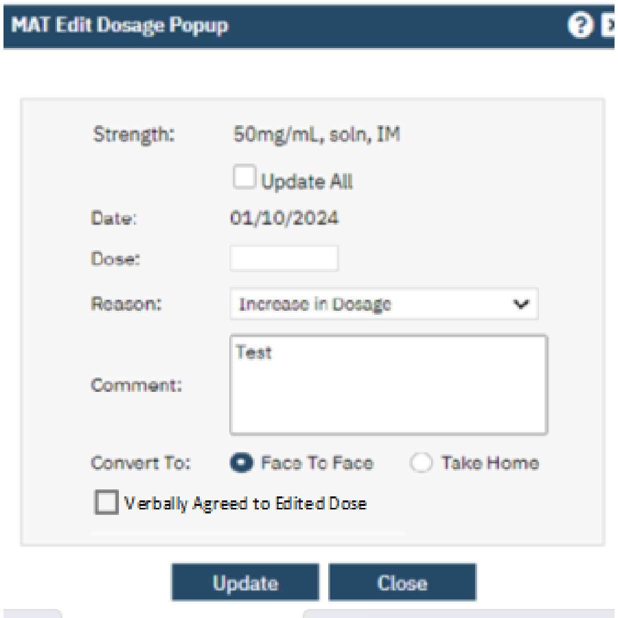
Dispense & No Show History

No data to display

Scheduled

No data to display

08/12/2024	08/13/2024	08/14/2024	08/15/2024	08/16/2024	08/17/2024
		T↕			
50 mg	50 mg	50 mg	50 mg	50 mg	50 mg



Strength: 50mg/mL, soln, IM

☐ Update All

Date: 01/10/2024

Dose:

Reason: Increase in Dosage

Comment: Test

Convert To: ● Face To Face ○ Take Home

☐ Verbally Agreed to Edited Dose

- ~~The signature popup will not appear, and the user can dispense medication.~~
- ~~One client's Verbally Agreed per day is required, to cover both the Clinic (Face to Face) and Take-Home dose.~~
- ~~**MAT Edit Dosage Popup:** If dose is changed/edited, then verbally agreed is recaptured, by selecting the 'Verbally Agreed to Edited Dose' new checkbox. This is a required field.~~
- ~~A validation message 'A verbal agreement from the Client is required for any edit dose.' needs to be displayed while updating if this checkbox is not ticked.~~
- ~~**For split doses:** If Split 1 is edited, then request for Verbally Agreed Consent. If Split 2 is edited, then request for Verbally Agreed Consent. (In the event of a change or edit to the dose, the checkbox will not be checked).~~
- ~~For face-to-face orders, when the filtered date is for future date, a new 'Verbally Agreed' is captured.~~
- ~~For Re-dispense, if the dose is changed/edited, then the verbally agreed is recaptured.~~
- ~~When 'Capture client signatures to dispense medication' is selected as 'None':~~
- ~~Prior to the dispensing, neither the 'Verbally Agreed' nor the signature pop-up to be captured.~~
- ~~Medication to be dispensed directly by the user from the MAT Management detail screen.~~

~~**Data Model Changes:**~~

- ~~Added new column **ClientSignedPaper** to table MATManagementDetails.~~
- ~~Added new columns **ClientSignedPaper, SignedDate, PhysicalSignature, SignatureVerificationMode, DoseEditedBy** to table **MATDosageChangeHistory**.~~
- ~~Added new columns **ClientSignedPaper, SignedDate, PhysicalSignature, SignatureVerificationMode** to table **MATRedispenseDetails**.~~
- ~~Added new column **ClientSignatureRequiredToDispenseMedication** to table **MATConfigurations**~~.

~~**Author:** Sithara Ponnath~~

~~182. EII # 127720: MAT: Management Screen late order scheduled not appearing on screen - need to change limit of time.~~

~~**Release Type:** Change **|** **Priority:** Urgent~~

~~**Navigation Path 1:** 'Client' search --- 'Client Orders' screen --- Click on the 'New' icon – Search and select a Medication Order (MAT Order) – Enter required fields – Observe that the 'Frequency' time selected is in the past~~

~~– Click on 'Insert' button --- Click on 'Sign' button.~~

~~**Navigation Path 2:** 'My Office' --- 'MAT Management' screen – Filter with the date to get the results.~~

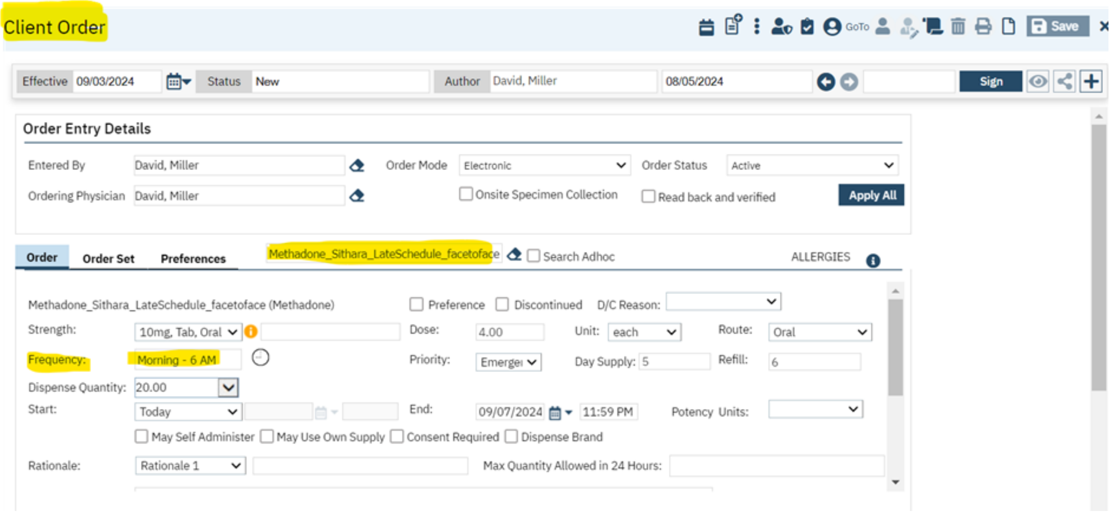
~~**Functionality 'Before' and 'After' release:**~~

~~**Purpose:** To ensure a newly created MAT order can be dispensed on the same day. The dispense 'time' is not relevant for MAT since it's a daily order and clients can arrive for their dispense at any time during the location business hours.~~

~~With this release, the below changes are implemented in the 'MAT Management' screen.~~

~~When the 'MAT Client Orders' are signed after the dispense time, the orders will be created and displayed in the 'MAT Management' screen for that date even if the order is entered later in the day i.e., the 'Dispense/Order Template Frequency' time is in the past.~~

~~**Client Order screen with a 'Frequency Time' in the past.**~~



Effective 09/03/2024 Status New Author David, Miller 08/05/2024

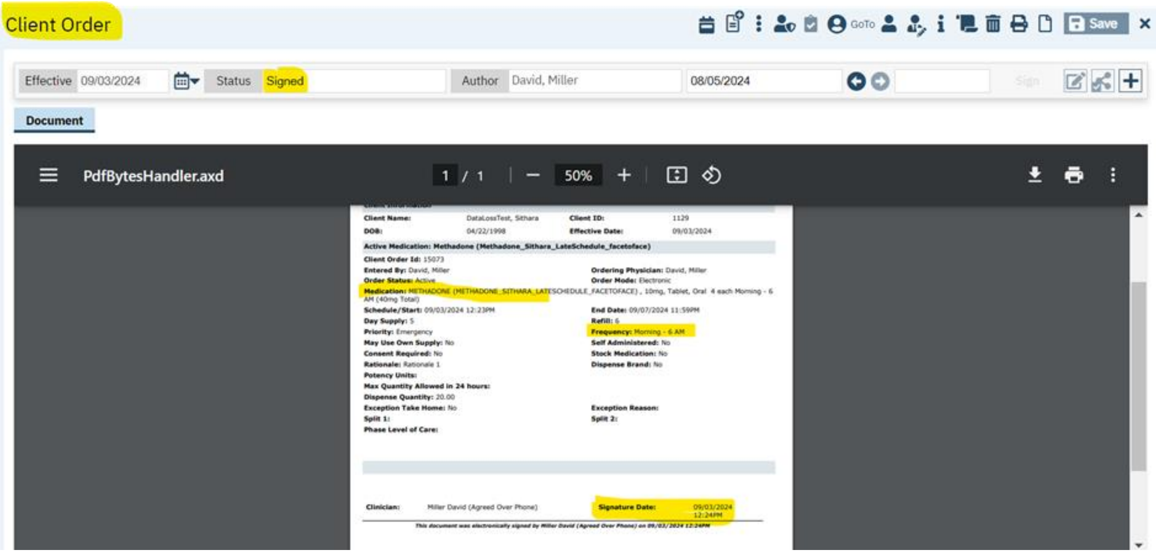
Order Entry Details

Entered By: David, Miller
Order Mode: Electronic
Order Status: Active
Ordering Physician: David, Miller
☐ Onsite Specimen Collection
☐ Read back and verified

Methadone_Sithara_LateSchedule_facetoface
☐ Search Adhoc

Methadone_Sithara_LateSchedule_facetoface (Methadone)
☐ Preference ☐ Discontinued D/C Reason:
Strength: 10mg, Tab, Oral
Dose: 4.00
Unit: each
Route: Oral
Frequency: Morning - 6 AM
Priority: Emerger
Day Supply: 5
Refill: 6
Dispense Quantity: 20.00
Start: Today
End: 09/07/2024 11:59 PM
Potency Units:
☐ May Self Administer ☐ May Use Own Supply ☐ Consent Required ☐ Dispense Brand
Rationale: Rationale 1
Max Quantity Allowed in 24 Hours:

~~**Signed Client Order for a 'Frequency Time' in the past.**~~

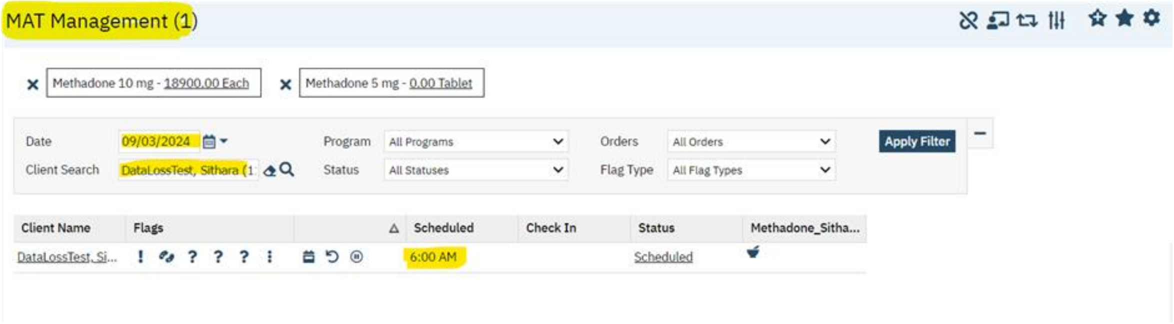


Effective 09/03/2024 Status Signed Author David, Miller 08/05/2024

Client Name: DataLossTest, Sithara
Client ID: 1129
DOB: 04/22/1998
Effective Date: 09/03/2024
Active Medication: Methadone (Methadone_Sithara_LateSchedule_facetoface)
Client Order Id: 15073
Entered By: David, Miller
Ordering Physician: David, Miller
Order Status: Active
Order Mode: Electronic
Medication: METHADONE (METHADONE_SITHARA_LATESCHEDULE_FACETOFACE) , 10mg, Tablet, Oral 4 each Morning - 6 AM (40mg Total)
Schedule/Start: 09/03/2024 12:23PM
End Date: 09/07/2024 11:59PM
Day Supply: 5
Refill: 6
Priority: Emergency
Frequency: Morning - 6 AM
May Use Own Supply: No
Self Administered: No
Consent Required: No
Stock Medication: No
Rationale: Rationale 1
Dispense Brand: No
Potency Units:
Max Quantity Allowed in 24 hours:
Dispense Quantity: 20.00
Exception Take Home: No
Exception Reason:
Split 1:
Split 2:
Phase Level of Care:

Clinician: Miller David (Agreed Over Phone)
Signature Date: 09/03/2024 12:24PM
This document was electronically signed by Miller David (Agreed Over Phone) on 09/03/2024 12:24PM

~~**'MAT Management' screen where an order is generated irrespective of the 'Dispense/Order Template Frequency Time'.**~~



MAT Management (1)

Methadone 10 mg - 18900.00 Each
Methadone 5 mg - 0.00 Tablet

Date: 09/03/2024
Client Search: DataLossTest, Sithara (1
Program: All Programs
Status: All Statuses
Orders: All Orders
Flag Type: All Flag Types

Client Name	Flags		Scheduled	Check In	Status	Methadone_Sitha...
DataLossTest, Si...	! ? ? ? ⋮		6:00 AM		Scheduled	

~~**Author:** Sithara Ponnath~~

~~183. EII # 128100: Implemented changes in the 'MAT Configuration' screen.~~

~~**Release Type:** Change **|** **Priority:** On Fire~~

~~**Prerequisites:** Create a Medication MAT Order through the below mentioned **path**:~~

~~1.**For Face-to-Face Medication Order.**~~
~~Orders (Administration)-Select Order Type as 'Medications' - Select 'Medication Assisted Treatment' radio button as 'yes' - Select 'Take Home allowed' radio button as No in the Medication Assisted Treatment section.~~

~~**2.For Take Home Medication Order:**~~
~~Orders (Administration)-Select Order Type as 'Medications' - Select 'Medication Assisted Treatment' radio button as 'yes'- Select 'Take Home allowed' radio button as 'Yes' in the Medication Assisted Treatment section.~~

~~**Navigation Path 1:** 'Administration' - 'MAT Configuration' screen - Set a value in the ''MAT Auto Schedule Days' field.~~

~~**Navigation Path 2:** 'Client' - 'Client Orders' screen - Click on 'New' icon – Search and select a Face-to-Face Medication Order – Enter required data – Click on 'Insert' button - Click on 'Sign' button.~~

~~**Navigation Path 3:** 'Client' - 'Client Orders' screen - Click on 'New' icon – Search and select a Take Home Medication Order – Enter required data – Click on 'Insert' button - Click on 'Sign' button.~~

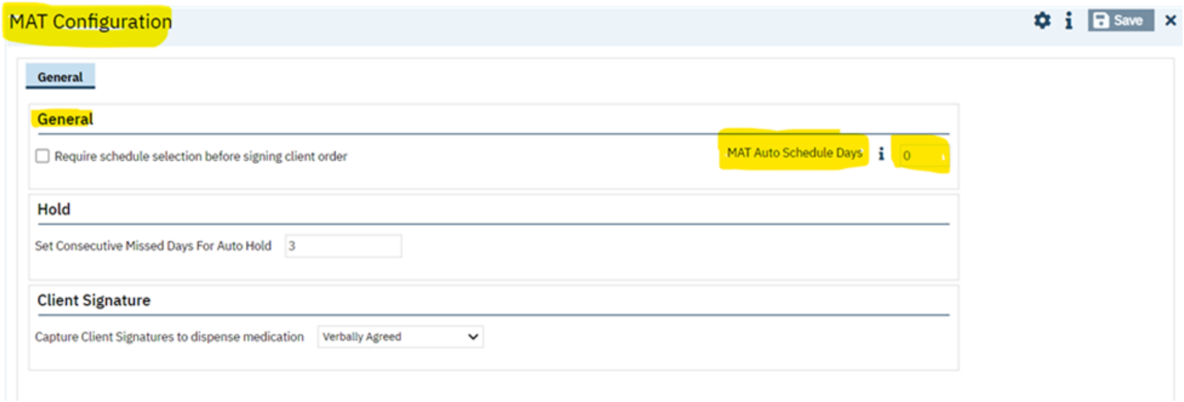
~~**Navigation Path 4:** 'My Office' -- 'MAT Management' screen – Filter with the date to get the results - Click on 'Dispense' icon - Click on 'Date' dropdown field to view the dates for which future records will be created.~~

~~**Functionality 'Before' and 'After' release:**~~

~~**Purpose:** Add a key to the MAT Configuration page, that determines the period for which future records will be generated.~~

~~With this release, the below changes are implemented in the 'MAT Configuration' screens.~~

~~**MAT Configuration Screen:**~~



General

☐ Require schedule selection before signing client order

MAT Auto Schedule Days 0

Hold

Set Consecutive Missed Days For Auto Hold 3

Client Signature

Capture Client Signatures to dispense medication Verbally Agreed

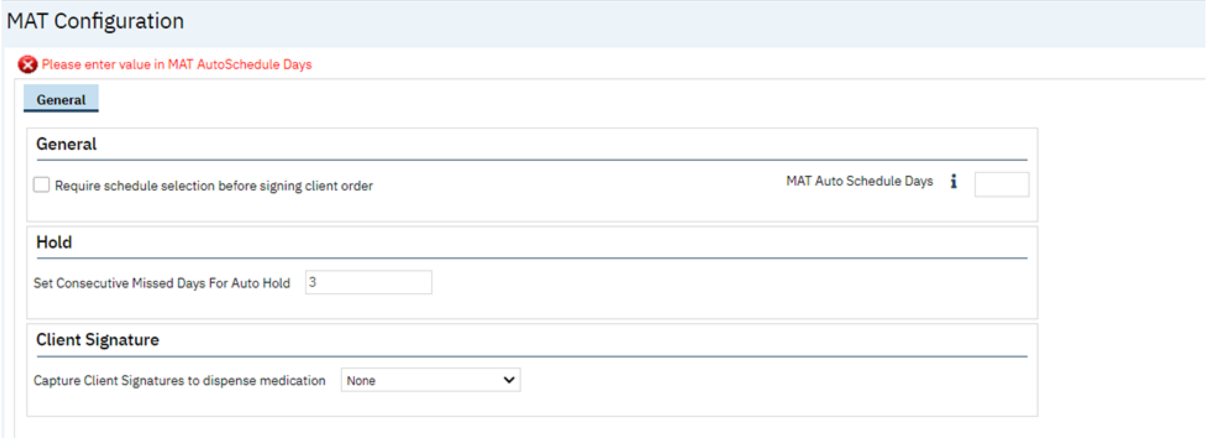
~~- Added a new key/field '**MAT Auto Schedule Days'** in the 'General' section of 'MAT Configuration' screen.~~

~~- 'MAT Auto Schedule Days': The users can set a value that determines the period for which future MAT records will be created while signing the 'Face to Face' client orders.~~

~~- 'MAT Auto Schedule Days' field is a textbox and accepts only numeric values. The users can create a weekly schedule for up to 7 days.~~

~~- Below required field validation will be displayed when the 'MAT Auto Schedule Days' field is left blank while saving.~~

~~**Validation Message:** "Please enter value in MAT AutoSchedule Days".~~



Please enter value in MAT AutoSchedule Days

General

☐ Require schedule selection before signing client order

MAT Auto Schedule Days

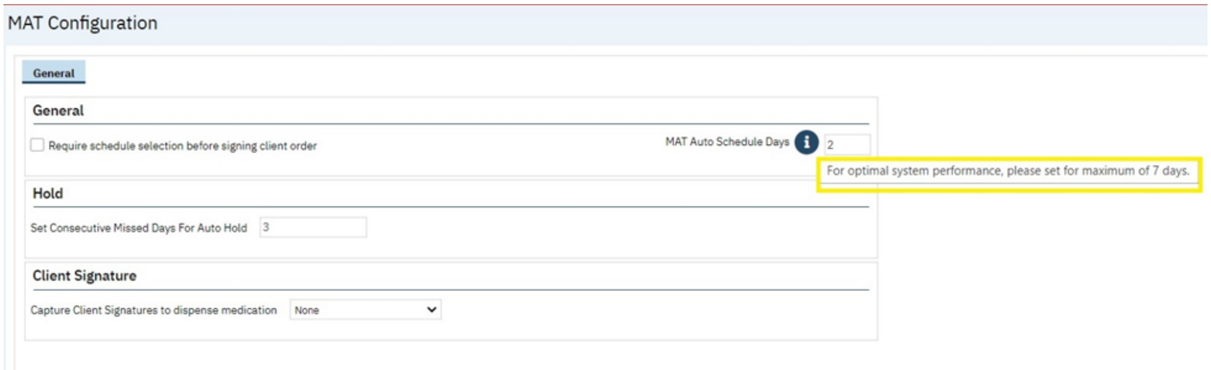
Hold

Set Consecutive Missed Days For Auto Hold 3

Client Signature

Capture Client Signatures to dispense medication None

~~Added a 'MAT Auto Schedule Days Tool Tip' (i) icon: This displays 'For optimal system performance, please set for maximum of 7 days.' on mouse hover.~~



General

☐ Require schedule selection before signing client order

MAT Auto Schedule Days 2

For optimal system performance, please set for maximum of 7 days.

Hold

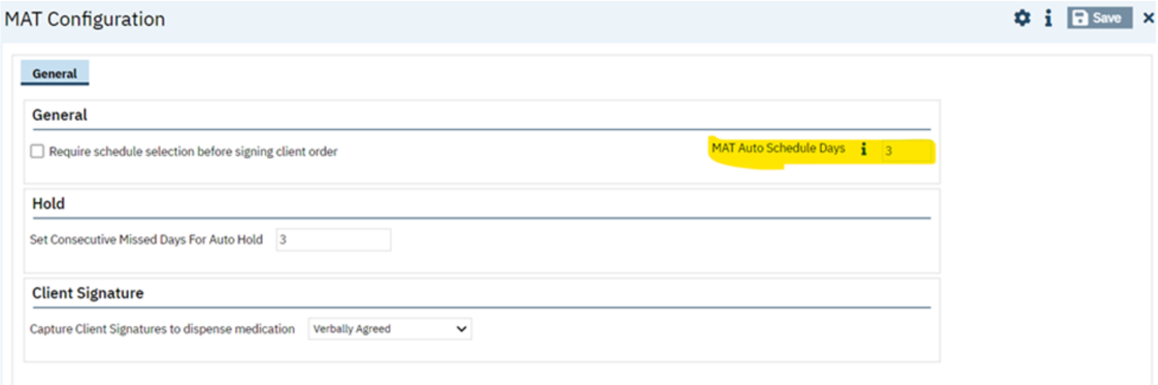
Set Consecutive Missed Days For Auto Hold 3

Client Signature

Capture Client Signatures to dispense medication None

- ~~'Require schedule selection before signing client order': This is a checkbox. If this checkbox is checked, then while signing the client order a validation will be displayed to 'select Day(s) When do you need a Face-to-Face dose' from the 'MAT Client Level Setup'.~~
- ~~If the client only needs face-to-face appointments and doesn't get any take-home doses, the MAT Management Detail screen will show the face-to-face dispense icon, matching the date filter on the MAT Management list page.~~

~~E.g. MAT Configuration screen where 'MAT Auto Schedule Days' value is set to 3.~~



General

☐ Require schedule selection before signing client order

MAT Auto Schedule Days 3

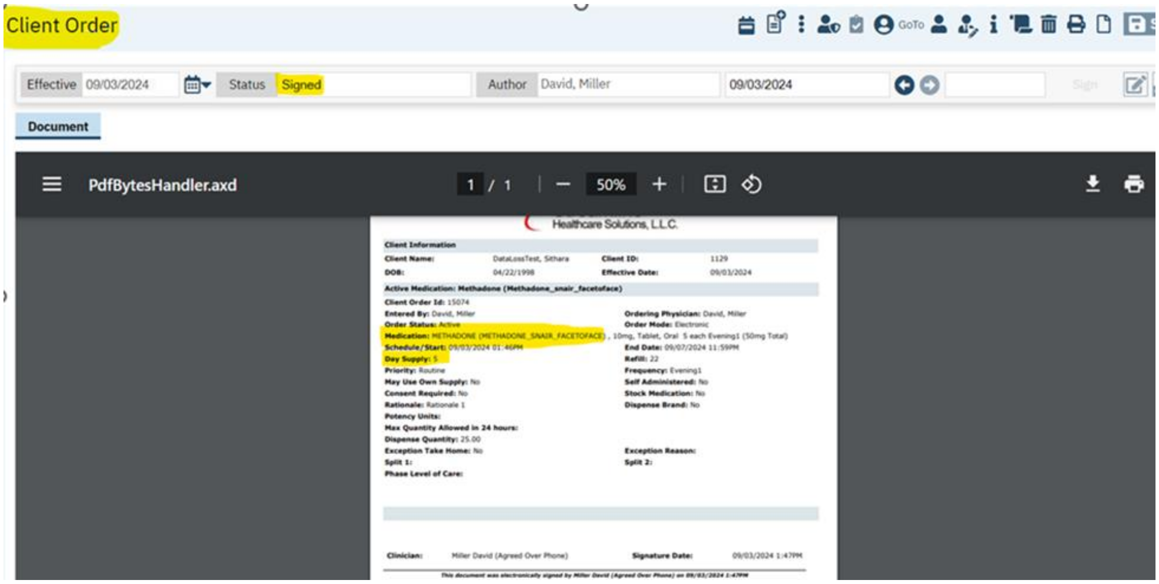
Hold

Set Consecutive Missed Days For Auto Hold 3

Client Signature

Capture Client Signatures to dispense medication Verbally Agreed

~~Signed a client order of Face-to-Face appointment where day supply = 5~~



Effective 09/03/2024 Status Signed Author David, Miller 09/03/2024

Healthcare Solutions, L.L.C.

Client Information

Client Name: DataLossTest, Sithara **Client ID:** 1129

DOB: 04/22/1998 **Effective Date:** 09/03/2024

Active Medication: Methadone (Methadone_snair_facetoface)

Client Order Id: 15074

Entered By: David, Miller **Ordering Physician:** David, Miller

Order Status: Active **Order Mode:** Electronic

Medication: METHADONE (METHADONE_SNAIR_FACETOFACE) , 10mg, Tablet, Oral 5 each Evening1 (50mg Total)

Schedule/Start: 09/03/2024 01:46PM **End Date:** 09/07/2024 11:59PM

Day Supply: 5 **Refill:** 22

Priority: Routine **Frequency:** Evening1

May Use Own Supply: No **Self Administered:** No

Consent Required: No **Stock Medication:** No

Rationale: Rationale 1 **Dispense Brand:** No

Potency Units:

Max Quantity Allowed in 24 hours:

Dispense Quantity: 25.00

Exception Take Home: No **Exception Reason:**

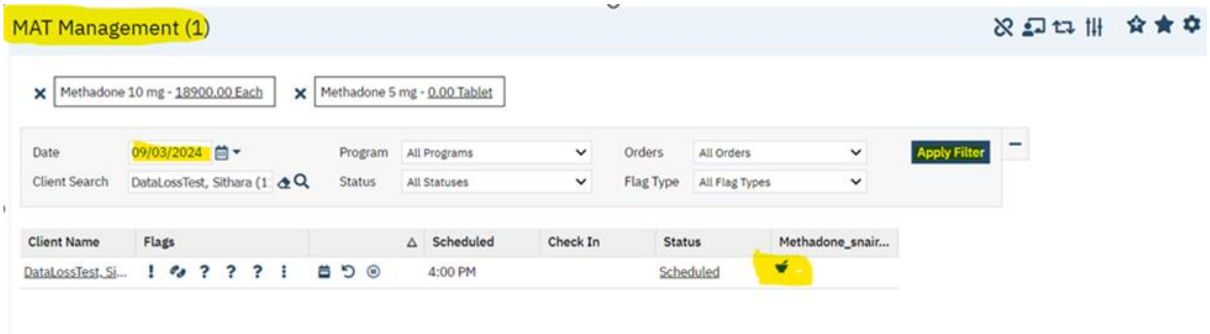
Split 1: **Split 2:**

Phase Level of Care:

Clinician: Miller David (Agreed Over Phone) **Signature Date:** 09/03/2024 1:47PM

This document was electronically signed by Miller David (Agreed Over Phone) on 09/03/2024 1:47PM

~~MAT order is created and displayed in the MAT Management screen for the filtered date.~~



MAT Management (1)

Methadone 10 mg - 18900.00 Each

Methadone 5 mg - 0.00 Tablet

Date: 09/03/2024

Program: All Programs

Orders: All Orders

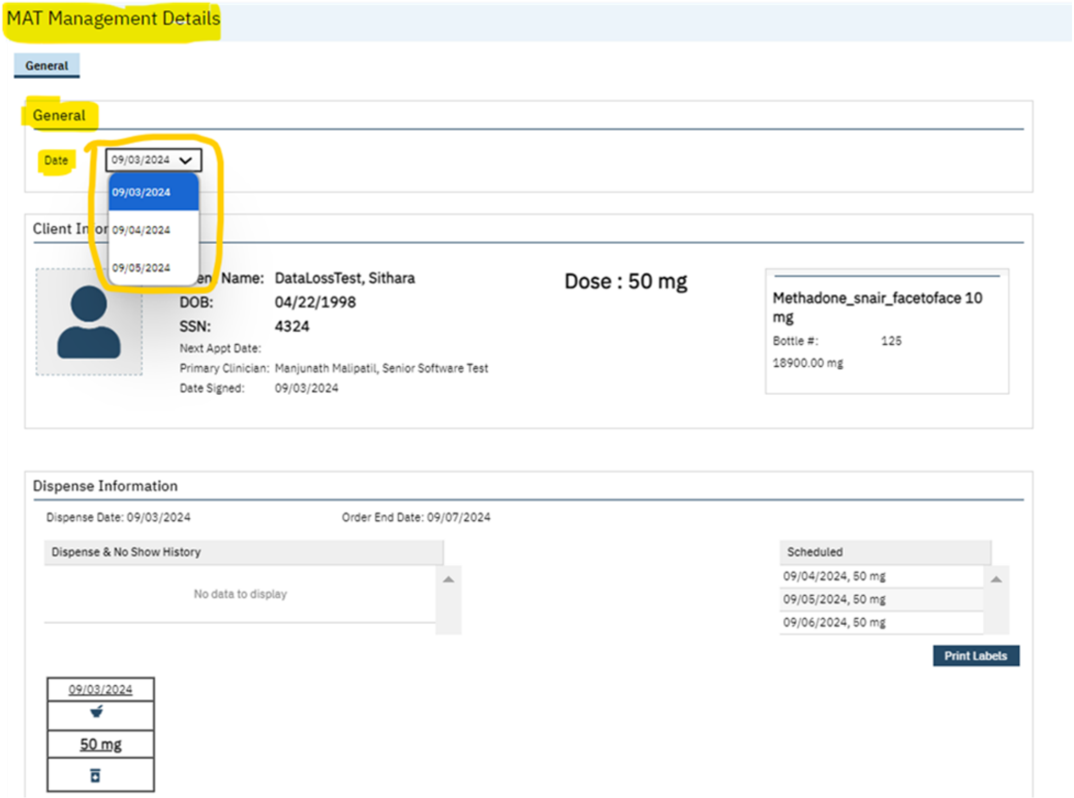
Client Search: DataLossTest, Sithara (1

Status: All Statuses

Flag Type: All Flag Types

Client Name	Flags	Scheduled	Check In	Status	Methadone_snair...
DataLossTest, Si...	! ? ? ?	4:00 PM		Scheduled	✓

~~**On click of dispense icon, the date field in the ‘MAT Management Details’ screen shows the number of future days for which records will be created based on the value set in the ‘MAT Configuration’ screen’.**~~



MAT Management Details

General

Date: 09/03/2024

- 09/03/2024
- 09/04/2024
- 09/05/2024

Client Info

Name: DataLossTest, Sithara

DOB: 04/22/1998

SSN: 4324

Next Appt Date:

Primary Clinician: Manjunath Malipatil, Senior Software Test

Date Signed: 09/03/2024

Dose : 50 mg

Methadone_snair_facetoface 10 mg

Bottle #: 125

18900.00 mg

Dispense Information

Dispense Date: 09/03/2024

Order End Date: 09/07/2024

Dispense & No Show History: No data to display

Scheduled
09/04/2024, 50 mg
09/05/2024, 50 mg
09/06/2024, 50 mg

09/03/2024
✓
50 mg

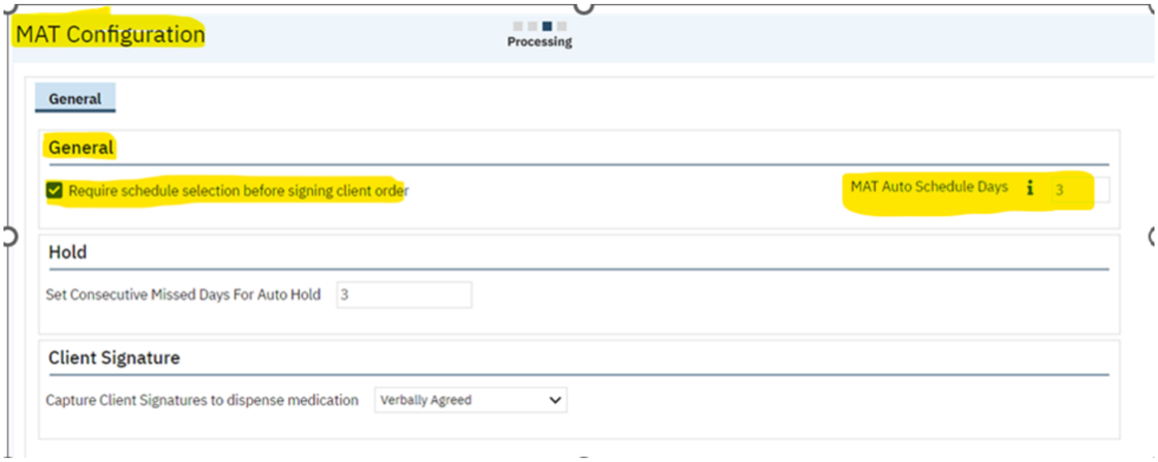
~~If the client order has both face to face and take homes, the records are created as per the existing functionality based on the following criteria.~~

~~a) The number of the take home value entered in the client order.~~

~~b) The MAT Management list page's filtered date.~~

~~c) The days marked in the ‘When do you need a Face-to-Face dose’ field in the MAT Client level Setup pop-up window.~~

~~**MAT Auto Schedule Days value set to 3 in the MAT Configuration screen and ‘Require schedule selection before signing client order’ checkbox is checked so that user can select days for face-to-face dose while signing the client order.**~~



MAT Configuration

General

General

☑ Require schedule selection before signing client order

MAT Auto Schedule Days: 3

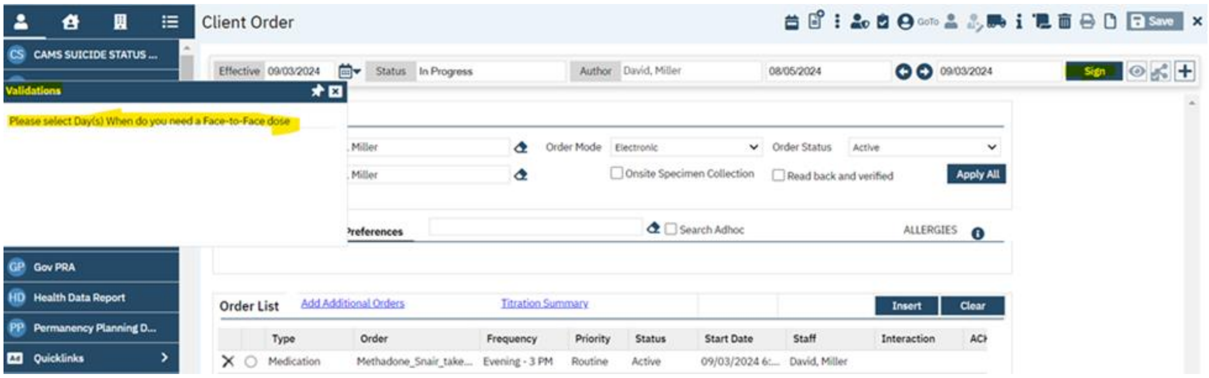
Hold

Set Consecutive Missed Days For Auto Hold: 3

Client Signature

Capture Client Signatures to dispense medication: Verbally Agreed

~~**Signed a client order of take-home appointment where day supply = 5 and 'Number of Take-Home Days' = 5 and selected a 'Day' in the 'When do you need a Face-to-Face dose' field from the 'MAT Client Level Setup' pop-up by clicking on the 'MAT Client Level Setup' icon.**~~



Client Order

Effective: 09/03/2024 | Status: In Progress | Author: David, Miller | 08/05/2024 | 09/03/2024

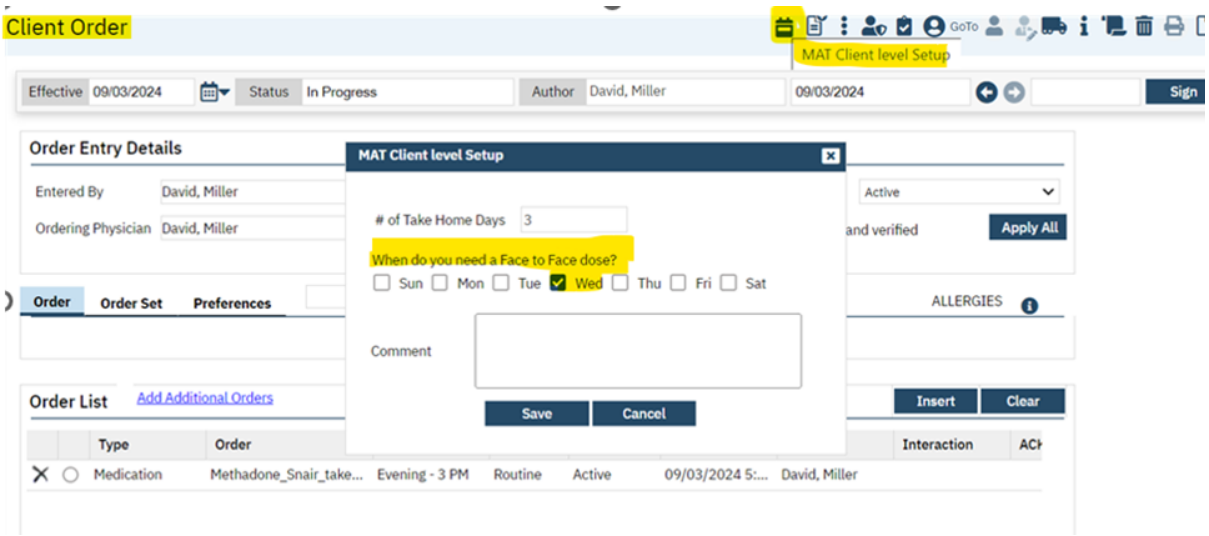
Validations

Please select Day(s) When do you need a Face-to-Face dose

Order Mode: Electronic | Order Status: Active

☐ Onsite Specimen Collection ☐ Read back and verified

		Type	Order	Frequency	Priority	Status	Start Date	Staff	Interaction	ACt
✕	○	Medication	Methadone_Snair_take...	Evening - 3 PM	Routine	Active	09/03/2024 6:...	David, Miller		



Client Order

MAT Client level Setup

Effective: 09/03/2024 | Status: In Progress | Author: David, Miller | 09/03/2024

Order Entry Details

Entered By: David, Miller

Ordering Physician: David, Miller

MAT Client level Setup

# of Take Home Days: 3

When do you need a Face to Face dose?

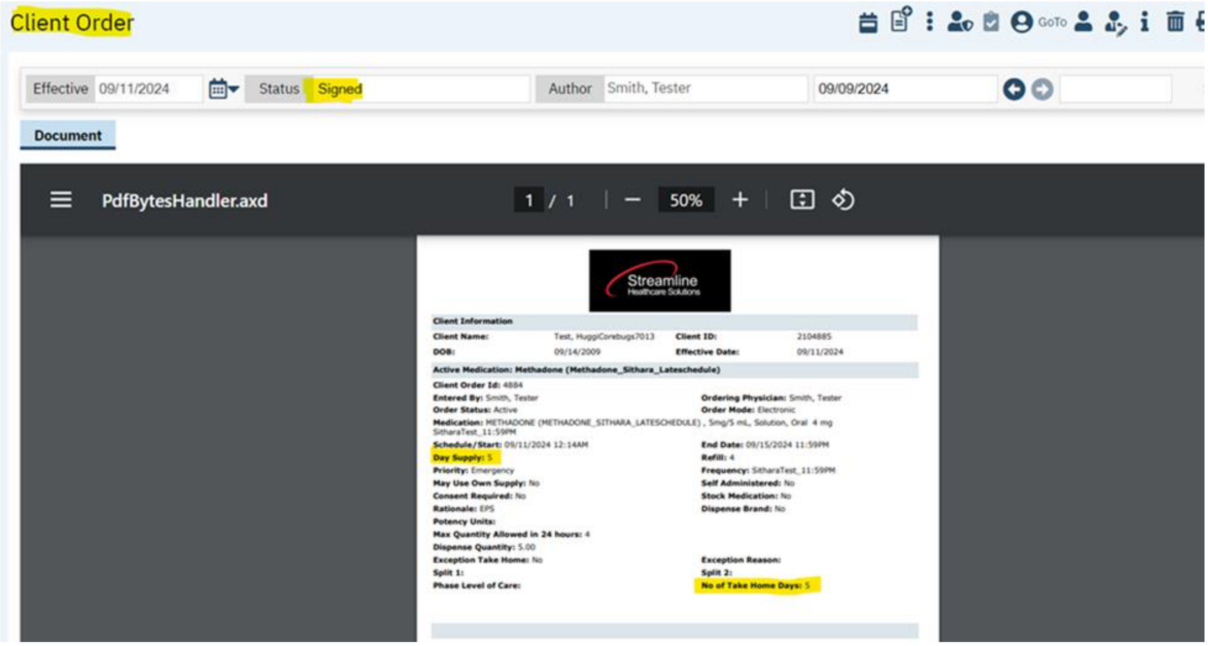
☐ Sun ☐ Mon ☐ Tue ☑ Wed ☐ Thu ☐ Fri ☐ Sat

Comment

Active

		Type	Order						Interaction	ACt
✕	○	Medication	Methadone_Snair_take...	Evening - 3 PM	Routine	Active	09/03/2024 5:...	David, Miller		

~~**Signed client order.**~~



Client Order

Effective 09/11/2024 Status Signed Author Smith, Tester 09/09/2024

Document

PdfBytesHandler.axd 1 / 1 50%

Client Information

Client Name:	Test, HuggiCorebugs7013	**Client ID:**	2104885
DOB:	09/14/2009	**Effective Date:**	09/11/2024

Active Medication: Methadone (Methadone_Sithara_Lateschedule)

Client Order Id: 4884

Entered By: Smith, Tester

Ordering Physician: Smith, Tester

Order Status: Active

Order Mode: Electronic

Medication: METHADONE (METHADONE_SITHARA_LATESCHEDULE) , 5mg/5 mL, Solution, Oral 4 mg SitharaTest_11:59PM

Schedule/Start: 09/11/2024 12:14AM

End Date: 09/15/2024 11:59PM

Day Supply: 5

Refill: 4

Priority: Emergency

Frequency: SitharaTest_11:59PM

May Use Own Supply: No

Self Administered: No

Consent Required: No

Stock Medication: No

Rationale: EPS

Dispense Brand: No

Potency Units:

Max Quantity Allowed in 24 hours: 4

Dispense Quantity: 5.00

Exception Take Home: No

Exception Reason:

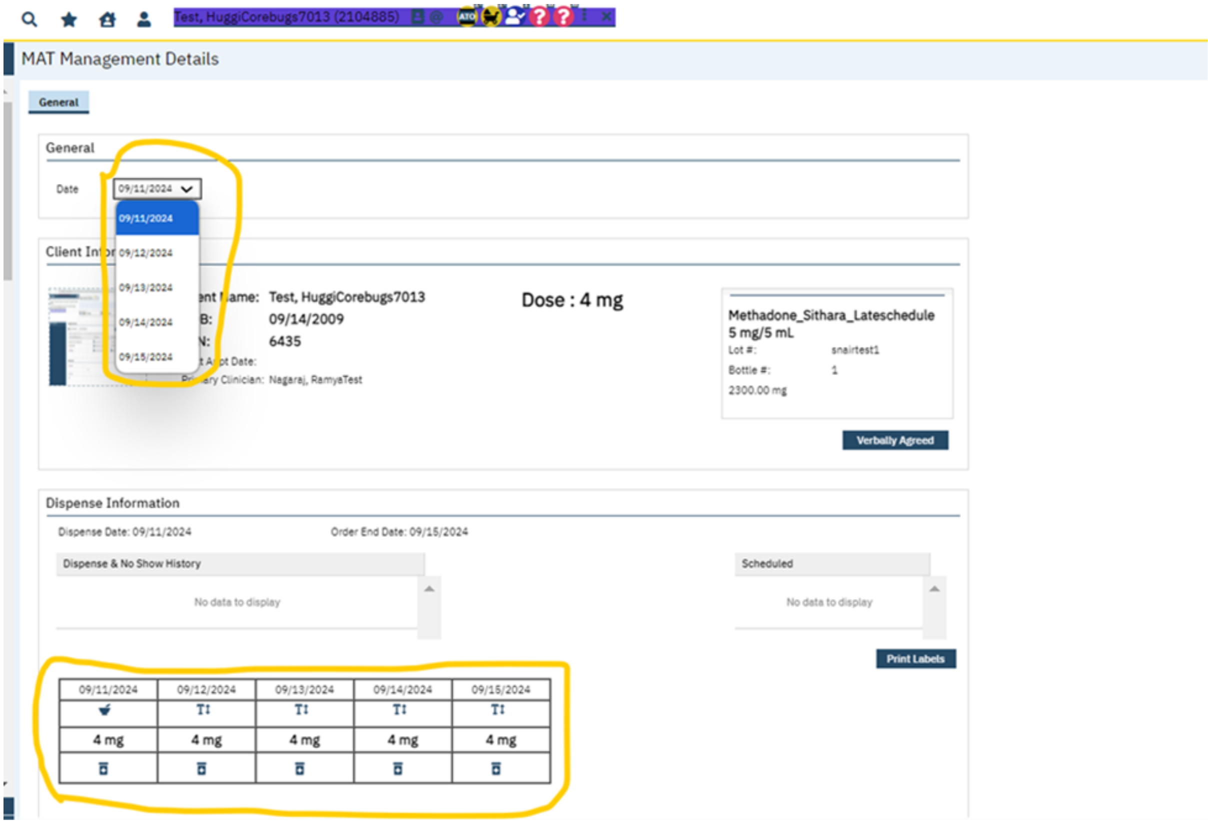
Split 1:

Split 2:

Phase Level of Care:

No of Take Home Days: 5

~~**MAT Management Details screen shows the 'Date' field, which shows as below for the order of Take-Home Days = 5.**~~



Test, HuggiCorebugs7013 (2104885)

MAT Management Details

General

General

Date 09/11/2024

09/11/2024
09/12/2024
09/13/2024
09/14/2024
09/15/2024

Client Infor

ent Name: Test, HuggiCorebugs7013

B: 09/14/2009

N: 6435

t Appt Date:

Primary Clinician: Nagaraj, RamyaTest

Dose : 4 mg

Methadone_Sithara_Lateschedule
5 mg/5 mL
Lot #: snairtest1
Bottle #: 1
2300.00 mg

Verbally Agreed

Dispense Information

Dispense Date: 09/11/2024 Order End Date: 09/15/2024

Dispense & No Show History

No data to display

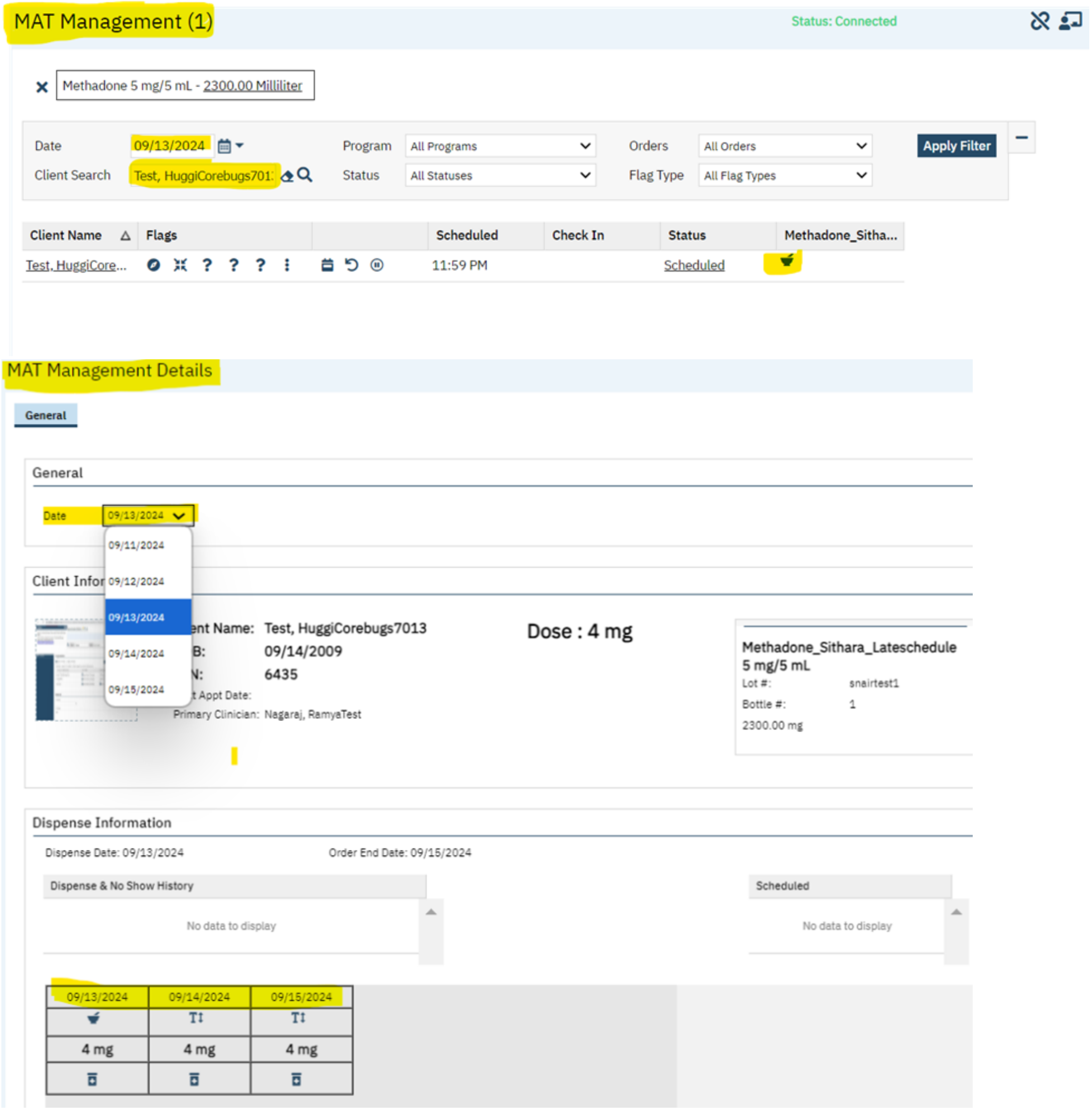
Scheduled

No data to display

Print Labels

09/11/2024	09/12/2024	09/13/2024	09/14/2024	09/15/2024
4 mg	4 mg	4 mg	4 mg	4 mg

~~When selected a different date and filtered in the MAT Management screen, the number of future days for creating records will be displayed based on the filtered date.~~



MAT Management (1)

Status: Connected

Methadone 5 mg/5 mL - 2300.00 Milliliter

Date: 09/13/2024

Client Search: Test, HuggiCorebugs701

Program: All Programs

Status: All Statuses

Orders: All Orders

Flag Type: All Flag Types

Client Name	Flags		Scheduled	Check In	Status	Methadone_Sitha...
Test, HuggiCore...	? ? ?		11:59 PM		Scheduled	✓

MAT Management Details

General

Date: 09/13/2024

Client Infor

ent Name: Test, HuggiCorebugs7013

B: 09/14/2009

N: 6435

t Appt Date:

Primary Clinician: Nagaraj, RamyaTest

Dose : 4 mg

Methadone_Sithara_Lateschedule
5 mg/5 mL

Lot #: snairtest1

Bottle #: 1

2300.00 mg

Dispense Information

Dispense Date: 09/13/2024

Order End Date: 09/15/2024

Dispense & No Show History: No data to display

Scheduled: No data to display

09/13/2024	09/14/2024	09/15/2024
✓	T↕	T↕
4 mg	4 mg	4 mg

~~- If the client order is of take-home appointment, then the records are created as per the existing functionality.~~

~~**Data Model Changes:** Added column "AutoScheduleDays" in table "MATConfigurations".~~

~~**Author:** Chaitali Patil~~

~~184. EII # 128319: MAT Changes in Patient Safety Acknowledgement Popup Message~~

~~**Release Type:** Change | **Priority:** Urgent~~

~~**Navigation Path 1:** 'Administration' - 'Orders' - 'Orders' list page - New - 'Order Details' screen - Select 'Medication' Order Type - Enter the required fields - Select (Medication Assisted Treatment (MAT), Machine~~

~~Connection Required, Take Home Allowed) = Yes and Enter 'Dose Threshold in mg' Value under 'Medication Assisted Treatment' section - Save.~~

~~**Navigation Path 2:** My Office – 'Medication/Lot/Bottle' list page – New - 'Medication/Lot/Bottle Details' screen -- Enter the required fields – Insert – Save.~~

~~**Navigation Path 3:** My Office – 'MAT Dispenser' list page – New - 'MAT Dispenser Detail' screen – 'General' tab - Enter the required fields - Save.~~

~~**Navigation Path 4:** 'Client' - 'Client Orders' - 'Client Orders' list page - New - 'Client Order details' screen - Select the Order created in Navigation Path 1 - Enter the required fields – Insert - Save and sign - 'Patient Safety Acknowledgement Popup' (pop up will be displayed only when the 'Dose threshold in mg' value is set in the 'Order Details' screen and When there is a difference between the current amount dispensed and the last amount dispensed for the client that exceeds a maximum threshold increase or decrease, a warning message popup to be displayed.)~~

~~**Navigation Path 5:** 'My Office' – 'MAT Management' list page – Click on 'Dispense' icon for the 'Client' Medication to be dispensed – 'MAT Management Details' screen – 'Patient Safety Acknowledgement popup' to be displayed on each action of 'Dispense/Update' in the 'MAT Edit Dosage Popup' and 'MAT ReDispense Popup'.~~

~~**Functionality 'Before' and 'After' release:**~~

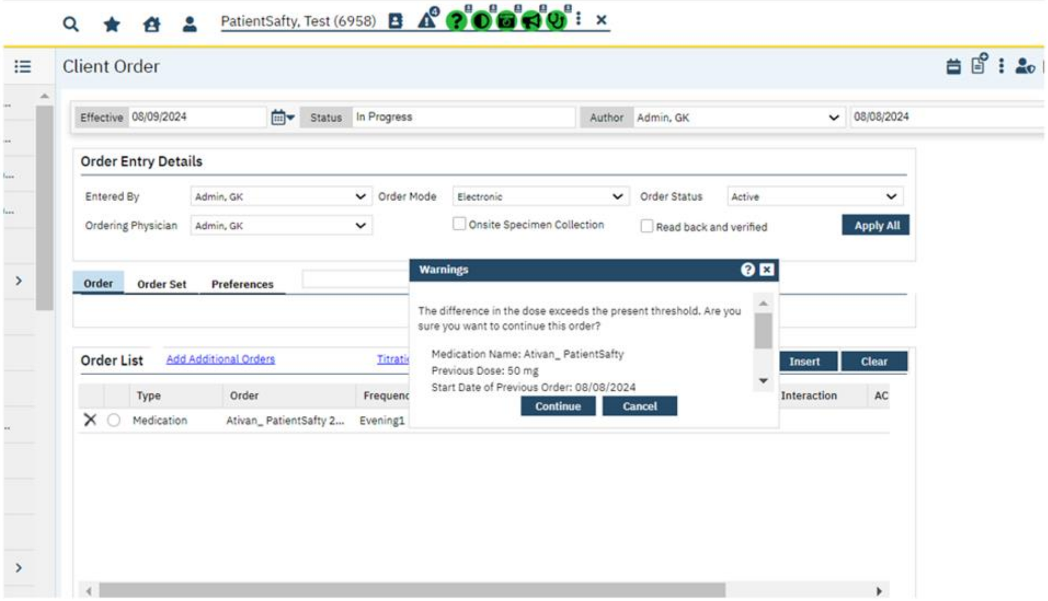
~~**Purpose:** Ability for SmartCare to check the last dispense for the patient and notify the user (Nurse at the Dispense/Re-Dispense Screen) that the increase or decrease has exceeded a set amount (Min and Max) for the nurse to receive a warning. To catch the attention as a part of this feature, the Label size and color changes are done in 'Patient Safety Acknowledgement Popup' warning message.~~

~~With this release, the below changes are done in the 'Patient Safety Acknowledgement Popup' in the Client Order and MAT Management screen.~~

~~**Client Orders:**~~

~~In the Client Order screen, in the 'Patient Safety Acknowledgement Popup', the below labels changes are done.~~

~~For Current Dose and Change in Dose labels, the font size has been increased by 2 points and now these labels will be displayed in Red and Bold.~~



PatientSafty, Test (6958)

Client Order

Effective 08/09/2024 Status In Progress Author Admin, GK 08/08/2024

Order Entry Details

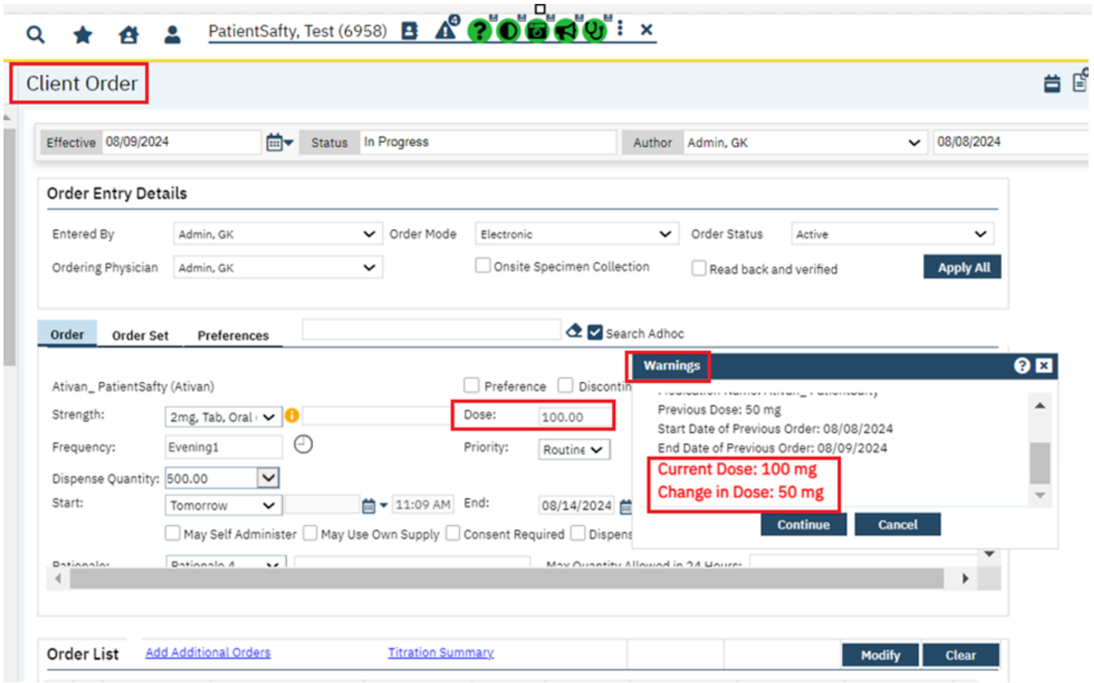
Entered By Admin, GK
Order Mode Electronic
Order Status Active
Ordering Physician Admin, GK
☐ Onsite Specimen Collection
☐ Read back and verified

Warnings

The difference in the dose exceeds the present threshold. Are you sure you want to continue this order?

Medication Name: Ativan_ PatientSafty
Previous Dose: 50 mg
Start Date of Previous Order: 08/08/2024

		Type	Order	Frequenc
✕	○	Medication	Ativan_ PatientSafty 2...	Evening1



PatientSafty, Test (6958)

Client Order

Effective 08/09/2024 Status In Progress Author Admin, GK 08/08/2024

Order Entry Details

Entered By: Admin, GK
Order Mode: Electronic
Order Status: Active
Ordering Physician: Admin, GK
☐ Onsite Specimen Collection
☐ Read back and verified

☑ Search Adhoc

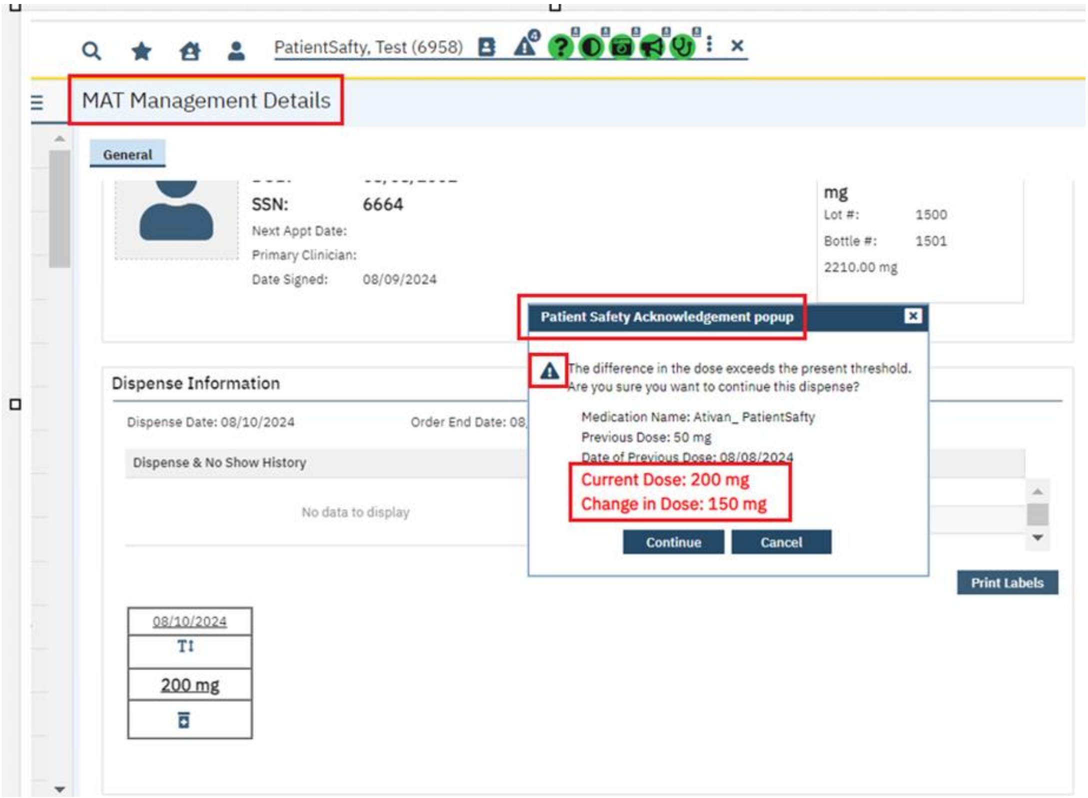
Ativan_ PatientSafty (Ativan)
☐ Preference ☐ Discontin
Strength: 2mg, Tab, Oral
Dose: 100.00
Frequency: Evening1
Priority: Routine
Dispense Quantity: 500.00
Start: Tomorrow 11:09 AM
End: 08/14/2024
☐ May Self Administer ☐ May Use Own Supply ☐ Consent Required ☐ Dispens

Warnings

Previous Dose: 50 mg
Start Date of Previous Order: 08/08/2024
End Date of Previous Order: 08/09/2024
Current Dose: 100 mg
Change in Dose: 50 mg

~~MAT Management Details screen:~~

~~In the MAT Management Details screen, a caution icon will be displayed as a warning when this Patient Safety Acknowledgment popup appears.~~
~~Additionally, For Current Dose and Change in Dose labels, the font size has been increased by 2 points and now these labels will be displayed in Red and Bold.~~



PatientSafty, Test (6958)

MAT Management Details

SSN: 6664
Next Appt Date:
Primary Clinician:
Date Signed: 08/09/2024

mg
Lot #: 1500
Bottle #: 1501
2210.00 mg

Patient Safety Acknowledgement popup

The difference in the dose exceeds the present threshold.
Are you sure you want to continue this dispense?

Medication Name: Ativan_ PatientSafty
Previous Dose: 50 mg
Date of Previous Dose: 08/08/2024
Current Dose: 200 mg
Change in Dose: 150 mg

Dispense Information

Dispense Date: 08/10/2024
Order End Date: 08

Dispense & No Show History

No data to display

08/10/2024
200 mg

~~**Author:** Chaitali Patil~~

~~185. EII # 128321: Changes are implemented in the MAT Management Details screen.~~

~~**Release Type:** Change | **Priority:** Urgent~~

~~**Navigation Path 1:** 'Administration' - 'Orders' - 'Orders' list page - New - 'Order Details' screen - Select 'Medication' Order Type - Enter the required fields - Select (Medication Assisted Treatment (MAT), Machine Connection Required, Take Home Allowed) = Yes, under 'Medication Assisted Treatment' section - Save.~~

~~**Navigation Path 2:** My Office – 'Medication/Lot/Bottle' list page – New - 'Medication/Lot/Bottle Details' screen - Enter the required fields – Insert – Save.~~

~~**Navigation Path 3**: My Office – 'MAT Dispenser' list page – New - 'MAT Dispenser Detail' screen – 'General' tab - Enter the required fields - Save.~~

~~**Navigation Path 4: '**Client' - 'Client Orders' - 'Client Orders' list page - New - 'Client Order details' screen - Select the Order created in Navigation Path 1 - Enter the required fields – Insert - Save and sign.~~

~~**Navigation Path 5:** 'My Office' – 'MAT Management' list page – Click on 'Dispense' icon for the 'Client' Medication to be dispensed – 'MAT Management Details' screen.~~

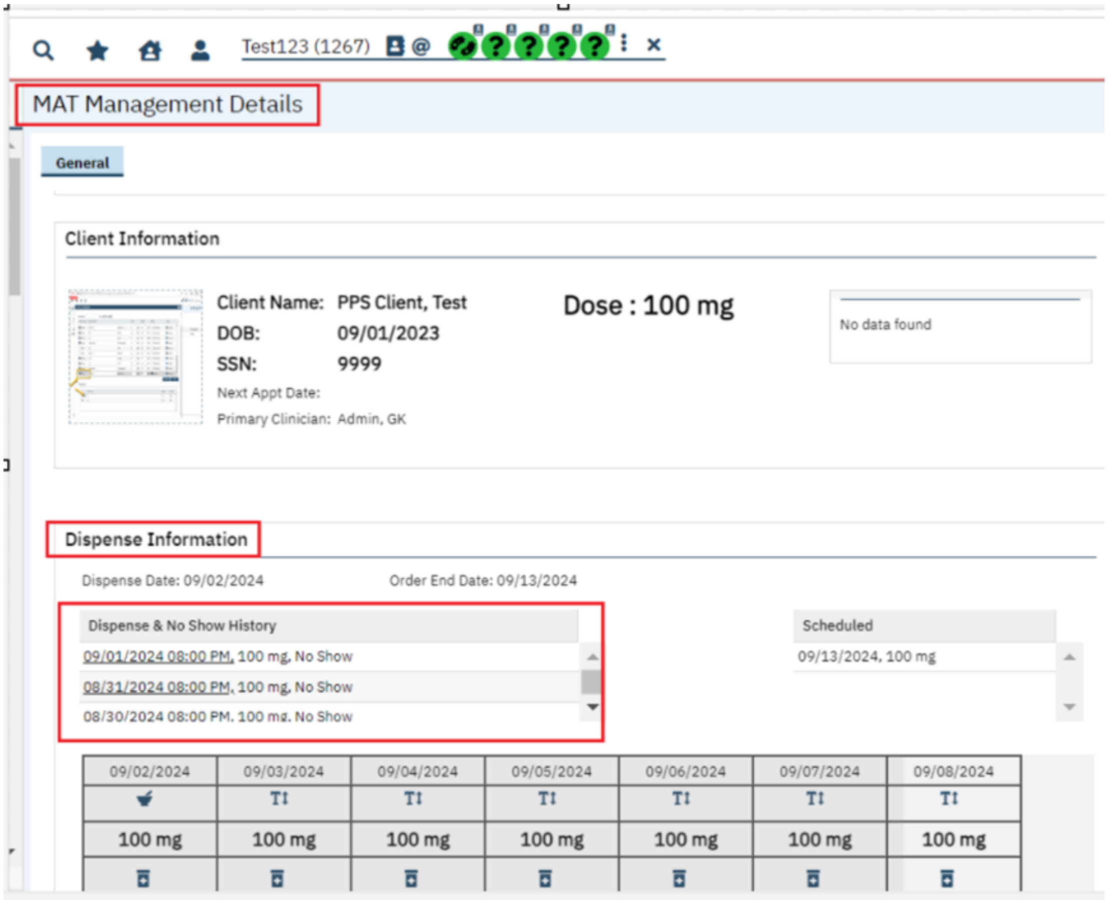
~~**Functionality 'Before' and 'After' release:**~~

~~**Purpose:** Ability for SmartCare to check the 'No show' details in the MAT Management details screen. (How many dosage clients have missed on which date).~~

~~The following changes are implemented in the 'Dispense Information' section under the MAT Management details screen :~~

~~The label name is renamed to 'Dispense & No show History' Under the 'Dispense Information' section.~~

~~When the dispense was not done for scheduled dose, for that dose system will mark as 'No Show' , and that 'No show' details will be displayed in this section.~~



MAT Management Details

General

Client Information

Client Name: PPS Client, Test
DOB: 09/01/2023
SSN: 9999
Next Appt Date:
Primary Clinician: Admin, GK

Dose : 100 mg

No data found

Dispense Information

Dispense Date: 09/02/2024
Order End Date: 09/13/2024

Dispense & No Show History
09/01/2024 08:00 PM, 100 mg, No Show
08/31/2024 08:00 PM, 100 mg, No Show
08/30/2024 08:00 PM, 100 mg, No Show

Scheduled
09/13/2024, 100 mg

09/02/2024	09/03/2024	09/04/2024	09/05/2024	09/06/2024	09/07/2024	09/08/2024
100 mg	100 mg	100 mg	100 mg	100 mg	100 mg	100 mg

~~In the 'Dispense & No show History' section (date, dose, and No Show) will be displayed under this section.~~

~~**1: No Show Date:** On which date client has missed the dose, that will be marked as No Show so that date will be displayed and date will be displayed in MM/DD/YYYY HH:MM AM/PM format.~~

~~**2: Dose:** The dose will be displayed which client has missed and displayed in the format of <xxx> mg.(For ex: 10mg)~~

~~**3: No Show:** For 'No show' records No show label will be displayed in front of the dose.~~

~~**Author:** Varsha Patil~~

~~186. EII # 127715: The 'No Pump Dispense' icon is implemented in the 'MAT management' list screen.~~

~~**Release Type:** Change **|** **Priority:** Urgent~~

~~**Navigation Path 1:** Go search- 'MAT Management' list page-Click on 'Connect User' icon-Enter the required details in the Connection Details pop-up- Click on connect.~~

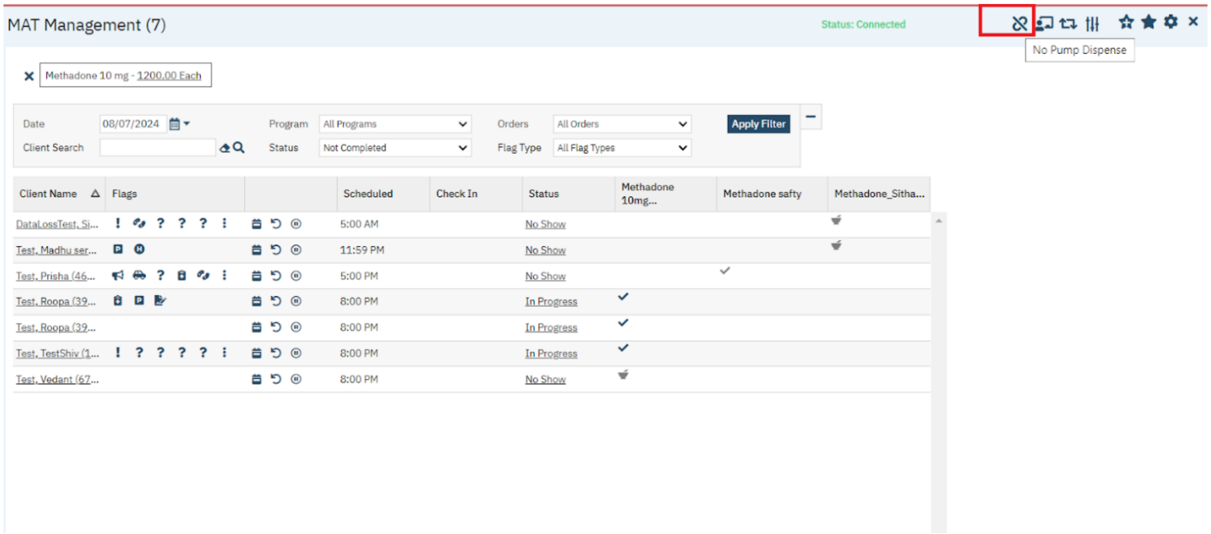
~~**Navigation Path 2:** My Office' – 'MAT Management' – 'No Pump Dispense' icon.~~

~~**Functionality 'Before' and 'After' release:**~~

~~**Purpose:** This functionality is needed if dispense was documented under the wrong client chart or to document manual dispense that occur outside of the system (e.g. power outages).~~

~~With this release, the 'No Pump Dispense' icon is implemented in the 'MAT management' list screen. On hovering over the icon in the toolbar, the application displays the icon name 'No Pump Dispense'.~~

~~The functionality of the icon is as follows:~~



MAT Management (7)

Status: Connected

No Pump Dispense

Methadone 10 mg - 1200.00 Each

Date 08/07/2024

Client Search

Program All Programs

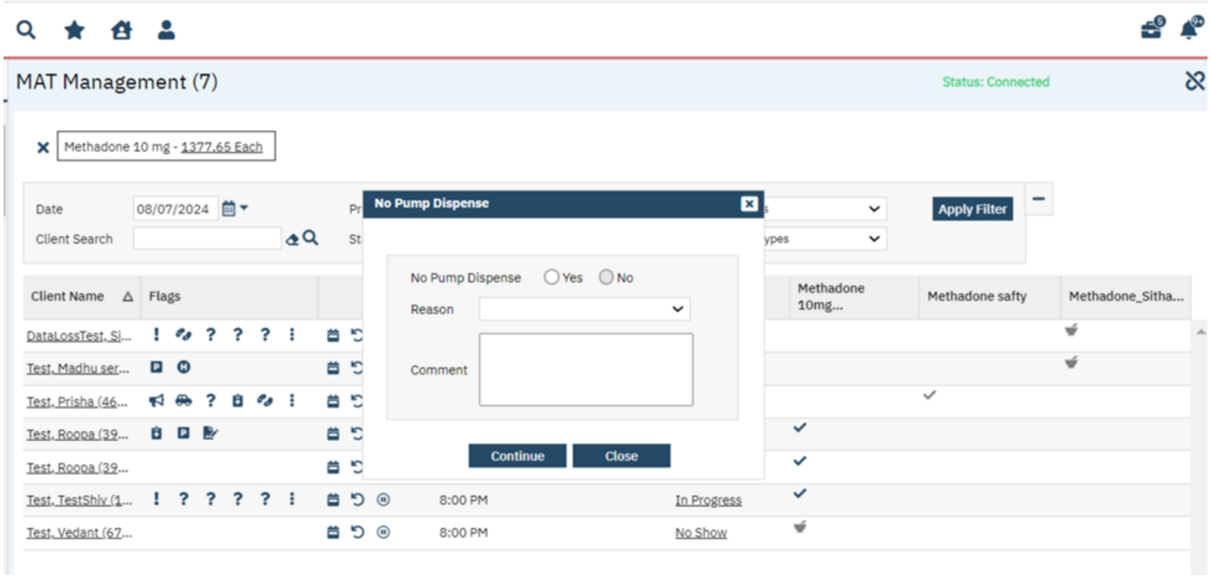
Status Not Completed

Orders All Orders

Flag Type All Flag Types

Client Name	Flags		Scheduled	Check In	Status	Methadone 10mg...	Methadone safty	Methadone_Sitha...
DataLossTest, Si...	! ? ? ? ⋮		5:00 AM		No Show			
Test, Madhu ser...			11:59 PM		No Show			
Test, Prisha (46...	? ⋮		5:00 PM		No Show		✓	
Test, Roopa (39...			8:00 PM		In Progress	✓		
Test, Roopa (39...			8:00 PM		In Progress	✓		
Test, TestShiv (1...	! ? ? ? ? ⋮		8:00 PM		In Progress	✓		
Test, Vedant (67...			8:00 PM		No Show			

~~1. Clicking on the 'No Pump dispense' icon displays a 'No Pump dispense' pop up.~~



MAT Management (7)

Status: Connected

Methadone 10 mg - 1377.65 Each

Date 08/07/2024

Client Search

No Pump Dispense

No Pump Dispense ○ Yes ○ No

Reason

Comment

Continue Close

Client Name	Flags		Scheduled	Status	Methadone 10mg...	Methadone safty	Methadone_Sitha...
DataLossTest, Si...	! ? ? ? ⋮						
Test, Madhu ser...							
Test, Prisha (46...	? ⋮					✓	
Test, Roopa (39...					✓		
Test, Roopa (39...					✓		
Test, TestShiv (1...	! ? ? ? ? ⋮		8:00 PM	In Progress	✓		
Test, Vedant (67...			8:00 PM	No Show			

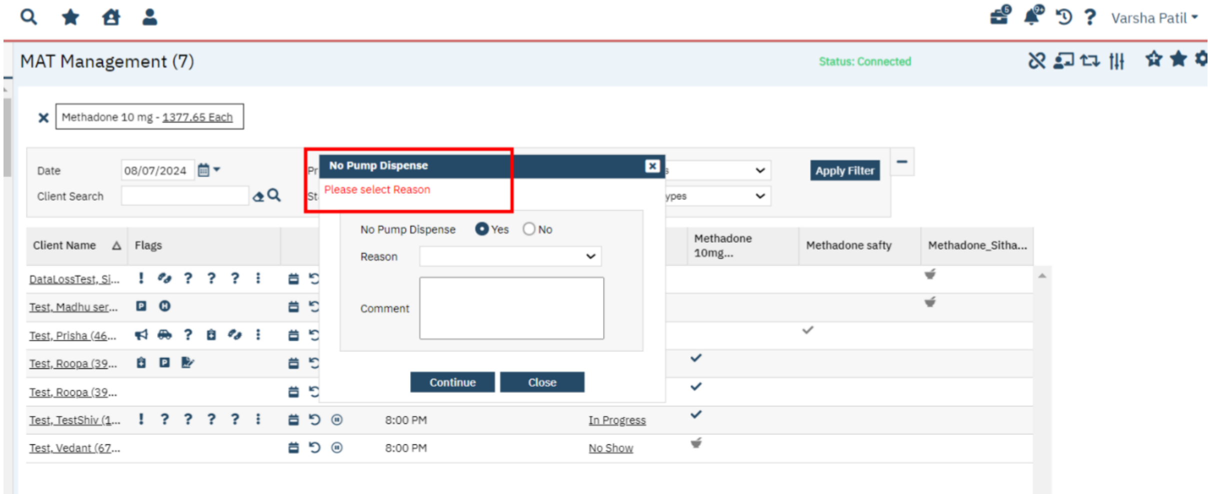
~~2.**The No Pump Dispense popup** is displayed with following fields:~~

~~1.**The No Pump Dispense pop up is displayed with 'Yes' and 'No' radio button options.**~~

~~a. If 'Yes' is chosen on this radio button, a 'Reason' will be selected and the same reason will be pushed for every client for whom this no-pump dispensing is done.~~

~~**Reason:** This is a required field and the values are binding from the Globalcodes category 'MATNoPumpReason'. If this field is not selected, then the below validation message will be displayed.~~

~~Validation Message: Please Select Reason.~~



Date 08/07/2024

Client Search

No Pump Dispense

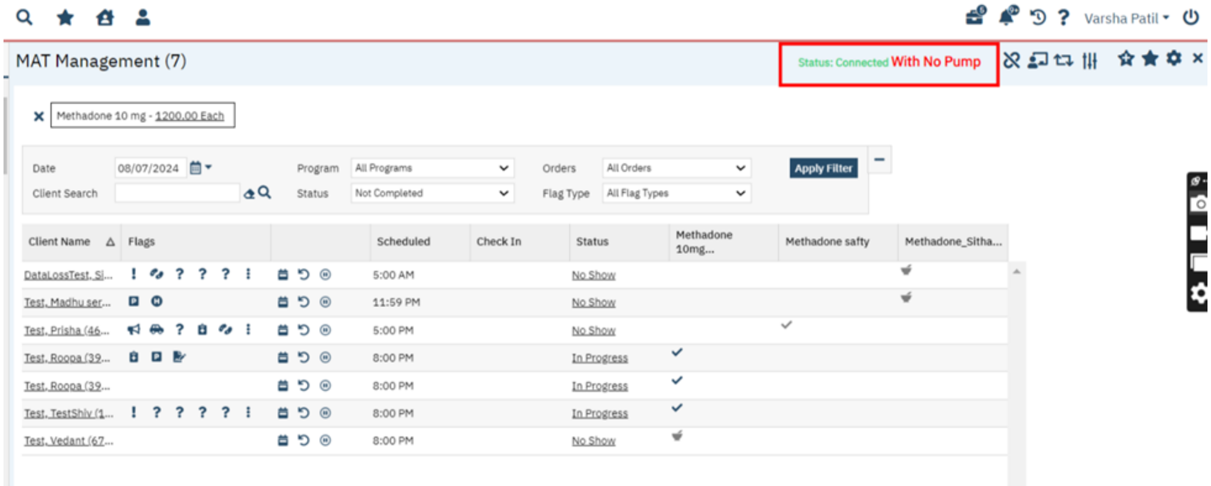
Please select Reason

No Pump Dispense ● Yes ○ No

Reason

Comment

~~b. If 'Yes' is chosen on this radio button 'Status: Connected With No Pump' label will be displayed in the toolbar.~~



Status: Connected With No Pump

Date 08/07/2024

Client Search

Program All Programs

Status Not Completed

Orders All Orders

Flag Type All Flag Types

Client Name	Flags	Scheduled	Check In	Status	Methadone 10mg...	Methadone safty	Methadone_Sitha...
DataLossTest, Si...	! ? ? ? ⋮	5:00 AM		No Show			
Test, Madhu ser...		11:59 PM		No Show			
Test, Prisha (46...	? ⋮	5:00 PM		No Show		✓	
Test, Roopa (39...		8:00 PM		In Progress	✓		
Test, Roopa (39...		8:00 PM		In Progress	✓		
Test, TestShiv (1...	! ? ? ? ? ⋮	8:00 PM		In Progress	✓		
Test, Vedant (67...		8:00 PM		No Show			

~~c. When 'Yes' is chosen on this radio button, all the dispenses will be marked as No pump dispenses and the machine connection API will not send any commands.~~

~~d. When No-Pump dispense is enabled, the users will also be able to dispense medications for past date.~~

~~3.The Global code category 'MATNoPumpReason' is added to list the different types of No Pump reason that will show in the MAT Management List screen and this global code can be edited by the user to add new No Pump reasons.~~

~~4.If 'No' is chosen on this radio button, then, 'No Pump dispense' will be turned off and the existing dispense workflow will be continued.~~

~~5.**Comment:** This is a text area field.~~

~~6.**Continue:** On clicking the ‘Continue’ button the user will acknowledge and perform the No Pump dispense.~~

~~7.**Close:** On Clicking on 'Close', it will close the No Pump Dispense Popup.~~

~~**Data Model Changes:**~~
~~1. New table ‘MATManagementNoPumpDispenses’ is created.~~

~~2. Added column ‘MATManagementNoPumpDispenseId’ to table ‘MedAdminRecords’~~

~~3. Added column ‘MATManagementNoPumpDispenseId’ to table ‘MATRedispenseDetails’~~

~~Mobile~~

~~Reference No~~	~~Task No~~	~~Description~~
~~187~~	~~Core Bugs # 127275~~	~~SmartCare Anywhere: Client Sign button disabled in offline mode~~
~~188~~	~~Core Bugs # 128887~~	~~Smart Key Expires On The Next Login Checkbox is not functioning correctly.~~
~~189~~	~~Core Bugs # 128885~~	~~Unable to log in on native app using Active Directory authentication~~

~~**Author:** Manjunath Malipatil~~

~~187. Core Bugs # 127275: SmartCare Anywhere: Client Sign button disabled in offline mode.~~

~~**Release Type:** Fix | **Priority:** Medium~~

~~**Navigation Path 1:** Log in to SmartCare Mobile WebApp – Go offline -- Documents – create Document Drop down --Create Document Screen –Enter all the required fields –Sign Button –Enter Smartkey and sign the document – Click on Client Sign Button – Sign the document with Client.~~

~~**Navigation Path 2:** Log in to SmartCare Mobile WebApp – Go offline – Create Service – In Create Service Screen enter all the required details in Service details section – Enter all the required fields of the Note -- Sign Button –Enter Smartkey and sign the Note – Click on Client Sign Button – Sign the Note with Client.~~

~~**Functionality ‘Before’ and ‘After’ release:**~~

~~Before this release, here was the behaviour. In SmartCare Mobile Web Application, when the user entered the details in Documents and Service Notes in the Offline Mode, the Client Sign button was disabled and Client was not able to sign the Documents and service notes.~~

~~With this Release, the above mentioned issue has been resolved. Now, in the Offline Mode, the Client Sign button is enabled and Client is able to sign the Documents and service notes.~~

~~**Author:** Manjunath Malipatil~~

~~188. Core Bugs # 128887: Smart Key Expires On The Next Login Checkbox is not functioning correctly.~~

~~**Release Type:** Fix | **Priority:** High~~

~~**Prerequisite:**~~

~~1.A Smart key is added to a staff and this can be set up through the below mentioned **path:**~~

~~Login to SmartCare Application – Staff/Users – Select a staff – Account section – Add a smartkey to the Staff and check the checkbox 'Smart Key Expires On The Next Login'.~~

~~**Navigation Path:** Login to the Mobile WebApp.~~

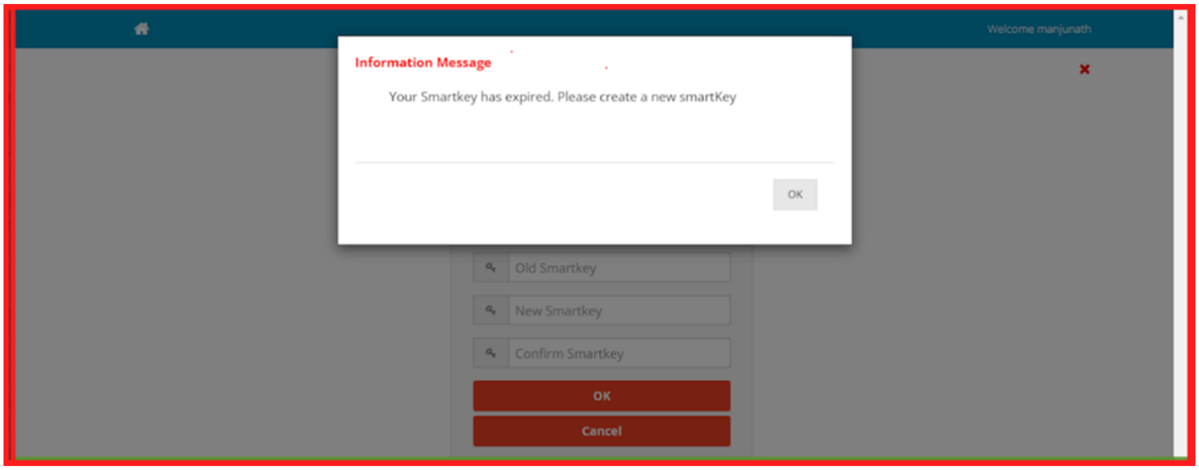
~~**Functionality 'Before' and 'After' release:**~~

~~Before this release, here was the behavior. When the 'Smart Key Expires on The Next Login' checkbox was checked in the staff details page under the general tab, then on re-login to Mobile application, the information Message pop up was not displayed with the below message.~~

~~**Message:** "Your Smart key has expired. Please create a new smartkey" which blocked the user from logging in to the application.~~

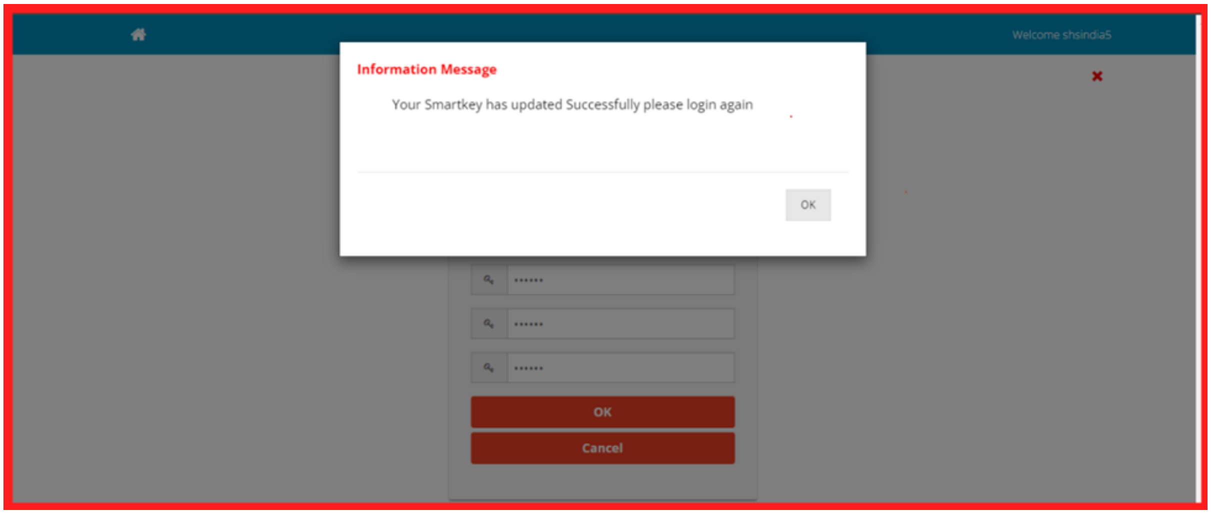
~~With this release, the above-mentioned issue has been resolved. Now, when the 'Smart Key Expires On The Next Login' checkbox is checked in the staff details page under the general tab, then on user re-login to Mobile application, the below message popup appears informing the user to update the Smart Key as the smartkey is expired.~~

~~The following Information message pop up is displayed when the user logs in to the application informing that the Smart Key has expired.~~



Your Smartkey has expired. Please create a new smartKey

~~Once the user updates the Smartkey, the following information message is displayed stating the Smartkey is updated.~~



Information Message

Your Smartkey has updated Successfully please login again

~~**Author:** Manjunath Malipatil~~

~~189. Core Bugs # 128885: Unable to log in on native app using Active Directory authentication.~~

~~**Release Type:** Fix | **Priority**: Urgent~~

~~**Prerequisite:** Staff has Active Directory authentication through the **path:**~~
~~Go Search – Staff/Users (Administration) – select the logged in Staff by clicking on Staff Name hyperlink – Account section – Select Authentication Type as Active Directory.~~

~~**Navigation Path:** Login to SmartCare Anywhere Application in Android /IOS Devices, with staff having Active Directory authentication.~~

~~**Functionality 'Before' and 'After' release:**~~

~~Before this release, here was the behaviour. When the staff authentication type was set to Active Directory, the user was unable to log in to the SmartCare Anywhere application on Android or iOS devices, and the below error message was displayed:~~

~~**Error Message:** Activation failed - Unable to Login.~~

~~With this release, the above-mentioned issue is resolved. Now, the user can login to the SmartCare Anywhere Application, when the staff authentication type is set to Active Directory.~~

My Preferences screen

Reference No	Task No	Description
190	Core Bugs # 128784	Change in Smart Key validation.

Author: Sachin Ranganathappa

190.Core Bugs # 128784: Change in Smart Key validation.

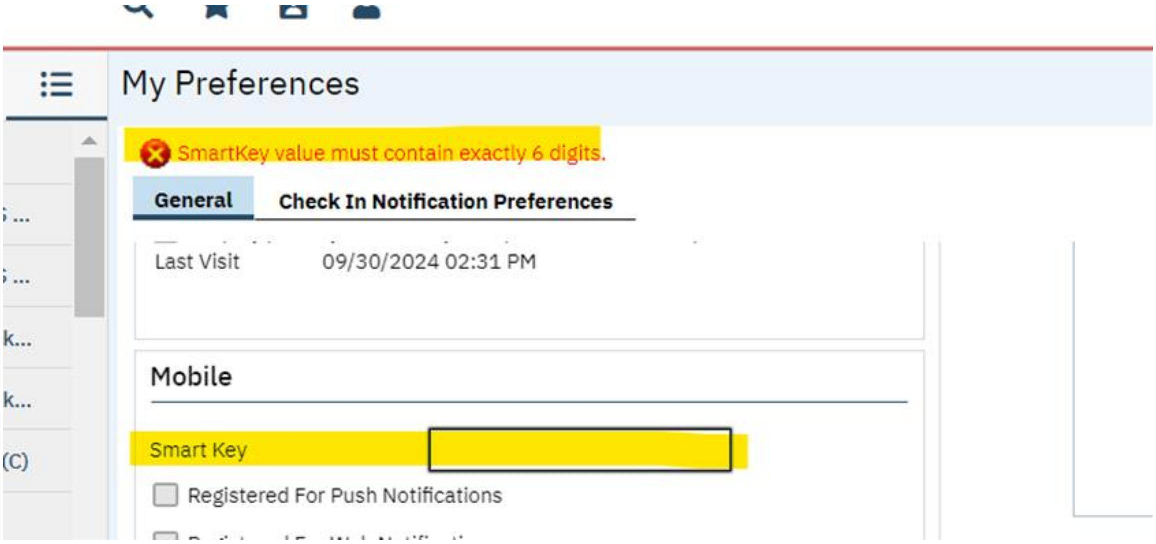
Release Type: Fix| **Priority:** Medium

Navigation Path: 'Administration' - 'My Preferences (My Office)' – 'General' tab – 'Mobile' section – Smart Key fields.

Functionality 'Before' and 'After' release:

Before this release, here was the behaviour. If the user entered less than 6 characters for the Smart Key field in My Preferences screen, then the validation message was displayed as 'SmartKey should have atleast 6 characters'

With this release, the above mentioned issue has been fixed. Now, the validation message is modified for Smart Key in the My Preferences screen. If the user enters less than 6 characters, then the validation message will display as 'SmartKey value must contain exactly 6 digits.'



My Preferences

SmartKey value must contain exactly 6 digits.

Last Visit 09/30/2024 02:31 PM

Mobile

Smart Key

☐ Registered For Push Notifications

My Reports

Reference No	Task No	Description
191	EII # 127266	The 'Assigned Staff' field is added to the Activity Tracker Report.
192	EII # 125885	A new configuration key has been implemented to Create claim lines when the charge has been billed.
193	EII # 128515	Implementation of a new 'Client Ledger' Report.
194	Core Bugs # 128996	UDS Table 6B Quality of Care Measures' report: Table 6B Section F : Qualifying Service encounter date.
195	Core Bugs # 129007	An error has occurred during report processing in My Reports.
196	Core Bugs # 129009	Payment Category (Unposted Payments - Deferred Revenue) - GL Debit/Credit is not Correct.

197	Core Bugs # 128823	The Revenue Report: The program name is not displayed in the report.
198	EII # 127821	Changes to the UDS Table Patients by ZIP Code.
199	EII #127670	Changes in UDS Table 3B Demographic Characteristics report.
200	EII #123774	Update NOMS CSV file for SPARS to Capture Data in Correct Format Based on NOMS Code book.
201	Core Bugs # 129368	For payment with $0 amount for a service, the report removes the amount and shows it as blank entries in the 'Debit and Credit' columns in the "General Ledger Details report".
202	EII #128703	Modifying the Reallocation Job
203	Core Bugs # 129344	Payment Receipt report: Amount mismatch in the Total Payments
204	Core Bugs # 129387	Issue in Retroactive Charge Reallocation Report

191: EII # 127266: The 'Assigned Staff' field is added to the Activity Tracker Report.

Release Type: Change **|** **Priority:** Urgent

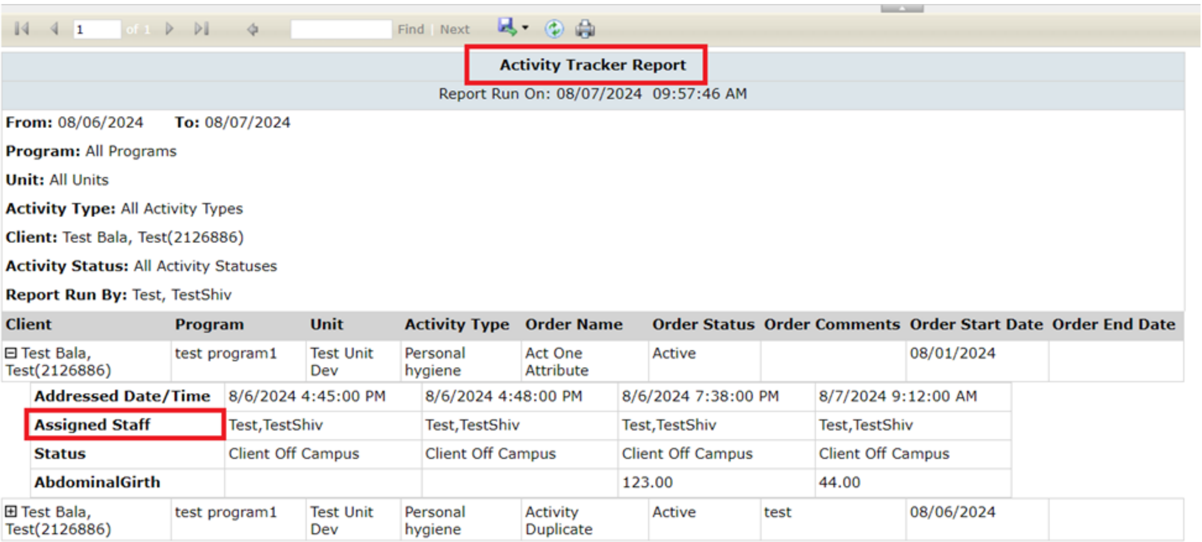
Navigation Path: 'My Office' menu -- 'Activity Tracker Report'.

Prerequisites: Activity is addressed for the Client in the 'My Client Activities' or 'Client Activity Tracker' screen.

Purpose: By Adding a new field in the Activity Tracker Report, the staff will be able to determine, the staff who has addressed the Activity for a client in the 'Client Activity Tracker'.

Functionality 'Before' and 'After' Release:

With this release, a new field 'Assigned Staff' is added in the 'Activity Tracker Report' and the user will be able to determine the staff who has addressed the 'Activity' for a client in the 'Client Activity Tracker'/'My Client Activities' screen.



Activity Tracker Report

Report Run On: 08/07/2024 09:57:46 AM

From: 08/06/2024 **To:** 08/07/2024

Program: All Programs

Unit: All Units

Activity Type: All Activity Types

Client: Test Bala, Test(2126886)

Activity Status: All Activity Statuses

Report Run By: Test, TestShiv

Client	Program	Unit	Activity Type	Order Name	Order Status	Order Comments	Order Start Date	Order End Date
⊟ Test Bala, Test(2126886)	test program1	Test Unit Dev	Personal hygiene	Act One Attribute	Active		08/01/2024	

Addressed Date/Time	8/6/2024 4:45:00 PM	8/6/2024 4:48:00 PM	8/6/2024 7:38:00 PM	8/7/2024 9:12:00 AM
Assigned Staff	Test,TestShiv	Test,TestShiv	Test,TestShiv	Test,TestShiv
Status	Client Off Campus	Client Off Campus	Client Off Campus	Client Off Campus
AbdominalGirth			123.00	44.00

⊞ Test Bala, Test(2126886)	test program1	Test Unit Dev	Personal hygiene	Activity Duplicate	Active	test	08/06/2024	

Author: Renuka Gunasekaran

192: EII # 125885: A new configuration key has been implemented to Create claim lines when the charge has been billed.

Release Type: Change **|** **Priority:** Urgent

Prerequisite:
Ensure that the Procedure codes which are selected on the Add- On Codes tab has the same value for the 'Entered As' field from the main procedure codes through the **path :**

Procedure/Rates (Administration)-Add-On Procedure Codes -Select the Procedure codes- Click on save.

Navigation Path 1: Go Search - Configuration keys (Administration-)-select 'CreateClaimsFromServiceAction' configuration Key - 'Claim' Value.

Navigation Path 2: 'Client' -'Services' -Service details -'Add On Codes' Tab- Complete and save.

Navigation Path 3: 'Charges and Claims' -Select Service and change 'Ready to bill' -Select the Service - Click on 'Electronic Claims' icon -'Process Now' button from 'Claim processing Popup' - 'Create File' Button -Close.

Navigation Path 4: Execute Job 'CreateClaimsFromServices'.

Navigation Path 5: 'Claim From Services' Report(My Office) -Enter 'Date of Service From', 'Date of Service To- Select 'Program Id'- Select 'True' radio button for 'Claim Generation Error'-Apply filter.

Functionality 'Before' and 'After' release:

Purpose: Claim lines are created when the charge has been billed.

With this release, a new configuration key 'CreateClaimsFromServiceAction' has been implemented.

When this config key value is set to 'Claim', the claims lines are created for the billed service in the 'Charges and claims' screen after service completion and also Claim lines are getting created under one claim if the service has any 'Add-on Codes'.

When the config key value is set to 'Charge', the claim lines are created for the completed Service.

When a service is updated to an error status, the associated claim line will need to be voided to allow for take backs to be sent on Remittance Advices.

Below mentioned the details.

System Configuration Key Details:

System Configuration Key: CreateClaimsFromServiceAction

Read Key as: Create Claims From Service Action.

Allowed Values: Charge, Claim

Default Value: Charge

Modules: SCM MCO

Description: This Configuration Key allows for configuration when MCO Claims are generated on the Claims list page.

When this value is configured to "Charge", MCO Claims will be generated based on charges being created from the service completion process.

When this value is configured to "Claim", MCO Claims will be generated after Claim Batches have been generated on the Charges/Claims Screen.

Author: Sahana Gururaja

193. EII # 128515: Implementation of a new 'Client Ledger' Report.

Release Type: New **| Priority:** Medium

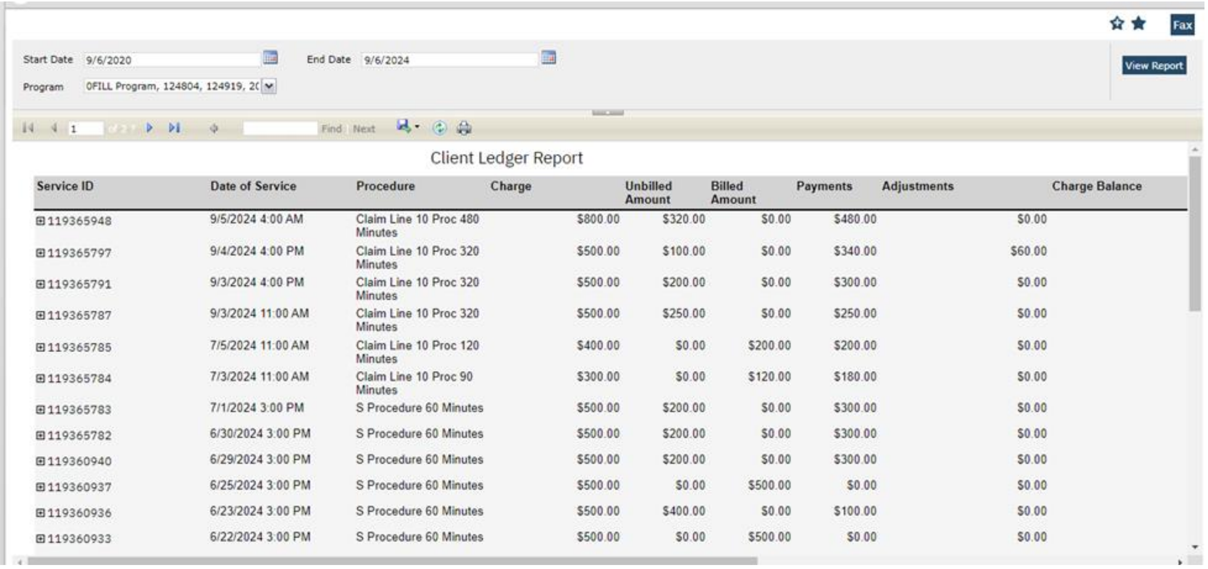
Prerequisites: The client is enrolled in a required 'Program' and a service with 'Complete' is 'Created'.

Navigation Path: 'Client' Search – Select a client – Go to 'Reports(Client)' – in the search bar enter 'Client Ledger Report' – click on the 'Apply filter' button – 'Client Ledger Report' will be displayed in the grid section – click on the report name hyperlink – the report will be opened in a new URL window – enter the required 'Start Date' - 'End Date' and 'Programs' -- click on 'Apply Filter' button.

Functionality 'Before' and 'After' release:

Purpose: To implement a new 'Client Ledger' Report. This report will pull the Client "Ledger Entries" details and "Charge/Payment Summary" details from the 'Client Account' screen.

With this release, a new report "Client Ledger Report" has been added to the 'Client' report list. This report will pull the Client "Ledger Entries" details and "Charge/Payment Summary" details from the 'Client Account' screen.

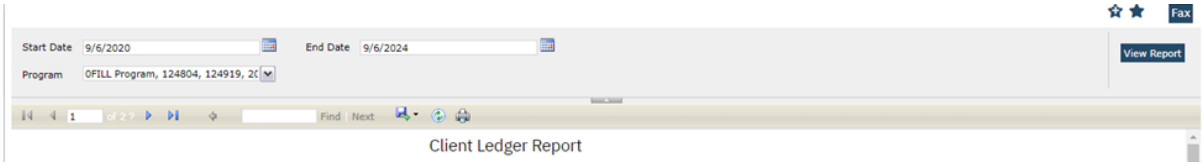


Start Date 9/6/2020
End Date 9/6/2024
Program 0FILL Program, 124804, 124919, 2(

Client Ledger Report

Service ID	Date of Service	Procedure	Charge	Unbilled Amount	Billed Amount	Payments	Adjustments	Charge Balance
⊞119365948	9/5/2024 4:00 AM	Claim Line 10 Proc 480 Minutes	$800.00	$320.00	$0.00	$480.00	$0.00	
⊞119365797	9/4/2024 4:00 PM	Claim Line 10 Proc 320 Minutes	$500.00	$100.00	$0.00	$340.00	$60.00	
⊞119365791	9/3/2024 4:00 PM	Claim Line 10 Proc 320 Minutes	$500.00	$200.00	$0.00	$300.00	$0.00	
⊞119365787	9/3/2024 11:00 AM	Claim Line 10 Proc 320 Minutes	$500.00	$250.00	$0.00	$250.00	$0.00	
⊞119365785	7/5/2024 11:00 AM	Claim Line 10 Proc 120 Minutes	$400.00	$0.00	$200.00	$200.00	$0.00	
⊞119365784	7/3/2024 11:00 AM	Claim Line 10 Proc 90 Minutes	$300.00	$0.00	$120.00	$180.00	$0.00	
⊞119365783	7/1/2024 3:00 PM	S Procedure 60 Minutes	$500.00	$200.00	$0.00	$300.00	$0.00	
⊞119365782	6/30/2024 3:00 PM	S Procedure 60 Minutes	$500.00	$200.00	$0.00	$300.00	$0.00	
⊞119360940	6/29/2024 3:00 PM	S Procedure 60 Minutes	$500.00	$200.00	$0.00	$300.00	$0.00	
⊞119360937	6/25/2024 3:00 PM	S Procedure 60 Minutes	$500.00	$0.00	$500.00	$0.00	$0.00	
⊞119360936	6/23/2024 3:00 PM	S Procedure 60 Minutes	$500.00	$400.00	$0.00	$100.00	$0.00	
⊞119360933	6/22/2024 3:00 PM	S Procedure 60 Minutes	$500.00	$0.00	$500.00	$0.00	$0.00	

The "Client Ledger Report", report contains with Filter section and Grid section with below fields:



Start Date 9/6/2020
End Date 9/6/2024
Program 0FILL Program, 124804, 124919, 2(

Client Ledger Report

Filter Section: In the filter section the below parameters will be displayed.

1. Start Date and End Date fields with the 'Calendar' option are added.
- The Start Date and End Date will be displayed in the format of "MM/DD/YYYY"
- Default Value of Date = Current Date.

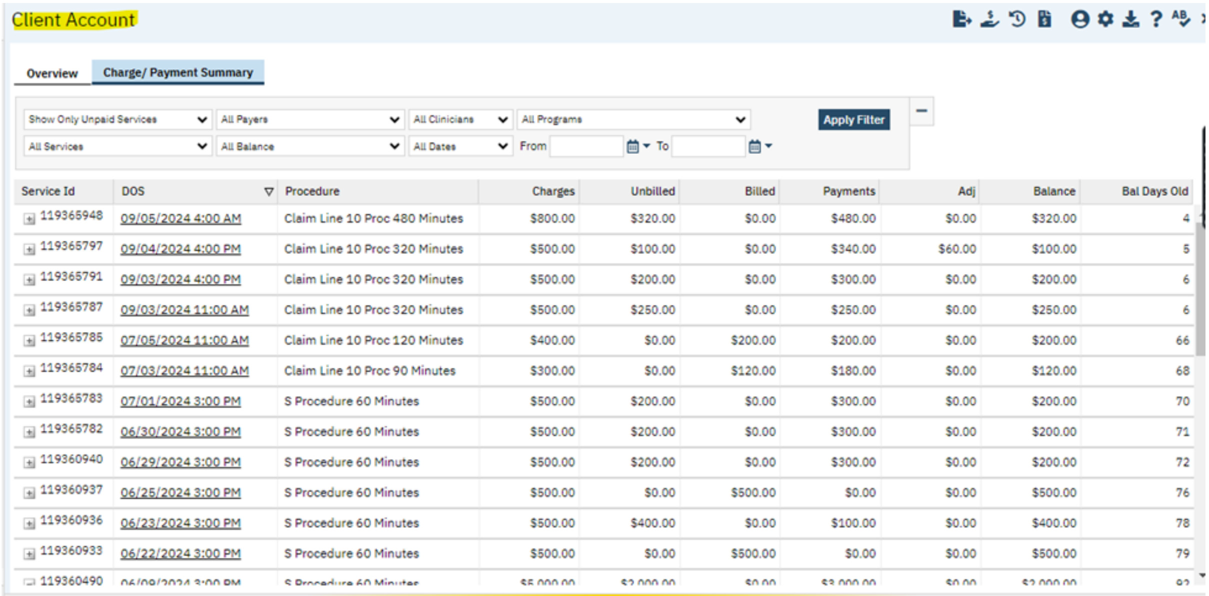
2. Program field: This field is a Multi-select Drop-Down field, in the grid section, the records will be displayed based on the 'Program' options selected.

- The 'Program' dropdown will have the option such as 'Select All' with all the programs created in the application.

- Default Value = 'Select All". **Note:** As a built-in feature of PDF for multi-select dropdowns that allows null selections, by default, all items in the Program filter will be pre-selected.

Header Section: The report name will be displayed as "Client Ledger Report".

Grid section: On selecting the required data in the filter section and clicking the 'View Report' button, the below-mentioned fields will be displayed with the respective information.



Service Id	DOS	Procedure	Charges	Unbilled	Billed	Payments	Adj	Balance	Bal Days Old
119365948	09/05/2024 4:00 AM	Claim Line 10 Proc 480 Minutes	$800.00	$320.00	$0.00	$480.00	$0.00	$320.00	4
119365797	09/04/2024 4:00 PM	Claim Line 10 Proc 320 Minutes	$500.00	$100.00	$0.00	$340.00	$60.00	$100.00	5
119365791	09/03/2024 4:00 PM	Claim Line 10 Proc 320 Minutes	$500.00	$200.00	$0.00	$300.00	$0.00	$200.00	6
119365787	09/03/2024 11:00 AM	Claim Line 10 Proc 320 Minutes	$500.00	$250.00	$0.00	$250.00	$0.00	$250.00	6
119365785	07/05/2024 11:00 AM	Claim Line 10 Proc 120 Minutes	$400.00	$0.00	$200.00	$200.00	$0.00	$200.00	66
119365784	07/03/2024 11:00 AM	Claim Line 10 Proc 90 Minutes	$300.00	$0.00	$120.00	$180.00	$0.00	$120.00	68
119365783	07/01/2024 3:00 PM	S Procedure 60 Minutes	$500.00	$200.00	$0.00	$300.00	$0.00	$200.00	70
119365782	06/30/2024 3:00 PM	S Procedure 60 Minutes	$500.00	$200.00	$0.00	$300.00	$0.00	$200.00	71
119360940	06/29/2024 3:00 PM	S Procedure 60 Minutes	$500.00	$200.00	$0.00	$300.00	$0.00	$200.00	72
119360937	06/25/2024 3:00 PM	S Procedure 60 Minutes	$500.00	$0.00	$500.00	$0.00	$0.00	$500.00	76
119360936	06/23/2024 3:00 PM	S Procedure 60 Minutes	$500.00	$400.00	$0.00	$100.00	$0.00	$400.00	78
119360933	06/22/2024 3:00 PM	S Procedure 60 Minutes	$500.00	$0.00	$500.00	$0.00	$0.00	$500.00	79
119360490	06/09/2024 3:00 PM	S Procedure 60 Minutes	$5,000.00	$2,000.00	$0.00	$3,000.00	$0.00	$2,000.00	92

Note: The below details in the grid section of the report mirror the details of the "Charge/Payment Summary" tab in the 'Client Account' screen.

A) Service Id: "Service Id" of the corresponding Service Record will be displayed.

Note: A '+' icon will be displayed before the 'ServiceId'. On clicking this Plus icon on the Service Id, the system will display the Ledger entries details.

B) Date of Service (DOS): The 'Date of Service' date and the 'Time' of the corresponding Service Record will be displayed.

C) Procedure: The 'Procedure Code' of the corresponding Service Record will be displayed.

D) Charge: The Charge amount of the corresponding Service Record will be displayed. The field will fetch the value from the
"Client Account" screen ->" Charge/Payment summary" tab -> "Charge" column.

E) Unbilled Amount: The Unbilled Amount of the corresponding Service Record will be displayed. The field will fetch the value from the
"Client Account" screen ->" Charge/Payment summary" tab -> "Unbilled" column.

F) Billed Amount: The billed Amount of the corresponding Service Record will be displayed. The field will fetch the value from the
"Client Account" screen ->" Charge/Payment summary" tab -> "Billed" column.

G) Payments: The Payment Amount of the corresponding Service Record will be displayed. The field will fetch the value from the
"Client Account" screen ->" Charge/Payment summary" tab -> "Payments" column.

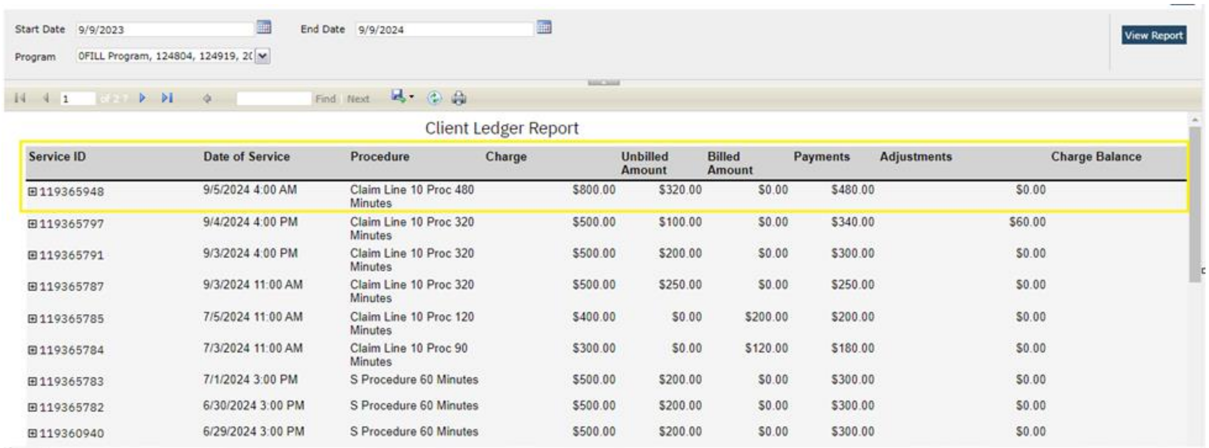
H) Adjustments: The Adjustment Amount of the corresponding Service Record will be displayed. The field will fetch the value from the
"Client Account" screen ->" Charge/Payment summary" tab -> "Adj" column.

H) Charge Balance: The Balance Amount of the corresponding Service Record will be displayed. The field will fetch the value from the
"Client Account" screen ->" Charge/Payment summary" tab -> "Balance" column.

I) Balance Days Old: The "Balance Days Old" of the corresponding Service Record will be displayed. The field will fetch the value from the "Client Account" screen ->" Charge/Payment summary" tab -> "Bal Days Old" column.

The "Client Ledger Report" will pull the Client "Ledger Entries" details and "Charge/Payment Summary" details from the 'Client Account' screen.

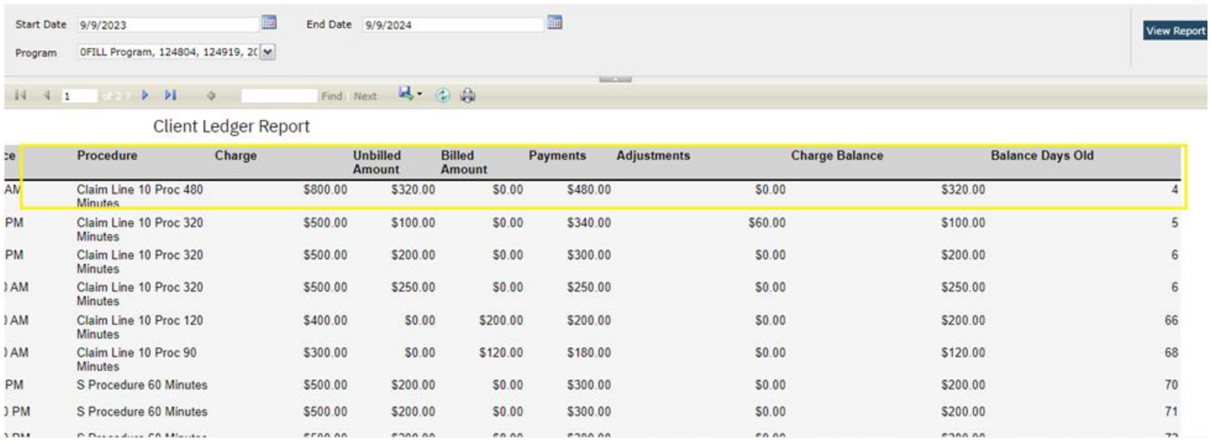
The same details have been fetched into the report based on filters applied.



Start Date 9/9/2023
End Date 9/9/2024
Program 0FILL Program, 124804, 124919, 2(

Client Ledger Report

Service ID	Date of Service	Procedure	Charge	Unbilled Amount	Billed Amount	Payments	Adjustments	Charge Balance
⊞119365948	9/5/2024 4:00 AM	Claim Line 10 Proc 480 Minutes	$800.00	$320.00	$0.00	$480.00	$0.00	
⊞119365797	9/4/2024 4:00 PM	Claim Line 10 Proc 320 Minutes	$500.00	$100.00	$0.00	$340.00	$60.00	
⊞119365791	9/3/2024 4:00 PM	Claim Line 10 Proc 320 Minutes	$500.00	$200.00	$0.00	$300.00	$0.00	
⊞119365787	9/3/2024 11:00 AM	Claim Line 10 Proc 320 Minutes	$500.00	$250.00	$0.00	$250.00	$0.00	
⊞119365785	7/5/2024 11:00 AM	Claim Line 10 Proc 120 Minutes	$400.00	$0.00	$200.00	$200.00	$0.00	
⊞119365784	7/3/2024 11:00 AM	Claim Line 10 Proc 90 Minutes	$300.00	$0.00	$120.00	$180.00	$0.00	
⊞119365783	7/1/2024 3:00 PM	S Procedure 60 Minutes	$500.00	$200.00	$0.00	$300.00	$0.00	
⊞119365782	6/30/2024 3:00 PM	S Procedure 60 Minutes	$500.00	$200.00	$0.00	$300.00	$0.00	
⊞119360940	6/29/2024 3:00 PM	S Procedure 60 Minutes	$500.00	$200.00	$0.00	$300.00	$0.00	



Start Date 9/9/2023
End Date 9/9/2024
Program 0FILL Program, 124804, 124919, 2(

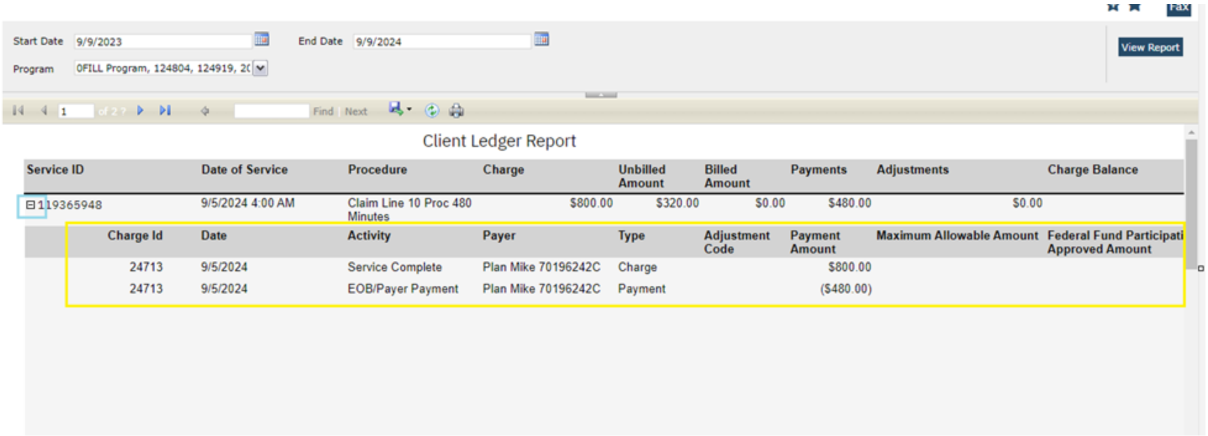
Client Ledger Report

ce	Procedure	Charge	Unbilled Amount	Billed Amount	Payments	Adjustments	Charge Balance	Balance Days Old
AM	Claim Line 10 Proc 480 Minutes	$800.00	$320.00	$0.00	$480.00	$0.00	$320.00	4
PM	Claim Line 10 Proc 320 Minutes	$500.00	$100.00	$0.00	$340.00	$60.00	$100.00	5
PM	Claim Line 10 Proc 320 Minutes	$500.00	$200.00	$0.00	$300.00	$0.00	$200.00	6
) AM	Claim Line 10 Proc 320 Minutes	$500.00	$250.00	$0.00	$250.00	$0.00	$250.00	6
) AM	Claim Line 10 Proc 120 Minutes	$400.00	$0.00	$200.00	$200.00	$0.00	$200.00	66
) AM	Claim Line 10 Proc 90 Minutes	$300.00	$0.00	$120.00	$180.00	$0.00	$120.00	68
PM	S Procedure 60 Minutes	$500.00	$200.00	$0.00	$300.00	$0.00	$200.00	70
) PM	S Procedure 60 Minutes	$500.00	$200.00	$0.00	$300.00	$0.00	$200.00	71

On clicking the '+' icon of any 'ServiceId' in the report. This will allow the user to view the details in the report, which will mirror the 'Ledger Entries' screen.

On clicking this '+' icon on the ServiceId above, it will drill down and show below Ledger entries details of the 'ServiceID'.

A report when "+" icon is clicked:



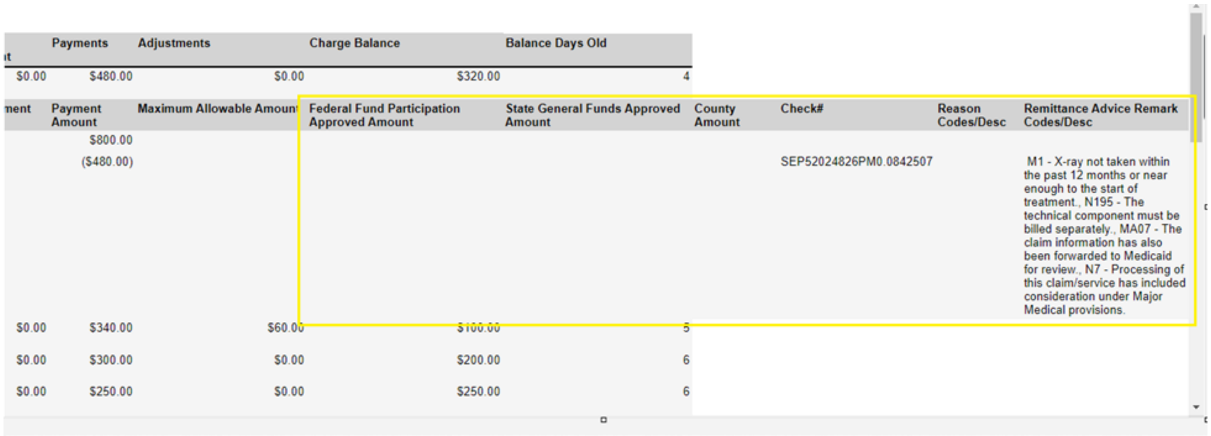
Start Date 9/9/2023 End Date 9/9/2024

Program 0FILL Program, 124804, 124919, 2(

Client Ledger Report

Service ID	Date of Service	Procedure	Charge	Unbilled Amount	Billed Amount	Payments	Adjustments	Charge Balance
⊟119365948	9/5/2024 4:00 AM	Claim Line 10 Proc 480 Minutes	$800.00	$320.00	$0.00	$480.00		$0.00

Charge Id	Date	Activity	Payer	Type	Adjustment Code	Payment Amount	Maximum Allowable Amount	Federal Fund Participati Approved Amount
24713	9/5/2024	Service Complete	Plan Mike 70196242C	Charge		$800.00		
24713	9/5/2024	EOB/Payer Payment	Plan Mike 70196242C	Payment		($480.00)		



it	Payments	Adjustments	Charge Balance	Balance Days Old
$0.00	$480.00	$0.00	$320.00	4

ment	Payment Amount	Maximum Allowable Amount	Federal Fund Participation Approved Amount	State General Funds Approved Amount	County Amount	Check#	Reason Codes/Desc	Remittance Advice Remark Codes/Desc
	$800.00							
	($480.00)					SEP52024826PM0.0842507		M1 - X-ray not taken within the past 12 months or near enough to the start of treatment., N195 - The technical component must be billed separately., MA07 - The claim information has also been forwarded to Medicaid for review., N7 - Processing of this claim/service has included consideration under Major Medical provisions.

$0.00	$340.00	$60.00	$100.00	5
$0.00	$300.00	$0.00	$200.00	6
$0.00	$250.00	$0.00	$250.00	6

A) Charge Id: The system will pull the "Charge Id" for the corresponding Service Id.

B) Date: This field will display the date the transaction took place (such as service completion, payment, adjustment, transfer, etc.)

C) Activity: This field will display the 'Activity' from 'Ledger Entries' -> Activity for the corresponding service record.

D) Payer: This field will display the 'Payer' name with the 'Insured ID' of the corresponding Charge record from the Ledger Entries screen.

Type: This field will display the 'Type' for the corresponding charge record.
Type would be Charge, Payment, Transfer, Adjustment.

E) Adjustment Code: This field will display the Adj. Code of the corresponding charge record from the 'Ledger Entries' screen.

F) Payment Amount: This field will display the 'Payment' amount of the corresponding charge record from the 'Ledger Entries' screen.

This field will display the amount related to the 'Type' for each 'Payer'.

G) Maximum Allowable Amount: The "Maximum Allowable Amount" will be displayed Only for Medi-cal payments, For non-medical payments, this field will be blank.

H) Federal Fund Participation Approved Amount: The "Federal Fund Participation Approved Amount" will be displayed Only for Medi-cal payments, For non-medical payments, this field will be blank.

I) State General Funds Approved Amount: The "State General Funds Approved Amount" will be displayed Only for Medi-cal payments, For non-medical payments, this field will be blank.

J) County Amount: The County Amount will be displayed Only for Medi-cal payments, For non-medical payments, this field will be blank.

Note: The dollar amount in "Maximum Allowable Amount", "Federal Fund Participation Approved Amount", "State General Funds Approved Amount", and "County Amount".

The values in these columns will only be displayed on the Payment row in the report. They are related to payment only.

K) Check#: The check number for the corresponding charge record will be displayed, this field will be fetched from the 'Ledger Entries' à Check# column.

L) Reason Codes/Desc: This field will Pull the Activity from Ledger Entries -> Reason Codes/Desc for the corresponding charge record.

M) Remittance Advice Remark Codes/Desc: This field Pulls the value from Ledger Entries -> Remittance Advice Remark Codes/Desc for the corresponding charge record.

Author: Boovendiran Chinnuswamy

194: Core Bugs # 128996: UDS Table 6B Quality of Care Measures' report : Table 6B Section F : Qualifying Service encounter date.

Release Type: Fix | **Priority:** High

Navigation Path 1: 'My Office' – 'UDS Table 6B Quality of Care Measures' report – on Section 'Section F - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan' click on detail report hyperlink.

Navigation Path 2: 'My Office' – 'UDS Table 6B Details – Section F'.

Navigation Path 3: 'Administration' - Programs – Reporting tab – UDS Reporting section-FQHC Reporting checkbox.

Functionality 'Before' and 'After' release:

Before this release, here was the behaviour. For Field CMS69 Encounter Date, the service date was considered when Service had Programs with FQHC Reporting check box was not checked.

With this release, the above mentioned issue has been resolved. Now, for Field CMS69 Encounter Date, the service date is considered only when Service has Programs with FQHC Reporting checkbox is checked.

Author: Saravanakumar Nagarajan

195: Core Bugs # 129007: An error has occurred during report processing in My Reports.

Release Type: Fix | **Priority:** Medium

Navigation Path: Go search-My Reports (My Office).

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. An error message was displayed during the (Staff Client Access Tracking and Revenue) report processing.

With this release, the above mentioned issue has been resolved. Now, the error message is not displayed during report processing and all the reports are loading fine without any issues.

Author: Sahana Gururaja

196: Core Bugs # 129009: Payment Category (Unposted Payments - Deferred Revenue) - GL Debit/Credit is not Correct.

Release Type: Fix **|** **Priority:** Medium

Pre-Requisites:

1.The system configuration key 'GLTrackAndReportUnappliedPayments' is set to 'Yes'.

2. Create an Unposted Payments - Deferred Revenue entry in the 'Payments/Adjustments' screen through the **path:**

'My Office'– 'Payments/Adjustments' -- click on 'New EOB/Payment/Adjustment' button –Enter the 'Amount' -- 'Payment Information section – select the value in the 'Payment Category' dropdown and enter all the other required details in the 'Payment/Adjustment Posting' and click on the 'Update' button.

3. Create a service for a client with a 'Coverage Plan'.

4. Apply for the above service with the same 'PaymentID' that was created in the 2nd step.

Navigation Path 1: 'My Office'– 'My Reports' screen – 'General Ledger Detail Report' report – report will be opened in a new URL window – enter the required accounting period for which the unposted entry is made.

Navigation Path 2: 'My Office'– 'My Reports' screen – 'General Ledger Summary Report' report – report will be opened in a new URL window – enter the required accounting period for which the unposted entry is made.

Functionality 'Before' and 'After' release:

Before this release, here was the behaviour. When an 'Unposted Payments - Deferred Revenue' payment entry was created in the application, on running the 'General Ledger Detail Report' and 'General Ledger Summary Report' report, the unposted amount in the general ledger entry with the debit and credit amounts were reversed.

Account Type: 'Account Receivable' as 'Debit' and 'Cash' as 'Credit'.

With this release, the above-mentioned issue has been fixed. Now, when an 'Unposted Payments - Deferred Revenue' payment entry is created in the application, on running the 'General Ledger Detail Report' and 'General Ledger Summary Report' report, the unposted amount is not reversed and will be displayed as below for the account types.

Account Type: 'Account Receivable' as 'Credit and 'Cash' as 'Debit.

Author: Saravanakumar Nagarajan

197: Core Bugs # 128823: The Revenue Report: The program name is not displayed in the report.

Release Type: Fix **|** **Priority:** Medium

Navigation Path: Go search-Revenue Report(My Office).

Functionality 'Before' and 'After' release:

Before this release, here was the behaviour. While generating the Revenue report, the program was not displayed in the report and also on the Services.

With this release, the above-mentioned issue has been resolved. Now, the program is displayed in the Revenue report and also in the services.

Author: Sonali Dora

198: EII # 127821: Changes to the UDS Table Patients by ZIP Code.

Release Type: Change | **Priority:** Urgent

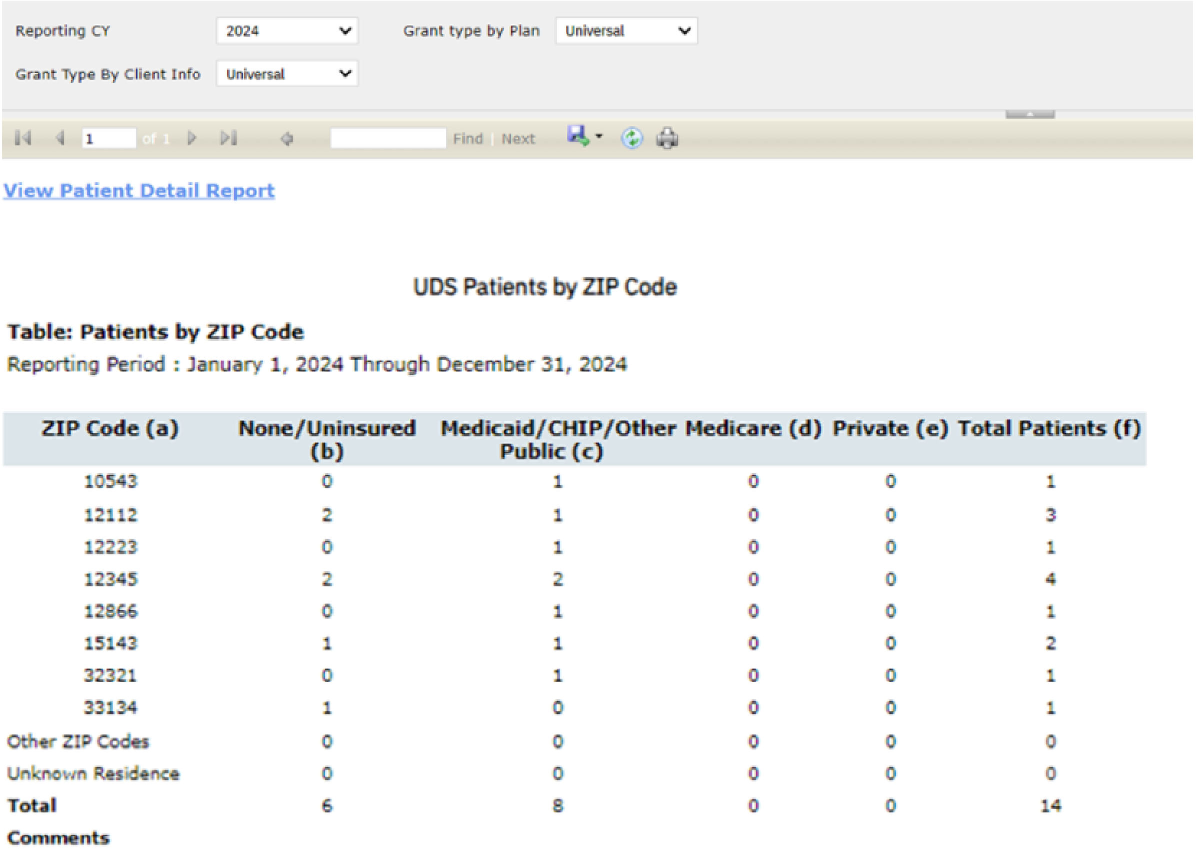
Navigation Path: My Office -- 'UDS Table Patients by ZIP Code' – 'UDS Table Patients by ZIP Code' Report – Click on 'View Patient Detail Report' hyperlink – Patient Detail Report will display.

Purpose: To ensure that only the patients that are displayed in the Patient Detail Report, are the patients that were included in the 'UDS Table Patients by ZIP Code' report.

Functionality 'Before' and 'After' release:

With this release, the 'Age for Report' column label is changed to 'Age' and the 'Line' column is added in the 'Patient Details'' Report. The Line column will populate the number of rows in the Patient Detail Report based on the 'Total Patients' column of the 'UDS Table Patients by ZIP Code' Report.

'UDS Table Patients by ZIP Code' report:



Reporting CY: 2024
Grant type by Plan: Universal
Grant Type By Client Info: Universal

View Patient Detail Report

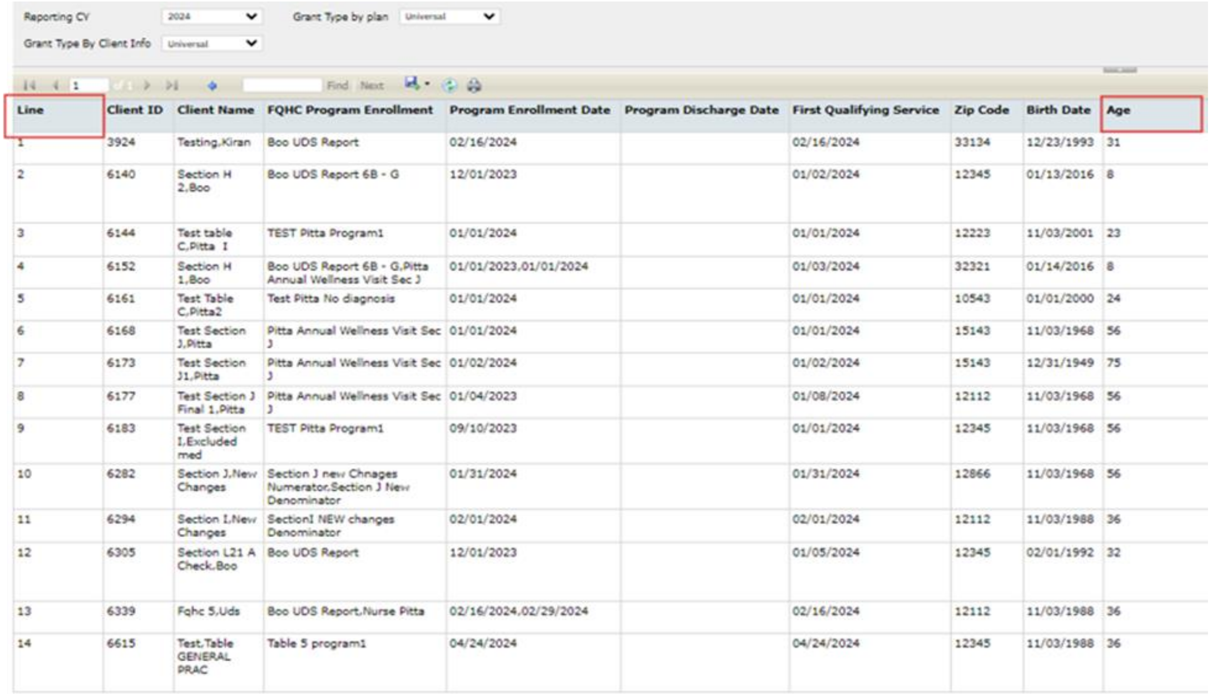
UDS Patients by ZIP Code

Table: Patients by ZIP Code

Reporting Period : January 1, 2024 Through December 31, 2024

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
10543	0	1	0	0	1
12112	2	1	0	0	3
12223	0	1	0	0	1
12345	2	2	0	0	4
12866	0	1	0	0	1
15143	1	1	0	0	2
32321	0	1	0	0	1
33134	1	0	0	0	1
Other ZIP Codes	0	0	0	0	0
Unknown Residence	0	0	0	0	0
Total	6	8	0	0	14
Comments					

On click of "**View Patient Detail Report**" hyperlink in the above page, the user is directed to **"Patient Detail Report".**



Reporting CY 2024
Grant Type by plan Universal
Grant Type By Client Info Universal

Line	Client ID	Client Name	FQHC Program Enrollment	Program Enrollment Date	Program Discharge Date	First Qualifying Service	Zip Code	Birth Date	Age
1	3924	Testing,Kiran	Boo UDS Report	02/16/2024		02/16/2024	33134	12/23/1993	31
2	6140	Section H 2,Boo	Boo UDS Report 6B - G	12/01/2023		01/02/2024	12345	01/13/2016	8
3	6144	Test table C,Pitta I	TEST Pitta Program1	01/01/2024		01/01/2024	12223	11/03/2001	23
4	6152	Section H 1,Boo	Boo UDS Report 6B - G,Pitta Annual Wellness Visit Sec J	01/01/2023,01/01/2024		01/03/2024	32321	01/14/2016	8
5	6161	Test Table C,Pitta2	Test Pitta No diagnosis	01/01/2024		01/01/2024	10543	01/01/2000	24
6	6168	Test Section J,Pitta	Pitta Annual Wellness Visit Sec J	01/01/2024		01/01/2024	15143	11/03/1968	56
7	6173	Test Section J1,Pitta	Pitta Annual Wellness Visit Sec J	01/02/2024		01/02/2024	15143	12/31/1949	75
8	6177	Test Section J Final 1,Pitta	Pitta Annual Wellness Visit Sec J	01/04/2023		01/08/2024	12112	11/03/1968	56
9	6183	Test Section I,Excluded med	TEST Pitta Program1	09/10/2023		01/01/2024	12345	11/03/1968	56
10	6282	Section J,New Changes	Section J new Chnages Numerator,Section J New Denominator	01/31/2024		01/31/2024	12866	11/03/1968	56
11	6294	Section I,New Changes	SectionI NEW changes Denominator	02/01/2024		02/01/2024	12112	11/03/1988	36
12	6305	Section L21 A Check,Boo	Boo UDS Report	12/01/2023		01/05/2024	12345	02/01/1992	32
13	6339	Fqhc 5,Uds	Boo UDS Report,Nurse Pitta	02/16/2024,02/29/2024		02/16/2024	12112	11/03/1988	36
14	6615	Test,Table GENERAL PRAC	Table 5 program1	04/24/2024		04/24/2024	12345	11/03/1988	36

Author: Kartik Gondi

199: EII # 127670: Changes in UDS Table 3B Demographic Characteristics report.

Release Type: Change **|** **Priority:** Urgent

Navigation Path: 'My Office' – 'My reports' – 'UDS Table 3B Demographic Characteristics' report – 'View report'.

Functionality 'Before' and 'After' release:

Purpose: To display the data for the 'Race', 'Ethnicity', 'Sexual Orientation', and 'Gender Identity' fields in the 'UDS Table 3B Demographic Characteristics' report based on external code value set up in the 'External mapping' table.

With this release, the data for the 'Race', 'Ethnicity', 'Sexual Orientation', and 'Gender Identity' fields, are displayed based on external code values in the 'External mapping' table.

Race

1. Asian Indian – External code = 1

2. Chinese – External code = 2

3. Filipino – External code = 3

4. Japanese – External code = 4
5. Korean – External code = 5
6. Vietnamese – External code = 6
7. Other Asian – External code = 7
8. Native Hawaiian – External code = 15
9. Other Pacific Islander – External code = 8
10. Guamanian or Chamorro – External code = 9
11. Samoan – External code = 10
12. Black/African American – External code = 11
13. American Indian/Alaska Native – External code = 12
14. White – External code = 13
15. More than one race – More than one race selected
16. Unreported/Chose not to disclose race – External code = 14
    OR Include if the client does not have race selected
    OR if the external code 2 value does not match any values in this mapping
    OR if the external code 2 value is null

Ethnicity

1. Yes, Mexican, Mexican American, Chicano/a – External code = 1
2. Yes, Puerto Rican – External code = 2
3. Yes, Cuban – External code = 3
4. Yes, Another Hispanic, Latino/a, or Spanish Origin – External code = 4
5. Yes, Hispanic, Latino/a, Spanish Origin, Combined – More than one selected
6. Not Hispanic, Latino/a, or Spanish Origin – External code = 6
7. Unreported/Chose Not to Disclose Ethnicity – External code =7

    OR Include if the client does not have ethnicity selected
    OR if the external code 2 value does not match any values in this mapping
    OR if the external code 2 value is null

Sexual Orientation

1. Lesbian or Gay – External code = 1

2. Heterosexual (or straight) – External code = 2

3. Bisexual – External code = 3

4. Other – External code = 4

5. Don't know – External code = 5

6. Chose not to disclose – External code = 6

7. Unknown – External code = 7

Gender Identity

1. Male – External code = 1

2. Female – External code = 2

3. Transgender Man/Transgender Male/Transmasculine – External code = 3

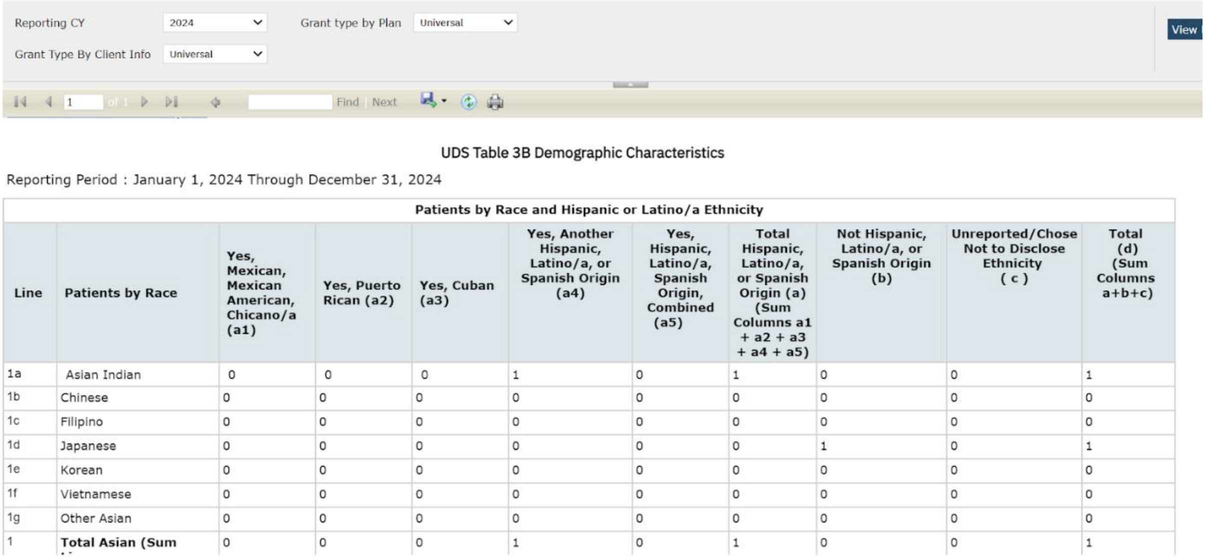
4. Transgender Woman/Transgender Female/Transfeminine - – External code = 4

5. Other – External code = 5

6. Chose not to disclose – External code = 6

7. Unknown – External code = 7

When the external code values are set up in the 'Externalmappings' table, data will display in the respective fields in the 'UDS Table 3B Demographic Characteristics' report.

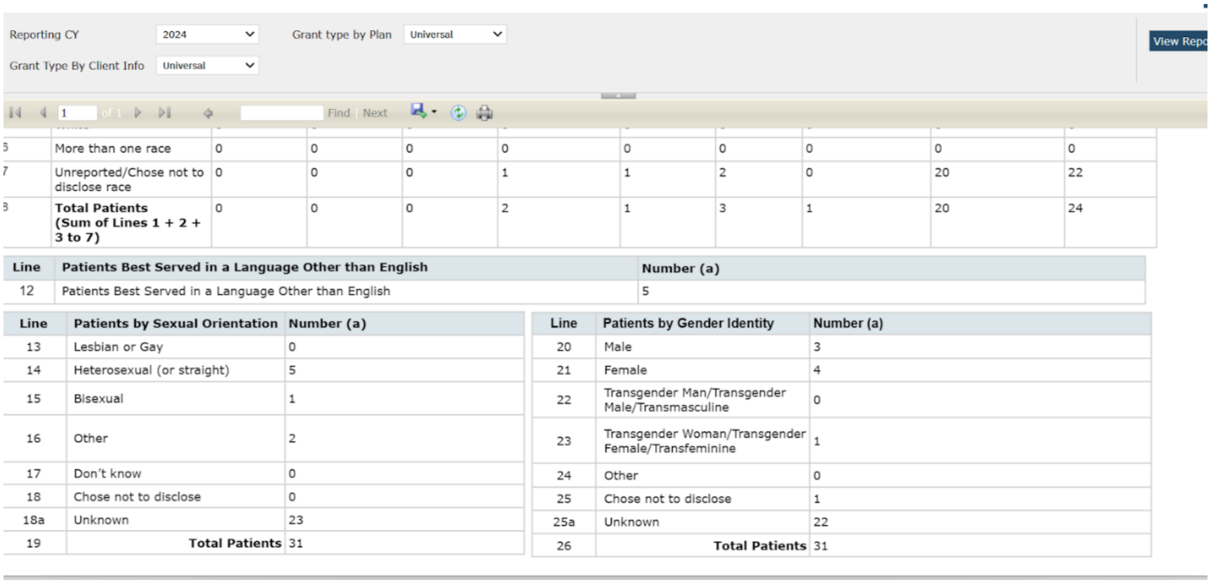


UDS Table 3B Demographic Characteristics

Reporting Period : January 1, 2024 Through December 31, 2024

Patients by Race and Hispanic or Latino/a Ethnicity

Line	Patients by Race	Yes, Mexican, Mexican American, Chicano/a (a1)	Yes, Puerto Rican (a2)	Yes, Cuban (a3)	Yes, Another Hispanic, Latino/a, or Spanish Origin (a4)	Yes, Hispanic, Latino/a, Spanish Origin, Combined (a5)	Total Hispanic, Latino/a, or Spanish Origin (a) (Sum Columns a1 + a2 + a3 + a4 + a5)	Not Hispanic, Latino/a, or Spanish Origin (b)	Unreported/Chose Not to Disclose Ethnicity (c)	Total (d) (Sum Columns a+b+c)
1a	Asian Indian	0	0	0	1	0	1	0	0	1
1b	Chinese	0	0	0	0	0	0	0	0	0
1c	Filipino	0	0	0	0	0	0	0	0	0
1d	Japanese	0	0	0	0	0	0	1	0	1
1e	Korean	0	0	0	0	0	0	0	0	0
1f	Vietnamese	0	0	0	0	0	0	0	0	0
1g	Other Asian	0	0	0	0	0	0	0	0	0
1	**Total Asian (Sum**	0	0	0	1	0	1	0	0	1



6	More than one race	0	0	0	0	0	0	0	0	0
7	Unreported/Chose not to disclose race	0	0	0	1	1	2	0	20	22
8	**Total Patients (Sum of Lines 1 + 2 + 3 to 7)**	0	0	0	2	1	3	1	20	24

Line	Patients Best Served in a Language Other than English	Number (a)
12	Patients Best Served in a Language Other than English	5

Line	Patients by Sexual Orientation	Number (a)
13	Lesbian or Gay	0
14	Heterosexual (or straight)	5
15	Bisexual	1
16	Other	2
17	Don't know	0
18	Chose not to disclose	0
18a	Unknown	23
19	**Total Patients**	31

Line	Patients by Gender Identity	Number (a)
20	Male	3
21	Female	4
22	Transgender Man/Transgender Male/Transmasculine	0
23	Transgender Woman/Transgender Female/Transfeminine	1
24	Other	0
25	Chose not to disclose	1
25a	Unknown	22
26	**Total Patients**	31

Author: Dinesh Ponnuswamy

200: EII # 123774: Update NOMS CSV file for SPARS to Capture Data in Correct Format Based on NOMS Code book.

Release Type: Change | **Priority:** On Fire

Navigation Path1: My Office – My Works – My Reports - 'NOMS SPARS Report' - 'Generate CSV File' hyperlink -- File saved in the SFTP.

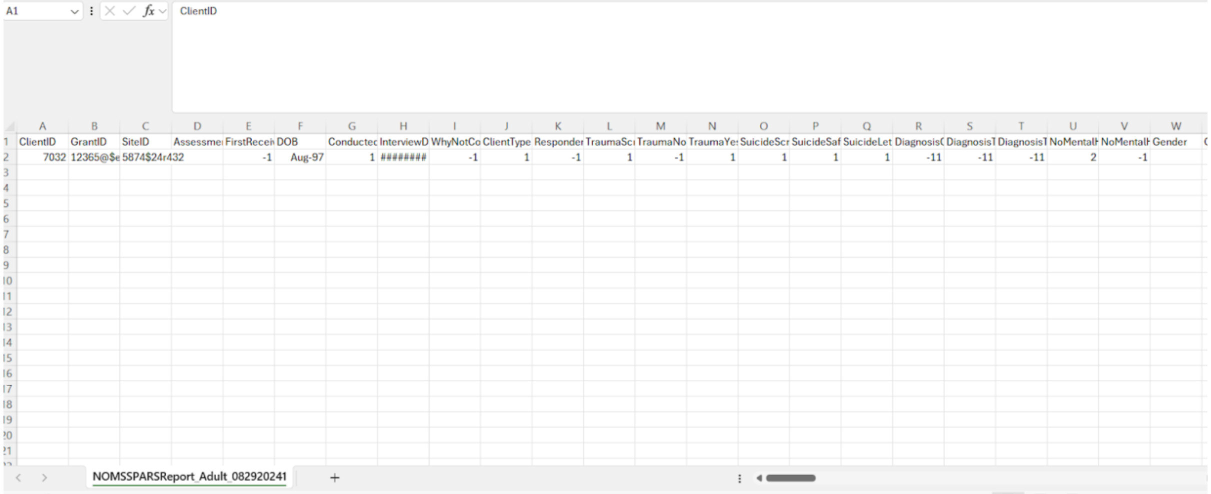
Functionality 'Before' and 'After' release:

Purpose: To Capture Data in Correct Format Based on NOMS Code book.

With this release, the '2022 NOMS SPARS Report' title has been changed to 'NOMS SPARS Report' and 'Generate CSV File' has been implemented as per the NOMS Code book in the NOMS SPARS Report to Capture Data in Correct Format.

- The 'Generate CSV File' has been modified according to the new logic as per the NOMS Code book.
- Once the batch is created from the NOMS SPARS Report, the File will be created in the folder setup in SFTP.

The 'Generate CSV File':



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1	ClientID	GrantID	SiteID	Assessme	FirstRecei	DOB	Conductec	InterviewD	WhyNotCo	ClientType	Responder	TraumaScı	TraumaNo	TraumaYe:	SuicideScr	SuicideSaf	SuicideLet	Diagnosis(	DiagnosisT	DiagnosisT	NoMentalH	NoMentalH	Gender
2	7032	12365@$e	5874$24r432		-1	Aug-97	1	########	-1	1	-1	1	-1	1	1	1	1	-11	-11	-11	2	-1	

The 'Generate CSV File' contains the following Columns:

- ClientID
- GrantID
- SiteID
- Assessment
- FirstReceivedServicesDate
- DOB
- ConductedInterview
- InterviewDate
- WhyNotConducted
- ClientType
- RespondentType
- TraumaScreenedConducted
- TraumaNoScreenResponse
- TraumaYesScreenResponse
- SuicideScreen
- SuicideSafetyPlanDeveloped
- SuicideLethalAssessed
- DiagnosisOne
- DiagnosisTwo
- DiagnosisThree
- NoMentalHealthDiagReason

- NoMentalHealthDiagReasonSpec
- Gender
- GenderOtherSpec
- SexualIdentity
- SexualIdentityOtherSpec
- HispanicLatino
- EthnicCentralAmerican
- EthnicCuban
- EthnicDominican
- EthnicMexican
- EthnicPuertoRican
- EthnicSouthAmerican
- EthnicOther
- EthnicOtherSpec
- RaceBlack
- RaceWhite
- RaceAmericanIndian
- RaceAlaskaNative
- RaceSouthAsian
- RaceChinese
- RaceFilipino
- RaceJapanese
- RaceKorean
- RaceVietnamese
- RaceOtherAsian
- RaceNativeHawaiian
- RaceGuamanianChamorro
- RaceSamoan
- RaceOtherPacificIslander
- RaceOther
- RaceOtherSpec
- SpeakOtherLanguage_EN
- SpeakWhatLanguage_EN
- SpeakWhatLanguageSpec_EN
- SpeakOtherLanguage_ES
- SpeakWhatLanguage_ES
- SpeakWhatLanguageSpec_ES
- EverServed
- ActiveDuty_Self
- OverallMentalHealth
- HandlingDailyLife
- DealwithUnexpectedEvents
- GetsAlongWithFriends
- GetsAlongWithFamily
- SocialSituations
- SchoolOrWork
- SafePlaceToLive
- Nervous
- Hopeless
- Restless
- Depressed
- EverythingEffort
- Worthless
- PsychologicalEmotionalProblems

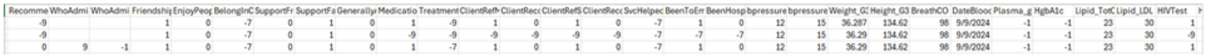
- BeenHomeless
- SpentTimeHospitalMHC
- SpentTimeDetox
- SpentTimeJail
- SpentTimeER
- LivingConditionsSatisfaction
- Housing

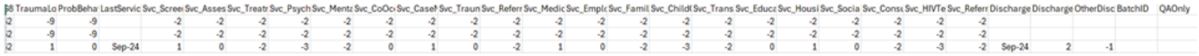
- OtherHousingSpec
- Enrolled
- Education
- Employment
- OtherEmploymentSpec
- EnoughMoneyForNeeds
- BeenArrested
- SpentTimeJailorProbation
- Recover
- Complain
- Rights
- Responsibility
- SideEffects
- SharingTreatmentInformation
- SensitiveToCulture
- InformationNeeded
- ConsumerRunPrograms
- ComfortableAskingQuestions
- TreatmentGoals
- LikeServices
- Choices
- RecommendAgency
- WhoAdministered
- WhoAdministeredSpec
- Friendships
- EnjoyPeople
- BelongInCommunity
- SupportFromFamily
- SupportFamilyFriends
- GenerallyAccomplishGoal
- MedicationAsPrescribed
- TreatmentCompliant
- ClientRefMentalHealthSvc_G2
- ClientRecdMentalHealthSvc_G2
- ClientRefSUDSvc_G2
- ClientRecdSUDSvc_G2
- SvcHelpedAvoidJusticeSystem
- BeenToEmergencyPHC
- BeenHospitalizedOvernightPHC
- bpressure_s_G3
- bpressure_d_G3
- Weight_G3
- Height_G3
- BreathCO
- DateBloodDrawn
- Plasma_gluc

- HgbA1c
- Lipid_TotChol
- Lipid_LDL
- HIVTest
- HIVTestResult
- HIVTestTreatmentServices
- HBVTest
- HBVTestResult
- HBVTestTreatmentServices
- HCVTest
- HCVTestResult
- HCVTestTreatmentServices
- HIVGranteeReferral
- HIVARTMedication
- HIVARTMedicationFreq
- ClientRefMentalHealthSvc_G5
- ClientRecdMentalHealthSvc_G5

- ClientRefSUDSvc_G5
- ClientRecdSUDSvc_G5
- OftennessOfTeamInteraction
- KnowWhoToCall
- ExpPsychosis
- DateExpInitialPsychosis
- ReferredToPsychosisSvc
- DateReceivedPsychosisSvc
- DateRecdPsychosisSvcNoResKey
- ClientCrisisMentalHealthSvc
- ClientScreeningSvc
- ClientPatientSvc
- ClientOutpatientMentalHealthSvc
- ClientPhysicalHealthScreening
- ClientTargetedCaseMgt
- ClientPsychiatricRehabSvc
- ClientPeerSupportSvc
- ClientFamilyPsychoeducationSvc
- ClientVeteransMilitarySvc
- bpressure_s_G8
- bpressure_d_G8
- Weight_G8
- Height_G8
- TraumaLossExpIdAddressed
- ProbBehaviorSymptDecreased
- LastServiceDate
- Svc_Screening
- Svc_Assessment
- Svc_TreatmentPlanning
- Svc_Psychopharmacological
- Svc_MentalHealth
- Svc_CoOccuring
- Svc_CaseManagement
- Svc_TraumaSpecific
- Svc_ReferredCore
- Svc_MedicalCare

- Svc_Employment
- Svc_Family
- Svc_ChildCare
- Svc_Transportation
- Svc_Education
- Svc_Housing
- Svc_SocialRecreational
- Svc_ConsumerOperated
- Svc_HIVTesting
- Svc_ReferredSupport
- DischargeDate
- DischargeStatus
- OtherDischargeStatus
- BatchID
- QAOnly





Data Model Changes: 'DiagnosisSubCategory' column included in 'DACSNOMSMappingDiagnosisCodes' table.

Author: Sahana Gururaja

201: Core Bugs # 129368: For payment with $0 amount for a service, the report removes the amount and shows it as blank entries in the 'Debit and Credit' columns in the "General Ledger Details report".

Release Type: Fix | **Priority:** Medium

Prerequisites: Post a $0 payment for a service through the below **path:**

'My Office' – 'Payments/Adjustments' -- click on 'New EOB/Payment/Adjustment' button – enter all the required details in the 'Payment/Adjustment Posting' screen – click on the 'Update' button – Go to 'Service Search' tab –

select the required service where the 'Payments/Adjustment' has to be posted – click on 'Select' button – system navigates to 'Activity' tab -- enter the value in 'Selected Services' tab, the payment amount is 0(Zero) -- click on 'Add' button – click on 'Update' button.

Navigation Path: 'My Office' – 'My Reports'– Search for "General Ledger Details Report"—click on Report Name hyperlink – report will be opened in a new URL window—select the 'Accounting Period' in which a $0 payment posted –click on 'View Report'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When a user posted a $0 payment for a service, the report was removing the amount and show it as blank entries in the 'Debit and Credit' columns in the "General Ledger Details report".

With this release, the above-mentioned issue has been resolved. Now, the report will display the paid amount = 0 for in both the 'Debit and Credit' columns in the "General Ledger Details report", when a user posted a $0 payment for a service.

Author: Namratha Nagaraj

202: EII # 128703: Modifying the Reallocation Job

Release Type: Change | **Priority:** Urgent

Navigation Path 01: 'Provider contract(My Office)' -> Select Provider-> 'Provider Contract(Provider) -> 'Contract Details' screen -> 'Contracted Rates' icon ->'Contracted Rates Details' screen-> Insert Contract rate with two Payable plan -> save.
Navigation Path 02: Select 'Client' ->'Claims(My office)' -> select Claim type -> fill all required fields in 'claim entry screen' -> Save -> Select Claim line ->'Claim Line Details' screen -> 'Select Action' -> 'Adjudicate' -> 'Select Action' ->'Pay'.
Navigation Path 03: 'Client' ->'Coverage' ->Remove the existing payable plan
which is mapped with contracted rate id and add another payable plan which is also mapped to the same Contract rate.
Navigation Path 04: DB ->Run 'ssp_CMReallocateClaimLineCoveragePlans'

Navigation Path 05: 'My Office'– 'Reallocation Claim lines' Report page – select 'Reallocation Created From date' and 'Reallocation Created To' – Select 'Provider' and Insurer' – 'Apply Filter'.

Functionality Before and After release:

Purpose: To Modify the Reallocation job logic when one ContractRateId is associated with multiple Coverage Plans.

With this release, a Logic is implemented such that when Multiple payable coverage plans are mapped with same 'Contract Rateid' , the 'Reallocation job' is moving the balance from expired /removed coverage plan to next payable coverage plan which is mapped with the client.

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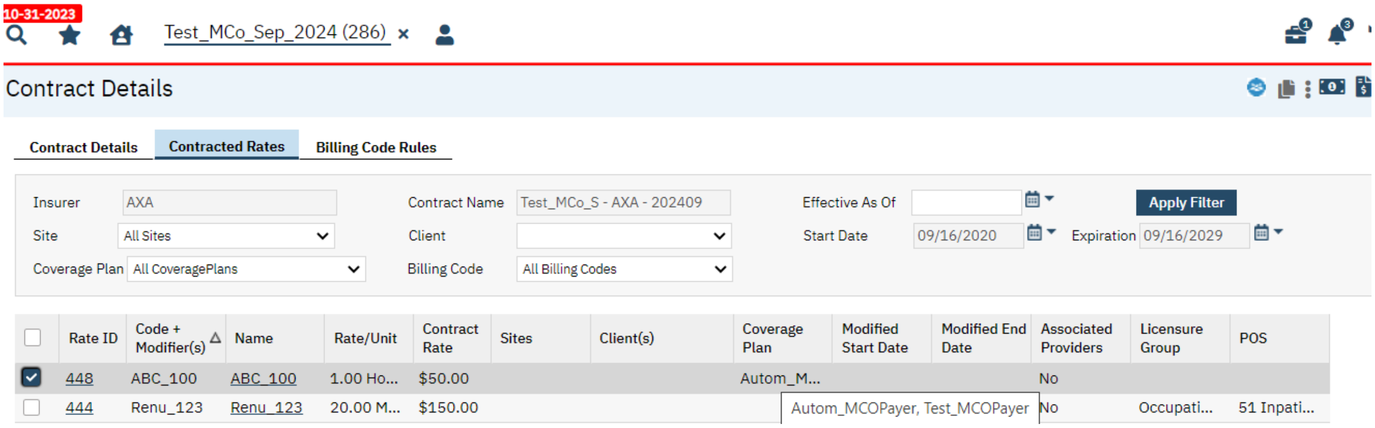

Insurer: AXA
Contract Name: Test_MCo_S - AXA - 202409
Effective As Of:
Site: All Sites
Client:
Start Date: 09/16/2020
Expiration: 09/16/2029
Coverage Plan: All CoveragePlans
Billing Code: All Billing Codes

☐	Rate ID	Code + Modifier(s)	Name	Rate/Unit	Contract Rate	Sites	Client(s)	Coverage Plan	Modified Start Date	Modified End Date	Associated Providers	Licensure Group	POS
☑	448	ABC_100	ABC_100	1.00 Ho...	$50.00			Autom_M...			No		
☐	444	Renu_123	Renu_123	20.00 M...	$150.00			Autom_MCOPayer, Test_MCOPayer			No	Occupati...	51 Inpati...

Author: Namratha Nagaraj

203: Core Bugs # 129344: Payment Receipt report: Amount mismatch in the Total Payments.

Release Type: Fix | **Priority:** Medium

Navigation Path: 'My Office' -'Payments Receipt Report' —Enter the required details—Select 'Summary' from the 'Report Mode' dropdown—Click on 'View Report'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Payments Receipt Report', when the user selected the 'Summary' option in the Report Mode drop down, there was an amount mismatch in the Total Payments.

With this release the above-mentioned issue is Resolved. Now, in the 'Payments Receipt Report', when the user selects the 'Summary' option in the Report Mode drop down, the amount is displayed correctly in the Total Payments.

Author: Namratha Nagaraj

204: Core Bugs # 129387: Issue in Retroactive Charge Reallocation Report.

Release Type: Fix | **Priority:** High

Navigation Path: Go Search – Retroactive Reallocation Log (My office) – Retroactive Reallocation Instance dropdown.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the Retroactive Reallocation Log report, Retroactive Reallocation Instance dropdown was not having All option in the dropdown.

With this release, the above mentioned issue has been resolved. Now, 'All' option is added In the Retroactive Reallocation Instance dropdown of Retroactive Reallocation Log report.

Glossary of System Configuration Keys, Global Codes, Recodes, Data Model Changes.

System Configuration Keys

104. DisplayCDAGSectionInStaffDetails
104. EnableClinicalDataAccessGrouping
117. ShowSNOMEDCodeAndDescriptionOnScreensAndPDFs

123. ShowSigningSuffixORBillingDegreeInSignatureRDL

136. SetChosenNameForISPDocument

155. DisplayCDAGSectionInStaffDetails

155. EnableClinicalDataAccessGrouping

157. ApplyStaffAccessRuleOnCoSignerDropDown

166: DisplayCDAGSectionInStaffDetails

166: EnableClinicalDataAccessGrouping

170: UseKeyPhrases

171: UseKeyPhrases

181.SetSignatureRequiredToDispenseMATMedication

192. CreateClaimsFromServiceAction

196. GLTrackAndReportUnappliedPayments

Global Codes

105. DISRUPTIONLIMITTYPES
105. FCDisruptionTypes

151. CLIENTAGEGROUP

181. MATCaptureClientSign
186. MATNoPumpReason

Recodes

123. SetDegreesToNotDisplayInSignatureSection

151. FCLocationForServices

Data Model Changes

187: Added column ‘MATManagementNoPumpDispenseId’ to table ‘MATRedispenseDetails’

200. 'DiagnosisSubCategory' column included in ‘DACSNOMSMappingDiagnosisCodes’ table.