

Initiatives Report

Name	Public Description	Category	Priority 1-10	Need Description
Need ability to override Service Note Requirement for Contractors		Billing	1	
Staff with Multiple Taxonomy Codes, or when a staff moves from one Taxonomy to another	Some staff/users may have more than one taxonomy code but only one taxonomy code field is present and is used for all claims. Counties need a way to select which taxonomy code goes on claims based on program and license/degree that's associated with the procedure code.	Billing	3	Essential Modification - Functionality is not present
CSU Maximum Hours & Billing	<p>This was received as an urgent request from a regarding how CSU services are billed. There is a maximum number of hours that can be claimed. Currently, the process is to enter the hours that will be claimed in the service, not the total hours the client was present., which can be found by looking at the program enrollment data. The county indicated that this program enrollment information is not enough for fiscal tracking, and they have been entering in the full number of hours the client was present in the CSU rather than only the hours they meant to claim. They indicated other counties are also doing it this way, despite the current CalMHSA guidance. Now, attempting to re-do the services manually in time to claim for services would be onerous to impossible.</p> <p>At CalMHSA's recommendation, they explored alternatives and have come up with a solution. CalMHSA will be reviewing this solution internally and bringing it to counties for review before implementing this.</p>	Billing	4	
Validations on Client Information Screen to address billing requirements	This is related to billing errors and/or billing denials due to information not being present on the Client Information screen. This includes "Sex" being incomplete and/or not matching the Medi-Cal information, and "Address" not including the city, state, and zip code and/or these 3 fields not matching. CalMHSA is exploring with Streamline what is possible to address these concerns.	Billing	4	Industry Standard - Functionality requires workarounds
Advanced Billing for Medicare - was a request from a county		Billing	6	

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<p>CDAG: Associate documents with a program enrollment period (episode) rather than just a program</p>	<p>This was originally reported as a bug. When creating a document in SmartCare, the CDAG window pops up and requires the user to select a program. The available options are limited based on what programs the client is associated with (requested, enrolled, or recently discharged from) and what programs the user is associated with. In this dropdown, the program list includes the dates of the program enrollment. However, when selecting a specific enrollment, SmartCare seemed to ignore the user's selection and instead selected the first instance of the client's enrollment in that program. This was especially troublesome for crisis and inpatient programs, which have clients open for a short time before discharging and tend to have clients be re-enrolled. CalMHSA requested that Streamline fix this so the document would be associated with that particular instance of the program. This way, when information is also initialized forward (e.g. the document pulls in the program enrollment date), the information is accurate. Streamline has made the fix and it is in the Feb MSP. However, there were a few unintended consequences. Scanned documents brought over during conversion are associated with a program, but there may not be an enrollment instance of that program in SmartCare, since this is legacy data. Even if there is a program enrollment, the enrollment dates may not include the effective date of the scanned document. CalMHSA is working with Streamline to figure out a solution to this issue. Update: Unforeseen consequences have been found post-implementation. CalMHSA is working with</p>	<p>Clinical Documentation</p>	<p>2</p>	<p>Essential Modification - Functionality is not present</p>
<p>Redoing PDFs (RDLs) across SmartCare</p>	<p>In SmartCare, there are 2 pieces to every document: the data entry piece and the report (pdf) view. The latter is called the RDL. CalMHSA has created a style guide for RDLs which includes state required items, such as ensuring the font size is at least 12 point and adding a redisclosure statement at the bottom of documents from an SUD program. When CalMHSA creates a new document for SmartCare, this style guide is used when creating the RDL. However, there are many core documents used by CalMHSA, meaning documents created by Streamline that are not unique to CalMHSA's environments. CalMHSA is working to redo the RDLs for all of these documents, from the Release of Information to service notes.</p>	<p>Clinical Documentation</p>	<p>3</p>	<p>State Requirement</p>
<p>Tracking Documentation and Travel Time</p>	<p>Pre-CalAIM, services were claimed based on the minutes it took to complete the service. This claim included service time, travel time, and documentation time. CalAIM Payment Reform changed this to pay for services based on encounters. The rates for encounters are supposed to include the expected travel and documentation time. The only way to ensure fiscal solvency is to be able to track all time spent on services to ensure a county's rates are accurate. County directors are requesting that the travel and documentation time fields are completed to allow them to track rate accuracy, which would allow them to lobby the state if a rate adjustment is needed. CalMHSA is exploring methods to increase data entry into these fields, including the option of making these fields required, or conditionally required. UPDATE: CalMHSA is planning to make the Documentation Time and Travel Time fields required, but allow 0 (zero) to be entered. We're hoping this can be not-required for non-billable services.</p>	<p>Clinical Documentation</p>	<p>5</p>	<p>Industry Standard - Functionality requires workarounds</p>
<p>BHIN 24-030: CalOMS Treatment Demographic Reporting</p>	<p>CalMHSA is working with Streamline to make the necessary changes to the CalOMS reporting fields, as described in BHIN 24-030.</p>	<p>Compliance/State Reporting</p>	<p>1</p>	<p>State Requirement</p>

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EQRO: Penetration Rates Report	CalMHSA is working to create a penetration rates report that can be used during EQRO.	Compliance/State Reporting	2	Industry Standard - Functionality requires workarounds
How to address when a clinician leaves without finishing their service notes	CalMHSA is working on training articles and protocols on addressing off-boarding staff. We've had counties have staff leave who have not finished	Compliance/State Reporting	3	Optimization - Functionality is present but very clunky
Program Meta Tagging Feedback	This is the task where we're reviewing feedback from counties regarding Program Meta Tagging (Datapalooza) and adjusting as necessary.	Compliance/State Reporting	3	Enhancement - Would be nice to have
Denial of Rights Monthly Report	LPS facilities must report monthly on any incidents of denying a patient's rights. CalMHSA is working to create this report from data in SmartCare.	Compliance/State Reporting	3	State Requirement
Be able to upload state reports (CANS, PSC, CSI, 1st Psych Appt, etc.) in bulk from contractors	Counties have requested that state reporting items be able to be uploaded to SmartCare in bulk. This way they can quickly upload contractor information and report out from SmartCare in one batch.	Compliance/State Reporting	5	Industry Standard - Functionality requires workarounds
County Health report	CalMHSA is working on a set of reports to determine the health of the EHR. This includes determining if programs are setup correctly, how many programs have 0 clients associated, are people billing, how many people logged in within the last 30 days, etc. This should give system administrators some guidance on additional trainings to provide to staff, ways to improve their EHR setup, etc.	Compliance/State Reporting	5	Optimization - Functionality is present but very clunky
Level of Care Congruency report	Request for a report between ASAM Level of Care between brief screening (BQULP) and the acutal ASAM LoC assessment	Compliance/State Reporting	7	
MAT Medication/NDC Billing Phase 2		Medical	4	
Need Ability to override Max Dose in 24 Hours	This improves on Streamline's Max Dose Quantity Allowed in 24 hours which is currently free text, and make it functionable in helping end users to be aware that they me over the recommended maximum dose.	Medical	6	
Psychiatric Advance Directive		Medical	9	
Need the ability to add Controls created in SmartCare to DFA documents (through DFA functionality)	In SmartCare, there are "controls". An example of this is the Problem List Control, which can be seen on the CalAIM Assessment and the Progress Note. These are items that can be added to documents as a whole section. These controls include functionality that impacts the system elsewhere. For example, adding a problem to the Problem List Control in the CalAIM Assessment means that when you view the Problem List Control on the Progress Note, the problem you added shows up in both places. CalMHSA is working with Streamline to make these controls available to be added to CalMHSA-created documents.	Patient Administration	2	Essential Modification - Functionality is not present

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Program drop-down to associate to a calendar entry for when adding to the staff calendar	Every service appointment in SmartCare requires a client, program, and provider. However, every calendar entry only requires a provider. This type of event is often used for tracking the administrative tasks done. Sometimes this may need to be tracked to a specific program, however. Counties therefore requested that a Program field be added to the calendar entry for tracking purposes. Estimated to be deployed to QA on 9/26/24	Patient Administration	2	Industry Standard - Functionality requires workarounds
Train Portal: Unread messages do not display in the messages function or the widget	This was originally reported as a bug. Only the initial message sent from a staff member to a client appears in the client's messages. Any replies to that message do not appear.	Patient Administration	8	Essential Modification - Functionality is not present
Need a way to see what is included in the Primary-to-Affiliate sync and to be able to manage it	CalMHSA's environment syncs with the environments of county affiliates. CalMHSA is looking to be able to see what items are currently syncing and at what level.	Patient Administration	9	Essential Modification - Functionality is not present
Add a pop-up at login that lets users know that changes have been made - acknowledge and doesn't show up every time they log in	Changes are often made to SmartCare, such as new deployments or changes to configurations. We've heard from counties that end-users aren't always made aware of these changes. To ensure users are made aware, CalMHSA is considering a pop-up at login that describes any changes made to SmartCare since their last login.	Patient Administration	10	Enhancement - Would be nice to have
Documents (client) - how to meta tag documents as 'Medical Record'	We need to find a way to indicate, especially to med records, which client documents actually constitute their medical record and are, for instance, discoverable. There are a number of documents that display in 'Documents (client)' that are not considered part of the medical record.	SysAdmin	7	Essential Modification - Functionality is not present
Add "Program" as a filter to Disclosure "Add Documents" Pop Up	Adding a program column and filter to the "add documents" pop up page in the Disclosure Requests Details screen.		1	Essential Modification - Functionality is not present
Have proper calculations/units/medication modifiers for the dose, total dose, and dispense quantity and pushing it across all screens and weight based dosing			1	
Hospital Face Sheet for Concurrent Review			2	State Requirement

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