



SmartCare™ September 2025 MSP Release Notes (Changes)

This documentation and the information disclosed within, including the structure and contents, are confidential and the proprietary property of Streamline Healthcare Solutions, LLC and are protected by patent, copyright and other proprietary rights.

© 2003-2025 Streamline Healthcare Solutions, LLC or its Affiliates. All Rights Reserved.

510 E. Butler Ct., Kalamazoo, MI 49007 | Phone - (877) GO-SHS-41 | Fax - (877) GO-SHS42
www.streamlinehealthcare.com

Table of Contents

Executive Summary	1
TASKS LIST -‘ACTIVE CHANGE’ (12).....	4
TASKS LIST-‘PASSIVE CHANGE’ (53)	5
TASKS LIST-‘NEW FUNCTIONALITY’ (1)	8
Functionality Task Details	9
Attendance	9
EII # 131991: Attendance Services: Implementation of the ‘Staff’ dropdown field to typeable search textboxes.....	9
Bed Board	9
EII # 131966: Validations are implemented in the ‘Inpatient Activity Details’ and ‘Census Management’ pages	10
EII # 131990: Added Permissions for Schedule actions on Bed board, Bed census and Inpatient Activity Details screen	11
CDAG.....	12
EII # 132260: Creation of common SP for detail pages without Discharge Key check.....	13
EII # 132294: CDAG Program Dropdown Without Discharge Date Logic – Treatment Team Details screen	13
EII # 132288: CDAG Program Dropdown Without Discharge Date Logic – Client Flag Details & Contact Notes Details and Client Tracking List Pages	14
EII # 132275: The Program dropdown to display the discharged program, regardless of discharge date when CDAG is ON in Scanned Medical Record Detail and Upload File Detail screens	16
EII # 132330: Implemented by replacing the existing ssp ‘ssp_SCGetCDAGProgramsDetail’ to new ssp ‘ssp_SCGetCDAGPrograms’ where the Program’s enroll/discharge date will still display in ‘Disclosure/Request List page’ ignoring the configuration key ‘ClientAccessRuleDaysAfterProgramDischarge’ value	16
EII # 132274: CDAG Program Dropdown Without Discharge Date Logic – Disclosure/Request Details and Life Events Screen.....	18
Charges/Claims	19
EII # 132025: The changes are implemented to select Claim Format based on Location..	19
EII # 127448: GNMH HIRD BILLING HCFA 1500 (Box 19) & UB04 (Box 80) Paper Claim Format	20
EII # 131746: Implementation to submit batches larger than 50,000 claims	21
Claims	22
EII # 130475: Implementation of Additional Validation messages in ‘Claims’ and ‘Insurer Details’ screen	23
EII # 131669: Make Provider and Site visible with Hover on the Claim Line Details screen	25
EII # 132423: Outagamie - MCO JD Edwards Check# Import - Feature for Core Release	25
Client Flags	26

EII # 130186: Flags: Adding a new column 'Due Date' in Client Flags (Client) list page	26
Client Orders	27
EII # 130911: Client Orders - Standing Order Feature Not Disabling Days' Supply	27
Client Search Popup.....	28
EII # 132307: Added OR options to the 'All Client Search' functionality	28
CM Authorization	31
EII # 130832: Changes are implemented to allow users to submit authorizations with variable billing rates	31
Core Assessment	34
EII # 132473: Integration of 'NODS Perc' and 'Overdose Risk Screening' DFA Document as a Tab into Assessments (C) document	34
EII # 132040: Integration 'Health-Related Social Needs Screening Tool' Document as a Tab into Assessments (C) document	35
Documents	36
EII # 131832: Optimizing the handling of large disclosure PDFs based on existing configuration key 'DisclosurePDFViewNewWindow' by adding the new value 'Download'	36
EII # 131645: 'Disclosure/Request Details': Implementation of the 'Contains SUD Information' checkbox to restrict data from sharing SUD/Sensitive Data	39
EII # 132206: Implementation to hide All Programs dropdown field when CDAG is OFF...	40
EII # 132205: 'Release Of Information' document – Reposition for the 'Legal Authority' dropdown field and changes to 'Information Used/Disclosed' section.....	40
EII # 132295: The field labels "Recovery Environment (Level of Stress)" and "Recovery Environment (Level of Support)" have been renamed in the 'Summary' tab of the 'CALOCUS' document	41
Foster Care	42
EII # 131608: Placement Families: Implementation of new validation message in the 'Placement Family Detail page' to prevent users from linking more than one Placement Family entry to the same Provider.....	42
Intelichart.....	43
EII # 129768: Intelichart - Patient Portal Module has been implemented.....	43
EII # 131977: IntelliChart Provider Portal SSO.....	44
Interfaces	45
EII # 130921: Restricting SUD/Sensitive Data from Sharing via CCD process	45
Methadone	48
EII # 131992: MAT: Changes have been made to suppress automatic Prime popups upon a successful machine connection in the MAT Connection Popup under both the MAT Management List and Details screens	48
EII # 132455: MAT: Implemented a new warning message on Clear or Radio Button click when creating titration steps in Client Orders	49

EII # 132405: MAT: The future scheduled dispense information is added to the MAT Management Details screen for Titration/Taper orders.....	50
EII # 132406: MAT: Added a new functionality to allow correcting past dispenses on the MAT Details page	51
EII # 132300: MAT: The printing MAT label layout and fonts have been updated to include the complete address information	53
EII # 130961: MAT: unable to change an In Progress Status to Excused Absence on the MAT Management List page	54
My Documents	55
EII # 132011: Changes are updated to the 'Government Performance and Results Act Outcome Measure' Document.....	55
My Reports	58
EII # 129470: Implementation of the 'UDS Table 4 Selected Patient Characteristics' to 2025 Standard	58
EII #:131691: Implementation of the 'UDS Table 3B Demographic Characteristics' to 2025 Standard	59
EII # 132012: Changes are implemented to 'GPRA File Mapping', 'GPRA Reporting List Page' and 'GPRA Detail' Page.....	61
EII # 132194: Implemented the Core SPOC (ACT) Report.....	62
EII # 130302: Implementation of the 'UDS Table 6B Quality of Care Measures' to 2025 Standard	64
EII # 131854: A new report "Program Assignment Details by Date" has been implemented to retrieve and display client enrollment details across various programs within a specified date range.....	66
EII # 130082: Implementation of the 'UDS Table 7 – Health Outcomes' to 2025 Standard	67
Payments/Adjustments.....	71
EII # 130996: EasyPay Payment Gateway integration in SmartCare.....	71
Plans	73
EII # 132026: Added 'Location' drop down to Advanced Claim Formats for Plan pop-up ..	73
Primary Care	74
EII # 125320: Tri-County Diagnosis widget: combined behavioral and primary care diagnosis.....	74
Provider Contract	75
EII # 131612: Copy Contracts (same provider): Include associated Clients only based on configuration/selection	75
Reports indicate UDS Reports.....	76
EII # 129466: Implementation of 'Table 6A - Selected Diagnoses and Services Rendered' to 2025 standard.....	76
EII # 130409: Changes are implemented in 'UDS Table 9D: Patient Service Revenue' report	78

RWQM	80
EII # 132020: Changes are implemented to allow the users to select/deselect large volumes of Charges on the 'RWQM Work Queue' more efficiently	80
Rx Application	81
EII # 132110: Implemented Layman's Terminology in Medication and Instructions columns for Control Substance Audit Report and Controlled Substance Report to improve clarity and consistency	81
Services/Notes	82
EII # 132325: Tool on Care Coordination Screen to Create a Service Note	82
EII # 132465: Changes are implemented to allow Medication Order Types in Quick Orders Control	83
SmartCare Improvements.....	84
EII # 129433: Implemented access to the 'System Configurations' Key button to non-admin users based on permission rather than limiting access only to Admin users	85
EII # 130997: Implementation to display System Configurations, New/Edit Column Configurations and View Column Configurations icons based on permission for non admin staff in the Configurable list pages	86
EII # 131668: Implementation to display System Configurations, New/Edit Column Configurations and View Column Configurations icons based on permission for non admin staff in the Configurable list pages	87
EII # 131004: Implementation to display System Configurations, New/Edit Column Configurations and View Column Configurations icons based on permission for non admin staff in the Configurable list pages	88
EII # 131649: Implementation to display System Configurations, New/Edit Column Configurations and View Column Configurations icons based on permission for non admin staff in the Configurable list pages	89
EII # 131006: System Configurations and New/Edit Column Configurations icons will be disabled based on the Roles and Permissions.....	90
EII # 131022: Implementation to display System Configurations, New/Edit Column Configurations and View Column Configurations icons based on permission for non admin staff in the Configurable list pages	91
EII # 131005: Implementation to display System Configurations, New/Edit Column Configurations and View Column Configurations icons based on permission for non admin staff in the Configurable list pages	93
EII # 131008: Changes are implemented for tooltip icons 'System Configurations', 'New/Edit Column Configurations', and 'View Column Configurations' for the 'Non-admin staff with individual permission' and 'Non-admin staff without individual permission'	94
EII # 131857: Implementation of editing of primary child data from Custom Grid.....	95
EII # 131020: Implementation to hide "Configurable List Page" icons on non-configurable list pages.....	96
Affected Screens:.....	96
Paths:	96

How It Helps:	97
Widgets	97
EII # 131749: Addition of “Submitted” and “Re-Submitted” statuses to the Service Requests and Supervisee Service Requests Widgets.....	97
Global Codes	99
Recodes.....	99
Configuration Keys.....	99
Data Model Changes	100
SmartCare Testing Strategy – September 2025 MSP – EII Focus.....	102
How to Use This Strategy	102
Testing Workflow by Module – EIs Only	102
CDAG	102
MAT (Methadone).....	102
Dispensing / Pharmacy	102
Authorizations / Billing.....	102
SmartCare / System Configuration.....	103
Role-Based Configuration	103
Client Search	103
Widgets.....	103
Reports / UDS Tables	103
Integration.....	103
Payment Processing	103
RWQM.....	103
GPRA / Federal Reporting	104
Revision History	105

Executive Summary

Here's a quick overview of recent updates designed to improve your experience and system functionality:

1. **1. ~~Methadone Dispensing Optimization (EII #131992):~~**
~~Suppresses automatic Prime popups during bottle changes in the MAT module, reducing medication waste and improving workflow efficiency.~~
2. **2. Program Dropdown Logic Enhancements (EII #132294, #132275, #132274):**
Discharged programs now appear in dropdowns across multiple screens, regardless of discharge date, resolving blank dropdown issues and removing reliance on configuration keys.
3. **3. Legal Authority Field Update (EII #132205):**
Repositions and updates the 'Legal Authority' dropdown in the Disclosure section to align with Wisconsin state law requirements.
4. **4. Dispense Schedule Improvements (EII #132405):**
Enhances visibility of future client orders—including taper/titration—on dispense grids for better scheduling accuracy.
5. **5. ~~Placement Family Validation (EII #131608):~~**
~~Prevents linking multiple Placement Family entries to the same provider, improving data integrity on the Placement Family Detail page.~~
6. **6. Titration/Taper Order Warning (EII #132455):**
Adds a warning popup when modifying taper/titration orders to prevent accidental clearing or switching.
7. **7. Claim Batch Capacity Expansion (EII #131746):**
Increases claim batch file handling beyond 50,000 claims by updating the Transaction Control Number (TCN) calculation logic.
8. **8. Role-Based Action Item Configuration (EII #131990):**
Enables admin staff to configure action items by screen mode (New/Update), improving role-based access control.
9. **9. Staff Dropdown Enhancement (EII #131991):**
Replaces static dropdown with a searchable textbox to support larger staff lists and improve usability.
10. **10. SmartCare–Patient Portal Integration (EII #129768):**
Enables real-time, API-based communication between SmartCare and the Patient Portal for secure data sharing, refill requests, and demographic updates.
11. **11. Easy Pay Credit Card Processing (EII #130996):**
Implements Easy Pay for secure credit card transactions, aligning with Global Pay protocols, and improving transaction tracking.
12. **12. Service Request Status Visibility (EII #131749):**
Adds 'Submitted' and 'Re-submitted' status hyperlinks to Service Request widgets for improved tracking and transparency.
13. **13. GPRA File & Reporting Updates (EII #132012):**
Updates GPRA File Mapping and Reporting List pages to meet federal requirements, supporting error review and data reconciliation.
14. **14. Quick Order Control Enhancement (EII #132465):**
Allows users to enter and submit medication orders directly within client documentation, streamlining workflows.
15. **15. Client Outcomes Evaluation for MAT (EII #132011):**
Introduces a GPRA-based tool to assess client outcomes during Medication-Assisted Treatment, supporting treatment effectiveness tracking.
16. **16. UDS Table Updates:**
 - **Table 9D (EII #130409):** Reports Patient Service Revenue including Charges, Collections, Adjustments, Discounts, and Write-Offs.
 - **Tables 6B, 4, 6A (EII #130302, #129470, #129466):** Updated to 2025 standards with enhanced filter options.
 - **Table 3B (EII #131691):** Revised to reflect updated demographic reporting standards.

Audience

These release notes are for general SmartCare™ users trained in the basic workflow and use of SmartCare™.

Applicable Releases

The functionality documented these release notes supports SC.CORE.6.0_1.38.000.2509.001 and later.

Permissions

You can only access screens/items granted per your user login referred to as Permissions. Depending on your current level of permissions, you may need to contact your system administrator to have your permissions changed.

Global Codes, Recodes, and Configuration Keys

Refer to the [Global Codes](#), [Recodes](#), and [Configuration Keys](#) sections of these release notes for a list and definition of each code or key.

TASKS LIST -'ACTIVE CHANGE' (12)

Note: An **active change** is a product update that is automatically applied with the build and does not require any setup or action from the customer to take effect.

SI. No	Task No	Summary	Module Name
16	EII # 132275	The Program dropdown to display the discharged program, regardless of discharge date when CDAG is ON in Scanned Medical Record Detail and Upload File Detail screens.	CDAG
17	EII # 132330	Implemented by replacing the existing ssp 'ssp_SCGetCDAGProgramsDetail' to new ssp 'ssp_SCGetCDAGPrograms' where the Program's enroll/discharge date will still display in 'Disclosure/Request List page' ignoring the configuration key 'ClientAccessRuleDaysAfterProgramDischarge' value.	CDAG
69	EII # 131608	Placement Families: Implementation of new validation message in the 'Placement Family Detail page' to prevent users from linking more than one Placement Family entry to the same Provider.	Foster Care
85	EII # 131992	MAT: Changes have been made to suppress automatic Prime popups upon a successful machine connection in the MAT Connection Popup under both the MAT Management List and Details screens.	Methadone
88	EII # 132406	MAT: Added a new functionality to allow correcting past dispenses on the MAT Details page.	Methadone
90	EII # 132300	MAT: The printing MAT label layout and fonts have been updated to include the complete address information.	Methadone
93	EII # 132011	Changes are updated to the 'Government Performance and Results Act Outcome Measure' Document.	My Documents
101	EII # 132012	Changes are implemented to 'GPRA File Mapping', 'GPRA Reporting List Page' and 'GPRA Detail' Page.	My Reports
111	EII # 125320	Tri-County Diagnosis widget: combined behavioral and primary care diagnosis	Primary Care
143	EII # 132110	Implemented Layman's Terminology in Medication and Instructions columns for Control Substance Audit Report and Controlled Substance Report to improve clarity and consistency.	Rx Application
123	EII # 129433	Implemented access to the 'System Configurations' Key button to non-admin users based on permission rather than limiting access only to Admin users.	SmartCare Improvements

137	EII # 131749	Addition of "Submitted" and "Re-Submitted" statuses to the Service Requests and Supervisee Service Requests Widgets	Widgets
-----	--------------	---	---------

TASKS LIST-'PASSIVE CHANGE' (53)

Note: A *passive change* is a product update that is applied with the build but requires the customer to complete configuration or other setup steps before the new functionality can be used.

Sl. No	Task No	Summary	Module Name
1	EII # 131991	Attendance Services: Implementation of the 'Staff' dropdown field to typeable search textboxes.	Attendance
8	EII # 131966	Validations are implemented in the 'Inpatient Activity Details' and 'Census Management' pages.	Bed Board
9	EII # 131990	Added Permissions for Schedule actions on Bed board, Bed census and Inpatient Activity Details screen	Bed Board
13	EII # 132260	Creation of common SP for detail pages without Discharge Key check.	CDAG
14	EII # 132294	CDAG Program Dropdown Without Discharge Date Logic – Treatment Team Details screen.	CDAG
15	EII # 132288	CDAG Program Dropdown Without Discharge Date Logic – Client Flag Details & Contact Notes Details and Client Tracking List Pages.	CDAG
18	EII # 132274	CDAG Program Dropdown Without Discharge Date Logic – Disclosure/Request Details and Life Events Screen.	CDAG
21	EII # 132025	The changes are implemented to select Claim Format based on Location.	Charges/Claims
23	EII # 127448	GNMH HIRD BILLING HCFA 1500 (Box 19) & UB04 (Box 80) Paper Claim Format	Charges/Claims
24	EII # 131746	Implementation to submit batches larger than 50,000 claims.	Charges/Claims
25	EII # 130475	Implementation of Additional Validation messages in 'Claims' and 'Insurer Details' screen.	Claims
26	EII # 131669	Make Provider and Site visible with Hover on the Claim Line Details screen	Claims
27	EII # 132423	Outagamie - MCO JD Edwards Check# Import - Feature for Core Release	Claims
30	EII # 130186	Flags: Adding a new column 'Due Date' in Client Flags (Client) list page.	Client Flags
32	EII # 130911	Client Orders - Standing Order Feature Not Disabling Days' Supply	Client Orders

41	EII # 132307	Added OR options to the 'All Client Search' functionality	Client Search Popup
43	EII # 130832	Changes are implemented to allow users to submit authorizations with variable billing rates.	CM Authorization
46	EII # 132473	Integration of 'NODS Perc' and 'Overdose Risk Screening' DFA Document as a Tab into Assessments (C) document.	Core Assessment
139	EII # 132040	Integration 'Health Related Social Needs Screening Tool' Document as a Tab into Assessments (C) document.	Core Assessment
49	EII # 131832	Optimizing the handling of large disclosure PDFs based on existing configuration key 'DisclosurePDFViewNewWindow' by adding the new value 'Download'.	Documents
53	EII # 131645	'Disclosure/Request Details': Implementation of the 'Contains SUD Information' checkbox to restrict data from sharing SUD/Sensitive Data.	Documents
55	EII # 132206	Implementation to hide All Programs dropdown field when CDAG is OFF	Documents
58	EII # 132205	'Release Of Information' document – Implementation of new global code 'ROIFEDERALCOMPLIANCE' and new section 'LegalAuthority'.	Documents
140	EII # 132295	The field labels "Recovery Environment (Level of Stress)" and "Recovery Environment (Level of Support)" have been renamed in the 'Summary' tab of the 'CALOCUS' document.	Documents
138	EII # 129768	Intelichart - Patient Portal Module has been implemented	Intelichart
142	EII # 131977	InteliChart Provider Portal SSO.	Intelichart
141	EII # 130921	Restricting SUD/Sensitive Data from Sharing via CCD process.	Interfaces
86	EII # 132455	MAT: Implemented a new warning message on Clear or Radio Button click when creating titration steps in Client Orders.	Methadone
87	EII # 132405	MAT: The future scheduled dispense information is added to the MAT Management Details screen for Titration/Taper orders.	Methadone
91	EII # 130961	MAT: unable to change an In Progress Status to Excused Absence on the MAT Management List page.	Methadone
96	EII # 129470	Implementation of the 'UDS Table 4 Selected Patient Characteristics' to 2025 Standard.	My Reports
100	EII # 131691	Implementation of the 'UDS Table 3B Demographic Characteristics' to 2025 Standard.	My Reports

102	EII # 132194	Implemented the Core SPOC (ACT) Report.	My Reports
103	EII # 130302	Implementation of the 'UDS Table 6B Quality of Care Measures' to 2025 Standard.	My Reports
106	EII # 130082	Implementation of the 'UDS Table 7 – Health Outcomes' to 2025 Standard	My Reports
107	EII # 130996	EasyPay Payment Gateway integration in SmartCare	Payments/Adjustments
109	EII # 132026	Added 'Location' drop down to Advanced Claim Formats for Plan pop-up.	Plans
114	EII # 131612	Copy Contracts (same provider): Include associated Clients only based on configuration/selection.	Provider Contract
115	EII # 129466	Implementation of 'Table 6A - Selected Diagnoses and Services Rendered' to 2025 standard.	Reports indicate UDS Reports
116	EII # 130409	Changes are implemented in 'UDS Table 9D: Patient Service Revenue' report.	Reports indicate UDS Reports
117	EII # 132020	Changes are implemented to allow the users to select/deselect large volumes of Charges on the 'RWQM Work Queue' more efficiently.	RWQM
121	EII # 132325	Tool on Care Coordination Screen to Create a Service Note.	Services/Notes
122	EII # 132465	Changes are implemented to allow Medication Order Types in Quick Orders Control.	Services/Notes
124	EII # 130997	Implementation to display System Configurations, New/Edit Column Configurations and View Column Configurations icons based on permission for non admin staff in the Configurable list pages	SmartCare Improvements
125	EII # 131668	Implementation to display System Configurations, New/Edit Column Configurations and View Column Configurations icons based on permission for non admin staff in the Configurable list pages	SmartCare Improvements
126	EII # 131004	Implementation to display System Configurations, New/Edit Column Configurations and View Column Configurations icons based on permission for non admin staff in the Configurable list pages	SmartCare Improvements
127	EII # 131649	Implementation to display System Configurations, New/Edit Column Configurations and View Column Configurations icons based on permission for non admin staff in the Configurable list pages	SmartCare Improvements
128	EII # 131006	System Configurations and New/Edit Column Configurations icons will be disabled based on the Roles and Permissions.	SmartCare Improvements
129	EII # 131022	Implementation to display System Configurations, New/Edit Column Configurations and View Column	SmartCare Improvements

		Configurations icons based on permission for non admin staff in the Configurable list pages	
130	EII # 131005	Implementation to display System Configurations, New/Edit Column Configurations and View Column Configurations icons based on permission for non admin staff in the Configurable list pages	SmartCare Improvements
131	EII # 131008	Implementation to display System Configurations, New/Edit Column Configurations and View Column Configurations icons based on permission for non admin staff in the Configurable list pages	SmartCare Improvements
132	EII # 131857	Implementation of editing of primary child data from Custom Grid.	SmartCare Improvements
133	EII # 131020	Changes are implemented to hide "Configurable List Page" icons on non-configurable list pages.	SmartCare Improvements

TASKS LIST-‘NEW FUNCTIONALITY’ (1)

Sl. No	Task No	Summary	Module Name
104	EII # 131854	A new report "Program Assignment Details by Date" has been implemented to retrieve and display client enrollment details across various programs within a specified date range.	My Reports

Functionality Task Details

Attendance

Reference No	Task No	Description
1	EII # 131991	Attendance Services: Implementation of the 'Staff' dropdown field to typeable search textboxes.

EII # 131991: Attendance Services: Implementation of the 'Staff' dropdown field to typeable search textboxes

What's Changed:

SmartCare now supports a **typeable search textbox** for the **Staff** field in the **Attendance Services** screen. This passive change improves usability and performance, especially for organizations with a large number of active staff members.

Staff Field Enhancement in Attendance Services:

The traditional dropdown for selecting staff has been replaced with a **typeable search textbox**, allowing users to quickly search and select staff members by name.

This enhancement is controlled by the system configuration key DisplayStaffAsTypeableSearchTextBox.

Configuration Key Setup:

- **Key:** DisplayStaffAsTypeableSearchTextBox
- **Allowed Values:** Yes, No
- **Behavior:**
 - If set to Yes: Staff field appears as a **typeable search textbox**
 - If set to No: Staff field remains a **dropdown list**

Path:

1. Go to **My Office** → **Attendance** → **Attendance List Page**
2. Select **Date**, **Start Time**, **All Assigned Staff**, and **All Groups**
3. Click **Apply Filter** → Grid displays filtered data
4. Click **Generate Services** → **Attendance Services** screen opens
5. Enter required details → Select **Staff** using the typeable textbox → Click **Save**

How It Helps:

- Enhances user experience by simplifying staff selection
- Supports scalability for organizations with large staff directories
- Reduces load time and improves performance on the Attendance Services screen

Bed Board

Reference No	Task No	Description
--------------	---------	-------------

8	EII #131966	Validations are implemented in the 'Inpatient Activity Details' and 'Census Management' pages.
9	EII # 131990	Added Permissions for Schedule actions on Bed board, Bed census and Inpatient Activity Details screen

EII # 131966: Validations are implemented in the 'Inpatient Activity Details' and 'Census Management' pages

What's Changed:

SmartCare now supports enhanced field-level validations on the **Inpatient Activity Details** and **Census Management** screens through a newly introduced Recode Category. This change improves data integrity by allowing administrators to configure additional required fields without altering core validation logic.

New Recode Category: AdditionalFieldsToValidateOnIPActivityAndCensusMgmt

This Recode Category enables mapping of field labels to database column names, allowing validations to be triggered for additional fields on the **Inpatient Activity Details** and **Census Management** pages.

- **Code Name:** Field label displayed on the UI
- **Character Code Id:** Corresponding column name in the database

This setup is passive and does not interfere with existing core validations. It simply extends validation coverage to newly mapped fields.

Where to Find It:

Path 1 – Recode Setup:

1. Go to **Administration** → **Recodes**
2. Click on **AdditionalFieldsToValidateOnIPActivityAndCensusMgmt**
3. On the **Recode Detail** page:
 - a. Add **Code Name**, **Start Date**, **Character Code Id**
 - b. Click **Insert**, then **Save**

Path 2 – Inpatient Activity Details Validation:

1. Go to **My Office** → **Bedboard**
2. Click on a **Status** hyperlink to open **Inpatient Activity Details**
3. Attempt to save without selecting a value for a field mapped in the new Recode
4. Validation message will be triggered

Path 3 – Census Management Validation:

1. Go to **My Office** → **Bedboard**
2. Click on a **Status** dropdown → select hyperlink to open **Census Management**
3. Attempt to save without selecting a value for a mapped field
4. Validation message will be triggered

How It Helps:

- Enables dynamic configuration of required fields without code changes
- Improves data accuracy and completeness

- Supports flexible validation logic tailored to operational needs
-

EII # 131990: Added Permissions for Schedule actions on Bed board, Bed census and Inpatient Activity Details screen

What's Changed:

SmartCare now supports **role-based permissions** for scheduling actions on the **Bedboard**, **Bed Census**, and **Inpatient Activity Details** screens. This enhancement allows administrators to control access to critical patient flow actions, ensuring only authorized staff can perform them.

Permission-Based Action Control:

A new set of action items has been added under **Permission Type** for both **Screen (New Mode)** and **Screen (Update Mode)**. These permissions can now be granted or denied based on user roles.

This is a passive change. By default, permissions are granted to all users to maintain existing behavior.

Newly Added Action Items:

- Admit
- Bed Change
- Billing Code Change
- Block Bed
- Cancel Admission
- Discharge
- On Leave
- Return From Leave
- Schedule Admission
- Schedule Bed Change
- Schedule Discharge
- Schedule On Leave
- Schedule Return From Leave
- Schedule Transfer
- Swap Beds
- Swing Bed
- Transfer
- Unblock Bed
- Update Leave Reason

These actions are now configurable for:

- **Bedboard Screen (New & Update Mode)**
- **Bed Census Screen (New & Update Mode)**
- **Inpatient Activity Details Screen**

Where to Find It:

Path 1 – Permission Setup:

- Go to **Staff/Users**
 - Select a staff member
-

- Open **Roles/Permissions** tab
- Under **Permission Type**, configure **Screen (New Mode)** and **Screen (Update Mode)**
- Grant or deny permissions as needed

Path 2 – Bedboard:

- Go to **Bedboard**
- Select an action from the dropdown or click a status hyperlink
- Enter required values
- Click **Save**

Path 3 – Bed Census:

- Go to **Bed Census**
- Select an action from the dropdown or click a status hyperlink
- Enter required values
- Click **Save**

How It Helps:

- Enhances security and accountability by restricting sensitive actions
- Supports compliance with operational protocols
- Improves control over patient flow and bed management

Validation Message:

If a user attempts an action without permission, the following message will be displayed:

“You do not have permission to perform this action.”

This applies to:

- Bedboard
- Bed Census
- Inpatient Activity Details

Deactivated Actions from Screen Permission:

- Schedule Admission
- Schedule Bed Change
- Discharge
- Schedule On Leave
- Schedule Return From Leave
- Schedule Transfer

CDAG

Reference No	Task No	Description
13	EII # 132260	Creation of common SP for detail pages without Discharge Key check.

14	EII # 132294	CDAG Program Dropdown Without Discharge Date Logic – Treatment Team Details screen.
15	EII # 132288	CDAG Program Dropdown Without Discharge Date Logic – Client Flag Details & Contact Notes Details and Client Tracking List Pages.
16	EII # 132275	The Program dropdown to display the discharged program, regardless of discharge date when CDAG is ON in Scanned Medical Record Detail and Upload File Detail screens.
17	EII # 132330	Implemented by replacing the existing ssp 'ssp_SCGetCDAGProgramsDetail' to new ssp 'ssp_SCGetCDAGPrograms' where the Program's enroll/discharge date will still display in 'Disclosure/Request List page' ignoring the configuration key 'ClientAccessRuleDaysAfterProgramDischarge' value.
18	EII # 132274	CDAG Program Dropdown Without Discharge Date Logic – Disclosure/Request Details and Life Events Screen.

EII # 132260: Creation of common SP for detail pages without Discharge Key check

What's Changed:

A new stored procedure has been introduced to retrieve CDAG program details without applying the Discharge Config Key logic. This enhancement improves flexibility in accessing program data from detail pages where discharge restrictions are not required.

Stored Procedure Enhancement:

- A new stored procedure named ssp_SCGetCDAGProgramsDetailWithoutDischargeKey has been created.
- This procedure retains all logic from the existing ssp_SCGetCDAGProgramsDetail, but excludes the discharge-related configuration key:
 - o ClientAccessRuleDaysAfterProgramDischarge

Purpose:

- Enables retrieval of CDAG program details without filtering based on discharge rules.
- Supports use cases where discharge restrictions are not applicable or needed.

Where to Find It:

Path:

1. Go to **Client**
2. Open the **Discharge** document
3. Program details will be retrieved using the new stored procedure logic

How It Helps:

- Improves data accessibility for non-discharge-related workflows
- Supports customized logic for detail pages
- Reduces dependency on discharge configuration for program visibility
- Enhances reporting and integration flexibility

EII # 132294: CDAG Program Dropdown Without Discharge Date Logic – Treatment Team Details screen

What's Changed:

SmartCare has updated the logic for displaying **discharged programs** in the **Program dropdown** on the **Treatment Team Details** screen. This enhancement uses the new stored procedure **ssp_SCGetCDAGProgramsDetailWithoutDischargeKey**, which ensures that discharged programs are shown regardless of the discharge date or the value set in the configuration key **ClientAccessRuleDaysAfterProgramDischarge**.

Stored Procedure Update:

- **New SSP:** **ssp_SCGetCDAGProgramsDetailWithoutDischargeKey**
- **Old Behavior:** Program dropdown visibility was restricted by the **ClientAccessRuleDaysAfterProgramDischarge** key
- **New Behavior:** All discharged programs are now consistently visible in the dropdown, independent of discharge timing

Pre-Requisites:

- Set **DisplayCDAGSectionInStaffDetails** to **Yes**
- Set **EnableClinicalDataAccessGrouping** to **Yes**

Where to Find It:**Paths:****Path 1-Staff Setup:**

SmartCare → **Administration** → **Staff/Users** → Add programs to staff

Path 2-Client Program Enrollment:

SmartCare → **Client** → **Enroll/Discharge** programs

Path 3-Treatment Team Assignment:

SmartCare → **Client** → **Treatment Team** → **New** → Select **Program** from dropdown

Treatment Team Screen Enhancements:**Program Dropdown Logic:**

- Displays **all programs**, including discharged ones
- Ignores the **ClientAccessRuleDaysAfterProgramDischarge** configuration key
- Ensures visibility based on **CDAG group assignment** and **client enrollment**

How It Helps:

- Ensures consistent visibility of program data regardless of discharge timing
- Improves staff access control through CDAG logic
- Enhances user experience with reliable dropdown behavior
- Supports accurate treatment team documentation and assignment workflows

EII # 132288: CDAG Program Dropdown Without Discharge Date Logic – Client Flag Details & Contact Notes Details and Client Tracking List Pages**What's Changed:**

SmartCare has enhanced the logic for displaying **discharged programs** in the **Program dropdown** on the **Client Flag Details**, **Contact Notes Details**, and **Client Tracking List** pages. This update uses the new stored procedure **ssp_SCGetCDAGProgramsDetailWithoutDischargeKey**, which ensures that discharged programs are shown regardless of the discharge date or the value set in the configuration key **ClientAccessRuleDaysAfterProgramDischarge**.

Stored Procedure Update:

- **New SSP:** **ssp_SCGetCDAGProgramsDetailWithoutDischargeKey**
- **Old Behavior:** Program dropdown visibility was restricted by the **ClientAccessRuleDaysAfterProgramDischarge** key
- **New Behavior:** All discharged programs are now consistently visible in dropdowns, independent of discharge timing

Pre-Requisites:

- Set **DisplayCDAGSectionInStaffDetails** to **Yes**
- Set **EnableClinicalDataAccessGrouping** to **Yes**
- Client must have at least one discharged program

Where to Find It:**Paths:****Path 1-Program Assignment:**

Client Search → Program Assignment Details

Path 2-Client Flags:

Client Search → Client Flags (Client) → Client Flag Details

Path 3-Client Tracking:

Client Search → Client Tracking (Client) → Client Tracking List Page

Path 4-Contact Notes:

Client Search → Contact Notes (Client) → Contact Note Detail

Screen Enhancements:

- **Program Dropdown Logic:**
 - Displays **all programs**, including discharged ones
 - Ignores the **ClientAccessRuleDaysAfterProgramDischarge** configuration key
 - Ensures visibility based on **CDAG group assignment** and **client enrollment**

How It Helps:

- Ensures consistent visibility of program data regardless of discharge timing
- Improves staff access control through CDAG logic
- Enhances user experience with reliable dropdown behavior
- Supports accurate documentation across client flagging, contact notes, and tracking workflows

EII # 132275: The Program dropdown to display the discharged program, regardless of discharge date when CDAG is ON in Scanned Medical Record Detail and Upload File Detail screens**ACTIVE CHANGE**

SmartCare now supports enhanced logic for the **Program dropdown** on the **Scanned Medical Record Detail** and **Upload File Detail** screens. This active change ensures that **discharged programs** are displayed in the dropdown regardless of discharge date when **CDAG is enabled**, improving usability and eliminating dependency on outdated configuration logic.

Program Dropdown Enhancement for CDAG:

A new stored procedure, `ssp_SCGetCDAGProgramsDetailWithoutDischargeKey`, has been introduced to update the logic behind the Program dropdown. This ensures that **all discharged programs** are visible, regardless of discharge date, when CDAG is turned on.

The previous dependency on the `ClientAccessRuleDaysAfterProgramDischarge` configuration key has been removed.

Prerequisites:

To enable this functionality, ensure the following configuration keys are set:

- `DisplayCDAGSectionInStaffDetails` = Yes
- `EnableClinicalDataAccessGrouping` = Yes

Where to Find It:**Paths:**

Path 1: Client/My Office → Scanning → Start Batch Upload → Document Details → Program Dropdown

Path 2: Client/My Office → Scanning → Start Batch Scan → Document Details → Program Dropdown

Path 3: Client/My Office → Scanning → Scan New Images → Scanned Medical Record Detail → Program Dropdown

Path 4: Client/My Office → Scanning → Upload New Images → Upload File Detail → Program Dropdown

How It Helps:

- Ensures visibility of discharged programs for accurate document tagging
- Eliminates blank dropdown issues on scanning detail pages
- Improves workflow consistency when CDAG is enabled

EII # 132330: Implemented by replacing the existing ssp 'ssp_SCGetCDAGProgramsDetail' to new ssp 'ssp_SCGetCDAGPrograms' where the Program's enroll/discharge date will still display in 'Disclosure/Request List page' ignoring the configuration key 'ClientAccessRuleDaysAfterProgramDischarge' value

ACTIVE CHANGE**What's Changed:**

SmartCare has replaced the existing stored procedure `ssp_SCGetCDAGProgramsDetail` with a new stored procedure `ssp_SCGetCDAGPrograms` to enhance how program enrollment and discharge dates are displayed in the Disclosure/Request List page. This change ensures that program dates are shown regardless of the configuration key `ClientAccessRuleDaysAfterProgramDischarge`.

Stored Procedure Update:

- **Old SSP:** `ssp_SCGetCDAGProgramsDetail`
- **New SSP:** `ssp_SCGetCDAGPrograms`
- This update ignores the value of the configuration key `ClientAccessRuleDaysAfterProgramDischarge`, allowing program enrollment/discharge dates to be displayed consistently.

Pre-Requisites:

- Set `EnableClinicalDataAccessGrouping` to Yes
- Assign any value to `ClientAccessRuleDaysAfterProgramDischarge`

Where to Find It:**Paths:****Path 1-Staff Setup:**

SmartCare → Administration → Staff/Users → Add programs to staff

Path 2-Client Disclosure/Request:

1. SmartCare → Client → Enroll/discharge programs
2. Go to **Disclosure/Request List** → Click **New**
3. Use the **All Program** and **All Program Assignments** dropdown fields

Disclosure/Request Screen Enhancements:**Program Dropdown Logic:**

- Program field displays program names only if:
 - The program is active for the logged-in staff's CDAG group
 - The client is enrolled in the program

New Dropdown Fields:

1. **All Program:**
 - Displays programs associated with the selected CDAG group
 - If no programs are assigned to staff, all programs still display
2. **All Program Assignments:**
 - Dependent on selection in All Program
 - Displays program name with Enrollment Date – Discharge Date
 - Example: Program 1 – 10/08/2025 – 10/10/2025

Grid Display Behavior:

- **In Disclosure/Request (Client):**
 - Hovering over the program name shows: Program Name – Enrollment Date – Discharge Date
- **In Disclosure/Request (My Office):**
 - All Program dropdown shows only CDAG-assigned programs
 - Program column displays only the program name (no hover details)

How It Helps:

- Ensures consistent visibility of program data regardless of discharge timing

- Improves staff access control through CDAG logic
 - Enhances user experience with clear dropdown and hover details
 - Supports accurate documentation in Disclosure/Request workflows
-

EII # 132274: CDAG Program Dropdown Without Discharge Date Logic – Disclosure/Request Details and Life Events Screen

What's Changed:

SmartCare has updated the logic for populating the **Program dropdown** in the **Disclosure/Request Details** and **Life Events** screens by introducing a new stored procedure:

ssp_SCGetCDAGProgramsDetailWithoutDischargeKey.

This enhancement ensures that **discharged programs** are displayed in the dropdown regardless of the value set in the configuration key `ClientAccessRuleDaysAfterProgramDischarge`, removing previous limitations tied to discharge date logic.

Stored Procedure Update:

- **New SSP:** `ssp_SCGetCDAGProgramsDetailWithoutDischargeKey`
- **Old Behavior:** Program dropdown visibility was restricted by the `ClientAccessRuleDaysAfterProgramDischarge` key
- **New Behavior:** All discharged programs are now consistently visible in dropdowns, independent of discharge timing

Pre-Requisites:

- Set `DisplayCDAGSectionInStaffDetails` to **Yes**
- Set `EnableClinicalDataAccessGrouping` to **Yes**

Where to Find It:

Paths:

- **Staff Setup:**
 - SmartCare → Administration → Staff/Users → Add programs to staff
- **Client Disclosure/Request:**
 - SmartCare → Client → Enroll/Discharge programs
 - → Disclosure/Request List → Click New
 - → Use Program field in Disclosure/Request Details
- **Client Life Events:**
 - Perform Client Search → Select Client
 - → Life Events Quick Link → Client Life Events List → Click New
 - → In Life Event Details → General tab → Summary section → Associated Program dropdown
 - → Complete required fields → Click Save

Disclosure/Request Screen Enhancements:

- **Program Dropdown Logic:**
 - Displays **all programs**, including discharged ones
 - Ignores the `ClientAccessRuleDaysAfterProgramDischarge` configuration key
 - Ensures visibility based on **CDAG group assignment** and **client enrollment**

How It Helps:

- Ensures consistent visibility of program data regardless of discharge timing
- Improves staff access control through CDAG logic
- Enhances user experience with reliable dropdown behavior
- Supports accurate documentation in Disclosure/Request and Life Events workflows

Charges/Claims

Reference No	Task No	Description
21	EII # 132025	The changes are implemented to select Claim Format based on Location.
23	EII # 127448	GNMH HIRD BILLING HCFA 1500 (Box 19) & UB04 (Box 80) Paper Claim Format
24	EII # 131746	Implementation to submit batches larger than 50,000 claims.

EII # 132025: The changes are implemented to select Claim Format based on Location

What's Changed:

SmartCare now supports **location-based claim format selection** during claim generation. This passive change introduces logic to dynamically apply the appropriate claim format based on the service location configured in the plan setup.

Advanced Claim Format by Location:

This enhancement allows users to configure and apply different claim formats based on service location using the **Advanced Claim Formats for Plan** setup.

If a matching location is found, the system overrides the standard format with the location-specific format.

If no match is found, the system defaults to the format selected in the **Standard Electronic Claim Format** dropdown.

Prerequisite Setup:

1. Go to **Administration** → **Plans**
2. On the **Plans List Page**, click a plan name or the **New** button
3. On the **Plan Details** screen, navigate to the **General** tab
4. In the **General Information** section, click the **Advanced...** button under the **Standard Electronic Claim Format** dropdown
5. In the **Advanced Claim Formats for Plan** pop-up, configure the format with the appropriate **Service Location**

Path:

1. Go to **My Office** → **Charges/Claims**
2. On the **Charges/Claims List Page**, select a **Charge ID**
3. Click **E-claim** or **Paper Claim** → Open **Claims Processing** pop-up
4. Click **Process Now** → Select **Create Claim File** or **Print Claims**

Functionality Updates:

- **If the service location matches** the location configured in the **Advanced Claim Formats for Plan** pop-up:
 - The system uses the **Advanced Claim Format** for claim generation
- **If the service location does not match:**
 - The system defaults to the format selected in the **Standard Electronic Claim Format** dropdown

Example:

- **Standard Format:** HIPAA 837 Professional
- **Advanced Format (by Location):** HIPAA 837 Institutional
- During claim generation, if the location matches, the system applies the **Advanced Format**

How It Helps:

- Enables flexible claim format configuration across multiple service locations
- Improves billing accuracy and compliance
- Reduces manual intervention during claim processing

EII # 127448: GNMH HIRD BILLING HCFA 1500 (Box 19) & UB04 (Box 80) Paper Claim Format**What's Changed:**

SmartCare now supports configuration-based claim note entry for HCFA 1500 (Box 19) and UB04 (Box 80) paper claim formats. This enhancement allows users to predefine claim notes via Claim Format Configurations, eliminating the need to manually enter notes on each claim PDF before printing.

Claim Format Configuration Enhancements:**For HCFA 1500:**

- **Two new format fields have been added:**
 - Box 19 – Qualifier
 - Box 19 – Additional Claim Information
- **These fields allow users to enter claim notes using:**
 - Data Source: Other
 - Data Value: Other
 - Free Text: Enter desired claim note
- **Example Output:**
 - NTEADDAn insurance claim is a formal request to your insurance provider
 - ♣ NTE = Qualifier
 - ♣ ADD = Secondary Qualifier
 - ♣ Claim Note = Additional Information
 - Notes print without spaces between qualifier and first word, but spaces are allowed within the body of the note.
 - Example: NTETPOPlease advise on the procedure.

For UB04:

- A new format field has been added:
 - **Box 80 – Remarks**
- If no custom remarks are configured, payer details will continue to display in Box 80 as per existing behavior.

Where to Find It:**Paths:****Path 1-HCFA 1500 Configuration**

1. Go to **Search** → **Claim Format Configurations (Administration)**
2. Select **HCFA 1500** from the list
3. In the **Rules** tab, set:
 - a. **Data Source:** Other
 - b. **Data Value:** Other
 - c. Enter claim note in free text
 - d. **Format Field:** Box 19 – Qualifier / Box 19 – Additional Claim Information
 - e. Click **Insert** → **Save**

Path 2-UB04 Configuration

1. Go to **Search** → **Claim Format Configurations (Administration)**
2. Select **UB04** from the list
3. In the **Rules** tab, set:
 - a. **Data Source:** Other
 - b. **Data Value:** Other
 - c. Enter claim note in free text
 - d. **Format Field:** Box 80 – Remarks
 - e. Click **Insert** → **Save**

Path 3-Claim Processing

1. Go to **Search** → **Charges/Claims (My Office)**
2. Select a **Charge ID**
3. Click **Paper Claims** → **Process Now** → **Print Claims**

Claim File Changes:**HCFA 1500:**

- Field length for Field19 column in ClaimNPIHCFA1500s table increased to VARCHAR(71)

UB04:

- Field length for Field80aRemarks column in ClaimUB04s table increased to VARCHAR(24)

How It Helps:

- Eliminates manual entry of claim notes on PDFs
- Ensures consistent formatting across claims
- Improves efficiency and accuracy in billing workflows
- Supports customized messaging for payers directly within claim forms

EII # 131746: Implementation to submit batches larger than 50,000 claims**What's Changed:**

SmartCare now supports the ability to submit claim batches larger than 50,000, addressing the needs of high-volume billing environments. This enhancement introduces a new system configuration key that updates how Transaction Control Numbers (TCNs) are generated to prevent duplication.

Expanded Claim Batch Support:

- A new system configuration key, **ExpandedFileBatchVolume**, has been introduced.

- When enabled, this key allows SmartCare to generate **larger claim batches** by modifying the format of the **Batch ID** and **TCN**.

Transaction Control Number (TCN) Logic:

- If the key is set to **“No”** or **invalid**:
 - TCN format:
 - <Zero Padding to 9 digits> + <ClaimBatchId>
 - This is the **default behavior** and limits batches to **50,000 claims**.
- If the key is set to **“Yes”**:
 - TCN format:
 - 'A' + <Zero Padding to 9 digits> + <ClaimBatchId in Base 36> + <Two-digit Base 36 code for Transaction Number>
 - This format **supports expanded batch sizes** and avoids TCN duplication.

Where to Find It:

System Configuration Setup:

- SystemConfigKey:** ExpandedFileBatchVolume
- Read Key As:** Expanded File Batch Volume
- Allowed Values:** Yes, No
- Default Value:** No
- Modules Impacted:**
 - 837 Claim Processing
 - SCM Accounting
 - SCM Claims Management
 - SCM Financial
 - SCM Financial 1
- Screen:** Charges/Claims

Path:

- Go to **Search**
- Select **Charges/Claims**
- Select multiple charges
- Click **Electronic Claim**
- Proceed with **Claims Processing** and submit batch

How It Helps:

- Enables submission of large claim batches beyond 50,000
- Prevents duplicate TCNs with enhanced formatting logic
- Supports high-volume billing operations
- Offers flexibility through configurable system settings

Claims

Reference No	Task No	Description
25	EII # 130475	Implementation of Additional Validation messages in 'Claims' and 'Insurer Details' screen.
26	EII # 131669	Make Provider and Site visible with Hover on the Claim Line Details screen

27	EII # 132423	Outagamie - MCO JD Edwards Check# Import - Feature for Core Release
----	--------------	---

EII # 130475: Implementation of Additional Validation messages in 'Claims' and 'Insurer Details' screen

What's Changed:

SmartCare now includes enhanced **validation logic** for check number uniqueness across insurers, addressing a critical gap in the MCO Check Number synchronization process. This update ensures that duplicate check numbers are prevented across shared bank account configurations, improving financial accuracy and reducing risk in claims processing.

Paths:

Path 1: Administration → Insurers → Select Insurer ID → Bank Accounts tab → Enter Account Number and Routing Number

Path 2: My Office → Claims → Filter by Approved Status, Insurer, Bank Accounts → Select Claim Line → Select Action → Pay

Validation Logic Enhancements:

Bank Account Configuration:

- Info Icon Tooltip:**

An info icon next to the Routing Number field displays:

"When specified, check number uniqueness is enforced across all insurers with the same Routing and Account Number."

- Confirmation Popup (When Routing Number is Blank):**

Message: "No Routing Number entered. Check number uniqueness will be enforced only within this Insurer Bank Account. Do you want to proceed?"

Options: "Yes" to proceed, "No" to return and enter Routing Number.

Check Number Behavior:

- If **Routing Number is specified**, check number must be unique across all insurers sharing the same Routing and Account Number.
- If **Routing Number is not specified**, uniqueness is enforced only within the current insurer (existing behavior).

Claims and Checks Screens:

Pay Popup:

- System now searches across all insurers for check number validation.
- Validation Messages:**
 - Duplicate: "This check number is already used. Please enter a different check number."*
 - Lower than last: "The check number entered is lower than the last check number. Please enter a valid check number."*

Check Details Screen:

- Same validation logic applies as in Pay Popup.
- Messages triggered for duplicate or lower-than-last check numbers.

Nightly Job Update:

- The ssp_CMAutoPayClaimLines nightly job now checks across all insurers for check number uniqueness, rather than limiting to a single insurer.
-

EII # 131669: Make Provider and Site visible with Hover on the Claim Line Details screen**What's Changed:**

SmartCare now supports **hover-based visibility** for **Provider** and **Site names** on the **Claim Line Details** screen. This passive change improves usability by allowing users to view full names without navigating away from the screen.

Provider and Site Name Hover Enhancement:

This update introduces a tooltip-style feature that displays the **full Provider and Site names** when users hover over the respective fields on the **Claim Line Details** screen.

Users can now quickly access complete information without opening the Provider Information screen.

Prerequisite Setup:

1. Go to **My Office** → **Provider Contract**
2. Click **New** → Create a Provider
3. On the **Provider Information** screen:
 - a. Navigate to the **General** tab → Add Provider Name
 - b. Navigate to the **Sites** tab → Add Site Name → Fill required fields → Save

Path:

1. Go to **My Office** → **Claims**
2. Select a **Claim Line ID** → Open the **Claim Line Details** screen
3. Hover over the **Provider** or **Site** name to view full details

How It Helps:

- Improves efficiency by reducing navigation steps
- Enhances visibility of key data during claim review
- Supports faster decision-making and validation

EII # 132423: Outagamie - MCO JD Edwards Check# Import - Feature for Core Release**What's Changed:**

SmartCare now supports **custom status filtering** for JD Edwards check imports on the **Claims List** page, specifically for Outagamie MCO environments. This passive change enhances claim tracking by introducing three new statuses to support JD Edwards integration workflows.

JD Edwards Check# Import – Status Filter Enhancement:

This update adds three new custom statuses to the **Status Filter** on the **Claims List** page, allowing users to easily identify and manage claims based on their JD Edwards processing status.

This feature is available only for customers with customized JD Edwards integration logic.

New Statuses Added to 'All Status' Filter:

- **Paid By JD Status**

- **Paid – Upload to JD Edwards**
- **Paid – Do Not Upload to JD Edwards**

These statuses enable users to filter claim lines based on their JD Edwards payment and upload status, improving visibility and operational control.

Where to Find It:**Path:**

1. Go to **My Office → Claims → Claims List Page**
2. Use the **Status Filter** to select and view claims with the new JD Edwards statuses

How It Helps:

- Enhances claim tracking for JD Edwards-integrated environments
- Supports streamlined financial reconciliation and reporting
- Improves operational efficiency for Outagamie MCO workflows

Client Flags

Reference No	Task No	Description
30	EII # 130186	Flags: Adding a new column 'Due Date' in Client Flags (Client) list page.

EII # 130186: Flags: Adding a new column 'Due Date' in Client Flags (Client) list page

What's Changed:

A new “**Due Date**” column has been added to the **Client Flags (Client)** list page to improve visibility into upcoming deadlines and enhance tracking capabilities.

New Column Added:

- **Due Date:**
 - Appears between the Start Date and End Date columns.
 - Also included in the exported file for consistency.

This is a **passive change**, meaning it does not alter existing workflows but adds helpful context for users managing client flags.

Where to Find It:**Path:**

1. Select a **Client**
2. Search and navigate to **Client Flags (Client)**
3. Verify the presence of the **Due Date** column in the list page

How It Helps:

- Enhances deadline tracking for client-related flags
- Improves planning and follow-up efficiency
- Adds clarity without disrupting existing functionality

Client Orders

Reference No	Task No	Description
32	EII # 130911	Client Orders - Standing Order Feature Not Disabling Days' Supply

EII # 130911: Client Orders - Standing Order Feature Not Disabling Days' Supply

What's Changed:

SmartCare now includes enhanced logic for **Standing Orders** in the **Client Orders** screen, ensuring proper behavior of the **Day Supply** and **End Date** fields. This passive change improves order accuracy and prevents conflicting configurations, especially for **MAT** and **Titration/Taper** orders.

Standing Order Field Behavior Enhancement:

This update introduces conditional logic to enable or disable the **Day Supply** and **End Date** fields based on the **Standing Order** checkbox selection across multiple tabs in the Client Orders workflow.

The system now clears and disables fields when Standing Order is selected and re-enables them when it is deselected.

Additional validations are applied for **Titration/Taper** orders to prevent conflicting setups.

Paths:

Path 1: Go Search → Orders (Admin) → New → Create Medication Order → Select Standing Order = Yes → Save

Path 2: Go Search → Order Sets (Admin) → New → Build Order Set → Add Medication Order → Set Default → Save

Path 3: Client Search → Client Orders → New → Order Set tab → Select created Order Set → Check Standing Order behavior

Path 4: Client Search → Client Orders → New → Select Medication Order → Check Standing Order behavior

Path 5: Client Search → Client Orders → New → Preferences tab → Select Medication Order → Check Standing Order behavior

Functionality Updates:

1. **Order Tab Behavior:**
 - a. When **Standing Order = Checked:**
 - i. **Day Supply** and **End Date** fields are **cleared and disabled**
 - ii. PDF displays: **Standing Order = Yes**, fields hidden
 - b. When **Standing Order = Unchecked:**
 - i. Fields are **enabled**
 - ii. PDF displays: **Standing Order = No**, fields shown
2. **Order Set & Preferences Tabs:**

- a. Same behavior as Order tab:
 - i. Fields are **disabled** when Standing Order is checked
 - ii. Fields are **enabled** when unchecked
3. **Titration/Taper Orders:**
 - a. If **Titration/Taper = Yes** and **Standing Order = Checked**:
 - i. On **Insert**, order is treated as a normal (non-titrated) order
 - ii. On clicking **Titration/Taper** button, validation message appears:

“A Standing Order cannot be a Titration/Taper. Please uncheck the Standing Order checkbox if this is a Titration/Taper.”
4. **Multi-Step Titration Order Sets:**
 - a. When selected in Order Set tab:
 - i. **Standing Order checkbox is hidden**
 - b. When modifying inserted multi-step order via **Radio button**:
 - i. **Standing Order checkbox remains hidden**
5. **Single-Step Titration Orders:**
 - a. If not multi-step, **Standing Order checkbox is visible**
6. **Discontinue Behavior:**
 - a. When **Discontinue checkbox** is selected:
 - i. **Standing Order checkbox is automatically unchecked and disabled**
 - ii. **End Date** is updated based on the order's **Start Date**
7. **MAT Orders – Suboxone Medication:**
 - a. New unit option **‘mg’** added to **Unit** dropdown
 - b. Default unit value is set to **‘mg’**

How It Helps:

- Prevents conflicting configurations between Standing Orders and Titration/Taper workflows
- Ensures accurate documentation and order setup
- Enhances safety and compliance for MAT and medication management

Client Search Popup

Reference No	Task No	Description
41	EII # 132307	Added OR options to the 'All Client Search' functionality

EII # 132307: Added OR options to the 'All Client Search' functionality

What's Changed:

SmartCare now supports enhanced search flexibility in the Client Search popup through the addition of OR logic to the EnableMultiFieldAllClientSearch configuration key. This change improves intake workflows by allowing broader search results based on multiple criteria.

OR-Based Search Functionality in Client Search:

This passive change introduces the ability to prioritize and expand search results using OR logic across multiple fields (e.g., Name, SSN, DOB). Intake staff can now retrieve client records that match any of the specified criteria, improving efficiency and reducing missed matches.

This feature is available only when the EnableMultiFieldAllClientSearch configuration key is set with the new OR values.

New Functionality:

- The EnableMultiFieldAllClientSearch configuration key now supports the following values:
 - BROAD,SSN,DOB,OR
 - NARROW,SSN,DOB,OR
 - NAME,SSN,DOB,OR
- When OR is included, the system performs a broader search and prioritizes results in the following order:
 1. Exact match on all three fields
 2. Exact SSN match (excluding 9999)
 3. Exact match on Name + SSN
 4. Exact match on Name + DOB
 5. Exact Name match
 6. Exact Name match including aliases
 7. Remaining results based on configuration value
 8. Clients with SSN = 9999

- **Result Ordering:**

The order of results is fixed for searches using the OR setup, unless the user manually applies column sorting.

- The configuration key description has been updated to reflect this behavior.

Configuration Key Details:

Key: EnableMultiFieldAllClientSearch

Read Key As: EnableMultiFieldAllClientSearch

Default Value: BROAD,SSN,DOB,OR

Allowed Values:

NAME, BROAD, NARROW, SSN, DOB, CLIENTID, AUTHORIZATIONID, CAREMANAGEMENTID, PRIMARYCLINICIAN, INSUREDID, EIN, PHONE, OR

Description:

This system configuration key controls the 'All Client Search' functionality within the Client Search popup. The feature is permission-based and its behavior is determined by the combination of search variables specified in this key. Variables must be comma-separated and can be listed in any order.

Search Behavior:

- **Exact Match Logic:**
 - NAME: Matches First and Last Name + SOUNDEX
 - NAME,SSN: Matches Name + SOUNDEX + last 4 digits of SSN
 - NAME,SSN,DOB: Matches Name + SOUNDEX + SSN + DOB
- **Search Modifiers:**
 - BROAD: Uses 2–3 character partial matches + SOUNDEX
 - NARROW: Uses First% and Last Name% + exact matches
- **Modifier Combinations:**
 - BROAD,SSN: BROAD logic + SSN match
 - NARROW,SSN: NARROW logic + SSN match

Priority Rules:

- If BROAD, NARROW, and NAME are all present → BROAD takes priority
- If NARROW and NAME are present → NARROW takes priority

OR Logic:

- If OR is included, the system performs an OR operation across specified fields.
- Example: NAME,SSN,DOB,OR returns clients matching any of the criteria.
- Results are prioritized as follows:
 1. Exact match on all three
 2. Exact SSN (≠ 9999)
 3. Exact Name + SSN
 4. Exact Name + DOB
 5. Exact Name
 6. Name with aliases
 7. Remaining results
 8. SSN = 9999
- **AND Logic (Default Behavior):**
 - If OR is not included, the system performs an AND operation requiring all criteria to match.

Important Notes:

1. If the key value is missing, no results will be shown in "All Client Search".
2. Recommended values include at least one of: NAME, BROAD, or NARROW.
3. Buttons like Create Potential Client, Create Provider, and Create New Client will only activate if the search satisfies the configured key values. However, creating a client still requires NAME, SSN, and DOB.
4. OR logic works with all valid search combinations.
5. Order of results is fixed for OR-based searches unless column sorting is applied.
6. Screenshot of Configuration Key:

Note: No changes have been made to the existing client search functionality, except for the behavior introduced as part of this enhancement.

Where to Find It:**Prerequisite Setup:****Path:**

1. **Administration** → **Staff/Users** → **Select Staff** → **Roles/Permissions** tab →
2. Check **Allow All Client Search**
3. Select appropriate **Client Search** role → Click **Save**

Configuration Key Setup:**Path:**

1. **Administration** → **Go Search** → **Configuration Key** →
2. Search for **EnableMultiFieldAllClientSearch** → Click **Apply Filter**

Using the Feature:**Path:**

1. **Client Search** → **Open Client Search Popup** →
2. Enter **First Name, Last Name, SSN, DOB** → Click **All Client Search**

How It Helps:

- Expands search flexibility for intake staff
- Improves match accuracy across multiple client identifiers
- Reduces manual effort in locating client records
- Enhances prioritization of search results for better decision-making

CM Authorization

Reference No	Task No	Description
43	EII # 130832	Changes are implemented to allow users to submit authorizations with variable billing rates.

EII # 130832: Changes are implemented to allow users to submit authorizations with variable billing rates

What's Changed:

SmartCare now supports variable billing rates for CM Authorizations, enabling users to submit authorizations with flexible pricing for non-contracted services. This enhancement is controlled by a new configuration key and includes updates across billing codes, authorization screens, claims entry, adjudication logic, and supporting processes.

New Configuration Key Introduced:

- **SystemConfigKey:** EnableCMVariableRateConfiguration
- **Read Key As:** Enable Claims Management Variable Rate Configuration
- **Allowed Values:** Yes, No
- **Default Value:** No
- **Modules Impacted:** SCM MCO Core / CM Authorizations

Behavior Based on Key Value:

- If set to **"Yes"**:
 - Enables variable rate functionality across CM Authorization workflows
 - Displays the checkbox "This is a variable rate code" in Billing Code Details
 - Allows entry of custom rates in CM Authorization screens
- If set to **"No" or invalid value:**
 - Variable rate functionality is disabled
 - System defaults to standard contract rate behavior

Where to Find It:

Paths:

1. **Configuration Key Setup**
 - Administration → Configuration Keys → Select **EnableCMVariableRateConfiguration**
2. **Billing Code Setup**
 - Administration → Billing Codes → New or Edit → Billing Code Details
3. **CM Authorization Entry**
 - Client → CM Client Authorizations → Authorization Details → Authorization Requests tab
4. **Claims Processing**
 - My Office → Claims → Claim Lines → Claim Entry screen (Types: P/I/PI/PP)
5. **Adjudication Rules**
 - Administration → Adjudication Rules → Rule Details

Billing Code Details Screen Enhancements:

- **New Checkbox:** This is a variable rate code
 - Visible only when config key is set to **"Yes"**
 - Not mandatory
 - Enables variable rate entry in CM Authorization

CM Authorization Screen Enhancements:

Requested Section:

- **Billing Code Dropdown:** Displays variable rate codes
- **\$ Field:**
 - Visible only when config key is “Yes” and variable rate is selected
 - Disabled for contract rate codes
 - Tooltip: “This field is used to enter a variable rate that is non-contracted”
- **Total \$ Field:**
 - Displays calculated value: \$ × Number of Days per Frequency
 - Enabled only for variable rate codes

Approved Section:

- **Billing Code Dropdown:** Displays variable rate codes
- **\$ Field:**
 - Editable if billing code is variable rate
 - Value copied from Requested section via “Copy to Approved”
 - Validation Message: “Please enter Approved Amount (\$)”
- **Total \$ Field:**
 - Editable if billing code is variable rate
 - Value copied from Requested section
 - Validation Message: “Please enter Total Approved Amount (Total \$)”

Claim Entry Screen Enhancements:**Professional & Provider Professional:**

- **Code Dropdown:**
 - Includes variable rate codes when config key is “Yes”
 - Tooltip: “The selected billing code is a variable rate code” (only for variable rate codes)
- **Charge Calculation:**
 - Based on \$ value from CM Authorization Details

Institutional & Provider Institutional:**Revenue Code Field:**

- Includes variable rate codes when config key is “Yes”

HCPCS Dropdown:

- Includes variable rate codes when config key is “Yes”
- Tooltip: “The selected billing code is a variable rate code” (only for variable rate codes)

Charge Calculation:

- Based on \$ value from CM Authorization Details
- Variable rate logic is determined by HCPCS code, regardless of Revenue Code
- If HCPCS is a contract rate, contract rate logic applies

Claim Line Detail Enhancements:**Rate Hyperlink:**

- Redirects to CM Authorization Details if billing code is variable rate
- Redirects to Contract Rate Details if billing code is contracted
- Applies only when config key is “Yes”

Claims Processing Enhancements:

- **Plan Allocation:**
 - Uses variable rate from CM Authorization if applicable
- **Claim Revert:**
 - Reverts linked CM Authorization when claim line with variable rate is reverted
- **Manual Approval:**
 - Uses variable rate from CM Authorization instead of contract rate
- **Claim Reallocation:**
 - SQL job uses variable rate from CM Authorization for reallocation
- **Service Creation from Claims:**
 - Uses variable rate as charge amount when billing code is variable rate

Adjudication Rule Enhancements:

- **New Rule Added:**

“Variable rate is not specified, or All of the Authorized amount has already been used”

Adjudication Logic for Variable Rate Claims:

- Validates against **Total Approved Amount** and **Amount Used**
- Claim line is denied if:
 - Variable rate is not specified
 - Approved amount has already been used
- Contract rate adjudication rules are not applied to variable rate claims
- If a contract rate claim is updated to a variable rate code, variable rate rules apply
- If config key is set to “No”, contract rate rules are applied
- If no authorization exists for a variable rate billing code, claim is denied with:

“Billing code requires authorization, but one does not exist.”

Note: Adjudication rule must be active in the customer environment.

Additional Functional Impacts:

- **Contract Rate List:**
 - Billing Code dropdown excludes variable rate codes
- **Contract Rate Detail:**
 - Searchable Billing Code field excludes variable rate codes
- **Authorization Request Event (Note Tab):**
 - Displays variable rate billing codes when config key is “Yes”
- **Batch Claim Upload:**
 - Billed amount is treated as variable rate for variable rate codes
- **Batch Contract Rate Upload:**
 - Displays warning message if file includes variable rate codes:

“Billing Code ID in the uploaded file is a variable rate code.”

Data Model Changes:

- **BillingCodes Table:**
 - New column: VariableRateCode
- **ProviderAuthorizations Table:**
 - New columns: RequestedRateAmount, ApprovedRateAmount, TotalRequestedAmount, TotalApprovedAmount, AmountUsed

- **ClaimLineAuthorizations Table:**
 - New column: AmountUsed
- **ProviderAuthorizationsHistory Table:**
 - New columns: RequestedRateAmount, ApprovedRateAmount, TotalRequestedAmount, TotalApprovedAmount, AmountUsed

How It Helps:

- Enables flexible billing for non-standard treatment scenarios
- Supports custom pricing for non-contracted services
- Improves claims accuracy, authorization control, and adjudication transparency
- Enhances user experience with clear rate entry, validation, and auditability

Core Assessment

Reference No	Task No	Description
46	EII # 132473	Integration of 'NODS Perc' and 'Overdose Risk Screening' DFA Document as a Tab into Assessments (C) document.
139	EII # 132040	Integration 'Health-Related Social Needs Screening Tool' Document as a Tab into Assessments (C) document.

EII # 132473: Integration of 'NODS Perc' and 'Overdose Risk Screening' DFA Document as a Tab into Assessments (C) document

What's Changed:

The **NODS Perc – General and Overdose Risk Screening – General** documents have been integrated as **new tabs** within the **Assessments (C)** document. This enhancement supports more comprehensive screening and documentation within the core assessment workflow.

New Tab Integration:

- **NODS Perc – General and Overdose Risk Screening – General** are now available as tabs in the **Assessments (C)** document.
- These tabs allow users to capture substance use and overdose risk data directly within the assessment interface.

Tab Naming Update:

Tab names have been standardized:

- **"NODS Perc"** → **"NODS Perc – General"**
- **"Overdose Risk Screening"** → **"Overdose Risk Screening – General"**

These updated names are reflected in both the **standalone documents** and the **Assessments (C)** integration.

Where to Find It:

Prerequisite Setup:

1. **Form Collection Configuration:**
 - Add **NODS Perc – General and Overdose Risk Screening – General** to the **Core Assessment Document Form Collection**.
 - Update the **Table List** field with the corresponding table names (comma-separated).

2. ~~Tab Activation:~~

- ~~Go to **Document Codes** → **Assessments (C)** → **Document Codes Detail**~~
- ~~In the **Assessment Tab** section:~~
 - ~~Select each tab from the dropdown~~
 - ~~Choose the appropriate **Type, Age Category, Population, and Assessment Classification**~~
 - ~~Check the **Active** checkbox → Click **Insert** → **Save**~~

Path:

1. ~~Go to **Client Search**~~
2. ~~Open the **Assessments (C)** document~~
3. ~~Select the appropriate **Type, Age Category, Population, and Assessment Classification**~~
4. ~~The **NODS Perc - General and Overdose Risk Screening - General** tabs will be visible~~

How It Helps:

- ~~Enhances clinical documentation by integrating key screening tools~~
- ~~Supports early identification of substance use and overdose risks~~
- ~~Streamlines workflows by consolidating assessments into a single interface~~
- ~~Improves data consistency across standalone and integrated documents~~

EIL # 132040: Integration 'Health-Related Social Needs Screening Tool' Document as a Tab into Assessments (C) document**What's Changed:**

The ~~Health-Related Social Needs Screening Tool~~ document has been integrated as a new tab within the ~~Assessments (C)~~ document. This enhancement improves accessibility and streamlines workflows for users conducting comprehensive client assessments.

New Tab Integration:

- ~~The **Health-Related Social Needs Screening Tool** is now available as a tab within the **Assessments (C)** document.~~
- ~~This tab allows users to capture and review social determinants of health directly within the core assessment workflow.~~

Where to Find It:**Prerequisite Setup:**

1. **Document Mapping:**
 - Ensure the Health-Related Social Needs Screening Tool is marked as Active in the Document Mapping screen.
2. **Tab Activation:**
 - Go to **Document Codes** → **Assessment (Core)** → **Document Codes Detail**
 - In the **Assessment Tab** section:
 - Select **Health-Related Social Needs Screening Tool** from the tab list dropdown
 - Choose the appropriate **Type, Age Category, Population, and Assessment Classification**
 - Check the **Active** checkbox → Click **Insert** → **Save**

Path:

1. Go to **Client Search**
2. Select a client

3. Open the **Assessments (C)** document
4. Select the appropriate **Type, Age Category, Population**, and **Assessment Classification**
5. The **Health-Related Social Needs Screening Tool** tab will now be visible

How It Helps:

- Centralizes health-related social needs data within the core assessment workflow
- Enhances visibility and accessibility for care providers
- Supports holistic client evaluations by integrating social determinants of health

Documents

Reference No	Task No	Description
49	EII # 131832	Optimizing the handling of large disclosure PDFs based on existing configuration key 'DisclosurePDFViewNewWindow' by adding the new value 'Download'.
53	EII # 131645	'Disclosure/Request Details': Implementation of the 'Contains SUD Information' checkbox to restrict data from sharing SUD/Sensitive Data.
55	EII # 132206	Implementation to hide All Programs dropdown field when CDAG is OFF
58	EII # 132205	'Release Of Information' document – Implementation of new global code 'ROIFEDERALCOMPLIANCE' and new section 'LegalAuthority'.
104	EII # 132295	The field labels "Recovery Environment (Level of Stress)" and "Recovery Environment (Level of Support)" have been renamed in the 'Summary' tab of the 'CALOCUS' document.

EII # 131832: Optimizing the handling of large disclosure PDFs based on existing configuration key 'DisclosurePDFViewNewWindow' by adding the new value 'Download'

What's Changed:

SmartCare now supports **optimized handling of large disclosure PDFs** through a new value—**Download**—added to the existing configuration key DisclosurePDFViewNewWindow. This enhancement improves performance and user experience when working with large files in the Disclosure module, especially in load-balanced environments.

Disclosure PDF Handling Enhancement:

This passive change introduces a **queued download mechanism** for large disclosure PDFs. When the configuration key DisclosurePDFViewNewWindow is set to **Download**, the system processes PDF generation in the background, allowing users to continue working without delay.

No changes to existing logic unless the new value is activated

Requires scheduler setup and server path configuration for full functionality

Pre-Requisites:

1. **Scheduler Setup**
 - a. **Self-hosted customers:** Follow steps in StepsToCreateDisclosurePDFScheduler.docx (available in Feature #558129 and release build SC.CORE.6.0_1.38.000.2509.xxx)
 - b. **Streamline-hosted customers:** BRT will configure the scheduler
2. **Server Path Configuration**
 - a. Use default path from SetServerPathToStoreDownloadedDisclosedItems or specify a custom path with correct folder permissions
3. **Configuration Key Activation**
 - a. Set DisclosurePDFViewNewWindow to **Download**
4. **Client Disclosure Files**
 - a. Ensure the selected client has attached files of any size in the Disclosure module

New Configuration Key Details:

- **Key:** DisclosurePDFViewNewWindow
- **Allowed Values:** Yes, No, Download
- **Default:** Yes
- **Behavior:**
 - Yes: Opens PDF in a new browser tab
 - No: Opens PDF within the same popup
 - Download: Triggers background download of the PDF
- **Key:** SetServerPathToStoreDownloadedDisclosedItems
- **Allowed Values:** Default, Valid Path
- **Default:** Default
- **Behavior:**
 - Default: Saves PDF to ~/App_Data/RadUploadTemp/DisclosurePDFs
 - Valid Path: Saves PDF to specified path
 - File name format: Disclosure_DisclosureId

Where to Find It:**Paths:**

Path 1: Administration → Configuration Keys → Search DisclosurePDFViewNewWindow → Edit

Path 2: Administration → Configuration Keys → Search SetServerPathToStoreDownloadedDisclosedItems → Edit

Path 3: My Office → Disclosures/Requests → List Page

Path 4: Client → Disclosures/Requests → List Page → New → Fill Details → Attach Files → Click Prepare → Wait for status to change to Complete → Click Download Disclosed Items

Functionality Updates:**Disclosure/Request List Page (My Office & Client):**

- New **PDF Status** dropdown filter using global code category DisclosurePDFStatus (default: All PDF Statuses)
- New **PDF Status** column added to the grid

Disclosure/Request Details Screen:

- Button label changed from **View/Print Disclosed Items** to **Download Disclosed Items**
- On clicking **Prepare**:
 - Entry created in ClientDisclosurePDFQueues with status **Queued**
 - Message displayed:

“The PDF is currently being generated. Once it is ready, the PDF Status will update to ‘Completed.’ You will be notified as soon as it is available for download.”

- On status change to **Completed**:
 - Push notification sent via InstantMessages table:

“The Disclosure is ready to be downloaded.”
- On clicking **Download Disclosed Items**:
 - If file is available: Downloads to local system in background
 - If file is **not available**:
 - ♣ If status = Queued:

“The PDF is currently being generated. Once it is ready, the PDF Status will update to ‘Completed.’ You will be notified as soon as it is available for download.”
 - ♣ If file is deleted or not queued:

“The file is currently unavailable for download. Please prepare the file to queue the disclosure for download.”
- **Send Fax Pop-up**:
 - **Preview** button is hidden when using the **Download** option

Weekly Job Configuration:

- Scheduled weekly to improve server performance
- Automatically deletes disclosures older than **7 days** from the server folder
- Helps manage memory usage in load-balanced environments

New Global Code Category: DisclosurePDFStatus

- **Codes**:
 - **Queued**: File added to queue
 - **Processing**: File is being processed
 - **Completed**: File is ready for download
 - **Errored**: Error occurred during processing
 - **Blank**: File not available or deleted

How It Helps:

- Improves performance when handling large PDF files
- Enables background processing of disclosures
- Allows users to continue working while PDFs are generated
- Provides real-time notifications when files are ready
- Supports scalable deployment in load-balanced environments

Data Model Changes:

- **New table**: ClientDisclosurePDFQueues
- Push notifications inserted into InstantMessages table

ELL # 131645: 'Disclosure/Request Details': Implementation of the 'Contains SUD Information' checkbox to restrict data from sharing SUD/Sensitive Data

What's Changed:

SmartCare now includes a **new checkbox—Contains SUD Information**—on the **Disclosure/Request Details** screen to help restrict the sharing of **SUD (Substance Use Disorder) or sensitive data**. This passive change introduces conditional visibility of the checkbox based on a system configuration key.

SUD Data Tagging Enhancement:

A new checkbox labeled **Contains SUD Information** has been added to the **Disclosure Details** section of the **Disclosure/Request Details** screen. This checkbox allows users to tag disclosures that contain sensitive SUD-related information.

Visibility of the checkbox is controlled by the configuration key `DisplaySUDCheckboxToTagDataAsSUD`.

Configuration Key Behavior:

- **Key:** `DisplaySUDCheckboxToTagDataAsSUD`
- **Allowed Values:** Yes, No
- **Default Behavior:**
 - If set to Yes: Checkbox is **visible and enabled**
 - If set to No: Checkbox is **hidden and disabled**
 - By default, the checkbox is **unchecked**

Where to Find It:

Prerequisite Setup:

- Go to **Administration** → **Search** → **Configuration Keys**
- Search for `DisplaySUDCheckboxToTagDataAsSUD`
- Set the value to Yes or No to control checkbox visibility

Path:

1. Go to **Client Search** → **Disclosure/Request Details (Client)**
2. Click **New** → Open **Disclosure/Request Details** screen
3. Locate the **Disclosure Details** section to view the checkbox

How It Helps:

- Supports compliance with data privacy regulations
- Prevents unintended sharing of sensitive SUD-related information
- Provides configurable control over disclosure tagging

Data Model Changes:

- New column `SUD` (datatype: `YOrN`) added to the `ClientDisclosures` table

EII # 132206: Implementation to hide All Programs dropdown field when CDAG is OFF**What's Changed:**

SmartCare now supports **bulk selection and deselection** of charges on the **RWQM Work Queue** list page. This passive change improves efficiency for users managing large volumes of records and introduces label corrections for queue actions.

RWQM Work Queue – Bulk Selection Enhancement:

New options have been added to the RWQM Work Queue list page to allow users to quickly select or deselect large sets of charges.

These options mirror the functionality currently available on the **Services (My Office)** list page.

New Selection Options:

- **Select All:** Selects all filtered charges across **all pages**
- **Select All on Page:** Selects all filtered charges on the **current page only**
- **None:** Deselects all selected charges across **all pages**

Selected charges will be updated based on the action selected in the **Queue Actions** dropdown.

Queue Actions – Label Updates:

The following label corrections have been made in the **Queue Actions** dropdown:

- **“Assign Staff”** → Renamed to **“Update Assigned Staff”**
- **“Updated Backup Assigned”** → Renamed to **“Update Backup Assigned”**

These are label-only changes; no logic or functionality has been modified.

Path:

Go to **My Office** → **RWQM Work Queue** → RWQM Work Queue List Page

How It Helps:

- Enables faster processing of large volumes of charges
- Reduces manual effort in selection workflows
- Improves clarity with updated action labels

EII # 132205: ‘Release Of Information’ document – Reposition for the ‘Legal Authority’ drop down field and changes to ‘Information Used/Disclosed’ section**What's Changed:**

SmartCare has updated the **Release of Information (C)** document to improve usability and compliance. This passive change includes repositioning the **Legal Authority** dropdown field and implementing enhancements to the **Information Used/Disclosed** section.

Legal Authority Section Repositioning:

The **Legal Authority** dropdown field has been moved from the **Release To/Obtain From** section to a newly created **Legal Authority** section at the bottom of the document.

All existing functionality of the dropdown remains unchanged.

A new global code **ROIFEDERALCOMPLIANCE** has been introduced to support federal compliance tracking.

Information Used/Disclosed Section Enhancements:

- **New Global Code Added: ROIFEDERALCOMPLIANCE**
 - Allows users to **add/edit/delete** global code entries
 - Descriptions are intentionally left blank
 - Values are displayed as **multi-checkbox items** below the section fields

Where to Find It:

Path:

Go to **SmartCare** → **Client** → **Documents** → Select **Release Of Information (C)**

How It Helps:

- Improves clarity and organization of legal compliance fields
- Supports flexible configuration of disclosure items
- Aligns with updated documentation standards for Release of Information

Data Model Changes:

- Added column **FederalComplianceOtherComment** to **DocumentReleaseOfInformations** table
- Created new table: **DocumentROIFederalComplianceInformation**

ELL # 132295: The field labels “**Recovery Environment (Level of Stress)**” and “**Recovery Environment (Level of Support)**” have been renamed in the ‘**Summary**’ tab of the ‘**CALOCUS**’ document

What’s Changed:

Two field labels in the Summary tab of the CALOCUS document have been updated to better reflect their corresponding tab names. This change improves clarity and consistency in the user interface.

Updated Field Labels:

- “**Recovery Environment (Level of Stress)**” → “**Recovery Environment (Environmental Stress)**”
- “**Recovery Environment (Level of Support)**” → “**Recovery Environment (Environmental Support)**”

These updates ensure that the field labels in the Summary tab match the terminology used in their respective sections.

Where to Find It:

Path:

1. Go to **Client Search**

2. Select a client
3. Open the **CALOCUS** document
4. Navigate to the **Summary** tab

How It Helps:

- Improves label accuracy and UI consistency
- Reduces confusion for users reviewing CALOCUS assessments
- Aligns field names with their corresponding tab titles for better usability

Foster Care

Reference No	Task No	Description
69	EII # 131608	Placement Families: Implementation of new validation message in the 'Placement Family Detail page' to prevent users from linking more than one Placement Family entry to the same Provider.

EII # 131608: Placement Families: Implementation of new validation message in the 'Placement Family Detail page' to prevent users from linking more than one Placement Family entry to the same Provider

ACTIVE CHANGE

What's Changed:

SmartCare now includes a **validation enhancement** on the **Placement Family Detail** page to prevent users from linking multiple Placement Family entries to the same Provider. This active change ensures data integrity by enforcing a one-to-one relationship between Providers and Placement Families.

Placement Family Provider Validation:

A new validation message has been implemented to block duplicate Placement Family entries for the same Provider. This prevents users from unintentionally linking a Provider to more than one Placement Family.

The validation is triggered both when selecting a Provider and when attempting to save the record.

Validation Message:

"A Placement Family is already linked to this Provider record. Please remove the existing linked Placement Family or create a new Provider record to link the new Placement Family."

This message ensures users are aware of the conflict and guides them to resolve it appropriately.

Where to Find It:

Path:

1. Go to **My Office** → **Placement Families**
2. On the **Placement Families List Page**, click **New** or select an existing **Family Name** hyperlink

3. On the **Placement Family Detail Page**, select a Provider and attempt to save

How It Helps:

- Prevents duplicate Placement Family entries for the same Provider
- Maintains clean and accurate provider-family relationships
- Enhances data integrity and reduces administrative errors

Intelichart

Reference No	Task No	Description
138	EII # 129768	Intelichart - Patient Portal Module has been implemented
142	EII # 131977	InteliChart Provider Portal SSO.

EII # 129768: Intelichart - Patient Portal Module has been implemented

What's Changed:

SmartCare has implemented the **Intelichart Patient Portal integration**, enabling seamless communication between the **SmartCare application**, **Intelichart**, and the **Patient Portal**. This enhancement allows real-time data exchange via API calls, supporting bidirectional flow of clinical, demographic, and communication data between providers and patients.

Integration Overview:

- **New Module:** Intelichart Patient Portal
- **Integration Flow:**
SmartCare (SC) → Integration Component (IC) → Patient Portal (PP)
 - Data entered in SmartCare (e.g., appointments, medications, documents) flows to Intelichart and is displayed in the Patient Portal.
 - Updates from the Patient Portal (e.g., messages, refill requests, signed forms) are routed back to SmartCare via IC.

Pre-Requisites:

- Valid credentials for Intelichart and Patient Portal access
- Proper mapping of Location, Procedure, Program, and Clinician in SmartCare
- API connectivity between SmartCare and Intelichart

Where to Find It:

Paths:

Client Setup & Data Entry:

1. Client Search → Create New Client
2. Client → Services → Schedule Service
3. Client → Documents → Diagnosis → Save & Sign
4. Client → Medication Management (RX) → Prescribe Medication
5. Client → Flow Sheet → Add Vital Info → Save
6. Client → Allergies → New → Save
7. Client → Immunizations → New → Save

8. Client → Messages → New → Send to Staff
9. Client → Client Orders → New → Save & Sign
10. Client Orders → View Lab Results
11. Client → Documents → PHQ9, PHQ2, GAD7, AUDIT-C, PHQA → Save & Sign
12. My Office → Payments/Adjustments → Make Payment
13. Client → Coverage → Add Details, Start Date, COB Order
14. Client → Client Information → Update Demographics → Save
15. Client → Documents → View Patient Portal Document PDF

Portal Access:

- Login to **Intelichart Application**
- Login to **Patient Portal Application**

Patient Portal Dashboard Features:

- **Home Page Modules:**
 - Messages
 - Appointments
 - Medications
 - Forms
 - Insurance
 - Pay My Bill
 - My Chart
 - My Health
 - My Account
- **Dependent Management:**
 - Patients can view and manage appointments, messages, labs, and forms for children or dependents.

Bidirectional Data Flow:

- **From SmartCare to Patient Portal:**
 - Appointments, medications, documents, vitals, allergies, immunizations, messages, orders, and coverage details
 - Updates are sent via API in real-time or scheduled sync
- **From Patient Portal to SmartCare:**
 - Medication refill requests
 - Signed documents/forms
 - Messages to staff
 - Demographic updates
 - Dependent information

How It Helps:

- Enables real-time patient engagement and communication
- Reduces administrative overhead by automating data sync
- Enhances transparency and access to care information
- Supports secure, HIPAA-compliant data exchange
- Improves patient satisfaction and provider efficiency

What's Changed:

SmartCare now supports **Single Sign-On (SSO)** integration with the **InteliChart Provider Portal**, enabling seamless navigation from SmartCare to InteliChart. This passive change enhances interoperability and streamlines provider access to external systems.

InteliChart Provider Portal SSO Integration:

With this enhancement, users can now launch the **InteliChart Practice Portal** directly from SmartCare using the **SMARTPortal quick link**. The portal opens in a separate browser window, allowing users to log in and access InteliChart without manual navigation.

This integration simplifies workflows and improves access to external provider tools.

Path:

Go to **Client Search** → Click on **SMARTPortal** quick link

How It Helps:

- Enables direct access to InteliChart from within SmartCare
- Reduces time spent switching between systems
- Supports streamlined provider workflows and data access

Interfaces

Reference No	Task No	Description
141	EII # 130921	Restricting SUD/Sensitive Data from Sharing via CCD process.

EII # 130921: Restricting SUD/Sensitive Data from Sharing via CCD process

What's Changed:

SmartCare has been enhanced to restrict the sharing of SUD (Substance Use Disorder) and other sensitive data through the CCD (Continuity of Care Document) process. This change ensures that sensitive client information is only shared with authorized staff based on CDAG (Clinical Data Access Grouping) logic.

CCD XML Generation Enhancements:

- SUD/sensitive data is now **excluded** from CCD XML files when the **“Contains SUD Information”** checkbox is selected.
- If the checkbox is **not selected**, SUD/sensitive data will be **included** in the CCD XML file.
- This logic applies to multiple segments, including:
 - Allergies and Adverse Reactions
 - Medications
 - Problems
 - Laboratory Results
 - Procedures
 - Encounters/Diagnoses
 - Vital Signs
 - Immunizations
 - Social History

- o Medical Equipment
- o Assessments
- o Care Plan
- o Health Summary

New Data Protection Logic Applies To:

- USCDI Summary of Care document
- Client Information
- Diagnosis Documents
- Client Orders
- Coverage Plans
- Flow Sheets
- Health Data Templates/Sub-Templates
- Services/Notes
- Service Details
- Immunizations
- Medication Management (RX)
- Allergies
- Assessments
- Client Programs
- Procedure/Rates
- Problems

Important Notes:

- CCD XML generation excludes the “Consent to Share Data” document from this restriction.
- Once the USCDI Summary of Care document is signed, the CCD XML file is generated via a backend job.

Where to Find It:**Paths:**

1. **Client Information** → General/Demographics/Contacts/Alias → Save
2. **Program Enrollment** → New → Status: Enrolled → Save
3. **Immunization** → New/Edit → Save
4. **Medication Management (RX)** → New Order → Prescribe
5. **Client Allergies** → New/Edit → Save
6. **Individualized Service Plan** → New → Select CDAG Group → Save & Sign
7. **Assessment** → New → Select Group → Save & Sign
8. **Coverage** → New → Enter Start Date & COB Order → Save
9. **Summary of Care Document** → New → Save & Sign
10. **Flow Sheet** → New → Fill Smoking Status → Save
11. **Client Orders** → New → Select CDAG Group → Save & Sign
12. **Client Orders** → Result Obtained → Lab Results → Save/Close
13. **Services/Notes** → New → Psychiatric Note → Diagnosis → Save & Sign
14. **Services** → Existing Service → Status: Complete → Save
15. **USCDI Summary of Care** → New → Select Program → Save & Sign

How It Helps:

- Protects sensitive client data from unauthorized sharing
- Ensures compliance with privacy regulations
- Applies consistent CDAG logic across multiple modules
- Enhances trust and data governance within the system

Data Model Changes:

New columns added to the **USCDIClientFileTrackings** table:

- IsExcludedDueToSUD
 - SUDExcludedSegments
 - IsExcludedDueToConsent
-

Methadone

Reference No	Task No	Description
85	EII # 131992	MAT: Changes have been made to suppress automatic Prime popups upon a successful machine connection in the MAT Connection Popup under both the MAT Management List and Details screens.
86	EII # 132455	MAT: Implemented a new warning message on Clear or Radio Button click when creating titration steps in Client Orders.
87	EII # 132405	MAT: The future scheduled dispense information is added to the MAT Management Details screen for Titration/Taper orders.
88	EII # 132406	MAT: Added a new functionality to allow correcting past dispenses on the MAT Details page.
90	EII # 132300	MAT: The printing MAT label layout and fonts have been updated to include the complete address information.
91	EII # 130961	MAT: unable to change an In Progress Status to Excused Absence on the MAT Management List page.

EII # 131992: MAT: Changes have been made to suppress automatic Prime popups upon a successful machine connection in the MAT Connection Popup under both the MAT Management List and Details screens

ACTIVE CHANGE

What's Changed:

SmartCare has updated the **MAT Connection Details Popup** to suppress automatic **Prime instruction popups** after a successful machine or inventory connection. This change improves usability in the **MAT Management List** and **MAT Management Details** screens by preventing unnecessary prompts that could disrupt workflows during bottle swaps or machine setup.

MAT Module Enhancement:

● Old Behavior:

- After a successful machine/inventory connection, the system automatically displayed a **Prime instruction popup**, even if the user did not intend to prime. This led to extra steps, including returning primed amounts and potential medication waste.

● New Behavior:

- The **Prime instruction popup** is now **suppressed** unless the user explicitly clicks the **Prime** button. This ensures that Prime actions are intentional and avoids unnecessary interruptions.

Pre-Requisites:

1. Create a MAT Program:

- Search → Program (Admin) → Program List → New
- Enter Program Name → Select **MAT Program** checkbox → Save

2. Enroll Client in MAT Program:

- a. Client Search → Programs (Client) → New
- b. Select MAT Program → Set Status to **Enrolled** → Save

Where to Find It:**Paths:****Path 1-Order Setup:**

- 1. **Administration** → **Orders** → **New**
- 2. Select **Medication** Order Type
- 3. Set MAT, Machine Connection Required, and Take Home Allowed to **Yes**
- 4. Save

Path 2-Inventory Setup:

- 1. My Office → Medication/Lot/Bottle → New
- 2. Enter required details → Select Location → Save

Path 3-Client Order Entry:

- 1. Client → Client Orders → New
- 2. Select MAT Order → Enter details → Save & Sign

Path 4-MAT Connection Workflow:

- 4. My Office → MAT Management List → Open **Connect User** popup
 - 1. Enter Location, Machine, Medication, Bottle → Connect
 - 2. MAT Management Details → Disconnect via X icon
 - 3. Reconnect via **Connect User** popup → Enter required details

MAT Connection Popup Enhancements:

- **Prime Instruction Suppression:**
 - After clicking **OK** on the "Connection Successful" popup, **no Prime message** will be displayed unless the user manually initiates it.
- **Prime Action Control:**
 - Prime instructions are now triggered **only** when the user clicks the **Prime** button during machine/inventory connection or bottle swap.

How It Helps:

- Prevents accidental priming during bottle swaps
- Reduces time consuming medication return steps
- Minimizes risk of spills and medication waste
- Improves workflow efficiency and user control in MAT operations

ELL # 132455: MAT: Implemented a new warning message on Clear or Radio Button click when creating titration steps in Client Orders**What's Changed:**

SmartCare now includes a new warning message on the Client Orders screen when creating Titration/Taper Orders. This passive change helps prevent accidental data loss by alerting users before clearing or modifying titration steps.

Titration/Taper Order Warning Message:

A warning pop-up has been implemented to notify users when they attempt to clear or modify a titration/taper order after adding at least one step. This ensures users are aware that their current setup may be discarded.

This warning applies only to Client Orders involving Titration/Taper medications.

Prerequisite Setup:

On the Order Setup screen, ensure Titration/Taper is set to Yes for the medication order

Paths:

Path 1: Client Search → Client Orders → Click **New** → Select a **Titration/Taper Order** → Click **Titration/Taper** → Click **Clear**

Path 2: Client Search → Client Orders → Click **New** → Select a **Titration/Taper Order** → Click **Titration/Taper** → Click **Radio button** from the **Order List** grid

Warning Message:

"You are about to discard your current titration/taper setup. Are you sure you want to continue?"

User Options:

- **Continue:** Clears the order tab
- **Cancel:** No action performed; returns to Client Order screen
- **Close (X):** No action performed; popup is closed

How It Helps:

- Prevents accidental loss of titration/taper setup
- Improves user awareness and control during medication order entry
- Enhances safety and accuracy in MAT workflows

ELL # 132405: MAT: The future scheduled dispense information is added to the MAT Management Details screen for Titration/Taper orders**What's Changed:**

SmartCare now supports visibility into future scheduled dispense information for Titration/Taper orders within the MAT Management Details screen. This enhancement improves medication tracking and planning for MAT workflows.

Future Dispense Visibility for MAT Titration/Taper Orders:

This passive change updates the MAT Management workflow to include future dispense schedules that span across multiple titration/taper steps. Users can now view upcoming doses in both the Scheduled Grid and Dispense Grid, even if they are part of future orders.

This feature applies only to MAT orders configured with Titration/Taper steps and machine connection enabled.

New Functionality:

- **Scheduled Grid and Dispense Grid Enhancements:**
 - Future medication dispense dates are now displayed beyond the current titration step.
 - Includes future orders created as part of taper/titration or as standalone MAT orders.

- Standing orders are also included in both grids.
- **Clinic Closure Handling:**
 - If a future clinic visit is scheduled but the clinic will be closed, the system will convert the dispense type from Clinic to Take Home.
 - The medication will be dispensed during the current visit to accommodate the closure.
- **Result Ordering:**
 - The order of results in the Scheduled and Dispense grids is fixed for OR-based setups unless the user manually applies column sorting.

Where to Find It:

Path 1: Create MAT Order

1. Administration → Orders → Orders List → New →
2. Select Medication Order Type →
3. Enable Medication Assisted Treatment (MAT)
4. Set Take Home Allowed and Machine Connection = Yes
5. Display Program = Yes
6. Select Titration/Taper = Yes
7. Enter required fields → Save

Path 2: Create Client Order

1. Client → Client Orders → New →
2. Select the MAT Order created in Path 1 →
3. Enter required fields → Insert order details into grid → Save and Sign

Path 3: View Dispense Schedule

1. My Office → MAT Management →
2. Select the Order → Click Dispense Icon →
3. View Scheduled Grid and Dispense Grid in MAT Management Details

How It Helps:

- Improves visibility into future medication schedules
- Enhances planning for titration/taper workflows
- Supports proactive dispensing in case of clinic closures
- Ensures continuity of care and accurate medication tracking

EII # 132406: MAT: Added a new functionality to allow correcting past dispenses on the MAT Details page

ACTIVE CHANGE

What's Changed:

SmartCare has introduced a new enhancement to the **MAT Management Details** screen that allows users to **correct past dispenses** and enforces stricter validation when modifying dose types. Additionally, a **"See Complete History"** hyperlink has been added to the **Dispensing Notes** tab, providing quick access to the full **MAT Dispense & No Show History** report.

MAT Module Enhancements:

- **Dose Correction for Past Disperses:**
- Users can now access and correct previously completed dispenses directly from the **MAT Management List** page by selecting a past date and navigating to the **Dispensing Notes** tab.

- ~~Clinic Dispense Logic for Today's Date:~~

- If a dose is scheduled as ~~Take-Home~~ for today, the system will automatically update it to **Clinic Dispense**.

- ~~Split Doses:~~

- ~~Split 1~~ is displayed as **Clinic Dispense**

- ~~Split 2~~ is displayed as **Take-Home**

- ~~Mandatory Comment on Dose Type Change:~~

- When changing the **Dose Type** (e.g., Clinic to Take-Home), the **Comment** field is now **required**.

- If left blank, the system displays:

"Please enter Comment."

- Changes cannot be saved without entering a comment.

- ~~New Link – "See Complete History":~~

- Added to the **Dispensing Notes** tab

- Opens the **MAT Dispense & No Show History** report for the selected client

- Provides a comprehensive view of all past dispense and no-show records

Pre-Requisites:

1. Create a MAT Program:

a. Search → **Program (Admin)** → **New** → Select **MAT Program** → **Save**

2. Enroll Client in MAT Program:

a. **Client Search** → **Programs (Client)** → **New** → Select **MAT Program** → **Status:**
Enrolled → **Save**

Where to Find It:

Paths:

Path 1-Order Setup:

1. **Administration** → **Orders** → **New**

2. Select **Medication** Order Type

3. Set **MAT**, **Machine Connection Required**, and **Take Home Allowed** to **Yes** → **Save**

Path 2-Inventory Setup:

- **My Office** → **Medication/Lot/Bottle** → **New** → **Enter details** → **Save**

Path 3-Client Order Entry:

- **Client** → **Client Orders** → **New** → **Select MAT Order** → **Save & Sign**

MAT Dispense Workflow:

1. **My Office** → **MAT Management List** → Connect to machine/inventory → Click **Dispense** icon

2. Filter for past date → Navigate to **Dispensing Notes** tab

3. Click **See Complete History** → View full **MAT Dispense & No Show History** report

How It Helps:

- Enables correction of past dispense records

- Enforces documentation standards with mandatory comments
- Improves visibility into client dispense history
- Reduces errors and improves compliance in MAT workflows
- Enhances user experience with streamlined access to historical data

EII # 132300: MAT: The printing MAT label layout and fonts have been updated to include the complete address information

ACTIVE CHANGE

What's Changed:

SmartCare has updated the **MAT label printing logic** to include the **complete dispensing location address** on medication labels. Labels printed during **Dispense, Re-Dispense, Pre-Pour, or before Dispense** now display the full address **Street, City, State, and ZIP code** on the 2.25" x 1.00" label format. This enhancement also introduces a **0.25" blank margin** on all sides and increases the **font size from 4pt to 5pt** for improved readability.

Label Template Update:

- **Label Size:** 2.25" (W) x 1.00" (H)
- **New Layout Enhancements:**
 - Full dispensing location address (Street, City, State, ZIP)
 - 0.25" blank margin on all sides (for pre-printed warnings)
 - Font size increased from 4pt to 5pt

Pre-Requisites:

1. **Create a Location with Full Address:**
 - a. **Administration** → **Location** → **New**
 - b. Enter **Street, City, State, ZIP** → **Save**
 - c. Map location to logged-in staff and MAT Program
2. **Create MAT Order:**
 - a. **Administration** → **Orders** → **New**
 - b. Select **Medication** Order Type
 - c. Set **MAT, Take Home Allowed**, and **Machine Connection Required** to **Yes**
 - d. Select label template: **2.25" x 1.00"** → **Save**
3. **Create Inventory:**
 - a. **My Office** → **Medication/Lot/Bottle** → **New**
 - b. Select Location → **Save**
4. **Create Client Order:**
 - a. **Client** → **Client Orders** → **New**
 - b. **Select MAT Order** → **Save & Sign**

Where to Find It:

Paths:

MAT Connection & Dispensing Workflow:

1. **My Office** → **MAT Management List** → **Connect User**
 - a. Enter **Location, Machine, Medication, Bottle** → **Connect**
2. **MAT Management List** → **Select Order** → **Click Dispense**
 - a. **Dispense dose** → Label prints → Verify address
 - b. Click **Re-Dispense** → Label prints → Verify address
3. **Pre-Pour dose** → Label prints → Verify address

4. **MAT Management List** → Select **Order** → Click **Print Labels** (before dispensing)
 - a. Label prints → Verify address

MAT Label Enhancements:**Fields Displayed on Label (2.25" x 1.00"):**

- **Client Name & ID:** Displayed at top
- **DOB:** Format MM/DD/YYYY (blank if unavailable)
- **Take On Date:** Scheduled dose date
- **Dispensed On Date:** Actual dispense date
- **Strength (mg):** Displayed before medicine name (e.g., 12mg)
- **Medicine Name:** Displays order name
- **Provider Name:** Displays ordering clinician
- **Program Name:** Displays selected program
- **Clinic Address:** Full address from dispensing location
 - If printed before dispensing and no machine/inventory is connected, address will be blank
- **Clinic Phone:** Displays primary clinician's phone number

How It Helps:

- Ensures complete and accurate labeling for MAT medications
- Improves readability and compliance with dispensing standards
- Reduces errors by clearly identifying dispensing location and provider details
- Enhances operational efficiency across MAT workflows

ELL # 130961: MAT: unable to change an In Progress Status to Excused Absence on the MAT Management List page**What's Changed:**

SmartCare now supports **status updates from "In Progress" to "Excused Absence"** on the **MAT Management List Page**, resolving a previous limitation. This passive change improves flexibility in managing client attendance records for MAT services.

MAT Status Update Enhancement:

Users can now change a client's status from **In Progress** to **Excused Absence**, **No Show**, **Scheduled**, or **Checked-In** under specific conditions. This update helps correct mis-clicks, wrong client selections, or changes in client decisions.

Status changes are restricted if **MAT medication doses have already been dispensed**.

Paths:

Path 1: **Client Search** → **Client Information (C)** → **MAT** tab → **Location Setup** → **Add Location Type, Location, Start Date** → **Insert** → **Save**

Path 2: **Go Search** → **Orders** → **New** → **Medication Order** → Select **MAT** options → **Save**

Path 3: **Go Search** → **Orders** → **New** → **Lab Order** → Select **MAT** option → **Save**

Path 4: ~~My Office~~ → ~~Medication/Lot/Bottle List~~ → ~~New~~ → Enter details → ~~Insert~~ → ~~Save~~

Path 5: ~~Go Search~~ → ~~Client Orders~~ → ~~New~~ → Select ~~MAT Order~~ → ~~Insert~~ → ~~Save & Sign~~

Path 6: ~~Go Search~~ → ~~MAT Management~~ → Click ~~status~~ hyperlink → Open ~~MAT Current Status~~ popup

Functionality Updates:

1. ~~Status Change Flexibility:~~

a. ~~Users can now change status from In Progress to:~~

- i. ~~Excused Absence~~
- ii. ~~No Show~~
- iii. ~~Scheduled~~
- iv. ~~Checked-In~~

b. ~~Applies when:~~

- i. ~~A mis-click occurred~~
- ii. ~~Wrong client was selected~~
- iii. ~~Client changed their mind~~

2. ~~Lab & Medication Orders:~~

a. ~~If both Lab MAT and MAT Medication orders exist:~~

- i. ~~Status auto-updates to In Progress once Lab MAT is dispensed~~
- ii. ~~Status can still be changed to other valid options~~

3. ~~Dispense Restrictions:~~

a. ~~If MAT doses have been dispensed, status cannot be changed~~

b. ~~Status change is allowed only if all dispenses are:~~

- i. ~~Voided~~
- ii. ~~Reverted~~
- iii. ~~Spilled~~

How It Helps:

- ~~Enables correction of status errors in MAT workflows~~
- ~~Supports accurate tracking of client attendance and engagement~~
- ~~Prevents changes once medication has been administered, ensuring compliance~~

My Documents

Reference No	Task No	Description
93	EII # 132011	Changes are updated to the 'Government Performance and Results Act Outcome Measure' Document.

EII # 132011: Changes are updated to the 'Government Performance and Results Act Outcome Measure' Document

ACTIVE CHANGE

What's Changed:

SmartCare has updated the Government Performance and Results Act (GPRA) Outcome Measure document to align with current reporting standards and improve data collection for Medication-Assisted Treatment (MAT) evaluations.

GPRA Outcome Measure Enhancements for MAT Clients:

This active change introduces updates to field configurations, response options, and terminology across multiple sections of the GPRA document. These changes support more accurate client assessments at Intake, 3-Month Follow-Up, 6-Month Follow-Up, and Discharge, with or without an accompanying interview.

These updates apply to all workflows using the GPRA Outcome Measure document.

New Functionality:**General Tab****A. Record Management – Demographics [Asked only at Intake/Baseline]:**

- **Removed Fields:**
 - *What do you consider yourself to be?*
 - *Do you think of yourself as... (You may indicate more than one)*
- **Added Field:**
 - *What is your sex?* — Includes Male and Female radio buttons

Record Management Section

- **Updated Dropdown Verbiage:**
 - Treatment client → Treatment grant client
 - Client in Recovery → Client in recovery grant
- **Interview Type Field:**
 - Removed: Baseline, Reassessment
 - Added: Intake, 3 Month Follow-Up, 6 Month Follow-Up
 - **Relationship Status Field:**
 - Updated options: Married, Single, Divorced, Separated, Widowed, In a relationship, In multiple relationships, REFUSED
 - **Military Service Field:**
 - Updated field name
 - Removed: Don't Know response option

B. Substance Use and Planned Services Section

- **Field Name Updates:**
 - Other → Other (SPECIFY) across multiple substance categories:
 - ♣ Alcohol, Opioids, Cannabis, Sedatives, Cocaine, Stimulants, Hallucinogens, Inhalants, Psychoactive Substances, Tobacco/Nicotine
- **New Response Options:**
 - Modality (Select At Least One Modality):
 - ♣ **After Care**
 - ♣ **Recovery Support**
- **Updated Response Options:**
 - Case Management Services
 - HIV/AIDS Services
 - Medical Services
 - Education Services
 - Recovery Support Services — Field name updated

Living Conditions Section

- Other Housed — Response options updated

Education, Employment, and Income Section

- Highest Level of Education — New response option added

- Employment Status — New response option added with clarification for incarcerated clients

Mental and Physical Health Problems and Treatment/Recovery Section

- **Refused Checkbox Added for:**
 - Serious depression
 - Serious anxiety/tension
 - Hallucinations
 - Trouble understanding/concentrating
 - Trouble controlling violent behavior
 - Attempted suicide
 - Prescribed medication for psychological/emotional problems
- Medical Care Location (Past 30 Days) — Added: Other (Specify)
- Insurance Type — New response options added

Follow-Up Tab

H2. Program Specific Questions:

- Data Analytics and Compliance Services Benefits — Response options updated

I. Follow-Up Status:

- Client Follow-Up Status — Added: Other Specify (Note: NA, REFUSED, DON'T KNOW, and MISSING are not accepted)

Discharge Tab

J. Discharge Status:

- Termination Reason — Added: Other Specify option

Data Model Changes:

New columns added to the DocumentGovernmentPerformanceGenerals table:

- Sex
- SeriousDepressionRefused
- SeriousAnxietyRefused
- HallucinationsRefused
- TroubleUnderstandingRefused
- TroubleControllingRefused
- AttemptedSuicideRefused
- PrescribedMedicationRefused

Where to Find It:

Path:

1. **Client** → **Government Performance and Results Act Outcome Measure** →
2. Open the **GPRA Outcome Measure** document

How It Helps:

- Aligns GPRA documentation with current reporting standards
- Improves clarity and accuracy of client assessments
- Supports MAT program evaluation across all stages of care
- Enhances data integrity for compliance and analytics

My Reports

Reference No	Task No	Description
96	EII # 129470	Implementation of the 'UDS Table 4 Selected Patient Characteristics' to 2025 Standard.
100	EII # 131691	Implementation of the 'UDS Table 3B Demographic Characteristics' to 2025 Standard.
101	EII # 132012	Changes are implemented to 'GPRA File Mapping', 'GPRA Reporting List Page' and 'GPRA Detail' Page.
102	EII # 132194	Implemented the Core SPOC (ACT) Report.
103	EII # 130302	Implementation of the 'UDS Table 6B Quality of Care Measures' to 2025 Standard.
104	EII # 131854	A new report "Program Assignment Details by Date" has been implemented to retrieve and display client enrollment details across various programs within a specified date range
106	EII # 130082	Implementation of the 'UDS Table 7 – Health Outcomes' to 2025 Standard

EII # 129470: Implementation of the 'UDS Table 4 Selected Patient Characteristics' to 2025 Standard

What's Changed:

The **UDS Table 4 Selected Patient Characteristics** report has been updated to align with the **2025 reporting standard**. This includes enhancements to field labels, titles, and the addition of **Start Date** and **End Date** filters for more precise data retrieval.

Report Updates:

- The report now qualifies clients only if:
 - They are enrolled in an FQHC program during the reporting year.
 - They have a completed service under the FQHC program within the same year.

New Filters Added:

- **Start Date and End Date:**
 - Required fields with calendar controls.
 - Format: **MM/DD/YYYY**
 - Default values:
 - ♣ Start Date: January 1 of the selected Reporting Year
 - ♣ End Date: December 31 of the selected Reporting Year
 - Manual update required if Reporting Year is changed.
 - Validation messages:
 - ☐ "Start Date must fall within the Reporting Year"
 - ☐ "Start Date cannot be later than End Date. Please select valid dates."

Title Changes for 2025 Standard:

- "Principal Third - Party Medical Insurance" → **"Primary Third - Party Medical Insurance"**
- "Special Populations" → **"Special Medically Underserved Populations"**
- "Migratory (330g awardees only)" → **"Migratory Agricultural Workers or Their Family Members (330g awardees only)"**

- “Seasonal (330g awardees only)” → “**Seasonal Agricultural Workers or Their Family Members (330g awardees only)**”
- “Total Agricultural Workers or Their Family Members (All health centers report this line)” → “**Total Migratory and Seasonal Agricultural Workers or Their Family Members (All health centers report this line)**”
- “**Total Homeless (All health centers report this line)**” → “**Total Homeless Population (All health centers report this line)**”
- “**Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All health centers report this line)**” → “**Total Residents of Public Housing (All health centers report this line)**”

Where to Find It:**Path:**

1. Go to **My Office**
2. Select **UDS Table 4 Selected Patient Characteristics**

How It Helps:

- Ensures compliance with the **2025 UDS reporting standards**
- Improves accuracy of client qualification logic
- Enables precise filtering by date range
- Enhances clarity with updated field labels and titles

EIL #:131691: Implementation of the ‘UDS Table 3B Demographic Characteristics’ to 2025 Standard**What’s Changed:**

SmartCare has updated the **UDS Table 3B: Demographic Characteristics** report to align with the **2025 reporting standards**. This passive change introduces updated logic, filters, and structural modifications to ensure compliance with the latest UDS requirements.

UDS Table 3B – 2025 Reporting Enhancements:

The report now includes only clients who meet one of the following conditions:

- Have a **completed service** with an **FQHC-associated program**
- Have an **FQHC coverage plan** during the reporting year

The report logic has been updated to exclude clients with only “Show” status services.

New filters and section removals reflect the 2025 UDS specifications.

Path:

Go to **My Office** → **UDS Table 3B Demographic Characteristics** → Open the report

Filter Section Updates:

- **Start Date** and **End Date** fields added
 - Displayed in **MM/DD/YYYY** format

- Defaulted to **January 1st** and **December 31st** of the selected **Reporting CY**
- Must be manually updated if Reporting CY is changed
- Validation message shown if selected dates do not match the Reporting CY

Reporting CY Logic:

- Displays the default year based on most recent available values
- Client details will be excluded if **Procedure Code ID** is mapped to the **Integer Code ID** of any of the following recode categories:
 - UDSScreeningProcedures
 - UDSGroupVisitsProcedures
 - UDSDispenseMedsProcedures
 - UDSHealthCheckProcedure
 - UDSWICServicesProcedure
- Client count is based on:
 - **Date of service** within the selected Reporting CY
 - **Program status = Complete**
 - **FQHC Reporting checkbox** selected in Program Details

Section Removals for 2025:**Section 3 – Patients by Sexual Orientation** *(Removed)*

- Lesbian or Gay
- Heterosexual (or straight)
- Bisexual
- Other
- Don't know
- Chose not to disclose
- Unknown
- Total Patients (Sum of Lines 13 to 18a)

Section 4 – Patients by Gender Identity *(Removed)*

- Male
- Female
- Transgender Man/Transgender Male/Transmasculine
- Transgender Woman/Transgender Female/Transfeminine
- Other
- Chose not to disclose
- Unknown
- Total Patients (Sum of Lines 20 to 25a)

How It Helps:

- Ensures compliance with updated **HRSA UDS 2025** reporting standards
- Improves accuracy and relevance of demographic data
- Streamlines reporting workflows for FQHC programs

ELL # 132012: Changes are implemented to 'GPRA File Mapping', 'GPRA Reporting List Page' and 'GPRA Detail' Page

ACTIVE CHANGE

What's Changed:

SmartCare has updated the **GPRA File Mapping**, **GPRA Reporting List Page**, and **GPRA Reporting Detail Page** to align with new federal reporting requirements. These changes improve compliance and streamline data collection for GPRA submissions.

GPRA Reporting Enhancements:

This active change introduces updates to field mappings, record type filters, and data structure to meet revised federal standards.

Key updates include the **addition of the 'Sex' field**, **removal of 'Gender Identity' and 'Sexual Orientation' fields**, and **modifications to record type filters**.

1. File Generation Updates:

- **New Field Added:**
 - Sex field is now included in the GPRA file and displayed as a **numeric value**.
- **Fields Removed:**
 - The following fields related to Gender Identity and Sexual Orientation have been removed:
 - ♣ SexIdentHeteroSexual
 - ♣ SexIdentHomoSexual
 - ♣ SexIdentBiSexual
 - ♣ SexIdentQueerPanaQuest
 - ♣ SexIdentASexual
 - ♣ SexIdentOther
 - ♣ SexIdentSpec

2. Record Type Filter Updates:

The **Record Type** dropdown on the **GPRA Reporting List Page** now includes updated filter options:

- Intake
- 3-Month Follow-Up
- 6-Month Follow-Up
- Baseline
- Reassessment
- Discharge

3. GPRA Reporting Detail Page Updates:

- Display logic has been updated to reflect new record types and field mappings
- **Removed:** Gender Identity and Sexual Orientation fields for all record types
- **Added:** Sex field in the **SPARS GPRA Intake Reporting Record** section, displayed as a numeric value

Where to Find It:**Path 1 – GPRA Document Entry:**

- Go to **Client Search**
- Open **Government Performance and Results Act** document
- Enter all required details
- Click **Save**, then **Sign**

Path 2 – GPRA Reporting List Page:

- Go to **My Office** → **GPRA Reporting List Page**
- Select a record
- Click **Action** dropdown → Create **Batch Submission**
- Click on **Batch ID** → Download **Batch File**

How It Helps:

- Ensures compliance with updated federal GPRA reporting standards
- Simplifies data entry and batch submission workflows
- Improves accuracy and consistency in reporting

Data Model Changes:

The Sex column has been added to the following tables:

1. GPRADocumentBaselineCandidateDataset
2. GPRADocumentBaselineSubmittedDataset
3. GPRADocumentReassessmentCandidateDataset
4. GPRADocumentReassessmentSubmittedDataset
5. GPRADocumentDischargeCandidateDataset
6. GPRADocumentDischargeSubmittedDataset

EII # 132194: Implemented the Core SPOC (ACT) Report**What's Changed:**

SmartCare now includes the **Core SPOC (ACT) Report**, a new reporting tool designed to track monthly ACT referrals and provide insights into referral outcomes, waitlist status, and engagement timelines. This enhancement supports improved coordination and visibility across ACT service workflows.

Core SPOC (ACT) Report Implementation:

This passive change introduces a structured report that captures ACT referral activity for the month, including:

- Total members referred
- Members waitlisted
- Average wait time to engage in ACT services

The report includes configurable filters and a detailed data grid sourced from referral documents and client program history.

Filter Section Fields:

- **Referral Document From** *(Required)*
 - Date field based on Referral Document date
- **Referral Document To** *(Required)*
 - Date field based on Referral Document date
- **Program Referred From** *(Multi-select dropdown, default: All Programs)*
 - Displays programs where:
 - ♣ Active = Y
 - ♣ User is assigned to the program
 - ♣ If CDAG is enabled, program is linked to user's current CDAG
- **Program Referred To** *(Multi-select dropdown, default: All Programs)*
 - Same logic as "Program Referred From"

Grid Section Fields:

- **Referral Date:** From Client → Referral → Referral Date
- **EHR Case ID#:** From Client ID
- **Medicaid ID:** From Client → General → Medicaid ID
- **Last Name:** From Client → General → Last Name
- **First Name:** From Client → General → First Name
- **Referral Source:** From Referral Document → From Program
- **Referred To:** From Referral Document → To Program
- **Date SPOC Received Referral Disposition:** From Referral Document → Request Date
- **Referral Disposition:** From Referral Document → Receiving Action
 - If Receiving Action = Reject → Program Status = Denial
 - If Receiving Action = Accepted → Program Status = Waitlist
- **If Denied, Denial Reason:**
 - Y if Program Status = Denial Reason
 - N otherwise
- **Was the Member Waitlisted:**
 - Y if Program Status = Waitlist
 - N otherwise
 - If status is not directly available, system checks Client Program History for status = Requested
- **Date Placed on Waitlist:** From Referral Document → Status Date
- **Number of Days on Waitlist:**
 - If enrolled: Status Date → Enrollment Date
 - If not enrolled: Status Date → Today's Date

Where to Find It:**Path 1 – Report Access:**

- Login → Select Client → Open **Core SPOC (ACT) Report**

Path 2 – Referral Document Creation:

- Go to **Client → Referral Document**

- Enter required details → Sign as **Referred By** user → Logout

Path 3 – Referral Completion:

- Login as **Referred To** user → Select Client
- Go to **Notification** → Open **New Referral Document**
- Enter required details → Sign → Access **Core SPOC (ACT) Report**

How It Helps:

- Tracks ACT referral activity and outcomes
- Improves visibility into waitlist and engagement timelines
- Supports data-driven decision-making for ACT service coordination

EII # 130302: Implementation of the ‘UDS Table 6B Quality of Care Measures’ to 2025 Standard**What’s Changed:**

The UDS Table 6B – Quality of Care Measures report has been updated to align with the 2025 UDS reporting standard. This enhancement includes updates to filters, reporting logic, field labels, age ranges, and the addition of a new section for Substance Use Disorder (SUD) Measures, ensuring accurate and compliant reporting of clinical quality data for patients served during the reporting year.

Report Enhancements for 2025 Standard:

- The report now reflects 2025 UDS logic, and will continue to use this standard for 2026 until further updates are implemented.
- The “View Patient Detail Report” hyperlink has been removed.
- For all sections, Column (a) and Column (b) now display the same count for Total Denominator.

Filter Section Updates:**Reporting CY:**

- Displays the default year based on the most recent available values.
- Excludes client details when Procedure Code ID is mapped to the following recode categories:
 - UDSScreeningProcedures
 - UDSGroupVisitsProcedures
 - UDSDispenseMedsProcedures
 - UDSHealthCheckProcedure
 - UDSWICServicesProcedure
- Clients are counted only if:
 - The Date of Service falls within the selected Reporting CY.
 - The Served Program is in Complete Status and marked for FQHC Reporting.
- **Start Date:**
 - Required field with calendar control.
 - Defaults to January 1 of the selected Reporting CY.
 - Must be manually updated if Reporting CY is changed.
 - Validation Message: “Start Date must fall within the Reporting Year”
- **End Date:**
 - Required field with calendar control.
 - Defaults to December 31 of the selected Reporting CY.
 - Must be manually updated if Reporting CY is changed.

- o Validation Message: “Start Date cannot be later than End Date. Please select valid dates.”
- **Reporting Period:**
 - o Displays based on selected Start and End Dates.

Field Label Updates by Section:**Section A – Age Categories for Prenatal Patients**

- Total Patients → Total Patients (Sum of Lines 1–5)

Section C – Childhood Immunization Status

- Number Charts Sampled or EHR Total (b) → Number of Records Reviewed (b)

Section D – Cervical and Breast Cancer Screening

- Number Charts Sampled or EHR Total (b) → Number of Records Reviewed (b)
- MEASURE: Percentage of women 23–64 years → Percentage of women 24–64 years
- Total Female Patients Aged 51–73 (a) → Total Female Patients Aged 52–74 (a)
- MEASURE: Percentage of women 51–73 years with mammogram → Percentage of women 52–74 years with mammogram

Section E – Weight Assessment and Counseling

- Total Patients Aged 3–16 (a) → Total Patients Aged 3–17 (a)
- Number Charts Sampled or EHR Total (b) → Number of Records Reviewed (b)
- MEASURE: Percentage of patients 3–16 years → Percentage of patients 3–17 years

Section F – BMI Screening and Follow-Up

- Number Charts Sampled or EHR Total (b) → Number of Records Reviewed (b)

Section G – Tobacco Use Screening and Cessation

- Number Charts Sampled or EHR Total (b) → Number of Records Reviewed (b)
- Total Patients Aged 18 and Older (a) → Total Patients Aged 12 and Older (a)
- MEASURE: Percentage of patients aged 18+ → Percentage of patients aged 12+

Section H – Statin Therapy for Cardiovascular Risk

- Total Patients Aged 21+ at High Risk (a) → Total Patients High Risk of Cardiovascular Events (a)
- Number Charts Sampled or EHR Total (b) → Number of Records Reviewed (b)
- Number of Patients Prescribed Statin (c) → Number of Patients with Acceptable Plan (c)
- MEASURE: Percentage of patients 21+ prescribed statin → Percentage of patients at high risk prescribed statin

Section I – Ischemic Vascular Disease (IVD)

- Number Charts Sampled or EHR Total (b) → Number of Records Reviewed (b)

Section J – Colorectal Cancer Screening

- Total Patients Aged 50–74 (a) → Total Patients Aged 46–75 (a)
- Number Charts Sampled or EHR Total (b) → Number of Records Reviewed (b)
- MEASURE: Percentage of patients 50–74 years → Percentage of patients 46–75 years

Section K – HIV Measures

- Number Charts Sampled or EHR Total (b) → Number of Records Reviewed (b)

Section L – Depression Measures

- Number Charts Sampled or EHR Total (b) → Number of Records Reviewed (b)

Section M – Dental Sealants for Children (6–9 Years)

- Number Charts Sampled or EHR Total (b) → Number of Records Reviewed (b)

New Section Added: Section N – Substance Use Disorder (SUD) Measures

- **Line Labels:** Displays 23a and 23b as separate rows
- **Measure Descriptions:**
 - 23a: Percentage of patients with a new SUD episode who initiated treatment within 14 days
 - 23b: Percentage of patients with a new SUD episode who engaged in ongoing treatment within 34 days of initiation

Field Labels:

- Total Patients Aged 13 and Older Diagnosed with a New SUD Episode (a)
- Number of Records Reviewed (b)
- Number of Patients who Received SUD Treatment (c)

Where to Find It:**Path:**

1. Go to **My Office**
2. Select **UDS Table 6B – Quality of Care Measures**

How It Helps:

- Ensures compliance with 2025 UDS reporting standards
- Improves clarity with updated field labels and age ranges
- Enhances data accuracy and report consistency
- Supports clinical quality tracking across multiple preventive and screening measures
- Adds new SUD tracking capabilities for improved behavioral health reporting

ELL # 131854: A new report "Program Assignment Details by Date" has been implemented to retrieve and display client enrollment details across various programs within a specified date range**What's Changed:**

A new report titled **"Program Assignment Details by Date"** has been introduced to help users retrieve and analyze client enrollment data across various programs within a specified date range. This enhancement supports better visibility into program participation and client engagement.

Filters Added:

- **Program:** Required multi-select dropdown with a "Select All" option.
- **Status:** Required multi-select dropdown with options:
 - Requested
 - Enrolled
 - Discharged
 - Includes "Select All"
- **Start Date / End Date:** Required calendar controls, blank by default.
- **View Report Button:** Refreshes the grid with filtered results.

Report Header:

- **Program Assignment Details by Date**

Summary Section:

- **Total Number of Clients for Each Program:**
 - Displays client count per program based on filters.
 - Updates dynamically.
 - Only shows programs with matching records.

Grid Section Includes:

- **Client:** (Client ID) Last Name, First Name
- **Program:** Name of enrolled program
- **Status:** Current program status
- **Date Requested / Enrolled / Discharged**
- **Program Assigned Staff:** Last Name, First Name
- **Length of Stay:** Days enrolled from enrollment date to current date
- **# of Other Programs Client Enrolled:** Count of other programs during filter range

Where to Find It:**Path:**

1. Go to **My Office**
2. Click **My Reports**
3. On the **My Reports** list page, search for “**Program Assignment Details by Date**”
4. Click **Apply Filter**
5. Click the hyperlink for the report

How It Helps:

- Provides clear visibility into client enrollment trends
- Supports program effectiveness evaluation
- Informs resource allocation and future planning
- Enables data-driven decision-making

EII # 130082: Implementation of the ‘UDS Table 7 – Health Outcomes’ to 2025 Standard**What’s Changed:**

The UDS Table 7 – Health Outcomes report has been updated to reflect the 2025 UDS reporting standard. This enhancement includes updated filters, logic, field labels, detailed reporting by section, new exclusion logic, and a collapsible Explanation of Data section to support transparency and accuracy in health outcomes reporting.

Report Enhancements for 2025 Standard:

- The report now uses **2025 logic**, and will continue to follow this standard for **2026** until further updates are implemented.
- The report title has been updated from “**UDS Table 7: Health Outcomes and Disparities**” to “**UDS Table 7: Health Outcomes**”.

Filter Section Updates:

- **Reporting CY:** Updated to support 2025 logic.
- **Start Date and End Date:**
 - New required fields with calendar controls.
 - Defaults to January 1 and December 31 of the selected Reporting CY.
 - Must be manually updated if Reporting CY is changed.
 - **Validation Messages:**
 - “*Start Date must fall within the Reporting Year*”

- “Start Date cannot be later than End Date. Please select valid dates.”

Explanation of Data Section:

- Displayed by default in **collapsed format**
- Clicking the **(+) Plus symbol** expands the section
- Includes definitions for:
 - **Denominator**
 - **Numerator**
 - **Exclusions**

Section A – Deliveries and Birth Weight

- Logic updated to count live births and categorize by weight
- Uses prenatal care flowsheets, delivery dates, and baby’s race/ethnicity
- **Columns 1b, 1c, 1d:**
 - <1500g → Column 1b
 - 1500–2499g → Column 1c
 - ≥2500g → Column 1d

Section B – Controlling High Blood Pressure

- Lines broken out by **Ethnicity** and **Race**
- **Column 2a and 2b** now display the **same population count**

CMS165 Denominator Logic:

Client must meet **all** of the following:

1. Age 18–85 as of 12/31
2. Enrolled in an FQHC program
3. Diagnosed with **Diabetes** (OID: 2.16.840.1.113883.3.464.1003.103.12.1001)
4. Completed FQHC service with qualifying billing code (CMS165v13)
5. Diagnosed with **Essential Hypertension** on or before 6/30
6. Not excluded

If any condition is **not met**, client is displayed as **0**

CMS165 Exclusion Logic:

Client is excluded if any of the following apply:

1. Service with billing code in:
 - ESRD Monthly Outpatient Services
 - Dialysis Services
 - Kidney Transplant
2. Diagnosis in:
 - Hospice, Palliative Care, CKD Stage 5, ESRD, Frailty, Pregnancy, Advanced Illness
3. Active Hospice Care or Palliative Care flag
4. Service with billing code in:
 - Hospice Care Ambulatory
 - Hospice Encounter
 - Palliative Care Encounter

CMS165 Numerator Logic:

Client must meet **all** of the following:

1. Included in Denominator
2. Not excluded
3. Has Systolic and Diastolic BP recorded on the same day within reporting year
4. Most recent BP values closest to 12/31

5. Systolic < 140 mmHg
6. Diastolic < 90 mmHg

If any condition is **not met**, client is displayed as **0**

Section C – Diabetes: Glycemic Status Assessment

- Lines broken out by **Ethnicity** and **Race**
- Column 3a and 3b now display the same population count

CMS122 Denominator Logic:

Client must meet **all** of the following:

1. Age 18–75 as of 12/31
2. Not excluded
3. Included in FQHC Patient Details
4. Diagnosed with **Diabetes** (OID: 2.16.840.1.113883.3.464.1003.103.12.1001)
5. Completed FQHC service with qualifying billing code (CMS122v13)

If any condition is **not met**, client is displayed as **0**

CMS122 Exclusion Logic:

Client is excluded if any of the following apply:

1. Assigned Hospice Care or Palliative Care flag
2. Service with billing code in:
 - Hospice Care Ambulatory
 - Hospice Encounter
 - Palliative Care Encounter
3. Diagnosis in:
 - Hospice, Palliative Care, Advanced Illness

CMS122 Numerator Logic:

Client must meet **all** of the following:

1. Included in Denominator
2. Not excluded
3. Most recent HbA1c result during reporting year:
 - HbA1c > 9%
 - OR no HbA1c result recorded

HbA1c must be recorded using LOINC codes from:

- **HbA1c Laboratory Test** (OID: 2.16.840.1.113883.3.464.1003.198.12.1013)
- Value must be > 9%

If any condition is **not met**, client is displayed as **0**

Section N – Substance Use Disorder (SUD) Measures

- **Lines 23a and 23b** added as separate rows
- **Measure Descriptions:**
 - 23a: Initiation of SUD treatment within 14 days
 - 23b: Engagement in ongoing SUD treatment within 34 days

Field Labels:

- Total Patients Aged 13+ Diagnosed with New SUD Episode (a)
- Number of Records Reviewed (b)

- Number of Patients who Received SUD Treatment (c)

Where to Find It:

Path:

1. Go to **My Office**
2. Select **UDS Table 7 – Health Outcomes**

How It Helps:

- Ensures compliance with 2025 UDS reporting standards
 - Improves data accuracy for health outcomes and disparities
 - Adds new SUD tracking capabilities for behavioral health reporting
 - Enhances filtering flexibility and report clarity with updated labels and logic
 - Supports clinical quality improvement through detailed measure tracking
 - Provides transparent logic for inclusion, exclusion, and numerator calculations
-

Payments/Adjustments

Reference No	Task No	Description
107	EII # 130996	EasyPay Payment Gateway integration in SmartCare

EII # 130996: EasyPay Payment Gateway integration in SmartCare

What's Changed:

SmartCare now supports **EasyPay Payment Gateway integration**, enabling secure credit card transaction processing directly within the application. This passive change introduces a new payment flow, configuration keys, and UI enhancements to support EasyPay alongside existing GlobalPay functionality.

EasyPay Integration for Merchant Transactions:

This enhancement allows users to submit credit card transactions via EasyPay, receive transaction responses, and post them within SmartCare. Connection details are stored securely using system configuration keys.

This feature requires setup of configuration keys and merchant credentials.

EasyPay integration mirrors the structure used for GlobalPay, ensuring consistency across payment gateways.

Pre-Requisites:

1. **Global Code Setup**
 - a. Update FINANCIALLOCATION global code → Add **Merchant IDs** to the **Code** field
2. **System Configuration Keys**
 - a. MerchantPaymentEnabled: Set to EasyPay
 - b. MerchantPaymentTransactionUrl:
<https://easypay5.com/APIcardProcRESTstaging/v1.0.0>
 - c. MerchantPaymentAccountTokenPM: Token provided by EasyPay
 - d. MerchantPaymentAccountCode: Token provided by EasyPay

Paths:

Path 1: Login → **Payments/Adjustments** screen

Path 2: Login → **Reception/Front Desk** screen

Functionality Updates:

New UI Elements:

- **Proceed with EasyPay:**
 - New button added to the **Warning pop-up** on the Payment/Adjustment screen
 - Opens the **EasyPay pop-up** with the following fields:
 - ♣ First Name, Last Name, Street Address, City, State, Zip Code
 - ♣ Amount, Email, Card Number, Expiration Date, CVV
 - ♣ Buttons: **Cancel**, **Make Payment**

- On clicking **Make Payment**, the user is redirected back to the Payment/Adjustment screen

System Configuration Key Details:

1. **MerchantPaymentEnabled**
 - a. **Allowed Values:** GlobalPay, EasyPay, None
 - b. **Default:** None
 - c. **Behavior:**
 - i. GlobalPay: Uses GlobalPay gateway
 - ii. EasyPay: Uses EasyPay gateway
 - iii. None: No gateway used (default behavior)
2. **MerchantPaymentAccountCode**
 - a. **Allowed Values:** Alphanumeric code from EasyPay
 - b. **Default:** None
 - c. **Behavior:** If invalid, defaults to None
3. **MerchantPaymentAccountTokenPM**
 - a. **Allowed Values:** Token from EasyPay or GlobalPay
 - b. **Default:** None
 - c. **Used For:** Host Pay / EasyPay token for Practice Management

Security & Technical Enhancements:

- **Content Security Policy Updates:**
 - Added easypay5.com to frame-src
 - Added <https://localhost:8031> to connect-src for Verifone terminal support
- **New Global Code:**
 - CreditCardProcessor added to differentiate between EasyPay and GlobalPay transactions

How It Helps:

- Enables secure credit card processing via EasyPay
 - Provides a consistent payment experience across gateways
 - Supports flexible configuration for multi-location practices
-

Plans

Reference No	Task No	Description
109	EII # 132026	Added 'Location' drop down to Advanced Claim Formats for Plan pop-up.

EII # 132026: Added 'Location' drop down to Advanced Claim Formats for Plan pop-up

What's Changed:

SmartCare now supports **location-based claim format selection** within the **Advanced Claim Formats for Plan** pop-up. This enhancement introduces a new dropdown to improve flexibility and accuracy in electronic claim formatting.

Location Dropdown Added to Advanced Claim Formats:

This passive change adds a **single-select Location dropdown** to the **Advanced Claim Formats for Plan** pop-up, allowing users to associate claim formats with specific service locations.

The dropdown displays all **undeleted location records** and ensures selected data is reflected in the **Claim Format List for Plan** grid.

Where to Find It:

Path:

1. Go to **Administration** → **Plans**
2. On the **Plans List Page**, click a plan name or the **New** button
3. On the **Plan Details** screen, navigate to the **General** tab
4. In the **General Information** section, click the **Advanced...** button under the **Standard Electronic Claim Format** dropdown
 - The **Advanced Claim Formats for Plan** pop-up will now include the **Location** dropdown

How It Helps:

- Enables claim format selection based on service location
- Improves accuracy in electronic claim submissions
- Supports multi-location billing configurations

Data Model Changes:

- New column LocationId added to the CoveragePlanClaimFormats table

Primary Care

Reference No	Task No	Description
111	EII # 125320	Tri-County Diagnosis widget: combined behavioral and primary care diagnosis

EII # 125320: Tri-County Diagnosis widget: combined behavioral and primary care diagnosis

ACTIVE CHANGE

What's Changed:

SmartCare now includes a new **custom widget** on the Client Dashboard called **Active Client Problems**, designed to display a client's active behavioral health and primary care diagnoses in one unified view. This enhancement supports improved clinical visibility and decision-making by combining data from multiple sources into a single widget.

Widget Overview:

A new **Client Dashboard widget** named **Active Client Problems** has been implemented. This widget displays a client's active problems list, including both behavioral health and primary care diagnoses. It is customized due to limitations in the standard widget builder, which does not support widgets based on client list pages.

Paths:

Path 1: My Client → Client Dashboard → Active Client Problems Widget

Path 2: My Client → Problems (Client) list page

Widget Behavior:

1. Displays only **active problems and diagnoses** (based on the most recent signed document).
2. Excludes problems with an **end date prior to today**.
3. Records are **sorted by Start Date**.
4. Pulls data from the **Problems (Client)** list page:
 - a. **DSM 5/ICD 10 Code** → from DSM 5/ICD 10 field
 - b. **Description** → from Description field
 - c. **Start Date** → from Start Date field
 - d. **Type** → from Type field
5. **Date format:** MM/DD/YYYY
6. Displays a **maximum of 20 records**; additional records accessible via **'View All'**, which links to the full Problems list page.
7. A new **permission item** named **'Active Client Problems'** has been added under the **Widgets** permission type.
8. Records are prioritized based on:
 - a. **Effective Date** of the diagnosis document
 - b. **Start Date** of the client problem

Provider Contract

Reference No	Task No	Description
114	EII # 131612	Copy Contracts (same provider): Include associated Clients only based on configuration/selection.

EII # 131612: Copy Contracts (same provider): Include associated Clients only based on configuration/selection

What's Changed:

SmartCare now provides enhanced flexibility when copying provider contracts by allowing users to include or exclude associated clients based on configuration. This update improves control over contract duplication for the same provider.

Copy Contract Enhancements:

- A new checkbox Contracted Rates (Without Associated Client) has been added to the Copy Contract popup.
- The existing checkbox Contracted Rates has been renamed to Contracted Rates (With Associated Client) for clarity.

Behavior Based on Selection:

Contracted Rates (With Associated Client):

- Copies both contracted rates and their associated clients to the new contract.
- Maintains existing functionality.

Contracted Rates (Without Associated Client):

- Copies only the contracted rates.
- Excludes associated clients from the new contract.

Selection Rules:

- Users can select only one of the two checkboxes at a time.
- If both checkboxes are selected, the following error message will be displayed:
"Please select only one option: either 'Contracted Rates (With Associated Clients)' or 'Contracted Rates (Without Associated Clients)'. You cannot select both."

UI Enhancements:

- The End Date of the Contract field is now placed next to the Start Date field.
- All checkboxes in the popup are horizontally aligned for improved readability.

Where to Find It:

Path:

1. Go to **My Office**
2. Select **Provider Contracts**
3. On the **Provider Contracts** list page, click the **Contract Name** hyperlink
4. In the **Contract Details** screen, click the **Copy Contract** icon
5. In the **Copy Contract** popup, configure the desired options

How It Helps:

- Provides **greater control** over contract duplication
- Supports **customized workflows** for providers with multiple client associations

- Reduces manual cleanup when copying contracts
- Improves **user experience** with clearer labels and layout

Reports indicate UDS Reports

Reference No	Task No	Description
115	EII # 129466	Implementation of 'Table 6A - Selected Diagnoses and Services Rendered' to 2025 standard.
116	EII # 130409	Changes are implemented in 'UDS Table 9D: Patient Service Revenue' report.

EII # 129466: Implementation of 'Table 6A - Selected Diagnoses and Services Rendered' to 2025 standard

What's Changed:

The UDS Table 6A – Selected Diagnoses and Services Rendered report has been updated to align with the 2025 UDS reporting standard. This enhancement includes updated filters, logic, ICD-10 codes, CPT/HCPCS codes, value sets, and newly added rows to ensure compliance and accuracy for the 2025 reporting year.

Report Updates for 2025 Standard:

The Reporting CY filter now supports 2025, determining the logic and value sets used in the report.

- Clients are counted only if:
 - The Date of Service falls within the selected Reporting CY.
 - The Serviced Program is in Complete Status and marked for FQHC Reporting.

New Filters Added:

Start Date:

- Format: MM/DD/YYYY
- Defaults to January 1 of the selected Reporting CY
- Must be manually updated if Reporting CY is changed
- Validation: "Start Date must fall within the Reporting Year"

End Date:

- Format: MM/DD/YYYY
- Defaults to December 31 of the selected Reporting CY
- Must be manually updated if Reporting CY is changed
- Validation: "Start Date cannot be later than End Date. Please select valid dates."

Detail Report Access:

- A hyperlink to the Table 6A Detail Report is available from the main report.
- Can also be accessed directly via the Quick Link: UDS Table 6A – Selected Diagnoses and Services Rendered

Title Update:

- Title now reflects the selected date range:

Reporting Period: January 1, 2025 through December 31, 2025

Diagnosis and Service Line Updates:**Updated or Removed Codes:**

- **Line 3 – Tuberculosis:**
 - Added: B90-, J65
 - Removed: Z86.15, Z22.7
- **Line 4a – Hepatitis B:**
 - Added: OID 2.16.840.1.113883.3.67.1.101.1.271
 - Removed: OID 2.16.840.1.113883.3.464.1003.110.12.1025, ICD-10 B17.0
- **Line 4b – Hepatitis C:**
 - Added: OID 2.16.840.1.113762.1.4.1222.30
 - Removed: OID 2.16.840.1.113762.1.4.1146.153
- **Line 4c – Novel Coronavirus (SARS-CoV-2):**
 - Removed: OID 2.16.840.1.113762.1.4.1200.151
- **Line 4d – Long COVID:**
 - Added: ICD-10 U09, OID 2.16.840.1.113762.1.4.1178.98
 - Removed: OID 2.16.840.1.113762.1.4.1222.1391
- **Line 5 – Asthma:**
 - Added: OID 2.16.840.1.113883.3.526.2.60
 - Removed: OID 2.16.840.1.113883.3.526.3.362
- **Line 6a – Label Update:**
 - Changed to Respiratory conditions related to COVID-19
- **Line 7 – Abnormal breast findings, female:**
 - Added: ICD-10 D24.-
- **Line 9 – Diabetes mellitus:**
 - Added: Exclusion for ICD-10 O24.4
- **Line 12 – Contact dermatitis and other eczema:**
 - Removed: ICD-10 L58-
- **Line 14a – Overweight and obesity:**
 - Added: OID 2.16.840.1.113762.1.4.1222.35
 - Includes all E66- codes except E66.3
- **Line 21 – HIV test:**
 - Added: HCPCS G0432–G0435, G0475
 - Added: OID 2.16.840.1.113762.1.4.1056.50
- **Line 21a – Hepatitis B test:**
 - Updated: CPT-4 80074, HCPCS G0499
- **Line 21b – Hepatitis C test:**
 - Updated: CPT-4 80074, HCPCS G0472
- **Line 21c – SARS-CoV-2 diagnostic test:**
 - Removed: HCPCS U0003, U0004, U0005
- **Line 21e – PrEP-associated management:**
 - Label Updated
- **Line 22 – Mammogram:**
 - Updated: CPT-4 77061
 - Removed: CPT-4 77062
- **Line 24 – Selected Immunizations:**
 - Updated: CPT-4 codes including 90371, 90389, 90396, 90665, 90669, 90682, 90684, 90725, 90737
 - Removed: CPT-4 codes including 90632, 90633, 90634, 90636, 90644–90648, 90669
- **Line 24a – Seasonal Flu Vaccine:**
 - Updated: CPT-4 codes including 90632–90687

- Removed: CPT-4 90662, 90682
- **Line 24b – SARS-CoV-2 Vaccine:**
 - Updated: CPT-4 91300–91322
 - Removed: CPT-4 90480, 91304, 91318–91322

Newly Added Rows:

- **Line 26c – Smoke and tobacco use cessation counseling:**
 - Added: ICD-10 Z71.6, HCPCS G9906
 - Removed: HCPCS S9075
- **Line 26c2 – Tobacco use cessation pharmacotherapies:**
 - Added: OID 2.16.840.1.113883.3.526.3.1190
 - Logic: Count medications with active dates in the measurement year matching RXNORM codes from the value set
- **Line 26c3 – Medications for opioid use disorder (MOUD):**
 - Added: OID 2.16.840.1.113762.1.4.1046.269
 - Logic: Count medications with active dates in the measurement year matching RXNORM codes from the value set
- **Line 26e – Childhood development screenings and evaluations:**
 - Label Updated
- **Line 26f – Alzheimer’s disease and related dementias (ADRD) screening:**
 - Added: CPT-4 99483, OID 2.16.840.1.113883.3.526.3.1006

Additional Notes:

- Removed: References to 2024 version language in code sources
-

EII # 130409: Changes are implemented in ‘UDS Table 9D: Patient Service Revenue’ report**What’s Changed:**

The UDS Table 9D – Patient Service Revenue report has been updated to align with the 2025 UDS reporting standard. This enhancement includes updates to filters, grid logic, recode mappings, and detail reporting to ensure accurate tracking of charges, collections, adjustments by payer type, sliding fee discounts, and bad debt write-offs for patients who received services during the reporting year.

Report Enhancements for 2025 Standard:

- The report now reflects 2025 UDS reporting logic, including:
 - **Charges**
 - **Collections**
 - **Adjustments by Payer Type**
 - **Sliding Fee Discounts**
 - **Bad Debt Write-Offs**

Filter Section Updates:

- **Reporting CY:**
 - Displays all active global code names from category: XReporYearUDSForFQHC
- **Grant Type:**
 - Dropdown now displays values in descending order

Title Updates:

- **Title 1:** Table 9D: Patient Service Revenue
 - **Title 2:** UDS Table 9D Detail Report (hyperlink to detail view)
-

- **Title 3:** Reporting Period: Displays as “January 1, XXXX through December 31, XXXX” based on selected Reporting CY

Grid Logic and Recode Mapping:**Grid Columns:**

- **Sliding Fee Discounts (e):**
 - Calculates adjustments for FQHC services where:
 - ♣ Payer category = Self-pay
 - ♣ OR Ledger Entries → Payer Type = Client
 - ♣ Ledger Type = 4203
 - ♣ Adjustment Code mapped to recode category: UDSTable9DSlidingFeeAdjCodes
 - ♣ Applies only to Grid Row Line 13
- **Bad Debt Write-Offs (f):**
 - Same logic as above, but uses recode category: UDSTable9DBadDebtWriteOffAdjCodes
 - Applies only to Grid Row Line 13

Grid Row – Line 13: Self-Pay

- Calculates columns a, b, d, e, and f for charges associated with:
 - Plans tagged as “Self-Pay” via Payer Code in:
 - ♣ Plan Details → Reporting → Coverage Plan Payer Code
 - ♣ OR Plan Details → General → Payer → Payer Code dropdown
- OR Ledger Entries → Payer Type = Client

Recode Categories Used:

- **Self-Pay:** Mapped via CharacterCodeID in category xSelfPay(UDSTable9D)
- **Sliding Fee Discounts:** Mapped via IntegerCodeID in category UDSTable9DSlidingFeeAdjCodes
- **Bad Debt Write-Offs:** Mapped via IntegerCodeID in category UDSTable9DBadDebtWriteOffAdjCodes

Detail Report Enhancements:**Path:**

1. Go to My Office → UDS Table 9D Patient-Related Revenue
2. Click the hyperlink to open UDS Table 9D – Patient Service Revenue Detail Report

Grid Section Titles:

- **Report Label:** Table 9D: Patient Service Revenue Detail Report
- **Reporting Period:** Displays as “January 1, XXXX through December 31, XXXX” based on selected Reporting CY

Grid Columns Displayed:

1. **Client ID:** From Client Info → General → Client ID
2. **Client Name:** Last Name, First Name from Client Info
3. **Service:** Procedure name from Services → Procedure field (FQHC program only)
4. **Date of Service:** Start Date in MM/DD/YYYY format
5. **Clinician:** Last Name, First Name from Services → Clinician field
6. **Payer Category:**
 - Derived from Coverage Plan Payer Code or Payer Code dropdown
 - OR Ledger Entries → Payer Type = Client
7. **Charge ID:** From Ledger Entries → Charge ID
 - If multiple payer categories are charged for a service, each appears as a separate row
8. **Charge for Service:**

- Displays in dollar format (e.g., \$50.25)
 - Pulled from Ledger Entries → Payers section → Charges field
9. **Payment for Service:**
- Displays in dollar format (e.g., \$50.25)
 - Pulled from Ledger Entries → Payers section → Payments field
10. **Adjustments:**
- Displays in dollar format (e.g., \$50.25)
 - Pulled from Ledger Entries → Payers section → Adj field
 - Only considers ARLedgers with LedgerType = 4203
11. **Sliding Fee Discount:**
- Displays in dollar format (e.g., \$50.25)
 - Calculated only when Payer Category = Self-Pay
 - Based on adjustments mapped to UDSTable9DSlidingFeeAdjCodes
12. **Bad Debt Write-Off:**
- Displays in dollar format (e.g., \$50.25)
 - Calculated only when Payer Category = Self-Pay
 - Based on adjustments mapped to UDSTable9DBadDebtWriteOffAdjCodes

How It Helps:

- Ensures compliance with 2025 UDS reporting standards
- Improves accuracy in revenue tracking and payer categorization
- Enhances reporting transparency for FQHC services
- Supports data-driven decisions for financial and operational planning
- Provides granular detail for auditing and analysis of patient service revenue

RWQM

Reference No	Task No	Description
117	EII # 132020	Changes are implemented to allow the users to select/deselect large volumes of Charges on the 'RWQM Work Queue' more efficiently.

EII # 132020: Changes are implemented to allow the users to select/deselect large volumes of Charges on the 'RWQM Work Queue' more efficiently

What's Changed:

SmartCare now supports **bulk selection and deselection** of charges on the **RWQM Work Queue** list page. This passive change improves efficiency for users managing large volumes of records and introduces label corrections for queue actions.

RWQM Work Queue – Bulk Selection Enhancement:

New options have been added to the RWQM Work Queue list page to allow users to quickly select or deselect large sets of charges.

These options mirror the functionality currently available on the **Services (My Office)** list page.

New Selection Options:

- **Select All:** Selects all filtered charges across **all pages**

- **Select All on Page:** Selects all filtered charges on the **current page only**
- **None:** Deselects all selected charges across **all pages**

Selected charges will be updated based on the action selected in the **Queue Actions** dropdown.

Queue Actions – Label Updates:

The following label corrections have been made in the **Queue Actions** dropdown:

- **“Assign Staff”** → Renamed to **“Update Assigned Staff”**
- **“Updated Backup Assigned”** → Renamed to **“Update Backup Assigned”**

These are label-only changes; no logic or functionality has been modified.

Path:

Go to **My Office** → **RWQM Work Queue** → RWQM Work Queue List Page

How It Helps:

- Enables faster processing of large volumes of charges
- Reduces manual effort in selection workflows
- Improves clarity with updated action labels

Rx Application

Reference No	Task No	Description
143	EII # 132110	Implemented Layman’s Terminology in Medication and Instructions columns for Control Substance Audit Report and Controlled Substance Report to improve clarity and consistency.

EII # 132110: Implemented Layman’s Terminology in Medication and Instructions columns for Control Substance Audit Report and Controlled Substance Report to improve clarity and consistency

ACTIVE CHANGE

What’s Changed:

To make reports easier to understand, the **Medication** and **Instructions** columns in the **Controlled Substance Report** and **Controlled Substance Audit Report** have been updated to use **layman’s terminology**. This enhancement improves clarity and consistency for users reviewing these reports.

Here’s what’s new:

- The Medication Name now includes the selected strength for better context.
Example: “Abilify 15 mg tablet”
- The Instructions column now displays simplified, easy-to-read directions based on the medication selected.

This change helps ensure that both clinical and non-clinical users can quickly interpret medication details and instructions without confusion.

Where to Find It:**Path 1:**

Login → Search for **Controlled Substance Report** → Enter required fields → Click **View Report**

Path 2:

Login → Search for **Controlled Substance Audit Report** → Enter required fields → Click **View Report**

How It Helps:

- Improves readability of medication instructions
- Reduces confusion with standardized, user-friendly language
- Ensures consistency across reports

Services/Notes

Reference No	Task No	Description
121	EII # 132325	Tool on Care Coordination Screen to Create a Service Note.
122	EII # 132465	Changes are implemented to allow Medication Order Types in Quick Orders Control.

EII # 132325: Tool on Care Coordination Screen to Create a Service Note**What's Changed:**

SmartCare now supports the ability to create a **Service Note** directly from the **Care Coordination** screen. This enhancement streamlines documentation workflows by linking service notes to care coordination records for improved traceability and efficiency.

Service Note Creation from Care Coordination:

This passive change introduces a new icon on the **Care Coordination Detail** page that allows users to initiate a Service Note directly from the screen.

This feature is available only for customers using the **Care Coordination** module.

New Functionality:

- A new **Service Note icon** has been added to the **Care Coordination Detail** page
- When clicked, it opens a **new Service Note entry screen**
- After entering and saving the note, SmartCare automatically **links the Service Note** to the corresponding Care Coordination record

Where to Find It:**Path:**

Not applicable — the icon is available directly on the **Care Coordination Detail** page for eligible customers

How It Helps:

- Simplifies documentation by reducing navigation steps
- Ensures accurate linkage between service notes and care coordination activities
- Enhances continuity of care and audit readiness

ELL # 132465: Changes are implemented to allow Medication Order Types in Quick Orders Control

What's Changed:

SmartCare now supports **Medication Order Types** within the **Quick Orders control**, streamlining the clinical documentation workflow by allowing users to initiate medication orders directly from psychiatric and medical notes. This enhancement reduces navigation steps and improves efficiency in client care documentation.

New Button – “Open Client Orders”:

- Added to:
 - Client Orders section of the Psychiatric Note (Medical Decision Making tab)
 - Medical Progress Note screen
 - Quick Orders screen
- Clicking the button navigates directly to the Client Orders screen.
- After signing the order, clicking the X icon returns the user to the originating document (e.g., Psychiatric Note).

Confirmation Pop-Up (Unsaved Changes):

- If unsaved changes exist in the Psychiatric Note, clicking “Open Client Orders” triggers a confirmation message:
 - *“The Service Note must be saved before navigating to client orders.”*
 - Includes an OK button to acknowledge and proceed.

Quick Orders Control Visibility:

- Quick Orders control has been added to:
 - Medical Progress Note
 - Quick Orders screen
- **Note:** The control is currently hidden from end users and not accessible.

Client Orders Grid Behavior:

- The X (Close) icon is disabled for orders created directly from the Client Orders screen to prevent premature exit.

Paths:

Path 1: Client → Services/Notes → Services/Notes list → New → Select **Procedure for Psychiatric Note** → **Psychiatric Note** → Note tab → **Medical Decision Making sub-tab** → **Client Orders** section

Path 2: Client → Medical Progress Note → **Medical Progress Note** document

Path 3: Client → Quick Orders → **Quick Orders** document

Data Model Changes:

- A new column **SourceDocumentVersionId** has been added to the **ClientOrders** table.

SmartCare Improvements

Reference No	Task No	Description
123	EII # 129433	Implemented access to the 'System Configurations' Key button to non-admin users based on permission rather than limiting access only to Admin users.
124	EII # 130997	Implementation to display System Configurations, New/Edit Column Configurations and View Column Configurations icons based on permission for non admin staff in the Configurable list pages
125	EII # 131668	Implementation to display System Configurations, New/Edit Column Configurations and View Column Configurations icons based on permission for non admin staff in the Configurable list pages
126	EII # 131004	Implementation to display System Configurations, New/Edit Column Configurations and View Column Configurations icons based on permission for non admin staff in the Configurable list pages
127	EII # 131649	Implementation to display System Configurations, New/Edit Column Configurations and View Column Configurations icons based on permission for non admin staff in the Configurable list pages
128	EII # 131006	System Configurations and New/Edit Column Configurations icons will be disabled based on the Roles and Permissions.
129	EII # 131022	Implementation to display System Configurations, New/Edit Column Configurations and View Column Configurations icons based on permission for non admin staff in the Configurable list pages
130	EII # 131005	Implementation to display System Configurations, New/Edit Column Configurations and View Column Configurations icons based on permission for non admin staff in the Configurable list pages
131	EII # 131008	Implementation to display System Configurations, New/Edit Column Configurations and View Column Configurations icons based on permission for non admin staff in the Configurable list pages
132	EII # 131857	Implementation of editing of primary child data from Custom Grid.
133	EII # 131020	Changes are implemented to hide "Configurable List Page" icons on non-configurable list pages.

EII # 129433: Implemented access to the 'System Configurations' Key button to non-admin users based on permission rather than limiting access only to Admin users**ACTIVE CHANGE****What's Changed:**

SmartCare now allows non-admin users to access the System Configurations and List Column Configuration buttons based on role-based permissions, rather than restricting access through hardcoded admin-only logic. This change improves flexibility and control over configuration access.

Updated Access Control:

A new permission item called **System Configurations** has been introduced.

Access to the **System Configuration Key** button is now controlled via:

- **Screen (New Mode)**
- **Screen (Update Mode)**

Tooltip Update:

The tooltip label "Configurations" has been renamed to "System Configurations" for clarity and consistency.

Applicable Areas:

- List Pages
- Detail Pages
- Document Pages

Default Behavior:

- By default, non-admin users will have the System Configurations icon disabled.
- Admin users will continue to have full access.
- Access for other users must be explicitly granted via role or user-based permissions.

Where to Find It:**Path 1:**

1. Login to SmartCare
2. Go to **Administration** → **Staff/Users**
3. Select a staff member
4. Open the **Roles/Permissions** tab
5. Filter for **Screen Type**
6. Locate the **System Configuration Key** item
7. Grant or deny permission as needed

Path 2:

1. Login to SmartCare
2. Navigate to any **List Page**, **Detail Page**, or **Document Page**
3. Verify visibility and access to the System Configurations button

How It Helps:

- Enables granular control over configuration access
- Supports role-based permissioning for non-admin users
- Improves security and administrative flexibility
- Reduces reliance on hardcoded logic for access management

EII # 130997: Implementation to display System Configurations, New/Edit Column Configurations and View Column Configurations icons based on permission for non admin staff in the Configurable list pages

What's Changed:

SmartCare has enhanced the **Configurable List Pages** to allow visibility of **System Configurations**, **New/Edit Column Configurations**, and **View Column Configurations** icons based on **staff permissions**, including for **non-admin staff**. This update ensures that access to configuration tools is controlled through role-based permissions, improving flexibility and governance across list views.

Permission-Based Icon Visibility:

- **New Permission Item Added:**
 - **Name:** New/Edit List Column Configurations
 - **Location:** Roles/Permissions tab in Staff Details screen
 - **Applies To:**
 - Appeals (My Office)
 - Grievances (My Office)
 - **Default Setting:** Denied for non-admin staff

Pre-Requisites:

- Staff must have appropriate permissions assigned under Roles/Permissions
- Staff must access one of the supported configurable list pages

Where to Find It:

Paths:

Path 1: Go Search → Appeals (My Office) → Appeals List Page

Path 2: Go Search → Grievances (My Office) → Grievances List Page

Icon Enhancements:

Tooltip Renaming:

- **Configurations Icon** → Renamed to **System Configurations**
- **New Column Configurations Icon** → Renamed to **New/Edit Column Configurations**
- **Column Configurations Icon** → Renamed to **View Column Configurations**

Icon Behavior by Role:

View Column Configurations (View Icon):

- **Enabled for all staff**, regardless of permissions

New/Edit Column Configurations (New Icon):

- **Admin Staff:** Icon enabled (no change)
- **Non-Admin Staff with permission:** Icon enabled
- **Non-Admin Staff without permission:** Icon disabled

System Configurations (System Icon):

- **Admin Staff:** Icon enabled (no change)
- **Non-Admin Staff with permission:** Icon enabled
- **Non-Admin Staff without permission:** Icon disabled

How It Helps:

- Enables granular control over configuration access

- Improves usability for non-admin staff with appropriate roles
- Enhances clarity with renamed tooltips
- Supports secure and role-based customization of list views

ELL # 131668: Implementation to display System Configurations, New/Edit Column Configurations and View Column Configurations icons based on permission for non admin staff in the Configurable list pages

What's Changed:

SmartCare now supports **permission-based visibility** for configuration icons on configurable list pages, enabling non-admin staff to access **System Configurations**, **New/Edit Column Configurations**, and **View Column Configurations** based on their assigned permissions. This passive change improves role-based access control across multiple modules.

Configuration Icon Visibility Based on Permissions:

This enhancement introduces logic to control the visibility of configuration icons for non-admin staff. Tooltips have also been updated for clarity.

Icon access is now determined by individual staff permissions.

Tooltips have been renamed for consistency and clarity.

Updated Icon Tooltips:

- **Configurations** → Renamed to **System Configurations**
- **New Column Configurations** → Renamed to **New/Edit Column Configurations**
- **Column Configurations** → Renamed to **View Column Configurations**

Icon Access Logic:

1. **View Column Configurations (View Icon):**
 - a. Enabled for **all staff**, regardless of permissions
2. **New/Edit Column Configurations (New Icon):**
 - a. **Admin Staff:** No change — icon remains enabled
 - b. **Non-Admin Staff with permission:** Icon is enabled
 - c. **Non-Admin Staff without permission:** Icon is disabled
3. **System Configurations (Configuration Icon):**
 - a. **Admin Staff:** No change — icon remains enabled
 - b. **Non-Admin Staff with permission:** Icon is enabled
 - c. **Non-Admin Staff without permission:** Icon is disabled

Where to Find It:

Path 1 – Permission Setup:

1. Go to **Search** → **Staff/User (Administration)**
2. Select staff → Open **Staff Details** screen
3. Go to **Roles/Permission** tab → Under **Screens (New Mode)**, grant permissions for relevant screens

Paths for Configurable List Pages:

- **Client Authorizations**
- **Authorizations (My Office)**
- **Service Request – Review/Approval List (Client)**
- **Service Request List (Client)**
- **My Service Request – Review/Approval List (My Office)**
- **My Service Request List (My Office)**
- **Placement History (My Office)**
- **Client Placement History (Client)**
- **Placement Families (My Office)**
- **Locations (Administration)**
- **Document Validations**
- **Detail Screen Validations List Page (Administration)**

How It Helps:

- Enhances role-based access control for configuration tools
- Improves usability for non-admin staff with appropriate permissions
- Supports secure and scalable configuration management

EII # 131004: Implementation to display System Configurations, New/Edit Column Configurations and View Column Configurations icons based on permission for non admin staff in the Configurable list pages**What's Changed:**

SmartCare now supports **permission-based visibility** for configuration icons on configurable list pages, allowing **non-admin staff** to access **System Configurations**, **New/Edit Column Configurations**, and **View Column Configurations** based on their assigned permissions. This passive change improves role-based access control and usability across administrative and operational screens.

Configuration Icon Visibility Enhancement:

This update introduces logic to control the visibility of configuration icons for non-admin staff on the following configurable list pages:

- **Disclosure Templates List (My Office)**
- **External Code Mapping List (Administration)**

Icon access is now determined by individual staff permissions.

Improves flexibility and control for non-admin users with appropriate access.

Icon Access Logic:

1. **View Column Configurations (View Icon):**
 - a. Enabled for **all staff**, regardless of permissions
2. **New/Edit Column Configurations (New Icon):**
 - a. **Admin Staff:** Icon remains enabled (no change)
 - b. **Non-Admin Staff with permission:** Icon is enabled
 - c. **Non-Admin Staff without permission:** Icon is disabled
3. **System Configurations (Configuration Icon):**
 - a. **Admin Staff:** Icon remains enabled (no change)

- b. **Non-Admin Staff with permission:** Icon is enabled
- c. **Non-Admin Staff without permission:** Icon is disabled

Where to Find It:**Path 1 – Permission Setup:**

1. Go to **Search → Staff/User (Administration)**
2. Select staff → Open **Staff Details** screen
3. Go to **Roles/Permission** tab → Under **Screens (New Mode)**, grant permissions for relevant screens

Path 2 – Disclosure Templates List (My Office)**Path 3 – External Code Mapping List (Administration)****How It Helps:**

- Enhances role-based access control for configuration tools
- Improves usability for non-admin staff with appropriate permissions
- Supports secure and scalable configuration management

ELL # 131649: Implementation to display System Configurations, New/Edit Column Configurations and View Column Configurations icons based on permission for non admin staff in the Configurable list pages**What's Changed:**

SmartCare now supports **permission-based visibility** for configuration icons on configurable list pages, allowing **non-admin staff** to access **System Configurations**, **New/Edit Column Configurations**, and **View Column Configurations** based on their assigned permissions. This passive change enhances role-based access control and improves usability across client tracking and flagging modules.

Configuration Icon Visibility Enhancement:

This update introduces logic to control the visibility of configuration icons for non-admin staff on the following configurable list pages:

- **Client Flags (My Office)**
- **Client Tracking (Client)**
- **Client Tracking Protocol (My Office)**

Icon access is now determined by individual staff permissions.

Improves flexibility and control for non-admin users with appropriate access.

Icon Access Logic:

1. **View Column Configurations (View Icon):**

- a. Enabled for **all staff**, regardless of permissions
2. **New/Edit Column Configurations (New Icon):**
 - a. **Admin Staff:** Icon remains enabled (no change)
 - b. **Non-Admin Staff with permission:** Icon is enabled
 - c. **Non-Admin Staff without permission:** Icon is disabled
3. **System Configurations (Configuration Icon):**
 - a. **Admin Staff:** Icon remains enabled (no change)
 - b. **Non-Admin Staff with permission:** Icon is enabled
 - c. **Non-Admin Staff without permission:** Icon is disabled

Where to Find It:**Path – Permission Setup:**

1. Go to **Search → Staff/User (Administration)**
2. Select staff → Open **Staff Details** screen
3. Go to **Roles/Permission** tab → Under **Screens (New Mode)**, grant permissions for relevant screens

Paths for Configurable List Pages:

- **Client Flags (My Office)**
- **Client Tracking (Client)**
- **Client Tracking Protocol (My Office)**

How It Helps:

- Enhances role-based access control for configuration tools
- Improves usability for non-admin staff with appropriate permissions
- Supports secure and scalable configuration management

ELL # 131006: System Configurations and New/Edit Column Configurations icons will be disabled based on the Roles and Permissions**What's Changed:**

SmartCare now supports **permission-based visibility** for configuration icons on configurable list pages, ensuring that **System Configurations**, **New/Edit Column Configurations**, and **View Column Configurations** icons are displayed only to users with appropriate access. This passive change improves role-based control and UI clarity for non-admin staff.

Configuration Icon Visibility Enhancement:

This update introduces logic to control the visibility of configuration icons based on staff roles and permissions across several configurable list pages.

Tooltips have been updated for clarity, and icon access is now determined by individual staff permissions.

Updated Icon Tooltips:

- **Configurations** → Renamed to **System Configurations**
- **New Column Configurations** → Renamed to **New/Edit Column Configurations**

- **Column Configurations** → Renamed to **View Column Configurations**

Icon Access Logic:

1. **View Column Configurations (View Icon):**
 - a. Enabled for **all staff**, regardless of permissions
2. **New/Edit Column Configurations (New Icon):**
 - a. **Admin Staff:** Icon remains enabled (no change)
 - b. **Non-Admin Staff with permission:** Icon is enabled
 - c. **Non-Admin Staff without permission:** Icon is disabled
3. **System Configurations (Configuration Icon):**
 - a. **Admin Staff:** Icon remains enabled (no change)
 - b. **Non-Admin Staff with permission:** Icon is enabled
 - c. **Non-Admin Staff without permission:** Icon is disabled

Where to Find It:**Path 1 – Permission Setup:**

1. Go to **Search** → **Staff/User (Administration)**
2. Select staff → Open **Staff Details** screen
3. Go to **Roles/Permission** tab → Under **Screens (New Mode)**, grant permissions for relevant screens

Paths for Configurable List Pages:

- **Bedboard List Page**
- **Bed Census List Page**
- **Appointment List Page**
- **Transportation List Page**
- **Reception List Page**
- **Arrivals List Page**

How It Helps:

- Enhances role-based access control for configuration tools
- Prevents unauthorized configuration changes
- Improves UI consistency and user experience

EI # 131022: Implementation to display System Configurations, New/Edit Column Configurations and View Column Configurations icons based on permission for non admin staff in the Configurable list pages**What's Changed:**

SmartCare has enhanced permission-based visibility for configuration icons on Configurable List Pages, allowing non-admin staff to access System Configurations, New/Edit Column Configurations, and View Column Configurations based on assigned roles. This update introduces granular control over UI customization across multiple billing and administrative screens.

Permission-Based Icon Visibility:**New Permission Item Added:**

- **Name:** New/Edit List Column Configurations
- **Location:** Roles and Permissions tab in Staff Details
- **Permission Type:** Screen (New Mode) / Screen (Update Mode)
- **Parent Screen:** Billing List
- **Default Setting:** Denied for non-admin staff

Pre-Requisites:

- Staff must have the New/Edit List Column Configurations permission granted
- Start and end dates must be set during permission assignment

Where to Find It:**Paths:**

1. **Go Search** → Select **Staff** → **Staff Details** → **Roles and Permissions**
 - a. Filter by **Screen (New Mode) / Screen (Update Mode)**
 - b. Select **Billing List** → Grant permission → Set dates → **Save**
2. **Go Search** → **Client Accounts (My Office)** → **Client Accounts List Page**
3. **Go Search** → **GL Accounts (Administration)** → **GL Accounts List Page**
4. **Go Search** → **Payments/Adjustments (My Office)** → **Payments/Adjustments List Page**
5. **Go Search** → **RWQM Work Queue (My Office)** → **RWQM Work Queue List Page**
6. **Go Search** → **Client Fee (My Office)** → **Client Fee List Page**
7. **Go Search** → **Charges/Claims (My Office)** → **Charges/Claims List Page**
8. **Go Search** → **Claim Grouping Criteria List (Administration)**
9. **Go Search** → **Claim Bundling Criteria List (Administration)**
10. **Go Search** → **Claims Provider Overrides (Administration)**

Icon Enhancements:**Tooltip Renaming:**

- Configurations Icon → Renamed to System Configurations
- New Column Configurations Icon → Renamed to New/Edit Column Configurations
- Column Configurations Icon → Renamed to View Column Configurations

Icon Behavior by Role:**View Column Configurations (View Icon):**

- Enabled for all staff, regardless of permissions

New/Edit Column Configurations (New Icon):

- **Admin Staff:** Icon enabled (no change)
- **Non-Admin Staff with permission:** Icon enabled
- **Non-Admin Staff without permission:** Icon disabled

System Configurations (System Icon):

- **Admin Staff:** Icon enabled (no change)
- **Non-Admin Staff with permission:** Icon enabled
- **Non-Admin Staff without permission:** Icon disabled

How It Helps:

- Enables granular control over configuration access
- Improves usability for non-admin staff with appropriate roles
- Enhances clarity with renamed tooltips
- Supports secure and role-based customization of billing and administrative list views

ELL # 131005: Implementation to display System Configurations, New/Edit Column Configurations and View Column Configurations icons based on permission for non admin staff in the Configurable list pages

What's Changed:

SmartCare has enhanced the **Configurable List Pages** to allow visibility of **System Configurations**, **New/Edit Column Configurations**, and **View Column Configurations** icons based on **staff permissions**, including for **non-admin staff**. This update applies to the **Inquiries** and **Frequent Contacts** screens and introduces a new permission item to manage access.

Permission-Based Icon Visibility:

- **New Permission Item Added:**
 - **Name:** New/Edit List Column Configurations
 - **Location:** Roles/Permissions tab in Staff Details screen
 - **Applies To:**
 - **Inquiries**
 - **Frequent Contacts**
 - **Default Setting:** Denied for non-admin staff

Pre-Requisites:

1. Navigate to:
 - a. **Go Search → Staff/User (Administration) → Select Staff**
 - b. **→ Staff Details → Roles/Permissions tab → Screens (New Mode)**
 - c. **→ Grant permission for applicable screens**
2. Ensure staff accesses one of the supported configurable list pages:
 - a. **Client → Inquiries**
 - b. **Client → Frequent Contacts**

Where to Find It:

Paths:

Path 1: Go Search → Staff/User (Administration) → Staff Details → Roles/Permissions

Path 2: Client → Inquiries

Path 3: Client → Frequent Contacts

Icon Enhancements:

Tooltip Renaming:

- **Configurations Icon** → Renamed to **System Configurations**
- **New Column Configurations Icon** → Renamed to **New/Edit Column Configurations**
- **Column Configurations Icon** → Renamed to **View Column Configurations**

Icon Behavior by Role:

View Column Configurations (View Icon):

- **Enabled for all staff**, regardless of permissions

New/Edit Column Configurations (New Icon):

- **Admin Staff:** Icon enabled (no change)
- **Non-Admin Staff with permission:** Icon enabled
- **Non-Admin Staff without permission:** Icon disabled

System Configurations (System Icon):

- **Admin Staff:** Icon enabled (no change)
- **Non-Admin Staff with permission:** Icon enabled
- **Non-Admin Staff without permission:** Icon disabled

How It Helps:

- Enables granular control over configuration access
- Improves usability for non-admin staff with appropriate roles
- Enhances clarity with renamed tooltips
- Supports secure and role-based customization of list views

EI # 131008: Changes are implemented for tooltip icons 'System Configurations', 'New/Edit Column Configurations', and 'View Column Configurations' for the 'Non-admin staff with individual permission' and 'Non-admin staff without individual permission'

What's Changed:

SmartCare has updated the **tooltip labels** and **visibility logic** for three key icons:

- **System Configurations**
- **New/Edit Column Configurations**
- **View Column Configurations**

These updates ensure that icons are displayed appropriately based on staff roles and permissions, improving clarity and access control.

Here's What's New:**Updated Tooltip Labels:**

- **Configurations → System Configurations**
- **New Column Configurations → New/Edit Column Configurations**
- **Column Configurations → View Column Configurations**

Icon Visibility Logic:

1. **View Column Configurations (View Icon)**
 - Always enabled for all staff, regardless of permissions.
2. **New/Edit Column Configurations (New Icon)**
 - **Admin staff:** Icon is enabled (no change).
 - **Non-admin staff with individual permission:** Icon is enabled.
 - **Non-admin staff without individual permission:** Icon is disabled.
3. **System Configurations Icon**
 - **Admin staff:** Icon is enabled (no change).
 - **Non-admin staff with individual permission:** Icon is enabled.
 - **Non-admin staff without individual permission:** Icon is disabled.

Where to Find It:**Paths:**

1. **Administration** → Staff/Users → Select Staff → Staff Details → Roles/Permission tab → Screens (New mode)
2. **Client Search** → Client Orders
3. **My Office** → Orders
4. **Administration** → Order Setup
5. **My Office** → Orders/Rounding
6. **Client Search** → Orders/Rounding
7. **Administration** → Immunization Registry List
8. **Client Search** → Client Clinical Problem
9. **My Office** → Whiteboard

How It Helps:

- Improves **clarity** with consistent tooltip labels
- Ensures **appropriate access** based on staff roles and permissions
- Reduces confusion and enhances **user experience** across modules
- Supports **modular control** by removing hardcoded icon visibility logic

Additional Notes:

- Any **page-level code** controlling icon visibility must now be handled at the **module level**.
- By default, **System Configurations** and **New/Edit Column Configurations** icons are disabled for staff without permission.
- **Admin users** retain full access to all icons and controls.

ELL # 131857: Implementation of editing of primary child data from Custom Grid**What's Changed:**

SmartCare now supports editing of **Primary Child Data** directly from **Custom Grids**, even in county environments where multi-tenant restrictions previously prevented this functionality. This enhancement introduces conditional logic based on system configuration and table setup, allowing more flexible data management.

Custom Grid Editing Enhancement:

Users can now edit primary child data from custom grids (e.g., **Order Setup**) under specific conditions, depending on the system environment and table configuration.

This is a passive change and does not alter existing core behaviors. It extends editing capabilities based on configuration logic.

Editing Logic by Environment:

1. County Environment
2. (*SetMultitenantSystemPrimaryInstance = No*)
 - a. If PrimaryDriven = Y in PrimaryDataSyncTables:
 - i. Primary Data Editing is allowed if:
 1. The table is a child table
 2. The column is listed in ColumnsToExclude
 3. The row's Primary Key Value is less than AffiliateTableSeedValue
 - ii. County Data Editing remains unchanged:
 1. Allowed if the row's Primary Key Value is greater than AffiliateTableSeedValue
 - b. If PrimaryDriven = N:

- i. Child Data Editing is allowed (existing behavior)
- 3. Primary or Non-Multi-Tenant Environment

(SetMultitenantSystemPrimaryInstance = Yes or Null)

- a. Child Data Editing is allowed (existing behavior)

Where to Find It:

Path:

1. Go to any screen with a **Custom Grid** (e.g., **Order Setup**)
2. Attempt to edit a row based on the logic above
 - If conditions are met, editing will be enabled

How It Helps:

- Enables editing of primary child data in county environments
- Supports flexible data management across multi-tenant configurations
- Reduces dependency on manual data correction or backend updates

ELL # 131020: Implementation to hide “Configurable List Page” icons on non-configurable list pages

What’s Changed:

SmartCare now hides “Configurable List Page” icons on pages that are not designed to be configurable. This passive change improves visual clarity and reduces confusion by ensuring that configuration icons only appear where applicable.

Streamlined Interface for Non-Configurable Pages:

This enhancement removes the following icons from non-configurable list pages:

- ListPageConfigurationNewView
- ListPageConfigurationView

Icons are now hidden on screens that do not support configurable list functionality.

No changes were made to pages that are already configurable.

Affected Screens:

- **NOMS Reporting List Page**
- **Clinical Quality Measures – Create a New Batch**
- **IPFQR List Page**

Paths:

Path 1: NOMS Reporting List Page

Login to SmartCare → Select **Client** → **Quick Search** → **NOMS Reporting List Page**

Path 2: Clinical Quality Measures – Create a New Batch

Login to SmartCare → Select **Client** → **Quick** → **Clinical Quality Measures** → **Create a New Batch**

Path 3: IPFQR List Page

Login to SmartCare → Select **Client** → **Quick Search** → **IPFQR List Page**

How It Helps:

- Reduces user confusion by removing irrelevant UI elements
- Improves consistency across SmartCare list pages
- Supports a cleaner, more intuitive user experience

Widgets

Reference No	Task No	Description
137	EII # 131749	Addition of “Submitted” and “Re-Submitted” statuses to the Service Requests and Supervisee Service Requests Widgets.

EII # 131749: Addition of “Submitted” and “Re-Submitted” statuses to the Service Requests and Supervisee Service Requests Widgets**ACTIVE CHANGE****What's Changed:**

To improve visibility and tracking of service requests, two new statuses—**Submitted** and **Re-Submitted**—have been added to the **Service Requests** and **Supervisee Service Requests** widgets on the dashboard. Previously, these widgets only displayed **Pending** and **Awaiting Additional Information** statuses.

With this update, users can now:

- See counts for **Submitted** and **Re-Submitted** requests directly in the widgets.
- Click on these status links to be taken to the **My Service Requests** list page, with filters automatically applied based on:
 - **Created by:** Logged-in user
 - **Request Status:** The selected status (Submitted or Re-Submitted)

Where to Find It:**Path 1:**

Dashboard (My Office) → **Service Requests** widget

Path 2:

Dashboard (My Office) → **Supervisee Service Requests** widget

How It Helps:

- Improves transparency by showing the real-time status of service requests.

- Saves time by allowing users to quickly filter and access submitted or re-submitted requests.
- Reduces confusion by clearly distinguishing between different stages of the request process.
- Enhances user experience with more intuitive navigation and better status tracking.

Global Codes

Global Codes are the individual entries or options assigned to a Global Code Category. Global Codes can be core or custom. For example, a Global Code Category and the associated Global Codes are the options you will select from a dropdown list.

Review and configure the following Global Code Categories and Global Codes that belong to each category before performing the workflows documented in these release notes.

Ref No.	Category Name
49	DisclosurePDFStatus
58	ROIFEDERALCOMPLIANCE
107	New global code CreditCardProcessor is added

Recodes

A Recode is a subset of other system codes that populate a list for a specific reporting purpose. Recodes create an allowed list of entries from multiple larger lists.

Review and configure the following before performing the workflows documented in these release notes.

Ref No.	Category Code
8	'AdditionalFieldsToValidateOnIPActivityAndCensusMgmt'

Configuration Keys

Configuration keys are settings that instruct the system (or a particular module or page) to behave in a desired way. Each Key has a set of values that correspond to particular behaviors. The organization should determine Configuration Key settings and adjust them as needed.

Review and configure the following before performing the workflows documented in these release notes.

Ref No.	Key Name
1	DisplayStaffAsTypeableSearchTextBox
13	ClientAccessRuleDaysAfterProgramDischarge
24	ExpandedFileBatchVolume
41	EnableMultiFieldAllClientSearch
43	EnableCMVariableRateConfiguration
49	SetServerPathToStoreDownloadedDisclosedItems
53	DisplaySUDCheckboxToTagDataAsSUD

Ref No.	Key Name
55	DisplayCDAGSectionInStaffDetails
55	EnableClinicalDataAccessGrouping
107	MerchantPaymentAccountCode
141	DisplayCDAGSectionInStaffDetails
141	EnableClinicalDataAccessGrouping
141	DisplaySUDCheckboxToTagDataAsSUD

Data Model Changes

Ref No.	Data Model Change
43	A new column 'VariableRateCode' included in 'BillingCodes' table
43	New columns 'RequestedRateAmount', 'AppovedRateAmount', 'TotalRequestedAmount', 'TotalApprovedAmount', 'AmountUsed' included in 'ProviderAuthorizations' table
43	A new column 'AmountUsed' included in 'ClaimLineAuthorizations' table
43	New columns 'RequestedRateAmount', 'AppovedRateAmount', 'TotalRequestedAmount', 'TotalApprovedAmount', 'AmountUsed' included in 'ProviderAuthorizationsHistory' table.
49	Added a new table 'ClientDisclosurePDFQueues
53	Added a new 'SUD' column with Datatype type_YOrN in 'ClientDisclosures' table
58	Added column FederalComplianceOtherComment to DocumentReleaseOfInformations table And created a new table with Name – DocumentROIFederalComplianceInformation.
93	The new columns 'Sex', 'SeriousDepressionRefused', 'SeriousAnxietyRefused', 'HallucinationsRefused', 'TroubleUnderstandingRefused', 'TroubleControllingRefused', 'AttemptedSuicideRefused', 'PrescribedMedicationRefused' included in 'DocumentGovernmentPerformanceGenerals' table
107	Added TransactionDetail, CreditCardProcessor, EasyPayConsentId and CreditCardProcessor columns to the table 'MerchantPaymentTransactions'
109	New column 'LocationId' included in 'CoveragePlanClaimFormats' table.
122	New column 'SourceDocumentVersionId' included in 'ClientOrders' table.

Ref No.	Data Model Change
138	SCAPIVendorConfigurations, SCAPIQueueMessages, SCAPIQueueMessageLinks, SCAPIMessageLog, SCAPIVendorConfigurations, SmartPortalLocations, SmartPortalAppointmentMappings tables are newly created.
141	The new columns 'IsExcludedDueToSUD', 'SUDExcludedSegments', 'IsExcludedDueToConsent' are added in the 'USCDIClientFileTrackings' Table.


SmartCare Testing Strategy – September 2025 MSP – EII Focus

Purpose:

To confirm that key workflows in each module function correctly after the release, focusing specifically on **Engineering Improvement Initiatives (EIs)**. Testing should validate both active changes (requiring customer setup/action) and passive changes (enabled by default but beneficial to verify).

How to Use This Strategy

1. Start with modules you use most often in daily operations.
2. Within each module, test workflows tied to EI changes.
3. Follow the navigation paths in the release notes for each task.
4. Document:
 - a. Pass / Fail outcome
 - b. Unexpected behaviors
 - c. Follow-up questions or concerns

Note: The  orange icon indicates an **active change**, meaning the update requires customer setup or direct action (such as enabling a new field, adjusting a configuration, or testing a newly introduced workflow) rather than being applied automatically in the system.



These testing workflows may vary depending on your organization's specific SmartCare configuration, so be sure to adjust steps as needed to align with your local settings and processes.

Testing Workflow by Module – EIs Only

CDAG

-  **EI #132275** – Confirm that **discharged programs** now display correctly in dropdowns within *Scanned Medical Record Detail* and *Upload File Detail* screens, even when CDAG is ON.


~~MAT (Methadone)~~

- ~~ **EI #131992** – Validate suppression of **Prime popups** during bottle changes to confirm workflow efficiency improvements in dispensing.~~
-  **EI #132011** – Test new **Client Outcomes Evaluation** tool for Medication-Assisted Treatment (MAT) to ensure GPRA-based tracking functions as expected.


Dispensing / Pharmacy

- **EI #132405** – Confirm **Dispense Schedule** updates show future client orders (including taper/titration) correctly on the grid.
- **EI #132455** – Verify **taper/titration order warning** popups display to prevent accidental clearing or switching.

Authorizations / Billing

-  **EII #130832** – Test ability to **submit authorizations with variable billing rates**.
 - Check configuration key **EnableCMVariableRateConfiguration** is active.
 - Confirm “This is a variable rate code” checkbox appears in Billing Code Details.
 - Verify rate entry functions and billing logic behave correctly across workflows.
- **EII #131746** – Confirm claim batch processing for large files (>50,000 claims) completes successfully without TCN errors.


SmartCare / System Configuration

-  **EII #129433** – Verify **System Configurations** button is accessible for non-admin users based on permissions.
- **EII #130997 / #131004 / #131006 / #131020 / #131022 / #131649 / #131668** – Validate visibility of configuration and column configuration icons based on staff permissions.
- **EII #131857** – Test ability to **edit primary child data** from Custom Grid.

Role-Based Configuration

-  **EII #131990** – Validate **Role-Based Action Item Configuration** allows admin staff to customize items by screen mode (New/Update).

Client Search

-  **EII #132198** – Test **All Client Search** functionality using new OR logic introduced via configuration key **EnableMultiFieldAllClientSearch**.
 - Verify expected behavior across search types (Name, SSN, DOB, etc.) and correct prioritization of results.

Widgets

-  **EII #131749** – Validate **Service Request Widgets** display new “Submitted” and “Re-Submitted” statuses as clickable links.


Reports / UDS Tables

- **EII #130409** – Verify **UDS Table 9D (Patient Service Revenue)** includes updated data elements.
- **EII #130302 / #129470 / #129466** – Validate updates to **Tables 6B, 4, 6A** for 2025 standards.
- **EII #131691** – Confirm **UDS Table 3B** reflects updated demographic standards.

Integration

- **EII #129768** – Test **SmartCare–Patient Portal API Integration** for secure data sync, refill requests, and demographic updates.

Payment Processing

-  **EII #130996** – Test **Easy Pay Credit Card Processing** functionality for secure Global Pay transactions and reconciliation.
 - Validate transaction flow, consent handling, and new database fields in *MerchantPaymentTransactions* table.

RWQM

- **EII #132020** – Validate enhanced **bulk select/deselect** functionality for large charge volumes in the RWQM Work Queue.

GPRA / Federal Reporting

-  **EII #132012** – Test **GPRA File Mapping and Reporting** list updates for data reconciliation and error handling.

If a Test Fails:

Create a Zendesk ticket with the module name, task number, detailed steps to reproduce, expected vs. actual results, and attach any relevant screenshots or error messages.

Revision History

Version	Description	MSP Version
1.0	Initial Release	September 2025 MSP