REQUEST FOR PROPOSAL
ELECTRONIC HEALTH RECORD MANAGEMENT SYSTEM
RFP#: 2023EHR
Attachment E - EHR Solution Business Requirements

Offeror Response

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Alerts/Notifications					
1	Ability to track individual diversion checks for suboxone and other controlled substances (timeliness of compliance - within 24 hrs., count of meds inventoried by staff nurse or clinic technician)				
2	Ability for the solution to enable random drug testing based on user defined criteria (Whenever an individual's drug screen indicates continued illicit drug use or when clinically and environmentally indicated, random drug screens shall be performed weekly.)				
3	Ability for users to define alerts based on general medical record events (E.g. automatically alert the appropriate team if a prescreening form is completed for an individual under 18, automatically alert appropriate team if release of information is revoked, etc.)				
4	Ability for incoming lab results to trigger an alert to the appropriate staff member (E.g. Lab values out of range, lab results have been received)				
5	Ability to display flags in a individuals chart based on allergies or dietary restrictions				
6	Ability to define and display severity levels for all chart flags				
7	Ability to produce an alert when a system job fails (E.g. Nightly batch reporting process)				

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8	Ability to define sets of standing orders based on business rules and medical record events (E.g. Staff must complete a Columbia assessment if an individual is given a depression diagnosis)				
9	Ability to execute or alert the appropriate staff to execute standing orders when appropriate				
10	Ability to set staff to-dos based on due dates in court orders				
11	Personalized alerts that indicate when forms/documents are not complete/available				
12	Alerts when assessments, monthlies, quarterlies, completed by contractors (ICF)				
13	Running to do list in chronological order (needed to be completed first) for logged in staff				
14	Personalized alerts that indicate when item is coming due (E.g. ISP, VIDES, Quarterly Reviews, Case Management face to face visits, Enhanced CM visits, DLA-20s, Comprehensive Needs Assessments, SIS				
15	Alerts automatically pop up when scheduling appointments - so won't have to search in another area of the chart				
16	Alerts automatically pop up when checking in				
17	Alerts if contraindications/ drug interactions with medications prescribed				
18	Separate client alerts that expire when no longer needed (E.g., Legal guardianship, in crisis, etc.)				

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19	Running Alert/Tickler System on how much late documentation is holding up in the billing process per provider				
Assessments					
20	Ability to record the following information as part of the initial assessment documenting an individual's history, general medical, behavioral health, family, substance use, specimen results, criminal, social, legal, employment, education, medication, allergy, current symptom checklist, customer strength and resources, developmental, fall risk assessment, mental status exam, safety planning, Columbia assessment, trauma and risk, and diagnosis.				
21	Ability to differentiate initial assessment by Service Area. (E.g. DD, Outpatient Services, Substance Use, Mental Health)				
22	Ability to share a pre-admission case with all staff who will need to review and/or be part of the admission decision.				
23	Ability to communicate transfer decision to the appropriate party(s) (E.g. CSB, individual).				
24	Ability to automatically trigger an assessment review/update based on a flag or defined criteria.				
25	Ability to develop and perform Virginia's VIDES assessment during the initial DD Intake/assessment process.				
26	Ability to develop and perform the state's Individual Support Plan (ISP) assessment during the initial DD Intake/assessment process.				

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27	Ability for the system to trigger a notification to complete an update to the VIDES assessment every 12 months or based on a user defined time period.				
28	Ability for the system to trigger a notification to complete an update to the ISP assessment based on specific changes to an individual's medical record (E.g. change in diagnosis, change in treatment plan, change in risk factors, etc.)				
29	Ability for the system to forward all completed initial assessments to a supervisor for case manager assignment.				
30	Ability to perform an Enhanced Case Management assessment to determine if an individual would qualify for enhanced DD case management.				
31	Ability for multiple people to contribute to (update/complete) sections of any medical assessment. (E.g. DD Functional Assessment)				
32	Ability to create and update a Nursing assessment and/or Comprehensive functional assessment based on user defined time period.				
33	Ability to capture individual environmental allergies.				
34	Ability to capture self-reported scale measurements. (E.g. opioids, depression, suicide, etc.)				
35	Ability to use the triage assessment severity to prioritize people waiting to be seen.				

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36	Ability to assign and display a numeric suicide risk value for every individual.				
37	Ability to assign a provider to contribute to a specific assessment section.				
38	Ability to allow multiple providers to contribute to an assessment.				
39	Ability to support user-defined assessment note templates.				
40	Ability to measure and report on an individual's progress from one standardized assessment to the next. (E.g. DLA-20, PHQ-9, Columbia)				
41	Ability to use data previously entered into assessments when developing and/or updating new assessments				
42	Progress note and Quarterly Review templates that will prompt for new data on client specific topics with checkboxes, drop downs, etc.				
43	Templates of all Intermediate Care Facility Plans (Behavioral, Nursing, etc.)				
44	Autofill service plan goals into Quarterly Reviews and progress notes				
45	Autofill progress note information into On-Site Visit Tool				
46	Autofill some information into discharge summaries				
47	Autofill updates and changes				
48	Coordination and pre-population of information as available into: VIDES, DLA-20, Columbia, E-LAP, LAP-3, ASQ, ASQ-SE, M-CHAT, ACES, Edinburg, Newborn SA Screening Tool, CRAT (Crisis Risk				

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	Assessment Tool), RAT (Risk Awareness Tool), Risk Assessment, DD Screening, SSPI, CNA				
49	Smaller assessments populate into larger ones (E.g. DLA-20 – Columbia populate into prescreen, CNA, etc.)				
50	Ability to fax preadmission screenings or other vital assessments to others from within the Electronic Health Record and to multiple facilities at once				
Billing / Finance / Payer Management / Attendance Tracking					
51	Ability to automatically store and maintain up-to-date procedure, drug, and diagnosis codes. (CPT, HCPCS, NDC, ICD-10, DSM-5, and others as required)				
52	Ability to execute a batch insurance verification for multiple individuals for all insurance providers (Medicaid/MCO).				
53	Ability to establish and maintain a standard fee schedule.				
54	Ability to establish and maintain a negotiated fee schedule for each third party payor (insurance, Medicare, Medicaid, MCO, local agency, etc.) and payor group plans.				
55	Ability to develop and maintain detailed fee schedules for each identified type of charge.				

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56	Ability to establish, calculate, and maintain sliding fee scales for self-pay based on income and family size				
57	Ability for approved staff to enter approved sliding fee scale exceptions for an individual for a specified period of time and for specific services.				
58	Ability for approved staff to override the calculated sliding fee exception in limited circumstances.				
59	Ability to send alerts within a specified lead time to identified staff (E.g. billing) before a Fee Reduction or Sliding Fee Scale exception is expiring (E.g. annual review) and/or needs to be reapproved.				
60	Ability to log and track an individual's request for a Fee Reduction or Sliding Fee Scale exception.				
61	Ability to fix and resubmit claim issues/errors identified by the clearinghouse, with the same claim unique identifier.				
62	Ability to submit claims to a clearinghouse, by payor in batches or all available claims.				
63	Ability to capture the payor type and associated payor name.				
64	Ability to establish and maintain an inventory of payors by payor type. (E.g. Medicare, Medicaid, Commercial insurance, Grants, Local Agencies, State Agencies, Self-Pay, etc.)				
65	Ability to capture separate residence and billing addresses.				
66	Ability to generate, print/email, and/or export one or multiple CMS 1500 reports by payor or for an individual individual				

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67	Ability to identify a "Payment Responsible Party" for each individual served. (E.g. self, parent, family member, Agency)				
68	Ability to capture and store individual name fields per insurer, and use the specified name for filing claims for the given insurer. (E.g. to make sure the names match the spelling on each insurance card so that claims are processed correctly)				
69	Ability to process and file claims in batches. (E.g. by payor, payor group plans, cost centers, services, date, provider, etc.)				
70	Ability to handle Medicare crossover claims processing.				
71	Ability to receive and process 835 transactions.				
72	Ability to read and process EOB data (E.g. 835) from the clearinghouse.				
73	Ability to bill a payor one-time, with limited set-up. (E.g. payor, contract, benefit, plan and general ledger components)				
74	Ability to save batch statements to PDF to send to printers for mailing.				
75	Ability to print a single billing statement for an individual.				
76	Ability to print a batch of billing statements based on user-supplied criteria.				
77	Ability to generate a statement with templates that support user-defined level of detail to be printed on a billing statement. (E.g. summary, detail, historic, portion covered by insurance carrier)				
78	Ability to customize statement templates, including appearance and language. (E.g. self-pay, insurance billing details, etc.)				

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79	Ability to print a zero balance statement with history.				
80	Ability to view and/or reproduce (E.g. reprint) historical statements.				
81	Ability to establish and maintain payor group plans/benefit contracts within the payor types. (E.g. Medicaid- Waiver, Medicaid FFS, Medicaid ICF, MCOs, State Agencies- DBHDS DAP, DBHDS NonMandated CSA, etc.) to match payor rules for billing, use of funds, insurance cards, etc.				
82	Ability to calculate and 'bill' services fees to grants and restricted federal/state payor sources such as DAP, NonMandated CSA, etc. as established in payor code rules.				
83	Ability to generate reports and verify 'bills' to grants and restricted federal/state payor sources such as DAP, Non-Mandated CSA, etc. and ability to adjust off the fees once verified.				
84	Ability for approved staff to manually enter into each individual's account, the service and amount for miscellaneous services such as tenant room and board fees, Medicaid Assistive Technology and Environmental Modification service items.				
85	Ability to establish and maintain an inventory of miscellaneous self-pay services that can be associated with an individual and billed. (E.g. residential fees, monthly rent, medication fees, transportation, etc.)				

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86	Ability to capture self-pay individual payment information (E.g. credit/debit card or checking account) via individual portal at some time in the future (not currently in practice).				
87	Ability to set up and manage payor, plan, benefits, contract, etc. through a maintenance function. (E.g. benefit and plan administration module)				
88	Ability to manually or automatically inactivate/expire payor(s) based on user-defined rules. (E.g. not having been used for a set period of time)				
89	Ability to view inactive payors.				
90	Ability to specify/configure the timing of collection notices. (E.g. send collection notices when 60 days past due from a specified self-pay statement date with no payment made on the account since the specified self-pay statement date)				
91	Ability for approved billing users to post and 'close' services to batch and generate bills to payors and self-pay statements either on monthly or weekly basis or daily as needed. No other edits can be made to services by clinical staff after approved billing users have posted them.				
92	Ability to view the history of all payors (E.g. active/inactive) within the individual's account.				
93	Ability to view only active payors within a individual's account.				
94	Ability to automatically rank the payors within a individual's account based on user-defined criteria.				

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95	Ability for approved billing users to override the automated ranking of the payors within an individual's account and manually rank payors.				
96	Ability to review batch statements before they are sent for printing.				
97	Ability to apply payments to claims and accounts.				
98	Ability to manually enter payor remittances. (E.g. 835)				
99	Ability to process 835 adjustments. (E.g. interest, retractions, overpayments)				
100	Ability to make adjustments outside of remittances with an associated reason code. (E.g. appeals for copays and deductibles, retractions, refunds, insufficient funds, etc.)				
101	Ability to process claims with co-insurance and automatically transfer remaining balances between primary payor, secondary payor, tertiary payor, and self-pay within an individual's account.				
102	Ability to process denials of claims from 835 remittances.				
103	Ability to resubmit denied claims. (E.g. after getting required pre-authorization that was previously lacking)				
104	Ability to generate a denial report for 835 and/or manually entered remittances. (E.g. identifies if denial is valid or not)				
105	Ability to override and adjust from an automated 835 remittance process a denial within the individual account.				
106	Ability to split a service into multiple claims. (E.g. authorization expires mid-month)				

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107	Ability to process rejections from a clearinghouse, and resubmit after data issues fixed.				
108	Ability to accept and enter cash, check, and credit card payments for self-pay accounts and apply to the correct individual(s) and services.				
109	Ability to accept and enter check payments from insurance payors and apply payments to claims and/or services.				
110	Ability to process bounced checks (E.g. due to insufficient funds) and add appropriate fees to the account.				
111	Ability to generate a balance forward from previous billing cycles on the self-pay statements and show only current month's services and fees and transactions on statements.				
112	Ability to support a view-only auditor role/user ID with system-wide access.				
113	Ability to associate and code/set up various components for cost center, payor, etc. to services and programs to track General Ledger detail for the accounting system.				
114	Ability to track the date, time, and user ID when insurance information was entered or last modified within an individual record.				
115	Ability to record a correspondence note to an individual account. (E.g. tracking conversation notes associated to the individual - E.g.. financial information)				

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116	Ability to upload and/or attach a document or image (E.g. scanned) to a payment record.				
117	Ability to support accrual-basis accounting with reporting and receivables, etc.				
118	Ability to store accounting mappings of locations, cost centers, payors, payor group plans, providers and services for reporting.				
119	Ability to create daily (E.g. cash, debit/credit cards, and checks) receipts batches for bank deposits and tracking.				
120	Ability to create reports and csv exports of general ledger accounting data for billing, adjustments, transfers, payments by all payor sources including self-pay and debt set-off and Medicare, Medicaid, MCOs, commercial insurances, local and state agencies, etc. for monthly recording and reconciliation to the accounting system.				
121	Ability for authorized billing staff to open and close accounting periods by fiscal year and month in order to maintain appropriate accounting history and audit trail and prevent the recording of data in various fiscal years and accounting periods.				
122	Ability to display if an account has had a prior write-off on the account demographic screen.				
123	Ability to display if the individual is deceased on the account demographic screen.				

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RFP#: 2023EHR
Attachment E - EHR Solution Business Requirements

Offeror Response

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124	Ability to display accounts receivable information including last statement amount, last payment amount, current balance, and active Fee Reductions and Sliding Fee Exceptions.				
125	Ability to highlight incomplete financial data within the individual record.				
126	Ability to automatically process clearinghouse remittance advices (E.g. 835).				
127	Ability to support reconciling payments, adjustments, and charges on a daily and monthly basis.				
128	Ability to "auto rebill" recorded services when retro-eligibility is determined.				
129	Ability to automatically detect potential duplicate authorization requests upon entry, and generate alerts.				
130	Ability to review and override authorization status.				
131	Ability to track the status of a service authorization request as authorized, denied, or pending (including reason).				
132	Ability to provide a structured and automatically guided function for building payor types, payor group plans/benefit plans, benefit levels, and contracts.				
133	Ability to identify start dates and termination dates by payor group plan/benefit plan and/or components, with the capacity to store historical information.				

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134	Ability to allow inquiry access to detailed benefits including, but not limited to, co-pays, coinsurance, exclusions, maximums, carve-out services and notes.				
135	Ability to suppress printing of an individual statement.				
136	Ability to create user-defined messages for letter generation (to accompany an individual statement).				
137	Ability to use the National Provider Identifier (NPI), designated as facility or individual.				
138	Ability to use primary and co-provider information in recorded services to create payer code billing rules as required by the payor (Medicaid/MCO) regulations.				
139	Ability to dynamically pull data for billing based on user role. (E.g. No hard-coded NPIs)				
140	Ability to provide workflow-related rules to direct the flow of service authorizations, and ability to override (based on security).				
141	Ability to allow staff members to check-in multiple group session participants through a single check-in screen.				
142	Ability for identified user to see outstanding financial issues for resolution.				
143	Ability to automatically initiate a self-pay refund for a recorded service when identified for "auto rebill" based on retro-eligibility from the insurance carrier.				
144	Ability for approved users to see billing information to help drive collections discussions.				

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145	Ability to include taxonomy codes for facility or individual on claims as required by payor specific rules.				
146	Ability to track and report the sign in/sign out of participants for Psychosocial Rehab (Day Program).				
147	Ability to set up providers by type such as Billing, Compliance, Front Desk, Clinical- QMHP, Clinical- LMHP, Clinical- QIDP, Clinical-EI, Medical, Prescriber, etc. to limit system access and recording to cost centers, location and services needed and generate appropriate billing.				
148	Ability to track authorization utilization by individual and/or authorization. (E.g. hours based, days based, encounter based)				
149	Ability to log a service against any authorization for a given individual.				
150	Ability to support program (E.g. PSR, skill building, day treatment) billing rules based on units not defined per 30 or 60 minute increments.				
151	Ability to generate, collect/record data within a template, and print authorizations. (E.g. Standard & Pre-Authorizations)				
152	Ability to automatically set to self-pay when no other valid insurance is identified.				
153	Ability to establish Debt Set-off payor with Virginia Department of Taxation as the payor tier AFTER self-pay for individuals who can be turned over to debt set-off for collection.				
154	Ability to identify an encounter or episode of care as non-billable.				

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155	Ability to summarize financial transactions (E.g. Front desk, and 835, etc.) in a format that is supported by the general ledger system.				
156	Ability to export csv files to reconcile and import into or record summary information to the general ledger/accounting financial solution (MIP).				
157	Ability for integrated online access for insurance eligibility information.				
158	Ability for front desk support staff to take all forms of payment and enter those payments in the EHR to the individual's account. (E.g. Cash, Credit, Debit)				
159	Ability for approved billing staff to apply and post self-payments to services in the individual's account.				
160	Ability to enter and maintain multiple insurance providers for an individual and identify unique ranking(s) (E.g. primary, secondary, etc.) potentially driven by business rules.				
161	Ability to submit services authorizations and receive responses from insurance carriers.				
162	Ability to print summary and/or detailed payment receipts for individuals.				
163	Ability to set business rules for when services are billable or unbillable.				
164	Ability to record/report on check-in/attendance. (E.g. Group sessions, day services, individual appointments)				

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165	Ability to execute pre-authorizations for services. (E.g. after first treatment session)				
166	Ability to track intraday check-in/out by time (to the minute) and individual. (E.g. Day Services)				
167	Ability to identify that specific programs and/or services need insurance authorizations.				
168	Ability to support refunds for self-pay or other payers.				
169	Ability to indicate that any charge(s) can be written-off as bad debt				
170	Ability to check a individuals eligibility of coverage for specific services when needed				
171	Ability to bill for a single service that has multiple diagnoses attached				
172	Ability for the system to generate billing for bed days in an Intermediate Care Facility based on bed status and to track ICF requirements to be able to bill only the allowable 'Less than 18 days' out of the bed for each individual.				
173	Ability to set up telemedicine billing requirements				
174	Ability to easily search for ICD10 diagnosis codes				
175	Ability to use service status to define reason for a service (E.g. Case Management service where service status is Quarterly Review, F2F, Annual CNA)				
176	Ability to leverage elements of service recording data (E.g.. place of service, delivery method, etc.) to prioritize how services bill				

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177	Ability to bundle services daily, monthly, and per service basis for billing purposes				
178	Ability for CSB to modify billing rules, payors, payor code rules, fees, billing form layouts (837s), etc. as needed but also provide technical support or guidance for more complicated setups needed later and allow for customization if needed				
179	EHR support in initial setup of billing configuration of billing rules, payors, 837s, billing form layouts and provider credentials/license type, taxonomies and places of service (53, 11 & 02)				
180	EHR support in initial setup of billing to commercial insurances to allow paper billing on CMS1500 claim form as needed				
181	EHR support in setup of client self-pay statements that are simple and easy to read as well as allow reason codes for certain statements to be excluded (E.g.. collections)				
182	Ability to indicate/automate client self-pay in first or final collection notice cycle prior to either write off of bad debit or transfer to Debt Set Off payor				
183	Ability to automatically generate bad debts for write off report based on collection cycle and nonpayment criteria				
184	Ability to setup Intermediate Care Facility (ICF) bed day billing and UB04 electronic billing capability if desired				
185	Ability for billing staff to ‘post’ and close services for the month, balance, change the accounting period to the next month and bill payors and self-pay.				

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186	Ability to set up General Ledger components/codes at multiple levels- payors, payor group plans, service items, cost centers, providers, locations, etc.				
187	Ability to alert for Address issues prior to generating bills for reasons due to Homeless as Address type, client statements, etc.				
188	Ability to set up system to generate reports/exports for accounting and cost purposes for services needing buckets for Mental Health (MH), Substance Abuse (SA) and state/federal funding sources by cost center, programs, services and staff providers to utilize in allocating payroll costs between MH/SA and state/federal funding sources				
189	Reporting/exporting capability to excel/crystal reports for services needing buckets for MH/SA and state/federal funding sources by cost center, programs, services and staff providers to utilize in allocating payroll costs between MH/SA and state/federal funding sources				
190	Process for updates to billing system and notification of updates				
191	Ability to test updates prior to live billing				
192	Ability to customize billing rules and reports				
193	Ability to print CMS 1500 Insurance Claims directly to red/white 1500 Claim Form if paper claims needed to be mailed				
194	Ability for billing staff to set up and modify service/billing reports weekly/monthly thru the EHR or export to excel or crystal reports to check before services are posted for billing to include various				

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	service data based on the program needs such as service item selected, service duration (minutes/hours) , diagnosis, provider/co-provider, location, etc.				
195	Ability for billing staff to run and distribute (email) to designated program staff weekly or monthly service/billing reports thru the EHR or export to excel or crystal reports to check before services are posted for billing to include various service data based on the program needs such as service item selected, service duration (minutes/hours) , diagnosis, provider/co-provider, location, etc.				
196	Ability to set up a Bankruptcy payor and to transfer specific services/billed amounts from Self-Pay to this last payor upon receiving the bankruptcy notice				
197	Allow payor levels beneath Self-Pay such as Virginia Department of Taxation and Bankruptcy and capability to transfer services from Self-Pay to these payors.				
198	Ability to generate from the system, 'manual' bills to local/state agency payors such as letters to FAPT local agency for individuals, etc.				
199	Ability for intake staff to enter financial information to calculate self-pay fee but not enter fee reductions				
200	Ability to set up and generate monthly self-pay statements based on Statement Cycles related to collection status; currently use 'no status' (payments are being made) and 'First Notice' and 'Final Notice' at 60/90 days past billing date with no payment made				

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201	Clearinghouse support for Trizetto for Medicare, Anthem, Medicaid MCOs				
202	Ability to create claims via 837s to upload to Magellan BHSA and DMAS (VAMMIS) directly				
203	Ability to set Daily Unit Max - Daily Bundle Billing				
204	Ability to set up and maintain billing rules simplified to allow units, rounding, and other bundled services per month or daily with some billed per minutes and other billed per diem rate.				
205	Ability to create crossover claims for those that do not automatically crossover				
206	Ability to add identifier or print different places of service as payors are different				
207	Ability to set Bed Days, Bed Day Census, and supporting features				
208	Ability for ICF Directors to better see in reports what bed days are billable or Leave status but billable and non-billable				
209	Ability to customize Authorizations input into the EHR				
210	Ability to attach authorizations to specific services as needed and not automatically				
211	Ability to change authorization number				
212	Ability to generate a Non-Applied Payment Report and ability for billing staff to post payment to client account when no balance is due in the account				

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213	Ability for front desk staff to record the EHR self-pay payments as they are received but to not apply or post those payments (application and posting done by Finance staff)				
214	Record self-pay payments and apply those either to oldest balance or service selected but only done by billing staff				
215	Ability to record payor payments and transfer adjustments and copays to other payor/ranked sources as needed per EOB				
216	Ability to view/review client accounts for outstanding balances on services (billed and not billed) and analyze nonpayment by payor and client				
217	Ability to set up reports, exports or dashboards for Aged Receivables process to review outstanding services, credit balances and capability to issue refunds at 30, 60, 90 or more day intervals				
218	Need to be able to sort by Program, payors, payor group plans, cost centers, etc. for various billing reports and exports or dashboards				
219	Ability to provide automatic reports, alerts or notification for payor balances exceeding 60 days past date service provided or date service was billed to payor				
220	Ability to generate reports and exports of all the accounting transactions - every gross amount billed to every payor and client and service and the adjustments, payments and transfers on those services				
221	Ability to setup non-billable staff				

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222	Ability to setup License Level info for Providers to bill a modifier on claims to Molina / Magellan / BHSA				
223	Ability to set up billing by rate class in order to bill certain services or cost centers by qualified staff				
224	Ability to bring balance forwards by payor, payor group plan from the current EHR system to the new system for complete accounting and include balance forwards in self-pay statements				
225	Ability to manually post payments to and adjust and transfer amounts from the balance forwards brought into the new EHR from the previous EHR system				
226	Ability to import balance forwards into the new EHR system or enter manually				
Case Management					
227	Ability to capture and track WaMS waitlist status, critical needs score, and date added to wait list.				
228	Ability to trigger the case manager to update priority level of a customer on the WaMS waitlist based on identified criteria. (E.g. Age = 27 years old)				
229	Ability to track changes to an active waiver type and start/end dates.				

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230	Ability to automatically trigger a case management follow-up action based on user-defined criteria.				
231	Ability to identify and track if a DD individual is receiving Targeted or Administrative case management.				
232	Ability to transfer an individual between Targeted and Administrative case management type. (E.g. based on ICD decision)				
233	Ability for the system to trigger the case manager to follow up with a WaMS wait listed individual based on a user defined time period (E.g. every 12 months)				
234	Ability to designate staff to one or more case management types (E.g. "Targeted Case Management" or "Administrative Case Management") and the option to restrict assignment accordingly				
235	Ability to record that a "Significant Event" occurred to an individual, and have that event trigger custom reporting and notifications.				
236	Ability to establish and maintain default time period for each required case management review.				
237	Ability for a case manager to modify the default review time period to a more frequent				
238	Ability for an approved user to override a default service authorization restriction (E.g. WaMS, Insurance) and identify the service as self-pay				

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239	Ability to assign case management types to specific case managers, and to override the assignment of a case to a specific staff member based on type				
240	Ability to flag the case management type (E.g. Enhanced Case Management (ECM)) for a given individual				
241	Ability to track individuals with ECM case management type.				
242	Ability to generate an automated reminder (“Ticklers”) for follow-up action items at the Agency, Program, and/or Service level.				
243	Ability for case management activities to drive the creation of task lists outside of case management. (E.g. operational, managerial)				
244	Ability to use business rules to identify and indicate/flag if a DD case should be Enhanced Case Management based on user-defined criteria, at initial assessment or throughout case lifecycle.				
245	Ability to designate a secondary service provider within a treatment team (case manager, primary service provider, service coordinator, clinician)				
246	Ability to flag ECM individuals as needing case reviews and home visits on a more frequent basis than non-ECM cases. (E.g. currently ECM every 30 days)				
247	Ability to temporarily indicate that the secondary/backup clinician is acting as the primary.				
248	Ability to have all or a percentage of a selected case manager's cases go through clinical review. (E.g. for new staff)				

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249	Ability to define business rules so that the system will automatically select cases for clinical review.				
250	Ability to view and track all cases identified as needing clinical review				
251	Ability for a supervisor to reassign a case to another internal staff member				
252	Ability for a case manager to request the transfer of a case to another provider. (E.g. external)				
253	Ability to send a referral from a Service Area case manager to a Program Manager with a notification to the addition staff member(s).				
254	Ability to create, track, print, and/or electronically send a referral to an external provider or organizations.				
255	Ability to support case/record status for active and inactive individual.				
256	Ability to identify a desired provider within a program and have the system utilize this information when searching for appointments.				
257	Ability to generate and record Individual Service Questionnaires/ Responses within the EHR.				
258	Ability to log court orders to include type of court order and mandatory reporting requirements including documentation needed to submit to the court as well as due dates				
259	Ability to develop a checklist of documents required when accepting a transfer of an individual from another CSB to DPCS				

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260	Ability to create a preadmission record for a possible individual being transferred from another CSB to DPCS				
261	Ability to capture the anticipated transfer date of an individual being transferred from another CSB to DPCS				
262	Ability to identify the status of a transfer request as either accepted or denied				
263	Ability to identify and document additional information needed prior to determining acceptance or denial of a possible transfer				
264	Ability to easily track the status of individuals on the waiver waitlist, and identify those that need periodic follow-up with DPCS				
265	Ability to log rejection of a WaMS waiver and notify proper staff				
Chart Notes					
266	Ability to provide a medical terminology dictionary and spell check throughout the EHR				
267	Ability to apply security controls to notes to ensure that data is not deleted or altered.				
268	Ability to link progress notes to a specific treatment plan or goal.				
269	Ability to automatically capture user, date and time of each modification (E.g. update, change, deletion) to a clinical record without causing delays in the system				
270	Ability to sort progress notes for viewing in chronological or reverse chronological order by encounter date.				
271	Ability to filter progress notes by service provider, service type, risk factors, service location, etc.				

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272	Ability to record billable and non-billable services without a treatment plan. (E.g. assessments without treatment, non-billable consultation)				
273	Ability to view notes and record details across programs and services.				
274	Ability to save and modify notes as draft prior to completion/signature.				
275	Ability to modify and re-sign a note within the medical record with appropriate audit trails and security.				
276	Ability to scan external provider progress notes and reports into an individual's medical				
277	Ability for clinical review staff to enter notes and tasks for follow up by the assigned case manager.				
278	Ability to notify the proper staff member that a Significant Event has occurred and that their review and signature/electronic signature is required.				
279	Ability to track and share nursing notes for residential facilities.				
280	Ability for approved staff members to enter vitals for a given individual, and track which staff member completed the data entry.				
281	Ability to create and track a separate list of daily/weekly tasks associated to an individual within a program (E.g. group home & community based waiver), created by facility staff, that are outside				

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	the official treatment plan but part of the individual's medical record. (E.g. vitals, body functions, meals/supplements, etc.)				
282	Ability to alert staff and supervisors within a program (E.g. Group home & ICF) that individual daily/weekly tasks outside the treatment plan have not been completed.				
283	Ability to identify that a vital measurement was self-reported vs staff-reported.				
284	Ability to categorize/identify general chart notes by type. (E.g. progress, shift, nursing, etc.)				
285	Ability for a clinician to add custom notes/messages to an individual's chart and send that note/message to either their primary clinician or another attending clinician.				
286	Ability to require the capture/update of notes on a medical record when there is a cancellation (E.g. staff and individual initiated) or No-show.				
287	Ability to define and enter custom vital measurements within the EHR, with normal value ranges, variance allowances and alerts.				
288	Ability for clinicians to accurately document an individual's medical history, family history, review of systems, physical exam, general notes and plan and assessment notes.				
289	Ability for clinicians to identify post-encounter orders, labs, next appointments, and referrals for support staff follow-up at the end of an encounter				

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290	Ability to view notes from individuals prior appointments and copy those notes into the current progress note				
291	Ability to design custom progress notes based on a individuals reason for visit				
292	Ability to generate a visual indicator when the recorded value is outside the defined measurement range (examples below): - TSH (Thyroid Stimulating Hormone) Range for level: 0.450-4.5 - Lithium level Range: 0.6–1.2 - Depakote level Range: 50-120 - Tegretol level Range: 4-12 - Clozapine total level Range: 350-900 - WBC count Range: 3.4-10.8 - ANC Range: 1.4-7.0				
293	Ability to capture any blood born pathogen (E.g. HIV Status, Hepatitis, etc.)				
Communications					
294	Ability to support distribution of electronic statements.				
295	Ability to support the individual's ability to opt in/out of receiving electronic statements sent via email or text				
296	Ability to send electronic payment reminders and collection notices via text and email.				

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297	Ability for an external provider to enter a request for a copy of all or part of an individual's medical record via portal or secure direct messaging and upload all necessary substantiating documentation (E.g. release of information)				
298	Ability to send an outside provider a release of information form to assist DPCS in forwarding all or part of an individual's medical record.				
299	Ability to message an individual and allow them to log onto the portal to complete an assessment or questionnaire.				
300	Ability to provide instant messaging functionality between staff members without historical retention.				
301	Ability to initiate a secure message from the medical record, and upload attachments or PDF and/or the message content into the medical record.				
302	Ability to secure messages to individuals served, family members and external providers asking for specific case management information to be entered on portal. (E.g. info that could trigger Enhanced Case Management or other activities)				
303	Ability to receive quarterly reports and ISPs electronically from external providers directly into the EHR.				
304	Ability to send requests for information proactively and periodically to assigned staff (E.g. Day Program and Residential), to alert case managers of changes in status in a case that may require attention.				

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305	Ability to electronically receive external referral. (E.g. Courts Mandate, External Providers, Patient Transfer)				
306	Ability to capture inbound and outbound phone contacts in a single log with user defined data fields.				
307	Ability to link multiple crisis hotline calls from any given individual by name or phone number.				
308	Ability to track and automatically generate user defined responses to meet communication timing agreements (E.g. 10-day reporting SLA) based on user defined business rules/grouping. (E.g. court mandated, Social Services, ASAP program, etc.)				
309	Ability to send documents via secure messaging from EHR system to external providers or agencies via encrypted or standard format. (E.g. Hospitalization Request, TDO, etc.)				
310	Ability to provide triggered person-to-person messaging within the workflow with the option to retain or not.				
311	Ability to send individuals automated appointment reminders via text, email and/or phone, and process confirmation responses. (E.g. Appointments)				
312	Ability to alert the proper clinician when a follow up appointment is needed.				
313	Ability to track user defined data elements associated to inbound and outbound phone contacts (E.g. Marcus alert reporting)				

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314	Ability to send notifications and track communications to referring external providers. (E.g. Primary care providers, other specialists, etc.)				
315	Ability to produce and update templated communications (E.g. letter, email, etc.) that can be generated based on business rules or on-demand. (E.g. Physician to Physician and/or individual, Dr. Excuse form for individual)				
316	Ability to produce individual letters in batches, and track each letter produced in an individual's medical record.				
317	Ability to generate letters manually based on templates. (E.g. doctor excuse letters)				
318	Ability to provide the individual with all signed documents (E.g. releases) done during programmatic intake via secure message or patient portal.				
319	Ability for providers to have a list of outstanding tasks and to-dos based on automated reminders, notification, or manually entered items.				
320	Ability to log incoming phone calls and forward message to the appropriate staff member's to-do list.				
321	Ability for authorized staff members to add a task or send a message to other agency staff members				
322	Ability to report and forward guest dosing activities to that guests home treatment facility				
323	Autofill of demographic information into documents/forms				

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324	Ability to share documents with individuals/families electronically vs. via paper				
325	Electronic “packets” of forms/documents to be completed at different times (intake, admission, annual, etc.) (Work flow that takes you step by step from beginning to end in each process)				
326	Easy signature capability for intake, annual packets and financials– One signature after reviewing multiple documents (possibly each document would have a check box with “I agree…” but only have to sign once)				
327	Electronic sharing of records (via email, fax, etc. through EHR) with alert for ROI on file				
328	Electronic requesting for scripts, referrals, to start services, etc.				
329	Easy access for Medical Records to access and send just medication lists and diagnosis				
330	iPads/mobile devices that sync with the EHR for data, appointment check in’s, etc. while both in and out of cellular and Wi-Fi coverage				
331	Ability to do initial paperwork via an ipad or electronic device prior to meeting with staff and have it auto populate into the EHR				
Data Security					
332	Ability to provide de-identified PHI data for training and testing environments.				

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333	Ability to support multiple levels of system administration with various permissions. (E.g. Flag user for clinical review, custom views, advocacy reporting, dashboard management)				
334	Ability to copy user profiles to create new profiles. (E.g. clone and reuse user profiles)				
335	Ability for identified staff (E.g. agency management) to perform selected user management functions for their own team members. (E.g. change some permissions)				
336	Ability to create customized permission profiles, per screen or per field, and assign to various user roles.				
337	Ability to assign/restrict system functions/actions based on users / roles.				
338	Ability to make fields required based on user role.				
339	Ability to see all staff members assigned to a certain user role.				
340	Ability to see all user roles assigned to a certain staff member.				
341	Ability to secure and/or encrypt messages to external entities (E.g. direct messaging).				
342	Ability to support HIPAA Standards throughout the EHR				
343	Ability to monitor automatic analyses of audit trails and unauthorized access attempts				
344	Ability to apply all standard security capabilities to reports, queries, and dashboards.				

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345	Ability to allow external providers to access and update customer records/notes as needed, but with security that limits their access. (E.g. update/add progress notes)				
346	Ability to restrict access to an individual's medical record components and/or data elements based on EOC/agency, program, and/or service level.				
347	Ability to allow limited view access to external providers to an individual's records with appropriate security.				
348	Ability to lock down elements/sections within a medical record for review, update, approval, and trigger associated staff notifications within the medical record.				
349	Ability to understand and abide by all privacy laws including the new CURES Act				
350	Only approved staff can attach documents to the medical records				
351	Conducting periodic security risk analyses to identify potential risks so they can be addressed.				
352	Ability to detect breaches/violations				
353	Devices storing e-PHI should have reasonable technical security measures installed (antivirus/anti-malware solutions)				
Discharge					
354	Ability for the system to perform quality assurance checks prior to allowing the discharge from a service, program, and/or episode of care				

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355	Ability to require a discharge summary and a discharge progress note prior to allowing an episode of care to be closed. (E.g. full discharge of an individual)				
356	Ability to restrict a discharge from an episode of care if one or more programs/services are still open.				
357	Ability to discharge an individual from individual services.				
358	Ability to create customized discharge/transition summaries when discharging from a specific agency service (E.g. Transition of Care).				
359	Ability to create discharge/transition summaries when discharging from a specific agency program				
360	Ability to create discharge/transition summaries when discharging from an episode of care.				
361	Ability to discharge an individual from all supporting programs and services but stay in active case management for a user-defined time period before discharging the individual from the episode of care (E.g. 90 days prior to a transfer to external provider or facility)				
362	Ability for the system to facilitate one or more final approvals prior to individual discharge (E.g. other providers, medical records)				
363	Ability to send messages to all attending providers when an individual is discharged.				
364	Ability to print and/or securely message discharge medical records.				
365	Ability to require discharge instructions (medication reconciliation, updated demographics) a part of the discharge process				

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366	Ability for the user to define a set of discharge requirements based on program				
367	Ability to have multiple discharge summaries under a single program location due to the Individual being open to multiple programs in that service location.				
General Technical					
368	Ability to provide a training environment and training data				
369	Ability to set up test/training scenarios using cloning functionality for test/training environment				
370	Ability to migrate test environment changes to a production environment without overwriting data				
371	Ability to provide robust online help/knowledge management with standard system information within the base functionality				
372	Ability to provide field-level help on each screen				
373	Ability to support single sign on with DPCS Active Directory credentials				
374	Ability for an administrator to mirror another user's role				
375	Ability to turn on auto-save feature by components (E.g. assessments, progress notes, etc.)				
376	Ability to save session states for a set period of time in case of a lost connection, so that the session can be continued once connection is restored				

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377	Ability to capture electronic signatures with multiple devices (E.g. mouse, mouse pad, iPad, surface, etc.)				
378	Ability to support flexible accessibility settings across multiple devices (E.g. enlarged fonts, text reading, ADA compliance, etc.)				
379	Ability to assign unique identifiers to individuals, providers, and staff				
380	Ability to pre-populate custom forms with dynamic clinical, demographic, or financial data				
381	Ability to allow multiple users to edit/update a medical record at the same time with proper controls				
382	Ability to replace/interchange abbreviations for long spelling of words, and provide definitions of abbreviations and have a set acceptable list of abbreviations				
383	Ability to establish table edits or validations within user-defined fields				
384	Ability to use OCR (Optical Character Recognition) technology to scan, capture, and automatically load content from external documents into an individual's medical record as data				
385	Ability for service providers to gain all required signatures for an individual's treatment plan without external devices				
386	Ability to print out all or part of an individual's medical record/ISP data				

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387	Ability to identify versioning of scanned documents				
388	Ability to provide telemedicine functionality				
389	Ability to select and print disease specific information for the individual served.				
390	Ability to scan/import and store documents. (E.g. Court Mandates, Social Services, ASAP program, PDFs, etc.)				
391	Ability for individuals to download and print pre-registration materials/form to be completed offline.				
392	Ability to push alert notifications to the staff within EHR (E.g. Crisis Alert)				
393	Ability to provide 24/7 system availability.				
394	Ability to print and/or export stored documents (E.g. Scanned or uploaded PDF, Digital forms)				
395	Ability to allow staff to search, list and view records based on assigned medical flags/indicators (E.g. Noshow Discharge, Billing Flags, Discharge for No Payment, Crisis, etc.)				
396	Ability for staff to view and work on more than one individual record at a time.				
397	Ability to electronically fax and/or email anything that can be printed from the EHR directly from the EHR				
398	Ability to generate automated internal reminders within the EHR (E.g. pop-up, email, text, and/or phone, etc.) for user defined purposes (E.g. appointment scheduling, case management review)				

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399	Ability to build and maintain custom data entry forms within the core system.				
400	Ability to capture individual signature electronically (E.g. Documents, Payments, Medication delivery, etc.)				
401	Ability to include business rules and configurable logic within forms to allow smart navigation through questionnaire.				
402	Ability to develop smart templates (assessments) that allow branching based on prior answers.				
403	Ability to version and track changes to custom templates (E.g. Assessments, Treatment Plans, Reports)				
404	Ability for the system to ensure data is entered and stored in one central repository – single source of truth for all data and in database.				
405	Ability to support multi-lingual (E.g. Google translate) digital and printable forms. (E.g. self-registration, portals, kiosks, etc.)				
406	Ability to capture electronic signatures from individuals and allow those signed documents to be printed.				
407	Ability to support the population of Medical Record fields from scanned documents via OCR functionality.				
408	Ability to support auto-spell correction functionality.				
409	Ability to support dictation based data capture (E.g. talk to text)				
410	Ability to generate medication specific consent forms from within the prescribing functionality of the system				

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411	Ability to capture individual signatures through an online tele-health session				
412	Ability to create program specific reminders for activities/assessments that need to be completed based on time intervals				
413	Ability to E-fax release of information documentation to external entities				
414	Ability for staff members to create user defined checklists associated with a specific individual chart, with the capability of marking off completed items by date and staff member				
415	Ability for users to cancel receiving reminders or notifications				
416	Ability for the system to capture the date, time, and user ID for user-deleted notification reminders				
417	Ability for the system to automatically identify the correct Virginia CSB geographical service area based on an individual's address				
418	Ability to restrict release of information documentation based on having a current signed consent from the individual				
419	Ability to capture electronic signatures through ADA compliant methods				
420	Ability for a clinician to add notes to a chart after an episode of care has been closed				
421	Ability for the solution to generate an official incident report based on the occurrence of an event.				

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422	Ability to limit who can print and/or export stored documents based on user security roles				
423	Ability for staff to view and work on more than one document in an individual's record at a time				
424	Ability for real-time online verification of eligibility information when entering an individual's insurance information				
425	Ability to track and view a chronological history of service activity for each individual served.				
426	Ability to create ID cards and wristbands with scannable barcodes or QR codes that are linked to the medical record				
427	Ability to support devices that can scan barcodes or QR codes that are linked to an individual's medical record.				
428	Ability to integrate with a 3rd party vendor for preparing claims, billing, and denial resolution for services and medications.				
429	Ability to attach lab & other medical equipment to the EHR for real-time viewing				
430	Ability to view, analyze and report on data collected from medical equipment (E.g. EKG, blood pressure,				
431	Ability to create multiple custom views of individuals medical record and allow staff members to select from these custom views as needed				
432	Ability to redact information in an individual's chart based on user role				

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433	Ability to use the contents of a previously completed assessment when creating a new one				
434	Ability to have a bi-directional integration with the state's crisis platform				
435	Ability to interact with the state's crisis platform's APIs to send bed information availability in real time				
436	Ability to integrate with the state's crisis platform to acquire information needed to allow DPCS to bill for services provided				
437	Ability to capture the alpha code received from the state's crisis platform and store it with the individual's medical record				
438	Ability to integrate with the State of Virginia's Connect VA health information exchange				
439	Ability to communicate with Virginia's EDCC (Emergency Department Care Coordination) program through real-time data exchange (E.g. emergency and hospital admission, bed registration and availability)				
440	Ability to integrate with other state and federal health information exchange solutions for the sharing of medical information between states				
441	Ability to operate offline, or in poor cellular reception areas, for individuals living in remote areas of our service district (disconnected solution)				

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442	Electronic versions of all forms (DPCS, DBHDS, ICF, HUD, Part C, CSA/FAPT, CASIE, WAMS, etc) – forms live in the environment and not external UDD forms				
443	Easy access and completion of attendance sheets, bed days, daily logs/checklists, body check sheets, etc. (checkboxes with digital signature/initials, date and time stamp)				
444	Ability to combine duplicate charts.				
445	Ability to send alert when multiple identifiers (DOB, SSN, name) are entered to create a new chart – prompting staff to check the alert to confirm that the same individual already has a chart in the system.				
Group Treatment					
446	Ability to notify a provider when group session participants have checked in.				
447	Ability to support the creation and management of meal plans by residential facility.				
448	Ability to track a history of all meals prepared within a residential facility. (E.g. Group home, ICF)				
449	Ability to create and manage a shift log by any 24/7 program. (E.g. to track for events that occurred on a shift)				
450	Ability to track and view group session capacity/availability.				
451	Ability to do administrative group management – add, move, shift attendees to group easily and flexibly.				

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452	Ability to view group progress notes.				
453	Ability to create/update group therapy session plan. (E.g. outline/agenda and schedules with stated goals and activities)				
454	Ability for the group session provider to record a progress note for the group session as a whole.				
455	Ability for the group session provider to record a progress note for each participant individually.				
456	Ability to group session progress notes to be attached to the individual's medical record.				
457	Ability to track and report on the progress of a group therapy session against the stated goals of that group)				
458	Ability to capture an individual group session note and periodic group session summary note.				
459	Ability to create and maintain a group session participant queue.				
460	Ability to set and manage group session participant capacity.				
461	Ability to view a list of all group participants as a part of the overall group therapy functionality				
Intake					
462	Ability to scan insurance cards and display alongside an individual's insurance information while also using OCR technology to store the insurance number in the appropriate field.				
463	Ability to designate an individual to the proper lobby queue for walk-in appointments.				

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464	Ability to establish and maintain multiple Rapid Access lobby queues for each Service Area for Agency Intake				
465	Ability to identify a pre-admission case as a transfer from another CSB.				
466	Ability to admit a pre-admission case and setup a new medical record.				
467	Ability to transfer data collected during pre-admission into an individual's medical record. (E.g. 3rd party Portal data collection)				
468	Ability to track decision of a transfer acceptance, status, and associated correspondence.				
469	Ability to allow pre-admission to a program for Residential or Day Services with the capability for capturing notes, managing and scheduling tours, and scanning pre-administration documents into system				
470	Ability to auto-notify provider/nurse when individual is checked in for appointment.				
471	Ability to generate notifications/alerts when current pre-authorization is about to expire (E.g. time-based, number of units, dollar amounts, and for set number of sessions)				
472	Ability to obtain release of information approvals from individuals.				
473	Ability to open a pre-admission record to track pre-defined activities including phone/email correspondence				
474	Ability to close a pre-admission record and log the type of case and the reasons for the closure.				

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475	Ability to capture initial contact source by category (E.g. Parents, CPS, Doctor, Hospital/NICU)				
476	Ability to enter WICs card/questionnaire information into EHR as pre-registration citizen record				
477	Ability to have high priority populations circumvent program admission guidelines (case capacity limits)				
478	Ability to identify program admission criteria (E.g. primary OUD diagnosis, SMI diagnosis, over age 18, individuals with more than 1 year of opioid addiction, etc.)				
479	Ability to restrict admission into the Medication Assisted Treatment program without the necessary documentation				
480	Ability to create an internal referral from one program to another				
481	Ability for the creation of an internal referral to prompt proper staff to take the appropriate action(s)				
482	Ability for external organizations to submit referrals to DPCS through a secure portal				
483	Ability to notify the appropriate internal staff when an external referral is logged				
484	Ability to move an individual from crisis to an official admission or preadmission status				
485	Ability to identify an encounter as a crisis encounter, separate from admission or preadmission statuses				

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486	Ability to use information collected from an external referral to set up a new medical record and move the individual to preadmission or admission status				
Integration					
487	Ability to integrate with E-Solutions, or other billing clearinghouse, for electronic claims filing.				
488	Ability for real-time/near real-time integration with E-Solutions, or other clearinghouse, for claims submission as services are performed and saved.				
489	Ability to interface to agency's financial ERP system (Abila MIP Fund Accounting) with the ERP reporting units using nightly batch file transfer.				
490	Ability to integrate user management with Active Directory.				
491	Ability to exchange data with other CSBs (E.g. external provider data transfer)				
492	Ability to automatically identify the county or city based on the client address				
493	Ability to integrate with the WaMS system and download/import data to the individual's medical record.				
494	Ability to integrate with the WaMS system and upload data to WaMS (E.g. Application, ISP, treatment plan section)				
495	Ability to integrate with regional hospitals, and notify the case manager if a hospitalization has occurred for client				

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496	Ability to integrate with the state agency system for reporting Significant Events.				
497	Ability to integrate with the state agency system for Significant Events to notify the case manager if Significant Event has occurred for an individual				
498	Ability to interface with a 3rd party solutions (E.g. Sign Now) to support e-signature functionality if built in				
499	Ability to integrate with hospital systems (E.g. SOVAH Health, Poplar Springs, VA Baptist, etc.) to receive and/or view inpatient medical record information.				
500	Ability to integrate with hospital systems (E.g. SOVAH Health, Poplar Springs, VA Baptist, etc.) to send user defined medical record information to their system.				
501	Ability to automatically display callers phone number in the system through integration with phone system				
502	Ability to directly integrate with LabCorp System.				
503	Ability to integrate scheduling with Microsoft Outlook and use HIPAA standards				
504	Ability to integrate with third party providers and exchange information (E.g. HIE, hospitals, etc.) and pull data in for an individual.				
505	Ability to interface or receive/import patient information from external providers.				
506	Ability to integrate with the state of Virginia's TRAC-IT system.				

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507	Ability to integrate with Prevention System, CASIE				
Labs					
508	Ability to provide for on-line order entry of laboratory (lab) tests.				
509	Ability to allow only authorized users to order lab tests.				
510	Ability to create user-defined prompts or alerts when ordering specific lab tests.				
511	Ability to print laboratory orders.				
512	Ability to transmit a HIPAA-compliant electronic laboratory order.				
513	Ability to receive lab results electronically.				
514	Ability to direct lab results received electronically to a provider's inbox for review.				
515	Ability to monitor/manage lab tests that were ordered, but not yet received results.				
516	Ability to alert client treatment team members when lab results are outside of normal limits.				
517	Ability to store lab results as discrete values.				
518	Ability to provide authorized online access to historical lab results.				
519	Ability to review and easily compare historical lab test results over time.				
520	Ability to require a sign-off for received lab results based on user role/rights.				
521	Ability to define custom vitals and labs and other healthcare metrics to collect – set value range; variances shown when actuals are outside of defined range.				

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522	Ability to export or print lab results in user defined formats and standardized export formats (E.g. PDF)				
Medical Records Management					
523	Ability to specify a program-level primary diagnoses code. (E.g. identify the acceptable primary diagnoses for the services in each program)				
524	Ability to identify a procedure, drug, diagnosis code (E.g. ICD-10) as active or inactive				
525	Ability to associate procedure codes to service codes within a program for billing.				
526	Ability to identify which standard codes can be utilized by a given program and service. (E.g. Program, agency staff, jail, etc.)				
527	Ability to tie procedure codes with an associated modifier to a service when reported.				
528	The ability to identify if a service requires a diagnosis.				
529	Ability to flag the medical record when an insurance quality check error has been identified. (E.g. policy number, DOB, spelling of name, etc.)				
530	Ability to ensure progress notes and other fields for a service can be designated as mandatory to complete and save a service.				
531	Ability to establish and maintain an inventory of user-defined equipment or supplies that could be associated with an encounter				

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	and billed. (E.g. iPad for non-verbal individual with special apps, handicap swing, etc.)				
532	Ability to alert a provider that a service is being recorded that requires an authorization based on rules for that specific payor				
533	Ability to add an activity to an identified staff member's (E.g. authorization specialist) task list that a service has been recorded that requires an authorization.				
534	Ability for the system to notify the proper staff member of a service that requires an authorization and does not have the proper authorization obtained.				
535	Ability to automatically store and maintain CARC codes.				
536	Ability to capture and view the change history (E.g. time/date/user ID) for an identified data field (E.g. insurance date, note signatures, etc.)				
537	Ability to establish customized views of a medical record. (E.g. hide sections per profile permission setup)				
538	Ability to perform ad-hoc searches across all data in the system.				
539	Ability to perform mass data updates with "find and replace functionality".				
540	Ability to provide the following random sampling approaches for auditing by percentage of claims, provider, individual, examiner, status (E.g. processed, pending, adjudicated, paid), dollar thresholds, specified date, funding source, or payer type.				

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541	Ability to store multiple episodes of care records for an individual. (E.g. one active and multiple historical)				
542	Ability to define a list of required documentation by administrative function (E.g. Legal, AR, etc.)				
543	Ability to define a list of required external documents to be scanned by program or service (E.g. SUD, Med Service, etc.)				
544	Ability to identify when required documents have not been scanned into the medical record.				
545	Ability for approved staff to override the need for a required scanned document.				
546	Ability to establish and maintain standard documentation types for scanned documents (E.g. Insurance, Releases, Activity Docs, Administrative, Program / Service, etc.)				
547	Ability to view scanned documents within its assigned component (E.g. labs, meds, etc.) or as a single full list of scanned items within a given medical record.				
548	Ability to assign scanned and attached documents to predefined type and/or medical record component (E.g. Treatment Plan, Assessment, Episode of Care, etc.)				
549	Ability to log the receipt of documents and associated user-defined information (date, time, user, document type, individual ID).				
550	Ability to notify a staff member that there are received documents to be scanned.				

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551	Ability to update a record, indicating documents have been scanned and assigned a particular medical record.				
552	Ability to add user-define metadata to scanned documents				
553	Ability to capture, retain, and update release of medical record information to external parties (E.g. Disclosure Log)				
554	Ability to record the receipt of medical record information requests. (E.g. internal or external)				
555	Ability to notify a provider that individual information was disclosed/provided to an external party.				
556	Ability to indicate which components of a documentation request have been fulfilled.				
557	Ability for an internal staff member to request all or part of an individual's medical record be sent to an outside entity.				
558	Ability for staff to update a request for information release with: status, date completed, notes, etc.				
559	Ability to capture the date, time, and user ID of every transactional activity, including attachment of documents.				
560	Ability to send a reminder to a provider of failed quality checks until resolved.				
561	Ability to send a reminder to a provider to complete an action within a set time period (E.g. update their progress notes within 24 hours of the encounter)				
562	Ability to produce a PDF copy of a full/partial medical record with selected scanned attachments.				

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563	Ability to establish and maintain an inventory of user-defined events requiring a clinical review.				
564	Ability to establish and maintain a record archival policy/rules inventory.				
565	Ability to archive records based on policy and/or Library of VA rules.				
566	Ability to purge records based on policy and/or Library of VA rules.				
567	Ability to create program specific reminders for updating time-based documentation for individuals served (E.g. consents, assessments).				
568	Ability to identify a record as Pre-registration/Registration or Pre-admission/Admission with the delineation being an official open episode of care with billable services.				
569	Ability to view multiple episodes of care information for a given individual. (E.g. active & historical)				
570	Ability to view medical record data details chronologically and/or by episode of care. (E.g. by component, notes, measurements, activities, services, summaries, etc.)				
571	Ability to notify a provider that there is documentation to review prior to being scanned and/or attached. (E.g. digital doc, email attachment)				
572	Ability to track the provider decision to scan and attach the full or specified components of a reviewed document.				

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573	Ability to indicate required activity based on a specific data entry field values. (E.g. specific requesting/ revoking of release of information documentation to/from a providers)				
574	Ability to generate a hardcopy print of all, or part, of the medical record.				
575	Ability to generate electronic copies of all, or part, of the medical record.				
576	Ability to maintain administrative files that catalog requests and release of medical record information.				
577	Ability to maintain administrative files that catalog receipt of and information released via subpoena or court order.				
578	Ability to maintain administrative files that catalog medical record information requested and released in cases involving litigation.				
579	Ability to automatically track billing and payment information related to medical record correspondence, for billing purposes.				
580	Ability to have services for multiple Service Areas (E.g. DD, Outpatient) recorded within an individual's medical record during the same episode of care.				
581	Ability to identify a unique Primary Provider for each Service Area (E.g. DD and Outpatient Services) within the individual's medical record.				
582	Ability to change the Primary Provider between Service Areas. (E.g. Outpatient Services to DD Services)				

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583	Ability to assign a privacy indicator to an individual's medical record. (E.g. due to “VIP” status, domestic violence, witness protection, high profile/celebrity)				
584	Ability to restrict defined information or the entire medical record from being shared or viewable by unapproved users when a privacy indicator is active. (E.g. only staff with specific rights can see these individuals in the system record)				
585	Ability to prompt eligible services based on payor/waiver type				
586	Ability for a custom template or standard system form to support custom field labels based on user setting (E.g. Spanish vs language, by Service Area, etc.)				
587	Ability to define an inventory of case management and program level services that the CSB provides.				
588	Ability to identify DD services as either CSB or private provider provided.				
589	Ability to identify which DD services are applicable (E.g. covered) by each type of WaMS Medicaid waiver.				
590	Ability to track changes between active and administrative case management types and associated transaction details. (E.g. Date, User ID, etc.)				
591	Ability to capture authorization numbers in the system for waivers, insurance, etc.				
592	Ability to establish and maintain a selectable list of evaluation criteria for reviews.				

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593	Ability to manually flag a medical record for quality review.				
594	Ability for staff to create a list of tasks to be accomplished for each of their assigned individuals; description, priority, due date and status for each task.				
595	Ability for staff to view and manage all current open tasks for their assigned individuals from one screen.				
596	Ability to enter the State of Virginia's WaMS authorization number and have it serve as the mechanism for indicating that an individual has a waiver.				
597	Ability for a supervisor to view their staff's current caseload				
598	Ability for a supervisor to analyze the complexity of each staff member's case load.				
599	Ability to create and maintain an inventory of facilities and associated capacity, location, accessibility, and availability. (E.g. Agency & Private)				
600	Ability to provide each user with customized views of the data based on their role / security group permissions (E.g. Agency, Program, and /or Service level)				
601	Ability for approved staff to see program and service level individual record data.				
602	Ability to restrict program level users access to data based on their role (E.g. Residential staff from accessing agency level individual information until a designated point (E.g. “referral” or acceptance) within the workflow.				

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603	Ability to notify appropriate staff/user role when user specified fields within a medical record for an individual changes.				
604	Ability to identify what documentation is considered required for each individual, and alert staff when that documentation has not been gathered/received.				
605	Ability to execute an audit a unique record, staff member, or case type and produce a report identifying what mandatory items have not been fulfilled.				
606	Ability to view within the medical record an inventory of all documents attached (scanned into) a given medical record.				
607	Ability to define a care team and manage the team members within allowing unlimited membership.				
608	Ability to associate agency services to one or more agency programs.				
609	Ability to log service authorizations to provide a specific number of hours of care for an individual.				
610	Ability to track, report, and alert staff when an individual is within a user-defined range or percentage of the associated authorization limit. (E.g. hours, days, encounters-group or individual, dollar cap)				
611	Ability to record time for a service that will exceed the current authorization, but only bill for the authorized portion.				
612	Ability to log service authorizations to provide a specific dollar amount of care for an individual (E.g. DS, after-school, employment, DAP funding)				

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613	Ability for approved users to see the amount of remaining billable time, dollars, or encounters available for an authorized service.				
614	Ability to track and report on total dollars used for an individual within a group based service authorization.				
615	Ability to integrate with other CSB's to send medical record information when transferring an individual.				
616	Ability to log and track all information needed to allow for credentialing each type of provider with all agency insurance providers.				
617	Ability to capture provider certifications, license, special skills, and continuing education/professional development details (E.g. license name, license type, issue date, expiration date).				
618	Ability to collect and report on planned (E.g. staff activities specific to an individual) and provider (E.g. staff activities not specific to an individual) activity data collection for staff productivity and operation reporting.				
619	Ability to identify non-billable provider activities. (E.g. travel, documentation, meetings)				
620	Ability to interface with CAQH (Council for Affordable Quality Healthcare) to support provider credentialing.				
621	Ability to establish user-defined notification requirements prior to credential expiration dates.				
622	Ability to establish and maintain a supervisor to staff assignment.				

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623	Ability for the system automatically transition pre-registration content in to new medical record.				
624	Ability to link crisis hotline notes and user defined forms to a new and/or existing medical record.				
625	Ability to configure user defined medical record flags/indicator. (E.g. No-show Discharge, Billing Flags, Discharge for No Payment, Crisis, At Risk, etc.)				
626	Ability to attach any scanned/imported/stored document to an individual's record.				
627	Ability to see an individual's medical condition and prescription history.				
628	Ability to enter medical record notes and evaluation data within same screen.				
629	Ability for lab results to be automatically uploaded from LabCorp to the individual's medical record.				
630	Ability to collect metadata when scanning/uploading a document (E.g. language of scanned documents)				
631	Ability to clone all or portions of a chart note for updating during repeated visits (E.g. person comes back for new episode of care, annual review, new crisis episode)				
632	Ability to view/access all information within a single chart view.				
633	Ability to store all data collected on custom forms in the individual's medical record.				

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634	Ability for the EHR assessment to recommend diagnosis and program alignments based on assessment data.				
635	Ability for an approved user to manually override system suggested diagnosis and program assignments (E.g. Provider)				
636	Ability to capture all necessary information for billing an encounter while the provider is producing their progress notes and/or completing an assessment (E.g. no double entry or additional entry required)				
637	Ability to incorporate standardized activity verbiage in activity log based on confirmed workflow activity.				
638	Ability to manually or through business logic automatically assign a medical record for audit.				
639	Ability to provide role based permissions for activities/access/assignments, etc. (E.g. recording services, outbound correspondence, progress note template creation/edits, etc.)				
640	Ability to add general/misc. notes attached to a medical record.				
641	Need role-based delegations for identified activities (E.g. delegate certain approvals, etc. to other roles/individuals)				
642	Ability to track admission and discharge associated to a specific program.				
643	Ability to have one treatment plan per program per episode of care.				

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647	Ability to create and maintain an integrated treatment plan across all programs per episode of care that can be managed jointly across the associated programs (CCBHC, CARF).				
648	Ability to have a default discharge plan per program.				
649	Ability to create and save a draft discharge plan at first appointment.				
650	Ability to administratively close a case with or without clinical discharge documentation.				
651	Ability to assign a primary provider for an individual's episode of care.				
652	Ability to assign a secondary provider for an individual's episode of care.				
653	Ability to transfer an individual from one primary provider of care to another within the same program or to a different program.				
654	Ability for any approved user to review current and/or historical notes, treatments plans, and appointment information (E.g. Front desk, New provider, etc.)				
655	Ability to create and update treatment plans for the individual.				
656	Ability to define and maintain a set of user-defined treatment plan templates or libraries by program and/or program/diagnosis.				
657	Ability for an approved user to modify a treatment plan template as needed.				
658	Ability to document treatment plan goals and objectives.				

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659	Ability to enter and track progress towards identified goals and objectives within the treatment and/or discharge plan.				
660	Ability for the primary provider to develop a draft/initial discharge plan from a predefined template.				
661	Ability to define and maintain a set of user-defined or industry standard discharge plan templates.				
662	Ability to create and maintain a set of general reminders that can be customized and attached to an individual's medical record.				
663	Ability to update treatment plan without having to close out of progress note.				
664	Ability to categorize services by types. (E.g. adult, adolescent, child)				
665	Ability to set up programs and services (billable activities) with a many-to-many relationship.				
666	Ability for staff to collaborate on documentation creation and maintenance (E.g. writing progress notes collaboratively with individual)				
667	Ability for approved users to create/update customized progress note templates (E.g. Psych, Clinical, documentation requirements, or by provider type or service, etc.)				
668	Ability to easily pull in clinical data (E.g. Standardized assessments, problems, objectives, interventions, diagnosis, vital measurements, lab results) from chart into progress note.				

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669	Ability to capture/record start and end time for treatment (E.g. Intake, Appointment sessions, Treatment Sessions, etc.) and non-treatment related activities (E.g. Documentation, Scheduling, Outbound/Inbound contact handling, etc.)				
670	Ability to select services (a la carte) within a program for an individual.				
671	Ability to create secondary treatment plans for individuals who are assigned to more than one program.				
672	Ability to record hospitalization related information via data entry fields and/or attached documentation.				
673	Ability to attach documents to authorization requests (E.g. Pre-authorization)				
674	Ability to capture the reason code for an individual discharges and appointment cancellations (E.g. discharge from program, discharge from episode of care, no-show discharge, non-payment discharge, drop-out discharge				
675	Ability to reopen a closed or discharged case.				
676	Ability to add progress notes to a closed or discharged case with appropriate audit trails.				
677	Ability to add billable or non-billable services to a closed or discharged case with appropriate audit trails.				
678	Ability to discharge from an individual treatment program and/or an entire episode of care.				

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679	Ability to establish and maintain an inventory of external services for referral and tracking, and associated information about the services.				
680	Ability to establish and maintain external providers for referral and tracking, and associated information about the services.				
681	Ability to associate external providers to external services inventory for tracking of external services.				
682	Ability to attach scanned documents to a closed or discharged case with appropriate audit trails.				
683	Ability to capture user-defined fields to support reporting. (E.g. regional reporting)				
684	Ability to identify an individual as a "Priority" population member for one or more program areas (E.g. pregnant women, IV drug users).				
685	Ability to establish and maintain an inventory of "Priority" population types in each program area (E.g. pregnant women).				
686	Ability to capture notes for individuals without an existing medical record (E.g. non-individual note). (Note: initiated from Crisis calls, Community Sessions / Activities, etc.)				
687	Ability to identify/report on a medical record that has not been updated within a specified time frame. (E.g. mandated time based reviews)				
688	Ability to track the execution of identified periodic reviews. (E.g. 90 day treatment plan review, etc.)				

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689	Ability to define multiple clinical levels of care that can be assigned to an individual served and inform customized workflows.				
690	Ability to establish and maintain a list of externally contracted providers and associated details to support best match with individuals served. (E.g. Infant Programs)				
691	Ability to identify a provider as either an employee, an outsourced contractor, or a contractor that bills through DPCS.				
692	Ability to establish and maintain state immunization requirements. (E.g. used in ICF, Infant Program, Family First, etc.)				
693	Ability to establish and maintain standard prenatal requirements. (E.g. used in Healthy Families)				
694	Ability to create a family record that links all medical records for a family (E.g. parent and children) (Note: Used to link prenatal (E.g. mother) and postnatal care (E.g. Newborn))				
695	Ability to establish and maintain age requirements for eligibility for a service or program. (E.g. Infant Services)				
696	Ability to categorize programs by type and/or age range (E.g. Adult Reach, Child Reach, Part C)				
697	Ability to capture and display individual photos as a part of the client's chart.				
698	Ability to identify an individual's preferred pronouns and gender identity.				

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699	Ability to develop a separate list of reason codes for each program to identify why an assessment was completed (E.g. pre-admission screen, Quarterly Review).				
700	Ability to assign a reason code to an assessment during creation.				
701	Ability to identify an individual as a priority population in one or more program areas				
702	Ability to develop level of care designations for each program area.				
703	Ability to assign a different level of care designation to an individual for each program area.				
704	Ability to identify which agency services are appropriate for each level of care.				
705	Ability to develop custom alerts and notifications based on level of care.				
706	Ability to define an individual's "home" Community Service Board (E.g. DPCS, Southside BH, PCSB)				
707	Ability to include collateral contacts such as family members in a patient service without creating a patient record for the family member				
Medication Management					
708	Ability to track from whom a medication was obtained (E.g. pharmacy, family provided, etc.)				
709	Ability to support automatic Computerized Physician Order Entry (CPOE)				

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710	Ability to provide messaging and query capability from a pharmacy to a prescribing provider				
711	Ability to automatically initiate a refill prescription request to and from a pharmacy				
712	Ability to include a notification to the prescribing provider of a filled prescription				
713	Ability to update the medication history for a client when a prescription filled notification is received				
714	Ability to automatically fax/electronically send prescriptions to a pharmacy				
715	Ability to print a prescription				
716	Ability to identify medications as prescription, over the counter, and/or vitamin and herbal supplements				
717	Ability to identify current known side effects to prescriptions and/or medications				
718	Ability to create and maintain Medication Administration Record (MAR) documentation in the system across multiple locations and staff				
719	Ability to track and manage inventory/medications being sent home with family members (E.g. for home visits)				
720	Ability to integrate with multiple external pharmacies for refill requests and orders				
721	Ability to record the receipt of all predosed medications being delivered from supplier in total				

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722	Ability to record the transfer of a predosed set of medication from one facility to another (residential sending meds to Day Services for administration)				
723	Ability to record the administration of predosed medications to a client				
724	Ability to record the disposal of medication or return to the supplier				
725	Ability to maintain prescription inventory records for “Delivery” at a facility level by role and across multiple facilities and service areas				
726	Ability to scan medications in/out of inventory				
727	Ability to track prescription and PRN administration				
728	Ability to track the staff member administering medication				
729	Ability to track staff receiving prescriptions and medications into a facility inventory				
730	Ability to track inventory to the dose level (E.g. pill/liquid)				
731	Ability to print medication, instruction, and side effect information				
732	Ability to identify whether or not a medication was administered				
733	Ability to allow the staff to record administration of the next dosage if previous dose was missed/not administered				
734	Ability to generate an alert if a medication dosage is not administered				
735	Ability to utilize standard multiple drug formularies.				
736	Ability to base prescribing on an individual's insurance formulary.				

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737	Ability to allow the prescribing doctor to override a formulary with explanation.				
738	Ability to capture individual drug allergies.				
739	Ability to capture individual food allergies.				
740	Ability to capture individual allergies (E.g. environmental, latex, insect, etc.)				
741	Ability to alert staff about potential drug interactions with other prescribed medications and/or food allergies.				
742	Ability to access an online drug reference.				
743	Ability to create a prescription dispensing schedule for each individual in a residential facility.				
744	Ability to log all dispensed drugs against an individual's predefined dispensing schedule.				
745	Ability to inventory all facility stored medications and supplies on an as needed basis. (E.g. Narcs, sharp objects, etc.)				
746	Ability to record the reason code for why a medication was not dispensed or consumed (E.g. No-show, refusal, etc.)				
747	Ability to prescribe / ePrescribe medications and authorize refills by Authorized agents directly within the EHR.				
748	Ability to print out a prescription and/or have a prescription sent to the individual's pharmacy of choice or DPCS' preferred supplier.				
749	Ability to automatically see (in real time) any negative drug interactions for either the individual's currently prescribed medication and/or any newly prescribed medications.				

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750	Ability to track inventory of "Delivery" medication orders, and associated individuals and delivery status. (E.g. Ready for Pickup, Picked Up, Not Picked up, etc.)				
751	Ability to identify prescribing provider for all medications for internal and external providers.				
752	Ability to interface with third-party ePrescribing solutions for provider credentialing (E.g. Dr First)				
753	Ability to automatically see (in real time) any side-effects for either the individual's currently prescribed medication and/or any newly prescribed medications.				
Mobile					
754	Ability to push emergency/alert (E.g. Crisis) notifications to mobile devices.				
755	Ability for a provider to use a mobile device in order to perform pre-screening and assessment in the field (E.g. Crisis)				
756	Ability for an individual to use a mobile device to begin filling out an assessment prior to their official initial assessment meeting, this data should then pre-populate the provider's initial assessment survey. (E.g. while waiting in waiting room for appointment)				
757	Ability to use a mobile device in the field to access individual records and record progress notes both on an internet connection and as a disconnected solution				
758	Ability to capture insurance information via a mobile device.				

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759	Ability to complete data collection forms (E.g. Associated to Pre-Registration, Same Day Access, Intake "Self Report Sheet), Assessment processes) electronically. (E.g. web, tablet, kiosk)				
Operations Management					
760	Ability to generate a list of notifications and reminders for a given staff member.				
761	Ability to perform facility administration functions (lease tracking)				
762	Ability to log an incident event that is not associated to an individual's medical record.				
763	Ability to track staff time associated to non-individual related activities (E.g. administrative, travel, execution) to support productivity reporting.				
764	Ability to set program capacity limits and be able to view current capacity/enrollment across all programs				
765	Ability to see the revenue lost by provider due to overdue tasks or actions not compelted				
Portal					
766	Ability to view statements and account details online in client portal				
767	Ability to support a predefined documentation request list (E.g. menu) for selection by external providers via portal				

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768	Ability to automatically attach documents and self-report data completed by a client via a client portal to active medical record notes				
769	Ability to share treatment activity and/or medication administration information to a client via a client portal				
770	Ability to capture information (E.g. recent hospitalization) via a portal or survey from external team members (E.g. family)				
771	Ability for external providers to enter client information (E.g. progress notes, monthly or Quarterly Reviews, etc.) through a secure client portal				
772	Ability for individuals to enter pre-admission information into a portal				
773	Ability for residential client's vitals to be entered into portal				
774	Ability for individuals to request and receive medical records via portal				
775	Ability to provide interest info to individuals via portal (WIC, voter registration, etc.)				
776	Ability to support online class registration via portal				
777	Ability to support online class withdrawal via portal				
778	Ability to post the schedule of classes offered online				
779	Ability to notify the proper staff member when a client completes an assessment in the portal				
780	Ability to acquire signatures via the portal				
781	Ability to allow client to print their medical records via portal				

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782	Ability for staff and individuals to collaborate on development of documentation during a telehealth session				
Reporting / Analytics					
783	Ability to report on individuals covered by a grant within a given time period				
784	Ability to generate a report for individual remittance where payments and/or adjustments have been applied				
785	Ability to run A/R aging reports for insurance claims and self-pay accounts based on user defined criteria				
786	Ability to generate daily manual revenue collections report with reporting unit (RU) and totals by cash/check/credit card groupings (E.g. replace cash receipt journal)				
787	Ability to provide search capability within and across medical records and associated attachments				
789	Ability to generate compliance reports (E.g. CARF, progress notes entered within the last 24 hours of event, etc.)				
790	Ability to provide a dashboard or report of all charts that need completion of progress notes				
791	Ability to produce an audit trail report for all data changes				
792	Ability to support an automated quality assurance/audit report on user defined frequencies				
793	Ability to generate a sampling report for quality review teams based on identified criteria				

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794	Ability to provide a dashboard of operations and quality assurance performance/transactional data				
795	Ability to generate a medical record archival recommendation report (E.g. list all records that meet the archival policy requirements)				
796	Ability to develop caseload reports (E.g. by provider, service area, etc.)				
797	Ability to develop caseload reports with totals (E.g. provider and/or program)				
798	Ability for users to create custom reports menus based on their favorite standard and/or custom reports				
799	Ability for administrations to set up, add and modify user reporting menus				
800	Ability for users to add ad-hoc queries to the reporting menus				
801	Ability for users to develop ad-hoc queries for any data element combination in the system				
802	Ability for users to save ad-hoc queries for future use				
803	Ability for users to develop ad-hoc queries based on existing standard and custom queries				
804	Ability for administrators to develop custom reports that support user-defined data selection, grouping, and sorting				
805	Ability for users to develop custom reports based on existing reports				

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806	Ability to create custom report queries sorted and group by one or more programs, services, and providers				
807	Ability to create custom report formats				
808	Ability to create custom printable forms with defined prefilled content				
809	Ability for each user to customize their “home” screen				
810	Ability to turn custom reports and/or queries into interactive dashboards with drill-down capability.				
811	Ability to edit data within a dashboard.				
812	Ability for user to include dashboards on their "home" screen.				
813	Ability for administrators to develop reusable dashboards.				
814	Ability for users to develop their own custom dashboards and share them based on appropriate security.				
815	Ability for users to modify and save an existing dashboard as a new one.				
816	Ability to turn any report or query into a user definable chart. (E.g. pie chart, bar chart, etc.)				
817	Ability to save the output of a report or query for future viewing.				
818	Ability to print all or sections of a report or query.				
819	Ability to export the contents of report or query. (E.g. MS Excel, comma delimited file, XML file, PDF, etc.)				
820	Ability to drill into the details within any report or query that summarizes data.				

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821	Ability to schedule reports to be run and send to predesignated recipients.				
822	Ability to create reports and queries that allow summarizing data by; counts, totals, averages, percentages, difference between to fields.				
823	Ability to perform basic math functions using two or more data elements on a report or query. (E.g. add, subtract, multiple, divide)				
824	Ability to perform advanced math functions using two or more data elements on a report or query. (E.g. sum, count, average, mean, medium)				
825	Ability to allow user to perform complex data queries and analytics through the use of a SQL query builder tool, SSRS, Microsoft Report Builder, and Power BI.				
826	Ability to report on status of internal and external referrals by program.				
827	Ability to produce a report of eligible services by waiver, insurance, etc. (E.g. provide hard copy to individual)				
828	Ability to capture and display quantitative progress measurements within an ISP. (E.g. learning plans, DD group homes, skill plans, functional assessments, SBS)				
829	Ability to generate a master appointment list to see all scheduled appointments. (E.g. support capacity planning in residential facilities)				

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830	Ability to see all scheduled appointments for a staff member by defined time period.				
831	Ability to see all scheduled appointments for an individual by defined time period.				
832	Ability to generate a master appointment list that shows all appointments to be schedule. (E.g. to support centralized scheduling)				
833	Ability for facility management to view a master schedule of all individual-related activities.				
834	Ability for facility management to view a master schedule and utilization for each patient care staff member				
835	Ability to report on specific healthcare metrics (E.g. % of individuals seen within a specific timeframe, trends and graphs)				
836	Ability to do ad-hoc reporting.				
837	Ability to create custom reports.				
838	Ability to produce documents in a variety of languages for customer signature.				
839	Ability to produce a daily cashiering report to be exported/printed and balance the drawer.				
840	Ability to support industry/regulatory standardized assessments documents. (E.g. AIMS, DLA-20, ASAM, COWS, Columbia suicide risk assessment, SMI/SED, ASQ, GPRA, WaMS ISP, Morse Fall Scale, etc.)				

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841	Ability to track an individual's current status within an episode of care.				
842	Ability to combine customized data entry templates to create a new integrated template.				
843	Ability to access and report off of any data entered into the system.				
844	Ability to generate individual providers for case-loads reports.				
845	Ability to generate productivity reports.				
846	Ability to generate missing notes reports.				
847	Ability to provide case load/workload balancing reports/interactive management.				
848	Ability to measure and report on an individual's progress from one standardized assessment to the next.				
849	Ability to view progress across a given data element that is collected on a periodical basis or in a repeatable manner. (E.g. height, weight, vitals, etc.)				
850	Ability to show progress of measurable data element (E.g. height, weight, assessment scores) in a graphical format.				
851	Ability to identify guest medical records so that they may easily be included and excluded in agency reporting				
852	Ability to capture, track and report on all medication assisted treatment related DEA requirements				
853	Ability to produce a printed visit summary to give to patient post-appointment				

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854	Ability to view and print industry standard patient education materials				
855	Ability to develop, view, and print custom patient education materials				
Residential Care					
856	Ability to assign and schedule/manage bed days for residential facilities.				
857	Ability to specify special dietary needs for an individual in a residential facility. (E.g. group home or ICF facility)				
858	Ability to log and track what meals were given to each individual and how much that individual consumed				
859	Ability to record specific injuries (E.g. fall event, injuries etc.), and/or body check information for a given individual while under care, track progress, and notify necessary staff in other shifts.				
860	Ability to indicate on a series of graphics (E.g. body diagram) an individual has been injured, the type of injury and its severity. (E.g. Body Check form)				
861	Ability to automatically reflect individual-specific notes within a facility shift log on the individual's EHR record				
862	Ability to manage and track personal property details (E.g. name, description, condition, location, quantity, etc.) for an individual in a list format.				
863	Ability to view all available beds in each facility. (E.g. currently available, future availability)				

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864	Ability to place an individual on a bed reservation list for one or more facilities.				
865	Ability to notify staff when a bed is coming available for an individual on the bed reservation list.				
866	Ability to assign a bed in a facility to a new individual.				
867	Ability to transfer an individual from one bed assignment to another.				
868	Ability to view the overall census of each facility and sort list by bed type and/or availability.				
869	Ability to search for an available bed based on specific individual demographic information. (E.g. age, gender, special needs)				
870	Ability to track the transition of an individual from facility to facility, and retain move history.				
871	Ability to establish and maintain a bed reservation queue by facility.				
872	Ability to provide staff with a dashboard of all medications to be dispensed (E.g. Residential)				
873	Ability to set up a user defined list of bed status codes for residential facilities (E.g. open, occupied, out of commission)				
874	Ability to add a patient's child to a residential bed without creating an individual record				
875	Ability to schedule and track periodic bed checks for residential facilities (E.g. every 15 minutes)				

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876	Ability to place a bed(s) "out of commission" when the rest of the room is utilized by a mother and child(ren) (E.g. Mother with two children in a room with two beds)				
877	Ability to automatically to open an "out of commission" bed when the mother with accompanied child is discharged				
Scheduling					
878	Ability to transfer all appointments, or appointments in a certain range, from one provider to another				
879	Ability to double-book individuals, providers, staff and resources				
880	Ability to customize color coding on scheduling module by service, program or provider				
881	Ability to display more than one day's schedule and more than one location's schedule at a time				
882	Ability to automatically search and filter available appointment slots for an individual by day of week, time of day, length of appointment, provider, type of appointment, office or location, and funding source				
883	Ability to define double booking or overbooking limits				
884	Ability to view and report on scheduled facility tours				
885	Ability to allow staff to schedule their own appointments				
886	Ability for intake/assessment staff to "soft schedule" an individual for an open appointment block				
887	Ability to schedule appointments with multiple attendees				

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888	Ability to establish and maintain a central scheduling by type (E.g. home visits)				
889	Ability to create and maintain standard individual staff schedules to identify staff availability				
890	Ability to support unlimited staff member participation within a group activity, consultation team meeting, or appointment				
891	Ability to show scheduled appointments with associated staff member(s) within an individual's medical record				
892	Ability to exchange or add a staff member to an appointment				
893	Ability to identify the location of service when scheduling appointments				
894	Ability to track reasons codes for no shows/cancellations for all programs				
895	Ability to schedule a recurring group session				
896	Ability to assign/schedule an unlimited number of staff to a group				
897	Ability to schedule individuals to a single or recurring group session				
898	Ability to schedule an ad-hoc group session				
899	Ability to schedule an individual for overlapping activities within a given day				
900	Make appointment requests via online portal to see primary provider				
901	Ability to electronically see staff availability (E.g. single or group providers in one menu)				
902	Ability to manage staff availability				

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903	Ability to create specifically identified appointment slots based on specific individual needs categories				
904	Ability to search and schedule available specifically identified appointment slots (E.g. assessment, clinician) based specific individual need categories. (E.g. ESL, ASL, Blind, etc.)				
905	Ability to allow providers to identify themselves as available for services. (E.g. Initial Assessments)				
906	Ability to approve user to manually override the automated provider assignment recommendation. (E.g. Intake Team Member).				
907	Ability for the system to recommend provider/clinician match based on one or more predefined criteria (E.g. individuals insurance, native language, etc.) for appointment scheduling.				
908	Ability to develop individual queue for block time appointments. (E.g. to support block scheduling, front desk to log new individuals into a queue for the Engagement Specialist or Assessor)				
909	Ability for an approved user to schedule for themselves or other providers within established security and business rules.				
910	Ability to identify appointments by types. (E.g. medical evaluation, OBAT, MAT, Clinical Evaluation, Psych Evaluation, etc.)				
911	Ability to set appointment blocks for specific types of appointments where individuals are seen on a first come, first-serve basis. (E.g. Intake, Initial Psychiatric Evaluation, Assessments, etc.)				

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912	Ability to view multiple calendars and schedule multiple related appointments together to allow individuals to minimize their visits. (E.g. multiple services scheduled in one appointment – psych evaluation, group therapy, and another service all together on the same day)				
913	Ability to support user defined scheduling rules and requirements by appointment type/category (E.g. initial appointment, Delivery, Follow-up, etc.)				
914	Ability to automatically identify/flag when a specific appointment is needed for individual based on user defined criteria. (E.g. Assessment, Treatment Plan, Opioid treatment, etc.)				
915	Ability for the system to alert a provider during an appointment when time based activities or follow ups are needed. (E.g. DLA-20 is required every 6 months, Quarterly Reviews are required every 90 days, Columbia is required annually, Annual follow-ups, etc.)				
916	Ability to assign a number of days from the date entered in which an individual's first appointment needs to be scheduled. This assignment should be allowed for each Program, and should also be used by the EHR when searching for available appointment times.				
917	Ability for approved user to manually override recommended scheduling options and appointment assignments. (E.g. Scheduler)				
918	Ability to print out appointment reminder cards to give to customers.				

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919	Ability to capture non-patient care activities for staff.				
920	Ability to track the first offered appointment, and whether they took the first offered appointment.				
921	Ability to execute appointments scheduling from within various elements of the medical record. (E.g. treatment plan, progress notes, assessment, etc.)				
922	Ability for providers to notify the centralized scheduling staff that an individual needs one or more treatment sessions scheduled.				
923	Ability to view a list of appointments and associated scheduling status for a given individual.				
924	Ability for approved users to schedule appointments on behalf of others. (E.g. centralized schedulers, other providers, nurses, etc.)				
925	Ability to support centralized scheduling.				
926	Ability to set appointment blocks by appointment type with given time frames.				
927	Ability to establish approval flow for overwrites of existing appointment or non-working time.				
928	Ability to include treatment location details in scheduling requests and appointments.				
929	Ability to set up a group therapy session as a recurring appointment for a specific number of sessions over a user defined time period.				
930	Ability to schedule an individual for a recurring group therapy session.				

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931	Ability to identify whether or not an appointment can be scheduled for a service/program that requires an authorization.				
932	Ability to identify, log, track, and report on non-individual participation in community-based group activities. (E.g. "Z" individual for state reporting)				
933	Ability to cancel all future appointments and/or remove from group membership(s) upon discharge approval for a specified program or episode of care.				
934	Ability to establish and manage care/assessment team calendar. (E.g. Infant Programs, Residential)				
935	Ability to identify a slot as being an In-home or Facility appointment. (E.g. may include travel time on both ends of the slot for travel or not)				
936	Ability to identify an appointment slot by user-defined type with unique purpose. (E.g. Assessment, Medical, Psych, etc.)				
937	Ability to assign a Care Team or individual provider to an appointment slot (E.g. Infant Programs, Residential)				
938	Ability to display and print a monthly view of available and scheduled care team slots.				
939	Ability to create a list of all new Infant Program Individuals needing treatment and allowing staff and contractor providers to access the list and communicate their desire to accept one or more new individuals				

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940	Ability to generate a class roster based on registration with user-defined field and update to reflect attendance (E.g. no billable service recorded)				
941	Ability to schedule appointments without an existing treatment plan				
942	Ability to view all currently scheduled appointments by program or service area (E.g. MH, SUD)				
943	Ability to add resources to any scheduled appointment (E.g. rooms, Zoom rooms, equipment, interpreter)				
944	Ability to add tele-health connection information to any appointment				
945	Ability for staff to design customized appointment cards				
946	Ability to schedule and manage periodic case management meetings to include multiple staff and individual family members (Monthly Recovery Plus Interdisciplinary Treatment Team Meeting)				
947	Ability to plan and manage medication assisted treatment clinic diversion checks (specific timeline, random check)				
948	Ability to view reason for visits (past/present) as a part of the appointment information				
949	Ability to view prior appointments sorted by date				
950	Ability to allow individual to identify reason for appointment during check-in				
951	Ability to schedule an individual for recurring individual appointments (E.g. Weekly, monthly, bi-monthly)				

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952	Ability for individual chart flags, notifications, and alerts to be viewable to scheduler to assist with scheduling appointments (E.g. Individual due for annual wellness assessment)				
953	Ability to document an individual's appointments with outside providers on the master schedule				
954	System that will not allow appointments to be scheduled when treatment plans and/or case is closed, and alert providers				
955	Able to look up appointments that are on hold (when unable to create appointment due to no treatment plan/services available)				
956	Ability to change services instead of having to cancel existing appointment and then input the new service				
957	When appointment is canceled, should show the date of the actual scheduled appointment and when it was actually canceled and immediately allow that time slot to be opened up for the next client				
958	Should be able to change providers of scheduled services from one to another without having to cancel and reschedule the service (example: one provider out sick but co-worker able to see the client instead of rescheduling)				
959	Easy search for appointments by staff or individual				
960	Easy way to schedule individual's for group treatment				
961	Easy scheduling times (some use 20 minute increments, some use 30 minute increments, etc.)				

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962	Not be able to schedule an appointment type with any staff who does not have the proper credentials to provide the service				
963	Secretary daily schedule report should auto populate the individual's contact number and responsible party				
964	Secretary daily schedule report only show staff appointments with individuals coming in - don't need to see lunch hours, meetings, etc.				
965	Auto-email and/or auto-text with appointment reminders				
966	Appointment logic follows client, not plan, for scheduling				
Significant Events					
967	Ability to identify the level of a significant event (1, 2, 3)				
968	Ability to document investigation activities for significant events				
969	Ability to document the root cause analysis for a significant event				
970	Ability to create a list of documents needed to be collected to assist in investigating a significant event				
971	Ability to document significant events as being related to a client, but not be included in a client's medical record				
972	Ability to track that all significant events are reported within the required window of time post-occurrence				
973	Ability to email and/or text all necessary personnel when a significant event is logged				
974	Ability to identify if a significant event needs enhanced root cause analysis				

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975	Ability for staff to fill out the agency's significant event reporting form with only applicable information also being logged in the individual's medical record				
976	Ability to track individual complaints as significant events				
Treatment Plan					
977	Ability to identify individuals who have an active episode of care and are currently admitted to a program				
978	Ability to identify if a diagnosis is expired and its associated effective date				
979	Ability to capture Service sub type (E.g. face to face) for Annual planning or Quarterly Reviews				
980	Ability to expire a treatment plan				
981	Ability to only enable one active treatment plan for a given service				
982	Ability to view a client's treatment plan details at the agency, program, and service levels				
983	Ability to concurrently have active treatment plans, as well as draft inactive treatment plans under development				
984	Ability for each service provider to develop a service level treatment plan within a program				
985	Ability to create treatment plans that identify daily/weekly tasks to be completed by facility staff				
986	Ability for the system to notify/alert a supervisor when treatment plan daily/weekly tasks are not completed				

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987	Ability to develop a separate section of DD treatment plan for an individual's learning plan				
988	Ability to create and maintain a learning plan with target foals and associated progress via checklist and supporting narrative text entry				
989	Ability for the system to notify a supervisor if a checklist item is not completed				
990	Ability to track and provide visual indicators to communicate individual progress status				
991	Ability to automatically notify the primary treatment provider/therapist and/or other key staff (E.g. Primary Clinician) of case/medical record updates by another clinician (E.g. Diagnosis, user defined data fields, Treatment Plan drivers/impacts) and/or specific actions. (E.g. TDO petition, adding or removing a diagnosis, etc.)				
992	Ability to exclude expired diagnosis from active display.				
993	Ability to provide decision support/clinical pathways for alerts (E.g. drug-disease interactions, suggested diagnoses, suggested tests to run, etc.) to providers/clinicians during appointment.				
994	Ability to add, rank, edit, and share diagnosis.				
995	Ability to execute electronic Informed Consent for medications. (E.g. Suboxone, Clozapine, Controlled med consent, etc.)				
996	Ability to delegate activities to other approved providers.				

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997	Ability to identify approval requirements for different types of encounters and/or services.				
998	Ability to have system flag non-compliance with treatment plan and/or run reports for variance against plan.				
999	Ability to set a reminder for the primary provider to follow up with a treatment provider to gain approval for scheduling an individual if the initial request was rejected.				
1000	Ability to establish a single treatment plan for a given individual where multiple programs can contribute program treatment plan content and associated notes.				
1001	Ability to assign a provider to contribute to a specific treatment plan section.				
1002	Ability to track progress against state immunization requirements for an individual served. (E.g. used in ICF, Infant Program, Family First, etc.)				
1003	Ability to track progress against standard prenatal requirements for an individual served. (E.g. Family First)				
1004	Ability to alert case manager when an individual has not had required immunizations. (E.g. Infant and/or Family First program)				
1005	Ability to assign two primary case managers to one episode of care for an individual. (E.g. Infant Services / Families First)				
1006	Ability to alert the case manager when an individual is approaching the age limit for eligibility to any specific service or program based on captured date of birth.				

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1007	Ability to log and track mother's prenatal visits.				
1008	Ability to identify a “Level of Care” value for a case, and have the level of care link to a default treatment plan. (ex 1,2,3 for Families First Program)				
1009	Ability to assign frequency for services by "Level of Care".				
1010	Ability track the date the "Level of Care" was changed, by whom, and the reason code.				
1011	Ability to view a master treatment plan that consists of all active treatment plans				
Workflow Management					
1012	Ability to set customized permissions on workflows.				
1013	Ability to support multi-level workflow administration. (E.g. Agency administration for agency-wide workflow changes, and Program Managers to adjust workflow rules within their specific program flows)				
1014	Ability to trigger a clinical review or clinical staffing based on a user-defined event(s)/thresholds (E.g. hospitalizations per patient or program).				
1015	Ability to identify mandatory or optional fields on all data entry fields.				
1016	Ability for the system to support a custom workflow for a non-resident individual to receive DPCS services				
1017	Ability to configure customizable workflows.				

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1018	Ability to establish an inventory of "Services" and associated metadata. (E.g. Associated characteristics/activities/workflow requirements)				
1019	Ability to override mandatory record fields based on given "Service". (E.g. Admin without clinical assessment)				
1020	Ability to support branching workflows.				
1021	Ability to establish automated business rules to drive unique workflows by flag. (E.g. based on X insurance flag, the individual must see Y assessor)				
1022	Ability to support user defined activity requirements within a workflow, track activity status, and automatically indicate to the user that a requirement has not been fulfilled.				
1023	Ability to track length of time spent in each component of an individual's workflow (E.g. Prescreen, Waiting Room time, Intake, Initial Assessment, etc.)				
1024	Ability for the system send a message and add a task to another provider's work listing for a secondary progress note signature.				
1025	Ability for workflow to manually route case/individual back to queue outside normal flow. (E.g. flexibility to do assessment first, then come back to intake)				
1026	Ability to customize business rules to enhance workflow logic.				
1027	Ability to capture reason codes for exception process actions. (E.g. Discharge, appointment cancellations, etc.)				

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1028	Ability for the system to perform a quality/compliance checklist audit. (E.g.. indicate all items that need to be completed or corrected) (E.g. prior allowing a discharge, to move to next workflow step, etc.)				
1029	Ability to customize workflows based on the "Priority" population for individuals identified.				
1030	Ability to support policy exceptions within a workflow and/or data fields (E.g. No-Shows, Billing/No payment, Excessive Cancellations, etc.), and communicate the exceptions within a individual's medical record				
1031	Ability to establish standard policies and workflow triggers for No-Shows and cancellations.				
1032	Ability to modify the standard policy/workflow based on unique program needs/requirements.				
1033	Ability to require additional staff review and sign-off before finalizing a submitted service(s). (E.g. review contractor or new provider entry prior to releasing for billing)				
1034	Ability to require additional staff review and sign-off before finalizing a progress note.				
1035	Easy to find demographic information				
1036	Auto-populate effective dates				
1037	Clinical alerts that do not allow staff to continue without completing all required parts of a form/assessment.				
1038	Improved workflow with one direct way to complete task.				

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1039	Ability to view more data at a time in an individual's chart.				
1040	All documents (internal forms and scanned documents) in one location together for easy retrieval.				
1041	Ability to access medication and diagnosis information from internet to provide to patient/assist with treatment plans (for docs).				
1042	Treatment history page should show name of service provider, actual type of service, date began and date ended and able to organize by provider or date (date info was entered on the tab is useless)				
1043	Treatment history page should have pertinent info at-a-glance and only click entry to open for address/contact # of service, ROI, and D/C paperwork attached which can also populate in attachment section				
1044	Vitals page should show all that has been entered with one click to organize/show most recent at top				
1045	Be able to print the treatment plan the way it looks when entered so do not have to go in and link everything first				
1046	Be able to look up individual by alias names they use				
1047	Once face sheet completed, auto-populate ROI that has to be signed or highlighted in color until completed.				
1048	If completing more than one release, auto-populate authorized representative/guardian/parent names, dates, and other standard information on all ROI forms				

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1049	Tally of contacts over period of time to use for Quarterly Reviews (E.g. during last 90 days, how many phone contacts, face to face visits, client-related services, etc.)				
1050	When an individual is checked in, checkbox in the EHR that lets staff who have an appointment scheduled with the individual know they have arrived				
1051	Auto-populate treatment plan goals and objectives into the progress note so you don't have to use a template to complete the progress note.				
1052	Bed search - Load the completed bed search automatically into the record without having to type it over again				
1053	Bed search - Have a checkbox that is time stamped that shows which hospital was contacted and at what time.				
1054	Prior Authorizations - Want the PA forms be a part of the EHR so that information already being entered could auto-populate onto the form so staff do not have to double document (put info in chart and then turn around and have to fill out PA too).				
1055	Community Consumer Submission (CCS) or new State Reporting Solution needs to be better integrated.				
1056	Arm bands/client identifiers to scan, making required 15 minute bed checks easier.				
1057	Progress notes should have a header with the individual's name and date of birth and provider at the top of the page along with Provider signature at the bottom.				

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1058	Referral page should be organized by either the referral type or the date of the referral but be able to populate either way				
1059	Progress notes should not allow overlapping entry at the time of entry on specific services (individual cannot have two services at one time and provider can only provide multiple services at one time if it was a group)				
1060	Alert providers to overlapping note situations				
1061	Incomplete forms (of any type) show in color the missing information				
1062	Filter forms that are expired - only populate current ones				
Workload Management					
1063	Ability to transfer full case load assignments from one provider to another on mass (E.g. One doc leaves and new one takes over cases and appointments) and retain historical information for original doc.				
1064	Ability to track and view Program / Provider capacity.				
1065	Ability for the supervisor to view each case manager's current work load when evaluating caseloads or assigning them to a new individual being served.				
1066	Ability to manage case load capacity and to perform load balancing functions across assigned case managers				
1067	Ability for a supervisor to define rules that would highlight when a staff member's load may be too heavy				

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1068	Ability to do case load balancing for providers/team assignments.				
1069	Ability to support provider case load management. (E.g. number of kids multiplied by frequency)				