



Community
MENTAL HEALTH
CLINTON • EATON • INGHAM

CMHA-CEI
Physician Provider
Manual
2022



Physician Provider Manual Index

Provider Manual Overview.....	3
Main Contact List.....	5
Physician SmartCare User Guides.....	6
User Guide for SmartCare on the Internet.....	7
Physician Quick Start Guide	9
Basic Functions	13
E & M Procedure Crosswalk	36
Physician Messages	37
SmartCare Rx Core Training.....	47
Training.....	120
SmartCare Training for All New Staff.....	121
Appeals and Grievances Process.....	122
Bloodborne Pathogen Exposure	132
Corporate Compliance	135
Cultural Competency and Diversity	161
Person-Centered Planning	168
Privacy and Security	174
Limited English Proficiency.....	184



Provider Manual Overview

Who We Are

Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI) is a three county Community Mental Health Services Program (CMHSP) – the local public mental health and substance abuse provider, serving the citizens of Clinton, Eaton and Ingham Counties.

CMH is a public governmental body, formed by the County Commissions of Clinton, Eaton, and Ingham Counties, with a 12-member board of directors appointed by the County Commissions of all three counties.

Who We Serve

CMHA-CEI serves, through the work of its staff (over 1000 employees) and its contractual providers (over 600 employees of these providers), the mental health and related needs of approximately 12,000 persons in four populations:

- Children and adolescents with emotional disturbance
- Adults with mental illness
- Adults, children, and adolescents with developmental disabilities
- Persons with substance abuse disorders

Vision

CMHA-CEI holds this vision of a community:

- A community in which any person with a mental health need has access to a wide range of resources to allow him or her to seek his or her desired quality of life and to participate, with dignity, in the life of the community, with its freedom and responsibilities
- A community defined by justice for persons with mental health needs

Persons with mental health needs include those with a mental illness, an emotional disturbance, a developmental disability, and/or a substance use disorder.



Mission

CMHA-CEI's mission is to fulfill two complementary but distinct roles in realizing this vision:

- **Behavioral healthcare provider** – Providing, directly and through partnerships, a comprehensive set of person-centered, high quality, and effective behavioral health and developmental disability services to the residents of this community
- **Advocate, catalyst, thought leader, and convener** – Fostering the transformation of all aspects of community life, eliminating inequities, and promoting the common good for all, especially for persons with mental health needs.

The Board of Directors and staff of CMHA-CEI commit to fulfilling the Mission and Philosophy of the organization.



Main Contact List

CMHA-CEI Medical Director

Dr. Stanley

- o Email: Stanley@ceicmh.org
- o Phone: 517-346-8340

Clinical Services & Recipient Rights Administrative Assistant

Lynn McLaughlin

- o Email: mclaughl@ceicmh.org
- o Phone: 517-887-5234

CMHA-CEI Med Clinic – Jolly Rd. #206

- o Phone: 517-346-8340

Ascension Pharmacy – Jolly Rd. #208

- o Phone: 517-394 - 5019

CMHA-CEI Provider Resources

Downloadable PDFs of CMHA-CEI Policies and Procedures, Trainings, and other Provider Resources.

- o <http://ceicmh.org/community-resources/provider-resources>



Physician SmartCare User Guides

User Guide for SmartCare on the Internet

This document describes how to access SmartCare and Outlook using a standard internet connection with CEI Agency equipment.

To connect to SmartCare using an Agency laptop

1. Connect to the internet via a reliable internet connection. This can be a wireless connection or a hotspot.
2. Do NOT launch NetExtender.
3. Click on the CEI-Live Smartcare icon on your Windows desktop. The shortcut will know that you are on the internet and automatically connect you to <https://streamline.ceicmh.org>



To connect to email using an Agency laptop

1. Connect to the internet via a reliable internet connection. This can be a wireless connection or a hotspot.
2. Do NOT launch NetExtender.
3. Click on the Outlook icon on your desktop. Outlook is configured to connect properly whether you are on the internet or in the office.



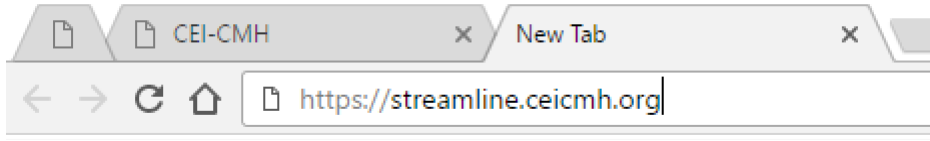
Important Notes

- ⦿ This method of accessing SmartCare is only for use when not in the office. When at the office, please use your docking station or agency wireless. You can use the same CEI-Live SmartCare icon on your desktop wherever you connect.
- ⦿ If you need assistance, please contact the Helpdesk at 346-8215. Please note that the Helpdesk will not be able to remote into your laptop to troubleshoot.
- ⦿ If you need to use access your G: drive or printers in the office, you will need to close your SmartCare session, then connect using NetExtender. However, using SmartCare through NetExtender will be significantly slower.
- ⦿ Signature pads will work using SmartCare on the internet with an Agency laptop.

Please keep in mind the confidential nature of the information on your screen, whether you are in public or at home. If you choose to use a personal computer, no agency information may be stored on it. Please refer to Agency policies Confidentiality and Privileged Communication 3.3.10 and Computer and Network Use 1.5.1 for further information.

To connect to SmartCare using non-Agency computers

1. Connect to the internet via a reliable internet connection. This can be a wireless connection or a hotspot.
2. Launch Chrome and type the following in the address bar: <https://streamline.ceicmh.org>



3. The login screen should appear and SmartCare can be used as normal.

Important Notes

- ⦿ This method of connecting to SmartCare was developed for use on Agency laptops utilizing a specific version of Chrome with specific settings. You may use a Chrome browser on non-CEI equipment. However, the version of Chrome you use may not be supported by Streamline. Helpdesk support will not be able to support SmartCare issues related to non-CEI equipment.
- ⦿ From the internet if you need to access email you will only be able to use webmail with the following link: <https://mail.ceicmh.org/>
- ⦿ Signature pads will not work with non-CEI equipment.

Please keep in mind the confidential nature of the information on your screen, whether you are in public or at home. If you choose to use a personal computer, no agency information may be stored on it. Please refer to Agency policies Confidentiality and Privileged Communication 3.3.10 and Computer and Network Use 1.5.1 for further information.

Physician Quick Start Guide



Physician Quick Start Guide

This guide is a reference for physicians to quickly begin using SmartCare and SmartCare Rx. It assumes knowledge of topics covered in the [New User](#) Training and [Basic Functions](#) User Guides.

Contents

- Set Up Requirements..... 2**
- Navigation 2**
 - Dashboard Widgets 2
 - Banners..... 2
- Service Notes (Psych Eval / Psych Service Note) 3**
 - Opening a Scheduled Service..... 3
 - Completing a Scheduled Service 3
- Medical..... 3**
 - SmartCare Rx 3
 - Standing Orders 4
 - Care Integration / GLHC Portal..... 4
- Troubleshooting..... 4**

Set Up Requirements

In order for a physician to get access to SmartCare and SmartCare Rx, the supervisor will need to submit a Status Change Request. Additionally, the Physician will need to complete the SmartCare Rx Signature form – this will be provided by and returned to the Medical Director.

Navigation

Dashboard Widgets

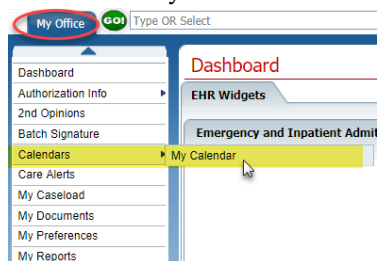
The Widgets on your Dashboard enable you to navigate directly to a document, a scheduled service, or specific information about a client by clicking on underlined text.

- **Emergency and Inpatient Admits** - Hospital admission information about clients in your caseload appears in **red** until details are viewed. Once viewed, that information will appear in black text at the end of the list for the next 7 days.
- **Appointments** – Displays your scheduled appointments. Click on the **Time** link to go directly to a Scheduled Service where you can complete and sign the service note.
- **Standing Orders** – Identifies clients where you are the primary physician and the Standing Order has an issue or is coming due soon.
- **New Alert / Messages** - If available, click directly on the message. Once viewed, the message will be considered *Read* and will no longer appear in the widget.
- **Documents** – Displays counts of documents that are In Progress, Coming Due, etc. Click on a number link to navigate to the List Page.
- **Care Alerts** - Enables Care Integration via links to any client on your caseload who meet the parameters for current Care Alerts.

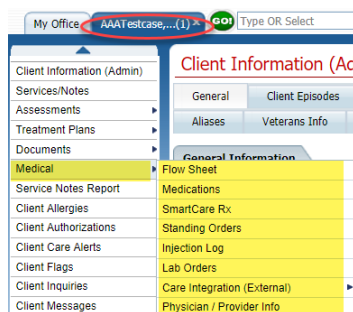
Banners

You can also navigate to the screens you need from the banners.

There are My Office Banners



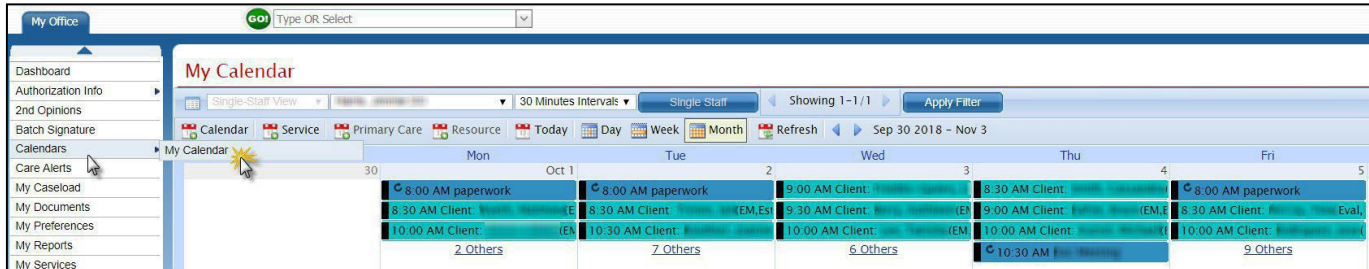
...and Client Banners



Service Notes (Psych Eval / Psych Service Note)

Opening a Scheduled Service

There are many ways to access a scheduled service. The easiest methods are to use the links in the Appointments widget, or via the Calendar. To access from the Calendar, open My Calendar from the My Office banner. As with the Appointments widget, click on the Time to go directly to a *Scheduled* service.



Completing a Scheduled Service

For *Scheduled* services, please confirm the Procedure, Start Date, Start Time, and Duration *before* changing the status of the service to *Show*. Once the status is Show, navigate to the Note tab to create and sign the service note.

Medical

SmartCare Rx

From the Client banners, hover over the *Medical* banner and select *SmartCare Rx*. This will open a separate SmartCare Rx window which will open to that client's Patient Summary.

Buttons	Description
Patient Search...	Search for another patient and open the patient's Summary Page
Consent History	View all consents for medication electronically signed by the patient
Medication History	View the patient medication history
New Order	Enter a new medication order
Add Medication	Add medication information for the client without creating an order
Print List...	Print a list of current medications
Change Order	Change the order of currently prescribed medication
Re-order	Refill a currently prescribed medication
PMP	When you click on the PMP button, a new tab in your browser will open for the Michigan Automated Prescription System (MAPS).

Located in the medication list:

- Verbal Orders – Orders that are queued for the prescriber to approve.
- Queued Orders – Non-prescribers can enter queued orders for a prescriber to approve prior to being sent to a pharmacy

The screenshot displays the 'Patient Summary' for AAATestcase, Tammy (2). The medication list table is as follows:

Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Pharmacy	Comments	Added By
Abilify	10/15/2015	10mg, Tab, Oral 1 each Morning 30.00	10/15/2015	11/14/2015	3	Admin, System	Printed		Admin, System
Abilify	10/15/2015	20mg, Tab, Oral 1 each Daily 30.00	10/15/2015	11/14/2015		Admin, System	Printed		Admin, System
CONCERTA	06/14/2017	27MG, TBER, Oral 1 each Daily 30.00	06/14/2017	07/14/2017		Admin, System	Printed		Admin, System
Verbal Order/s awaiting approval	06/25/2018	pack, oral 4 each 4 Times per Day (as needed) 30.00	06/25/2018	07/25/2018		zz Streamline Test Pharma	Printed		Admin, System
Verbal Order/s awaiting approval	10/19/2018	pack, oral 1 each Twice a day 20.00	10/19/2018	11/28/2018		zz Streamline Test Pharma	Printed		Admin, System

Standing Orders

Physicians can create and edit Standing Orders documents and all staff will be able to view them. On the client tab, hover over the **Medical** banner and select **Standing Orders**.

The Standing Order flags provide information about status of a client's standing order/s.

- The **Blue** SO flag means the client has a standing order in good standing.
- The **Red** SO flag means a client's standing order has errors, such as the standing order has expired, or the author of the effective standing order is not the Primary Physician.

Care Integration / GLHC Portal

The GLHC Portal includes medical detail for the client. Clicking on the GLHC Portal banner will open up a new Chrome window *outside of SmartCare*.

Note: If any medical decisions are made based on information found outside of SmartCare, such as via the GLHC portal, the physician needs to take steps to add the source information to SmartCare. (e.g. printing the GLHC documentation and providing to Clerical or Records staff to scan and upload the documents.)

Troubleshooting

If you need assistance, please contact Helpdesk at helpdesk@ceicmh.org, or (517) 346-8215



Community
MENTAL HEALTH
CLINTON • EATON • INGHAM

SmartCare

Basic Functions

User Guide

This guide will provide information on how to perform some basic functions in SmartCare.

Table of Contents

SmartCare Screen Information	2
Searching for a Client	2
Search or Open a Client already in the system	2
Use the full Search box	3
Entering into a Grid	7
Inserting into a Grid	8
Modifying a Grid	11
Clearing a Grid	11
Deleting a Record from a Grid	11
Unsaved Changes	11
How Unsaved Changes Work:	11
Addressing Unsaved Changes Promptly	12
Problems with Unsaved Changes	13
Understanding the Documents Header	14
How to use the Private Window	16
How the Private Window works	16
Cautions	17
Tricks to Make Your Life Easier	18
History	18
'Hover' Banner List	18
Hover	19
Searching for an ICD9 Diagnosis	20
Quick Action Items	20

SmartCare Screen Information

This is the My Office Tab. It provides general information (not client specific)

This is the Client tab. Click on it to see the Client Banners. Client Banners relate to the client selected. The number after the name is the Client ID. Click the X to close the Client Tab.

Quick Action | Open this Client | Create Service/Notes

40201507241 | 139

My Office | Babyruth, Barb (340) X

Dashboard

Authorization Info

2nd Opinions

Calendars

Groups

My Caseload

My Documents

My Preferences

My Reports

My Services

Notifications

Services

Spend Downs

Unsaved Changes

If there are Unsaved Changes, they would display here.

Shortcut Dropdowns

Icons

Dashboard

This screen is the Dashboard. It is found in the My Office tab.

EHR Widgets

Case Load

	Current	Not Seen in 3 Mos	Last Year
Primary	<u>4</u>	<u>1</u>	0
Total	2	1	0

This is a Widget Widgets are found on the Dashboard. They provide helpful information. Underlined items are links to navigate to the referenced screen.

New Alerts/Messages

These are Banners. Since the My Office tab is selected (in blue), these are My Office Banners. Clicking on a Banner opens a screen or List Page. A black arrow next to a Banner indicates there is a Flyout. Hover over the Banner to see the Banners available in the Flyout.

ent (non face to face) - Cl...
r/referral document has bee...
alls Go Here
Provider - Met with CMH Provide...

Services Needing Attention

Total of 'Show' charges: \$ 935.05

View All	<u>5</u>
Authorization is required	<u>4</u>
Scheduled service authorization missing	<u>1</u>

Documents

	Notes	Tx Plan	Per Rev	All
In Progress	<u>8</u>	<u>2</u>	<u>0</u>	<u>13</u>
To Sign	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
To Co-Sign	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Due in 14	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Services For Today

Name	Time	Status

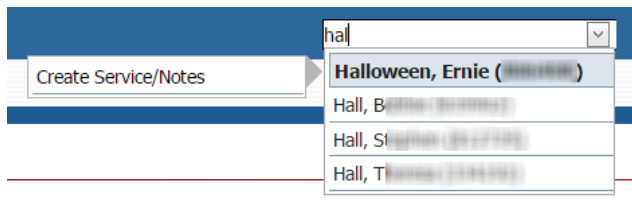
Searching for a Client

There are multiple methods to search for a client.

Search or Open a Client already in the system



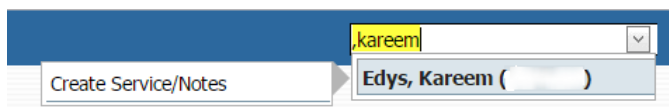
You will be able to type the client name* or Client ID directly into the dropdown menu to search, *without having to open the Client Search Window!* (Note: You will still need to use the Client Search screen to create new Inquiries.)



As a name is entered, the client dropdown begins to fill. Clients you have access to will be in **bold** at the top.

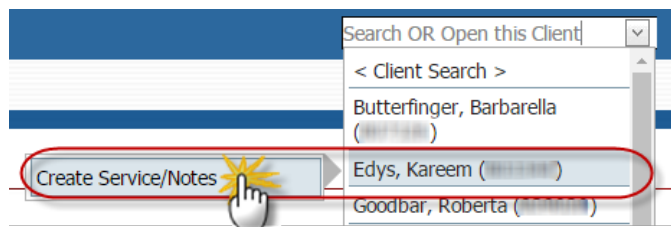
Important: Click to select the correct client. Do not just hit enter, or you could enter information for the wrong client.

*You can type Last name, First name (separate by a comma), or you can search for clients with a specific first name by typing just the first name preceded by a comma, ",first name." If you have a caseload, clients on your caseload (meeting the criteria of your search) will appear in **bold** at the top of the list.



Important: Wait for the list to load and click on the desired client or use the down arrow to select the correct client. **Do not just hit enter.** If the list is still loading, you may open the wrong client. As always, verify that you are on the correct client record before entering information.

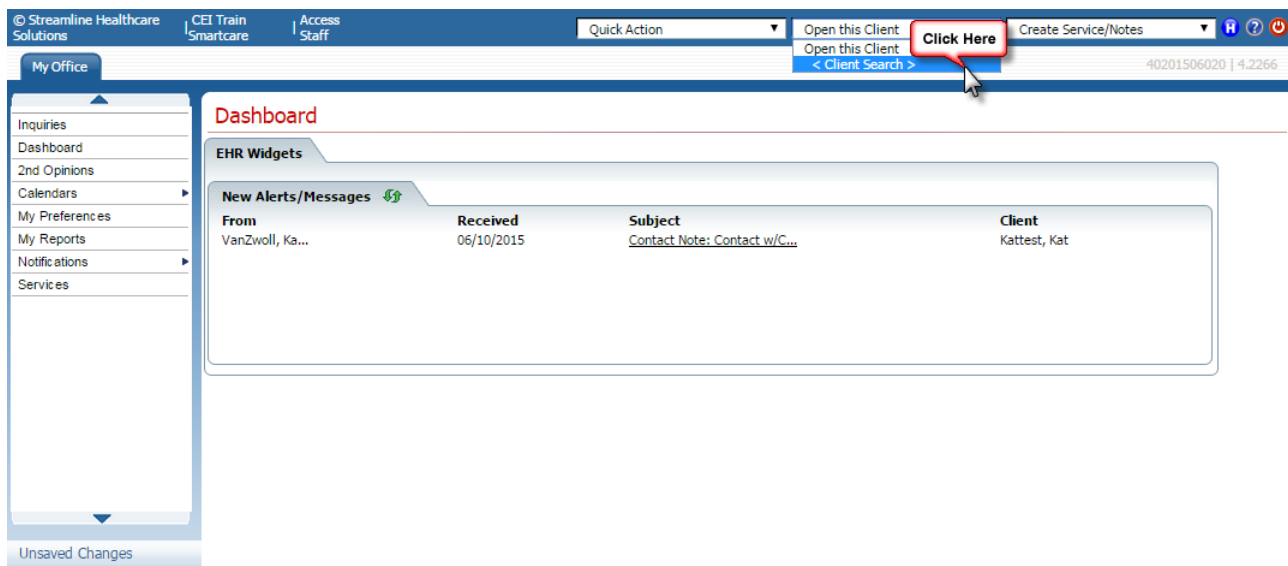
As you scroll to the **correct** client name using your mouse or the "down" arrow, a flyout sub-menu displays to the left of the client. Click on that "Create Service/Notes" to begin a new Service Note for that client.



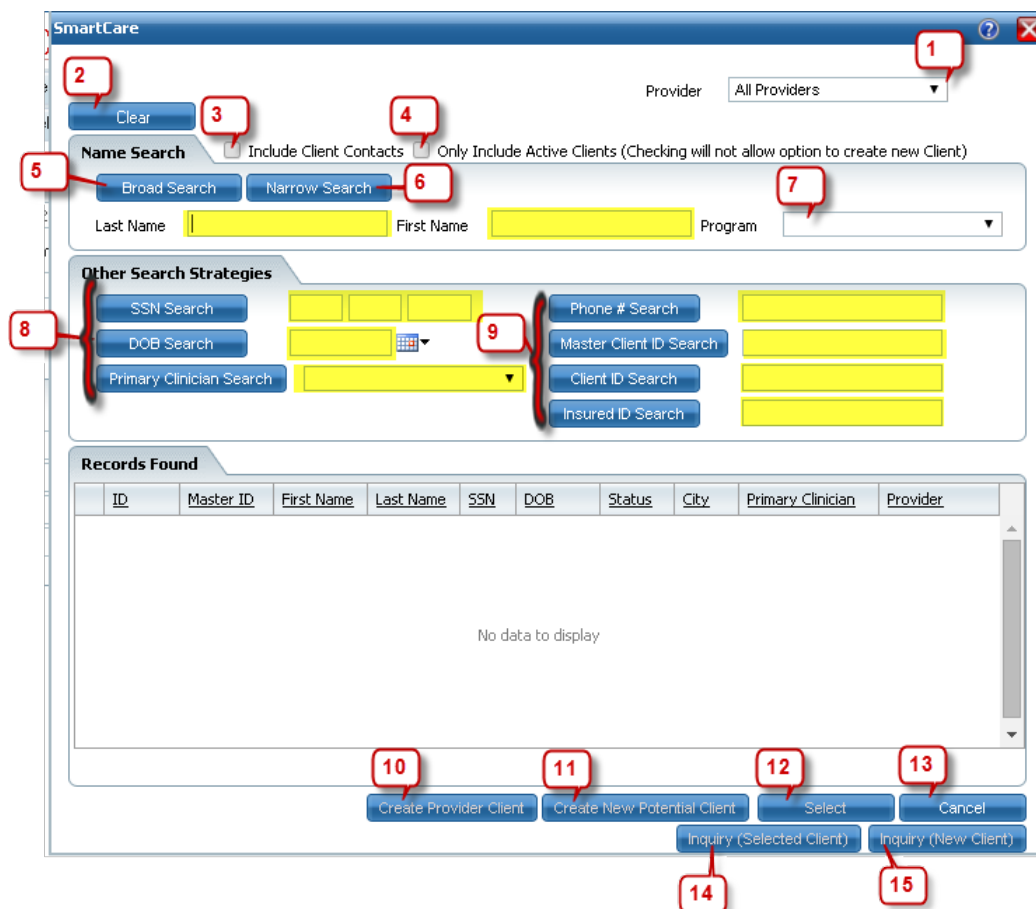
Use the full Search box

Use the full Search box to search for an Inactive client. The full search box must also be used to create an Inquiry or a new Client.

In the blue bar at the top of the screen, click the drop down that says "Open this Client" and then click the **<Client Search>** option.



The Client search window will appear. Enter your search criteria and click the appropriate search button.



Item

Description

1	Provider Drop Down	For most CMHA-CEI staff, this value should be left as All Providers . Only staff that work with provider claims would need to change this value when searching for a client.
2	Clear Button	The clear button will clear all search criteria fields and allow you to perform another search.
3	Include Client Contacts	If this box is checked, not only will results display for matching clients, but matching client contacts as well.
4	Only Include Active Clients	If this box is checked, only clients that have the active box checked on the General tab of Client Info (Admin) will be included in the results.
5	Broad Search	Searches Client Names and Client Aliases that are indicated as searchable. Does not require an exact match for a record to be returned.
6	Narrow Search	Searches Client Names and Client Aliases that are indicated as searchable. Requires an exact match for a record to be returned.
7	Program	This option limits search results to clients enrolled in a specific program.
8	SSN, DOB, Primary Clinician	Clicking on one of these buttons will perform a search based solely on the information entered relating to the button clicked. i.e., clicking SSN search will display results that match the SSN search criteria, regardless of what other search information has been completed.
9	Phone #, Master Client ID, Client ID, Insured ID	Clicking on one of these buttons will perform a search based solely on the information entered relating to the button clicked. i.e., clicking Phone # search will display results that match the Phone # search criteria, regardless of what other search information has been completed.
10	Create Provider Client	Clicking this button will create a new client that only receives claims, and not direct services from CMHA-CEI staff.

11	Create New Potential Client	Clicking this button will create a new client in the system that receives direct services from CMHA-CEI staff.
12	Select	Clicking on this button will open the client record that is selected.
13	Cancel	Clicking on this button will cancel your search and return you to the previous screen.
14	Inquiry (Selected Client)	Clicking on this button will create a new Inquiry form for the selected client.
15	Inquiry (New Client)	Clicking on this button will create a new Inquiry form for a new client. You must perform a Broad Name, SSN, and DOB search for this button to be active.
Yellow Highlighted Fields	Text boxes to enter search criteria	These text boxes are used for entering specific search criteria.

Note: An “alias” is an alternative name for a client, such as a maiden name. Alias information is found on the **Client Information (Admin)** screen, on the **Aliases** tab.

Search results are displayed in the Records Found section.

The screenshot shows the SmartCare application interface. At the top, there is a 'Provider' dropdown menu set to 'All Providers' and a 'Clear' button. Below this is the 'Name Search' section with checkboxes for 'Include Client Contacts' and 'Only Include Active Clients'. There are 'Broad Search' and 'Narrow Search' buttons. The search criteria include 'Last Name' (Snicker), 'First Name' (empty), and 'Program' (dropdown). The 'Other Search Strategies' section includes buttons for 'SSN Search', 'DOB Search', 'Primary Clinician Search', 'Phone # Search', 'Master Client ID Search', 'Client ID Search', and 'Insured ID Search'. The 'Records Found' section displays a table with columns: ID, Master ID, First Name, Last Name, SSN, DOB, Status, City, Primary Clinician, and Provider. The table contains 10 rows of data. A red callout '1' points to the radio button next to ID 293. A red callout '2' points to the 'Wintogreen' text box below the table. At the bottom, there are buttons for 'Create Provider Client', 'Create New Potential Client', 'Select', 'Cancel', 'Inquiry (Selected Client)', and 'Inquiry (New Client)'.

ID	Master ID	First Name	Last Name	SSN	DOB	Status	City	Primary Clinician	Provider
119	119	Martha	Caram...	0146	12/01/1966	Active	Lansing	Johnson, Amy	
127	127	Crysta...	Snicke...	7543	02/09/1995	Inactive	Lansing		
293	293	Joe	Snicke...	2845	02/18/1986	Active	Lansing	Taylor, Matt...	
33	33	Judy	Snicke...	3833	07/18/1985	Inactive		Newberg, She...	
241	241	Raymon...	Snicke...	0262	11/26/1980	Inactive	Lansing		
359	359	Scott	Snicke...	1423	09/08/1995	Active	Lansing	Hines, Amy	
8	8	Justin	Twix	6453	05/17/1982	Active	Lansing	LaFleche-Hal...	
89	89	Patric...	Wintog...	0144	01/16/1986	Inactive	Lansing		

Item

Description

1	Selection Indicator	The radio button indicates which client record is selected.
2	Mouse Hover	Hovering over a field with an ellipsis (...) will display a popup with the full field value.

In the example in step 3 above, a **Broad Search** was performed with a Last Name entered of **Snicker**. All client records and client aliases with that text in the last name field is returned. Click the **Select** button to open the selected client record.

A thorough search is important to avoid creating duplicate clients. Do a number of searches using only one or two pieces of information at a time. A good search practice would be to follow the order listed below:

- Broad Name Search – Last Name Only
- Broad Name Search – Last Name and FirstName
- Broad Name Search – Last Name and FirstInitial
- SSN Search
- DOB Search

Entering into a Grid

Several screens in SmartCare use Grids. A Grid screen displays a grid with multiple records (usually at the bottom of the screen), with a detail section above. If a record is selected in a grid, the information for that record will display in the detail section. The Contacts tab in the Client Info (Admin) screen is an example of a grid.

Client Information (Admin)

General Client Episodes Demographics **Contacts** QI Reporting Release of Information Log Referral Hospitalization
Aliases Veterans Info Timeliness Family Custom Fields

Contact Information Detail section

Relation: Grandparent
Prefix: [] First Name: Jonathan Last Name: Marsbar Suffix: []
Date of Birth: [] Age: [] Sex: [] SSN: [] [Insert...](#)
List As: Marsbar, Jonatha E-Mail: email@email.com Professional Suffix: []
Organization: DeLucas Mailing Name: []
 Financially Responsible Emergency Contact Guardian Household Member Care Team Member
Associated Client ID: [] Active

Phone Numbers Other: (517) 555-1422 Business 2: [] Fax: [] Home: []

Addresses Other: 135 Zoup Blvd, Lansing, MI 48910 Mailing [Details...](#) [History](#)

Comments Guardian Info: Relative placement
Custody Info: License Pending
Grids almost always have Insert/Modify and Clear buttons.

List of Contacts Show Only Active Contacts [Export List](#) Grid section [Modify](#) [Clear](#)

	Contact	Relation	Phone	Organization	Guardian	Emergency	Financially Responsible	Household Member	Care Team Member	Active
X	Marsbar, ...	Grand...	(517) 555...	DeLucas	No	Yes	No	No	No	Yes
X	Kinder, C...	Mother	(517) 555...	PizzaHut	No	No	No	No	No	Yes
X	Dots, Craig	Physici...	(517) 555...	Pistachios	No	No	No	No	No	Yes

Notice that only some of the fields from the Detail section display in the Grid. You will need to select the record in the Grid and view in the Detail section to see all fields.

Grid screens require extra care because there is an additional step involved in adding or modifying information in the grid. Information must be added or changed in the grid by clicking on the Insert or Modify button before clicking Save.

If you click on Save before selecting Insert or Modify, your information will be lost. Also, information on this screen will not appear in Unsaved Changes until you have clicked on Insert or Modify; if you switch screens before clicking the Insert or Modify button, your information will be lost.

Inserting into a Grid:

If the detail section is blank (i.e. no record is selected in the Grid) the button next to Clear will be 'Insert.'

Client Information (Admin) Save

General Client Episodes Demographics **Contacts** QI Reporting Release of Information Log Referral Hospitalization

Aliases Veterans Info Timeliness Family Custom Fields

Contact Information

Relation Prefix First Name Last Name Suffix

Date of Birth Age Sex SSN

List As E-Mail Professional Suffix

Organization Mailing Name

Financially Responsible Emergency Contact Guardian Household Member Care Team Member

Associated Client ID

Active

Phone Numbers

Other Business 2 Fax Home

Addresses

Other Mailing

Comments

List of Contacts Show Only Active Contacts [Export List](#)

	Contact	Relation	Phone	Organization	Guardian	Emergency	Financially Responsible	Household Member	Care Team Member	Active
<input checked="" type="checkbox"/>	Marsbar, ...	Grand...	(517) 555...	DeLucas	No	Yes	No	No	No	Yes
<input checked="" type="checkbox"/>	Kinder, C...	Mother	(517) 555...	PizzaHut	No	No	No	No	No	Yes
<input checked="" type="checkbox"/>	Dots, Craig	Physici...	(517) 555...	Pistachios	No	No	No	No	No	Yes

1. Enter the desired information into the Detail section.
2. Click on the Insert Button
3. Click on Save.
 - a. In this particular screen, the Save button is grayed out until you have inserted into the Grid.
 - b. In most Grid screens, the Save button is always available, so make sure that you click Insert before clicking Save.

If the Detail section displays information (i.e. a radio button in the Grid is selected), the button next to Clear will be 'Modify.'

Client Information (Admin)

General
Client Episodes
Demographics
Contacts
QI Reporting
Release of Information Log
Referral
Hospitalization

Aliases
Veterans Info
Timeliness
Family
Custom Fields

Contact Information

Relation: Grandparent

Prefix: First Name: Jonathan Last Name: Marsbar Suffix:

Date of Birth: Age: Sex: SSN: Insert...

List As: Marsbar, Jonatha E-Mail: email@email.com Professional Suffix:

Organization: DeLucas Mailing Name:

Financially Responsible
 Emergency Contact
 Guardian
 Household Member
 Care Team Member

Associated Client ID: X Q Active

Phone Numbers

Other: (517) 555-1422

Business 2:

Fax:

Home:

Addresses

Other: 135 Zoup Blvd
Lansing, MI 48910

Mailing

Details... History

Comments

Guardian Info: Relative placement
Custody Info: License Pending

1

List of Contacts

Show Only Active Contacts [Export List](#)

	Contact	Relation	Phone	Organization	Guardian	Emergency	Financially Responsible	Household Member	Care Team Member	Active
<input checked="" type="radio"/>	Marsbar, ...	Grand...	(517) 555...	DeLucas	No	Yes	No	No	No	Yes
<input checked="" type="radio"/>	Kinder, C...	Mother	(517) 555...	PizzaHut	No	No	No	No	No	Yes
<input checked="" type="radio"/>	Dots, Craig	Physici...	(517) 555...	Pistachios	No	No	No	No	No	Yes

Modify Clear

If you are trying to create a new record, you must use the Insert button. If you make changes and click Modify, you are changing the existing record, not adding a new one. (e.g. if a Grandparent contact is displayed and you want to add an Aunt, entering the information and clicking Modify will change the Grandparent to the Aunt; the Grandparent information will be gone.)

How can you get the Insert button to show instead of Modify?

1. Click the Clear button.
 - a. This will de-select the record in the Grid, clearing out the information in the Detail section. (It does not delete the item from the grid. See Clearing a Grid in this document.)
 - b. This will change the Modify button to Insert.
2. Then follow the steps for inserting if the Detail section is blank to create your new record.

Note: The Contacts screen has an extra Insert button next to SSN. This Insert button pertains only to the SSN field. To Insert into the Grid, use the Insert button next to the Clear button.

Modifying a Grid:

To modify an existing record, click on the radio button next to the record in the Grid. The information will display in the Detail section. Make any necessary changes and click the Modify button. Then Save.

Clearing a Grid:

The Clear button can be used for two different reasons:

1. If you started to enter information into the Detail section and then decided you did not want that information added or modified—click the Clear button to clear out the Detail section. Any changes you made will be lost because they were never saved to the Grid.
2. If the Modify button is showing and you want to Insert a record. Click the Clear button to clear the Detail section. This will not delete the record, because the information is stored in the grid; Clear just clears the display.

Deleting a Record from a Grid:

If a record was entered into the Grid in error, click on the X next to the item to delete it.

	Contact	Relation	Phone	Organization	Guardian	Emergency	Financially Responsible	Household Member	Care Team Member	Active
X	Marsbar, ...	Grand...	(517) 555...	DeLucas	No	Yes	No	No	No	Yes
X	Kinder, C...	Mother	(517) 555...	PizzaHut	No	No	No	No	No	Yes
X	Dots, Craig	Physici...	(517) 555...	Pistachios	No	No	No	No	No	Yes

Only records entered in error should be deleted. To retain the history of accurate information, you can make the item inactive or end-date it (depending on the screen.)

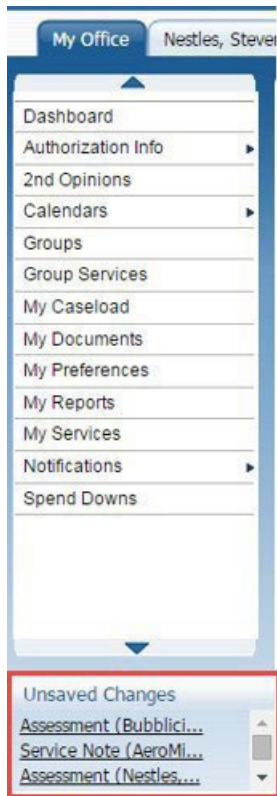
Unsaved Changes

How Unsaved Changes Work:

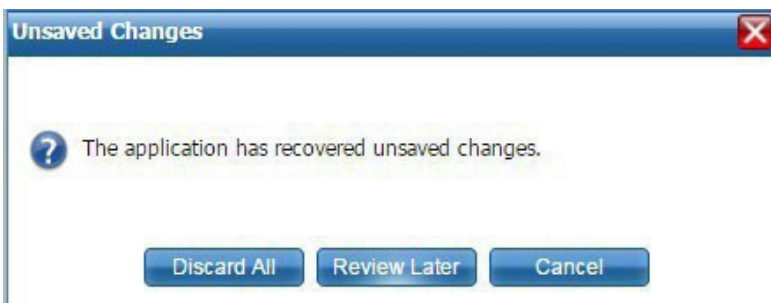
Unsaved Changes are changes that you have made in SmartCare that you have not saved, but the system has stored in a temporary holding area until you decide what to do with them.

When you start entering information in a screen, it will appear in the Unsaved Changes section under the Banners. It will remain here until you Save the screen, or close out and choose to Discard changes.

You can have multiple Unsaved Changes, but only three will display at a time; a scroll bar indicates that there are additional unsaved changes. (Scroll up or down to view all of them.)



If you close out of SmartCare while you still have Unsaved Changes, you will get a pop-up prompting you to decide what to do about them:



- Discard All: clicking this button will discard all changes for all documents in the Unsaved Changes list and you will not be able to recover them.
- Review Later: clicking this button retains the Unsaved Changes to be addressed later.
- Cancel: clicking this button will cancel the action (not attempt to close out.)

Note: This message will appear again at login if you select 'Review Later' when logging out.

Addressing Unsaved Changes Promptly

The Unsaved Changes function can be very beneficial at times, but can also cause a lot of problems if not used appropriately.

The best practice is to save your work regularly and to click Save before changing screens. Also, keep an eye on your Unsaved Changes list and address them promptly:

- If you have an Unsaved Change that you would like to save:
 - Click on the Unsaved Changes link (the name of the screen, underlined) to open it. (Do not open the screen any other way.)
 - Then click the Save button or click on the red X to close the screen and select **Yes** when asked if you want to save your changes.
- If you have an Unsaved Change that you do not want to keep:
 - Click on the Unsaved Changes link (the name of the screen, underlined) to open it. (Do not open the screen any other way.)
 - Then click the red X to close the screen and select No when asked if you want to save your changes.

Unsaved Changes are meant as a fallback in the event that you forget to Save. There are a few reasons why you would not want to keep Unsaved Changes on your screen:

1. While it is in your Unsaved Changes list, other staff cannot view the changes you had made to the screen. (They can only view the last saved version.)
2. Under certain conditions, you may not be able to save your changes when you pull them up again.

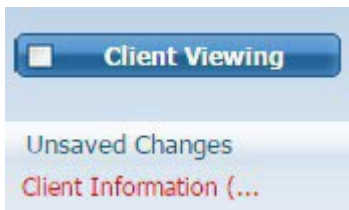
Problems with Unsaved Changes


If you have Unsaved Changes for a screen and more changes are made in another instance / version of the screen, it will cause a conflict that the system cannot resolve. In that case, you will not be able to save your changes.

These are some causes of this conflict—when you have Unsaved Changes and:

1. Someone else goes into the same screen and makes changes.
2. Instead of clicking on the Unsaved Changes link, you re-open the screen another way and start making changes.
3. Your screen refreshes and puts you in a previous version of the screen. Then when you make changes, you have two in progress versions of the screen, causing a conflict.

When in this state you may see the Unsaved Change in red, and/or some error messages at the top of the screen:



 The information you are updating has been changed by another user. Please refresh the information you are updating.

The data in the database was changed since you last saved. Your unsaved changes cannot be saved. Please reopen this screen to review the current data and make changes as needed.

You will be unable to save.

If this occurs, you will need to close out of the screen in question and select No when asked if you want to save your changes. Your changes will be lost and you will need to re-enter them. If you entered a lot of information that will be lost, you can copy it to Word or Print Screen before closing so it can be re-entered. (To Print Screen, click on the Print Screen (PRTSC) button on your keyboard, then open Word, right click and choose Paste.)

Also, sometimes if you have Unsaved Changes for a screen, you will get a red error message when you try to open up the screen, even if it is for a different client.

Understanding the Documents Header

The following header appears in all Documents:



Item	Description
1	Document Name The name of the document selected displays.
2	Date of previous document If there are any previous documents of this type, the date of the previous document will display.
3	Date of next document If there are any additional documents of this type, the date of the next document will display.
4	Previous / Next arrows Clicking on the arrows will open the previous or next document of this type.

5	Go To	Another way to navigate to other types of documents for the client selected.
6	Sign	The Author of the document clicks this button to Sign,
7	Edit / View toggle	<p>When in View mode, the Edit button displays. When in Edit mode, the View mode displays.</p> <p>Clicking the Edit button allows the Author to edit the document. If the document has already been signed, the Author can create a new version of the document, which allows them to edit.</p> <p>Clicking View displays the document as a pdf.</p>
8	Share	Documents default to 'Shared.' A check in this box means that other staff that have access to this client will be able to view the document in View mode. (They will be unable to edit.)
9	Status	The Document status defaults to 'In Progress' and changes automatically as appropriate. e.g. when signed, the status changes to 'Signed.'
10	Effective	The Effective Date of the Document. In most cases, this date is copied in from another entry in the document. (e.g. for Treatment Plan, it copies from the Plan/Meeting Date.) Some Documents require staff to enter the Effective Date. Documents cannot be saved without an Effective Date.
11	Author	<p>The Author of the Document displays here. This is the clinician that can edit and sign the Document.</p> <p>The Author may reassign the Document to another clinician by selecting that clinician in the dropdown. If the clinician clicks 'OK' at the Confirmation Message, the change will take place and s/he will no longer be able to edit.</p> <p>Proxy staff can also be selected from this dropdown for medical documents.</p>

12 More Detail

Clicking this button expands the height of the Documents Header to display version and co-signer information. (See next.)

More Detail Section of Documents Header

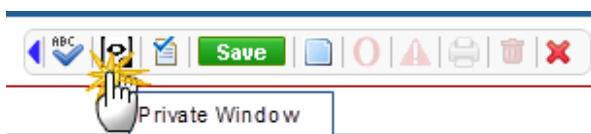
Item	Description
13 Other Versions	All versions of the document display here. If there are previous versions of the document and it is currently In Progress, a trashcan will display by the most recent version—this is how to delete the most recent version.
14 Signed By	The Signer and date signed display.
15 Signer	Co-signers can be added using the dropdown. If a co-signer appears in the box, s/he can sign by clicking the Sign button, or decline to sign by clicking the Decline button.

How to use the Private Window

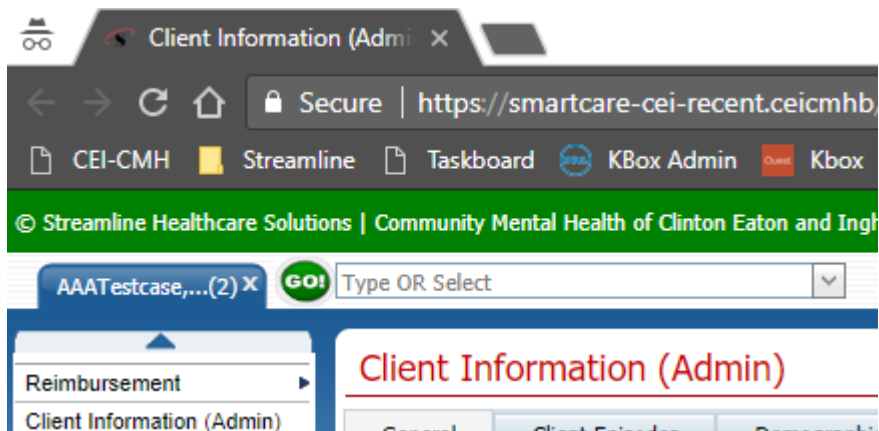
The Private Window is a read-only copy of the Client Tab. It is available in all documents and service notes screens and will be useful when you need to refer to another document for that client, as you will not need to leave the In Progress document.

How the Private Window works

The Private Window is launched by clicking on the icon on the toolbar.



When the icon is clicked, a separate Chrome window is launched. The new window is notable by the dark gray tab / address bar and the green bar just beneath it.



The new window will display a read-only copy of the Client Tab. You can navigate to any document or note just as you would before. However, as this is a read-only window, you not be able make any edits or create new Services / Notes or Documents.

You can copy information from the Private Window and paste into your main SmartCare window.

When you are done reviewing additional information for the client, close the Private Window by clicking the X in the upper right corner of the Private Window, just as you would to close Chrome.



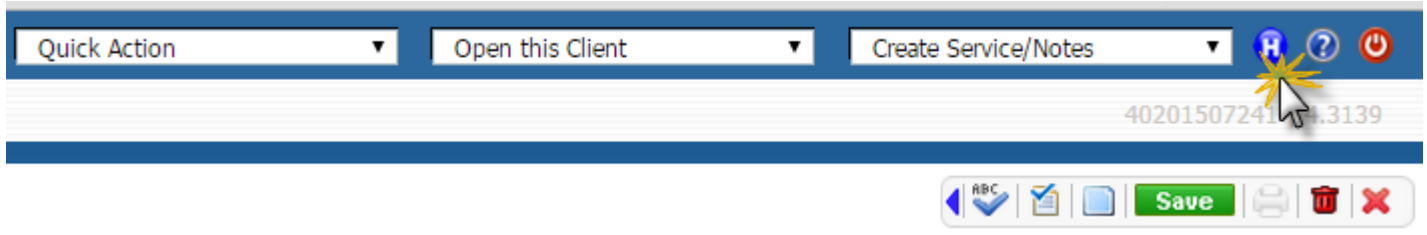
Cautions

It is possible to open several Private Windows. Be sure to close out of a Private Window before changing clients; using multiple windows increases the chance of error because there is no warning if you have a different client pulled up in Private Window than you do in your main SmartCare screen.

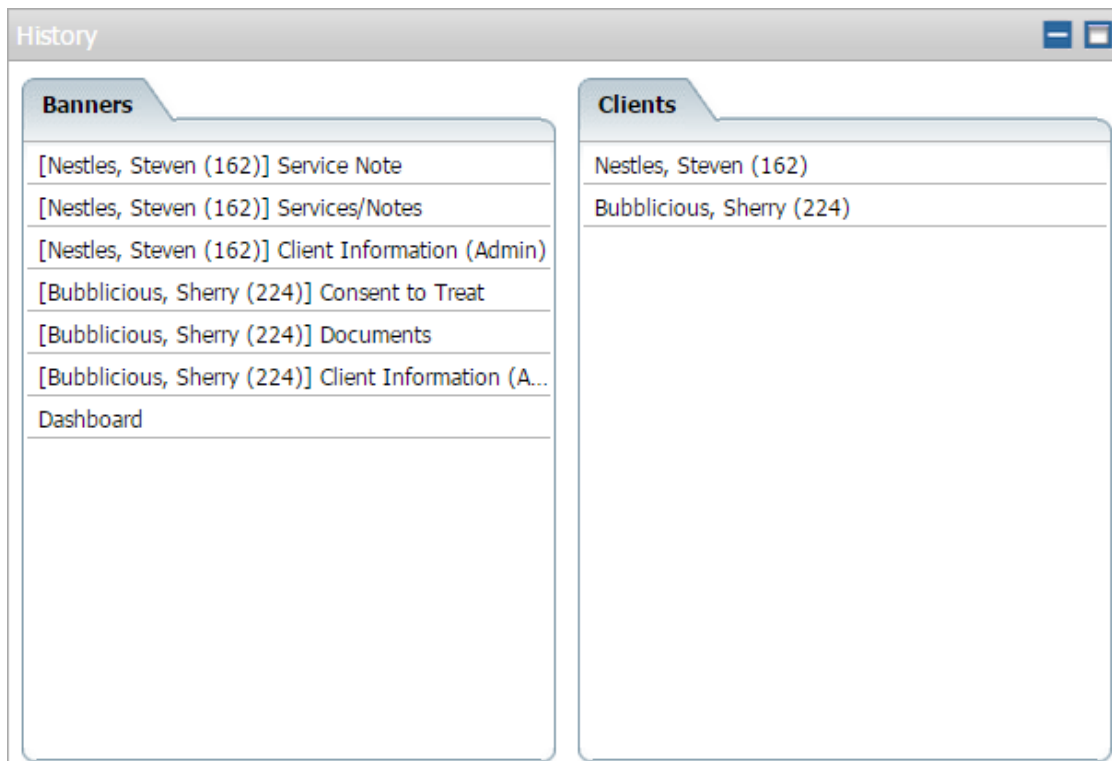
Tricks to Make Your Life Easier

History

For each session that you are logged in to SmartCare, the system stores a history of clients and Banners you have selected. You can view your History, or click on an item to navigate back to that page. Click on the History button to open the History window:



The buttons in the top right corner of the screen will close or maximize the window.



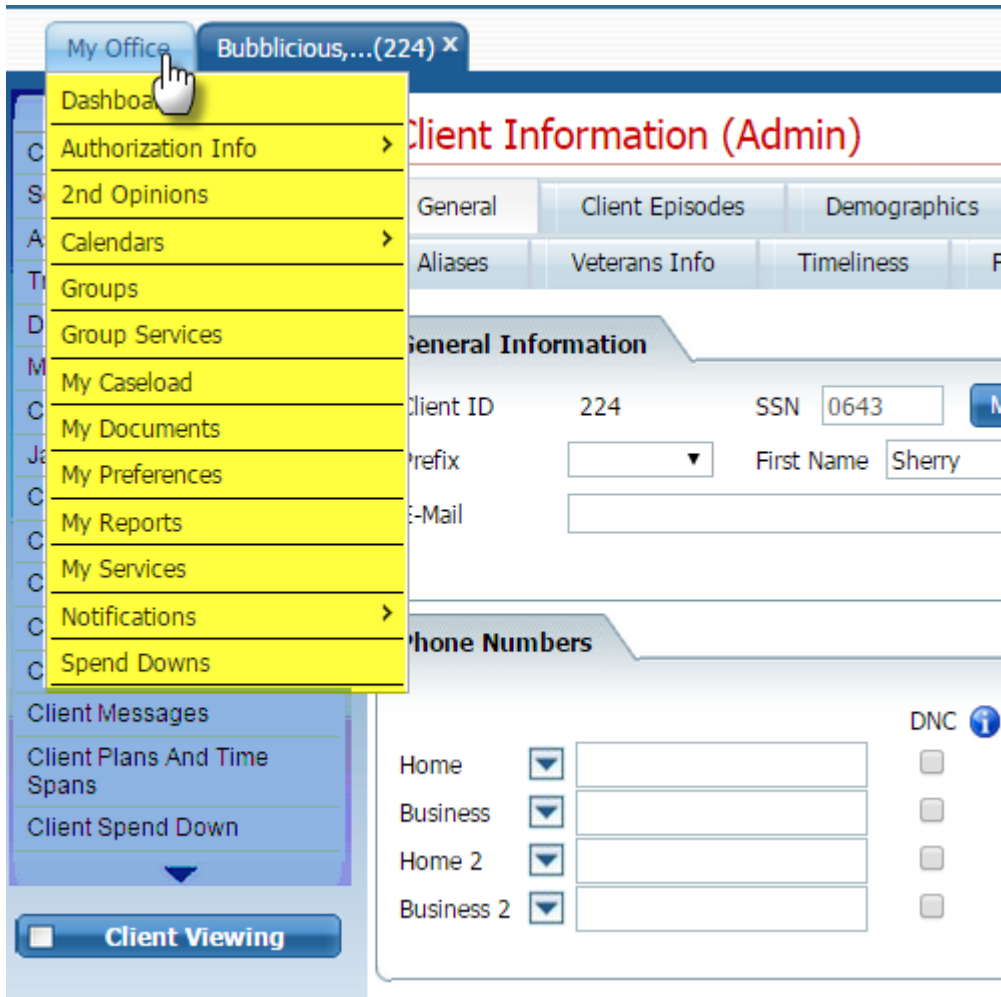
The History resets when you close out of SmartCare.

'Hover' Banner List

If you have both the My Office and Client Banners open, the tab you are focused on determines the Banners that display. You do not have to click on the other tab to access the other set of Banners.

A slightly faster way would be to hover over the other tab name and those Banners will appear on top of your Banner list. In the example below, I am on the Client tab, but I hovered over My Office.

The My Office Banners (highlighted yellow in this picture) are layered on top of the Client Banners (highlighted blue in this picture.)

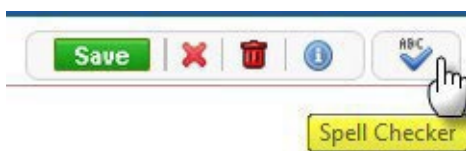


Hover

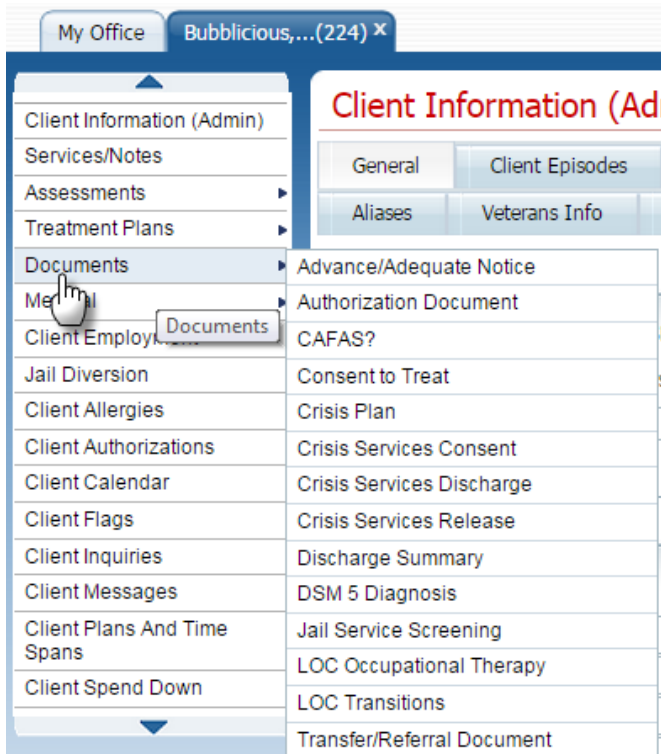
If a field is truncated in a grid, you can often hover over the field to see the full text:

Organization	Guardian	Emergency	Financially R
DHS Ing...	No	No	No
R...chios	Yes	Yes	Yes
Rallies	DHS Ingham	No	No

You can hover over an icon to display the icon name:



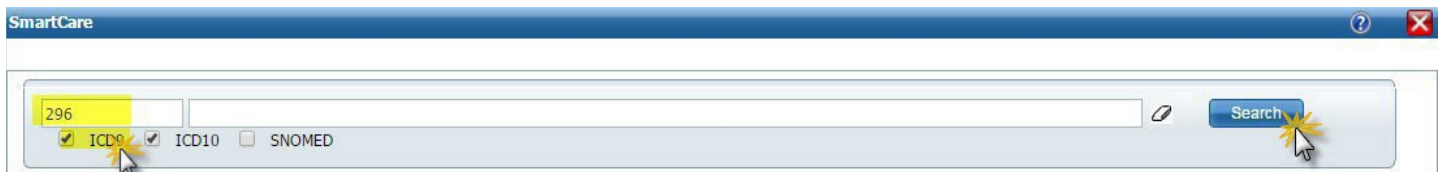
And, of course, you can hover over a parent Banner (a Banner with a black triangle) to access its sub-banners:



Searching for an ICD9 Diagnosis

Do you know the ICD9/DSM-IV diagnosis but you aren't sure what code to use for ICD10 / DSM5?

From a Diagnosis screen, type F in the Code box and then the Tab key to do a search. This brings up the results window, where you can click on the ICD9 check box and then enter the known ICD9 Code (or description) and click the Search button:

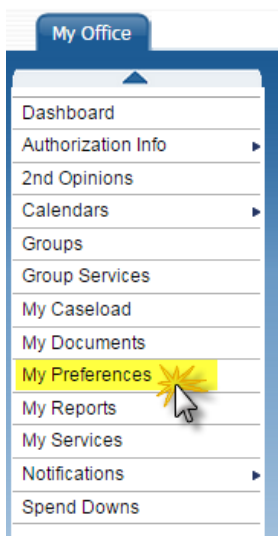


The results will display (both ICD9 and ICD10 codes) and when you select a diagnosis, the ICD10 code will be inserted into the grid. (Note: You can search on ICD9 descriptions but they will not display in the results window.)

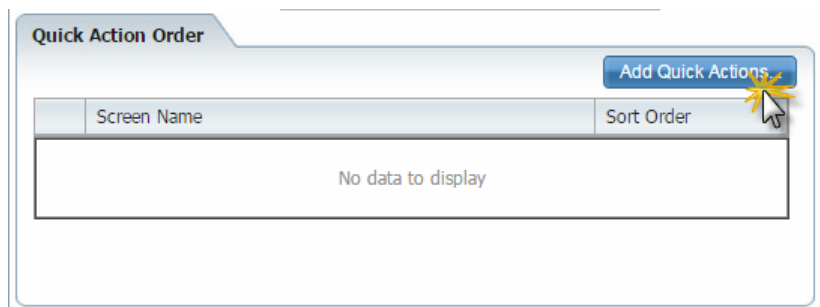
Quick Action Items

Are there screens that you use regularly and you want a quick way to open them? You can set them up as Quick Action Items!

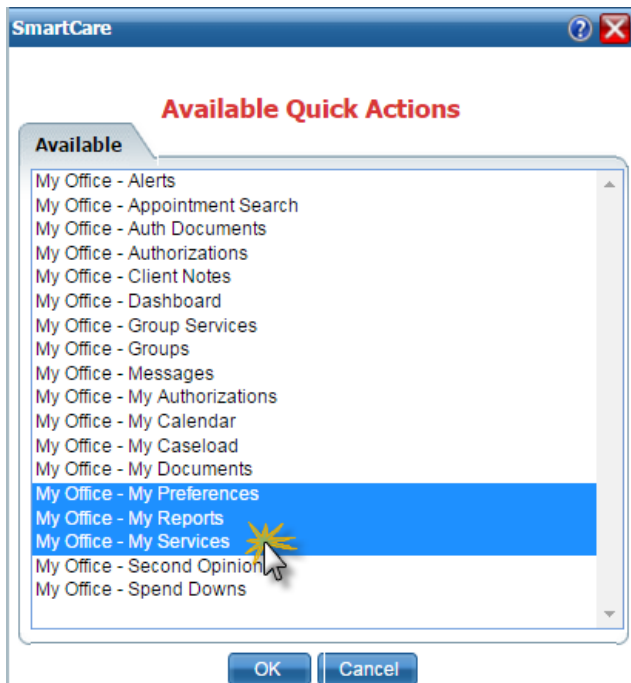
Click on the My Preferences Banner in the My Office tab:



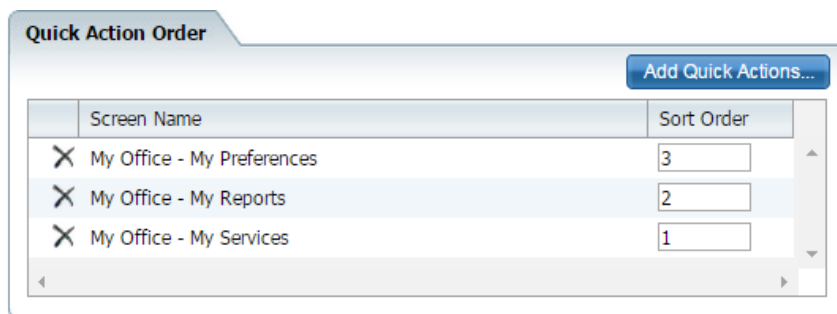
In the Quick Action Order section, click on the Add Quick Actions button.



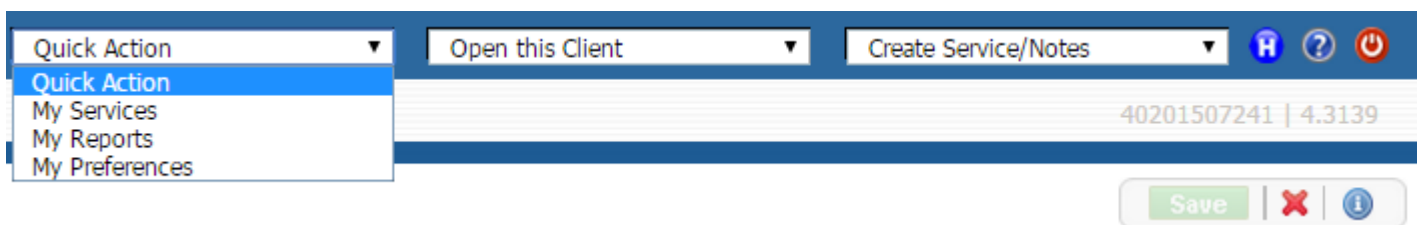
This will bring up the list of Available Quick Actions. Select one or multiple Banners (using Ctrl + Click) and then click OK.



Adjust the Sort Order if desired and click Save.



The selected Banners will now appear in your Quick Action dropdown. Clicking on the item will open it.



Note: In My Preferences, do not make changes to the sections on the left side of the screen. Passwords cannot be changed here.

E & M Procedure Crosswalk

New Client	Office or Other Outpatient	D/RH/CC (Domiciliary, Rest Home, Custodial Care)	Home
E&M, New Client, Foc/Str	N/A	99324	99341
E&M, New Client, Exp/Str (Low)	99202	99325	99342
E&M, New Client, Com/Mod	99203	99326	99343
E&M, New Client, Det/Low (Mod)	99204	99327	99344
E&M, New Client, Com/High	99205	99328	99345
Established Client			
E&M, Established Client, Foc/Str	99212	99334	99347
E&M, Established Client, Exp/Low	99213	99335	99348
E&M, Established Client, Det/Mod	99214	99336	99349
E&M, Established Client, Com/High	99215	99337	99350

Valid Locations	Valid Locations	Valid Locations
03 School	13 Assisted Living Facility	12 Client's Home
11 Office	14 Group Home	
50 FQHC	32 Nursing Home	
71 Public Health Clinic	09 Prison/Correctional Facility*	

* Use procedures that end with "InJail"

For additional information, see the [Medicare Evaluation and Management Services Guide](#) and the [Coding by Key Components Guide](#)



Community
MENTAL HEALTH
CLINTON • EATON • INGHAM

SmartCare

Physician Messages

User Guide

Physician messages are used by nursing staff to take information over the phone from consumers or family members and relay that information to doctors. This tutorial will show you how to properly use the Services/Notes screen to create physician messages. It assumes a basic understanding of navigation, filtering, and searching for clients in SmartCare. See those specific training manuals or videos if you need more information on those topics.

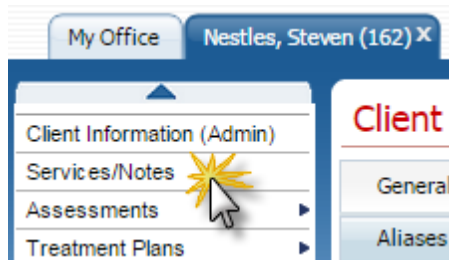
Table of Contents

Creating a Physician Message	2
Create a New Service Note	2
Filling Out the Service Section.....	2
Filling Out the Custom Fields Section.....	5
Filling Out the Notes Tab.....	6
The Billing Diagnosis Tab	6
The Warnings Tab.....	7
Saving Messages and Adding Co-Signers	7
Signing Messages.....	8
Viewing a Message (Signed or Unsigned).....	10
Add Information to or Updating Signed Messages.....	10

Creating a Physician Message

Create a New Service Note

1. With the client you are entering a message for opened, click the “**Services/Notes**” option from the “**Banner**” on the left-hand side of the screen.



2. In the upper right-most corner, select “**New**” from the toolbar.



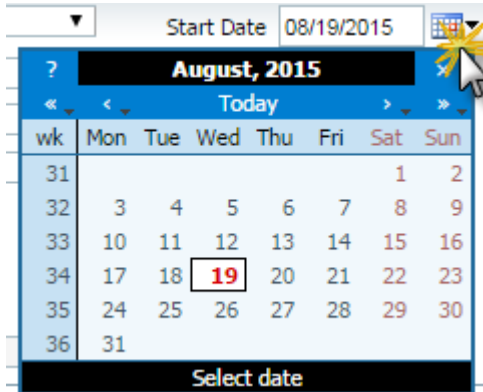
Filling Out the Service Section

1. From the “**Status**” dropdown menu, choose the appropriate option.

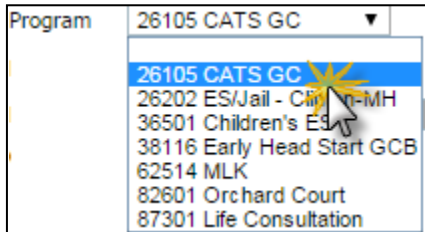
Dropdown Option	Option Use
Error	This option will not be used for Physician Messages.
Scheduled	This option will not be used for Physician Messages.
Show	This option will be used for most notes to doctors (i.e. medication questions).
No Show	This option will not be used for Physician Messages.
Cancel	This option will be used if a client or family member calls to cancel or

reschedule their appointment.

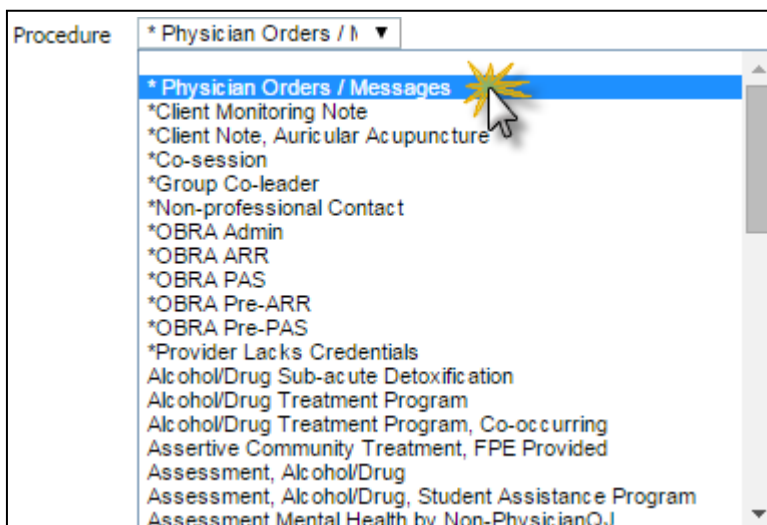
- The “**Start Date**” should be the date of the note (in most cases today’s date).



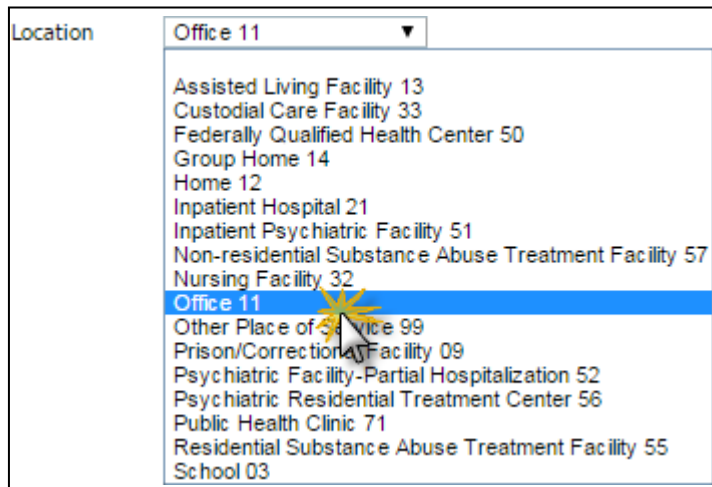
- Choose the appropriate program from the “**Program**” dropdown menu. Only the programs you are associated with will show up in the dropdown menu.



- From the “**Procedure**” dropdown menu, select “* **Physician Orders / Messages.**” Only procedures associated with the program you selected in Step 3 will show up.



5. Select your location from the “**Location**” dropdown menu. This will normally be Office.

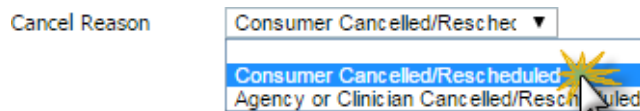


Location

Office 11 ▼

- Assisted Living Facility 13
- Custodial Care Facility 33
- Federally Qualified Health Center 50
- Group Home 14
- Home 12
- Inpatient Hospital 21
- Inpatient Psychiatric Facility 51
- Non-residential Substance Abuse Treatment Facility 57
- Nursing Facility 32
- Office 11**
- Other Place of Service 99
- Prison/Correctional Facility 09
- Psychiatric Facility-Partial Hospitalization 52
- Psychiatric Residential Treatment Center 56
- Public Health Clinic 71
- Residential Substance Abuse Treatment Facility 55
- School 03

6. In the “**Start**” box, enter the time the message was taken.
Note: The time entered will default to regular business hours if “AM” or “PM” is not expressly given.
Examples: “10” → “10:00 AM”, “2” → “2:00 PM”, “10:30” → “10:30 AM” and “2:30p” → “2:30 PM”
7. In the “**Duration**” box, enter the number of minutes spent to take the message.
8. The “**Attending**”, “**Referring**”, and “**Comment**” fields will not be used, so you can leave them blank.
9. The “**Comment**” box is not used, so you can leave it blank.
10. If in Step 1 the status is “**Cancel**”, select the consumer’s reason for canceling. For any other status, this dropdown will be disabled.



Cancel Reason

Consumer Cancelled/Rescheduled ▼

- Consumer Cancelled/Rescheduled**
- Agency or Clinician Cancelled/Rescheduled

Filling Out the Custom Fields Section

Custom Fields

Consumer Satisfaction 1 DD Consumer Input Verbal Limited Verbal Non-verbal None

Consumer Satisfaction Comment

Prescription Number

Alternate Service Location (Required for Medicare) 2

1. If in Step 1 the status is “**Show**”, the Consumer Satisfaction dropdown is required. If the consumer’s satisfaction wasn’t judged during the contact, select “**Not collected at this service.**” Otherwise, select the appropriate option. For any other status, this dropdown is not required.

Consumer Satisfaction

Very Satisfied
 Satisfied
 Neutral
 Dissatisfied
 Very Dissatisfied
 Not collected at this service

2. If in Step 5, the location is something other than “**Office**” and the client has Medicare, this dropdown will be required. Select the appropriate location.

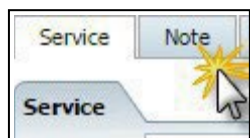
Alternate Service Location (Required for Medicare)

Capital Area Health and Rehab Center 2100 East Provincial House Drive
 Comprehensive Psychological Services, P.C. 2720 East Lansing Drive

Filling Out the Notes Tab

Narrative

1. After completing the “**Service**” tab, you can continue to the “**Note**” tab. The “**Note**” tab will become available once you select “* **Physician Orders / Messages**” from the “**Procedure**” dropdown menu.



2. Fill out the message to the physician in the “**Narrative**” section of the “**Note**” tab.

The Billing Diagnosis Tab

Service

Note

Billing Diagnosis

Warnings

Billing Diagnosis

ICD 10...

1 ▼

F32.0 - Major depressive disorder, single episode, mild

2 ▼

J20.0 - Acute bronchitis due to Mycoplasma pneumoniae

[Re-Order Diagnosis](#) [Refresh Diagnosis](#)

The Billing Diagnosis tab will automatically import any diagnoses the client has in their Diagnosis Document. Since a Physician Message isn’t going to go through billing, you don’t need to add or adjust anything here.

The Warnings Tab

Service	Note	Billing Diagnosis	Warnings
Error Type	Error Message	Next Step	
No data to display			

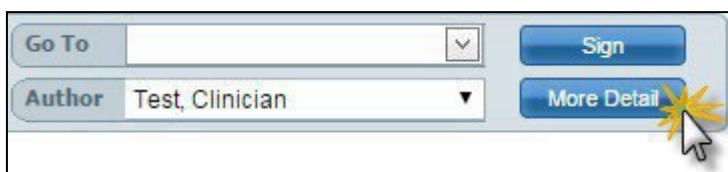
The Warning Tab will let you know if the system has detected anything that will be an issue when going through the billing process. Since a Physician Message isn't going to go through billing, you won't need to worry about anything that may appear on this tab.

Saving Messages and Adding Co-Signers

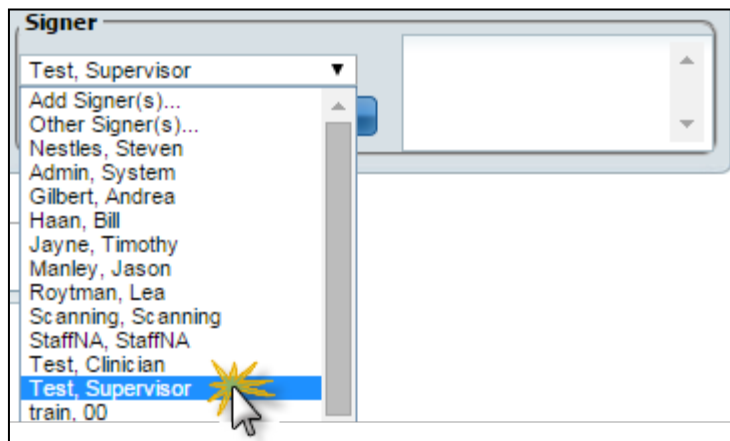
1. Once your message has been completed, in the upper right-most corner, select **"Save"** from the toolbar.



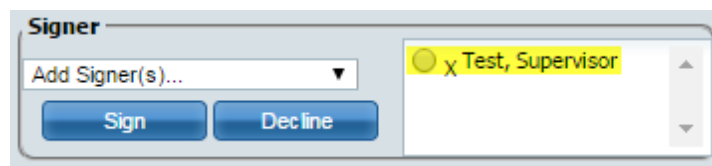
2. To add the physician as a co-signer, select **"More Detail"** from the toolbar (directly under **"Sign"**).



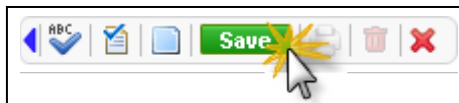
- In the “**Signer**” section, choose the physician to co-sign from the dropdown menu.



- Your co-signer should now show up in the box to the right of the dropdown menu.



- In the upper right-most corner, select “**Save**” again from the toolbar.



Signing Messages

- Click the “**Sign**” button from the toolbar.



2. Enter your password and click the “**Sign**” button to sign the note.

SmartCare

Test, Clinician is signing the Miscellaneous

Test, Clinician 08/19/2015 3:54 PM

Password Signature Pad

.....

Sign Clear Cancel

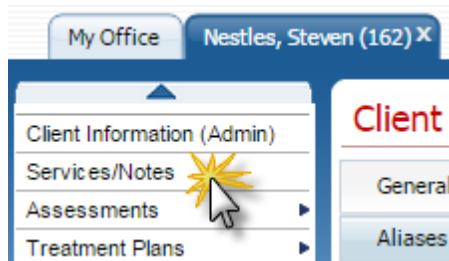
3. If you selected a co-signer for the message, it will show up as a document to co-sign on their dashboard once you sign it. They can then click on the number next to “**To Co-sign**” to get a list of documents they have been listed as a co-signer on.

Documents

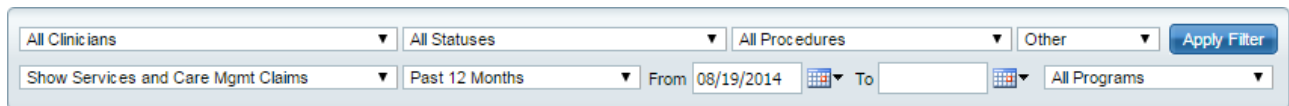
	Notes	Tx Plan	Per Rev	All
In Progress	<u>9</u>	<u>2</u>	<u>0</u>	<u>14</u>
To Sign	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
To Co-Sign	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>
Due in 14		<u>0</u>	<u>0</u>	<u>0</u>

Viewing a Message (Signed or Unsigned)

1. With the client you are entering a message for opened, click the “**Services/Notes**” option from the “**Banner**” on the left-hand side of the screen.



2. You can make finding the message easier by using the “**Filter**” options at the top of the screen. Here, you can filter by **Clinician**, **Message Status**, **Procedures**, **Programs**, or **DateRange**.



3. Find the correct note from the list of notes and click on the link in either the “**DOS**” or “**Document**” columns.

Auth	DOS	Status	Document	Procedure	Clinician	Program	Comment
	08/19/2015 10:00	Show	Miscellaneous	*PhysicianOrders/Msgs 60.00...	Test, Clinician	26105 CATS GC	
	08/01/2015 08:00	Show	Miscellaneous	*Co-session 49.00 Minutes	Test, Clinician	82601 Orchard Court	

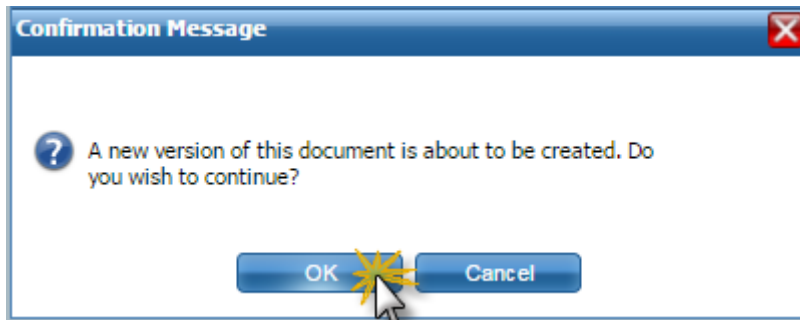
Add Information to or Updating Signed Messages

If after signing a document you need to make changes to that message, follow these steps.

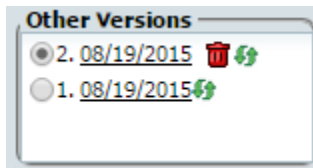
1. View the message by following the directions in the “**Viewing a Message (Signed or Unsigned)**” section.
2. Click the “**Edit**” button.



3. Click “OK” to create a new version of the document.



4. A new version of the document will be created and you can now go back to the “Service” or “Notes” tab and make any edits you need to make.
5. You are able to view each successive version of a physician message by clicking the “More Detail” button. Click on the date link for the version number you want to see in the “Other Versions” section. Once you click on the link, that version of the document will view below. If you want to delete the newest version of the document before signing it, you can click the red trash can icon next to the version date.



NOTE: If a physician has already co-signed a previous version of a message, that physician will not be able to be added as a co-signer on the new version.



SmartCare Rx Core Training Guide

Version 2.2

Prepared by Katie Holtzman

Streamline Healthcare Solutions

9/15/2016

Table of Content Overview

of SmartCare Rx

What is SmartCare Rx

The SmartCare Rx system allows for prescribers to prescribe prescriptions and send them electronically, fax, or print. The Rx system is certified with SureScripts for e-prescribing. Rx has the following functionalities

Functionality	Description
My Preferences	Manage logged in user demographic, permission, preferences, and SureScripts data
Patient Search	Search for patients (clients)
Manage Users	Manage users demographic, permission, preferences and SureScripts data
Manage Pharmacies	Manage pharmacy demographic data and preferences
Printer Devices	Manage printers that prescriptions will be printed on
Refresh Shared Tables	Allows users to refresh shared tables. Should be done after pharmacy or user data is modified
Verbal Orders	Allows users to create verbal orders and prescribers to approved them
Queued Orders	Allows users to queue orders for prescriber approval
Refill Request	Manage incoming refill request from pharmacies
Outbound Prescriptions	Manage outbound prescriptions. View how prescriptions were sent and if they were sent successfully.
New Orders	Allows prescribers to enter new prescriptions
Drug Formulary	Ability to process drug formulary for each prescription
Medication History	Ability to run an entire history over a 2 year period for a client
Reconciliation	Allows users to reconcile medication list

How to Access SmartCare Rx

There are three ways to access SmartCareRx.

1. Direct URL access - When accessing SmartCare Rx from a direct URL a user name and password is required.
 - Enter assigned user name and password on loginpage
 - Click the 'Login' button

Streamline Healthcare Solutions, LLC
SmartCareRx

Username

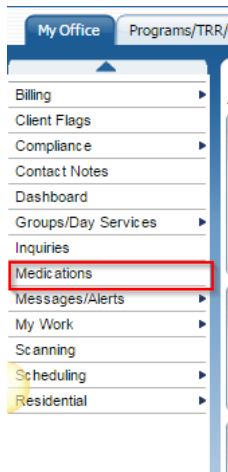
Password

Login

- From SmartCare – to open the SmartCare Rx page, click on the ‘Medication’ banner located in the client tab.

The screenshot shows the SmartCareRx interface. At the top, there are tabs for 'My Office', 'Bath, Bubbles (3) X', 'Program', and 'Administration'. The 'My Office' tab is selected. Below the tabs is a navigation menu with various options: Client Fee, Documents, Combined Authorizations, Admin Summary, Clinical Summary, Client Information, Finance, Timeline/Flags/Events, Client Calendar, Inquiry/Registration, Services, Services/Notes, Contacts/Messages, Care Plans, Medical, and Programs / SLC Tracks. The 'Medical' option is highlighted in yellow, and its sub-menu is expanded to show 'Medications' and 'Flow Sheet'. The main content area displays the 'Client Summary' for 'Bath, Bubbles (3)'. The summary includes fields for Client ID (3), Name (Bath, Bubbles), Registered On, Primary Care Coord, and Emergency Contact. A 'GAF Score' field is also visible at the bottom right of the summary area.

- From SmartCare – to open the SmartCare Rx page, click on the ‘Medication’ banner located in the ‘My Office’ tab.

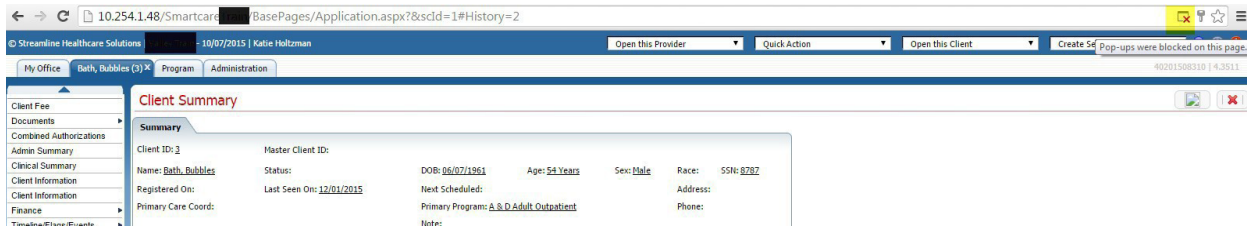


To grant this banner to a Role or user, you will need to add the Medications banner. Once added, you may need to refresh shared tables, log out and log back in to see the changes

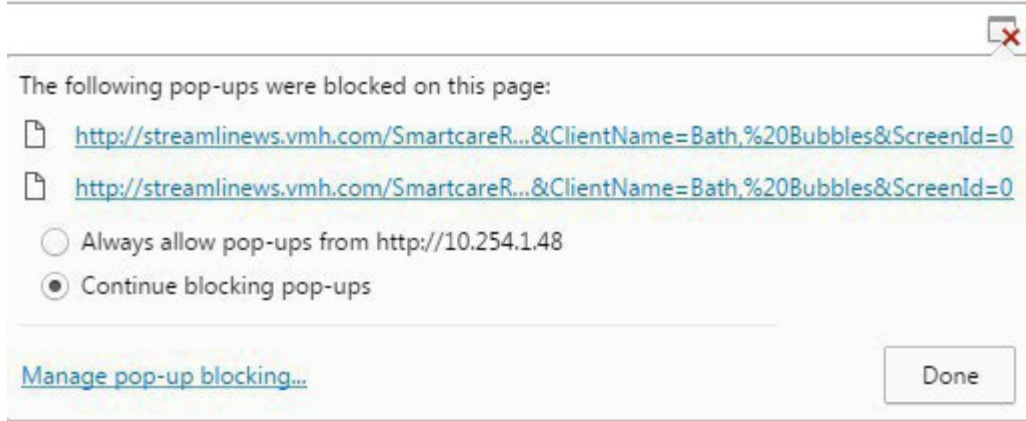
SmartCare Rx opens in a separate browser page from the SmartCare system. This allows for easy navigation between the client file in SmartCare and Rx page. When SmartCare opens in a new browser it is important to ensure that popups are not being blocked. If popups are blocked it will prevent Rx from opening.

Browser Popup Blocking

When the Rx application is launched from SmartCare the browser checks to see if popups are blocked. If the popup has been blocked the user will get an error message. Error messages can be different depending on browsers.



Select the icon at the top right hand corner. It will give you a popup (listed below) to manage the settings. Select 'Always allow pop-ups from htt://' and click the 'done' button. This only has to be set one time per browser. After you have changed the settings reselect the 'Medications' banner from SmartCare and SmartCare Rx will open.



SmartCare Rx Start Page

Start Page Functionality

Functionality	Description
My Preferences	Manage logged in user demographic, permission, preferences, and SureScripts data
Patient Search	Search for patients (clients)
Manage Users	Manage users demographic, permission, preferences and SureScripts data
Manage Pharmacies	Manage pharmacy demographic data and preferences
Printer Devices	Manage printers that prescriptions will be printed on
Refresh Shared Tables	Allows users to refresh shared tables. Should be done after pharmacy or user data is modified
Verbal Orders	Allows users to create verbal orders and prescribers to approved them
Queued Orders	Allows users to queue orders for prescriber approval
Refill Request	Manage incoming refill request from pharmacies

Outbound Prescriptions	Manage outbound prescriptions. View how prescriptions were sent and if they were sent successfully.
Favorites	This tab is not functional at this time

Start Page SmartCareRx

[My Preferences](#)
[Patient Search](#)
[Manage Users](#)
[Manage Pharmacies](#)
[Printer Device Locations](#)
[Refresh Shared Tables](#)
[Verbal Orders \(1\)](#)

[Queued Orders \(3\)](#)

[Refill Requests](#)
[Outbound Prescriptions](#)
[Favorites](#)

Prescriber: [All](#)

How to Access the Start Page

There are two ways to access the Start page.

1. Direct URL access – If access from direct URL the user will be taken directly to the Startpage
2. From SmartCare – If access from SmartCare the user will need to select the ‘Start Page’ hyperlink at the top right hand corner of the screen

Patient Summary SmartCareRx [Start Page](#) [Logout](#)

Bath, Bubbles (3), DOB: 6/7/1961, Sex: M, [Patient Search](#) [Consent History](#) [Medication History](#) [New Order...](#) [Add Medication...](#)

[Edit](#)

[Patient Overview](#)
[Reconciliation](#)
[Eligibility](#)
[Medication History](#)

Name: Bath, Bubbles DOB/Age: 06/07/1961 (54) Race: Sex: Male

ICD 10: Last Medication Visit: Next Medication Visit:

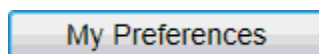
Allergies/Intolerances/Failed Trials
 Show All
 Show: All Active Only
 No Known Allergies
 [Add Allergy](#)

My Preferences/Manage Users

My preference page is used to manage the logged in user's preferences. My preference page is an exact copy of manage users. The only difference between the two buttons is my preferences manages one user while manage users manages all the users.

How to access My Preferences

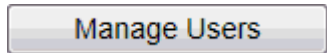
1. Click on the ‘My Preferences’ button on the StartPage



2. The User Preference page will open with your user information.

How to access Manage Users

1. Click on the 'Manager Users' button on the StartPage



2. The User Management Page will open

User Management SmartCareRx [Start Page](#) [Logout](#)

Active Users Only All Users

<u>Staff Name</u>	<u>User Name</u>	<u>Active</u>	<u>Prescriber</u>	<u>Phone Number</u>
Holtzman, Katie	kholtzman	Y	Y	6301234455

3. There are two ways to search and modify users

- a. Click on the underlined user name for the user you wish to modify information

User Management SmartCareRx

Active Users Only All Users

<u>Staff Name</u>	<u>User Name</u>	<u>Active</u>	<u>Prescriber</u>	<u>Phone Number</u>
Holtzman, Katie	kholtzman	Y	Y	6301234455

- b. Type in the user's name into the search field and select 'Search'

User Management SmartCareRx

Active Users Only All Users

<u>Staff Name</u>	<u>User Name</u>	<u>Active</u>	<u>Prescriber</u>	<u>Phone Number</u>
Holtzman, Katie	kholtzman	Y	Y	6301234455

General

Functionality	Description	SureScripts Requirement
Active Checkbox	This checkbox allows users to activate or inactivate users	No
Prescriber Checkbox	This is a disabled field. To select a user as a 'prescriber' permission in SmartCare need to be setup. Once this has been granted the checkbox will be checked. - Staff List -> Prescriber	Yes
First Name	User's first name	Yes
Last Name	User's last name	Yes
Phone Number	User's contact phone number	Yes
Fax Number	User's contact fax number	Yes
Email	User's contact email address	No
User Name	User's user name from SmartCare	No
Address	User's contact address	Yes
Date Created	Read only field. Displays the date user account was created	No
Last Visit	Read only field. Displays the date the user last accessed SmartCare Rx	No

General

Active Prescriber

First Name: Katie

Last Name: Holtzman

Phone Number: (630) 123-4455

Fax Number: (630) 232-2222

Email: kholtzman@streamlinehealthcare

User Name: kholtzman

Address: 1920 South Highland
Lombard, IL 60148

Date Created: 12/04/2014

Last Visit: 12/06/2015 03:44 PM

Professional

Functionality	Description	SureScripts Requirement
Degree	Possible list of degrees for the user. The degree listed in the dropdown are managed in SmartCare -> Global Code screen. The global code category = Degree	No
Signing Suffix	This is the signing suffix for the user. Whatever is typed in this field will be displayed after the user's name on all prescriptions	No
License #	State License number for prescribers. If the user is not a prescriber this field is not required	No
DEA number	DEA number for provider. If the user is not a prescriber this field is not required	Yes

NPI	NPI number for provider. If the user is not a prescriber this field is not required	Yes
-----	---	-----

Professional	
Degree	Ph.D. ▼
Signing Suffix	Ph.D.
License #	
DEA Number	
NPI	

SureScripts

Functionality	Description	SureScripts Requirement
Active Start Date	Start date of the user	No
Active End Date	End date of the user (usually entered when prescriber leaves practice)	No

Service Level	<p>Service Level – Service levels are set by SureScripts. Each service level identifies the level of active the prescriber can have in the system. The most common service level is NewRx + Refill + Cancel</p> <ul style="list-style-type: none"> • New Rx – this service level allows prescribers to send prescriptions electronically through SureScripts. This does not directly relate to prescribing new prescriptions in SmartCare Rx • Refills – this service allows prescribers to receive electronic refill requests from the pharmacy. This does not directly relate to refilling prescriptions in SmartCare Rx • Cancel Rx – sends a message to the pharmacy when a refill request is not approved. <table border="1" data-bbox="391 583 1390 1056"> <thead> <tr> <th data-bbox="391 583 743 621">Service Level</th> <th data-bbox="743 583 1390 621">Description</th> </tr> </thead> <tbody> <tr> <td data-bbox="391 621 743 730">No SureScripts</td> <td data-bbox="743 621 1390 730">If the user isn't setup for SureScripts this is the level of service that should be selected. This is for non-prescribers</td> </tr> <tr> <td data-bbox="391 730 743 835">NewRx Only</td> <td data-bbox="743 730 1390 835">Prescriber that can only enter new prescriptions. Most prescribers can do refills so this would not be used often</td> </tr> <tr> <td data-bbox="391 835 743 909">NewRx + CancelRx</td> <td data-bbox="743 835 1390 909">Prescribers that can enter new prescriptions and cancel prescriptions</td> </tr> <tr> <td data-bbox="391 909 743 982">NewRx + Refill</td> <td data-bbox="743 909 1390 982">Prescribers that can enter new prescriptions and refills</td> </tr> <tr> <td data-bbox="391 982 743 1056">NewRx + Refill + Cancel</td> <td data-bbox="743 982 1390 1056">Prescribers that can enter new prescriptions, refills, and cancel refill request prescriptions</td> </tr> </tbody> </table>	Service Level	Description	No SureScripts	If the user isn't setup for SureScripts this is the level of service that should be selected. This is for non-prescribers	NewRx Only	Prescriber that can only enter new prescriptions. Most prescribers can do refills so this would not be used often	NewRx + CancelRx	Prescribers that can enter new prescriptions and cancel prescriptions	NewRx + Refill	Prescribers that can enter new prescriptions and refills	NewRx + Refill + Cancel	Prescribers that can enter new prescriptions, refills, and cancel refill request prescriptions	Yes
Service Level	Description													
No SureScripts	If the user isn't setup for SureScripts this is the level of service that should be selected. This is for non-prescribers													
NewRx Only	Prescriber that can only enter new prescriptions. Most prescribers can do refills so this would not be used often													
NewRx + CancelRx	Prescribers that can enter new prescriptions and cancel prescriptions													
NewRx + Refill	Prescribers that can enter new prescriptions and refills													
NewRx + Refill + Cancel	Prescribers that can enter new prescriptions, refills, and cancel refill request prescriptions													
Prescriber ID (SPI)	Disabled field. After registering with SureScripts this number will automatically be populated. The SPI number is how all prescriptions for the prescriber are tracked.	No												
Register Button	<ul style="list-style-type: none"> - The register button will be disabled until all required information has been entered. Once the required information is entered the register button will enable allowing the user to be eligible for registration with SureScripts. - During the registration process there could be error messages based on invalid information. The most common errors are <ul style="list-style-type: none"> ○ Invalid DEA – this means the DEA doesn't match the standard format for DEA numbers. To trouble shoot the issue ensure that you have typed the DEA number correctly. If that still doesn't work request a copy of the license from the provider. If it is still not working then you can register the provider manually through the SureScripts portal using the NPI number. (Contact your Streamline representative to register the provider through the SureScripts portal) ○ DEA Not Registered with SureScripts – this means the DEA is in the valid format but SureScripts doesn't have the DEA number on file. The DEA sends a file to SureScripts monthly to update the DEA database. This usually means SureScripts doesn't have it in the database yet and could take up to 30 days to process. Request a copy of the DEA from the provider to ensure that you have the correct information. You can register the provider through the 	No												

	SureScripts portal using the NPI number. (Contact your Streamline representative to register the provider through the SureScripts portal)	
--	---	--

Sure Scripts

Active Start Time

Active End Time

ServiceLevelSelect.....

Prescriber Id (SPI)

SureScripts

Active Start Time 09/01/2015 12:00 AM

Active End Time 09/01/2020 12:00 AM

Service Level NewRx + Refill + Can

Prescriber Id (SPI) 6492955136114

SureScripts will be updated when the staff record is updated

Location

Locations is populated from SmartCare

How to Setup a Location

1. Add a location in SmartCare. When adding the location check the checkbox 'Prescribing Location'

Location Details

Locations

General Information

Name

Display As

Active **Prescribing Location**

Use as default when creating services from claims

Type

Place Of Service

National Provider ID

Telephone

Telephone () - Ext

Fax () -

Address

Comments

Access

Handicap Access Adults Children

	From	To	
Monday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Closed
Tuesday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Closed
Wednesday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Closed
Thursday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Closed
Friday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Closed
Saturday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Closed

2. Give permissions to the user for that location

Staff Details

General	Roles/ Permissions	Client Access Overrides	Demographic/ Professional	Proc/ Prog/ Locations/ Proxy	Productivity
Staff Preferences	Staff Search Preferences	Licenses / Degrees	Credentialing	Care Management	Contracted Rates
Custom Fields					

Procedures

Procedure this staff can deliver. Add Procedure(s)...

Procedure Name
<input checked="" type="checkbox"/> 164 - Add On Int Comp
<input checked="" type="checkbox"/> 165 - Add On THlth Fac Fee
<input checked="" type="checkbox"/> 166 - PDIE LMHT
<input checked="" type="checkbox"/> 167 - PDIE LMHT School
<input checked="" type="checkbox"/> 168 - PDIE MD/APRN

Programs

Programs with which staff is associated. Add Program(s)...

Program Name
<input checked="" type="checkbox"/> 01 Youth-1.0 Juven...

Locations

Lists of locations from which staff works. Add Location(s)...

Location Name
<input checked="" type="checkbox"/> 3rd District Court
<input checked="" type="checkbox"/> A & D Adult Outpatient
<input checked="" type="checkbox"/> A & D Prevention - S.L.Co
<input checked="" type="checkbox"/> A & D Youth Day Tx
<input checked="" type="checkbox"/> A.T.I.- J.D.O.T.

Proxy

List of staff for whom this person can author a clinical document. Add Staff...

Staff Name
No data to display

3. Refresh shared tables in Rx
4. Now the location will appear in Rx

Functionality	Description
Location Name	Name of location
Default	Default checkbox – selecting this checkbox defaults the prescribing location on new medication orders on all new orders
Script Printer	Allows a default to be set so all scripts will be printed at a specific printer
Chart Copy Printer	Allows a default to be set so all chart copy prescriptions will be printed at a specific printer

How to Set a Default Location or Printer

1. Select the location that you wish to set a default for

Location Name	Default	ScriptPrinter	Chart Copy Printer
A & D Adult Outpatient	<input type="checkbox"/>		
A & D Prevention - S.L.Co	<input type="checkbox"/>		

2. Select the default checkbox to set the prescribing location

Location Name	Default	ScriptPrinter	Chart Copy Printer
A & D Adult Outpatient	<input checked="" type="checkbox"/>		
A & D Prevention - S.L.Co	<input type="checkbox"/>		

3. Select the printer for script printer or chart copyprinter

Location Name	Default	ScriptPrinter	Chart Copy Printer
A & D Adult Outpatient	<input checked="" type="checkbox"/>		
A & D Prevention - S.L.Co	<input type="checkbox"/>		

4. Select the 'Update' button to save changes

Location Name	Default	ScriptPrinter	Chart Copy Printer
A & D Adult Outpatient	<input checked="" type="checkbox"/>		
A & D Prevention - S.L.Co	<input type="checkbox"/>		

Account

Functionality	Description
Password	SmartCare password is defaulted – if password needs to be changed it should be changed in SmartCare
Confirm Password	SmartCare password is defaulted
Expires	Password expires on next login. If this is selected it will force the user to enter a new password the next time they login. If this needs to be modified it should be modified in SmartCare
Expires	Allows a default to be set so the user's password has to be reset on X number of days. If this needs to be set it should be setup in SmartCare

510 East Butler Court, Kalamazoo East, MI49007, USA
www.streamlinehealthcare.com

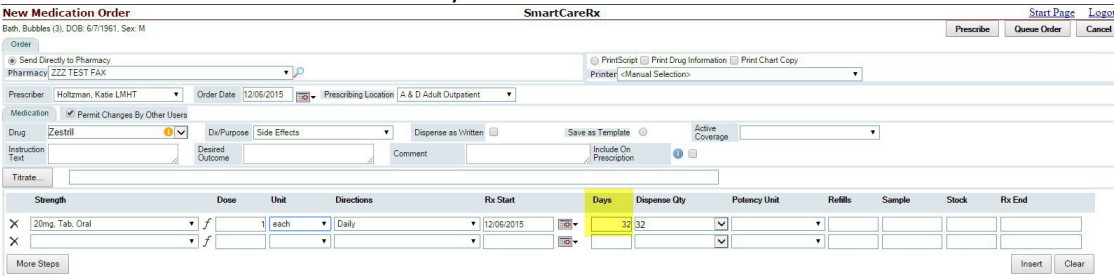
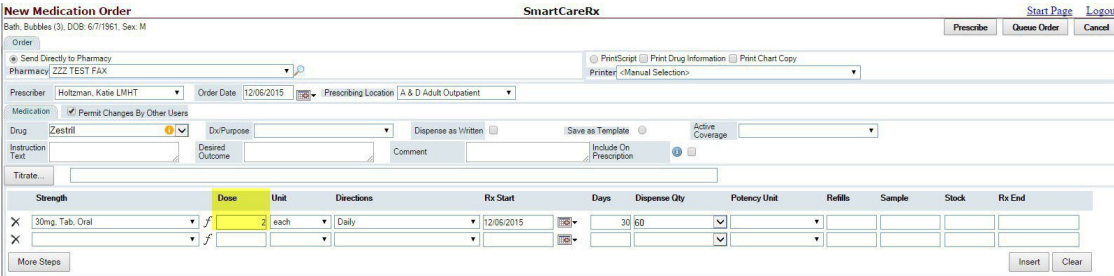
Account

Password

Confirm Password

Expires Password Expires Next Login

Preferences

Functionality	Description
Medication Days Default	<p>Enter in the text box the number of days to be a default for prescribing medications. This will default all new medication orders 'Days' field.</p> 
Default Prescribing Quantity	<p>Enter in the text box the quantity to be a default for prescribing medications. This will default all new medication orders 'Dose' field.</p> 

Preferences

Medication Days Default

Default Prescribing Quantity

Permissions

Action	Description
--------	-------------

510 East Butler Court, Kalamazoo East, MI49007, USA
www.streamlinehealthcare.com

View History

Patient Summary SmartCareRx

[Start Page](#) [Logout](#)

Bath, Bubbles (3), DOB: 6/7/1961, Sex: U, Race: American Indian,

[Patient Search](#) [Consent History](#) [Medication History](#) [New Order...](#) [Add Medication...](#)

Edit

[Patient Overview](#) [Reconciliation](#) [Eligibility](#) [Medication History](#)

Name: Bath, Bubbles DOB/Age: 06/07/1961 (54) Race: American Indian Sex:

ICD 10:

Last Medication Visit: Next Medication Visit:

Allergies/Intolerances/Failed Trials

Show All

Show: All Active Only

No Known Allergies

[Add Allergy](#)

[Print List](#) [Change Order](#) [Refill Order](#) [Adjust Dosage/Schedule](#) [Patient Consent](#)

[General Medication Consent](#) [Run Report](#) Client has no prescribed medications

			Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments
<input type="checkbox"/>	X	Rx	Zolof	12/06/2015	25mg, Tab, Oral 1 each Daily	12/06/2015	01/05/2016		Holtzman, Katie LMHT	

New Order

Patient Summary SmartCareRx

[Start Page](#) [Logout](#)

Bath, Bubbles (3), DOB: 6/7/1961, Sex: M,

[Patient Search](#) [Consent History](#) [Medication History](#) [New Order...](#) [Add Medication...](#)

Edit

[Patient Overview](#) [Reconciliation](#) [Eligibility](#) [Medication History](#)

Name: Bath, Bubbles DOB/Age: 06/07/1961 (54) Race: Sex: Male

ICD 10:

Last Medication Visit: Next Medication Visit:

Allergies/Intolerances/Failed Trials

Show All

Show: All Active Only

No Known Allergies

[Add Allergy](#)

[Print List](#) [Change Order](#) [Refill Order](#) [Adjust Dosage/Schedule](#) [Patient Consent](#)

[General Medication Consent](#) [Run Report](#) Client has no prescribed medications

			Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments
<input type="checkbox"/>	X	Rx	Zolof	12/06/2015	25mg, Tab, Oral 1 each Daily	12/06/2015	01/05/2016		Holtzman, Katie LMHT	

Add Medication

Patient Summary SmartCareRx

[Start Page](#) [Logout](#)

Bath, Bubbles (3), DOB: 6/7/1961, Sex: M,

[Patient Search](#) [Consent History](#) [Medication History](#) [New Order...](#) [Add Medication...](#)

Edit

[Patient Overview](#) [Reconciliation](#) [Eligibility](#) [Medication History](#)

Name: Bath, Bubbles DOB/Age: 06/07/1961 (54) Race: Sex: Male

ICD 10:

Last Medication Visit: Next Medication Visit:

Allergies/Intolerances/Failed Trials

Show All

Show: All Active Only

No Known Allergies

[Add Allergy](#)

[Print List](#) [Change Order](#) [Refill Order](#) [Adjust Dosage/Schedule](#) [Patient Consent](#)

[General Medication Consent](#) [Run Report](#) Client has no prescribed medications

			Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments
<input type="checkbox"/>	X	Rx	Zolof	12/06/2015	25mg, Tab, Oral 1 each Daily	12/06/2015	01/05/2016		Holtzman, Katie LMHT	

Add Allergy

Patient Summary SmartCareRx

[Start Page](#) [Logout](#)

Bath, Bubbles (3), DOB: 6/7/1961, Sex: M,

[Patient Search](#) [Consent History](#) [Medication History](#) [New Order...](#) [Add Medication...](#)

Edit

[Patient Overview](#) [Reconciliation](#) [Eligibility](#) [Medication History](#)

Name: Bath, Bubbles DOB/Age: 06/07/1961 (54) Race: Sex: Male

ICD 10:

Last Medication Visit: Next Medication Visit:

Allergies/Intolerances/Failed Trials

Show All

Show: All Active Only

No Known Allergies

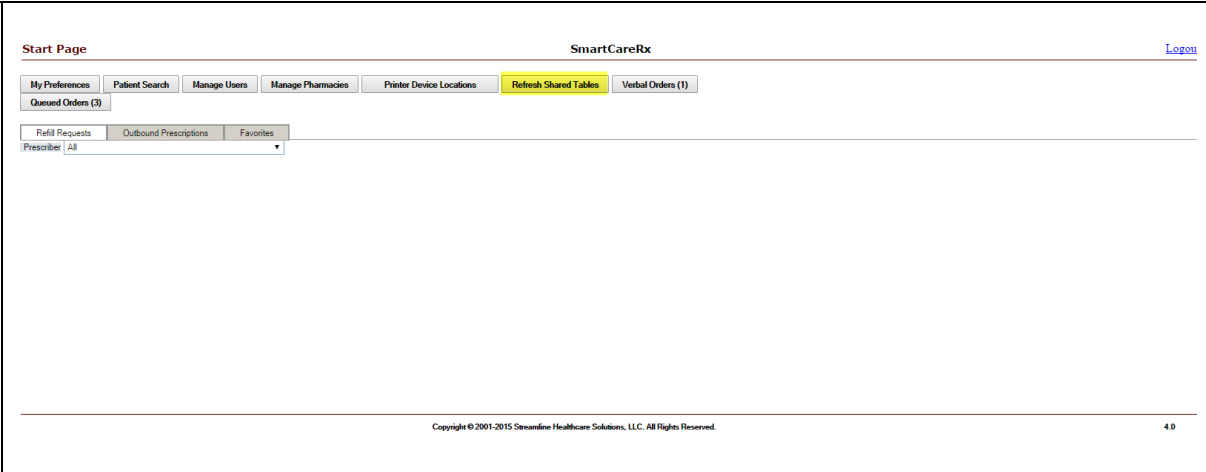
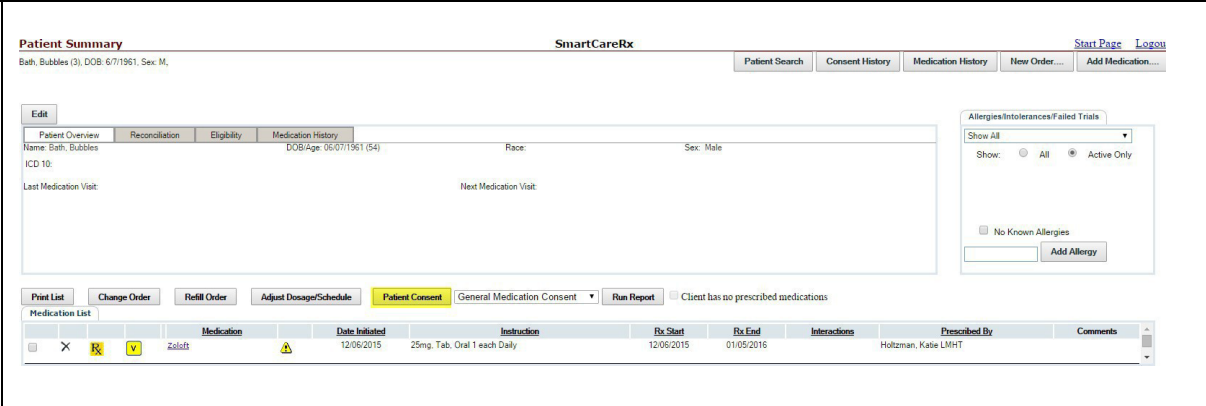
[Add Allergy](#)

[Print List](#) [Change Order](#) [Refill Order](#) [Adjust Dosage/Schedule](#) [Patient Consent](#)

[General Medication Consent](#) [Run Report](#) Client has no prescribed medications

			Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments
<input type="checkbox"/>	X	Rx	Zolof	12/06/2015	25mg, Tab, Oral 1 each Daily	12/06/2015	01/05/2016		Holtzman, Katie LMHT	

<p>Print List</p>	<div style="border: 1px solid #ccc; padding: 5px;"> <p style="text-align: center;">Patient Summary SmartCareRx</p> <p style="text-align: right;"> Start Page Logout </p> <p style="text-align: right;"> Patient Search Consent History Medication History New Order... Add Medication... </p> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>Edit</p> <p> Patient Overview Reconciliation Eligibility Medication History </p> <p>Name: Bath, Bubbles DOB/Age: 06/07/1961 (54) Race: Sex: Male</p> <p>ICD 10: Next Medication Visit:</p> </div> <div style="width: 15%; border: 1px solid #ccc; padding: 5px;"> <p style="text-align: center;">Allergies/Intolerances/Failed Trials</p> <p>Show All</p> <p>Show: <input type="radio"/> All <input checked="" type="radio"/> Active Only</p> <p><input type="checkbox"/> No Known Allergies</p> <p><input type="text"/> Add Allergy</p> </div> </div> <hr/> <p> Print List Change Order Refill Order Adjust Dosage/Schedule Patient Consent General Medication Consent Run Report <input type="checkbox"/> Client has no prescribed medications </p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 10%;">Medication</th> <th style="width: 10%;">Date Initiated</th> <th style="width: 20%;">Instruction</th> <th style="width: 10%;">Rx Start</th> <th style="width: 10%;">Rx End</th> <th style="width: 10%;">Interactions</th> <th style="width: 10%;">Prescribed By</th> <th style="width: 10%;">Comments</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Zolofid</td> <td>12/06/2015</td> <td>25mg, Tab, Oral 1 each Daily</td> <td>12/06/2015</td> <td>01/05/2016</td> <td></td> <td>Holtzman, Katie LMHT</td> <td></td> </tr> </tbody> </table> </div>					Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Zolofid	12/06/2015	25mg, Tab, Oral 1 each Daily	12/06/2015	01/05/2016		Holtzman, Katie LMHT													
				Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments																										
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Zolofid	12/06/2015	25mg, Tab, Oral 1 each Daily	12/06/2015	01/05/2016		Holtzman, Katie LMHT																											
<p>Re-Order</p>	<div style="border: 1px solid #ccc; padding: 5px;"> <p style="text-align: center;">Patient Summary SmartCareRx</p> <p style="text-align: right;"> Start Page Logout </p> <p style="text-align: right;"> Patient Search Consent History Medication History New Order... Add Medication... </p> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>Edit</p> <p> Patient Overview Reconciliation Eligibility Medication History </p> <p>Name: Client, Roberta DOB/Age: 11/21/1977 (35) Race: Alaskan Native Sex: Female</p> <p>ICD 10: I25.10 - Atherosclerotic heart disease of native coronary artery without angina pectoris I25.11 - Atherosclerotic heart disease: Current or most recent episode depressed, MI I25.12 - Chronic total occlusion of coronary artery I25.21 - Coronary atherosclerosis due to lipid rich plaque I49.01 - Left bundle branch block A27.0 - Leptospirosis icterohaemorrhagica</p> <p>Next Medication Visit:</p> </div> <div style="width: 15%; border: 1px solid #ccc; padding: 5px;"> <p style="text-align: center;">Allergies/Intolerances/Failed Trials</p> <p>Show All</p> <p>Show: <input type="radio"/> All <input checked="" type="radio"/> Active Only</p> <p><input type="checkbox"/> No Known Allergies</p> <p><input type="text"/> Add Allergy</p> </div> </div> <hr/> <p> Print List Change Order Refill Order Adjust Dosage/Schedule Patient Consent General Medication Consent Run Report <input type="checkbox"/> Client has no prescribed medications </p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 10%;">Medication</th> <th style="width: 10%;">Date Initiated</th> <th style="width: 20%;">Instruction</th> <th style="width: 10%;">Rx Start</th> <th style="width: 10%;">Rx End</th> <th style="width: 10%;">Interactions</th> <th style="width: 10%;">Prescribed By</th> <th style="width: 10%;">Comments</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Abilify</td> <td>10/28/2015</td> <td>20mg, Tab, Oral 1 each Morning</td> <td>10/28/2015</td> <td>11/27/2015</td> <td></td> <td>Thatcher, Benjamin D.O.</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Abilify</td> <td>10/28/2015</td> <td>20mg, Tab, Oral 1 each Daily</td> <td>10/28/2015</td> <td>11/27/2015</td> <td></td> <td>Bad, Mason MD</td> <td></td> </tr> </tbody> </table> </div>					Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Abilify	10/28/2015	20mg, Tab, Oral 1 each Morning	10/28/2015	11/27/2015		Thatcher, Benjamin D.O.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Abilify	10/28/2015	20mg, Tab, Oral 1 each Daily	10/28/2015	11/27/2015		Bad, Mason MD	
				Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments																										
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Abilify	10/28/2015	20mg, Tab, Oral 1 each Morning	10/28/2015	11/27/2015		Thatcher, Benjamin D.O.																											
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Abilify	10/28/2015	20mg, Tab, Oral 1 each Daily	10/28/2015	11/27/2015		Bad, Mason MD																											
<p>Refill Order</p>	<div style="border: 1px solid #ccc; padding: 5px;"> <p style="text-align: center;">Patient Summary SmartCareRx</p> <p style="text-align: right;"> Start Page Logout </p> <p style="text-align: right;"> Patient Search Consent History Medication History New Order... Add Medication... </p> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>Edit</p> <p> Patient Overview Reconciliation Eligibility Medication History </p> <p>Name: Bath, Bubbles DOB/Age: 06/07/1961 (54) Race: Sex: Male</p> <p>ICD 10: Next Medication Visit:</p> </div> <div style="width: 15%; border: 1px solid #ccc; padding: 5px;"> <p style="text-align: center;">Allergies/Intolerances/Failed Trials</p> <p>Show All</p> <p>Show: <input type="radio"/> All <input checked="" type="radio"/> Active Only</p> <p><input type="checkbox"/> No Known Allergies</p> <p><input type="text"/> Add Allergy</p> </div> </div> <hr/> <p> Print List Change Order Refill Order Adjust Dosage/Schedule Patient Consent General Medication Consent Run Report <input type="checkbox"/> Client has no prescribed medications </p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 10%;">Medication</th> <th style="width: 10%;">Date Initiated</th> <th style="width: 20%;">Instruction</th> <th style="width: 10%;">Rx Start</th> <th style="width: 10%;">Rx End</th> <th style="width: 10%;">Interactions</th> <th style="width: 10%;">Prescribed By</th> <th style="width: 10%;">Comments</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Zolofid</td> <td>12/06/2015</td> <td>25mg, Tab, Oral 1 each Daily</td> <td>12/06/2015</td> <td>01/05/2016</td> <td></td> <td>Holtzman, Katie LMHT</td> <td></td> </tr> </tbody> </table> </div>					Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Zolofid	12/06/2015	25mg, Tab, Oral 1 each Daily	12/06/2015	01/05/2016		Holtzman, Katie LMHT													
				Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments																										
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Zolofid	12/06/2015	25mg, Tab, Oral 1 each Daily	12/06/2015	01/05/2016		Holtzman, Katie LMHT																											
<p>Edit Preferred Pharmacy</p>	<div style="border: 1px solid #ccc; padding: 5px;"> <p style="text-align: center;">Patient Summary SmartCareRx</p> <p style="text-align: right;"> Start Page Logout </p> <p style="text-align: right;"> Patient Search Consent History Medication History New Order... Add Medication... </p> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>Edit</p> <p> Patient Overview Reconciliation Eligibility Medication History </p> <p>Name: Bath, Bubbles DOB/Age: 06/07/1961 (54) Race: American Indian Sex: </p> <p>ICD 10: Next Medication Visit:</p> </div> <div style="width: 15%; border: 1px solid #ccc; padding: 5px;"> <p style="text-align: center;">Allergies/Intolerances/Failed Trials</p> <p>Show All</p> <p>Show: <input type="radio"/> All <input checked="" type="radio"/> Active Only</p> <p><input type="checkbox"/> No Known Allergies</p> <p><input type="text"/> Add Allergy</p> </div> </div> </div>																																				

<p>Refresh Shared Tables</p>	 <p>SmartCareRx Start Page</p> <p>My Preferences Patient Search Manage Users Manage Pharmacies Printer Device Locations Refresh Shared Tables Verbal Orders (1)</p> <p>Queued Orders (3)</p> <p>Refill Requests Outbound Prescriptions Favorites</p> <p>Prescribed All</p> <p>Copyright © 2001-2015 Streamline Healthcare Solutions, LLC. All Rights Reserved. 4.0</p>																																				
<p>Patient Consent</p>	 <p>SmartCareRx Patient Summary</p> <p>Bath, Bubbles (3), DOB: 6/7/1961, Sex: M</p> <p>Start Page Logon</p> <p>Patient Search Consent History Medication History New Order... Add Medication...</p> <p>Edit</p> <p>Reconciliation Eligibility Medication History</p> <p>Name: Bath, Bubbles DOB: Age: 06/07/1961 (54) Race: Sex: Male</p> <p>ICD 10: Last Medication Visit: Next Medication Visit:</p> <p>Allergies/Intolerances/Failed Trials</p> <p>Show All</p> <p>Show: <input type="radio"/> All <input checked="" type="radio"/> Active Only</p> <p><input type="checkbox"/> No Known Allergies</p> <p>Add Allergy</p> <p>Print List Change Order Refill Order Adjust Dosage/Schedule Patient Consent General Medication Consent Run Report <input type="checkbox"/> Client has no prescribed medications</p> <table border="1"> <thead> <tr> <th>Medication</th> <th>Date Initiated</th> <th>Instruction</th> <th>Rx Start</th> <th>Rx End</th> <th>Interactions</th> <th>Prescribed By</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>zaldit</td> <td>12/06/2015</td> <td>25mg, Tab, Oral 1 each Daily</td> <td>12/06/2015</td> <td>01/05/2016</td> <td></td> <td>Holtzman, Kase LMHT</td> <td></td> </tr> </tbody> </table>	Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments	zaldit	12/06/2015	25mg, Tab, Oral 1 each Daily	12/06/2015	01/05/2016		Holtzman, Kase LMHT																					
Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments																														
zaldit	12/06/2015	25mg, Tab, Oral 1 each Daily	12/06/2015	01/05/2016		Holtzman, Kase LMHT																															
<p>Permit Changes</p>	 <p>SmartCareRx New Medication Order</p> <p>Bath, Bubbles (3), DOB: 6/7/1961, Sex: U, Race: American Indian</p> <p>Start Page Logon</p> <p>Prescribe Queue Order Cancel</p> <p>Order</p> <p>Send Directly to Pharmacy</p> <p>Pharmacy: Select Pharmacy</p> <p>PrintScript <input type="checkbox"/> Print Drug Information <input type="checkbox"/> Print Chart Copy</p> <p>Printer: <Manual Selection></p> <p>Prescriber: Holtzman, Kase LMHT Order Date: 12/07/2015 Prescribing Location: A & D Adult Outpatient</p> <p>Medication: <input checked="" type="checkbox"/> Permit Changes By Other Users</p> <p>Drug: Dv/Purpose: Dispense as Written: <input type="checkbox"/> Active Coverage: </p> <p>Instruction Text: Desired Outcome: Comment: Include On Prescription: <input type="checkbox"/></p> <p>Titrate: </p> <table border="1"> <thead> <tr> <th>Strength</th> <th>Dose</th> <th>Unit</th> <th>Directions</th> <th>Rx Start</th> <th>Days</th> <th>Dispense Qty</th> <th>Potency Unit</th> <th>Refills</th> <th>Sample</th> <th>Stock</th> <th>Rx End</th> </tr> </thead> <tbody> <tr> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>More Steps Insert Clear</p>	Strength	Dose	Unit	Directions	Rx Start	Days	Dispense Qty	Potency Unit	Refills	Sample	Stock	Rx End	X												X											
Strength	Dose	Unit	Directions	Rx Start	Days	Dispense Qty	Potency Unit	Refills	Sample	Stock	Rx End																										
X																																					
X																																					
<p>Health Data</p>	<p>Permission is no longer used in SmartCare</p>																																				

Approval All Order – Verbal only

Verbal Orders Review for Holtzman, Katie LMHT SmartCareRx [Start Page](#) [Logout](#)

Communicating with Server...

Orders

Order ID	Patient Name	Created By	Date
1	Bath, Bubbles	cumbell	12/06/2015

[Approve All Order](#)

Order Details

Patient: Bath, Bubbles DOB: 06/07/1961 Prescribing location: A & D Adult Outpatient

PrintFax Electronic Pharmacy

Prescription:

Reconciliation

Patient Summary SmartCareRx [Start Page](#) [Logout](#)

Bath, Bubbles (3), DOB: 6/7/1961, Sex: M,

[Edit](#)

Name: Bath, Bubbles DOB/Age: 06/07/1961 (54) Race: Sex: Male

ICD 10: Last Medication Visit: Next Medication Visit:

Client has no prescribed medications

Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Zolofit	12/06/2015	25mg, Tab, Oral 1 each Daily	12/06/2015	01/05/2016		Holtzman, Katie LMHT	

Allergies/Intolerances/Failed Trials

Show All

Show: All Active Only

No Known Allergies

Formulary

Patient Summary SmartCareRx [Start Page](#) [Logout](#)

Bath, Bubbles (3), DOB: 6/7/1961, Sex: M,

[Edit](#)

Name: Bath, Bubbles DOB/Age: 06/07/1961 (54) Race: Sex: Male

ICD 10: Last Medication Visit: Next Medication Visit:

Client has no prescribed medications

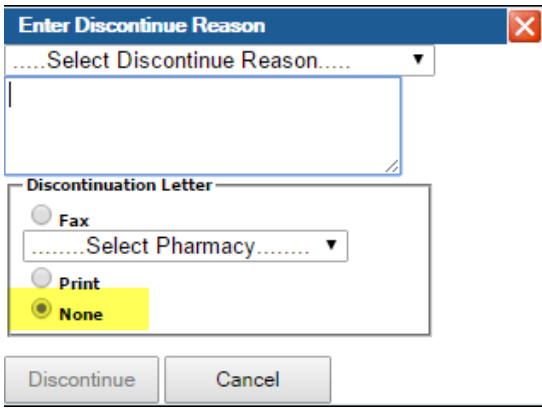
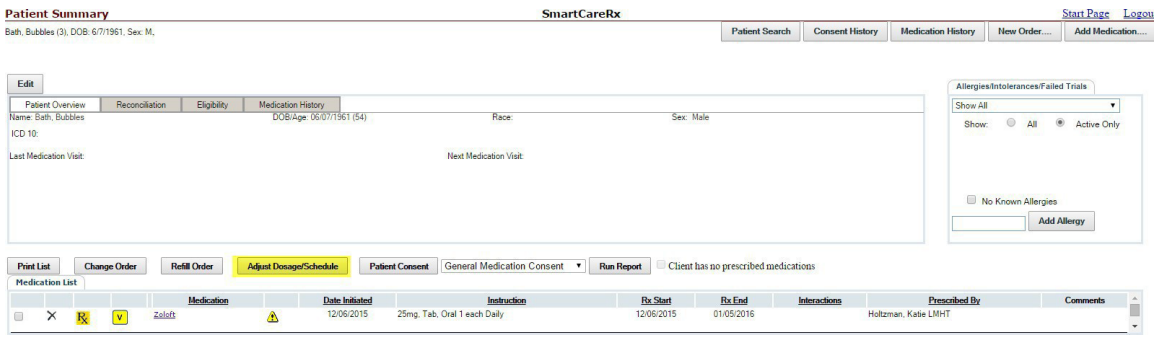
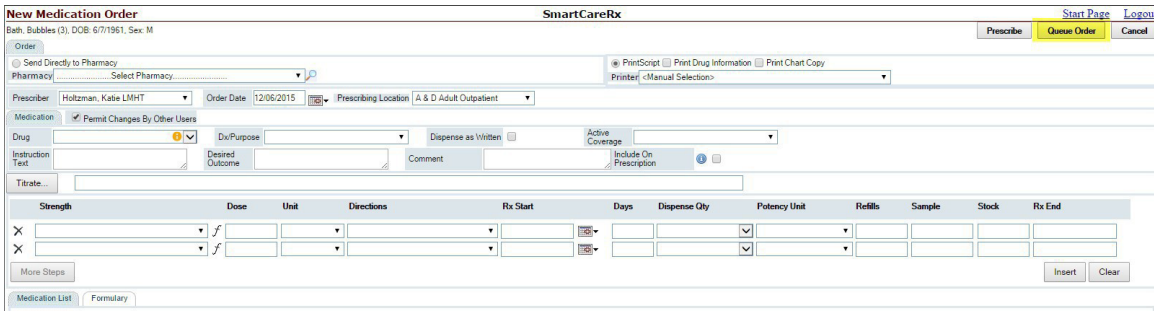
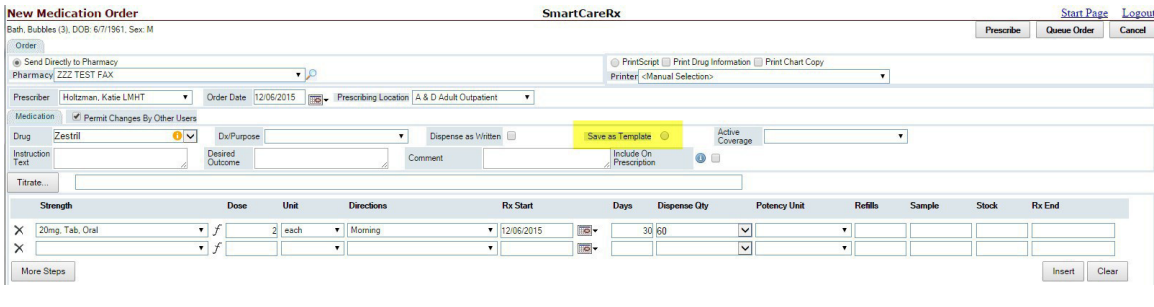
Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Zolofit	12/06/2015	25mg, Tab, Oral 1 each Daily	12/06/2015	01/05/2016		Holtzman, Katie LMHT	

Allergies/Intolerances/Failed Trials

Show All

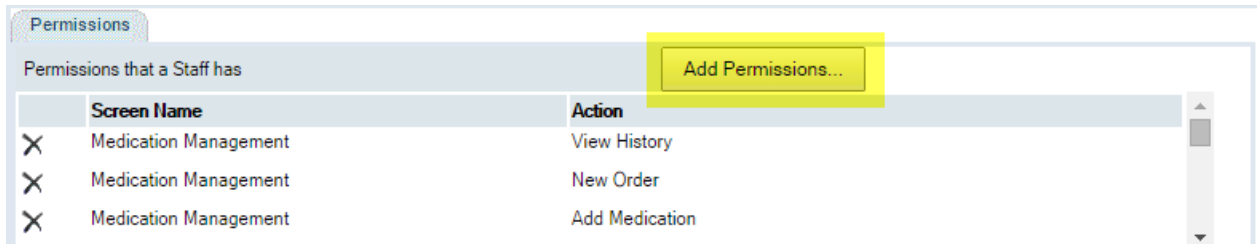
Show: All Active Only

No Known Allergies

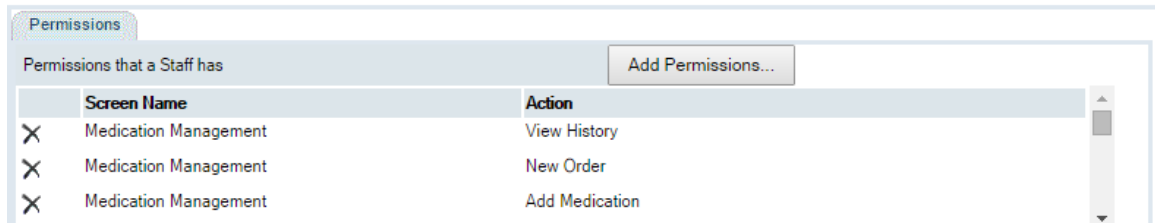
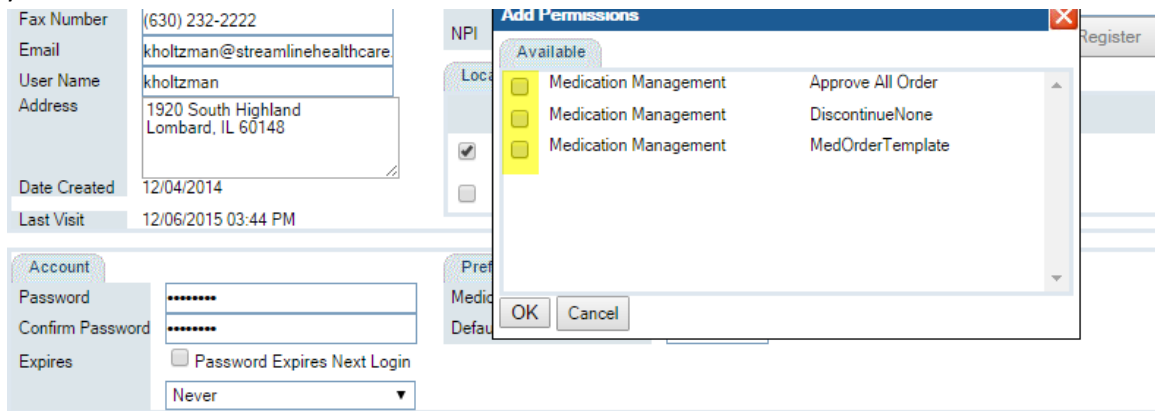
<p>Discontinued None</p>	
<p>Growth Charts</p>	<p>Permission is no longer used in SmartCare</p>
<p>Adjust Dosage Schedule Button</p>	
<p>Queue Order</p>	
<p>Medication Order Template</p>	

How to Add/Modify Permissions

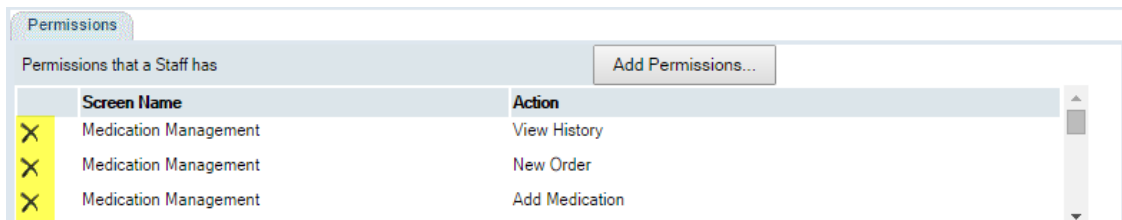
1. To add a permission select the 'Add Permissions' Button



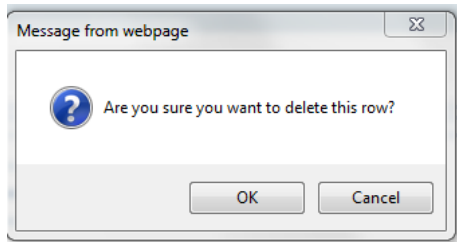
2. A popup with a list of permissions can be granted. Select the checkbox for each permission that you want the user to have and select the 'Ok' button



3. To delete a permission select the 'X' next to the permission that you wish to delete



4. After selecting 'X' a popup to confirm you wish to delete will appear



- After all permission have been setup/modified select the 'Update' button in the top righthand corner

User Preferences SmartCareRx Start Page Logon

Delete **Update** Close

General Active Prescriber

First Name: Kate
 Last Name: Holtzman
 Phone Number: 630 234455
 Fax Number: (630) 232-2222
 Email: kholtzman@streamlinehealthcare.com
 User Name: kholtzman
 Address: 1920 South Highland, Lombard, IL 60148
 Date Created: 12/04/2014
 Last Visit: 12/09/2015 05:37 PM

Professional
 Degree: LMHT
 Signing Suffix: MD
 License #: 7777
 DEA Number: BP123456
 NPI: 3434343

SureScripts
 Active Start Time: 12/06/2015 12:00 AM
 Active End Time: [dropdown]
 Service Level: NewRx + Refill + Can
 Prescriber Id (SPI): [input]
 Register

Locations

Location Name	Default	ScriptPrinter	Chart Copy Printer
<input checked="" type="checkbox"/> A & D Adult Outpatient	<input checked="" type="checkbox"/>	[dropdown]	[dropdown]
<input checked="" type="checkbox"/> A & D Prevention - S.L.Co	<input type="checkbox"/>	[dropdown]	[dropdown]

Account
 Password: [input]
 Confirm Password: [input]
 Expires: Password Expires Next Login
 Never

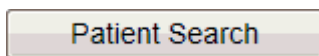
Preferences
 Medication Days Default: 30
 Default Prescribing Quantity: 2

Permissions
 Add Permissions...

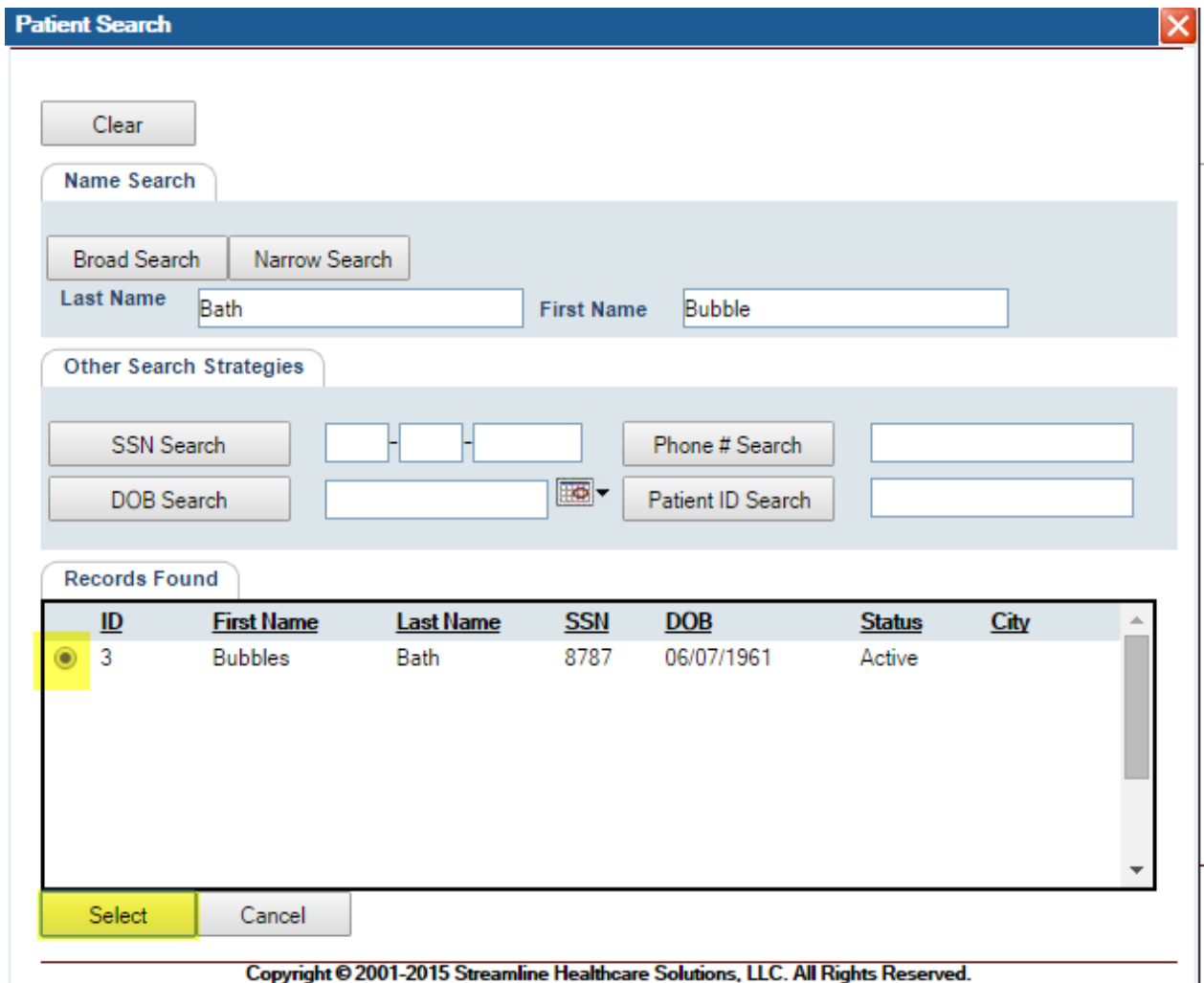
Screen Name	Action
<input checked="" type="checkbox"/> Medication Management	View History
<input checked="" type="checkbox"/> Medication Management	New Order
<input checked="" type="checkbox"/> Medication Management	Add Medication

Patient Search

- Select the 'Patient Search' button



- The patient search popup will appear. Enter the criteria you wish to search for and select the 'Broad Search' or 'Narrow Search' buttons



Clear

Name Search

Broad Search Narrow Search

Last Name Bath First Name Bubble

Other Search Strategies

SSN Search Phone # Search

DOB Search Patient ID Search

Records Found

ID	First Name	Last Name	SSN	DOB	Status	City
3	Bubbles	Bath	8787	06/07/1961	Active	

Select Cancel

Copyright © 2001-2015 Streamline Healthcare Solutions, LLC. All Rights Reserved.

3. Select the client by clicking on the radio button

Manage Pharmacies

Manage Pharmacies allows users to modifying existing pharmacies that are in the SureScripts database. The user can't add a new pharmacy.

1. Select the 'Manage Pharmacy' button

Manage Pharmacies

2. Enter the pharmacy information to search by and select the 'Select' button

Functionality	Description
Name	Pharmacy Name

510 East Butler Court, Kalamazoo East, MI49007, USA

www.streamlinehealthcare.com

Address	Pharmacy Address
Active	If pharmacy is active this will be selected. If this isn't selected then the pharmacy is inactive
Preferred	If selected the pharmacy will be preferred and will appear in the pharmacy dropdown will placing a new medication order. If unselected the pharmacy will not appear I the pharmacy dropdown when placing new medication order
Phone	Pharmacy phone number
Fax	Pharmacy fax number
City	City of pharmacy
State	State of pharmacy
Zip code	Zip of pharmacy
Email ID	Email of pharmacy
NCPDP Number	NDPDP number of the pharmacy
Specialty	What type of pharmacy

Pharmacy Management SmartCareRx [Start Page](#) [Logout](#)

Details

Name: Walmart Pharmacy 5525 Active Preferred Phone: 4798675309 Fax: 4798675309 Email id:

Address: 805 Moberly Lane City: Bentonville State: Ohio Zip: 72716

NCPDP Number: 9905525 Specialty: Retail, TwentyFourHourStore

3. Upon selecting the 'Search' button a popup will appear. Re-enter the pharmacy criteria that you would like to search on and select the 'Search' button

Pharmacy Search

Search Criteria

Name: Walmart ID: Phone #: Address: City: State: NCPDP Number: Fax #: Zip: Specialty:

Search Clear

Records Found

ID	A	Pref	Name	Address	Phone	Fax	NCPDP	Specialty
77006	Y	N	Walmart Pharmacy 558..	805 Moberly Lane, Bentonville, AR, 72705	4792774464	4795551212	9995584	
77055	Y	N	Walmart Pharmacy 552..	805 Moberly Lane, Bentonville, OH, 72716	4798675309	4798675309	9905525	Retail, TwentyFourHourStore
77141	Y	N	Walmart Pharmacy 554..	805 Moberly Lane, Bentonville, AR, 72716	4798675309	4798675309	9905546	Retail
77225	Y	N	walmart pharmacy sto..	805 Moberly lane Homeoffice, Bentonville, AR, 72712	4798665159	4798665159	9905501	Retail
77339	Y	N	Walmart Pharmacy 908..	Layout Center, Bentonville, AR, 72758	4799365212	4799365700	Blw99991	
77645	Y	N	Walmart Pharmacy 557..	805 Moberly Lane, Bentonville, AR, 72754	4792774464	4792774654	9995574	
77712	Y	N	Walmart Pharmacy 552..	805 Moberly Lane, Bentonville, AR, 72716	4798675309	4798675309	9905521	Retail
77733	Y	N	Walmart SuperCenter ..	Layout Center, Bentonville, AR, 72758	4792774464	4792774465	9999083	
77857	Y	N	Walmart pharmacy 905..	805 Moberly Lane, Bentonville, AR, 72716	4791234560	4797418520	9909059	Retail
77992	Y	N	Walmart Pharmacy 906..	805 Moberly Lane, Bentonville, TX, 72716	4798675309	4798675309	9909062	Retail

4. After a pharmacy is selected the only fields that can be modified is 'preferred'

Pharmacy Management SmartCareRx Start Page Logon Close

Details

Name: Walmart Pharmacy 5525 Active Phone: 4798675309 Fax: 4798675309 Email Id: Preferred

Address: 805 Moberly Lane City: Bentonville State: Ohio Zip: 72716 NCPDP Number: 9905525 Specialty: Retail, TwentyFourHourStore

Search Update Clear

Printer Device Locations

Printer device locations allows the user to manage available printers for prescriptions and chart information.

How to add a new printer

1. To manage printers select the 'Printer Device Location' Button

Printer Device Locations

2. Enter printer device details in 'Add Printer Device'

Functionality	Description
Location	Select the location for printer
Active	Select the active checkbox to make the printer active
Path	Enter network path

510 East Butler Court, Kalamazoo East, MI49007, USA
www.streamlinehealthcare.com

Device Label	Printer name
--------------	--------------

3. Select the 'Insert' button to insert the printer into the list

The screenshot shows the 'Add Printer Device' form. The 'Details' section includes a 'Location' dropdown menu set to 'A & D Adult Outpatient', an 'Active' checkbox checked, and a 'Path' text field containing 'path'. Below this is a 'Device Label' text field also containing 'path'. At the bottom right of the form, the 'Insert' button is highlighted in yellow, and a 'Clear' button is visible next to it. A table below the form shows columns for 'ID', 'Active', 'Device Label', and 'Device UMC Path'.

How to modify a printer device

1. Select the radio button next to the printer ID to select the printer you would like to modify

The screenshot shows the 'Add Printer Device' form. The 'Details' section is the same as in the previous screenshot. In the table below, the first row has a yellow radio button selected next to the ID '1'. The 'Update' button at the bottom right is highlighted in yellow.

2. The information will appear in the details section above. Modify the information and click the 'Update' button.

This screenshot is identical to the previous one, showing the 'Update' button highlighted in yellow after the printer device has been selected in the table.

Refresh Shared Tables

The Refresh Shared Tables feature is used to update information within the SmartCare Rx system. Whenever information is modified in the administration tab of SmartCare or SmartCare Rx it can affect multiple pages throughout the system. In order to ensure all fields are updated correctly, the refreshed shared table's button is used.

Example: If a new location is added to SmartCare administration tab the user would need to refresh shared tables in order to see the location in SmartCare Rx.

How to refresh shared tables

1. Select the 'Refresh Shared Tables' button

Refresh Shared Tables

510 East Butler Court, Kalamazoo East, MI49007, USA
www.streamlinehealthcare.com

Approving Verbal Orders

Non-prescribers can enter verbal orders and send them directly to the pharmacy. The orders are then queued for the prescriber to approve

Placing a Verbal Order

1. Place the prescription order for a prescriber that is different than the logged in user.

Login User – Katie Holtzman

Prescriber – Cindy Dumbell

2. Complete the prescription order. The yellow V icon indicates the order is in the verbal order queue waiting to be verified by the prescriber

Medication List	Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments
X	Zelast	12/06/2015	25mg, Tab, Oral 1 each Daily	12/06/2015	01/05/2016		Holtzman, Katie LMHT	

Verifying a Verbal Order

1. Select the 'Start Page' hyperlink

2. Select the 'Verbal Orders (#)' button. The number of verbal orders waiting for approval will be listed behind the 'Verbal Orders'

3. The screen is split into two sides
 - a. Orders – list all the orders that are awaiting approval

Verbal Orders Review for Holtzman, Katie LMHT SmartCareRx

Start Page Logout

Orders

Order ID	Patient Name	Created By	Date	Approve All Order
*	Client, Roberta	cdumbell	01/02/2016	

Order Details

Patient: Client, Roberta DOB: 05/04/1961 Prescribing location: A & D Outpatient

Pharmacy: 12th Street Pharmacy

Prescription

Retract Your Approval Approve Order

Prescription

Sunday, January 17, 2016

Valley Train - 12/30/2015
A & D Adult Outpatient
1141 E 3900 S A250
Salt Lake City, UT 84124-1268
Tel: (801) 283-7225 Fax: (801) 283-7279

Pharmacy: 12th Street Pharmacy
698 E. 12th Street
Tel: 8016232154 Fax: 8016279523

Patient: Client, Roberta
1020 S Main St
Salt Lake City, UT 84101
Home Phone: (444) 444-4444
DOB: 5/4/1961

PATIENT ALLERGIES: No Known Medication/Other Allergies

PON: 39783-61810-30-0 Zestril 30 mg tablet, Oral Order Status: New

b. Order Details – displays the details of each prescription

Verbal Orders Review for Holtzman, Katie LMHT SmartCareRx

Start Page Logout

Orders

Order ID	Patient Name	Created By	Date	Approve All Order
*	Client, Roberta	cdumbell	01/02/2016	

Order Details

Patient: Client, Roberta DOB: 05/04/1961 Prescribing location: A & D Outpatient

Pharmacy: 12th Street Pharmacy

Prescription

Retract Your Approval Approve Order

Prescription

Sunday, January 17, 2016

Valley Train - 12/30/2015
A & D Adult Outpatient
1141 E 3900 S A250
Salt Lake City, UT 84124-1268
Tel: (801) 283-7225 Fax: (801) 283-7279

Pharmacy: 12th Street Pharmacy
698 E. 12th Street
Tel: 8016232154 Fax: 8016279523

Patient: Client, Roberta
1020 S Main St
Salt Lake City, UT 84101
Home Phone: (444) 444-4444
DOB: 5/4/1961

PATIENT ALLERGIES: No Known Medication/Other Allergies

PON: 39783-61810-30-0 Zestril 30 mg tablet, Oral Order Status: New

4. Select the radio button of the prescription you wish to verify. When the user selects the radio button the details of the prescription will appear on the right side of the screen

Verbal Orders Review for Riley, Jeff LPHA SmartCareRx

Start Page Logout

Orders

Order ID	Patient Name	Created By	Date	Approve All Order
<input checked="" type="radio"/>	Clownfish, Marlin	Rebekah.rottman	02/24/2014	

Order Details

Patient: Clownfish, Marlin DOB: 05/16/1957 Prescribing location: Austin Apartments

Pharmacy: TEST - Thresholds TEST Pharm

Prescription

Retract Your Approval Approve Order

Prescription

Monday, February 24, 2014

Thresholds Test
Austin Apartments
1000 E 1000 S
Salt Lake City, UT 84101
Tel: (801) 283-7225 Fax: (801) 283-7279

Pharmacy: TEST - Thresholds TEST Pharm

Patient: Clownfish, Marlin
1000 E 1000 S
Salt Lake City, UT 84101
Home Phone: (444) 444-4444
DOB: 6/16/1957

PATIENT ALLERGIES: Bee Pollen, Milk, Peanut, Shellfish Derived

PON: 7034-202266-30-2 vitamin D3-red wine-resveratrol-maltodextrin 5,000 unit-200 mg capsule, Oral Order Status: New

510 East Butler Court, Kalamazoo East, MI49007, USA
www.streamlinehealthcare.com

5. There are two ways to approve the prescription
 - a. 'Approve all Order' button – if the user has access to the 'Approve All Order' button then the user can click on the button and enter a password. The 'Approve AllOrder' button will approve all the prescriptions in the list

Verbal Orders Review for Riley, Jeff LPHA | SmartCareRx

Start Page | Logout

Orders

Patent Name	Created By	Date
Clowfish, Marlin	Rebekah rotman	02/24/2014

Order Details

Patient: Clowfish, Marlin | DOB: 06/16/1957 | Prescribing location: Austin Apartments

Pharmacy: TEST - Thresholds TEST Pharm

Prescription

Retract Your Approval | Approve Order

Prescription

Monday, February 24, 2014

Thresholds TEST
Austin Apartments
1000 Austin Meadows Blvd
Austin, TX 78746
(512) 443-1111

Pharmacy: TEST - Thresholds TEST Pharm | Patient: Clowfish, Marlin

Tel: (512) 443-1111 | Home Phone: (512) 443-1111 | DOB: 6/16/1957

PATIENT ALLERGIES: Bee Pollen, Milk, Peanut, Shellfish Derived

PON: 7034-202266-30-2 | vitamin D3-red wine-resveratrol-maltodextrin 5,000 unit-200 mg capsule, Oral | Order Status: New

- b. Approve Order button – this button allows the user to approve a single order. The user can click this button and enter a password

Verbal Orders Review for Riley, Jeff LPHA | SmartCareRx

Start Page | Logout

Orders

Patent Name	Created By	Date
Clowfish, Marlin	Rebekah rotman	02/24/2014

Order Details

Patient: Clowfish, Marlin | DOB: 06/16/1957 | Prescribing location: Austin Apartments

Pharmacy: TEST - Thresholds TEST Pharm

Prescription

Retract Your Approval | Approve Order

Prescription

Monday, February 24, 2014

Thresholds TEST
Austin Apartments
1000 Austin Meadows Blvd
Austin, TX 78746
(512) 443-1111

Pharmacy: TEST - Thresholds TEST Pharm | Patient: Clowfish, Marlin

Tel: (512) 443-1111 | Home Phone: (512) 443-1111 | DOB: 6/16/1957

PATIENT ALLERGIES: Bee Pollen, Milk, Peanut, Shellfish Derived

PON: 7034-202266-30-2 | vitamin D3-red wine-resveratrol-maltodextrin 5,000 unit-200 mg capsule, Oral | Order Status: New

- c. Once you have clicked either the button a green check mark appears next to each approved prescription

Orders

Client Name	Created By	Date
Bath, Bubbles	cdumbell	12/06/2015

Approve All Order

- d. The user must enter their password to complete the approval process

510 East Butler Court, Kalamazoo East, MI49007, USA
www.streamlinehealthcare.com

Password:

- e. The V Icon has been removed from the medication list

Medication List									
		Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments
<input type="checkbox"/>	X	Zolof	12/06/2015	25mg, Tab, Oral 1 each Daily	12/06/2015	01/05/2016		Holtzman, Katie LMHT	

6. Retract Your Approval – ‘Retract Your Approval’ button can be used to retract the approval of a prescription. This can only be done after the approval has been made but before the password has been entered.

Verbal Orders Review for Riley, Jeff LPHA SmartCareRx [Start Page](#) [Logout](#)

Order Details: Patient: Clownfish, Marlin, DOB: 06/16/1957, Prescribing location: Austin Apartments

Pharmacy: TEST - Thresholds TEST Pharm

Prescription:

Queued Orders

Non-prescribers can enter queued orders for a prescriber to approve prior to being sent to a pharmacy.

Placing a Queued Order

- Place the prescription order for a prescriber that is different than the logged in user. Queued orders can also be placed by the login user.

Login User – Katie Holtzman

Prescriber – Cindy Dumbell

New Medication Order SmartCareRx [Start Page](#) [Logout](#)

Bath, Bubbles (3), DOB: 6/7/1961, Sex: U, Race: American Indian

Order:

Pharmacy:

Prescriber: Dumbell, Cindy MD, Order Date: 12/07/2015, Prescribing Location: A & D Adult Outpatient

Medication: Permit Changes By Other Users

Drug: Dxi/Purpose: Dispense as Written: Active Coverage:

Instruction Text: Desired Outcome: Comment: Include On Prescription:

Titrate:

Strength	Dose	Unit	Directions	Rx Start	Days	Dispense Qty	Potency Unit	Refills	Sample	Stock	Rx End
X	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
X	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- When the user has complete the order instead of selecting prescribe the user will select Queued Order. This will place the order in a queued status.

New Medication Order SmartCareRx [Start Page](#) [Logout](#)

Test, Mendee (2105587), DOB: 8/13/1975, Sex: F, Race: Asian [Prescribe](#) [Queue Order](#) [Cancel](#)

Order: Send Directly to Pharmacy Pharmacy: A & W Pharmacy PrintScript Print Drug Information Print Chart Copy Print Manual Selection

Prescriber: test LMHT Order Date: 8/17/2016 Prescribing Location: Select Location

Medication: Permit Changes By Other Users

Drug: Dis/Purpose: Dispense as Written: Active Coverage: Verbal Order Read Back:

Instruction Text: Desired Outcome: Comment: Include On Prescription:

Titrate:

Strength	Dose	Unit	Directions	Rx Start	Days	Dispense Qty	Potency Unit	Refills	Sample	Stock	Rx End
X											
X											

More Steps [Insert](#) [Clear](#)

Medication List	Formulary	Medication	Date Initiated	Instruction	Rx Start	Rx End	Qty	Drug/Allergy Interaction/Warnings
X		Zestil	01/17/2016	20mg, Tab, Oral 1 each Daily	01/17/2016	02/16/2016	N	

- Complete the prescription order. The A icon indicates the order is in the queue waiting to be verified by the prescriber

Order Queued for Prescriber Approval	Medication	Date Initiated	Instruction	Rx Start	Rx End	Qty	Drug/Allergy Interaction/Warnings
X    Summary/Disp	Zestil	11/09/2015	200mg, Chew, Oral 1 each Daily	11/09/2015	11/10/2015		Butt, Viasaf
X    Water Bottle	Misc, Misc	11/09/2015	Misc, Misc 1 each Morning	11/09/2015	11/10/2015		Butt, Viasaf

- When a prescription is queued, it will appear in the outbound prescriptions of the start page in a status of "queued"

Refill Requests Outbound Prescriptions

Prescriber: All

Prescriber	Patient Name	Date	Medication	Strength/Instructions	Pharmacy	Method	Status	Description
Walko, Lyndsay	test, test	8/2/2016 2:43 PM	Water Bottle	Misc, Misc 3 units Morning		Fax	Queued	

Verifying a Queued Order

- Select the 'Start Page' hyperlink

Patient Summary SmartCareRx [Start Page](#) [Logout](#)

Bath, Bubbles (3), DOB: 6/7/1961, Sex: U, Race: American Indian. [Patient Search](#) [Consent History](#) [Medication History](#) [New Order...](#) [Add Medication...](#)

- Select the 'Queued Orders (#)' button. The number of queued orders waiting for approval will be listed behind the 'Queued Orders'

[streamlinehealthcare.com/SmartcareRxTrain/ApplicationForm.aspx](#) SmartCareRx [Logout](#)

Start Page

My Preferences [Patient Search](#) [Manage Users](#) [Manage Pharmacies](#) [Printer Device Locations](#) [Refresh Shared Tables](#) [Verbal Orders \(1\)](#)

Queued Orders (1)

Refill Requests Outbound Prescriptions Favorites

Prescriber: All

- The screen is split into two sides
 - Orders – list all the orders that are awaiting approval
 - The client name is hyperlinked on this screen. The hyperlink will take you to the Rx Patient Summary

Order Approval for Holtzman, Katie LMHT SmartCareRx Start Page Logout

Orders	Approve All Order	Order Details																																																	
<table border="1"> <thead> <tr> <th>Patient Name</th> <th>Created By</th> <th>Date</th> <th>Interactions</th> </tr> </thead> <tbody> <tr> <td>Test, Meridee</td> <td>mbaad</td> <td>12/30/2015</td> <td></td> </tr> </tbody> </table>	Patient Name	Created By	Date	Interactions	Test, Meridee	mbaad	12/30/2015		<table border="1"> <thead> <tr> <th>Patient</th> <th>Test, Meridee</th> <th>DOB</th> <th>08/13/1975</th> <th>Prescribing location</th> <th>A & D Adult Outpatient</th> </tr> </thead> <tbody> <tr> <td colspan="6">Pharmacy 12th Street Pharmacy</td> </tr> <tr> <td colspan="6">Prescription Adjust Dosage/Schedule Void Approve Order</td> </tr> <tr> <td colspan="6" style="text-align: center;"> Prescription Sunday, January 17, 2016 Valley Train - 12/30/2015 A & D Adult Outpatient 1141 E 3900 S A250 Salt Lake City, UT 84124-1268 Tel: (801) 263-7225 Fax: (801) 263-7279 </td> </tr> <tr> <td colspan="3"> Pharmacy 12th Street Pharmacy 698 E. 12th Street Tel: 8016212154 Fax: 8016279523 </td> <td colspan="3"> Patient : Test, Meridee State Street West Jordan, UT 11111 Home Phone: (734) 555-2819 DOB: 8/13/1975 </td> </tr> <tr> <td colspan="6"> PATIENT ALLERGIES: No Known Medication/Other Allergies </td> </tr> <tr> <td colspan="2"> PON: 39778-63431-30-0 </td> <td colspan="2"> Lamictal 200 mg tablet, Oral </td> <td colspan="2"> Order Status: New </td> </tr> </tbody> </table>	Patient	Test, Meridee	DOB	08/13/1975	Prescribing location	A & D Adult Outpatient	Pharmacy 12th Street Pharmacy						Prescription Adjust Dosage/Schedule Void Approve Order						Prescription Sunday, January 17, 2016 Valley Train - 12/30/2015 A & D Adult Outpatient 1141 E 3900 S A250 Salt Lake City, UT 84124-1268 Tel: (801) 263-7225 Fax: (801) 263-7279						Pharmacy 12th Street Pharmacy 698 E. 12th Street Tel: 8016212154 Fax: 8016279523			Patient : Test, Meridee State Street West Jordan, UT 11111 Home Phone: (734) 555-2819 DOB: 8/13/1975			PATIENT ALLERGIES: No Known Medication/Other Allergies						PON: 39778-63431-30-0		Lamictal 200 mg tablet, Oral		Order Status: New	
Patient Name	Created By	Date	Interactions																																																
Test, Meridee	mbaad	12/30/2015																																																	
Patient	Test, Meridee	DOB	08/13/1975	Prescribing location	A & D Adult Outpatient																																														
Pharmacy 12th Street Pharmacy																																																			
Prescription Adjust Dosage/Schedule Void Approve Order																																																			
Prescription Sunday, January 17, 2016 Valley Train - 12/30/2015 A & D Adult Outpatient 1141 E 3900 S A250 Salt Lake City, UT 84124-1268 Tel: (801) 263-7225 Fax: (801) 263-7279																																																			
Pharmacy 12th Street Pharmacy 698 E. 12th Street Tel: 8016212154 Fax: 8016279523			Patient : Test, Meridee State Street West Jordan, UT 11111 Home Phone: (734) 555-2819 DOB: 8/13/1975																																																
PATIENT ALLERGIES: No Known Medication/Other Allergies																																																			
PON: 39778-63431-30-0		Lamictal 200 mg tablet, Oral		Order Status: New																																															

c. Order Details – displays the details of each prescription

Order Approval for Holtzman, Katie LMHT SmartCareRx Start Page Logout

Orders	Approve All Order	Order Details																																																	
<table border="1"> <thead> <tr> <th>Patient Name</th> <th>Created By</th> <th>Date</th> <th>Interactions</th> </tr> </thead> <tbody> <tr> <td>Test, Meridee</td> <td>mbaad</td> <td>12/30/2015</td> <td></td> </tr> </tbody> </table>	Patient Name	Created By	Date	Interactions	Test, Meridee	mbaad	12/30/2015		<table border="1"> <thead> <tr> <th>Patient</th> <th>Test, Meridee</th> <th>DOB</th> <th>08/13/1975</th> <th>Prescribing location</th> <th>A & D Adult Outpatient</th> </tr> </thead> <tbody> <tr> <td colspan="6">Pharmacy 12th Street Pharmacy</td> </tr> <tr> <td colspan="6">Prescription Adjust Dosage/Schedule Void Approve Order</td> </tr> <tr> <td colspan="6" style="text-align: center;"> Prescription Sunday, January 17, 2016 Valley Train - 12/30/2015 A & D Adult Outpatient 1141 E 3900 S A250 Salt Lake City, UT 84124-1268 Tel: (801) 263-7225 Fax: (801) 263-7279 </td> </tr> <tr> <td colspan="3"> Pharmacy 12th Street Pharmacy 698 E. 12th Street Tel: 8016212154 Fax: 8016279523 </td> <td colspan="3"> Patient : Test, Meridee State Street West Jordan, UT 11111 Home Phone: (734) 555-2819 DOB: 8/13/1975 </td> </tr> <tr> <td colspan="6"> PATIENT ALLERGIES: No Known Medication/Other Allergies </td> </tr> <tr> <td colspan="2"> PON: 39778-63431-30-0 </td> <td colspan="2"> Lamictal 200 mg tablet, Oral </td> <td colspan="2"> Order Status: New </td> </tr> </tbody> </table>	Patient	Test, Meridee	DOB	08/13/1975	Prescribing location	A & D Adult Outpatient	Pharmacy 12th Street Pharmacy						Prescription Adjust Dosage/Schedule Void Approve Order						Prescription Sunday, January 17, 2016 Valley Train - 12/30/2015 A & D Adult Outpatient 1141 E 3900 S A250 Salt Lake City, UT 84124-1268 Tel: (801) 263-7225 Fax: (801) 263-7279						Pharmacy 12th Street Pharmacy 698 E. 12th Street Tel: 8016212154 Fax: 8016279523			Patient : Test, Meridee State Street West Jordan, UT 11111 Home Phone: (734) 555-2819 DOB: 8/13/1975			PATIENT ALLERGIES: No Known Medication/Other Allergies						PON: 39778-63431-30-0		Lamictal 200 mg tablet, Oral		Order Status: New	
Patient Name	Created By	Date	Interactions																																																
Test, Meridee	mbaad	12/30/2015																																																	
Patient	Test, Meridee	DOB	08/13/1975	Prescribing location	A & D Adult Outpatient																																														
Pharmacy 12th Street Pharmacy																																																			
Prescription Adjust Dosage/Schedule Void Approve Order																																																			
Prescription Sunday, January 17, 2016 Valley Train - 12/30/2015 A & D Adult Outpatient 1141 E 3900 S A250 Salt Lake City, UT 84124-1268 Tel: (801) 263-7225 Fax: (801) 263-7279																																																			
Pharmacy 12th Street Pharmacy 698 E. 12th Street Tel: 8016212154 Fax: 8016279523			Patient : Test, Meridee State Street West Jordan, UT 11111 Home Phone: (734) 555-2819 DOB: 8/13/1975																																																
PATIENT ALLERGIES: No Known Medication/Other Allergies																																																			
PON: 39778-63431-30-0		Lamictal 200 mg tablet, Oral		Order Status: New																																															

- Select the radio button of the prescription you wish to verify. When the user selects the radio button the details of the prescription will appear on the right side of the screen

Verbal Orders Review for Riley, Jeff LPHA SmartCareRx [Start Page](#) [Logout](#)

Password:

Orders	Order Details																																																		
<table border="1"> <thead> <tr> <th>Patient Name</th> <th>Created By</th> <th>Date</th> <th>Approve All Order</th> </tr> </thead> <tbody> <tr> <td>Clownfish, Marlin</td> <td>Rebekah.rottman</td> <td>02/24/2014</td> <td><input type="button" value="Approve All Order"/></td> </tr> </tbody> </table>	Patient Name	Created By	Date	Approve All Order	Clownfish, Marlin	Rebekah.rottman	02/24/2014	<input type="button" value="Approve All Order"/>	<table border="1"> <tr> <td>Patient</td> <td>Clownfish, Marlin</td> <td>DOB</td> <td>06/16/1957</td> <td>Prescribing location</td> <td>Austin Apartments</td> </tr> <tr> <td colspan="6"> <input type="radio"/> Print <input checked="" type="radio"/> Fax <input type="radio"/> Electronic Pharmacy TEST - Thresholds' TEST Pharm </td> </tr> <tr> <td colspan="5">Prescription</td> <td> <input type="button" value="Retract Your Approval"/> <input type="button" value="Approve Order"/> </td> </tr> <tr> <td colspan="6" style="text-align: center;"> Prescription Monday, February 24, 2014 Thresholds' Test Austin Apartments 1000 West 10th Street Austin, TX 78703 (512) 476-1111 </td> </tr> <tr> <td colspan="3"> Pharmacy TEST - Thresholds' TEST Pharm Tel: (512) 476-1111 Fax: (512) 476-1111 </td> <td colspan="3"> Patient : Clownfish, Marlin Home Phone: DOB: 6/16/1957 </td> </tr> <tr> <td colspan="6"> PATIENT ALLERGIES: Bee Pollen, Milk, Peanut, Shellfish Derived </td> </tr> <tr> <td colspan="2"> PON: 7034-202266-30-2 </td> <td colspan="2"> vitamin D3-red wine-resveratrol-maltodextrin 5,000 unit-200 mg capsule, Oral </td> <td colspan="2"> Order Status: New </td> </tr> </table>	Patient	Clownfish, Marlin	DOB	06/16/1957	Prescribing location	Austin Apartments	<input type="radio"/> Print <input checked="" type="radio"/> Fax <input type="radio"/> Electronic Pharmacy TEST - Thresholds' TEST Pharm						Prescription					<input type="button" value="Retract Your Approval"/> <input type="button" value="Approve Order"/>	Prescription Monday, February 24, 2014 Thresholds' Test Austin Apartments 1000 West 10th Street Austin, TX 78703 (512) 476-1111						Pharmacy TEST - Thresholds' TEST Pharm Tel: (512) 476-1111 Fax: (512) 476-1111			Patient : Clownfish, Marlin Home Phone: DOB: 6/16/1957			PATIENT ALLERGIES: Bee Pollen, Milk, Peanut, Shellfish Derived						PON: 7034-202266-30-2		vitamin D3-red wine-resveratrol-maltodextrin 5,000 unit-200 mg capsule, Oral		Order Status: New	
Patient Name	Created By	Date	Approve All Order																																																
Clownfish, Marlin	Rebekah.rottman	02/24/2014	<input type="button" value="Approve All Order"/>																																																
Patient	Clownfish, Marlin	DOB	06/16/1957	Prescribing location	Austin Apartments																																														
<input type="radio"/> Print <input checked="" type="radio"/> Fax <input type="radio"/> Electronic Pharmacy TEST - Thresholds' TEST Pharm																																																			
Prescription					<input type="button" value="Retract Your Approval"/> <input type="button" value="Approve Order"/>																																														
Prescription Monday, February 24, 2014 Thresholds' Test Austin Apartments 1000 West 10th Street Austin, TX 78703 (512) 476-1111																																																			
Pharmacy TEST - Thresholds' TEST Pharm Tel: (512) 476-1111 Fax: (512) 476-1111			Patient : Clownfish, Marlin Home Phone: DOB: 6/16/1957																																																
PATIENT ALLERGIES: Bee Pollen, Milk, Peanut, Shellfish Derived																																																			
PON: 7034-202266-30-2		vitamin D3-red wine-resveratrol-maltodextrin 5,000 unit-200 mg capsule, Oral		Order Status: New																																															

5. There are two ways to approve the prescription
 - a. 'Approve all Order' button – if the user has access to the 'Approve All Order' button then the user can click on the button and enter a password. The 'Approve All Order' button will approve all the prescriptions in the list

Verbal Orders Review for Riley, Jeff LPHA SmartCareRx [Start Page](#) [Logout](#)

Password:

Orders	Order Details																																																		
<table border="1"> <thead> <tr> <th>Patient Name</th> <th>Created By</th> <th>Date</th> <th>Approve All Order</th> </tr> </thead> <tbody> <tr> <td>Clownfish, Marlin</td> <td>Rebekah.rottman</td> <td>02/24/2014</td> <td><input type="button" value="Approve All Order"/></td> </tr> </tbody> </table>	Patient Name	Created By	Date	Approve All Order	Clownfish, Marlin	Rebekah.rottman	02/24/2014	<input type="button" value="Approve All Order"/>	<table border="1"> <tr> <td>Patient</td> <td>Clownfish, Marlin</td> <td>DOB</td> <td>06/16/1957</td> <td>Prescribing location</td> <td>Austin Apartments</td> </tr> <tr> <td colspan="6"> <input type="radio"/> Print <input checked="" type="radio"/> Fax <input type="radio"/> Electronic Pharmacy TEST - Thresholds' TEST Pharm </td> </tr> <tr> <td colspan="5">Prescription</td> <td> <input type="button" value="Retract Your Approval"/> <input type="button" value="Approve Order"/> </td> </tr> <tr> <td colspan="6" style="text-align: center;"> Prescription Monday, February 24, 2014 Thresholds' Test Austin Apartments 1000 West 10th Street Austin, TX 78703 (512) 476-1111 </td> </tr> <tr> <td colspan="3"> Pharmacy TEST - Thresholds' TEST Pharm Tel: (512) 476-1111 Fax: (512) 476-1111 </td> <td colspan="3"> Patient : Clownfish, Marlin Home Phone: DOB: 6/16/1957 </td> </tr> <tr> <td colspan="6"> PATIENT ALLERGIES: Bee Pollen, Milk, Peanut, Shellfish Derived </td> </tr> <tr> <td colspan="2"> PON: 7034-202266-30-2 </td> <td colspan="2"> vitamin D3-red wine-resveratrol-maltodextrin 5,000 unit-200 mg capsule, Oral </td> <td colspan="2"> Order Status: New </td> </tr> </table>	Patient	Clownfish, Marlin	DOB	06/16/1957	Prescribing location	Austin Apartments	<input type="radio"/> Print <input checked="" type="radio"/> Fax <input type="radio"/> Electronic Pharmacy TEST - Thresholds' TEST Pharm						Prescription					<input type="button" value="Retract Your Approval"/> <input type="button" value="Approve Order"/>	Prescription Monday, February 24, 2014 Thresholds' Test Austin Apartments 1000 West 10th Street Austin, TX 78703 (512) 476-1111						Pharmacy TEST - Thresholds' TEST Pharm Tel: (512) 476-1111 Fax: (512) 476-1111			Patient : Clownfish, Marlin Home Phone: DOB: 6/16/1957			PATIENT ALLERGIES: Bee Pollen, Milk, Peanut, Shellfish Derived						PON: 7034-202266-30-2		vitamin D3-red wine-resveratrol-maltodextrin 5,000 unit-200 mg capsule, Oral		Order Status: New	
Patient Name	Created By	Date	Approve All Order																																																
Clownfish, Marlin	Rebekah.rottman	02/24/2014	<input type="button" value="Approve All Order"/>																																																
Patient	Clownfish, Marlin	DOB	06/16/1957	Prescribing location	Austin Apartments																																														
<input type="radio"/> Print <input checked="" type="radio"/> Fax <input type="radio"/> Electronic Pharmacy TEST - Thresholds' TEST Pharm																																																			
Prescription					<input type="button" value="Retract Your Approval"/> <input type="button" value="Approve Order"/>																																														
Prescription Monday, February 24, 2014 Thresholds' Test Austin Apartments 1000 West 10th Street Austin, TX 78703 (512) 476-1111																																																			
Pharmacy TEST - Thresholds' TEST Pharm Tel: (512) 476-1111 Fax: (512) 476-1111			Patient : Clownfish, Marlin Home Phone: DOB: 6/16/1957																																																
PATIENT ALLERGIES: Bee Pollen, Milk, Peanut, Shellfish Derived																																																			
PON: 7034-202266-30-2		vitamin D3-red wine-resveratrol-maltodextrin 5,000 unit-200 mg capsule, Oral		Order Status: New																																															

- b. Approve Order button – this button allows the user to approve a single order. The user can click this button and enter a password

Verbal Orders Review for Riley, Jeff LPHA SmartCareRx

Start Page Logout

Orders

Patent Name	Created By	Date
Clownfish, Marlin	Rebekah rottman	02/24/2014

Approve All Order

Order Details

Patient: Clownfish, Marlin DOB: 06/16/1957 Prescribing location: Austin Apartments

Print Fax Electronic Pharmacy TEST - Thresholds TEST Pharm

Retract Your Approval Approve Order

Prescription

Monday, February 24, 2014

Pharmacy: TEST - Thresholds TEST Pharm Patient: Clownfish, Marlin

Tel: Home Phone: DOB: 6/16/1957

PATIENT ALLERGIES: Bee Pollen, Milk, Peanut, Shellfish Derived

PON: 7034-202266-30-2 vitamin D3-red wine-resveratrol-maltoedextrin 5,000 unit-200 mg capsule, Oral Order Status: New

- c. Once you have clicked either the button a green check mark appears next to each approved prescription

Orders

	Client Name	Created By	Date
✓	Bath, Bubbles	cdumbell	12/06/2015

Approve All Order

- d. The user must enter their password to complete the approval process

Password: Sign Close

- e. The A Icon has been removed from the medication list

Medication List

	Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments
X	Zelast	12/06/2015	25mg, Tab, Oral 1 each Daily	12/06/2015	01/05/2016		Holtzman, Kase LMHT	

6. Adjust Dosage/Schedule – this button will take users to modify the prescription. After the prescription has been modified the user still needs to approve the queued order.

Verbal Orders Review for Riley, Jeff LPHA SmartCareRx

Start Page Logout

Orders

Patent Name	Created By	Date
Clownfish, Marlin	Rebekah rottman	02/24/2014

Approve All Order

Order Details

Patient: Clownfish, Marlin DOB: 06/16/1957 Prescribing location: Austin Apartments

Print Fax Electronic Pharmacy TEST - Thresholds TEST Pharm

Retract Your Approval Approve Order

7. Void order – if the prescriber wants to cancel an order they can select the ‘Void’ order button. It will then cancel the order. Once canceled it will remove from patient summary list.

Order Approval for Holtzman, Katie LMHT SmartCareRx [Start Page](#) [Logout](#)

Orders Approve All Order

Patent Name	Created By	Date	Interactions
Test Header	mbead	12/30/2015	

Order Details

Patient: [Test Header](#) DOB: 08/13/1975 Prescribing location: A & D Adult Outpatient
 Pharmacy: 12th Street Pharmacy [Print Fax Electronic](#) [Adjust Dosage/Schedule](#) [Void](#) [Approve Order](#)

DOB: 8/13/1975

PATIENT ALLERGIES: No Known Medication/Other Allergies

PON: 29778-63431-30-0 **Lamictal 200 mg tablet, Oral** Order Status: New
 Lamictal 200 mg tablet, Oral 30 (each) Daily at Noon (#) 900
 Order Date: 12/30/2015 Start Date: 12/30/2015 Duration: 30 days
 Refills: 0
 Substitutions Allowed Special Ins.:
 Note to Pharmacy:


Electronically Signed by: Katie Holtzman, LMHT CTP #: 7777
 Prescriber Signature: Katie Holtzman, LMHT CTP #: 7777

Verbal Order/Queued Order Widget

When clicking on the number hyperlinks (either verbal or queued), the Rx window will open up and the Order Approval screen will appear

Dashboard

EHR Widgets



























Verbal/Queued Orders - Awaiting Approval 

Verbal	Queued
0	3

To grant this widget to a role or user, you will need to add this widget in their roles/permissions


Refills

Pharmacies will request a refill for clients. Those refill request will appear in this tab.


Refill Requests	Outbound Prescriptions	Favorites			
Prescriber: All					
Action	Patient	Medication Prescribed	Medication Dispensed	Pharmacy	Prescriber
  	 DOB: 1/23/1996 (19) Gender: Female 720 N 300 W LEHI, UT 84043 PH: 973-294-5947	 SERTRALINE HCL 50MG TAB Qty: 30 Refills: 1 Days Supply: 30 DAW:N Potency: Tablet Written Date: 7/7/2015 Directions: TAKE 1/2 TABLET EVERY NIGHT FOR 6 NIGHTS THEN INCREASE TO ONE TABLET BY MOUTH EVERY NIGHT Notes:	 SERTRALINE HCL 50MG TAB Qty: 30 Refills: 1 Days Supply: 30 DAW:N Potency: Tablet Written Date: 7/7/2015 Directions: TAKE 1/2 TABLET EVERY NIGHT FOR 6 NIGHTS THEN INCREASE TO ONE TABLET BY MOUTH EVERY NIGHT Notes:	Wal-Mart Pharmacy 2511 949 WEST GRASSLAND DRIVE AMERICAN FORK, UT 84003 PH: 801-492-1196 Fax: 801-492-1108	
  	 DOB: 9/28/1997 (28) Gender: Female 3326 RED SHOULDERED TRAIL SARATOGA SPRINGS, UT 84045	 BENZTROPINE MES 1 MG TABLET Qty: 60 Refills: 2 Days Supply: 30 DAW:N Potency: Tablet Written Date: 6/24/2015 Directions: TAKE ONE TABLET BY MOUTH TWICE A DAY Notes:	 BENZTROPINE MES 1 MG TABLET Qty: 60 Refills: 2 Days Supply: 0 DAW:N Potency: Tablet Written Date: 6/24/2015 Directions: TAKE ONE TABLET BY MOUTH TWICE A DAY Notes:	SMITHS PHARMACY #706107 3326 REDWOOD RD SARATOGA SPRINGS, UT 84045 PH: 801-768-2240 Fax: 801-768-2085	
  	 DOB: 10/31/1959 (56) Gender: Female 1797 W FOX BAY DRIVE HEBER CITY, UT 84033	 PAINL 20 MG TABLET Qty: 30 Refills: 2 Days Supply: 30 DAW:N Potency: Tablet Written Date: 6/15/2015 Directions: TAKE ONE TABLET BY MOUTH DAILY Notes: CHANGE TO HANABAN	 PAINESONE HCL 20 MG TABLET Qty: 30 Refills: 2 Days Supply: 0 DAW:N Potency: Tablet Written Date: 6/15/2015 Directions: TAKE ONE TABLET BY MOUTH DAILY Notes:	SMITHS PHARMACY #706072 1725 W UNITA WAY KIMBALL JUNCTION, UT 84098 PH: 435-649-7686 Fax: 435-649-3167	
  	 DOB: 8/7/1972 (43) Gender: Female	 SEROQUEL 100 MG TABLET Qty: 30 Refills: 2 Days Supply: 30 DAW:N Potency: Tablet Written Date: 6/22/2015	 QUETIAPINE FUMARATE 100 MG TAB Qty: 30 Refills: 2 Days Supply: 0 DAW:N Potency: Tablet Written Date: 6/22/2015	SMITHS PHARMACY #706108 3560 W 13400 S HEBERIAN, UT 84096 PH: 801-768-4924	

Functionality	Description
Action	Available options for refill request
Patient	Patient information
Medication Prescribed	The order sent to pharmacy
Medication Dispensed	The order the pharmacy filled
Pharmacy	Pharmacy information
Prescriber	Prescriber information


How to Approve a Refill Request

1. Select the Approve Refill Icon - 
2. Complete the refill work flow

How to Approve a Refill Request with Modifications


1. Select the Approve with Modification Refill Icon - 
2. Complete the modification refill work flow

How to deny a refill request with a new prescription to follow

1. Select the denied refill request with a new prescription to follow - 
2. Complete the Refill Denied Reason popup

3. Complete the new prescription work flow

How to deny a refill request

1. Select the deny refill request icon - 
2. Complete the Refill Denied Reason popup

Outbound Prescriptions

All outbound prescriptions will be listed here. This allow users to see how a prescription was sent and the current status. If any prescription errors out for SureScripts that will be listed here with the error message.

Start Page		SmartCareRx							
My Preferences	Patient Search	Manage Users	Manage Pharmacies	Printer Device Locations	Refresh Shared Tables	Verbal Orders (1)			
Queued Orders (3)									
Refill Requests	Outbound Prescriptions	Favorites							
Prescriber	All								
Prescriber	Patient Name	Date	Medication	Strength/Instructions	Pharmacy	Method	Status	Description	
Holtzman, Katie LMHT	Bath, Bubbles	12/6/2015 5:12 PM	Zestril	30mg, Tab, Oral 2 each Morning		Print			
Holtzman, Katie LMHT	Bath, Bubbles	12/6/2015 3:53 PM	Zoloft	25mg, Tab, Oral 1 each Daily		Print			

Functionality	Description
Prescriber	The name of the prescriber that sent the prescription
Patient Name	The name of the client the prescription was written for
Date	Date of the prescription
Medication	Medication name
Strength/Instructions	The Strength/Instructions for the medication
Pharmacy	If this was sent electronically or fax it will list the pharmacy name. If printed the pharmacy name will not appear
Method	The method in which the prescription was sent (print, fax, electronic)
Status	The status of the prescription. <ul style="list-style-type: none"> • Successful – prescription was sent successfully • Queue – in database ready to be sent to SureScripts • Pending – awaiting update from SureScripts after prescription has been process • Fail – prescription failed to be sent
Description	The description of the status. If the status is failed the error description will be listed here

Favorites

Favorites is not functional at this time

Supervising Prescriber

How to add a supervising prescriber to another prescriber

Some states require a supervising prescriber for physician assistants.

1. In SmartCare go to Admin Tab -> Staff/users banner -> Demographic/Professional Tab -> Authorized Provider

510 East Butler Court, Kalamazoo East, MI49007, USA
www.streamlinehealthcare.com

My Office Bath, Bubbles (3) Program Administration

Staff Details

General Roles/ Permissions Client Access Overrides Demographic/ Professional Proc/ Prog/ Locations/ Proxy Productivity

Staff Preferences Staff Search Preferences Licenses / Degrees Credentialing Care Management Contracted Rates

Custom Fields

Demographic Information

Date Of Birth Age

Race

Language

SSN

Employment Start Gender

Employment End Marital Status

Professional

License #

Taxonomy Code

National Provider Id

DEA Number

Billing Degree

Signing Suffix

Co-Signer

Authorized Provider

Phone Numbers

Office 1 () - Ext

Office 2 () - Ext

Cell () - Ext

Pager () - Ext

Home () - Ext

Address

Mailing Address

Refresh Shared Tables

Unsaved Changes

2. Select the 'Authorized Provider' and hit the 'Save' button
3. Supervising prescriber will appear on the prescriptions for fax and print. The supervisor will not be shown on the 'E-script' however it is sent in the message on the backend.

Tel: Fax:

Patient :

Home Phone:

DOB: 9/30/1971

PATIENT ALLERGIES: No Known Medication/Other Allergies

PON: 6218-928-10-0 **Depakene 250 mg Cap, Oral** Order Status: New

Depakene 250 mg Cap, Oral 1 (each) Daily at Noon (#) 10

Order Date: 3/28/2014 Start Date: 3/28/2014 Duration: 10 days

Refills : 0

Substitutions Allowed Special Ins.:

Prescriber Signature: System Admin, LPC, CAADC CTP #:

Supervising Physician: , M.D. CTP #:

Patient/Client Summary Screen

Patient Summary

The patient summary is an overview of the patient. It list basic demographics and all active medications.

Patient Summary

Functionality	Description
Patient Name	Patient Last Name, First Name (Client ID)
DOB	Patient's DOB
Gender	Patient's Gender (M, F, U) If Gender = U then the system will present error messages to the user on prescribe. The user will need to update SmartCare Client Information with the correct gender. Error Message 'Script cannot be completed. Client sex is required on all scripts'
Race	Patient's race from client information

Patient Summary SmartCareRx [Start Page](#) [Logout](#)

Bath, Bubbles (3), DOB: 6/7/1961, Sex: M, Race: American Indian. [Patient Search](#) [Consent History](#) [Medication History](#) [New Order....](#) [Add Medication....](#)

Edit

Name: Bath, Bubbles DOB: Age: 06/07/1961 (54) Race: American Indian Sex: Male

ICD 10: _____ Next Medication Visit: _____

Last Medication Visit: _____

Client has no prescribed medications

Medication List	Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments
<input type="checkbox"/> X <input checked="" type="checkbox"/>	Zestril	12/06/2015	30mg, Tab, Oral 2 each Morning	12/06/2015	01/05/2016		Holtzman, Katie LMHT	
<input type="checkbox"/> X <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Zelsft	12/06/2015	25mg, Tab, Oral 1 each Daily	12/06/2015	01/05/2016		Holtzman, Katie LMHT	

Allergies/Intolerances/Failed Trials

Show All All Active Only

No Known Allergies

Preferred Pharmacies

User can setup preferred pharmacies for each client

1. Select the 'Edit' button

Patient Summary SmartCareRx [Start Page](#) [Logout](#)

Bath, Bubbles (3), DOB: 6/7/1961, Sex: M, Race: American Indian, Patient Search Consent History Medication History New Order... Add Medication...

Edit

Patient Overview Reconciliation Eligibility Medication History

Name: Bath, Bubbles DOB/Age: 06/07/1961 (54) Race: American Indian Sex: Male

ICD 10:

Last Medication Visit: Next Medication Visit:

Allergies/Intolerances/Failed Trials

Show All

Show: All Active Only

No Known Allergies

Client has no prescribed medications

Medication List	Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments
<input type="checkbox"/>	Zestril	12/06/2015	30mg, Tab, Oral 2 each Morning	12/06/2015	01/05/2016		Holtzman, Katie LMHT	
<input type="checkbox"/>	Zosin	12/06/2015	25mg, Tab, Oral 1 each Daily	12/06/2015	01/05/2016		Holtzman, Katie LMHT	

- Select the preferred pharmacy from the dropdown or search for a pharmacy.

Patient Overview Edit

Patient: Bath, Bubbles
Date Of Birth: 06/07/1961

Preferred Pharmacy 1

Preferred Pharmacy 2

- Select the 'Save' button

Patient Overview

Functionality	Description
Name	Patient Last Name, First Name
DOB/Age	Patient's DOB and age
Race	Patient's race from client information
Gender	Patient's gender from client information

How to Process Medication Reconciliation

1. Select an item from the first dropdown. Once this is selected the screen will be populated with all the medications inside that document and how many times that document was reconciled.
2. Select the medications that need to be added to the medication list
3. Select the reason for the reconciliation
4. Select the add button. The medications that were selected in step 2 will now be added to the medication list.

Patient Overview				Reconciliation				Eligibility				Medication History			
IPPC - 11/30/2015 - 12:43 AM (Naproxen Sol)				Staff Reviewed				Add Med Reconciliation							
Medication	StartDate	EndDate	Source Information	DateandTime	Reason	Staff	Reconciliation Type								
<input type="checkbox"/> Naproxen Sodium 1 MG 220mg, Tab, Oral QD	11/25/2015	12/24/2015	AS DIRECTEC	1/7/2016 10:43:27 AM	Staff Reviewed	tnurse	Medicatio								
				1/7/2016 10:43:10 AM	Staff Reviewed	tnurse	Medicatio								
				1/7/2016 10:32:26 AM	Staff Reviewed	dmotta	Medicatio								
				1/7/2016 10:31:46 AM	Staff Reviewed	tnurse	Medicatio								

Drug Formulary

Drug formulary allows the prescriber to see which drugs are on formulary with the client's insurance company and the cost. This helps the prescriber to provide a prescription for which the client can pay for. There are three items that are housed inside of the drug formulary

1. The formulary results display in the "Formulary" tab on the New Medication Order screen
2. The formulary process is checking based on the client's Pharmacy Benefit, and looking to find potential alternates for the target medication based on their insurance prescription benefit. Formulary Levels include:

- Unknown
- Not Reimbursable
- Non-Formulary
- On Formulary Not Preferred
- On Formulary Preferred Level 1
- On Formulary Preferred Level 2 (the higher the level the most preferred)
- On Formulary Preferred Level 3

New Medication Order SmartCareRx [Start Page](#) [Logout](#)

ROSS, DAVID (1482), DOB: 9/10/1972, Sex: M [Prescribe](#) [Queue Order](#) [Cancel](#)

Order: Send Directly to Pharmacy Print Script Print Drug Information Print Chart Copy

Pharmacy: Select Pharmacy Print/Manual Selection

Prescriber: Admin. System LPC Order Date: 08/16/2015 Prescribing Location:

Medication: Permit Changes By Other Users

Drug: Lisinopril On Purpose: Dispense as Written: Off Label: Active Coverage:

Instruction: Desired Outcome: Comment: Include On Prescription:

Tarate: Recommended Adult Min/Max Daily Dose Strength: 2.5 mg - 80 mg

Strength	Dose	Unit	Directions	Rx Start	Days	Dispense Qty	Potency Unit	Refills	Sample	Stock	Rx End
X 10mg, Tab, Oral	/	each		08/16/2015	026	0					
X	/				026						

More Steps

Medication List: Formulary

Drug Name: Lisinopril, 10mg, Tab, Oral
Drug Type: Generic
Drug Class: RX
Formulary Status: On-Formulary (Not Preferred)
Source Name: RXHUBPBM

Copy Detail

Pharmacy Type: Any
Copy min:
Copy max:
Days Supply Per Copy: 0
Copy Tier min: 2 **max:** 3

Alternate Drugs

Alt: Zestril [40mg, Tab, Oral] **Prof Level:**
Type: Generic **Class:** RX **On-Formulary Preferred Level (3)**
Copy min: **Days Supply Per Copy:** 0
Copy max: **Copy Tier min:** 1 **max:** 3

Pharmacy Type: Any

Alt: Lisinopril [40mg, Tab, Oral] **Prof Level:**
Type: Branded **Class:** RX **On-Formulary Preferred Level (3)**
Copy min: **Days Supply Per Copy:** 0
Copy max: **Copy Tier min:** 1 **max:** 3

Eligibility

An eligibility check is ran within three days of a scheduled appointment. This eligibility check drives the drug formulary and medication history functionality. Eligibility checks can't be ran manually. The eligibility check is ran against the PBM (Pharmacy Benefits Manager). SureScripts partners with them and provides this real time check for pharmacy benefits only. If there is an asterisk that indicates the plan name is different then what is in client plans and time spans.

There is a configuration to turn on/off the eligibility check – systemconfigurationkey = RxEnableFormualry

Patient Overview
 Reconciliation
 Eligibility
 Medication History

Client Eligibility Information (Transaction Set: 0001)

Patient:

First Name: SELENA **Middle Name:** R **Last Name:** KYLE **Suffix:**

Gender: Female **DOB:** 10/11/1966

Patient Id: ZZQ-88-10011-249 **Information Contact:**

Patient Address: *23230 PORT LANE

Patient City: AKRON **Patient State:** OH **Patient Zip:** *443061214

Additional Id: 111111110 **Identity Card Number**

Additional Id: 002 **Family Unit Number**

Benefits:

Info	Coverage Type	Service	Insurance Type	Plan Coverage	Group Policy	Service Date Start	Service Date End	Benefit	Message(s)
Active Coverage		Health Benefit Plan	Coverage	Other		08/01/2010	12/31/2099		1 2 3
		- Group Number							
		- Drug Formulary Number ID							
		- Alternate List ID							
		- Plan Network Identification Number							
Active Coverage		Retail							
Active Coverage		Mail Order Prescription Drug							

Contracted Service Provider-

Allergies

Functionality	Description
Show All	List of all possible allergy types <ul style="list-style-type: none"> - Allergies - Intolerances - Failed Trials
Show	View Options <ul style="list-style-type: none"> - All – show all active/inactive allergies types - Active Only – shows only active allergy types
No Known Allergies	<ul style="list-style-type: none"> - No known allergy checkbox – this should be selected when the patient has no allergies

The screenshot shows a software interface for managing allergies. It features a tabbed menu with 'Allergies/Intolerances/Failed Trials' selected. Under the 'Intolerances' sub-tab, there are two radio button options: 'All' and 'Active Only', with 'Active Only' being the selected option. Below these options is a checkbox labeled 'No Known Allergies', which is currently unchecked. At the bottom of the interface, there is a text input field and a button labeled 'Add Allergy'.

How to add an allergy

1. Enter in the first two or three letters of the allergy and hit the tab button
2. Select the allergy that should be added to the list

The screenshot displays a 'Search Allergy' dialog box. It has a title bar with a close button. Below the title bar is a tab labeled 'Allergies List'. The main area of the dialog is a scrollable list of allergy names, each preceded by a radio button. The list includes: Pahoma, Penaten, Penbutolol, Penciclovir, Penecort, Penetran, Penetran + Plus, Penetrex, Penfluridol, Penicillamine, Penicillin G (which is highlighted in yellow), and Penicillin G Procaine.

3. Enter any comments

Penicillamine
 Penicillin G
 Penicillin G Procaine
 Penicillin V
 Penicillinase
 Penicillins
 Penimepicycline

Comments

Allergy
 Intolerances
 Failed Trials
 Active

Select Cancel

Copyright © 2001-2015 Streamline Healthcare Solutions, LLC. All Rights Reserved.

4. Select the type of allergy; allergy, intolerances, failed trials

Penicillin G
 Penicillin G Procaine
 Penicillin V
 Penicillinase
 Penicillins
 Penimepicycline

Comments

Allergy
 Intolerances
 Failed Trials
 Active

Select Cancel

Copyright © 2001-2015 Streamline Healthcare Solutions, LLC. All Rights Reserved.

5. Select the 'Select' button

Penicillin G
 Penicillin G Procaine
 Penicillin V
 Penicillinase
 Penicillins
 Penimepicycline

Comments

Allergy
 Intolerances
 Failed Trials
 Active

Select Cancel

Copyright © 2001-2015 Streamline Healthcare Solutions, LLC. All Rights Reserved.

6. Allergy has been added to the list.

Allergies/Intolerances/Failed Trials

Show All

Show: All Active Only

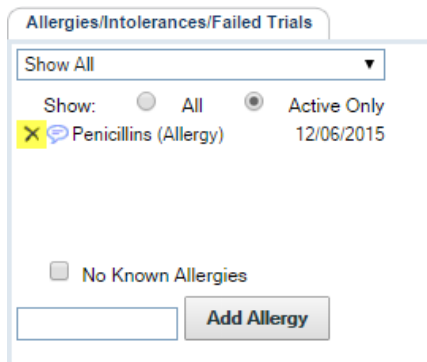
X Penicillins (Allergy) 12/06/2015

No Known Allergies

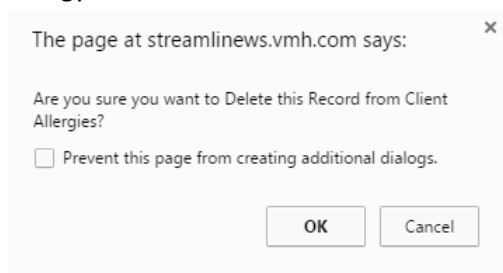
Add Allergy

How to delete an allergy

1. Select the 'X' next to the allergy





2. The system will prompt the user with a popup to confirm that the user wants to delete the allergy



3. Select 'OK' to delete the allergy

Medication List

The medication list displays all active medications for the patient

Functionality	Description
X	Discontinue a medication
Type	<p>Rx – prescribed prescriptions</p> <p>IP - inpatient orders from SmartCare</p> <p>None – non ordered locally medications</p>
V/Q	Verbal/Queued Orders – indicates the order hasn't been approved
Medication	Name of medication
Consent Icon	<p> Icon indicates a consent hasn't been signed</p> <p> Patient signature needed on consent</p>

510 East Butler Court, Kalamazoo East, MI49007, USA

	✓ Patient signed consent
Date Initiated	Date prescription was entered
Instructions	Directions on how to take the medication
Rx Start	The day the patient should start taking the medication
Rx End	The date in which the prescription should end
Interactions	Any allergy or drug-drug interactions will display here. To identify the drug-drug interactions are color coded
Prescribed by	Prescriber that wrote the prescription
Comments	Any comments entered during the time of the prescription

Patient Summary SmartCareRx [Start Page](#) [Logout](#)

Bath, Bubbles (3), DOB: 6/7/1961, Sex: U, Race: American Indian, [Patient Search](#) [Consent History](#) [Medication History](#) [New Order...](#) [Add Medication...](#)

Edit

Name: Bath, Bubbles DOB: Age: 06-07/1961 (64) Race: American Indian Sex:

ICD 10:

Last Medication Visit: Next Medication Visit:

Client has no prescribed medications

Medication List

Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments
<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Zolozit	12/06/2015	25mg, Tab, Oral 1 each Daily	12/06/2015	01/05/2016		Holtzman, Kate LMHT	

Show All: All Active Only

 No Known Allergies

Buttons on the Patient Summary

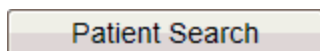
Functionality	Description
Patient Search	To search for a new patient
Consent History	History of all the consents for a client
Medication History	History of all the medications for a client
New Order	To place a new prescription

510 East Butler Court, Kalamazoo East, MI49007, USA
www.streamlinehealthcare.com

Add Medication	To add a new medication (not prescribed)
Edit	Add/Modify patient pharmacy preference
Print List	Print active medication list
Change Order	To change a specific order
Refill Order	To refill a specific order
Adjust Dosage/Schedule	To modify the does or schedule of a specific order
Patient Consent	To print patient consent
Run Report	To Run a report selected in dropdown
Client has no prescribed medications	This checkbox indicates the client has no prescribed medications. This must be selected if using meaningful use and the client has no medications

Patient Search

1. Select the 'Patient Search' button



2. The patient search popup will appear. Enter the criteria you wish to search for and select the 'Broad Search' or 'Narrow Search' buttons

Patient Search ✕

Clear

Name Search

Broad Search Narrow Search

Last Name First Name

Other Search Strategies

SSN Search - - Phone # Search

DOB Search Patient ID Search

Records Found

ID	First Name	Last Name	SSN	DOB	Status	City
<input checked="" type="radio"/> 3	Bubbles	Bath	8787	06/07/1961	Active	

Select Cancel

Copyright © 2001-2015 Streamline Healthcare Solutions, LLC. All Rights Reserved.

- Select the client by clicking on the radio button

Patient Consents

When a medication is prescribed a consent is generate for the prescriber and the patient to sign

There are three icons indicating the status of a consent

-  Indicate the consent has not been signed by either the prescriber or the patient



- Indicates the consent has been signed by the prescriber and still waiting patient signature



- Indicates the consent has been signed by the patient

510 East Butler Court, Kalamazoo East, MI49007, USA

www.streamlinehealthcare.com

How to Generate and Sign a Consent

1. Select the medication that is needing a signed consent

Patient Overview Reconciliation Eligibility Medication History

Name: Test, Meridee DOB/Age: 08/13/1960 (55) Race: White Sex: Female

ICD 10: F10.14 - Alcohol-induced depressive disorder, With mild use disorder
F84.0 - Autism spectrum disorder
B58.8 - Other dermatophytoses

Last Medication Visit: Next Medication Visit:

Show All
Show: All Active Only

No Known Allergies

Client has no prescribed medications

Medication List	Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments
<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Water Bottle	12/02/2015	Misc. Misc 1 units Daily	12/02/2015	01/01/2016		Holtzman, Katie LMHT	
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Gummy Doses	11/09/2015	200mg, Chew, Oral 1 each Daily	11/09/2015	11/10/2015		Butt, Wasif	
<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Water Bottle	11/09/2015	Misc. Misc 1 each Morning	11/09/2015	11/10/2015		Butt, Wasif	

2. Select the 'Patient Consent' button

Patient Consent

3. It opens the patient consent window. The prescriber must sign the consent first

Patient Consent SmartCareRx

Test, Meridee (2105587), DOB: 8/13/1960, Sex: F, Race: White,

Consent Form: Medical Staff Name: Status:

Patient: Test, Meridee

1. I have had the opportunity to discuss this medication with my psychiatrist and/or nurse, have received written information and have had my questions answered.
2. The risks and benefits of this medication were explained to me.
3. The most common side effects were explained to me.
4. If I am to be taking an anti-psychotic medication, the risks of tardive dyskinesia have been explained to me.
5. If I encounter any side effects, I will report them to the physician or nurse at any time. If they are not available, I will report them to another staff person.
6. Treatment alternatives were discussed with me including the option of not taking medicine.
7. I understand that I have the right to accept or refuse medication by informing the physician or nurse at any time.
8. I will be kept informed of the progress of my treatment, and also understand that if I consent to this medication, the dosage range may not be increased or changed without my further agreement.

Keep all medications in a safe place. If children are in the home, please lock medications away safely. If this medication is for a child, make sure the child

Holtzman, Katie (Medical Staff)

Test, Meridee (Patient)

---Select Relation---

510 East Butler Court, Kalamazoo East, MI49007, USA
www.streamlinehealthcare.com

- After the prescriber as signed the patient can sign. The patient can also elect another person to sign on their behalf. The process is the same except you would select an option from the dropdown and hit the sign button

Patient Consent SmartCareRx

Test, Meridee (2105587), DOB: 8/13/1960, Sex: F, Race: White,

Consent Form: Standard Medical Staff Name: Holtzman, Katie Status: Signed by Medical Staff Edit Print Revoke

- I have had the opportunity to discuss this medication with my psychiatrist and/or nurse, have received written information and have had my questions answered.
- The risks and benefits of this medication were explained to me.
- The most common side effects were explained to me.
- If I am to be taking an anti-psychotic medication, the risks of tardive dyskinesia have been explained to me.
- If I encounter any side effects, I will report them to the physician or nurse at any time. If they are not available, I will report them to another staff person.
- Treatment alternatives were discussed with me including the option of not taking medicine.
- I understand that I have the right to accept or refuse medication by informing the physician or nurse at any time.
- I will be kept informed of the progress of my treatment, and also understand that if I consent to this medication, the dosage range may not be increased or changed without my further agreement.

Keep all medications in a safe place. If children are in the home, please lock medications away safely. If this medication is for a child, make sure the child swallows the pill and is not spitting out the pill or saving pills.

Holtzman, Katie (Medical Staff)
 Test, Meridee (Patient)
 ---Select Relation---

Sign Close

- After signature the patient can Revoke the consent. To Revoke the consent select the 'Revoke' button at the top right corner. When the consent is Revoke the system changes the medication to a yellow check mark indicating missing consent. It also ends the consent.

Reviewing Consent History

- To review the consent history for patient select the 'Consent History' button



- After selecting the button it will take the user to the consent history screen

View Consent History SmartCareRx

Test, Meridee (2105587), DOB: 8/13/1960, Sex: F, Race: White

Start Date: 12/13/2014 End Date: Medication: Gummy Dinos Apply Filter

Print List

Consent List

Medication Name	Active	Dosages/Directions	Consent Start Date	Consent End Date
Gummy Dinos	Yes	Any	12/13/2015	12/13/2016

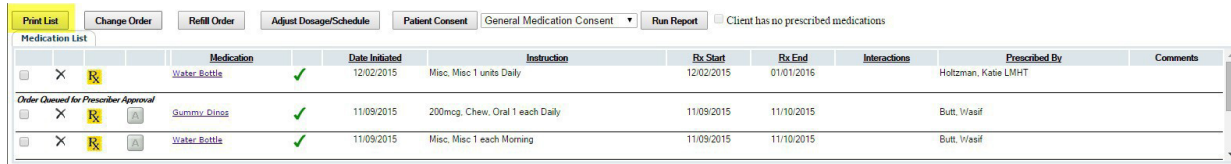
Print List

510 East Butler Court, Kalamazoo East, MI49007, USA
www.streamlinehealthcare.com

'Print List' button allows the user to print an active medication list for a specific client

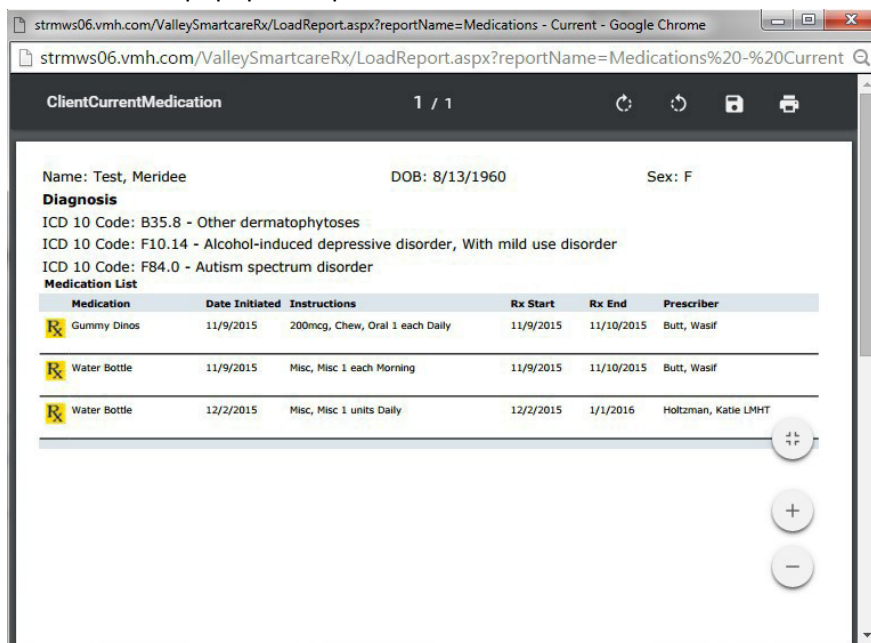
How to Print a Medication List

1. Select the 'Print List' button from the patient summaryscreen



Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments
Water Bottle	12/02/2015	Misc, Misc 1 units Daily	12/02/2015	01/01/2016		Holtzman, Katie LMHT	
Gummy Dinos	11/09/2015	200mcg, Chew, Oral 1 each Daily	11/09/2015	11/10/2015		Butt, Wasif	
Water Bottle	11/09/2015	Misc, Misc 1 each Morning	11/09/2015	11/10/2015		Butt, Wasif	

2. A new popup will open with all the activemedications



ClientCurrentMedication 1 / 1

Name: Test, Meridee DOB: 8/13/1960 Sex: F

Diagnosis
 ICD 10 Code: B35.8 - Other dermatophytoses
 ICD 10 Code: F10.14 - Alcohol-induced depressive disorder, With mild use disorder
 ICD 10 Code: F84.0 - Autism spectrum disorder

Medication List

Medication	Date Initiated	Instructions	Rx Start	Rx End	Prescriber
Gummy Dinos	11/9/2015	200mcg, Chew, Oral 1 each Daily	11/9/2015	11/10/2015	Butt, Wasif
Water Bottle	11/9/2015	Misc, Misc 1 each Morning	11/9/2015	11/10/2015	Butt, Wasif
Water Bottle	12/2/2015	Misc, Misc 1 units Daily	12/2/2015	1/1/2016	Holtzman, Katie LMHT

Medication History

Provides a history of all medications active or inactive prescribed for the specific patient.

How to Print/View Medication History

1. Select the 'Medication History' button from the patient summaryscreen



510 East Butler Court, Kalamazoo East, MI49007, USA
www.streamlinehealthcare.com

2. View Medication History window popups

View Medication History SmartCareRx [Start Page](#) [Logout](#)

Bath, Bubbles (3), DOB: 6/7/1961, Sex: M, Race: American Indian [Close](#)

Date: Rx Date Start Date: 12/13/2014 End Date: Medication: Medications... [Apply Filter](#)

Prescriber: Prescribers... Discontinue Reason: Select Discontinue Reason...

[Print List](#)

Medication List	Medication	Order Date	Instruction	Rx Start	Rx End	Prescribed By	Comments	Order Status	Order Status Date	Discontinue Reason
	Zestril	12/06/2015	30mg, Tab, Oral 2 each Morning	12/06/2015	01/05/2016	Holtzman, Kate LMHT		New	12/06/2015	
	Zestril	12/07/2015	30mg, Tab, Oral 2 each Morning	12/06/2015	01/05/2016	Holtzman, Kate LMHT		Discontinued	12/07/2015	Patient Refused
	Zestril	12/13/2015	30mg, Tab, Oral 2 each Daily	12/13/2015	02/11/2016	Holtzman, Kate LMHT		New	12/13/2015	
Test Instruction Test										
	Zolofte	12/06/2015	25mg, Tab, Oral 1 each Daily	12/06/2015	01/05/2016	Holtzman, Kate LMHT		New	12/06/2015	
	Zolofte	12/08/2015	25mg, Tab, Oral 1 each Daily	12/06/2015	01/05/2016	Holtzman, Kate LMHT		Discontinued	12/08/2015	Patient Revoked Consent - test

3. Input any search criteria that is necessary for your search and select applyfilter

View Medication History SmartCareRx [Start Page](#) [Logout](#)

Bath, Bubbles (3), DOB: 6/7/1961, Sex: M, Race: American Indian [Close](#)

Date: Rx Date Start Date: 12/13/2014 End Date: Medication: Medications... [Apply Filter](#)

Prescriber: Prescribers... Discontinue Reason: Select Discontinue Reason...

[Print List](#)

Medication List	Medication	Order Date	Instruction	Rx Start	Rx End	Prescribed By	Comments	Order Status	Order Status Date	Discontinue Reason
	Zestril	12/06/2015	30mg, Tab, Oral 2 each Morning	12/06/2015	01/05/2016	Holtzman, Kate LMHT		New	12/06/2015	
	Zestril	12/07/2015	30mg, Tab, Oral 2 each Morning	12/06/2015	01/05/2016	Holtzman, Kate LMHT		Discontinued	12/07/2015	Patient Refused
	Zestril	12/13/2015	30mg, Tab, Oral 2 each Daily	12/13/2015	02/11/2016	Holtzman, Kate LMHT		New	12/13/2015	
Test Instruction Test										
	Zolofte	12/06/2015	25mg, Tab, Oral 1 each Daily	12/06/2015	01/05/2016	Holtzman, Kate LMHT		New	12/06/2015	
	Zolofte	12/08/2015	25mg, Tab, Oral 1 each Daily	12/06/2015	01/05/2016	Holtzman, Kate LMHT		Discontinued	12/08/2015	Patient Revoked Consent - test

4. Medication List – tracks all activity with medications. It tracks new, refills, and discontinued prescriptions.

5. To Print the list select the ‘Print List’ button

View Medication History SmartCareRx [Start Page](#) [Logout](#)

Bath, Bubbles (3), DOB: 6/7/1961, Sex: M, Race: American Indian [Close](#)

Date: Rx Date Start Date: 12/13/2014 End Date: Medication: Medications... [Apply Filter](#)

Prescriber: Prescribers... Discontinue Reason: Select Discontinue Reason...

[Print List](#)

Medication List	Medication	Order Date	Instruction	Rx Start	Rx End	Prescribed By	Comments	Order Status	Order Status Date	Discontinue Reason
	Zestril	12/06/2015	30mg, Tab, Oral 2 each Morning	12/06/2015	01/05/2016	Holtzman, Kate LMHT		New	12/06/2015	
	Zestril	12/07/2015	30mg, Tab, Oral 2 each Morning	12/06/2015	01/05/2016	Holtzman, Kate LMHT		Discontinued	12/07/2015	Patient Refused
	Zestril	12/13/2015	30mg, Tab, Oral 2 each Daily	12/13/2015	02/11/2016	Holtzman, Kate LMHT		New	12/13/2015	
Test Instruction Test										
	Zolofte	12/06/2015	25mg, Tab, Oral 1 each Daily	12/06/2015	01/05/2016	Holtzman, Kate LMHT		New	12/06/2015	
	Zolofte	12/08/2015	25mg, Tab, Oral 1 each Daily	12/06/2015	01/05/2016	Holtzman, Kate LMHT		Discontinued	12/08/2015	Patient Revoked Consent - test

Entering a New Prescription/Order

New Order Fields

Functionality	Description
Send directly to pharmacy	Selecting this radio button will require the pharmacy dropdown. This sends prescriptions electronically to the pharmacy
Print Script Radio Button	Selecting this radio button the prescription will be printed
Print Drug Information	If print drug information is checked it will include the drug information when printing the prescription
Print Chart Copy	Selecting this checkbox will print a chart copy of the prescription
Pharmacy	A list of all preferred pharmacies
Printer	Select the printer in which you want to print the prescriptions on
Prescriber	<ul style="list-style-type: none"> - Defaults to current logged in prescriber - Changing the prescription to someone other than the logged in prescriber will send the order as verbal
Order Date	Date the order was written. Defaults to current date
Prescribing Location	Will default to the prescribing location setup on my preferences. If no prescribing location was selected then the user will need to manually select a location.
Chart Copy Printer	Select the printer in which you want the chart copy to print from
Permit Changes by Other Users	If this is selected then non prescribers can modify the order at any time. If this is unselected non prescribers will get an error message when they try and modify the prescription. If the user selects Refill or Change order and modifies the prescription they will get an error message 'This Medication does not allow changes by other prescribers'
Drug	Enter the first three letters for the drug name and hit tab. This will bring up a pop up to select drug or drug and strength. (web configuration – showdosagesindruglist) After selecting the drug if you use the dropdown it will display additional drug names that can be selected
Dx/Purpose	Pulls in all active medications from diagnosis or problems list
Dispense as Written	If this is selected the pharmacist can only fill for the exact drug the doctor selected. No substitution allowed
Active Coverage	This pulls in all active coverage based on the 270/271 eligibility check.
Instruction Text	Instruction text will print on the prescription in Special Ins. Section
Desired Outcome	Desire outcome allows the prescriber to document the outcomes for the prescription. This does not print on the prescription

510 East Butler Court, Kalamazoo East, MI49007, USA

www.streamlinehealthcare.com

Comment	<p>Comment box has two different purposes</p> <ol style="list-style-type: none"> 1. If the prescriber wants to document comments for the prescription but does not want to send them to the pharmacy 2. If the prescriber wants to document comments and send to the pharmacy. In this scenario the checkbox next to the comments field called 'include on prescription' will need to be checked. The comments will appear on the prescription number Note to Pharmacy.
Titrate	Allows the user to taper or titrate medications
Strength	The strength will be populated based on the drug selected
F	Rerun formulary for updated drug/strength
Dose	How many of something should be taken
Unit	Populated based on drug selected
Directions	How the client should take the medication. This is a dropdown that is populated by a global code MedicationSchedule
Rx Start	Date the prescription will start
Days	The days' supply
Dispense Quantity	The quantity that should be dispensed based on dose and days. This is auto calculated
Potency Unit	This is populated based on the drug name
Refills	<p>Number of refills for the prescription.</p> <p>Non-Control – prescriptions cannot be prescribed for over 1 year. If the user prescribes for over one year they will receive an error message and the prescription needs to be adjusted.</p> <p>Controls Schedule II – cannot have any refills. If refills are prescribed an error message will be present to the user</p> <p>Controls Scheduled III-V – can only have 5 refills regardless of day supply. If the user prescribes more than 5 refills an error message will be presented to the user and the user will need to modify the prescription.</p>
Sample	Quantity entered into the sample field will be deducted from quantity on prescribing.
Stock	Quantity entered into the stock field will be deducted from quantity on prescribing.
Rx End	Rx End date is calculated on insert of the prescription. It calculates the start date, days, supply, and refills to get the end date. This end date can be manually modified if needed.

How to enter a new prescription/order

1. Select the 'New Order' button from the patient summary screen

510 East Butler Court, Kalamazoo East, MI49007, USA

www.streamlinehealthcare.com

Patient Summary SmartCareRx [Start Page](#) [Logout](#)

Bath, Bubbles (3), DOB: 6/7/1961, Sex: U, Race: American Indian. Patient Search Consent History Medication History **New Order...** Add Medication...

Edit

Patient Overview Reconciliation Eligibility Medication History

Name: Bath, Bubbles DOB: Age: 06/07/1961 (54) Race: American Indian Sex:

ICD 10:

Last Medication Visit: Next Medication Visit:

Allergies/Intolerances/Failed Trials

Show All All Active Only

No Known Allergies

Client has no prescribed medications

Medication List	Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments
<input type="checkbox"/>	X Rx Zolofid	12/06/2015	25mg, Tab, Oral 1 each Daily	12/06/2015	01/05/2016		Holtzman, Katie LMHT	

2. Select Pharmacy or Print Script

Order

Send Directly to Pharmacy PrintScript Print Drug Information Print Chart Copy

Pharmacy: ZZZ TEST FAX

3. Select Prescriber - defaults to logged in user.

Order

Send Directly to Pharmacy

Pharmacy: ZZZ TEST FAX

Prescriber: Holtzman, Katie LMHT Order Date: 12/13/2015 Prescribing Location: A & D Adult Outpatient

4. Order Date – defaults to current date

Order

Send Directly to Pharmacy

Pharmacy: ZZZ TEST FAX

Prescriber: Holtzman, Katie LMHT Order Date: 12/13/2015 Prescribing Location: A & D Adult Outpatient

5. Prescribing location – defaults based on location in mypreferences

Order

Send Directly to Pharmacy

Pharmacy: ZZZ TEST FAX

Prescriber: Holtzman, Katie LMHT Order Date: 12/13/2015 Prescribing Location: A & D Adult Outpatient

6. Drug – type in the first three characters of the drug and hit tab. A popup with the matching drugs will appear. Select the correct drug

Prescriber Holtzman, Katie LMHT Order Date 12/13/2015 Prescribing Location A & D Adult Outpatient

Medication Permit Changes By Other Users

Drug zestril i v Dx/Purpose Dispense as Written Active

Instruction Text Desired Outcome

Titrate...

Strength	Dose
X 	f
X 	f

More Steps

Medication List Formulary

Select Drug

- Zestril 10 mg tablet
- Zestril 2.5 mg tablet
- Zestril 20 mg tablet
- Zestril 30 mg tablet
- Zestril 40 mg tablet
- Zestril 5 mg tablet

7. After selecting the drug. The Orange information icon appears. Then the user selects this icon it takes them to an outside URL that provides them details about the specific drug.

Drug Zestril i v

8. Select the Dx/Purpose

Prescriber Holtzman, Katie LMHT Order Date 12/13/2015 Prescribing Location

Medication Permit Changes By Other Users

Drug Zestril i v Dx/Purpose

Instruction Text Desired Outcome

Titrate...

Side Effects

Short Term/Transitory

Other

9. Strength – is populated based on the selected option from drug popup

Strength	Dose	Unit	Directions	Rx Start	Days	Dispense Qty	Potency Unit	Refills	Sample	Stock	Rx End
X 30mg Tab, Oral	f 2	each	Daily	12/13/2015	 	30 60	Tablet	3	0	0	02/11/2016
X 	f 	 	 	 	 	 	 	 	 	 	

10. Dose – the quantity the client should take each time based on directions

Strength	Dose	Unit	Directions	Rx Start	Days	Dispense Qty	Potency Unit	Refills	Sample	Stock	Rx End
X 30mg Tab, Oral	f 2	each	Daily	12/13/2015	 	30 60	Tablet	3	0	0	02/11/2016
X 	f 	 	 	 	 	 	 	 	 	 	

11. Unit – defaulted based on the drug. Can be changed if multiple units are available

Strength	Dose	Unit	Directions	Rx Start	Days	Dispense Qty	Potency Unit	Refills	Sample	Stock	Rx End
X 30mg Tab, Oral	f 2	each	Daily	12/13/2015	 	30 60	Tablet	3	0	0	02/11/2016
X 	f 	 	 	 	 	 	 	 	 	 	

510 East Butler Court, Kalamazoo East, MI49007, USA
www.streamlinehealthcare.com

12. Directions – how often the client should take the medication

Strength	Dose	Unit	Directions	Rx Start	Days	Dispense Qty	Potency Unit	Refills	Sample	Stock	Rx End
X 30mg Tab. Oral	f	2 each	Daily	12/13/2015		30 60	Tablet	1	0	0	02/11/2016
X	f										

13. Rx Start – this currently defaults to the current date. If the prescription should start on a different date then the user can manually update the Rx Start date.

Strength	Dose	Unit	Directions	Rx Start	Days	Dispense Qty	Potency Unit	Refills	Sample	Stock	Rx End
X 30mg Tab. Oral	f	2 each	Daily	12/13/2015		30 60	Tablet	1	0	0	02/11/2016
X	f										

14. Days – how many days the prescription should last. This would default if the days was setup in my preferences

Strength	Dose	Unit	Directions	Rx Start	Days	Dispense Qty	Potency Unit	Refills	Sample	Stock	Rx End
X 30mg Tab. Oral	f	2 each	Daily	12/13/2015		30 60	Tablet	1	0	0	02/11/2016
X	f										

15. Dispense Quantity – the quantity is auto calculated based on dose and days supply. This can be manually changed by the user if needed.

Strength	Dose	Unit	Directions	Rx Start	Days	Dispense Qty	Potency Unit	Refills	Sample	Stock	Rx End
X 30mg Tab. Oral	f	2 each	Daily	12/13/2015		30 60	Tablet	1	0	0	02/11/2016
X	f										

16. Potency Unit – is populated based on medication

Strength	Dose	Unit	Directions	Rx Start	Days	Dispense Qty	Potency Unit	Refills	Sample	Stock	Rx End
X 30mg Tab. Oral	f	2 each	Daily	12/13/2015		30 60	Tablet	1	0	0	02/11/2016
X	f										

17. Refills – enter the number of refills for the prescription.

Strength	Dose	Unit	Directions	Rx Start	Days	Dispense Qty	Potency Unit	Refills	Sample	Stock	Rx End
X 30mg Tab. Oral	f	2 each	Daily	12/13/2015		30 60	Tablet	1	0	0	02/11/2016
X	f										

18. Sample – Any quantity that is filled in will be deducted from the prescription on prescribing. Until the prescription has been prescribed it will appear the quantity is 60.

Strength	Dose	Unit	Directions	Rx Start	Days	Dispense Qty	Potency Unit	Refills	Sample	Stock	Rx End
X 30mg Tab. Oral	f	2 each	Daily	12/13/2015		30 60	Tablet	1	10	0	02/11/2016
X	f										

Zestril 30 mg tablet, Oral

Order Status: New

Zestril 30 mg tablet, Oral 2 (each) Daily (#) 50 Tablet (10 disbursed to client from samples)

Order Date: 12/13/2015

Start Date: 12/13/2015

Duration: 30 days

Refills : 1

Substitutions Allowed

Special Ins.:

Note to Pharmacy:

510 East Butler Court, Kalamazoo East, MI49007, USA

www.streamlinehealthcare.com

19. Stock – Any quantity that is filled in will be deducted from the prescription on prescribing. Until the prescription has been prescribed it will appear the quantity is 60.

Strength	Dose	Unit	Directions	Rx Start	Days	Dispense Qty	Potency Unit	Refills	Sample	Stock	Rx End
X 30mg Tab. Oral	f	2 each	Daily	12/13/2015	888	30 60	Tablet		0	30	02/11/2016
X	f				888						

Zestril 30 mg tablet, Oral

Order Status: New

Zestril 30 mg tablet, Oral 2 (each) Daily (#) 30 Tablet (30 dispursed to client from samples)

Order Date: 12/13/2015

Start Date: 12/13/2015

Duration: 30 days

Refills : 1

Substitutions Allowed

Special Ins.:

Note to Pharmacy:

20. Rx End – the Rx End date is calculated based on Rx Start Date, days supply, and refills

Strength	Dose	Unit	Directions	Rx Start	Days	Dispense Qty	Potency Unit	Refills	Sample	Stock	Rx End
X 30mg Tab. Oral	f	2 each	Daily	12/13/2015	888	30 60	Tablet		0	0	02/11/2016
X	f				888						

21. After the user verifies everything is correct they are ready to prescribe

New Medication Order SmartCareRx [Start Page](#) [Logout](#)

Bath, Bubbles (3), DOB: 6/7/1961, Sex: U, Race: American Indian [Prescribe](#) [Queue Order](#) [Cancel](#)

Order: Send Directly to Pharmacy PrintScript Print Drug Information Print Chart Copy
Pharmacy: ZZZ TEST FAX PrintFax (Manual Selection)

Prescriber: Holtzman, Katie LMHT Order Date: 12/13/2015 Prescribing Location: A & D Adult Outpatient

Medication: Prima Changes By Other Users Drug: Zestril DuPurpose: Dispense as Written Active Coverage:

Instruction: Test Instruction Text Desired Outcome: Test Desire Outcome Note to Pharmacy: Test Comment Include On Prescription:

Titrate:

Strength	Dose	Unit	Directions	Rx Start	Days	Dispense Qty	Potency Unit	Refills	Sample	Stock	Rx End
X 30mg Tab. Oral	f	2 each	Daily	12/13/2015	888	30 60	Tablet		0	30	02/11/2016
X	f				888						

More Steps

Medication	Date Initiated	Instruction	Rx Start	Rx End	DAU/	Drug/Allergy Interaction /Warnings
X Zestril	12/13/2015	30mg Tab. Oral 2 each Daily	12/13/2015	02/11/2016	N	

Test Instruction Text

22. The next step is to review the orders placed. There are two different views depending on how the prescription is sent. If sent via fax or print it will appear as below. If sending an e-prescription it will appear differently.

Print/Fax

Prescribe SmartCareRx [Logout](#)

Bath, Bubbles (3), DOB: 6/7/1961, Sex: U, Race: American Indian
Prescription has not yet been submitted. To submit please click the Print Fax/Electronic Order button [Change Order](#) [Print Fax/Electronic Order](#) [Cancel](#)

Prescription
Sunday, December 13, 2015
Valley Train - 10/07/2015
A & D Adult Outpatient
1141 E 3900 S A290
Salt Lake City, UT 84128-1268
Tel: (801) 263-7225 Fax: (801) 263-7279

Patient: Bath, Bubbles
Home Phone:
DOB: 6/7/1961
PATIENT ALLERGIES: No Known Medication/Other Allergies

PCN: 25906-63518-30-1 **Zestril 30 mg tablet, Oral** Order Status: New

DIAGNOSIS:
Zestril 30 mg tablet, Oral 2 (each) Daily (#) 30 Tablet (30 dispursed to client from samples)
Order Date: 12/13/2015 Start Date: 12/13/2015 Duration: 30 days
Refills : 1
Substitutions Allowed Special Ins.: Test Instruction Text
Note to Pharmacy: Test Comment

510 East Butler Court, Kalamazoo East, MI49007, USA
www.streamlinehealthcare.com

E-Prescribing

Prescribe	SmartCare1
Bath, Bubbles (3), DOB: 6/7/1961, Sex: M, Race: American Indian Prescription has not yet been submitted. To submit please click the Print/Fax/Electronic Order button	
Surescripts Electronic Order Summary	
Order Date: 2015/12/13	
Client Information	
Bath, Bubbles Sex: M, DOB: 06/07/1961	
Home:	Mobile:
Medication Prescribed	
Zestril 30 mg tablet, Quantity: 60 x Tablet Directions: 2 (each) Daily at Noon; Test Instruction Text Note: Test Comment Refills: 1, Substitutions: ALLOWED	
Pharmacy Information	
- NCPDP ID:	
Phone:	Fax:
Prescriber Information	

23. If the user choose to change the prescription they would select the 'Change Order' button at the top right corner and it will take them back to the entering prescription workflow.

Prescribe	SmartCareRx	Logout
Bath, Bubbles (3), DOB: 6/7/1961, Sex: M, Race: American Indian Prescription has not yet been submitted. To submit please click the Print/Fax/Electronic Order button		
		<input type="button" value="Change Order"/> <input type="button" value="Print/Fax/Electronic Order"/> <input type="button" value="Cancel"/>
Prescription		
Sunday, December 13, 2015		
Valley Train - 10/07/2015 A & D Adult Outpatient 1141 E 3900 S A250 Salt Lake City, UT 84124-1268 Tel: (801) 263-7225 Fax: (801) 263-7279		
Patient : Bath, Bubbles		
Home Phone: DOB: 6/7/1961		
PATIENT ALLERGIES: No Known Medication/Other Allergies		
PN: 2906-61610-30-1	Zestril 30 mg tablet, Oral	Order Status: New
DIAGNOSIS:	Zestril 30 mg tablet, Oral 2 (each) Daily (e) 30 Tablet (30 dispensed to client from samples)	
	Order Date: 12/13/2015	Start Date: 12/13/2015
	Refills: 1	Duration: 30 days
	Substitutions Allowed	Special Ins.: Test Instruction Text
		Note: Test Comment

24. If the user is ready to prescribe the prescription they will click on 'Print/Fax/ElectronicOrder'

Prescribe SmartCareRx Logout

Garl Bubbles (3) DOB: 6/17/1961 Sex: U Race: American Indian
 Prescription has not yet been submitted. To submit please click the Print Fax/Electronic Order button

Change Order Print Fax/Electronic Order Cancel

Prescription
 Sunday, December 13, 2015
 Valley Train - 10/07/2015
 A & D Adult Outpatient
 1141 E 3900 S A250
 Salt Lake City, UT 84124-1268
 Tel: (801) 263-7225 Fax: (801) 263-7279

Patient : Bubb, Bubbles
 Home Phone:
 DOB: 6/17/1961

PATIENT ALLERGIES: No Known Medication/Other Allergies

PON: 25906-61610-30-1 **Zestril 30 mg tablet, Oral** Order Status: New

DIAGNOSIS:
 Zestril 30 mg tablet, Oral 2 (each) Daily (e) 30 Tablet (30 dispensed to client from samples)
 Order Date: 12/13/2015 Start Date: 12/13/2015 Duration: 30 days
 Refills : 1
 Substitutions Allowed Special Ins.: Test Instruction Text
 Make An Appointment Text Comment

25. After the order has been prescribed it will appear in the active medlist

Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments
Zestril	12/13/2015	30mg, Tab, Oral 2 each Daily	12/13/2015	02/11/2016		Holtzman, Katie LMHT	Test Instruction Text

Entering an Add Medication

Add Medication Fields

Functionality	Description
Prescriber	Defaults to current logged in prescriber
Date Initiated	Date the order was written.
Source	Source dropdown allows the user to track who is providing the information. Global Code Category = NONORDERMEDSOURCE
Permit Changes by Other Users	If this is selected then non prescribers can modify the order at any time. If this is unselected non prescribers will get an error message when they try and modify the prescription. If the user selects Refill or Change order and modifies the prescription they will get an error message 'This Medication does not allow changes by other prescribers'
Drug	Enter the first three letters for the drug name and hit tab. This will bring up a pop up to select drug or drug and strength. (web configuration – showdosagesindruglist) After selecting the drug if you use the dropdown it will display additional drug names that can be selected
Dx/Purpose	Pulls in all active medications from diagnosis or problems list
Dispense as Written	If this is selected the pharmacist can only fill for the exact drug the doctor selected. No substitution allowed
Instruction Text	Instruction text will print on the prescription in Special Ins. Section
Desired Outcome	Desire outcome allows the prescriber to document the outcomes for the prescription. This does not print on the prescription

510 East Butler Court, Kalamazoo East, MI49007, USA
www.streamlinehealthcare.com

Comment	<p>Comment box has two different purposes</p> <ol style="list-style-type: none"> 3. If the prescriber wants to document comments for the prescription but does not want to send them to the pharmacy 4. If the prescriber wants to document comments and send to the pharmacy. In this scenario the checkbox next to the comments field called 'include on prescription' will need to be checked. The comments will appear on the prescription number Note to Pharmacy.
Strength	The strength will be populated based on the drug selected
Dose	How many of something should be taken
Unit	Populated based on drug selected
Directions	How the client should take the medication. This is a dropdown that is populated by a global code MedicationSchedule
Rx Start	Date the prescription will start
Days	The days' supply
Dispense Quantity	The quantity that should be dispensed based on dose and days. This is auto calculated
Potency Unit	This is populated based on the drug name
Refills	<p>Number of refills for the prescription.</p> <p>Non-Control – prescriptions cannot be prescribed for over 1 year. If the user prescribes for over one year they will receive an error message and the prescription needs to be adjusted.</p> <p>Controls Schedule II – cannot have any refills. If refills are prescribed an error message will be present to the user</p> <p>Controls Scheduled III-V – can only have 5 refills regardless of day supply. If the user prescribes more than 5 refills an error message will be presented to the user and the user will need to modify the prescription.</p>
Sample	Quantity entered into the sample field will be deducted from quantity on prescribing.
Stock	Quantity entered into the stock field will be deducted from quantity on prescribing.
Rx End	Rx End date is calculated on insert of the prescription. It calculates the start date, days, supply, and refills to get the end date. This end date can be manually modified if needed.

How to enter a add medication

1. Select the 'Add Medication' button from the patient summary screen

Patient Summary SmartCareRx

Test22, Test22 (709493), DOB: 8/8/1988, Sex: M, Race: Black or African American

Start Page | Log

Edit

Name: Test22, Test22 DOB: Age: 08/08/1988 (27) Race: Black or African Ame Sex: Male

Axis I: 290.0 - SENILE DEMENTIA, UNCOMPLICATED

Axis II: 301.22 - Schizotypal Personality Disorder

Axis III: 011.31 - TUBERCULOSIS OF BRONCHUS, BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE

Last Medication Visit: Next Medication Visit:

Client has no prescribed medications

Medication List	Medication	Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments
X	Zolof	05/26/2015	15mg, Tab, Oral 1 each Daily	05/26/2015	07/26/2015		Admin, System Psychologist	
X	Zolof	07/14/2015	15mg, Tab, Oral 1 each Daily	07/14/2015	08/13/2015		Admin, System Psychologist	
X	Amis	07/14/2015	15mg, Cp24, Oral 1 Application Daily	07/14/2015	08/14/2015		Admin, System	
X	Clonaz	07/14/2015	100mg, Tab, Oral 1 mg Daily	07/14/2015	08/14/2015		Admin, System	
X	Clonaz	05/22/2015	100mg, Tab, Oral 1 mg 4 Times per Day	05/22/2015			Fenstermacher, Thomas	
X	Clonaz	05/26/2015	100mg, Tab, Oral 1 mg 4 Times per Day	05/26/2015			Fenstermacher, Thomas	
X	Clonaz	05/26/2015	100mg, Tab, Oral 1 mg 4 Times per Day	05/26/2015			Fenstermacher, Thomas	
X	Sertral	07/14/2015	25mg, Tab, Oral 1 mg Daily	07/14/2015	08/14/2015		Admin, System	

- Enter Drug Information – this is the only required field. All other fields are optional unless using the MAR. If the MAR is being used then Drug, strength, dose, and directions are required.

Add Medication (Not Ordered Locally) SmartCareRx

Test22, Test22 (709493), DOB: 8/8/1988, Sex: M, Race: Black or African American

Start Page | Log

Name: Test22, Test22 DOB: Age: 08/08/1988 (27) Race: Black or African Ame Sex: Male

Axis I: 290.0 - SENILE DEMENTIA, UNCOMPLICATED

Axis II: 301.22 - Schizotypal Personality Disorder

Axis III: 011.31 - TUBERCULOSIS OF BRONCHUS, BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE

Last Medication Visit: Next Medication Visit:

Order

Permit Changes By Other Users

Strength	Dose	Unit	Directions	Rx Start	Days	Dispense Qty	Potency Unit	Refills	Sample	Stock	Rx End
X											
X											

Medication List	Medication	Date Initiated	Instruction	Rx Start	Rx End	DAW	Dose/Allergy/Interaction/Warnings
X	Orlyx					N	

Titration/Taper

Titration/Taper Fields

Functionality	Description
Drug	Populated from the selection on the new medication order screen
Note	Any notes that need to be entered about the titration or taper. These notes will appear on the prescription
Type	Radio button to allow the user to select titration or taper

Refills	Number of refills for this specific drug titration or taper
Dispense As Written	If this is selected the pharmacy has to fill it exactly as written by the prescriber. If this is unselect a substitution is allowed.
Use Template	The use can select a template from either their own list or from other prescriptions
Save As Template	Allows the user to save a template for repeated use
Clear Steps and Start Over	Clears the entire titration or taper so user can start from the beginning
Step	Select the number step the prescriber is on
Start	Start date of step selected in the Step dropdown
Days	How long will the specific step last
End	End date is automatically calculated based on start date and days
Strength	The strength to be taken during the step
Dose	The dose to be taken during the step
Unit	The unit is populated by the drug name
Directions	The directions for the specific step
Dispense Qty	The quantity to be dispensed for the specific step
Stock/Sample	Any quantity entered will be deducted for the dispense quantity on prescribing.
Add Step	Adds the information above into the step listed in Step field
Clear	Clears information for the specific step to start over

How to Titration a Prescription

1. Select the 'Titration' button from new medicationorder

New Medication Order SmartCareRx Start Page Logout

Bath, Bubbles (3), DOB: 6/7/1961, Sex: M, Race: American Indian Prescribe Queue Order Cancel

Order: Send Directly to Pharmacy Print Script Print Drug Information Print Chart Copy
 Pharmacy: ZZZ TEST FAX Printer: <Manual Selection>

Prescriber: Dumbell, Cindy MD Order Date: 12/23/2015 Prescribing Location: A & D Adult Outpatient

Medication: Permit Changes By Other Users

Drug: Zestril Dose/Purpose: [] Dispense as Written: Save as Template: Active Coverage: []

Instruction Text: [] Desired Outcome: [] Comment: [] Include On Prescription:

Titrate...

Strength	Dose	Unit	Directions	Rx Start	Days	Dispense Qty	Potency Unit	Refills	Sample	Stock	Rx End
X []	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
X []	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]

2. Complete the necessary information for step 1.

Titration / Taper - Client: Bath, Bubbles(3), DOB: 06/07/1961

Drug: Zestril Note: Test Notes

Type: Titration Taper Refills: [] Dispense as Written:

Titration Step Builder

Step: 1 Start: 12/23/2015 Days: 2 End: 12/25/2015

Strength	Dose	Unit	Directions	Dispense Qty	Sample	Stock
X 2.5mg, Tab, Oral	1	each	Daily	2	0	0
X []	[]	[]	[]	[]	[]	[]
X []	[]	[]	[]	[]	[]	[]
X []	[]	[]	[]	[]	[]	[]
X []	[]	[]	[]	[]	[]	[]

Titration Steps

Step #	Day #	Instruction	Rx Start	Days	Rx End	Dispense Qty	Sample	Stock
1	1	2.5mg, Tab, Oral 1 each Daily	12/23/2015	2	12/25/2015	2.00	0.00	0.00
2	3	5mg, Tab, Oral 1 each Daily	12/25/2015	3	12/28/2015	1.00	0.00	0.00

Titration Summary

Number of Steps: 2 Start Date: 12/23/2015 End Date: 12/28/2015

Order Summary

2.5mg, Tab, Oral each x 2
5mg, Tab, Oral each x 1

- After the information has been entered select 'Insert'. This will insert the medication into the Titration step list.
- Repeat the process for as many steps needed.
- After the titration/taper is completed save and close the popup
- The titration/taper now appears in the drug list ready for prescribing

Medication List	Formulary	Medication	Date Initiated	Instruction	Rx Start	Rx End	DAW	Drug/Allergy Interaction / Warnings
⊗	X	Zestril	12/23/2015	2.5mg, Tab, Oral 1 each Daily	12/23/2015	12/25/2015	N	
				5mg, Tab, Oral 1 each Daily	12/25/2015	12/28/2015		

Test Notes

7. Titration/Taper will always print to the pharmacy. They can never be electronically sent.

Pharmacy ZZZ TEST FAX Tel: 8012637275 Fax: 7344368914 PATIENT ALLERGIES: No Known Medication/Other Allergies	Patient : Bath, Bubbles Home Phone: DOB: 6/7/1961
--	--

PON: 25910-51566-5-2 DIAGNOSIS: Zestril Zestril 5 mg tablet, Oral #1 Zestril 2.5 mg tablet, Oral #2 Order Date: 12/13/2015 Refills : 2 Substitutions Allowed	Order Status: New Start Date: 12/23/2015 Duration: 5 days Special Ins.: Test Notes Note to Pharmacy:
---	--

Patient Schedule Day 1 2.5mg, Tab, Oral (1) (each) Daily Duration: 2 Days Day 3 5mg, Tab, Oral (1) (each) Daily Duration: 3 Days

8. Titration/Taper Templates

The user can select My Templates which displays a list of all the prescribers templates or Other Prescribers Template which displays a list of all the prescribers templates

Change Order/Refill Order

Selecting either the change order or refill order button takes the user to the new order workflow.

510 East Butler Court, Kalamazoo East, MI49007, USA
www.streamlinehealthcare.com

Discontinue a Medication

How to discontinue a medication.

1. Select the X (delete) icon

Medication List										
		Medication		Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments
<input type="checkbox"/>	X	Adderall	✓	01/20/2016	12.5mg, Tab, Oral 2 each Morning	01/20/2016	02/19/2016	1	Freiley, Susan LMHT	
<input type="checkbox"/>	X	Kyrim	⚠	03/10/2016	500mg/mL, soln, oral 10 ml Daily	03/10/2016	04/09/2016	2	Hensley, Katie ASUDC	
<input type="checkbox"/>	X	Zestril	⚠	02/01/2016	10mg, Tab, Oral 1 each Daily	03/03/2016	04/02/2016		Freiley, Susan LMHT	
<input type="checkbox"/>	X	Ativan		02/01/2016	1mg, Tab, Oral 1 each 4 Times per Day	02/01/2016	02/10/2016		Adams, Joe	
<input type="checkbox"/>	X	Clozapine		01/18/2016	12.5mg, Tab, Oral 1 each 4 Times per Day	01/18/2016	01/27/2016	2	Adams, Joe	
<input type="checkbox"/>	X	Zoloft		01/19/2016	25mg, Tab, Oral 1 each Three times a day	01/19/2016	01/28/2016	3	Adams, Joe	

2. Are you sure you want to discontinue prompt appears. Select yes to discontinue or no to return to the screen

artcareRx/ApplicationForm.aspx

Sex: F, Race: White,

demo.shsdata.com says:

Are you sure you want to Discontinue this Medication?

Patient Search Consent History Medication History New Order.... Add Medication

DOB/Age: 01/01/1980 (36) Primary Insurance Plan: AETNA Pharmacy:

use, uncomplicated
e disorder due to another medical condition, With major depressive-like episode

Next Medication Visit:

Allergies/Intolerances/Failed Trials

Show All

Show: All Active Only

No Known Allergies

3. Select discontinue reason and how you want the notice to be sent (fax, print, or none).

Enter Discontinue Reason

.....Select Discontinue Reason.....

Discontinuation Letter

Fax

.....Select Pharmacy.....

Print

None

4. Select Discontinue – order has been removed from summary screen

Medication List										
		Medication		Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By	Comments
<input type="checkbox"/>	X	Adderall	✓	01/20/2016	12.5mg, Tab, Oral 2 each Morning	01/20/2016	02/19/2016	1	Freiley, Susan LMHT	
<input type="checkbox"/>	X	Zestril	⚠	02/01/2016	10mg, Tab, Oral 1 each Daily	03/03/2016	04/02/2016		Freiley, Susan LMHT	
<input type="checkbox"/>	X	Ativan		02/01/2016	1mg, Tab, Oral 1 each 4 Times per Day	02/01/2016	02/10/2016		Adams, Joe	
<input type="checkbox"/>	X	Clozapine		01/18/2016	12.5mg, Tab, Oral 1 each 4 Times per Day	01/18/2016	01/27/2016	2	Adams, Joe	
<input type="checkbox"/>	X	Zoloft		01/19/2016	25mg, Tab, Oral 1 each Three times a day	01/19/2016	01/28/2016	3	Adams, Joe	

510 East Butler Court, Kalamazoo East, MI49007, USA
www.streamlinehealthcare.com

Adjust Order

Selecting adjust order take the user to the new order workflow without the ability to change the pharmacy information.

Verbal Order Read Back

There is a new checkbox on the order called 'Verbal Order Read Back' this is to be selected if the user read the order back to the physician. This will have to be selected for each individual prescription. It appears on the order detail after the script has been prescribed. There will also be a section on the prescription that will indicate this was checked.

The screenshot shows the 'New Medication Order' form in SmartCareRx. The patient information is Kurtz, Kurtis (DOB: 09/21/1947, Sex: M, Race: White). The order is for Zovir (Zovirax) 10mg Tab, Oral, prescribed by Holtzman, Kate LMHT on 01/17/2016. The 'Verbal Order Read Back' checkbox is highlighted in yellow. Below the medication details, there is a table with columns for Strength, Dose, Unit, Directions, Rx Start, Days, Dispense Qty, Potency Unit, Refills, Sample, and Stock. The table shows 10mg Tab, Oral, with a start date of 01/17/2016 and end date of 01/21/2016. The 'Verbal Order Read Back' checkbox is checked. The form also includes sections for Patient Overview, Order Details, and a table for Discontinuation Reasons.

MAR- Weekly Frequency

For both new orders and add medication if the frequency is setup to weekly then an additional popup will appear for the user to select the day of the week to dispense the medication. Once the frequency is selected and the user tabs off the popup will appear

Revision History

Name	Date	Reason For Changes	Version
Katie Holtzman	1/17/2016	Re-write	2.0



Training

Hello and welcome to CMHA-CEI!

While Helpdesk is working to setup your network access, you can get started reviewing SmartCare training material. Below you will find a list of User Guides and Videos along with links to access them. All you need is a device that can play MP4 videos and read PDF format documents.

Please review all the materials linked below. You will have an opportunity to practice what you learn as soon as your network access is complete – look for an email from Helpdesk with information about logging in to SmartCare Practice.

Note: When you click the links below, the material will download. Depending on your settings, you will either be able to see the downloaded file at the bottom of your screen (click to open) or you will need to find it in your Downloads folder.

SmartCare Training for All New Staff

User Guides

Getting Started in CEI Practice

http://www.ceicmh.org/index.php?option=com_docman&task=doc_download&gid=1086&Itemid=435

New User SmartCare Training Guide

http://www.ceicmh.org/index.php?option=com_docman&task=doc_download&gid=1082&Itemid=435

Basic Functions User Guide

http://www.ceicmh.org/index.php?option=com_docman&task=doc_download&gid=1083&Itemid=435

Episodes and Enrollments

http://www.ceicmh.org/index.php?option=com_docman&task=doc_download&gid=1084&Itemid=435

Videos

Navigation Tips and Tricks

http://www.ceicmh.org/index.php?option=com_docman&task=doc_download&gid=1089&Itemid=435

How to Search for a Client

http://www.ceicmh.org/index.php?option=com_docman&task=doc_download&gid=1087&Itemid=435

Additional training for clinical staff (who will provide services):

User Guide for Clinicians:

Service Entry for Clinicians

http://www.ceicmh.org/index.php?option=com_docman&task=doc_download&gid=1085&Itemid=435

Videos for Clinicians:

How to Enter a Service (Clinicians)

http://www.ceicmh.org/index.php?option=com_docman&task=doc_download&gid=1088&Itemid=435


If you need assistance, please contact Helpdesk: 517.346.8215 | helpdesk@ceicmh.org.

Appeals and Grievances Process

Appeals and Grievances Process

Policy and Procedure: 3.6.17
Appeals and Grievances


Reviewed 09/2020




Community
MENTAL HEALTH
CLINTON • EATON • INGHAM

Definitions of Actions


- ❑ Action: A decision that adversely impacts a consumer's claim for services due to:
 - Denial of a requested service, including the type or level of service;
 - or
 - Reduction, suspension, or termination of a previously authorized service.






Purpose


- Consumers of CEI must receive "due process" whenever benefits are denied, reduced or terminated.
- Consumers of CEI have a right to the grievance process.
- A grievance system must be in place at all organizations that serve Medicaid beneficiaries.





Definitions Continued

- ❑ **Appeal:** a request to review an action (change or denial in services).
- ❑ **Due Process:** fair treatment throughout grievance system
- ❑ **Grievance:** consumers dissatisfaction about a service issue that is not eligible for appeal.
- ❑ **Grievance System:** Federal terminology for the overall local system of grievance and appeals, including access to the state fair hearing process.
- ❑ **Fair Hearing:** Impartial state level review of a Medicaid beneficiary's appeal of an action presided over by a Michigan Department of Health and Human Services (MDHHS) Administrative Law Judge. Also referred to as "Administrative Hearing" or "Tribunal".



How are consumers notified about the grievance system?



What is included in notification during the initial and annual assessment?

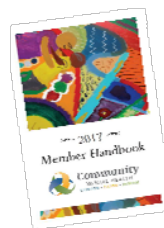


Notification about Process

- At initial face-to-face assessment:
 - Each new consumer is offered a copy of the MSHN Member Handbook
- Annual Intake
 - Each consumer is offered a new copy of the MSHN Member Handbook
- When/As information need arises
 - When services are being denied, reduced, suspended or terminated
- When requested by consumer/authorized representative
 - Can get information about process from the Customer Service Department



Initial and Annual Notification



- Each consumer of CEI will be provided the MSHN Member Handbook during the initial and annual assessment
- The MSHN Member Handbook provides information on the Grievance and Appeal Process



What is included in Notification when services are denied, reduced, suspended or terminated?



What's the difference between Denial of Initially Requested Services and Denial of Additional Services?



Notification documents include:

Denial of Initially Requested Services (to become a consumer at CEI)	Reduction, Suspension, Termination of Services already Receiving, or Denial of Additionally Requested Services
Cover Letter	Cover Letter
Adverse Benefit Determination Notice	Adverse Benefit Determination Notice
Request for Internal Appeal form	Request for Internal Appeal form
Community Resource List	Community Resource List
Second Opinion Request Form	



Denial Differences

Denial of Initially Requested Services:

- This is the denial for the person to receive any services at CEI

Denial of Additionally Requested Services:

- The consumer is already receiving services from CEI and requests for additional services



Who is responsible to give Notification of change or denial of services?



When should a consumer be notified of a change in services?



Programs that make the decision to deny or change services are responsible for notifying that consumer.

Ask your direct supervisor about your program's process for giving Notification.



When Changing Current Services

Notice must be given at least 14 calendar days prior to (formally referred as 17 day notice)


- Reducing, suspending, or terminating currently authorized services.

So, the Effective Date of the Action indicated on the Notice document (completed in SmartCare) will be at least 14 calendar days into the future of the date the Notice form is completed.

Giving prior notice allows consumers to determine if they would like to appeal PRIOR to the change in services happens.




When denying initial services at CEI




Notify- at the time of a decision/action:

- Following an Intake Assessment




Grievances and Appeals




For more information on Notification please refer to the SmartCare User guide:

[Adverse Benefit Determination Notification](#)



	Grievance	Appeal
Definition	If a consumer has an issue or problem about the services they are receiving then they may file a GRIEVANCE.	If a consumer does not agree with the service providers decision to deny, terminate, reduce or suspend services then they may file an APPEAL.
Time Frame	Grievances can be filed at any time.	Appeals must be filed within 45 days of notice of a denial or change in service.
Example	"I don't like my case manger, we just don't connect."	"I was denied additional services when I asked for them and I want those services."



Who can file a grievance or appeal?



How does a consumer file a grievance or appeal?



Grievances or appeals are filed by the consumer or:



- Legal Guardian
- Parent/Guardian of Minor
- Authorized Representative – an individual given written permission to act for the consumer in any grievance or appeal



Consumer can file in many different ways

- Official form
- Verbally
- Email
- Fax
- Written on scrap paper



A consumer can file in any manner they wish, but the consumer must identify themselves.



Where should a grievance or an appeal be sent?



Grievance Overview



- If an issue can be quickly resolved and the consumer is satisfied then a grievance does not have to be filed.
- The grievance process is for consumers who may want a formal response. This process also helps to bring in a neutral third party to help mediate if needed.
- Remember that CEI is person and family centered and consumers have the right to the grievance process.



Grievance and appeal requests are sent to the Quality, Customer Service and Recipient Rights Department (QCSRR).

The QCSRR Department receives, documents and responds to grievances and appeals.

Forward requests to Customer Service:

Phone: 346-8244

Email: customerservice@ceicmh.org

Fax: 346-8245



Examples of a grievance



Grievance Example 1

- Bob lives in a group home and feels that some of the workers are denying him privileges.
- He does not feel comfortable bringing this up to the workers in the home, so he calls Customer Service.
- Customer Service asks if he would like to file a grievance?
- Bob says yes, and Customer Service helps him file a grievance.
- The Quality, Customer Service, & Recipient Rights (QCSRR) Department follows up with appropriate staff members to come up with a solution.
- The QCSRR Department is responsible for sending a resolution letter to the consumer.



How are appeals resolved?



Grievance Example 2

- Sally is upset that she gets to the clinic at 7:30 am for her appointment and has to wait in the hall because the clinic does not open until 8:00 am.
- Sally calls the Recipient Rights (RR) office to file a complaint.
- The RR office determines that it is not a rights issue but that she can file a grievance if she wishes.
- Sally says she does, so the RR office transfers Sally to Customer Service.
- The QCSRR Department works with Sally and the clinic to find a resolution.
- The QCSRR Department sends a resolution letter to Sally.



Appeal Procedure



Once an appeal is received by the QCSRR Department:

- The QCSRR Department sends an acknowledgment letter to the consumer that the appeal has been received, that it will be reviewed, and they will get a decision within 30 days.
- Involved staff will convene a meeting to discuss the appeal.
- The Director of the program with input from staff will come to a decision.



Appeal Procedure continued

- The QCSRR Department will mail a disposition letter to the consumer within 30 days with the outcome.
- If the consumer agrees with the outcome, then the appeal is closed.
- If the consumer does not agree with the outcome, they may file for a Fair Hearing within 120 days.



The consumer must go through an internal appeal before they can file for a Fair Hearing.



State Appeal Process

Administrative Fair Hearing

- Impartial state level review of a **Medicaid Beneficiary's** appeal of an action presided over by an Administrative Law Judge. Medicaid beneficiaries can request a hearing after a Local decision is reached after an Internal Appeal. The Michigan Administrative Hearing System (MAHS) is the oversight body, also known as the Tribunal.

MDHHS Alternative Dispute Resolution Process

- Impartial state level review of an appeal presided over by MDHHS staff. This process is for **consumers without Medicaid**. It can be accessed only after an internal appeal is exhausted and the consumer is not satisfied with the result.

Check out: <http://www.michigan.gov/mdhhs> for detailed information on the state appeal process



Service Continuation

A consumer may request that previously authorized services continue during the appeal or fair hearing process



Underlying Values

The appeal and grievance process strives to be:

- Timely
- Fair to all parties
- Administratively simple
- Objective and credible
- Accessible and understandable to consumers
- Cost and resource efficient
- Subject to quality review



Underlying Values



The Appeal and Grievance Process should:

- Not interfere with communication between consumers and their service providers.
- Assure that consumers who file a grievance should be free from discrimination or retaliation.



References

- [CMH CEI Policy 3.6.17 Appeals and Grievances](#)
- [CMH CEI Procedures Appeals and Grievances](#)



Important Contact

Customer Service Department



Phone: 346-8244

Email: customerservice@ceicmh.org



Fax: 346-8245



THANK YOU

for completing
 “Grievance and Appeal Process”
 You must complete the test to
 receive credit for this course.




Bloodborne Pathogen Exposure

BLOODBORNE PATHOGEN EXPOSURE

Linda Taylor R.N., BSN, MA
CMHA-CEI Training Unit


Reviewed 09/2020



Community
MENTAL HEALTH
CLINTON • EATON • INGHAM


BLOODBORNE PATHOGENS STANDARD

- Established and set by OSHA
- States what employers must do to protect workers who are occupationally exposed to blood or other potentially infectious materials (OPIM), as defined by the standard.
- Employers are required to establish an exposure control plan.
- Plan must be updated annually




OSHA

- Stands for Occupational Safety and Health Administration.
- Is an agency of the U.S. Department of Labor.
- It's mission is to assure safe and healthful working conditions for workers by setting and enforcing standards and for providing training and outreach.



Other Potentially Infectious Materials (OPIM)

- Any of the following body fluids are OPIMs:
 - ◆ Semen
 - ◆ vaginal secretions
 - ◆ amniotic fluid
 - ◆ peritoneal fluid
 - ◆ pleural fluid, pericardial fluid
 - ◆ saliva in dental procedures
 - ◆ body fluid that is contaminated with blood
 - ◆ all body fluids in situations where it is impossible to differentiate between body fluids.



PROTECTIONS PROVIDED BY OSHA'S BLOODBORNE PATHOGENS STANDARD

- Exposure Control Plan.
- Use of Universal Precautions, which includes providing personal protective equipment such as gloves, gowns, eye protection and masks.
- Use of engineering controls that isolate or remove the bloodborne pathogens hazard from the workplace which includes using safer medical devices such as self sheathing needles and sharps containers.



REDUCING AND PREVENTING EXPOSURE TO BLOODBORNE PATHOGENS

- Disposable gloves are to be worn during procedures where there is a risk of hand contact with blood or body fluids.
- Disposable gloves are to be worn when handling linen and clothing which has been soiled with blood or body fluids.
- Gloves are to be disposed of in a biohazard container only if soiled with blood.
- Hand washing may be the only precaution necessary for many contacts in the health care facility.



PROTECTIONS (CONT.)

- Use of Universal Precautions is important when administering medications by route of injectable, topical, rectal or vaginal.
- Availability of post-exposure evaluation and medical follow up for any occupationally exposed worker.
- Availability of hepatitis B vaccine to all workers with occupational exposure.
- Provide information and training to workers.
- Maintain worker medical and training records.



Exposure Incident

- Exposures occur through needle sticks or cuts from other instruments contaminated with an infected person's blood, or OPIM. Also through contact of the eye, nose, mouth or non-intact skin with an infectious body fluid.
- Most exposures do not result in infection.
- The risk of infection can vary with the following factors:
The pathogen involved, type of exposure, amount of blood or OPIM involved and the amount of virus in the patient's blood at the time of exposure.



Examples of Exposure Incidents

- Needlestick injury with a contaminated needle.
- Contact with blood on hands that are chapped, abraded or afflicted with dermatitis.
- Splashing of blood or other infectious body fluids into the eye or mouth.
- Exposure to non-infectious body fluids is NOT an exposure incident unless the fluid contains visible blood contamination.



RESOURCES

- CDC
- Occupational Safety and Health Administration www.osha.gov



POST EXPOSURE PLAN

- Any employee who suspects a significant exposure must follow post exposure procedures which include:
 - ◆ Immediately washing the exposed area with soap.
 - ◆ Rinsing exposed mucus membranes with warm water.
 - ◆ Immediately notifying supervisor.
 - ◆ Following CEI-CMH policies and procedures provided by your supervisor.



Corporate Compliance



CORPORATE COMPLIANCE



Reviewed 09/2020

Community
MENTAL HEALTH
CLINTON • EATON • INGHAM

Incident Reporting

Reportable incidents include:

For all recipients actively receiving services, regardless of when incident occurs:

- **Death**(expected or unexpected)
- Incidents occurring while recipient is receiving services from or in the care of CMHA-CEI or contracted staff:
 - **Emergency care due to injury or illness**
 - **Hospitalization due to injury or illness**
 - **Missed medications and medication errors** (if administered by staff)
 - **Choking** requiring abdominal thrusts
 - **Serious aggressive behavioral events**, including self injury or property damage
 - **Exposure to blood/bodily fluids,**
 - **Arrest**(if held or taken by law enforcement on the belief a crime may have been committed)
 - **Missing recipient**



Presentation Name 1 3

Incident Reporting

An incident report needs to be completed in the web portal when staff either witness or are the first to become aware/informed of an incident involving a CMHA-CEI consumer who is actively receiving services.

Reported incidents are reviewed by on-site supervising and quality staff to ensure adequate follow-up action is completed.



Presentation Name 1 2

Incident Reporting

Incidents are reported through the web portal which is available at <https://incident.ceimh.org> through the link on the main intranet page:



More detailed information about incident reporting can be found in the CMHA-CEI Incident Report Procedure 3.3.07.



Presentation Name 1 4





KEY POINTS OF CEI'S CORPORATE COMPLIANCE PLAN

Mid-State Health Network Corporate COMPLIANCE PLAN
2016/2017



COMPLIANCE PLAN 2016/2017



- Introduction and Purpose**
 - Mid-State Health Network (MSHN) and CMHA-CEI is committed to consumers, employees, contractual providers, and the community to ensure business is conducted with integrity, in compliance with the requirements of applicable laws and sound business practices, and with the highest standards of excellence.
 - The Compliance Plan is prepared as a good-faith effort to summarize our rules, policies and procedures. To the extent that the Plan conflicts with, or misstates any applicable law, **the law takes precedence.**



MSHN's Corporate Compliance Plan

- The most updated copy of CMHA-CEI's Corporate Compliance Plan can be found from the CEI intranet home page by following the steps listed below:
 - Reference Material
 - Corporate Compliance - HIPAA
 - Compliance Information
 - MSHN Corporate Compliance Plan


CMHA-CEI adopted Mid-State Health Network's (MSHN) Corporate Compliance Plan

COMPLIANCE PLAN Key intentions

- Minimize organizational risk and improve compliance with billing requirements of Medicare, Medicaid, and all other applicable federal health programs.
- Maintain adequate internal controls (paying special attention to identified areas of risk).
- Reduce the possibility of misconduct and violations through early detection.
- Reduce exposure to civil and criminal sanctions.



COMPLIANCE PLAN

Key intentions





- Encourage the highest level of ethical and legal behavior from all employees, contractual providers, and board members.
- Educate employees, contractual providers, board members and stakeholders of their responsibilities and obligations to comply with applicable local, state, and federal laws and regulations including licensure requirements, as well as accreditation standards.
- Promote a clear commitment to compliance by taking actions to uphold such laws, regulations, and standards.




COMPLIANCE PLAN


Standards of Conduct

- Provide accurate information to federal, state, and local authorities and regulatory agencies when applicable;
- Promote confidentiality and safeguard all confidential information according to policy;
- Practice ethical behavior regarding relationships with consumers, payers, and other health care providers;

COMPLIANCE PLAN

Standards of Conduct





- Provide high quality services consistent with CMHA-CEI Vision, Mission, and Values;
- Exercise honesty and integrity in the workplace;
- Prevent fraud, abuse and waste;
- Refrain from knowingly participating in illegal activities;
- Report any actual or suspected violation of the Compliance Plan, Standards of Conduct, agency policies or procedures, or other conduct that is known or suspected to be illegal;



COMPLIANCE PLAN


Standards of Conduct

- Protect the integrity of clinical decision-making, basing care on identified medical necessity;
- Seek to continually maintain and improve work-related knowledge, skills, and competence; and
- Actively support a safe work environment, free from harassment of any kind.





COMPLIANCE PLAN Standards of Conduct

- CMHA-CEI further establishes Standards of Conduct through Board of Director's By-Laws, and policy and procedures addressing the following, including but not limited to:
 - Confidentiality and Privileged Communication,
 - Dignity and Respect,
 - Drug/Alcohol Free Workplace,
 - Recipient Abuse and Neglect, and Sexual Harassment.
- Standards of conduct may also be articulated in CMHA-CEI Employee Handbooks and Job Descriptions.





Standards



COMPLIANCE PLAN Standards of Conduct


- Any violation of a provision of the Standards of Conduct, as established in this Plan or related policies, will be subject to disciplinary action, up to and including dismissal from employment or contract termination.

COMPLIANCE PLAN Standards of Conduct




- Board Members, employees and contractual providers are responsible for conducting themselves ethically in all aspects of business avoiding even the appearance of impropriety.
- Contractual providers will be required to comply with the Compliance Plan or provide evidence of a sufficient Compliance Plan of their own.

CORPORATE COMPLIANCE

AREAS OF RISK



Areas of risk Regulatory Compliance



- It is the policy of CMHA-CEI to ensure compliance with all state and federal regulatory agency standards and applicable laws and regulations including, but not limited to, the following:
 - State Laws and Rules
 - State – Federal Intersection
 - Federal Medicaid Law, Regulations and Related Items

Areas of risk Workplace Conduct

- In order to safeguard the ethical and legal standards of conduct, CMHA-CEI will enforce policies and procedures that address behaviors and activities within the work setting, including but not limited to the following:



- (See following slides)

Areas of risk Environmental Compliance

- It is the policy of CMHA-CEI to maintain a hazard-free environment in compliance with all environmental laws and regulations.
- CMHA-CEI will operate with the necessary security systems, permits, approvals and controls.
- Maintenance of a safe environment is the responsibility of all employees and contractual providers.
- In order to maintain a safe environment, CMHA-CEI will enforce policies and procedures designed to protect consumers, employees, providers, visitors, the environment, and the community.



Areas of risk Workplace Conduct



- ❖ **Confidentiality:** CMHA-CEI is committed to protect the privacy of its consumers. Board members, employees, and contractual providers are to comply with the Michigan Mental Health Code, Section, 330.1748 and all other privacy laws as specified under the Confidentiality section of this document.
- ❖ **Substance Abuse:** CMHA-CEI is committed to an alcohol and drug free environment.

Areas of risk Workplace Conduct

- ❖ **Harassment:** CMHA-CEI is committed to an environment free of harassment for Board members, employees, and contractual providers. CMHA-CEI will not tolerate harassment based on sex, race, color, religion, national origin, citizenship, chronological age, sexual orientation, union activity, or any other condition, which adversely affects their work environment.
- ❖ **Research:** CMHA-CEI will follow ethical standards for any research undertaken or for any aspect of a research grant.



Areas of risk Workplace Conduct



- ❑ **Reporting suspected fraud:** CMHA-CEI Board, staff and contractual providers must report any suspected or actual "fraud, abuse or waste" of any funds, including Medicaid funds, to the organization.
- ❑ **Receiving gifts:** CMHA-CEI Board members, staff and providers will not solicit gifts, gratuities or favors. CMHA-CEI Board members, staff and providers will not accept gifts, gratuities or favors of any kind from any individual, consumer, or organization doing business or seeking to do business with CMHA-CEI or its affiliates if the gift has more than a nominal value or where acceptance of the gifts/favors could create a conflict of interest or be construed as resulting in preferential treatment.

No Soliciting



Areas of risk Workplace Conduct

- ❖ **Conflict of Interest:** CMHA-CEI Board members, employees, and contractual providers will avoid any action that conflicts with the interest of the organization. All Board members, employees, and contractual providers must disclose any potential conflict of interest situations that may arise or exist. CMHA-CEI will maintain standards establishing a clear separation of any supplemental employment in terms of private practice and outside employment from activities performed for CMHA-CEI.



Areas of risk Workplace Conduct

- ❖ **Workplace violence:** CMHA-CEI is committed to maintaining a work environment that is safe and promotes the treatment of all people with dignity and respect. CMHA-CEI will not tolerate behavior that is disrespectful, intimidating, or threatening.
- ❖ **Political Contributions:** CMHA-CEI will not use agency funds or resources to contribute to political campaigns or activities of any political party.



Areas of risk Contractual Relationships



- It is the policy of CMHA-CEI to ensure that all contractual arrangements with providers are structured in accordance with federal and state laws and regulations and are in the best interest of the organization and the consumers we serve. In order to ethically and legally meet all standards, CMHA-CEI will strictly adhere to the following:
 - (See the following slides)



Areas of risk Contractual Relationships

- ❖ CMHA-CEI does not enter into financial arrangements with physicians that are designed to provide inappropriate remuneration to the organization in return for the physician's ability to provide services to federal health care program beneficiaries at CMHA-CEI.
- ❖ CMHA-CEI does not enter into contractual relationships with individuals or agents/agencies that have been convicted of a criminal offense related to health care or that are listed by a federal agency as debarred, excluded, or otherwise ineligible for participation in federal health care programs. Reasonable and prudent background investigations will be completed prior to entering into contractual relationships with all individuals and agents/agencies.



Areas of risk Contractual Relationships



- ❖ **CMHA-CEI does not pay for referrals.** Consumer referrals and intakes will be accepted based on the consumer's needs, eligibility, and our ability to provide the services needed.
- ❖ **CMHA-CEI does not accept payment for referrals of consumers to other providers.** No employee, contractual provider, or any other person acting on behalf of the organization is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of consumers. Similarly, when making consumer referrals to another healthcare provider, CMHA-CEI does not take into account the volume or value of referrals that the provider has made (or may make) to CMHA-CEI.



Areas of risk Purchasing and Supplies

- It is the policy of CMHA-CEI to ensure that all rental, lease, and purchasing agreements are structured in accordance with applicable federal and state self-referral and anti-kickback regulations as well as federal guidelines regarding tax-exempt organizations. All agreements must be commensurate with the fair market value for equipment or space.



Areas of risk Purchasing and Supplies



- All subcontractor and supplier arrangements will be managed in a fair and reasonable manner, consistent with all applicable laws and good business practices. Subcontractors, suppliers, and vendors will be selected based on objective criteria including quality, technical excellence, price, delivery, and adherence to schedules, services and maintenance of adequate sources of supply. Purchasing decisions will be made on the supplier's ability to meet needs and not on personal relationships or friendships. CMHA-CEI will always employ the highest ethical standards in business practices in source selection, negotiation, determination of contract awards, and the administration of purchasing activities.



Areas of risk Marketing

- The federal Anti-kickback Statute (section 1128B[b] of the Social Security Act) makes it a felony, punishable by criminal penalties, to offer, pay, solicit, or receive "remuneration" as an inducement to generate business compensated by Medicare or Medicaid programs. Therefore, all direct-to-consumer marketing activities require advance review by the Compliance Committee or designee if the activity involves giving anything of value directly to a consumer.



Areas of risk Marketing

- Marketing and advertising practices are defined as those activities used by CMHA-CEI to educate the public, provide information to the community, increase awareness of services, and recruit employees or contractual providers. CMHA-CEI will present only truthful, fully informative and non-deceptive information in any materials or announcements. All marketing materials will reflect available services.



Areas of risk Financial Systems Reliability and Integrity



- CMHA-CEI shall ensure integrity of all financial transactions. Transactions shall be executed in accordance with established policies and procedures and with federal and state law and recorded in conformity with generally accepted accounting principles or any other applicable criteria.



Areas of risk Financial Systems Reliability and Integrity

- CMHA-CEI shall develop internal controls and obtain an annual independent audit of financial records; shall ensure that reimbursement for services billed is accurate, appropriate, and based on complete documentation; and shall maintain accountability of assets.



Areas of risk Financial Systems Reliability and Integrity

- ❖ CMHA-CEI's Board members, employees and contractual providers will receive detailed training on federal and state False Claims acts and all whistleblower provisions.
- ❖ CMHA-CEI and Affiliates will include material about relevant federal and state regulations in their employee handbook if such exists.



Areas of risk Financial Systems Reliability and Integrity

- In accord with the 42 USC 139a(a); Section 1902(a) of the Social Security Act (AKA as the Deficit Reduction Act of 2005) CMHA- CEI's internal process shall monitor for actions by providers of Medicaid services to prevent fraud, abuse, and waste, or are likely to result in unintended expenditures.



- (See Following Slides)



Areas of risk Financial Systems Reliability and Integrity

- ❖ All CMHA-CEI's Board members, employees and contractual providers are required to report any suspected occurrences of fraud, abuse and waste. The responsible Affiliate Compliance Officer must investigate. The MSHN Compliance Administrator will be responsible for investigating any PIHP level reports of suspected fraud, abuse or waste.
- ❖ Annually a summary report of compliance activities will be provided to the Board of Directors, MSHN's Quality and Improvement council, and CMHA-CEI Leadership.



Areas of risk Information Systems Reliability

- CMHA-CEI shall ensure the reliability of information systems. Information Services will be responsible for monitoring the reliability and integrity of the electronic information system, including but not limited to the following:



- (See following slide)



Areas of risk Confidentiality and Privacy

- CMHA-CEI is committed to protecting the privacy of its consumers and shall strictly govern the disclosure of any information to anyone other than those authorized in the current published Privacy Notice. Any Board member, employee, or contractual provider who engages in unauthorized disclosure of consumer information is subject to disciplinary action which may result in removal from the Board, termination of employment, or termination of the contract.



Areas of risk Information Systems Reliability

- Maintaining security, assuring integrity, and protecting consumer confidentiality.
- Controlling access to computerized data.
- Training staff to use the system based on job function.
- Assuring reliability validity and accuracy of data.
- Following procedures that will assure confidentiality of electronic information pursuant to HIPAA, the Michigan Mental Health Code and other applicable laws and regulations.



Areas of risk Confidentiality and Privacy

- To ensure that all consumer information remains confidential, employees and contractual providers are required to comply with all confidentiality policies and procedures in effect, specifically to include the HIPAA Privacy regulations outlined below:

- (See following slides)



Areas of risk Confidentiality and Privacy

- Privacy Notice - CMHA-CEI will have a notice of privacy practices to be posted at each site and given to each consumer at intake.
- Consent - Prior to treatment, CMHA-CEI will obtain a signed consent for permission for CMHA-CEI to treat, bill for and carry out health care operations described in the Privacy Notice.
- Authorization - If information is shared, outside of those described in the Privacy Notice, a signed authorization will be obtained from the consumer.



Areas of risk Compliance Administrator/Officers

- CMHA-CEI will designate a Compliance Administrator, who will be given sufficient authority and control to oversee and monitor the Compliance Plan, including but not limited to the following:



Stefanie Zin
CMHA-CEI
Compliance/HIPAA Privacy Officer,
Access & UM supervisor

- (See following slides)



Areas of risk Confidentiality and Privacy



- Business Associate Agreement - CMHA-CEI will obtain assurances with all business associates that protected health care information, shared with them, will be protected and appropriately safeguarded.
- CMHA-CEI shall investigate any reports of suspected violations and respond to findings of the investigations in compliance with the HIPAA privacy and security regulations.
- CMHA-CEI will perform any necessary risk analyses or assessments to ensure compliance.



Areas of risk Compliance Administrator/Officers

- Recommending revisions/updates to the Compliance Plan, policies, and procedures to reflect organizational, regulatory, and statutory changes.
- Reporting on a regular basis the status of implementation of the Compliance Plan and related compliance activities.
- Developing and maintaining a training and education program and documenting all training efforts.



Areas of risk Compliance Administrator/Officers

- Coordinating efforts with human resources or other relevant departments regarding employee certifications/licensures, background checks, and privileging and credentialing.
- Coordinating internal audits and monitoring activities outlined in the compliance plan.
- Developing and modifying policy and programs that encourage the reporting of suspected fraud and other potential problems without fear of retaliation.
- Independently investigating and acting on matters related to compliance.



Areas of risk Compliance Committee

- The MSHN Quality Improvement Council will consist of the Affiliate Compliance Officers, or designees. Each Affiliate shall have a Compliance Committee which will meet at regular intervals and shall be responsible for the following:
 - (See following slides)



Areas of risk Compliance Administrator/Officers



- The authority given the Compliance Administrator will include the ability to review all documents and other information relevant to compliance activities, including, but not limited to, consumer records, billing records, employee records and contracts and obligations of CMHA-CEI.



Areas of risk Compliance Committee

- Advising the Compliance Officer and assisting with the development, implementation, operation, and distribution of the Compliance Plan and supporting CMHA-CEI policies and procedures.
- Reviewing and recommending changes/revisions to the Compliance Plan and related policies and procedures.
- Evaluating the effectiveness of the Compliance Plan.
- Determining the appropriate strategy/approach to promote compliance with the Compliance Plan and detect potential violations and areas of risk.



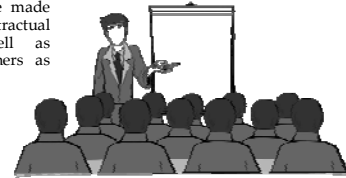
Areas of risk Compliance Committee

- Recommending and monitoring the development of internal systems and controls to carry out the Compliance Plan and supporting policies as part of daily operations.
- Reviewing audit results and corrective action plans.
- Approving the training and education program and monitoring attendance.
- Developing a system to solicit, evaluate, and respond to complaints and problems.



Areas of risk Training and Education

- Training and educational opportunities related to Compliance may be made available to contractual providers, as well as consumers and others as appropriate.



Areas of risk Training and Education

- All Board members and employees will receive training on the Corporate Compliance Plan. Additional training may be required for employees involved in specific areas of risk or as new regulations are issued. Informational updates will be provided through newsletters, emails, and in-services. Records will be maintained on all formal training and educational activities. Training is considered a condition of employment and failure to comply will result in disciplinary action up to and including termination.

Areas of risk Open Lines of Communication

- Open lines of communication between the Compliance Officers and employees of CMHA-CEI are essential to the successful implementation of the Compliance Plan and the reduction of any potential for fraud or abuse. Methods for maintaining open lines of communication may include, but not be limited to the following:



- (See next slide)

Areas of risk Open Lines of Communication

- There shall be access to the CMHA-CEI Affiliate Compliance Officer for employees seeking clarification on specific standards, policies, procedures, or other compliance related questions that may arise on a day-to-day basis. Questions and responses will be documented, dated, and may be shared with all employees, as appropriate, to increase awareness/understanding.



Areas of risk Reporting of Suspected Violations or Misconduct

- Employees, contractual providers, consumers, and others are to report suspected violations or misconduct to their Compliance Officer as outlined below and further detailed in the Compliance Investigation, Resolution and Documentation Process



(See following slides)



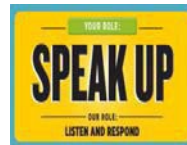
Areas of risk Open Lines of Communication

- Information may be communicated to employees through a variety of methods such as formal trainings, impromptu information calls or "help desk" calls, e-mails, newsletters, intranet resource pages, or other methods identified that facilitate access to compliance related information as a preventative means to reduce the potential for fraud and abuse.



Areas of risk Reporting of Suspected Violations or Misconduct

- Suspected violations or misconduct may be reported to the Compliance Officer by phone/voicemail, email, in person, in writing, or to one of the Affiliate CMH Compliance Officers.
- Employees with firsthand knowledge of activities or omissions that may violate applicable laws and regulations are required to report such wrongdoing to the Compliance Officer.



Areas of risk Reporting of Suspected Violations or Misconduct

- Reports of suspected violations or misconduct might be made on a confidential basis.
- No employee, consumer, or contractual provider making such a report in good faith shall be retaliated against by CMHA-CEI, its employees or agents.
- All employees will be asked to report any known or suspected violations as part of the Exit Interview process.



Areas of risk Investigation



- All employees and agents are expected to cooperate fully with investigation efforts. Investigations will be conducted by the local Compliance Officer.
- If the allegation that needs to be investigated includes the CEO of the CMHA-CEI then the investigation will be handled by the MSHN Compliance Administrator.
- If the allegation needing to be investigated involves the CEO of the PIHP then the investigation will be handled by the Compliance Administrator of another PIHP



Areas of risk Investigation

- All reports of suspected wrongdoing, however received, shall be investigated and documented as outlined in the CMHA-CEI Compliance Investigation, Resolution and Documentation Process (Attachment D).
- No one involved in the process of receiving and investigating reports shall communicate any information about a report or investigation, including the fact that a report has been received or an investigation is ongoing, to anyone within CMHA-CEI who is not involved in the investigation process or to anyone outside of CMHA-CEI without the prior approval of the CMHA-CEI Compliance Administrator.



Areas of risk Corrective Actions

- Where an internal investigation substantiates a reported violation, corrective action will be initiated including, as appropriate, making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, instituting whatever disciplinary action is necessary, and implementing system changes to prevent a similar violation from recurring in the future.
- For further information see MSHN Compliance Policy (Attachment A) and MSHN Compliance Investigation, Resolution and Documentation Process (Attachment G).



Areas of risk Disciplinary Action



- CMHA-CEI will follow established disciplinary guidelines for all employees who have failed to comply with the Standards of Conduct, policies, and procedures, federal and state law, or otherwise engage in wrongdoing. The guidelines will be consistently enforced at all levels of the organization,

- (See following slide)



Areas of risk Grievance Process



- CMHA-CEI strives to promote fairness and equity among employees and to treat everyone with dignity and respect at all times. Any disciplinary action taken in response to violations of the Compliance Plan is subject to appeal through the formal grievance processes.



Areas of risk Disciplinary Action

- For a CMH with a collective bargaining agreement: If any provision of a collective bargaining agreement between a CMH and its employees conflicts with any provision of the compliance plan, the collective bargaining agreement shall take precedence *unless* the compliance plan is citing a law, the application of which cannot be modified through collective bargaining.



Areas of risk Monitoring and Auditing

- Monitoring and auditing of CMHA-CEI's operations are key to ensuring compliance and adherence to policies and procedures. Monitoring and auditing can also identify areas of potential risk and those areas where additional education is required.
- The following monitoring and auditing activities will occur at each CMH:

- (See following slides)



Areas of risk Monitoring and Auditing



Financial and Billing Integrity

- An independent audit of financial records each year
- Contract providers have signed contracts and adhere to the contract requirements

Medicaid claims verification

Information Systems Reliability and Integrity

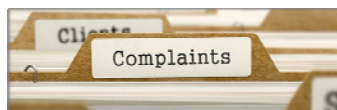
- IS staff will monitor the reliability and integrity of the information system and data
- Staff will be trained on use of information systems and provided access based on role and job function.



Areas of risk Monitoring and Auditing

Consumer Rights and Protections

- Rights complaints and issues are reviewed and investigations are completed as required.
- A Rights Advisory Committee has been established and meets regularly for the purpose of supporting/protecting the office of recipient rights and serving in an advisory capacity.
- Incident reports and trends are reviewed and there is follow up action as needed.



Areas of risk Monitoring and Auditing



Clinical/Quality of Care

- Performance indicators are monitored and reviewed in an effort to continually improve services
- Staff are evaluated in writing on their performance and are provided with detailed job descriptions and individualized development plans.
- New staff are hired through a detailed pre-employment screening and hiring process and complete a comprehensive orientation program.
- Clinical supervision is provided and documented to ensure competency.




Areas of risk Monitoring and Auditing

Environmental Risks


- Affiliate CMH safety committees meet regularly to assure the safety of facilities and consumers.
- Comprehensive maintenance reviews of facilities, equipment, and vehicles are completed as required but not less than annually.
- Emergency drills are conducted and evaluated on a regular basis.
- Initial and ongoing education on health, safety, and emergency issues are routinely provided.



Areas of risk Monitoring and Auditing



- Quality and Utilization Reviews
- CMHA-CEI has a Quality Improvement Program, which addresses clinical record reviews, utilization management, privileging and credentialing and other quality improvement initiatives.



Areas of risk Monitoring and Auditing





- Additional External Monitoring and Auditing Activities:
- External Quality Reviews
- MDHHS Site Visits
- MDHHS Rights Reviews
- Independent Financial Audits
- Accreditation Surveys





Areas of risk Monitoring and Auditing

- Additional Internal Monitoring and Auditing Activities
- PIHP Reviews of Delegated Functions
- Assessment of staff knowledge and competence
- Mystery Shoppers and Surveys (to evaluate marketing and access practices)
- Needs Assessments (to assess adequacy of services)
- Special Focus Groups

Areas of risk Monitoring and Auditing

- The CMH Compliance Officer and Quality Improvement Council will review monitoring and auditing efforts for effectiveness, identification of additional areas of risk, and follow up and response for potential compliance issues on an ongoing basis.
- Implementation and effectiveness of the Compliance Plan will be monitored and evaluated by MSHN at least annually.

CMHA-CEI's Corporate Compliance Plan

- The most updated copy of CMHA-CEI's Corporate Compliance Plan can be found from the CEI intranet home page by following the steps listed below:



1. Reference Material
2. Corporate Compliance - HIPAA
3. Compliance Information
4. MSHN Compliance Plan

CMHA-CEI adopted Mid-State Health Network's (MSHN) Corporate Compliance Plan



CORPORATE COMPLIANCE

The Deficit Reduction Act, 2005



MSHN's Corporate Compliance Plan

- Includes the following:
 - Compliance Procedure
 - Guidelines and Forms to be used to Report Suspected Compliance Violations
 - Compliance Investigation, Resolution and Documentation Processes
- These documents can be found in Attachments A- H



The Deficit Reduction Act, 2005
CMHA-CEI

Staff Training

"The only reasonable conclusion is that after years of significant and impressive funding for enforcement efforts directed toward Medicare compliance, the tide has turned and now (to the delight of many at the federal level) it is now Medicaid's turn."

Issue Brief, New Medicaid Compliance Issues from the Deficit Reduction Act
National Council for Community Behavioral Healthcare
Mary Thornton, BSRN, MBA



The Deficit Reduction Act, 2005

• Training Objectives

- Understand the Provisions of the Act (Relative to Compliance)
- Understand what CEI has to do to comply with the Act
- Review CEI's Compliance Activities
- Review the Federal and State False Claims Acts, and Whistleblowers Protection Act
- Learn about Next Steps



The Deficit Reduction Act, 2005

• Provisions of the Act (cont.)

- The new "Medicaid Integrity Program"
 - The program's activities encompass four areas:
 - **Reviewing** the actions of Medicaid providers under any type of payment system to determine if their actions have produced fraud, abuse or waste, are likely to, or may potentially result in unintended expenditures on the part of the Medicaid program.
 - **Auditing** of claims for payment of Medicaid services, items, or administrative services rendered including cost reporting, consulting contracts, and various risk contracts.
 - **Identification** of overpayments to individuals or entities receiving Medicaid Federal funds.
 - **Education** of providers, managed care companies, beneficiaries, and others with respect to payment integrity and quality of care.



The Deficit Reduction Act, 2005

• Provisions of the Act

- The new "Medicaid Integrity Program"
 - The program's financial goals are ambitious. Congress expects to get back the money it appropriated for the program through paybacks, recoupment and fines.
 - Appropriation in 2007 and 2008 is \$50M each year, expecting to recover \$175M federal share, over \$350M total.



The Deficit Reduction Act, 2005

• Provisions of the Act (cont.)

- Incentives for States to Create False Claims Acts
- The federal False Claims Act is one of the most well known and powerful weapons in the arsenal of the Office of Inspector General (OIG). Three notable provisions:
 1. Civil prosecutions do not require proof of fraud, but only proof that provider acted in "reckless disregard" or "deliberate ignorance." No "ostrich defense."
 2. Qui tam, or "whistleblower" provisions that allow private citizens to bring suit against providers and collect a portion of monies recovered.
 3. Very high penalties assessed on a per claim basis for violators. As much as \$11,000 per claim!



The Deficit Reduction Act, 2005



- **Provisions of the Act (cont.)**
 - A number of states already have a False Claim Act, including Michigan.
 - Under the Deficit Reduction Act (DRA), states which pass false claims laws that are as tough as the federal law keep an additional 10% of recoveries. This is in addition to state share of payments!
 - Providers Required to Have Compliance Programs



The Deficit Reduction Act, 2005

- **Provisions of the Act (cont.)**
- Education Requirements
 - The provisions of the DRA are very specific regarding **compliance education**:
 - Implement employee, contractor and agent education containing “detailed” information about the federal and state False Claims Acts, any other administrative remedies for false claims and all whistleblower provisions
 - Develop written policies that include “detailed provisions” regarding the policies and procedures of the entity for detecting and/or preventing fraud, abuse and waste.
 - Include fraud and abuse laws in employee handbook.



The Deficit Reduction Act, 2005

- **Provisions of the Act (cont.)**
 - The federal government has, for many years, encouraged health care providers and managed care plans to have compliance programs, built on the federal sentencing guidelines. The DRA, it is now a requirement for all providers or organizations that pay out over \$5 Million a year.



The Deficit Reduction Act, 2005

- **What CEI Will Be Doing**
 - CEI already has a compliance program, so current efforts to comply with the DRA will include:
 - Educational efforts with staff (annual training) and contractors
 - Curriculum driven by DRA requirements
 - Updating employee handbook to include information
 - Reviewing Compliance Plan and related P&P to assure adequacy
 - Re-iterating internal processes for reporting



The Deficit Reduction Act, 2005

- **What CEI Will Be Doing (cont.)**
 - That plan states, on page 15 -- “The Affiliation’s Compliance Plan addresses two types of non-compliance reporting. The first type of reporting involves the obligation to and avenues for, employees and agents reporting non-compliance. The second type of reporting involves the regular reporting of data and information pertinent to the compliance activities of the Affiliation.”



The Deficit Reduction Act, 2005

- **Federal False Claims Act**
 - First signed into law in 1863, the False Claims Act underwent significant changes in 1986. The False Claims Act applies when a company or person:
 - Knowingly presents (or causes to be presented) to the Federal Government a false or fraudulent claim for payment,
 - Knowingly uses (or causes to be used) a false record or statement to get a claim paid by the Federal Government,
 - Conspires with others to get a false or fraudulent claim paid by the Federal Government,
 - Knowingly uses (or causes to be used) a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Federal Government.



The Deficit Reduction Act, 2005

- **Compliance Activities**
 - As employees of CEI Community Mental Health Authority, you have an obligation to report any “fraud, abuse or waste” of Medicaid to the organization.
 - The Compliance Plan details several methods of doing this.
 - If you have lost or misplaced your copy of the Compliance Plan, we will be happy to give you another one.



The Deficit Reduction Act, 2005

- **Federal False Claims Act (cont.)**
 - Time Period for a Claim to be Brought
 - The statute of limitations for suits under the False Claims Act is the later of:
 - Within six years of the illegal conduct, or
 - With three years after the Government knows or should have known about the illegal conduct, but in no event later than ten years after the illegal activity.



The Deficit Reduction Act, 2005

- **Federal False Claims Act (cont.)**
 - A person who brings a False Claims Act (or qui tam) case is entitled to a proportional share of the funds that are recovered for the government. As a part of the process, the individual must provide the government with all of his or her information.
 - If the government joins the case – individual usually entitled to 15 – 25% of recovered funds.
 - If government does not join case – individual is entitled to 25 – 30% of the recovered funds.
 - Attorneys fees also.....



The Deficit Reduction Act, 2005

- **Federal False Claims Act (cont.)**
 - An Act to prohibit fraud in the obtaining of benefits or payments in connection with the medical assistance program; to prohibit kickbacks or bribes in connection with the program; to prohibit conspiracies in obtaining benefits or payments; to authorize the attorney general to investigate alleged violations of this act; ... to provide for civil actions to recover money received by reason of fraudulent conduct; ... to prohibit retaliation; to provide for certain civil fines; and to prescribe remedies and penalties.



The Deficit Reduction Act, 2005

- **Federal False Claims Act (cont.)**
 - Protections for People Who Bring Qui Tam Cases:
 - Anyone who lawfully acts to bring suit is protected from: discharge, demotion, suspension, threats, harassment, and discrimination. If violated, individual is entitled to reinstatement with seniority, double back pay, interest on back pay, compensation for discriminatory treatment and attorney's fees.





The Deficit Reduction Act, 2005

- **Federal False Claims Act (cont.)**
 - Some Definitions:
 - Claim – means any attempt to cause the department of social services (now DCH) to pay out sums of money under the social welfare act
 - Deceptive – means making a claim or causing a claim to be made which contains a statement of fact or which fails to reveal a material fact, which statement or failure leads the department to believe the represented or suggested state of affair to be other than it actually is
 - False – means wholly or partially untrue or deceptive
 - Knowing or knowingly – means that a person is in possession of facts under which he or she is aware or should be aware of the nature of his or her conduct and that his or her conduct is substantially certain to cause the payment of a Medicaid benefit. Knowing or knowingly does not include conduct which is an error or mistake unless the person's course of conduct indicates a systematic or persistent tendency to cause inaccuracies to be present.



The Deficit Reduction Act, 2005

- **Federal False Claims Act (cont.)**
 - Any person may bring a civil action in the name of the State to recover losses
 - At the time of filing, the person shall disclose, in writing, substantially all material evidence and information supporting the complaint
 - Attorney general may proceed, or if not, the individual may proceed with action



The Deficit Reduction Act, 2005

- **Federal False Claims Act (cont.)**
 - If the court finds an action under this section based primary on information from other than the person bringing the action, the court shall award costs, reasonable attorneys fees, and not more than 10% of monetary recovery
 - If court finds that the person bringing the action planned, initiated, or participated in the conduct upon which the action is brought, then court may reduce or eliminate the share of proceeds.



The Deficit Reduction Act, 2005

- **Federal False Claims Act (cont.)**
 - If a person other than the attorney general prevails in an action that the person initiates, the court shall award that person: costs, reasonable attorneys fees, and based on effort, a percentage of monetary proceeds –
 - If attorney general intervenes, 15 – 25 %
 - If attorney general does not intervene, 25 – 30%

The Deficit Reduction Act, 2005

- **Federal False Claims Act(cont.)**
 - A person other than the attorney general shall not bring an action that is already the subject of a civil suit, criminal investigation, prosecution or administrative investigation
 - FrivolousActions!
 - If a person proceeds with an action after the attorney general declines, and the court finds it to be frivolous, the court shall award prevailing defendant actual and reasonable attorneys fees and expenses and impose a civil fine of not more than \$10,000

The Deficit Reduction Act, 2005

- **Federal False Claims Act (cont.)**
 - An employer shall not discharge, demote, suspend, threaten, harass, or otherwise discriminate against an employee who initiates, assists, or participates in a proceeding or court action.
 - An employer who violates this, is liable to the employee for all of the following:
 - Reinstatement to position without loss of seniority
 - 2 X back pay
 - Interest on back pay
 - Compensatory damages



The Deficit Reduction Act, 2005



- **Whistleblowers' Protection Act**
 - An ACT to provide protection to employees who report a violation or suspected violation of state, local, or federal law; to provide protection to employees who participate in hearing, investigations, legislative inquiries, or court actions; and to prescribe remedies and penalties.

FRAUD, WASTE, & ABUSE

ABUSE

Practices that are inconsistent with sound fiscal, business or medical practices & result in an unnecessary cost to the payor, or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for healthcare.

Can include submitting claims that do not comply with billing guidelines, providing services that are not medically necessary or do not meet professionally recognized standards, submitting bills to Medicare/Medicaid instead of the primary insurer.

CAUTION – Abuse can develop in to Fraud if there is evidence that the individual knowingly and willfully (on purpose) conducted the abusive practices.

EXAMPLE

Provider A has multiple sites and determined it made billing easier if all claims were submitted listing a single location of service, and a clinician associated with that location of service, rather than the claims reflecting the clinician who actually furnished the service, and the location where it was actually furnished.

The Deficit Reduction Act, 2005

- **Whistleblowers' Protection Act (cont.)**
 - An employer shall not discharge, threaten, or otherwise discriminate against an employee regarding compensation, terms, conditions, location, or privileges of employment because the employee reports or is about to report a violation...
 - A person who alleges a violation of this act may bring a civil action for appropriate injunctive relief, or actual damages, within 90 days after the occurrence of the alleged violation
 - An employer is not required to compensate an employee for participation in an investigation, hearing or inquiry held by a public body in accordance with this Act.
 - An employer shall post notices and use other appropriate means to keep employees informed of these protections.

The Deficit Reduction Act, 2005

- **Next Steps**

- Now what?
- This really isn't anything new. This legislation (False Claims and Whistleblowers' Protection Acts) has been in place for years.
- Postings are up in the offices.
- CMHA-CEI has a Compliance Plan
- Providing education as required.
- Reviewing existing plan and policies to assure adequacy.
- Reviewing employee's obligation to report...
- this is an affirmative obligation of your employment....page 15 of the plan

ATTENTION EMPLOYEES

The Whistleblowers Protection Act (WPA) of 2005 creates certain protections and remedies for employees and establishes other Whistleblower Protections.

PROTECTIONS
The WPA provides a Whistleblower Protection or otherwise allows you to report your supervisor or a higher authority without fear of retaliation or to report a violation or a suspected violation of the law or a contract, which is prohibited by the WPA. The WPA also provides a Whistleblower Protection or otherwise allows you to report your supervisor or a higher authority without fear of retaliation or to report a violation or a suspected violation of the law or a contract, which is prohibited by the WPA.

ENFORCEMENT
The Act does not diminish or suggest either your rights or the rights of your employer under any collective bargaining agreement. The Act does not require your employer to compensate you for your participation in a public hearing, investigation, report or other activity. The Act does not provide any new remedies unless you make a report in a public way that you know is true.

VIOLATIONS
If you believe that your employer has violated this Act you may bring suit within a certain time period after the date of the alleged violation of the Act.

PENALTIES
Persons found in violation of this Act may be subject to a civil fine of up to \$100,000. If your employer has violated this Act the court may order your employer to pay you back wages and benefits, including interest, and to provide you with a written explanation of the violation. The court may also award you a portion of the back wages and benefits. The court may also award you a portion of the back wages and benefits. The court may also award you a portion of the back wages and benefits.

This notice is provided as a courtesy of the Whistleblowers Protection Act and Health Administration (DHCA). For more information visit www.dhca.gov/whistleblowers



THANK YOU!

for completing
 "Corporate Compliance"
 You must complete the test to receive credit
 for this course.



The Deficit Reduction Act, 2005




- **Summary**

- Provisions of the Act (Relative to Compliance)
- What CMHA-CEI has to do to comply with the Act
- CMHA-CEI Compliance Activities
- Federal and State False Claims Acts, Whistleblowers Protection Act




Cultural Competency and Diversity

Cultural Competency and Diversity



Presented by the CMHA-CEI Diversity Advisory Council



What Is The Difference Between Diversity and Cultural Competency?

- Here at CMHA-CEI, we view **Diversity** as going beyond Race and Gender. CMHA-CEI takes into consideration all aspects of an individual such as: geographical location, education, traditions, family values, economic, living conditions and language just to name a few.
- To be **Culturally Competent**, our employees understand and are respectful of beliefs, language, interpersonal styles and behaviors of individuals and families receiving CMHA-CEI services.



Developing Cultural Competence

OBJECTIVE OF THIS COURSE:

This course is designed to introduce the basic core elements of Cultural Competence and to emphasize that Cultural Competence is not simply a concept to be learned, but an ever-growing awareness, understanding and acceptance of cultural differences and how those differences impact our lives.



National Center for Cultural Competence defines Cultural Competence as:

“A set of values, behaviors, attitudes and practices within a system, organization, program or among individuals which enables them to work effectively cross culturally. Further, it refers to the ability to **honor and respect** the beliefs, language, interpersonal styles and behaviors of **individuals and families receiving services**, as well as staff who are providing such services. Cultural competence is a **dynamic, ongoing, developmental process** that requires a long term commitment and is achieved over time.”



Key Points

- The acceptance and respect for difference;
- A continuous self-assessment regarding culture;
- An attention to the dynamics of difference;
- The ongoing development of cultural knowledge; and
- The resources and flexibility within service models to meet the needs of minority populations.



Following are some Cultural Considerations that may impact how you would interact with consumers.

- Personal Space
- Slang
- Hand Gestures
- Mental Health and Addiction Treatment
- Dress
- Punctuality
- Role of the Church
- Importance of Family
- Authority Figures
- Death and Dying
- Sexuality, Gender Roles and Relationships
- Politics



What Is "Culture"?

○ CULTURE IS:

- Culture can be defined as the shared values, traditions, norms, customs, arts, history, folklore and institutions of a group of people who are unified by race, ethnicity, language, nationality or religion/spirituality.
- Culture can be impacted by education, geographic location and economic status. There can also be unique sub-groups within a culture.

Some Cultural Considerations

Celebrations
Physical Conditions
Race
Religion/Spirituality
Sexual Orientation
Sub-populations
Language

Music
Economic
Education
Ethnicity
Gender Identification
Geographical



Why Is Cultural Competency Important?



- First and foremost, cultural competency promotes effective interventions which lays the groundwork for positive outcomes in our work with consumers, our interactions with co-workers and members of our community.
- Second, there are Federal, State and Accrediting Body mandates that require a culturally competent practice.



What Are Some Barriers to Cultural Competency?

- **Stereotypes:** exaggerated beliefs or fixed ideas about various groups that distort, devalue or exaggerate particular qualities.
- **Ethnocentrism:** An assumption or belief that one's own group or cultural approach offers the "only way", or "the right way" or the "best way" to view people and events.
 - We are *ethnocentric* when we use our own interpretations, beliefs or biases to interpret another's ideas, beliefs or behaviors. We are also ethnocentric when we "assume similarity".
- **Fear:** Of the unknown. What we don't understand about someone can be fearful.



Why Does Cultural Competency Matter to CMHA-CEI?

- Developing culturally sensitive practices can help reduce barriers to:
 - Effective treatment utilization – (*consumer focus*).
 - Effectively dealing with the organization's multiple facets and functions – (*intra-organizational focus*).
 - Effectively working with our community partners and stakeholders – (*inter-organizational focus*).



"The oldest and strangest emotion of mankind is fear, and the oldest and strongest kind of fear is of the unknown".
~ H.P. Lovecraft



Clinical Implications of Cultural Competency

Rapport building is a critical component of competency development.

Why:

Because rapport can help to facilitate the development of trust and enhance the individual's investment and continued participation in treatment."



The Road To Cultural Competence Begins With ALL OF US!

- 1) Awareness and acceptance of the wide range of cultural diversity.
- 2) Awareness of one's own cultural values and identity.
- 3) Understanding how differences impact a wide variety of relationships.
- 4) Knowledge of the cultures of consumers, co-workers, community partners and stakeholders.
- 5) Utilizing this information to begin to adapt approaches and skills.



How cultural conditioning influences our beliefs

o Culture

- Provides people with a design for living and interpreting their environment;
- Shapes how people see their world and structure their community and family life (worldviews);
- Helps determine the person's values and attitudes about the world around them.



- o Be aware of differences in values, communication styles, spirituality, and definitions of family (just to name a few) AND accept those differences. Moreover, it is important to embrace those differences as those are the consumer's allies in healing.



- o It is important to realize how differences can either **help or hinder** the way that services are provided and the impact of our many relationships and interactions.



o It is important to take the time to learn as much as possible about the culture of those who could potentially use program services as well as those we interact with and to make a conscious effort to learn their values, how they view and define healing and work, the nature of their social structure, etc.



Some of the factors that may require adaptations include:

- Where services are offered;
- Communication styles;
- Places you refer consumers and how the organization communicates these referrals for help;
- Staffing considerations, having bilingual resources available and ensuring that the decor reflects diversity, etc.
- Times of the day and days of the week that the organization is providing services; and
- Decision making and conflict resolution methods.



o Historically, people of color and in the minority have always been expected to adapt to the dominant culture's institutions in order to access services and be successful at work.



When Providing Services We Need To...

- o Be a reflection of the demographics prevalent in the community
- o Focus on screening and assessments: risk and resiliency, strengths, prevention and intervention.
- o Ensure a holistic approach to treatment.

Remember
to be sensitive to others.



Remember



- We Don't use labels that negatively categorize people;
- We Don't mis-communicate through cultural ignorance or insensitivity;
- We Don't refer to people as *being* their circumstances rather than *experiencing* their circumstances; (i.e. referring to someone as "mentally ill" as opposed to a person with mental illness"; and
- We Don't use your own culture as the norm.



Key Points



- It is critical we strive toward cultural competency. There are people from different cultures, backgrounds and faiths, etc. in our communities in need of our services.
- We need to remove barriers and embrace our differences in order to be as effective as possible in our interactions with our consumers, co-workers and members of our community.



Key Points

- The process of becoming culturally competent is a long-term, ongoing process.
- Cultural competency exists on a continuum from being culturally destructive to culturally competent.
- Take a personal inventory, it is important that we all plan to make the necessary adaptations.



How to find CMHA-CEI procedures

- Go to the outline column on the right and open the "References to Related CMHA-CEI Procedures" to access links to:
 - Cultural Competency 2.1.8B
 - Training for Staff 2.1.8I



THANK YOU!

for completing
"Cultural Competency"

You must complete the test to receive
credit for this course.



*We all live with the objective of being
happy; our lives are all different and
yet the same. - Anne Frank*

Community

Person-Centered Planning

Person-Centered Planning

Michigan Specifics



Community
MENTAL HEALTH
CLINTON • EATON • INGHAM

Reviewed 09/2020

Purpose of the Michigan Mental Health System

To support people living successfully in their communities—achieving community inclusion and participation, independence, and productivity.

The Michigan Mental Health System supports:

- adults and children with intellectual and developmental disabilities (IDD),
- adults with serious and persistent mental illness (SPMI) and co-occurring disorders (including co-occurring substance use disorders), and
- children with serious emotional disturbance (SED)



Person Centered Planning in Michigan

In 1995, the Michigan Mental Health Code established the right for all individuals to have an individual plan of service developed through the person centered planning process.

Michigan defines Person Centered Planning (PCP) as:

A process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities. MCL 330.1700(g)

The PCP process is required by:

- state law (the Michigan Mental Health Code)
- federal law (the Home and Community Based Services (HCBS) Final Rule)
- Medicaid Managed Care Rules



Core Principles of the PCP Process

- All people are capable of making choices.
- Give people information about options in order to make informed choices.
- Involve the person's circle of support.
- Identify possible health and safety concerns regarding choices.
- Honor the person's choices!

*"Without choice, you have no control.
Without control, you have no dream."
Southern Collaborative of Self Advocates*



Essential Elements of the PCP Process

Person-Directed

- The individual directs his/her own PCP process.

Person-Centered

- The process focuses on the individual and his/her wants, needs, or desires (*not* those of the individual's guardian, family members, friends, etc.).

Outcome-Based

- The individual chooses outcomes that will indicate progress is made toward his/her identified goals.

Information, Support, and Accommodations

- The individual receives support and accommodations as needed, and gets complete and unbiased information about the services and supports that are available.



Essential Elements of the PCP Process: *Independent Facilitation*

An independent facilitator is an *external* facilitator that is chosen by the individual and serves as a guide to the PCP process. Roles of an independent facilitator include:

1. Personally know or get to know the individual who is the focus of the planning, including **what** he or she likes and dislikes, personal preferences, goals/hopes/dreams, methods of communication, and who supports and/or is important to the person.
2. Help the person with all pre-planning activities and assist in inviting participants chosen by the person to the meeting(s).
3. Assist the person to choose planning tool(s) to use in the PCP process.
4. Facilitate the PCP meeting(s) or support the individual to facilitate his/her own PCP meeting(s).



Essential Elements of the PCP Process

Wellness and Well-Being

- Identify and make a plan to address issues of wellness, well-being, health, and primary care coordination that are needed for the individual to live the way he/she wants to live.
- All individuals are allowed the *dignity of risk* to make health choices such as smoking, drinking soda pop, eating candy or other sweets, etc.
- Issues of wellness and well-being can be addressed outside of the PCP meeting if the individual desires.

Participation of Allies

- Through the pre-planning process, the individual may choose allies (friends, family members, etc.) to support him/her through the PCP process.



Essential Elements of the PCP Process: *Independent Facilitation*

5. Provide needed information and support to ensure that the person directs the process.
6. Make sure the person is heard and understood.
7. Keep the focus on the person.
8. Keep all planning participants on track.
9. Develop a PCP document, in partnership with the person, that expresses the person's goals/hopes/dreams.
10. Ensure the PCP document is written in plain language, understandable by the person, and provides for services and supports to help the person achieve their goals/hopes/dreams.



Essential Elements of the PCP Process: *Pre-Planning*

The purpose of **pre-planning** is to gather the information and resources necessary for effective person-centered planning and set the agenda for the person-centered planning process. Pre-planning meetings take place prior to the PCP meeting.

The following items are addressed through pre-planning:

1. When and where the meeting will be held.
2. Who will be invited (including whether the person has allies who can provide desired meaningful support or if actions need to be taken to cultivate such support).



Person-Centered Planning is a PROCESS

- The PCP process is a framework for ongoing practice
- The PCP document is a *living document*

If the duration of the PCP document is one year, but...

1. the individual's needs, wants, or desires change, or
2. the individual requests a PCP meeting

...PCP meeting(s) should occur and the PCP document should be updated as necessary.



Essential Elements of the PCP Process: *Pre-Planning*

4. Identify any potential conflicts of interest or potential disagreements that may arise during the person-centered planning process for participants involved, and making a plan for how to deal with them (i.e. what will be discussed and not discussed).
5. The specific PCP format or tool chosen by the person to be used for PCP process.
6. What accommodations the person may need to meaningfully participate in the meeting (including assistance for individuals who use behavior as communication).
7. Who will facilitate the meeting.
8. Who will take notes about what is discussed at the meeting.



The PCP Document

- A PCP document must be prepared in person-first singular language and be understandable by the person with a minimum of clinical jargon or language.

Note: If the consumer prefers gender-neutral pronouns, the singular form of "they/them" can be used.

- The person must agree to the contents of his/her PCP document in writing.
- Questions about the PCP document or process should first be discussed with the case manager, therapist, or supports coordinator.



Contents of the PCP Document

The PCP document must include all of the following components:

1. A description of the individual's strengths, abilities, plans, dreams, hopes, interests, preferences and natural supports.
2. The goals and outcomes identified by the person and how progress toward achieving those outcomes will be measured.
3. Identification of the services and supports needed by the consumer to work toward or achieve his/her desired outcomes, including those available through CMHA-CEI, other publicly funded programs, community resources, and natural supports.



Contents of the PCP Document

10. The roles and responsibilities of the consumer, the case manager, the allies, and providers in implementing the contents of the PCP document.
11. The person responsible for monitoring the PCP document.
12. The signatures of the consumer and/or guardian, case manager, and the support broker/agent (if one is involved).
13. The plan for sharing the PCP document with family, friends, and caregivers with the permission of the consumer.
14. A timeline for review of the PCP document.



Contents of the PCP Document

4. The setting in which the consumer lives was chosen by the person and what alternative living settings were considered by the consumer.
5. The amount, scope, and duration of medically necessary services and supports authorized by and obtained through CMHA-CEI.
6. Documentation that the PCP process prevents the provision of unnecessary or inappropriate services and supports.
7. Documentation of any restriction or modification.
8. The services which the consumer chooses to obtain through arrangements that support self-determination.
9. The estimated/prospective cost of services and supports authorized by CMHA-CEI.



PCP Specifics: Minor Children

- The PCP process for minor children utilizes a family-driven and youth-guided approach*.
- The needs of the child are interwoven with the needs of the family, and therefore supports and services impact the entire family.
- As the child ages, services and supports should become more youth-guided, especially during transition into adulthood.
- When the person reaches adulthood, his/her needs and goals become primary.

*see the MDHHS Family-Driven and Youth-Guided Policy and Practice Guideline



PCP Specifics: Minor Children

Circumstances when involving a minor's family **may not** be appropriate:

1. The minor is 14 years of age or older, and has requested services without the knowledge or consent of his/her parent(s), guardian, or person in loco parentis within the restrictions stated in the Code.
2. The minor is emancipated.
3. The inclusion of the parent(s) or significant family members would constitute:
 - a substantial risk of physical or emotional harm to the minor, or
 - substantial disruption of the planning process.

Justification of the exclusion of parent(s) shall be documented in the clinical record.



Restrictions

5. A regular collection and review of data to measure the ongoing effectiveness of the modification.
6. Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
7. Informed consent of the person to the proposed modification.
8. An assurance that the modification itself will not cause harm to the person.

Note: Any restriction MUST be documented in the individual's PCP document.



Restrictions

The following requirements must be documented when a specific health or safety need warrants a restriction:

1. The specific and individualized assessed health or safety need.
2. The positive interventions and supports used prior to any modifications or additions to the PCP document regarding health or safety needs.
3. Documentation of less intrusive methods of meeting the needs that have been tried but were not successful.
4. A clear description of the condition that is directly proportionate to the specific assessed health or safety need.



Home and Community Based Services

- Individuals receiving Medicaid based supports and services may not be discriminated against in any way via that provision of service.
- HCBS rules could apply in settings such as group homes, day programs, workshops and pre-vocational settings.
- Individuals served via Medicaid dollars must be integrated fully within their community and have access to the same conveniences, rights, and choices as people who are not receiving Medicaid services.
- HCBS rules ensure the following:
 - Integration in, and full access to, the community
 - Rights of privacy, dignity and respect, and freedom from coercion and restraint
 - Autonomy and independence in making choices
 - Facilitate choice regarding services, activities/schedule, food, visitors, etc.
 - Not limiting choice via "house rules" or "program rules"



Dispute Resolution Options

- All individuals receiving services at CMHA-CEI have the right to file a grievance, appeal, or recipient rights complaint.
- When an individual is already receiving services, and there is a disagreement about the service authorizations, services shall continue until a notice detailing the change in services is received by the individual.
- Adverse Benefit Determination Notice must be provided for any **reduction, suspension, termination, delay, or denial** of services. Once this notice is received, the individual may begin the grievance and appeals process.
- An individual can file a recipient rights complaint at any time.
- Staff at CMHA-CEI must be prepared to help people understand and negotiate dispute resolution processes.



What is Self Determination?

- Self determination gives people the ability and freedom to obtain needed supports outside of traditional programs and services.
- Individual budgets are developed based on services and supports outlined and agreed upon with the PCP document.
- The PCP process is a central element of self determination. It is a tool, a method, to define personal needs/wants and supports and services needed for an individual to achieve the life they want to live.
- All services/supports provided must be outlined and agreed upon within PCP document.



Principles of Self Determination:

1. Freedom
2. Authority
3. Support
4. Responsibility
5. Confirmation



Privacy and Security


**Ensuring
Privacy & Security
at
CMHA – CEI**




Community
MENTAL HEALTH
CLINTON • EATON • INGHAM

REVISION 1 09/2011


**What are privacy and security
all about?**



Community
MENTAL HEALTH
PresentationName

Topics to Be Covered:

- What are privacy and security all about?
- What's confidential here?
- How can I protect confidential information?
- What should I do if I see a problem?
- How can I get more information?



**Standards for
Privacy and Security**

- HIPAA Privacy and Security
- ARRA HITECH
- Federal Law 42CFR Part 2
- MI Mental Health Code
- Accreditation Standards (CARF)



What is HIPAA?

- "HIPAA" – (Health Insurance Portability and Accountability Act) is a federal law giving consumers certain privacy rights, such as
 - To look at and get a copy of their own medical and billing records
 - To ask for an amendment to these records
 - To ask for limits on how we use and release the patient's information
- HIPAA also requires healthcare organizations
 - To follow rules on use and release of consumer information
 - To keep consumer information private and confidential, safe, and accurate.
 - To continue to protect a deceased individual's personal health information for 50 years.
- HIPAA privacy rights and organization commitments are described in our "Notice of Privacy Practices." Know what's in our Notice and where to get a copy.



Federal Law 42 CFR Part 2

Federal Law 42 CFR Part 2 regulates access to substance abuse treatment records. 42 CFR is more restrictive than HIPAA regarding access. (Please review CMHA-CEI Confidentiality and Privileged Communication Procedure 3.3.10)



What is ARRA HITECH?

The American Recovery and Reinvestment Act (ARRA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act of 2009) added new privacy regulations (*Subpart D of XIII*) regarding the electronic exchange of consumer clinical information. These regulations apply to both HIPAA and non-HIPAA entities.



Michigan Mental Health Code Act 258 of 1971

Michigan Mental Health Code section 748 states that mental health treatment records can only be released in certain circumstances specified in the Mental Health Code. (Please review CMHA-CEI Confidentiality and Privileged Communication Procedure 3.3.10)



What is privacy?

- Information privacy
 - is about a person's control over their personal information
 - and the responsibilities of organizations that have personal data
- We care about everyone's privacy, but we need to take special care with our consumers.



What is security?

- Information security provides 3 important qualities:
 1. **Confidentiality** – No one has access to the information unless authorized and a work-related need. Working in a healthcare organization does not entitle a person to access any and all information in an organization. You can only access information that you "need to know" to get your job done.
 2. **Integrity** – The information can be trusted, and hasn't been changed or deleted by accident or through tampering. For example, lab results can be critical for consumer treatment.
 3. **Availability** – Information is there when needed for work. For example, 24 hours access to clinical records (paper or electronic) is important for Crisis Services emergency care.



The connection between privacy and security

- Privacy and security are connected. We need security, especially confidentiality, in order to assure our consumer's privacy.



Why am I reading & hearing this?

- HIPAA requires healthcare organizations to teach employees, staff, volunteers, students, residents, etc. about privacy and security so that consumer privacy is protected.
- Following good privacy and security practices is also good sense. It protects all important information at this organization.
- This training describes some key policies and what is expected of you. Each staff member is responsible for following our privacy and security policies and practices. Everyone's commitment is needed to maintain privacy and security in this organization.



What's confidential here?



Confidential patient information = PHI

- In healthcare, we have always treated a consumer's medical information, such as diagnosis and test results, as confidential.
- But now HIPAA defines confidential patient information as everything about the consumer – including name, address, medical record number, and other demographic and billing information – as well as all of the consumer's medical and mental health information.
- Any piece of information that could identify a specific consumer is confidential, even if the consumer's name is omitted. For example, a consumer with a rare condition could be identified simply by that condition, and, perhaps, the month of admission or date of visit.
- HIPAA calls this Protected Health Information or PHI



What is "confidential" here?

- Remember, "confidential" means people who need the information for work can get it, but others can't.
- CEI's policies protect confidential information including:
 - Consumer information
 - Some employee information – such as a person's social security number and salary
 - Certain business documents – such as business plans, legal cases, etc.
 - ... and more
- Confidential information can be in any form: oral, paper, and electronic. It's in consumer and personnel records and also in conversations, phone message slips, email, faxes, laptops and thumb drives, just about everywhere!



How can I protect confidential information?



Where are the dangers?

- Natural & environmental: fire, earthquakes, power outages, burst water pipes, etc. damage confidential paper records and computer systems. Systems may crash or “catch” a computer virus, potentially damaging information and causing systems to be unavailable when needed.
- BIGGEST threats come from **people**, both insiders and outsiders.
 - Accidents, carelessness, or curiosity lead to inappropriate conversations about consumers, unauthorized record access, failing to shred paper, or sending a confidential fax to the wrong number.
 - Deliberate actions such as using someone else’s ID and password, maliciously changing or deleting data, or copying data such as consumer credit card details for identity theft.



More practical steps for keeping information confidential and safe

- Check your computer screen angle. If visible to the public, adjust it or use a filter.
- When leaving your work area, lock up and put away confidential materials and log off, lock, or shut down your computer.
- Wear your badge and be aware of strangers who may not belong in a secured area (records file room, server room, private offices, etc.)
- Keep locked doors locked. If you need to use a swipe card, for example, to enter a secured area, then close the door after you. Don’t allow tailgating.



Practical steps for keeping information confidential and safe

- Lower your voice or have confidential conversations in a private place.
- Don’t leave consumer records unattended in areas with consumers/visitors. Don’t leave confidential papers on copiers, printers, fax machines.
- Always shred paper containing confidential information – including consumer information, even name and phone number – before throwing away. Shred fax machine ribbons or carbons, too.
- When faxing confidential information, always use cover sheet with a confidentiality notice, double check the recipient’s fax number, and follow all procedures.



Take special care when releasing consumer information (PHI)

- Follow procedures, especially when releasing information to an outsider. Be careful about giving out information about a consumer:
 - To someone working here
 - To family and visitors
 - To some other third party
 Remember: The receiving party **must** be authorized and have a “need to know” to obtain consumer information.
- Follow special procedures when using PHI used for research.
- Be sure you know what to do. And follow the “minimum necessary” rule (without compromising consumer care).
- If it’s not your job to give out the information, ask a manager or refer the requester to the Privacy Officer.



Just because you *can* ...

- Don't abuse your access privileges. **Just because you can do something, doesn't mean you're authorized or permitted.**
- In a file room or database, only access specific records when there's a work-related need. Example: **Consumer care staff may access their assigned consumers' paper and electronic medical records. But they're not permitted to access other consumers' records, even if it's for good intentions.**
- Administrator or super-user privileges: only use powers as required by your job. Examples: Super-users may be able to set up user accounts, but only when and as authorized. Email administrators may monitor when cause, but not permitted to browse email for non-work purposes.



Using computers and network

- Follow policies and only use work computers for legitimate business purposes. Incidental personal use is permitted as long as it doesn't interfere with job performance or affect or degrade system resources.
- Unless approved by your program director and the IS Department, don't install software or hardware on organization devices/network; don't set up web pages, electronic bulletin boards, or other public access to the network/resources.
- Our computing resources may not be used for personal or financial gain. Any activity that puts the organization at risk is prohibited unless it is documented part of the job.
- **Note: use of the organization's network & systems may be monitored.**



Choose good passwords and keep them secret

- Good passwords are easy for you to remember and hard for someone else to guess!
- Make up your own secret method. Pick a theme, then key phrases and initial letters. Your password will look meaningless, but you'll be able to remember it.
- Don't share your password with anyone, and don't write it down where it could be found and used. Change it whenever you think someone knows it.
- Follow standards for password length, content, and frequency of change. Be sure to use a mix of numbers, upper and lower case letters, and special characters.
- Don't use the same password everywhere – especially don't use the same password for home personal use and at work.



Using portable computers and media

- Portables include laptops, tablets, PDAs, smart phones, CDs, flash or thumb drives, and even some MP3 players.
- Since these items are portable, they are easy to lose. They're also high-theft items. If lost or stolen, confidential data or access to our network could be compromised.
- No PHI data should be stored on a thumb drive, unless the drive has been encrypted to IS standards. This is done automatically by CEI laptops, but not by other computers. **Any unauthorized use of portable drives will be considered a privacy violation.**
- Don't leave these items unattended in your car, meeting rooms, public transportation, hotels, or elsewhere. Lock them up and put them out of sight.
- **Any device or electronic medium that may be used to access or store confidential information must use encryption. Protect your encryption key and keep it secret.**



Working off-site

- If authorized and required for your job, you may work off-site, and you may need to access our network from your home or on the road. Like working with portable devices and media, working offsite carries some special risks, so it's important to follow policy.
- Don't copy and remove confidential information unless it is required by your job and has been authorized. For those authorized, IS will provide an encrypted jump drive that will "shred" electronic files when deleted. (Remember that clicking "delete" does not actually delete a file or folder.) If authorized to use jump drives, please note that they should be used to view files only and not used for moving files to a non-CEI computer.
- Transport paper documents securely. Shred paper copies containing PHI when no longer needed.
- **Transmission of confidential information over public networks including the Internet and wireless networks requires encryption. Ask for assistance from the IS helpdesk if you have questions.**



Using email safely

- Any email containing consumer's personal information being sent outside our organization should be encrypted by using the word **SECURE: in the subject line.**
- As a reminder, even a simple first name is personal information. There are **18 specific types of electronic protected health information**, including patient names, addresses, Social Security numbers, email addresses, fingerprints or photographic images, among others. In addition, any past medical records or payment information is subject to the same degree of privacy protection.
- Attachments are also encrypted when using the word **SECURE: in the subject line**



Using email safely

- Don't use personal email accounts (hotmail, gmail, etc.) for business, and don't forward confidential business email to your home account. **(Setting up automatic forwarding rules from your CEI email to personal email accounts is prohibited.)**
- Be cautious about opening suspicious email and attachments since they may contain computer viruses and other malicious software. Also beware of "phishing" emails that ask you to click on a link taking you to a legitimate-looking, but fraudulent, banking or other business website where you are asked for personal information such as a bank account number, social security number, password or PIN, and so on. Legitimate organizations will not contact you this way.
- Do not use Instant Messaging or "chat" for personal or business purposes on CEI computers. **Instant Messaging on personal computers for CEI business is also prohibited.**
- Email confidential information such as PHI with care. **If the message is leaving our network, it must be encrypted.**



Using email safely

- Please keep in mind the following tips:
 - When replying to **ALL** in an email with client information ensure all recipients are using CEI email accounts, if not use **SECURE: in the subject line.**
 - When replying to an email with client information to a **NON-CEI email** account, either delete the client information prior to sending or use **SECURE: in the subjectline.**
 - Check your email before sending it – if it contains client information and is being sent outside our organization, use **SECURE: in the subjectline.**
- For more information, please refer to the Zix User Guide found here: http://intranet.ceicmhb/execute/reference_material.asp?SortBy=Name&StartPoint=IS Information/Training Manuals/Zix SecureEmail



What should I do if I see a privacy or security problem?



Examples of incidents you should report

- Clinical records or documents are found in an unprotected area where they shouldn't be
- Consumer-identifiable information is found in the trash
- A laptop, possibly containing confidential information, is stolen
- A staff member looks up a consumer in a computer system when they shouldn't
- A computer is left logged on, "unlocked," and the staff user has left the building
- A fax with confidential information is sent to the wrong number
- An email with consumer information is sent to a group of people when only one person should receive it
- A DVD or thumb drive with consumer information is lost
- A computer is infected with a virus



Mandatory incident reporting

- You must report any suspected or actual violation or breach of our privacy and security policies.
- This includes attempted or successful unauthorized access, use, disclosure, modification, or destruction of our information. It includes intrusion and interference with our computer systems.
- This also includes policy violations, even if you are unsure if the violation led to a breach. Examples include finding consumer PHI unattended in a public area or tossing confidential papers in the waste basket instead of a shredding receptacle.
- This organization must be able to respond whenever there is a privacy or security problem. But we may not know about it unless you report it.



Look for suspicious signs when you log on and use your computer

- If you share a computer, make sure you log out. Never use a computer when someone else is logged on. If you suspect someone is using your account, please notify helpdesk and change your passwords
- When you log on and there are new pop-ups or new non-CEI software that show up unexpectedly, report it. If at any point software pops up stating you are infected or if you are asked to scan your computer for viruses, do not click on anything and report this to helpdesk immediately. This could be a sign of malicious software ("malware.")



Steps to reporting an incident

- Fill out a Privacy/Security Incident form. You can find the form by going to our Intranet Home Page and clicking on the Privacy Violation Reporting Form. Follow instructions for completing and submitting the form.



How can I get more information?



Sanctions

○ A violation of our policies can lead to a breach that has negative consequences for individuals, our consumers, and this organization.

○ Therefore, when a member of our workforce is involved in a privacy or security incident, we are required by HIPAA and the HITECH Act to consider disciplinary action and further steps if appropriate. (Please review the CMHA-CEI Privacy Violations and Mitigation Policy, 1.1.17, and your employee handbook.)

○ Our disciplinary actions will be based on the severity of the incident, intent, and pattern of behavior – along with fairness and consistency.

○ HIPAA requires us also to consider notifying professional credentialing bodies if appropriate, as well as law enforcement and the U.S. Department of Health and Human Services. The HITECH Act requires covered entities to provide notification of a breach of unsecured information to affected individuals, the HHS Secretary, and, in certain circumstances, to the media.

○ Violations of HIPAA regulations can lead to federal civil and criminal penalties including fines and imprisonment. The HITECH Act of 2009 civil penalties can range from \$100 to \$50,000 for each violation, with an annual cap of \$1,500,000 for identical violations.



Questions? Ask us or look online.

- Our Privacy Officer is Stefanie Zin. (ext. 8193 or email zinst@ceicmh.org)
- Our privacy and security policies, forms, training materials, and Frequently Asked Questions (FAQs) are on our Intranet. Just click on "Privacy and Security" and then drill down to what you need.



Thank you!

for completing
**"Ensuring Privacy & Security at CMH-
CEI"**

You must complete the test to receive
credit for this course.




Limited English Proficiency

Limited English Proficiency (LEP)

Annual
Training for
CMHA-CEI Staff
and Providers

Reviewed 09/2020



What is Limited English Proficiency (LEP)?

Limited English Proficiency (LEP) is the inability to speak, read, write and/or understand the English language at a level that permits effective interaction with health care providers and social service agencies. It is also inclusive to those who experience a visual and/or hearing impairment.



Limited English Proficiency | 3

Limited English Proficiency (LEP)

In this course you will learn the following:

- What is Limited English Proficiency (LEP)?
- The Legal Basis
- What are our obligations as an agency?
- How does CMHA-CEI Implement LEP?
- CMHA-CEI Contract Providers for Interpretation/Translation Services



Limited English Proficiency | 2

Who is covered under LEP?

- All beneficiaries of CMHA-CEI services

Examples of persons needing assistance may include:

- ✓ Individuals using English as a second language
- ✓ Individuals who experience a hearing impairment and/or use sign language
- ✓ Individuals who experience visual impairments



Limited English Proficiency | 4

Why do we need to know about Limited English Proficiency (LEP)?

- All CMHA-CEI staff must recognize and acknowledge language/communication needs of a beneficiary who experiences LEP, visual and/or hearing impairments.
- CMHA-CEI staff must be prepared to help those where language is a barrier to obtain needed treatment and support.
- All CMHA-CEI staff are required to know how to accommodate individuals who experience LEP to assure that CMHA-CEI is able to provide services to everyone.



Presentation Name | 5

What are our obligations as an agency?

- CMHA-CEI is required to examine our practices to assure there are no unintended barriers or discrimination against those experiencing LEP.
- CMHA-CEI must take *reasonable steps* to ensure *meaningful access* to rights, programs, services and information, *free of charge*.
- CMHA-CEI must provide interpreters who are competent and knowledgeable in a variety of areas to best understand what is being communicated by the consumer and to ensure that the host of requirements are being met.



Presentation Name | 5

Legal Basis

- LEP compliance is CMHA-CEI's legal obligation; however there is no single LEP law. It is a combination of existing laws, sets of regulations, and court decisions (Title VI of the Civil Rights Act of 1964, Balanced Budget Act 1997, Executive Order 13166 in 2000, MDHHS).
- The most commonly used language in the United States is English, however it is not the "official" language of the United States. It is common, but not the legal standard.
- Most commonly requested at CMHA-CEI is Spanish, Arabic, Kirundi and American Sign Language.



Presentation Name | 6

What are our obligations as an agency?


All CMHA-CEI staff have an obligation to reduce language barriers and ensure meaningful and equal access to programs, services, and benefits throughout the operations of the agency and its provider network. They also must ensure that individuals are not discriminated against due to experiencing LEP, and/or visual or hearing impairments.



Limited English Proficiency | 8

What are our obligations as an agency?

- CMHA-CEI shall not use other consumers, or consumers' friends, minor children, or other family members as interpreters. This practice is only acceptable in an emergency situation.
- Once the person is stabilized, arrangements for a competent interpreter must be offered and established.
- If the consumer chooses to use someone other than an interpreter, such as a family member or a friend, after they have been informed of the right to free language assistance, it must be documented in the plan of service that this service has been offered and declined.



Limited English Proficiency | 9

"I Speak..." Card/Poster



Laminated 8.5x11 card (frontdesk/secretary)

Poster 13x19 for lobby/waiting areas

Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI) will take reasonable steps to provide adequate information about services and benefits, and are able to receive those services and benefits for which they are eligible, for persons with limited English proficiency. You have the right to an interpreter, free of charge.




Presentation Name | 11

CMHA-CEI Implementation of LEP

A very useful document (located on the CMHA-CEI Intranet and the Provider Tab of CMHA-CEI's Public Internet Website) is: "How to Access Interpretation/Translation Services".


This document:

- Provides step-by-step instructions on how to access interpretation/translation services
- Provides the "I Speak" files for 8.5 x11 card and 13x9 Poster (which are used to identify the language spoken)
- Provides contact information for the contract providers; **7CLingo** and **Voices for Health** for telephonic interpretation or for face to face/on-site language and/or sign language interpreters
- Identifies who to contact for more information about LEP



Presentation Name | 10


Limited English Proficiency Contract Providers



Both **7CLingo** and **Voices for Health** provide telephonic and face-to-face/on-site interpretation services (including American Sign Language).

You can locate the phone numbers and instructions on how to schedule an interpreter on the CMHA-CEI Intranet under Reference Materials and LEP-Limited English Proficiency and in the Provider Tab on CMHA-CEI's Public Internet Website.

You can request via phone and/or portal. Eventually, all requests will be done via the portal.



Limited English Proficiency | 12

Upon calling either 7CLingo or Voices for Health, be sure to have the following information to provide to 7CLingo and/or Voices for Health:

- CMHA-CEI account number and/or password
- Date and time that the interpreting services are needed
- Address of the location where services will be provided (i.e. consumer home, ICC, Jolly Rd, Wardcliff, etc...)
- CMHA-CEI Staff contact information (i.e. name, telephone number and/or email address) for the person who will be providing the CMHA-CEI services to the consumer.
- Language requested (i.e. Spanish, Arabic, Sign Language, etc...)
- Correctly spell and provide the first and last name of the identified consumer that the interpreting services are for (this allows one to secure an interpreter that does not know the individual on a personal level). Please do not give the name of a parent and/or anyone other than the identified consumer for whom there is a consumer number in SmartCare, as this is needed to cross-reference the invoice.
- Any pertinent information regarding the assignment so that the interpreter can reasonably anticipate specific topics that will be addressed when services are provided (i.e. medication review, intake appointment, therapy session, etc...)



Presentation Name | 13

LEP-Costing Authorization Form

- In all cases of accessing interpreter/translation services, CMHA-CEI staff shall complete the "LEP Costing/Authorization Form", located on the intranet.
- The form should be completed by the staff member and signed by the program Supervisor /Coordinator, even if the event that the appointment was cancelled for any reason.
- The Supervisor/Coordinator will verify the cost center and service provided, and authorize the service by signing the form.
- Once the form is completed and signed, you will forward it to Becki West, in the Customer Service Department at 812 E. Jolly Rd., Suite 108, Lansing, MI 48910.
- **Forms are due no later than 7 business days** or via email at westr@ccimh.org, after the date of service was provided.
- *There is no line item in budget for LEP Services*



Presentation Name | 15

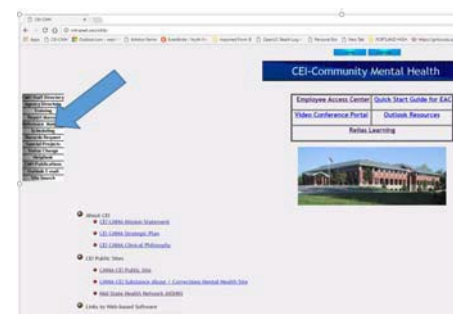
Scheduling/Billing

- It is important to schedule and/or cancel any "Face-to-Face" and/or "Over the Phone" interpretation services as soon as possible.
- 24 hours notice is required prior to scheduled face-to-face appointment time to set up and/or cancel translation services to avoid additional fees.
 - "Rush Fees": additional \$10.00 per hour
 - "Cancellation Fees":
 - 1 hour minimum plus mileage (Voices for Health)
 - 2 hours minimum plus mileage (7CLingo)
- Face to Face: \$85.00-\$120 per hour (2 hour min., 30 min increments after 2 hours)
- Mileage and Travel Time for Face-to-Face Appointments
 - Round Trip Mileage: \$0.54/mile
 - Round Trip Travel Time: \$25.00/hour (Voices for Health)
 - \$60.00/hour (7CLingo)
- Scheduled, Same Day and/or On Call "Over the Phone" interpretation
 - \$1.60 per minute (Voices for Health)
 - \$1.49 per minute (7CLingo)
 - No minimum notice is required for same day or oncall



Presentation Name | 14

Reference Material on CMHA-CEI Intranet



United English Proficiency | 16

