

Summary of Modifications to SMART in August 2012 (13.10) Release
Release Dates August 29, 2012

This table summarizes the major changes for users in August 2012 SMART Release.

Several modules change in the new versions to provide greater functionality to the user or to correct previous issues, as summarized below.

Module Affected	Description
Agency Profile (Name)	The "Agency Name" field was previously shortened to 35 characters; not allowing the full name to appear. With this enhancement, the Agency Name field was lengthened to accept and display names up to 60 characters.
Authorizations	Applied a filter to the "Service" drop-down control on the Authorized Services screen that displays only services with rates associated with the current contract rate. This was already implemented for ATR and Plan Based Authorization and takes into account non-contracted rates; excluded rates and standard rates.
Client Group Enrollment	<p>A combination Plan-Group dropdown was added, the group drop down was hidden, and the plan link was hidden. A group column was added to the Payor List, and a Contract column was added for instances using Contract Management.</p> <p>Release to Billing: A combination Client Group Enrollment field was added, and the Group and Plan fields were hidden.</p> <p>Claim Item- A Group Enrollment field was added, and the Group and Plan fields were hidden.</p> <p>Health Choice: The Health Choice Reports were optimized account for the Plan-Group relationship.</p>
Client Group Enrollment	When the CGE group is Self-Pay, there is no insurance to bill and the subscriber number should not be a required field. The subscriber number is no longer required for Self-Pay.
Client Outcome Measures	Fixed an issue (removed the business rules) where, fields (employment status choice, answers on fields for # days missed work, income) that were removed from the screen were still required. This was preventing users from saving. Also, revised the error message that appears when a client does not have a program enrollment to add the word "active" between "an" and "client". The revised message reads: "An active Client Program Enrollment for client {lname, fname} must exist before a Follow-up record can be created or edited."

Consents (Add a Disclosed to Facility elements to Consents)	Previously, Consents were made only at the agency level and the consent would apply to all facilities within that agency. This change will allow Consents to be made to a single facility or all facilities within the agency, providing an additional layer of control over client PHI. In conjunction with this change, referrals are now restricted to the level of the consent, (i.e. if the consent is to all facilities, then the referral may be made to any facilities in the agency). Conversely, if the consent is to a specific facility, the referral may only be made to that facility.
Diagnosis	To accommodate more text, the Specifier box on the Axis Evaluation has been increased in size (from 256 characters to 1000 characters), both on the edit Axis screen and in the Axis category information. Principal diagnosis response field now defaults to "No" as well.
Intake	The rule to prevent starting a new episode in the same facility where an 'open active' episode already exists is now again functioning. This rule applies when both episodes are of the same treatment domain.
Medications	Medication records are now able to be consented and will appear as a summary item on the 'consented to agencies' activity list. The new medication summary report will display active and inactive medications covered by the consented period.
Medications	Added a flag to the Medication Type code table to indicate that the "Please Specify" text box should appear when the medication type is selected on the Client Activity List Medication screen. The category of "General Medical Condition" and type of "Other" to the list of items that will prompt for additional information was also added. This change will not result in a change to end-user functionality.
Performance Issues	System-wide: Slow performance caused by a memory spike was occurring for all users when a given user would do the following: <ul style="list-style-type: none"> -generate a print report -log out while leaving the print report browser window open -log in again -subsequently refresh the print report that would still be open from the previous session This has been resolved by not allowing the previously opened print report to be updated; the scenario described will now result in a blank print report.
Staff Permissions	The "Clinical Full" access role inherits the "View Consented Clients" role in Maryland.
Treatment Discharge	User was able to save a discharge without completing the Substance Abuse Matrix. Now, when the Substance

Abuse Matrix is incomplete, the record is not allowed to save.

Treatment Plan – Planned Services

On the "Planned Services" screen the "Program Name" field now shows the start date and end date after the program name. Changed the display value of the Program drop-down to ProgramNameEnrollmentDates to show the start and end dates in addition to the program name.

Treatment Plan Review

When saving the Treatment Plan Review with the "Review Period From" and "Review Period To" fields blank, you will now receive the following message: "Required fields are missing." This change was needed due to these fields being required.

Treatment Review

Treatment Plan Review: When you would click on "Generate Report", an error report would occur. The yellow page error no longer appears when clicking on "Generate Report".