

**CA Department of Mental Health
Behavioral Health
EHR Requirement Categories**

Number	Category Name	Category Description
	Functional Requirements	
<i>F01</i>	<i>Identify and maintain a client record</i>	Key identifying information is stored and linked to the client record. Both static and dynamic data elements will be maintained. A look up function uses this information to uniquely identify the client.
<i>F02</i>	<i>Manage client demographics</i>	Contact information including addresses and phone numbers, as well as key demographic information such as date of birth, gender, and other information is stored and maintained for reporting purposes and for the provision of care.
<i>F03</i>	<i>Manage Problems list</i>	Create and maintain client problems list(s).
<i>F04</i>	<i>Manage medication list</i>	Create and maintain client specific medication lists- Please see DC.1.7.1 for medication ordering as there is some overlap.
<i>F05</i>	<i>Manage allergy and adverse reaction list</i>	Create and maintain client specific allergy and adverse reaction lists.
<i>F06</i>	<i>Manage client history</i>	Capture, review, and manage services/treatment, hospitalization information, other information pertinent to clients care.
<i>F07</i>	<i>Summarize health record</i>	
<i>F08</i>	<i>Manage clinical documents and notes</i>	Create, correct, authenticate, and close, as needed, transcribed or directly entered clinical documentation.
<i>F09</i>	<i>Capture external clinical documents</i>	Incorporate clinical documentation from external sources.
<i>F10</i>	<i>Generate and record client specific instructions</i>	Generate and record client specific instructions as clinically indicated.
<i>F11</i>	<i>Order medication</i>	Create prescriptions or other medication orders with detail adequate for correct filling and administration.
<i>F12</i>	<i>Order diagnostic tests</i>	Submit diagnostic test orders based on input from specific care providers.
<i>F13</i>	<i>Manage order sets</i>	Provide order sets based on provider input or system prompt, medication suggestions, drug recall updates.
<i>F14</i>	<i>Manage results</i>	Route, manage, and present current and historical test results to appropriate clinical personnel for review, with the ability to filter and compare results.
<i>F15</i>	<i>Manage consents and authorizations</i>	Create, maintain, and verify client treatment decisions in the form of consents and authorizations when required.
<i>F15a</i>	<i>Manage patient advance directives</i>	Capture, maintain, and provide access to patient advance directives.
<i>F16</i>	<i>Support for standard care plans, guidelines, protocols</i>	Support the use of appropriate standard care plans, guidelines, and/or protocols for the management of specific conditions.

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<i>F17</i>	<i>Capture variances from standard care plans, guidelines, protocols</i>	Identify variances from client-specific and standard care plans, guidelines, and protocols.
<i>F18</i>	<i>Support for drug interaction</i>	Identify drug interaction warnings at the point of medication ordering
<i>F19</i>	<i>Support for medication or immunization administration or supply</i>	To reduce medication errors at the time of administration of a medication, the client is positively identified; checks on the drug, the dose, the route and the time are facilitated. Documentation is a by-product of this checking; administration details and additional client information, such as injection site, vital signs, and pain assessments, are captured. In addition, access to online drug monograph information allows providers to check details about a drug and enhances client education.
<i>F20</i>	<i>Support for non-medication ordering</i>	Referrals, care management
<i>F21</i>	<i>Present alerts for disease management, preventive services and wellness</i>	At the point of clinical decision making, identify client specific suggestions / reminders, screening tests / exams, and other preventive services in support of disease management, routine preventive and wellness client care standards.
<i>F22</i>	<i>Notifications and reminders for disease management, preventive services and wellness</i>	Between healthcare service/treatments, notify the client and/or appropriate provider of those preventive services, tests, or behavioral actions that are due or overdue.
<i>F23</i>	<i>Clinical task assignment and routing</i>	Assignment, delegation and/or transmission of tasks to the appropriate parties.
<i>F24</i>	<i>Inter-provider communication</i>	Support secure electronic communication (inbound and outbound) between providers in the same practice to trigger or respond to pertinent actions in the care process (including referral), document non-electronic communication (such as phone calls, correspondence or other service/treatments) and generate paper message artifacts where appropriate.
<i>F25</i>	<i>Pharmacy communication</i>	Provide features to enable secure and reliable communication of information electronically between practitioners and pharmacies or between practitioner and intended recipient of pharmacy orders.
<i>F26</i>	<i>Provider demographics</i>	Provide a current directory of practitioners that, in addition to demographic information, contains data needed to determine levels of access required by the EHR security and to support the delivery of mental health services.
<i>F27</i>	<i>Scheduling</i>	Support interactions with other systems, applications, and modules to provide the necessary data to a scheduling system for optimal efficiency in the scheduling of client care, for either the client or a resource/device.

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<i>F28</i>	<i>Report Generation</i>	Provide report generation features for the generation of standard and ad hoc reports
<i>F29</i>	<i>Health record output</i>	Allow users to define the records and/or reports that are considered the formal health record for disclosure purposes, and provide a mechanism for both chronological and specified record element output.
<i>F30</i>	<i>Service/treatment management</i>	Manage and document the health care delivered during an service/treatment.
<i>F31</i>	<i>Rules-driven financial and administrative coding assistance</i>	Provide financial and administrative coding assistance based on the structured data available in the service/treatment documentation.
<i>F32</i>	<i>Eligibility verification and determination of coverage</i>	
<i>F33</i>	<i>Manage Practitioner/Patient relationships</i>	Identify relationships among providers treating a single client, and provide the ability to manage client lists assigned to a particular provider.
<i>F34</i>	<i>Clinical decision support system guidelines updates</i>	Receive and validate formatted inbound communications to facilitate updating of clinical decision support system guidelines and associated reference material
<i>F35</i>	<i>Enforcement of confidentiality</i>	Enforce the applicable jurisdiction's client privacy rules as they apply to various parts of an EHR-S through the implementation of security mechanisms.
<i>F36</i>	<i>Data retention, availability, and destruction</i>	Retain, ensure availability, and destroy health record information according to organizational standards. This includes: Retaining all EHR-S data and clinical documents for the time period designated by policy or legal requirement; Retaining inbound documents as originally received (unaltered); Ensuring availability of information for the legally prescribed period of time; and Providing the ability to destroy EHR data/records in a systematic way according to policy and after the legally prescribed retention period.
<i>F37</i>	<i>Audit trails</i>	Provide audit trail capabilities for resource access and usage indicating the author, the modification (where pertinent), and the date and time at which a record was created, modified, viewed, extracted, or removed. Audit trails extend to information exchange and to audit of consent status management (to support DC.1.5.1) and to entity authentication attempts. Audit functionality includes the ability to generate audit reports and to interactively view change history for individual health records or for an EHR-system.
<i>F38</i>	<i>Extraction of health record information</i>	Manage data extraction in accordance with analysis and reporting requirements. The extracted data may require use of more than one application and it may be pre-processed (for example, by being de-identified) before transmission. Data extractions may be used to exchange data and provide reports for primary and ancillary purposes.

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<i>F39</i>	<i>Concurrent Use</i>	EHR system supports multiple concurrent physicians through application, OS and database.
<i>F40</i>	<i>Mandated Reporting</i>	Manage data extraction accordance with mandating requirements.
<i>F41</i>	<i>Administrative A/P E.H.R. Support</i>	Accounts Payable funtions.
<i>F42</i>	<i>Administrative A/R E.H.R. Support</i>	Accounts Receivable functions.
<i>F43</i>	<i>Administrative Workflows E.H.R. Support</i>	
	Security Requirements	
S01	Security: Access Control	
S02	Security: Authentication	
S03	Security: Documentation	
S04	Security: Technical Services	
S05	Security: Audit Trails	
S06	Reliability: Backup/Recovery	
S07	Reliability: Documentation	
S08	Reliability: Technical Services	
	Interoperability Requirements	
I01	Laboratory	
I02	Imaging	
I03	Medications	
I04	Immunizations	
I05	Clinical Documentation	
I06	Chronic Disease Management/ Patient Documentation	

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Number	Category Name	Category Description
I07	Secondary Uses of Clinical Data	
I08	Administrative & Financial Data	
I09	Clinical Trials	