

Number	Category Name	Category Description	HL7 BH Conformance Profile Classification CM = Care Management
	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.	DC \ Care Management
<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.	DC \ Care Management
<i>F03</i>	<i>Manage diagnosis list</i>	Create and maintain client specific diagnoses.	DC \ Care Management
<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.	DC \ Care Management
<i>F05</i>	<i>Manage allergy and adverse reaction list</i>	Create and maintain client specific allergy and adverse reaction lists.	DC \ Care Management
<i>F06</i>	<i>Manage client history</i>	Capture, review, and manage services/treatment, hospitalization information, other information pertinent to clients care.	DC \ Care Management
<i>F07</i>	<i>Summarize health record</i>		DC \ Care Management
<i>F08</i>	<i>Manage clinical documents and notes</i>	Create, correct, authenticate, and close, as needed, transcribed or directly entered clinical documentation.	DC \ Care Management
<i>F09</i>	<i>Capture external clinical documents</i>	Incorporate clinical documentation from external sources.	DC \ Care Management
<i>F10</i>	<i>Generate and record client specific instructions</i>	Generate and record client specific instructions as clinically indicated.	DC \ Care Management

F11	Order medication	Create prescriptions or other medication orders with detail adequate for correct filling and administration.	DC \ Care Management
F12	Order diagnostic tests	Submit diagnostic test orders based on input from specific care providers.	DC \ Care Management
F13	Manage order sets	Provide order sets based on provider input or system prompt, medication suggestions, drug recall updates.	DC \ Care Management
F14	Manage results	Route, manage, and present current and historical test results to appropriate clinical personnel for review, with the ability to filter and compare results.	DC \ Care Management
F15	Manage consents and authorizations	Create, maintain, and verify client treatment decisions in the form of consents and authorizations when required.	DC \ Care Management
F16	Support for standard care plans, guidelines, protocols	Support the use of appropriate standard care plans, guidelines, and/or protocols for the management of specific conditions.	DC \ Care Management
F17	Capture variances from standard care plans, guidelines, protocols	Identify variances from client-specific and standard care plans, guidelines, and protocols.	DC \ Care Management
F18	Support for drug interaction	Identify drug interaction warnings at the point of medication ordering	CM \ Clinical Decision Support

F19	Support for medication or immunization administration or supply	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.	CM \ Clinical Decision Support
F20	Support for non-medication ordering	Referrals, care management	CM \ Clinical Decision Support
F21	Present alerts for disease management, preventive services and wellness	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.	CM \ Clinical Decision Support
F22	Notifications and reminders for disease management, preventive services and wellness	Between healthcare service/treatments, notify the client and/or appropriate provider of those preventive services, tests, or behavioral actions that are due or overdue.	CM \ Clinical Decision Support
F23	Clinical task assignment and routing	Assignment, delegation and/or transmission of tasks to the appropriate parties.	CM \ Operations Management & Communication

F24	<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.	CM \ Operations Management & Communication
F25	<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.	CM \ Operations Management & Communication
F26	<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.	SS \ Clinical Support
F27	<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.	SS \ Clinical Support
F28	<i>Report Generation</i>	Provide report generation features for the generation of standard and ad hoc reports	SS \ Measurement, Analysis, Research & Reports
F29	<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.	SS \ Measurement, Analysis, Research & Reports

F30	Service/treatment management	Manage and document the health care delivered during an service/treatment.	SS \ Administrative & Financial
F31	Rules-driven financial and administrative coding assistance	Provide financial and administrative coding assistance based on the structured data available in the service/treatment documentation.	SS \ Administrative & Financial
F32	Eligibility verification and determination of coverage		SS \ Administrative & Financial
F33	Manage Practitioner/Patient relationships	Identify relationships among providers treating a single client, and provide the ability to manage client lists assigned to a particular provider.	SS \ Administrative & Financial
F34	Clinical decision support system guidelines updates	Receive and validate formatted inbound communications to facilitate updating of clinical decision support system guidelines and associated reference material	SS \ Administrative & Financial
F35	Enforcement of confidentiality	Enforce the applicable jurisdiction's client privacy rules as they apply to various parts of an EHR-S through the implementation of security mechanisms.	INI \ Security
F36	Data retention, availability, and destruction	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.	INI \ Health Record Information & Management

F37	Audit trails	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.	INI \ Health Record Information & Management
F38	Extraction of health record information	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.	INI \ Health Record Information & Management
F39	Concurrent Use	EHR system supports multiple concurrent physicians through application, OS and database.	SS \ Clinical Support
F40	Mandated Reporting	Manage data extraction accordance with mandating requirements.	SS \ Measurement, Analysis, Research & Reports
F41	Administrative A/P E.H.R. Support		
F42	Administrative A/R E.H.R. Support		
F43	Administrative Workflows E.H.R. Support		
	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		DC \ Care Management
I02	Imaging		
I03	Medications		
I04	Clinical Documentation		
I05	Chronic Disease Management/ Patient Documentation		
I06	Secondary Uses of Clinical Data		
I07	Administrative & Financial Data		



MHSA Behavioral Health
Electronic Health Record (EHR) Clinical Data Criteria
2nd Draft - Response to Public Comments
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Category	Criteria Number	Name	Organization	Comment	Action	Source WG
F-03	3.001					Clinical Data
F-03	3.002					Clinical Data
F-03	3.003					Clinical Data
F-03	3.004					Clinical Data
F-03	3.005					Clinical Data
F-03	3.006	Olga Zelinka	Sacramento County	Should free text availability be addressed here?		Clinical Data
F-03	3.007	Donley Smith Kacey Vencill	ECHO Sacramento County	Requiemnt 3.006 and 3.007 are contradictory?		Clinical Data
F-03	3.008					Clinical Data
F-03	3.009					Clinical Data
F-03	3.010					Clinical Data
F-03	3.011					Clinical Data
F-03	3.012					Clinical Data
F-03	3.013	Olga Zelinka	Sacramento County	ICD 9 & DSM IV. Sometimes need to have ability to accept both or either. Will this be the case in the requirement?		Clinical Data
F-03	3.014	Kacey Vencill	Sacramento County	ICD 9 & DSM IV. Paramount to have ability to select either one. There are also non one to one choices to be made.		Clinical Data
F-03	3.015					Clinical Data
F-04	4.001					Clinical Data
F-04	4.002					Clinical Data
F-04	4.003					Clinical Data
F-04	4.004					Clinical Data
F-04	4.005					Clinical Data
F-04	4.006					Clinical Data
F-04	4.007					Clinical Data
F-04	4.008					Clinical Data
F-04	4.010	Olga Zelinka	Sacramento County	Requirment 4.006 and 4.010 are almost identical, is there a possibility that these requirments can be combined?		Clinical Data
F-04	4.011					Clinical Data
F-04	4.012					Clinical Data
F-04	4.013					Clinical Data
F-04	4.014					Clinical Data
F-04	4.015					Clinical Data

Category	Criteria Number	Name	Organization	Comment	Action	Source WG
F-04	4.016					Clinical Data
F-04	4.017					Clinical Data
F-04	4.018					Clinical Data
F-04	4.020					Clinical Data
F-04	4.021					Clinical Data
F-04	4.022					Clinical Data
F-04	4.023					Clinical Data
F-04	4.024					Clinical Data
F-04	4.025					Clinical Data
F-04	4.026					Clinical Data
F-04	4.027					Clinical Data
F-04	4.028					Clinical Data
F-04	4.029					Clinical Data
F-04	4.030					Clinical Data
F-04	4.031					Clinical Data
F-04	4.032					Clinical Data
F-04	4.033					Clinical Data
F-04	4.034					Clinical Data
F-04	4.035					Clinical Data
F-04	4.037					Clinical Data
F-04	4.038					Clinical Data
F-05	5.001	Kacey Vencill	Sacramento County	DMH needs to addressr clients adverse reactions to allergies. Address in comment area?		Clinical Data
F-05	5.002					Clinical Data
F-05	5.003					Clinical Data
F-05	5.004					Clinical Data
F-05	5.005					Clinical Data
F-05	5.006					Clinical Data
F-05	5.007					Clinical Data
F-05	5.008					Clinical Data
F-05	5.009					Clinical Data
F-05	5.010					Clinical Data
F-05	5.011					Clinical Data
F-05	5.012					Clinical Data
F-05	5.013	Kacey Vencill	Sacramento County	5.011 might be deleted since 5.013 is more stringent requirement with usage of "discrete field" in requirement		Clinical Data
F-05	5.014	Kacey Vencill	Sacramento County	5.012 might be deleted since 5.014 is more stringent requirement with usage of "discrete field" in requirement		Clinical Data
F-05	5.015					Clinical Data
F-05	5.016					Clinical Data

Category	Criteria Number	Name	Organization	Comment	Action	Source WG
F-06	6.001					Clinical Data
F-06	6.002					Clinical Data
F-06	6.003					Clinical Data
F-06	6.004					Clinical Data
F-06	6.007					Clinical Data
F-06	6.008					Clinical Data
F-06	6.009					Clinical Data
F-06	6.010					Clinical Data
F-06	6.011					Clinical Data
F-06	6.012					Clinical Data
F-06	6.013					Clinical Data
F-07	7.001					Clinical Data
F-07	7.002	Kacey Vencill	Sacramento County	5.002 thru 5.007 needs to be reviewed for clarification, also 5.006 and 5.007 are duplicate. Janet Biblin sometimes there is episodic info. Gather multiple episodic summary data. Should County be able to flag primary and secondary episode(s)?		Clinical Data
F-07	7.003					Clinical Data
F-07	7.004					Clinical Data
F-07	7.005					Clinical Data
F-07	7.006					Clinical Data
F-07	7.007	Patricia Preciado, Kacey Vencill, Janet Biblin	DMH Sacramento County Alameda County	7.007 is duplicate of 7.006; What does "Page Level" mean? Should classify summaries by Episodes, primary/secondary, etc.		Clinical Data
F-08	8.001					Clinical Data
F-08	8.002					Clinical Data
F-08	8.003					Clinical Data
F-08	8.004					Clinical Data
F-08	8.005	Donley Smith Kacey Vencill Fred McGregor Lilian Schaechner Natalie Courson Olga Zelinka	ECHO Sacramento County San Francisco County Alameda County Alameda County Sacramento County	General Discussion: The system shall lock a clinical note after "note finalization" thereby preventing any destruction of original note text. Strikeouts (still allowing original text views) shall be permitted. Addendums to the original text shall be allowable. All actions on note must be trackable back to "who" took related note action. Only authorized individuals shall have access to appropriate note viewing per local authorization protocols.		Clinical Data
F-08	8.006					Clinical Data
F-08	8.007	Kacey Vencill Donley Smith	Sacramento County ECHO	May need a new requirement for system to support signatures/co-signatures rules. The system shall have rules regarding who,when, where signatures and co-signatures needed.		Clinical Data
F-08	8.008					Clinical Data
F-08	8.009					Clinical Data

Category	Criteria Number	Name	Organization	Comment	Action	Source WG
F-08	8.010					Clinical Data
F-08	8.011					Clinical Data
F-08	8.012					Clinical Data
F-08	8.013					Clinical Data
F-08	8.014					Clinical Data
F-08	8.015					Clinical Data
F-08	8.016	Kacey Vencill	Sacramento County	This requirement is important to Psychiatrists monitoring medication reactions.		Clinical Data
F-08	8.017					Clinical Data
F-08	8.018					Clinical Data
F-08	8.019					Clinical Data
F-08	8.020					Clinical Data
F-08	8.021	Kacey Vencilll	Sacramento County	The system shall be able to customize clinical documentation templates.		Clinical Data
F-08	8.022					Clinical Data
F-08	8.023					Clinical Data
F-08	8.024					Clinical Data
F-08	8.025					Clinical Data
F-08	8.026					Clinical Data
F-08	8.027					Clinical Data
F-08	8.028					Clinical Data
F-08	8.029					Clinical Data
F-08	8.030					Clinical Data
F-08	8.031					Clinical Data
F-08	8.032					Clinical Data
F-08	8.033					Clinical Data
F-08	8.034					Clinical Data
F-08	8.035					Clinical Data
F-08	8.036					Clinical Data
F-08	8.037					Clinical Data
F-08	8.038					Clinical Data
F-08	8.039					Clinical Data
F-08	8.040					Clinical Data
F-08	8.041					Clinical Data
F-08	8.042					Clinical Data
F-08	8.043					Clinical Data
F-08	8.044					Clinical Data
F-08	8.045					Clinical Data
F-08	8.046					Clinical Data

Category	Criteria Number	Name	Organization	Comment	Action	Source WG
F-08	8.047	Kacey Vencill	Sacramento County	The following requirements 8.047, 8.048 and 8.049 should be compared to Practice Management requirements for possible duplication/combinations. 8.050 might not be in practice management.		Clinical Data
F-08	8.048					Clinical Data
F-08	8.049					Clinical Data
F-08	8.050					Clinical Data
F-08	8.051					Clinical Data
F-08	8.052					Clinical Data
F-08	8.054					Clinical Data
F-08	8.055					Clinical Data
F-08	8.056	Olga Zelinka Natalie Courson	Sacramento County Alameda County	Discussion: Should this include co-signatures? E-mail trigger does not always work. Therefore, system should not limit methods of triggers. E-mails sometimes do not work. Different triggers work better than others.		Clinical Data
F-08	8.057					Clinical Data
F-08	8.058					Clinical Data
F-08	8.059	Kacey Vencill	Sacramento County	If this is referring to hard copy, output should be clarified.		Clinical Data
F-08	8.060					Clinical Data
F-08	8.061					Clinical Data
F-08	8.062					Clinical Data
F-08	8.063					Clinical Data
F-08	8.064	Kacey Vencill Donley Smith	Sacramento County ECHO	Kacey: Where the physician is indicated can be substituted by provider can dictate report. Donley: Unclear dictation format - text or audio? "Nice to have" vs. "shall have". May need to actually address voice audio files more specifically.		Clinical Data
F-08	8.065					Clinical Data
F-08	8.066	Kacey Vencill	Sacramento County	questioning usage of any percentages.		Clinical Data
F-08	8.067					Clinical Data
F-08	8.068					Clinical Data
F-08	8.069	Kacey Vencill	Sacramento County	What is the full interactive template?		Clinical Data
F-08	8.070					Clinical Data
F-08	8.071					Clinical Data
F-08	8.072	Kacey Vencill	Sacramento County	8.072 and 8.073 are duplicates		Clinical Data
F-08	8.073	Kacey Vencill	Sacramento County	8.072 and 8.073 are duplicates		Clinical Data
F-09	9.001					Clinical Data
F-09	9.003	Kacey Vencill	Sacramento County	alternative language such as PDF may be considered.		Clinical Data
F-09	9.004					Clinical Data
F-09	9.005					Clinical Data

Category	Criteria Number	Name	Organization	Comment	Action	Source WG
F-09	9.006					Clinical Data
F-09	9.008					Clinical Data
F-09	9.009					Clinical Data
F-09	9.010					Clinical Data
F-09	9.011					Clinical Data
F-09	9.012	Kacey Vencill Patricia Preciado	Sacramento County DMH	Kacey: Consider omitting "front and back end". Patricia: Review 9.003 and 9.012 for possible combination.		Clinical Data
F-09	9.013					Clinical Data
F-09	9.014	Olga Zelinka	Sacramento County	9.014 and 9.015 seems to be duplicate.		Clinical Data
F-09	9.015	Olga Zelinka	Sacramento County	9.014 and 9.015 seems to be duplicate.		Clinical Data
F-10	10.001					Clinical Data
F-10	10.002					Clinical Data
F-10	10.003					Clinical Data
F-10	10.004					Clinical Data
F-10	10.005					Clinical Data
F-10	10.006					Clinical Data
F-10	10.007	Kacey Vencill Lilian Schaechner Natalie Courson	Sacramento County Alameda County Alameda County	General Discussion: Consider linking "county threshold language" to all client related requirements. This includes any client info printing, etc. System should be able to store a table of county's threshold languages. Counties shall be able to update this table. Clinicians must be able to see and understand which threshold languages exist in counties. Also, IT system shall be able to indicate if and what language was used in a clinical session - consider where to place this throughout requirements.		Clinical Data
F-10	10.008					Clinical Data
F-10	10.009					Clinical Data
F-10	10.010					Clinical Data
F-10	10.011					Clinical Data
F-10	10.012					Clinical Data
F-10	10.013					Clinical Data
F-10	10.014					Clinical Data
F-10	10.015					Clinical Data
F-10	10.016					Clinical Data
F-10	10.017					Clinical Data
F-10	10.018	Olga Zelinka	Sacramento County	10.018 and 10.019 are duplicates		Clinical Data
F-10	10.019	Olga Zelinka	Sacramento County	10.018 and 10.019 are duplicates		Clinical Data
F-14	14.001	Janet Biblin	Alameda County	County shall be able to flag whether a result is normal or abnormal. Normal results shall be defined in system table structure.		Clinical Data
F-14	14.002					Clinical Data

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F-14	14.003					Clinical Data
F-14	14.005					Clinical Data
F-14	14.006					Clinical Data
F-14	14.007	Olga Zelinka	Sacramento County	Olga: Raised the issue of do we need to define users and are users also providers?		Clinical Data
F-14	14.008					Clinical Data
F-14	14.009					Clinical Data
F-14	14.010					Clinical Data
F-14	14.014					Clinical Data
F-14	14.015					Clinical Data
F-14	14.016					Clinical Data
F-14	14.017					Clinical Data
F-14	14.018					Clinical Data
F-14	14.019					Clinical Data
F-16	16.001					Clinical Data
F-16	16.002					Clinical Data
F-16	16.003					Clinical Data
F-16	16.004	Lisa Scott-Lee Bernard Sklar Jane Tzudiker	Sacramento County Alameda County Alameda County	Lisa: She strongly supports IT system requirements which enforce provider compliance with laws, rules, regulations, etc. This assists counties in staying compliant and in assisting reviews/audits. Jane: Triggers should be locally configurable for advance notice timing. Bernard - Systems needs to be configurable for both therapist & supervisor to be notified.		Clinical Data
F-16	16.005					Clinical Data
F-16	16.006					Clinical Data
F-16	16.007	Jane Tzudiker Lisa Scott-Lee	Alameda County Sacramento County	General discussion: Current wording awkward & needs to change. Plan of Care and Medical Necessity should be referenced. Examples might be appropriate in comments column.		Clinical Data
F-16	16.008					Clinical Data
F-16	16.009					Clinical Data
F-16	16.010					Clinical Data
F-16	16.011	Bernard Sklar	Alameda County	"Configure views" might be considerably difficult to accomplish.		Clinical Data
F-16	16.012	Bernard Sklar	Alameda County	"Cusustomizable" might be considerably difficult to accomplish.		Clinical Data
F-16	16.013					Clinical Data
F-16	16.014	Lisa Scott-Lee	Sacramento County	Reference Licensed Practitioner of the Healthing Arts here.		Clinical Data
F-16	16.015					Clinical Data

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F-16	16.016	Memo Keswick Bernard Sklar Lisa Scott-Lee Ruth Chavez Jane Tzudiker	DMH Alameda County Sacramento County Fresno County Alameda County	Memo: Typo "support". General Discussion: Extra content needed to address when client signature not available. System shall support efforts to get signature, indicate any client refusal to sign, etc. Ruth: Requirement may need to link to e-sig. Jane: Need to address that treatment plan will not finalized without client signature.		Clinical Data
F-16	16.017					Clinical Data
F-16	16.018					Clinical Data
F-16	16.019					Clinical Data
F-16	16.020	Jane Tzudiker Bernard Sklar	Alameda County Alameda County	Typo: "Data entry: General Discussion: Sometimes "canned notes" don't change from review to review. Requirement shall address care taken in allowing "canned notes" imports. Examples are: progress notes, treatment plans and medications lists that can need human oversight. The compliance question is: " Was the work actually done or was the note just copied?"		Clinical Data
F-16	16.021	Jane Tzudiker	Alameda County	Suggested clarity that CGAS is for global scores of children.		Clinical Data
F-16	16.022					Clinical Data
F-16	16.023					Clinical Data
F-16	16.024	Memo Keswick	DMH	16.024 and 16.025 are duplicates.		Clinical Data
F-16	16.025	Memo Keswick	DMH	16.024 and 16.025 are duplicates.		Clinical Data
F-17	17.001	Bernard Sklar	Alameda County	What does discrete data mean? How will this be accomplished. It maybe textual data at times.		Clinical Data
F-19	19.001					Clinical Data
F-19	19.002	Bernard Sklar	Alameda County	It needs to identify person who administer patient medication.		Clinical Data
F-21	21.001					Clinical Data
F-21	21.002					Clinical Data
F-21	21.003					Clinical Data
F-21	21.004					Clinical Data
F-21	21.005					Clinical Data
F-21	21.006					Clinical Data
F-21	21.007	Jane Tzudiker Bernard Sklar	Alameda County Alameda County	Should we capture as discrete data also? Compare to 17.001. May need to add textual data to requirement.		Clinical Data
F-21	21.008					Clinical Data
F-21	21.009	Bernard Sklar	Alameda County	This requirement and others need to clearly support clinical incarceration oversight, eg., Suicide watch, Drug dealing, protective custody etc.		Clinical Data
F-21	21.010	Patricia Preciado	DMH	Should 21.010 & 21.011 be combined ?		Clinical Data
F-21	21.011					Clinical Data
F-21	21.012	Bernard Sklar	Alameda County	Delete "Registered" or clarify what is the meaning of registered?		Clinical Data

Category	Criteria Number	Name	Organization	Comment	Action	Source WG
F-21	21.013	Bernard Sklar	Alameda County	The intent of requirement still unclear.		Clinical Data
F-21	21.014					Clinical Data
F-21	21.015					Clinical Data
F-21	21.016					Clinical Data
F-21	21.018					Clinical Data
F-21	21.019	Patricia Preciado	DMH	Combine 21.019 & 21.020 ?		Clinical Data
F-21	21.020					Clinical Data
F-21	21.021	Memo Keswick	DMH	Duplicate 21.021 and 21.022		Clinical Data
F-21	21.022	Memo Keswick	DMH	Duplicate 21.021 and 21.022		Clinical Data
F-22	22.001					Clinical Data
F-22	22.002					Clinical Data
F-22	22.003					Clinical Data
F-22	22.004					Clinical Data
F-22	22.005					Clinical Data
F-22	22.006					Clinical Data
F-22	22.007	Bernard Sklar	Alameda County	Telephone reminders should also be addressed		Clinical Data
F-22	22.008	Bernard Sklar Lisa Scott-Lee	Alameda County Sacramento County	General Discussion: Disease Management is well understood in physical health. For mental health disease management needs to be clarified eg. Bipolar or schizophrenia is not considered a disease. Which diseases are they talking about it? Are they talking mental illness or physical illness including treatment guideliness? Does usage of Disease Management support parity with physical health? Should Wellness & Recovery language be utilized in requirement(s)? Definitely need strong emphasis in requirements to support telephone / online Rx refills and medications mailed to home of client.		Clinical Data
F-23	23.001					Clinical Data
F-23	23.002					Clinical Data
F-23	23.003					Clinical Data
F-23	23.004					Clinical Data
F-23	23.005					Clinical Data
F-23	23.006					Clinical Data
F-24	24.002					Clinical Data
F-24	24.006					Clinical Data
F-24	24.007					Clinical Data
F-24	24.008					Clinical Data
F-24	24.009					Clinical Data
F-24	24.010					Clinical Data

Category	Criteria Number	Name	Organization	Comment	Action	Source WG
F-24	24.011	Jane Tzudiker Kathleen Murray	Alameda County Orange County	General Discussion: Consider replacing "provider and client" with "the appropriate recipient(s), e.g., provider, client, client guardian, child welfare worker (for foster care), etc. Local system configuration for recipient of NOA is required. Also, NOA should be sent in county threshold language when appropriate.		Clinical Data
F-24	24.012					Clinical Data
F-24	24.013					Clinical Data
F-24	24.014					Clinical Data
F-24	24.018	Bernard Sklar Kathleen Murray Jane Tzudiker Lisa Scott-Lee	Alameda County Orange County Alameda County Sacramento County	General Discussion: "Clinician Dashboard" may need to be clarified. The system should have tools modifiable as what the Dashboard should do? Typos: baseline & outstanding: Check for similar errors throughout document.		Clinical Data
F-24	24.019					Clinical Data
F-24	24.020					Clinical Data
F-24	24.021	Jane Tzudiker	Alameda County	Noticed of providers, client, client conservator and client - create this document in threshold languages.		Clinical Data
F-24	24.022	Patricia Preciado	DMH	24.022 and 24.023 are duplicate		Clinical Data
F-24	24.023	Patricia Preciado	DMH	24.022 and 24.023 are duplicate		Clinical Data
F-24	24.024	Jane Tzudiker Bernard Sklar	Alameda County	General Discussion: Need to clarify what e-messages means, eg., pop up screen msgs or e-mails or both? Also, consider requirements that address importing "e-msgs" into client record documentation. Considered better language "from and to staff" - maybe substitute "between staff". Consider clarifying how billable time relates to e-msgs.		Clinical Data
F-24	24.025	Kathleen Murray	Orange County	General Comment: For this section consider adding requirements that state Clinician Dashboards shall be locally configurable per responsibilities of user.		Clinical Data
F-29	29.001					Clinical Data
F-29	29.002					Clinical Data
F-29	29.003					Clinical Data
F-29	29.004					Clinical Data
F-29	29.005					Clinical Data
F-29	29.006					Clinical Data
F-29	29.007					Clinical Data
F-29	29.008					Clinical Data
F-30	30.001					Clinical Data
F-30	30.002					Clinical Data
F-30	30.003					Clinical Data
F-30	30.004					Clinical Data
F-30	30.005					Clinical Data
F-30	30.006					Clinical Data

Category	Criteria Number	Name	Organization	Comment	Action	Source WG
F-30	30.007					Clinical Data
F-30	30.009					Clinical Data
F-30	30.010	Lisa Scott-Lee		Comment: Relayed concern from some consumers that client records should never be destroyed. DMH should consider requirements that length of records storage is configurable per local protocols. Also, cost of IT archival process might be addressed as it relates to client record storage.		Clinical Data
F-30	30.011					Clinical Data
F-30	30.012					Clinical Data
F-30	30.013					Clinical Data
F-30	30.014					Clinical Data
F-30	30.015					Clinical Data
F-34	34.001					Clinical Data
F-34	34.002					Clinical Data
F-34	34.003					Clinical Data
F-34	34.004					Clinical Data
F-34	34.005	Jane Tzudiker Memo Keswick	Alameda County DMH	Change the requirement to read: "The system shall support rapid documentation of the client's progress through the clinical progress guidelines phases."		Clinical Data
F-34	34.006					Clinical Data
F-34	34.007					Clinical Data
F-34	34.008					Clinical Data
F-34	34.009					Clinical Data
F-34	34.010					Clinical Data
F-34	34.011	Patricia Preciado	DMH	Duplicate of 34.012		Clinical Data
F-34	34.011	Jane Tzudiker	Alameda County	Duplicate of 34.016		Clinical Data
F-34	34.012	Patricia Preciado	DMH	See 1st 34.011		Clinical Data
F-34	34.013					Clinical Data
F-34	34.014	Jane Tzudiker	Alameda County	34.014 and 34.016 are duplicate		Clinical Data
F-34	34.015					Clinical Data
F-34	34.016	Jane Tzudiker	Alameda County	See 2nd 34.011		Clinical Data
F-43	43.003	Lilian Schaechner	Alameda County	Critical Incident type should be clarified		Clinical Data
I-05	5.003					Clinical Data
I-05	5.004	Memo Keswick Jane Tzudiker	DMH Alameda County	5.004 and 5.005 are duplicate Comment: DMH has not defined what sort of e-mail is going to be available.		Clinical Data
I-05	5.005	Memo Keswick Jane Tzudiker	DMH Alameda County	5.004 and 5.005 are duplicate Comment: DMH has not defined what sort of e-mail is going to be available.		Clinical Data