**SmartCare Report Request Form for BHS staff**

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| ***Request Date:*** Click or tap to enter a date. |
|  |  |
| ***Requested By*** |
| Name:  | Email:  | Division/Unit/Team:  |
|  |  |
| ***Request Type*** |  |
| [ ]  New Report  | [ ]  Enhancement  | [ ]  Fix |
| *If a New Report*, was there a Legacy Report that met the report need prior to the SmartCare transition? [ ]  Yes [ ]  No |
| * If yes, what was the name of the Report?
 |
| *If an Enhancement*, what is the name of the report requesting to be enhanced?  |
| * What is the reason for the enhancement?
 |
| *If a Fix,* briefly describe what needs to be corrected (e.g. calculation issue, missing data).  |
|  |
| ***Report Name*** *(start report name with “CoSD”)* | ***Priority*** |
| Sample: CoSD xxxxxxxxxxx xxxxxxx Report | [ ] Critical | [ ] High | [ ] Medium | [ ] Low |
|  |  |  |  |  |  |  |  |  |
|  |
| ***Report Description/Purpose*** |
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|  |
| ***Reason for Report*** *(list specific reason if “Other” is selected)* |
| [ ]  State Requirement | [ ]  County or Contractual Requirement | [ ]  Reduce Administrative Burden | [ ] Other:  |
|  |
| ***Report Filter(s)*** |
|  |

|  |  |
| --- | --- |
| ***Report Parameter(s)*** | ***List of Role(s) that need access:*** |
|  |  |
|  |
| ***Report Requirement(s)*** |
|  |
|  |
| ***Report Columns/Fields:*** | ***Description*** |
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| ***Additional Questions:*** |
| Who is the data Subject Matter Expert (SME) for the report?  |
| Who manages or is responsible for the data?  |
| Will the report be internal or external? | [ ]  Internal (BHS only) | [ ]  External (providers) |

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| ***TO BE COMPLETED BY DATA STAFF ONLY*** |

* Is there a related report that already exists? [ ]  Yes [ ]  No
* If **yes**, complete the table below:

|  |  |  |  |
| --- | --- | --- | --- |
| Existing Report Name | Deficiencies or Limitations | Can it be Updated to Meet Request (Y/N) | Still Needed if New Report Is Created? (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* If any existing reports can be updated to meet the request, describe how:

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|  |

* Is the report request specific to Mental Health (MH) or Substance Use (SU) only? [ ]  Yes [ ]  No
* If yes, Should the report be developed for both systems of care (MH and SU)? [ ]  Yes [ ]  No

**Consensus**:

[ ]  Supported [ ]  Not Supported

Rationale if not supported:

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