**SmartCare Report Request Form for BHS staff**

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| ***Request Date:*** Click or tap to enter a date. | | | | | | | | | | | | | | | | | | |
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| ***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). | | | | | | | | | | | | | | | | | | |
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| ***Report Name*** *(start report name with “CoSD”)* | | | | | | ***Priority*** | | | | | | | | | | | | |
| Sample: CoSD xxxxxxxxxxx xxxxxxx Report | | | | | | Critical | | High | | | | | | Medium | | Low | | |
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| ***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: | | | | | | |
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| ***Report Filter(s)*** | | | | | | | | | | | | | | | | | | |
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| ***Report Parameter(s)*** | | ***List of Role(s) that need access:*** | |
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| ***Report Requirement(s)*** | | | |
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| ***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:

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