**SmartCare Report Request Form for Providers**

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| ***Request Date***: Click or tap to enter a date. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| ***Requested By*** | | | | | | | | | | | | | | | | |
| Name: | | | | Email: | | | | | | Program Name: | | | | | | |
|  | | | | | | |  | | | | | | | | | |
| ***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). | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| ***Is this report time-sensitive?*** | | | | | | | | | | | | | | | | |
| Yes | No | | |  | |  | | | | | | | | | | |
| * *If yes*, specify reason: | | | | | | | | | | | | | | | | |
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| ***Report Name*** *(start report name with “CoSD”)* | | | | | | |  | | | | | | | | | |
| Sample: CoSD xxxxxxxxxxx xxxxxxx Report | | | | | | |  |  |  | |  | |  |  |  |  |
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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)*** | |
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| ***Report Requirement(s)*** | |
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|  | |
| ***Report Columns/Fields:*** | ***Description*** |
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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) |
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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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