



# CHRIS 2.4.0/HPG 3.2.0 Pre Release Notes for External Partners V1.0

Organization:	Ontario Association of Community Care Access Centers (OACCAC)
Division:	Business Technology Solutions
Version:	1.0
Version Date:	Mar 28, 2014
Prepared by:	OACCAC



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## Revision Log

Version No.	Version Date	Changed by/Input from	Summary of Change
0.1	Mar 25, 2014	Joan Hill	Initial extract of partner related changes
0.2	Mar 27, 2014	Joan Hill / Business Leads	Additional project content; provincial table updates applied to R2.3 production added
1.0	Mar 28, 2014	Joan Hill	Initial release notes as published to OACCAC External Website for partner use



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# 1. Executive Summary

This document provides specific information on the Enhancements and Provincial Data Updates included in CHRIS Release 2.4.0 and HPG Release 3.2.0, scheduled to be deployed on June 18, 2014.


This section provides an executive summary of the projects / major changes and other enhancements included in R2.4.

## 1.1 Major Enhancements

R2.4 Project	Overview
CCAC Efficiencies: Address & Phone Management	Provide new tool to simplify the CCAC management of client address and phone information, across all levels of data in CHRIS  For the purpose of providing easier access and improving the quality and accuracy of this information
CCAC Efficiencies: Frequencies Management	Enhance the access to and process for maintaining accurate service frequencies in CHRIS  For the purpose of improving user efficiency and accuracy of frequency information, resulting in improved provider communications and resource allocation
CCAC Referral Phase 2	Expand on the CCAC Referral functionality built in R2.3: <ul style="list-style-type: none"> <li>• updating to the current RM&amp;R Acute to CCAC Provincial Referral Standard (October 2013)</li> <li>• sharing referral updates between referring organization and CCAC</li> </ul> With the purpose of reducing the time from referral to patient discharge from hospital
eReferral to Community for Non HICs	Extend the eReferral to Community functionality for non-Health Information Custodians  With the purpose of automating the referral and response process for CSSAs providing another large set of community services
Automated Service Provider E&S Ordering Phase 1	Implement a system to system interface to support the automated requesting of medical equipment and supplies by service providers for their assigned clients  With the purpose of reducing the work and time associated with the ordering of the many equipment and supply items needed by CCAC clients

## 1.2 Other Enhancements

This release also includes APR and Consent enhancements, a number of Provincial Data Updates, and a number of defect corrections across the application.

	For a more detailed understanding of these enhancements, please refer to the body of this Release Notes document.
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## 2. CCAC Efficiencies - Address & Phone Management

### 2.1 Business Need

CCACs expressed a strong need for a better way to manage client addresses and phones in CHRIS, starting with the ability to see all of the related information on one page, and including a more automated method to maintain service and provider Treatment Locations when a client moves or will be receiving treatment in an alternate location.

### 2.2 Solution Overview

The heart of the solution is a new Address and Phone Dashboard. This dashboard brings together address and phone information from the following pages in CHRIS:

- Addresses (under Client Details)
- Present Location
- Phones (under Client Details)
- Primary Phone
- School Info (under Client Details)
- Caseload Assignment (under Referral Caseloads)
- Referral Location (under Referral Management)
- Service Treatment Location (under Add Service / Service Authorization)
- Provider Treatment Location (under Provider Management)

To improve the quality and clarity of address information, new Address Types are being added to CHRIS, specifically:

- Work address
- Treatment Location
- Temporary Residence

Each of these new addresses will be able to be maintained at the client level.

#### Benefits

The enhanced Address and Phone Management has been designed to achieve the following benefits:

- Improved address and phone information quality in client health records
- More accurate treatment location and delivery address information shared with service providers and E&S vendors
- More efficient processes to manage client addresses and phones

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## 2.3 Address Management Enhancements

<b>SMA #</b>	387107 - WW
<b>Affects</b>	Client Services, External Partners
<b>Description</b>	<p><b><i>Enhanced Client Home and Mailing Address Validation – prevent overlaps</i></b></p> <p>In R2.3 and previous releases, in some circumstances, clients can end up with multiple home and/or mailing addresses. This makes it difficult for the system, reports and other functions to know which address record is the actual home or mailing address for the client.</p> <p>In R2.4, a lot of additional validation has been introduced, to reduce or eliminate clients having multiple overlapping home or mailing addresses. Error messages will be displayed if the action or the data that a user has recorded will result in overlapping addresses.</p> <p>These new rules are enforced only for client home and mailing addresses. They do not apply to other address types.</p>
<b>SMA #</b>	CCAC Efficiencies – Address & Phone Management Project
<b>Affects</b>	Client Services, External Partners
<b>Description</b>	<p><b><i>New Client Address Types</i></b></p> <p>In R2.4, three new address types have been added for use with client addresses:</p> <ul style="list-style-type: none"> <li>• Work Address – to record client’s work address when services need to be provided at that location</li> <li>• Temporary Residence – to record a change in the place where the client will be living that is not permanent, and is for a short period only</li> <li>• Treatment Location – to record any other locations where a client needs to receive service; this information is now expected to be added from the client level (rather than the referral level), and includes the selection Clinic addresses</li> </ul> <p>The rationale behind this change is to allow users to be specific about the reason why Other addresses are being recorded. Currently, these would all have been added as address type = Other, and users would have to infer why they were important. The use of these new Address Types should bring a clearer picture of client addresses for all users viewing and using this information in CHRIS.</p>
<b>SMA #</b>	Address & Phone Management Project
<b>Affects</b>	Client Services, External Partners
<b>Description</b>	<p><b><i>Address Display Format</i></b></p> <p>As different areas in CHRIS are touched, we will ensure that complete address information is displayed for CCAC users.</p> <p>In R2.4, client addresses displayed on the Client Header, on Client Overview header, and on the new Address &amp; Phone Dashboard will include the following information:</p> <ul style="list-style-type: none"> <li>• Organization Name (if Location Type = Provincial or locally maintained organization)</li> <li>• Building Name (if specified for locally maintained organization)</li> <li>• Civic Address (&lt;Street #&gt; &lt;Street Name&gt;, Suite &lt;Suite #&gt;, Room &lt;Room #&gt;)</li> <li>• RR # or PO Box (if populated on client address)</li> <li>• City, Province Postal Code</li> <li>• Geographic Area (for CCACs that have deployed Geo-Coding)</li> </ul>



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## 2.4 Phone Management Enhancements

<b>SMA #</b>	580611 - HNHB
<b>Affects</b>	Client Services, External Partners
<b>Description</b>	<b><i>Expand Client Contact Phone Extension to 6 characters</i></b> Presently, users can record phone extensions up to 5 characters for Personal Contacts and Community Contacts. In R2.4, this field is expanded to 6 characters.

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## 3. CCAC Efficiencies - Frequency Management

### 3.1 Business Need

This project will implement various enhancements that will deliver improved efficiencies in executing common CCAC business processes in the area of frequency management.

The objective of this enhancement is to address process inefficiencies with regards to the access, addition and maintenance of Frequencies in CHRIS. Areas of concern including the addition of multiple frequencies, weekly/monthly frequency prorotation and the Service Calendar, were highlighted as areas of highest concern.

### 3.2 Solution Overview

- Enhanced Frequency Management, including:
  - Ability to edit the start date of frequencies
  - Ability to edit the quantity for Block frequencies
  - Ability to add multiple frequency records in one action
  - Ability to pro-rate frequency records
  - Gap and overlap detection when adding frequencies
  - Smarter calendar control for frequency End Date

### 3.3 Enhancements

SMA #	375015 – NE; 376761 - CW
Affects	Client Services; Service Providers
Description	<p><b><i>Edit Frequency – ability to change Frequency Start Date</i></b></p> <p>There are business circumstances when users need to be able to change the Start Date of a provider Frequency. This was not allowed in R2.3 and previous releases. Users had to delete the frequency and add a new one with the revised frequency start date.</p> <p>In R2.4, users will be able to change the Frequency Start Date, within the limits of the service authorization, provider assignment dates and already paid visits.</p>
SMA #	584995 - HNHB
Affects	Client Services; Service Providers
Description	<p><b><i>Add / Edit Weekly Frequency – Increase Quantity field</i></b></p> <p>In R2.3 and previous releases, the maximum quantity that could be authorized was 99.99 hours or visits.</p> <p>In R2.4, users will be able to enter a quantity of up to 999.99 hours / visits for a weekly frequency.</p>






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SMA #	277611 - NW
Affects	Client Services, Service Providers
Description	<p><b><i>Edit Frequency – ability to edit Block authorization</i></b></p> <p>CCACs have a need to modify the number of visits or hours authorized for a defined period of time. This was not allowed in R2.3 and previous releases. Users had to add a new, possibly overlapping frequency in order to add additional visits / hours.</p> <p>In R2.4, users will be able to change the number of visits / hours within the existing block frequency. This will give the care coordinators a running total of how many visits / hours have been assigned for the client. The resulting quantity cannot be less than the number of visits / hours that have already been paid under the block.</p>

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## 4. CCAC Referral Phase 2

	<p>The <b>CCAC Referral Phase 2</b> project includes small changes to CHRIS functionality, which will be deployed concurrently with the CHRIS 2.4 release. These changes will be available in User Preview.</p> <p>The enhanced integration for system to system communication of eReferrals from acute hospitals to CCACs, and the new CCAC Referrals feature in CHRIS will be deployed first to a pilot CCAC and pilot hospital, after which it will be available to other CCACs and other hospitals through a planned deployment process. This eReferral functionality and a test harness will be available in User Preview only for the pilot CCAC.</p>
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### 4.1 Business Need

Phase 1 of the CCAC Referral project implemented a system to system integration for (acute) hospitals to refer clients to the CCAC, based on the August 2013 Provincial Referral Standard, as defined by the Provincial RM&R Committee.

The Provincial RM&R Committee updated the Acute to CCAC Provincial Referral Standard in October 2103, and the CHRIS CCAC Referral functionality needs to be updated to this current standard. There are important new fields that will be of use to receiving CCACs.

In addition, some hospitals are requesting that they receive referral updates from the CCAC, and that they be able to send notice of a referral cancellation electronically.

### 4.2 Solution Overview

Phase 2 of this project updates the CCAC Referral to the October 2013 Provincial Referral Standard, and also implements bi-directional referral updates between CCACs and their referring partners, for those organizations that choose to implement referral updates.

As a provincial RM&R solution, CHRIS published an Interface standard based on the Acute to CCAC Provincial Referral Standard, which will be used by all hospitals when submitting referral information. This will be expanded to include the new fields in the October 2013 Referral Standard.

This standard interface is used to integrate incoming referrals with CHRIS which allows information to flow directly into CHRIS where users can manage these referrals. As a result, CHRIS will be able to work with any integration partners to receive referral information. CCACs will have the ability to review and process all incoming referrals within CHRIS, create CHRIS referrals and generate outgoing referrals to various facilities/agencies.

Phase 1 of this project defined the interface for incoming referrals from Hospitals to CCAC.

Phase 2 adds the messaging required for referring organization initiated referral cancellations, and the communication of referral updates from CCACs back to their referring organizations.

#### Benefits

This solution will benefit referring organizations and CCACs as follows:

- Improved referral process
- Many methods of communications are standardized into a single process for referring a client to CCAC



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- Process is more reliable and is expected to reduce time between referral and admission for service
- Improved user efficiency
  - eliminating duplicate entry of client registration information
  - referral status changes shared with referring organization electronically, allowing external partners to see the current status through their own client information system

## 5. eReferral to Community for Non-HICs

### 5.1 Business Need

Community support services play a critical role in many care plans. While CHRIS gives CCACs end to end functionality for eReferrals to Community Support Services Agency (CSSA), this functionality is only in place for CSSAs that have a HIC status. CCACs can record referrals in CHRIS for CSSAs with a non HIC status, however communicating the referral; supporting documentation; status updates etc is managed outside of CHRIS resulting in dual processes for CCACs.

The eReferral to Community for non HICs project enhances the functionality in CHRIS allowing CCACs a full end to end solution for non HIC CSSAs.

### 5.2 Solution Overview

CHRIS R2.1 provided CCAC users the ability to create 4 types of referrals within CHRIS: Community Services, Adult Day Program, Assisted Living and Supportive Housing. It also facilitated the communication between the CCAC and community support service agencies with regards to HIC services, resulting in a more streamlined eReferral process.

CHRIS R2.4 aims to extend the eReferral to Community functionality to CSSAs offering non-HIC services. The following changes are required in CHRIS and HPG:

- Enable electronic communication between the CCACs and CSSAs for non-HIC services.
- Provide the CCACs with a seamless process when creating referrals for HIC or non-HIC services, i.e., the CCAC users need not know that the referral is for a HIC or non-HIC service, rather the focus should be on the service required by the client.
- Application templates for each community service type and by HIC and non HIC status can be managed locally by the CCAC in CHRIS Maintenance.
- Sharing of Documents and Assessments for each community service type and by HIC and non HIC status can be managed locally by the CCAC in CHRIS Maintenance.

#### Benefits

Enabling the electronic communication between CHRIS and CSSAs will provide the following benefits:

- Provide Care Coordinators with a seamless experience when creating referrals.
- Allow CSSAs to receive and respond to referrals for both HIC and non-HIC services.
- Minimize the potential for PHI leak since referrals and documents are sent electronically, thus bypassing manual process of faxing or mailing sensitive documents.
- Ability for CCACs to locally define the content of CSSA applications ensuring that CSSAs receive the necessary information.
- Ability to share appropriate documents and information with CSSAs.
- Ability to share appropriate assessments with CSSAs.
- Provide users with the ability to view all referrals (contracted and non-contracted) within a client record.
- Enhance decision support by providing the ability to report on I&R Intake activities and eReferral key indicators including number and type of eReferrals and Agency Response type (e.g., accepted, rejected) for all populations.

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### 5.3 eReferral to Community Enhancements

<b>SMA #</b>	eReferral to Community for Non HICs
<b>Affects</b>	Client Services, CSS Agencies using HPG Referral Management
<b>Description</b>	<p><b><i>Add Service Wizard – enhanced Referral Package functionality</i></b></p> <p>In R2.3, the Assessments and Documents that the user selected for sharing would be shared with all agencies.</p> <p>In R2.4, the user will have the ability to specify which Assessments and which Documents will be shared with which CSSA.</p> <p>A new Blocked Agencies Information Alert will be displayed at the top of the Assessments and Documents selection sections of the page. The alert will display the number of agencies for which Sharing = No. The user will also be able to view the names of agencies which are blocked. Blocked agencies will not be available for selection in the Shared With column of the Assessments / Documents grid.</p> <p>This functionality also applies to Send Updates function.</p>
<b>SMA #</b>	eReferral to Community for Non HICs
<b>Affects</b>	Client Services, CSS Agencies using HPG Referral Management
<b>Description</b>	<p><b><i>HPG Referral Management – Referral Details &amp; PDF for HIC Agencies</i></b></p> <p>In R2.4, the content of Referral Details and the PDF is now controlled by a set of templates. In planning for R2.4 deployment, CCACs that have already deployed one or more of the eReferral to Community referral types will need to review the new Content Sharing Templates and update as required following the release.</p>

### 5.4 eReferral to Community Defect Resolutions

<b>SMA #</b>	eReferral to Community Project
<b>Affects</b>	CSSA External Partners using HPG Referral Management
<b>Description</b>	<p><b><i>HPG Referral Management – CSSA Admits – Additional Information</i></b></p> <p>In R2.3 and previous releases, the Additional Information field defaults to a standard text message.</p> <p>In R2.4, this field will be empty by default.</p>
<b>SMA #</b>	583653 - NE
<b>Affects</b>	CSSA External Partners using HPG Referral Management
<b>Description</b>	<p><b><i>HPG Referral Management – CSSA Admits as of date in past</i></b></p> <p>Currently a CSSA can Admit a client in HPG Referral Management, with an Admit Date prior to the Service Authorization Date, and the Referral Date. The CHRIS Service End Date is set to the CSSA Admit Date. The CHRIS Assignment Date Ended is also set to the CSSA Admit Date.</p> <p>This is fixed in R2.4. The following business rule have been added:</p> <ul style="list-style-type: none"> <li>Admit Date &gt;= Applied / Accept Date</li> </ul>

## 6. Automated Service Provider E&S Ordering

### 6.1 Business Need

One role of the CCAC is to coordinate the provision of medical equipment and supplies that are needed as part of the client treatment and support. Often it is the service providers in the field who identify the supplies and equipment that are required for clients. As a result, CCACs receive requests from the service providers for medical equipment and supplies orders on a regular basis. The types of orders that CCACs receive varies by the type of services that a client is receiving. Typically, medical supplies are ordered by nursing providers with a few exceptions. For equipment rentals and rentals, it is typically the therapy disciplines that make these requests.

Currently, CCACs maintain their own item catalogues and have forms that Service Providers use to submit their requests to the CCACs, either by fax, HPG or phone. Once the CCAC receives the requisition, they must enter the requisition into CHRIS, review the delivery information, verify the validity of the requisition against the client, add any relevant finance charges, specify any line item specific information required, and finally approve the requisition that is then sent to the vendor. All CCACs have various practices for entering and triaging requisitions but some common areas of inefficiency have been identified:

- A lot of time is spent by the CCAC staff managing requisitions received from Service Providers. Between the months of June and August 2013, there were approximately 260,000 requisitions entered across the province and of these an approximate average of 69% were recorded as being entered at the provider's request. In the same time frame, approximately 1.5 million line items were entered and an approximate average of 76% of the line items belonged to requisitions that were requested by a service provider
- For each requisition whether received from a Service Provider or initiated by the CCAC, users must review the delivery information to determine if a delivery finance charge is required and if so add the appropriate delivery finance charge to the requisition.
- Purchase Orders are manually sent to the vendor(s) once the requisition is approved.

### 6.2 Solution Overview

The main objective of this solution is to make the process of ordering medical equipment and supplies more efficient by reducing the time spent by CCACs entering requisitions. This will be achieved by the following:

- Allow CCACs to manage their item catalogues for Service Providers ordering.
- Enable providers to electronically submit requisitions generated in their system to CHRIS via system to system integration.
- Allow CCACs to flag clients that are receiving medical supplies and/or equipment from a different funding source.
- Allow CCACs to automate the addition of delivery finance charges to purchase orders.
- Ability to send Purchase Orders notifications to the vendor automatically once the requisition is approved.



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**Benefits**

- Reduce the time spent by CCAC staff entering requisitions that are requested by Service Providers.
- Reduce use of paper and faxing and improve order tracking and communication between the CCAC/SPOs/Vendors.
- Give users better visibility to clients that are receiving alternate funding for equipment and supplies.
- Improved accuracy for delivery charges.
- Reduce the time spent and ensure compliance when sending Purchase Orders to vendor(s).

### 6.3 Enhancements

<b>SMA #</b>	CCAC Request
<b>Affects</b>	Client Services, Finance, E&S Vendors
<b>Description</b>	<p><b><i>Automatic Addition of Finance Charge based on Delivery Priority</i></b></p> <p>In R2.3 and previous releases, CCAC users entering equipment and supply orders have to remember to add the appropriate Finance Charge(s).</p> <p>In R2.4, CCACs will be able to configure CHRIS to automatically create Finance Charge items on vendor purchase orders. In CHRIS Maintenance, CCACs will be able to associate a Finance Charge item with each Delivery Priority.</p> <p>If this feature is configured, Finance Charge item(s) will be added once a requisition is approved for the selected E&amp;S Vendor(s).</p>

### 6.4 Defect Resolutions

<b>SMA #</b>	488831 - SE
<b>Affects</b>	Client Services; E&S Vendors
<b>Description</b>	<p><b><i>E&amp;S Order Update – End Equipment Rental</i></b></p> <p>A defect has been identified in the E&amp;S Flat File content for Order Update.</p> <p>Occasionally, when users end an equipment rental with disposition = Pickup and the Pickup Address is different than the original Delivery / Client Pickup Address, the address sent to the vendor is the original address, rather than the new Pickup Address selected by the user.</p> <p>The issue has been fixed in R2.4.</p>

## 7. Other Changes

### 7.1 APR Efficiency Enhancements

SMA #	402120 - NSM
Affects	Client Services, Service Providers using APR
Description	<p><b><i>Enhanced APR Report – Provider First Visit Date</i></b></p> <p>APR Report content is being enhanced to include clearer First Visit Date information:</p> <ul style="list-style-type: none"> <li>• The field label for First Visit Date in the report header is being changed to “First Visit Date (1<sup>st</sup> paid visit)”, to reflect the source of this information</li> <li>• A new field is being added to the Provider Details section of the APR Report, called Provider First Visit Date. Providers can now send their actual First Visit Date with their first APR Report submitted. This is now viewable on the APR Report Details in CHRIS.</li> </ul>
SMA #	402133, 475573 - NSM
Affects	Client Services, Service Providers using APR
Description	<p><b><i>Enhanced APR Report – Client Needs and Service Plan Update</i></b></p> <p>APR Report content is being enhanced to include some additional information in the Client Needs and Service Plan Update section:</p> <ul style="list-style-type: none"> <li>• New Start Date column, representing the start date of a new client need</li> <li>• Goal Description field increased from 50 to 250 characters</li> <li>• New Last Updated column, representing the date that the provider last updated the goal information</li> </ul>
SMA #	491652 - NSM
Affects	Service Providers using APR
Description	<p><b><i>Enhanced APR Report - Identification of New Frequencies</i></b></p> <p>Currently, when a Provider submits a request for a new Frequency, which is subsequently approved by the CCAC, there is no way for the provider system to associate the new frequency returned by the CCAC with their new frequency request.</p> <p>In R2.4, Providers will be able to optionally submit a Frequency Reference with any new Frequency being requested. When the CCAC approves a new Frequency, the Frequency Change Report will include both the new Frequency ID (from CHRIS) and the provider Frequency Reference.</p>
SMA #	491642 - NSM
Affects	Client Services; Service Providers using APR
Description	<p><b><i>Enhanced APR Communication</i></b></p> <p>In R2.3, the system sends a Frequency Change report for every APR report that has been reviewed, whether or not there are any changes to provider frequencies.</p> <p>In R2.4, the CCAC user will have a new option under Report Authorization – Send Frequency Change. This option is checked and is display only when the submitted report contains any frequency changes. Frequency Change Report will only be created and sent when this option is selected and the user selects Apply Change Request (indicating that the user has finished reviewing the request).</p>



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<b>SMA #</b>	491642 - NSM
<b>Affects</b>	Client Services; Service Providers using APR
<b>Description</b>	<p><b><i>Enhanced Frequency Change Report (for APR only)</i></b></p> <p>A new section is being added to the Frequency Change report titled "Provider Report Service Change Request/Response". The new section includes:</p> <ul style="list-style-type: none"> <li>• Provider Report identifiers (date, author, type, etc)</li> <li>• Grid of Request Type, Description and (CCAC) Response for each frequency related provider request</li> </ul> <p>The new section, when present, will be located immediately above the Frequency section of the Frequency Change Report.</p> <p>The new section is present for Frequency Change Reports created through the APR Report Review process.</p>

## 7.2 Service & Provider Management

<b>SMA #</b>	APR Enhancements Project
<b>Affects</b>	Client Services, Service Providers
<b>Description</b>	<p><b><i>Align Offer Refusal Reasons in PXML with those in HPG Offer Management</i></b></p> <p>Wording and choice of Service Offer Refusal Reasons is slightly different in PXML than in HPG Offer Management function than in CHRIS. Some choices in HPG Offer Management were inactive in CHRIS.</p> <p>The choice of refusal reasons in PXML and HPG Offer Management is being updated to match the selection and wording of those available in CHRIS. Offer refusal reasons that are for CCAC only use or are system choices will continue to be available in CHRIS only.</p>
<b>SMA #</b>	491630 - NSM
<b>Affects</b>	Client Services, Service Providers
<b>Description</b>	<p><b><i>Enhanced Provider Discharge Communication</i></b></p> <p>Frequency Change Reports and updated Service Referrals will now include Provider Discharge information, when a user discharges a Provider. The Discharge Date and Discharge Disposition fields will both be included.</p> <p>The Provider End Date will also be included.</p>

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### 7.2.1 Defect Resolutions

<b>SMA #</b>	524843 - WW
<b>Affects</b>	Client Services; Service Providers
<b>Description</b>	<p><b><i>Add Service – Verbal Offer Response Date reverts to System Date</i></b></p> <p>In R2.3 and previous releases, when a user identifies the service as Verbal Confirmation when Adding a Service, and selects provider response = Refuse, the user is prompted for Response Date. When the service is Saved, the system saves the Response Date as today's date.</p> <p>The issue is being fixed in R2.4.</p>


### 7.3 Medical Equipment & Supplies

<b>SMA #</b>	488831 - SE
<b>Affects</b>	Client Services, E&S Vendors
<b>Description</b>	<p><b><i>End Equipment Rental – Incorrect Pickup Address on PXML</i></b></p> <p>When an equipment rental is ended, and the equipment needs to be picked up by the vendor, the system is incorrectly sending the original Delivery Address, rather than the End Rental Pick-Up Address on the PXML transaction.</p> <p>The information is correct on the Purchase Order Update PDF report.</p> <p>The issue is being fixed in R2.4.</p>

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## 8. Provincial Data Updates

### 8.1 Complex Care / Rehab Bed Type Changes

	<p>New bed types will be deployed as Inactive in CHRIS, but Active in BBM. Individual CCACs will request specific bed types be enabled as needed within their LHIN, via SMA through the provincial deployment process for Complex Care / Rehab. CCACs will work with their partner complex care hospitals when new bed types are being deployed.</p>
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#### 8.1.1 SRCs for Complex Care / Rehab Referrals

<b>SMA #</b>	266639 – MH; Provincial MIS Client Services Working Group
<b>Affects</b>	Client Services
<b>Description</b>	<p>New Service Recipient Category added to Complex Care Restorative Referral Type in CHRIS:</p> <ul style="list-style-type: none"> <li>Description = “Assess and Restore”</li> <li>SRC Code = 56</li> </ul> <p>Complex Care Restorative Referrals will now have a choice of 2 SRCs:</p> <ul style="list-style-type: none"> <li>52 – Complex Care Restorative</li> <li>56 – Assess and Restore</li> </ul> <p>This code is intended to be used when clients have been determined to be appropriate for placement in LHIN funded Assess and Restore / other transitional bed types.</p> <p>Note: This new SRC is being deployed in R2.3 Production in March 2014.</p>

#### 8.1.2 Bed Types in CHRIS & BBM


<b>SMA #</b>	266639 – MH; Provincial MIS Client Services Working Group
<b>Affects</b>	Client Services, Complex Care / Rehab Hospitals using HPG Referral Management
<b>Description</b>	<p>New bed type of “Assess and Restore” added to CHRIS:</p> <ul style="list-style-type: none"> <li>Referral Type = Complex Care Restorative</li> <li>BBM Resource Type = “Assess and Restore”</li> </ul> <p>Complex Care Restorative referrals will now have a choice of 3 bed types:</p> <ul style="list-style-type: none"> <li>Assess and Restore</li> <li>Restorative Care</li> <li>General CC/Rehab</li> </ul> <p>This new bed type is being configured to allow CCACs to track client referral and placement into LHIN funded transitional beds that are not part of either the LTC Convalescent Care bed pool, or the Complex Continuing Care bed pool. These beds have different names across the province, but Assess and Restore was a common name.</p> <p>A new SRC was created for use with Assess &amp; Restore referrals, to clearly separate Restorative referrals from Assess &amp; Restore referrals, for local and provincial reporting.</p> <p>This bed type is being deployed in R2.3 Production in March 2014.</p>

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<b>SMA #</b>	517515 - NSM
<b>Affects</b>	Client Services, Complex Care / Rehab Hospitals using HPG Referral Management
<b>Description</b>	<p>New bed type of "Extensive Care (Medically Complex)" added to CHRIS:</p> <ul style="list-style-type: none"> <li>Referral Type = Complex Care Medically Complex</li> <li>BBM Resource Type = "Extensive Care (Medically Complex)"</li> </ul> <p>This new bed type is intended to be used for clients whose medical needs are significantly more than the normal Medically Complex patient.</p> <p>This new bed type is being deployed in R2.3 Production in March 2014.</p>

## 8.2 Service Related Table Changes

### 8.2.1 Purchased Services

	New service choices will be deployed as Inactive. Individual CCACs will request specific services / service delivery types be enabled via SMA, as needed for their CCAC. CCACs will notify service providers when new service choices are being deployed.
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<b>SMA #</b>	575253 - NSM
<b>Affects</b>	Client Services; Contract Management; Finance; Service Providers
<b>Description</b>	<p>Added new <u>Service Delivery Types</u> for Personal Support &amp; Homemaking, under Home Care Referral Type</p> <ul style="list-style-type: none"> <li>Hourly Enhanced Personal Support</li> <li>Functional Centre: In Home – Personal Support</li> <li>MIS Code: 725 35 4010</li> </ul>

<b>SMA #</b>	598076 – HNHB; WW
<b>Affects</b>	Client Services; Contract Management; Finance; Service Providers
<b>Description</b>	<p>Added new <u>Service Type</u> for <u>Home Care Referral</u> type:</p> <ul style="list-style-type: none"> <li>Multi-disciplinary Palliative Care Team</li> <li>SAF Code: 46</li> </ul> <p>The nursing specific Activity Codes have configured for SAF Code 46:</p> <ul style="list-style-type: none"> <li>10 – Assistance with Personal Care</li> <li>11 – Dressing</li> <li>12 – Injection</li> <li>13 – Vital Signs</li> <li>19 – Other Treatment</li> </ul> <p>Added new <u>Service Delivery Types</u> for Multi-disciplinary Palliative Care Team – Home Care:</p> <ul style="list-style-type: none"> <li>Multi-disciplinary service (non discipline specific for use when Palliative Care Team determines and manages which disciplines / services need to see the client)</li> </ul>



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	<ul style="list-style-type: none"> <li>• Visit Bereavement Support</li> <li>• Phone Bereavement Support</li> <li>• Visit Psycho-Social/Spiritual Support</li> <li>• Phone Psycho-Social/Spiritual Support</li> <li>• Visit Clinical Nurse Specialist</li> <li>• Phone Clinical Nurse Specialist</li> <li>• Visit Palliative Nurse Clinician</li> <li>• Phone Palliative Nurse Clinician</li> </ul> <p>NO Service Functional Centre assignment has been configured for any of these service delivery types.</p> <p>Contract Management Note: When community teams authorize this service using the generic service delivery type, the availability of the discipline / service specific service delivery types supports the configuration of service / discipline specific Provider Billing Codes, using the Service Delivery Override feature.</p>
SMA #	616439 - ESC
Affects	Client Services; Contract Management; Finance; Service Providers
Description	<p>Added new <u>Service Type</u> for <u>Home Care</u> Referral type:</p> <ul style="list-style-type: none"> <li>• Restorative Care Residential Service (in Retirement Home)</li> <li>• SAF Code: 47</li> </ul> <p>No service specific Activity Codes have been added for this service.</p> <p>Added new Service Delivery Types for Restorative Care Residential Service (in Retirement Home) – Home Care:</p> <ul style="list-style-type: none"> <li>• One day residential stay</li> </ul> <p>NO Service Functional Centre assignment has been configured for any of this service delivery type.</p> <p>The ESC LHIN is funding ESC CCAC for overnight stays in Retirement Homes, as a replacement for Assess and Restore hospital beds that have been closed. This service will support the authorization and tracking of this service.</p>