

Care Management (CM)

CM: Referral/Placement Process

Item	Details	
Description	The Referral/Placement business process is used to refer or assign clients to specific providers for particular services. Examples are referrals by the BH agency to physicians or other providers for medical care, rehab, counseling, or other support services (transportation, employment assistance, child care, housing). This process is also used by providers/contractors to make follow up referrals for services. Placement closely follows the details of the Referral process and may not require a separate business process definition.	
MITA Reference	Source Process Name: <i>Authorize Referral</i> Source Process Business Area: <i>Operations Management</i> References: Part 1 Appendix C, Business Process Model Details Part 1 Appendix D, Business Process Capability Matrix Details http://www.cms.hhs.gov/MedicaidInfoTechArch/04_MITAFramework.asp	
Sample Data	Client information Referred to provider/contractor Information	Referred from provider/contractor information

CL: Referral/Placement: Maturity Levels

Level 1	Level 2	Level 3	Level 4	Level 5
<p>This business process is primarily conducted via paper using non-standard forms and data. The process is inconsistent in the application of the rules and in response timing. Format and content are not HIPAA compliant, and are likely state-specific, using state-specific business rules. Data is not comparable across agency and program silos.</p> <p>This Level complies with agency requirements.</p>	<p>The process incorporates direct connectivity to provider/contractor; Web interfaces; basic business rules; and state agency specific standards. Referral data and formats are aligned to conform to the HIPAA standard, X12 278. Referral processes are standardized and automated within the agency.</p> <p>This Level includes additional data and quality edits.</p>	<p>Referral and placement are merged into a single process and coordinated across agencies and programs. The process is fully automated. Cross agency collaboration results in a one-stop shop, with shared processes for some steps. Interfaces use BH-MITA standardized data and are compatible with Medicaid MITA.</p> <p>At this Level data is standardized against HL7 RIM.</p>	<p>The referral and placement processes are automated using point-to-point collaboration through HIEs statewide. The process has automated access to clinical and provider/contractor data. Provider/contractor alerts are fully automated; referral and placement information is selfpopulated.</p> <p>This Level adds clinical data.</p>	<p>The referral and placement process is automatically triggered by point of service applications and communicated through HIEs nationwide. The process automatically alerts providers/contractors, initiates the admission and enrollment process; and assigns and schedules appointments and services.</p> <p>This Level adds nationwide technical interoperability.</p>
<p>VA As Is: MITA 2010: Facilities (Department of Behavioral Health and Developmental Services – DBHDS Facilities) and CSBs (Community Services Board) are at a level 1.</p>				
VA To Be:				

MITA 2010: Facilities and CSBs would like to advance to a level 3 with the use of electronic health records.				
Automation				
Level 1	Level 2	Level 3	Level 4	Level 5
All/mostly paper	Internal processes mostly automated	Internal agency processes/interfaces mostly automated	External agency processes/interfaces mostly automated	Non-state entity processes/interfaces mostly automated
VA As Is: MITA 2010: Facilities are at a level 1.	MITA 2010: CSBs are at a level 2 with their use of master treatment plans.			
VA To Be: MITA 2010: Facilities would like the use of common data sets along with common standards to move to level 2.	MITA 2010: CSBs and Facilities would like the use of electronic records to move forward. The exchange of data will occur easier. HIEs will move this forward.			
Standards				
Level 1	Level 2	Level 3	Level 4	Level 5
Use few or no national standards	Internal processes use national standards	Internal agency processes/interfaces mostly use national standards	External agency processes/interfaces mostly use national standards	Non-state entity processes/interfaces mostly use national standards
VA As Is:	MITA 2010: Facilities and CSBs are at a level 2 with the use of CARF, Joint Commission and CMS.			
VA To Be:	MITA 2010: More standards will move this to the next level.			
Cross Coordination				
Level 1	Level 2	Level 3	Level 4	Level 5
Little/no coordination across processes or with other programs	Internal agency operational processes coordinated	Internal agency program processes coordinated	External agency program and operational processes coordinated	Non-state entity program and operational processes coordinated
VA As Is:	MITA 2010: Facilities and CSBs are at a level 2.			
VA To Be:	MITA 2010: The use of electronic health records will move this forward to the next level.			

Client Data				
Level 1	Level 2	Level 3	Level 4	Level 5
Little/no access to client specific data	Internal processes have access to client specific data	Internal agency processes have access to client specific data	External agency processes have access to client specific data	Non-state entity processes have access to client specific data
VA As Is:	MITA 2010: Facilities are at a level 2.	MITA 2010: CSBs are at a level 3.		
VA To Be:	MITA 2010: The use of electronic health records will move this forward to the next level.	MITA 2010: The use of electronic health records will move this forward to the next level.		
Interoperability				
Level 1	Level 2	Level 3	Level 4	Level 5
None	Limited interoperability internally or limited to claims processing systems	Interoperability with internal agency systems other than claims processing	Interoperability with external agency systems other than claims processing	Interoperability with non-state entity systems
VA As Is:	MITA 2010: Facilities are at a level 2.	MITA 2010: CSBs are at a level 3.		
VA To Be:	MITA 2010: The use of electronic health records will move this forward to the next level.	MITA 2010: The use of electronic health records will move this forward to the next level.		