

Care Management (CM)

CM: Screening and Assessment Process

Item	Details		
Description	The Screening and Assessment business process receives response data from the client , and assesses for certain health and behavioral health conditions (chronic illness, mental health, substance abuse), lifestyle and living conditions (employment, religious affiliation, living situation) to determine risk factors, establishes risk categories and hierarchy, severity, and level of need; screens for required fields, edits required fields, verifies information from external sources if available, establishes severity scores and diagnoses, and associates with applicable service needs.		
MITA Reference	None.		
Sample Data	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Client information Client health and lifestyle information</td> <td style="width: 50%;">Screening and assessment questions Assessment protocols</td> </tr> </table>	Client information Client health and lifestyle information	Screening and assessment questions Assessment protocols
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CL: Screening and Assessment: Maturity Levels

Level 1	Level 2	Level 3	Level 4	Level 5
<p>Client fills out one or more paper forms for various programs and services. This business process is primarily conducted via paper using nonstandard 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>Client uses only one form for all programs and services. The process incorporates Web interfaces for some standardized electronic screening and assessment tools; accesses provider/contractor and service information; uses basic business rules and state agency specific standards. Screening and assessment data and formats conform to standards, and basic screening and assessment processes are standardized and automated within the agency.</p> <p>This Level includes additional data and quality edits.</p>	<p>The process is fully automated; uses self adjusting business rules; and uses some clinical data to verify and prepopulate responses. Uses only standardized automated screening and assessment tools. Cross agency collaboration results in a one-stop shop, with some shared screening and assessment processes. Interfaces use BHMITA standardized data and are compatible with Medicaid MITA.</p> <p>At this Level data is standardized against HL7 RIM.</p>	<p>The process has automated access to virtual records and a broad spectrum of clinical data through statewide HIEs to verify and selfpopulate selected responses. Standardized automated screening tools are available to providers via the network.</p> <p>This Level adds clinical data.</p>	<p>All screening and assessment processes are automated through HIEs nationwide, with full interoperability with other local, state, and federal programs, and access to all client clinical and administrative data. Real time access to client data can selfpopulate screening and assessment tools when sufficient current client data is available.</p> <p>This Level adds nationwide technical interoperability.</p>
<p>VA As Is: MITA 2010: Facilities (Department of Behavioral Health and Developmental Services – DBHDS) are at a level 1.</p>	<p>MITA 2010: CSBs are between a level 2 and a level 3.</p>			
<p>VA To Be:</p>	<p>MITA 2010: CSBs would like more</p>			

MITA 2010: Facilities would like electronic automation and connectivity to the CSBs (Community Services Board) to be able to share as much information as possible to move to the next level.	standards to move to level 3.			
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 between a level 1 and a level 2.	MITA 2010: CSBs are between a level 2 and a level 3.			
VA To Be: MITA 2010: Facilities would like to fully move to a level 2 in automation.	MITA 2010: CSBs would like to fully move to a level 3 in automation.			
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 are using Joint Commission (JC) standards as well as CMS standards. CSBs use CARF.			
VA To Be:	MITA 2010: Facilities and CSBs would like to continue to improve their standards to move to a level 3.			
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 advance CSBs and Facilities 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 use AVATAR and are at a level 2.	MITA 2010: CSBs are between a level 3 and a level 4.		
VA To Be:	MITA 2010: Facilities would like to move to a level 3 by automating and using electronic health records.	MITA 2010: CSBs would like to move to a level 4 by automating and using electronic health records.		
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 and CSBs are at a level 2.			
VA To Be:	MITA 2010: Facilities and CSBs would like electronic health records to move to the next level.			