

## Care Management (CM)

<b>CM: Develop Discharge Planning and Aftercare Plan Process</b>				
Item	Details			
<b>Description</b>	The <b><i>Develop Discharge Planning and Aftercare Plan</i></b> business process uses Federal and State-specific criteria, rules, best practices and professional judgment to develop discharge planning and aftercare plans that optimize successful outcomes. It includes activities to track and assess the client and his/her treatment progress during the episode of care and status at discharge, evaluate client needs for ongoing care and support services, and establish a long term plan for continuing and/or sustaining recovery.			
<b>MITA Reference</b>	None.			
<b>Sample Data</b>	Client information Provider/contractor information Payment history Information Service information	Case history Assessment protocol Treatment plan protocol		
<b>CL: Develop Discharge Planning and Aftercare Plan: Maturity Levels</b>				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>This business process is primarily conducted via paper, phone, and fax using nonstandard forms and data. The process is inconsistent in approach and timing. Format and content are nonstandard, and are likely state-specific, using state-specific business rules. Discharge/aftercare plan development is not coordinated across agency and program silos.</p> <p>This Level complies with agency requirements.</p>	<p>The process incorporates direct connectivity to other agencies, programs, and providers/contractors using Web interfaces to facilitate development; some basic business rules and state agency specific standards are in place. Data and formats are aligned to conform to national standards. Discharge/aftercare plan development processes are standardized and automated within the agency; some coordination occurs.</p> <p>This Level includes additional data and quality edits.</p>	<p>The process is fully automated. Cross agency collaboration results in improved coordination of discharge/aftercare plan development activities; some processes are shared. 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 process is automated using point-to-point collaboration through HIEs statewide. The process has automated access to clinical and treatment plan data. Plan participants are automatically notified when the client is ready to discharge, and mechanisms are in place to quickly and easily track client progress and status to develop appropriate discharge/aftercare plans.</p> <p>This Level adds clinical data.</p>	<p>Discharge/aftercare plan development processes are automated through HIEs nationwide. The process automatically gathers and verifies the data, teams are virtually convened, and decisions made promptly using evidence-based practices. Continuous tracking allows real time adjustment of discharge/aftercare goals to maximize successful recovery.</p> <p>This Level adds nationwide technical interoperability.</p>
<p><b>VA As Is: 2010 MITA:</b> Central Office (Department of Behavioral Health and Developmental Services – DBHDS) is at a level 1 because they do not</p>				

use national standards at this point. CSBs (Community Services Board) between a level 1 and a level 2.				
<b>VA To Be:</b>	<b>2010 MITA:</b> CSBs would like to be a solid level 2 with electronic medical records.	<b>2010 MITA:</b> Central Office would like to skip level 2 and move to a level 3 with electronic medical records.		
<b>Automation</b>				
<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
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
<b>VA As Is:</b>	<b>2010 MITA:</b> Central Office and CSBs are at a level 2.			
<b>VA To Be:</b>		<b>2010 MITA:</b> CSBs would like to be a level 3 with electronic medical records.	<b>2010 MITA:</b> Central Office would like to skip level 3 and move to a level 4 with electronic medical records.	
<b>Standards</b>				
<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
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
<b>VA As Is:</b> <b>2010 MITA:</b> CSBs and Central Office are at a level 1.				
<b>VA To Be:</b>	<b>2010 MITA:</b> CSBs would like to be a solid level 2 with electronic medical records.	<b>2010 MITA:</b> Central Office would like to skip level 2 and move to a level 3 with electronic medical records.		
<b>Cross Coordination</b>				
<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
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
<b>VA As Is:</b> <b>2010 MITA:</b> Central Office is at a	<b>2010 MITA:</b> CSBs are at a level 2.			

level 1.				
<b>VA To Be:</b>		<b>2010 MITA:</b> All parties would like to move to a level 3.		
<b>Client Data</b>				
<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
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
<b>VA As Is:</b>	<b>2010 MITA:</b> Central Office and CSBs are at a level 2.			
<b>VA To Be:</b>		<b>2010 MITA:</b> CSBs would like to be a level 3 with electronic medical records.	<b>2010 MITA:</b> Central Office would like to skip level 3 and move to a level 4 with electronic medical records.	
<b>Interoperability</b>				
<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
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
<b>VA As Is:</b>	<b>2010 MITA:</b> Central Office and CSBs are at a level 2.			
<b>VA To Be:</b>		<b>2010 MITA:</b> All parties would like to be a level 3 with electronic medical records.		