

## Care Management (CM)

### CM: Intake Client Process

Item	Details
<b>Description</b>	The <i>Intake Client</i> business process receives intake data from the client; checks for status (e.g., new, current, past), establishes type of client (e.g., pregnant, IV drug user, HIV positive, other); opens a client file; screens for required fields, edits required fields, verifies client information with external entities if available, and assigns an ID.
<b>MITA Reference</b>	Source Process Name: <i>Establish Case</i> Source Process Business Area: <i>Care Management</i> References: Part 1 Appendix C, Business Process Model Details Part 1 Appendix D, Business Process Capability Matrix Details <a href="http://www.cms.hhs.gov/MedicaidInfoTechArch/04_MITAFramework.asp">http://www.cms.hhs.gov/MedicaidInfoTechArch/04_MITAFramework.asp</a>
<b>Sample Data</b>	Client, provider, and service history data   Treatment Plan protocol Assessment protocols   Table of available providers

### CL: Intake Client: 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 intake; accesses client, provider/contractor and service information; uses basic business rules and state agency specific standards. Intake data and formats conform to standards, and basic intake 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 augment the intake process. Cross agency collaboration results in a one-stop shop, with some shared intake 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>Intake is embedded in provider/contractor/agency communications through statewide HIEs, eliminating the need for most human intervention. The process has automated access to virtual records and a broad spectrum of clinical data statewide to quickly verify intake information.</p> <p>This Level adds clinical data.</p>	<p>Inter-enterprise business process management between all state health agency systems nationwide and real time connectivity eliminates the need for most intake processes. Intake is automated using real time access to client data.</p> <p>This Level adds nationwide technical interoperability.</p>
<p><b>VA As Is:</b> <b>MITA 2010:</b> Facilities (Department of Behavioral Health and Developmental Services - DBHDS) mostly use paper and can not access CSB (Community</p>	<p><b>MITA 2010:</b> CSBs are mostly operating at a level 2.</p>			

Services Board) records electronically.				
<b>VA To Be:</b>		<b>MITA 2010:</b> Facilities and CSBs would like automation and use of 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>MITA 2010:</b> Facilities are mostly paper.	<b>MITA 2010:</b> CSBs are mostly at level 2 with some CSBs at a level 3.			
<b>VA To Be:</b>		<b>MITA 2010:</b> Facilities would like to advance from a level 1 to a level 3 by using electronic health 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>MITA 2010:</b> Facilities use Joint Commission Standards (JC) and CMS standards. CSBs use CARF.			
<b>VA To Be:</b>	<b>MITA 2010:</b> Working to fully function at Level 2. More standards will help achieve the movement to a level 2.			
<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>MITA 2010:</b> Facilities are operating at level 2 with processes defined. CSBs are			

	between a level 2 and a level 3.			
<b>VA To Be:</b>	<b>MITA 2010:</b> Facilities would like to use treatment plans and electronic health records to move to a level 3. CSBs would like to expand the use of electronic medical records 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>MITA 2010:</b> Facilities have internal access to text base materials in house. CSBs are between a level 2 and a level 3.			
<b>VA To Be:</b>	<b>MITA 2010:</b> CSBs would like to share client data consistently to move to a full level 3. Facilities would like the use of electronic health records to move to level 3.			
<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>MITA 2010:</b> Facilities are at a level 2.	<b>MITA 2010:</b> CSBs are at a level 3.		
<b>VA To Be:</b>	<b>MITA 2010:</b> Facilities would like to advance to a level 4 with the use of electronic health records.			