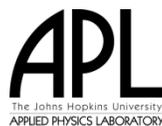


*Prepared for the:*  
Administration for Children and Families (ACF)

**National Human Services Interoperability Architecture**  
**How the Client and Case Management are**  
**Addressed in NHSIA**  
**DRAFT Version D0.2**  
**June 2012**

*Prepared by:*  
The Johns Hopkins University  
Applied Physics Laboratory (JHU/APL)



## Draft Issue

It is important to note that this is a draft document. The document is incomplete and may contain sections that have not been completely reviewed internally. The material presented herein will undergo several iterations of review and comment before a baseline version is published.

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Note: This document and other NHSIA-related documentation are available for review from the NHSIA SharePoint site. Updates and any additional documents will be published on that site. The URL for the site is <https://partners.jhuapl.edu/sites/HSNIA>. The version D0.1 and D0.2 documents may be viewed or downloaded from the document library named [NHSIA Drafts](#).

Review and comments to this document are welcome. To comment, either post your feedback in the [NHSIA Drafts Comments](#) library or send comments to [NHSIAArchitectureTeam@jhuapl.edu](mailto:NHSIAArchitectureTeam@jhuapl.edu).

Ms. Christine O. Salamacha  
The Johns Hopkins University Applied Physics Laboratory  
11100 Johns Hopkins Road  
Laurel, MD 20723  
Phone: 240-228-6000  
E-Mail: [Christine.Salamacha@jhuapl.edu](mailto:Christine.Salamacha@jhuapl.edu)

## Table of Contents

List of Figures .....	ii
List of Tables.....	ii
1 Introduction .....	1
2 Discussion Foundation .....	3
2.1 Client and Client Management .....	3
2.2 Case / Care / Service Management – Which makes sense for NHSIA?.....	4
3 NHSIA Service Management Business Area .....	11
3.1 Service Management Business Processes .....	11
3.2 Mapping Business Processes to Health and Human Services .....	15
3.2.1 Mapping to Human Services Domains .....	15
3.2.2 Mapping to Health Services.....	16
3.2.3 Synergy between Human Services and Health Services.....	17
4 Thinking Through NHSIA Service Management.....	19
4.1 Dealing with a Client Group .....	19
4.2 Client Data, Case Record - or Both.....	19
4.3 Unique Identification .....	20
4.4 Cases Are Closed but Not Forgotten .....	20
4.5 Eligibility – First Step in Case Management?.....	20
4.6 Impact of Client-Centric Human Services on Case Management.....	21
4.7 Who Manages Cases? .....	21
4.8 Integrating Case Management and Reporting.....	21
4.9 Paperless Case Management .....	22
4.10 Don't Change My Data – Dealing with Data Integrity.....	22
5 Service Management Impact on NHSIA Viewpoints .....	23
6 References .....	24
7 Accessibility Appendix.....	25

## List of Figures

Figure 2-1: Person-Client-Case-Case Person Information Sets – An Example .....	7
Figure 2-2: Data Model for Person Information .....	9
Figure 2-3: Data Model for Case-Related Information .....	10
Figure 3-1: NHSIA Service Management Business Area .....	11
Figure 3-2: Examples of Case Hierarchy Use in Service Management Processes...	14

## List of Tables

Table 3-1. NHSIA Business Processes Mapped to Human Services Domains.....	16
Table 3-2. Legend for Process Mapping .....	16

## 1 Introduction

The National Human Services Interoperability Architecture (NHSIA) is being developed for the Administration for Children and Families (ACF) by the Johns Hopkins University (JHU) as a framework to support: integrated eligibility and information sharing across programs, agencies, and departments; improved efficiency and effectiveness in delivery of human services; improved detection and prevention of fraud; and better outcomes for children, youth, and families.

The goal of NHSIA is to provide an overarching framework for defining processes associated with planning, coordinating, monitoring, and evaluating services provided to clients. In particular, NHSIA is expected to enable information sharing and collaboration so that services can be provided efficiently and effectively. The intent of NHSIA is not to define the art and science of social work case management but rather to identify opportunities for information sharing in order to improve the outcomes of health and human services. To serve this purpose, the NHSIA business model has adopted a new business area, Service Management, as a counterpart to the Care Management business area specified for Medicaid Information Technical Architecture (MITA) 3.0.<sup>1</sup> A holistic health and human service strategy includes both Care Management and Service Management.

This paper discusses how *client* and *case management* are understood in the context of NHSIA, explains the Service Management business area, and discusses some of the challenges NHSIA faces in the area of “service management”. This version contains updates made after version D0.1 was published.

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<sup>1</sup> Draft MITA 3.0 materials were initially provided in May 2011. Subsequently the materials were made available publically.

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## 2 Discussion Foundation

### 2.1 Client and Client Management

The concept of a client is integral to case management since cases are managed for clients. A client is “an individual, small group, or larger population”<sup>2</sup> that is receiving or may receive human services. This definition is simple yet it captures the fundamental intent of NHSIA, which is to provide an architecture that enhances the delivery of services to those in need. The definition also summarizes a fundamental challenge to NHSIA, namely that *client* is often more than a single person and is in fact determined by the services being delivered.

NHSIA adoption of the term *client* versus *member* (term used in MITA) is purposeful. An individual or group (family or household) may interact with elements of the human services environment (e.g., a worker or an on-line application system) before they are enrolled in a program and/or are assigned to a case. The term client supports the concept of *self-directed* services in which a client operates in an unassisted manner, utilizing on-line capabilities to explore, determine, procure and monitor services.

Though the NHSIA business model is largely derived from MITA 3.0, one noteworthy difference between the two models is that in NHSIA, the business area that addresses information management and communications with individuals receiving services is titled Client Management; the comparable MITA business area is titled Member Management. The business processes specified for the MITA and NHSIA business areas are largely the same though NHSIA distinguishes between shared and agency client information while MITA does not. The primary focus of MITA is the Medicaid environment but since NHSIA encompasses all human service domains, it must address shared and agency client data. *Shared client information* is common information used by multiple human and health services agencies. This common information is the primary focus of NHSIA. *Agency client information* is information managed by a specific human services agency, such as Child Protection or Housing and Energy Assistance, to support its processes.

Similar to MITA, the NHSIA business model includes processes for client support: Manage Client Communications, Manage Client Grievance and Appeal, and Perform Population and Client Outreach. In order to further client-centric human services, the NHSIA processes dealing with the management of client data consider the client as an active stakeholder in these processes, along with (case) workers,

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<sup>2</sup> An Introduction to Human Services, Woodside, Marianne and McClam, Tricia, Brooks, Cole Cengage Learning, 2011, p. 286

providers and agencies. The expectation is that clients have access to their own data, including case data.

One of the challenges for NHSIA is how to manage information for a client group, i.e., family or household. Certain information is unique to each person (e.g., birth date) while other information is shared by the client group (e.g., residence). A further complication is that some information, such as birth date, is persistent while other information is subject to change (e.g., residence). Eligibility might be determined based on the client group and services must be coordinated across all individuals that comprise the client group. Also, at some point an individual may disassociate from the group and start to receive services as an individual client yet it would be beneficial to retain past history of services provided when they were part of the client group.

## 2.2 Case / Care / Service Management – Which makes sense for NHSIA?

Case management is done for both health and human services. But, what is case management? Below are definitions for case management from several sources:

- **Case management** is a collaborative process of assessment, planning, facilitation, and advocacy for options and services to meet an individual's health (*and other*) needs through communication and available resources to promote quality cost effective outcomes.<sup>3</sup>  
*For NHSIA, the individual's needs are NOT limited to health. See definition below for more comprehensive explanation of needs.*

**Social work case management** is a method of providing services whereby a professional social worker assesses the needs of the client and the client's family, when appropriate, and arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific client's complex needs. A professional social worker is the primary provider of social work case management. Distinct from other forms of case management, social work case management addresses both the individual client's biopsychosocial status as well as the state of the social system in which case management operates. Social work case management is both micro and macro in nature: intervention occurs at both the client and system levels. It requires the social worker to develop and maintain a therapeutic relationship with the client, which may include linking the client with systems that provide him or her with needed services, resources, and opportunities. Services provided under the rubric of social work case management practice

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<sup>3</sup> <http://www.cmsa.org.au/definition.html>

may be located in a single agency or may be spread across numerous agencies or organizations.<sup>4</sup>

- **Case management** activities generally have two key features: providing a connection between individuals and the system of publicly funded services and supports and assuring that these services meet reasonable standards of quality and lead to improved outcomes for individuals.<sup>5</sup>

These definitions validate case management as “ground zero” for managing health and human services. In practice, case management means different things to different stakeholder communities, in particular, human (social) and health (clinical) service communities. An additional complication is that the terms case management, care management, service management, and services coordination are sometimes used interchangeably. Though there are overlaps in the terms, there are also differences. The goal of NHSIA is to provide an overarching framework for defining processes associated with planning, coordinating, monitoring, and evaluating services provided to clients. To mitigate the confusion and controversy sometimes triggered by the term “case management” (and other terms), the NHSIA business model has defined the business area Service Management as a counterpart to the Care Management business area specified for MITA 3.0. A holistic health and human services strategy includes both Care Management and Service Management.



The concept of a case is still core to Service Management. The NHSIA perspective is that services provided to a client are part of the overarching “case” managed for that client by a caseworker, program/agency, or service provider. Case documentation includes client needs, plans developed to address the needs, the services provided, and the outcomes of those services.

In practice, clients often need multiple services and these services are usually managed by different entities. Multiple agencies maintain information pertaining to the same client. NHSIA will need to account for multiple *case records* for the same client where the files are maintained by different human services agencies per their procedures. The challenge for NHSIA is to provide clients and workers the ability to access and utilize case files to achieve a holistic understanding of a client’s *case portfolio* that spans all needs and all services, past and present.

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<sup>4</sup> [http://www.socialworkers.org/practice/standards/sw\\_case\\_mgmt.asp](http://www.socialworkers.org/practice/standards/sw_case_mgmt.asp)

<sup>5</sup> [http://www.hhsc.state.tx.us/about\\_hhsc/reports/CaseManagement\\_BestPractices.pdf](http://www.hhsc.state.tx.us/about_hhsc/reports/CaseManagement_BestPractices.pdf)

The NHSIA Information Viewpoint has adopted the following “case “information” terminology:

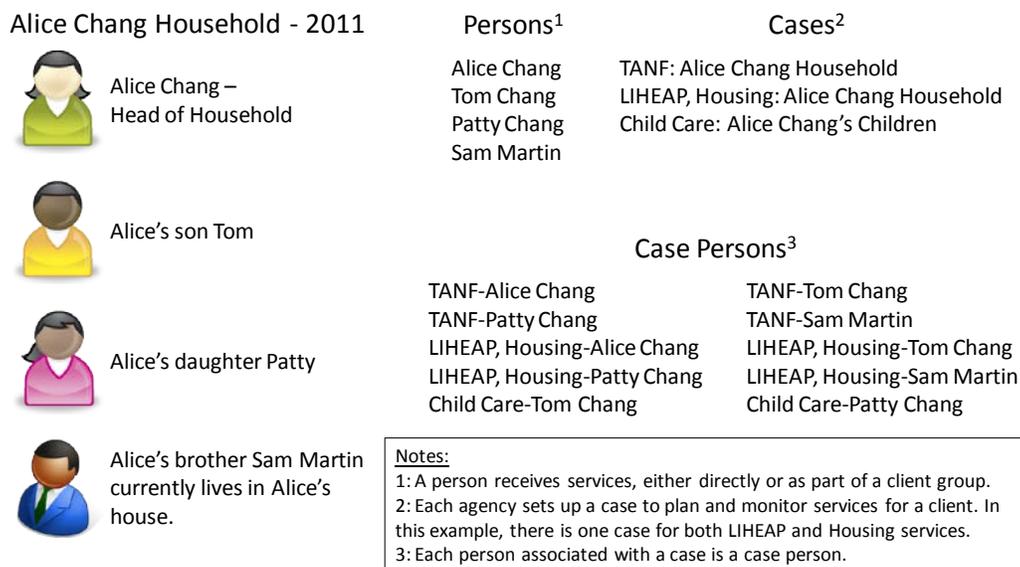
- Case Entry - The smallest unit of information entered on a case record. This may include situational information, service plan(s), enrollment status, case notes, client notifications, records of client contact, residence validation record, authorization for release of information, etc. Includes attachments.
- Case Record - Collection of case entries held by a case worker, service provider, or program/agency staff system. A case is associated with a client and may address one or more services.

Each agency has a case related to the services they provide to a client.

- Case Portfolio - Grouping of multiple Case Records aggregated to reflect a client’s service history and status. Includes both active and inactive Case Records. Represents service history over the client’s lifetime.
- Case Person – A person who is a client of a case.

In the Client Management business area, a Person Record is maintained for each individual; managing information for a client that is a group or household involves managing a Person Record for each individual in the group/ household. Figure 2-1 depicts the basic information sets: person, client, case, and case person.

The NHSIA information viewpoint will explore models for person records and case records to discern what data is logically associated with each. An example that illustrates the four basic information sets is provided in Figure 2-1 and preliminary modeling concepts for person, case, and case person information are presented in Figure 2-2 and Figure 2-3. A fundamental data management objective, not always achievable, is to reduce unnecessary data redundancy and leverage authoritative data sources. One of the biggest challenges for NHSIA is to identify strategies for dealing with a multitude of person and case records – owned by different entities but dealing with the same individual or group (client), and multiple case records occurring over time for a single individual or group (client).



**Figure 2-1: Person-Client-Case-Case Person Information Sets – An Example**

Figure 2-2 depicts a representative data model for person information. Some agencies may share all or part of person data while other agencies may maintain their own person data. A client’s person data likely applies to multiple cases with which the person is associated. The following categories are associated with a “person”:

- |                              |                              |
|------------------------------|------------------------------|
| Person Name                  | Emergency Contact            |
| Person Demographics          | Person Family and References |
| Personal Characteristics     | Household                    |
| Person Alternate Identifiers | Release of Information       |
| Person Attachment            | Person Education             |
| Application                  | Person Finances              |
| Address                      | Person Health Status         |
| Street                       | Person Employment History    |
| Telephone Contact            | Person Legal/Court History   |
| Email                        |                              |

Figure 2-3 depicts a representative data model that includes case entry, case record and case portfolio as well as other case-related objects. As shown in Figure 2-3 a case person is linked to a person. Figure 2-3 shows that case person is also linked to case. The model allows for changes in status, entry and departure, and relationships between a “case person”, “case”, and “person”. The following categories are associated with a “case record”:

- Case Person
- Appeal
- Outreach

Case Portfolio  
Case Report  
Inquirer Information  
Performance Indicator  
Case Entry  
Investigation  
Case Assessment  
Case Plan  
Referral

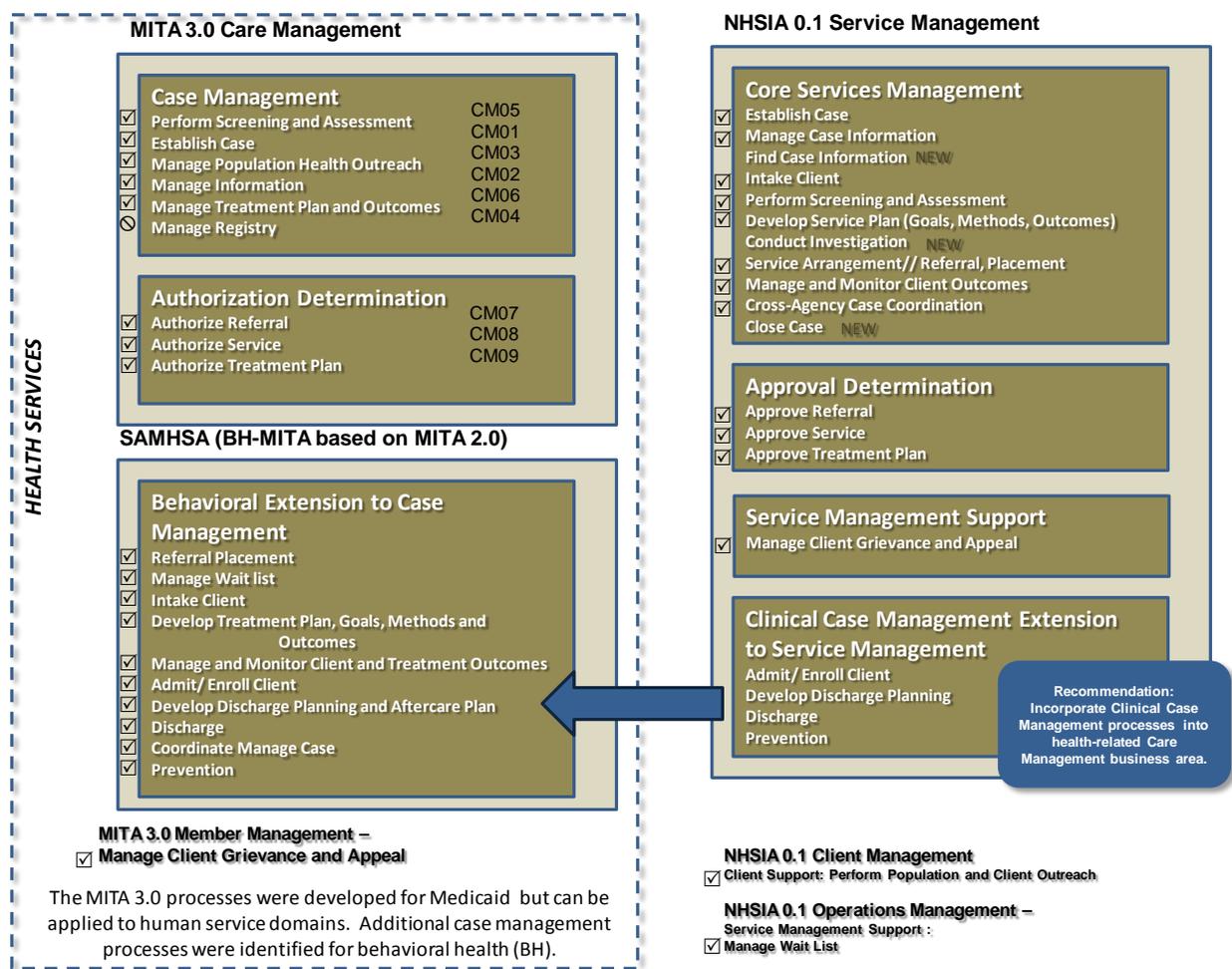




### 3 NHSIA Service Management Business Area

#### 3.1 Service Management Business Processes

Figure 3-1 provides a mapping of MITA 3.0 Care Management and the additional processes specified by SAMHSA for Behavioral Health (based on MITA 2.0) to the NHSIA business area and process counterparts.



**Figure 3-1: NHSIA Service Management Business Area**

The checkmarks in the diagram identify comparable processes specified for both MITA and NHSIA. New processes developed for NHSIA are labeled such. The Manage Registry process appears to be specific to Medicaid. This is the registry of Medicaid members.

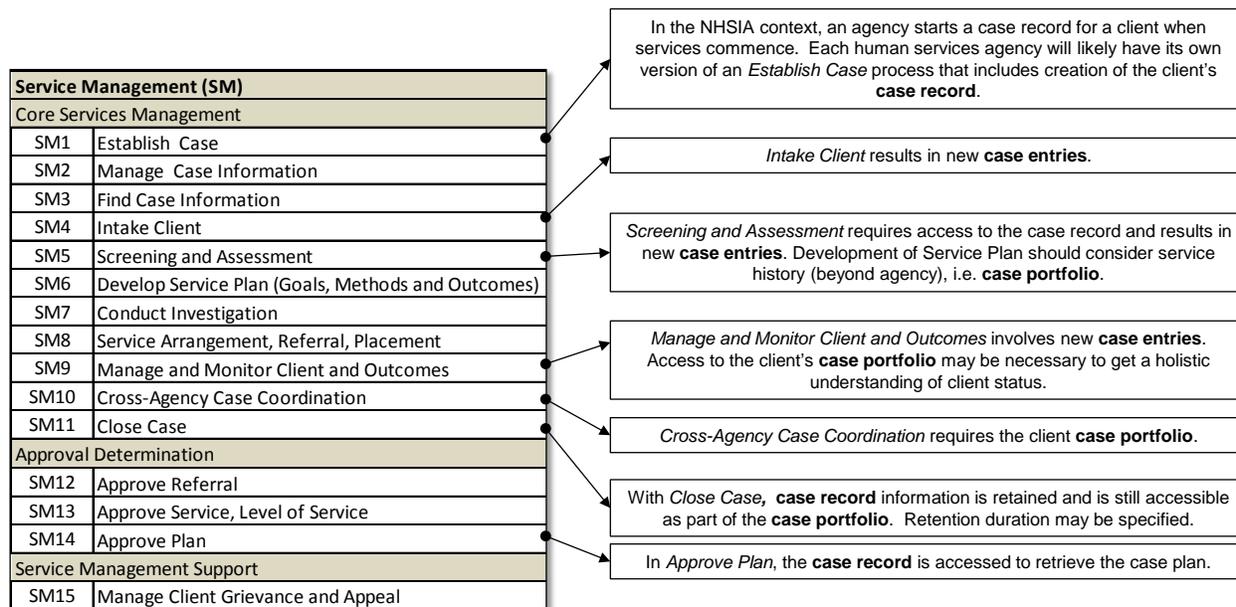
Core Services Management processes span the lifecycle of a case, from initial establishment to closure. These processes are defined below.

- Establish Case: The Establish Case process includes the creation of case records. The Establish Case process interacts with the Client Management business area in which client information is collected and recorded. As part of the Establish Case process, a search is conducted for prior history information (persons, incidents) and appropriate linkages to other data sources are identified and established. When a given agency goes to establish a case for a client, it should be able to determine if the client is already being serviced (i.e., recognized as case). The Establish Case process includes the assignment of the case to an appropriate worker (perhaps worker per agency).
- Manage Case Information: The Manage Case Information process includes collecting, updating, sharing, searching and freezing case data. In practice, different services may be administered by different agencies or entities. Sometimes, HHS agencies are managed under a single HHS department and director. It is rare that all human services are administered by a single entity. Consequently, there usually are multiple instances of case information for a given client, each administered by a different agency.
- Find Case Information: The Find Case Information process locates case information from accessible electronic resources. This process receives requests for case information from authorized stakeholders and systems; performs the inquiry; and prepares the response data set. The process controls access to information based on rules and agreements.
- Intake Client: The Intake Client process involves interviewing the client to assess information such as health status, health-related behaviors, life style and living conditions status and updating information as required. Intake Client interacts with the Client Management business area in which client information is collected and recorded. The Intake Client process is often done in tandem with Eligibility Determination and Screening and Assessment; information collection supports eligibility determination (possibly for multiple programs) and is also tailored to the services of a given program or agency.
- Screening and Assessment: The Screening and Assessment business process includes evaluating the health, behavioral health, life style and living conditions information to determine risk factors; identifying risk categories, and level of need; evaluating current risk assessment against previous risk assessments, determining priorities for plan development, collecting and recording special needs; recording findings.
- Develop Plan Goals, Methods, and Outcomes: The Develop Plan Goals, Methods, Outcomes business process uses federal and state-specific criteria, rules, best practices and professional judgment to develop a client plan that optimizes successful outcomes. This process utilizes the client lifetime service history. The plan identifies indicators to be collected and reported to evaluate

outcomes. Finally, the process includes acquiring the necessary approval and authorization.

- **Conduct Investigation:** The Conduct Investigation process is utilized in Child Protection and may also apply to domestic violence and elderly abuse. The priority of improving wellness is identified for the investigation. For Child Protection, the investigation process frequently begins with a report of child abuse and/or neglect of a child living in a family, attending a day care center, or living in a restrictive care facility or a foster home. A child's school could also initiate a report. Reports are screened to determine if the reported information constitutes a report of child abuse and/or neglect that should be investigated. A child protection investigation worker investigates the allegations made by the reporter in order to determine whether or not a child has been abused and/or neglected. In addition to the determination of the validity of the report, the worker is responsible for assessing the risk of further harm or injury to a child victim.
- **Service Arrangement/ Referral/ Placement:** The Service Arrangement/ Referral/Placement business process is used to refer or assign clients to specific providers for particular services; match client needs with one or more providers; and broker services (to include establishing service limits). Checks are conducted to ensure providers are eligible and enrolled to provide services. The process includes acquiring necessary approvals and authorizations. This process is used by providers/ contractors to make follow up referrals for services.
- **Manage and Monitor Client and Outcomes:** The Manage and Monitor Client and Outcomes process involves evaluating the quality of services to determine if the goals established within the case plan are being met. Service arrangement is initiated as appropriate. Activities include documenting delivery of services and compliance with the plan; recording client contact and performance; conducting case reviews to reevaluate the goals and case plans developed during initial screening and assess whether changes to case plans are warranted; generating a case summary; and generating case status. This process supports the collection of performance measures (either directly or indirectly through activities listed above).
- **Cross-Agency Coordination:** The Cross-Agency Coordination process activities include: coordinating case plans in place for a given client to reevaluate the goals and assess whether changes to case plans are warranted; developing an integrated situational awareness of the client to facilitate efficient and effective delivery of services; identifying gaps in services and redundant services. This process includes dealing with shared case data generated as part of coordination. This process also supports the collection of performance measures (either directly or indirectly through activities listed above).

- Close Case: The Close Case process includes determining when services are completed or should cease and implementing procedures established for managing information associated with closed cases. Case-related information becomes part of the client’s lifetime service history. These procedures may include facilitating following former recipients of services over time to determine their longer term outcomes (such as employment).



**Figure 3-2: Examples of Case Hierarchy Use in Service Management Processes**

Figure 3-2 illustrates how the Core Services Management processes employ the NHSIA case information hierarchy. In addition to Core Services Management processes, the NHSIA business model includes processes comparable to the three Approval Determination business processes specified for MITA: Authorize Referral, Authorize Service/ Level of Service, and Authorize Treatment Plans. However, instead of authorize and authorization, the terms approve and approval are used. In the NHSIA context, the term “authorize” is reserved for granting access to data (e.g., user provisioning). The Approval Determination processes are included because in current operations some form of approval is required for case plans and perhaps even services.<sup>6 7</sup> Service Management Support currently consists of the Manage Client Grievance and Appeal; in MITA 3.0, this process is part of the Client Management business area. Additional processes that support service management, such as Manage Wait List, are included in the Operations Management business area.

<sup>6</sup> SACWIS documentation cited the requirement to acquire supervisor approval.

<sup>7</sup> It is not clear whether authorization always requires a human-in the-loop or can be implemented with automated processes.

Service Management processes invoke Client Management processes whenever client data is accessed or updated. By design, the processes that deal with collecting information about the client, managing client information, providing access to client data and communicating with the client are in the Client Management business area. They are invoked by other NHSIA business processes as needed. With this approach, as human services agencies extend interoperability, a Service Management process in any human services domain, e.g., Child Support Enforcement, would trigger the Manage Shared Client Information process of any other human service domain. Of course, such interoperability will require services and measures that support confidentiality requirements.

The set of processes listed for Clinical Case Management Extension to Services Management in Table 3-1 are based on the extension to MITA (BH-MITA) developed by the Substance Abuse and Mental Health Administration (SAMHSA). The initial version of BH-MITA, released in the 2008-2009 timeframe, was aligned with MITA 2.0 and included additional processes required to address behavioral health. In particular, a significant number of new processes were identified in the area of Care/ Case Management. Many of these processes have been incorporated into the set of NHSIA Core Services Management processes. The remaining processes grouped under Clinical Case Management Extension to Services Management do not appear to apply to human services but are relevant to health services. The SAMHSA BH-MITA effort has recently restarted. The NHSIA business model includes these processes in Version D0.2 with the assumption that BH-MITA will incorporate them into the final Case/Care Management business area adopted for behavioral health.

## **3.2 Mapping Business Processes to Health and Human Services**

### **3.2.1 Mapping to Human Services Domains**

Initial development of NHSIA addressed the following human service domains:

- Financial Assistance (e.g., Temporary Assistance to Needy Families (TANF))
- Adoption/ Foster Care
- Child Care
- Child Support Enforcement
- Child Protection
- Housing & Energy Assistance (e.g., Low Income Home Energy Assistance Program [LIHEAP])
- Food / Nutrition (e.g., Supplemental Nutrition Assistance Program [SNAP])

The term *domain* is used rather than a specific program because states may have their own version of a given federal program. Table 3-1 provides the initial NHSIA

mapping of Service Management processes to domains; Table 3-2 explains the notation used in the mapping table.

**Table 3-1. NHSIA Business Processes Mapped to Human Services Domains**

ID	Process Name	Medicaid (MITA)	BH (SAMHSA)	Financial Assistance	Adoption & Foster Care	Child Care	Child Support Enforcement	Child Protection	Home Energy Assistance	Food/ Nutrition
<b>Service Management (SM)</b>										
<b>Core Services Management</b>										
SM1	Establish Case	MITA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA
SM2	Manage Case Information	MITA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA
SM3	Find Case Information	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA
SM4	Intake Client	NA	SAMHSA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA
SM5	Screening and Assessment	NA	SAMHSA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA
SM6	Develop Service Plan (Goals, Methods and Outcomes)	NA	SAMHSA	TBD	NHSIA	NHSIA	TBD	NHSIA	TBD	TBD
SM7	Conduct Investigation	TBD	TBD	TBD	NHSIA	NHSIA	NHSIA	NHSIA	TBD	TBD
SM8	Service Arrangement, Referral, Placement	NA	SAMHSA	NA	NHSIA	NHSIA	NA	NHSIA	NA	NA
SM9	Manage and Monitor Client and Outcomes	MITA	SAMHSA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA
SM10	Cross-Agency Case Coordination	NHSIA	SAMHSA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA
SM11	Close Case	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA
<b>Approval Determination</b>										
SM12	Approve Referral	MITA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA
SM13	Approve Service, Level of Service	MITA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA
SM14	Approve Plan	MITA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA
<b>Service Management Support</b>										
SM15	Manage Client Grievance and Appeal	MITA	SAMHSA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA	NHSIA
<b>Clinical Case Management Extension to Services Management</b>										
SM16	Admit, Enroll Client	NA	SAMHSA	TBD	TBD	TBD	TBD	TBD	TBD	TBD
SM17	Develop Discharge Planning	NA	SAMHSA	NA	NA	NA	NA	NA	NA	NA
SM18	Discharge Client	NA	SAMHSA	NA	NA	NA	NA	NA	NA	NA
SM19	Prevention	NA	SAMHSA	TBD	TBD	TBD	TBD	TBD	TBD	TBD

**Table 3-2. Legend for Process Mapping**

Label	Meaning
NHSIA	Applies to program based on NHSIA analysis
MITA	Applies to program based on MITA docs
SAMHSA	Applies to program based on SAMHSA, VA MITA Self-Assessment / BH docs
NA	Current assessment - does not apply
TBD	Not yet determined if applies or not

The mapping documented in Table 3-1 is draft. The mapping will be used to engage stakeholders / experts to solicit feedback and will be revised in response to this feedback. However, the current mapping does suggest that an overarching business model applicable across human service domains, state agencies, local agencies, etc. is feasible. With the exception of the select set of BH-MITA processes discussed previously, it appears most processes are applicable across the domains being considered in NHSIA.

**3.2.2 Mapping to Health Services**

NHSIA Service Management business processes that apply to Medicaid and/or behavioral health services are noted in Table 3-1. Processes that were explicitly referenced in MITA or SAMHSA documentation are noted as such. Additional NHSIA processes that pertain to information management, sharing, and coordination are tagged as (likely) applicable to Medicaid even though they may not

be explicitly called out in MITA 3.0. Further analysis is required to verify their applicability.

The “clinical case management” processes are not explicitly cited in the MITA model and therefore are noted as not applicable. These processes are germane to health-related services and belong in a BH extension to the MITA Care Management business area.

### **3.2.3 Synergy between Human Services and Health Services**

Appropriate coordination between human services and health services is desirable in all business processes. Synergy is particularly important in Develop Service Plan, Manage and Monitor Client and Outcomes and Cross-Agency Case Coordination. Workers and service providers need a holistic view of their client in order to develop the best possible plan, track if progress is being made, and collaborate to identify and implement necessary course corrections. Both health and human services case information should be accessible to workers and providers. Services that enable the case portfolio will provide this accessibility while ensuring that accessibility is balanced with confidentiality requirements.

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## 4 Thinking Through NHSIA Service Management

Managing and monitoring the delivery of human services is complicated. This section discusses some of the challenges to be addressed by NHSIA. The list below is representative and not intended to be exhaustive.

### 4.1 Dealing with a Client Group

When managing human services, there are benefits to recognizing the individuals of a family or household as a group and being able to associate information with this group of individuals. In general, more effective services are delivered when the needs of the group are considered in total.

Challenges related to managing information for a client group include:

- Data is typically maintained per individual (for both person data and case data).
- Agencies may have legal access only to those clients they are serving and not to other persons in a household.
- The client group may change over time and linkages must be managed as the composition of the client group changes.

NHSIA needs to provide services that support dynamic specification of a client group. Associated requirements include:

- Information is maintained per person
- Relationships between individuals are captured ; both persistent (e.g., familial) relationships and relationships that are relevant to eligibility and receipt of services
- Case person records can be associated with a common case

### 4.2 Client Data, Case Record - or Both

Is certain information considered to be *client* data while other information is treated as case data? Does it matter? With virtual records, how information is stored physically need not constrain how information is available to a user. From a user perspective, client data or case record may not matter. However, from a data management perspective, how records are defined and physically managed may determine who can access data, which has authority to update data, whether the same data is stored redundantly, authoritative sources for specific data elements, etc. The NHSIA Conceptual Data Model accounts for person data and case data and assumes linkages from case records to appropriate person records. The NHSIA Master Person Index White Paper addresses the critical role of MPI services.

### **4.3 Unique Identification**

A reliable means of identifying an individual is critical to being able to determine whether information applies to a given individual. The NHSIA Master Person Index White Paper addresses the critical role of MPI services.

### **4.4 Cases Are Closed but Not Forgotten**

Cases have different life spans. For example, temporary financial assistance may terminate after sustained employment is demonstrated while an adoption case could be “open” until the youngest child in a family reaches the age of 21. Sometimes cases are closed and then reopened. Certain information must be retained for a designated period of time, perhaps long after a caseworker stops treating the case as active, and NHSIA must accommodate rules for retention of case-related data.

Additional requirements related to maintaining case information include:

- To determine longer term program effectiveness, i.e., outcomes, data must be retained. Preserving longer term records may require a separate archival process.
- Evaluation of outcomes often requires collection of select information after individual cases become inactive. Data collection associated with program outcomes is integrated with other processes so that information is captured with targets of opportunity.
- Long term longitudinal studies often deal with specific populations. Analysts need to be able to retrieve case records per select criteria.
- There are instances when case information needs to be expunged.

### **4.5 Eligibility – First Step in Case Management?**

Some definitions of case management and case management systems include eligibility determination and enrollment. Like MITA 3.0, NHSIA has a separate Eligibility and Enrollment business area. Addressing eligibility determination in a separate business area is aligned with the trend towards self-directed services where clients can independently determine their potential eligibility across multiple programs. However, caseworkers can certainly assist clients with eligibility determination as a precursor to service management.

Further, eligibility determination is invoked throughout service management. In many cases, the client and agency have to meet certain objectives in order to maintain benefits. For example, TANF imposes requirements for hours worked per week. Client and agency compliance are continuously evaluated as eligibility is reassessed.

## 4.6 Impact of Client-Centric Human Services on Case Management

An emergent concept is that clients will have access to their own data. What does this mean for data that historically has been managed as “case” data? There are probably notes that a caseworker or provider makes that they do not want the client to see. Will a client be able to only view data or can they update data? Who has final say that data are correct? Will client access privileges vary by program and agency or could client access fall under federally-mandated rules (e.g., a potential counterpart to the HIPAA Privacy Rule)?

## 4.7 Who Manages Cases?

What are the privileges and responsibilities of service providers with respect to management of cases? This question is raised because of its relevance to information sharing. There are anecdotal stories about foster parents (i.e., service providers) who because of confidentiality rules were unaware of vital information about the child placed in their care. Cross-agency coordination involves treating the client as a whole, making sure everyone who should know about a change in the client’s situation does hear about it. Also, it is important to coordinate schedules/ visits/ re-assessments/etc., and service/care providers are active partners in this coordination.

With the increased focus on consumer centered care/services, the role of consumers who help clients navigate health and human services programs must be recognized. This navigation is itself a service. The objective of such consumers groups is to improve outcomes for clients. With client approval, could consumer groups be granted access privileges that allow them to operate as proxies for the client?

In some instances, a “lead” caseworker might provide overarching management for all cases related to a client. The role of a “lead caseworker” would require rights and privileges that span multiple agencies.

## 4.8 Integrating Case Management and Reporting

“In exchange for the additional funding provided to a State that elects to implement a (statewide automated child welfare information system) SACWIS, the State must agree that the SACWIS will be the sole case management automation tool used by all public and private social workers responsible for case management activities. Furthermore, staff is expected to enter all case management information into SACWIS so it holds a State's "official case record" - a complete, current, accurate, and unified case management history on all children and families served by the Title IV-B/IV-E State agency.

SACWIS systems must also collect and manage the information necessary to facilitate the delivery of child welfare support services, including family support and family preservation.”<sup>8</sup>

In practice, SACWIS systems have not always provided a natural environment for the conduct of child welfare case management. Subsequently, case-related information was collected with other tools and then this data was loaded into SACWIS (to support reporting), resulting in additional effort on the part of caseworkers.

SACWIS is just one example of a more profound need – the need to better integrate case management support with reporting systems. Overall, case management tools should be caseworker-friendly. They should be accessible in the field or wherever the case worker operates. Caseworkers should not have to re-enter critical case information into mandated reporting systems, a laborious activity that takes time away from helping clients.

NHSIA should further the instrumentation of service management processes and systems to enable collection of performance measure data. This extends to automatic generation of a “summary” from related case records, either upon demand or when critical status changes, for an individual or a group.

## **4.9 Paperless Case Management**

As human services move towards paperless operations, laws and rules pertaining to case-related documentation will need to adapt to accommodate new modes of operation. Paper documents may not always be available and critical electronic documents must be certified as authoritative.

### **4.10 Don't Change My Data – Dealing with Data Integrity**

NHSIA accommodates client and case information that is shared across agencies. In practice, agencies are protective about allowing other entities to update their information. For example, a child welfare agency responsible for tracking the location of a child may not want a change in residence captured by a TANF program to automatically trigger a change in the child welfare data. Shared data, i.e., data shared across agencies, will likely be subject to rigorous management policies. NHSIA concepts and services related to the management of shared data must accommodate different policies.

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<sup>8</sup> <http://www.acf.hhs.gov/programs/cb/systems/sacwis/about.htm>

## 5 Service Management Impact on NHSIA Viewpoints

The previous discussion of Service Management identified potential impacts on the other viewpoints of NHSIA. These observations are collected here.

Information Viewpoint requirements include:

- NHSIA Common Data Model (CDM) accommodates the case hierarchy adopted for NHSIA
- Case-related records can be tagged and associated to allow them to be treated as a case portfolio that spans human service programs
- Case-related and person records of individuals can be tagged to allow them to be treated as a client group

System Viewpoint requirements include:

- Data services that manage data retention
- Data services that manage data expunging
- Data services that support client groups
- Data services that support a case portfolio
- Data services that support confidentiality requirements
- Data services that support data archival
- Data services that manage access privileges per case-related roles. These data services also allow a client to access their own case and person data.
- Data services that support capture of paper documents and access to these documents across human services
- Data services that support transfer of case responsibilities (and access privileges) from one worker to another
- Data services that enable access to provider repositories and identification of provider(s) suited to client's needs
- Data services that monitor critical parameters and generate notifications in response to status changes
- Data services that support capture of indicators needed to evaluate program outcomes and conduct longitudinal studies

Infrastructure Viewpoint requirements include:

- Ability to accommodate distributed storage of data that operationally is treated as a single case record or case portfolio
- Ability to provide caseworkers support in the field
- Ability to synchronize service management activities and associated reporting requirements

## 6 References

### MITA

**MITA 2.0 Business Architecture: Medicaid IT Architecture (MITA) Framework 2.0**, developed for Centers for Medicare and Medicaid Services, March 2006

**MITA website:** <https://www.cms.gov/MedicaidInfoTechArch>

**Behavioral Health MITA:** Behavioral Health MITA Concept of Operations Document Version 2.0 August 26, 2008, developed for CMS, CMSO, SAMHSA by Fox Systems, Inc.

**Behavioral Health MITA:** Behavioral Health MITA Business Process/ Data Model Document Version 1.0, developed for CMS

**MITA 3.0:** MITA 3.0 business area materials 2012

### Case Management

<http://www.cmsa.org.au/definition.html>

[http://www.socialworkers.org/practice/standards/sw\\_case\\_mgmt.asp](http://www.socialworkers.org/practice/standards/sw_case_mgmt.asp)

[http://www.hhsc.state.tx.us/about\\_hhsc/reports/CaseManagement\\_BestPractices.pdf](http://www.hhsc.state.tx.us/about_hhsc/reports/CaseManagement_BestPractices.pdf)

An Introduction to Human Services, Woodside, Marianne and McClam, Tricia, Brooks/ Cole Cengage Learning, 2011

Discussion with Dr. Louise Skolnik

### SACWIS

<http://www.acf.hhs.gov/programs/cb/systems/sacwis/about.htm>

SACWIS working papers, cross-walk to MITA, meeting with SACWIS personnel

**Practical considerations related to management of human services and information sharing:** Notes from visits to: NYC HS Connect, Montgomery County, MD DHHS, Virginia DHHS, Oklahoma DHS, Kentucky DHHS

## 7 Accessibility Appendix

This section contains accessible versions of figures and tables in this document. Table and figure numbers that appear here correspond to versions that appear earlier in this document.

Maps to NHSIA?	MITA 3.0 Processes	NHSIA Client Management Process ID
	<b>CARE MANAGEMENT PROCESSES</b>	
	<b>Case Management</b>	
Yes	Perform Screening and Assessment	CM05
Yes	Establish Case	CM01
Yes	Manage Population Health Outreach	CM03
Yes	Manage Information	CM02
Yes	Manage Treatment Plan and Outcomes	CM06
No	Manage Registry	
	<b>Authorization Determination</b>	
Yes	Authorize Referral	CM07
Yes	Authorize Service	CM08
Yes	Authorize Treatment Plan	CM09

Maps to NHSIA?	MITA 3.0 Processes	NHSIA Client Management Process ID
	<b>MEMBER MANAGEMENT PROCESSES</b>	
Yes	Manage Client Grievance and Appeal	

**Figure 3-1 NHSIA Service Management Business Area – Part 1**

Maps to NHSIA?	SAMHSA (Behavioral Health-MITA based on MITA 2.0) Process	
	<b>Behavioral Extension to Case Management</b>	
Yes	Referral Placement	
Yes	Manage Wait List	
Yes	Intake Client	
Yes	Develop Treatment Plan, Goals, Methods and Outcomes	
Yes	Manage and Monitor Client and Treatment Outcomes	
Yes	Admit/Enroll Clients	
Yes	Develop Discharge Planning and Aftercare Plan	

<b>Maps to NHSIA? SAMHSA (Behavioral Health-MITA based on MITA 2.0) Process</b>	
Yes	Discharge
Yes	Coordinate Manage Case
Yes	Prevention

**Figure 3-1 NHSIA Service Management Business Area – Part 2**

<b>Maps to NHSIA Process MITA / SAMHSA</b>	
	<b>SERVICE MANAGEMENT</b>
	<b>Core Services Management</b>
Yes	Establish Case
Yes	Manage Case Information
New	Find Case Information
Yes	Intake Client
Yes	Perform Screening and Assessment
Yes	Develop Service Plan (Goals, Methods, Outcomes)

Maps to NHSIA Process MITA / SAMHSA	
New	Conduct Investigation
Yes	Service Arrangement, Referral, Placement
Yes	Manage and Monitor Client Outcomes
Yes	Cross-Agency Case Coordination
New	Close Case
	<b>Approval Determination</b>
Yes	Approve Referral
Yes	Approve Service
Yes	Approve Treatment Plan
	<b>Service Management Support</b>
Yes	Manage Client Grievance and Appeal
	<b>Clinical Case Management Extension to Service Management. Recommendation: Incorporate Clinical Case Mgt processes into health-related Care Mgt business area</b>
	Admit/Enroll Client

<b>Maps to NHSIA Process MITA / SAMHSA</b>	
	Develop Discharge Planning
	Discharge
	Prevention
	<b>CLIENT MANAGEMENT</b>
Yes	Client Support: Perform Population and Client Outreach
	<b>OPERATIONS MANAGEMENT</b>
Yes	Service Management Support: Manage Wait List

**Figure 3-1 NHSIA Service Management Business Area – Part 3**

<b>NHSIA Process ID</b>	<b>NHSIA Process Name</b>	<b>Case Hierarchy Comment</b>
	<b>SERVICE MANAGEMENT</b>	
	<b>Core Services Management</b>	
SM1	Establish Case	In the NHSIA context, an agency starts

NHSIA Process ID	NHSIA Process Name	Case Hierarchy Comment
		a case record for a client when services commence. Each human services agency will likely have its own version of an <i>Establish Case</i> process that includes creation of the client’s <b>case record</b> .
SM2	Manage Case Information	
SM3	Find Case Information	
SM4	Intake Client	<i>Intake Client</i> results in new <b>case entries</b> .
SM5	Screening and Assessment	<i>Screening and Assessment</i> requires access to the case record and results in new <b>case entries</b> . Development of Service Plan should consider service history (beyond agency), i.e., <b>case portfolio</b> .
SM6	Develop Service Plan (Goals, Methods and Outcomes)	
SM7	Conduct Investigation	
SM8	Service Arrangement, Referral, Placement	
SM9	Manage and Monitor Client and Outcomes	<i>Manage and Monitor Client and Outcomes</i> involves new <b>case entries</b> . Access to the client’s <b>case portfolio</b> may be necessary to get a holistic

NHSIA Process ID	NHSIA Process Name	Case Hierarchy Comment
		understanding of client status.
SM10	Cross-Agency Case Coordination	<i>Cross-Agency Case Coordination</i> requires the client <b>case portfolio</b> .
SM11	Close Case	With <i>Close Case</i> , <b>case record</b> information is retained and is still accessible as part of the <b>case portfolio</b> . Retention duration may be specified.
	<b>Approval Determination</b>	
SM12	Approve Referral	
SM13	Approve Service, Level of Service	
SM14	Approve Plan	In <i>Approve Plan</i> , the <b>case record</b> is accessed to retrieve the case plan.
	<b>Service Management Support</b>	
SM15	Manage Client Grievance and Appeal	

**Figure 3-2 Examples of Case Hierarchy Use in Service Management Processes**

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