SAMHSA

Behavioral Health MITA

State Self-Assessment

Version 1.0

Developed for

Centers for Medicare & Medicaid Services (CMS)

Behavioral Health MITA

State Self-Assessment

Version 1.0

BH Information Technology Architecture

Contract Number GS-35F-0201R, Task Order No. CMS-HHSM-500-2006-00130G

January 7, 2009

Prepared for:

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Center for Medicaid and State Operations (CMSO)
Substance Abuse and Mental Health Services Administration (SAMHSA)

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Change History

Document Version	Date	Author	Reviewers
Version 1.0	January 7, 2009	Vicki Hohner	Susan Fox, CE Matt Bailey, PM Trish Bunch, QC

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Section 1 Introduction

This document introduces the Behavioral Health Medicaid Information Technology Architecture (BH-MITA) State Self-Assessment (SS-A) and explains its role in the BH-MITA framework. The BH-MITA framework provides a tool and potential guidance to State mental health (MH) and substance abuse (SA)–herein combined and referred to as behavioral health (BH)–agencies as they seek to improve their business operations and build systems that interoperate with each other and with other BH systems. This document draws extensively on previous work done by the Centers for Medicare & Medicaid Services (CMS) on the BH Medicaid Information Technology Architecture (MITA) Framework 2.0, March 2006.

The BH-MITA framework model, in brief, presents a framework that describes business and technical capabilities in the present (the As-Is), a vision of future business and technical capabilities, and integration in the future (the To-Be), and then creates a series of snapshots (maturity levels) of how business improvements and enabling technical capabilities and integration might move an entity along the path from the current As-Is state to the potential To-Be state. The BH-MITA SS-A provides a tool for measuring a State agency's position and progress, both current and future, along the road towards the vision.

The BH SS-A builds on the CMS MITA Framework 2.0, available at http://www.cms.hhs.gov/BHInfoTechArch/04_MITAFramework.asp.

The MITA Framework 2.0 has three components: the Business Architecture, the Information Architecture, and the Technical Architecture. The BH-MITA project captures the key elements of the Business Architecture, which describes the needs and goals of State BH agencies and presents a collective vision of the future. Project documents are described below:

- Current business and technical capabilities (the As-Is state, in the Landscape document)
- A broad vision of future business and technology (the To-Be state, in the COO)
- A series of snapshots in a high-level roadmap, called the Maturity Model, that project how business and technology will change in between the current and future states
- A description of the current operational processes for BH agencies, called the Business Process Model (BPM)
- The State Self-Assessment (SS-A), in this document, which draws upon the BPM to help States assess their current business capability levels for each business process and select the future levels of improvement they seek to achieve.

Figure 1-1 below shows the documents developed for this phase of the BH-MITA project, depicting the purpose of each document, and the relationship between them. The SS-A is in pink.

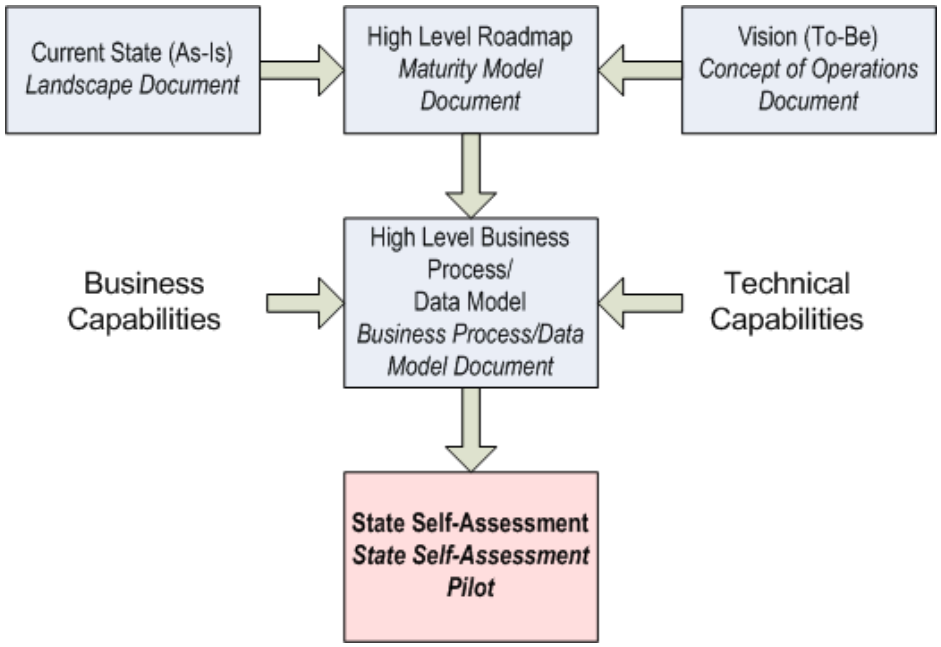

Figure 1-1 Document Relationships in the BH-MITA Project

The higher maturity levels correspond to increasingly powerful business capabilities and, taken together, provide a roadmap for making the transition from present BH systems (As-Is) to improved future systems (To-Be). The BH-MITA process culminates in a self-assessment in which a State identifies target capabilities for improvement and builds them into future system procurement requirements. The SS-A is a process that a State uses to review its strategic goals and objectives, measure its current business processes and capabilities against BH-MITA business capabilities, and ultimately develop target capabilities to transform its BH enterprise to be consistent with BH-MITA principles and vision.

1.1 Purpose of the State Self-Assessment (SS-A) Document

This document focuses on the processes of creating and conducting a self-assessment of a State's business capabilities. The SS-A is a process that uses BH-MITA tools to evaluate current State business operations. States will use several components to perform the SS-A, primarily the BPM and the Business Capability Matrix (BCM).

1.2 Purpose of the State Self-Assessment

Using a standard methodology and tools, the SS-A provides a mechanism for State agencies to document the way the State conducts business now, and plans to conduct business in the future. The purpose of a completed SS-A is threefold:

- To identify where the State agency's business processes are located along the continuum from the current As-Is state to the future To-Be (target) state of a State's BH business enterprise

- To provide a State baseline that will facilitate collaboration between the States and SAMHSA, between the States and industry, and among the States themselves
- To provide input to help States develop a transition plan to guide their business and technical transformations

The BH-MITA SS-A process provides guidelines to align a States' BH business areas to BH-MITA's business areas and sub-areas, and then to map the States' business processes to those contained in BH-MITA. BH-MITA's business areas and processes are only a preliminary list, but provide sufficient checkpoints to allow States to get an initial read on their current capabilities and maturity levels for planning purposes.

The BH-MITA SS-A provides a tool to develop a common understanding of and reference point for documenting State BH agencies current business processes and capabilities.

The BH-MITA project contains a start point for identifying BH business processes and business capabilities, which are expected to improve over time based on collaborative efforts between SAMHSA and States. States can use the current business process/capability definitions and descriptions in the BH-MITA Business Process/Data Model (BPM) document appendices to perform a high-level assessment of current capabilities and select future levels of maturity for targets of improvement. The BPM depicts maturity levels and capabilities across business processes so that States can identify improvement targets. SAMHSA plans to work with States to improve the detail in the business process/capability statements, adding qualities and conformance criteria, so that future assessments can be increasingly more useful .

In November 2008, SAMHSA/CMS hosted a facilitated session that brought together a group of people from States, Federal agencies, Federal BH contractors, and national associations representing BH agencies (National Association of State Alcohol and Drug Abuse Directors, NASADAD) to review selections from the BH-MITA BPM and explore ways that the MITA SS-A could be adapted and simplified to meet the needs of BH agencies. A conclusion of this day-and-a-half session was that the selected business process descriptions were generally workable with some changes and appear to be applicable to BH agencies. Another conclusion of the meeting was that the SS-A is a viable tool to explore for BH business and technology assessment, planning, and development. The lessons learned from this exercise substantially contributed to the content of this document.

SAMHSA recommends that States perform a BH agency enterprise-wide self-assessment to establish a baseline for their current business capabilities. States can then choose to focus on the whole enterprise or on specific business areas for improvement.

This document provides guidelines for creating a simple SS-A tool and conducting a quick assessment process. The MITA Framework 2.0 contains more detailed SS-A models and a more structured approach that can be viewed at http://www.cms.hhs.gov/BHInfoTechArch/04_MITAFramework.asp.

Section 2 Creating a State Self-Assessment Tool

A State Self-Assessment (SS-A) is designed to identify the current As-Is state so the State BH agency can plan for systematic migration of the business enterprise to the future To-Be (target) state. Using a standard methodology and tools to document the way a State conducts business now and plans to conduct business in the future provides a baseline that facilitates collaboration among the States and between the States, Federal agencies, and others in the health care industry. This can be accomplished by using the BH-MITA SS-A process to align States' BH business areas and business processes to common business areas, sub-areas, and processes in the BH-MITA BPM.

2.1 Purpose of the SS-A

The MITA SS-A is very detailed and complex tool developed over time and drawing upon significant investment from CMS and State partners. A completed SS-A is required for States applying for CMS matching funds for Medicaid Management Information Systems (MMIS) development and enhancement projects. Resources were limited in the BH-MITA project, and SAMHSA does not have the same capacity to fund States for IT projects as CMS does for Medicaid. BH systems are also not as large as MMIS systems, nor as heavily invested in old technologies. Therefore, SAMSHA felt that a simpler, less detailed, and intensive process would provide sufficient information for State BH agencies to document the level of their current business process capabilities and provide a foundation for future business and technology planning and development.

The primary goal of the SS-A, regardless of what form it takes, is to measure at what maturity level each State's business processes are at the present time.

With this goal in mind, SAMHSA/CMS hosted a facilitated session in November 2008 that brought together a group of people from States, Federal agencies, Federal BH contractors, and national BH agencies associations to explore ways that the MITA SS-A could be adapted and simplified to meet BH agencies' needs. The first task was to review and revise some of the BH business process definitions and capability descriptions from the BH-MITA Business Process Model (BPM) to provide the foundation for developing the SS-A (the revised business processes are in Appendix A). Since the BH-MITA BPM was developed without State review and input, this provided an opportunity to see how well the proposed processes captured BH business needs to provide a usable reference point for the SS-A development process.

2.2 SS-A Development Approach

The primary goal of the SS-A, is to measure what maturity level each State's business process is at today. To do this, the SS-A tool must uniquely describe a specific maturity level for each business process. This is accomplished through the use of *markers*, or specified attributes that change in an identifiable way from one maturity level to the next. Each maturity level is defined

by a set of markers, whose descriptions change depending on where they are on the continuum from least to most advanced. These markers are:

- **Automation:** Extent to which processes are either manual or paper based or computerized and electronic.
- **Use of Standards**: Extent to which processes use recognized national standards for data, formats, interfaces and exchange over proprietary data, formats, interfaces and exchange
- **Coordination with Other Agencies, Programs, and Processes:** Extent to which processes conform to and work with similar data and processes in other agencies and programs, such as Medicaid.
- **Access to Client-level Data:** Extent to which processes can access and/or use client level data.
- **Interoperability.** The extent to which two or more systems, processes, and entities can electronically exchange information and use the information that has been exchanged.

Markers, or specified characteristics that change in an identifiable way from one maturity level to the next, help define a particular business process at a particular maturity level.

These markers are defined the same as MITA *qualities*; both are characteristics that have measurable differences between maturity levels. The major difference between the two is that the BH-MITA markers have incremental tangible characteristics between maturity levels. For example, one of the MITA qualities is *timeliness*: when moving from paper to electronic and from electronic batch to electronic real-time, there are very clear and measurable differences; in between those two, the changes are much smaller and less discernable. However, for the BH-MITA marker *automation*, the progression of automation can be traced through counting the shear number and extent of automated processes and coordination.

At the November meeting business process review, participants reviewed a model self-assessment questionnaire as one example of possible questions for States to use to measure where they are in the maturity process. Below is a section of that questionnaire; the complete questionnaire is in Appendix B. The process markers provide the headings for each column; each column provides a description of the marker as it would appear at each of the five levels of maturity. The description that most closely fits the State BH agency's current situation is the box the State would select.

Business Area	Automation	Standards	Coordination	Client Data	Interoperability
Client Management					
	All/mostly paper 1 ☐	Use few or no national standards 1 ☐	Little/no coordination across processes or with other programs 1 ☐	Little/no access to client specific data 1 ☐	None 1 ☐
	Internal processes mostly automated 2 ☐	Internal processes mostly use national standards 2 ☐	Internal agency operational processes coordinated 2 ☐	Internal processes have access to client specific data 2 ☐	Limited interoperability internally or limited to claims processing systems 2 ☐
	Internal agency processes/interfaces mostly automated 3 ☐	Internal agency processes/interfaces mostly use national standards 3 ☐	Internal agency program processes coordinated 3 ☐	Internal agency processes have access to client specific data 3 ☐	Interoperability with internal agency systems other than claims processing 3 ☐
	External agency processes/interfaces mostly automated 4 ☐	External agency processes/interfaces mostly use national standards 4 ☐	External agency program and operational processes coordinated 4 ☐	External agency processes have access to client specific data 4 ☐	Interoperability with external agency systems other than claims processing 4 ☐
	Non-state entity processes/interfaces mostly automated 5 ☐	Non-state entity processes/interfaces mostly use national standards 5 ☐	Non-state entity program and operational processes coordinated 5 ☐	Non-state entity processes have access to client specific data 5 ☐	Interoperability with non-state entity systems 5 ☐

Figure 2-1 Sample State Self-Assessment Questionnaire

2.3 Creating Self-Assessment Questions

Using the model self-assessment in Figure 2-1 above, a small group of the November meeting participants engaged in a drill-down exercise to develop questions for a single business process, "Manage Service Delivery" (previously Manage/Coordinate Case). The goal of the questions is to assist States in finding ways to identify their maturity levels for each BH business process. Questions in the model questionnaire are generic and can easily be applied to any business process, but the exercise had the group explore developing business process specific questions to showcase the range of specificity that could be applied to the process. The final approach developed by the group emphasized simplicity, uniformity, repetition, and clarity. Some of the

"lessons learned" in developing questions that will be useful to States engaging in SS-A development are as follows:

- Interpretations of various terms can create difficulties. There are inherent differences and contradictions in competing definitions in some cases (e.g., coordination, agency, etc.). This is of particular concern when working with other State agencies, particularly Medicaid, as common terminology for the BH agency is often different from other health agencies. States should compare terms across agencies early in the process and continually question any definition assumptions.
- The goal in creating useful assessment questions is to find succinct and comprehensive language that will provide the foundation for common interpretations of guidelines.
- In evaluating some of the markers, such as coordination, State BH agencies may find that their maturity sequence may follow a different order. For example, some States may not have any coordination between their mental health (MH) and substance abuse (SA) agencies, but both may be coordinated with the State Medicaid program for automated payment functions. This may be level 1 for that State; adding coordination between the MH and SA agencies may bring it to level 2. Another State BH agency may have no coordination with any other agency in the State; that may be level 1 for that State, and adding coordination with Medicaid for payment may be considered level 2. It is recommended that coordination with the State Medicaid agency for payment purposes only (common in many States) be ranked lower than coordination with the State Medicaid agency for other purposes because this "coordination" tends to be primarily technical in nature and does not often involve policy, process, or program coordination. If the payment coordination involves these other areas of coordination, it can be ranked at a higher level.
- There was a recognition that States may need or want to conduct multiple SS-A processes for different parts as well as for the entire State BH enterprise.

The goal of the questions is to assist States in finding ways to identify their maturity levels for each BH business process.

2.3.1 Questions Development Process

When a State BH agency decides to develop its own SS-A tool, the following steps will help in developing the most useful questions for a simple and quick assessment. Some of those steps can be changed if the State BH agency chooses to engage in a more extensive assessment and more completely document its current processes.

1. Using the BH-MITA BPM, select the relevant business processes performed in each of the business areas. If no BH-MITA business process exists for a State process, create a business process table for that process, including all the information in the tables in Appendix A.

2. Create questions for each selected business process or business area (if conducting a very high level assessment) that will clearly identify the maturity level for that process/area. It is recommended that the State BH agency find a uniform structure and approach to the questions and responses, and use that same structure and approach for all questions in the entire SS-A. The questions should be developed in a group process and should
    a. Cover all five of the markers in every maturity level
    b. Clearly delineate a description of each marker at each maturity level that differentiates it from both the maturity level below it as well as from the maturity level above it
    c. Be simple and easy to understand for those who will be responding to the questions
    d. Be structured to achieve a simple and uniform response
    e. Help the responder easily and logically progress through the questions
3. Determine how the responses will be aggregated and interpreted to ensure usable results
4. Review the final set of questions with individuals not involved in the development process to ensure that the objectives in step 2 above have been met
5. Set up the questionnaire in form that can be easily self-administered

The current BH-MITA BPM only provides a preliminary list of business processes/capabilities, as these have not yet been reviewed and revised by the States as the MITA capabilities have been.

2.3.2 Sample Questions for Manage Service Delivery (Manage/Coordinate Case)

A sample of the final results of the group exercise is presented below (see Appendix C for the complete set of questions for all of the markers at all levels). The group chose a consistent approach to framing questions and responses; using "yes" and "no" responses allows for a speedier completion. The process markers define each set of questions; each set structures the questions to identify the progress of each marker from the lowest to the highest maturity level.

Manage Service Delivery (Manage/Coordinate Case)

Possible entry-level question: If answer is yes, continue; if no, skip this section.

Does your State agency have access to client-specific, encounter-level service delivery information?

AUTOMATION

- Is this State BH agency business process primarily conducted on paper?
  Yes = Level 1 STOP No = GO TO NEXT QUESTION
- Is most/all of this State BH agency business process automated?
  No = Level 1 STOP Yes = Level 2 GO TO NEXT QUESTION

- Is most/all of the State BH agency automated business process able to be electronically integrated/shared with other state agencies, such as Medicaid?
  No = Level 2 STOP Yes = Level 3 GO TO NEXT QUESTION
- Is most/all of the State BH agency automated business process able to be electronically integrated/shared with external state partners and external state agencies?
  No = Level 3 STOP Yes = Level 4 GO TO NEXT QUESTION
- Is most/all of the State BH agency automated business process able to be electronically integrated/shared nationwide with appropriate partners and agencies?
  No = Level 4 STOP Yes = Level 5

2.3.3 Evaluating the Self-Assessment Responses

The State's SS-A team considers every business process and determines its level of maturity during the SS-A process. The responses from the entire set of questions for each of the five markers (as shown in Appendix C) must be gathered for each business process to determine the existing maturity level for that particular business process. In the sample questions for a single marker, as in the Automation example above, the State assigns the maturity level identified through the series of questions to that marker. Each business process should have five sets of questions in the SS-A, one for each marker. The current level of the business process is registered as the **lowest** level identified for any of the markers. So, if the results for each marker are as follows:

- Automation: Level 2
- Use of Standards: Level 1
- Coordination with Other Agencies, Programs, and Processes: Level 2
- Access to Client-level Data: Level 3
- Interoperability: Level 1

Then the overall result for this business process is Level 1. To move to the next level, all markers must, at a minimum, be at level 2. Using the markers to measure business process levels allows State BH agencies to identify the specific areas where the business process lags in technical maturity and target development efforts to address those specific areas. Similarly, if a State agency wants to assess operations at a higher operational level, a business area would be assigned the lowest level of the business processes within that business area.

The typical State assessment will contain current As-Is capability descriptions distributed mostly at levels 1 and 2, with some at level 3.

Note that few if any States, however, will have processes functioning at level 4, and none will have a process at level 5, which presumes functioning national health information systems. The

typical State assessment will contain current capability descriptions distributed mostly at levels 1 and 2, with some at level 3.

To raise the overall maturity level of the business process in the example above, the State BH agency could focus efforts on integrating national standards and establishing some interoperability, no matter how limited. Once these efforts are implemented, the business process overall would then rise. Note that technical development efforts do not have to be limited to raising the business process or business area to the next level. Where existing automation is limited or outdated, a State BH agency, provided sufficient resources and management support exist, can jump levels to the extent that current technology and expertise can accommodate.

Section 3 Conducting a Self-Assessment

This section focuses on the process of conducting an SS-A of a State's business capabilities, describing both the detailed MITA process developed for State Medicaid agencies as well as a more flexible process State BH agencies can use independently. Using an SS-A of business capabilities to plan development preserves the business-driven orientation of strategic planning.

3.1 Conducting the BH-MITA Assessment

There is no single established process for conducting a State self-assessment. The SS-A can be as detailed and extensive as desired. The core activities of the SS-A process are to: 1) identify and prioritize the State BH agency's goals and objectives; 2) define the State BH agency's current business processes; 3) assess the State BH agency's current capabilities for each business process or business area using the BH-MITA BPM as a framework, and 4) determine the business capabilities and the corresponding capability levels that the State BH agency chooses to target for implementation in its next planning and development cycle. The primary focus of the SS-A is to yield results that provide sufficient information to build a foundation for planning future business and technical development projects.

The following BH-MITA documents are useful as part of the SS-A process, either as preparation for the SS-A or in following up on the results of the assessment.

- **BH-MITA Concept of Operations (COO):** Sets a broad vision for future BH agency operations
- **BH-MITA Maturity Model and Appendix B — Business Capability Matrix (MM): D**escribes how to develop a detailed matrix of business capabilities
- **BH-MITA Business Process Model (BPM):** Sets a framework and examples for defining the universe of BH agency business processes and associated capabilities
- **BH-MITA State Self-Assessment (SS-A): D**escribes the self-assessment process and provides tools, templates, and sample questions to assist States in developing their own tools and approach

One of the realizations from the November 2008 meeting was that the SS-A process could be applied at different levels. While the focus for this document and the meeting was on creating a process that worked for the State agencies, it was recognized that this same process, with modifications, could be used to evaluate the maturity level of interagency interactions, provider networks, or the statewide BH service network. Although these other uses were not within the scope of this project, States are encouraged to explore using the SS-A process to evaluate other parts of the BH enterprise. States are cautioned, however, not to assume that SS-A results from one part of the BH enterprise (such as individual providers) are comparable with the results of another part (such as for the State BH agency).

State BH agencies can utilize the SS-A process at several different levels: for the agency, for assessing BH providers and the BH service network, and/or in cooperation their State Medicaid and other state agencies and programs.

Medicaid programs are required to conduct a detailed MITA SS-A as a condition for receiving federal funding to support Medicaid Management Information System (MMIS) modification and replacement; the Medicaid SS-A process is described in the next section with further detail in Appendix D. If a State BH agency is working on or sharing technology development with the State Medicaid agency, use of the MITA SS-A process will facilitate communication, coordination, and alignment of documentation.

If the State BH agency chooses to engage in a more detailed assessment process, refer to Section 3, Conducting a MITA SS-A; Appendix D for more detailed SS-A templates. If the State BH agency is working with the State Medicaid agency, refer also to Appendix E, the MITA APD Process and Self-Assessment Template.

3.2 Conducting the MITA Assessment

The MITA SS-A process is very detailed and resource intensive, but is required for States' MMIS development and enhancement projects. While SAMSHA proposes a simpler, less intensive process, State BH agencies may partner with the State Medicaid agency and engage in joint planning and development on IT projects. The MITA SS-A process is therefore also described below. There are four steps in completing the MITA SS-A:

Following completion of the SS-A, CMS recommends that the State use the SS-A responses in developing its transition and implementation plan.

3.2.1 Step 1 – List and Prioritize the State's Goals and Objectives

A State begins the SS-A process by identifying its goals and objectives (e.g., improving access to services, associating outcomes with services) and refining and prioritizing them to use as guides for selecting improved business capabilities. The State articulates each goal to a level of detail necessary to identify specific outcomes and performance measures.

3.2.2 Step 2 – Define the State's Current Business Model and Map to the MITA/BH-MITA Business Process Model

The State reviews and documents its current business processes and maps them to the MITA/BH-MITA BPM (see the BH-MITA Business Process/Data Model document). It is understood that each State will have different business models and use different vocabulary to describe their business areas and business processes. The mapping exercise allows all States to compare their operations to the standard established in the MITA/BH-MITA models. If a State has a business process that is not contained in the MITA/BH-MITA BPM and it appears to be

useful to others, the State is encouraged to contribute the business process along with business capability statements to the MITA/BH-MITA initiatives. In this way, MITA/BH-MITA models can evolve and improve.

3.2.3 Step 3 – Assess the State's Current Capabilities

The State's SS-A team also considers every business process and determines its level of maturity based on the MITA BCM/BH-MITA BPM. The State uses this to identify its current business capabilities and establish a baseline against which to identify the new capabilities it wants to implement. In this step, the State looks at each business process and its associated maturity levels and determines where it best fits among the levels of maturity. Each business process can have a maximum of five levels of maturity. Some will have fewer than five, if the business process becomes obsolete. The State examines the maturity levels and capabilities associated with each business process to identify its current and targeted future levels.

The MITA BCM/BH-MITA BPM provides a general description for each level, supplemented by more specific capabilities MITA calls *qualities.* Both the MITA qualities and the BH-MITA markers, which are similar but not identical, represent specific attributes that are measurable across maturity levels for a specific business process. The two sets of attributes are compared in Table 3-1 below.

Table 3-1 MITA Qualities and BH-MITA Markers

MITA Qualities	BH-MITA Markers
Interoperability	Automation
Timeliness of business process	Use of standards
Data accuracy and accessibility	Coordination with other Agencies, programs, and processes:
Ease of performance/efficiency	Access to client level data
Cost effectiveness	Interoperability
Quality of process results	
Value to stakeholders	

Note that while interoperability is the only attribute that appears in both lists, all the attributes have validity for both MITA and BH-MITA business capabilities and can be used for measuring progress in either or both Medicaid and BH agencies.

3.2.4 Step 4 – Determine the State's Target Capabilities

The State matches its strategic plans with the MITA/BH-MITA vision, objectives, and goals, and identifies the MITA/BH-MITA business capabilities that best reflect its aspirations for program accomplishments, healthcare outcomes, and administrative efficiencies. The State aligns its business processes with the MITA/BH-MITA BPM and assesses its current business capabilities for all business processes. This process establishes the State's current As-Is baseline. The State then matches its future goals with the higher capability levels. Figure 3-1 illustrates the As-Is/To-Be selections a State might make.

Sample State Self-Assessment Profile					
Business Process	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
Enroll Provider			As-Is		
Audit Claim and Encounter	As-Is	To-Be			
Authorize Service		As-Is	To-Be		
Manage Provider Grievance and Appeal	As-Is		To-Be		
Inquire Member Eligibility		As-Is			
Inquire Payment Status		As-Is	To-Be		
Develop and Maintain Benefit Package	As-Is				

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Figure 3-1 Example of a State's MITA Self-Assessment Profile

In Figure 3-1, the State has found that its Enroll Provider business capability is at level 3 and has determined that level 3 is acceptable for now. Audit Claim and Encounter, however, is at level 1 and the State wants to improve to level 2. Manage Provider Grievance and Appeal is also at level 1 and the State wants to improve to level 3. Inquire Member Eligibility is at level 2 and is acceptable at that level. Develop and Maintain Benefit Package is at level 1 and is also acceptable at that level.

Figure 3-1 also illustrates how State capabilities will vary by business process. No State will be at a single level in the As-Is environment for all business processes. CMS and SAMHSA encourage States to improve beyond current levels and designate future targets for improvement.

3.2.5 Develop Transition and Implementation Plan

Following completion of the SS-A, the State will then develop a transition and implementation plan that charts the State's course for future transformation and improvement. The plan will consist of many projects that collectively can move a State from its current business capabilities

to targeted future capabilities in a series of manageable increments that meet the State's needs, priorities, and budget constraints. The transition plan phases can be described as follows:

- **Phase 1 — SS-A.** A State determines the current level of its business processes by comparing its business capabilities with the MITA BPM/BCM/BH-MITA BPM. The resulting As-Is profile of business capabilities establishes the State's baseline. The State then examines its BH agency's strategic goals and objectives and identifies future business capabilities that align with its strategic plan.
- **Phase 2 — State BH Enterprise Architecture (EA) Development.** CMS recommends that States develop a BH EA to strengthen the foundation of their BH agency's transition plan. States may use Part III Chapter 2, MITA Principles, Goals, Objectives, and the BH-MITA Concept of Operations documents as sources for developing their EAs.
- **Phase 3 — State Transition and Implementation Plan Development.** The gap between a State's current capabilities and its targeted capabilities is the State's basis for establishing its transition and implementation plan.

States can leverage MITA solution sets (see MITA Framework 2.0 Technical Architecture, Part III Chapter 9) and resources relevant to their capabilities to plan and implement their project implementations in a collaborative way that emphasizes reuse, thereby minimizing the cost and risk of project implementation. There are currently no equivalent solution sets for BH-MITA, but the MITA document should provide a helpful framework for developing BH-specific solution documentation.

3.3 Source Documents and Templates

A review of the Business Architecture documents should be completed prior to initiating the MITA/BH-MITA S-SA. The following documents from the MITA Framework 2.0 (http://www.cms.hhs.gov/BHInfoTechArch/) are essential reading prior to starting the MITA/BH-MITA SS-A. (The BH-MITA documents are referenced in the preceding chapter.)

Part 1 - Business Architecture

- Chapter 1 — Business Architecture Introduction
- Chapter 2 — Concept of Operations
- Chapter 3 — Maturity Model
- Chapter 4 — Business Process Model
- Chapter 5 — Business Capability Matrix
- Chapter 6 — State Self-Assessment
- Appendix A — Concept of Operations Details
- Appendix B — Maturity Model Details
- Appendix C — Business Process Model Details

- Appendix D — Business Capability Matrix Details
- Appendix E — MITA State Self-Assessment Details

3.4 Process Templates

This document is to help standardize the initial process for conducting a MITA/BH-MITA SS-A. While this provides a standardized approach, States are encouraged to refine this approach, allowing for State flexibility that will foster the creation of "best-of-breed" solutions created by States. As States share these solutions with other States, CMS and SAMHSA, they will be used to publish additional templates with examples and to issue future information for national use. The MITA/BH-MITA tools used in this process, such as the baseline business processes and business capabilities, are used to perform a high-level assessment of a State's current business capabilities.

- **Template #1:** *Steps for Conducting a Detailed MITA/BH-MITA State Self-Assessment* – This template contains the basic steps States should use when conducting a MITA/BH-MITA SS-A. The process steps follow the four-step approach. The template also contains recommended staffing and MITA/BH-MITA Framework references to assist with the process. States may add steps to this template as needed and may also choose to add new sections to the template to aid in performance of additional assessment activities such as a mapping of the State's technical capabilities. The template covers the four general steps for completing the MITA/BH-MITA SS-A:
  - List and prioritize the State's goals and objectives
  - Define the State's current business model and map to the MITA/BH-MITA Business Process Model
  - Assess the State's current capabilities (As-Is)
  - Determine the State's target capabilities (To-Be)
- **Template #2:** *Model for MITA/BH-MITA State Self-Assessment Attachment to RFP* – This template provides a model for States to use when documenting and reporting the results of their MITA/BH-MITA SS-A. The template represents the minimum set of information that should be included as part of a State's IT development RFP. This template can be expanded based upon the State's unique business environment.
- **Template #3:** ***Model for MITA State Self-Assessment Attachment to APD/RFP*** – This template provides a model for States to use when documenting and reporting the results of their MITA/BH-MITA SS-A to meet CMS requirements. The template represents the minimum set of information needed to include as an attachment to the State's Advance Planning Document (APD). This template can be expanded based upon the State's unique business environment.

The first two templates are located in Appendix D, with the APD template in Appendix E.

3.4.1 Submission of MITA/BH-MITA Self-Assessments with APDs and RFPs

CMS requires State Medicaid agencies to perform a SS-As prior to submitting their Implementation Advance Planning Documents (IAPDs) and requesting funds for MMIS system improvements. Increased funding is predicated on the understanding that States will use funds to improve business processes in a planned way. The SS-A is a tool for measuring the degree of improvement requested by the State and its achievement of that goal after implementation.

For new projects, such as a system replacement, the MITA/BH-MITA SS-A should be initiated during the implementation planning process and funding for the MITA SS-A should be requested in a Planning APD (PAPD). In a situation where a State is making a major enhancement to an existing system, the funding request for the MITA SS-A may appear in a PAPD for the enhancement or may appear in an APD Update (APDU). In either case, the results of the MITA/BH-MITA SS-A become part of the procurement lifecycle and are submitted with the RFP, if appropriate, for the new development work. State BH agencies should work with their State Medicaid agencies to determine which method is preferred. In either case, the results of the MITA SS-A become part of the procurement lifecycle and are submitted with the IAPD or subsequent APDs and the RFP, if appropriate, for the new development work.

In order to introduce the MITA SS-A into the procurement lifecycle, State Medicaid agencies are requested to include the results of the MITA SS-A, Template #3, as an attachment to follow-on APD submissions. If a State elects to perform a stand-alone MITA SS-A, then Template #3 becomes a stand-alone deliverable rather than an APD attachment. Template #3 is used by the CMS Regional Office in the review process in approving funds for MMIS system activities.

State BH agencies working on business and technical improvements with their State Medicaid agency should consider using the MITA SS-A process and completing the MITA APD template to facilitate communication and coordination.

3.5 Process Scenarios

The scenarios presented below represent general information to help guide States in using the SS-A templates and process. State Medicaid agencies should always seek the advice of their CMS Regional Office contact prior to preparing procurement documentation to determine what is required by CMS for their particular State.

A State may elect to conduct an As- Is baseline assessment to determine their current MITA/BH-MITA maturity levels, based upon the general criteria contained in the MITA/BH-MITA framework. The assessment can be completed using State staff or with contractor assistance. The SS-A can feed directly into the development and completion of a MITA/BH-MITA Transition Plan. Otherwise, the As-Is assessment activity may be considered a feasibility study. A State may also elect to conduct an As-Is and a To-Be self-assessment. The To-Be portion of this assessment defines the maturity levels the State selects to achieve over a span of three to ten years, and may involve a phased approached for completion.

3.6 Other Uses for the State Self-Assessment

CMS and SAMHSA strongly recommend that States use the SS-A as a document to establish baseline and future capabilities. The SS-A document can be used throughout the lifecycle of the State's planned business transformation to monitor progress and determine compliance of the outcome with the State's plan. Other uses include:

- Document State requirements
- Prepare Requests for Proposals (RFPs)
- Evaluate proposals
- Negotiate contracts
- Monitor design, development, and implementation (DDI)
- Accept results
- Evaluate and approve new solutions

These other uses are described in the MITA Framework 2.0, Part 1 Chapter 6, State Self-Assessment document at http://www.cms.hhs.gov/BHInfoTechArch/04_MITAFramework.asp.

3.7 Summary

The SS-A process provides a mechanism for State BH agencies to bring a common approach and vocabulary to the business and technical development process, and facilitates a common direction and State collaboration in reaching a national goal and aligning with the rest of the health care industry infrastructure. With the release of the BH-MITA Framework, SAMHSA and CMS are committing to new Federal collaborations in providing guidance for State Medicaid and BH enterprise transformations, with a focus on promoting greater cross agency/program integration and coordination. With the BH-MITA Framework and MITA Framework 2.0, SAMHSA and CMS stress the role of the Federal government in providing proactive leadership and establishing and requiring the use of business, information, and technical standards that enable States to improve their programs. The BH-MITA Framework and MITA Framework create a new floor for achieving Federal and State agency/program interoperability and collaboration.

SAMHSA and CMS anticipate further development of and continued support for both the BH-MITA Framework and MITA Framework 2.0 and in providing ongoing assistance to States as they utilize the BH-MITA and MITA methods and processes. The SS-A document will become an important tracking device that the States, SAMHSA, and CMS can reference as projects take shape. The BH-MITA and MITA Frameworks provide a starting point for using technology to meet current and future business challenges. Conformance with BH-MITA and MITA principles provides States with a roadmap to reducing administrative burden, facilitating prompt, quality care, and improving both Medicaid and BH program outcomes.

Appendix A Revised BH Business Process Descriptions

This appendix contains a list of BH business process descriptions as reviewed and revised by the attendees at the November 2008 facilitated session. These business processes were primarily selected for their access to client data, as these processes may provide the best possibilities for quick improvements to BH business processes, planning, and analysis. These, as well as the other selected provider and operational processes, may also provide key areas for coordination between BH agencies and Medicaid.

The revised BH business process descriptions in this appendix are a starting point for a future review of all the BH business processes in the BH-MITA BPM document. This review requires a collaborative effort between States, vendors, and SAMHSA to validate as well as further identify, define, and refine all the business processes to better reflect the current realities in the various States.

Client Management (CL)

CL: Manage Client Information Process		
Item	**Details**	
Description	The ***Manage Client Information*** business process is responsible for managing all operational aspects of agency client data, which is the source of comprehensive information about applicants, clients, and their interactions with the State and other agencies and providers. Business processes that generate applicant or client information send requests to the client database to add, or change this information.	
MITA Reference	Source Process Name: *Manage Member Information* Source Process Business Area: *Member Management* 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	Include, but not limited to, client demographic, financial, socio-economic, treatment, service, health status, legal status, and outcomes information Referral and placement information	Client communications history Services requested and provided Any interactions related to any client grievance/appeal

CL: Manage Client Information: Maturity Levels				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
The business process is primarily designed to serve State BH programs and meet Federal reporting requirements. Data and reporting are structured by funding source and are not client centered. The process is primarily paper/phone/fax-based with some proprietary internal systems, using nonstandard formats and data. The process is inconsistent in the application of the rules, data reporting, and response timing. Data is usually shared on a scheduled or ad hoc basis. This Level complies with agency requirements.	The business process is extended by "work-arounds" to meet the needs of providers and other programs. The process is increasingly automated, incorporating Web interfaces with providers/ contractors, basic business rules, and enhanced consistency of responses and timing. Formats and data are standardized. The State has the ability to de-duplicate clients across multiple systems. Cases are received and responded to electronically. This Level includes additional data and quality edits.	The business process has real-time access to client administrative and clinical records; common business rules; and uses some clinical data to improve monitoring. Data and formats use national standards. Cross-agency collaboration results in coordinated care for shared clients for some steps. Interfaces use BH-MITA standardized data and are compatible with Medicaid MITA. At this Level data are standardized against HL7 RIM.	Client information is accessible to any authorized party through standardized data exchanges (e.g., HIEs). Pointers to selected clinical information link it to other client and provider/contractor data to allow ongoing monitoring and quality control. Client-specific clinical data are accessible electronically. This Level adds clinical data.	Client information is federated with standardized data exchanges (e.g., HIEs) nationally so that any authorized stakeholder can access or request client administrative and clinical information to the extent authorized anywhere in the country. This Level adds nationwide technical interoperability.

Provider/Contractor Management (P/CM)

P/CM: Manage Provider/Contractor Information Process					
Item	**Details**				
Description	The ***Manage Provider/Contractor Information*** business process manages all operational aspects of the Provider/Contractor data. This business process is the source of comprehensive information about prospective and current providers/contractors and interactions with State agencies, (e.g., BH, Medicaid, Child Welfare). The database may also store records or pointers to records for services that the provider has requested or approved to deliver. The database may also store records or pointers to services provided; performance, utilization, and audits and reviews; and participation in client care management.				
MITA Reference	Source Process Name: *Manage Provider Information; Manage Contractor Information* Source Process Business Area: *Provider Management; Contractor Management* 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	Provider/contractor demographics; business identifier, contact, and address; credentialing, enumeration, and performance profiles; payment processing, and tax information	Contractual terms, such as contracted services; related performance measures; and the funding/ reimbursement rates.			
P/CM: Manage Provider/Contractor Information: Maturity Levels					
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**	
The data and reporting are structured by funding source. The process uses primarily paper/phone/fax-based processing and some proprietary internal systems, using nonstandard formats and data. The process is inconsistent in the application of the rules, data reporting, and response timing. Data are usually shared on a scheduled or ad hoc basis. This Level complies with agency requirements.	The process is increasingly automated, incorporating Web interfaces with providers/ contractors, basic business rules, and enhanced consistency of responses and timing. The process can identify providers in multiple systems. Formats and data are standardized within the State. Updates are received and responded to electronically. This Level includes additional data and quality edits.	The process has real-time access to administrative and clinical records; common business rules; and uses some clinical data to improve monitoring. Data and formats are standardized nationally. 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. At this Level data are standardized against HL7 RIM.	Provider/contractor information is accessible to any authorized party through HIEs statewide. Pointers to selected clinical information link it to provider/contractor data to allow ongoing monitoring and quality control. This Level adds clinical data.	Provider/contractor information is federated with HIEs nationally so that any stakeholder can access or request provider/contractor information to the extent authorized anywhere in the country. This Level adds nationwide technical interoperability.	

Operations Management (OM)

OM: Authorize Referral					
Item	**Details**				
Description	The ***Authorize Referral*** business process is used when referrals are issued for client services. *Authorize Referral* and *Authorize Service* may follow a similar business process.				
MITA Reference	Source Process Name: *Authorize Referral* Source Process Business Area: *Operations Management* 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	Provider/contractor data Provider/contractor ID Number Client data Treatment plans	Service data Reference data, with diagnosis and procedure code data Correspondence data			
OM: Authorize Referral: Maturity Levels					
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
This business process is primarily via paper, telephone, and fax; inquiries are received from various sources using nonstandard formats. 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. This Level complies with agency requirements.	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 277/278. Routine referrals are standardized and automated within the agency. This Level includes additional data and quality edits.	The process uses only standard EDI transactions via Web mechanisms. Cross-agency collaboration results in improved coordination of care with information accessible to external partners and clients via the Web. Interfaces use BH-MITA standardized data and are compatible with Medicaid MITA. At this Level data are standardized against HL7 RIM.	Referral authorization is embedded in provider/contractor/ agency communications, eliminating the need for most referrals. The process queries statewide HIEs for treatment plans and clinical progress data. Built in clinical protocols aid referrals. This Level adds clinical data.	Inter-enterprise business process management between all State health agency systems and real-time connectivity eliminates the need for referral authorizations. Accessible clinical data available through HIEs nationwide assists the application of evidence-based practices. This Level adds nationwide technical interoperability.

Operations Management (OM)

OM: Apply Claim Attachment					
Item	**Details**				
Description	This business process begins with receiving an attachment data set that has either been requested by the payer (solicited) from the ***Edit Claim/Encounter*** or ***Audit Claim/Encounter*** process or has been sent by the provider/contractor unsolicited, linking it with a trace number to associated claim, validating application-level edits, determining if the data set provides all information necessary to adjudicate the claim.				
MITA Reference	Source Process Name: *Apply Claim Attachment* Source Process Business Area: *Operations Management* 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	Transaction Repository Provider/Contractor data	Client data Service/reference file			
OM: Apply Claim Attachment: Maturity Levels					
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**	
This business process is primarily via paper; paper claim attachments are sent separately from the claim using nonstandard data and formats. 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. Not all agencies use claim or attachment equivalents for reimbursement. This Level complies with agency requirements.	The process incorporates direct connectivity to provider/contractor; Web interfaces; basic business rules; and State agency specific standards. Claims are aligned to the HIPAA standards, X12 835 and 837. Attachments are aligned to the HIPAA standard, X12 275. This Level includes additional data and quality edits.	The process uses only standard EDI transactions via Web mechanisms. BH-specific invoicing formats and data are phased out as the funding/payment requirements are aligned with national standards. This allows process alignment with other State agencies and use of existing automated systems and business rules. Interfaces use BH-MITA standardized data and are compatible with Medicaid MITA. At this Level data is standardized against HL7 RIM.	Attachments are no longer required with direct access to the clinical data stored in HIEs statewide. This Level adds clinical data.	Accessible clinical data available through HIEs nationwide eliminates the need for attachments. This Level adds nationwide technical interoperability.	

Operations Management (OM)

OM: Prepare COB				
Item	**Details**			
Description	The ***Prepare COB*** business process describes the process used to identify and prepare outbound EDI claim transactions that are forwarded to third party payers for the handling of cost avoided claims as well as performing post payment recoveries. Claims are flagged and moved to a COB file for coordination of benefit related activities based on predefined criteria. This process includes retrieval of claims data necessary to generate the outbound transaction including retrieval of any data stored from the original inbound transaction, and formatting of claims data into the outbound EDI data set.			
MITA Reference	Source Process Name: *Prepare COB* Source Process Business Area: *Operations Management* 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 data Provider/contractor data	Payment History Trading Partner Data Base		
OM: Prepare COB: Maturity Levels				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
The process identifies claims subject to COB and either approves or denies, depending on State policy, prior to payment based on defined criteria. If the claim subject to COB has been paid, post payment recovery claims use a mix of paper and EDI claims with non-standard data and formats. 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. Not all agencies use claim equivalents for reimbursement. This Level complies with agency requirements.	The process incorporates direct connectivity to provider/contractor; Web interfaces; common business rules; and State agency specific standards. Claims are aligned to the HIPAA standards, X12 837. Translators convert national data standards to State-specific data to support business processes. This Level includes additional data and quality edits.	The process is completely automated and uses only standard EDI transactions via Web mechanisms. BH-specific invoicing formats and data are phased out as the funding/payment requirements are aligned with national standards. Interfaces use BH-MITA standardized data and are compatible with Medicaid MITA. All COB is coordinated among data sharing partner agencies in the State. At this Level data are standardized against HL7 RIM.	COB is minimized with direct provider/contractor communications and access to the clinical and administrative data stored in HIEs statewide. The agency can query regional registries for pointers to repositories of client's third party resources. This Level adds clinical data.	Accessible clinical and administrative data available through HIEs nationwide reduces the need for COB, particularly post-payment recovery, and allows for complete automation of the COB process. The agency can query registries across the country for pointers to repositories of client's third-party resources. This Level adds nationwide technical interoperability.

Operations Management (OM)

OM: Manage Payment Information		
Item	**Details**	
Description	The ***Manage Payment Information*** business process is responsible for managing all the operational aspects of the Payment Information Repository, the source of comprehensive payment information made to and by the State BH agency for health care and support services. These processes send requests to add, delete, or change data in payment records from exchanges with other payment processes.	
MITA Reference	Source Process Name: *Manage Payment Information* Source Process Business Area: *Operations Management* 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	Claims and encounter adjudication log, edit and audit exceptions, claim attachment, and claim's disposition Claims, encounter reporting, EFT/check preparation and transmittal	Premium and capitation request processing log, exceptions, and payment data

OM: Manage Payment Information: Maturity Levels				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
The business process is focused primarily on meeting reporting requirements for funding. The process uses primarily paper/phone/fax based processing and some proprietary systems, using non-standard formats and data. The process is inconsistent in the application of the rules, data reporting, and response timing. Using payment data for analysis or outcome measures requires costly and untimely statistical manipulation. This Level complies with agency requirements.	The process is increasingly automated, incorporating Web interfaces with providers/ contractors, basic business rules, and enhanced consistency of responses and timing. Formats and data are standardized within the State. Inquiries are received and responded to electronically. All programs use HIPAA X12 standards for claims history records, including COB and encounter data, claims attachments, and premium payments. This Level includes additional data and quality edits.	The process has virtual access to administrative and clinical records; common business rules; and uses some clinical data to improve monitoring. Data and formats are standardized nationally. Claims processing is real time. Cross-agency collaboration results in coordinated and shared processes for some steps. Interfaces use BH-MITA standardized data and are compatible with Medicaid MITA. At this Level data are standardized against HL7 RIM.	Profiles of BH enterprise payment history and other BH payment information are accessible to any authorized party through HIEs and regional record locator services statewide. Real-time processing makes claims data available almost immediately. Decision support and sophisticated analytic tools allow for ad hoc analysis and reporting in real time. Pointers to selected clinical information link it to payment data to allow ongoing monitoring and quality control. This Level adds clinical data.	Payment information is federated with HIEs nationally so that any stakeholder can access payment information to the extent authorized anywhere in the country. Claims are no longer sent or compiled by the Agency, and direct access eliminates redundant collection and interchange of data, and improves real-time processing. This Level adds nationwide technical interoperability.

Care Management (CM)

CM: Intake Client Process				
Item	**Details**			
Description	The ***Intake Client*** business process receives intake data, (e.g., presenting problem, demographics, risk factors) from the client; checks for status (e.g., new, current, past), creates a client record; screens for required fields, edits required fields, verifies client information with external entities if available, and assigns appropriate identifiers.			
MITA Reference	Source Process Name: *Establish Case* Source Process Business Area: *Care Management* 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, provider, and service history data			
CM: Intake Client: Maturity Levels				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
The process uses one or more paper forms for various programs and services. This business process is primarily conducted via paper using non-standard forms and data. The process may be inconsistent in the application of the rules and in response timing. Format and content are likely state-specific, using state-specific business rules. Data is not comparable across agency and program silos. This Level complies with agency requirements.	The process uses only one form for all programs and services. The process may incorporate 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. This Level includes additional data and quality edits.	The process is fully automated; uses common 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 BH-MITA standardized data and are compatible with Medicaid MITA. At this Level data is standardized against HL7 RIM.	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. This Level adds clinical data.	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. This Level adds nationwide technical interoperability.

Care Management (CM)

CM: Screening and Assessment Process		
Item	**Details**	
Description	The ***Screening and Assessment*** business process receives data from the intake client process, from the client and other available sources, and assesses for certain health and behavioral health conditions (chronic illness, mental health, substance abuse), lifestyle and living conditions (e.g. employment, religious affiliation, housing 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	Client information Client health and lifestyle information	Screening and assessment questions Assessment protocols

CM: Screening and Assessment: Maturity Levels				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
Process uses one or more paper forms for various programs and services. 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. This Level complies with agency requirements.	Process 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. This Level includes additional data and quality edits.	The process is fully automated; uses common business rules; and uses some clinical data to verify and prepopulate responses. Uses standardized automated screening and assessment tools. Cross agency collaboration results in a one-stop shop, with some shared screening and assessment processes. Interfaces use BH-MITA standardized data and are compatible with Medicaid MITA. At this Level data is standardized against HL7 RIM.	The process has automated access to virtual records and a broad spectrum of clinical data through statewide HIEs to verify and self-populate selected responses. Standardized automated screening tools are available to providers via the network. This Level adds clinical data.	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 self-populate screening and assessment tools when sufficient current client data is available. This Level adds nationwide technical interoperability.

Care Management (CM)

CM: Manage Wait List Process					
Item	**Details**				
Description	The ***Manage Wait List*** business process receives data from the intake client business process, screening, and assessment process (if provided); registers type of client (e.g., pregnant, IV drug user, HIV positive, other), client service type needs (mental health, substance abuse), and registers preferred facilities and programs; screens for required fields, edits required fields, verifies client information with external data if available, and assigns an appropriate identifier. Data is stored and then retrieved as openings occur in the appropriate facilities and programs.				
MITA Reference	None.				
Sample Data	Client information		Intake provider/contractor information		
CM: Manage Wait List: Maturity Levels					
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**	
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 likely state-specific, using state-specific business rules. Data may not be comparable across agency and program silos. This Level complies with agency requirements.	The process incorporates direct connectivity to providers/ contractors; Web interfaces for wait list notifications; and state agency specific standards. Business rules including a priority level/ hierarchy of need are applied. Wait list data and formats are standardized, and processes are standardized and automated within the agency (defined within the purchasing entity). This Level includes additional data and quality edits.	The process is fully automated; uses client data to identify appropriate services, with automatic alerts of appropriate openings for wait listed clients. Cross agency collaboration results in a one-stop shop, with shared processes for some steps. Business rules and priority level/ hierarchy are automated. Wait list refreshes daily. Interfaces use BH-MITA standardized data and are compatible with Medicaid MITA. At this Level data is standardized against HL7 RIM.	All wait list processes are automated using point-to-point collaboration through HIEs statewide. The process has automated access to clinical and provider/contractor data for tracking service specific openings. Alerts for available openings are fully automated; intake information is self-populated. This Level adds clinical data.	All wait list processes are automated through HIEs nationwide, full interoperability with other local, state, and federal programs, and access to all providers/ contractors nationally. This Level adds nationwide technical interoperability.	

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, and 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: *Authorize Referral* Source Process Business Area: *Operations Management* 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

CM: Referral/Placement: Maturity Levels				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
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. This Level complies with agency requirements.	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. This Level includes additional data and quality edits.	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. At this Level data is standardized against HL7 RIM.	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 self-populated. This Level adds clinical data.	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. This Level adds nationwide technical interoperability.

Care Management (CM)

CM: Admit/Enroll Client Process					
Item	**Details**				
Description	The ***Admit/Enroll Client*** business process admits a client to a particular facility and/or enrolls a client in a particular program. The process receives data from the ***Intake Client*** and ***Screening and Assessment*** processes, identifies additional client data needs for admission and enrollment in specific facilities and programs (financial, diagnostic, geographic), sends the data to client and provider/contractor databases or interfaces, and notifies the client and providers/contractors. **NOTE:** There is a separate business process for *Discharge Client*.				
MITA Reference	Source Process Name: *Enroll Member* Source Process Business Area: *Member Management* 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	Admitting provider/contractor information			
CM: Admit/Enroll Client: Maturity Levels					
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**	
The process uses one or more paper forms for various programs and services. 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. This Level complies with agency requirements.	The process uses only one form for various programs and services. The process incorporates direct connectivity to provider/contractor; Web interfaces; basic business rules; and State agency specific standards. Data and formats are aligned to conform to national standards. Admission and enrollment processes are standardized and automated within the agency. This Level includes additional data and quality edits.	Admission and enrollment are merged into a single process and coordinated across agencies and programs. The process is fully automated and uses clinical records to assist the admission/ enrollment process. 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. At this Level data is standardized against HL7 RIM.	Admission and enrollment 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; admission and enrollment information is self-populated. This Level adds clinical data.	Admission and enrollment processes are automated through HIEs nationwide. The process automatically verifies the data, designs a client specific service package; and admits/enrolls the client in specific facilities and programs. This Level adds nationwide technical interoperability.	

Care Management (CM)

CM: Coordinate/Manage Case (Manage Service Delivery)					
Item	**Details**				
Description	The ***Coordinate/Manage Case*** business process uses Federal and State-specific criteria and rules to ensure appropriate and cost-effective medical, medically related social and behavioral health services are obtained and monitored for clients according to the treatment plan. It includes activities to document delivery of services and compliance with the plan, as well as service planning and coordination, brokering of services (finding providers, establishing service limits, etc.), continuity of care, and advocating for the client.				
MITA Reference	Source Process Name: *Manage Case* Source Process Business Area: *Care Management* 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 Case history Assessment protocol Treatment plan protocol Medication History Provider/contractor information Contract management Payment history Information	Service delivery information Progress notes			
CM: Coordinate/Manage Case: Maturity Levels					
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**	
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 non-standard, and are likely state-specific, using state-specific business rules. Care is not coordinated across agency and program silos. This Level complies with agency requirements.	The process incorporates direct connectivity to other agencies, programs, and providers/ contractor use some basic business rules and state agency specific standards. Data and formats are aligned to conform to national standards. Care management processes are standardized and automated within the agency; some coordination occurs. This Level includes additional data and quality edits.	The process is fully automated via web interfaces. Cross agency collaboration results in improved care coordination, and some processes are shared. Interfaces use BH-MITA standardized data and are compatible with Medicaid MITA. At this Level data is standardized against HL7 RIM.	The process is automated using point-to-point collaboration through HIEs statewide. The process has automated access to clinical and treatment plan data. All care participants are automatically notified and updated when new information is available, and mechanisms are in place to quickly and easily make coordinated and fully informed decisions. This Level adds clinical data.	Care management processes are automated through HIEs nationwide. The process automatically gathers and verifies the data, treatment teams are virtually convened, and decisions made promptly using evidence-based practices. This Level adds nationwide technical interoperability.	

Care Management (CM)

CM: Manage and Monitor Client and Treatment Outcomes		
Item	**Details**	
Description	The ***Manage and Monitor Client and Treatment Outcomes*** business process uses Federal and State-specific criteria and rules to ensure that services delivered optimizes client outcomes. It includes ongoing monitoring, assessment of effectiveness and appropriateness of services, treatment plan service coordination, continuity of care, support services, and other relevant factors.	
MITA Reference	None.	
Sample Data	Client information Case history (progress notes etc.) Assessment protocol Provider/contractor information Payment and benefits Information Service information	Treatment plan protocol Treatment performance measures

CM: Manage and Monitor Client and Treatment Outcomes: Maturity Levels				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
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 non-standard, and are likely state-specific, using state-specific business rules. Monitoring and outcomes are not coordinated across agency and program silos. This Level complies with agency requirements.	The process incorporates direct connectivity to other agencies, programs, and providers/ contractors use some basic business rules and state agency specific standards. Data and formats are aligned to conform to state-specific standards. Monitoring and outcomes processes are standardized and automated within the agency; some coordination occurs. This Level includes additional data and quality edits.	The process is fully automated via Web interfaces. Cross agency collaboration results in improved monitoring and outcomes coordination, and some processes are shared. Interfaces use BH-MITA standardized data and are compatible with Medicaid MITA. At this Level data is standardized against HL7 RIM.	The process is automated using point-to-point collaboration through HIEs statewide. The process has automated access to clinical and treatment plan data. All care participants are automatically notified and updated when new information is available, and mechanisms are in place to quickly and easily track progress and make informed adjustments. This Level adds clinical data.	Care management processes are automated through HIEs nationwide. The process automatically gathers and verifies the data, treatment teams are virtually convened, and decisions made promptly using evidence-based practices. Continuous tracking allows real time adjustment of agency and treatment goals for improving care practices. This Level adds nationwide technical interoperability.

Care Management (CM)

CM: Discharge Client Process		
Item	**Details**	
Description	The ***Discharge Client*** business process is responsible for managing the termination of a client's stay in a facility or participation in a program, for any reason. The process uses data from the *Admit/Enroll Client* process and from client data and records gathered throughout the period of service, validates the discharge data, loads or sends the data into the Client and Provider/Contractor databases or interfaces, loads or sends the data to billing systems for payment, and produces notifications for providers/contractors and for reporting purposes. **NOTE:** There is a separate business process for *Admit/Enroll Client*.	
MITA Reference	Source Process Name: *Disenroll Member* Source Process Business Area: *Member Management* 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 Service information	Discharging provider/contractor information

CM: Discharge Client: Maturity Levels				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
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. This Level complies with agency requirements.	The process incorporates direct connectivity to provider/contractor; common business rules; and state agency specific standards. Data and formats are aligned to conform to state-specific standards. Treatment plans are standardized and automated within the agency. This Level includes additional data and quality edits.	The process is fully automated via Web interfaces. 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. At this Level data is standardized against HL7 RIM.	The process is 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; discharge information is self-populated. This Level adds clinical data.	Discharge processes are automated through HIEs nationwide. The process automatically gathers and verifies the data, and discharges the client from specific facilities and programs. This Level adds nationwide technical interoperability.

Care Management (CM)

CM: Develop Treatment Plan Goals, Methods, Outcomes		
Item	**Details**	
Description	The ***Develop Treatment Plan Goals, Methods, Outcomes*** business process uses Federal and State-specific criteria, rules, best practices and professional judgment to develop client treatment plans that optimizes successful outcomes. It includes involving a team of professionals to engage with the client and significant others in determining services tailored to changing client needs, and establish achievable goals and an appropriate mix of treatment and support services.	
MITA Reference	None.	
Sample Data	Client information Case history Assessment Information Provider/contractor information Service information	Treatment plan protocol

CM: Develop Treatment Plan Goals, Methods, Outcomes: Maturity Levels				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
This business process is primarily conducted via paper, phone, and fax using non-standard forms and data. The process is inconsistent in approach and timing. Format and content are non-standard, and are likely state-specific, using state-specific business rules. Discharge/aftercare plan development is not coordinated across agency and program silos. This Level complies with agency requirements.	The process is either primarily conducted via paper or incorporates direct connectivity to other agencies, programs, and providers/ contractors using Web interfaces to facilitate development; common business rules and state agency specific standards are in place. Data and formats are aligned to conform to state-specific standards. Discharge/aftercare plan development processes are standardized and automated within the agency; some coordination occurs. This Level adds clinical data	The process is fully automated via Web interfaces. Cross agency collaboration results in improved coordination of treatment plan development activities; some processes are shared. Interfaces use BH-MITA standardized data and are compatible with Medicaid MITA. This Level includes additional data and quality edits.	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. At this Level data is standardized against HL7 RIM	Treatment plan development processes are automated through HIEs nationwide. The process automatically gathers and verifies the data, treatment teams are virtually convened, and decisions made promptly using evidence-based practices. Continuous tracking allows real time adjustment of treatment goals to maximize successful outcomes. This Level adds nationwide technical interoperability.

Care Management (CM)

CM: Develop Discharge Planning and Aftercare Plan		
Item	**Details**	
Description	The ***Develop Discharge Planning and Aftercare Plan*** 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 plan 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.	
MITA Reference	None.	
Sample Data	Client information Case history Assessment Information Treatment plan Medical information Provider/contractor information Payment/benefit Information Service information	Discharge/Aftercare plan Referral sources Support services

CM: Develop Discharge Planning and Aftercare Plan: Maturity Levels				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
This business process is primarily conducted via paper, phone, and fax using non-standard forms and data. The process is inconsistent in approach and timing. Format and content are non-standard, and are likely state-specific, using state-specific business rules. Discharge/aftercare plan development is not coordinated across agency and program silos. This Level complies with agency requirements.	The process is either primarily conducted via paper or incorporates direct connectivity to other agencies, programs, and providers/ contractors to facilitate development; common business rules and state agency specific standards are in place. Data and formats are aligned to conform to state-specific standards. Discharge/aftercare plan development processes are standardized and automated within the agency; some coordination occurs. This Level includes additional data and quality edits.	The process is fully automated via Web interfaces. 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. At this Level data is standardized against HL7 RIM.	The process is automated using point-to-point collaboration through HIEs statewide. The process has automated access to clinical and discharge planning 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. This Level adds clinical data.	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. This Level adds nationwide technical interoperability.

Appendix B Sample Self-Assessment Questionnaire

Below is a sample Self-Assessment Checklist using the high-level business areas and assessing the five markers that help differentiate different levels of maturity. This was used to show how a simplified State Self-Assessment might look and how the markers could be structured to identify specific levels of maturity. In this checklist, each level of maturity has five boxes that require responses; note that not all markers will necessarily be at the same level of maturity at any given time, so the maturity level overall for that business area/process will be the lowest level of maturity identified for any of the markers.

Sample Self-Assessment Checklist

Business Area	Automation	Standards	Cross Coordination	Client Data	Interoperability
Client Management					
	All/mostly paper 1 ☐	Use few or no national standards 1 ☐	Little/no coordination across processes or with other programs 1 ☐	Little/no access to client specific data 1 ☐	None 1 ☐
	Internal processes mostly automated 2 ☐	Internal processes mostly use national standards 2 ☐	Internal agency operational processes coordinated 2 ☐	Internal processes have access to client specific data 2 ☐	Limited interoperability internally or limited to claims processing systems 2 ☐
	Internal agency processes/interfaces mostly automated 3 ☐	Internal agency processes/interfaces mostly use national standards 3 ☐	Internal agency program processes coordinated 3 ☐	Internal agency processes have access to client specific data 3 ☐	Interoperability with internal agency systems other than claims processing 3 ☐
	External agency processes/interfaces mostly automated 4 ☐	External agency processes/interfaces mostly use national standards 4 ☐	External agency program and operational processes coordinated 4 ☐	External agency processes have access to client specific data 4 ☐	Interoperability with external agency systems other than claims processing 4 ☐
	Non-state entity processes/interfaces mostly automated 5 ☐	Non-state entity processes/interfaces mostly use national standards 5 ☐	Non-state entity program and operational processes coordinated 5 ☐	Non-state entity processes have access to client specific data 5 ☐	Interoperability with non-state entity systems 5 ☐

Business Area	Automation	Standards	Cross Coordination	Client Data	Interoperability
Provider/Contractor Management					
	All/mostly paper 1 ☐	Use few or no national standards 1 ☐	Little/no coordination across processes or with other programs 1 ☐	Little/no access to client specific data 1 ☐	None 1 ☐
	Internal processes mostly automated 2 ☐	Internal processes mostly use national standards 2 ☐	Internal agency operational processes coordinated 2 ☐	Internal processes have access to client specific data 2 ☐	Limited interoperability internally or limited to claims processing systems 2 ☐
	Internal agency processes/interfaces mostly automated 3 ☐	Internal agency processes/interfaces mostly use national standards 3 ☐	Internal agency program processes coordinated 3 ☐	Internal agency processes have access to client specific data 3 ☐	Interoperability with internal agency systems other than claims processing 3 ☐
	External agency processes/interfaces mostly automated 4 ☐	External agency processes/interfaces mostly use national standards 4 ☐	External agency program and operational processes coordinated 4 ☐	External agency processes have access to client specific data 4 ☐	Interoperability with external agency systems other than claims processing 4 ☐
	Non-state entity processes/interfaces mostly automated 5 ☐	Non-state entity processes/interfaces mostly use national standards 5 ☐	Non-state entity program and operational processes coordinated 5 ☐	Non-state entity processes have access to client specific data 5 ☐	Interoperability with non-state entity systems 5 ☐

Business Area	Automation	Standards	Cross Coordination	Client Data	Interoperability
Program Management					
	All/mostly paper 1 ☐	Use few or no national standards 1 ☐	Little/no coordination across processes or with other programs 1 ☐	Little/no access to client specific data 1 ☐	None 1 ☐
	Internal processes mostly automated 2 ☐	Internal processes mostly use national standards 2 ☐	Internal agency operational processes coordinated 2 ☐	Internal processes have access to client specific data 2 ☐	Limited interoperability internally or limited to claims processing systems 2 ☐
	Internal agency processes/interfaces mostly automated 3 ☐	Internal agency processes/interfaces mostly use national standards 3 ☐	Internal agency program processes coordinated 3 ☐	Internal agency processes have access to client specific data 3 ☐	Interoperability with internal agency systems other than claims processing 3 ☐
	External agency processes/interfaces mostly automated 4 ☐	External agency processes/interfaces mostly use national standards 4 ☐	External agency program and operational processes coordinated 4 ☐	External agency processes have access to client specific data 4 ☐	Interoperability with external agency systems other than claims processing 4 ☐
	Non-state entity processes/interfaces mostly automated 5 ☐	Non-state entity processes/interfaces mostly use national standards 5 ☐	Non-state entity program and operational processes coordinated 5 ☐	Non-state entity processes have access to client specific data 5 ☐	Interoperability with non-state entity systems 5 ☐

Business Area	Automation	Standards	Cross Coordination	Client Data	Interoperability
Operations Management					
	All/mostly paper 1 ☐	Use few or no national standards 1 ☐	Little/no coordination across processes or with other programs 1 ☐	Little/no access to client specific data 1 ☐	None 1 ☐
	Internal processes mostly automated 2 ☐	Internal processes mostly use national standards 2 ☐	Internal agency operational processes coordinated 2 ☐	Internal processes have access to client specific data 2 ☐	Limited interoperability internally or limited to claims processing systems 2 ☐
	Internal agency processes/interfaces mostly automated 3 ☐	Internal agency processes/interfaces mostly use national standards 3 ☐	Internal agency program processes coordinated 3 ☐	Internal agency processes have access to client specific data 3 ☐	Interoperability with internal agency systems other than claims processing 3 ☐
	External agency processes/interfaces mostly automated 4 ☐	External agency processes/interfaces mostly use national standards 4 ☐	External agency program and operational processes coordinated 4 ☐	External agency processes have access to client specific data 4 ☐	Interoperability with external agency systems other than claims processing 4 ☐
	Non-state entity processes/interfaces mostly automated 5 ☐	Non-state entity processes/interfaces mostly use national standards 5 ☐	Non-state entity program and operational processes coordinated 5 ☐	Non-state entity processes have access to client specific data 5 ☐	Interoperability with non-state entity systems 5 ☐

Business Area	Automation	Standards	Cross Coordination	Client Data	Interoperability
Business Relationship Management					
	All/mostly paper 1 ☐	Use few or no national standards 1 ☐	Little/no coordination across processes or with other programs 1 ☐	Little/no access to client specific data 1 ☐	None 1 ☐
	Internal processes mostly automated 2 ☐	Internal processes mostly use national standards 2 ☐	Internal agency operational processes coordinated 2 ☐	Internal processes have access to client specific data 2 ☐	Limited interoperability internally or limited to claims processing systems 2 ☐
	Internal agency processes/interfaces mostly automated 3 ☐	Internal agency processes/interfaces mostly use national standards 3 ☐	Internal agency program processes coordinated 3 ☐	Internal agency processes have access to client specific data 3 ☐	Interoperability with internal agency systems other than claims processing 3 ☐
	External agency processes/interfaces mostly automated 4 ☐	External agency processes/interfaces mostly use national standards 4 ☐	External agency program and operational processes coordinated 4 ☐	External agency processes have access to client specific data 4 ☐	Interoperability with external agency systems other than claims processing 4 ☐
	Non-state entity processes/interfaces mostly automated 5 ☐	Non-state entity processes/interfaces mostly use national standards 5 ☐	Non-state entity program and operational processes coordinated 5 ☐	Non-state entity processes have access to client specific data 5 ☐	Interoperability with non-state entity systems 5 ☐

Business Area	Automation	Standards	Cross Coordination	Client Data	Interoperability
Care Management					
	All/mostly paper 1 ☐	Use few or no national standards 1 ☐	Little/no coordination across processes or with other programs 1 ☐	Little/no access to client specific data 1 ☐	None 1 ☐
	Internal processes mostly automated 2 ☐	Internal processes mostly use national standards 2 ☐	Internal agency operational processes coordinated 2 ☐	Internal processes have access to client specific data 2 ☐	Limited interoperability internally or limited to claims processing systems 2 ☐
	Internal agency processes/interfaces mostly automated 3 ☐	Internal agency processes/interfaces mostly use national standards 3 ☐	Internal agency program processes coordinated 3 ☐	Internal agency processes have access to client specific data 3 ☐	Interoperability with internal agency systems other than claims processing 3 ☐
	External agency processes/interfaces mostly automated 4 ☐	External agency processes/interfaces mostly use national standards 4 ☐	External agency program and operational processes coordinated 4 ☐	External agency processes have access to client specific data 4 ☐	Interoperability with external agency systems other than claims processing 4 ☐
	Non-state entity processes/interfaces mostly automated 5 ☐	Non-state entity processes/interfaces mostly use national standards 5 ☐	Non-state entity program and operational processes coordinated 5 ☐	Non-state entity processes have access to client specific data 5 ☐	Interoperability with non-state entity systems 5 ☐

Business Area	Automation	Standards	Cross Coordination	Client Data	Interoperability
Accountability Management					
	All/mostly paper 1 ☐	Use few or no national standards 1 ☐	Little/no coordination across processes or with other programs 1 ☐	Little/no access to client specific data 1 ☐	None 1 ☐
	Internal processes mostly automated 2 ☐	Internal processes mostly use national standards 2 ☐	Internal agency operational processes coordinated 2 ☐	Internal processes have access to client specific data 2 ☐	Limited interoperability internally or limited to claims processing systems 2 ☐
	Internal agency processes/interfaces mostly automated 3 ☐	Internal agency processes/interfaces mostly use national standards 3 ☐	Internal agency program processes coordinated 3 ☐	Internal agency processes have access to client specific data 3 ☐	Interoperability with internal agency systems other than claims processing 3 ☐
	External agency processes/interfaces mostly automated 4 ☐	External agency processes/interfaces mostly use national standards 4 ☐	External agency program and operational processes coordinated 4 ☐	External agency processes have access to client specific data 4 ☐	Interoperability with external agency systems other than claims processing 4 ☐
	Non-state entity processes/interfaces mostly automated 5 ☐	Non-state entity processes/interfaces mostly use national standards 5 ☐	Non-state entity program and operational processes coordinated 5 ☐	Non-state entity processes have access to client specific data 5 ☐	Interoperability with non-state entity systems 5 ☐

Appendix C Sample Self-Assessment Questions

This Appendix contains the sample self-assessment questions developed by participants at the November 2008 meeting for the business process "Manage Service Delivery" (Manage/Coordinate Case).

3.1 Manage Service Delivery Business Process

Below is an abbreviated version of the business process "Manage Service Delivery" (Manage/Coordinate Case), with a high-level definition of the process and descriptions for each of the five maturity levels, including how the five markers (automation, standards, agency coordination, access to client data, and interoperability) might look at each level.

Care Management (CM)

CM: Coordinate/Manage Case (Manage Service Delivery)				
Item	**Details**			
Description	The ***Coordinate/Manage Case*** business process uses Federal and State-specific criteria and rules to ensure appropriate and cost-effective medical, medically related social and behavioral health services are obtained and monitored for clients according to the treatment plan. It includes activities to document delivery of services and compliance with the plan, as well as service planning and coordination, brokering of services (finding providers, establishing service limits, etc.), continuity of care, and advocating for the client.			
CM: Coordinate/Manage Case: Maturity Levels				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
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 non-standard, and are likely state-specific, using state-specific business rules. Care is not coordinated across agency and program silos. This Level complies with agency requirements.	The process incorporates direct connectivity to other agencies, programs, and providers/ contractor use some basic business rules and state agency specific standards. Data and formats are aligned to conform to national standards. Care management processes are standardized and automated within the agency; some coordination occurs. This Level includes additional data and quality edits.	The process is fully automated via web interfaces. Cross agency collaboration results in improved care coordination, and some processes are shared. Interfaces use BH-MITA standardized data and are compatible with Medicaid MITA. At this Level data is standardized against HL7 RIM.	The process is automated using point-to-point collaboration through HIEs statewide. The process has automated access to clinical and treatment plan data. All care participants are automatically notified and updated when new information is available, and mechanisms are in place to quickly and easily make coordinated and fully informed decisions. This Level adds clinical data.	Care management processes are automated through HIEs nationwide. The process automatically gathers and verifies the data, treatment teams are virtually convened, and decisions made promptly using evidence-based practices. This Level adds nationwide technical interoperability.

3.2 Framing the Questions

The sample questions below were developed by the participants at the November 2008 meeting on developing the SS-A. Each marker characteristic has five associated questions, one for each level of maturity. The lowest maturity level in all the responses is the level that gets assigned to the business process as a whole; all the markers must be at the same level or higher for the process to be designated at a particular maturity level. When the questions are completed, the State BH agency will know its current status for each of those markers, and can use this information to make specific adjustments to business operations and technology to raise the lowest level markers to meet or exceed the maturity level for the other more advanced markers.

These questions are presented as examples for State BH agencies to use to develop their own internal assessment tool and approach. Note that while the format and flow of the questions as presented below is generally the same, in some cases they vary somewhat in order to more accurately capture the specific characteristics of a marker at a particular level. The wording and flow of the questions can be adapted for any particular State's circumstances as long as the questions are generally internally consistent and the questions provide sufficient information to differentiate one maturity level from another.

The order of the sample questions is intended to help differentiate between a lower level of maturity and technical sophistication than a higher one; however, some of the choices in the sample may not be appropriate for a particular State agency, and can be changed to meet a specific State agency's circumstances. For example, under **Coordination**, a State BH agency may have some process coordination with external providers (at level 4 using the questions below) but not have internal coordination among the processes that support the State BH agency's operations (at level 1). The State agency can address this by reordering the questions and add qualifiers such as the external provider coordination is limited to submitting reporting data (which may make it a level 2), or the external provider coordination encompasses all provider business processes and operates in real time (level 4). It is recommended that State agencies develop these questions through some form of group process to create questions with the greatest simplicity and clarity to facilitate response.

3.3 Manage Service Delivery Sample Questions

Entry level question: If answer is yes, continue; if no, skip this business process.

Does your State BH agency have access to client-specific, encounter-level service delivery information?

AUTOMATION

- Is this State BH agency business process primarily conducted on paper?
  Yes = Level 1 STOP No = GO TO NEXT QUESTION
- Is most/all of this State BH agency business process automated?
  No = Level 1 STOP Yes = Level 2 GO TO NEXT QUESTION
- Is most/all of the State BH agency automated business process able to be electronically integrated/shared with other state agencies, such as Medicaid?
  No = Level 2 STOP Yes = Level 3 GO TO NEXT QUESTION
- Is most/all of the State BH agency automated business process able to be electronically integrated/shared with external state partners and external state agencies?
  No = Level 3 STOP Yes = Level 4 GO TO NEXT QUESTION
- Is most/all of the State BH agency automated business process able to be electronically integrated/shared nationwide with appropriate partners and agencies?
  No = Level 4 STOP Yes = Level 5

STANDARDS

- Does this State BH agency business process use any state specific standards?
  No/Yes = Level 1 Yes = GO TO NEXT QUESTION
- Does most/all of this State BH agency business process use any state specific/some national standards?
  No = Level 1 STOP Yes = Level 2 GO TO NEXT QUESTION
- Does most/all of the State BH agency business process use national standards and/or interfaces, such as HIPAA transaction/code set standards, LOINC?
  No = Level 2 STOP Yes = Level 3 GO TO NEXT QUESTION
- Does most/all of the State BH agency automated business process able to be electronically integrated/shared with external state partners and external state agencies using national standards?
  No = Level 3 STOP Yes = Level 4 GO TO NEXT QUESTION
- Does most/all of the State BH agency automated business process able to be electronically integrated/shared nationwide with appropriate partners and agencies using national standards?
  No = Level 4 STOP Yes = Level 5

COORDINATION

- Is this State BH agency business process coordinated within itself?
  No/Yes = Level 1 Yes = GO TO NEXT QUESTION

- Does this State BH agency business process coordinate with any other state BH agency's business processes?
  No = Level 1 STOP Yes = Level 2 GO TO NEXT QUESTION
- Is this State BH agency business process coordinated with any other non-BH state agency's (e.g. Medicaid, other health agencies/programs) business processes?
  No = Level 2 STOP Yes = Level 3 GO TO NEXT QUESTION
- Is this State BH agency business process coordinated with external state partners and external state agencies (e.g. outside health, schools, CJ, etc.)?
  No = Level 3 STOP Yes = Level 4 GO TO NEXT QUESTION
- Is this State BH agency business process coordinated with appropriate partners and agencies nationwide?
  No = Level 4 STOP Yes = Level 5

ACCESS TO CLIENT DATA

- Does this State BH agency business process use/have access to client specific, encounter level information?
  No/Yes = Level 1 Yes = GO TO NEXT QUESTION
- Does this State BH agency business process use/have access to client specific, encounter level information from any other state BH agency?
  No = Level 1 STOP Yes = Level 2 GO TO NEXT QUESTION
- Does this State BH agency business process use/have access to client specific, encounter level information from any other non-BH state agencies (e.g. Medicaid, other health agencies/programs)?
  No = Level 2 STOP Yes = Level 3 GO TO NEXT QUESTION
- Does this State BH agency business process use/have access to client specific, encounter level information from external state partners and external state agencies (e.g. outside health, schools, criminal justice, etc.)?
  No = Level 3 STOP Yes = Level 4 GO TO NEXT QUESTION
- Does this State BH agency business process use/have access to client specific, encounter level information from appropriate partners and agencies nationwide?
  No = Level 4 STOP Yes = Level 5

INTEROPERABILITY

- This State BH agency business process does NOT exchange ANY information electronically, either internally between systems or with any external parties or agencies.
  Yes = Level 1 No = GO TO NEXT QUESTION

- Does this State BH agency business process exchange some limited information electronically, either internally between systems or externally for claims processing?
  No = Level 1 Yes = Level 2 GO TO NEXT QUESTION
- Does this State BH agency business process exchange client specific, encounter level information with any other non-BH state agencies (e.g. Medicaid, other health agencies/programs)?
  No = Level 2 Yes = Level 3 GO TO NEXT QUESTION
- Does this State BH agency business process exchange client specific, encounter level information with external state partners and external state agencies (e.g. outside health, schools, CJ, etc.)?
  No = Level 3 Yes = Level 4 GO TO NEXT QUESTION
- Does this State BH agency business process exchange client specific, encounter level information with appropriate partners and agencies nationwide?
  No = Level 4 Yes = Level 5

Appendix D: Self-Assessment Templates

Template 1: STEPS FOR CONDUCTING A BH-MITA STATE SELF-ASSESSMENT

Step	Description	Recommended Staffing	MITA Framework 2.0 Reference
1. List & Prioritize the State's Goals and Objectives			
1.1. Plan for State Self-Assessment.	MITA SS-A Team and executive sponsors meet to gain a common understanding of the MITA SS-A.	State Medicaid Executives, Managers, and all staff who are expected to participate in the MITA SS-A.	White Paper: Planning for MITA: An Introduction to MITA Transition Planning
1.2. Determine State goals for transformation.	Medicaid executives and senior-level management meet to develop a strategic plan for the Medicaid enterprise and to identify transformation goals.	State Medicaid Executives and Senior Managers	Part 1, Chapter 2 Part 1, Chapter 6
1.3. Identify and prioritize State objectives to achieve strategic goals.	Medicaid executives and senior-level management meet to identify the objectives and milestones that will be used to measure progress toward transformation goals.	State Medicaid Executives and Senior Managers	Part 1, Chapter 2

Step	Description	Recommended Staffing	MITA Framework 2.0 Reference
1.4. Determine Scope of the MITA SS-A.	Determine breadth and depth of the assessment, i.e., all Medicaid Enterprise, partial –focusing on certain business areas, statewide – encompassing other State agencies.	State Medicaid Executives and Senior Managers	Part I, Chapter 6
1.5. Establish MITA Project Team.	Identify a MITA project manager and MITA project team members.	Senior Managers	N/A
1.6. Develop MITA SS-A Project Plan	Determine project organization, project management, schedule, methodology and approach. Determine timeline; number of resources; overall cost for the project.	MITA Project Team	N/A
1.7. Link State vision to MITA vision.	Show how the State's vision aligns with MITA	MITA Project Team	Part 1, Chapter 2
1.8. Compare Medicaid vision with State's Enterprise Architecture (if applicable)	If there is a Statewide CIO or Medicaid agency CIO, summarize the State's or Department enterprise architecture and assess compatibility with MITA.	MITA Project Manager State or Medicaid CIO office	Part 1, Chapter 1 Part 2, Chapter 1 Part 3, Chapter 1

Step	Description	Recommended Staffing	MITA Framework 2.0 Reference
2. Define the State's Current Business Model & Map to the MITA Business Process Model			
2.1. Begin populating Template 3.	Use the MITA Framework document to complete columns 1 and 3 of the Model for MITA State Self-Assessment Attachment to APD/RFP.	MITA Project Team	Part 1, Appendix E, Template 3
2.2. Identify State Medicaid Business Areas and Map to MITA Business Areas.	Produce table showing MITA Business Areas mapped to State Business Areas (number of State BAs may vary from MITA model).	MITA Project Team Business Area Managers	Part 1, Chapter 4 Part 1, Appendix C
2.3. Include other Programs, Agencies if applicable	If the scope of the MITA SS-A includes other agencies, e.g., Substance Abuse Treatment, Public Health; include these in the business area table.	MITA Project Team Business Area Managers from associated programs.	Part 1, Chapter 2

Step	Description	Recommended Staffing	MITA Framework 2.0 Reference
2.4. Note Exceptions, Differences	Analyze the exceptions and differences discovered during the mapping exercise to determine if outliers can be merged into business areas defined in the MITA model or if these business areas need to stand alone. Update BA table as needed and transfer results to column 2 of the MITA State Self-Assessment Attachment to APD/RFP. State business areas that do not map to a business area defined in the MITA framework should be listed in Template #3 after the MITA-defined business areas.	MITA Project Team	Part 1, Chapter 4 Part 1, Appendix C Part 1, Appendix E, Template 3
2.5. Map State Business Processes to MITA Business Processes (within MITA Business Areas)	Produce table linking State and MITA business processes for each business area. Include State-only business processes at the end of each business area.	MITA Project Team Business Area Managers and business process SMEs.	Part 1, Chapter 4 Part 1, Appendix C

Step	Description	Recommended Staffing	MITA Framework 2.0 Reference
2.6. Note Exceptions, Additions, Differences, and Non-Applicable Business Processes	Analyze the exceptions and differences discovered during the mapping exercise to determine if outliers can be merged into business processes defined in the MITA model or if these business processes need to stand alone. Update business process table as needed and transfer results to column 4 of the State Self Assessment Attachment to APD/RFP. State business processes that do not map to a business process defined in the MITA framework should be listed at the end of each business area section.	MITA Project Team	Part 1, Appendix C Part 1, Appendix E, Template 3
2.7. Document the location, organization, and system for each business process.	NOTE: MITA is neutral on location, organization, system. May apply to groups of business processes	MITA Project Team	N/A

Step	Description	Recommended Staffing	MITA Framework 2.0 Reference
3. Assess the State's Current Capabilities - "As Is"			
3.1. Assign Level of Business Capability to MITA Business Processes	Review Description and Attributes for each Level and determine which Level best describes State's current As Is capabilities. Where the MITA definition is incomplete, State will use its own judgment. Transfer Level assignments to State Self-Assessment Attachment to APD/RFP, column 5.	MITA Project Team Business Area Managers and business process SMEs.	Part 1, Chapter 5 Part 1, Appendix B Part 1, Appendix D
3.2. Assign Level of Business Capability to State-unique Business Processes	Use the general guidelines regarding maturity levels found in the MITA framework document to assign As-Is maturity levels to State-unique business processes. Transfer Level assignments to MITA State Self-Assessment Attachment to APD/RFP, column 5	MITA Project Team Business Area Managers and business process SMEs.	Part 1, Chapter 3 Part 1, Appendix B Part 1, Appendix D

Step	Description	Recommended Staffing	MITA Framework 2.0 Reference
4. Determine the States Target Capabilities – "To Be"			
4.1. Assign Level of Future Business Capability to MITA Business Process	Review Description and Attributes for each Level and determine which Level best describes State's current targeted To Be capabilities. Where the MITA definition is incomplete, State will use its own judgment. Transfer Level assignments to MITA State Self-Assessment Attachment to APD/RFP, column 6.	Senior Managers MITA Project Team Business Area Managers and business process SMEs	Part 1, Chapter 5 Part 1, Appendix B Part 1, Appendix D
4.2. Assign Level of Future Business Capability to State-unique Business Process	Use the general guidelines regarding maturity levels found in the MITA framework document to assign To Be maturity levels to State-unique business processes. Transfer Level assignments to MITA State Self-Assessment Attachment to APD/RFP, column 6	Senior Managers MITA Project Team Business Area Managers and business process SMEs	Part 1, Chapter 3 Part 1, Appendix B Part 1, Appendix D

Template 2: MODEL FOR BH-MITA SS-A ATTACHMENT TO RFP

1 MITA Business Area	2 State Business Area	3 MITA Business Process	4 State Business Process	5 As Is Level of Business Capability	6 To Be Level of Business Capability
Use MITA names and order	Use State names; show differences	List by MITA Business Area and BP code	Use State's naming convention	Refer to MITA Framework 2.0, Part I, Appendix D	State selects its target for improvement
	There may be more State BAs (or fewer)	Use MITA name	Indicate N/A if State does not have this MITA BP or any equivalent	Use Description of Level and Attributes to aid in designation of Level	Use Description of Level and Attributes to aid in designation of Level
	Place State BAs without a MITA equivalent at the end	Use MITA order/ sequence	At the end of each BA, include State BPs not found in MITA	Some descriptions are not fully developed. State makes its own decision re Level.	Some descriptions are not fully developed. State makes its own decision re Level.
Provider Management	"Provider Services"	Complete list of MITA business processes for each BA, then proceed to next BA/ business process list Enroll Provider Enroll Provider	State may have many BPs to one MITA BP (see below): "Enroll DME provider" "Enroll MD provider"	Must meet all criteria of the level; no "1.5" LV 1 LV 2	Must meet all criteria of the level; no "1.5" LV 2 LV 3

Appendix E: MITA APD Process and Self-Assessment Template

Beginning April 1, 2007, CMS introduced a national initiative in which States were instructed by CMS to begin conducting assessments of their Medicaid business enterprises. This initiative is described in Part 1 Chapter 6 of the MITA Framework 2.0 as the MITA State Self-Assessment (MITA SS-A). The MITA SS-A is a process that States use to review their strategic goals and objectives, measure their current business processes and capabilities against MITA-defined business capabilities, and ultimately develops target capabilities that allow the State to transform its Medicaid enterprise consistent with MITA principles. Appendix E of the MITA Framework 2.0 provides information for States in the preparation of procurement documents related to the MITA SS-A, as well as the process and templates necessary to complete a State's Self-Assessment. Using a standard methodology and tools to document the way a State conducts business now (As-Is), and plans to conduct business in the future (To-Be), the MITA SS-A provides a baseline that will facilitate collaboration between the States and CMS, between the States and industry, and among the States themselves.

MITA SS-A Funding and Scenarios

Prior approval is required for States requesting Federal Financial Participation (FFP) for new and ongoing projects through the Advance Planning Document (APD). Enhanced funding at 90% is available for States that conduct a MITA SS-A. To qualify for this funding, several approaches may be considered in preparing and submitting the required APDs to CMS. The table below presents some common scenarios under which States may request enhanced funding for the State Self-Assessment.

MITA SS-A Funding Scenarios

	Scenario #1 Stand-alone MITA SS-A	Scenario #2 MITA SS-A for New MMIS	Scenario #3 MITA SS-A for MMIS Enhancement
Scenario Description	No immediate plans to replace or enhance an existing MMIS. Condition #1: "Baseline" MITA SS-A performed to define the "as-is" environment of the current MMIS. Or Condition #2: MITA SS-A performed to help shape the State's strategic plan for a near-term MMIS replacement or major system enhancement by defining both the "as-is" and "to-be" environments.	DDI of a replacement MMIS. MITA SS-A performed to support the requirements analysis phase of system design.	DDI of a significant enhancement to an existing MMIS. MITA SS-A performed to support the requirements analysis phase of enhancement design. The scope of the MITA SS-A may address all business processes or only the processes affected by the enhancement.
Procurement Docs	Stand-alone PAPD for the MITA SS-A only (Use Template #1 in this appendix)	PAPD for an MMIS, to include the MITA SS-A	APDU or PAPD - seek CMS Regional Office guidance.
Enhanced Match?	Yes @ 90%	Yes @ 90%	Yes @ 90%
Follow-up	To be eligible for enhance match, the State must submit an implementation PAPD for a new or enhanced system within 3 years of the stand-alone MITA SS-A. The results of the MITA SS-A are attached to the PAPD.	Results of the MITA SS-A are attached to the IAPD and associated RFP.	Results of the MITA SS-A are attached to the APDU and associated procurement document(s).

The scenarios presented in the table above represent general information. States should always seek the advice of their CMS regional office contact prior to preparing procurement documentation to determine what is required by CMS for their particular State.

As shown in Scenario #1, a State may elect to conduct an As-Is baseline assessment to determine its current MITA maturity levels, based upon the general criteria contained in MITA Framework 2.0. The assessment can be completed using State staff or with contractor assistance. The development and completion of a MITA Transition Plan should occur within three years of the date of the approved APD for the State to retain the 90% funding granted for the MITA SS-A. Otherwise, the As-Is assessment activity may be considered a feasibility study that is only eligible for 50% FFP per SMM §11276.11. A State may also elect to conduct an As-Is and a To-Be self-assessment. The To-Be portion of this assessment defines the maturity levels the State selects to achieve over a span of three to ten years, and may involve a phased approached for completion. Although the MITA SS-A may identify maturity levels that will only be realized in the long term, the State's Implementation APDs (IAPDs) will address only those enhancements targeted for the short term.

For new projects, such as a system replacement (Scenario #2), the MITA SS-A should be initiated during the implementation planning process and funding for the MITA SS-A should be requested in a Planning APD (PAPD). In a situation where a State is making a major enhancement to an existing system (Scenario #3), the funding request for the MITA SS-A may appear in a PAPD for the enhancement or may appear in an APD Update (APDU). States should seek the advice of their CMS Regional Office to determine which method is preferred. In either case, the results of the MITA SS-A become part of the procurement lifecycle and are submitted with the IAPD or subsequent APDs (as needed, annual) and the RFP, if appropriate, for the new development work.

Template 3: MODEL PLANNING APD CHECKLIST FOR MEDICAID MITA STATE SELF-ASSESSMENTS

The Planning APD is a very brief document (6-10 pages) prepared and submitted prior to initiating Planning Phase activities. It is used to secure Medicaid Federal financial participation (FFP) for the State. It is a *plan* to plan. The purpose is not to provide needs and plans in detail, but to develop a high-level management statement of vision, needs, objectives, plans, and estimated costs. The focus is on describing how planning will be accomplished and demonstrating that the State has established a plan that is reasonable for the level of effort of the project. Planning APDs that meet the standards for approval shown in the following two pages will be approved by CMS within 60 days. The Planning APD has four sections: 1) Statement of Need; 2) Project Management Plan for Planning; 3) Planning Project Budget, and 4) Estimate of Total Project Costs.

Template 3: MODEL PLANNING APD CHECKLIST FOR MEDICAID MITA STATE SELF-ASSESSMENTS

Section	*Content*	*Description of Minimum Requirements*
Statement of Need This section of the Planning APD should set forth the State's information and services "vision," including the scope and objectives of the planned information system and its interrelationships with other systems (if known). In addition, the Statement of Need should define the system requirements in terms of problems and needs listed in the next column.	Statement of "Vision" This will be a full or partial Assessment.	Conduct a MITA Self-Assessment of its current and future business needs to determine a transition plan for the future. This will be an As-Is/baseline self-assessment or an As-Is and To-Be self-assessment. In either case, the State plans to implement changes based upon the MITA SS-A within 3 years. The MITA SS-A should be consistent with MITA Framework 2.0. ☐ Yes ☐ No ☐ Full ☐ Partial – Explain
	Statement of the Problem/need in terms deficiencies in existing capabilities	Briefly explain ☐ Yes ☐ No
	New or changed program requirements	Does the MITA SS-A document the new and/or changes planned for the current APD or for the future as well? Current APD only____ Future Needs_____
	Opportunities for economy or efficiency	CMS will assume the MITA SS-A will produce opportunities for both economy and efficiency provided that the MITA self-assessment criteria included in the APD are addressed.
Project Management Plan The Project Management Plan summarizes how the State will plan. The State's planning project organization is briefly described. At	Planning project organization (State and contractor resources) – people, responsibilities and relationships	Provide descriptive one page chart and one page of accompanying narrative.

Section	Content	Description of Minimum Requirements
this point in the project, all that is required is that the State identifies key players in the planning phase, such as the project manager and other key planning staff by name and title. This information can be depicted in an organization chart. The Project Management Plan for planning describes how and when the activities for the Planning Phase will be conducted and schedules milestones for completion of key events.	Planning activities, schedule, products and deliverables	Briefly summarize in one page or less.
	Commitment to conduct analyses and JAD sessions (Please provide a statement when "No" is checked)	Requirements analysis (e.g. Gap Analysis) ☐ Yes ☐ No Feasibility study ☐ Yes ☐ No Alternatives analysis ☐ Yes ☐ No Cost/benefit analysis ☐ Yes ☐ No JAD (joint application design sessions with users) ☐ Yes ☐ No Functional specification ☐ Yes ☐ No Systems design ☐ Yes ☐ No
	Re-inventing the Wheel Commitment to define (update) functional requirements for the purpose of evaluating the transfer of an existing system	If available, has there been any consideration given to collaborate with another State? Explain.
	Requirements and evaluation plan	Briefly summarize in one page or less.

Section	Content	Description of Minimum Requirements
Planning Project Budget This section succinctly describes in narrative needs for which funding support during the form the resource Planning Phase may be requested by the State. These needs may relate to State and contractor staff costs, computer time, hardware, and commercially available software, travel, space, etc.	By categories, cost elements and amounts	Show cost allocation among users Anticipated FFP (90%, 75% and 50%) Anticipated State costs Projected costs by fiscal quarter + summarized by fiscal year, including planning project total, and program totals.
Assurances This section refers to the procurement of automated data processing equipment for mechanical claims processing, and whether it was procured under the appropriate requirements outlined in the Code of Federal Regulations (CFR) listed, the appropriate sections of the State Medicaid Manual (SMM), and a State Medicaid Letter (dated December 4, 1995). This section also refers to access to records, licensing, ownership of software and the safeguarding of information contained within the system.	Procurement Standards (Competition/Sole Source) Access to Records Software Ownership Federal Licenses Information Safeguarding Progress Reports	45 CFR Part 95.613 ☐ Yes ☐ No SMM Section 11267 ☐ Yes ☐ No 45 CFR Part 95.615 ☐ Yes ☐ No SMM Section 11267 ☐ Yes ☐ No 42 CFR Part 433.112(b)(5) – (9) ☐ Yes ☐ No 45 CFR Part 95.615 ☐ Yes ☐ No SMM Section 11267 ☐ Yes ☐ No Explain all No answers and provide complete justification ☐ Yes ☐ No SMM Section 11267 ☐ Yes ☐ No