

R&RT Use Cases – Appendix G

This section includes representative use cases for major stakeholders of the R&RT. The major stakeholders represented by the use cases include:

- Anonymous and Registered User
- Community Based Organization
- Behavioral Health Management Care Organization
- HealthChoices Managed Care Organization
- Healthcare Provider
- Local Government
- State Government

The use cases provide examples of different capabilities of the system. Most stakeholders require all the capabilities described unless specifically noted. The capabilities include the following:

User Accounts, Security, and Consent

- Ability to create a user account and profile
- Ability to verify the uniqueness of each account to avoid duplicate persons
- Role-based security
- Compliance with all applicable standards and obligations including HIPPA and HITECH
- Electronic documentation of the participant consenting process
- Users may restrict provider access to information to prevent access to sensitive information

Assessments

- Provides Social Determinants of Health (SDoH) and other assessments to identify resources
- SDoH assessment can be completed by the participant or a provider for the participant
- Provides an annual reminder to update the SDoH assessment

Resource Directory

- Provides a resource directory
- Provides direct navigation to resource categories such as Health, Transportation, Food, Housing, etc.
- Allows filtering the list of resources based on location, days and hours of operation, population served and other criteria
- Users can view and print resource information
- Authorized Community Based Organizations (CBO) users may update their directory information

Referrals

- Users and other authorized parties (guardians, care takers, or providers) can submit a referral to a resource provider
- Patients, clients and other authorized parties receiving acknowledgement of the referral from the resource provider
- Client and other authorized parties receive notification of resource agency capacity issues/wait lists

Interoperability and Integration

- Bi-directional standard interfaces between case management systems, Electronic Medical Records and R&RT
- Single sign-on capabilities are shared by the case management system, Electronic Medical Record and R&RT
- Integrates with DHS systems to show current client benefits
- Integrates with DHS COMPASS to perform DHS program eligibility screening

Technical Features

- Ability to access R&RT from a mobile device

Case Management

- R&RT platform provides basic case management capabilities for the CBO
- Case management reports for the CBOs
- Ability to make appointments and send reminders about appointments
- R&R can capture the client's preferred communication method - text, email, phone number or mailing address
- R&R can capture the provider's preferred communication method - text, email, phone number or mailing address
- Notifications to other authorized providers about changes in case status, missed appointments and new referrals

Anonymous and Registered User Access R&R Resource List

Actors:	<ul style="list-style-type: none"> • Anonymous User • Registered R&R User
Brief Description:	Citizens use the R&RT to seek resources as an anonymous user and as a user registered in the system.
Pre-Conditions:	<p>Anonymous User</p> <ul style="list-style-type: none"> • None <p>Registered R&RT User</p> <ul style="list-style-type: none"> • Created an on-line account within R&RT and provided basic demographic information including email address. A user id and password was established for the user.
Post-Conditions:	<p>Anonymous User</p> <ul style="list-style-type: none"> • None <p>Registered R&RT User</p> <ul style="list-style-type: none"> • None
Special Requirements:	<ul style="list-style-type: none"> • Access via mobile devices
Main Flow of Events:	<p><u>Anonymous User</u></p> <ol style="list-style-type: none"> 1 The user accesses R&RT using their smart phone or internet connected device and enters the site as an anonymous user instead of logging in 2 The user has the ability to search for resources in two ways; self-assessment or direct navigation. 3 R&R provides the user with a list of resources based on their self-assessment or selection of need (housing, food, medical, transportation or other category) 4 The user may filter the list of resources based on location, days and hours of operation, population served and other criteria 5 The user may view information regarding a specific resources that includes detailed information about the provider that can be printed <p><u>Registered User</u></p> <ol style="list-style-type: none"> 1 A user accesses R&RT and sets up a user profile that includes demographic information, contact information and a user name and password 2 R&RT validates that the user is unique before creating a profile 3 The registered user accesses R&RT using their smart phone or internet connected device and logs into their account on R&RT. 4 The registered user can view their user profile, update demographic information, change user id and password, update preferences and see the status of all referrals 5 Same steps as 2, 3, 4 and 5 above. 6 The registered user may initiate a referral to a service provider 7 The registered user will receive a response showing whether the referral is accepted or not and if there are additional actions the user must take 8 User decides to share all or portions of their R&R record with other agencies or providers that are also assisting them.

	<ul style="list-style-type: none">9 The registered user views current programs they are enrolled and benefits they are receiving from the Department of Human Services (DHS)10 The registered user uses a screening tool within the R&RT to see their eligibility for other DHS programs11 The providers selected by the user to receive information from R&RT receive notification of any updates to the user's services12 The registered user is prompted annually to update or complete an SDoH assessment
Reporting:	None required

Community Based Organization

Actors:	<ul style="list-style-type: none"> Community Based Organization Client
Brief Description:	A CBO receives and makes referrals on behalf of their clients using the R&RT.
Pre-Conditions:	<ul style="list-style-type: none"> CBO is a registered user in R&RT. CBO is part of the R&RT Resource Directory.
Post-Conditions:	<ul style="list-style-type: none"> Notification about referrals submitted
Special Requirements:	<ul style="list-style-type: none"> R&RT provides basic case management capabilities for the CBO. Alternately, the R&RT is integrated with a CBO case management system. Users may restrict provider access to information. Authorized CBO users may update their Directory information.
Main Flow of Events:	<p>Main Flow</p> <ol style="list-style-type: none"> The CBO receives notification that they have received a referral for services and logs into R&RT using the provider portal to view the referral information. The CBO is able to access demographic and eligibility information about the client so that the client does not need to re-enter information that is already known to R&RT for the new provider. The CBO reviews the referral and accepts the referral. The client receives notification that the referral has been accepted and the client receives a welcome message along with information about any additional information that is required, any additional actions they must take and contact information for questions. If needed the CBO can establish a specific appointment for the client and notifications and reminders about the appointment are sent to the client and authorized other providers. The CBO reviews their organization's information in the directory. The CBO user because of their security role can update their information in the R&RT Directory to reflect recent changes. The change is made and reflected in the Directory; real-time. The client arrives for service and the CBO uses R&RT for their basic case management activities including documenting services, any case notes, case status and outcomes for any services provided. The CBO is able, if appropriate, to create individualized goal plans for clients, track progress and run a variety of reports to support their operations. The CBO may track case progress and will provide an outcome for services when a service or case is closed. While with the client the CBO recognizes other potential client needs and recommends additional referrals to other CBOs. With the client's documented consent, the CBO makes the referral. The CBO and client receive notification that the referral was accepted from the other CBO. The CBO will be able to view all services for which the client has authorized them to access. They will view the status of services, case notes and contact information for the network organizations providing the service.

	<p>13. The CBO may coordinate their services with other service providers and document their coordination in the service plan.</p> <p>14. The CBO or client updates assessments to identify additional needs and identify client improvement over time.</p> <p>15. If the client has decided not to share additional case information with the CBO then the CBO will not receive further updates regarding the client or be able to access case information regarding the client beyond demographics and the services provided by the CBO.</p> <p>Alternate Flow</p> <p>The CBO has a case management system integrated with the R&RT.</p> <p>1 All steps above are completed but the CBO is working within their own case management system that is interoperable with R&RT.</p> <p>2 All reporting and case management functions are performed by the CBO case management system.</p>
<p>Reporting:</p>	<ul style="list-style-type: none"> • Case Management Information, response time, goals, service delivery, appointment reminders and scheduling. • Information about referrals successfully made, outcomes and unmet need areas. • Audit trails and logs. • Attempts to access unauthorized information. • Ad-hoc reporting.

Behavioral Health Managed Care Organization (BHMCO)

Actors:	<ul style="list-style-type: none"> • Case Manager • Patient • Community Based Organization
Brief Description:	<p>The case manager is working with a patient while logged into their organization's case management system. Based on the identification of SDoH needs the case manager makes a referral to an R&RT resource using bi-directional integration of their case management system with the R&RT.</p>
Pre-Conditions:	<ul style="list-style-type: none"> • Case Manager is a registered user in R&RT. • Patient is a registered user in R&RT. • Patient documented consent for the case manager to make the referral.
Post-Conditions:	<ul style="list-style-type: none"> • Patient and the Case Manager receive notification of the acceptance of the referral • The Case Manager within their case management system, and with the consent of the patient; can view case related information maintained in R&R • The Case Manager within the case management system can receive alerts from R&RT about changes in the patient's case
Special Requirements:	<ul style="list-style-type: none"> • Role-based security is available in R&RT. • Bi-directional standard interfaces between the case management system and R&RT. • Single sign-on capabilities shared by the case management system and R&RT. • R&RT complies with all applicable standards and obligations including HIPPA and HITECH; and is consistent with the MCO's security protocols • Clients through their consent can limit what information can be viewed by other providers so that sensitive information is not accessible by unauthorized providers.
Main Flow of Events:	<ol style="list-style-type: none"> 1. The Case Manager is meeting with a patient. 2. The Case Manager follows normal processes to address BH needs. 3. The Case Manager accesses the R&RT from the BHMCO's case management system and accesses the patient's record in R&R 4. If the R&RT indicates that the patient has other non-BH needs requiring support, the Case Manager will search for resources using R&RT. 5. While still in the MCO's case management system the Case Manager initiates a referral that is received by R&RT through the interface. 6. The Case Manager receives acknowledgement of the referral within their case management system; and with the consent of the patient, can access other case related information maintained in R&RT.
Reporting:	<p>The Case Manager can run reports by patient from the R&RT on the SDoH needs requiring support.</p>

HealthChoices Managed Care Organization

Actors:	<ul style="list-style-type: none"> • HealthChoices Managed Care Organization • MCO Patient Services • Patient • Community Based Organization
Brief Description:	The MCO makes a referral to a CBO with the patient's consent. The consent has authorized the HealthChoices MCO to receive updates about services from other providers.
Pre-Conditions:	<ul style="list-style-type: none"> • Patient has a prior referral to a CBO. • Patient has indicated their preferred communication method - text, email, phone number or mailing address • Provider has indicated their preferred communication method - text, email, phone number or mailing address • Patient has authorized access to on-going information by the HealthChoices MCO • R&RT has been integrated with the HealthChoices MCO's case management system
Post-Conditions:	None
Special Requirements:	<ul style="list-style-type: none"> • Integration of the HealthChoices MCO case management system. • Ability for patient to authorize access by other providers to the case information contained in R&RT.
Main Flow of Events:	<ol style="list-style-type: none"> 1 The HealthChoices MCO performs a SDoH assessment and identifies unmet needs. 2 The HealthChoices MCO through their case management system makes a referral to a CBO. 3 The patient is served by a CBO based on a referral submitted by the HealthChoices MCO. 4 The R&RT record for the patient is updated in R&RT and in the case management system. 5 A notification is sent to the case management system that the service was provided. 6 The HealthChoices MCO using their case management system views any case notes or additional information that was provided from R&RT. 7 The original CBO identifies another unmet need and makes a referral to another CBO. 8 The HealthChoices MCO as an authorized provider receives notification of the second referral. 9 The second CBO makes an appointment for the patient. 10 The HealthChoices MCO is notified of the appointment for the patient. 11 R&RT sends reminders to the patient and authorized providers about the appointment using the patient and provider's preferred communication method. 12 The HealthChoices MCO contacts the client and encourages them to make the appointment and makes an update in their case management system which is updated in the case notes in R&RT. 13 The second CBO delivers the new service and the HealthChoices MCO is notified.
Reporting:	None, reporting is provided by the case management system.

Healthcare Provider

Actors:	<ul style="list-style-type: none"> • Patient • Healthcare provider
Brief Description:	<p>A healthcare provider makes a referral to a CBO based on a patient's needs during a face-to-face interaction between the provider and patient. The provider will search the R&RT Directory, agree on a referral with the patient, gather consent, complete the referral and submit it in the R&RT.</p>
Pre-Conditions:	<ul style="list-style-type: none"> • Provider is a registered user of R&RT. • R&RT has been integrated with the Provider's Health Record (EHR). • Single sign on is available between the EHR and R&RT. • The R&RT has been configured to launch from the patient's EHR. • The R&RT Directory has been populated and is regularly monitored to ensure information is updated and accurate. • The common SDoH assessment has been configured and is available for patient completion. • Referrals that are initiated by the Provider can also be viewed by the patient if they set up an account. • Provider referrals are tracked and can close the loop back into the EHR through systems interoperability capabilities. • The Patient provided consent.
Post-Conditions:	<ul style="list-style-type: none"> • The provider receives updates about the status of the referral, accepted, closed and reason for closure.
Special Requirements:	<ul style="list-style-type: none"> • Interoperability between R&R and the EHR
Main Flow of Events:	<ol style="list-style-type: none"> 1 Patient completes a SDoH assessment prior to the encounter on an iPad while waiting for the Provider or the assessment can be initiated and completed by a care team patient/Provider. 2 Provider is alerted in the EMR that there is a SDoH need based on the assessment. If the patient already has an SDoH diagnosis based on ICD 10 codes, that information is included in the alert. 3 Provider links to the R&RT from within the patient's chart to access the Directory of CBOs. 4 Provider searches the Directory based on the specific need and patient's location. The patient's need and/or ICD 10 code diagnosis pre-populate the search criteria in the R&RT. 5 Provider and patient agree on a potential service provider. 6 Patient completes consent to share PHI for service and to have the CBO share data back to the provider/care team via electronic signature if not already on file. 7 Provider selects the agreed upon service provider and initiates the referral. 8 The EHR provides needed information, such as name, DOB, address for a transportation need, SDoH diagnosis, to the R&RT to initially populate the electronic referral form, 9 Provider completes additional data on the referral with the patient's help as needed to complete form. There is a notes field for them to add any free text comments. 10 Provider submits referral.

	<p>11 There is an option to print the CBO contact information for the patient to take with them.</p>
<p>Reporting:</p>	<p>Batch Reporting</p> <ul style="list-style-type: none"> • Assessment results – number of assessments completed, types of needs identified, and types of needs identified by participant demographics (e.g. age, gender, zip code). Aggregate assessment results should include summaries of the population (i.e. 20% of those who take the assessment report food insecurity, 10% report housing needs, etc.) • Ability to query assessment summaries by zip code, age, gender, LOB, etc.) • Change in status based on assessments (for example, if no longer food insecure or homeless, based on status in assessment, there is a way to demonstrate outcomes/ROI) • Number of referrals made – total and by participant demographics (age, gender, zip code) and completion rates; percentage completed by category (i.e. 60% of food insecurity referrals were closed with needs met, 15% were closed and didn't meet criteria, etc.) with the ability to run reports and identify participants who did not have needs met • Search results – number of searches satisfied, number of searches satisfied by groups of number of results (i.e. 1-5 results, 6-10 results) and ability to look at search results by criteria • Basic site reporting – number of times logged in, where people are going on the site, how long people are staying on the site • Number referrals made by provider (unique provider) <p>Data</p> <ul style="list-style-type: none"> • Ability to provide raw data in addition to reporting above in HL7 compliant format for integration into a health organization's own data warehouse

Local Government

Actors:	Local government agency (Child Welfare, Courts, County Department of Human Services, Law Enforcement, Juvenile Probation, Disabilities, Drug and Alcohol, others)
Brief Description:	County human service workers (see above) are working with a client and identify additional resources the client may need and make a referral. The worker, with client consent, may continue involvement or just make a referral with no follow on.
Pre-Conditions:	<ul style="list-style-type: none"> County human services worker is a registered user of R&RT.
Post-Conditions:	<ul style="list-style-type: none"> Worker is unable to access information where the client has not provided consent.
Special Requirements:	<ul style="list-style-type: none"> Ability to integrate with a county case management system Ability to restrict access to the client record in R&RT based on consent.
Main Flow of Events:	<ol style="list-style-type: none"> The county human services worker is meeting with a client as part of on-going services The human services worker and client as part of case planning have identified other unmet needs. The client documents their consent for the referral The human services worker may access R&RT from within their case management system without having to separately log into the R&RT or alternatively log directly into R&RT without integration with a case management system. The worker completes the referral for the client and submits. The worker and client are notified whether the referral was accepted. The client authorized the worker to access to their case file except for medical related information which they wish to keep confidential. The worker is able to access the client's case record and view the services provided, status of services and case notes provided. There is contact information for the service providers in case the worker wishes to contact other care providers. The worker receives updates regarding changes in the case for all areas where they have authorized access. The worker is unable to view the client's medical information since the client has not provided consent.
Reporting:	<ul style="list-style-type: none"> Status report of referrals made by the worker

State Government

Actors:	<ul style="list-style-type: none"> County Assistance Office ChildLine Other DHS offices or other state government organizations
Brief Description:	A person is involved with DHS or another state government agency and unmet needs are identified. The state government worker makes a referral using the R&RT. Information about the referral is maintained in the R&RT, but the referral provides linkage back to the DHS program.
Pre-Conditions:	<ul style="list-style-type: none"> State government organization is a registered user in R&RT Person is a registered R&RT participant

Post-Conditions:	<ul style="list-style-type: none"> • User identification or program identifier is maintained in R&RT to provide linkage to the state government agency or program.
Special Requirements:	<ul style="list-style-type: none"> • Statewide child welfare system is integrated with R&RT.
Main Flow of Events:	<p>Main</p> <ul style="list-style-type: none"> • The state government employee is working with a person and identifies an unmet need. • The employee logs into R&RT and with the person's consent makes a referral to a CBO for assistance. • The referral includes information about the state government program or client identifier to enable linkage between referrals and the sending program. • The CBO receives and accepts the referral and the state government employee is notified. • The employee has opted not to receive further information about the services and will not receive any further notifications. • Quarterly the state government program runs reports regarding the number of referrals made, needs identified and outcomes of the services to better improve their referrals. <p>Alternative</p> <ul style="list-style-type: none"> • Alternatively, if the state government program has elected to integrate their case management system with R&RT then the referrals will be made from the case management system and the data needed by R&RT for the referral will be provided by the case management system through interfaces and integration described in other use cases. • State government agencies actively managing cases will operate similar to manage care organizations and behavioral health managed care organizations described above.
Reporting:	<ul style="list-style-type: none"> • Number of referrals made by state government agencies and the type of need along with demographics of the client. • Assessment of outcomes for referrals made by state government agencies.