electronic Long-Term Services & Supports (eLTSS) Project in Review

All Hands Working Group Meeting
September 28, 2017
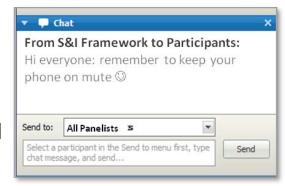
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Meeting Etiquette

- Remember: If you are not speaking, **please keep your phone on mute**

- **Do not put your phone on hold.** If you need to take a call, hang up and dial in again when finished with your other call

  - » Hold = Elevator Music = frustrated speakers and participants

- **This meeting is being recorded**

  - » Another reason to keep your phone on mute when not speaking

- **Use the "Chat" feature** for questions, comments and items you would like the moderator or other participants to know.

  - » **Send comments to ALL PANELISTS** so they can be addressed publically in the chat, or discussed in the meeting (as appropriate).

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Agenda

Topic	Presenter
Welcome and Reminders	Lynette Elliott
Opening Remarks ONC and CMS	Liz Palena Hall / Kerry Lida
Published eLTSS Dataset	Becky Angeles
Grantee Review	TEFT Grantees
Updates from Georgia	Bonnie Young / Irina Connelly
Closing Remarks	Lynette Elliott / Jamie Parker

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Opening Remarks

Published eLTSS Dataset

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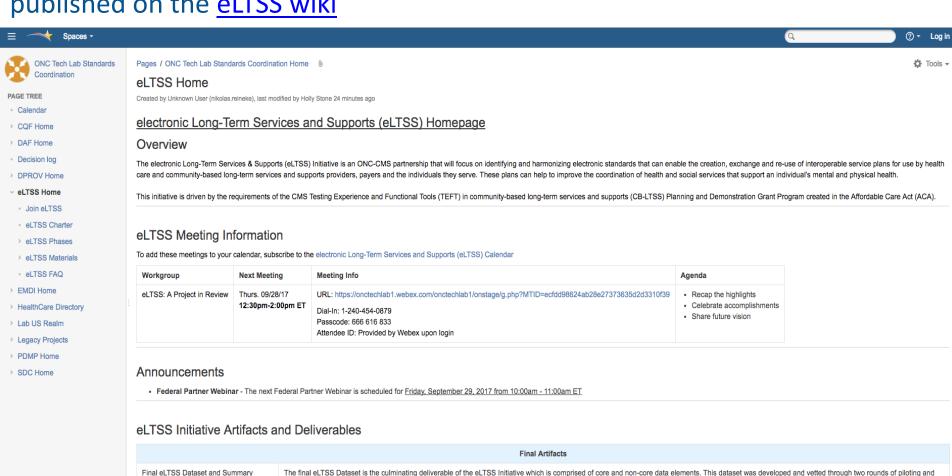# Published eLTSS Dataset

A downloadable PDF version of the eLTSS Dataset complete with a high-level overview of the project, dataset definitions, list of values, and format is now published on the [eLTSS wiki](#)

Grantee Review

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Colorado Medicaid Round 2 Findings

September 28, 2017

Lessons Learned

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What Did You Learn from the Pilot and Providers

- Not all providers are the same even if they do the same thing.

  - Their ability to participate is based on a variety of things from technology readiness to their level of involvement in the processes TEFT involves.

  - Counties agencies are different than private providers in what they care about and how they operate. Choose wisely depending on what you are trying to accomplish. Counties for assessments and private organizations for PHR/eLTSS as an example.

  - Technology standards from HL7 to S&I frameworks are not in play for most.

  - Initial interviews shouldn't be a dog and pony show it should be an interview to find people who are willing and able to participate.

  - Don't invent things that are already in existence. Adapt.

- We approached the problem by stepping back and revisiting the criteria we used in the first place.

  - Created a subset of providers who we knew had the technological capabilities and time to participate.

  - Survey a broad spectrum of potential providers to find the group we need to work with.

- We are still in the survey process and will take the time we need to ensure we get the right providers on board because we intend to utilize what we have built for the future strategic plan.

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Path Forward

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Next Steps

- Picking appropriate providers because this challenge is greater than implied by the concepts themselves. We cannot do it without active providers.

- We want a highly engaged group of people using a person centered approach and this technology to improve the process and especially the satisfaction of beneficiaries and staff involved. It needs to change culture and strategy going forward.

- Develop stronger relationships with a core group of providers. Utilize developed technology to integrate into existing systems.

  » Yes PHR and eLTSS before year end.

  » Try to find at least one provider who can implement with standards and 5-10 total who can implement via any level of electronics interface.

- We have not collected metrics yet.

- When we do implement we will look for the following metrics:

  » Utilization of the PHR/eLTSS in terms of how often it is accessed and if plans are updated.

  » Track how often changes are requested or additional information is requested on the eLTSS plan/record.

  » How often is the PHR accessed by the beneficiary or caregivers for the beneficiary.

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Connecticut eLTSS Round 2 Findings

September 28, 2017

Lessons Learned

What Did You Learn from the Pilot and Providers

- **<u>Lessons Learned</u>**

  - Start contract negotiations early!

- **<u>Approach</u>**

  - We just cross-walked the core elements to C-CDA R2.1: Care Plan document type.

  - Agile method was a better approach than our previous experience with traditional waterfall

  - We plan to use the CCDA R2.1 care plan document type as the document that we will use for communicating

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- Focus moving forward:

  » Create C-CDA R2.1: Care Plan document type.

  » Plan to participate with GA in the creation of a new standard for care plan communication

  » We are planning to implement our web-based tool for completing the Community First Choice Care Plan (person-directed care) in Nov. 2017

    – http://www.bridgegatedev.com/ctdss/elpsscareplan.html

  » We will be collecting system level metrics on: time to approval, areas where people need help or tend to get stuck, etc.

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Lessons Learned

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What Did You Learn from the Pilot and Providers

- Challenges

  - Change in state government with new leadership and priorities

  - Processes during MWMA design phase, development and implementation are not reflective of the initial design due to multiple changes without update information

  - Medicaid leadership not fully knowledgeable about/involved in the grant

  - Medicaid only allowing case management agencies access to MWMA rather than all of the providers of the person's plan

  - Lack of funding stream for enhancements/maintenance of W-PHR

  - No established eLTSS standard, adoption of Electronic Medical Record by LTSS community

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What Did You Learn from the Pilot and Providers

- Approach to solve the challenges

  - Whenever feasible, provide the background/history to hopefully retain some of the progress

  - Inform those not previously involved in the development of MWMA and service plan

  - Keep Medicaid informed

  - Keep advocating for all of a person's providers to have access

  - Seek funding stream for enhancements to MWMA and maintenance for the W-PHR

  - Continue to advocate for electronic solutions in the LTSS community

What Did You Learn from the Pilot and Providers

- Challenges yet to be solved

  - Securing funding stream

  - Adoption of EMR's and eLTSS standard by the LTSS community

Path Forward

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Next Steps

- Securing funding for enhancements to MWMA
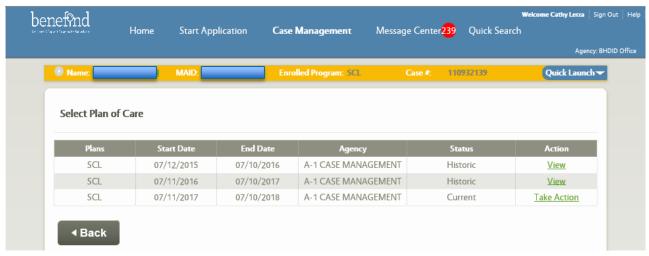
- Continue to utilize MWMA for all waiver participants (approximately 23,500)

- Improve and enhance beneficiary access to MWMA dashboard

- Develop Medicaid connection to Kentucky Health Information Exchange (KHIE) utilizing eLTSS Standard

- Advocate for electronic solutions in the LTSS community

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» Provider and State employee facing portal - Medicaid Waiver Management Application (MWMA) is for the life cycle of waiver LTSS: http://chfs.ky.gov/dms/mwma.htm

» Example of screen showing someone who has three plans in MWMA

» Citizen facing portal (benefind) is for all Kentucky public assistance (including LTSS): https://benefind.ky.gov/

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Maryland Department of Health Round 2 Findings

9/28/17

Lessons Learned

What Did You Learn from the Pilot and Providers?

- Timeline

  - Account for feedback from in-house stakeholders

  - Expect persistent follow-up with providers

- Implementation

  - Make messaging clear and simple

  - Expect providers to have strong opinions on business

  - Different providers have different values and expectations

- Technology

  - Providers' technology may not be prepared to meet data sharing standards

  - Account for state & vendor resource limitations

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Path Forward

- Metrics Collected During eLTSS Initiative

  - » We have been primarily concerned with the ease of exchange, number of beneficiaries involved, and number of providers involved in order to monitor impact of current and future implementation.

- Immediate next steps

  - » MDH is not immediately implementing changes based on standards identified

  - » Will need internal resources and community readiness to proceed

  - » We will monitor progress of GA's efforts and HL7 submission

Next Steps

- MDH Future Goals

  » Monitor provider readiness

  » Continue providing opportunities for provider feedback

  » Determine timeline for future enhancements to state LTSS system for data sharing

  » Identify opportunities for MDH Plan of Service enhancements

- What results would we like to see from eLTSS work?

  » Community consensus on standard plan & technological standards

  » MDH would like to participate in future community discussions

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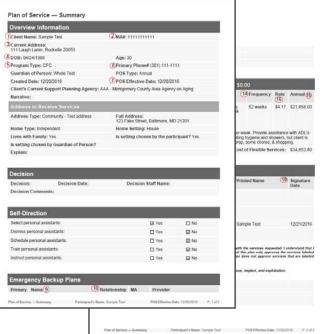Health Information Technology

Completed Artifacts

LTSS Data Element Survey Instructions:

1. Open excel sheet & PDF titled: "TEFT eLTSS Provider Questionnaire" & "Plan of Service Numbered"
2. The excel document is where you will record your questionnaire answers.
3. For Part 1, Record your responses in column C next to the corresponding question.
4. Part 2 has 3 components. First, we would like to know whether this element should be included on the Plan of service (yes or no), and record your answer in Column C next to the corresponding question.

   Second, we would like to know how important each data element is for completing your work. To respond to this question, delete the number in the cell which corresponds to your response. Some of the initial questions about data elements may seem obvious (like including the person's name), but answering the initial data element questions will help place other data elements into perspective of importance to your work.

   Third, we would like to know if the data element has enough information in the current plan, and if it does not, include what information you believe is missing. Place your response in the I & J combined columns next to the corresponding question. For example, if we only include the day, month, and year for date of birth, but it is vital to your work to know the day of the week your client was born on, cite this in the survey.
5. Part 3 is similar to Part 2, but we are asking about data elements that are not included in your plan of service. Follow the same steps as Part 2.
6. Part 4 is an open ended question meant to provide you with the ability to mention any

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Plan of Service Questionnaire

Part 1
Who do you normally receive Plans of Service from?
How do you usually receive Plans of Service? (email as pdf,

Part 2

CMS is interested in feedback on the following data elements, which are included on the DHMH Plan of Service. Please answer the following questions about each item.

Data element	Should this data element be included on the Plan of Service? Yes or No	On a scale from 1–5, how important is this data element for completing your work?					Do you feel that this data element contains enough information? If not, what information is missing?
		Not Important	Slightly Important	Moderately Important	Important	Very Important	
Overview information							
1. Client Name		1	2	3	4	5	
2. MA#		1	2	3	4	5	
3. Current Address		1	2	3	4	5	
4. DOB		1	2	3	4	5	
5. Program Type		1	2	3	4	5	
6. Primary Phone#		1	2	3	4	5	
7. POS Effective Date		1	2	3	4	5	
8. POS End Date		1	2	3	4	5	
Emergency Backup Plans							
9. Name		1	2	3	4	5	
10. Relationship		1	2	3	4	5	
Services							
11. POS Service		1	2	3	4	5	
12. Provider Name		1	2	3	4	5	
13. Units		1	2	3	4	5	

Part 3

The following are data elements that are not currently included on the Plan of Service. Please answer the following questions about these items.

Data Element	Description	Does this data element need to be included on the plan of service?	On a scale from 1–5, how useful would this data element be for completing your work?					comments about this data element?
			Not Useful	Slightly Useful	Moderately Useful	Useful	Very Useful	
Emergency Backup Phone Number:	The primary phone number of the provider or individual identified to provide service when emergency or backup care is required.		1	2	3	4	5	
Emergency backup Plan T	A written plan for how to address emergency situations, problems with medical equipment and supplies, and unavailable staffing situations for critical services that put the participant's health and safety at risk.		1	2	3	4	5	
Plan Funding Source:	The source(s) of payment for the plan.		1	2	3	4	5	
Assessed Needs:	The clinical needs of a participant that have been identified through an assessment, which should be addressed by a service on the plan		1	2	3	4	5	
Service Funding Source:	The source of payment for the service.		1	2	3	4	5	
Service Total Units:	The total number of units for each individual service for the full duration of the plan of service.		1	2	3	4	5	
Support Planner Phone Number:	The primary phone number of the support planner.		1	2	3	4	5	
Service Provider Phone Number:	The primary phone number of the service provider.		1	2	3	4	5	
Strength Detail	A description of a positive attribute of a participant, their support network, environment, or their life.		1	2	3	4	5	
Desired Goal	A desired objective that a person wants to achieve.		1	2	3	4	5	
Steps/Actions	A measurable step or action that needs to be taken to accoomplish an identified goal		1	2	3	4	5	
Risk Details	An aspect of a participant's life, behavior, or environmnt, that increases the likelihood of negative health and safety		1	2	3	4	5	
CFC Fixed Budget Total	Total available funds for services and supports approved or authorized for a plan of service.		1	2	3	4	5	
Total POS Cost	Estimated total costs of all services and supports for a plan of service.		1	2	3	4	5	

Part 4
Is there any information that would be useful on a plan of

Plan of Service — Summary

Overview Information
Client Name: Sample Test
MA#: 11111111111
Current Address:
111 Laugh Laner, Rockville 20853
DOB: 04/24/1986   Age: 30
Program Type: CFC   Primary Phone# (301) 111-1111
Guardian of Person: Whole Test   POS Type: Annual
Created Date: 12/20/2016   POS Effective Date: 12/20/2016
Client's Current Support Planning Agency: AAA - Montgomery County Area Agency on Aging
Narrative:

Address to Receive Services
Address Type: Community - Test address
Full Address: 123 Fake Street, Baltimore, MD 21201
Home Type: Independent   Home Setting: House
Lives with Family: Yes   Is setting chosen by the participant? Yes
Is setting chosen by Guardian of Person?
Explain:

Decision
Decision: Decision Date: Decision Staff Name:
Decision Comments:

Self-Direction
Select personal assistants: ☑ Yes   ☐ No
Dismiss personal assistants: ☐ Yes   ☑ No
Schedule personal assistants: ☐ Yes   ☑ No
Train personal assistants: ☐ Yes   ☑ No
Instruct personal assistants: ☐ Yes   ☑ No

Emergency Backup Plans
Primary Name   Relationship   MA   Provider

$0.00
Frequency   Rate   Annual
52 weeks $4.17 $21,658.00

...ost of Flexible Services: $34,652.80

Printed Name   Signature Date

Sample Test   12/21/2016

Sample Test   12/21/2016

Contacts

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Minnesota DHS Round 2 Findings

09/28/17

Lessons Learned

What Did You Learn from the Pilot and Providers

- Selecting a group of committed providers that have a reason and motivation to work together is critical to a cohesive, long-term pilot

  - » Selecting a Collaborative that already has experience with health information exchange shortens the learning curve to get to HIE

  - » Regular contact with all providers as a collaborative, in person, is critical

  - » In addition to meeting as a Collaborative, it's vital to hold regular, 1:1 provider-specific meetings to ensure understanding and participation

  - » Providing clear and specific assignments (supplemented by data collection tools) with unambiguous goals and deadlines facilitates participation

  - » Respect the time and resources providers have available to work on the pilot and build your work plan accordingly

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What Did You Learn from the Pilot and Providers (cont.)

- While many providers want the LTSS data elements identified in this project, those with electronic systems don't support many of the data elements needed

  » State systems may also not support sharing these data elements electronically

- EHR vendors don't have the time (or motivation) to make changes to their core products during a pilot like this

  » They may have limited resources to provide access to needed data in their systems

  » Alternate and creative strategies to query and output needed data is required

  » Developing a standard that vendors recognized will help them prioritize building that capability into their HIT/EHR systems

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Path Forward

- Minnesota will continue to support the ONC's effort in establishing the Core Data Elements as an important contribution to the secure exchange of LTSS data nationally

  » Minnesota hopes to embed these data elements (and others found in FASI) into our core Medicaid enterprise systems

- The Collaborative is continuing to refine and advance the secure exchange of the OTC eLTSS Data Sheet

  » Minnesota hopes to add additional data elements including those found in FASI, into the OTC eLTSS Data Sheet to enhance the value of LTSS data for beneficiaries and secure provider exchange

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Next Steps (cont.)

- Lessons from this effort are being incorporated into an additional TEFT Collaborative community in Minnesota

- Minnesota's DHS will be an active participant in national standards efforts going forward

  » Minnesota will be working with GTRI as they bring the ONC work product forward to HL7 as a candidate standard

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Useful Links and Completed Artifacts

- PHR for LTSS Demo Website:

  http://www.dhs.state.mn.us/main/dhs16_184574

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Georgia eLTSS Round 2 Findings

September 28, 2017

Lessons Learned

What Did You Learn from the Pilot and Providers

- HCBS Providers / Case Managers / Beneficiaries see the benefits in increased electronic information exchange capabilities

- Electronic systems are present in HCBS, but are not interoperable (provider systems are not able to connect to waiver management systems/portals, cannot send and receive data. **Manual data entry is required** to populate data received on paper forms or pdf documents)

- Scoping a minimal set of HCBS data components needed to provide or coordinate services is challenging

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Path Forward

- Georgia is currently focusing its efforts on the Reference Data Model Project, which is focused on:

  » Evaluating how the eLTSS Core Dataset can be exchanged using existing content and vocabulary HIT standards

  » Determining what changes may be needed to either content and vocabulary standards to better support exchange of eLTSS data

  » Engaging with HL7 to propose and advocate for changes needed to better enable exchange of eLTSS data using HL7 HIT standards

Useful Links and Completed Artifacts

For more information:

Georgia Department of Community Health, Division of Health IT

https://dch.georgia.gov/health-information-technology

Georgia Department of Community Health, Waiver Programs

https://dch.georgia.gov/waivers

Georgia Tech Research Institute

http://www.gtri.gatech.edu/icl

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Updates from Georgia

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Updates From Georgia

- HL7 WG Meeting: Presentation update

- Community Based Collaborative Care Work Group Page: https://www.hl7.org/Special/committees/homehealth/index.cfm

- Contact information

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Closing Remarks

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