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

All Hands Working Group Meeting
September 28, 2017
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).
## Agenda

<table>
<thead>
<tr>
<th>Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome and Reminders</td>
<td>Lynette Elliott</td>
</tr>
<tr>
<td>Opening Remarks ONC and CMS</td>
<td>Liz Palena Hall / Kerry Lida</td>
</tr>
<tr>
<td>Published eLTSS Dataset</td>
<td>Becky Angeles</td>
</tr>
<tr>
<td>Grantee Review</td>
<td>TEFT Grantees</td>
</tr>
<tr>
<td>Updates from Georgia</td>
<td>Bonnie Young / Irina Connelly</td>
</tr>
<tr>
<td>Closing Remarks</td>
<td>Lynette Elliott / Jamie Parker</td>
</tr>
</tbody>
</table>
Opening Remarks
Published eLTSS Dataset
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
Lessons Learned
Lessons Learned...

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.
Path Forward
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.
Contacts

• Steve House. VP of Consulting for Orchestrate Healthcare. shouse@orchestratehealthcare.com. (303)880-3242

• Tim Cortez. State TEFT Coordinator. Timothy.Cortez@State.co.us
Connecticut eLTSS Round 2 Findings

September 28, 2017
Lessons Learned
Lessons Learned...

What Did You Learn from the Pilot and Providers

• **Lessons Learned**
  - Start contract negotiations early!

• **Approach**
  - 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.
Path Forward
Next Steps

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

- Minakshi Tikoo
  - minakshi.tikoo@ct.gov
  - 860-424-5209

- Paul Ford
  - Paul.ford@ct.gov
  - 860-424-5376

- Dawn Lambert
  - dawn.lambert@ct.gov
  - 860-424-4897

- Kathy Bruni
  - kathy.a.bruni@ct.gov
  - 860-424-5177
Lessons Learned
Lessons Learned...

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
Lessons Learned...

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
Lessons Learned...
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
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
Path Forward ...

Useful Links and Completed Artifacts

» 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/
Contacts:

- Sheena Batts sheena.batts@ky.gov
- Cathy Lerza cathy.lerza@ky.gov
Lessons Learned
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
Path Forward
Path Forward…

Next Steps

• 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
Path Forward...

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
### Path Forward...

**Completed Artifacts**

LTSS Data Element Survey Instructions:

1. Open an Excel sheet & PDF titled "TeT&T Provider Questionnaire" & "Plan of Service Numbered".
2. The Excel document contains questions for you to record your answers in the provided columns.
3. For Part 1, Record your responses in column C next to the corresponding question.
4. Part 2 has 3 components. First, you will record the plan of service details on the Plan of Service Questionnaire. Second, you will record the plan of service details on the completed artifacts sheet.
5. In Part 3, you will be asked about the data elements that are not included in your plan of service and the implications for completing your work. Follow the same steps as in Part 2.

#### Part 1: Plan of Service Questionnaire

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Name</td>
<td>The primary phone number of the subscriber or individual for whom the service is planned.</td>
</tr>
<tr>
<td>Current Address</td>
<td>A written plan for how to address unexpected situations, problems, or emergencies in the community setting.</td>
</tr>
<tr>
<td>DOB</td>
<td>The number of CMS approved care plans, which have been approved by the participating provider(s).</td>
</tr>
<tr>
<td>Program Type</td>
<td>The number of POPs (Provider of Primary Care) for each POP.</td>
</tr>
<tr>
<td>Program Length</td>
<td>The number of POPs for each POP.</td>
</tr>
<tr>
<td>POPs</td>
<td>The number of POPs.</td>
</tr>
<tr>
<td>POCs</td>
<td>The number of POPs.</td>
</tr>
<tr>
<td>POPs Number</td>
<td>The number of POPs.</td>
</tr>
<tr>
<td>POPs Date</td>
<td>The number of POPs.</td>
</tr>
<tr>
<td>POPs Code</td>
<td>The number of POPs.</td>
</tr>
<tr>
<td>POPs ID</td>
<td>The number of POPs.</td>
</tr>
</tbody>
</table>

#### Part 2: Completed Artifacts

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Name</td>
<td>The primary phone number of the subscriber or individual for whom the service is planned.</td>
</tr>
<tr>
<td>Current Address</td>
<td>A written plan for how to address unexpected situations, problems, or emergencies in the community setting.</td>
</tr>
<tr>
<td>DOB</td>
<td>The number of CMS approved care plans, which have been approved by the participating provider(s).</td>
</tr>
<tr>
<td>Program Type</td>
<td>The number of POPs (Provider of Primary Care) for each POP.</td>
</tr>
<tr>
<td>Program Length</td>
<td>The number of POPs for each POP.</td>
</tr>
<tr>
<td>POPs</td>
<td>The number of POPs.</td>
</tr>
<tr>
<td>POCs</td>
<td>The number of POPs.</td>
</tr>
<tr>
<td>POPs Number</td>
<td>The number of POPs.</td>
</tr>
<tr>
<td>POPs Date</td>
<td>The number of POPs.</td>
</tr>
<tr>
<td>POPs Code</td>
<td>The number of POPs.</td>
</tr>
<tr>
<td>POPs ID</td>
<td>The number of POPs.</td>
</tr>
</tbody>
</table>

#### Part 3: Data Elements Not Currently Included

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Name</td>
<td>The primary phone number of the subscriber or individual for whom the service is planned.</td>
</tr>
<tr>
<td>Current Address</td>
<td>A written plan for how to address unexpected situations, problems, or emergencies in the community setting.</td>
</tr>
<tr>
<td>DOB</td>
<td>The number of CMS approved care plans, which have been approved by the participating provider(s).</td>
</tr>
<tr>
<td>Program Type</td>
<td>The number of POPs (Provider of Primary Care) for each POP.</td>
</tr>
<tr>
<td>Program Length</td>
<td>The number of POPs for each POP.</td>
</tr>
<tr>
<td>POPs</td>
<td>The number of POPs.</td>
</tr>
<tr>
<td>POCs</td>
<td>The number of POPs.</td>
</tr>
<tr>
<td>POPs Number</td>
<td>The number of POPs.</td>
</tr>
<tr>
<td>POPs Date</td>
<td>The number of POPs.</td>
</tr>
<tr>
<td>POPs Code</td>
<td>The number of POPs.</td>
</tr>
<tr>
<td>POPs ID</td>
<td>The number of POPs.</td>
</tr>
</tbody>
</table>

The Office of the National Coordinator for Health Information Technology
## Contacts

### MARYLAND

**Department of Health**

Larry Hogan, Governor · Boyd Rutherford, Lt. Governor · Dennis Schrader, Secretary

Health.Maryland.gov

<table>
<thead>
<tr>
<th>MD Team Member</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>AJ Safi</td>
<td><a href="mailto:albert.safi@maryland.gov">albert.safi@maryland.gov</a></td>
</tr>
<tr>
<td>Joey Walburn</td>
<td><a href="mailto:joseph.walburn@maryland.gov">joseph.walburn@maryland.gov</a></td>
</tr>
</tbody>
</table>
Lessons Learned
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
Lessons Learned...

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
Path Forward
Path Forward...

Next Steps

• 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
Path Forward...

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
Path Forward...

Useful Links and Completed Artifacts

• PHR for LTSS Demo Website:
  http://www.dhs.state.mn.us/main/dhs16_184574
Contacts

- **Tom Gossett**
  TEFT Grant Business Project Manager
  Aging & Adult Services Division
  Minnesota Department of Human Services
  tom.l.gossett@state.mn.us
  651-431-2601

- **Greg Linden**
  TEFT eLTSS Project Manager
  Linden Tech Advisors LLC
  glinden@lindentechadvisors.com
  952-913-8755
Lessons Learned
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
Path Forward
Path Forward...

Next Steps

- 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
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
Bonnie Young
DCH HIT
Bonnie.young@dch.ga.gov

Shane Owens
GTRI
Shane.Owens@gtri.gatech.edu

Irina Connelly
GTRI
Irina.Connelly@gtri.gatech.edu

Laura Burkhart
GTRI
Laura.Burkhart@gtri.gatech.edu
Updates from Georgia
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

  » Bonnie Young, DCH HIT, Bonnie.young@dch.ga.gov
  » Shane Owens, GTRI, Shane.Owens@gtri.gatech.edu
  » Irina Connelly, GTRI, Irina.Connelly@gtri.gatech.edu
  » Laura Burkhart, GTRI, Laura.Burkhart@gtri.gatech.edu
Closing Remarks
eLTSS Initiative: Project Team Leads

- **ONC Leadership**
  - Elizabeth Palena-Hall ([elizabeth.palenahall@hhs.gov](mailto:elizabeth.palenahall@hhs.gov))
  - Caroline Coy ([caroline.coy@hhs.gov](mailto:caroline.coy@hhs.gov))

- **CMS Leadership**
  - Kerry Lida ([Kerry.Lida@cms.hhs.gov](mailto:Kerry.Lida@cms.hhs.gov))

- **Community Leadership**
  - Mary Sowers ([msowers@nasddds.org](mailto:msowers@nasddds.org))
  - Terry O’Malley ([tomalley@mgh.harvard.edu](mailto:tomalley@mgh.harvard.edu))

- **Federal Leadership**
  - Shawn Terrell ([shawnterrell@acl.hhs.gov](mailto:shawnterrell@acl.hhs.gov))
  - Caroline Ryan ([caroline.ryan@acl.hhs.gov](mailto:caroline.ryan@acl.hhs.gov))
  - Marisa Scala-Foley ([marisa.scala-foley@acl.hhs.gov](mailto:marisa.scala-foley@acl.hhs.gov))

- **Initiative Coordinator**
  - Evelyn Gallego-Haag ([evelyn.gallego@emiadvisors.net](mailto:evelyn.gallego@emiadvisors.net))

- **Project Management**
  - Lynette Elliott ([lynette.elliott@esacinc.com](mailto:lynette.elliott@esacinc.com))

- **Use Case & Functional Requirements Development**
  - Becky Angeles ([becky.angeles@esacinc.com](mailto:becky.angeles@esacinc.com))

- **Pilots Management**
  - Jamie Parker ([jamie.parker@esacinc.com](mailto:jamie.parker@esacinc.com))