



The Office of the National Coordinator for  
Health Information Technology

# Electronic Long-Term Services & Supports (eLTSS)

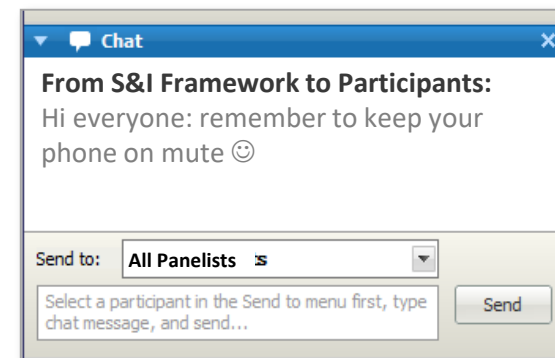
FEDERAL PARTNER WEBINAR

Date: August 19, 2016



# 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

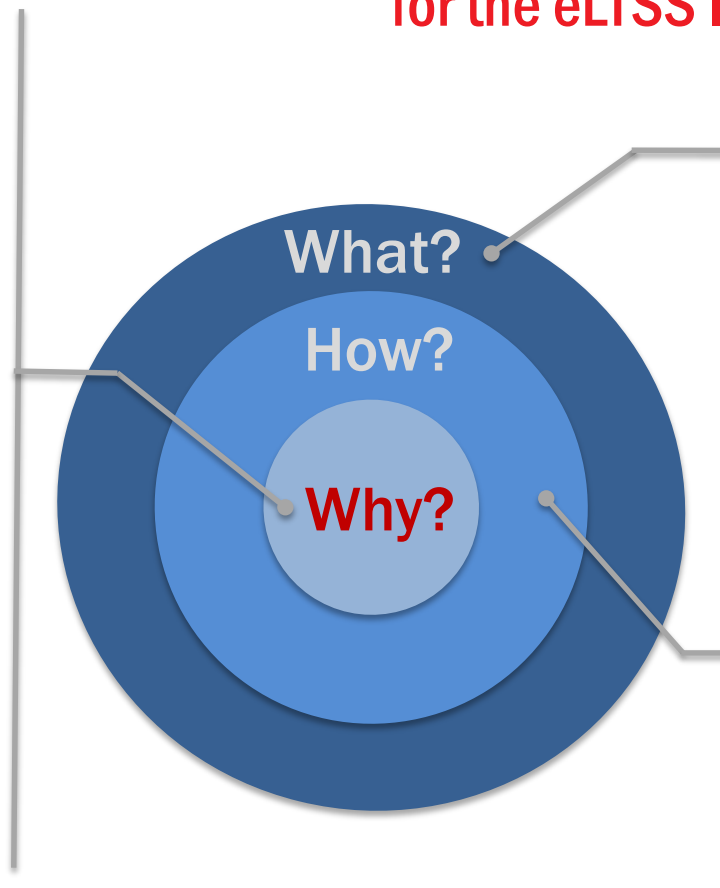
Topic Area	Presenter
Welcome	Evelyn Gallego (EMI Advisors LLC)
Introductions & Objectives	Evelyn Gallego (EMI Advisors LLC)
CB-LTSS Overview and TEFT Background	Mike Smith (CMS) Kerry Lida (CMS)
SMD Letter Update	Tom Novak (ONC)
eLTSS Pilot Status	Evelyn Gallego (EMI Advisors LLC)
Federal Partner Discussion	All
Next Steps	Evelyn Gallego (EMI Advisors LLC)

# Welcome & Introductions

# Webinar Objectives: Why are we here today?

## Follow up to February 2016 webinar—we introduced the why, what and how for the eLTSS Initiative

- Medicaid shift to rebalancing payment of LTSS services from institutional settings to community-based LTSS
  - Incorporation of person-centered planning approaches that support the person
  - Value in leveraging health IT to enable the timely and efficient capture and exchange of information between and across providers, individuals and payers



- identifying and testing health IT standards needed for the electronic creation and exchange of person-centered service plans
- convening broad stakeholder groups to include the six CMS TEFT grantees to identify and agree upon the core components of an eLTSS plan
- field testing/piloting these components within pilots' respective systems (paper based and electronic)

**TODAY** we want to share an update on how we are progressing on the **HOW**

# CB-LTSS Overview and TEFT Background

**Mike Smith, Director**

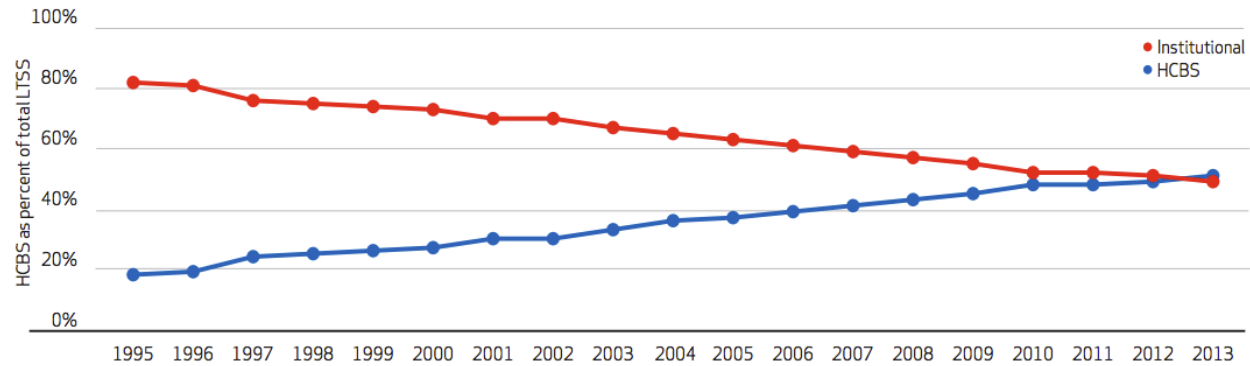
**Kerry Lida, PhD, TEFT Program Lead**

**Division of Community Systems Transformation  
Centers for Medicare & Medicaid Services (CMS)**

# CB-LTSS Overview

## Shift in Medicaid Spending

**Medicaid Home and Community-Based Services (HCBS) Expenditures as a Percentage of Total Medicaid Long-Term Services and Supports Expenditures, FY 1995-2013**



**SOURCE** "Medicaid Expenditures for Long-Term Services and Supports in FFY 2013," Truven Health Analytics, June 30, 2015, page 7.

Supported by the following Affordable Care Act (ACA) Programs

**Money Follows  
The Person**  
Section 2403

**Community  
First Choice**  
Section 2401

**Balancing  
Incentives  
Program**  
Section 10202

**Person-Centered  
Planning & Self  
Direction**  
Section 2402a

**TEFT  
Demonstration**  
Section 2701

# TEFT Background

TESTING EXPERIENCE AND FUNCTIONAL TOOLS (TEFT) IN MEDICAID COMMUNITY-BASED LONG-TERM SERVICES & SUPPORTS (LTSS) PLANNING AND DEMONSTRATION GRANT

**\$42 MILLION**

TOTAL AWARDED  
Grant Program

**9** states for **4** years

March 2014 – March 2018

FIRST TIME CMS IS PROMOTING USE OF HEALTH IT IN CB-LTSS SYSTEMS

## Four Components

1. Experience of Care (EoC) Survey
2. Functional Assessment Standardized Items (FASI)
3. Personal Health Record (PHR)
4. Electronic Long-Term Services and Supports (eLTSS) Standard



# Current TEFT Progress

## CROSS-DISABILITY EXPERIENCE OF CARE (EoC) SURVEY

- \* Field Test: 2014-2015
- \* Grantee Implementation: 2016-2018
- \* Submission for CAHPS Trademark : 2015
- \* NQF Submission for endorsement of EoC-derived measures: 2016

## FUNCTIONAL ASSESSMENT STANDARDIZED ITEMS (FASI)

- \* Field Test: 2016
- \* Grantee Implementation: 2017-2018
- \* NQF submission for endorsement of FASI measures: 2017

The logo features the letters 'TEFT' in a bold, yellow, serif font, centered within a white rectangular box. This box is set against a dark blue background that has a semi-circular arch above it, resembling a bridge or a stylized 'T'.

## eLTSS PLAN STANDARD

- \* Participation in solution plan development & consensus activities with ONC: 2014-2015
- \* Phase I Pilot execution: 2015-2016
- \* Phase II Pilot execution: 2016-2017

## PERSONAL HEALTH RECORD (PHR)

- \* Development/procurement: 2014-2016
- \* Grantee Implementation: 2016-2018

# State Grantees and TEFT Components

Grantee	Experience of Care Survey	HCBS FASI	HITECH (PHR & e-LTSS Plan)
AZ	*	*	
CO	*	*	*
CT	*	*	*
GA	*	*	*
KY	*	*	*
LA	* (Round 1)		
MD	*		*
MN	*	*	*
NH	*		

# State Medicaid Directors Letter 16-003

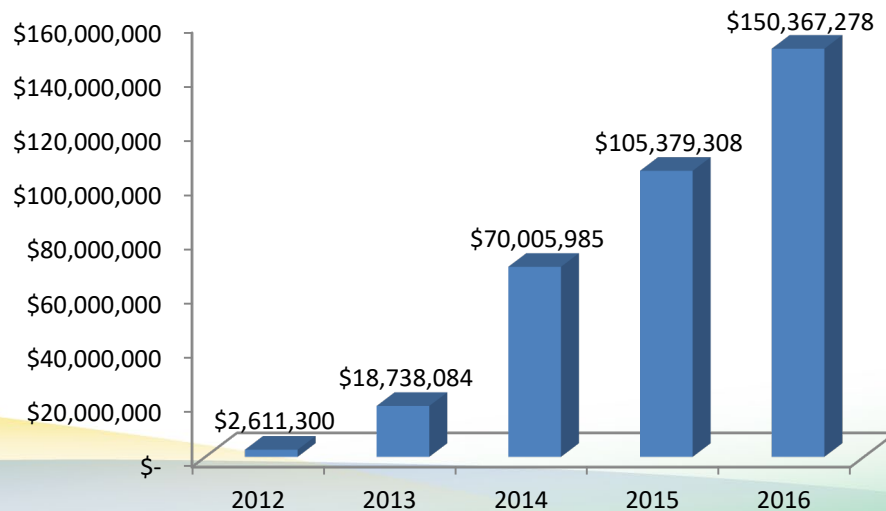
**Tom Novak**

**Medicaid Interoperability Lead,  
ONC Office of Policy**

**CMS Medicaid Data & Systems Group**

# Background

- Since 2012, \$350 million has been approved by CMS for Medicaid HITECH support for HIEs supporting EPs and EHs under current guidance
- Potential \$45 million increase from 2015 to 2016, though not a yearly increase that is necessarily sustainable till 2021.



# Background

- The guidance of how to allocate the matching funds for interoperability and Health Information Exchange (HIE) activities was based on the State Medicaid Director's letter of May 18, 2011\*.
- Matching funds were limited to supporting HIE for Eligible Professional and Eligible Hospitals, that is, Eligible Providers (EPs) who were eligible for EHR incentive payments – a smaller subset of Medicaid providers that excluded post-acute care, substance abuse treatment providers, home health, behavioral health, etc.
- That guidance was issued when Meaningful Use Stage 1 was in effect. Meaningful Use Stage 2 and Stage 3, however, later broadened the requirements for the electronic exchange of health information

\*<https://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD11004.pdf>



# Bridging the Healthcare Digital Divide: Improving Connectivity Among Medicaid Providers

## Connecting All Parts of the Health System

That's why today, we are announcing an initiative to bring interoperable technology to a broader universe of health care providers, including long-term care, behavioral health providers, substance abuse treatment centers, and other providers that have been slower to adopt technology. This announcement will help to bridge an information sharing gap in Medicaid by permitting states to request the 90 percent enhanced matching funds from CMS to connect a broader variety of Medicaid providers to a health information exchange than those providers who are eligible for such connections today. This additional funding will enhance the sustainability of health information exchanges and lead to increased connectivity among Medicaid providers.

Doctors and other clinicians need access to the right information at the right time in a manner they can use to make decisions that impact their patient's health. The free flow of information is hampered when not all doctors, facilities or other practice areas are able to make a complete circuit. Adding long-term care providers, behavioral health providers, and substance abuse treatment providers, for example, to statewide health information exchange systems will enable seamless sharing of a patients' health information between doctors or other clinicians when it's needed. This sharing helps create a more complete care team to collaborate on the best treatment plans and goals for Medicaid patients.

**Andy Slavitt**, Centers for Medicare & Medicaid Services (CMS) Acting Administrator,  
**Karen DeSalvo**, National Coordinator for Health Information Technology (ONC) and Acting Assistant Secretary for Health

<https://blog.cms.gov/2016/03/02/bridging-the-healthcare-digital-divide-improving-connectivity-among-medicaid-providers/>

# State Medicaid Directors Letter 16-003\*

- The CMS Medicaid Data and Systems Group and ONC Office of Policy have partnered to update the guidance on how states may support health information exchange and interoperable systems to best support Medicaid providers in attesting to Meaningful Use Stages 2 and 3:
- This updated guidance will allow Medicaid HITECH funds to support all Medicaid providers that Eligible Providers want to coordinate care *with*.
- Medicaid HITECH funds can now support HIE onboarding and systems for behavioral health providers, long term care providers, substance abuse treatment providers, home health providers, correctional health providers, social workers, and so on.
- It may also support the HIE on-boarding of laboratory, pharmacy or public health providers.

\*<https://www.medicaid.gov/federal-policy-guidance/downloads/SMD16003.pdf>

# State Medicaid Directors Letter

The basis for this update, per the HITECH statute, the 90/10 Federal State matching funding for State Medicaid Agencies may be used for:

*“pursuing initiatives to encourage the adoption of certified EHR technology to promote health care quality and the exchange of health care information under this title, subject to applicable laws and regulations governing such exchange.”\**

\*<http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/hitechact.pdf>



# How it works:

- This funding goes directly to the state Medicaid agency in the same way existing Medicaid HITECH administrative funds are distributed
  - State completes IAPD (Implementation Advanced Planning Document) to be reviewed by CMS
  - States complete Appendix D (HIE information) for IAPD as appropriate
- This funding is in place until 2021 and is a 90/10 Federal State match. The state is still responsible for providing the 10%.
- The funding is for HIE and interoperability **only**, not to provide EHRs.
- The funding is for implementation **only**, it is not for operational costs.
- The funding still must be cost allocated if other entities than the state Medicaid agency benefit
- **All providers or systems supported by this funding must connect to Medicaid EPs.**

# Possible Activities



# HIE Architecture

Several HIE modules and use cases are specifically called out for support:

**Provider Directories**: with an emphasis on dynamic provider directories that allow for bidirectional connections to public health and that might be web-based, allowing for easy use by other Medicaid providers with low EHR adoption rates

**Secure Messaging**: with an emphasis on partnering with DirectTrust

**Encounter Alerting**

**Care Plan Exchange**

**Health Information Services Providers** (HISP) Services

**Query Exchange**

**Public Health Systems**

Any requested system must support Meaningful Use for a Medicaid EP in some manner. So, for example, the content in the Alerting feed or Care Plan must potentially help an EP meet an MU measure.

# HIE On-Boarding

State Medicaid Agencies may use this enhanced funding to on-board Medicaid providers who are not incentive-eligible, including public health providers, pharmacies and laboratories.

**On-boarding:** the technical and administrative process by which a provider joins an HIE or interoperable system and secure communications are established and all appropriate Business Associate Agreements, contracts and consents are put in place. State activities related to on-boarding might include the HIE's activities involved in connecting a provider to the HIE so that the provider is able to successfully exchange data and use the HIE's services. The 90 percent HITECH match is available to cover a state's reasonable costs (e.g., interfaces and testing) to on-board providers to an HIE.

So, for example:

- Long term care providers may be on-boarded to a statewide provider directory
- Rehabilitation providers may be on-boarded to encounter alerting systems
- Pharmacies may be on-boarded to drug reconciliation systems
- Public health providers may be on-boarded to query exchanges
- EMS providers may be on-boarded to encounter alerting systems
- Medicaid social workers may be connected to care plan

Such on-boarding must connect the new Medicaid provider to an EP, and help that EP in meeting MU

# Questions

For states with questions:

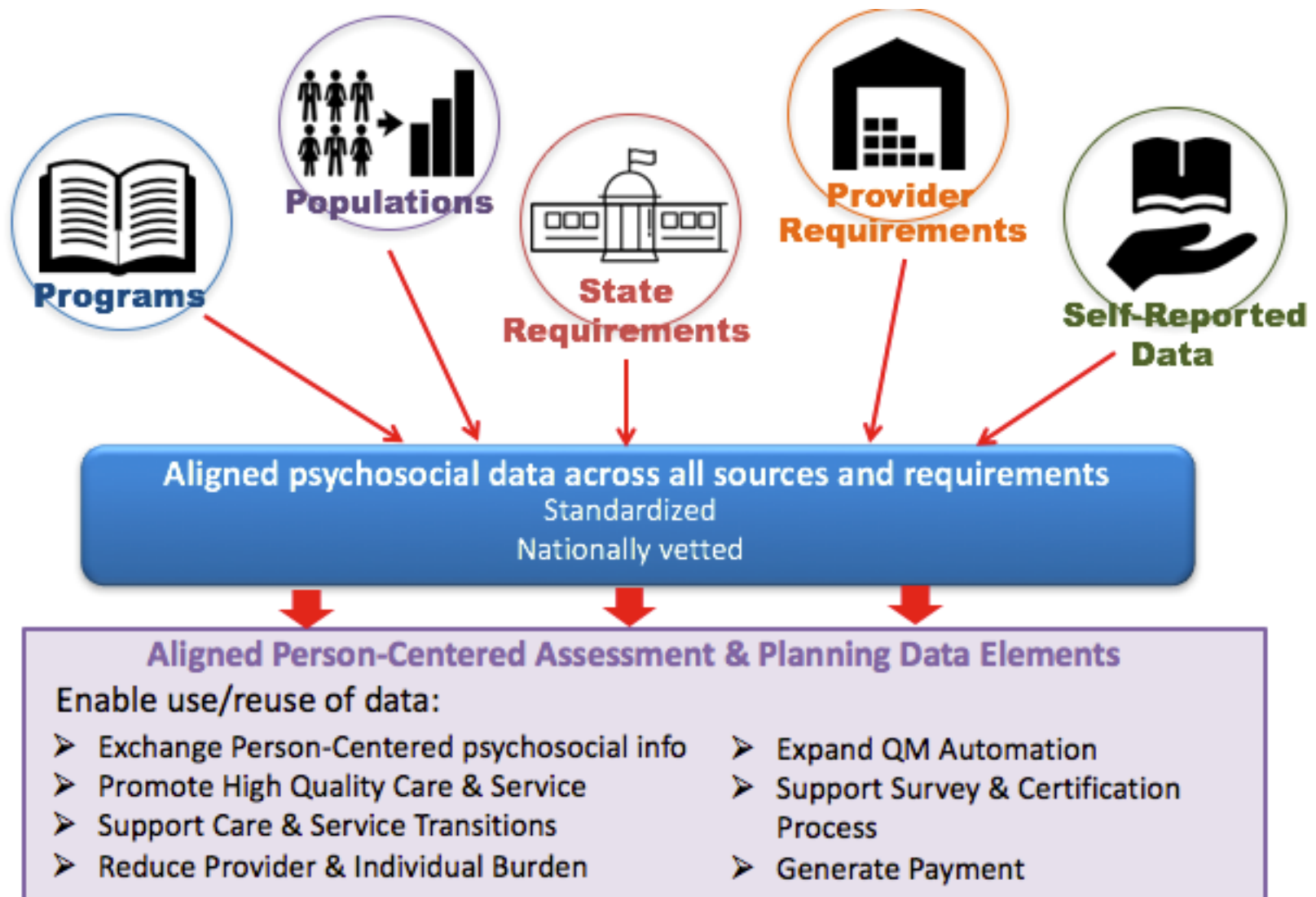
- Email questions to: [CMS.AllStates@briljent.com](mailto:CMS.AllStates@briljent.com)
- Contact your Regional CMS Medicaid HITECH lead for support or see [www.medicaidhitechta.org](http://www.medicaidhitechta.org)
- ONC is a partner is supporting the HIEs as well [thomas.novak@hhs.gov](mailto:thomas.novak@hhs.gov)



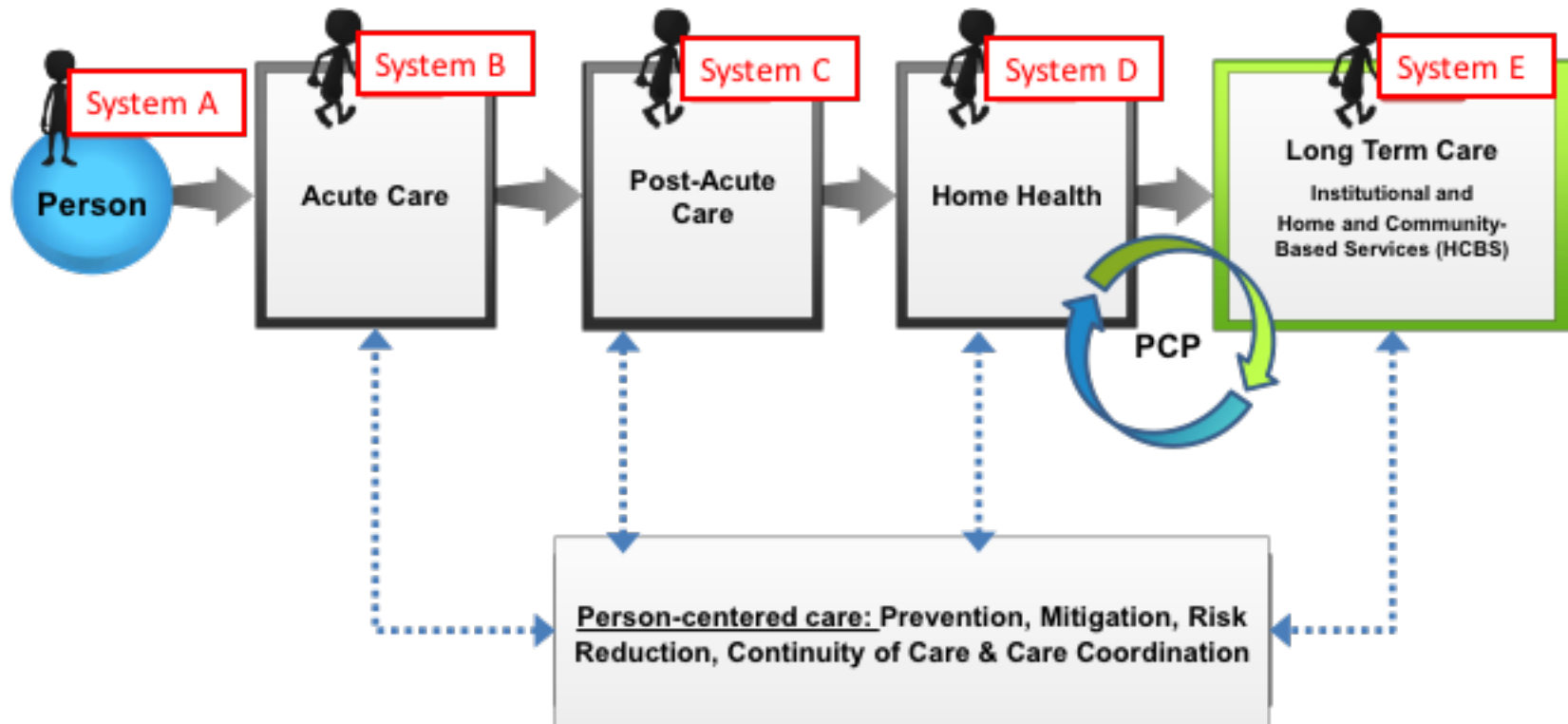
# eLTSS Pilot Status

**Evelyn Gallego, MBA, MPH, CPHIMS**  
eLTSS Initiative Coordinator  
EMI Advisors LLC, Contractor to ONC

# Value Proposition for Standardized Information



# Standardization: Ideal State



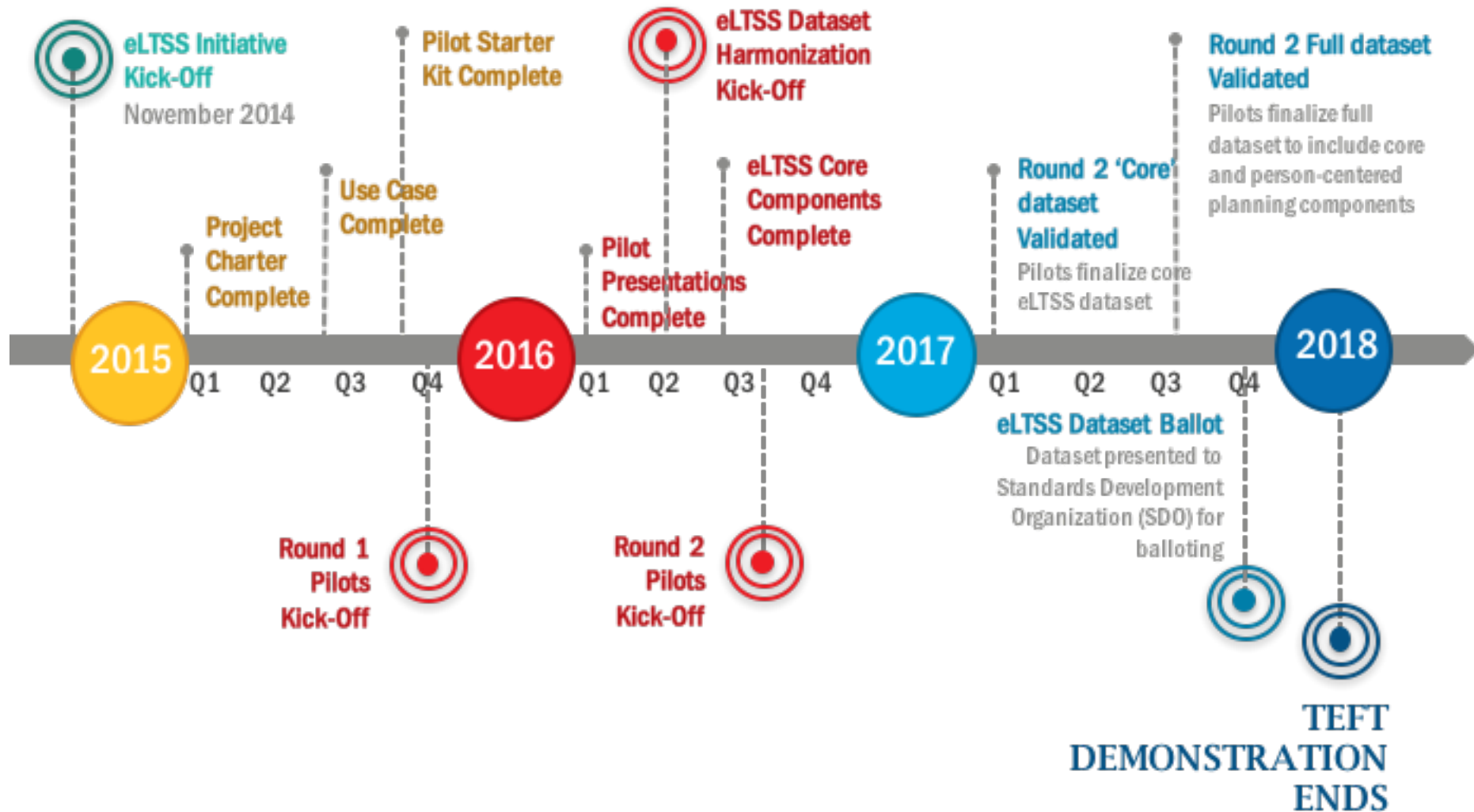
***Information Follows the Person***

**\*\*Standardization at the data level, not IT system level.**

**Information can be captured in different IT systems to include EHRs, PHRs, care coordination systems, HCBS/LTSS systems.**



# eLTSS Initiative At-A-Glance



# eLTSS Initiative Accomplishments

Date Published	Artifact Name	Wiki Link
2/2015	<b>Project Charter</b>	<a href="http://wiki.siframework.org/electronic+Long-Term+Services+and+Supports+%28eLTSS%29+Charter">http://wiki.siframework.org/electronic+Long-Term+Services+and+Supports+%28eLTSS%29+Charter</a>
5/2015	<b>eLTSS Glossary</b>	<a href="http://wiki.siframework.org/eLTSS+Glossary">http://wiki.siframework.org/eLTSS+Glossary</a>
7/2015	<b>Use Case</b>	<a href="http://wiki.siframework.org/electronic+Long-Term+Services+and+Supports+%28eLTSS%29+Use+Case">http://wiki.siframework.org/electronic+Long-Term+Services+and+Supports+%28eLTSS%29+Use+Case</a>
9/2015	<b>Pilot Starter Kit</b>	<a href="http://wiki.siframework.org/electronic+Long-Term+Services+and+Supports+%28eLTSS%29+Pilots#Pilot+Starter+Kit">http://wiki.siframework.org/electronic+Long-Term+Services+and+Supports+%28eLTSS%29+Pilots#Pilot Starter Kit</a>
8/2015	<b>Pilot Resource Materials</b>	<a href="http://wiki.siframework.org/electronic+Long-Term+Services+and+Supports+%28eLTSS%29+Pilots#Pilot+Resource+Materials">http://wiki.siframework.org/electronic+Long-Term+Services+and+Supports+%28eLTSS%29+Pilots#Pilot Resource Materials</a>
10/2015	<b>Pilot Plan Presentations</b>	<a href="http://wiki.siframework.org/electronic+Long-Term+Services+and+Supports+%28eLTSS%29+Pilots#Past">http://wiki.siframework.org/electronic+Long-Term+Services+and+Supports+%28eLTSS%29+Pilots#Past</a>

# Who participates in the eLTSS Initiative?

**316**  
**Total Members**

- **95 Committed Members**
- **221 Other Interested Party**
- **286 Not Registered** (attended 1+ meeting)

Stakeholder Group Type/ Total Participants			
Beacon Community, Quality Improvement Organizations, or similar organization	4	Research Organization	14
Consumer / Patient Advocate	11	Standards Organization	4
Contractor / Consultant	32	Service Provider (community-based)	10
Federal, State, Local Agency	140	Service Provider Professional (community-based)	10
Health Information Exchange (HIE) / Health Information Organization (HIO)	11	Other System IT Vendor (Community-Based IT Vendor or Other)	20
Health IT Vendor (EHR, EMR, PHR, HIE)	43	Other	45
Health Professional (DO, MD, DDS, RN, Tech, etc.)	9	Unknown	167
Healthcare Payer/Purchaser or Payer Contractor	5	TEFT Leadership / TA	34
Licensing / Certification Organization	2	ONC Staff / Contractor	26
Provider Organization (institution / clinically based)	9		

# Aim for eLTSS Pilot Program

- Conduct Real world evaluation and demonstration of :
  - » **The eLTSS Use Case**
    - Using the [Pilot Starter Kit](#) Deliverable
- Determine “Core” plan elements as part of harmonization
  - **Round 1 pilot**
- Pilot the core plan elements with Providers and Beneficiaries
  - **Round 2 pilot**
- Publish a “Core” eLTSS plan dataset based on pilot feedback

*The goal is to determine if the work we have done to date is implementable? Useable? And if not what else needs to be done*

**Piloting is a regular part of how you test and confirm your ideas throughout the process**

# eLTSS Pilot Organizations

## Round 1 & Round 2 Participating Pilots

### TEFT Organization

**CO:** Dept. of Health Care Policy & Financing

**CT:** Dept. of Social Services Division of Health Services

**GA:** Dept. of Community Health

**KY:** Office of Administrative & Technology Services

**MD:** Dept. of Health & Mental Hygiene

**MN:** Dept. of Human Service

### Non-TEFT

### Type of Organization

FEI Systems

LTSS Software System

Meals on Wheels  
(Sheboygan, WI)

LTSS Service Provider

**\*\*eLTSS Pilots are open to all participants regardless of participating grant program**

## Round 2 Interested Pilots

### Non-TEFT

### Type of Organization

A/D Vault

Care Planning Software Platform

Care at Hand

Predictive mobile care coordination Platform

Janie Appleseed

Consumer Health IT Education

Kno2

Health IT Transport Solution Platform

National Disability Institute

Disability Advocacy and Tools Development

Peer Place

Cloud-based Data Management System

Therap Services

Cloud-based Data Management & Care Coordination System

eCaring

Care Coordination Platform

San Diego Health Connect

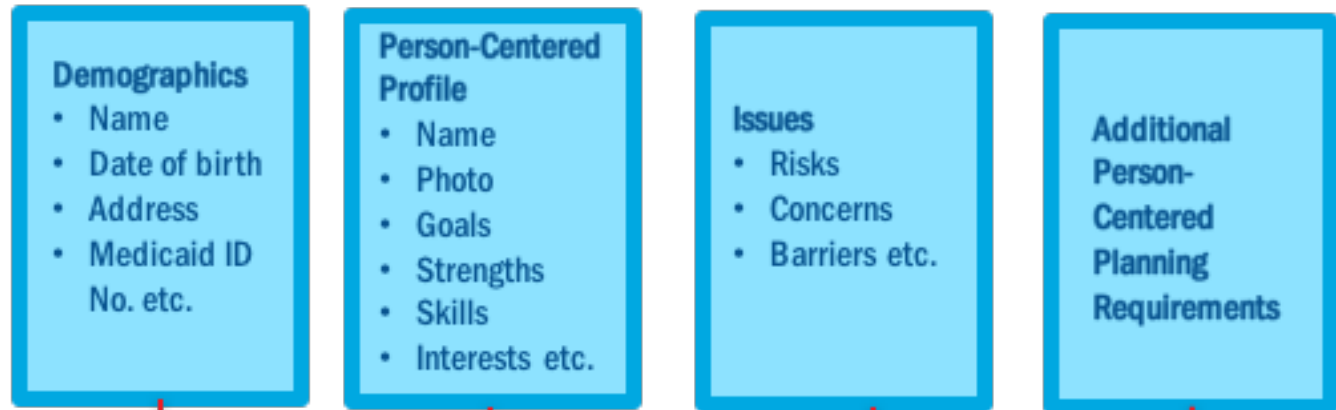
Health Information Exchange Platform

# eLTSS Plan Inputs and Core Components

Captured using ACA 2402 (a) Person-Centered Planning Process\*

## Plan Inputs

Captured in other processes and Tools (e.g. assessments, intake forms)



## Core Plan Components

Identifies services and supports, including funding and resources, that are necessary to meet person's identified goals, preferences, and needs.



# Collecting Plans and LTSS Plan Elements: By the Numbers

State	# of Elements	Rows of Elements + Values
Colorado (In progress)	24	109
Connecticut	58	73
Georgia (In progress)	44	49
Kentucky	146	887
Maryland	106	256
Minnesota ( <i>includes elements reused in multiple sections</i> )	314	1027

# Core Element Example: Name of Service Provided

	Colorado	Connecticut	Georgia	Kentucky	Maryland	Minnesota	FEI
Element Name	Service	Available Services	Waiver Services Service Type	Service Name	POS Service	Service	Service
Datatype	Dropdown	Select from list	Select from list	Dropdown	Dropdown	Dropdown OR Free Text	?
Code System (s)	HCPCS Code + 4 Modifiers  Home Health Revenue Code	?	?	HCPCS Code + 4 Modifiers  Home Health Revenue Code?	?	HCPCS Code + 4 Modifiers	?
Values	List of service name + code	List of service names	List of service names	List of service name + code	List of service names	List of service name + code	List of service names

**PROPOSAL ACCEPTED:** Include Service Name Type as a core element.

Proposed Name	Service Name
Datatype	text
Format	Display name, code, modifier
Cardinality	1..1



# Final “Core” Plan Elements

## Examples of Core Plan Elements Harmonized To Date:

### Plan Period

- Plan Effective Date

### Program Type

- Program Name

### Service Information

- Service Frequency Type
- Unit of Service Type
- Service Unit Value

### Plan Signatures

- Support Planner Signature
- Guardian/Legal Representative
- Person Signature
- Support Planner Printed Name
- Guardian/Legal Representative Printed Name
- Person Printed Name
- Person Signature Date
- Guardian/Legal Representative Signature Date

### Financial Information

- Total Plan Cost
- Total Plan Budget
- Funding Source
- Plan Funding Source

### Service Preferences

- Person Service Agreement Indicator
- Person Service Provider Choice Indicator
- Service Name

### Beneficiary Demographics

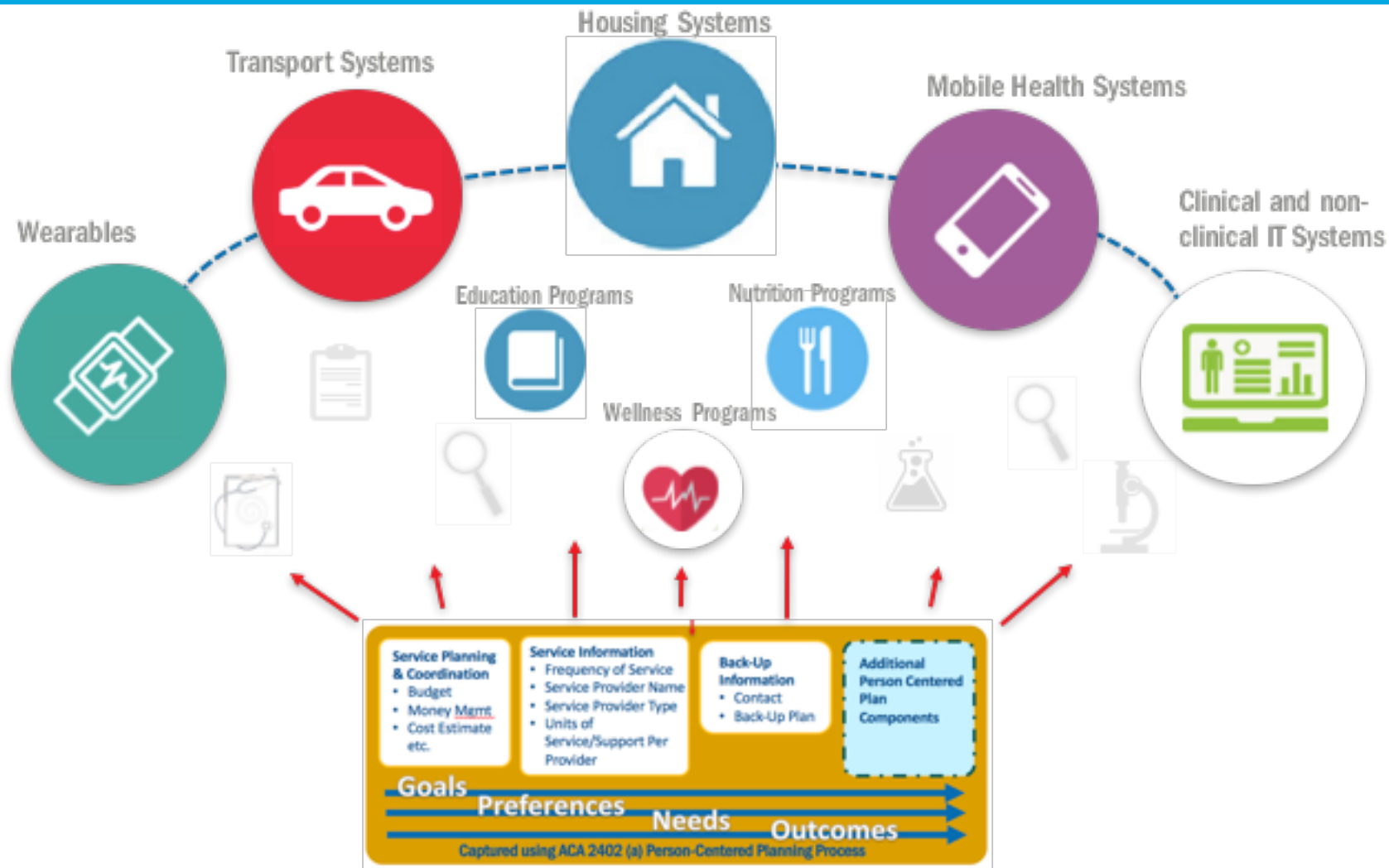
- Person Name
- Date of Birth
- Person Address
- Person Identifier Type
- Person Identifier

For the updated list of our harmonized “Core” Plan elements please see our [Pilots wiki](#)

# Current Challenges/Barriers for Piloting

- TEFT Grantees Fragmented IT systems and evolving data infrastructure to support electronic capture and exchange
- Limited number of health IT tools available to support electronic capture and exchange of eLTSS plan identified elements
- Parallel implementation of new Person-Centered Planning Process Requirements
- Distinction between ‘process’ and ‘plan’
  - » Scope of eLTSS Initiative is identification of plan ‘components’ or dataset, not ‘process’ by which elements are captured and shared
- Participation of broad stakeholder groups in pilots
  - » providers (clinical and non-clinical), beneficiaries and their caregivers, other payer groups, non-TEFT states

# Vision for eLTSS Dataset Integration



**eLTSS Plan Dataset can be incorporated into various programs and health/wellness IT systems**

# Federal Partner Discussion

# Key Asks:

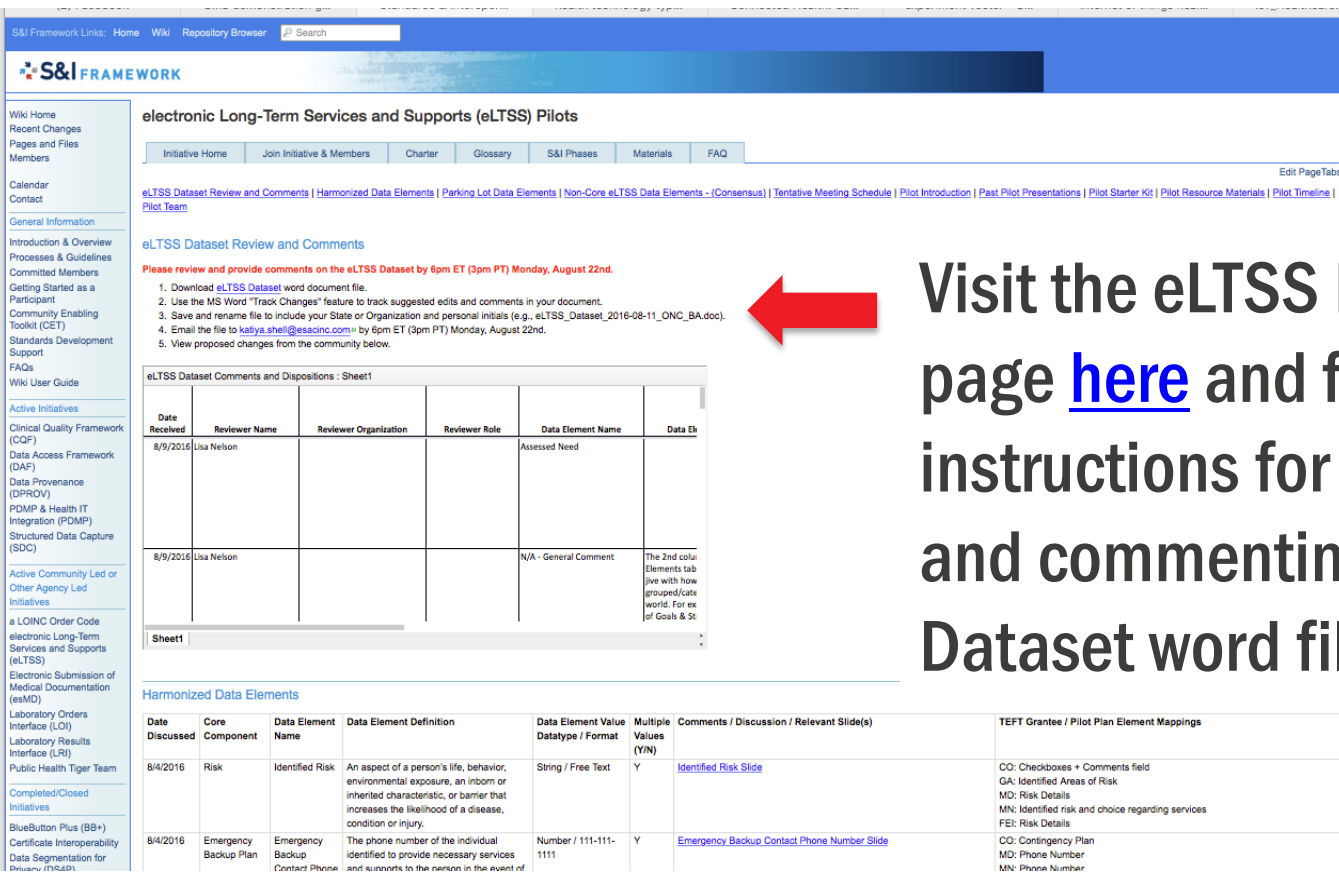
## Opportunities for Broader Federal Partner Engagement

- Current Partner Project Alignment
  - » CMS IMPACT
  - » ACL Person-Centered Planning No Wrong Door Demonstrations
  - » ONC Interoperability Proving Ground (IPG)
  - » ONC TECH Lab
- What are other relevant projects? For example.....
  - » CMS SIM Grants
  - » AHRQ Care Plan Evaluation Grants
  - » NIH Chronic Kidney Disease (CKD) Care Plan Pilots
  - » CMS CMMI Accountable Health Communities Model

# Next Steps for Federal Partner Engagement

- Participate in eLTSS Quarterly Meetings:
  - » Next one to be scheduled for **Nov 4, 2016**
  - » Upcoming Meetings:
    - February 2017
    - May 2017
    - Aug 2017
    - Nov 2017
- Participate in **CMS TEP** for Person-Centered Planning components
  - » Please submit your interest to Kerry Lida ([Kerry.Lida@cms.hhs.gov](mailto:Kerry.Lida@cms.hhs.gov))
- Review and comment on eLTSS Dataset (next slide)

# How to comment on eLTSS Dataset



**electronic Long-Term Services and Supports (eLTSS) Pilots**

[Initiative Home](#) | [Join Initiative & Members](#) | [Charter](#) | [Glossary](#) | [S&I Phases](#) | [Materials](#) | [FAQ](#)

[eLTSS Dataset Review and Comments](#) | [Harmonized Data Elements](#) | [Parking Lot Data Elements](#) | [Non-Core eLTSS Data Elements - \(Consensus\)](#) | [Tentative Meeting Schedule](#) | [Pilot Introduction](#) | [Past Pilot Presentations](#) | [Pilot Starter Kit](#) | [Pilot Resource Materials](#) | [Pilot Timeline](#) | [Pilot Team](#)

**eLTSS Dataset Review and Comments**

**Please review and provide comments on the eLTSS Dataset by 6pm ET (3pm PT) Monday, August 22nd.**

1. Download [eLTSS Dataset](#) word document file.
2. Use the MS Word "Track Changes" feature to track suggested edits and comments in your document.
3. Save and rename file to include your State or Organization and personal initials (e.g., eLTSS\_Dataset\_2016-08-11\_ONC\_BA.doc).
4. Email the file to [katiya.shell@esacinc.com](mailto:katiya.shell@esacinc.com) by 6pm ET (3pm PT) Monday, August 22nd.
5. View proposed changes from the community below.

**eLTSS Dataset Comments and Dispositions : Sheet1**

Date Received	Reviewer Name	Reviewer Organization	Reviewer Role	Data Element Name	Data Element Value
8/9/2016	Lisa Nelson			Assessed Need	
8/9/2016	Lisa Nelson			N/A - General Comment	The 2nd column Elements tab live with how grouped/cate world. For ex of Goals & St

**Harmonized Data Elements**

Date Discussed	Core Component	Data Element Name	Data Element Definition	Data Element Value Datatype / Format	Multiple Values (Y/N)	Comments / Discussion / Relevant Slide(s)	TEFT Grantee / Pilot Plan Element Mappings
8/4/2016	Risk	Identified Risk	An aspect of a person's life, behavior, environmental exposure, an inborn or inherited characteristic, or barrier that increases the likelihood of a disease, condition or injury.	String / Free Text	Y	<a href="#">Identified Risk Slide</a>	CO: Checkboxes + Comments field GA: Identified Areas of Risk MD: Risk Details MN: Identified risk and choice regarding services FEI: Risk Details
8/4/2016	Emergency Backup Plan	Emergency Backup Contact Phone	The phone number of the individual identified to provide necessary services and supports to the person in the event of	Number / 111-111-1111	Y	<a href="#">Emergency Backup Contact Phone Number Slide</a>	CO: Contingency Plan MD: Phone Number MN: Phone Number

Visit the eLTSS Dataset wiki page [here](#) and follow instructions for downloading and commenting on eLTSS Dataset word file.

Or email [evelyn.gallego@emiadvisors.net](mailto:evelyn.gallego@emiadvisors.net) directly to send you the most recent eLTSS Dataset.

# How to comment on eLTSS Dataset

Please comment on the naming of the core components (sub-domains) and their respective elements and associated definitions.



Date Discussed	Core Component	Data Element Name	Data Element Definition	Data Element Value Datatype / Format	Multiple Values (Y/N)	Comments/Discussion/ Relevant Slide(s)	TEFT Grantee / Pilot Plan Element Mappings
8/4/2016	Risk	Identified Risk	An aspect of a person's life, behavior, environmental exposure, an inborn or inherited characteristic and barrier that increases the likelihood of a disease, condition or injury.	String / Free Text	Y	<a href="#">Identified Risk Slide</a>	CO: Checkboxes + Comments field GA: Identified Areas of Risk MD: Risk Details MN: Identified risk and choice regarding services FEI: Risk Details
8/4/2016	Emergency Backup Plan	Emergency Backup Contact Phone Number	The phone number of the individual identified to provide necessary services and supports to the person in the event of an emergency.	Number / 111-111-1111	Y	<a href="#">Emergency Backup Contact Phone Number Slide</a>	CO: Contingency Plan MD: Phone Number MN: Phone Number FEI: Emergency Contact Phone Number



Data Element Value Datatype/format represents structure of the 'answer' field.



# eLTSS Initiative Contacts

- **ONC Leadership**
  - » Caroline Coy ([caroline.coy@hhs.gov](mailto:caroline.coy@hhs.gov))
  - » Elizabeth Palena-Hall ([elizabeth.palenahall@hhs.gov](mailto:elizabeth.palenahall@hhs.gov))
- **CMS Leadership**
  - » Mike Smith ([Michael.Smith1@cms.hhs.gov](mailto:Michael.Smith1@cms.hhs.gov))
  - » Kerry Lida ([Kerry.Lida@cms.hhs.gov](mailto:Kerry.Lida@cms.hhs.gov))
- **Federal Partner 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 ([evelyn.gallego@emiadvisors.net](mailto:evelyn.gallego@emiadvisors.net))

# Back-Up

# CMS 2014 Medicaid HCBS Rule

Defined by Medicaid under **§ 441.301(c)** as part of the scope of services and supports required under the State's 1915(c) Home and Community-Based Settings (HCBS) waiver to include:

- The setting in which the individual resides is chosen by the individual
- Individual's strengths and preferences
- Clinical and support needs as identified through an assessment of functional need
- Individual's identified goals and designed outcomes
- Services and supports that will assist individual to achieve identified goals, and providers that will perform services
- Risk factors and measures in place to minimize them
- Individual and/or entity responsible for monitoring the plan
- Informed consent of the Individual
- Services the individual elects to self-direct

# Key eLTSS Plan Input: Person-Centered Profile

- **Introductory Information: strengths/preferences, positive reputation, etc.**

## *~ Ruth's One Page Description (at home)~*

### **What People Like and Admire about Ruth**

- Such a "grandmother"
- A true lady
- Has the gift of gab ~ can hold a conversation with anyone!
- Always dressed so nice ~ everything always matches, right down to socks and earrings
- Very liberal thinker for her age



### **What is Important to Ruth**

- Living with granddaughter and grandson-in-law
- Being warm and feeling safe with caregivers
- Having "a little pour" before bed (rum and tea)
- Being a part of whatever is going on at home ~ being in the middle of it!
- Sweets during the day!

### **Supports Ruth Needs to be Happy, Healthy and Safe**

- Needs people to ask frequently if she is warm enough and help her put on sweater/sweatshirt if she is not (she'll be cold when you're not)
- Must have assistance with her medications ~ knows them by color but you need to dole them out and keep track of times
- Needs assistance with bathing and dressing ~ will tell you what clothes she wants to wear for the day/event
- When bathing, no water on face ~ she will wash with cloth
- Must talk with daughter 2-3 times a week on the phone ~ will need you to dial for her
- Must see her doctor right away if she has cough, fever or is "off balance" ~ indications of systemic infection that will grow quickly!

### **People Who Support her Best**

- Like to chit chat
- Are timely and stay busy
- Polite and mannerly
- Have a witty and dry sense of humor
- Can be reassuring and help Ruth feel safe

# Interoperability Standards

December 4, 2015, CMS Final Rule on, “Medicaid Program; Mechanized Claims Processing and Information Retrieval Systems,” published describing “industry standards,” as aligned with ONC standards:

**§433.112 FFP for design, development, installation or enhancement of mechanized processing and information retrieval systems.**

\* \* \* \* \*

(b) CMS will approve the E&E or claims system described in an APD if certain conditions are met. The conditions that a system must meet are:

\* \* \* \* \*

(12) The agency ensures alignment with, and incorporation of, industry standards adopted by the Office of the National Coordinator for Health IT in accordance with 45 CFR part 170, subpart B: the HIPAA privacy, security and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with Federal civil rights laws; standards adopted by the Secretary under section 1104 of the Affordable Care Act; and standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act.

# Foundation for Delivery System Reform

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