Electronic Long-Term Services & Supports (eLTSS)

Q1 2017 FEDERAL PARTNER WEBINAR

Date: March 3, 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

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<td>Mike Smith (CMS)</td>
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<td>Kerry Lida (CMS)</td>
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<td>• No Wrong Door Reporting Tool and Dashboard</td>
<td>Scott Cory (ACL)</td>
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<td>• National Adult Maltreatment Reporting System</td>
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<td>eLTSS Round 2 Pilot Update/ Year 2 in Review</td>
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<td>Federal Partner Discussion</td>
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<td>Next Steps</td>
<td>Evelyn Gallego (EMI Advisors LLC)</td>
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Welcome & Introductions
Person Centered Activities Update
Administration for Community Living

Scott Cory, Chief Information Officer
What is the Administration for Community Living?

The Administration for Community Living (ACL) is committed to one fundamental principle—that people with disabilities and older adults should be able to live where they choose, with the people they choose, and fully participate in their communities. In working toward that vision, the ACL oversees and administers programs and activities that support older adults, persons with disabilities, and family caregivers across the lifespan.

- Programs for Older Adults
- Programs for People with Disabilities
- Combined Aging and Disability Programs
- Research Initiatives
What is the Administration for Community Living?

<table>
<thead>
<tr>
<th>Programs for Older Adults</th>
<th>Programs for People with Disabilities</th>
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</thead>
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<tr>
<td>• 56 State Units on Aging</td>
<td>• 56 State Councils on Developmental Disabilities</td>
<td>• Aging and Disability Resource Centers/No Wrong Door Systems</td>
<td>• Disability and Rehabilitation Research</td>
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<td>• 56 Long Term Care Ombudsman Programs</td>
<td>• 68 University Centers for Excellence in Developmental Disabilities</td>
<td>• Evidence Based Care Transitions</td>
<td>• Rehabilitation Research and Training Centers</td>
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<tr>
<td>• 629 Area Agencies on Aging</td>
<td>• 57 Protection and Advocacy programs</td>
<td>• Veterans Directed Home and Community Based Services</td>
<td>• Rehabilitation Engineering Research Centers</td>
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<td>• 239 Tribal organizations</td>
<td>• 54 State Independent Living Councils</td>
<td>• Business Acumen for Community Based Organizations</td>
<td>• Research Fellowship Program</td>
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<td>• 2 Native Hawaiian organizations</td>
<td>• 354+ Centers for Independent Living</td>
<td>• Policy Analysis and Development</td>
<td>• Field Initiated Program</td>
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<tr>
<td>• 29,000 local service providers</td>
<td>• 56 Statewide Assistive Technology Programs</td>
<td>• Duals Demonstration Ombudsman</td>
<td>• Model Spinal Cord Injury Systems</td>
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<tr>
<td>• Elder Rights Services</td>
<td>• Help America Vote Act</td>
<td>• State Health Insurance Assistance Program</td>
<td>• Advanced Rehabilitation Research and Training Program</td>
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<tr>
<td>• Health Prevention and Wellness Programs</td>
<td>• Paralysis Resource Center</td>
<td>• Senior Medicare Patrol</td>
<td>• Small Business Innovation Research Program</td>
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<tr>
<td>• National Clearinghouse for Long-Term Care Information</td>
<td>• Limb Loss Resource Center</td>
<td>• Medicare Improvements for Patients and Providers</td>
<td>• Disability Business and Technical Assistance Centers</td>
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<td>• National Family Caregiver Support</td>
<td>• Traumatic Brain Injury Program</td>
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<td>• Nutrition Services</td>
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<td>• Support Services</td>
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How ACL does facilitate person-centered health information technology?

• Work with CMS and ONC to ensure that the needs and constraints of our partners in the aging and disability networks and the people they serve are understood and incorporated into the emerging standards framework for extending health IT beyond the clinic

• Through our business acumen program, help our partners in the aging and disability networks develop the capacity to use person-centered technology and health IT effectively to support their programs and services

• Through our research initiatives, maintain a portfolio of grants intended to support the development of standards and practices leading to interoperable, accessible and usable technology that support person-centered care

• With our partners in the aging and disability networks, CMS, and ONC, and partners in academia and the private sector, identify and share promising practices
How Does ACL Develop Technology to Support Person-Centered Care?

• Where possible, focus on the existing data available that supports development of systems that measure care and services to the person

• Take a “data first” approach to system design and development

• Use design thinking, lean, and agile management methodologies to tightly integrate program and administrative needs with technology

• Develop new external applications with cloud-based “as a service” offerings, with the Microsoft Azure Cloud as a preferred service provider

• Design, develop and operate all systems with accessibility and usability and security and privacy as requirements
ACL Person-Centered Systems

• **No Wrong Door System Management Tool (NWD)** – System to collect information and measure maturity of state implementation of NWD System.

• **National Adult Maltreatment Reporting System (NAMRS):** Web application and web site to collect state Adult Protective Service data and provide APS technical assistance

• **ACL Reporting** – One of four related projects to develop and implement web based applications that collect, analyze, and present data from formula and discretionary grants, and allow measurement of program performance and evaluation of program outputs and outcomes.
What is the No Wrong Door System?

• Collaboration between ACL, CMS, and VHA, to support state efforts to streamline access to Long Term Services and Supports (LTSS) options for all populations and all payers.

• The NWD System Management Tool is a web based application that supports collection of information on the maturity of state NWD efforts.

• The NWD System Management Tool was developed incrementally in collaboration with NWD state grantees.
What is the No Wrong Door System?

- As ACL and its partners mature the No Wrong Door System matures, ACL will add additional functionality to the web application.
- ACL will work closely with state NWD grantees to ensure additional data related to the provision of person-centered care is included in the NWD System Management Tool.
- The NWD System Management Tool will evolve to accept data directly from state and local systems that provides evidence of NWD element adoption and performance.
What is NAMRS?

- Response to repeated requests for national data on abuse of vulnerable adults
- Collaboration between ACL and the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) and WRMA
- Reflects contributions of more than 30 state Adult Protective Service agencies to define data elements to be reported, and technical and functional requirements for the system
- All States and Territories *voluntarily* participate in submission of APS data to NAMRS
What is NAMRS?

• System including web site, database, and data warehouse
• Three Components:
  – Agency Component
  – Key Indicators Component
  – Case Component
• Agency Component provides administrative information about state Adult Protective Service (APS) agencies
• Key Indicators are aggregated data collected by all states
• Case Components are non-identifiable, case level data elements
What is ACL Reporting?

• Web based application to allow submission of program planning and performance reporting information for formula and discretionary grants
• Collaboration between ACL, ICF International, and grantees from multiple programs
• Supports multiple program plans and program performance reports
• Supports exchange of information between systems to minimize the duplication of data entry by grantees
Questions?
Agency Component

Provides background information on the state’s APS agency, and context for both the Case Component and Key Indicators Component

- Data sources (APS agency only or additional agencies).
- Staffing (budgeted versus filled positions).
- Acceptance of reports (centralized or local intake).
- Report counts (not accepted, resolved through Information and Referral (I&R)/Information and Referral Assistance (I&RA), and accepted reports).
- Standards of evidence for substantiation of investigations.
- Time to complete an investigation.
- Types of maltreatment addressed by the state.
- Use of standardized assessment tools.
- Service gaps.
Key Indicator Component

19 aggregated data elements, intended to allow states unable to provide case-level data to participate in the system

• Client – counts by investigation, interagency coordination, case closure reason
• Victim – counts by age, race, ethnicity, gender identity, receipt of public benefit, having one or more disabilities, one or more screened behavioral conditions, maltreatment type, guardianship or conservator at start of investigation, and received or referred for services by APS
• Perpetrators – counts by age, gender identity, kinship relationship with victim
Case Component

Five categories of data

• Investigation Entity - data on each investigation

• Client Entity - characteristics for each client, each of whom has a unique encrypted ID

• Maltreatment Allegation Entity -- data on each allegation of maltreatment and its disposition

• Perpetrator Entity - data on each perpetrator associated with a substantiated maltreatment

• Client-Perpetrator Relationship Entity - data on each of the characteristics of the relationship between each perpetrator and each client with whom there was a relationship
eLTSS Round 2 Pilot Status
Year 2 in Review

Evelyn Gallego, MBA, MPH, CPHIMS
eLTSS Initiative Coordinator
EMI Advisors LLC, Contractor to ONC
Round 2 Pilots Timeline

- **22SEP16 Round 2 Pilots Kick-Off**
  - Round 2 Pilot Presentations

- **Pilots work with Providers to validate eLTSS dataset**

- **APR17 Round 2 Testing Complete**

- **Pilots report findings, timeline updates and challenges during All-Hands Calls**

- **SEP17 Round 2 Pilot Close Out**

- **Incorporate Person Centered Planning Elements**

- **Clean-up and Harmonize any Core Elements Based on Pilot Feedback**

- **Round 2 Pilot Completion Report Outs**

- **Publish Final Dataset (core plus PCP)**
2016 Key Accomplishments

• Completed Round 1 Pilot Phase
• Identified and harmonized core eLTSS dataset: 47 data elements
• Kicked off Round 2 Pilots:
  » 6 TEFT Grantees
  » 5 Non-TEFT Organizations
• Facilitated 3 Federal Partner Webinars
• Conducted 8 public outreach presentations
• Increased eLTSS community participation (+322 total members)
eLTSS Round 2 Pilots

• Kicked off on September 22, 2016
• Round 2 pilots consist of testing the agreed upon “Core” Plan elements identified by eLTSS Community as part of Round 1 Pilot activities
• Piloting can include:
  » Updating the Pilot organization’s current Service Plan to include the eLTSS Core data elements
  » Mapping the existing organization’s Service Plan to the eLTSS Core data elements
• Piloting MUST include sending the Plan to multiple provider groups
  » Plan can be sent electronically using secure email and/or fax
• Providers ‘receiving’ the plan must provide feedback on the eLTSS Core data elements
eLTSS Round 2 Pilots: Focus on LTSS Providers

• Providers that ‘receive’ the plan must validate the plan meets their information needs—*does the information in the plan contain everything the Provider needs to know to provide the best and required service to the individual?*

• Need to confirm what information in the plan works, what does not work, and what is missing
  » Information or elements that are ‘missing’ will be evaluated as either being ‘core’ to the plan or ‘optional’

• Need to confirm whether the Provider can electronically receive, view and accept the Plan

Grantee Pilot Sites encouraged to identify 3 to 4 different types of providers to work with where at least one of these requires most of the information in the plan to deliver and/or coordinate service.
### What is being Piloted? eLTSS Core Dataset

- Pilots must test at least **80% or 38 elements** from dataset
- **Total Number of Elements**: 47

<table>
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<tr>
<th>Category</th>
<th>Elements</th>
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<td><strong>Risk</strong>: 1 Element</td>
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<tr>
<td>Identified Risk</td>
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<tr>
<td><strong>Plan Period/Plan Effective Dates</strong>:</td>
<td>1 Element</td>
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<tr>
<td>Plan Effective Date</td>
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<td><strong>Service Preferences</strong>: 2 Elements</td>
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<tr>
<td>Person Service Agreement Indicator</td>
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<td>Person Service Provider Choice Indicator</td>
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<td><strong>Goals &amp; Strengths</strong>: 4 Elements</td>
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<tr>
<td>Assessed Needs</td>
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<td>Goal</td>
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<td>Step or Action</td>
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<td>Strengths</td>
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<td><strong>Service Provider Name &amp; Other Identiifiers</strong>: 5 Elements</td>
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<tr>
<td>Support Planner Name</td>
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<td>Support Planner Phone Number</td>
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<td>Service Provider Name</td>
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<td>Non-Paid Service Provider Relationship Type</td>
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<td>Service Provider Phone Number</td>
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<tr>
<td><strong>Beneficiary Demographic</strong>: 6 Elements</td>
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<td>Person Identifier</td>
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<td>Person Identifier Type</td>
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<td>Person Date of Birth</td>
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<td>Person Phone Number</td>
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<td>Person Address</td>
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<td><strong>Plan Signatures</strong>: 9 Elements</td>
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<td>Person Printed Name</td>
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<td>Person Signature Date</td>
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<tr>
<td>Guardian / Legal Representative Signature</td>
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<tr>
<td>Guardian / Legal Representative Printed Name</td>
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<td><strong>Service Information</strong>: 11 Elements</td>
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<td>Service Comment</td>
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<td>Service Funding Source</td>
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<td>Unit of Service Type</td>
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<tr>
<td>Service Unit Quantity Interval</td>
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<td>Service Rate per Unit</td>
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<td>Service Total Units</td>
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<td>Total Cost of Service</td>
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# eLTSS Round 2 Pilot Organizations

<table>
<thead>
<tr>
<th>TEFT Organization</th>
<th>User Story To Be Tested</th>
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<tr>
<td><strong>CO:</strong> Dept. of Health Care Policy &amp; Financing</td>
<td>User Story 1: LTSS Eligibility, eLTSS Plan Creation and Approval</td>
</tr>
<tr>
<td><strong>CT:</strong> Dept. of Social Services Division of Health Services</td>
<td>User Story 2: Sharing a Person-Centered eLTSS Plan</td>
</tr>
<tr>
<td><strong>GA:</strong> Dept. of Community Health</td>
<td>User Story 1: LTSS Eligibility, eLTSS Plan Creation and Approval</td>
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</tbody>
</table>
| **KY:** Office of Administrative & Technology Services | User Story 1: LTSS Eligibility, eLTSS Plan Creation and Approval  
User Story 2: Sharing a Person-Centered eLTSS Plan |
| **MD:** Dept. of Health & Mental Hygiene | User Story 2: Sharing a Person-Centered eLTSS Plan |
| **MN:** Dept. of Human Service | User Story 2: Sharing a Person-Centered eLTSS Plan |

Detailed presentations from each of the Pilot Sites available here:  
http://oncprojecttracking.healthit.gov/wiki/display/TechLabSC/eLTSS+Pilots#eLTSSPilots-Round2PilotPlanPresentations

**eLTSS Pilots are open to all participants regardless of participating grant program**
Non-TEFT Pilot Participation

- In addition to the 6 TEFT Grantees, **5 Non-TEFT organizations** have opted to participate in Round 2 pilots
  - Meals on Wheels
  - Medical Micrographics
  - Therap
  - Netsmart
  - FEi Systems
- All presentations available via eLTSS Past Meetings Link:
  
  https://oncprojecttracking.healthit.gov/wiki/display/TechLabSC/eLTSS+Past+Meetings
2017 Grantee Support Focus: Pilots

- **End of March Early April: Finalize Round 2 pilots**
  - Includes completed RTMs from pilots
  - List of tested and validated data elements necessary to promote the eLTSS work
    - Provided by the feedback and work of the pilots
- **April-May: Pilots will formally report out on pilot findings**
  - Including supporting artifacts such as Plans, Report Out and Finalization Documentation
- **May-September: Finalize Round 2 dataset**
  - Publish the final Core Dataset
- **Fall/Ongoing: Continued outreach with Standards Development Organization (SDO) to help further develop the eLTSS Core Dataset**
Federal Partner Discussion
Key Asks:
Opportunities for Broader Federal Partner Engagement

• Are there other Federal Partner Projects focused on use of IT to capture person data for reporting?
• Which Federal Partners are currently working with SDOs to include HL7, Integrating the Health Enterprise (IHE) International, International Health Terminology Standards Development Organization (IHTSDO) and Regenstrief Institute?
  » Is there opportunity to collaborate amongst the Federal Partner Projects?
Next Steps for Federal Partner Engagement

• **Participate in eLTSS Quarterly Meetings:**
  » Seeking other Federal Partner Project presentations
  » Next one to be scheduled for **May 26th 2017**
  » Upcoming Meetings:
    – Aug 2017
    – Nov 2017

• **Identify additional organizations that can contribute to testing and validating of eLTSS dataset**
eLTSS Initiative Contacts

- **ONC Leadership**
  - Ali Massihi ([ali.massihi@hhs.gov](mailto:ali.massihi@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))
  - 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 Inputs to Person-Centered Plan: Person-Centered Profile

WHAT IS IMPORTANT TO ROBERT

- Having a straw to hold
- Using my iPad apps
- Out and about
- Swimming
- Music
- Healthy food
- Looking sharp
- Drinking water
- Eating out
- Church
- Family
- Recreation, sports
- Volunteer, Job

WHAT PEOPLE LIKE AND ADMIRE ABOUT ROBERT

- Say what I want, decisive
- Good memory
- Like everyone
- Handsome and polite
- High energy, adventurous
- Love my family
- Deep thinker
- Nice dresser
- Mellow
- Funny
- Like to "chill"

PEOPLE WHO HELP ROBERT BEST

- Tell me when I do well
- Cheerful and outgoing
- Assist me to do things for myself
- Help me do what I like to do
- Use positive language (not “don’t…”)
- Tell me the plan
- Keep my house clean and neat
- Communicate and keep my mom in the loop
- Minimize waiting for things to happen
- Know I may have a seizure
- Identify fun activities
- Professional
- Stay with me
- Think ahead
- Safe driver
- Engage me
- Are on time

SUPPORTS ROBERT NEEDS TO BE HAPPY, HEALTHY, AND SAFE

- Medication on time
- Careful in parking lots
- Help in bathroom
- Seat belt on
- Wear ID bracelet
- Use bathroom a lot
- Call Mom if problem or question(s) 410.733.9539
- Deep breaths if agitated
- Safe seizures
- Suntan lotion
- Food cut up
- Teeth clean
- No balcony use
- Nurse Lara: 443.677.7130

The Office of the National Coordinator for Health Information Technology
Vision for eLTSS Dataset Integration

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