The Office of the National Coordinator for
Health Information Technology

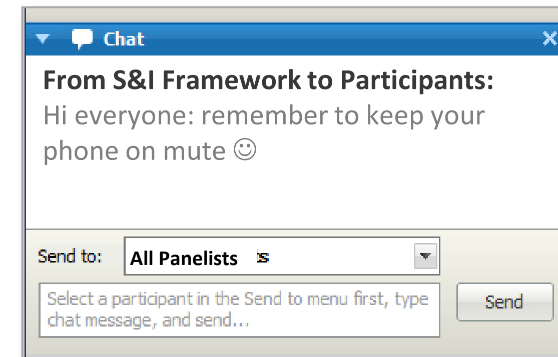
Electronic Long-Term Services & Supports (eLTSS)

Q2 2017 FEDERAL PARTNER WEBINAR

Date: June 9, 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).



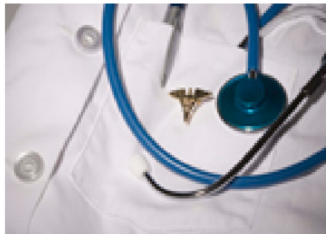
Agenda

Topic Area	Presenter
Welcome	Kerry Lida (CMS)
CMS Center for Program Integrity Electronic Medical Documentation Interoperability (EMDI) Program	Melanie Edwards (CMS)
eLTSS Round 2 Pilot Results	Evelyn Gallego (EMI Advisors LLC)
Federal Partner Discussion	All
Next Steps	Evelyn Gallego (EMI Advisors LLC)

Welcome & Introductions

Centers for Medicare & Medicaid Services
Center for Program Integrity (CPI)

Electronic Medical Documentation Interoperability (EMDI) Program



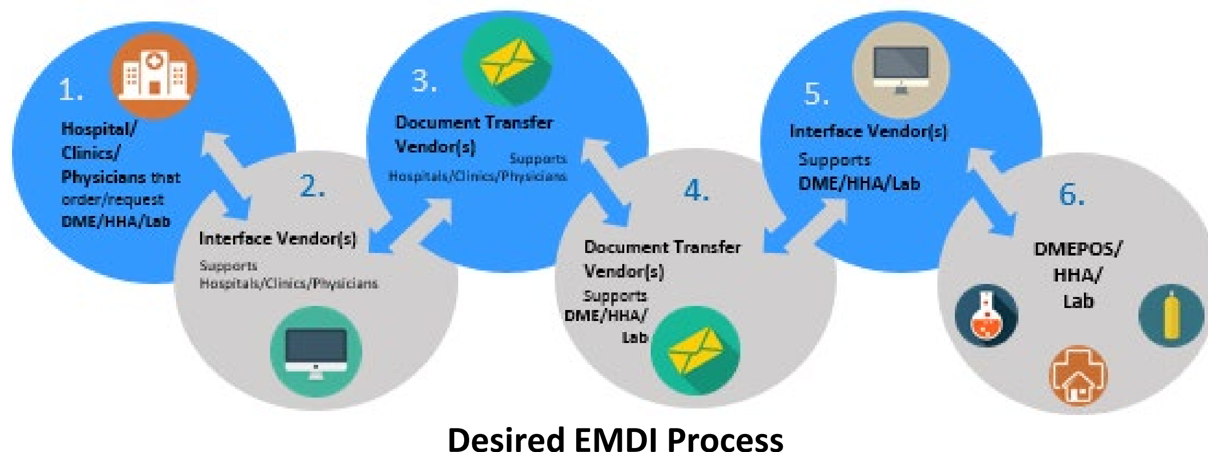
EMDI Overview 2017

Document Number: EMDI-047-EMDI_Overview-v2.0

Electronic Medical Document Interoperability (EMDI) Program

In support of the HITECH Act, the Centers for Medicare & Medicaid Services (CMS) is committed to improving health data exchange and overall data quality, resulting in improved patient care. CMS has prioritized addressing the key challenges and barriers currently experienced by health industry stakeholders: improving the electronic medical interoperability and the adoption of Electronic Health Records.

CMS has initiated the Electronic Medical Documentation Interoperability (EMDI) program, which engages key healthcare stakeholders like hospital systems, physicians, and vendors in the advancement of interoperability-related sending and receiving of electronic medical records between hospitals, physicians, labs, and vendors.



Desired EMDI Process

For more details, please visit https://oncprojecttracking.healthit.gov/wiki/display/TechLabSC/MRII+Provider-to-Provider

Presentation Assumptions

- This presentation will follow a patient who requires Home Health Agency (HHA) services.
  - All EMDI transactions for Durable Medical Equipment, Prosthetics, Orthotics, Supplies (DMEPOS) and lab-related services will be identical to the HHA process.
- Each Hospital and HHA is expected to have associated organizations, including their Document Interface Vendor (DIV) and Document Transfer Vendor (DTV).

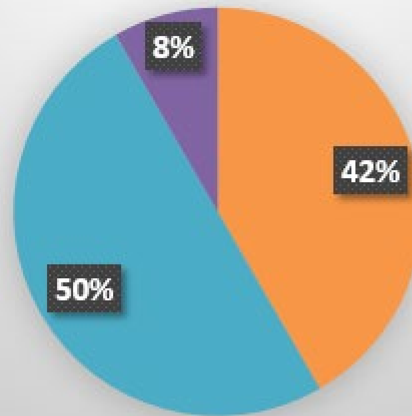
EMDI Current Status

12
Active Pilots

3
Workgroups

Pilot Streams

DMEPOS Pilots HHA Pilots Lab Pilots



53+
Pilot Participants

6
Pilots Trending

4
UC1 Adopters

2
UC2 Adopters

4
UC3 Adopters

2
Expansion Pilots

Electronic Medical Document Interoperability (EMDI) Program Use Cases

The EMDI Program has designed three use cases to promote provider-to-provider communications in the healthcare environment:

1. **Use Case 1 (UC1): Order**
   - A hospital sends a referral containing an order and other needed medical records documentation to an HHA.
   - The HHA decides whether to accept or reject the order/referral. The HHA communicates this decision back to the hospital.

2. **Use Case 2 (UC2): Request for Medical Documentation**
   - The HHA requests medical documentation from the hospital.
   - The hospital sends documentation to the HHA.

3. **Use Case 3 (UC3): Request for Signature**
   - The HHA sends a document requiring a physician signature to the hospital and requests that the ordering physician sign, date, and return the document.
   - The hospital sends the signed/dated document to the HHA.

Electronic Medical Document Interoperability (EMDI) Program Assumptions

The EMDI Program Use Cases assume that:

1. A physician/practitioner at the hospital has already written the order for HHA services in the Electronic Health Record (EHR) system.

2. A discharge planner or other personnel at the hospital has spoken with the patient/family and chosen to use the HHA. In other words, a provider directory or other mechanism for one provider to discover another provider is outside the scope of this EMDI Implementation Guide and Pilot.

3. Certain business rules and validation steps may be pertinent to organizations' specific policies, procedures, and security and compliance requirements that are outside the scope of this document.

Meet the Patient

Bob is a beneficiary that is in the need of Home Health Agency (HHA) Services. He decides to head to his primary healthcare physician at the hospital located nearest to him.

Bob's healthcare physician has completed the patient assessment and has developed the plan of care. The physician has determined that **Bob** should receive HHA services.

Today's Workflow: HHA Ordered at Hospital Discharge

1. Hospital writes Discharge Summary and Order

2. Hospital Discharge Planner identifies possible HHAs and discusses with **Bob** which HHA would be best

3. Hospital Discharge Planner adds the Order, Discharge Summary, and Progress Notes to the Hospital's EHR System

4. **Bob** returns home to await HHA Services

Today's Workflow: HHA Ordered at Hospital Discharge

5. Hospital submits **Bob's** information to the selected HHA via Mail/Fax.

UC 1 — Hospital sends a referral to the HHA that requires Pre-Claim Review

UC 2 — Hospital sends documentation to the HHA

UC 3 — Hospital sends the signed/dated documents to the HHA

Sent by Mail/Fax

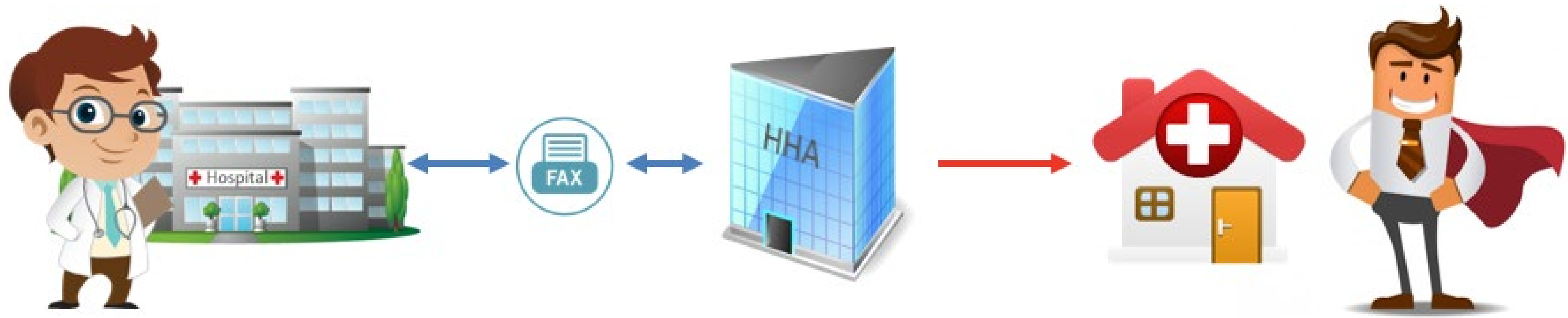
UC 1 — The HHA accepts or reject the referral

UC 2 — The HHA requests medical documentation from the Hospital

UC 3 — The HHA requests a physician signature from the Hospital

6. The HHA **manually** scans the documents into their EHR and **manually** sends the Order Acceptance notification to the Hospital via Fax or Mail.

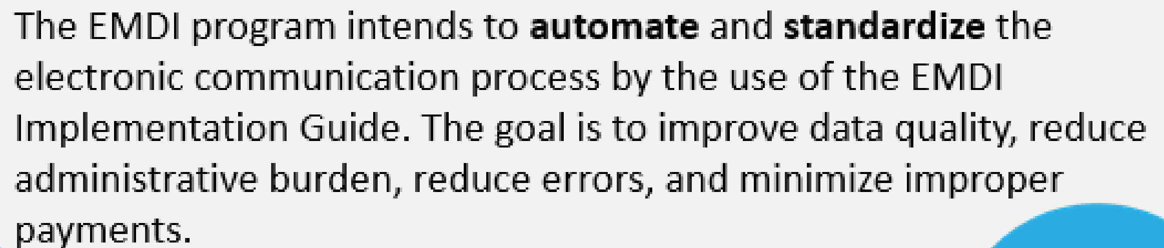
Today’s Workflow: HHA Ordered at Hospital Discharge



Slow Transaction Processing Rate	Higher Cost	High Administrative Burden	Delayed Services & Audit Process

Mail and Fax solutions do not provide a user interface that is integrated into the Hospital’s and Home Health Agency’s (HHA) daily workflows. Documents are not sufficiently structured or standardized and thus are not fully computable when they are accessed or received. This process is slow, expensive, and requires several manual steps on both sides while providing no usable data for the recipient to act upon.

EMDI Program Agnostic Standards Approach



The EMDI program intends to **automate** and **standardize** the electronic communication process by the use of the EMDI Implementation Guide. The goal is to improve data quality, reduce administrative burden, reduce errors, and minimize improper payments.

EMDI Transport Protocols

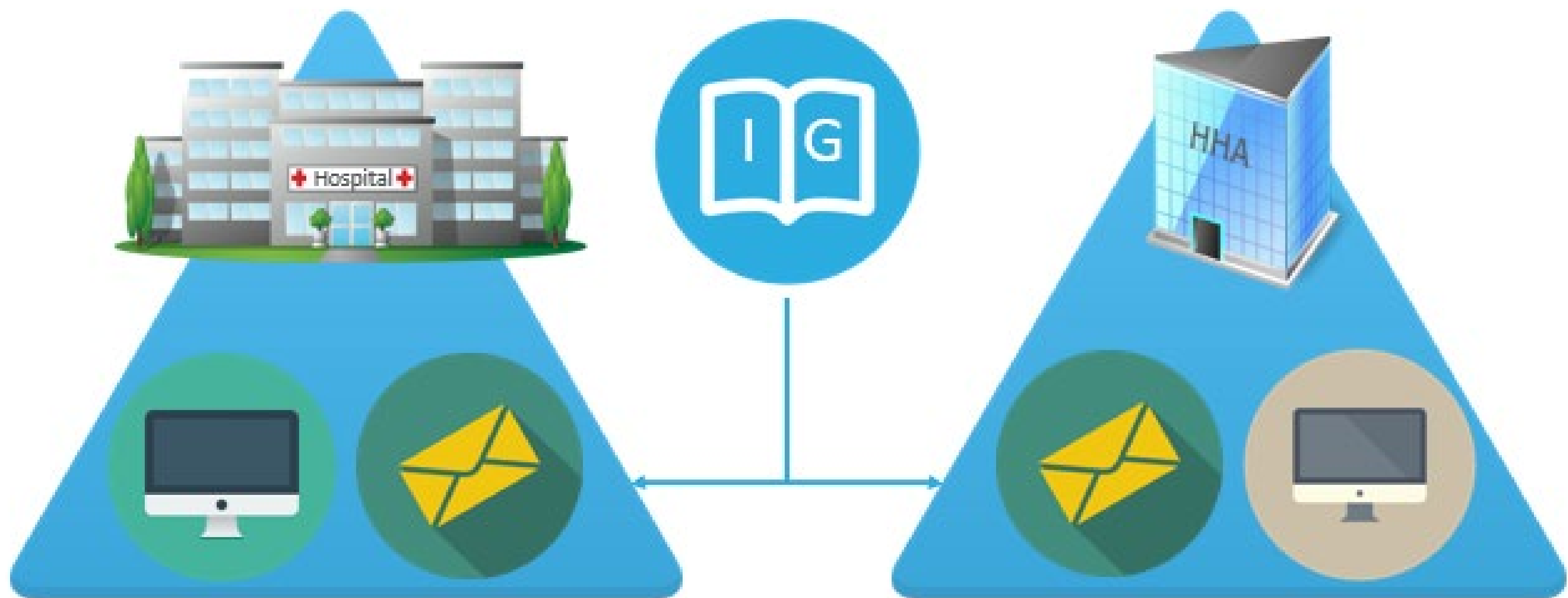
- Direct: Email-based standard that include Health Information Service Providers (HISP)
- REST API: Representational state transfer protocol
- Connect: Transport Gateway, Enterprise Service Platform and a Universal Client Framework for Electronic Medical Record (EMR) systems

EMDI Messaging Data Standards

- X12
- HL7
- FHIR

EMDI Program Implementation Guide

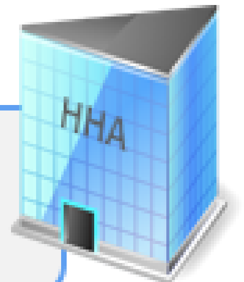
The EMDI Implementation Guide is intended to be implemented by the Hospital and/or Physician and the Home Health Agency (HHA) as well as their associated organizations.



New EMDI Workflow: HHA Ordered at Hospital Discharge

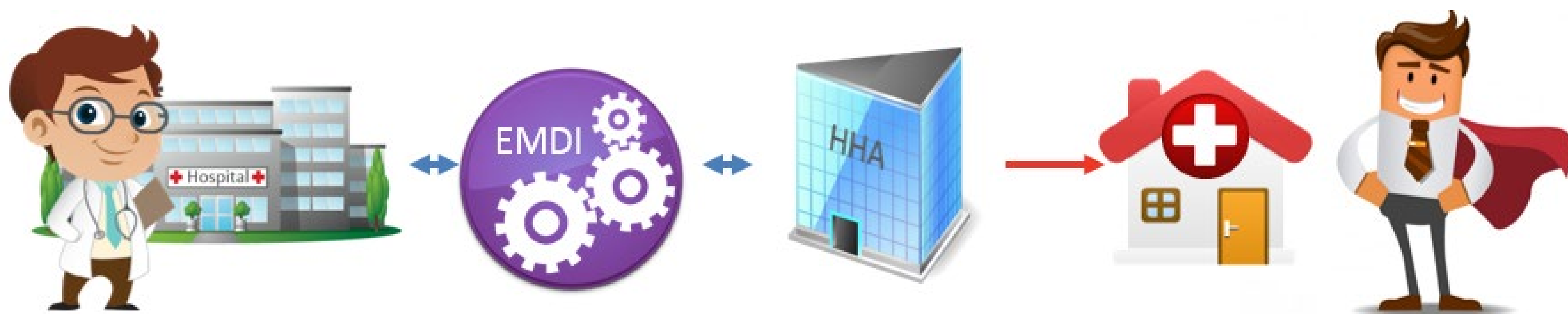
5. Hospital submits ***Bob's*** information to the selected HHA via **EMDI**.

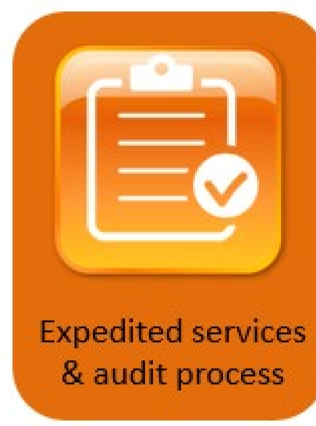
UC 1	Hospital sends a referral to the HHA that requires Pre-Claim Review	EMDI	The HHA accepts or reject the referral	UC 1
UC 2	Hospital sends documentation to the HHA		The HHA requests medical documentation from the Hospital	UC 2
UC 3	Hospital sends the signed/dated documents to the HHA		The HHA requests a physician signature from the Hospital	UC 3



6. The HHA receives ***Bob's*** information and **automatically** ingests the information into its EHR system. The EHR system sends the Order Acceptance notification to the Hospital **automatically**.

New Workflow Benefits: HHA Ordered at Hospital Discharge





The EMDI Program Agnostic Standards Approach utilizes and fills the gaps in the current standards to achieve an increased level of interoperability among systems and organizations. This results in a decreased improper payment rate, minimized claim appeals, reduced administrative burden for providers, and improved provider-to-provider communication.

EMDI Program Agnostic Standards Approach: Direct Value for Hospitals and HHAs

- **Improve quality of care –**
  - Faster communication, accurate document sharing, and elimination of redundant processes may improve quality of care for patients.
- **Reduce readmission rate** –
  - Improved communication may lead to better patient care and contribute to lower readmission rate caused by delays in service.
- **Improve Revenue Cycle ROI by** –
  - Reducing the readmission rate, thus avoiding the penalty caused by Medicare's Readmissions Reduction program.
  - Reducing errors with electronic and standardized data exchange, leading to savings in costs of corrections.
  - Reducing waste of a hospital's material and staff resources.
  - Decreasing paper, fax, and mail costs.
  - Minimizing the labor time required for manual work (e.g., redirecting documents to appropriate personnel).
  - Reducing the number of unanswered mail/fax.
  - Eliminating the delays in responding to mail/fax.
  - Improve market share by:
    - Gaining competitive advantage over those who stick to using traditional methods of fax and mail.
    - Increasing patient satisfaction with better provider to provider communication.
      - Patients expect higher quality of service and more value per cost.

How EMDI Integrates and Collaborates to Improve Healthcare Standards

- The EMDI program leverages and promotes industry-wide adoption of many of the same standards used by the esMD system to simplify provider adoption.
- The EMDI program will assist in the review and launch of eClinical templates to assist with the promotion of standardized data elements.

Provider -to- Provider

esMD

Electronic Submission of Medical Documentation is an electronic mechanism to respond to medical documentation requests. The esMD system uses the ONC Exchange gateway standards to securely send electronic documentation.

Provider-to-Payer

Results in:

- **Decreased** improper payment rate
- **Minimized** claim appeals
- **Reduced** administrative burden

eClinical Templates

Templates help physicians with the adoption, implementation and electronic submission of the medical documentation as per EMDI-defined standards, strengthening and promoting the use of standardized data elements.

Data Harmonization

Comments or Questions?

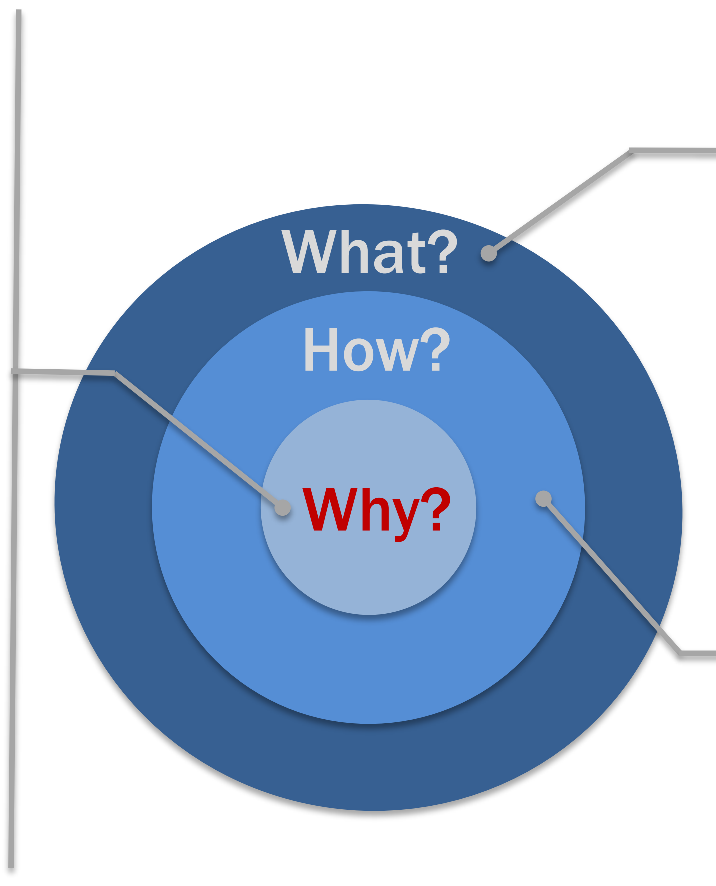
Email to: EMDI_TEAM@scopeinfotechinc.com

eLTSS Round 2 Pilot Results

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

What is eLTSS? Why are we here today?

- 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

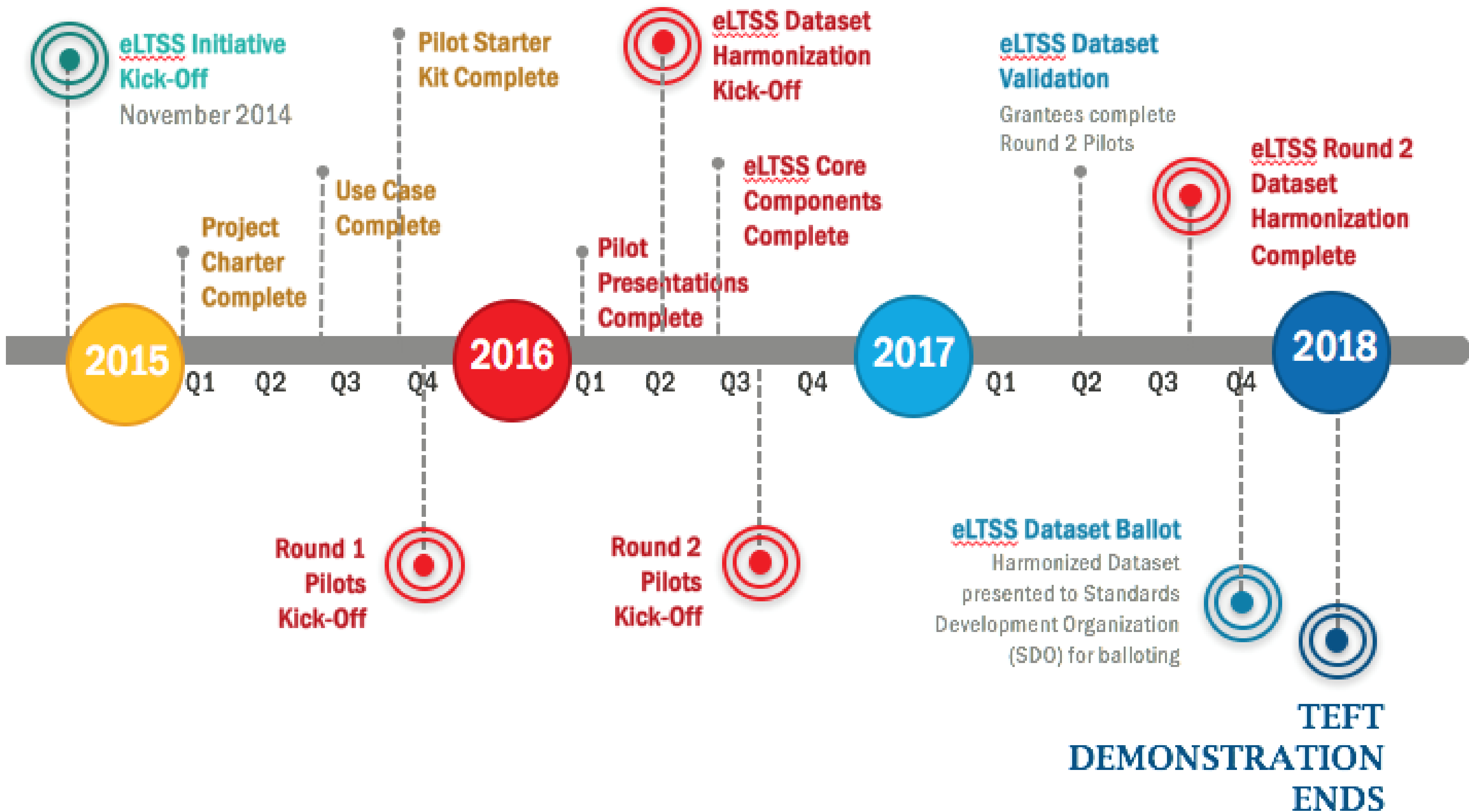


- identifying and testing health IT standards needed for the electronic creation and exchange of person-centered service plans

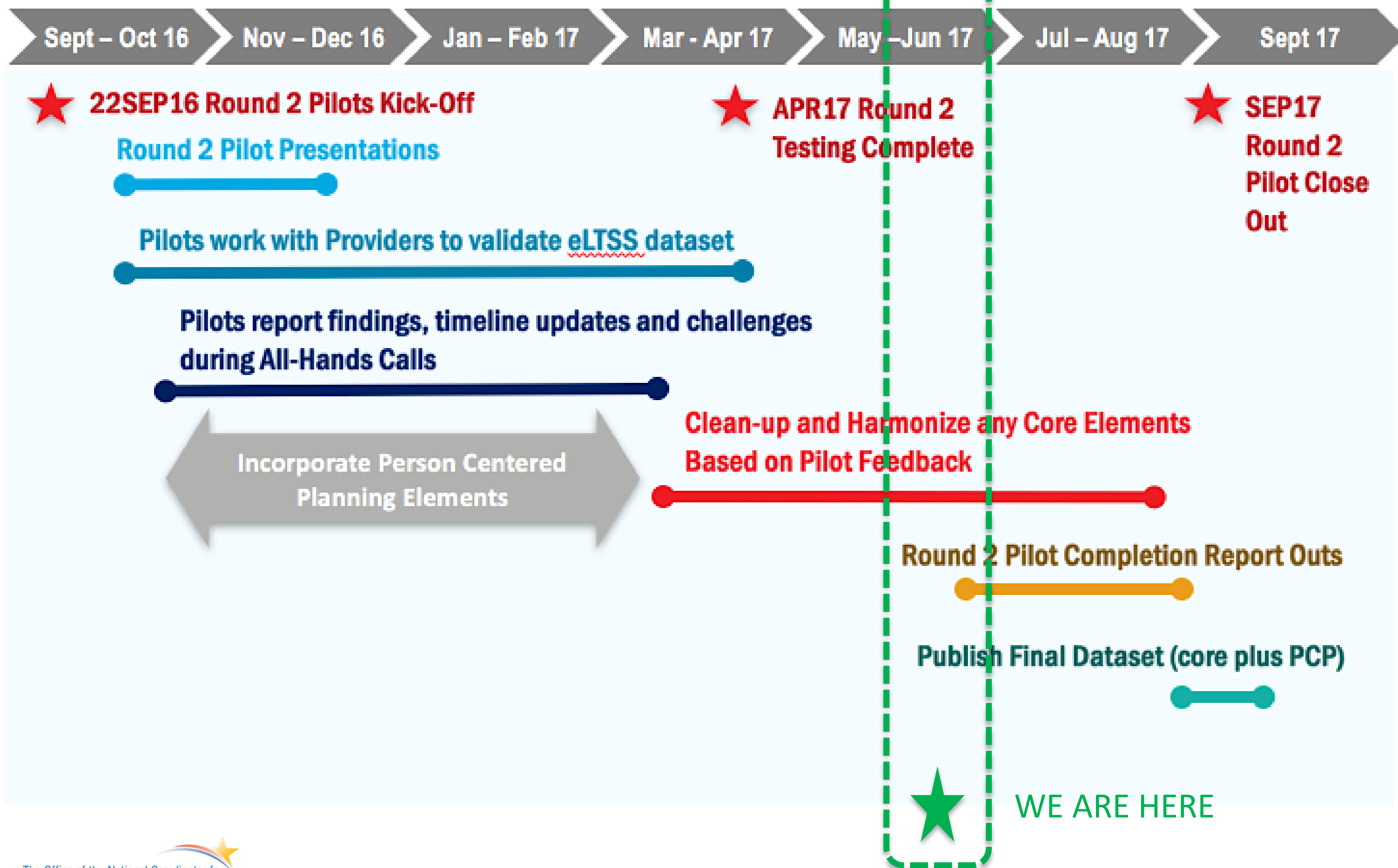
- convening broad stakeholder groups to include the six CMS TEFT grantees to identify and agree upon the core components of an eLTSS plan
- field testing/piloting these components within pilots' respective systems (paper based and electronic)

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

eLTSS Initiative At-A-Glance



Round 2 Pilots Timeline



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eLTSS Round 2 Pilots

- Kicked off on September 22, 2016
- Round 2 pilots tested the agreed upon ”Core” Plan elements identified by eLTSS Community as part of Round 1 Pilot activities
- Piloting included:
  - Updating the Pilot organization’s current Service Plan to include the eLTSS Core data elements; AND/OR
  - Mapping the existing organization’s Service Plan to the eLTSS Core data elements
- Piloting required ‘SENDING’ the Plan to multiple provider groups
  - Plan could be sent electronically using secure email and/or fax
- Providers ‘receiving’ the plan provided feedback on the eLTSS Core data elements

Grantee Pilot Sites were 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 was Piloted? eLTSS Core Dataset

- Pilots were asked to test at least 80% or 38 elements from dataset
- Total Number of Elements: 47

Risk: 1 Element
- Identified Risk

Plan Period/Plan Effective Dates: 1 Element
- Plan Effective Date

Service Preferences: 2 Elements
- Person Service Agreement Indicator
- Person Service Provider Choice Indicator

Goals & Strengths: 4 Elements
- Assessed Needs
- Goal
- Step or Action
- Strengths

Financial Information: 4 Elements
- Plan Funding Source
- Program Name
- Total Plan Budget
- Total Plan Cost

Emergency Backup Plan: 4 Elements
- Emergency Backup Name
- Non-Paid Emergency Backup Relationship Type
- Emergency Backup Phone Number
- Emergency Backup Plan Text

Service Provider Name & Other Identifiers: 5 Elements
- Support Planner Name
- Support Planner Phone Number
- Service Provider Name
- Non-Paid Service Provider Relationship Type
- Service Provider Phone Number

Beneficiary Demographic: 6 Elements
- Person Name
- Person Identifier
- Person Identifier Type
- Person Date of Birth
- Person Phone Number
- Person Address

Plan Signatures: 9 Elements
- Person Signature
- Person Printed Name
- Person Signature Date
- Guardian / Legal Representative Signature
- Guardian / Legal Representative Printed Name
- Guardian / Legal Representative Signature Date
- Support Planner Signature
- Support Planner Printed Name
- Support Planner Signature Date

Service Information: 11 Elements
- Service Name
- Service Start Date
- Service End Date
- Service Comment
- Service Funding Source
- Service Unit Quantity
- Unit of Service Type
- Service Unit Quantity Interval
- Service Rate per Unit
- Service Total Units
- Total Cost of Service

eLTSS Round 2 Pilot Organizations

TEFT Organization	User Story Tested
CO: Dept. of Health Care Policy & Financing	User Story 1: LTSS Eligibility, eLTSS Plan Creation and Approval
CT: Dept. of Social Services Division of Health Services	User Story 2: Sharing a Person-Centered eLTSS Plan
GA: Dept. of Community Health	User Story 1: LTSS Eligibility, eLTSS Plan Creation and Approval
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**

Not-TEFT Pilot Participation

- In addition to the 6 TEFT Grantees, **5 non-TEFT organizations** participated 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

eLTSS Pilot Report Out Components

Each Pilot was asked to complete a Pilot Report Out template addressing the following six areas:

1. **Pilot Ecosystem:** which provider types participated in the pilot? What systems, if any, do they use?
2. **Pilot Methodology**: what methodology did you use to conduct the pilots? (e.g. survey with targeted questions, guided F2F meetings)
3. **eLTSS Dataset Feedback:** which of the 47 data elements were tested? Which were useful? Which were not useful? What is missing?
4. **Accomplishments:** what were the outcomes of the pilot?
5. **Lessons Learned:** what did you learn?
6. **Path Forward:** based on what you learned, where should the focus be moving forward? Will you be implementing the dataset?

eLTSS Pilot Report Out: Pilot Ecosystem Findings

Each Pilot with exception of CT engaged 3 or more different provider organizations in their pilots

Pilot	Pilot Participants	Health IT Systems Used
CO	Agency for Single Entry Point Providers, Care Management Agency, Public Health Agency	Cognify care management system
*CT	State identified technical vendor	VorroHealth
GA	Adult Day Health Providers (elderly and TBI populations) ; Personal Support and Home Health Provider;	Case Management Systems (Efforts to Outcomes, Quicksilver), Harmony, Custom built
KY	Case management Services Organization, Case Management Provider, Plan Reviewer, AAA Service Provider, AAA Case manager, AAA Waiver Program Supervisor	KY MWMA System (Deloitte)
MD	Supports Planning Agency; Personal Assistance Providers, Nurse Monitors	MD LTSS/ISAS System (FEI Systems)
MN	County Public Health Agency, County Case Management Provider, Community Hospital, LTPAC providers (SNF, Assisted Living, Hospice, Home Health), Vocational rehabilitation, Community Behavioral Health Hospital, Out-patient Mental Health Center	EHRs (McKesson, PH-Doc, PCC, Brightree, Avatar, Credible) MS Access Database, MN DHS Enterprise Medicaid System, HIE (RelayHealth)

* CT adopted pilot approach of mapping eLTSS dataset to HL7 C-CDA Release 2.1 Care Plan Document Template (technical content standard) and did no direct engagement with provider groups.

eLTSS Pilot Report Out: Pilot Methodology Findings

Each TEFT grantee employed various tactics to engage participants in the pilots and capture their feedback

Pilot	Pilot Engagement Approach
CO	Face to face meetings and follow-ups using phone and/or email
*CT	Vendor completed crosswalk of eLTSS dataset against C-CDA 2.1 Document templates, sections and entries
GA	Face to face meetings, phone-based guided interviews; breakout session at provider association conference
KY	Conducted kick-off meeting to review dataset and explain pilot; issued survey with targeted questions via email, conducted one to one contact; established metrics
MD	Issued survey with targeted questions, conducted phone call follow-ups
MN	Issued survey with targeted questions, conducted monthly collaborative F2F meetings, conducted many provider specific 1:1 teleconferences

* CT adopted pilot approach of mapping eLTSS dataset to HL7 C-CDA Release 2.1 Care Plan Document Template (technical content standard) and did no direct engagement with provider groups.

eLTSS Pilot Report Out: eLTSS Dataset Findings

All TEFT grantees tested the 47 eLTSS data elements

Pilot	eLTSS dataset review
CO	• Confirmed all 47 core data elements were useful; no consensus on 'process' and level of content needed for 5 data elements (assessed needs, goals, identified risk, step or action, strengths • New data elements proposed are those related to psycho/social behavior data, wellness data, impact to community living and ADLs
CT	• Vendor completed crosswalk of complete eLTSS dataset against C-CDA 2.1 Document templates, sections and entries • Identified two data elements that did not map easily to C-CDA dataset • Identified one missing element: Person Service Agreement Indicator
GA	• Confirmed most of 47 core data elements currently being captured • Found Emergency Backup elements confusing and other elements as variable across plans: financial information, Person identifier and Person name • Identify 27 new data elements
KY	• Confirmed all 47 core data elements were valid • Found 1 data element was not useful (non-waiver service information) • Identified one missing element (beneficiary narrative)
MD	• Confirmed all 47 core data elements were already being captured • 24 of 47 elements not found relevant because either captured in other LTSS input process, or were not useful to participants • Identified additional 4 elements
MN	• Confirmed all 47 data elements were already captured and useful to providers • Identified additional 200+ data elements for inclusion

eLTSS Pilot Report Out: Accomplishments

Pilot	Accomplishments
CO	• Developed deep relationships with pilot participants to support future activities • Increased awareness and understanding of eLTSS dataset
CT	• Developed detailed crosswalk of eLTSS dataset against C-CDA dataset • Identified data elements that were not useful
GA	• Developed understanding of capabilities of IT systems in use by various provider groups • Increased awareness and understanding of value of electronic information exchange
KY	• Validated eLTSS dataset exchange and identified missing elements • Suggested changes to MWMA system relevant to data elements
MD	• Providers gave honest feedback on usefulness of dataset • Identified strengths and challenges of current MD LTSS system and data capture process
MN	• Developed 'out of the box' solution to pull data out of participating health IT systems and use it to populate the eLTSS plan • eLTSS plan output file generated as .pdf file and exchanged across systems using secure messaging

eLTSS Pilot Report Out: Lessons Learned

Pilot	Lessons Learned
CO	• Value of having an eLTSS record over eLTSS plan • Difference between care management agency and single entity provider activities and needs • Limitations in integrating directly with beneficiaries in waiver group • Value engaging with multi provider groups together versus meeting with them individually • Beneficial to provide actual demo of a system • Value in engaging with Provider Agency to get more access to variety of provider groups
CT	• Managing existing and competing health IT projects • Lack of adoption of standards • Limited use of IT among LTSS providers and beneficiaries • Challenge with state contracting process • Keeping focus on project goal
GA	• Electronic systems are present in HCBS but not yet interoperable (manual entry required) • Scoping a minimal set of HCBS data components is challenging

eLTSS Pilot Report Out: Lessons Learned (cont'd)

Pilot	Lessons Learned
KY	• Governance • Lack of individual health IT standards to support the work; provider community slow to adopt technology • Challenge to conduct pilot while updating LTSS system
MD	• Internal state communications/outreach approval process and timeline • Persistence with provider engagement • Clear simple messaging • Understanding and acceptance of multidisciplinary provider types
MN	• Working with BH provider increased awareness of sharing behavioral health data with other providers--led to MN team participating in SAMSHA DISC Learning Collaborative • Need committed providers and need collaborative with experience in HIE to convene group • Regular in-person contact with providers as a collaborative is critical • Clear and specific assignments with deadlines facilitates participation; build work plan based on provider availability • EHR vendors not motivated to change core products for small pilots; need alternative and creative strategies to test health information exchange

eLTSS Pilot Report Out: Next Steps

Pilot	Next Steps
CO	• Finish record, not just plan • Identify beneficiaries and engage with their actual team in pilots • Automate integration and interoperability to FASI and other assessments • Expand eLTSS data elements
CT	• Adopt C-CDA Care Plan document template for sharing eLTSS information among CFC stakeholders • Push care plan into PHR • Identify multiple approaches for beneficiaries to complete CFC care plan—mobile or voice
GA	• Identify how eLTSS data set can be used to enable electronic interoperability • Identify how health iT efforts to-date can be used to enable data-level interoperability in HCBS space
KY	• Promote technology adoption • Promote eLTSS standard adoption • Leverage HIE to share LTSS information across multiple provider types
MD	• No plan to update LTSS system based on pilot findings; feedback may play role in future changes
MN	• Incorporate learnings into two additional MN communities • Support efforts to create national eLTSS standard

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 **September 8 2017**
  - » Upcoming Meetings:
    - – January 2018
- Identify additional organizations that can contribute to testing and validating of eLTSS dataset

eLTSS Initiative Contacts

- ONC Leadership
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  - » Marisa Scala-Foley (marisa.scala-foley@acl.hhs.gov)
- Initiative Coordinator
  - » Evelyn Gallego (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

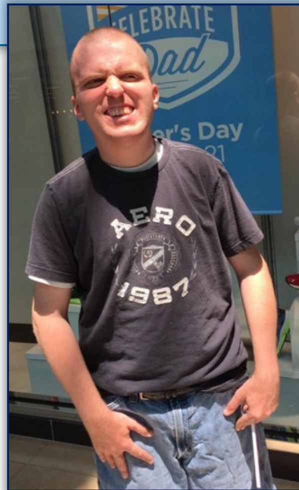
*Source: https://www.federalregister.gov/articles/2014/01/16/2014-00487/medicaid-program-state-plan-home-and-community-based-services-5-year-period-for-waivers-provider

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



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

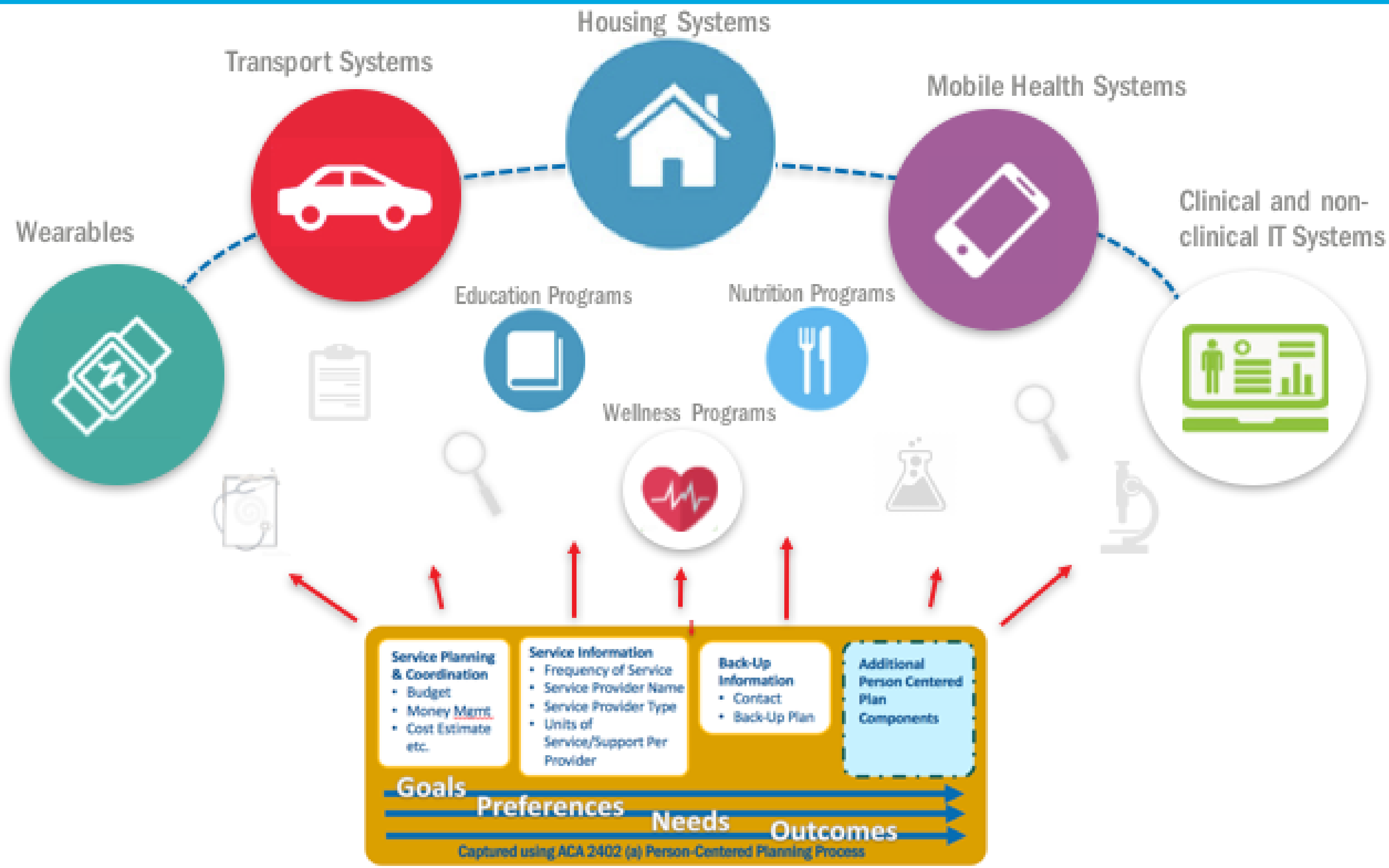
WHAT PEOPLE LIKE AND ADMIRE ABOUT ROBERT

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"

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

Vision for eLTSS Dataset Integration



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

The Office of the National Coordinator for Health Information Technology