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).
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<td>Melanie Edwards (CMS)</td>
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Welcome & Introductions
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.

For more details, please visit [https://oncprojecttracking.healthit.gov/wiki/display/TechLabSC/MRII+Provider-to-Provider](https://oncprojecttracking.healthit.gov/wiki/display/TechLabSC/MRII+Provider-to-Provider)
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
53+ Pilot Participants
6 Pilots Trending

Pilot Streams
- DMEPOS Pilots: 50%
- HHA Pilots: 42%
- Lab Pilots: 8%

4 UC1 Adopters
2 UC2 Adopters
4 UC3 Adopters
2 Expansion Pilots
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.
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.
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

- **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.
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.
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
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.

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.
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.

**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.

**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**

*Results in:*
- Decreased improper payment rate
- Minimized claim appeals
- Reduced administrative burden
Comments or Questions?

Email to: EMDITEAM@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?

Why?

- 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

How?

- 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)

What?

TODAY we want to share an update on how we are progressing on the HOW
eLTSS Initiative At-A-Glance

- **2015**
  - Q1: eLTSS Initiative Kick-Off
  - Q2: Project Charter Complete
  - Q3: Use Case Complete
  - Q4: Pilot Starter Kit Complete

- **2016**
  - Q1: Pilot Presentations Complete
  - Q2: eLTSS Core Components Complete
  - Q3: eLTSS Dataset Harmonization Kick-Off
  - Q4: Round 1 Pilots Kick-Off

- **2017**
  - Q1: eLTSS Dataset Validation
  - Q2: Grantees complete Round 2 Pilots
  - Q3: eLTSS Round 2 Dataset Harmonization Complete
  - Q4: eLTSS Dataset Ballot

- **2018**

**TEFT DEMONSTRATION ENDS**
Round 2 Pilots Timeline

- **Sept – Oct 16**: Round 2 Pilots Kick-Off
- **Nov – Dec 16**: Round 2 Pilot Presentations
- **Jan – Feb 17**: Pilots work with Providers to validate eLTSS dataset
- **Mar – Apr 17**: Pilots report findings, timeline updates and challenges during All-Hands Calls
- **Apr 17**: Round 2 Testing Complete
- **May – Jun 17**: Clean-up and Harmonize any Core Elements Based on Pilot Feedback
- **Jul – Aug 17**: Incorporate Person Centered Planning Elements
- **Sep 17**: Round 2 Pilot Completion Report Outs
- **Jun 17**: Publish Final Dataset (core plus PCP)

**Key Dates**
- **22SEP16**: Round 2 Pilots Kick-Off
- **APR17**: Round 2 Testing Complete
- **SEP17**: Round 2 Pilot Close Out

**Status**: WE ARE HERE
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

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

**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
- Non-Paid Service Provider Relationship Type
- Service Provider Name
- Service Provider Phone Number

**Service Provider Name:**
- Guardian / Legal Representative Signature
- Guardian / Legal Representative Printed Name
- Guardian / Legal Representative Signature Date

**Plan Signatures:** 9 Elements
- Person Signature
- Person Printed Name
- Person 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
- Unit of Service Type
- Unit of Service Quantity
- Interval
- Service Rate per Unit
- Service Total Units
- Total Cost of Service
## eLTSS Round 2 Pilot Organizations

<table>
<thead>
<tr>
<th>TEFT Organization</th>
<th>User Story Tested</th>
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</thead>
<tbody>
<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>
</tr>
<tr>
<td><strong>KY</strong>: Office of Administrative &amp; Technology Services</td>
<td>User Story 1: LTSS Eligibility, eLTSS Plan Creation and Approval</td>
</tr>
<tr>
<td></td>
<td>User Story 2: Sharing a Person-Centered eLTSS Plan</td>
</tr>
<tr>
<td><strong>MD</strong>: Dept. of Health &amp; Mental Hygiene</td>
<td>User Story 2: Sharing a Person-Centered eLTSS Plan</td>
</tr>
<tr>
<td><strong>MN</strong>: Dept. of Human Service</td>
<td>User Story 2: Sharing a Person-Centered eLTSS Plan</td>
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Detailed presentations from each of the Pilot Sites available here:  
[http://oncprojecttracking.healthit.gov/wiki/display/TechLabSC/eLTSS+Pilots#eLTSSPilots-Round2PilotPlanPresentations](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](https://oncprojecttracking.healthit.gov/wiki/display/TechLabSC/eLTSS+Past+Meetings)
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

<table>
<thead>
<tr>
<th>Pilot</th>
<th>Pilot Participants</th>
<th>Health IT Systems Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO</td>
<td>Agency for Single Entry Point Providers, Care Management Agency, Public Health Agency</td>
<td>Cognify care management system</td>
</tr>
<tr>
<td>*CT</td>
<td>State identified technical vendor</td>
<td>VorroHealth</td>
</tr>
<tr>
<td>GA</td>
<td>Adult Day Health Providers (elderly and TBI populations); Personal Support and Home Health Provider;</td>
<td>Case Management Systems (Efforts to Outcomes, Quicksilver), Harmony, Custom built</td>
</tr>
<tr>
<td>KY</td>
<td>Case management Services Organization, Case Management Provider, Plan Reviewer, AAA Service Provider, AAA Case manager, AAA Waiver Program Supervisor</td>
<td>KY MWMA System (Deloitte)</td>
</tr>
<tr>
<td>MD</td>
<td>Supports Planning Agency; Personal Assistance Providers, Nurse Monitors</td>
<td>MD LTSS/ISAS System (FEI Systems)</td>
</tr>
<tr>
<td>MN</td>
<td>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</td>
<td>EHRs (McKesson, PH-Doc, PCC, Brightree, Avatar, Credible) MS Access Database, MN DHS Enterprise Medicaid System, HIE (RelayHealth)</td>
</tr>
</tbody>
</table>

* 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.

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

* 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

<table>
<thead>
<tr>
<th>Pilot</th>
<th>eLTSS dataset review</th>
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</table>
| 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

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

<table>
<thead>
<tr>
<th>Pilot</th>
<th>Lessons Learned</th>
</tr>
</thead>
</table>
| **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)

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

<table>
<thead>
<tr>
<th>Pilot</th>
<th>Next Steps</th>
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</table>
| 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**
  - Ali Massihi (ali.massihi@hhs.gov)
  - Caroline Coy (caroline.coy@hhs.gov)
  - Elizabeth Palena-Hall (elizabeth.palenahall@hhs.gov)

- **CMS Leadership**
  - Kerry Lida (Kerry.Lida@cms.hhs.gov)

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

- **Initiative Coordinator**
  - Evelyn Gallego (evelyn.gallego@emiadvisors.net)
Back-Up
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