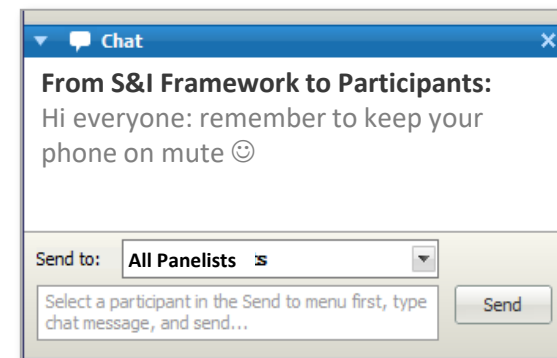# Electronic Long-Term Services & Supports (eLTSS)

Q2 2018 FEDERAL PARTNER WEBINAR

Date: April 6, 2018

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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Chat

From S&I Framework to Participants:
Hi everyone: remember to keep your phone on mute ☺

Send to: **All Panelists** ▾

Select a participant in the Send to menu first, type chat message, and send…

Send

Agenda

Topic Area	Presenter
Welcome & Introductions	Kerry Lida (CMS) & Evelyn Gallego (EMI Advisors LLC)
Update on eLTSS dataset standardization	Evelyn Gallego (EMI Advisors LLC)
SAMHSA Semantic Interoperability Workbench	Ken Salyards (SAMSHA) Ken Lord (MDIX Inc.)
SAMHSA Omnibus Care Plan Care Coordination System	Ken Salyards (SAMSHA) Chirag Bhatt (FEI Systems)
Federal Partner Discussion	All
Next Steps	Evelyn Gallego (EMI Advisors LLC)

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Welcome & Introductions

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eLTSS Dataset Standardization

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RECAP: eLTSS Final Dataset

- Total Number of Elements: 56

Beneficiary Demographics: 10 Elements

Person Name

Person Identifier

Person Identifier Type

Person Date of Birth

Person Phone Number

Person Address

Emergency Contact Name

Emergency Contact Relationship

Emergency Contact Phone Number

Emergency Backup Plan

Goals & Strengths: 3 Elements

Goal

Step or Action

Strength

Person Centered Planning: 11 Elements

Assessed Need

Preference

Person Setting Choice Indicator

Person Setting Choice Options

Service Options Given Indicator

Service Selection Indicator

Service Provider Options Given Indicator

Service Provider Selection Agreement Indicator

Service Plan Agreement Indicator

Plan Monitor Name

Plan Monitor Phone Number

Plan Information: 1 Element

Plan Effective Date

Plan Signatures: 12 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 Provider Signature

Service Provider Printed Name

Service Provider Signature Date

Risks: 2 Elements

Identified Risk

Risk Management Plan

Service Information: 12 Elements

Service Name

Self-Directed Service Indicator

Service Start Date

Service End Date

Service Delivery Address

Service Comment

Service Funding Source

Service Unit Quantity

Unit of Service Type

Service Unit Quantity Interval

Service Rate per Unit

Total Cost of Service

Service Provider Information: 5 Elements

Support Planner Name

Support Planner Phone Number

Service Provider Name

Service Provider Phone Number

Non-Paid Provider Relationship

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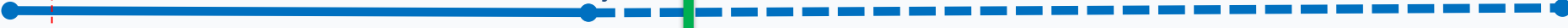| Oct-Dec 17	Jan-Feb 18	Mar-Apr 18	May-Jun 18	Jul-Aug 18	Sep 18

eLTSS Roadmap: 2017 to 2018

1. eLTSS Standard Development

Internal coordination with GA Reference Data Model Project

HL7 WG Coordination

🔵 Nov GA F2F Meeting   🔵 March 21 GA F2F Meeting

⭐ eLTSS Draft Guidance Complete

⭐ eLTSS Pilot Guidance Complete
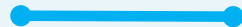
⭐ eLTSS Whitepaper Complete

2. eLTSS Standard Testing

⭐ eLTSS Pilots Complete

Pilots Identification

Pilots Test Pilot Guidance
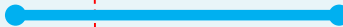
Pilot Findings Report Out

3. HL7 IG Ballot Development

eLTSS IG Revisions & Ballot Development

🔵 HL7 Ballot Materials Due

🔵 HL7 PSS Due   🔵 HL7 NIB Due

eLTSS Ballot Period (Aug 24 – Sept 24)

🔴 eLTSSv2 Kick-Off   🔴 HL7 Jan WGM   🔴 HL7 May WGM   HL7 Sept WGM 🔴

January HL7 Working Group Meeting Debrief

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ONC & GA Team Engagement with HL7

- Participating in select weekly HL7 Workgroup Meetings and active HL7 standardization projects (in addition to eLTSS):

  » HL7 Learning Health System (LHS) and Patient Care: <u>Care Team Domain Analysis Model</u>

  » HL7 Patient Care: <u>Care Plan Standards Harmonization Project</u>

- Participated in person at HL7 January Working Group Meeting in New Orleans (Jan 28 to Feb 1, 2018)

- Collaboration with standard development organization (SDO) HL7 ensures:

  » We identify the **right electronic standards** to represent the eLTSS dataset in electronic systems.

  » The standards identified will support the **INTEROPERABLE** capture and exchange of eLTSS data elements across clinical (e.g. EHRs) and non-clinical IT systems (e.g LTSS system)

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Why do we need HL7 sponsored standards?

- HL7 is an **American National Standards Institute (ANSI)** accredited organization and as such maintains strict processes for the development, curation and publication of health IT standards

- Expert stakeholder groups across healthcare industry participate and contribute to HL7 standards

- Adherence to the HL7 process provides a level of legitimacy and formality to a technical innovation

- HL7 published standards can be enforced by inclusion in regulations and policies by government agencies (Federal and State)

- Several HL7 standards are referenced in ONC Health IT Certification Program (Regulation), ONC Interoperability Standards Advisory (ISA) (Guidance) and CMS Quality Payment Programs (QPP)

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HL7 Workgroup (WG) Presentations

HL7 Workgroup	Why target this WG?
Community-Based Care and Privacy (CBCP)	Focus on standards to improve the delivery of community-based care (non-institutional). **Three focus areas are: Behavioral Health, Privacy and Consent and Long-Term Care. Engage with other HL7 WGs based on common goal of interoperability across sectors and disciplines with Health and Human Services.**
Financial Management	Focus on standards for financial event messages to include those needed for patient administration, medication, orders and observations and benefits determination.
Attachments	Identify standards that support the exchange of additional supporting information amongst payers/utilization management organizations related to: healthcare claims or encounters; healthcare services review; post adjudicated claims audits
Clinical decision Support (CDS)	Focus on development of standards to support system-agnostic implementations of clinical decision support, including messages, services, information models, and knowledge representation formalisms.
Clinical Quality Information (CQI)	Create standards in support of improving health care quality, including clinical and non-clinical care, and to foster collaboration between quality measurement, outcomes and improvement stakeholders. Work closely with other HL7 WGs and other accreditation/certification organizations to include NQF, NCQA, Joint Commission.

HL7 Workgroup (WG) Presentations

HL7 Workgroup	Why target this WG?
Structured Documents	Main workgroup responsible for the development of clinical document architecture (CDA) standards to include the C-CDA document templates referenced in ONC regulations (Care Plan, Continuity of Care, Discharge Summary, Referral Note, Consult Note)
Orders and Observations (O&O)	Focus on standards to support the order/scheduling and clinical event management/reporting requirements between stakeholders in a healthcare organization regarding patients, non-patients, people, other species, or inanimate objects.
Patient Care	Main workgroup responsible for development of standards related to patient care information. Inform activities of several HL7 WGs in topics such as: care structures, care records, care transfer and referral, allergies/adverse events, care plans, care coordination, assessments and procedures.
Patient Administration	Focus on standards to support interoperable exchange of patient admin information to include: demographics, additions and modifications to registries, scheduling of appointments for services, encounters and associate resources and queries for information
Learning Health System	Focus on development of a domain analysis model (DAM) for learning health systems as related to the adaptive systems described in the Institute of Medicine (IOM) reports. WG is currently developing the Care Team DAM that includes LTSS stakeholder groups.

Standards Reviewed with HL7 WGs

HL7 Workgroup	Topic and/or Standards For Discussion
CBCP	FHIR ProcedureRequest, Procedure
Financial Management/ Attachments	FHIR Claim, Contract
CDS and CQI	FHIR Activity Definition, PlanDefinition, RiskAssessment CDS Hooks
Structured Docs	C-CDA Care Plan Document Template C-CDA on FHIR
O&O	FHIR Observation, ProcedureRequest, Device Request
Patient Care, Patient Admin, LHS	FHIR CarePlan, CareTeam, ClinicalImpression, Condition, Procedure, Goal, Patient, Practitioner, Related Person, EpisodeOfCare C-CDA Care Plan

Overall Summary

- ONC and GA DCH Support Teams worked hand in hand to deliver **seven** separate presentations

- HL7 Participants demonstrated interest in this work and recognized this would be a new focus for HL7 (social services/human services); no one indicated HL7 should not be involved

  » Similar HL7 projects more focused on information exchange between clinical settings and community-based settings (encounter starts within clinical setting not HCBS setting)

  » Workgroups 'open' to revising existing FHIR resources to meet eLTSS requirements

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Key Takeaways

- Learning around difference between "patient" and "person"

- WGs agreed with mapping already completed between eLTSS dataset and FHIR Resources; requested ONC/GA Team submit trackers (change requests) to update existing FHIR resources to reflect eLTSS needs

- SD WG favored any HL7 guidance that will be developed to reference or point to C-CDA versus creating new document template or sections

  » Request we use same approach as has been done for the C-CDA Nutrition Supplemental Implementation Guide

- Discussion on hosting a catalog or directory of services that FHIR resources can point to

  » Note that every state pays out services differently; can be included in Authorization Resource

Key Takeaways cont'd

- Long discussion on use of Procedure Resource for eLTSS

  » Agreed that multiple services can be delivered within one encounter

  » Achieved consensus on updating definition of Procedure Resource to reflect that the 'action' can be made 'on' or 'for' an individual. This would support services such as 'walking the dog' that are done FOR the individual, not ON the individual. PC Co-chair added this request to FHIR Tracker

- LHS developing Care Team DAM that includes eLTSS Use Case. Will be building model of a whole person care team which is made up of multiple component teams or sub-teams

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Next Steps: HL7 Work Group Trackers

- [#15127] **Summary**: Update Procedure scope, examples, and category for eLTSS

- [#15691] **Procedure** → Self Direction Indicator - ask for an explicit element to hold a self direction indicator

- [#15690] **Procedure**: Change cardinality of location data element from 0-1 to 0-n. This would keep it in sync with the proposed cardinality for the requested location element in ServiceRequest

- [#15692] **ServiceRequest** → Self Direction Indicator - ask for an explicit element to hold a self direction indicator

- [#15725] **ServiceRequest** - Add funding source data element, cardinality 0-n.

- [#15726] **ServiceRequest** - Add unit cost and total cost data elements.

- [#15727] **ServiceRequest** - Add location data element, cardinality 0-n.

- [#15763] **ServiceRequest** - Clarify definition of insurance to include self-pay, since it links to Coverage which includes self-pay.

Testing Opportunities

- Planning two testing events or connectathons

  » **May HL7 FHIR Connectathon** in Cologne, Germany: to be led by VA Consultants working on VA Care Coordination Project

    – Two day event hosted through HL7 FHIR Connectathon Care Plan Track

  » **June eLTSS FHIR Connectathon** in Atlanta: to be scheduled at GA Tech Campus

    – One day event to engage implementers in testing and validating the revised FHIR Resources applicable to the eLTSS dataset

    – Participants responsible for travel, meals and any lodging associated; NO additional participation fees

Next Steps: Mapping to C-CDA R2.1 Care Plan

Beneficiary Demographics & Contact: 6 Elements

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

Emergency Contacts & Backup Plan: 4 Elements

- Emergency Contact Name
- Emergency Contact Relationship
- Emergency Contact Phone Number
- Emergency Backup Plan

Goals, Strengths, Steps and Preferences: 5 Elements

- Assessed Need
- Goal
- Step or Action
- Strength
- Preference

Service Provider Name & Contact: 5 Elements

- Support Planner Name
- Support Planner Phone Number
- Service Provider Name
- Service Provider Phone Number
- Non-Paid Provider Relationship

Choice & Consent: 7 Elements

- Person Setting Choice Indicator
- Person Setting Choice Options
- Service Options Given Indicator
- Service Selection Indicator
- Service Plan Agreement Indicator
- Service Provider Options Given Indicator
- Service Provider Selection Agreement Indicator

Risks: 2 Elements

- Identified Risk
- Risk Management Plan

Plan Signatures: 12 Elements

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

Plan Metadata: 3 Elements

- Plan Effective Date
- Plan Monitor Name
- Plan Monitor Phone Number

Service Information: 12 Elements

- Service Name
- Service Start Date
- Service End Date
- Service Delivery Address
- Service Comment
- Service Funding Source
- Service Unit Quantity
- Unit of Service Type
- Service Unit Quantity Interval
- Service Rate per Unit
- Total Cost of Service
- Self-Directed Service Indicator

Legend:

- Semantic and syntactic equivalence for both C-CDA data element and its use in C-CDA Care Plan
- Some additional context required for either C-CDA data element or its use in C-CDA Care Plan
- Some additional context required for both C-CDA data element and its use in C-CDA Care Plan
- No semantic match for the C-CDA data element, and some additional context required for use in C-CDA Care Plan
- No semantic or structural match available in C-CDA

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Agenda

- Semantic Interoperability Workbench Premise
- Semantic Interoperability Workbench Introduction
- Semantic Interoperability Workbench Overview
- Semantic Interoperability Workbench Process
- Semantic Interoperability Workbench Functional Overview
- Semantic Interoperability Workbench Technical Components
- Semantic Interoperability Workbench Demonstration
- Q&A

SIW Premise

Effective Care for the patient requires a view of clinical, behavioral and mental health issues. Clinical care and behavior/mental healthcare are provided by different practitioners and support personnel across different organization. To achieve a patient-centric view of the care plan, information exchange is required.

"While the health industry continues to develop new formats that attempt to simplify or modernize interoperability across healthcare, it is continually challenged by the difficulty of current applications to exchange documents that can be interpreted by the receiver of the document."

- "Interoperability in the 21st Century: Cost Effective Solutions and Guidelines for Interoperable Healthcare Records", Ken Salyards et al, EJBI, 2016
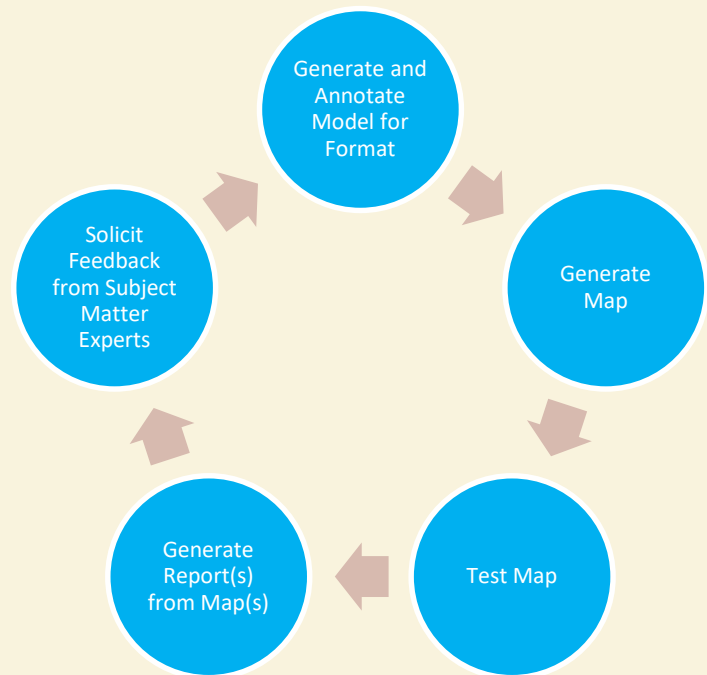
SIW Introduction

- Employs a model driven approach for determining and testing interoperability between different healthcare exchange formats.
- Federal Agency and SDO programs utilizing the SIW
    - SAMSHA SIW: (OCP, IExHUB)
    - FHA Semantic Interoperability Guide and Generator (SIGG)
    - VHA Standards Incubator
    - HL7: Cross-Paradigm Interoperability Implementation Guide for Immunizations
    - ONC Funded Partners Healthcare Project
    - Massachusetts Behavioral Healthcare Community Partner / ACO Program
- Open Source Software based on OMG Open Standard Interoperability Model, Open Source Content, Open Source Shareable Maps

SIW Process

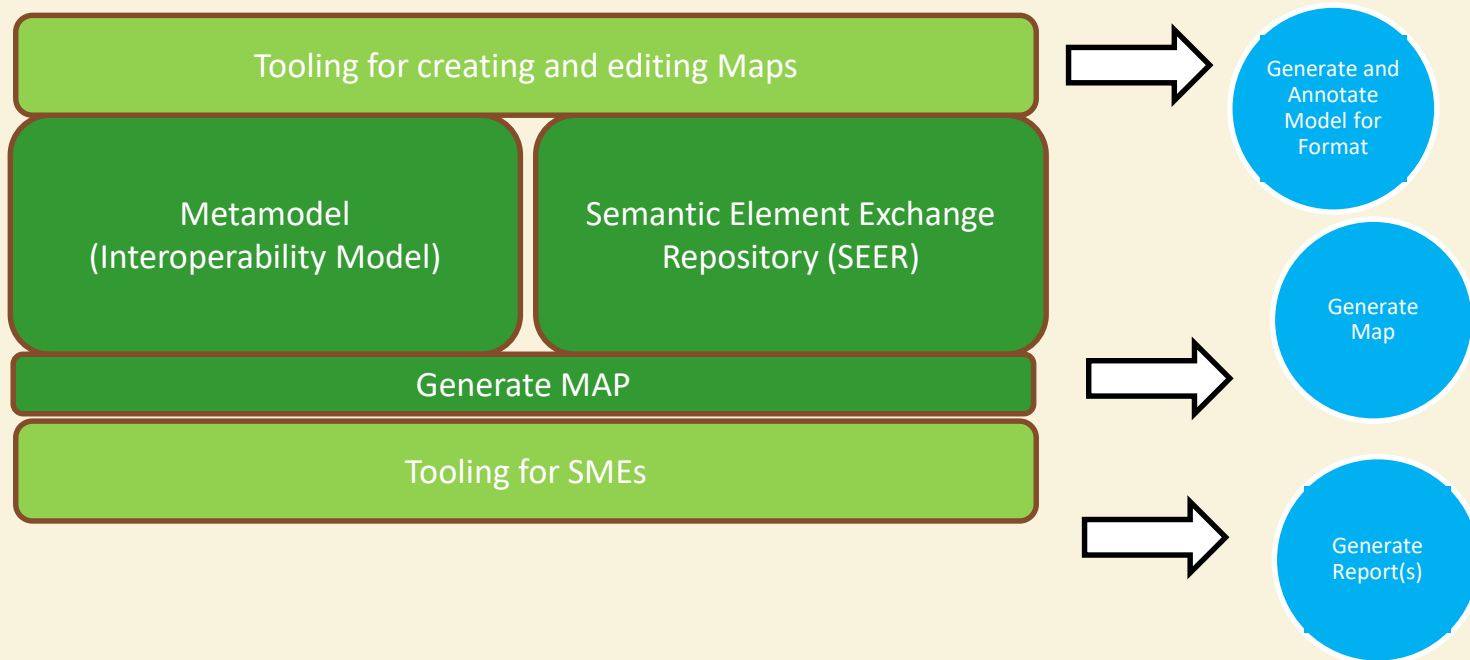Enables any Map (Model) to exchange and compare information with any other Map.
1. Simplifies
2. Isolates change
3. Enables versioning

Maps: CCDA 1.1, CCDA 2.1, FHIR STU2, FHIR STU3, HL7 V.2 .5*, VLER, DES, FHIM, and others

- Generate and Annotate Model for Format
- Generate Map
- Test Map
- Generate Report(s) from Map(s)
- Solicit Feedback from Subject Matter Experts

SIW Functional Overview – Subject Matter Experts

SIW Technical Components

MDMI Metamodel (Interoperability Model)

1. Object Management Group Standard
2. Provides any-to-any interoperability
3. Tooling developed to Create and Annotate (Automation)
4. Generates a computable "Map" for the Format
5. Tooling developed for SMEs; e.g. generates a spreadsheet using the Maps.

Semantic Element Exchange Repository (SEER)

1. Over 3,500 Elements; Coverage of CCDA 1.1 and 2.1 data elements and FHIR versions
2. The SEER is comparable to the CMS Data Element Library with additional scope and information.
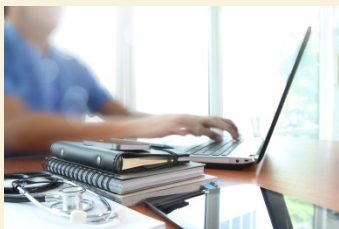
SIW Demonstration

Agenda

- Omnibus Care Plan Premise
- Omnibus Care Plan Overview
- Omnibus Care Plan Team
- Omnibus Care Plan Solution Components
- Omnibus Care Plan Roadmap
- Demonstration of OCP
- Q&A

Omnibus Care Plan Premise

Patient-centered care revolves around effective and efficient care coordination across care providers, patient engagement, social connectedness, and facilitating the patients' treatment beyond episodic or chronic treatment.

Today, the healthcare environment is fragmented and ineffectual in providing 360^0 whole-patient care with the mix of private and public insurers and self-pay with a large number of no pay patients.

SAMHSA is devoted to the care and treatment of behavioral health patients. New models of paying for care are being developed and initiated with the objective to reduce the cost of healthcare.

Omnibus Care Plan Functional Overview

Administrative	Scheduling/ Appointment	Care Coordination	Screener/ Assessment	Care Planning
• Program, Services, Locations • Patient Enrollment • Practitioners, Organizations • Patient Consent • Episode of Care	• New Appointments • Encounter Management	• Caseload Mgmt. Dashboard • Enrollee/ Consumer Dashboard • Outreach/ Activity Management • Smart Notes • Program Mgmt.	• Scored screening and assessments (MA Assessment, PHQ9, PHQ4, etc.) • BH-Works Comprehensive Assessment • Computable Scores/sub-scores (LOINC)	• SOAP/Visit Notes • Dynamic Care Plan Summary • Goals and Interventions based on Outcomes/scores

Cloud

Standards-based Data Shared Among Applications

HL7® FHIR®

Omnibus Care Plan Technical Architecture

Cloud-based, Secure, HIPAA Compliant, Scalable, Extensible web platform

- Browser-based, supports phone/mobile
- Low Information Technology (IT) overhead

Web-application

- HL7 Fast Healthcare Interoperability Resources (FHIR),
- Integration with Electronic Health Record (EHR), billing, quality systems

Standards-based Data Services

- HIPAA compliant cloud services
- Business Associate Agreement
- Centralized management, secure, scalable

Cloud-based & HIPAA Compliant

- Reuses existing software components
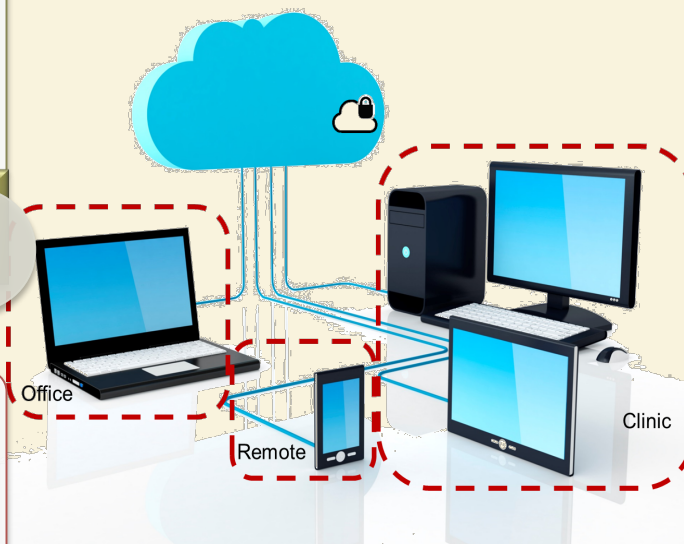- Extensible to integrate other applications

Reusability and Extensibility

- Encryption
- Identity & Access Mgmt.
- User roles (Permissions)
- Patient Consent

Security/Privacy

- Automatic increase in memory, storage to match user needs cloud services

Scalable

Office

Remote

Clinic

Omnibus Care Plan Collaborative Team

Public-Private Partnership

- Subject Matter Experts
- Software Vendors
- Provider Organizations
- State and Federal Stakeholders

SAMHSA

- BH IT Standards Contract
- Standards Engagement (HL7, Logical Observation Identifiers Names and Codes (LOINC), Systematized Nomenclature of Medicine-Clinical Terms (SNOMED-CT)
- SMEs Engagement (Psychiatrists, Psychologists, Case Managers, Social Workers)

FEI Systems

- Lead Integrator
- Consent2Share

Eversolve

- Standards Expertise

Medicomp Systems

- Quippe Clinical Documentation Suite

mdlogix

- BH-Works Comprehensive Assessment

MDIX

- Integration Tooling

Omnibus Care Plan Solution Overview:

Key Application Components

Component	Benefit
Care Coordination Portal	Cloud-based, open-source, secure, scalable, standards-based, wraparound application
Medicomp Systems Quippe	Commercial, clinical user interface, fully-coded and mapped to national terminology standards ✓ Provides point of care access to, and organization of, patient data ✓ Dynamic clinical documentation tools ✓ Frost & Sullivan 2017 Best Practices Award; US Healthcare Documentation Enabling Technology Leadership Award winner
mdlogix BH-Works	Commercial, comprehensive, universal screener, may be used by consumers
Consent2Share	Open-source patient consent management

Omnibus Care Plan Solution Overview:
Solution Component Diagram

Clinician · **Patient** · **Care Team**
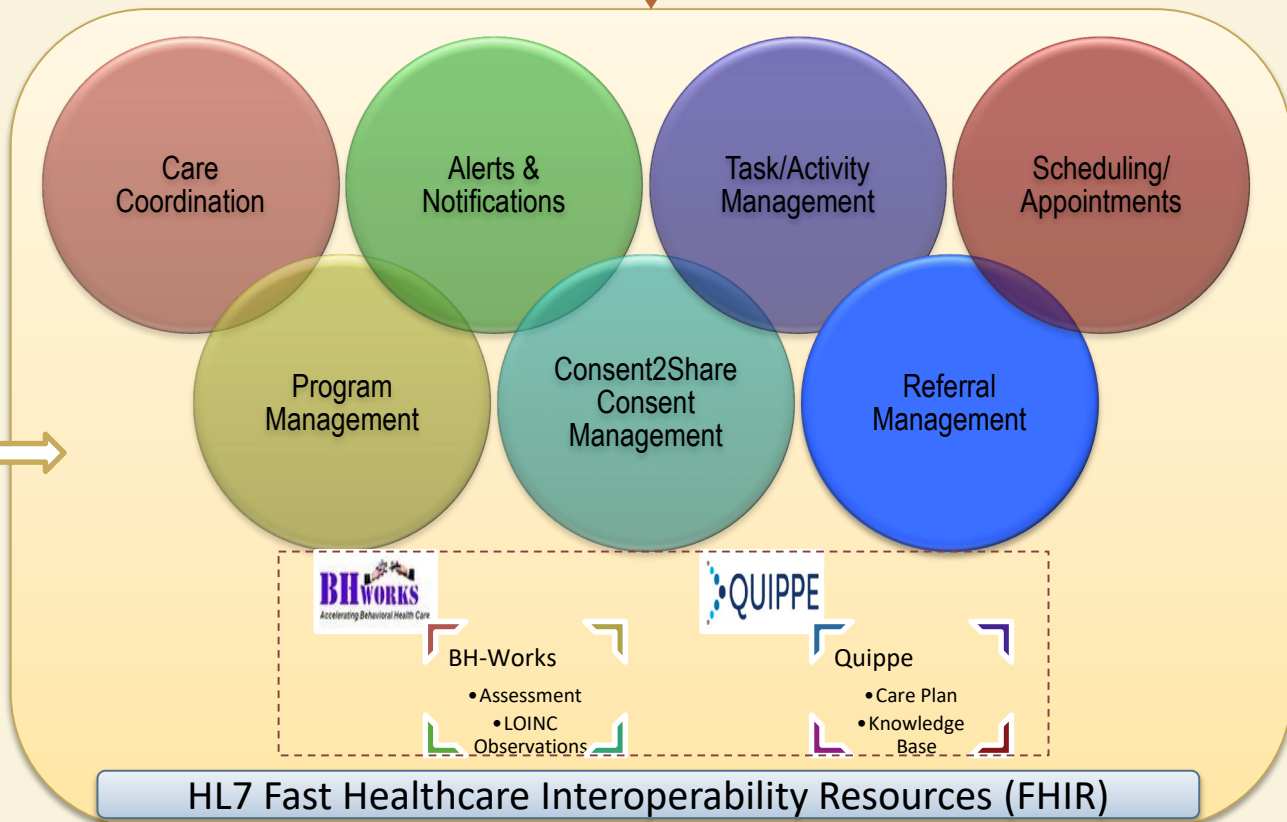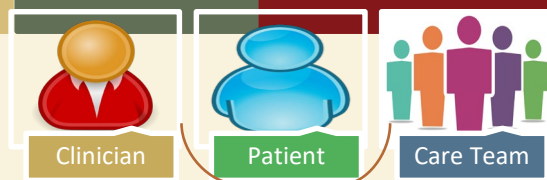
Functional Services
- Clinical Decision Support (CDS)
- Workflow Coordination
- Analytics & Reporting

Care Coordination

Alerts & Notifications

Task/Activity Management

Scheduling/ Appointments

Program Management

Consent2Share Consent Management

Referral Management

BH-Works
- Assessment
- LOINC Observations

QUIPPE

Quippe
- Care Plan
- Knowledge Base

HL7 Fast Healthcare Interoperability Resources (FHIR)

Infrastructure Services
- Security
- Semantic Interoperability Workbench (SIW)
- EHR/HIE Integration

Omnibus Care Plan Roadmap:
Data Standards, Interoperability, and Analytics

Data Standards

- Sharing data among applications in a seamless manner
- Monitor and report patient outcomes

Interoperability

- EHR systems
- Pre-authorization
- Billing system
- Electronic Visit Verification
- Quality reporting system
- Patient engagement through mobile devices
- Expanded provider access to telemedicine

Analytics

- Data warehouse and integration
- Business intelligence (BI) reporting and health analytics
- Quality outcome reporting
- Clinical decision support

- Health and Human Services (HHS) under Federal Government agencies are driving interoperability efforts and change in US Healthcare
  - ✓ Office of National Coordinator (ONC) is leading interoperability through standardization workgroups, collaboration with Standards Development Organizations (SDO) and certification programs of the healthcare systems
  - ✓ SAMHSA is leading interoperability specifically for the behavioral health domain by working with SDOs and other federal agencies

OCP Demonstration

Questions and Next Steps

Federal Partner Discussion

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Key Asks:
Opportunities for Broader Federal Partner Engagement

- Are there other Federal Partner Projects focused on use of FHIR or C-CDA Resources to capture Care Plan information?

- 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?

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Next Steps for Federal Partner Engagement

- Participate in eLTSS Quarterly Meetings:
  - » Seeking other Federal Partner Project presentations
  - » Next one to be scheduled for **July 2018**
- Identify additional organizations that can contribute to testing and validating of eLTSS dataset

The Office of the National Coordinator for
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eLTSS Initiative Contacts

- ONC Leadership
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- Initiative Coordinator
  - » Evelyn Gallego (evelyn.gallego@emiadvisors.net)

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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
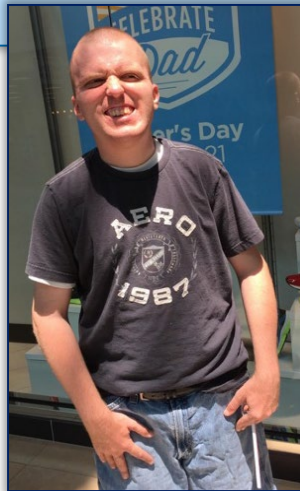
PEOPLE WHO HELP ROBERT BEST

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