

The Office of the National Coordinator for
Health Information Technology



Kentucky Cabinet for Health and Family Services (CHFS)

November 5, 2015

Putting the **I** in Health **IT**
www.HealthIT.gov

Agenda

Introduction

Goal of Pilot

Tier Piloting

Activity to Pilot

Role of KY Cabinet for Health and Family Services in the Pilot

Standards and Technologies Under Consideration

Logistics

Ecosystem

Defining Success

Resources/References

Introduction: Pilot Team

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Introduction: Organization

- **Who we are:** KY Cabinet for Health and Family Services , TEFT Grantee
- **What we do:** Administer programs to promote the mental and physical health of Kentuckians
- **How involved in services and support:** Deliver and oversee Community Mental Health Centers, Area Development Districts, and private agencies who provide assessment and case management services to beneficiaries of Medicaid Waiver home and community based services (HCBS)
- **Current process:** Private agencies, quasi-government, and Cabinet for Health and Family Services (CHFS) assessors conduct initial screening and Level of Care assessments. Agencies work with beneficiaries/caregivers and the state to determine financial eligibility. As needed, this includes working with CHFS staff of a specific (HCBS) waiver program. Case managers work with beneficiaries/representatives to create a person centric Plan of Care (POC). Case Managers capture case notes and direct service providers to deliver services per the Plan of Care. Agencies bill the state (via Medicaid) for case management and direct provider services. For Person Directed Services the beneficiary/representative approves employee timesheets and Financial Management Agencies (FMAs) bill the state for covered services.

Pilot Introduction: Business Driver

Expand and enhance LTSS Person Centric planning and service delivery by establishing an initial wave of electronic integration with beneficiaries and providers for both better care and service cost reduction.

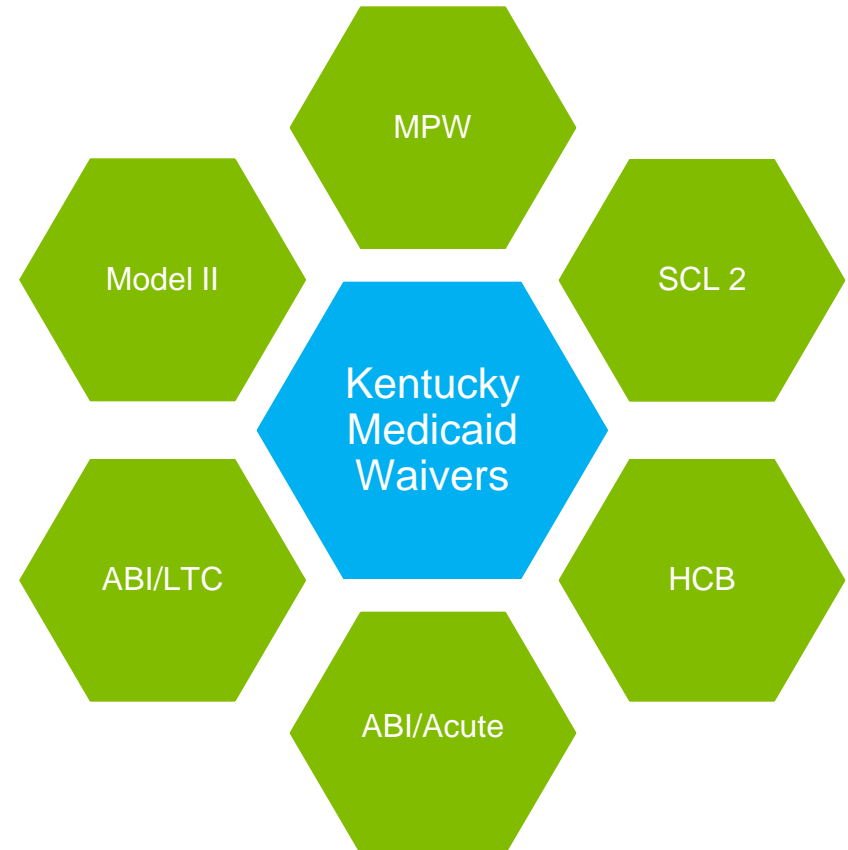
Pilot Introduction: No System Prior to April 2015

- **Pre-MWMA Solution Landscape**

- Spreadsheets
- Paper-based processes
- Local systems

- **Pre-MWMA Business Challenges**

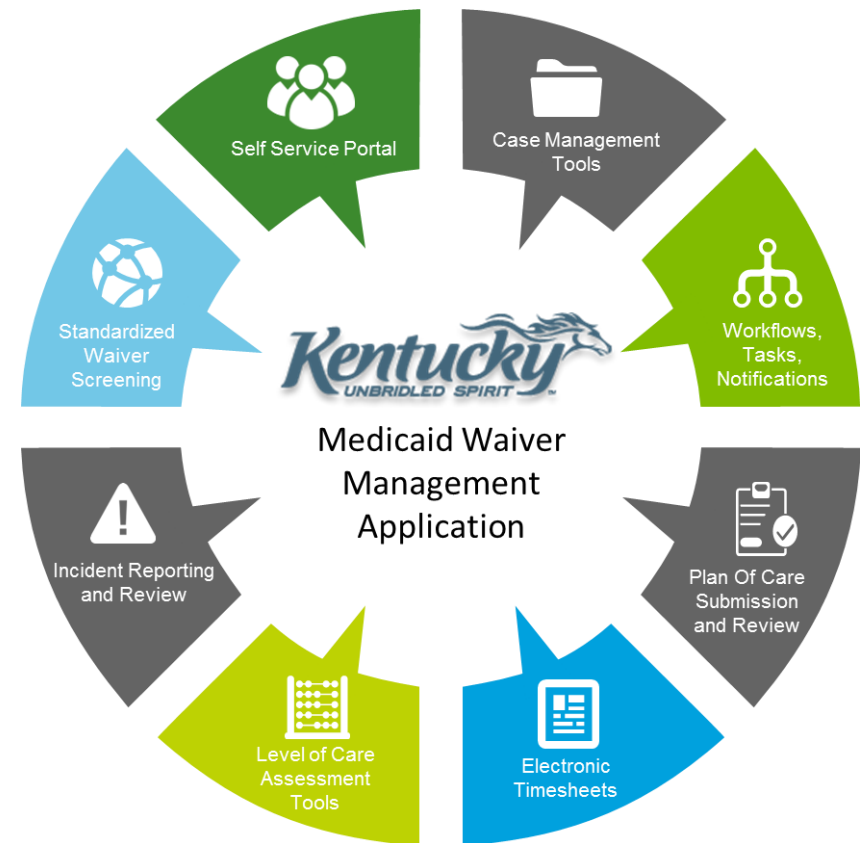
- Delays in responding to client needs
- Inconsistent levels of service
- Limited person/family centric view across CHFS services
- Limited reporting and analysis capability



Pilot Introduction: MWMA Provides Person Centric Support Capabilities

MWMA Guiding Principles

- Standardized processes and streamlined access to services (e.g., No Wrong Door)
- Real-Time access to data across Waivers
- Single view of Waiver Individual
- Tools to promote equitable distribution of services based on needs
- Streamline processes to enable faster access to services
- Improved access to information for Individuals/Representatives
- Optimize information sharing amongst providers (securely)
- Engage individuals and authorized representatives via Waiver PHR capability



Pilot Introduction: MWMA Starting Point - Transfer



Pre
Screening



Intake &
Registration



Capacity /
Allocation
Management



Assessments



Eligibility &
Enrollment



Plan of
Care



Case
Management



Financial
Management



Service Notes



Quality
Management



Incident
Management



Electronic
Timesheets



Health
Record



Appeals
Management



Complaints
Management



Assurances
Monitoring



Death
Reporting



Investigations

Key Integration Points



- Medicaid/MMIS
- Integrated Eligibility
- Health Information Exchange (HIE)
- Health Insurance Exchange (HIX)

Application Infrastructure

- Workflows, Tasks, and Notifications
- Master Data Management (MDM)
 - Provider
 - Client/Individual
 - Reference Data



Optional



Provider Intake &
Enrollment



Service
Offerings



Certification/
Licensing/Qualification

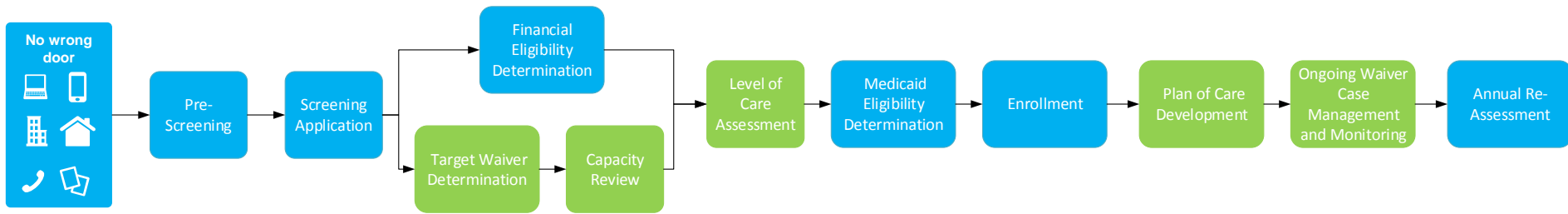


Contracts/
Agreements



Claims
Management

Pilot Workflow (December 2015)

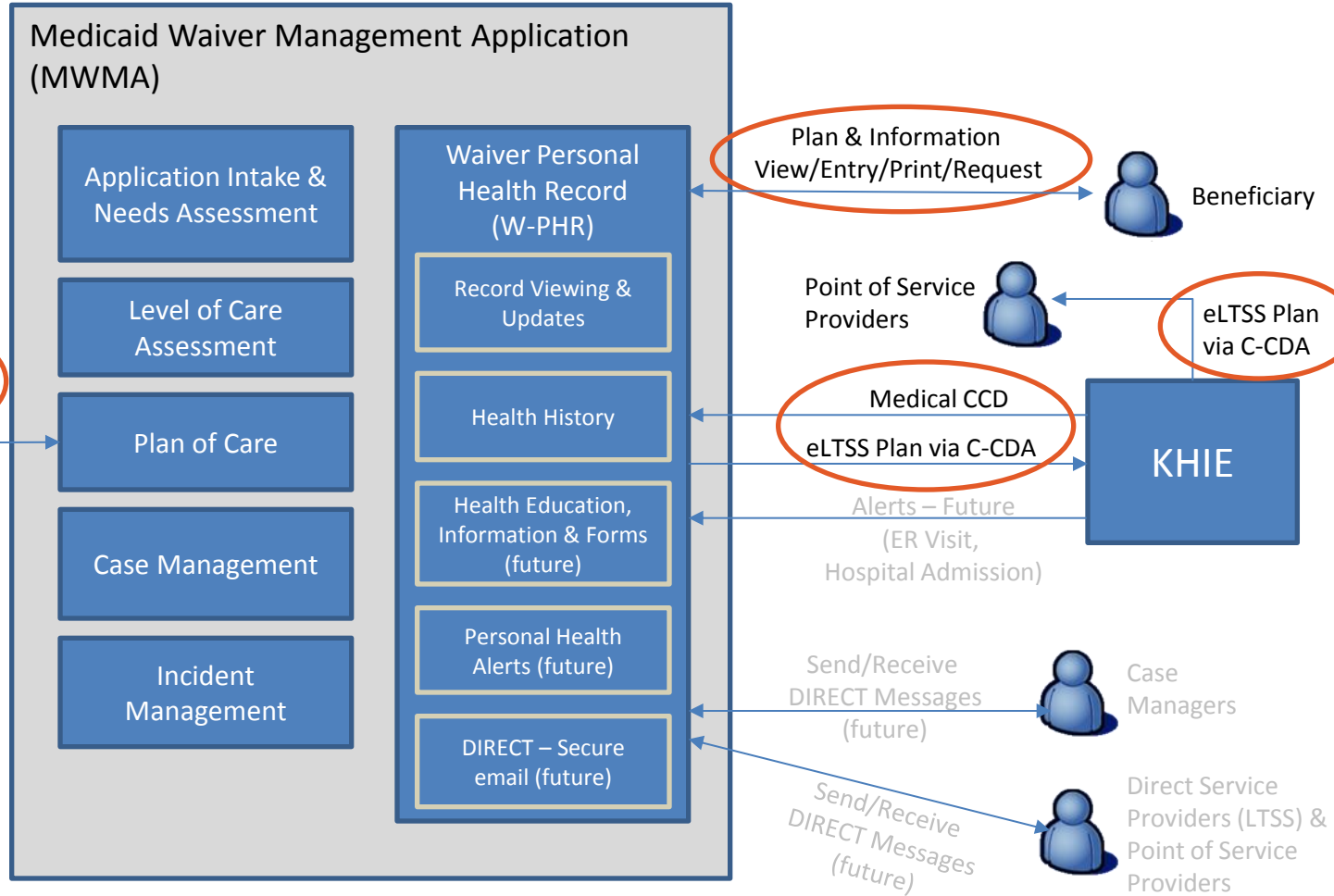


Integrated Eligibility System Component

LTSS Case Management System Component

Module	Pre-Screening	Screening Application	Financial Eligibility Determination	Target Waiver Determination	Capacity Review	Level of Care Assessment	Medicaid Eligibility Determination	Enrollment	Plan of Care Development	Ongoing Waiver Case Management and Monitoring	Annual Re-Assessment
High Level Use Cases	Anonymous Pre-Screening View Potential Benefits	Submit Screening Application Collect Data Monitor Application Progress Submit Documents Report Changes Manage Preferences Message Center Generate Notices	Automated Identity Checks Face to Face Interviews Disability Review Asset Verification Verify Needs Financial Eligibility Determination Generate Notices	Screening Application Review Target Waiver Determination Waiver Referral Management Generate Notices	Capacity Management Waitlist Management Generate Notices	LOC Assessor Selection Document LOC Assessment LOC Review/Approval LOC Reconsideration Generate Notices	Determine Medicaid Eligibility Determine Patient Liability MMIS Interfaces Generate Notices	Complete Enrollment (based on Model - FFS/MCO) MMIS Interfaces Generate Notices	Case Manager Selection Goals Management Service Needs Assessment Plan of Care Development Plan of Care Review/Approval Determine Primary Provider MMIS Interfaces Plan of Care Reconsiderations Generate Notices	Case Load Monitoring Case Transfer Case Notes Incident Submission Incident Review Temporary Absences Program Closure Quality Monitoring Health Data Management Service Utilization Monitoring View Medical Record from HIE Generate Notices	Medicaid Eligibility Re-Determination Level of Care Re-Determination Generate Notices
Actors	Individual/Family Authorized Representatives Case Managers Direct Service Providers Social Workers Hospital Staff Nursing Facility Staff State Workers Others	Individual/Family Authorized Representatives Case Managers Direct Service Providers Social Workers Hospital Staff Nursing Facility Staff State Workers Others	Individual/Family Authorized Representatives State Eligibility Worker	Application Screeners	Capacity Management Staff	Individual/Family Authorized Representatives Level of Care Assessors Level of Care Reviewers	State Eligibility Workers	Waiver Administrators	Individual/Family Authorized Representatives Case Managers Case Supervisors Waiver Administrators Plan of Care Reviewers	Individual/Family Authorized Representatives Case Managers Case Supervisors Direct Service Providers Incident Reviewers Waiver Administrators	Individual/Family Authorized Representatives Level of Care Assessors Level of Care Reviewers State Eligibility Workers Waiver Administrators

Pilot Workflow

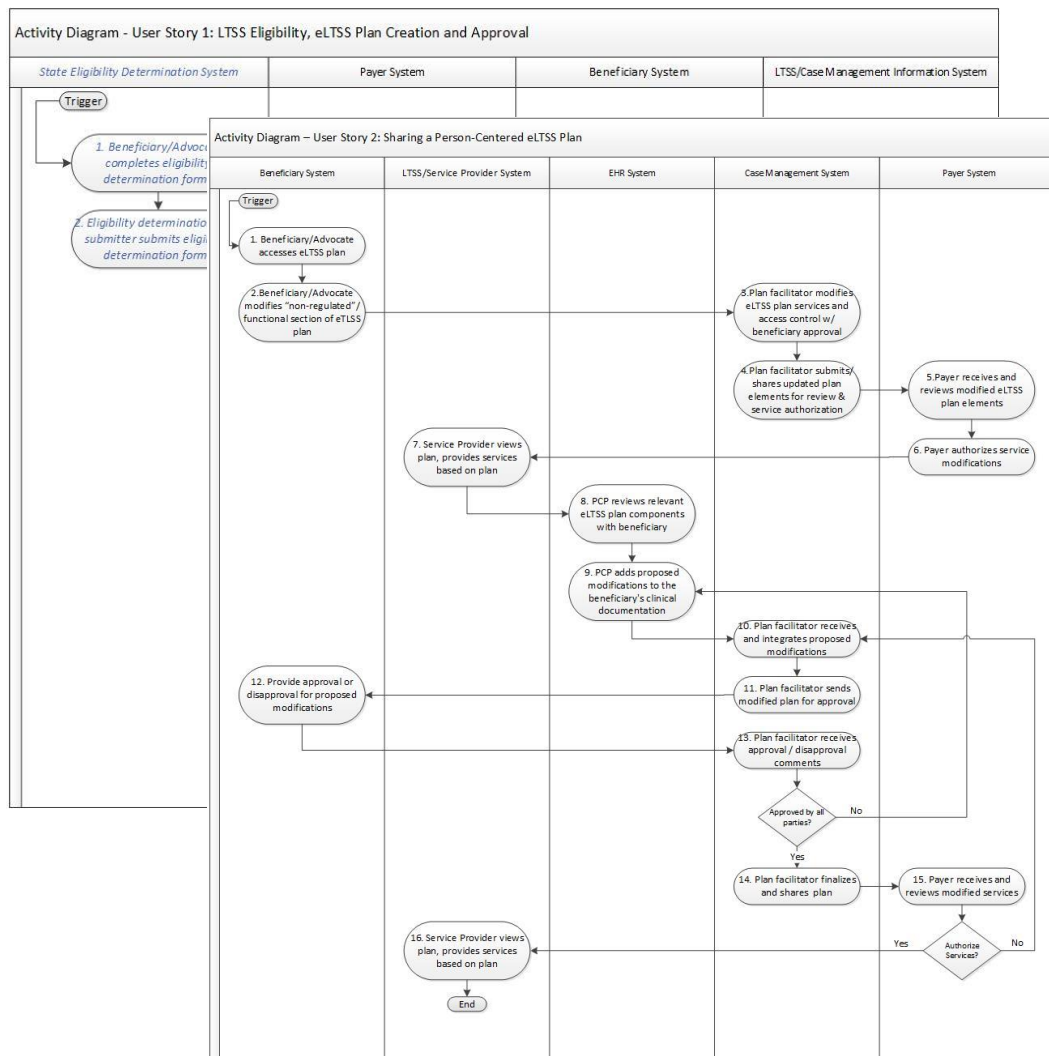


eLTSS Pilot

Goal of the Pilot

As part of the eLTSS Pilot and the MWMA implementation, User Stories 1 & 2 will be implemented incrementally over next 9 months.

- 1st iteration – Person Centric LTSS Intake, LOC, POC, Case Notes (Complete April 2015)
- 2nd iteration – LTSS PDS time, Incident Reporting, Capacity Management (December 2015)
- 3rd iteration – POC eLTSS integration with MMIS (February 2016)
- 4th iteration – POC accessible to DSP via W-PHR and to PCPs /Point of Service Providers via KHIE (April 2016 in demo environment)



Which Tier are you piloting?

CHFS will be piloting Tier 2

What are you intending to pilot

- eLTSS Pilot includes:
 - Create & Exchange Plan
 - Approve/Authorize Plan/Services
 - Access, View, Review Plan
 - Update Plan
- eLTSS Pilot includes all service providers using MWMA
- Point of Service and Primary Care providers will access/view plan via KHIE integration
- Sub-domains expected to be piloted:
 - Work, Community, Choice & Decision Making, Relationships, Self-Direction, Demographics, Person-Centered Profile, Health, Medication, Functional Status, Safety, Behavioral Needs, Restrictions, Service Information, Family Information, Community Connections, Access & Support Delivery, Information & Planning, Goals, Priorities, Issues, Units of Service

What role do you play in the pilot

Roles Played by KY CHFS:

- Administrator of HCBS Medicaid Waiver programs
- Maintenance and operation of MWMA system for cabinet staff, agencies, and beneficiaries
- eLTSS plan facilitator/steward
- LTSS/case management info
- LTSS/Service Provider System (not EHR/EMR functionality)

KY CHFS Roles in eLTSS Pilot:

- Map data elements in MWMA Plan of Care to the eLTSS suggested dataset & identify gaps
- Test and implement eLTSS Plan of Care components

- Tier 2
 - CCD and CCDA for medical records into W-PHR
 - CCDA (transport of eLTSS Plan as a PDF, not dataset)
 - IHE technical frameworks

- Timeline – (April 2016 is end date for round one pilots)
 - Design Complete: mid-January 2016
 - System Testing Complete: March 2016
 - Complete Round 1 eLTSS Pilot: April 2016
- Challenges:
 - Standard that supports eLTSS
 - MMIS readiness for eLTSS

- MWMA Project Team:
 - CHFS functional leads, project management, operational support
 - Department for Medicaid Services (DMS)
 - Department for Aging and Independent Living (DAIL)
 - Department for Behavioral Health, Developmental, and Intellectual Disabilities (DBHDID)
 - Office of Administrative and Technology Services (OATS)
 - Deloitte Consulting: MWMA and eLTSS solution development, operational support
- Kentucky Office of Health Benefit and Information Exchange (KOHBE)
 - Kentucky Health Information Exchange (KHIE)

How do you define success

- eLTSS exchange successfully implemented with MMIS
 - Metric: Number of Plans approved by Quality Information Organization
- eLTSS Plans viewed by Point of Care Provider/Primary Care Physicians via KHIE
 - Metric: Number of Plans viewed
- Beneficiaries engaged electronically in Plan development, health management, and monitoring
 - Metric: Number of Plan views via MMWA
 - Metric: Number of transactions in Waiver PHR (e.g., views, entries)

Helpful References

- CHFS Medicaid Waiver Management Application website:
<http://chfs.ky.gov/dms/mwma.htm>
- Kentucky Health Information Exchange website:
<http://khie.ky.gov>