

# The Webinar Will Begin Shortly.

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For questions about the presentation, there will be a Q&A session at the conclusion of the webinar. The operator will provide instructions on how to submit questions.





# HCBS Quality & e-LTSS

*Webinar*

June 13, 2018

# Webinar Agenda

**I. Introduction of the e-LTSS:** Jean Close, Deputy Director, Division of Community Systems Transformation, Disabled and Elderly Health Programs Group, Centers for Medicare & Medicaid Services

**II. Discussion of e-LTSS initiative and its intersection with HCBS Quality:** Elizabeth Palena Hall, LTPAC Coordinator, Office of Policy, Office of the National Coordinator for Health Information Technology

**III. A grantee perspective on e-LTSS and the quality of services:** Beth Munro, Director of Supports Planning, Independence Now, Inc.

**V. Question & Answer Session**



# Introduction

***Jean Close***, Deputy Director, Division of Community Systems  
Transformation within the division of Disabled and Elderly Programs  
Group at the Center for Medicaid and Medicare Services (CMS)





## HCBS Quality and e-LTSS Webinar

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Liz Palena Hall, LTPAC Coordinator, Office of Policy, ONC  
Date: June 13th, 2018

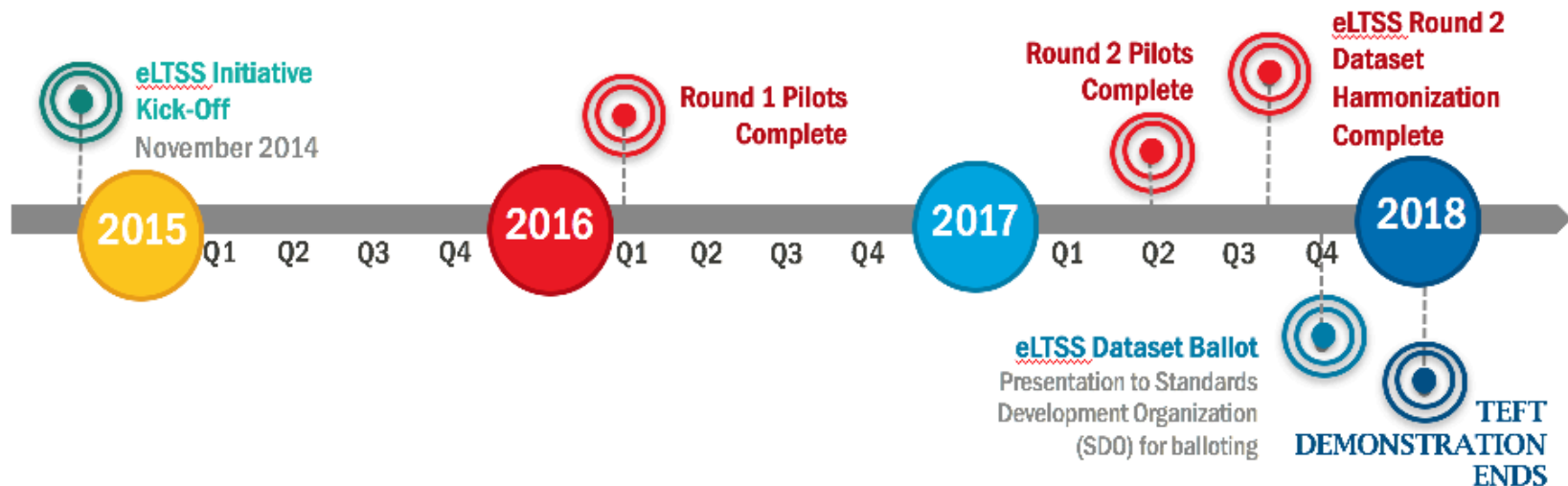


# Agenda

- Background: Purpose & Scope
- eLTSS Stakeholders and Pilot Participants
- eLTSS Dataset Development and Pilot Approach
- eLTSS Results and Final Dataset
- Value Proposition for Standardization
- Next Steps: SDO Engagement and HL7 Process Overview
- Get Engaged!

# Background: What is the electronic Long-Term Services & Supports (eLTSS) Initiative?

- Driven by the requirements of the *CMS Testing Experience and Functional Tools (TEFT) in Medicaid community-based long term services & supports (LTSS) Planning and Demonstration Grant Program*
- Supports CMS Requirements for Person-Centered Service Plans (PCSPs) as defined within the [HCBS 1915 \(c\) Waiver Final Rule](#)



# What is the scope of eLTSS?

1. Identifying **components or data elements** needed for the electronic creation, sharing and exchange of person-centered service plans
  - » Data elements comprise the information needed by **users** of person-centered service plans; they are the units used to populate forms or containers of data for electronic exchange
  - » Designed so they are “understood” by various user groups:
    - **Human Readable**: e.g. Multi-disciplinary providers, beneficiaries and their caregivers, accountable entities and payers
    - **Machine Readable**: e.g. clinical and non-clinical IT systems used by the various groups
2. Field testing/piloting these data elements within participating organizations (pilots) respective systems (paper based and electronic)



# eLTSS Stakeholder Engagement

**339 Total  
32  
Members**

- **100 Committed Members**
- **239 Other Interested Party**
- **318 Not Registered** (attended 1+ meeting)

## Stakeholder Group Type/ Total Participants

Stakeholder Group Type/ Total Participants			
Beacon Community, Quality Improvement Organizations, or similar organization	4	Research Organization	19
Consumer / Patient Advocate	12	Standards Organization	4
Contractor / Consultant	33	Service Provider (community-based)	13
Federal, State, Local Agency	143	Service Provider Professional (community-based)	11
Health Information Exchange (HIE) / Health Information Organization (HIO)	10	Other System IT Vendor (Community-Based IT Vendor or Other)	21
Health IT Vendor (EHR, EMR, PHR, HIE)	45	Other	49
Health Professional (DO, MD, DDS, RN, Tech, etc.)	15	Unknown	198
Healthcare Payer/Purchaser or Payer Contractor	5	TEFT Leadership / TA	32
Licensing / Certification Organization	2	ONC Staff / Contractor	26
Provider Organization (institution / clinically based)	9		

# eLTSS Pilot Organizations

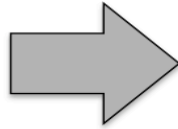
TEFT Organizations (Round 1 & 2)	Non-TEFT Organizations	
<b>CO:</b> Dept. of Health Care Policy & Financing	Meals on Wheels of Wisconsin (Round 1 & 2)	Care at Hand (Round 1)
<b>CT:</b> Dept. of Social Services Division of Health Services	Medical Micrographics (Round 2)	eCaring (Round 1)
<b>GA:</b> Dept. of Community Health	Therap (Round 1 & 2)	Janie Appleseed (Round 1)
<b>KY:</b> Office of Administrative & Technology Services	Netsmart (Round 2)	Kno2 (Round 1)
<b>MD:</b> Dept. of Health & Mental Hygiene	FEI Systems (Round 1 & 2)	National Disability Institute (Round 1)
<b>MN:</b> Dept. of Human Service	AD Vault (Round 1)	Peer Place (Round 1)

Detailed presentations from each of the Pilot Sites available here:

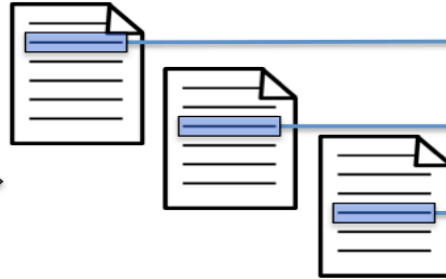
<http://oncprojecttracking.healthit.gov/wiki/display/TechLabSC/eLTSS+Pilots#eLTSSPilots-Round2PilotPlanPresentations>

# eLTSS Dataset Development Approach

## Collect LTSS Plans



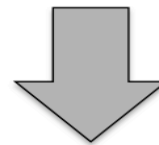
## Identify Common Elements



Emergency Contact: \_\_\_\_\_

Key Contact Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_



## Harmonize Common Elements

Core eLTSS Dataset Elements			
Grouping	Data Element Name	Data Element Definition (includes examples, expected list of values and usage note where applicable)	Datatype / Format
Beneficiary Demographics	Emergency Contact Name	The name of the individual or entity identified to contact in case of emergency.	String / First Name, MI, Last Name

**Harmonization (definition):** *to bring into harmony, accord or agreement*

When speaking of standards, relates to process of minimizing redundant or conflicting standards which may have evolved independently.

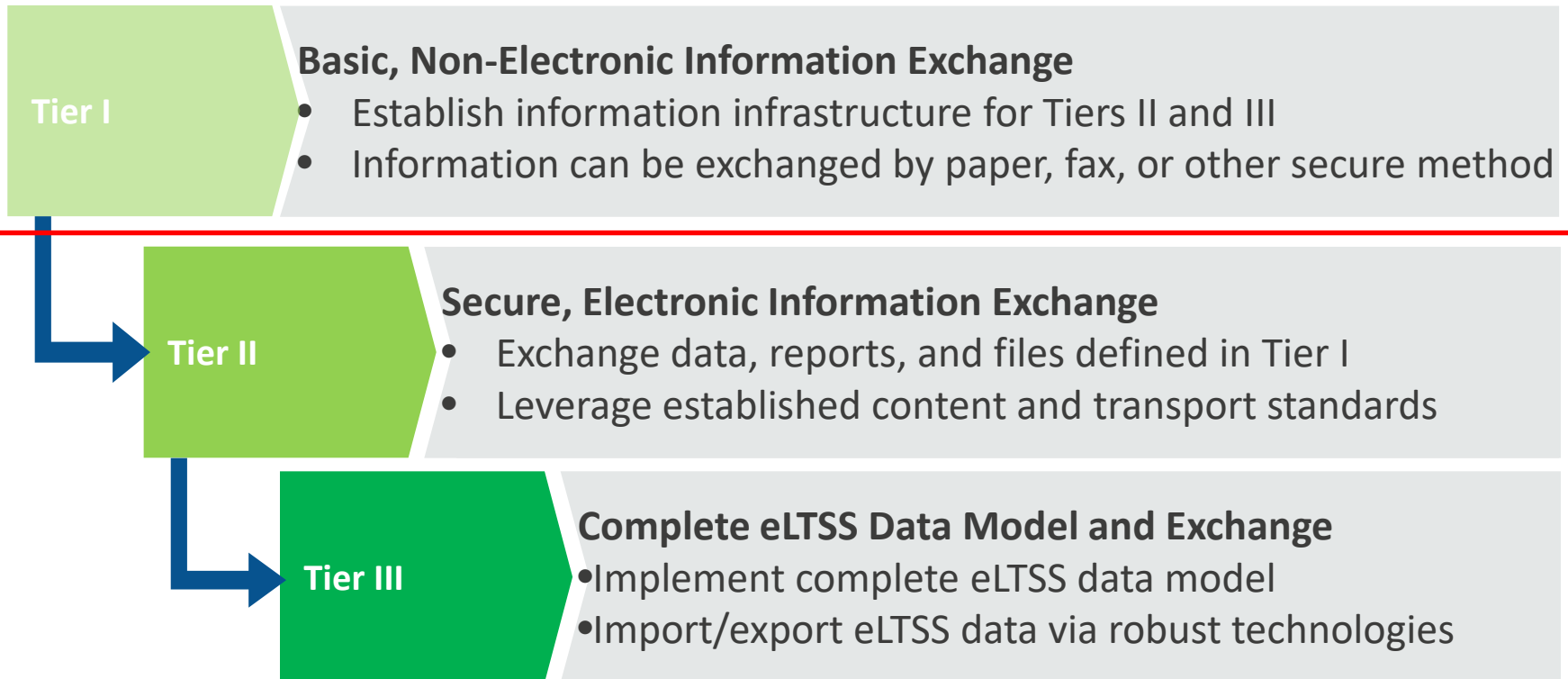
Source: <http://ulstandards.ul.com/about/harmonizing-standards/>

# eLTSS Dataset Development and Pilot Approach

- Identified and validated through 2 rounds of public-facing pilots and harmonization activities
- After each round, dataset went through a public comment and disposition period
- Extensive education and outreach to facilitate pilots
  - » ONC developed [Pilot Starter Kit](#) to inform how pilots can plan for and execute on an eLTSS Pilot
- **Round 1:** pilots provided LTSS service plans where common question fields and expected answers identified
  - » Core elements—necessary to include in eLTSS plan
  - » Non-Core Elements—important but not necessary to include
- **Round 2:** pilots tested **47** core data elements with **3 or more** distinct provider types
  - » Pilots updated current service plans with new elements and sent to providers via fax and/or email for feedback
  - » All TEFT grantees, with exception of CT, tested data elements using electronic method

# eLTSS Results: Incremental Electronic Testing

\* Minimum requirements for TEFT round 1 Pilots



TEFT Grantees successfully demonstrated shift from non-electronic testing (Tier I) of dataset to electronic testing (Tier II)

# 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
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## 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

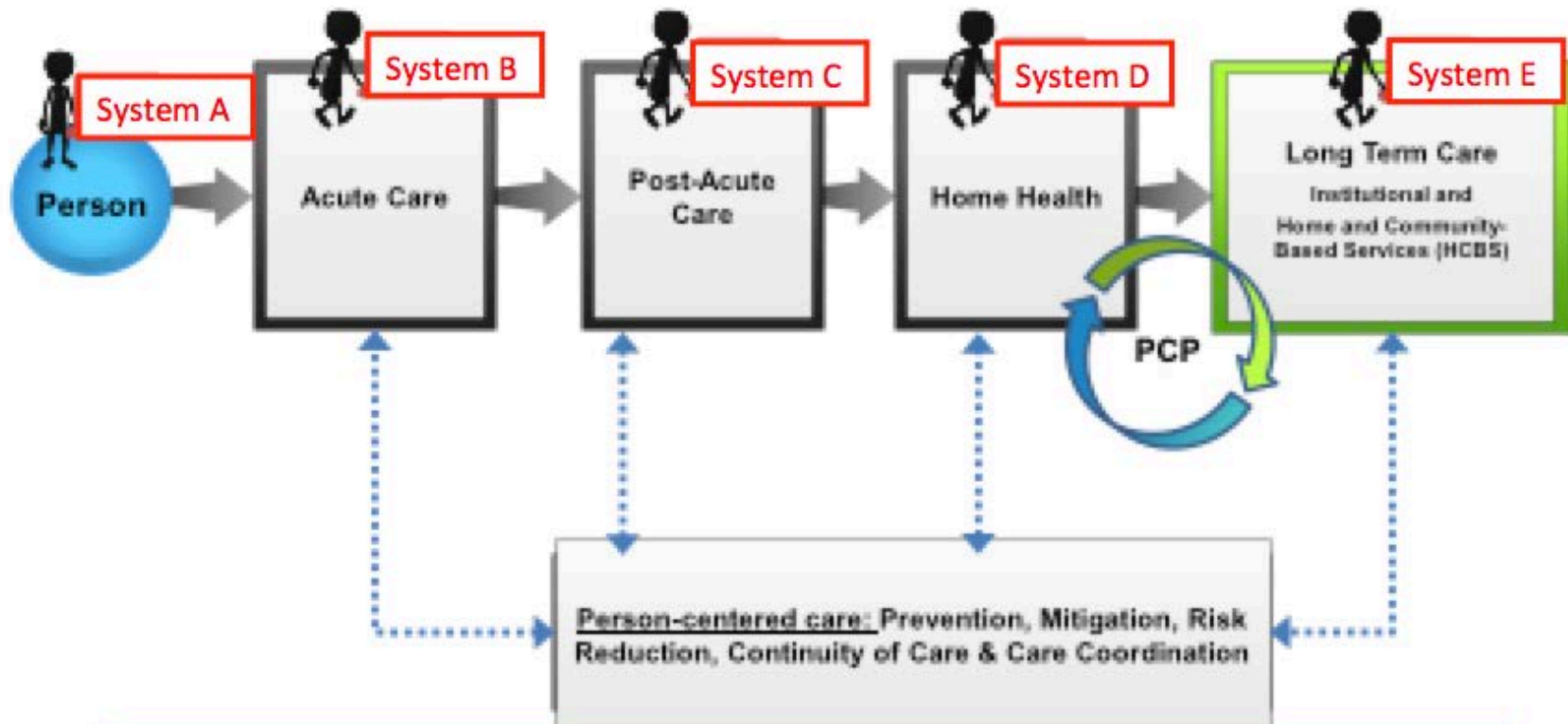
Support Planner Name
Support Planner Phone Number
Service Provider Name
Service Provider Phone Number
Non-Paid Provider Relationship

Final dataset and information on HL7 engagement available at:  
<https://oncprojecttracking.healthit.gov/wiki/display/TechLabSC/eLTSS+Home>

# eLTSS Results

- Successful completion of **two rounds** of testing (pilots)
  - » Pilots included **6** TEFT grantees and **12** non-TEFT grantees
  - » **Round 1 results: 692 total data elements** narrowed down to **47 core data elements**
  - » **Round 2 results: Over 270 comments received** and request for **114 new data elements**; narrowed down to **56** core data elements and **36** non-core data elements
- Broad public engagement and contribution to eLTSS dataset
  - » Increased from **200 to 339** members over 2 years
  - » Members include non-TEFT participants across HCBS, government, health and technology industries
- Outreach and Education
  - » **+130** different organizations contacted over course of initiative
  - » **5** Federal Partner Webinars
  - » **27** public outreach presentations

# Standardization: Ideal State



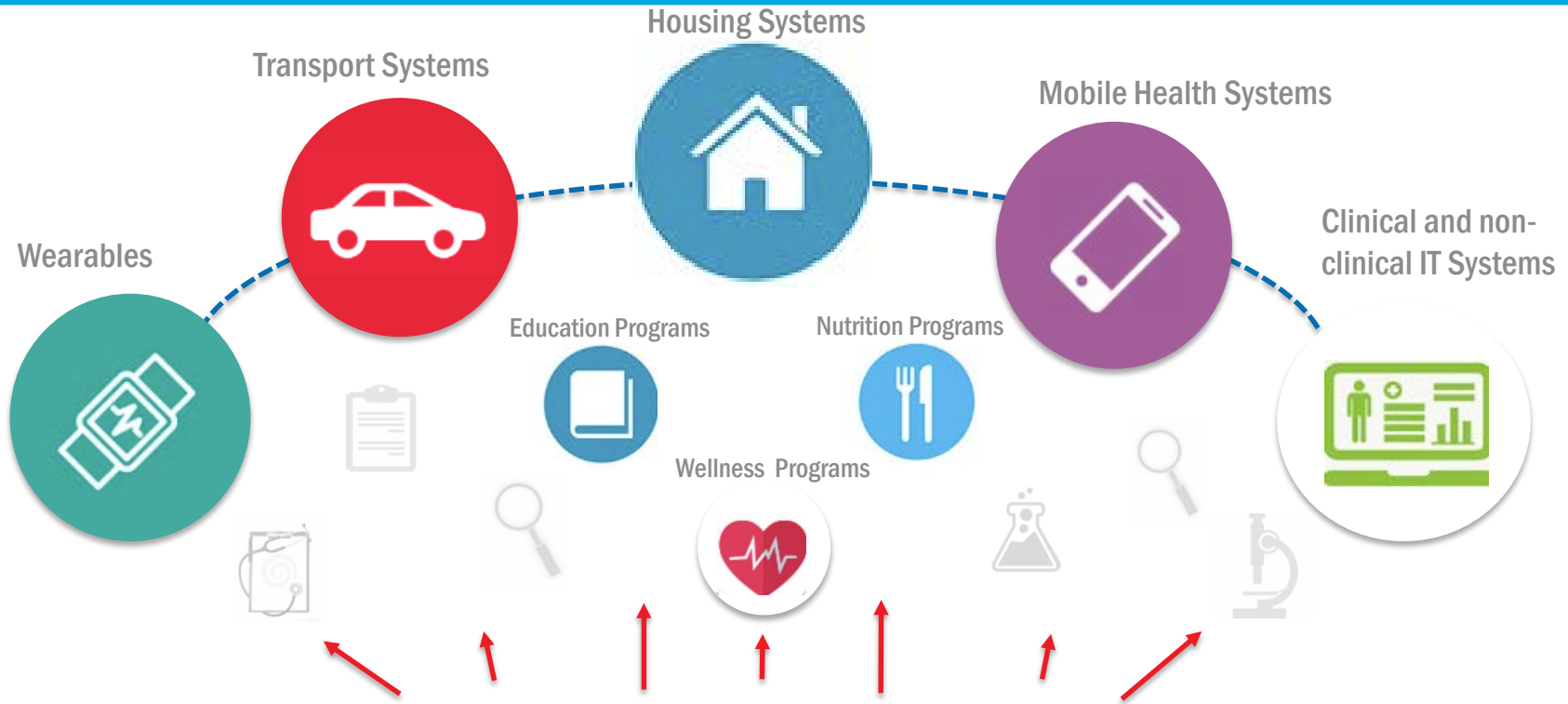
***Information Follows the Person***

**\*\*Standardization at the data level, not IT system level.**

**Information can be captured in different IT systems to include EHRs, PHRs, care coordination systems, HCBS/LTSS systems.**



# Vision for eLTSS Dataset Integration



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

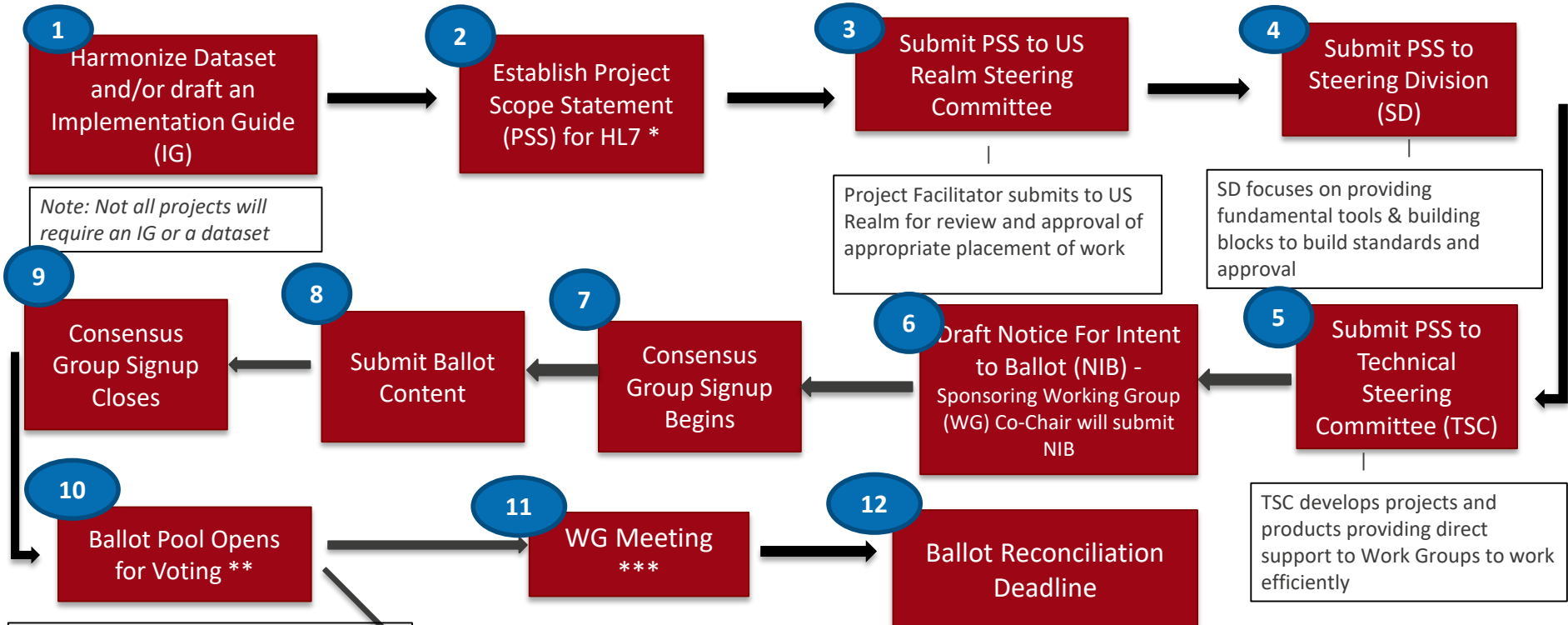
<b>Risk: 1 Element</b>	<b>Financial Information: 4 Elements</b>	<b>Service Provider Name &amp; Other Identifiers: 5 Elements</b>	<b>Plan Signatures: 9 Elements</b>	<b>Service Information: 11 Elements</b>
Identified Risk	Plan Funding Source	Support Planner Name	Person Signature	Service Name
<b>Plan Period/Plan Effective Dates: 1 Element</b>	Program Name	Support Planner Phone Number	Person Printed Name	Service Start Date
Plan Effective Date	Total Plan Budget	Service Provider Name	Person Signature Date	Service End Date
<b>Service Preferences: 2 Elements</b>	Total Plan Cost	Non-Paid Service Provider Relationship Type	Guardian / Legal Representative Signature	Service Comment
Person Service Agreement Indicator	<b>Emergency Backup Plan: 4 Elements</b>	Service Provider Phone Number	Guardian / Legal Representative Printed Name	Service Funding Source
Person Service Provider Choice Indicator	Emergency Backup Name	<b>Beneficiary Demographic: 6 Elements</b>	Guardian / Legal Representative Signature Date	Service Unit Quantity
<b>Goals &amp; Strengths: 4 Elements</b>	Non-Paid Emergency Backup Relationship Type	Person Name	Support Planner Signature	Unit of Service Type
Assessed Needs	Emergency Backup Phone Number	Person Identifier	Support Planner Printed Name	Service Unit Quantity Interval
Goal	Emergency Backup Plan Text	Person Identifier Type	Support Planner Signature Date	Service Rate per Unit
Step or Action		Person Date of Birth		Service Total Units
Strengths		Person Phone Number		Total Cost of Service
		Person Address		

For interoperability, eLTSS dataset needs to be represented using nationally recognized vocabularies and content standards

# eLTSS Dataset Next Steps: Standards Development Organization(SDO)

- In order for the eLTSS dataset to be incorporated into any electronic LTSS system and made interoperable and machine-readable with other electronic systems, it needs to be formatted using nationally and internationally recognized health IT standards.
  - » A health IT standard provides the fundamental definitions for and structures of the data that can be communicated across a wide variety of health and service-based use cases.
- SDOs provide a level of legitimacy and formality to a technical innovation.
- SDOs serve to identify, publish and curate global standards for the exchange, integration, sharing and retrieval of electronic information.
  - » SDO published standards can be enforced by inclusion in regulatory specifications by government agencies (both at the Federal and State level).
  - » Many in the vendor community look to SDOs to help provide solutions that can be incorporated into a product offering.

# The HL7 SDO Ballot Process: 24-36 months



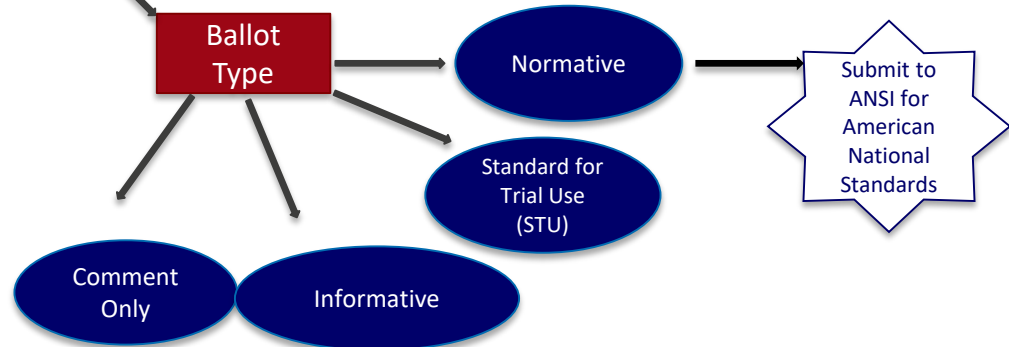
**Steps 6-12 Repeat Until "Normative Status" is achieved (24-36 months)**

\* PSS should be clear to US Realm Steering Committee, SD, TSC, & WG in terms of: Submission of scope and deliverables; Be relatable to other projects and activities of other WG's

PSS encompasses SDO Charter Development; identifies Use Cases and Functional Requirements

\*\* Ballot pools must be open for 30 days before closing

\*\*\* 3 Cycles/year  
The Office of the National Coordinator for Health Information Technology



# HL7 Ballot Process

- Process is rigorous and outlined by HL7 – those who ballot are required to adhere to the HL7 process
  - » HL7 is ANSI accredited and as such must maintain a strict processes
- Projects are circulated with HL7 leadership prior to formally starting the ballot process.
  - » Done at HL7 Face-to-Face Workgroup Meetings
- HL7 has 3 ballot cycles per year which follow the Face-to-Face Workgroup Meetings
  - » Winter – January
  - » Spring – May (often International destination for this meeting)
  - » Fall - September
- A typical project takes **24-48 months** to complete the entire ballot cycle
  - » Once a project makes it to Standard for Trial Use (STU) it is generally balloted 2-4 times as an STU before going Normative
    - Normative ballots are the final ballots before the standard becomes a sanctioned/formally recognized standard

# eLTSS Standardization: Next Steps

- One of the TEFT Grantees, GA, provided supplemental funding to advance the standardization of the eLTSS dataset through HL7
- HL7 will provide guidance on best available standards and revisions needed to update the dataset so they can be included in a standard
- GA will develop concept whitepaper and reference data model to:
  - » identify existing standards gaps with the eLTSS dataset
  - » describe how eLTSS dataset can be incorporated into existing content standards (C-CDA and FHIR)

# Get engaged!

- Get updates and announcements regarding eLTSS:  
<https://oncprojecttracking.healthit.gov/wiki/display/TechLabSC/Join+eLTSS>
- FHIR mini-Connectathon Thursday, June 28, 2018 in Atlanta, GA.  
Details and sign-up:  
<https://oncprojecttracking.healthit.gov/wiki/display/TechLabSC/eLTSS+FHIR+mini-Connectathon>
- eLTSS Community All Hands: July 19, 2018 12:30pm-1:30pm ET  
<https://oncprojecttracking.healthit.gov/wiki/display/TechLabSC/eLTSS+Home>
- Learn more about the eLTSS Initiative:
  - » eLTSS Wiki:  
<https://oncprojecttracking.healthit.gov/wiki/display/TechLabSC/eLTSS+Home>
  - » eLTSS Final Dataset and Summary: <https://tinyurl.com/y8xczjhp>



# eLTSS Initiative: Project Team Leads

- **ONC Leadership**
  - » Elizabeth Palena Hall ([elizabeth.palenahall@hhs.gov](mailto:elizabeth.palenahall@hhs.gov))
  - » Stacy Perchem ([anastasia.perchem@hhs.gov](mailto:anastasia.perchem@hhs.gov))
- **CMS Leadership**
  - » Kerry Lida ([Kerry.Lida@cms.hhs.gov](mailto:Kerry.Lida@cms.hhs.gov))
- **Initiative Coordinator**
  - » Evelyn Gallego ([evelyn.gallego@emiadvisors.net](mailto:evelyn.gallego@emiadvisors.net))
- **Project Management**
  - » Jenny Brush ([jennifer.brush@esacinc.com](mailto:jennifer.brush@esacinc.com))
- **Use Case & Functional Requirements Development**
  - » Becky Angeles ([becky.angeles@carradora.com](mailto:becky.angeles@carradora.com))
- **Pilots Management**
  - » Jamie Parker ([jamie.parker@carradora.com](mailto:jamie.parker@carradora.com))

# **HCBS Quality & eLTSS Webinar**

## **Support Planner/End User Experience**

Beth Munro

[bmunro@innow.org](mailto:bmunro@innow.org)

Director, Support Planning

Independence Now Center for Independent Living



# Independence Now SPA:

- Very small – three full time Support Planners
- Currently serve 136 people
- Consumers range in age from 11 to 102 years old
- Consumers speak 22 different languages/dialects
- Support Planners work from IN office vs from home as is true in most larger agencies
- Currently serve only Montgomery County, Maryland

# BETH INTRO

- Director IN SPA 3 years this fall
- Personal passions:
  - Deinstitutionalization
  - Person centered thinking and planning
  - Self-directed services
  - Family supports
- Prior years primarily in Developmental Disabilities
  - Arc Maryland – public policy
  - Managed DHMH grant for family support, transition plans during ICF/MR closure and downsizing
  - MAPS/PATH/ELP/MAD

# SUPPORTS PLANNERS & QUALITY

- Training in Person Centered Thinking and underlying rationale
- Understanding of choice and control
  - Where & when of meeting
  - Who attends meeting – persons “voice” is loudest
  - Service preferences
- Understanding of dignity of risk – especially with institutional transitions
- Training in basic person centered planning tools and even scripts, if necessary, to obtain basic information such as Important To/Important For

# Maryland eLTSS

- Enables Transparency
  - Tracking of service delivery
- Communication between providers
- Auditing for SP performance/compliance
- State auditing for compliance
- New Provider Portal allows more information sharing
- New MY LTSS
  - Consumer control & reporting
  - Advantageous to out of area family members

# Maryland eLTSS & Person Centered Training

- Upon SPA assignment enough information in LTSS to enable “good fit” Support Planner assignment as well potential provider lists
  - Age
  - Disability
  - Support Needs
  - Preferred language/preferences for interpretation
  - Natural supports/other programs
  - Geography
  - Risks
  - Goals

# LOOKING FORWARD TO:

- Department led and required for Support Planners - Person Centered Planning training
- Self-Directed

# Q&A SESSION