Coordinating Data Across the Individual's Systems

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Agenda

- **Introduction and Overview**
  - Kerry Lida, PhD, Centers for Medicare & Medicaid Services
- **IMPACT Act Measures and CMS Data Element Library**
  - Beth Connor, MS, RN, Centers for Medicare & Medicaid Services
- **Testing Experience and Functional Tools (TEFT): Functional Assessment Standardized Items (FASI)**
  - Barbara Gage, PhD, George Washington University
- **Testing Experience and Functional Tools (TEFT): Electronic Long Term Services & Supports (eLTSS)**
  - Liz Palena Hall, RN, MIS, MBA, Office of the National Coordinator
- **Discussion and Questions**

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Topics

- IMPACT Act Review

- IMPACT Measures

- CMS Data Element Library (DEL)

IMPACT Act of 2014

- Bi-partisan bill passed on September 18, 2014, and signed into law October 6, 2014

- **The Act requires the submission of <u>standardized</u> assessment data by:**
  - Long-Term Care Hospitals (LTCHs): LCDS
  - Skilled Nursing Facilities (SNFs): MDS
  - Home Health Agencies (HHAs): OASIS
  - Inpatient Rehabilitation Facilities (IRFs): IRF-PAI

- **The Act requires that CMS make <u>interoperable</u> standardized patient assessment and quality measures data, and data on resource use and other measures** to allow for the exchange of data among PAC and other providers to facilitate coordinated care and improved outcomes

  Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014

IMPACT Act: Quality Measures

Measure Domain	HHA	SNF	IRF	LTCH
Functional status	1/1/2019**	10/1/2016	10/1/2016	10/1/2018
Skin integrity	1/1/2017	10/1/2016	10/1/2016	10/1/2016
Medication reconciliation	1/1/2017	10/1/2018*	10/1/2018*	10/1/2018*
Incidence major falls	1/1/2019**	10/1/2016	10/1/2016	10/1/2016
Transfer of Health Information	1/1/2019**	10/1/2018**	10/1/2018**	10/1/2018**
Resource Use & Other Measures Domain	**HHA**	**SNF**	**IRF**	**LTCH**
Medicare Spending Per Beneficiary	1/1/2017	10/1/2016	10/1/2016	10/1/2016
Discharge to Community	1/1/2017	10/1/2016	10/1/2016	10/1/2016
Potentially Preventable Hospital Readmissions	1/1/2017	10/1/2016	10/1/2016	10/1/2016

* = Implemented, but data collection has not begun
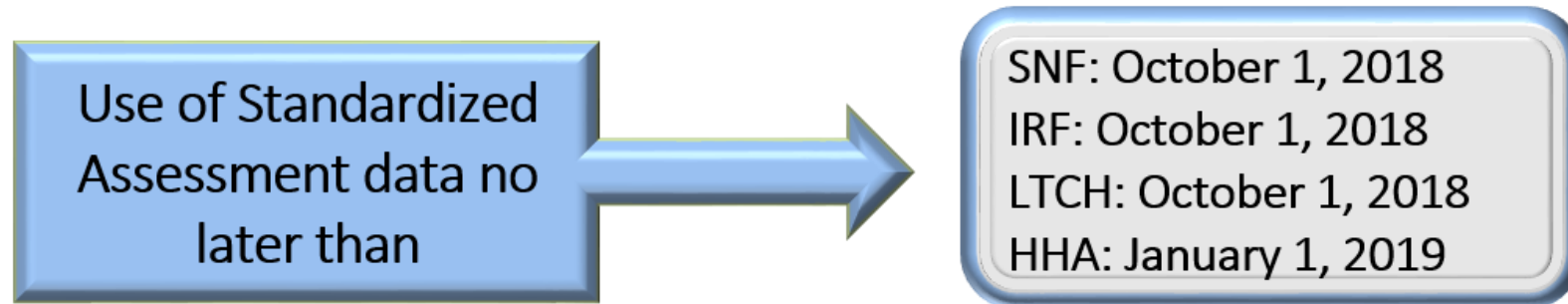
** = Not implemented yet

IMPACT Act Measures Domains

Measure Domain	Measure Name
Functional status	Application of Percent of LTCH Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)
Skin integrity	Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (Short Stay) (NQF #0678)
Medication reconciliation	Drug Regimen Review Conducted with Follow-Up for Identified Issues Post Acute Care (PAC)
Incidence major falls	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
Transfer of Health Information	Transfer of Information at Post-Acute Care Admission, Start or Resumption of Care from Other Providers/ Settings Transfer of Information at Post-Acute Care Discharge to Other Providers/Settings
Medicare Spending Per Beneficiary	Medicare Spending Per Beneficiary-Post Acute Care (PAC)
Discharge to Community	Discharge to Community-Post Acute Care (PAC)
Potentially Preventable Hospital Readmissions	Potentially Preventable 30-Day Post-Discharge Readmission Measure

- **Requirements for reporting assessment data:**
  - Providers must submit standardized assessment data through PAC assessment instruments under applicable reporting provisions

Use of Standardized Assessment data no later than	→	SNF: October 1, 2018 IRF: October 1, 2018 LTCH: October 1, 2018 HHA: January 1, 2019

  - The data must be submitted with respect to admission and discharge for each patient, or more frequently as required

- **Data categories:**

  •Functional status •Cognitive function and mental status •Special services, treatments, and interventions •Medical conditions and co-morbidities •Impairments •Other categories required by the Secretary

What is Standardization?
Standardizing Function at the Item Level
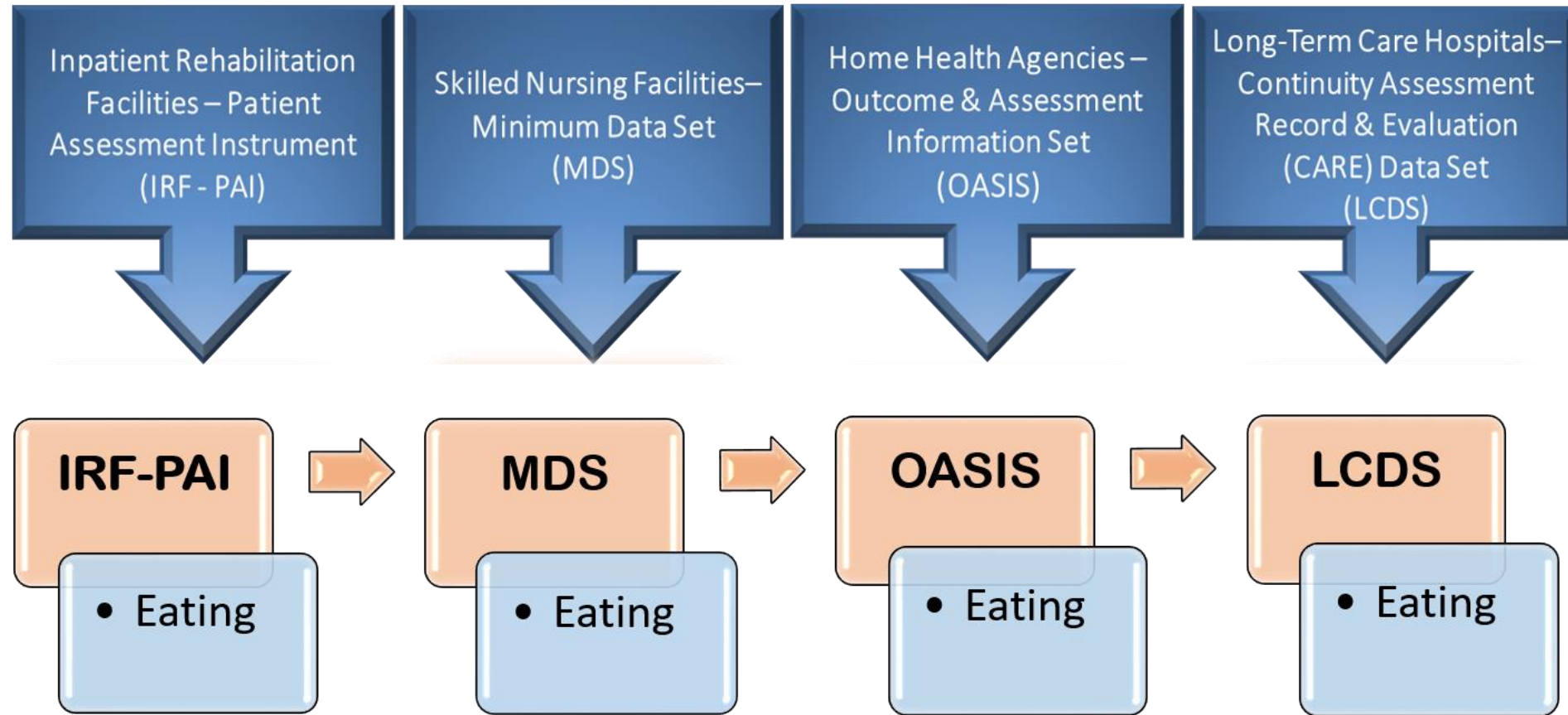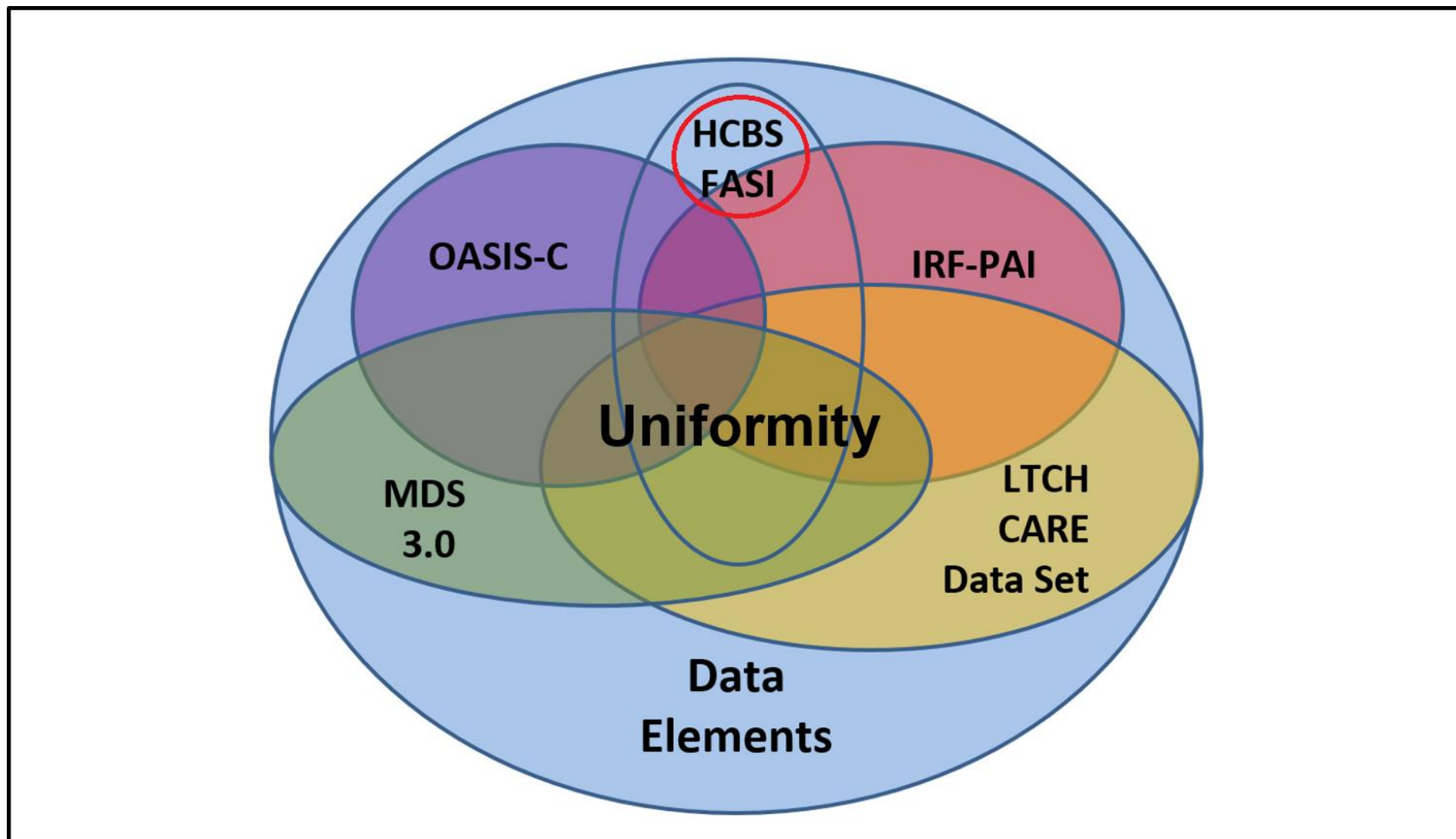
Data Element Standardization

- **Achieving Standardization (i.e., Alignment) of Clinically Relevant Data Elements to Improve Care and Communication for Individuals Across the Continuum**
  - Enables shared understanding and use of clinical information;
  - Enables the re-use of data elements (e.g., for transitions of care, care planning, referrals, decision support, quality measurement, payment reform, etc.);
  - Supports the exchange of patient assessment data across providers;
  - Influences and supports CMS and industry efforts to advance interoperable health information exchange (HIE) and care coordination in disparate settings

Data Elements: Standardization
One Question: Much to Say → One Response: Many Uses

GG0160. Functional Mobility
(Complete during the 3-day assessment period.)

Code the patient's usual performance using the 6-point scale below.

CODING:

Safety and **Quality of Performance** - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. **Independent** - Patient completes the activity by him/herself with no assistance from a helper.

05. **Setup or clean-up assistance** - Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity.

04. **Supervision or touching assistance** - Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.

03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.

02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

01. **Dependent** - Helper does ALL of the effort. Patient does none of the effort to complete the task.

07. **Patient refused**
09. **Not applicable**
If activity was not attempted, code:
88. Not attempted due to **medical condition or safety concerns**

↓ **Enter Codes in Boxes**

A. **Roll left and right:** The ability to roll from lying on back to left and right side, and roll back to back.

B. **Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.

C. **Lying to Sitting on Side of Bed:** The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, no back support.

Data Element & Response Code

Care Planning/ Decision Support

QI

Payment

Quality Reporting

Care Transitions

Data Elements: Standardization

Data Element Interoperability

- **The IMPACT Act requires that CMS make post-acute care assessment data elements interoperable to:**

  "**allow for the exchange of data** among PAC providers and other providers **and the use** by such providers **of such data** that has been exchanged, including by using common standards and definitions, in order **to provide access to longitudinal information** for such providers **to facilitate coordinated care and improved** Medicare beneficiary **outcomes.**"

- Interoperable data elements facilitate improvements to reduce overall provider burden by allowing the use and reuse of healthcare data
- Supports provider exchange of electronic health information to facilitate care coordination and person-centered care
- Supports real-time, data driven, clinical decision making
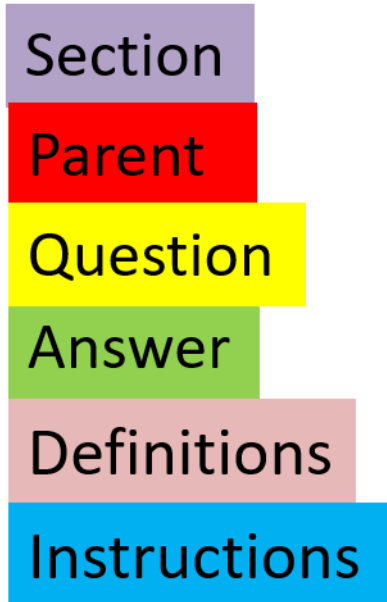
The CMS Data Element Library (DEL)
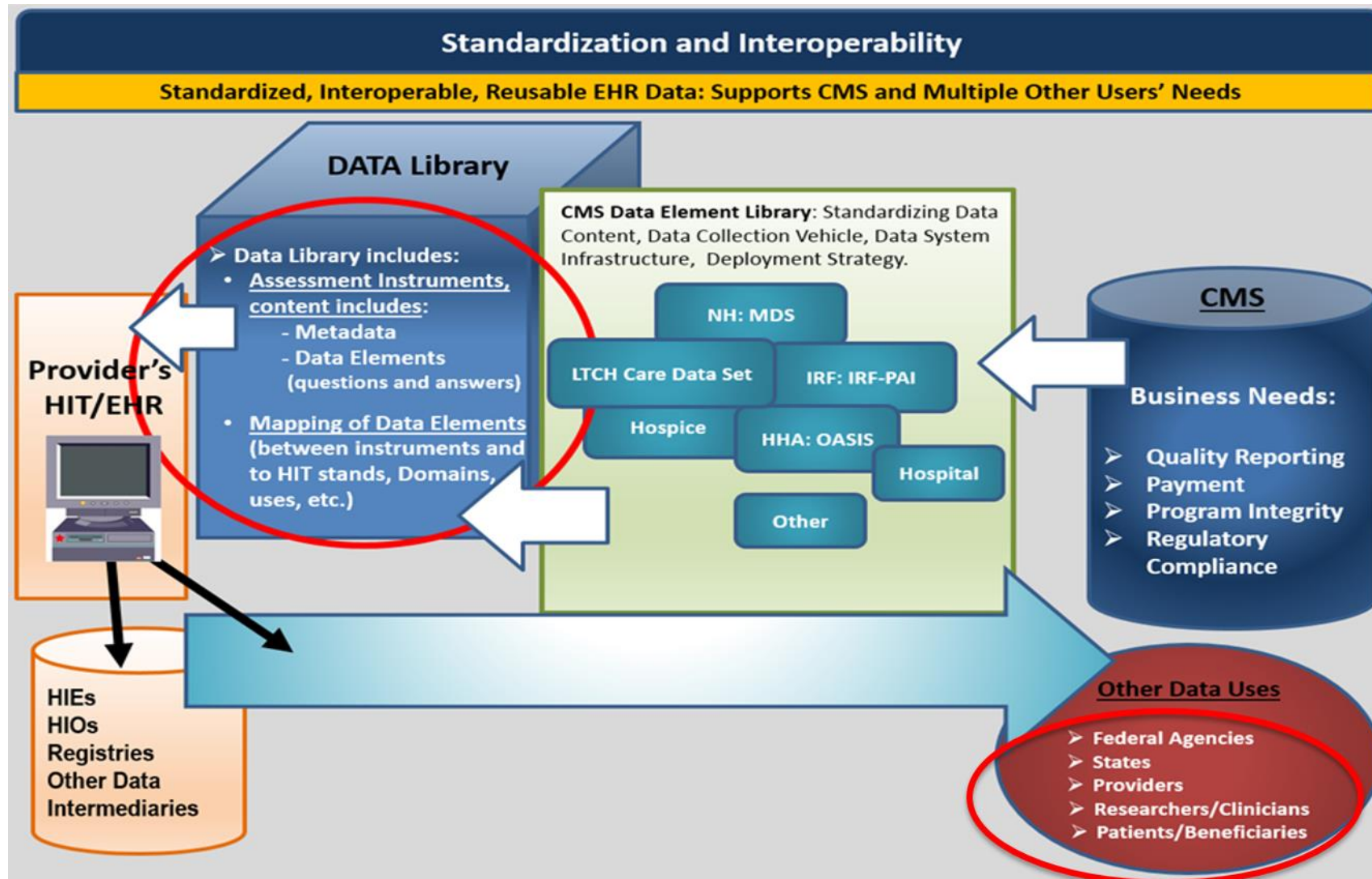
The "DEL"

- Centralized and authoritative resource for CMS's required Long Term and Post- Acute Care (LTPAC) assessment instrument data elements (e.g., questions and their response codes) and their associated mappings to HIT standards.

- DEL Goals include:
  - To facilitate the maintenance of uniformity across CMS assessments and quality measures
  - To serve as an authoritative resource for LTPAC assessment data elements
  - To promote the sharing of electronic LTPAC assessment data sets and information standards
  - To influence and support industry efforts to promote EHR interoperability and care coordination

Data Elements (DE)

- Components of the Assessment Item Sets – Supportive in obtaining HIT codes
- May be defined as the question/answer pair or "item" in the assessment instruments.
- Consist of:

DEL Implementation: Phase One

- Temporary database for CMS use only

- Used by CMS LTPAC item developers to track and support standardization of assessment data elements

- Includes questions, response options, assessment version, item label, item status, copyright status, CMS item usage, skip patterns triggers, lookback periods, mapped HIT codes (when available)

  – Collaborating with Standards Development Organizations to update/create HIT codes (e.g. LOINC, SNOMED)

DEL Implementation: Phase Two

- Publically available database application (under development)
- Regular updates include new and modified data elements, new assessment instrument versions, and new and updated HIT mappings
- Supports:
  - LTPAC and other providers in accessing content to support interoperable health information exchange (HIE) and the adoption of interoperable health IT (HIT) products

  - HIT vendors in accessing content to support the development of interoperable HIT and HIE solutions for LTPAC and other providers

Opportunities to Re-Use Standardized and Interoperable PAC Assessment Data Elements

- **Leveraging and mapping LTPAC assessment data elements to <u>nationally accepted</u> Health IT standards supports:**
  - Information exchange and re-use with and by:
    - Acute care hospitals and primary care providers
    - Long-term and post-acute care providers
    - Home and community based providers (HCBS)
    - Other providers
    - Health Information Exchange Organizations
  - Use and re-use of assessment data in a variety of document types including:
    - Transfer documents
    - Referral documents
    - Care plans
    - LTPAC Assessment Summary Documents

How is the DEL Useful for HCBS?

- Publically available database of potential assessment questions and responses
  - Contains the Functional Assessment Standardized Items (FASI)
  - States may reuse the standardized data elements from other areas
  - Most items have been previously tested for feasibility and reliability in PAC settings

A1000. Race/Ethnicity
↓ Check all that apply
☐ A. American Indian or Alaska Native
☐ B. Asian
☐ C. Black or African American
☐ D. Hispanic or Latino
☐ E. Native Hawaiian or Other Pacific Islander
☐ F. White

BB0700. Expression of Ideas and Wants (3-day assessment period)

Enter Code ☐	**Expression of ideas and wants** (consider both verbal and non-verbal expression and excluding language barriers)
	4. Expresses complex messages **without difficulty** and with speech that is clear and easy to understand
	3. Exhibits some **difficulty** with expressing needs and ideas (e.g., some words or finishing thoughts) or speech is not clear
	2. **Frequently** exhibits difficulty with expressing needs and ideas
	1. **Rarely/Never** expresses self or speech is very difficult to understand

BB0800. Understanding Verbal and Non-Verbal Content (3-day assessment period)

Enter Code ☐	**Understanding Verbal and Non-Verbal Content** (with hearing aid or device, if used, and excluding language barriers)
	4. **Understands:** Clear comprehension without cues or repetitions
	3. **Usually Understands:** Understands most conversations, but misses some part/intent of message. Requires cues at times to understand
	2. **Sometimes Understands:** Understands only basic conversations or simple, direct phrases. Frequently requires cues to understand
	1. **Rarely/Never Understands**

Data Follows the Person

Data Follows the Person

Long Term and Post Acute Care (LTPAC): SNF/NF, IRF, HHA, LTCH

Acute Care/ Critical Access Hospitals (CAH)

Other Providers (e.g., pharmacies, dentists…)

Person

Emergency Medical Services (EMS)

Primary Care Provider (PCP)

Family Member/Caregiver

Long Term Services and Support (LTSS) Home and Community Care Based Services (HCBS) Assisted Living Facilities (ALF)
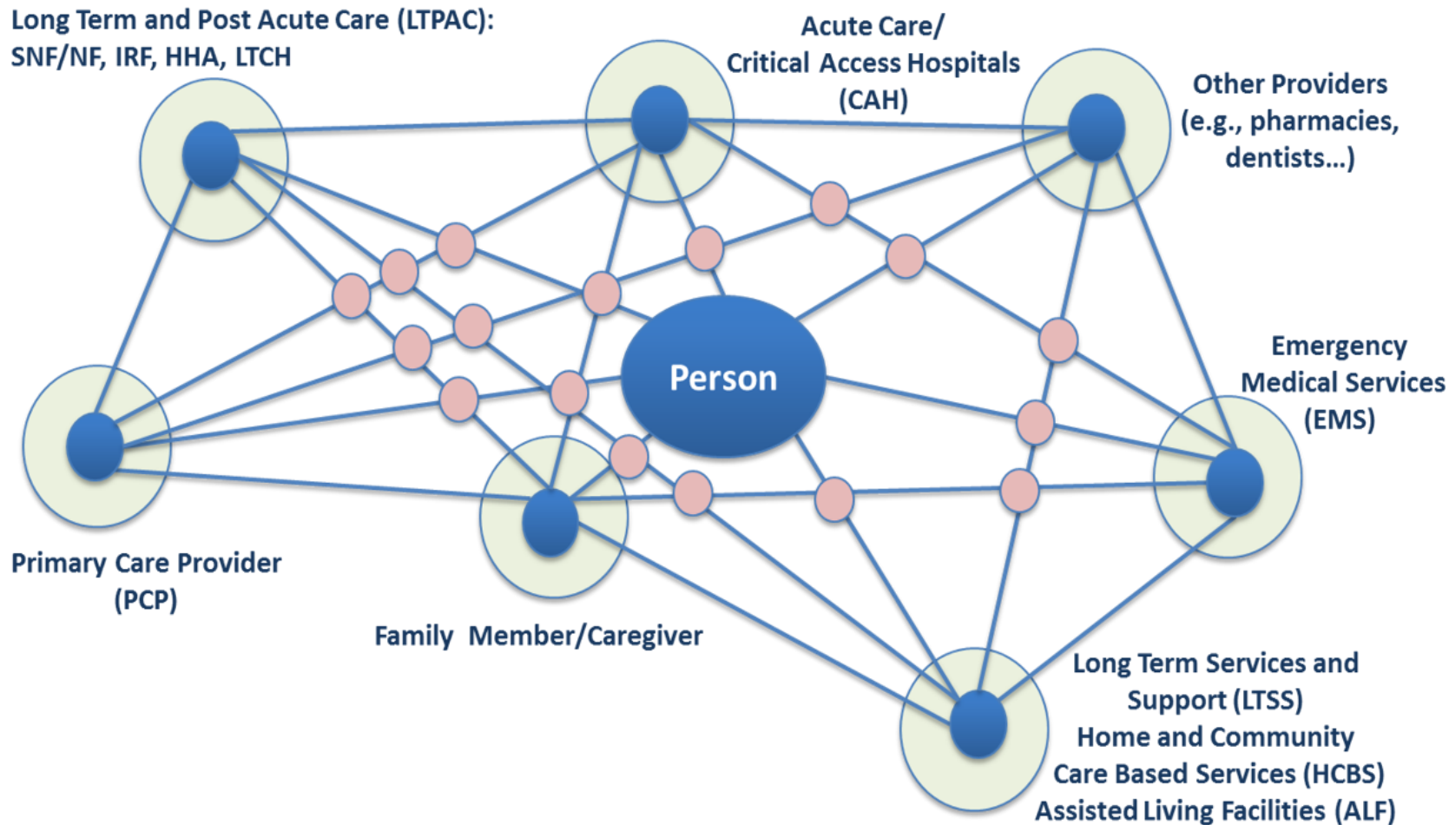
Questions?

- For more information on the IMPACT Act, please visit the IMPACT Act home page [here](#).
- For more information on Post-acute Care Quality Initiatives, please visit:
    - [Inpatient Rehab Facilities](#)
    - [Skilled Nursing Facilities](#)
    - [Long-term Care Hospitals](#)
    - [Home Health Agencies](#)
- For more information on Post Acute care, sign up for the [Post-Acute Care Listserv](#)
- DEL website and listserv- coming soon!

- If you have any questions, please feel free to contact:
    - Beth Connor Beth.connor@cms.hhs.gov

T E F T

DEMONSTRATION GRANT FOR TESTING EXPERIENCE AND FUNCTIONAL TOOLS

Testing Experience and Functional Tools (TEFT):
The Functional Assessment Standardized Items (FASI)

Barbara Gage, PhD
George Washington University
NASUAD HCBS Meeting, 2017

GW

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an IBM Company

What is TEFT?

- Testing Experience and Functional Tools (TEFT) demonstration grant

- Test quality measurement tools and demonstrate e-health in Medicaid community-based long term services and supports (CB-LTSS)

- Funded by the Centers for Medicare & Medicaid Services (CMS) at $42M

- Spanning 4 years through March 2018

- Promotes for the first time the use of health information technology (HIT) in CB-LTSS systems

TEFT Purpose

- Field test a cross-disability experience of care survey

- Field test a cross-disability set of functional assessment items that align with Medicare

- Demonstrate personal health records

- Collaborate with the Office of the National Coordinator for Health Information Technology (ONC) to create electronic LTSS service plan elements for standardization

TEFT Grantees

State	Test Experience of Care Survey	Test FASI	Demo PHR	S&I Framework Participation	# of Components
Arizona	◆	◆			2
Colorado	◆	◆	◆	◆	4
Connecticut	◆	◆	◆	◆	4
Georgia	◆	◆	◆	◆	4
Kentucky	◆	◆	◆	◆	4
Louisiana	◆				1
Maryland	◆		◆	◆	3
Minnesota	◆	◆	◆	◆	4
New Hampshire	◆				1

What Is FASI?

- Person-centered measures of functional ability and need for assistance

- Aligned with federally standardized items for measuring function in the Medicare program and adapted for the LTSS population
  - Self-care activities such as eating and dressing
  - Mobility activities such as bed mobility and transfers, ambulation, and wheelchair use

What Is FASI? (cont'd)

- Additional items specific to LTSS needs
  - Instrumental Activities of Daily Living (IADLs) such as making a light meal or answering the telephone
  - Need for caregiver assistance
  - Personal goals related to functioning

Sample FASI Scoring and ADL Items

Safety and Quality of Performance – If helper assistance is required because person's performance is unsafe or of poor quality score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. **Independent** – Person completes the activity by him/herself with no assistance from a helper.

05. **Setup or cleanup assistance** – Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.

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01. **Dependent** – Helper does ALL of the effort. Person does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the person to complete the activity.

Performance Level Enter Codes in Boxes		Checkbox: Indicate here if the person's self-care performance was **unchanged** during the **past month**.
A Usual	**B** Most Dependent	
☐ ☐	☐ ☐	**6a. Eating:** The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.
☐ ☐	☐ ☐	**6b. Oral hygiene:** The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.]

FASI Personal Priorities

Self-Care Priorities: Please indicate your top two priorities in the area of self-care for the next six months.

1. _____

2. _____

FASI Development and Testing

- Technical Expert Panels (TEPs)

- Pretest in one TEFT grantee state with different Medicaid LTSS populations

- Field test in six TEFT grantee states with different LTSS populations

- TEP review of findings and recommendations

- Demonstration of finalized FASI in TEFT grantee states

Why Standardize in LTSS?

- Allows for comparisons across state LTSS programs

- Enables electronic exchange of LTSS data:
  - Among individuals, LTSS program providers, case managers, and health care providers
  - Between LTSS caregiver partners and Medicare post acute/institutional providers
  - Allows data to follow the individual

Data Elements: Standardization
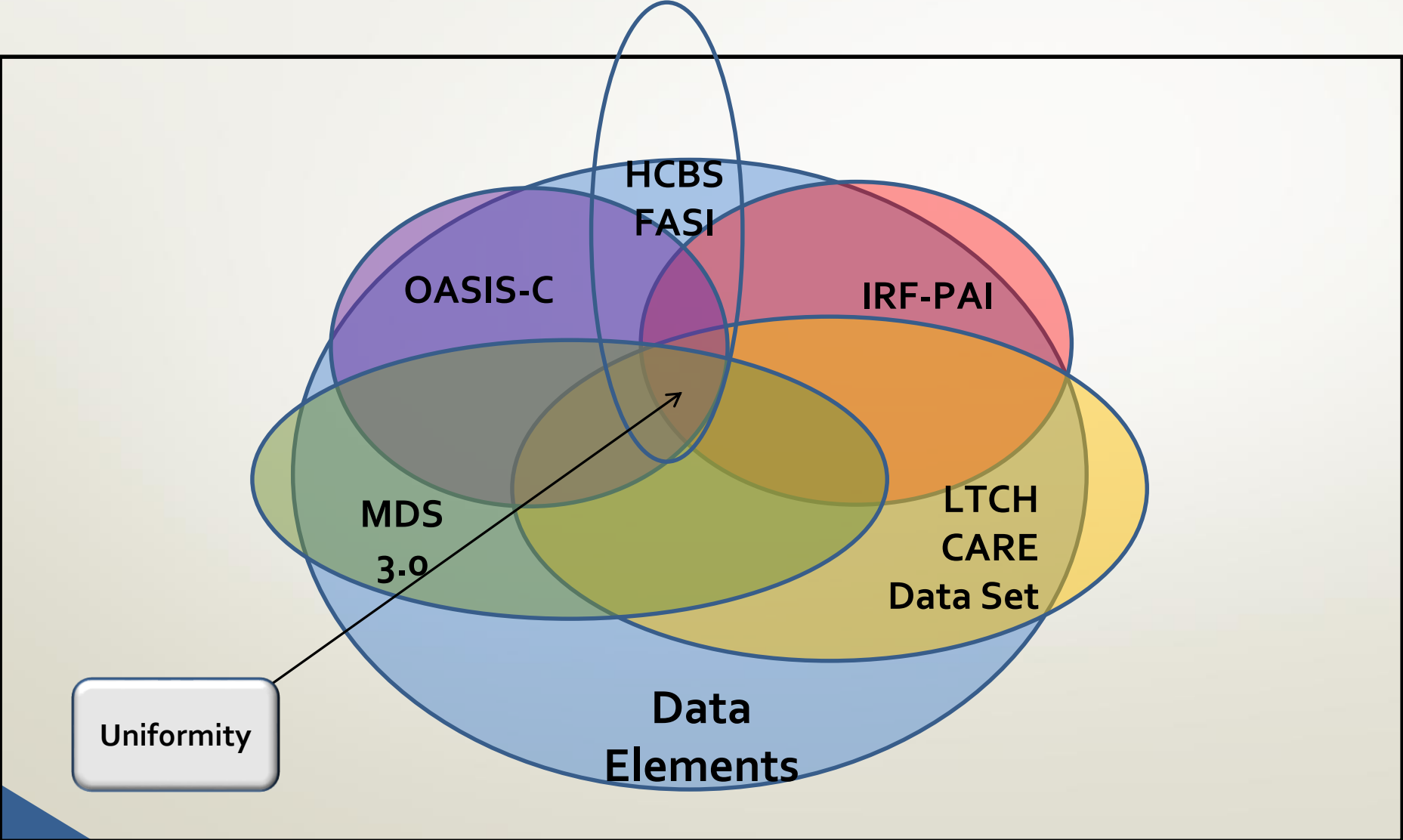
Exchanging Electronic Data on Functional Items
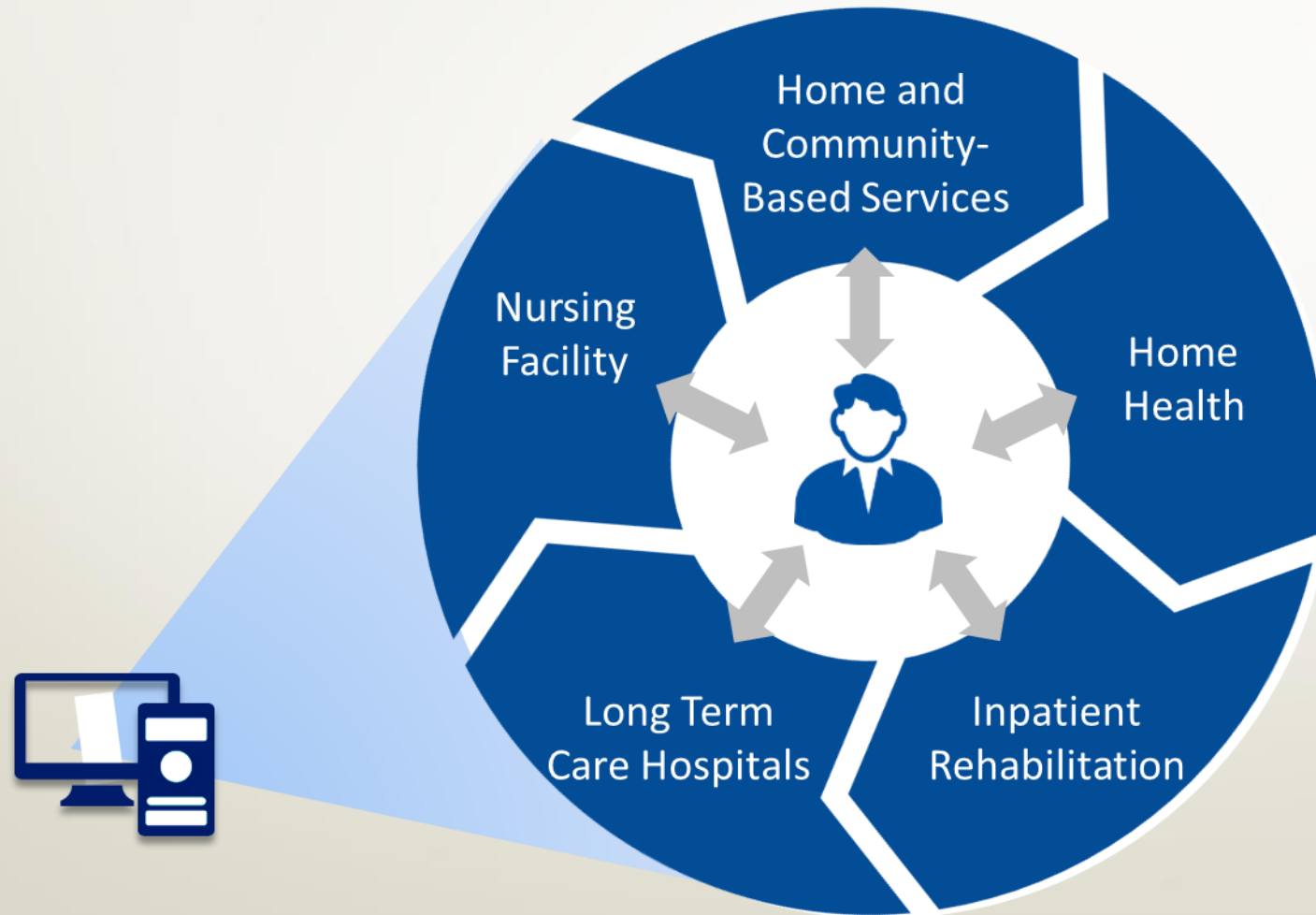
Thank You!

- Additional Information on TEFT and FASI may be found at:

https://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/grant-programs/teft-program.html

Agenda

- Background: Purpose & Scope

- eLTSS Initiative Timeline

- eLTSS Core Dataset

- Round 2 Pilot Organizations

- eLTSS Round 2 Results

- Harmonization Approach

- Value Proposition for Standardized Information Capture

- Vision for eLTSS Dataset Integration

- Next Steps

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

- Launched in November 2014 as a **joint project** between CMS and ONC

- 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*

  » eLTSS is one of the four TEFT Program Components

  » **6 of 9** TEFT grantees participate in the eLTSS component of TEFT: CO, CT, GA, KY, MD, MN

- Supports CMS Requirements for Person-Centered Service Plans (PCSPs) as defined within the HCBS 1915 (c) Waiver Final Rule

  » PCSPs support the person, make him or her central to the process, and recognize the person as the expert on goals and needs

https://www.medicaid.gov/medicaid/ltss/teft-program/index.html

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 Initiative Timeline At-A-Glance
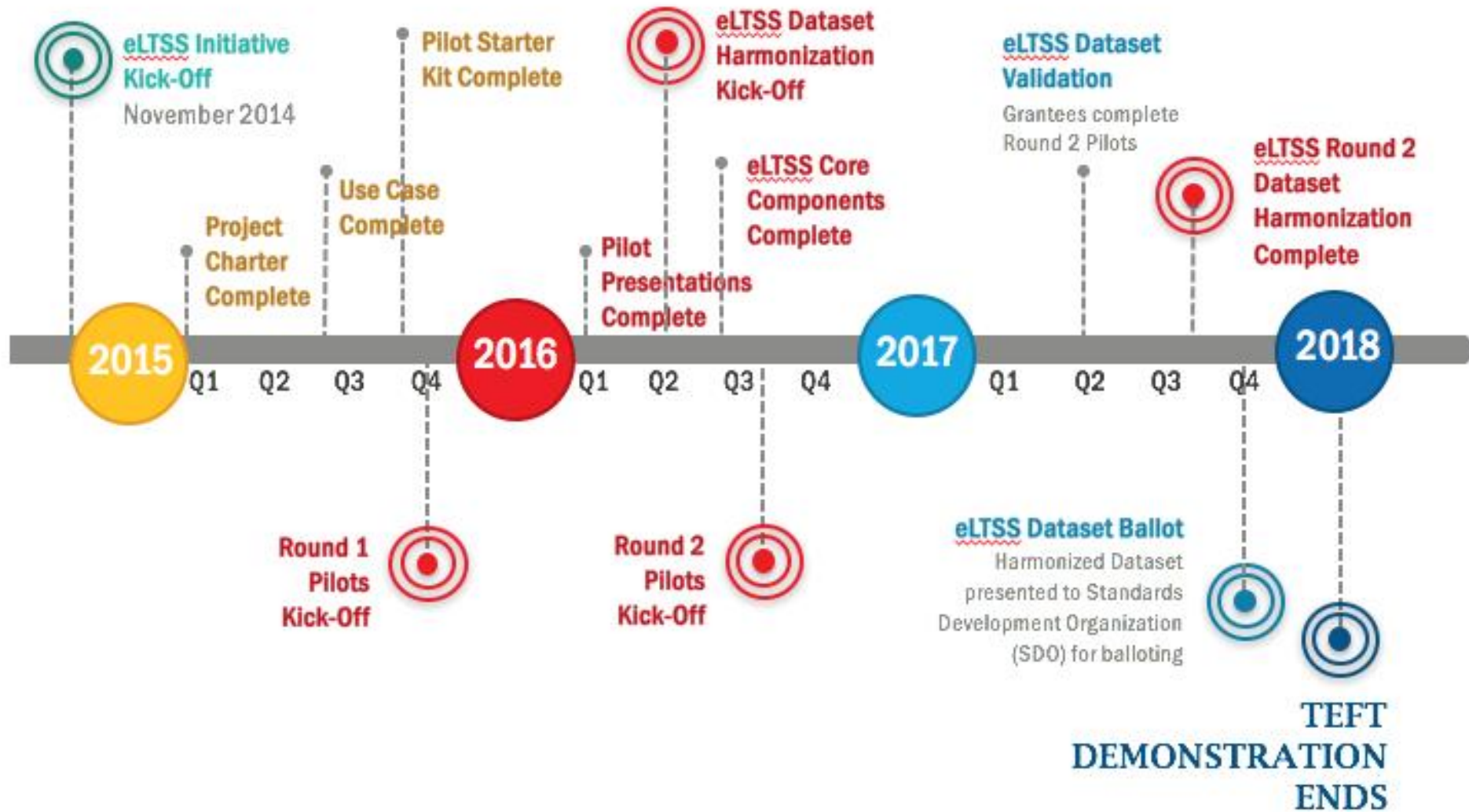
eLTSS Round 2 Pilots

- 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 engage in the pilots.

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 participation in grant program

Non-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://oncprojectracking.healthit.gov/wiki/display/TechLabSC/eLTSS+Past+Meetings

Round 2 Pilots Results

- **All 47 data elements tested by participating pilots**
  - » 5 TEFT grantees engaged 3 or more providers
  - » 1 TEFT grantee mapped the eLTSS dataset to nationally recognized electronic care plan standard (HL7 C-CDA Care Plan Document Template)
- Pilots submitted total of **270 comments** related to the 47 data elements
- Pilots requested addition of ~ **114 NEW elements** to dataset
- All pilots used an IT system to validate data elements
  - » 5 TEFT grantees used their existing Medicaid Case Management or LTSS system
  - » 2 TEFT grantees adopted integrating health IT platform; one incorporated data from multiple electronic health record systems

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Harmonization Approach

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/

- Data elements identified for harmonization, and thereby included for discussion with eLTSS community, needed to meet following criteria:
  - » Used by 4 or more Pilots in their existing plans
  - » Not used as intended on plan
  - » Suggestions for changes/edits to name, definition or format
- All comments and feedback were consolidated into a spreadsheet and were scheduled for review as part of weekly public calls
  - » Consolidated harmonization spreadsheet with dispositions made available at: https://oncprojectracking.healthit.gov/wiki/display/TechLabSC/eLTSS+Home

Why Harmonize Data Elements?
Value Proposition for Standardized Information Capture

Programs

Populations

State Requirements

Provider Requirements

Self-Reported Data

Aligned psychosocial data across all sources and requirements
Standardized
Nationally vetted

Aligned Person-Centered Assessment & Planning Data Elements

Enable use/reuse of data:

- ➤ Exchange Person-Centered psychosocial info
- ➤ Promote High Quality Care & Service
- ➤ Support Care & Service Transitions
- ➤ Reduce Provider & Individual Burden

- ➤ Expand QM Automation
- ➤ Support Survey & Certification Process
- ➤ Generate Payment

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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.

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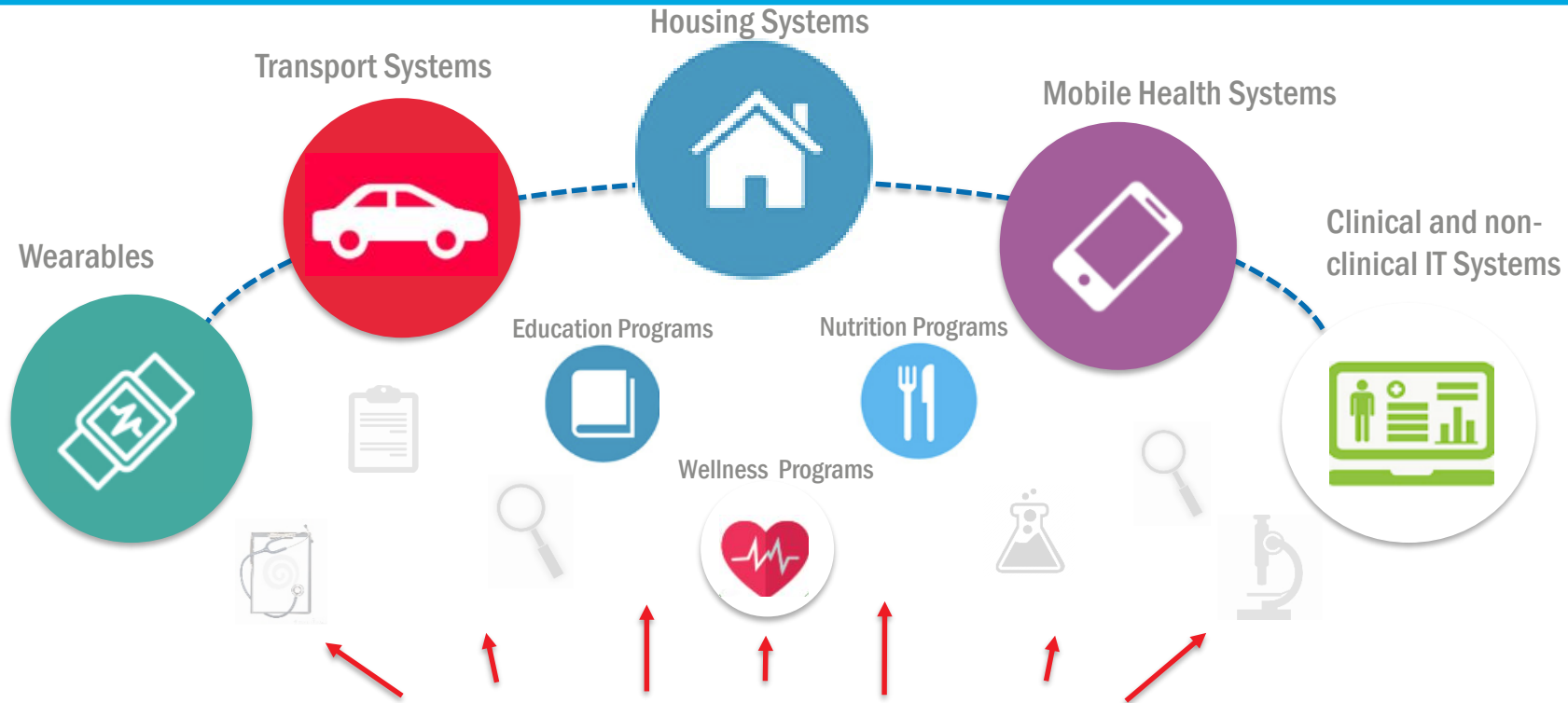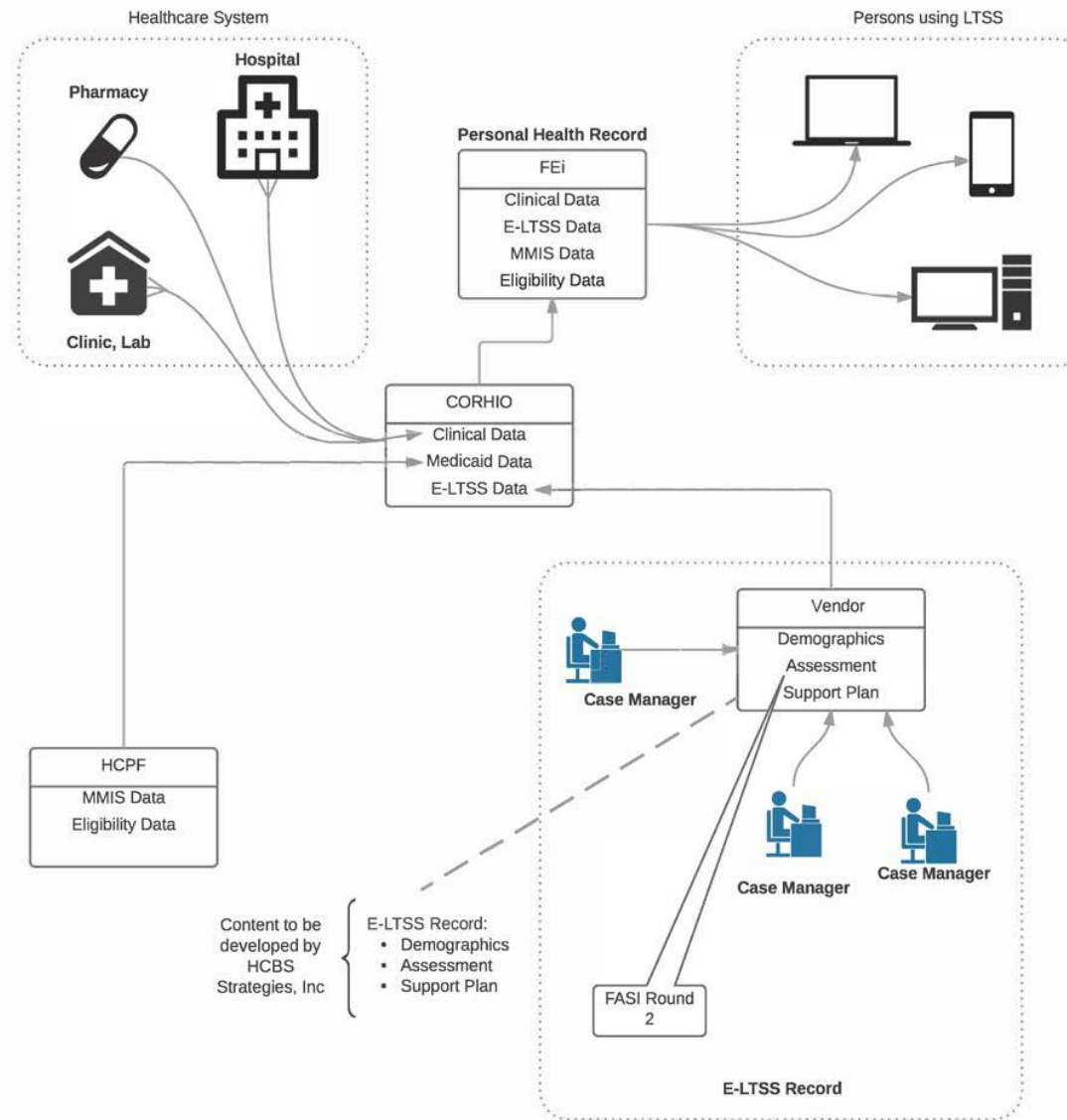Health Information Technology

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Vision for eLTSS Dataset Integration

Housing Systems

Transport Systems

Mobile Health Systems

Wearables

Clinical and non-clinical IT Systems

Education Programs

Nutrition Programs

Wellness Programs

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

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

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

Source: CO Department of Health Care Policy and Financing

eLTSS Standardization: Next Steps

- eLTSS dataset has been "harmonized" so it can be easily understood across "human" end-users

- **Next level of harmonization** involves standardization so dataset is machine readable and thereby "interoperable" across multiple systems

  » Need to identify applicable **vocabulary, content** and **transport** standards

- A few of **vocabulary standards** exist for eLTSS elements that are commonly collected in clinical systems

  » E.g. person demographics, goals, preferences

- Most of eLTSS dataset consists of elements that do not have existing vocabulary standard available for machine readability

- **Content standards** such as C-CDA and FHIR will need to be updated if used to support eLTSS dataset exchange

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eLTSS Standardization: Next Steps Continued

- Applicable **vocabulary, content** and **transport** standards for the eLTSS dataset need to be identified and assessed through the international standards development organization (SDO): HL7

- HL7 serves as the curator and publisher for nationally recognized clinical and community-based standards to include: C-CDA, FHIR, HL7 v3

  - Currently there are a limited number of HL7 standards that can be used "as is" to support human service information exchange

- The eLTSS dataset will be presented to HL7 for further review by the larger standards development community

  » HL7 will provide guidance on best available standards and revisions needed to update these standards so they can be used to capture, share and exchange eLTSS information across clinical and HCBS settings

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