



From Siloed Data to Stronger Supports: Interoperability in LTSS

Introduction

Many Americans will rely on long-term services and supports (LTSS), including Home and Community Based Services and Supports (HCBS) at some point, personally, or in caring for a loved one. LTSS, including HCBS, supports older adults and people with disabilities in living safely and independently in the settings they choose. In every state, these supports carry data that tells the story of the person receiving them. However, because these data often live in disparate systems, it is difficult for decision-makers to see and understand the full picture. Consider Alex, the director of her state's largest long-term services and supports (LTSS) program. She is committed to improving the lives of individuals who rely on these services, yet much of the data she needs to inform her decisions sits in siloed systems she cannot access easily. This challenge plays out across the system: an eligibility worker reviews an application in one system, a case manager updates a service plan in another, and an incident report sits in a third. None of them, including Alex, can see the whole person, the whole story, in one place. The result is delays, duplicated effort, and potentially avoidable gaps in care for the individuals that LTSS programs exist to serve.

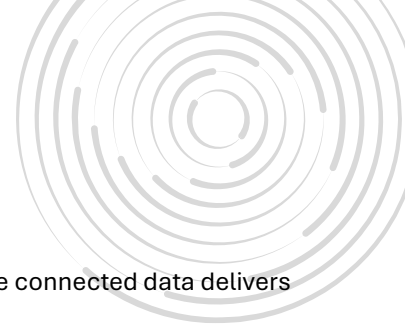
Interoperability begins to address these challenges by giving states the ability to share data across the agencies and systems that enable a person's services and supports. Interoperable systems enable support teams to coordinate services, catch risks earlier, verify eligibility faster, and promote person-centered decisions grounded in a complete picture instead of fragments. Done well, enhanced interoperability can also strengthen program integrity, surfacing fraud, waste, and abuse before payments go out the door. Interoperability is not just a matter of technological enhancement. In practice, data movement is more often slowed by governance than software, due to questions of who may access which data, under what authority, and through which agreements. Getting governance right through clear rules for privacy, accuracy, and accountable data use is a key to unlocking interoperable systems. Consequently, this is where the hardest work usually lies.

What to look for in strong governance

Alex, the LTSS program director, works with her team and partners to establish a governance structure with the following characteristics:

- **Clear roles** where people know who owns, stewards, and uses each data element, so accountability is not ambiguous.
- **Standard data-sharing agreements**, such as reusable data use agreements and memoranda of understanding replace one-off negotiations, so new partners can connect faster.
- **Role-based access rules** protect privacy by aligning permissions to a person's role, so the right people see the right data.
- **Defined decision-making authority** governs and resolves cross-agency questions, so disputes are less likely to stall progress.
- **Data quality standards** set clear rules for accuracy, validity, and completeness, so shared data is reliable and actionable.





Drawing on our work with state LTSS and Medicaid agencies across the country, we have seen where connected data delivers the most value. This article focuses on two areas where that payoff is clearest:

- **Bringing Fragmented Data Together for a Complete View:** connecting the eligibility, clinical, case management, and social-needs information that today sits in separate systems, so the people in an individual's circle of support can see a complete picture and act on it.
 - Ask yourself: Does your state have an integrated data system that lets LTSS providers access and share information related to an individual's health, non-medical needs, eligibility, and service utilization?
- **Turning Incident Reporting into Risk Prevention:** moving from siloed, after-the-fact reporting to connected systems that document incidents in real time, flag individuals at risk, and keep parties informed to help reduce preventable harm.
 - Ask yourself: Is your incident management reporting system standardized and accessible, and if not, what changes are needed for the data to be actionable?

Enhancing data interoperability can be complex, and working with partner agencies can help jumpstart progress by uncovering shared goals, challenges, and approaches for sharing infrastructure upgrade costs. Consider the information in this document as a starting point for discussion within your agency, and with partner agencies, on how you can improve data collection, sharing, and analysis to meet the needs of the people you serve. Federal investments like the Centers for Medicare & Medicaid Services (CMS) 90/10 Health Information Technology administrative funding and the Rural Health Transformation Program offer states options to fund this foundational work.





Individuals who receive LTSS sit at the center of a network of supports and data. Improved coordination within this network, especially by sharing data, can make the system more effective and efficient for the people it serves.

Bringing Fragmented Data Together for a Complete View

Data about individuals receiving LTSS is often stored in separate systems with a reliance on people, such as case managers, to track and share key information. This makes coordination between healthcare and social services difficult and reduces the ability of stakeholders to have a full view of the individual. In turn, this makes it harder to facilitate transitions between programs, which impacts individuals and support networks, and ultimately the ability of the state to provide services and supports in a timely manner. As LTSS, and especially HCBS, expands and Medicaid evolves, the need for continuous data exchange that eases the burden on individuals and those who work in LTSS is growing.

Illustrating the Impact

Maria has lived in her home for over 30 years and loves talking to her neighbors. She is 62 years old, has Medicaid coverage, and has mobility support needs and multiple chronic conditions. LTSS enables Maria to remain active in her community. Transportation helps her stay connected to friends at church and get the groceries she needs to manage her health. As her health declines, she also needs Personal Care Assistant supports and installation of a ramp and grab bars to help her maintain and stay in her home. Interoperability between social service agencies (e.g., Department of Aging, Department of Health) creates a more streamlined process, allowing Maria to access services with fewer steps and less friction. She can complete a single application for all her support needs, and while waiting for HCBS waiver approval, continues receiving essential LTSS through other programs. Maria and her chosen circle of support, including medical and LTSS providers, a case manager, and care coordinator, can easily share and access her information. It eases Maria's anxieties for the future knowing she has a coordinated support team working together to maintain her independence, health, and safety.

When LTSS data, including person-centered planning information, moves smoothly between systems, providers can better coordinate care and individuals experience easier transitions between services.¹ Case managers can quickly access up-to-date details on approved services, transportation, or housing supports, helping to prevent duplication and minimize gaps in care. For example, Maria's case manager can access her approved transportation services and home modifications to begin coordinating supports without waiting for paperwork to be processed. By systematically sharing LTSS data, agencies can better address social factors such as transportation and housing, empowering individuals to remain in their communities and live more independently.²

Adopting Common Data Standards

Common data standards are making it easier for health and LTSS systems to share information. Laws such as the IMPACT Act and 21st Century Cures Act are accelerating adoption in projects like the Electronic LTSS Standard. As more support happens at home and in the community, these shared standards help agencies coordinate, speed up eligibility, and provide timely support to people with complex needs.

¹ Agency for Healthcare Research and Quality (AHRQ). Care Transitions - Making Healthcare Safer III: A Critical Analysis of Existing and Emerging Patient Safety Practices. March 2020.

² Health Management Associates reporting to the Medicaid and CHIP Payment and Access Commission (MACPAC). Care Coordination in Integrated Care Programs Serving Dually Eligible Beneficiaries—Health Plan Standards, Challenges and Evolving Approaches. March 2019.



Unified electronic systems can reduce costs, improve workflows, and allow staff to spend more time supporting individuals. For someone like Maria, this means she does not have to repeat her story at every agency. Her information is already available to her support team, enabling stress reduction and time savings.

Interoperability in Practice

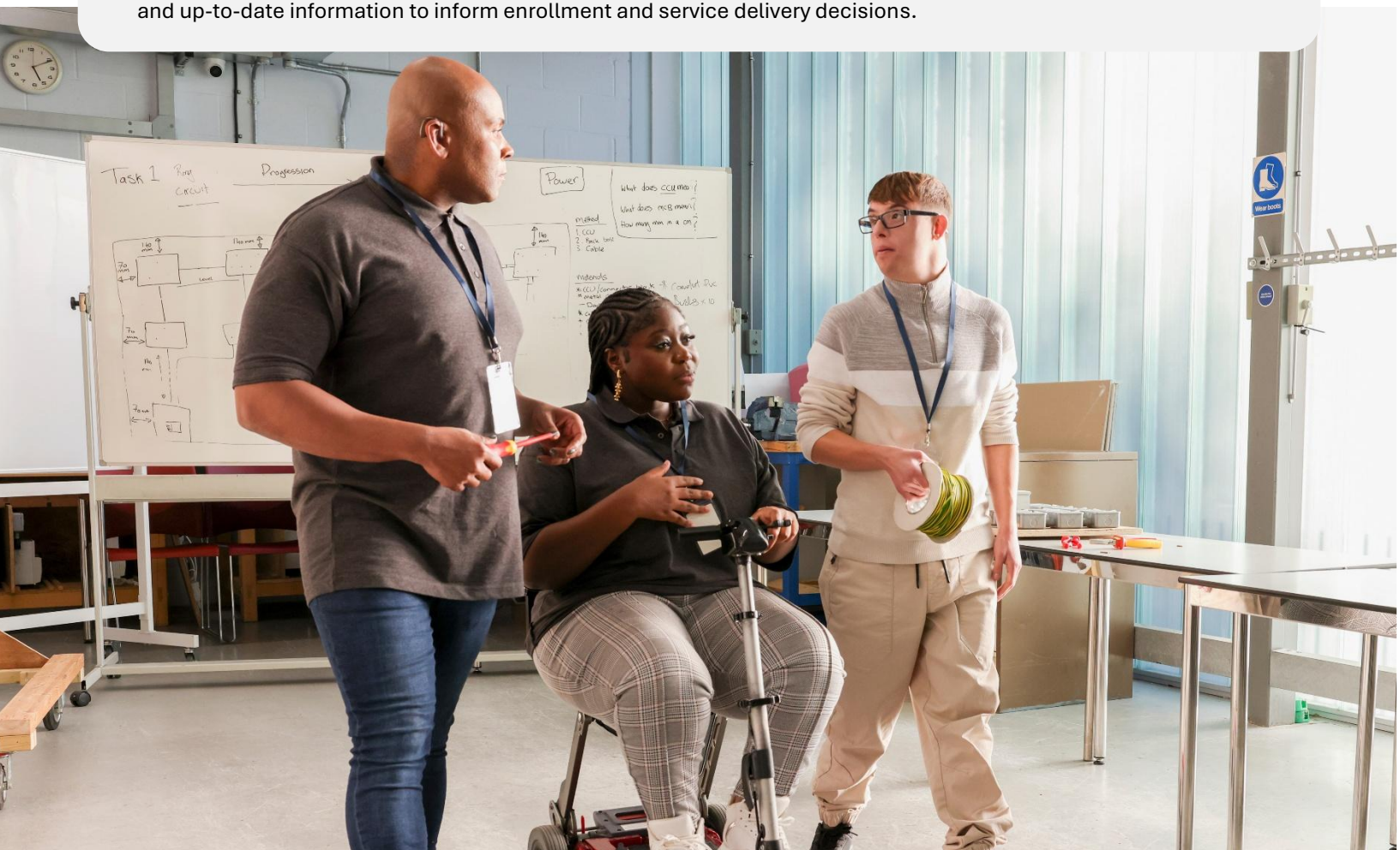
Some states have already transformed how they manage LTSS by implementing integrated care management systems.

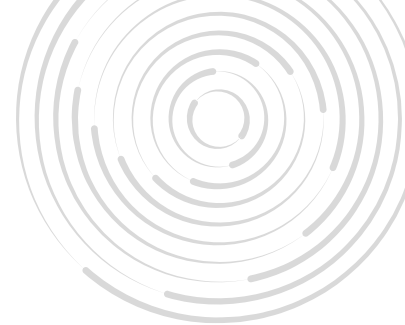
What's the goal? These systems replace siloed, paper-based processes with a single application that streamlines submission, enrollment, and supports coordination across LTSS programs. This creates a single no wrong door application, eliminating the need for individuals to apply separately for each waiver or program. Some states even use them to monitor waitlists across programs, making it easier to manage programs and enroll new individuals as soon as slots are available.

Why it works: This approach helps improve collaboration between Medicaid and agencies serving different populations such as older adults, people with physical disabilities, people with intellectual and developmental disabilities, and behavioral health concerns. This collaboration improves service delivery and care coordination. The solution speeds up access to services, promotes more consistent and transparent distribution of services based on eligibility and assessed need, and provides near real-time access to data across programs.

What to include:

- Start with cross-agency coordination and governance
- No wrong door approach for individuals to access multiple LTSS programs through a shared application and shared intake process
- Establish shared data systems, common waitlist management, and clear oversight structures to provide thorough and up-to-date information to inform enrollment and service delivery decisions.





Turning Incident Reporting into Risk Prevention

LTSS incident management focuses on safeguarding the health, safety, rights, and well-being of individuals receiving services and supports. Working within federal guidelines, states and agencies create their own definitions and categories for incidents, including abuse, neglect, exploitation, medical errors, and accidents or injuries. When agencies and providers collaboratively share and analyze incident management data alongside broader LTSS metrics, they can proactively identify risks and develop person-centered approaches to resolve, and ultimately prevent, incidents that may negatively impact individuals receiving LTSS.

Illustrating the Impact

Frank, aged 72, loves being outside and telling stories about his years as a sailor. He was living with his daughter and attending a Medicaid-funded day program for individuals with dementia a few days a week. At the day program, Frank experienced two minor falls. Staff responded promptly and reported each incident. As his dementia worsened he and his family decided to move him to a memory care facility.

The memory care facility did not have access to a centralized incident management system. This means there was no coordinated tracking or sharing of risk factors in his transition. Frank tried to get up alone on the memory care patio and suffered a serious fall, fracturing his hip. This time, the incident led to hospitalization, lengthy rehabilitation, and added costs. The disruption to his routine created confusion and distress for Frank and raised important questions that an integrated incident management system could help answer.

Incidents like Frank's can and should be documented in real time and reviewed by case managers and provider staff to flag individuals at greater risk. Shared data systems, automated alerts, centralized data dashboards, and cross-provider communication facilitate safer, more person-centered supports informed by every event, not just for Frank, but for each individual. Frank's story highlights the need to move from siloed reporting to integrated systems that keep the full support circle informed to support timely, preventive action.

Clear, consistent, and reliable data sharing across groups, including behavioral health and Social Services agencies, via Incident Management Systems, is necessary, and receiving federal attention. The 2024 CMS Final Rule on Ensuring Access to Medicaid Services Rule requires Medicaid agencies to establish critical incident reporting systems, define minimum critical incidents (including abuse types), and investigate critical incidents. By 2028, states must also comply with the regulations outlined in the Administration for Community Living Final Rule on Adult Protective Services (APS) Functions and Grant Programs. These rules foster cross-system collaboration and information sharing, particularly between state Medicaid agencies and APS, aiming to avoid duplicated investigation efforts and encourage greater coordination. Improved incident monitoring data also informs program integrity activities, by enabling states to more quickly flag providers or services of concern for additional monitoring.



Integrated Incident Management in Action

Increasingly, states are adopting integrated electronic incident management systems to facilitate uniform integration with provider and MCO systems, align with CMS rules, and support incident history sharing.

What's the goal? States create and update electronic incident management systems to better track, analyze, and ultimately reduce preventable incidents. These systems promote consistent data stewardship, accountability, and secure collaboration.

What to include: Start with a strong governance framework with defined user roles, responsibilities, and access controls. Build separate portals for different users and roles. Providers and MCOs need to upload information and receive requests for clarification. Investigators need to review and update information. In addition to those tasks, state staff need to track trends and easily access data. Include a focus on security to protect sensitive incident data. Adding workflow reminders supports timely review.

Why it works: Enables secure reporting. In some cases, states can enable reporting incidents directly from MCO care management systems, facilitating more timely data reporting, reducing manual workload, and mitigating potential errors. Enables state staff to easily track reported incidents, provide comments, and request additional details, all in one place

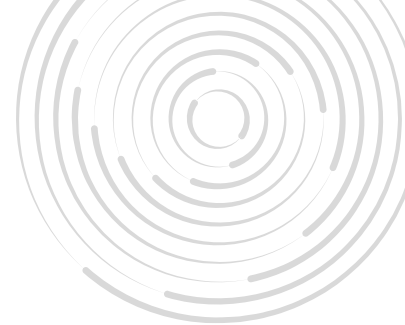
Starting in 2029, CMS will require states to use electronic incident management systems. Beginning in 2027, states must use other data sources, like claims or Child and Adult Protective Services, to identify unreported critical incidents and report regularly on their incident management system assessment.³ In addition to these requirements, incident management systems should be equipped with near real-time reporting and alerting functionality, provide visibility across settings and providers, and integrate with relevant case management systems. When Incident Management Systems are strong, connected, and data-driven, incident management becomes more proactive, transparent, and effective.

- **Individuals and their families** experience greater protection from harm as advanced systems enable rapid identification and resolution of risks. Data-backed insights lead to person-centered support, enabling people to live safely in settings they choose.
- **States and payers** gain oversight and valuable trend analysis to inform policy and support regulatory compliance, improve resource allocation and operational efficiency, increase data mobility so shared information can decrease risk, and inform rate setting.
- **Providers** can proactively manage risks and improve service quality through timely root cause analysis, targeted interventions. Such improvements bolster regulatory compliance, drive quality improvement, and reduce inefficiencies and unnecessary expenditures.

As LTSS organizations modernize incident management, they lay the groundwork for safer environments, more efficient operations, and better outcomes for those involved. Coordinating efforts across agencies for shared, unified systems amplifies these benefits, creating the foundation for seamless data sharing and much greater impact.

Consider the following roadmap as you plan to enhance interoperability to support LTSS programs and the individuals who use them.

³CMS. Home and Community-Based Services (HCBS) Incident Management Systems and Critical Incident Reporting Requirements in the Ensuring Access to Medicaid Services Final Rule. September 2024.



Where to Start: A Practical Interoperability Roadmap

Establish Governance.

Form a Cross-Agency Data Governance Body: Convene Medicaid, LTSS, behavioral health, intellectual and developmental disability, APS, and managed care plans.

Define Data Ownership Rules: Document which agency owns each data element and who may read, write, or share it.

Establish a Master Data Sharing Agreement Template: Pre-approve a reusable template covering HIPAA, 42 CFR Part 2, and state privacy law.



Tip: Assign a data steward to every system in scope.

Select And Prioritize High-Value Use Cases

Example 1: Eligibility to Case Management. Feed real-time Medicaid eligibility status into the LTSS case management system. Reduces manual re-determinations and closes the gap between approval and first service authorization.

Example 2: Incident Management to Provider Systems. Deliver structured incident data from providers directly to state oversight systems, replacing PDF submissions and enabling trend analysis across provider types and regions.



Tip: Define a measurable outcome before you start (e.g., "reduce time from eligibility approval to first service by 30 days"). This anchors contracts and justifies funding requests.

Assess Current State.

Systems Inventory: Catalog systems holding participant or provider data.

Data Flow Mapping: Trace how data moves today. Common bottlenecks include manual re-entry, PDF-based exchange, and no unique participant identifier.

Legal Constraints: Flag restricted data elements that require consent management or de-identification before flowing across systems.



Tip: A one-day facilitated mapping session with IT, program staff, and legal counsel can produce more usable output than months of siloed documentation.

Leverage Federal Funding Early

CMS 90/10 Match: LTSS data integration supporting eligibility or care management typically qualifies for 90% federal / 10% state funding.

Advance Planning Document (APD): CMS requires an approved APD to obligate federal funds. Build 3 to 6 months of APD review into your project timeline.



Tip: Consider additional Federal grants such as those from the Administration for Community Living (ACL) and Substance Abuse and Mental Health Services Administration (SAMHSA) to support related efforts.

Pilot Before Scaling

Scope Tightly: Start with one waiver, one region, or one incident domain. Small scope enables fast iteration and limits risk.

Define Success Criteria: Set specific targets upfront like 95% of eligibility records matched within 24 hours.

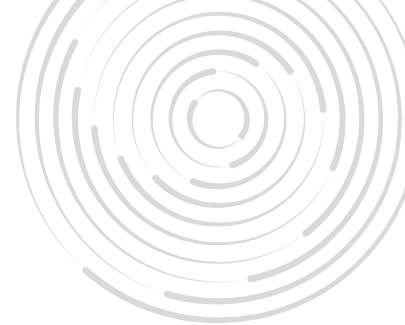
Frontline Feedback Loop: Schedule regular check-ins with case managers and eligibility workers. They often find data quality problems faster than QA processes.

Document Before Scaling: Capture what broke, what required workarounds, and ad hoc governance decisions to create a statewide playbook.



Tip: Providers often resist interoperability out of fear of audit exposure. Engage provider associations during the pilot, not after.

The states move faster when they have clear decisions, strong cross-agency relationships, and the discipline to start small.



The Bottom Line for State Leaders

Individuals who use LTSS sit in a web of health and human services. When states integrate data across these programs, they can share more complete information with the people who receive LTSS and those who support them, empowering them to manage services in a way that meets individual needs. State agencies, in turn, can collaborate to gain a fuller understanding of the factors driving costs and outcomes to prioritize the most effective, efficient approaches to serve older adults and people with disabilities.

Once states can trust and connect their data, they are positioned to do more with it. States can strengthen quality measurement, sharpen oversight, and, over time, tie payment to outcomes through value-based purchasing. Realizing these opportunities depends on exactly the interoperability described here, accessible, trustworthy data that follows the individual, supports better service coordination, and becomes available to the state to measure what matters.

Keep in mind

- Interoperability is not optional: it's the backbone of compliance, quality, and cost control
- Governance, not technology, sets the stage. Access rights, authority, and data sharing agreements are challenging hurdles
- Real-time incident management doesn't just record harm, it provides data to prevent it
- Start small, scale smart. Prioritize high-value use cases, then expand

Getting Started

For leaders weighing next steps, it can be helpful to draw lessons from other states, pressure-test assumptions about data sharing and system integration and explore how emerging federal requirements and funding opportunities align with existing initiatives. Whether you're refining a roadmap, addressing specific obstacles, or identifying where interoperability can drive impact, a broader dialogue can help each state find the path that fits its environment.



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