TEFT Grantee Meeting

National HCBS Conference
August 31, 2015
Agenda for the Morning

9:30 – 10:00  Welcome & Introductions
              *Teja Stokes, Truven Health Analytics, Facilitator*
              CMS Update
              *Kerry Lida, CMS*

10:00 – 10:20  Findings from the Experience of Care Survey Field Test
                *Susan Raetzman, Truven Health Analytics*
                *Elizabeth Frentzel & Coretta Mallery, American Institutes for Research*

10:20 – 10:30  Break

10:30 – 11:00  Break Out Session: Grantees’ EoC Round 2 Plans
                *All Participants*

11:00 – 11:45  TEFT Evaluation Update & Discussion
                *Cindy Gruman, Ashley Tomisek & Kathleen Tucker, The Lewin Group*

12:00 – 1:00  Lunch & Plenary
Welcome, Introductions & CMS Updates

Kerry Lida, TEFT Project Lead, CMS
Teja Stokes, TEFT TA Coordinator, Truven Health Analytics
CMS Introductions

• Kerry Lida, TEFT Project Lead, CMS
• Mike Smith, Director, Director Division of Community Systems Transformation (DCST), CMS
• Allison Weaver, TEFT Project Officer & Technical Assistance COR, CMS
• Barbara Holt, TEFT Project Officer & Evaluation COR, CMS
• Martha Egan, DCST Technical Director, CMS
Findings from the HCBS Experience of Care Survey Field Test

Susan Raetzman, EoC TA Lead, Truven Health Analytics
Elizabeth Frentzel, EoC Project Director, American Institutes for Research
Coretta Mallery, EoC Analysis Lead, American Institutes for Research

TEFT Grantee Meeting - 2015 HCBS Conference
August 31, 2015
Goal: Develop and test a valid and reliable survey to gather participant feedback on experience with Medicaid home and community-based long-term services and supports (CB-LTSS) and obtain Consumer Assessment of Healthcare Providers and Systems (CAHPS®) trademark and National Quality Forum endorsement.

- Cross-disability tool
- Focus on participant experience, not satisfaction
- Address dimensions of quality valued by participants
- Align with existing CAHPS tools
- Current support through TEFT Demonstration
EoC Survey
Development Process

- Literature Review
- Beneficiary Interviews
- Stakeholder Input
- Draft Survey

Initial Research

Test Survey
- Cognitive Testing
- Stakeholder Input
- Field Test

- Analyze Field Data
- Stakeholder Input

Finalize Survey
Field Test (2014-2015)

- Covered 26 programs in 9 states
- Results will guide final changes to the survey
- Aspects that were tested
  - Groupings of assessment items into different domains (composites)
  - Two modes of administration
    - In-person: Computer-assisted personal interview (CAPI)
    - Phone: Computer-assisted telephone interview (CATI)
  - Standard and alternate responses
  - Spanish translation
Sample and Response Rates
Field Test Sampling Structure

- Sampling frame
  - Programs within states
- Two-stage sample
  - States
    - Pilot: LA, TN
    - Field test: AZ, CO, CT, GA, KY, LA, MD, MN, NH
  - Programs serving various populations: Aged, Physically Disabled, Aged/Disabled, Intellectual or Developmental Disability (ID/DD), Traumatic Brain Injury (TBI), Serious Mental Illness (SMI)
## Completed Surveys by Program Type

<table>
<thead>
<tr>
<th>Program</th>
<th>Overall</th>
<th>In-person</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>3226</td>
<td>2552</td>
<td>671</td>
</tr>
<tr>
<td>Aged Only</td>
<td>197</td>
<td>159</td>
<td>38</td>
</tr>
<tr>
<td>Physically Disabled Only</td>
<td>111</td>
<td>89</td>
<td>22</td>
</tr>
<tr>
<td>Aged/Disabled Combined</td>
<td>1787</td>
<td>1423</td>
<td>364</td>
</tr>
<tr>
<td>Intellectual or Developmental Disability</td>
<td>387</td>
<td>301</td>
<td>86</td>
</tr>
<tr>
<td>Traumatic Brain Injury</td>
<td>331</td>
<td>247</td>
<td>84</td>
</tr>
<tr>
<td>Serious Mental Illness</td>
<td>410</td>
<td>333</td>
<td>77</td>
</tr>
</tbody>
</table>

Source: AIR analysis of HCBS Experience of Care Survey Field Test, TEFT Demonstration, May 2015.
## Survey Response Rates by Program Type

<table>
<thead>
<tr>
<th>Program</th>
<th>Overall%</th>
<th>In-person%</th>
<th>Phone%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>22.0</td>
<td>22.3</td>
<td>20.9</td>
</tr>
<tr>
<td>Aged Only</td>
<td>22.7</td>
<td>24.3</td>
<td>18.0</td>
</tr>
<tr>
<td>Physically Disabled Only</td>
<td>16.0</td>
<td>16.6</td>
<td>14.0</td>
</tr>
<tr>
<td>Aged/Disabled Combined</td>
<td>31.1</td>
<td>33.3</td>
<td>24.8</td>
</tr>
<tr>
<td>Intellectual or Developmental Disability</td>
<td>9.8</td>
<td>9.3</td>
<td>11.4</td>
</tr>
<tr>
<td>Traumatic Brain Injury</td>
<td>19.5</td>
<td>17.9</td>
<td>26.4</td>
</tr>
<tr>
<td>Serious Mental Illness</td>
<td>24.7</td>
<td>24.7</td>
<td>25.0</td>
</tr>
</tbody>
</table>

Source: AIR analysis of HCBS Experience of Care Survey Field Test, TEFT Demonstration, May 2015.
Proxy Responses

- The goal was to create a survey that as many people as possible could answer
- We received proxy responses for a subset of the field test
  - Not allowed consistently throughout data collection
  - Started due to data collection issues in many groups
- Proxy refers to any help the respondent received in completing the survey
  - Includes restating a question, prompts, translating a question, helping with the use of assistive technology)
- TEP agreed that proxies should be allowed in the future
Study Population

<table>
<thead>
<tr>
<th>Program</th>
<th>Total</th>
<th>Surveys with Enough Items Complete</th>
<th>Surveys with Proxies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>3,226</td>
<td>3,003</td>
<td>691</td>
</tr>
<tr>
<td>Aged Only</td>
<td>1,233</td>
<td>1,178</td>
<td>275</td>
</tr>
<tr>
<td>Physically Disabled Only</td>
<td>1,193</td>
<td>1,063</td>
<td>215</td>
</tr>
<tr>
<td>Intellectual or Developmental Disability</td>
<td>330</td>
<td>301</td>
<td>146</td>
</tr>
<tr>
<td>Traumatic Brain injury</td>
<td>233</td>
<td>228</td>
<td>47</td>
</tr>
<tr>
<td>Serious Mental Illness</td>
<td>237</td>
<td>233</td>
<td>8</td>
</tr>
</tbody>
</table>
Field Test Results
Survey Mode

- Two survey modes: In-person and phone
  - 80% randomized to in-person and 20% randomized to phone
  - Respondents could switch
- In-person vs. phone as actual response mode:
  - Higher response rate for in-person overall (22.3% vs. 20.9%)
  - Higher response rate for ID/DD and TBI by phone
  - Phone respondents more likely to report “Excellent” or “Very Good” physical health
  - In-person respondents more likely to report “Good” or “Fair” health
  - No mode differences in how respondents rate care
- The TEP agreed that both modes should be available for future administrations
Survey Response Options

- Two survey response options
  - 50% randomized to Never, Sometimes, Usually, Always (standard CAHPS) and 50% to simplified response (mostly yes/ mostly no)
  - Respondents could switch during survey

- Standard vs. simplified as actual response option
  - Higher percentage of Hispanic respondents used simplified response option
  - No differences in respondents for race, whether they live alone, gender, or mental/emotional health
  - No differences in how respondents rate care
Survey Elements

- Survey contains 47 questions ("items") about experiences with HCBS
- Potential ways to use questions
  - Individual items
  - Grouped together in meaningful ways ("composites")
Summary of Results from Psychometric Analyses

- Individual items
  - 10 items were unable to be evaluated because they applied to few respondents or there was low variance among respondents
  - The TEP advised that some of these were important as supplemental questions (outside of composites)
- Fit of data to hypothesized groups of questions
  - Fit was good
- Program-level reliability
  - Examines ability to discriminate variation across HCBS programs, which is important for benchmarking
Rating the Help You Get, by HCBS Population

*Indicates differences by population group are statistically significant at p<=.05.

Source: AIR analysis of HCBS Experience of Care Survey Field Test, TEFT Demonstration, May 2015.
Groups of Questions as Originally Envisioned

HCBS Experience of Care Survey

- Getting needed services (6 items)
- How well staff communicate and treat you (10 items)
- Case management (3 items)
- Choosing your services (2 items)
- Transportation (3 items)
- Personal safety (3 items)
- Community inclusion and empowerment (6 items)
Overall Mean Scores for Groups of Questions and Global Ratings

- Personal Safety: 97.3
- Case Management: 93.4
- Getting Needed Services from Staff: 93.1
- How Well Staff Communicate and Treat You: 92.9
- Transportation: 91.5
- Global - Personal Assistant: 87.7
- Global - Homemaker: 87.5
- Global - Case Manager: 84.6
- Community Inclusion and Empowerment: 82.3
- Choosing Your Services: 82.1
Employment Module

- 21 questions
- Low response rates because do not apply to all participants
  - Do you work for pay at a job?
  - Do you want to work for pay at a job?
- The TEP advised that employment module was important option for states to be able to use
Questions/Contact Information

Questions and additional feedback?

Susan Raetzman, EoC Lead
301-547-4392
susan.raetzman@truvenhealth.com
BREAK
BREAK OUT SESSION

Grantees’ Plans for Round 2
Experience of Care Survey
TEFT Evaluation Update

2015 HCBS Conference
TEFT Intensive

Cindy Gruman, Vice President
Ashley Tomisek, Consultant
Kathleen Tucker, Research Consultant
What Did States Set Out to Accomplish?

- Awarded in March 2014, eight states are currently active and participate in at least one of the four TEFT Components
  - Experience of Care Survey
  - Functional Assessment Standardized Items
  - Personal Health Record
  - eLTSS Plan
TEFT Evaluation—Where Are We Now?

- Provide an overview of the TEFT evaluation
- Connect Lewin’s activities to grantee-reported data
- Present TEFT evaluation findings to date
## TEFT Evaluation Framework

<table>
<thead>
<tr>
<th>Formative Evaluation</th>
<th>Systems Outcomes Evaluation</th>
<th>Beneficiaries Outcomes Evaluation</th>
</tr>
</thead>
</table>
| - Ongoing program monitoring and provision of feedback to grantees | - Map states’ CB-LTSS systems  
- Develop quantifiable measure of data integration | - Review grantees’ PHR system  
- Field original surveys |
TEFT Sample Evaluation Research Questions

**Formative Evaluation**
- How are states able to test and implement the TEFT tools?
- How are partners, stakeholders, and beneficiaries involved in the planning, design, development, and implementation of the TEFT tools?
- What challenges are involved in testing and implementing the TEFT tools?

**Systems Outcomes Evaluation**
- How do the policies, organization, structures, and operations of the CB-LTSS system influence the implementation process for the TEFT tools?
- How do the policies, organization, structures, and operations of the CB-LTSS system change as a result of the TEFT tools?

**Beneficiaries Outcomes Evaluation**
- How and to what extent will people with different kinds of disabilities who are receiving HCBS services, their families, and their health care providers use a PHR?
- What features of the PHR do people receiving CB-LTSS find most useful?
# Challenges from Evaluation Perspective

## Differences Across 8 States

- Focus on different TEFT Components
- Different target populations for each TEFT Component
- Existing grants or initiatives
- Delays in funding
- Timeline variations

## Project Evaluation

- Common goals across TEFT Components but variations in project approach
- Attempt to identify common barriers, strategies, and outcomes
Overview of Testing Experience and Functional Tools Evaluation

FORMATIVE EVALUATION
Data Collection Methods To Date

• Program Monitoring and Ongoing Feedback
  – Early outputs and outcomes
Beginning to Document the TEFT Experience

• Management and Governance
  – Project management
  – Alignment with other initiatives

• TEFT Planning
  – Information systems
  – Provider readiness

• Continuous Improvement
  – Stakeholder engagement
  – Ongoing review
TEFT Management and Governance Strategies

• Committed executive support
  – State Governor’s Office
  – Medicaid leadership

• Strong project leadership
  – Grant management
  – Staff expertise

• Internal collaboration among state agencies

• Federal and state initiative alignment

State Examples:

Colorado: Partnership between state and HIE representatives

Connecticut: Federal and state initiative alignment
TEFT Planning Strategies

- Preliminary research and assessment
  - PHR Environmental Scan
  - Review of State Information Systems
  - Meeting with PHR vendors/demonstrations

- Identifying the most appropriate PHR for unique populations

- Early consumer engagement and assessment of PHR needs

State Examples:

- **Arizona:** PHR Needs Analysis and PHR Comparison
- **Connecticut:** Town hall meetings with consumers
- **Maryland:** Existing LTSS System
- **Minnesota:** Released PHR Community Collaborative RFP
TEFT Planning Strategies

• Examining state data systems’ ability to transfer data in a meaningful way

• Beginning to assess stakeholder readiness for eLTSS participation
  – Provider readiness to pilot the eLTSS plan

State Examples:

**Georgia:** Examining potential for coordination with emerging state systems and HIE

**Minnesota:** Created “Maturity Model” for testing the eLTSS plan
TEFT Continuous Improvement Strategies

• Early internal and external stakeholder engagement
  – State leadership (e.g., HIT, Waiver management)
  – Waiver case managers
  – Providers
  – Consumers

• Systematic approach to TEFT implementation

State Examples:

Colorado: Ongoing focus groups

Kentucky: Building Medicaid Waiver Management Application

New Hampshire: Round 1 EoC Survey "lessons learned"
Overview of Testing Experience and Functional Tools Evaluation

SYSTEMS OUTCOMES EVALUATION
Understanding TEFT within each State’s CB-LTSS System

• Where did each state start in Year 1 in terms of CB-LTSS system, structure, process, and policy?
  – Identify key HCBS Waiver System Functions
  – Conduct key informant interviews and document review
  – Develop CB-LTSS Systems Maps
  – Develop Data Integration Scores
Key Assumptions for CB-LTSS System

• Assumptions
  – TEFT is part of the state’s larger information exchange efforts (e.g., MMIS, HIE, BIP, other LTSS IT systems)
  – TEFT target HCBS Waiver programs and policies vary by state but general processes are similar across states
  – TEFT will impact the way providers exchange information and the way a consumer receives and manages their information
  – TEFT combined with other initiatives will transform the paper-based CB-LTSS system to increase electronic information exchange across HCBS Waiver functions and between providers
States Participating in Other Initiatives

Legend
- Balancing Incentive Program  
  - 5 states
- Money Follows the Person  
  - 7 states
- State Innovation Models Initiative  
  - 7 states
- No Wrong Door  
  - 4 states
- Health Information Exchange Organization  
  - 7 states
Identifying TEFT Related CB-LTSS Processes

- Identifying TEFT related processes for an individual who is not already eligible for Medicaid and who does not have assets that exceed the Medicaid limit
- Person-centered focus on information sharing

<table>
<thead>
<tr>
<th>Self-Service Access</th>
<th>Financial Eligibility</th>
<th>Functional Assessment</th>
<th>Medicaid Waiver Case Management</th>
<th>Service Provision and Billing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Input from Individual or Family Member seeking services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access information and resources. Apply for Medicaid (e.g., Agency website, ADRC, 1-800 number, 2-1-1)</td>
<td>Gather documents and meet in-person with State designated agency responsible for Medicaid financial eligibility determination</td>
<td>Referred to State designated agency responsible for conducting in-person functional or medical assessment for Medicaid Waiver program</td>
<td>Determined financially and functionally eligible, selects case management agency (depends on Waiver) and meets in-person with case manager to develop plan of care</td>
<td>Receives services as documented in plan of service that was developed with HCBS provider</td>
</tr>
</tbody>
</table>

| **Information shared with Individual or Family Member receiving services** | | | | |
| Agency referral, receives copies of materials or person-centered plan via mail | Receives Medicaid financial determination in the mail | Receives a copy of functional assessment or level of care determination in-person or in the mail | Signs plan of care and receives a copy in-person or in the mail | Receives copy of services delivered as documented in plan of service via mail or in-person |
Mapping the State CB-LTSS System

- Identifying possible data feeds to TEFT PHR and eLTSS Plan in Year 1 for each HCBS Waiver program

Key
- HCBS Waiver Function
- Planned as part of TEFT
• Identifying types of information exchange in Year 1 for each HCBS Waiver program function

Phone, Mail or Fax

Secure e-mail

Access to System

Unidirectional Interoperable System

Bidirectional Interoperable System
## Scoring Data Integration Across HCBS Waiver System Functions

<table>
<thead>
<tr>
<th>HCBS Waiver System Function</th>
<th>Entities Involved in Data Sharing</th>
<th>Type of Information Exchange</th>
</tr>
</thead>
</table>
| Information Collected Upon Intake | • Staff performing Level 1 Screen or Level 2 Assessment  
• Staff determining Medicaid eligibility  
• Service planners/care managers  
• HCBS service providers  
• Individuals and/or guardians/family members | 0 pts: No Exchange  
1 pt: Mail, Phone, Fax, or Unsecure e-mail  
2 pts: Secure e-mail or Direct Secure Messaging  
3 pts: Access to the system  
4 pts: Unidirectional interoperable system  
5 pts: Bidirectional interoperable system |
| Medicaid Financial Eligibility    |                                                                                                  |                              |
| Screening/Assessment/Reassessment  |                                                                                                  |                              |
| Waiver Eligibility Determination  |                                                                                                  |                              |
| Care Plan/Budget Approval         |                                                                                                  |                              |
| Service Coordination/Case Management |                                                                                                 |                              |
| Acute and LTSS Service Delivery   |                                                                                                  |                              |
| Quality Measurement and Improvement|                                                                                                  |                              |
# Scoring Data Integration: Service Coordination/Case Management

<table>
<thead>
<tr>
<th>HCBS Waiver System Function</th>
<th>Entities Involved in Data Sharing</th>
<th>Type of Information Exchange</th>
<th># of States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Coordination/Case Management</td>
<td>Shared by Service Planners/Care Managers with Acute Care Service Providers</td>
<td>☑️☑️☑️</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑️☑️☑️</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑️</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Shared by Service Planners/Care Managers with HCBS Service Providers</td>
<td>☑️☑️☑️☑️</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑️☑️☑️</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑️</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Shared by Service Planners/Care Managers with Individuals and/or Guardians/Family Members</td>
<td>☑️</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑️☑️☑️☑️</td>
<td>7</td>
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<tr>
<td></td>
<td></td>
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<tr>
<td>HCBS Waiver System Function</td>
<td>Entities Involved in Data Sharing</td>
<td>Type of Information Exchange</td>
<td># of States</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Acute and LTSS Service Delivery</td>
<td>Shared by Acute and Primary Care Service Providers with Service Planners/Care Managers</td>
<td>![Check Marks]</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Shared by HCBS Service Providers with Service Planners/Care Managers</td>
<td>![Check Marks]</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Shared with Individuals and/or Guardians/Family Members</td>
<td>![Check Marks]</td>
<td>1</td>
</tr>
</tbody>
</table>

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**Table Notes:**
- The table outlines the entities involved in data sharing for acute and LTSS service delivery, along with the type of information exchange and the number of states participating.
- Check marks indicate the extent of information exchange, with more check marks indicating a higher level of sharing.
- The number of states indicates the level of adoption or implementation of the data sharing practices.
Summary of CB-LTSS Systems Maps and Data Integration Scores

- Understand each state’s existing linkages between CB-LTSS and acute care providers
- Establish each state’s current use of advanced technology for electronic communication (e.g., secure e-mail, IT systems)
- Assess each state’s plans and capacity to improve data sharing systems (as part of TEFT or through other state initiatives that may impact TEFT)
- Assess each state’s plans and capacity to develop a PHR for HCBS Waiver populations (e.g., how the data will move from existing systems into a PHR)
Overview of Testing Experience and Functional Tools Evaluation

BENEFICIARIES OUTCOMES EVALUATION
Beneficiary Survey Planning

- Beneficiary Survey Preparation
  - State feedback to date
  - Next steps
Overview of Testing Experience and Functional Tools Evaluation

UPCOMING EVALUATION ACTIVITIES
TEFT Evaluation—Where Are We Going?

• Updates to the Quarterly Monitoring Report
  – Identify challenges or risks as certain milestones are reached
  – Incorporate PHR utilization measures

• PHR Planning and Implementation Tool data collection

• Year 2 Site Visits
Questions and Contact Information

- Cindy Gruman
  - cindy.gruman@lewin.com
  - 703-269-5506

- Ashley Tomisek
  - ashley.tomisek@lewin.com
  - 703-269-5632

- Kathleen Tucker
  - kathleen.tucker@lewin.com
  - 703-269-5752

- Cara Campbell
  - cara.campbell@lewin.com
  - 703-269-5753
LUNCH & PLENARY

(TEFT Grantee Meeting Resumes at 1:15 pm)
Agenda for the Afternoon

1:15 – 2:00  Grantee Presentations on PHR & eLTSS  
Steve Lutzky, HCBS Strategies (CO)  
Minakshi Tikoo, Giuseppe Macri, & Rachel Rusnak, University of Connecticut (CT)  
Tom Gossett, Department of Human Services (MN)

2:00 – 3:15  Break Out Session: PHR & eLTSS  
All Participants

3:15 – 3:30  Break

3:30 – 4:00  Functional Assessment Standardized Items (FASI)  
Barbara Gage, Post-Acute Care Center for Research (PACCR)  
Pat Rivard, Truven Health Analytics

4:00 – 4:30  Break Out Session: Integrating Functional Assessment Standardized Items (FASI) within eLTSS & PHR  
All Participants

4:30 – 5:00  TEFT Grantee Meeting Wrap-Up: Where Do We Go From Here?  
Mike Smith, CMS & Patricia Greim, ONC
Using Personal Health Records and Assessment Tools to Support Person-Centered Planning
Complying with the CMS HCBS Rules in Colorado

Steve Lutzky, President, HCBS Strategies
Our Mission:

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
Colorado TEFT

Experience of Care Survey (EoC)

FASI – Formerly CARE

Personal Health Record - PHR

e-LTSS
S&I Framework
CO TEFT Goals

- Utilize client survey to inform services in LTSS
- Embed new FASI items into current assessment tool redesign efforts
- Align assessment tool re-design efforts and TEFT PHR
- To demonstrate and adopt PHR Systems with LTSS clients to include clinical and non-clinical data
- Focus on Person-Centered Approach
- Align e-LTSS standard development with PHR development
- Create a PHR that is scalable for all Medicaid clients
Medicaid HIT Ecosystem Overview

- Vital Tool for Care Coordinators (90/10 MMIS Funded)
  - Care Management Tool
  - Client Assessments/Screening
  - Referrals/Authorizations
  - Interventions & Care Plans

- interChange (90/10 MMIS Funded)
  - Provider Enrollment/Directory
  - Claims Processing
  - Client Benefit Plans
    - Benefit Limits, Copayments, TPL

- BIDM (90/10 MMIS Funded)
  - Population Management Tool
  - Risk Scores/Quality Measurements
  - Predictive Analytics/Modeling
  - Data Exchanges with Multiple State Systems

- CBMS
  - Eligibility Determinations
  - Case Management Tool

- Peak/Client Eligibility Portal
  - Single-Sign-On between Portals

- BIDM Provider Portal
  - Single-Sign-On (Budget Request)
  - RCCO & PCMP Client Reports
  - RCCO & PCMP Query Ability
  - High Utilizers/High Risk Info
  - Quality/Incentive Reporting

- interChange Provider Portal & Client Portal
  - Single-Sign-On between Portals

- Interfaces & iData to Other Vendors & State Systems
  - APCD, DORA, DPHE, Education, DHS

- PBMS & Interfaces to Other Vendors (UM, TPL)

- LTSS PHR (TEFT Grant)
  - Client PHR (Budget Request)
  - Clinical Quality Hub (SIM Grant)

- CORHIO/QHN through HIE
  - (90/10 HIT MU Funded & HIE Maximization)

- EHR
  - Physician
Alignment

PHR

CMS Person-Centered Requirements

Assessment Tool Redesign
Assessment Tool Re-Design

• Extensive stakeholder input
• Started with scan of different assessment tools
• Core tool based on MnCHOICES with FASI incorporated
• Incorporate workflows to meet goals including fulfilling CMS HCBS requirements
• Person-centered
Personal Story Module

• Purpose is to provide a framework for the participant to share information about his/her personal history and to track changes that occur over time.

• Could be done at the convenience of the participant through the PHR in advance of or during the assessment process with help from the assessor.

• Could be updated and used as desired by the participant at times other than the assessment.
CMS Requirements addressed by Personal Profile

• The process must be conducted to reflect what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare.

• The process identifies the strengths, preferences, needs (clinical and support), and desired outcomes of the individual.
CMS Requirements Addressed by People Important to Me Section

The person-centered planning process must:

• Reflect what is important to the person to ensure delivery of services in a manner reflecting personal preferences

• Identify the strengths, preferences, needs and desired outcomes of the participant.

• The plan must contain individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others.
The person-centered planning process must:

- Be driven by the individual
- Include people chosen by the individual
- Provide necessary information and support to the individual to ensure that the individual directs the process to the maximum extent possible
- Be timely and occur at times/locations of convenience to the individual
- Reflect cultural considerations/use plain language
CMS Requirements Addressed by My Future Section

• The plan must include individually identified goals & preferences related to:
  – Relationships
  – Community participation
  – Employment, income and savings
  – Healthcare and wellness
  – Education and others.

• The plan must include goals and desired outcomes.
CMS Requirements Addressed by Service Preferences Section

• Removed from the Personal Story Module, but is being considered for Support Plan.
• The plan must reflect individual strengths and preferences.
• The process must reflect cultural considerations.
Thank You!

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HCBS Strategies
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Identifying PHR Requirements Using Town Hall Meetings

Minakshi Tikoo
Giuseppe Macri
Rachel Rusnak
Agenda

• Overview of Connecticut’s Process
• Initial Outreach
• Town Hall meetings
• Data Analysis
• RFP Requirements derived from Town Hall meetings
• Lessons learned and Q&A
Personal Health Records

Connecticut’s Plan:

• Seek consumer, caregiver, and provider input
• Compile, analyze, and utilize input to inform project decisions
• Select one or more PHR’s that address consumer needs
• Offer a free PHR account to Medicaid CB-LTSS recipients
• Evaluate utility of the PHR, and gather feedback from participants
• Adhere to state and federal privacy, security and consent laws, mandates, standards and best practices.

Connecticut’s Goal:

Demonstrate the use of a Personal Health Record (PHR) system with beneficiaries of CB-LTSS.
Initial Outreach Strategy

Outreach Activities:

1. Development of a TEFT Webpage
2. Creation of Educational Materials
3. Identification of Stakeholders
4. Outreach to Stakeholders
5. Hosting Town Hall Meetings
Outreach Metrics

<table>
<thead>
<tr>
<th>Organization Type</th>
<th>Outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers</td>
<td>11</td>
</tr>
<tr>
<td>State Affiliates</td>
<td>9</td>
</tr>
<tr>
<td>Senior Centers</td>
<td>28</td>
</tr>
<tr>
<td>Advocacy Groups</td>
<td>8</td>
</tr>
<tr>
<td>Area Agencies on Aging (AAA)</td>
<td>5</td>
</tr>
<tr>
<td>AAA Advisory Committees</td>
<td>2</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>63</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participant Type</th>
<th>Attended</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers</td>
<td>158</td>
<td>72%</td>
</tr>
<tr>
<td>Advocate/Consumers</td>
<td>61</td>
<td>28%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>219</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
Town Hall Meetings

• Educational Component
  ➢ Personal Health Record Overview
  ➢ Blue Button Standard
  ➢ Direct Secure Messaging
  ➢ PHR Use and Health Outcome Examples

• Question & Answer
• Open Discussion
• Wrap up
Town Hall Discussion Questions

1. What comes to mind when you think about Health IT.
2. What are the benefits of a PHR?
3. What are the challenges of using a PHR?
4. What information would you like to see in a PHR?
5. Who should have access to a PHR?
6. Should we have choices for PHRs?
Response Data Analysis

- Free list domain analysis of participant responses
- Used rank and frequency of a response to a statistical value of salience (Smith’s $S$ score)
- $S$ scores were used to determine which domain held the highest value for stakeholders

<table>
<thead>
<tr>
<th>Domain Name</th>
<th>Frequency</th>
<th>Average rank</th>
<th>Smith Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>90.91%</td>
<td>2.500</td>
<td>0.722</td>
</tr>
<tr>
<td>Information and Planning</td>
<td>81.82%</td>
<td>3.000</td>
<td>0.685</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>81.82%</td>
<td>3.000</td>
<td>0.673</td>
</tr>
<tr>
<td>Respect/Rights</td>
<td>45.45%</td>
<td>4.800</td>
<td>0.367</td>
</tr>
<tr>
<td>Access</td>
<td>72.73%</td>
<td>9.250</td>
<td>0.297</td>
</tr>
</tbody>
</table>
First Impressions of HIT

Consumer 1st Impressions

Provider 1st Impressions
Benefits of PHR

**Combined Responses**

- Convenience
- Care Coordination
- Empowerment
- Accuracy
- Cost Efficient

**Provider Responses**

- Convenience
- Empowerment
- Care Coordination
- Cost Efficient

**Consumer Responses**

- Convenience
- Empowerment
- Care Coordination
- Accuracy
- Cost Efficient
Barriers to PHR Use

Combined Responses

Provider Responses

Consumer Responses

Lack of Standards
Function Concerns
Privacy
Sustainability
Age Concerns
Security Concerns
Lack of Education
Functions Wanted in a PHR

Provider Responses

Consumer Responses
Who should have access to your PHR?

- Caregivers
- Doctors
- Emergency Staff
- Support Staff
- Legal Representatives
- Trusted Individuals
How many PHRs should be procured for the Demonstration?

Participants indicated the best amount would be 3 PHRs

Three PHRs allows potential users to:

• Test several solutions
• Choose PHR solution best suited for their needs
• Learn about all selected solutions without becoming overwhelmed
• More person-centered
National Core Indicator (NCI) Wordles
PHR Requirements

• Direct Secure Messaging Enabled (Security Concerns)
• Patient Consent Registry (Privacy Concerns/Respect & Rights)
• Single Factor Authentication (Security Concerns/Convenience)
• Data Aggregating Toolkit (Access to Health Data/Choices of PHR)
• Proxy Access (data rights set by the consumer) (Security Concerns/Convenience)
• Calendar/Service Appointment Reminders (Notification/Convenience/Planning tools)
• Section 508 compliance (Disability Support/Access to Health Data)
• Multilingual Capability (Convenience/Functional Concerns)
Final Thoughts

• It was initially hypothesized that Providers and Consumers would have significantly different responses

• When compared against other state’s RFPs, several of the requirements gathered from Town Hall meetings are validated

• Participants reported 3 PHRs being the ideal number of PHRs to test for the demonstration

• Collecting large amounts of data does not require complex study designs
Lessons Learned

• Reach out to stakeholders early and often
• Multi-lingual staff may be needed
• Utilize Federal Plain Language Initiative guidelines
• Provide subtitles for video clips
• Informational components about emerging technology may improve participant response rates
Questions?

http://www.ct.gov/cthealthit
Contacts

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Rachel Rusnak,
Rachel.rusnak@uconn.edu
Minnesota’s

Personal Health Record for Long Term Services and Supports

Demonstration

(PHR for LTSS Demo)

Tom Gossett, Business Project Manager, MN DHS

8/31/2015
Overview

• What we’re doing
• Who is doing it
• Why we’re doing it
• How we’re doing it
• When we’re doing it
Demonstration Project:

Trying something out to see how it works
“An ideal PHR would provide a complete and accurate summary of the health and medical history of an individual by gathering data from many sources and making this information accessible online to anyone who has the necessary electronic credentials to view the information.”

-Centers for Medicare & Medicaid Services
What we’re doing

Starting with:

• Case manager contact information
• Text notifications to cell phone
• DHS Letters electronically
• Sharing with others
What we’re doing

Later adding:

• Notes users can share
• Assessments in addition to paper
• Other information
  Advance Directives, Power of Attorney, Guardianship, etc.
Who is doing it

Users:

• Beneficiary or legal representative
• Others as chosen by beneficiary
• Case Manager
Who is doing it

Builders:

- Community Collaborative Request for Proposals
- Users Focus Groups, Usability Testing, etc.
- MN Department of Human Services (DHS)
Why we’re doing it

Health Information Technology improves

- Care Coordination
- Care Transitions
- Data Sharing and Analytics

resulting in more

Person-Centered Care
How we’re doing it

Steps
1. Requirements
2. Planning
3. Designing
4. Development
5. Testing
6. Deployment
7. Maintenance
How we’re doing it

1. Requirements

- Conduct requirements workshops
- Develop business requirements
- Communicate with stakeholders
How we’re doing it

2. Planning

- Create DHS Statement of Work
- Publish Request for Proposals for Community Collaborative
How we’re doing it

3. Designing

- DHS systems to send data to PHR
- Collaborative PHR to share data with beneficiaries
- Engage beneficiary focus groups
How we’re doing it

4. Development

- DHS systems to send data to Collaborative PHR
- Collaborative PHR to share data with beneficiaries
How we’re doing it

5. Testing

• DHS systems for secure transport of accurate data
• Collaborative PHR for secure, useable display of DHS data
• Engage beneficiaries as testers
6. Deployment

- DHS systems to production
- Collaborative PHR to production
- Engage and support beneficiaries as users
How we’re doing it

7. Maintenance

- DHS systems internal maintenance and support
- Collaborative PHR system maintenance
- Engage and support beneficiaries as users
When we’re doing it

Release #1 – 9/30/2016

Release #2 – 9/30/2017

Lessons Learned – 3/31/2018
Our Goal:
A Personal Health Record that is:

• Accessible for seniors and people with disabilities
• Useful for beneficiaries/legal reps and case managers
• Available securely over the mobile internet
More information

- Web Site
  www.dhs.state.mn.us/main/dhs16_184574
- Monthly Updates
  Subscribe on Web site
- Contact Tom Gossett project manager
  tom.l.gossett@state.mn.us
  651-431-2601
BREAK OUT SESSION

PHR and eLTSS
BREAK
Functional Assessment Standardized Items (FASI): Update and Q & A

Barbara Gage, Sr. VP, Scientific Research & Evaluation, Post Acute Care Center for Research (PACCR)

Patricia Rivard, FASI TA Lead, Truven Health Analytics

TEFT Grantee Meeting - 2015 HCBS Conference
August 31, 2015
FASI – Functional Assessment Standardized Items

- Standardized assessment items enable states to collect data once and use multiple times to:
  - Monitor quality and measure program impact
  - Determine eligibility for different state programs
  - Report across multiple populations within a state and across states
  - Update systems to reflect national measurement standards
  - Create exchangeable data platforms
Background and Development

- Standardized assessment items originally developed for assessing function in the Medicare population including dual-eligibles
- Functional items adapted to assess status and needs of participants in HCBS settings
- Draft items presented to TEP for feedback
- Modify items based on feedback from TEP
- Test items for reliability and validity in HCBS populations
- Work with states to incorporate items for Round 2 data collection
- Grantees will demonstrate use of finalized items in their CB-LTSS programs
Field Test – Round 1

- **Goal:** Assess reliability & validity
- **Data Collection:** Mid- 2016
- **Six (6) grantee states will provide sample**
- **Populations:**
  - Aged
  - Physically Disabled
  - Intellectual/Developmental Disabilities
  - Brain Injury
  - Severely Mentally Ill
- **In-home assessments conducted by qualified assessors**
- **Data Analysis:** Later in 2016
FASI – Demonstration – Round 2

- Six grantees participating - 2017

- Will collect data and demonstrate use in select programs/populations:
  - Assess HCBS program quality
  - Facilitate state/regional/national comparisons of functional status
  - Provide comparative data for legislatures on rebalancing efforts
  - Test state-based data exchangeability
  - Other uses?
Questions?

Contacts:

- Barbara Gage – bgage@paccr.org
- Pat Rivard – patricia.rivard@truvenhealth.com
BREAK OUT SESSION

Integrating Functional Assessment Standardized Items (FASI) within eLTSS & PHR
TEFT Grantee Meeting Wrap-Up: Where Do We Go From Here?

Mike Smith, Director, Division of Community Systems Transformation, CMS

Patricia Greim, Performance & Operations Director, Office of Standards & Technology, ONC
Thank you for attending!