TEFT Intensive

National Home and Community Based Services (HCBS) Conference

August 28, 2017
## Morning Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 – 9:30</td>
<td>Registration &amp; Networking</td>
</tr>
<tr>
<td>9:30 – 10:30</td>
<td>Collaborative Session with MFP</td>
</tr>
<tr>
<td>10:30 – 10:45</td>
<td>Break &amp; Transition to TEFT Intensive</td>
</tr>
<tr>
<td>10:45 – 11:00</td>
<td>Overview &amp; Introductions of CMS Team, Overview of TEFT Intensive</td>
</tr>
<tr>
<td></td>
<td><em>Kerry Lida, TEFT Program Lead, DCST, CMS</em></td>
</tr>
<tr>
<td></td>
<td><em>Allison Weaver, TEFT TA COR and Grantee Project Officer, DCST, CMS</em></td>
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<td><em>Alicia Ryce, TEFT Grantee Project Officer, DCST, CMS</em></td>
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<td></td>
<td><em>Teja Stokes, TEFT TA Coordinator, Truven Health Analytics</em></td>
</tr>
<tr>
<td>11:00 – 12:00</td>
<td>eLTSS Harmonization Update &amp; Next Steps</td>
</tr>
<tr>
<td></td>
<td><em>Office of the National Coordinator for Health IT</em></td>
</tr>
<tr>
<td>12:00 – 1:30</td>
<td>Luncheon Plenary</td>
</tr>
</tbody>
</table>
Welcome & Introductions of CMS Team, Overview of TEFT Intensive

Kerry Lida, TEFT Program Lead, DCST, CMS
Allison Weaver, TEFT TA COR and Grantee Project Officer, DCST, CMS
Alicia Ryce, TEFT Grantee Project Officer, DCST, CMS
Teja Stokes, TEFT TA Director, Truven Health Analytics
eLTSS Harmonization Update & Next Steps

Office of the National Coordinator for Health IT
eLTSS Harmonization Update & Next Steps

HCBS TEFT Intensive

Date: August 28, 2017
Agenda

• Background: Purpose & Scope
• Round 2 Pilots Timeline
• eLTSS Core Dataset
• Round 2 Pilot Organizations
• eLTSS Round 2 Results
• Harmonization Approach and examples
• Value proposition for standardized information capture
• Common industry Standards
• Understanding Health & Human Services IT Standards
• Vision for eLTSS Dataset Integration
• Next Steps
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 need

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 At-A-Glance
Round 2 Pilots Timeline

- **22SEP16 Round 2 Pilots Kick-Off**
  - Round 2 Pilot Presentations
  - Pilots work with Providers to validate eLTSS dataset

- **APR17 Round 2 Testing Complete**

- **SEP17 Round 2 Pilot Close Out**

- **Pilots report findings, timeline updates and challenges during All-Hands Calls**

- **Incorporate Person Centered Planning Elements**

- **Clean-up and Harmonize any Core Elements Based on Pilot Feedback**

- **Round 2 Pilot Completion Report Outs**

- **Publish Final Dataset (core plus PCP)**

WE ARE HERE
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

- Financial Information: 4 Elements
  - Plan Funding Source
  - Program Name
  - Total Plan Budget
  - Total Plan Cost

- 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

- Emergency Backup Plan: 4 Elements
  - Emergency Backup Name
  - Non-Paid Emergency Backup Relationship Type
  - Emergency Backup Phone Number
  - Emergency Backup Plan Text

- Goals & Strengths: 4 Elements
  - Assessed Needs
  - Goal
  - Step or Action
  - Strengths

- Service Information: 11 Elements
  - Service Name
  - Service Start Date
  - Service End Date
  - Service Comment
  - Service Funding Source
  - Unit of Service Type
  - Unit of Service Quantity
  - Service Unit Quantity Interval
  - Service Rate per Unit
  - Service Total Units
  - Total Cost of Service

- 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
## eLTSS Round 2 Pilot Organizations

<table>
<thead>
<tr>
<th>TEFT Organization</th>
<th>User Story Tested</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CO:</strong> Dept. of Health Care Policy &amp; Financing</td>
<td>User Story 1: LTSS Eligibility, eLTSS Plan Creation and Approval</td>
</tr>
<tr>
<td><strong>CT:</strong> Dept. of Social Services Division of Health Services</td>
<td>User Story 2: Sharing a Person-Centered eLTSS Plan</td>
</tr>
<tr>
<td><strong>GA:</strong> Dept. of Community Health</td>
<td>User Story 1: LTSS Eligibility, eLTSS Plan Creation and Approval</td>
</tr>
<tr>
<td><strong>KY:</strong> Office of Administrative &amp; Technology Services</td>
<td>User Story 1: LTSS Eligibility, eLTSS Plan Creation and Approval</td>
</tr>
<tr>
<td></td>
<td>User Story 2: Sharing a Person-Centered eLTSS Plan</td>
</tr>
<tr>
<td><strong>MD:</strong> Dept. of Health &amp; Mental Hygiene</td>
<td>User Story 2: Sharing a Person-Centered eLTSS Plan</td>
</tr>
<tr>
<td><strong>MN:</strong> Dept. of Human Service</td>
<td>User Story 2: Sharing a Person-Centered eLTSS Plan</td>
</tr>
</tbody>
</table>

Detailed presentations from each of the Pilot Sites available here: [http://oncprojecttracking.healthit.gov/wiki/display/TechLabSC/eLTSS+Pilots#eLTSSPilots-Round2PilotPlanPresentations](http://oncprojecttracking.healthit.gov/wiki/display/TechLabSC/eLTSS+Pilots#eLTSSPilots-Round2PilotPlanPresentations)

**eLTSS Pilots are open to all participants regardless of participating 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://oncprojecttracking.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
<table>
<thead>
<tr>
<th>1 Beneficiary</th>
<th>1 Skilled Nursing Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 CDO Service Advisor</td>
<td>1 Support Planner</td>
</tr>
<tr>
<td>1 CMA Organization</td>
<td>1 Vocational Rehab</td>
</tr>
<tr>
<td>1 County Provider</td>
<td>1 Waiver Program Supervisor</td>
</tr>
<tr>
<td>1 In-Patient Behavioral Health</td>
<td>2 Adult Day Health</td>
</tr>
<tr>
<td>1 Meal Delivery Service</td>
<td>2 SEP Organizations</td>
</tr>
<tr>
<td>1 Nurse Monitor</td>
<td>3 In-home Personal Assistants</td>
</tr>
<tr>
<td>1 Personal Support Services and</td>
<td>4 Case Managers</td>
</tr>
<tr>
<td>Skilled Home Health</td>
<td></td>
</tr>
<tr>
<td>1 Quality Improvement Organization</td>
<td></td>
</tr>
</tbody>
</table>
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://oncprojecttracking.healthit.gov/wiki/display/TechLabSC/eLTSS+Home
Harmonization Example: Plan Funding Source

<table>
<thead>
<tr>
<th>Included in Pilot’s Plan?</th>
<th>CO</th>
<th>CT</th>
<th>GA</th>
<th>KY</th>
<th>MD</th>
<th>MN</th>
<th>FEi</th>
<th>MoW</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>4</td>
</tr>
</tbody>
</table>

**Definition:** The source(s) of payment for the plan.

**Common themes in provider feedback (5 comments total):**

- There are many different payer sources.
- Does not need to be included in plans

**PROPOSAL:** Remove Plan Funding Source from the core eLTSS Dataset
Why Harmonize Data Elements?
Value Proposition for Standardized Information Capture

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
**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.
What are Common Industry Standards?

Types of Data on a Payment Card

- Chip (data on magnetic stripe image)
- PAN
- CID (American Express)
- Expiration Date
- Magnetic Stripe (data on tracks 1 & 2)
- CVV2/CID/CVC2/CV2 (Discover, JCB, MasterCard, Visa)

Real, full-size, 1:1 scale Locomotives

- One Foot
- Various scales, all running on 45mm track

Real, 6-foot all person.

100.5 Scale: 100.5 Scale: often used to model standard gauge (45mm) track (slightly oversized)
- O Scale: 45mm Scale: often used to model standard gauge (45mm) track
- 3-foot Gauge: 3-foot Gauge: Correct for 3-foot gauge on 45mm track
- 2-foot Gauge: 2-foot Gauge: Correct for 2-foot gauge on 45mm track

Pharmacy
NAME: 

RX: 1234

PRESCRIPTION NUMBER

5 REFILL(S) REMAINING BEFORE 6/16/2007
QT: 75 RPH: ALAN S.
Date filled: 6/16/2007
Orig Date: 6/16/2006
What is a Health & Human Services IT Standard?

An IT standard provides the fundamental *definitions for* and *structures of* the data that can be communicated electronically across a wide variety of healthcare use cases.

They refer to agreed-upon FILE formats for *electronic documents, messages*, and other healthcare related *data elements*.

They permit two or more disparate entities to work in some cooperative way to share information in a secure and seamless way.

Why are Standards Important for Health & Human Services Industries?

- Need common approach for representing and exchanging health and human services data:
  - Those who collect it from outside sources
  - Those who enter it into electronic format
  - Those who analyze it
  - Those who verify the findings
  - Those that communicate the information for interventions (health, public health and services related)

Source: Public Health Informatics [http://slideplayer.com/slide/7341838/]
## What are Types of IT Standards?

<table>
<thead>
<tr>
<th>STANDARD TYPE</th>
<th>FUNCTIONS OF STANDARDS</th>
<th>REAL WORLD EXAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VOCABULARY &amp; TERMINOLOGY</strong></td>
<td>Information is universally understood</td>
<td>Specific words and language used in a letter/package</td>
</tr>
<tr>
<td><strong>FORMAT, CONTENT &amp; STRUCTURE</strong></td>
<td>Information is in the appropriate format</td>
<td>Structure and specific type of information in the letter/package</td>
</tr>
<tr>
<td><strong>TRANSPORT</strong></td>
<td>Information moves from point A to point B</td>
<td>Method used to move letter/package from one address to another</td>
</tr>
<tr>
<td><strong>SECURITY</strong></td>
<td>Information is securely accessed and moved</td>
<td>Sealing the envelope or package</td>
</tr>
<tr>
<td><strong>SERVICES</strong></td>
<td>Support the exchange of information</td>
<td>Delivering to intended recipient, finding address, insuring package for delivery</td>
</tr>
</tbody>
</table>
These are the “words” you choose to use to communicate information so you are clearly understood.

In health & human services, these can be tables of codes that describe things:

- Numbers as county codes (FIPS)
- Reportable diseases as number codes
- ICD-9, ICD-9 CM, ICD-10 codes for underlying cause of death

These codes are represented as **data element attributes**.

Common code standards include:

- LOINC (e.g. code for activities of daily living score is 72095-3)
- SNOMED CT (e.g. code for current every day smoker is 449868002)
- RxNorm (e.g. code for Ibuprofen is 5640)
Define the structure of the building blocks which can be used to contain a multitude of data elements that can be captured, stored, accessed, displayed and transmitted electronically for use and reuse in many formats.

THE WAY YOU PUT WORDS TOGETHER
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.
eLTSS Dataset Standardization

- 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
### Example: Existing Vocabulary Standards and Gaps

<table>
<thead>
<tr>
<th>eLTSS Data Element</th>
<th>Definition</th>
<th>Datatype/ Format</th>
<th>Applicable Code Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>A statement of a desired result that the person wants to achieve</td>
<td>String/ Free text</td>
<td>LOINC Goals Narrative (61146-7)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Goals Achievement value set: Goal achieved Goal not achieved Goal not attainable, No progress toward goal</td>
</tr>
<tr>
<td>Assessed Need</td>
<td>The clinical and/or community based necessity or desire as identified through an assessment that should be addressed by a service.</td>
<td>String/ Free text</td>
<td>Not available</td>
</tr>
</tbody>
</table>
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

**eLTSS Standardization: Next Steps**
eLTSS Initiative: Project Team Leads

- **ONC Leadership**
  - Elizabeth Palena-Hall ([elizabeth.palenahall@hhs.gov](mailto:elizabeth.palenahall@hhs.gov))
  - Caroline Coy ([caroline.coy@hhs.gov](mailto:caroline.coy@hhs.gov))

- **CMS Leadership**
  - Kerry Lida ([Kerry.Lida@cms.hhs.gov](mailto:Kerry.Lida@cms.hhs.gov))

- **Community Leadership**
  - Mary Sowers ([msowers@nasddds.org](mailto:msowers@nasddds.org))
  - Terry O’Malley ([tomalley@mgh.harvard.edu](mailto:tomalley@mgh.harvard.edu))

- **Federal Leadership**
  - Shawn Terrell ([shawnterrell@acl.hhs.gov](mailto:shawnterrell@acl.hhs.gov))
  - Caroline Ryan ([caroline.ryan@acl.hhs.gov](mailto:caroline.ryan@acl.hhs.gov))
  - Marisa Scala-Foley ([marisa.scala-foley@acl.hhs.gov](mailto:marisa.scala-foley@acl.hhs.gov))

- **Initiative Coordinator**
  - Evelyn Gallego ([evelyn.gallego@emiadvisors.net](mailto:evelyn.gallego@emiadvisors.net))

- **Project Management**
  - Lynette Elliott ([lynette.elliott@esacinc.com](mailto:lynette.elliott@esacinc.com))

- **Use Case & Functional Requirements Development**
  - Becky Angeles ([becky.angeles@esacinc.com](mailto:becky.angeles@esacinc.com))

- **Pilots Management**
  - Jamie Parker ([jamie.parker@esacinc.com](mailto:jamie.parker@esacinc.com))
Back-Up
Defined by Medicaid under § 441.301(c) as part of the scope of services and supports required under the State’s 1915(c) Home and Community-Based Settings (HCBS) waiver to include:

- The setting in which the individual resides is chosen by the individual
- Individual’s strengths and preferences
- Clinical and support needs as identified through an assessment of functional need
- Individual’s identified goals and designed outcomes
- Services and supports that will assist individual to achieve identified goals, and providers that will perform services
- Risk factors and measures in place to minimize them
- Individual and/or entity responsible for monitoring the plan
- Informed consent of the Individual
- Services the individual elects to self-direct

Key Inputs to Person-Centered Plan: Person-Centered Profile

**WHAT IS IMPORTANT TO ROBERT**
- Having a straw to hold
- Using my iPad apps
- Out and about
- Swimming
- Music
- Healthy food
- Looking sharp
- Drinking water
- Eating out
- Church
- Family
- Recreation, sports
- Volunteer, Job

**PEOPLE WHO HELP ROBERT BEST**
- Tell me when I do well
- Cheerful and outgoing
- Assist me to do things for myself
- Help me do what I like to do
- Use positive language (not “don’t…”)
- Tell me the plan
- Keep my house clean and neat
- Communicate and keep my mom in the loop
- Minimize waiting for things to happen
- Know I may have a seizure
- Identify fun activities
- Professional
- Stay with me
- Think ahead
- Safe driver
- Engage me
- Are on time

**WHAT PEOPLE LIKE AND ADMIRE ABOUT ROBERT**
- Say what I want, decisive
- Good memory
- Like everyone
- Handsome and polite
- High energy, adventurous
- Love my family
- Deep thinker
- Nice dresser
- Mellow
- Funny
- Like to "chill"

**SUPPORTS ROBERT NEEDS TO BE HAPPY, HEALTHY, AND SAFE**
- Medication on time
- Careful in parking lots
- Help in bathroom
- Seat belt on
- Wear ID bracelet
- Use bathroom a lot
- Call Mom if problem or question(s)
  410.733.9539
- Deep breaths if agitated
- Safe seizures
- Suntan lotion
- Food cut up
- Teeth clean
- No balcony use
- Nurse Lara: 443.677.7130
Questions?
Lunch

TEFT Intensive Resumes

at 1:30 pm
# Afternoon Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
</tr>
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<tbody>
<tr>
<td>1:30– 2:45</td>
<td>Round Table Discussions – TEFT Sustainability &amp; Advice for the Future</td>
</tr>
<tr>
<td>2:45 – 3:00</td>
<td>Break</td>
</tr>
<tr>
<td>3:00 – 3:45</td>
<td>TEFT Evaluation</td>
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<tr>
<td></td>
<td><em>The Lewin Group</em></td>
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<tr>
<td>3:45 – 4:15</td>
<td>Individual State Awards</td>
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<tr>
<td></td>
<td><em>Teja Stokes, Truven Health</em></td>
</tr>
<tr>
<td>4:15 – 4:30</td>
<td>TEFT Intensive Wrap-Up &amp; Adjourn</td>
</tr>
<tr>
<td></td>
<td><em>CMS TEFT Team: Kerry Lida, Allison Weaver, Alicia Ryce</em></td>
</tr>
</tbody>
</table>
Round Table Discussions – TEFT Sustainability & Advice for the Future
Break

Reconvene at 3:00
TEFT Evaluation

The Lewin Group
Testing Experience & Functional Tools
Monitoring & Rapid-Cycle Evaluation: Thinking Back & Looking Forward

HCBS Conference TEFT Intensive

The Lewin Group
August 28, 2017
TEFT Overview

• What is TEFT?
  – Medicaid HCBS planning and demonstration grant
  – Awarded by CMS in 2014 to nine states to test HCBS tools
  – Lewin awarded the monitoring and rapid-cycle evaluation contract
## TEFT Timeline: Select Activities

<table>
<thead>
<tr>
<th>Component</th>
<th>Y1: April ‘14 to March ’15</th>
<th>Y2: April ‘15 to March ’16</th>
<th>Y3: April ‘16 to March ’17</th>
<th>Y4: April ‘17 to March ‘18</th>
</tr>
</thead>
<tbody>
<tr>
<td>EoC Survey</td>
<td></td>
<td>Round 1: Data Collection &amp; Analysis (Truven)</td>
<td>Round 2: Data Collection &amp; Analysis (States)</td>
<td></td>
</tr>
<tr>
<td>AZ, CO, CT, GA, KY, MD, MN, NH</td>
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<tr>
<td>FASI</td>
<td>TEP (RTI)</td>
<td>TEP (Truven)</td>
<td></td>
<td>Round 1, Analysis, &amp; TEP (Truven &amp; GW)</td>
</tr>
<tr>
<td>AZ, CO, CT, GA, KY, MN</td>
<td></td>
<td></td>
<td></td>
<td>Round 2 (States)</td>
</tr>
<tr>
<td>PHR</td>
<td>PHR Planning (States)</td>
<td></td>
<td>PHR Roll Out (States)</td>
<td>PHR Survey OMB (Lewin)</td>
</tr>
<tr>
<td>CO, CT, GA, KY, MD, MN</td>
<td></td>
<td></td>
<td></td>
<td>PHR Survey &amp; Analysis (Lewin)</td>
</tr>
<tr>
<td>eLTSS</td>
<td>Pre-Discovery &amp; Discovery (States &amp; ONC)</td>
<td>Implementation (States &amp; ONC)</td>
<td>Pilot Phases 1 &amp; 2 (States &amp; ONC)</td>
<td>Testing &amp; Harmonization (States &amp; ONC)</td>
</tr>
<tr>
<td>CO, CT, GA, KY, MD, MN</td>
<td></td>
<td></td>
<td></td>
<td>Publish Final Data Set (ONC)</td>
</tr>
</tbody>
</table>

**Key:** States  TEFT Partners

*Discussions being held about potential No-Cost Extension but ONC, Truven, & Lewin work ends March 2018*
## Lewin Monitoring and Evaluation Methods

<table>
<thead>
<tr>
<th>Method</th>
<th>Purpose</th>
<th>Data Collection</th>
<th>Data Dissemination</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Formative Evaluation</strong></td>
<td>• Program monitoring and rapid-cycle provision of feedback, information, lessons learned, and recommendations to states and CMS</td>
<td>• Quarterly Monitoring Report (QMR) Website</td>
<td>• <strong>CMS</strong>: QMR Analysis Report and Executive Summary, Annual Report and Handout</td>
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<tr>
<td></td>
<td></td>
<td>• CMS and TEFT Partner Meetings</td>
<td>• <strong>Partners and States</strong>: QMR Dashboards and Timelines, Annual Handout</td>
</tr>
<tr>
<td><strong>Systems Outcomes Evaluation</strong></td>
<td>• Map and monitor changes in state LTSS systems, structures, and processes</td>
<td>• LTSS Systems Maps</td>
<td>• <strong>CMS and States</strong>: Maps, Scores, Site Visit Summaries</td>
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<tr>
<td></td>
<td></td>
<td>• Information Exchange Maturity Scores</td>
<td>• <strong>Partners</strong>: Maps and Site Visit Summaries</td>
</tr>
<tr>
<td><strong>Beneficiary Outcomes Evaluation</strong></td>
<td>• Review each state’s personal health record (PHR) system</td>
<td>• PHR User Survey</td>
<td>• <strong>CMS, Partners, and States</strong>: Reviewed PHR User Survey instrument</td>
</tr>
<tr>
<td></td>
<td>• Survey users to review their experience with the system</td>
<td>• Case Manager and HCBS Provider Listening Session</td>
<td></td>
</tr>
</tbody>
</table>

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A minute to reflect: Planning & Implementation

What worked in your state’s planning and implementation of the TEFT Demonstration?

What caused it to work?
A minute to reflect: Stakeholder Engagement

What are the biggest insights you gained from stakeholder engagement for each component?

What stakeholder groups were not included, but should have been or should have been included earlier?
A minute to reflect: Looking Forward

What would your state do more of, better, or differently as we move into the final months of the Demonstration?
Lewin Next Steps: August 2017 to March 2018 TEFT Evaluation Activities

- **Site Visits**
  - CB-LTSS Systems Maps
  - Information Exchange Maturity Score
  - Site Visit Reports

- **QMR #12 & #13**
  - Dashboards and Timelines
  - Report Cross-State Activities

- **PHR User Survey**

- **Final Evaluation Report**

- **Ad Hoc Requests**
  - CB-LTSS Systems Maps
  - Information Exchange Maturity Score
  - Site Visit Reports
LEWIN Contact Information

- TEFT Evaluation, General Questions and Website Support
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- Ashley Tomisek, PHR Survey
  - ashley.tomisek@lewin.com
  - 703-269-5632
Individual State Awards

Teja Stokes, Truven Health Analytics
TEFT Intensive Wrap-Up & Adjourn

CMS TEFT Team:
Kerry Lida, Allison Weaver, Alicia Ryce
Thank you for attending!