Technology enabled tools to assess and improve HCBS Programs:

The TEFT Demonstration

August 29, 2018

HCBS Conference

Kathleen Woodward, The Lewin Group
Tim Cortez, Colorado Department of Health Care Policy & Financing
Kathy Bruni, Connecticut Department of Social Services (DSS)
Minakshi Tikoo, Connecticut DSS
Paul Ford, Connecticut DSS

This work was completed under Contract HHSM0500-2011-00001I from the Centers for Medicare & Medicaid Services.

SESSION OBJECTIVES

- ✓ Introduce the CMS Testing Experience and Functional Tools (TEFT) Demonstration, and the national assessment items and health IT tools tested
- ✓ Introduce TEFT grantees' sustainability considerations
- ✓ Discuss how Colorado and Connecticut have implemented and sustained TEFT tools

TEFT BACKGROUND

Kathleen Woodward

The Lewin Group, TEFT Evaluation

WHAT IS THE TEFT DEMONSTRATION?

- **Testing Experience and Functional Tools Demonstration**
  - Awarded by CMS in 2014 to nine states to test HCBS tools
  - Lewin conducted monitoring and evaluation
  - Truven Health Analytics provided training and technical assistance
- **Why is TEFT unique?**
  - Focuses on beneficiary experience within HCBS settings
  - Focuses on standardization, allowing for use of tools across HCBS populations
  - Addresses the gap between HCBS populations and electronic exchange/health IT
  - States tested four tools and these tools and lessons learned can be used by other state organizations (e.g., Medicaid agencies, AAAs, hospitals, providers)

TEFT HCBS TOOLS & ACCOMPLISHMENTS

1. **Experience of Care Survey (HCBS CAHPS$^{®}$ Survey)**
   - Obtained Consumer Assessment of Healthcare Providers and Systems (CAHPS$^{®}$) trademark and National Quality Forum endorsement
2. **Functional Assessment Standardized Items (FASI)**
   - Developed a set of functional assessment measures for use with HCBS beneficiaries
3. **Personal Health Record (PHR)**
   - Demonstrated use with HCBS beneficiaries
   - Surveyed PHR users
4. **Electronic Long-Term Services and Supports (eLTSS) Plan**
   - Created eLTSS Dataset with 56 data elements
   - Submitted data elements to standards development organization (goal eLTSS standard)

IMPLEMENTATION & SUSTAINABILITY CONSIDERATIONS

Funding source

HCBS provider buy-in

Existing initiatives

State health IT infrastructure

State needs

Other considerations?

Focus for Today

TEFT RESOURCES

State*	HCBS CAHPS® Survey	FASI	PHR	eLTSS
Arizona	✓	✓	-	-
Colorado	✓	✓	✓	✓
Connecticut	✓	✓	✓	✓
Georgia	✓	✓	✓	✓
Kentucky	✓	✓	✓	✓
Maryland	✓	-	✓	✓
Minnesota	-*	✓	✓	✓
New Hampshire	✓	-	-	-

***Louisiana and Minnesota field tested Experience of Care Survey in Round 1**

CMS Overview of TEFT Demonstration
https://www.medicaid.gov/medicaid/ltss/teft-program/index.html

HCBS CAHPS® Survey
https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/cahps-hcbs-survey/index.html

CMS Data Elements Library—FASI (In Progress)
https://del.cms.gov/DELWeb/pubHome

Overview of eLTSS Plan
https://oncprojecttracking.healthit.gov/wiki/display/TechLabSC/eLTSS+Home

TEFT

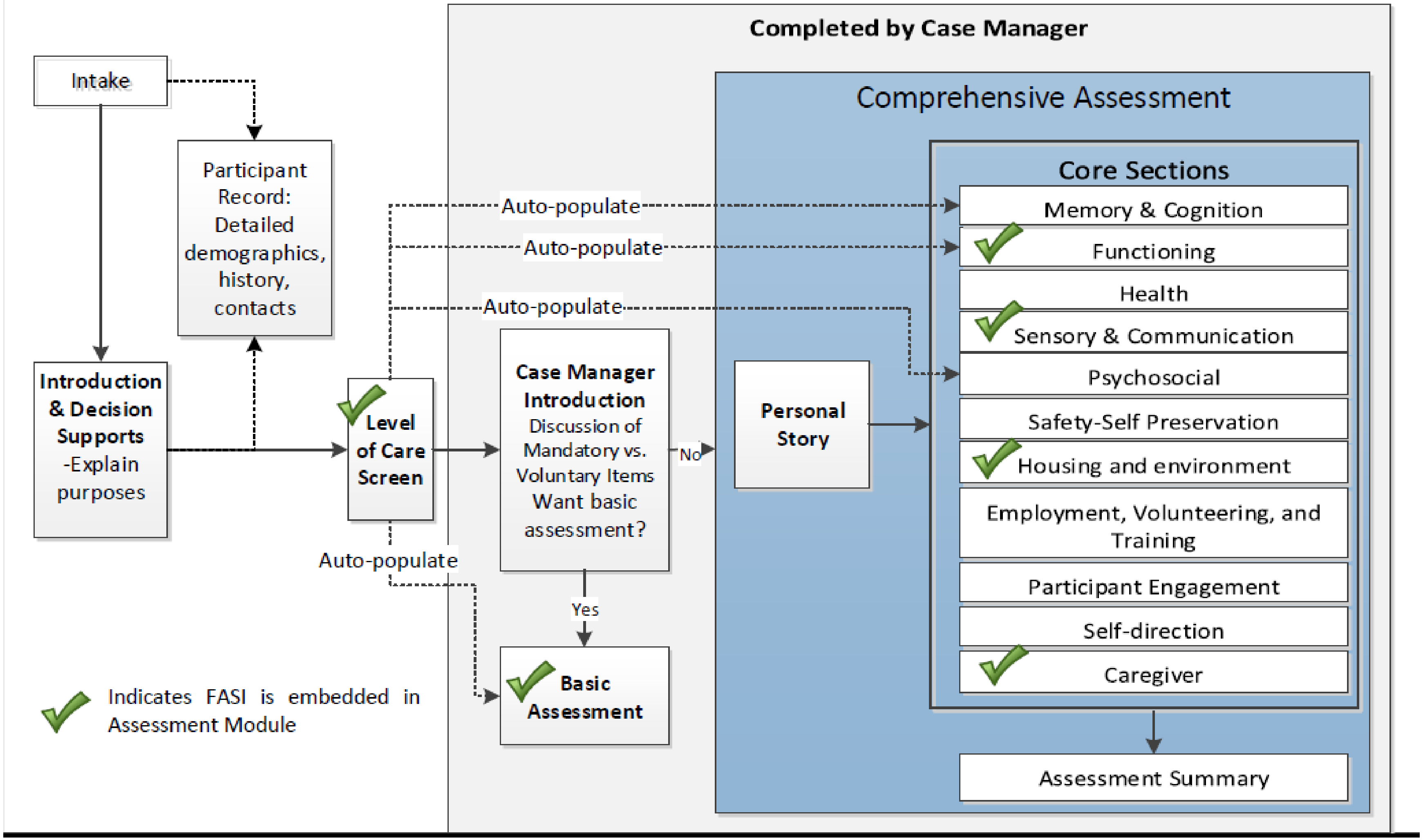
Demonstration Pilot to Test Experience and Functional Tools

Tim Cortez
Program Development & Evaluation Section, HCPF
Aug-18

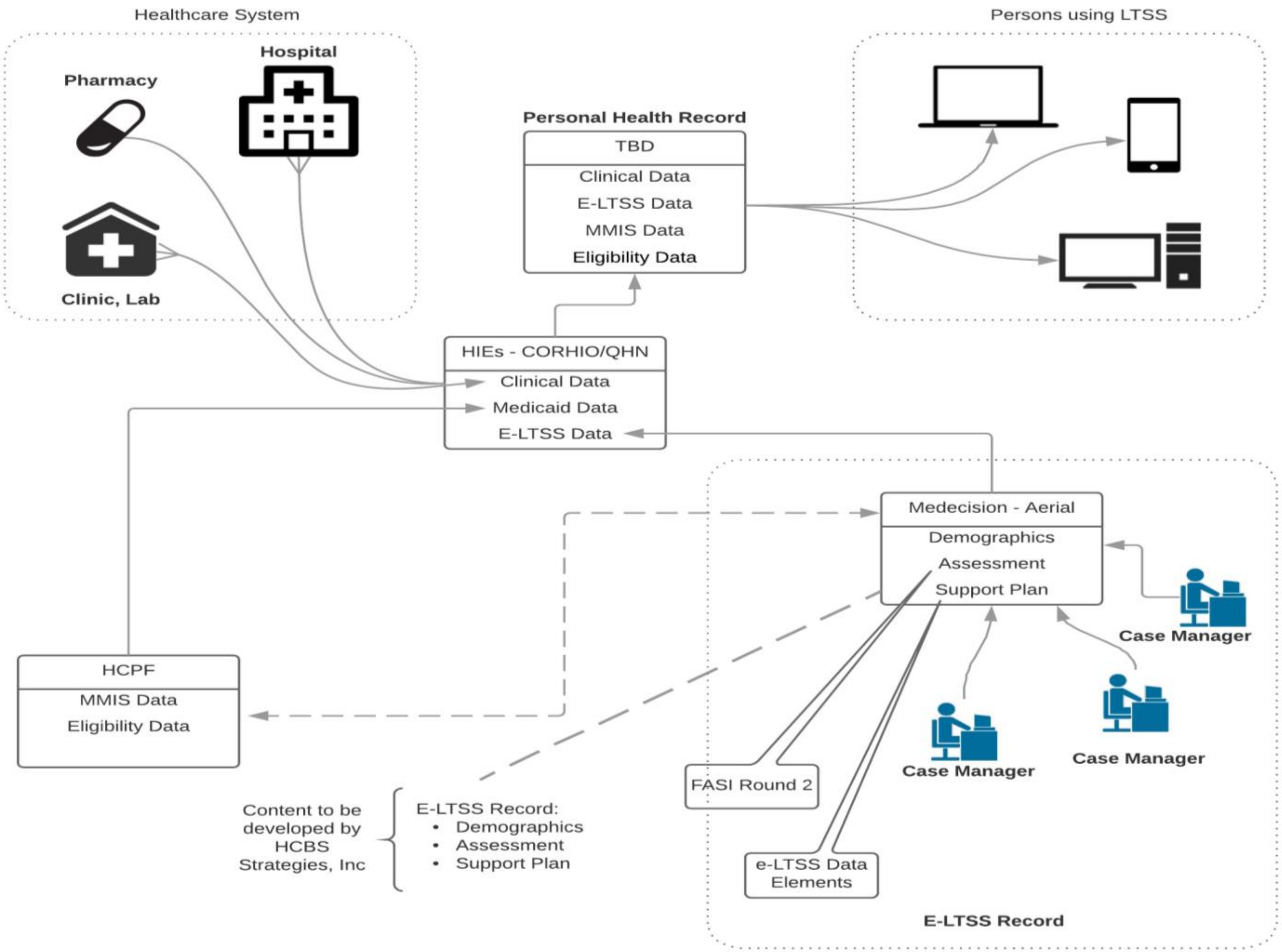
Our Mission

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

New Colorado Assessment Process (Revised 4/11/18)


Intake
Participant Record: Detailed demographics, history, contacts
Introduction & Decision Supports -Explain purposes
✓ Level of Care Screen
Auto-populate
Auto-populate
Auto-populate
Auto-populate
Completed by Case Manager
Case Manager Introduction Discussion of Mandatory vs. Voluntary Items Want basic assessment?
No
Yes
✓ Basic Assessment
Comprehensive Assessment
Personal Story
Core Sections
Memory & Cognition
✓ Functioning
Health
✓ Sensory & Communication
Psychosocial
Safety-Self Preservation
✓ Housing and environment
Employment, Volunteering, and Training
Participant Engagement
Self-direction
✓ Caregiver
Assessment Summary

✓ Indicates FASI is embedded in Assessment Module



Healthcare System

Pharmacy

Hospital

Clinic, Lab

Personal Health Record

TBD

Clinical Data

E-LTSS Data

MMIS Data

Eligibility Data

Persons using LTSS

HIEs - CORHIO/QHN

Clinical Data

Medicaid Data

E-LTSS Data

Medecision - Aerial

Demographics

Assessment

Support Plan

Case Manager

Case Manager

Case Manager

HCPF

MMIS Data

Eligibility Data

FASI Round 2

e-LTSS Data Elements

E-LTSS Record

Content to be developed by HCBS Strategies, Inc

E-LTSS Record:

- Demographics
- Assessment
- Support Plan

Vision for TEFT Components

Contact Information

Tim Cortez
Manager, Program Development and Evaluation Section
Office of Community Living
Timothy.cortez@state.co.us

USE OF THE HCBS CAHPS SURVEY IN WAIVER QUALITY MANAGEMENT

Department of Social Services

Kathy Bruni, Director Community Options

August 2018

The Connecticut Landscape

- Operate 10 Medicaid Waiver Programs
- 6 Directly Administered by the Medicaid Agency
- 3 Operated by the DD Agency
- 1 Operated by Mental Health Authority
- Also operate 1915i and k state plan options

Why Use the HCBS CAHPS

1. Person-centered – aligned with CT philosophy
2. Cross-disability
   - Ability to compare programs
   - Increased accessibility via phone mode, alternate response, proxy
3. Development aligned with CAHPS
   - Reflects what is important to beneficiaries
   - Rigorous review of testing methods and results
   - Trademark that providers recognize
   - Flexibility to add items from other surveys
4. NQF-endorsed measures available from the survey
5. Survey sponsor can determine frequency of use
6. Publicly available from CMS

7 Scale Measures

1. Staff are reliable and helpful –top-box score composed of 6 survey items
2. Staff listen and communicate well –top-box score composed of 11 survey items
3. Case manager is helpful - top-box score composed of 3 survey items
4. Choosing the services that matter to you - top-box score composed of 2 survey items
5. Transportation to medical appointments - top-box score composed of 3 survey items
6. Personal safety and respect - top-box score composed of 3 survey items
7. Planning your time and activities top-box score composed of 6 survey items

Survey Administration

- Designed to be administered by an interviewer
  - In person
  - By telephone
  - **Participant’s choice**
- 81 items plus demographics and interviewer questions
  - 30 minute average due to skip patterns
- Tailored program and provider-specific terms are integrated directly
- Alternate Responses (for accessibility)
  - Mostly Yes, Mostly No (instead of four point scale)
  - Excellent, very good, good, fair, poor (instead of 1 to 10)
- Assistance & Proxy respondents allowed by CMS (not a paid provider)

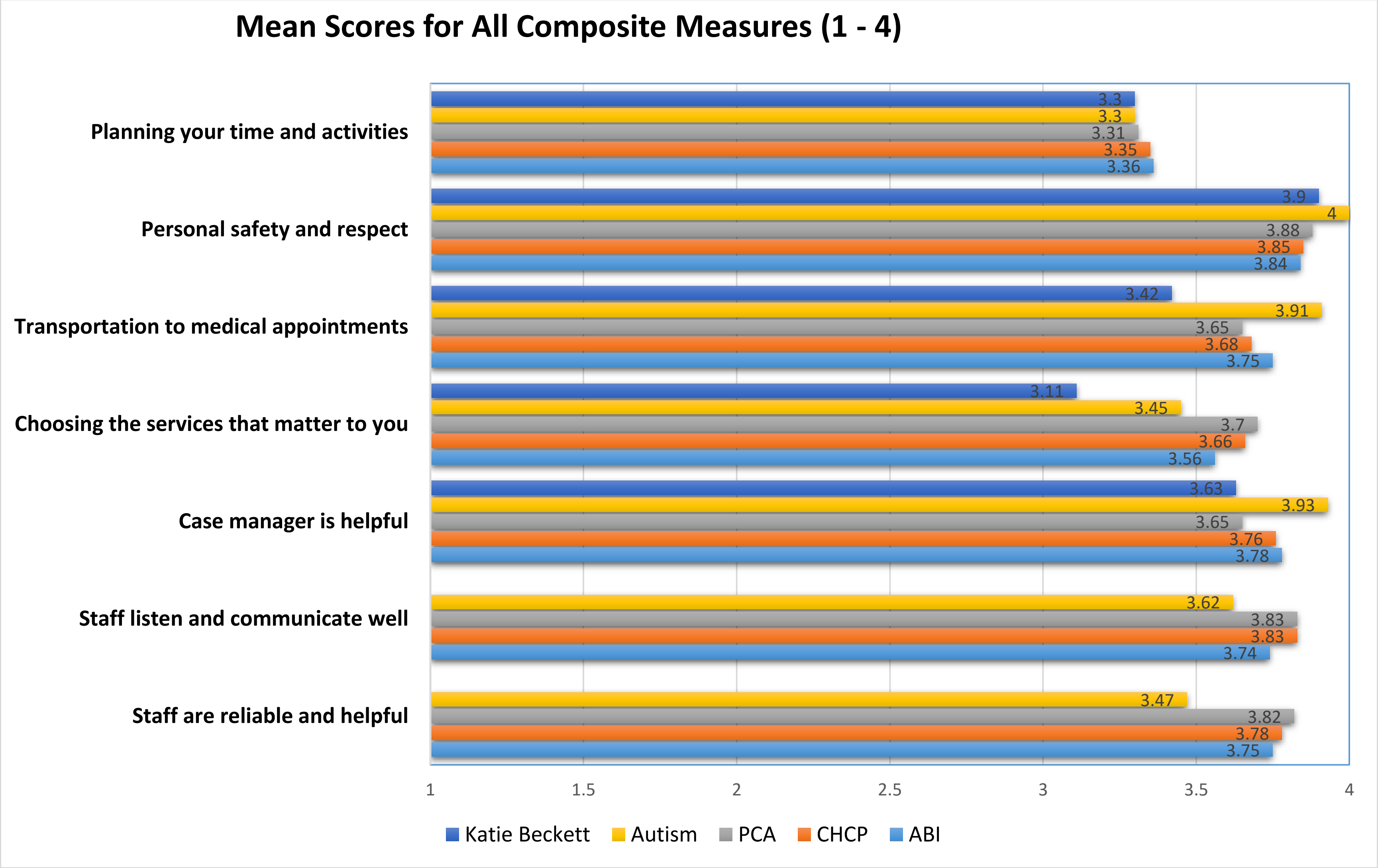
Administration of the Tool

- All staff in Community Options Waiver Unit have been trained to administer the survey
- Representative sample for each waiver
- Care management agencies are required to have a QA unit conduct surveys on 10% of the client base
- Community Options staff will do surveys as needed to achieve representative sample for each waiver operated by the Medicaid agency
- Web based program to complete surveys
- UConn Center on Aging will conduct data analysis
- Intend to publish the results

Current Status

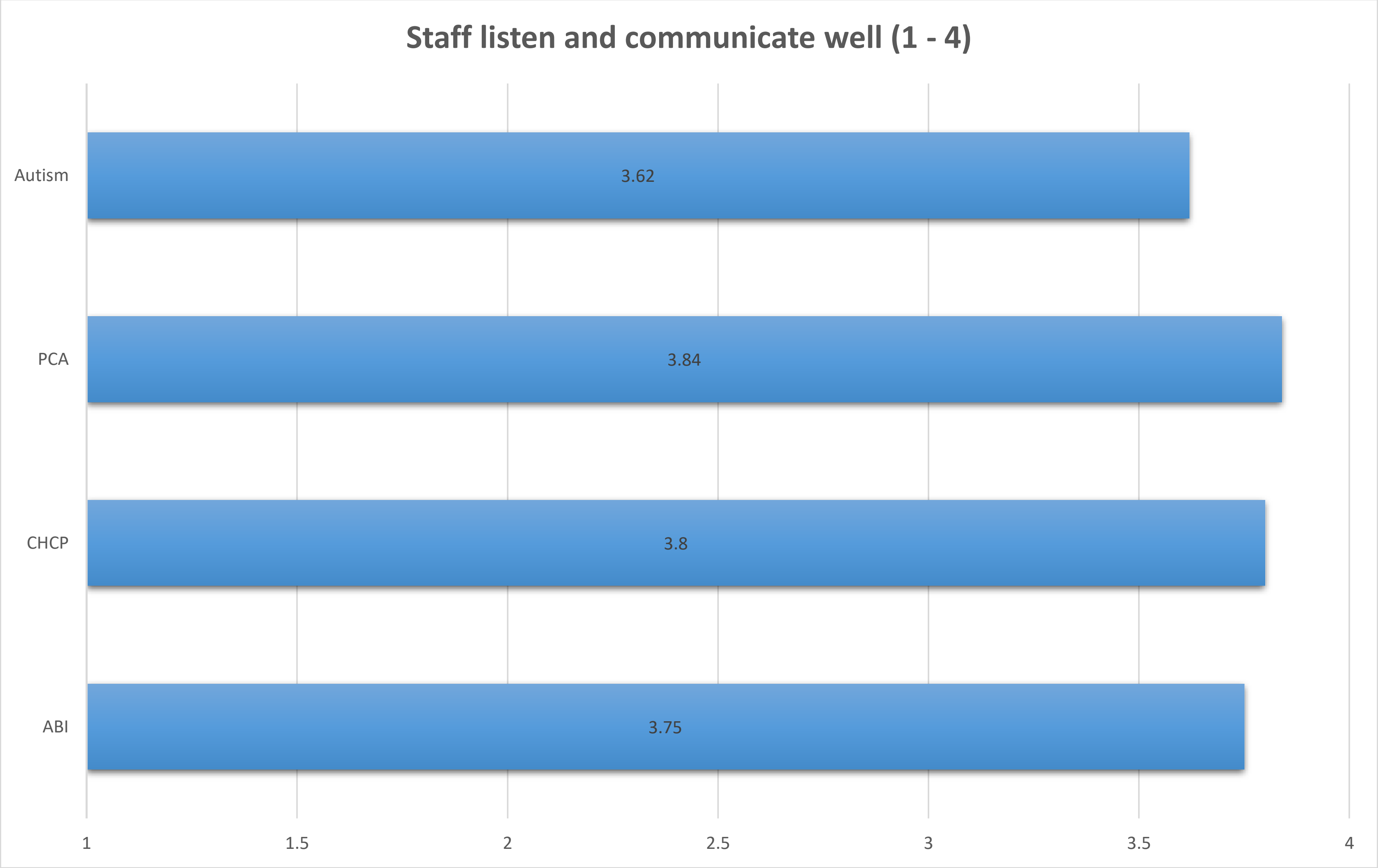
- One year experience with 5 Waivers
- DDS
- Mental Health Agency want s to modify the services to reflect what they believe are important services in the waiver
- Quality Staff are developing performance measures for waiver renewals with survey as the data source
- Serves to develop a cross waiver quality improvement strategy

Results of Year 1

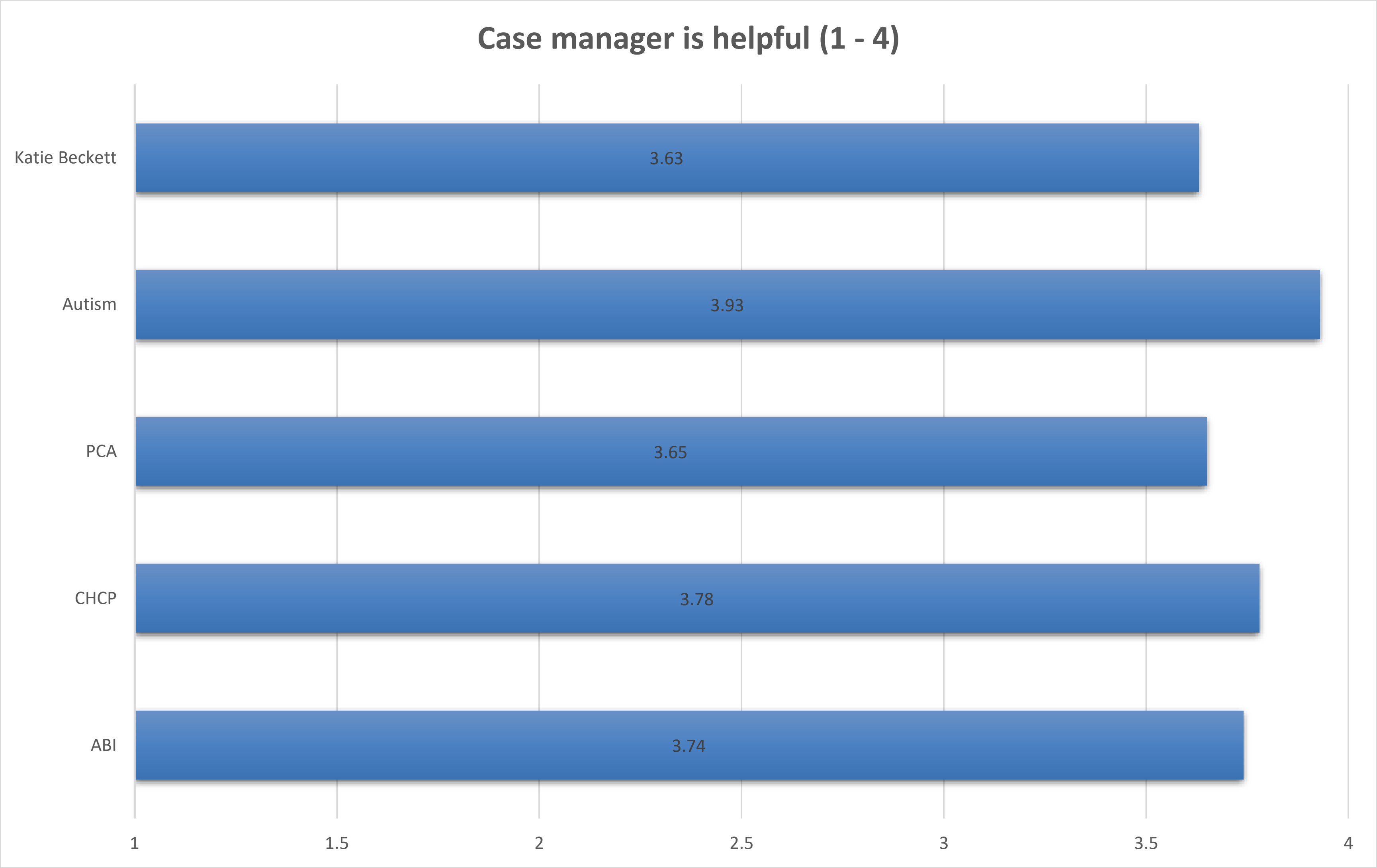


Mean Scores for All Composite Measures (1 - 4)

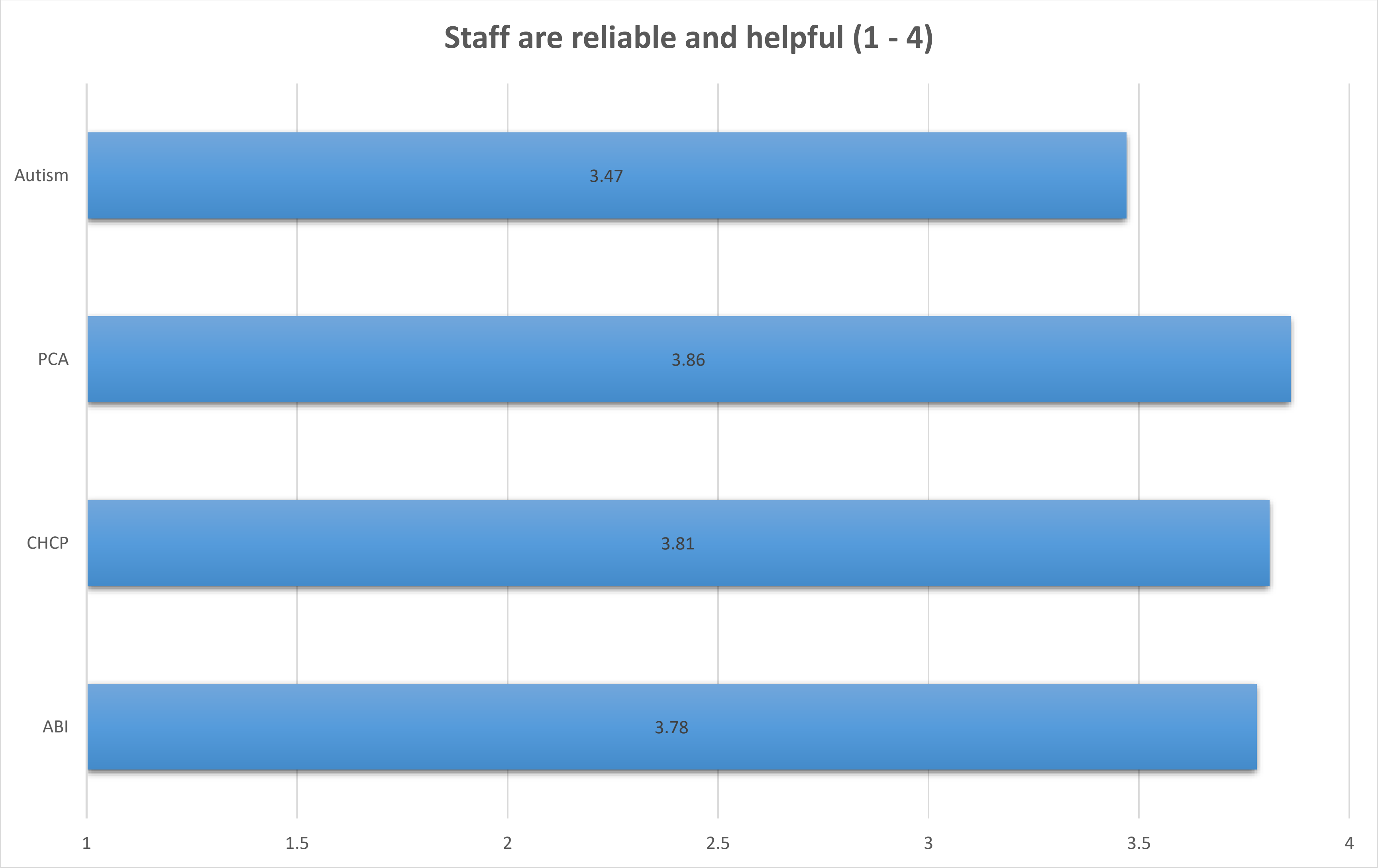
RESULTS YEAR 1



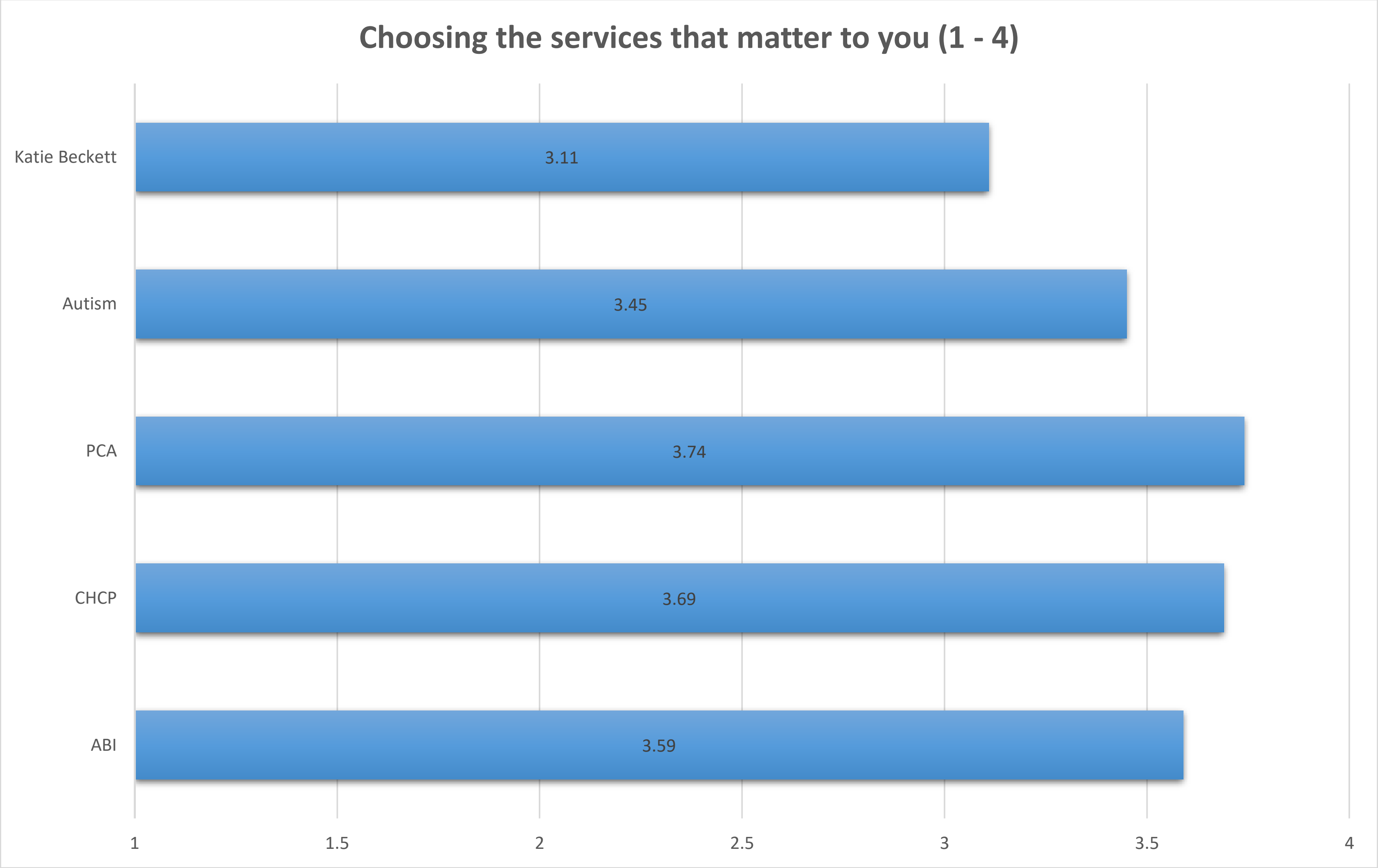
RESULTS YEAR 1



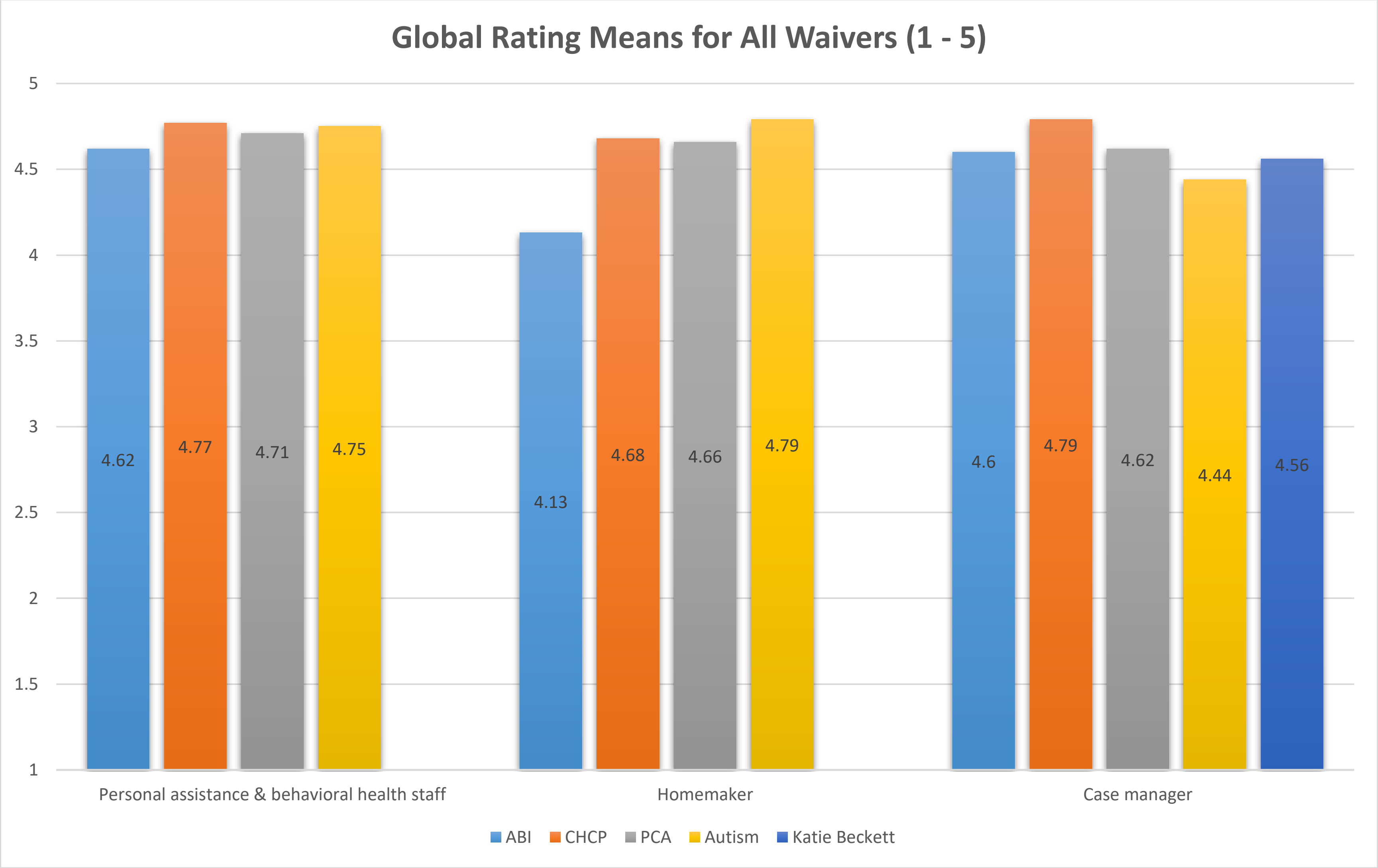
RESULTS YEAR 1



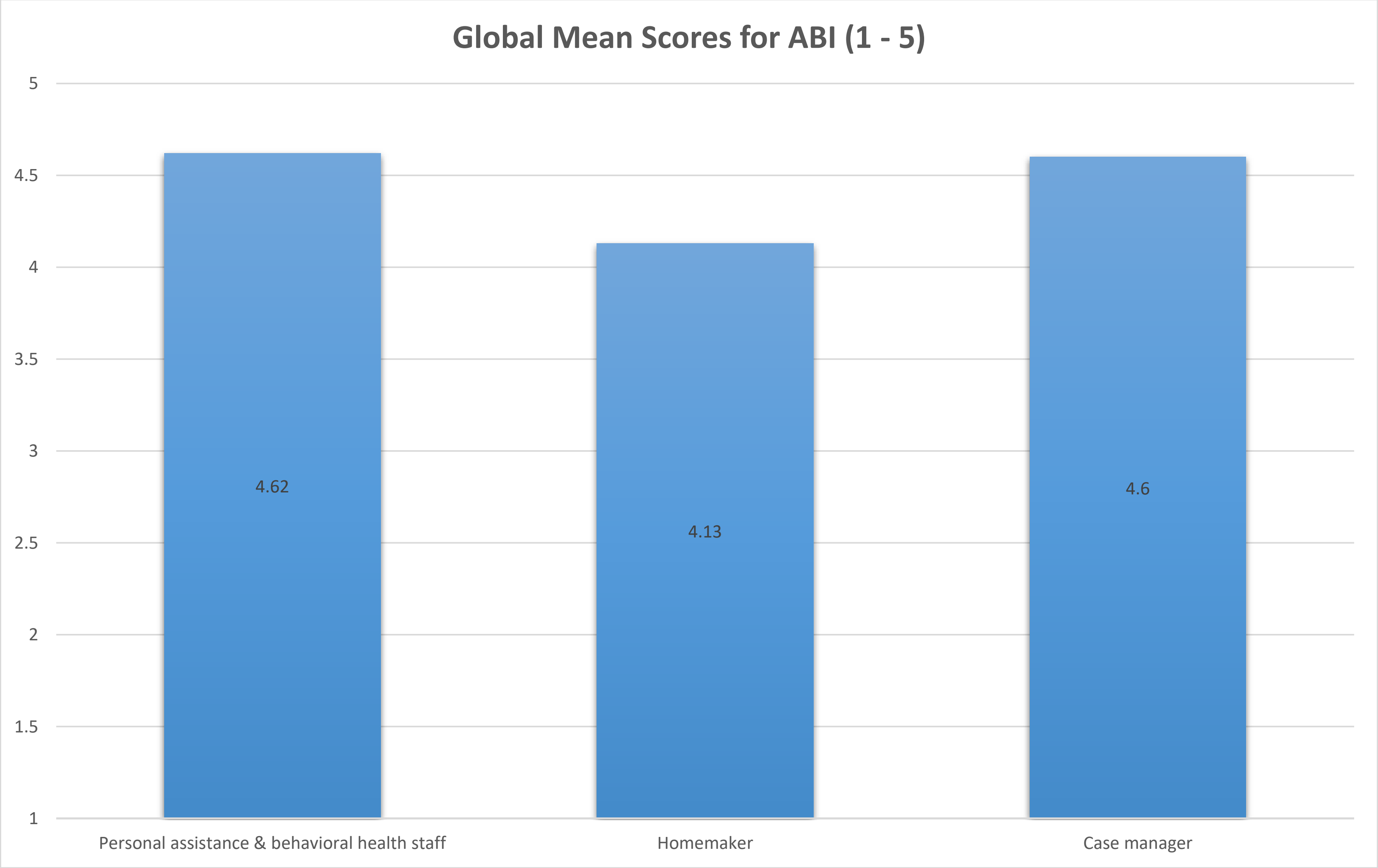
RESULTS YEAR 1



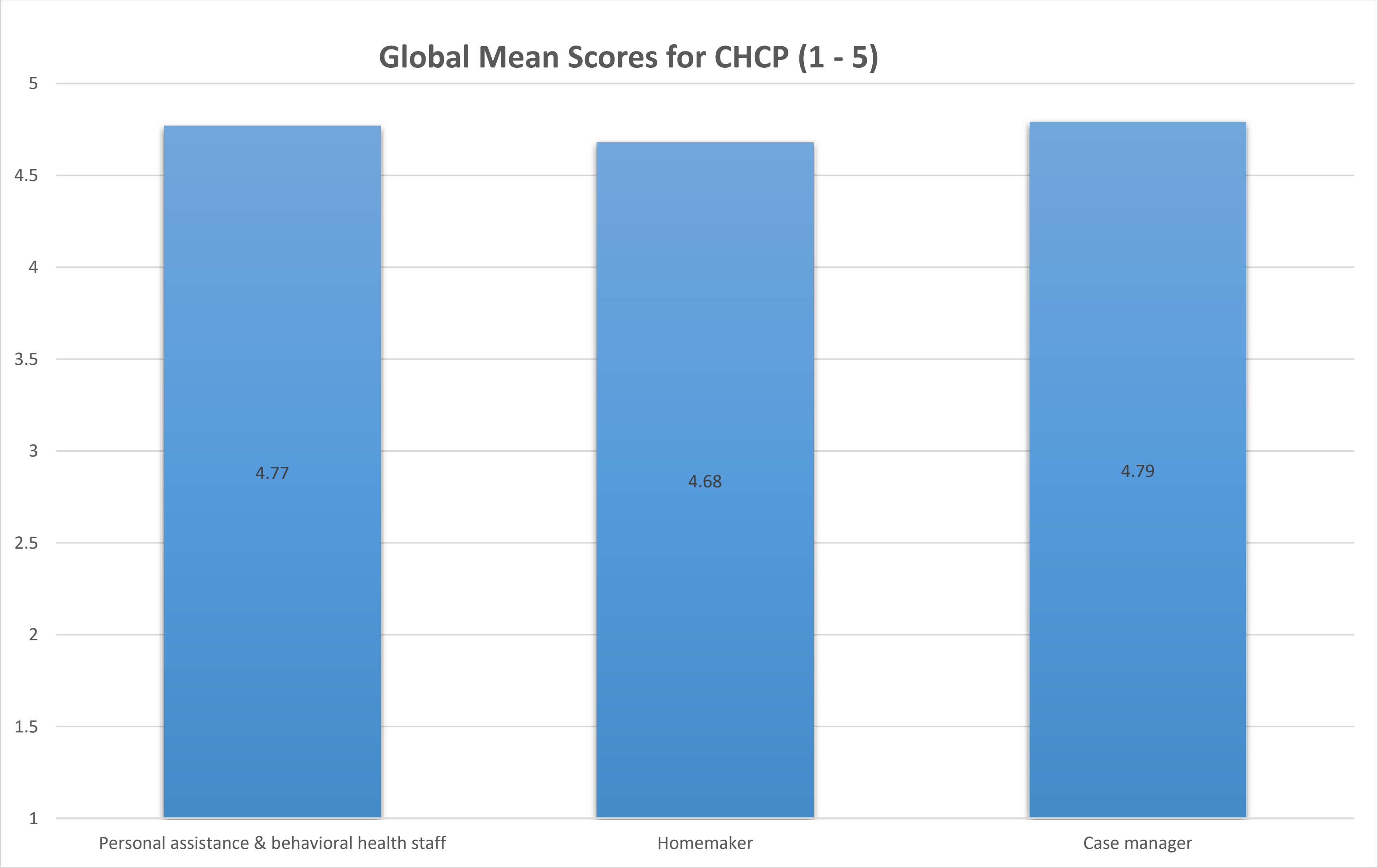
RESULTS YEAR 1



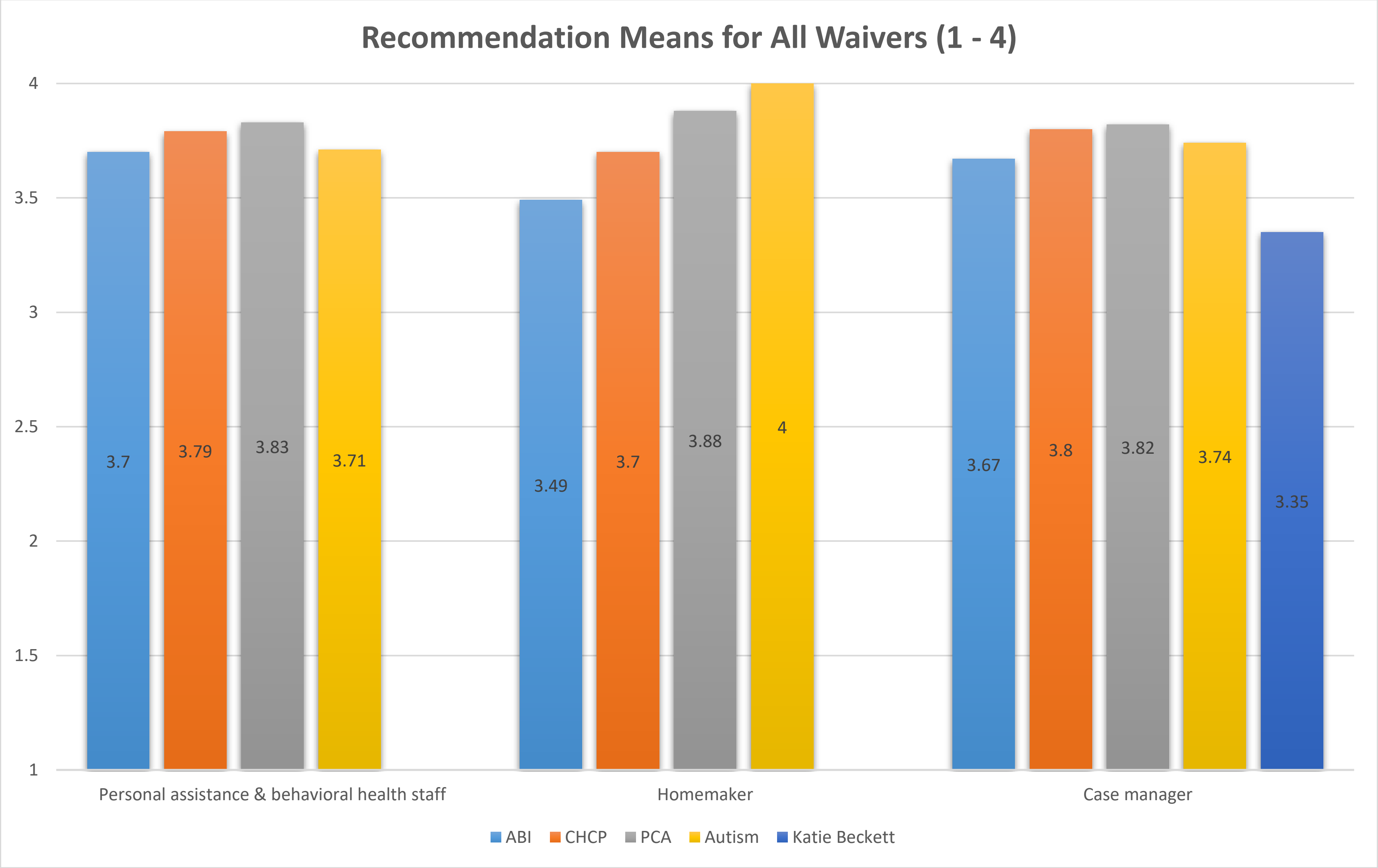
RESULTS YEAR 1



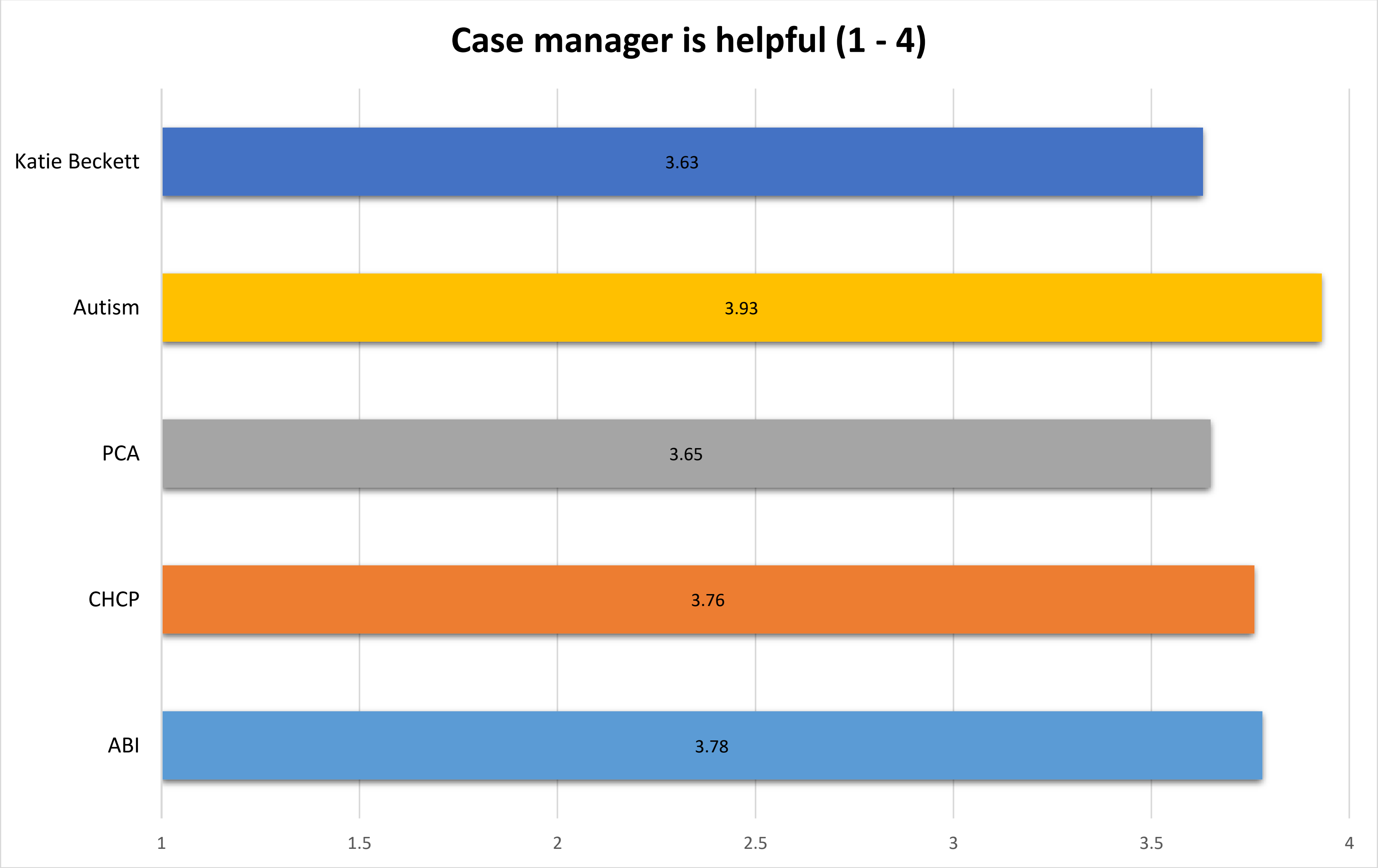
RESULTS YEAR 1



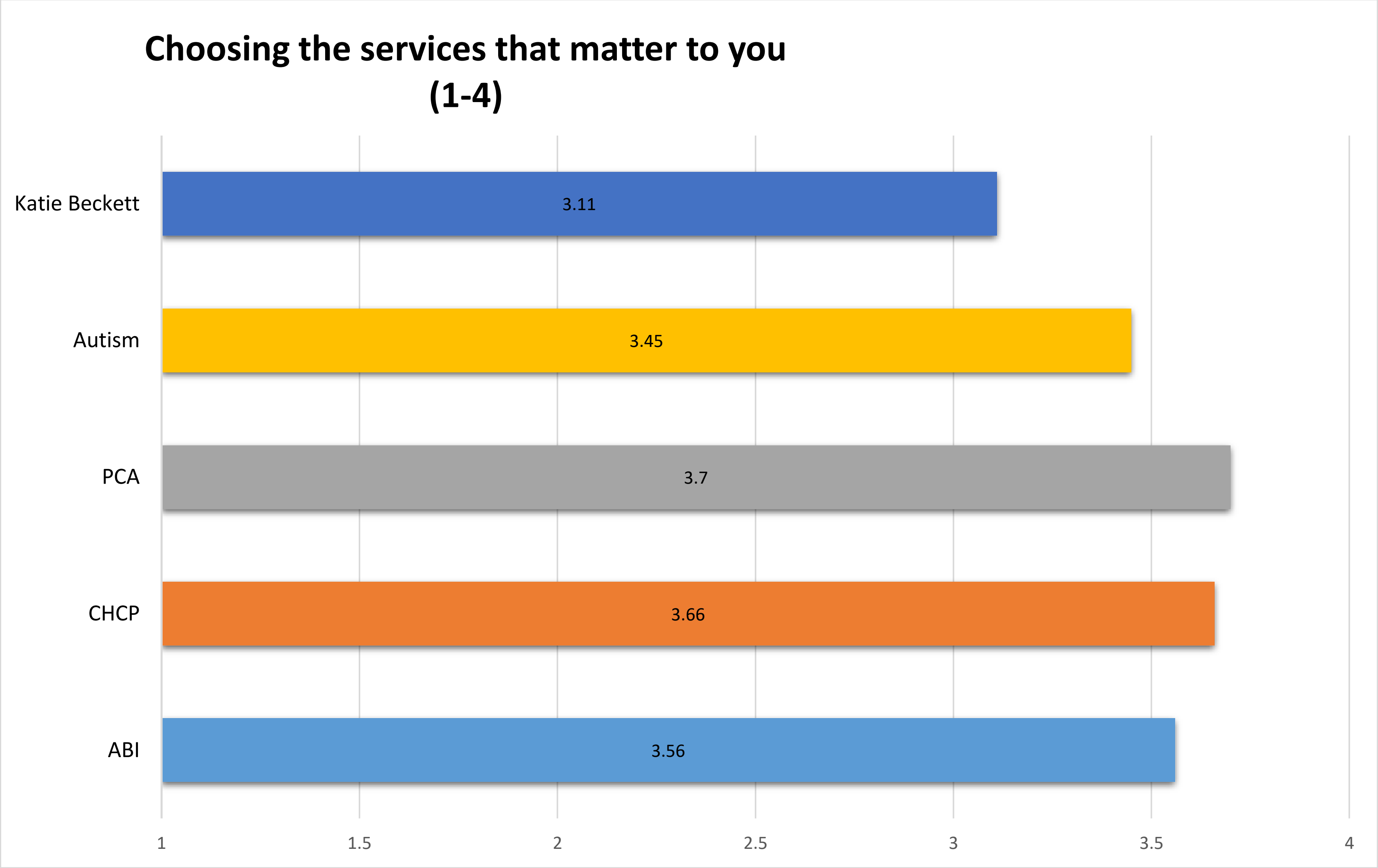
RESULTS YEAR 1


Recommendation Means for All Waivers (1 - 4)

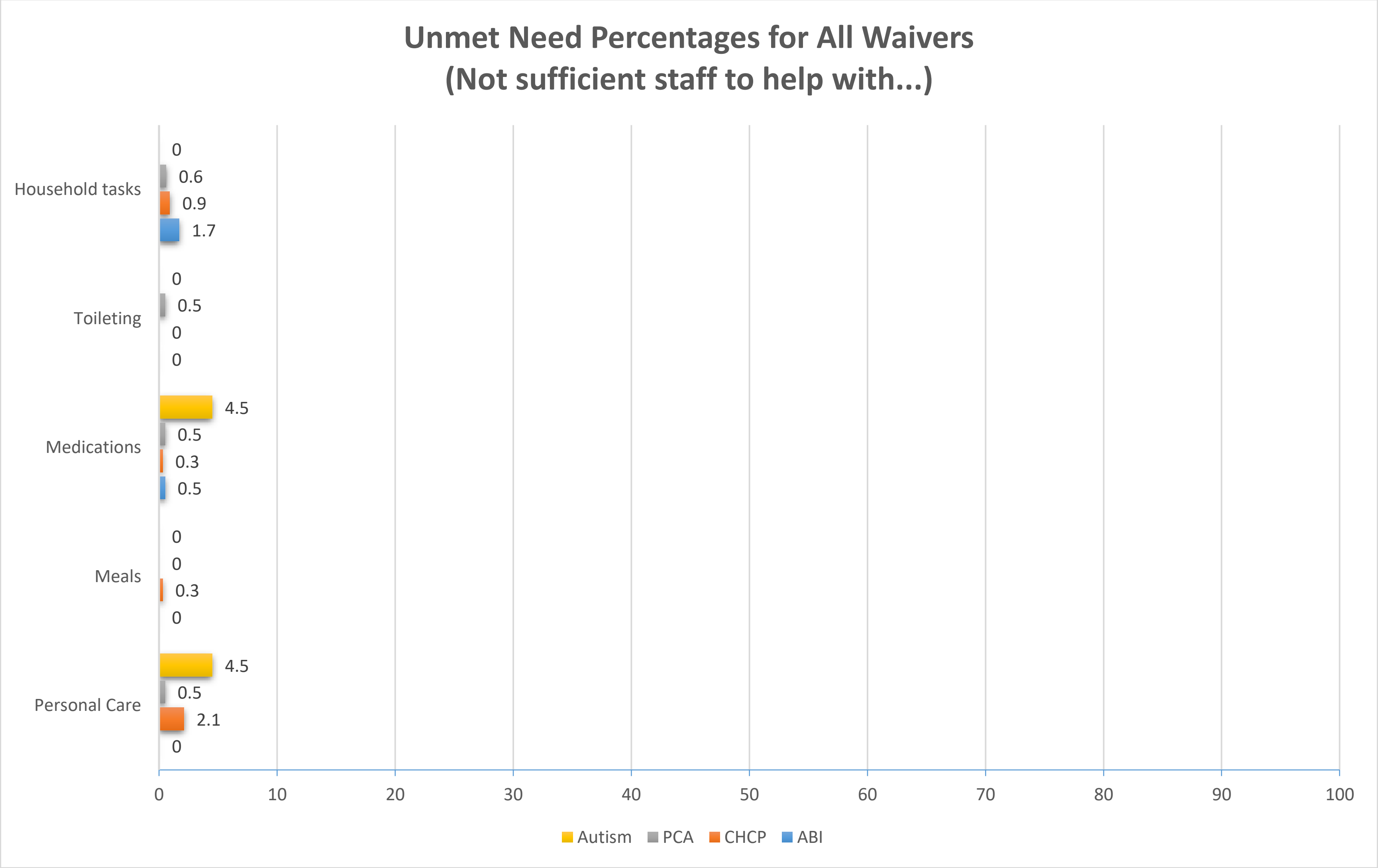
Results Year 1



Results Year 1



RESULTS YEAR 1



NEXT STEPS

- Modify the service portion of the tool to add services specific to the Behavioral health and ID/DD waiver populations
- Train QA staff at the two agencies to administer the tool
- Develop cross waiver quality improvement strategy and performance measures with the survey as the data source

QUESTIONS

Questions or Comments?

Contact:

Kathy Bruni, Director Community Options Unit

CT Department of Social Services

Kathy.a.bruni@ct.gov

860-424-5177

Connecticut's Person-Directed Experience: Relationship between Care Plans & Personal Health Record

Minakshi Tikoo, PhD, MBI, MS, MSc
Director, Business Intelligence & Shared Analytics | HHS HIT Coordinator
Connecticut Department of Social Services
Minakshi.tikoo@ct.gov | 860-424-5209
http://portal.ct.gov/DSS/ITS/DSS-HealthIT/Business-Intelligence-and-DSS-HealthIT
Paul Ford

DISCUSSION

Connecticut's Person-Directed Experience: Relationship between Care Plans & Personal Health Record

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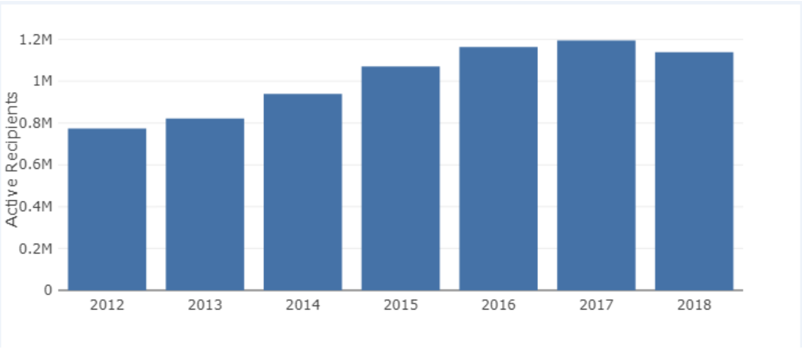
http://portal.ct.gov/DSS/ITS/DSS-HealthIT/Business-Intelligence-and-DSS-HealthIT
Paul Ford

Context: Connecticut Department of Social Services

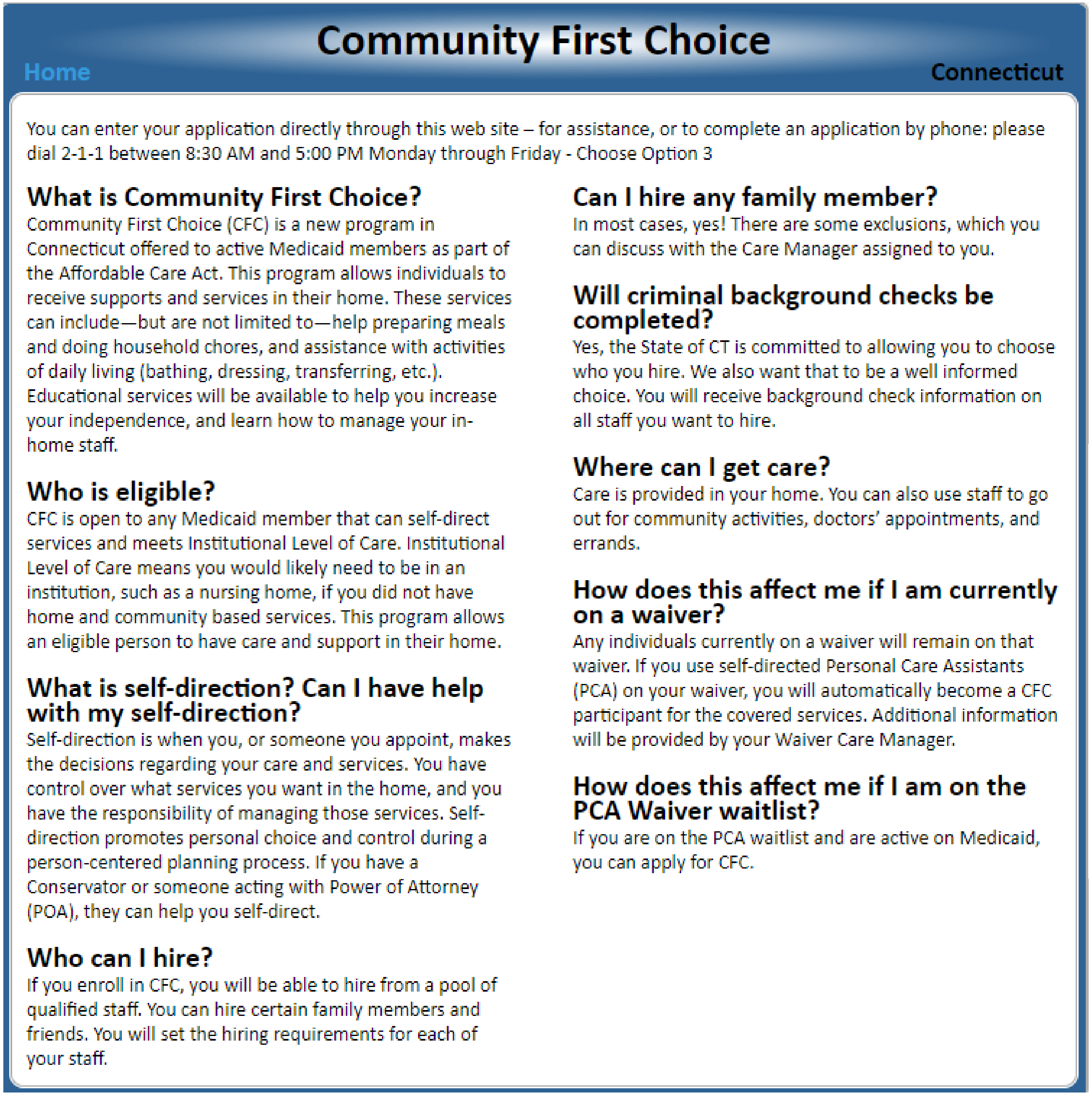
- Population of Connecticut – 3.58 M
- People Served in a year – approx. 1 M



- **Our goal was to develop a web-based care plan that people could complete and be able to share with stakeholders resulting in improved communications across the care team, as well as other information in their personal health record, designed to empower the Medicaid beneficiaries.**

Testing Experience and Functional Tools (TEFT 2014-1019)

- In 2014, CMS announced awards for the TEFT (Testing Experience and Functional Tools) grant to introduce health IT into this population. The Centers for Medicare & Medicaid Services (CMS) is promoting the use of health information technology within the community-based Long Term Services and Supports system. The TEFT grant was designed to
  - field test an experience of care survey
  - a set of functional assessment items
  - **demonstrate the use of personal health records, and**
  - **finally to contribute to the creation of a standard electronic long term services and supports record**



Community First Choice

You can enter your application directly through this web site – for assistance, or to complete an application by phone: please dial 2-1-1 between 8:30 AM and 5:00 PM Monday through Friday - Choose Option 3

What is Community First Choice?

Community First Choice (CFC) is a new program in Connecticut offered to active Medicaid members as part of the Affordable Care Act. This program allows individuals to receive supports and services in their home. These services can include—but are not limited to—help preparing meals and doing household chores, and assistance with activities of daily living (bathing, dressing, transferring, etc.). Educational services will be available to help you increase your independence, and learn how to manage your in-home staff.

Who is eligible?

CFC is open to any Medicaid member that can self-direct services and meets Institutional Level of Care. Institutional Level of Care means you would likely need to be in an institution, such as a nursing home, if you did not have home and community based services. This program allows an eligible person to have care and support in their home.

What is self-direction? Can I have help with my self-direction?

Self-direction is when you, or someone you appoint, makes the decisions regarding your care and services. You have control over what services you want in the home, and you have the responsibility of managing those services. Self-direction promotes personal choice and control during a person-centered planning process. If you have a Conservator or someone acting with Power of Attorney (POA), they can help you self-direct.

Who can I hire?

If you enroll in CFC, you will be able to hire from a pool of qualified staff. You can hire certain family members and friends. You will set the hiring requirements for each of your staff.

Can I hire any family member?

In most cases, yes! There are some exclusions, which you can discuss with the Care Manager assigned to you.

Will criminal background checks be completed?

Yes, the State of CT is committed to allowing you to choose who you hire. We also want that to be a well informed choice. You will receive background check information on all staff you want to hire.

Where can I get care?

Care is provided in your home. You can also use staff to go out for community activities, doctors' appointments, and errands.

How does this affect me if I am currently on a waiver?

Any individuals currently on a waiver will remain on that waiver. If you use self-directed Personal Care Assistants (PCA) on your waiver, you will automatically become a CFC participant for the covered services. Additional information will be provided by your Waiver Care Manager.

How does this affect me if I am on the PCA Waiver waitlist?

If you are on the PCA waitlist and are active on Medicaid, you can apply for CFC.

Community First Choice (CFC)

Are you or a loved one living in the community and need assistance to remain there? The Affordable Care Act created an optional State Plan service which will allow eligible individuals to access Personal Attendant Care (PCA) and other services and supports through self-direction. This is called Community First Choice (CFC). Click the link below ("CFC - Click Here for More Information") to find out more about how CFC in Connecticut can help.

Click on the button below ("Click Here to Apply") to submit an on-line application for CFC. For assistance, or to complete an application by phone: please dial 2-1-1 between 8:30 AM and 5:00 PM Monday through Friday - Choose Option 3

CFC - Click Here for More Information

https://ctmfp.com/InformationCFC.aspx

Community First Choice contd.

Status in 2017

- 4658 applications
- 1370 care plans sent to Fiscal Intermediary
- 1401 cases recommended for closure/closed
- 500 pending assessments
- 1000 pending assignments to field

http://www.ct.gov/opm/lib/opm/hhs/ltc_planning_committee/presentation1_legislative_update_2017.pdf

Update as of 8/13/18

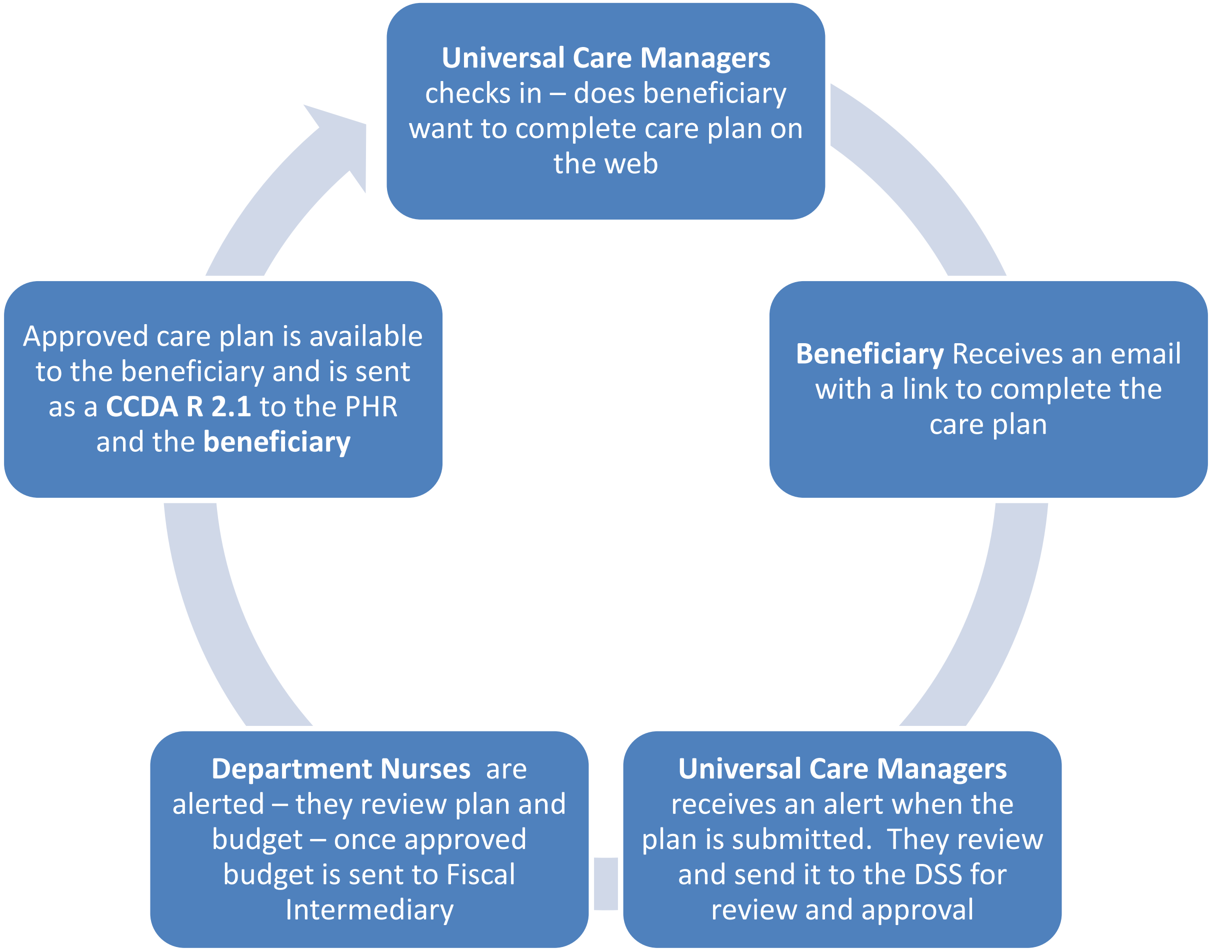
- 6800 - CFC total applications since 7/2015, a percentage of these applicants are not Medicaid or CFC eligible. We have around a 30% closure rate prior to assessment due to ineligibility.
- 1440 CFC participants actively enrolled in services
- Avg. 100 new CFC applications a month

Our goal is to use C-CDA R 2.1 as a standard to communicate the CFC Care Plan between the beneficiary and the providers

- Created a web-based person-directed care plan for the people in the Community First Choice Program.
- The web-based care plan will assist beneficiaries in creating and tracking their budgets
- Pilot started 7/17/18
- This was made possible through the TEFT grant as part of their electronic Long-Term Services and Supports (eLTSS) initiative (May 2014-March 2019)

https://portal.ct.gov/DSS/ITS/DSS-HealthIT/Business-Intelligence-and-DSS-HealthIT/Grants

How does this work – CFC care plan to CCDA



Universal Care Managers checks in – does beneficiary want to complete care plan on the web

Beneficiary Receives an email with a link to complete the care plan

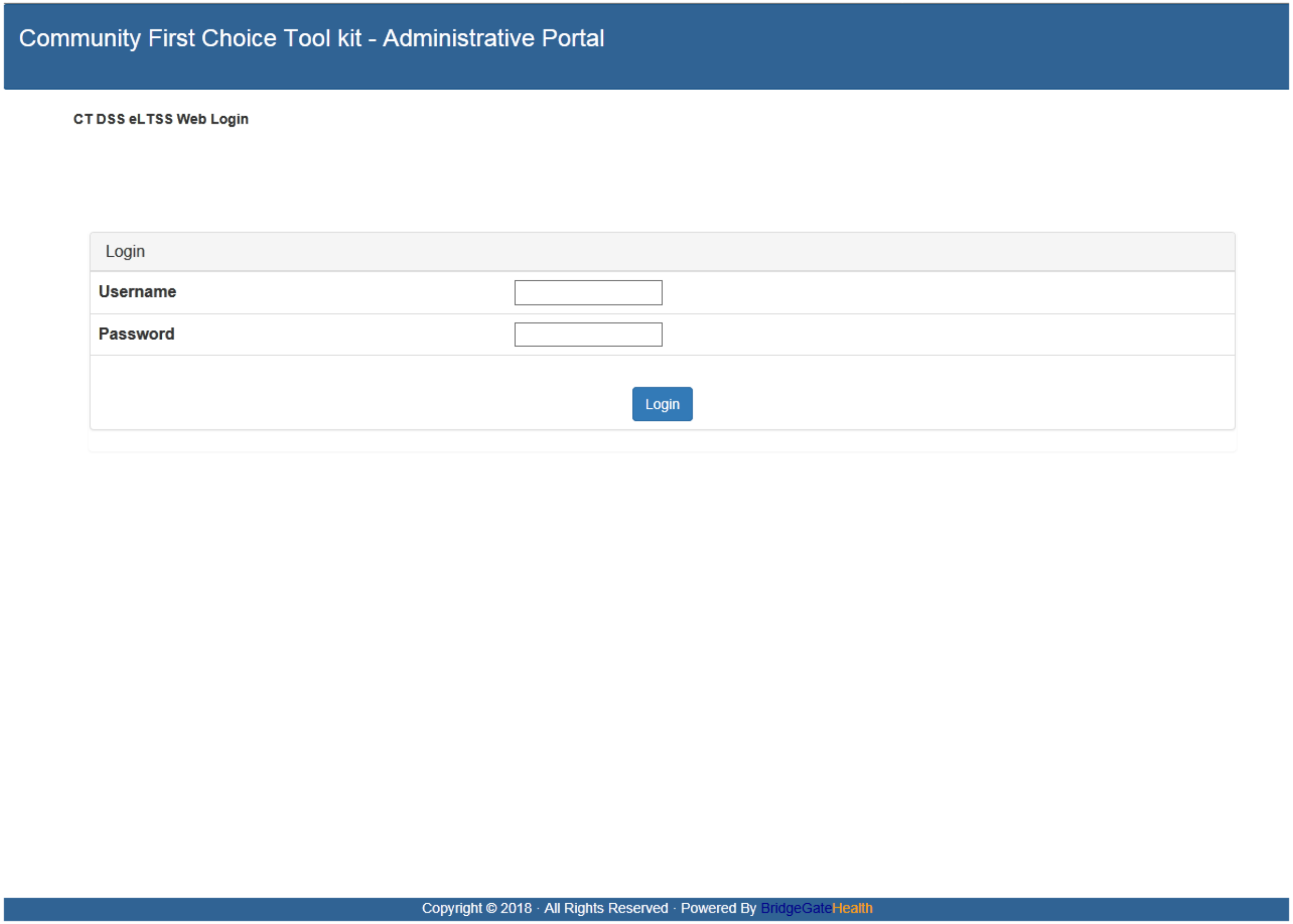
Universal Care Managers receives an alert when the plan is submitted. They review and send it to the DSS for review and approval

Department Nurses are alerted – they review plan and budget – once approved budget is sent to Fiscal Intermediary

Approved care plan is available to the beneficiary and is sent as a **CCDA R 2.1** to the PHR and the **beneficiary**

Note: If Participant revises budget – the process re-engages and It allows for back and forth between identified hand-off points

Administrative Log-in: Use BIP Credentials
No MFA Needed



Community First Choice Tool kit - Administrative Portal

CT DSS eLTSS Web Login

Login

Username

Password

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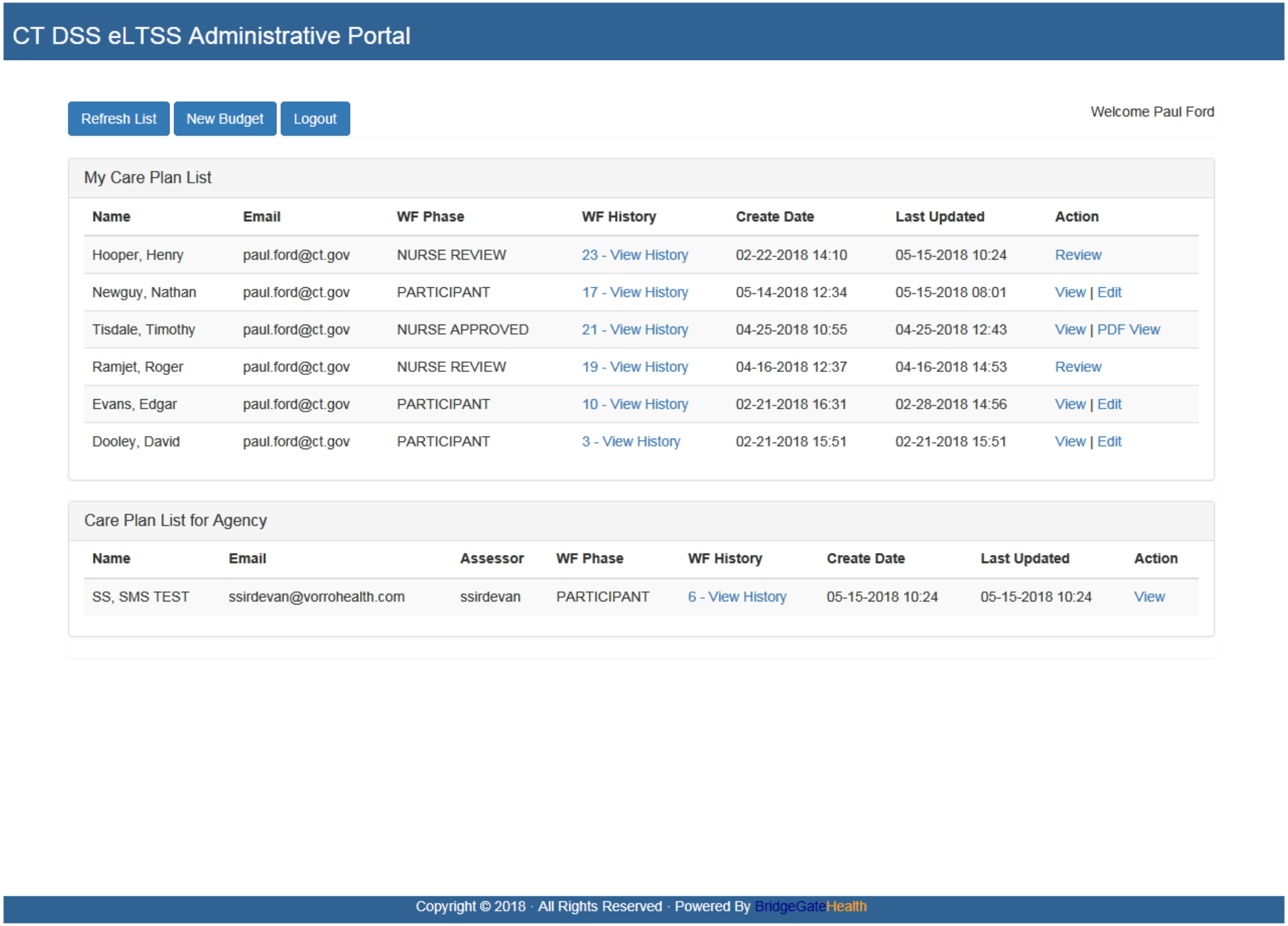
Main Screen with Tool Kits you created up top and ones created by your agency below.



CT DSS eLTSS Administrative Portal

Welcome Paul Ford

My Care Plan List

Name	Email	WF Phase	WF History	Create Date	Last Updated	Action
Hooper, Henry	paul.ford@ct.gov	NURSE REVIEW	23 - View History	02-22-2018 14:10	05-15-2018 10:24	Review
Newguy, Nathan	paul.ford@ct.gov	PARTICIPANT	17 - View History	05-14-2018 12:34	05-15-2018 08:01	View | Edit
Tisdale, Timothy	paul.ford@ct.gov	NURSE APPROVED	21 - View History	04-25-2018 10:55	04-25-2018 12:43	View | PDF View
Ramjet, Roger	paul.ford@ct.gov	NURSE REVIEW	19 - View History	04-16-2018 12:37	04-16-2018 14:53	Review
Evans, Edgar	paul.ford@ct.gov	PARTICIPANT	10 - View History	02-21-2018 16:31	02-28-2018 14:56	View | Edit
Dooley, David	paul.ford@ct.gov	PARTICIPANT	3 - View History	02-21-2018 15:51	02-21-2018 15:51	View | Edit

Care Plan List for Agency

Name	Email	Assessor	WF Phase	WF History	Create Date	Last Updated	Action
SS, SMS TEST	ssirdevan@vorrohealth.com	ssirdevan	PARTICIPANT	6 - View History	05-15-2018 10:24	05-15-2018 10:24	View

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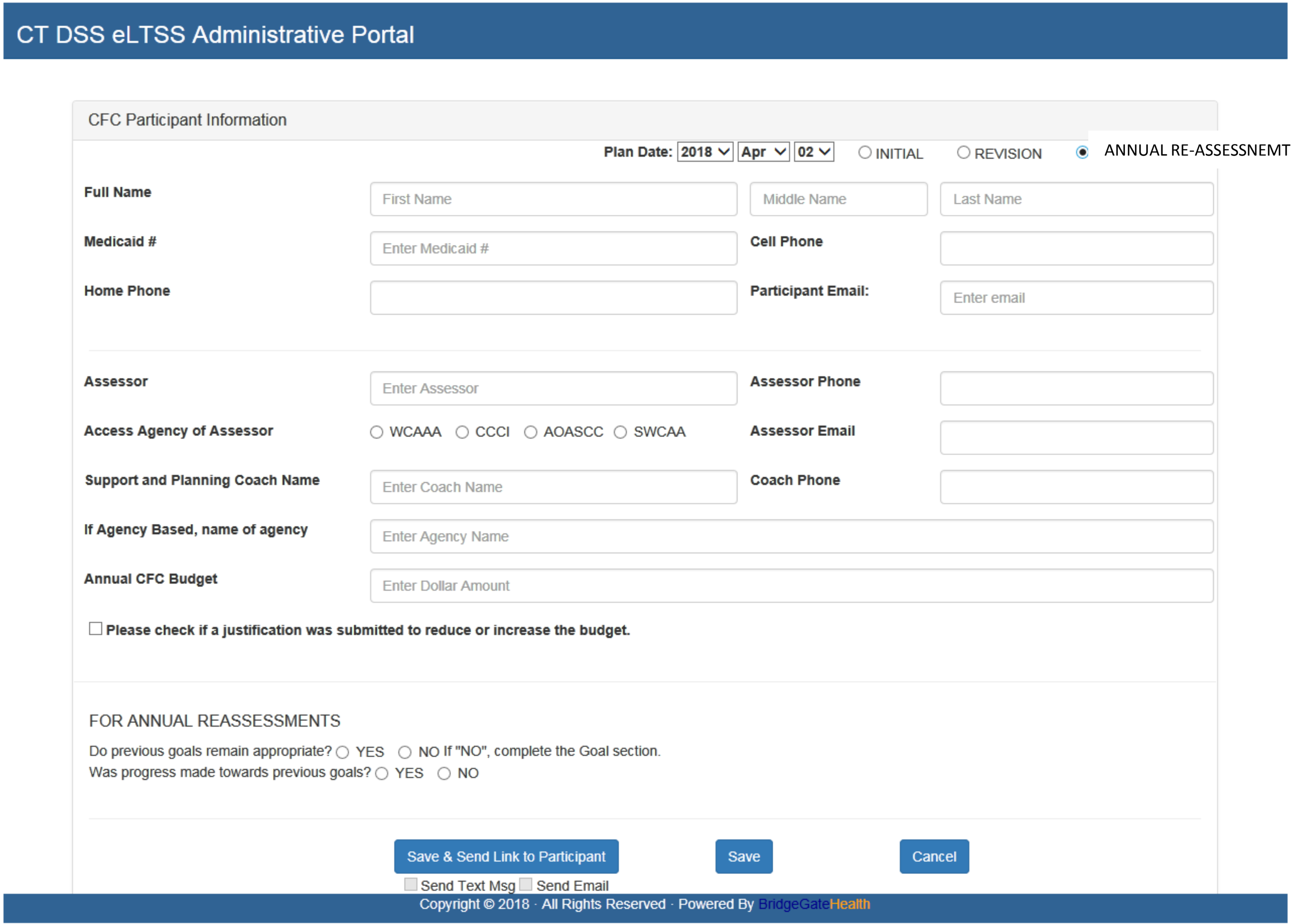
Assessor Role – 1 Set up Budget

- Click Create New Budget



CT DSS eLTSS Administrative Portal

CFC Participant Information

Plan Date: 2018 Apr 02 ○ INITIAL ○ REVISION ● ANNUAL RE-ASSESSNEMT

Full Name First Name | Middle Name | Last Name

Medicaid # Enter Medicaid #

Cell Phone

Home Phone

Participant Email: Enter email

Assessor Enter Assessor

Assessor Phone

Access Agency of Assessor ○ WCAAA ○ CCCI ○ AOASCC ○ SWCAA

Assessor Email

Support and Planning Coach Name Enter Coach Name

Coach Phone

If Agency Based, name of agency Enter Agency Name

Annual CFC Budget Enter Dollar Amount

☐ **Please check if a justification was submitted to reduce or increase the budget.**

FOR ANNUAL REASSESSMENTS

Do previous goals remain appropriate? ○ YES ○ NO If "NO", complete the Goal section.

Was progress made towards previous goals? ○ YES ○ NO

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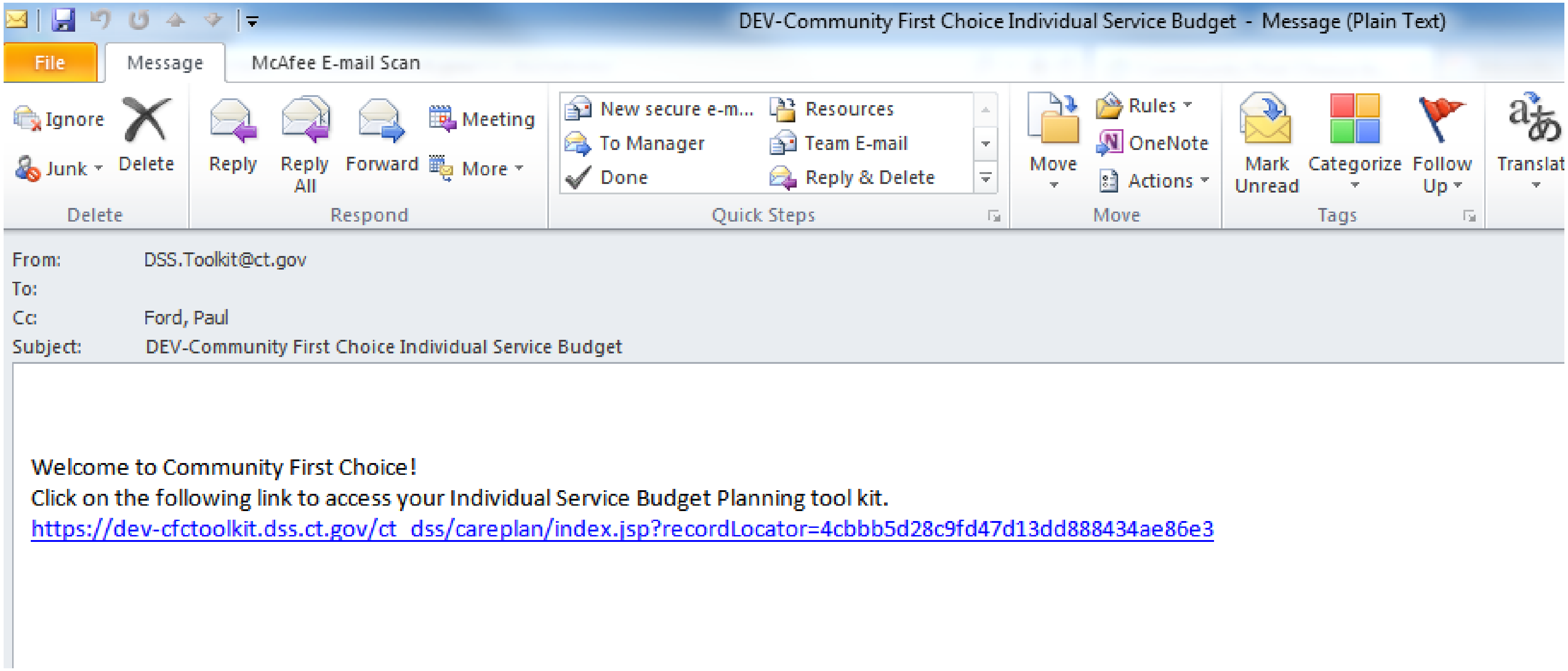
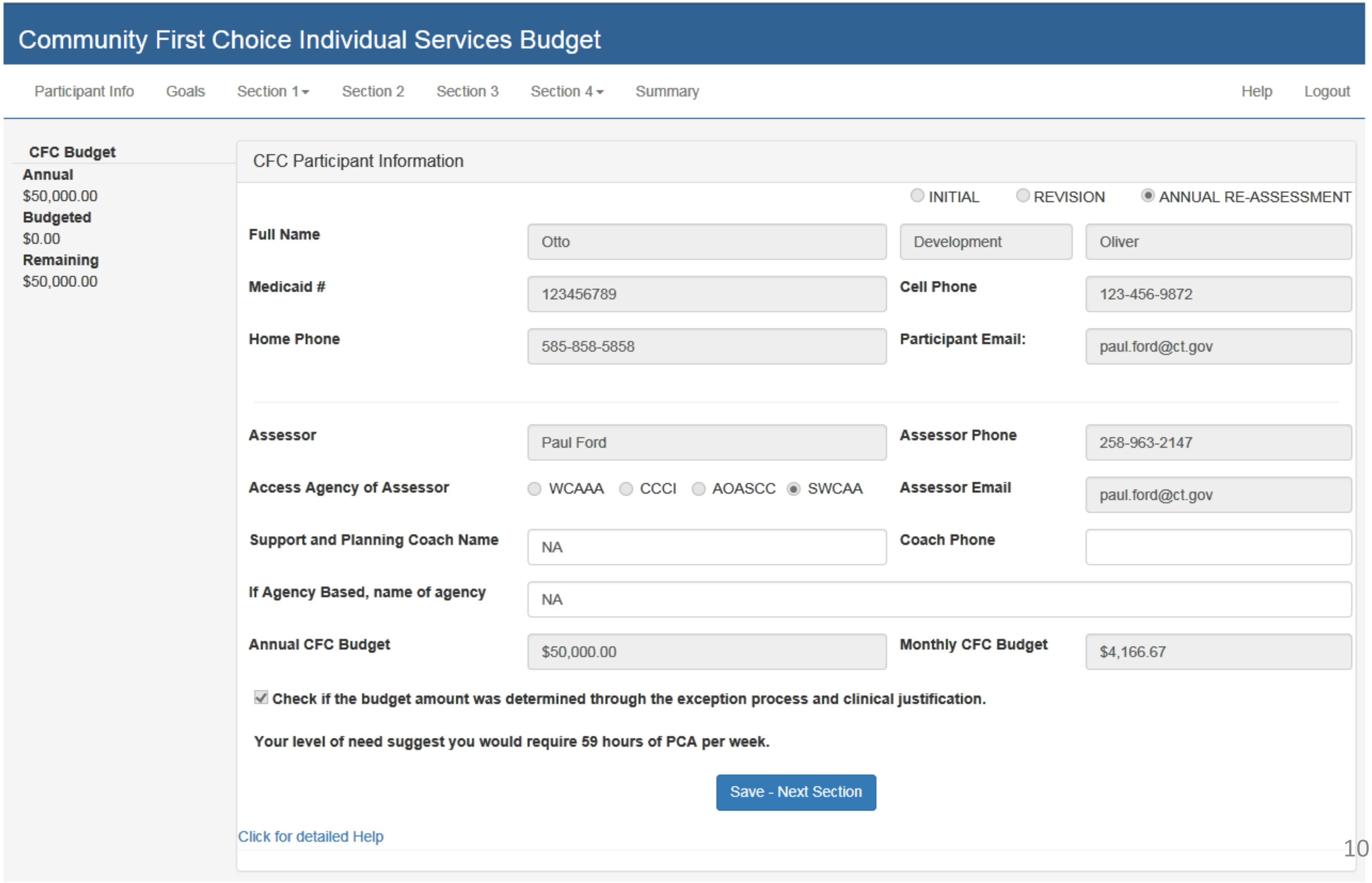
Consumer received link to their tool kit


DEV-Community First Choice Individual Service Budget - Message (Plain Text)
File
Message
McAfee E-mail Scan
Ignore
Delete
Junk
Reply
Reply All
Forward
Meeting
More
Respond
New secure e-m...
To Manager
Done
Resources
Team E-mail
Reply & Delete
Quick Steps
Move
Rules
OneNote
Actions
Move
Mark Unread
Categorize
Follow Up
Tags
Translat

From: DSS.Toolkit@ct.gov
To:
Cc: Ford, Paul
Subject: DEV-Community First Choice Individual Service Budget

Welcome to Community First Choice!
Click on the following link to access your Individual Service Budget Planning tool kit.
https://dev-cfctoolkit.dss.ct.gov/ct_dss/careplan/index.jsp?recordLocator=4cbbb5d28c9fd47d13dd888434ae86e3

Consumer’s Took-kit


Community First Choice Individual Services Budget
Participant Info
Goals
Section 1
Section 2
Section 3
Section 4
Summary
Help
Logout

CFC Budget
Annual
$50,000.00
Budgeted
$0.00
Remaining
$50,000.00

CFC Participant Information

○ INITIAL ○ REVISION ● ANNUAL RE-ASSESSMENT

Full Name	Otto	Development	Oliver
Medicaid #	123456789	**Cell Phone**	123-456-9872
Home Phone	585-858-5858	**Participant Email:**	paul.ford@ct.gov
Assessor	Paul Ford	**Assessor Phone**	258-963-2147
Access Agency of Assessor	○ WCAAA ○ CCCI ○ AOASCC ● SWCAA	**Assessor Email**	paul.ford@ct.gov
Support and Planning Coach Name	NA	**Coach Phone**	
If Agency Based, name of agency	NA		
Annual CFC Budget	$50,000.00	**Monthly CFC Budget**	$4,166.67

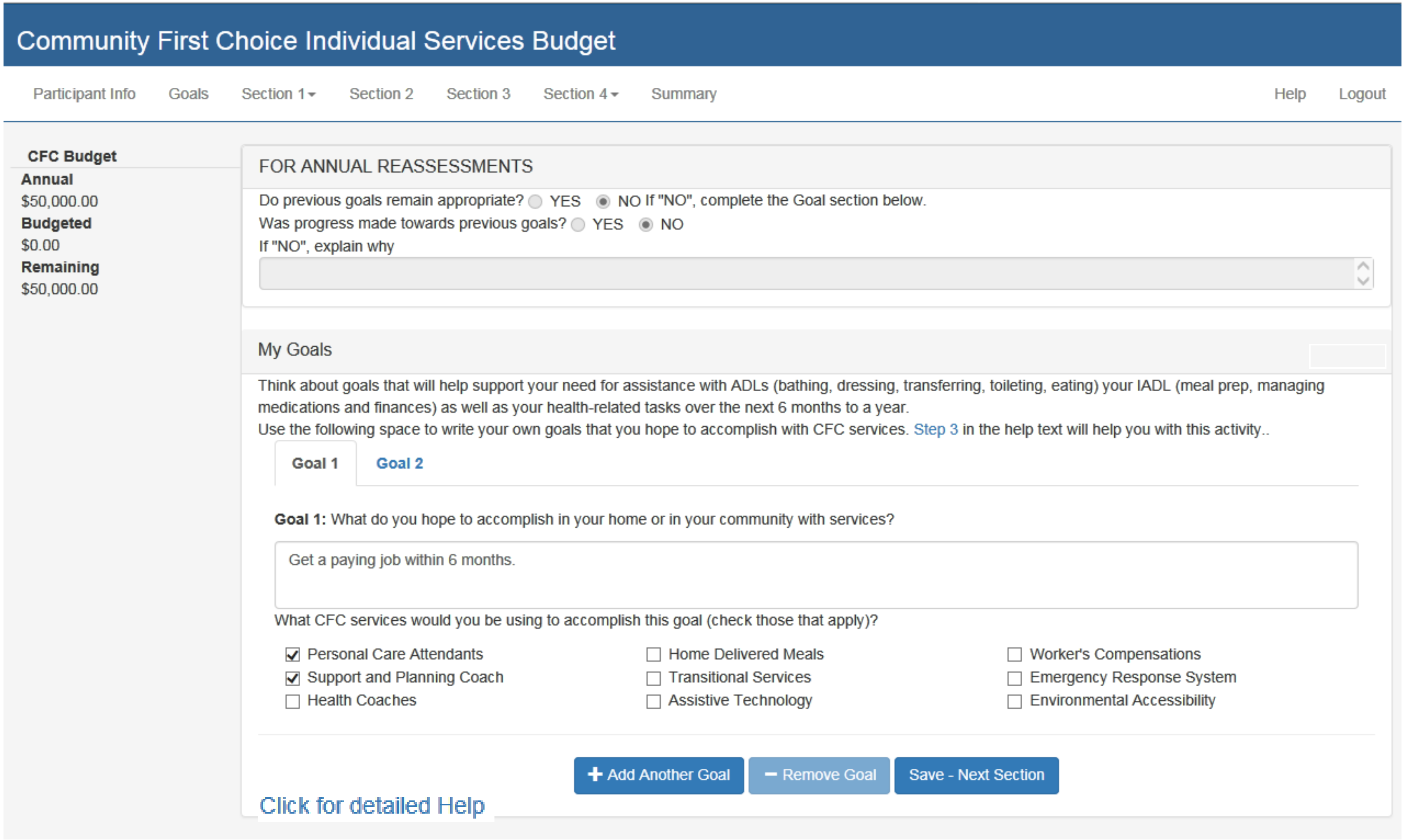
☑ **Check if the budget amount was determined through the exception process and clinical justification.**

Your level of need suggest you would require 59 hours of PCA per week.

Save - Next Section
Click for detailed Help

Consumer uses this section to write their goals.
Tabs allow for multiple goals.

Goals


Community First Choice Individual Services Budget
Participant Info
Goals
Section 1 ▾
Section 2
Section 3
Section 4 ▾
Summary
Help
Logout

CFC Budget

Annual
$50,000.00
Budgeted
$0.00
Remaining
$50,000.00

FOR ANNUAL REASSESSMENTS

Do previous goals remain appropriate? ○ YES ● NO If "NO", complete the Goal section below.
Was progress made towards previous goals? ○ YES ● NO
If "NO", explain why

My Goals

Think about goals that will help support your need for assistance with ADLs (bathing, dressing, transferring, toileting, eating) your IADL (meal prep, managing medications and finances) as well as your health-related tasks over the next 6 months to a year.
Use the following space to write your own goals that you hope to accomplish with CFC services. Step 3 in the help text will help you with this activity..

Goal 1 | **Goal 2**

Goal 1: What do you hope to accomplish in your home or in your community with services?

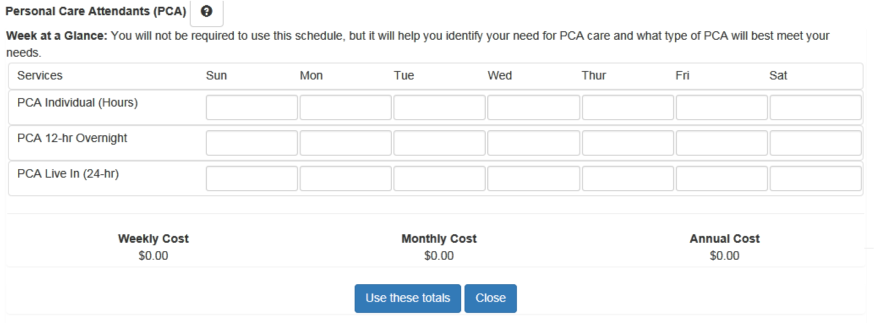
Get a paying job within 6 months.

What CFC services would you be using to accomplish this goal (check those that apply)?

☑ Personal Care Attendants
☑ Support and Planning Coach
☐ Health Coaches
☐ Home Delivered Meals
☐ Transitional Services
☐ Assistive Technology
☐ Worker's Compensations
☐ Emergency Response System
☐ Environmental Accessibility

+ Add Another Goal
− Remove Goal
Save - Next Section
Click for detailed Help

Section 1a



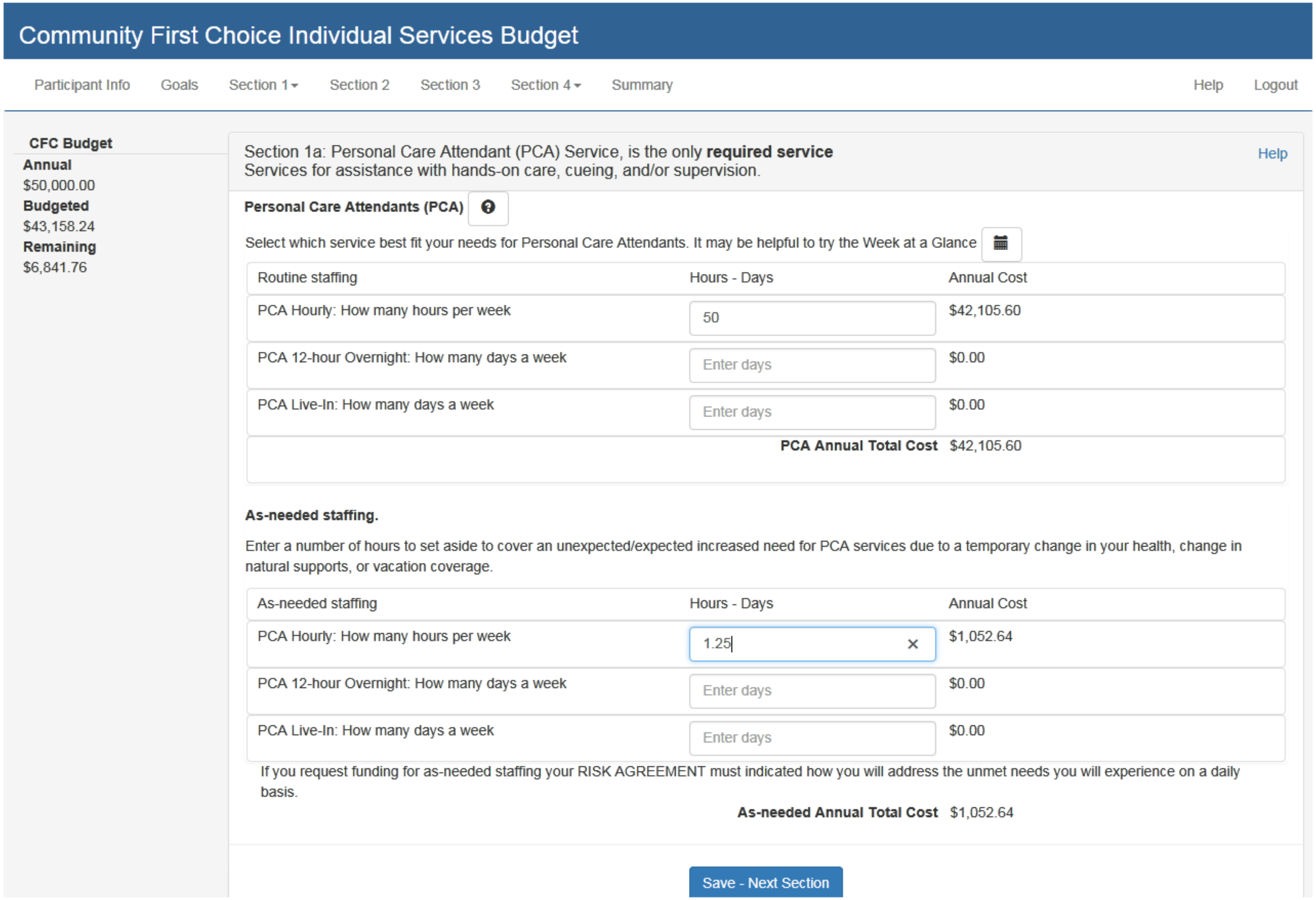
Personal Care Attendants (PCA)

Week at a Glance: You will not be required to use this schedule, but it will help you identify your need for PCA care and what type of PCA will best meet your needs.

Services	Sun	Mon	Tue	Wed	Thur	Fri	Sat
PCA Individual (Hours)							
PCA 12-hr Overnight							
PCA Live In (24-hr)							

Weekly Cost	Monthly Cost	Annual Cost
$0.00	$0.00	$0.00

Use these totals
Close



Community First Choice Individual Services Budget
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CFC Budget

Annual
$50,000.00
Budgeted
$43,158.24
Remaining
$6,841.76

Section 1a: Personal Care Attendant (PCA) Service, is the only **required service**
Services for assistance with hands-on care, cueing, and/or supervision.

Help

Personal Care Attendants (PCA)

Select which service best fit your needs for Personal Care Attendants. It may be helpful to try the Week at a Glance

Routine staffing	Hours - Days	Annual Cost
PCA Hourly: How many hours per week	50	$42,105.60
PCA 12-hour Overnight: How many days a week	Enter days	$0.00
PCA Live-In: How many days a week	Enter days	$0.00
	PCA Annual Total Cost	$42,105.60

As-needed staffing.

Enter a number of hours to set aside to cover an unexpected/expected increased need for PCA services due to a temporary change in your health, change in natural supports, or vacation coverage.

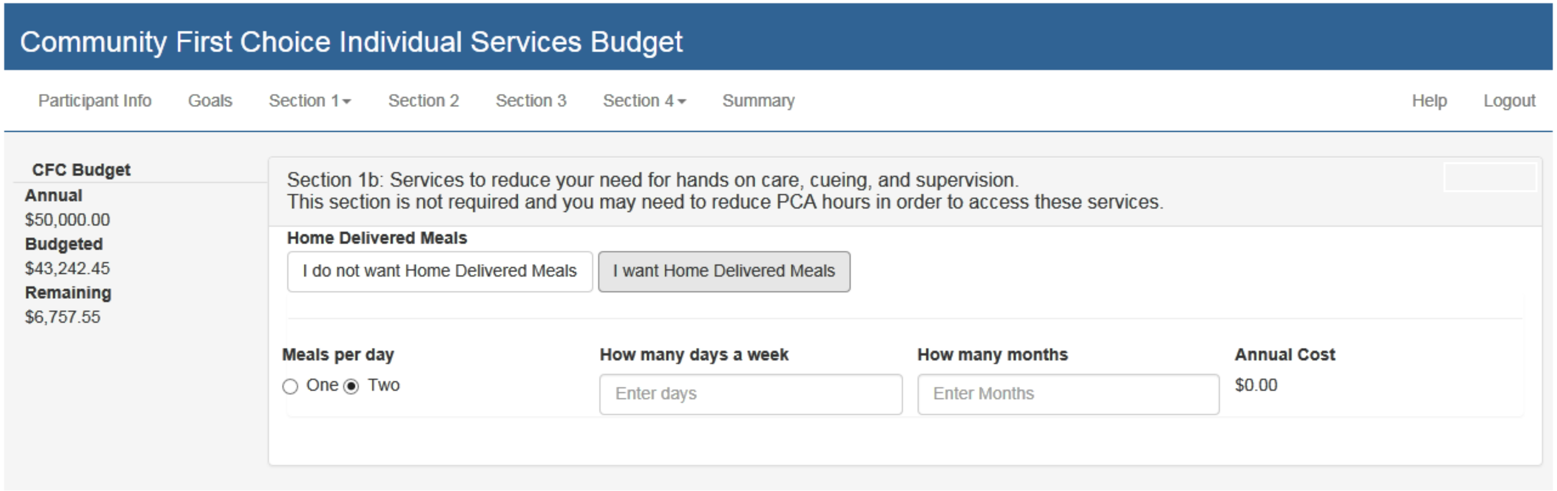
As-needed staffing	Hours - Days	Annual Cost
PCA Hourly: How many hours per week	1.25	$1,052.64
PCA 12-hour Overnight: How many days a week	Enter days	$0.00
PCA Live-In: How many days a week	Enter days	$0.00

If you request funding for as-needed staffing your RISK AGREEMENT must indicated how you will address the unmet needs you will experience on a daily basis.

As-needed Annual Total Cost $1,052.64

Save - Next Section

Section 1b – Home Delivered Meals


Community First Choice Individual Services Budget
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Logout

CFC Budget
Annual
$50,000.00
Budgeted
$43,242.45
Remaining
$6,757.55

Section 1b: Services to reduce your need for hands on care, cueing, and supervision.
This section is not required and you may need to reduce PCA hours in order to access these services.

Home Delivered Meals

I do not want Home Delivered Meals
I want Home Delivered Meals

Meals per day
○ One ● Two

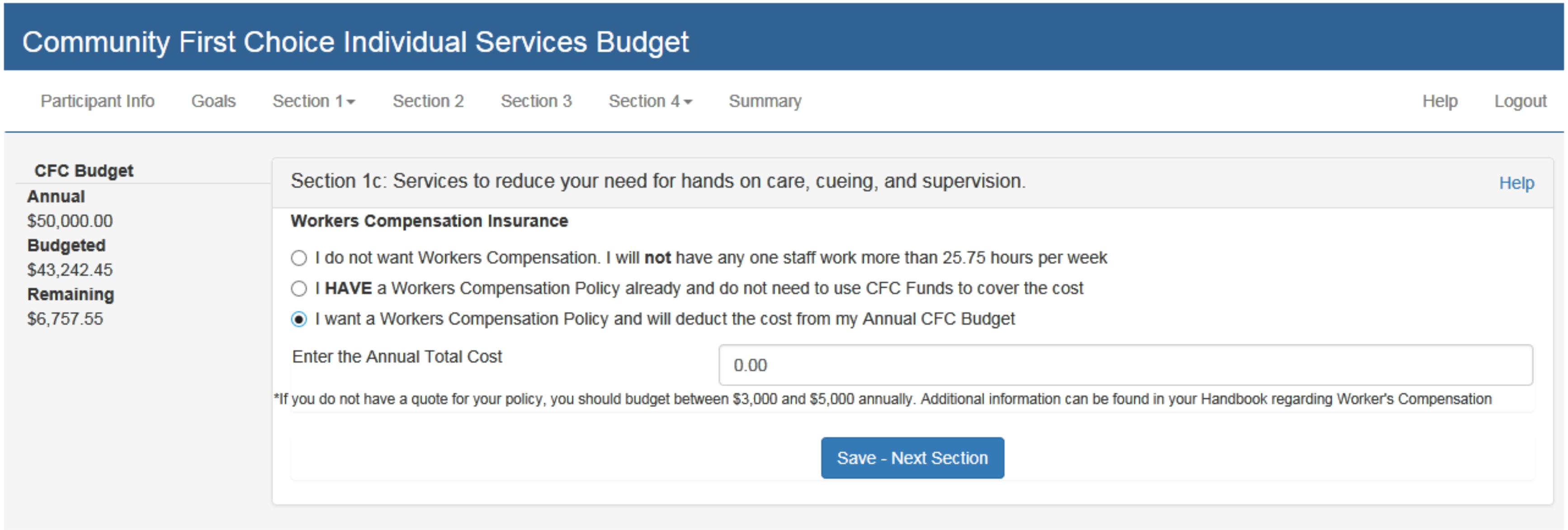
How many days a week
Enter days

How many months
Enter Months

Annual Cost
$0.00

Click for detailed Help

Section 1c – Worker's Comp.



Community First Choice Individual Services Budget

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CFC Budget

Annual
$50,000.00
Budgeted
$43,242.45
Remaining
$6,757.55

Section 1c: Services to reduce your need for hands on care, cueing, and supervision.

Help

Workers Compensation Insurance

○ I do not want Workers Compensation. I will **not** have any one staff work more than 25.75 hours per week
○ I **HAVE** a Workers Compensation Policy already and do not need to use CFC Funds to cover the cost
● I want a Workers Compensation Policy and will deduct the cost from my Annual CFC Budget

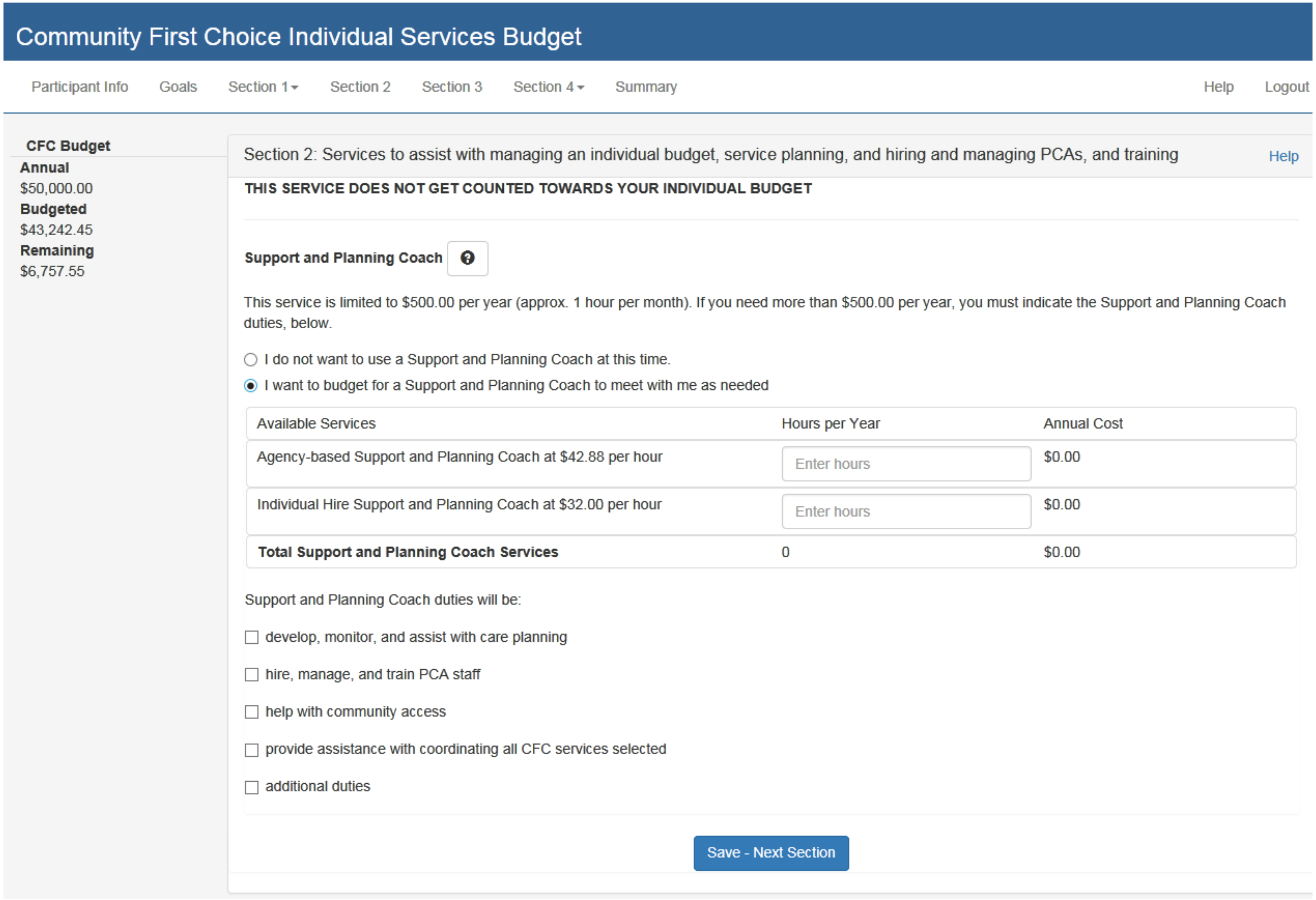
Enter the Annual Total Cost: 0.00

*If you do not have a quote for your policy, you should budget between $3,000 and $5,000 annually. Additional information can be found in your Handbook regarding Worker's Compensation

Save - Next Section

Section 2 Support and Planning Coach

(Does not count against Budget Total)



Community First Choice Individual Services Budget

CFC Budget

Annual
$50,000.00
Budgeted
$43,242.45
Remaining
$6,757.55

Section 2: Services to assist with managing an individual budget, service planning, and hiring and managing PCAs, and training

THIS SERVICE DOES NOT GET COUNTED TOWARDS YOUR INDIVIDUAL BUDGET

Support and Planning Coach

This service is limited to $500.00 per year (approx. 1 hour per month). If you need more than $500.00 per year, you must indicate the Support and Planning Coach duties, below.

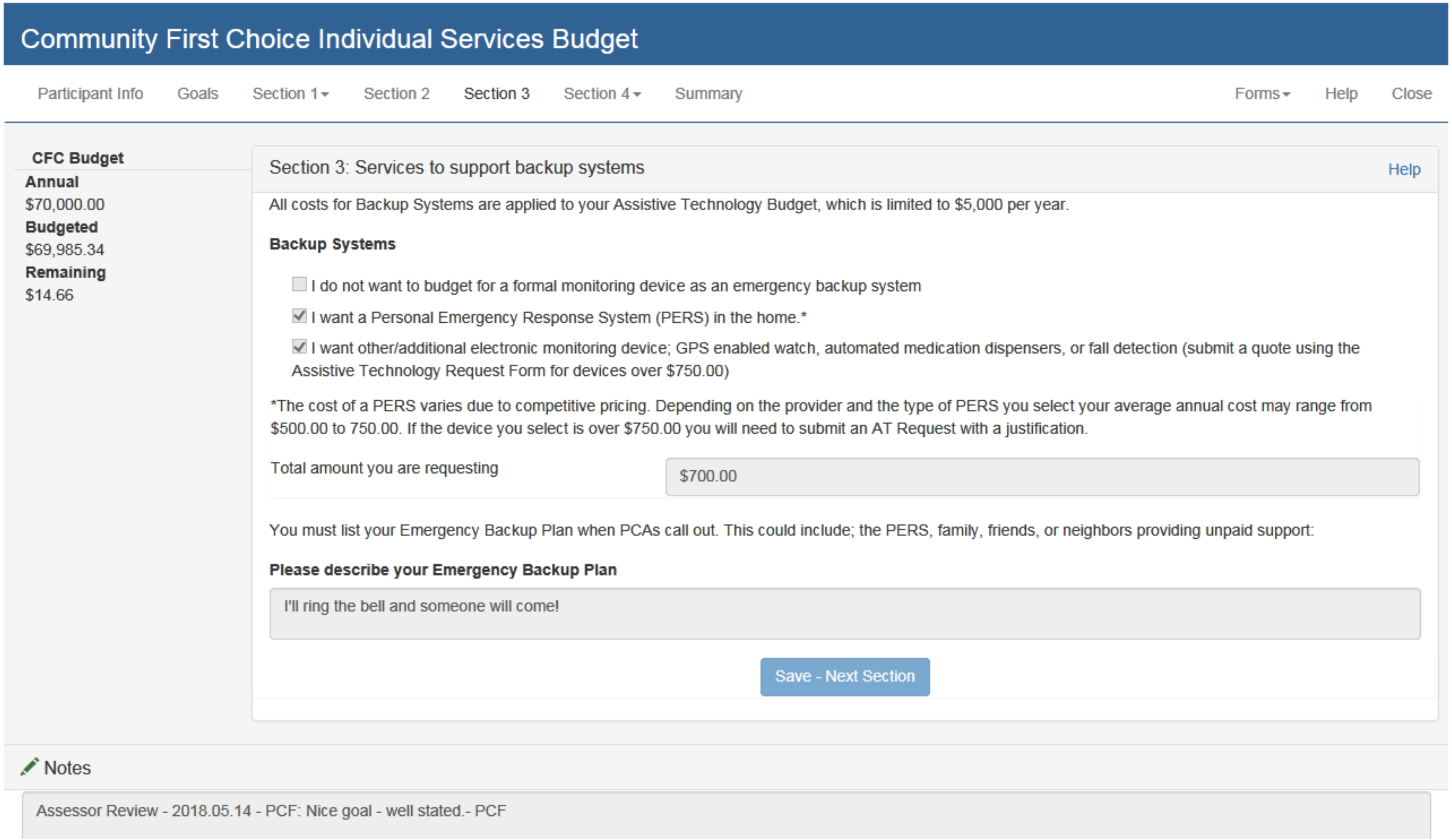
○ I do not want to use a Support and Planning Coach at this time.
● I want to budget for a Support and Planning Coach to meet with me as needed

Available Services	Hours per Year	Annual Cost
Agency-based Support and Planning Coach at $42.88 per hour	Enter hours	$0.00
Individual Hire Support and Planning Coach at $32.00 per hour	Enter hours	$0.00
Total Support and Planning Coach Services	0	$0.00

Support and Planning Coach duties will be:

☐ develop, monitor, and assist with care planning
☐ hire, manage, and train PCA staff
☐ help with community access
☐ provide assistance with coordinating all CFC services selected
☐ additional duties

Section 3 Back-up Systems


Community First Choice Individual Services Budget
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Close

CFC Budget

Annual
$70,000.00
Budgeted
$69,985.34
Remaining
$14.66

Section 3: Services to support backup systems

Help

All costs for Backup Systems are applied to your Assistive Technology Budget, which is limited to $5,000 per year.

Backup Systems

☐ I do not want to budget for a formal monitoring device as an emergency backup system

☑ I want a Personal Emergency Response System (PERS) in the home.*

☑ I want other/additional electronic monitoring device; GPS enabled watch, automated medication dispensers, or fall detection (submit a quote using the Assistive Technology Request Form for devices over $750.00)

*The cost of a PERS varies due to competitive pricing. Depending on the provider and the type of PERS you select your average annual cost may range from $500.00 to 750.00. If the device you select is over $750.00 you will need to submit an AT Request with a justification.

Total amount you are requesting: $700.00

You must list your Emergency Backup Plan when PCAs call out. This could include; the PERS, family, friends, or neighbors providing unpaid support:

Please describe your Emergency Backup Plan

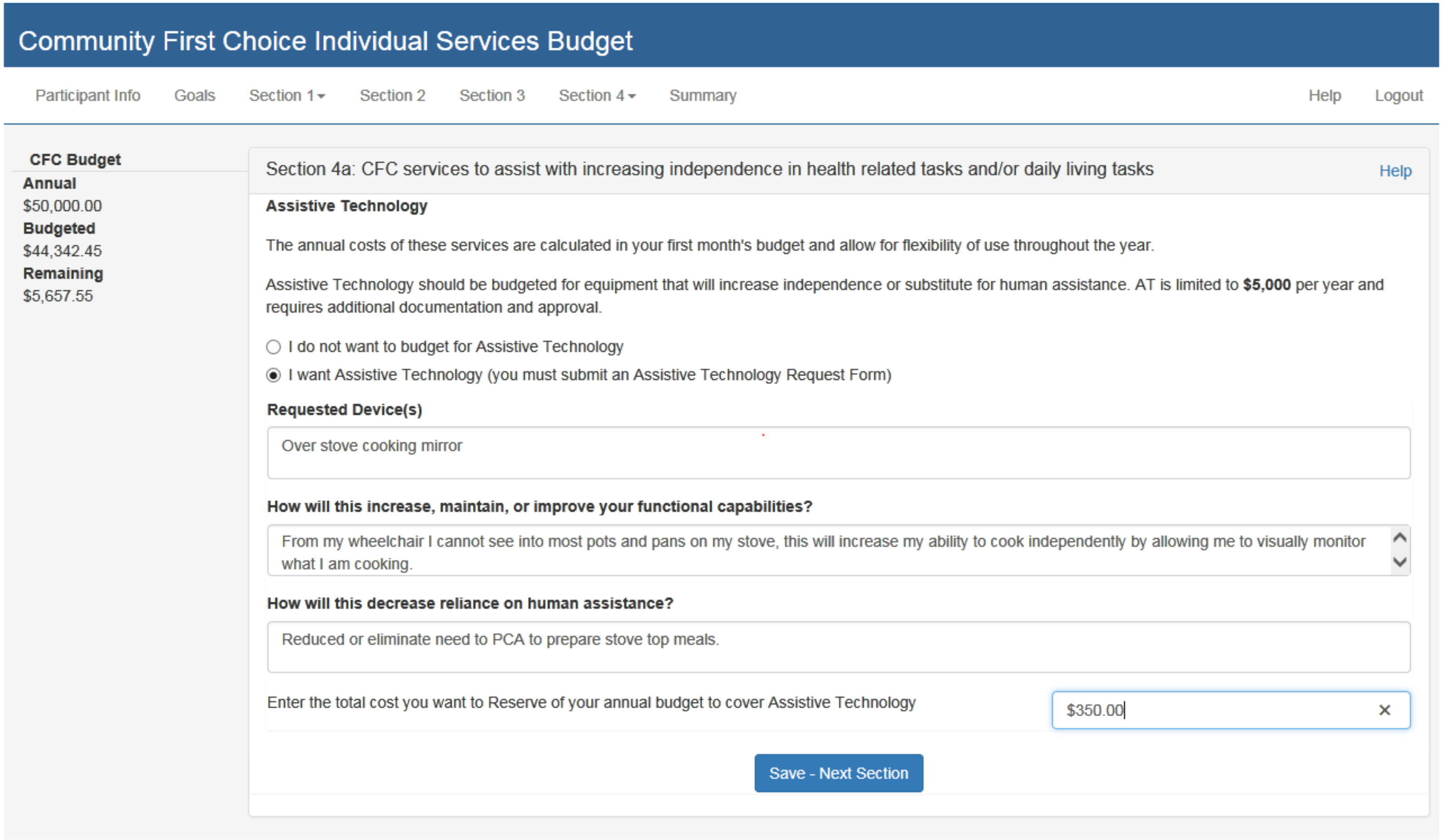
I'll ring the bell and someone will come!

Save - Next Section

Notes

Assessor Review - 2018.05.14 - PCF: Nice goal - well stated.- PCF

Section 4a – Assistive Technology


Community First Choice Individual Services Budget
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Help
Save - Next Section

CFC Budget

Annual
$50,000.00
Budgeted
$44,342.45
Remaining
$5,657.55

Section 4a: CFC services to assist with increasing independence in health related tasks and/or daily living tasks

Assistive Technology

The annual costs of these services are calculated in your first month's budget and allow for flexibility of use throughout the year.

Assistive Technology should be budgeted for equipment that will increase independence or substitute for human assistance. AT is limited to **$5,000** per year and requires additional documentation and approval.

○ I do not want to budget for Assistive Technology
● I want Assistive Technology (you must submit an Assistive Technology Request Form)

Requested Device(s)

Over stove cooking mirror

How will this increase, maintain, or improve your functional capabilities?

From my wheelchair I cannot see into most pots and pans on my stove, this will increase my ability to cook independently by allowing me to visually monitor what I am cooking.

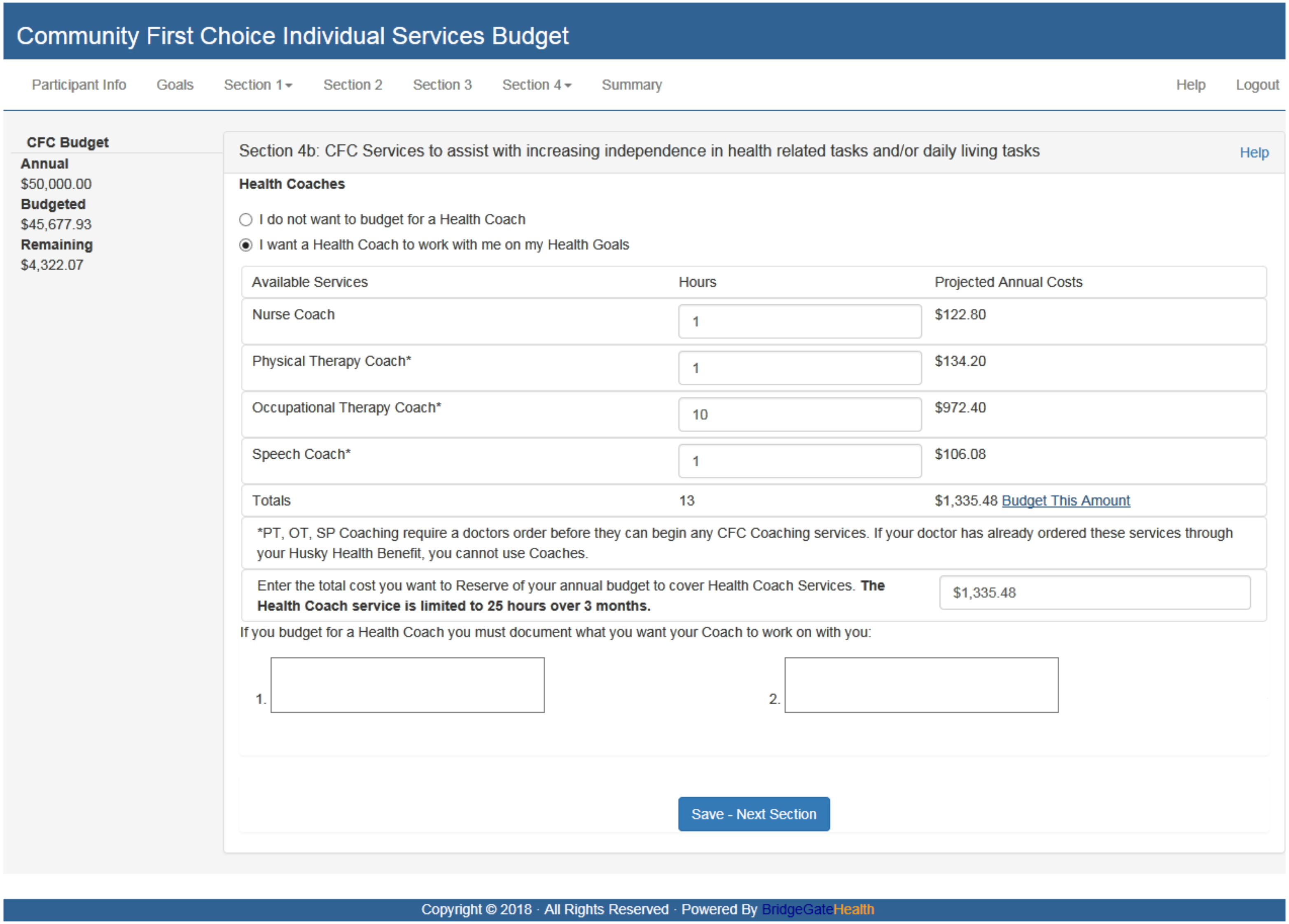
How will this decrease reliance on human assistance?

Reduced or eliminate need to PCA to prepare stove top meals.

Enter the total cost you want to Reserve of your annual budget to cover Assistive Technology: $350.00

If AT is selected the AT form must be filled out for items on this page and /or for items over $750 in Section 3 – At form is available on the summary page, if AT or Back up services over $750 are selected.

Section 4b – Health Coaches



Community First Choice Individual Services Budget

CFC Budget

Annual
$50,000.00
Budgeted
$45,677.93
Remaining
$4,322.07

Section 4b: CFC Services to assist with increasing independence in health related tasks and/or daily living tasks

Health Coaches

○ I do not want to budget for a Health Coach
● I want a Health Coach to work with me on my Health Goals

Available Services	Hours	Projected Annual Costs
Nurse Coach	1	$122.80
Physical Therapy Coach*	1	$134.20
Occupational Therapy Coach*	10	$972.40
Speech Coach*	1	$106.08
Totals	13	$1,335.48 Budget This Amount

*PT, OT, SP Coaching require a doctors order before they can begin any CFC Coaching services. If your doctor has already ordered these services through your Husky Health Benefit, you cannot use Coaches.

Enter the total cost you want to Reserve of your annual budget to cover Health Coach Services. **The Health Coach service is limited to 25 hours over 3 months.** $1,335.48

If you budget for a Health Coach you must document what you want your Coach to work on with you:

1.

2.

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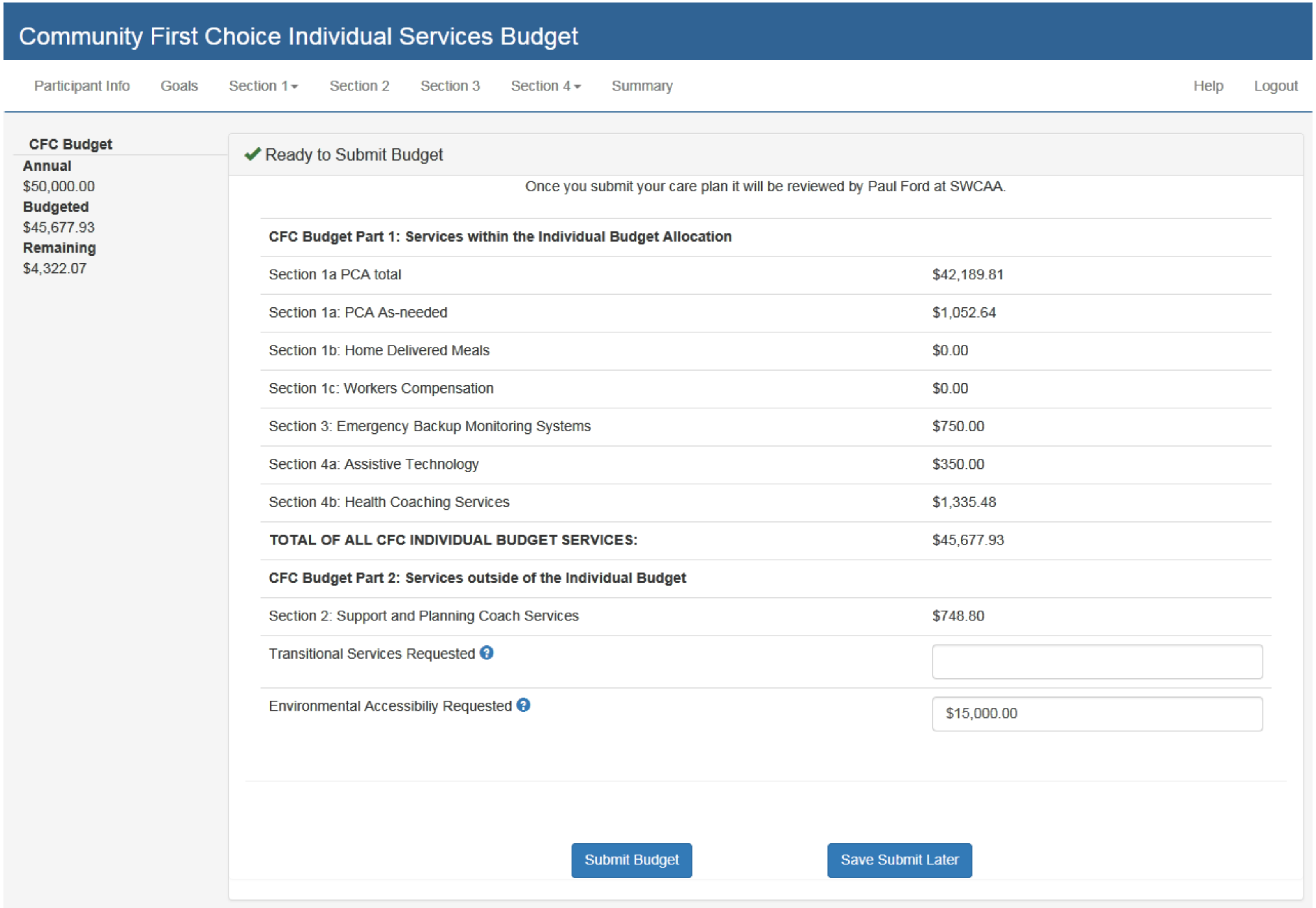
Summary



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CFC Budget

Annual
$50,000.00
Budgeted
$45,677.93
Remaining
$4,322.07

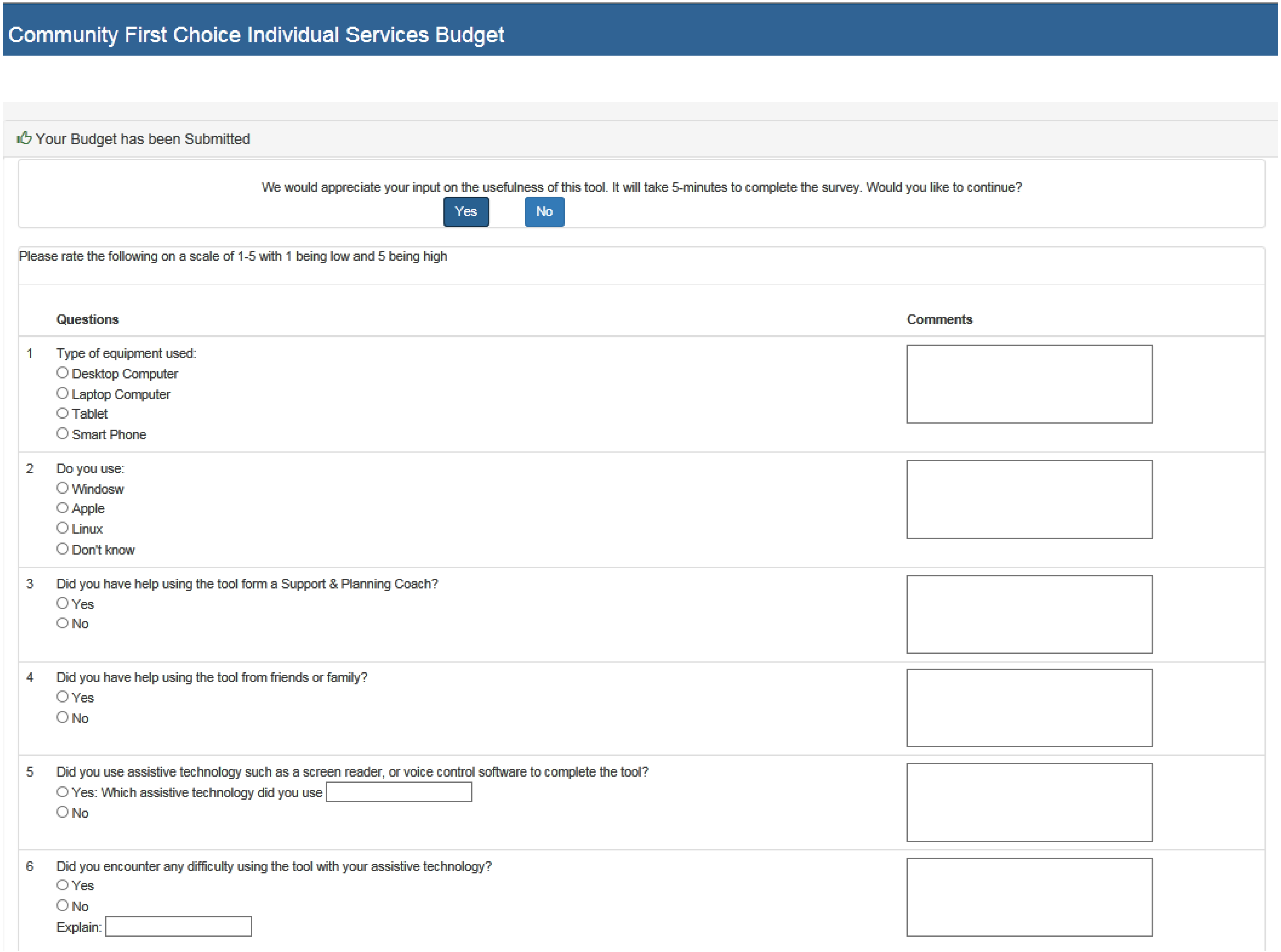
✓ Ready to Submit Budget

Once you submit your care plan it will be reviewed by Paul Ford at SWCAA.

CFC Budget Part 1: Services within the Individual Budget Allocation	
Section 1a PCA total	$42,189.81
Section 1a: PCA As-needed	$1,052.64
Section 1b: Home Delivered Meals	$0.00
Section 1c: Workers Compensation	$0.00
Section 3: Emergency Backup Monitoring Systems	$750.00
Section 4a: Assistive Technology	$350.00
Section 4b: Health Coaching Services	$1,335.48
TOTAL OF ALL CFC INDIVIDUAL BUDGET SERVICES:	$45,677.93
CFC Budget Part 2: Services outside of the Individual Budget	
Section 2: Support and Planning Coach Services	$748.80
Transitional Services Requested ?	
Environmental Accessibiliy Requested ?	$15,000.00

Submit Budget
Save Submit Later

Satisfaction Survey



Community First Choice Individual Services Budget

Your Budget has been Submitted

We would appreciate your input on the usefulness of this tool. It will take 5-minutes to complete the survey. Would you like to continue?

Please rate the following on a scale of 1-5 with 1 being low and 5 being high

Questions **Comments**

1 Type of equipment used:
○ Desktop Computer
○ Laptop Computer
○ Tablet
○ Smart Phone

2 Do you use:
○ Windosw
○ Apple
○ Linux
○ Don't know

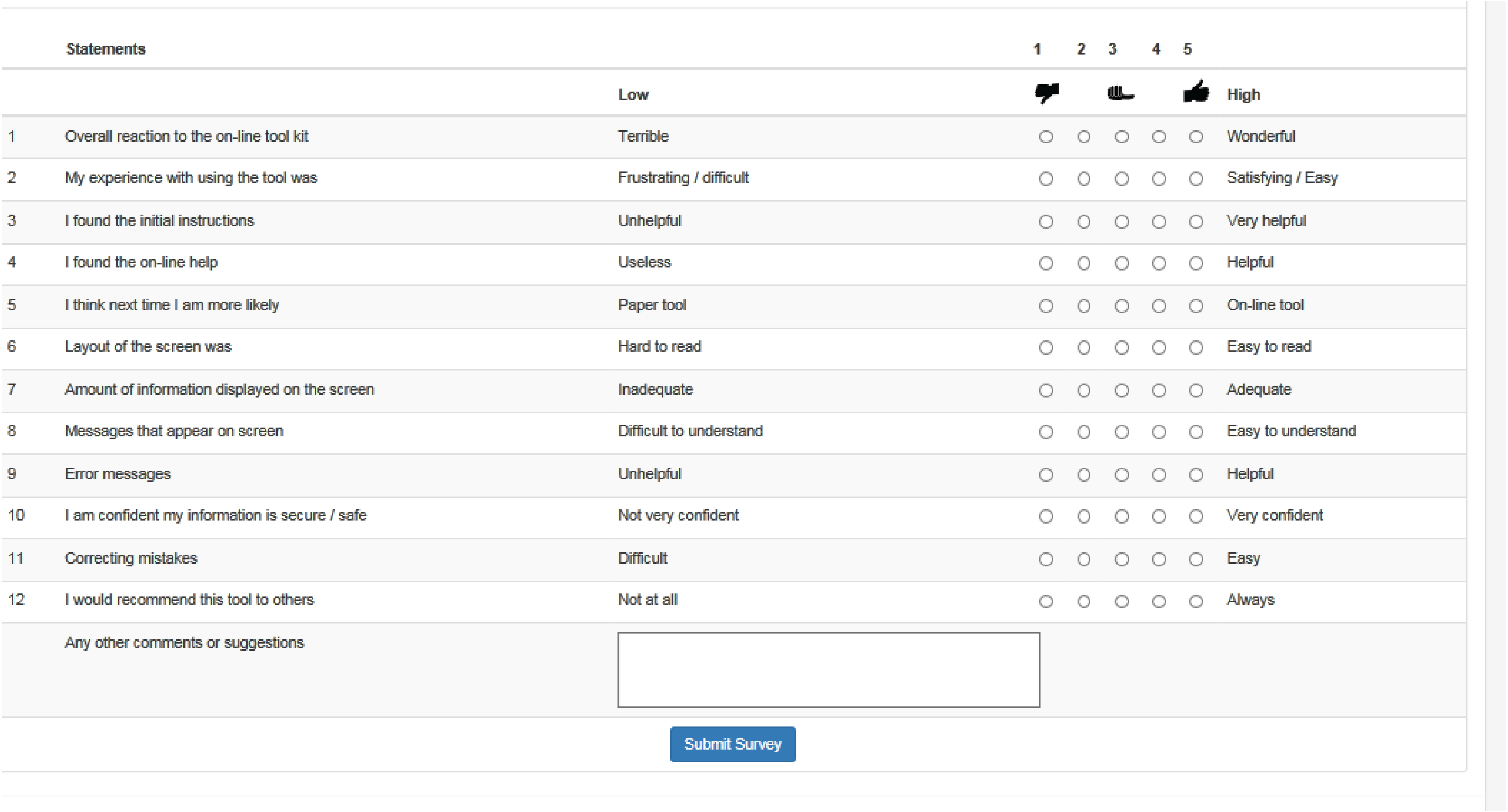
3 Did you have help using the tool form a Support & Planning Coach?
○ Yes
○ No

4 Did you have help using the tool from friends or family?
○ Yes
○ No

5 Did you use assistive technology such as a screen reader, or voice control software to complete the tool?
○ Yes: Which assistive technology did you use
○ No

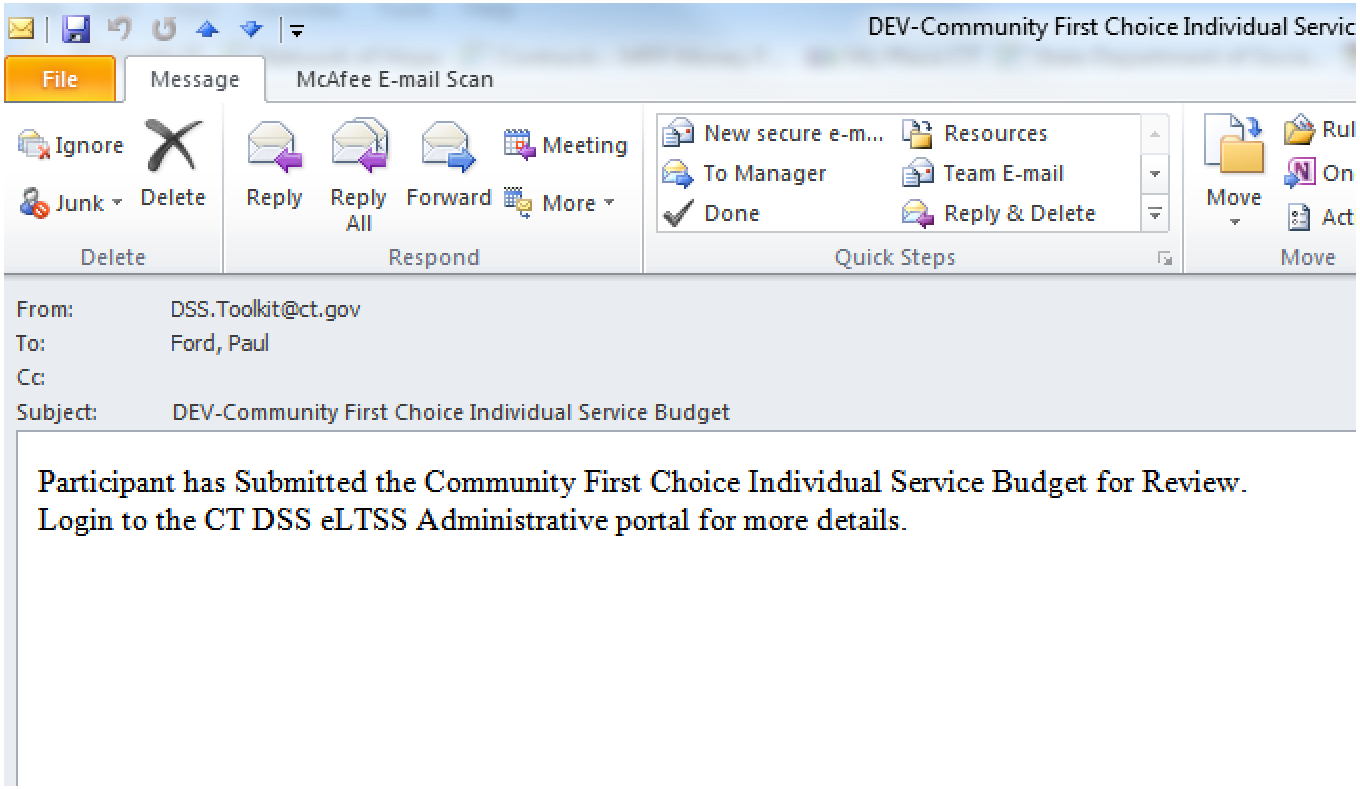
6 Did you encounter any difficulty using the tool with your assistive technology?
○ Yes
○ No
Explain:

Survey Page 2



	Statements		1	2	3	4	5	
		Low	👎				👍	High
1	Overall reaction to the on-line tool kit	Terrible	○	○	○	○	○	Wonderful
2	My experience with using the tool was	Frustrating / difficult	○	○	○	○	○	Satisfying / Easy
3	I found the initial instructions	Unhelpful	○	○	○	○	○	Very helpful
4	I found the on-line help	Useless	○	○	○	○	○	Helpful
5	I think next time I am more likely	Paper tool	○	○	○	○	○	On-line tool
6	Layout of the screen was	Hard to read	○	○	○	○	○	Easy to read
7	Amount of information displayed on the screen	Inadequate	○	○	○	○	○	Adequate
8	Messages that appear on screen	Difficult to understand	○	○	○	○	○	Easy to understand
9	Error messages	Unhelpful	○	○	○	○	○	Helpful
10	I am confident my information is secure / safe	Not very confident	○	○	○	○	○	Very confident
11	Correcting mistakes	Difficult	○	○	○	○	○	Easy
12	I would recommend this tool to others	Not at all	○	○	○	○	○	Always
	Any other comments or suggestions							

Assessor receives message to review

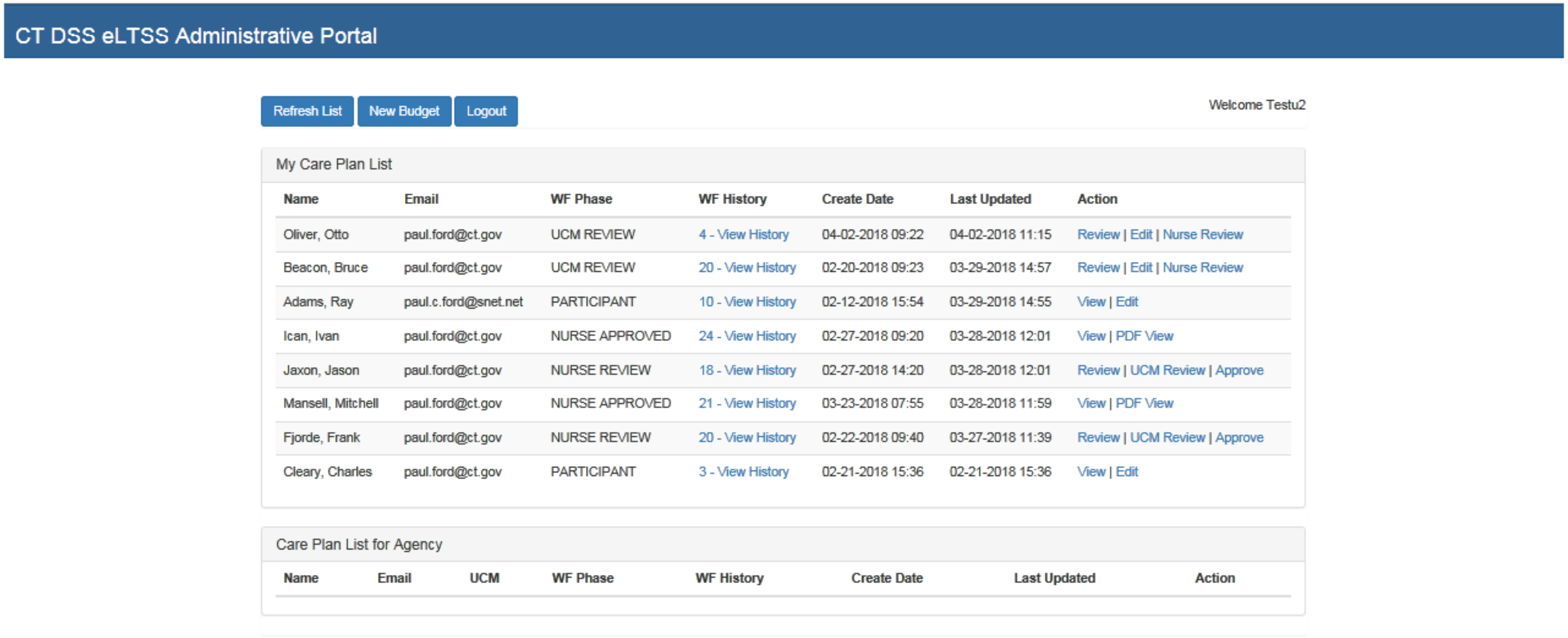

DEV-Community First Choice Individual Servic
File
Message
McAfee E-mail Scan
Ignore
Junk
Delete
Reply
Reply All
Forward
Meeting
More
Respond
New secure e-m...
To Manager
Done
Resources
Team E-mail
Reply & Delete
Quick Steps
Move
Rul
On
Act
Move

From: DSS.Toolkit@ct.gov
To: Ford, Paul
Cc:
Subject: DEV-Community First Choice Individual Service Budget

Participant has Submitted the Community First Choice Individual Service Budget for Review.
Login to the CT DSS eLTSS Administrative portal for more details.

Work flow shows Otto’s Plan is UCM Assessor Phase.

- Click Review to start review



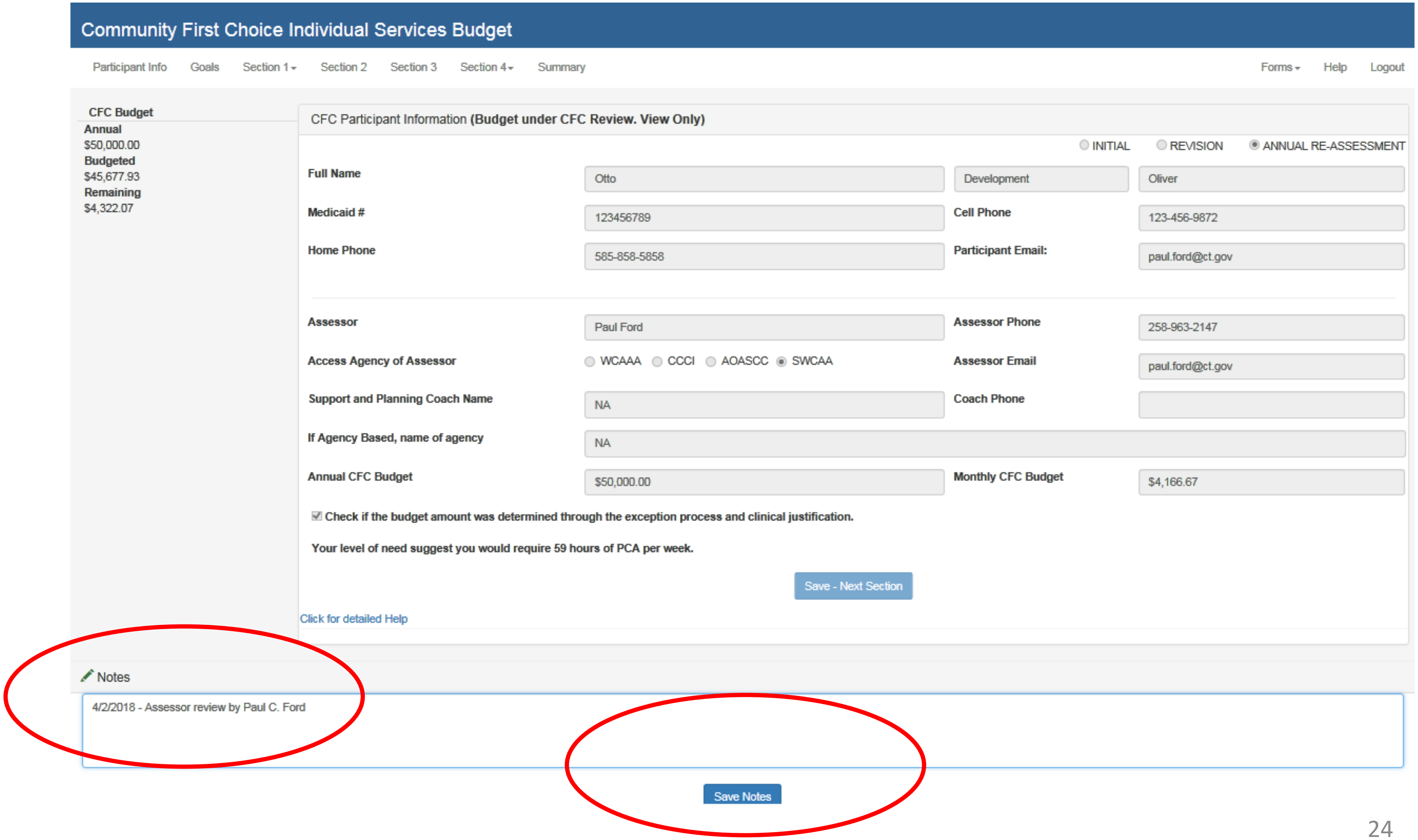
My Care Plan List

Name	Email	WF Phase	WF History	Create Date	Last Updated	Action
Oliver, Otto	paul.ford@ct.gov	UCM REVIEW	4 - View History	04-02-2018 09:22	04-02-2018 11:15	Review | Edit | Nurse Review
Beacon, Bruce	paul.ford@ct.gov	UCM REVIEW	20 - View History	02-20-2018 09:23	03-29-2018 14:57	Review | Edit | Nurse Review
Adams, Ray	paul.c.ford@snet.net	PARTICIPANT	10 - View History	02-12-2018 15:54	03-29-2018 14:55	View | Edit
Ican, Ivan	paul.ford@ct.gov	NURSE APPROVED	24 - View History	02-27-2018 09:20	03-28-2018 12:01	View | PDF View
Jaxon, Jason	paul.ford@ct.gov	NURSE REVIEW	18 - View History	02-27-2018 14:20	03-28-2018 12:01	Review | UCM Review | Approve
Mansell, Mitchell	paul.ford@ct.gov	NURSE APPROVED	21 - View History	03-23-2018 07:55	03-28-2018 11:59	View | PDF View
Fjorde, Frank	paul.ford@ct.gov	NURSE REVIEW	20 - View History	02-22-2018 09:40	03-27-2018 11:39	Review | UCM Review | Approve
Cleary, Charles	paul.ford@ct.gov	PARTICIPANT	3 - View History	02-21-2018 15:36	02-21-2018 15:36	View | Edit

Care Plan List for Agency

Name	Email	UCM	WF Phase	WF History	Create Date	Last Updated	Action

Note: Pages now have note section at bottom – start with date and your name: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Save - Next Section
Click for detailed Help
Save Notes

CFC Budget
Annual
$50,000.00
Budgeted
$45,677.93
Remaining
$4,322.07

CFC Participant Information **(Budget under CFC Review. View Only)**

○ INITIAL ○ REVISION ● ANNUAL RE-ASSESSMENT

Full Name	Otto	Development	Oliver
Medicaid #	123456789	**Cell Phone**	123-456-9872
Home Phone	585-858-5858	**Participant Email:**	paul.ford@ct.gov
Assessor	Paul Ford	**Assessor Phone**	258-963-2147
Access Agency of Assessor	○ WCAAA ○ CCCI ○ AOASCC ● SWCAA	**Assessor Email**	paul.ford@ct.gov
Support and Planning Coach Name	NA	**Coach Phone**	
If Agency Based, name of agency	NA		
Annual CFC Budget	$50,000.00	**Monthly CFC Budget**	$4,166.67

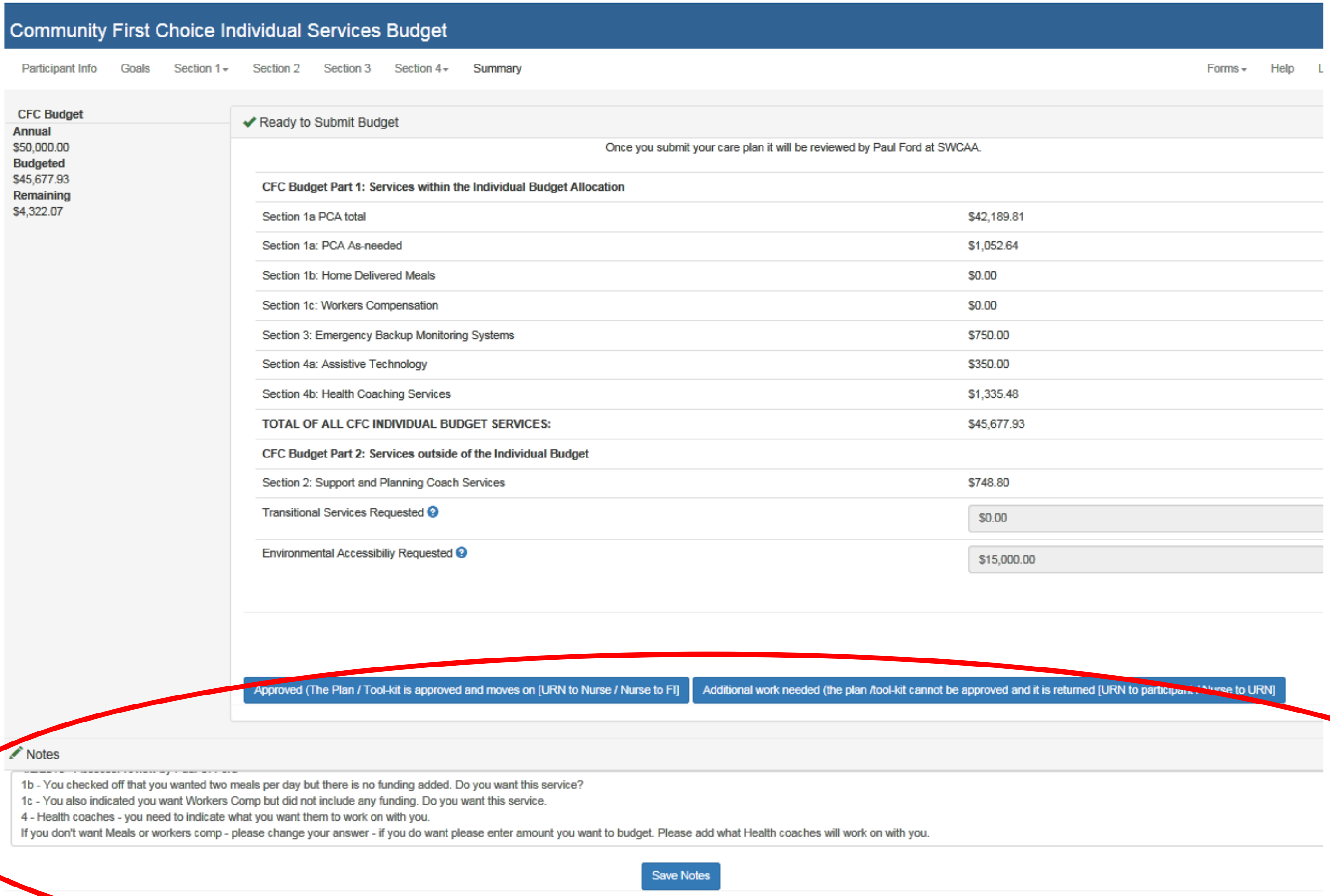
☑ **Check if the budget amount was determined through the exception process and clinical justification.**

Your level of need suggest you would require 59 hours of PCA per week.

Notes

4/2/2018 - Assessor review by Paul C. Ford

Accessor’s Review – See notes at bottom – click additional work needed to return to participant.



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CFC Budget
Annual
$50,000.00
Budgeted
$45,677.93
Remaining
$4,322.07

✓ Ready to Submit Budget

Once you submit your care plan it will be reviewed by Paul Ford at SWCAA.

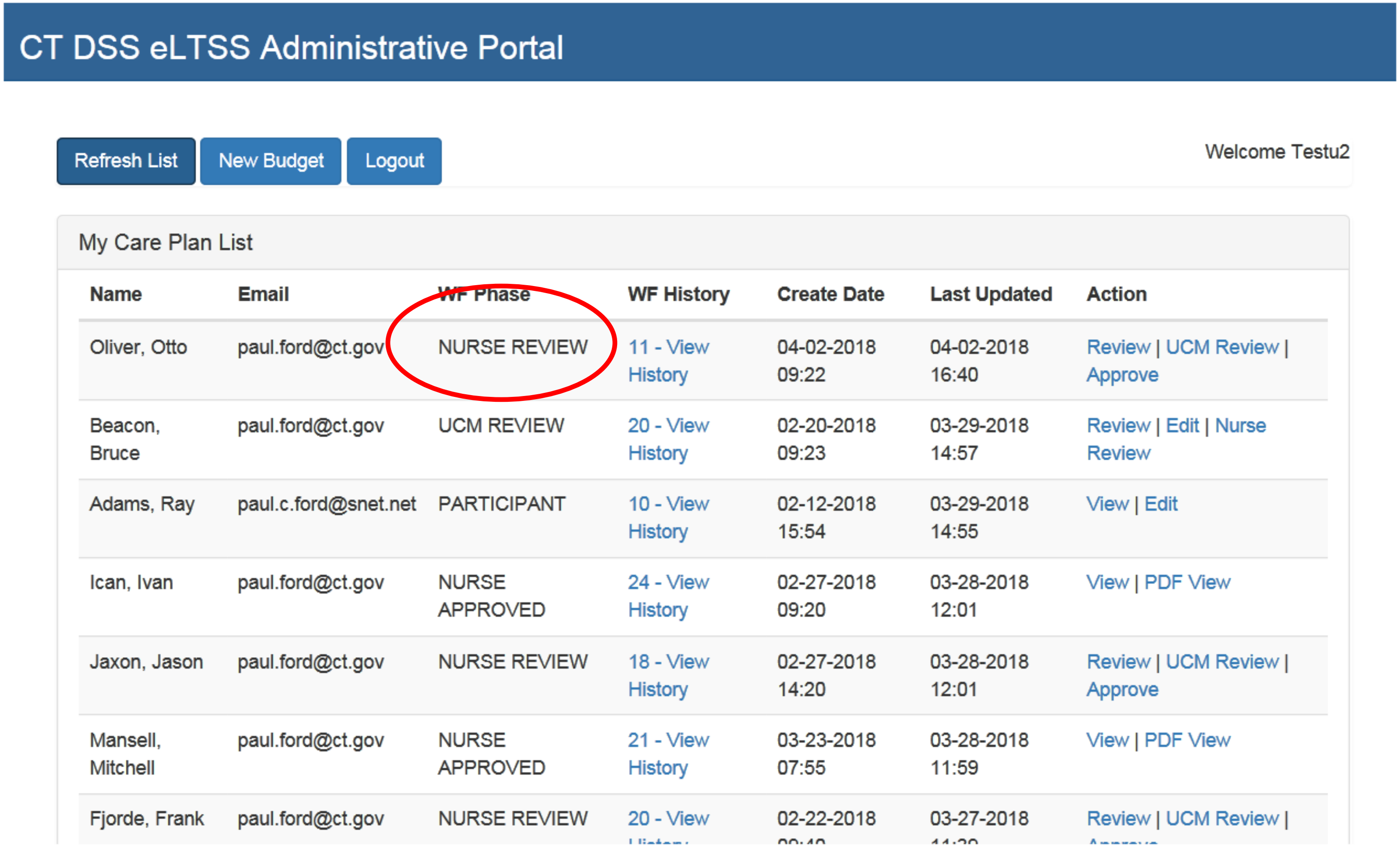
CFC Budget Part 1: Services within the Individual Budget Allocation	
Section 1a PCA total	$42,189.81
Section 1a: PCA As-needed	$1,052.64
Section 1b: Home Delivered Meals	$0.00
Section 1c: Workers Compensation	$0.00
Section 3: Emergency Backup Monitoring Systems	$750.00
Section 4a: Assistive Technology	$350.00
Section 4b: Health Coaching Services	$1,335.48
TOTAL OF ALL CFC INDIVIDUAL BUDGET SERVICES:	$45,677.93
CFC Budget Part 2: Services outside of the Individual Budget	
Section 2: Support and Planning Coach Services	$748.80
Transitional Services Requested	$0.00
Environmental Accessibiliy Requested	$15,000.00

Approved (The Plan / Tool-kit is approved and moves on [URN to Nurse / Nurse to FI]
Additional work needed (the plan /tool-kit cannot be approved and it is returned [URN to participant / Nurse to URN]

Notes

1b - You checked off that you wanted two meals per day but there is no funding added. Do you want this service?
1c - You also indicated you want Workers Comp but did not include any funding. Do you want this service.
4 - Health coaches - you need to indicate what you want them to work on with you.
If you don't want Meals or workers comp - please change your answer - if you do want please enter amount you want to budget. Please add what Health coaches will work on with you.

Plan now in Nurse Review



CT DSS eLTSS Administrative Portal

My Care Plan List

Name	Email	WF Phase	WF History	Create Date	Last Updated	Action
Oliver, Otto	paul.ford@ct.gov	NURSE REVIEW	11 - View History	04-02-2018 09:22	04-02-2018 16:40	Review | UCM Review | Approve
Beacon, Bruce	paul.ford@ct.gov	UCM REVIEW	20 - View History	02-20-2018 09:23	03-29-2018 14:57	Review | Edit | Nurse Review
Adams, Ray	paul.c.ford@snet.net	PARTICIPANT	10 - View History	02-12-2018 15:54	03-29-2018 14:55	View | Edit
Ican, Ivan	paul.ford@ct.gov	NURSE APPROVED	24 - View History	02-27-2018 09:20	03-28-2018 12:01	View | PDF View
Jaxon, Jason	paul.ford@ct.gov	NURSE REVIEW	18 - View History	02-27-2018 14:20	03-28-2018 12:01	Review | UCM Review | Approve
Mansell, Mitchell	paul.ford@ct.gov	NURSE APPROVED	21 - View History	03-23-2018 07:55	03-28-2018 11:59	View | PDF View
Fjorde, Frank	paul.ford@ct.gov	NURSE REVIEW	20 - View	02-22-2018	03-27-2018	Review | UCM Review |

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                  <maritalStatusCode nullFlavor="NI"/>
                  <raceCode nullFlavor="NI"/>
                  <ethnicGroupCode nullFlavor="NI"/>
              </patient>
          </patientRole>
      </recordTarget>
    - <author>
        - <assignedAuthor>
              <id root="2.16.840.1.113883.3.2825.0.1"/>
            - <addr use="WP">
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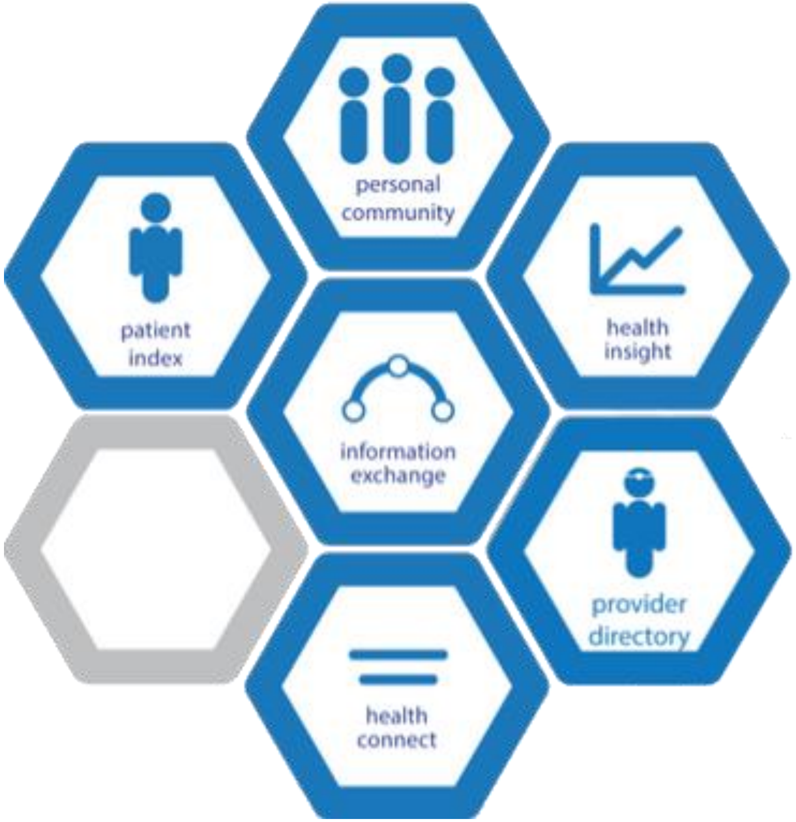
                  <city nullFlavor="NA"/>
                  <state nullFlavor="NA"/>
```

PERSONAL HEALTH RECORD

PHR & Medicaid HIE Node


personal community
patient index
health insight
information exchange
provider directory
health connect

Certified Technology

- ✓ HealthShare is certified for Health IT interoperability by IHE USA and ICSA Labs

ICSA labs CERTIFIED IHE USA 2014 IHE USA

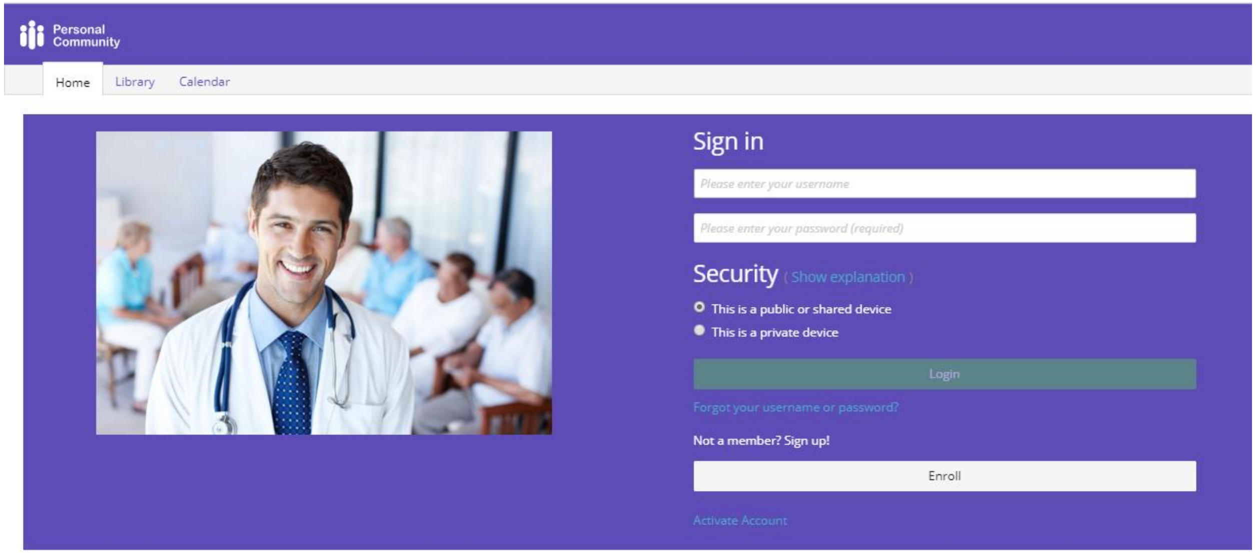
- ✓ HealthShare is certified for both Meaningful Use (MU) 1 and 2

2014 EDITION Drummond certified ONC-ACB EHR MODULAR

- ✓ HealthShare has passed eHealth Exchange validation

Validated eHealth Exchange

ONC Certified HIT


Personal Community
Home
Library
Calendar

Sign in

Please enter your username

Please enter your password (required)

Security (Show explanation)

○ This is a public or shared device

○ This is a private device

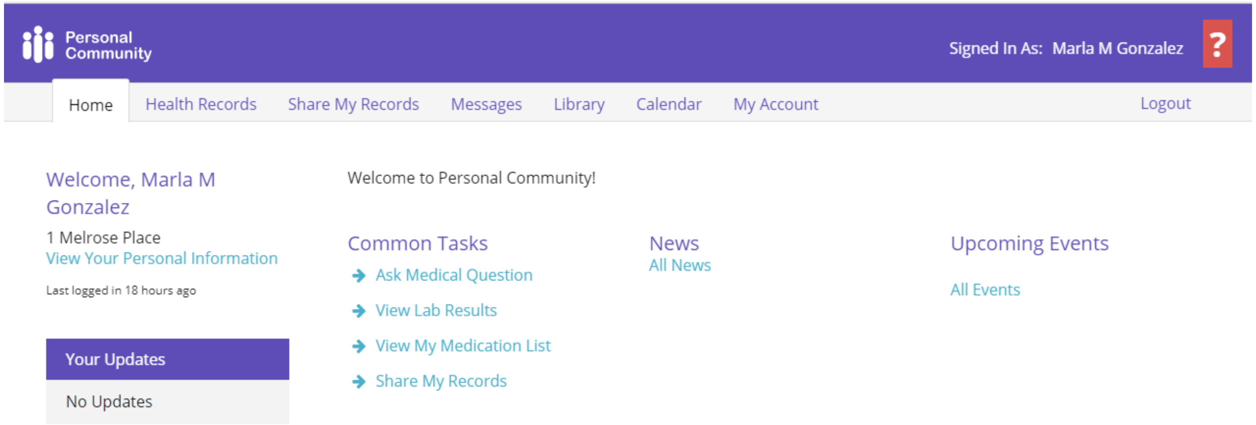
Login

Forgot your username or password?

Not a member? Sign up!

Enroll

Activate Account


Personal Community
?
Home
Health Records
Share My Records
Messages
Library
Calendar
My Account
Logout

Signed In As: Marla M Gonzalez

Welcome, Marla M Gonzalez

1 Melrose Place

View Your Personal Information

Last logged in 18 hours ago

Your Updates

No Updates

Welcome to Personal Community!

Common Tasks

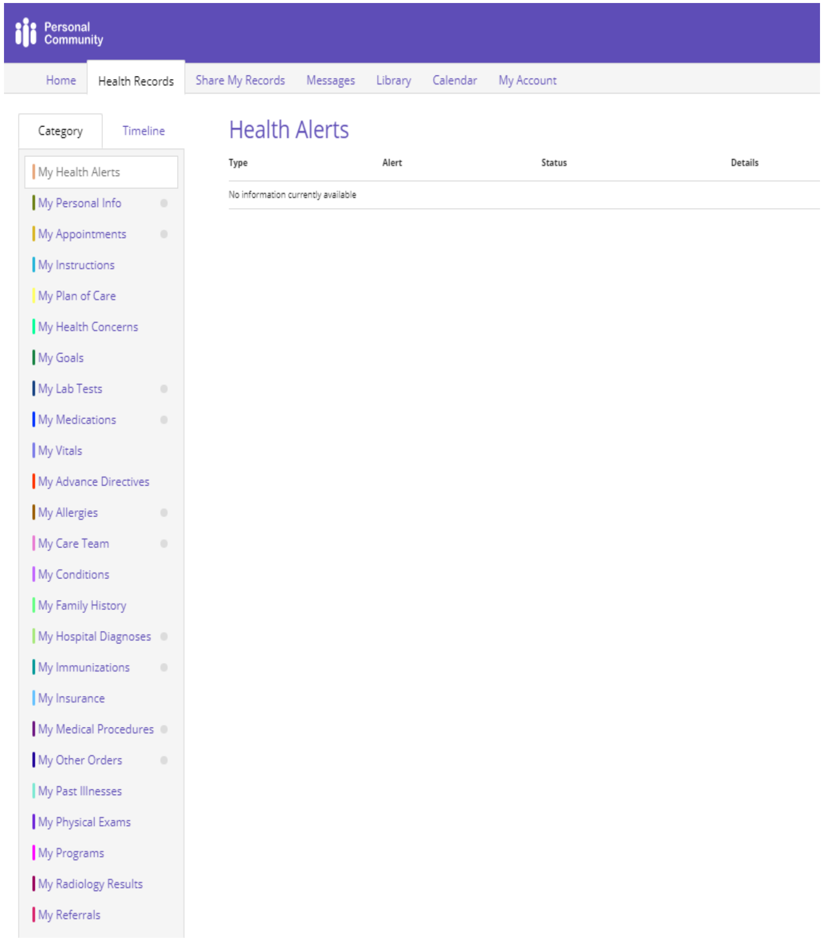
- Ask Medical Question
- View Lab Results
- View My Medication List
- Share My Records

News

All News

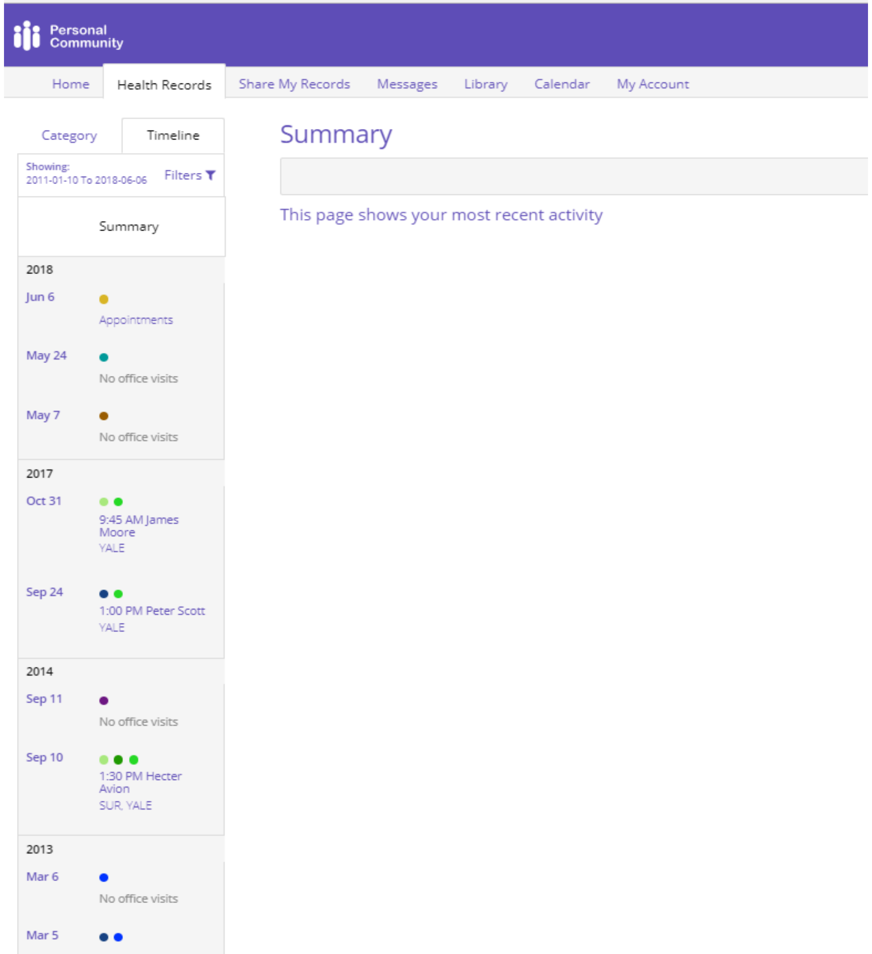
Upcoming Events

All Events


Personal Community
Home
Health Records
Share My Records
Messages
Library
Calendar
My Account
Category
Timeline
My Health Alerts
My Personal Info
My Appointments
My Instructions
My Plan of Care
My Health Concerns
My Goals
My Lab Tests
My Medications
My Vitals
My Advance Directives
My Allergies
My Care Team
My Conditions
My Family History
My Hospital Diagnoses
My Immunizations
My Insurance
My Medical Procedures
My Other Orders
My Past Illnesses
My Physical Exams
My Programs
My Radiology Results
My Referrals

Health Alerts

Type	Alert	Status	Details
No information currently available			


Personal Community
Home
Health Records
Share My Records
Messages
Library
Calendar
My Account
Category
Timeline
Filters
Summary

Showing:
2011-01-10 To 2018-06-06

Summary

This page shows your most recent activity

2018

Jun 6 ● Appointments

May 24 ● No office visits

May 7 ● No office visits

2017

Oct 31 ● ● 9:45 AM James Moore YALE

Sep 24 ● ● 1:00 PM Peter Scott YALE

2014

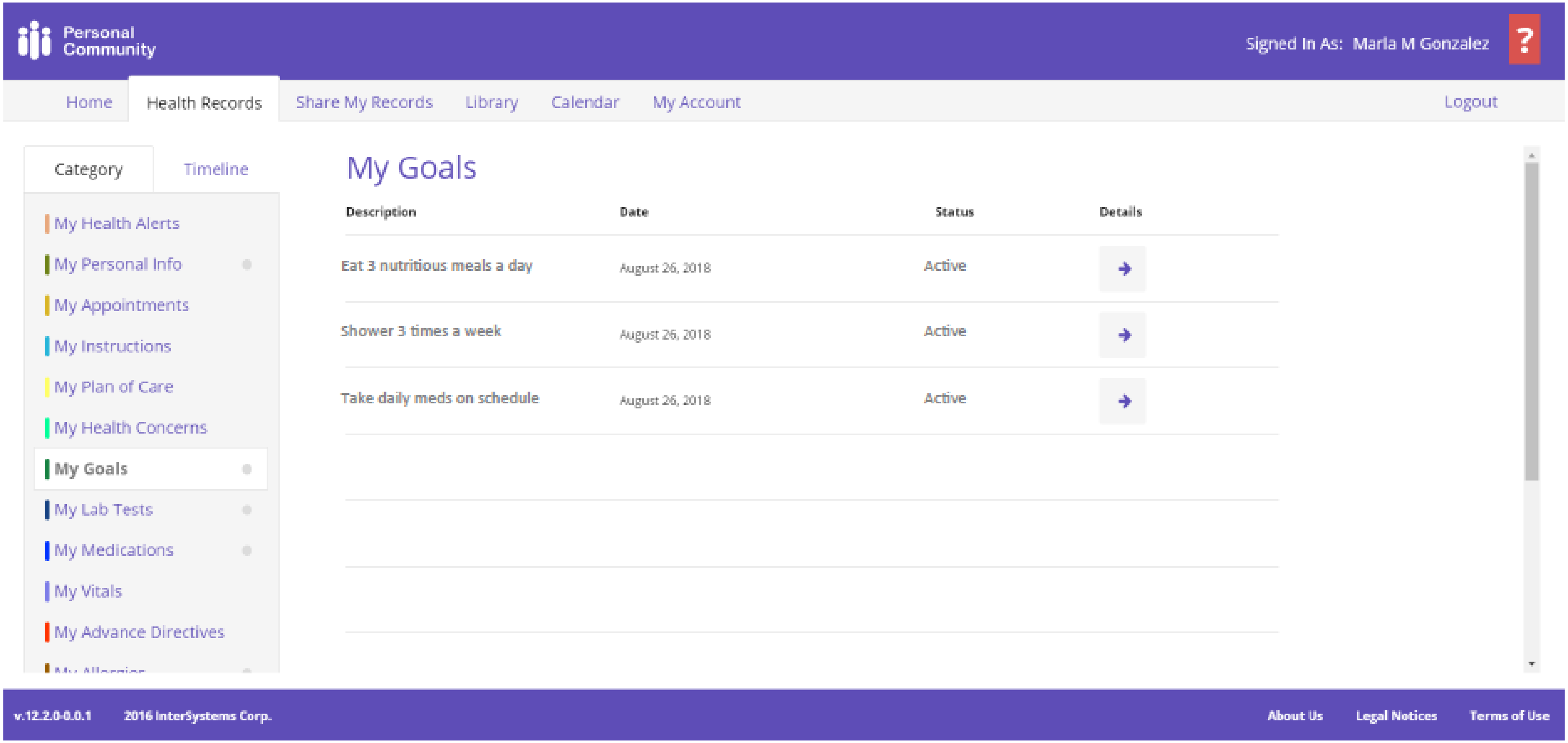
Sep 11 ● No office visits

Sep 10 ● ● ● 1:30 PM Hecter Avion SUR, YALE

2013

Mar 6 ● No office visits

Mar 5 ● ●


Personal Community
Signed In As: Marla M Gonzalez
?
Home
Health Records
Share My Records
Library
Calendar
My Account
Logout
Category
Timeline
My Health Alerts
My Personal Info
My Appointments
My Instructions
My Plan of Care
My Health Concerns
My Goals
My Lab Tests
My Medications
My Vitals
My Advance Directives
v.12.2.0-0.0.1
2016 InterSystems Corp.
About Us
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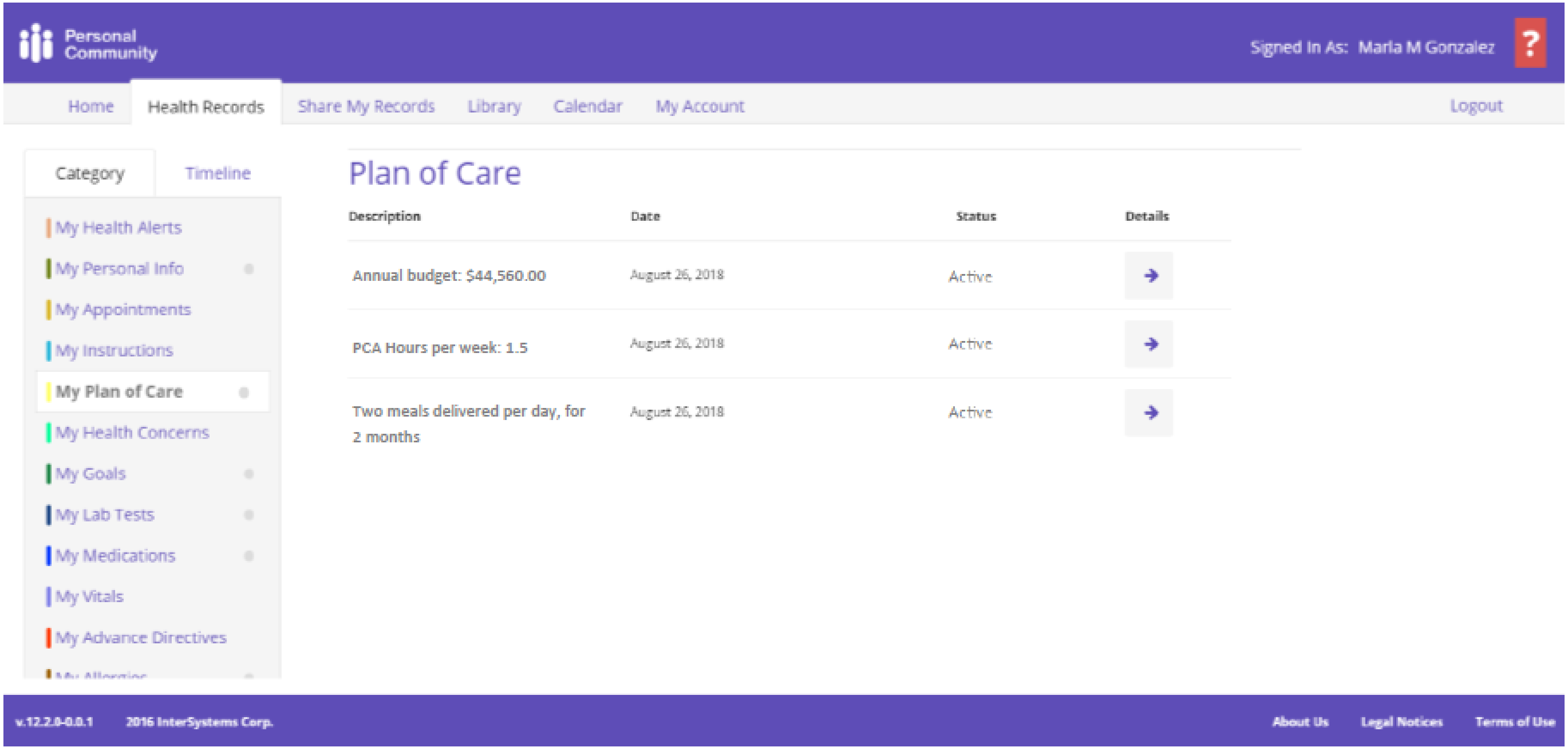
Terms of Use

My Goals

Description	Date	Status	Details
Eat 3 nutritious meals a day	August 26, 2018	Active	➔
Shower 3 times a week	August 26, 2018	Active	➔
Take daily meds on schedule	August 26, 2018	Active	➔


Personal Community
Signed In As: Marla M Gonzalez
?
Home
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Share My Records
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Calendar
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Logout
Category
Timeline
My Health Alerts
My Personal Info
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My Health Concerns
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My Lab Tests
My Medications
My Vitals
My Advance Directives
v.12.2.0-0.0.1
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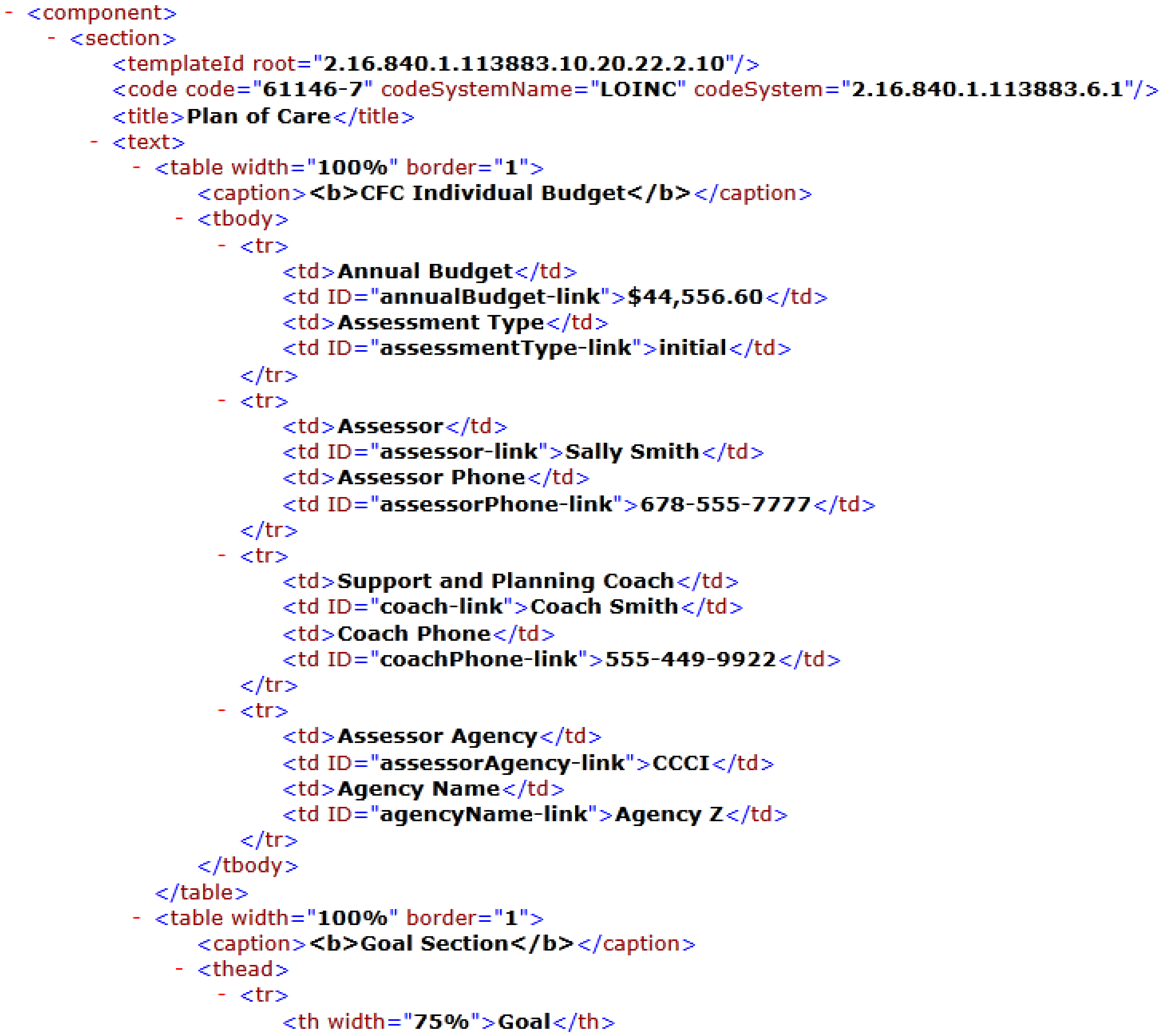
Plan of Care

Description	Date	Status	Details
Annual budget: $44,560.00	August 26, 2018	Active	→
PCA Hours per week: 1.5	August 26, 2018	Active	→
Two meals delivered per day, for 2 months	August 26, 2018	Active	→



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  - <section>
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      <code code="61146-7" codeSystemName="LOINC" codeSystem="2.16.840.1.113883.6.1"/>
      <title>Plan of Care</title>
    - <text>
      - <table width="100%" border="1">
          <caption><b>CFC Individual Budget</b></caption>
        - <tbody>
          - <tr>
              <td>Annual Budget</td>
              <td ID="annualBudget-link">$44,556.60</td>
              <td>Assessment Type</td>
              <td ID="assessmentType-link">initial</td>
            </tr>
          - <tr>
              <td>Assessor</td>
              <td ID="assessor-link">Sally Smith</td>
              <td>Assessor Phone</td>
              <td ID="assessorPhone-link">678-555-7777</td>
            </tr>
          - <tr>
              <td>Support and Planning Coach</td>
              <td ID="coach-link">Coach Smith</td>
              <td>Coach Phone</td>
              <td ID="coachPhone-link">555-449-9922</td>
            </tr>
          - <tr>
              <td>Assessor Agency</td>
              <td ID="assessorAgency-link">CCCI</td>
              <td>Agency Name</td>
              <td ID="agencyName-link">Agency Z</td>
            </tr>
          </tbody>
        </table>
      - <table width="100%" border="1">
          <caption><b>Goal Section</b></caption>
        - <thead>
          - <tr>
              <th width="75%">Goal</th>
```
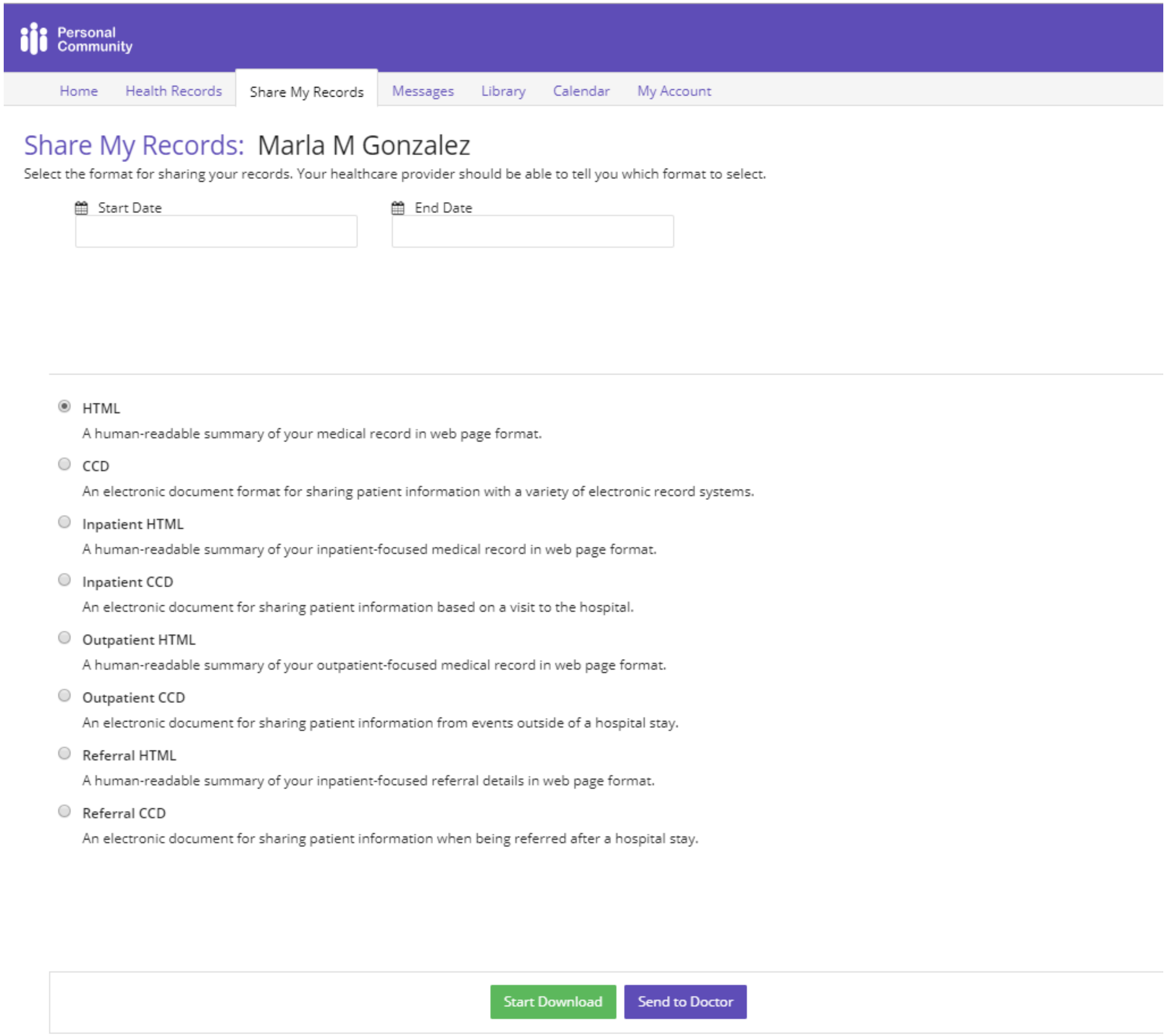


Personal Community
Home
Health Records
Share My Records
Messages
Library
Calendar
My Account

Share My Records: Marla M Gonzalez

Select the format for sharing your records. Your healthcare provider should be able to tell you which format to select.

Start Date

End Date

● HTML

A human-readable summary of your medical record in web page format.

○ CCD

An electronic document format for sharing patient information with a variety of electronic record systems.

○ Inpatient HTML

A human-readable summary of your inpatient-focused medical record in web page format.

○ Inpatient CCD

An electronic document for sharing patient information based on a visit to the hospital.

○ Outpatient HTML

A human-readable summary of your outpatient-focused medical record in web page format.

○ Outpatient CCD

An electronic document for sharing patient information from events outside of a hospital stay.

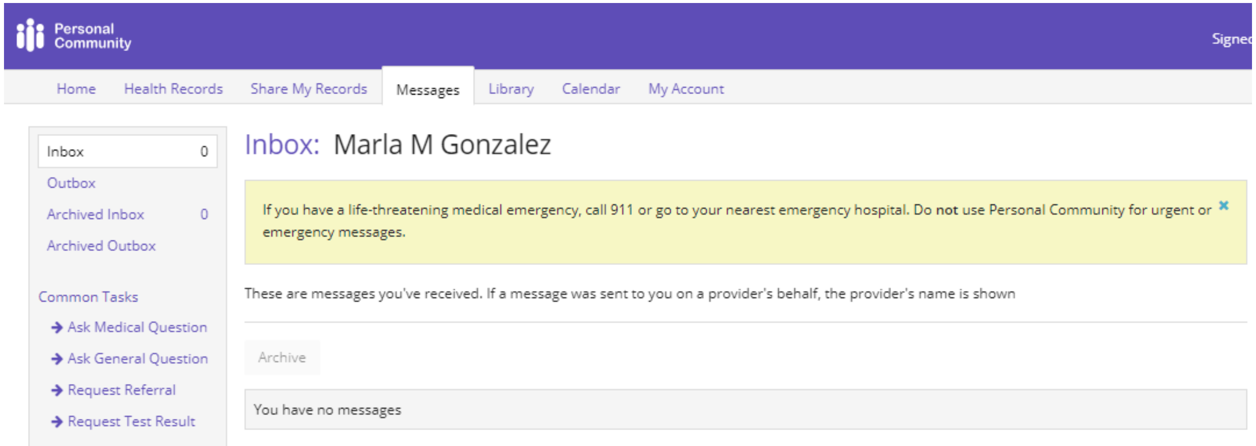
○ Referral HTML

A human-readable summary of your inpatient-focused referral details in web page format.

○ Referral CCD

An electronic document for sharing patient information when being referred after a hospital stay.

Start Download
Send to Doctor

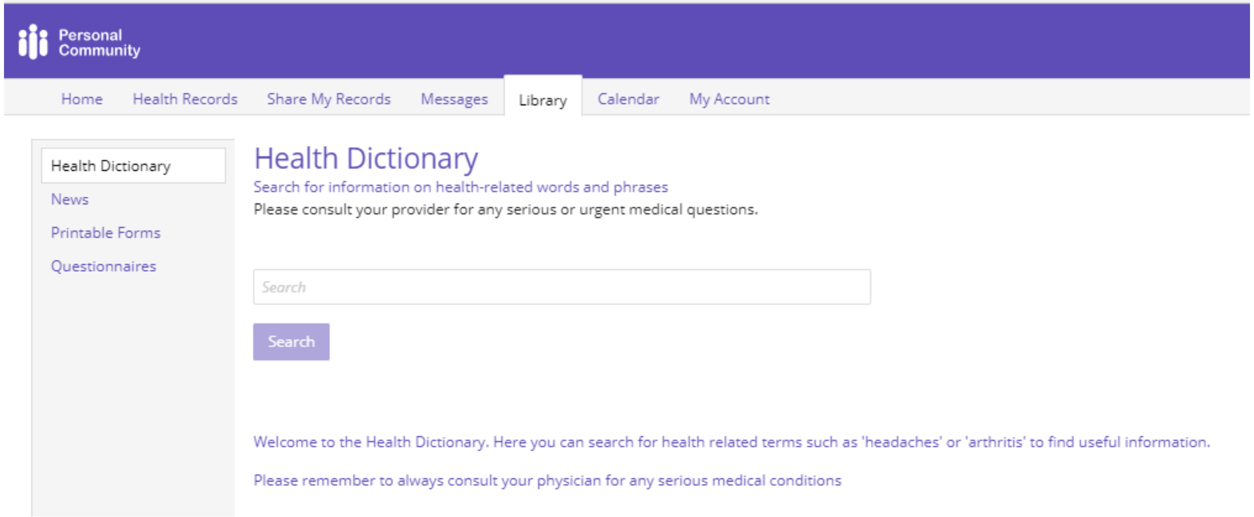

Personal Community
Signed
Home
Health Records
Share My Records
Messages
Library
Calendar
My Account
Inbox 0
Outbox
Archived Inbox 0
Archived Outbox
Common Tasks
Ask Medical Question
Ask General Question
Request Referral
Request Test Result
Archive

Inbox: Marla M Gonzalez

If you have a life-threatening medical emergency, call 911 or go to your nearest emergency hospital. Do **not** use Personal Community for urgent or emergency messages.

These are messages you've received. If a message was sent to you on a provider's behalf, the provider's name is shown

You have no messages


Personal Community
Home
Health Records
Share My Records
Messages
Library
Calendar
My Account
Health Dictionary
News
Printable Forms
Questionnaires
Search
Search

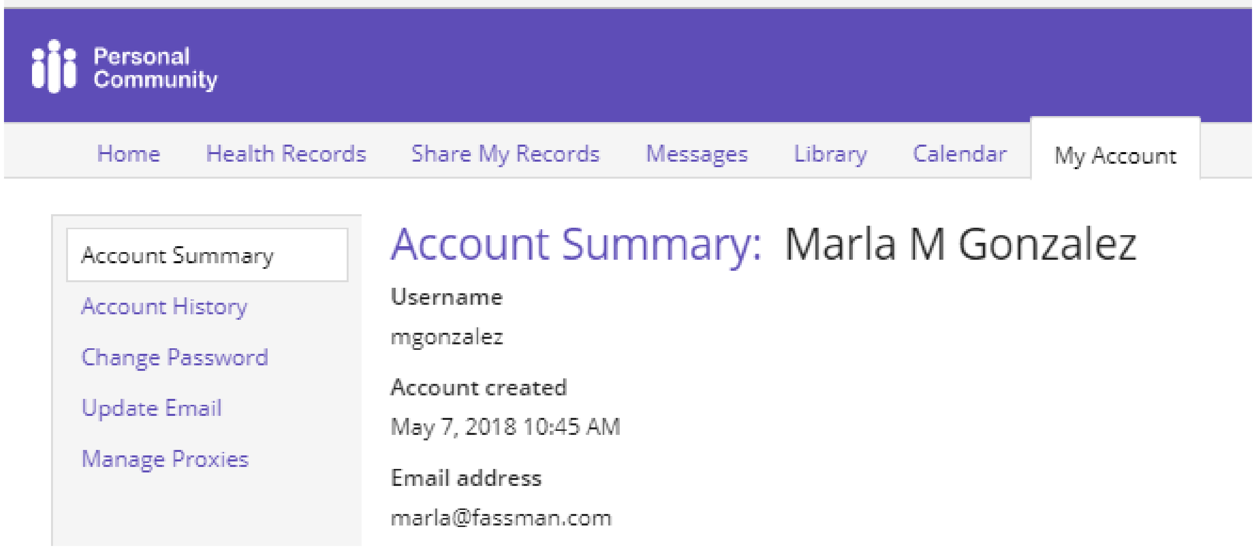
Health Dictionary

Search for information on health-related words and phrases

Please consult your provider for any serious or urgent medical questions.

Welcome to the Health Dictionary. Here you can search for health related terms such as 'headaches' or 'arthritis' to find useful information.

Please remember to always consult your physician for any serious medical conditions

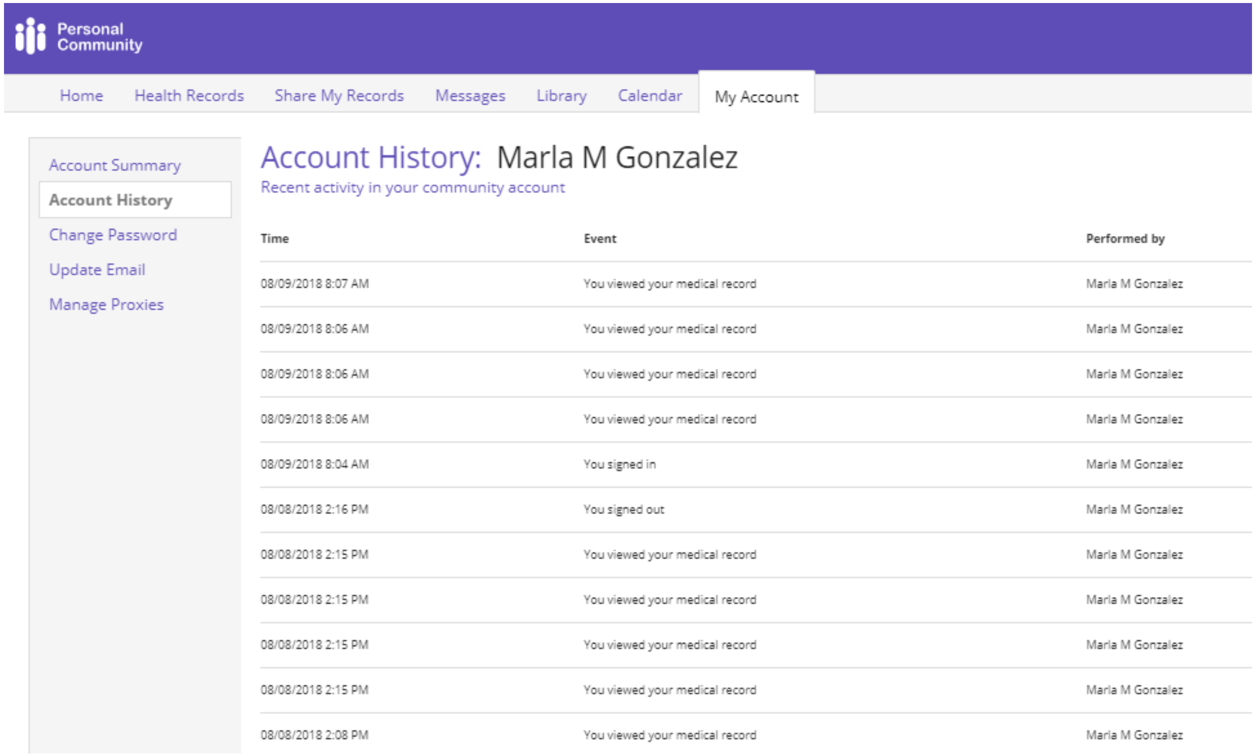

Personal Community
Home
Health Records
Share My Records
Messages
Library
Calendar
My Account
Account Summary
Account History
Change Password
Update Email
Manage Proxies

Account Summary: Marla M Gonzalez

Username
mgonzalez

Account created
May 7, 2018 10:45 AM

Email address
marla@fassman.com


Personal Community
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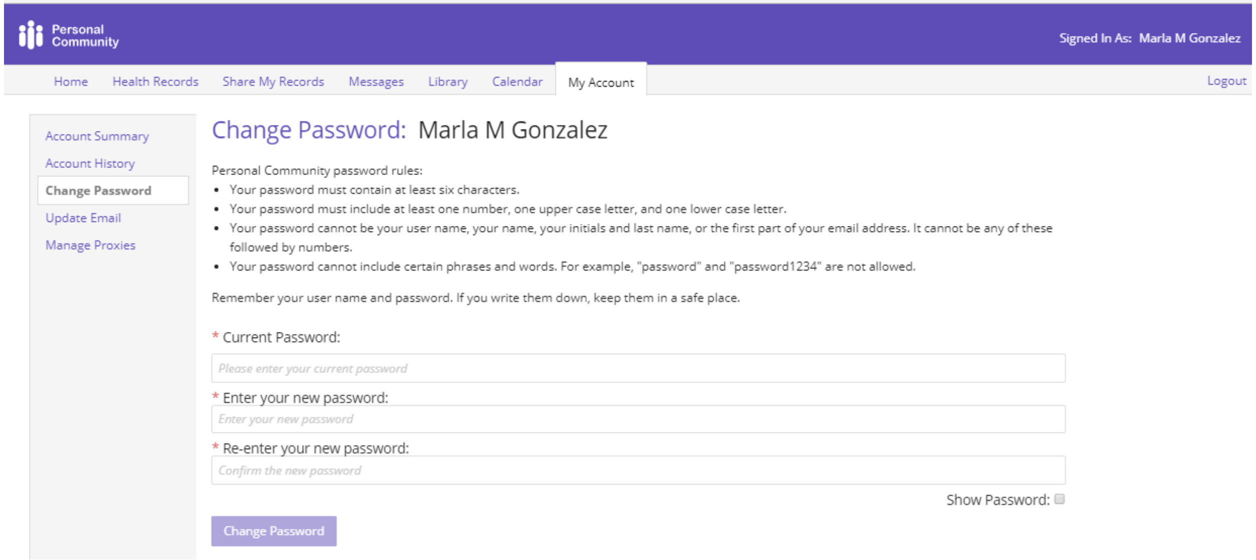
Calendar
My Account
Account Summary
Account History
Change Password
Update Email
Manage Proxies

Account History: Marla M Gonzalez

Recent activity in your community account

Time	Event	Performed by
08/09/2018 8:07 AM	You viewed your medical record	Marla M Gonzalez
08/09/2018 8:06 AM	You viewed your medical record	Marla M Gonzalez
08/09/2018 8:06 AM	You viewed your medical record	Marla M Gonzalez
08/09/2018 8:06 AM	You viewed your medical record	Marla M Gonzalez
08/09/2018 8:04 AM	You signed in	Marla M Gonzalez
08/08/2018 2:16 PM	You signed out	Marla M Gonzalez
08/08/2018 2:15 PM	You viewed your medical record	Marla M Gonzalez
08/08/2018 2:15 PM	You viewed your medical record	Marla M Gonzalez
08/08/2018 2:15 PM	You viewed your medical record	Marla M Gonzalez
08/08/2018 2:15 PM	You viewed your medical record	Marla M Gonzalez
08/08/2018 2:08 PM	You viewed your medical record	Marla M Gonzalez


Personal Community
Signed In As: Marla M Gonzalez
Home
Health Records
Share My Records
Messages
Library
Calendar
My Account
Logout
Account Summary
Account History
Change Password
Update Email
Manage Proxies
Change Password

Change Password: Marla M Gonzalez

Personal Community password rules:

- Your password must contain at least six characters.
- Your password must include at least one number, one upper case letter, and one lower case letter.
- Your password cannot be your user name, your name, your initials and last name, or the first part of your email address. It cannot be any of these followed by numbers.
- Your password cannot include certain phrases and words. For example, "password" and "password1234" are not allowed.

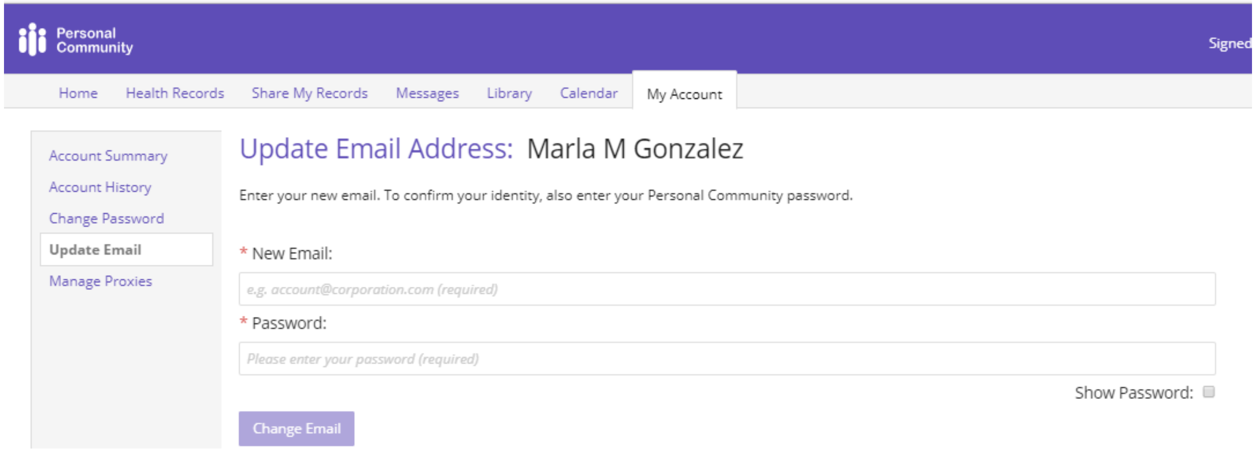
Remember your user name and password. If you write them down, keep them in a safe place.

* Current Password:
Please enter your current password

* Enter your new password:
Enter your new password

* Re-enter your new password:
Confirm the new password

Show Password: ☐


Personal Community
Signed
Home
Health Records
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Messages
Library
Calendar
My Account
Account Summary
Account History
Change Password
Update Email
Manage Proxies
Change Email

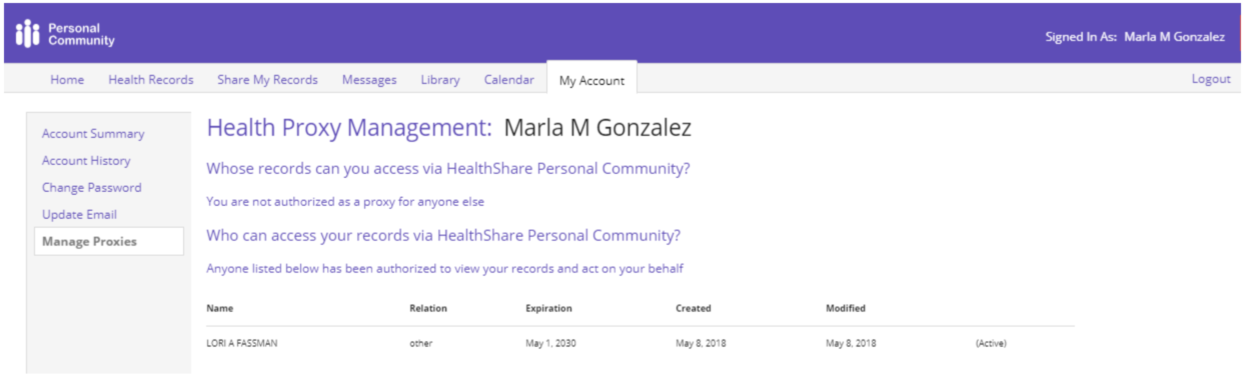
Update Email Address: Marla M Gonzalez

Enter your new email. To confirm your identity, also enter your Personal Community password.

* New Email:
e.g. account@corporation.com (required)

* Password:
Please enter your password (required)

Show Password: ☐


Personal
Community
Signed In As: Marla M Gonzalez
Home
Health Records
Share My Records
Messages
Library
Calendar
My Account
Logout
Account Summary
Account History
Change Password
Update Email
Manage Proxies

Health Proxy Management: Marla M Gonzalez

Whose records can you access via HealthShare Personal Community?

You are not authorized as a proxy for anyone else

Who can access your records via HealthShare Personal Community?

Anyone listed below has been authorized to view your records and act on your behalf

Name	Relation	Expiration	Created	Modified	
LORI A FASSMAN	other	May 1, 2030	May 8, 2018	May 8, 2018	(Active)

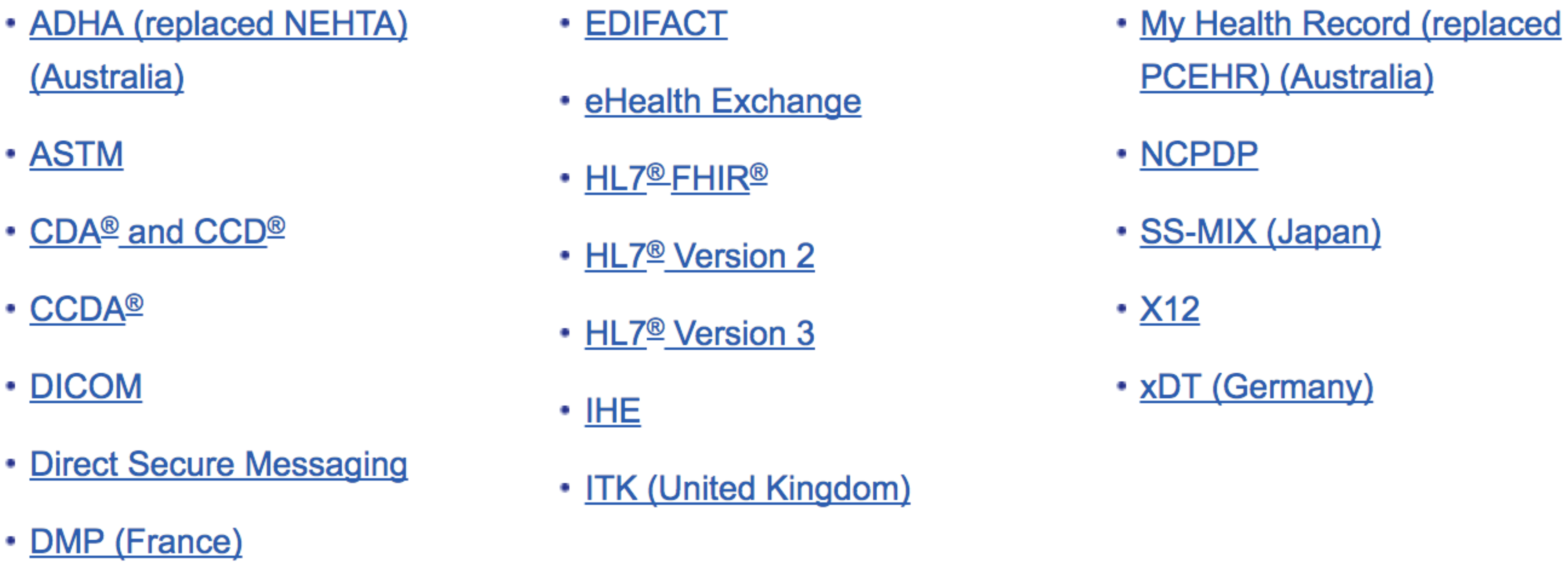
Lessons Learned

- Start where you are – all that glitters is not gold
- Existing and competing Health IT projects
- Lack of adoption of standards – variability in implementation
- Limited use of Health IT among LTSS providers and beneficiaries
- State contracting process
- Identify clear goals
- Follow (or try your best) a logical process
- Persistence and single-minded focus
- Start contract negotiations early!
- Agile method was a better approach than our previous experience with traditional waterfall, though culture change is difficult.

Next Steps

- Using standards to transport care documents so that LTSS is part of the solution/discussion as Health IT standards evolve
- We will first adopt this care plan template for sharing care plan among the CFC stakeholders and hope to transfer both the process and the knowledge to other care plans that are still being completed on paper only.
- Monitor, evaluate continuously to review metrics and impact of technology on beneficiary, provider, system outcomes.
- We will be collecting system level metrics on: time to approval, areas where people need help or tend to get stuck, etc.
- We want to provide choices in how the beneficiaries can complete the CFC care plan – mobile, voice
- Enhancement for Connecticut is completing a comprehensive C-CDA, integrating data across assessments, care plans, MDS and OASIS.

Standards Supported by our Technologies



- ADHA (replaced NEHTA) (Australia)
- ASTM
- CDA® and CCD®
- CCDA®
- DICOM
- Direct Secure Messaging
- DMP (France)
- EDIFACT
- eHealth Exchange
- HL7® FHIR®
- HL7® Version 2
- HL7® Version 3
- IHE
- ITK (United Kingdom)
- My Health Record (replaced PCEHR) (Australia)
- NCPDP
- SS-MIX (Japan)
- X12
- xDT (Germany)

QUESTIONS