The TEFT Demonstration

Testing Experience and Functional Tools in Community-Based Long Term Services and Supports

In March 2014, the Centers for Medicare & Medicaid Services (CMS) awarded TEFT grants to nine states to test quality measurement tools and demonstrate e-health in Medicaid community-based long term services and supports (CB-LTSS). The grant program, spanning four years through March 2018, is designed to field test a cross-disability experience of care survey and a set of functional assessment items, demonstrate personal health records, and create an electronic LTSS service plan standard.

With the total grant program nearing $42 million, this is the first time CMS is promoting the use of health information technology (HIT) in CB-LTSS systems. TEFT will provide national measures and valuable feedback on how health information technology can be implemented in this component of Medicaid programs.

TEFT Grantees

Arizona

Colorado

Connecticut

Georgia

Kentucky

Louisiana[*]

Maryland

Minnesota

New Hampshire

TEFT Components

Grantees are participating in one or more of the four demonstration components:

- **Experience of Care (EoC) Survey** – The EoC survey elicits feedback on beneficiaries' experience with the services they receive in Medicaid CB-LTSS programs. It was designed to be a cross-disability survey and intended for use with beneficiaries in the various CB-LTSS programs serving people with all types of disability including frail elderly individuals, persons with physical disability, those with intellectual and/or developmental disability, persons with acquired brain

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[*] *Louisiana field tested the Experience of Care Survey (Round 1)*

injury and persons with severe mental illness. In 2015, all nine grantees participated in a field test. The purpose of the field test was to test the reliability and validity of the survey, to identify composites (groups of similar items to be used for reporting purposes), to compare in-person versus telephone administration modes, and to assess the feasibility of typical versus simplified response alternatives for respondent answers. CMS will use the results of the field test to seek a Consumer Assessment of Healthcare Providers and Systems (CAHPS) trademark and endorsement by the National Quality Forum (NQF). The CAHPS trademark and NQF endorsement will provide states with assurance of a rigorously tested survey. Grantees have received TEFT funding to administer the Experience of Care Survey to their CB-LTSS beneficiaries (2016-2018) and use the results to assess and improve program quality. In this second round of data collection states are not only demonstrating their use of the survey but are also considering experimenting with electronic administration of the survey through a Personal Health Record (PHR), use of proxy respondents, and use of survey results for performance-based incentives for providers.

- **Functional Assessment Standardized Items (FASI)** – Under prior initiatives, CMS invested in the development of standardized functional assessment items for assessing Medicare post-acute care recipients. With TEFT funding, CMS is providing resources to test similar items for assessing people served in Medicaid CB-LTSS programs. FASI includes items to measure functional ability, including mobility, and activities of daily living (e.g., bathing, dressing) instrumental activities of daily living (e.g., meal preparation) and caregiver availability. In order to be as person-centered as possible, the FASI also includes items that ask the individual to identify goals they would like to achieve vis-à-vis their functioning. The advantage of standardized functional items is that beneficiary assessment information is captured the same way across settings, a key requirement for enabling electronic exchange of this information (between/among payers, providers, beneficiaries). TEFT grantees will provide a sample of CB-LTSS beneficiaries with differing disabilities with whom the FASI items will be field tested for reliability in 2016. Following the field test, the functional assessment standardized items will be finalized, and grantees will then demonstrate item use in their respective CB-LTSS programs during 2017-2018. CMS will also include the final items in the CMS data elements library and use them to develop quality metrics that will be submitted to the NQF for endorsement.

- **Electronic Long Term Services and Supports Service Plan Standard (eLTSS)** – The Office of the National Coordinator for Health Information Technology (ONC) has partnered with CMS to identify and harmonize a service plan standard to enable electronic exchange of information relevant to the care of persons receiving CB-LTSS. TEFT grantees will pilot test an eLTSS service plan standard in conjunction with ONC's Standards and Interoperability (S&I) Framework. The standard encompasses service plan items typically employed by providers and payers to identify and convey the constellation of services and supports for individual beneficiaries of CB-LTSS. Pilot testing occurred from October 2015 through March 31, 2016 in the first phase. The TEFT grantees will work together with the S&I Framework to harmonize all states' LTSS service plans from April 2016 through August 2016. The eLTSS plan standard will be tested in Round 2 beginning in November 2016. Ultimately, the grantees are working to create a new means of

sharing LTSS data electronically, such as secure email messaging and connection to online health information portals for providers, as well as adoption of personal electronic health records for beneficiaries. Grantees will also evaluate the value of the data and methods of exchange. Additional information on these efforts can be found on the S&I Framework Wiki page.

- **Personal Health Record (PHR)** – State Medicaid grantees participating in this component of TEFT will design, test and launch electronic PHRs for CB-LTSS beneficiaries. Grantees will work with stakeholders in their states to identify the content of these PHRs. Potential sources of information to populate the PHRs may include assessment and service/support plan information, health/care information, as well as other information the beneficiary may choose to include for record keeping and/or sharing with providers. Information available in a PHR may assist the beneficiary, their family, and/or caregivers in making care-related decisions and encourage a more active role in managing care. A PHR has the potential to facilitate more efficient care and enhanced outcomes for beneficiaries and their families. Grantees will be working on this component of TEFT throughout the grant period.

Even though the four components of TEFT each have distinct purposes and timelines, they all focus on enhancing CB-LTSS systems to achieve a true person-centered culture. Moreover, TEFT promotes care systems that are able to exchange information across relevant parties and improve the quality of care for people receiving Medicaid CB-LTSS.

TEFT Support Activities

- *Technical Assistance:* A technical assistance (TA) component is offered through Truven Health Analytics. Technical assistance to the TEFT grantees and CMS provides support on a wide range of topics to help grantees and CMS realize the goals of the TEFT demonstration. In addition to individualized and peer technical assistance, TA supports include meetings each month with the TEFT grantees, a training session the first week of each month, and grantee-driven Communities of Practice sessions monthly for the EoC survey, FASI and Health Information Technology (HITECH). The Truven Health TA team also produces research manuscripts, promising practice papers, and on-demand, web-based technical assistance modules for TEFT grantees and to communicate to the broader CB-LTSS community lessons learned from the demonstration. The Truven Health Analytics technical assistance team operates a membership-only website for TEFT grantees and demonstration partners. Many resources are found on the TEFT TA Website, including useful documents and tools.
- *Evaluation:* The evaluation contractor, The Lewin Group, is conducting a three-part rapid-cycle evaluation:
  1. The first part is a formative evaluation that relies on close program monitoring and immediate provision of feedback, information, lessons learned, and recommendations to grantees.
  2. The second is a system outcomes evaluation that relies on mapping LTSS systems, structures, health IT capacity and processes, as well as developing a quantifiable measure of information exchange maturity.

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3. The third part is a beneficiary outcomes evaluation that relies on the review of each grantee's TEFT PHR and the fielding of an original, web-based PHR user survey to understand beneficiaries' experience using a PHR.

The Lewin Group also participates in the S&I Framework process to monitor and evaluate grantee participation in developing and piloting a standard eLTSS plan to facilitate data exchange across LTSS and acute care settings. The Lewin Group uses this rapid-cycle evaluation and monitoring framework to share information from quarterly monitoring reports, annual site visits, and monthly calls with stakeholders in a timely and actionable format. The TEFT Evaluation website is also a members-only resource.

For more information, please visit the TEFT page on Medicaid.gov.

TEFT CONTACTS

Table 1: TEFT Contacts at the Centers for Medicare & Medicaid Services

TEFT Role	Name	Email address
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