DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services (CMS)
Center for Medicaid and CHIP Services (CMCS)

**Amended Announcement
Invitation to Apply for FY2013**

**Patient Protection and Affordable Care Act
Section 2701**

**Planning and Demonstration Grant for
Testing Experience and Functional Tools in
Community-Based Long Term Services and Supports (TEFT)**

Funding Opportunity Number: CMS-1H1-13-001

CFDA: 93.627

<u>Applicable Dates:</u>

Funding Opportunity Announcement Released: June 27, 2013
Applicant's Teleconferences: July 10, 2013 2013, 3:30 PM Eastern Time (Baltimore, MD)
Call in Phone Number: **877-267-1577 ID – 5254;** August 6, 2013 3:30 PM Eastern Time
(Baltimore, MD) Call in Phone Number **877-267-1577 ID – 9723**
REQUIRED
Notice of Intent to Apply: September 23, 2013 by 3:00 p.m. Eastern Time (Baltimore, MD)
Electronic Grant Application Due Date: October 3, 2013 by 3:00 p.m., Eastern Time
(Baltimore MD)
Anticipated Issuance of Notice of Awards: November 12, 2013
Anticipated Grant Period of Performance: November 12, 2013 through November 11, 2017

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OVERVIEW INFORMATION

Federal Agency Name: United States Department of Health and
                                                            Human
                                                            Services
                                                            Centers for Medicare & Medicaid Services

Funding Opportunity Title: Planning and Demonstration Grant for
                                                            Testing Experience and Functional Tools
                                                            in Community-Based Long Term Services
                                                            and Supports (TEFT)
                                                            (Patient Protection and Affordable Care Act
                                                            Section 2701)

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I.   Funding Opportunity Description

I.A. Purpose and Statutory Authority

The purpose of this funding opportunity announcement is to solicit applications for participation in the Testing Experience and Functional Tools (TEFT) in Community-Based Long Term Services and Supports (CB-LTSS) planning and demonstration grant. The TEFT initiative furthers adult quality measurement activities under Section 2701 of the Patient Protection and Affordable Care Act. The Centers for Medicare & Medicaid Services (CMS) strategy for implementing Section 2701 is to support state Medicaid agencies in collecting and reporting on the adult core measures. The goals for the work conducted under the TEFT are consistent with the National Quality Strategy, Section 3011 of the Affordable Care Act, and CMS' priorities to achieve better care, a healthier population, and more affordable care.

Under TEFT, the Center for Medicaid and Children's Health Insurance Program (CHIP) Services (CMCS), and CMS, will select eligible State applicants[1] to: 1) test and evaluate new measures of functional capacity and individual experience for populations receiving CB-LTSS[2]; 2) identify and harmonize the use of health information technology (HIT); and 3) identify and harmonize electronic Long Term Services and Support (e-LTSS) standards. States may participate in one or more of the following TEFT components:

a. Field test a beneficiary experience survey within multiple CB-LTSS programs for validity and reliability;

b. Field test a modified set of Continuity Assessment Record and Evaluation (CARE) functional assessment measures for use with beneficiaries of CB- LTSS programs;

c. Demonstrate use of personal health record (PHR) systems with beneficiaries of CB-LTSS; and

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[1] For purposes of this grant the term "states" will be used in place of applicant and grantee as appropriate. Any single State Medicaid Agency (SMA) is eligible to apply for this grant. A Territory or Tribal organization, if interested in applying, must come under the auspices of and work with the SMA in the implementation of this demonstration.

[2] For purposes of this grant, LTSS includes Medicaid Title XIX programs, 1115 Demonstrations, and State plan services (personal assistance and home health) for individuals with long term services/support needs.

d. Identify, evaluate and harmonize an electronic Long Term Services and Supports (e-LTSS) standard in conjunction with the Office of National Coordinator's (ONC) Standards and Interoperability (S&I) Framework.[3]

This solicitation is primarily intended to test the collection of adult quality measures for use in Medicaid CB-LTSS. In addition, it also provides states the opportunity to use web-based PHR systems, subject to beneficiaries' permission, as a vehicle for capturing, testing and reporting on state quality measures and other related quality related information. TEFT will also support the evaluation and testing of standards for the e-LTSS record which will be used by providers to capture both health and service (e.g. CB LTSS) delivery information electronically. These standards will also enable e-LTSS information to be shared with individuals through a PHR system.

TEFT was originally issued in October, 2012. This solicitation incorporates amendments to the original. Of note, the TEFT now includes a competitive planning grant, and allows for the compartmentalization of the four components, so states may apply for one or more individual components. These changes are reflected herein.

I.B. Background

Section 2701 of the Affordable Care Act concerns adult quality measures. The provision directs the Secretary of the Department of Health and Human Services (DHHS) to identify and publish an initial voluntary core set of health care quality measures for adults eligible for Medicaid. Further activities associated with the Adult Quality Measures provision call for the Secretary, by January 2013, to establish a Medicaid Quality Measurement Program for Adults and publish annual updates to the initial core set of adult health quality measures. As part of these activities, CMS will be developing measures to address areas of need. As one component of the Section 2701 work, TEFT advances the development of two national, rigorously tested tools that can be used across all beneficiaries using CB-LTSS, an area in need of national measures.

The TEFT presents a unique opportunity for states to leverage and integrate other opportunities available under the Affordable Care Act and American Recovery and Reinvestment Act (ARRA) and Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH)[4]. Particular examples include using the TEFT

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[3] More information is available at the Standards and Interoperability Framework website: http://www.siframework.org/

[4] Health Information Technology for Economic and Clinical Health Act of 2009 (The HITECH Act) passed as part of the Recovery Act, allocated funding for the health care system to adopt and meaningfully use health IT to improve health. A number of provisions in the HITECH Act strengthen the privacy and security

functional assessment measures to meet the requirements for the Balancing Incentive Program, Section 10202 of the Affordable Care Act. Another example of maximizing the use of electronic health technology is when states look beyond the eligible professionals defined in ARRA to fully integrate health information technology. This initiative provides an opportunity for states to demonstrate how LTSS beneficiaries can benefit from the use of personal health records - for improved information exchange and coordination of services across all delivery systems. The TEFT may complement state initiatives but it cannot duplicate activities already funded under another opportunity.[5] The measurement activities that are conducted in the TEFT demonstration will be consistent with the National Quality Strategy.

Specific provisions states can consider leveraging with this grant include:
Balancing Incentive Program, Section 10202-. Effective October 1, 2011, the Balancing Incentive Program offers a targeted Federal Medicaid Administrative Payment (FMAP) increase of two or five percentage points to states whose current expenditures on CB-LTSS comprise less than fifty percent of their overall spending on LTSS, and that undertake structural reforms to increase nursing home diversions and access to non-institutionally based services. States who participate must implement a "No Wrong Door" beneficiary access system, "conflict-free" case management, and a core standardized assessment, as well as collect and utilize experience surveys and functional assessment information. The TEFT provides the resources for the functional assessment, experience surveys, and tools for improved coordination of service and quality related information.

Health Homes for Enrollees with Chronic Conditions, Section 2703 added Section 1945 to the Social Security Act to allow states to elect the option to provide coordinated care to certain individuals with chronic conditions. The provision offers states additional federal support to enhance the integration and coordination of primary, acute, behavioral health, and LTSS for certain Medicaid enrollees with chronic conditions. The health home services include:
* Comprehensive Care Management;
* Care coordination;
* Health promotion;
* Comprehensive transitional care from inpatient to other settings;
* Individual and family support; and,
* Referral to community and social support services.

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protections for health information established under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
[5] Funding requested through the TEFT grant should not duplicate activities already funded under another opportunity.

States are required, as a condition for payment, to collect data from providers and report to CMS on clinical and quality of care outcomes, and experience surveys of the individuals within health homes. The TEFT provides the resources to meet the experience survey requirement, and a platform for the electronic exchange of healthcare information.

Community First Choice (CFC), Section 2401 of the Affordable Care Act- Creates a new state plan option to provide home and community-based attendant services and supports through section 1915(k), a new provision of the Act effective October 1, 2011. CFC utilizes a person-centered approach. The CFC will allow states to receive a 6% increase in federal matching funds for providing community based attendant services and support to Medicaid beneficiaries. States may also cover costs related to moving individuals from an institution to the community. CFC utilizes a person-centered plan, and, at the state's option, an individual service budget. Services are self-directed under either an agency-provider model or a traditional self-directed model (i.e. agency with choice provider model). States must maximize the independence and control of beneficiaries, and incorporate feedback from beneficiaries and their representatives, disability organizations, providers, families of disabled or elderly individuals, and members of the community. The TEFT provides the resources and tools to maximize the beneficiary's control of their own healthcare information, services, and budget.

The Money Follows the Person (MFP) Rebalancing Demonstration, Section 2403 of the Affordable Care Act - Extended funding for the MFP demonstration through the year 2016 and increased the funding available to states for grant activities. The extension of the MFP Demonstration Program offers states funding and additional program flexibilities to remove barriers and improve an individual's access to community supports and independent living arrangements, and provide care under a waiver or through state plan options. MFP grantees collect information related to participant quality of life and functional status. The TEFT provides the resources and tools to support and effectively coordinate transition services and the exchange of provider information.

The Use of Additional Quality Measures: States may, at their discretion, choose to collect additional quality measures – specifically, the adult core measures set for eligible Medicaid beneficiaries as defined under the Affordable Care Act, Section 2701, and the children's core measures for eligible Medicaid beneficiaries under the Children's Health Insurance Program Reauthorization Act of 2009[6] . Many of the measures in the two sets have specifications for electronic use, and may be collected and exchanged within a PHR platform**.**

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[6] http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIPRA.html

I.C. Program Requirements

CMS invites states that can implement one or more of the TEFT components introduced in the earlier section, *Funding Opportunity Description*, to submit proposals for one or more of the components in this solicitation. The sections below further describe the TEFT components and parameters.

I.C.1. Overview TEFT Competitive Award Process

CMS will use a competitive process to award the planning grant funds and, separately, approve the implementation funds included in this solicitation. Table 1 below provides a synopsis of the TEFT award process and timeline.

The TEFT includes the following four components:

a. Field test a beneficiary experience survey within multiple CB-LTSS programs for validity and reliability;

b. Field test a "modified" set of CARE functional assessment measures for use with beneficiaries of CB- LTSS programs;

c. Demonstrate use of PHR systems with beneficiaries of CB-LTSS; and

d. Identify, evaluate and harmonize an e-LTSS standard in conjunction with the ONC S&I Framework.

States may apply for one or more of the TEFT components under these circumstances:

1. Experience Survey: States choosing to test the beneficiary experience survey, <u>regardless of whether they choose other options</u>, must submit the form found at the end of Section 1 in Appendix B within 14 days of the planning grant award in lieu of including this component in the work plan. The purpose for separating the beneficiary experience survey from the work plan and the rest of the components is so field testing the experience survey may immediately be implemented.

2. Personal Health Records: States that elect to demonstrate the use of PHR systems must also participate in the e-LTSS S&I process[7]. While states that elect to participate in the e-LTSS S&I process or the measures testing are not required to participate in the PHR demonstration, all states are strongly urged to participate in this component, regardless of which components they include. States that choose to test additional quality measures as part of the use of PHR systems are expected to share those measures with CMS.

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[7] See Appendix B, Section 4 for more discussion.

3. Participation Schedule: States need to be aware that while the timeline for testing the measurement tools will vary they will need to adhere to a participation schedule for the respective components chosen.

Table 1 TEFT Award Timeline and Process		
Activity	Timeline\Due Dates	Comments\Funding
1. CMS publishes competitive solicitation for TEFT planning and demonstration grant.	June 27, 2013	This is a competitive process. Applicants can participate in one or more of the TEFT components.
2. Applicant teleconference with CMS	July 10, 2013 August 6, 2013	
3. State submits required Letter of Intent (See Appendix A)	September 23, 2013	**Required** as part of the application process
4. State submits application.	October 3, 2013	States can submit applications any time prior to due date. Timeline for testing the measurement tools will vary.
5. CMS awards planning grants	November 12, 2013	Award up to $500,000
6. Planning grantees develop work plan.	**Due Date:** May 14, 2014 States have up to 180 days from the date of the Notice of Award to submit work plan. However, states may complete the work plan and submit it to CMS any time prior to then. **NOTE: States that elect the Beneficiary Experience Survey component MUST** submit the form found at the end of Section 1 in Appendix B (due two weeks following planning grant award, approximately November 26, 2013)	Planning grantees may use funding to hire outside contractor(s) to help with development of work plan. CMS will also have technical assistance contractor available. States need to adhere to a participation schedule for the chosen components.

Table 1 TEFT Award Timeline and Process		
Activity	Timeline\Due Dates	Comments\Funding
7. CMS awards grant funding for implementation of the work plan.	On or before November 12, 2014.	The CMS criteria for approval of each component contained in the work plans is found in Appendix B. The potential total funding for this initiative is $45 million. Each of the grant applicants may be awarded up to $4 million over the four year duration of the project. Funding will be awarded in one-year budget periods. One year will be awarded for the planning grant phase and up to three years for implementation.

I.C.2. Description of TEFT Components

I.C.2.a. Field test a beneficiary experience survey for validity and reliability on multiple CB-LTSS programs

User experience surveys in healthcare solicit feedback from beneficiaries on their experience with a healthcare system and its providers. A user experience survey is generally subjective and encompasses beneficiaries' thoughts, reactions, feelings and experiences with that system. CMS utilizes experience surveys across a variety of service delivery systems including hospitals, managed care organizations, home health services, clinician groups, to name a few. The experience surveys used by CMS generally have a trademark reflecting a rigorous standard used in its development. The trademark is known as the Consumer Assessment of Healthcare Provider and Systems (CAHPS). The CAHPS is a public-private initiative consisting of a family of standardized health care experience surveys. Health care organizations, public and private purchasers, beneficiaries, and researchers use CAHPS results to assess the person's experience with health care providers, compare and report on performance, and improve quality of care. The Agency for Healthcare Research and Quality (AHRQ) is the body that provides the trademark for CAHPS Experience surveys.

TEFT will test a related experience survey tool that addresses the system of CB-LTSS. After field testing the CB-LTSS Experience survey, CMS will submit it to AHRQ and the CAHPS consortium for a CAHPS trademark, to join the family of CAHPS experience surveys.

Participation in this component requires states to do the following:

Each state must propose at a minimum two CB-LTSS programs for participation in the field test. One of the programs must be a 1915c waiver program serving one of the following populations:

- Intellectually Disabled/Developmentally Disabled (ID/DD),
- Aged, or
- Aged/Disabled.

States are also encouraged to consider inclusion of a managed LTSS program as one of its choices.

Within 6 weeks of grant award states must provide a CMS contractor a sample from each participating CB-LTSS program following the specified sampling methodology defined by CMS. The sample must include a complete list of the number of program participants required.

The CMS contractor will collect one round of data on the beneficiary experience survey using the sample provided. In addition, states are expected to complete one round of data collection by the end of the grant period. The state must ensure the CMS contractor has access to survey participants in order to collect information for the field test.

For a more detailed description of the expected criteria for this component, please refer to Appendix B of this funding opportunity announcement.

I.C.2.b. Field test a "modified" set of CARE functional assessment tool for use with beneficiaries of CB- LTSS programs

The CARE assessment is a CMS-developed assessment that identifies a select set of items appropriate for measuring beneficiary functional status, regardless of location of services. The CARE assessment is intended to be used with individuals across various provider settings (including individuals living in their own home), service delivery models, and population groups. In developing the existing CARE assessment CMS worked with a contractor and five research and clinical communities associated with acute and post-acute care services, including clinicians, case-mix measurement experts, accreditation bodies such as The Joint

Commission (formerly known as the Joint Commission on Accreditation of Healthcare Organizations), the Commission on Accreditation of Rehabilitation Facilities (CARF), provider associations, and others. While most of the CARE items are based on existing, individually validated items currently used in the Medicare program, few have been used in Medicaid settings or with individuals having different levels of care.

The CARE tool can provide states with an instrument to assess functional status of potential or existing beneficiaries of CB- LTSS. It can be used to track beneficiary movement across service delivery systems, and applied across a variety of provisions of the Affordable Care Act including Health Homes, Balancing Incentives Program, and eligibility determinations for Non-MAGI (Modified Adjusted Gross Income) individuals[8].

The TEFT grant initiative will modify the existing CARE functional assessment as needed for use with beneficiaries of CB-LTSS (i.e. "modified" CARE tool for use on Medicaid CB-LTSS populations). States will collect functional status information using a subset of items from the CARE tool modified for CB-LTSS populations.

One round of testing for the modified CARE tool will be conducted in Year Two by the CMS contractor. That first round of testing will occur in mid-2014. States will be responsible for identifying a representative sample of individuals according to sampling specifications provided. The state is also required to provide contact information for someone who can assist and support the participant with scheduling and participating in the interview process, as appropriate. After one round of testing CMS will make necessary adjustments and submit it the National Quality Forum (NQF) for endorsement[9]. NQF's endorsement process gathers input from stakeholders across the healthcare enterprise and develops consensus among those stakeholders about which measures warrant endorsement as the "best in class." The existing set of CARE items is endorsed by NQF. The state is expected to build in the costs associated with a second round of data collection during the grant period, likely in the final year of the demonstration.

For a more detailed description of the expected criteria for this component, please refer to Appendix B of this funding opportunity announcement.

I.C.2.c Demonstrate adoption of PHR systems with beneficiaries of CB-LTSS

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[8] MAGI" and "non-MAGI" populations are distinguished by those whose income eligibility will be determined using the more streamlined income standard and those whose eligibility will continue to be determined using traditional methods.

[9] http://www.qualityforum.org/Measuring_Performance/ABCs/What_NQF_Endorsement_Means.aspx

CMS is interested in understanding how states, providers and individual beneficiaries can realize improved quality of care and decreased costs through a more integrated approach. The TEFT PHR demonstration includes the collection of the Medicaid adult core quality measures, CB-LTSS information and "treatment" outcomes within the PHR system and e-LTSS record, and dissemination among the individual, their families and or guardians, case managers, and providers.

In support of this grant program, Department of Defense will be providing two complimentary applications for use by states and CMS. The first is the Information Personal Healthcare Exchange Management System (iPHEMS) a data broker for PHR systems personal health records that provides for interoperability for PHRs, and the second is a data engine for survey administration developed by DoD that can host and serve survey tools (DoD HERMES).

The CB-LTSS information will be captured and housed in iPHEMS. CMS will provide the back-end server to host a patient portal that will house CB-LTSS data on top of which a PHR can over-lay. HHS maintains vendor neutrality and does not endorse a specific PHR vendor product. The PHR can be either a pre-specified commercial PHR, a state sponsored and developed PHR or the iPHEMS which does contain a free viewer. For state-specific data services, the patient portal can be customized via a Patient Web Portal to include web service interface. Some collaboration will inevitably be required by the state, DoD-iPHEMS staff and CMS to ensure that existing services meet data requirements for this project. States are encouraged to take an integrated approach to PHRs and to align efforts under this grant with other PHR and HIE infrastructure in the State.

States will use TEFT funds to demonstrate use of PHR systems for the coordination and communication of quality-related information and quality measures. States will not have to develop PHR software nor "re-do" any of their current Information Technology (IT) systems and /or programs. Rather, states are encouraged to take a coordinated approach to PHR infrastructure, and to integrate this demonstration with their other efforts to develop PHR and HIE infrastructure. Applicants should explain their approach to prevent duplication with other existing HIE and PHR projects.

While States can adopt a PHR model of their choosing (i.e. state developed or off-the-shelf), applicants who will use PHRs that meet ONC certification criterion adopted (at 45 CFR 170.314(e)(1)) for "view, download, transmit to a 3rd party" or that include equivalent functionality will receive priority consideration for this funding. States may use these grant funds to customize and connect the PHR system with the e-LTSS record and state IT systems. Stakeholders, including

beneficiaries and providers, must be included in the state's process to plan, customize and implement the PHR system.

States will be required to choose a PHR whose vendor displays a completed HHS PHR Model Privacy Notice along with their full privacy policy statement on their consumer facing website. States using a state-developed PHR must display a completed HHS PHR Model Privacy Notice on their consumer facing website where individuals go to register for the PHR service.   Information of the PHR Model Privacy Notice can be found at: http://www.healthit.gov/policy-researchers-implementers/personal-health-record-phr-model-privacy-notice. PHR Vendors and states can go to the following site to complete and download a PHR Model Privacy notice for their specific PHR product: http://www.healthit.gov/policy-researchers-implementers/personal-health-record-phr-model-privacy-notice.

States choosing the PHR component must also participate in the development and testing of standards for an e-LTSS record which will be used by providers to capture CB-LTSS service delivery information accessible by the individual in a PHR system. Because of the iterative nature of new standards identification and harmonization, states selecting the PHR component will be required to test the uptake and usage of the e-LTSS standard by CB-LTSS providers and to integrate the PHR with existing health information exchange activities in the state. States are encouraged to test reporting of the Medicaid Adult Health Quality Measure core set, and other State-specific quality measures for relevant populations. States that do so will receive priority consideration for these awards. States should explain which quality measures they intend to test as part of the use of PHR systems and are expected to share those measures with CMS. States should also explain the extent to which medical providers will be involved in the demonstration, and the extent to which PHRs will be used to integrate medical and community-based care measures. For a more detailed description of the expected criteria for this component, please refer to Appendix B of this funding opportunity announcement.

I.C.2.d. Curate an e-LTSS standard in conjunction with the ONC S&I Framework

In collaboration with the Office of Science and Technology (OST) within the US Department of Health and Human Services Office of the National Coordinator for Health Information Technology (ONC), CMS will develop a new electronic standard for long term services and supports records, referred to as e-LTSS. The S&I Framework is a platform or set of tools and technologies offered through the OST to fulfill its charge of enabling harmonized interoperability specifications to support national health outcomes and healthcare priorities, including Meaningful Use (MU) and the ongoing efforts to create better care, better population health and cost reduction through delivery improvements. The S&I Framework creates a forum – enabled by integrated functions, processes, and tools – where healthcare

stakeholders can focus on solving real-world interoperability challenges.

CMS is using the S&I framework to facilitate the identification of a set of e-LTSS standards. States participating in the PHR option will be required to provide participants to join in the identification of this new standard with the S&I framework. States demonstrating the use of PHR systems will also be required to test the uptake and usage of the iterations of the e-LTSS standard with CB-LTSS providers, and are required to integrate the PHR with the existing health information exchange activities in the state.

All states participating in this component will be provided with scoring incentives for participating, and are encouraged to include this element with their application. The standards identification/harmonization process requires the involvement of many states, since it will influence the future of health information technology in long term services and supports. As such, CMS anticipates higher costs for planning and implementation when this component is added, and participating proposals will be scored points for its inclusion.

For a more detailed description of the expected criteria for this component, please refer to Appendix B of this funding opportunity announcement.

I.C.3 Technical Assistance (TA) and Evaluation

Prior to the planning grant application deadline, CMS will host one or more teleconferences or webinars to provide details about the TEFT and to answer any questions from states. Information about the forums will be posted on the following website: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Long-Term-Services-and-Support.html
CMS has two contractors, a TA contractor and an Evaluation contractor - to support states' efforts the grant period.

I.C.3.a Technical Assistance Contract

The CMS Technical Assistance (TA) contractor is an expert in Health Information Technology (HIT) and CB-LTSS measurement and can provide the support and expertise necessary to enable the states to work through the grant implementation. While the states are expected to work in partnership with the TA contractor, it is the TA contractor that will conduct the two rounds of data collection for the field testing.

The TEFT TA contractor and the states will also access individual-level administrative data on program participants during the grant period. This information will interface with the collected data from this grant and official administrative records. Use and access to these data will be limited to the specific research purposes of this project

and shall adhere to all CMS provisions concerning data release policies, the Privacy Act of 1974, and the Health Insurance Portability and Accountability Act (HIPAA) of 1996. CMS will have a Data Use and Reciprocal Support Agreement (DURSA) in place with DoD on the collection and use of these data. This research is also subject to the Common Rule which pertains to government federal regulations governing human subject research. For these reasons, information on the beneficiary experience survey will only be presented and viewed in an aggregate de-identified format.

The TA contractor will maintain a "single entry point" for grant applicants to initiate technical assistance. The TA contractor will work with states to identify needs and subsequently, customize an effective mix of technical assistance approaches to address needs. The state-driven technical assistance will be provided to grant applicants through a variety of methods:

- Providing consultation and training in various formats including on-site, audio and WebEx;
- Facilitating partner/stakeholder meetings;
- Providing sample materials, program tools, and best practices;
- Developing mentoring relationship across states;
- Strategic planning and visioning with state leadership;
- Organizing workgroups across states, including providers and participants;
- Serving as a link between program and IT staff by working to identify issues and facilitating solutions; and
- A variety of other strategies to help states meet their goals.

The TA contractor will also host a website that functions as a vehicle for resource dissemination and information exchanged between the technical assistance team, the states, and CMS. The website will provide links to general information about: (1) grant applicant programs and progress, (2) resources, research, reports, program materials, examples from the field, and tools cross-indexed by topic area, state, and beneficiary population, and (3) a calendar of events with information about upcoming program events, meetings, calls, and other items of interest.

TA will be available until the conclusion of the demonstration program. Grant applicants must participate in all technical assistance activities and other activities as determined necessary by CMS.

I.C.3.b. Evaluation Contract

The CMS TEFT Evaluation Contractor will evaluate the TEFT grant program. The National Evaluation Contractor will include both qualitative and quantitative methods in

the evaluation, and assess whether the grant program has met its goals to (1) effectively test the experience survey and functional assessment, (2) utilize a PHR in LTSS as a vehicle to capture and collect data from community-based LTSS providers, and (3) collect and interface individual level information with other HIT and/or HIE systems within the state.

The evaluation will also address the impact of the grant and the states' success at meeting the objectives. The results of the states' will be evaluated and conclusions drawn related to (1) impact, benefits, barriers, and outcomes (e.g. what systems changes resulted from the use of PHRs); (2) evidence of improved coordination and efficiencies in the CB-LTSS system; (3) experiences of the beneficiaries and providers; (4) utilization of the PHR system by states, beneficiaries, providers; (5) utility of the measurement tools for collecting quality data, and; (6) the potential for expanding the use of an e-LTSS record and its ability to serve as a CB-LTSS link to the broader Meaningful Use initiative. The evaluation will analyze the impact and outcomes of the grant program - the elements that were critical to the success of using HIT with CB-LTSS as well as any barriers that impeded a state's success.

States are required to work with the evaluation contractor and participate in all evaluation activities including the collection of data and the reporting of activities as defined in the grant and the evaluation. This includes completion of a semi-annual CMS web based report detailing implementation progress, challenges, barriers, solutions, outputs, and outcomes.

States may also choose to conduct their own independent evaluation to assist in the establishment of a formative learning process and/or to serve as the interface between the grant applicant and the CMS national evaluation contractor. The grant applicant and its evaluation contractor (if the grant applicant chooses to engage one) will be required to cooperate with CMS and the national evaluation contractor.

II. AWARD INFORMATION

II.A. Total Funding, Award Amount, Number of Awards, Type of Awards

CMS will award a maximum of $45 million to states under the TEFT grant. All states are eligible to compete for a TEFT grant. Grants will be awarded using a competitive process, commensurate with the number and complexity of grant components selected and the TEFT resources available. For example, CMS expects that if a state chooses to participate solely in the field test for the experience survey, the amount requested for the planning grant and the subsequent scoring of that proposal would be considerably less than for a state that proposes all four components.

It is possible that all or a subset of all the states will receive a planning grant. CMS anticipates 15-20 planning grant awards. The maximum planning grant award will be no more than $500,000 per state, contingent on the scope of the grant components incorporated in the state's proposal.

Once awarded a planning grant, a state develops a detailed work plan and timeline and submits it to CMS. CMS approves the submitted work plans based on the criteria found in Appendix B. A state may not implement the work plan until CMS approves it. It is possible that not all states submitting work plans will be approved for implementation.

(Please refer to *Table 1. TEFT Award Process, Section I Funding Opportunity, subsection 3, Program Requirements for more detailed timeline.*)

II.B. Grant Program Duration and Scope

The grant project period of performance is from November 12, 2013 to November 11, 2017. States have the flexibility to propose the scope and focus of their program within that timeframe. The grant project period consists of four, one-year budget periods (up to one year for the planning grant phase and up to three years for implementation):

Budget Period 1:   November 12, 2013- November 11, 2014
Budget Period 2:   November 12, 2014- November 11, 2015
Budget Period 3:   November 12, 2015- November 11, 2016
Budget Period 4:   November 12, 2016- November 11, 2017

Anticipated Activities during Budget Periods:

Budget Period One:
- Application proposals for field testing the beneficiary experience surveys are due 14 days post planning grant award.
- Work plans (for components other than field testing the beneficiary experience survey) are due 180 days post award.
- The e-LTSS S&I process will begin and continue throughout the grant period.
- The PHR demonstration may follow the state's defined schedule as approved by CMS, and continue throughout the grant period.

Budget Period Two:
- Testing of the Functional Assessment tool will begin Fall 2014.
- The e-LTSS S&I standards evaluation process and PHR system demonstration will continue or begin as proposed by the state.
- The PHR system demonstration may follow the state's defined schedule as approved by CMS and continue throughout the grant period.

Budget Period Three and Four:
- The e-LTSS S&I standards evaluation process and PHR system demonstration will continue or begin as proposed by the state.
- The PHR system demonstration may follow the state's defined schedule as approved by CMS, and continue throughout the grant period.
- The State may collect its own data on the beneficiary experience survey and the functional assessment.

II.C. Termination of Award

Continued funding is dependent on satisfactory performance against goals and performance expectations delineated in the grant's terms and conditions. CMS reserves the right to terminate the grant if it is determined to be in its best interests. At any point during the program if a state fails to meet the terms and conditions of award under this grant, CMS may suspend funding until the necessary benchmarks are met or terminate the award.

III. ELIGIBILITY INFORMATION
III.A. Eligible Applicants

Any single State Medicaid Program (SMA) may apply. Only one application can be submitted for a given state. The term "State Medicaid Program" means the Single State Agency for Medical Assistance provided under title XIX of the Social Security Act and under any waiver approved with respect to such state plan. A Territory or Tribal organization, if interested, must come under the auspices of and work with the lead agency in the implementation of this demonstration program. The SMA or designee must be the signatory and oversee implementation of the grant but may apply in conjunction with other co-applicant(s) including any other state agencies and/or Territory or Tribal organizations operating LTSS programs. Because this grant should integrate with the state's implementation of other Affordable Care Act provisions, the Governor's signature or State Medicaid Director's signature is required.

Only applications received by the specified deadline will be reviewed and scored. An application will not be funded if the application fails to meet any of the requirements as outlined in Section III., Eligibility Information, and Section IV, Application Submission Information. Applicants are strongly encouraged to use the review criteria information provided in Section V, Application Review Information, to help ensure that all of the criteria that will be used in evaluating the proposals are adequately addressed.

Legal Status

All states must have a valid Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN) assigned by the Internal Revenue Service (IRS).

III.B. Cost Sharing or Matching

There is no Federal requirement for state cost sharing or state matching for funds received through this grant.

III.C. Foreign and International Organizations

Foreign and international organizations are not eligible to apply.

III.D. Faith-Based Organizations

Faith-based organizations are not eligible to apply. Only the Single State Medicaid Agency is qualified to address the demonstration solicitation.

IV. APPLICATION AND SUBMISSION INFORMATION

IV.A. Address to Request Application Package

This Funding Opportunity Announcement serves as the application package for this grant and contains all the instructions to enable a potential applicant to apply. The application should be written primarily as a narrative with the standard forms required by the Federal government for all grants.

States must submit their applications electronically through http://www.grants.gov**.** A complete electronic application package, including all required forms for this grant, is available at http://www.grants.gov.

Standard application forms and related instructions may also be requested from:
    http://www.grants.gov OR
    By e-mail at Penny.Williams@cms.hhs.gov
Grants.gov complies with Section 508 of the Rehabilitation Act of 1973. If an individual or organization uses assistive technology and is unable to access any material on the site including forms contained with an application package, please email the Grants.gov contact center at support@grants.gov or call 1-800-518-4726.

Application materials will be available for download at http://www.grants.gov. Please note that HHS requires applications for all announcements to be submitted electronically through http://www.grants.gov. For assistance with Grants.gov, contact

support@grants.gov or call 1-800-518-4726. The Funding Opportunity
Announcement can also be viewed at the following:
http://medicaid.gov/AffordableCareAct/Provisions/Community-Based-Long-
Term- Services-and-Supports.html.

Specific instructions for applications submitted via http://www.grants.gov:

- You can access the electronic application for this project at http://www.grants.gov.
  You must search the downloadable application page by the CFDA number
  shown on the cover page of this announcement.

- At the http://www.grants.gov website, you will find information about
  submitting an application electronically through the site, including the hours
  of operation. HHS strongly recommends that you do not wait until the
  application due date to begin the application process through
  http://www.grants.gov because of the time needed to complete the required
  registration steps. All applicants under this announcement must have an
  Employer Identification Number (EIN) to apply. Please note, the time
  needed to complete the EIN registration process can be substantial, and
  applicants should therefore begin the process of obtaining an EIN
  immediately upon posting of this FOA to ensure the EIN is received in
  advance of application deadlines.

- All applicants, as well as sub-recipients, must have a D&B Data Universal
  Numbering System (DUNS) number at the time of application in order to be
  considered for a grant or cooperative agreement. A DUNS number is required
  whether an applicant is submitting a paper application (only applicable if a waiver
  is granted) or using the Government-wide electronic portal, www.grants.gov. The
  DUNS number is a nine-digit identification number that uniquely identifies
  business entities. To obtain a DUNS number, access the following website:
  www.dunandbradstreet.com or call 1-866-705-5711. This number should be
  entered in the block with the applicant's name and address on the cover page of
  the application (Item 8c on the Form SF 424, Application for Federal Assistance).
  The name and address in the application should be exactly as given for the DUNS
  number. Applicants should obtain this DUNS number as soon as possible after the
  announcement is posted to ensure all registration steps are completed in time.

- The applicant must also register in the System for Award management (SAM)*
  database in order to be able to submit the application (www.sam.gov) Information
  about SAM is available at https://www.sam.gov/portal/public/SAM/. Registering an
  account with SAM is a separate process from submitting an application. Applicants
  are encouraged to register early. Therefore, registration should be completed in

sufficient time to ensure that it does not impair your ability to meet required submission deadlines.

*Applicants were previously required to register with the CCR. However, SAM has integrated the CCR and 7 other Federal procurement systems into a new, streamlined system. If an applicant has an active record in CCR, there will be an active record in SAM. Nothing more is needed unless a change in the business circumstances requires updates to the Entity record(s) in order for the applicant to be paid, receive an award, or to renew the Entity prior to expiration. Please consult the SAM website listed above for additional information.

- Authorized Organizational Representative: The Authorized Organizational Representative (AOR) who will officially submit an application on behalf of the organization must register with Grants.gov for a username and password. AORs must complete a profile with Grants.gov using their organization's DUNS Number to obtain their username and password, at http://grants.gov/applicants/get_registered.jsp. AORs must wait at least one business day after registration in SAM before entering their profiles in Grants.gov. States should complete this process as soon as possible after successful registration in SAM to ensure this step is completed in time to apply before application deadlines.

  - When an AOR registers with Grants.gov to submit applications on behalf of an organization, that organization's E-Business Point of Contact (E-Biz) point-of-contact will receive an e-mail notification. The e-mail address provided in the profile will be the e-mail used to send the notification from Grants.gov to the E-Biz POC with the AOR copied on the correspondence.

  - The E-Biz POC must then login to Grants.gov (using the organizations' DUNS number for the username and the special password called "M-PIN") and approve the AOR, thereby providing permission to submit applications.

  - The AOR and the DUNS must match. If your organization has more than one DUNS number, be sure you have the correct AOR for your application.

- Any files uploaded or attached to the Grants.Gov application must be PDF file format and must contain a valid file format extension in the filename. Even though Grants.gov allows applicants to attach any file format as part of their application, CMS restricts this practice and only accepts PDF file formats. Any file submitted as part of the Grants.gov application that is not in a PDF file format, or contains password protection, will not be accepted for processing and will be excluded from the application during the review process. In addition, the use of compressed file

formats such as ZIP, RAR, or Adobe Portfolio will not be accepted. The application must be submitted in a file format that can easily be copied and read by reviewers.

It is recommended that scanned copies not be submitted through **Grants.gov** unless the applicant confirms the clarity of the documents. Pages cannot be reduced in size, resulting in multiple pages on a single sheet, to avoid exceeding the page limitation. All documents that do not conform to the above constraints will be excluded from the application materials during the review process.

- Prior to application submission, Microsoft Vista and Office 2007 users should review the Grants.gov compatibility information and submission instructions provided at http://www.grants.gov. Click on "Vista and Microsoft Office 2007 Compatibility Information.

- After you electronically submit your application, you will receive an automatic email from http://www.grants.gov that contains a Grants.gov tracking number. Please be aware that this notice does not guarantee that the application will be accepted by Grants.gov. Rather, this email is only an acknowledgement of receipt of the application by Grants.gov. All applications must be validated by Grants.gov before they will be accepted. Please note, applicants may incur a time delay before they receive acknowledgement that the application has been validated and accepted by the Grants.gov system. In some cases, the validation process could take up to 48 hours. If for some reason the application is not accepted, then the applicant will receive a subsequent notice from Grants.gov indicating that the application submission has been rejected. Applicants should not wait until the application deadline to apply because notification by Grants.gov that the application is incomplete may not be received until close to or after the application deadline, eliminating the opportunity to correct errors and resubmit the application. Applications submitted after the deadline because the original submission failed validation and is therefore rejected by Grants.gov, as a result of errors on the part of the applicant, will not be accepted by CMS and/or granted a waiver. For this reason, CMS recommends that applicants apply in advance of the application due date and time.
    - The most common reasons why an application fails the validation process and is rejected by Grants.gov are:
        - SAM registration cannot be located and validated
        - SAM registration has expired
        - The AOR is not authorized by the E-Biz POC to submit an application on behalf of the organization
        - File attachments do not comply with the Grants.gov file

attachment requirements.

- After HHS retrieves applications from Grants.gov only after Grants.gov validates and accepts the applications. Applications that fail validation and are rejected
- by Grants.gov are not retrieved by HHS, and HHS will not have access to rejected applications.

- After HHS retrieves your application from Grants.gov, you will receive an email notification from Grants.gov stating that the agency has received your application and once receipt is processed, you will receive another email notification from Grants.gov citing the Agency Tracking Number that has been assigned to your application. It is important for the applicant to keep these notifications and know the Grants.gov Tracking Number and Agency Tracking Numbers associated with their application submission.

- Each year organizations and entities registered to apply for Federal grants and cooperative agreements through http://www.grants.gov will need to renew their registration with the SAM. You can register with the SAM online; registration will take about 30 minutes to complete (http://www.sam.gov). Failure to renew SAM registration prior to application submission will prevent an applicant from successfully applying.

Applications cannot be accepted through any email address. Full applications can only be accepted through http://www.grants.gov. Full applications cannot be received via paper mail, courier, or delivery service, unless a waiver is granted per the instructions below.

All applications for the awards must be submitted electronically and be received through http://www.grants.gov by October 3, 2013 at 3:00 p.m. Eastern time. Late applications will not be reviewed.

All applications will receive an automatic time stamp upon submission and state applicants will receive an e-mail reply acknowledging the application's receipt.

To be considered timely, applications must be received in Grants.gov on or before the published deadline date and time. However, a general extension of a published application deadline that affects all applicants or only those applicants in a defined geographical area may be authorized by circumstances that affect the public at large, such as natural disasters (e.g.. floods or hurricanes) or disruptions of electronic (e.g., application receipt services) or other services, such as a prolonged blackout.

The applicant must seek a waiver at least ten days prior to the application deadline in

order to submit a paper application. Applicants that receive a waiver to submit paper application documents must follow the rules and timelines that are noted below.

In order to be considered for a waiver application, an applicant **must** have adhered to the timelines for obtaining a DUNS number, registering with the CCR, registering as an AOR, obtaining an EIN, and completing Grants.gov registration, and must have requested timely assistance with technical problems. Applicants who do not adhere to timelines and/or do not demonstrate timely action with regards to these steps will not be considered for waivers based on the inability to receive this information in advance of application deadlines.

Please be aware of the following:

1) Search for the application package in Grants.gov by entering the CFDA number. This number is shown on the cover page of this announcement.

2) If you experience technical challenges while submitting your application electronically, please contact Grants.gov Support directly at: www.grants.gov/customersupport or (800) 518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays). CMS encourages applicants not to wait until close to the due date to submit the application.

3) Upon contacting Grants.gov, obtain a tracking number as proof of contact. The tracking number is helpful if there are technical issues that cannot be resolved and a waiver from the agency must be obtained.

4) If it is determined that a waiver is needed from the requirement to submit your proposal electronically, you must submit a request in writing (e-mails are acceptable) to Penny.Williams@cms.hhs.gov with a clear justification for the need to deviate from our standard electronic submission process.

5) If the waiver is approved, the application should be sent directly to the Division of Grants Management and received by the application due date.

Grants.gov complies with Section 508 of the Rehabilitation Act of 1973. If an individual uses assistive technology and is unable to access any material on the site, including forms contained with an application package, he or she can e-mail the Grants.gov contact center at support@grants.gov for help, or call 1-800-518-4726.

IV.B. Content and Form of Application Submission

IV.B.1. Required Documents

Each application must include all contents described below:

- All pages of the project narrative must be paginated in a single sequence.
- All pages of the project narrative must be double-spaced.
- Font size must be no smaller than 12-point with an average character density no greater than 14 characters per inch.
- Required cover letter from the Governor or State Medicaid Director requesting funding for the TEFT planning grant (Sample cover letter is found in Appendix C).
- Project Narrative

    The project narrative should include:

    a. A description of the organizational structure: Identify the entity that is responsible for the development and eventual management of this grant and that entity's place in the organization.
    b. A description of a staffing plan to develop the work plan to include the following: a) percentage of time each individual/position is dedicated to the grant; b) brief description of role/responsibilities of each position; and, c) number of contracted individuals supporting the grant.
    c. A budget narrative: For the budget recorded on form SF-424A, a detailed, budget narrative must be included for each component selected and all requests to support the development of the work plan. The budget narrative is limited to three pages.
    d. The page limit for the Project Narrative is 8 pages excluding the cover letter.

IV.B.2. Standard and Required Forms and Documents

The following forms must be completed with an original signature and enclosed as part of the proposal. These forms are required but not included in the page limits.

- Application for Federal Assistance (SF-424)
- Budget Information – Non Construction Programs (SF-424A)
- Assurances - Non-Construction Programs (SF-424B)
- Disclosure of Lobbying Activities (SF-LLL)
- Abstract
- Indirect Cost Rate Agreement with a cognizant federal agency

Note: When completing the required financial forms, SF-424 and SF-424A, please adhere to the following:

<u>Application for Federal Assistance (SF-424)</u>
- SF-424, Section 8B-Applicant Information: Enter the legal name and EIN as IRS. Please note that the legal name and EIN listed on this application must match what is assigned by the IRS. If you have been selected for an award and the legal name and EIN do not match what is assigned by the IRS, this will cause major delays with receiving Federal funds.
- SF-424, Item 15 "Descriptive Title of Applicant's Project." Please indicate in this section the name of this grant funding opportunity: Demonstration Grant for Testing Experience and Functional Tools in Community-Based Long Term Services and Supports.
- SF-424, Section 18-Estimated Funding: Enter the amount requested during the first funding/budget period of November 12, 2013 through November 11, 2014.
- SF-424, Section 19-EO 12372 Review: Check "No" as review by State Executive Order 12372 does not apply to the TEFT grant program.

<u>Budget Information-Non Construction Programs (SF-424A)</u>
- SF-424A, Section B-Budget Categories: In column one, enter the first funding/budget period of November 12, 2013 through November 11, 2014 by object that you entered on Section 18 of the SF-424. SF-424A, Section D-Forecasted Cash Needs: Enter the amount of Federal funds needed by quarter during the first year.
- Sections E and F of the SF-424A are NOT to be completed.

IV.B.3. Cover Letter

A letter from the applicant, signed by the Governor or State Medicaid Director indicating the title of the project, the principal contact person, selected TEFT components and the amount of funding requested for a planning grant. A sample cover letter which may be used is found in Appendix C.

This letter should be addressed to the name and address below and updated with the application:

> Penny Williams, Grants Management Specialist
> Centers for Medicare and Medicaid Services
> Office of Acquisition and Grants Management
> 7500 Security Boulevard, M/S B3-30-03
> Baltimore, MD 21244

IV.B.4. Notices of Intent to Apply

Applicants are required to submit a non-binding Notice of Intent to Apply. These notices should be submitted using the form in Appendix A. Notices of Intent to apply should be faxed to Anita Yuskauskas at 410-786-0268 no later than September 23, 2013.

IV.C Submission Dates And Times

Required Notice of Intent to Apply: September 23, 2013 by 3:00 p.m. Eastern Time (Baltimore, MD)

Electronic Grant Application Due Date: October 3, 2013 by 3:00 p.m. Eastern Time (Baltimore MD)

Anticipated Issuance of Notice of Awards: November 12, 2013

IV.C.1. Applicant's Teleconference

A teleconference is scheduled for July 10, 2013 at 3:30 PM EST (877-267-1577 ID-5254) and August 6, 2013 at 3:30 PM EST (877-267-1577 ID-9723) Any updates regarding the date, time and call-in number for an open applicants' teleconference will be posted on the CMS website at http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Long-Term-Services-and-Support.html.

IV.C.2. Submittal Timeframe

All planning grant applications are due by October 3, 2013. Applications submitted through http://www.grants.gov until 3 p.m. Eastern Time on October 3, 2013 will be considered on time. A confirmation screen will appear once the submission is complete. A Grants.gov tracking number will be provided, as well as the official date and time of the submission. The tracking number is necessary for reference should the grant applicant need to contact Grants.gov support.

IV.C.3. Late Applications

Late applications will not be reviewed.

IV.C.4. Grant Awards

Anticipated award date for the planning grants is November 12, 2013.
Anticipated award date for the work plan implementation grants is May 14, 2014.

IV.D. Intergovernmental Review

Applications for these grants are not subject to review by states under Executive Order 12372, "Intergovernmental Review of Federal Programs" (45 CFR 100). Please check

Box "C" on item 19 of the SF424 (Application for Federal Assistance) as Review by State Executive Order 12371 does not apply to these grants.

IV.E. Funding Restrictions

Indirect Costs

If requesting indirect costs, the applicant must submit a copy of the approved Indirect Cost Rate Agreement used in calculating the budget. The provisions of 2CFR Part 225 (previously OMB Circular A-87) govern reimbursement of indirect costs under this solicitation. A copy of these cost principles is available online at: http://www.whitehouse.gov/sites/default/files/omb/fedreg/2005/083105_a87.pdf.

Note: If an organization intends to establish an indirect cost rate, they may request in this application an amount equaling one-half of the amount of indirect costs up to a maximum of ten (10) percent of direct salaries and wages (exclusive of fringe benefits).

Reimbursement of Pre-Award Costs
No grant funds awarded under this solicitation may be used to reimburse pre-award costs.

IV.F. Other Submission Requirements

Electronic Applications - The deadline for all applications to be submitted through http://www.grants.gov is October 3, 2013. For information regarding the registration process, please visit http://www07.grants.gov/applicants/get_registered.jsp . We strongly recommend that you do **not** wait until the application deadline date to begin the application process through grants.gov. We encourage applicants to submit well before the closing date, so that if difficulties are encountered, an applicant will have time to solicit help.

Please register early. Applications not submitted "on time" due to applicant's failure to complete the entire Grants.gov registration process in a timely manner will not be accepted.

V. APPLICATION REVIEW INFORMATION

V.A. Review Criteria

This section describes the evaluation criteria for the planning grant application.

The following criteria will be used to evaluate applications received in response to the TEFT planning grant. *Applications will be scored with a total of 200 points available; 100 points for the TEFT components and 100 points for content and completeness of the application.*

The following provides the assigned point value for each TEFT component. Awards are granted based on cumulative points for each chosen component.

TEFT Component(s) Included in the Cover Letter (A state will automatically receive the points listed for each of the components they propose; 100 total points for choosing all components):

> Field Test Beneficiary Experience Survey **(25 points)**

> Field Test modified CARE tool **(25 points)**

> Identify, evaluate and harmonize an e-LTSS S&I standard **(25 points)**

> Demonstrate adoption of PHR systems with beneficiaries of CB-LTSS **(25 points see following NOTE)**

NOTE: Applicants who propose to demonstrate the use of a PHR system may also receive up to 25 points for this component, depending on the extent to which the proposal:

- Takes a coordinated approach to PHR infrastructure, and integrates this demonstration with other efforts to develop PHR and HIE infrastructure.
- Uses PHRs that meet ONC certification criterion adopted (at 45 CFR 170.314(e)(1)) for "view, download, transmit to a 3rd party" or that include equivalent functionality.
- Tests reporting of the Medicaid Adult Health Quality Measure core set, and other State-specific quality measures for relevant populations.
- Involves medical providers and proposes to use PHRs to integrate medical and community-based care measures.

Cover Letter (maximum of 50 points)

> *Did the State submit a cover letter requesting funding for the planning grant to develop a work plan for the TEFT in CB-LTSS? (maximum 10 points)*

> *Was the letter submitted signed by the State Medicaid Director? (maximum 10 points)*

Did the letter identify the Medicaid agency as serving as the lead organization? (maximum 10 points)

Did the Cover Letter indicate the title of the project, the principal contact person, the component(s) as chosen, amount of funding requested, and the name of the Agency that will administer the grant under the Medicaid office? (maximum 10 points)

Did the Cover Letter state that the State Medicaid Agency intends to submit an application for a planning grant to develop a work plan for the TEFT in CB-LTSS? (maximum 10 points)

Project Narrative (maximum of 50 points):

Staffing (maximum 25 points)

What partners are included – Other state agency partners? Health Information Exchanges? LTSS providers? Managed Care Organizations (MCO)?

Did the state provide a description of how funding will be used to develop the Draft work plan and to ensure direct involvement of state partners and stakeholders, including individuals with disabilities and their families and the advocacy community in the Draft work plan?

Budget (maximum 25 points)

Did the state submit a Line Item Budget (SF-424A) and Budget Narrative describing each budget item?

Did the state submit a description of the entity responsible for the management of this grant and that entity's place in the organizational structure?

Did the state submit a narrative staffing plan addressing the following?

- The number, title and if known, the names of staff and contracted positions dedicated to the planning grant. Percentage of time each individual/position is dedicated to the planning grant.
- Brief description of role/responsibilities of each position.
- A resume of the proposed Project Director under the TEFT planning grant demonstration.
- Salary and fringe benefits for each staff and contracted position.
  HITECH staff- with other partners

V.B. Review and Selection Process

An independent review of all applications will be conducted by a panel of experts. The review panel will assess each application to determine the merits of the proposal. The TEFT may complement state initiatives but it cannot duplicate activities already funded under another opportunity.[10] CMS reserves the right to request that states revise or otherwise modify certain sections of their proposals based on the recommendations of the panel and the budget. Final approval of the TEFT planning grant awards will be made by CMS after consideration of the comments and recommendations of the review panelists, program office recommendations, and the availability of funds. CMS reserves the right to approve or deny any or all proposals for funding.

Once awarded a planning grant, a state develops a work plan. The work plan details the steps and timeline for implementation of the chosen components. Appendix B includes specific guidance and CMS expectations for each of the respective components. CMS will use the component expectations as criteria to assess and approve the states' work plan proposals.

V.B.1. Anticipated Announcement and Award Date

Anticipated award date is November 12, 2013.

VI. AWARD ADMINISTRATION INFORMATION

VI.A. Award Notices

Successful applicants will receive a Notice of Award (NoA) signed and dated by the CMS Grants Management Officer that will set forth the amount of the award and other pertinent information. The award will include standard Terms and Conditions, and may also include additional specific grant special terms and conditions that request a work plan. Potential applicants should be aware that special requirements could apply to grant awards based on the particular circumstances of the effort to be supported and/or deficiencies identified in the application by the review panel.

Factors Other than Merit that May be Used in Selecting Applications for Award

CMS may assure reasonable balance among the grants to be awarded in a particular category in terms of key factors such as geographic distribution and broad target group representation. CMS may redistribute grant funds based upon the number and quality of

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[10] Funding requested through the TEFT grant should not duplicate activities already funded under another opportunity.

applications received for each grant opportunity (e.g., to adjust the minimum or maximum awards permitted or adjust the aggregate amount of federal funds allotted to a particular category of grants).

CMS will not fund activities that are duplicative of efforts funded through its grant programs or other Federal resources.

The NoA is the legal document issued to notify the grant applicant that an award has been made and that funds may be requested from the HHS payment system. The grant award will be sent through electronic mail to the applicant organization as listed on its SF-424. Any communication between CMS and applicants prior to issuance of the NoA is not an authorization to begin performance of a project.

Unsuccessful applicants will be notified by letter, sent through the U.S. Postal Service to the applicant organization as listed on its SF-424, after December 4, 2013 .

VI.B. Administrative and National Policy Requirements

VI.B.1. Standard Requirements and Terms and Conditions

The following standard requirements apply to applications under this announcement.
   a) Specific administrative and policy requirements of grant applicants as outlined in 45 CFR 92, 2 CFR Part 225 (previously OMB Circular A-87) and OMB Circulars A-102, and A-133 apply to this grant opportunity.
   b) All awardees under these grant programs must meet the requirements of:
      Title VI of the Civil Rights Act of 1964,
      Section 504 of the Rehabilitation Act of 1973,
      The Age Discrimination Act of 1975,
      Hill-Burton Community Service nondiscrimination provisions, and
      Title II Subtitle A of the Americans with Disabilities Act of 1990.
   Please note that howto.gov lists Federal web content requirements and best practices. Please see: http://www.howto.gov/web-content/requirements-and-best-practices/checklists/long.
   c) All equipment, staff, and other budgeted resources and expenses must be used exclusively for the projects identified in the grant applicant's original application or agreed upon subsequently with CMS in an OP, and may not be used for any prohibited uses.
   d) Beneficiaries and other stakeholders must have meaningful input into the planning, implementation, and evaluation of the project.
   e) State grant applicants must coordinate their project activities with other state, local and\or federal agencies that serve the population targeted by their application (e.g., Administration for Children and Families, Administration on

Developmental Disabilities, Department of Education, etc.).

Prohibited Use of Grant Funds

Grant funds may not be used for any of the following:
- To match any other federal funds.
- To provide services, equipment, or support that are the legal responsibility of another party under Federal or state law (e.g. vocational rehabilitation, criminal justice, or foster care) or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
- To supplant existing Federal, state, local, or private funding of infrastructure or services such as staff salaries for programs and purposes other than those disclosed in this solicitation.
- To duplicate or supplant state or local funding for the Medicare and Medicaid EHR Incentive Programs Program.
- To be used by local entities to satisfy state matching requirements.
- To pay for the use of specific components, devices, equipment, or personnel that are not integrated into the project proposed.
- To lobby or advocate for changes in Federal and/or state law.

Note: A recent Government Accountability Office report number 11-43 has raised considerable concerns about grantees and contractors charging the Federal government for additional meals outside of the standard allowance for travel subsistence known as per diem expenses. Executive Orders on Promoting Efficient Spending (EO 13589) and Delivering Efficient, Effective and Accountable Government (EO 13576) have been issued and instruct Federal agencies to promote efficient spending. Therefore, if meals are charged in your proposal, applicants should understand such costs must meet the following criteria outlined in the Executive Orders and HHS Grants Policy Statement:

Meals are generally unallowable except for the following:
- For subjects and patients under study (usually a research program);
- Where specifically approved as part of the project or program activity, e.g. in programs providing children's services (e.g. Head Start);
- When an organization customarily provides meals to employees working beyond the normal workday, as a part of a formal compensation arrangement;
- As part of a per diem or subsistence allowance provided in conjunction with allowable travel; and
- Under a conference grant, when meals are a necessary and integral part of a conference, provided that meal costs are not duplicated in participants' per diem

or subsistence allowances. (Note: conference grant means the sole purpose of the award is to hold a conference.)

Terms and Conditions

Grants issued under this FOA are subject to the *Health and Human Services Grants Policy Statement (HHS GPS)* at http://www.hhs.gov/grantsnet/adminis/gpd/. Standard terms and special terms of award will accompany the Notice of Award. Potential awardees should be aware that special requirements could apply to awards based on the particular circumstances of the effort to be supported and/or deficiencies identified in the application by the HHS review panel. The General Terms and Conditions that are
outlined in Section II of the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

VI. C. Reporting

Federal Funding Accountability and Transparency Act (FFATA) Sub-award Reporting Requirement:

New awards issued under this funding announcement are subject to the reporting requirements of the FFATA of 2006 (Pub. L 109-282), as amended by section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170. Grant and cooperative agreement recipient must report information for each first-tier sub-award of $25,000 or more in Federal funds and executive total compensation for the recipient's and sub-recipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at www.fsrs.gov). Competing Continuation awardees may be subject to this requirement and will be so notified in the Notice of Award.

VI.C.1. Grant Reporting Requirements

Grant applicants must agree to cooperate with any Federal evaluation of the program. CMS will provide the format for program reporting and technical assistance necessary to complete required report forms. Grant applicants must also agree to respond to requests from CMS or contractors that are necessary for the evaluation of the national efforts and provide data on key elements of their own grant activities.

Monthly Calls. Grant applicants must meet all the requirements of the demonstration grant program and state specific terms and conditions. To ensure that CMS is able to assess grant applicant progress and individual outcomes, the grant applicants must participate in monthly TA conference calls (or other periods as defined by CMS),

creating the opportunity for states to share lessons learned, develop solutions to address challenges, and provide hands on technical assistance and guidance to grant applicants.

Web-based Reporting. Grant applicants must provide quarterly, annual and final (at the end of the grant period) reports in an electronic form prescribed by CMS. The reports will outline how grant funds are used, detail program progress, and describe barriers encountered, and outputs and measurable outcomes resulting from the program implementation.

General information will be collected and reported in semi-annual reports, according to a detailed format provided by CMS including:
- Completed survey and functional assessment(s), progress of data collection;
- Status of technical assistance activities, implementation challenges, barriers, and solutions to completion of grant activities;
- Program implementation status and outcomes including the following:
  o Structure – implementation of a PHR system
  o Process – overall implementation of strategies and activities of the TEFT demonstration including specific individual or beneficiary and provider input and participation ;
  o Output – products of the TEFT demonstration, i.e., education and training materials, beneficiary outreach and support processes; incentive and support procedures for providers, new policies and procedures;
  o Outcomes—results of the TEFT demonstration, i.e., beneficiaries' use of of PHR system, collection of experience surveys and functional assessment information in the PHR, populations using the PHR and differences by different population groups, supports needed to assist beneficiaries in use of the PHR, ability to access e-LTSS information ; and
  o Impact – Assessment of PHR effectiveness, interoperability between PHR system and EHRHER system of Meaningful Use eligible providers/professionals MU eligible providers/professionals, integration with state HIT and/or HIE, and the interface of other quality health information.

VI.C.2. Financial Reporting Requirements

All grant applicants will be required to submit financial reporting forms on a quarterly, semi-annual, or annual basis. Below are brief descriptions of the required forms:

Financial Status Report, form (SF-425) – This form, submitted on a quarterly (cash transactions) and semi-annual (financial status) basis accounts for all uses of grant monies during each reporting period. Instructions concerning submission of the SF-

425 will be provided in the Notice of Award.

VI.C.3. Audit Requirements

Awardees must comply with the audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the internet at www.whitehouse.gov/omb/circulars

VI.C.4. Payment Management Requirements

Awardees must submit a semi-annual electronic SF-425 via the Payment Management System and to the CMS Office of Acquisition and Grants Management. The report identifies cash expenditures against the authorized funds for the cooperative agreements. Failure to submit the report may result in the inability to access funds. The SF-425 Certification page should be faxed to the Payment Management System contact at the fax number listed on the SF-425, or it may be submitted to:

> Division of Payment Management
> HHS/ASAM/PSC/FMS/DPM
> PO Box 6021
> Rockville, MD 20852
> Telephone: 1-877- 614-5533

VII. Agency Contacts

VII.A. Programmatic Content

Programmatic questions about the TEFT demonstration grant may be directed to an e-mail address accessed by multiple staff. This ensures that someone from CMS will respond even if others are unexpectedly absent during critical periods. This e-mail address is: TEFTDEMO@cms.hhs.gov . In addition, programmatic inquiries may be directed to:

> Anita Yuskauskas
> Centers for Medicare & Medicaid Services
> Disabled and Elderly Health Programs Group
> 7500 Security Boulevard
> Mail Stop: S2-14-26
> Baltimore, MD 21244-1850
> Anita.Yuskauskas@cms.hhs.gov

VII.B. Administrative Questions

Grant and solicitation administrative questions concerning this grant opportunity may be

directed to the following mailbox: TEFTDemo@cms.hhs.gov. Questions submitted telephonically will not be honored.

Grants Management Contact:

>Penny Williams
>Centers for Medicare & Medicaid Services
>Office of Acquisition and Grants Management
>7500 Security Boulevard,
>Mail Stop: B3-30-03
>Baltimore, MD 21244

VIII. Other Information

VIII.A. Applicants Teleconference

The open applicant teleconference is scheduled to take place on July 10, 2013 at 3:30 pm EST (Baltimore, MD). The call in phone number**:** 1-877-267-1577 ID# 5254. A second teleconference is scheduled for August 6, 2013 at 3:30 pm EST (Baltimore, MD). The call in phone number**:** 1-877-267-1577 ID#9723.

Information regarding the date, time, and call-in number for the teleconference will be e-mailed to all State Medicaid Directors.

APPENDICES

APPENDIX A

NOTICE OF INTENT TO APPLY

ATTACHMENT A
REQUIRED

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

NOTICE OF INTENT TO APPLY

NOTE: Completed forms must be submitted by facsimile.

If intending to apply, please complete and return by September 23, 2013 to Anita Yuskauskas, Technical Director, **Fax: 410-786-9004**

1. **Name of State:** _____

2. **Applicant Agency/Organization:** _____

3. **Contact Name and Title**: _____
   _____

4. **Address:** _____

5. **Phone:** _____ **Fax:** _____
   _____

6. **E-mail address:** _____

7. **Grant component(s):** (must check one or more of the components)

   ____ Field test an experience survey on multiple Community-Based Long Term Services and Supports (CB-LTSS) programs for validity and reliability.

   ____ Field test a "modified" CARE (Continuity Assessment Record and Evaluation) functional assessment for use with beneficiaries of CB-LTSS programs.

   ____ Demonstrate personal health records with beneficiaries of CB-LTSS (choosing this option automatically includes participation in the Office of National Coordinator's Standards and Interoperability Framework development). Please see appendix and review criteria for more detailed information.

   ____ Identify, evaluate and harmonize an electronic Long Term Services and Supports (e-LTSS) standard in conjunction with the Office of National Coordinator's (ONC) Standards and Interoperability (S&I) Framework.

APPENDIX B

TEFT WORK PLAN ELEMENTS AND CRITERIA

APPENDIX B

TEFT WORK PLAN ELEMENTS AND CRITERIA

There are four components to the TEFT initiative - the testing of an experience survey, the testing of a "modified" Continuity Assessment Record and Evaluation (CARE) measures set, a demonstration of personal health records (PHR) system, and the evaluation of standards for an electronic Long Term Services and Supports (e-LTSS) record through the Standards and Interoperability Framework (S&I) process.

Once awarded a planning grant, a state develops a work plan, which details the steps and timeline for implementation of the chosen components. This appendix includes specific guidance and CMS expectations for each of the respective components. CMS will use the component expectations as criteria to assess and approve the states' work plan proposals.

The following pages of this Appendix contain stand-alone Sections for each of the four TEFT components. Each section includes a description of the component and the CMS criteria for approving the component work plan.

Section 1: Field Testing the Community-Based Long Term Services and Supports (CB-LTSS) Experience Survey (*NOTE: The work plan for this component is due in 14 days post award.)*

States choosing this component will participate in the testing of the experience survey for beneficiaries of Medicaid CB-LTSS. After one round of testing the CB-LTSS Experience survey in Year One, CMS will make necessary adjustments and submit it to Agency for Healthcare Research and Quality (AHRQ) and the Consumer Assessment of healthcare Providers and Systems (CAHPS) consortium in pursuit of a CAHPS trademark. The CAHPS is a public-private initiative consisting of a family of standardized health care experience surveys. There are multiple CAHPS tools used with a variety of healthcare providers and programs. Health care organizations, public and private purchasers, beneficiaries, and researchers use CAHPS surveys to assess a person's experience with health care providers, compare and report on performance, and improve quality of care. The AHRQ is the body that provides the trademark for CAHPS Experience survey tools. One round of testing for the experience survey will be conducted in Year One by the TA contractor. That first round of testing will occur in the fall of 2013. The state is expected to build in the costs associated with a second round of data collection during the grant period, likely in the final year of the demonstration. States will be responsible for identifying a representative sample of individuals according to sampling specifications provided. A contractor will be hired to collect the information, and grant applicants will be required to provide a sample that meets the testing criteria. The grant applicant is also

required to provide contact information for someone who can assist and support the participant with scheduling and participating in the interview process, as appropriate.

Individuals being interviewed for the experience survey must participate voluntarily, and sampled participants should have the right to "opt out" at any time. Most interviews will be conducted in-person at the location of the participant's choice, either alone or if desired, with family member, a guardian, or someone else the person chooses. A small number of sampled participants in the first round will be interviewed over the phone in a process to be determined by the Contractor. The role of proxy respondents will also be addressed by the Contractor at a later date. During both rounds, the data collectors will use either Computer-Assisted Personal Interviewing (CAPI) or Computer-Assisted Telephone Interviewing (CATI) technology to record responses electronically, with the participants' knowledge. Survey administration requirements and training will be provided to the grant applicants by CMS contractors. Each participating state will receive complete reports analyzing aggregated program-specific results from the Contractor after testing. To protect confidentiality, person-level responses will not be shared.

Where applicable, the state is expected to work with contractors during the data collection to explore linking administrative, medical, and survey data, including the use of appropriate linking variables. States and contractors will also need to ensure that HIPAA privacy and security protections as well as state privacy and security requirements are addressed.

Sampling Methodology for Field Testing Experience Survey

One round of testing for the experience survey will be conducted by the TA contractor (Note: a second round of testing is expected to be completed by the state). That first round of testing will occur in the Fall of 2013. The state is expected to build in the costs associated with a second round of data collection during the grant period, likely in the final year of the demonstration. States will be responsible for identifying a representative sample of individuals, according to the sampling specifications provided. A contractor will be hired to collect the information, and grant applicants will be required to provide a sample that meets the criteria for testing so the purpose of the demonstration is realized. The grant applicant is also required to provide contact information for someone who can assist and support the participant with scheduling and participating in the interview process, as appropriate.

Individuals being interviewed for the experience survey must participate voluntarily, and sampled participants should have the right to "opt out" at any time. Most interviews will be conducted in-person at the location of the participant's choice, either alone or if desired, with family member, a guardian, or someone else the person chooses. A small number of sampled participants in the first round will be interviewed over the phone in a process to be determined by the Contractor. The role of proxy respondents will also be addressed by

the Contractor at a later date. During both rounds, the data collectors will use either CAPI or CATI technology to record responses electronically with the participants' knowledge. Survey administration requirements and training will be provided to the grant applicants by CMS contractors. Each participating state will receive complete reports analyzing aggregated program-specific results from the Contractor after both rounds of testing. To protect confidentiality, person-level responses will not be shared.

The state is expected to work with contractors during round one of the data collection to explore linking administrative, medical, and survey data, including the use of appropriate linking variables. States and contractors will also need to ensure that HIPAA privacy and security protections as well as state privacy and security requirements are addressed.

For testing the experience survey, the unit of analysis is one community-based long term services and supports (CB-LTSS) program. A CB-LTSS program consists of Medicaid Title XIX programs, Section 1115 Demonstration Programs, state plan services (personal assistance and home health), and others (see footnote #2 earlier in the solicitation) for individuals with LTSS needs. States will be required to develop an initial representative sample for each participating program according to specifications provided by CMS. Technical assistance in identifying the sample will be provided by the TEFT Contractor (s).

Through a TEFT contractor, CMS will develop sample calculations specific to each state and its programs. Each state will identify at least two CB-LTSS programs for participation, each serving different population groups. For each participating LTSS program, the state will provide a random sample of approximately 600 program participants (which includes an oversample of approximately 300, to account for non-respondents) to yield an adequate sample for completed surveys. For programs with fewer than 600 participants, the entire population will be sampled. These estimates are based on an assumed 50 percent response rate from completed surveys, which is similar to other experience surveys.

The national field test will include evaluation of the Spanish-language version of the experience survey. Consequently, for each program participating in the field test, applicants must include the number or percent of Spanish-speaking participants with limited English proficiency. In addition, applicants should discuss their ability to involve Spanish-speaking participants and describe data sources for identifying those participants in order to facilitate sampling.

Criteria for Field Testing the CB-LTSS Experience Survey

- Applicant proposes, at minimum, two LTSS programs for participation in the field test. One of the programs must be a 1915(c) Waiver program serving one of the following populations: intellectual disabilities/developmental disabilities (ID/DD), aged, or aged/disabled. A second may include an additional program or state plan

service(s) serving other population groups in the following categories: mental health, HIV/AIDS, ventilator dependent, traumatic brain injury, autism spectrum disorder.

- Applicant proposes to provide the CMS contractor with a complete list of program participants who meet the sampling criteria within 6 weeks of grant award.
- Applicant ensures the contractor access to survey participants.
- Applicant proposes to solicit permission and all necessary privacy documentation from the sample of individuals over the grant period or coordinate permission of solicitation and documentation with the TA contractor and survey vendor. The state will also coordinate with the TA contractor and survey vendor regarding how the survey vendor will be responsible for safeguarding the data.
- Applicant identifies the process for making available someone to support participants in the two rounds of data collection.
- Applicant proposes to include one round of data collection by the end of the grant period.

NOTE THE FOLLOWING INFORMATION IS FOR THIS COMPONENT ONLY IS DUE TO CMS 14 DAYS POST AWARD

(Instructions to Applicant: Check all that apply, complete Table 3 (below), sign and date and return to CMS. Where applicable, include attachments).

- Applicant proposes at minimum two LTSS programs for participation in the field test. One of the programs must be a 1915(c) Waiver program serving one of the following populations: ID/DD, aged, or aged/disabled. A second may include an additional program or state plan service(s) serving other population groups in the following categories: mental health, HIV/AIDS, ventilator dependent, traumatic brain injury, autism spectrum disorder. (Attached)
- Applicant proposes to provide the CMS contractor with a complete list of program participants who meet the sampling criteria within 6 weeks of grant award.
- Applicant ensures the contractor access to survey participants.
- Applicant proposes to solicit permission and all necessary privacy documentation from the sample of individuals over the grant period.
- Applicant identifies the process for making available someone to support participants in the one rounds of data collection.
- Applicant proposes to include one round of data collection by the end of the grant period.

Table 3
Proposed CB-LTSS Programs Participating in Field Test

Name of program or state plan service	Type of program/LTSS authority (state plan service,1915i,1915c, 1915j,1915b/c)	Population(s) served	Approximate enrollment	Preference for programs to evaluate	Other notes

Section 2: Testing Continuity Assessment Record and Evaluation (CARE)

States choosing this component will participate in the testing of functional status information using a subset of items from CARE modified for CB-LTSS populations. After one round of testing the modified CARE set in Year Two, CMS will make necessary adjustments and submit it the National Quality Forum (NQF) for endorsement[11]. NQF's endorsement process gathers input from stakeholders across the healthcare enterprise and develops consensus among those stakeholders about which measures warrant endorsement as the "best in class." The existing set of CARE measures is endorsed by NQF.

One round of testing for the modified CARE set will be conducted in Year Two by the TA contractor in mid-2014. States are responsible for identifying a representative sample of individuals according to sampling specifications provided. A contractor will be hired to collect the information, and states will be required to provide a sample that meets the testing criteria. The state is also required to provide contact information for someone who can assist and support the participant with scheduling and participating in the interview process, as appropriate.

Most interviews will be conducted with a knowledgeable professional or someone who knows the beneficiary the best. Individuals who are part of the CARE assessment must participate voluntarily, and sampled participants should have the right to "opt out" at any time. Survey administration requirements and training will be provided to the grant applicants by CMS contractors. Each participating state will receive complete reports analyzing aggregated program-specific results from the CMS contractor after testing.   Where applicable, the state is expected to work with contractors during the data

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[11] http://www.qualityforum.org/Measuring_Performance/ABCs/What_NQF_Endorsement_Means.aspx

collection to explore linking administrative, medical, and survey data, including the use of appropriate linking variables. States and contractors will also need to ensure that HIPAA privacy and security protections as well as state privacy and security requirements are addressed.

Sampling Methodology for Testing Continuity Assessment Record and Evaluation (CARE)

Through a TEFT contractor, CMS will develop sample calculations specific to each grant applicant and its programs. Each participating state will identify up to two CB-LTSS programs for participation, each serving different population groups (ID/DD, Aged Only, Aged and Disabled, or Disabled Only). For states identifying an ID/DD program and an LTSS program (falling into the set of Aged Only, Aged and Disabled, or Disabled only), the grant applicant will provide 200 program participants for *each* LTSS program over the course of the data collection period to yield an adequate sample for completed assessments. For states identifying two LTSS programs (both falling into the set of Aged Only, Aged and Disabled, or Disabled only) the state will provide 200 program participants from across both programs to yield an adequate sample for completed assessments. For states identifying only one LTSS program, the state will provide 200 program participants from that single LTSS program to yield an adequate sample for completed assessments.

Work Plan Criteria for Field Testing the CARE Functional Assessment

- Applicant proposes to provide necessary sample of individuals.
- Applicant proposes to provide the CMS contractor with a complete list of program participants who meeting the sampling criteria within 2 weeks of OP approval.
- Applicant ensures the contractor access to survey participants.
- Applicant solicits permission and all necessary privacy documentation from the sample of individuals over the grant period including a description of how the data collector will be responsible for safeguarding the data.
- Applicant identifies the process for making available someone to support participants in the three rounds of data collection.
- Applicant includes completion of one round of data collection by the end of the grant period.

Section 3: Personal Health Record (PHR)

Grant applicants choosing this component are required to work with the DoD on the use of a PHR system.

States will use TEFT funds to demonstrate use of PHR systems for the coordination and communication of quality-related information and quality measures. States are encouraged to take a coordinated approach to PHR infrastructure, and to integrate this demonstration with their other efforts to develop PHR and HIE infrastructure.

While States can adopt a PHR model of their choosing (i.e. state developed or off- the-shelf or the DoD iPHEMS), applicants who will use PHRs that meet ONC certification criterion adopted (at 45 CFR 170.314(e)(1)) for "view, download, transmit to a 3rd party" or that include equivalent functionality will receive priority consideration for this funding. States may use these grant funds to customize and connect the PHR system with the e-LTSS record and state IT systems. Stakeholders, including beneficiaries and providers, must be included in the state's process to plan, customize and implement the PHR system.

Grant applicants will also be required to use a PHR whose vendor displays a completed HHS PHR Model Privacy Notice on their consumer facing website where individuals go to register for the PHR service. Applicants choosing this component must also participate in the e-LTSS S&I process, and ensure LTSS records are viewable or accessible by individuals or beneficiaries in the PHR system. Depending on the capacity of the state-specified PHR, the individual may be able to share specific LTSS information with service providers who otherwise would not have access to the information. In addition, the PHR system will have the capacity to receive patient-approved records from participating clinicians and LTSS providers, information uploaded manually by the beneficiary, and information from other sources such as home-based monitoring devices.

Because of the iterative nature of the standards evaluation process, each state will also be required to test the uptake and usage of this e-LTSS standard with CB-LTSS providers and its interoperability with the state's HIE framework, as available.

Specifically, grant applicants must ensure the completed CARE functional assessment tool is viewable in the PHR system**.** A participating individual will have control over the types of information he or she wishes to share and the people with whom he/she wishes to share it. Depending on the capacity of the state specified PHR system, the individual may be able to share specific LTSS information with service providers who otherwise would not have access to the information.

States will be required to provide the following PHR-related information within their work plan:

- If a state has not already implemented a PHR solution, include a plan and timeline in the work plan around the development or identification of a PHR Grant funds can be used toward the development of this plan.
- Explain the State's approach to prevent duplication with other existing HIE and PHR projects.
- Specify whether using a commercially developed PHR system such as Microsoft Health Vault or a state sponsored and developed PHR system.
- Indicate whether the state is currently using a PHR system and whether state sponsored PHR systems are able to use and receive: 1) human readable

representation of LTSS record, formatted as PDF or plain text document; or 2) structured representation, formatted according to the Consolidated CDA standard.

- Identify whether the data exchange will follow a push or pull model, realizing that the NwHIN/VLER process is view-only and that this project requires true data sharing and persistence with a declared PHR. Grant applicants are expected to work with providers and individuals in Years 2-5 to support uptake and usage of the e-LTSS record based on the harmonized standards. Further clarification around the monitoring and measuring of uptake and usage will be provided through a CMS contractor.
- Indicate the standard(s) used by the PHR to securely send information to and receive information from providers, clients, state agencies and other date sources and repositories.

    NOTE: Both can be included and Applicants can specify which is most appropriate to achieve alignment with state HIE/HIT implementation. Further, we emphasize that applicants should evaluate whether the PHRs utilize nationally adopted standards for electronic transmission including:

    - Direct project specifications - which includes the Applicability Statement for Secure Health Transport, and External Data Representation (XDR) and Cross-Enterprise Document Media Interchange (XDM) for Direct Messaging, or;
    - The Exchange, SOAP-Based Secure Transport RTM version.

- Indicate whether the PHR has met the ONC certification criterion adopted (at 45 CFR 170.314(e)(1)) for "view, download, transmit to a 3rd party" or includes equivalent functionality. This certification criterion requires that certain patient facing capabilities exist, such as: secure online access, conformance to certain web content accessibility guidelines, and the ability to view, download, and transmit to a 3rd party, a baseline set of clinical information about themselves.
- Identify the health information source applications records that are feeding into the PHR system. This information will be used by DoD to configure the adaptors within the PHR data-broker system so that information can become interoperable. Based on the level of customization required, the state's grant funding may need to be adjusted accordingly.
- Develop a strategy to work with providers and beneficiaries to get permission to enter CB-LTSS provider generated service delivery information into a web-portal for an e-LTSS record. The grant will evaluate uptake and usage of the e-LTSS standard and records by LTSS providers.
- Identify and discuss risks (e.g. privacy, security, technical etc.) related to how beneficiaries will access their information in the PHR system, including state laws that may impact HIE and HIT and/or access to information.
- Take into account the work to be completed by the DoD to develop, modify and connect a state's PHR and/or EHR capacity. Additional customization may directly

additional resources. These budget projections therefore should be realistic and take into account the work required for customization.

- Submit a state logo, which will be used in the state web portal. The state's Web Portal will be developed and maintained by DoD through an agreement with CMS. The portal meets all HHS privacy and confidentiality protections as well as inter-operability requirements.

- Provide technical specifications to DoD, who will customize the web-portal to interface with the PHRs. In either scenario, the DOD iPHEMS portal PHR will be the platform for collecting, entering, and storing the completed tools.

- Propose a strategy to integrate health related information through the use of HIT. The strategy engages eligible MU providers to integrate information from their EHRs into beneficiaries' PHRs;

- Propose a strategy to integrate quality measures from the adult core set, the beneficiary experience survey, modified CARE set, or their own functional assessments through the use of HIT.

- Specify which quality measures will be tested. States that choose to test additional quality measures should include a strategy for how they will share these measures with CMS.

Section 4: Electronic -Long Term Services and Supports Record (e-LTSS) & Standards and Interoperability Framework (S&I) process

In collaboration with the Office of Office of Science and Technology (OST) within the US Department of Health and Human Services the National Coordinator for Health Information Technology (ONC, CMS will identify, evaluate and harmonize an electronic standard for health for long term services and supports, referred to as e-LTSS.

Participating states will be required to provide participant(s) to join in the identification of this new standard with the S&I framework. Because of the iterative nature of the standards evaluation and harmonization process, states will also be required to test the uptake and usage of this e-LTSS standard with CB-LTSS providers, and its interoperability in PHRs with the state's HIE framework. Applicants choosing the PHR demonstration components of this initiative are expected to participate in the S&I standards evaluation and harmonization process. States will be provided with scoring incentives for participating in the development of standards for e-LTSS records, and are encouraged to include this component with their application. Regardless of the component(s) chosen, CMS encourages all states to participate in the evaluation and harmonization of the e-LTSS standard. The standards evaluation and harmonization process requires the involvement of many states, since it will influence the future of health information technology in long term services and supports. As such, CMS anticipates higher cost for planning and implementation when this component is added.

The S&I Framework is one approach adopted by ONC's Office of Science and Technology to fulfill its charge of enabling harmonized interoperability specifications to

support national health outcomes and healthcare priorities, including Meaningful Use and the ongoing efforts to create better care, better population health and cost reduction through delivery improvements. The S&I Framework creates a forum – enabled by integrated functions, processes, and tools – where healthcare stakeholders can focus on solving real-world interoperability challenges.

The S&I Framework's participant communities have developed and defined a series of resources and artifacts to support the HIT community in their implementation of solutions to Meaningful Use objectives and other national healthcare priorities.

The S&I community has developed and defined an array of artifacts as part of the S&I initiatives, including:

- Specifications
- Implementation Guides
- Information Models
- Vocabulary and Value Sets
- Test tools and Data
- Reference Implementations

For more information see http://www.siframework.org/

Participation in Development and Testing of e-LTSS Standards

In Year 1 of the, states and CMS will work closely with the ONC S&I Framework to identify, evaluate and harmonize standards for an e-LTSS record. In subsequent years of the grant, states will be asked to report on uptake and usage including: number of providers trained in using this record according to the harmonized standards, number that actually use it and the frequency of use, individuals who have access to it through their PHR, and other metrics to be specified by CMS. Data fields of the standard which impact the e-LTSS record will be aggregated by DoD and compiled into an S&I data dictionary. The S&I data dictionary will be used by S&I in the evaluation and harmonization of subsequent iterations of the e-LTSS standard.

Through the S&I Framework process, candidate standards identified by the participants will be evaluated and harmonized through a consensus-based process. Once the harmonization phase is complete, a new standard in the form of an implementation guide will be developed and balloted through a recognized Standards Development Organization (SDO). The SDO selected will depend on the standard identified. This decision will be made by the participants as part of the S&I process. In addition to balloting the implementation guidance through a recognized SDO, participants are expected to pilot and evaluate the standard with selected provider and beneficiary groups.

The piloting of the standard will enable the S&I community to revise the e-LTSS standard. We envision the grant process will produce at least two iterations of this e-LTSS standard. Following each iteration, a revised e-LTSS record will be piloted and tested by all the grant applicant states and providers. In other words, as part of the field testing requirements, States should plan on testing a minimum of two iterations of the e-LTSS record. By the end of the grant period, an e-LTSS standard will be available for use by vendors and CB-LTSS providers for beneficiaries across the nation.

Work Plan Criteria for Demonstrating the PHR

- An outreach and training strategy is included to ensure applicable providers are using the e-LTSS record according to prescribed procedures.
- Applicants include a plan whereby service providers serving individuals in this demonstration are expected to enter information into an e-LTSS record within prescribed protocols to be developed and established through the S&I Framework.
- Applicants include testing of two iterations of the e-LTSS record by service providers.
- Applicant develops a crosswalk for each iteration of the e-LTSS record with existing state standards for service plan development and reporting.
- Applicant describes how at least one staff and one stakeholder representative will participate in the S&I LTSS initiative for the duration of the grant. (I.e. provider representation, beneficiary, Vendor, state staff, etc…).

There is a specific timeline for testing the tools and for effectuating the S&I standards evaluation and harmonization process. Specifically, the first half of Year One is for completion of the planning grants; the second half of Year One is for testing the experience survey. The S&I process will start in Year One and continue throughout the grant period. The PHR demonstration may also occur in Year One and throughout the grant period, as proposed by the state. In Year Two, the Functional Assessment tool will be tested. The S&I commences in Year One while the PHR demonstration can begin whenever the state builds it into the grant implementation.

APPENDIX C

Template for Cover Letter

APPENDIX C

COVER LETTER FOR TEFT PLANNING GRANT TEMPLATE

States may use this template for their cover letter.

A. Contact Information

State: _____

The State Medicaid agency representative with whom CMS should communicate regarding the administration of the planning grant

Printed name: _____

Title: _____

Agency: _____

Address (including street address, city, state, zip code):

_____

_____

_____

_____

Phone: _____ _____

Fax: _____

E-mail: _____

Authorizing State Medicaid Director and signature

Printed name: _____

Title: _____

Agency: _____

Address (including street address, city, state, zip code):

_____

Phone: _____

Fax: _____

E-mail: _____

Signature: _____

Submission Date: _____

B. Component(s) of Planning Grant (must check one or more of the four components)

_____ Field test an experience survey on multiple Community-Based Long Term Services and Supports (CB-LTSS) programs for validity and reliability.

_____ Field test a "modified" CARE (Continuity Assessment Record and Evaluation) functional assessment tool for use with beneficiaries of CB-LTSS programs.

_____ Demonstrate use of personal health records (PHR) systems with beneficiaries of CB-LTSS (this option automatically includes participation in the Office of National Coordinator's Standards and Interoperability (S&I) Framework development). Please see specifics in appendix and award review criteria.

_____ Identify, evaluate and harmonize an electronic Long Term Services and Supports (e-LTSS) standard in conjunction with the ONC's Standards and Interoperability Framework.

APPENDIX D

TERMINOLOGY AND DEFINITIONS

Terminology and Definitions

Clinical Document Architecture (CDA)

An HL7 document markup standard that specifies the structure and semantics of "clinical documents" for the purpose of exchange. CDA documents derive their machine process-able meaning from the HL7 Reference Information Model (RIM) and use HL7 Data Types. CDA is a flexible XML-based clinical document architecture. CDA itself is not a specific document, but can be used to express many types of documents. A CDA document can contain many data sections, all of which contain narrative text, and some of which contain structured data elements, some of which are coded. There are many types of CDA documents, including CCD, XDS-MS Discharge Summary (HITSP C48), History and Physical (HITSP C84), Lab Report (HITSPC37), etc.
Source: http://publicaa.ansi.org/sites/apdl/hitspadmin/Matrices/HITSP_09_N_451.pdf

Consolidated CDA (Templated CDA)

An interoperability Infrastructure that has a CDA template library at its foundation that provides a virtual interface between the external, standards-based exchanges, and the localized data store. Templates in the library define a standard interface. Via this interface, the EHR can (1) generate many types of CDA documents, (2) interpret quality measure criteria, and (3) interpret decision support rules.

Templates reduce the level of effort in developing a standard by providing ready-made and consistent patterns on which to build. In some cases, standards developers may satisfy a use case requirement through minor changes to existing templates or, better yet, by recombining existing templates into new packages that address the requirement without additional modeling.
Source: http://healthcare.nist.gov/resources/docs/TemplatedCDA1.pdf

Continuity of Care Document (CCD)

The CCD describes constraints on the HL7 Clinical Document Architecture, Release 2 (CDA) specification in accordance with requirements set forward in ASTM E2369-05 Standard Specification for Continuity of Care Record (CCR). It is intended as an alternate implementation to the one specified in ASTM ADJE2369 for those institutions or organizations committed to implementation of the HL7 Clinical Document Architecture.
Source: http://publicaa.ansi.org/sites/apdl/hitspadmin/Matrices/HITSP_09_N_451.pdf

The Continuity of Care Document (CCD) is an XML-based standard that specifies the

structure and encoding of a patient summary clinical document. It provides a "snapshot in time," constraining a summary of the pertinent clinical, demographic, and administrative data for a specific patient.
Source: http://wiki.hl7.org/index.php?title=Product_CCD

Electronic Health Record (EHR)

An electronic version of a person's medical history, maintained by the provider over time, and may include all of the key administrative clinical data relevant to that persons care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports.   The EHR automates access to information and has the potential to streamline the clinician's workflow. The EHR also has the ability to support other care-related activities directly or indirectly through various interfaces, including evidence-based decision support, quality management, and outcomes reporting.
Source: https://www.cms.gov/EHealthRecords/

Health Information Exchange (HIE)

Refers to the process of reliable and interoperable electronic health-related information sharing conducted in a manner that protects the confidentiality, privacy, and security of the information.
Source: http://www.ahima.org/resources/hie.aspx

Health Level Seven International (HL7)

One of several American National Standards Institute (ANSI) -accredited Standards Developing Organizations (SDOs) operating in the healthcare arena. Most SDOs produce standards (sometimes called specifications or protocols) for a particular healthcare domain such as pharmacy, medical devices, imaging or insurance (claims processing) transactions. Health Level Seven's domain is clinical and administrative data.
Source: http://www.hl7.org/about/FAQs/index.cfm?ref=nav

Health Information Technology for Economic and Clinical Health Act of 2009 (The

HITECH Act)

 Passed as part of the Recovery Act, the HITECH Act allocated funding for the health care system to adopt and meaningfully use health IT to improve health. A number of provisions in the HITECH Act strengthen the privacy and security protections for health information established under the Health Insurance Portability and

Accountability Act of 1996 (HIPAA).
Source:
http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_0_4318_1211_15583_43/ht
tp%3B/wci-
pubcontent/publish/onc/public_communities/f_j/onc_website__ _home/fed_health_strate
gic_plan/fed_health_it_strategic_plan_home_portlet/files/final_federal_health_it_strategi
c_plan_0911.pdf
and
http://www.healthit.gov/sites/default/files/pdf/privacy/privacy-and-security-guide.pdf

Nationwide Health Information Network (NwHIN)

NwHIN is a set of standards, services and policies that enable secure health information
exchange over the Internet. The NwHIN provides a foundation for the exchange of
health information across diverse entities, within communities, and across the country.
Source:
http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_0_4318_1211_15583_43/ht
tp%3B/wci-pubcontent/publish/onc/public_communities/f_j/onc_website__
_home/fed_health_strategic_plan/fed_health_it_strategic_plan_home_portlet/files/final_f
ederal_health_it_strategi c_plan_0911.pdf

Personal Health Record (PHR)

PHRs can be delivered in various platforms or systems. Most prominent are electronic
and web-based. A PHR is a health record that is initiated and maintained by an
individual. It can be accessed via a computer or mobile application (i.e. Microsoft Health
Vault) or through the web (i.e. patient portal). An ideal PHR would provide a complete
and accurate summary of the health and medical history of an individual by gathering
data from many sources and making this information accessible online to anyone who
has the necessary electronic credentials to view the information. Because a patient's
record can be made available through a variety of systems with authorized use to display
the patient information, the PHR is referred to as a system rather than a stand-alone
application.

Standards and Interoperability Framework (S&I Framework)
The S&I Framework represents one investment and approach adopted by the Office of
National Coordinator for Health Information Technology to fulfill its charge of
prescribing health IT standards and specifications to support national health outcomes
and healthcare priorities. The S&I Framework is a forum – enabled by integrated
functions, processes, and tools – for the open community of implementers and experts
to work together to standardize health information exchange.
Source: http://www.nationalehealth.org/ckfinder/userfiles/files/S&I%20PowerPoint.pdf

APPENDIX E

PERSONAL HEALTH RECORD TECHNICAL SPECIFICATIONS

PERSONAL HEALTH RECORD TECHNICAL SPECIFICATIONS

In support of this grant program, DoD will be providing two complimentary applications for use by states and CMS . DoD, iPHEMS (Information Personal Healthcare Exchange Management System) is a data broker for personal health records that provides for 1) interoperability for PHRs, and 2) a data engine for survey administration (DoD HERMES).

iPHEMS is based on DoD's MiCare application. This pilot effort will leverage this agnostic health data information broker which the DoD has used to securely share beneficiary healthcare information. This data broker does contain a free viewer, but more importantly can take the health data from one source and feed it to the destination PHR in one of the formats described below (CDA, CCDA). The DoD will enable an instance of the data broker for this purpose. This will be a uniquely setup configuration in support of the CMS project.

System Introduction

Patient health records are located in many places. Often portions are in paper form in various provider offices. Similarly, electronic records are likely to be distributed across different systems as well. With the advent of EHR and HIE, states are taking a major step forward in creating a longitudinal health record for beneficiaries. One component that is missing is the CB-LTSS information. The TEFT can assist states with these efforts through the DoD iPHEMS system. The iPHEMS is a turn-key solution for states to connect LTSS providers with beneficiaries through the use of e-LTSS records and PHRs. The iPHEMS system has already established connectivity with the NwHIN.

The use of a PHR that includes a person's LTSS information has the potential to result in more person centered control over care, more comprehensive, efficient and effective care, and ultimately better outcomes for the individual.   The solution offered by CMS provides LTSS participants and/or their guardians the ability to consolidate and manage their medical and LTSS information in one location. The PHR will receive patient-approved records from participating clinicians and the LTSS provider, information from other sources, and information uploaded manually by the beneficiary. In this way the individual will have control over the types of information they wish to share and the people they wish to share it with. The PHR will serve as a patient-centric health record, aggregating documentation and information from all sources of healthcare in one location.

The PHR will serve as an electronic integration point across healthcare records and sites, overcoming current sharing issues between electronic health record platforms

based on the proprietary nature of various EHRs, security concerns, and competing businesses and priorities of each organization providing care to LTSS beneficiaries. Current functionalities included within the proposed iPHEMS solution include:

- Patient matching and verification system;
- Seamless, automated data feeds that leverage the existing Bi-Directional Health Information Exchange (BHIE) framework;
- Patient accessible web portal with process/mechanism for patient to control delivery of automated feeds to the aggregation site of their choice. The current available sites will include Microsoft HealthVault or a state defined PHRs;
- Coordination of pre-specified vendor products, relieving a state of the costs of data storage, technical support, and HIPAA compliance once the data are transferred to the PHR.

Core Functionalities

The core functionalities of a PHR system include an established capacity to:

1. Automate feeds between a beneficiary's EHR and selected PHR. PHR's can include a pre-specified state developed PHR or state defined PHR such as Microsoft HealthVault. The state and or the individual can be given the choice of repository;
2. Connect the PHR to the state adopted HIE framework to allow for the passage of individual healthcare information to the designated PHR (See Diagram 1);
3. Provide a single interface that allows for an easy and understandable reference to an individual's provided healthcare information;
4. Deliver beneficiary demographics, LTSS service delivery, staff schedules, individuals budgets, active medications, allergies, lab results, radiology results, problem list, past visits and upcoming appointments and inpatient documentation to the PHR;
5. Leverage the existing capabilities within the PHR software to store and manage an beneficiary's information; and
6. Protect the beneficiary information through security functions that can be easily explained and understood by the patient.

Usage Scenarios

General usage scenarios for the individual beneficiaries include the following:

- Web enabled secure access to personal health information providing the user with access to much of the information available to them from their primary health care and LTSS providers, and the ability to add information from other healthcare sources as well as their own information;
- Family record management, enabling sponsors and parents to manage and view the records of minor children and others under their medical power of

attorney;

- With the permission of the beneficiary, enabling access to information at the point of care or before the visit;
- Education and training to improve beneficiary's health literacy and informing patients in areas of health improvement, disease management, preventive services, access to care and programs available to them;
- 24/7 web-enabled ability to record a person-centered experience survey, ask their providers questions and/or schedule appointments; and
- Electronic integration of MMIS Claims and clinical data to improve quality and safeguard against fraud.

Diagram 1 Personal Health Records for TEFT[12]

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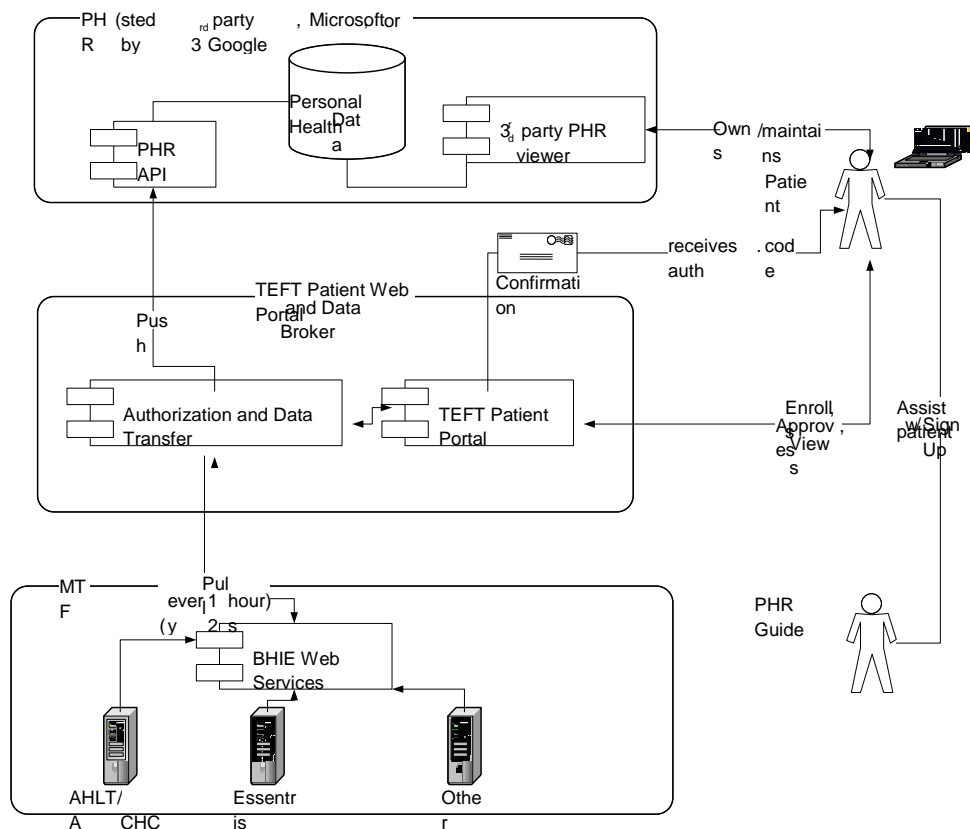
[12] Diagram One depicts how individual information is pulled from sources such as physician records, enters the DoD patient web portal, travels horizontal to the authorization and data transfer mechanisms, and is pushed to the person's personal health record

Systems Architecture

CMS will provide the back-end server to host a patient portal that will house CB-LTSS data on top of which a PHR can over-lay. The PHR can be either a pre-specified commercial PHR, or a state sponsored and developed PHR. HHS maintains vendor neutrality and does not endorse a specific PHR vendor product. For state-specific data services, the patient portal can be customized via a Patient Web Portal to include web service interface. Some collaboration will inevitably be required by the state, DoD-iPHEMS staff and CMS to ensure that existing services meet data requirements for this project. Specialized data requirements may result in change requests to the development team and costs associated with those enhancements to the BHIE Web Services layer.

The Patient Web Portal will provide a starting point and ongoing patient dashboard for initiating health information transfers, managing visibility of Personal Health Information (PHI) and providing an information guidepost for health-related issues and PHR-specific tips. The Patient Web Portal will be available to all targeted CB-LTSS participants identified by the state.

A state may wish to use grant funds to staff a pre-specified representative and/or IT development staff, denoted in the diagram above as the "PHR Guide", to be available to educate and assist individual beneficiaries on the benefits of a PHR. The Guide to be developed by state's can, on request, include a consent form that allows the person to sign up on the Beneficiary Web Portal. Additionally, beneficiaries will be given detailed guidance on how to utilize a new or existing account(s) in their preferred PHR (if they have not already done so) and how to initiate automated updates to their PHR account using the Beneficiary Web Portal site.   Ongoing TA will be provided directly to the consumer as needed. The expectation is that a person will be available by phone for a specified time frame (i.e. 30 hours per week during the first year) to assist the beneficiary to use the PHR.

Specifications on State specified PHR interoperability

Grant applicants must propose to use a PHR containing required minimum interoperability requirements. Minimum requirements include the following:
- First, the PHR should be capable of receiving one of these document formats: Clinical Document Architecture (CDA) or Consolidated CDA (CCDA). CDA and CCDA are preferred because they are much more searchable and rich in information.

- Second, PHRs should be able to receive : 1) human readable representation of LTSS record, formatted as HTML or plain text; 2) structured representation, formatted as a Consolidated CDA CCD document.
- Third, we also recommend that PHRs support use cases enabling exchange of information with patients, providers, CMS and other designated agencies or providers.
- Fourth, the PHR should be able to receive and present surveys/ questionnaires and other CB-LTSS data gathered as a part of this pilot program. Style sheets/guides can be provided but the PHR must be able to persist the surveys. That PHR will be either a state sponsored and developed PHR or an off-the-shelf PHR such as MS Health Vault using either DIRECT or The Exchange, SOAP-Based Secure Transport RTM version.

Realizing that the NwHIN/VLER process is a view only and that this project requires true data sharing and persistence with a declared PHR each state should identify whether their data exchange will be a :

- Push model, where data is exchanged as it is gathered with no requirement for an exchange to be initiated by the beneficiary or
- A pull methodology where data exchange only occurs when an explicit electronic request is made by the beneficiary (such as pushing an update button on a webpage.

Understanding Uses of DoD iPHEMS and HERMES – Survey Tools

The EoC tool will be administered to either the individual or in conjunction with someone who knows the person best. The responses are entered directly into a web- based portal. This information is provided back to CMS or a party it designates in a de-identified report at both the program level and the state level.
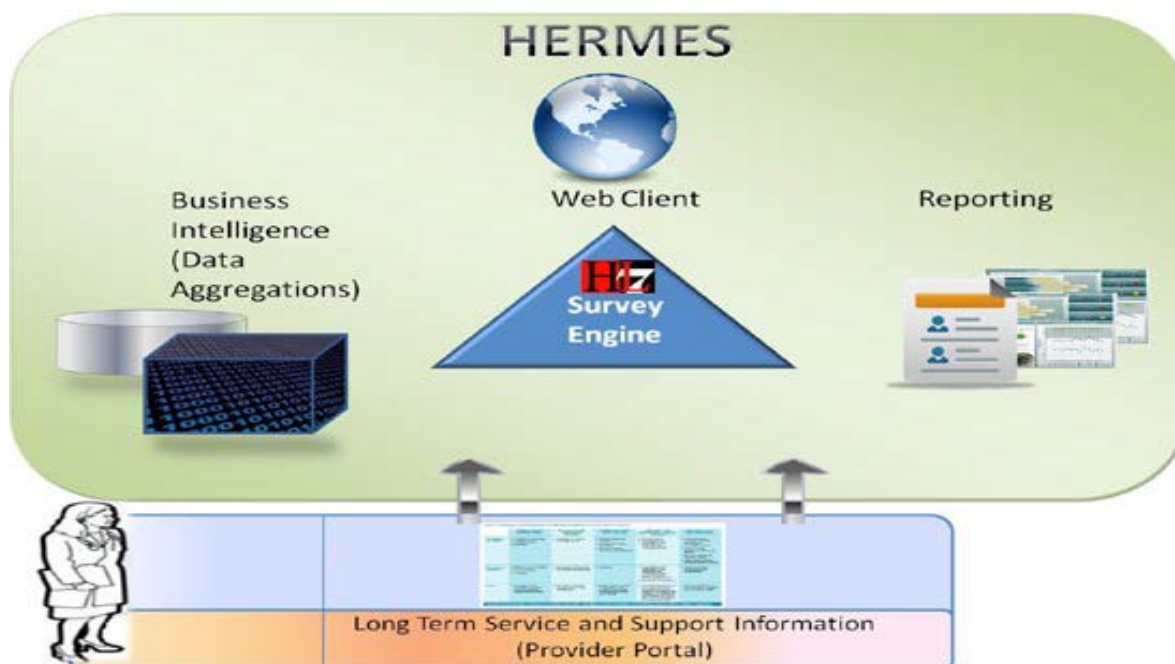
Diagram 2 – Example of e-LTSS Standard and Record [13]

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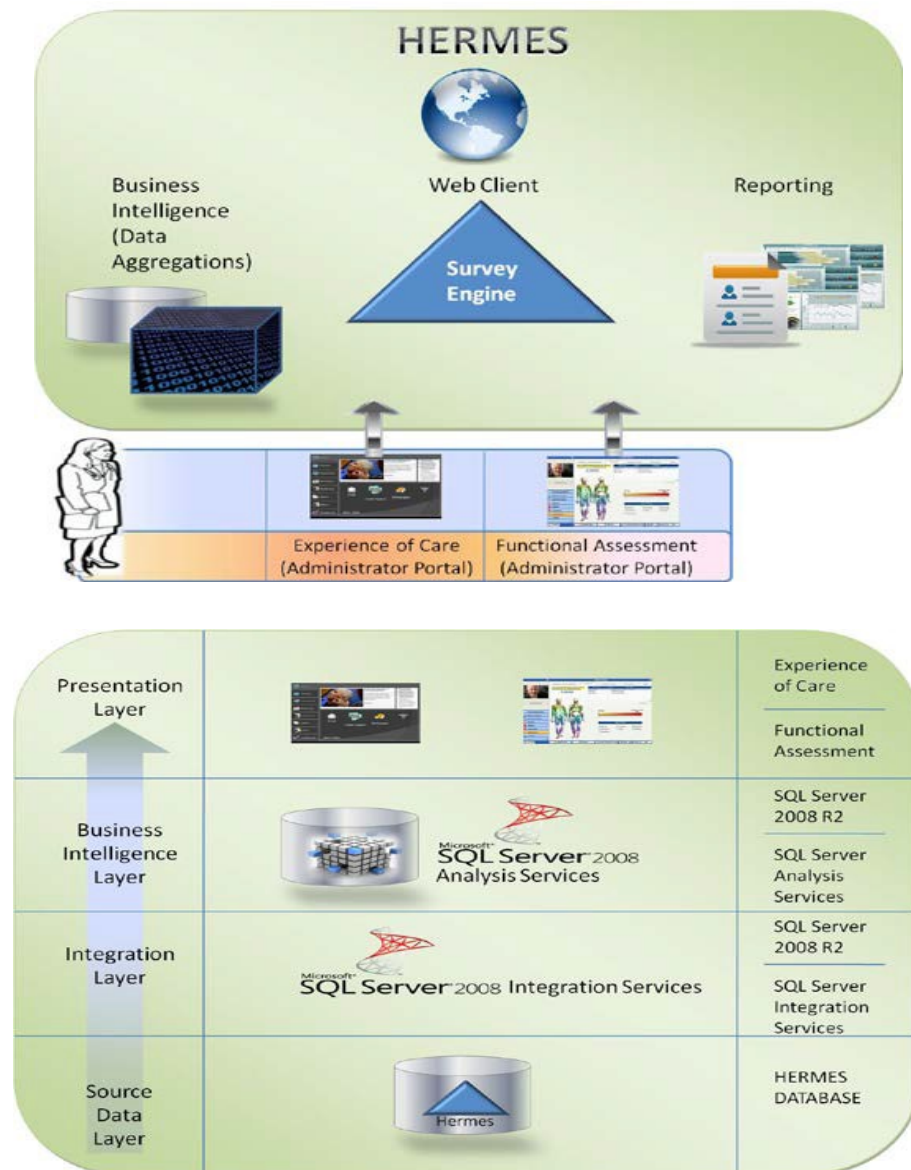
[13] Diagram two depicts the hierarchical layers of information starting from the source HERMES data base moving upward leading to the CB-LTSS data examples of the Experience survey and functional assessment, and ending at the top. Written across is data aggregations, the survey engine, and reporting all merging in an upward triangle toward the word, HERMES, and a picture of a globe and the words, "the web client."

Diagram 3 – Example of e-LTSS Standard and Record [14] - Provider Information

Providers of community based long term services and supports (CB-LTSS) will enter service delivery information directly into a web-based portal. This information will be provided back to CMS or a party it designates at various intervals in an aggregate format. This information will be used by ONC and the S&I framework to evaluate and harmonize standards for an e-LTSS record.
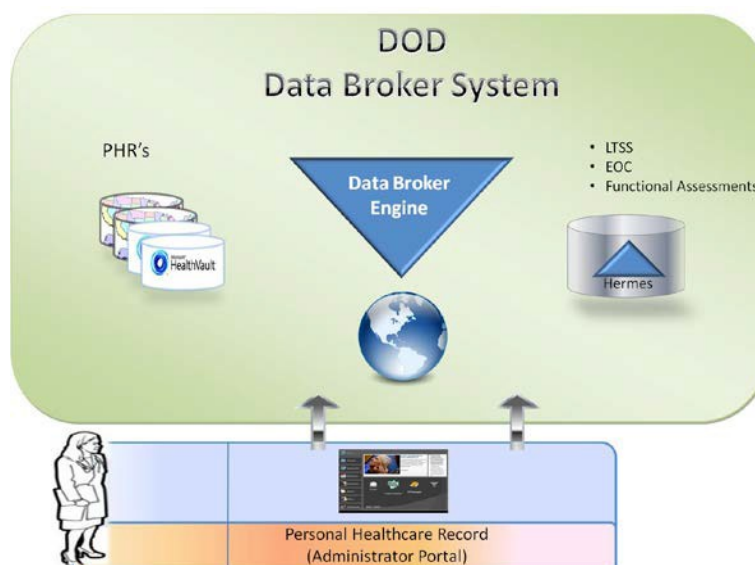

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[14] Diagram three is the same as diagram two; it depicts three stacked boxes. In the lowest box there is a the hierarchical layers of rows of information with pictures starting from the state-provided PHR, moving up through the integration layer and business intelligence layer to the LTSS information. In the middle box it flows through a provider with the words, "long term services and supports/provider portal". It ends with the top box depicting the hierarchical layers of information starting from the source HERMES data base moving upward leading to the Experience survey and functional assessment tools, and ending at the top. Written across the top box is data aggregations, the survey engine, and reporting, all merging in an upward triangle toward the word, HERMES, and a picture of a globe and the words, "the web client."

Diagram 4 – Example of Personal Health Records and Access[15]

Individuals will have access to their state proposed personal health record.   This PHR will access information from the e-LTSS record, and EHRs from any other eligible provider serving the individual, including those participating in the Medicare and Medicaid EHR Incentive Programs.


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[15] Diagram four depicts three stacked boxes. In the lowest box there is a the hierarchical layers of rows of information with pictures starting from the data source, moving up through the integration layer and business intelligence layer to state-provided PHR. The next box shows the experience survey, functional assessment and other meaningful use information. That box depicts arrows pointing to the top box, showing that it flows through the personal health record and ending at the top – a box labeled DOD Data Broker System. Across the top box from left to right is PHRs, a downward triangle entitled "data broker engine" pointing downward to a globe, and moving to the right are the measurement tools.
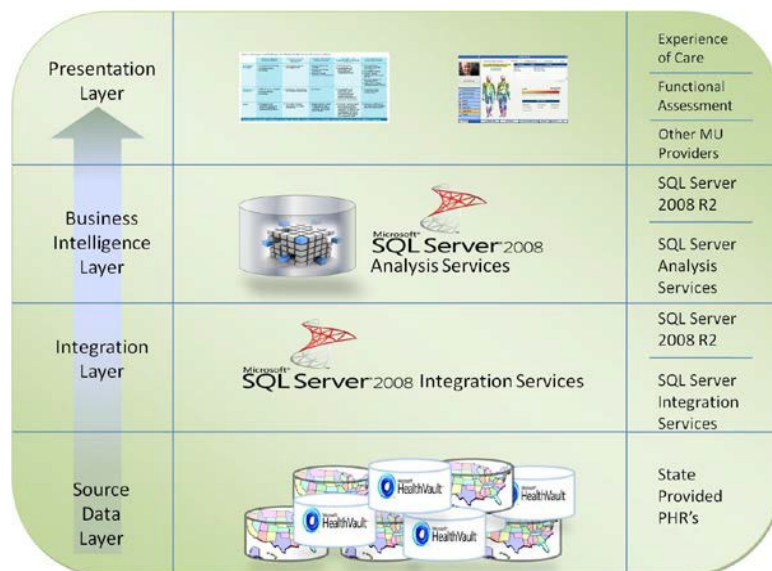
Diagram 5 – Example of Consolidated Picture Integrating Diagrams 2-4[16]

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[16] Diagram 5 is a picture consolidating diagrams 2 through 4 in one diagram. At the center of the diagram are two triangles on top of each other, one pointing up and the other pointing down. This represents the data broker system and the survey-engine. The Data Broker System and the Survey Engine are both functional components of the iPHEMS application. The Survey Engine in the iPHEMS system is built off of the Department of Defense's HERMES technology. The bottom of the diagram depicts the flow of data into the iPHEMS application. The iPHEMS application will provide a web-portal through which the quality information such as the experience survey tool, the Functional Assessment tool, and other CB-LTSS Service Delivery Information will be entered. This information can be shared or exchanged in the following ways: into a Personal Health Record, into a business intelligence data aggregation engine, or a report generator.
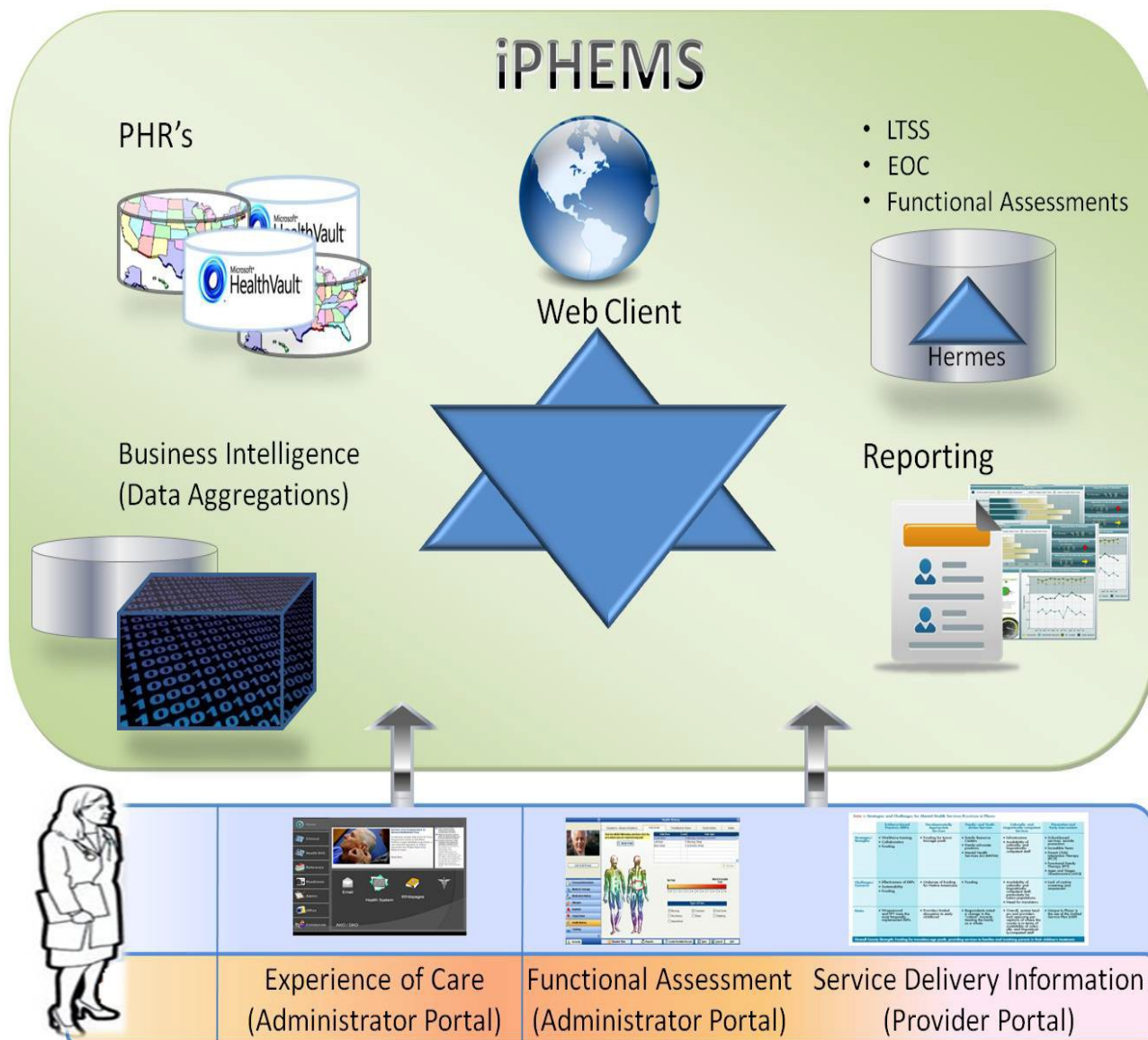
The TEFT PHR demonstration component will leverage the agnostic health data information broker for PHR products that the DoD has already used to share healthcare information for beneficiaries. This data broker does contain a free viewer, but more importantly can take the health data from one source and feed it to the destination PHR in one of the identified formats (CDA, CCDA). The DoD will enable an instance of the data broker for this purpose. This will be a uniquely setup configuration in support of the CMS project.

Privacy

Data Use and Reciprocal Sharing Agreement (DURSA) – CMS and DoD will have a DURSA in place. MiCare was developed as a data broker for personal health records. HERMES was developed by DoD as an in-house application for survey administration

and data collection. Through use of HERMES, a DoD developed application that can host and serve survey tools, DoD will support the grant program in collecting and storing quality data such as experience survey results, functional assessments, and other provider records on long term services and supports. Information is integrated into the PHR as appropriate. All applicable state and federal laws governing privacy and data sharing of health and human service related information will be enforced.

Patient privacy and HIPAA compliance will be assured through the DURSA. In addition, the MiCare-HERMES configuration uses several required elements to ensure privacy and the protection of data stored. These elements include:

1. Reverse web proxy – This ensures that the actual address, mac address and server name are never available to anyone looking for the system. Reverse proxy routes requests for access/information to a designated router and from there the message is retrieved. Users never get direct access to the physical or virtual server where the data is stored.
2. Role based access – MiCare supports roles for administrator (master rights), super users (defined as a role that can create and administer accounts) and users. All roles require a valid user name and strong password.
3. Daily, weekly and monthly data backups with data backups also being tested.
4. Active firewall measures focused on stopping Denial of Service attacks and unauthorized access.
5. Data at rest protocols that prevent data from being viewed if access is breached.
6. Retaining patient release/permission forms that clearly delineate beneficiary responsibilities, risks and breaching procedures.
7. Active Logging of all access that is fully audited.

APPENDIX F

TEFT QUESTIONS AND ANSWERS

TEFT QUESTIONS & ANSWERS

1. What are the components of TEFT and does a state need to include them all in their proposal?

> While that was the case in the first issuance of TEFT in October, 2012, states do not need to apply for all TEFT components in this amended solicitation. Rather, states may participate in any one or more of the following TEFT components:
>
>   a. Field test a beneficiary experience survey within multiple CB-LTSS programs for validity and reliability;
>   b. Field test a "modified" set of CARE (Continuity Assessment Record and Evaluation) functional assessment measures for use with beneficiaries of CB- LTSS programs;
>   c. Demonstrate use of personal health records (PHR) with beneficiaries of CB-LTSS; and
>   d. Identify, evaluate and harmonize an electronic Long Term Services and Supports (e-LTSS S&I) standard in conjunction with the Office of National Coordinator's (ONC) Standards and Interoperability(S&I) Framework.[17]

2. Is it necessary for a state to apply twice for this grant – first in pursuit of a planning grant, and then with more specific proposals for the components they choose?

> All states are eligible to compete for a TEFT grant. Grants will be awarded using a competitive process, commensurate with the number and complexity of grant components selected and the TEFT resources available. It is possible that all or a subset of all the states will receive a planning grant. For example, CMS expects that if a state chooses to participate solely in the field test for the experience survey, the amount requested for the planning grant and the scoring would be considerably less than for a state that all four components .
>
> Once awarded, a state develops a detailed work plan and timeline and submits it to CMS. CMS will approve submitted work plans based on the criteria found in Appendix B. A state may not implement the work plan until CMS approves it. It is possible that not all states submitting work plans will be approved for implementation.
>
> CMS anticipates 15-20 planning grant awards. The maximum planning grant award will be no more than $500,000 per state, contingent on the scope of

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[17] More information is available at the Standards and Interoperability Framework website: http://www.siframework.org/

the grant components incorporated.

3. Will states be penalized for proposing only one component, particularly if scoring is based on quantity of components chosen?

> CMS will take into consideration both the quantity of components proposed as well as the number of grants needed to test the measures, demonstrate the PHR, and develop the e-LTSS standard. All of these factors will be taken into consideration in deciding awards.

4. Why is the timeline different for the experience survey?

> The experience survey is operating on a different timeline because it is already developed, and some testing is being completed now. TEFT will provide resources to complete the testing. This must be done within a short timeframe in order for the field testing to provide meaningful results and to meet the development and testing standards for endorsement and a CAHPS trademark.

5. When will technical assistance be available? Can states access TA during the planning grant?

> TA will be made available to states as soon as the planning grants are awarded.

6. The application instructions indicate that states participating in the PHR component will use PHRs as a vehicle for capturing CB-LTSS quality and provider information. Which PHR will the state be using for this purpose?

> LTSS experience survey and individual functional assessment information will be captured and housed in the iPHEMS. While the state specified PHR can also include the information, it is already captured in the embedded iPHEMS and accessible via the PHR administration Portal.

7. How will CMS assess the PHR and E-Long Term Services and Supports records (e-LTSS) as a means to improve care coordination, reduce overall health care costs, and explore the integration of health related data sources with LTSS. What does CMS mean by this?

> CMS is interested in understanding how states, providers and individual beneficiaries can improve care and decrease costs through a more integrated approach to reporting, collecting and disseminating information and treatment outcomes as captured within the PHR and e-LTSS record.

8. One of the components of the TEFT grant is to "pilot and test" an e-LTSS record

developed by CMS explicitly for providers and a PHR explicitly for beneficiaries. Please clarify.

> CMS will be working with ONC to identify, evaluate and harmonize an electronic standard for a LTSS record that can be used to capture and support provider generated information. The e-LTSS record will be subject to formal balloting and approval through a nationally recognized Standards Development Organization (i.e. HL7, CIMI, IHE) with the intention of using it widely within the system of CB-LTSS. The standards evaluation and harmonization process is a critical first step in enabling exchange of health and service delivery information to support beneficiaries

> A usage guide and data dictionary of available fields will be vetted through the S&I process. Throughout the S&I process, a "work group" made up of mixed stakeholders (states, providers, vendors and beneficiaries) will work within the S&I Framework to propose changes to the e-LTSS record and its associated fields. The e-LTSS record will be rolled out for use and testing. After some specified time (i.e. one year), the S&I process will re-evaluate and refine the e-LTSS record. Each iteration of the changes will be rolled out to the states and providers for assessment. A final standard or implementation guide will be balloted through a recognized Standards Development Organization (sdo).At the end of the demonstration grant, CMS hopes to have a nationally recognized e-LTSS standard, which will be more generally usable by the LTSS providers with accompanying data dictionaries and "implementation guides" focused on treatment modalities and outcomes in community based LTSS.

9. The TEFT grant provides states the opportunity to "provide training and support to the three principle partners and involved stakeholders – states, providers, and individual beneficiaries of Medicaid LTSS - to adopt and use e-LTSS record and PHR." What training and support will be included?

> > States may use grant funds to develop and implement strategies to train and support beneficiaries and stakeholders of Medicaid LTSS to adopt and use an e-LTSS record. This can include sponsoring and hosting trainings, developing materials, designating individuals to serve as resources, establishing a support network targeting state agencies, providers and or individuals, travel costs, meeting costs, etc…

10. The TEFT grant indicates that state's may use grant funds to promote HIT by providing resources in several areas –supporting a state's HIT Coordinator, connecting the HIE to LTSS providers; developing an HIE Strategic Plan, and incorporating LTSS records into the state's HIE." Please clarify.

CMS understands that states may not yet have a strategic or work plan to incorporate LTSS providers into the states HIE initiatives. CMS will allow states to use the grant to develop and approve a plan to reach out and incorporate LTSS providers, and to develop an infrastructure and work plan within the state to accommodate these providers into HIE activities.