DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services (CMS)

Initial Announcement
Invitation to Apply for FY2012

Patient Protection and Affordable Care Act
Section 2701

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

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

CFDA: 93.627

Applicable Dates:

Applicant's Teleconferences: Thursday, September 6, 2012 from 2:00 – 4:00 pm (EST)

Call in Phone Number**: 877-267-1577 ID – 1875**

Notice of Intent to Apply: September 11, 2012

Electronic Grant Application Due Date: October 22, 2012

Anticipated Issuance of Notice of Awards: November 30, 2012

Grant Period of Performance: December 3, 2012 through December 2, 2016

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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:	Demonstration Grant for Testing Experience and Functional Tools (TEFT) in Community-Based Long Term Services and Supports (Patient Protection and Affordable Care Act Section 2701)
Announcement Type:	Initial
Agency Funding Opportunity Number:	CMS-1H1-13-001
Catalog of Federal Domestic Assistance (CFDA) Number:	93.627

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I. Funding Opportunity Description

Purpose and Statutory Authority

This demonstration grant award is intended to further adult quality measurement activities under Section 2701 of the Patient Protection and Affordable Care Act (ACA)[1] . As such it tests and evaluates new measures of functional capacity and individual experience for populations receiving community-based long term services and supports. In addition, this opportunity will fund the development, use, and evaluation of electronic personal health records for these beneficiaries.

A central component to the CMS strategy for implementing Section 2701 is to support state Medicaid agencies in collecting and reporting on the adult core measures. Many states are in the midst of retooling their data systems for a number of purposes. The addition of the adult core measures to this process provides new challenges and opportunities for CMS and the states. The overall vision for this work includes four primary goals and related activities 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: The initiative is also consistent with:

1. Field test an experience survey on multiple Community-Based Long Term Services and Supports (CB-LTSS)[2] programs for validity and reliability;
2. Field test a "modified" CARE (Continuity Assessment Record and Evaluation) functional assessment tool for use with beneficiaries of CB-LTSS programs;
3. Demonstrate personal health records with beneficiaries of CB-LTSS; and
4. Curate an electronic Long Term Services and Supports (e-LTSS) standard in conjunction with the Office of National Coordinator's (ONC) Standards and Interoperability Framework. [3]

Grant applicants will realize these four primary goals with the help of a national technical assistance contractor with whom CMS will contract to provide technical assistance in the areas of measurement and e-health. The technical assistance contractor will also collect the first two rounds of data. In addition the demonstration program will be evaluated by a national evaluation contractor. While this solicitation is primarily intended to test and make available new adult quality measures (i.e. Experience of Care survey tool and a "modified" CARE functional assessment tool) for use in Medicaid CB-LTSS, participating states will use web-based Personal Health Records (PHRs), subject to beneficiaries' permission, as a vehicle for capturing, testing and reporting on CB-LTSS experience of care and functional assessment information. The demonstration will develop and test standards for an e-LTSS record which will be used by providers to capture CB-LTSS service delivery information

[1] The Affordable Care Act can be found at the following web site: http://www.healthcare.gov/law/resources/authorities/patient-protection.pdf

[2] For purposes of the 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,

[3] See this link for additional information: http://www.siframework.org/

accessible by the individual in a PHR. States will not have to develop PHR software nor "re-do" any of their current Information Technology (IT) systems and /or programs. Rather, states can adopt a PHR model of their choosing (i.e. state developed or off-the-shelf), using grant funds to customize and connect the PHR with the e-LTSS record and state IT systems. What is more, stakeholders, including beneficiaries, must be included in the state's process to plan, customize and implement the PHR.

Background

This solicitation represents one element of a considerably larger approach to Section 2701 of the Affordable Care Act which deals with 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. This solicitation, as one component of the Section 2701 work, advances the development of two national, rigorously tested tools that can be used across all beneficiaries using CB-LTSS.[4]

The Demonstration Grant for Testing Experience and Functional Assessment Tools (TEFT) presents a unique opportunity for states to leverage and integrate other opportunities available under the Affordable Care Act. For example, several provisions provide new and expanded opportunities to serve more individuals in CB-LTSS settings and concurrently address the quality of those services and supports. Grant applicants are encouraged to use the PHR to collect information for any of the other Affordable Care Act provisions that include the collection and use of health care quality information, such as the requirement for outcome measures under the Balancing Incentive Program (Affordable Care Act Sec. 10202). States may also benefit from integrating and aligning the efforts of this Grant Program with other IT efforts related to the American Recovery and Reinvestment Act (ARRA) and Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH)[5] funding.

[4] Other efforts underway in Section 2701 include the release of an initial core set of adult quality measures, development of a reporting structure, and additional grants to test under-represented measures for target conditions and populations.

[5] Health Information Technology for Economic and Clinical Health Act of 2009 (The HITECH Act) passed as part of the Recovery Act, allocated billions of dollars 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).

To realize the goals of this Grant program, a grant applicant is required to include the following key components in the demonstration:

Program Requirements

1. Field test an experience survey for validity and reliability on multiple CB-LTSS programs, and a functional assessment tool with beneficiaries of CB-LTSS programs.

    - Each grant applicant must propose at minimum two CB-LTSS programs for participation in the field test, though states are encouraged to submit three. 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, Grant applicants must provide the contractor a sample from each participating HCBS 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 two rounds of data using the sample provided. In addition, grant applicants are expected to complete one round of data collection by the end of the grant period.
    - The grant applicant must ensure the CMS contractor has access to survey participants in order to collect information for the field test.
    - The grant applicant must solicit permission and all related documentation necessary to adhere to all CMS privacy provisions pertaining to collecting patient identifiable data from the sample of individuals over the grant period. Privacy provisions and requirements will be provided to the grant applicants by the contractor after CMS issues awards, and may include items such as a “Choice of Participation” form and a “Permission to Collect Patient Identifiable Data” form as they relate to the Experience of Care Survey Tool and or Functional Assessment.
    - The grant applicant will assure that all applicable service providers support individuals and/or their staff to participate in the three rounds of data collection (i.e. access to participants, support as needed, outreach to private providers).

2. Use a PHR containing the following required minimum interoperability requirements:

    - The PHR should be capable of receiving one of these document formats: Clinical Document Architecture (CDA), or Consolidated CDA (CCDA). CMS would prefer grant applicants use CDA or Consolidated CDA since they are generally more searchable and robust.

- At minimum, PHRs should be able to receive HL7 v.2.5.1 messages which could be converted to a CDA/CCDA format in order to display the information. CMS recommends that PHRs not be tethered to a system (such as a PHR that can only receive and view data from one electronic health record (EHR) vendor). PHRs must be able to receive and display the completed surveys from the administrators of the survey. Style sheets/guides can be provided but the PHR must be able to persist[6] the surveys. That PHR will be either a state sponsored and developed PHR or an off-the-shelf PHR such as Microsoft Health Vault using either DIRECT or The Exchange, SOAP-Based Secure Transport RTM (Requirements Traceability Matrix) version. Realizing that the NwHIN/VLER (Nationwide Health Information Network/Virtual Lifetime Electronic Record) 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).

3. Employ and disseminate the PHR in the following ways:
    - Individuals will have access to their own PHR that includes information entered into an e-long term services and supports record by the CB-LTSS providers. The e-long term services and supports record is generated by CB-LTSS providers to record service delivery information provided to individual beneficiaries.
    - States will have the option to include additional information in the PHRs such as individual budgets, staff schedules, team member contact information, domains promulgated by the Secretary under Section 2402(a) of the Affordable Care Act, and other pertinent subject matter.

      NOTE: State sponsored and or developed PHR's may already have the functionality that includes these enhancements. These enhancements to the PHR (self-entered information) will increase value to the end-user.
    - Applicable providers are equipped to train and support individuals to access and use their PHRs through an outreach and training strategy.

4. Test an e-LTSS record. As stated in # 3 above, the e-LTSS record is the record of services delivered to an individual with the provider outcome added. The standards for the record will be developed by Health and Human Services Office of the National Coordinator (ONC) through the Standards and Interoperability framework for use by grant applicants, with potential for adoption by the larger CB-LTSS community. Providers will test the e-LTSS record by entering data into a CMS provided web-portal. This web-portal will host the e-LTSS records. For

[6] Persist refers to the characteristic of information or a state of data that outlives the process that created it.

a more detailed description please refer to Appendix D of this funding opportunity announcement.

- Grant applicants are required to develop a strategy in their initial operational protocol to integrate health related information through the use of HIT (Health Information Technology). This strategy is intended to engage eligible Meaningful Use (MU) providers/ professionals serving beneficiaries to integrate information from their EHRs into a beneficiary's PHR.
- In order to securely send and receive information by providers, beneficiaries, and state agencies, a grant applicant must indicate which protocol they are going to use:
    - Direct protocol 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.

  Both can be included and grant applicants can specify which is most appropriate to achieve alignment with a State's Health Information Exchange (HIE) or HIT implementation.

- Grant applicants will ensure the availability of at least three to five participant/ stakeholder volunteers for the S&I (Standards and Interoperability) work group for the duration of the grant (i.e. provider, beneficiary, Service Coordinators, state staff, etc.). The work group volunteers can expect to spend on average upwards of four hours per week per person on the development of an e-LTSS standard, depending on the schedule of the work groups and the plan adopted by the work group under the guidance of the S&I Framework.
- Grant applicants are required to establish an outreach and training strategy to ensure applicable providers are using the e-LTSS record according to prescribed procedures.
- Grant applicants must require CB-LTSS providers serving individuals within this demonstration to enter information in the e-LTSS record based on standards developed through the S&I Framework. At least two iterations of the e-LTSS record will be rolled out to states and their providers for testing throughout the demonstration.
- Grant applicants will be required to develop a crosswalk between each version of the e-LTSS record and the state's existing standards for service plan development and reporting of applicable service plan information by the CB-LTSS provider.

As a result of participation in the demonstration, Grant applicants can expect the following:

- Participation in the development and testing of the CARE functional assessment tool currently used in Medicare. The CARE tool can provide states with an instrument to assess functional status of all eligible HCBS beneficiaries and can be used to address other provisions of the Affordable Care Act including Health Homes, Balancing Incentives Program, and eligibility determinations for Non-MAGI (Modified Adjusted Gross Income) individuals.
- Participation in the testing and further development of an HCBS Experience of Care survey tool. CMS expects to pursue a trademark for including the experience survey with the family of tools known as "Consumer Assessment of Healthcare Provider and Systems" (CAHPS). Once the HCBS experience survey tool receives the CAHPS trademark, it will join the family of CAHPS tools used in federal government programs, allowing states limited cross-program comparisons of experience of care.
- Access to real-time feedback on the impact of supports and services. Increased access to health services information is expected to improve overall efficiencies in health care delivery and may reduce overall state costs.
- Implement an e-LTSS record with CB-LTSS providers, and understand the impact on overall health care costs as a result of the integration of a variety of data sources extending beyond medical records. The primary goal for using an e-LTSS record is to further adult quality measurement for Medicaid populations served in LTSS programs.
- Contribution to the development of a national e-LTSS standard to be used by grant applicants and the CB-LTSS providers.
- Use of a nationally tested functional assessment and experience of care surveys across all HCBS populations.
- Opportunity to expand and build capacity for the use HIT within the CB-LTSS system.

I.A. Affordable Care Act Provisions Related to the Grant Demonstration

The use of standardized tools in this demonstration enables states to leverage these activities with other provisions of the Affordable Care Act, providing an opportunity to demonstrate how LTSS beneficiaries and providers can benefit from improved information exchange. Some Affordable Care Act provisions that can be leveraged with this demonstration 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 of care and functional assessment information.

Health Homes for Enrollees with Chronic Conditions Section 2703 - added Section 1945 to the Social Security Act (the 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;
- Referral to community and social support services.

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 of care of the individuals within health homes. The TEFT provides the resources to meet the Experience of Care requirement.

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 (CFC Option), through section 1915(k), a new provision of the Act effective October 1, 2011. 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 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 substantial resources 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 qualities of life and functional status.

Beyond TEFT- The Use of Additional Quality Measures: States may, at their discretion, choose to collect additional quality measures using the PHR platform.

Specifically, when states use measures associated with any of the Affordable Care Act provisions it will result in additional scoring for these efforts. For example, a state may wish to consider also using the adult quality measures core set as described in the Affordable care Act, Section 2701.

Grant applicants are expected to complete Tables A and B in Appendix A when incorporating other provisions. In Table A grant applicants must provide the status of present state grant activities pertaining to other Federal grants in which they are participating, including but not limited to provisions of the ACA and the American Recovery and Reinvestment Act of 2009 (ARRA), and the Deficit Reduction Act (DRA) as they relate to activities conducted under this demonstration. In Table B states describe the integration with the provisions identified. *NOTE: These completed Tables may be used as an Appendix in the grant applicant proposal and will not be counted against the total page limit.*

I.B. Demonstration Operational Elements

CMS will offer a total of approximately $45 million to up to ten qualified state grant applicants. Each grant applicant will be awarded up to $1,000,000 per year over four years through a competitive process. Grant support beyond Year One will be awarded to grant applicants on a noncompetitive, continuation basis as long as required terms are followed, information is submitted, and funds are available. *NOTE: States are expected to submit to CMS an Operational Protocol (OP) which must be approved by CMS before the state can receive and expend Year Two funds.*

CMS will accept one completed application from each state. The single state Medicaid Agency (SMA) must be the lead applicant. In making awards, CMS will give preference to states using programs that contain a self-directed service delivery model[7], managed care service delivery model, multiple special populations or target groups, and programs that implement other provisions of the Affordable Care Act. The number of demonstration grants approved by CMS will depend on the scope and quality of the applications received and the TEFT resources available.

I.B1. Quality Assessment Tools

As indicated, grant applicants will test the collection of two pre-specified assessment tools: (1) An experience of care (EoC) tool presently being developed and tested by CMS to meet the criteria for the CAHPS trademark[8], and (2) a functional assessment tool for beneficiaries of CB-LTSS - the modified CMS Continuity Assessment Record and Evaluation (CARE) tool**.** Specific requirements of this grant program are described under the "Funding Opportunity" section of this grant solicitation. Data collected from the tools will be hosted on servers run and operated by the Department of Defense (DoD).

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[7] For more information on the self-directed service delivery model, please refer to the "1915(c) Waiver Application" , Appendix E, and accompanying materials" at: https://www.hcbswaivers.net/CMS/faces/portal.jsp

[8]. The HCBS Experience of Care tool is in line with CMS's response to measures based on the National Quality Strategy. The revised tool is developed to conform with AHRQ guidelines for CAHPS trademark.

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. There are multiple CAHPS tools used with a variety of healthcare providers and programs. The Agency for Healthcare Research and Quality (AHRQ) is the body that provides the trademark for CAHPS Experience of Care survey tools. This demonstration grant will test a related experience of care tool that addresses CB-LTSS. After two rounds of testing the HCBS Experience of Care survey tool, CMS will submit it to AHRQ and the CAHPS consortium for a CAHPS trademark.

Continuity Assessment Record and Evaluation (CARE) tool. The CARE tool 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 tool is intended to be used with individuals across various provider settings (including individuals living in their own home), service delivery models, and population groups. This grant program will create a new functional status assessment tool (i.e. "modified" CARE tool for use on Medicaid CB-LTSS populations). In developing the existing CARE tool 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 (TJC, 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. In the TEFT demonstration states will collect functional status information using a subset of items from the CARE tool modified for CB-LTSS populations.

Once field tested, the functional assessment tool and the experience survey will provide states with two rigorously tested tools for use across all beneficiaries of CB-LTSS. Both tools may be modified based on the results of the field testing process.

I.B.2. Data Collection

Grant applicants will be responsible for identifying a representative sample of individuals, according to the sampling specifications provided (specific details can be found in Appendix B). 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.

A total of two rounds of testing for both the experience of care survey and the functional assessment tool will be conducted by the TA contractor (Note: a third round of testing is expected to be completed by the state grant applicant). The first round of testing will occur within the second half of 2012. The second round of data collection will be approximately one year later. Data collection in the first two rounds will be conducted by the TEFT Technical Assistance (TA) Contractor. In addition, the grant applicant is expected to build in the costs associated with a third round of data collection during the grant period, likely in the final year of the demonstration.

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. 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 grant applicant 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. Grant applicants and contractors will also need to ensure that HIPAA privacy and security protections as well as state privacy and security requirements are addressed. Linking information across various information sources is a critical part of this demonstration - to ultimately allow for case-mix adjustment, discriminate program impact on survey results (e.g. comparing experiences of individuals in agency model vs. self-directed programs), and efficient data exchange and integration with Meaningful Use-Eligible Professionals (MU-EP) as able, through the state's HIE. Additional scoring will be given for this integration.

I.B.3. Demonstration Technical Elements

To sum up, grant applicants are required to adopt and implement a PHR, test an e-LTSS standard, and field test the EOC (Experience of Care) and functional assessment tools. In addition, grant applicants are expected to implement best practices and adhere to all federal and state laws as they pertain to privacy and security of patient health information. For a list of terminology and definitions used in this Section, see Appendix C (e.g. HIE, PHR, EHR, HL7, CDA , Consolidated CDA , CCD, NwHIN, The HITECH Act , S&I Framework, etc).

E-Long Term Services and Supports Record

In collaboration with the Office of the National Coordinator (ONC) for Health Information Technology at the US Department of Health and Human Services and specifically the Office of Standards and Interoperability (OSI), CMS will develop a new standard for health related records to include applicability within the human services field for long term services and supports, referred to as e-LTSS. Grant applicants will be required to provide volunteers to participate in the development of this new standard with the OSI. Because of the iterative nature of a new standard development, grant applicants 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 on a continuing basis.

Field Testing Development and Testing of e-LTSS Standards. In Year 1 of the grant, CMS will work closely with ONC's S&I Framework team to curate standards for an e-LTSS record which will have applicability to the field of human services as it relates to CB-LTSS. 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 developed 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 development of subsequent iterations of the e-LTSS standard.

The Health Level Seven International (HL7), a non-profit Health IT standards developing organization, will formally establish and develop standards for an e-LTSS record based on data and testing done through the TEFT grant. After one round of testing an e-LTSS standard with states, providers, and beneficiaries, HL7 will review and analyze the results and establish version one of an 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. Any resulting changes in the e-LTSS standard will be balloted through HL7. By the end of the grant period, an established e-LTSS standard will be available for use by states' vendors, and CB-LTSS providers for beneficiaries.

Sampling Methodology

For testing the experience survey, the unit of analysis is one 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) for individuals with LTSS needs. Grant applicants will be required to develop an initial representative sample for each participating program according to specifications provided by CMS. Further details related to sampling expectations are described in Appendix B, Field Test Specifications. Technical assistance in identifying the sample will be provided by the TEFT Contractor (s).

The same individuals will be used for testing both the experience survey and the functional assessment tool. Each grant applicant will identify at least two CB-LTSS programs for participation, each serving different population groups[9]. While two programs would be minimally acceptable, the grant applicant is encouraged to test in three programs, and will be scored higher for including three or more programs.

Through a TEFT contractor, CMS will develop sample calculations specific to each grant applicant and its programs. For each participating LTSS program, the grant applicant will provide a random sample of approximately 600 program participants (which includes an oversample to account for non-respondents) to yield an adequate sample of 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.

Personal Health Record

The PHR is a tool that is accessible to and under the control of the beneficiary. It serves as a person-centered health record, informing and integrating healthcare. Specifically, grant applicants must ensure the completed CARE functional assessment tool is viewable in the individual's PHR**.** In addition, each individual PHR 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. 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, the individual may be able to share specific PHR information with service providers who otherwise would not have access to the information.

Grant applicants are required to work with DoD on use of the PHR. Grant applicants can expect the DoD will provide the following support activities:

- Use of a DoD data broker - which provides for PHR interoperability to grant applicants in the hosting and collecting of data for individuals on the EoC Survey and the Functional Assessment tool;
- A web portal - to capture multiple rounds of data for the functional assessment and EoC tool. The portal will be the "backbone" of data collection and reporting on these tools.

[9] This number of programs is necessary in order to support unit-level factor analyses and to provide a reliable estimate of the between-unit variance that can be expected in the actual use of the survey.

- Embedded functionality within the DoD PHR Data broker system - to allow individuals to view the results of their functional assessment and aggregated responses from the program on the EoC tool in their PHR;
- Storage and analysis of data elements - eventually resulting in the creation of an S&I data dictionary of acceptable elements and standards. (Once appropriately vetted, these standards result in an implementation guide to support the development of the e-LTSS standard);
- A framework – enabling providers within each state to enter and capture the e-LTSS record using standards in an interoperable format to be determined (e.g. Continuity of Care Document (CCD);
- Technical assistance - in developing grant applicant systems, standing up their web-portals and making the e-LTSS record data interoperable with the interoperable PHR data broker system where the Functional Assessment and EoC Tool data will be housed.

Grant applicants will be required to provide the following PHR-related information within their application:

- Specify whether using a commercially developed PHR such as Health Vault or a state sponsored and developed PHR.
- Describe and specify what privacy and security safeguards and standards they have implemented or plan to implement to facilitate secure transmission and storage of data, including educating beneficiaries on the privacy and security features of the PHR and how to safeguard their PHR.
- Identify the health information source applications records that are feeding into the PHR. 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.
- If state has not already implemented a PHR solution, include a plan and timeline in the operational protocol around the development of a PHR Grant funds can be used toward the development of this plan.
- Indicate whether the state is currently using a PHR and whether state sponsored PHRs are able to use and receive one of these document formats: Clinical Document Architecture (CDA), or Consolidated CDA. The PHR should be able to receive HL7 v.2.5.1 messages which could be converted to a CDA/CCDA format in order to display the information . The PHR should be able to receive and present the surveys/questionnaires gathered as a part of this pilot program. Style sheets/guides can be provided however the PHR must be able to persist the surveys.
- 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 any concerns or problems related to how people will access their PHRs, including state laws that may impact HIE and HIT and/or access to information.
- 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 2-4 to support uptake and usage of the e-LTSS record based on developed standards. Further clarification around the monitoring and measuring of uptake and usage will be provided through a CMS contractor.

DoD Information Personal Healthcare Exchange Management System (iPHEMS)

Many federal agencies administering health care programs use PHRs. Of those used today by federal agencies[10], the DoD Military Care (MiCARE) has made considerable strides in developing and using a data broker for PHRs, which provides for interoperability of those PHRs. For this reason CMS has chosen to adopt DoD's iPHEMS, an open ended architecture solution with the ability to interface with any number of PHRs and has an open ended front-end (i.e. web portal) solution. The iPHEM will be customized for use by the grant applicants, providers, and individuals in CB-LTSS programs. Each PHR will hold the aggregated beneficiary's responses to the CB-LTSS experience survey and the individual beneficiary functional assessment information. Grant applicants can choose from one of two options based on the advancements, developments and expenditures a state already made in implementing a PHR and/or a customer-facing interface and internal interface with states' HIT system**.** Each option is designed to leverage and build upon existing initiatives already underway within a state. The choices of options grant applicants have within the demonstration relative to the PHRs include the following:

- Level 1 - CMS will provide the grant applicant with the choice of using the PHR capacity embedded within iPHEMS while augmenting it through an off-the shelf PHR such as HealthVault. The DoD will host the Web-Portal at the back-end. DoD Pilot web portal is already configured to exchange information with multiple commercially developed PHRs. The advantages of using this option is the minimal need for scalability, and easy migration to any future-developed, pre-specified state PHR;

  or

- Level 2 – The grant applicant may use its own developed/sponsored PHR. The DoD will host the Web-Portal at the back-end which will also link to a state's developed/sponsored PHR. This option allows a highly customized user-interface and builds on a state's existing efforts in the development and implementation of a state-sponsored PHR.

[10] See "APPENDIX D Government Agencies Using Health PHRs" for more information about the application of personal health records in Federal agencies.

A state's financial proposal should 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 offset awards to specific states. Budget projections therefore should be realistic and take into account the work required for customization.

There are three critical matters grant applicants must consider with regard to PHRs. First, every state will have its own portal to the DOD platform. State grant applicants will be responsible for ensuring PHRs are capable of receiving one of these document formats: Clinical Document Architecture (CDA), or Consolidated CDA which are preferred because they are much more searchable and rich in information. Second, PHRs should be able to receive HL7 v.2.5.1 messages which could be converted to a CDA/CCDA format in order to display the information. Third, PHRs should be able to receive and present the surveys/ questionnaires gathered as a part of this pilot program.

Within the first month after award, the state grant applicant will need to submit a state logo, which will be used in the state web portal. The state grant applicant 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 interoperability requirements.

Patient privacy and HIPAA compliance will be assured through the Data Use and Reciprocal Sharing Agreement (DURSA) between CMS and DoD. The DoD configuration uses several measures to ensure privacy and the protection of data stored. These measures 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 – iPHEMS 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 back-ups 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.

State grant applicants already linking to EHRs can provide technical specifications to DoD, who will customize the web-portal to interface with the PHRs. In any case, the DOD iPHEMS portal PHR will be the platform for collecting, entering, and storing the completed tools.

Health Information Exchanges

Improving the U.S. health care system requires the simultaneous pursuit of the following priorities - (1) improving the experience of care, (2) improving the health of populations, and (3) reducing per capita costs of health care. These priorities are significantly driven by the effective deployment and use of HIT, including Health Information Exchanges (HIEs). The State Health Information Exchange Cooperative Agreements Program (IECAP) is designed to promote HIE that will advance mechanisms for information sharing across the health care system. The overall purpose of this program is to facilitate and expand the secure electronic movement and use of health information among organizations according to nationally recognized standards. The TEFT demonstration grant can build on and leverage this work by providing states with an opportunity to extend their State HIE Cooperative Agreement Program, demonstrating how LTSS beneficiaries and providers can benefit from improved information exchange.

Grant Summary Timeline

Given the technical elements of this demonstration grant, the grant applicant is expected to advance and coordinate activities in a particular sequence to assure the success of the respective grant tasks. For that reason the following Timeline-at-a-Glance is provided. Grant applicants are expected to adhere to the timeline to the extent possible, and reflect this sequencing of activities in the OP. Directions related to the Operational Protocol (OP) can be found in Appendix G.

Year One:
In the first eight weeks following award, grant applicants are required to submit to CMS a Draft OP. The OP finalizes the application package by detailing the key demonstration objectives, sequence, and timeline of all proposed demonstration activities. The Draft OP is expected to address in detail how the state will meet the following TEFT objectives:

- All of the key operational elements included in this solicitation must be addressed within the Draft OP for an application to be considered complete.
- In the first six weeks following award, grant applicants are required to provide CMS or its designee, a de-identified list of a specified sample of all participants within each participating program (e.g. in a waiver serving 2195 persons each individual can be assigned a number 1-2195). The grant applicant must provide base demographic and other requested information on each of the sample participants.
- The Contractor will conduct 2 rounds of survey implementation of both tools, the EoC tool and the functional assessment tool, and enter survey results into the CMS specified web-portal.
- Each grant applicant will put forward 3-5 stakeholders to work within ONC's S&I framework workgroup to develop an e-LTSS standard for use in an e-LTSS record.
- Each grant applicant will begin an outreach and training campaign to beneficiaries, family members, guardians, CB-LTSS providers, and other MU providers that address group specific use cases around personal health records,

use of an e-LTSS standard and associated record, and other electronic health records.

Year Two:

- The S&I workgroup will develop and begin testing an e-LTSS standard to be used by CB-LTSS providers. Some information collected will be viewable by individual beneficiaries in their PHR.

Years Two through Four:

- The S&I workgroup will produce two additional iterations of the e-LTSS standard and associated record.
- The e-LTSS standard will go through formal balloting (i.e. HL7) and standards development.
- Providers of CB LTSS will incorporate each iteration of the revised standard.

Year Four:

- States will directly engage in the third round of survey implementation (i.e. the EoC tool, and the functional assessment tool.)

I.B.4. Technical Assistance and Evaluation

CMS will issue two Requests for Proposals (RFP) – one for a TA contract and one for an Evaluation contract - to support grant applicants' efforts in the demonstration. Once awarded, the TEFT demonstration will operate simultaneously with the TA and evaluation contracts throughout the demonstration period.

Technical Assistance Contract

CMS will contract with a TA Contractor that is expert in HIT and CB-LTSS measurement to provide the support and expertise necessary to enable the grant applicants to work through the grant implementation. The TEFT Contractor, along with support from CMS staff are available to ensure success. While the grant applicant is expected to work in partnership with the TEFT TA contractor, it is the contractor that will conduct the two rounds of data collection for the field testing.

The TEFT TA contractor and the grant applicant will also access individual-level administrative data on program participants during the demonstration period. This information will interface with the collected data from this grant and official administrative records. Use and access to this 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 of 1996. CMS will have a DURSA in place with DoD on the collection and use of this 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 EoC survey will only be presented and viewed in an aggregate de-identified format.

The TEFT Contractor will maintain a "single entry point" for grant applicants to initiate TA. The 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 national TA contractor will also host a website that functions as a vehicle for resource dissemination and information exchanged between the technical assistance team, the grant applicants, 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.

Technical assistance 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.

Evaluation Contract

CMS will engage a National Evaluation Contractor to evaluate the TEFT demonstration. The National Evaluation Contractor will include both qualitative and quantitative methods in the evaluation, and assess whether the demonstration program has met its goals to (1) effectively test the experience of care and functional assessment tools, (2) utilize a PHR in LTSS as a vehicle to use their PHR information and to create an infrastructure using the PHR to capture and collect measures through community-based LTSS providers, and (3) collect and interface individual level information with other state HIT and/or HIE systems.

The evaluation will also address the impact of the demonstration and the grant applicants' 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 and HIEs); (2) evidence of improved coordination and efficiencies in the CB-LTSS system; (3) experiences of the beneficiaries and providers; (4) utilization of the PHR 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 MU 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.

Grant applicants 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.

Grant applicants 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 anticipates awarding ten demonstration grants under this FOA. The potential total funding for this initiative is $45 million. Each of the ten grant applicants may be awarded up to $4.5 million over the four year duration of the project. Funding will be awarded in one-year budget periods.

II.B. Grant Program Duration and Scope

The grant project period of performance is December 3, 2012 to December 2, 2016. State applicants have the flexibility to propose the scope and focus of their demonstration program within that timeframe. Once awarded, the grant applicant may receive a continuation award based on a noncompetitive process. The grant project period consists of four, one-year budget periods:

Budget Period 1. December 3, 2012 – December 2, 2013
Budget Period 2: December 3, 2013 – December 2, 2014
Budget Period 3: December 3, 2014 – December 2, 2015
Budget Period 4: December 3, 2015 – December 2, 2016

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 obligations under this grant CMS may rescind the grant award - including all un-obligated balances - and issue the unspent grant funds to other projects or withhold supplemental funding until the necessary benchmarks are met.

III. ELIGIBILITY INFORMATION

III.A. Eligible Applicants

Any single 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 SMA in the implementation of this demonstration program. The SMA 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 authorized designee 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 applicants must have a valid Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN) assigned by the Internal Revenue Service.

Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS number): All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number in order to apply. The DUNS number is a nine-digit identification number that uniquely identifies business entities. Obtaining a DUNS number is free. To obtain a DUNS number, access the following website: www.dunandbradstreet.com or call 1-866-705-5711. See Section IV, Application and Submission Information, for more information on obtaining a DUNS number.

Central Contractor Registration (CCR) Requirement: All applicants must provide DUNS and EIN numbers in order to be able to register in the Central Contractor Registration (CCR) database at www.ccr.gov. Applicants must successfully register with CCR prior to submitting an application or registering in the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) as a prime awardee user. See Section IV, Application and Submission Information, for more guidance on CCR registration. Prime awardees must maintain a current registration with the CCR database, and **may make subawards only to entities that have DUNS numbers**. Organizations must report executive compensation as part of the registration profile at www.ccr.gov by the end of the month following the month in

which this award is made, and annually thereafter (based on the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170)). See Section VI, Award Administration Information, for more information on FFATA.

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.

Grant applicants must submit their applications electronically through http://www.grants.gov**.** A complete electronic application package, including all required forms for this demonstration 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 Karen.Johnson1@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 Dun and Bradstreet (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. Obtaining a DUNS number is easy and free. 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 Central Contractor Registration (CCR) database in order to be able to submit the application. Applicants are encouraged to register early, and must have their DUNS and EIN numbers in order to do so. Information about CCR is available at http://www.ccr.gov. The Central Contractor Registration process is a separate process from submitting an application.

  The CCR process can take a substantial amount of time to complete. Therefore, applicants should begin the CCR registration process as soon as possible after the announcement is posted to ensure that it does not impair

your ability to meet required submission deadlines.

- 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 CCR before entering their profiles in Grants.gov. **Applicants should complete this process as soon as possible after successful registration in CCR 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-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 organization's 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:
    - CCR registration cannot be located and validated
    - CCR 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 Central Contractor Registration (CCR). You can register with the CCR online; registration will take about 30 minutes to complete (http://www.ccr.gov). **Failure to renew CCR 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 22, 2012 at 3:00 p.m. Eastern time.

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 Central Contractor Registration (CCR), registering as an Authorized Organizational Representative (AOR), obtaining an Employer Identification Number (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 Karen.Johnson1@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

Each application must include all contents described below, in the order indicated, and in conformance with the following specifications:

- Use 8.5” x 11” letter-size pages (one side only) with 1” margins (top, bottom, and sides). Other paper sizes will not be accepted. This is particularly important because it is often not possible to reproduce copies in a size other than 8.5” x 11”.
- All pages of the project narrative must be paginated in a single sequence.
- Font size must be no smaller than 12-point with an average character density no greater than 14 characters per inch.
- The narrative portions of the application must be DOUBLE-SPACED including charts and tables, and not more than 75 pages in length.
- The project abstract is restricted to a one-page summary which may be single-spaced. The abstract is often distributed to provide information to the public and Congress, so it should be clear, accurate, concise, and without reference to other parts of the application. Personal identifying information should be excluded from the abstract.
- Applications should not include more than 30 pages of supporting material (e.g., documentation related to financial projections, profiles of participating communities and/or practices, letters of endorsement from professional/collaborating associations).

Required Documents

Project Narrative

IV.B.1. Design of Grant Program

The grant design proposal must address two major components (1) the testing of functional assessment and experience of care tools for Medicaid beneficiaries of CB-LTSS, and (2) the electronic PHR platform for housing completed tools and exchanging information. Below is a list of required content that must be included in the grant proposal.

Operational Protocol

While not required with the grant proposal, if awarded, the grant applicant must develop a detailed operational protocol (OP) based on the requirements in this Solicitation. Appendix G - Operational Protocol - further details the content requirements for the OP. Subsequent grant awards will be contingent on CMS approval of the OP.

Health Information Technology

Grant applicants must describe and demonstrate that there is adequate IT capacity to conduct the work of the demonstration. Specifically, the grant applicant must describe the current status of its HIT in order to implement personal health records, including the level of inter- and intra-agency involvement in improving the integration and coordination of LTSS IT systems. Grant applicants will be required to adopt a PHR for beneficiaries receiving Medicaid CB-LTSS. Data collected in the experience of care and functional assessment tools must be incorporated into the PHR. If grant applicants choose to and are able, they are encouraged to coordinate the PHR with existing state HIT systems. Each participating beneficiary must have access to their PHR. Additionally, states are expected to integrate the PHR activities into the existing HITECH and ACA provisions to create a seamless, well-coordinated IT infrastructure.

Access

The grant applicant must describe how data collectors will have access to the data necessary to test the measures. Specifically, in addition to having access to the individual, grant applicants will need to arrange for a location of the individual's choice to conduct the survey, provide access to the data that is housed in the personal health record, and make available administrative data on sampled participants' demographics and service plans for analytical and case mix purposes when these data are available. States are expected to have a privacy and security plan in place that details risk mitigation strategies that safeguard data in compliance with HIPAA Privacy and Security Rule and any applicable state laws. States must, in accordance with HIPAA, have business associate agreements in place with the data collectors and any contractors that have access to the data as part of their contractual requirements. These privacy and security plans are in addition to those privacy provisions and requirements which will be provided to the grant applicants by the contractor after CMS issues awards.

Sample

Grant applicants are required to follow a specified sampling methodology to obtain a sample of individuals using CB-LTSS. Because this demonstration is intended to provide needed rigorous testing of two survey instruments, implementation of the sampling methodology is a critical component to realizing success related to this requirement. The details of the sampling methodology are provided in Appendix B of this document. The sample must identify multiple diverse populations of individuals using CB- LTSS, including special populations such as traumatic brain injury, HIV/AIDS, mental disorders, and chronic conditions.

Stakeholder Involvement

Grant applicants are required to involve stakeholders in the development and implementation of the demonstration, and ensure the involvement of stakeholders throughout the life of the demonstration. The state must include CB-LTSS providers in the development and implementation of the grant to test and use the PHR for documenting services delivered.

IV.B.2. Administration and Organization

The proposal must include a description of the organizational and structural administration that will be in place to implement, monitor, and operate the demonstration. A lead State employee for the grant must be identified. The tasks to be conducted by State and contracted components also must be described.

IV.B.3. Staffing Plan and Budget

<u>Staffing Plan</u>
Grant applicants must have adequate staffing to conduct the work of the demonstration. Specifically, grant applicants must designate a Project Director for the demonstration for the duration of the grant to oversee and direct all the activities of the grant program. Additionally an individual must be assigned to coordinate the demonstration with the state's HI-TECH/IT, HIE activities, and implementation of any of their Affordable Care Act programs to the extent a state is able to. These may be the same or different people so long as there is a lead point of contact responsible for the respective activities.

The applicant must provide a preliminary staffing plan with the following key components addressed:

- Organizational Structure: Provide an organizational chart that describes the entity responsible for the management of this grant. Describe the relationship between that entity and all other departments, agencies, and service systems that will provide care and services, and have interface with the eligible beneficiaries under the grant program. Include a description of any proposed contracts and/or Memorandum of Agreement (MOA) or Understanding (MOU) and/or Inter-Agency Agreements (IAA's).
- Narrative Staffing Plan including:
    - The number, title, and, if known, the names of staff that will be

dedicated to the grant program. Percentage of time each individual/position is dedicated to the grant.
- Brief description of roles/responsibilities of each position, including lead and reporting roles.
- Any positions providing in-kind support to the grant.
  - Percentage of time each position will provide to the grant.
  - Brief description of role/responsibilities of each position.
- Number of contracted individuals supporting the grant.
- A resume of the proposed Project Director, or position job description.

Budget Narrative

For the budget recorded on form SF-424A, section B, a budget narrative must be included and provide detail for each budget line item. The budget narrative is limited to four double-spaced pages. The budget narrative must include the total estimated funding requirements for each of the following line items, and a detailed cost breakdown for each activity/cost within the line item. The proportion of grant funding designated for each grant activity should be clearly outlined and justify the State's readiness to receive funding throughout the project period including complete explanations and justifications for the proposed grant activities. The budget must separate out funding that is administered directly by the lead agency from funding that will be used by any entity other than the lead agency. The following budget categories should be addressed (as applicable):

- Personnel
- Fringe Benefits
- Contractual costs, including subcontract costs
- Equipment
- Supplies
- Travel
- Indirect charges, in compliance with the Code of Federal Regulations. If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required.
- Other costs

State personnel and personnel contract costs must include detailed salary and fringe benefit costs clearly delineated for review.

IV.B.4. 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

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

Application for Federal Assistance (SF-424)

- SF-424, Section 8B-Applicant Information: Enter the legal name and Employer Identification Number (EIN) as assigned by the Internal Revenue Service (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 (TEFT) 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 December 3, 2012 through December 2, 2013.
- SF-424, Section 19-EO 12372 Review: Check "No" as review by State Executive Order 12372 does not apply to the TEFT grant program.

Budget Information-Non Construction Programs (SF-424A)

- SF-424A, Section B-Budget Categories: In column one, enter the first funding/budget period of December 3, 2012 through December 2, 2013 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.5. Cover Letter

A letter from the applicant indicating the title of the project, the principal contact person, and the amount of funding requested.
This letter should be addressed to the name and address below and updated with the application:

Karen Johnson
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.6. Project Abstract (required)

The one-page abstract (single-spaced) should serve as a succinct description of the proposed project and should include the goals of the project, the total budget, and a description of how the grant will be used. The abstract is often distributed to provide information to the public and Congress, so please write the abstract so that it is clear,

accurate, concise, and without reference to other parts of the application. Personal identifying information should be excluded from the abstract.

IV.B.7. Notices of Intent to Apply

Applicants are encouraged to submit a non-binding Notice of Intent to Apply. Notices of Intent to Apply are not required, and a state's submission or failure to submit a notice has no bearing on the scoring of proposals received. However, receipt of such notices enables CMS to better plan for the application review process. These notices should be submitted using the form in Appendix E. Notices of Intent to apply should be faxed to Anita Yuskauskas at 410-786-0268 no later than September 11, 2011.

IV.C. Submission Dates And Times

IV.C.1. Applicant's Teleconference

Information regarding the date, time and call-in number for an open applicants' teleconference will be posted on the CMS website at www.Medicaid.gov .

IV.C.2. Submittal Timeframe

All grant applications are due by **October 22, 2012**. Applications submitted through http://www.grants.gov until 3 p.m. Eastern Time on October 22, 2012 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 is November 30, 2012.

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, an Indirect Cost Rate Agreement will be required. 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.

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

IV.F. Other Submission Requirements

Electronic Applications - The deadline for all applications to be submitted through http://www.grants.gov is October 22, 2012. 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.

The registration process for an organization can take a considerable period of time if all steps are not completed in a timely manner. 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.

IV.G. Central Contractor Registration (CCR) and Data Universal Numbering System (DUNS)

Effective October 1, 2010, the U.S. Department of Health and Human Services (HHS) requires all entities that plan to apply for and ultimately receive Federal grant funds from CMS or receive sub-awards directly from recipients of those grant funds to:

- Be registered in the CCR prior to submitting an application or plan;
- Maintain an active CCR registration with current information at all times during which the recipient has an active award or an application or plan under consideration by CMS; and
- Provide the DUNS number in each application the recipient submits to CMS.

Grants.gov Registration in Brief:

STEP 1: Obtain DUNS Number
The Data Universal Number System (DUNS) number is a unique identifier for your organization required by the Federal government to track how Federal grant money is distributed. DUNS numbers are issued by Dun & Bradstreet. If your

organization does not already have a DUNS number, you can apply for one free of charge by visiting http://fedgov.dnb.com/webform.

This number should be entered in the *Applicant Information* section 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.

STEP 2: Register with CCR
Central Contractor Registration (CCR) is the primary registrant database for the Federal government. Any organization applying for Federal grants on Grants.gov is required to register. Check with your Grant Administrator or Chief Financial Officer to see if your organization is already registered.

If your organization is already registered with CCR, you will have a designated Electronic Business Point of Contact (E-Biz POC) who can authorize themselves or individuals as an Authorized Organization Representative (AOR). Only an AOR is authorized to submit Federal grant applications for an organization. Your organization will receive a special password called a Marketing Partner Identification Number (MPIN), which will verify all individuals authorized to submit applications for your organization.

To see if your organization is already registered, go to https://www.bpn.gov/CCRSearch/Search.aspx. If not, you can register online at http://www.ccr.gov.

To register for Grants.gov and submit grant applications, you will need to have both your organization's DUNS number and its CCR registration information, including your MPIN.

The CCR registration process can take considerable time. It is recommended that applicants begin the process immediately if not already registered.

STEP 3: Username & Password
To ensure the electronic submission of your grant application is secure, you will need to complete your Authorized Organization Representative (AOR) profile on Grants.gov. and create your username and password. Use the following URL to complete an AOR profile and create a username and password: https://apply07.grants.gov/apply/OrcRegister .

- First enter your organization's DUNS number
- Next complete the profile form.

You will then be able to log in to Grants.gov; however you will need to be approved by the E-Biz POC before you are able to submit a grant application.

STEP 4: AOR Authorization
Upon completion of Step 3, your organization's designated E-Business Point of Contact (E-BIZ POC) will receive an email that you have completed the registration process. The E-Biz POC must authorize you as an AOR to complete the registration process. This step confirms you are verified to submit Federal grant applications on your organization's behalf.

Your E-Biz POC must login to Grants.gov, and enter your organization's DUNS number and password. They must then authorize you as an AOR. Once this step is complete, you will be ready to submit grant applications for your organization. Please note that there can be more than one AOR for your organization. In some cases the E-BIZ POC is also the AOR for an organization.

STEP 5: Track AOR Status
At any time, you can track your AOR status on the AOR status page at http://www.grants.gov/track.

*Submit Your Application Early***.** CMS strongly encourages applicants to submit well before the closing date and time so that if your application is rejected due to errors, an applicant will have time to correct the errors and/or to solicit help from Grants.gov. Please note: Validation or rejection of your application by Grants.gov may take up to 2 business days after submission. Please consider in developing your submission timeline.

For issues including, but not limited to, downloading the application, retrieving your password, or error messages, please contact grants.gov directly at 1-800-518-4726 or support@grants.gov. Hours of Operation: 24 hours a day, 7 days a week, closed on Federal Holidays. Please have the following information available when contacting grants.gov to help expedite your inquiry:

- Funding Opportunity Number (FON)
- Name of Agency to Which You Are Applying
- Specific Area of Concern

Please do not contact CMS regarding Grants.gov related issues.

You can visit the following website:
http://www07.grants.gov/applicants/app_help_reso.jsp for additional resources.

V. APPLICATION REVIEW INFORMATION

V.A. Review Criteria

This section fully describes the evaluation criteria for this grant program. In preparing applications, applicants are strongly encouraged to review the programmatic requirements detailed in the Funding Opportunity Description. If an applicant does not submit all of the required documents and does not address each of the topics described below, the applicant risks not being awarded a grant. The application must be organized as detailed in Section IV, Application and Submission, of this solicitation.

The following criteria will be used to evaluate applications received in response to this solicitation. Applications will be scored with a total of 100 available points.

V.A.1. Administration and Organization (Overall 20 Points)

The Applicant describes the level of involvement of beneficiaries, family/participant groups, other state agencies, private organizations, academic institutions, LTSS providers, and other relevant stakeholders.
The state provides details on existing or planned agreements or Memoranda of Understanding with other agencies that will be necessary to complete the work of the demonstration.
The state provides evidence of the level of support for the demonstration from various leaders in the state, and where support is lacking, a plan to build consensus among leaders, providers, and other stakeholders.

V.A.2. Staffing and Budget (Overall 20 Points)

The applicant provides an organizational chart that describes the entity responsible for the management of this grant. The applicant describes the relationship between that entity and all other departments, agencies, and service systems that will provide care and services and have interface with the eligible beneficiaries under the grant program.

The applicant provides a narrative staffing plan that incorporates the following elements:

- The number, title, and, if known, the names of staff that will be dedicated to the grant program. Percentage of time each individual/position is dedicated to the grant.
- Brief description of roles/responsibilities of each position.
- Any positions providing IN-KIND support to the grant.
  - Percentage of time each position will provide to the grant.
  - Brief description of role/responsibilities of each position.
- Number of contracted individuals supporting the grant.
- A resume of the proposed Project Director, other key staff and contractors.

The applicant provides a detailed Budget Narrative consistent with the defined scope of the solicitation.

V.A.3. Design of Grant Program (Overall 20 points)

- 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. An additional 3 points is awarded to applicants for every CB-LTSS program over the minimum of two programs, and one more point is added for each additional program authority that is other than a 1915(c) Waiver, and an additional point is added is the population groups are 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 meeting the sampling criteria within 6 weeks of grant award.
- 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 indentifies 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.

V.A.4. PHR Demonstration (Overall 20 Points)

Participating individuals have access to their CB-LTSS personal health record. Applicant receives one point for every additional category of information in the PHR such as individual budgets, staff schedules, team member contact information, and other pertinent subject matter.

- Applicable providers are equipped to train and support individuals to access and use their PHRs through an outreach and training strategy.
- Applicant develops 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:
- Applicant proposes either a state sponsored and developed PHR, or an off-the-shelf PHR.
- Applicant indicates the protocol they will use to securely send and receive information by providers, clients and state agencies (NOTE: Both can be included and Applicants can specify which is most appropriate to achieve alignment with state HIE/HIT implementation).
    - Direct protocol - 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.

V.A.5. Electronic Records Testing For Standards Development In CB-LTSS (Overall 20 Points).

- An outreach and training strategy is included to ensure applicable providers are using the e-LTSS record according to prescribed procedures.
- 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.
- Two iterations of the e-LTSS record are tested 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 three stakeholders will participate in the S&I LTSS initiative for the duration of the grant. (I.e. provider representation, beneficiary, Vendor, state staff, etc…).

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 and the extent to which the proposed grant program furthers the purposes of the grant program. 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 grant programs will be made by the CMS Administrator after consideration of the comments and recommendations of the review panelists; reviews for programmatic and grant management compliance; reasonableness of the estimated cost to the government considering the available funding and anticipated results; and the likelihood that the proposed project will result in the benefits expected. CMS reserves the right to approve or deny any or all proposals for funding.

V.B.1. Anticipated Announcement and Award Dates

CMS anticipates the awards to be issued November 30, 2012; the awards will be announced after that date.

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 an Operational Protocol. 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 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 3, 2012.

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 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 ONC Meaningful Use.
- 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 (GAO) 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. Headstart);*
- *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

Cooperative agreements 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 (FFATA) Subaward Reporting Requirement:

New awards issued under this funding announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act 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:
  - Structure – implementation of the PHR , i.e., HIT /HIE systems and procedures;
  - Process – overall implementation of strategies and activities of the TEFT demonstration including specific consumer and provider input and participation ;
  - 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;
  - Outcomes—results of the TEFT demonstration, i.e., beneficiaries' use the PHR, collection of experience of care 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; and
  - Impact – Assessment of PHR effectiveness, interface between PHR, EHRs from Meaningful Use providers/professionals, and state HIT and/or HIE accomplished, 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 semi-annual basis accounts for all uses of grant monies during each reporting period.

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: (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: TEFT Grant@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: TEFT Grant@cms.hhs.gov. Questions submitted telephonically will not be honored.

Grants Management Specialist/Business Administration

Karen Johnson
U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
Office of Acquisition and Grants Management
7500 Security Boulevard, M/S B3-30-03
Baltimore, MD 21244

VIII. Other Information

VIII.A. Applicants Teleconference

The open applicant teleconference is scheduled to take place on Thursday, September 6, 2012 from 2:00 to 4:00 PM (EST).

The call in phone number**:** **877-267-1577 ID: 1875**

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

APPENDICES

APPENDIX A. INTEGRATION AND MAXIMIZATION OF FEDERAL GRANTS

While we encourage states to maximize grant opportunities and approaches under which multiple efforts complement one another, we also seek to avoid duplication of efforts. Using the matrix at Table A, please provide the status of activities in the state pertaining to other federal grants, including but not limited to provisions of the Affordable Care Act and the American Recovery and Reinvestment Act of 2009 (ARRA), and the Deficit Reduction Act (DRA), as they are related to activities conducted under this demonstration.

Indicate how you will ensure that activities conducted under this grant are coordinated with activities funded by other related federal grants to achieve synergy while avoiding duplication.

Table 1

Integration of TEFT Grant Activity with Other Federal Grants

Grant Authority for Other Federal Grant	Description and Status of Activity Conducted under Other Federal Grants (Affordable Care Act, ARRA, DRA)	Areas of Overlap with Demonstration Grant (by Category)	How Overlap Activities Will Be Coordinated

Supporting Additional Initiatives

Grant applicants are expected to incorporate other initiatives in areas of shared interest, with the aim of producing best practices that can serve as models for other states. Use Table B to explain, as appropriate, how the grant applicant will advance these goals.

For example, CMS seeks to promote the use of Health Homes for adult Medicaid beneficiaries to realize improved coordination of services and supports. The use of HIT, HIEs, and PHRs is helpful in identifying special needs, tracking the receipt of services, promoting coordination of and avoiding duplication of efforts by multiple providers, and assessing the impact of Health Homes on individual outcomes. Integrating Health Homes into this demonstration would provide benefits that go beyond either initiative when approached separately.

Table 2

Elements of Demonstration Grant that Advance CMS Priorities

Description of Initiative	How Initiative Will Be Integrated into Demonstration	Expected Outcome(s)

APPENDIX B FIELD TEST SPECIFICATIONS

Specifications For Field Test

Within six weeks of grant award, grant applicants must be able to provide the technical assistance contractor/survey development team a sampling frame for each participating HCBS program that consists of a complete list of program participants who meet the eligibility criteria for sampling, in addition to their contact information. Prior to submitting this list, grant applicants are expected to undertake data validation for the contact information, to the extent feasible, to ensure that it is accurate and current.

In addition, grant applicants should be prepared to provide, in this same time frame, administrative data for sampled participants, including (but not limited to): age or date of birth, gender, diagnosis, living arrangement (congregate setting or own home), primary language, services authorized/received, and current providers. When this information is not readily available from existing electronic sources, grant applicants should provide a timeline for delivering this information and/or an explanation of data gaps and barriers.

Each state must initially propose at minimum two LTSS programs for participation in the field test, though states are encouraged to submit three. One of the programs must be a Section 1915c waiver program serving one of the following populations: ID/DD, aged, or aged/disabled. Any additional proposed programs may also be Section 1915c waivers or any other Medicaid authority related to LTSS, including state plan personal care or home health services.

Applicants will receive extra evaluation points if an additional program is other than a Section 1915(c) Waiver authority (that is, if it includes Sections 1915i, 1915j, 1915a/c, 1915b/c, 1115, state plan, etc). Applicants can also receive extra evaluation points if any additional programs serve any of the following populations: Spanish speaking, mental health, HIV/AIDS, ventilator dependent, traumatic brain injury, autism spectrum disorder, etc.

To indicate which programs are proposed for the field test, applicants should complete the Table below as part of their proposal, and list all LTSS programs operated. Add more rows if necessary. While states should indicate their preference for which programs participate in the test, CMS reserves the right to negotiate additional/alternative candidate programs based on the responses to the solicitation and the need for a sample that maximizes variety among participating programs.

Please complete the Table below indicating the name and description of the participating programs and submit the completed Table as an Appendix of the Proposal. It will not be counted against the grant applicant's page limit.

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

APPENDIX C TERMINOLOGY AND DEFINITIONS

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

Personal Health Record (PHR)

An electronic application through which individuals can access, manage and share their health information, and that of others for whom they are authorized, in a private, secure, and confidential environment.
Source:
http://www.providersedge.com/ehdocs/ehr_articles/The_Personal_Health_Working_Group_Final_Report.pdf

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 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

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

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/http%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_federal_health_it_strategic_plan_0911.pdf

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 billions of dollars 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/http%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_federal_health_it_strategic_plan_0911.pdf
and
http://www.healthit.gov/sites/default/files/pdf/privacy/privacy-and-security-guide.pdf

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 D TECHNICAL SPECIFICATIONS

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

iPHEMS is based on DoD's MiCare application. This pilot effort will leverage the agnostic health data information broker that the DoD has 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 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 often 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. With the advent of EHR and HIE, states are taking a major step forward in creating a longitudinal health record for beneficiaries. However, these systems are not inclusive of participants records as kept by community based LTSS providers. The purpose of the iPHEMS system is to create a turn-key solution for states to connect LTSS providers with beneficiaries through the use of e-LTSS records and PHRs. The iPHEMS system also has already established connectivity with the NwHIN. We envision up to 900 persons within each state will participate in the grant.

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 will provide 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 is 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 state 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 BHIE 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 patient 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 Microsoft products to store and manage PHR information; and
6. Protect the patient's information through security functions that can be easily explained and understood by the patient.

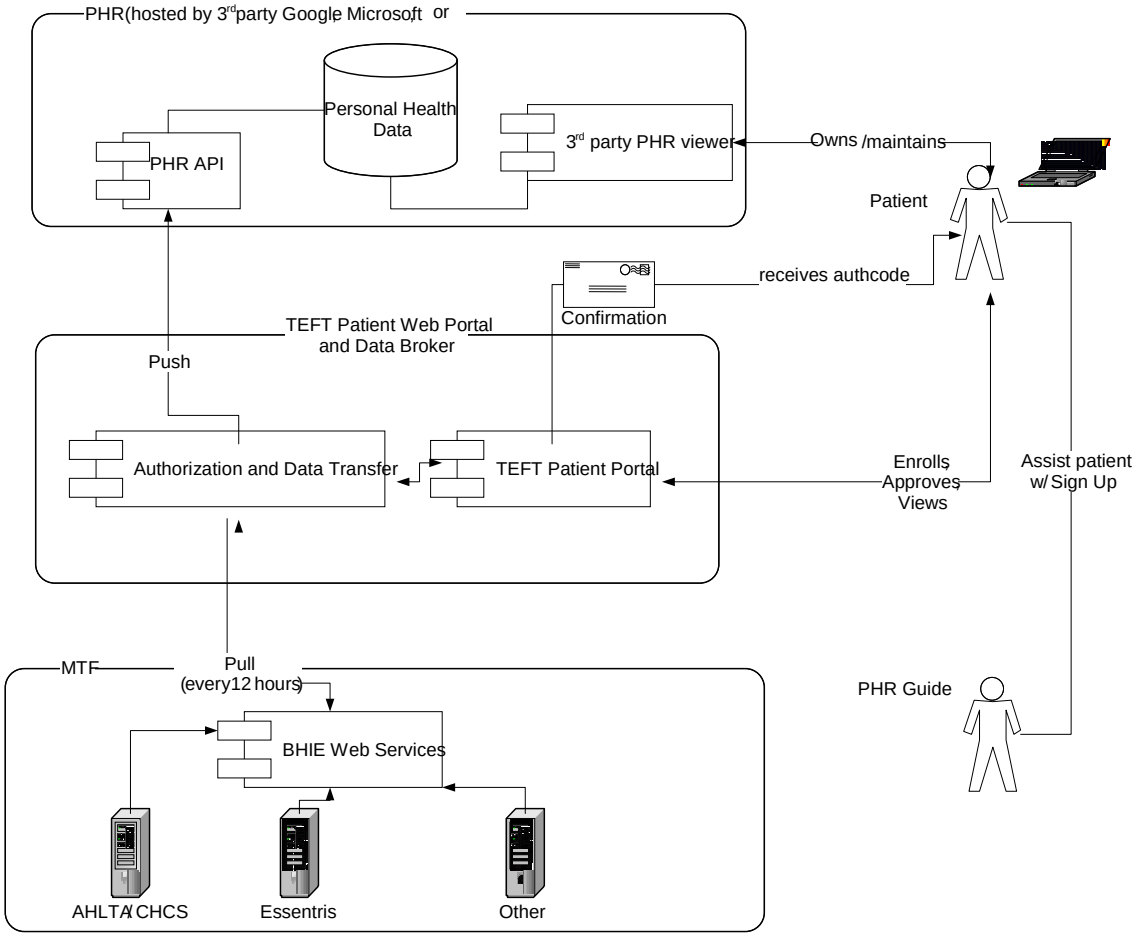
Usage Scenarios

General usage scenarios for the individual beneficiaries include the following:

- Web enabled 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 of care 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 [11]

PHR for TEFT



Systems Architecture

CMS will provide the back-end server to host a patient portal that will house experience of care survey data and functional assessment data on top of which a PHR can be overlayed. 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 Google or Microsoft. 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 assoicated with those enhancements to the BHIE Web Services layer.

[11] 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.

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 waiver 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 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 HL7 v.2.5.1 messages which could be converted to a CDA/CCDA format in order to display the information. It is highly recommended that PHRs not be tethered to a system, for example a PHR that can only receive and view data from one EHR vendor.
- 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 the surveys/ questionnaires 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.

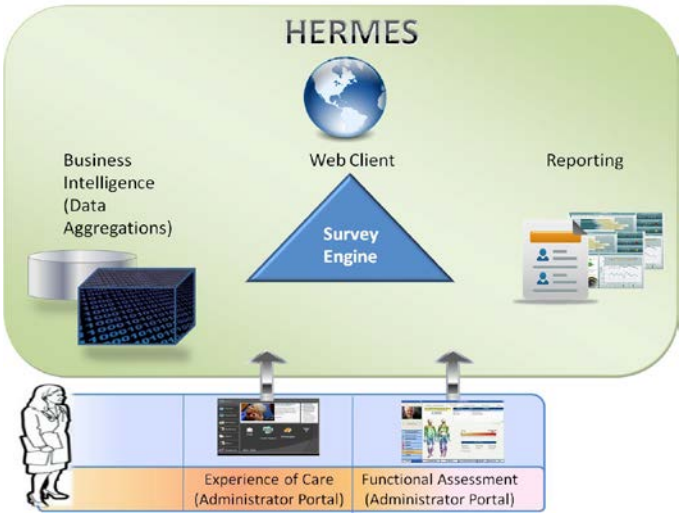
Realizing that the NwHIN/VLER process is a view only and that this project requires true data sharing and persistence with a declared PHR each state should identify whether their data exchange will be a :

- 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 – e-LTSS Standard and Record[12]



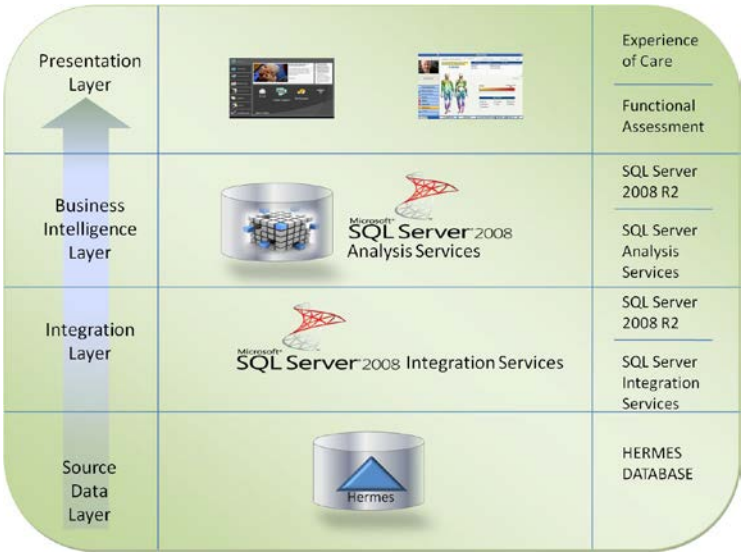


Diagram 3 – e-LTSS Standard and Record[13] - Provider Information

[12] Diagram two depicts the hierarchical layers of information starting from the source HERMES data base moving upward leading to the Experience of care and functional assessment tools, 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."

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 develop standards for an e-LTSS record. This will involve taking the proposed standard through an HL7 Balloting process. Throughout the grant period, there will be at least two iterations of the e-LTSS standard based on stakeholder feedback. The revised standard will be re-incorporated back into the web-based portal application.

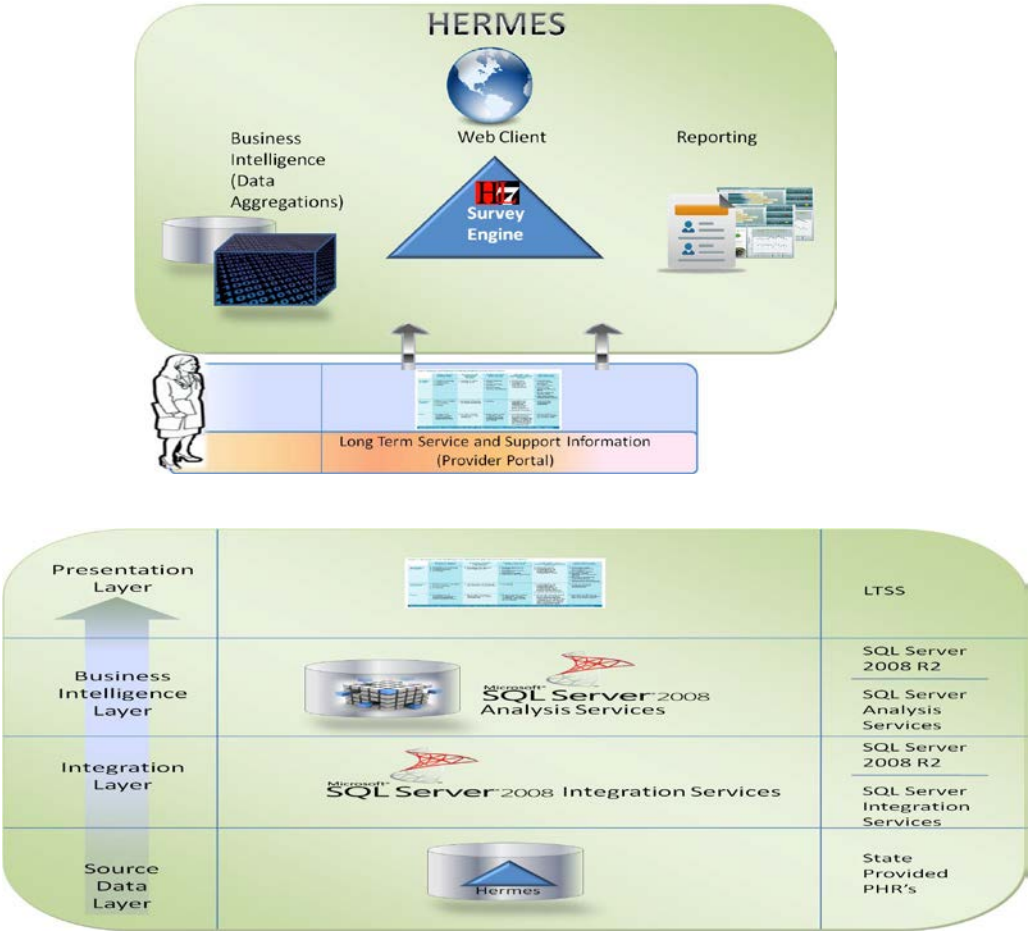


Diagram 4 – Personal Health Records and Access[14]

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[13] 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 of care 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."

[14] 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 of care, 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.

Individuals will have access to their state proposed personal health record. This PHR will access information from the Experience of Care Survey Tool, Functional Assessment Tool, e-LTSS record, and EHRs from any other eligible provider serving the individual incentivized through Meaningful Use.

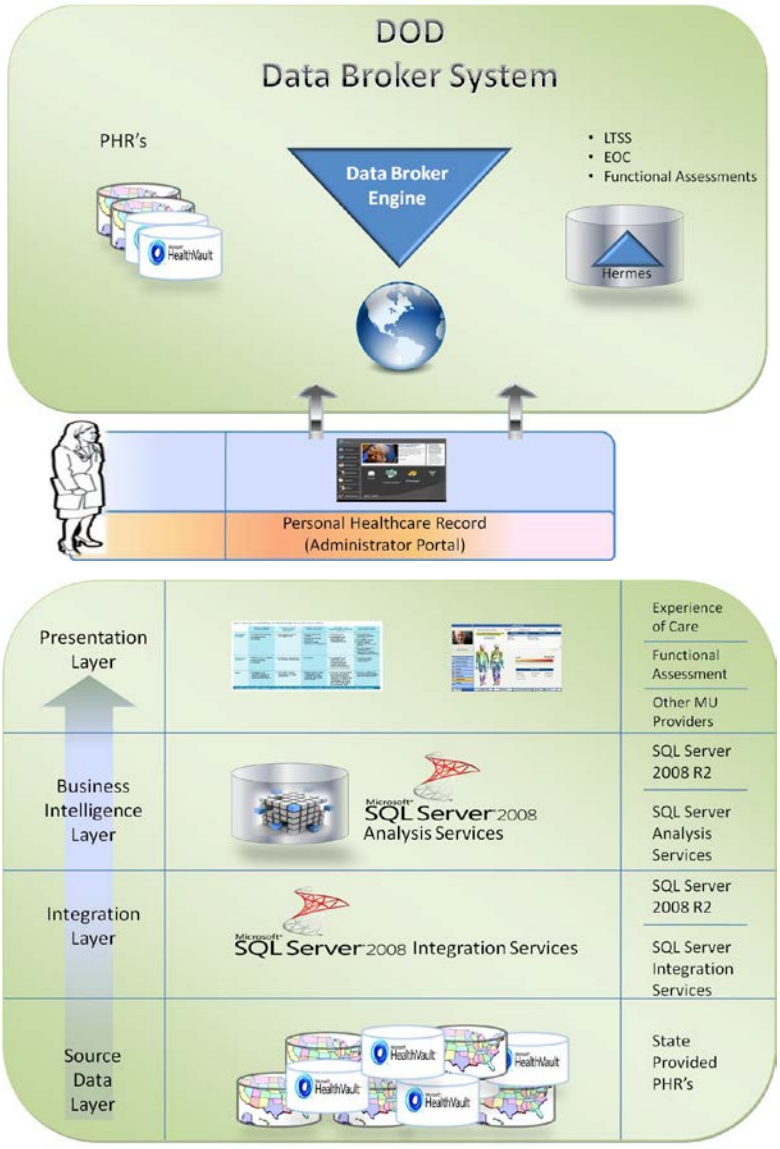
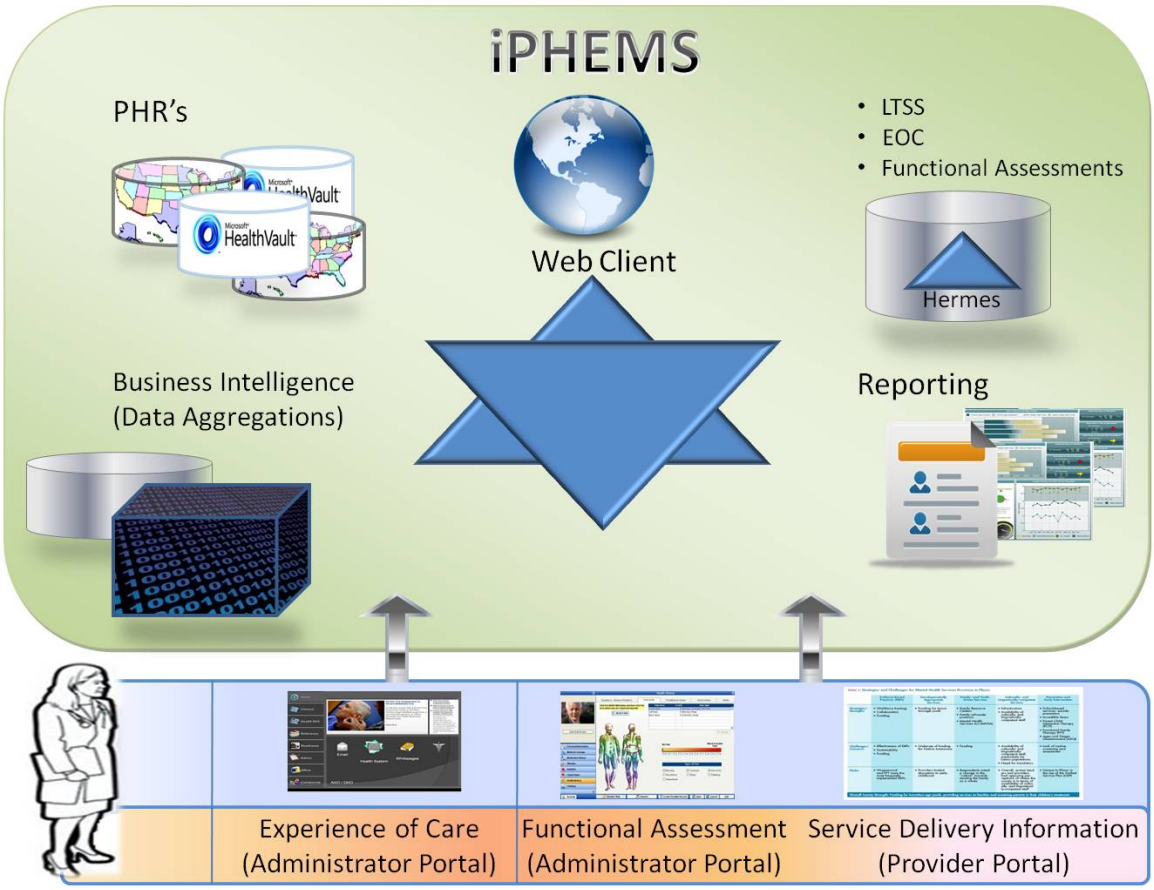


Diagram 5 – Consolidated Picture Integrating Diagrams 2-4[15]



[15] 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 Experience of Care survey tool, the Functional Assessment tool, and the Service Delivery Information which will populate the E-LTSSE-LTSS record 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.

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 Experience of Care survey results, data from completed functional assessment tools, and 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.

Questions & Answers Further Clarifying Technical Items Discussed In the Grant

Question 1 : The grant indicates that participating states will use PHRs as a vehicle for capturing, testing and reporting on LTSS experience of care and functional assessment information. Which PHR will the state be using for this purpose?

> Answer 1 : LTSS experience of care 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.

Question 2 : What does it mean that the grant demonstration will also 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?

Answer 2 : CMS is interested in understanding how state's, providers and individual beneficiaries can improve their care and decrease costs through a more integrated approach to collecting and disseminating information and "treatment" outcomes as captured within the PHR and e-LTSS record among the individual, their families and or guardians, case managers, and providers.

Question 3: The grant indicates that one of its purposes is to "Pilot and test" an E-Long Term Services and Supports record developed by CMS explicitly for home and community-based LTSS providers and a PHR to be used by beneficiaries". Please clarify.

Answer 3: CMS will be working with ONC to develop an e-LTSS standard that can be used to capture and support CB-LTSS providers. After one year of testing the standard, CMS intends to take the results to formal balloting and approval (e.g HL7). The outcome of this will be an approved standard that can be more widely adopted. A usage guide and S&I data dictionary of available fields will be vetted through this process. Throughout the grant process, we anticipate that a "work group" made up of states', providers, vendors and individual beneficiaries will work within the S&I Framework to propose changes to the e-LTSS record and its associated fields. These changes will be rolled back out to the states and providers. Again based on feedback from the work group after some specified time (i.e. one more year), another iteration of the e-LTSS standard will be proposed and rolled out. Each iteration will be taken back for formal balloting (e.g.HL7) and approval resulting in a further more refined e-LTSS standard. At the end of the demonstration grant, CMS hopes to have an e-LTSS standard, which will be more generally usable by the majority of LTSS providers with accompanying data dictionaries and "implementation guides" focused on treatment modalities and outcomes in the human services field with an emphasis on community based LTSS.

Question 4 - The demonstration grant provides states the opportunity to "Provide training and support to the three principle partners and involved stakeholders – state grant applicants, Providers, and individual beneficiaries of Medicaid LTSS to adopt and use e-LTSS record and PHR." What training and support can be included here?

Answer 4 – State's can use grant funds to develop and implement strategies to train and support state grant applicants, Providers, and individual beneficiaries 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…

Question 5: The demonstration grant indicates that state's may use grant funds " to promote health information technology by providing: Resources to a state's Health Information Technology (HIT) Coordinator to connect the HIE to Long Term

Services and Supports (LTSS) Providers; Assistance to states in the development of their HIE Strategic Plan and incorporation of LTSS records into the state's HIE." Please clarify.

Answer 5 - CMS understands that state's will most likely not have a strategic or operation plan to incorporate LTSS providers into a state's HIE initiatives. CMS will allow providers to use the first year of the grant to develop and approve a plan to reach out and incorporate LTSS providers and to develop an infrastructure and operation plan within the state to accommodate these providers into its HIE activities.

APPENDIX E GOVERNMENT AGENCIES USING PERSONAL HEALTH RECORDS

The federal government has rather extensive experience using personal health records. Below are examples of recent successful applications of the PHR in federal agencies:

The Veterans Health Administration, a division of the Department of Veterans Affairs (VA) that oversees the health care needs of our nation's veterans, is the largest medical system in the United States. It is also one of the most technologically advanced, offering both an EHR and a PHR to its millions of users. Doctors throughout the VA use its EHR, known as VistA (Veterans Health Information Systems and Technology Architecture). VistA tracks information on the millions of veterans who receive care through the VA and features an e-prescribing component.

The VA's PHR, **My Health*e*Vet**, (pronounced "My Healthy Vet") is based on the core belief that informed patients can make better health choices. The PHR is free to veterans and available 24/7, wherever there is Internet access. VA patients who register on My Health*e*Vet and complete a one-time, in-person authentication process can get wellness reminders, view appointments, and participate in messaging with their health care team.

The My Health*e*Vet PHR is being expanded with the Blue Button Initiative, which allows veterans and Medicare beneficiaries to download personal health information. Blue Button lets users get a copy of their own health information so they can better understand and track their health. If they choose, they also can also share it with their doctors or other people they trust. Other government agencies and private companies have started to use Blue Button, too.

Indian Health Service (IHS) Also maintains an EHR for IHS, Tribal, and Urban (I/T/U) Indian health care facilities. It has received numerous awards. This EHR, called the Resource and Patient Management System (RPMS), gives many of its facilities access to decades of personal health information and epidemiological data on local populations.

This past year **NASA** adopted and rolled out an EHR system to better manage the health and safety of astronauts and other employees using the agency's occupational health clinics.

The **Department of Defense** sponsors a web site, the **MiCare portal**, (an acronym for Military Care personal health record) where beneficiaries i.e. active duty, their dependents, retiree's and reservists, can sign up to have your electronic health records delivered to a personal health record (PHR) of choice. Multiple PHR models can work with MiCare. The DOD has partnered with Microsoft® and Google to provide beneficiaries with a safe and reliable location to store their medical records. For example, a person can choose Microsoft's

HealthVault™ PHR or Google's Google Health PHR to house personal medical information. Registration at the participating partner sites is free and is a necessary step before enrolling in MiCare. Both private companies willingly partnered with the DoD to define PHR standards. MiCARE is the basis for DoD's iPHEMS portal.

APPENDIX F NOTICE OF INTENT TO APPLY (OPTIONAL)

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

NOTE: Completed forms must be submitted by facsimile.

If intending to apply, please complete and return by September 11, 2012 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: _____

APPENDIX G OPERATIONAL PROTOCOLS

Once the grant is awarded, states will be required to prepare a detailed, draft OP as the first step in the grant implementation. A state must include each of the elements in a detailed Project Plan and timeline. The benchmarks proposed will be evaluated against the funding requested by the state through the demonstration proposed budget.

The benchmarks must be stated as measurable, annual outcomes. All Benchmarks should begin in 2012 and will continue through 2016.

OPs needing revision to meet the terms and conditions of the grant must be modified and resubmitted until approved by CMS. During this time, states are also required to choose and submit the sample.

Only after approval of the OP may a state begin implementation of the rest of the grant. Costs incurred by the state during the pre-implementation phase, including the costs of a Project Director and other staff, can be reimbursed with grant award dollars with 100% grant funding with an approved budget.

The Draft Operational Protocol should provide enough information that:

- CMS and other federal and state officials may use the OP to understand the operation of the .
- The state Project Director will use it as the manual for program implementation;
- It may be used as a tool for external stakeholders to understand the operation of the demonstration.

Once the Operational Protocol has final approval by CMS, grant applicants can begin the implementation.

APPENDIX H –SUMMARY OF GRANT FUNDED ACTIVITIES AND PARTNERS

Appendix H identifies the three partners involved in this grant: the individual, the provider, and the state, and details all activities undertaken within the grant associated with each of these partners. Appendix H further summarizes how the activities will be measured and evaluated (if known at this time), and the anticipated benefit to the partner(s) for engaging in the activity.

(Example: ***Partner Role****- Identifies who is undertaking the activity within the grant e.g. state, DLTSS provider or individual beneficiary.*
Activity *- Provides a brief description of the grant activity.*
Measure *- Indicates how the activity will be evaluated.*
Benefit*- Details the major benefits to participating in the grant activity.)*

1. **Individuals will participate in three rounds of data collection of an Experience of Care (EoC) survey tool and a functional assessment tool.**

   Partner Role (Individual)
   Individuals will be supported to participate in three rounds of data collection of an Experience of Care Survey tool and a Functional Assessment tool.
   Activity 1
   Individuals will participate in the collection of data from the two tools to occur in three rounds. The first two rounds will be administered by the TA contractor while the third rounds will be administered by the state.
   Measure 1
   Did a representative sample of individuals volunteer to participate in each of the three rounds of survey and data collection?
   Benefit 1
   Information gathered as part of the data collection processes can be used to evaluate individaul progress, effectiveness of person-centered outcomes, and as a state monitoring tool to determine expereince of care outcomes as it relates to the Medicaid program(s) within the state.

2. **Individuals have access to PHRs that provide information from e-LTSS records, aggregated Experience of Care (EoC) survey results and functional assessment results.**

   Partner Role (Individual)
   Individual will be provided access and encouraged to use PHRs. PHRs will provide access to aggregated results from the EoC survey, individual functional assessment tools, health and supports and services information from LTSS providers using the e-LTSS record as well as other eligible providers incentivized through HITECH and Meaningful Use.
   Activity 2.a
   Individuals and providers will participate in the collection of data from the two tools.
   Measure 2.a

Percent and number of individuals and or providers participate in the collection of data from the two tools.

Benefit 2.a

Once completed, results of the Experience of Care tool will be taken to the CAHPS consortium through AHRQ for accreditation to become part of a family of Experience of Care tools within the Federal sphere that states can use to engage in standardized cross-program comparison. Once completed, the functional assessment tool, already used in Medicare, will become available for states to use in Medicaid.

Activity 2.b

Individuals and providers will participate in the collection of data to be included in an e-LTSS record.

Measure 2.b

Percent and number of individuals and or providers who participate in the collection of data within an e-LTSS record

Benefit 2.b

Once completed, results of the use of the e-LTSS record will be used to establish an e-LTSS standard.

Activity 2.c

Individuals have access to information in their PHR generated by their LTSS providers using the e-LTSS record.

Measure 2.c

CMS Evaluation Contractor develops metrics based on state proposal for scope and use of PHR.

Benefit 2.c

By providing a personal health record to individual beneficiaries, individuals and or their guardians will have more complete information on targeted interventions/ supports and services, and their outcome. This will provide more real-time feedback on the effectiveness of supports and services and to improve beneficiary outcomes.

3. Provider Training on use of an e-LTSS record

Partner Role (Provider)

Provider level – Providers will successfully complete a training offered by the state on the proper use of an e-LTSS record to record service delivery information and outcome data.

Activity 3

Providers will participate in a state-sponsored training on the proper use of an e-LTSS record.

Measure 3

% and # of providers trained

% and # of populated e-LTSS records that have data entered accurately

Benefit 3

Trainings will develop a stronger capacity within provider staff for record-keeping and documentation.

4. **Initiate use of an e-LTSS record by applicable providers**
   Partner Role (Provider)
   Provider level – Use an e-LTSS record based on an e-LTSS standard developed and curated in the ONC S&I Framework to capture health and supports and services delivery information (i.e. "Care Delivery").
   Activity 4
   Providers will enter information into the e-LTSS record consistent with standards developed through ONC's S&I Framework.
   Measure 4
   Data integrity and analysis will indicate that information is being populated accurately and with consistency. An M&E contractor will develop additional measures.
   Benefit 4
   By extending the exchange of information to the LTSS community, it is envisioned that states will be able to improve a beneficiary's experience of care, improve the health of the population served, and reduce the per capita costs associated with Long Term Services and Supports.

5. **Training to Individuals, Family Members and/or Guardians**
   Partner Role (Provider)
   Provider Level – Providers will be expected to train individuals and or their family members and guardians to access and use PHRs.
   Activity 5
   Provider sponsored trainings on benefits and use of PHRs to individuals and or their family members and guardians.
   Measure 5
   % and # of applicable providers conducting trainings
   Benefit 5
   To further empower and educate individuals in their central role in decision making around their services and supports.

6. **Support to Individuals to participate in the EoC Survey and Functional Assessment Tool.**
   Partner Role (Provider)
   Provider Level – Providers will be expected to support individuals to participate in taking the EoC Survey and Functional Assessment Tool.
   Activity 6
   Support individuals requiring assistance to complete data collection activity.
   Measure 6
   % and # of correctly completed EoC surveys and functional assessment tools
   Benefit 6
   To advance the goals of having two nationwide tools (functional assessment and EoC) that have been tested for use on HCBS populations.

7. **State must develop a crosswalk between state practices, policies and processes (i.e. individual service plan/ plan-of-care) and the e-LTSS record.**
   Partner Role (State)
   State level – As the e-LTSS standard is curated and developed through the S&I Initiative, in those places where it is applicable, the state must develop and maintain a crosswalk between state practices and policies (i.e. how service plans in the state will be consistently mapped into the standard to be 'curated' within the S&I framework).
   Activity 7
   The state develops the crosswalk consistent with S&I e-LTSS standard.
   Measure 7
   To be developed by the M&E contractor.
   Benefit 7
   Use of an e-LTSS standard is a critical component of improving the experience of care, improving the health of populations, and reducing per capita costs of health care delivery within a state.

8. **State must maintain a crosswalk between state practices, policies and processes (i.e. individual service plan/ plan-of-care) and the e-LTSS record.**
   Partner Role (State)
   State level – As the e-LTSS standard is curated and developed by the S&I Initiative, in those places where it is applicable, the state must maintain the crosswalk between state practices and policies (i.e. how service plans in the state will be consistently mapped into the standard to be 'curated' within the S&I framework) and to ensure that iterations of the standard by the S&I process have validity, integrity and consistency with the state processes and tools.
   Activity 8
   The state maintains the Crosswalk consistent with S&I e-LTSS standard.
   Measure 8
   % and # of e-LTSS records that are accurately and consistently populated by providers
   Benefit 8
   Use of an e-LTSS record is a critical pre-requisite to establishing e-LTSS standards for wider adoption and for potential inclusion in any Meaningful Use incentives program.

9. **Provider Outreach and Training Strategy for use of e-LTSS record.**
   Partner Role (State)
   State level – The state develops and executes an outreach strategy for HCBS provider engagement to use the e-LTSS standard.
   Activity 9
   State will implement the identified program on the implementation of the e-LTSS standard.
   Measure 9
   This will vary by state. M&E contractor will develop.

Benefit 9

This will advance the goals of developing a national e-LTSS standard and is a necessary pre-requisite for potential inclusion of LTSS providers in a MU incentive program.

10. Inclusion of information from MU Providers Serving HCBS LTSS Beneficiaries into the individuals PHR

Partner Role (State)

At the State level – Develop a strategy to integrate health related information through the use of HIT/HIE. This strategy should engage eligible MU providers/ professionals serving LTSS beneficiaries and integrate information from their EHR into a beneficiaries PHR. A state should adopt nationally accepted standards to securely send and receive information and should indicate which protocol they are going to use (i.e. DIRECT or SOAP Exchange)

Activity 10

Option 1 - States may integrate this information directly from electronic health record information collected within the state's Health Information Exchange.

or

Option 2 – States will identify and engage eligible MU providers / professionals serving LTSS beneficiaries to integrate information from the beneficiaries EHR into a beneficiaries PHR.

Measure 10

M&E contractor will develop metrics.

Benefit 10

The exchange of health information across care settings is a critical component of improving the experience of care, improving the health of populations, and reducing per capita costs of health care delivery within a state.

11. State Provides Demographic Information on Individuals to Technical Assistance Contractor

Partner Role (State)

State Level – State will provide based line demographic information on individuals to TA contractor.

Activity 11

States must be able to provide the technical assistance contractor a sampling framework for each participating HCBS program accompanied by specific demographic information. When this information is not readily available from existing electronic sources, grant applicants should provide a timeline for delivering this information and/or an explanation of data gaps and barriers.

Measure 11

T/A contractor will develop measures.

Benefit 11

To advance the goals of having two nationwide tools (functional assessment and experience of care) that have been tested for use on HCBS populations.

12. State's must Engage in One Round of Experience of Care and Functional Assessment Survey Collection

Partner Role (State)

State Level – State's will engage in one round of survey collection. T/A contractor and Survey and Sampling Team under contract with CMS will engage in two rounds of EoC and Functional Assessment Survey collection. A total of three rounds will be completed within 4 years.

Activity 12

State completes one round of data collection according to sample specifications with the two tools by the end of the grant period.

Measure 12

Measures to be developed by M&E contractor

Benefit 12

States will develop familiarity and capacity to administer functional assessment and experience of care surveys. This will build a state's human resource capacity.

13. Participation in S&I e-LTSS Standards Development Initiative

Partner Role (State, Provider, Individual)

State Level – State will propose at least three to five state stakeholders to participate on the S&I LTSS Initiative for the duration of the grant. (i.e. provider representation, beneficiary, Vendor, state staff, etc…)

Activity 13

State will ensure three to five volunteers to participate on the e-LTSS standards development and curation within ONC S&I Framework.

Measure 13

% and # of individuals that participate consistently in the S&I LTSS development initiative

Benefit 13

Ensure that each state's stakeholders provide input in the development of a national e-LTSS standard.

14. Adopt Use of PHRs for LTSS Beneficiaries

Partner Role (State)

State Level – State must adopt a PHR with minimum interoperability requirements.[16] That PHR will be either a state sponsored and developed PHR or an off-the-shelf PHR such as Microsoft Health Vault. States will be required to work with DOD to ensure a state sponsored PHR can receive information through the DOD server which will collect information from the functional assessment tool, experience of care tool, and the e-LTSS standard.

[16] This pilot effort will leverage the agnostic health data information broker that the DoD has used to share healthcare information for beneficiaries with four PHR products already. 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.

Activity 14

Individual Beneficiaries will be able to view information from their LTSS provider using the e-LTSS record within their PHR.

Measure 14

Measures to be developed by M&E contractor

Benefit 14

This advances the goals of developing and establishing a national e-LTSS record/standard. This initiative will also assist in the development of a standard to enable the sharing of health information across providers.

15. Assisting and Facilitating Surveys

Partner Role (State)

State Level – State will provide survey administrators access to beneficiaries participating in the grant.

Activity 15

The State will communicate directly with individuals and providers to stress the importance and benefits of participating in the surveys.

Measure 15

Number and percent of individuals and providers with whom the state has directly communicated on the importance and benefits of participating in the surveys.

Benefit 15

This advances the goals of having two nationwide tools (functional assessment and EoC) that have been tested for use on populations within the HCBS Waiver Community.