



# **TEFT Intensive**

**National Home and Community  
Based Services (HCBS) Conference**

**August 29, 2016**

# Morning Agenda

Time	Topic
9:00 – 9:30	Networking and Registration
9:30 – 10:30	MFP and TEFT Joint Session
10:30 – 10:45	Break (MFP and TEFT Transition to Individual Sessions)
10:45 – 11:00	<b>Overview of the TEFT Intensive</b> <i>Jean Close, Deputy Director, DCST, CMS</i> <i>Kerry Lida, TEFT Program Lead, DCST, CMS</i>
11:00 – 11:55	<b>Personal Health Record (PHR) Overview and Breakout Session</b> <i>Capri Dye, TEFT HITECH TA Lead, HMA</i> <i>Pam Russell, TEFT HITECH TA Lead, CedarBridge Group</i>
12:00 – 1:30	Lunch



# **Welcome and Overview of TEFT Intensive**

**Jean Close, Deputy Director, DCST, CMS**

**Kerry Lida, TEFT Program Lead, DCST, CMS**



# **Personal Health Record (PHR) Overview**

**Capri Dye, TEFT HITECH TA Co-Lead, Health  
Management Associates (HMA)**

**Pam Russell, TEFT HITECH TA Co-Lead, CedarBridge  
Group**

# PHR Overview

## ***What is a PHR?***

A Personal Health Record (PHR) is a software application that allows beneficiaries to manage and share records with those chosen by the individual.

## ***What are the PHR goals within the TEFT Demonstration?***

One goal of the grant is to provide an opportunity for six states to demonstrate how HCBS beneficiaries can benefit from the use of PHRs by using a range of personal LTSS information to assist the person in making decisions about care.

# Current/Upcoming PHR Activities

## *Accomplishments*

- Grantees have been working to plan, implement, and demonstrate use of a PHR.
- Some states have selected a PHR vendor through an RFP process. Others are leveraging an existing solution.
- Grantees have been working to:
  - Identify key PHR requirements with vendors
  - Define beneficiary PHR measures for success
  - Plan for beneficiary onboarding

## *What's next?*

- Implementation and launch of PHRs across all grantees



**QUESTIONS?**

# PHR Breakout Session

## TEFT PHR User Acceptance and Monitoring



# PHR Group Report Outs

- Breakout activity
  - Dialogue regarding discussion questions
  - Scribe key points of discussion
- Group report outs
  - Present overall discussion to larger audience, focusing on the top three themes of conversation

# PHR User Acceptance and Monitoring

## ***What are your plans for user acceptance (UA)?***

- Did you conduct PHR environmental scans on internet access and usage prior to implementation?
- Will you conduct or have you been conducting pre-launch UA activities such as stakeholder demos or focus groups?

## ***How will you monitor PHR utilization?***

- Does your vendor offer a monthly usage report or other monitoring services?
- Do you have plans to explore monitoring such as Google Analytics or beneficiary surveys?

# LUNCH

**(TEFT Intensive Resumes  
at 1:45 pm)**

# Afternoon Agenda

Time	Topic
1:45 – 2:40	<p><b>HCBS Experience of Care Overview and Breakout Session</b>  <i>Susan Raetzman, TEFT EoC TA Lead, Truven Health Analytics</i>  <i>Julie Robison, Associate Professor, UConn, Connecticut TEFT Team</i>  <i>Kathy Bruni, Director, CT DSS, Connecticut TEFT Team</i></p>
2:40 – 2:45	<b>Break</b>
2:45 – 3:40	<p><b>eLTSS Initiative Overview and Breakout Session</b>  <i>Elizabeth Palena-Hall, eLTSS Initiative Leadership, ONC</i>  <i>Evelyn Gallego, eLTSS Initiative Coordinator, EMI Advisors</i>  <i>Katiya Shell, eLTSS Initiative Use Case and Functional Requirements, ESAC Inc.</i>  <i>Jamie Parker, eLTSS Initiative Pilots Management, ESAC Inc.</i></p>
3:40 – 3:50	<b>Break</b>
3:50 – 4:45	<p><b>Functional Assessment Standardized Items (FASI) Overview and Breakout Session</b>  <i>Pat Rivard, FASI TA Lead, Truven Health Analytics</i>  <i>Barb Gage, FASI Field Test Co-Lead, George Washington University</i>  <i>Trudy Mallinson, FASI Field Test Co-Lead, George Washington University</i></p>
4:45 – 5:00	<p><b>TEFT Intensive Wrap-Up</b>  <i>Mike Smith, Director, DCST, CMS</i>  <i>Kerry Lida, TEFT Project Lead, DCST, CMS</i></p>



# **Home- and Community-Based Services (HCBS) Experience of Care (EoC) Overview**

**Susan Raetzman, EoC TA Lead, Truven Health  
Analytics**

# HCBS EoC Survey

## Development and Testing

- Elicits feedback on beneficiaries' experience with services in Medicaid HCBS programs
  - Aged
  - Disabled
  - Aged/Disabled
  - Intellectual/Developmental Disabilities
  - Brain Injury
  - Serious Mental Illness
- Field test: 3,226 interviews from 26 programs in 10 states
  - Validation of 7 composite measures
  - Alternate survey and response modes supported
- Granted CAHPS trademark in June 2016
  - CAHPS® Home- and Community-Based Services Survey
  - Public rollout

# Measures Submitted for NQF Endorsement

- 7 Composite Measures
  - Staff are reliable and helpful
  - Staff listen and communicate well
  - Case manager is helpful
  - Choosing the services that matter to you
  - Transportation to medical appointments
  - Personal safety and respect
  - Planning your time and activities
- 3 Global Rating Measures and 3 Recommendation Measures
  - Personal assistance and behavioral health staff
  - Homemaker
  - Case manager

# Measures Submitted for NQF Endorsement

- 5 Unmet Need Measures
  - Unmet need in dressing/bathing due to lack of help
  - Unmet need in meal preparation/eating due to lack of help
  - Unmet need in medication administration due to lack of help
  - Unmet need in toileting due to lack of help
  - Unmet need with household tasks due to lack of help
- 1 Physical Safety Measure
  - Hit or hurt by staff



# HCBS EoC Survey Demonstration

- Eight TEFT grantees will use the survey to assess and improve HCBS program quality
  - Administer the survey in select programs, 2016 to 2018
  - Compare across programs in the same state
  - Provide option to use proxy respondents



# **Connecticut's Demonstration of the HCBS Experience of Care Survey**

**Julie Robison, Connecticut TEFT Team**

**Kathy Bruni, Connecticut TEFT Team**

# IN PROGRESS!

## The Experience of Care Survey: CT Round 2

Julie Robison, Associate Professor  
UConn Health, Center on Aging  
and  
Kathy Bruni, Director, HCBS Unit  
CT Department of Social Services



August 29, 2016 | HCBS Conference | Washington, DC

Funding from CMS and Connecticut Department of Social Services

# CT TEFT Components

- Experience of Care Survey
- FASI
- Personal Health Records
- eLTSS

# CT Experience of Care Survey: Round 2

- Participants from 3 HCBS waivers
  - Older Adults (OA)
  - Personal Care Assistance (PCA)
  - Acquired Brain Injury (ABI)
- 400 surveys needed from each for representative samples & cross-group comparisons
- Participants choose: telephone or in-person
- Assisted or proxy allowed, if needed

# Progress to Date

<b>Activity</b>	<b>Round 2 Dates</b>
Consulted multiple stakeholders	Fall 2015 - ongoing
IRB review/CMS ok	Jan. 19-25, 2016/Mar. 2016
Programmed interim English/Spanish surveys	Jan. – Mar. 2016
Trained interviewers	Jan. – Mar. 2016
Completed 400 Older Adult and 400 PCA surveys	Mar. – May 2016

# Remaining Timeline

<b>Activity</b>	<b>Dates</b>
Complete up to 400 ABI surveys	Fall 2016
Clean data	Ongoing – Dec. 2016
Data analysis	Ongoing – Dec. 2016
Develop service provider contractor benchmarks	Dec. 2016

# Round 2 Went Faster Than Round 1

- Used same survey vendor (UConn Center on Aging)
- Used different CATI vendor (who had Round 1 knowledge)
- Streamlined various aspects of the process:
  - More communication with stakeholders & case managers
  - Fewer changes to official survey after programming started
  - Eliminated extensive background info Truven required from Access Agencies (e.g., services in care plans, provider names)
  - Improved notification letter and recruitment scripts
  - Allowed telephone and assisted or proxy interviews
  - Some interviewers had Round 1 experience



# Recruitment Process

- Stakeholder meetings with advocacy and provider groups
- Notify Access Agency care managers
- UConn notification letter to participants
- UConn call to participants/conservators

# Responses So Far

Category	PCA	Older Adult
Total available to call	828 (all)	982 (random sample)
Attempted to contact	620	874
Ineligible*	48	189
<b>TOTAL ELIGIBLE</b>	<b>572</b>	<b>685</b>
Refused	57	179
Not reached	115	106
Completed	400	400
Response Rate	<b>70.0%</b>	<b>58.4%</b>

\* died, institutionalized, non English/Spanish speaker, wrong contact info, cognitively incompetent

# Interview Breakdown

Category	PCA	Older Adult
Total Completed	400	400
English	385	320
Spanish	15	80
Participant alone	348	304
Assisted	27	41
Proxy alone	25	55
Telephone	392	379
In-Person	8	21

# Lessons Learned from Round 1 to Round 2

- Flexibility is CRITICAL
  - Choice in survey mode (phone, in-person, web)
  - Allow assistance if INDIVIDUAL (or legal guardian) desires/needs
  - Choice in language; accommodate non-verbal

# Lessons Learned from Round 1 to Round 2 (cont'd.)

- Stakeholder input is CRITICAL
  - Share survey information
  - Get suggestions
  - Collaborate with other involved providers
    - Access Agencies designated one person to help contact consumers

# Lessons Learned from Round 1 to Round 2 (cont'd.)

- Organization is CRITICAL
  - Before sending notification letters
    - Get IRB resolved (UConn IRB: Quality Improvement)
    - Program and test English & Spanish surveys
    - Train all interviewers
    - Obtain and clean contact information
- Start calls within a week of letters
  - Batch letters depending on interviewer capacity
- Easy movement within CATI system
  - Side buttons to start survey/save/go back
- Simple recruitment script with natural flow

# Lessons Learned from Round 1 to Round 2 (cont'd.)

- Public trust in vendor is CRITICAL
  - Use known entity if possible
  - Independence from state agencies and service providers (e.g., used UConn letterhead)
  - Emphasize confidentiality, privacy, choice

# CT Plans for EoC data

- Results from the survey will be used to develop performance benchmarks for providers
- Goal: improve the experience of care for all HCBS recipients



# Waiver Case Management Structure

- For Elder, Disabled and Brain Injury Waivers, case management is a contracted service with contractors in 5 different regions in the state
- Quality varied among these providers
- Difficult to compare one provider to another
- Experience of Care offers that opportunity

# 2013 Case Management Contract

- DSS added performance bonus incentives to the Older Adult Waiver contracts in 2013
- Pool is divided by the number of performance standards
- Pool total available is \$500,000
- 4 performance incentives tied to EoC in the contracts
  - Access to care
  - Having choice and control over assistance received
  - Being treated with respect and dignity
  - Feeling included in the community

# Next Steps

- Identify items and composites from CAHPS approved EoC survey to tie to benchmarks
- Focus on experiences with staff, case managers, personal safety & respect and choosing services
- Use Round 2 to establish baseline and reward those who improve based on results of the CAHPS Home- and Community-Based Survey

# Contact Information

Julie Robison

Associate Professor, Center on Aging

UConn Health

[jrobison@uchc.edu](mailto:jrobison@uchc.edu)

860-679-4278

Kathy Bruni

Director, HCBS Unit

Connecticut Department of Social Services

[kathy.a.bruni@ct.gov](mailto:kathy.a.bruni@ct.gov)

860-424-5177



**QUESTIONS?**

# **HCBS Experience of Care Breakout Session**

## **Round 2 Management and Stakeholder Input**

# EoC Group Report Outs

- Breakout activity
  - Dialogue regarding discussion questions
  - Scribe key points of discussion
  
- Group report outs
  - Present overall discussion to larger audience, focusing on the top three themes of conversation

# HCBS EoC Stakeholder Input

*One of CT's lessons learned was that stakeholder input is critical.*

- How are you engaging stakeholders in Round 2 that is different from Round 1?
- What has been the impact of their input?
- How is stakeholder engagement expected to impact response rates?
- What are you doing more broadly to increase participation and response rates?



# HCBS EoC Round 2 Management

*CT described their timeline in Round 2, where most major activities spanned several months for a total elapsed time of nearly a year.*

- How is your state managing the process against a timeline?
- What sticking points do you expect in the timeline?

# HCBS EoC and Other Surveys

***Several TEFT grantees, including CT, are also conducting other surveys of persons receiving HCBS.***

- What is your state doing to minimize survey fatigue?
- How does the CAHPS survey complement or reinforce these other efforts (e.g., which programs are surveyed, how the information is used, etc.)?

**BREAK**

# eLTSS Initiative Overview

Elizabeth Palena-Hall, eLTSS Initiative Leadership, Office of the National Coordinator for Health IT (ONC)

Caroline Coy, eLTSS Initiative Leadership, ONC

Evelyn Gallego, eLTSS Initiative Coordinator, EMI Advisors

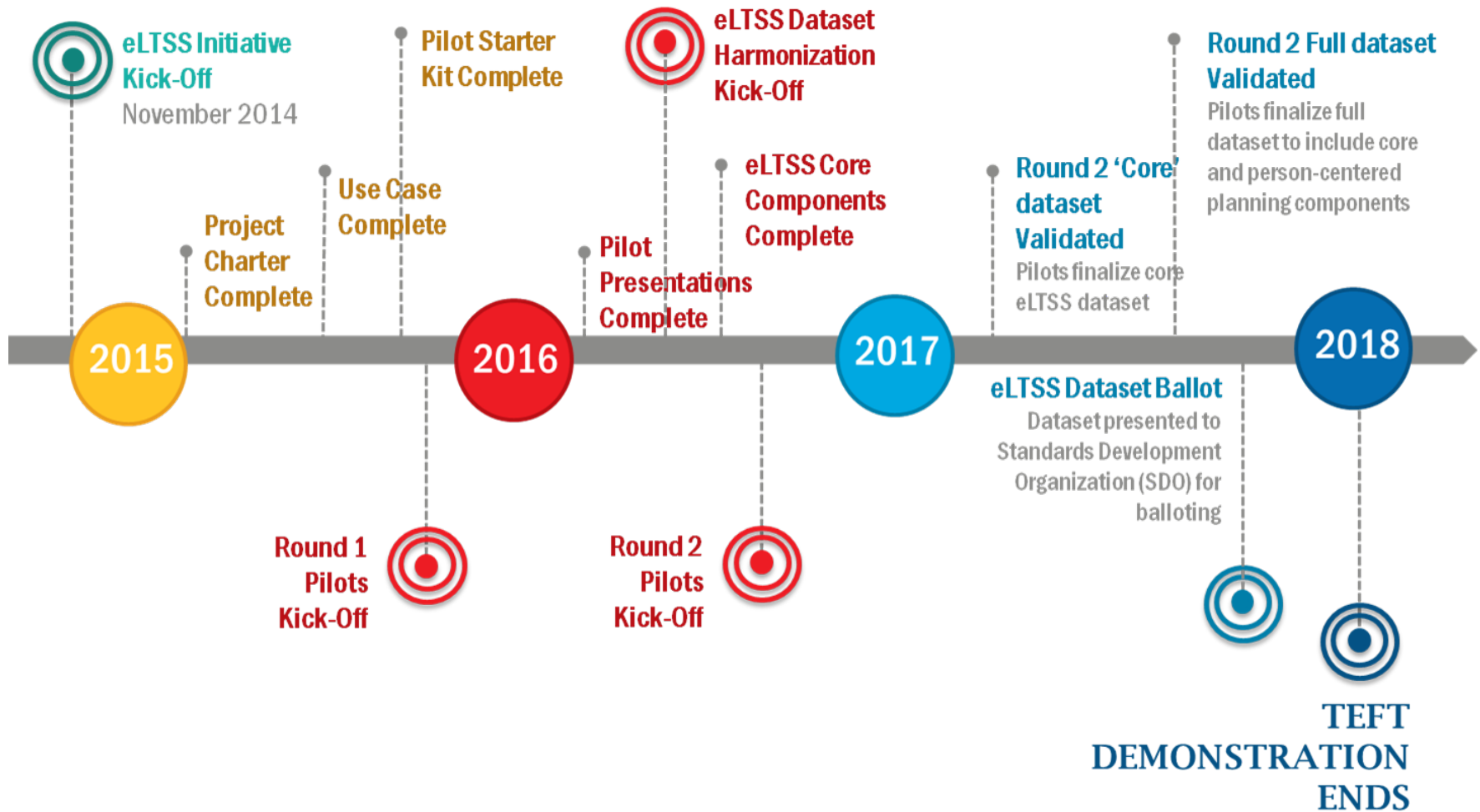
Katiya Shell, eLTSS Initiative Use Case and Functional Requirements, Enterprise Science and Computing (ESAC) Inc.

Jamie Parker, eLTSS Initiative Pilots Management, ESAC Inc.

# Topics

- Introductions
- eLTSS at a Glance
- Pilot Overview
- Breakout Session

# eLTSS Initiative at a Glance



# Key eLTSS Plan Input: Person-Centered Profile

Introductory Information: strengths/preferences, positive reputation, etc.

~ *Ruth's One Page Description (at home)* ~

## What People Like and Admire about Ruth

- Such a "grandmother"
- A true lady
- Has the gift of gab ~ can hold a conversation with anyone!
- Always dressed so nice ~ everything always matches, right down to socks and earrings
- Very liberal thinker



## What is Important to Ruth

- Living with granddaughter and grandson-in-law
- Being warm and feeling safe with caregivers
- Having "a little pour" before bed (rum and tea)
- Being a part of whatever is going on at home ~ being in the middle of it!
- Sweets during the day!

## Supports Ruth Needs to be Happy, Healthy and Safe

- Needs people to ask frequently if she is warm enough and help her put on sweater/sweatshirt if she is not (she'll be cold when you're not)
- Must have assistance with her medications ~ knows them by color but you need to dole them out and keep track of times
- Needs assistance with bathing and dressing ~ will tell you what clothes she wants to wear for the day/event
- When bathing, no water on face ~ she will wash with cloth
- Must talk with daughter 2-3 times a week on the phone ~ will need you to dial for her
- Must see her doctor right away if she has cough, fever or is "off balance" ~ indications of systemic infection that will grow quickly!

## People Who Support her Best

- Like to chit chat
- Are timely and stay busy
- Polite and mannerly
- Have a witty and dry sense of humor
- Can be reassuring and help Ruth feel safe

# eLTSS Initiative Accomplishments

Date Published	Artifact Name
2/2015	<a href="#"><u>Project Charter</u></a>
5/2015	<a href="#"><u>eLTSS Glossary</u></a>
7/2015	<a href="#"><u>Use Case</u></a>
9/2015	<a href="#"><u>Pilot Starter Kit</u></a>
8/2015	<a href="#"><u>Pilot Resource Materials</u></a>
10/2015	<a href="#"><u>Pilot Plan Presentations</u></a>





# eLTSS PILOTS

# Aim for eLTSS Pilot Program

- Conduct Real world evaluation and demonstration of:
  - The eLTSS Use Case
    - Using the Use Case, Functional Requirements and the Tiered Approach
- Determine “Core” plan elements as part of harmonization
  - Round 1 pilot
- Pilot the core plan elements with Providers and Beneficiaries
  - Round 2 pilot
- Create a “Core” eLTSS plan based on pilot feedback

*The goal is to determine if the work we have done to date is implementable? Useable? And, if not, what else needs to be done?*

# eLTSS Plan Inputs and Core Components

Captured using ACA 2402 (a) Person-Centered Planning Process\*

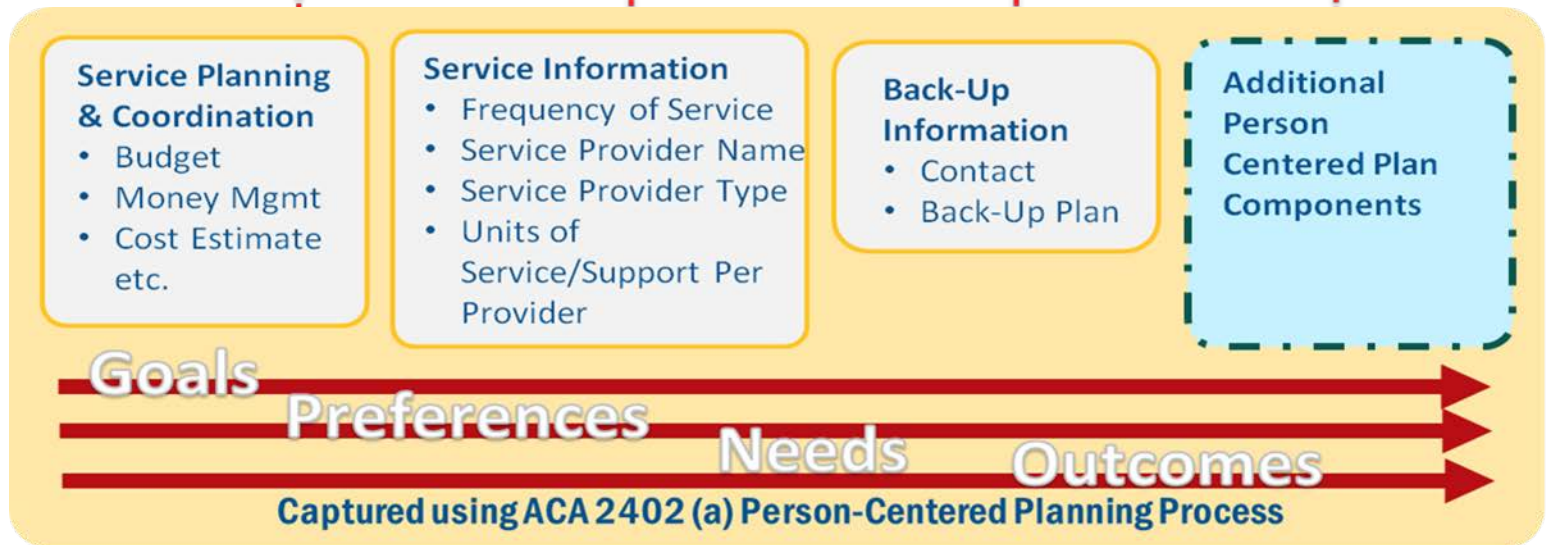
## Plan Inputs

Captured in other processes and Tools  
(e.g. assessments, intake forms)



## Core Plan Components

Identifies services and supports, including funding and resources, that are necessary to meet person's identified goals, preferences, and needs.



# Collecting Plans and LTSS Plan Elements: By the Numbers

State	# of Elements	Rows of Elements + Values
Colorado (In progress)	24	109
Connecticut	58	73
Georgia (In progress)	44	49
Kentucky	146	887
Maryland	106	256
Minnesota (Includes elements reused in multiple sections)	314	1027

# Core Element Example: Name of Service Provided

	Colorado	Connecticut	Georgia	Kentucky	Maryland	Minnesota	FEi
<b>Element Name</b>	Service	Available Services	Waiver Services Service Type	Service Name	POS Service	Service	Service
<b>Datatype</b>	Dropdown	Select from list	Select from list	Dropdown	Dropdown	Dropdown OR Free Text	?
<b>Code System(s)</b>	HCPCS Code + 4 Modifiers  Home Health Revenue Code ?			HCPCS Code + 4 Modifiers  Home Health Revenue Code?		HCPCS Code + 4 Modifiers	?
<b>Values</b>	List of service name + code	List of service names	List of service names	List of service name + code	List of service names	List of service name + code	List of service names

**PROPOSAL ACCEPTED:** Include Service Name Type as a core element.

<b>Proposed Name</b>	Service Name
<b>Datatype</b>	text
<b>Format</b>	Display name, code, modifier
<b>Cardinality</b>	1..1

# Core Element Example: Service Frequency Type

	Colorado	Connecticut	Georgia	Kentucky	Maryland	Minnesota	FEi
<b>Element Name</b>	Frequency			Service Frequency Total Prior Authorized Frequency Total NOT Approved Frequency PDS Service Frequency Non-Waiver Frequency	Frequency Type	Frequency	
<b>Values</b>	Free Text			Free Text		Free Text	
					Daily		
	Week			Week	Weekly		
	Month			Month	Monthly		
	Year				Annual		
				One Time Only			

**PROPOSAL ACCEPTED:** Include Service Frequency Type as a core element.

<b>Harmonized Name</b>	Service Frequency Type
<b>Description/Usage Note</b>	How often a service is provided.
<b>DataType/Format</b>	String / List of Values
<b>Values</b>	Day, Week, Month, Annual, One Time Only, Other (Free Text)
<b>Cardinality</b>	1..1

# Final “Core” Plan Elements

Examples of Core Plan Elements Harmonized To Date are below. For the updated list of our harmonized “Core” Plan elements please see our [Pilot wiki](#).

Plan Period	Plan Signatures	Financial Information	Beneficiary Demographics
<ul style="list-style-type: none"><li>Plan Effective Date</li></ul>	<ul style="list-style-type: none"><li>Support Planner Signature</li><li>Guardian/Legal Representative</li><li>Person Signature</li><li>Support Planner Printed Name</li><li>Guardian/Legal Representative Printed Name</li><li>Person Printed Name</li><li>Person Signature Date</li><li>Guardian/Legal Representative Signature Date</li></ul>	<ul style="list-style-type: none"><li>Total Plan Cost</li><li>Total Plan Budget</li><li>Funding Source</li><li>Plan Funding Source</li></ul>	<ul style="list-style-type: none"><li>Person Name</li><li>Date of Birth</li><li>Person Address</li><li>Person Identifier Type</li><li>Person Identifier</li></ul>
Program Type		Service Preferences	
<ul style="list-style-type: none"><li>Program Name</li></ul>		<ul style="list-style-type: none"><li>Person Service Agreement Indicator</li><li>Person Service Provider Choice Indicator</li><li>Service Name</li></ul>	
Service Information			
<ul style="list-style-type: none"><li>Service Frequency Type</li><li>Unit of Service Type</li><li>Service Unit Value</li></ul>			

# LTSS Plan Alignment Harmonization Process

- ✓ 1. TEFT grantees and non-TEFT pilots submit sample LTSS plan elements and values.
- ✓ 2. Pilot Harmonization Team populates LTSS plan elements and values into crosswalk analysis spreadsheet and identifies:
  - a. Similar content across plans
  - b. Which elements are drawn from an Intake or Assessment?
- ✓ 3. All-Hands Community Workgroup sessions evaluate “Core” plan elements:
  - a. Engagement and feedback from each pilot and their plan experts
  - b. Consensus on common core elements
  - c. Harmonization of the element name, format, and values
- ✓ 4. Create a harmonized set of LTSS Plan elements, format, and values.



# eLTSS Initiative: Project Team Leads

- ONC Leadership
  - Mera Choi: [mera.choi@hhs.gov](mailto:mera.choi@hhs.gov)
  - Elizabeth Palena-Hall: [elizabeth.palenahall@hhs.gov](mailto:elizabeth.palenahall@hhs.gov)
- CMS Leadership
  - Kerry Lida: [kerry.lida@cms.hhs.gov](mailto:kerry.lida@cms.hhs.gov)
- Initiative Coordinator
  - Evelyn Gallego-Haag: [evelyn.gallego@emiadvisors.net](mailto:evelyn.gallego@emiadvisors.net)
- Project Management
  - Lynette Elliott: [lynette.elliott@esacinc.com](mailto:lynette.elliott@esacinc.com)
- Use Case and Functional Requirements Development
  - Becky Angeles: [becky.angeles@esacinc.com](mailto:becky.angeles@esacinc.com)
  - Katiya Shell: [katiya.shell@esacinc.com](mailto:katiya.shell@esacinc.com)
- Pilot Guide Development
  - Grant Kovich: [grant.kovich@accenture.com](mailto:grant.kovich@accenture.com)
- Pilots Management
  - Jamie Parker: [jamie.parker@esacinc.com](mailto:jamie.parker@esacinc.com)
- Standards and Technologies Identification
  - Angelique Cortez: [angelique.j.cortez@accenturefederal.com](mailto:angelique.j.cortez@accenturefederal.com)



**QUESTIONS?**



# eLTSS Breakout Session

# eLTSS Breakout Parameters

- Each participant will be handed the eLTSS plan dataset as identified by the community in Round 1 of pilots.
  - This includes the questions and applicable value set 'answers' the community agreed to include as part of the core components of an eLTSS plan.
- Directions
  1. Select one piece of paper from the bowl in the center of the table.
  2. Your selection will determine the provider "role" you play in an eLTSS plan for this exercise.
  3. All providers of the same role will work together.
  4. Evaluate the eLTSS plan dataset based on your role and the brief description of your primary tasks as provided.
  5. Assign someone to act as the scribe to capture everyone's feedback for the report outs.

# Evaluating the eLTSS Plan Components

- In your role, you will evaluate the eLTSS plan dataset for the following:
  - Thoroughness – Does the dataset enable you to capture the information you would need to provide your service to a beneficiary?
    - Highlight all of those items on the plan that you will need to provide your service.
    - If the plan is missing elements you might need, please add them to the plan.
  - Interoperability – Do the elements you will be using from the eLTSS plan make sense, and could they be consumed easily in your system?
    - If yes, explain why.
    - If no, please elaborate on what is needed to make it more accessible to your system (i.e. not sure of the definition, the answer set doesn't seem complete, etc.).
  - Areas of Improvement – Where do you think improvements could be made to the eLTSS plan dataset and the overarching exchange of eLTSS plans with Providers and Beneficiaries, and does this plan align with your business drivers?

# Group Report Outs

- Role/Plan Activity – 20 minutes
  - We will ask each role to report findings to the scribe assigned to your group.
- Report out to the Breakout Group – 10 minutes
  - The scribe will detail the findings based on roles and the evaluation criteria.
    - Group will consolidate feedback for report outs.
- Group Report Outs – 15 minutes
  - We will then ask a representative from your group to present your overall findings to the larger audience based on Plan, Roles, Evaluation Criteria.

# **Functional Assessment Standardized Items (FASI) Overview**

**Pat Rivard, FASI TA Lead, Truven Health  
Analytics**

**Barb Gage, FASI Field Test Co-Lead, GW**

**Trudy Mallinson, FASI Field Test Co-Lead, GW**

# What is FASI?

Person-centered measures of functional ability and need for caregiver assistance

Aligned with federally standardized items (ADL and Mobility) with additional items (IADLs, caregiver assistance needs)

Identifies personal goals related to functioning and caregiver assistance



# FASI Goals

Align and standardize core HCBS functional assessment items with corresponding items within Medicare program

Integrate FASI into CMS' data element library or item bank on assessment items

Seek NQF endorsement for quality measures based on FASI

# FASI Domains

- Self-care such as eating and dressing
- Mobility activities such as bed mobility and transfers, ambulation, wheelchair use
- Instrumental Activities of Daily Living (IADLs) such as making a light meal, answering the telephone
- Use or need for assistive devices
- Living arrangements and presence of paid/unpaid assistance
- Personal goals for each area

# FASI Round 1 Data Collection: 5 HCBS Populations

Frail Elderly (FE)

Brain Injury (BI)

Intellectually Disabled and  
Developmentally Disabled (ID/DD)

Physically Disabled (PD)

Serious Mental Illness (SMI)

# Target Number of Individuals

- **272** assessments of individuals from each of the five HCBS populations
  - **1,360** individuals to be assessed, in total
- Additional **42** assessments for each population to conduct inter-rater reliability test
  - Two assessors in the home at the same time
  - One will conduct the assessment and record results, second assessor records results

# Progress to Date

- Input from Technical Expert Panel (October 2015)
- Pilot-tested items in Connecticut to evaluate usability (December 2015)
- Revised FASI set for Round 1 testing (February 2016)
- Paperwork Reduction Act review
  - Published in Federal Register (May 2, 2016)
  - Comment period (Underway)

# Current Activities

- Preparing for Round 1 Data Collection
  - Finalizing recruitment sample from states
  - Contracting with the data collection entities
  - Developing online FASI training for assessors
  - Setting up Help Desk

# Next Steps

- September 2016
  - Online FASI training go-live
- October-December 2016
  - Round 1 data collection
- November-March 2016
  - Data analysis
  - FASI revisions
- March 2016
  - State-specific reports

# Online FASI Assessor Training





# Online FASI Assessor Training

- 8 self-paced online modules developed by GW
- TEFT FASI objectives
- Recruitment, consent/assent process
- Mechanics of completing the FASI forms
- Interactive video scenarios with feedback for learners
- Ethical conduct of research



# Assessor Competency

- Assessors must demonstrate competency to pass the training before data collection begins
  - Assessors complete training modules with examples and interactive vignettes
    - Vignettes give correct answers and why each response is correct/incorrect
  - Assessors have 3 opportunities to pass
  - Assessors can repeat the training if needed





# Screen Captures: FASI Training (cont'd.)

Menu Transcript

- Section B of the FASI
- Introduction
- Six-Level Coding Scale
- Additional Codes**
- Coding Tips
- Safety and Quality of Performance
- Coding Question #1

FASI Training Preview

## Additional Codes

Identifier (Assessor ID# / Recipient #) \_\_\_\_\_

**Section B Functional Abilities and Goals**

**Self-Care**

Form Instructions:

- Performance level Column A (Usual) - Code the person's usual self-care performance using the 6-point coding scale.
- Performance level Column B (Worst) - if the person's performance changes their most dependent performance.
- If the activity was not attempted, code the reason.

COPIES:

Safety and Quality of Performance - if helper assistance is required because person's performance is unsafe or of poor-quality score according to amount of assistance provided. Activities may be completed with or without assistive devices.	Performance Level		Enter Codes in Boxes
	A Usual	B Worst	
04. Independent - Person completes the activity by him/herself with no assistance from a helper.	<input type="checkbox"/>	<input type="checkbox"/>	04. Eating to get food table food
05. Setup or cleanup assistance - helper SETS UP or CLEANS UP, person completes activity, helper acts only prior to or following the activity.	<input type="checkbox"/>	<input type="checkbox"/>	05. Oral hygiene (brushing, rinsing, the mouth)
06. Supervision or touching assistance - helper provides VERBAL CUES or TOUCH/HELD/TAPPING assistance as person completes activity. Assistance may be provided throughout the activity or intermittently.	<input type="checkbox"/>	<input type="checkbox"/>	06. Toileting, perineal/genital hygiene, adjust clothes before and after using the toilet, commode, bedpan or urinal, if managing an ostomy, include wiping the opening but not managing equipment.
07. Partial/minimal assistance - helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.	<input type="checkbox"/>	<input type="checkbox"/>	07. Wash upper body. The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.
08. Substantial/maximal assistance - helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.	<input type="checkbox"/>	<input type="checkbox"/>	08. Shower/bathe self. The ability to bathe self in shower or tub, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower.
09. Dependent - helper does ALL of the effort. Person does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the person to complete the activity.	<input type="checkbox"/>	<input type="checkbox"/>	09. Upper body dressing. The ability to put on and remove shirt or pajama top, includes buttoning, if applicable.
10. If activity was not attempted, code reason: 07. Person refused. 09. Not applicable - Person does not usually do this activity. 88. Not attempted due to short-term medical condition or safety concerns.	<input type="checkbox"/>	<input type="checkbox"/>	10. Lower body dressing. The ability to dress and undress below the waist, including fasteners; does not include footwear.
11. Not attempted due to short-term medical condition or safety concerns.	<input type="checkbox"/>	<input type="checkbox"/>	11. Putting on/taking off footwear. The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility.

Please indicate your top two priorities in the area of self-care for the next six months:

1. \_\_\_\_\_

2. \_\_\_\_\_

2

Resources

If activity was not attempted, code reason:  
07. Person refused.  
09. Not applicable – Person does not usually do this activity.  
88. Not attempted due to short-term medical condition or safety concerns.

# Screen Captures: FASI Training (cont'd.)

Menu Transcript

- Section B of the FASI
  - Introduction
  - Six Level Coding Scale
  - Additional Codes
  - Coding Tips
  - Safety and Quality of Performance
  - Coding Question #1**


FASI Training Preview

Resources

## Coding Question #1

What level of assistance would you code for this person for lying to sitting on the side of bed?

- 06. **Independent** – Person completes the activity by him/herself with no assistance from a helper.
- 05. **Setup or cleanup assistance** – Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.
- 04. **Supervision or touching assistance** – Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as person completes activity. Assistance may be provided throughout the activity or intermittently.
- 03. **Partial/moderate assistance** – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
- 02. **Substantial/maximal assistance** – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 01. **Dependent** – Helper does ALL of the effort. Person does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the person to complete the activity.



00:00 / 00:19

◀ ▶ 🔍 ⌂ SUBMIT

# Screen Captures: FASI Training (cont'd.)

Menu Transcript

- Section B of the FASI
  - Introduction
  - Six Level Coding Scale
  - Additional Codes
  - Coding Tips
  - Safety and Quality of Performance
  - Coding Question #1**

FASI Training Preview


Resources

## Coding Question #1

What level of assistance would you code for this person for lying to sitting on the side of bed?

The assistance shown here should be coded 03 for partial or moderate assistance because the helper supports and lifts the person's legs but provides less than half the effort.

Code 04 indicates that a person requires only verbal cues or steadying assistance. Please be sure to always check the descriptions provided in the coding scale.



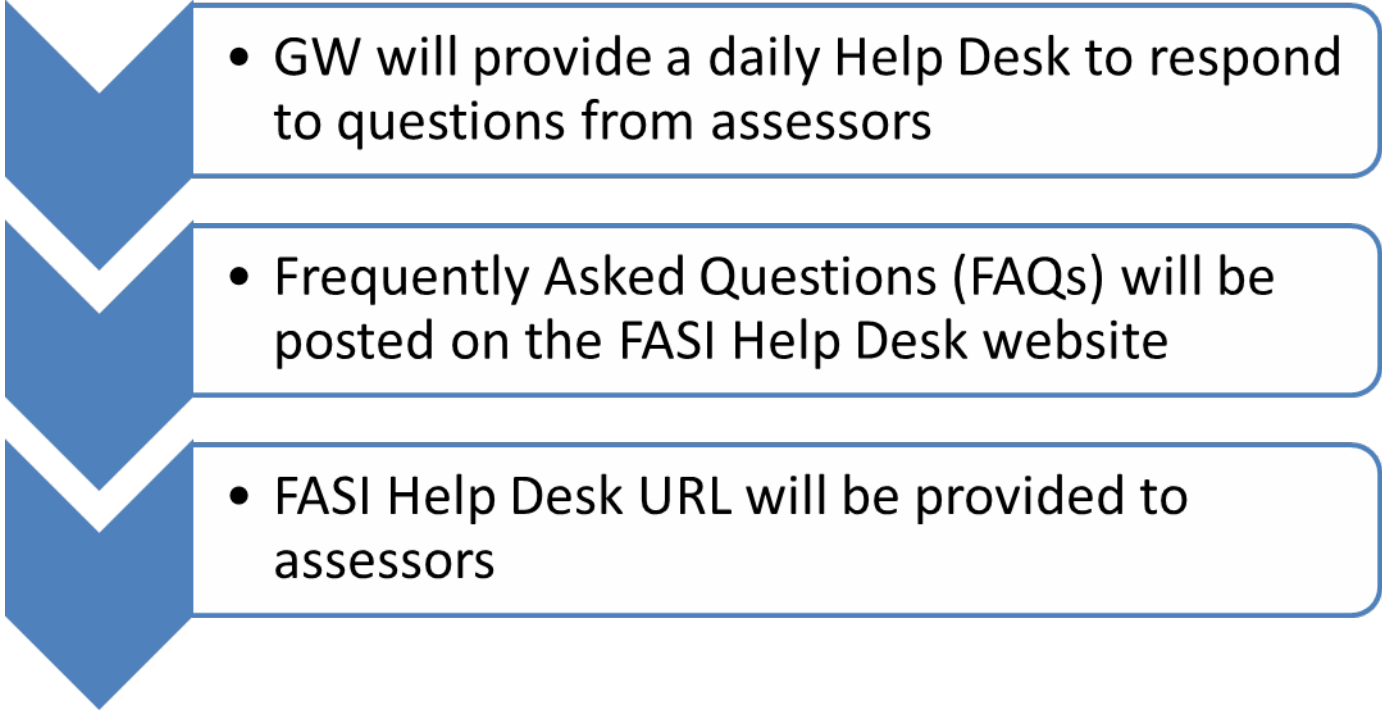
00:00 / 00:19

Continue

◀ ▶ ⏪ ⏩ ⏴ ⏵

SUBMIT

# FASI Training and Data Collection Support

- 
- GW will provide a daily Help Desk to respond to questions from assessors
  - Frequently Asked Questions (FAQs) will be posted on the FASI Help Desk website
  - FASI Help Desk URL will be provided to assessors

# State Uses of FASI Data





# Preparing for Round 2: How Can States Use FASI?

- Determine eligibility for Medicaid HCBS programs
- Develop person-centered service plans
- Monitor quality and measure program impact
- Report across multiple programs within a state, especially rebalancing initiatives
- Update systems to reflect national standards
- Create exchangeable data platform





**QUESTIONS?**



# **FASI Breakout Session**

## **Round 2 Data Collection: State Uses of FASI**

# FASI Group Report Outs

- Breakout activity
  - Dialogue regarding discussion questions
  - Scribe key points of discussion
- Group report outs
  - Present overall discussion to larger audience, focusing on the top three themes of conversation

# FASI Break Out Questions

- The FASI team will be providing state-specific reports on FASI data from the Round 1 field test. Have you considered how you would use this report? With whom are you planning to share this report?
- What are your plans for Round 2 data collection? How are you preparing for Round 2?

# FASI Break Out Questions (cont'd.)

- Have you thought about the possibility of integrating FASI into your existing tool(s)? Are you planning to take selected items or use the entire FASI set?
- Do you foresee using some/all of the FASI set in any of your HCBS program management activities (i.e., determining program eligibility, estimating resource needs, care planning, other)?

# FASI Break Out Questions (cont'd.)

- Have you thought about how FASI could be used across the continuum of care in your state – referrals from hospitals, HCBS eligibility/assessments, post-acute care settings, eligibility?

# **TEFT Intensive Wrap-Up**

**Mike Smith, Director, DCST, CMS**

**Kerry Lida, TEFT Program Lead,  
DCST, CMS**



# Thank You!

- Additional Information may be found on the TEFT webpage at [Medicaid.gov](https://www.Medicaid.gov)



**THANK YOU FOR ATTENDING!**