



# **TEFT Intensive**

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

**August 28, 2017**

# Morning Agenda

Time	Topic
8:30 – 9:30	Registration & Networking
9:30 – 10:30	Collaborative Session with MFP
10:30 – 10:45	Break & Transition to TEFT Intensive
10:45 – 11:00	<b>Overview &amp; Introductions of CMS Team, Overview of TEFT Intensive</b> <i>Kerry Lida, TEFT Program Lead, DCST, CMS</i> <i>Allison Weaver, TEFT TA COR and Grantee Project Officer, DCST, CMS</i> <i>Alicia Ryce, TEFT Grantee Project Officer, DCST, CMS</i> <i>Teja Stokes, TEFT TA Coordinator, Truven Health Analytics</i>
11:00 – 12:00	<b>eLTSS Harmonization Update &amp; Next Steps</b> <i>Office of the National Coordinator for Health IT</i>
12:00 – 1:30	Luncheon Plenary



# **Welcome & Introductions of CMS Team, Overview of TEFT Intensive**

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

**Allison Weaver, TEFT TA COR and Grantee Project Officer, DCST, CMS**

**Alicia Ryce, TEFT Grantee Project Officer, DCST, CMS**

**Teja Stokes, TEFT TA Director, Truven Health Analytics**



# **eLTSS Harmonization Update & Next Steps**

**Office of the National Coordinator  
for Health IT**



The Office of the National Coordinator for  
Health Information Technology

# eLTSS Harmonization Update & Next Steps

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HCBS TEFT Intensive

Date: August 28, 2017



# Agenda

- Background: Purpose & Scope
- Round 2 Pilots Timeline
- eLTSS Core Dataset
- Round 2 Pilot Organizations
- eLTSS Round 2 Results
- Harmonization Approach and examples
- Value proposition for standardized information capture
- Common industry Standards
- Understanding Health & Human Services IT Standards
- Vision for eLTSS Dataset Integration
- Next Steps

# Background: What is the electronic Long-Term Services & Supports (eLTSS) Initiative?

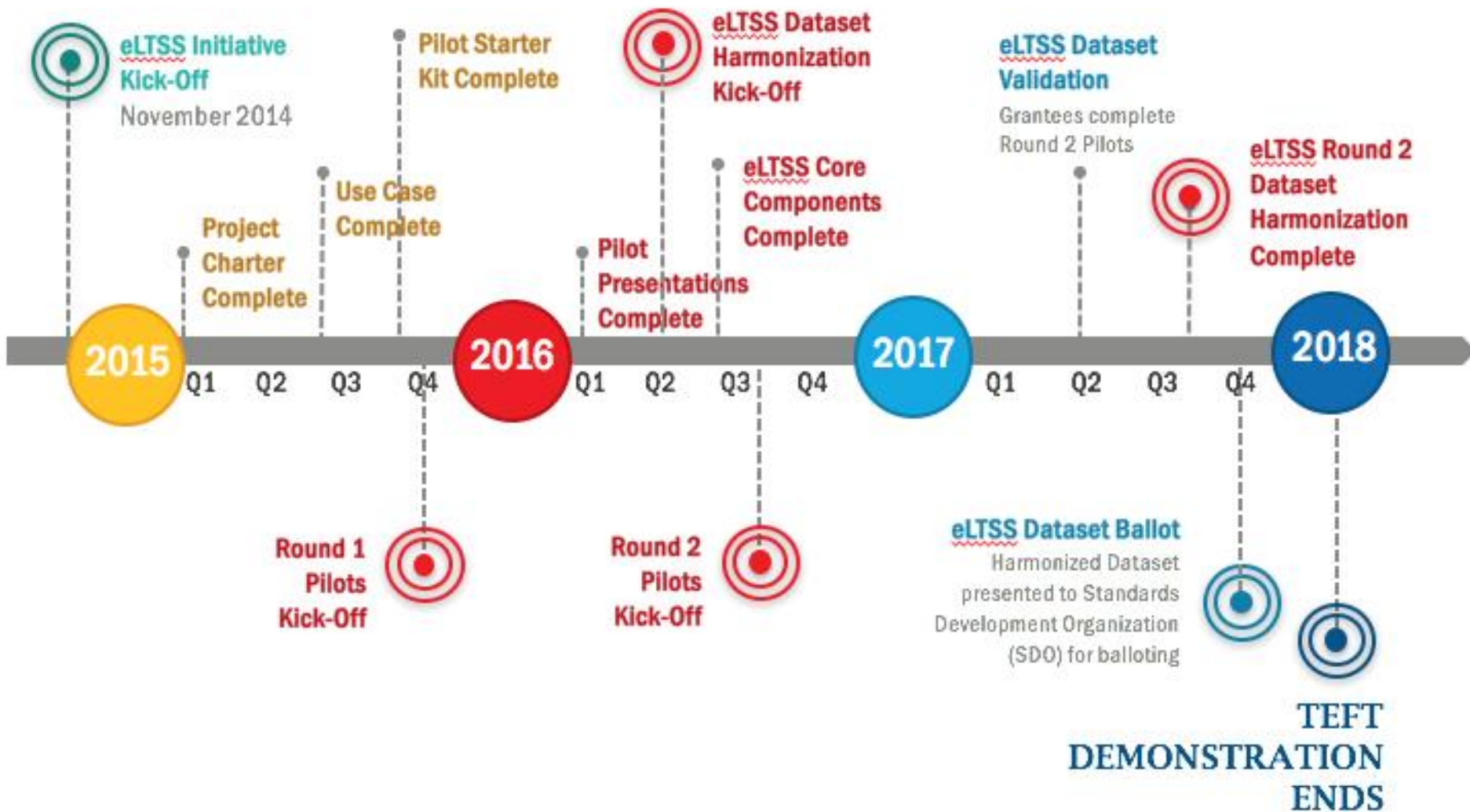
- Launched in November 2014 as a **joint project** between CMS and ONC
- Driven by the requirements of the *CMS Testing Experience and Functional Tools (TEFT) in Medicaid community-based long term services & supports (LTSS) Planning and Demonstration Grant Program*
  - » eLTSS is one of the four TEFT Program Components
  - » **6 of 9** TEFT grantees participate in the eLTSS component of TEFT: CO, CT, GA, KY, MD, MN
- Supports CMS Requirements for Person-Centered Service Plans (PCSPs) as defined within the [HCBS 1915 \(c\) Waiver Final Rule](#)
  - » PCSPs support the person, make him or her central to the process, and recognize the person as the expert on goals and need

# What is the scope of eLTSS?

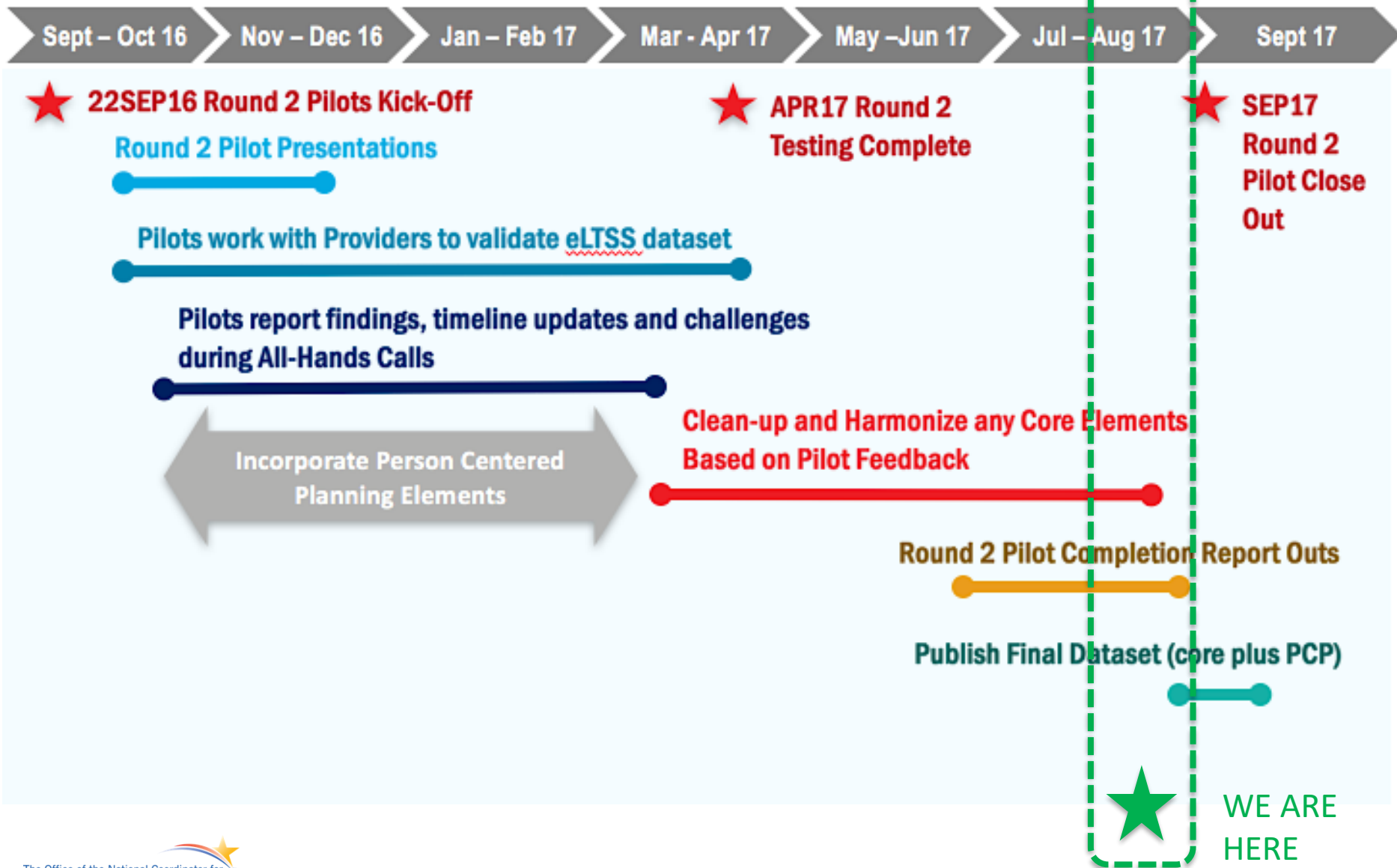
1. Identifying **components or data elements** needed for the electronic creation, sharing and exchange of person-centered service plans
  - » Data elements comprise the information needed by **users** of person-centered service plans; they are the units used to populate forms or containers of data for electronic exchange
  - » Designed so they are “understood” by various user groups:
    - **Human Readable:** e.g. Multi-disciplinary providers, beneficiaries and their caregivers, accountable entities and payers
    - **Machine Readable:** e.g. clinical and non-clinical IT systems used by the various groups
2. Field testing/piloting these data elements within participating organizations (pilots) respective systems (paper based and electronic)



# eLTSS Initiative At-A-Glance



# Round 2 Pilots Timeline



# eLTSS Round 2 Pilots

- Kicked off on September 22, 2016
- Round 2 pilots tested the agreed upon “Core” Plan elements identified by eLTSS Community as part of Round 1 Pilot activities
- Piloting included:
  - » Updating the Pilot organization’s current Service Plan to include the eLTSS Core data elements; AND/OR
  - » Mapping the existing organization’s Service Plan to the eLTSS Core data elements
- Piloting required **SENDING** the Plan to multiple provider groups
  - » Plan could be sent electronically using secure email and/or fax
- Providers **RECEIVING** the plan provided feedback on the eLTSS Core data elements

Grantee Pilot Sites were encouraged to identify 3 to 4 different types of providers to engage in the pilots.

# What was Piloted? eLTSS Core Dataset

- Pilots were asked to test at least **80% or 38** elements from dataset
- Total Number of Elements: **47**

## Risk: 1 Element

Identified Risk

## Plan Period/Plan Effective Dates: 1 Element

Plan Effective Date

## Service Preferences: 2 Elements

Person Service Agreement Indicator  
Person Service Provider Choice Indicator

## Goals & Strengths: 4 Elements

Assessed Needs  
Goal  
Step or Action  
Strengths

## Financial Information: 4 Elements

Plan Funding Source  
Program Name  
Total Plan Budget  
Total Plan Cost

## Emergency Backup Plan: 4 Elements

Emergency Backup Name  
Non-Paid Emergency Backup Relationship Type  
Emergency Backup Phone Number  
Emergency Backup Plan Text

## Service Provider Name & Other Identifiers: 5 Elements

Support Planner Name  
Support Planner Phone Number  
Service Provider Name  
Non-Paid Service Provider Relationship Type  
Service Provider Phone Number

## Beneficiary Demographic: 6 Elements

Person Name  
Person Identifier  
Person Identifier Type  
Person Date of Birth  
Person Phone Number  
Person Address

## Plan Signatures: 9 Elements

Person Signature  
Person Printed Name  
Person Signature Date  
Guardian / Legal Representative Signature  
Guardian / Legal Representative Printed Name  
Guardian / Legal Representative Signature Date  
Support Planner Signature  
Support Planner Printed Name  
Support Planner Signature Date

## Service Information: 11 Elements

Service Name  
Service Start Date  
Service End Date  
Service Comment  
Service Funding Source  
Service Unit Quantity  
Unit of Service Type  
Service Unit Quantity Interval  
Service Rate per Unit  
Service Total Units  
Total Cost of Service

# eLTSS Round 2 Pilot Organizations

TEFT Organization	User Story Tested
<b>CO:</b> Dept. of Health Care Policy & Financing	User Story 1: LTSS Eligibility, eLTSS Plan Creation and Approval
<b>CT:</b> Dept. of Social Services Division of Health Services	User Story 2: Sharing a Person-Centered eLTSS Plan
<b>GA:</b> Dept. of Community Health	User Story 1: LTSS Eligibility, eLTSS Plan Creation and Approval
<b>KY:</b> Office of Administrative & Technology Services	User Story 1: LTSS Eligibility, eLTSS Plan Creation and Approval User Story 2: Sharing a Person-Centered eLTSS Plan
<b>MD:</b> Dept. of Health & Mental Hygiene	User Story 2: Sharing a Person-Centered eLTSS Plan
<b>MN:</b> Dept. of Human Service	User Story 2: Sharing a Person-Centered eLTSS Plan

Detailed presentations from each of the Pilot Sites available here:

<http://oncprojectracking.healthit.gov/wiki/display/TechLabSC/eLTSS+Pilots#eLTSSPilots-Round2PilotPlanPresentations>

**\*\*eLTSS Pilots are open to all participants regardless of participating grant program**

# Non-TEFT Pilot Participation

- In addition to the 6 TEFT Grantees, **5 Non-TEFT organizations** participated in Round 2 pilots
  - Meals on Wheels
  - Medical Micrographics
  - Therap
  - Netsmart
  - FEi Systems
- All presentations available via eLTSS Past Meetings Link:  
<https://oncprojecttracking.healthit.gov/wiki/display/TechLabSC/eLTSS+Past+Meetings>

# Round 2 Pilots Results

- **All 47 data elements tested by participating pilots**
  - » 5 TEFT grantees engaged 3 or more providers
  - » 1 TEFT grantee mapped the eLTSS dataset to nationally recognized electronic care plan standard (HL7 C-CDA Care Plan Document Template)
- Pilots submitted total of **270 comments** related to the 47 data elements
- Pilots requested addition of ~ **114 NEW elements** to dataset
- All pilots used an IT system to validate data elements
  - » 5 TEFT grantees used their existing Medicaid Case Management or LTSS system
  - » 2 TEFT grantees adopted integrating health IT platform; one incorporated data from multiple electronic health record systems

# Round 2 Pilots Results: Number & Types of 'Users'

1 Beneficiary	1 Skilled Nursing Facility
1 CDO Service Advisor	1 Support Planner
1 CMA Organization	1 Vocational Rehab
1 County Provider	1 Waiver Program Supervisor
1 In-Patient Behavioral Health	2 Adult Day Health
1 Meal Delivery Service	2 SEP Organizations
1 Nurse Monitor	3 In-home Personal Assistants
1 Personal Support Services and Skilled Home Health	4 Case Managers
1 Quality Improvement Organization	



# Harmonization Approach

Harmonization (definition): *to bring into harmony, accord or agreement*

When speaking of standards, relates to process of minimizing redundant or conflicting standards which may have evolved independently.

Source: <http://ulstandards.ul.com/about/hamonizing-standards/>

- Data elements identified for harmonization, and thereby included for discussion with eLTSS community, needed to meet following criteria:
  - » Used by 4 or more Pilots in their existing plans
  - » Not used as intended on plan
  - » Suggestions for changes/edits to name, definition or format
- All comments and feedback were consolidated into a spreadsheet and were scheduled for review as part of weekly public calls
  - » Consolidated harmonization spreadsheet with dispositions made available at: <https://oncprojectracking.healthit.gov/wiki/display/TechLabSC/eLTSS+Home>

# Harmonization Example: Plan Funding Source

	CO	CT	GA	KY	MD	MN	FEi	MoW	Total
Included in Pilot's Plan?	Y	Y	N	N	N	Y	Y	N	4

**Definition:** The source(s) of payment for the plan.

## Common themes in provider feedback (5 comments total)

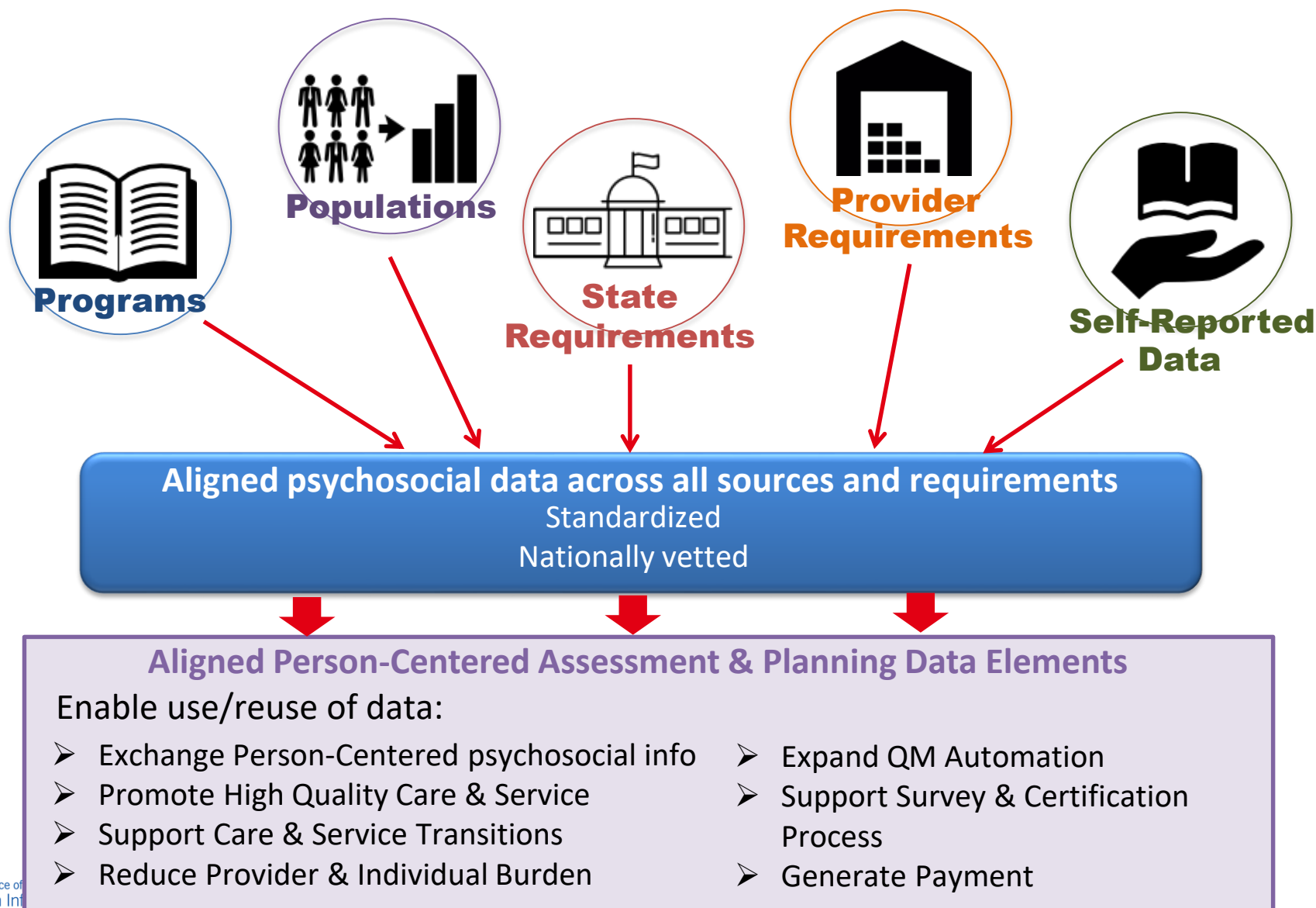
There are many different payer sources.

Does not need to be included in plans

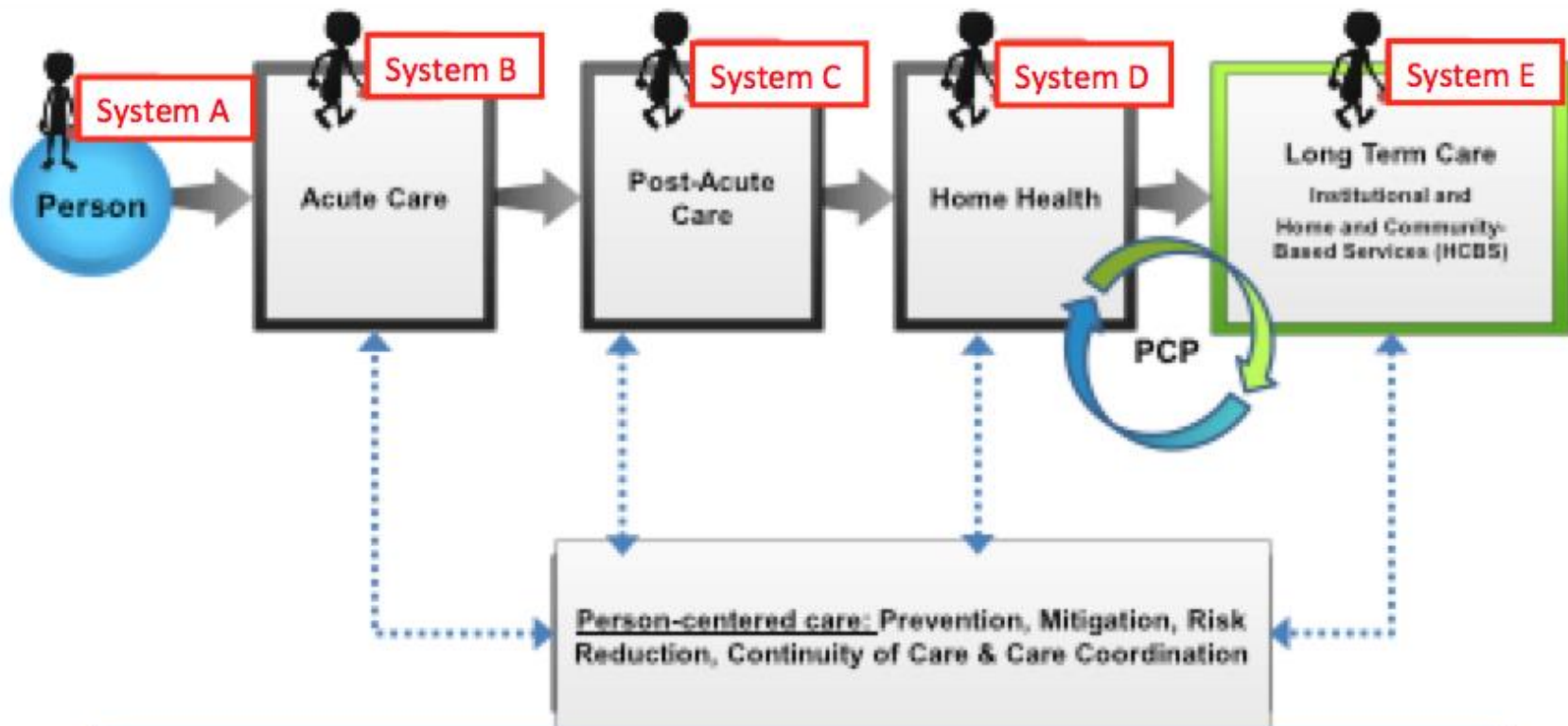
**PROPOSAL:** Remove Plan Funding Source from the core eLTSS Dataset

# Why Harmonize Data Elements?

## Value Proposition for Standardized Information Capture



# Standardization: Ideal State

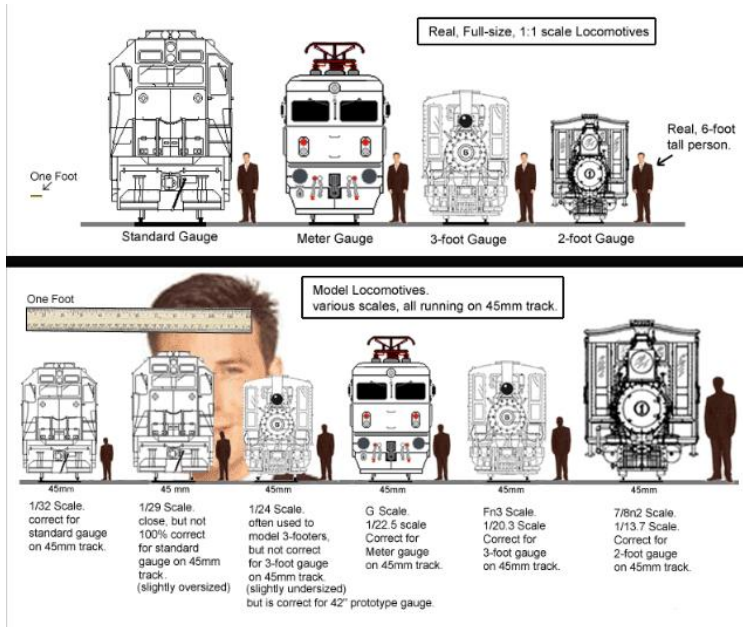
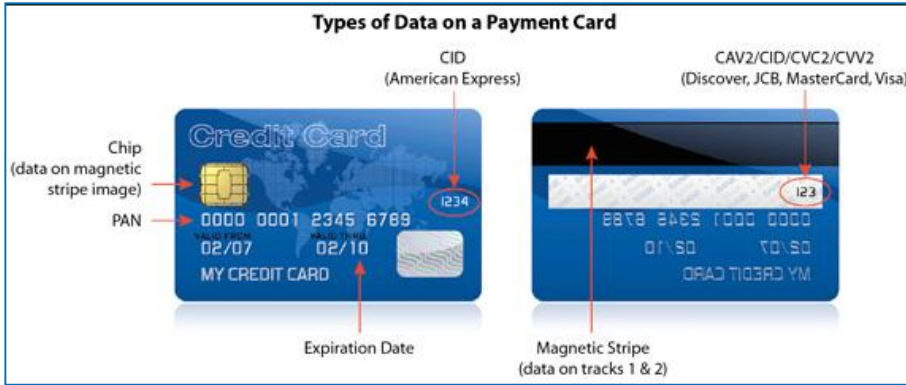


***Information Follows the Person***

**\*\*Standardization at the data level, not IT system level.**

**Information can be captured in different IT systems to include EHRs, PHRs, care coordination systems, HCBS/LTSS systems.**

# What are Common Industry Standards?

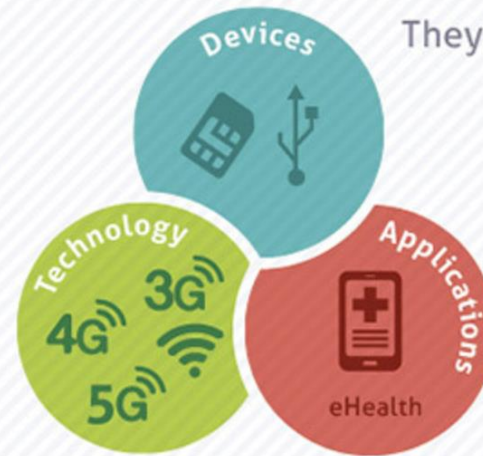


# What is a Health & Human Services IT Standard?

## What is a Standard?



Standards ensure  
**Interoperability**  
between



They are a tool

to make things  
**work together**



Source <https://ec.europa.eu/digital-single-market/news/ict-standards-infographic>

An IT standard provides the fundamental *definitions for and structures of* the data that can be communicated electronically across a wide variety of healthcare use cases.

They refer to agreed-upon FILE formats for **electronic documents, messages, and other healthcare related data elements.**

They permit two or more disparate entities to work in some cooperative way to share information in a **secure and seamless way.**

# Why are Standards Important for Health & Human Services Industries?

- Need common approach for representing and exchanging health and human services data:
  - » Those who collect it from outside sources
  - » Those who enter it into electronic format
  - » Those who analyze it
  - » Those who verify the findings
  - » Those that communicate the information for interventions (health, public health and services related)

# What are Types of IT Standards?

STANDARD TYPE	FUNCTIONS OF STANDARDS	REAL WORLD EXAMPLE
VOCABULARY & TERMINOLOGY	Information is universally understood	Specific words and language used in a letter/package
FORMAT, CONTENT & STRUCTURE	Information is in the appropriate format	Structure and specific type of information in the letter/package
TRANSPORT	Information moves from point A to point B	Method used to move letter/package from one address to another
SECURITY	Information is securely accessed and moved	Sealing the envelope or package
SERVICES	Support the exchange of information	Delivering to intended recipient, finding address, insuring package for delivery

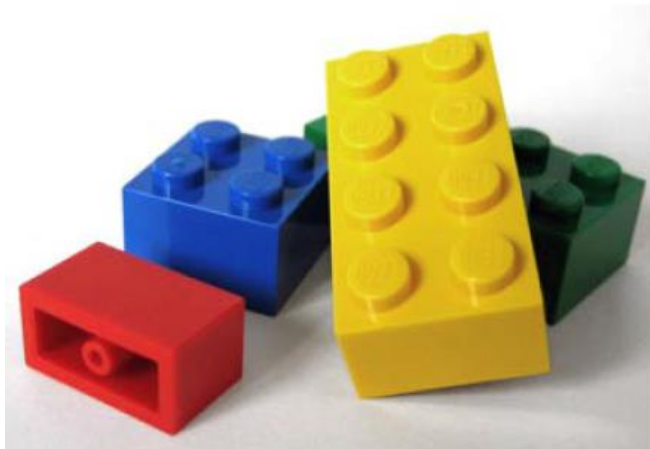


# Vocabulary & Terminology Standards

- These are the “words” you choose to use to communicate information so you are clearly understood
- In health & human services, these can be tables of codes that describe things:
  - » Numbers as county codes (FIPS)
  - » Reportable diseases as number codes
  - » ICD-9, ICD-9 CM, ICD-10 codes for underlying cause of death
- These codes are represented as **data element attributes**
- Common code standards include:
  - » LOINC (e.g. code for activities of daily living score is 72095-3)
  - » SNOMED CT (e.g. code for current every day smoker is 449868002)
  - » RxNorm (e.g. code for Ibuprofen is 5640)

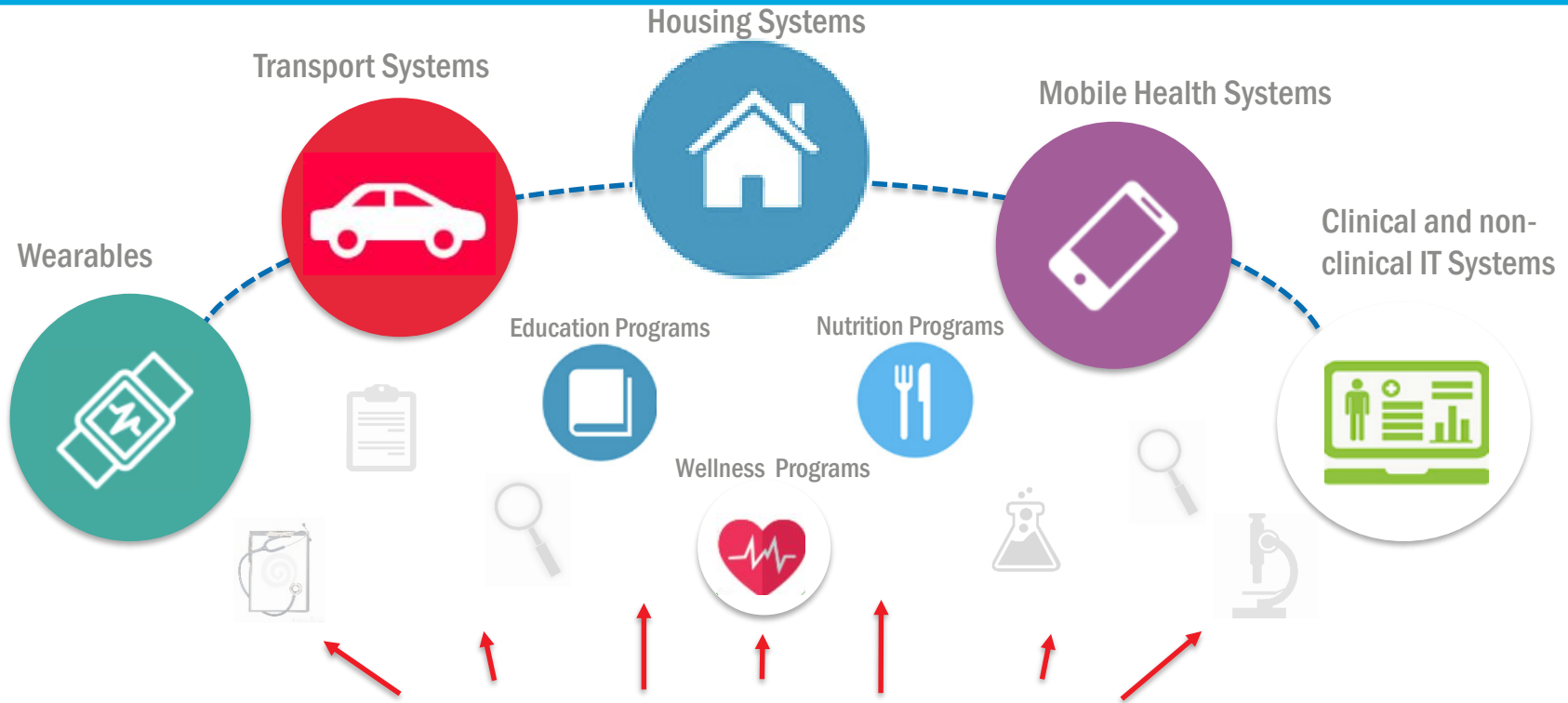
# Content Standards

Define the structure of the building blocks which can be used to contain a multitude of data elements that can be captured, stored, accessed, displayed and transmitted electronically for use and reuse in many formats



**THE WAY YOU PUT WORDS TOGETHER**

# Vision for eLTSS Dataset Integration



eLTSS Dataset can be incorporated into various programs and health/wellness IT systems

<b>Risk: 1 Element</b>	<b>Financial Information: 4 Elements</b>	<b>Service Provider Name &amp; Other Identifiers: 5 Elements</b>	<b>Plan Signatures: 9 Elements</b>	<b>Service Information: 11 Elements</b>
Identified Risk	Plan Funding Source	Support Planner Name	Person Signature	Service Name
<b>Plan Period/Plan Effective Dates: 1 Element</b>	Program Name	Support Planner Phone Number	Person Printed Name	Service Start Date
Plan Effective Date	Total Plan Budget	Service Provider Name	Person Signature Date	Service End Date
<b>Service Preferences: 2 Elements</b>	Total Plan Cost	Non-Paid Service Provider Relationship Type	Guardian / Legal Representative Signature	Service Comment
Person Service Agreement Indicator	<b>Emergency Backup Plan: 4 Elements</b>	Service Provider Phone Number	Guardian / Legal Representative Printed Name	Service Funding Source
Person Service Provider Choice Indicator	Emergency Backup Name	<b>Beneficiary Demographic: 6 Elements</b>	Guardian / Legal Representative Signature Date	Service Unit Quantity
<b>Goals &amp; Strengths: 4 Elements</b>	Non-Paid Emergency Backup Relationship Type	Person Name	Support Planner Signature	Unit of Service Type
Assessed Needs	Emergency Backup Phone Number	Person Identifier	Support Planner Printed Name	Service Unit Quantity Interval
Goal	Emergency Backup Plan Text	Person Identifier Type	Support Planner Signature Date	Service Rate per Unit
Step or Action		Person Date of Birth		Service Total Units
Strengths		Person Phone Number		Total Cost of Service
		Person Address		

For interoperability, eLTSS dataset needs to be represented using nationally recognized vocabularies and content standards

# eLTSS Dataset Standardization

- eLTSS dataset has been “harmonized” so it can be easily understood across “human” end-users
- Next level of harmonization involves standardization so dataset is machine readable and thereby “interoperable” across multiple systems
  - » Need to identify applicable **vocabulary**, **content** and **transport** standards
- A few of **vocabulary standards** exist for eLTSS elements that are commonly collected in clinical systems
  - » E.g. person demographics, goals, preferences
- Most of eLTSS dataset consists of elements that do not have existing vocabulary standard available for machine readability
- **Content standards** such as C-CDA and FHIR will need to be updated if used to support eLTSS dataset exchange

# Example: Existing Vocabulary Standards and Gaps

eLTSS Data Element	Definition	Datatype/ Format	Applicable Code Standard
Goal	A statement of a desired result that the person wants to achieve	String/ Free text	LOINC Goals Narrative ( <a href="#">61146-7</a> )
			Goals Achievement value set: Goal achieved Goal not achieved Goal not attainable, No progress toward goal
Assessed Need	The clinical and/or community based necessity or desire as identified through an assessment that should be addressed by a service.	String/ Free text	<b>Not available</b>

# eLTSS Standardization: Next Steps

- Applicable **vocabulary, content** and **transport** standards for the eLTSS dataset need to be identified and assessed through the international standards development organization (SDO): HL7
- HL7 serves as the curator and publisher for nationally recognized clinical and community-based standards to include: C-CDA, FHIR, HL7 v3
  - Currently there are a limited number of HL7 standards that can be used “as is” to support human service information exchange
- The eLTSS dataset will be presented to HL7 for further review by the larger standards development community
  - » HL7 will provide guidance on best available standards and revisions needed to update these standards so they can be used to capture, share and exchange eLTSS information across clinical and HCBS settings

# eLTSS Initiative: Project Team Leads

- **ONC Leadership**
  - » Elizabeth Palena-Hall ([elizabeth.palenaHall@hhs.gov](mailto:elizabeth.palenaHall@hhs.gov))
  - » Caroline Coy ([caroline.coy@hhs.gov](mailto:caroline.coy@hhs.gov))
- **CMS Leadership**
  - » Kerry Lida ([Kerry.Lida@cms.hhs.gov](mailto:Kerry.Lida@cms.hhs.gov))
- **Community Leadership**
  - » Mary Sowers ([msowers@nasdds.org](mailto:msowers@nasdds.org))
  - » Terry O'Malley ([tomalley@mgh.harvard.edu](mailto:tomalley@mgh.harvard.edu))
- **Federal Leadership**
  - » Shawn Terrell ([shawnterrell@acl.hhs.gov](mailto:shawnterrell@acl.hhs.gov))
  - » Caroline Ryan ([caroline.ryan@acl.hhs.gov](mailto:caroline.ryan@acl.hhs.gov))
  - » Marisa Scala-Foley ([marisa.scala-foley@acl.hhs.gov](mailto:marisa.scala-foley@acl.hhs.gov))
- **Initiative Coordinator**
  - » Evelyn Gallego ([evelyn.gallego@emiadvisors.net](mailto:evelyn.gallego@emiadvisors.net))
- **Project Management**
  - » Lynette Elliott ([lynette.elliott@esacinc.com](mailto:lynette.elliott@esacinc.com))
- **Use Case & Functional Requirements Development**
  - » Becky Angeles ([becky.angeles@esacinc.com](mailto:becky.angeles@esacinc.com))
- **Pilots Management**
  - » Jamie Parker ([jamie.parker@esacinc.com](mailto:jamie.parker@esacinc.com))

# Back-Up



# CMS 2014 Medicaid HCBS Rule

Defined by Medicaid under **§ 441.301(c)** as part of the scope of services and supports required under the State's 1915(c) Home and Community-Based Settings (HCBS) waiver to include:

- The setting in which the individual resides is chosen by the individual
- Individual's strengths and preferences
- Clinical and support needs as identified through an assessment of functional need
- Individual's identified goals and designed outcomes
- Services and supports that will assist individual to achieve identified goals, and providers that will perform services
- Risk factors and measures in place to minimize them
- Individual and/or entity responsible for monitoring the plan
- Informed consent of the Individual
- Services the individual elects to self-direct

\* Source: <https://www.federalregister.gov/articles/2014/01/16/2014-00487/medicaid-program-state-plan-home-and-community-based-services-5-year-period-for-waivers-provider>

# Key Inputs to Person-Centered Plan: Person-Centered Profile

## WHAT IS IMPORTANT TO ROBERT

Having a straw to hold  
Using my iPad apps  
Out and about  
Swimming  
Music  
Healthy food

Looking sharp  
Drinking water  
Eating out  
Church  
Family  
Recreation, sports  
Volunteer, Job



## PEOPLE WHO HELP ROBERT BEST

Tell me when I do well  
Cheerful and outgoing  
Assist me to do things for myself  
Help me do what I like to do  
Use positive language (not "don't...")  
Tell me the plan  
Keep my house clean and neat  
Communicate and keep my mom in the loop  
Minimize waiting for things to happen  
Know I may have a seizure  
Identify fun activities  
Professional  
Stay with me  
Think ahead  
Safe driver  
Engage me  
Are on time

## SUPPORTS ROBERT NEEDS TO BE HAPPY, HEALTHY, AND SAFE

Medication on time  
Careful in parking lots  
Help in bathroom  
Seat belt on  
Wear ID bracelet  
Use bathroom a lot  
Call Mom if problem or question(s)  
410.733.9539  
Deep breaths if agitated  
Safe seizures  
Suntan lotion  
Food cut up  
Teeth clean  
No balcony use  
Nurse Lara: 443.677.7130

## WHAT PEOPLE LIKE AND ADMIRE ABOUT ROBERT

Say what I want, decisive  
Good memory  
Like everyone  
Handsome and polite  
High energy, adventurous  
Love my family  
Deep thinker  
Nice dresser  
Mellow  
Funny  
Like to "chill"

# Questions?

# Lunch

**TEFT Intensive Resumes  
at 1:30 pm**

# Afternoon Agenda

Time	Topic
1:30– 2:45	<b>Round Table Discussions – TEFT Sustainability &amp; Advice for the Future</b>
2:45 – 3:00	<b>Break</b>
3:00 – 3:45	<b>TEFT Evaluation</b> <i>The Lewin Group</i>
3:45 – 4:15	<b>Individual State Awards</b> <i>Teja Stokes, Truven Health</i>
4:15 – 4:30	<b>TEFT Intensive Wrap-Up &amp; Adjourn</b> <i>CMS TEFT Team: Kerry Lida, Allison Weaver, Alicia Ryce</i>



# **Round Table Discussions – TEFT Sustainability & Advice for the Future**

**Break**

**Reconvene at 3:00**



# **TEFT Evaluation**

## **The Lewin Group**





# Testing Experience & Functional Tools Monitoring & Rapid-Cycle Evaluation: Thinking Back & Looking Forward

HCBS Conference TEFT Intensive

The Lewin Group  
August 28, 2017

## TEFT Overview

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- What is TEFT?
  - Medicaid HCBS planning and demonstration grant
  - Awarded by CMS in 2014 to nine states to test HCBS tools
  - Lewin awarded the monitoring and rapid-cycle evaluation contract

# TEFT Timeline: Select Activities

Key:  States  TEFT Partners



Component	Y1: April '14 to March '15	Y2: April '15 to March '16	Y3: April '16 to March '17	Y4: April '17 to March '18
<b>EoC Survey</b> AZ, CO, CT, GA, KY, MD, MN, NH	Round 1: Data Collection & Analysis (Truven)		Round 2: Data Collection & Analysis (States)	
<b>FASI</b> AZ, CO, CT, GA, KY, MN	TEP (RTI)	TEP (Truven)	Round 1, Analysis, & TEP (Truven & GW) Round 2 (States)	
<b>PHR</b> CO, CT, GA, KY, MD, MN	PHR Planning (States)		PHR Roll Out (States)	
			PHR Survey OMB (Lewin)	PHR Survey & Analysis (Lewin)
<b>eLTSS</b> CO, CT, GA, KY, MD, MN	Pre-Discovery & Discovery (States & ONC)	Implementation (States & ONC)	Pilot Phases 1 & 2 (States & ONC)	Testing & Harmonization (States & ONC) Publish Final Data Set (ONC)

*\*Discussions being held about potential No-Cost Extension but ONC, Truven, & Lewin work ends March 2018*

## Lewin Monitoring and Evaluation Methods

Method	Purpose	Data Collection	Data Dissemination
<i>Formative Evaluation</i>	<ul style="list-style-type: none"> <li>• Program monitoring and rapid-cycle provision of feedback, information, lessons learned, and recommendations to states and CMS</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly Monitoring Report (QMR) Website</li> <li>• CMS and TEFT Partner Meetings</li> </ul>	<ul style="list-style-type: none"> <li>• <b>CMS:</b> QMR Analysis Report and Executive Summary, Annual Report and Handout</li> <li>• <b>Partners and States:</b> QMR Dashboards and Timelines, Annual Handout</li> </ul>
<i>Systems Outcomes Evaluation</i>	<ul style="list-style-type: none"> <li>• Map and monitor changes in state LTSS systems, structures, and processes</li> </ul>	<ul style="list-style-type: none"> <li>• LTSS Systems Maps</li> <li>• Information Exchange Maturity Scores</li> <li>• Site Visits</li> </ul>	<ul style="list-style-type: none"> <li>• <b>CMS and States:</b> Maps, Scores, Site Visit Summaries</li> <li>• <b>Partners:</b> Maps and Site Visit Summaries</li> </ul>
<i>Beneficiary Outcomes Evaluation</i>	<ul style="list-style-type: none"> <li>• Review each state's personal health record (PHR) system</li> <li>• Survey users to review their experience with the system</li> </ul>	<ul style="list-style-type: none"> <li>• PHR User Survey</li> <li>• Case Manager and HCBS Provider Listening Session</li> </ul>	<ul style="list-style-type: none"> <li>• <b>CMS, Partners, and States:</b> Reviewed PHR User Survey instrument</li> </ul>

## A minute to reflect: Planning & Implementation

What worked in your state's planning and implementation of the TEFT Demonstration?

What caused it to work?



## A minute to reflect: Stakeholder Engagement

What are the biggest insights you gained from stakeholder engagement for each component?

What stakeholder groups were not included, but should have been or should have been included earlier?



## A minute to reflect: Looking Forward

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What would your state do more of, better, or differently as we move into the final months of the Demonstration?



## Lewin Next Steps: August 2017 to March 2018 TEFT Evaluation Activities

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### Site Visits

- CB-LTSS Systems Maps
- Information Exchange Maturity Score
- Site Visit Reports

### QMR #12 & #13

- Dashboards and Timelines
- Report Cross-State Activities

### PHR User Survey

### Final Evaluation Report

### Ad Hoc Requests



## Lewin Contact Information

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- ❑ TEFT Evaluation, General Questions and Website Support
  - [TEFT@lewin.com](mailto:TEFT@lewin.com)
  
- ❑ Cindy Gruman, Project Director
  - [cindy.gruman@lewin.com](mailto:cindy.gruman@lewin.com)
  - 703-269-5506
  
- ❑ Kathleen Tucker, Project Manager
  - [kathleen.tucker@lewin.com](mailto:kathleen.tucker@lewin.com)
  - 703-269-5752
  
- ❑ Ashley Tomisek, PHR Survey
  - [ashley.tomisek@lewin.com](mailto:ashley.tomisek@lewin.com)
  - 703-269-5632

# Individual State Awards

**Teja Stokes, Truven Health Analytics**

# **TEFT Intensive Wrap-Up & Adjourn**

**CMS TEFT Team:**

**Kerry Lida, Allison Weaver, Alicia Ryce**



**Thank you for attending!**