TEFT Demonstration: Promising Practices Vol. 3: October 2015



Vendor Selection Strategies for the Home and Community Based Services Experience of Care Survey

Truven Health TEFT Technical Assistance Team





INTRODUCTION

As a part of the requirements for participation in the Demonstration Grant for Testing Experience and Functional Assessment Tools in Community-Based Long Term Services and Supports (TEFT), state grantees are assisting the Centers for Medicare and Medicaid (CMS) in testing the validity and reliability of a new survey tool known as the Home and Community Based Services (HCBS) Experience of Care (EoC) survey. CMS utilizes experience surveys across a variety of service delivery systems including hospitals, managed care organizations, home health services and clinician groups.



The HCBS EoC survey is designed to:

- Function as a cross-disability tool, suitable for individuals with physical, intellectual, cognitive and developmental disabilities;
- Focus on participant experience, instead of satisfaction;
- Address dimensions of quality valued by HCBS participants; and
- Align with existing Consumer Assessment of Healthcare Providers and Systems (CAHPS®) tools.

Experience of care surveys with the CAHPS® trademark are known for the rigorous standards used in their development. The CAHPS program is a public-private initiative consisting of a family of standardized health care experience



surveys. Health care organizations, public and private purchasers (such as the Medicaid program), beneficiaries, and researchers use

CAHPS survey results to assess the person's experience with health care providers, compare and report on performance, and improve quality of care.

In addition to contributing to testing the validity and reliability of the HCBS EoC survey, TEFT state grantees are also required to engage in a second round of data collection in which states manage the data collection for HCBS EoC surveys. States are required to complete this data collection effort prior to the end of the grant period (March 2018).

States will need to engage in planning processes and devote considerable resources to collecting HCBS EoC survey data. One of the most important decisions in the planning process is determining who will collect the survey data. The purpose of this Promising Practices volume is to provide states with information on various data collection options, appropriate criteria to make an informed decision about survey vendors, and important steps to consider in requesting proposals from and contracting with survey vendors.

This promising practice article is organized to provide the information needed at each stage of the survey vendor selection process. First, this document contains a brief check list that states should consider prior to making decisions about survey data collection. This is followed by a section providing a description of essential capabilities needed by a survey collector, including interview mode capabilities, survey software, and quality assurance capabilities. The next section includes information about various data collection options that may be



available to the state, as well as the benefits and challenges for each option. Finally, this volume addresses additional steps that may be needed if engaging an external survey vendor.

The document contains items to consider including in a formal request for proposal and a contract with the vendor. A sample survey vendor scope of work is also included.

PARAMETERS OF THE DATA COLLECTION APPROACH

Prior to starting the vendor selection process, states will want to determine key parameters of the HCBS EoC data collection. These are general features of the data collection approach that translate into minimum requirements for how the data collection activities are carried out and expectations for the entities tasked with implementing data collection. The following is a brief checklist delineating the initial decisions the state should make because they affect the capabilities states seek from the data collector.

- □ HCBS programs to be surveyed
- □ Target number of completed surveys
- Time frame (when and how much) for survey data collection
- Survey mode (telephone, in-person, or other)
- □ Use of peer interviewers
- □ Geographic location of participants for in-person interviews
- □ Allowance for proxy responses
- Foreign language or interpreter needs of respondents



□ Financial and other resources available (e.g., budget and staffing)



ESSENTIAL CAPABILITIES OF A SURVEY DATA COLLECTOR

There are certain essential capabilities that TEFT grantee states will need to be attentive to when assessing who is best suited for collecting HCBS EoC survey data. Whether data are collected "in-house" by the state or through a commercial survey research organization, the following are the basic competencies that must be present:

Ability to Collect the Data Using State-Determined Interview Modes

The survey data collector will be required to demonstrate the capability to interview in the state's preferred interview mode (method of administering the survey questionnaire).

In-person. If a state requires in-person interviewing, the state will want a data collection entity that can provide skilled







interviewers who can reach the desired geographic areas of the state.

Telephone. If a state requires telephone interview capabilities, they will need a data collector with a sufficient phone bank and interviewers to handle the volume of calls needed for the survey. The state must also ensure the survey entity has the capability to make calls when program participants can best be reached. Additionally, the state should ensure the data collection entity has the resources to make the minimum number of attempts to successfully contact potential respondents (typically five to ten attempts). The data collection entity will not necessarily need to be located within the state, but the state may need to consider time zone compatibility.

Switching Modes. If the state allows program participants to switch modes based on preference or convenience, they will require a data collector with the flexibility to handle mode switching with ease.

Ability to Accommodate Interviewee Needs

The survey administrator will be required to demonstrate the capability to meet the specialized needs of program participants. This may include:

- Primary languages of program participants, including any capacity to administer the survey in Spanish;
- Special accommodations that may be needed by the program population, including any need for sign language interpreters or Braille materials; and
- Ability to reach program participants who reside in predominantly rural areas.

It should be noted that a Spanish language version of the HCBS EoC survey is available. HCBS EoC survey developers elected to create a Spanish version because Spanish is the most frequently spoken language in the United States other than English. While the survey has not been interpreted in other languages, states may elect to have the survey administered through interpreters. Survey results obtained through a second party should be interpreted with caution as the psychometric properties of the HCBS EoC survey administered through foreign language or sign language interpreters has not been tested.

Timing of Data Collection

The state will have already considered the best time of year to collect data for program participants. Likely considerations included

weather, holidays, and other major data collection efforts affecting program



participants. Now, the state should ensure the potential data collector has capacity during that time period. They should also ensure there are no co-occurring activities that would negatively impact the data collector's ability to collect the needed number of completed surveys.

Mass Mailing Capabilities

The data collection effort will require that all members of the sample receive a notification letter informing them of the survey and providing contact information for the data collection entity. The data collector must be able to mount large mailings in a short time





frame and proceed with data collection without delay.

CATI/CAPI Software

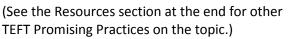
The data collection effort will require the data collection entity to have computer-assisted telephone interviewing (CATI) and/or computer-assisted in-person interviewing (CAPI) capabilities. This includes possessing software (e.g., Sawtooth's Ci3) for programming the survey electronically. CAPI/CATI techniques can be less expensive when a large number of respondents are involved. In addition, fewer resources are involved and data entry mistakes can be avoided because there is not a separate step to transcribe completed survey responses into a computer form.

Quality Oversight/Assurance Processes

The data collection entity must possess the ability to implement multiple quality assurance processes to ensure the accuracy of the interview data. This should involve interviewer training, standardized data collection protocols, data checks, and other processes to prevent compromised data. In-person interviewers do not necessarily need to be managed on site, as long as sufficient quality oversight is in place.



¹ The American Association for Public Opinion Research (AAPOR) provides resources for disposition reports, as well



On-going and Final Reporting Requirements

During data collection, the data collection entity should demonstrate the capability to report progress to the state. Types of information typically desired in such reports are:

- The number of completed surveys;
- Periodic disposition reports (including the number of completed interviews; number of individuals in the sample eligible for interviews, but not completed; number of individuals of unknown eligibility for interviews; and number of individuals who were not eligible);¹
- Interim response rates; and
- Frequent updates on any difficulties encountered during data collection.

DATA COLLECTION OPTIONS

There are two major options that states may employ for data collection: 1) in-house data collection directly by the state or 2) data collection performed by an external vendor under a contract with the state.

Data Collection Conducted Directly by the State

This process may involve using existing state employees or existing HCBS program staff, or hiring contract staff.

as response rate calculators. These resources are available at <u>www.aapor.org</u>.





There are benefits and challenges to conducting the data collection process in house. Benefits include the state having more control over important aspects of the process, such as more control over the data quality, training, and timing of the data collection process. States can plan these processes for their own convenience and do not need to adhere to a vendor schedule or a vendor's competing demands. Another benefit includes ensuring a better understanding of the unique needs of program participants. This is particularly true if existing state employees or HCBS program employees are deployed as data collectors. In addition, if existing staff can be deployed to manage and/or collect the data, cost savings might be realized.

Also, managing the data collection process may provide the state with additional information to assist them in improving quality and program processes. The experience of collecting data can provide the state with first-hand information about different aspects of the program that may not be covered by the survey tool, leading to a better understanding of the quality of the program. Of course, the usefulness of this information will be maximized to the extent that the state builds in a mechanism for interviewers to report/record their observations.

Potential challenges associated with conducting the data collection process in house include potential lack of resources and expertise. Depending upon the resources already available to the state, there may be a lack of specialized survey expertise on staff such as survey programmers, survey statisticians, and others familiar with survey science to assist with survey administration. Additionally, the state may lack specialized data collection resources such as phone banks, laptops for in-person data collection, CATI/CAPI software, and mass mailing capabilities. Finally, one potential



challenge with in-house data collection may be stakeholder perception of bias. Using an external vendor provides some degree of separation between the program and the data collectors and may reassure beneficiaries of the fidelity of their responses.

Data Collection Contracted Through External Vendor

This process can involve contracting with a survey research center (such as a universitybased or for-profit organization) or contracting with a stakeholder group. Each option has potential benefits and challenges.

Survey research center. Many of the benefits of contracting with a survey research center are related to the expertise and resources that they offer. Vendors typically have the requisite resources in place to collect data, such as phone banks for conducting telephone surveys and making appointments for in-person surveys, laptops for in-person data collection, CATI/CAPI software, and the capacity to conduct mass mailings.





Also, reputable survey vendors have data quality mechanisms in place and should be able to produce a data quality assurance plan if requested. Another benefit of contracting with an external survey research center is their access to experienced and skilled interviewers, as well as their built-in flexibility to be able to hire the needed number of interviewers for each survey engagement.

An additional potential benefit to using an external survey vendor is that the vendor may have the ability to analyze survey data and produce reports. Many survey centers include data analysis and reporting as a core business service.

Potential challenges in contracting with an

external survey research center include a potential lack of familiarity with HCBS programs and program participant



communication needs. Unless the vendor can point to past experience with similar populations, they may not possess program knowledge or sensitivity in interacting with program participants.

Another challenge is that an external vendor may not be able to exercise their inherent flexibility due to the terms of the contract with the state. For example, due to contract terms, the external survey vendor may not be able to accommodate unanticipated requests from the state for changes in survey administration during the data collection process. Finally, some survey research centers, such as university-based vendors, may take a longer



time to prepare and execute a contract. It is suggested that the additional time needed for contractual negotiations be included in the planning process for the data collection effort.

Advocates or stakeholders (as individuals or an organization). Either states or survey research centers already under contract to the state may seek the additional capabilities and advantages of advocate or stakeholder involvement in the data collection process. Benefits of contracting with an advocacy or stakeholder organization include their likely in-depth knowledge of HCBS programs and participant needs. These entities may also be a source of peer interviewers. Knowledge of program participant needs builds trust and the potential for goodwill with stakeholder community. Potential issues include a lack of specialized survey expertise and survey resources.

ADDITIONAL STEPS TO TAKE IF THE EXTERNAL VENDOR OPTION IS CHOSEN

Developing a Request for Proposals (RFP)

While state requirements may vary, one option for selecting an external vendor involves developing a Request for Proposal (RFP) process to invite qualified vendors to provide information on their capabilities, their work processes, and cost. Even if a state does not engage in a formal competitive RFP process, the information presented below should be considered by states to help them determine the best vendor to meet their needs.

The more information that a state can provide to a potential vendor, the better the vendor can understand the needs of the state, describe their capabilities, and accurately price the project. In particular, if the state has firm views or specific requirements about how certain



aspects of the data collection are carried out, this information should be clearly conveyed. A comprehensive RFP should include the following items.

Statement of Work. A statement of work (SOW) that describes the background of the survey and provides details of what needs to be done and how. For example, the program participants that will be interviewed, the interview mode(s), the number of expected completed surveys, the format of survey data to be provided to the state, and other reports required. The SOW is also the appropriate place to clarify what information will be provided to the vendor by the state (e.g., sample of respondents, data coding instructions) and what responsibilities will be retained by the state (e.g., initial notification of potential respondents about the survey) during the contract period. A sample SOW is included in Appendix A.

Background material on the project. Project background material essential for the survey vendor would include background on the TEFT grant, information or lessons learned regarding the first round of data collection (including prior response rates by program, quality of program participant contact data, and expected time frame for data collection), and additional information about program participants.

Schedule. The RFP should provide a schedule that specifies when activities should be completed and the deliverables are due. This could also include a timeline for state responsibilities such as provision of names and contact information of the sample, provision of survey tool, or state-sponsored training.

Specifics on vendor responsibilities. The RFP should contain specific information on all vendor responsibilities. These responsibilities may include background checks or other requirements for individuals administering in-



person surveys, role in mass mailing, CAPI/CATI field disk production, surveyor training, quality assurance processes, on-going reporting requirements, appointment setting, and final data reporting.

Requirements for other members of the vendor team. This refers to subcontractors to the primary vendor, and would include information about if and how various proposal and contract requirements apply to these entities.

Details on the bidding, proposal evaluation, and selection process. The state should include any information regarding the evaluation and selection process, including evaluation criteria, submission deadlines, and state contact information, as required. If specific previous experience or capabilities is desired or necessary, this should be clearly indicated (e.g.,

in-person surveying of HCBS populations, contact with guardians, survey vendor certification).



Details on

payment amounts and methods. The RFP should include the state's requirements for paying survey vendors. For example, indicate if the state will pay the vendor a price "per completed survey" or a total flat rate for the data collection effort, regardless of the number of completed surveys. The state should also indicate whether vendor's pricing should include set-up costs (such as programming the field disks, training field interviewers and project management) or whether to request bidders to price these activities separately.



Selecting a Vendor

In selecting a vendor, a state must naturally consider price as well as the ability of the vendor to perform the desired work. As part of the evaluation and review process, the state may consider a site visit to the top contenders to view survey operations prior to making a final decision. The state may also wish to obtain references from others for whom the vendor has previously conducted similar surveys.

Note that the state may consider using multiple contracts with different survey vendors depending on administration modes utilized and programs surveyed. While a single contract may be less expensive and easier for the state to manage and oversee, multiple contracts might be preferable if the state has ongoing or previous contracts with different vendors for different programs/populations.

Developing a Contract

Similar to the RFP process, development of a contract may also be dependent upon state requirements. Regardless, states should consider inclusion of the following items in the survey vendor contract:

- The state should include all items and terms included in the RFP SOW. For examples, see the sample survey vendor SOW in Appendix A.
- The state also may wish to include items and terms included in the vendor proposal as a component of the contract. It is suggested that the state first crosswalk the selected vendor proposal with the state's SOW to ensure there is no conflicting information.
- Schedule of deliverables and their due dates, if not already contained in the SOW

VENDOR CERTIFICATION

Some survey vendors may ask if a specialized CAHPS vendor or a certified vendor is required to collect HCBS EoC survey data during the second round of data collection under TEFT. CAHPS does not certify vendors for survey data collection; however, there is a National Committee for Quality Assurance (NCQA) Survey Vendor Certification team that is responsible for recruiting, training, certifying and providing quality oversight to survey vendors who collect data for specific programs including Health Plan Consumer Assessment of Healthcare Providers and Systems (CAHPS 5.0H) and Consumer Assessment of Healthcare **Providers and Systems Patient** Centered Medical Home (CAHPS PCMH). States may choose to ask vendors about this qualification through the RFP process or to require it among bidders. CMS does not require that vendors have this certification for TEFT data collection.

It is suggested that a copy of the state's business associates agreement (BAA) be included as a component of the contract. Survey data collection will require that the state share protected health information (PHI) with a survey vendor. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires a BAA between covered entities (states) and their subcontractors to delineate how PHI will be shared. Additional information regarding federal requirements and sample BAAs may





be found on the <u>Health Information Privacy</u> page of HHS.gov.

- Terms for payment to the vendor
- Additional information may be included in the state's contract as deemed appropriate. These items may include the following as allowed by state policy and program administrators:
 - Incentives for meeting goals or targets for completed surveys
 - Penalties for missed deadlines
 - Penalties for falling short of the required response rates and number of completed questionnaires

Conclusion

Engaging in a thoughtful process in the selection of survey vendors for HCBS EoC survey data collection can save states time and resources. It will also help ensure the quality of the data collection effort and, ultimately, the quality of the HCBS programs and services.





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Appendix A SAMPLE STATEMENT OF WORK

This subcontract is under **CONTRACT NUMBER. NAME** (Subcontractor) is responsible for work required to successfully complete the tasks listed below during **DATE to DATE**.

BACKGROUND:

The purpose of this project is to conduct data collection for the Home and Community Based Services (HCBS) Experience of care Survey. The HCBS survey is designed to provide standard performance metrics for home and community- based services programs, which enable chronically ill and disabled Medicaid beneficiaries to receive care at home instead of being institutionalized.

The HCBS survey has been designed to be applicable to all populations served by these programs, including people with physical disabilities, cognitive disabilities, intellectual Impairments, and/or disabilities due to mental illness. CMS has funded the development of this survey to gather direct feedback from participants in Medicaid HCBS programs, operated by individual states, about their experiences with services and supports.

The scope of this statement of work (SOW) and associated funding is intended to cover tasks below.

TASKS:

Under this scope of work, the Subcontractor shall perform the following tasks:

- Field the HCBS Experience of Care survey with Medicaid HCBS program recipients of HCBS PROGRAM and provide data for NUMBER completed surveys for the HCBS PROGRAM A and NUMBER completed surveys for the HCBS PROGRAM B. The HCBS Experience of Care survey is a survey to be administered to individuals receiving home and community based services.
- 2. Conduct XX percent (total number) of the interviews in person using a computer-assisted personal interview (CAPI) system and XX percent (total number) of the Interviews via telephone using a computer- assisted telephone interview (CATI) system. Interview mode (telephone vs. face-to-face) for each participant will be specified by STATE AGENCY and will be Included in the sample files provided. The table below provides information on the number of completed interviews required by program and mode.

	HCBS Program A	HCBS Program B	Total
In-person Interviews			
Telephone Interviews			
Total			





- 3. Conduct a specified portion of interviews using an alternate response pattern (binary response vs. four-point Likert response). Participant response type will be specified by **STATE AGENCY** through random assignment and will be included in the sample files provided.
- 4. Participate in and successfully complete training session on the HCBS survey, to be provided via webinar by STATE AGENCY. The training is to be attended by the survey vendor Project Manager, Field Survey Supervisor, Telephone Survey Supervisor and survey programmer at a minimum. Training for survey Interviewers must be conducted by either the Project Manager, Field Survey Supervisor and/or Telephone Survey Supervisors. STATE AGENCY staff may observe the training or ensure the training uses training materials provided by STATE AGENCY.
- 5. Provide appropriate CATI and CAPI programming to convert the survey questionnaire into a computer interface. Ensure the CATI and CAPI programming contains appropriate instructions, prompts and skip patterns. Provide CATI and CAPI programming to *STATE AGENCY* to review and approve prior to fielding the survey in the field.
- 6. Contact each program recipient via telephone to schedule a telephone or face-to-face interview as appropriate. Make at least five (5) attempts, and no more than ten (10) attempts, at different times of the day and different times of the week to contact each individual in the sample via phone to schedule the telephone or face-to-face interview. The survey vendor will be provided with adequate survey sample files which will include up-to-date contact information as provided by the State.
- 7. Ensure that sufficient numbers of in-person and telephone interviewers will be available to be in the field for up to 16 weeks during the period of **DATE through DATE.**
- 8. Ensure that completed surveys are geographically representative with at least 20 percent of completes from participants residing In a rural area, which is defined as a non-Metropolitan Statistical Area (MSA). *STATE AGENCY* will stratify the sample and will provide MSA designation in the sample files provided.
- 9. Provide survey data to STATE AGENCY within two (2) weeks after completion of all in- person and telephone interview. Along with survey data, provide a final disposition report using a disposition report developed by STATE AGENCY which is based on disposition categories as defined by the American Association of Public Opinion Research (AAPOR). Additionally, provide survey data to STATE AGENCY for the first 25 completed surveys so that STATE AGENCY may conduct quality assurance checks.
- 10. Provide weekly status updates to the **STATE AGENCY** Project Manager in a format specified by **STATE AGENCY**. The status updates shall include weekly progress, including number of weekly completed interviews and cumulative completed Interviews by mode and geographic area.
- 11. Adhere to the reporting requirements as delineated In the Home and Community Based Service Experience of Care Survey Abuse, Neglect, Exploitation Protocol in Exhibit 1.

PAYMENT TERMS:

This is a firm fixed price type contract, with a total not- to exceed value of AMOUNT. A complete in person interview is XXX and the complete telephone interview is XXX.





Startup costs for programming, training and project management total \$ **XXX** for each state (\$**XXX** in total). **STATE AGENCY** is no way liable to make payments to Subcontractor In excess of the funded value of this Subcontract. Costs incurred by Subcontractor In excess of the funded value are at Subcontractor's sole risk and expense.





Exhibit 1

Home and Community Based Services Experience of Care Survey Abuse Neglect or Exploitation Reporting Protocol

Purpose:

Administration of the HCBS Experience of Care Survey requires that survey Interviewers ask respondents direct questions about their personal safety and well-being. Some survey questions ask respondents if staff engage in behavior that is harmful to the respondent. Additionally, some interviews are conducted In-person in the home of the respondent where the interviewer may observe evidence of harm of respondents. This protocol outlines the necessary steps that the interviewer and survey vendor must take, as well as documentation, When:

A respondent reports abuse, neglect or exploitation;

An interviewer observes the respondent being abused, neglected or exploited; or

An interviewer suspects the respondent is/has been abused, neglected or exploited.

Examples of abuse, neglect or exploitation may Include the following: physical abuse such as hitting, shoving, inappropriate use of drugs, restraints, or confinement; emotional abuse such as yelling, threats or intimidation; neglect such as denial appropriate food or needed health care; or exploitation such as taking the money or property of an individual for wrongful use or the Intent to defraud.

Protocol:

The interviewer must contact by phone the appropriate state or program representative immediately after identifying the reported/suspected/observed abuse, neglect or exploitation. STATE AGENCY will provide state-approved information regarding appropriate state reporting laws and contact information to the survey vendor prior to the project start date.

When an interviewer suspects the respondent has been abused, neglected or exploited, s/he must contact a supervisor of the survey vendor by phone or encrypted email and inform them of the situation immediately.

Within 48 hours of identification of an event, the survey vendor must make a report to the STATE AGENCY HCBS Survey Project Manager about any reports, suspicions or observations of abuse, neglect or exploitation. This information must include: full name of respondent who reported, was observed or suspected being subjected to abuse, neglect or exploitation, their date of birth, address, date survey vendor identified the (potential) problem, the nature and circumstances surrounding the (suspected) abuse neglect or exploitation, name of surveyor, date and time the surveyor reported the problem to the state agency, the name of the state agency to whom the surveyor made the report, and the name of the individual at the state agency receiving the report. STATE AGENCY will provide a form which should be used for conveying this information.

When reporting the problem to the **STATE AGENCY** Project Manager, the survey vendor representative must first email the **STATE AGENCY** Project manager by email indicating s/he has a report to make. The **STATE AGENCY** Project Manager will then respond using the Voltage Secure Mail system (or other specified secure electronic system). The survey vendor must attach the reporting form to a reply to the **STATE AGENCY** Project Manager's Voltage Secure email.





About the TEFT Demonstration

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This Promising Practice Series

In March 2014, CMS awarded TEFT planning grants to nine states to test quality measurement tools and demonstrate e-health in Medicaid community-based long term services and supports (CB-LTSS). The grant program is designed to field test an experience of care survey and a set of functional assessment items, demonstrate personal health records, and create a standard electronic LTSS record. Grantees are participating in one or more of the four TEFT components:

- Experience of Care (EoC) Survey – The EoC survey elicits feedback on beneficiaries' experience with the services they receive in Medicaid CB-LTSS programs. In contrast to many other experience or satisfaction surveys that are disability-specific, the HCBS EoC survey was designed so that individuals with different types of disabilities (e.g., physical, cognitive, intellectual, behavioral) could respond to the same questionnaire, thus enabling comparisons across programs and disability groups within a state. As contractor to CMS, Truven Health Analytics conducted a field test of the survey in all nine grantee states with a range of CB-LTSS beneficiaries, including frail elderly, physically disabled, intellectually disabled and developmentally disabled, those with acquired brain injury and person with severe mental illness. Many of the participating states saw this as an opportunity to contribute to the validation of the survey while simultaneously gaining access to beneficiary input on their programs without having to fund the survey effort themselves. In the out years of the demonstration, grantees will administer the finalized survey to their CB-LTSS beneficiaries and use the results to assess and improve quality in their programs. This component also involves seeking a Consumer Assessment of Healthcare Providers and Systems (CAHPS®) trademark and National Quality Forum (NQF) endorsement for survey measure(s).
- Functional Assessment Standardized Items (FASI) Under prior initiatives, CMS invested in the development of functional assessment standardized items for use in post-acute care settings. TEFT grantees will provide a sample of beneficiaries across disabilities upon which the adapted FASI will be field tested in 2015. Following the field test, the CB-LTSS items will be finalized and grantees will then demonstrate their use in their CB-LTSS programs.
- Personal Health Record (PHR) Grantees will demonstrate use of PHR systems with beneficiaries of CB-LTSS. The PHR is intended to provide CB-LTSS grantees with a range of personal LTSS and health information to facilitate decision making about care. The PHR can encourage a more active role for beneficiaries/caregivers in managing care and result in better outcomes through more efficient management of services.
- Electronic Long Term Services and Supports Standard (eLTSS) Grantees will pilot test an eLTSS standard in conjunction with the Office of National Coordinator's (ONC) Standards and Interoperability (S&I) Framework.





This document is the third in a series of several Promising Practice offerings that the TEFT TA Contractor will issue over the course of the TEFT Demonstration. These Promising Practices draw upon the experiences of TEFT grantees as they address the various components of TEFT. They are intended to inform the ongoing work of the Demonstration grantees as well as other stakeholders interested in incorporating aspects of TEFT into related endeavors.

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