



The TEFT Demonstration

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

In March 2014, the Centers for Medicare & Medicaid Services (CMS) awarded Testing Experience and Functional Tools (TEFT) 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, spanning 4 years through March 2018, was designed to field test a cross-disability experience of care (EoC) survey and a set of functional assessment items, demonstrate personal health records, and create an electronic LTSS service plan standard.

With the total grant program nearing \$42 million, this is the first time that CMS has promoted the use of health information technology (HIT) in CB-LTSS systems. TEFT provided national measures and valuable feedback on how HIT can be implemented in this component of Medicaid programs.

TEFT Grantees

Arizona
Colorado
Connecticut
Georgia
Kentucky
Louisiana¹
Maryland
Minnesota²
New Hampshire

TEFT Components

Grantees participated in one or more of the four demonstration components:

- **Experience of Care Survey.** The EoC survey elicits feedback on beneficiaries' experience with the services they receive in Medicaid CB-LTSS programs. It was designed to be a cross-disability survey, meaning that it was intended for use with beneficiaries in the various CB-LTSS programs serving people with all types of disability including individuals who are frail elderly, individuals with a physical disability, individuals with an intellectual or developmental disability, individuals with a brain injury, and individuals with serious mental illness. In 2014 and 2015, all nine grantees participated in a field test. The purpose of the field test was to assess the reliability

¹ Louisiana participated in the field test only of the Experience of Care Survey.

² For the Experience of Care component, Minnesota participated in the field test only.

and validity of the survey, to identify composites (groups of similar items to be used for reporting purposes), to compare in-person versus telephone administration modes, and to assess the feasibility of typical versus simplified response alternatives for respondent answers. On the basis of the results of the field test and other development activities, the survey received the Consumer Assessment of Healthcare Providers and Systems ([CAHPS](#)) program trademark in June 2016 and now is known as the CAHPS® Home and Community-Based Services Survey (or HCBS CAHPS Survey for short). In October 2016, the National Quality Forum ([NQF](#)) endorsed 19 quality measures derived from the survey. They are known as the CAHPS Home and Community-Based Services Measures. The CAHPS trademark and NQF endorsement provide states with assurance of a rigorously tested survey and measures. Grantees received TEFT funding to administer the HCBS CAHPS Survey to their CB-LTSS beneficiaries and use the results to assess and improve program quality. In this second round of data collection, which took place between 2016 and 2018, states demonstrated their use of the survey. They also experimented with use of proxy respondents, considered incorporating the survey into annual data collection initiatives, and used survey results for performance-based incentives for providers.

- **Functional Assessment Standardized Items (FASI).** Under prior initiatives, CMS invested in the development of standardized functional assessment items for assessing Medicare post-acute care recipients. With TEFT funding, CMS provided resources to test similar items for assessing individuals served in Medicaid CB-LTSS programs. FASI includes items to measure functional abilities including mobility, self-care (e.g., bathing, dressing), instrumental activities of daily living (e.g., meal preparation), and caregiver availability. With a person-centered focus, FASI also includes items that ask individuals to identify priorities related to skills and/or tasks that the person wishes to accomplish or improve on regarding his or her functioning. The advantage of standardized functional items is that assessment information is captured in the same way across settings, which is a key requirement for enabling electronic exchange of this information between and among payers, providers, and beneficiaries. TEFT grantees provided a sample of CB-LTSS beneficiaries who are frail elderly, individuals with a physical disability, individuals with an intellectual or developmental disability, individuals with a brain injury, and individuals with serious mental illness to conduct the field test. Following the field test, the FASI set was finalized in December 2017. Grantees began to demonstrate the use of FASI in their respective CB-LTSS programs in 2018. CMS plans to include the final items in the CMS data elements library and to use them to develop performance measures to submit for NQF endorsement.
- **Electronic Long-Term Services and Supports Service Plan Standard (eLTSS).** The Office of the National Coordinator for Health Information Technology ([ONC](#)) has partnered with CMS to identify and harmonize a service plan standard to enable electronic exchange of information relevant to the care of individuals receiving CB-LTSS. TEFT grantees pilot tested an eLTSS service plan standard in conjunction with ONC's Tech Lab.³ The standard encompasses service plan items typically employed by providers and payers to identify and convey the constellation of services and supports for beneficiaries of CB-LTSS. The first phase of pilot testing occurred from October 2015 through March 2016. From April 2016 through August 2016, the TEFT grantees worked with the Tech Lab to harmonize all states' LTSS service plans. Testing of the eLTSS plan standard began November 2016 in Round 2. Ultimately, the grantees were working

³ Tech Lab was formerly known as the Standards and Interoperability (S&I) Framework.

to create a new means of sharing LTSS data electronically, such as secure email messaging and connection to online health information portals for providers, as well as adoption of personal electronic health records for beneficiaries. Grantees also evaluated the value of the data and methods of exchange. Additional information on these efforts can be found on the [Tech Lab Wiki page](#).

- **Personal Health Record (PHR).** State Medicaid grantees participating in this component of TEFT implemented, tested, and launched electronic PHRs for CB-LTSS beneficiaries. Grantees worked with stakeholders in their states to identify the content of these PHRs. Potential functionality of the PHR can include the ability for beneficiaries to communicate with their care team and the presence of pertinent information such as assessment and service or support plan details, health and care information, as well as other information the beneficiary may choose to include for record keeping and/or sharing with providers. Information available in a PHR may assist the beneficiaries as well as their family and/or caregivers in making care-related decisions, and it may encourage a more active role in managing care. A PHR has the potential to facilitate more efficient care and enhanced outcomes for beneficiaries and their families. Grantees worked on this component of TEFT throughout the grant period.

Even though the four components of TEFT each had distinct purposes and timelines, they all focused on enhancing CB-LTSS systems to achieve a true person-centered culture. Moreover, TEFT promoted services and support systems that are able to exchange information across relevant parties and improve the quality of services for people receiving Medicaid CB-LTSS.

TEFT Support Activities

- **Technical Assistance.** A technical assistance (TA) component was offered through Truven Health Analytics and its team of subcontractors at the American Institute for Research, George Washington University and Health Management Associates. Technical assistance to the TEFT grantees and CMS provided support on a wide range of topics to help grantees and CMS realize the goals of the TEFT demonstration. In addition to individualized and peer technical assistance, TA supports included monthly meetings with the TEFT grantees, a training session the first week of each month, and grantee-driven, monthly Communities of Practice sessions for the EoC survey, FASI, and Health Information Technology (HITECH). The Truven Health TA team also produced research documents, promising practices papers, and on-demand, web-based TA modules for TEFT grantees. These and other activities also helped communicate lessons learned from the demonstration with the broader CB-LTSS community. The Truven Health TA team operated a membership-only website for TEFT grantees and demonstration partners.
- **Evaluation.** The evaluation contractor, The Lewin Group, conducted a three-part rapid-cycle evaluation:
 1. The first part was a formative evaluation that relied on close program monitoring and immediate provision of feedback, information, lessons learned, and recommendations to grantees.
 2. The second part was a system outcomes evaluation that relied on mapping LTSS systems, structures, health information technology capacity, and processes, as well as developing a quantifiable measure of information exchange maturity.

3. The third part was a beneficiary outcomes evaluation that relied on the review of each grantee’s TEFT PHR and field testing of an original, web-based PHR user survey to understand beneficiaries’ experience using a PHR.

The Lewin Group also participated in the ONC Tech Lab process to monitor and evaluate grantee participation in developing and piloting a standard eLTSS plan to facilitate data exchange across LTSS and acute care settings. The Lewin Group used this rapid-cycle evaluation and monitoring framework to share information from quarterly monitoring reports, annual site visits, and monthly calls with stakeholders in a timely and actionable format.

For more information, please visit the [TEFT page on Medicaid.gov](#).

TEFT CONTACTS

Table 1. TEFT Contacts at the Centers for Medicare & Medicaid Services

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