Technology enabled tools to assess and improve HCBS Programs:
The TEFT Demonstration

August 29, 2018
HCBS Conference

Kathleen Woodward, The Lewin Group
Tim Cortez, Colorado Department of Health Care Policy & Financing
Kathy Bruni, Connecticut Department of Social Services (DSS)
Minakshi Tikoo, Connecticut DSS
Paul Ford, Connecticut DSS

This work was completed under Contract HHSM0500-2011-00001I from the Centers for Medicare & Medicaid Services.
SESSION OBJECTIVES

✓ Introduce the CMS Testing Experience and Functional Tools (TEFT) Demonstration, and the national assessment items and health IT tools tested

✓ Introduce TEFT grantees’ sustainability considerations

✓ Discuss how Colorado and Connecticut have implemented and sustained TEFT tools
TEFT BACKGROUND

Kathleen Woodward
The Lewin Group, TEFT Evaluation
WHAT IS THE TEFT DEMONSTRATION?

• **Testing Experience and Functional Tools Demonstration**
  – Awarded by CMS in 2014 to nine states to test HCBS tools
  – Lewin conducted monitoring and evaluation
  – Truven Health Analytics provided training and technical assistance

• **Why is TEFT unique?**
  – Focuses on beneficiary experience within HCBS settings
  – Focuses on standardization, allowing for use of tools across HCBS populations
  – Addresses the gap between HCBS populations and electronic exchange/health IT
  – States tested four tools and these tools and lessons learned can be used by other state organizations (e.g., Medicaid agencies, AAAs, hospitals, providers)
1. Experience of Care Survey (HCBS CAHPS® Survey)
   - Obtained Consumer Assessment of Healthcare Providers and Systems (CAHPS®) trademark and National Quality Forum endorsement

2. Functional Assessment Standardized Items (FASI)
   - Developed a set of functional assessment measures for use with HCBS beneficiaries

3. Personal Health Record (PHR)
   - Demonstrated use with HCBS beneficiaries
   - Surveyed PHR users

4. Electronic Long-Term Services and Supports (eLTSS) Plan
   - Created eLTSS Dataset with 56 data elements
   - Submitted data elements to standards development organization (goal eLTSS standard)
IMPLEMENTATION & SUSTAINABILITY CONSIDERATIONS

<table>
<thead>
<tr>
<th>Funding source</th>
<th>HCBS provider buy-in</th>
<th>Existing initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>State health IT infrastructure</td>
<td>State needs</td>
<td>Other considerations?</td>
</tr>
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</table>
## Focus for Today

### TEFT RESOURCES

<table>
<thead>
<tr>
<th>State*</th>
<th>HCBS CAHPS® Survey</th>
<th>FASI</th>
<th>PHR</th>
<th>eLTSS</th>
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*Louisiana and Minnesota field tested Experience of Care Survey in Round 1

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CMS Overview of TEFT Demonstration

[https://www.medicaid.gov/medicaid/lcss/teft-program/index.html](https://www.medicaid.gov/medicaid/lcss/teft-program/index.html)

HCBS CAHPS® Survey


CMS Data Elements Library—FASI (In Progress)

[https://del.cms.gov/DELWeb/pubHome](https://del.cms.gov/DELWeb/pubHome)

Overview of eLTSS Plan

[https://oncprojecttracking.healthit.gov/wiki/display/TechLabSC/eLTSS+Home](https://oncprojecttracking.healthit.gov/wiki/display/TechLabSC/eLTSS+Home)
TEFT

Demonstration Pilot to Test Experience and Functional Tools

Tim Cortez
Program Development & Evaluation Section,
HCPF
Aug-18
Our Mission

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources
Vision for TEFT Components
Contact Information

Tim Cortez
Manager, Program Development and Evaluation Section
Office of Community Living
Timothy.cortez@state.co.us
USE OF THE HCBS CAHPS SURVEY IN WAIVER QUALITY MANAGEMENT

Department of Social Services
Kathy Bruni, Director Community Options
August 2018
Operate 10 Medicaid Waiver Programs

6 Directly Administered by the Medicaid Agency

3 Operated by the DD Agency

1 Operated by Mental Health Authority

Also operate 1915i and k state plan options
1. Person-centered – aligned with CT philosophy

2. Cross-disability
   - Ability to compare programs
   - Increased accessibility via phone mode, alternate response, proxy

3. Development aligned with CAHPS
   - Reflects what is important to beneficiaries
   - Rigorous review of testing methods and results
   - Trademark that providers recognize
   - Flexibility to add items from other surveys

4. NQF-endorsed measures available from the survey

5. Survey sponsor can determine frequency of use

6. Publicly available from CMS
1. Staff are reliable and helpful – top-box score composed of 6 survey items
2. Staff listen and communicate well – top-box score composed of 11 survey items
3. Case manager is helpful - top-box score composed of 3 survey items
4. Choosing the services that matter to you - top-box score composed of 2 survey items
5. Transportation to medical appointments - top-box score composed of 3 survey items
6. Personal safety and respect - top-box score composed of 3 survey items
7. Planning your time and activities top-box score composed of 6 survey items
Survey Administration

- Designed to be administered by an interviewer
  - In person
  - By telephone
  - **Participant’s choice**

- 81 items plus demographics and interviewer questions
  - 30 minute average due to skip patterns

- Tailored program and provider-specific terms are integrated directly

- Alternate Responses (for accessibility)
  - Mostly Yes, Mostly No (instead of four point scale)
  - Excellent, very good, good, fair, poor (instead of 1 to 10)

- Assistance & Proxy respondents allowed by CMS (not a paid provider)
Administration of the Tool

• All staff in Community Options Waiver Unit have been trained to administer the survey
• Representative sample for each waiver
• Care management agencies are required to have a QA unit conduct surveys on 10% of the client base
• Community Options staff will do surveys as needed to achieve representative sample for each waiver operated by the Medicaid agency
• Web based program to complete surveys
• UConn Center on Aging will conduct data analysis
• Intend to publish the results
One year experience with 5 Waivers

DDS

Mental Health Agency wants to modify the services to reflect what they believe are important services in the waiver

Quality Staff are developing performance measures for waiver renewals with survey as the data source

Serves to develop a cross waiver quality improvement strategy
Results of Year 1

Mean Scores for All Composite Measures (1 - 4)

<table>
<thead>
<tr>
<th>Perception</th>
<th>Katie Beckett</th>
<th>Autism</th>
<th>PCA</th>
<th>CHCP</th>
<th>ABI</th>
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<tbody>
<tr>
<td>Planning your time and activities</td>
<td>3.3</td>
<td>3.3</td>
<td>3.31</td>
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<td>Personal safety and respect</td>
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<td>Transportation to medical appointments</td>
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<tr>
<td>Choosing the services that matter to you</td>
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<td>3.66</td>
<td>3.76</td>
<td>3.93</td>
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</tr>
<tr>
<td>Case manager is helpful</td>
<td>3.65</td>
<td>3.66</td>
<td>3.63</td>
<td>3.78</td>
<td>3.93</td>
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<tr>
<td>Staff listen and communicate well</td>
<td>3.62</td>
<td>3.83</td>
<td>3.74</td>
<td>3.83</td>
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<tr>
<td>Staff are reliable and helpful</td>
<td>3.47</td>
<td>3.82</td>
<td>3.78</td>
<td>3.82</td>
<td></td>
</tr>
</tbody>
</table>

- Staff are reliable and helpful
- Staff listen and communicate well
- Choosing the services that matter to you
- Case manager is helpful
- Transportation to medical appointments
- Personal safety and respect
- Planning your time and activities

8/28/2018
Department of Social Services
20
Staff listen and communicate well (1 - 4)

- Autism: 3.62
- PCA: 3.84
- CHCP: 3.8
- ABI: 3.75
Case manager is helpful (1 - 4)

- Katie Beckett: 3.63
- Autism: 3.93
- PCA: 3.65
- CHCP: 3.78
- ABI: 3.74
Staff are reliable and helpful (1 - 4)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Rating</th>
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<tr>
<td>Autism</td>
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</tr>
<tr>
<td>PCA</td>
<td>3.86</td>
</tr>
<tr>
<td>CHCP</td>
<td>3.81</td>
</tr>
<tr>
<td>ABI</td>
<td>3.78</td>
</tr>
</tbody>
</table>
Choosing the services that matter to you (1 - 4)

- Katie Beckett: 3.11
- Autism: 3.45
- PCA: 3.74
- CHCP: 3.69
- ABI: 3.59
Global Rating Means for All Waivers (1 - 5)

- Personal assistance & behavioral health staff
  - ABI: 4.62
  - CHCP: 4.77
  - PCA: 4.71
  - Autism: 4.75

- Homemaker
  - ABI: 4.13
  - CHCP: 4.68
  - PCA: 4.66
  - Autism: 4.79

- Case manager
  - ABI: 4.6
  - CHCP: 4.79
  - PCA: 4.62
  - Autism: 4.44
  - Katie Beckett: 4.56
Global Mean Scores for ABI (1 - 5)

- Personal assistance & behavioral health staff: 4.62
- Homemaker: 4.13
- Case manager: 4.6
Global Mean Scores for CHCP (1 - 5)

- Personal assistance & behavioral health staff: 4.77
- Homemaker: 4.68
- Case manager: 4.79
Recommendation Means for All Waivers (1 - 4)

- Personal assistance & behavioral health staff:
  - ABI: 3.7
  - CHCP: 3.79
  - PCA: 3.83
  - Autism: 3.71
  - Katie Beckett: 3.49

- Homemaker:
  - ABI: 3.7
  - CHCP: 3.7
  - PCA: 3.88
  - Autism: 4
  - Katie Beckett: 3.49

- Case manager:
  - ABI: 3.67
  - CHCP: 3.8
  - PCA: 3.82
  - Autism: 3.74
  - Katie Beckett: 3.35
Case manager is helpful (1 - 4)

<table>
<thead>
<tr>
<th>Service</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>Katie Beckett</td>
<td>3.63</td>
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<tr>
<td>Autism</td>
<td>3.93</td>
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<tr>
<td>PCA</td>
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<tr>
<td>CHCP</td>
<td>3.76</td>
</tr>
<tr>
<td>ABI</td>
<td>3.78</td>
</tr>
</tbody>
</table>
Choosing the services that matter to you (1-4)

- **Katie Beckett**: 3.11
- **Autism**: 3.45
- **PCA**: 3.7
- **CHCP**: 3.66
- **ABI**: 3.56
Unmet Need Percentages for All Waivers
(Not sufficient staff to help with...)

- Household tasks:
  - Autism: 0.6%
  - PCA: 0.9%
  - CHCP: 1.7%
  - ABI: 0.9%

- Toileting:
  - Autism: 4.5%
  - PCA: 0.5%
  - CHCP: 0.3%
  - ABI: 0.3%

- Medications:
  - Autism: 0.5%
  - PCA: 0.3%
  - CHCP: 0.5%
  - ABI: 4.5%

- Meals:
  - Autism: 0.3%
  - PCA: 0.3%
  - CHCP: 0.3%
  - ABI: 0.3%

- Personal Care:
  - Autism: 4.5%
  - PCA: 0.5%
  - CHCP: 2.1%
  - ABI: 0.5%
- Modify the service portion of the tool to add services specific to the Behavioral health and ID/DD waiver populations

- Train QA staff at the two agencies to administer the tool

- Develop cross waiver quality improvement strategy and performance measures with the survey as the data source
Questions or Comments?

Contact:
Kathy Bruni, Director Community Options Unit
CT Department of Social Services
Kathy.a.bruni@ct.gov

860-424-5177
Connecticut’s Person-Directed Experience: Relationship between Care Plans & Personal Health Record

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Director, Business Intelligence & Shared Analytics | HHS HIT Coordinator
Connecticut Department of Social Services
Minakshi.tikoo@ct.gov | 860-424-5209
Paul Ford
Connecticut’s Person-Directed Experience: Relationship between Care Plans & Personal Health Record

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Minakshi.tikoo@ct.gov | 860-424-5209

Paul Ford
Context: Connecticut Department of Social Services

- Population of Connecticut – 3.58 M
- People Served in a year – approx. 1 M

Our goal was to develop a web-based care plan that people could complete and be able to share with stakeholders resulting in improved communications across the care team, as well as other information in their personal health record, designed to empower the Medicaid beneficiaries.

Testing Experience and Functional Tools (TEFT 2014-1019)

- In 2014, CMS announced awards for the TEFT (Testing Experience and Functional Tools) grant to introduce health IT into this population. The Centers for Medicare & Medicaid Services (CMS) is promoting the use of health information technology within the community-based Long Term Services and Supports system. The TEFT grant was designed to
  - field test an experience of care survey
  - a set of functional assessment items
  - demonstrate the use of personal health records, and
  - finally to contribute to the creation of a standard electronic long term services and supports record
Community First Choice

You can enter your application directly through this website – for assistance, or to complete an application by phone: please dial 2-1-1 between 8:30 AM and 5:00 PM Monday through Friday - Choose Option 3

What is Community First Choice?
Community First Choice (CFC) is a new program in Connecticut offered to active Medicaid members as part of the Affordable Care Act. This program allows individuals to receive supports and services in their home. These services can include—but are not limited to—help preparing meals and doing household chores, and assistance with activities of daily living (bathing, dressing, transferring, etc.). Educational services will be available to help you increase your independence, and learn how to manage your in-home staff.

Who is eligible?
CFC is open to any Medicaid member that can self-direct services and meets Institutional Level of Care. Institutional Level of Care means you would likely need to be in an institution, such as a nursing home, if you did not have home and community based services. This program allows an eligible person to have care and support in their home.

What is self-direction? Can I have help with my self-direction?
Self-direction is when you, or someone you appoint, makes the decisions regarding your care and services. You have control over what services you want in the home, and you have the responsibility of managing those services. Self-direction promotes personal choice and control during a person-centered planning process. If you have a Conservator or someone acting with Power of Attorney (POA), they can help you self-direct.

Who can I hire?
If you enroll in CFC, you will be able to hire from a pool of qualified staff. You can hire certain family members and friends. You will set the hiring requirements for each of your staff.

Can I hire any family member?
In most cases, yes! There are some exclusions, which you can discuss with the Care Manager assigned to you.

Will criminal background checks be completed?
Yes, the State of CT is committed to allowing you to choose who you hire. We also want that to be a well-informed choice. You will receive background check information on all staff you want to hire.

Where can I get care?
Care is provided in your home. You can also use staff to go out for community activities, doctors’ appointments, and errands.

How does this affect me if I am currently on a waiver?
Any Individuals currently on a waiver will remain on that waiver. If you use self-directed Personal Care Assistants (PCA) on your waiver, you will automatically become a CFC participant for the covered services. Additional information will be provided by your Waiver Care Manager.

How does this affect me if I am on the PCA Waiver waitlist?
If you are on the PCA waitlist and are active on Medicaid, you can apply for CFC.

Community First Choice (CFC)
Are you or a loved one living in the community and need assistance to remain there? The Affordable Care Act created an optional State Plan service which will allow eligible individuals to access Personal Attendant Care (PCA) and other services and supports through self-direction. This is called Community First Choice (CFC). Click the link below (“CFC - Click Here for More Information”) to find out more about how CFC in Connecticut can help.

Click on the button below (“Click Here to Apply”) to submit an on-line application for CFC. For assistance, or to complete an application by phone; please dial 2-1-1 between 8:30 AM and 5:00 PM Monday through Friday - Choose Option 3

CFC - Click Here for More Information

https://ctmfp.com/InformationCFC.aspx
Community First Choice contd.

Status in 2017
- 4658 applications
- 1370 care plans sent to Fiscal Intermediary
- 1401 cases recommended for closure/closed
- 500 pending assessments
- 1000 pending assignments to field


Update as of 8/13/18
- 6800 - CFC total applications since 7/2015, a percentage of these applicants are not Medicaid or CFC eligible. We have around a 30% closure rate prior to assessment due to ineligibility.
- 1440 CFC participants actively enrolled in services
- Avg. 100 new CFC applications a month

Our goal is to use C-CDA R 2.1 as a standard to communicate the CFC Care Plan between the beneficiary and the providers
- Created a web-based person-directed care plan for the people in the Community First Choice Program.
- The web-based care plan will assist beneficiaries in creating and tracking their budgets
- Pilot started 7/17/18
- This was made possible through the TEFT grant as part of their electronic Long-Term Services and Supports (eLTSS) initiative (May 2014-March 2019)

How does this work – CFC care plan to CCDA

Universal Care Managers checks in – does beneficiary want to complete care plan on the web

Beneficiary receives an email with a link to complete the care plan

Universal Care Managers receives an alert when the plan is submitted. They review and send it to the DSS for review and approval

Department Nurses are alerted – they review plan and budget – once approved budget is sent to Fiscal Intermediary

Approved care plan is available to the beneficiary and is sent as a CCDA R 2.1 to the PHR and the beneficiary

Note: If Participant revises budget – the process re-engages and it allows for back and forth between identified hand-off points
Administrative Log-in: Use BIP Credentials
No MFA Needed
Main Screen with Tool Kits you created up top and ones created by your agency below.

CT DSS eLTSS Administrative Portal

My Care Plan List:

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>WF Phase</th>
<th>WF History</th>
<th>Create Date</th>
<th>Last Updated</th>
<th>Action</th>
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</thead>
<tbody>
<tr>
<td>Hooper, Henry</td>
<td><a href="mailto:paul.ford@ct.gov">paul.ford@ct.gov</a></td>
<td>NURSE REVIEW</td>
<td>23 - View History</td>
<td>02-22-2018 14:10</td>
<td>06-16-2018 10:24</td>
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<td>Tisdale, Timothy</td>
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<td>Ramjet, Roger</td>
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Care Plan List for Agency:

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<th>WF Phase</th>
<th>WF History</th>
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<tr>
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<td><a href="mailto:ssrdevan@verrohealth.com">ssrdevan@verrohealth.com</a></td>
<td>ssrdevan</td>
<td>PARTICIPANT</td>
<td>6 - View History</td>
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<td>05-15-2018 10:24</td>
<td>View</td>
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</table>
Assessor Role – 1 Set up Budget

- Click Create New Budget
Consumer received link to their tool kit

Welcome to Community First Choice!
Click on the following link to access your Individual Service Budget Planning tool kit.
Consumer’s Took-kit

### Community First Choice Individual Services Budget

<table>
<thead>
<tr>
<th>Participant Info</th>
<th>Goals</th>
<th>Section 1</th>
<th>Section 2</th>
<th>Section 3</th>
<th>Section 4</th>
<th>Summary</th>
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<tbody>
<tr>
<td>CFC Budget</td>
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<tr>
<td>Annual</td>
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#### CFC Participant Information

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Medicaid #</th>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Participant Email</th>
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<tbody>
<tr>
<td>Otto</td>
<td>123456789</td>
<td>565-658-5558</td>
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<td><a href="mailto:paul.ford@ct.gov">paul.ford@ct.gov</a></td>
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<table>
<thead>
<tr>
<th>Assessor</th>
<th>Assessor Phone</th>
<th>Assessor Email</th>
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<tr>
<td>Paul Ford</td>
<td>258-963-2147</td>
<td><a href="mailto:paul.ford@ct.gov">paul.ford@ct.gov</a></td>
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<table>
<thead>
<tr>
<th>Access Agency of Assessor</th>
<th>Support and Planning Coach Name</th>
<th>If Agency Based, name of agency</th>
<th>Annual CFC Budget</th>
<th>Monthly CFC Budget</th>
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<td>NA</td>
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<td>$4,166.67</td>
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</table>

- **Check if the budget amount was determined through the exception process and clinical justification.**

Your level of need suggest you would require 59 hours of PCA per week.

Click for detailed Help

Save - Next Section
Consumer uses this section to write their goals.
Tabs allow for multiple goals.
Section 1a

Community First Choice Individual Services Budget

CFC Budget
Annual
$50,000.00
Budgeted
$43,159.24
Remaining
$6,840.76

Section 1a: Personal Care Attendant (PCA) Service, is the only required service. Services for assistance with hands-on care, cueing, and/or supervision.

Personal Care Attendants (PCA)

Select which service best fit your needs for Personal Care Attendants. It may be helpful to try the Week at a Glance.

<table>
<thead>
<tr>
<th>Service</th>
<th>Hours - Days</th>
<th>Annual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCA Hourly: How many hours per week</td>
<td></td>
<td>$421,105.60</td>
</tr>
<tr>
<td>PCA 12-hour Overnight: How many days a week</td>
<td>Enter days</td>
<td>$0.00</td>
</tr>
<tr>
<td>PCA Live-in: How many days a week</td>
<td>Enter days</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

PCA Annual Total Cost
$421,105.60

As-needed staffing.
Enter a number of hours to set aside to cover an unexpected/expected increased need for PCA services due to a temporary change in your health, change in natural supports, or vacation coverage.

<table>
<thead>
<tr>
<th>Service</th>
<th>Hours - Days</th>
<th>Annual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCA Hourly: How many hours per week</td>
<td></td>
<td>$1,052.64</td>
</tr>
<tr>
<td>PCA 12-hour Overnight: How many days a week</td>
<td>Enter days</td>
<td>$0.00</td>
</tr>
<tr>
<td>PCA Live-in: How many days a week</td>
<td>Enter days</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

As-needed Annual Total Cost
$1,052.64

If you request funding for as-needed staffing your RISK AGREEMENT must indicate how you will address the unmet needs you will experience on a daily basis.

Save - Next Section
Section 1b – Home Delivered Meals

Community First Choice Individual Services Budget

CFC Budget
Annual $50,000.00
Budgeted $43,242.45
Remaining $6,757.55

Section 1b. Services to reduce your need for hands on care, cueing, and supervision. This section is not required and you may need to reduce PCA hours in order to access these services.

Home Delivered Meals
I do not want Home Delivered Meals  I want Home Delivered Meals

- Meals per day
  - One
  - Two

- How many days a week
  - Enter days

- How many months
  - Enter Months

- Annual Cost $0.00

Click for detailed Help
Section 1c – Worker’s Comp.

Community First Choice Individual Services Budget

CFC Budget
Annual: $50,000.00
Budgeted: $43,242.45
Remaining: $6,757.55

Section 1c: Services to reduce your need for hands on care, cueing, and supervision.

Workers Compensation Insurance
- I do not want Workers Compensation. I will not have any one staff work more than 25.75 hours per week
- I have a Workers Compensation Policy already and do not need to use CFC Funds to cover the cost
- I want a Workers Compensation Policy and will deduct the cost from my Annual CFC Budget

Enter the Annual Total Cost: 0.00

*If you do not have a quote for your policy, you should budget between $3,000 and $5,000 annually. Additional information can be found in your Handbook regarding Worker’s Compensation

Save - Next Section
Section 2 Support and Planning Coach

(Does not count against Budget Total)

### Community First Choice Individual Services Budget

<table>
<thead>
<tr>
<th>Section 2: Services to assist with managing an individual budget, service planning, and hiring and managing PCAs, and training</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>THIS SERVICE DOES NOT GET COUNTED TOWARDS YOUR INDIVIDUAL BUDGET</strong></td>
</tr>
</tbody>
</table>

**Support and Planning Coach**

This service is limited to $500.00 per year (approx. 1 hour per month). If you need more than $500.00 per year, you must indicate the Support and Planning Coach duties, below.

- [ ] I do not want to use a Support and Planning Coach at this time.
- [x] I want to budget for a Support and Planning Coach to meet with me as needed

<table>
<thead>
<tr>
<th>Available Services</th>
<th>Hours per Year</th>
<th>Annual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency-based Support and Planning Coach at $42.88 per hour</td>
<td>Enter hours</td>
<td>$0.00</td>
</tr>
<tr>
<td>Individual Hire Support and Planning Coach at $32.00 per hour</td>
<td>Enter hours</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Total Support and Planning Coach Services**

| 0 | $0.00 |

Support and Planning Coach duties will be:

- [ ] develop, monitor, and assist with care planning
- [ ] hire, manage, and train PCA staff
- [ ] help with community access
- [ ] provide assistance with coordinating all CFC services selected
- [ ] additional duties

[Save - Next Section]
Section 3: Services to support backup systems

All costs for Backup Systems are applied to your Assistive Technology Budget, which is limited to $5,000 per year.

Backup Systems
- [ ] I do not want to budget for a formal monitoring device as an emergency backup system
- [x] I want a Personal Emergency Response System (PERS) in the home.
- [ ] I want other/additional electronic monitoring device: GPS enabled watch, automated medication dispensers, or fall detection (submit a quote using the Assistive Technology Request Form for devices over $750.00)

*The cost of a PERS varies due to competitive pricing. Depending on the provider and the type of PERS you select your average annual cost may range from $500.00 to $750.00. If the device you select is over $750.00 you will need to submit an AT Request with a justification.

Total amount you are requesting: $700.00

You must list your Emergency Backup Plan when PCAs call out. This could include: the PERS, family, friends, or neighbors providing unpaid support.

Please describe your Emergency Backup Plan

I'll ring the bell and someone will come!

Save - Next Section

Notes

Assessor Review - 2018.05.14 - PCF: Nice goal - well stated. - PCF
If AT is selected the AT form must be filled out for items on this page and/or for items over $750 in Section 3 – At form is available on the summary page, if AT or Back up services over $750 are selected.
Section 4b – Health Coaches

Community First Choice Individual Services Budget

Section 4b: CFC Services to assist with increasing independence in health related tasks and/or daily living tasks

Health Coaches

- I do not want to budget for a Health Coach
- I want a Health Coach to work with me on my Health Goals

<table>
<thead>
<tr>
<th>Available Services</th>
<th>Hours</th>
<th>Projected Annual Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Coach</td>
<td>1</td>
<td>$122.80</td>
</tr>
<tr>
<td>Physical Therapy Coach*</td>
<td>1</td>
<td>$134.20</td>
</tr>
<tr>
<td>Occupational Therapy Coach*</td>
<td>10</td>
<td>$972.40</td>
</tr>
<tr>
<td>Speech Coach*</td>
<td>1</td>
<td>$106.08</td>
</tr>
</tbody>
</table>

Totals 13                      $1,335.48

*PT, OT, SP Coaching require a doctors order before they can begin any CFC Coaching services. If your doctor has already ordered these services through your Husky Health Benefit, you cannot use Coaches.

Enter the total cost you want to Reserve of your annual budget to cover Health Coach Services. The Health Coach service is limited to 25 hours over 3 months.

If you budget for a Health Coach you must document what you want your Coach to work on with you:

1. 
2. 

Save - Next Section

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# Community First Choice Individual Services Budget

The following table represents the budget details for Community First Choice (CFC) services:

### CFC Budget

**Annual**

<table>
<thead>
<tr>
<th>Budgeted</th>
<th>Remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50,000.00</td>
<td>$4,322.07</td>
</tr>
</tbody>
</table>

**Budgeted**

<table>
<thead>
<tr>
<th>Budgeted</th>
<th>Remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>$45,677.93</td>
<td>$4,322.07</td>
</tr>
</tbody>
</table>

### Summary

Once you submit your care plan, it will be reviewed by Paul Ford at SWCAA.

**CFC Budget Part 1: Services within the Individual Budget Allocation**

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>PCA total</td>
<td>$42,189.81</td>
</tr>
<tr>
<td>1a</td>
<td>PCA As-needed</td>
<td>$1,052.64</td>
</tr>
<tr>
<td>1b</td>
<td>Home Delivered Meals</td>
<td>$0.00</td>
</tr>
<tr>
<td>1c</td>
<td>Workers Compensation</td>
<td>$0.00</td>
</tr>
<tr>
<td>3</td>
<td>Emergency Backup Monitoring Systems</td>
<td>$750.00</td>
</tr>
<tr>
<td>4a</td>
<td>Assistive Technology</td>
<td>$350.00</td>
</tr>
<tr>
<td>4b</td>
<td>Health Coaching Services</td>
<td>$1,335.48</td>
</tr>
</tbody>
</table>

**TOTAL OF ALL CFC INDIVIDUAL BUDGET SERVICES:**

| Cost  | $45,677.93 |

**CFC Budget Part 2: Services outside of the Individual Budget**

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Support and Planning Coach Services</td>
<td>$748.80</td>
</tr>
</tbody>
</table>

- **Transitional Services Requested:**
  - Cost: $0.00

- **Environmental Accessibility Requested:**
  - Cost: $15,000.00

**Submit Budget**

**Save Submit Later**
Satisfaction Survey

Community First Choice Individual Services Budget

Your Budget has been Submitted

We would appreciate your input on the usefulness of this tool. It will take 5 minutes to complete the survey. Would you like to continue?

Yes  No

Please rate the following on a scale of 1-5 with 1 being low and 5 being high

<table>
<thead>
<tr>
<th>Questions</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Type of equipment used:</td>
<td></td>
</tr>
<tr>
<td>○ Desktop Computer</td>
<td></td>
</tr>
<tr>
<td>○ Laptop Computer</td>
<td></td>
</tr>
<tr>
<td>○ Tablet</td>
<td></td>
</tr>
<tr>
<td>○ Smart Phone</td>
<td></td>
</tr>
<tr>
<td>2  Do you use:</td>
<td></td>
</tr>
<tr>
<td>○ Windows</td>
<td></td>
</tr>
<tr>
<td>○ Apple</td>
<td></td>
</tr>
<tr>
<td>○ Linux</td>
<td></td>
</tr>
<tr>
<td>○ Don't know</td>
<td></td>
</tr>
<tr>
<td>3  Did you have help using the tool from a Support &amp; Planning Coach?</td>
<td></td>
</tr>
<tr>
<td>○ Yes</td>
<td></td>
</tr>
<tr>
<td>○ No</td>
<td></td>
</tr>
<tr>
<td>4  Did you have help using the tool from friends or family?</td>
<td></td>
</tr>
<tr>
<td>○ Yes</td>
<td></td>
</tr>
<tr>
<td>○ No</td>
<td></td>
</tr>
<tr>
<td>5  Did you use assistive technology such as a screen reader, or voice control software to complete the tool?</td>
<td></td>
</tr>
<tr>
<td>○ Yes: Which assistive technology did you use</td>
<td></td>
</tr>
<tr>
<td>○ No</td>
<td></td>
</tr>
<tr>
<td>6  Did you encounter any difficulty using the tool with your assistive technology?</td>
<td></td>
</tr>
<tr>
<td>○ Yes</td>
<td></td>
</tr>
<tr>
<td>○ No</td>
<td></td>
</tr>
<tr>
<td>Explain</td>
<td></td>
</tr>
<tr>
<td>Statements</td>
<td>Low</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>1 Overall reaction to the on-line tool kit</td>
<td>Terrible</td>
</tr>
<tr>
<td>2 My experience with using the tool was</td>
<td>Frustrating / difficult</td>
</tr>
<tr>
<td>3 I found the initial instructions</td>
<td>Unhelpful</td>
</tr>
<tr>
<td>4 I found the on-line help</td>
<td>Useless</td>
</tr>
<tr>
<td>5 I think next time I am more likely</td>
<td>Paper tool</td>
</tr>
<tr>
<td>6 Layout of the screen was</td>
<td>Hard to read</td>
</tr>
<tr>
<td>7 Amount of information displayed on the screen</td>
<td>Inadequate</td>
</tr>
<tr>
<td>8 Messages that appear on screen</td>
<td>Difficult to understand</td>
</tr>
<tr>
<td>9 Error messages</td>
<td>Unhelpful</td>
</tr>
<tr>
<td>10 I am confident my information is secure / safe</td>
<td>Not very confident</td>
</tr>
<tr>
<td>11 Correcting mistakes</td>
<td>Difficult</td>
</tr>
<tr>
<td>12 I would recommend this tool to others</td>
<td>Not at all</td>
</tr>
</tbody>
</table>

Any other comments or suggestions

[Submit Survey]
Assessor receives message to review

Participant has Submitted the Community First Choice Individual Service Budget for Review. Login to the CT DSS eLTSS Administrative portal for more details.
Work flow shows Otto’s Plan is UCM Assessor Phase.

- Click Review to start review
Note: Pages now have note section at bottom – start with date and your name:

<table>
<thead>
<tr>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/2/2018 - Assessor review by Paul C. Ford</td>
</tr>
</tbody>
</table>
Accessor’s Review – See notes at bottom – click additional work needed to return to participant.
Plan now in Nurse Review

CT DSS eLTSS Administrative Portal

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>WF Phase</th>
<th>WF History</th>
<th>Create Date</th>
<th>Last Updated</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oliver, Otto</td>
<td><a href="mailto:paul.ford@ct.gov">paul.ford@ct.gov</a></td>
<td>NURSE REVIEW</td>
<td>11 - View History</td>
<td>04-02-2018</td>
<td>04-02-2018</td>
<td>Review</td>
</tr>
<tr>
<td>Beacon, Bruce</td>
<td><a href="mailto:paul.ford@ct.gov">paul.ford@ct.gov</a></td>
<td>UCM REVIEW</td>
<td>20 - View History</td>
<td>02-20-2018</td>
<td>03-29-2018</td>
<td>Review</td>
</tr>
<tr>
<td>Adams, Ray</td>
<td><a href="mailto:paul.c.ford@snet.net">paul.c.ford@snet.net</a></td>
<td>PARTICIPANT</td>
<td>10 - View History</td>
<td>02-12-2018</td>
<td>03-29-2018</td>
<td>View</td>
</tr>
<tr>
<td>Ican, Ivan</td>
<td><a href="mailto:paul.ford@ct.gov">paul.ford@ct.gov</a></td>
<td>NURSE APPROVED</td>
<td>24 - View History</td>
<td>02-27-2018</td>
<td>03-28-2018</td>
<td>View</td>
</tr>
<tr>
<td>Jaxon, Jason</td>
<td><a href="mailto:paul.ford@ct.gov">paul.ford@ct.gov</a></td>
<td>NURSE REVIEW</td>
<td>18 - View History</td>
<td>02-27-2018</td>
<td>03-28-2018</td>
<td>Review</td>
</tr>
<tr>
<td>Mansell, Mitchell</td>
<td><a href="mailto:paul.ford@ct.gov">paul.ford@ct.gov</a></td>
<td>NURSE APPROVED</td>
<td>21 - View History</td>
<td>03-23-2018</td>
<td>03-28-2018</td>
<td>View</td>
</tr>
<tr>
<td>Fjorde, Frank</td>
<td><a href="mailto:paul.ford@ct.gov">paul.ford@ct.gov</a></td>
<td>NURSE REVIEW</td>
<td>20 - View History</td>
<td>02-22-2018</td>
<td>03-27-2018</td>
<td>Review</td>
</tr>
</tbody>
</table>
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  <patientRole>
    <id extension="123456789" root="2.16.840.1.113883.4.339"/>
    <addr use="HP">
      <country nullFlavor="NA"/>
    </addr>
    <telecom use="HP" value="tel +1 (888) 777-6655"/>
    <telecom use="MC" value="tel +1 (999) 123-4567"/>
    <telecom use="HP" value="mailto: ssirdevan@voorhealth.com"/>
    <patient>
      <name use="L">
        <given nullFlavor="NI">James</given>
        <family nullFlavor="NI">Bond</family>
      </name>
      <administrativeGenderCode codeSystemName="AdministrativeGenderCode" codeSystem="2.16.840.1.113883.5.1"/>
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      <maritalStatusCode nullFlavor="NI"/>
      <raceCode nullFlavor="NI"/>
      <ethnicGroupCode nullFlavor="NI"/>
    </patient>
  </patientRole>
</recordTarget>

<author>
  <assignedAuthor>
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    <addr use="WP">
      <streetAddressLine nullFlavor="NA"/>
      <city nullFlavor="NA"/>
      <state nullFlavor="NA"/>
    </addr>
  </assignedAuthor>
</author>
PERSONAL HEALTH RECORD
PHR & Medicaid HIE Node

Certified Technology

✓ HealthShare is certified for Health IT interoperability by IHE USA and ICSA Labs

✓ HealthShare is certified for both Meaningful Use (MU) 1 and 2

✓ HealthShare has passed eHealth Exchange validation
Welcome, Marla M Gonzalez
1 Melrose Place
View Your Personal Information
Last logged in 18 hours ago

Welcome to Personal Community!

Common Tasks
- Ask Medical Question
- View Lab Results
- View My Medication List
- Share My Records

News
All News

Upcoming Events
All Events
### Health Alerts

<table>
<thead>
<tr>
<th>Type</th>
<th>Alert</th>
<th>Status</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>No information currently available</td>
</tr>
</tbody>
</table>

### Summary

This page shows your most recent activity.

**2010**
- **Jun 5**: Appointments
- **May 24**: No office visits
- **May 7**: No office visits

**2017**
- **Oct 3**: 9:45 AM James Moraves
  - Yale
- **Sep 24**: 7:00 PM Peter Scott
  - Yale

**2014**
- **Sep 11**: No office visits
- **Sep 10**: 1:30 PM Hector
  - Sloan
- **Aug 7**: No office visits

**2013**
- **Mar 6**: No office visits
- **Mar 5**: No office visits
<table>
<thead>
<tr>
<th>Description</th>
<th>Date</th>
<th>Status</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eat 3 nutritious meals a day</td>
<td>August 26, 2018</td>
<td>Active</td>
<td></td>
</tr>
<tr>
<td>Shower 3 times a week</td>
<td>August 26, 2018</td>
<td>Active</td>
<td></td>
</tr>
<tr>
<td>Take daily meds on schedule</td>
<td>August 26, 2018</td>
<td>Active</td>
<td></td>
</tr>
</tbody>
</table>
## Plan of Care

<table>
<thead>
<tr>
<th>Description</th>
<th>Date</th>
<th>Status</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual budget: $44,560.00</td>
<td>August 26, 2018</td>
<td>Active</td>
<td></td>
</tr>
<tr>
<td>PCA Hours per week: 1.5</td>
<td>August 26, 2018</td>
<td>Active</td>
<td></td>
</tr>
<tr>
<td>Two meals delivered per day, for 2 months</td>
<td>August 26, 2018</td>
<td>Active</td>
<td></td>
</tr>
</tbody>
</table>
<section>
  <templateId root="2.16.840.1.113883.10.20.22.2.10"/>
  <code code="61146-7" codeSystemName="LOINC" codeSystem="2.16.840.1.113883.6.1"/>
  <title>Plan of Care</title>
  <text>
    - <table width="100%" border="1">
      <caption><b>CFC Individual Budget</b></caption>
      <tbody>
        - <tr>
          <td>Annual Budget</td>
          <td ID="annualBudget-link">$44,556.60</td>
          <td>Assessment Type</td>
          <td ID="assessmentType-link">initial</td>
        </tr>
        - <tr>
          <td>Assessor</td>
          <td ID="assessor-link">Sally Smith</td>
          <td>Assessor Phone</td>
          <td ID="assessorPhone-link">678-555-7777</td>
        </tr>
        - <tr>
          <td>Support and Planning Coach</td>
          <td ID="coach-link">Coach Smith</td>
          <td>Coach Phone</td>
          <td ID="coachPhone-link">555-449-9922</td>
        </tr>
        - <tr>
          <td>Assessor Agency</td>
          <td ID="assessorAgency-link">CCCI</td>
          <td>Agency Name</td>
          <td ID="agencyName-link">Agency Z</td>
        </tr>
      </tbody>
    </table>
  </text>
  <table width="100%" border="1">
    <caption><b>Goal Section</b></caption>
    <thead>
      - <tr>
        <th width="75%">Goal</th>
      </tr>
    </thead>
  </table>
</section>
Share My Records: Marla M Gonzalez

Select the format for sharing your records. Your healthcare provider should be able to tell you which format to select.

- HTML
  A human-readable summary of your medical record in web page format.
- CCD
  An electronic document format for sharing patient information with a variety of electronic record systems.
- Inpatient HTML
  A human-readable summary of your inpatient-focused medical record in web page format.
- Inpatient CCD
  An electronic document for sharing patient information based on a visit to the hospital.
- Outpatient HTML
  A human-readable summary of your outpatient-focused medical record in web page format.
- Outpatient CCD
  An electronic document for sharing patient information from events outside of a hospital stay.

- Referral HTML
  A human-readable summary of your inpatient-focused referral details in web page format.
- Referral CCD
  An electronic document for sharing patient information when being referred after a hospital stay.

Start Download  Send to Doctor
Inbox: Marla M Gonzalez

If you have a life-threatening medical emergency, call 911 or go to your nearest emergency hospital. Do not use Personal Community for urgent or emergency messages.

These are messages you've received. If a message was sent to you on a provider's behalf, the provider's name is shown.

Archive

You have no messages.

---

Health Dictionary
Search for information on health-related words and phrases.
Please consult your provider for any serious or urgent medical questions.

Search

Welcome to the Health Dictionary. Here you can search for health related terms such as 'headaches' or 'arthritis' to find useful information.

Please remember to always consult your physician for any serious medical conditions.
Account Summary: Marla M Gonzalez

Username: mgonzalez

Account created: May 7, 2018 10:45 AM

Email address: marla@fassman.com

Account History: Marla M Gonzalez

Recent activity in your community account:

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Performed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/08/2018 8:07 AM</td>
<td>You viewed your medical record</td>
<td>Marla M Gonzalez</td>
</tr>
<tr>
<td>08/08/2018 8:09 AM</td>
<td>You viewed your medical record</td>
<td>Marla M Gonzalez</td>
</tr>
<tr>
<td>08/08/2018 8:06 AM</td>
<td>You viewed your medical record</td>
<td>Marla M Gonzalez</td>
</tr>
<tr>
<td>08/08/2018 8:06 AM</td>
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<td>Marla M Gonzalez</td>
</tr>
<tr>
<td>08/08/2018 8:01 AM</td>
<td>You signed in</td>
<td>Marla M Gonzalez</td>
</tr>
<tr>
<td>08/08/2018 2:16 PM</td>
<td>You signed out</td>
<td>Marla M Gonzalez</td>
</tr>
<tr>
<td>08/08/2018 2:15 PM</td>
<td>You viewed your medical record</td>
<td>Marla M Gonzalez</td>
</tr>
<tr>
<td>08/08/2018 2:15 PM</td>
<td>You viewed your medical record</td>
<td>Marla M Gonzalez</td>
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<td>08/08/2018 2:15 PM</td>
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<td>Marla M Gonzalez</td>
</tr>
<tr>
<td>08/08/2018 2:08 PM</td>
<td>You viewed your medical record</td>
<td>Marla M Gonzalez</td>
</tr>
</tbody>
</table>
Change Password: Marla M Gonzalez

Personal Community password rules:
- Your password must contain at least six characters.
- Your password must include at least one number, one upper case letter, and one lower case letter.
- Your password cannot be your username, your name, your initials and last name, or the first part of your email address. It cannot be any of these followed by numbers.
- Your password cannot include certain phrases and words. For example, "password" and "password123" are not allowed.

Remember your username and password. If you write them down, keep them in a safe place.

* Current Password:
  Please enter your current password

* Enter your new password:
  Enter your new password

* Re-enter your new password:
  Confirm the new password

Show Password: ☰

Update Email Address: Marla M Gonzalez

Enter your new email. To confirm your identity, also enter your Personal Community password.

* New Email:
  e.g. account@corporation.com (required)

* Password:
  Please enter your password (required)

Show Password: ☰
**Health Proxy Management:** Marla M Gonzalez

Whose records can you access via HealthShare Personal Community?

You are not authorized as a proxy for anyone else.

Who can access your records via HealthShare Personal Community?

Anyone listed below has been authorized to view your records and act on your behalf.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation</th>
<th>Expiration</th>
<th>Created</th>
<th>Modified</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>LORI A PRUDHON</td>
<td>other</td>
<td>May 1, 2020</td>
<td>May 9, 2018</td>
<td>May 9, 2018</td>
<td>Active</td>
</tr>
</tbody>
</table>
Lessons Learned

- Start where you are – all that glitters is not gold
- Existing and competing Health IT projects
- Lack of adoption of standards – variability in implementation
- Limited use of Health IT among LTSS providers and beneficiaries
- State contracting process
- Identify clear goals
- Follow (or try your best) a logical process
- Persistence and single-minded focus
- Start contract negotiations early!
- Agile method was a better approach than our previous experience with traditional waterfall, though culture change is difficult.
Next Steps

• Using standards to transport care documents so that LTSS is part of the solution/discussion as Health IT standards evolve
• We will first adopt this care plan template for sharing care plan among the CFC stakeholders and hope to transfer both the process and the knowledge to other care plans that are still being completed on paper only.
• Monitor, evaluate continuously to review metrics and impact of technology on beneficiary, provider, system outcomes.
• We will be collecting system level metrics on: time to approval, areas where people need help or tend to get stuck, etc.
• We want to provide choices in how the beneficiaries can complete the CFC care plan – mobile, voice
• Enhancement for Connecticut is completing a comprehensive C-CDA, integrating data across assessments, care plans, MDS and OASIS.
Standards Supported by our Technologies

- ADHA (replaced NEHTA) (Australia)
- ASTM
- CDA® and CCD®
- CCDA®
- DICOM
- Direct Secure Messaging
- DMP (France)
- EDIFACT
- eHealth Exchange
- HL7® FHIR®
- HL7® Version 2
- HL7® Version 3
- IHE
- ITK (United Kingdom)
- My Health Record (replaced PCEHR) (Australia)
- NCPDP
- SS-MIX (Japan)
- X12
- xDT (Germany)
QUESTIONS