



COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

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John W. Hickenlooper, Governor • Susan E. Birch MBA, BSN, RN, Executive Director

October 3, 2013

Penny Williams, Grants Management Specialist
Centers for Medicare and Medicaid Services
Office of Acquisitions and Grants Management
7500 Security Boulevard, M/S B3-30-03
Baltimore, MD 21244

Dear Ms. Williams:

The Colorado Department of Health Care Policy and Financing (the Department), the Single State Medicaid Agency, is pleased to submit this proposal to the Centers for Medicare & Medicaid Services for the 2013 Planning and Demonstration Grant for the Testing Experience and Functional Tools in Community-Based Long Term Services and Supports (TEFT) planning grant totaling \$382,386.00.

The Department is requesting funding for the planning grant to develop a work plan for the Colorado TEFT in Community-Based Long Term Services and Supports (CB-LTSS) by focusing on the following components: field test an experience survey on multiple Community-Based Long Term Services and Supports (CB-LTSS) programs for validity and reliability, demonstrate use of personal health records (PHR) systems with beneficiaries of CB-LTSS, and identify, evaluate and harmonize an electronic Long Term Services and Supports (e-LTSS) standard in Conjunction with the ONC's Standards and Interoperability Framework. Also, we will work with our stakeholders to explore the possibility of field-testing the CARE tool in conjunction with another grant project.


The Department will serve as the lead agency for this project, though we will work closely with the Colorado Regional Health Information Organization (CORHIO) to address the PHR and e-LTSS components of the planning grant. Furthermore, stakeholders, including individuals with disabilities and their families, as well as advocacy community, will be incorporated into this planning process. The responsibilities of administering the grant within the Department will be primarily delegated to the Health Programs Office, Long Term Services and Supports Division, Program Development Unit. However, the Quality & Health Improvement Unit, which is located under the Clinical Services Office, as well as the LTSS Unit of the Data Analysis Section, located under the Finance Office, will be working closely with the Program Development Unit. The Department will oversee and coordinate the proposed activities and is capable of convening a suitable working group of all relevant partners. The State Medicaid agency representative with whom CMS should communicate regarding the administration of the planning grant is Tim Cortez, the Department's Supervisor of the Program Development Unit. He may be reached by phone at (303) 866-3011, by fax at (303) 866-2786, or by email at timothy.cortez@state.co.us.

On behalf of the people of Colorado, we greatly appreciate your consideration of our request and the opportunity to achieve better care, a healthier population, and more affordable care through this

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solicitation. Please do not hesitate to contact me with any questions by phone at (303) 866-3058, or at Suzanne.brennan@state.co.us.

Sincerely,

A handwritten signature in black ink, appearing to read 'Suzanne Brennan', with a long, sweeping horizontal line extending to the right.

Suzanne Brennan
Medicaid Director

PROJECT NARRATIVE:

Staffing: The Colorado Department of Health Care Policy and Financing (the Department), along with the Colorado Regional Health Information Organization (CORHIO), plan to work together to address the following components of the Planning and Demonstration Grant for the Testing Experience and Functional Tools in Community-Based Long Term Services and Supports (TEFT) planning grant: Field test an experience survey on multiple Community-Based Long Term Services and Supports (CB-LTSS) programs for validity and reliability; Demonstrate use of personal health records (PHR) systems with beneficiaries of CB-LTSS, and identify, evaluate and harmonize an electronic Long Term Services and Supports (e-LTSS) standard in Conjunction with the ONC's Standards and Interoperability Framework. Also, we will work with our stakeholders to explore the possibility of field-testing the CARE tool in conjunction with another grant project.

For this planning phase, the Department will be requesting 2 General Professional III positions, (which will be hired as temporary employees so as to reduce the time it takes to hire the positions) as well as utilizing current staff time. Current staff time allocations are as follows: Camille Harding, the Quality & Health Improvement (QHI) Unit Supervisor (.05 FTE), Heidi Walling, the QHI Quality Compliance Specialist (.1 FTE), the Grants Administrator (.05 FTE), Sally Langston, the LTSS Data Analysis Supervisor (.05 FTE), as well as Tim Cortez, the LTSS Program Development Unit Supervisor (.05 FTE). It is also anticipated that 3 contractors will be hired; 1 will be the Colorado Regional Health Information Organization (CORHIO) to address the PHR and e-LTSS components of the TEFT solicitation, and it is anticipated 2 contractors will be needed to provide the necessary communications assistance, (i.e. ASL, keyboarding, and

translation services) to the CMS contractor to conduct the first round of beneficiary experience surveys.

Executive level oversight will be provided by Jed Ziegenhagen, who is the Deputy Medicaid Director for LTSS and responsible for providing management oversight to the Program Development Section which is the programmatic lead for grant implementation. He will work to ensure strategic coherence between grant activities and other initiatives of the Department. Tim Cortez (located under the Deputy Medicaid Director) will serve as the overall project manager. Tim Cortez has 16 years experience working with health care delivery for the elderly and for individuals with disabilities. He has extensive knowledge of health care delivery redesign models, healthy aging programs and the Medicaid long term care system in Colorado. He is currently the manager of the Long-Term Services and Supports (LTSS) Program Development Unit at the Department of Health Care Policy and Financing (HCPF). In this capacity he is the Project Director for the Colorado Choice Transitions (CCT), which is Colorado's Money Follows the Person initiative, a program designed to assist individuals to transition back to the community from long-term care facilities. He served as a program officer at the Colorado Health Foundation overseeing grants related to quality improvement and patient-centered care in various delivery systems, care coordination/ integration projects for vulnerable populations and chronic care. Prior to that, he was the Operations Director for two years and a case manager for 6 years at Adult Care Management, Inc., a non-profit organization providing case management services to people with long-term care needs. He has a Masters in Social Work from the University of Denver.

One of the GP III positions, the temporary contract manager, will be located in the LTSS Program Development Unit, and will work with the contractor to provide any further assistance

to survey participants. This position will also be working to coordinate and align this grant opportunity with another Department grant, which is to work with stakeholders to select and pilot a new LTSS assessment tool. This position will coordinate with the Department's Medicaid Management Information System (MMIS) reprocurement team and a consultant in the selection, piloting and automation of a new LTSS tool and will assist in managing stakeholder meetings and processes for TEFT and the other Department grant. .

The QHI Supervisor and Quality Compliance Specialist will be responsible for hiring and training the other temporary employee, the QHI project assistant, and providing oversight as necessary. This position will work to provide the CMS contractor with a complete list of program participants who meet the sampling criteria within 12 weeks of the grant award, will assist in ensuring that the contractor has access to survey participants, and will coordinate permission of solicitation and documentation with the TA contractor and survey vendor. This position will also, in coordination with the temporary contract manager and contractors, serve as a contact point to support participants in the two rounds of data collection. Furthermore, this position will work to develop a communication plan to lay out expectations around this grant to stakeholders and the survey participants, as well as to align this grant with QHI's overall quality strategy. Once the Department has received implementation funding, these positions will be hired on for the duration of the grant period, and will be responsible in helping the State conduct one round of data collection by the end of the grant period. If awarded the planning grant, the Department proposes to submit the aforementioned required information to CMS within 14 days after the initial award.

The Department will also look at exploring the feasibility of field testing the modified set of Continuity Assessment Record and Evaluation (CARE) functional assessment measures for

use with beneficiaries of CB-LTSS programs. Because we currently have a pending grant project that involves selecting, testing and adopting a new LTSS Assessment Tool through extensive stakeholder engagement, the Department is interested in working with our stakeholders, especially those in the Community Living Advisory Group, which include state partners, individuals with disabilities, and their families and the advocacy community, to explore the possibility of field-testing the CARE tool in conjunction with that grant project.

Sara Richey, the Grants Administrator will be contributing .1 FTE to this project, by providing assistance on reporting requirements, project organization and support. The LTSS Data Analyst Supervisor supervises a group of four analysts who work with long term services and supports data sets including administrative claims, survey and functional acuity data. Their group performs utilization and expenditure analysis as well as calculates performance measures and provide data for the financial and quality sections of required federal reporting for HCBS programs. This position will be contributing .05 FTE and will train the TEFT QHI assistant to analyze the data provided to the State from the HCBS experience survey as well as how to incorporate the results of the survey with our other data sets to provide an overall picture of the HCBS programs in the State of Colorado.

To address the PHR and e-LTSS components of the TEFT solicitation, the Department will be subcontracting with CORHIO, a nonprofit, public-private partnership that is improving health care quality for all Coloradans through cost effective and secure implementation of Health Information Exchange (HIE). CORHIO is the State Designated Entity (SDE) for Colorado facilitating HIE. CORHIO collaborates with all health care stakeholders including physicians, hospitals, clinics, behavioral health, public health, long-term care, laboratories, imaging centers, health plans and patients. CORHIO's current strategies include 1) interoperability with state

agencies 2) analytics for quality measure reporting capabilities 3) consumer engagement strategy 4) behavioral health information exchange and 5) Continuation of onboarding community providers, hospitals, long-term care facilities, and payers.

CORHIO supports a vendor agnostic approach for PHRs or portals and can send data to a provider's EHR/PHR solution in the form of a consolidated care document (CCD) in consolidated clinical document architecture (cCDA). If a provider does not want to use their preferred EHR vendor's PHR solution, then CORHIO is partnering with NoMoreClipboard (NMC) to provide a PHR solution to supplement the EHR. CORHIO requires all PHRs, whether NMC's solution or that of another vendor, meet ONC certification criterion adopted at 45 CFR 170.314(e)(1)) for "view, download, transmit to a 3rd party" objective outlined in Meaningful Use Stage 2 requirements and CORHIO's minimum data and privacy standards that are aligned with the S&I Framework. CORHIO acknowledges EHRs, PHRs, and portals may not be a one size fits all solution for all patient populations and settings of care. Detailed planning and investigation are necessary to determine the correct approach and solution. CORHIO supports sending data to a PHR as a service offering (e.g., No More Clipboard) to augment a participant's EHR in support of the strategy to transports data from the HIE to participating hospitals and providers that have an electronic medical record (EMR) with a PHR. This solution allows the PHR to maintain the conditions for releasing health information at the agreed upon timing, after provider review, or per the organization's release of health information policies.

To provide an integrated approach to PHR development for CB-LTSS, CORHIO can leverage current work to develop PHR standards for children with special health care needs and with hospitals and long-term care providers to improve long-term and post-acute care through HIE. LTPAC providers are faced with enormous challenges when coordinating care for patients

transitioning to and from multiple and diverse care settings. It can be very difficult and time-consuming to gather the correct information about patients before taking over their care. With health information exchange (HIE), LTPAC providers have faster, easier access to patient clinical information to improve care transitions and coordination with other providers.

CORHIO's HIE provides the ability to electronically access patient health information including lab, pathology, and radiology results, orders, patient care summaries, transcription notes, consult reports, ADT information, and more. With HIE, health information is protected and exchanged under strict medical privacy and confidentiality procedures.

With money from this planning grant, CORHIO will facilitate stakeholder engagement by conducting stakeholder meeting with round-table discussions, documenting primary PHR requirements for the patient population, and identification of needs and barriers. CORHIO has established relationships with long-term care organizations and communities across the state, and these relationships will be leveraged to gather this information to inform the planning phase and work plan. Potential stakeholder meetings will include the following stakeholders and locations:

- Workgroup 1 - Administrative data - HCPF, Treo, OIT, and other applicable parties – Denver, CO
- Workgroup 2 and 3 - Identified long-term care organizations, communities, and consumers – Denver, Colorado Springs, or western slope area (location will be determined by interested communities)

CORHIO will work with current vendors providing platforms for electronic health records, health information exchange, portal/personal health record functions, and administrative data to:

1. Understand current technical infrastructure and capabilities that may inform PHR planning for LTSS population

2. Confirm vendor's current standards align with S&I framework and requirements
3. Document future offerings by vendors to align with LTSS S&I framework
4. Analyze vendors' current standards and capabilities to identify risks and create mitigation strategies for the planning and work phases.

The following vendors are identified for detailed discussions: Department of Defense (DoD), Medicity, No More Clipboard, and Treo. Additional partner organization vendors may need to be interviewed to identify interoperability implications.

CORHIO's staffing plan is as follows: Kate Kiefert, who will be the project lead for CORHIO, is CORHIO's Director of Policy and Public Sector Initiatives. She has over a decade's experience in outreach and healthcare IT consulting for commercial and government health projects with subject matter expertise on EHRs, Meaningful Use, and HIE. She has a Masters Degree in Applied Science and Technology Management, and a Certificate in Project Management from the University of Denver. Kate's full resume can be found in the additional attachments upload. (.2 FTE). She will provide project oversight, initiate PHR work plan for this grant, and is responsible for ensuring all elements of the project plan are completed. She will also manage the relationship with the Department, vendors, S&I, DoD technical assistance resources, participating entities through continual communication regarding risk assessments, resource commitment, timeline setting & management, issue resolutions, and project completion.

The Program Manager (1 FTE) will also provide project oversight and is responsible for ensuring all elements of the project plan are completed. This position will provide direct contact with the Department, vendors, S&I, DoD technical assistance resources, participating entities through continual communication regarding risk assessments, resource commitment, timeline setting & management, issue resolutions, and project completion and will oversee the testing,

uptake and usage of the e-LTSS standard with CB-LTSS providers, and its interoperability in PHRs with the state's HIE framework.

There will be 2 Subject Matter Experts (SME), both 1 FTE, to provide HIE and PHR technical subject matter expertise for current infrastructure and interoperability requirements. They will analyze LTC EHR, HIE, and PHR interoperability requirements, transport protocols, HL7, bi-directional information exchange, work with DoD Technical Assistance resource and state MMIS resources for state interoperability, coordinate with HCPF for organizational and HIT assessment of MMIS system using the entity's technical and clinical resources, recommend technical solutions, as well as serve as CORHIO's infrastructure and interface SME.

The Long Term Post-Acute Care (LTPAC) Outreach and Business Development Manager (.5 FTE) will facilitate agreements with LTC organizations, participants for participation with PHR planning effort, provide organizational and HIT assessment of participating entity's current EHR system using the entity's technical and clinical resources, and will facilitate the testing, uptake and usage of the e-LTSS standard with CB-LTSS providers, and its interoperability in PHRs with the state's HIE framework. Lastly, the Policy Subject Matter Expert (.1 FTE) will provide policy analysis and recommendations for state and federal health information sharing policy requirements.

The Department will also use the testing of the PHR through TEFT to build upon the possible implementation of a client web portal as part of our new MMIS procurement. The web portal requirements stipulate that the client portal allow clients to view online claims data, prior authorized services, eligibility status, an explanation of benefits and other communications and to schedule and cancel meetings with select providers.