



Minnesota Department of **Human Services**

# **PHR for LTSS** *Demo*

*Minnesota's Personal Health Record for Long Term Services and Supports Demonstration  
(funded by a CMS TEFT Grant)*

## **Project Update**

5/2/2016

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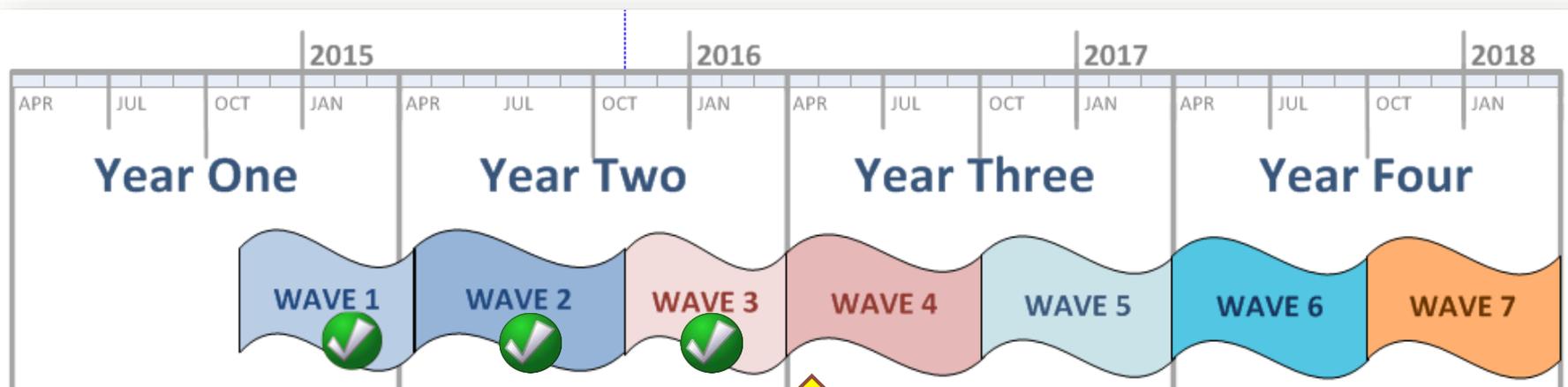
# PROJECT DELIVERABLES

- 1. Demonstrate use of an untethered Personal Health Record (PHR) system with beneficiaries of CB-LTSS**
- 2. Identify, evaluate and test an electronic Long Term Services and Supports (e-LTSS) standard with the Office of National Coordinator's (ONC) Standards and Interoperability (S&I) Framework Process**
- 3. Field test a beneficiary experience survey within multiple Community-Based Long Term Services & Supports (CB-LTSS) programs for validity and reliability**
- 4. Field test a modified set of Functional Assessment Standardized Items (previously "CARE") measures for use with beneficiaries of CB-LTSS**



# OVERALL PROJECT UPDATES

- Segmented project into seven “Waves”



We are here



# #1 PERSONAL HEALTH RECORD

Minnesota Department of  
**Human Services**



Identify Dataset

Establish CDR's

Aggregate  
Dataset

Meet  
Requirements

Transmit  
Dataset

Receive and  
Display Dataset

**TEST**



# #2 ELTSS STANDARD

1. Working with Office of National Coordinator (ONC) Standards & Interoperability (S&I) framework to create an exchange standard for electronic Long Term Services and Supports Plans
2. More info:  
<http://wiki.siframework.org/electronic+Long-Term+Services+and+Supports+%28eLTSS%29>

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# FOCUS ON 2 OF 4 PROJECT DELIVERABLES

- 3. Field test a beneficiary experience survey within multiple Community-Based Long Term Services & Supports (CB-LTSS) programs for validity and reliability**
- 4. Field test a modified set of Functional Assessment Standardized Items (previously “CARE”) measures for use with beneficiaries of CB-LTSS**



# 3. BENEFICIARY EXPERIENCE SURVEY: WHAT WE'VE DONE - MN

## ■ Minnesota Completed Round One (by 10/31/2014)

Surveyed Population	Target	Completed Phone	Completed Face to Face	Total Completed	% Completed	Progress
BI	60	16	56	72	120.0%	<div style="width: 120%;"></div>
EW	150	32	123	155	103.3%	<div style="width: 103.3%;"></div>
PCA with SMI	150	31	124	155	103.3%	<div style="width: 103.3%;"></div>
<b>All</b>	<b>360</b>	<b>79</b>	<b>303</b>	<b>382</b>	<b>106.1%</b>	<div style="width: 106.1%;"></div>



# BENEFICIARY EXPERIENCE SURVEY: WHAT'S NEXT

- **Begin preparing for Round 2**
- **Round 2 planned for Spring/Summer 2017**



# #4: FUNCTIONAL ASSESSMENT STANDARDIZED ITEMS (FASI)

- **Tool for testing a few Functional Assessment Standardized Items:**
  - **11 Page instrument**
  - **Performed in person by Vital Research staff**
  - **Made up of 4 major sections**



# SECTION A

SECTION A	Identification Information
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>1. Recipient Study ID Number</b> <i>State ID and observation number</i>
<input type="text"/> <input type="text"/> <input type="text"/>	<b>2. Age</b> <i>In years</i>
<input type="text"/> <input type="text"/>	<b>3. Gender</b> <i>01 – Male; 02 – Female</i>
<input type="text"/> <input type="text"/>	<b>4. Waiver Population</b> <i>01=Aged 02=BI 03=ID/DD 04=Physically Disabled 05=SMI</i>
<input type="text"/> <input type="text"/>	<b>5. Assessor ID Number</b> <i>Assessor assigned number</i>



# SECTION B

Section B		Functional Abilities and Goals					
<b>Self-Care</b>							
<p><b>Form Instructions:</b></p> <p>Code the person's <b>usual</b> performance during the <b>past 3 days</b> using the 6-point scale in <b>Column A</b>. If the person's performance <b>changed</b> during the <b>past month</b>, also code their <b>most dependent</b> performance in <b>Column B</b>. If the person's self-care performance was <b>unchanged</b> during the <b>past month</b>, indicate in the <b>checkbox</b> below. <i>If the activity was not attempted</i>, code the reason.</p> <p><i>Please complete the Self-Care Priorities section at the bottom of this page.</i></p>							
<p><b>CODING:</b></p> <p><b>Safety and Quality of Performance</b> – If helper assistance is required because person's performance is unsafe or of poor quality score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i></p> <p>o6. <b>Independent</b> – Person completes the</p>	<p><b>Performance Level</b> Enter Codes in Boxes</p> <table border="1"> <thead> <tr> <th>A Usual</th> <th>B Most Dependent</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">□ □</td> <td style="text-align: center;">□ □</td> </tr> </tbody> </table>		A Usual	B Most Dependent	□ □	□ □	<p><input type="checkbox"/> <b>Checkbox:</b> Indicate here if the person's self-care performance was <b>unchanged</b> during the <b>past month</b>.</p> <p><b>6a. Eating:</b> The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.</p>
	A Usual	B Most Dependent					
□ □	□ □						



# SECTION B (CONT.)

## ■ Sub-sections:

- Self-Care
- Mobility (bed mobility and transfers)
- Mobility (ambulation)
- Mobility (wheelchair)
- Instrumental Activities of Daily Living (IADLs)



# SECTION C

## Section C

## Assistive Devices

### Assistive Devices for Everyday Activities

#### Form Instructions:

Identify the person's need for and availability of each assistive device. *If no assistive device is needed to complete self-care, mobility, and instrumental activities of daily living, check "Not Applicable" box.*

#### CODING:

Code the person's usual need for, and availability of, assistive devices to complete self-care, mobility, or instrumental activities of daily living.

- 02. **Assistive device needed and available** – Person needs this device to complete daily activities and has the device in the home.
- 01. **Assistive device needed but current device unsuitable** – Device is in home but no longer meets person's needs.

#### Enter Codes in Boxes

<input type="checkbox"/>	<input type="checkbox"/>	<b>12a. Manual wheelchair</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12b. Motorized wheelchair or scooter</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12c. Specialized seating pad (e.g. air-filled, gel, shaped foam)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12d. Mechanical lift</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12e. Walker</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12f. Walker with seat</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>12g. Canes</b>



# SECTION D

## Section D Living Arrangements, Caregiver Assistance and Availability

### Living Arrangements

13. Identify the person's usual living arrangement during the past 3 days and the past month.

**CODING:**

- 05. **Person lives alone** – no other residents in the home.
- 04. **Person lives with others in the home** – for example, family, friends, or paid caregiver.
- 03. **Person lives in congregate home** – for example, assisted living, or residential care home.
- 02. **Person does not have a permanent home or is homeless.**
- 01. **Person was in a medical facility.**

**A**  
Past 3 Days

**B**  
Past month

### Availability of Assistance

14. Does the person have assistance in their home?

- 0. **No** – Do not code availability of assistance – skip to question 15a.
- 1. **Yes** – Continue to question 14a.

14a. Code the level of assistance in the person's home (both paid and

**A**  
Paid

**B**  
Unpaid

# WHO WILL PERFORM ASSESSMENTS?

- **CMS has contracted with Vital Research to perform test assessments on a limited number of Waiver beneficiaries**
- **All assessors will participate in training provided by Truven**



# WHO WILL BE ASSESSED?

- **Limited Sample of:**
  - **DD Waiver Recipients (108)**
  - **BI Waiver Recipients (142)**
  - **MA Recipients with Severe Mental Illness (SMI) (87)**



# HOW WILL THE ASSESSMENTS BE DONE?

- MN DHS will send a pre-notification letter to sample group 3-7 days before Vital Research contacts them
- MN DHS will provide a phone number letter recipients can call if they want to know more



# HOW WILL THE ASSESSMENTS BE DONE (CONT.)?

- Vital Research staff will call bene/legal representative to set up FASI assessment
- Vital Research assessors will perform the assessment in-person with beneficiaries/legal representatives
- FASI should take about 30 minutes to complete



# FASI: TENTATIVE TIMELINE

- Data collection for round one will begin in July or August of 2016 and continue through early 2017
- Data collection for round two will begin in summer of 2017



# FASI: DHS GOALS

- **FASI is NOT a replacement for MnCHOICES**
  - we will do only 2 rounds with limited samples to fulfill our TEFT grant obligations
- **Determine whether we can learn anything from FASI that we could apply to MnCHOICES**



# QUESTIONS?

- **Contact Tom Gossett, TEFT Grant Business Project Manager:**

**Phone: 651-431-2601**

**Email: [tom.l.gossett@state.mn.us](mailto:tom.l.gossett@state.mn.us)**

**Web Site:**

**[http://www.dhs.state.mn.us/main/dhs16\\_184574](http://www.dhs.state.mn.us/main/dhs16_184574)**

