APPENDIX M. TECHNICAL ASSISTANCE PROGRAMS

This appendix provides a program summary of the technical assistance programs. Program highlights are presented in table format followed by a narrative description. Programs that are pending or under development have been listed. This appendix captures the programs identified, but should not be considered exhaustive since a comprehensive review of every state was not conducted. The last section includes a summary of proposals advanced by various stakeholders regarding the need for technical assistance to support the use of EHRs by ineligible health providers.

A. Program Highlights

Authority and Funder	Description	Recipient: State or Provider	Geographic Location	Provider Type Impacted	Amount (if known)
CMS Medicare	Technical Assistance through Medicare Quality Improvement Organizations (QIOs) 10th Scope of Work to non-eligible Medicare providers, specifically long-term care providers, in 3 states to support coordination of care, facilitate HIE, and reduce medical errors by improving the medication management process. MN's QIO (Stratis Health) developed and health IT toolkits for EHR implementation for nursing homes[a] and home health agencies[b] with the support of local trade associations.	Medicare Ineligible Providers	MN, PA, CO	Long-term care providers	
SAMHSA	EHRs Acquisition Guide for State and Territorial behavioral health agencies	State Agencies working with BH Providers	Nationwide	BH Providers	
SAMHSA: HRSA	Behavioral Health Integration Project (BHIP) to promote the exchange of health information among BH and medical care providers	State for BH Providers	IL (1 of 5 grantees)	BH and Medical Providers	$600,000

Authority and Funder	Description	Recipient: State or Provider	Geographic Location	Provider Type Impacted	Amount (if known)
HRSA: Health IT Toolboxes[c]	Planning, implementation and evaluation resources to help Safety Net providers implement health IT. - Health IT Adoption Toolbox - Kids Health IT Toolbox - Rural Health IT Toolbox - HRSA Health IT and Quality Webinars Future Toolboxes: - Quality Improvement - Meaningful Use - Oral Health IT - Rural Health IT	Providers		Safety Net Providers	
ASPE (in collaboration with members of the LTPAC HIT Collaborative, and behavioral health reps)[d]	Vulnerable Populations Toolkit: Provides guidance to State HIE Programs and LTPAC and Behavioral Health Provider on how to integrate these providers and their vulnerable populations into the State HIE Program and with meaningful use requirements. ONC posted to the toolkit on their State HIE website. AHIMA also posted a briefing and the toolkit.[e,f]			State HIE Programs LTPAC and BH Providers	

a. See http://www.stratishealth.org/expertise/healthit/nursinghomes/nhtoolkit.html.
b. See http://www.stratishealth.org/expertise/healthit/homehealth/index.html.
c. See http://www.hrsa.gov/healthit/toolbox.
d. See http://statehieresources.org/wp-content/uploads/2010/12/Vulnerable_Populations_and_HIE.pdf.
e. See http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_048433.pdf.
f. See http://www.ahima.org/downloads/pdfs/advocacy/VulnerablePopulationsModule-HIEToolkit-ONCFinalWithStateInfo_2010_11_16(2).pdf.

B. Program Summaries

Quality Improvement Organization (QIO) Technical Assistance: LTPAC Providers

Quality Improvement Organizations (QIOs) are helping doctors, hospitals, and home health agencies across the country harness the power of the latest information technologies such as EHRs, registries, e-prescribing, and telemedicine.[1] QIOs will partner with Beacon Communities and RECs to integrate with state and local HIE efforts

[1] American Health Quality Association. Promoting Health Information Technology: the QIO Role (Fact Sheet). http://www.ahqa.org/pub/uploads/FS_HIT.pdf accessed June 1, 2012.

to encourage reporting via EHRs to state Immunization Information Systems (state registry). As directed by CMS, QIOs may perform onsite teaching or mentoring including training on evidence based interventions.[2] For example, Stratis Health, Minnesota and North Dakota's QIO, provides actionable tools and resources to assist health care organizations in planning for and optimizing use of health IT, including a toolkit specifically for home health and another for nursing homes.[3] In addition, the QIO program in the 10th SOW has a directed special innovation project in Minnesota, Pennsylvania, and Colorado focusing on providing technical assistance to long-term care providers and acute care hospitals to assist in the following key areas:

1. Improve quality and coordination of care through the effective use of health IT during care transitions.
2. Leverage standardized patient assessment content to facilitate health information exchange (HIE).
3. Reduce medical errors by improving the medication management process through the use of EHR functionality.

State Agencies Working with Behavioral Health Providers through SAMHSA

SAMHSA developed an EHRs Acquisition Guide for state and territorial behavioral health agencies. SAMHSA also collaborated with CMS to develop behavioral health components within the Medicaid Information Technology Architecture (MITA) framework. SAMHSA developed a guide to assist mental health and substance use state agencies in obtaining assistance through CMS for information technology initiatives to integrate mental health, substance use, and Medicaid data systems.[4]

Behavioral Health Community Connection to Illinois Health Information Exchange using SAMHSA/HRSA Funded Cooperative Agreement[5]

Illinois received $600,000 in federal funding to support their Behavioral Health Integration Project (BHIP), whose goal is to promote the exchange of health information among behavioral health and medical care providers to achieve better care. Grant activities will help licensed substance abuse and mental health practitioners' better coordinate patient care with their clients' primary care providers through a secure electronic HIE. Illinois is one of five (Kentucky, Maine, Oklahoma, Rhode Island and

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[2] Centers for Medicare and Medicaid Services. Office of Clinical Standards and Quality. 10th SOW Town Hall Meeting (March 28, 2011). http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityImprovementOrgs/Downloads/10thSOWSlides.pdf accessed May 14, 2012.

[3] StratisHealth. Health IT. http://www.stratishealth.org/expertise/healthit/index.html accessed June 2, 2012.

[4] H. Westley Clark. SAMHSA Strategic Initiative #6: Health Information Technology, Electronic Health Records and Behavioral Health (draft, October 1, 2010). http://www.samhsa.gov/about/siDocs/healthIT.pdf accessed May 23, 2012.

[5] Illinois Office of Health Information Technology. "Illinois Receives $600,000 to Connect Behavioral Health Community to Illinois Health Information Exchange " (Press release, March 2, 2012). http://www2.illinois.gov/gov/HIE/Documents/BHIP%20News%20Release%203-2-12%20FINAL.pdf access May 25, 2012.

Illinois) State Designated Entities (SDEs) that received funds (through the Center for Integrated Health Solutions (CIHS)/SAMHSA-HRSA funded cooperative agreement) for the development of infrastructure supporting HIE between behavioral health and physical health providers.

Vulnerable Populations Toolkit

This module was designed to help guide HIE activities in planning to support inclusion of vulnerable populations with LTPAC and BH needs. State health IT Coordinators and LTPAC and BH providers were the two audiences targeted for this Toolkit Module. The toolkit describes how inclusion of these vulnerable populations relates to:

- Meaningful Use (MU) criteria for eligible hospitals (EHs) and eligible professionals (EPs); and
- Quality measures for EHs and EPs.

The toolkit:

- Describes: frequency of transitions in care; instances of "shared care" (multiple service providers) over time and during single episodes; opportunities for poor quality/poor coordination of care, costs of care…).

- Provides: data on numbers of individuals receiving and providers of LTPAC and BH services; and expenditures for these services.

- Identifies: types of state agencies engaged with LTPAC and BH, and types of providers/links to national/local provider groups.

- Describes what is known about adoption of health IT/HER technology by:
  - NHs, HHAs, and BH service providers.

- Describes the low hanging fruit "touchpoints" between the:
  - CMS Final Rule on EHR Incentives and ONC Rules on standards and certification; and
  - HIE needs of persons receiving LTPAC and BH services.

The Toolkit identifies several recommended practices, including:

1. States/State Designated Entities should identify and implement actions needed to:
   - Ensure inclusion of "vulnerable populations" in planning/implementing information exchange; and
   - Provide technical assistance to providers serving "vulnerable populations" to enable development/dissemination of solutions that promote information exchange.

2. It is incumbent upon States/State Designated Entities to define the scope of "vulnerable populations" for purposes of planning and implementing HIE activities.

3. States/State Designated Entities should support the exchange of clinical information to be transmitted by eligible professionals (EPs) or eligible hospitals (EHs) that is also of high value to LTPAC and BH service providers including:
   - Patient summary documents;
   - Advance Directive information;
   - Medication information; and
   - Test results.

4. State/State Designated Entity planning and implementation activities should recognize and include participation by state and local agencies engaged with LTPAC and BH providers.

5. State health IT coordinators should coordinate with regional extension centers to consider the need for technical assistance to EPs to ensure proper construction and calculation of the EHR Incentive Program QMs.

6. States/State Designated Entities should consider steps to advance the use of adopted standards by providers serving vulnerable populations.

C. Proposals for Technical Assistance to Support EHRs for Ineligible Providers[6]

The following table identifies some proposals from some stakeholders regarding the need for technical assistance to support the use of EHRs by ineligible provider types, such as LTPAC, and behavioral health providers. This summary is not intended to be a complete list of options that have been proposed. Rather the list serves to highlights some of the suggestions by some stakeholders regarding the need for technical assistance related to EHRs. Further, this list is not intended as endorsement of any one of these options. Instead, the summary serves only to list some of the proposals regarding technical assistance that could support the use of EHR technology by ineligible providers. The text in the table below quotes from the referenced documents.

[6] It should be noted the description of these proposals should not be construed as an endorsement of the proposals.

Stakeholder Group	Source and Statement of Proposed Action
State Medicaid Directors Association (NASMD) NASMD a bipartisan, professional, nonprofit organization of representatives of state Medicaid agencies (including the District of Columbia and the territories).	**March 15, 2010: Comment letter on the Medicare and Medicaid Programs; Electronic Health Record Incentive Program proposed rules, published in the January 13, 2010 Federal Register. "Eligible Medicaid Providers" (p.9)**: The states request that CMS recognize that the Act excludes many relevant and key providers from participating in the incentive program. Specifically, the states argue that community mental health centers and other behavioral health providers, nursing homes, community long-term care providers, and home health care providers should be eligible for incentive payments as they are critical partners in improving the quality and coordination of care for the Medicaid population. The states recognize that this is a statutory issue, but feel strongly that exclusion of these critical providers impacts Medicaid's ability to improve the quality and efficiency of care. The states recommend that CMS allow states and the regional extension centers (RECs) to provide education and training, technical assistance, and infrastructure as relevant to support these excluded providers pursuant to the 90/10 funding. By including these excluded providers in education and training, the states can set the stage for eventually achieving the long-term goal of helping all providers serving Medicaid exchanging data and be meaningful users of EHRs.
Leading Age (formerly known as AAHSA (American Association for Homes and Services for the Aging)) Leading Age 5,800 member organizations, many of which have served their communities for generations, offer the continuum of aging services: adult day services, home health, community services, senior housing, assisted living residences, continuing care retirement communities and nursing homes.	**Statement for the Record. Investing in Health IT: A Stimulus for a Healthier America. January 15, 2009 (p.3)**: We therefore urge you to include long-term care providers in any incentives you adopt, including direct bonuses, so as to enable long-term providers to prepare their information and communications infrastructure and deploy new technologies, including health IT and interoperable EHR systems, as well as other technologies enabling direct care workers to document their patients' care. **AAHSA Public Policy Priorities 2011 (p.4)**: Leading Age supports: - Advancement of technology applications in long-term services and supports; and - Inclusion of this sector in federal programs to encourage broad use of health information technology.
National Association of Home Care (NAHC) **Home Care Technology Association of America (HCTAA)** HCTAA is a wholly-owned affiliate of the NAHC, and is organized to advance the accessibility and use of technology in home care and hospice settings. HCTAA was established to unite the home care technology industry into a stronger, more effective voice to Congress, the Administration, state legislatures, the home care industry, consumers, and the media. HCTAA believes that home care and hospice providers that are properly equipped with technological solutions will serve a central role in the delivery of health care by ensuring quality, efficiency, and patient care coordination.	**NAHC and HCTAA: comments on the definition of "Meaningful Use" of Electronic Health Records (EHR), as required by the American Recovery and Reinvestment Act of 2009" (June 25, 2009)**: We specifically would urge the ONCHIT to ensure that: - HIE grant funding be made to RHIOs/HIEs emphasize the need to include and support home health care providers to effectively facilitate the electronic exchange of health information across different care settings; - Grants and loans be made available to home health care providers to plan for and implement certified, interoperable health IT solutions; - Regional Extension Centers provide technical assistance for home health care providers seeking integration into the health information network, in addition to other acute care providers in their regions…. …as we have stated, the goal of care coordination requires the exchange of timely health information among all care providers. This goal cannot be achieved unless it is inclusive of home health care and hospice providers. With appropriate resources for implementation and standardization of EHRs, further steps can be taken by the home care and hospice community to meet the objectives of the meaningful use of EHRs and care coordination. **NAHC/HCTAA comments on the 2011-2015 Federal Health Information Technology Strategic Plan (May 6, 2011)**: **(p.2)**: It is promising that the RECs will work with the community-based organizations and we hope that if this partnership extends to home care and hospice agencies that we will be able to help the RECs better serve not only underserved and communities of color but also disabled persons. The ONC should advise the 62 Regional Extension Centers across the country to extend their guidance and technical assistance on certified EHR adoption and utilization to ineligible providers, including home care and hospice providers. This strategy would foster a business model for RECs that supports all health care providers and will enable them to operate without federal grant funds beyond 2015. **(p.3)**: It would also be helpful if the ONC would help educate incentivized providers and hospitals about the benefits of accepting clinical information from home care and hospice providers so that the information they receive from the community is not devalued because it is not ONC Certified. Facilitating the exchange and receipt of health information between physicians, hospitals, and other clinical professionals within the care continuum will help to improve patient care coordination especially for those who are chronically ill.

Stakeholder Group	Source and Statement of Proposed Action
LTPAC Health IT Collaborative Collaborative of associations representing health IT issues for LTPAC providers, professionals, and support services in skilled nursing facilities, nursing facilities, assisted living, home health agencies, etc. Members include: American Health Care Association, American Health Information Management Association, Home Care Technology Association of America, American Society of Consultant Pharmacists, Center for Aging Services Technology, Leading Age, National Association of Home Care and Hospice, National Association for the Support of Long-Term Care, National Center for Assisted Living, Program for All Inclusive Care for the Elderly	**April 16, 2009. Inclusion of Long-Term Care Settings in ARRA Funded Projects Letter to the David Blumenthal (the National HIT Coordinator) (p.2)**: We believe that implementing our ARRA recommendations would substantially help ensure that organizations likely to be primary drivers of adoption of standards-based EHRs and facilitators of health information exchange, such as Health Information Exchanges (HIEs), Regional Health Information Organizations (RHIOs) and Regional Health Information Technology Extensions Centers, are inclusive of all provider settings and serve broad and diverse populations, including persons requiring long-term care. Advancing policies that extend interoperable health information exchange and use to support the needs of persons requiring long-term care (including the use of standards for patient assessments) will be necessary to meet the ARRA goal that each person in the U.S. use an EHR by 2014. **June 11, 2009 Health IT Extension Program Comments. Letter to the David Blumenthal (the National HIT Coordinator) (p.1)**: Our collaborative has worked to ensure that long-term care is included in the health IT provisions in the American Recovery and Reinvestment Act (ARRA) of 2009 and Health Information technology for Economic and Clinical Health (HITECH) Act. Fully including this substantial sector of the health care community in interoperable electronic health records (EHRs) is critical to reforming the health care system. The Extension Program includes provisions addressing the unique needs of providers of historically underserved populations including long-term care. In order to achieve the goals of HITECH, Regional Health IT Extension Centers must offer technical assistance to long-term care providers (nursing homes, assisted-living, home health, PACE providers, etc) as a priority group. This technical assistance is essential so that the health care community (both acute and post-cute) become "meaningful users", have the training and support necessary to create and implement the EHR infrastructure and exchange health information across care settings. Technical assistance to achieve meaningful user status will give acute care providers the opportunity to receive incentive payments under Medicare and Medicaid. Technical assistance will enhance long-term care providers' ability to further improve the quality of care for residents. Furthermore, we request that the scope of work for the Regional Health IT Extension Centers require specific inclusion of long-term care providers as stakeholders, partners and an important priority group for receiving direct technical assistance. Excluding long-term care will slow down the adoption of interoperable EHRs for each person in the U.S. and cause harm to our most vulnerable citizens as they migrate through the health care system with numerous providers during single episodes of care and overtime across multiple episodes of care. **May 6, 2011. LTPAC Health IT Collaborative Public Comments on ONC Federal HIT Strategic Plan 2011-2015.**:[a] **(p.1)**: The LTPAC Health IT Collaborative is very supportive of the goals of this comprehensive strategic plan, and certainly applauds the ONC creating Strategy I.C.3. to support health IT adoption and information exchange in LTPAC, behavioral health, and emergency care settings. **(p.1)**: … the Collaborative broadly recommends full inclusion of the LTPAC health sector in the Federal Health Information Technology Strategic Plan to improve quality and reduce care disparities through meaningful use and systematic exchange of health information among all providers in all settings." **(pp.2-5)**: The following comments build on what is contained in the Strategic Plan and further extend it to better meet the needs of the large population that LTPAC serves…. **OBJECTIVE I.A: Accelerate adoption of Electronic Health Records (EHR)** **STRATEGY I.A.7: Align federal programs and services with the adoption and meaningful use of certified EHR** We applaud the ONC for planning to include methods to encourage providers that are not eligible for the incentive programs such as LTPAC to achieve meaningful use of information technology as well. **OBJECTIVE I.B: Facilitate information exchange to support meaningful use of EHR** Suggest including LTPAC settings with any example of provider settings.

Stakeholder Group	Source and Statement of Proposed Action
LTPAC Health IT Collaborative (*continued*)	**OBJECTIVE I.C: Support health IT adoption and information exchange for public health and populations with unique needs.** **STRATEGY I.C.3: Support health IT adoption and information exchange in LTPAC, behavioral health, and emergency care settings.** The Federal Health IT Strategic Plan notes ONC is working with SAMHSA and HRSA to address the policies and standards concerning the unique needs of behavioral health IT adoption and information exchange. The LTPAC Health IT Collaborative supports the inclusion of the unique needs of behavioral health identified in the strategic plan and offers these recommendations below supporting the unique needs of the LTPAC community: - Support for effective electronic health information exchange with ALL health professionals involved in delivering LTPAC needs of the consumer including *include Home Care services such as Care Management, Private Duty, and Skilled Nursing - and also the personal care needs, infusion, nutrition, rehabilitation, PT, OT, Speech therapy as well as durable medical equipment providers*. **OBJECTIVE II.A: Support more sophisticated uses of EHRs and other health IT to improve health system performance.** **STRATEGY II.A.1: Identify and implement best practices that use EHRs and other health IT to improve care, efficiency, and population health.** - Consider enhancing current language to "Clinical decision support (CDS) systems are tools that leverage EHRs to improve clinical processes--ADD NEW--"across ALL venues of care including LTPAC, behavioral health, and emergency care settings". - Usability is a critical issue that needs to be addressed in this GOAL so that systems providing clinical decision support provide consistent messaging and alerting across the continuum from acute care to LTPAC.

a. See http://www.ltpachealthit.org/sites/default/files/LTPAC%20HIT%20Collaborative%20Comments%20on%20ONC%20Federal%20HIT%20Strategic%20Plan%205_9_11_FINALv2.pdf.

EHR PAYMENT INCENTIVES FOR PROVIDERS INELIGIBLE FOR PAYMENT INCENTIVES AND OTHER FUNDING STUDY

Files Available for This Report

Main Report
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI.shtml
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI.pdf

APPENDIX A. Medicare and Medicaid EHR Incentive Programs
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendA
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendA.pdf

APPENDIX B. Definitions and Certification of EHR Technology
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendB
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendB.pdf

APPENDIX C. Public Health Service Act Section 3000(3) as Added by HITECH Section 13101 -- Provider Analysis
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendC
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendC.pdf

APPENDIX D. Ineligible Provider Characteristics
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendD
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APPENDIX E. Long-Term and Post-Acute Care Provider Profiles
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendE
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APPENDIX F. Behavioral Health Provider Profiles
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APPENDIX G. Safety Net Provider Profiles
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http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendG.pdf

APPENDIX H. Other Health Care Provider Profiles
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendH
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendH.pdf

APPENDIX I. Table Summary of Patient Protection and Affordable Care Act Provisions with Relationship to Ineligible Providers and Health IT Use
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendI
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendI.pdf

APPENDIX J. Behavioral Health Provider Analysis
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendJ
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APPENDIX K. Grant, Demonstrations and Cooperative Agreement Programs
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http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendK.pdf

APPENDIX L. Loan Programs
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http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendL.pdf

APPENDIX M. Technical Assistance Programs
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendM
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendM.pdf

APPENDIX N. Administrative Infrastructure Building Programs
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendN
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendN.pdf

APPENDIX O. Anti-Kickback Statute EHR Safe Harbor Regulations
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendO
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendO.pdf

APPENDIX P. Private Sector Programs to Advance Certified EHR Technology
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendP
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendP.pdf

APPENDIX Q. Regulations for Medical Records
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendQ
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendQ.pdf

APPENDIX R. Technical Advisory Group Summary
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http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendR.pdf

APPENDIX S. Evaluating Benefits and Costs of New Incentives for EHR Adoption by Ineligible Providers
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendS
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APPENDIX T. CIO Consortium EMR Cost Study Data
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendT
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendT.pdf

APPENDIX U. Abbreviations and Acronyms
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APPENDIX V. References
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendV
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendV.pdf