

Technical Expert Panel (TEP) Nomination Form

Project Title

Adaption of the CARE Tool: A Component of the Demonstration Grant for Testing Experience and Functional Assessment Tools (TEFT) in Community-Based Long Term Services and Support (CB-LTSS)

Project Overview

The Centers for Medicare & Medicaid Services (CMS) has contracted RTI International to develop and field test a set of standardized assessment items (data elements) appropriate for the CB-LTSS population. As part of the item development process, CMS asks contractors to convene a group of individuals who can contribute direction and expert input to the contractor during item development and maintenance.

Due date for nominations: *August 14, 2014*

Project Objectives:

- Identify and modify (as necessary) a subset of items from the Continuity Assessment Record and Evaluation (CARE) library for use with individuals using LTSS;
- Identify any gaps in assessment items specific to the CB-LTSS population and recommend items that may need to be developed to fill those gaps;
- Identify assessment items that are not appropriate for the CB-LTSS population; and
- Field test the items for validity and reliability, as well as inter-rater reliability.

TEP Requirements:

A TEP of approximately 15 individuals will review a set of CARE items that have been adapted for the CB-LTSS population, assess whether items have been modified appropriately, suggest revisions to items when needed, help determine which items may not be appropriate for the CB-LTSS population, and provide insights on the practical issues that must be addressed in field testing these items. The TEP will be composed of individuals with the following areas of expertise and perspectives:

- Subject matter expertise in home and community-based long-term services and supports (LTSS).
- Broad knowledge of the process to develop patient assessment items.
- Knowledge of assessment domains, such as social support, medical status, functional status, and cognitive functioning, to support payment, quality measurement, eligibility, service planning, and resource allocation is a plus.

- Experience with the modification of existing CARE assessment items preferred.
- Broad knowledge of performance measurement, quality improvement, and health disparities.
- Ability to represent provider, consumer, or payer perspectives.

TEP input will be recorded in meeting minutes. Proceedings of the TEP will be summarized in a report that is disclosed to the general public. If a participant has disclosed private, personal data by his/her own choice, then that material and those communications are not deemed to be covered by patient-provider confidentiality. If consumers (only) wish to keep their names confidential, that request can be accommodated. Any questions about confidentiality will be answered by the TEP organizers.

All potential TEP members must disclose any current and past activities that may pose a potential conflict of interest for performing the tasks required of the TEP. All potential TEP members must also commit to the anticipated time frame needed to perform the functions of the TEP.

Instructions:

Applicants/nominees must submit the following documents with this completed and signed form:

- A statement of interest summarizing relevant expertise and knowledge of the applicant, 2-page maximum.
- A curriculum vitae (CV) and/or list of relevant experience (e.g., publications), 10-page maximum.
- A disclosure of any current and past activities that may indicate a conflict of interest. As a contractor for CMS, RTI International must ensure balance, independence, objectivity, and scientific rigor in its measure development activities.
- Email the completed and signed TEP Nomination Form, statement of interest, and CV to RTI, International with "Nomination" in the subject line to Quattrone@rti.org. Forms are due by close of business, August 14, 2014, Eastern Time.

Applicant/Nominee Information (Self-Nominations Are Acceptable):

Name, Credentials, and Professional Role:

Suffix/degrees (RN, MD, PhD, etc.)/title:

Organizational Affiliation, City, State:

Mailing Address:

Telephone/Fax Number(s):

E-mail Address:

Person Recommending the Nominee:

Complete this section only if you are nominating a third party for the TEP. You must sign this form and attest that you have notified the nominee of this action and that he/she is agreeable to serving on the TEP. The item development contractor will request the required information from the nominee.

First and Last name:

Organization:

Mailing Address:

Telephone/Fax Number(s):

E-mail address:

I attest that I have notified the nominee of this action and that he/she is agreeable to serving on the TEP.

Signature: _____ Date: _____

Applicant/Nominee's Disclosure

1. Do you or any family members have a financial interest, arrangement, or affiliation with any corporate organizations that may create a potential conflict of interest? Yes / No.

If yes, please describe (grant/research support, consultant, speaker's bureau, major stock shareholder, other financial or material support). Please include the name of the corporation/organization.

2. Do you or any family members have intellectual interest in a study or other research related to the quality measures under consideration? Yes / No.

If yes, please describe the type of intellectual interest and the name of the organization/group.

Applicant/Nominee's Agreement

If at any time during my service as a member of this TEP my conflict of interest status changes, I will notify the measure contractor and the TEP chair.

It is anticipated that there will be a series of 2 to 3 Web conferences, 1 to 2 hours in length, and periodic feedback via email or as track changes to documents up to 3 months after the Web conferences. I am able to commit to attending at least 90 percent of all TEP meetings and periodic follow-up.

I understand that my participation on the TEP is voluntary. As such, I understand that my input will be recorded in the meeting minutes. Proceedings of the TEP will be

summarized in a report that is disclosed to the general public. If I have disclosed private, personal data by my own choice, then that material and those communications are not deemed to be subject to any confidentiality laws.

For consumers only: I wish to keep my name confidential Yes / No.

If selected to participate in the TEP, I will keep all materials and discussions confidential until such time that CMS authorizes their release.

I have read the above and agree to abide by it.

Signature: _____ Date: _____