

MassHealth Community Behavioral Health Center (CBHC) Quality and Equity Incentive Program (CQEIP)

| Program: | CBHC QEIP | |
|----------------------------|---|--|
| Performance Year: | PY1 | |
| Measure: | Disability Competent Care | |
| Deliverable: | Disability Competent Care Training Plan | |
| Submission Portal: | OnBase | |
| Submission Due Date: | February 28, 2025 | |
| File Naming Convention: | CBHCAbbreviation_DCCTrainingPlan_YYYYMMDD | |

Summary

The **Disability Competent Care Training Plan** is the second of two reporting requirements for the Disability Competent Care (DCC) measure in Performance Year 1 (PY1).

In PY1, the DCC measure evaluates whether CBHCs have:

- 1. Performed a self-assessment of disability-competent care;
- 2. Identified at least three areas of competency in need of improvement; and
- 3. Developed a disability competency training plan for patient-facing CBHC staff.

Performance Submission Requirements for this measure in PY1 includes the **Disability Competent Care Training Plan**, due February 28th, 2025. The reporting template and submission instructions for this deliverable are included in this document.

A CBHC TIN-billing entity shall submit one Disability Competent Care Training Plan report on behalf of its CBHC sites if there are multiple sites.

Reporting Template

Contact Information

| CBHC Organization: | Add text |
|---------------------------------|----------|
| Point of Contact Name: | Add text |
| Point of Contact Title: | Add text |
| Point of Contact Email Address: | Add text |

CBHCs should complete the reporting template provided in this document and submit the completed report to EOHHS via OnBase by **February 28, 2025** with the following naming convention: **CBHCAbbreviation_DCCTrainingPlan_YYYYMMDD**. Please rename the file with the CBHC abbreviation and submission date. Note: Submission is a 2-step process; after uploading the deliverables onto OnBase, click "submit" to finalize the submission.

Please reach out to the MassHealth Health Equity Team at health.equity@mass.gov with any questions.

Introduction

In the Disability Competent Care Training Plan Report, CBHCs must describe a plan for improving competency in targeted competency areas in Performance Years 2 and beyond. The report must describe the selected training tools and/or educational resources, which patient-facing staff will be assessed for post-educational/training competency, and approaches that will be used to assess post-education/training organizational and staff competency. The training plan report must also describe how the CBHC plans to begin reporting on the percent of applicable patient-facing staff demonstrating competency in targeted competency areas for improvement.

The questions are broken out into three sections:

- Section 1. Pillar Selection
- Section 2. DCC Training Plan
- Section 3. Implementation of Training Plan for Performance Years 2-5

Section 1. Pillar Selection

 Please confirm the three DCC pillars or sub-pillars on which your CBHC will focus disability competency training activities to be performed in Performance Years 2-5. Refer to your DCC Self-Assessment Report (DCCSAR) and DCCAT CBHC Evaluation Results Form (DCCAT-CERF) to inform selection.

DCC Pillars & Sub-pillars include:

- 1. Understanding the DCC Model and Disabilities
- 2. Participant Engagement
 - Sub-pillars: Participant Engagement; Assessment; Treatment Plan; and Care Partners
- 3. Access
 - Sub-pillars: Attitudinal Access; Process Modifications; Physical Access; Communication Access; and Programmatic Access
- 4. Outpatient and Urgent Care
 - Sub-pillars: Delivery of Care; Preventive Care and Health Education; Pain Assessment and Management; and Provider Network
- 5. Care Coordination
 - Sub-pillars: Composition of IDT and MCI teams; Communications within the IDT; Treatment Plan Implementation, Management, and Monitoring; Allocation of Care Management and Services; Care Transitions; Tailoring Services and Supports; Health Record; Medication Management;
- 6. Flexible Long-Term Services and Supports (LTSS) Care Coordination
 - Sub-pillars: LTSS Composition and Capacity; LTSS, Supported Living and Personal Assistance; Vocational, Social, and Recreational Support; Mobility Equipment, Home Modifications, and Supplies; Transportation; and Addressing Social Determinants of Health
- 7. Behavioral Health
 - Sub-pillars: Mental Health; Behavioral Challenges; and Substance Use

Please confirm your 3 pillars or sub-pillars selections below. If selecting a sub-pillar, please include both the Pillar name and number and sub-pillar name.

| Selected Pillar or Sub-pillar # | Identified DCC Pillar or Sub-pillar | |
|---------------------------------|-------------------------------------|--|
| Pillar or Sub-pillar #1 | Add narrative text | |
| Pillar or Sub-pillar #2 | Add narrative text | |
| Pillar or Sub-pillar #3 | Add narrative text | |

2. If you changed your selected pillar(s) or sub-pillar(s) from what was identified in your Disability Competent Care Self-Assessment Report (DCCSAR), please describe your rationale for the selection of your new pillar(s) or sub-pillar(s). (500-word limit)

Narrative reply:

Section 2. DCC Training Plan

- 3. Please follow the instructions and complete the table below as indicated.
 - <u>Training Tool/ Educational Resource:</u> Specify the training tools or educational resources your CBHC plans to use to educate staff.
 - The CBHC may use more than one training to satisfy a targeted DCC training area (DCC pillar or sub-pillar). Conversely, the CBHC may use one training to satisfy more than one targeted DCC training area (DCC pillar or sub-pillar).
 - CBHCs may utilize CMS's Resources for Integrated Care (RIC) <u>Disability Competent Care (DCC) Webinar Compendium</u> when developing their DCC Training Plans, but this is not required. Please note that MassHealth is sharing these as resources, and it is at the CBHC's discretion on using, not using, or adapting the materials as appropriate.
 - <u>Learning Modality Type:</u> list the type(s) of learning modality your CBHC will use for each training tool/ educational resource (e.g., face-to-face; online learning modules). Note multiple learning modalities may be used to educate staff.
 - <u>Pillar(s)/ Sub-Pillar(s) Addressed by Training:</u> for each training tool/educational resource state which of the selected DCC pillars/sub-pillars it addresses.
 - <u>Targeted Applicable Patient-facing Staff:</u> describe how you will define the patient-facing staff¹ with applicable roles to each DCC pillar/sub-pillar that will be targeted for training. Include the number of targeted staff. Please note: MassHealth must approve of the defined <u>applicable</u> patient-facing staff to be targeted prior to the start of the training program.

| Training Tool/Educational Resource | Learning Modality Type | DCC Pillar(s)/Sub- Pillar(s) Addressed by Training | Targeted Applicable Patient-Facing Staff: Description and Number |
|--|------------------------|--|--|
| Add narrative text | Add narrative text | Add narrative text | Add narrative text |
| Add narrative text | Add narrative text | Add narrative text | Add narrative text |
| Add narrative text | Add narrative text | Add narrative text | Add narrative text |
| Add rows as needed | | | |

¹ Patient-facing staff are employed CBHC staff whose role requires regular interaction with patients (and/or patients' caregivers). Patient-facing staff may be clinical (i.e., providing or supporting clinical services, such as clinical providers) or non-clinical (i.e., providing or supporting non-clinical services, such as food service staff, administrative staff, etc.). Contracted providers or staff are not included in this definition of patient-facing staff.

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- 4. How will your CBHC monitor staff completion of training? Note: All completed training(s) are valid for 24 months from the date of completion. (500-word limit)

 Narrative reply:
- 5. How will your CBHC assess demonstrated competency² of staff post-education/training on the selected DCC pillars? Please describe your proposed approach, including any data collection tools (e.g., post-test training surveys). (500-word limit)
 Narrative reply:
- 6. How will your CBHC assess if the education/trainings conducted have impacted patient care/service delivery? This may include modifications in policy and/or practice at your CBHC or improvement in member satisfaction. Please describe your proposed approach. (500-word limit)

 Narrative reply:

Section 3. Implementation of Training Plan for Performance Years 2-5

Please respond to the following questions regarding the development of your CBHC's DCC training plan.

7. How has your CBHC/DCC Team incorporated (if at all) the results from the DCCAT-CERF in developing the CBHC's Performance Year 2-5 training program for patient-facing staff? (500-word limit)

Narrative reply:

8. If your CBHC has multiple sites, please describe your plan for how you will operationalize the trainings across the multiple sites. (500-word limit). If your CBHC does not have multiple sites, please write "Not applicable."

Narrative reply:

- 9. What strengths will your CBHC leverage to implement the training program? (500-word limit) Narrative reply:
- 10. What challenges does your CBHC foresee in implementing the program? (500-word limit) Narrative reply:
- 11. How did your CBHC incorporate the voices of people with disabilities in developing your training program (500-word limit)

Narrative reply:

² Demonstrated competency in a targeted disability competent care training area is defined as demonstrated ability to apply the knowledge and/or skills targeted for improvement through a disability competent care training exercise. Each entity may define what constitutes demonstrated competency for each training. The demonstration of competency must be measurable. For example, demonstrated competency may be achieved through satisfactory performance on post-test assessments of knowledge and/or skills.

| 12. How will your CBHC continue to incorporate the voices of people with disabilities in increasing disability access at your CBHC? (500-word limit) |
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| Narrative reply: |
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