



# ACO & MCO Quality and Equity Incentive Programs: Submission Instructions for the “Disability Competent Care Self-Assessment” Deliverable

## 1. Context

A key goal of the Commonwealth’s in this demonstration period is to improve quality of care and advance health equity, with a focus on initiatives addressing health-related social needs (HRSN) and health disparities demonstrated by variation in quality performance. To support achievement of this goal, Massachusetts is centering equity alongside quality as a pillar of value-based care and as a priority for the state's health care system.

To that end, MassHealth will implement aligned quality and equity initiatives across the delivery system, including for Accountable Care Organizations (ACOs) and Managed Care Organizations (MCOs). In addition to being accountable for annual performance goals on a comprehensive set of quality performance metrics, ACOs and MCOs will also be accountable for annual performance on a comprehensive set of equity performance metrics through the ACO Quality and Equity Incentive Program (QEIP) and MCO QEIP, authorized under MassHealth Medicaid and CHIP Section 1115 Demonstration authority.

The QEIP “Disability Competencies” metric incentivizes ACOs and MCOs to identify and address unmet needs for health worker education and training to promote core competencies in providing care to members with disabilities. Participating ACOs and MCOs will be assessed on achievement of training patient-facing staff in disability competent care and demonstration of competency. In Performance Year 1, participating ACOs and MCOs will be assessed by complete and timely submission of the following reporting deliverable:

The **Disability Competent Care (DCC) Self-Assessment** is required to be submitted by participating ACOs and MCOs to MassHealth by **December 1st, 2023**. Submission instructions for this report are included in this document.

- Please note that this reporting deliverable has two distinct components, the Disability Competent Care Self-Assessment Tool (DCCAT) ACO/MCO Evaluation Results Form and the DCC Self-Assessment Report.

## 2. The Disability Competent Care (DCC) Self-Assessment

The Disability Competent Care model<sup>1</sup> is a participant-centered model that focuses on the eventual goal of supporting individuals to achieve maximum function. The DCC model is delivered by an interdisciplinary team that recognizes and treats each individual as a unique person, not as their diagnosis or condition. There are seven pillars that comprise the DCC Model:

- Understanding the DCC Model and the population being served
- Focusing on Participant Engagement and implementing participant-centered care

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<sup>1</sup> <https://www.resourcesforintegratedcare.com/disability-competent-care/>



## ACO & MCO Quality and Equity Incentive Programs: Submission Instructions for the “Disability Competent Care Self-Assessment” Deliverable

- Helping participants have Access at all phases of health care delivery and community participation
- Developing and integrating responsive care
- Identifying key Care Coordination needs across the full spectrum of services, including transitions and leveraging community supports
- Establishing flexible Long-Term Services and Supports (LTSS) so participants have the resources needed to function in the community
- Integrating Behavioral Health services to help participants receive integrated care

The **DCC Self-Assessment** deliverable includes two components: A) the Disability Competent Care Assessment Tool ACO/MCO Evaluation Results Form (DCCAT-ACO and DCCAT-MCO) and B) the Disability Competent Care Self-Assessment Report (DCCSAR).

ACOs and MCOs may choose to meet certain performance expectations for the **DCC Self-Assessment** deliverable either individually or as part of a multi-entity collaboration (including two or more ACOs/MCOs). However, please note that the DCCAT-ACO and DCCAT-MCO contain tailored guidance for each entity type, meaning an ACO and MCO that decide to collaborate should respond to the DCCAT questions independently. Instructions pertinent to each scenario for each component are provided below.

### A) Instructions for completing the Disability Competent Care Assessment Tool ACO/MCO Evaluation Results Form (DCCAT-ACO and DCCAT-MCO)

Framed by the Disability Competent Care (DCC) Model, the Disability Competent Care Self-Assessment Tool (DCCAT)<sup>2</sup> is designed to help health plans and health systems evaluate their current ability to meet the needs of participants with functional limitations and identify strategic opportunities for improvement. The Centers for Medicare and Medicaid Services (CMS), through its Resources for Integrated Care (RIC), developed a DCCAT Evaluation Results Form to facilitate capturing responses to the DCCAT. MassHealth has provided additional guidance within the DCCAT Evaluation Results Form for use in the MassHealth ACO and MCO setting, resulting in the DCCAT-ACO Evaluation Results Form (DCCAT-ACO) and DCCAT-MCO Evaluation Results Form (DCCAT-MCO).

Each participating ACO and MCO must submit a completed DCCAT-ACO or DCCAT-MCO. The DCCAT-ACO/MCO is an Excel template that contains tabs for each of the seven DCC Pillars (with DCC Pillars 2 – 7 also including sub-sections). For each question, select *Always*, *Usually*, *Sometimes*, *Rarely*, or *Never* from a drop-down menu. **Important note:** RIC provides a question-by-question guidance document,

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<sup>2</sup> <https://www.resourcesforintegratedcare.com/disability-competent-care-self-assessment-tool/?csrt=9717366981253658215>



## ACO & MCO Quality and Equity Incentive Programs: Submission Instructions for the “Disability Competent Care Self-Assessment” Deliverable

which can be [found here](#), and may be a useful resource if questions arise about the meaning of a particular DCCAT sub-section or question. ACOs and MCOs may use the *Notes* column for internal documentation purposes. Please note the *MassHealth Guidance* column in each tab; this is where you can find additional guidance from MassHealth to help you answer the question. The *Results Summary* worksheet will automatically summarize an ACO’s and MCO’s responses by taking the average for each DCC pillar and pillar sub-sections.

ACOs and MCOs may choose to add to the DCCAT-ACO/MCO by adding new questions, but this is not required. Within each *DCC Pillar* worksheet, below the table of questions, there is a sub-section titled, “Add your NEW questions here.” Please note these additional questions will not impact the calculated average responses for the pillars in the *Results Summary* worksheet. Additionally, there is a *Form Modifications & Feedback* worksheet where hospitals can include a brief description of the modifications and reason(s) for the addition as well as any feedback hospitals have on the pillar sub-sections, questions, etc. Lastly, there is an *Acknowledgement* worksheet that is to be reviewed and completed by the CEO (or equivalent executive leader) of the hospital.

For multi-entity collaborations: Each participating ACO or MCO in a multi-entity collaboration must complete and submit its own unique DCCAT-ACO/MCO specific to the individual entity.

### B) Instructions for Completing the Disability Competent Care Self-Assessment Report (DCCSAR)

Each participating ACO and MCO must submit a completed DCCSAR. For multi-entity collaboration, ACOs and MCOs may complete the DCCSAR together, however, each entity must submit a copy of the DCCSAR. The DCCSAR must be completed within the provided Word template. Each of five components within the template must be completed. Instructions for responding to each component are described below.

#### 1. ACO/MCO DCC Team: Composition

Provide the number of DCC Team members that represent the different types of positions listed in the table. Please count an individual only once and select a position type based on the individual’s primary role at your entity. The members included on the entity’s DCC Team can be decided by the ACO/MCO and should include a reasonable representative mix of patient-facing staff from different departments. The DCC Team may include individuals from the entity’s Patient & Family Advisory Council (PFAC). Further, it is strongly recommended that individuals with a disability be included in the entity’s DCC Team.

For multi-entity collaborations: One DCC Team can be formed to represent a multi-entity collaboration. The composition of the DCC team must be described as above, and



## ACO & MCO Quality and Equity Incentive Programs: Submission Instructions for the “Disability Competent Care Self-Assessment” Deliverable

in addition must also include a description of how the team reflects balanced and adequate representation from each of the participating entities.

### 2. ACO/MCO DCC Team: Demographics

In the tables provided, indicate with ‘yes’ or ‘no’ that the DCC team members have representation of the demographic characteristics and self-reported disability status (using the 2011 HHS Data Standard for Disability)<sup>3</sup>. **Please do not include specific counts to protect the privacy of individuals.** Select “Choose not to answer” if you prefer not to answer or “Don't know” if your entity does not collect/have this information. Please note that ACOs and MCOs do not have to complete the tables in this section. The demographic characteristics are collected to better understand the composition of the DCC team.

For multi-entity collaborations: No additional or different requirements.

### 3. DCC Model Pillar Selection

Informed by the results of the completed DCCAT-ACO/MCO, which must be included as an attachment to the reporting deliverable, participating ACOs and MCOs will identify at least three (of seven) DCC Model Pillars that the ACO or MCO plans to target for disability competency trainings that will be used to train ACO and MCO patient-facing staff beginning in PY2.

*Please note that for ACOs, training requirements include patient-facing staff at the ACO’s Network Providers in addition to patient-facing staff at the ACO. For MCOs, training requirements include patient-facing staff at the MCO only. Examples of patient-facing staff at the ACO or MCO may include: care management, clinical program staff, enrollment and engagement staff, member services, etc. Examples of patient-facing staff at the ACO’s Network Providers may include clinical and non-clinical staff whose role requires engagement with patients (and/or a patient’s caregiver(s)).*

Select at least three pillars or sub-sections that the ACO or MCO plans to focus on, and provide a narrative explanation for why those pillars or sub-sections of the pillars were chosen. Entities do not have to pick pillars that received the lowest score on their completed DCCAT-ACO/MCO. For example, if Care Coordination was the pillar that was the lowest scoring pillar on the DCCAT-ACO, the ACO is not required to identify

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<sup>3</sup> U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. HHS Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status. Accessed at: <https://aspe.hhs.gov/reports/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-disability-0>



## ACO & MCO Quality and Equity Incentive Programs: Submission Instructions for the “Disability Competent Care Self-Assessment” Deliverable

that pillar as one that it will focus on in the trainings starting in PY2. ACOs and MCOs do not have to address all sub-sections in a pillar and may choose to center efforts around some sub-sections of the pillars. These pillars do not have to be final; if needed, ACOs and MCOs may modify their selection, with adequate justification as approved by MassHealth, in the **DCC Training Plan** (due in PY2, CY2024).

For multi-entity collaborations: Pillar selection must be completed as above, and in addition, the reporting deliverable must include a narrative explanation for why the pillars are justified across all of the participating ACOs/MCOs.

### 4. DCC Narrative Summary

Respond to questions included in the template that are categorized into four areas: The DCC Team; The DCCAT-ACO/MCO; The ACO or MCO’s Overall DCC Self-Assessment Exercise & Process; and Planning for Program Years 2 – 5 (PY2-5). Responses can be entered in the space below each question and with each response having a limit of 5,000 characters.

For multi-entity collaborations: One narrative summary can be completed for all participating ACOs/MCOs and responses should be reflective of all the entities.

### 5. Acknowledgement

Provide the name of a representative from the ACO or MCO, acknowledging submission of the DCCSAR.

For multi-entity collaboration participants: Include documentation that a representative from each ACO or MCO engaged in the multi-entity collaboration has agreed to support translation of self-assessment findings into design and implementation of a staff training program on disability competent care.

### C) Submission Instructions for the Disability Competent Care (DCC) Self-Assessment Reporting Deliverable

Submit the completed DCCAT-ACO or DCCAT-MCO in an Excel file with the following file naming convention: **ACOname\_DCCAT-ACO\_YYYYMMDD** or **MCOname\_DCCAT-MCO\_YYYYMMDD**. Please rename the file with ACO or MCO’s name and submission date. The file should be submitted via OnBase by December 1<sup>st</sup>, 2023.

Submit the completed DCCSAR in a Word Document with the following naming convention: **ACO/MCOname\_DCCSAR\_YYYYMMDD**. Please rename the file with ACO or MCO’s name and submission date. The file should be submitted via OnBase by December 1<sup>st</sup>, 2023.



## ACO & MCO Quality and Equity Incentive Programs: Submission Instructions for the “Disability Competent Care Self-Assessment” Deliverable

### Additional Information

- a. The original DCC model and its seven pillars are described [here](#). Information about the Disability Competent Care Self-Assessment Tool (DCCAT) is available [here](#).
- b. The DCCAT-ACO/MCO are Excel files that are provided by MassHealth. Modified to include specific guidance relevant to MassHealth ACOs and MCOs, the DCCAT-ACO/MCO is based on the original [DCCAT Evaluation Results Form](#), which was developed by CMS’ Resources for Integrated Care (RIC), with the purpose of helping health plans and systems evaluate their ability to meet the needs of adults with functional limitations and to identify opportunities for improvement.

### Glossary, Definitions & Acronyms

- ACO/MCO Staff: individual who is considered an employee of the ACO/MCO (e.g., NOT a worker employed by an outside agency, nor someone who is self-employed or a contracted worker); this ACO/MCO staff employee can be part-time or full-time
- Patient-Facing Staff: any employed (part or full-time), ACO, MCO, or ACO Partner staff whose role requires engagement with patients (and/or a patient’s caregiver(s)). Patient-facing staff may serve in clinical roles (e.g., provider) or non-clinical roles (e.g., transport staff, case managers, member services)
- DCC Model: the Disability Competent Care (DCC) Model refers to the model developed by CMS’s Resource for Integrated Care (RIC) to help health care organizations to develop core competencies for existing staff
  - <https://www.resourcesforintegratedcare.com/introduction/>
- DCC Team: members on the ACO and/or MCO’s DCC Team that can be decided by the entity and should include a representative mix of patient-facing staff from different departments, at a minimum
- DCCAT: Disability Competent Care Self-Assessment Tool, which is also referred to as the DCCAT Evaluation Results Form that has been developed by CMS’ RIC
  - <https://www.resourcesforintegratedcare.com/disability-competent-care-self-assessment-tool/>
- DCCAT-ACO/MCO Evaluation Results Form (DCCAT-ACO/MCO): refers to the MassHealth’s modified version of the Disability Competent Care Self-Assessment Tool (DCCAT) for ACOs and MCOs
- DCC Self-Assessment Exercise: encompasses the process of forming a DCC Team, meeting with DCC Team members, completing the DCCAT-ACO/MCO, collating the results and submitting the DCCAT-ACO/MCO and DCCSAR, etc.
- HHS Data Standard for Disability:
  1. Are you deaf or do you have serious difficulty hearing? Yes/No
  2. Are you blind or do you have serious difficulty seeing, even when wearing glasses? Yes/No
  3. Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years old or older) Yes/No



## **ACO & MCO Quality and Equity Incentive Programs: Submission Instructions for the “Disability Competent Care Self-Assessment” Deliverable**

4. Do you have serious difficulty walking or climbing stairs? (5 years old or older)

Yes/No

5. Do you have difficulty dressing or bathing? (5 years old or older) Yes/No

6. Because of a physical, mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old or older)

Yes/No