



**EOHHS Hospital Quality and Equity Incentive Program (HQEIP)**  
**Performance Year 1 (PY1) Deliverable:**  
**Disability Competent Care Training Plan**

**Context:**

The HQEIP “Disability Competencies” metric incentivizes participating acute care hospitals to identify and address unmet needs for healthcare worker education and training to promote core competencies in providing care to members with disabilities. Participating hospitals will be assessed on achievement of training patient-facing staff in disability competent care and demonstration of competency.

**Instructions:**

Please complete the reporting template provided below in this document.

Submit the completed Disability Competent Care (DCC) Training Plan in a Word file with the following naming convention: **HospitalAbbreviation\_DCCTrngPlan\_YYYYMMDD**. Please rename the file with hospital’s name and submission date and upload this document to OnBase by **December 1, 2023**. This narrative report should be no longer than 5 pages.

Please reach out to the MassHealth Health Equity Team at [health.equity@mass.gov](mailto:health.equity@mass.gov) with any questions.

## Disability Competent Care (DCC) Training Plan Report

### A) Acute Hospital Information

Name of the acute hospital:

Name and email address of individual(s) submitting this assessment:

### B) Pillar Selection

**Question 1:** Please list three DCC pillars or sub-sections of the pillars on which your Hospital will focus disability competency training activities to be performed in Performance Years 2 – 5. Refer to your Hospital’s DCC Self-Assessment Report (DCCSAR) and DCCAT Hospital Evaluation Reporting Form (DCCAT-HERF) to inform topic selection. If selecting a Sub-Section, please include both the Pillar name and number and Sub-Section below.

Example: Pillar/ Sub-Section: Pillar 2 – Understanding Participant Engagement/ Hospital Plan of Care (HPC)

#### **Response:**

Pillar/ Sub-Section 1:

Pillar/ Sub-Section 2:

Pillar/ Sub-Section 3:

### C) Training Plan

**Question 2:** Please follow the instructions and complete the table below. If needed, columns may be added to the table.

Training Tool/ Educational Resource: in the column header, specify the training tools or educational resources your Hospital plans to use to educate your staff.

Learning Modality Type: list the type(s) of learning modality your hospital 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.

Pillar(s)/ Sub-Section(s) Addressed: for each training tool/ educational resource state which of the selected DCC pillars/ sub-section of the pillars it addresses.

Applicable Patient-facing Staff: describe how you will define the patient-facing staff (clinical and non-clinical) with applicable roles to each DCC pillar/ sub-section of the pillars that will be targeted for training.

Hospital(s) Collaboration: name the hospital(s) your hospital will collaborate with to carry out each of the training tool/ education resource listed. If your hospital does not plan to collaborate with hospital(s), please write “N/A.”

**Response:**

| <b>Training Tool/<br/>Educational<br/>Resource</b> | <b>Learning<br/>Modality Type</b> | <b>Pillar(s)/<br/>Sub-Section(s)<br/>Addressed</b> | <b>Applicable<br/>Patient-facing<br/>Staff</b> | <b>Hospital(s)<br/>Collaboration</b> |
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**Question 3:** How will your Hospital monitor staff completion of training? Note: All completed training(s) are valid for 24 months from the date of completion.

**Response:**

**Question 4:** How will your Hospital assess staff competency post-education/training on the selected DCC pillars? Please describe your proposed approach, including any data collection tools (e.g., post-test training surveys), as well as how progress toward competency assessment will be monitored.

**Response:**

**Question 5:** How will your Hospital assess if the education/trainings conducted have impacted patient care/ service delivery at your hospital? This may include modifications in policy and/or practice at your hospital or improvement in member satisfaction. Please describe your proposed approach.

**Response:**