



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

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<b>Program:</b>	CBHC QEIP
<b>Performance Year:</b>	PY1
<b>Metric:</b>	Disability Competent Care
<b>Deliverable:</b>	Disability Competent Care Self-Assessment Report
<b>Submission Portal:</b>	OnBase
<b>Submission Due Date:</b>	November 1 <sup>st</sup> , 2024
<b>File Naming Convention:</b>	CBHCAbbreviation_DCDSAR_YYYYMMDD

## Summary

The Disability Competent Care Self-Assessment Report (DCCSAR) is the first of two reporting requirements for the measure: Disability Competent Care in Performance Year 1 (PY1). In PY1, this 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 two deliverables:

1. **Disability Competent Care Self-Assessment Report (DCCSAR)**, due November 1<sup>st</sup>, 2024. The submission instructions and reporting template is included in this document.
2. **Disability Competent Care Training Plan**, anticipated to be due at a date following December 31<sup>st</sup>, 2024. The reporting template and submission instructions for this deliverable will be shared separately.

CBHC TIN-billing entities shall submit one self-assessment report on behalf of its CBHC sites if there are multiple sites.

# Reporting Template

## Contact Information

<b>CBHC Organization:</b>	Add text
<b>Point of Contact Name:</b>	Add text
<b>Point of Contact Title:</b>	Add text
<b>Point of Contact Email Address:</b>	Add text

CBHCs should submit the completed report to EOHHS via OnBase by **November 1<sup>st</sup>, 2024**, with the following naming convention: **CBHCAbbreviation\_DCCSAR\_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](mailto:health.equity@mass.gov) with any questions.

## Introduction

The [Disability Competent Care \(DCC\) 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:

1. Understanding DCC and disabilities within the population being served.
2. Focusing on participant engagement and implementing participant-centered care.
3. Ensuring participants have access at all phases of health care delivery and community participation.
4. Developing and integrating responsive care.
5. Identifying key care coordination needs across the full spectrum of services, including transitions and leveraging community supports.
6. Establishing flexible long-term services and supports (LTSS) so participants have the resources needed to function in the community.
7. Integrating behavioral health services to help participants receive the full continuum of coordinated care.

Framed by the DCC Model, the [Disability-Competent Care Self-Assessment Tool \(DCCAT\)](#)<sup>2</sup> was designed by CMS’ Resources for Integrated Care (RIC) to help providers evaluate their current ability to

<sup>1</sup> <https://www.resourcesforintegratedcare.com/disability-competent-care/>  
<sup>2</sup> <https://www.resourcesforintegratedcare.com/disability-competent-care-self-assessment-tool/>

meet the needs of participants with functional limitations and identify strategic opportunities for improvement. CMS' RIC also developed the [DCCAT Evaluation Results Form](#) (DCCAT-ERF)<sup>3</sup> to facilitate capturing responses to the DCCAT. ***MassHealth has adapted the DCCAT Evaluation Results Form for use in the CBHC setting to create the DCCAT-CERF.***

The Disability Competent Care Self-Assessment Report deliverable includes two components that each participating CBHC TIN-billing entity must complete: 1) The DCCAT-CERF and 2) the DCC Self-Assessment Report (DCCSAR) itself. The DCCAT-CERF excel tool is **not** required to be submitted but must be completed to inform the DCCSAR and subsequent training plan. Instructions for how to complete the DCCAT-CERF tool are included in the next section.

CBHCs should then complete the DCCSAR reporting template provided in this document. The report consists of five sections:

- Section 1: CBHC DCC Team Composition
- Section 2: CBHC DCC Team Demographics
- Section 3: DCC Model Pillar Selection
- Section 4: DCC Narrative Summary
- Section 5: Acknowledgement

## **Instructions for Completing the Disability Competent Care Assessment Tool CBHC Evaluation Results Form (DCCAT-CERF)**

### *Overview of the DCCAT-CERF*

As described above, the DCCAT-CERF is an Excel tool that MassHealth has adapted from the DCCAT Evaluation Results Form for the CBHC setting, to capture results from the Disability Competent Care Assessment Tool. It 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. CBHCs may use the “Notes” column for internal documentation purposes. The Results Summary worksheet will automatically summarize the CBHC's responses by taking the average for each DCC pillar and pillar sub-sections.

### *Definition of Key Terms Used in the DCCAT-CERF*

- **Comprehensive Assessment:** Refers to the core comprehensive assessment done for CBHC core outpatient services. This does not include the mobile crisis intervention evaluation/assessment.
- **Treatment Plan:** Refers to Treatment Plan or Individualized Action Plan completed for patients receiving CBHC core outpatient services and/or mobile crisis intervention (MCI) services.
- **Interdisciplinary Team:** Refers to the immediate CBHC care team AND the wider team including external providers the CBHC coordinates with, such as the patient's primary care

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<sup>3</sup> [https://www.resourcesforintegratedcare.com/wp-content/uploads/2022/02/DCCAT\\_2017\\_Evaluation\\_Results\\_Form-1.xlsx](https://www.resourcesforintegratedcare.com/wp-content/uploads/2022/02/DCCAT_2017_Evaluation_Results_Form-1.xlsx)

physician, specialty medical provider(s), other behavioral health providers, case managers, schools, and LTSS providers, as appropriate. etc.

- **Care Partners:** Persons with disabilities are often in need of support services from relatives, partners, friends, and community members. Care partners reflect this partnership.

### *Using the RIC DCCAT Guidance Document*

The Resources for Integrated Care (RIC) provides a question-by-question guidance document, which can be found [here](#)<sup>4</sup>, and may be a useful resource if questions arise about the meaning of a particular DCCAT sub-section or question. Please note that because the DCCAT-CERF is an adapted version of the DCCAT, some of the guidance provided by this RIC guidance document may not be fully translatable to the CBHC setting.

### *Adding New Questions to the DCCAT-CERF*

The CBHC may also choose to add new questions to the DCCAT-CERF. Within each “DCC Pillar” worksheet on the DCCAT-CERF, below the table of questions, there is a sub-section titled, “Add your NEW questions here (optional).” Please note these optional additional questions will not impact the calculated average responses for the pillars in the “Results Summary” worksheet.

## **Section 1: CBHC DCC Team Composition**

Please enter the number of Disability Competent Care (DCC) Team members that represent the different types of positions. If multiple position types apply to an individual DCC Team member; please count the individual only once and select the position type based on the individual's primary role at your CBHC. As long as the determination methodology (DCC Team member self-report, administrative/HR definition, etc.) is consistently applied, the determination of a DCC Team member's primary role at the CBHC can be at the discretion of the CBHC. If a position type does not apply to your DCC Team, please enter ‘0.’

The members included on the CBHC’s Disability Competent Care (DCC) Team can be decided by the CBHC and should represent a reasonable mix of clinical and non-clinical patient-facing staff from different clinical services. In the case of multiple CBHC sites, the DCC team should include staff from each site. Further, we strongly recommend including individuals with disability on the CBHC’s DCC Team.

1. Please complete the table below:

Position Type (Primary Role)	# of DCC Team Members
Clinical, leadership position	Add #

<sup>4</sup> [https://www.resourcesforintegratedcare.com/wp-content/uploads/2022/02/DCCAT\\_Final-1.pdf](https://www.resourcesforintegratedcare.com/wp-content/uploads/2022/02/DCCAT_Final-1.pdf)

Position Type (Primary Role)	# of DCC Team Members
Non-clinical, leadership position	Add #
Clinical, other position	Add #
Non-clinical, other position	Add #
Administrative	Add #
Other	Add #

## Section 2: CBHC DCC Team Demographics

Please indicate 'yes' or 'no' if the Disability Competent Care (DCC) Team has representation for the following categories: race, ethnicity, age, sex, gender identity, sexual orientation, disability status, preferred written or spoken language other than English. **Please do not include specific counts to protect the privacy of individuals.** You may select "Choose not to answer" if your CBHC prefers not to answer or "Do not know" if your CBHC does not collect or have this information. While your CBHC is not required to complete the tables below, we encourage and would be grateful to your organization for completing these tables.

2. Please complete the following tables:

Race [1]	DCC Team Member Represented (Y/N)
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other Race	
Do not know – CBHC entity does not collect or have this information	
Choose not to answer - CBHC entity chooses not to answer	

*[1] Individuals may identify as more than one Race category*

Hispanic or Latino	DCC Team Member Represented (Y/N)
Yes – Hispanic or Latino	
No – Non-Hispanic or Latino	
Do not know – CBHC entity does not collect or have this information	
Choose not to answer - CBHC entity chooses not to answer	

<b>Age</b>	<b>DCC Team Member Represented (Y/N)</b>
Under 21	
22 – 35	
36 – 44	
45 – 54	
55 – 64	
Do not know – CBHC entity does not collect or have this information	
Choose not to answer - CBHC entity chooses not to answer	

<b>Sex Originally Assigned At Birth</b>	<b>DCC Team Member Represented (Y/N)</b>
Male	
Female	
Not listed here or intersex	
Do not know – CBHC entity does not collect or have this information	
Choose not to answer - CBHC entity chooses not to answer	

<b>Gender Identity</b>	<b>DCC Team Member Represented (Y/N)</b>
Male	
Female	
Transgender man/trans man	
Transgender woman/trans woman	
Genderqueer/gender nonconforming/non-binary	
Neither exclusively male nor female	
Gender identity is not listed	
Do not know – CBHC entity does not collect or have this information	
Choose not to answer - CBHC entity chooses not to answer	

<b>Sexual Orientation</b>	<b>DCC Team Member Represented (Y/N)</b>
Straight or heterosexual	
Lesbian or gay	

<b>Sexual Orientation</b>	<b>DCC Team Member Represented (Y/N)</b>
Bisexual, Queer or pansexual and/or questioning	
Sexual orientation is not listed	
Do not know – CBHC entity does not collect or have this information	
Choose not to answer - CBHC entity chooses not to answer	

<b>Disability Status</b>	<b>DCC Team Member Represented (Y/N)</b>	<b>Do not know – CBHC entity does not collect or have this information</b>	<b>Choose not to answer - CBHC entity chooses not to answer</b>
1. Is anyone deaf or have serious difficulty hearing?			
2. Is anyone blind or have serious difficulty seeing, even when wearing glasses?			
3. Because of a physical, mental or emotional condition, does anyone have serious difficulty concentrating, remembering, or making decisions?			
4. Does anyone have serious difficulty walking or climbing stairs?			
5. Does anyone have difficulty dressing or bathing?			
6. Because of a physical, mental or emotional condition, does anyone have difficulty doing errands alone such as visiting a doctor's office or shopping?			



Preferred Written Language	DCC Team Member Represented (Y/N)
Arabic	
Cambodian/ Khmer	
Cape Verdean Creole	
Chinese – Cantonese	
Chinese – Mandarin	
English	
French	
Greek	
Guajarati	
Haitian Creole	
Hindi	
Italian	
Korean	
Laotian	
Nepalese	
Polish	
Portuguese – Brazilian	
Portuguese – European	
Russian	
Somali	
Spanish	
Vietnamese	
Other	
Do not know – CBHC entity does not collect or have this information	
Choose not to answer - CBHC entity chooses not to answer	

Preferred Spoken Language	DCC Team Member Represented (Y/N)
Arabic	
Cambodian/ Khmer	
Cape Verdean Creole	
Chinese – Cantonese	
Chinese – Mandarin	
English	
French	
Greek	
Guajarati	
Haitian Creole	

Preferred Spoken Language	DCC Team Member Represented (Y/N)
Hindi	
Italian	
Korean	
Laotian	
Nepalese	
Polish	
Portuguese – Brazilian	
Portuguese – European	
Russian	
Somali	
Spanish	
Vietnamese	
Other	
Do not know – CBHC entity does not collect or have this information	
Choose not to answer - CBHC entity chooses not to answer	

### Section 3: DCC Model Pillar Selection

Please select three DCC pillars on which your CBHC plans to target for disability competency trainings that will be used to train staff beginning PY2. Please explain why these pillars (or pillar sub-sections) were chosen, including anticipated impact, operational considerations, etc.

Please note that the final DCC Model pillars selected for your CBHC in this form do not necessarily need to align with your results from the DCCAT-CBHC Evaluation Results Form (DCCAT-CERF). In other words, CBHCs do not have to pick pillars that received the lowest score on the completed DCCAT-CERF. For example, if Care Coordination was the pillar that was the lowest scoring pillar on the DCCAT-CERF, a CBHC is not required to identify that pillar as one that it will focus on in the training. CBHCs do not have to address all sub-sections in a pillar and may choose to center efforts around some sub-sections of the pillars.

For CBHC organizations with multiple sites: Pillar selection must be completed as above, and in addition, the narrative report must include a narrative explanation for why the pillars are justified across all the sites.

#### DCC Pillars & Sub-sections Include:

1. Understanding the DCC Model and Disabilities
2. Participant Engagement
  - *Sub-sections:* Participant Engagement; Assessment; Treatment Plan; and Care Partners
3. Access

- *Sub-sections:* Attitudinal Access; Process Modifications; Physical Access; Communication Access; and Programmatic Access
- 4. Outpatient and Urgent Care
  - *Sub-sections:* Delivery of Care; Preventive Care and Health Education; Pain Assessment and Management; and Provider Network
- 5. Care Coordination
  - *Sub-sections:* 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-sections:* 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-sections:* Mental Health; Behavioral Challenges; and Substance Use

1. Please indicate your 3 pillar or sub-section selections below:

#	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. Please describe your rationale for selecting the above three DCC pillars (or sub-pillars) to target disability competency training for staff. (500-word limit)

Narrative reply:

## Section 4: DCC Narrative Summary

Please respond to the questions below that are categorized into the following sections: Section 4.A: The CBHC DCC Team; Section 4.B: The DCCAT-CERF; Section 4.C: The Self-Assessment Exercise & Process. Please note there is a 500-word limit for each response.

### 4.A. The CBHC DCC Team

Please respond to questions 1-2 about the formation of the CBHC DCC team.

1. What challenges or barriers (if any) did your CBHC organization encounter in recruiting your DCC Team members? (250-word limit)

Narrative reply:

1a. If experienced any challenges or barriers, how did your CBHC try and overcome these barriers? (250 words)

Narrative reply:

2. What were some key lessons learned from forming your CBHC's DCC Team? (500-word limit)

Narrative reply:

#### *4.B. The DCCAT-CERF*

Please respond to questions 3 - 7 about using the DCCAT-CERF.

3. Did you add any NEW questions in the DCCAT- CBHC Evaluation Results Form? Please use an "X" to indicate response.

Yes	
No	

3.a. If "Yes," please explain why these questions were added. (500-word limit)

Narrative reply:

4. Did you find any questions not applicable or need improvements? If so, list the questions and explain.

Question #1	Feedback
Add text	Add text

5. Were the results from the DCCAT-CERF surprising or were they as expected? (500-word limit)

Narrative reply:

6. Were there any challenges in using the DCCAT-CERF, including any technical issues? (500-word limit)

Narrative reply:

7. Using a scale of 1 to 5, rate the overall value of the DCCAT-CERF for your DCC Team (1-least valuable, 5-most valuable) and explain your rating.

a. Rating: \_\_\_\_

b. Please explain your rating. (500-word limit)

Narrative reply:

#### 4.C. Overall DCC Self-Assessment Exercise & Process

Please reply to questions 8 - 10 regarding your CBHC's overall DCC Self-Assessment Exercise carried out by your DCC Team. This overall DCC Self-Assessment Exercise encompasses the process of forming a DCC Team, meetings held with DCC Team members, completing the DCCAT-CERF, collating the results and submitting the DCC Self-Assessment Report, etc.

8. Describe HOW your DCC Team completed this exercise. This may include communication channels used (e.g., emails, meetings), how many meetings were held (e.g., virtually, in-person, etc.), how often team members met, meeting attendance, activities conducted together, etc. (500-word limit)

Narrative reply:

9. What were some key lessons learned through your CBHC's DCC Self-Assessment Exercise? (list up to five) (500-word limit)

Narrative reply:

10. Using a scale of 1 to 5, rate the overall value of a DCC Self-Assessment exercise for your CBHC/ CBHC DCC team (1-least valuable, 5-most valuable) and explain your rating.

- a. Rating: \_\_\_\_
- b. Please explain your rating (500-word limit)

Narrative reply:

#### Section 5: Acknowledgement

**Instructions:** Include documentation that the CEO and the executive leaders (e.g., site directors) from the CBHC have reviewed the **DCC Self-Assessment Report** deliverable and agreed to support translation of self-assessment findings into design and implementation of a staff training program on disability competent care. In the lines provided below, the CEO and executive leaders of the CBHC will type their name, the name of the site, and date of acknowledgment.

For CBHC organizations with multiple sites: Please have each site's appropriate and accountable executive leaders complete the acknowledgement below, confirming that they have reviewed and agree with this report submission and agree to collaborate in developing and implementing a system-wide DCC training in Performance Years 2-5.

**By entering my information below, I confirm that the information on this DCCSAR has been reviewed and acknowledged by me, and is true, accurate, and complete, to the best of my knowledge. I also acknowledge that I am duly authorized to act on behalf of the CBHC directly below my signature.**

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**Representative Name**

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**CBHC Site Name**

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**Date**

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**Representative Name**

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**CBHC Site Name**

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**Date**

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**Representative Name**

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**CHBC Site Name**

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**Date**

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**Representative Name**

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**CBHC Site Name**

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**Date**