MassHealth ACO & MCO Quality and Equity Incentive Programs (QEIP):

Disability Competent Care Training Plan

QEIP Domain:	Domain 2: Equitable Quality and Access
QEIP Measure:	Disability Competent Care
Deliverable Name:	Disability Competent Care Training Plan
Due Date:	May 1, 2024
Performance Year (PY):	PY2
Suggested Page Limit:	5 pages
Submission via:	OnBase
File Naming Convention:	*ACOMCOAbbreviation_DCCTrainingPlan_YYYYMMDD*

Context:

The AQEIP and MQEIP Disability Competent Care measure incentivizes ACOs and MCOs to identify and address unmet needs for healthcare worker education and training to promote core competencies in providing care to members with disabilities. ACOs and MCOs 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 in this document. Submit this completed Disability Competent Care Training Plan via OnBase by **May 1, 2024**. This narrative report should be no longer than 5 pages.

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

Section 1: ACO/MCO Information

Name of the ACO/MCO:

Please provide the following information for each ACO/MCO Representative completing this report (please add additional rows as needed):

Full Name:
Title:
Email Address:

Full Name:
Title:
Email Address:

Full Name:
Title:
Email Address:

Section 2: Pillar Selection

Question 1: Please list three DCC pillars or sub-sections of the pillars on which the ACO/MCO will focus disability competency training activities to be performed in Performance Years 2 – 5. Refer to the ACO/MCO's DCC Self-Assessment Report (DCCSAR) and DCCAT Evaluation Reporting Form (DCCAT-ACO/MCO) to inform topic selection. If selecting a Sub-Section, please include both the Pillar name and number and Sub-Section below. The ACO/MCO may choose to focus on more than 3 pillars or sub-sections; please add additional rows as needed.

> Example: Pillar/Sub-Section 1: Pillar 3 – Access/Physical Access

> **Response:**
> Pillar/Sub-Section 1:
>
> Pillar/Sub-Section 2:
>
> Pillar/Sub-Section 3:

Section 3: DCC 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 the ACO/MCO plans to use to educate staff.

<u>Learning Modality Type:</u> list the type(s) of learning modality the ACO/MCO 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-Section(s) Addressed:</u> for each training tool/educational resource state which of the selected DCC pillars/sub-section of the pillars it addresses.

<u>Applicable Patient-facing Staff:</u>
1) Describe how you are defining "patient-facing staff" across Network PCPs or across Participating PCPs (for ACPPs and PCACs, respectively). Applicable patient-facing staff are employed Network PCP or Participating PCP (ACPP or PCACO, respectively) or MCO 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.

2) Quantify the total number of "patient-facing staff" across Network PCPs or Participating PCPs (for ACPPs and PCACs, respectively) or MCOs, including those staff that have been employed at least 180 days on the last day of the measurement year.

3) Describe how the ACO/MCO will define the patient-facing staff with applicable roles to each DCC pillar/sub-section of the pillars that will be targeted for training. Include the number of targeted staff, as well as the percentage that the selected subset of staff comprises out of the total patient-facing staff as follows:
   - For Accountable Care Partnership Plans (ACPPs) or ACO "Model As:" select a subset of patient-facing staff to target for training from all Network Primary Care Practices (PCPs). The total number of staff in that subset must be at least 50% of the total patient-facing staff across Network PCPs.
   - For Primary Care ACOs (PCACOs) or ACO "Model Bs:" select a subset of patient-facing staff to target for training from all Participating PCPs. The total number of staff in that subset must be at least 50% of the total patient-facing staff across Participating PCPs.
   - For MCOs: select a subset of patient-facing staff from directly employed by the MCO/Health Plan. The total number of staff in that subset must be at least 50% of the total patient-facing staff across the MCO/Health Plan.

<u>ACO/MCO/Hospital(s) Collaboration:</u> name the ACO/MCO/hospital(s) with which the ACO/MCO will collaborate with to carry out each of the training tools/education resources listed. If the ACO/MCO does not plan to collaborate with other organization(s), please write "N/A."

Response:

Pillar(s)/ Sub-Section(s) Addressed	Training Tool/ Educational Resource	Learning Modality Type	Description and Number (including % of all patient-facing staff) of Applicable Patient-facing Staff to be Targeted	ACO/MCO/ Hospital(s) Collaboration
E.g.: Pillar 3, Access: Physical Access	*Disability Competent Access Training from CMS's RIC*	*Online learning module*	*All RNs and MAs across network PCPs= 250 staff or 54% of total patient-facing staff*	*ACO A, MCO B, Hospital A, Hospital B*

Question 3: How will the ACO/MCO 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 the ACO/MCO assess staff competency post-education/training on the selected DCC pillars? Please describe the 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 the ACO/MCO assess if the education/training conducted has impacted members' care? This may include modifications in policy and/or practice at the ACO/MCO or improvement in member satisfaction. Please describe the proposed approach.

Response: