



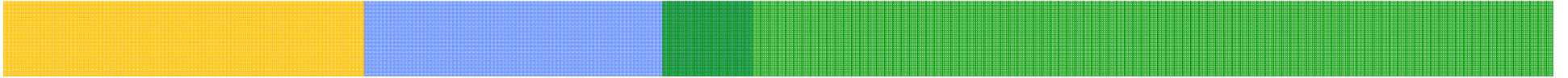
# MassHealth DSRIP Statewide Investments

**Overview of Statewide Investments #1 - #6, and #8**

*Updated March 2018*



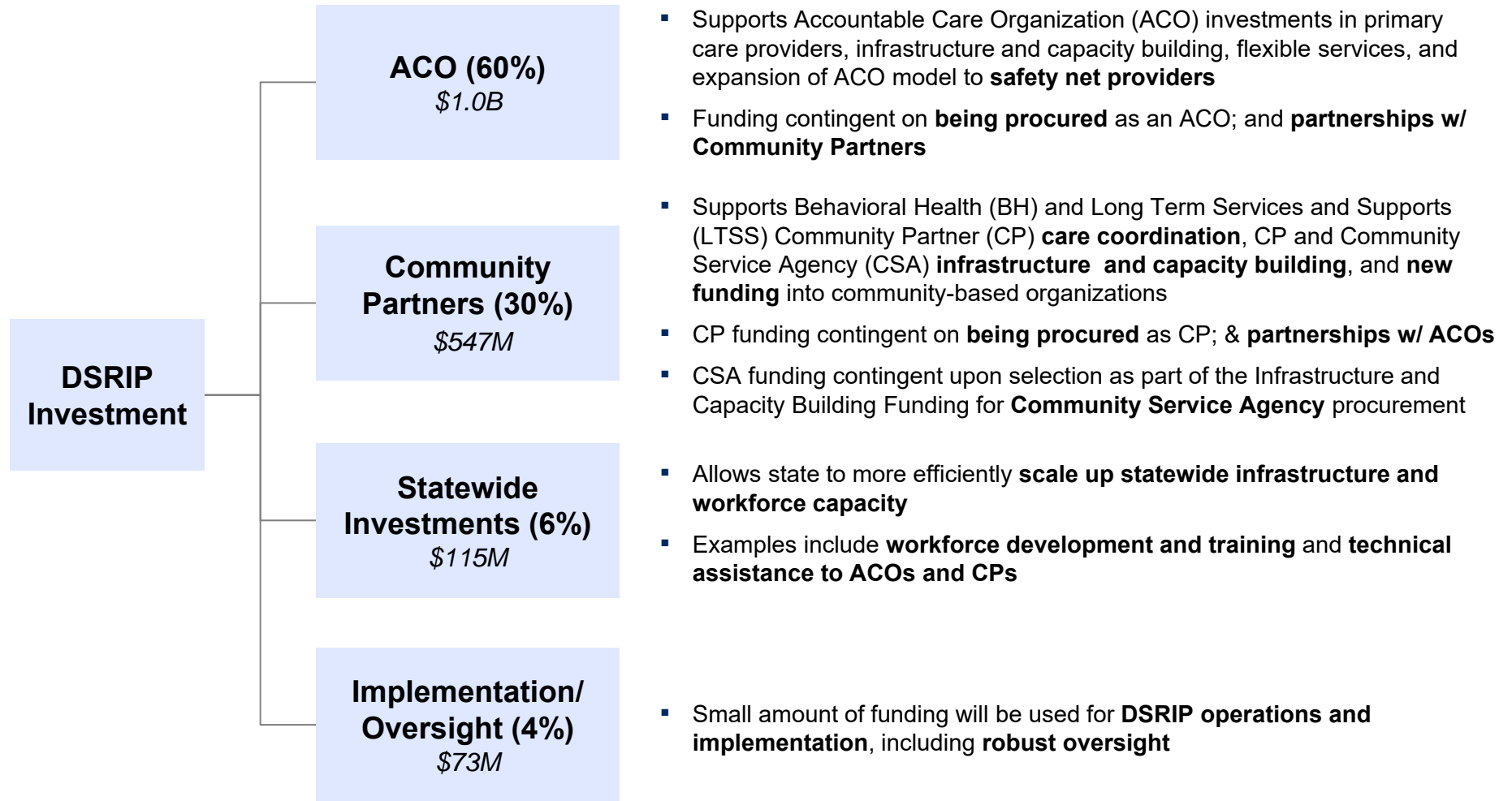
# 1 DSRIP Program Overview





# DSRIP Funding Overview

- Delivery System Reform Incentive Payment (DSRIP) Program totals \$1.8B over five years and supports four main funding streams
- **Eligibility for receiving DSRIP funding** will be linked explicitly to **participation in MassHealth payment reform efforts**





## Statewide Investments Overview

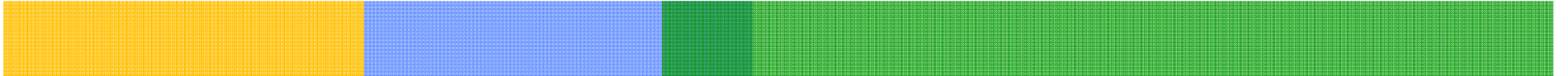
Statewide Investments (SWIs) will help to **efficiently scale up statewide infrastructure and workforce capacity**, and **provide assistance to ACOs and CPs** in succeeding under alternative payment models. Currently **\$115M** is preliminarily allocated across five years for the SWIs.

- 1 Student Loan Repayment Program:** program aims to address shortage of providers at community-based settings by repaying a portion of providers' student loans in exchange for service commitments at CHCs, CMHCs, ESPs, CPs and their Affiliated Partners and Consortium Entities, and CSAs
- 2 Primary Care/Behavioral Health Special Projects Program:** program that provides support for CHCs, CMHCs, ESPs, CPs and their Affiliated Partners and Consortium Entities, and CSAs to allow providers to engage in one-year projects related to accountable care implementation
- 3 Investment in Community-based Training and Recruitment:** program aimed at increasing the number of family medicine and nurse practitioner residents trained in CHCs, and BH providers recruited to CMHCs
- 4 Workforce Development Grant Program:** program to support development and training to enable members of the extended healthcare workforce to more effectively operate in a new health care system
- 5 Technical Assistance (TA):** program to provide TA to ACOs, CPs, and CSAs as they participate in payment and care delivery reform
- 6 Alternative Payment Methods (APM) Preparation Fund:** program to support providers that are not yet ready to participate in an APM, but want to take steps towards APM adoption
- 7 Enhanced Diversionary Behavioral Health Activities:** program to support investment in new or enhanced diversionary levels of care that meets the needs of members with behavioral health needs at risk for ED boarding within the least restrictive, most clinically appropriate settings
- 8 Improved Accessibility for People with Disabilities or for whom English is not a Primary Language:** programs to assist providers in delivering necessary equipment and expertise to meet needs of people with disabilities, or for whom English is not a primary language



# SWIs 1, 2, 3: Community-focused

## 2 Investments





## SWIs 1, 2, 3: Community-focused Investments Overview

### Program Components:

- 1a Student Loan Repayment Program
- 1b Behavioral Health Workforce Development Program
- 1c Community Partner Recruitment Incentive Program
- 2 Primary Care/Behavioral Health Special Projects Program
- 3a Investments in Community-based Training and Recruitment:  
*Family Medicine and Nurse Practitioner Residency Training Program*
- 3b Investments in Community-based Training and Recruitment:  
*Community Mental Health Center Behavioral Health Recruitment Fund*

Program Model: Engage external partner to manage programs



## 1a Student Loan Repayment Program

<b>Purpose</b>	Reduce the shortage of primary care and behavioral health providers in community settings
<b>Approach</b>	MassHealth will repay a portion of the student loan obligations for providers selected for the program in exchange for their four-year commitment to serve in a <b>community health center (CHC), community mental health center (CMHC; inclusive of community-based mental health centers, substance use programs, and psychiatric day treatment programs), Emergency Service Program (ESP) participating in MassHealth payment reform, or a Community Service Agency (CSA) or a Community Partner (CP) or their Affiliated Partner or Consortium Entity as well as organizations contracted with an ACO that provide In-Home Therapy (IHT)</b> . Quarterly learning days will also be offered to enhance commitment to community-based careers.

<b>Eligible Providers</b>	<b>Max Loan Repayment (over two years)</b>	<b>Slots (per year)</b>
Family physicians, general internists, pediatricians, psychologists, psychiatrists	\$50,000	~30
Advanced Practice Registered Nurses (APRNs), Nurse Practitioners (NPs), Physician Assistants (PAs), Psychiatric Care Nurse Specialists (PCNAs)	\$30,000	~20
Licensed Independent Clinical Social Workers (LICSWs), Licensed Certified Social Workers (LCSWs), Licensed Mental Health Counselors (LMHCs), Licensed Marriage and Family Therapists (LMFTs), Licensed Alcohol and Drug Counselors I (LADC1s)*	\$30,000	~20
<b>Total Number of Slots</b>		~70

\*Please see slides 8 and 9 for additional details regarding loan repayment for BH providers.

Applications open March 2018

## 1b Behavioral Health Workforce Development Program *(new program)*



<b>Purpose</b>	Reduce the shortage of behavioral health providers in community-based behavioral health organizations.
<b>Approach</b>	MassHealth will repay a portion of the student loan obligations for providers selected for the program in exchange for their four-year commitment to serve in a <b>community mental health center (CMHC; inclusive of community-based mental health centers, substance use programs, and psychiatric day treatment programs)</b> , <b>Emergency Service Program (ESP) participating in MassHealth payment reform, or Community Service Agency (CSA) or a BH Community Partner (CP) or their Affiliated Partner or Consortium Entity as well as organizations contracted with an ACO that provide In-Home Therapy (IHT)</b> . Quarterly learning days will also be offered to enhance commitment to community-based behavioral health careers.

<b>Eligible Providers</b>	<b>Max Loan Repayment (over two years)</b>	<b>Slots (Year One)</b>
Licensed Independent Clinical Social Workers (LICSWs), Licensed Certified Social Workers (LCSWs), Licensed Mental Health Counselors (LMHCs), Licensed Marriage and Family Therapists (LMFTs), Licensed Alcohol and Drug Counselors I (LADC1s), and <u>masters-prepared unlicensed</u> behavioral health professionals	\$30,000	~35

Applications open March 2018





1a

1b

# To Which SWI Student Loan Repayment Program (1a or 1b) Should LICSWs, LCSWs, LMHCs, LMFTs, LADAC1s\*, and Similar Unlicensed BH Professionals Apply?

If all SWI #1b loan repayment slots are filled, EOHHS may decide to shift licensed candidates who *did not* receive an SWI #1b award to the potential SWI #1a candidate pool, without requiring additional submissions from the shifted candidates

Are you a **licensed behavioral health professional\***?

Yes

No

Where are you employed?

Community Mental Health Center	BH Community Partner or their Affiliated Partner or Consortium Entity	Community Service Agency or In-Home Therapy Provider	Emergency Service Program	Community Health Center	LTSS Community Partner or their Affiliated Partner or Consortium Entity
--------------------------------	---	--	---------------------------	-------------------------	---

Are you an **unlicensed behavioral health professional**?

Where are you employed?

Community Mental Health Center	BH Community Partner or their Affiliated Partner or Consortium Entity	Community Service Agency or In-Home Therapy Provider	Emergency Service Program	Community Health Center	LTSS Community Partner or their Affiliated Partner or Consortium Entity
--------------------------------	---	--	---------------------------	-------------------------	---

Eligible for: SWI 1a and 1b  
Apply to: SWI 1b

Eligible for: SWI 1a  
Apply to: SWI 1a

Eligible for: SWI 1b  
Apply to: SWI 1b

Not eligible for SWI student loan repayment

\*Licensed Independent Clinical Social Workers (LICSWs), Licensed Certified Social Workers (LCSWs), Licensed Mental Health Counselors (LMHCs), Licensed Marriage and Family Therapists (LMFTs), Licensed Alcohol and Drug Counselors I (LADC1s)



## 1c Community Partner Recruitment Incentive Program *(new program)*

<b>Purpose</b>	Increase the number of care coordinators, registered nurses (RN), and licensed practical nurses (LPN) as CPs launch in Year One by diminishing known obstacles to recruitment
<b>Approach</b>	MassHealth will make an allocation of student loan repayment slots available that CPs can offer as enticements to prospective new hires in exchange for an eighteen month commitment from care coordinators and a four-year commitment from RNs and LPNs
<b>Eligibility</b>	BH and LTSS CPs

<b>Provider Type</b>	<b>Funding</b>	<b>Slots per <u>BH CP</u> (Year One)</b>	<b>Slots per <u>LTSS CP</u> (Year One)</b>
Care Coordinator (CC)	Up to \$7,500 per recruited care coordinator to support student loan repayment	2	3
Registered Nurse (RN) or Licensed Practical Nurse (LPN)	Up to \$30,000 per recruited RN or LPN to support student loan repayment	1	

BH CPs can choose to replace their RN/LPN recruitment slot with two care coordinator recruitment slots.

Applications open March 2018



## 2 Primary Care/Behavioral Health Special Projects Program

<b>Purpose</b>	Engage and retain primary care and behavioral health providers in community settings, while fostering the implementation of provider-led initiatives aimed at advancing delivery system reform goals
<b>Approach</b>	MassHealth will award one-year grants of \$40,000 to support projects related to accountable care to CHCs, CMHCs, ESPs, CSAs, and CPs or their Affiliated Partners or Consortium Entities

<b>Eligible Applicants</b>	<b>Providers Eligible to Lead Projects</b>	<b>Funded Projects (in Year 1)</b>	<b>Funded Projects (over five years)</b>
CHCs, CMHCs, ESPs, and CSAs participating in MassHealth payment reform, and CPs or their Affiliated Partners or Consortium Entities	Family physicians, general internists, pediatricians, psychologists, psychiatrists	~25	~120
	APRNs, NPs, PAs		
	LICSWs, LCSWs, LMHCs, LMFTs, LADC1s		

Applications open March/April 2018



**3a Investments in Community-based Training and Recruitment:**  
*Family Medicine and Nurse Practitioner Residency Training*

<b>Purpose</b>	Increase the number of primary care physicians and nurse practitioners (NPs) trained in CHCs, with the broader goal of expanding the pool of providers who are committed and prepared to care for patients in community settings
<b>Approach</b>	MassHealth will provide funding to increase the number of available primary care residency training slots in existing programs that train residents in CHCs
<b>Eligible Applicants</b>	Family Medicine Residency Programs and NP Residency Programs with existing infrastructure for training residents in community health centers

<b>Funding Details</b>	<b>Slots</b> (Years two through four)
Up to <u>\$150,000</u> per <i>family medicine resident</i> per year to cover resident compensation, as well as the CHC costs associated with training residents	~10
Up to <u>\$20,000</u> per <i>family medicine resident</i> per year to cover hospital-based costs of training residents and/or other costs associated with implementing novel ideas within established residency programs	
Up to <u>\$85,000</u> per <i>nurse practitioner resident</i> per year to cover resident compensation, as well as the CHC costs associated with training residents	~6

Application release date TBD



**3b Investments in Community-based Training and Recruitment:**  
*Community Mental Health Center Behavioral Health Recruitment Fund*

<b>Purpose</b>	Increase the number of psychiatrists and nurse practitioners (NPs) with prescribing privileges at CMHCs by diminishing known obstacles to recruitment in these settings.
<b>Approach</b>	MassHealth will make available “recruitment packages” of student loan repayment and provider-led special project funding that CMHCs can offer as enticements to prospective new hires
<b>Eligibility</b>	Established CMHCs part of an ACO or CP

<b>Provider Type</b>	<b>Funding</b>	<b>Slots (Years one and two)</b>
Psychiatrists	Up to \$50,000 per recruited psychiatrist to support student loan repayment	15
	Up to \$50,000 per recruited psychiatrist per year over two years to lead projects related to accountable care	
Nurse Practitioners	Up to \$30,000 per recruited NP to support student loan repayment	7
	Up to \$40,000 per recruited NP per year over two years to lead projects related to accountable care	

Applications open March/April 2018

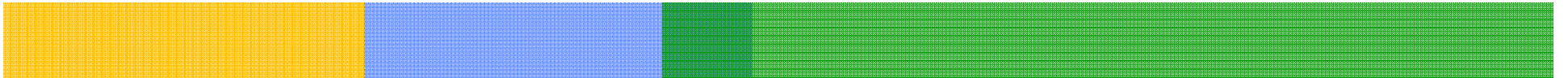


# Summary of SWI Student Loan Repayment Opportunities

Summary of SWI Student Loan Repayment Opportunities		SWI #1a: Student Loan Repayment Program	SWI #1b: BH Workforce Development Program	SWI #1c: Community Partner Recruitment Incentive Program	SWI #3b: CMHC BH Recruitment Fund
	Applicant				
<b>Eligibility and Funding</b>	<i>MD, PhD</i>	\$50k over 2yrs			
	<i>NP, PA etc</i>	\$30k/2yrs			
	<i>BH (Licensed)</i>	\$30k/2yrs	\$30k/2yrs		
	<i>BH (Non-Licensed, Master-Prepared)</i>		\$30k/2yrs		
	<i>CMHC (see relevant program slide for full applicant eligibility list)</i>				\$50k/2yrs (Psychiatrist) \$30k/2yrs (NP)
	<i>CP</i>			\$7.5k/1yr (CC) \$30k/2yrs (RN/LPN)	
<b>Service Commitment</b>	<i>4 Years</i>	X	X	X (RN/LPN)	X
	<i>18 Months</i>			X (CC)	
<b>Special Features</b>	<i>Learning Days</i>	X	X		
	<i>Special Projects</i>				X
	<i>None</i>			X	
<b>Total Slots</b>	<i>Year One</i>	70	35	81	12
	<i>Overall</i>	280	35	81	22
<b>Number of Award Cycles</b>	<i>Over 5 years</i>	4	1	1	2



## 3 SWI 4: Workforce Development





## 4 Workforce Development Grant Program Overview

### Guiding Principles for Program Design

Focus on areas with high anticipated need by ACOs & CPs

Increase the availability of well-prepared frontline/extended healthcare workers (beyond PCPs, NPs, etc.)

Support ongoing efforts to reinforce quality and standardization for frontline/extended healthcare workforce

Advance career prospects of frontline workforce, with a focus on incumbent workforce

### Program Components:

- 4a Community Health Worker Training Capacity Expansion Grants
- 4b Peer Specialist Training Capacity Expansion Grants
- 4c Community Health Worker Supervisor Training Program Grants
- 4d Recovery Coach Supervisor Training Incentive Fund
- 4e Competency-Based Training Program for ACOs and CPs

Program Model: Engage external partner to manage programs





## 4 ACO and CP Integration Strategy

- The Workforce Development Grant Program will **expand the number of available training slots** for community health workers (CHW), peer specialists, and supervisors of CHWs, and will incentivize supervisors of recovery coaches to attend recovery coach supervisor training.
- **Funding** for the CHW Training Capacity Expansion Grant, Peer Specialist Training Capacity Expansion Grant, and CHW Supervisor Training Program Grant **will go to the respective training programs to expand capacity—not to ACOs and CPs**. As a result, it is possible that CHWs, their supervisors, and peer specialists could utilize these expanded training slots without their ACO's or CP's knowledge. For instance, a community health center could decide to send numerous CHWs to a training program without ACO leadership accounting for such training in its workforce development planning.
- To ensure that the frontline/extended healthcare workforce is integrated into overall ACO and CP workforce strategies, **MassHealth has required ACOs and CPs to submit workforce development DSRIP plans for their frontline/extended healthcare workforce as part of their DSRIP Participation Plans**. These submissions must include plans by ACOs and CPs to access these training supports. Approval of these workforce development plans will be a pre-requisite for CHWs, their supervisors, and peer specialists to register for the expanded training slots, and for supervisors of recovery coaches to be selected for the Training Incentive Fund.
- MassHealth will work closely with its external partner and funded training programs to **ensure that this requirement does not compromise the ease of registration** for individual CHWs, peer specialists, supervisors of recovery coaches, and supervisors of CHWs.

### Other Notes

- **Costs of the trainings are not covered by SWI funding**, with the exception of the supervisor of recovery coach training, and would need to be covered by other funding sources, per status quo.
- Expanded training capacity and training incentives will be **prioritized** for CHWs, peer specialists, supervisors of recovery coaches, and supervisors of CHWs **employed by entities part of MassHealth ACOs and CPs**. MassHealth anticipates CSAs being able to access these expanded training slots beginning in Year 2.



## 4a Community Health Workers | Current Scenario

*A **Community Health Worker (CHW)** is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.*

### **Current Scenario**

- Expected influx of CHW hiring from ACOs and CPs
- Reported waitlists at existing CHW core competency training programs
- New CHWs not working at the top of their roles prior to core competency training
- Low pay and retention among CHWs are challenges
- In 2018, Massachusetts will begin certifying CHWs based on Chapter 322 Acts of 2010, at which point CHWs can obtain voluntary certification and CHW core competency training programs can be approved to offer core competency certification training



## 4a Community Health Worker Training Capacity Expansion Grants

<b>Purpose</b>	Increase the number of well-prepared community health workers (CHWs) in ACOs and CPs
<b>Approach</b>	MassHealth will award one-year grants to CHW core competency training programs to increase the number of training slots available for CHWs employed by provider entities engaged in ACOs and CPs, with approved workforce development plans
<b>Eligibility</b>	CHW core competency training programs that meet quality standards aligned with criteria developed by the Massachusetts Board of Certification of Community Health Workers

CHW Training Program Expansion Grants		Number of training cycles	CHWs trained
CHW training award amount	$\$1,600 \text{ per CHW} \times 25 \text{ CHWs per training cycle} =$ <b>\$40,000 per additional training cycle</b>	<b>8 training cycles</b>	<b>~200</b>

Applications for training program open March 2018

Expanded training slots available to ACOs and CPs May 2018



## 4b Peer Specialist Training Capacity Expansion Grants

A **peer specialist** has been trained to effectively share his or her experiences in the mental health system and in recovery with individuals involved in the mental health system.

### Current Scenario

- Expected influx of peer specialist hiring from ACOs and CPs
- Given current Department of Mental Health (DMH) funding of training programs, training slots are prioritized for DMH-supported peer specialists

<b>Purpose</b>	Increase the number of well-trained peer specialists in ACOs and CPs
<b>Approach</b>	MassHealth will award one-year grants to approved peer specialist training programs to increase the number of training slots available for peer specialists employed by provider entities engaged in ACOs and CPs with approved workforce development plans
<b>Eligibility</b>	Peer specialist training programs offering training aligned with the Substance Abuse and Mental Health Services Administration (SAMHSA) standards

Peer Specialist Training Program Expansion Grants		Number of training cycles	Peer Specialists trained
Peer specialist training award amount	$\$1,600 \text{ per Peer Specialist} \times 35 \text{ Peer Specialists per training} =$ <b>\$56,000 per additional training cycle</b>	<b>4 training cycles</b>	<b>~140</b>

Applications for training program open March 2018

Expanded training slots available to ACOs and CPs May 2018



## 4c Community Health Worker Supervisors Training Program Grants

### Current Scenario

- CHW supervisors repeatedly identified as a key factor for CHW effectiveness and retention
- Limited number of CHW supervisor training programs; limited standardization across programs
- Limited awareness of importance of supervisor training among healthcare providers

<b>Purpose</b>	Increase CHW effectiveness and retention by increasing the availability of quality trainings for CHW supervisors
<b>Approach</b>	MassHealth will award a one-year grant to create/expand and implement a CHW supervisor training programs for CHW supervisors employed by entities engaged in ACOs, CPs with approved workforce development DSRIP plans
<b>Eligibility</b>	CHW core competency training programs that meet quality standards aligned with criteria developed by the Massachusetts Board of Certification of Community Health Workers

<b>CHW Supervisor Training Grant</b>	
<b>Award amount</b>	<b>Up to \$85,000 per training program for curriculum development and implementation</b>

Applications for training program open in March.

Expanded training slots available to ACOs and CPs TBD



## 4d Recovery Coach Supervisors | Background

A **recovery coach** provides support for individuals with addictions or in recovery from alcohol, drugs, codependency, or other addictive behaviors.

### Key Considerations

- Recovery coach inclusion in MassHealth benefit in March 2018
- Alignment with forthcoming CARE Act recommendations
  - The CARE Act, proposed in November 2017 by Governor Baker, will establish a nine-person commission chaired by the Secretary of Health and Human Services to review and make recommendations regarding the standards that should govern the credentialing of recovery coaches. If approved, the commission's recommendations may result in changes to the current certification requirements.

### Background

- Recovery coach supervisors repeatedly identified as a key factor for recovery coach effectiveness and retention
- 500 hours of supervision by a trained recovery coach supervisor is currently a requirement for recovery coach certification
- Lack of trained supervisors of recovery coaches
- Attending supervisor training results in days of lost salary; as a result, available supervisor training slots are not filled to capacity
- Supervisors contribute to the retention of recovery coaches



## 4d Recovery Coach Supervisor Training Incentive Fund

<b>Purpose</b>	Increase the number of trained recovery coaches supervisors in ACOs and CPs
<b>Approach</b>	MassHealth will fund salary replacement and training fees to enable recovery coach supervisors to complete the Recovery Coach Supervisor Training approved by the Massachusetts Bureau of Substance Abuse Services. Launch will follow release of CARE Act standards to ensure alignment and reinforcement of statewide quality measures
<b>Eligibility</b>	Entities engaged in MassHealth payment reform would be eligible to apply for reimbursement of training fees and salary replacement funds on behalf of their supervisors of recovery coaches

<b>Recovery Coach Supervisor Training Incentive Fund</b>	
Recovery coach supervisor training salary and fee reimbursement amount	<i>\$1,000 in salary replacement per supervisor of recovery coaches + \$250 training fee</i>

**Recovery Coach Supervisor Training Incentive Fund will launch after the proposed CARE Act commission’s credentialing recommendations are finalized and implemented**



## 4e Competency-Based Training | Background

### Need:

- High need across a variety of MassHealth provider settings for all members of the team to function at the top of their roles in team-based care models
- Opportunity to strengthen skills among entry- and mid-level frontline workers in the following areas:
  - Team-based care
  - Understanding the health care environment
  - Non-clinical staff in consumer-facing roles
  - Office and professional writing skills
  - Advanced problem-solving
- For the purpose of this program, frontline healthcare workers include medical assistants (MAs), licensed practical nurses (LPNs), receptionists, patient navigators, care coordinators, community health workers (CHWs), peer specialists, and recovery coaches, among other roles.





## 4e Competency-Based Training for ACOs and CPs

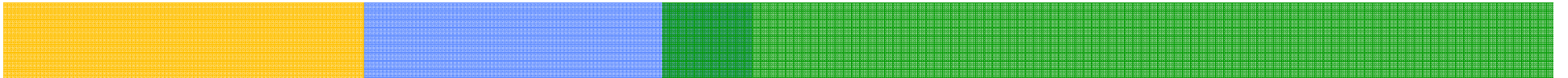
<b>Purpose</b>	Build the <b>competence and confidence of the frontline workforce</b> in order to improve their capacity to function at the top of their roles in team-based care models; equip individual program participants with portable and stackable credentials that advance them towards attaining associates and bachelors degrees
<b>Approach</b>	MassHealth will partner with an experienced nonprofit higher education entity to develop and implement a <b>competency-based training program</b> targeted to adult learners in the emerging health care environment. Competitive application for program participation at ACO and CP level. ACO/CP manages coaching component of program and runs the application process for frontline workers within ACO/CP.

<b>Eligible Entity Applicants</b>	<b>Eligible Frontline Workers</b>	<b>Funding Amount</b>	<b>ACO and CP Grants (Year 1)</b>	<b>Student-Worker Slots (Year 1)</b>
<i>ACOs and CPs participating in payment reform</i>	Medical Assistants, CHWs, Receptionists, Care Coordinators, and other frontline workers <i>within selected ACOs and CPs</i>	<b>\$185,000</b> (over 18 months) to each selected ACO/CP for program management, one-to-one coaching, and related investments  <b>Additional funding for student-workers for tuition</b> on top of the \$185K	~5	~150

Applications open June/July 2018



## 4 SWI 5: Technical Assistance Program





## 5 Technical Assistance (TA)

The MassHealth Technical Assistance (TA) program will consist of a variety of activities designed to strengthen ACO and CP capacity to improve health outcomes, member experience and reduce total cost of care for MassHealth members.

### TA Program components:

- 5a Targeted TA for specific projects
- 5b Learning collaboratives, including one focused on CHCs
- 5c Standardized trainings for CPs and CSAs
- 5d Platforms to facilitate shared learning (e.g. website)

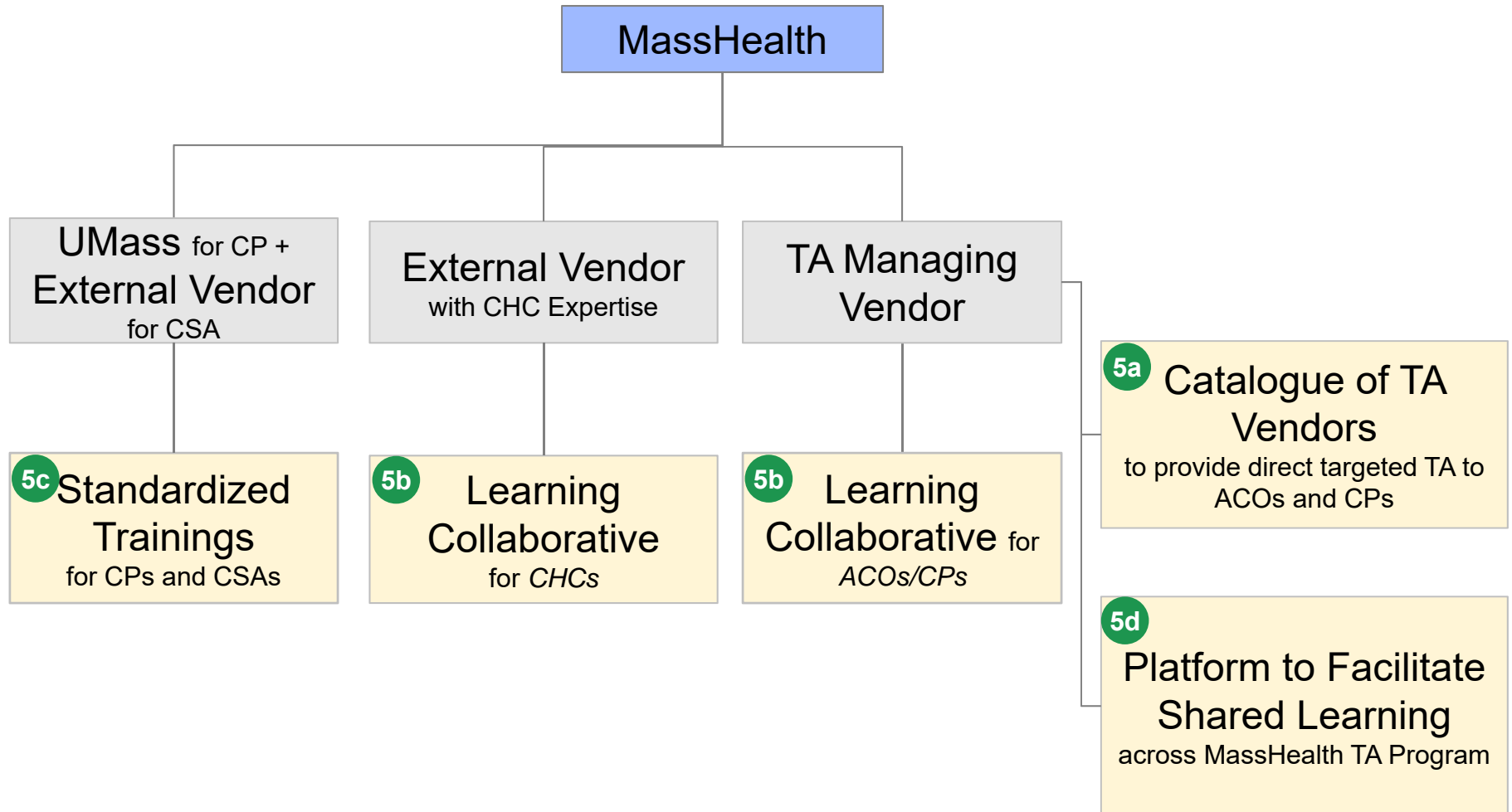
MassHealth is procuring multiple vendors to help administer the TA program.

- Abt Associates will serve as the “Managing Vendor” for the overall program
- The Managing Vendor will then procure a collection of TA vendors and manage the roll out of individual TA projects across ACOs and CPs, under supervision of MassHealth
- MassHealth is also procuring a specialized vendor for learning collaboratives for CHCs

\*Please note that all TA is optional.



## 5 Technical Assistance (TA)





## 5a Targeted TA for ACOs and CPs

### **Targeted TA:**

ACOs and CPs will work with procured TA vendors on a variety of projects.

### Project examples include:

- Building performance improvement plans based on data analytics
- Support using risk stratification to target member needs
- Developing targeted member engagement strategies

In addition to externally procured TA vendors, MassHealth will also work closely with the Hlway Adoption and Utilization Services (HAUS) program through the Mass Hlway. The Mass Hlway is the statewide, state-sponsored health information exchange. HAUS will provide hands-on consulting services to ACOs and CPs for HIE-related services focused on direct messaging protocols, including options for interfaces with EHR and webmail, and technical implementation and training support.

5b

5c

## ACO and CP Shared Learning Forums, and Standardized Training



Shared Learning Forums*	
<b>ACO and CP Integration</b>	<i>Purpose:</i> Support ACO and CP integration and coordination, including bridging distinct human services and health care cultures and philosophies, developing shared workflows and strategies for information sharing, brainstorming strategies for conflict resolution, etc.
<b>Extended Healthcare Workforce</b>	<i>Purpose:</i> Provide access to peer support, mentorship, and ongoing learning for extended healthcare workers in ACOs and CPs.
<b>CHC Readiness Program</b>	<i>Purpose:</i> Support Community Health Centers transition to value-based payment. Dedicated TA from TA vendors is associated with this effort.
<b>SWI Pop Ups</b>	<i>Purpose:</i> Morning or afternoon deep dives into targeted topics relevant to ACOs and CPs. Topics might include rural health strategies for care delivery; total cost of care management; and best practices for hiring and utilizing CHWs, peer specialists, and recovery coaches.

\*Specific goals and strategies will be developed for each shared learning forum as part of pre-launch planning

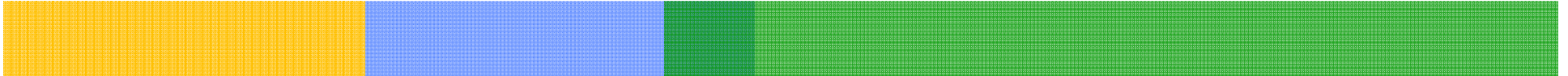
Standardized Trainings for CPs and CSAs	
<u>Priority for first half CY18</u> <ul style="list-style-type: none"> <li>• MassHealth ACO, MCO, and CP 101</li> <li>• Intro to LTSS and MassHealth State Plan LTSS and Eligibility Criteria</li> <li>• Independent Living and Recovery Principles</li> <li>• Person-Centered Planning</li> <li>• Motivational Interviewing</li> <li>• Enrollee Engagement Strategies</li> <li>• Working with Individuals with Disabilities</li> <li>• CSA: Fundamentals of High-fidelity Wraparound (HFW)</li> </ul>	<u>Expected for second half CY18 and first half CY19</u> <ul style="list-style-type: none"> <li>• Trauma Informed Care</li> <li>• Cultural Competency</li> <li>• Enrollee Rights and Protections</li> <li>• Population Health</li> <li>• Healthcare Integration</li> <li>• Health Disparities/Social Determinants of Health</li> <li>• Additional Trainings TBD</li> <li>• CSA: Fundamentals of Integrated Behavioral Health</li> </ul>



# SWI 6: Alternative Payment Methods

5

## Preparation Fund





## 6 Alternative Payment Methods (APM) Preparation Fund

The APM Prep Fund purpose and approach will be reviewed and revised on an annual basis to ensure that this investment is leveraged in a way that best supports advancement of MassHealth payment and care delivery reform overtime. All details below refer to year one.

<b>Purpose</b> (Year 1)	Assist provider entities that are not yet participating in a MassHealth ACO to contract with an ACO in the next calendar year
<b>Approach</b> (Year 1)	Award project grants to provider entities not in a MassHealth ACO that will <b>support those providers contracting with a MassHealth ACO in future years</b> (with priority given to providers joining an ACO in Performance Year 2 (beginning January 1, 2019))
<b>Eligibility</b>	Provider entities that can join MassHealth ACOs, with priority given to those that have a demonstrated commitment from a contracted MassHealth ACO

Criteria	Project Categories	Funding Amount (Year One)
<ul style="list-style-type: none"> <li>Project's impact on ability to join an ACO</li> <li>Number of MassHealth members represented at entity</li> <li>Need for funding in order to implement project</li> <li>Priority given to provider entities committed to joining a MassHealth ACO in Performance Year 2 (beginning January 1, 2019), as evidenced by a letter of commitment from a MassHealth contracted ACO. Such provider entity's future participation in the ACO must be corroborated by the Year 2 provider lists for MassHealth ACOs.</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced data integration, clinical informatics, and population-based analytics</li> <li>Shared governance and enhanced organizational integration</li> <li>Enhanced clinical integration</li> </ul>	<p>Large Project: <b>\$500,000</b></p> <p>Medium Project: <b>\$250,000</b></p> <p>Small Project: <b>\$50,000</b></p>

Applications open March 2018

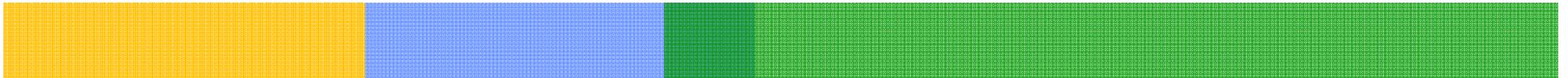




# SWI 8: Improved Accessibility for People with Disabilities or for Whom English is

6

## Not a Primary Language



## 8 Improved Accessibility for People with Disabilities or for whom English is not a Primary Language



### Proposed Approach

1. Develop a member-facing web directory that details the accessibility features and equipment of MassHealth providers.
2. Establish a grant program that enables MassHealth providers to purchase accessible medical diagnostic equipment and other resources to improve access.

#### Initiative 1: Provider Directory

- The UMass INDEX division specializes in IT solutions for individuals with disabilities, and currently manages the disabilityinfo.org website, which features a searchable directory for disability accommodation programs, providers and services.
- The goal is to incorporate all MassHealth providers into their web directory to allow members to search by accessibility preference when seeking a provider.
- Data maintenance and collection will work in parallel.
- The directory will also be used in future planning to improve accessibility throughout the Commonwealth

#### Initiative 2: Provider Accessibility Grant Program

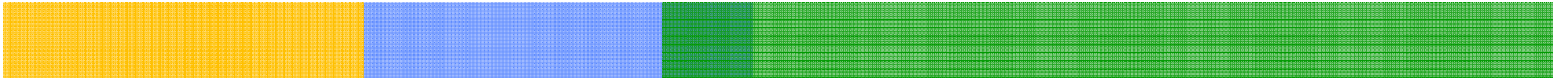
- Eligible Applicants are non-hospital MassHealth providers.
- Criteria for selection include: potential impact of the proposed investments, location of the provider, the population served, and the provider's own contribution to the proposed investment.
- EOHHS may require providers to invest an amount equal to the award requested.
- Applicants must submit a self-evaluation and transition plan that identifies:
  - Existing and future plans to improve access;
  - Plans to use, maintain, and repair equipment purchased with grant funds;
  - Plans for ongoing staff training and education on use of equipment purchased with grant funds; and
  - Existing and future plans to meaningfully identify individual accessibility needs.

**First Batch of Updates Implemented:** May/June 2018

**RFR Release:** Early Fall 2018; **Funds disbursed:** Nov/Dec 2018



## 7 Summary and Next Steps





# Summary of Programs | Statewide Investments #1 - #6

Statewide Investment		Who is the applicant?	What is the role of the ACO/CP?	When will the program launch?
<b>SWI 1a: Student Loan Repayment Program</b>		Individual clinicians (with letter of commitment from CHC, CMHC, ESP, CSA, or CP or their Consortium Entity [CE] or Affiliated Partner [AP])	Inform provider entities and individual clinicians of opportunity	March 2018
<b>SWI 1b: BH Workforce Development Program</b>		Individual clinicians (with letter of commitment from CMHC, ESP, CSA, or BH CP or their CE or AP)	Inform provider entities and individual clinicians of opportunity	March 2018
<b>SWI 1c: Community Partner Recruitment Incentive Program</b>		All BH and LTSS CPs	CPs leverage recruitment incentive program to hire care coordinators, RNs, and LPNs	March 2018
<b>SWI 2: Primary Care/Behavioral Health Special Projects Program</b>		CHCs, CMHCs, ESPs, CSAs, and CPs or their Consortium Entities or Affiliated Partners with a specific provider in mind	Inform eligible provider entities of opportunity	March 2018
<b>SWI 3: Investment in Community-based Training and Recruitment</b>	<i>3a: Primary Care Residency Training</i>	CHC Family Medicine and NP Residency Programs	Inform CHCs working with existing residency training programs	TBD
	<i>3b: Community Mental Health Center Behavioral Health Recruitment Fund</i>	Established CMHCs part of an ACO or CP	Inform CMHCs of opportunity	March/April 2018
<b>SWI 4: Workforce Development Grant Program</b>	<i>4a-4c: CHW, Peer Specialist, CHW Supervisor Training Program Grants</i>	Various training programs	Obtain MassHealth approval for ACO/CP workforce development plan; inform provider entities of trainings, and/or send CHWs to trainings	May 2018 for CHW and Peer Specialist training slots; Spring 2018 for CHW Supervisor slots
	<i>4e: Competency-based Training</i>	ACOs and CPs	Apply for coaching funding and training slots; if the ACO is awarded the funding, then manage the application process for the training slots	June/July 2018
<b>SWI 5: Technical Assistance Program</b>		ACOs and CPs	Direct recipient	April/May 2018
<b>SWI 6: APM Prep Fund</b>		Provider entities not yet part of an ACO	Connect with provider entities interested in joining ACO	April 2018



## Next Steps

Notices of program applications, procurements, and public meetings will be posted to: [www.mass.gov/hhs/masshealth-innovations](http://www.mass.gov/hhs/masshealth-innovations) and sent out over the MassHealth Innovations listserv.

To sign up, please email the MassHealth Innovations listserv at [MassHealth.Innovations@MassMail.State.MA.US](mailto:MassHealth.Innovations@MassMail.State.MA.US)