**Community Connections**

Pay For Performance 2023

Inclusa, Inc. Individual Plan

Individual MCO Proposal Submission Part 2: C, D, and E

This document contains individual MCO responses to the sections in the Community Connections Part 2 that DHS requires each MCO to submit a separate response. Only the questions that involve an individual MCO response are contained in this document.

[Part 2C: Preparing for Strategic Plan Development 2](#_Toc139944691)

[4. Include Q1 2022 utilization data report and data source for each category. 2](#_Toc139944692)

[7. Summarize the MCO’s current practices regarding community connections including valued social roles. 4](#_Toc139944694)

[9. Provide current barriers for each MCO and their stakeholders and partners around implementing the community connections activities. 4](#_Toc139944695)

[14. Develop SWOT analysis for each MCO to determine their strong points, weak points, biggest opportunities, and largest threats to the Community Connections initiative. 8](#_Toc139944696)

[Part 2D: Strategic Plan for Community Connections and Changes in Practice 8](#_Toc139944697)

[3. Using the summaries in Section 2C, provide measurable objectives to meet the Community Connection goals 10](#_Toc139944698)

[4. Using the summaries in Section Part 2C, describe the strategies that MCOs will implement to meet the stated goals and objectives. 10](#_Toc139944699)

[1. For each objective, summarize the implementation tools and/or systems 17](#_Toc139944700)

[2. Summarize a sustainability plan for continued improvement toward meeting the vision of this initiative beyond the 5-year cycle. 19](#_Toc139944701)

[Part 2E: Training and Technical Assistance Plan 19](#_Toc139944702)

[4. For each IDT staff training outlined in item 1 also include 19](#_Toc139944703)

[a. Training method(s) include length of each training and if the training is synchronous or asynchronous; 19](#_Toc139944704)

[b. Instructors/training leaders/facilitators qualifications; and 20](#_Toc139944705)

[c. How the training will be documented. 21](#_Toc139944706)

# Part 2C: Preparing for Strategic Plan Development

## 4. Include Q1 2022 utilization data report and data source for each category.

### a. Report the following data categories as utilization per 100 enrollees.

### i. Non-Institutional Living:

### a. Members in own home or apartment;

### b. Members receiving supported home care;

### c. Members in residential settings (provide utilization data for each subcategory);

### a) 1-2 Bed AFH

### b) 3-4 Bed AFH

### c) CBRF with less than 8 people

### d) CBRF with more than 8 people

### e) RCAC

### ii. Institutional Living:

### a. Number of members in SNF (nursing home)

### b. Number of members in Centers (FDD/ ICF-IDD)

### iii. Daytime Services:

### a. Prevocational services community-based;

### b. Prevocational services facility-based;

### c. Daily living skills training – home and/or community;

### d. Adult day care – facility based;

### e. Consumer education and training;

### f. Day habilitation services;

### g. Counseling and therapeutic resources; and

### h. Transportation – community specialized non-medical.

### b. Report the total expenditure amount for CY 2022 for:

### i. Non-Institutional Living (total for all settings listed in 4. a) i.).

### ii. Institutional Living (total for all settings listed in 4. a) ii.).

### c. Summarize how and which data components, and any other baseline data, will be used in your planning process and/or incorporated into developing baseline measurement to increase member’s Community Connections while successfully implementing the Strategic Plan.

Reporting data included in separate Excel file name ‘Inclusa Community Connections P4P Utilization 2C4’. The source of reporting data is from internal Inclusa data compilation. Member identification has been scrubbed from submission and available if needed.

Inclusa had a total of 16,887 members enrolled during the first quarter of 2022, stratified as follows:

Non-Institutional Living:

1. Own Home or Apartment: 9,297 members
2. Receiving SHC: 6,409 members
3. Residential Setting: 6,084 members with 128 of those members moving during the quarter between two residential settings and 1 member moving during the quarter between three residential settings, subcategorized as;
   1. 1-2 Bed AFH: 815 members
   2. 3-4 Bed AFH: 1,653 members
   3. CBRF <8: 844 members
   4. CBRF 8+: 2,284 members
   5. RCAC: 618 members

Institutional Living:

1. SNF (NH): 1,457 members with 14 of those members moving either from or to a Center during the quarter
2. Centers (FDD/ICF-IDD): 20 members with 14 of those members moving either from or to a SNF during the quarter

Daytime Services:

1. Prevocational Services Community-Based: 214
2. Prevocational Services Facility-Based: 1,081
3. Daily Living Skills Training – home and/or community: 279
4. Adult Day Care – Facility-Based: 208
5. Consumer Education & Training: 103
6. Day Habilitation Services: 1,263
7. Counseling & Therapeutic Resources: 283
8. Transportation – Community Specialized Non-Medical: 4,999

Total expenditure amount for CY 2022:

1. Non-Institutional Living (total for all settings listed in 4. a) i.): $21,289,826.45
2. ii. Institutional Living (total for all settings listed in 4. a) ii.). $156,506,210.61

Based on the noted research and lessons learned, from comparable targeted Community Connections efforts nationwide, a broad baseline or benchmark does not exist that captures consistent data for empirical measurement design that accounts for Wisconsin’s Family Care member population. The collective and individual objective measures, including subsequent KPI, outlined in Section 2D.3 below, will be used to form the initial baseline information for progression toward, or maintenance of, members’ current and preferred level of interest for their Community Connections. Future cohorts’ initial assessments will be evaluated to identify variance from the starting cohort to determine whether the starting cohort represents a valid broad baseline or whether each cohort requires separate baselines.

Inclusa’s planning process and strategic planning to date has pulled collectively from the research and lessons learned by the nationwide efforts and will continue to be supplemented by internal development, learning, and analysis utilizing the PDSA methodology incorporating the feedback from members, providers, communities, and other stakeholders. Inclusa began implementing improved person-centered practices based, in part, from colleagues involved as recognized Subject Matter Experts with the National Center on Advancing Person-Centered Practices and Systems (NCAPPS) and the Administration for Community Living (ACL) through a partnership with Human Services Research Institute (HSRI) from 2019 through 2021.

## 7. Summarize the MCO’s current practices regarding community connections including valued social roles.

At Inclusa everything starts with our care planning philosophy; the belief in the strengths of everyone and the commitment to support the common good for all. Five tenets drive our work.

1. Choice: Choice is individual expression, selection, and action defined by you. You have the right, the power, and the liberty to choose. Your choices are honored. Your voice matters. The choice is yours.
2. Home: Home is more than a place of residence. You have a space of your own where you are secure, supported, and able to be yourself. Your home is your own. You make the decisions within it. Welcome home.
3. Contribution: Contribution is an act of giving, doing, and sharing. You have gifts, talents, and valuable offerings others benefit from. You contribute. Your gifts, skills and abilities are valued and shared. You are valuable.
4. Accessibility: Accessibility focuses on entering, participating, and easily moving in places of importance. You have the freedom, the ability, and the invitation to participate. You can enter, participate, and move freely in places of importance to you. You have access.
5. Belonging: Belonging is being included, feeling accepted, and having meaningful relationships. You are an important and valued member of a group. You have meaningful relationships where you are included and accepted. You belong.

Although all five tenets support our practice for community connecting, contribution, and belonging are key areas that support our members having valued social roles.

At Inclusa we use a person-centered approach. A person-centered approach means.

* All people are whole and have dreams, talents, and skills to offer the world
* All people have the right to control their lives and are at the center of personal decision making
* It emphasizes quality of life, wellness, and informed choice
* We all get to make mistakes and take risks, as they are part of life
* All people are whole and have dreams, talents, and skills to offer the world

Our philosophy and person-centered approach are foundational to our practice of using a strength-based member-centered planning process. Inclusa’s three-perspective assessments (Person, Health, and Wellness), implemented during the spring of 2023, support a conversation that determines what the member wants, and ultimately needs, to support them with community connections and social roles they value.

In addition to following standard timelines and practices when assessing members and creating member centered plans, Inclusa is in early adoption of utilizing a Strength-Based Person-Centered Planning Guide.

As part of the Wellness assessment Inclusa is collecting information on wellness and Social Determinants of Health that will be used over time to assess progress in our efforts on Community Connecting and more.

A picture containing text, screenshot, font, number

Description automatically generated

**Please also see additional documents**

D365 WalkMe Person Assessment

Strength Based Person Centered Planning Guide

## 9. Provide current barriers for each MCO and their stakeholders and partners around implementing the community connections activities.

The most significant challenges or barriers Inclusa faces as it supports members to connect to their local community include:

1. Limited funding: Inclusa must manage limited resources, which can make it difficult to invest in community connections activities for its members and providers. Supporting community connections while also balancing the need to comply with all contract expectations.
2. Limited availability of appropriate community resources: This requires significant investment of time and resources to find suitable community resources that meet the needs of their members. Ongoing economic factors continue to reduce these opportunities.
3. Resistance to change: Some members and providers are resistant to changing their routines or engaging in new activities, which can make it difficult to increase community connections.
4. Lack of awareness: Some members may not be aware of the benefits of community connections or may not know how to access appropriate resources in their communities.
5. Staffing challenges: Staffing attrition requires ongoing investment in colleague recruitment, training to support successful community connections for members.
6. Complexity of membership: Inclusa continues to see an increase in members with complex support needs, (DOJ, MH, substance abuse) that require a significant amount of IDT time balancing health and safety and dignity of risk.
7. DHS's funding model as it relates to the risk corridor results in limitations at the MCO level for investment in care management and person-centered approaches.

For members, barriers to becoming more connected to their communities include:

1. Transportation: Lack of transportation can make it difficult for members to access community resources, especially in rural areas.
2. Community and family/guardian bias: Society/cultural norm of taking care of instead of assuming capacity and gifts as well as health safety rather than dignity of risk.
3. Physical limitations: Members with physical disabilities or chronic health conditions may have difficulty participating in community activities.
4. Social anxiety: Some members may be hesitant to engage in community activities due to social anxiety or other mental health issues. One specific example is the lingering concerns of group gathering post pandemic.
5. Lack of interest: Some members may not be interested in the available community activities.
6. Cost: Some community activities may be too expensive for members to afford.
7. Staffing attrition: The loss of trusted relationships at the provider of service level, including care management, affects progress at times.

At the community level some barriers Inclusa has observed include:

1. Lack of appropriate resources: Communities lack suitable resources to support community connections, such as accessible transportation or affordable recreational programs. Additionally, limited unpaid services available locally are prioritized for people outside of Family Care program.
2. Stigma and Social Attitudes and Expectations: Some members of the community hold negative attitudes towards people with disabilities or mental health conditions, which can make it difficult for them to participate in community activities. Ongoing work on the cultural paradigm shift continues so that the use of residential and institutional is not seen as the “safer” alternative to community living.
3. Limited funding: Communities may have limited funding available to invest in community connections activities.
4. Lack of awareness: Some community members may not be aware of the benefits of community connections activities or may not know how to support people with disabilities or mental health conditions.
5. Wisconsin Weather – Inclusa learned with previous work with provider partners. We experienced members choosing not to actively engage in community during the winter months, i.e., cold and ice. Providers just needed to factor that in and look at other creative ways to support involvement.
6. Aging effect on demographics: It is projected that between 2015 and 2040, the population ages 65 and older will grow by 640,000 people -- an increase of 72%. That rate is six times higher than the overall Wisconsin population growth projection of 12% for the same period. Those 65 and older comprised 15% of total population in 2015. By 2040, they are expected to make up 24%.

For service providers of day services, adult day care, daily living skills training, and residential care, some barriers to implementing community connections include:

1. Limited funding: Service providers may have limited resources available to invest in community connections activities. They typically must rely on grant funding or community foundations as rates for services cover day-to-day operations.
2. Staffing challenges: Service providers continue to struggle to recruit, train and retain qualified staff with the passion and skill set to support members to have quality community connections. Specifically, to Wisconsin, adjacent States pay on average $2.30 more per hour in pay and benefits.
3. Regulatory constraints: Some regulatory requirements may make it difficult for service providers to offer community connections activities. Federal requirements to comply with Electronic Visit Verification (EVV) put additional reporting requirements for Community Supported Living and other providers when the provider provides direct care.
4. Limited availability of community resources within some areas: Service providers have a difficult time finding suitable community resources that meet the needs/interests of members.
5. Resistance to change: Some clients may be resistant to changing their routines or engaging in new activities, which can make it difficult for service providers to encourage community connections.

​

## 14. Develop SWOT analysis for each MCO to determine their strong points, weak points, biggest opportunities, and largest threats to the Community Connections initiative.

1. Strong points

* Strong organizational history and commitment to Person Centered and Community Connections as shown by our Commonunity focus.
* Strong leadership experience in operationalizing previous P4P (CIE)
* Innovative ideas and approaches in paradigm shift like our Employment Model.
* High quality learning department committed to support current and ongoing needs
* Local presence and commitment building stronger communities, including involvement in We Care.
* Transitioning our Care management system (D365) that supports and drives a Person-Centered Approach that can be updated to meet the needs of P4P in the future.
  + Strength Based Person Centered Panning Guide being utilized as part of new system deployment.
* Internal and External Experience that aligns with the needs of P4P
* Developing an innovative Community Supported Living tool that incorporates how we support individuals accessing and participating in their local community.
* Some experience in local community mapping
* Facilitated and participated in grant opportunities with/for providers on Community Connecting.
* Strong leadership in Behavioral Health that aligns with Person Centered and Community Centric Approach
* Colleagues certified in Person Centered Planning Interviewing
* Annova – experience in system change around person-centered practice (NCAAPS SMEs)
* Developed tools and resources to support individual discovery and community connections to include workbooks, guides, and mapping resources
* Community of Practice – supporting topic

1. Weak points

* Deploying multiple projects simultaneously and supporting activities that do not have clearly defined measures with active monitoring with follow-up.

1. Biggest opportunities

* DHS statewide commitment
* CMS commitment to Person Centered waiver standard enhanced requirements
* INCLUSA VALUES - Actively build collaborative relationships, ADRC’s, CCOTs and other external partners, agencies, advisory groups, and advocates
* Technology and virtual shift and comfort for connecting, including insurance coverage
* Humana acquisition holds promise of new ideas, opportunities, resources, and funding
* ARPA funding/grant opportunities that align with this P4P
* Local foundations offering dollars to our providers to supporting CC (ODC -Greenheck) Chip River Industries – Eau Claire Foundations
* States effort for Direct Care provider training and database. Adding 10000 direct care workers
* HCBS standard/expectations align with the goals of the P4P work.

1. Largest threats to the community connections initiative

* Direct Care worker shortage effects service-based interventions and quality of staffing
* Lingering concerns of group gathering post pandemic
* WI Direct Care Workers pay and benefits 2.30 per hour less and less benefits compared to adjacent States
* Cultural and paradigm shift needed in use of residential and institutional (Safe path for my parents/kids)
* Guardian overreach and education needed
* Staffing attrition effects on continuity of care
* Limited unpaid services available locally
* Society/cultural mentality of taking care of instead of assuming capacity and gifts
* Transportation cost and availability, especially in rural areas, hinders the work
* Ongoing increased complexity of membership, (DOJ, MH, substance abuse) while local resources are being reduced financially. (Counties are reducing services)
* Aging effect on demographics - It is projected that between 2015 and 2040, the population ages 65 and older will grow by 640,000 people -- an increase of 72%. That rate is six times higher than the overall Wisconsin population growth projection of 12% for the same period. Those 65 and older comprised 15% of total population in 2015. By 2040, they are expected to make up 24%.
* The current funding model with the risk corridor that peels out care management from service costs limits resources at the care management level, reducing opportunities to invest in Person Centered Approaches.
* Providers ability to recruit, train and maintain quality staff
* Contract
* Needs based LTCFS vs Strength based assessment
* Supporting Community Connections but also continuing to expand the expectations of the contract.

# Part 2D: Strategic Plan for Community Connections and Changes in Practice

Inclusa will identify a cohort of members, as outlined, and approved by DHS from the original March 2023 Community Connections P4P Planning Template and revised with the collective MCO plan, to learn from and effectively implement the Community Connection P4P.

## 3. Using the summaries in Section 2C, provide measurable objectives to meet the Community Connection goals

## 4. Using the summaries in Section Part 2C, describe the strategies that MCOs will implement to meet the stated goals and objectives.

Inclusa will use Collective Goal 2 Objective 2 for 2023 Incentive 1 Requirement 1, 2, 3, and 4.

Inclusa plans to continuously evaluate the training content and delivery, against the outlined, and future, KPI outlined in this and the collective MCO Community Connections Plan submission. This evaluation will focus on connecting learned experience through the demonstrated measurement results to drive the desired purpose of meaningful member connections using a standardized Plan, Do, Study, Act (PDSA) method, as outlined in Section 2C.1 of the collective MCO plan, to validate where training meets or exceeds expectations, where changes are needed, and develop staged planning to move into the next PDSA cycle. Feedback will rely on the training experiences expressed by IDT colleagues completing initial and successive refresher trainings allowing longitudinal time-based evaluation, in conjunction with other important measurement areas of the P4P.

|  |  |
| --- | --- |
| **Strategic Plan Goal 1 – Incorporate standard Community Connections identification and support into the Family Care and Family Care Partnership member assessment and planning process.** | |
| **Inclusa Objective 1:** Inclusa will evaluate IDT training and update or expand, as needed, based on IDT training feedback and the results of the PDSA review cycle.   * Strategy 1 – Inclusa will collect post training feedback from IDT completing initial, including newly hired IDT training, and refresher training specific to the Community Connection P4P. Feedback collected will include:   + Overall rating of training utilizing a standard 5-point Likert scale ranking.   + Most valued content.   + Least valued content.   + Additional suggested content. * Strategy 2 – Inclusa will compare post-training IDT feedback with results from other collective and Inclusa specific KPI, as part of the PDSA cycle, to identify opportunities to improve training content. * Strategy 3 – Inclusa will update or expand Community Connections to address identify opportunities for improvement, from the PDSA cycle. Updates or additions will minimally be applied to refresher training content, unless significant. | |
| **Inclusa KPI 1:** Average IDT Training feedback score. | |
| **Numerator** | Total overall sum of rating from IDT completing post-training feedback. |
| **Denominator** | Count of IDT completing post-training feedback. |
| **Inclusion/**  **Exclusion Criteria** | All completed feedback will be included. IDT will be limited to submitting one (1) feedback per training session. |
| **Sampling Technique and Confidence Interval** | None |
| **Internal MCO Data Collection Frequency** | Continuous |
| **Method for Data Collection** | Microsoft Forms surveys |
| **Data Stratification** | Stratification by IDT role, as desired.  Stratification by training sessions type (initial, refresher) and date, as desired. |

Inclusa recognizes the importance of members’ voices and experience to define and drive what meaningful community connections mean to each individual. The continued transition and focus of Family Care practice to coordinate services and supports, from a person-centered approach, welcomes the input and strongly relies on members to engage in the assessment and planning to determine how paid and unpaid services and supports can, and will, help each member achieve their desired goals and outcomes. An important opportunity exists to capture each member’s voice through the identification of the member’s satisfaction with their meaningful community connection. Inclusa will capture each cohort member’s level of satisfaction to aid in evaluation, planning, and connection of valuable activities that contribute to achieving member goals.

|  |  |
| --- | --- |
| **Strategic Plan Goal 2 – Identify opportunities for member-specific, meaningful Community Connections for Family Care and Family Care Partnership members.** | |
| **Inclusa Objective 2:** Inclusa maintains a record of member satisfaction level with Community Connections.   * Strategy 1: IDT will ask and record each cohort member’s level of satisfaction at each six-month assessment and planning period.   + Cohort member’s level of satisfaction will be recorded using a 5-poinit Likert scale. * Strategy 2: Inclusa will monitor the entry cohort member’s level of satisfaction. * Strategy 3: Inclusa will evaluate the entry of cohort member’s level of satisfaction for each six-month assessment and planning period, using the PDSA cycle, to identify opportunities to improve the collection of satisfaction level. | |
| **Inclusa KPI 1**: Inclusa maintains a record of cohort member’s level of satisfaction for each six-month assessment and planning period. | |
| **Numerator** | Count of cohort members with a recorded level of satisfaction for each six-month assessment and planning period. |
| **Denominator** | The number of members in cohort assessed at their community connections level of interest. |
| **Inclusion/**  **Exclusion Criteria** | All members in cohort included assessed at their community connections level of interest; no additional exclusion from identified cohort(s). |
| **Sampling Technique and Confidence Interval** | No additional sampling beyond initial cohort identification outlined. |
| **Internal MCO Data Collection Frequency** | Continuous |
| **Method for Data Collection** | Compiled with quarterly submission reporting. |
| **Data Stratification** | Stratification by member demographic information.  Stratification by assessment period. |

Inclusa will build on the collection of cohort member’s level of satisfaction, outlined as Inclusa’s Object 2 of this document, with the intent to improve cohort member’s expressed level of satisfaction for meaningful community connections. Collected cohort member’s level of satisfaction will be evaluated, as part of the PDSA cycle, to identify themes of effective paid and unpaid services and supports, or opportunities to improve areas for services and supports, that maintain or increase level of satisfaction.

|  |  |
| --- | --- |
| **Strategic Plan Goal 3 – Increase or maintain the percent of Family Care and Family Care Partnership members self-identifying as being active and having meaningful Community Connections.** | |
| **Inclusa Objective 3:** Inclusa members are satisfied with their Community Connections.   * Strategy 1 – Inclusa will evaluate changes in cohort member’s level of satisfaction entered for each six-month assessment and planning period. * Strategy 2 – Inclusa will incorporate evaluation findings from changes in cohort member’s level of satisfaction in the PDSA cycle to determine effective opportunities and plan adjustments to improve processes to support members to achieve their community connections goals. | |
| **Inclusa KPI 1:** Average cohort member level of satisfaction for meaningful community connection. | |
| **Numerator** | Total of cohort member’s recorded level of satisfaction, as captured through Inclusa’s Objective 2 of this document. |
| **Denominator** | The number of members in cohort assessed at their community connections level of interest. |
| **Inclusion/**  **Exclusion Criteria** | All members in cohort included assessed at their community connections level of interest; no additional exclusion from identified cohort(s). |
| **Sampling Technique and Confidence Interval** | No additional sampling beyond initial cohort identification outlined. |
| **Internal MCO Data Collection Frequency** | Continuous |
| **Method for Data Collection** | Collection as outlined through Inclusa’s Objective 2 of this document. |
| **Data Stratification** | Stratification by member demographic information.  Stratification by member satisfaction entry date. |

**Community Connections Individual P4P Strategic Plan, Part 2D: Vision – Goal – Measures - KPI**

**Collective Vision:** Through Community Connections, MCOs will engage members, providers, and the community to utilize the tools and assets available to support members in leading decisions in how, when, and where they actively and safely participate in the communities where they live, work, and engage with others.

**Inclusa KPI 1:** Average cohort member level of satisfaction for meaningful community connection.

**Inclusa Objective 3:** Inclusa members are satisfied with their Community Connections.

**Strategic Plan Goal 3**: Increase or maintain the percent of Family Care and Family Care Partnership members self-identifying as being active and having meaningful Community Connections.

**Inclusa KPI 1:** Inclusa maintains a record of cohort member’s level of satisfaction for each six-month assessment and planning period.

**Collective Goal #2:** Identify opportunities for member-specific, meaningful Community Connections for Family Care and Family Care Partnership members.

**Inclusa Objective 2:** Inclusa maintains a record of member satisfaction level with Community Connections

**Inclusa KPI 1:** Average IDT Training feedback score.

**Inclusa Objective 1:** Inclusa will evaluate IDT training and update or expand, as needed, based on IDT training feedback and the results of the PDSA review cycle.

**Collective Goal #1:** Incorporate standard Community Connections identification and support into the Family Care and Family Care Partnership member assessment and planning process.

**Community Connections Individual P4P Strategic Plan, Part 2D: Vision – Goal – Measures – Strategies**

**Collective Vision:** Through Community Connections, MCOs will engage members, providers, and the community to utilize the tools and assets available to support members in leading decisions in how, when, and where they actively and safely participate in the communities where they live, work, and engage with others.

**Inclusa Strategy 3:** Inclusa will update or expand Community Connections to address identify opportunities for improvement, from the PDSA cycle.

**Inclusa Strategy 2:** Inclusa will compare post-training IDT feedback with results from other collective and Inclusa specific KPI, as part of the PDSA cycle, to identify opportunities to improve training content.

**Inclusa Strategy 2:** Inclusa will incorporate evaluation findings from changes in cohort member’s level of satisfaction in the PDSA cycle to determine effective opportunities and plan adjustments to improve processes to support member’s to achieve their community connections goals.

**Collective Goal #1:** Incorporate standard Community Connections identification and support into the Family Care and Family Care Partnership member assessment and planning process.

**Inclusa Strategy 1:** Inclusa will evaluate changes in cohort member’s level of satisfaction entered for each six-month assessment and planning period.

**Inclusa Objective 3:** Inclusa members are satisfied with their Community Connections.

**Inclusa Strategy 3:** Inclusa will evaluate the entry of cohort member’s level of satisfaction for each six-month assessment and planning period, using the PDSA cycle, to identify opportunities to improve the collection of satisfaction level.

**Inclusa Strategy 2:** Inclusa will monitor the entry cohort member’s level of satisfaction.

**Inclusa Strategy 1:** IDT will ask and record each cohort member’s level of satisfaction at each six-month assessment and planning period.

**Inclusa Objective 2:** Inclusa maintains a record of member satisfaction level with Community Connections.

**Inclusa Strategy 1:** Inclusa will collect post training feedback from IDT completing initial, including newly hired IDT training, and refresher training specific to the Community Connection P4P.

**Inclusa Objective 1:** Inclusa will evaluate IDT training and update or expand, as needed, based on IDT training feedback and the results of the PDSA review cycle.

**Strategic Plan Goal 3**: Increase or maintain the percent of Family Care and Family Care Partnership members self-identifying as being active and having meaningful Community Connections.

**Collective Goal #2:** Identify opportunities for member-specific, meaningful Community Connections for Family Care and Family Care Partnership members.

## For each objective, summarize the implementation tools and/or systems that will be utilized to implement the objective and strategies, and measure the outcomes. Summarize how health equity considerations are incorporated into the tool or system used.

Collective Objective 1: Inclusa will utilize the collective and individual training content and plan developed for the Community Connection P4P to deliver IDT training. Tracking and documentation of training completion will occur within Inclusa’s Learning Management system. Reporting of training completion will utilize DHS’s training tracking template. Health equity considerations are incorporated as outlined in the collective MCO plan training content and plan.

Collective Objective 2: Inclusa will capture members level of interest through supplemental tools until the PDSA cycle confirms best practices. PowerBI or other reporting tools will be utilized to monitor and evaluate documented member information. Health equity considerations will be evaluated as part of the PDSA cycle associated with this objective. IDT Staff will implement complete the Community Connection Interest Survey for each member identified in the cohort at each 6-month member planning period. Community Connection Interest Survey documentation will be captured in Inclusa’s D365 Care Management system. IDT Staff will document outcomes, goals, and progress toward achieving or maintaining each member’s indicated community connection within the member’s plan. Supplemental tools, as identified in the collective MCO training plan, will empower IDT Staff to explore and evaluate, with each cohort member, their desired connections. Ongoing evaluation of Interest Surveys results, and plan outcomes, goals, and progress will be conduct by project leads and will provide input for the PDSA cycle evolution.

Collective Objective 3: Inclusa will collaborate with MCOs sharing GSRs to complete community readiness activities, as outlined in the strategies of the collective MCO plan associated with this objective. Health equity considerations will be incorporated as outlined in the strategies of the collective MCO plan associated with this objective.

Inclusa Objective 1: Inclusa will collect IDT training feedback for all initial and refresher training sessions as outlined in the strategies for this objective in this document.

Inclusa Objective 2: Inclusa will capture members satisfaction through supplemental tools until the PDSA cycle confirms best practices. Power BI or other reporting tools will be utilized to monitor and evaluate the documentation. Health equity considerations will be evaluated as part of the PDSA cycle associated with this objective.

Inclusa Objective 3: Inclusa will capture the change in member satisfaction through supplemental tools until the PDSA cycle confirms best practices. Power BI or other reporting tools will be utilized to monitor and evaluate documented satisfaction from one assessment period to the next. Health equity considerations will be evaluated as part of the PDSA cycle associated with this objective. IDT Staff will ask and capture cohort members’ responses about their level of community connection satisfaction as part of the completion of the Community Connection Interest Survey at each 6-month planning period. Responses from members about their level of satisfaction will be documented in Inclusa’s D365 Care Management system. Leads will continuously review and evaluate satisfaction responses to identify themes, opportunities, and best practice supports for achieving and maintaining member desired community connections.

1. If the tool or system is already utilized by the MCO or if it will be a new development or modification of the existing system;

Inclusa will capture the activities related to the Community Connection P4P, primarily through existing systems, with additional piloting through supplemental tools and forms through the first PDSA cycle. Evaluation of each PDSA associated with the strategies outlined in the collective MCO plan and this document will help to determine future development needs and priorities.

1. How the MCO plans to engage with their members;

Inclusa will engage members primarily through two facets beginning in the first quarter of 2024. The first, and broadest engagement, will be through individualized assessment and planning activities between trained IDT colleagues and each member during, at a minimum, every 6 months for members in the starting cohort. Engagement by IDT will follow the strategies outlined under Goals 2 and 3 of the collective MCO plan and this document. The second engagement will be through member representatives at quarterly Inclusa Member Advisory Committee meetings. Member Advisory Committee engagement will, minimally, include updates from the Community Connections P4P and opportunity discussions. Additional engagement opportunities will be identified through Inclusa’s Provider Advisory Committee, community discussions, and the PDSA cycles associated with the strategies within each of the collective MCO plan and this document.

1. Timeline(s) and detail description(s) of what the new development(s) or modification(s) will involve; and

Inclusa will implement the tools outlined in the strategies and training sections of collective MCO plan and this document through the remainder of 2023 with final implementation by the end of January 2024, at the latest. Initial system development to capture documentation of each cohort member’s responses for the Community Connection Interest Survey and level of satisfaction will occur during the 4th quarter of 2023. Reporting and tracking tools, utilizing system dashboards and PowerBI will be developed once the system developments are completed and prior to the end of 2023. Other resources for IDT Staff will be developed through a just in time development cycle from IDT learning feedback and PDSA cycle evolution inputs.

1. Identify which implementation tool or system change is for the 2024 Specific Incentive Plan. This can be a pilot of a tool or system change and does not have to be technology based.

Inclusa will pilot the Community Connections Interest Inventory, outlined in the training section of the collective MCO plan.

* 1. Document any related future system or technology-based improvements that will be implemented after **Quarter 1 of 2024**.

Future system and technology-based improvements will be identified through the PDSA cycle.

## Summarize a sustainability plan for continued improvement toward meeting the vision of this initiative beyond the 5-year cycle.

Inclusa will monitor and evaluate the activities and strategies outlined previously, identifying effectiveness and progression toward the core vision for Community Connections, specific stated goals, and emerging trends. Tracking of internal data collection across activities, along with direct feedback from members, providers, and additional community stakeholders, at a minimum will be used for the monitoring, evaluation, and identification activities throughout the Community Connection focus. The monitoring, evaluation, and identification activities will connect with stages of multiple PDSA cycles aimed at testing, improving, and adoption of best practice standards for ongoing implementation into Inclusa’s Family Care Training and Practice model. Additionally, Inclusa is committed to ensuring alignment to the Community Connections vision through leadership support and priority setting in annual strategic planning.

Members will be engaged through individual assessment and planning activities and collectively through advisory groups, panels, and committees. Providers will be engaged through awareness training, opportunity development, and advisory groups, panels, and committees. Care Management colleagues will be engaged through awareness training and refreshers or updates, individual member assessment and planning, opportunity development, and advisory groups, panels, and committees. Additional community stakeholders will be engaged in community level awareness, opportunity development, and advisory groups, panels, and committees.

# Part 2E: Training and Technical Assistance Plan

Inclusa’s training plan, including both the collective and Inclusa specific content, is included in the attached PowerPoint presentation file, named “Inclusa Community Connection Training.pptx.” The contents of the PowerPoint presentation will be transitioned into interactive facilitator and self-study through a series of training modules. The training modules will be assigned to IDT and accessed through Inclusa Learning Management System.

## 4. For each IDT staff training outlined in item 1 also include

## a. Training method(s) include length of each training and if the training is synchronous or asynchronous;

Increasing the opportunity to collaborate on professional development and training opportunities for MCO Interdisciplinary Team Staff (IDTs) will help ensure consistent, effective approaches by all IDTS. Training and support offered to IDTs, to include accountability mechanisms for ensuring appropriate follow-up, will assist with establishing practices and approaches that can be sustained and replicated in future years.

At Inclusa, training will occur for all Community Resource Coordinators (the Care Manager/Social Worker of the IDTs) along with the Health and Wellness Coordinators (the RN care manager of the IDTs).

Every MCO experiences turnover of care management staff. To ensure continuity and consistency, new Inclusa IDTS who are hired will receive the same training through the MCO’s new employee onboarding process, using Inclusa’s on-line learning management system. Additionally, Inclusa will include Community Connection training presentations within their learning management systems, making them accessible to IDTs throughout the year and required annual refresher training.

Best and evidence-based practices will be woven into many aspects of the overall Initiative including:

Community Connections training of IDTs that will incorporate adult learning strategies

1. that focus on ensuring effectiveness of training through tying into the particular motivations of adult learners and using specific strategies;
2. that are proven to increase training effectiveness with adult learners, through incorporates postsecondary competency-based education programs which have been demonstrated by research to improve the quality of higher education; and
3. shift the focus of training to demonstration of competency rather than simple time spent or results of rudimentary post-tests focused on immediate recall of information.

Inclusa will be utilizing synchronous and asynchronous approaches to delivering Community Connections essential training content. This content will be provided in a variety of micro-learning opportunities to build IDTs competency and comfort regarding community connections. Inclusa has seen success in the engagement and retention when utilizing micro-learning. Small group activities to further their learning will be incorporated into their unit meetings. Additionally, the micro-learning platform supports the opportunity to easily access the training content when IDT staff are looking to review the information again.

Inclusa anticipates the micro-learning modules and activities will take around four hours to complete.

## b. Instructors/training leaders/facilitators qualifications; and

The plan for educating IDTS involves a comprehensive curriculum developed by content experts, in both Community Connections and adult learning/talent management, from all six MCOs. Inclusa will use a variety of adult learning strategies and competency-based education techniques to achieve the agreed-upon Community Connections training objectives for IDTS and to cover the agreed-upon content outlined above. Inclusa has customized an effective, dynamic approach for the delivery of the training with consideration of the unique training needs and professional development culture for IDT Staff. The delivery of the training content will be offered using a variety of methods suitable for adult learners. A combination of group training modules and individual self-guided training modules through our UltiPro learning management platform will be utilized. All training modules will ensure staff engagement through interactive activities, use of resources and handouts, discussion of scenarios and sharing of member success stories.

Inclusa's IDTs will be led collectively by Inclusa's Learning & Organizational Development Team, along with colleagues from the Employment & Community Connections Team, IDT staff to include a Community Resource Coordinator (MSW) and Health & Wellness Coordinator (RN, BSN, HNB-BC), and Joseph Erpenbeck, a nationally known expert on Community Connections.

The qualifications of Inclusa’s training facilitators will be documented and included, as instructed by DHS, on the MCO Training Template due for submission to DHS by 12/29/2023.

## c. How the training will be documented.

Through Inclusa’s Learning Management System, we will track and monitor training completion along with pre- and post-test and training evaluations to support continuous quality improvement in the ongoing delivery of this training and additional training subsequently developed. Collectively MCOs will continue to engage on the training content to assure the key components and learning objectives continue to be met and enhanced.