Community Connections

Pay For Performance 2023

My Choice Wisconsin- 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 require an individual MCO response are contained within this document. Please refer to the MCO collective submission for the remainder of responses.

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# Part 2C: Preparing for Strategic Plan Development

1. Include Q1 2022 utilization data report and data source for each category.
   1. Report the following data categories as utilization per 100 enrollees.
      1. Non-Institutional Living:
         1. Members in own home or apartment;
         2. Members receiving supported home care;
         3. Members in residential settings (provide utilization data for each subcategory);
            1. 1-2 Bed AFH
            2. 3-4 Bed AFH
            3. CBRF with less than 8 people
            4. CBRF with more than 8 people
            5. RCAC
      2. Institutional Living:
         1. Number of members in SNF (nursing home)
         2. Number of members in Centers (FDD/ ICF-IDD)
      3. Daytime Services:
         1. Prevocational services community-based;
         2. Prevocational services facility-based;
         3. Daily living skills training – home and/or community;
         4. Adult day care – facility based;
         5. Consumer education and training;
         6. Day habilitation services;
         7. Counseling and therapeutic resources; and
         8. Transportation – community specialized non-medical.
   2. Report the total expenditure amount for CY 2022 for:
      1. Non-Institutional Living (total for all settings listed in 4. a) i.).
      2. Institutional Living (total for all settings listed in 4. a) ii.).
   3. 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.
2. **Non-Institutional Living:**
   1. **Members in own home or apartment;**
   2. **Members receiving supported home care;**
   3. **Members in residential settings (provide utilization data for each subcategory);**
      1. **1-2 Bed AFH**
      2. **3-4 Bed AFH**
      3. **CBRF with less than 8 people**
      4. **CBRF with more than 8 people**
      5. **RCAC**



**MCW Non-Institutional Living Q1 2022 Per 100**

**Members**

RCAC

CBRF with more than 8 people CBRF with less than 8 people

3-4 Bed AFH

1-2 Bed AFH

Supportive Home Care

Own Home

0

10

20

30

40

50

60

**Non-Institutional Living**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Own Home | Supportive Home Care | 1-2 Bed AFH | 3-4 Bed AFH | CBRF with  less than 8 people | CBRF with  more than 8 people | RCAC |
| Per 100 Members | 53 | 37 | 3 | 8 | 7 | 15 | 5 |

1. **Institutional Living:**

**Institutional Living**

* 1. **Number of members in SNF (nursing home):**
  2. **Number of members in Centers (FDD/ ICF-IDD)**



**MCW Institutional Livng Q1 2022**

**Per 100 Members**

ICF

SNF

0

2

4

6

8

10

12

Per 100 Members

SNF

10

ICF

0

1. **Daytime Services:**

**Day Time Services**

* 1. **Prevocational services community-based;**
  2. **Prevocational services facility-based;**
  3. **Daily living skills training – home and/or community;**
  4. **Adult day care – facility based;**
  5. **Consumer education and training;**
  6. **Day habilitation services;**
  7. **Counseling and therapeutic resources; and**
  8. **Transportation – community specialized non-medical.**



**MCW Day Time Services Q1 2022**

**Per 100 Members**

Transportation

Counseling & Therapeutic

Day Services Day Habilitation Consumer Education Adult Day Care

Daily Living Skills

Vocational

0

5

10

15

20

25

30

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Vocational | Daily Living  Skills | Adult Day  Care | Consumer  Education | Day  Habilitation | Day Services | Counseling &  Therapeutic | Transportati  on |
| Per 100 Members | 4 | 1 | 2 | 0 | 3 | 3 | 0 | 28 |

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

1. **Non-Institutional Living (total for all settings listed in 4. a) i.).**
2. **Institutional Living (total for all settings listed in 4. a) ii.).**



**MCW Total Expenditure Q1 2022**

Institutional Living

Not-Institutional Living

-

50,000,000.00 100,000,000.00 150,000,000.00 200,000,000.00

**Living Type**

|  |  |  |
| --- | --- | --- |
|  | Not-Institutional Living | Institutional Living |
| Total Expenditure Q1 2022 | 145,551,129.73 | 12,149,787.21 |

**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.**

My Choice Wisconsin (MCW) can stratify data in order to obtain the necessary components needed to evaluate the use of certain services and establish baseline measurements in an effort to increase members’ knowledge of community-based services. Trends in the data and total expenditures will help to establish identified areas of potential growth, necessary oversight, and ongoing education based on service use. MCW can utilize resources and expertise from its Data Analytics and Claims teams for future data needs.

MCW cannot evaluate the effectiveness of natural supports without further engagement with members, providers, and the supports members have in place.

Over the course of the next year, MCW members will engage in meaningful conversations regarding their community connections and interest levels. Through these conversations, feedback and knowledge will continue to be gained by IDT staff regarding areas where gaps in support may impact a member’s sense of connection to his/her community. Through these conversations the members needed support levels will be identified as will any barriers to achieving success with increasing community involvement based on their preferences.

The use of reporting and analysis may be helpful in determining the effectiveness of natural supports and the members’ overall satisfaction with their community involvement to help identify and set targeted areas of improvement.

1. Summarized MCO feedback obtained from external stakeholder engagement about community connections and valued social roles.

My Choice Wisconsin Individual Member Feedback

MCW values the feedback from its members and stakeholders. In this summary, both the individual and collective feedback MCW has received about this initiative will be shared. Member feedback was received from MCW’s Member Advisory Committee and Regional Advisory Committees.

Stakeholders provided information on areas including general interest in community, satisfaction with level of participation, and barriers to Community Connections. This information was obtained via interactive sessions featuring a series of specific questions as well as group discussion with 15 committee members. The following questions were asked:

* + What do you like to do?
  + How often do you do the activities you enjoy?
  + Currently, how satisfied are you in participating in activities within the community?
  + How important is it to you to do things with other people?
  + Who helps you do the things you like?
  + What keeps you from doing what you like to do?

The rationale for the selection of this group was to achieve a summary of feedback from vast geographical regions, target groups, and demographically diverse groups.

The following data was collected from questions asked of MCW membership:



**What do you like to do?**

Organized Community Groups

Organized Sports

Education and Learning

Online Faith based/Religion

Volunteering Employment

Family Vist Businesses

In person social activities

Advocacy

3

5

5

6

6

8

9

11

12

13

15

0 2 4 6 8 10 12 14 16

**Sum of Responses by Type**



**How often do you do the activities you**

**enjoy?**

Never 0

Less than once a week

1

About once a week

5

More than once a week

4

Most days

5

0

1

2

3

4

5

6

**Sum of Responses**

**Interest Category**

**Frequency of Activity Completion**



**How satisfied are you in participating in**

**activities**

**within the community?**

Very Dissatisfied 0

Dissatisfied

5

Unsure

7

Satisfied

7

Very Satisfied

1

0

1

2

3

4

5

6

7

8

**Sum of Responses**



**How important is it to you to do things**

**with other people?**

Not at all Important 0

Slightly Important

1

Moderately Important

4

Very Important

3

Extremely Important

8

0

1

2

3

4

5

6

7

8

9

**Sum of Responses**

**Level of Importance**

**Level of Satisfaction**



**Who helps you do the things you like?**

Other

1

Partner

2

Guardian

2

Caregiver

8

Independently

11

Family

12

Friends

13

0

2

4

6

8

10

12

14

**Sum of Responses**

**Supports in Place**

Key response trends were identified regarding overall satisfaction with community activities based on preferences, barriers, and level of importance. While there was general consensus among participants that they were satisfied with their current activities, there was also a contradictory level of expression about wanting more experiences in their lives. Having a sense of community was very important to participants and was aligned with their stated social values and preferences. Members also identified the activities and types of connections they enjoy.



**What keeps you from doing what you like**

**to do?**

Other

Accessibility Don't Feel Welcomed Geographic Location Mental Health Condition Health or Physical Condition Lack of Supports Available

Lack of Awareness Transportation

Money/Cost

1

1

5

6

7

8

9

12

12

12

0 2 4 6 8 10 12 14

**Sum of Responses**

**Barriers identified**

The top three preferred categories were advocacy, in-person activities, and visiting businesses, i.e., gathering at a local coffee shop. Barriers that keep members from connecting in their community more often were also identified. The top three contributing barriers were personal funds, transportation, and lack of awareness.

Many responded with the issues regarding transportation specifically related to provider availability and lack of providers willing to cross county lines.

1. Summarize the MCO’s current practices regarding community connections including

valued social roles.

MCW has a robust assessment process that includes engagement with members in conversation focused on their valued social roles and community preferences. Specific questions help to create personal experience outcomes and include things that members value and prefer. Specifically, MCW’s comprehensive assessment includes questions surrounding:

* + How cultural beliefs and practices may impact member’s care.
  + Who is important in member’s life.
  + Member’s employment status including what setting member works in if employed.
  + Employment interests.
  + Activities, hobbies, and interests.
  + Current satisfaction with activity level.
  + Hobbies and interests.
  + Religious and spiritual beliefs that may impact their care planning.
  + Membership to a religious or spiritual institution.
  + Transportation needs as it relates to community involvement.
  + Needs for adaptive aids or accommodations when accessing the community.
  + Quality of life including socialization and community involvement.
  + Implementation of a personal experience outcome related to quality of life and community integration.

The assessment questions help invoke ideas, creativity, and person-centered approaches. Ultimately the goal of these questions is to increase awareness, participation, and thought- provoking conversations. The combined response to the assessment questions and

identification of member’s preferences lead to increased community connections. While conversations about community connections and person-centered planning are occurring, it is determined that further data collection is needed to determine the true effectiveness of the current practices in place. This is largely due to the unknown long-term impacts these questions have had on increasing community connections. Through the coming years, current practices will continue to be revised based on the plan do study act (PDSA) cycles completed annually. This will help strengthen practices to ensure optimal member engagement and community connectivity is achieved.

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

Below is a summary that outlines current barriers for MCW, stakeholders, and partners with implementation of community connection activities.

**Members**

MCW’s Member Advisory Committee was engaged in a focused conversation regarding community connections and barriers when planning for this initiative commenced. Advisory committee members provided feedback on the real barriers they are faced with. Some barriers were related to transportation, accessibility, consistent support from another to access the community, limited funds, cost of items, not feeling welcomed, and health/physical/mental condition. These barriers have a significant impact on MAC members’ ability to connect with their local communities as much as they would prefer. Beyond the Member Advisory committee, the MCW Community Connections Steering Committee identified and discussed two other key factors that present related to potential barriers from a member perspective.

First, some members prefer not to engage in the community outside of their home. Some people simply do not have an interest in socializing, meeting other people or changing their routine as it relates to community engagement. The other factor relates to the potential fears some members may associate with a post-pandemic environment.

**Community**

Community settings are not always designed to be accessible to people with varying abilities, which can limit the number of places a person may be able to visit or attend activities and events. Other barriers may be related to technological advances that make it difficult for those that may not have the knowledge or equipment to participate in certain activities, or do not know how to access and register for a recreation class online, for instance. An additional barrier is associated with community perceptions. While some communities have made great strides toward inclusion, there is still much work to be done.

**Service Providers of day services, adult day care, daily living skills training, and residential care**

As it relates to community providers, there are three primary barriers, one of which can be overcome through training and communication. The first is the caregiver workforce shortage that impacts providers far and wide and often limits the ability for providers to get members out into the community due to the reality of the staff member needs within the home or facility to ensure health and safety coupled with lacking additional staff available to simultaneously help members get out into the community. This is particularly challenging when related to an individual member’s personal community plan when any type of staff support is necessary to make that happen. The second issue has to do with departure from traditional service models and shifting mindsets to what is possible. Some providers may lack the ability to redesign their service focus.

MCOs can have a positive impact on the necessary evolution by offering provider training, communication, and support around the implementation avenues for person-centered planning related to community connections.

The last significant barrier associated with service providers is the shortage of providers that fit a unique need that can support social inequities to ensure our most vulnerable populations can comfortably experience community connectivity that is still meaningful, purposeful, and preferred. This would require specialty training for providers to have the skill set and knowledge to offer specialty services. For instance, supporting individuals with dementia in the community may require a specific set of skills to best connect to services and supports to meet the needs. This issue is more prevalent in rural areas of the state, along with known challenges related to transportation availability and the notion that many transportation providers refuse to cross county lines routinely which can create a gap in community connections for members.

**MCOs**

Each MCO has several competing priorities and objectives alongside the implementation of this initiative. MCW does not have the human resource capacity to designate a full-time person to this initiative, one that requires significant planning, research, coordination, and oversight to ensure successful implementation. Additionally, to the extent the requirements of the P4P result in additional reporting or systems-level development, MCW will need time and resources to effectively develop a formal framework for the Community Connections P4P. One example would be any modifications to current practice associated with workflows that will require changes within the MCW IT platform. MCW currently has a number of key priorities related to system development that are related directly to regulatory changes or requirements that will take precedence over a new P4P initiative.

**Family Care Contract**

Given the current state of the contract and early stage of Community Connections, it is unknown what barriers may surface as the work continues. As contract components are finalized, further assessment of barriers may be determined at that time.

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

Below is a summary following suit of strengths, weaknesses, areas of opportunities, and

potential threats gleaned from the MCW’s SWOT analysis.

**Strengths**

* + Internal resource departments to support care management staff via consultation.
  + Robust Self-Direction Program.
  + Robust provider Network.
  + Statewide service region.
  + Highly skilled staff.
  + Robust assessment that includes community integration, person centered goals/preferences, identification of established supports and more.
  + Company culture and mission well aligned with community integration for all members served.
  + A passionate, member-focused workforce.

**Weaknesses**

* + Community integration provider network shortage.
  + Lack of service providers in rural areas.
  + Current Functional Screen and associated capitation are reliant upon functional abilities *within the home* and do not account for assistance needs outside of the home. Those needs could be significantly higher for some members.
  + Many service providers focus on services within the home.
  + External providers lack training with life skills to help members integrate into the community successfully.
  + Heavy Focus on health and safety when planning services. This is largely due to caregiver shortage that has created a more intense focus to ensure needs are met.

**Opportunities**

* + Currently limited training on community connections definitions and tools for engaging members in the conversation.
  + Expansion of provider network (life skills, community integration-focused providers).
  + Additional funding to support the initiative.
  + Lack of awareness for community involvement opportunities.
  + Increased supervision needs for members with little to no experience in the community due to deinstitutionalization.
  + Lacking knowledge of community interests and fear has led many members to stray from integration or express little interest. There are opportunities to provide members with education and enhance care team/member discussions to help minimize barriers and fears.
  + ARPA Grants have been awarded to many service providers to advance their service models which may include community integration pilots.
  + COVID-19 restriction lift. Providers being able to go back to community interactions prior to pandemic.
  + Technology advancements during pandemic leading to an increase of virtual connections and relationships.
  + Shared state database surrounding service providers specializing in community connections.

**Threats**

* + Lack of service providers.
  + Transportation barriers such as lack of provider availability, refusal to cross county lines.
  + Staffing shortages for all service providers, including transportation, residential and community based.
  + Impact of Covid-19 pandemic related to decreased general desires to be in public and its lasting effect.
    - Programs closed, decreased hours of service, or changed practice due to pandemic.
    - Some members lack comfort in group and community situations due to pandemic- related fears.
    - Increased Mental Health challenges related to isolation.
  + Members not feeling welcomed in their community (Stigmas, lack of awareness from public).
  + Community is not always accessible.
  + Technology advancements can both help members, but also create barriers. (Provider business model out of date, technology may be too advanced, members may not have access to the needed technology).

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

1. Using the summaries in Section 2C, provide measurable objectives to meet the Community Connection goals.
2. Using the summaries in Section Part 2C, describe the strategies that MCOs will implement to meet the stated goals and objectives.

MCW will use Collective Goal 2 Objective 2 for Incentive 1 Requirement 3. MCW will use Strategic Plan Goal 1 Objective A for Incentive 1 Requirements 1, 2, and 4.

|  |
| --- |
| **Strategic Plan Goal 1 – Incorporate standard Community Connections identification and support into the Family Care and Family Care Partnership**  **member assessment and planning process.** |
| **Objective A:** MCW IDT staff will elicit and document members’ cultural beliefs, practices and/or preferences in relation to community connections.   * Strategy 1 – During six-month care plan reviews, members will be assessed on cultural beliefs, practices and/or preferences members have that are important to their community connections and CMs will document this into the MCW member record system. |

|  |  |
| --- | --- |
| * *How strategy will infuse health equity considerations:*   + Strategy will collect information on members’ cultural beliefs, practices and/or preferences in relation to community connection through the IDT assessment process. IDT staff conduct assessment of members with sensitivity to cultural considerations as part of regular care management practice. Members are also offered access to interpreters for this process, if needed. * *How MCW will evaluate the success of this strategy:*   + Data from the member record will be monitored and evaluated. * *Strategy for the 2024 Specific Incentive Plan:*   + Yes.     - Detailed process requirements for how the strategy will be implemented in 2024 and the specific responsibilities of IDT staff:       * Implementation will require tool/system changes as outlined in 2D.5., communication to IDT staff. IDT staff will need to incorporate additional questions for the member into the CM comprehensive assessment that is conducted every six-months (at a minimum). IDT staff will be responsible for documenting this collected   information into MCW’s electronic member record  system. | |
| ***KPI 1:*** Percentage of cohort members with a response documented on the Care Manager Assessment Worksheet every 6-months. | |
| **Numerator** | Count of members in cohort sample with a documented response on the CM Assessment  Worksheet in the last 6-months. |
| **Denominator** | Count of members in cohort sample. |
| **Inclusion/**  **Exclusion Criteria** | No further exclusions beyond cohort criteria  identified in 1B.2. |
| **Sampling Technique and Confidence Interval** | MCOs will conduct a significantly sound sampling of members enrolled (confidence level of 90% and margin of error at +/- 5%) – static sampling to begin 11/1/2023. Exclusions identified in 1B.2. will be applied before sampling. |

|  |  |
| --- | --- |
| **Internal MCO Data Collection Frequency** | Continuous |
| **Method for Data Collection** | MCO data compilation. |
| **Data Stratification** | Stratification by member demographic information. |
| **2024 Specific Incentive** | Yes Incentive 1 Requirements 1,2, and 4 |

|  |  |
| --- | --- |
| **Strategic Plan Goal 2 – Identify opportunities for member-specific, meaningful Community Connections for Family Care and Family Care Partnership**  **members.** | |
| **Objective B:** Educate MCW IDT staff on inclusive settings and activities.   * Strategy 1 – MCW IDT staff will complete training on community connections resource toolkit.   + *How strategy will infuse health equity considerations:*     - Toolkit will include resources for specific populations with consideration to race, ethnicity, gender identity, sexual orientation, age, disability, language, and/or geographic location.   + *How MCW will evaluate the success of this strategy:*     - Evaluation of the training completion rates.   + *For the 2024 Specific Incentive Plan:*     - No       * *Detailed process requirements for how the strategy will be implemented in 2024 and the specific responsibilities of IDT staff:*         + N/A | |
| ***KPI 1:*** Percentage of MCW IDT staff educated on inclusive settings and activities. | |
| **Numerator** | Total number of MCW IDT staff who complete the community connections resource toolkit  course |
| **Denominator** | Total number of MCW IDT staff enrolled in the community connections resource toolkit course and actively employed on course completion  date. |
| **Inclusion/ Exclusion Criteria** | IDT staff includes (FC) a social service coordinator (care manager) and a Wisconsin licensed registered nurse; and (FCP), a social service coordinator, a Wisconsin licensed registered nurse and a Wisconsin licensed nurse practitioner. |
| **Sampling Technique and Confidence**  **Interval** | None |

|  |  |
| --- | --- |
| **Internal MCO Data Collection Frequency** | Continuous. |
| **Method for Data Collection** | MCO data compilation. |
| **Data Stratification** | Stratified by program, geographic service region, and discipline, as desired. |

|  |  |
| --- | --- |
| **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.** | |
| **Objective C:** Increase or maintain member satisfaction with their current involvement in meaningful activities within their community.   * Strategy 1 – During six-month care plan reviews, cohort members will be assessed on satisfaction with their level of community connections.   + *How strategy will infuse health equity considerations:*     - This strategy will be incorporated into the comprehensive member assessment process. IDT staff conduct assessment of members with sensitivity to cultural considerations as part of regular care management practice. Members are also offered access to interpreters for this process, if needed.   + *How MCW will evaluate the success of this strategy:*     - Data from the member record will be used to establish baselines and data will be monitored and evaluated.   + *For the 2024 Specific Incentive Plan:*     - No       * *Detailed process requirements for how the strategy will be implemented in 2024 and the specific responsibilities of IDT staff:*   N/A | |
| ***KPI 1:*** Increase or maintain the percentage of cohort members reporting satisfaction to their IDT staff with participating in activities in the community. | |
| **Numerator** | Count of members in cohort sample with a  documented response of “very satisfied” or “satisfied” to assessment of satisfaction with |

|  |  |
| --- | --- |
|  | their current involvement in meaningful  activities in their community. |
| **Denominator** | Count of members in cohort sample with a documented response to assessment of satisfaction with their current involvement in  meaningful activities within their community. |
| **Inclusion/**  **Exclusion Criteria** | No further exclusions beyond cohort criteria  identified in 1B.2. |
| **Sampling Technique and Confidence Interval** | MCOs will conduct a significantly sound sampling of members enrolled (confidence level of 90% and margin of error at +/- 5%) – static sampling to begin 11/1/2023. Exclusions identified in 1B.2. will be applied before sampling. |
| **Internal MCO Data Collection Frequency** | Continuous |
| **Method for Data Collection** | MCO data compilation. |
| **Data Stratification** | Stratification by member demographic information. |

1. 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.
   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;
   2. How the MCO plans to engage with their members;
   3. Timeline(s) and detail description(s) of what the new development(s) or modification(s) will involve; and
   4. 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.
      1. Document any related future system or technology-based improvements that will be implemented after **Quarter 1 of 2024**.

Collective Objective 1: MCO IDT staff are prepared to conduct and maintain competence in conducting member assessments and planning related to Community Connections.

* *Implementation tools and/or systems:*
  + IDT staff Community Connections training plan and curriculum.
  + Courses related to community connections curriculums will be stored and managed within a learning management system including IDT staff enrollments, completion monitoring, administration of pre- and post- training assessments, and data reporting.
* *How health equity considerations are incorporated into the tool of system used:*
  + MCOs provide a variety of diversity, equity and inclusion training to care team staff. The training curriculum being developed for Community Connections will include elements of this existing training as well as a focus on health equity to promote member access to the community life they desire.
* *If the tool or system is already utilized by MCW:*
  + For community connections training plan and curriculum details please refer to Part 2E.
  + MCW already utilizes a learning management system.
* *How MCW plans to engage with their members:*
  + MCW will engage its members regarding Community Connections through a variety of means, including personal conversations with each member's IDT staff and outreach from MCW staff about satisfaction levels and member experience. There will also be messaging from the Member Advisory Council encouraging members to consider their own Community Connections, what is working well for them, and where they would like to see changes in their level of community participation.
  + Community Connections training curriculum includes feedback elicited from the MCW Member Advisory Committee (MAC) and Regional Advisory Committees.
  + MAC members will be asked to provide stories about their community experiences to be implemented into the IDT staff training.
  + Community Connections P4P progress and updates on goals and objectives will be presented to the MAC (monthly/quarterly) with an opportunity for members to ask questions and provide feedback.
  + MAC members may be asked to assist with addressing barriers/concerns regarding the progress of goals/objectives.
* *Timeline(s) and detail description(s) of what the new development(s) or modification(s) will involve:*
  + For community connections training plan and curriculum details please refer to Part 2E.
* *Tool or system change for the 2024 Specific Incentive Plan?*
  + No
    - *Related future system or technology-based improvements that will be implemented after Quarter 1 of 2024:*
      * N/A

MCW Objective A: MCW IDT staff will elicit and document members’ cultural beliefs, practices

and/or preferences in relation to community connections.

* *Implementation tools and/or systems:*
  + MCW will build questions within its electronic member record system and communicate additions to MCW IDT staff.
  + MCW will update its electronic member record system reporting to allow reporting of responses related to the community connection question from the CM Assessment Worksheet. This will assist care management leaders with regular monitoring and evaluation of data and IDT staff remediation in cases where information is not present in the record.
* *How health equity considerations are incorporated into the tool of system used:*
  + Data identifying member race, ethnicity, gender identify, sexual orientation, age, disability, language, and geographic location are collected and maintained within the MCO’s electronic member record system. These member demographic characteristics will be utilized to stratify data specific to the identified cohort and implementation of project activities to assess whether a member’s demographic characteristics impact community involvement for each member. As stated in section 2C.12 of this proposal, the MCO will monitor any barriers related to these characteristics and will share feedback on identified barriers with DHS for further conversation, focusing on the development of strategies to address this.
* *If the tool or system is already utilized by MCW:*
  + MCW already utilizes an electronic member record system; a new question will need to be incorporated into the CM Assessment Worksheet within the system and reporting systems update to allow for data collection.
* *How MCW plans to engage with their members:*
  + Information will be collected from members by IDT staff at six-month care plan visits and will be documented within the electronic member record system by the IDT staff.
  + MCW will engage its members regarding Community Connections through a variety of means, including personal conversations with each member's IDT staff and outreach from MCW staff about satisfaction levels and member experience. There will also be messaging from the Member Advisory Council encouraging members to

consider their own Community Connections, what is working well for them, and where they would like to see changes in their level of community participation.

* *Timeline(s) and detail description(s) of what the new development(s) or modification(s) will involve:*
  + New questions related to Community Connections will be built into MCW’s CM

Assessment Worksheet by Q1 of 2024.

* + MCW system reporting updates will be made within Q1 of 2024.
* *Tool or system change for the 2024 Specific Incentive Plan?*
  + Yes.
    - *Related future system or technology-based improvements that will be implemented after Quarter 1 of 2024:*
      * The PDSA cycle will help MCW determine if future system improvements to the system or refinement of tools are needed. Such determinations will be based on data reporting and analysis as well as gathered feedback from members, staff and all involved with this initiative.

Collective Objective 2: MCO regularly assesses and documents cohort members' community connection interest level, including current participation in community activities.

* *Implementation tools and/or systems:*
  + MCW IDT staff must assist members to identify their individual gifts and possibilities in their community based on their wishes by utilizing the Community Connections Interest Inventory to determine whether members have a desire and interest to be more active in their community via the following criteria:
    - *Currently connected to my community: No additional needs at this time*
    - *Interested in developing community connections: Knows desired activity/connection*
    - *Interested in developing community connections: Unsure of desired activity/connection*
    - *May be interested in developing community connections*
    - *Not interested in developing community connections at this time*
  + MCW will build a question(s) regarding member’s level of interest in community connections within its electronic member record system and communicate additions to MCW IDT staff.
  + MCW will update its electronic member record system reporting to allow for reporting on category selections from the CM Assessment Worksheet for monitoring and evaluation.
  + IDT staff will upload completed Community Connections Interest Inventory documentation to the electronic member record system.
* *How health equity considerations are incorporated into the tool of system used:*
  + Data identifying member race, ethnicity, gender identify, sexual orientation, age, disability, language, and geographic location are collected and maintained within the MCO’s electronic member record system. These member demographic characteristics will be utilized to stratify data specific to the identified cohort and implementation of project activities to assess whether a member’s demographic characteristics impact community involvement for each member. As stated in section 2C.12 of this proposal, the MCO will monitor any barriers related to these characteristics and will report any identified barriers to DHS for further conversation and development of strategies to address them.
* *If the tool or system is already utilized by MCW:*
  + MCW already utilizes an electronic member record system; question(s) regarding

member’s level of interest in community connections will need to be incorporated into the CM Assessment Worksheet within the system and reporting systems update to allow for data collection.

* + IDT staff already routinely upload documentation to the electronic member record system.
* *How MCW plans to engage with their members:*
  + MCW will engage its members regarding Community Connections through a variety of means, including personal conversations with each member's IDT staff and outreach from MCW staff about satisfaction levels and member experience. There will also be messaging from the Member Advisory Council encouraging members to consider their own Community Connections, what is working well for them, and where they would like to see changes in their level of community participation.
  + IDT staff will engage members in meaningful conversations regarding community connections during the assessment process.
  + Community Connections P4P progress and updates on goals and objectives will be presented to the MAC (monthly/quarterly) with an opportunity for members to ask questions and provide feedback.
  + MAC members may be asked to assist with addressing barriers/concerns regarding the progress of goals/objectives.
* *Timeline(s) and detail description(s) of what the new development(s) or modification(s) will involve:*
  + Question(s) regarding member’s level of interest in community connections to be

built into MCW’s CM Assessment Worksheet by Q1 of 2024.

* + MCW system reporting updates will be made within Q1 of 2024.
* *Data collection for 2024 Specific Incentive Plan?* 
  + Yes
    - *Related future system or technology-based improvements that will be implemented after Quarter 1 of 2024:*
      * The PDSA cycle will help MCW determine if future system improvements to the system or refinement of tools are needed. Such determinations will be based on data reporting and analysis as well as gathered feedback from members, staff and all involved with this initiative.

MCW Objective B: Educate MCW IDT staff on inclusive settings and activities.

* *Implementation tools and/or systems:*
  + Develop community connections resource toolkit education for IDT staff.
  + Community connections resource toolkit will be stored and managed within MCW’s learning management system including IDT staff enrollments, completion monitoring, and data reporting.
  + The learning management system will allow MCW to regularly monitor and evaluate course completion data and provide reminders prior to the identified course completion date.
* *How health equity considerations are incorporated into the tool of system used:*
  + Toolkit will include resources for specific populations with consideration to race, ethnicity, gender identity, sexual orientation, age, disability, language, and/or geographic location.
* *If the tool or system is already utilized by MCW:*
  + MCW does not currently utilize a community connections resource toolkit.
  + MCW already utilizes a learning management system.
* *How MCW plans to engage with their members:*
  + MCW will engage its members regarding Community Connections through a variety of means, including personal conversations with each member's IDT staff and outreach from MCW staff about satisfaction levels and member experience. There will also be messaging from the Member Advisory Council encouraging members to consider their own Community Connections, what is working well for them, and where they would like to see changes in their level of community participation.
  + Members of MCW’s MAC will assist in the development of the community

connections resource toolkit.

* + The community connections resource toolkit will be provided to members by IDT staff as appropriate.
  + Feedback and barriers from members on the community connections resource toolkit will be collected by IDT staff and explored by MCW staff responsible for Community Connections reporting.
* *Timeline(s) and detail description(s) of what the new development(s) or modification(s) will involve:*
  + Q2 2024 – Community connections resource toolkit development involving research and gathering of member and IDT staff input.
  + Q3 2024 – Internal vetting, build into learning management system, IDT staff enrollment, and course completion monitoring.
* *Tool or system change for the 2024 Specific Incentive Plan?*
  + No
    - *Related future system or technology-based improvements that will be implemented after Quarter 1 of 2024:*
      * N/A

Collective Objective 3: MCOs will collaboratively complete a community readiness activity for at least one county in each of the current Geographic Service Regions (GSR).

* *Implementation tools and/or systems:*
  + Community Connections Community Readiness Interview Questions.
* *How health equity considerations are incorporated into the tool of system used:*
  + MCOs will determine the number of interview recipients to participate in the interview questions by county within the current GSRs. MCOs will ensure counties included will have diverse representation.
* *If the tool or system is already utilized by MCW:*
  + No.
* *How MCW plans to engage with their members:*
  + MCOs will obtain input from Community Connections Stakeholder Committees to create community readiness interview questions.
  + MCW will engage its members regarding Community Connections through a variety of means, including personal conversations with each member's IDT staff and outreach from MCW staff about satisfaction levels and member experience. There will also be messaging from the Member Advisory Council encouraging members to consider their own Community Connections, what is working well for them, and where they would like to see changes in their level of community participation.
* *Timeline(s) and detail description(s) of what the new development(s) or modification(s) will involve:*
  + Per 2D.3 in the collective submission, Community Connections Community Readiness Interview Questions will be determined within Q2 2024.
* *Tool or system change for the 2024 Specific Incentive Plan?*
  + No.
    - *Related future system or technology-based improvements that will be implemented after Quarter 1 of 2024:*
      * N/A

MCW Objective C: Increase or maintain member satisfaction with participating in activities in the community.

* *Implementation tools and/or systems:*
  + MCW will build community connection satisfaction questions into the CM Worksheet Assessment within its electronic member record system:
    - *Currently, how satisfied are you in participating in activities within the community?*
      * *Very satisfied*
      * *Satisfied*
      * *Unsure*
      * *Dissatisfied*
      * *Very Dissatisfied*
      * *Member Refused*
  + MCW will communicate CM Assessment Worksheet change to IDT staff.
  + MCW will update its electronic member record system reporting to pull responses of community connections satisfaction question from the CM Assessment Worksheet for monitoring and evaluation.
* *How health equity considerations are incorporated into the tool of system used:*
  + Data identifying member race, ethnicity, gender identify, sexual orientation, age, disability, language, and geographic location are collected and maintained within the MCO’s electronic member record system. These member demographic characteristics will be utilized to stratify data specific to the identified cohort and implementation of project activities to assess whether a member’s demographic characteristics impact community involvement for each member. As stated in section 2C.12 of this proposal, the MCO will monitor any barriers related to these characteristics and will report any identified barriers to DHS for further conversation and development of strategies to address them.
* *If the tool or system is already utilized by MCW:*
  + MCW already utilizes an electronic member record system; a new question will need to be incorporated into the CM Assessment Worksheet within the system and reporting systems update to allow for data collection.
* *How MCW plans to engage with their members:*
  + MCW will engage its members regarding Community Connections through a variety of means, including personal conversations with each member's IDT staff and outreach from MCW staff about satisfaction levels and member experience. There

will also be messaging from the Member Advisory Council encouraging members to consider their own Community Connections, what is working well for them, and where they would like to see changes in their level of community participation.

* + Information will be collected from members by IDT staff at six-month care plan visits and documented within the electronic member record system by the IDT staff.
* *Timeline(s) and detail description(s) of what the new development(s) or modification(s) will involve:*
  + New question to be built into MCW’s CM Assessment Worksheet by Q1 of 2024.
  + MCW system reporting updates will be made within Q1 of 2024.
* *Tool or system change for the 2024 Specific Incentive Plan?*
  + No.
    - *Related future system or technology-based improvements that will be implemented after Quarter 1 of 2024:*
      * N/A

1. Summarize a sustainability plan for continued improvement toward meeting the vision of this initiative beyond the 5-year cycle.
   1. **how the MCO will monitor and evaluate the implementation and success of the best/promising/evidence-based practices, strategies, tools, and systems changes;**

MCW is committed to sustainable, systemic change and improvement through this initiative. MCW is committed to implementing best practices with the intent to increase the number of members who are active in inclusive community life and civic engagement; and to provide opportunities for members to take part in their communities be socially connected based on their personal preferences over the next five years and beyond. MCW will ensure long-term sustainability by integrating these best practices into standard operating policies and procedures for care management and ensuring ongoing evaluation of outcomes.

MCW will utilize evidence-based techniques and strategies to sustain internal processes for engaging members in discussions specific to their community connections. These strategies will help to optimize member engagement in meaningful conversations so they can make informed choices about what their community connections look like. These conversations will be accurately depicted to include member preferences and personal outcomes.

MCW will adopt and implement strategies as needed to achieve incremental increases in levels of meaningful community connections across its membership. MCW will monitor and evaluate implementation and success rates via tracking and reporting of measurable increases over time.

This will require the use of internal resources and supports such as Data Analytics, Quality Management, and Care Management Education teams. This approach will assist MCW staff to

identify opportunities for ongoing growth and process improvement, while providing data on trends so as to ensure sustainable outcomes. This will also help the MCO team to identify future related initiatives or refinements. Tracking mechanisms will be developed within the MCO’s internal software platform, which will require both time and resources to customize and tailor reports to meet the vision of this initiative beyond the stated 5-year cycle.

Competency-based education for IDT staff will continue to be employed, in addition to educational refresher opportunities beyond the first year. This will help ensure sustained efforts to increase awareness of and advocacy for members having meaningful community connections if they so choose.

* 1. **how the MCO will continue to address and monitor the barriers, provider network capacity, and community readiness as described in the inventory of current practices in Part 2C;**

MCW will continue to monitor feedback and data related to barriers including provider network capacity and community readiness. Primary sources of feedback regarding barriers will come from care management teams and leaders via regular checkpoints and rotating meetings with teams in various GSRs. When barriers relate directly to provider network capacity, that information will be shared with Provider Services in a forum where potential solutions can be generated by a multi-disciplinary group. Barriers related to community readiness will be addressed similarly, although more likely with specific community partners/entities who will be approached individually in the spirit of how MCW can partner with and assist them in participating as an inclusive community setting.

Other barriers will continue to be discussed in the collaborative MCO Steering Committee as well as the MCW internal Steering Committee. Ongoing communication with internal and external stakeholders is a crucial component to the success of this initiative and will be upheld as a priority.

* 1. **how health equity will continue to be infused throughout the initiative**

Health Equity is a focus of MCW across all of its programs and will be infused into this initiative by ensuring proper application of the tools developed to ensure barriers to equity are addressed in all member-specific conversations regarding community connections.

There are three primary ways MCW identifies and addresses health disparities within its practices:

**Population Health** – The Population Health Team focuses on developing screening tools for health literacy, social determinants of health and needs stratification to help identify members

who may need additional education and/or health related interventions. This data is used to develop interventions for identified cohorts of members.

**Clinical Care** – The Clinical Care Division, comprised of Nurse Practitioners (NPs) and Physician Assistants (PAs), uses MCWs Needs Stratification tool to identify members who have a rising needs level and review these cases for enrollment into Advanced Practice Care Management. Advanced practice care management is a 2023 initiative that involves either an NP or PA becoming closely involved with members and teams to drive member-specific health outcomes when the need is indicated through the Needs Stratification tool.

**Utilization Review** – The MCW UR Team completes reviews for medical necessities on services such as inpatient hospitalizations, skilled therapy, imaging, durable medical equipment and more. The purpose of these reviews is to ensure members are receiving equitable care that is based on best practices.

Health disparities are further identified and addressed through the assessment and care planning processes to ensure access to needed or desired services for each member. Each individual care plan is tailored to the member’s specific needs, situation and stated outcomes.

* + 1. **how the stratified data obtained will be incorporated into the chosen model of change or logic model.**

Stratified health equity data will be considered as a key component of the model of change adopted. MCW has experience based on multiple initiatives within its health plan programs that will inform activities in Family Care and Partnership. MCW partners with clinics and

community-based organizations in Madison to strategize and implement ways to reduce health disparities for jointly served populations.

One example of such efforts entails working with such partners to offer flu vaccination clinics for the homeless population and the work currently being done to reduce readmissions for

behavioral health related admissions with MCW partners.

MCW is currently developing a Population Health program that will work to eliminate preventable health disparities by stratifying members and addressing their specific conditions and social determinants of health such as poverty, unequal access to health care, lack of education, stigma, and racism which are underlying, contributing factors of health inequities. The discoveries obtained in this population health work will be applied to community connections work by identifying members in need of support based on their conditions.

* + 1. **how disparities will be identified and addressed**

Disparities will be addressed through the use of data from our care management system (assessments and care plans) and member reports. Once MCW identifies members that are in need of extra support and services in order to achieve the level of community involvement they

desire, those issues will be tracked, and teams will work directly with members to resolve them. Raising awareness through education can also help address health equity. MCW will be providing training to its care team and management staff aimed at increasing their skills in

working with disparities and resource coordination.

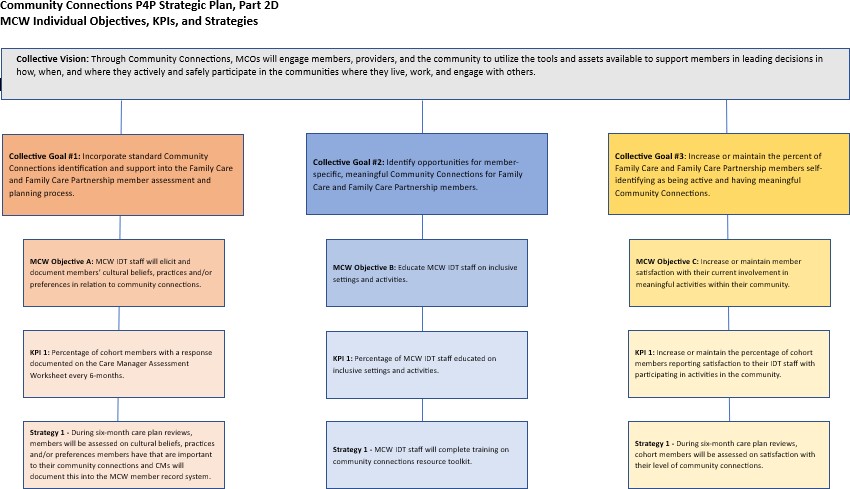
* 1. **how the stakeholder groups will continue to be engaged and feedback assessed and incorporated into the initiative**

MCW has worked collaboratively to engage stakeholders from its member advisory and regional advisory committees, internal Steering Committee, and a variety of external community partners. The intent of the MCO is to continue to actively engage these groups and individuals to maintain open lines of communication, to share updates and to receive valuable feedback throughout the process of implementation. Members of the Steering Committee will also continue to schedule forums with MCW leadership and staff to ensure ongoing education and engagement around the Community Connections P4P. MCOs will also collaborate on the facilitation of external provider meetings. These meetings will include an array of stakeholders including members, family members, providers, advocates, and subject matter experts. The focus will be on continued support development of efforts that increase community connections and opportunities for all members.

* 1. **how sustainability will be maintained beyond the 5-year initiative cycle**

Long-term sustainability efforts will be supported by the ongoing work and continued commitment of the MCW team leading this initiative, so as to ensure ongoing IDT staff training and support, connectivity with external stakeholders and oversight by the collective MCO Steering Committee. Data will be reviewed on a quarterly basis to analyze trends, identify and address barriers and ensure continuous progress toward a meaningful increase in the number of members benefitting from their desired level community connections.

Please refer to the attached: *Appendix 1\_Part 2D MCW Visual Map*



# Part 2E: Training and Technical Assistance Plan

1. Provide a detailed training plan for IDT staff that:
   1. Includes the curriculum and content for a training on the essential concepts from *DHS Framework for Community Connections* and on the MCO’s operational processes of each Community Connections concept from Part 2C. (Required training for Incentive 2).
   2. Includes curriculum and content for a training on the strategies IDT staff will implement in the 2024 Specific Incentive Plan (based on Part 2D of the approved Strategic Plan). (Required training for Incentive 2).

Please reference MCW’s individual submission of the 2023 Community Connections Training Curriculum which includes both the collaborative and individual training components: *Appendix 2\_Part 2E MCW Community Connections Training Curriculum*

1. For each IDT staff training outlined in item 1 also include
   1. Training method(s) include length of each training and if the training is synchronous or asynchronous;
   2. Instructors/training leaders/facilitators qualifications; and
   3. How the training will be documented.
2. **Training Method(s)**

The plan for educating IDT staff involves a comprehensive curriculum developed by content experts from all five MCOs to support a train-the-trainer model. Each MCO will use a variety of adult learning strategies and competency-based education techniques to achieve the agreed- upon Community Connections (CC) training objectives for IDT staff and to cover the agreed- upon outline of content. Each MCO will customize an effective, dynamic approach for the

delivery of the training with consideration of the unique training needs and professional development culture within each MCO. The delivery of the training content will employ a

variety of methods suitable for adult learners, including group training, individual self-guided training through the MCO’s learning platform, and/or a combination of these training methods. All training will ensure staff engagement through interactive activities, use of resources and handouts, discussion of scenarios and sharing of member success stories. The training will be delivered to all existing IDT staff in Family Care and Partnership, including care managers,

registered nurses, Nurse Practitioners, Lead Supervisors and Program Managers. The timeline for the completion of the training is in Quarter 4 of 2023. Live training sessions will be recorded and integrated into the MCW New Employee Orientation (NEO) onboarding process for any

new IDT staff, Lead Supervisors and Program Managers.

|  |  |  |
| --- | --- | --- |
| **EVALUATION** | 10/2023 | PRE-TRAINING ASSESSMENT VIA LEARNING MANAGEMENT SYSTEM (LMS)   * IDT staff competency evaluation of Community Connections (CC) |
| **PHASE 1:**  **KICKOFF & INITIAL**  **TRAINING OF IDT STAFF** | 10/2/23-  11/30/23 | KICK-OFF/LAUNCH FOR IDT STAFF   * Live, virtual training offered by MCW Internal Trainers (approximately two, 2-hour synchronous trainings) * MCW Executive Leadership Kick-off & Support by Betsy Van Heesch, Chief Operations Officer * Include member stories to demonstrate CC value and possibilities * MCW trainer(s) review basics of CC P4P initiative and importance within the MCO; 2023/24 implementation plan * Review CC training content to give background information on P4P |

|  |  |  |
| --- | --- | --- |
|  |  | * Review how to identify CC interest through conversations with members using identified tools   *Develop & implement FAQ document based on training feedback* |
| **EVALUATION** | 10/2023-  11/2023 | POST-TRAINING ASSESSMENT VIA LEARNING MANAGEMENT SYSTEM (LMS)   * IDT staff competency evaluation of CC |
| **PHASE 1:**  **REFRESHER TRAINING OF IDT STAFF**  **LEADERSHIP** | 12/2023-  1/2024 | LEAD SUPERVISOR REFRESHER (include Program Managers)   * Live, virtual training offered by MCW Internal Trainers (approximately one, 1.5-hour synchronous training) * How to support your IDT staff and encourage buy-in at your CMUs * Identifying members that fit P4P criteria * CC interest level categories and associated CC activities * Documentation process and expectations of IDT staff   *Add to FAQ document based on LS refresher feedback* |
| **PHASE 2 ADVANCED**  **TRAINING OF IDT STAFF AND CMU LEADERSHIP** | 1/2024-  2/2024 | IDT STAFF/CMU LEADERSHIP REFRESHER   * Virtual training by MCW Care Management Education Specialists and/or Quality Initiatives Specialist (approximately one, 2-hour synchronous training) * Respond to questions and needed clarifications of training content based on evaluations and feedback * Review CC content from Phase 1 * Review conversation approaches/tools *(How does this apply to my member?)* * GSR-specific resources, options, providers, challenges, and how to address barriers * IDT staff past or current experiences with CC (positive or negative) – What can we learn? Challenges to anticipate? * Documentation and demo of “how to” document   *Add to FAQ document based on CMU refresher feedback* |
| **EVALUATION OF TRAINING** | 1/2024-  2/2024 | EVALUATION VIA LEARNING MANAGEMENT SYSTEM (LMS)   * Course/Training evaluation post-CMU Refresher * Engage in ongoing assessment of training quality and improvement when opportunities or gaps are identified |
| **PHASE 3 ONGOING**  **SUPPORT OF IDT**  **STAFF** | 3/2024-  12/2024 | IDT STAFF REFRESHER AND SUPPORT   * Periodic reminders at staff meetings and/or refreshers in LMS (asynchronous) to support staff knowledge and confidence with the CC Pay for Performance initiative |

|  |  |  |
| --- | --- | --- |
| **PHASE 3 ONGOING**  **SUPPORT OF CMU**  **LEADERSHIP** | 4/2024-  12/2024 | REGIONAL REFRESHER   * Virtual or in-person (TBD) meetings with Lead Supervisors by MCW staff to provide consultation, support and guidance on ongoing training needs of IDT staff * Demonstrate continued engagement and momentum with CC at MCW * Respond to questions and needed clarifications of training content based on evaluations and feedback * Problem-solve barriers that members/IDT staff are experiencing |

1. **My Choice Wisconsin Instructor Qualifications**

**Spencer Lameka** is the Quality Initiatives Specialist at MCW. Spencer holds a Bachelor of Science in Sociology from Ripon College and has over a decade of professional experience working in human services. He has been with MCW since 2016 in various roles such as Residential Team Specialist, Provider Quality Coordinator, and Provider Quality Interim Lead Supervisor. As a Specialist and Coordinator, Spencer was responsible for collaborating with Interdisciplinary Team (IDT) staff to establish members in appropriate least restrictive residential settings, investigating quality concerns, training IDT staff, and ensuring compliance with MCO and DHS procedures and guidelines. As a Provider Quality Interim Lead Supervisor, he was responsible for directing, supervising, and evaluating the performance of Provider Quality staff and leading the Provider Advisory Committee for MCW. Prior to being employed at MCW, he was a Case Manager in Milwaukee County working for the Milwaukee Center for Independence supporting adults with developmental disabilities gain skills related to health promotion, vocational skills, and community inclusion.

In Spencer’s current role, his primary focus is developing, leading, operationalizing, monitoring, and evaluating the pay for performance initiatives identified by the Department of Health Services. Through his strong leadership and creative mindset, he is leading these initiatives and providing the direction, coordination, and oversight to achieve organizational goals. He is also responsible for developing and disseminating specialty-specific training materials, including policies and procedures, for care management staff, providers, and the community, through various training platforms. Spencer also monitors quality indicators (data management; metrics) for the purpose of identifying improvement opportunities and overall compliance.

**Anne Cecil** is the Lead Clinical Educational Specialist at MCW. Anne holds a Bachelor of Arts degree in Sociology from Loras College and a Bachelor of Science degree in Nursing from Edgewood College and is a licensed Registered Nurse in the State of Wisconsin. She has 15 years of healthcare experience, including 10 years spent in case management serving individuals with physical, developmental, or intellectual disabilities, severe and persistent mental health, and frail elders.

Anne began her healthcare career in the medical malpractice insurance industry before transitioning to the nursing field. Anne has a passion for health promotion and education.

During her time with MCW Anne has served as a mentor for new Registered Nurses and new Lead Supervisors, roles she had held previously, and has successfully onboarded and trained new care management staff through traditional instruction as well as serving as co-

administrator for MCW’s Learning Management System.

Anne has completed additional training at the University of Illinois in Leadership and at the University of Wisconsin – Madison in Cognitive Impairment and Early Onset Dementia,

Behavioral and Psychological Symptoms of Dementia and Personality Disorders. In her current role, Anne provides employee onboarding and facilitates educational programs for MCW Care Management employees.

**Jenny Patterson** is a Care Management Education Specialist at MCW and holds a Master of Science in Social Work, a Bachelor of Arts in Social Work and Psychology, and a Certificate in Criminal Justice from the University of Wisconsin-Madison. Jenny is a Certified Advanced

Practice Social Worker (CAPSW) in Wisconsin and a Certified Professional Coach (CPC) by the Institute for Professional Excellence in Coaching (iPEC) and is also a member of the Motivational Interviewing Network of Trainers (MINT). She has more than 26 years of experience in social work and has provided leadership development training, new hire orientation and training, team development, process improvement consults and professional development training.

Prior to her current role, Jenny was an Organizational Development Specialist and Family Care Program Manager.

Jenny’s responsibilities at MCW are the initial and ongoing education and training of new care team staff and leaders in Family Care and Partnership and participation in projects and initiatives that require care management training, as well as introducing and training on new policies and procedures. She collaborates with the Clinical Education Specialists to develop, implement, and evaluate care management education applicable to both IDT staff disciplines (CM/RN), their Lead Supervisors and Program Managers, which includes maintaining an annual care management competency exam reflective of current RN and CM care manager education and practice to monitor and identify competency gaps. She also collaborates with care

management content experts and leaders to ensure the MCW’s training plan reflects what is needed for the training and development of care management staff.

**Erin Rogers** is a Clinical Education Specialist at MCW. Erin holds a Bachelor of Science degree in Nursing from Chamberlin University. She has 18 years of experience as a registered nurse and 5 years in care management. Previously, Erin has worked in the OR as a circulating nurse, a

charge nurse of a busy multispecialty clinic, administered chemotherapy, 5 years in the ER and provided home care through home health agencies. She has been in her current role as Clinical Education Specialist role for over two years.

Erin works with the Director of Clinical and Operational Resources and Supports, Chief Medical Officer, and other clinical leaders to develop and oversee clinical and medical education and training plans for MCW as part of the Clinical Practice Steering group. She partners with

program management on clinical training and development needs through collaboration and conducting needs assessments. Erin provides and coordinates direct learning opportunities for medical and clinical staff along with developing and managing a medical orientation program

(RN, NP, PA, MD) that is innovative, comprehensive, and helps to attract and retain talent.

Erin manages Continuing Medical Education (CME) applications for internal offerings and participates in quality groups related to health outcomes, STAR measures, and HEDIS results. She partners with Human Resources and Organizational and Technical Development teams to strategize and collaborate on organizational initiatives to ensure continuity in our approach. Erin also collaborates with Quality Management, Utilization Management, and Medical

Management departments to strategically identify areas of focus to proactively manage chronic conditions and integrates adult learning principles and objectives into clinical program design. As part of the Care Management Education Division, Erin delivers ongoing care management training and educational development as well as working on special related projects.

**Jake Thompson** is a Care Management Education Specialist at MCW. He holds a master’s degree in social work from the University of Wisconsin – Green Bay and has an Advanced Practice Social Worker Certification through the State of Wisconsin. Jake has 8 years of

experience working in Long-Term Care including time as an intern and full-time Information and Assistance Specialist at the Aging and Disability Resource Center in Brown County while working towards his undergraduate degree. During Graduate school he also interned as a Social Worker for the Wisconsin Veteran’s home in King, WI. Previous to his current role, Jake was a Care Manager in the Partnership Program where he partnered with members, their families, and

community providers to promote members’ health, safety, and overall well-being. Within that role, Jake took on added responsibility to train and onboard new employees. Jake worked as a Care Management Education Specialist to assist MCW with training development and delivery until June of 2021 when he transitioned to a Lead Supervisor Role with the Partnership program.

In his time as a Lead Supervisor, Jake was responsible for helping RN’s and Care Managers navigate the process of assisting members and their families attain necessary services to

mitigate team-assessed risks. He was responsible for directing, supervising, and evaluating the performance of the IDT staff and ensured IDT staff compliance with all MCW procedures and DHS guidelines.

Jake rejoined the Care Management Education Division within the Quality Management

Department in January 2022. He works closely with the other Education Specialists; diligently identifying training needs to develop and deliver educational content to learners throughout the organization. As a Care Management Education Specialist, he is responsible for content development, interdepartmental consultation, and live instruction.

1. **Training Documentation**

MCW has established a Steering Committee to support the planning and implementation of the comprehensive CC curriculum. The Care Management Education Specialists within the Care Management Education Division at MCW assist the Quality Initiatives Specialist with CC training initiatives.

Live training will be delivered via Zoom and all required IDT staff will be automatically enrolled in the MCW Learning Management System (LMS) to monitor completion of required training and evaluation, including the pre- and post-assessments. Live training will be recorded, and a course created in the LMS for new hires to be enrolled in as part of their onboarding. Training of MCW staff will be documented and monitored via the LMS which also allows for reporting on staff enrollment and completion of training.

As with all other MCW training, content and delivery mechanisms will be continually evaluated to ensure best practice and delivery of the most current related information for IDT staff and care management leaders.