BRIEF #8

Utah LTSS Project

Medicaid Training and Technical Assistance Center

November 2024

Contents

Prepared for:
Utah Department of Health and Human Services (DHHS)

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About the Human Services Research Institute
The Human Services Research Institute is a nonprofit, mission-driven organization that works with government agencies and others to improve health and human services and systems, enhance the quality of data to guide policy, and engage stakeholders to effect meaningful systems change.

About Utah State University Institute for Disability Research, Policy & Practice
The Institute for Disability Research, Policy, & Practice (IDRPP) at Utah State University is Utah's federally designated University Center for Excellence in Developmental Disabilities (UCEDD).

This study is sponsored by the Utah DHHS. All opinions expressed herein are solely those of the authors and do not reflect the position or policy of DHHS.

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Introduction

The Utah Department of Health and Human Services (DHHS) strives to ensure all Utahns have fair and equitable opportunities to live safe and healthy lives. Through its Division of Integrated Healthcare (DIH), Division of Aging and Adult Services (DAAS), and Division of Services for People with Disabilities (DSPD), DHHS has established a comprehensive long-term service and Support (LTSS) system. In recent years DHHS and its divisions have engaged in multiple initiatives to improve services and supports.

DHHS contracted Human Services Research Institute (HSRI) to build on current initiatives to strengthen LTSS and make recommendations to DHHS on how to further these efforts. DHHS and our Steering Committee requested that we prioritize opportunities that focus on:

- *Inclusion – Support and honor people's choices for where they live and who they live with. Give people options for receiving community services and participating in competitive integrated employment.*
- *Service Quality – Ensure that people in Utah equitably receive the services that they need. Promote high quality services and highly qualified providers and direct support professionals.*
- *Person-Centered Support – Empower people to maintain control over their own life and services (self-direction) by offering holistic support.*
- *Effective Service System – Improve coordination between agencies, funding, and reimbursement of services to help more people.*

In this Research Brief (#8), we explore the potential for a Medicaid Training and Technical Assistance Center.

To inform our understanding of this topic, we (1) reviewed relevant Utah policy and program documents, DHHS and divisional websites, and relevant data (as applicable); (2) conducted focus groups and informational interviews to learn from people receiving services, family members, providers, advocacy organizations, and field experts (as applicable), (3) reviewed Utah's waivers and HCBS programs in other states; and (4) researched and a wide variety of literature.

Based on this research and as discussed in more detail in the sections that follow, we identified the following key opportunities:

- Evaluate Funding Priorities
- Conduct a Training Inventory
- Explore "Lite" version of a Medicaid Training and Technical Assistance Center

Our initial research findings were presented to the Project Steering Committee and the committee's feedback is incorporated in this research brief. The opportunities outlined in this research brief are not final recommendations. Our final recommendations may change as we collect more information on this and other research topics and explore their feasibility. Some opportunities may not be possible for DHHS now or in the future. Our final recommendations will consider all research topics holistically, creating the right plan for Utah. These will be outlined in our final report.

Background

The Medicaid service system is complex and can often be difficult for people to navigate. This includes service providers who sometimes come into the system with little to no background knowledge about Medicaid including billing, staffing, regulatory compliance, and administration. This can impact providers' ability to deliver high quality services and supports to people with disabilities and older adults. Every state, and often different programs within states, sets their own training requirements for providers. There are unique complexities specific to each state's policies and procedures, or programmatic requirements that providers must learn. Providers may also deliver services across programs or multiple states which can sometimes result in needing to learn the intricacies of various complex processes.

Over the past decade, states have started to explore the potential for developing Medicaid Training and Technical Assistance Centers (MTTACs) to better support providers with initial and ongoing training needs. While there is currently no formal or nationally recognized definition of MTTACs, they are conceptualized as a "one-stop shop" for providers where they can access resources, technical assistance, and learning opportunities to successfully provide home and community-based services (HCBS). MTTACs are also meant to translate oftentimes complex bureaucratic processes and procedures into plain language so that providers can better understand what is expected.

Past Efforts

Over the years, DHHS has posted various training resources for providers online. For example, DSPD has a dedicated webpage for recorded provider trainings across different topics including person-centered planning, incident reporting, and community-based housing allowances. DIH has their own provider training webpage that links to guides, frequently asked questions, and recorded trainings. Resources from the annual statewide provider training found on the webpage cover a broad range of topics from provider enrollment, claims and billing, and health care policies for varying provider types. Additional provider trainings are nested within additional topic specific webpages such as the HCBS Settings Rule which houses trainings for DSPD, DIH, and DAAS providers on the regulation. The DAAS website does not currently have a section for provider training.

In 2018, DSPD held a provider conference which brought together providers and guest speakers to discuss systemic transformation, core competencies for service delivery, and regulatory updates. Since then, DSPD has continued to connect with providers through quarterly update meetings.

DHHS has also collaborated with partners such as the Utah State University Institute for Disability Research, Policy and Practice (IDRPP). To provide enhanced training opportunities. IDRPP currently offers technical assistance and trainings for providers specifically related to employment. In 2019, DSPD funded IDRPP to administer the HCBS Settings Rule Training and Technical Assistance Center to support providers to come into compliance with the HCBS Settings Rule. IDRPP provided on-site training, technical assistance, and brought in national experts to provide support and mentoring to providers. While the center was positively received by providers, funding was pulled after the initial year due to competing funding priorities.

Research Findings

To inform our understanding, we interviewed two existing MTTACs and reviewed promising practices related to provider training and technical assistance in other states. We also synthesized information gathered through community engagement activities and key informant interviews with people in the state to identify present issues unique to Utah. Our findings on strategies used in other states to address provider training and technical assistance needs are outlined below.

Engagement Themes

In our outreach, disability service providers generally expressed support for the concept of an MTTAC while highlighting considerations for the state in determining whether to move forward with its creation.

First, providers stated they would find an MTTAC helpful if it meant that all existing training content applicable to providers across DHHS was centralized in one location, such as a learning management system. Some providers shared that they found it difficult to locate trainings across the various DHHS webpages. Therefore, providers responded positively to the idea that an MTTAC could be a "one-stop shop" for accessing training content. A few providers also seemed to support the idea that DHHS could provide required trainings for provider staff through an MTTAC. While many providers prefer to develop their own staff trainings, other providers (particularly those who are newer and smaller) would like to have required trainings developed by DHHS that their staff can access. This could eliminate some of the burden and stress that providers, particularly low resourced providers, face around ensuring their staff meet training requirements. Additionally, with the potential development of a learning management system, training completion and renewals could be automatically tracked and prompted by the system. This could also support the retention of quality Direct Support Professionals (DSPs) as their training record would be maintained in a singular system.

Second, providers emphasized the need for strong coordination between DHHS and the MTTAC to eliminate conflicting guidance being passed down. Providers expressed concern that the state could update policies and procedures without giving timely notice to the MTTAC and the MTTAC would subsequently provide misinformed guidance to providers around the changes. Providers also highlighted that there is currently conflicting information within DHHS policy that would need to be clarified and formally addressed before an MTTAC could provide effective technical assistance. For example, providers noted that some existing state licensing requirements conflict with the federal HCBS Settings Rule—leaving them confused about what to do. Consistency between expectations is required.

Third, providers outlined topics for potential new trainings that could be created through an MTTAC. This includes overviews of contract and licensing requirements, the technicalities of billing, and waiver eligibility. These interests highlighted areas where providers feel like they need additional support and information to provide quality services and supports.

Finally, providers questioned the cost of developing an MTTAC and its timeline with one provider stating it might be, "one more service to fight on [the] budget for."

State Program Research

To explore how MTTACs operate, we interviewed staff from two MTTACs in the United States. Both MTTACs were initially created due to their state's shift to managed care to support providers with billing. Both MTTACs were partnerships between state agencies and universities as the latter has a more flexible infrastructure and is therefore able to quickly adapt and be responsive to provider needs. It can take a few years to get MTTACs fully operational and the centers required dedicated staff and ongoing funding as providers come to rely on them for training and technical assistance needs.

New York

The New York State Managed Care Technical Assistance Center (MCTAC) is part of New York University's McSilver Institute for Poverty Policy and Research and is funded by the New York State Office of Mental Health (OMH) and Office of Addiction Services and Supports (OASAS). Since 2011, the MCTAC has worked in coordination with OMH, OASAS, and other partners to offer training, consultation, educational resources, and technical assistance to behavioral health agencies and providers in New York State (New York State n.d.). To date, the MCTAC has provided 1,100 clinical and technical assistance trainings, reached 16,000 behavioral health providers, and served 85% of New York State licensed/certified behavioral health agencies (CTACNY n.d.).

While the MCTAC continues to provide trainings and resources to providers related to billing, the center has also expanded its training offerings based on provider need and interest. Along with various trainings and resources available on their website, the MCTAC has a self-paced online learning center where providers can enroll in courses and track their progress. The training that MCTAC offers is closely aligned with New York's aims to improve services through its managed care initiative. Due to the strong relationship between partners, MCTAC is uniquely situated to provide timely training and support to providers.

MCTAC staff cited their close relationships with state partners as being the key to their success, meeting on a weekly basis to coordinate MCTAC activities. The MCTAC is also trusted by providers and the center is often the first place providers go when OMH and OASAS announce new updates or changes that may affect them. The McSilver Institute is funded by a grant through New York State to administer the MCTAC. This means that the McSilver Institute needs to re-apply for funding from the state to continue facilitating the MCTAC. However, at this point, due to the MCTAC being a well-established center, it is expected that the state will continue to fund the MCTAC into the future.

Illinois

The Illinois Medicaid Technical Assistance Center is a partnership between Illinois Healthcare and Family Services (HFS) and the University of Illinois and is organized under the University's Office of Medicaid Innovation. The MTAC works closely with HFS to provide training, technical assistance, and direct support to current and prospective Illinois Medicaid providers. (Illinois Department of Healthcare and Family Services n.d.) The MTAC was established as part of the Illinois Medicaid Technical Assistance Act of 2021 and was heavily inspired by the structure of the New York State MCTAC (102nd General Assembly State of Illinois 2021). To date, the MTAC has developed an online "Learning Center" where after registering for an account, providers can access a catalog of various trainings in different formats (i.e., self-paced or trainer-led/supported). The Learning Center keeps track of completed trainings, offers documentation for CEUs, and houses certificates of completion.

The MTAC also provides contact information and is a hub for past resources (e.g., townhall meetings).

The MTAC is still in the process of fully launching and anticipates that in the future, the center will develop a training calendar and host regional learning collaboratives to bring together interested parties to discuss concerns and highlight best practices (Illinois Department of Healthcare and Family Services n.d.).

National Research Findings

We also examined various training platforms that states may contract with to provide similar training support for providers and staff. We considered those that were easy to access, were used in several states, had user-friendly formats, and provided a high caliber of training. We provide these examples since they fulfill similar aims in many states that do not have MTTACs. Among the training platforms we reviewed, the following stood out as promoting promising practices:

- Open Future Learning has strong "Side by Side Modules" for provider staff and the people they serve to learn together. The platform is intuitive and easy to use, and the trainings are multimodal and can be accessed in a variety of formats from computers to phones and tablets. Many trainings are also available in Spanish and include short versions for quicker consumption. The trainings use storytelling from notable figures and include resources. While essential trainings such as abuse prevention and medication administration are offered, so too are trainings covering more of the intangible challenges in providing support such as building friendships and community. There are also multiple large providers and states who contract with Open Future Learning to provide trainings.
- The National Alliance for Direct Support Professionals (NADSP) has an online training program that focuses on DSP competencies. NADSP is a membership organization elevating DSPs, promoting better outcomes, and focusing on skills and knowledge. NADSP has a DSP code of ethics to support DSPs in navigating the complexities of DSP work. The E-Badge Academy allows for training and credentialing of DSPs to better promote skill development. Trainings focus on the person-centered aspects of providing support. The site is easy to use, and programs in 29 states are using the E-Badge Academy, while others are using it, or considering using it, for DSP credentialing.
- Relias is a widely used training and resource platform for hospitals and home-based care, including behavioral health care, supports for people with intellectual and developmental disabilities, and supporting children, youth, and families. Relias has tools to enable recruitment and retention of high quality providers and creates community connections to support peer networking. Relias is used by thousands of health care providers and millions of staff. It has a wide array of content and can enable large organizations to provide a range of topical trainings and resources to meet the needs of a diverse workforce.

Opportunities for Change and Further Considerations

Based on this research and as discussed in more detail in the sections that follow, we have identified the following key opportunities for DHHS when considering whether to pursue the development of a Utah MTTAC including: 1) evaluating the feasibility of funding a long-term MTTAC, 2) conducting a training inventory, and 3) exploring the potential for a Lite version of MTTAC. We plan to work with the Steering Committee and DHHS to help prioritize and select which opportunities to include for further exploration in our final report. Our recommendations may change as we collect more information on this and other research topics and explore their feasibility.

Evaluate Funding Priorities

While neither of the MTTACs we interviewed were able to disclose their funding levels, both centers require ongoing long-term funding from their states to operate effectively. This includes staffing an experienced team and maintaining websites, listservs, and learning management systems. The Utah DHHS currently has a number of competing funding priorities. We are recommending that the state identify the MTTAC's prioritization among that list of funding priorities so as to ensure that any future investments in MTTAC are maximized and sustainable.

Benefits of Opportunity

DHHS currently has limited resources to address a variety of pressing concerns within the disability and aging service system. The development of an MTTAC would need to be a long-term funding commitment on the part of DHHS and require legislative appropriations. It would be a loss of resources to secure one-time funding for an MTTAC that would be discontinued after a year or two of developing significant infrastructure to support providers with their training and technical assistance needs. By identifying where an MTTAC lands among existing funding priorities, DHHS can better determine whether or not to ultimately pursue the development of an MTTAC.

Potential Barriers to Implementation

When identifying potential funding streams for an MTTAC, it is important that long-term stability and feasibility is considered so that the MTTAC is able to have ongoing funding. Securing stable funding and support from the legislature for an MTTAC will be difficult without buy-in from DHHS, providers, and advocates. DHHS should be able to clearly outline the potential cost benefits of an MTTAC.

Impact on Utah LTSS Priorities and System

Prioritizing funding for the development of an MTTAC would align with DHHS's priority to promote high quality services and highly qualified providers. It would demonstrate DHHS's commitment to ensuring that providers have access to the information they need to successfully support people in services.

Conduct Training Inventory

There are many DHHS produced trainings for providers housed on different places of the DHHS website. According to feedback received from providers, some of the information in these trainings conflict with each other or are dependent on one another. This is especially true for providers who provide services across DHHS waivers. Before determining whether to pursue the development of an MTTAC, DHHS should conduct an inventory across DAAS, DIH, and DSPD to identify existing training resources (both required and optional) to understand where these trainings are located and review their content and compatibility. Through this process, DHHS should develop a flowchart to understand how and if the trainings tie to each other and existing contracting requirements. DHHS should make note of any training gaps or conflicting information. The results of the inventory could be synthesized into a recommendations document which would not only outline the training path that providers should take, but also highlight ideas for additional training topics, suggestions for training formats, and needed updates and/or points of clarification for existing trainings.

Benefits of Opportunity

By conducting an inventory of existing trainings, DHHS will be able to outline what type of content already exists and identify where training content could be streamlined or clarified. The inventory could serve as the foundation for whichever path DHHS chooses to take in terms of the development of an MTTAC. For example, the inventory could be used to help centralize provider trainings in a singular location or could be used to develop a contractual relationship with an external training platform or partner.

Potential Barriers to Implementation

This inventory would need to be led by state staff, or an independent contractor experienced with provider training content and requirements across DHHS agencies and waivers. Conducting the inventory would require dedicated time and resources which may not be possible given existing funding and resource limitations.

Impact on Utah LTSS Priorities and System

The inventory would produce a comprehensive list of all existing provider trainings. Even if DHHS needs time to fully centralize trainings in one space, the inventory could be made publicly available immediately to providers so that they can also have the full picture of what trainings are available and where they are currently located.

Explore ‘MTTAC Lite’

Before deciding whether to invest in a fully structured MTTAC, DHHS may want to consider pursuing a less involved MTTAC, which we are terming as an “MTTAC Lite.” DHHS could start with conducting outreach to providers through surveys and focus groups to better understand and identify additional Medicaid training and technical assistance needs. Based on the feedback received, DHHS could then develop an action plan to create additional trainings, pull in Subject Matter Experts for interactive training sessions or learning activities, and create a process for providers to request technical assistance. DHHS could designate a staff member to be the key contact for providers to reach out to if they need technical assistance. Pending the completion of the training inventory as described in the previous section, DHHS could begin to shift provider trainings and resources to a central website page or learning management system. DHHS could monitor the impact of new trainings and

technical assistance through the use of simple pre- and post-surveys to determine outcomes and identify whether scaling up to a fully structured MTTAC is needed.

Benefits of Opportunity

Pursuing activities under the concept of an "MTTAC Lite" could allow DHHS to be responsive to provider needs instead of spending a few years working to secure funding and getting a full MTTAC up and running. The MTTAC Lite could also serve as the foundation for a potential full MTTAC by allowing DHHS to establish structures for enhanced training and technical assistance, identify pain points, and monitor outcomes. Depending on the results, DHHS could decide to scale up to a full MTTAC or find that it is able to meet provider needs through different avenues. If funds are available, this may also be an opportunity for a partnership with external partners. Engaging in a "lite" version of an MTTAC would allow DHHS to conserve limited resources while determining the next best steps to create an MTTAC.

Potential Barriers to Implementation

While not as extensive as a full MTTAC, an MTTAC Lite would still require dedicated staff time and resources to perform the expected activities. This may not be possible given existing funding and resource limitations.

Impact on Utah LTSS Priorities and System

DHHS could start working on activities under an MTTAC Lite more quickly than they would be able to get a full MTTAC operational. This means that providers could start accessing needed trainings and resources within a year or two.

Further Considerations

Overall, based on our research and outreach, MTTACs can have a positive impact on provider networks and subsequently aging and disability service systems if they are done right. Providers can more readily access resources, track staff trainings, and receive timely support and guidance when issues arise. MTTACs also offer opportunities for strong partnerships with networks in or out of the state. It is critical that if DHHS chooses to proceed with the development of an MTTAC that they ensure they are able to fully invest in such a center in the long run, engage providers in structuring the center, and ensure close coordination with partners.

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Appendix A: Plain Language Summary

Brief #8: Medicaid Training and Technical Assistance Centers (MTTACs)

Who is this brief for?

This brief is for Utah Department of Health and Human Services (DHHS) providers.

What is this brief about?

Because the disability and aging service system is so big, it can be difficult for everyone to know what to do. Creating an MTTAC could help providers access training and resources on Medicaid in one place.

What did researchers find out?

MTTACs can provide resources and trainings to providers to help them provide quality services. MTTACs require ongoing funding and knowledgeable staff to be successful.

What is most important to know?

To decide whether or not to develop an MTTAC, DHHS should identify whether this is a funding priority, list out existing trainings across agencies, and determine whether there are other ways to best meet provider training needs.

Where can I learn more about this?

To learn more, reach out to Project Coordinator Jasmine Hepburn at jhepburn@hsri.org or visit the project webpage.