

# **DWSS - Presumptive Eligibility Training Plan**

(5/30/2014)

## **Introduction & Purpose:**

The purpose of this training is twofold. It intends to describe the development of policy training of Presumptive Eligibility (PE) created by the changes to Medicaid rules under the Affordable Care Act (ACA) *and* development of a system based practical application training for PE coverage initiation. For the duration of this preparation and roll out, training will be required for a varied audience on the content of Family Medical Coverage (FMC) policy as well as DWSS computer system integration, changes, and enhancement to known systems Electronic Verification System (EVS). Hospital Eligibility Staff specific training will be provided by two (2) training teams by way of the most effective & efficient methods available. Due to the anticipated volume of the PE project training needs, a thorough and well defined training plan is needed prior to the delivery of training. This plan is designed to facilitate appropriate review & approval of our general training plan.

## **Objective:**

The DWSS Professional Development Center training plan outlines the overall approach from planning through delivery, and then evaluation of training feedback to identify further training needs and/or suggestions for improvement. It defines the projects training process, application, roles and responsibilities and tools/methods used to facilitate the training.

This training plan is being created during the development phase of the PE project and is considered to be a component of the primary PE/ACA project plan. The intended audience for training is Hospital Eligibility Staff, whose support and application of the PE program is necessary to accomplish the Medicaid expansion option outlined in the Affordable Care Act (ACA) commonly referred to as Health Care Reform (HCR).

## **Plan Contents:**

This training plan includes the following topics:

1. Training approach overview
2. Detailed training approach
3. Training timeline
4. Identified audience / user groups
5. Identify training topics / subject matter
6. Identify training materials
7. Training collaboration intent
8. Applicable tools and methods

## **Topic 1: Training approach overview:**

This section outlines the overall approach and strategy of the DWSS training plan which is designed to address the training structure, curriculum, tools, materials, and any additional item needs in the analysis, design, development, implementation, and evaluation of training for Hospital Eligibility Staff and any other stakeholders that may present throughout this process.

The training plan is designed to meet the needs of the PE project and involves all applicable partners, teams and work groups to assist in the creation and delivery of the specific training topics. Detailed refresher training needs and curriculum will be determined during the evaluation phase. This training plan will follow the "ADDIE" process training approach that is currently used for all DWSS training development to facilitate consistency of effort and analysis of training outcome effectiveness.

## **Topic 2: Detailed training approach:**

The DWSS training plan is designed using the “ADDIE” training process. ADDIE, an acronym, is a phased approach to teaching and learning: Analysis, Design, Development, Implementation, and Evaluation. They function as detailed below.

- **Analysis** is “know your audience”, your learners characteristics, and the objectives, activities and tasks to be mastered. For this phase, DWSS training staff will review/study any/all applicable policy/systems/procedure materials, and confer with our primary contacts to determine the PE training audience characteristics and needs. With input from our Program Specialists and Subject Matter Experts (SME) contacts, we will be able to determine the specific objectives, activities and tasks to be mastered by the PE training attendees and any future PE primary or refresher training. This is in addition, but not limited to, HCR enhanced Medicaid policy, procedural requirements, time frames and computer systems enhancements/changes.
- **Design** is the design of a lesson plan outline with set objectives, learning support activities, instructional strategies, and a time frame for learning. Based on the findings in phase 1, the DWSS training team will prepare a lesson plan outline which includes the objectives, instructional strategies, lesson module topics, learning support activities, and estimated time frames for the PE training.
- **Development** is the actual creation of the instructional materials and support materials, leaning activities, and learning timeline or time frames. This phase accounts for the majority of our time in this process. It requires the creation of the training module and curriculum for the topic of PE. It will include in sufficient detail the instructional and support materials (i.e. training objectives, training materials, handouts, learning activity exercises, and specific training timeline that is anticipated for the topic). It will incorporate strategies based on the Madeline Hunter Lesson Design Model (detailed below). The training delivery method will allow for a variety of assists, such as, but not limited to: video, flip charts, transparencies, Power Points, and handout reference materials.

### **The Madeline Hunter Lesson Design Model:**

Below is a brief description of Madeline Hunter’s eight steps. Use of these components will add value to lesson plans, and is useful for the ADDIE model presented above.

1. **Anticipatory Set (focus)** - A short activity or prompt that focuses the adult learner’s attention before the actual lesson begins. Used when students enter the room or in a work place transition. A hand-out given to the participants at the door, review questions written on the board, “two problems” on an overhead/screen are examples of an anticipatory set.
2. **Purpose (objective)** - The purpose of today’s lesson, why the adult learner needs to learn it, what will they be able to “do”, and how they will show learning as a result are made clear by the instructor / trainer.
3. **Input** - The vocabulary, skills, and concepts the instructor/ trainer will impart to the adult learners - the “stuff” the adult learners need to know in order to be successful.
4. **Modeling (show)** - The instructor/trainer shows in graphic form or demonstrates what the finished product looks like - **“a picture is worth a thousand words.”**
5. **Guided Practice (follow me)** - The instructor/trainer leads the adult learner through the steps necessary to perform the skill using the “tri-modal approach” - **hear/see/do.**

- 6. **Checking for understanding (CFU)** - The instructor/trainer uses a variety of questioning strategies to determine “Got it yet?” and to pace the lesson - move forward? / back up?
  - 7. **Independent Practice** - The instructor / trainer “releases” the adult learner/participant to practice on their own based on #3 - Input and #6 - CFU.
  - 8. **Closure** - A review or wrap-up of the lesson - “**Tell me/show me what you have learned today**”.
- **Implementation** is the actual instructional delivery methods selected from the lesson “design” strategies mention above. Prior to commencement of training, preparation for implementation will include.
    - Securing and reserving training venue(s), including a computer lab (where applicable)
    - An electronic memo to Hospital liaisons to communicate with their staff/attendees regarding the training which details dates/times/location.
    - A calendar to Hospital liaisons detailing when their hospitals sessions will be delivered prior to training roll out for their planning purposes.
    - A sign in sheet and attendance name template will be created for all training sessions.
    - A request for/oversight of the publication of academy support materials, which will be completed prior to the start of training classes.

Reference topic # 3 on the subsequent pages for further implementation details.

- **Evaluation** is the process of making certain the learners achieved the desired objectives. This may come in the form of a “check-up” and “guided practice” during the teaching of the lesson or it may come in the form of “formative and summative” evaluations after training concludes. To ensure PE training attendees achieve the desired objectives of this training, evaluation of the training delivery and outcomes will occur. The PDC will obtain “post class” anonymous evaluative feedback from attendees after implementation/application of the new PE policy. Feedback surveys will be developed and delivered through the internet via “Survey Monkey” with email distribution of the survey link to ensure anonymity for responders. This survey tool will be finalized and ready for use by the end of the first week of PE training to enable responses for both the Policy and Systems portion of training. The evaluation data will then be analyzed and used to continue the ADDIE process by starting anew, because **ADDIE is an on-going teaching-learning process**:



### Topic 3: Training timeline:

<b>Mar - Jun 2014</b>	<b>June - Aug 2014</b>	<b>August - Sept 2014</b>	<b>Sept - Dec 2014</b>	<b>Sept 2014 - Mar 2015</b>
<b><i>Analysis</i></b>	<b><i>Design</i></b>	<b><i>Development</i></b>	<b><i>Implementation</i></b>	<b><i>Evaluation</i></b>
<p>1 - Research &amp; review any / all available policy &amp; system materials.</p> <p>2 - Determine the scope of PE project training component.</p> <p>3 - Confer as needed with primary contacts (i.e. project manager, program designee, PE SME's etc.</p> <p>4 - Determine training audience characteristics &amp; needs</p> <p>5 - Determine goals, specific objectives, activities, and tasks to be mastered by training attendees.</p>	<p>Prepare high level plan that includes:</p> <p>1 - Define / identify attendees and tentative schedule</p> <p>2 - Define training objectives</p> <p>3 - Determine &amp; assign training teams</p> <p>4 - Lesson module topic outline.</p> <p>5 - Learning support activities &amp; exercises.</p> <p>6 - Chosen instructional strategies.</p> <p>7 - Estimated training time frames.</p> <p>8 - Chose participants for the training effort, i.e. PDC trainers, Program Specialists, SME.</p> <p>9 - Identify what training feedback collection method will be used to gather information on effectiveness of training via surveys, observations, and other selected feedback to evaluate outcomes.</p>	<p>1 - Create instructional &amp; support materials (i.e. handouts, activity exercises) for PE training.</p> <p>2 - Finalize training session time frames.</p> <p>3 - Secure infrastructure for training delivery (i.e. videos, flip charts, e-learning, transparencies etc.).</p> <p>4 - Finalize reservations of venue / dates / times.</p> <p>5 - Lesson curriculum to E &amp; P for policy review &amp; accuracy.</p> <p>6 - Complete final development of lessons, incorporating changes discovered in UAT or though policy / program updates.</p>	<p>Delivery of training to include:</p> <p>1 - Set &amp; acquire firm date / time / place and communicate this information to attendees.</p> <p>2 - Set date for preparation &amp; publication of training support materials to be completed &amp; available prior to commencement of training.</p> <p>3 - Provide attendees sign in sheets for each training session.</p> <p>4 - Training will include lecture, an e-learning presentation, discussions, simulations, task-instruction, &amp; hands on exercises.</p> <p>5 - Include supporting activities such as assessments, examinations &amp; quizzes.</p> <p>6 - Provide training feedback survey to all attendees via survey web site to ensure anonymity and encourage participation.</p>	<p>1 - Anonymous feedback surveys will be developed &amp; delivered to attendees via internet link at completion of formal PE training sessions and again after implementation of PE policy state wide (approx. 6 months after training). The use of an internet survey web site is to ensure anonymity and encourage participation in the feedback effort.</p> <p>2 - Analyze feedback, observations and other quantifiable data (QC reviews) to determine necessity of modifications, updates, corrections, revisions, and quality assurance for future training of this topic.</p> <p>3 - Provide reports of training analysis &amp; outcomes as needed or requested.</p> <p>4 - Issue communications to advise Hospitals staff of make-up training dates.</p> <p>5 - Evaluate/modify and/or refresher training as needed/requested.</p>

**Topic 4: Identified audience / end user groups:**

- Field office managers
- Field office supervisors
- Field office FSS I, FSS II & FSS III (Lead worker)
- Field office clerical staff
- Train-the-trainer select staff - TBD
- Equivalent Hospital eligibility & support staff as listed above.

**Topic 5: Identified key training topics / subject matter & owner responsibility:**

**PE Policy & System Training Topics / Subject Matter**

<b>Module</b>	<b>Owner</b>	<b>Included</b>	<b>Format</b>
<b>Policy Training</b>	<b>DWSS</b>		<b>Lecture / Articulate / Handouts</b>
New PE Rules/Aid code Magi/NF Income Methodology Verifications Budgeting			
<b>PE System Overview</b>	<b>DWSS</b>		<b>Lecture / Articulate / Handouts</b>
System Overview System Integration Aid code definitions			
<b>System Application</b>	<b>DWSS</b>		<b>Articulate / PPT / Camtaisia</b>
Applications for new individuals Applications for known individuals EVS processing			
<b>Audit/QC Reviews</b>	<b>DWSS</b>		<b>Articulate / PPT / Camtaisia</b>
Quality Control Process Auditing Application Lifecycle Record Retention			

**Topic 6: Training collaboration intent:**

Due to the volume, depth & breadth of information included in this training which covers both new policy as well as computer system changes/enhancements to AMPS/NOMADS/EVS, the intent is that select DWSS staff & Hospital staff collaborates with our training unit in the delivery of this training to ensure maximum benefit for those attending. These collaborations will ideally be the DWSS trainers, E & P Program Specialists, UAT tester group SME participants.

**Topic 7: Identified training materials:**

- Computer lab
- Instructor use guides/scripts
- Articulate e-learning suite
- Glossary of terms
- Eligibility manuals
- Systems task guides (if developed)
- Training session handouts
- Business process workflows/guides
- Quick reference materials (i.e. cheat sheets, matrixes)
- FAQ's

**Topic 8: Applicable training tools / methods:**

Tool / Method	Description
Lesson Plans	<p>Lesson plans for the PE instruction will be used for the PE training modules. They will clearly define the structure and level of detail needed, based on the training subject, and may include but not limited to:</p> <ul style="list-style-type: none"> <li>• Training title</li> <li>• Objectives</li> <li>• Class lecture</li> <li>• PE &amp; Medicaid overview</li> <li>• List of exercises</li> <li>• System task guides (if available)</li> <li>• Lesson information &amp; materials</li> <li>• Instructor notes and/or scripts</li> </ul>
Lessons	<p>Lesson content will be consistent for all attendees / end users, and will include, but not limited to:</p> <ul style="list-style-type: none"> <li>• Live in-class lecture</li> <li>• Demonstrations</li> <li>• Discussions</li> <li>• Hands on practice</li> <li>• Computer based training</li> <li>• E-learning use (Articulate/Camtasia)</li> </ul>
Tool / Method	Description
Exercises	<p>Where appropriate/applicable, the training session will include practical exercises allowing attendees to engage in the various training topics and processes to enhance lessons learned.</p>
Curricula	<p>Consists of the policy relating to PE addition to our Medicaid program &amp; computer system enhancements/changes, and will be based on the information outlined in Topic #5 above.</p>
Evaluation of Training	<p>Feedback, evaluations, and other applicable quantifiable performance data will be collected and analyzed to identify potential future training needs and/or suggestions for improvement.</p>