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Staff Education on Medicaid and Medicare Programs

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2025

Abstract

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MS, Walden University, 2019

BS, Walden University, 2015

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

Case managers at the practice site are responsible for helping older and disabled clients receive services from Medicare and Medicaid. The gap in practice was that case managers were failing to recognize the benefit and eligibility differences between these federal and state-run programs. Case managers must be well-informed regarding these programs to effectively manage their clients' care. The goal of this project was to plan, implement, and evaluate a staff education program on Medicare and Medicaid services. The practice-focused question centered on whether participants demonstrated increased knowledge about Medicare and Medicaid services available to Waiver Program clients. The theoretical framework guiding the project comprised the analysis, design, development, implementation, and evaluation model and Knowles's theory of adult learning principles. The learning material was adapted from federal and state government resources. The project took place at a planning and development district in a rural, southeastern region of the United States. A total of 20 case managers participated and completed pen-and-paper, pre-/posttest questionnaires. The results were calculated using the learning gain formula. The participants' mean pretest (70.5) to posttest (90.2) scores resulted in learning gain of averages of 68.0%. The score improvement indicates that the education program enhanced their knowledge and understanding. This project can create positive social change and increase equality and inclusion by promoting improved case management care to all Waiver Program clients. Recommendations from this project are providing routine staff education programs, increasing the session times, and including additional details about Medicare and Medicaid.

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Dedication

This paper is dedicated to my daughter, who helped me to understand proper placement and what true writing is about.

Acknowledgments

I would like to thank all the faculty and advisors that helped me during this time and gave me the necessary push to finish my project. I would also like to thank my daughter, Abigail, and husband, Gary, for being there and encouraging me through this journey.

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Section 1: Nature of Staff Education Project

Introduction

The project site is an organization that provides home- and community-based services to individuals at risk or those who require the level of care found in a nursing facility. These services are called the Elderly and Disabled Medicaid Waiver Program. Case managers caring for clients in the Waiver Program coordinate home- and community-based services to individuals as an alternative to nursing home placement. The case management team consists of a social worker and a registered nurse who assess clients and manage their cases according to the approved plans of the Centers for Medicare and Medicaid Services (CMS, 2024 b). Clients may be eligible for services, such as expanded home health services, escorted transportation, respite care, and home-delivered meals.

Problem Statement

Waiver clients are older and disabled persons living in the community who need help in the home, such as personal care help, adult day care, in-home respite, and home-delivered meals. Case managers assigned to work with waiver clients need to understand the differences between Medicaid and Medicare and that the state provides Medicaid Waiver services (Mississippi Division of Medicaid, 2023, a). In this project, I provided a staff education project to case managers for the services provided by CMS to the older and disabled waiver clients in the home.

Practice Problem at Project Site

The practice problem at the project site was noted across case managers who

were newly hired and those employed for longer periods. The case managers frequently failed to check the eligibility list carefully to see if the enrolled person remained on the list, had a code change, or had an eligibility end date (Mississippi Division of Medicaid, 2023,b). On the first of every month, case managers receive an eligibility list to ensure all the projects' clients are on the list with the correct eligibility code, suitable date, and proper county. Medicaid policies changed after the COVID-19 pandemic ended in 2023, and Medicaid recipients must complete a renewal application at the regional office (Mississippi Division of Medicaid, 2023,a). According to a supervisor from the Mississippi Division of Medicaid, often, case managers do not contact clients to verify that they have been to the regional office to update their application for Medicaid.

Significance to Nursing Practice

The significance of nursing case management practice for the Elderly and Disabled Waiver case managers is to provide valuable information about each client's eligibility. Failing to advise clients correctly can result in medical and financial consequences.

Purpose Statement

Gap in Practice

Case managers at the practice site must be well-informed about CMS services to manage their clients' care effectively. Four of these case managers are either newly licensed social workers or registered nurses, and they do not understand how Medicaid services are routed through the state and federal governments.

This project aligned with and affirmed the need for a staff education program targeting case managers who serve older and disabled clients. The education program focused on CMS programs specific to Medicaid Waiver Program clients and supportive strategies to help the case managers plan comprehensive care. I conducted this project to develop, implement, and evaluate a staff education program for case managers on Medicare and Medicaid services eligible to Waiver Program clients.

Practice-Focused Questions

The practice-focused questions for this staff education project were:

1. Will case manager staff participating in the education program increase their knowledge of CMS program services eligible for Waiver Program clients?
2. Will case manager staff participating in the education project show increased knowledge of the diverse types of Medicaid available to waiver clients?

The goal of this project was to improve the case managers' ability to follow the CMS policy on Medicare and Medicaid Services as implemented by the Mississippi Division of Medicaid to allow clients to live at home without going to a nursing facility.

Nature of the Doctoral Project

Case management services at the project site are expected to ensure that clients who are eligible for Waiver Program Services have access to a full array of necessary services that will enable them to live in their home or community setting rather than in an institutional one. According to the Case Management Society of America (2024, page 1), "case managers are healthcare professionals who serve as patient advocates, supporting, guiding, and coordinating care for patients, families, and caregivers as they navigate their

health and wellness journeys." At the practice site, it was observed that the case managers did not fully understand the differences between Medicare and Medicaid and could not effectively guide their clients to appropriate services.

I conducted this project to design, implement, and evaluate an educational program for case managers on Medicare and Medicaid services eligible to Waiver Program clients. The desired outcome was an increase in staff knowledge of the differences between Medicare and Medicaid as well as the types of Medicaid available in the state of practice. Participant knowledge gained from this project and when applied to practice will assist in the planning of care for waiver clients, resulting in preventing health and social decline (see "Instructions," 2021).

Sources of Evidence

The sources of evidence collected for this project included local, state, and federal agencies contributing to evidence-based practice, case management, CMS, Medicare, and Medicaid, such as the CMS, Health and Human Services, and the Mississippi Division of Medicaid. I utilized these sources when developing the staff education program. Other professional or scholarly resources are summarized in the literature matrix (see Appendix A).

In the United States, the two dominant insurance compensation programs for older and disabled clients are Medicare and Medicaid. Between these two programs, over 100 million are provided services, with a cost to the federal and state governments (Layton et al., 2024).

Medicaid Home and Community Based Services (HCBS) Waivers provide activities of daily living services to a specific population (Health and Human Services, 2024). Eligibility for HCBS services varies from state to state. Waivers usually require medical and financial eligibility; however, eligibility requirements may differ from Medicaid eligibility in each respective state (CMS, 2024,b).

Evidence from the education program's effect on participants showed an improvement in their knowledge. Twenty staff members, each acting as a case manager, participated in the education program. I conducted one 30-minute, face-to-face educational session at the practice site in the staff conference room. Identical, 10 multiple-choice-item, pre- and posttest questionnaires were administered immediately before and after the education session. Data were analyzed using descriptive statistics, specifically the normalized learning gain formula.

Significance

The significance of this project lies in the ability of the case managers to recognize specific benefits and needs for the population within the service area. Case managers can often be the only line of communication between a client and outside resources (Case Management Society of America, 2024). Educating case managers can help to ensure that the needs of the Elderly and Disabled Waiver Program population will be met in the community. The older clients living alone in the community have difficulty understanding the differences between Medicare and Medicaid and how these differences affect them as clients in the program. New and skilled case managers need to understand these differences in each program so that optimal care for the older and disabled clients is

provided to meet individual needs. Under the Medicaid Waiver Program, clients will be able to receive care that positively affects their physical health and improves their overall quality of life.

Approach to Organize and Analyze Evidence

To begin the project, the nurse educator at the practice site set up communication through staff emails to promote consistency during the project. Next, I completed a literature review to supply supporting evidence for case managers requiring education on the differences between Medicaid and Medicaid for older and disabled clients. Using evidence from the literature, the staff education program was developed as a PowerPoint presentation. I provided the 20 case managers with the pretest via email to determine their knowledge of the differences between Medicaid and Medicare per CMS guidelines. Evidence gathering for the differences between Medicare and Medicaid and how each program varies for the Elderly and Disabled Waiver clients allowed me to demonstrate whether the education program increased their knowledge of the differences and how effective each system is for the clients. Next, I delivered the PowerPoint presentation based on research. In the session, case managers also reviewed the distinct types of Medicaid offered to clients and how to choose the best benefits. At the end of the PowerPoint presentation, all participants took a posttest and provided suggestions for program improvement. I then reviewed all data collected from the pre- and posttests and the PowerPoint responses.

Stakeholders

In the context of this project, several key stakeholders played essential roles. The mentor and the project leader were important in guiding me through the steps of the project while making a presentation that was understandable and easily communicating the need for this project. As a member of the case management team and the staff educator, I had the most crucial role in educating all case managers so that they understand the differences between Medicare and Medicaid. The following key stakeholders were also involved in this project:

- Clients in the community: The services provided through the home and community services program are for individuals 21 years and older who must qualify for supplemental security income (SSI) or meet the income eligibility requirements up to 300% of the SSI federal benefit rate to meet the criteria for the program. Individuals would also require nursing facility level of care (Mississippi Division of Medicaid, 2024,a).
- Caregivers of the clients: Many clients who meet the requirements for the waiver programs are able to remain in their own home without going into the nursing home. Multiple clients are total care and are never left alone. The services ensure that the caregiver can have rest and the ability to leave the home when needed since a person is never left alone.
- Case manager supervisor: This individual oversees all the case management teams during working hours to be sure that case management duties are met and guidelines are followed by Mississippi Division of Medicaid and CMS.

- Case managers: At the beginning of every month, these individuals verify eligibility for all active clients and actively contact clients throughout the month to be sure all Medicaid information is up to date with regional offices. They also oversee the daily contacts and visits with all their clients on their projects. Case managers make monthly visits to see how services are performed in the home and if the client's needs are met. Case managers often have to make multiple visits if the Medicaid Regional Office cannot reach clients, clients have to address an issue with a provider, or case managers need to get in touch with them and cannot reach them by phone.

Contributions to Nursing Practice

Understanding the roles and activities of the case managers helps improve primary care and strengthens health care services in the community. Then, everyone in the community will be ready for the challenges facing Medicare and Medicaid eligibility for older adults. The research shows how important the activities of case managers and their knowledge of Medicaid and Medicare systems are to work in favor of the Elderly and Disabled Medicaid Waiver clients (Case Management Society of America, 2024). The knowledge gained from this study can be a guideline for providing comprehensive knowledge-based services to respond to the needs of older adults with diverse health conditions, lifestyles, and eligibility in the context of Medicaid Waiver clients (Case Management Society of America, 2024).

Transferability to Other Practice Areas

A staff educational model to promote recognition of CMS guidelines for Medicare and Medicaid for the older and disabled can quickly be transferred to other practice areas. The ability to see the results of a health care team working together in skilled facilities as well as skilled dementia and elder care units to promote comprehensive care to all older and disabled patients worldwide is the ultimate goal for case management. This staff education project is just one method to teach the health care team about eligibility programs in other facilities that care for the older and disabled. Through assessments, helping with goal setting, and promoting self-sufficiency, other facilities can also provide positive outcomes (see Wong et al., 2023).

Implications for Positive Social Change

The level of care for the older and disabled population constantly changes. Some clients and caregivers do not have direct access to care with the Medicaid Waiver programs in the community because they have never heard of the program or do not qualify for it. By improving efforts to help clients and caregivers understand the difference between Medicare and Medicaid, case managers can provide better care with improved client outcomes.

Summary

Care providers for the older and disabled are integral community members and are especially important to individuals prioritizing each need. The case managers assist clients and caregivers in providing appropriate care in their homes. Through assessments, goal setting, and assistance with self-sufficiency, case managers and other

long-term care facilities can provide more comprehensive care for the older and disabled in their own communities. In the next section, I will describe the background and context of this project in more detail.

Section 2: Background and Context

Introduction

Case managers from the practice site demonstrated a lack of knowledge of how the Medicare and Medicaid systems work with older and disabled clients. I conducted this project to develop, implement, and evaluate a staff education program for case managers on Medicare and Medicaid services eligible to Waiver Program clients. The practice-focused question for this project was: Will a staff educational program improve staff knowledge and understanding of Medicare and Medicaid programs for Waiver Program Clients? The case managers in this particular practice setting have varying degrees of knowledge on the subject; therefore, it was important to implement an education program and evaluate its success.

In this section, I describe the concepts, models, and theories used to develop the educational program. The theoretical framework, comprised of the analysis, design, development, implementation, and evaluation (ADDIE) model, student-centered learning theory (SCLT), and Knowles's theory of adult learning principles, is also discussed.

Concepts, Models, and Theories

The theoretical framework used to guide this project was made up of three parts: the Knowles's adult learning theory, student-centered learning theory (SCLT), and the ADDIE model. Knowles's adult learning theory is considered one of the best adult learning theories because adults easily learn through life experiences with focus on problem solving (Roe, 2021). The adult learning theory is composed of the following concepts:

- Adults believe they are more independent in their own education.
- Adults have life experiences that make them better learners.
- Adults have social roles or jobs in society with other humans.
- Adults focus more on the problem than the subject.
- Adults are motivated to learn on the inside rather than having the influence of external factors (Roe, 2021).

Adult learners want to benefit from educational experiences so that they can apply them to real-life situations (Roe, 2021). During the presentation, it was important to supply case managers with educational information to fill in the gaps of working in the community.

The SCLT is another theory that offers a community approach to education through research in a certain area needed for clinical practice. Scientific research can improve knowledge and give learners the tools necessary to complete related tasks. Learning theories provide new opportunities to formulate practices for students to discover pathways for practice (Vasset et al., 2024).

Despite the SCLT being the best theory for online learning because it is so diverse and covers pedagogical approaches, it needs to promote individualized learning methods (Grondahl et al., 2023).

The third part of the framework was the ADDIE model. In this project, I investigated which education methods would be best suited to educate the audience and then designed a curriculum plan to assist the adult learners in understanding the Medicare and Medicaid programs for Waiver Program Clients (see Min et al., 2022).

The ADDIE model has five stages:

1. Analyze the need for education.
2. Design how to teach the educational material in logical and sequential order.
3. Development of all the material, including presentation and reference material.
4. Implementation of the materials that are ready for presentation. Then, the learners are taught the material.
5. Evaluation of the materials by the learners in two parts:
    a. Formative assessment is performed during the presentation.
    b. Summative assessment is completed at the end of the training (Centers for Disease Control and Prevention, n.d.).

I deemed a PowerPoint presentation suitable for teaching case managers in the time frame allowed for the education session. I also provided a takeaway handout with information to review. Questions were encouraged throughout the presentation to determine if content clarification was needed. The final step of the ADDIE model was the analysis of the data collected in assessing the learner's knowledge level and if the program met the learning objectives.

Relevance to Nursing Practice

The basic functions of a case manager are to perform individual assessments and evaluations, verify eligibility, find the necessary links and services, and ensure the implementation of the full process to meet needs ("Instructions," 2021). Proper education

is necessary for case managers to help improve a client's health and well-being based on eligibility for Medicaid Waiver Services (Liang et al., 2021). The goal of this staff education project was to increase participants' knowledge about the differences between Medicare and Medicaid with the ultimate aim of promoting better outcomes for clients living in the community.

Among Medicare beneficiaries with disabilities in the United States, unmet needs for medical care include 23.5% not seeing a doctor despite medical need and 23.8% experiencing delayed care. The unmet need is never truer than for dual-eligible Medicare beneficiaries. Unmet needs can arise from a variety of factors, including financial and nonfinancial barriers to health care (Park & Stimpson, 2024). Previous educational strategies that worked well were pamphlets and handouts, but they did not explain the differences between Medicare and Medicaid. At the project site, two case managers were responsible for checking the eligibility list to be sure all of their active clients for their project were on the list. They had to verify eligibility end dates and codes to be sure that all clients would not lose Medicaid benefits within the month of the list. Case managers were responsible for notifying clients of the loss of Medicaid if an updated application was not completed. This system was working well, but case managers had difficulty getting clients and caregivers to update their applications in a timely manner, which could result in the loss of help in the home for the client. If the client was not on the list, the case managers had to notify the Mississippi Division of Medicaid that day, and case managers had to verify that the client had the correct eligibility date and was locked into the Elderly and Disabled Waiver.

Local Background and Context

The context of this educational project was to provide information on Medicare and Medicaid to case managers working with clients in the Elderly & Disabled Medicaid Waiver Program. Waiver clients are defined as older and disabled persons living in the community who need help in the home, such as personal care help, adult day care, in-home respite, and home-delivered meals (Health and Human Services, n.d.). At the project site, case managers working with waiver clients did not initially understand the differences between Medicare and Medicaid programs. In this project, I placed a high value on the ability of case managers in the rural, southern community to recognize a client's eligibility for the Elderly & Disabled Medicaid Waiver Program. Educational materials were distributed to participants that contained information about current Medicare and Medicaid regulations, thus providing them with tools to be on task when advising and advocating for their clients. Hopefully, these tools will be helpful to the case managers as they care for the older and disabled populations entrusted to their care.

Institutional Care

The project site is an independent organization governed by a Board of Directors appointed by local government officials in a southern area of the United States. Its mission is to aid businesses and the local community in the areas of planning, economic and community development, job training, social services, transportation, data processing, and gerontology. Created by local governments, the project site is one of the 10 planning and development districts in the state. The department serving the older and

disabled waiver clients includes 10 case management teams, consisting of a registered nurse and a licensed social worker covering eight state county districts.

Definitions

Case manager: HCBS are monitored and regulated by the Mississippi Division of Medicaid (2023). The planning and development districts hire their own case managers, who are a team composed of a licensed social worker and a registered nurse. This assigned team is responsible for assessment, monitoring, and providing continuous services for the older and disabled in the community.

CMS: An agency within the HHS that oversees the U.S. healthcare programs, including Medicare and Medicaid, to prevent fraud and abuse in both systems (CMS, 2024, a).

The Elderly and Disabled Waiver Program: This program provides HCBSs to individuals aged 21 years and older who, without providing these services, would require the level of care provided in a nursing facility (Mississippi Division of Medicaid, 2023). Beneficiaries of this waiver must qualify for Medicaid as SSI beneficiaries or meet the income and resource eligibility requirements for income-level up to 300% of the SSI federal benefit rate and meet medical criteria of the program (Mississippi Division of Medicaid, 2023).

Medicaid: A state-level insurance plan that provides insurance to millions of low-income and disabled clients and is a partnership with the states and the federal government (Layton et al., 2024). At the project site, there are three different companies

that offer support to the regular state Medicaid program (Mississippi Division of Medicaid, 2024,b).

Medicare: A federally funded program that provides health insurance for millions of older and disabled clients (CMS, 2024, a).

Case managers at the practice site need a better understanding of the differences between Medicare and Medicaid and how to determine whether clients are eligible for Elderly and Disabled Waiver services. Errors were made in determining eligibility for Medicaid waivers after reviewing the eligibility list, and clients were left off or needed to fill out new applications for Medicaid in order to keep their services. Many clients at the project site also did not know the differences between Medicare and Medicaid and that the Elderly and Disabled Waiver is a Medicaid-funded program from the state.

Over one half of waiver clients think that Medicare and Medicaid are the same; however, they are different in many ways (Layton et. al., 2024). Medicaid is a state-level plan that provides the benefits of waiver services at no cost to the client (Layton et. al., 2024). Medicare provides insurance coverage through the federal government (CMS, 2024). Medicaid provides case managers with an eligibility list at the beginning of every month to be sure that all clients on the list have the proper eligibility code and end dates for eligibility to continue services. Case managers do not follow up when eligibility codes and dates are incorrect; therefore, knowing who is eligible for waiver services and who is active is an important issue.

Role of the DNP Student

I am a care provider working as a case manager at the project site. I am in my 29th year of nursing and have worked for nearly 14 years as a case manager. I have held my current case manager position since 2014 and have been at the project site for almost 11 years as a case manager. I also worked 2 years prior to 2014 in area hospital as a case manager/Minimum Data Set (MDS) nurse coordinator for a skilled nursing unit.

I am a registered nurse working with a social worker, and we are a team with 115 clients that we visit monthly. There are nine other teams/projects composed of social workers and nurses who have more or fewer clients than me who have to be seen monthly. Sixteen of the 20 case managers have been working with me for 10 years or more, and the other four have been there less than 3 years. When I first started working as a case manager for this program, it was overwhelming to learn everything about Medicaid and how the Elderly and Disabled Waiver Program works for the clients. As a case manager, it is important to know the differences between Medicaid and Medicare, so the same education can be provided to the client.

My role as the DNP student for this project included the responsibilities of the project leader and staff educator. I planned and developed the necessary educational materials in consultation with the project site leadership. I created and graded the pre- and posttests and analyzed the test scores. The completed educational program evaluations were reviewed to determine if changes were necessary to improve its delivery. I provided the resulting information to the project site leadership.

My motivation for this project was to provide education to all the case managers to help them understand the differences between Medicare and Medicaid, and how each plays a role in Medicaid Waiver eligibility. My bias was that I have experienced a misunderstanding about Medicare and Medicaid myself, and I want all case managers to understand these insurance programs better to promote improved health outcomes for waiver clients.

Role of the Project Team

The role of the project team was to assist me by consulting on all phases of the project. The project team included the project site case management supervisor, the ombudsman for the planning and development district case managers, and me. The licensed social worker; case manager; supervisor; and another licensed social worker, who is the ombudsman for the planning and development district case managers, played a key role in reviewing the content of the education program. Weekly communication between the team occurred regarding the scheduling of the education session, reviewing the education content, and the final evaluation of the education program results. The caseworker supervisor communicated instructions to the staff related to program session attendance.

Summary

I developed this staff education program to provide case managers with educational tools to assist them in following current Medicare and Medicaid regulations. The information provided in the program is intended to help the case managers be observant, focused, and well-rounded in providing current eligibility for waiver clients. In

the next section, I will discuss the process involved in collecting and analyzing the evidence for the project.

Section 3: Collection and Analysis of Evidence

Introduction

The purpose of this DNP project was to develop, implement, and evaluate a staff education program for case managers on Medicare and Medicaid services eligible to Waiver Program clients. The desired outcome was an increase in staff knowledge of the differences between Medicare and Medicaid and of the types of Medicaid available in the state of practice. Participant knowledge gained from this project, when applied to practice, will assist in planning care for waiver clients, preventing health and social decline ("Instructions," 2021).

The project's practice setting was a district of an independent organization in a southern rural area of the United States that supports the community in multiple areas, including social services. I developed the educational program using the theoretical framework comprised of the ADDIE model, SCLT, and Knowles's andragogical theory. The case management leadership at the project site cooperated with and assisted me with the development of the educational program and facilitated the necessary resources for implementation. Medicare and Medicaid client waiver program policies were affected by the COVID-19 pandemic, resulting in case managers needing to be up-to-date on current practice and guidelines. The need for staff education on these policies was first identified before conducting this project to ensure that their knowledge was improved.

Practice-Focused Questions

As previously stated, the gap in practice at the practice site was the staff's lack of knowledge about current Medicare and Medicaid eligibility policies for waiver

program clients. The two practice-focused questions for this staff education project were:

1. Will nursing staff who take part in the education program be able to increase their knowledge about the CMS services offered to the Medicaid waiver clients?
2. Will nursing staff who take part in the education project show increased knowledge of the diverse types of Medicaid for waiver clients?

The project's purpose was to design, implement, and evaluate an educational program for case managers on Medicare and Medicaid services eligible to Waiver Program clients. I compared participants' pre- and posttest scores to determine whether the education session achieved the goal of improving their knowledge and understanding. This project's ultimate aim was to improve the case managers' ability to follow CMS policies regarding services for Medicaid and Medicare programs and improve waiver program client outcomes.

Sources of Evidence

For this project, I examined primary articles published over the 5-year span of 2019–2024 related to the project focus and sentinel resources on adult education. Scientific databases, including Cumulative Index to Nursing and Allied Health Literature, EBSCO, Biomed Central, PubMed, and Web of Science, were searched for peer-reviewed, scholarly articles. I obtained additional information from program site communication reports as well as governmental and professional organization websites. Search terms for the literature review included *CMS, Medicare, Medicaid, Client Waiver*

Programs, ADDIE, SCLT, Knowles's adult learning theory, nursing education techniques, and *staff education*. I evaluated all articles reviewed for relevance and level of evidence using the tools from the Johns Hopkins evidence-based practice model for nursing and healthcare professionals (see Dang et al., 2021).

Most articles relevant to the topic that I reviewed dealt with Medicare, homebound individuals, home health, caregivers, nursing homes, and social workers. Two articles provided the differences in Medicare and Medicaid and how each pays the provider for services. Layton et al. (2023) stated that the United States has two dominant health care programs: Medicare and Medicaid. Both programs provide over 100 million U.S. citizens with insurance. There have been multiple debates on who should be covered and how much coverage they receive from these programs; however, due to the design and costs of both programs, no research has been found that concludes that Medicare is better than Medicaid or vice versa (Layton et al., 2023). Layton et al. reported that by leveraging the age range of those over 65 years old among those previously on Medicaid, the government spends 13% more under Medicare than Medicaid; these fees come from increased utilization of services. Medicare beneficiaries also have a higher rate of outpatient usage than levels of acute care usage (Layton et al., 2023).

Bravo et al. (n.d.) focused on health disparities and how urgent services and patient needs are not being met. Health care providers vary in geography, causing treatment inequality to meet patients' needs. Five criteria are needed to meet the needs of clients and health care providers: accessibility, availability, accommodation, acceptability, and affordability (Bravo et al., n.d.). Expanding access to essential services

is crucial for eliminating socioeconomic health disparities; however, few studies have quantified its impact on health outcomes or explored policy interventions through prescriptive analytics (Bravo et al., n.d.). The inherent complexity of health care needs, including patient heterogeneity and limited data availability, pose significant challenges to implementing a one-size-fits-all approach (Bravo et al., n.d.). Bravo et al. introduced a data-driven framework that integrates a structural econometric model with a facility location model, offering a novel interdisciplinary perspective on the critical issue of health inequality.

Teal et al. (2006) explained that beneficiaries did not understand the differences in how reimbursement works for Medicare or Medicaid. Medicare beneficiary knowledge about fee-for-service Medicare versus managed care alternatives has been studied extensively; however, these efforts might be compromised by a lack of familiarity with common Medicare terminology (Teal et al., 2006). Medicare beneficiaries were unfamiliar with the terms: original Medicare, Medicare HMO, Medigap, and Medicare Advantage (Teal et al., 2006). Less specific terms, such as health care plan and supplemental insurance, were more familiar to participants, though sometimes the meanings were understood from the words themselves. This was sometimes helpful, as in the case of the term supplemental insurance, in which the induced meaning was usually correct (Teal et al., 2006). The beneficiary could not link their correct conceptual knowledge to individual program terms, which has considerable implications for how this beneficiary's knowledge could be assessed for more knowledge (Teal et al., 2006). If the field currently has difficulty assessing beneficiary knowledge without any understanding,

then this will only compound the problem as the Medicare Program changes and becomes more complex (Teal et al., 2006).

I conducted this project to determine if participant knowledge increased following the education session. The participants completed a questionnaire with 10 multiple-choice questions immediately before and after the education session to evaluate if learning occurred. Each pre- and posttest questionnaire was coded the same to maintain participant anonymity.

Participants

This staff education project involved 20 nurses and social workers who managed cases for the Elderly and Disabled Waiver Program and were employed at the project site. The case manager supervisor facilitated participant recruitment and scheduled the education session.

Procedural Steps

The project was implemented as a quality improvement initiative to educate case managers about Medicare and Medicaid. The development of the DNP project began with research and analysis of all information related to how Medicare and Medicare are different. I developed and organized the education material to meet the needs of the organization and the learning needs of all case managers, including the newest and the oldest ones, so that they can understand the importance of knowing the differences between Medicare and Medicaid (see Min et al., 2022).

The educational program was provided to participants in an in-person session that lasted about 30 minutes. The curricular plan (see Appendix B) included an overview of

CMS, Medicare, and Medicaid benefits; the criteria to meet eligibility for services; and the significance of understanding the different programs offered to Medicaid waiver clients (see Bravo et al., n.d.; Layton et al., 2023; Pope, 2024). The education program incorporated a PowerPoint presentation (see Appendix C) and various handouts, including a copy of the PowerPoint slides, information flyers published by Medicare and Medicaid, and tools on current regulations. An open discussion with questions and answers followed the PowerPoint presentation.

The 10 multiple-choice, pre- and posttest questions were taken directly from the education presentation content (see Appendix D). Pretest questions were identical to posttest questions, and all test questions were assigned a value of 10 points with 100 possible points in total. I provided each participant with a unique identifying number for evaluation purposes, which allowed me to match the pre- and posttest questionnaires for comparison purposes. I administered and collected the pre- and posttest questionnaires. Both pre- and post-test scores were recorded in a table that aligned with the participants' identification codes. At the conclusion of the education program, participants completed a separate program evaluation. The program evaluation form included 12 five-point Likert scales and three open-ended questions. The findings of the program evaluation will be used to improve any future educational programs on the topic.

I analyzed test score data using the normalized learning gain of averages (posttest score – pretest score) / (100 – pretest score) x 100. The project findings will be documented in Section 4.

Protections

I obtained approval for this project from the Walden University Institutional Review Board (Approval No. 10-29-24-0369171). All case manager staff at the project site were required to participate in the education program but completing the evaluation questionnaires was voluntary. At the start of the education program, I fully informed participants about the project's purpose, procedures, risks, and benefits. Confidentiality of individual and organizational information was maintained throughout the project. Each participant was given a unique identifying number on the questionnaires for evaluation purposes. No personal information was collected.

Analysis and Synthesis

As described in the previous subsection on collecting scholarly evidence, I explored literature published in multiple scientific databases, governmental and professional organization websites, and information from program site communication reports. All articles were evaluated for relevance and their level of evidence using the tools from the Johns Hopkins evidence-based practice model for nursing and healthcare professionals (see Dang et al., 2021). Each resource was organized into the literature matrix to summarize key points of the research, the hierarchy level of the research, and its key relevance to the practice question (see Dang et al., 2021).

All participants completed a questionnaire before and after the education program. I analyzed the pre- and posttest scores using descriptive statistics to assess if case managers' knowledge increased with the educational program.

Summary

The project's purpose was to design, implement, and evaluate an educational program for case managers on Medicare and Medicaid services eligible to Waiver Program clients. Prior to implementation, I reviewed previous research in the form of primary and secondary articles relevant to the topic. The literature was also evaluated for reliability and applicability. The educational program was then completed and delivered to participants. Their scores from both the pre- and posttests were collected and analyzed. In the next section, I will report the findings and provide my recommendations.

Section 4: Findings and Recommendations

Introduction

The local problem at the practice site consisted of a knowledge deficit and practice gap around case managers' understanding of the differences between Medicare and Medicaid. Case managers must understand homebound clients' needs in order to achieve better health care outcomes (Adekugbe & Ibeh, 2024). The purpose of this project was to develop, implement, and evaluate a staff education program for case managers on Medicare and Medicaid services eligible to Waiver Program clients. I delivered the education program to 20 participants during a 30-minute, in-person PowerPoint presentation. To assess any change in knowledge, the participants completed a pen-and-paper, 10-item, multiple-choice questionnaire immediately before and after the education presentation. Separate identification codes were used on the questionnaires to maintain the confidentiality of the participants.

I compared the participants' pre- and posttest scores to determine whether the project goal of increasing staff knowledge was achieved. All participants completed the pre- and posttest questionnaires, and data from their questionnaires were entered into a table, analyzed, and compared using descriptive statistics by following the normalized learning gain of averages (see Brigham and Women's Hospital, 2020). The learning gain formula was as follows: (posttest score minus the pretest score) divided by the (highest score possible minus the pretest score) times 100. This method of analyzing data is a standard measure for reporting learning effectiveness (McKagan et al., 2022).

Normalized gain is an excellent method of determining averages for educating learners of diverse backgrounds and educational levels (McKagan et al., 2017).

Findings and Implications

Among the 20 participants, scores increased overall after the educational intervention. The mean test score increased from 70.5 before the intervention to 90.2 after the intervention. The calculated percentage learning gain of averages indicated a 68% improvement in participants' knowledge of Medicaid and Medicare guidelines following the education program (see Table 1). The considerable improvement from participants' pre- to posttest scores indicates that the nursing education program enhanced their knowledge and understanding of the topic.

Table 1

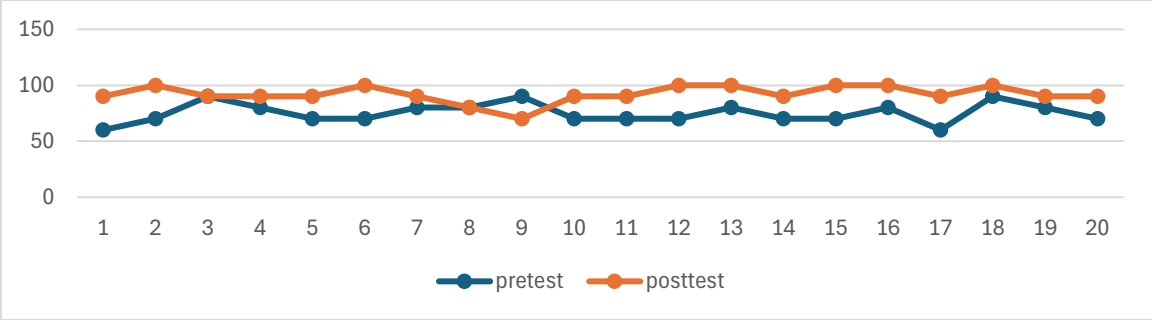
Pre- and Posttest Score Results

Participant ID	Pretest score (*n* of correct answers)	Pretest %	Posttest Score (*n* of correct answers)	Posttest %	Learning gain %
#1	60	60	90	90	75
#2	70	70	100	100	100
#3	90	90	90	90	0
#4	80	80	90	90	50
#5	70	70	90	90	67
#6	70	70	100	100	100
#7	80	80	90	90	50
#8	80	80	80	80	0
#9	90	90	70	70	-200
#10	70	70	90	90	67
#11	70	70	90	90	67
#12	70	70	100	100	100
#13	80	80	100	100	100
#14	70	70	90	90	67
#15	70	70	100	100	100
#16	80	80	100	100	100
#17	60	60	90	90	75
#18	90	90	100	100	100
#19	80	80	90	90	50
#20	70	70	90	90	67
Mean score	70.5		90.2		68

A visual display of the pre- and posttest score for each participant is shown in Figure 1. As the line graph indicates, scores increased on the posttest for all participants except for two participants (i.e., #3 and #8) who scored the same on the pre- and posttests and an unanticipated drop in scores for Participant #9.

Figure 1

Graph of Individual Participant Pre- and Posttest Scores



Evaluation of the Staff Education Program

After the education program, all 20 participants completed a program evaluation form to evaluate the delivery and effectiveness of the staff education program. This questionnaire had 12 five-point Likert scale questions and three open-ended questions (see Appendix E). Most participants (75%) strongly agreed the program was delivered as per expectations. Their comments highlighted that the presentation provided helpful information for their job. Two participants reported that the session was too short and that a more in-depth explanation of the Medicaid and Medicare services offered would have improved the program.

Recommendations

My recommendations for this project include requiring each new case manager to complete the education program on Medicare and Medicaid benefits and services before being assigned as a primary case management team member. I also recommend implementing periodic training and educational programs on CMS, Medicare, and

Medicaid in more detail and including information about how case managers can better serve their clients in the Elderly and Disabled Waiver Program. An additional consideration is to offer training in other formats, such as online modules, so that the education program provides flexibility to the staff.

Contribution of the Doctoral Project Team

The doctoral project team reviewed the curriculum plan, PowerPoint slides, and pre-/posttest questionnaire for its relevance to the organization's practice gap. The ombudsman and I met for an hour to discuss the project, and the ombudsman did not make any corrections with regards to the pre-/posttest or PowerPoint. The project team saw that the PowerPoint presentation was short, to the point, and easy to read. The team noted that both tests had the same information that was provided on the PowerPoint presentation. After the educational session, the case manager supervisor planned more educational projects for the future to provide all case managers with knowledge of products and services.

Strengths and Limitations of the Project

This project's strengths included identifying a true practice gap and the positive outcome of the educational program. The number of staff who participated in the project included the entire case manager population at the project site. Limitations of this project included that not enough time was allotted for the education session to address the learning needs of some participants and that more detailed information on Medicare and Medicaid would have been beneficial. Medicare and CMS play a significant role in a clients' health and well-being, and case managers have a critical role in making sure that

accurate information is conveyed to their Elderly and Disabled Waiver clients about Medicare and Medicaid in order to advocate effectively on their behalf.

Implications for Positive Social Change

With this project, I built a shared knowledge about Medicare and Medicaid benefits and services and accountability among case managers at the project site so they can advocate for their clients effectively. The level of care that is required for the older and disabled populations constantly changes. Clients and caregivers often lack knowledge about their eligibility for Medicaid Waiver programs (Mississippi Division of Medicaid, 2023, b). The knowledge gained from the staff education project will assist case managers in advocating for their clients in the community effectively. Assisting clients with the Elderly and Disabled Waiver program will ultimately improve a significantly diverse population's access to health care. By improving their knowledge of how to help clients and caregivers understand the difference between Medicare and Medicaid, case managers can provide better care and ultimately improve client outcomes.

Summary

The participants in this staff education project on the Elderly and Disabled Waiver Program learned about CMS, the differences between Medicare and Medicaid, and their significant role in advocating for clients. The design of this educational project helped inform case managers of how to present the correct information to their clients and promoted a better understanding of eligibility for the Elderly and Disabled Waiver Program. Through this project, case managers gained knowledge to keep their clients

informed and improved their ability to answer any questions clients may have related to their benefits.

Section 5: Dissemination Plan

Each participant received a copy of their respective pre- and posttest results. I also shared the table displaying the pre- and posttest score results with the case manager supervisor. No identifying information was shared. My dissemination plan for now is to plan presentations for other districts in the project site organization that deal with clients in the community to make them aware of the differences between Medicaid and Medicare and how CMS affects policies related to both. The ombudsman at the project site asked to use this education when she visits nursing homes to see if this would help the billing, clinical and pharmacy staff understand the differences so that nursing home management can be sure of payment sources for medications and living expenses. This educational project is valuable for anyone who deals with Medicare and Medicaid regularly, such as other waiver case managers, nursing homes, medical clinics, and pharmacies.

Analysis of Self

I started working on this project in 2023 after the COVID-19 pandemic. This project taught me the importance of research, analysis, and how to teach others. Throughout this project, I have demonstrated a strong ability to approach problems with a creative and analytical mindset. I proactively identified potential issues with this project and suggested innovative solutions that helped me stay on track and achieve my goals, using collaboration and research to find the best solution. I am so thankful to have completed this project. There were so many delays and other time issues while waiting on others that I thought I would not be this close to graduation.

Throughout this project, I made a concerted effort to manage my time effectively and efficiently, while maintaining a prominent level of productivity. I prioritized my workload and created a schedule that allowed me to complete all my tasks on time and avoid procrastination. A conscious effort was made to minimize distractions and stay focused on my goals. I learned the importance of teaching adults in a specialized learning environment, which helped me to get to the finish line of this project.

Summary

The gap in practice addressed in this project was that case managers were failing to recognize the benefit and eligibility differences between the federal and state-run programs of Medicare and Medicaid. Case managers must be well-informed regarding these programs to effectively manage their clients' care. With this project, I aimed to plan, implement, and evaluate a staff education program on Medicare and Medicaid services. The practice-focused question centered on whether participants demonstrated increased knowledge about Medicare and Medicaid services available to Waiver Program clients. Before and after the education program, I analyzed participants' pre- and posttest scores to determine if a learning gain occurred. The results showed an improvement in participant knowledge. By eliminating this gap in practice, the case manager staff at the project site can provide more appropriate patient care, ultimately resulting in improved client outcomes.

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Appendix A: Literature Matrix

EBP Question: Will case manager staff participating in the education program increase their knowledge of CMS program services eligible for Waiver Program clients? Will case manager staff participating in the education project show increased knowledge of the diverse types of Medicaid available to waiver clients?

Reviewer name(s)	Article number	Author, date, and title	Type of evidence	Population, size, and setting	Intervention	Findings that help answer the EBP question	Measures used	Limitations	Evidence level and quality	Notes to team
Angela Smith	1	Abedini, A., Abedin, B., & Zowghi, D. (2024). A framework of environmental, personal, and behavioral factors of adult learning in online communities of practice. *Information Systems Frontiers*, *26*(3), 1201-1218.	Uses the social cognitive theory to examine how environmental, personal and behavioral factors influence online learning in adult males 18-46 years old from Jun 2017 to Jan 2019 and were GitHub members for more than six month	Twenty one interviews were conducted online with members of GitHub, a large online community of practice for IT professionals	The interviews were conducted face to face, skype, email about the adults' engagement, study description with research background information. The interviewees could share feedback and suggestions. The face to interviews and skype interviews had shorter answer	The social cognitive theory confirm the importance of environmental, personal, behavioral factors and that information exchange capability is a highly effective type of the behavioral factors. through the online community, users can excha	Used LSA to analyze interview transcripts with the following objectives: (i) qualitatively identify and illustrate the existence of influence in adult learning engagement within OCOPs, and (ii) identify the adults' engagement characteristics.	Github member only, and only 21 men 18-49 too small of a population size	Level 4 quality it was a qualitative study with a small group of men and the use of the social cognitive theory with the 3 factors.	Did not use for this project but would have used if It was online

			s from different countries using qualitative research		s than those obtained via email	nge information and under their own learning perspectives and time				
Angela Smith	2	Rosenbaum, S., & Casoni, M. (2024). The Medicaid Managed Care Rule Is A Blockbuster. *Health Affairs Forefront*.	Review of the new managed care rule April 22, 2024	This focuses on a nearly 60 old battle for federal/state financial relationship since enrollment has increased and health care costs have soared	managed care systems depend on an enormous number of factors, the most basic of which may be a provider network capable of making covered services accessible to members.	There are no answers to EBP questions here. This article discusses the new CMS provision regarding Medicaid managed care not waiver program funding	Measures through litigation are still going on as to how states fund Medicaid managed care and directed payments for managed care	The limitation was that it did not discuss both sides of the debate only one side	This article Is a level 3 with guidelines and using only a select people to write the article	Not used in this project
Angela Smith	3	Adekugbe, A. P., & Ibeh, C. V. (2024). Innovating service delivery for underserved communities: leveraging data analytics and program management in the US context. *International Journal of Applied Research in Social Sciences*, *6*(4), 472-487.	explores the integration of data analytics and program management to develop tailored	Underserved communities, characterized by socioeconomic disparities and limited access to	One-size-fits-all approaches to service delivery may overlook the unique needs and challenges faced by unders	Developing tailored solutions entails collaboration among government agencies, nonprofit	No measures used. This article talked about the underserved in the community. Addressing the needs of underserved communities requires a multifaceted and holistic approach that leverages innovation, collaboration, and policy	There were no limitations or biases. However the article covered 13 states and did	This was a level 4 article but did provide great information about the underserv	I referenced several key points in my project to this article

			solutions within the U.S. context. Underserved communities, characterized by socioeconomic disparities and limited access to resources, present unique challenges that necessitate innovative approaches.	resources, present unique challenges that necessitate innovative approaches. Leveraging data analytics enables organizations to gain insights into community needs, predict trends, and allocate resources effectively. The Appalachian area covers 13 states	erved communities. Tailored solutions that address the root causes of disparities, such as systemic racism, economic inequality, and social exclusion, are essential for achieving sustainable change and promoting equity	organizations, community-based groups, healthcare providers, educational institutions, and other stakeholders. By leveraging collective expertise, resources, and networks, stakeholders can co-create solutions that are responsive to community needs and priorities. Tailored solutions empower underserved communities to actively participate in	reforms. This comprehensive strategy is essential for promoting equity, improving outcomes, and advancing social justice for all individuals and families across the United States.	not give the age range	ed communities and the importance of getting them the help they need	

						decision-making processes, advocate for their rights, and access opportunities for self-improvement and collective action				
Angela Smith	4	Case Management Society of America. (2024). *What is a Case Manager?* https://cmsa.org/who-we-are/what-is-a-case-manager/	From the case management society of America definition of case manager and the job of a case manager	This document describes what a case manager is and how they help the patient	It defines a case manager as a person who helps the patient/caregiver manager the patient's healthcare needs	This document defines a case manager and how it helps the patient	No measures used just a handout explaining why patients need a case manager	Very short and to the point	This is level 3 it is not a study but does define case management well	I used this in my paper to define case management
Angela Smith	5	Instructions: case management on the front lines of COVID-19: the importance of the individualized care plan across care settings. (2021). *Professional Case Management*, 26,2, E7-E8. DOI: 10.1097/NCM.0000000000000496.	This article addresses case management response, highlighting individualized care plans to provide the right care and	The Quadruple Aim makes it imperative to pause, reflect, and Individual case managers have shared how they experience	the Triple Aim of improving individual experiences of care, achieving better health of individuals and populations, and reducing per	This relates to my EBP question because it answers to how case management works in the field particularly in the home	Although some of the information presented here includes anecdotal evidence, it is based on actual interventions by experienced, professional case managers working on interdisciplinary teams to manage COVID-19 cases.	This article was shared through case management experiences in the field during Covid 19 it does not	This is a level 3 because it was article written based solely on experience of others and anecdotal	I did reference this work in my article

			treatment at the right time addressing the comorbidities and consequences for patients during the pandemic	moments of self-care through activities such as riding a bicycle, taking walks, and being in nature. In addition, self-reflection and mindfulness have helped case managers feel, as has often been expressed during the pandemic, that “we're all in this together.” The experiences of the authors of this article, all of whom are board-certified and either	capita costs of health care. The Triple Aim forms a foundation for ethical and professional standards in case management.	environment		say how many case managers but it does bring to light the importance of the job	evidence	

				actively manage COVID-19 cases or direct the management of these cases, underscore the importance of the individualized care plan in the field						
Angela Smith	6	Layton, T., Maestas, N., Prinz, D., Shepard, M., & Vabson, B. (2024). Medicaid vs Medicare: Evidence from Medicaid to Medicare Transitions at 65. https://www.nber.org/sites/default/files/2024-06/NB20-15-laytonetal-upd_Accessible.pdf	Empirical study of Medicare and Medicaid beneficiaries	Those on Medicaid at 65 who switch to Medicare which is comprise of disabled beneficiaries who are only enrolled in Medicaid at 63 but are dual eligible at 65	This article provides evidence by leveraging linked Medicare and Medicaid data through validation of each state's Medicaid data against an external source of truth and limit to states for which the data aligns with	Transitioning from Medicaid to Medicare leads to a 13% increase in costs as opposed to Medicaid at 12%. Utilization spending for Medicare uses primary care more that keeps rates normal. The usage of	This paper investigated the cost and coverage of Medicare and Medicaid by using mandatory age-based transition into Medicare at 65 among those previously on Medicaid	I did not find limitations but the study provided great information. Even though it covered lots of points as to Medicare and Medicaid coverage	This study was level 3 and was a multiphase study covering many areas of Medicare and Medicaid	Used several points in this article for my project

					the external bench marks	primary care more than acute care asserts the higher physician rates				
Angela Smith	7	Chong, N., Caldwell, J., Kaye, H. S., & Mitra, M. (2024). Outcomes of Person-Centered Planning in Medicaid Home-and Community-Based Services. The Gerontologist, 64(6), gnae017.	Data from the 2018-2019 National core indicators for person centered planning using adjusted regression models	Aging and Disability survey collected among adult Medicaid HCBS recipients in 12 states 5,849 participants	Examined 2 PCP measures: decision making and whether service plans reflected preference and choices and a scale to assess the pcp process outcomes meeting needs	Person centered planning is consistent with meeting the needs of person's services and better outcome as far as living at home	The national core indicators on decision making and whether plan of care meet needs or prefences using a set of 5 binary (yes/no) domains	Data is cross-sectional, many participants did not recall most recent meeting and that there is a considerable variation in planning from state to state	This is a level 4 because it used a panel of participants	This is a good article about person centered planning in HCBS programs in LTSS
Angela Smith	8	Teal, C. R., Paterniti, D. A., Murphy, C. L., John, D. A., & Morgan, R. O. (2006). Medicare beneficiary knowledge: measurement implications from a qualitative study. *Health care financing review*, *27*(4), 13–23	Qualitative study to examine beneficiaries' familiarity with Medicare programs and terminology	21 participants with an average age of 77.3. 11 were female, 7 black, 6 Hispanic, 8 were white. 8 with college	All interviews were recorded, and interview observations were noted. Data from each section of the interview was analyzed	Medicare beneficiaries have difficulty understanding coverage. Many participants do not have enough information and	The interview asked closed and open-ended questions and definition of Medicare terms while documenting observations	This qualitative pilot study reflects only a small number of English speaking people in a southern urban regio	This study is a level 3-4 was a qualitative study with interviews and a panel of people to analyze	This article speaks to the fact of knowing the importance of knowing Medicare plans and how it

				degrees and 11 with income of $20000 or less		will not admit it. Many state that wording needs to be simplified		n with specific Medicare plans	the evidence	differs from Medicaid
Angela Smith	9	Wong, J., Pedersen, J., Tennety, N., DuBois, L., Chiu, R., Shah, D., Malecki, G., Wafford, Q. E. & Heinemann, A. W. (2023). Service-delivery competencies in home and community-based services needed to achieve person-centered planning and practices: a systematic review. *Journal of Applied Gerontology*, *42*(3), 493-504. https://doi.org/10.1177/07334648221139476.	systematic review approach to provide an overview of the person-centered HCBS practices and impacts.	includes people with disabilities and older adults in the long-term care system. The NCAPPS framework reflects a synthesis of published and gray literature, as well as stakeholder input. To investigate whether competencies needed for HCBS providers to deliver person-	identify the key competencies needed for delivery of person-centered supports and examine the relationship between HCBS and its' outcomes in the United States. We used the competencies developed by the National Center on advancing Person-Centered Practices and Systems as a framework.	Findings underscore the importance of direct support workforce training on person-centered practices, an essential element for strengthening HCBS system. The HCBS system is at a pivotal moment with the Biden administration's focus on financing significant	a systematic review to identify the skills necessary to deliver person-centered HCBS. 43 articles coded and identified seven competencies. Most frequently mentioned competencies related to *culturally informed practice, cultivating connections,* and *promoting rights, choice, and control*. Policy makers should create training standards for person-centered practices to ensure that people receiving HCBS live the lives they want.	excluded articles focused on institutional providers. articles may not reflect current practices as we did not impose a date range. limited research investigated how the competencies were adopted and conveyed in HCBS settings. most		

				centered supports, we adopted NCA PPS′ framework to categorize articles in this systematic review.		reforms, including rebalancing budgets and creating infrastructure to support the goals of person-centered service delivery.		articles had little information about the specific models of service delivery that were employed. did not include people with disabilities in all aspects of the research process, including defining research aims and questions, designing the study, and analyzing the data.		
Angela Smith	10	Liang, H., Tao, L., & Shi, L. (2023). The Effect of Medicaid Eligibility on Utilization of Services and Access to Care among Health Center Patients: A Regression Discontinuity Design. *Health & Social*	utilized data from the 2014 Health Center Patient Surve	The 2014 Health Center Patient Survey employed a three-stage sampling	The	This study contributes to the literature and addres	The United States' Affordable Care Act (ACA) aims to improve access to and quality of care for low-income patients. To do	some selection effects arising from the	This was a level 5 but did provide quali	Article had great facts on Medicaid

		Care in the Community, *2023*(1), 9102639.	Patient Survey, a nationally representative survey sponsored by the Health Resources and Services Administration (HRSA). The survey features patient-level data derived from in-person, one-on-one interviews with Health Center Program patients. using Health Center Patient Survey data and a regression	y is the most recent publicly available nationwide data on HC and consists of a probability sample of 7,002 patients representing over 22 million patients seen at HCs in 2014.	design to obtain the sample: the first-stage sampling units were HCs, the second-stage sampling units were HC sites, and the third-stage sampling units were patients who had made at least one visit to an eligible HC site in the past 12 months. The data collection was carried out between September 2014 and April 2015. Meanwhile, the interview portion of the survey	ses the gaps in the existing research, demonstrating that Medicaid enrollment improved preventive service use among US health center patients. Moreover, obtaining Medicaid coverage had significant positive effects on the frequency with which patients undergo routine checkups and colorectal cancer screenings.	so, it expands Medicaid eligibility from individuals under 100% of the federal poverty level (FPL) to include those under 138% of the FPL. Based on the 2014 Health Center Patient Survey (a nationally representative survey sponsored by the Health Resources and Services Administration (HRSA) (n = 4,380)), this study examined the effects of the Medicaid eligibility on having a usual source of care and the utilization of preventive services among health center patients. A regression discontinuity approach was used to identify the causative impact of Medicaid enrollment on low-income and nonelderly health center patients	survey sample and Medicaid expansion. Specifically, newly insured individuals could have entered the sample or exited, which may lead the target population to be not equally represented.	ty information about Medicaid as it pertain to the ACA	

			discontinuity (RD) model.		was administered using computer-assisted personal interviewing (CAPI) and was conducted in one of five languages: English, Spanish, Chinese, Korean, or Vietnamese. In total, 169 HC grantees were recruited, data were collected from 521 HC sites, and 7,002 patient interviews were carried out. The final response rate among patients confirmed to be eligibl					

					e was 91.4%.					
Angela Smith	11	Bravo, F., Gandhi, A., Hu, J., & Long, E. F. (n. d.). Closer to Home: An Estimate-then-Optimize Approach to Improve Access to Healthcare Services. Retrieved August 27, 2024, from elisalong.com/uploads/1/0/9/7/109701801/bravo_gandhi_hu_long_2024_-_closer_to_home.pdf.	study introduces a novel structural estimate-then-optimize (SETO) framework, combining structural demand estimation using a modified Berry-Levinsohn-Pakes (BLP) approach that accounts for provider capacity with a choice-based optimal facility location model to maximize healthservice utilization. a case study on the	In early 2021, the U.S. government launched the Federal Retail Pharmacy Program (FRPP) to expand COVID vaccination distribution points through a partnership with 21 national chains and independent pharmacy networks. By August 2023, more than 300 million doses were administered through FRPP,	he most granular population-level COVID vaccination data available in California: vaccinations administered by zip code Our main outcome variable is the proportion of the population aged 5+ who are fully vaccinated as of March 1, 2022, although we consider alternative time points	Integrating structural estimation and optimization into policy design can uncover and mitigate disparities in healthcare access vary by socioeconomic status, with vulnerable communities being more sensitive to distance. Heterogeneity in the demand for and supply of healthservices can pose significant challenges, but they also presen	Beyond only vaccination gains, the cost and feasibility of non-pharmacy partnerships are key considerations. Demand estimates indicate that residents of socioeconomically vulnerable communities are more sensitive to travel distances to pharmacy-based vaccination sites. Strategically adding 500 retail stores serving lower-income communities increases predicted vaccinations by 2.9% overall (770,000 additional vaccinations statewide) and by 5.4% in the least healthy neighborhoods. Our integrative SETO approach outperforms heuristics that allocate resources based on current vaccination rates, existing service gaps, population density, or predicted demand.	a static analysis to determine vaccination locations, but time-varying vaccination uptake and inventory availability may warrant a dynamic policy for site selection. operational considerations, including the costs of opening new locations and varying capacities across sites, are not incorporated	Level 5 based on financial and study specific to California and vaccines during Covid-19	This article talks about a limited access to care for patient who cannot afford transportation etc

			Federal Retail Pharmacy Program in California, a public-private partnership that administered millions of COVID-19 vaccinations.	across 41,000 locations nationwide		t opportunities to measure how utilization depends on several factors including distance and socioeconomics, a necessary component to determine where additional resources are most needed.		into the baseline model. Lastly, our analysis does not account for immunizations administered outside of pharmacies nor the age- or occupation-based prioritization implemented early in the vaccination campaign.		
Angela Smith	12	Centers for Medicare & Medicare Services (CMS) (n.d.). *About Us*. Retrieved August 31, 2024, from https://www.cms.gov/about-cms.	Website about CMS	CMS governs the Medicaid and Medicare services	No intervention just used the information	This answered my question about who CMS is and what they do	I used it for research about CMS policies	No limitations	Level 4 had information about policies and how Medicare and Medicaid are managed	Used some of this information for my project

Angela Smith	13	Caldwell, J., Heyman, M., Katz, G., & Ho, S. (2023). Facilitators and barriers to person-centered planning from the perspectives of individuals receiving Medicaid home and community-based services and care managers. *Disability and Health Journal*, *16*(3), 101473. https://doi.org/10.1016/j.dhjo.2023.101473	an exploratory study to identify key aspects of the person-centered planning process from the perspectives of (1) Medicaid HCBS beneficiaries receiving person-centered planning and (2) individuals facilitating the person-centered planning process in three states (referred to as care managers within the context of this study).	a national health plan providing managed long-term services and supports (MLTSS) and affiliated health plans in three states—two Southern states and one Midwestern state. recruited individuals served by the plan who were receiving HCBS and care managers who facilitate person-centered planning.	Study materials, including the recruitment flyer and the interview guide, were prepared in English and Spanish. The entire study protocol and materials were approved by the authors' IRB as well as the three state Medicaid agencies.	The facilitators and barriers, from the perspectives of individuals receiving HCBS and care managers, as they align with the three components of the National Quality Forum's Person-Centered Planning Measurement Framework.	interview guides in collaboration with the health plans to ensure understandability (i.e. terminology used within each state and plan) and appropriate reading level. Input from the health plans was primarily to assist with clarity and context.	plans varied considerably from state to state, and we found it difficult to clearly identify personal goals when we examined plans. barriers to person-centered planning, such as high caseloads, difficulty obtaining Durable Medical Equipment, and bureaucratic constraints.	Level 5 this examined the difficulty of barrier in care with service plans in the HCBS community	This information is very important to my project

Angela Smith	14	Nieuwland, A., O'Mara, J. R., & Mackenbach, J. D. (2024). Exploring public health researchers' approaches, barriers, and needs regarding dissemination: A mixed-methods exploration. *Journal of clinical and translational science*, *8*(1), e81.	A concurrent mixed-methods approach was used, collecting quantitative and qualitative data through an online survey with closed and open-ended questions and qualitative data from interviews. The quantitative survey was able to reach a larger group of participants through standardized questions relevant to the study, while the interviews gave	The study population consisted of HBCD researchers within APH. These researchers can be affiliated with the following institutions: Vrije Universiteit Amsterdam (VU), University of Amsterdam (UvA), and the Amsterdam UMC (location VUmc or AMC). The link to the online survey was sent out by a general APH email account to all 242 HBCD resear	The online survey was accessible via Lime Survey for a period of 3 weeks (from May 9, 2023 to May 31, 2023), with a reminder sent after 1.5 weeks. The survey outcomes were anonymous and covered a wide range of topics including but not limited to the motivations for dissemination, commonly used methods/strategies, dissemination planning, and experienced barriers.	This article helped me answer the type of questions I needed to asked for my project	The survey incorporated different types of questions, including binary (yes/no/not sure), categorical (very important/important/somewhat important/not important/not sure) (always/usually/sometimes/rarely/never/not sure), and open-ended questions (see supplementary material 1). Open answers were re-coded as existing answering categories if possible and otherwise qualitatively analyzed. The categorical responses were coded based on the scale categories, sometimes merging two (similar) categories.	the specific context and the low response rate to the survey, limiting the generalizability of the findings. However, the inclusion of qualitative data helped to offset this limitation. Another limitation is the lack of personal details collected such as age, gender, and focus area of research, which would have provi	Level 3 mixed method study of the understanding of dissemination	Relates to asking questions during research

			opportunities for a smaller group of participants' perceptions toward dissemination via semi-structured interviews	chers. Researchers could participate if they provided informed consent (opt-in) and were proficient in the English language. HBCD researchers involved in the design of this study were excluded. For the interviews, non-probability purposive sampling was used whereby participants were invited based on their career phase, position, and institu				ded valuable information on whether these personal factors affect dissemination activities.		

				tion. These participants were approached via email or in person. Researchers could participate in the interviews if they provided informed consent (opt-in) and were proficient in English or Dutch.						
Angela Smith	15	Park, S., & Stimpson, J. P. (2024). Unmet need for medical care among Medicare beneficiaries by health insurance literacy and disability. *Disability and health journal*, *17*(2), 101548.	a cross-sectional study design using data from the 2010–2019 Medicare Current Beneficiary Survey (MCBS), which is a continuous longitudinal surve	The survey is conducted in three rounds each year, with each round consisting of a sample of approximately 12,000 Medicare beneficiaries. In our	three binary measures of unmet need for medical care: experiencing delayed care, experiencing trouble getting needed care, and not seeing a doctor despite medical need. trend analysis found	In a nationally representative sample of Medicare beneficiaries, we found that unmet need for medical care was s higher among those with disabilities, partic	Our outcomes were three measures of unmet need for medical care. Our key independent variables were health insurance literacy and disability status. For each outcome, we estimated the adjusted rates of reporting unmet need for medical care by health insurance literacy and disability while controlling for individual-level characteristics.	self-reported survey data, our findings may be subject to reporting bias, including recall bias. assumed that respondents experienced	Level 3 covers many participants over a long period of time and the importance of health literacy	Many great pointers on Medicare

			y of a nationally representative survey of community-dwelling Medicare beneficiaries. The MCBS provide information on demographic characteristics, socioeconomic characteristics, healthcare utilization, and health status.	analysis, we treated each year's data as an independent annual cross-sectional survey, even though some beneficiaries were included in the data over multiple years. This indicates that we pooled the data from all years and conducted a pooled analysis.	that unmet need for medical care increased over time among Medicare beneficiaries with disabilities, but this trend was more pronounced among Medicare beneficiaries with disabilities and limited health insurance literacy	ularly for those with limited health insurance literacy. Moreover, the unmet need for medical care has been increasing over time among Medicare beneficiaries with disabilities, especially those with limited health insurance literacy.		unmet medical needs at the time of the interview, but the timing of unmet need may have occurred at another point in the survey year. treated the non-elderly disabled population as a homogeneous group		
Angela Smith	16	Pope, C. (2024). Restraining Medicaid's Budget-Busting Waivers. https//:media4.manhattan-institute.org/wp-content/uploads/restraining-medicaids-budget-busting-waivers.pdf.	This is a federal policy and review on state Medicaid waiver programs	waivers are supposed to be budget-neutral, but that requirement has not proved to	This article calls for reforms at the federal and state levels to reduce spending for Medicaid on	This article addresses funding and capping funding to prevent Medicaid abuse	This article addresses the cost and spending on Waiver programs	This was an article from the Manhattan Institute so it's really not from	Level 4-5 just a review of Medicaid Waiver policy	Great information on Medicaid waiver and how it is funded

				be an effective check on their use, because it is very difficult to objectively identify how much would have been spent without the waiver. Therefore, states can—and routinely do—inflate baseline costs in order to reap massive windfalls in federal matching funds.	the federal level			my state		
Angela Smith	17	Vasset, F. P., Dahl, B. M., Thunem, G., & Frilund, M. (2024). Exploring scientific writing as part of a learning model for interprofessional higher health education–A qualitative study. *Social Sciences & Humanities Open*, *9*, 100759.	based on the developed learning model the students felt both their theoretical and practi	occurred at an institute with two interprofessional programs at a university in Norw	Essays gave students opportune meetings to formulate their own personal ideas, new	1) *learning benefits and learning models*, 2) *benefits of interprofessional collaboratio*	requires good virtual platforms for the groups to function optimally and that essay writing can give students in higher education the opportunity to formulate their ideas in a more personal way. The interprofessional collaboration, in	The groups consisted of different occupational categories, and each occup	Level 4 students exploring scientific writing	Helpful to the doctoral student

			cal knowledge and understanding were deepened.	ay. Students gained new knowledge or new understandings when their theoretical knowledge and clinical experiences intersected in essay form.	understandings, new patterns of practice and deeper knowledge, particularly when writing in groups. Experience-based knowledge has been legitimated by the students who discovered the good interaction between theory and practice.	*n*, and 3) *Organizations, developments, and changes in writing processes*	essay writing, was perceived as both rewarding, challenging, but also a reflective learning process for the students.	ational category had its own image of itself as a professional.		
Angela Smith	18	Centers for Disease Control (CDC) (n.d.). *ADDIE Model*. Retrieved December 20, 2018, from https://www.cdc.gov/training/development/addie-model.html.	CDC policy on training using the ADDIE model	Using a systematic process for training development ensures that you follow key steps for successful development, provides a guide	Explains the steps used in the ADDIE model Analyze, Design, Develop, Implement and Evaluate which allows changes to training as it is	As with all training and research, changes are needed to improve training	The ADDIE model was an example used by the CDC for training their staff	No limitations were discussed	Level 4-5 for clinical practice guidelines and use in training	This model was used for my project

				for managing the training project, and helps support communication about the project with your team.	developed					
Angela Smith	19	Health and Human Services (HHS) (n.d.). August 31, 2024, from Home- and Community-Based Services | Guidance Portal and LTSS Roadmap-HCBS (hhs.gov).	Policy evidence from HHS	HCBS LTSS HCBS are person-centered care programs that are delivered in the home and community setting and address the needs of persons with functional limitations and in need of assistance with activities of daily living.	This website defines the formation of HCBS services and how these services are provided	This helps define differences in federal and state funding and how important services are to people in the community	No measures used just good policy information	No limitations	Level 4-5 policy and practice guidelines	Great information on Medicaid Waiver services and funding

Angela Smith	20	Roe, L. (2021). Graduate Service-Learning Experiences and Career Preparation: An Exploration of Student Perceptions. *Journal of Higher Education Outreach & Engagement*, *25*(4), 183–193.	several methodologies in qualitative research including observations, interviews, and focus groups that may be used to collect dataqualitative research using interviews for data collection, and analysed the data with the latent semantic analysis (LSA) technique. The strength of a qualitative research methodology using interviews depen	21 interviews with professionals using Github. All participants were male and aged between 18 and 46. Fourteen of them had been members of the community for more than six months, and the rest had been members for more than two years.	The interviews were conducted either face to face (for local members) or online (using Skype or other tools chosen by participants). Some also chose to answer questions in writing. After introductions, interviewees were asked to describe their own GitHub experience.		ten were interviewed face-to-face or via Skype. The average interview length was approximately 30 min. Interviews were recorded, transcribed automatically In a few cases, follow-up emails were sent requesting clarification or additional details. The remaining interviews were conducted via email as insisted upon by those participants.	findings might be influenced by selection bias, as participants were limited to active GitHub members who had experienced and contributed to a recent project. Attitudes and beliefs held by participants in the present work may differ from other population subsets.	Level 5 reviews of student learning prospectives	This addresses differed learning prospectives of students online great information on adult learners

			ds on study design quality, including carefully composed research and interview questions, and also rests on the ability to generate new insights and reveal unexpected findings							
Angela Smith	21	Gosa, L. K., Davis, A. B., Heyer, J., Taft, L., & Gill, L. (2024). Interprofessional education collaborative: A pilot simulation project. *Teaching and Learning in Nursing*, *19*(2), e324-e329.	Interprofessional education (IPE) is vital in curriculum innovation design to enable health care students and prepare the student to provide safe, effective, care facilitate interp	Literature review suggests that students can work as a team player, provide quality care and get students ready for the real world in different simulations	This was a literature review of several IPE studies and then a pilot project at a Georgia University Throughout the IPE, four interprofessional competency domains were addres	Great review of the importance of using simulation for clinical staff for better practice	Used a simulation center for the students for an interprofessional learning experience	More time needed for sessions and using an evaluative tool would have been helpful	Level 4 clinical practice guidelines simulation teaching	the need to promote person-centered care among a team of healthcare providers and incorporate this into teaching.

			rofessional educational opportunities and enhance academic-practice partnerships among health care faculty, professionals, and students at a university in Southwest Georgia and the local health care facility.	in a specific t amount of time	sed and evaluated. Students, faculty, and simulation experts qualitatively agreed that interdisciplinary simulation education created a valuable learning experience, allowing participants to demonstrate 1) values and ethics for interprofessional practice, 2) roles and responsibilities, 3) interprofessional communication, and 4) teamwork					
Angela Smith	22	Grøndahl Glavind, J., Montes De Oca, L., Pechmann, P., Brauner Sejersen, D., & Iskov, T. (2023). Student-centred	Mapped the empirical	To systematically analys	a comprehensive, system	Learning with SCLT may	the literature is skewed as most of the mapped literature focuses on in-	There was only one articl	Level 3 study had man	Adult learner learn

		learning and teaching: a systematic mapping review of empirical research. *Journal of Further and Higher Education*, *47*(9), 1247-1261.	research literature on SCLT in higher education.	e how SCLT is practiced in-class, out-of-class and institutionally according to empirically informed research articles, we conducted a systematic mapping review. Systematic mapping reviews are characterized by providing a general overview of a research field. This includes pinpointing the main areas of empirical research and	atic search in three relevant research databases covering educational, pedagogic and didactic research across disciplines and countries: Education Resource Information Centre (ERIC), Academic Search Premier, and Teacher Reference Centre. To capture the broad range of empirical research addressing SCLT, we conducted test searches in the three databa	benefit from what works for a specific, when and how it works	class practices with students as the primary target group, whereas only a limited number of studies focus on out-of-class practices and institutional practices. that empirical research on SCLT is diverse and covers a wide range of pedagogical approaches and methods. We show that SCLT not only is an umbrella concept in theory	e that did an evaluative related to SCLT but there are so many articles hard to research them all	y articles on studies using the SCLT theory	s on their time and when they want

				identifying knowledge gaps	ses, applying different combinations and variations of search terms in the titles, abstracts and full-text searches. The final search string consisted of 18 different terms denoting SCLT					
Angela Smith	23	medicaid.ms.gov	Website information on managed care and the elderly and disabled population	People over 18 who are considered disabled and over 65 elderly	No intervention addresses the Elderly and Disabled Waiver program and the managed care options for those who do not qualify for waiver	This website explains the services offered through the waiver and the companies of the managed care plans (MSCAN)	No measures used just discusses the options in my project	Website was limited as to the amount of information released	Level 4 policy and practice guidelines	Used this website for my project great information
Angela Smith	24	Gibbons, J. B., Cram, P., Meiselbach, M. K., Anderson, G. F., & Bai, G. (2023). Comparison of social determinants of health in Medicaid vs commercial health plans. Health Affairs Scholar, 1(6), qxad074.	characterized the prevalence of specific Z-code categories in	analyses focused on patients receiving 1 of 9 unique Z-	Three Z-code categories—housing and economic issues, primary	Social determinants of health are often found in the areas in the	Used social determinates of health as a zcode for providers to help patients improve health outcomes	lack of detailed information on patient and provi	Level 3 analysis of data of social determinants	This has great information with regards to coding

			a nationwide administrative claims database between 2020 and 2021. We compared characteristics of Z-code use between Medicaid and commercial insurance overall and by patient demographics (age and biological sex) while identifying the most common specific Z-codes among each insurance type. To our knowledge, this is the	codes, as Z58 (problems related to physical environment), the tenth Z-code, was not approved for use until October 1, 2021 (ie, the end of our study period).	support issues, and upbringing—accounted for approximately two-thirds of all Z-code claims among both insurance types. Housing and financial problems were more prevalent among Medicaid patient claims than commercial patient claims (28.2% vs 18.5% of SDOH claims), while limited primary support was less frequently used for Medicaid patients (18.0% vs 26.8% of SDOH	community where I work		der characteristics, this study can only explore some desired patient demographics and provider coding behavior, which are important topics for future research.	of health using a specific coding	based on a patient's needs very important

			first nationally representative study on Z-code use		claims). Overall, social environment, employment, and other psychosocial circumstances were the most common categories and had similar usage between patients with either insurance type. Occupational exposure was the least common category among Medicaid and commercial insurance beneficiaries.					

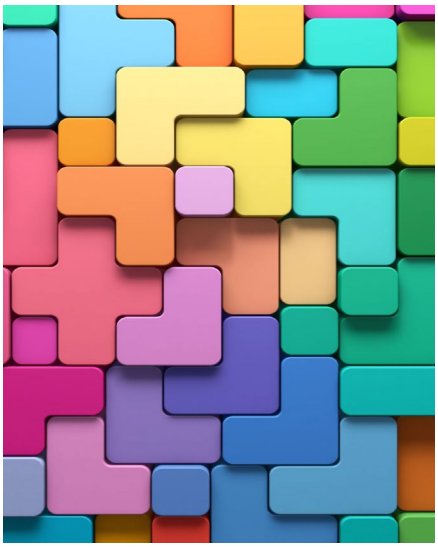
Appendix B: Curricular Plan

Learning Objectives:

- Increase knowledge of the CMS services provided for waiver clients
- Increase knowledge of the diverse types of Medicaid offered to waiver clients

Learning Objective	Detailed Content Outlined	Sources of Evidence	Method of presentation	Method of Evaluation
Case managers will be able to increase their knowledge about the CMS services offered to Medicaid waiver clients	Definition of CMS Medicare services, funding, eligibility	Centers for Medicare & Medicaid Services (n.d.) Layton et al (2024)	Power Point	Pre-test/post-test questions #1, # 3, #6
Case managers will show increased knowledge of the diverse types of Medicaid for waiver clients	Medicaid funding The types of Medicaid in Mississippi and who qualifies	Layton et al (2024) Mississippi Division of Medicaid (n.d.) Mississippi Division of Medicaid (n.d.) Centers for Medicare & Medicaid Services (n.d.)	Power Point	Pretest/post test Questions #4, #5, #7

Appendix C: Education PowerPoint Slides



STAFF EDUCATION ON MEDICAID AND MEDICARE PROGRAMS

Presented by Angela Smith

Walden University DNP Student

THE LEARNING OBJECTIVES FOR THIS PRESENTATION

1

Increase knowledge of the CMS services provided for waiver clients

2

Increase knowledge of the diverse types of Medicaid offered to waiver clients

Layton, et al., 2024 states:

- **There are only TWO major insurances in the United States: Medicare and Medicaid.**
- **Medicare and Medicaid both provide insurance for over 100 MILLION Americans**

WHO IS CMS?

- The Centers for Medicare and Medicaid Services (CMS) is an agency within the Department of Health and Human Services that oversees the United States healthcare programs, including Medicare, Medicaid and to prevent fraud and abuse in both systems.
- CMS data includes separate enrollment files that provide necessary information to the Medicaid and Medicare programs. The information level in all of the enrollment files is at a beneficiary-year level. Medicaid, as well as Medicare enrollment data, tracks demographic information such as age, gender, and birth date
- Medicare and Medicaid track each beneficiary's basis for eligibility at a given point in time, based on eligibility codes. The eligibility information can be used to determine which Medicaid and Medicare participants are eligible due to disability or another eligibility pathway. The enrollment files show the enrollment status in both Medicaid and Medicare on a month-by-month basis, as well as whether an individual is simultaneously enrolled in both Medicaid and Medicare. These demographics allow tracking as to whether clients are eligible for these two programs.

MEDICARE SERVICES

- Medicare is funded through the federal government for people over 65 years of age and some under 65 with certain disabilities.
- The government currently spends 13% more on Medicare than Medicaid which comes from a higher usage of outpatient services and increase in fee for services used.
- Medicare recipients do not understand the different Medicare plan options and often need help explaining how Medicare works.

MEDICAID BENEFITS AND SERVICES

Medicaid is funded through the state with help from the federal government .

Mississippi has regular Medicaid and Mississippi CAN (Access to Care) programs.

Mississippi CAN programs are provided for people who are currently receiving SSI and are working disabled.

The three providers for MSCAN are: Molina Healthcare, Magnolia Health, and United Healthcare. These are used solely for the population aged 19-65 who do not qualify for regular Mississippi Medicaid or Medicare.

To be eligible for MSCAN: beneficiaries cannot be on any waiver program, have Medicare and Medicaid, or be admitted to any nursing facility.

MEDICAID FUNDING TO MEET NEEDS

Pope, 2024, states

"Medicaid in every state's Medicaid spending has surged from over $205 billion in in 2000, which surged in 2019 to 683 billion in 2019, in which 75 percent was spent on waiver programs throughout the United States. The federal funding for Medicaid should be altered to reflect a national spending cap for all states would eliminate the states' ability to manipulate federal funding which can eliminate several administrative costs involved with the state waiver funding programs."

HEALTHCARE DISPARITIES AND THE URGENCY TO MEET NEEDS

Most healthcare providers vary geographically which causes inequality of meeting the needs of the population-

THE 5 CRITERIA TO MEET HEALTHCARE NEEDS

Bravo et al., n.d., lists 5 criteria to meet the healthcare needs of any population:

- Accessibility- the ability for everyone to have access to all services
- Availability-having the providers to meet all needs of the people with no limits
- Accommodation-the supplying of all healthcare services to meet the needs of the population
- Acceptability-providers including everyone in the population to meet the healthcare needs of the people
- Affordability- meeting the needs of the people without costing too much

WHY IT IS IMPORTANT TO KNOW THE DIFFERENCE?

Knowing the difference between Medicare and Medicaid is very important especially when it comes to the Elderly and Disabled Waiver population.

1. We have two ways to verify our population's eligibility:

   LTSS-Long term care services and supports

   and MESA-Mississippi provider portal

2. Knowing the eligibility codes associated with our program: 001 and 063
3. Looking at the eligibility list monthly to verify all participants have the correct codes and right eligibility end dates.

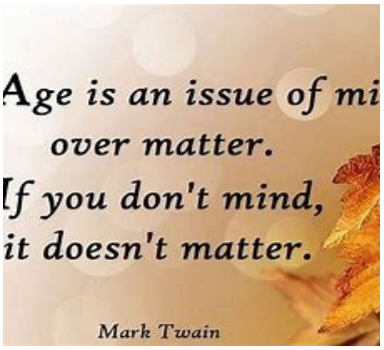
THE SIGNIFICANCE IN KNOWING THE DIFFERENCE

#1 The significance of nursing practice for the Elderly and Disabled Waiver case managers is to provide valuable information on every client's eligibility. Medicaid HCBS (home and community-based services) Waivers provide a special group of services to a certain populations. Eligibility for HCBS services varies by state. Waivers usually require medical and financial eligibility; however, eligibility requirements may differ from Medicaid eligibility in that State.

THE SIGNIFICANCE IN KNOWING THE DIFFERENCE

#2 National HCBS Model Programs consist of a program of total care for the Elderly. Medicaid is the primary payer source for long-term services and Supports (LTSS), which may be received in institutional or community-based settings. The primary aims and/or overarching goals of LTSS are to maintain a client-driven approach while also promoting independence, better health, and quality of life for clients and caregivers.

CONCLUSION



THE END

QUESTIONS?

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Appendix D: Pretest/Posttest

Circle the Correct Answer.

1. In the United States, there are two main types of insurance coverage for the elderly and disabled:
   a. CMS and AMA
   b. Medicare and Medicaid
   c. Molena and Home Health
   d. Medicare and Nursing Homes

2. How many United States citizens do both of these insurances cover yearly in America?
   a. Approximately 141 million
   b. Over 100 million
   c. Over 200 billion
   d. Estimated 205 billion

3. What is the definition of Medicare?
   a. Medicare is funded by the federal government for retired people over 65 years of age.
   b. Medicare is a fee for services provided only to the elderly.
   c. Medicare does not offer eligibility to the disabled under 65 years of age.
   d. Medicare is for people over the age of 65 and under the age of 65 with certain disabilities.

4. In Mississippi, how many Medicaid programs are offered to residents who are elderly and disabled?
   a. 7
   b. 2
   c. 3
   d. 5

5. Under the Mississippi Access to Care network, how many companies are involved in providing Medicaid to participants younger than 65 years old?
   a. 3
   b. 6
   c. 5
   d. 4

6. Medicare is a federally funded insurance for people over 65 and some people with certain disabilities. What makes Medicare so costly?
   a. Fee for services program
   b. Higher outpatient services usage
   c. Lowered prescription usage
   d. High cost of living

7. Name the three companies that provide Medicaid (MSCAN) to people who do not qualify for regular Medicaid under 65 years of age:
   a. Microsoft, Origin, Margin
   b. Hunt Brothers, John Deere, Jameson
   c. Molina healthcare, United healthcare, Magnolia Health
   d. Medicare, Aetna, Humana

8. What agency is responsible for monitoring fraud, waste and abuse with Medicare and Medicaid?
   a. AMA
   b. HHS
   c. CMS
   d. TDS

9. Per Bravo et al., five things are needed to meet all healthcare criteria. Which one of these is not a criterion to meet healthcare needs
   a. Accessibility
   b. Affordability
   c. Ascension
   d. Availability

10. The best way to verify the eligibility of an elderly and disabled client for our services is:
    a. Look them up on the CMS.gov website.
    b. Find them in the Long-Term Services and Supports system (LTSS)
    c. Verify eligibility in the Mississippi Meta Enterprise System (MESA)
    d. None of these
    e. Both B and C

Appendix E: Program Evaluation Form

Program Evaluation

Your responses and comments will help improve future educational programs. Please circle your rating on each item below:

Strongly Disagree (SD), Disagree (D), Undecided (U), Agree (A), Strongly Agree (SA)

Criteria	SD	D	U	A	SA
Program objectives were clearly defined.	**1**	**2**	**3**	**4**	**5**
All of the program objectives were met.	**1**	**2**	**3**	**4**	**5**
The materials were the right level of complexity for my background.	**1**	**2**	**3**	**4**	**5**
The course materials helped to support the program objectives.	**1**	**2**	**3**	**4**	**5**
The content was relevant to my needs.	**1**	**2**	**3**	**4**	**5**
The facilitator demonstrated a good understanding of the program materials.	**1**	**2**	**3**	**4**	**5**
The facilitator encouraged questions.	**1**	**2**	**3**	**4**	**5**
The facilitator made the subject understandable.	**1**	**2**	**3**	**4**	**5**
The presentation slides were clear.	**1**	**2**	**3**	**4**	**5**
The program content was presented clearly.	**1**	**2**	**3**	**4**	**5**
The time allowed for this program was right.	**1**	**2**	**3**	**4**	**5**
The setting was conducive to my learning.	**1**	**2**	**3**	**4**	**5**

Please complete the following

The most useful part of the education program was

The least useful part of the education program was:

The session could have been improved by: