Housing For Better Health:
An Update on the Medicaid Transformation Demonstration

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Introduction

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Medicaid Transformation demonstration

Medicaid transformation goals

Over the five-year demonstration, Washington will:

- Integrate physical and behavioral health purchasing and service delivery

- Convert 90% of Medicaid provider payments to reward outcomes

- Support provider capacity to adopt new payment and care models

- Implement population health strategies that improve health equity

- Provide targeted services that address the needs of our aging populations and address the key determinants of health

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Medicaid Transformation Demonstration

- Five-year demonstration of innovative strategies to improve health outcomes and use resources wisely
- Authorizes up to $1.5 billion in federal investments
- Three initiatives:

Transformation through Accountable Communities of Health *Up to $1.1B*	Long-term Services and Supports *$175M*	Foundational Community Support Services *$200M*
Incentive Payments	Services	Services

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Delivery System Reform Program

A regional approach

- ## ACHs play a critical role:
  - **Coordinate** and **oversee** regional projects aimed at improving care for Medicaid beneficiaries.
  - **Apply** for transformation projects, and incentive payments, on behalf of partnering providers within the region.
  - **Solicit** community feedback in development of Project Plan applications.
  - **Decide** on distribution of incentive funds to providers for achievement of defined milestones.

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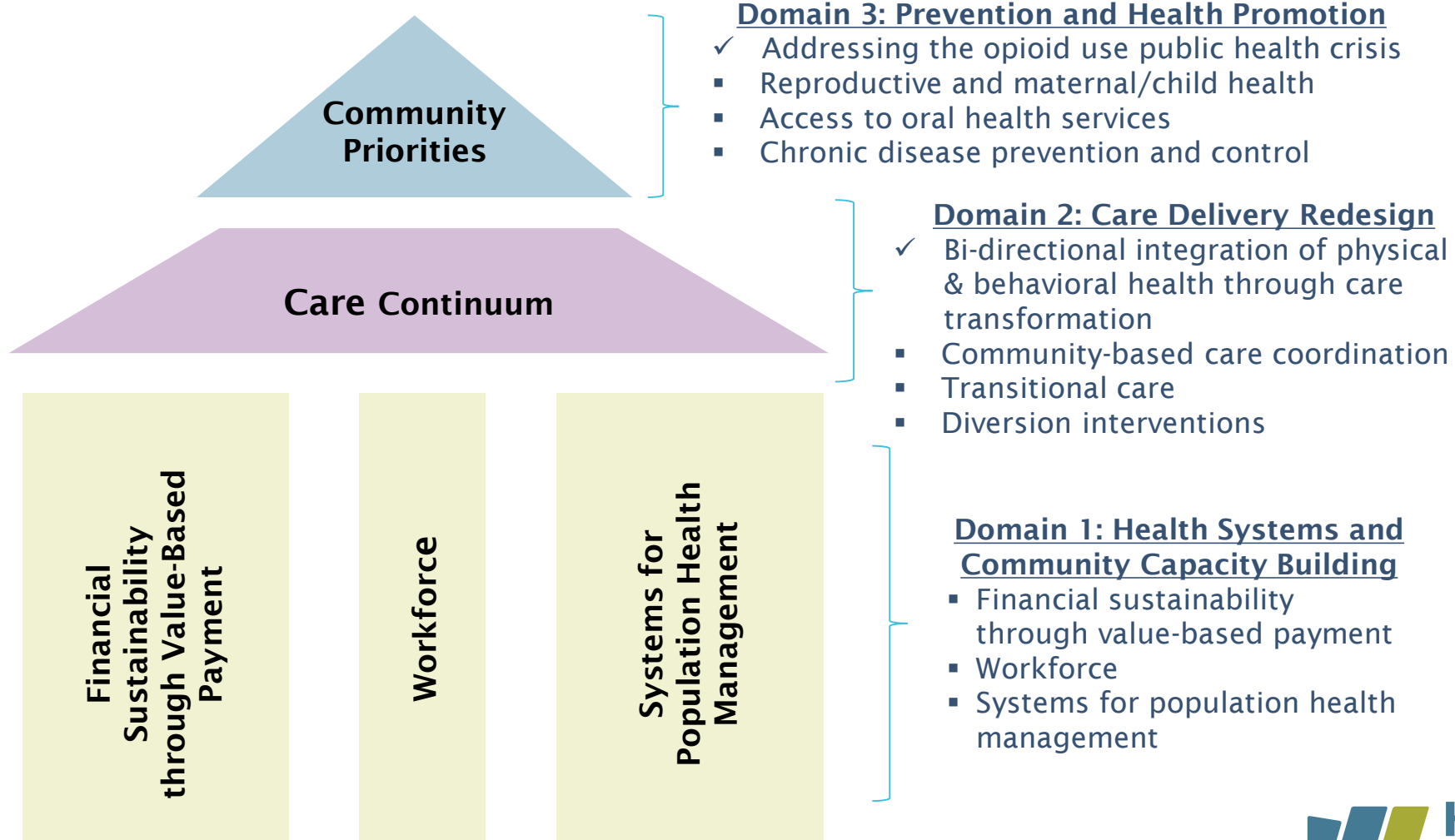
Working with ACHs

ACHs work with community partners to decide on population health improvement projects in their region.

Together, they select projects and develop a portfolio of Project Plans. Projects must align with the demonstration Project Toolkit.

Tribal Reps

Other Partners

Education

Hospitals & Providers

Counties & Public Health

Community & Social Support Orgs

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The Project Toolkit

Community Priorities

Care Continuum

Financial Sustainability through Value-Based Payment

Workforce

Systems for Population Health Management

Domain 3: Prevention and Health Promotion
- ✓ Addressing the opioid use public health crisis
- ▪ Reproductive and maternal/child health
- ▪ Access to oral health services
- ▪ Chronic disease prevention and control

Domain 2: Care Delivery Redesign
- ✓ Bi-directional integration of physical & behavioral health through care transformation
- ▪ Community-based care coordination
- ▪ Transitional care
- ▪ Diversion interventions

Domain 1: Health Systems and Community Capacity Building
- ▪ Financial sustainability through value-based payment
- ▪ Workforce
- ▪ Systems for population health management

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Project milestones

Project planning progress milestones – *"Pay for Planning"*

- Initial planning activities and partnerships that establish foundational structure and capacity for transformation project goals
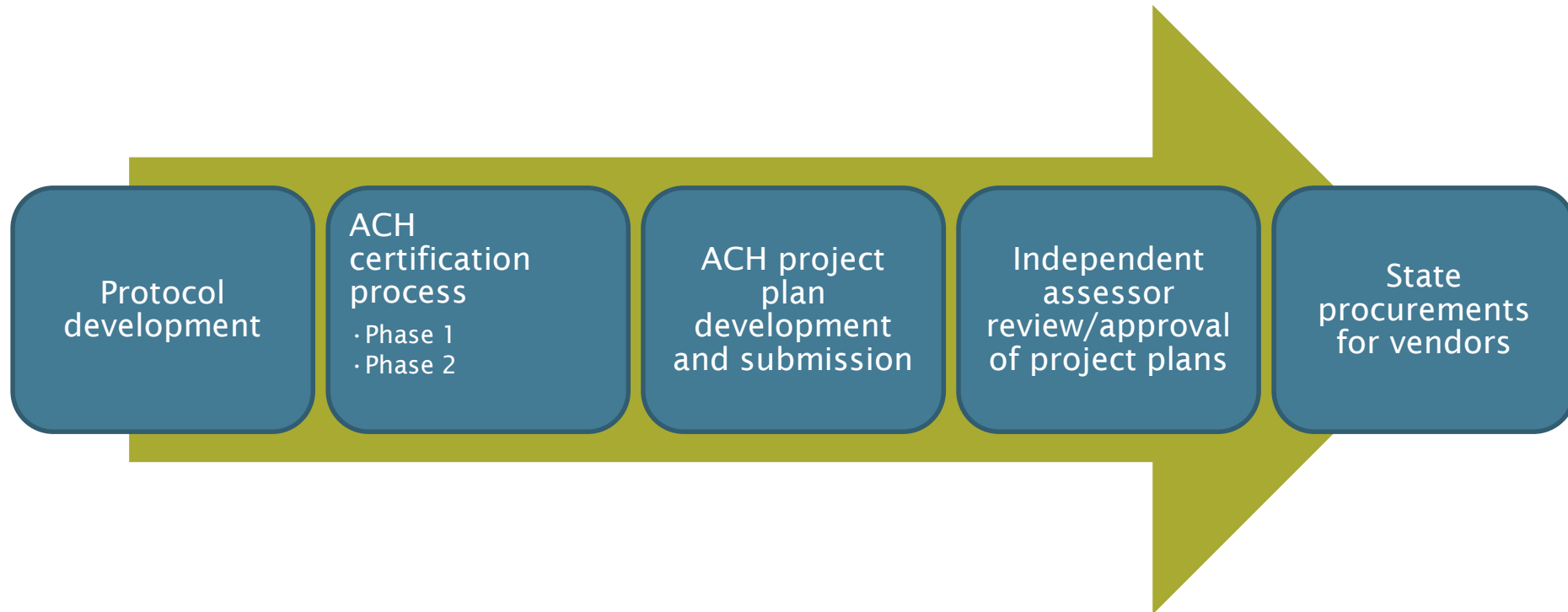
Project implementation planning – *"Pay for Reporting"*

- Action steps taken by participating providers specified in the project's initial planning activities

Scale and Sustain – *"Pay for Outcomes"*

- Demonstrable progress towards project outcomes made by participating providers due to the implementation of the project plan

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Initiative 1: What to expect in year 1

Protocol development → ACH certification process (• Phase 1 • Phase 2) → ACH project plan development and submission → Independent assessor review/approval of project plans → State procurements for vendors

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Foundational Community Supports (FCS)

Foundational Community Supports

What it is

- Targeted Medicaid benefits that help eligible clients with complex health needs obtain and maintain housing and employment stability.
  - Supportive Housing services
  - Supported Employment services

What it isn't

- Ongoing payments for housing, rent, or room & board costs
- Wages or wage enhancements for clients
- Entitlement

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Supportive housing

Community Transition Services (NEW to FCS)	One-time supports for individuals transitioning out of institutions or at imminent risk of becoming institutionalized
	Includes rental deposit, move-in costs, household furnishings and other necessary supports
Community Support Services	Housing assessment and development of a plan to address barriers
	Assistance with applications, community resources, and outreach to landlords
	Education, training, coaching, resolving disputes, and advocacy

*Supportive housing services **do not** include funds for room and board or the development of housing.*

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Community transition services

NOT room & board

- One-time expenses

Provided today under 1915c waivers

- WA: COPES Waiver, DD Community Transition Services

Institutional level of care

- Eligibility limited to a subset within the target populations who meet an institutional level of care
- "Institution" will be defined in protocol

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Supportive housing target population

- Chronically homeless (HUD definition)

- Frequent/lengthy institutional contact

- Frequent/lengthy adult residential care stays

- Frequent turnover of in-home caregivers

- PRISM Score 1.5+

  - (Predictive Risk Intelligence SysteM)

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Supported employment
Individual Placement and Support (IPS) model

Principles of supported employment

- Open to anyone who wants to work
- Focus on competitive employment
- Systematic job development
- Prioritize rapid job search
- Client preferences guide decisions
- Individualized long-term supports
- Integrated with treatment
- Benefits counseling included

Services may include

- Employment assessment and development of a plan to address barriers
- Assistance with applications, community resources and outreach to employers
- Education, training, coaching to maintain employment
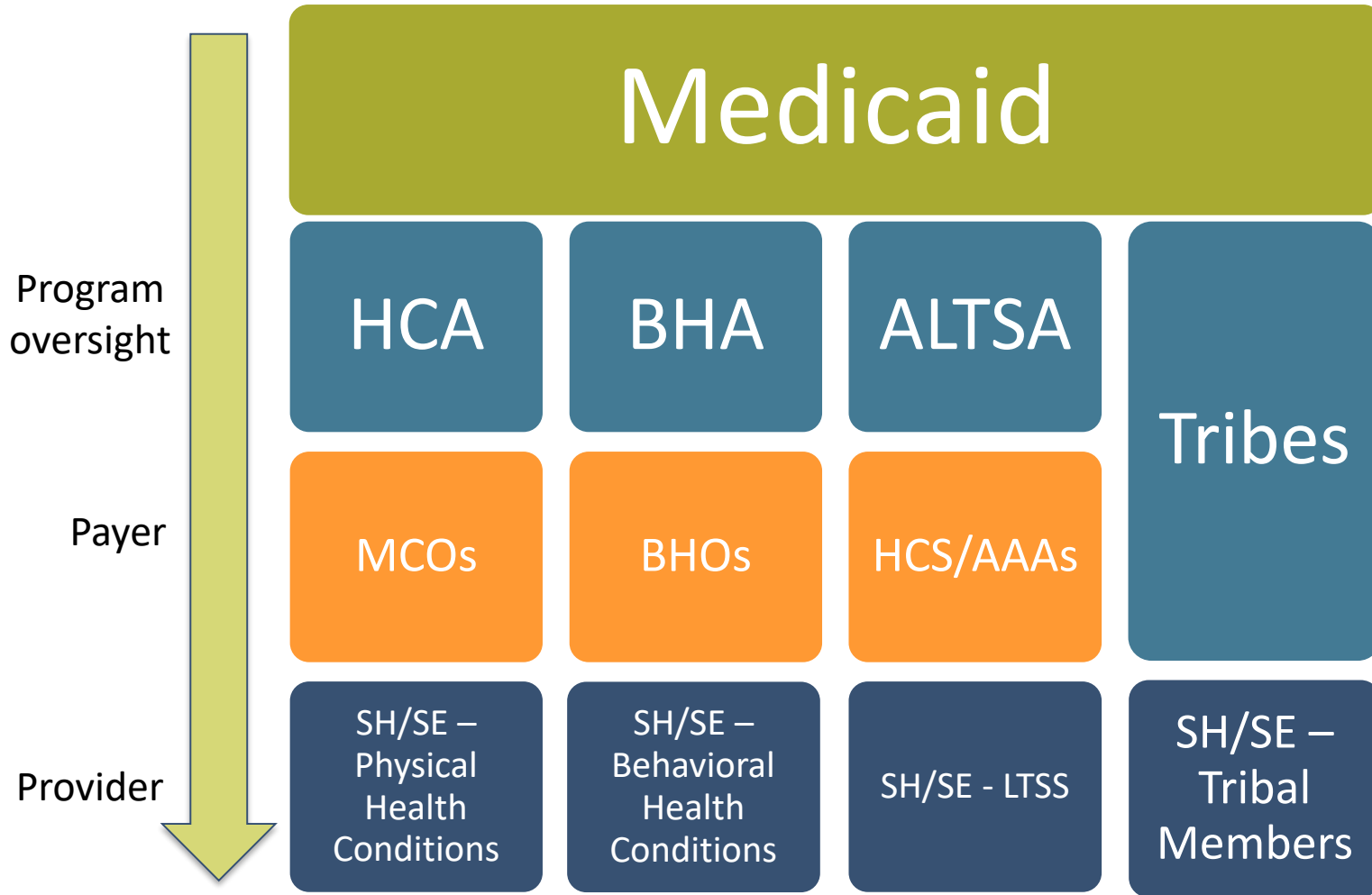
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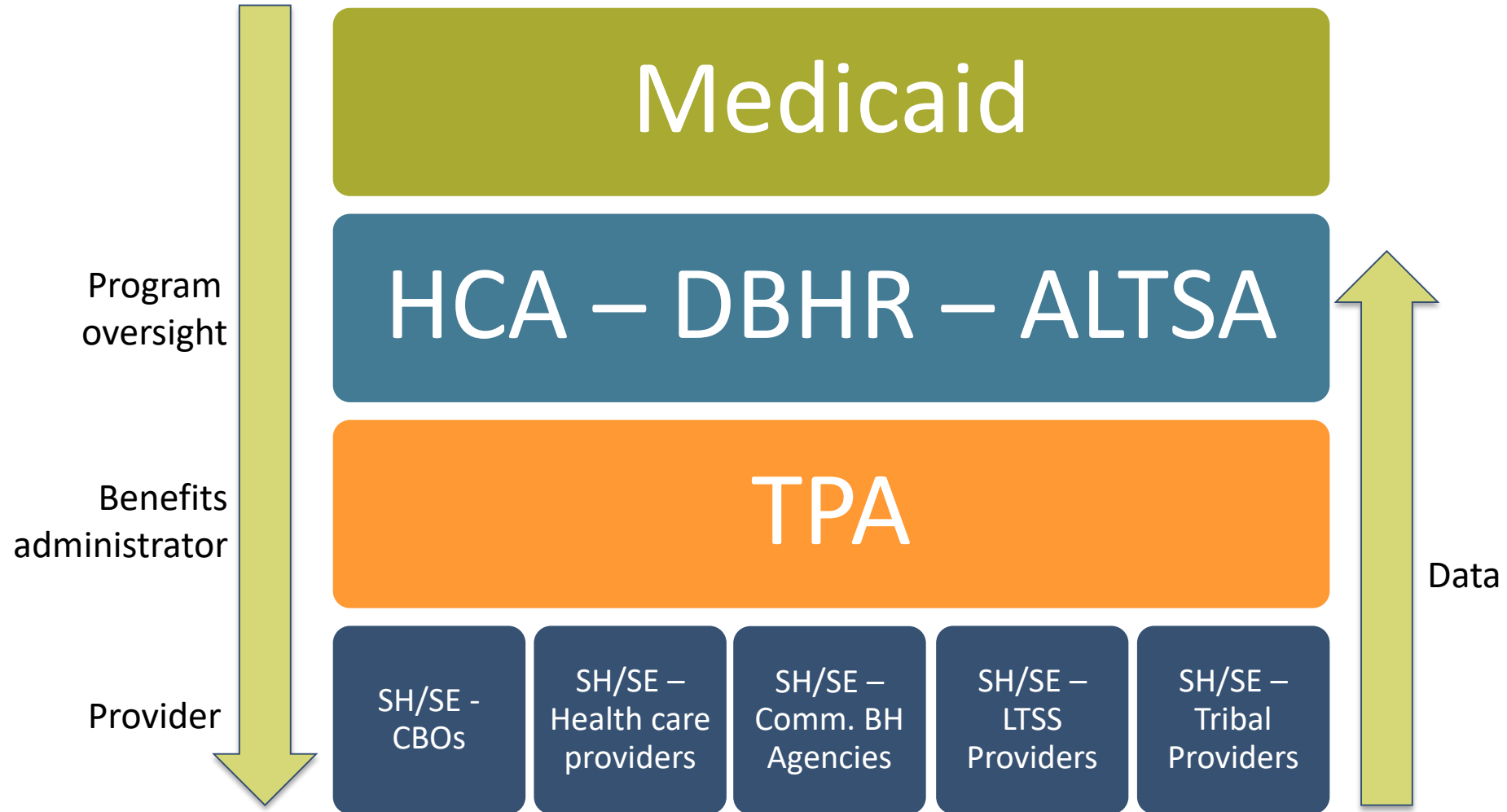**WASHINGTON**

Supported employment target population

- Aged, Blind, Disabled (ABD)/Housing and Essential Needs (HEN)
- Individuals with severe and persistent mental illness, individuals with multiple episodes of inpatient substance use treatment and/or co-occurring
- Working age youth with behavioral health conditions
- Individuals receiving long-term services and supports

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Third Party Administrator

Initiative 3: Medicaid funds flow – previous model

Medicaid

Program oversight

HCA	BHA	ALTSA	Tribes

Payer

MCOs	BHOs	HCS/AAAs	

Provider

SH/SE – Physical Health Conditions	SH/SE – Behavioral Health Conditions	SH/SE - LTSS	SH/SE – Tribal Members

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Medicaid funds flow
Current Model

Medicaid

HCA – DBHR – ALTSA

TPA

| SH/SE - CBOs | SH/SE – Health care providers | SH/SE – Comm. BH Agencies | SH/SE – LTSS Providers | SH/SE – Tribal Providers |

Program oversight

Benefits administrator

Provider

Data

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What is a third party administrator?

- Contracted with the state
- Provides administrative oversight of benefit programs
  - Provider network development and maintenance
  - Service authorization
  - Distribution of reimbursement payments
  - Data/encounter tracking

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Why use a third party administrator?

For the demonstration	For sustainability
• Single contract to serve all populations • Monitor usage via single information source • Single point of accountability • Single data source for evaluation	• Build the program in order to transition to a sustainable model post-demonstration • Goal is to include managed care and fee-for-service components in the sustainability approach, post-third party administrator

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What does this mean for providers?

- Single contracting entity for both benefits
- HCA, BHA and ALTSA will continue to provide technical assistance and consultation
- Pathways into the program
  - Direct contract with the TPA
    - Must demonstrate qualifications/capacity to deliver services
    - Must be able to bill for and receive Medicaid reimbursements
  - Subcontract with Medicaid provider
    - Must demonstrate qualifications/capacity to deliver services
    - Funds flow dependent on the contract

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What does this mean for beneficiaries?

- Target populations remain the same
- Service array remains the same
- Single point of accountability
  - Benefit eligibility decisions
  - Service authorization
  - Grievances & Appeals

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Provider reimbursements

- Rates TBD
- FCS Cost Model per user, per month:
  - Supportive Housing: $575*
  - Supported Employment: $550*
- Encounter units
  - Supportive Housing: Monthly
  - Supported Employment: ¼ Hour

*Cost model does not represent actual rates for services

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Foundational Community Supports
Next steps

Foundational Community Supports protocol

· Protocol must be approved before services can be provided

Third party administrator

· Procurement released March 24th

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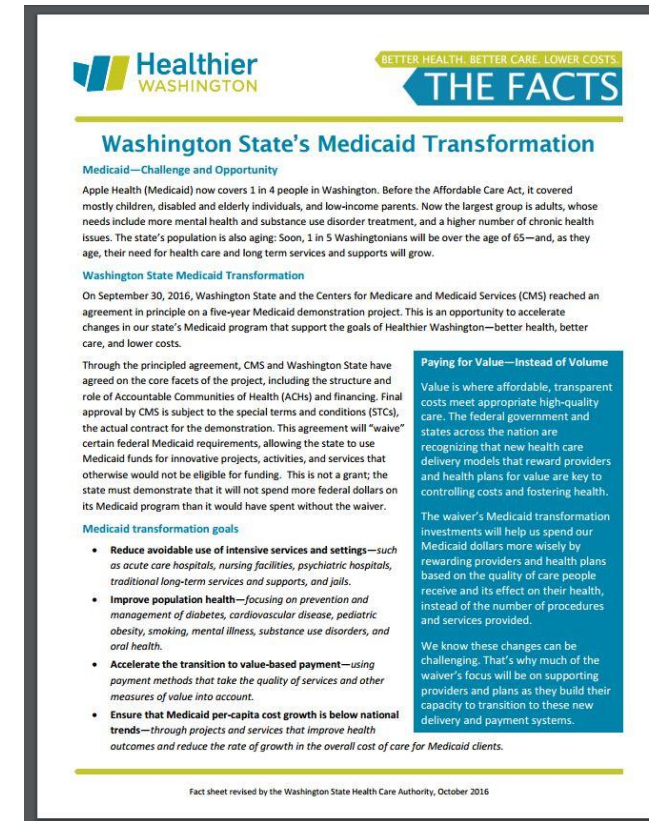· HCA: Program authorization
· DBHR: Certification WAC

Initial provision of services to begin July 2017

· Benefits will be provided statewide

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Learn more at www.hca.wa.gov/hw

Features:

- Demonstration videos
- Fact sheets
- Timeline

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Join the Healthier Washington Feedback Network. Sign up at:
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Send questions to:
medicaidtransformation@hca.wa.gov