

Medicaid Transformation Waiver Overview

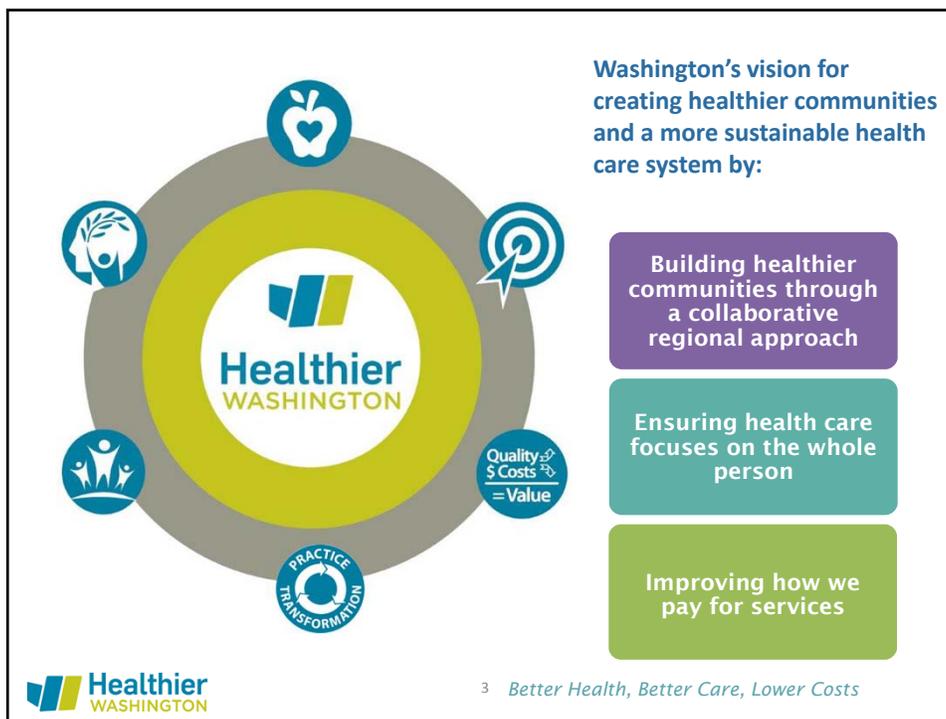
Olmstead Academy
October 8, 2015



Topics for Today

- The Healthier Washington Connection
- Medicaid Transformation waiver overview
- Proposed need for workgroup support
- Workgroup discussion on:
 - Key policy design – who, what, how and when
 - Implementation design and planning scope
- Confirm next steps, timing and who





Medicaid Transformation Waiver Basics

- Five-year Demonstration project**
 - “Section 1115” contract between federal and state governments, bound by special terms and conditions, to leverage federal savings for investment in delivery system reform
 - *This is not a grant program.* Funding is performance-based.
 - Investments cannot fund business as usual—waiver funding must be linked to implementation of the Medicaid Transformation vision.
- Budget neutrality**
 - The state must not spend any more federal dollars than they would have spent without the waiver.
- Comprehensive evaluation**
 - Required to assess the degree to which waiver investments achieve goals.
- Transformation must be sustainable beyond the demonstration**
 - Sustainability plans required for continuing transformation without ongoing federal waiver investments.

Note: A waiver is not guaranteed.

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Medicaid Transformation Goals: Triple Aim

- **Reduce avoidable use of intensive services and settings**
—such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jails
- **Improve population health**
—focusing on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders, and oral health
- **Accelerate the transition to value-based payment**
—while ensuring that access to specialty and community services outside the Indian Health system are maintained for Washington’s tribal members
- **Ensure that Medicaid per-capita cost growth is two percentage points below national trends**

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Medicaid Transformation Initiatives

Initiative 1 Transformation through Accountable Communities of Health

Each region, through its Accountable Community of Health, will be able to pursue transformation projects focused on health systems capacity building, care delivery redesign, and population health improvement.

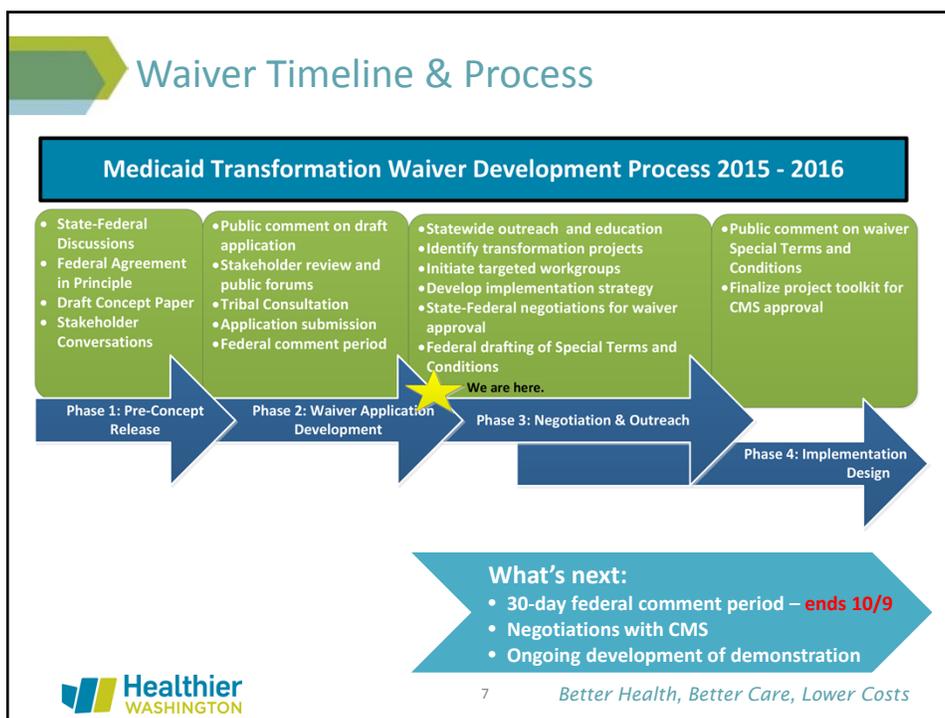
Initiative 2 Service Options that Enable Individuals to Stay at Home and Delay or Avoid the Need for More Intensive Care

A broadened array of Long Term Services and Supports (LTSS).

Initiative 3 Targeted Foundational Community Supports 

*Targeted supportive housing and **supported employment services** will be offered to Medicaid beneficiaries most likely to benefit from these services.*

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Data to Ground Eligibility Refinements

- Placeholder for RDA discussion


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TODAY - Refine Critical Policy Design Elements

- Break into 4 groups – choose a spokesperson
 - Eligibility - p28, 34
 - Benefits - p34 + appendix 6
 - Delivery system - p44 para 3
 - Proposed timing (demonstration year 0 – year 5) - p52
- Review application excerpts
- Use stickies to add questions / information needed / comments / changes
- MELODIE will indicate when it's time for group to switch topics
- Spokespersons review critical group messages
- Determine next steps


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TODAY - Implementation Design and Planning

- Topic areas – is this list complete?
 - Capacity building (including licensing and Tribal connections)
 - Data/IT support
 - Marketing/Outreach/Education
 - Quality assurance/fidelity monitoring
 - Cross-system partnerships
 - Rate development
 - Link with shared savings and reinvestments
 - Evaluation
 - Sustainability (including alignment with reinforcing initiatives)
- Group into themes
- Prioritize discussions
- Identify discussion leads/interested members/missing members who would add value


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Recap and Next Steps

- Next steps for key policy design discussions
- Next steps for implementation design and planning
- Confirm Olmstead Academy waiver sub-groups
 - Monthly report out to Olmstead Academy
 - Monthly posting to web site

THANK YOU!


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For more information,
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Thank you