Attachment A: **TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS**

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project**.
Please email completed templates by **January 15, 2016,** to MedicaidTransformation@hca.wa.gov with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

Contact Information	*Peter O. Casey, Executive Director* *Peninsula Behavioral Health, (360) 565-3919, peterc@peninsulabehavioral.org* *Interim Leader Council, Olympic Community of Health* *Organizations involved in developing this project suggestion are:* *Jefferson Mental Health Services* *Kitsap Mental Health Services* *Peninsula Behavioral Health* *West End Outreach Services*
Project Title	*Integrated Behavioral Health and Primary Care Services for Medicaid Eligible Patients With Serious Mental Illness and Co-occurring Mental Health and Chemical Dependency Disorders*

Rationale for the Project

Include:

- *Problem statement – It is well-documented that people living with Serious Mental Illness (SMI) are dying 25 years earlier than the rest of the population due to unmanaged physical health conditions. Many of the individuals served by the Mental Health system are unable to access primary care settings because of healthcare coverage issues, stigma and difficulties acclimating to the fast-paced visit model.* Although there have been considerable efforts to support the integration of Behavioral Health services in Primary Care settings for adults with depression and anxiety disorders, much less attention has been given to integrating Primary Care services in Behavioral Health Care settings for adults with Serious Mental Illness and Co-occurring Mental Health and Chemical Dependency Disorders. Many physicians and medical nurse practitioners (MNP) working in Primary Care settings that accept Medicaid are not comfortable working with these patients, and often their other patients are uncomfortable sharing waiting rooms with them. The uneasiness that SMI and COD patients encounter from both PCPs and their other patients makes them less willing to seek out the health care services that their medical conditions require. Developing Person-Centered Healthcare Homes in Behavioral Health organizations, and having more PCPs and MNPs co-located there, will ensure that more Medicaid eligible SMI and COD patients receive the health care services they need. Simultaneously, having more CBHC Behavioral Health Specialists located in PCP clinics will enhance assessment of psychiatric conditions and referrals for Behavioral Health services and facilitate seamless bi-directional care with a recovery model approach..*

  ****Behavioral Health/Primary Care Integration and the Person-Centered Healthcare Home,** National Council for Behavioral Healthcare, April 2009.*

- *Supporting research (evidence-based and promising practices) for the value of the proposed project.*[i]

  *Mental Health and Chemical Dependency expenditures in the US reached over $239 billion in 2014.** Care for these populations contribute significantly to health costs in our county. Research has established that integrated Primary Care and Behavioral Health services reduce costs and improve healthcare outcomes for both physical and mental health conditions for SMI and COD patients, as well as significantly reduce hospital admissions and ER visits.****

***Projection of National Expenditure for MH Services and SA Treatment, 2004-2014, US Dept. of Health and Human Services.*
****http://www.integration.samhsa.gov/integrated-care-models/Integrating-Primary-Care-Report.pdf;*
http://www.integration.samhsa.gov/integrated-care-models/Kaiser_brief_on_integrated_health_2014.pdf.

Relationship to federal objectives for Medicaid[ii] *with particular attention to how this project benefits Medicaid beneficiaries.*

The federal objectives for Medicaid consist of: expanding healthcare coverage, preventing illness and improvinghealthare, increasing healthcare collaboration and lowering cost. In fact, Primary Care and Behavioral Health Integrations is an evidence based practice for achieving those objectives. Most treatment for SMI and COD patients is paid for by CMS.

Which Medicaid Transformation Goals[iii] *are supported by this project/intervention? Check box(es)*

X Reduce avoidable use of intensive services
X Improve population health, focused on prevention
☐ Accelerate transition to value-based payment
X Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved? Check box(es)

☐ Health Systems Capacity Building
X Care Delivery Redesign
X Population Health Improvement – prevention activities

Describe:

- *Region(s) and sub-population(s) impacted by the project. Include a description of the target population.*

  The WA Peninsula Regional Support Network contracts with four Community Behavioral Health organizations to provide Mental Health and Co-occurring Mental Health and Chemical Dependency Disorder services in Clallam, Jefferson and Kitsap counties: Jefferson Mental health Services, Kitsap Mental Health Services, Peninsula Behavioral Health and West End Outreach Services. All four organizations are members of the Olympic Community of Health, which is the regional Accountable Community Health organization developed to improve patient care, reduce per-capita health care cost and improve population health across our tri-county region. They also have developed or are in the process of developing integrated PC and BH services in their communities.

  The target population to be served by our Transformation project would be Medicaid eligible residents with SMI and COD. It would include people who frequently use local Emergency Rooms, have been incarcerated in local jails, had or are at risk of homelessness and/or been hospitalized in psychiatric or detox facilities.

- *Relationship to Washington's Medicaid Transformation goals.*

  WA's Medicaid Transformation Goals consist of:

  1. *Reducing avoidable use of intensive services and settings —such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jail.*
  2. *Improving population health —focusing on prevention and management of diabetes, cardiovascular disease, Pediatric obesity, smoking, mental illness, substance use disorders, and oral health.*
  3. *Accelerating 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*
  4. *Ensuring that Medicaid per-capita cost growth is two percentage points below national trends.*

  Increasing Integrated PC and BH services for the SMI and COD patients that our regional Mental Health organizations serve, as well as developing Person-Centered Health Homes and having PC providers in Behavioral

*Health settings, would enhance access to care, increasepreventive screens and medical treatment, decrease ER use and reduceboth medical and psychiatric hospitalization costs.** **

** ****Health Access and Integration for Adults With Serious and Persistent Mental Illness,** *Boardman, Families, Systems & Health 2006, Vol. 24No. 1, 3-18.*

- *Project goals, interventions and outcomes expected during the waiver period are:*

Improved access to primary care services
Improved prevention, early identification, and intervention to reduce the incidence of serious physical illnesses, including chronic disease
Increased availability of integrated, holistic care for physical and behavioral disorders
Improved overall health status of clients.

We would also expect to see a reduction in the targeted MH and CD/MH symptoms, fewer or no legal actions during treatment, improvement in basic life skills and enhancement in the individual's independence and ability to function in the community.

- *Links to complementary transformation initiatives - those funded through other local, state or federal authorities (such as the health home program and Early Adopter/Behavioral Health Organization regional purchasing) and/or Medicaid Transformation initiatives # 2 and 3.*

Integrated Primary and Behavioral Healthcare is a treatment model in Health Home programs. Its collaborative approach to patient care is geared to ensuring that patients have the resources and supports to maintain their functioning in the community and avoid more intensive care services.

- *Potential partners, systems, and organizations:*

Jefferson Health Care, Harrison Health Partners and Peninsula Community Services, Olympic Medical Center and the North Olympic Health Network, Forks Community Hospital and Olympic Community of Health.

Core Investment Components

Describe:
• Proposed activities and cost estimates ("order of magnitude") for the project.

JMHS – Develop Health Home in Behavioral Health clinic: Contract with Jefferson Healthcare to provide MD, DO or PA through space at the clinic. Need to purchase equipment.

KMHS – Support Health Home in Behavioral Health Clinic: hire Medical Assistant for PCP provided by PCHS. Hire 2 Behavioral Health Professionals for HHP, PCHS clinic sites. Provide .5 FTE Psychiatric Consultant to all community PCPs

PBH – Develop Health Home in Medical Dept. of Behavioral Health clinic: hire MNP or contract with local FQHC; hire RN; renovate office space; purchase equipment.

WEOS- Hire RN or ARNP as an Integrated Care Specialist/Care Coordinator for Primary Care, Emergency Department, Long-Term Care, Acute Care, and Behavioral Health depts..

- *Best estimate (or ballpark, if unknown) for:*

JMHS – Best estimate is 8 hours once per week at $1,400 per week or $72,800 per year.

KMHS – Best estimate for PCP MA is 8 hours per week at $9,600; for 2 BHP is 80 hours per week at $156,000; for Psychiatric Consultant is 20 hours per week at $87,500.

PBH- Best estimate is 16 hours per week at $2,164 per week or $112,528.

WEOS -Best estimate is 40 hours per week at $1,923 per week or $110,000.

• How many people you expect to serve, on a monthly or annual basis, when fully implemented.

JMHS expects to serve 60 to 80 visists per month.

KMHS expects to serve 80 visits with primary care monthly; 80 visits with behavioral health monthly at primary care; and 20 primary care provider consultations monthly.

PBH expects to serve 150 patient visits monthly

WEOS expects to serve 170 patients visits monthly.

• How much you expect the program to cost per person served, on a monthly or annual basis.

JMHS anticipates about $75 per client on a monthly basis.

KMHS anticipates about $114 per client on a monthly basis.

PBH-anticpates about $63 per client on a monthly basis

WEOS anticipates $61 per client ona monthly basis

• How long it will take to fully implement the project within a region where you expect it will have to be phased in.

JMHS anticipates 12-18 months.

PBH anticipates 12months

WEOS anticipates 3-6 months
KMHS anticipates 3-6 months.

• The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.

JMHS anticipates a ROI of about $90,000 with possible inpatient psychiatric hospital diversions and promoting health and wellness opportunities for clients.

PBH anticipates a ROI of $88,674, as well as some cost savings from decreased ER visits and medical and psychiatric hospitaizations.

WEOS anticipates this position would pay for itself in decreased ER visits, clinic visits, and both psychiatric and medical hospitalizations.

KMHS anticipates an ROI of $320,000 due to cost savings from decreased ED visits and medical and psychiatric hospitalizations.

Project Metrics
Key process and outcome measures (and specific benchmark performance data if known) against which the performance of the project would be measured. Include priority measures sets described in the Waiver application, http://www.hca.wa.gov/hw/Documents/waiverappl.pdf pages 46-47. ☐If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation?
1. Adult Body Mass Index (BMI) Assessment 2. Ambulatory Care - Sensitive Condition Admission 3. Care Transition – Transition Record Transmitted to Health care Professional 4. Follow-up After Hospitalization for Mental Illness 5. Plan- All Cause Readmission 6. Screening for Clinical Depression and Follow-up Plan 7. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment 8. Controlling High Blood Pressure.*** ***The Washington State Institute for Public Policy, http://www.wsipp.gov, has identified "evidence-based" policies that can lead to better outcomes; Behavioral health research reports developed by the Research and Data Administration are available at: https://www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery/decision-support-and-evaluation The Washington State Institute for Public Policy, http://www.wsipp.gov, has identified "evidence-based" policies that can lead to better ou Behavioral health research reports developed by the Research and Data Administration are available at: https://www.dshs.wa.gov/bhsia/ behavioral-health-and-recovery/decision-support-and-evaluation

[ii] Medicaid objectives as stated in GAO report 15-239, April 2015, http://www.gao.gov/products/GAO-15-239:

- Increase and strengthen coverage of low income individuals.
- Increase access to, stabilize, and strengthen provider networks available to serve Medicaid and low-income populations.
- Improve health outcomes for Medicaid and low-income populations.
- Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.
- Criteria established for specific demonstrations described through an informational bulletin or State Medicaid Director's Letter – available at: http://www.medicaid.gov/federal-policy-guidance/federal-policy-guidance.html.

[iii] Transformation goals as stated in Washington's Medicaid Transformation waiver, http://www.hca.wa.gov/hw/Documents/waiverappl.pdf:

- Reduce avoidable use of intensive services and settings such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jails.
- Improve population health, with a focus on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders and oral health; that is coordinated and whole-person centered.
- 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.