

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	<p>Kyle Unland, 509-324-1540, kunland@srhd.org</p> <p>Spokane Regional Health District – (WIC Program, Oral Health Program, Weaving Bright Futures, Nurse Family Partnership, Opioid Treatment Program, SNAP-Ed Program, Infant Toddler Network, Immunizations Outreach), Better Health Together (Reg. 9-ACH), WA State Department of Health</p>
Project Title	Enhancing Public Health Services
Rationale for the Project	
<p>Include:</p> <ul style="list-style-type: none"> • This project is needed for a variety of important reasons: <ul style="list-style-type: none"> ○ Over 50% of the babies born in WA are on the WIC program and all are Medicaid eligible; ○ Many of the mothers and families lack the skills and knowledge needed to provide the best care for their children and families; ○ High risk mothers, children, and families that are experiencing complex health, home, social issues and need more support than the current system can provide; ○ Lack of providers for the Medicaid population has driven families to use urgent care and the emergency room due the lack of preventative and health services. • It has long been recognized that poor children lag behind non-poor children on a wide range of indicators of physical, mental, academic, and economic well-being.[1] Poor children are more likely to have health, behavioral, learning, and emotional problems. This is especially true of poor children whose families experience deep poverty, those who are poor during early childhood, and those who are poor for a long time. Poor children are also more likely to be food insecure, and food insecurity in households with children is associated with inadequate intake of several important nutrients, deficits in cognitive development, behavioral problems, and poor health.[2] • According to recent research conducted by the Center on Budget and Policy Priorities, federal programs like the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) are very effective and result in: <ul style="list-style-type: none"> ○ Infants that are born healthier; ○ Reduction of infant mortality ○ Healthier diets ○ Higher breastfeeding rates (which include initiation and duration) ○ Healthier feeding practices ○ Reduction in food insecurity ○ Improvement of immunization rates ○ Increases in access to health care ○ Reduction of childhood obesity ○ Reduction in the prevalence of anemia • The consequences of adversity during early childhood can extend well beyond childhood and can affect physical, mental, and economic well-being. Harvard University’s Center on the Developing Child, for example, writes that: <ul style="list-style-type: none"> ○ Toxic stress experienced early in life and common precipitants of toxic stress — such as poverty, abuse or neglect, parental substance abuse or mental illness, and exposure to violence — can have a 	

cumulative toll on an individual’s physical and mental health. The more adverse experiences in childhood, the greater the likelihood of developmental delays and other problems.[3]

Project Description

Which Medicaid Transformation Goals¹ 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
- Ensure Medicaid per-capita growth is below national trends

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

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

Describe:

- This project will impact and focus on Medicaid eligible mothers, infants, and children in Washington State.
- This WIC Plus model will finally meet the needs of the Medicaid population by supporting a comprehensive approach to assess and evaluation the client’s needs. From there the client will receive extra services by health and prevention staff, public health nurses, registered dietitians, nurse practitioners, mental health counselors, drug and addition counselors, and health behavior specialists to completely address the needs of the client. By utilizing WIC as the vehicle, other types of providers can now have the ability to work directly with the client in a safe and established setting.
- The goals of this project align nicely with the Washington’s Medicaid Transformation goals. The project address many of the critical prevention activities needed to ensure that children are healthy and well prepared for school, infants are thriving and are free trauma, and mothers receive the support and care needed to raise a healthy family. Each of these outcomes will lower Medicaid expenditures, reduce the burden on the health care system, and provide a bridge between the community and the primary care practitioner.
- Year 1
 - Establish and begin rollout within designated public health agencies which have the capacity and willingness to implement the program.
 - Allocate resources and staffing needed to address population based prevention and health activities.
 - Work with primary care practitioners to ensure dietary, development, and health issues are identified for target population.
 - Establish assessment and evaluation indicators designed to measure ROI and impact of project on the health of WA.
 - Increase access to care and prevention efforts which will reduce health disparity and health inequities.
- Year 2-5
 - Continue to address prevention and health needs of the primary population.
 - Establish greater connectivity with primary care practitioners, community organizations, and other assistance organizations that support a comprehensive model of care.
 - Link project with the Community Health Worker model and project(s) being implemented within the state.
 - Work to quantify positive impacts of project and justify ROI
 - Identify, through assessment and evaluation, ways to improve effectiveness and address gaps in service.
 - Develop reports for HCA and CMS showing effectiveness of project.
- Utilizing the partnerships established through the public health model the project will be connected to many systems and community processes. The intent is to leverage funding and resources from other federal, state, and local funding sources so it is much easier to develop the capacity to impact a large segment of the target population. We envision this plan to provide enhanced services to this target population will help reduce the

<p>stress on the health system by utilizing existing services in a much more comprehensive fashion. The project will be linked with community services for mental health, emergency services, catholic charities and other charities, FQHCs like CHAS, and disability/special needs care organizations.</p> <ul style="list-style-type: none"> • The project will utilize health and prevention staff, public health nurses, registered dietitians, nurse practitioners, mental health counselors, drug and addition counselors, and health behavior specialists. Care and prevention counseling will be determined by the WIC client’s needs. Referral organizations will be included as determined by the care and prevention providers along with the client.
<p>Core Investment Components</p> <ul style="list-style-type: none"> • This WIC Plus model will finally meet the needs of the Medicaid population by providing comprehensive assistance through a support model that works. The costs to support this model are small compared to the potential return of investment. • The current WIC model has shown that for every \$1.00 is spent on WIC \$4.21 are saved in future Medicaid expenditures [3]. With enhanced services designed to target the “root cause” is the issue, one can assume that further savings will be realized. • To service a population of 20,000 Medicaid eligible clients, it would cost an estimated \$208,000/yr. The beauty about this model is that we are using an established system, we are leveraging current, local, state, and federal funding. Very little infrastructure and personnel costs will needed. • This model could be up and running within a year. With a good evaluation plan we could see measurable results within 3 years. Statewide implementation could take place between 2-3 years. • The ROI (dollar savings to Medicaid) should be higher the 1:4.21.
<p>Project Metrics</p> <p>The state will monitor implementation of transformation projects at regional and statewide levels through process and outcome measures. Each project will require clearly defined outcomes that relate to the goals and specific process steps.</p> <ul style="list-style-type: none"> • Project metrics/indicators will be: <ul style="list-style-type: none"> ○ Birth weight ○ Dietary intake ○ Weight/Height ○ BMI ○ Dental Carries ○ Immunizations ○ ACE score ○ Social and behavioral health indicators ○ Clinical data/informatics (when available) ○ Well-Child screening data (when available) • A comprehensive assessment and evaluation plan will be developed to identify to show multi-level ROI/outcomes.
<p>References:</p> <p>[1] Brooks-Gunn J, Duncan G (1997). The effects of poverty on children. The Future of Children 7(2).</p> <p>[2] Cook, JT and Frank, DA (2008). Food security, poverty, and human development in the United States. Annals of the New York Academy of Sciences, 1136(1), 193-209.</p> <p>[3] National WIC Association (2013). The Role of WIC in Public Health.</p> <p>https://s3.amazonaws.com/aws.upl/nwica.org/WIC_Public_Health_Role.pdf</p>

ⁱTransformation 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.

Development of Washington State Medicaid Transformation Projects List – December 2015

- 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.