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	*Identify point person, telephone number, e-mail address* Chris Imhoff, 360-725-3770, Chris.imhoff@dshs.wa.gov Bea Rector, 360-725-2272, Bea.rector@dshs.wa.gov *Which organizations were involved in developing this project suggestion?* Division of Behavioral Health and Recovery (DBHR)/Aging and Long Term Support Administration (ALTSA)
Project Title	*Title of the project/intervention* Supportive Housing (SH) – Provider Development, Infrastructure and Capacity building for Behavioral Health Organizations (BHOs), Managed Care Organizations (MCOs), Long Term Services and Support (LTSS) and provider organizations on implementing supportive housing services.

Rationale for the Project

1. *Problem statement – why this project is needed.*
   Existing MCOs, BHOs, Tribes, ALTSA, provider agencies as well as SH Providers wishing to provide the Supportive Housing Services in Initiative 3 will need training, consultation, infrastructure, and support to ensure fidelity to and successful provision of the evidenced-based SH model and to obtain the desired cost neutrality.

2. *Supporting research (evidence-based and promising practices) for the value of the proposed project.*[i]
   Supportive Housing is a nationally recognized evidence-based program for homeless individuals. Washington State Institute for Public Policy (WSIPP) has included SH for individuals who are chronically homeless on the inventory of identified practices of interventions and policies for the behavioral health system to implement under the direction of SB 5732 (2013). This project will increase the capacity of BHOs, MCOs, Tribes, LTSS, and provider organizations specific to implement Initiative 3 SH benefit to the highest fidelity of the model.

3. *Relationship to federal objectives for Medicaid*[ii] *with particular attention to how this project benefits Medicaid beneficiaries.*
   This project falls within Domain 1—Health Systems Capacity Building: Strategies and projects that build providers' capacity to effectively operate in a transformed system. In the Medicaid Policy Bulletin dated June 26, 2015, CMS identified the need to collaborate efforts across public agencies and the private sector that assist a state in identifying and securing housing options for individuals with disabilities, older adults needing LTSS, and those experiencing chronic homelessness. The project will focus on developing the infrastructure and collaboration of agencies to marry the services of Initiative 3 with the housing stock from community partners needed for the delivery of the Supportive Housing under Initiative 3.

Project Description

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
X 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)

X Health Systems Capacity Building

☐ Care Delivery Redesign

X Population Health Improvement – prevention activities

Describe:

4. *Region(s) and sub-population(s) impacted by the project. Include a description of the target population (e.g., persons discharged from local jail facilities with serious mental illness and or substance use disorders).*

   The proposed population eligibility criteria for the Supportive Housing services (Initiative 3) will identify those with a medical need for the services, because (1) they are (or have recently been) homeless, without stable housing, living in institutional settings, or at risk of homelessness, and (2) assistance with housing stability will allow these high-risk, and often high-cost beneficiaries to live in the community, manage chronic and disabling health conditions, and utilize other Medicaid services in ways that are more appropriate and cost-effective. Individuals who meet these criteria will be eligible to receive the proposed SH services if they fall into at least one of the following populations:

   1. Meet HUD definition of chronically homeless, OR
   2. Have frequent or lengthy institutional contacts (emergency room visits, nursing facility stays, hospital, psychiatric hospital stays, jail stays). Frequency, length and acuity to be determined, OR
   3. Have frequent or lengthy adult residential care stays: Adult Residential Treatment Facilities (RTF), Adult Residential Care (ARC), Enhanced Adult Residential Care (EARC), Assisted Living (AL), Adult Family Home (AFH), Expanded Community Services (ECS)) or Enhanced Service Facilities (ESF). Frequency, length and acuity to be determined, OR
   4. Have frequent turnover of in-home caregivers or providers. Frequency, length and acuity to be determined by ALTSA CARE assessment, OR
   5. Meet specific risk criteria (PRISM risk score of 1.5 or above)

5. *Relationship to Washington's Medicaid Transformation goals.*
   This project falls within Domain 1—Health Systems Capacity Building: Strategies and projects that build providers' capacity to effectively operate in a transformed system. SH as proposed in Initiative 3 will provide supportive housing services, a targeted foundational community support, to individuals who have difficulty finding ongoing support through existing housing and treatment models. Providing workforce development, system infrastructure, system supports to assist provider in adopting practices that are value-based and rooted in research are the focus of this project proposal. Through Initiative 3, there will be cost savings due to reduced institutional, hospital, ER, and medical costs as well as costs associated with rapid cycling through existing programs that have proven ineffective. It will provide housing and services for clients who do not currently have enough stability in their lives to improve their health. Through the capacity building, development, and infrastructure we hope to assist BHOs, MCOs, LTSS and their respective providers by providing the tools to successfully implement Initiative 3 to increase the health and delivery of a transformed Medicaid system.

6. *Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.*
   - Provide training, consultation, and support to ensure provider fidelity to Supportive Housing service provision model.
   - Provide training, consultation and support to providers to work with existing BHO, MCO, and LTSS infrastructure, including existing case management systems, healthcare providers, housing systems, utilizing personal care supports, working with referral sources to identify eligible clients and streamline systems.

7. *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.*
   Health Care Authority 1115 website:
   http://www.hca.wa.gov/hw/Pages/medicaid_transformation.aspx

   DSHS ALTSA HCS – Roads to Community Living, WA State's Money Follows the Person Demonstration:
   https://www.dshs.wa.gov/altsa/home-and-community-services/roads-community-living

   Corporation for Supportive Housing/ALTSA video re: Supportive Housing and Long Terms Supports:
   http://www.csh.org/2015/08/supportive-housing-for-individuals-with-long-term-care-needs-guest-blog-training-video-from-liz-prince/

8. *Potential partners, systems, and organizations (e.g., health and social service providers, ACH participants) needed to be engaged to achieve the results of the proposed project.*
   WA State: Health Care Authority (HCA); Department of Commerce;
   Department of Social and Health Services:
   Aging and Long Term Supports Administration (ALTSA)
   Behavioral Health Administration (BHA)
   Research and Data Analysis (RDA)
   Tribes

   Statewide ACH/provider participants: All interested provider agencies currently providing or interested in providing Supportive Housing Services, including but not limited to:
   DESC (Seattle)
   Plymouth Housing (Seattle)
   Catholic Charities of Spokane
   Spokane Housing Authority
   Metropolitan Development Council (Pierce County)
   Clark County Council for the Homeless

Core Investment Components

Describe:

9. *Proposed activities and cost estimates ("order of magnitude") for the project.*

The basic organizational structures needed for the implementation of the SH benefit include:

- Seed funding would allow provider agencies the capacity to hire and train staff in the model prior to providing services. (Not to exceed 3 months of funding per team.) Based on pilot projects cost estimates (Housing and recovery through Peer Services 1 teams x 3 FTEs = $190,440) each agency interested in providing SH services and committed to implementing to the fidelity of the SH model would receive $47,610 in seed funding to hire and train the staff on the SH services benefit. Year one caseload is estimated at 1,903 individuals. To serve an estimated 1,903 individuals with the SH services benefit while maintaining the fidelity of a 1:20 caseload would equate to 95 positions. (95 positions x $47,610 seed funding = $4,522,950) Seed funding would be titrated over the life of the demonstration waiver as new organizations commit to implementing the SH benefit to the fidelity of the model.
- Consultation using nationally recognized experts on SH services to train MCO, BHO, ALTSA organizations on the principles and fidelity of the model prior to implementing the SH benefit. Consultation would include performance metrics, quality assurance and improvement strategies

as well as fidelity review processes. $1,000,000
- Uniform training to providers and community stakeholders on the principles and fidelity of the model using nationally recognized experts on SH services. $1,000,000
- Facilitation of MOUs at the state, local and funder level to coordinate the linkage of SH services and housing stock using nationally recognized experts on SH services. $500,000
- Modification of technology/management information systems to capture SH data, assessment, and program specific data. $100,000
- Infrastructure for MCO, BHO, ALTSA on the development for quality assurance mechanisms, development of policy and procedures related to the SH benefit. $100,000
- Infrastructure for ACHs to conduct marketing and outreach materials for the population to be served. $100,000

10. *Best estimate (or ballpark if unknown) for:*
    - How many people you expect to serve, on a monthly or annual basis, when fully implemented.
        - N/A as the cost of services are included in Initiative 3
    - How much you expect the program to cost per person served, on a monthly or annual basis.
        - N/A as the cost of services are included in Initiative 3

11. *How long it will take to fully implement the project within a region where you expect it will have to be phased in.*
    - 4 months to contract/6 months to implementation after contracts completed
12. *The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.*
    - 18% estimated ROI per "Creating a Medicaid Supportive Housing Services Benefit: A Framework for Washington and Other States," WA Low Income Housing Alliance, 2015
    - Additional ROI to be determined through RDA analysis to include institution, hospital, ER usage, medical costs of homeless versus housed per year in SH.

Project Metrics

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.

Wherever possible describe:

13. *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*[iv].
14. *If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation*?
    - The contracting process will include in depth discussions of the necessary level of infrastructure to bring model to scale and to meet model fidelity.

[i] 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

[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.

[iv] This includes the statewide common measure set for tracking health care quality and cost across multi-payer public and private health delivery systems: http://www.hca.wa.gov/hw/Documents/pmcc_final_core_measure_set_approved_121714.pdf and the subset of 2016 Medicaid contract common performance metrics. It also includes priority measures for critical behavioral health and community support services recommended by the 5732/1519 Steering Committee and reported to the Legislature in "*Service Coordination Organizations – Accountability Measures Implementation Status*", (page 36) at: http://www.hca.wa.gov/documents_legislative/ServiceCoordinationOrgAccountability.pdf.