

Percent Homeless (Narrow Definition)

Metric Information

Metric description: Percent of Medicaid beneficiaries who were homeless in at least one month during the measurement year. Narrow definition excludes “homeless with housing” living arrangement code from the Automated Client Eligibility System (ACES).

Metric specification version: Washington State Department of Social and Health Services, Research and Data Analysis Division, Cross-System Outcome Measures for Adults Enrolled in Medicaid – “Homeless – Narrow Definition (December 2016, v 1.2)”

These specifications were developed by the Washington State Department of Social and Health Services, in collaboration with Medicaid delivery system stakeholders, as part of the 2013 Engrossed House Bill 1519 (Chapter 320, Laws of 2013) and Second Substitute Senate Bill 5732 (Chapter 338, Laws of 2013) performance measure development process.

Data collection method: Administrative only.

Data source: ProviderOne Medicaid enrollment data (for identification of Medicaid eligibility); DSHS Economic Services Administration’s Automated Client Eligibility System (ACES) living arrangement data as passed through to ProviderOne and reported in the *client_by_month* table in the ProviderOne Operational Data Store (ODS).

The DSHS Economic Services Administration’s Automated Client Eligibility System (ACES) is used by caseworkers to record information about client self-reported living arrangements and shelter expenses. This information is used when determining eligibility for cash, food, and medical assistance.

Claim status: No claims used.

Identification window: Measurement year.

Direction of quality improvement: Lower is better.

URL of specifications: <https://www.dshs.wa.gov/ffa/research-and-data-analysis/cross-system-outcome-measures-adults-enrolled-medicaid>

DSRIP Program Summary

Metric utility: ACH Project P4P ■ ACH High Performance ■ DSRIP statewide accountability □

ACH Project P4P – Metric results used for achievement value: Submetric results reported for three age groups: 0-17 years, 18 – 64 years, 65+ years. Weighted average of performance for each submetric is used to calculate overall AV; determined by number of Medicaid beneficiaries the ACH has in the denominator of each submetric.

ACH Project P4P – improvement target methodology: improvement over self (1.9% improvement over reference baseline performance).

Percent Homeless (Narrow Definition)

ACH High Performance – methodology: HCA will use a Quality Improvement (QI) Model to determine relative high performance among ACHs for the set of High Performance metrics. For more information, see Chapter 8: ACH High Performance Incentives.

ACH regional attribution: Residence in the ACH region for 7 out of 12 months in the measurement year.

DSRIP Metric Details

Eligible Population – ACH Project P4P	
Age	All ages.
Gender	N/A
Minimum Medicaid enrollment	A minimum of seven months of Medicaid enrollment in the measurement year. Enrollment does not have to be continuous.
Allowable gap in Medicaid enrollment	Up to five months in the measurement year (may or may not be continuous).
Medicaid enrollment anchor date	N/A
Medicaid benefit and eligibility	Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries that are eligible for both Medicare and Medicaid and beneficiaries with primary insurance other than Medicaid.

Eligible Population – ACH High Performance	
Age	All ages.
Gender	N/A
Minimum Medicaid enrollment	A minimum of seven months of Medicaid enrollment in the measurement year. Enrollment does not have to be continuous.
Allowable gap in Medicaid enrollment	Up to five months in the measurement year (may or may not be continuous).
Medicaid enrollment anchor date	N/A
Medicaid benefit and eligibility	Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries with primary insurance other than Medicaid. <i>Note: for ACH High Performance Incentive calculation, Medicaid beneficiaries that are eligible for both Medicaid and Medicare (duals) are included in the eligible population for the metric.</i>

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Denominator:

Data elements required for denominator: Medicaid beneficiaries who meet the above eligibility criteria.

Required exclusions for denominator.

- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions: None.

Deviations from cited specifications for denominator.

- None.

Numerator:

Beneficiaries must qualify for inclusion in the denominator to be eligible for inclusion in the numerator.

Data elements required for numerator: Medicaid beneficiaries who meet the above eligibility criteria with at least one month with a living arrangement status of “Homeless without Housing”, “Emergency Shelter”, or “Battered Spouse Shelter” recorded in the ACES eligibility data system.

Required exclusions for numerator.

- None

Deviations from cited specifications for numerator.

- None

Version Control

July 2018 release: The specification was updated to include additional information as requested by stakeholders.

January 2019 update: Minor formatting updates were made to the metric specification sheet (updating URL of specification). No substantive changes were made to the specification.