Update on Medicaid Transformation Waiver and Behavioral Health Integration

House Health Care & Wellness Committee

December 4, 2018

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Medicaid Director
Washington State Health Care Authority
Key Milestones on the Path to Behavioral Health Integration

- Accountable Care Act (2009) – Medicaid expansion, mental health parity requirements
- 2SSB 6312 (2014) – directing joint purchasing of physical and behavioral health care and development of regional service areas
- SIM grant (2015) funding for behavioral health integration, among other transformation efforts
- 1115 waiver (2017) incorporating behavioral health integration as a key focus and milestone with CMS
- 2ESHB 1388 (2018) integration of programs and agencies
Physical and Behavioral Health Integration

**Before Integration**
No one payer or provider is accountable for the whole person

- Medicaid Program
  - DSHS
  - BHOS
  - SUD services
  - Specialty Mental Health
  - Physical Health
  - Lower-level Mental Health
  - Crisis Services, etc.

- HCA
  - MCOs

**After Integration**
Whole person care management provided through a single accountable insurance

- HCA Medicaid Program
  - MCO
    - Full continuum for physical and behavioral health
    - BH-ASO
    - Crisis services, etc.

**Support Roles**

**Counties**
- Decision re: IMC timeline and Interlocal Group Formation
- Decision re: BH-ASO
- Ongoing county-run services

**Accountable Communities of Health**
- Facilitating community system improvements
- Coordinate MTD infrastructure investments and the clinical integration project
- Support providers, including IMC incentive funding for capacity re: integration

**INTERLOCAL GROUPS**
Whole-Person Care for Apple Health Clients

- One managed care plan, integrating Medicaid physical and behavioral health (mental health and SUD services)
- Access to Care standards no longer apply; whole-person “level of care” guidelines respond to patient needs
- MCOs have an adequate network that can support whole-person care
- Same payers (MCOs) for physical and behavioral health care enables integrated clinical models to support value-based and other payment innovations
Integration Landscape Today

The following map and table identifies which integrated managed care plans will be available within each region.

<table>
<thead>
<tr>
<th>January 2019</th>
<th>July 2019</th>
<th>January 2020</th>
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<tbody>
<tr>
<td>Greater Columbia</td>
<td>North Sound</td>
<td>Thurston-Mason</td>
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<td>King</td>
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<td>Pierce</td>
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<td>Spokane</td>
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<td>Integration by 2020 mandated date</td>
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<td>Switched regions to integrate in 2019</td>
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Now integrated:
- Southwest (April 2016)
- North Central (January 2018)
## Update on MCO Integration by Region

<table>
<thead>
<tr>
<th>Managed care region</th>
<th>Amerigroup</th>
<th>Community Health Plan</th>
<th>Coordinated Care</th>
<th>Molina Healthcare</th>
<th>United Healthcare</th>
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<td>Southwest</td>
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<td><strong>As of July 2019</strong></td>
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<td>North Sound</td>
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<td><strong>Coming January 2020</strong></td>
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Early Integration Results – Early Adopter Region (Southwest Washington)

- Southwest Washington region performing better than non-integrated regions in 10 of 19 measures
- Statistically significant improvement for Medicaid beneficiaries for:
  - Adults' access to preventive/ambulatory health services
  - Cervical cancer screening
  - Chlamydia screening in women
  - Comprehensive diabetes care - Hemoglobin A1c testing
  - Antidepressant medication management - Continuation phase treatment
  - Percent housed
  - Percent arrested
Medicaid Transformation Project (1115 Waiver)

Key inter-connected initiatives:

- Transformation through Accountable Communities of Health includes behavioral health integration as a required focus
  - Achieving integration by 2020 is a key milestone with CMS for continued receipt of federal funds
- Long Term Services and Supports
- Foundational Community Supports (housing and employment supports)
- SUD services in institutions for mental disease (IMDs)
## Project Focus for Accountable Communities of Health

<table>
<thead>
<tr>
<th>Project</th>
<th>Better Health Together</th>
<th>Cascade Pacific Action Alliance</th>
<th>Greater Columbia</th>
<th>Healthier Here</th>
<th>North Central</th>
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<th>Olympic</th>
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<th>SWACH</th>
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<td>3B: Reproductive and Maternal and Child Health</td>
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<td>3C: Access to Oral Health Services</td>
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<td>3D: Chronic Disease Prevention and Control</td>
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Indian Health Care Provider Specific Projects

There are distinct funds for IHCP projects, to recognize the unique and complex purchasing and delivery system IHCPs work within.

- Behavioral Health Integration* (12)
- Tribal FQHC (7)
- Care Coordination (5)
- Public health (2)
- Start/expand a Tribal 638 clinic (2)
- Traditional healing (2)
- Workforce Development/CHAP Board (2)
- Falls Prevention (1)
- Community Outreach (1)
- Telemedicine (1)
- Integrate behavioral health and law enforcement (1)
- Quality Childcare (1)
- Dental Integration (1)

*Includes clinical and systems level integration
Status: Long Term Services and Supports

✦ Medicaid Alternative Care (MAC)
  A new choice designed to support unpaid family caregivers in continuing to provide quality care to their loved ones

✦ Tailored Supports for Older Adults (TSOA)
  A new eligibility group to support individuals who need Long Term Services and Supports and are at risk of spending down to impoverishment
Currently enrolled as of 11/21/18:
Total = 1456

Dyads (MAC & TSOA) = caregiver and care receiver
Individual (TSOA) = care receiver w/o caregiver
Status: Foundational Community Supports (FCS) since the start in January

- Supportive housing and supported employment:
  - Total enrolled: 2200*
    - Supportive housing: 723
    - Supported employment: 1377
    - Both: 99

- Total contracted providers: 85
- Total service locations: 258
  - Supportive housing service locations: 30
  - Supported employment service locations: 83
  - Supportive housing & supported employment service locations: 145

*Pending enrollments include a net decrease of ~150-200 enrollees due to eligibility period expiration.
The Complexity of the Population Receiving FCS services

**Supported employment**

Treatment Need and Service Use for those Enrolled in October 2018

- **SUD**
  - Services Received in Last 12 Months: 21%
  - Treatment Need Indicated in Last 24 Months: 49%
- **MH**
  - Services Received in Last 12 Months: 79%
  - Treatment Need Indicated in Last 24 Months: 95%

**Supportive housing**

Treatment Need and Service Use of those Enrolled in October 2018

- **SUD**
  - Services Received in Last 12 Months: 32%
  - Treatment Need Indicated in Last 24 Months: 72%
- **MH**
  - Services Received in Last 12 Months: 78%
  - Treatment Need Indicated in Last 24 Months: 96%
Status: SUD/IMD Waiver Amendment

- WA received approval for 1115 Substance Use Disorder (SUD)/Institute for Mental Disease (IMD) waiver amendment July 17, 2018
- Approval included updated Special Terms and Conditions (STCs) with a number of new implementation and ongoing reporting requirements
- Monitoring protocol development is underway
  - However, expenditures are approved through December 31, 2021
- CMS recently offered an opportunity to apply for a waiver for Mental Health IMD services (we are reviewing now)
SUD Waiver - Milestones

.cms: 6 milestones for states to meet (as condition of waiver approval)

- American Society of Addiction Medicine—comprehensive services*
- Widespread use of evidence-based programs, BP, SUD placement criteria
- Use of SUD standards for qualifications for SUD TX
- Sufficient provider capacity OP, IP, mediation-assisted treatment
- Implementation of comprehensive treatment*
- Improved care coordination between levels of care

*Washington met these milestones at the time of application.
Questions?

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