Medicaid Transformation Public Forum

Wenatchee, WA

Hosted by North Central ACH

Washington State Health Care Authority

Tonight's presenters

- **Michael Arnis**, deputy chief policy officer, HCA
- **Susan Engels**, office chief for the State Unit on Aging, Department of Social & Health Services (DSHS)
- **MaryAnne Lindeblad**, state Medicaid director, Health Care Authority (HCA)
- **Melodie Pazolt**, section manager, Division of Behavioral Health & Recovery, HCA
- **John Schapman,** deputy director, NCACH

Overview of Medicaid Transformation
2017–2021

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Better care, a healthier population, cost control

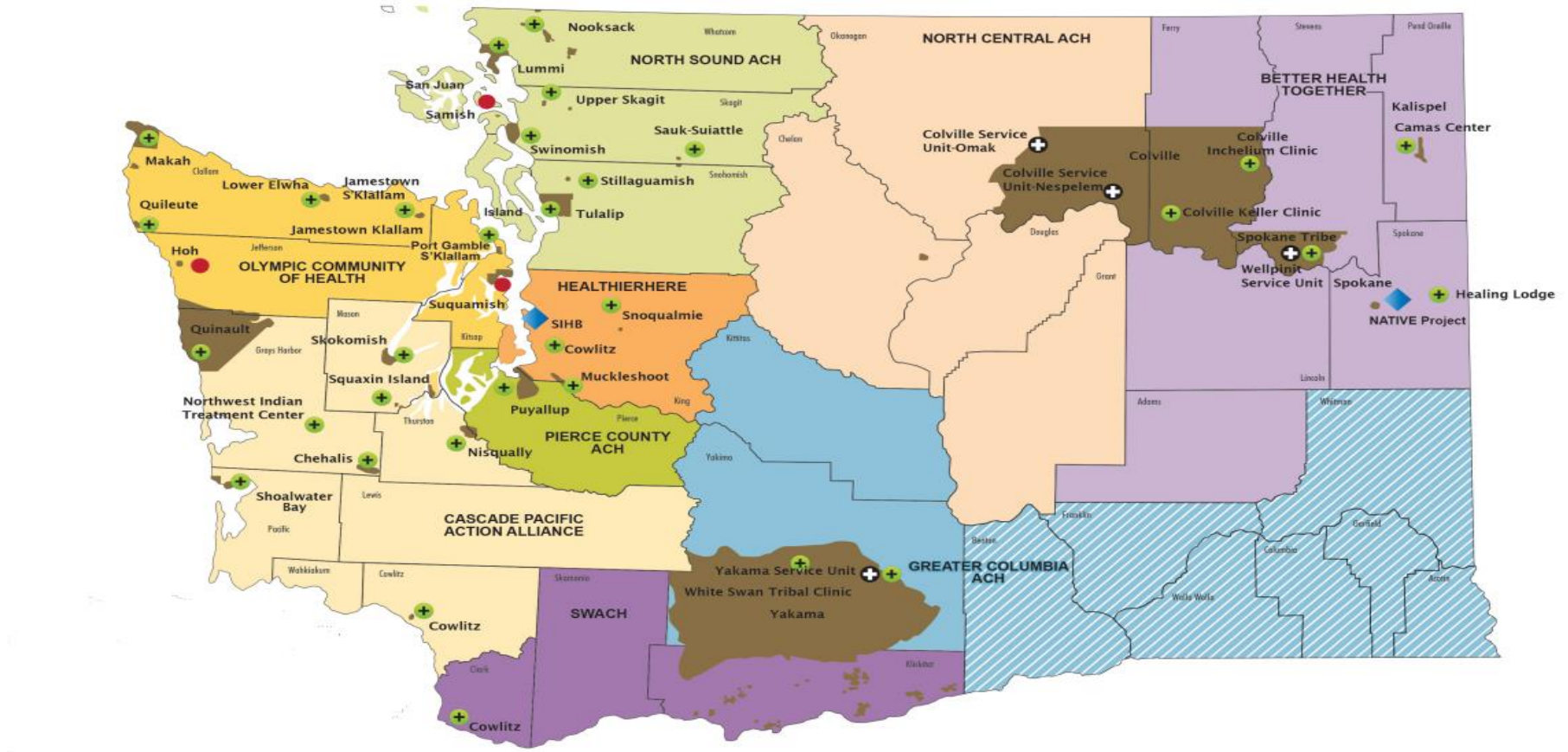
- **Whole-person care and population health**
  - Integrating physical and behavioral health care, including mental health and substance use disorder services
  - Serving the aging population
  - Supporting health with homes and jobs
  - Tribal health systems and the needs of rural Washington
- **Designing systems to support change**
  - Shared statewide, regional leadership
  - Value-based payment models
  - Public/private partnerships
  - Workforce development
  - Health information technology

A quick overview

The federal government is investing up to $1.5 billion for a five-year, statewide effort to show that Washington can deliver **better health care, a healthier population, and lower costs** for Apple Health (Medicaid) beneficiaries.

Much of the work is improving systems beyond Apple Health, bringing the benefits to all people of the state, and building a better system for the future.

Shared leadership, regional strategies



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Medicaid Transformation goals

As we approach year four, we are on track with:

- Integrating physical and behavioral health purchasing and service delivery.
- Improving access to care and expanding health equity.
- Offering tailored services for our aging population and their caregivers.
- Integrating housing and employment supports into the wellness model.

Two new ways of integrating care

In year three, new initiatives are expanding the scope of care and access for people needing a broader range of services related to **substance use disorder** and **mental health needs**.

These two initiatives are critically important to the success of the Governor's five-year plan for mental health treatment improvements.

Supporting our aging population

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MAC & TSOA programs

	Medicaid Alternative Care (MAC)	Tailored Supports for Older Adults (TSOA)
Age requirements	Care receiver must be age 55+ Caregiver must be age 18+	Care receiver must be age 55+ Caregiver must be age 18+
Medicaid requirements	Receiving Apple Health (Medicaid)	Medicaid eligibility not a requirement
Other requirements	The care receiver must need help with some activities of daily living like bathing, walking, taking medications, or transfers.	The care receiver must need help with some activities of daily living like bathing, walking, taking medications, or transfers. Applicants must also be a U.S. citizen or have eligible immigrant status and submit a TSOA financial application.
Benefit level	Depending on the situation, you could receive up to $615 each month in services and supports.	Depending on the situation, you could receive up to $615 each month in services and supports.

MAC & TSOA benefits

Specialized equipment & supplies

- Durable medical equipment
- Personal Emergency Response System
- Incontinence & other supplies
- Assistive Technology

Training & education

- Support groups
- Caregiver coping/skill-building
- Falls prevention
- Dementia education
- Chronic disease self-management

Personal assistance (individual only)

- Personal care
- Home-delivered meals
- Nurse delegation
- Home modifications
- Adult day care

Caregiver assistance (dyad only)

- Respite in/out of home
- Housework & errands
- Home-delivered meals
- Home modification
- Transportation

Health maintenance & therapies

- Adult Day Health
- Massage
- Acupuncture
- Exercise programs
- Counseling

Sue’s story about MAC

Sue and her husband, Alan, came into one of our offices. Sue was partially paralyzed after having a stroke 6 months earlier. Alan was quickly becoming overwhelmed with Sue’s care needs, but they hesitated in seeking help because they had heard about estate recovery.

Upon learning that the MAC program does not have estate recovery, they applied and qualified for respite services.

Today, Sue benefits from three days per week of help with **bathing, dressing, medication management, walking, and transfers.** Alan receives much-needed respite. Through caregiver support and an exercise program, Sue’s physical strength is increasing. Because of the respite support, Alan’s own health and well-being have also improved.

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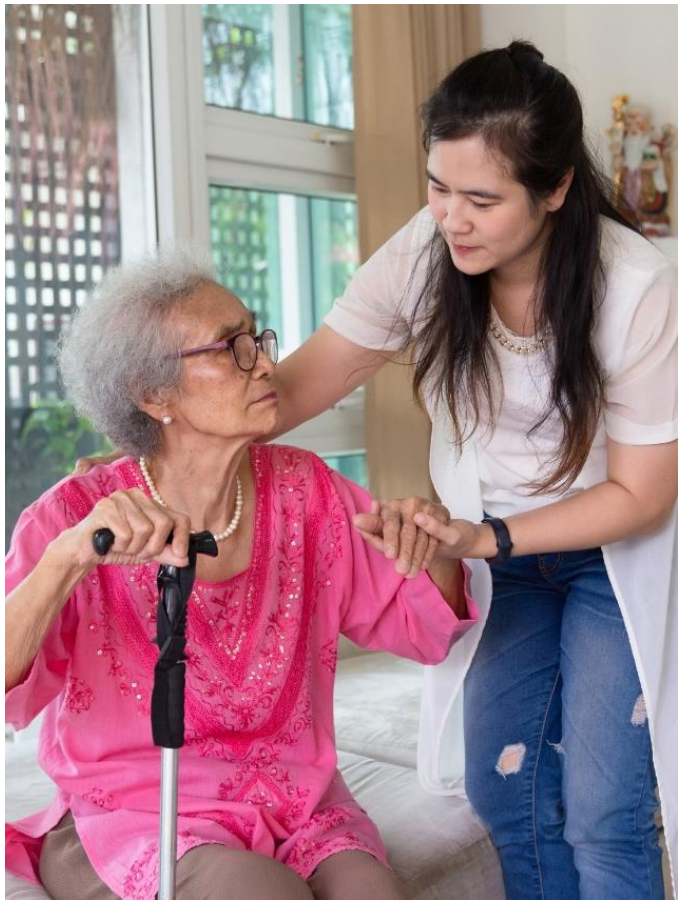
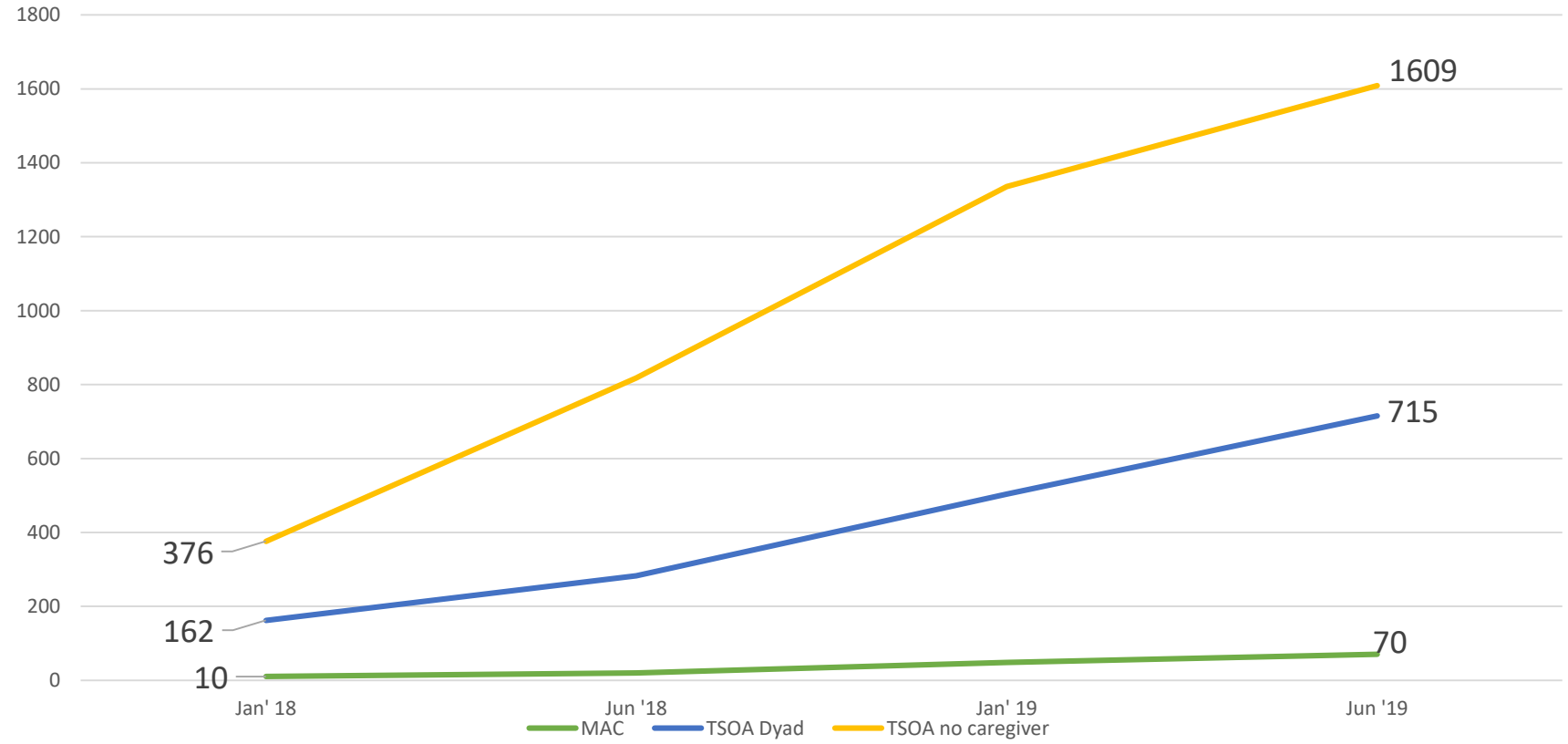
Alice's story about TSOA



Alice was referred for services when her friend noticed she was becoming very frail and thin, and was forgetting to prepare food and bathe. Alice declined care in a nursing home or another facility, saying she preferred to stay in her own home. She consented to TSOA personal care and now receives help with **grocery shopping, housekeeping, bathing, and cooking**.

Because of her TSOA services, Alice can remain in her own home while getting the support she needs. She was down to 86 pounds, and has gained weight since her enrollment in TSOA.

MAC/TSOA monthly caseload



Number of clients by program, by month

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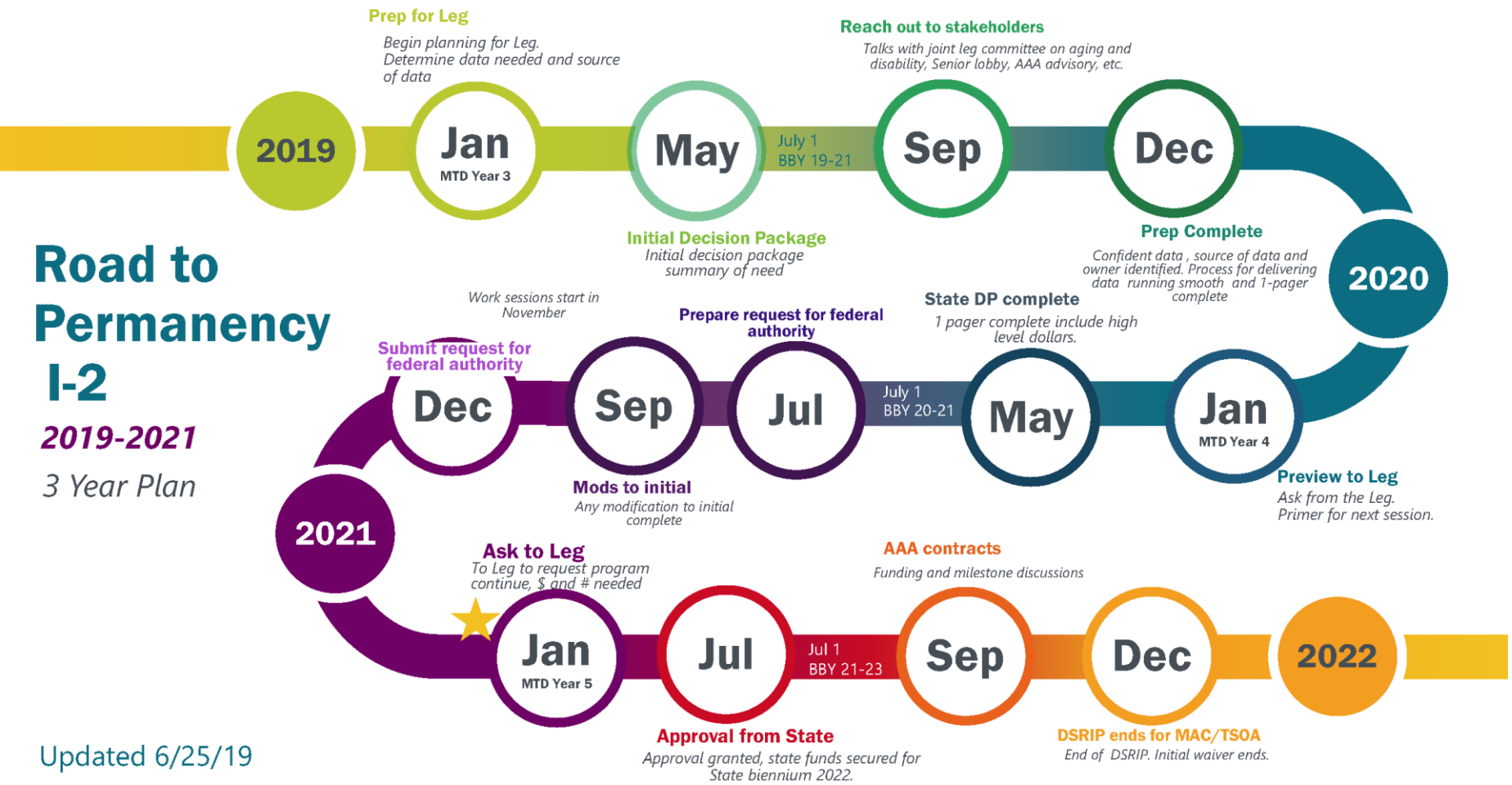
MAC/TSOA: looking ahead



Updated 6/25/19

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Housing & employment

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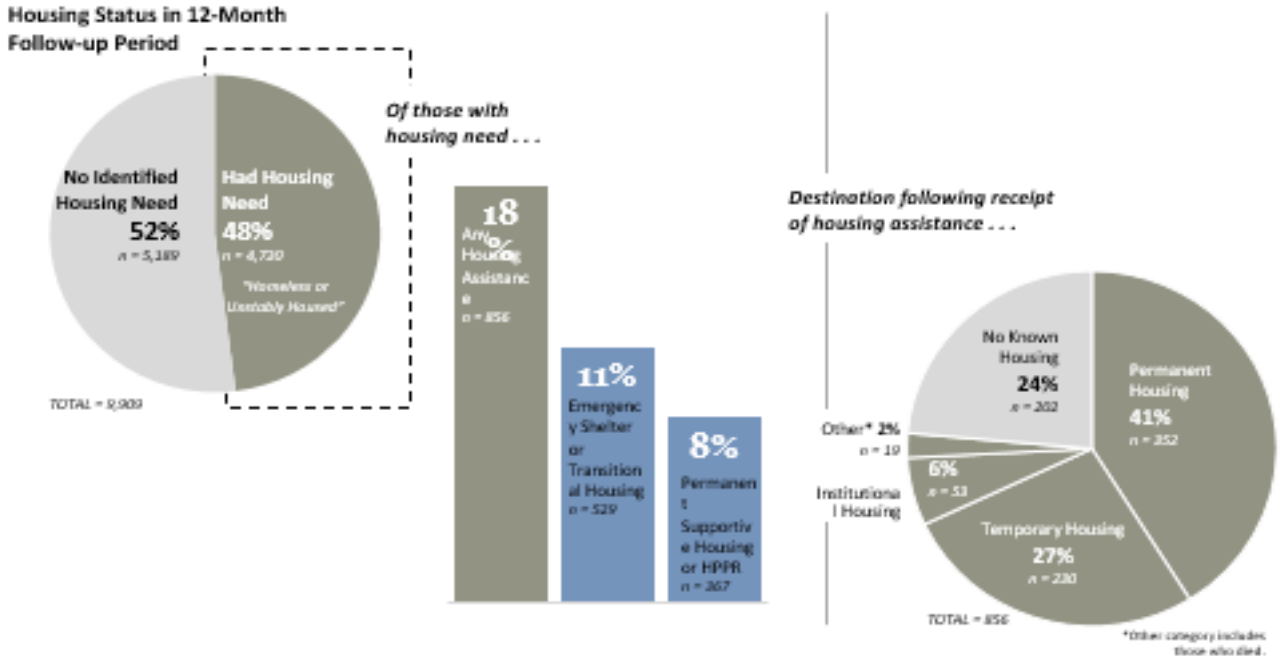
Foundational Community Supports (FCS)

- **It is:**
  - Medicaid benefits for help finding **housing** and **jobs**:
    - Supportive housing to find a home or stay in your home.
    - Supported employment to find the right job, right now.
- **It is not:**
  - A subsidy for wages or room and board.
  - For all Medicaid-eligible people.

Clients discharged from residential chemical dependency treatment centers and state mental health hospitals in SFY 2010 had pronounced housing needs

Exiting a Residential Substance Use Disorder Treatment Center



NOTE: Information on client housing needs was compiled from five different administrative sources (pie chart). Housing assistance detail is from the Homeless Management Information System (HMIS).
SOURCE: *The Housing Status of Individuals Discharged from Behavioral Health Treatment Facilities*, DSHS Research and Data Analysis Division, Ford Shah, Black, Felker, July 2012
http://publications.rda.dshs.wa.gov/1490/.

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Unemployment may affect health in many ways. Laid-off workers are[5]:

54% more likely to
have fair or poor health.

83% more likely to develop a stress-related condition such as heart disease.

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Unemployment has also been linked to[6]:

Loss of Health Insurance

Increased Stress & Blood Pressure

Unhealthy Coping Behaviors

Increased Depression

FCS enrollment

- As of July 2019:
  - 5,623 total enrollees
  - 2,270 supportive housing
  - 2,741 supported employment
  - 612 enrolled in both

Building on opportunities: housing & employment

- Legislative direction to improve client outcomes (employment and housing) and use **evidence-based, research-based, and promising practices** – SB5732-HB1519 (2013)
- Nationally recognized policy academies (Housing 3000: Chronic Homeless Policy Academy & Olmstead Policy Academy)
- Supportive housing and supported employment services authorized in SB 6312 (2014)
- State Innovation Models grant included information on the social determination of health services

Duff's story about FCS

"To have someone check on you—it's been really helpful for me. I probably wouldn't have a job without this service. I never did have a job on the street. I missed a lot of days of work because it was hard to make it to work without a stable place to live. A place to rest your head is a whole different atmosphere than being on the street. **It means everything to me. It makes me feel like a human being and a part of society**."

-Duff, FCS client, Yakima Neighborhood Health Services

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Designing better systems to support and sustain a healthier Washington

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Designing systems to support integrated, whole-person care

- Innovative financial incentives enables providers to adopt a value-based purchasing (VBP) system, linked to integrated care
- Health information technology (HIT); Health information exchange (HIE)

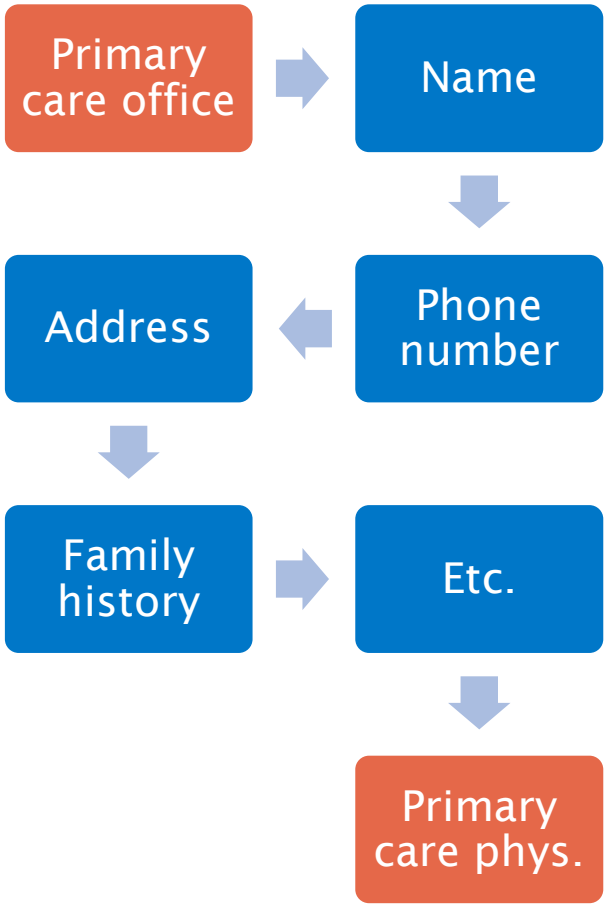
Value-based purchasing and payment

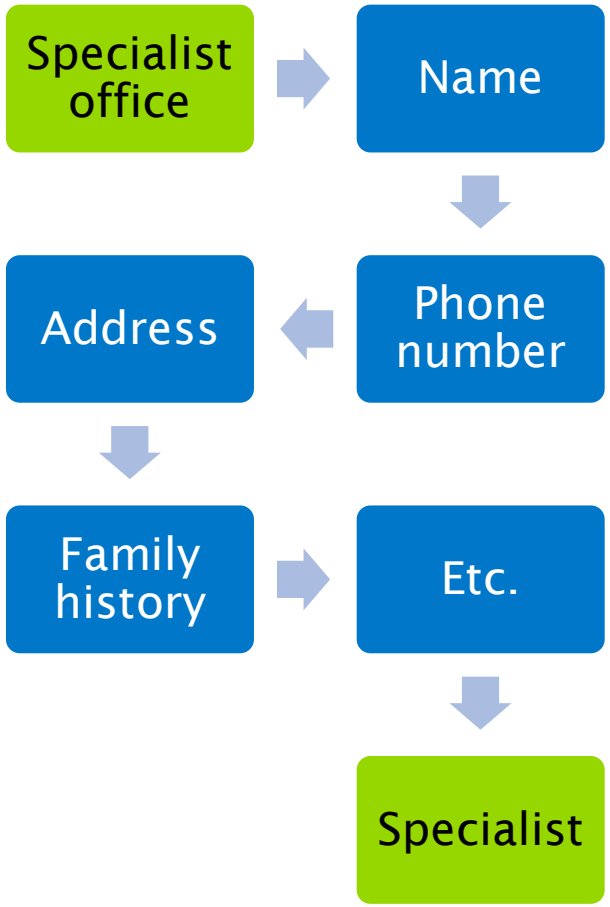
- Innovative financial incentives enables providers to adopt a value-based purchasing (VBP) system, linked to integrated, whole-person care
  - By 2021, the state will link provider payment to the quality of patient outcomes, to create a value-based system for the state's Apple Health program
  - Providers will be rewarded for delivering integrated, whole-person care.
  - Value-based systems reduce costs, improve individual care, and improve overall population health.

Health information technology (HIT); Health information exchange (HIE)

- Health information is the data that describes a person's medical history: symptoms, diagnoses, procedures, and outcomes.
- Secure exchange of health information (HIE) is essential for people to get the care they need, when they need it.
- HIE technology ensures providers have the most current, complete health information -- at the point and time of service.
- When providers share electronic health information, they have a bigger picture of their patient's conditions, experiences, and needs. They can give their patients better, faster care.

Traditional Health Information Exchange: it's on you





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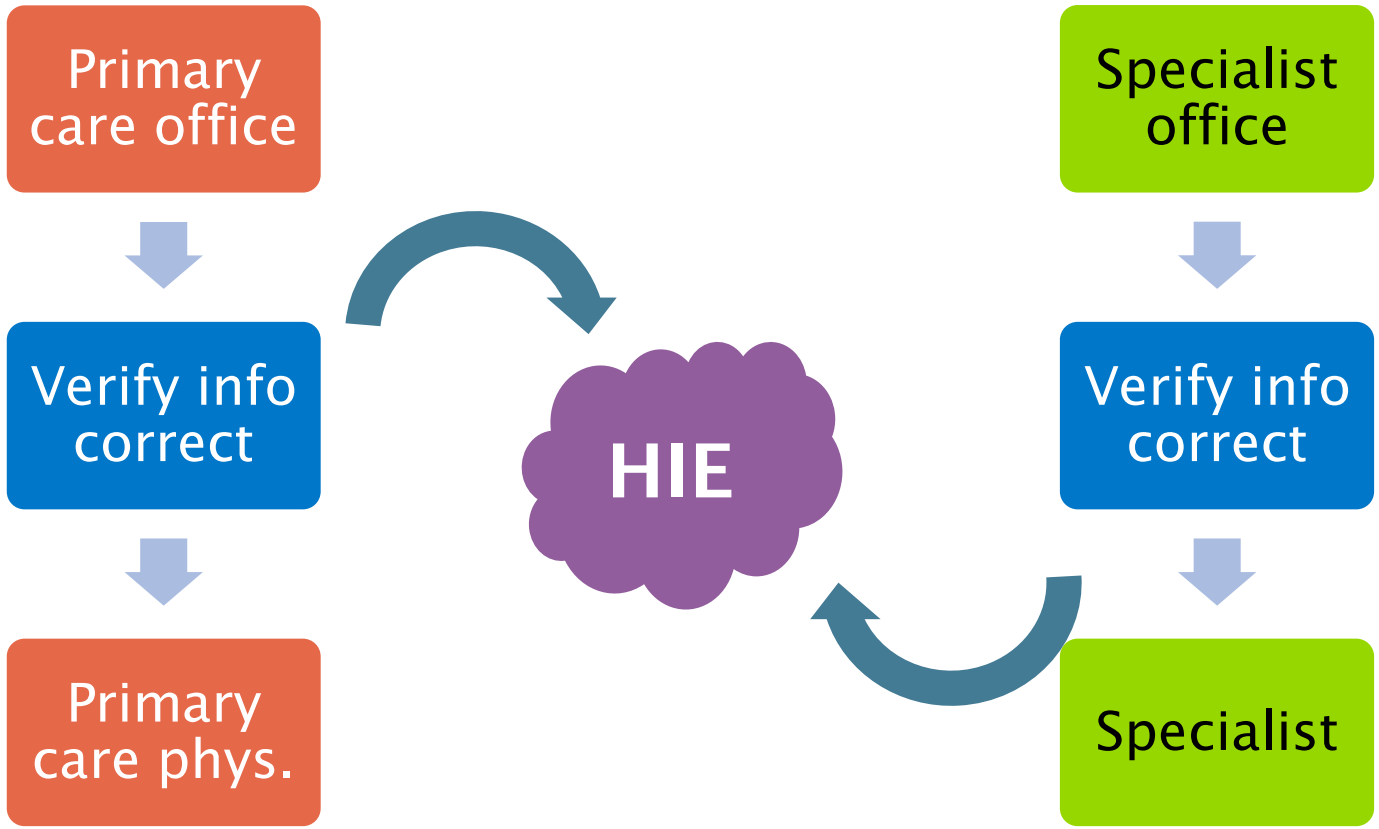
Health information exchange: the solution



Building the workforce

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Building the workforce for a transformed health care system

- Workforce development means understanding and responding to the **emerging** needs of a **changing** system.
  - How do we move from “jobs” to “competencies?”
  - What roles and competencies do we need for a changing future?
  - What training and education do people need?
  - Does that training exist?
  - How do we best collaborate to create competency based training?
  - Where should these jobs be located?
  - How do we make that happen?

Example: integrating substance use disorder (SUD) and mental health into general practice

- Broad improvements in licensing process and standards so trained professionals can work faster.
- Update standards and training for new paraprofessionals (e.g., peer support and SUD counselors).
- More funding for education, including scholarships and grants for behavioral health professionals.

Rethink everything & aim high

- Rethink teamwork – team-based care management.
- Rethink jobs – move to roles and competencies.
- Rethink how ethics can guide the work.

The best people, the best training, the best effort

- Practice “at the top of your game.”
- Enable all team members to give and achieve their best.
- Every day is a chance to help someone live their best possible life.

Tribal health systems: **sharing what works while respecting sovereign rights**

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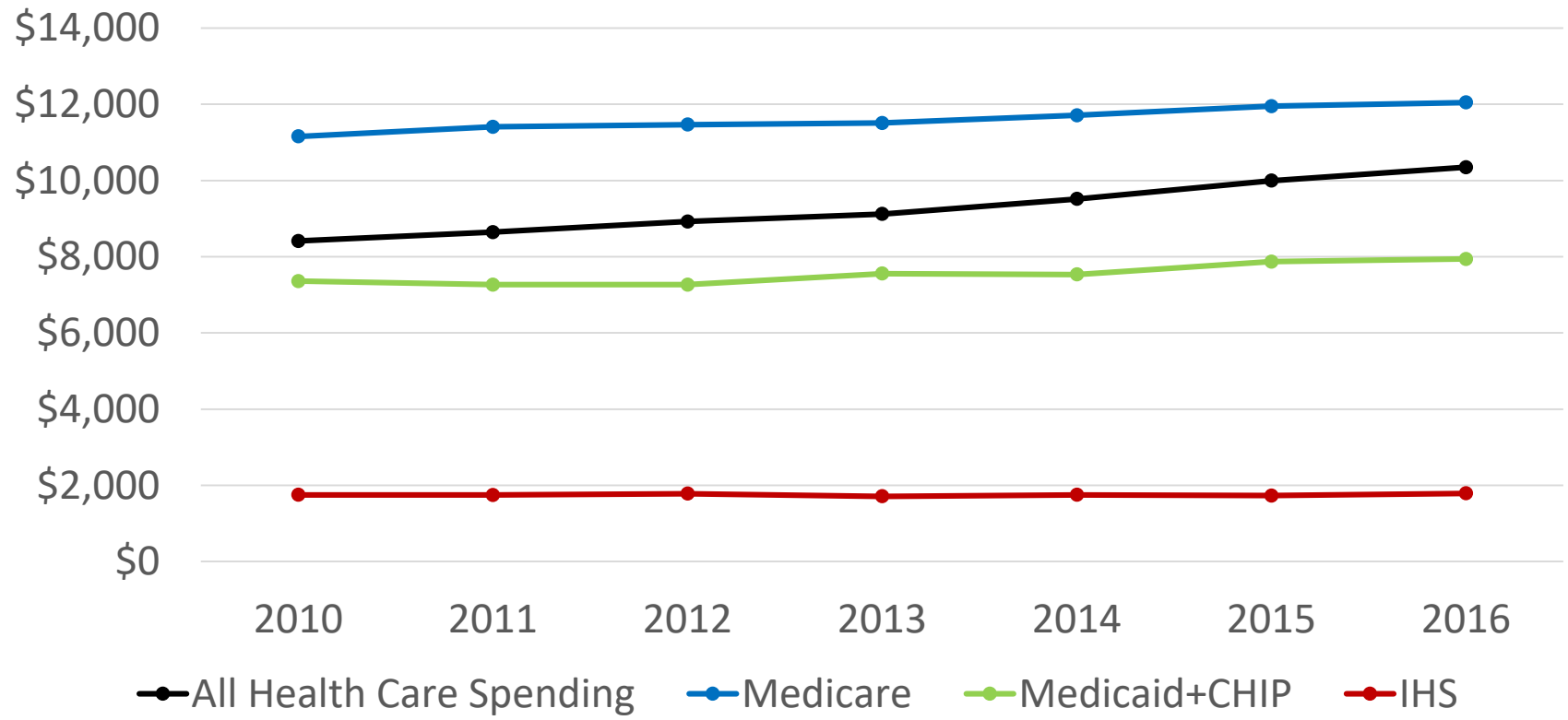
“As indigenous people, we possess the culturally relevant knowledge and expertise to address and enhance the overall health and well-being of all American Indian and Alaska Native people across the country.”
- National Tribal Behavioral Health Agenda, December 2016

Health care and the trust responsibility

Federal health care for American Indians and Alaska Natives is not part of the nation's social welfare program, nor is it insurance. It is a program founded upon the federal promise to provide health care services to American Indians and Alaska Natives; a federal promise made in treaties and authorized by the Constitution.

The Legal Foundations for Delivery of Health Care to American Indians and Alaska Natives National Indian Health Board
March 2015

Disparity in national health care spending



Source: CMS National Health Expenditure Accounts and the Department of Health & Human Services Budgets in Brief.

Indian Health Care Provider (IHCP) projects

- Integrate physical and behavioral health purchasing and service delivery to better meet whole-person needs
  - Behavioral health integration, traditional healing, start/expand a Tribal 638 clinic, dental integration
- Support provider capacity to adopt VBP and new care models
  - Tribal federally qualified health center, telemedicine, community outreach
- Implement population health strategies that improve health equity
  - Workforce development/Community Health Aid Program Board, public health, integrate behavioral health and law enforcement, childcare

Rebalancing services & resources with respect for sovereignty and culture

- What would Indian health care look like if the federal government fulfilled treaty rights by fully funding health care?
- What does Medicaid Transformation mean to IHCP and tribal members?
- Is the notion of integrated services aligned with cultural practices? Can it be aligned?
- How would IHCPs define Medicaid Transformation goals? Would they differ?
- How might tribal members define social determinants of health?

New funding opportunities for rural health care delivery

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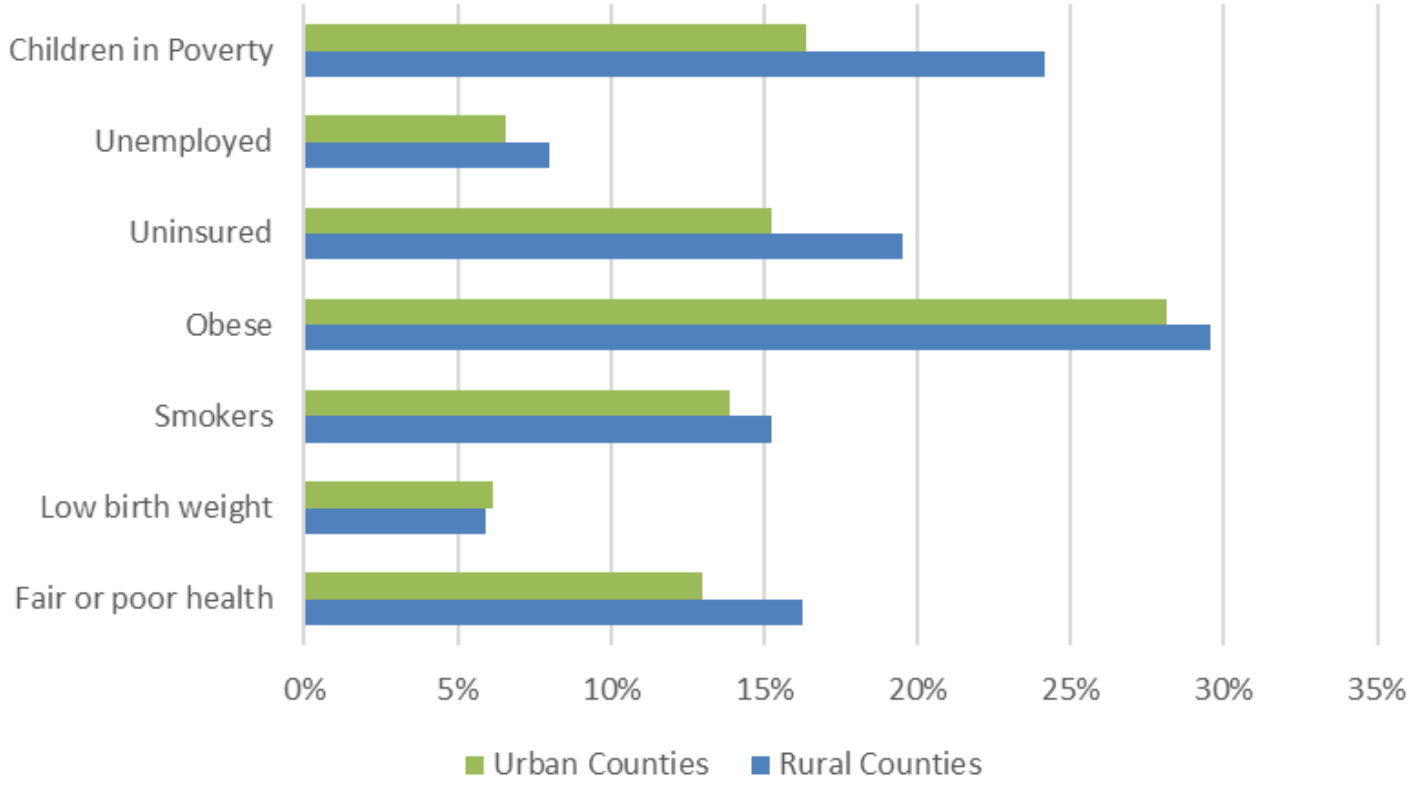
Rural health issues differ from those in urban communities



Based on 2014 designation of all Washington State counties by Office of Financial Management
2016 County Health Rankings

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Building a healthier rural Washington

- Tackling rural challenges with Transformation opportunities
  - Long-term services and supports to address the aging population
  - Supported employment and supportive housing to provide stability
  - Federally qualified health centers/rural health centers investment in rural and underserved populations
  - Washington Rural Health Access Preservation project

HCA is committed to supporting rural health systems.

North Central Region
NCACH

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The view from North Central

North Central Accountable Community of Health

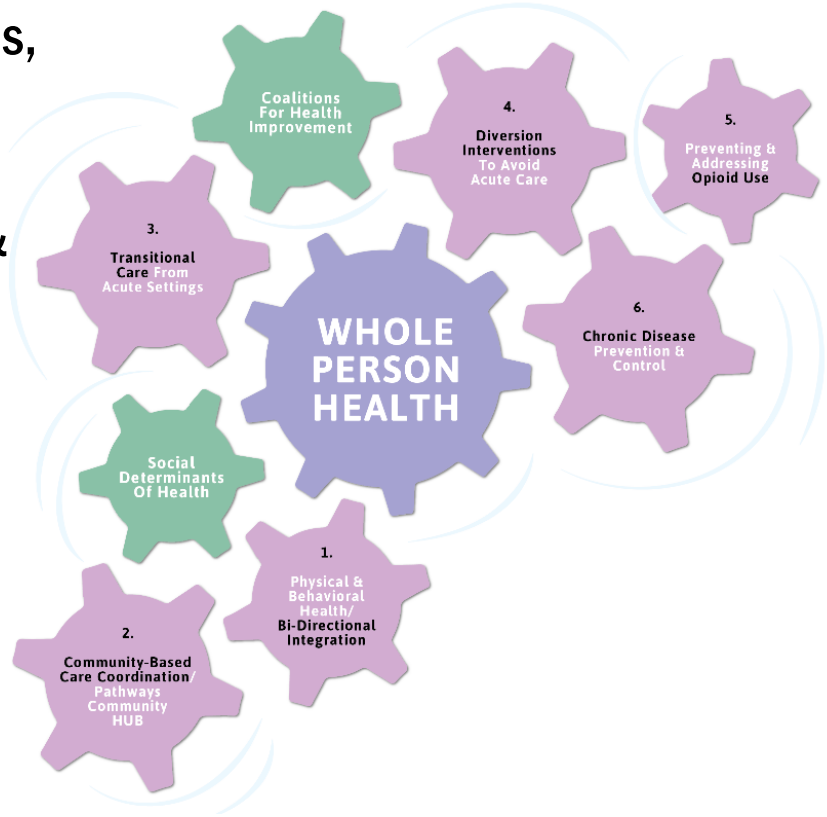
"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"

Whole Person Health

North Central Accountable Community of Health

Our goal is to foster **whole person health** by bringing together cross-sector partners and taking a regional approach to improve health across Chelan, Douglas, Grant, and Okanogan Counties.

- 17 outpatient partners integrating behavioral & physical health
- 8 hospitals and 10 EMS agencies working to connect acute care to preventative services
- 3 regional Coalitions for Health Improvement (CHI)
- 4-county regional opioid project
- Improving and expanding care coordination



Building a healthier NCW

North Central Accountable Community of Health

- Successfully adopted Integrated Managed Care
- Connected clinical partners from acute care and outpatient settings to share best practices across projects.
- Focusing on addressing the social determinants of health and promoting community – clinical linkages
- Building local capacity through:
  - Peer collaborative & Train-the-Trainer sessions
  - Grants support for partners
  - Targeted funding opportunities for community partners through CHIs

Highlight: Addressing the Opioid Crisis

North Central Accountable Community of Health

- **Organizations:** Variable (Community Based Organizations, Hospitals, Schools, Clinics, Law Enforcement)
- **Type of Work:** Supporting Community and clinical partners in work that addresses the Opioid Crisis

- Rapid cycle applications to support local projects
- NCW Opioid Response Conference
- Opioid Awareness and Public Education Marketing Campaign
- Narcan Training and Distribution
- School-based Opioid Prevention
- Evidence Based Dental Pain Care Conference
- Recovery Initiatives

A safe, secure option

Three Rivers Hospital launches Drug Take-Back initiative

By Mike Maltais
Staff writer

BREWSTER – A metal kiosk has been installed at Three Rivers Hospital (TRH) to allow area residents a free, safe and secure option to dispose of expired medications. It is located near the admitting desk in the emergency room at the northeast end of the building on 507 Hospital Way.

The kiosk is the result of a cooperative effort with the American Rx Group last year to bring the disposal program to Brewster. With funding from a $10,000 grant courtesy of the North Central Accountable Community of Health, TRH Chief Nursing Officer Gretchen Aguilar and Kevin Walker, PharmD, RPH, led the effort to provide the drug take-back service.

"In exchange for the grant, TRH pledged to provide a safe medication disposal method, provide community education about opioids, and increase access to naloxone, a synthetic drug used to help treat opioid addition," a TRH media release said.

The kiosk is locked and secured with a sign explaining which medications are acceptable and which are not.

"Permitted items include prescription pills, ointments, and patches; pet medications; vitamins; and over-the-counter medications," the release explained. "Items that cannot be dropped into the kiosk include syringes, inhalers, aerosol cans, thermometers, lotions or liquids, and hydrogen peroxide."

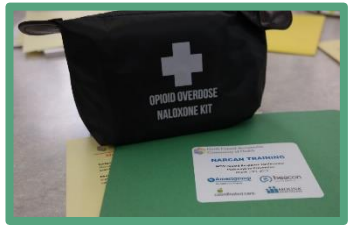
TRH Board Vice-Chair Vicki Orford was among the first to deposit expired medications into the kiosk for disposal.

"What a great service for our district," said Orford. "Not only can I get rid of my old prescriptions, but now I have

See TAKE-BACK on Page A2

Photo courtesy of Three Rivers Hospi

Disposing of expired meds is as easy as opening the draw to the disposal kiosk.



Let’s talk.

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Thank you for joining us!

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