Medicaid Transformation Public Forum

Vancouver, WA

Hosted by SWACH

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
- **Barbe West,** executive director, SWACH

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Overview of Medicaid Transformation
2017–2021

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Better care, a healthier population, cost control

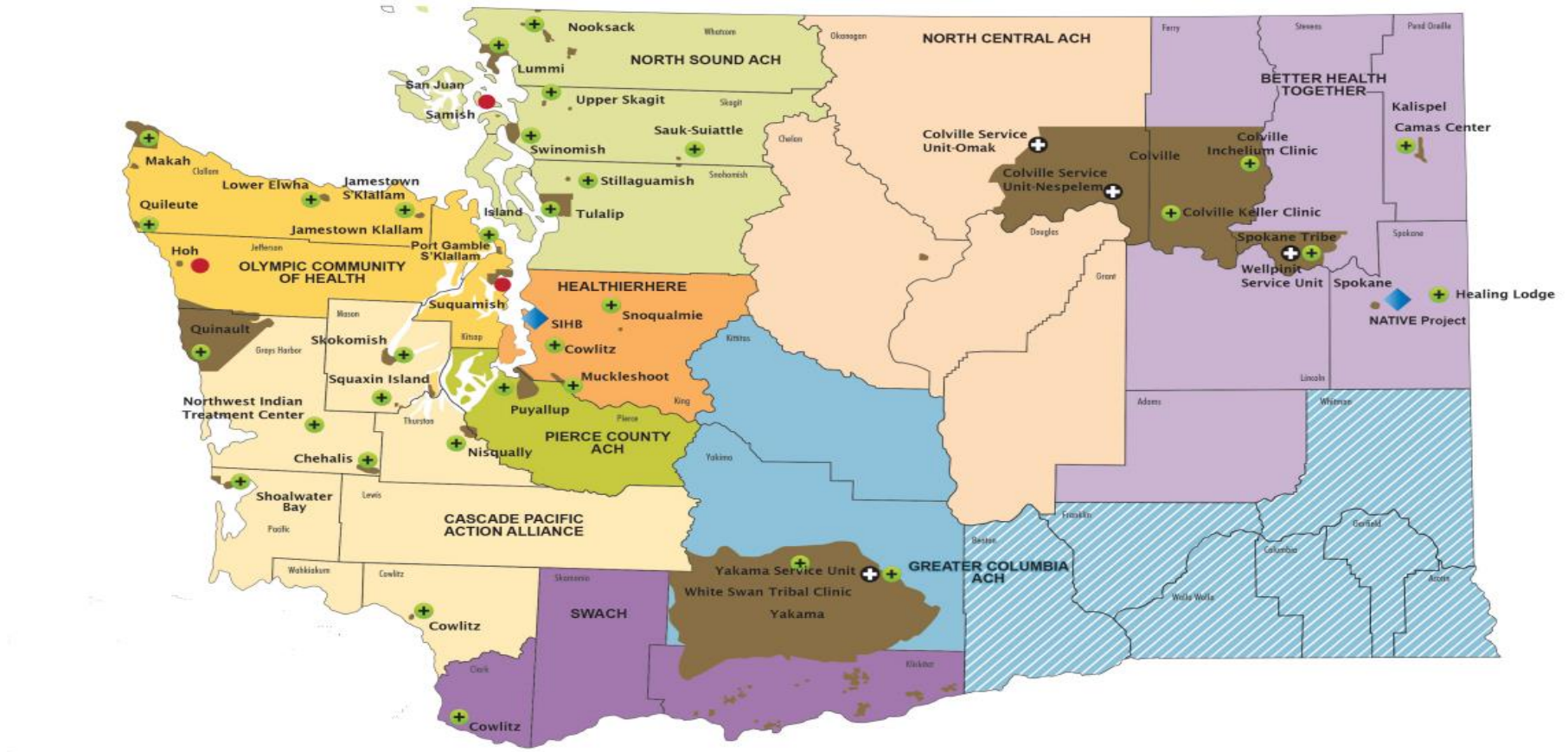
- **Whole-person care and population health**
  - Integrating physical and behavioral health care, including mental health and substance use disorder services
  - Serving the aging population
  - Supporting health with homes and jobs
  - Tribal health systems transformation
  - Workforce development
  - The health service needs of rural Washington
- **Designing systems to support change**
  - Value-based payment models
  - 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:

- Integrating physical and behavioral health
- Creating value-based purchasing, payment, and service delivery.
- Supporting providers to be successful in a transformed system.
- Improving access to care and expanding health equity.
- Supporting our aging population and their caregivers.
- Integrating housing and employment supports into the wellness model.

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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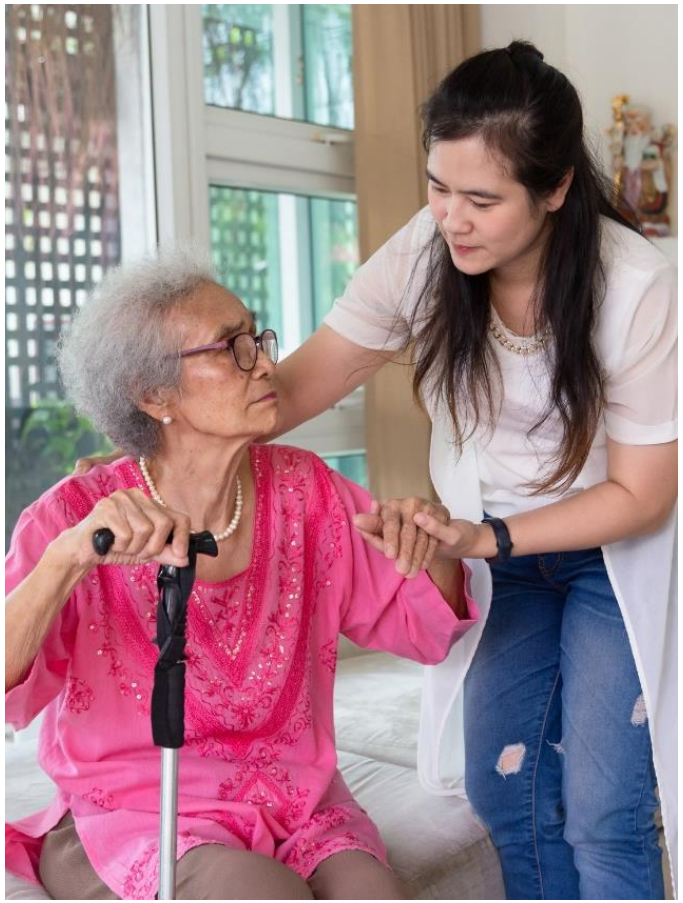
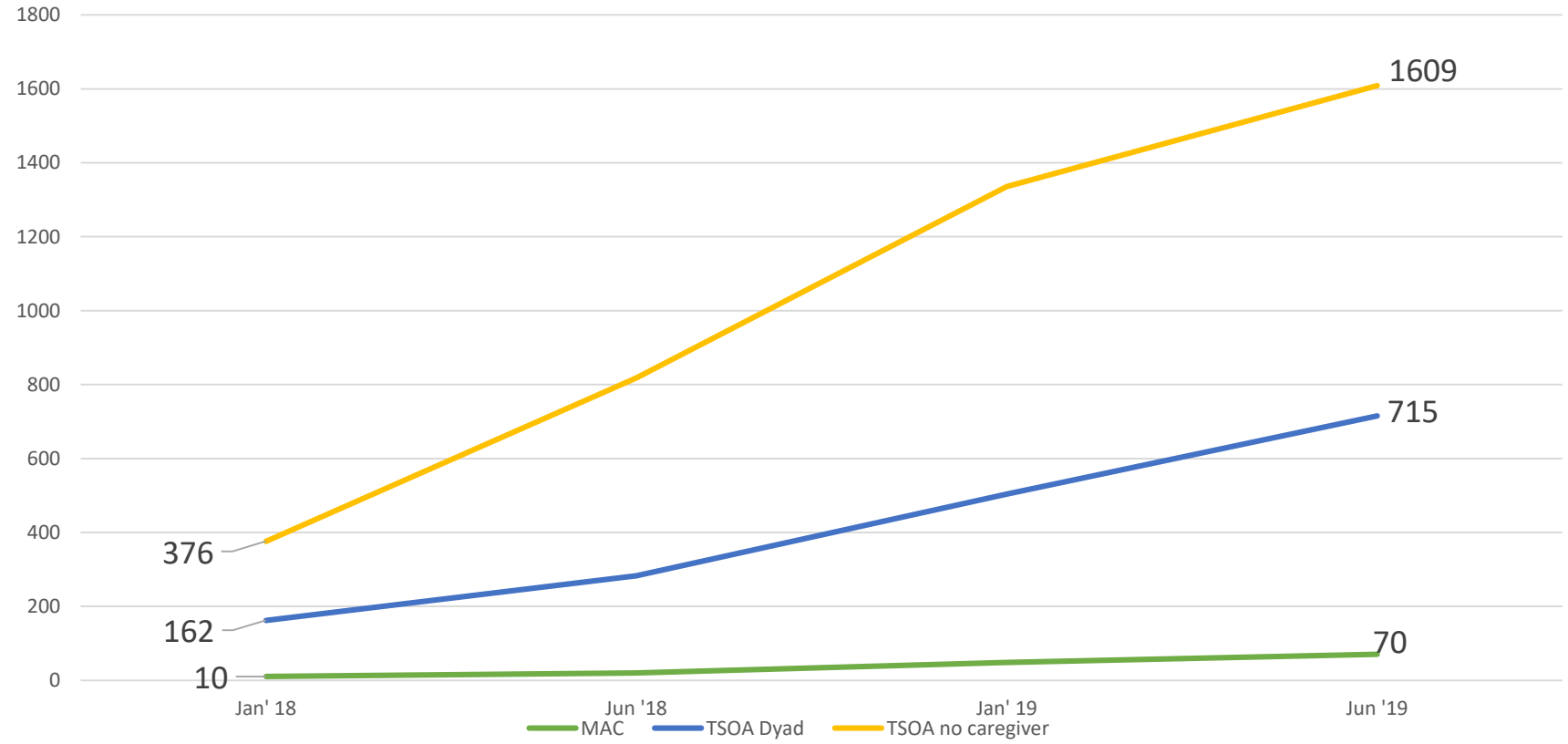
Alice's story about TSOA



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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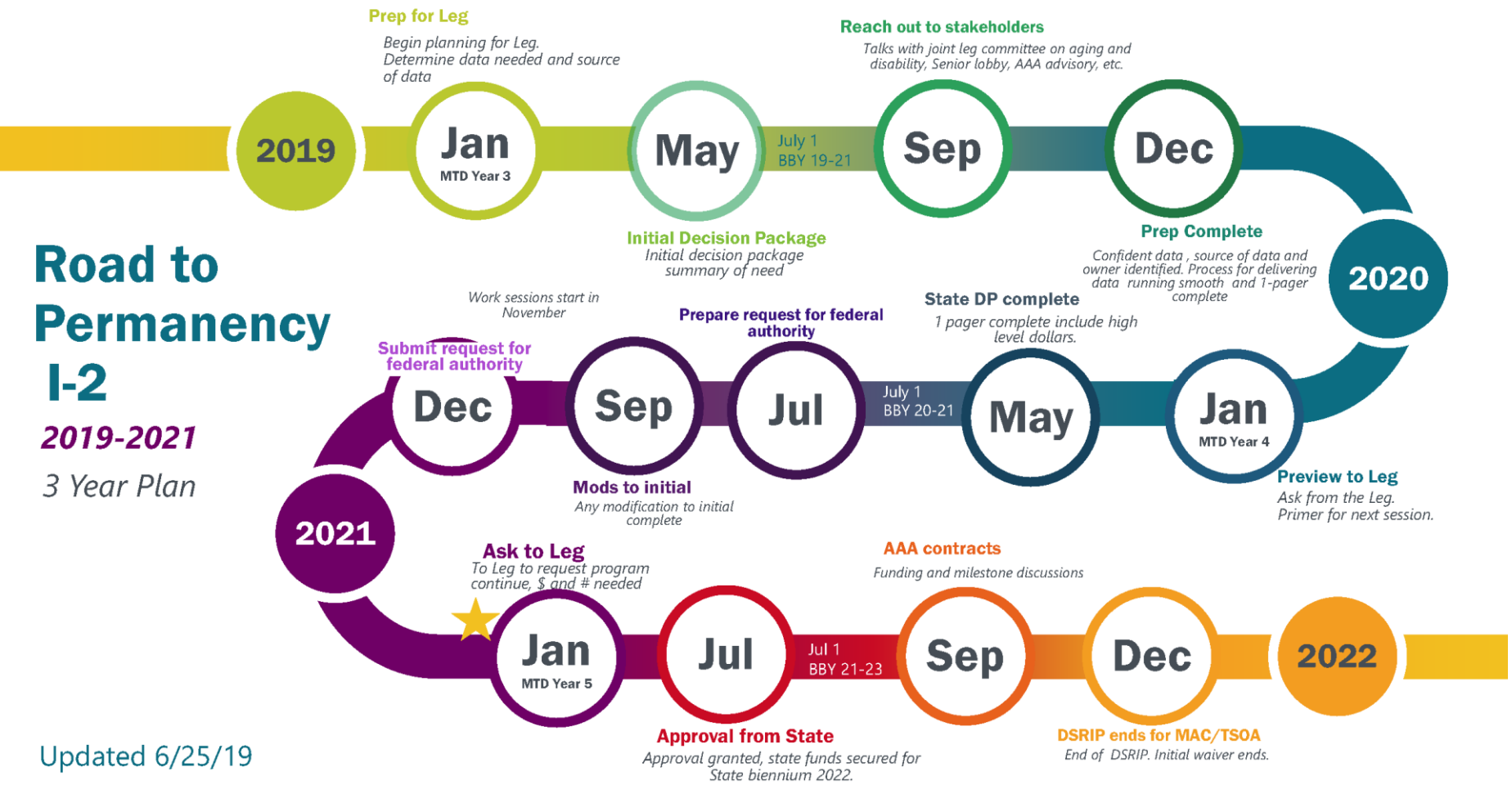
MAC/TSOA: looking ahead



Updated 6/25/19

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Housing & employment

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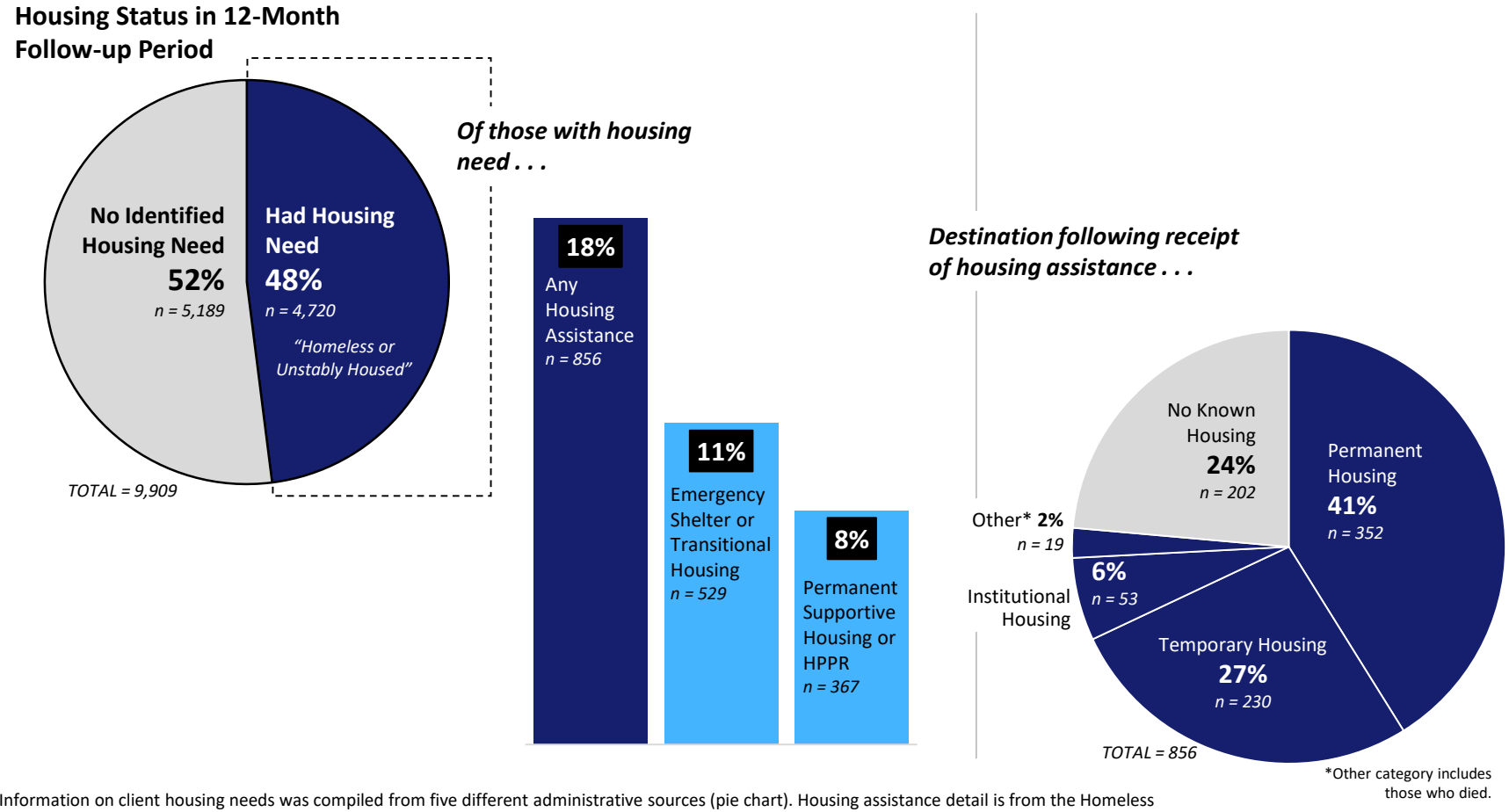
Foundational Community Supports (FCS)

- **It is:**
  - Medicaid benefits for help finding **housing** and **jobs**:
    - Supportive housing to get and keep housing.
    - 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, Felver, July 2012 http://publications.rda.dshs.wa.gov/1460/.

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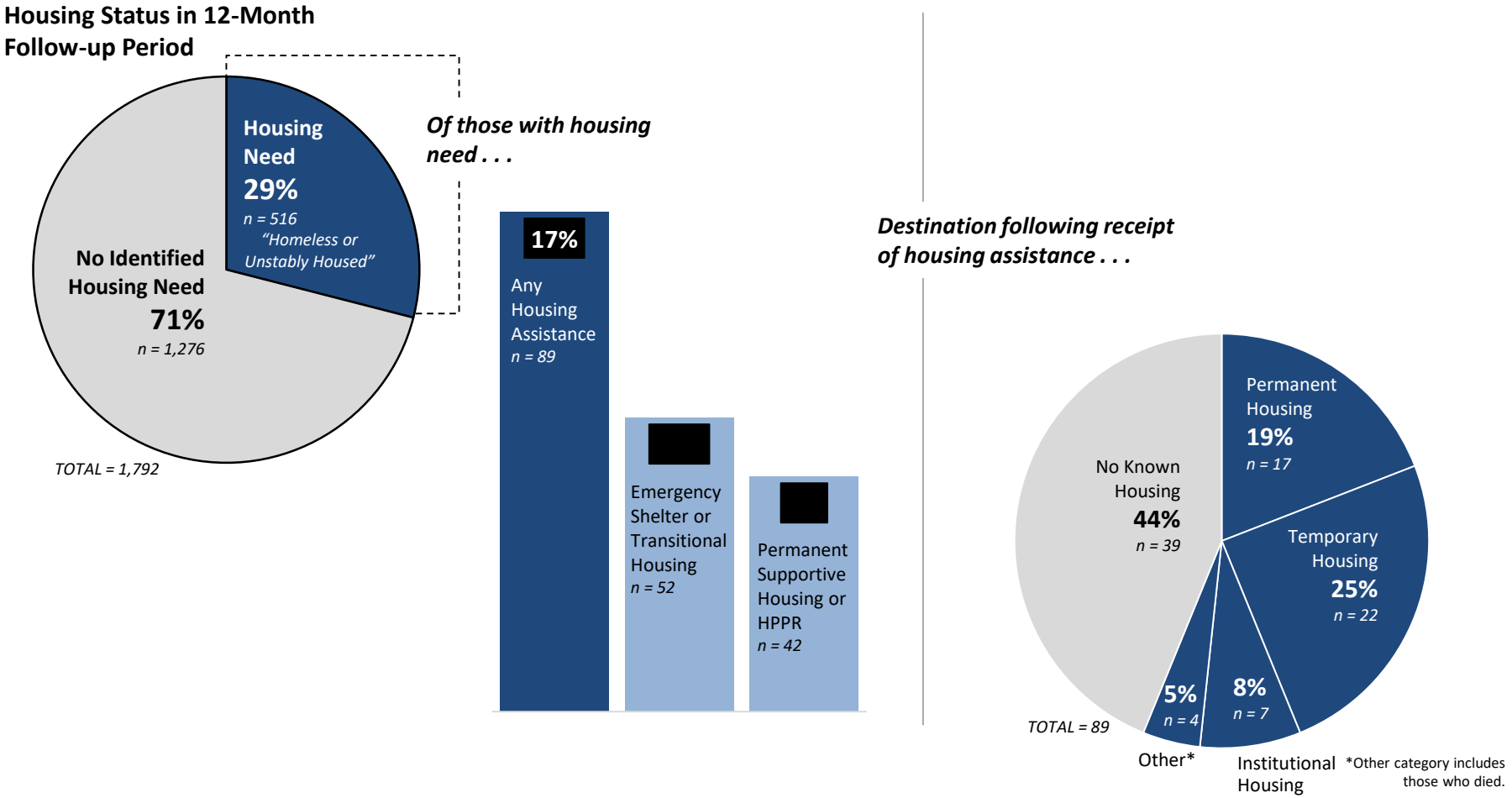
Clients discharged from residential chemical dependency treatment centers and state mental health hospitals in SFY 2010 had pronounced housing needs

Exiting a State Mental Health Hospital



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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

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

FCS enrollment

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

Building bridges to better lives: FCS success

- “William” started his sales job in May 2018—a result of his being enrolled in supported employment services. Since then he has been named “employee of the month,” and TWICE been #1 in sales! His managers asked him join their training team, and made him a standing offer of a full time job.
- Success didn’t come easy. “William” struggled with poor mental and physical health. At the time he enrolled in FCS services, he was living with an aggressive roommate. “William” avoided going home because he felt threatened and unsafe.
- FCS staff helped “William” find safe, temporary housing while looking for something permanent. He began improving his diet. He joined a gym and lost 40 pounds. He has also begun working on art projects. Being creative, William says, is important to his well-being.
- In July 2018, "William" found permanent housing, and decided to accept the offer of full time work. He is happy on the job, safe at home, engaged with his therapist, and stays in touch with employment and housing support staff.
- For "William," FCS served as a bridge, leading to a happier, healthier life.

Designing better systems to support and sustain a healthier Washington

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Transitioning to whole-person care and better population health

- HCA is using value-based purchasing to reward high-quality, whole person care
  - Supports the integration of physical and behavioral (whole person) care
  - Creates a more sustainable financial model
  - Better patient and provider experience
- Health information exchange
  - Technology that distributes information to patients and providers
  - Necessary for the success of whole person care

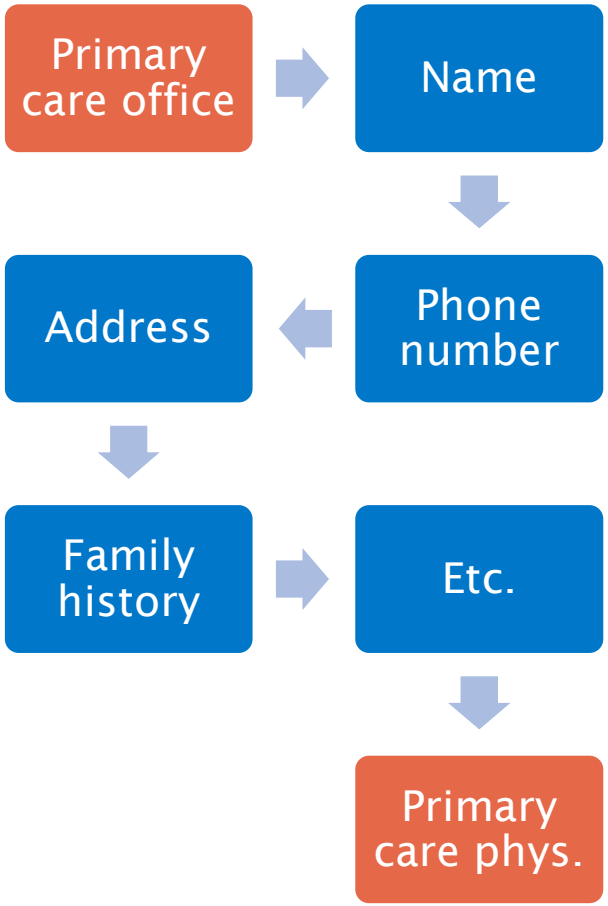
Value-based purchasing

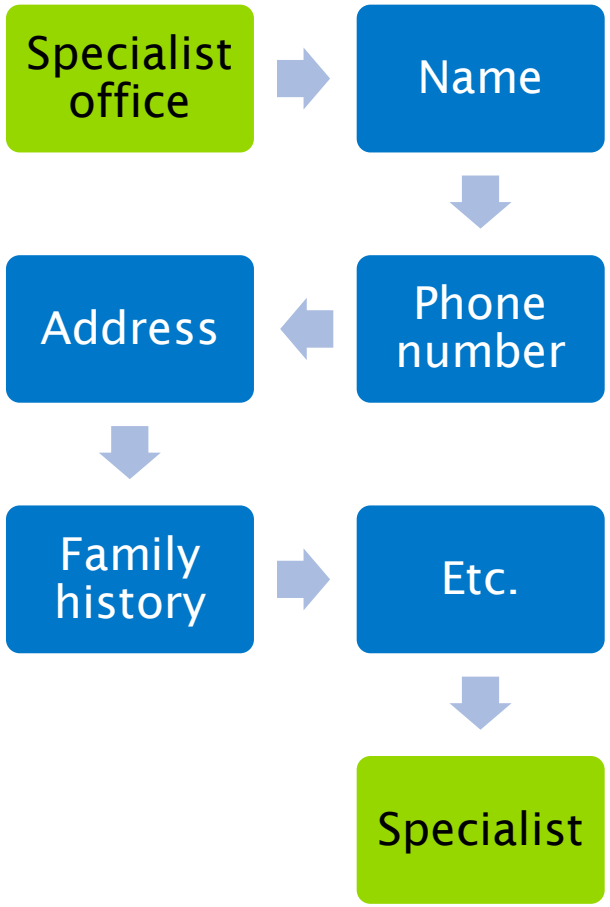
- HCA introduced financial incentives improve individual care and population health and reduce costs
  - HCA linked managed care premiums to quality care to encourage the transition to integrated, whole-person care
  - A new perspective on provider rewards and risks
  - Accountable Communities of health (ACHs) have performance incentives and managed care organizations agreed to quality incentives in their contracts
    - Managed care organizations reward providers for delivering integrated, whole person care
    - ACHs support providers in meeting regional performance incentives

Health information exchange

- Health information is the data that describes a person's medical history: symptoms, diagnoses, procedures, and outcomes.
- Secure exchange of health information is essential for people to get the care they need, when they need it.
- Electronic 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, timely care.

Traditional Health Information Exchange: it's on you





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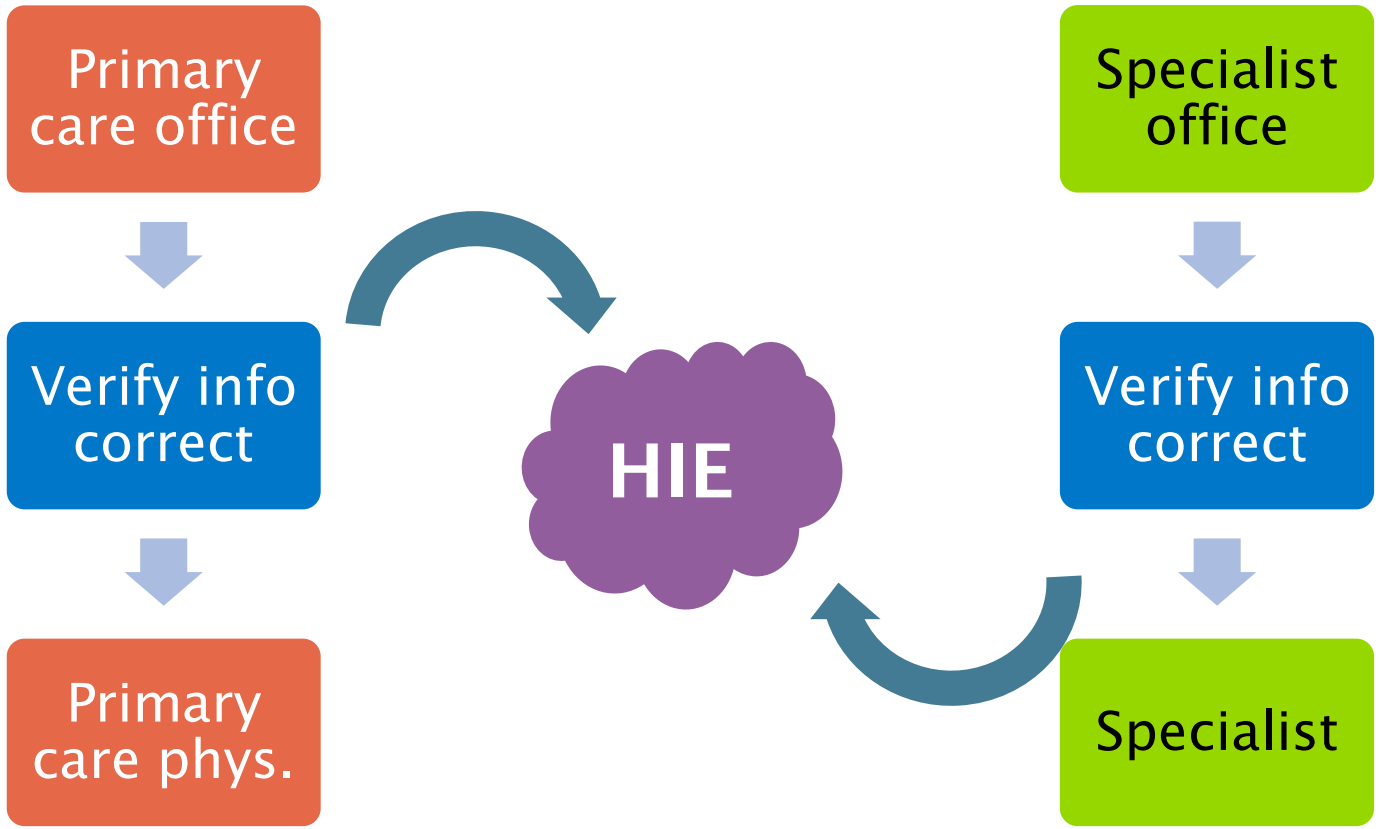
Health information exchange (HIE): the solution



Building the workforce

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Building the workforce for a transformed health care system

- Workforce development means creating the jobs of the future, in the places they are needed, and preparing people to do the work.
  - Stop thinking “jobs titles;” start thinking “skills and competencies”
  - Design workforce training to
    - be adaptable to change and focused on the future
    - meet identified needs and conditions
  - Match trained professionals to local needs

Building the workforce for the future, now!

- Workforce development starts with understanding and responding to the *emerging* needs of a *changing* system.
  - Define roles, skills, and competencies needed for a changing health care system
  - Design training and education to match needs
  - Map locations where jobs, skills and competencies are needed
  - Create networks and partnerships to make this happen

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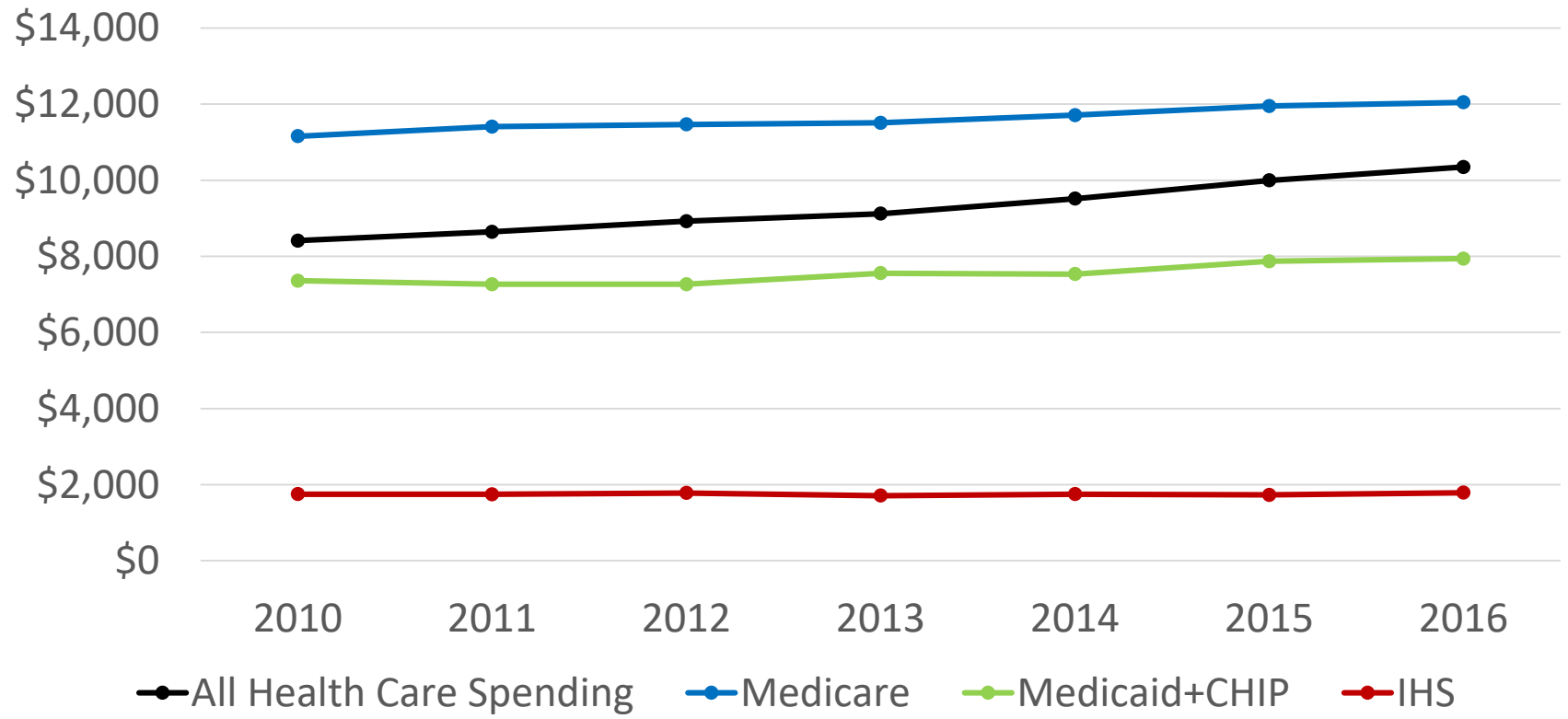
“As indigenous people, we possess the culturally relevant knowledge and expertise to address and enhance the overall health and well-being of all American Indian and Alaska Native people across the country.”
- National Tribal Behavioral Health Agenda, December 2016

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.

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Rebalancing services & resources with respect for sovereignty and culture

- 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 might tribal members define social determinants of health and how can Medicaid Transformation improve conditions?

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 at 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

New funding opportunities for rural health care delivery

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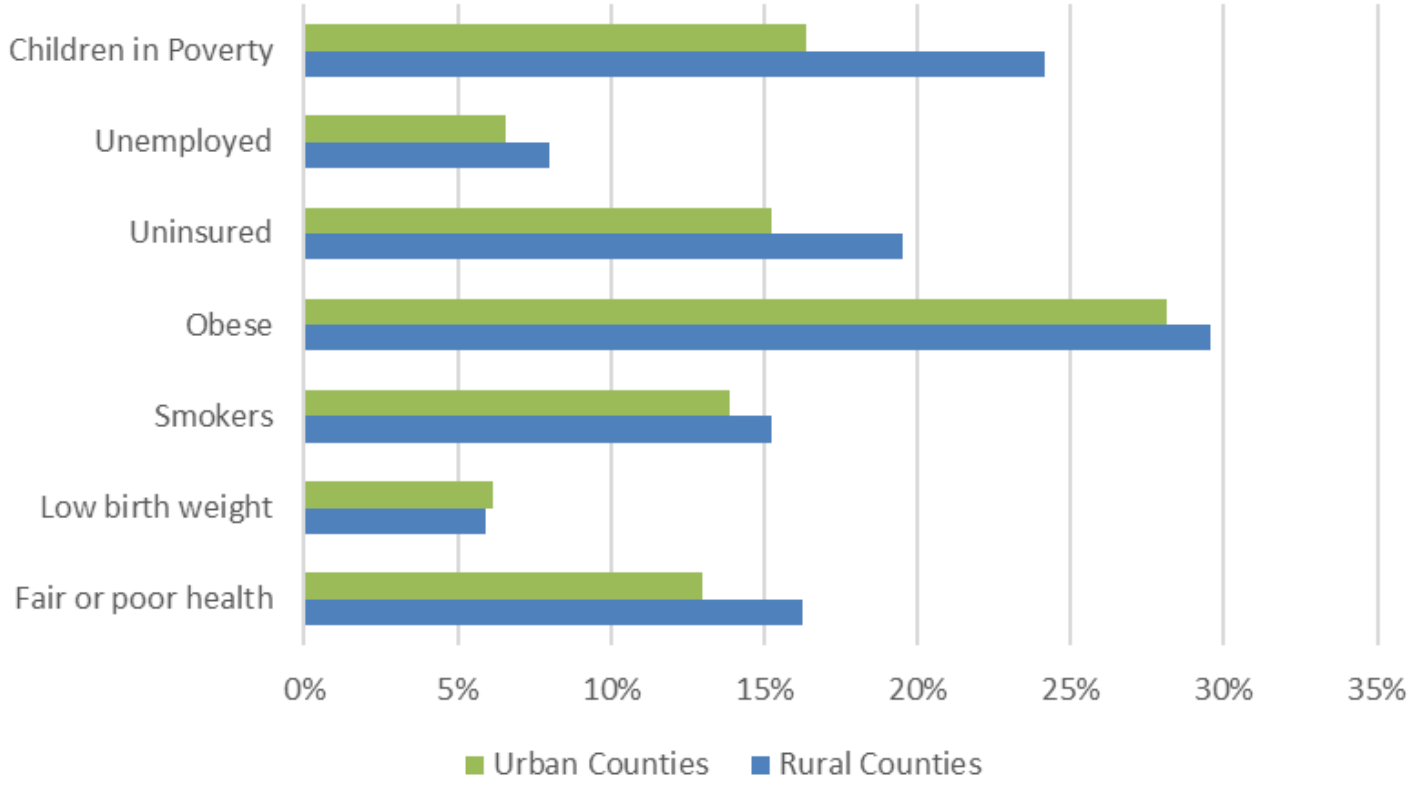
Rural health issues differ from those in urban communities



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.

The View from Southwest Washington

SWACH: System Change & Improved Care

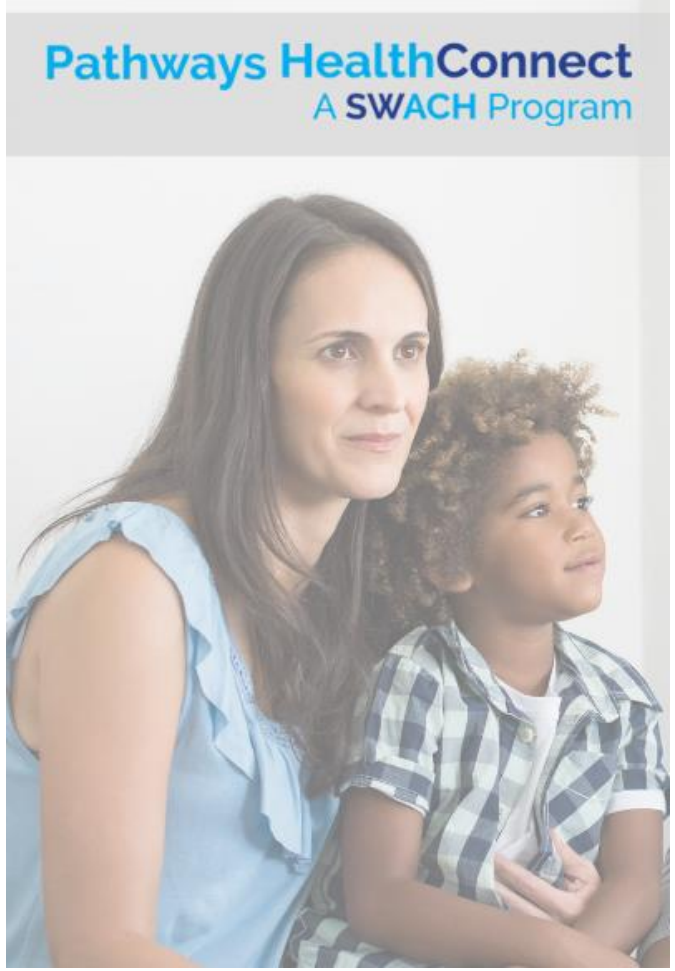
- Clark, Klickitat and Skamania Counties
- 20 partners integrating physical/behavioral health
- 15 participants in equity collaborative
- 7 partners addressing social issues
- 4 agencies focused on care coordination

SWACH: Responding to the Opioid Crisis

- Medication Assisted Treatment (MAT) waiver trainings to 80+ practitioners
- Opioid taskforce/networks
- Partnerships:
  - PeaceHealth/Lifeline Rapid Response Clinic
  - CVAB/Sea Mar - Imbedded Hep C Peer
  - KVH/Klickitat Sheriff Dept. - MAT treatment in Klickitat Jail

SWACH: Care Coordination Program

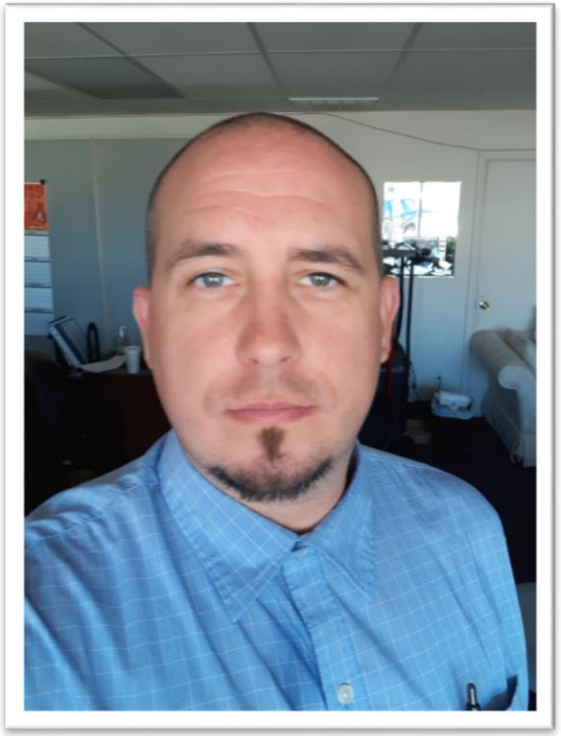
- Care coordination partners – three counties
- CHWs/peers support
- Pathways incentives
- Early results, appx:
  - 150 Clients
  - 2200 Pathways Initiated
  - 1000 Pathways Completed



SWACH: Care Coordination Program

"This role opens doors. I'm building relationships with hospital and agency staff. I can go into the jail and talk with people before they're released. I can meet people where they're at and let them know that help is out there. I can connect them to treatment, services or housing. And I'm there to walk alongside them."

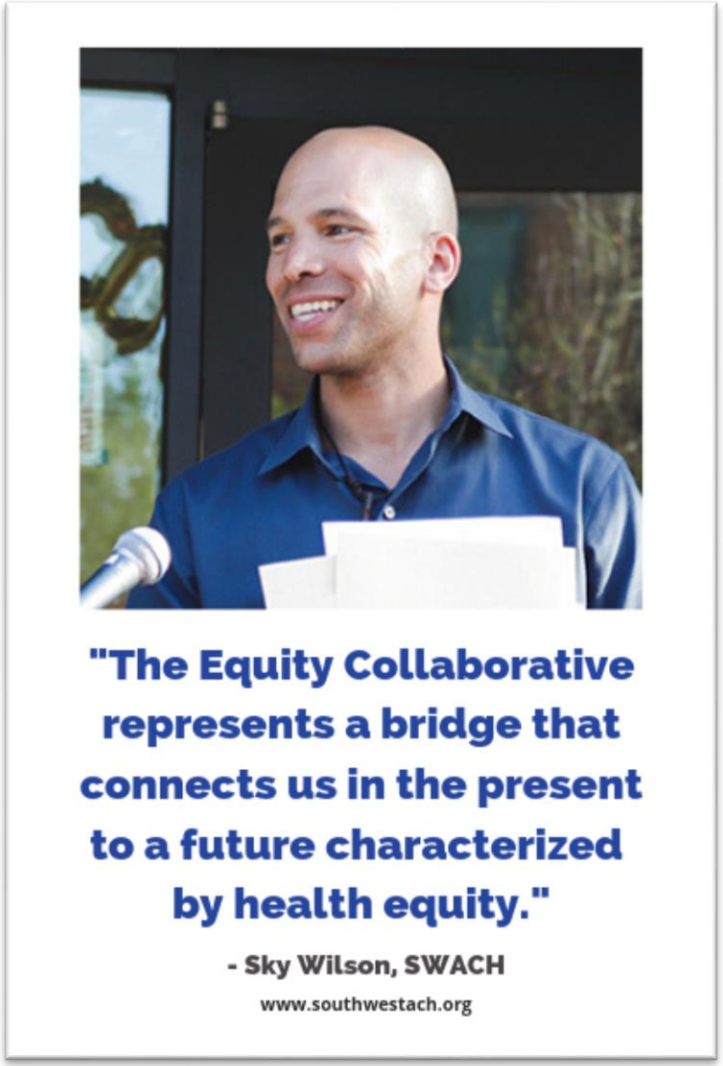
- Brandon Fallis, Pathways HealthConnect CHW @ WGAP, Goldendale, WA



SWACH: Community Connections

- Integrates data across sectors:
  - Housing
  - Education
  - Healthcare
- Measures:
  - Common populations
  - Aligned outcomes and interests
  - Interconnected root causes

SWACH: Equity Collaborative



- 15 partners
- Equity assessments/plans
- Shared learning
  - Tools
  - Resources
  - Support

Let’s talk.

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Thank you for joining us!

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