Initiative 3 Update

Supportive Housing and Supported Employment benefits through an 1115 waiver

June 2016
###Waiver Initiatives

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####Delivery System Transformation
- Each region, through its Accountable Community of Health, will be able to pursue projects that will transform the Medicaid delivery system to serve the whole person and use resources more wisely.
- Also known as Delivery System Reform Incentive Payments (DSRIP).

####Benefit: Medicaid Alternative Care (MAC)
- Community-based option for Medicaid clients and their families.
- Services to support unpaid family caregivers.

####Benefit: Tailored Supports for Older Adults (TSOA)
- For individuals “at risk” of future Medicaid LTSS not currently meeting Medicaid financial eligibility criteria.
- Primarily services to support unpaid family caregivers.

####Benefit: Supportive Housing
- Individualized, critical services and supports that will assist Medicaid clients to obtain and maintain housing. The housing-related services do **not** include Medicaid payment for room and board.

####Benefit: Supportive Employment
- Services such as individualized job coaching and training, employer relations, and assistance with job placement.

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Pay for Performance Projects

Medicaid Benefits/Services
Initiative 3: Medicaid Funds Flow

Medicaid

HCA

BHA

ALTSA

Tribes

Purchaser

Payer

Provider

HCA:
- MCOs
  - SH/SE – Physical Health Conditions

BHA:
- BHOs
  - SH/SE – Behavioral Health Conditions

ALTSA:
- HCS/AAAs
  - SH/SE - LTSS

Tribes:
- SH/SE – Tribal Members
Initiative 3: Supportive Housing—Eligible Services

• Housing transition services that provide direct support to help individuals obtain housing, including:
  – Housing assessment and development of a plan to address barriers.
  – Assistance with applications, community resources, and outreach to landlords.

• Housing tenancy sustaining services that help individuals maintain their housing, including:
  – Education, training, coaching, resolving disputes, and advocacy.

• Activities that help providers identify and secure housing resources.

Supportive housing services do not include funds for room and board or the development of housing.
Populations most likely to benefit from supportive housing services

- Chronically Homeless
- Individuals with frequent or lengthy institutional contacts
- Individuals with frequent or lengthy adult residential care stays
- Individuals with frequent turnover of in-home caregivers
- Those at highest risk for expensive care and negative outcomes—PRISM Risk Score of 1.5 or above
Initiative 3: Supported Employment

*Individual Placement and Support (IPS) Model*

- An evidence-based approach to supported employment for individuals with significant barriers to employment
  - 23 randomized controlled trials (Dartmouth, 2015)

- **Principles of Supported Employment:**
  - Open to anyone who wants to work
  - Focus on competitive employment
  - Rapid job search
  - Systematic job development
  - Client preferences guide decisions
  - Individualized long-term supports
  - Integrated with treatment
  - Benefits counseling included
Populations most likely to benefit from supported employment services

- Enrollees in Aged, Blind and Disabled (ABD) program or potential to enroll in Housing and Essential Needs (HEN)
- Individuals with:
  - Severe & Persistent Mental Illness
  - Multiple episodes of Substance Use Treatment
  - Co-occurring Disorders
- Youth in transition with behavioral health diagnosis

An individual may be eligible for supported employment and supportive housing if he or she falls within eligible populations for both benefits and exhibits a medical/functional need for both.

ALTSA: Supported employment services will be implemented concurrently for individuals eligible for long-term support services, including those with traumatic brain injuries (TBI).
Supportive Housing Proposed Phasing

1. Chronically Homeless (HUD Definition)
   - BHO and FIMC
   - Full BHO/MCO benefit

2. Frequent/Lengthy Institutional Contact

3. Frequent/Lengthy Adult Residential Care Stays

4. PRISM Score 1.5+

Why phasing?

- Housing stock
- Delivery system and provider capacity build
- Assessment of demand
Medical Necessity Criteria – for MCO benefit

- Inability to live in an independent or family setting without support
- At risk of serious harm to self or others
- Dysfunction in role performance
- Risk of deterioration

*BHO benefit will still use Access to Care Standards. ALTSA benefit will use CARE criteria.*
Other issues under consideration

- Payment model
- Encounter definition
- Fidelity review
- Provider credentialing/licensure
Resources available:

- Draft Project Toolkit Framework
- Updated FAQ and Fact Sheets
- Waiver Application
- Previous webinar presentations (slides & recordings)
- Updates on workgroup activities

Workgroups

- Chronic Homelessness Policy Academy
- Olmstead Policy Academy

Send questions and comments to: Medicaidtransformation@hca.wa.gov
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Join the Healthier Washington Feedback Network:  
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