Washington State Health Care Authority

Washington State Medicaid Transformation Project (MTP) demonstration
Section 1115 Waiver Quarterly Report (DY3 Q3)
Demonstration Year: 3 (January 1 to December 31, 2019)
Reporting Quarter: 3 (July 1 to September 30, 2019)

Table of contents

Introduction **5**

Vision: a healthier Washington 5

Quarterly report: July 1–September 30, 2019 **6**

Summary of quarter accomplishments 6

MTP-wide stakeholder engagement 6

Statewide activities and accountability **6**

Value-based purchasing (VBP) 6
- VBP Roadmap and VBP Apple Health Appendix 6
- Validation of financial performance measures 7
- Statewide progress toward VBP targets 7
- Technical support and training 7
- Upcoming activities 7

Integrated managed care (IMC) progress 7

Health information technology (HIT) 8

DSRIP program implementation accomplishments **9**

ACH project milestone achievement 9
- Semi-annual reporting 9
- Next steps 9

DSRIP midpoint assessment 9

IMC implementation milestone achievement 10

Annual VBP milestone achievement by ACHs 10

Financial executor (FE) portal activity 10

DSRIP measurement activities 10
- Data 10
- State measurement support 10

DSRIP program stakeholder engagement activities 11

DSRIP stakeholder concerns 11

Upcoming DSRIP activities 11

Tribal project implementation activities 12

Tribal partner engagement timeline 12

LTSS implementation accomplishments **13**

Table 1: new clients by region and program 13

Network adequacy for MAC and TSOA 13

Assessment and systems update 13

Staff training 14

Data and reporting 14
Table 2: beneficiary enrollment by program 14
Outreach and engagement 14
Table 3: outreach and engagement activities by AAA 15
Quality assurance 16
Results of the quarterly presumptive eligibility (PE) quality assurance review 16
Table 4: Question 1: was the client appropriately determined to be nursing facility level of care eligible for PE? 16
Table 5: Question 2a: did the client remain eligible after the PE period? 16
Table 6: Question 2b: if "No" to question #2a, why? 17
2019 quality assurance results to date 17
Table 7: statewide proficiency to date 18
State rulemaking 18
Upcoming activities 18
LTSS stakeholder concerns 18
FCS implementation accomplishments 19
Network adequacy for FCS 19
Table 8: FCS provider network development 19
Client enrollment 20
Table 9: FCS client enrollment 20
Table 10: FCS client risk profile 20
Table 11: FCS client risk profile continued 20
Table 12: FCS client service utilization 21
Table 13: FCS client Medicaid eligibility 21
Quality assurance and monitoring activity 21
Other FCS program activity 22
Upcoming activities 22
FCS program stakeholder engagement activities 22
Table 14: FCS program stakeholder engagement activities 22
FCS stakeholder concerns 23
SUD program implementation accomplishments 23
Implementation plan 23
Evaluation design 23
Monitoring protocol 23
Upcoming activities 24
Quarterly expenditures 24
Table 15: DSRIP expenditures 24
Table 16: LTSS and FCS service expenditures 24
Financial and budget neutrality development issues 25

Financial 25
Table 17: member months eligible to receive services 25
Budget neutrality 26
Designated state health programs (DSHP) 26
Overall MTP development and issues 26
Operational/policy issues 26
Consumer issues 26
MTP evaluation 26
Highlights from the latest Rapid-Cycle Report (September 30, 2019) 26
Summary of additional resources, enclosures, and attachments 27
Additional resources 27
Summary of attachments 27
Attachment A: state contacts 28
Attachment B: Financial Executor Portal Dashboard, Q3 2019 29
Attachment C: 1115 SUD Demonstration Monitoring Report – Part B 31
Attachment D: LTSS postcard 47
Attachment E: LTSS quality assurance questions 48

Introduction

On January 9, 2017, the Centers for Medicare & Medicaid Services (CMS) approved Washington State's request for a Section 1115 Medicaid demonstration waiver, titled "Medicaid Transformation Project (MTP)." The activities are targeted to improve the system's capacity to address local health priorities, deliver high-quality, cost-effective, whole-person care, and create a sustainable link between clinical and community based services.

Over the five-year MTP period, Washington will:

- Integrate physical and behavioral health purchasing and services to provide whole-person care.
- Convert 90 percent of Medicaid provider payments to reward outcomes instead of volume of service.
- Support providers as they adopt new payment and care models.
- Improve health equity by implementing population health strategies.
- Provide targeted services to support the state's aging populations and address social determinants of health.

The state will accomplish these goals through these three programs:

- Transformation through Accountable Communities of Health (ACHs) and Delivery System Reform Incentive Payment (DSRIP) program.
- Long-Term Services and Supports (LTSS): Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA).
- Foundational Community Supports (FCS): Community Support Services (CSS) and Supported Employment – Individual Placement and Support (IPS).

Vision: a healthier Washington

The Washington State Health Care Authority (HCA) is the lead agency for MTP; however, many agencies and partners play an important role in improving Washington's health and wellness systems. Together, we are working together to create a healthier Washington, where people can receive better health, better care, and at a lower cost.

Quarterly report: July 1–September 30, 2019

This quarterly report summarizes MTP activities from the third quarter of 2019: July 1 through September 30. It details MTP implementation, including stakeholder education and engagement, planning and implementation, and development of policies and procedures.

Summary of quarter accomplishments

- Within the DSRIP program, after a rigorous independent assessment in quarter 3 (Q3) 2019, all nine ACHs demonstrated completion of milestones through the first half of 2019. Each ACH region earned incentive funds to continue regional health transformation efforts.
- The Tribal Coordinating Entity submitted a report representing accomplishments and progress occurring in the first half of 2019 (demonstration year (DY) 3), resulting in the availability of half of the incentives for 2019.
- Within the LTSS program, the statewide proficiency improvement plan (PIP) to increase the number of dyads enrolled resulted in 46 percent of new enrollees being dyads. Year to date, the MAC and TSOA programs have served more than 5,300 participants.
- Within FCS, the total aggregate number of people enrolled in services at the end of DY3 Q3 includes 3,338 in IPS and 3,850 in CSS.
- Within the substance use disorder (SUD) program, HCA submitted the revised SUD monitoring protocol and evaluation design. CMS approved both, which are now incorporated in the state's special terms and conditions (STCs). **HCA is submitting the 1115 SUD Demonstration Monitoring Report – Part B as an attachment to this report.**

MTP-wide stakeholder engagement

During the reporting quarter, we continued our stakeholder engagement efforts:

- HCA held two public forums on Medicaid Transformation, one in Wenatchee (September 12, with 21 attendees), and the other in Vancouver (September 26, with 42 attendees). Both forums were broadcast on Facebook Live, reaching several hundred viewers. Both forums offered a time for feedback, and some audience members asked questions, shared experiences, and provided information and ideas.
- On August 8, HCA held a webinar on the clinical data repository (CDR) and the importance of health information exchange (HIE), with 387 registrants and 199 actual attendees.
- HCA continued to publish two monthly newsletters: the Healthier Washington newsletter (approximately 3,700 subscribers) and Foundations, the FCS newsletter (approximately 1,550 subscribers).
- HCA continued to maintain the Transformation and Innovation shared calendar, a shared resource for the state, ACHs, partners, stakeholders, and the public. The purpose of the calendar is to share MTP-related events and provide information to assist with planning, scheduling, and reporting.

Statewide activities and accountability

Value-based purchasing (VBP)

VBP Roadmap and VBP Apple Health Appendix

The roadmap describes HCA's VBP goals, purchasing and delivery system transformation strategies, innovation successes to date, and plans to accelerate the transition into value-based payment models. The appendix, in accordance with the STCs, describes how MTP is supporting providers and managed care organizations (MCOs) to move along the value-based care continuum. The roadmap establishes targets for

VBP attainment and related DSRIP incentives for MCOs and ACHs. In Q3, HCA updated the roadmap and appendix, including submitting the appendix to CMS on September 30, 2019.

Validation of financial performance measures

In DY1, HCA contracted with Myers & Stauffer to serve as the independent assessor (IA) for MTP. In this role, the IA is the third-party assessor of financial measures data submitted by MCOs as part of their contracts with HCA. The state maintains contracts with the five Medicaid MCOs. These contracts outline VBP attainment expectations, including the following parameters:

- Financial performance measures.
- Timelines under which MCOs must submit data.
- Review process, which includes third-party validation.

The IA disseminated VBP validation packets to each MCO, including MCO-specific provider contract sampling requests and data entry templates. Each MCO successfully completed the template and provided the requested contract samples to the IA in August 2019. The IA reviewed the templates and contract samples, and began the write-back process with each MCO to validate each plan's 2018 financial performance measure data. HCA expects the IA to complete the review by the end of October 2019.

Statewide progress toward VBP targets

According to 2017 MCO financial performance measure data, both MCO and ACH regions are currently ahead of the annual, state-financed VBP targets. In addition to the reported financial data, HCA issued two annual VBP surveys to:

- Track health plan and provider progress toward the state's goal of paying for value.
- Identify barriers to desired progress.

Each MCO must complete the survey for its non-Medicaid books of business in Washington State as a condition of the managed care contract. Each MCO completed and submitted the survey to HCA in August 2019. HCA is conducting the analysis of the health plan and provider surveys, and will publish results in November 2019.

Technical support and training

HCA began preparing an update to the VBP Resource Catalog.

Upcoming activities

- Complete the MCO VBP validation process.
- Conduct and publish the analysis of the health plan and provider paying for value surveys.
- Calculate 2018 VBP adoption by ACH, MCO, statewide managed care, and statewide HCA spend (MCO spend + Employee and Retiree Benefits programs).

Integrated managed care (IMC) progress

In 2014, state legislation directed a transition to integrate the purchasing of medical and behavioral health services for Apple Health (Medicaid) clients through an IMC system no later than January 1, 2020. Below are IMC-related activities for Q3.

- IMC went live in the North Sound region on July 1, 2019.
- The state continued to monitor IMC implementation in the 2019 mid-adopter regions through regular participation in regional IMC workgroup meetings, regular check-in calls with the North Sound region, and through data collected for each region's Early Warning System.
- The state monitored provider, MCO, and behavioral health–administrative services organization (BH-ASO) readiness activities in the regions scheduled to implement IMC on January 1, 2020.

(These regions are also called "on-time" adopter regions). We also provided guidance/support to ensure the region is ready for IMC implementation.

- The state continued extensive stakeholder engagement with the on-time-adopter regions. This included participation in regional meetings and workgroups, development of IMC communications materials, and regular meetings with the MCOs and future BH-ASOs to address IMC issues, concerns, and questions.

Health information technology (HIT)

The 2019 HIT Operational Plan includes tasks in several categories, including:

- Data and governance.
- Master Person Index (MPI) and provider directory.
- Payment models and sources.
- HIE, including enhancing the functionality of the CDR, registries, tasks to expand the functionality, use, and users of the CDR.
- Engaging Tribal partners in information exchange.
- Engaging behavioral health providers in HIE.
- Supporting exchange of SUD information and consent management.
- Supporting the SUD IMD waiver and tasks related to the SUD HIT plan, including enhancements to the prescription drug monitoring program (PDMP).

During Q3, some of the state's key activities included:

- Advanced our work with the CDR.
- Continued planning for the:
  - Development of an enterprise MPI.
  - Development of the mental health (MH) IMD waiver (formally referred to as the serious mental illness (SMI)/serious emotional disturbance (SED) waiver) that HCA plans to apply for in spring 2020.
- Received approval from CMS to use federal funds available under Section 5042 of the Partnership Act/SUPPORT Act to combat the opioid crisis and initiated activities to design a qualified PDMP, support the exchange of protected SUD information, and advance the exchange and use additional clinical data and data for clinical and case management.
- Awarded funding from CMS under Section 1003 of the SUPPORT Act to enhance SUD treatment and recovery services. Funding supports the development of a policy-relevant framework that identifies the policy actions and timelines the state could implement to direct and accelerate future innovations in whole-person SUD treatment and recovery service improvements. This includes strengthening the HIT infrastructure to support care coordination and analytics for persons with SUD treatment and recovery needs.
- Submitted legislative funding requests to support the:
  - Development of an enterprise MPI.
  - HIT plan requirements included in the MH IMD. The MH waiver requires the state to "leverage HIT, advance HIEs, and ensure HIT interoperability in support of the demonstration's goals" and includes several specific requirements related to electronic HIE at the point of care. (E.g., care plans, closed-loop referral, transitions of care, consent management, and intake, assessment, and screening tools.)

In addition, state staff concluded their review of the ACH Medicaid Transformation semi-annual reports, and identified shared needs and themes related to HIT/HIE across ACHs and their partnering providers. HCA will continue to partner with ACH's in discussing local advancements in HIE.

HCA finalized and distributed the Behavioral Health Supplemental Transaction Data Guide to MCOs and BH-ASOs in August 2019. The guide includes a partial mapping between data elements required to be submitted and HIT vocabulary code sets (e.g., LOINC). HCA is working to modify the Behavioral Health Data System, and plans to open a test environment by December.

To view the 2019 HIT Operational Plan and other related reports, visit the Washington State Medicaid HIT Plan page.

DSRIP program implementation accomplishments

ACH project milestone achievement

Semi-annual reporting

ACHs report on their MTP activities, project implementation, and progress on required milestones. This is outlined in the Project Toolkit. Semi-annual reports are submitted every six months. The third set of semi-annual reports described ACH progress on projects from January 1 through June 30, 2019. The IA reviewed the projects and determined milestone completion and related eligibility for incentives.

After a rigorous independent assessment in Q3 2019, all nine ACHs demonstrated completion of milestones through the first half of 2019. All ACH regions earned incentive funds to continue their health transformation efforts. The IA notified ACHs of their achievements and incentive amounts in October 2019, with earned funds to be distributed in DY4 Q1. An executive summary of semi-annual report findings for Q1 and Q2 2019 is available on MTP resources webpage.

In August 2019, the IA released guidance for reporting on upcoming project milestones.

Next steps

Implementation of project activities is underway across the state. ACHs will continue to inform the state about project progress by submitting updated implementation plans that reflect progress during the reporting period. ACHs will also provide updates related to how ACHs are supporting partnering providers in quality improvement.

DSRIP midpoint assessment

The STCs state there will be an independent, midpoint assessment of DSRIP to systematically identify recommendations for improving individual ACHs and implementation of their Project Plans. Beginning in Q3, the IA initiated the midpoint assessment of DSRIP projects.

The purpose of the midpoint assessment is to:

- Provide a "point in time" assessment of progress on milestones and deliverables, as agreed to in the ACHs' Project Plans.
- Provide information to aid ACHs in correcting any midpoint difficulties and support future success.
- Provide "at-risk" project identification, guidance, and monitoring to ACHs and HCA.
- Obtain feedback from partners on whether they have the support needed to be successful.
- Gather diverse perspectives and experiences related to DSRIP.

The IA reviewed the process and timeline with ACHs in July 2019. To keep stakeholders and partners informed, HCA published a one-page overview of the midpoint assessment process, and posted a pre-recorded webinar and slide deck to the Medicaid Transformation resources webpage. All resources were developed by the IA.

During the midpoint assessment, partnering providers may be asked to participate in a phone or in-person interview, accommodate a site visit, participate in a focus group, and/or provide materials related to project implementation activities.

During Q3, the IA completed midpoint assessment procedures in seven of the nine ACH regions. The two remaining ACH regions will be completed in October 2019. Final midpoint assessment findings are anticipated in early January 2020 after the IA conducts a public comment period about the midpoint assessment findings.

IMC implementation milestone achievement

Under DSRIP, regions that implemented IMC prior to 2020 were eligible to earn additional incentive payments above the ACH's maximum valuation for project plans. Incentives earned for IMC milestones are intended to assist providers and the region with the process of transitioning to IMC. These incentives are distributed in two phases associated with progress milestones:

- **Phase 1:** binding letter(s) of intent.
- **Phase 2:** implementation of IMC.

On July 1, 2019, the North Sound region implemented IMC, achieving the phase 2 milestone. Incentives associated with phase 2 achievement were distributed in July 2019.

Annual VBP milestone achievement by ACHs

ACHs help assess and support provider VBP readiness and practice transformation by connecting providers to training and resources. ACHs continue to use a number of strategies to support regional providers in the transition to VBP.

ACHs and MCOs are eligible to earn VBP incentives on a pay-for-reporting (P4R) and pay-for-performance (P4P) basis. ACH P4P incentives are based on regional attainment, while MCO P4P incentives are based on statewide attainment. DY2 results will be available in Q4 2019 with payment anticipated in Q2 2020.

ACHs will be eligible to earn P4R incentives for the next reporting period based on activities completed during DY3 to support provider VBP transitions and regional VBP attainment goals. To support the state's effort to advance VBP, ACHs also promoted and encouraged provider participation in the 2019 paying for value survey for providers.

Financial executor (FE) portal activity

ACHs continue to distribute incentive funds to partnering providers through the FE portal. During the reporting quarter, ACHs distributed more than $15.1 million to 260 partnering providers and organizations in support of project planning and implementation activities. The state distributed approximately $672,000 in earned incentive funds to Indian Health Care Providers (IHCPs) in Q3 for achievement of IHCP-specific project milestones.

The state's FE, Public Consulting Group, continued to provide direct technical assistance and resources to ACHs as they registered and distributed payments to providers in the portal during this quarter. Attachment B, at the end of this report, provides a detailed account of all funds earned and distributed through the FE portal to date.

DSRIP measurement activities

Data

There have been no substantial updates during this reporting period.

State measurement support

HCA continues to monitor questions about project P4R/P4P metrics, the Measurement Guide, and metric technical specifications. HCA continues to update documents to capture DSRIP program development, and

participate in ACH-led calls and forums to address DSRIP measurement questions. Related resources, such as the Measurement Guide, are available on the Medicaid Transformation metrics webpage.

During Q3, HCA communicated DSRIP program metric updates to ACHs and the public, completed the annual refresh of the Measurement Guide (including updating the change log (see page 6)). HCA also published updated metric specification sheets to the HCA webpage for the next metric production cycle according to measure steward recommendations.

DSRIP program stakeholder engagement activities

HCA participated in many stakeholder engagement activities, including public forums, presentations, emails, webinars, and direct technical assistance. HCA continued to host weekly Transformation Alignment Calls with ACHs, state partners, and others. The call format was adjusted to provide consistent topical agendas on a rotating basis.

Additionally, the following engagement activities occurred during the reporting quarter:

- Ongoing: the state supported numerous IMC readiness and educational activities during Q3, including partnering with ACHs, MCOs, and other regional partners to bring providers together to prepare for the transition.
- HCA continued the Medicaid Transformation Priorities Work Group with a meeting on August 13, 2019. This work group provides a forum for priority setting and alignment across HCA, MCOs, and ACHs. The current focus is care coordination, and during the August meeting, the group focused on the vision for community based care coordination. They also discussed the potential value of a regional facilitation and triaging function across care coordination programs and community resources.

DSRIP stakeholder concerns

ACHs and stakeholders expressed interest in prioritizing discussions regarding sustainability and the long-term role of ACHs in the state. Through the Medicaid Transformation Priorities Work Group, there is an immediate focus on supporting operational decisions and aligned investments and actions surrounding care coordination. HCA believes the current focus on care coordination vision and alignment is appropriate, as we are nearing the end of DY3. There remains a desire to manage the scope and not take on too many coordinated statewide topics at once. HCA agrees with the importance of the sustainability topic and will explore opportunities to engage state and local partners on this topic in DY4.

Upcoming DSRIP activities

- HCA will facilitate an annual learning collaborative (Medicaid Transformation Learning Symposium) on October 9, 2019.
- HCA will publish P4P improvement targets for second performance year (2020) in November 2019.
- The IA will publish a midpoint assessment findings report (which will be posted to the HCA website), offer a webinar about the findings, and provide a public comment period in November and December 2019.
    - The IA will finalize the midpoint assessment and findings report in January 2020.
- The IA will complete the calculation of value-based payment adoption results by ACH and MCO for P4P VBP incentives in Q4 2019.
- HCA will initiate distribution of earned incentives for the third semiannual reporting period in Q4 2019 through Q1 2020.
- HCA expects continued and ongoing FE portal activity.

Tribal project implementation activities

Primary milestone: the Tribal Coordinating Entity (the American Indian Health Commission of Washington State) submitted a report representing accomplishments and progress occurring in DY3. This report drew down half of the IHCP-specific projects funds ($1,862,500) for 2019. With the funds in the FE portal, individual IHCPs could report on their metrics and funds could be distributed. Because of the timing of the funds being available in the portal and the two-week distribution cycle, the earned DY3 funds will be distributed in future quarters.

Secondary milestone: the American Indian Health Commission of Washington State hosted the first meeting after the kick-off for HIT/HIE to provide technical assistance to IHCPs interested in acquiring a new electronic health record (EHR). Three EHR vendors participated, including EPIC, Greenway, and NextGen.

Tribal partner engagement timeline

July 10-11:	Office of Tribal Affairs (OTA) attended the Indian Health Service/CMS Consultation for Region 10.
July 12:	OTA hosted the Tribal Federally Qualified Health Center (FQHC) Workgroup.
July 15:	OTA provided one-on-one technical assistance on Tribal FQHC to the Confederated Tribes of the Colville Reservation.
July 15:	OTA presented to the Cascade Pacific Action Alliance on Tribal sovereignty.
July 17:	OTA participated in Better Health Together's Tribal Leadership Meeting.
July 23:	OTA participated in a meeting between Yakama Nation Behavioral Health and Greater Columbia ACH regarding the Health Commons Project.
July 26:	OTA hosted the Tribal FQHC Workgroup.
July 26:	OTA participated in the ACH Tribal Liaison Standing Call, hosted for the first time by an ACH, the North Sound ACH.
August 9:	OTA hosted the Tribal FQHC Workgroup.
August 13:	OTA participated in the Medicaid Transformation Priorities Work Group.
August 15:	OTA participated in the Commission's Quarterly Delegates' Meeting.
August 21:	OTA had one-on-one check-in with Olympic Community of Health Tribal Liaison.
August 23:	OTA hosted the Tribal FQHC Workgroup.
August 23:	OTA participated in the ACH Tribal Liaison Standing Call, hosted by HealthierHere.
August 26:	OTA participated in the North Sound ACH Tribal Alignment Committee.
September 9:	OTA participated/lead the first attempt at a regional coordinating meeting between the Tribes, HCA, MCOs, BH-ASOs, and ACHs for greater alignment and removing barriers to care for Native people, hosted by the Upper Skagit Indian Tribe.
September 11:	OTA participated in call between the State Health Information Technology Coordinator and the Urban Indian Health Institute regarding future data systems and data sovereignty.
September 12:	OTA participated in Better Health Together's Tribal Leadership Meeting.
September 18:	OTA participated in the Commission's EHR Workshop.
September 26:	OTA participated in a cultural competency training put on by Yakama Nation Behavioral Health for non-Native employees and the Greater Columbia ACH.

September 27: OTA hosted the Tribal FQHC Workgroup.

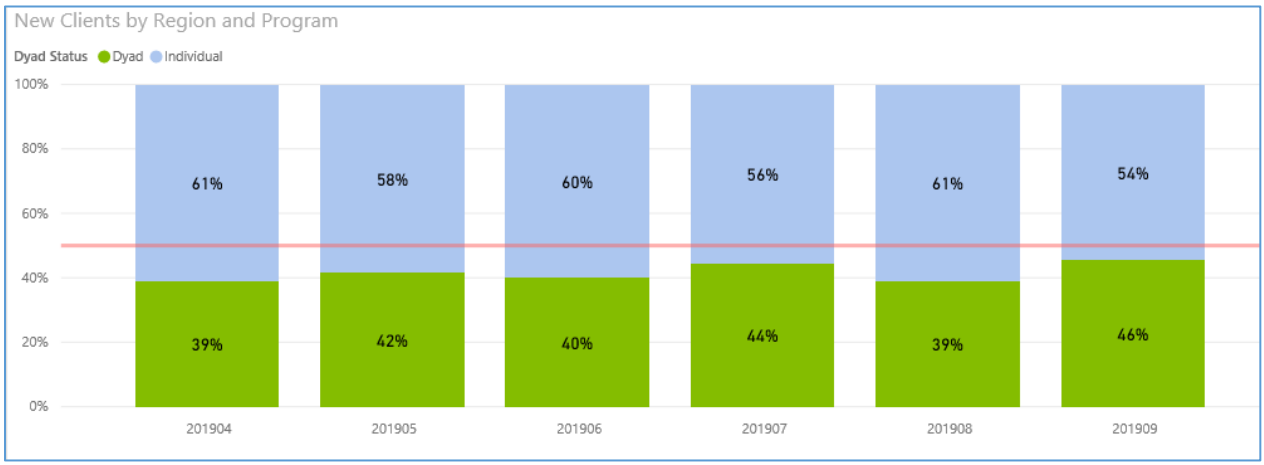
September 30: OTA participated in a meeting between Yakama Nation Behavioral Health, the Northwest Portland Area Indian Health Board, and Heritage University regarding the Community Health Aide Program and the potential for training to occur at Heritage University.

LTSS implementation accomplishments

This section summarizes LTSS program development and implementation activities from July 1 through September 30, 2019. Key accomplishments for this quarter include:

- Year to date, the MAC and TSOA programs have served more than 5,300 participants.
- The statewide PIP to increase the number of dyads enrolled resulted in 46 percent of new enrollees being dyads. The goal, by the end of 2019, is to have 50 percent of new enrollees be dyads.

Table 1: new clients by region and program



Network adequacy for MAC and TSOA

Three of the 13 Area Agencies on Aging (AAA) submitted their network adequacy milestones. AAAs across the state continue to report that there is a shortage of home care agency workers available to provide respite and personal care services. These services are the most requested and authorized services in both MAC and TSOA.

This workforce shortage is not limited to MAC and TSOA programs, and is reported across all home and community based services programs that offer these services. We continue to struggle with capacity in the workforce to serve the individuals eligible for these services. Department of Social and Health Services (DSHS) is actively involved in a number of workforce development initiatives geared toward increasing recruitment and retention efforts of direct care workers. One of DSHS' subcommittees completed five caregiver focus groups. The information gathered after these focus groups will inform the content and design of an LTSS Toolkit related to caregiver roles and a workforce website.

Assessment and systems update

The state began gathering business requirements for the major system change involving GetCare and TCARE (the caregiver assessment tool). Development for the changes to both systems will begin next quarter. These changes will streamline the workflow for case managers and will allow more efficient data collection from each system.

Staff training

MAC and TSOA program managers for Aging and Long-Term Support Administration (ALTSA), which is a part of DSHS, committed to providing monthly statewide training webinars on requested/needed topics during 2019. Below are the webinar trainings that occurred during this quarter:

- July 8: Using the newly revised GetCare care plan.
- August 21: New functionality – service line "reviewing" status.

Upcoming webinars include:

- October 16: Overview of caseload management reports available in GetCare system to aid in tracking due dates of screenings and assessments.
- November 21: Review functionality of creating service authorizations, supplies, and environmental modifications; warm hand off protocols and seamless transitions.

Data and reporting

Table 2: beneficiary enrollment by program

	MAC dyads	TSOA dyads	TSOA individuals
LTSS beneficiaries by program as of September 27, 2019	88	837	1,745
Number of new enrollees in quarter by program	39*	336**	491***
Number of new person-centered service plans in quarter by program	9	86	206
Number of beneficiaries self-directing services under employer authority	0	0	0

*27 of the new enrollees do not require a care plan, yet they are still in the care planning phase and services have yet to be authorized.
**186 of the new enrollees do not require a care plan, yet they are still in the care planning phase and services have yet to be authorized.
*** 259 of the new enrollees do not require a care plan, yet they are still in the care planning phase and services have yet to be authorized.

The state continues to monitor and assist AAAs with compliance in timely completion of care plans for enrollees.

Outreach and engagement

The outreach "pilot" events that occurred in several community services offices included:

- September 13: Kent outreach event (7 contacts made)
- September 17: Renton outreach event (3 contacts made)
- September 24: Mt. Vernon outreach event (13 contacts made)
- September 26: Bellevue outreach event (3 contacts made)
- September 26: Bellingham outreach event (17 contacts made)

These events provided greater exposure of the programs, and there was a heightened awareness from the posters displayed in these offices, as well as the targeted mailings sent to potential participants. The state mailed thousands of postcards in advance of events in an effort to reach individuals who may need and be eligible for MAC and TSOA services.

Hospital association and medical clinic outreach events planning continued this quarter.

- September 23: Chelan Hospital and medical clinic outreach event (20 professionals attended, representing three hospitals and a home health and hospice agency)
- November 4: Longview Hospital and medical clinic outreach event
- November 7: King County Hospital and medical clinic outreach event

The state held a webinar on August 8 with Health Home care coordinators. The purpose of the webinar was to provide an overview of the MAC and TSOA programs, including how the programs can improve health outcomes and how referrals are made.

Table 3: outreach and engagement activities by AAA

	July	August	September
	Number of events held		
Community presentations and information sharing	43	88	68

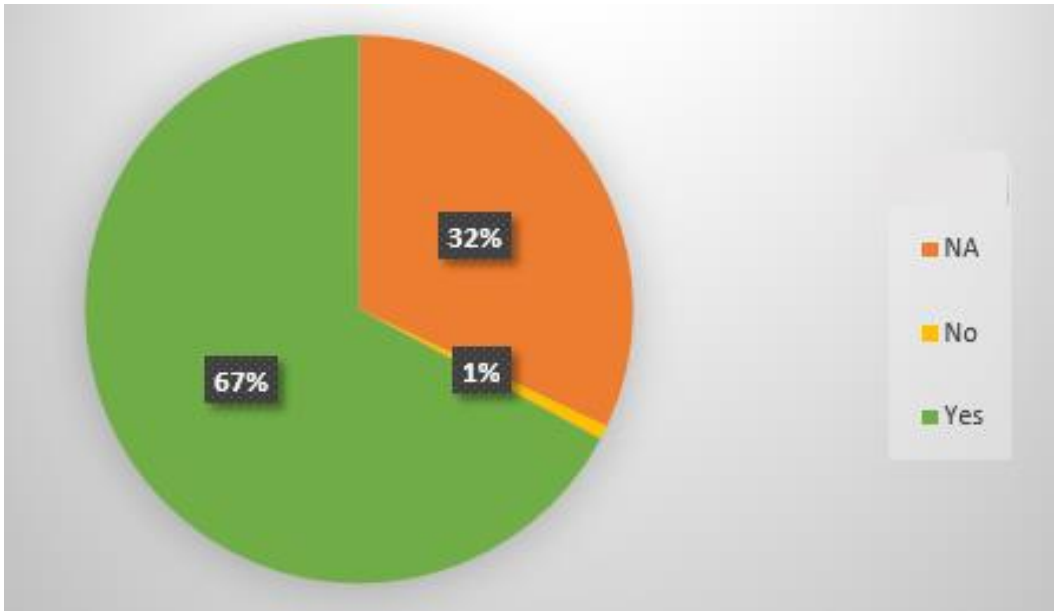
Outreach activities occurred in a variety of settings, such as community resource fairs, hospital social worker meetings, MCO meetings, public library events, senior centers, and 55+ housing communities. ALTSA also met with a number of Tribes to discuss Medicaid services and LTSS and FCS programs during Q3:

- Internal planning meetings to explore mechanisms to enhance culturally relevant outreach for MAC/TSOA services, including targeted funding/contracts with the Muckleshoot, Lummi, and Spokane Tribes in July, August, and September 2019.
- Outreach to Muckleshoot, Lummi, and Spokane Tribes to discuss respite care education and outreach including MAC/TSOA in July, August, and September 2019.
- Outreach to the American Indian Community Center, a recognized American Indian organization in Spokane, to discuss respite care education and other outreach opportunities including MAC/TSOA in July, August, and September 2019.
- Meeting with Yakama Nation Tribal representatives and AAA staff to discuss programming available to Tribal members including MAC/TSOA on July 23, 2019.
- DSHS agency-wide meeting with Kalispel Tribe to discuss services, including MAC/TSOA on July 30, 2019.
- 7.01 planning meeting with Samish Tribe. Service descriptions included MAC/TSOA on August 1, 2019.
- Kinship Caregiver and Respite services meeting with Yakama Nation, including MAC/TSOA on September 16, 2019.
- Meet with Debra Wulff at Bureau of Indian Affairs at Wellpinit to talk about programs available for Tribes, environmental modifications, MAC/TSOA, yard work, and snow removal on September 18, 2019.
- Attended Tribal Leadership Alliance and discussed Savvy Caregiver, MAC/TSOA not utilized by Tribes, and Respite request for proposal on September 19, 2019.
- Outreach and internal discussions to develop targeted outreach for caregivers and respite services, including MAC/TSOA involving the Muckleshoot, Lummi, and Spokane Tribes on September 25, 2019.

Quality assurance

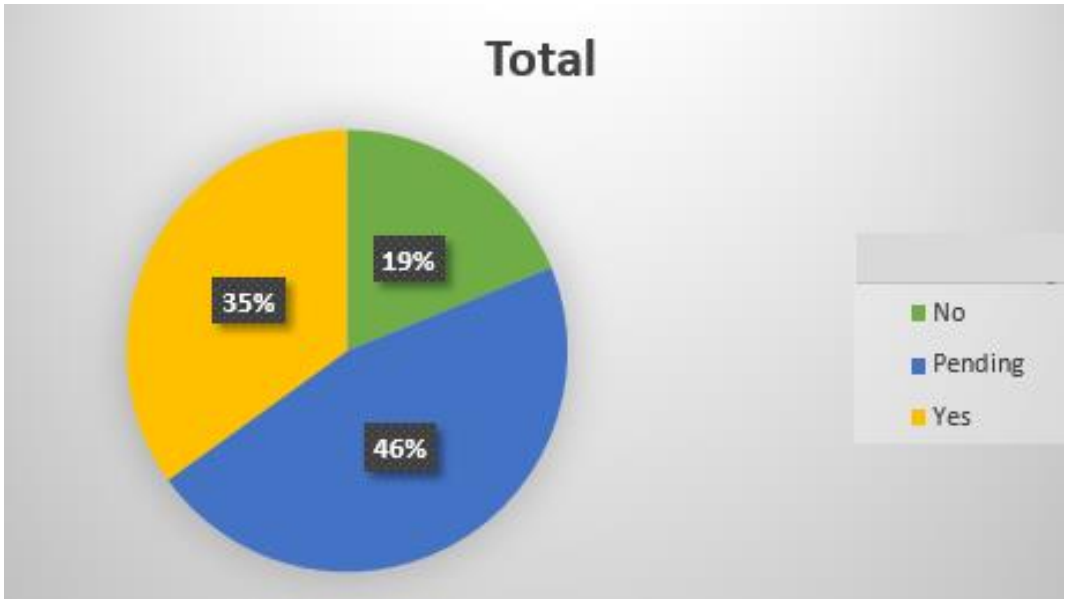
Results of the quarterly presumptive eligibility (PE) quality assurance review

Table 4: Question 1: was the client appropriately determined to be nursing facility level of care eligible for PE?



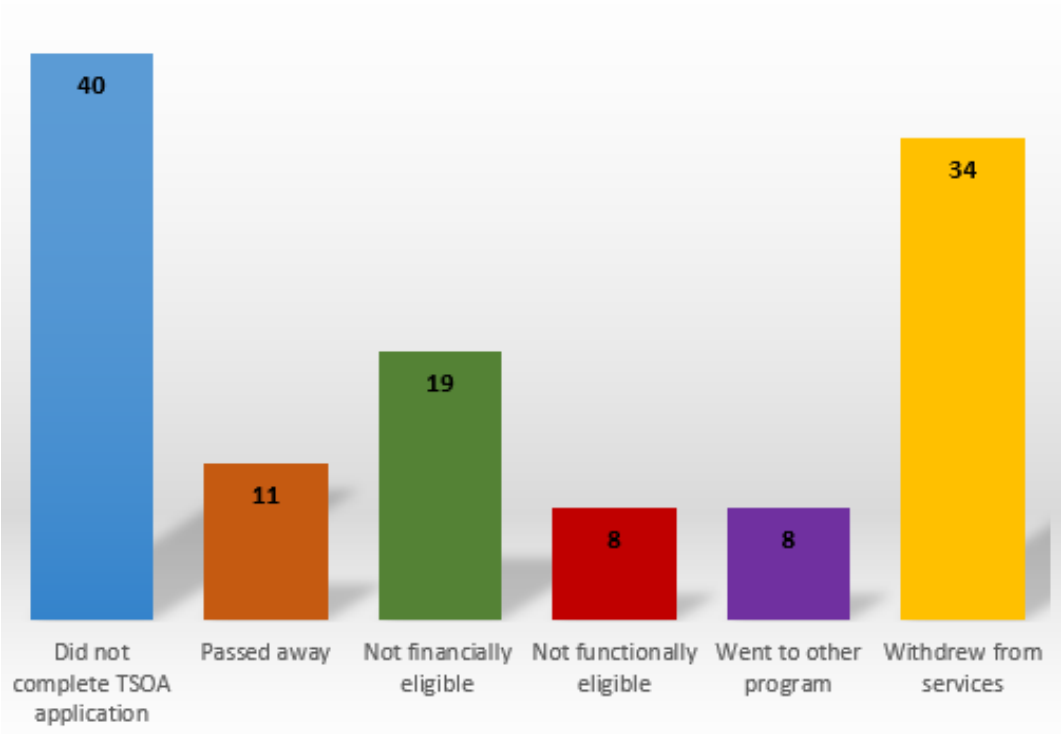
Note: the N/A represents clients who were part of the last quarter's review and the response to question #1 was "yes", but the response to question #2a was "pending".

Table 5: Question 2a: did the client remain eligible after the PE period?



Note: "Pending" means the client was still in PE period during the quality assurance review.

Table 6: Question 2b: if "No" to question #2a, why?



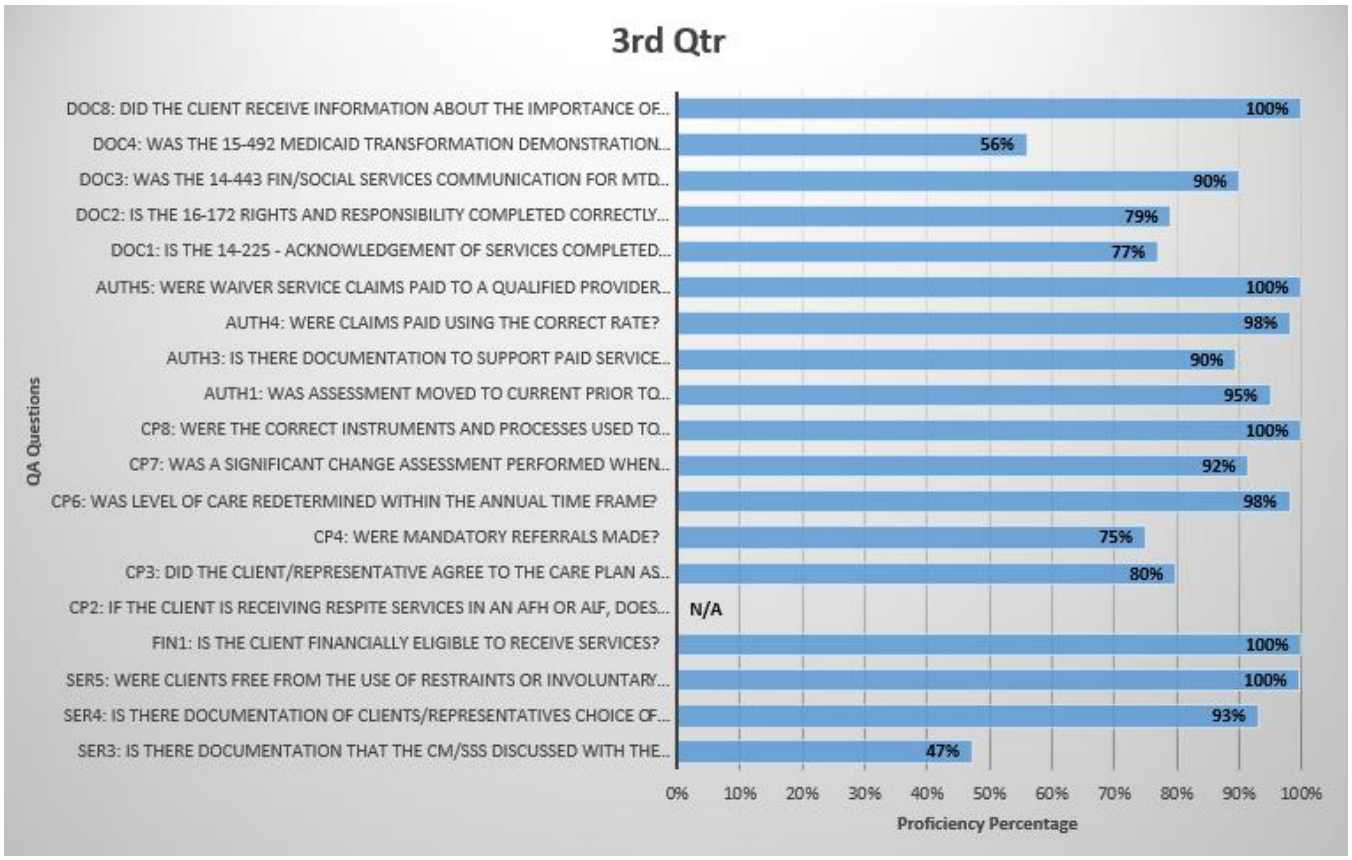
2019 quality assurance results to date

Home and Community Services' Quality Assurance unit began the 2019 audit cycle in January, and is expected to end in October. The statewide compliance review will be conducted in all 13 AAAs. An identical review process is used in each AAA Planning and Service Area (PSA), using the same quality assurance tool and the same 19 questions. (See set of quality assurance questions.) The Quality Assurance team reviews a statistically valid sample of case records.

This methodology is the same one used for the state's 1915(c) waivers and meets the CMS requirements for sampling. Each PSA's sample was determined by multiplying the percent of the total program population in that area by the sample size.

The results below include the 12 PSAs that completed the initial quality assurance compliance review in 2019. Each subsequent quarterly report will add the results from the additional PSAs compliance reviews. The comparison chart reflects the statewide proficiency to date for each of the audit questions.

Table 7: statewide proficiency to date



Note: "N/A" means this question did not pertain to anyone in the sample.

State rulemaking

There was no rulemaking activity for the MAC and TSOA programs during this reporting period.

Upcoming activities

- Four remaining community services office outreach events will occur next quarter in:
  - Wenatchee.
  - Newport.
  - Moses Lake.
  - Spokane.
- Two final hospital and health clinic outreach meetings will be held in an upcoming quarter.
- The Fall Tribal Summit is scheduled for October 31–November 1. We will be presenting an overview of MAC and TSOA programs at this event.

LTSS stakeholder concerns

There were no stakeholder concerns raised during this reporting period.

FCS implementation accomplishments

This section summarizes the FCS program development and implementation activities from July 1 through September 30, 2019. Key accomplishments for the quarter include:

- Total aggregate number of people enrolled in FCS services at the end of DY3 Q3:
  - CSS: 3,338
  - IPS: 3,850
- There were 128 providers under contract with Amerigroup at the end of DY3 Q3, representing 363 sites throughout the state.

Note: CSS and IPS enrollment totals include 757 participants enrolled in both programs. The total unduplicated number of enrollments at the end of Q3 was 6,431.

Network adequacy for FCS

Table 8: FCS provider network development

	July		August		September	
FCS service type	Contracts	Service locations	Contracts	Service locations	Contracts	Service locations
Supported Employment – Individual Placement Support (IPS)	31	68	31	67	33	69
Community Support Services (CSS)	14	29	15	29	16	31
CSS and IPS	70	235	72	243	79	263
Total	**115**	**332**	**118**	**339**	**128**	**363**

Q3 saw an expansion in both the number of network providers and service locations. We have experienced a significant increase in the number of contracted providers and sites providing CSS, along with a noticeable increase in the number of inquiries from non-traditional providers (such as housing authorities) interested in starting FCS services.

This increase may be because of seed grant funding that has been leveraged from other sources, such as the Substance Abuse Mental Health Services Administration (SAMHSA) block grant and discretionary grant funding. Utilizing the Becoming Employed Starts Today (BEST) grant funds, a contract through the Washington Council for Behavioral Health was issued to assist agencies hire and train staff on the IPS model.

In the last federal fiscal year, 11 agencies received seed grants to create employment specialist positions. All of the SAMHSA BEST grants were awarded to licensed community behavioral health agencies to assist them in being financially able to hire staff in IPS-supported employment programs during program start up. In addition, SAMHSA block grant funds were used to provide seed grants for licensed community behavioral health agencies to hire staff and train on the SAMHSA permanent supportive housing (PSH) services model.

A Tableau provider map was released to the public in July 2019. This responsive dashboard map shows the locations and service capacity of all contracted network providers. It is updated as providers come under contract.

Client enrollment

Table 9: FCS client enrollment

	July	August	September (preliminary)
Supported Employment – Individual Placement and Support (IPS)	2,905	3,104	3,093
Community Support Services (CSS)	2,443	2,610	2,581
CSS and IPS	661	758	757
Total aggregate enrollment	**6,009**	**6472**	**6,431**

Data source: RDA administrative reports

As of September 30, 2019, there are FCS enrollments in all but Garfield and San Juan counties (both counties are largely frontier). Total enrollment at the end of Q2 was 5,147. The preliminary enrollment count at the end of Q3 was 6,431 enrollments, which is likely to increase marginally as program data matures.

Table 10: FCS client risk profile

		Meet HUD homeless criteria	Avg. PRISM risk score	Serious mental illness
July	IPS	444 (12%)	1.0	2,681 (75%)
	CSS	760 (24%)	1.6	2,224 (72%)
August	IPS	505 (13%)	1.0	2,931 (76%)
	CSS	810 (24%)	1.7	2,412 (72%)
September (preliminary)	IPS	524 (14%)	1.0	2,943 (76%)
	CSS	826 (25%)	1.7	2,394 (72%)

HUD = Housing and Urban Development
PRISM = Predictive Risk Intelligence System (Risk ≥ 1.5 identifies top 10 percent of high-cost Medicaid adults; Risk ≥ 1.0 identifies top 19 percent of high-cost Medicaid adults)
Note: month-to-month changes are due to client enrollment mix, not program impact
Data source: RDA administrative reports

Table 11: FCS client risk profile continued

		Medicaid only enrollees*	MH treatment need	SUD treatment need	Co-occurring MH + SUD treatment need flags
July	IPS	2,986	2,871 (96%)	1,741 (58%)	1,690 (57%)
	CSS	2,499	2,390 (96%)	1,930 (77%)	1,862 (75%)
August	IPS	3,229	3,104 (96%)	1,862 (58%)	1,805 (56%)
	CSS	2,723	2,596 (95%)	2,090 (77%)	2,009 (74%)
September (preliminary)	IPS	3,214	3,083 (96%)	1,838 (57%)	1,778 (55%)
	CSS	2,694	2,557 (95%)	2,059 (76%)	1,971 (73%)

Data source: RDA administrative reports
*Does not include individuals who are dual enrolled.

Table 12: FCS client service utilization

		Medicaid only enrollees*	Long-term Services and Supports	Mental health services	SUD services (received in last 12 months)	Care + MH or SUD services
July	IPS	2,986	316 (11%)	2,498 (84%)	1,019 (34%)	265 (9%)
	CSS	2,449	386 (15%)	1,906 (76%)	1,093 (44%)	318 (13%)
August	IPS	3,229	328 (10%)	2,676 (83%)	1,078 (33%)	274 (8%)
	CSS	2,723	412 (15%)	2,045 (75%)	1,161 (43%)	328 (12%)
September (preliminary)	IPS	3,214	336 (10%)	2,630 (82%)	1,056 (33%)	271 (8%)
	CSS	2,694	416 (15%)	1,990 (74%)	1,145 (43%)	329 (12%)

(Aging CARE assessment in last 15 months)
Data source: RDA administrative reports
*Does not include individuals who are dual enrolled.

Table 13: FCS client Medicaid eligibility

		CN blind/disabled (Medicaid only & full dual eligible)	CN aged (Medicaid only & full dual eligible)	CN family & pregnant woman	ACA expansion adults	CN & CHIP children
July	IPS	1,073 (30%)	103 (3%)	356 (10%)	1,913 (54%)	121(3%)
	CSS	1,205 (39%)	199 (6%)	312 (10%)	1,368 (44%)	20 (1%)
August	IPS	1,163 (30%)	104 (3%)	395 (10%)	2,075 (54%)	125 (3%)
	CSS	1,291 (38%)	220 (7%)	344 (10%)	1,491 (44%)	22 (1%)
September (preliminary)	IPS	1,175 (31%)	101 (3%)	399 (10%)	2,061 (54%)	114 (3%)
	CSS	1,299 (39%)	216 (6%)	332 (10%)	1,471 (44%)	20 (1%)

ACA = Affordable Care Act
CHIP = Children's Health Insurance Program
CN = Categorically needy
Data source: RDA administrative reports

Quality assurance and monitoring activity

Training, technical assistance, stakeholder involvement, and information sharing continued, including the following activities:

- HCA hosted 13 webinars, with more than 400 attendees this quarter.
- HCA shared information at three state conferences (WISe Symposium, Peer Pathways, and Housing Washington).
- HCA provided technical assistance to individual agencies through four CSS/IPS trainers located within ALTSA, Amerigroup, and HCA's Division of Behavioral Health and Recovery (DBHR).
- HCA conducted eight fidelity reviews of contracted FCS providers on the evidence-based practice PSH model. In addition, 17 separate contracted FCS providers sent staff to fidelity reviews to continue HCA's efforts to foster a learning community approach to sharing strategies on implementing the services to the fidelity of the IPS and PSH models.
- HCA began prioritization planning for the state's national technical assistance resources in 2020. Priorities will include:
    - Cross-systems collaboration to braid other housing and employment resources with FCS.
    - Assistance in business modeling to providers who are new to CSS or IPS, and/or new to billing and budgeting modified fee-for-service.

Other FCS program activity

HCA continues to respond to inquiries from other states and entities regarding the FCS program. FCS staff also continue to build partnerships with service providers and other entities, including state agencies and ACHs to explore ways of blending FCS services with other available resources.

Upcoming activities

- FCS staff are presenting and participating in these upcoming conferences:
  - Co-Occurring Disorder and Treatment Conference on October 7-8 in Yakima.
  - Medicaid Transformation Learning Symposium, on October 9 in SeaTac.
  - Fall Tribal Summit on October 31 in Rochester.
  - Conference on Ending Homelessness on November 6-7 in Spokane.
- The first Housing Authority and Tribal providers are expected to complete the contracting process with Amerigroup during the next quarter.
- At least two more fidelity reviews will likely be completed before the end of 2019 and FCS staff are developing a review schedule for 2020.
- HCA will hold two fidelity reviewer trainings on the IPS and PSH fidelity models in December.

An upcoming webinar series will cover topics including the role of certified peer supports in transitioning out of incarceration or inpatient settings, as well as effective performance staff evaluation and its impact on service delivery.

FCS program stakeholder engagement activities

During the reporting quarter, staff from HCA, ALTSA, and Amerigroup supported a variety of stakeholder engagement activities.

Table 14: FCS program stakeholder engagement activities

	July	August	September
	Number of events held		
Training and assistance provided to individual organizations	67	75	44
Community and regional presentations and training events	13	17	9
Informational webinars	5	5	3
Stakeholder engagement meetings	3	5	2
Total activities	**88**	**102**	**58**

Training and assistance activities to individual organizations continued to increase this reporting period. Webinars inform, educate, and coordinate resources for FCS providers serving people who need housing and employment services, resources, and supports. Q3 topics included:

- Supervisor training.
- Employment supports for job seekers with justice involvement.
- Integrating supportive housing and supported employment.
- Financial education.
- Building relationships with employers.
- Worksource and FCS collaboration.
- Job development challenges.

- Health homes and community resources.
- Tenancy rights for FCS housing providers.

FCS stakeholder concerns

Amerigroup reported no provider grievances or appeals during the quarter. No providers discontinued services during the quarter. No systemic or large-scale concerns regarding timely payment or encounter denials were reported.

Individual providers continue to report payment and denial challenges. Amerigroup appears generally responsive. To the extent that these challenges arise from provider error in claims submission and other factors related to provider inexperience, we are exploring providing more robust technical assistance in business modeling to the non-traditional providers under contract with Amerigroup.

SUD program implementation accomplishments

In July 2018, Washington State received approval of its 1115 waiver amendment to receive federal financial participation for SUD treatment services. This includes short-term residential services provided in residential and inpatient treatment settings that qualify as an IMD. An IMD is a facility with more than 16 beds where at least 51 percent of the patients receive mental health or substance use treatment.

This section summarizes SUD program development and implementation activities from July 1 through September 30, 2019. Accomplishments for the quarter include:

- Legislation supported the availability of medication-assisted treatment (MAT), which went into effect on July 28, 2019.
- HCA presented to and engaged with Tribal partners about the opportunities and requirements of our waiver.
- HCA completed budget neutrality reporting.

Implementation plan

In accordance with the amended STCs, the state is required to submit an implementation plan for the SUD program, incorporating six key milestones outlined by CMS. At the time of the waiver application, Washington met a number of these milestones in its provision of SUD services. Where the state did not meet the milestones, CMS was engaged to confirm appropriate adjustments. These changes, included in the state's SUD implementation plan, are described below:

- **Milestone 3c:** requirements that residential treatment facilities offer MAT onsite or facilitate access off site.
  Update: MCO contracts for January 2020 include language for this requirement.
- **Milestone 6:** the state will require residential and outpatient providers to improve coordination between levels of care. A sub-workgroup was formed and meets regularly. HCA expects to have the requirement in the July 1, 2019, managed care contracts.
  Update: MCO contracts for January 2020 include language for this requirement.

Evaluation design

CMS approved the SUD evaluation design for July 17, 2019, through December 30, 2021. This information is incorporated into the STCs.

Monitoring protocol

CMS accepted the state's revised SUD monitoring protocol. HCA requested, and CMS granted, a delay in reporting metrics, given the revisions. The metrics will be submitted with next quarter's report.

Upcoming activities

The state will collaborate with providers to promote the availability of MAT and engage with the waiver evaluation team.

Quarterly expenditures

The following table reflects quarterly expenditures for DSRIP, LTSS, and FCS during DY3 (2019).

Table 15: DSRIP expenditures

	Q1	Q2	Q3	Q4	DY3 Total	Funding source
	January 1–March 31	April 1–June 30	July 1–September 30	October 1–December 31	January 1–December 31	Federal financial participation
ACH						
Better Health Together	$0	$17,396,295	$0		$17,396,295	$8,698,148
Cascade Pacific Action Alliance	$0	$11,313,792	$0		$11,313,792	$5,656,896
Elevate Health	$0	$19,109,624	$0		$19,109,624	$9,554,812
Greater Columbia	$0	$21,829,660	$0		$21,829,660	$10,914,830
HealthierHere	$0	$33,463,618	$0		$33,463,618	$16,731,809
North Central	$0	$6,130,010	$0		$6,130,010	$$3,065,005
North Sound	$0	$16,820,688	$6,498,653		$23,319,341	$11,659,671
Olympic Community of Health	$0	$4,705,518	$0		$4,705,518	$2,352,759
SWACH	$0	$8,136,037	$0		$8,136,037	$4,068,019
IHCP-specific projects						
Indian Health Care Providers	$0	$0	$1,862,500		$1,862,500	$931,250

Table 16: LTSS and FCS service expenditures

	Q1	Q2	Q3	Q4	DY3 Total
	January 1–March 31	April 1–June 30	July 1–September 30	October 1–December 31	January 1–December 31
Tailored Supports for Older Adults (TSOA)	$1,669,673	$2,117,045	$1,825,341		$5,612,059
Medicaid Alternative Care (MAC)	$27,638	$39,598	$38,595		$105,831
MAC and TSOA not eligible	$25	$0	$309		$334
FCS[1]	$0	$324,645	$3,114,155		$3,438,800

[1] HCA will be finalizing the automated, service-based enhancement in DY3 Q3 through the ProviderOne claims system.

Financial and budget neutrality development issues

Financial

HCA is working with the State Auditor's Office on a routine agency audit of MTP expenditures. We continue to work on mapping SUD expenditures to the CMS-64 waiver forms, and anticipates that a process will be in place by the next reporting quarter.

Below are the counts of member months eligible to receive services under MTP. Member months for non-expansion adults are updated retrospectively, based on the current caseload forecast council (CFC) medical caseload data. July 2019 through September 2019 for non-expansion adults are forecasted caseload figures from CFC.

It was discovered that the data criteria used to pull SUD member months was not correct. HCA is in the process of updating the criteria for this population group and anticipates that SUD member months for April-September, 2019 will be reported in the next quarterly report. In that report, HCA will update the incorrect SUD member months for April-June, 2019 submitted in the previous report and HCA will provide July-September, 2019 figures, as well. For this report, the table below uses dashes for SUD member months, April-September, 2019.

Table 17: member months eligible to receive services

Calendar month	Non-expansion adults only	SUD Medicaid disabled	SUD Medicaid non-disabled	SUD newly eligible	SUD American Indian/Alaska Native
Jan-17	376,220	0	0	0	0
Feb-17	374,992	0	0	0	0
Mar-17	374,491	0	0	0	0
Apr-17	373,288	0	0	0	0
May-17	372,799	0	0	0	0
Jun-17	372,671	0	0	0	0
Jul-17	371,747	0	0	0	0
Aug-17	371,451	0	0	0	0
Sep-17	370,176	0	0	0	0
Oct-17	369,950	0	0	0	0
Nov-17	369,799	0	0	0	0
Dec-17	369,838	0	0	0	0
Jan-18	369,899	0	0	0	0
Feb-18	368,528	0	0	0	0
Mar-18	368,357	0	0	0	0
Apr-18	367,117	0	0	0	0
May-18	367,473	0	0	0	0
Jun-18	366,760	0	0	0	0
Jul-18	366,508	0	0	0	0
Aug-18	365,937	0	0	0	0
Sept-18	364,937	0	0	0	0
Oct-18	364,924	0	0	0	0
Nov-18	364,446	0	0	0	0
Dec-18	363,879	0	0	0	0
Jan-19	363,783	0	0	0	0
Feb-19	362,042	0	0	0	0
Mar-19	361,707	0	0	0	0

Apr-19	361,271	0	0	0	0
May-19	360,797	0	0	0	0
June-19	359,971	0	0	0	0
Jul-19	359,929	0	0	0	0
Aug-19	360,195	0	0	0	0
Sep-19	359,910	0	0	0	0
Total	12,115,792	0	0	0	0

Budget neutrality

HCA adopted CMS's budget neutrality monitoring tool and has been using Performance Management Database and Analytics system to upload quarterly spreadsheets. Conversations with CMS continued regarding the projected budget neutrality exceedance over the life of MTP. This exceedance is due to unanticipated LTSS wage increases in recent years.

Designated state health programs (DSHP)

HCA procured a contract with Myers & Stauffer to perform an independent audit on DSHP expenditures.

Overall MTP development and issues

Operational/policy issues

Implementation activities are underway for all initiatives. There are no significant operational or policy issues to report for this quarter, with the exception of the context provided in the budget neutrality section.

Consumer issues

The state has not experienced any major consumer issues for DSRIP, FCS, LTSS, or SUD programs during this reporting quarter, except general inquiries about benefits available through MTP.

MTP evaluation

In 2018, HCA began working with the independent external evaluator (IEE), Center for Health Systems Effectiveness (CHSE) at Oregon Health and Science University. As part of their contract with HCA, CHSE is responsible for evaluating the overall success and effectiveness of MTP. As part of their evaluation, CHSE produces a Rapid-Cycle Report each quarter, which highlights the work and progress of each ACH.

Highlights from the latest Rapid-Cycle Report (September 30, 2019)

CHSE's report includes key findings from interviews with ACH informants. The report states that the MTP Project Toolkit directs ACHs to implement evidence-based approaches in three domains:

- **Domain 1:** Health systems and community capacity building (includes value-based payment, workforce, system of population health management (HIE and HIT)
- **Domain 2:** Care delivery design
- **Domain 3:** Prevention and health promotion

CHSE notes that ACHs prioritized implementing Domain 2 and 3 projects in 2019. They focused on partner engagement, contracting and project implementation and support. Below are the findings related to Domain 1:

- VBP: the primary strategy among ACHs for support was encouraging or financially incentivizing partners to participate in the state's VBP survey for providers.
- Workforce capacity: ACH interviewees acknowledged the importance of building workforce capacity, and some identified workforce capacity building as a future focus area.

- HIT and HIE: ACHs used varied approaches to support HIT and HIE adoption in their regions. Findings noted the CDR has not been widely used by partners.

View the Rapid-Cycle Report (September 30, 2019).

Summary of additional resources, enclosures, and attachments

Additional resources

To learn more about Washington's MTP, visit the HCA website. Receive notifications about MTP-related activities, new materials, and other information through HCA's email subscription list.

Summary of attachments

- Attachment A: State contacts
- Attachment B: Financial Executor Portal Dashboard, Q3 2019
- Attachment C: 1115 SUD Demonstration Monitoring Report – Part B
- Attachment D: LTSS Postcard
- Attachment E: LTSS quality assurance questions

Attachment A: state contacts

Contact these individuals for questions within the following MTP-specific areas.

Area	Name	Title	Phone
MTP and quarterly reports	Chase Napier	Manager, Medicaid Transformation	360-725-0868
DSRIP program	Chase Napier	Manager, Medicaid Transformation	360-725-0868
LTSS program	Kelli Emans	Integration Unit Manager, DSHS	360-725-3213
FCS program	Melodie Pazolt	BH Programs and Recovery Support Services Section Manager, DBHR	360-725-0487
SUD program	David Johnson	Federal Programs Manager, DBHR	360-725-9404

For mail delivery, use the following address:

Washington State Health Care Authority
Policy Division
Mail Stop 45502
628 8th Avenue SE
Olympia, WA 98501

Attachment B: Financial Executor Portal Dashboard, Q3 2019

This table shows all funds earned and distributed through the FE portal through September 30, 2019.

	Total	Better Health Together	Cascade Pacific Action Alliance	Elevate Health (Pierce County ACH)	Greater Columbia	HealthierHere	North Central	North Sound	Olympic Community of Health	SWACH	IHCP-specific projects
Funds earned by ACH											
2A: bi-directional integration of physical and behavioral health through care transformation	$171,474,477.88	$19,427,564.48	$13,876,829.96	$21,193,704.84	$28,630,096.27	$44,990,149.35	$6,335,076.96	$17,484,806.31	$7,173,253.79	$12,362,995.92	
2B: community based care coordination	$62,343,173.55	$13,356,450.60	$9,540,322.57	$14,570,672.74			$4,355,363.48	$12,020,804.14		$8,499,560.02	
2C: transitional care	$45,222,514.26		$5,637,463.25		$11,630,976.13	$18,277,247.35	$2,573,623.88	$7,103,203.65			
2D: diversion interventions	$12,590,963.08						$2,573,623.88	$7,103,203.65	$2,914,135.55		
3A: addressing the opioid use public health crisis	$21,434,312.50	$2,428,446.29	$1,734,604.92	$2,649,214.31	$3,578,761.27	$5,623,768.57	$791,884.27	$2,185,601.66	$896,657.02	$1,545,374.19	
3B: reproductive and maternal/child health	$6,021,077.25		$2,168,255.40					$2,732,001.33	$1,120,820.52		
3C: access to oral health services	$2,311,693.51							$1,639,200.00	$672,493.51		
3D: chronic disease prevention and control	$42,868,616.99	$4,856,889.58	$3,469,206.84	$5,298,426.64	$7,157,523.54	$11,247,537.13	$1,583,768.54	$4,371,202.32	$1,793,314.03	$3,090,748.37	
Integration incentives	$68,111,492.00	$8,301,872.00		$9,321,788.00	$10,183,916.00	$14,888,792.00	$5,781,980.00	$10,831,088.00		$8,802,056.00	
VBP incentives	$2,700,000.00	$300,000.00	$300,000.00	$300,000.00	$300,000.00	$300,000.00	$300,000.00	$300,000.00	$300,000.00	$300,000.00	
IHCP-specific projects	$12,841,500.00										$12,841,500.00
Project Plan bonus	$6,308,649.00		$1,455,842.00				$1,455,842.00	$1,941,123.00	$1,455,842.00		
TOTAL	**$454,228,470.02**	**48,671,222.95**	**$38,182,524.94**	**$53,333,806.53**	**$61,481,273.21**	**$95,327,494.40**	**$25,751,163.01**	**$67,712,234.06**	**$16,326,516.42**	**$34,600,734.50**	**$10,979,000.00**
Funds distributed by ACH											
Administration	$16,050,755.34	$1,464,657.22	$335,891.00	$1,400,000.00	$1,556,500.00	$6,117,865.95		$4,693,611.82	$14,081.37	$468,147.98	
Community health fund	$10,405,634.23		$2,358,557.00	$1,500,000.00	$1,395,201.87			$4,651,875.36		$500,000.00	
Health systems and community capacity building	$24,055,823.40	$5,217,701.00	$1,177,812.91	$4,798,013.00	$1,870,245.17	$42,582.00	$1,272,930.19	$7,765,235.79	$110,000.00	$1,251,303.34	$550,000.00
Integration incentives	$18,002,955.63	$2,930,000.00		$4,745,933.00	$5,192,434.89	$4,437,846.08	$58,421.66	$553,320.00		$85,000.00	
Project management	$4,372,579.53		$1,903,385.00		$890,500.00		$474,827.90	$884,931.43	$196,000.00	$22,935.20	
Provider engagement, participation, and implementation	$66,253,362.90	$5,330,467.00	$7,317,266.00	$3,756,000.00	$5,420,835.00	$9,313,144.00	$2,502,872.49	$15,132,210.00	$5,968,867.01	$1,419,161.40	$10,092,540.00
Provider performance and quality incentives	$15,004,869.81		$3,218,598.00	$5,217,952.80	$1,064,477.00	$1,483,416.67	$1,042,481.74			$2,977,943.60	
Reserve/contingency fund	$2,404,473.07		$1,474,098.00					$930,375.07			
Shared domain 1 incentives	$87,005,581.00	$9,570,613.50	$8,700,558.00	$10,440,668.50	$12,180,782.00	$19,141,228.50	$4,350,278.00	$13,050,837.50	$3,480,224.00	$6,090,391.00	
TOTAL	**$243,556,034.91**	**$24,513,438.72**	**$26,486,165.91**	**$31,858,567.30**	**$29,570,975.93**	**$40,536,083.20**	**$9,701,811.98**	**$47,662,396.97**	**$9,769,172.38**	**$12,814,882.52**	**$10,642,540.00**
Funds available											
Total funds distributed to date	**$243,556,034.91**	**$24,513,438.72**	**26,486,165.91**	**31,858,567.30**	**29,570,975.93**	**40,536,083.20**	**9,701,811.98**	**47,662,396.97**	**9,769,172.38**	**12,814,882.52**	**10,642,540.00**
Total funds available for distribution	**$210,672,435.11**	**$24,157,784.23**	**11,696,359.03**	**21,475,239.23**	**31,910,297.28**	**54,791,411.20**	**16,049,351.03**	**20,049,837.09**	**6,557,344.04**	**21,785,851.98**	**2,198,960.00**
% OF TOTAL FUNDS DISTRIBUTED	**53.62%**	**50.37%**	**69.37%**	**59.73%**	**48.10%**	**42.52%**	**37.68%**	**70.39%**	**59.84%**	**37.04%**	**82.88%**
% of total funds distributed by ACH											
Administration	6.59%	5.97%	1.27%	4.39%	5.26%	15.09%		9.85%	0.14%	3.65%	
Community health fund	4.27%		8.90%	4.71%	4.72%			9.76%		3.90%	
Health systems and community capacity building	9.88%	21.29%	4.45%	15.06%	6.3 %	0.11%	13.12%	16.29%	1.13%	9.76%	5.17%
Integration incentives	7.39%	11.95%		14.90%	17.56%	10.95%	0.60%	1.16%		0.66%	
Project management	1.80%		7.19%		3.01%		4.8 %	1.86%	2.01%	0.18%	
Provider engagement, participation, and implementation	27.20%	21.75%	27.63%	11.79%	18.33%	22.97%	25.80%	31.75%	61.10%	11.07%	94.83%

Provider performance and quality incentives	6.16%		12.15%	16.38%	3.60%	3.66%	10.75%			23.24%	
Reserve/contingency fund	0.99%		5.57%					1.95%			
Shared domain 1 incentives	35.72%	39.04%	32.85%	32.77%	41.19%	47.22%	44.84%	27.38%	35.62%	47.53%	
TOTAL	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

Attachment C: 1115 SUD Demonstration Monitoring Report – Part B

Washington State Medicaid Transformation Project

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B

Demonstration Year 3: (January 1 to December 31, 2019)

Federal Fiscal Quarter: 3 (July 1 to September 30, 2019)

Submitted on December 1, 2019

Title Page for the state's SUD demonstration or SUD components of broader demonstration

State	*Washington State*
Demonstration name	*Washington State Medicaid Transformation Project* *No. 11-W-00304/0*
Approval date for demonstration	*January 9, 2017*
Approval period for SUD	*July 1, 2018-December 31, 2021*
Approval date for SUD, if different from above	*July 17, 2018*
Implementation date of SUD, if different from above	*July 1, 2018*
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	Under Washington's 1115 demonstration waiver, the SUD program allows the state to receive Federal Financial Participation (FFP) for Medicaid recipients residing in institutions for mental disease (IMDs) under the terms of this demonstration for coverage of medical assistance including opioid use disorder (OUD)/substance use disorder (SUD) benefits that would otherwise be matchable if the beneficiary were not residing in an IMD. Under this demonstration, beneficiaries will have access to high quality, evidence-based OUD and other SUD treatment services ranging from medically supervised withdrawal management to ongoing chronic care for these conditions in cost-effective settings while also improving care coordination and care for comorbid physical and mental health conditions. Expenditure authority will allow the state to improve existing SUD services and ensure the appropriate level of treatment is provided, increase the availability of medication-assisted treatment (MAT), and enhance coordination between levels of care. The state will continue offering a full range of SUD treatment options using the American Society for Addiction Medicine (ASAM) criteria for assessment and treatment decision making.

2. Executive Summary

Progress on the implementation of the SUD component of Washington's Medicaid Transformation Project 1115 demonstration waiver included:

- Revised SUD monitoring protocol accepted by CMS.
- Extension requested and approved for submission of metrics.
- Legislation supporting the availability of medication assisted treatment and medications for opioid use disorder (MAT/MOUD) went into effect on July 28, 2019.
- We presented to tribal stakeholders and sought engagement.
- Budget neutrality reporting completed.

3. Narrative information on implementation, by milestone and reporting topic

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
1.2 Assessment of Need and Qualification for SUD Services			
1.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services.			
☒ The state has no metrics trends to report for this reporting topic.			
1.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) The target population(s) of the demonstration ☐ ii) The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration			
☒ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services			
☒ The state has no implementation update to report for this reporting topic.			
2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☒ The state has no metrics trends to report for this reporting topic.			
2.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management) ☐ ii) SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication assisted treatment services provided to individuals in IMDs			
☒ The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☐ The state expects to make other program changes that may affect metrics related to Milestone 1			
☒ The state has no implementation update to report for this reporting topic.			
3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2			
☒ The state has no trends to report for this reporting topic.			
☒ The state is not reporting metrics related to Milestone 2.			
3.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria ☐ ii) Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings			
☒ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make other program changes that may affect metrics related to Milestone 2			
☒ The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☒ The state is not reporting metrics related to Milestone 2.			
4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3			
☒ The state has no trends to report for this reporting topic.			
☒ The state is not reporting metrics related to Milestone 3.			
4.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards ☐ ii) State review process for residential treatment providers' compliance with qualifications standards ☐ iii) Availability of medication assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site			
☒ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make other program changes that may affect metrics related to Milestone 3			
☒ The state has no implementation update to report for this reporting topic.			
☒ The state is not reporting metrics related to Milestone 3.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4			
☒ The state has no trends to report for this reporting topic.			
5.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care			
☒ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make other program changes that may affect metrics related to Milestone 4			
☒ The state has no implementation update to report for this reporting topic.			
6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5			
☒ The state has no trends to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
6.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD ☐ ii) Expansion of coverage for and access to naloxone			
☒ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make other program changes that may affect metrics related to Milestone 5			
☒ The state has no implementation update to report for this reporting topic.			
7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6			
☒ The state has no trends to report for this reporting topic.			
7.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports			
☒ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make other program changes that may affect metrics related to Milestone 6			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☒ The state has no implementation update to report for this reporting topic.			
8.2 SUD Health Information Technology (Health IT)			
8.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its Health IT metrics			
☒ The state has no trends to report for this reporting topic.			
8.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) How health IT is being used to slow down the rate of growth of individuals identified with SUD ☐ ii) How health IT is being used to treat effectively individuals identified with SUD ☐ iii) How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD ☐ iv) Other aspects of the state's plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels ☐ v) Other aspects of the state's health IT implementation milestones ☐ vi) The timeline for achieving health IT implementation milestones ☐ vii) Planned activities to increase use and functionality of the state's prescription drug monitoring program			
☒ The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☐ The state expects to make other program changes that may affect metrics related to Health IT			
☒ The state has no implementation update to report for this reporting topic.			
9.2 Other SUD-Related Metrics			
9.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics			
☒ The state has no trends to report for this reporting topic.			
9.2.2 Implementation Update			
☐ The state expects to make other program changes that may affect metrics related to other SUD-related metrics			
☒ The state has no implementation update to report for this reporting topic.			
10.2 Budget Neutrality			
10.2.1 Current status and analysis			
☒ If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.	See budget neutrality section of full report.		
10.2.2 Implementation Update			
☐ The state expects to make other program changes that may affect budget neutrality			
☒ The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
11.1 SUD-Related Demonstration Operations and Policy			
11.1.1 Considerations			
☐ States should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration's approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.			
☒ The state has no related considerations to report for this reporting topic.			
11.1.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service) ☐ ii) Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes) ☐ iii) Partners involved in service delivery			
☒ The state has no implementation update to report for this reporting topic.			
☐ The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☒ The state has no implementation update to report for this reporting topic.			
☐ The state is working on other initiatives related to SUD or OUD			
☒ The state has no implementation update to report for this reporting topic.			
☐The initiatives described above are related to the SUD or OUD demonstration (States should note similarities and differences from the SUD demonstration)			
☒ The state has no implementation update to report for this reporting topic.			
12. SUD Demonstration Evaluation Update			
12.1. Narrative Information			
☒ Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. See report template instructions for more details.	During the reporting quarter, the state submitted a revised evaluation design that includes the SUD evaluation design. CMS approved the revised evaluation design on August 1, 2019. The approved evaluation design has been incorporated into the state's standard terms and conditions.		
☐ The state has no SUD demonstration evaluation update to report for this reporting topic.			
☒ Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.	The SUD evaluation is on track. The state does not anticipate any barriers in achieving the goals and timeframes agreed to in the STCs at this point in time.		
☐ The state has no SUD demonstration evaluation update to report for this reporting topic.			
☐ List anticipated evaluation-related deliverables related to this demonstration and their due dates.			
☒ The state has no SUD demonstration evaluation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
13.1 Other Demonstration Reporting			
13.1.1 General Reporting Requirements			
☐ The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol			
☒ The state has no updates on general requirements to report for this reporting topic.			
☐ The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes			
☒ The state has no updates on general requirements to report for this reporting topic.			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) The schedule for completing and submitting monitoring reports ☐ ii) The content or completeness of submitted reports and/or future reports			
☒ The state has no updates on general requirements to report for this reporting topic.			
☐ The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation			
☒ The state has no updates on general requirements to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
13.1.2 Post-Award Public Forum			
☒ If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.	HCA held two public forums, one in Wenatchee (September 12, with 21 attendees), and one in Vancouver (September 26, with 42 attendees). Both forums included information on the SUD evaluation work. HCA's Facebook channel broadcast both programs on Facebook Live, reaching several hundred viewers. Both programs offered community conversation periods in which highly engaged audience members asked questions, shared experiences, and provided information, ideas, and feedback.		
☐ No post-award public forum was held during this reporting period and this is not an annual report, so the state has no post-award public forum update to report for this topic.			
14.1 Notable State Achievements and/or Innovations			
14.1 Narrative Information			
☐ Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.	• Revised SUD monitoring protocol was accepted by CMS. • Extension sought and approved for submission of metrics. • Legislation supporting the availability of medication assisted treatment and medications for opioid use disorder (MAT/MOUD) went into effect on July 28, 2019. • We presented to tribal stakeholders and sought engagement. • Budget neutrality reporting completed.		
☒ The state has no notable achievements or innovations to report for this reporting topic.			

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

The IET-AD, FUA-AD, FUM-AD, and AAP measures (metrics #15, 17 (1), and 17 (2), and 32) are Healthcare Effectiveness Data and Information Set ("HEDIS®") measures that are owned and copyrighted by the National Committee for Quality Assurance ("NCQA"). NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications.

The measure specification methodology used by CMS is different from NCQA's methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. Calculated measure results, based on the adjusted HEDIS specifications, may be called only "Uncertified, Unaudited HEDIS rates."

Certain non-NCQA measures in the CMS 1115 Substance Use Disorder Demonstration contain HEDIS Value Sets (VS) developed by and included with the permission of the NCQA. Proprietary coding is contained in the VS. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of the VS with the non-NCQA measures and any coding contained in the VS.

Attachment D: LTSS postcard

Join us to learn more about caregiver support programs!

LOCATION

King Eastside CSO

805 156th Ave. NE

Bellevue, WA 98007

DATE AND TIME

September 26, 10 a.m.-2 p.m.

REGISTER

www.123signup.com/register?id=rcdys

DETAILS

Join us to learn more about caregiver support programs in King County!

CONTACT US

1-844-348-5464

info@communitylivingconnections.org

Attachment E: LTSS quality assurance questions

1. SER 3: Is there documentation that the CM/SSS discussed with the client/representative his/her choices of available programs/services, settings, and providers?

2. SER 4: Is there documentation of clients/representatives choice of available programs/services, settings, and providers?

3. SER 5: Were clients free from the use of restraints or involuntary seclusion?

4. FIN 1: Is the client financially eligible for the services received?

5. CP 2: If the client is receiving respite services in an AFH or ALF, does that facility have the specialty designation required to meet the needs of the client?

6. CP 3: Did the client/representative agree to the care plan as outlined in the LTC Manual?

7. CP 4: Were mandatory referrals made? (DMHP, APS, CPS, and CRU)

8. CP 6: Was level of care re-determined within the annual time frame?

9. CP 7: Was a significant change assessment performed and service plan updated when appropriate?

10. CP 8: Were the correct instruments and processes used to determine participant level of care?

11. AUTH 1: Was assessment moved to current prior to re-authorization?

12. AUTH 3: Is there documentation to support paid service authorizations?

13. AUTH 4: Were claims paid using the correct rate?

14. AUTH 5: Were waiver service claims paid to a qualified provider (non-IPs)?

15. DOC 1: Is the 14-225 - Acknowledgement of Services completed correctly and in the file?

16. DOC 2: Is the 16-172 Rights and Responsibility completed correctly and in the file?

17. DOC 3: Was the 14-443 Fin/Social Services Communication for MTD completed correctly and in the file?

18. DOC 4: Was the 15-492 Medicaid Transformation Demonstration Services Notice completed correctly and in the file?

19. DOC 8: Did the client receive information about the importance of the flu vaccine at the time of all face-to-face assessments?