

TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project**. Please email completed templates by **January 15, 2016**, to MedicaidTransformation@hca.wa.gov with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

Contact Information	<p><i>Identify point person, telephone number, e-mail address</i> <i>Glen Patrick, 236.3177, glen.patrick@doh.wa.gov</i> <i>Which organizations were involved in developing this project suggestion?</i> <i>Washington State Dept. of Health</i></p>
Project Title	<p><i>Title of the project/intervention</i> <i>Improving Health and Home</i></p>
Rationale for the Project	
<p><i>The health impacts associated with asthma triggers in the home are a significant contributor to acute asthma attacks, one of the most common reasons for children to be seen in hospital urgent care and emergency facilities. A large body of evidence suggests that home visiting programs that address indoor environmental triggers (e.g., cockroaches, mice, tobacco smoke, mold, moisture) can improve asthma control, reduce asthma-related hospitalizations and emergency department visits, and provide a positive return on investment. These types of services are recommended as a component of comprehensive asthma care for people with poorly controlled asthma, but are not widely available and often limited in scale. Providing for home environmental assessments would contribute to the pro-active identification, elimination and prevention of childhood lead exposure and exposure to asthma triggers.</i></p> <p><i>The health impacts from childhood lead exposures are well documented, irreversible and lifelong; and include decreased cognitive function, developmental delays, and behavior problems; and, at very high levels it can cause seizures, coma, and even death. Lead is a known neurotoxin with no known threshold below which exposure does not produce a deleterious effect. The Centers for Disease Control and Prevention (CDC) recommends follow-up services for children with blood lead levels at or above the current reference value of 5 µg/dL. This includes continued monitoring of the blood lead level, nutritional intervention, environmental investigation of the home, and lead hazard control based on the results of the environmental investigation. Nationwide and in Washington State, the home provides the greatest exposure for most children. Lead exposure however is preventable.</i></p> <p><i>The scientific evidence and value of healthy homes investments is well established. The National Center for Healthy Housing, CDC, CSH and others have a long history of investments in programs and activities aimed at improving individual and public health by reducing exposure to contaminants in the home, including lead and asthma triggers. Healthy housing is a health disparities issue where those living in low socio-economic conditions are also more predisposed to living in unhealthy housing conditions. Addressing issues associated with unhealthy living conditions would invariably target the Medicaid population and could effectively and efficiently reduce and eliminate many of the factors that contribute to chronic medical conditions among the most vulnerable members of our population.</i></p> <p><i>This project would leverage and support implementation of the Healthy Housing Strategic Plan prepared in 2013 by Health in collaboration with a broad stakeholder group. (See attached Healthy Homes Strategic Plan)</i></p>	
Project Description	

*Which Medicaid Transformation Goals¹ are supported by this project/intervention? **Bolded***

- Reduce avoidable use of intensive services**
- Improve population health, focused on prevention**
- Accelerate transition to value-based payment
- Ensure Medicaid per-capita growth is below national trends**

*Which Transformation Project Domain(s) are involved? **Bolded***

- Health Systems Capacity Building
- Care Delivery Redesign**
- Population Health Improvement – prevention activities**

Describe:

- *Region(s) and sub-population(s) impacted by the project. Include a description of the target population (e.g., persons discharged from local jail facilities with serious mental illness and or substance use disorders).*

Unhealthy housing can be found across Washington State, but especially in areas with older housing stocks found in historic city centers and rural areas, especially in King, Peirce and Yakima Counties. According to 2000 US Census data, 13% of housing units in WA State were built before 1940 and 17% were built between 1940 and 1959. Subsidized housing is available for US citizens living at below 30% of the area median income. Housing subsidized through the Department of Housing and Development must meet basic livability standards that protect residents from some housing related maladies. Individuals who do not have citizenship such as refugees and people who qualify for Medicaid, but make too much money to qualify for subsidized housing under HUD, must choose between some of the worst housing stock.
- *Relationship to Washington’s Medicaid Transformation goals.*

Improving the home environment is a relatively low cost strategy associated with two of the primary goals of Washington’s Medicaid Transformation waiver: Improving Population Health and reducing Medicaid per capita cost growth. Reducing exposure to asthma triggers and lead in the home directly contributes to improved health and reduced health care costs. Washington’s asthma rate is among the highest in the nation. Unhealthy indoor air can cause asthma hospitalizations even in patients who are using their prescribed medicines correctly. In 2010 Medicaid paid 21.3 Million dollars in asthma hospitalization costs. Research in Seattle, WA demonstrated a high cost benefit ratio for healthy housing interventions and these results have been verified in studies across the country. Falls at home by the very young and very old also contribute to expensive hospitalizations and can be prevented through low cost interventions in the home. Fire and Carbon Monoxide alarms are very inexpensive and can prevent injuries and death. The Children’s Safety Network lists fire alarms as one of the most cost effective injury prevention interventions.
- *Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.*

Housing is a key determinant of health impacting not just the air you breathe and the water you drink, but also the broader socioeconomic environment of an individual. Health disparities experienced by low income, minority, and immigrant populations can often be linked to the availability, stability, quality, and location of the homes they live in.

The goal of this project is to: Leverage existing community partner involvement and strategies outlined in our Healthy Homes Strategic Plan to identify and improve the health of existing housing stock through evidence based interventions that affect the needs of populations at greatest risk.
- *Links to complementary transformation initiatives*

The Washington State Department of Commerce, following legislation passed in 2015, is adding healthy homes interventions to their existing weatherization programs. The weatherization program is an ideal partner because the program has established broad partnerships with community groups that focus on improving homes. Partnering with Commerce on this initiative would allow us to leverage their economy of

scale to get the most value out of intervention dollars.

- *Potential partners, systems, and organizations (e.g., health and social service providers, ACH participants) needed to be engaged to achieve the results of the proposed project.*

In addition to engaging the Washington State Department of Commerce, the American Lung Association of Washington, Tribal Healthy Homes, Clean Air for Kids, The Yakima Valley Farm Workers Asthma Home Visitation Program, and the Thurston County Healthy Homes Programs all operate volunteer or very low cost programs aimed at improving the health of the housing Stock in Washington State. These partners have a history of collaboration under a Centers for Disease Control Healthy Housing Grant.

Core Investment Components
<p><i>Describe:</i></p> <ul style="list-style-type: none"> • <i>Proposed activities and cost estimates (“order of magnitude”) for the project.</i> <p>Proposed activities are documented in the Healthy Housing Strategic Plan prepared by DOH under a prior grant from CDC. The strategic plan defines five primary goals along with specific strategies for achieving these goals, along with success measures. While this plan provides direction for immediate implementation, review and refinement of the plan will initially be required to account for changes in scope and expectations since the plan was developed.</p> <ul style="list-style-type: none"> • <i>Local Healthy Housing Strategic Plan implementation: (250k)</i> • <i>Administration and Epidemiological Support: (60k)</i> <ul style="list-style-type: none"> • <i>Best estimate (or ballpark if unknown) for:</i> <ul style="list-style-type: none"> ○ How many people you expect to serve, on a monthly or annual basis, when fully implemented. <p>Population data presented in the Washington Tracking Network (WTN) indicate that for the period 2009-2013, approximately 893,000 people in Washington state were living in poverty. This population is likely the population most affected by sub-standard housing.</p> <ul style="list-style-type: none"> ○ How much you expect the program to cost per person served, on a monthly or annual basis. <p>The cost of Health Homes program implementation among people living in poverty is expected to be less than 50¢ per person per year.</p> <ul style="list-style-type: none"> • <i>How long it will take to fully implement the project within a region where you expect it will have to be phased in.</i> <p>Our strategic plan outlines activities to be conducted over four years.</p> <ul style="list-style-type: none"> • <i>The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.</i> <p>The dollar cost savings associated with prevented asthma or senior falls hospital visits is well documented and substantial. In 2010, asthma emergency room visits in Washington State totaled approximately 164,000. At \$1000 per visit, a reduction in the number of visits by 25% would save \$41 million dollars alone.</p>
Project Metrics
<p><i>The state will monitor implementation of transformation projects at regional and statewide levels through process and outcome measures. Each project will require clearly defined outcomes that relate to the goals and specific process steps.</i></p> <p>The Washington State Department of Health, Healthy Housing Strategic Plan outlines five primary goals along with specific strategies for achieving these goals. Additionally, the plan includes milestones and successes measure. If approved, listed milestones and success measures for Healthy Homes Program implementation will need to be revised to reflect the specific goals and objectives of the Medicaid Transformation Waiver.</p>

ⁱ Transformation goals as stated in Washington’s Medicaid Transformation waiver, <http://www.hca.wa.gov/hw/Documents/waiverappl.pdf>:

- Reduce avoidable use of intensive services and settings such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jails.
- Improve population health, with a focus on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders and oral health; that is coordinated and whole-person centered.
- Accelerate the transition to value-based payment, while ensuring that access to specialty and community services outside the Indian Health system are maintained for Washington’s tribal members.
- Ensure that Medicaid per-capita cost growth is two percentage points below national trends.