

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.

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Project Title	Permanent Supportive Housing Provider Medicaid Technical Assistance Academy
Rationale for the Project	
<ul style="list-style-type: none"> • Problem statement – why this project is needed. Washington’s 1115 Medicaid Waiver application includes an exciting proposal to create a supportive housing services Medicaid benefit. This benefit has great potential to increase Permanent Supportive Housing (PSH) providers’ capacity to deliver supportive housing services, improve housing stability and health care access for vulnerable people with disabilities, and significantly reduce Medicaid costs. However, PSH provider organizations will need technical assistance in order for the proposed Medicaid benefit to be utilized to its full potential. • Supporting research (evidence-based and promising practices) for the value of the proposed project.ⁱ PSH is nationally recognized as the leading evidence based intervention to address chronic homelessness, including improving access to and retention of appropriate health care services. Supportive housing services are integral to this model and are proven to improve health outcomes and reduce Medicaid costsⁱⁱ. • Relationship to federal objectives for Medicaidⁱⁱⁱ with particular attention to how this project benefits Medicaid beneficiaries. Medicaid beneficiaries who are chronically homeless and have serious behavioral and/or physical health disabilities face significant barriers to accessing health care services and are at risk of adverse health outcomes. Supportive housing services foster community integration and inclusion, are necessary to create housing stability that improves Medicaid beneficiaries’ access to and utilization of health services, and promote recovery and wellness. This project would improve Medicaid beneficiaries’ access to these services by ensuring there is a statewide network of PSH providers that have the capacity to work with Medicaid and bill for coverable services. 	
Project Description	
<p>Which Medicaid Transformation Goals^{iv} are supported by this project/intervention? Check box(es)</p> <ul style="list-style-type: none"> • Reduce avoidable use of intensive services • Ensure Medicaid per-capita growth is below national trends <p>Which Transformation Project Domain(s) are involved? Check box(es)</p> <ul style="list-style-type: none"> • Health Systems Capacity Building • Care Delivery Redesign <ul style="list-style-type: none"> • 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). This project will target PSH provider organizations that deliver the housing related activities and services for Medicaid beneficiaries with disabilities who are eligible for the supportive housing services Medicaid benefit included in Initiative Three within Washington’s 1115 Medicaid Waiver. The project will include two cohorts. The first cohort will target PSH providers in the ACHs in Western Washington, and the second will target PSH providers in the ACHs in Eastern Washington. 	

- ***Relationship to Washington’s Medicaid Transformation goals.***

This proposal is related to Washington’s goals to, 1) reduce avoidable use of intensive services and settings, and 2) ensure Medicaid per-capita cost growth is two percentage points below national trends. Supportive housing services provide stability and support that facilitate appropriate utilization of health services and help reduce avoidable use of intensive health services. Thus, this intervention has demonstrated that it reduces Medicaid costs.^v

- ***Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.***

The goal of this project is to create a Permanent Supportive Housing Provider Medicaid Technical Assistance Academy to be executed by the Corporation for Supportive Housing. This Medicaid Academy will increase the technical capacity of PSH providers to bill Medicaid for coverable supportive housing services defined in Initiative Three of the state’s 11115 Waiver.

The Medicaid Academy will provide the following technical assistance activities:

- Each cohort will begin with an in-person session that will frame the work ahead, provide the opportunity for providers to get to know the trainers, and create a foundation for potential partnerships among agencies.
- Providers will participate in approximately 20 hours of virtual and in-person group clinics to learn about technical aspects of Medicaid billing.
- Providers will receive an average of ten hours each of individualized virtual technical assistance to prepare them to apply to the state for Medicaid licensure and/or contractual relationships with managed care and/or the state.

At the end the Medicaid Academy, participating providers will have a thorough understanding of Medicaid billing; the administrative steps they will need to take in order to become licensed such as accreditation, staff credentialing, and technology upgrades; the administrative steps they will need to take in order to develop a contract with managed care and/or the state; the true costs of their agency’s services; and how to negotiate contracts. (Academy trainers will not facilitate activities such as accreditation applications and IT upgrades, but they will connect providers with resources to meet these requirements.)

This proposal will help reduce the significant health disparities experienced by people who are chronically homeless and who have serious behavioral and/or physical health disabilities. The proposed Medicaid Academies will train and bolster the network of PSH provider organizations that are able to serve eligible Medicaid beneficiaries.

- ***Links to complementary transformation initiatives - those funded through other local, state or federal authorities (such as the health home program and Early Adopter/Behavioral Health Organization regional purchasing) and/or Medicaid Transformation initiatives # 2 and 3.***

This proposal is directly related to increasing PSH provider capacity to implement Initiative Three.

- ***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.***

Potential partners included the managed care system, community health centers, community mental health clinics, ALTSA, HCA, PSH providers, and homelessness continuum of care systems.

- **Proposed activities and cost estimates (“order of magnitude”) for the project.**

We estimate the total cost of serving two Medicaid Academy cohorts to be \$100,000.

- **Best estimate (or ballpark if unknown) for:**

- **How many people you expect to serve, on a monthly or annual basis, when fully implemented.**

We expect to conduct two Medicaid Academies, which will include a cohort representing PSH providers in the ACHs in Western Washington and a second cohort targeting providers in the ACHs in Eastern Washington. We estimate that up to eight provider organizations will participate in each Medicaid Academy (16 total).

- **How much you expect the program to cost per person served, on a monthly or annual basis.**

We expect each cohort (Western WA ACHs and Eastern WA ACHs) to each have group and individual technical assistance budgets of \$50,000. The total cost would approximately be \$6,250 per provider organization.

- **How long it will take to fully implement the project within a region where it will have to be phased in.**

We anticipate the Medicaid Academy will take place during year zero (April-December 2016) and year one (January-December 2017) of the 1115 Medicaid Demonstration.

- **The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.**

We have estimated that the creation of supportive housing services Medicaid benefit could result in up to an 18% ROI^{vi}. A Medicaid Academy will support PSH providers’ ability to deliver this benefit and achieve a strong ROI.

Project Metrics

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.

Wherever possible describe:

- **Key process and outcome measures (and specific benchmark performance data if known) against which the performance of the project would be measured. Include priority measures sets described in the Waiver application <http://www.hca.wa.gov/hw/Documents/waiverappl.pdf> pages 46-47^{vii}.**
- **If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation?**

The following Medicaid Benefit benchmarks will be assessed: providers have a thorough understanding of Medicaid billing; providers understand the administrative steps they will need to take in order to become licensed such as accreditation, staff credentialing, and technology upgrades; providers understand the administrative steps they will need to take in order to develop a contract with the state and/or managed care; providers understand the true costs of their agency’s services; and providers understand how to negotiate contracts.

ⁱThe Washington State Institute for Public Policy, <http://www.wsipp.gov>, has identified “evidence-based” policies that can lead to better outcomes; Behavioral health research reports developed by the Research and Data Administration are available at: <https://www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery/decision-support-and-evaluation>

ⁱⁱ Thiele, D.C. and Bailey, P. (2014). *Creating a Medicaid Supportive Housing Services Benefit: A Framework for Washington and Other States*. Corporation for Supportive Housing.

ⁱⁱⁱ Medicaid objectives as stated in GAO report 15-239, April 2015, <http://www.gao.gov/products/GAO-15-239>:

- Increase and strengthen coverage of low income individuals.
- Increase access to, stabilize, and strengthen provider networks available to serve Medicaid and low-income populations.
- Improve health outcomes for Medicaid and low-income populations.

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- Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.
- Criteria established for specific demonstrations described through an informational bulletin or State Medicaid Director's Letter – available at: <http://www.medicaid.gov/federal-policy-guidance/federal-policy-guidance.html>.

^{iv} 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.

^v Larimer, M.E., Malone, D.K., Garner, M.D., Atkins, D.C., Burlingham, B., Lonczak, H.S.,...Marlatt, A. (2009). Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons With Severe Alcohol Problems. *Journal of American Medicine*, 1349-1357.

^{vi} Thiele, D.C. and Bailey, P. (2014). *Creating a Medicaid Supportive Housing Services Benefit: A Framework for Washington and Other States*. Corporation for Supportive Housing.

^{vii} This includes the statewide common measure set for tracking health care quality and cost across multi-payer public and private health delivery systems: http://www.hca.wa.gov/hw/Documents/pmcc_final_core_measure_set_approved_121714.pdf and the subset of 2016 Medicaid contract common performance metrics. It also includes priority measures for critical behavioral health and community support services recommended by the 5732/1519 Steering Committee and reported to the Legislature in "Service Coordination Organizations – Accountability Measures Implementation Status", (page 36) at: http://www.hca.wa.gov/documents_legislative/ServiceCoordinationOrgAccountability.pdf.