

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	<i>Tedd Kelleher, (360) 725-2930, tedd.kelleher@commerce.wa.gov</i> <i>Department of Commerce</i>
Project Title	<i>Intensive Supportive Housing Academy</i>
Rationale for the Project	
<p><i>Include:</i></p> <ul style="list-style-type: none"> • <i>Problem statement – why this project is needed.</i> <p>Most communities in Washington State have committed in local homeless plans to create additional permanent supportive housing for chronically homeless people. However, even when local housing funds have been committed and service providers have pledged to support the initiative, it is difficult for medium to small sized communities to muster the technical knowledge needed to develop successful project plans and related funding applications.</p> <p>Supportive Housing Academies have been used in Washington State and throughout the country to bring together cross disciplinary teams that develop projects that can compete for available funding to deliver supportive housing in even the most rural areas of Washington State. Prior to 2008 the Department of Commerce and DSHS sponsored two policy academies that helped 12 local teams develop viable applications for the housing, operating, and supportive services needed to create permanent supportive housing.</p> <p>Supportive Housing Academies would support the state and federal goals of expanding the use of supportive housing for homeless and vulnerable people, improving their health and reducing medical costs. Most small and medium sized communities need intensive, hands-on support to develop applications that can be funded for these complex project types. Without help, most communities will use the homeless housing funds they have to serve lower-need populations.</p>	
Project Description	
<p><i>Which Medicaid Transformation Goals¹ are supported by this project/intervention? Check box(es)</i></p> <p><input checked="" type="checkbox"/> Reduce avoidable use of intensive services</p> <p><input checked="" type="checkbox"/> Improve population health, focused on prevention</p> <p><input type="checkbox"/> Accelerate transition to value-based payment</p> <p><input type="checkbox"/> Ensure Medicaid per-capita growth is below national trends</p> <p><i>Which Transformation Project Domain(s) are involved? Check box(es)</i></p> <p><input checked="" type="checkbox"/> Health Systems Capacity Building</p> <p><input checked="" type="checkbox"/> Care Delivery Redesign</p> <p><input type="checkbox"/> Population Health Improvement – prevention activities</p> <p><i>Describe:</i></p> <ul style="list-style-type: none"> • <i>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).</i> 	

Most medium and small size communities in the state lack the technical knowledge and experience necessary to put together permanent supportive housing project plans and applications needed to obtain state and federal agency funding.

The target population is chronically homeless people as defined by the Department of Housing and Urban Development.

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

This initiative would support the goals to “Reduce avoidable use of intensive services,” “Improve population health,” and “ensure that Medicaid per capital growth...is below national trends.”

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

The outcome is to provide every community in Washington State the opportunity to develop projects and related applications that can successfully compete for federal and state funds. The academies would provide six full-day trainings to local teams consisting of housing providers, housing developers, local governments managing homeless funding, and behavioral health providers. In between sessions each local team would be provided at least three on-site visits from a team of TA providers to help them advance their specific project. The local teams would also be responsible for completing assignments connected to advancing their project.

Including behavioral health and managed care organizations on the teams will not only lead to successful adequately funded projects, but will build relationships that will allow better overall coordination between housing and health systems.

At the end of the six months each team would have a complete project plan and the information necessary to successfully respond to the necessary funding applications, and the relationships and formal agreements with behavioral health and managed care organizations needed to support the project.

Team projects would be designed to be able to successfully receive payment under initiative #3 for permanent supportive housing, and including identifying a source of housing paid for with non-Medicaid funding. The academies would specifically allow communities to create successful projects using housing 1) build with state and federal capital funding; 2) using scattered-site housing choice vouchers and; 3) convert existing transitional housing for use as permanent supportive housing.

- *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.*

Directly supports initiative #3.

- *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.*

The design of the academy curriculum and support developing team projects would need to come from the involved funding entities including the Department of Commerce, behavioral health organizations, and managed care organizations.

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><i>Cost:</i> Class of six local teams, five participants per team, six joint all-day sessions, and three onsite visits from TA providers. \$120,000 (based on actual costs of academies funded previously)</p>
Project Metrics
<ul style="list-style-type: none">• Number of teams• Number of teams that complete academy and associated project deliverables• Number of teams that open projects that serve people using funding from initiative #3.• Number of beds created by team projects• Academy costs per bed created by teams.• Number of people served annually in team projects that draw funding from initiative #3.

¹Transformation 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.