

**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](mailto:MedicaidTransformation@hca.wa.gov) with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

<b>Contact Information</b>	<p><i>Identify point person, telephone number, e-mail address</i>  Chris Imhoff, 360-725-3770, <a href="mailto:Chris.imhoff@dshs.wa.gov">Chris.imhoff@dshs.wa.gov</a>  Bea Rector, 360-725-2272, <a href="mailto:Bea.rector@dshs.wa.gov">Bea.rector@dshs.wa.gov</a></p> <p><i>Which organizations were involved in developing this project suggestion?</i>  Division of Behavioral Health and Recovery (DBHR) /Aging and Long Term Support Administration (AL TSA)</p>
<b>Project Title</b>	<p><i>Title of the project/intervention</i>  Supported Employment (SE) – Provider Development, Infrastructure and Capacity building for Behavioral Health Organizations (BHOs), Managed Care Organizations (MCOs), Long Term Services and Supports (LTSS), and provider organizations on implementing Supported Employment services.</p>
<b>Rationale for the Project</b>	
<p>1. <i>Problem statement – why this project is needed.</i>  Existing MCO, BHO, Tribes, AL TSA, and provider agencies wishing to provide the Supported Employment Services in Initiative 3 will need training, consultation, infrastructure, and support to ensure fidelity to SE model as well as to develop the skill sets necessary for successful provision of the service and to obtain the desired cost neutrality.</p> <p>2. <i>Supporting research (evidence-based and promising practices) for the value of the proposed project.<sup>i</sup></i>  Supported Employment is a nationally recognized evidence-based model with 23 randomized controlled trials for individuals with behavioral health conditions as well as other populations. Washington State Institute for Public Policy (WSIPP) has included SE also known as the Individual Placement and Support Model on the inventory of identified practices of interventions and policies for the behavioral health system to implement under the direction of SB 5732 (2013). This project will increase the capacity of BHOs, MCOs, Tribes, LTSS, and provider organizations to implement Initiative 3 SE benefit to the highest fidelity of the model.</p> <p>3. <i>Relationship to federal objectives for Medicaid<sup>ii</sup> with particular attention to how this project benefits Medicaid beneficiaries.</i>  This project falls within Domain 1—Health Systems Capacity Building: Strategies and projects that build providers’ capacity to effectively operate in a transformed system. In the Medicaid Policy Bulletin dated September 16, 2011, CMS identified the importance of competitive work for people with and without disabilities and CMS’s goal to promote integrated employment options through the waiver program. This project will focus on developing the infrastructure and collaboration of agencies to embrace the culture of employment and recognize the negative impact of long-term unemployment on an individual’s whole health. These supports are needed for the delivery of the Supported Employment (SE) project identified in Initiative 3.</p>	
<b>Project Description</b>	
<p><i>Which Medicaid Transformation Goals<sup>iii</sup> are supported by this project/intervention? Check box(es)</i></p> <p>X Reduce avoidable use of intensive services  X Improve population health, focused on prevention  X Accelerate transition to value-based payment</p>	

X Ensure Medicaid per-capita growth is below national trends

*Which Transformation Project Domain(s) are involved? Check box(es)*

X Health Systems Capacity Building

Care Delivery Redesign

X Population Health Improvement – prevention activities

*Describe:*

4. *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).*

The proposed population eligibility criteria for the supported employment services (Initiative 3) will identify those with a medical need for the services. This project will develop a state-wide approach to increase the capacity of providers to implement the model to fidelity and increase the skills of their workforce. Historically, some BHOs and their provider agencies have implemented Supported Employment, however not all of these efforts reached the complete evidence-based model. Behavioral health, healthcare, and LTSS systems have not achieved concentrated efforts that recognize the impact of long-term unemployment, much less implemented the SE model on a statewide basis. Training on the negative impact of long-term unemployment and the importance of addressing the social determinant of health will be implemented on a broad scale to MCOs, ACHs, BHOs, Tribes, and the LTSS system and their respective providers.

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

This project falls within Domain 1—Health Systems Capacity Building: Strategies and projects that build providers’ capacity to effectively operate in a transformed system. SE as proposed in Initiative 3 will provide Supported Employment services, a targeted foundational community support, to individuals who continue to experience long-term unemployment, poverty, and barriers to employment. Providing workforce development, system infrastructure, system supports to assist providers in adopting practices that are value-based and rooted in research are the focus of this project proposal. Through Initiative 3, there will be cost savings due to reduced utilization of higher cost services, increased participation in the economy and a reduction in institutional, hospital, ER, and medical costs. Through the capacity building, development, and infrastructure we hope to assist BHOs, MCOs, Tribes, LTSS and their respective providers obtain the tools to successfully implement Initiative 3 to increase the health and delivery of a transformed Medicaid system.

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

- Provide training, consultation and support to ensure provider fidelity to Supported Employment service provision model.
- Provide training, consultation and support to providers to work with existing BHO, MCO, Tribes, LTSS infrastructure, including existing case management systems, healthcare providers, employment systems, utilizing personal care supports, working with referral sources to identify eligible clients and streamline systems.

7. *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.*

Health Care Authority 1115 website:

[http://www.hca.wa.gov/hw/Pages/medicaid\\_transformation.aspx](http://www.hca.wa.gov/hw/Pages/medicaid_transformation.aspx)

DSES ALTA HCS – Roads to Community Living, WA State’s Money Follows the Person Demonstration:

<https://www.dSEs.wa.gov/altsa/home-and-community-services/roads-community-living>

DSHS Pathways to Employment – [www.pathwaystoemployment.wa.gov/](http://www.pathwaystoemployment.wa.gov/)

8. *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.*

WA State: Health Care Authority (HCA); Department of Commerce; Tribal Governments,  
Department of Social and Health Services:  
Aging and Long Term Supports Administration (AL TSA)  
Behavioral Health Service Integration Administration (BHSIA)  
Research and Data Analysis (RDA)  
Rehabilitation Administration (RA)  
Economic Services Administration (ESA)

Statewide ACH/provider participants: All interested provider agencies currently providing or interested in providing Supported Employment Services, including but not limited to:

- Managed Care Organizations
- Behavioral Health Organizations
- Aging and Long Term Care Services Administration
- King County RSN
- Columbia River Mental Health Services
- Grant Integrated Services
- Sunrise Mental Health Services

**Core Investment Components**

*Describe:*

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

- Seed funding would allow provider agencies the capacity to hire and train staff in the model prior to providing services. (Not to exceed 3 months of funding per team) Based on pilot projects cost estimates (Becoming Employed Starts Today (BEST) 1 teams x 3 FTEs = \$241,719) each agency interested in providing SE services and committed to implementing to the fidelity of the SE model would receive \$60,429 in seed funding to hire and train the staff on the SE services benefit. Year one caseload is estimated at 929 individuals. To serve an estimated 929 individuals with the SE services benefit while maintaining the fidelity of a 1:20 caseload would equate to 47 positions. (47 positions x \$60,429 seed funding = \$2,80,163) Seed funding would be titrated over the life of the demonstration waiver as new organizations commit to implementing the SE benefit to the fidelity of the model.
- Consultation using nationally recognized experts on SE services to train MCO, BHO, Tribes, and AL TSA organizations on the principles and fidelity of the model prior to implementing the SE benefit. Consultation would include performance metrics, quality assurance and improvement strategies as well as fidelity review processes. \$1,000,000
- Uniform training to providers and community stakeholders on the principles and fidelity of the model using nationally recognized experts on SE services. \$1,000,000
- Facilitation of MOUs at the state, local and funder level to coordinate the linkage of SE services and housing stock using nationally recognized experts on SE services. \$500,000
- Modification of technology/management information systems to capture SE data, assessment and program specific data. \$100,000
- Infrastructure for MCO, BHO, Tribes, AL TSA on the development for quality assurance mechanisms, development of policy and procedures related to the SE benefit. \$100,000

<ul style="list-style-type: none"> <li>▪ Infrastructure for ACHs to conduct marketing and outreach materials for the population to be served. \$100,000</li> </ul> <p>10. <i>Best estimate (or ballpark if unknown) for:</i></p> <ul style="list-style-type: none"> <li>○ How many people you expect to serve, on a monthly or annual basis, when fully implemented.             <ul style="list-style-type: none"> <li>▪ 136,643 are eligible and it is projected that a 2% penetration rate will result in a caseload of 3000 individuals per month.</li> </ul> </li> <li>○ How much you expect the program to cost per person served, on a monthly or annual basis.             <ul style="list-style-type: none"> <li>▪ \$550.00 per user per month (RDA estimate)</li> </ul> </li> </ul> <p>11. <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> <ul style="list-style-type: none"> <li>▪ 4 months to contract/6 months to implementation after contracts completed</li> </ul> <p>12. <i>The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.</i></p> <ul style="list-style-type: none"> <li>▪ Reducing the rate of transition from New Adult to “Classic” (e.g., disability-related) Medicaid coverage may be a key source of savings</li> </ul>
<b>Project Metrics</b>
<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><i>Wherever possible describe:</i></p> <p>13. <i>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 <a href="http://www.hca.wa.gov/hw/Documents/waiverappl.pdf">http://www.hca.wa.gov/hw/Documents/waiverappl.pdf</a> pages 46-47<sup>iv</sup>.</i></p> <p>Infrastructure, Prevention and Promotion measures would include:</p> <p><i>The number of policy changes completed</i></p> <p><i>The number of people in MCO, BHO, Tribal, AL TSA workforce trained in SE that are consistent with the implementation of Initiative 3.</i></p> <p><i>The number of organizations that entered into formal written inter/intra-organizational agreements (e.g., MOUs/MOAs) to implement SE services that are consistent with the goals of Initiative 3.</i></p> <p><i>The number of programs/organizations/communities that implement SE to the IPS fidelity.</i></p> <p><i>The number of consumers/family members who provide SE to the IPS fidelity.</i></p> <p>14. <i>If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation?</i></p> <ul style="list-style-type: none"> <li>▪ The contracting process will include in depth discussions of the necessary level of infrastructure to bring model to scale and to meet model fidelity.</li> </ul>

<sup>i</sup> The 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.dSEs.wa.gov/bhsia/division-behavioral-health-and-recovery/decision-support-and-evaluation>

<sup>ii</sup> 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.
- 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>.

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

## Development of Washington State Medicaid Transformation Projects List – December 2015

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- 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.

<sup>iv</sup> 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](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](http://www.hca.wa.gov/documents_legislative/ServiceCoordinationOrgAccountability.pdf).