Attachment A: **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.

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Project Title	*Title of the project/intervention* Leveraging LTC Worker/Increases in Health Outcomes

Rationale for the Project

Problem statement – why this project is needed.

Individuals with high predictive modeling health scores of 1.5 or higher or high behavior point scores as measured in the Comprehensive Assessment and Reporting Evaluation (CARE) system are at greater risk of emergency room use, avoidable hospitalizations, nursing home placement and adverse impacts due to LTSS provider turnover than individuals without these levels of risk.

Currently, LTSS providers are trained to assist clients with personal care and skills acquisition assistance with activities of daily living defined as bathing, dressing, grooming, mouth care, toileting, transferring, walking, climbing chairs, and eating, and assistance with instrumental activities of daily living defined as shopping, cooking, managing medications, using the phone, housework, laundry and transportation. These tasks are essential to maintaining basic health and safety and to assist individuals in attaining their goal of remaining in their own homes.

These workers are not trained or expected to leverage the time they are with clients to support client engagement and activation and provide a critical link, as directed by the client, in support of health action and behavior support plans designed to improve health and maintain individuals in their setting of choice. This collaboration would focuses on increasing the clients' ability to manage care, recognize risk factors, and live safely in the community, and shifts the use of reactive care and treatment to proactive health promotion and self-management. With additional training, providers will learn to encourage individual empowerment, help to build resilience and assist clients to meet their healthcare needs in a changing system.

One of the key learning objectives include person-centered and client activation approaches that support beneficiaries in maximizing independence and quality of life for longer periods of time; ways providers can partner with clients to be engaged in their own health to the highest degree possible, including assisting the client in meeting their health-related goals. One of the keys in behavior change is to work from where the client is at any given point of time and ensure that the goals are set by the client, to acknowledge that the client is the expert in his or her own health and that when approved by the client, the LTC worker is positioned to play a key role as part of the client's health action and behavior support team.

Supporting research (evidence-based and promising practices) for the value of the proposed project.

Increased patient activation leads to improved outcomes, reduced emergency department visits and hospitalizations, increased medication adherence and quality of life. The importance of client activation has been researched for over 27 years by Judith H. Hibbard, D.Ph., Health Policy Research Group, University of Oregon. Her studies examine topics including: how consumers understand and use health care information, how health literacy affects choices, enrollee behavior within consumer-driven health plans, and assessments of patient and consumer activation. She is the lead

author of the Patient Activation Measure (PAM).

According to Dr. Hibbard, client activation is defined as the degree the client has the knowledge, skill and confidence to take on the role of managing their health and their health care. Activation is important because if people do not understand that they play the most important role in their own health, they are not likely to take action to maintain or improve their health. In contrast, Dr. Hibbard's research shows that higher activated individuals are more likely to engage in positive health behaviors and have better outcomes.

Dr. Hibbard's research has also shown that the more activated the client is in their own health care, the better health care they receive. In other words, providers respond more positively to individuals who are more activated in their health. By helping to increase a client's health activation, the client will receive better service for the same cost.

- This project supports the goals of CMS by providing better care for Medicaid beneficiaries; addressing social determinants that affect people's health and fostering innovations that are sustainable over time.

Project Description

Which Medicaid Transformation Goals[i] are supported by this project/intervention? Check box(es)

√ 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? Check box(es)

√ Health Systems Capacity Building
√ Care Delivery Redesign
☐ Population Health Improvement – prevention activities

<u>Describe:</u>

The target populations are Washington Statewide Medicaid only and Medicaid/Medicare adult beneficiaries who receive Aging & Long Term Support (ALTSA) personal care services in their communities whether that is in their own homes, an Adult Family Home or Assisted Living facility and are determined high risk/high cost. This group consists of approximately 20% or 14,840 individuals of the 74,198 clients currently receiving long term services and supports. Beneficiaries in this category typically suffer from five or more chronic conditions and account for over 50% of Medicaid spending. This project relates to three of Washington's Medicaid Transformation Goals: First, reducing avoidable use of intensive services; secondly, improved health and focus on prevention of health decline and thirdly health systems capacity building. This project would train and engage LTC workers to focus on the whole person, and not be limited to providing only ADL/IADL task-related care.

The project goals include a person-centered approach to personal care that supports client engagement in their own health resulting in improved health, improvement in self-management of chronic conditions, reduction in unnecessary ER visits, reduction in hospital readmission rates and increase in life satisfaction.

Interventions include advanced training to long-term care workers providing personal care for high risk/high cost Medicaid beneficiaries' in community settings throughout Washington State. The training would teach the provider skills needed to assist clients, who agreed to have their care provider be an integral part of their care team, with their health goals or behavioral plans.

This project would link with the Health Home initiative funded through DSHS and the Health Care Authority which serves high risk/high cost beneficiaries throughout Washington State, with the exception of King and Snohomish Counties. This project would also link with Behavioral Health Plans funded through the Developmental Disabilities and

Aging and Long Term Support Administrations and could be linked with local mental health and behavioral health providers based in the community.

Core Investment Components

- *The number of people served depends on the capacity per region.*
- *The proposed activity is to teach caregivers who provide in-home or residential care for high risk/high cost long-term care beneficiaries skills necessary to assist clients in meeting health goals.*
- *The cost has not yet been determined.*
- *The number of beneficiaries who could benefit from caregivers with this kind of training is estimated to be 10,000 when fully implemented.*
- *The implementation timeline would depend on individual Accountable Communities of Health.*
- *The ROI would be measured by:*
    - *Reductions in use of intensive Medicaid services (emergency room, avoidable hospitalizations, nursing home utilization);*
    - *Improved length of service provided in home and community based settings;*
    - *Increased patient activation measures*
    - *Decreases in disruptive behaviors, increase in provider and client's ability to reduce disruptive behaviors and to manage behaviors effectively*

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.
Accountable Communities of Health could develop processes to focus on the following Performance metrics for 2016:

- *Adult Access to Primary Care Providers*
- *Weight Assessment (BMI) for Adults*
- *Adult Tobacco Use*
- *Medical Assistance with Smoking and Tobacco Use Cessation*
- *Immunizations: Influenza & Pneumonia (Age 65)*
- *Health Screenings*
- *Cardiovascular Monitoring for people with Cardiovascular Disease and Schizophrenia*
- *Comprehensive Diabetes Care*
- *Mental Health Treatment Penetration*
- *Plan all-cause Readmission Rate*
- *Reductions in use of intensive Medicaid services (emergency room, avoidable hospitalizations, nursing home utilization);*
- *Improved length of service provided in home and community based settings;*
- *Increased patient activation measures*
- *Decreases in disruptive behaviors, increase in provider and client's ability to reduce disruptive behaviors and to manage behaviors effectively*

[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.