

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>Bea Rector, Director, Home and Community Services, ALTA 360-725-2272</i> Bea.rector@dshs.wa.gov</p> <p><i>SME: Barbara Hanneman, 360-725-2525, hannebj@dshs.wa.gov</i></p> <p><i>Which organizations were involved in developing this project suggestion?</i> <i>Aging and Long-Term Support Administration (ALTA)</i> <i>Behavioral Health and Service Integration Administration (BHSIA)</i></p>
Project Title	<p><i>Title of the project/intervention</i> Peer and Family Peer Support Project</p>
Rationale for the Project	
<p><i>Why this project is needed:</i> <i>This project offers a way for Accountable Communities of Health to work with local communities to build capacity and provide workforce development while engaging individuals to be partners in their care.</i></p> <p><i>Peer support is a program that has not been developed on a statewide basis in Washington state for individuals with chronic illness, chronic pain, and for people with physical disabilities. As a new program in many parts of the state, peer support broadens the array of service options available to individuals. There are many benefits that a peer support program adds to the existing services. Peer support:</i></p> <ul style="list-style-type: none"> <i>• Encourages and supports participants to be partners in their care. The emphasis is on growth and well-being, self-help, and personal choice and responsibility. In supporting each other, participants may be motivated to contribute to their own care and make a difference in their own lives.</i> <i>• Provides a way for participants to meet their own personal goals and have the satisfaction of assisting others to meet theirs.</i> <i>• Provides support and techniques for increasing problem solving skills and coping mechanisms. Thus, it increases independence and decreases reliance on paid services. Using these skills can also help individuals to stay at home longer and delay or avoid the need for more intensive care.</i> <i>• Can be tailored to specific cultural communities or language groups. It is a model that can reach a large number of participants and can work in rural, suburban or urban areas</i> <i>• Can reach underserved individuals as those who will not accept or participate in traditional services will often participate in peer support. In this way, peer support can fill gaps left by traditional services and become a critical component to the continuum of care.</i> <i>• Provides opportunities for participants to contribute in a meaningful ways. Peer support can also contribute towards workforce development with the use of paid peer support specialists.</i> <i>• Is cost effective for a high value benefit as it relies on volunteers and paraprofessionals.</i> <i>• Contributes to community integration as peer support can provide for social and leisure activities, which traditional services cannot.</i> <i>• Helps support families caring for loved ones.</i> <p><i>People with common life experiences have a unique capacity to help each other because they share a deep understanding that other people may not have. When developing peer support specialists, the ACH's will be</i></p>	

required to recruit at least 51% of peer support specialists who are consumers of Medicaid services.

Supporting Research:

The project is modeled after demonstrated evidenced based projects with the mental health population. The consumer operated service model of peer support is recognized nationally and internationally.

Findings from SAMHSA peer-run service demonstration projects show participants had:

- Greater levels of independence, empowerment, and self-esteem
- Improved quality of life
- Increases in social support, employment skills, and education

Findings from a 2001 study of mental health self-help users showed participants:

- Used more coping strategies
- Used a higher level of problem coping skills
- Scored higher in social functioning
- Had higher ratings for hopefulness and self-efficiency

Findings of a SAMHSA multisite Research Initiative showed:

- Participation in consumer-operated services increases sense of overall well-being by building hope, empowerment and social connectedness
- Higher participation leads to a greater increase in sense of well-being
- Greater levels of independence, empowerment and self-esteem

Relationship to federal objectives for Medicaidⁱ with particular attention to how this project benefits Medicaid beneficiaries.

This project meets the federal objective of fostering innovation for Medicaid beneficiaries by offering individuals and families a service that is new for this population in many areas of Washington. It broadens the array of services with a program in which both parties in the relationship benefit. Beneficiaries receive the support of a person who they can relate to and are empowered to take a greater role in their health, while peer support specialists have the opportunity to do meaningful activities in new volunteer and/or paid positions, thereby expanding a non-traditional workforce. It promotes the para-professional development of peer support specialists by providing up to date training and the support of care professionals.

Project Description

Which Medicaid Transformation Goalsⁱⁱ are supported by this project/intervention? Check box(es)

- X Reduce avoidable use of intensive services
- X Improve population health, focused on prevention
- Accelerate transition to value-based payment
- 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
- X 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).**

The project could be implemented in a ACH region, multiple regions or statewide. If the service is statewide the payment to the peer providing the service is potentially reimbursable through the state’s COPES waiver. The target population is individuals with physical disabilities, chronic conditions and/or chronic pain.

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

This project supports Washington’s Medicaid Transformation goal of improving health, with a focus on prevention and management of diabetes, cardiovascular disease, and smoking, and other chronic conditions or physical disabilities by encouraging and supporting participants to be partners in their care. The emphasis in this peer support program is on participant growth and well-being, personal choice and responsibility.

A peer support program may also contribute to the Transformation goal of reducing avoidable use of intensive services such as acute care hospitals, nursing facilities, or traditional long term services and supports. In supporting each other, peer support has been proven to increase participant problem solving and coping skills. Participants may also be more motivated to contribute to their own care and make a difference in their own lives.

Finally, the project may support the Transformation goal of ensuring Medicaid per-capita cost growth is two percentage points below national trends. By reducing more costly intensive services, a peer support program reduces costs.

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

The goal of this service is to:

- *Provide mutual support*
- *Build community among participants*
- *Offer support*
- *Conduct self-advocacy*

In a peer support model, participants offer their experiences, strength and hope to peers, which allows for natural evolution of personal growth and wellness promotion. Participants advocate for each other by helping peers to gain information, know and exercise their rights, access resources and address issues in order to achieve self-identified goals. Peer support programs also provide participants with opportunities to develop new social and interpersonal networks. Peer support serves the whole person and helps participants to see what is possible for themselves and others.

- **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.**

- **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.**

- *Health and social service providers*
- *ACH participants*
- *Behavioral Health and Service Integration Administration (BHSIA)*
- *Department of Health (DOH).*
- *Office of Consumer Partnerships*

Core Investment Components

Describe:

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

- *Build infrastructure*
- *Provide technical assistance*
- *Provide assessment and oversight of peer mentor specialists*
- *Provide training and certification for peer support specialists*

- Provide mentoring and ongoing support of peer support specialists
- **Best estimate (or ballpark if unknown) for:**
 - **How many people you expect to serve, on a monthly or annual basis, when fully implemented.**
Peer mentoring has the potential to reach a large number of participants statewide.
 - **How much you expect the program to cost per person served, on a monthly or annual basis.**
 - Development of a peer support model that is reimbursable by Medicaid will require development of a training and certification program for the peer mentors and payment of the peer mentors.
- **How long it will take to fully implement the project within a region where you expect it will have to be phased in.**
1-2 years
- **The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.**
The return on investment will be realized as participants gain independence. Health care costs will be reduced as individuals stay at home longer and delay or avoid the need for more intensive care.

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 46-47ⁱⁱⁱ.**

No specific benchmark performance are currently available.

- **If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation?**
 - *Use of a quality of life survey, which will include questions on the ability to reach personal goals, before and after services.*
 - *Cost comparison of health services received before and after individuals received peer support.*

ⁱ 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>.

ⁱⁱ 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.

ⁱⁱⁱ 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.