

Medicaid Transformation Waiver: ACHs and Project Framework

Cascade Pacific Action Alliance
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Washington's Medicaid Transformation Goals

Achieving the Triple Aim

- Reduce avoidable use of intensive services and settings
- Improve population health
- Accelerate the transition to value-based payment
- Ensure that Medicaid per-capita cost growth is below national trends

Waiver Initiatives

Initiative 1

Transformation through Accountable Communities of Health

Delivery System Reform

- Each region, through its Accountable Community of Health, will be able to pursue projects that will transform the Medicaid delivery system to serve the whole person and use resources more wisely.

Transformation Projects

Initiative 2

Enable Older Adults to Stay at Home; Delay or Avoid the Need for More Intensive Care

Benefit: Medicaid Alternative Care (MAC)

- Community based option for Medicaid clients and their families
- Services to support unpaid family caregivers

Benefit: Tailored Supports for Older Adults (TSOA)

- For individuals “at risk” of future Medicaid LTSS not currently meeting Medicaid financial eligibility criteria
- Primarily services to support unpaid family caregivers

Medicaid Benefits/Services

Initiative 3

Targeted Foundational Community Supports

Benefit: Supportive Housing

- Individualized, critical services and supports that will assist Medicaid clients to obtain and maintain housing. The housing-related services do **not** include Medicaid payment for room and board.

Benefit: Supported Employment

- Services such as individualized job coaching and training, employer relations, and assistance with job placement.



Transformation Framework

The framework is a high-level overview of the strategies necessary to achieve the desired outcomes under each domain.

Domain 1: Health Systems Capacity Building*

- Workforce and non-conventional service sites
- Primary care models
- Data collection and analytic capacity

** All Domain 1 projects must demonstrate a direct connection to Domains 2 or 3*

Domain 2: Care Delivery Redesign

- Bi-directional integration of care
- Care coordination
- Care transitions

Domain 3: Prevention and Health Promotion

- Chronic disease prevention and/or management
- Maternal and child health



CPAA Questions

Waiver Governance

1. Are HMA governance & structure recommendations feasible for Washington's large, multi-county areas?
2. How could a structure with a smaller board balance with the possibility of each tribe having a voting member?

Community Engagement/Quick Decision-Making

3. How will CPAA be able to both engage local community input and make rapid decisions?



CPAA Questions

Accountability

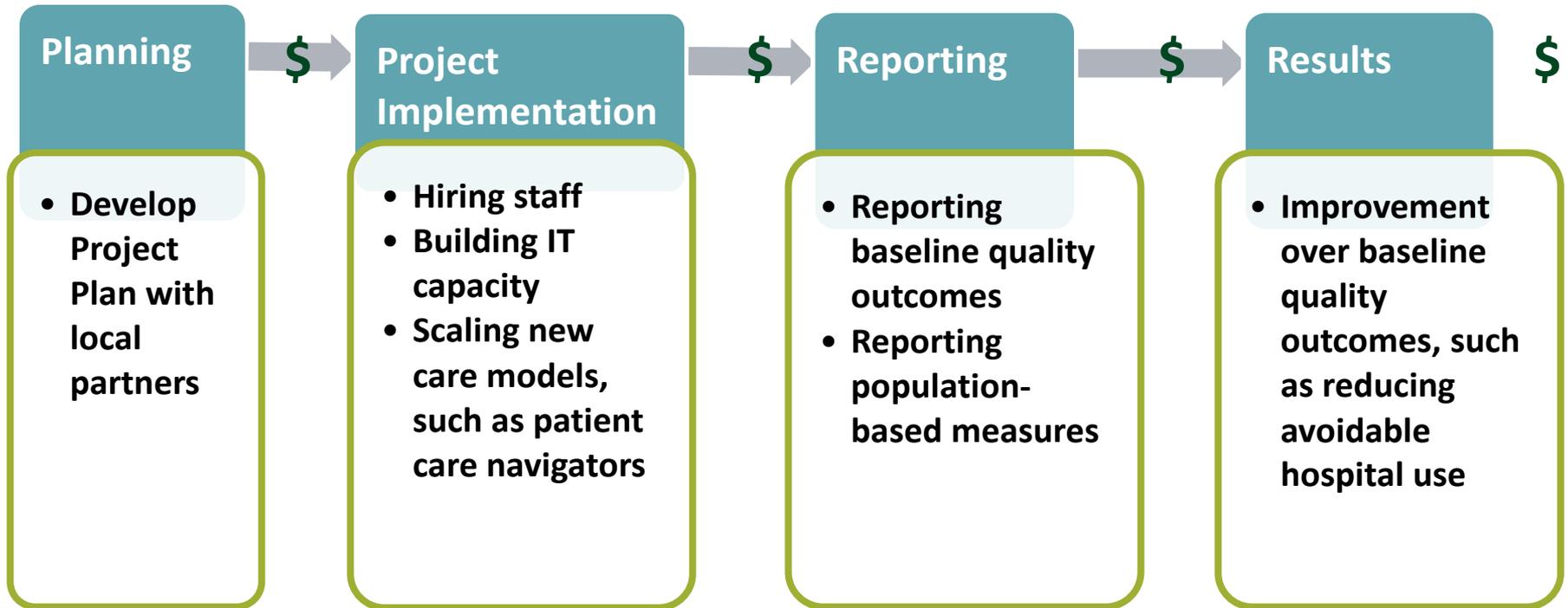
4. What is meant, more specifically, by “accountability” when referring to ACHs?
5. Are ACHs accountable for improving a metric/measure or having a high return on investment?

Conflict of Interest

6. How would conflicts of interest be handled, especially with a larger decision-making body?
7. Is there a clear vision for how to manage risk and conflict?

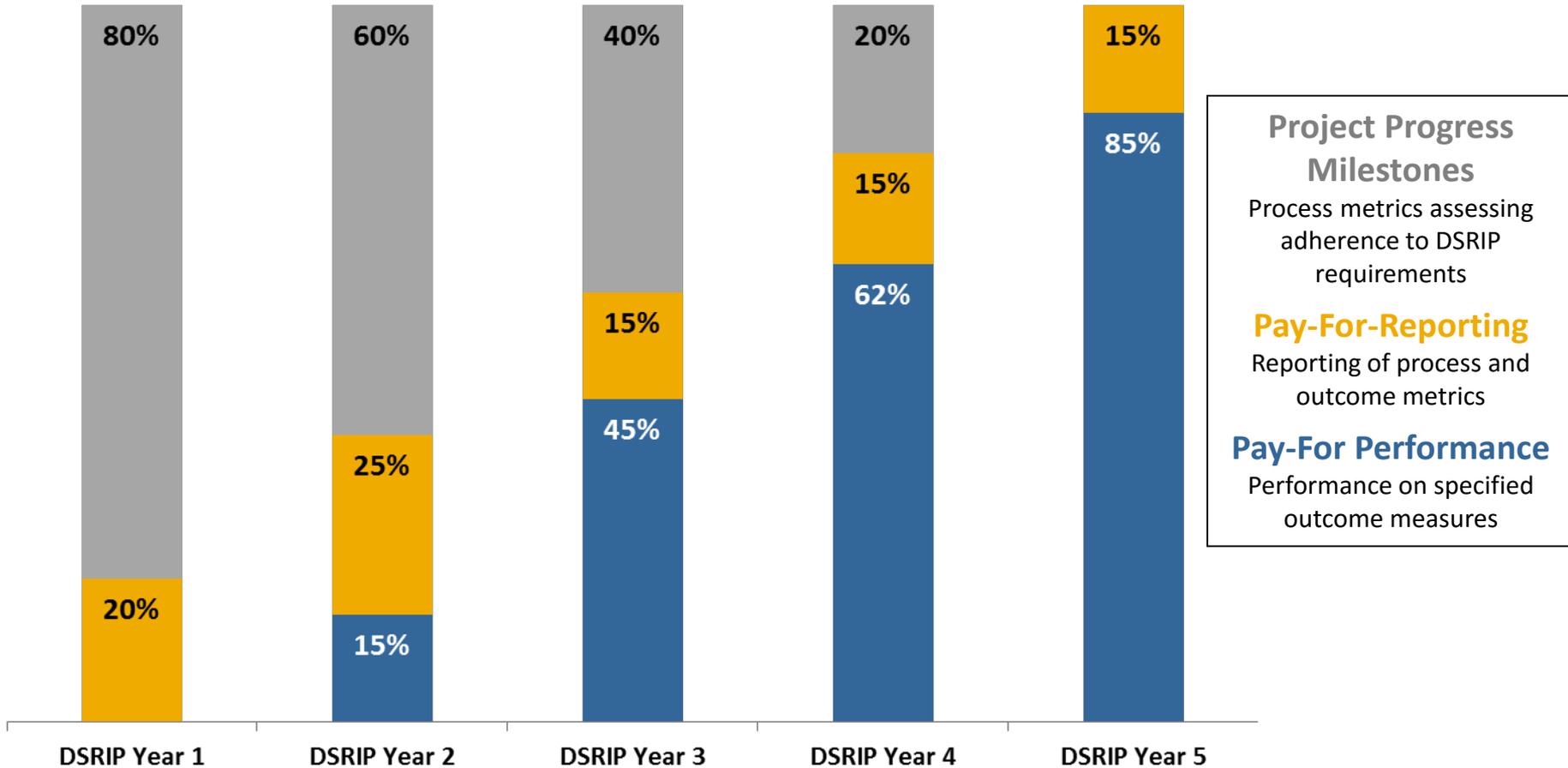
Examples of Incentive Payment Milestones

Types of milestones and system-level improvements hypothetically eligible for incentive-based payments



Initially, payments focus on more process oriented changes; focus later shifts to more outcome-based measures.

New York DSRIP Funding Allocation





CPAA Questions

Transformation Projects/CPAA Regional Health Improvement Plan

8. Will the ACH still have authority to set transformation projects (relative to HCA direction)?
9. How do social determinants fit into the project framework?
10. How do we see the transformation projects aligning with CPAA's Regional Health Improvement Plan?
11. How does the waiver address clinical workforce capacity issues within the region?

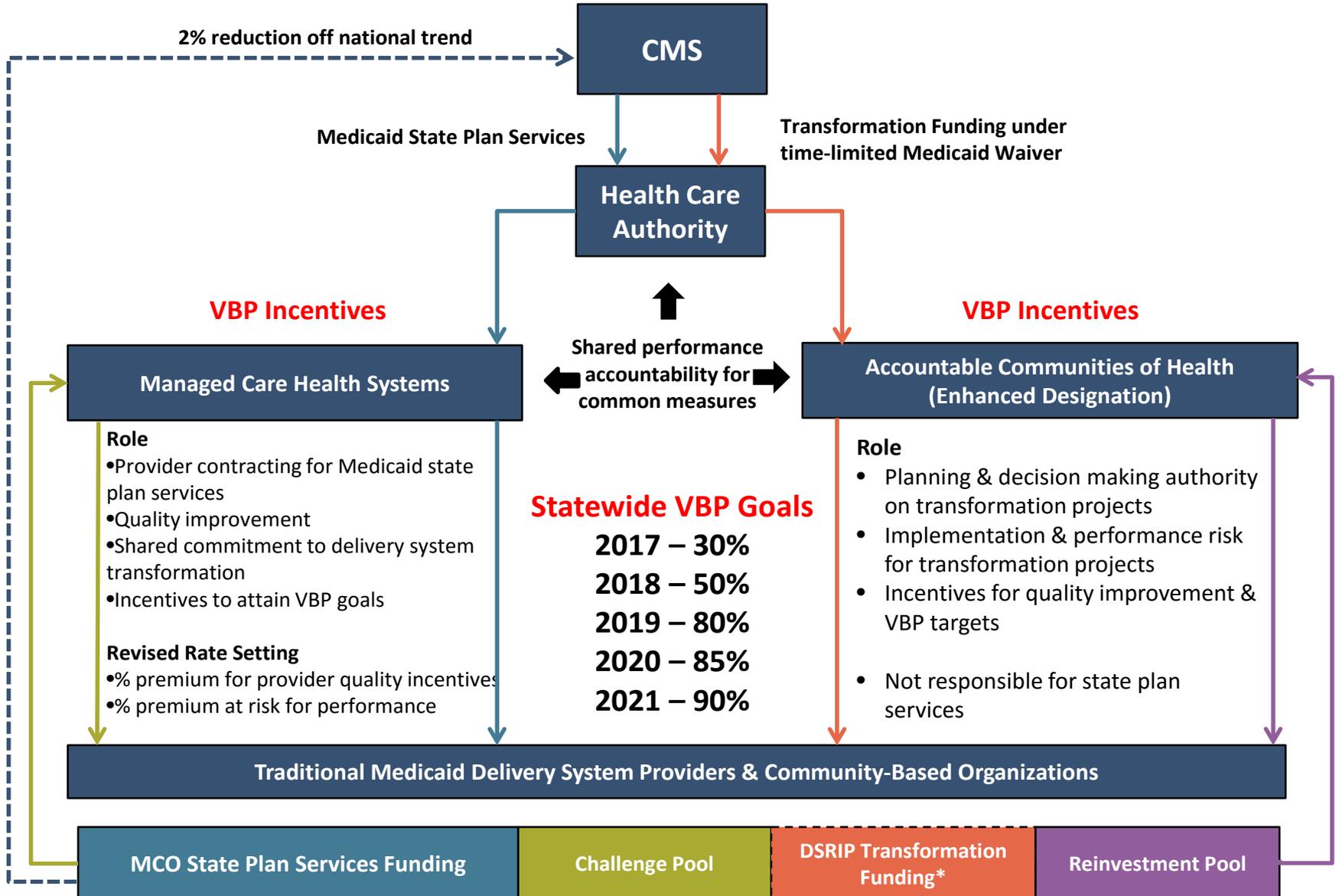


CPAA Questions

Financial Management/Sustainability

12. Is there a plan for how shared savings across sectors would work?
13. Will HCA dictate how shared savings will be used?
14. Who sets benchmarks for data and is VBP tied to data? Is this aligned with MCO contracts?
15. Do we know what level of funding each ACH will be managing?
16. Is there a map of options for financial management? How can ACHs have input in the decision?
17. Will the financial executor be involved in performance evaluation?

Washington State Value-Based Purchasing Framework



*Time Limited – 5 years

Additional Slides

Transformation Toolkit Example

Domain: Care Delivery Redesign

Project title: Bi-Directional Integration of Care

Objectives:

- Spread & sustain effective models of integrated physical & behavioral health care
- Improve communications & protocols between different provider types and organizations
- Address needs of clients not easily engaged in primary care settings & support individuals needing more intensive level of behavioral health care

Core components:

- Implement an assessment tool for baseline and progress measurement
- Plan & implement a physical-behavioral health integration program
- Develop strategies to promote recovery navigation & linkages to other supportive services; assure individuals are linked to other community-based services that support wellness and recovery

To be specified in final toolkit

Metrics:

- Consistency with statewide common measures



Where to find more information

http://www.hca.wa.gov/hw/Pages/medicaid_transformation.aspx

Available resources

- Project Toolkit Framework
- Updated FAQ and fact sheets
- Waiver application
- Previous webinar presentations (slides & recordings)
- Updates on workgroup activities

Send questions and comments to:

Medicaidtransformation@hca.wa.gov

For more information, contact:

Website:

www.hca.wa.gov/hw

**Join the Healthier Washington
Feedback Network:**

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**For questions about Medicaid
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