



Narrowing the Gap: Creating a Culture of Health

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Who Medicaid serves

- Medicaid program in Washington is called Apple Health
- Covers 1.9 million individuals
- 600,000 newly eligible adults under Medicaid expansion
- Populations served include children, pregnant women, disabled adults, elderly persons, and former foster care adults



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Medicaid transformation goals

Over the five-year Medicaid Transformation Demonstration, Washington will:

- Integrate physical and behavioral health purchasing and service delivery
- Convert 90% of Medicaid provider payments to reward outcomes
- Support provider capacity to adopt new payment and care models
- Implement population health strategies that improve health equity
- Provide targeted services that address the needs of our aging populations and address the key determinants of health

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1115 Waiver: Medicaid Transformation Demonstration

- Up to \$1.5 billion for a five-year, statewide effort to show that Washington can deliver better health care for more people, while spending dollars in a smarter way for Apple Health (Medicaid) beneficiaries.
- Three initiatives:



Transformation through Accountable Communities of Health <i>Up to \$1.1B</i>	Long-term Services and Supports <i>\$175M</i>	Foundational Community Support Services <i>\$200M</i>
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What are Accountable Communities of Health?

Regional organizations that:

- Address health issues through local **collaboration on shared goals.**
- Better align resources and activities that **improve whole person health and wellness.**
- **Support local and statewide initiatives** such as the Medicaid Transformation Demonstration, practice transformation and value-based purchasing.



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Regional approach to transformation projects

Care Delivery Redesign

- Required (1) — • Bi-directional integration of physical & behavioral health through care transformation
- At least 1 —
 - Community-based care coordination
 - Transitional care
 - Diversion interventions

Prevention & Health Promotion

- Required (1) — • Addressing the opioid use public health crisis
- At least 1 —
 - Reproductive & maternal/child health
 - Access to oral health services
 - Chronic disease prevention & control

Total = at least 4

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Payment model based on milestones

- Pay for planning (design funds)**
 - Initial planning activities and partnerships that establish structure and capacity for transformation project goals
- Pay for reporting**
 - Actions specified in the project's initial planning activities
- Pay for outcomes**
 - Demonstrable progress toward outcomes due to implementation of the Project Plan

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How funds flow

Incentive payments are made to community partners to carry out the work of an approved project. Later work ties payment to "Pay for Reporting" and "Pay for Performance."

Many different community partners work on projects in partnership with each other.

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Addressing social determinants

- Measures within the Demonstration
 - Diversion intervention
 - % homeless
 - % arrested
- Accountable Communities of Health project planning:
 - Identifying health disparities and social risk factors
 - ACES (Adverse Childhood Experiences)
 - Identifying and recruiting social service providers (including long-term services and housing)
 - Supporting Community Health Workers

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Initiative 2: Long-term services & supports

- Services designed to delay & divert need for more intensive interventions
 - Medicaid Alternative Care (MAC): A new choice designed to support unpaid family caregivers
 - Tailored Supports for Older Adults (TSOA): A new eligibility group to support people who need long-term services and are at risk of spending down to impoverishment

Transformation through Accountable Communities of Health
Up to \$1.1B

Long-term Services and Supports
 \$175M

Foundational Community Support Services
 \$200M

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Initiative 3: Foundational Community Supports

- Supportive housing & supportive employment
 - Targeted Medicaid benefits that help eligible clients with complex health needs obtain and maintain housing and employment stability
 - Does not cover ongoing housing payments, wages or wage enhancements

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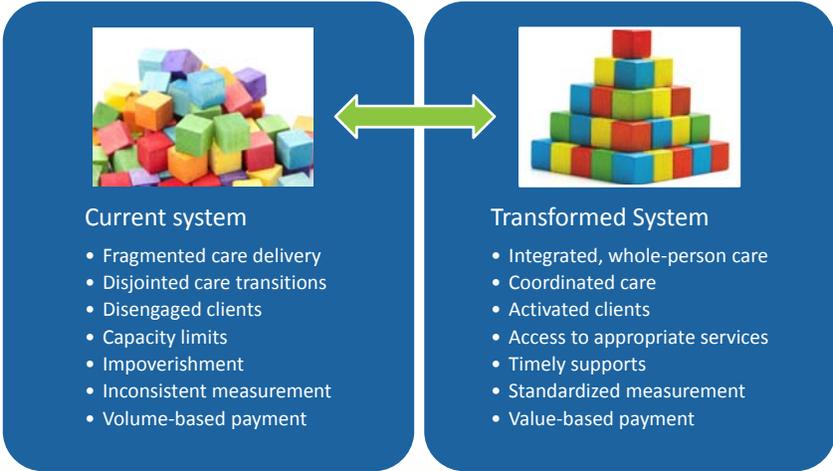
Lessons & challenges

- We are at a 50,000-foot level
- Learning from how other states have shaped their demonstrations
- Ensuring performance measures embedded in the Demonstration Project Toolkit
- New ground for CMS
 - Protocols for Initiative 3 (housing & employment) taking longer than expected to finalize

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Five years from now



The diagram illustrates a transition from a current state to a transformed state. On the left, a pile of scattered, multi-colored blocks represents the 'Current system'. A double-headed green arrow points to the right, where a pyramid of the same blocks represents the 'Transformed System'. The pyramid is built with blocks stacked in a structured, tiered fashion, indicating a more organized and integrated approach.

Current system

- Fragmented care delivery
- Disjointed care transitions
- Disengaged clients
- Capacity limits
- Impoverishment
- Inconsistent measurement
- Volume-based payment

Transformed System

- Integrated, whole-person care
- Coordinated care
- Activated clients
- Access to appropriate services
- Timely supports
- Standardized measurement
- Value-based payment

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QUESTIONS?

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