Medicaid Transformation Waiver Overview

Governor’s Task Force on Employment and Disabilities

December 11th, 2015
Washington’s vision for creating healthier communities and a more sustainable health care system by:

- Building healthier communities through a collaborative regional approach
- Ensuring health care focuses on the whole person
- Improving how we pay for services

Better Health, Better Care, Lower Costs
The waiver will work in tandem with the other parts of Healthier Washington

**Medicaid Transformation**
*Potential $3B federal waiver*
*5-year demonstration project*

**2014 Legislation:**
- House Bill 2572
- Senate Bill 6312

**SIM Grant:**
*$65 million over 4 years from the federal government*
Medicaid Transformation Waiver Basics

- **Five-year Demonstration project**
  - “Section 1115” contract between federal and state governments, bound by special terms and conditions, to leverage federal savings for investment in delivery system reform.
  - *This is not a grant program. Funding is performance-based.*
  - Investments cannot fund business as usual—waiver funding must be linked to implementation of the Medicaid Transformation vision.

- **Budget neutrality**
  - *The state must not spend any more federal dollars than they would have spent without the waiver.*

- **Comprehensive evaluation**
  - Required to assess the degree to which waiver investments achieve goals.

- **Transformation must be sustainable beyond the demonstration**
  - *Sustainability plans required for continuing transformation without ongoing federal waiver investments.*

**Note:** *A waiver is not guaranteed.*
Medicaid Transformation Goals: Triple Aim

- **Reduce avoidable use of intensive services and settings**—such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jails

- **Improve population health**—focusing on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders, and oral health

- **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**
Transformation through Accountable Communities of Health

Each region, through its Accountable Community of Health, will be able to pursue transformation projects focused on health systems capacity building, care delivery redesign, and population health improvement.

Service Options that Enable Individuals to Stay at Home and Delay or Avoid the Need for More Intensive Care

A broadened array of Long Term Services and Supports (LTSS).

Targeted Foundational Community Supports

Targeted supportive housing and supported employment services will be offered to Medicaid beneficiaries most likely to benefit from these services.
Timeline and Process for Waiver

Medicaid Transformation Waiver Development Process 2015 - 2016

- State-Federal Discussions
- Federal Agreement in Principle
- Draft Concept Paper
- Stakeholder Conversations

Phase 1: Pre-Concept Release

- Public comment on draft application
- Stakeholder review and public forums
- Tribal Consultation
- Application submission
- Federal comment period

Phase 2: Waiver Application Development

- Statewide outreach and education
- Identify transformation projects
- Initiate targeted workgroups
- Develop implementation strategy
- State-Federal negotiations for waiver approval
- Federal drafting of Special Terms and Conditions
- We are here.

Phase 3: Negotiation & Outreach

- Public comment on waiver Special Terms and Conditions
- Finalize project toolkit for CMS approval

Phase 4: Implementation Design

Healthier Washington

Better Health, Better Care, Lower Costs
Workgroup Support

• Advise critical policy design refinements
  — Eligibility
  — Benefits
  — Delivery system
  — Proposed timing (demonstration year 0 – year 5)
  — Investment model

• Inform implementation design and planning
  — Capacity building (including licensing and Tribal connections)
  — Data/IT support
  — Marketing/Outreach/Education
  — Quality assurance/fidelity monitoring
  — Cross-system partnerships (e.g., DVR)
  — Rate development – link with shared savings and reinvestments
  — Evaluation
  — Sustainability (including alignment with reinforcing initiatives)

• Support initiative implementation
SE Benefit Refinements

—Eligibility
• Four potential behavioral health populations
• Developing Pros and Cons matrix for analysis
• Public Input – Joint Leadership Decision

—Benefits
• Individual Placement and Support model

—Service Delivery Design
• Implementing Fidelity Review Model
• Education/Training
• Workforce capacity
• Updating licensing standards
For more information, contact:

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Thank you