

Greater Columbia ACH

Director's Report

January 19, 2017



1 MEDICAID DEMONSTRATION PROJECT APPROVED

On January 9, 2017 the Centers for Medicare & Medicaid Services (CMS) approved Washington's request for a new five-year Medicaid demonstration project entitled, "Medicaid Transformation Project" (No. I 1-W-00304/0). The demonstration is approved in accordance with section 1115(a) of the Social Security Act for the period of January 9, 2017 through December 31, 2021. Through this demonstration, the state aims to support delivery system reforms, provide innovative long-term services and supports (LTSS), and deliver Foundational Community Supports for many of the state's most vulnerable Medicaid beneficiaries. [Link to the Special Terms and Conditions here](#)



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

JAN - 9 2017

Administrator
Washington, DC 20201

MaryAnne Lindeblad
Medicaid Director
Washington State Health Care Authority
626 8th Avenue SE
P.O. Box 45502
Olympia, Washington 98504-5502

Dear Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) is approving Washington's request for a new five-year Medicaid demonstration project entitled, "Medicaid Transformation Project" (No. 11-W-00304/0). The demonstration is approved in accordance with section 1115(a) of the Social Security Act for the period of January 9, 2017 through December 31, 2021. Through this demonstration, the state aims to support delivery system reforms, provide innovative long-term services and supports (LTSS), and deliver Foundational Community Supports for many of the state's most vulnerable Medicaid beneficiaries.

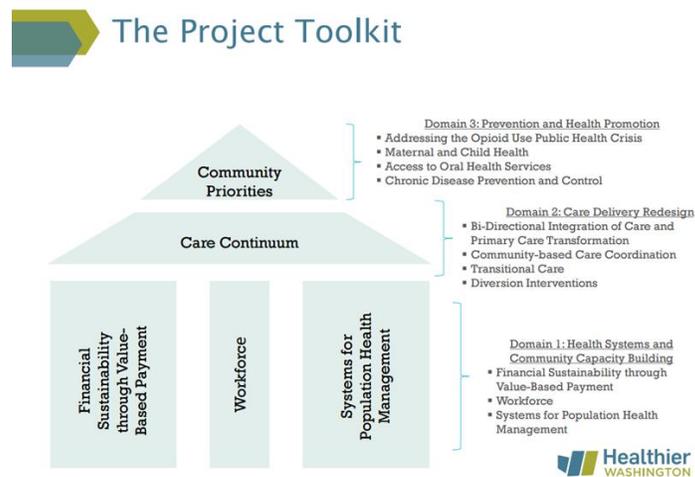
The state plans to implement its delivery system reform vision through regional, collaborative efforts led by Accountable Communities of Health (ACH). Composed of managed care, providers, and many other community organizations, ACHs are focused on improving health and transforming care delivery for the populations that live within their region based on a regional needs assessment. ACH performance will be evaluated and incentivized through a Delivery System Reform Incentive Payments (DSRIP) program that outlines a series of healthcare projects with associated performance metrics targeted towards promoting integration and coordination across provider specialties and care settings. Through ACHs, coalitions of behavioral health and other health care and community providers will work collaboratively to develop a sustainable integrated behavioral and physical health care delivery system in Washington intended to improve access to and quality of behavioral health services.

108. Demonstration Hypotheses. The state will test the following hypotheses in its evaluation of the demonstration.

- a. Whether community-based collaborations that define community health needs can (1) support redesigned care delivery, (2) expand health system capacity, and (3) improve individual and population health outcomes - resulting in a reduction in the use of avoidable intensive services, a reduction in use of intensive service settings, bringing spending growth below national trends, and accelerating value-based payment reform.**
- b. Whether providing limited scope LTSS to individuals “at risk” for Medicaid and to Medicaid beneficiaries who are not currently receiving Medicaid-funded LTSS will avoid or delay eligibility for and use of full Medicaid LTSS benefits while preserving quality of life for beneficiaries and reducing costs for the state and federal government.**
- c. Whether the provision of foundational community supports - supportive housing and supported employment - will improve health outcomes and reduce costs for a targeted subset of the Medicaid population.**
- d. Whether federal funding of DSHPs enabled the state to leverage Medicaid spending to support delivery system reforms that resulted in higher quality care and in long term federal savings that exceeded the federal DSHP funding.**

2 PROJECT TOOLKIT

Transformation Projects, led by Accountable Communities of Health (ACHs), are a key component of Initiative 1 of Washington's Medicaid Transformation waiver and a critical lever to help the state meet its Medicaid transformation goals. Through this waiver demonstration, the state is asking our federal partners to allow Medicaid funding to be used to incentivize providers to pursue activities in support of delivery system reform. These incentives are structured through transformation projects that are intended to address the state's vision for Healthier Washington and to support the delivery system in meeting the needs of our Medicaid population. To provide guidance and parameters for the transformation projects, the state is developing a project toolkit. All ACHs will be required to implement 4 projects of which 2 are required: Bi-directional Integration of Care and Primary Care Transformation, and Addressing the Opioid Use Public Health Crisis. One project from Domains 2 and 3 will also be required.

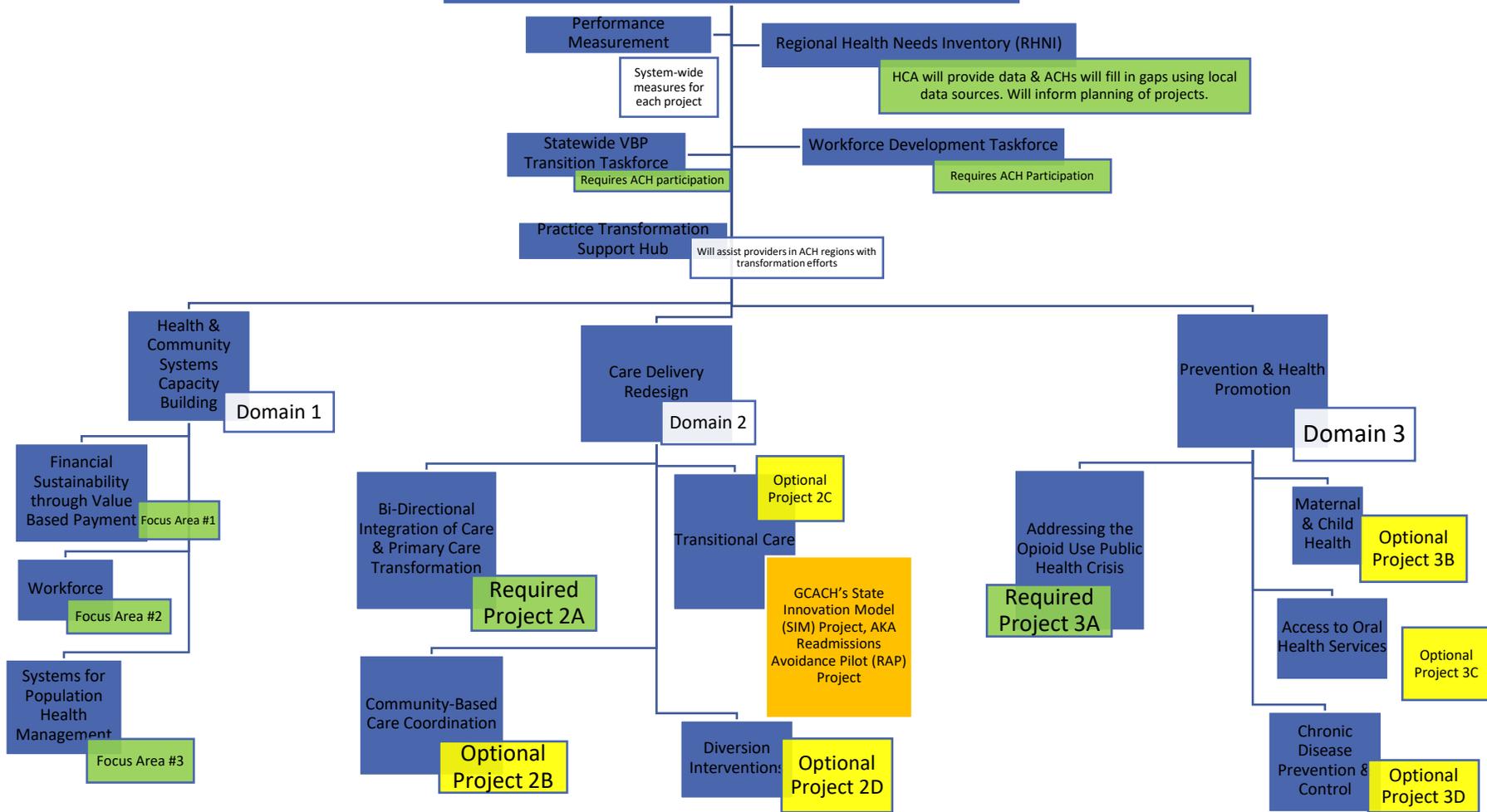


Draft Medicaid Waiver Toolkit (January 3rd to February 2nd, 2017) Map
 Original created by Aisling Fernandez,
 MPH of Greater Columbia ACH

Medicaid Transformation 5-Year Demonstration through ACHs

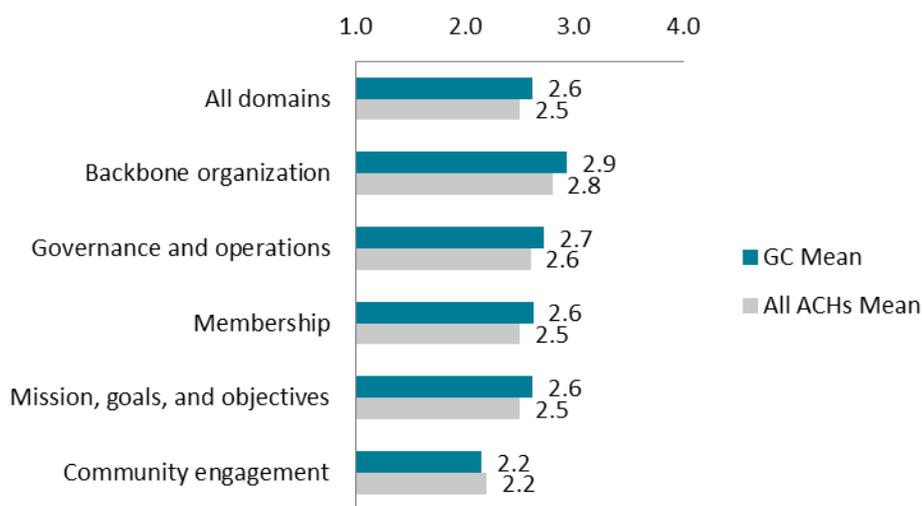
Initiative 1

- Green boxes are required:
 - RHNI
 - 2 taskforces
 - 3 focus areas
 - 2 projects
- In addition, ACHs are required to select at least one of the optional projects (yellow) in Domain 2 and at least one in Domain 3.
- Orange boxes are specific to GCACH not to all ACHs

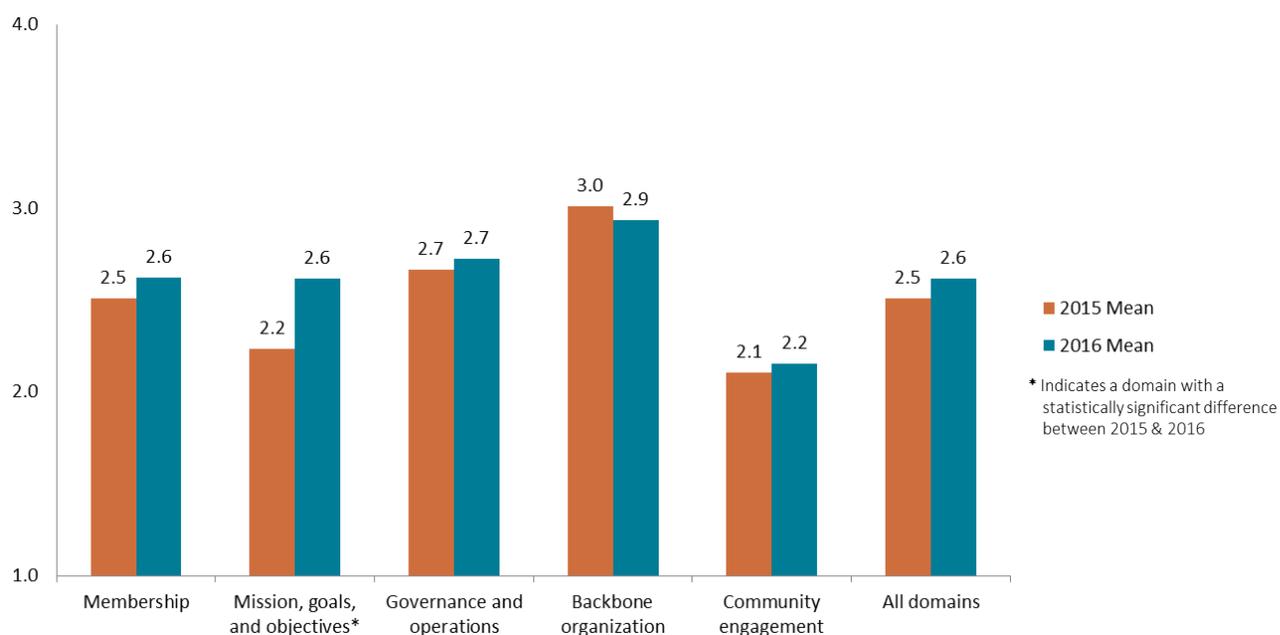


3 CCHE RELEASES RESULTS OF 2ND EVALUATION SURVEY

The Center for Community Health and Evaluation released its second evaluation of ACHs on December 23, 2016. As part of our contract with the Health Care Authority, we are making the slide deck available on our website. I'm pleased to report that Greater Columbia 2016 domain ratings were higher than or similar to statewide average scores, however we need to improve in Community Engagement.



According to the results, GCACH saw statistically significant improvement in the mission domain. Other domains increased or stayed relatively the same, though these changes were not statistically significant.



Rating scale: 1 = Needs improvement; 2 = Adequate; 3 = Good; 4 = Outstanding; Don't know = missing value