Washington State Health Care Authority

Washington State Medicaid Transformation Project (MTP) 2.0 demonstration

Section 1115 Waiver Quarterly Report

DY8 reporting period 2: October 1–December 31, 2023

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Introduction

On June 30, 2023, the Centers for Medicare & Medicaid Services (CMS) approved Washington State's request for a Section 1115 Medicaid demonstration waiver renewal, titled "Medicaid Transformation Project (MTP) 2.0." The activities are targeted to improve the system's capacity to address local health priorities, deliver high-quality, cost-effective, whole-person care, and create a sustainable link between clinical and community-based services.

Over the MTP 2.0 period, Washington will:

- Expand coverage and access to care, ensuring that people can get the care they need.
- Advance whole-person primary, preventive, and home-and community-based care.
- Accelerate care delivery and payment innovation focused on health-related social needs.

The state will accomplish these goals through these continuing or new programs:

- Long-Term Services and Supports (LTSS): Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA) and Presumptive Eligibility (PE).
- Foundational Community Supports (FCS): Community Support Services (CSS) and Supported Employment – Individual Placement and Support (IPS).
- Substance use disorder (SUD) IMD waiver: treatment services, including short-term services provided in residential and inpatient treatment setting that qualify as an institution for mental disease (IMD).
- Mental health (MH) IMD waiver: treatment services, including short-term services provided in residential and inpatient treatment settings that qualify as an IMD.
- Contingency Management (CM) for SUD treatment: evidence-based intervention for SUD.
- Continuous enrollment: Continuous Apple Health enrollment for children ages 0 through 5 and Apple Health postpartum coverage expansion.
- Reentry from a carceral setting: Services to individuals beginning up to 90 days prior to their expected release and continuing into their reentry to their communities.
- Health-related social needs (HRSN) services: Evidence-based, non-medical services that address social needs that affect health. HRSN services are coordinated in part by nine Community Hubs and one statewide Native Hub.

Vision: a healthier Washington

The Washington State Health Care Authority (HCA) is the lead agency for MTP 2.0, and many other agencies and partners play an important role in improving Washington's health and wellness systems. Together, we are working to create a healthier Washington, where people can receive better health, better care, and at a lower cost.

Quarterly report: October 1 – December 31, 2023

This quarterly report summarizes MTP activities from the first reporting period of MTP 2.0: October 1 through December 31, 2023. It details MTP implementation, including stakeholder education and engagement, planning and implementation, and development of policies and procedures, and continues the demonstration reporting as "demonstration year 8" (DY8).

Summary of quarter accomplishments

- During the reporting quarter, Accountable Communities of Health (ACHs) distributed more than $51,245,000 to 128 partnering providers and organizations in support of project planning and implementation activities. The state distributed approximately $4,670,882 in earned incentive funds to Indian health care providers (IHCPs) in DY8 for achievement of DY6 IHCP-specific project milestones.
- As of December 31, 2023, more than 16,300 clients—in addition to their family caregivers—have received services and supports through the MAC and TSOA programs. The average caseload for the reporting period was 3,962 clients. New enrollees in LTSS for this reporting period include 33 MAC dyads, 215 TSOA dyads, and 403 TSOA individuals.
- Within FCS, the total aggregate number of people enrolled in services as of December 31, 2023, included 4,017 in IPS and 10,065 in CSS. The total unduplicated number of enrollments at the end of this reporting period was 15,926.
- On December 12, 2023, the Health Care Authority (HCA) hosted the annual Public Forum. The purpose of the forum was to provide an update to the public on the next steps for MTP.

MTP 2.0-wide stakeholder engagement

During the reporting quarter, HCA continued its stakeholder engagement efforts by:

- Hosting the MTP Public Forum
- Updating the MTP section of HCA's website
- Participating in discussions with the Center for Health Care Strategies and Equitable Spaces on value-based purchasing (VBP)

2023 MTP Public Forum

On December 12, 2023, HCA hosted the annual Public Forum. The purpose of the forum was to provide an update to the public on our programs and share next steps for MTP. Topics included:

- MTP 2.0 and what's next.
- New MTP 2.0 programs, including continuous eligibility for kids 0–6; postpartum coverage; HRSN services; Native Hub; and reentry from a carceral setting.
- Continuing programs from the initial MTP waiver, including MAC and TSOA; LTSS PE; FCS supported employment and supported housing; and SUD and MH IMD services.

More than 125 people attended the forum, and the MTP team answered more questions than any other Public Forum or public comment webinar. Watch the forum recording and view the slide deck on the **MTP meetings and materials page**.

MTP website updates

Additional communications efforts included restructuring some of the MTP pages on HCA's website. With MTP 2.0 in full swing, we renamed some pages to better reflect our work.

- The Initiative 2: Long-terms services and supports (LTSS) page is now **Older and aging adults & family caregivers**.
- The Initiative 3: Foundational Community Supports (FCS) page is now **Housing & employment**.

The **What we're working on page** contains new content regarding MTP 2.0. We will launch pages for new MTP 2.0 programs over time, starting with a new dedicated page for **Reentry from a carceral setting**. We are working on a new behavioral health page, where the SUD IMD and mental health IMD programs, along with CM, will live.

HCA employee recognized for VBP efforts

During this reporting period, HCA participated in a series of discussions with the Center for Health Care Strategies and Equitable Spaces, which resulted in the article **How to Strengthen Community Engagement in Medicaid: Community and State Insights**. The great work of Hana Hartman, a member of our VBP team, was **recognized in the credits**.

The series brought together Medicaid program staff and community members with lived experience from across the country to explore how state Medicaid programs can most effectively:

- Build sustainable partnerships with community members
- Address operational challenges
- Implement community-driven policy design, implementation, and evaluation approaches.

Collaborative Learning

Although HCA no longer holds a formal learning collaborative/symposium once per year, HCA ensures ongoing opportunities for collaboration and shared learning among the nine ACHS and HCA staff. Weekly conference calls with ACH leadership provide a venue for updates from HCA, plus a forum for ACHs to provide feedback and share information with each other. In addition, quarterly calls with each ACH allow for more detailed, region-specific discussion. ACH leaders include staff in the quarterly calls at their discretion.

State activities and accountability

Integrated managed care (IMC) progress

There are no updates to report for this quarter. The state will determine the need to report IMC progress for the next reporting period when additional CMS guidance is available.

Health information technology (Health IT)

The Health IT Operational Plan is composed of actionable deliverables to advance the Health IT goals and vision articulated in the **Health IT Strategic Roadmap**. This work supports MTP in Washington State. The Health IT Roadmap and Operational Plan focuses on three phases of MTP work: design, implementation and operations, and assessment. The activities for the 2023 Health IT Operational Plan include 42 deliverables and tasks in these areas:

- Healthcare Case Management & Coordination Service (HCMACS)
- Crisis call center and related activities: 988/House Bill (HB) 1477
- Electronic consent
- MH IMD Health IT tasks

Activities this reporting period focused heavily on planning for the following Health IT-related initiatives:

- Nationally required 988 crisis call line and the state requirements for a Crisis Call Center Hub System and a Behavioral Health (BH) Integrated Referral System in HB 1477;
- Electronic consent management solution; and
- MH IMD Health IT tasks.

Activities and successes

The Health IT team spent much of the reporting period continuing to focus on advancing multi-year initiatives involving Health IT.

- **Crisis Call and Response Services:**

- The HCA Health IT team, in coordination with the Department of Health (DOH), continued implementation planning for the nationally required 988 crisis call system and Washington State's more expansive requirements for a Crisis Call Center Hub System and the BH Integrated Client Referral System (HB 1477). Requirements for geolocation and geo-routing were approved to be included but not activated by project sponsors.
- HCA and DOH staff completed the analyses of responses from 11 technology vendors to the Request for Information (RFI) regarding the availability of interoperable tools to support crisis call and response services. HCA and DOH staff began preparations for planned Request for Proposals (RFPs).
- The HCA-initiated 988 State Affinity Workgroup (SAW) continues to convene monthly. It is now facilitated by representatives from the National Association of State Mental Health Program Directors (NASMHPD). The 988 SAW is a forum to discuss the implementation of 988, give and receive advice, discuss challenges, and learn about how other states are implementing 988 in their jurisdictions.
- HCA and DOH staff are discussing options for the future 988 system's bed registry. DOH owns an existing system called WaHealth, and HCA staff have analyzed systems used by other states via a 2021 NASMHPD report. HCA staff have also spoken directly to several states about their experience, including Arizona, Georgia, Indiana, and Rhode Island.
- HCA HIT has brought on staff members from ISG to serve as lead project managers on the 988 project. Other positions continue to be filled.
- HCA and DOH staff have completed work with National Suicide Prevention Lifelines (NSPLs) and Regional Crisis Lines (RCLs), to map current state workflows for their encounters and to identify key problems or focus areas for the future system to address. Outreach will continue.

HCA and DOH staff met with NSPLs and RCLs about the role of RCLs in the 988 Hub future state. Recommendations were drafted and approved by project sponsors. Next steps depend on further information gathering.

- **Electronic consent management (ECM):**
  - The ECM solution will initially focus on managing consents governing the exchange of SUD information, subject to 42 CFR Part 2, and will ultimately be a generalized consent solution to address future use cases.
  - During this reporting period, the ECM solution vendor began providing artifacts from functional and other workstream sessions, documenting user stories and finalizing the requirements traceability matrix. A Security Design Review was submitted to the WA State Office of Cyber Security (OCS) and approval is expected in late January HCA followed up with providers and other influencers in the behavioral health/SUD community to identify possible early system user candidates. One organization confirmed participation as EHR interoperability provider partner and has discussed with their EHR vendor. HCA has developed a formal Partnership Plan to define that work.
- **Healthcare Case Management & Coordination Service (HCMACS)**
  - The statewide plan for implementation of a Healthcare Case Management & Coordination Service (HCMACS) system serving Medicaid patient populations for HCA, Department of Corrections (DOC), and Department of Social and Health Services (DSHS) was completed and submitted for approval in September 2023. The plan was approved by the Office of Financial Management (OFM) in October 2023 and Technology Services Board (TSB) in November 2023.
  - Department of Enterprise Services (DES) developed and released an RFP for a HCMACS convenience contract, which will allow the program to select an approved vendor and software. Submissions were in November and reviewed in December.
- The Washington State's Health and Human Services Enterprise Coalition's (HHS Coalition) Executive Sponsor Committee (G1) approved the program office to be located within HCA. HCA, as the program home, is responsible for carrying out the execution of the approved Enterprise Program plan. HCA will continue responsibility for all internal and external communications regarding program activities and status. WaTech will remain in their oversight role for this program and will also have representation on the HCMACS Program Steering Committee.

- The Enterprise Program Steering Committee and program governance are in place. The HCMACS Program Steering Committee will be comprised of a subset of one HHS Coalition Enterprise Steering Committee (G2) representative from the three primary HCMACS agencies (DOC, DSHS, HCA), WaTech, and the Chief Medical Information Officer (or equivalent position).

- **Provider Directory Application Programming Interface (API):**
  - MyHealthButton is published in the Google and Apple application stores. HCA continues to test and work through usability issues with the app development team. Another application, FlexPA, connects successfully to the Fast Healthcare Interoperability Resources (FHIR) server. Next steps are to ensure successful usability testing and then send out communications around its availability to potential members. HCA is waiting for additional information from OneRecord, another interested third party entity. As of June 30, 2023, HCA has 154,000 providers listed in the provider directory.
- **Master Person Index (MPI) project:**
  - The HHS Coalition MPI project has established the MPI solution and connected its second system in 2023. The MPI project is in the process of establishing connections to an additional 16 systems between now and June 2025, this includes some of the HHS Coalition's largest systems like Adverse Childhood Experiences (ACES), Immunization registry, and the Healthplanfinder.
- **Integrated Care Assessment Initiative (WA-ICA):**
  - During this reporting period, research and discussions continued to identify new approaches for continuing the work of the WA-ICA. A final report for the work accomplished by the WA-ICA Initiative in its current form is available in the **Washington Integrated Care Assessment (WA-ICA) 2020-2023 Summary Report**.

DSRIP program implementation accomplishments

ACH project milestone achievement

Pay for reporting (P4R)

ACHs report on their MTP activities, project implementation, and progress on required milestones. This is outlined in the **Project Toolkit**. P4R reports are submitted every six months. The final **ACH P4R report** was submitted on October 7, 2022.

Pay for performance (P4P)

HCA and the independent assessor are actively working on P4P results, achievement values, and the statewide accountability report. Because of the at-risk DSRIP funding, the statewide accountability report must be approved by CMS prior to the independent assessor finalizing regional P4P results.

Statewide Accountability Report

HCA submitted the statewide accountability report to CMS in Q4 of 2023.

Next steps

HCA and ACHs continue to partner on the transition from DSRIP to the programs approved under MTP 2.0, including nine Community Hubs and one statewide Native Hub to support and deliver HRSN services. HCA continues to convene a task force that includes representatives from managed care organizations (MCOs), ACHs, DOH, DSHS, and HCA to discuss roles and partnership opportunities to support the hub model and HRSN services implementation.

Conversations during this reporting period focused on an assessment of the current community-based organization (CBO) and community-based health workforce network, along with implementation standards for hubs and the community-based health workforce.

Annual value-based purchasing (VBP) milestone achievement by ACHs

ACHs help assess and support provider VBP readiness and practice transformation by connecting providers to training and resources. ACHs continue to use several strategies to support regional providers in the transition to VBP.

There are no updates to report for this reporting period and VBP will be phased out with the sunsetting of DSRIP performance accountability.

Financial executor (FE) portal activity

ACHs continue to distribute incentive funds to partnering providers through the FE portal. During the reporting quarter, ACHs distributed more than **$51,245,000 to 128** partnering providers and organizations in support of project planning and implementation activities. The state distributed approximately **$4,670,882** in earned incentive funds to IHCPs in DY8 for achievement of DY6 IHCP-specific project milestones.

The state's FE, Public Consulting Group, continued to provide direct technical assistance and resources to ACHs as they registered and distributed payments to providers in the portal during this quarter. Attachment B, at the end of this report, provides a detailed account of all funds earned and distributed through the FE portal to date.

Tribal project implementation activities

This section summarizes the Tribal project implementation activities for this quarter:

Primary milestone: Visited 24 of the 31 federally recognized IHCPs to discuss the end of MTP 1.0 and the transition to MTP 2.0

Secondary milestone: Distributed over $4.5 million in MTP 1.0 incentive funds

Tribal partner engagement timeline

October 12: Participated in the Taking Action for Healthy Communities (TACH) Taskforce, made up of representatives from HCA, ACHs, and MCOs.

- October 13: Visited and presented on the Native Hub to Snoqualmie Indian Tribe and Seattle Indian Health Board
- October 16: Visited and presented on the Native Hub to Port Gamble S'Klallam Tribe
- October 18: Visited and presented on the Native Hub to Quileute Tribe
- October 19: Visited and presented on the Native Hub to Jamestown S'Klallam
- October 20: Visited and presented on the Native Hub to Lower Elwha Klallam Tribe
- October 23: Participated in a meeting regarding the Independent External Evaluator and the Native Hub
- October 24: Visited and presented on the Native Hub to Lummi Nation
- October 24: Visited and presented on the Native Hub to Nooksack Indian Tribe
- October 25: Met to discuss EHR systems
- October 26: Visited and presented on the Native Hub to Swinomish Indian Tribal Community
- October 26: Visited and presented on the Native Hub to Stillaguamish Tribe of Indians
- October 27: Visited and presented on the Native Hub to Tulalip Tribes
- November 6: Visited and presented on the Native Hub to Confederated Tribes of the Colville Reservation
- November 6: Visited and presented on the Native Hub to Spokane Tribe of Indians
- November 7: Visited and presented on the Native Hub to American Indian Community Center
- November 7: Visited and presented on the Native Hub to The NATIVE Project
- November 8: Visited and presented on the Native Hub to Kalispel Tribe of Indians
- November 9: Participated in the TACH Taskforce
- November 14: Visited and presented on the Native Hub to Samish Indian Nation
- November 16: Visited and presented on the Native Hub to Upper Skagit Indian Tribe
- December 1: Participated in all day planning meeting regarding Health-Related Social Needs Services
- December 4: Visited and presented on the Native Hub to Sauk-Suiattle Indian Tribe

- December 8: Visited and presented on the Native Hub to Suquamish Tribe
- December 12: Participated in the MTP Public Forum
- December 15: Hosted statewide ACH Tribal Liaison call
- December 15: Visited and presented on the Native Hub to Quinault Indian Nation

LTSS implementation accomplishments

This section summarizes LTSS program development and implementation activities for MAC and TSOA programs from October 1 through December 31, 2023. Key accomplishments for this reporting period include:

- As of December 31, 2023, more than 16,300 clients, in addition to their family caregivers, have received services and supports through the MAC and TSOA programs. The average caseload for the reporting period was 3,962 clients.
- The Aging and Long-Term Support Administration (ALTSA) completed the 2023 annual quality assurance cycle.
- Implementation of expanded services and eligibility for MTP participants under MTP 2.0 has been completed.
    - Expansion highlights:
    - Utilizing the updated TSOA income eligibility criteria (400 percent of the federal benefit rate), 36 new participants in the expanded eligibility tier accessed TSOA services this quarter.
    - Utilizing the updated resource standard (six months of the current private nursing facility rate), eight additional participants in the expanded eligibility tier accessed TSOA services this quarter.
    - Developing policy and procedures as well as system configurations were completed for the four additional services (nurse delegation, pest eradication, specialized deep cleaning, and community choice guide services) for the MAC and TSOA benefits package expansion. Effective November 1, all four additional services were available for utilization.

Network adequacy for MAC and TSOA

The Area Agencies on Aging (AAAs) renewed many contracts that were due to expire at the end of the year. The AAAs also worked on reviewing existing executed contracts in preparation for the expanded services under MTP 2.0 (pest eradication, specialized deep cleaning, and community choice guiding services).

Statewide, there continues to be a shortage of paid in-home care providers for respite and personal care services, so alternative services and providers are being explored to act as a bridge when personal care or respite workers are in short supply. Continued utilization of other services in the MTP service benefits package to meet participants needs include but are not limited to, home delivered meals, personal emergency response systems, adult day care, and environmental modifications.

Progress continues with Consumer Directed Employer (CDE) implementation. Consumer Direct Care of Washington (CDWA) is the contracted CDE provider for Washington State. CDWA implementation will expand personal or respite care provider options for MAC and TSOA participants.

Assessment and systems update

RTZ Systems, GetCare' s administrator, continues to build an interface between the GetCare case management system and CDWA's provider management system. This interface will allow case managers to send and receive required documents to CDWA, which are necessary so MAC and TSOA participants can utilize individual providers who will deliver personal care and respite care services. The interface will also allow CDWA to send pertinent case management notifications.

Early stages of testing for MAC and TSOA service authorizations have begun.

GetCare system configurations were completed as well as ProviderOne updates for the expanded MAC and TSOA benefits package including nurse delegation, pest eradication, specialized deep cleaning, and community choice guide services.

New Reporting Units were configured in CARE, GetCare, ProviderOne, and Barcode for two new MTP case management offices.

Staff training

MAC and TSOA program managers for Home and Community Services (HCS) are committed to providing monthly statewide training webinars on requested and needed topics during the report period. Below are the webinar trainings that occurred during this reporting period:

- October 2023: New MTP 2.0 services overview and open office hours
- November 2023: Open office hours including end-of-the-year highlights and getting to know the CDWA provider

Upcoming webinars in 2024 include:

- January 2024: Quality Assurance Process Review for MTP 2024

Further 2024 trainings will be scheduled in follow up to feedback from field staff provided in the results of the 2023-2024 Training survey.

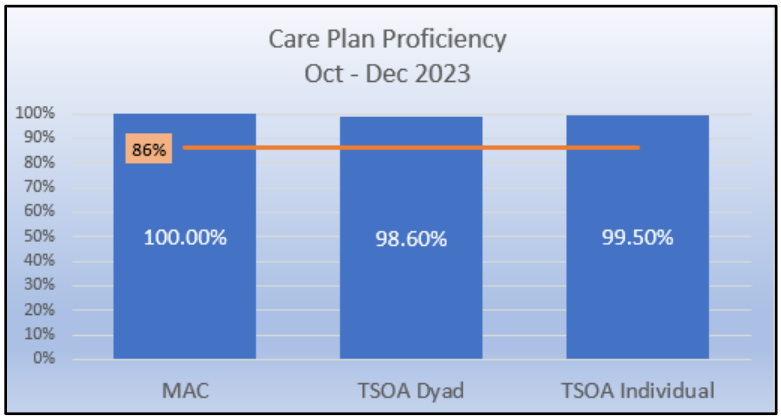
Data and reporting

Table 1: beneficiary enrollment by program

	MAC dyads	TSOA dyads	TSOA individuals
LTSS beneficiaries by program as of December 31, 2023	224	1231	2908
Number of new enrollees in quarter by program	33	215	403
Number of new person-centered service plans in quarter by program	11	79	139
Number of new enrollees who do not require a care plan because they are still in the care planning phase and services have yet to be authorized	22	133	262
Number of beneficiaries self-directing services under employer authority*	0	0	0

*The state has successfully implemented the CDE for the 1915c and 1915k programs. Therefore, the MAC and TSOA programs, have started the system enhancements and interfaces needed for CDE implementation.

Figure 1: statewide care plan proficiency to date



Note: The 86 percent line represents the CMS proficiency expectation.

The state continues to monitor and assist AAAs with compliance in timely completion of care plans for enrollees.

Tribal engagement

ALTSA met with several Tribes to discuss Medicaid services, MAC, TSOA, and Family Caregiver Support Program (FCSP) during the reporting period**.**

- **October:** The Chehalis Tribe hosted the Tribal Affairs Fall Summit where MAC and TSOA program information was shared and discussed on a large scale and individual basis with Tribal community partners. Tribal Affairs also shared MAC and TSOA information with the Yakama Nation during a visit.
- **November:** Tribal Affairs shared MAC and TSOA information with the Skokomish Nation when visiting while discussing other state programs. This included providing MAC and TSOA pamphlets.
- **December:** Tribal Affairs attended a meeting with the Quileute Tribe meeting with the social services support manager and shared information regarding MAC and TSOA and other state programs that support unpaid family caregivers.

Tribal Affairs has been building relationships with Tribal nations while sharing information about services supported by Money Follows the Person Tribal Initiative (MFPTI), including MAC and TSOA programs. The Tribal Initiative Project Manager is currently compiling all resources and information that pertain to the utilization of the grant and the services that it supports to present to unpaid caregivers in Tribal communities. MAC and TSOA and other programs for unpaid caregivers were a focus of the Fall Summit and will continue to be a topic of interest for future Tribal summits.

ALTSA program managers have actively participated with the Tribal Affairs unit through planning meetings for the Spring Tribal Summit. Tribes from other states have been invited to participate and attend the summit, which will be taking place in Washington State in 2024.

Outreach and engagement

ALTSA's MAC and TSOA program manager is still seeking Indigenous volunteers to participate in interviews for the Caregivers Program video. A few Tribes have indicated interest in participating.

ALTSA staff have been collaborating with AAAs on utilizing existing outreach materials, ideas on refreshing outreach materials, as well as brainstorming and sharing ideas for social media campaigns to engage potential MAC and TSOA community members. AAAs have also requested larger outreach campaign items, such as advertisements on local buses and movie theatre ads, similar to what was utilized at program roll out.

Community Living Connections consumer site – Support for Family Caregivers main page was updated to add a new, external resource link for family caregivers.

Table 2: number of outreach and engagement activities held by AAAs

	October	November	December
Community presentations and information sharing	**53**	**56**	**21**

The volume and type of outreach activities continues to fluctuate.

Quality assurance

Below are the results of the quarterly PE quality assurance review.

Figure 2: Question 1: was the client appropriately determined to be nursing facility level of care eligible for PE?

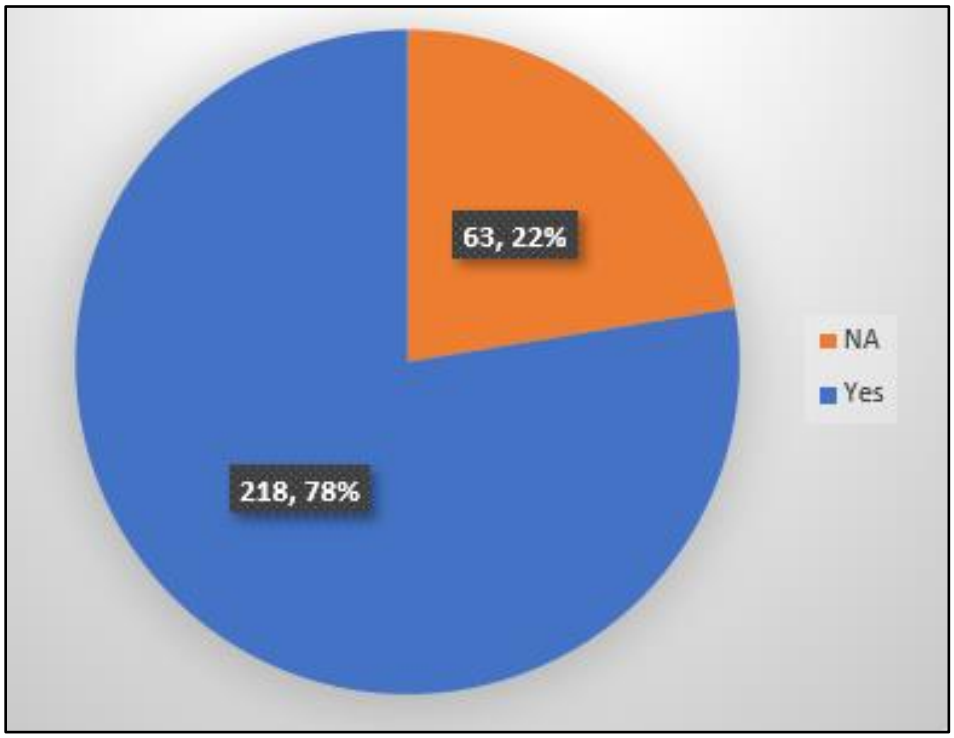


Figure 3: Question 2a: did the client remain eligible after the PE period?

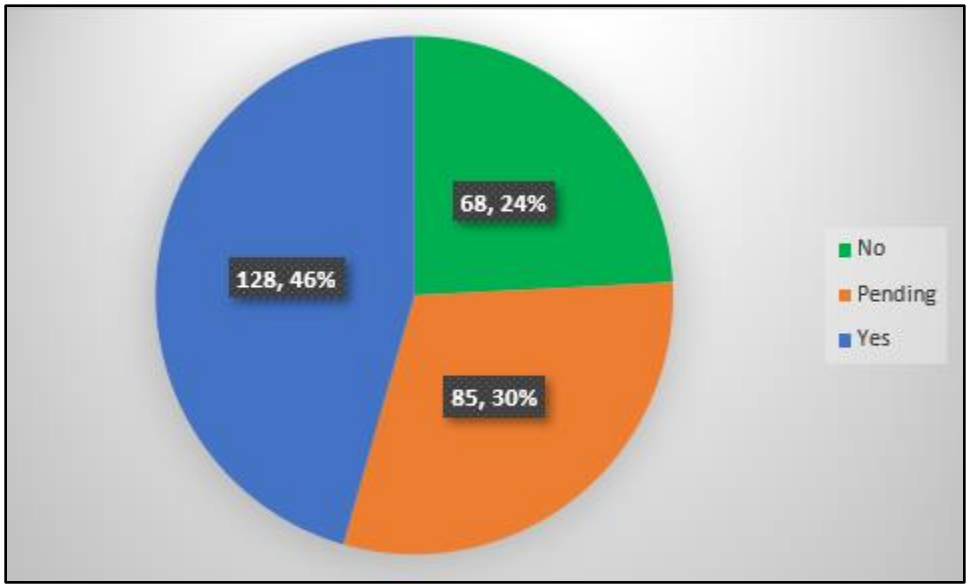
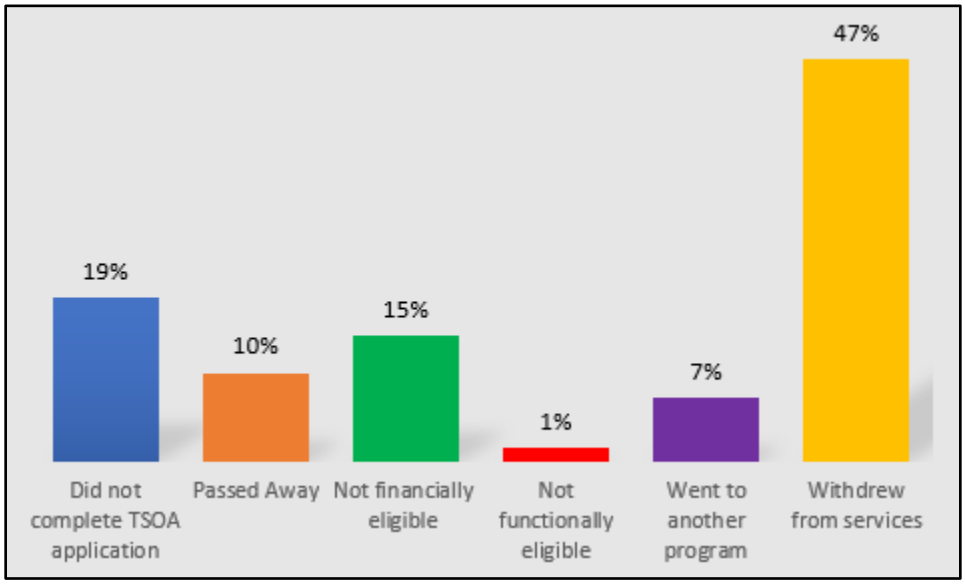


Figure 4: Question 2b: if “No” to question #2a, why?



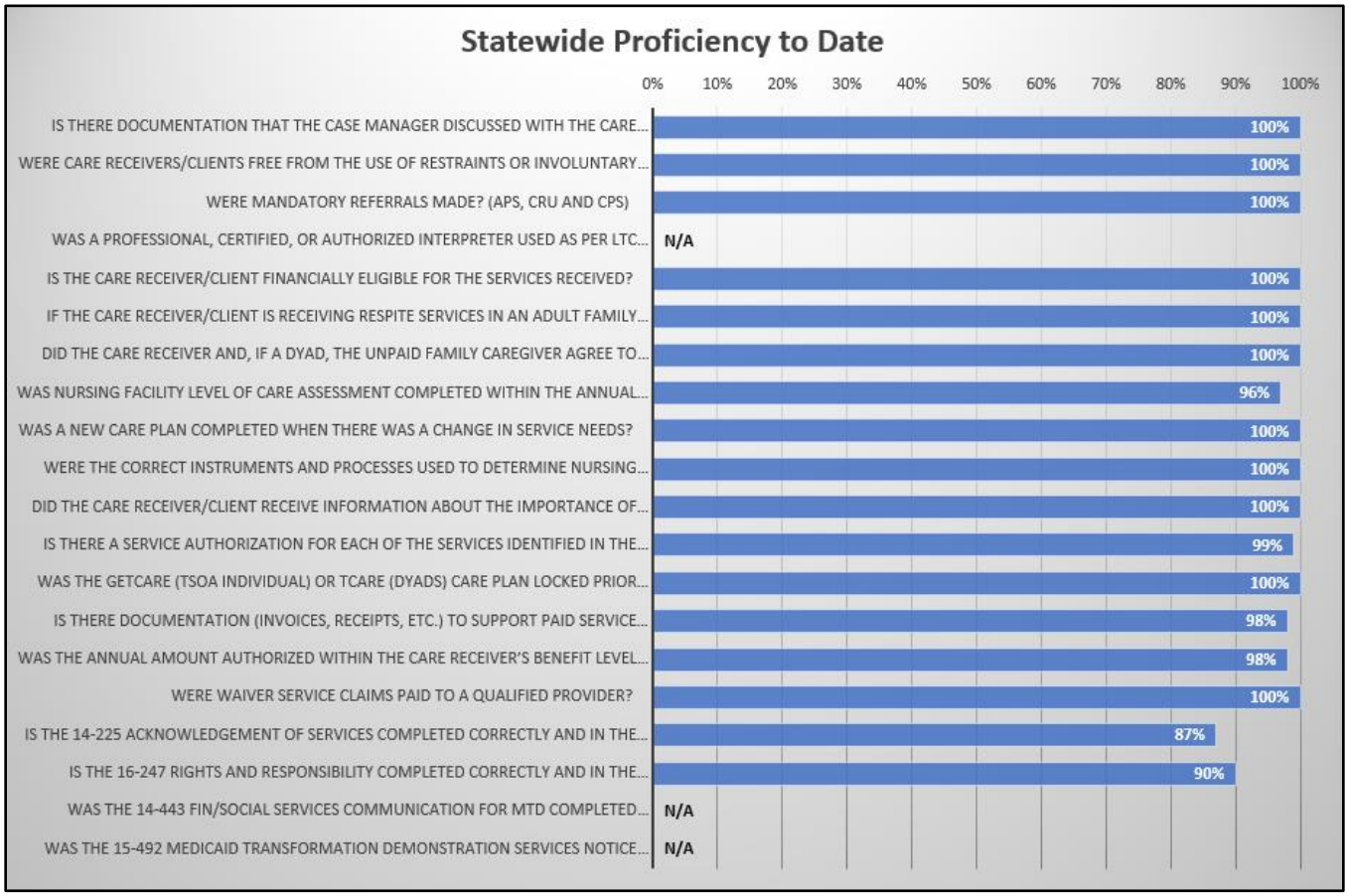
Note: These percentages represent the “No” population in the previous table (the 24 percent; 68 participants outlined above). For example, the 15 percent of PE clients found to be not financially eligible are 15 percent of the 68 participants illustrated in the Table for Question 2a.

2023 quality assurance results to date

HCS’ 2023 Quality Assurance cycle began in January and concluded in November 2023. The statewide compliance review of the 20 MAC and TSOA performance measures is conducted with all 13 AAAs. An identical review process is applied in each AAA Planning and Service Area (PSA), using the same quality assurance tool and the same performance measures.

The Quality Assurance team reviews a statistically valid sample of case records. The sample size in 2023 was 353 cases. The methodology used is the same for the state’s 1915(c) waivers and meets the CMS requirements for sampling. Each AAAs sample was determined by multiplying the percent of the total program population in that area by the sample size.

Figure 5: statewide proficiency to date



Note: "N/A" means this question did not pertain to anyone in the sample.

State rulemaking

No state rulemaking specific to MAC and TSOA occurred during this reporting period.

Upcoming activities

- Application and utilization of the expanded transportation definition.
- Continuation of infrastructure development and staff training regarding Consumer Direct Employer implementation.

LTSS stakeholder concerns

No stakeholder concerns were noted during this reporting period.

LTSS PE

This program was approved June 30, 2023, as part of the MTP 2.0 renewal. This section summarizes LTSS program development and implementation activities for LTSS PE program during the reporting period. Key accomplishments include:

- Implementation of Phase 1 began on December 4. Implementation was delayed due to necessary system enhancements, communication with impacted community partners, and additional staff training needs.
- Continued coordination with the Washington State Hospital Association related to LTSS PE referrals.
- Continued refinement of tracking and reporting metrics.

- Collaborated with home care agencies to provide in-home caregivers for LTSS PE participants.

Table 3: number of PE assessments in December

LTSS PE Assessments			
Region	**Assessments in Process**	**Assessments Finalized**	**Total**
1	**4**	**14**	**18**
2	**1**	**4**	**5**
3	**5**	**2**	**7**
All	**10**	**20**	**30**

Upcoming activities in the next reporting period include:

- Review lessons learned from implementation of Phase 1
- Make necessary revisions to Phase 1 policy and procedures
- Begin planning for Phase 2

FCS implementation accomplishments

Foundation Community Supports (FCS) provides evidence-based supportive housing and supported employment services to eligible Medicaid clients. This section summarizes the FCS program development and implementation activities from October 1 through December 31, 2023. Key accomplishments for the reporting period include:

Total aggregate number of people enrolled in FCS services at the end of this reporting period

- CSS: 10,065
- IPS: 4,017

There were 218 providers under contract with Amerigroup at the end of the reporting period, representing 559 sites throughout the state.

Note: CSS and IPS enrollment totals include 3,140 participants enrolled in both programs. The total unduplicated number of enrollments at the end of this reporting period was 15, 926.

Network adequacy for FCS

Table 4: FCS provider network development

	October		**November**		**December**	
FCS service type	Contracts	Service locations	Contracts	Service locations	Contracts	Service locations
Supported Employment – Individual Placement Support (IPS)	39	78	39	78	39	78
Community Support Services (CSS)	28	64	28	66	28	66
CSS and IPS	149	411	151	415	151	415
Total	**217**	**553**	**218**	**559**	**218**	**559**

Client enrollment

Table 5: FCS client enrollment

	October	November	December
Supported Employment – Individual Placement and Support (IPS)	3,286	3,270	3,282
Community Support Services (CSS)	9,674	9,548	9,504
CSS and IPS	3,028	3,030	3,140
Total aggregate enrollment	15,988	15,848	15,926

Data source: RDA administrative reports

Table 6: FCS client risk profile

		Met HUD homeless criteria	Avg. PRISM risk score	Serious mental illness
October	IPS	678 (11%)	.71	1,967 (31%)
	CSS	2,555 (20%)	.83	3,358 (26%)[1]
November	IPS	688 (11%)	1.03	4,206 (67%)
	CSS	2,478 (20%)	1.28	7,870 (63%)
December	IPS	738 (11%)	1.04	4,323 (67%)
	CSS	2,514 (20%)	1.28	7,973 (63%)

HUD = Housing and Urban Development

PRISM = Predictive Risk Intelligence System (Risk ≥ 1.5 identifies top 10 percent of high-cost Medicaid adults; Risk ≥ 1.0 identifies top 19 percent of high-cost Medicaid adults)

Table 7: FCS client risk profile continued

		Medicaid only enrollees*	MH treatment need	SUD treatment need	Co-occurring MH + SUD treatment needs flags
October	IPS	5,338	4,839 (91%)	3,216 (60%)	3,002 (56%)
	CSS	10,835	9,696 (89%)	7,737 (71%)	7,117 (66%)
November	IPS	5,379	4,849 (90%)	3,250 (60%)	3,027 (56%)
	CSS	10,746	9,627 (90%)	7,647 (71%)	7,033 (65%)
December	IPS	5,475	4,908 (90%)	3,314 (61%)	3,069 (56%)
	CSS	10,809	9,633 (89%)	7,663 (71%)	7,019 (65%)

Data source: RDA administrative reports

*Does not include individuals who are dual enrolled.

[1] This data is undercounted due to an error and will be corrected for the next report.

Table 8: FCS client service utilization

(Aging CARE assessment in last 15 months)

(Aging CARE assessment in last 15 months)

		Medicaid only enrollees*	Long-term Services and Supports	Mental health services	SUD services (received in last 12 months)	Care + MH or SUD services
October	IPS	5,338	675 (13%)	3790 (71%)	2,067 (39%)	564 (11%)
	CSS	10,835	964 (9%)	6983 (64%)	4,765 (44%)	799 (7%)
November	IPS	5,379	659 (12%)	3752 (70%)	2,143 (40%)	543 (10%)
	CSS	10,746	968 (9%)	6853 (64%)	4,676 (44%)	800 (7%)
December	IPS	5,475	677 (12%)	3758 (69%)	2,160 (39%)	553 (10%)
	CSS	10,809	982 (9%)	6,740 (62%)	4,644 (43%)	806 (7%)

Data source: RDA administrative reports

*Does not include individuals who are dual-enrolled.

Table 9: FCS client Medicaid eligibility

		CN blind/disabled (Medicaid only & full dual eligible)	CN aged (Medicaid only & full dual eligible)	CN family & pregnant woman	ACA expansion adults (nonadults presumptive)	Adults (nonadults presumptive) ACA expansion adults (SSI presumptive)	CN & CHIP children
October	IPS	1,794 (28%)	176 (3%)	700 (11%)	2,760 (44%)	705 (11%)	169 (3%)
	CSS	3,571 (28%)	684 (5%)	1,708 (13%)	4,633 (36%)	1,982 (16%)	103 (1%)
November	IPS	1,744 (28%)	164 (3%)	722 (11%)	2,797 (44%)	701 (11%)	163 (3%)
	CSS	3,511 (28%)	683 (5%)	1,687 (13%)	4,570 (36%)	2,011 (16%)	97 (1%)
December	IPS	1,775 (28%)	167 (3%)	746 (12%)	2,844 (44%)	726 (11%)	152 (2%)
	CSS	3,523 (28%)	691 (5%)	1,699 (13%)	4,594 (36%)	2,019 (16%)	94 (1%)

ACA = Affordable Care Act

CHIP = Children's Health Insurance Program

CN = categorically needy

Data source: RDA administrative reports

Quality assurance and monitoring activity

FCS staff collaborated with the third-part administrator (TPA) to oversee FCS. No significant concerns or problems were identified, and the TPA has confirmed the absence of any grievances or appeals throughout this period.

FCS staff continued work to identify processes to decrease the need for reconnecting enrollees who experience changes in their Medicaid coverage. FCS is not an entitlement benefit, and enrollment is accomplished through a manual process requiring weekly workflows to enroll and re-enroll (or "reconnect") eligible individuals to the program. The reconnection

process necessitates conducting a historical eligibility screening to identify gaps in coverage that may have occurred due to changes in Medicaid type, incarceration, or other modifications in the ProviderOne database that automatically disconnect an individual from FCS. The FCS team at HCA and the TPA have identified a potential solution and are currently working on a pilot project to meet this need.

The FCS team conducted two virtual comprehensive fidelity reviewer trainings, which were divided into two sessions. One session centered on supported employment, while the other session was dedicated to supportive housing. The purpose of the training events was to equip FCS providers and potential reviewers with knowledge about the evidence-based practices; ultimately, enhancing the quality of the services they offer.

The training aimed to prepare agency staff for their active participation in review panels while also raising their knowledge of fidelity measurement. The fidelity reviews adopt a collaborative learning approach. Additionally, FCS providers can receive incentives through Substance Abuse and Mental Health Services Administration (SAMHSA) block grant funds if they choose to become reviewers or host a review.

Other FCS program activity

HCA continues to maintain an ongoing monthly workgroup with the ALTSA team and DSHS's Research and Data Analysis (RDA) staff. The workgroup meets to develop, discuss, and adopt key policies and practices necessary for the continued operation, improvement, and long-term success of the FCS program.

Additionally, the group continues to hold bi-monthly meetings with CSS providers, coordinated by King County, the most populous county in Washington State. These meetings offer housing providers in the county the opportunity to share experiences, exchange ideas, and learn from one another about effective practices when administering FCS benefits.

In partnership with the DSHS's Division of Vocational Rehabilitation (DVR), HCA actively engages in a quarterly workgroup. This workgroup's primary goal is to improve consistency, foster collaboration, and optimize employment outcomes for DVR customers with behavioral health conditions who are receiving supported employment services through the DVR Supported Employment program and FCS.

FCS provided a funding opportunity, referred to as Glidepath, which is intended to provide formal benefit planning and employment services. Multiple agencies were awarded contracts and will support identified regions. These funds are intended to partner with Housing and Essential Needs (HEN) program to provide up to nine months of additional rental assistance as a bridge period for IPS-enrolled individuals who would otherwise be financially unsupported due to increasing income through employment.

Upcoming activities

- Supportive Housing Institute: Based on provider feedback, a series of nine training courses aiming to increase tenant engagement, clarify roles and responsibilities, and increase the state's housing inventory will be offered in 2024, in addition to the FCS team's traditional Supportive Housing Institute in 2025.

The FCS team will continue to maintain regular meetings with the Department of Commerce (COM) to discuss the planning and development of two programs. These programs include the collaboration of COM, DSHS, and HCA to establish permanent supportive housing units for CSS-eligible individuals under the name "Apple Health and Homes." Within the next reporting period, the FCS team hopes to finalize prioritization requirements and begin to officially launch the rental assistance aspect of the program.

FCS program stakeholder engagement activities

HCA continues to receive inquiries from other states and entities regarding the FCS program. HCA responds readily to these inquiries, usually by teleconference. During the reporting quarter, staff from HCA, ALTSA, and Amerigroup supported a variety of stakeholder engagement activities.

Table 10: Number of FCS program stakeholder engagement activities held

	October	November	December

Training and assistance provided to individual organizations	92	118	104
Community and regional presentations and training events	8	1	1
Informational webinars	6	10	12
Stakeholder engagement meetings	12	17	16
Total activities	**118**	**146**	**133**

Training and assistance activities to individual organizations continued to increase this quarter. Webinars are intended to inform, educate, and coordinate resources for FCS providers serving people who need housing and employment services, resources, and supports.

During this reporting period, topics included:

- Documentation using the "Golden Thread" 6-part series
- Healthy Boundaries in Helping Professions
- Engaging and Supporting Individuals Experiencing Psychosis
- Finding the Right Support: Accommodations for Job Seekers with Mental Health Conditions
- Embracing Grief and Building Resilience
- Collegiate Recovery Supports: Students do not have to choose between their recovery and their education
- Teaching Job Seekers Employment Related Soft Skills
- Best Practices for Supporting Older Adults with Serious Mental Illness

FCS stakeholder concerns

The FCS team has been receiving feedback about the challenges faced by providers who are new to billing Medicaid when submitting claims. In response, HCA is offering additional one-on-one technical assistance and a series of budget webinars to support providers in adopting best practices and aligning with other Medicaid billing processes. The FCS team additionally developed a New Provider Orientation presentation to assist these agencies with the intricacies of billing FCS services.

FCS agencies have been actively providing feedback and insights on FCS services. Providers share, at minimum, during a quarterly Advisory Council meeting. Some of the issues that were raised were the need to increase understanding about systems used to verify eligibility of enrollees, examining reasons for application denials, and decreasing confusion through updating provider facing documents. To keep constituents informed, the FCS team regularly provides updates and opportunities during the quarterly Advisory Council meetings, as well as hosts webinars with specific and relevant information.

SUD IMD waiver implementation accomplishments

In July 2018, Washington State received approval of its 1115 waiver amendment to receive federal financial participation for SUD treatment services. This includes short-term residential services provided in residential and inpatient treatment settings that qualify as an IMD.

An IMD, called "institutions for mental diseases," are hospitals, nursing facilities, or other institutions of more than 16 beds regardless of licensure that are primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, which includes SUD.

This section summarizes SUD IMD waiver development and implementation activities from October 1 through December 31, 2023. Accomplishments for this reporting period include:

- Received approval of state plan amendment for implementation of mobile crisis.
- The Governor released his proposed budget which would spend $64 million on new SUD programs. That includes more than $11 million for opioid prevention, education, and public awareness campaigns and nearly $12 million to increase treatment programs in jails and state prisons.

Implementation plan

In accordance with the amended special terms and conditions (STCs), the state is required to submit an implementation plan for the SUD IMD waiver, incorporating six key milestones outlined by CMS. At the time of the waiver application, Washington met a number of these milestones in its provision of SUD services. Where the state did not meet the milestones, CMS was engaged to confirm appropriate adjustments.

SUD Health IT plan requirements

There are no updates to report for this reporting period.

Evaluation design

There are no updates to report for this reporting period.

Monitoring protocol

There are no updates to report for this reporting period.

MH IMD waiver implementation accomplishments

In November 2020, the state received approval of its 1115 waiver amendment to receive federal financial participation for serious mental illness (SMI)/serious emotional disturbance (SED) treatment services with a start date of January 1, 2021. This includes acute inpatient services provided in residential and inpatient treatment settings that qualify as an IMD.

This section summarizes MH IMD waiver development and implementation activities from October 1 through December 31, 2023.

The governor's budget proposal was released, requesting $464 million in new spending for improvements to the behavioral health system and money to fight homelessness and the opioid / fentanyl epidemic.

Governor Inslee's budget includes provisos for funding included:

- Increased Program of Assertive Community Treatment (PACT) services
- Fully funding new intensive behavioral health treatment facilities
- Adding additional youth stabilization teams
- Programs to ensure young adults (18-25) exiting BH facilities discharge to stable housing
- Funding for Certified Community Behavioral Heal Clinics (CCBHCs)
- Increased funding for First Episode Psychosis "New Journeys" Programs.

Implementation plan

There are no updates to report for this reporting period.

MH Health IT plan requirements

See these subheadings listed in the **Health IT activities and successes section:**

- Crisis call and response services
- ECM
- MH IMD Waiver HIT requirements

Evaluation design

There are no updates to report for this reporting period.

Monitoring protocol

There are no updates to report for this reporting period.

Upcoming activities

There are no updates to report for this reporting period.

Contingency Management (CM) for SUD treatment implementation accomplishments

On July 1, 2023, Washington State received approval of its 1115 waiver (MTP 2.0) for new programs. Contingency Management is an evidence-based behavioral intervention for stimulant use disorder. It provides incentives to individuals contingent upon objective evidence of the target behavior, such as a negative urine drug test, to increase the likelihood of these behaviors, which are essential components and outcomes of effective treatment.

This section summarizes the CM program development and implementation activities from October 1 through December 31, 2023.

Implementation progress

The state continues to meet with the project team to develop the project implementation timeline. The following activities were completed during the reporting period:

- Focused on the finance process and operation for the program.
- Continued to work with Washington State University (WSU)'s pilot program as an example. WSU has been able to provide sample training and implementation plans for use.
- Continued work on the readiness survey and the process to identify sites and an equitable selection process for the sites that are interested in becoming eligible.

Upcoming activities

- The state expects to have the project plan completed in Q3 of 2024 and will begin the site selection process.
- The state continues to work on the development of the training and assessment programs for all selected sites.
- The project team plans to schedule a meeting with HCA's internal Equity Manager to assess the program's site selection.

Continuous enrollment implementation accomplishments

On July 1, 2023, Washington State received approval of MTP 2.0 for new programs:

- The **Continuous Apple Health enrollment for children, ages 0 through 5,** program provides continued benefits for eligible children, ages 0 through the end of the month in which they turn 6 years old.
- The **Apple Health Postpartum coverage expansion** program provides continued benefits for individuals from the end of pregnancy through 12 months postpartum.

This section summarizes the continuous enrollment programs development and implementation activities from October 1 through December 31, 2023.

Continuous Apple Health enrollment for children, ages 0 through 5

Implementation progress

Since the approval date in April 2023, the state has implemented a manual process to ensure continuous coverage for Medicaid children under the age of six. This includes reinstating coverage for any children under the age of six who may lose coverage under the yearly redetermination process.

The state has also conducted outreach and training to families, providers, staff, and navigators across the state about this expanded benefit and manual process.

Upcoming activities

The state is planning to have full system support by March 2024 and continues to outreach to families.

Apple Health Postpartum coverage expansion

Implementation progress

The state implemented postpartum extension coverage in June 2022 under American Rescue Plan Act (ARPA) and with the state plan approval, authorizes Washington to provide full Medicaid state plan covered benefits to those who were on Medicaid or CHP during their pregnancy period.

With waiver approval, it also authorizes Washington state to provide coverage to those who were not previously enrolled in Medicaid or CHIP during their pregnancy with income up to 193 percent of the FPL until 12 months after their pregnancy ends.

Upcoming activities

Since waiver implementation, the state is working towards adding this coverage group into managed care, by July of this year to be consistent with the other federally funded postpartum programs in Washington.

Reentry from a carceral setting implementation accomplishments

On July 1, 2023, Washington State received approval of MTP 2.0 including this new program. The reentry from a carceral setting program authorizes HCA to provide individuals with targeted pre-release services up to 90 days prior to the expected date of release to their communities.

This section summarizes the program development and implementation activities from October 1 through December 31, 2023.

Implementation progress

HCA continues to engage several advisory groups including the Re-entry Advisory Workgroup (RAW). Initially mandated by legislation, RAW offers guidance on reentry program design and implementation. Comprised of representatives from state agencies, carceral facilities, associations, community-based organizations, and other justice-involved policy leaders, RAW collaborates to improve re-entry services. Furthermore, HCA ensures alignment with reentry initiative requirements through coordination with the Department of Corrections (DOC).

In addition, several implementation subgroups have been formed to advise on facility and provider readiness, system changes, care management continuity pre-release and post-release, eligibility and enrollment, and benefit design for the pre-release period.

HCA staff developed a comprehensive implementation plan to capture activities, decision points, and dependencies across the reentry project. The state has completed several initial milestones, including the following:

- Engaged CMS to review preliminary results from the state's reinvestment plan analysis

- Coordinated with CMS to verify expenditure authority to support early reentry planning and implementation capacity investments to help facilities prepare for pre-release service implementation
- Completed informational interviews with facilities to inform the current state assessment
- Completed preliminary analysis of potential TPA functions to support pre-release services and continuity post-release

Upcoming activities

HCA continues to work on several priority planning efforts including the following:

- Re-investment plan submission
- Continued discussions and information gathering regarding a potential TPA role to support administrative and/or care management functions
- Care management design, including pre-release and immediate post-release continuity of care
- Planning and implementation funding design, including parameters for funding amounts, phases of distribution, and the potential role of a lead entity to support the application and funds distribution process
- Benefit design for mandatory and secondary services, including parameters for progression from mandatory to secondary services by facility
- Enrollment and plan assignment pre-release and post-release, including implications on the potential TPA role and Medicaid billing

HRSN implementation accomplishments

On July 1, 2023, Washington State received approval of MTP 2.0 for new programs.

- The **Community Hubs** focus on community-based care coordination, including screening patients, determining patient needs, connecting patients to community organizations that can provide those needs, and more.
- The **Native Hub** is a statewide network of Indian health care providers, tribal social service divisions, and Native-led, Native-serving organizations focused on whole-person care coordination.
- **HRSN services** include nutrition, housing, rental subsidies, transportation, and other non-medical HRSN services that help a person live their healthiest life.
- **HRSN infrastructure** provides infrastructure investments to support the readiness for HRSN service delivery. Investments include technology, planning, workforce development, and convening.

This section summarizes the HRSN development and implementation activities from October 1 through December 31, 2023.

Community Hubs

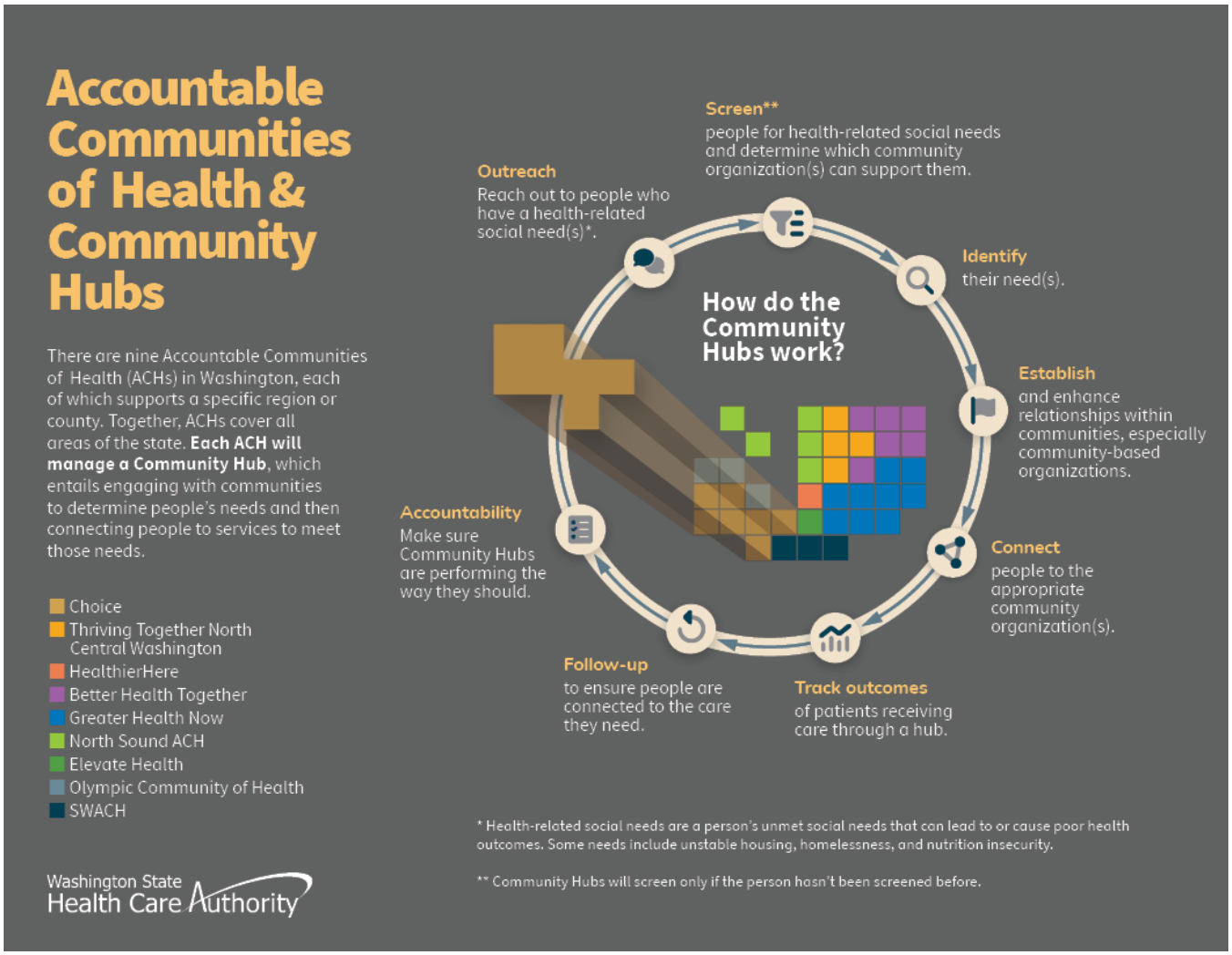
Implementation progress

HCA continues to work with the ACHs, MCOs, and other state agencies to define the scope and design of the nine regional community hubs. During the reporting period, HCA submitted two protocol documents to CMS related to community hubs: HRSN infrastructure protocols and HRSN services protocols.

Upcoming activities

In addition to designing and launching the hubs, HCA is actively pursuing opportunities to align hub work with other MTP 2.0 programs. HCA is developing readiness criteria for community hubs, as well as guided standardization across the nine hubs.

Infographic 1: Community Hubs



The above infographic shows the functions of Community Hubs and the role of ACHs.

Native Hub

Native Hub is a statewide network of Tribes, Urban Indian Health Programs, IHCPs, Tribal social service divisions, and Native-led, Native-serving organizations that support whole-person care coordination.

Implementation progress

Members of the Office of Tribal Affairs (OTA) traveled to and visited 20 of the 31 IHCPs to facilitate a deeper dialogue on the Native Hub. OTA plans to visit the other 11 IHCPs in future quarters. These conversations encompassed key initiatives of MTP 2.0, including community-based care coordination, reentry services, and health-related social need services. IHCPs shared concerns and provided feedback on the concept of the Native Hub. It also served as an opportunity to discuss where IHCPs have been filling in gaps in care or services, despite not having a dedicated funding stream.

These areas include support for American Indian/Alaska Native (AI/AN) individuals leaving carceral settings, community-based care coordination, often provided by Community Health Representatives and support in seeking out, obtaining, and maintaining employment and housing. MTP 2.0 provides the opportunity to realign some work that previously did not consider the work and role of IHCPs in caring for AI/AN individuals.

Upcoming activities

In the coming months, the Native Hub will focus on EHRs, health information exchange, and the governance model required to implement a single system that different provider types and clinicians will be using. Tribes and IHCPs are uniquely focused on EHRs and information exchange to incorporate treaty rights, sovereignty, and care coordination for Native people as they move in and out of Indian Country, depending on their needs and where services are available.

HRSN services and infrastructure

Implementation progress

Within HCA, the HRSN services workgroup continues to meet and discuss the alignment of the delivery between waiver-funded HRSN services for the fee-for-service population and in-lieu of services (ILOS) approved services for the managed care population. HCA continues to work with ACHs to discuss the development and capacity building of the Community Hubs.

Upcoming activities

In the next reporting period, the state plans to submit the implementation plan per CMS requirement prior to the implementation of phase 1 of HRSN services.

Quarterly expenditures

The following table reflects quarterly expenditures for DSRIP, LTSS, and FCS during **2023 by quarter**.

Table 11: DSRIP expenditures

	Q1 (January 1–March 31)	Q2 (April 1–June 30)	Q3 (July 1–September 30)	Q4 (October 1–December 31)	DY6 Total (January 1–December 31)	Funding source: Federal financial participation
Better Health Together	$0.0	$5,514,444	$0.0	$0.0	$5,514,444	$2,757,222
CHOICE	$0.0	$3,553,253	$0.0	$0.0	$3,553,253	$1,776,627
Elevate Health	$0.0	$4,401,665	$0.0	$0.0	$4,401,665	$2,200,833
Greater Health Now	$0.0	$6,730,054	$0.0	$0.0	$6,730,054	$3,365,027
HealthierHere	$0.0	$10,911,877	$0.0	$0.0	$10,911,877	$5,455,939
Thriving Together North Central Washington	$0.0	$2,252,070	$0.0	$0.0	$2,252,070	$1,126,035
North Sound	$0.0	$7,705,759	$0.0	$0.0	$7,705,759	$3,852,880
Olympic Community of Health	$0.0	$2,113,025	$0.0	$0.0	$2,113,025	$1,056,513
SWACH	$0.0	$3,500,230	$0.0	$0.0	$3,500,230	$1,750,115
Indian Health Care Providers	$0.0	$0.0	$5,000,000	$0.0	$0.0	$2,500,000

Table 12: MCO-VBP expenditures

MCO-VBP	Q1 (January 1–March 31)	Q2 (April 1–June 30)	Q3 (July 1–September 30)	Q4 (October 1–December 31)	DY7-8 Total (January 1–December 31)
Amerigroup WA	$0.0	$1,362,405.00	$0.0	$0.0	$1,362,405.00
CHPW	$0.0	$1,272,727.00	$0.0	$0.0	$1,272,727.00
CCW	$0.0	$938,784.00	$0.0	$0.0	$938,784.00
Molina	$0.0	$2,946,142.00	$0.0	$0.0	$2,946,142.00
United Healthcare	$0.0	$1,479,942.00	$0.0	$0.0	$1,479,942.00

Table 13: LTSS and FCS service expenditures

	Q1 (January 1–March 31)	Q2 (April 1–June 30)	Q3 (July 1–September 30)	Q4 (October 1–December 31)	DY6 Total (January 1–December 31)
Tailored Supports for Older Adults (TSOA)	$5,171,456	$6,189,650	3,523,276	$3,706,132	$18,590,515
Medicaid Alternative Care (MAC)	$159,264	$579,071	$117,757	$115,634	$971,726.39
MAC and TSOA not eligible	$259.28	$0.0	$0.0	$0.0	$259.28
FCS	$7,950,523	$7,705,120	$9,829,628	$8,710,047	$34,195,318

Financial and budget neutrality development issues

Financial

Below are the counts of member months eligible to receive services under MTP. Member months for non-expansion adults are updated retrospectively, based on the current caseload forecast council (CFC) medical caseload data.

The agency recently migrated to a new **database,** and we were not able to transition the data query from the old database in time to pull SMI member months for this quarter. We anticipate updating the member months in next quarter's report.

Table 14: Member months eligible to receive services

Calendar month	Non-expansion adults only	SUD Medicaid disabled	SUD Medicaid non-disabled	SUD newly eligible	SUD AI/AN	SMI Medicaid Disabled IMD	SMI Medicaid non-disabled IMD	SMI Newly eligible IMD	SMI AI/AN	CE Postpartum
Jan-17	376,293	0	0	0	0	0	0	0	0	
Feb-17	375,187	0	0	0	0	0	0	0	0	
Mar-17	374,716	0	0	0	0	0	0	0	0	
Apr-17	373,568	0	0	0	0	0	0	0	0	

May-17	373,113	0	0	0	0	0	0	0	0
Jun-17	373,015	0	0	0	0	0	0	0	0
Jul-17	372,102	0	0	0	0	0	0	0	0
Aug-17	371,836	0	0	0	0	0	0	0	0
Sep-17	370,568	0	0	0	0	0	0	0	0
Oct-17	370,375	0	0	0	0	0	0	0	0
Nov-17	370,204	0	0	0	0	0	0	0	0
Dec-17	370,232	0	0	0	0	0	0	0	0
Jan-18	370,271	0	0	0	0	0	0	0	0
Feb-18	368,895	0	0	0	0	0	0	0	0
Mar-18	368,701	0	0	0	0	0	0	0	0
Apr-18	367,441	0	0	0	0	0	0	0	0
May-18	367,804	0	0	0	0	0	0	0	0
Jun-18	367,082	0	0	0	0	0	0	0	0
Jul-18	366,824	5	19	91	10	0	0	0	0
Aug-18	366,224	8	17	95	44	0	0	0	0
Sept-18	365,226	4	19	80	44	0	0	0	0
Oct-18	365,225	4	22	93	47	0	0	0	0
Nov-18	364,756	3	27	93	34	0	0	0	0
Dec-18	364,208	4	17	96	23	0	0	0	0
Jan-19	364,134	34	133	411	37	0	0	0	0
Feb-19	362,452	31	115	391	40	0	0	0	0
Mar-19	362,104	42	144	398	45	0	0	0	0
Apr-19	361,633	56	136	473	38	0	0	0	0
May-19	361,115	43	125	483	49	0	0	0	0
June-19	360,355	65	151	573	54	0	0	0	0
Jul-19	360,782	73	197	705	55	0	0	0	0
Aug-19	360,354	71	243	760	49	0	0	0	0
Sep-19	359,908	75	214	784	44	0	0	0	0
Oct-19	359,396	74	237	885	36	0	0	0	0
Nov-19	358,532	83	190	816	44	0	0	0	0
Dec-19	358,857	59	213	944	51	0	0	0	0
Jan-20	359,303	32	129	540	44	0	0	0	0
Feb-20	359,307	24	125	479	44	0	0	0	0
Mar-20	360,999	33	133	485	45	0	0	0	0
Apr-20	364,490	42	109	387	21	0	0	0	0
May-20	366,940	25	97	377	29	0	0	0	0
Jun-20	369,736	46	157	556	46	0	0	0	0
Jul-20	372,428	25	84	341	32	0	0	0	0
Aug-20	375,259	29	107	355	38	0	0	0	0
Sep-20	377,479	35	100	337	47	0	0	0	0
Oct-20	379,513	26	93	374	45	0	0	0	0
Nov-20	380,421	28	87	378	27	0	0	0	0
Dec-20	381,902	40	100	447	26	89	58	264	5

Jan-21	383,074	16	57	227	32	242	170	799	17	
Feb-21	383,169	26	89	298	18	275	196	876	11	
Mar-21	384,465	22	85	321	25	293	239	952	15	
Apr-21	385,750	27	98	372	14	267	234	844	18	
May-21	386,909	32	86	318	26	278	263	871	16	
Jun-21	387,918	20	33	164	24	305	227	878	16	
Jul-21	389,482	26	102	377	21	272	179	605	17	
Aug-21	391,473	20	92	322	22	250	176	564	14	
Sep-21	392,856	18	84	325	15	241	177	604	14	
Oct-21	394,149	17	80	278	12	256	199	620	18	
Nov-21	396,035	15	77	299	17	248	226	608	27	
Dec-21	396,616	9	40	219	14	237	221	625	15	
Jan-22	398,200	4	13	89	8	238	237	625	22	
Feb-22	399,464	36	178	648	10	221	250	599	24	
Mar-22	401,027	40	175	655	19	236	240	672	23	
April-22	403,205	41	182	661	14	198	169	459	16	
May-22	404,647	44	197	730	14	285	263	691	17	
Jun-22	406,881	46	194	744	25	282	218	654	12	
Jul-22	408,953	43	195	786	13	239	128	506	9	
Aug-22	411,709	79	259	1154	19	255	219	685	8	
Sep-22	413,081	80	257	1159	20	236	199	576	10	
Oct-22	415,030	80	260	1155	21	77	46	192	6	
Nov-22	417,349	56	225	928	21	279	227	694	5	
Dec-22	419,909	56	231	941	17	236	173	591	3	
Jan-23	421,983	60	236	975	13	73	30	150	0	
Feb-23	423,996	54	195	969	11	0	0	0	0	
Mar-23	426,719	57	200	980	15	0	0	0	0	
April-23	427,948	55	200	999	17	0	0	0	0	
May-23	427,985	84	290	1118	9	0	0	0	0	
Jun-23	420,129	87	288	1115	11	0	0	0	0	
Jul-23	411,634	0	0	0	6	0	0	0	0	563
Aug-23	401,783	0	0	0	8	0	0	0	0	545
Sep-23	399,726	0	0	0	0	0	0	0	0	548
Oct-23	398,921	0	0	0	0	0	0	0	0	571
Nov-23	0	0	0	0	0	0	0	0	0	592
Dec-23	0	0	0	0	0	0	0	0	0	624
Total	**31,383,440**	**2,369**	**8,238**	**32,553**	**1,719**	**6,108**	**4,964**	**16,204**	**358**	**3,443**

Budget neutrality

HCA adopted CMS's budget neutrality monitoring tool and has been using Performance Management Database and Analytics system to upload quarterly spreadsheets.

Designated state health programs (DSHP)

No updates to report.

Overall MTP development and issues

Operational/policy issues

HCA and agency partners continue to work with the Washington State Legislature to answer questions, provide implementation updates, and support budget development aligned with the MTP 2.0 CMS approval.

Consumer issues

The state has not experienced any major consumer issues for MTP 2.0 during this reporting quarter, other than general inquiries about benefits available through MTP 2.0, including new and continuing programs.

MTP evaluation

The MTP independent external evaluator's (IEE) quarterly rapid cycle report was put on hold to allow the IEE to prioritize the following activities:

- MTP 1.0 Summative Evaluation Report
- MTP 2.0 evaluation design

Upcoming IEE activities

The MTP 2.0 evaluation designed was developed by the IEE with anticipated submission January 2024. The state and the IEE qualitative team will determine how the MTP 2.0 IEE report process will continue for the next quarter.

Summary of additional resources, enclosures, and attachments

Additional resources

To learn more about Washington's MTP, **visit the HCA website**. Receive notifications about MTP-related activities, new materials, and other information through HCA's **email subscription list**.

Summary of attachments

- Attachment A: state contacts
- Attachment B: Financial Executor Portal Dashboard
- Attachment C: 1115 SUD Demonstration Monitoring Workbook – Part A
- Attachment D: 1115 SUD Demonstration Monitoring Report – Part B
- Attachment E: 1115 SMI/SED Demonstration Monitoring Workbook – Part A
- Attachment F: 1115 SMI/SED Demonstration Monitoring Report – Part B

Attachment A: state contacts

Contact these individuals for questions within the following MTP-specific areas.

Area	Name	Title	Phone
MTP and quarterly reports	Michael Arnis	Deputy Policy Director	360-725-0868
DSRIP program	Michael Arnis	Deputy Policy Director	360-725-0868
LTSS program	Debbie Johnson	Initiative 2 Program Manager, DSHS	360-725-2531
FCS program	Matthew Christie	Program Administrator, Foundational Community Supports	360-489-2021
SUD IMD waiver	David Johnson	Federal Programs manager	360-725-9404
MH IMD waiver	David Johnson	Federal Programs manager	360-725-9404
Continuous Eligibility	Maggie Clay	OMEDP Deputy Section manager, MPD	360-725-1079
HRSN	Mary Franzen	Connector, Medicaid Transformation Project	360-622-1994
Native Hub	Lena Nachand	Tribal Liaison, Office of Tribal Affairs	360-725-1386
Reentry	Michael Arnis	Deputy Policy Director	360-725-0868
Contingency Management	Lora Weed	Acting Project Director, State Opioid Response Grant, State Opioid Response Treatment Manager	360-725-1998

For mail delivery, use the following address:

Washington State Health Care Authority
Policy Division
Mail Stop 45502
628 8th Avenue SE
Olympia, WA 98501

Attachment B: Financial Executor Portal Dashboard

View this table on the HCA website, which shows all funds earned and distributed through the FE portal through December 31, 2023.

Attachment C: 1115 SUD Demonstration Monitoring Workbook – Part A

Per CMS guidance, we do not have a monitoring workbook or trend narrative to report this quarter. We will resume reporting when additional CMS guidance is available.

Attachment D: 1115 SUD Demonstration Monitoring Report – Part B

1. Title Page for the State's SUD Demonstration or SUD Components of Broader Demonstration

State	Washington State
Demonstration name	Washington State Medicaid Transformation Project No. 11-W-00304/0
Approval date for demonstration	January 9, 2017
Approval period for SUD	July 1, 2018-June 30, 2023
Approval date for SUD, if different from above	July 17, 2018
Implementation date of SUD, if different from above	July 1, 2018
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	Under Washington's 1115 demonstration waiver, the SUD program allows the state to receive Federal Financial Participation (FFP) for Medicaid recipients residing in institutions for mental disease (IMDs) under the terms of this demonstration for coverage of medical assistance including opioid use disorder (OUD)/substance use disorder (SUD) benefits that would otherwise be matchable if the beneficiary were not residing in an IMD. Under this demonstration, beneficiaries will have access to high quality, evidence-based OUD and other SUD treatment services ranging from medically supervised withdrawal management to ongoing chronic care for these conditions in cost-effective settings while also improving care coordination and care for comorbid physical and mental health conditions. Expenditure authority will allow the state to improve existing SUD services and ensure the appropriate level of treatment is provided, increase the availability of medication assisted treatment (MAT), and enhance coordination between levels of care. The state will continue offering a full range of SUD treatment options using the American Society for Addiction Medicine (ASAM) criteria for assessment and treatment decision making. Medical assistance including

	opioid use disorder (OUD)/substance use disorder (SUD) benefits that would otherwise be matchable if the beneficiary were not residing in an IMD.

2. Executive Summary

Per CMS guidance, we do not have a monitoring workbook or trend narrative to report this quarter. We will resume reporting when additional CMS guidance is available.

3. Narrative Information on Implementation, by Milestone and Reporting Topic

Per CMS guidance, we do not have a monitoring workbook or trend narrative to report this quarter. We will resume reporting when additional CMS guidance is available.

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

> *The IET-AD, FUA-AD, FUM-AD, and AAP measures (metrics #15, 17 (1), and 17 (2), and 32) are Healthcare Effectiveness Data and Information Set ("HEDIS®") measures that are owned and copyrighted by the National Committee for Quality Assurance ("NCQA"). NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications.*
>
> *The measure specification methodology used by CMS is different from NCQA's methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. Calculated measure results, based on the adjusted HEDIS specifications, may be called only "Uncertified, Unaudited HEDIS rates."*
>
> *Certain non-NCQA measures in the CMS 1115 Substance Use Disorder Demonstration contain HEDIS Value Sets (VS) developed by and included with the permission of the NCQA. Proprietary coding is contained in the VS. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of the VS with the non-NCQA measures and any coding contained in the VS.*

Attachment E: 1115 SMI/SED Demonstration Monitoring Workbook – Part A

Per CMS guidance, we do not have a monitoring workbook or trend narrative to report this quarter. We will resume reporting when additional CMS guidance is available.

Attachment F: 1115 SMI/SED Demonstration Monitoring Report – Part B

State	Washington
Demonstration name	Washington State Medicaid Transformation Project No. 11-W-00304/0
Approval date for demonstration	January 9, 2017
Approval period for SMI/SED	July 1, 2018-June 30, 2023
Approval date for SMI/SED, if different from above	November 6. 2020
Implementation date of SMI/SED, if different from above	December 23, 2020
SMI/SED (or if broader demonstration, then SMI/SED - related) demonstration goals and objectives	This demonstration amendment will provide authority for the state to receive FFP for delivering treatment to Medicaid beneficiaries diagnosed with SMI while they are short-term residents in settings that qualify as IMDs, primarily to receive treatment for SMI. The goal of this amendment is for the state to maintain and enhance access to mental health services and continue delivery system improvements to provide more coordinated and comprehensive treatment for beneficiaries with SMI. With this approval, beneficiaries will have access to a continuum of services at new settings that, absent this amendment, would be ineligible for payment for most Medicaid enrollees.

1. **1115-SMI/SED Demonstration-Monitoring-Report Trend Narrative Reporting**

2. **Executive Summary**
   Per CMS guidance, we do not have a monitoring workbook or trend narrative to report this quarter. We will resume reporting when additional CMS guidance is available.

3. **Narrative information on implementation, by milestone and reporting topic**
   Per CMS guidance, we do not have a monitoring workbook or trend narrative to report this quarter. We will resume reporting when additional CMS guidance is available.

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

> *The MPT, FUH-CH, FUH-AD, FUA-AD, FUM-AD, AAP, APM, and APC measures (metrics #13, 14, 15, 16, 17, 18, 7, 8, 9, 10, 26, 29, 31) are Healthcare Effectiveness Data and Information Set*
>
> *("HEDIS®") measures that are owned and copyrighted by the National Committee for Quality Assurance ("NCQA"). NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications.*

The measure specification methodology used by CMS is different from NCQA's methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust.

Calculated measure results, based on the adjusted HEDIS specifications, may be called only "Uncertified, Unaudited HEDIS rates."

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