Medicaid Transformation Project (MTP) Public Forum

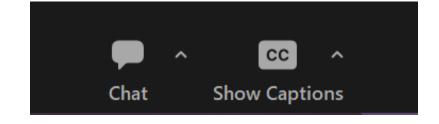
Update on year 7 (2023) and MTP 2.0





Welcome to Zoom!

- We're recording this webinar and muted all attendees.
 - Turn on live captioning with the "Show Captions" button
- There will be time at the end for Q&A.
 - Submit comments through the "Chat" function



View the slide deck and webinar recording
 <u>hca.wa.gov/about-hca/programs-and-initiatives/medicaid-transformation-project-mtp/meetings-and-materials</u>



Today's presenters

- Michael Arnis, deputy policy director, Health Care Authority (HCA)
- Chase Napier, MTP director, HCA
- Maggie Clay, Office of Medicaid Eligibility and Policy (OMEP) deputy section manager, HCA
- Debbie Johnson, Medicaid unit manager, Aging Long-Term Support Administration (ALTSA)
- Scott Tankersley, Housing Subsidy Program manager, HCA
- Sagung Colina, senior health policy analyst, HCA
- Gabby Weik, senior policy analyst, HCA
- Lena Nachand, MTP Tribal liaison, HCA
- Moderator: Addie Augsburger, policy communications consultant, HCA
 Washington State

Health Care Authority

Agenda

- Introduction to MTP
- MTP renewal (called "MTP 2.0")
- 2023 success and challenges
- Resources
- Q&A



MTP overview

- MTP is Washington's Section 1115 Medicaid demonstration waiver between HCA and Centers for Medicare & Medicaid Services (CMS).
- MTP allows the state to create and continue to develop projects, activities, and services that benefit Apple Health (Medicaid) enrollees.



MTP 2.0 renewal

- Negotiated and received approval of MTP 2.0
- Successfully concluded activities of MTP 1.0 and transition to 2.0
- Submitted MTP 2.0 "decision package" for consideration in Governor's budget



MTP 2.0

The Medicaid Transformation Project (MTP) is Washington State's Section 1115 Medicaid demonstration waiver. MTP allows our state to create and continue to develop projects, activities, and services that improve Washington's health care system.

All MTP programs support Apple Health (Medicaid) enrollees.

In June 2023, the federal government approved MTP to continue for an additional five years. We call the MTP renewal "MTP 2.0," which will help widen our reach to provide more programs, services, and supports to our most vulnerable populations.





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

We acknowledge the term "mental disease" may be harmful or stigmatizing. We use it in this context only to reflect the legal terminology used in statute.

Continuous eligibility for kids 0-6

Successes

- Coverage for kids 0-6 has been maintained through the end of the public health emergency using a workaround process starting as of April 2023
- 40,000 kids have had their coverage re-established under this new policy
- We continue our outreach efforts with our managed care plans, providers, navigators and application assisters to ensure families are well informed of the coverage change

Challenges

- To immediately implement this waiver, eligibility is manually reestablished for kids
- System automation will be implemented in March 2024



Postpartum

Successes

- This waiver covers postpartum coverage for individuals for individuals who did not receive Apple Health (Medicaid) during the month of pregnancy but are eligible sometime during their 12 months of postpartum.
- This coverage was available for Washington residents in June of 2022 with state funds and the waiver allowed us to claim federal funds.
- About 600 individuals have become eligible.

Challenges

This program was implemented during the public health emergency when all individuals had their eligibility maintained. We continue to do outreach to let individuals know their options for this coverage group.



Aging and Long-Term Support Administration (ALTSA) – Medicaid Alternative Care (MAC) & Tailored Supports for Older Adults (TSOA)

Successes

- Provided supports and services to over 16,000 older adults since
 2017 (in addition to their unpaid family caregivers)
- Current caseload over 3,900 older adults
- In renewal, we were able to:
 - Increase income and resource limits for TSOA eligibility
 - Add four additional new services to MAC and TSOA benefit package:
 Nurse delegation, pest eradication, specialized deep cleaning, and community choice guide

Challenges

- Maintaining caseload during the public health emergency
- Shortage of direct care workers providing personal care and respite



ALTSA – Long-term Services and Supports (LTSS) Presumptive Eligibility (PE)

Successes

- Expanded the use of PE to new populations
 - Phase One (as of Dec. 4): Individuals discharging from acute care
 & community psychiatric hospitals needing in-home LTSS
 - ▶ Phase Two (spring 2024): Any individual needing in-home LTSS

Challenges

- Significant delay in obtaining CMS approval due to workload issues
- Approval delay impacted implementation of Phase One
- Still in negotiation with CMS for Phase Three



ALTSA – FCS Supported Employment

- Most recent data serving 1,274 ALTSA clients (as of August 2023)
 - ➤ 76% of ALTSA clients with identified Serious Mental Illness (SMI) vs 67% of non-ALTSA supported employment clients with SMI
 - 9% of ALTSA supported employment clients 65 years of age or older vs 1% non-ALTSA supported employment clients
- Preliminary findings based on client analysis updated in 2021:
 - Uniformly positive impacts on employment rates for enrolled ALTSA clients
 - +75% increase in employment rates for enrolled ALTSA clients (from 8.4% of clients employed prior to enrollment to 14.7)



ALTSA – FCS Supportive Housing

- Most recent data serving 1,868 ALTSA clients (as of August 2023)
 - ▶ 73% of ALTSA clients with identified Serious Mental Illness (SMI) vs 61% of non-ALTSA supportive housing clients with SMI
 - 21% of ALTSA supportive housing clients 65 years of age or older vs 3% non-ALTSA SH clients
- Dedicated program staff have engaged in technical assistance for field staff and providers
- Dedicated program staff have provided quarterly trainings to field staff on FCS Supportive Housing



Foundational Community Supports (FCS): successes

- Rising number of provider enrolled and individuals being served
 - ➤ 209 agencies serving people at over 550 sites with FCS Supportive Housing and/or Supported Employment services
 - ▶ 13,500+ individuals currently being served; 40,000+ individuals served since the program's inception
- FCS "in reach" to individuals staying in Institutes for Mental Disease (IMDs)
- Apple Health and Homes
- Supported Employment "Glidepath"
- FCS Supportive Housing and individuals who are 16+
- 12-month service authorizations for FCS Supportive Housing
- Implementing state funds to expand FCS services
- Corporation for Supportive Housing's (CSH) Supportive Housing Institute and Medicaid Academy



FCS: challenges

- Supplying regionally-specific supplantation guidance
- Variance in program implementation across counties and local governments
- Supporting non-traditional providers to begin billing Medicaid for FCS service provision
- Streamlining communication in relation to FCS program updates and guidance
- COVID-19 pandemic and transitioning to virtual trainings and fidelity reviews



Health-Related Social Needs (HRSN) Services: successes

- The Taking Action for Healthier Communities (TAHC)Task Force—made up of representatives from ACHs, MCOs, and state agencies—continues to work to shape the community hubs, including intersections with the reentry program and post-release support
- Submitted the HRSN Infrastructure protocol document for CMS approval. Once approved, this protocol will allow the state to release infrastructure investments to support ACHs, Community Hubs and others involved in HRSN Service delivery



HRSN Services: challenges

- Determining alignment of services and phasing between In-lieu of Services (ILOS) for the managed care population and waiver-funded HRSN Services for the fee-for-service (FFS) population
- Continuing to work with CMS on guidance for deliverable submissions, including the HRSN services protocol, implementation plan, and rates/methodology for services



Native Hub

A statewide network of Tribes, Indian health care providers (IHCPs), tribal social service divisions, and Native-led, Native-serving organizations in service to whole-person care coordination

Success

 Visiting almost all 29 federally-recognized Tribes to discuss MTP 2.0 and the Native Hub

Challenge

Broader alignment with current systems



Christine Winn and Lena Nachand of HCA's Office of Tribal Affairs with the Kalispel Tribe of Indians buffalo.



Reentry from a carceral setting: successes

- Only the second state reentry program approved by CMS, allowing Medicaid coverage up to 90 days pre-release
- Continued to convene the Re-entry Advisory Workgroup (RAW), a legislatively directed workgroup to advise on design and implementation of the reentry program
- Completed initial planning milestones including information interviews and submission of the Reentry Reinvestment Plan



Reentry from a carceral setting: challenges

- The state is working quickly to launch an application process in 2024 for planning and implementation funding to support capacity building for participating carceral facilities
- There are many design issues to work through, including benefit design, system changes, care management continuity, enrollment and others
- ▶ It is important to remember implementation of prerelease services is not anticipated until July 1, 2025



Substance use disorder (SUD) and mental health (MH) services: successes

- These initiatives allow the state to use Medicaid dollars for short-term services in IMDs. This promotes access to needed care in both inpatient and outpatient settings
- This partnership continues to align services towards community-based services
 - Average lengths of stay for services in MH IMDs was 12 days at the midpoint assessment, well below the 30-day waiver cap.
 - > This allows the state to continue claiming stays of up to 60 days.
 - ➤ If not met, no more than 45 days would have been claimable unless corrected.
- First-in-nation 1115 waiver approval for contingency management, an evidence-based behavioral intervention for substance use disorder treatment
- Gathered relevant contingency management policies, guidelines, and best practices to inform implementation



SUD and MH services: challenges

- Ongoing behavioral health workforce shortages
- Efforts to improve services through access to electronic health record systems moving forward
 - Would improve quality of care
 - Also needed for individuals in state hospitals and Department of Corrections settings.
- Improvements to provider guides and bed tracking are taking time
 - ► Revising systems for crisis referral and bed tracking necessitated by the 988 system is a challenge that also provides many opportunities for system improvements.



MTP resources

- ► MTP website section: hca.wa.gov/about-hca/programs-and-initiatives/medicaid-transformation-project-mtp
- MTP renewal page: hca.wa.gov/about-hca/programs-and-initiatives/medicaid-transformation-project-mtp/mtp-renewal
- MTP 2.0 FAQ: hca.wa.gov/assets/program/about-mtp-2.0.pdf
- Sign up to receive announcements about MTP:
 https://public.govdelivery.com/accounts/WAHCA/subscriber/new?topic_id=WAHCA_373



Q&A

Do you have any questions or comments for us?





Thank you!

Visit us at:

hca.wa.gov/about-hca/programsand-initiatives/medicaidtransformation-project-mtp

Contact us at: medicaidtransformation@hca.wa.gov

