



## CPAA Consumer Advisory Committee Meeting

### Meeting Summary, 10/04/2018

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#### **Support and Backbone Staff:**

Christina Mitchell – *CHOICE*, Carol Palay – *CHOICE*, Megan Moore – *CHOICE*, Madi Tanbara – *CHOICE*

**In Attendance:** Douglas Levitt – *Pacific County & Great Rivers*, Heather Ristow – *Thurston County*, Erin Oly – *Thurston County*, Samuel Silvestro – *Thurston County*, Michelle Richburg – *Thurston County*, Kurt Hoines-Brumback – *Thurston County*, Kevin Haughton, M.D. – *Physicians of Southwest Washington*

#### **I. GoTo Webinar: “Transforming Medicaid: Why It Matters to All of Us”**

Christina welcomed the group as the webinar on Medicaid Transformation began promptly at noon. The webinar was hosted the Washington State Health Care Authority (HCA). HCA holds forums yearly on Medicaid Transformation to receive public feedback for potential integration into the implementation and evaluation processes.

The webinar will be posted onto [www.hca.wa.gov/about-hca/healthier-washington](http://www.hca.wa.gov/about-hca/healthier-washington)

**Update:** Due to a technical error, HCA was unable to capture audio from the webinar. However, slides have been posted along with contact information for each initiative.

#### **Healthier Washington Medicaid Transformation**

- \$1.5 billion for five-year (2017-2021), statewide effort to improve healthcare delivery while spending dollars more efficiently for Apple Health (Medicaid) recipients.
- Healthier Washington is a multi-partner initiative by HCA in collaboration with DSHS, DOH, tribes, managed care facilities, and other community-based organizations.
- Find alternatives to high-cost, intensive care if possible.
- Improve community health for all Washington residents, with an emphasis on a preventative approach to care and comprehensive management of chronic diseases.
- Focus on value-based payments to providers, awarding outcomes of healthier people than how many services are provided, a quality over quantity approach.
- Medicaid Transformation is comprised of three initiatives regarding Accountable Communities of Health (ACH), Long Term Services & Supports, and Foundational Community Support.

#### **Initiative 1: Transformation through ACHs**

- ACHs: Nine regional leadership organizations, critical partners in WA State’s health systems transformation efforts. This network is an opportunity to improve healthcare delivery and engage members involved in all aspects of an individual’s care.
- Healthcare is much more than treatment that a patient receives, also includes environmental factors.
- ACH broken down by its component parts:
  - A: Accountability to each other to assess and improve the health status of the communities served over the course of the MTP.
  - C: Sense of unity and focus on community-based organizations.

- H: More than healthcare, instead focus of well-being in a broader sense, including mental health, environmental health, etc.
- Of the eight project areas, Bi-Directional Integration of Care (2A) and Addressing Opioid Use (3A) are required projects for each ACH. CPAA selected 6/8 project areas.
- All ACHs submitted their Implementation Plan on Oct. 1<sup>st</sup> and the documents are now being evaluated by an independent assessor.
- Emphasis on workforce development and value-based payment system, both key concepts to the MTP with the aim of better outcomes and overall patient experience.
- Tribal inclusion is important to addressing the health disparities of all community members and facilitating a government-to-government relationship.
- What lies ahead? Implementing MTP, continuing to build ACH partnerships, evaluating processes through an independent assessor, and building in sustainable measures.

### **Initiative 2: Medicaid Alternative Care & Tailored Support for Older Adults**

- Older adults (55+) often face multiple chronic health conditions and behavioral health challenges. Older adults who stay at home report a higher quality of life and greater participation in family and community events than individuals in a care facility.
- Encourage elders to stay in their homes, provide a support system for caregivers, and ultimately prevent institutional care if possible.
- Unpaid family/friend caregiver – approx. 80% of elder care in WA State.
- Area Agencies on Aging – critical partner in design & implementation, work with DSHS.
- Initiative 2 Services & Supports includes caregiver support, specialized equipment
- Initiative 2 includes caregiver support, specialized medical equipment & supplies, training & education for care recipient (support groups, therapy) and more.

### **Initiative 3: Foundational Community Supports (FCS)**

- Initiative 3 encompasses housing, employment, and social support services, all of which are foundational to thrive. Individuals cannot be expected to care for more complex needs when basic needs are unmet.
- **The 20/80 rule:** “Health” is much more than just healthcare.
  - 20% healthcare, 40% socio-economic factors, 30% health behaviors, and 10% physical environment.
- Addresses social determinants of health: supported employment & housing services.
  - FCS provides assessment and planning services, networking, wraparound community resources, assistance w/applications, education & training.
  - **Rapid Engagement:** A key feature of the program that states once a potential client expresses interest in services, FCS can pursue immediate access of services for them prior to approval.
- Supportive housing & employment services have shown to decrease Medicaid spending, ER visits and inpatient services while increasing primary health care utilization.

## **Q&A**

**Q: Is Initiative 2 only available for older people or is it also available for medically-challenged younger people and their caregivers? If it is only for older adults, is there a plan to expand services?**

These services are targeted specifically to individuals in the aging demographic in demonstrating new ways to provide services. Contact HCA for services for 18+ adults. If improvement in cost and health outcomes can be demonstrated through Initiative 2, HCA will consider expansion to other populations.

**Q: How is the Medicaid Transformation going to affect persons with mental/substance abuse disorders who are covered under Medicaid?**

- Integrated Model of Care and Managed Care Plan have been fully integrated in 2/5 regions with plans for further progress in 2019 and 2020.
- Bi-Directional Integration of Care: One of the Transformation projects which strives to increase the integration of behavioral health screenings & care plans into primary care. Also aims to smooth the referral process between healthcare providers.
- It is important to ensure people facing substance use disorders have adequate services available, as they are part of a critical population. This includes FCS programs for housing & employment as well as referrals to treatment options.

**Q: Where can you get more information on Initiative 2 for the elderly?**

Information on Initiative 2 can be found on the Healthier Washington website (under “What We’re Working On” > “Medicaid Transformation”), or by contacting the Initiative 2 leadership at HCA. Contact Information to be provided in follow-up e-mail.

**Q: FCS Supportive Housing/Employment – What is the entry point? How does the person qualify? What are the program requirements?**

- Referrals from DSHS – HEN, ABD program
- Employment services – statewide benefit, current provider directory available through AmeriGroup, HCA is further expanding the network for referrals.
- Amerigroup – 3<sup>rd</sup> party source, can self-refer to provider to be assessed for services.
- Instrumental residential risk score
- Contact info included in follow-up e-mail for referral to the program

**Q: For Initiative 2, is there focus on maintaining the health of the caregiver?**

- Caregiver assessment & service planning performed prior to starting work
- Interventions & services reimbursements are available to improve the caregiver’s own health – counseling, therapy, stress reduction techniques, and alternative treatments such as massage and acupuncture

**Q: What success measures are in place for ACHs?**

“Measurement Guide” document is available on the HCA website, evaluation & quality improvement measures are planned for each Transformation project.

**Q: Is there a child-focused summary for Initiative 1 (Transformation through ACHs)?**

Project plans are available on the HCA website, Maternal Child Health interventions planned, including both adult & pediatric measures. Resources page has all ACH documents, including the Semi-Annual Report, or SAR (status report), and Implementation Plans.

**Q: Is there a back-up in place if the Medicaid Transformation does not go as planned?**

The Medicaid Transformation is a demonstration project involving collaboration between State & Federal governance with a very deliberate, evidence-based approach. The projects taken on must have a basis of success in other settings and have demonstrated the potential to improve health in a target population. Each project area has evaluation activities and ongoing assessments. The goal is to create sustainable measures that can move into the mainstream. Unexpected outcomes from the Transformation are not a “failure,” rather the findings were unable to confirm the hypothesis.

**Q: Are there preparations for the end of the Transformation period?**

ACHs have created sustainability measures, and there have been ongoing discussions engaging diverse populations until the sustainability of the Transformation components can be demonstrated.

**Q: Does Chronic Disease include measures for suicide prevention?**

Behavioral health screenings & interventions incorporated into Transformation projects, see “Project Toolkit” on HCA’s website, will look into and follow-up with more specific info.

## II. Debrief & Discussion on Webinar

Christina transitioned into debrief & discussion on thoughts and questions that came up during the webinar. The following points were raised by committee members and facilitators:

- Three steps to Transformation: plan, implement, and sustain
- Value-Based Payment has been integrated into sustainability plan moving forward
- Outcomes to be determined in the coming years and adjust hypothesis as needed
- Taking best practices and building on them for implementation
- CPAA has the benefit of CHOICE as a backbone support, with 20+ years in healthcare
- Organizations have been reaching out for grants & partnership with CPAA
- Consumers wanted more conversation about intersectionality between the different Transformation project areas, such as Opioid Response and Diversion Interventions.
  - The challenge is that reports to the HCA are done by project area, not clinical site. CPAA has been continuing to engage with local clinics and facilitate collaboration between program managers.
  - Although Diversion Intervention was not a selected project, CPAA is working with diversion in other ways (peer recovery counselors, support for individuals & communities affected by opioids, and work source referrals).
- Youth efforts in the region for reaching youth affected by opioid use?



- Change Plan will be finalized Nov. 15<sup>th</sup>, and CPAA will have insight into what organizations will participate in selected interventions. Work has been done with OURR Alliance (Pac. Mountain) that has a youth & parenting focus.

### III. CPAA Updates

Christina concluded the meeting with a few brief updates on CPAA.

- The Implementation Plan was sent just before Oct. 1<sup>st</sup>, and is currently under review.
- The initial draft of the Change Plan is also due in October.
- The proposal for a CAC stipend increase was presented at the Council Meeting on Sept. 15<sup>th</sup> and was tabled for the time being, then it was brought back to the Support Team (Executive Committee) on Sept 27<sup>th</sup>. The proposal will be shared at the Council Meeting on Oct. 11<sup>th</sup>, and the Board will make a decision.
- If the stipend increase is approved, the change will affect future checks, not previous.
- CPAA representation provided a friendly reminder that if the stipend is increased and committee members made over \$600 per year, they would be issued a 1099 form to pay taxes on the total amount.
- CAC chair and co-chair position will be determined further down the road.
- Consumers suggested having future meetings in Aberdeen.
- A CAC recruitment flyer is currently being drafted and will be sent out to consumers for review and feedback.
- Potentially pause CAC meetings until January 2019 while the committee leadership is being decided
  - Consumers want to continue meeting through the end of the year, and they expressed that taking a break could risk the group becoming stagnant, making it hard to pick back up again.
  - Consumers do not want to lose momentum, especially in recruitment mode.
  - Possibly meet at the Council Meeting and have breakout session afterwards.
  - The consumer input will be brought back to John (Interim ED) in conjunction with the Council Meeting.
- The current CAC facilitator is Jennifer Brackeen, and Madi Tanbara ([TanbaraM@crhn.org](mailto:TanbaraM@crhn.org)) is the point of contact for any questions or concerns.
- CPAA will follow up w/members who have not received their stipend checks on Mon.
- Webinar slides and HCA contacts for each initiative will be sent to the CAC with the follow-up meeting e-mail.