STATE OF WASHINGTON

June 18, 2024

Dear Members of the Joint Select Committee on Health Care Oversight:

SUBJECT: Quarterly Report on the Medicaid Transformation Project

Pursuant to Senate Bill (SB) 5092, Sections 211 (2)(a)&(b), (3) and (4), enclosed please find two documents reporting on the activities, outcomes, financial status, and expenditures of the Medicaid Transformation Project (MTP). Washington State's Section 1115 Medicaid demonstration waiver. The first enclosure is a copy of our recently submitted report to the federal Centers for Medicare & Medicaid Services (CMS).

Under the terms of our agreement with CMS, the state is required to report quarterly on the activities and accomplishments of MTP. Within the report is a quarterly expenditure and FTE report covering three of five MTP initiatives. Given that the information contained in the report is the same as what we believe to be required under SB 5092, we respectfully suggest that the same report can fulfill both needs. However, please let us know if there is additional information you require.

The second enclosed document is a Medicaid Quality Improvement Program (MQIP) report, which is now included as a deliverable within our quarterly update. The MQIP report was required in the corresponding budget proviso.

If you have questions or require additional information, please do not hesitate to contact us.

Sincerely,

Susan E. Birch, MBA, BSN, RN
Director
Health Care Authority

on behalf of Secretary Meneses
Jilma Meneses
Secretary
Department of Social and Health Services

Enclosures

By email

cc: Senate Ways and Means Committee, leadership, and staff
Senate Health and Long-Term Care Committee, leadership, and staff
House Appropriations Committee, leadership, and staff
House Health Care and Wellness Committee, leadership, and staff
Joint Select Committee on Health Care Oversight, leadership, and staff
Senate and House, Democratic and Republican Caucus staff
Governor's Office, Senior Policy Advisors
Office of Financial Management, HCA Budget Assistants

Washington State Health Care Authority

Washington State Medicaid Transformation Project 2.0 (MTP 2.0) demonstration

Section 1115 Waiver Quarterly Report

DY8 reporting period 3: January 1 through March 31, 2024

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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, titled "Medicaid Transformation Project 2.0 (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).
- 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: January 1 – March 31, 2024

This quarterly report summarizes MTP activities from the third reporting period of MTP 2.0: January 1 through March 31, 2024. 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

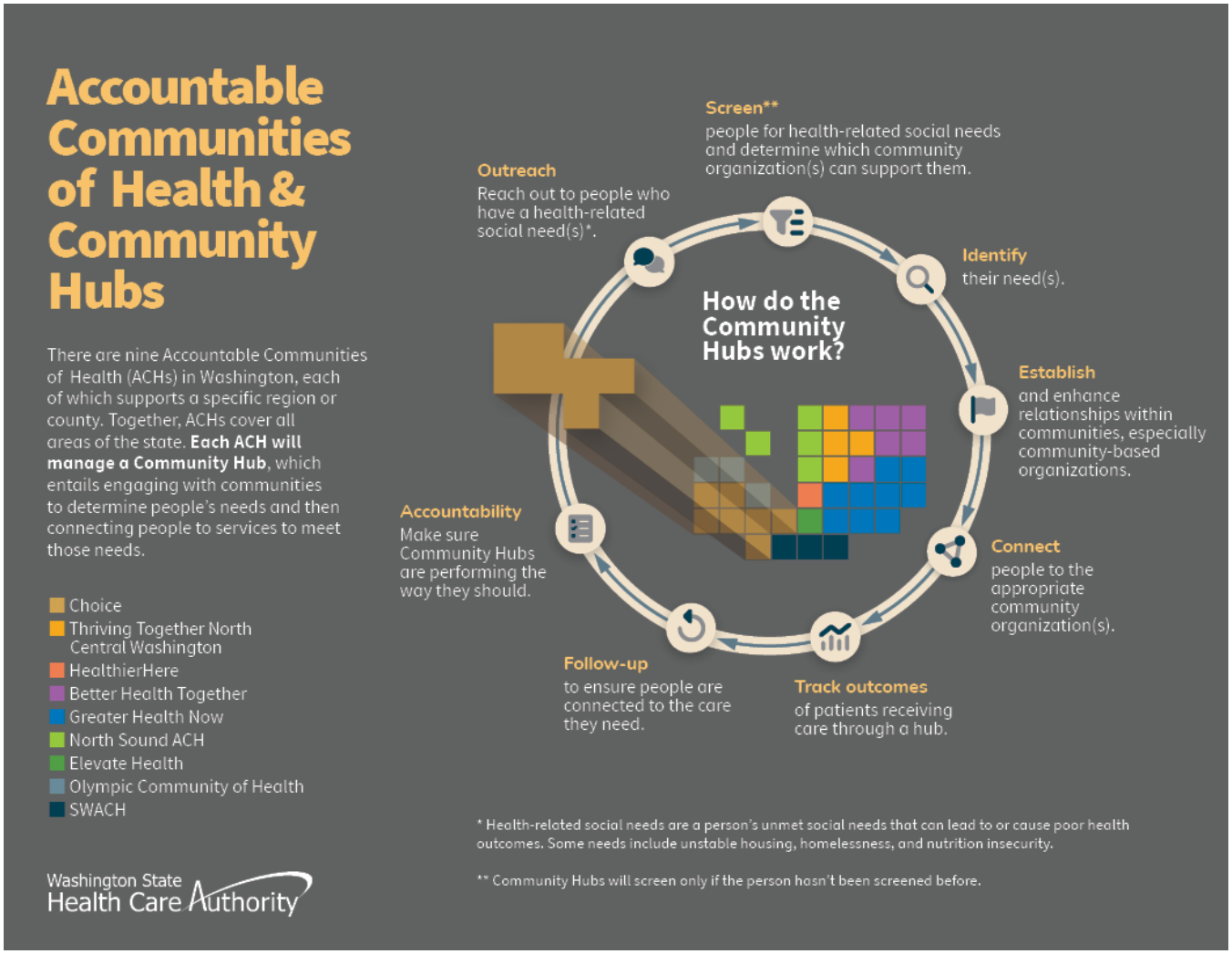
- Accountable Communities of Health (ACHs) continue to distribute incentive funds, including **$33,861,400.34 to 58** partnering providers this reporting period. The state distributed approximately **$402,788.00** in earned incentive funds to IHCP-specific project milestones.
- As of March 31, 2024, more than 17,200 clients, in addition to their family caregivers, have received services and supports through the MAC and TSOA programs. New enrollees in LTSS for this reporting period include 237 MAC dyads, 1354 TSOA dyads, and 2,992 TSOA individuals.
    - Utilizing In the updated TSOA income eligibility criteria, 56 new participants in the expanded eligibility tier accessed TSOA services this quarter.
    - Between December 2023 through March 2024, 131 clients participated in a presumptive eligibility assessment. Of those accessed, 94 percent were determined to meet presumptive eligibility criteria.
- Within FCS, the total aggregate number of people enrolled in services as of March 31, 2024, included 7,205 in IPS and 13,810 in CSS. The total unduplicated number of enrollments at the end of this reporting period was 3,586.
- 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.
- Work continues to engage several justice-involved re-entry implementation subgroups to advise on facility and provider readiness, system changes, care management continuity, eligibility and enrollment, and benefit design for the pre-release period.
- Following CMS's approval of the state's HRSN Infrastructure protocols, HCA developed a reporting and evaluation process for ACHs to seek DY8 infrastructure funding

MTP 2.0-wide stakeholder engagement

During the reporting quarter, HCA:

- **Completed a one-pager** on the significant accomplishments of the initial MTP waiver, including:
    - MTP's five initiatives
    - ACHs
    - Delivery System Reform Incentive Payment (DRSIP) program
    - Statewide integrated managed care (IMC)
    - Value-based purchasing (VBP)
    - Data and reports
- Introduced the Community Hubs infographic to staff, ACHs, and other MTP partners. The graphic explains the engagement cycle/steps of each Community Hub and ACH's role within their communities and regions.

Infographic 1: Community Hubs



- Updated several webpages, including:
  - Creating the **reentry from a carceral setting page**.
  - Placed SUD IMD and mental IMD[1] programs under a new **behavioral health page**. This new page also includes contingency management for SUD treatment, a new program under MTP 2.0.
- Continued working with Aging and Long-Term Support Administration (ALTSA) and the Department of Commerce (COM) on a summary of Washington's state-funded rental subsidy programs. We plan to share the final document with our state and MTP partners and the Legislature.
- Began communications planning for the Reentry Demonstration Initiative, including how we were going to communicate to various audiences about his new, voluntary initiative.

[1] 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.

Learning Symposium

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 contains actionable deliverables to advance the **Health IT Strategic Roadmap**. 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:

- Health Care Management and Coordination System (HCMACS)
- Crisis Call Center and Related Activities: 988/E2SHB 1477
- Electronic Consent
- MH IMD Waiver Health IT tasks

This reporting period focused heavily on planning for the following health IT-related initiatives:

- Nationally required 988 crisis call line and the related, and the more expansive, state requirements for a Crisis Call Center Hub System and a Behavioral Health Integrated Referral System in E2SHB 1477
- Electronic Consent Management Solution
- Mental Health IMD Health IT Tasks

Activities and successes

The Health IT team spent much of this reporting period continuing its focus on advancing multi-year initiatives involving Health IT. During the past quarter, the state advanced the following initiatives:

Crisis Call and Response Services

HCA's 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 Behavioral Health Integrated Client Referral System (BHICRS) outlined in House Bill 1477 (E2SHB 1477, h 2021). Requirements for geolocation and geo-routing were approved to be included but not activated by project sponsors.

The BHICRS work required in E2SHB 1477 has been organized by workstreams and leads/subject matter experts (SMEs) are being identified for each workstream.

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 National Association of State Mental Health Program Directors (NASMHPD) report. HCA staff have also spoken directly to several states about their experience and current state of bed registry, including Arizona, Georgia, Indiana, and Rhode Island. Outreach and information gathering with other states has been ongoing.

HCA received a NASMHPD Transformation Transfer Initiative (TTI) award to be used for gathering information from providers, first responders, payers, and persons with lived experience to identify opportunities, barriers, and options to increase provider awareness of and use of bed registry and referral tools and make available information from a bed registry to persons with lived experience.

- HCA contracted with a vendor, Berry Dunn, to complete this work.
- HCA received additional funds in a supplemental award from NASMHPD to gather information specific to providers' technology needs/barriers/concerns regarding bed registry and referral tools.

HCA and DOH staff began preparations for the planned Request for Proposal (RFP). A decision was made for a single RFP, which DOH will post and send out.

- Requirements for the future RFP have been developed and reviewed by project staff, Tribes, and other partners. The requirements are being sorted into a phased approach and labeled accordingly. Minimum Viable Product (MVP) is being identified within the requirements.
- A cross-agency team has developed a set of user stories spanning the life of several types of 988 calls for review.
- A decision is needed whether to include user stories in the RFP, and to what capacity.

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 multi-state forum to discuss 988 implementation.

HCA HIT has hired additional staff, including an IT Business Analyst and a 988 Business Change Manager. Recruitment continues for other positions.

HCA and DOH conducted outreach to National Suicide Prevention Lifelines (NSPLs) and Regional Crisis Lines (RCLs) to ensure that future state requirements are gathered and addressed. HCA and DOH staff met with NSPLs and RCLs about the role of RCLs in the 988 Hub future state. We are currently working with project sponsors on recommendations for future state.

HCA and DOH submitted a white paper and Planning Advanced Planning Document (PAPD) to Centers for Medicaid Services (CMS) for their review and approval. This is for the purpose of securing an enhanced federal match funding for technology related to/utilized for the 988 project.

- The white paper was submitted and reviewed by CMS in Q4 of 2023.
- The PAPD was submitted in Q4 2023 and is currently under review by CMS. A Request for Additional Information (RAI) was submitted to HCA and DOH in Q1 of 2024 and was reviewed and answered by Washington.
- Multiple rounds of questions from CMS have been received and answered, with the latest Washington answers to be submitted the week of April 22, 2024.

Washington contracted with a vendor, Public Knowledge (PK), to complete quality assurance for the 988 project. PK conducted a readiness assessment of the project and is attending meetings and holding interviews with project staff. The readiness assessment has been finalized and submitted, and interviews are ongoing. PK also submits monthly status reports for review and commentary to the project sponsors.

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 many future use cases. In Q1, the ECM solution vendor continued Functional, Certification, Training, Security, and system Testing. Sprint #9 started on 03/19 with the team fully focused on expanded scope discovery completion, development activity, user acceptance testing (UAT) scenario refinement, UAT test preparation, training, and operations material development. Vendor continued updating training materials, deployment plan, go/no-go checklist, and operational documents. HCA is developing onboard diagram and documentation. HCA and vendors held the first of four UAT sessions with HCA internal and external partners. External partners include providers from five agencies. A list of required data elements incorporating updated 42 CFR Part 2 requirements are under review with HCA Privacy Officer. HCA communication team finalized ECM logo and co-branding. HCA continues outreach with providers and other influencers in the behavioral health/SUD community to identify possible early system user candidates. System go-live date is scheduled for May 23, 2024.

HCMACS Program (formerly EHR as a Service)

The HCMACS (Health Care Management and Coordination System) Program Executive Steering Committee members were identified, and the committee was established in February 2024. The Steering Committee, representing HCA, Department of Corrections (DOC), Department of Social and Health Services (DSHS), and WaTech, meets monthly to provide guidance, make decisions, and mitigate program risks.

The Department of Enterprise Services (DES) convenience contract for HCMACS systems and services announced apparent successful bidders and is working through finalizing contracting with these vendors. The HCMACS program will have the opportunity to select a vendor from this convenience contract once contracts have been signed. The program has entered into preliminary conversations with a vendor from this list to explore timeline, scope, and cost in preparation for development of a statement of work.

Recruitment has begun for an Executive Program Director, and job descriptions are being developed for the other high priority program positions.

Funds that had been allocated for the program in fiscal year (FY) 2024 (July 1, 2023–June 30, 2024) have been moved to FY25 (July 1, 2024–June 30, 2025). Contracting and procurement of the HCMACS system vendor is now scheduled to occur in FY25, with corresponding impacts to program timeline. Implementation activities are scheduled to kick off around Q1 of calendar year (CY) 2025, with the first implementation group going live in Q1 of CY 2026.

Contracts have been signed with two vendors to provide support services for program management and governance implementation, and RFP development for a systems integrator. These engagements have kicked off and will continue through Q2 of CY 2024.

Provider Directory Application Programming Interface (API)

MyHealthButton continues to be published in the Google and Apple application stores. Another application, FlexPA connected successfully to the Fast Healthcare Interoperability Resources (FHIR) server. Next steps are to ensure successful usability testing for both apps and then send out communications around its availability to potential members. HCA currently has 171,500 providers listed in the provider directory as of March 31, 2024.

Master Person Index (MPI) project

The Health and Human Service Coalition (HHS Coalition) MPI project has established the MPI solution and connected its 2nd system in 2023. The third system connection (Healthplanfinder) is scheduled for May 2024. The MPI project is in the process of establishing connections to an additional 15 systems between now and June 2025, this includes some of the HHS Coalition's largest systems like ACES and the state's Immunization registry.

Washington Integrated Care Assessment Initiative (WA-ICA)

During this reporting period, HCA continued to partner with contracted managed care organizations (MCOs) and ACHs to evaluate the current status of bidirectional clinical integration throughout the state, and plan next phases of advancement. The advisory group continues to explore other state and federal initiatives that can be aligned with to maximize impact, such as the Making Care Primary initiative.

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

The final P4P and High Performance Pool (HPP) payments will be made to the nine ACHs in the second quarter of 2024.

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 readiness criteria for the community hubs, appropriate reporting for HRSN infrastructure payments, and contract updates.

Value-based purchasing (VBP)

Annual 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 a number of strategies to support regional providers in the transition to VBP.

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

2023 Paying for Value survey results

Each year, HCA asks health plans (payers) about their participation in and experience with VBP. For the 2023 survey, HCA received responses from 11 payers, including five MCOs, five Public Employees Benefits Board (PEBB)/ School Employees Benefits Board (SEBB) carriers, and one commercial health plan not contracted with HCA. Read the **executive summary** and **full results with analysis** for details. Learn more about the Paying for Value Survey on the **HCA website**.

Financial executor (FE) portal activity

ACHs continue to distribute incentive funds to partnering providers through the FE portal. During the reporting period, ACHs distributed more than **$33,861,400.34 to 58** partnering providers and organizations in support of project planning and implementation activities. The state distributed approximately **$402,788.00** 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 reporting period:

Primary milestone: Finished visiting all federally recognized Indian health care providers to discuss the end of MTP 1.0 and the transition to MTP 2.0

Secondary milestone: Distributed over $1.3m in MTP 1.0 incentive funds

Tribal partner engagement timeline

January 11: Participated in multiple meetings regarding the Independent External Evaluator and the Native Hub

January 11: Participated in the Taking Action for Healthy Communities (TAHC) Taskforce, made up of representatives from HCA, other state agencies, the nine ACHs and five MCOs

January 19: Hosted statewide ACH Tribal Liaison call

January 23: Participated in a hybrid, all-day meeting on the Reentry Initiative

January 24: Visited and presented on the Native Hub to the Yakama Nation

January 25: Attended the North Sound ACH January Partner Convening

January 26: Visited and presented on the Native Hub to Shoalwater Bay Indian Tribe

January 31: Met with Better Health Together (ACH for northeast Washington) to discuss overlap and collaboration between an ACH/Community Hub and the Native Hub

February 6: Hosted a meeting on the Health Care Management and Coordination System (HCMACS)

February 7: Attended the American Indian Health Commission (AIHC) Quarterly Delegate meeting and provided an update on the Native Hub

February 8: Participated in the TAHC Taskforce

February 16: Hosted statewide ACH Tribal Liaison call

February 26: Visited and presented on the Native Hub to Nisqually Indian Tribe

February 29: Met and discussed Reentry and the role of the Native Hub

March 4: Gave an update, including on the Native Hub, to the Colville Business Council

March 6: Hosted a hybrid meeting on HCMACS

March 7: Visited and presented on the Native Hub to Skokomish Indian Tribe

March 14: Participated in the TAHC Taskforce

March 15: Hosted statewide ACH Tribal Liaison call

March 19: Visited and presented on the Native Hub to Puyallup Tribe of Indians

March 26: Hosted a meeting on HCMACS

LTSS implementation accomplishments

This section summarizes LTSS program development and implementation activities for MAC and TSOA programs from January 1 through March 31, 2024. Key accomplishments for this quarter include:

- As of March 31, 2024, more than 17,200 clients, in addition to their family caregivers, have received services and supports through the MAC and TSOA programs. The average caseload for the quarter was 4,075 clients.
- ALTSA has started the 2024 annual quality assurance cycle.
- Expansion under 1115 demonstration waiver renewal, MTP 2.0, to further develop innovative projects, activities, and services for MTP participants implementation has been completed.
    - Expansion Highlights:
        - Utilizing the updated TSOA income eligibility criteria (400 percent of the federal benefit rate), 56 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), 7 additional participants in the expanded eligibility tier accessed TSOA services this quarter.
        - Policy and procedure development for the expanded definition of Transportation service for the MAC and TSOA benefits package expansion was implemented.
        - Care Receivers have begun utilizing MTP 2.0 additional services including Pest Eradication, Specialized Deep Cleaning, and Community Choice Guiding Services.

Key accomplishments for LTSS Presumptive Eligibility this quarter include:

- Phase 1 implementation of LTSS PE for those discharging from an acute care hospital or diverting from a psychiatric hospital back to their own home has continued.
- 131 clients participated in a presumptive eligibility assessment between implementation date of December 4, 2023, through March 31, 2024. Of those assessed, 94 percent were determined to meet PE eligibility criteria. The remaining 6 percent were either functionally or financially ineligible, per the PE assessment.
- During the first few months of implementation, meetings occurred at least weekly with program management staff and case management staff to isolate problems or concerns and to monitor progress.
- Changes were requested in the CARE tool to enhance the LTSS PE assessment and provide a more in-depth care plan.
- Although some challenges have occurred due to the in-home caregiver shortage and some resistance from home care agencies to take on what was perceived as “temporary” clients, HCS continues to provide information/education to alleviate any apprehension with supporting LTSS PE clients.
- Data is currently being collected to measure the numbers of those seeking PE services, those who are eligible for PE services, and those who are determined fully eligible for long-term care services through HCS.
- HCS is working to develop more reports to capture LTSS PE metrics.

Network adequacy for MAC and TSOA

Area Agencies on Aging (AAAs) continue to monitor already established contracts and are executing additional contracts in relation to the MTP 2.0 additional services (pest eradication, specialized deep cleaning and community choice guide services). After recent policy and contract enhancements, AAAs are also working on increasing the provider network for non-medical Transportation vendors.

The statewide workforce shortage continues, including paid in -home care providers for respite and personal care services. 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. In addition to services in the MAC and TSOA benefits package, ALTSA is also anticipating the launch of the Remote Care Services pilot to help address the work force shortage.

Progress continues with Consumer Directed Employer (CDE) implementation. Consumer Directed 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 (self-directed care model). The interface will also allow CDWA to send pertinent case management notifications.

Testing with the MAC and TSOA service authorizations has successfully concluded. GetCare and CDWA manual interface development testing has also begun.

Staff training

MAC and TSOA program managers for Home and Community Services 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:

- January 2024: Quality Assurance Process Review for MTP 2024
- February 2024: Long Term Services and Supports Presumptive Eligibility Training; Open Office Hours
- March 2024: What's Lost, What's Gained – MTP 2.0 Training

Upcoming webinars in reporting period 4 include:

- April 2024: Compare and Contrast Family Caregiver Support Program (FCSP) vs. MAC and TSOA

There will also be a CDWA implementation series (including person centered care planning discussions with care receivers and caregivers, policy and procedures, as well as systems enhancements) in advance of implementation.

Data and reporting

Table 1: beneficiary enrollment by program

	MAC dyads	TSOA dyads	TSOA individuals
LTSS beneficiaries by program as of March 31, 2024	237	1354	2,992
Number of new enrollees in quarter by program	36	313	443
Number of new person-centered service plans in quarter by program	26	97	171
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	10	209	268
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, January–March 2024

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

The AAAs compliance with timely completion of care plans for enrollees continues to exceed proficiency.

Tribal engagement

ALTSA met with several tribes to discuss Medicaid services, MAC, TSOA and Foundational Community Supports from January 1st – March 31st.

- **January** – Tribal Affairs met with Samish Nation to discuss utilization of Money Follows the Person Tribal Initiative (MFPTI) and program information for unpaid caregivers including the MAC and TSOA programs.
- **February** – Tribal Affairs met with Quinault Nation to discuss MFPTI and program information for unpaid caregivers including the MAC and TSOA programs.
- **March** – Tribal Affairs attended Quinault and Queets health fair to share information regarding state programs for unpaid caregivers including the MAC and TSOA programs.

ALTSA Headquarters Program Managers in the State Unit on Aging have actively participated with the Tribal Affairs unit with the planning meetings for the Spring Tribal Summit. Tribes from other states also participated with the development of the agenda and workshops for the summit. MAC, TSOA, and other programs for unpaid caregivers will be a topic presented in the 2024 Spring Tribal Summit scheduled for mid-June.

Tribal Affairs continues building relationships with Tribal Nations, while sharing services supported by MFPTI including the MAC and TSOA programs. The Tribal Initiative project manager is currently compiling 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.

Outreach and engagement

ALTSA's MAC and TSOA Program Manager continues to seek indigenous volunteers to participate in interviews for the Caregivers Program video.

AAAs have continued with community outreach and most recently have re-engaged with outreach to medical professionals and hospital staff.

In conjunction with a department wide rebranding refresh, ALTSA HQ staff will continue to collaborate with the AAAs on updating outreach materials and brainstorming ideas for new publications to engage potential MAC and TSOA community members.

Table 2: number of outreach and engagement activities held by Area Agencies on Aging (AAA)

	January	February	March
Community presentations and information sharing	35	37	63

The volume and type of outreach activities continues to fluctuate.

Quality assurance

Results of the quarterly presumptive eligibility (PE) quality assurance review using a statistically valid sample size:

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

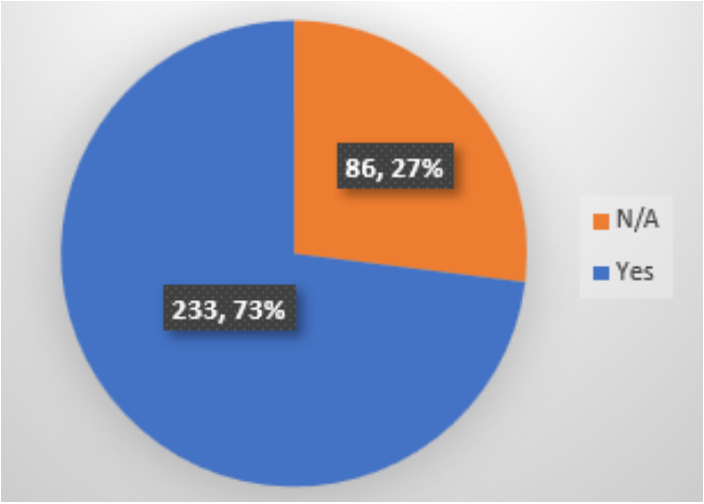


Figure 3: Question 2a: did the client remain eligible after the PE period?

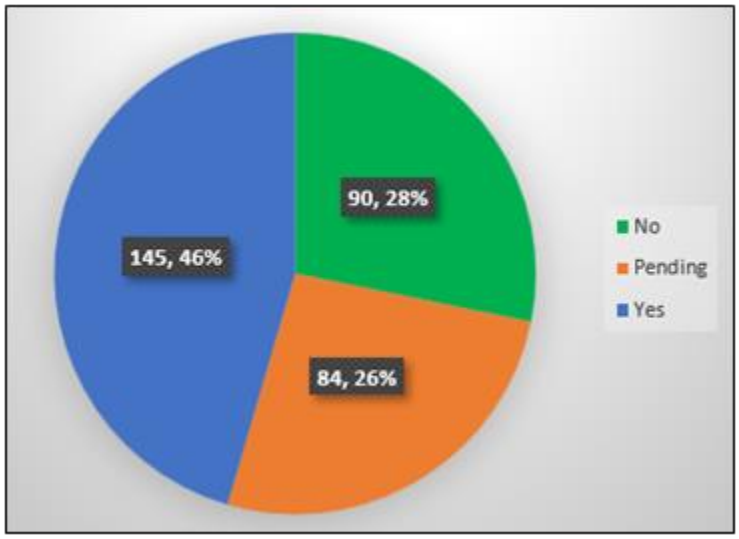
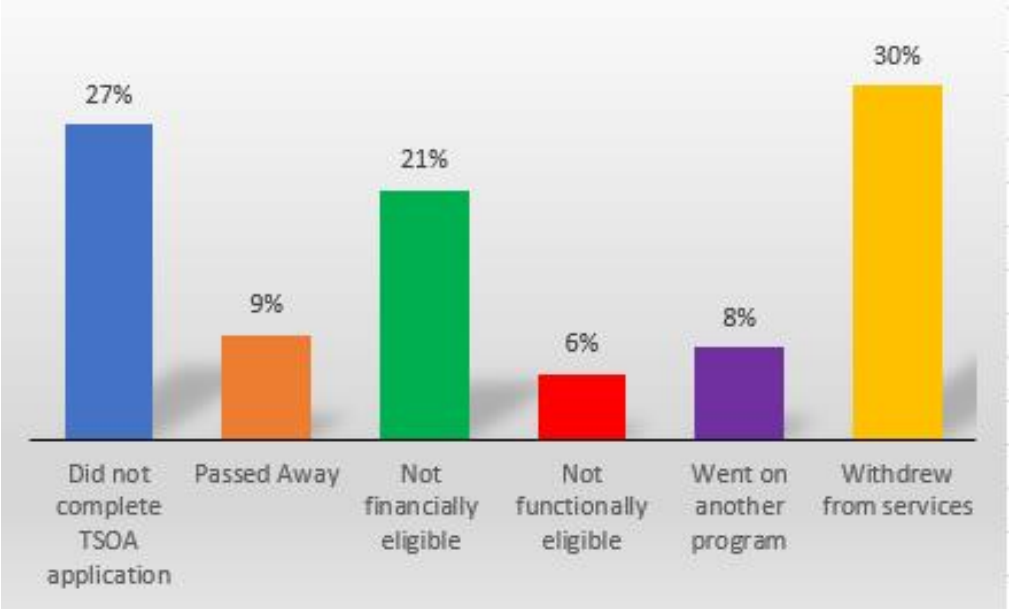


Figure 4: Question 2b: if "No" to question #2a, why?



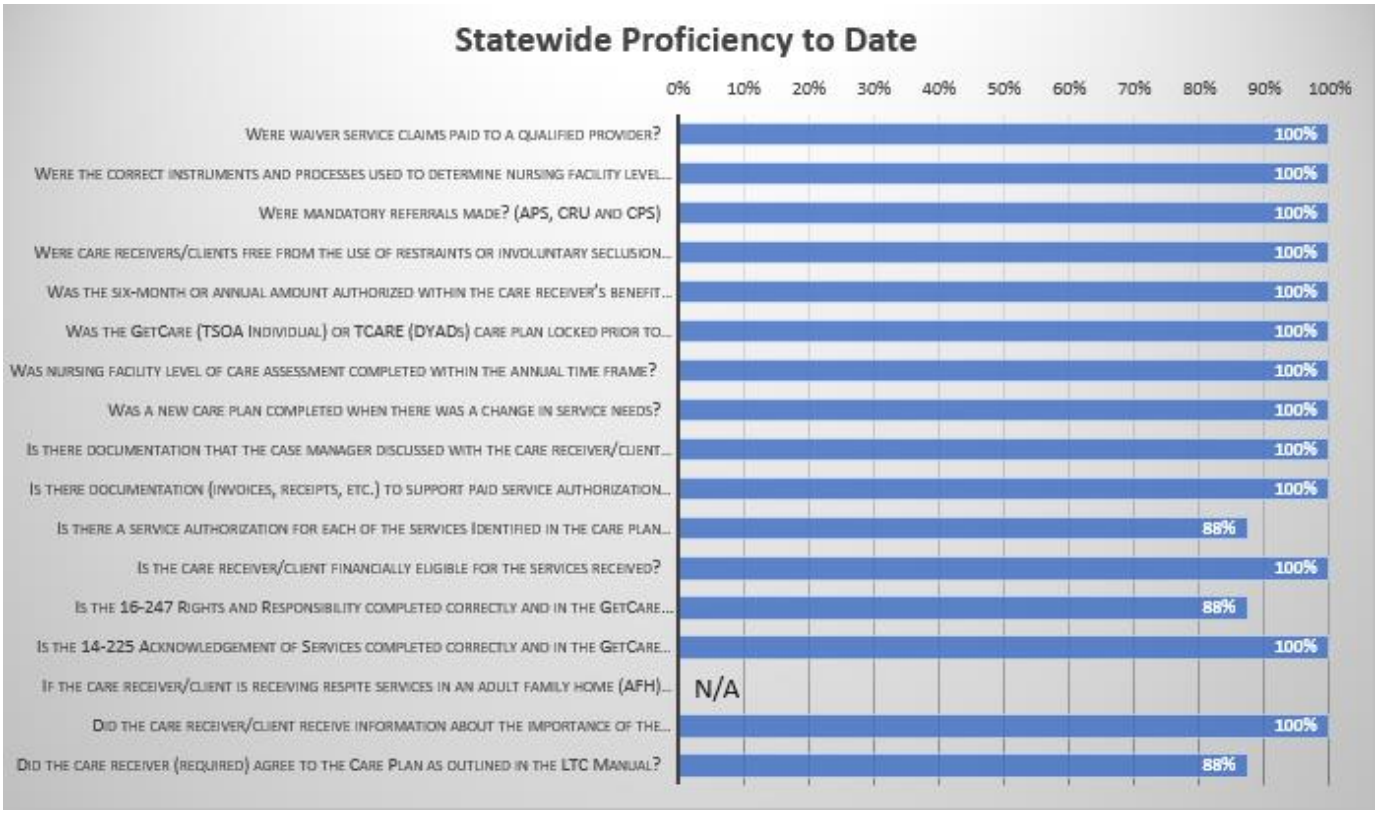
Note: These percentages represent the "No" population in the previous table (the 28 percent; 90 participants outlined above). For example, the 21 percent of PE clients found to be not financially eligible are 21 percent of the 90 participants illustrated in the Table for Question 2a.

2024 quality assurance results to date

HCS's 2024 Quality Assurance cycle began in January. The statewide compliance review of the 17 applicable 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 for 2024 will be 350 cases. The methodology used is the same for the state's 1915© 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 quarter.
- Revisions to LTSS PE Rule in preparation for Phase 2 will begin next quarter.

Upcoming activities

MAC and TSOA

- Continuation of infrastructure development and staff training regarding Consumer Directed Employer implementation for MAC and TSOA programs.
- The Remote Care Services pilot is scheduled to launch in May to help address the work force shortage being experienced with direct care workers.

LTSS PE

- LTSS PE Phase 2.1 is anticipated to roll out in September of 2024. This phase will include all in-home individuals who live in Region 1 and are seeking long-term care services and supports.
- Phase 2.2 will be implemented in early 2025 for individuals requesting long-term services and supports and are living in Region 2 and Region 3 of the state.
- HCS continues to collaborate with our AAA partners, regional staff, and HCS leadership to develop a plan to support all in-home individuals seeking long-term care services and supports.
- Program management staff will continue to collect metrics and monitor data to analyze the success of LTSS PE implementation.

LTSS stakeholder concerns

There are no stakeholder concerns to report this quarter.

Data and Reporting LTSS Presumptive Eligibility

Table 3: number of PE assessments, January–March 2024

Region	Assessment in Process	Assessment Finalized	Total
1	12	58	70
2	0	36	36
3	9	16	25

Quality assurance – LTSS Presumptive Eligibility

Results of the quarterly PE quality assurance review:

Figure 6: Question 1a: did the client remain eligible for in-home services after the PE period?

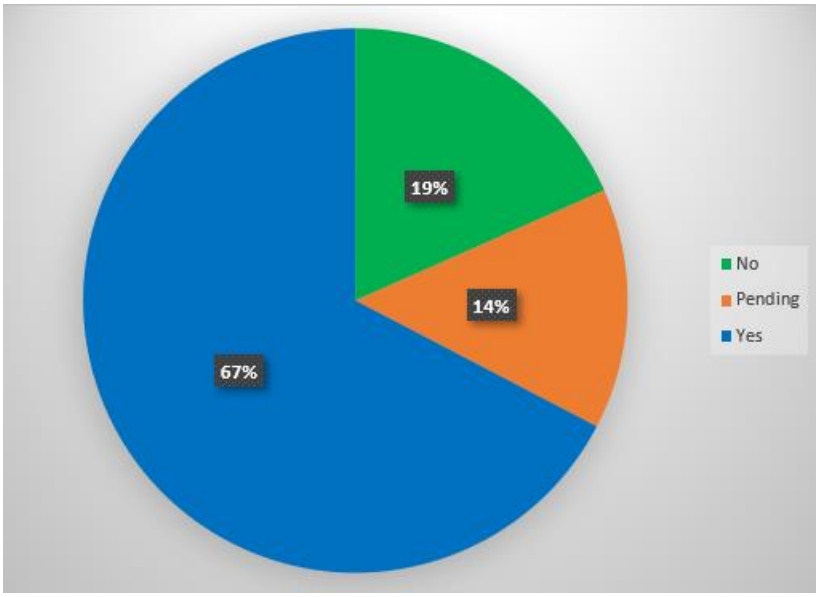


Figure 7: Question 1b: if “No” to question #1a, why?

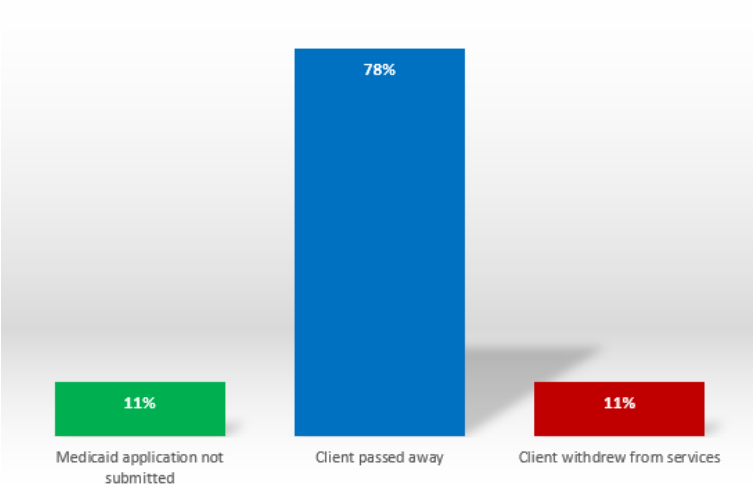
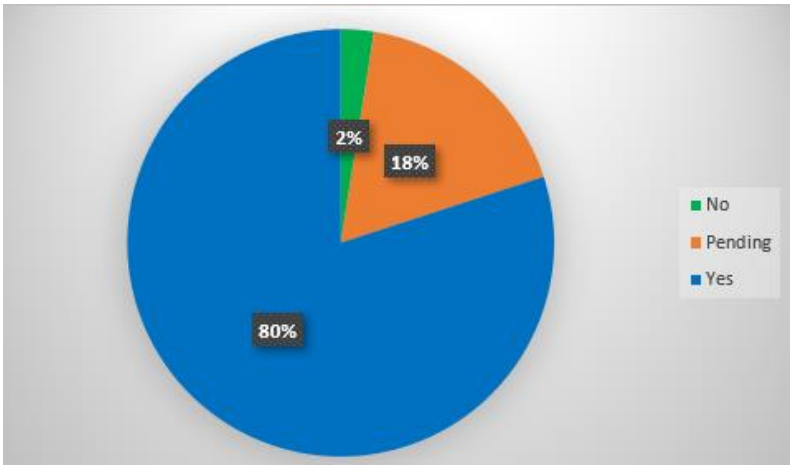


Figure 8: Question 2a: did level of care remain the same from PE assessment to full CARE assessment?



Note: Only one client changed level of care type (NFLOC vs. MPC) from PE assessment to full care assessment.

FCS implementation accomplishments

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 January 1 through March 31, 2024. Key accomplishments for the quarter include:

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

- CSS: 13,810
- IPS: 7,205

There were **221** providers under contract with Amerigroup at the end of the reporting period, representing **548** sites throughout the state.

Note: CSS and IPS enrollment totals include 17,429 participants enrolled in both programs. The total unduplicated number of enrollments at the end of this reporting period was 3,586.

Network adequacy for FCS

Table 4: FCS provider network development

	January		February		March	
FCS service type	Contracts	Service locations	Contracts	Service locations	Contracts	Service locations
Supported Employment – Individual Placement Support (IPS)	39	78	39	78	37	75
Community Support Services (CSS)	28	66	28	66	28	65
CSS and IPS	152	404	152	404	156	386
Total	219	548	219	548	221	548

Client enrollment

Table 5: FCS client enrollment

Supported Employment – Individual Placement and Support (IPS)	**3,449**	**3,507**	**3,619**
Community Support Services (CSS)	9,959	10,008	10,224
CSS and IPS	3,306	3,380	3,586
Total aggregate enrollment	16714	16,895	17,429

Data source: RDA administrative reports

Enrollment note: During this quarter, the FCS team has been working with the FCS third-party administrator (TPA), Wellpoint WA, to reconcile historical enrollment data between the TPA's enrollment system and the State's Medicaid Management Information System (MMIS), known as ProviderOne. The FCS team specifically looked at service authorizations that have ended and that were not reflected accordingly in ProviderOne. The enrollments were then cross referenced with Wellpoint's system prior to initiating a disenrollment. Approximately 1,900 mismatched enrollments were identified dating back to 2021 and are currently being processed. Because both enrollments and disenrollments

occur through a manual process, the FCS team anticipates enrollment reconciliation will be complete in the beginning of next reporting period.

Table 6: FCS client risk profile

		Met HUD homeless criteria	Avg. PRISM risk score	Serious mental illness
January	IPS	763 (11%)	1.03	4,532 (67%)
	CSS	2,687 (20%)	1.28	8,360 (63%)
February	IPS	766 (11%)	1.03	4,639 (67%)
	CSS	2,744 (20%)	1.28	8,441 (63%)
March	IPS	821 (11%)	1.04	4,892 (68%)
	CSS	2,873 (21%)	1.28	8,699 (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
January	IPS	5797	5,247 (91%)	3,586 (62%)	3,334 (58%)
	CSS	11,398	10,216 (90%)	8,131 (71%)	7,470 (66%)
February	IPS	5918	5,319 (90%)	3,636 (61%)	3,369 (57%)
	CSS	11,505	10,241 (89%)	8,169 (71%)	7,462 (65%)
March	IPS	6203	5,532 (89%)	3,754 (61%)	3,461 (56%)
	CSS	11,889	10,499 (88%)	8,348 (70%)	7,580 (64%)

Data source: RDA administrative reports

*Does not include individuals who are dual enrolled.

Table 8: FCS client service utilization

(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
January	IPS	5,797	698 (12%)	4,084 (70%)	2,368 (41%)	590 (10%)
	CSS	11,398	1,034 (9%)	7,319 (64%)	4,934 (43%)	861 (8%)
February	IPS	5,918	716 (12%)	4,087 (69%)	2,396 (40%)	612 (10%)
	CSS	11,505	1,046 (9%)	7,191 (63%)	4,917 (43%)	867 (8%)
March	IPS	6,203	770 (12%)	4,162 (67%)	2,448 (39%)	651 (10%)
	CSS	11,889	1,103 (9%)	7,200 (61%)	4,946 (42%)	912 (8%)

(Aging CARE assessment in last 15 months)

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
January	IPS	1,823 (27%)	170 (3%)	792 (12%)	3,027 (45%)	764 (11%)	165 (2%)
	CSS	3,677 (28%)	727 (5%)	1,738 (13%)	4,785 (36%)	2,211 (17%)	97 (1%)
February	IPS	1,835 (27%)	186 (3%)	788 (11%)	3,039 (44%)	860 (12%)	166 (2%)
	CSS	3,708 (28%)	732 (5%)	1,749 (13%)	4,745 (35%)	2,333 (17%)	91 (1%)
March	IPS	1,917 (27%)	189 (3%)	821 (11%)	3,187 (44%)	894 (12%)	164 (2%)
	CSS	3,782 (27%)	756 (5%)	1,795 (13%)	4,936 (36%)	2,406 (17%)	90 (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 more virtual comprehensive fidelity reviewer trainings, which were divided into two sessions. One two-part training centered on supported employment, while the other training 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, this year 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 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.

Lastly, the FCS team put out a proposal for applications for funds intended to enhance an agency's supportive services, including serving more individuals in rural areas. Awardees will be announced in Q3 of 2024. Each award is up to $25,000 and the FCS training team oversees those contracts. These funds will allow potential and current FCS service providers to implement service alternatives, hire staff, and/or invest in technology that increases simplicity of billing Medicaid.

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 teams traditional Supportive Housing Institute in 2025.

The FCS team continued to maintain regular meetings with the state Department of Commerce to discuss the planning and development of two programs. These programs include the collaboration of the state Department of Commerce, DSHS, and HCA to establish permanent supportive housing units for CSS-eligible individuals under the name "Apple Health and Homes."

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 Wellpoint supported a variety of stakeholder engagement activities.

Table 10: Number of FCS program stakeholder engagement activities held

	January	February	March
Training and assistance provided to individual organizations	160	139	106
Community and regional presentations and training events	14	10	4
Informational webinars	7	6	0
Stakeholder engagement meetings	9	4	11
Total activities	190	159	121

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:

- Medicaid 101
- Why Data Collection is Important
- Diversity, Equity, and Inclusion with IPS Supported Employment
- It takes a village: Building effective community partnerships
- Supportive Housing: Co-Occurring Disorders
- FCS Services Budget Tool
- Supportive Housing Development and Decision Guide Overview – 2 Parts
- Development and Capital Budgets
- Apple Health and Homes Rental Assistance Informational Webinar – 3 opportunities
- Monthly Innovative Strategies for Career Development
- The Power of Preference: Elevating Housing Services through Participant Choice
- Permanent Supportive Housing as Evidence-Based Practice: The Basics
- Housing Skills and Training for Supportive Housing

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 a 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 is a facility with more than 16 beds where at least 51 percent of the patients receive mental health or substance use treatment.

This section summarizes SUD IMD waiver development and implementation activities from January 1 through March 31, 2024.

There was a short yet active legislative session this quarter:

- 2SSB 6228: Requires the length of an initial authorization for inpatient or residential substance use disorder treatment approved by the Public Employees Benefits Board (PEBB), private health insurers, and Medicaid managed care organizations to be no less than 14 days from the date of admission.

Prevention and education related legislation included:

- E2SHB 1956: Addressing Fentanyl and other substance use prevention education
- 2SHB 2112: Concerning opioid and fentanyl prevention education and awareness at institutions of higher education
- ESB 5906: Implementing a statewide drug overdose prevention and education campaign
- SHB 2396: Concerning fentanyl and other synthetic opioids
- SSB 6099: Creating the tribal opioid prevention and treatment account

New related state budget items demonstrated a continued commitment to SUD investment, and included funding for:

- Long-acting injectable buprenorphine ($3,000,000)
- Washington Addiction medicine training ($400,000)
- Community based teams serving people with OUD ($1,500,000)
- High-THC Cannabis ($328,000)
- North Kitsap Recovery Resource Center
- Seattle Opioid Treatment center flooding rehabilitation support.
- Harm-reduction vending machines which contain harm-reduction supplies like naloxone, fentanyl test strips, as well as general hygiene and other public health supplies
- Rapid Methadone Pilot to provide rapid methadone-induction services to clients in hospitals electing to provide these services on an inpatient basis.
- Street Medicine teams that rapidly assess and address the acute and chronic physical and behavioral health needs of homeless people. These three teams offer integrated physical and behavioral health care and case management services. Funding is provided for teams in King County, Spokane, Tacoma, Everett, and Kitsap
- Community prevention and wellness initiatives ($1,500,000)
- Oxford House expansions ($750,000)
- Tribal Fentanyl Summit ($500,000)
- Icelandic model for tribal prevention ($1,000,000)
- Tribal opioid prevention ($2,000,000)
- Tribal opioid task force ($480,000)

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. There are no updates to report for this reporting period.

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

Upcoming activities

There are no updates to report for this reporting period

MHIMD 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 January 1 through March 31, 2024.

The short 2024 legislative session produced bills that continued to invest advanced funding in related behavioral health work, including:

- Funding of the 1915(i) State Plan Ammendments (SPA) implementing a community behavioral support services (CBHS) benefit to provide better support for individuals with complex behavioral health needs residing in long term-residential settings.
- 23-hour crisis relief center grants to establish and expand 23-hour crisis relief center capacity.
- A crisis stabilization and secure withdrawal management center located in Island County.
- Health engagement (behavioral health) hub pilots in addition to the two health engagement hubs we currently have. This funding will allow for three additional health engagement hubs with a focus on BIPOC and Tribal communities for the new HUB locations.
- Occupational Therapy for BH clients funding to support behavioral health agencies interested in establishing occupational therapy services for behavioral health clients.
- Innovative care education funding for provider education on innovative care for individuals with mental illness
- Certified community behavioral health clinic (CCBHC) bridge funding grants to community behavioral health clinics to sustain continued level of operations during the planning process for adoption of the CCBHC model statewide.

Implementation plan

No updates at this time.

MH 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.

Upcoming activities

- Behavioral health conference
- Continued implementation of 988 crisis line infrastructure

Contingency Management 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 (CM) 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, in order to increase the likelihood of these behaviors, which are essential components and outcomes of effective treatment.

This section summarizes the Contingency Management program development and implementation activities from January 1 through March 31, 2024.

Implementation progress

This quarter was focused on the development of contracts and financial coding for Contingency Management. Following several meetings with various financial teams, we found that the coding for Contingency Management is very particular and requires the development of some specific bill coding to function in the current billing environment, specifically for UA testing.

After meeting with various financial managers, it was determined that best course of action for year one activities is to create individual contracts, billing A19's, and building a Goods and Service Request (GSR) with each of the contracted agencies to pay for UA tests and certificates.

Medicaid wrap-around contracts will be discussed for future years of the program as there are specific internal timeframes that need to be addressed to include in future years.

Additional work was completed during this quarter on the Selection Survey to be sent to prospective participants.

Upcoming activities

The CM team will begin work to develop the GSRs noted to develop billing A19s. We will contact the appropriate managers and finance team members to approve the GSRs and move this process forward.

We anticipate sending the Site Selection Surveys to prospective facilities during this quarter.

We will continue to meet with the Contingency Management working group team and will meet with Washington State tribal representation to coordinate efforts for Contingency Management within the Washington Tribal community.

Continuous Enrollment implementation accomplishments

On July 1, 2023, Washington State received approval of its 1115 waiver (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 for those who were not previously enrolled in Medicaid or CHIP during their pregnancy (*in tandem with the SPA noted below*).

This section summarizes the Continuous Enrollment programs development and implementation activities from January 1 through March 31, 2024. Enrollment numbers are referenced in Table 13 below.

Continuous Apple Health enrollment for children, ages 0 through 5

Implementation progress

Since the approval date in April 2023, the state 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.

Full system support to provide continuous eligibility through automatic annual renewals was implemented in March 2024.

Upcoming activities

The state continues to outreach to families on continuous Apple Health enrollment.

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

The state is working towards adding this coverage group into managed care by July 2024 to be consistent with the other postpartum programs in Washington.

Reentry from a carceral setting implementation accomplishments

On July 1, 2023, Washington State received approval of its 1115 waiver (MTP 2.0) for new programs. The reentry from a carceral setting program provides individuals 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 January 1 through March 31, 2024.

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 is moving forward with plans to release the initiative invitatation letter, overview to facilities, and Intent to Participate form to carceral facilities in late April 2024. The design of the documents is meant to provide an overview of the program as well as requirements for participation. A submitted intent to participate from carceral facilities marks the initiation into participation.

Upcoming activities

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

- Continued discussions and information gathering regarding a TPA role to support administrative and care management functions
- Care management design, including pre-release and immediate post-release continuity of care
- 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 TPA role and Medicaid billing

In addition, HCA has planned the following activities to engage with facilities and external stakeholders about the reentry program

- Zoom Webinar planned for April 29, 2024
- Zoom Office Hours planned for May 13 and May 24, 2024

The office hours are designed to aid facilities with the Intent to Participate letter required to initiate participation in the program.

HRSN implementation accomplishments

On July 1, 2023, Washington State received approval of its 1115 waiver (MTP 2.0) for new programs including HRSN.

- 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 January 1 through March 31, 2024.

Community Hubs

Implementation progress

Following CMS's approval of the state's HRSN Infrastructure protocols, HCA developed a reporting and evaluation process for ACHs to seek DY8 infrastructure funding to support readiness for the delivery of hub services. Much of DY9 infrastructure funding is expected to support the launch of the community hubs and there will be a separate application process, which is still in process, for eligible entities to qualify for these funds. In addition, HCA worked with ACHs and other partners to develop a set of readiness criteria for the initial launch of the hubs.

Upcoming activities

HCA will evaluate submissions for DY8 HRSN infrastructure funding and release funds, as appropriate. HCA also will evaluate readiness criteria for the initial launch of the hubs. Each hub will launch as it meets the state's criteria. The earliest expected launch date is July 1, 2024.

Native Hub

The Native Hub is being co-developed between HCA and the 29 federally recognized Tribes and two Urban Indian Health Programs (IHCPs) in Washington State.

Implementation progress

During this reporting period, HCA finished presenting the concept of the Native Hub to the 29 federally-recognized Tribes and two federally-recognized Urban Indian health programs. Now that all IHCPs have received the same information and had brief exposure to the idea, work has begun to define the operational steps required to stand up the Native Hub.

Upcoming activities

Upcoming activities include:

- Additional presentations during regular standing meetings.
- A possible tribal caucus to discuss the plan and develop tribal feedback to ensure the Native Hub is relevant to Tribes and IHCPs.
- Develop a workplan and timeline based on feedback from and in partnership with Tribes.

HRSN services and infrastructure

Implementation progress following CMS feedback about Washington's initial HRSN services protocol submission, the state is revising its services protocol document. With input from an internal workgroup and the TAHC Task Force, the state has determined the initial phasing of HRSN service implementation:

- Phase 1a: case management, outreach, and education (to establish the community and Native hubs)

- Phase 1b: Recuperative care and short-term post-hospitalization housing (medical respite), Housing transition navigation services, Rent/temporary housing
- Later phases: Nutrition support, stabilization centers, day habilitation, caregiver respite, environmental adaptations

The state's internal workgroup, along with sub-groups focused on specific services, continues to guide the planning and implementation of HRSN services.

Upcoming activities

The state will submit its revised HRSN services protocol and its HRSN Implementation plan. These two complementary documents will provide a roadmap for implementation. The state continues to convene key external partners—notably the ACHs and MCOs—to design a collaborative process for delivering HRSN services.

The state continues to work on coordinating and aligning cross-initiatives work between HRSN services and reentry.

Quarterly expenditures

The following tables reflect quarterly expenditures for LTSS and FCS. Updated quarterly expenditures for DSRIP will be available during the next reporting period.

Table 11: 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)	$227,905				$227,905
Medicaid Alternative Care (MAC)	$5,755,443				$5,755,443
MAC and TSOA not eligible	$0.00				$0.00
FCS	$10,205,159				$10,205,159

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.

Table 12: Member months eligible to receive services (Non-expansion adults, SUD, SMI)

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
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	7	23	123	11	0	0	0	0
Aug-18	366,224	14	31	212	43	0	0	0	0
Sept-18	365,226	7	13	109	40	0	0	0	0
Oct-18	365,225	7	13	115	48	0	0	0	0
Nov-18	364,756	7	27	171	33	0	0	0	0
Dec-18	364,208	9	26	165	38	0	0	0	0
Jan-19	364,134	32	106	395	49	0	0	0	0
Feb-19	362,452	28	101	386	45	0	0	0	0

Mar-19	362,104	31	128	427	40	0	0	0	0
Apr-19	361,633	37	122	448	42	0	0	0	0
May-19	361,115	46	141	506	52	0	0	0	0
June-19	360,355	59	165	592	52	0	0	0	0
Jul-19	360,782	77	163	791	45	0	0	0	0
Aug-19	360,354	73	196	810	47	0	0	0	0
Sep-19	359,908	75	205	846	42	0	0	0	0
Oct-19	359,396	89	224	976	33	0	0	0	0
Nov-19	358,532	87	217	886	38	0	0	0	0
Dec-19	358,857	91	241	1074	44	0	0	0	0
Jan-20	359,303	78	188	1042	35	0	0	0	0
Feb-20	359,307	55	174	823	39	0	0	0	0
Mar-20	360,999	64	173	947	36	0	0	0	0
Apr-20	364,490	83	181	1148	16	0	0	0	0
May-20	366,940	58	220	817	17	0	0	0	0
Jun-20	369,736	74	232	1124	19	0	0	0	0
Jul-20	372,428	85	231	1256	19	0	0	0	0
Aug-20	375,259	51	203	870	29	0	0	0	0
Sep-20	377,479	67	205	1068	35	0	0	0	0
Oct-20	379,513	70	216	1220	22	0	0	0	0
Nov-20	380,421	36	188	755	18	0	0	0	0
Dec-20	381,902	47	209	863	24	47	22	60	6
Jan-21	383,074	43	222	843	25	2	2	13	6
Feb-21	383,169	26	87	294	15	107	38	173	7
Mar-21	384,465	22	82	309	14	109	38	171	6
Apr-21	385,750	20	73	286	13	108	38	172	4
May-21	386,909	32	86	311	22	111	39	171	4
Jun-21	387,918	20	31	163	20	111	38	168	3
Jul-21	389,482	26	101	375	18	109	38	168	5
Aug-21	391,473	20	92	320	15	107	38	173	4
Sep-21	392,856	18	80	313	15	111	38	173	6
Oct-21	394,149	17	78	261	15	110	39	171	5
Nov-21	396,035	15	77	293	12	111	39	170	6
Dec-21	396,616	8	40	214	12	112	38	171	5
Jan-22	398,200	4	13	88	8	107	36	178	4

Feb-22	399,464	36	179	649	10	78	21	144	2
Mar-22	401,027	40	176	656	19	77	21	144	2
April-22	403,205	41	182	662	14	82	21	140	4
May-22	404,647	44	197	731	14	85	21	141	3
Jun-22	406,881	46	194	745	24	83	22	142	6
Jul-22	408,953	43	195	786	14	82	22	144	3
Aug-22	411,709	79	259	1154	19	114	24	210	3
Sep-22	413,081	80	257	1159	20	116	22	211	3
Oct-22	415,030	80	260	1156	23	113	22	212	3
Nov-22	417,349	56	225	930	21	112	22	212	6
Dec-22	419,909	56	231	942	17	114	23	216	9
Jan-23	421,983	60	236	976	14	116	30	231	6
Feb-23	423,996	54	196	972	11	137	86	395	8
Mar-23	426,719	57	200	983	16	137	90	402	7
April-23	427,948	55	200	999	17	137	89	410	8
May-23	427,985	84	291	1119	10	140	91	417	8
Jun-23	420,129	88	289	1119	16	133	92	419	5
Jul-23	411,634	94	315	1419	11	132	95	420	5
Aug-23	401,783	89	305	1422	11	132	89	414	7
Sep-23	399,726	91	309	1424	18	133	88	412	9
Oct-23	398,921	93	315	1458	19	134	89	413	9
Nov-23	0	74	287	1207	10	136	89	406	7
Dec-23	0	72	288	1189	1	139	84	393	4
Jan-24	0	73	281	1148	0	135	81	379	0
Total	31,383,440	3,400	11,491	50,040	1,604	4,159	1,815	9,159	198

Table 13: Member months eligible to receive services (Presumptive Eligibility, Post-Partum, Continuous Enrollment for Children)

Calendar month	Presumptive Eligibility	CE Post-Partum Individuals	CE Children Disabled	CE Children Non-Disabled
Apr-23	0	0	2,663	254,888
May-23	0	0	2,624	254,776
Jun-23	0	0	2,610	253,331
Jul-23	0	563	2,610	252,404
Aug-23	0	545	2,457	252,417
Sep-23	0	548	2,441	253,965

Oct-23	0	571	2,430	254,304
Nov-23	0	592	2,433	254,627
Dec-23	3	624	2,389	254,631
Jan-24	9	640	2,385	254,191
Feb-24	13	622	2,359	253,622
Mar-24	4	620	2,338	251,771
Total	29	5,325	29,739	3,044,927

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 following activities:

- MTP 1.0 Summative Evaluation Report
- MTP 2.0 Evalution design

The MTP 2.0 evaluation design was submitted for CMS approval to in January of 2024.

Upcoming IEE activities

The IEE team is working with HCA to address CMS feedback on the MTP 2.0 evaluation design. The IEE team is expected to submit the first draft of the MTP 1.0 Summative Evalution report during the next reporting cycle.

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, SPI	360-725-1876
DSRIP program	Michael Arnis	Deputy Policy Director, SPI	360-725-1876
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	EPICS Deputy Section manager	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	Emma Oppenheim	Director, Medicaid Transformation Project	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
Strategy, Policy, and Innovation Division
PO Box 42747
Olympia, WA, 98504

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 March 31, 2024.

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**

No updates to report for this quarter

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

The state has no metrics to provide this quarter due to waiting for CMS guidance. The state anticipates providing the data metrics for next reporting period.

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

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

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.

2. **Executive Summary**
   No updates to report for this quarter.

3. **Narrative information on implementation, by milestone and reporting topic**
   The state has no metrics to provide this quarter due to waiting for CMS guidance. The state anticipates providing the data metrics for next reporting period.

Washington State Health Care Authority

Medicaid Transformation Project

Health Care Authority	SFY 22-23 Budget	SFY 22 Expenditures to Date	SFY 23 Expenditures to Date	SFY 22-23 Total Expenditures	SFY 24-25 Budget	SFY 24 Expenditures to Date	SFY 25 Expenditures to Date	SFY 24-25 Total Expenditures
MTP 2.0	**$0**	**$0**	**$0**	**$0**	**$146,982,000**	**$1,509,038**	**$0**	**$1,509,038**
Admin (GF-F)	$0	$0	$0	$0	$ 5,196,000	$1,509,038	$0	$1,509,038
HRSN Services (GF-F)	$0	$0	$0	$0	$ 141,786,000	$0	$0	$0
MTP 2.0	**$88,813,000**	**$40,640,750**	**$11,803,229**	**$52,443,980**	**$146,982,000**	**$1,509,034**	**$0**	**$1,509,034**
Admin (GF-L)	$6,259,500	$2,095,400	$2,698,013	$4,793,413	$ 5,196,000	$1,509,034	$0	$1,509,034
HRSN Services (GF-L)	$82,553,500	$38,545,351	$9,105,217	$47,650,567	$ 141,786,000	$0	$0	$0
Initiative 1 - DSRIP	**$93,094,000**	**$42,934,419**	**$12,037,457**	**$54,971,876**	**$3,137,000**	**$565,266**	**$0**	**$565,266**
Admin (GF-F)	$10,540,500	$4,389,068	$2,932,241	$7,321,309	$3,137,000	$565,266	$0	$565,266
DSRIP Incentives (GF-F)	$82,553,500	$38,545,351	$9,105,217	$47,650,567	$0	$0	$0	$0
Initiative 1 - DSRIP	**$88,813,000**	**$40,640,750**	**$12,037,453**	**$52,678,204**	**$3,137,000**	**$565,266**	**$0**	**$565,266**
Admin (GF-L)	$6,259,500	$2,095,400	$2,932,237	$5,027,637	$3,137,000	$565,266	$0	$565,266
DSRIP Incentives (GF-L)	$82,553,500	$38,545,351	$9,105,217	$47,650,567	$0	$0	$0	$0
Initiative 2 - DSHS MAC/TSOA**	$79,456,000	$22,281,245	$36,312,164	$58,593,409	$116,654,000	$15,288,578	$0	$15,288,578
MAC/TSOA (GF-F)	$39,728,000	$11,140,623	$17,795,740	$28,936,363	$58,321,000	$7,745,423	$0	$7,745,423
MAC/TSOA (GF-L)	$39,728,000	$11,140,622	$18,516,424	$29,657,046	$58,333,000	$7,543,155	$0	$7,543,155
Initiative 3 - FCS	**$57,244,000**	**$22,212,290**	**$34,187,690**	**$56,399,980**	**$65,148,000**	**$26,706,937**	**$0**	**$26,706,937**
FCS SE ADMIN (GF-F)	$1,046,500	$839,056	$635,313	$1,474,369	$ 1,106,000.00	$669,643	$0	$669,643
FCS SE ADMIN (GF-L)	$1,046,500	$320,423	$635,313	$955,736	$ 1,106,000.00	$669,643	$0	$669,643
FCS SE SERVICES (GF-F)	$14,919,690	$6,099,443	$6,154,303	$12,253,745	$ 17,705,980.00	$4,697,471	$0	$4,697,471
FCS SE SERVICES (GF-L)	$6,094,810	$1,190,483	$2,752,781	$3,943,264	$ 7,232,020.00	$1,919,608	$0	$1,919,608
FCS SH ADMIN (GF-F)	$1,853,000	$1,373,775	$1,482,254	$2,856,029	$ 2,002,500.00	$1,699,814	$0	$1,699,814
FCS SH ADMIN (GF-L)	$1,852,000	$610,059	$1,482,254	$2,092,313	$ 2,002,500.00	$1,699,814	$0	$1,699,814
FCS SH SERVICES (GF-F)	$21,605,550	$9,653,954	$14,411,842	$24,065,796	$ 24,135,030.00	$10,716,336	$0	$10,716,336
FCS SH SERVICES (GF-L)	$8,825,950	$2,125,097	$6,633,630	$8,758,727	$ 9,857,970.00	$4,634,608	$0	$4,634,608
Agency Admin (GF-F)	$0	$0	$0	$0	$0	$0	$0	$0
Initiative 3 - FCS**	**$1,170,000**	**$615,387**	**$493,594**	**$1,108,981**	**$1,580,000**	**$541,161**	**$0**	**$541,161**
DSHS FCS ADMIN (GF-F)	$585,000	$307,694	$246,797	$554,490	$790,000	$270,580	$0	$270,580
DSHS FCS ADMIN (GF-L)	$585,000	$307,693	$246,797	$554,490	$790,000	$270,580	$0	$270,580

DSHS - ALTSA	SFY 22 Budget	SFY 22 Expenditures to Date		SFY 22 Expenditures to Date	SFY 24-25 Budget	SFY 24 Expenditures to Date	SFY 25	SFY 24-25 Expenditures to Date
Initiative 2 - MAC and TSOA	**$29,292,000**	$27,344,798	$0	**$27,344,798**	$ -		$0	**$0**
Initiative 3 - FCS	**$624,000**	$350,546	$0	**$350,546**	$0	$0	$0	**$0**

DSHS and HCA (Community Behavioral Health)	SFY 22-23 Budget	SFY 22 Expenditures to Date*	SFY 23 Expenditures to Date*	SFY 22- 23 Expenditures to Date*	SFY 24-25 Budget	SFY 24 Expenditures to Date*	SFY 25 Expenditures to Date*	SFY 24-25 Expenditures to Date*
Initiative 3 - FCS	**$3,364,000**	**$937,771**	**$752,540**	**$1,690,311**	**$4,367,000**	**$729,570**	**$0**	**$729,570**
FCS (GF-F)	$2,104,000	$711,715	$376,218	$1,087,933	$2,183,500	$364,786	$0	$364,786
FCS (GF-L)	$1,260,000	$226,056	$376,322	$602,377	$2,183,500	$364,785	$0	$364,785

*Administrative staff costs only. FCS admin and service expenditures (TPA costs) are paid from HCA's budget. As of SFY19, CBH merged with HCA.

**Per ESSB 5092, effective January 1, 2022 DSHS waiver expenditures (for Initiative 2 and 3) are appropriated under HCA's budget.

DSRIP - Delivery System Reform Incentive Payment

FCS - Foundational Community Supports

MAC and TSOA - Medicaid Alternative Care and Tailored Supports for Older Adults

Expenditures are reported on a cash basis and include liquidations.

Washington State Health Care Authority

Medicaid Quality Improvement Program

Report to Joint Select Committee on Health Care Oversight

Reporting period: January 1, 2024–March 31, 2024

Background

The Washington State Legislature authorized the Medicaid Quality Improvement Program (MQIP) during the 2020 Legislative session to support the Medicaid Transformation Project. MQIP allows Washington State to implement quality improvement programs for people enrolled in Apple Health (Medicaid).

Under MQIP, Medicaid managed care organizations (MCOs) are responsible for partnering with participating public hospitals to implement activities that:

- Reinforce the delivery of quality health care
- Support community health

Through MQIP, MCOs will receive incentive funds to share with participating public hospitals when they meet specific milestones. The Association of Washington Public Hospital Districts (AWPHD) and University of Washington Medicine (UW Medicine) are state public hospitals participating under MQIP, in partnership with MCOs.

HCA worked with MQIP partners throughout Q2 2023 to discuss new program parameters for MQIP 2.0 to correspond with the launch of MTP 2.0, effective July 1, 2023. The milestones under MQIP 2.0 will restart at Milestone 1 based on the new parameters being established.

Under MQIP 2.0, HCA will focus on improving social needs screening rates and reporting to help address inequities and social determinants of health. To do this, HCA will engage collaboratively with MCOs and their network providers to design a strategy to improve social needs screening rates and reporting.

The initial design of MQIP 2.0 was focused on alignment with the new National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) measure and the Social Need Screening and Intervention (SNS-E) measure. However, after partnering providers completed Milestone 1, the focus of MQIP 2.0 shifted to pursue social needs screening projects more broadly. MCOs and their network providers will screen patients for three types of social needs: food, housing, and transportation.

Implementation status and results

During Q3 of 2023, HCA implemented a social needs screening survey as a required deliverable for all MQIP partners. This survey captures information regarding SNS-E readiness, current practices regarding social needs screening and interventions, and information regarding screening categories and tools used.

During Q4 of 2023, all MQIP partners completed the survey to receive payments for Milestone 1. These survey results informed discussions regarding social needs screening, appropriate screening categories and tools, and alignment between SNS-E requirements and other agency priorities such as Health-Related Social Needs (HRSN) services under MTP 2.0. Key results from the survey included the following:

- The top three tools used for social needs screenings were the following: PREPARE, Accountable Health Communities, Hunger Vital Sign
- Other HRSN categories identified were financial resources, social connectedness, and safety.
- Most social needs screenings occur upon enrollment within an MCO or entry into a provider facility.

- The top barriers identified in implementing SNS project changes were billing coding issues, data infrastructure and fragmentation, and capacity issues with both providers and community-based organizations to address positives social needs screenings.

During Q1 of 2024, MQIP partners created a SNS project proposal that works to standardize SNS practices across partnering public hospitals. The project proposal is currently under review by all MQIP partners and will be submitted to HCA for final approval in May 2024.

Milestones, payment, and improvement measures

Reporting periods occur every six months and each reporting period represents a milestone for approval and payment.

As part of achieving a milestone, AWPHD and UW Medicine submit an implementation plan status report, updated work plan, or other required deliverables based on parameters established by HCA. Data from Milestone 1 survey completion will be reported in future MQIP reports once those results have been synthesized.

Expenditures

HCA released MQIP Payments for Milestone 1 in January 2024; the payment amount was a total of $36,733,492.02 across MQIP partners.

Table 1: MCO-earned admin and payments to public hospitals (March 2024)

	Amerigroup	Community Health Plan	Coordinated Care	Molina	United Healthcare	Total
Admin	$150,000.00	$150,000.00	$150,000.00	$150,000.00	$150,000.00	$750,000.00
UW Medicine	$3,310,676.00	$4,008,155.00	$14,082,856.00	$3,791,203.62	$3,593,903.00	$28,786,793.62
Evergreen Healthcare & Valley Medical Center	$728,348.00	$881,794.00	$3,098,228.00	$834,066.60	$790,658.00	$6,333,094.60
AWPHD	$33,107.00	$40,082.00	$140,828.99	$37,910.94	$35,939.00	$287,867.93
Public Hospitals Statewide	$66,213.52	$80,163.09	$281,657.13	$75,824.06	$71,878.07	$575,735.87
Total	$4,288,344.52	$5,160,194.09	17,753,570.12	$4,889,005.22	$4,642,378.07	36,733,492.02