



February 19, 2016

MaryAnne Lindeblad
Medicaid Director
Health Care Authority
626 8th Avenue SE
Olympia, WA 98501

Re: Public Comment related to Medicaid 1115 Waiver Transformation Projects

Dear MaryAnne,

The Community Health Plan of Washington (CHPW) appreciates the opportunity to provide comments regarding the transformation project proposals submitted to the state to support the Medicaid Transformation 1115 Waiver. As the Health Care Authority (HCA) proceeds with the development of the Transformation Project Framework, CHPW is offering the following recommendations aimed at addressing prioritization of projects, alignment of projects, and factors for design and implementation.

- ***The project framework should prioritize and require projects statewide that promote evidence and/or research based bi-directional, physical and behavioral health integration.*** Delivery System Reform Incentive Payment (DSRIP) should aim to complement the integration of financing and administration of physical and behavioral health, by supporting the necessary transformation needed to integrate the delivery system by 2020. To this end, we would strongly support the Behavioral Health Integration Project (Project 153) be included within the project framework. While we are requesting the prioritization of the Behavioral Health Integration Program project, it is important to recognize this project will only be successful if it sits within a robust continuum of care. We encourage HCA to identify deliberate connections and linkages across projects, potentially through incentives, to prevent further silos of care and duplication and truly create integrated delivery systems across communities and regions.
- ***Ensure care delivery redesign model fidelity for aligned projects.*** With over 177 projects submitted and many focused on similar topics, theming will be imperative. As work ensues to align the many project submissions, breaking apart and/or pulling elements from specific projects could negatively impact the projected outcome and return on investment attributed to certain projects. When appropriate, HCA should consult clinical expertise and/or the project leads to ensure fidelity of care models.
- ***Development of the supportive housing and supported employment benefits should align with delivery system reform goals.*** It has long been recognized that housing and employment supports can lead to better health outcomes. As efforts move forward to design Initiative 3's targeted community supports of supportive housing and supported employment, the goals of an integrated, value based system should apply. This is applicable to Initiative 1 as there are a



number of project ideas that focus on developing community and provider capacity to deliver these services. To ensure synergy across projects and the new benefits, the benefit should clearly link to health and behavioral health services, not limit the provider type eligible for providing the service, and ensure the benefit can be sustainable and is tied to relevant measures.

- **Align projects with managed care vision and on-going initiatives.** Medicaid managed care will be critical in sustaining transformation shaped by waiver investments through value based arrangements with provider systems by the end of the demonstration. This work should happen alongside development of the waiver projects and mutually reinforce each other. For example, any measures included as desired reporting, process and outcome measures attributed to projects should align with those required within managed care contracts as well. In addition, taking steps to identify opportunities where DSRIP investments might complement existing requirements within Medicaid managed care contracts such as Performance Improvement Projects or known gaps in service coverage will be important. In addition, it will be critical to work in partnership to define value based payment goals and the desired future state and the roadmap to get there.
- **Further define the administrative, financial and coordinating capacity necessary to implement transformation projects.** The capacity threshold necessary for Accountable Communities of Health (ACH) to perform the role of coordinating entity is still unclear. It is imperative to do the due diligence in clearly articulating some of these necessary capacities for both the coordinating entity as well as for specific projects. Being transparent about this process and the necessary functions will be critical. This will allow for preparation, identification of existing resources that can be utilized and may allay fears of duplication.

Again, thank you for the opportunity to comment on this process. The Medicaid Transformation Waiver presents an opportunity to facilitate, motivate and sustain transformation within Washington's health system and we look forward to partnering in this work. As always, please contact us with any questions or comments.

Sincerely,



Lance K. Hunsinger
Chief Executive Officer