WASHINGTON STATE
SECTION 1115 DEMONSTRATION
FACT SHEET

Name of Section 1115 Demonstration:	Medicaid Transformation Project
Waiver Number:	11-W-00304/0
Date Proposal Submitted:	August 24, 2015
Date Proposal Approved:	January 9, 2017
Date of Implementation:	January 9, 2017
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Number of Amendments:	N/A

SUMMARY

Accountable Communities of Health, or ACHs, are regionally situated, self-governing organizations certified by the state with non-overlapping geographic boundaries that also align with Washington's regional service areas for Medicaid purchasing. Composed of managed care, provider, and many other community organizations, ACHs are focused on improving health and transforming care delivery for the populations that live within their region. ACHs are not new service delivery organizations and do not provide direct services. Instead, they will conduct a regional needs assessment and coordinate and oversee regional projects aimed at improving care for Medicaid beneficiaries through a Delivery System Reform Incentive Payment (DSRIP) program. The ACHs will focus on building health systems and community capacity, attaining financial sustainability through participation in value-based payment, integrating physical and behavioral health, managing community-based whole person care, and improving health equity and reducing health disparities.

To address the costs associated with an increasingly aging population, the state will create a new optional Medicaid Alternative Care (MAC) benefit package for individuals eligible for Medicaid but not currently receiving Medicaid-funded long-term services and supports (LTSS). The state will also establish a new eligibility category and limited benefit package, Tailored Supports for Older Adults (TSOA), for individuals "at risk" of future Medicaid LTSS use who do not currently meet Medicaid financial eligibility criteria. The state's final initiative will provide Foundational Community Supports (FCS) to many of the state's most vulnerable Medicaid beneficiaries.

ELIGIBILITY

1. All individuals who are currently eligible under the state's Medicaid State Plan; and
2. Individuals eligible for TSOA who are not otherwise eligible for Categorically Needy or Alternative Benefit Plan Medicaid, age 55 or older, meet functional eligibility criteria for HCBS under the state plan or 1915(c), and have income up to 300 percent of the supplemental security benefit rate established by section 1611(b)(1) of the Act.

DELIVERY SYSTEM

Managed care organizations (MCO) will continue to serve the majority of Medicaid enrollees in the provision and coordination of State Plan services and will be incentivized to implement value-based payment (VBP) strategies.

BENEFITS

The MAC benefit package will provide another community option for clients and their families to choose from—and will provide support for unpaid family caregivers—avoiding or delaying the need for more intensive Medicaid-funded services. Unlike the traditional Medicaid benefit package, the MAC benefit package promotes choice in how individuals and families receive services. The services could include training, respite, support groups and the necessary services will be defined during the person-centered planning process. At any time, beneficiaries can opt out of MAC into traditional Medicaid. The TSOA benefits are nearly identical to the MAC benefit package. Under the FCS program, the state will provide a set of home and community-based services (HCBS) that includes two categories to eligible beneficiaries: one-time community transition services to individuals moving from institutional to community settings and those at imminent risk of institutional placement, and HCBS that could be provided to the individual under a 1915(c) waiver or 1915(i) SPA.

EVALUATION PLAN

The state has submitted to CMS for approval a draft evaluation design which includes discussion of the goals, objectives, and evaluation questions specific to the entire delivery system reform demonstration.

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