STATE OF WASHINGTON

December 9, 2020

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

SUBJECT: Quarterly Report on the Medicaid Transformation Project Demonstration

Pursuant to SSB 5883, Sections 213(1)(e)&(f), 204(3)(b), and 206(25)(a)&(b), enclosed please find two documents reporting on the activities, outcomes, financial status, and expenditures of the Medicaid Transformation Project Demonstration. The first is a copy of our recently-submitted report to the federal Centers for Medicare and Medicaid Services (CMS). Under the terms of our agreement with CMS, the state is required to report quarterly on the activities and accomplishments of the Demonstration. Within the report is a quarterly expenditure and FTE report covering all three initiatives of the Demonstration. Given that the information contained in the report is the same as what we believe to be required under SSB 5883, 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 document is a Medicaid Quality Improvement Program (MQIP) report is now included as a deliverable within our quarterly update. The MQIP report was required in the corresponding budget proviso.

The third document is an Accountable Communities of Health (ACH) activities report. This is also now included as a deliverable within our quarterly update.

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

Cheryl Strange
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 Medicaid Transformation Project (MTP) demonstration
Section 1115 Waiver Annual Report (DY4) / Quarterly Report (DY4 Q3)
Demonstration Year: 4 (January 1 to December 31, 2020)
Reporting Quarter: 3 (July 1 to September 30, 2020)

Table of contents

Introduction 5

Vision: a healthier Washington 5

Quarterly report: July 1–September 30, 2020 6

Summary of quarter accomplishments 6

MTP-wide stakeholder engagement 6

Paying for Value surveys 6

MTP one-year extension 6

Updating the website 7

Statewide activities and accountability 8

Value-based purchasing (VBP) 8

VBP Roadmap and Apple Health Appendix 8

Validation of financial performance measures 8

Statewide progress toward VBP targets 8

Technical support and training 9

Upcoming activities 9

Integrated managed care (IMC) progress 9

Health information technology (HIT) 9

DSRIP program implementation accomplishments 11

ACH project milestone achievement 11

Semi-annual reporting 11

Next steps 11

Annual VBP milestone achievement by ACHs 11

Financial executor (FE) portal activity 11

DSRIP measurement activities 12

State measurement support 12

DSRIP program stakeholder engagement activities 12

DSRIP stakeholder concerns 13

Upcoming DSRIP activities 14

Tribal project implementation activities 14

Tribal partner engagement timeline 14

LTSS implementation accomplishments 16

Network adequacy for Medicaid Alternative Care (MCA) and Tailored Supports for Older Adults (TSOA) 16

Assessment and systems update 16

Staff training 16

Data and reporting 17

Table 1: beneficiary enrollment by program 17

Table 2: completed care plans 18

Tribal engagement 18

Outreach and engagement 18

Table 3: outreach and engagement activities by AAA 18

2020 Quality assurance results for Presumptive Eligibility (PE) Review 19

Table 4: Question 1: was the client appropriately determined to be nursing facility level of care eligible for PE? 19
Table 5: Question 2a: did the client remain eligible after the PE period? 19
Table 6: Question 2b: if "No" to question #2a, why? 20

2020 quality assurance results to date *20*
Table 7: statewide proficiency results to date 21

State rulemaking *21*

Upcoming activities *21*

LTSS stakeholder concerns *21*
FCS implementation accomplishments **22**

Network adequacy for FCS *22*
Table 8: FCS provider network development 22

Client enrollment *22*
Table 9: FCS client enrollment 22
Table 10: FCS client risk profile 23
Table 11: FCS client risk profile continued 23
Table 12: FCS client service utilization 23
Table 13: FCS client Medicaid eligibility 23

Quality assurance and monitoring activity *24*

Other FCS activities *24*

Upcoming activities *24*

FCS program stakeholder engagement activities *25*
Table 14: FCS program stakeholder engagement activities 25

FCS stakeholder concerns *26*
SUD program implementation accomplishments **27**

Implementation plan *27*

SUD HIT plan requirements *27*

Evaluation design *27*

Monitoring protocol *27*

Upcoming activities *27*
Quarterly expenditures **28**

Table 15: DSRIP expenditures 28
Table 16: LTSS and FCS service expenditures 28
Financial and budget neutrality development issues **29**

Financial *29*
Table 17: member months eligible to receive services 29

Budget neutrality *30*

Designated state health programs (DSHP) *30*
Overall MTP development and issues **31**

Operational/policy issues *31*

Consumer issues *31*

MTP evaluation *31*
Preview of interim report, and key findings for statewide Medicaid system performance analysis 31
Key findings in the interim report 32
Key activities reported for this reporting period 32

Summary of additional resources, enclosures, and attachments **33**

Additional resources *33*

Summary of attachments *33*

Attachment A: state contacts **34**

Attachment B: Financial Executor Portal Dashboard, Q3 2020 **35**

Attachment C: 1115 SUD Demonstration Monitoring Workbook – Part A **36**

Table 18: tabs for each quarter of reporting **Error! Bookmark not defined.**

Attachment D: 1115 SUD Demonstration Monitoring Report – Part B **37**

Attachment E: MAC and TSOA quality assurance questions **56**

Attachment F: Designated State Health Programs (DSHP) Final Report **57**

Attachment G: DSHP Corrective Action Plan **58**

Introduction

On January 9, 2017, the Centers for Medicare & Medicaid Services (CMS) approved Washington State's request for a Section 1115 Medicaid demonstration waiver, titled "Medicaid Transformation Project (MTP)." 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 five-year MTP period, Washington will:

- Integrate physical and behavioral health purchasing and services to provide whole-person care.
- Convert 90 percent of Medicaid provider payments to reward outcomes instead of volume of service.
- Support providers as they adopt new payment and care models.
- Improve health equity by implementing population health strategies.
- Provide targeted services to support the state's aging populations and address social determinants of health.
- Improve substance use disorder (SUD) treatment access and outcomes.

The state will accomplish these goals through these programs:

- Transformation through Accountable Communities of Health (ACHs) and Delivery System Reform Incentive Payment (DSRIP) program.
- Long-Term Services and Supports (LTSS): Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA).
- Foundational Community Supports (FCS): Community Support Services (CSS) and Supported Employment – Individual Placement and Support (IPS).
- SUD Program – Treatment Services, Including Short-term Services Provided in Residential and Inpatient Treatment Setting that Qualify as an Institution for Mental Disease (IMD).

Vision: a healthier Washington

The Washington State Health Care Authority (HCA) is the lead agency for MTP; however, many 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: July 1–September 30, 2020

This quarterly report summarizes MTP activities from the third quarter of 2020: July 1 through September 30. It details MTP implementation, including stakeholder education and engagement, planning and implementation, and development of policies and procedures.

Summary of quarter accomplishments

- COVID-19 continues to be a significant disruptor to Washington State's health and health care landscape. In spite of disruptions to MTP, its initiatives are supporting pandemic response and recovery activities through a variety of activities and services. These include:
    - ACH investment and support of local community organizations, including those that help with food, language access, legal supports, and more.
    - American Indian Health Commission for Washington State, Tribes and Indian Health Care Providers (IHCPs), continued to respond to the COVID-19 pandemic, including accessing personal protection equipment (PPE) and testing supplies, and implementing telehealth and necessary infrastructure.
    - MAC and TSOA enrollees and their family caregivers continued to be served during the COVID-19 pandemic. Aging and Long-Term Support Administration (ALTSA) continued to use remote assessments, allowed remote personal care or respite when feasible, and provided enhanced provider rates in response to the pandemic.
- HCA concluded a series of strategy meetings and prepared the annual updates to the VBP Roadmap and Apple Health Appendix.
- 15 new provider locations were brought into the FCS network through a grant program for SUD treatment providers to start IPS services.
- Within the SUD program, staff initiated measures to ensure availability of medications for opioid use disorder (MOUD) services.

MTP-wide stakeholder engagement

Paying for Value surveys

During the reporting period, HCA launched the annual Paying for Value surveys. One survey is for providers; the other is for plans (payers). The purpose of the surveys is to track progress toward the statewide goal of paying for value-based care, rather than volume of care.

HCA reached out to providers and payers through announcements and personalized emails, and asked them to complete their Paying for Value survey. For the provider survey, HCA also leveraged partnerships with ACHs, medical associations, and others and asked them to encourage their network of providers to complete the survey. To help partners with their communications, HCA created template language they could use or modify.

MTP one-year extension

HCA began conversations with CMS, the Office of the Governor, the Washington State Legislature, and the Washington State Office of Financial Management on pursuing a sixth year of MTP. To inform partners, the public, and others that this planning process was beginning, HCA developed a high-level two-pager.

The two-pager explains how each MTP initiative has responded to COVID-19. It also shares what each initiative would offer for continued and future pandemic response, as well as continued progress toward the goals of MTP, if the state receives an additional MTP year.

In the next reporting period, HCA will create a communications plan and strategy for the extension application public notice requirements. This plan will also encompass how HCA plans to share information with its audiences and receive feedback about the one-year extension.

Updating the website

As part of HCA's efforts to sunset the Healthier Washington brand, shared in an earlier report, HCA is transitioning all non-MTP-related content to other parts of the HCA website. Once this work is complete, the Healthier Washington site will be renamed "Medicaid Transformation Project," and all content will be focused on MTP efforts.

As part of this project, HCA is also updating the MTP webpages and documents. HCA expects this work to continue through the rest of this year and into 2021.

Statewide activities and accountability

Value-based purchasing (VBP)

VBP Roadmap and Apple Health Appendix

In Q3, HCA concluded a series of strategy meetings and prepared the annual updates to the VBP Roadmap and Apple Health (Medicaid) Appendix. The VBP Roadmap describes HCA's VBP goals, purchasing and delivery system transformation strategies, innovation successes to date, and plans to accelerate the transition to value-based payment models.

The appendix, as stipulated by the STCs, describes how MTP supports providers and MCOs to move along the value-based care continuum. The roadmap establishes targets for VBP attainment and related DSRIP incentives for managed care organizations (MCOs) and ACHs.

HCA will deliver the Apple Health Appendix to CMS in accordance with the STCs by October 1, 2020. Additionally, HCA will publish the final 2020 versions of each document to the Paying for Value webpage in early October 2020.

The VBP Roadmap and Apple Health Appendix also describe some COVID-19 flexibilities HCA will implement in MCO contracts for calendar year 2021, which include holding the VBP contracting targets steady from 2020 to 2021. HCA will seek alignment between these adjustments and the DSRIP VBP targets through an STC amendment request.

Validation of financial performance measures

In DY1, HCA contracted with Myers and Stauffer to serve as the independent assessor (IA) for MTP. In this role, the IA is the third-party assessor of financial measures data submitted by MCOs as part of their contracts with HCA. The state maintains contracts with the five Medicaid MCOs. These contracts outline VBP attainment expectations, including the following parameters:

- Financial performance measures.
- Timelines under which MCOs must submit data.
- Review process, which includes third-party validation.

The IA disseminated VBP validation packets to each MCO, including MCO-specific provider contract sampling requests and data entry templates in June of 2020. Each MCO successfully completed the template and provided the requested contract samples to the IA. The IA began reviewing the templates and contract samples and has begun the write-back process with each MCO to validate each plan's data. HCA expects the IA to complete the review by the end of October 2020.

Statewide progress toward VBP targets

According to 2018 MCO financial performance measure data, MCOs and ACH regions are currently ahead of the annual, state-financed VBP targets. As mentioned in an earlier section, in addition to the reported financial data, HCA issued two annual Paying for Value surveys to:

- Track health plan and provider progress toward the state's goal of paying for value.
- Identify barriers to progress.

Each MCO must complete the survey for its non-Medicaid accounts in Washington State as a condition of the managed care contract.

HCA updated the survey template and released the health plan survey on July 1, 2020. Four of the five MCOs completed and submitted the survey to HCA in August 2020, and HCA is working with the remaining MCO to ensure completion of this requirement. Additionally, HCA developed and released the provider

survey through Survey Monkey, on July 1, 2020. HCA is conducting the analysis of the health plan and provider surveys and intends to publish results in November 2020.

Technical support and training

No activities for this section in Q3.

Upcoming activities

- Complete the MCO VBP validation process.
- Conduct and publish the analysis of the health plan and provider Paying for Value surveys.
- Calculate 2019 VBP adoption: by ACH, by MCO, by statewide managed care, by statewide HCA (MCO spend + Employee and Retiree Benefits programs) spend.

Integrated managed care (IMC) progress

In 2014, the Legislature directed a transition to integrate the purchasing of medical and behavioral health services for Apple Health clients through an IMC system no later than January 1, 2020. Below are IMC-related activities for Q3.

- In this quarter, HCA completed a procurement process to identify new regional coverage areas for IMC health plans. Two plans were selected to expand their coverage into North Central, Southwest Washington, and Pierce regional service areas.
- In addition, a combined ACH-MCO workgroup was established to identify common assessment tools and methods for evaluating progress in clinical integration or physical and behavioral health.

Health information technology (HIT)

The 2020 HIT Operational Plan includes tasks in several categories that support MTP efforts, including:

- Electronic health records (EHRs)
- Mental health IMD amendment
- SUD HIT Plan and prescription drug monitoring program enhancements
- Master person index
- Provider directory
- Payment models and sources
- Data and governance
- Health information exchange functionality
- Registries
- Adding clients to the Clinical Data Repository (CDR)
- Adding CDR users
- Adding CDR functions/quality
- Provider education
- Tribal engagement
- Behavioral health integration

During the third quarter of 2020, Washington State advanced its HIT Operational Plan through the following activities:

During the third quarter of 2020, Washington State continued to focus on responding to the COVID-19 pandemic. During this quarter, Washington State advanced its HIT Operational Plan through the following activities:

- Continued to support the use of telehealth (audio-visual and audio only) by:

    - Providing technical assistance and training to Medicaid providers, including behavioral health providers.
    - Requiring that Medicaid MCOs cover telehealth (in addition to telemedicine).
    - Launched a COVID-testing application with Epic and OCHIN to support provider and county COVID-19 testing strategies.
- Produced a Master Person Index (MPI) Implementation Roadmap, which outlines a phased approach to implement an MPI.
- Established governance for the MPI project and documented the Phase One implementation plan, including identifying MPI requirements to support a yet-to-be-released MPI solution request for proposal.
- Disseminated quarterly provider feedback reports related to opioid use and prescribing patterns.
- Concluded the 2020 Behavioral Health Provider Survey, which includes detailed questions about provider adoption and use of certified EHR technology and health information exchange. A detailed analysis will be completed and released in Q4 of 2020.
- Developed a project plan and a legislative funding request to support the implementation of an electronic consent management solution to facilitate exchange of sensitive health information, including SUD information.
- HCA staff co-led Behavioral Health Institute (BHI) Broadband Subcommittee in partnership with the executive director of BHI and the Director of the Governor's Office of Broadband. Subcommittee participants include MCOs, ACHs, providers, and others. Focus has included identifying regional broadband infrastructure needs and preparing requests for the upcoming legislative sessions.
- Presented detailed information on broadband access in Washington State and discussed broadband as a social determinant of health (SDOH) to various health organizations.
- Started revisions and refinements to the 2020 HIT Operational Plan and drafting the 2021 HIT Operational Plan.

To view the 2020 HIT Operational Plan and other related reports, visit the Medicaid HIT Plan page.

DSRIP program implementation accomplishments

ACH project milestone achievement

Semi-annual reporting

ACHs report on their MTP activities, project implementation, and progress on required milestones. This is outlined in the Project Toolkit. Semi-annual reports are submitted every six months. The fifth set of semi-annual reports described ACH progress on projects from January 1 through June 30, 2020.

The IA reviewed the projects, determined milestone completion, and related eligibility for incentives. After a rigorous independent assessment in Q3 2020, all nine ACHs demonstrated completion of milestones, including COVID-19 related reporting requirements, through the first half of 2020. All ACH regions earned incentive funds to continue their health transformation efforts.

Next steps

ACHs will continue to inform the state about project progress by submitting updated implementation plans and/or project updates that reflect progress, barriers, and opportunities during the reporting period. ACHs will also provide updates related to how ACHs are supporting partnering providers.

HCA continues to work with ACHs on appropriately continuing DSRIP activities amidst COVID-19 response efforts. The state continues to encourage ACHs to respond to community needs and support providers by allowing the flexibility to pivot project activities as needed during this pandemic.

HCA and ACHs are coordinating across the state on scale and sustain strategies, including potential narrowing of the collective focus as DY4 wraps up and the state pursues an extension year for MTP. With the ongoing COVID-19 response and recovery efforts, it is important—now more than ever—to learn from implementation and investments made DY2-4. These activities will inform the delivery system reform efforts to continue in the final DSRIP years, and will assist with transition planning and creating a vision for the future.

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. ACHs continue to provide a unique forum for providers to identify opportunities or challenges. ACHs are able to mitigate locally and/or coordinate with MCOs or HCA to address these opportunities.

Each ACH promoted and encouraged provider participation in the 2020 Paying for Value survey.

Financial executor (FE) portal activity

ACHs continue to distribute incentive funds to partnering providers through the financial executor (FE) portal. During the reporting quarter, ACHs distributed more than $28.9 million to 298 partnering providers and organizations in support of project planning and implementation activities. The state distributed approximately $13.5 million in earned incentive funds to IHCPs to date for achievement of 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.

HCA continues to monitor the FE portal to make sure ACHs are distributing funds to partnering providers in a timely manner. Overall, recent activity shows a continued increase in the payments going to partnering providers compared to the recent ACH incentives earned. This trend is anticipated to continue.

DSRIP measurement activities

Since the beginning of MTP, HCA has contracted with Providence Health & Services – Center for Outcomes Research and Education (CORE) to support measure production and visualization of health care transformation measures, in partnership with state measure producers.

As planned, CORE and HCA continue to work on the transition of measure production and visualization work. All parties are committed to ongoing rigorous quality assurance and metric evaluation. A new dashboard will be built by HCA with stakeholder input, focusing initially on the DSRIP measures (also known as pay-for-performance (P4P) measures).

DSRIP baseline and performance years are separated by two years to allow for the implementation of DSRIP projects. Improvement targets are prospectively released before the start of the associated performance year. However, metric specifications are updated annually by measure stewards. These updates can be substantial and require recalculation of prior measurement years to ensure consistency in measurement. HCA and DSHS RDA began updating metric changes between the CY2017 measurement period and the most recent measurement period available (CY2019). This ensures consistency across all specifications.

HCA in collaboration with DSHS RDA began updating the technical specifications that sets the boundaries from the NCQA national 90th percentile Medicaid metric targets for CY2020.

HCA completed an update to technical data specifications that allows for the IA under contract to receive category 2 data for ACH Achievement Value (AV) calculations.

As a reminder, the current Healthier Washington Dashboard will sunset and the new dashboard goes live in January 2021.

State measurement support

During Q3, HCA continued to provide technical assistance surrounding project pay-for-reporting (P4R)/P4P metrics, the DSRIP Measurement Guide, and metric technical specifications. Specifically, HCA began coordinating with the IA to release a series of DSRIP performance measurement and accountability technical assistance videos. The videos will cover several key topics as the state approaches its first cycle of P4P:

- Statewide accountability methodology and calculations
- P4R and P4P methodology and calculations
- ACH VBP incentives methodology and calculations
- AV calculations
- High-performance pool methodology and calculations

In addition, HCA began revising the DSRIP Measurement Guide to reflect program and metric updates.

DSRIP program stakeholder engagement activities

HCA continued to host a weekly Transformation Alignment Call (TAC) with ACHs, state partners, and others. HCA continued sending a weekly ACH email summarizing COVID-19-related communications HCA has sent out, along with other announcements and information from Department of Health, the Office of Governor, Department of Commerce, the Coronavirus.wa.gov website, and others.

In addition, monthly MCO calls continued to discuss alignment opportunities and promote open communication. HCA has also continued meeting with ACH executives to discuss strategies to better address SDOH, sustainability of DSRIP activities and investments, and to prepare for the DY4 Annual Learning Symposium.

DSRIP stakeholder concerns

No stakeholder concerns were reported during the reporting period.

Upcoming DSRIP activities

HCA and ACHs will continue to coordinate closely on the planning and design of the DY4 Annual Learning Symposium. The symposium will occur in October, 2020, over a three-day period. It will be a virtual event led by ACHs and their partners with a focus on addressing health equity and systemic racism.

DY3 reflects the first year that HCA is required to submit a Statewide Accountability Report. HCA is finalizing the report to outline DY3 statewide accountability metric results, IMC results, and VBP adoption results. Submission to CMS is anticipated in Q4 2020.

Tribal project implementation activities

Primary milestone: the American Indian Health Commission for Washington State, Tribes, and IHCPs continued to respond to the COVID-19 pandemic, including accessing PPE and testing supplies, implementing telehealth and necessary infrastructure, and supporting American Indian/Alaska Natives in social services needs as Washington's "Stay Home, Stay Healthy" order was still in place.

Tribal partner engagement timeline

July 2: Office of Tribal Affairs (OTA) co-hosted a regional tribal coordination meeting (King County region), attended by HCA managed care team, MCOs' tribal liaisons, the behavioral health administrative organization and the ACH to better coordinate between the entities supporting health in the region.

July 7: Participated in the Northwest Portland Area Indian Health Board (NPAIHB) weekly COVID-19 response call.

July 9: Participated in the launch of a project with Northwest Indian Treatment Center (NWITC) to document the SUD treatment center's Indigenous approach to residential treatment.

July 14: Participated in the NPAIHB weekly COVID-19 response call.

July 14:Participated in listening session regarding consent management and IHCPs.

July 14: Participated in Learning Symposium planning.

July 15: Participated in the North Sound ACH webinar on Tribal Health Indicators

July 15: Participated in the Behavioral Health Aide (BHA) Advisory Board.

July 21: Participated in the NPAIHB weekly COVID-19 response call.

July 22: Participated in the Olympic Community of Health SDOH convening.

July 28: Participated in the NPAIHB weekly COVID-19 response call.

July 28: Participated in the BHA Standards and Procedures Subgroup.

July 29: Participated in the second listening session regarding consent management and IHCPs.

August 4: Participated in the NPAIHB weekly COVID-19 response call.

August 4: Met with NWITC on documentation project.

August 5: Met with individual IHCP to discuss Medicaid Transformation.

August 7: Participated in update on the BHA program.

August 10: OTA co-hosted a regional tribal coordination meeting (North Sound region).

August 10: Provided technical assistance to MCOs on implementation of IHCP contract amendments.

August 13: OTA hosted Governor's Indian Health Advisory Committee.

August 17: Participated in the BHA Standards and Procedures Subgroup.

August 17: Participated in Learning Symposium content development group.

August 25: Participated in the NPAIHB weekly COVID-19 response call.

August 27: Began discussions on the Rural Community Health Access and Rural Transformation (CHART) Model and overlap with IHCPs and Tribes.

September 1: Participated in the NPAIHB weekly COVID-19 response call.

September 1: Participated in a discussion with the Policy Division on MTP extension application.

September 2: Discussed State Health Official (SHO) Letter #16-002, care coordination agreements, 100 percent Federal Medical Assistance Percentages (FMAP), care management systems, and IHCPs.

September 14: Participated in Learning Symposium content development group.

September 16: Participated in Semi-Annual Report review.

September 17: Participated in Better Health Together's Tribal Leadership Council.

September 21: Participated in the BHA Standards and Procedures Subgroup.

September 22: Participated in the Health IT Operation Plan meeting.

September 29: OTA hosted the HCA and MCO Tribal Liaison Meeting.

LTSS implementation accomplishments

This section summarizes LTSS program development and implementation activities from July 1 through September 30, 2020. Key accomplishments for this quarter include:

- Total number of clients served as of October 2, 2020, was 8,317.
- MTP enrollees and their family caregivers continued to be served during the COVID-19 pandemic. ALTSA continued to use remote assessments, allowed remote personal care or respite when feasible, and provided enhanced provider rates in response to the pandemic.
- We launched the integration of TCARE application into the GetCare system on September 17. This was an expansive project taking almost 18 months. The completion of this project streamlines the work flow for case managers, allowing them to complete their screening and assessments more efficiently, thus getting enrollees and family caregivers through the process in a single web application without duplicate data entry required. It will also be more efficient for Headquarters (HQ) program managers and the Quality Assurance unit.
- While struggling through the challenges of COVID, the percentage of new dyad enrollments increased from a 36 percent average to a 41 percent average in the month of August 2020.

Network adequacy for Medicaid Alternative Care (MCA) and Tailored Supports for Older Adults (TSOA)

COVID-19 continues to present challenges and impact delivery of some services. Area Agencies on Aging (AAA) continued to maintain and execute provider contracts on behalf of Home and Community Services (HCS), although many contractors have had to make adjustments to their performance strategies to deliver remote services.

For instance, adult day care and adult day health centers were closed due to social distancing protocols, but some providers connected with clients telephonically to ensure health needs were being addressed and to ensure that food/nutrition resources were available.

Some AAAs are working to build a more robust profile for personal services contractors. Additionally, AAAs are exploring ways to increase client access to more Evidence-Based Programs (EBP). At this time, only one EBP was approved for remote service delivery due to lack of research on remote models.

Assessment and systems update

The integration of the TCARE application into the GetCare system deployed on September 17. There were no other major system or assessment updates during this quarter.

As noted above, the TCARE application has been integrated into the GetCare system, which streamlines the screening and assessment process. Overall, feedback from case managers and supervisors have been positive. As with any new application, there have been a few bugs to correct in the system as well as guidance to field staff on some of the new system functionality. In general, it has been a relatively smooth transition into the integrated system.

Staff training

MAC and TSOA program managers for HCS committed to providing monthly statewide training webinars on requested and needed topics during 2020. Below are the webinar trainings that occurred during this quarter:

- July:
    - Statewide webinar for all existing HCS and AAA case managers: overview of MAC and TSOA eligibility, benefit packages, respective roles for intake staff, financial staff, and case management.
    - Overview of MAC and TSOA programs for all new HCS and AAA case managers (this is part of an every-other-month statewide training that provides an overview of supports and services for new field staff).
- There were no formal training events in August.
- September:
    - Virtual training for MTP case management and supervisors relating to the integration of the TCARE tools into the GetCare application, followed by three (3) weeks of post-implementation support from HCS HQ program managers. The post-implementation support consists of debrief webinars three times a week to address any system or policy questions and concerns of the field staff. Q&A documents were created and posted for field staff to refer to as needed.
    - Virtual work session with the Quality Assurance Unit to introduce and review the newly integrated TCARE screening/assessment process developed into GetCare system and how it impacts their program auditing process.

Upcoming webinars include:

- October: GetCare and TCARE Care Plan policy training.
- November: statewide virtual workshop will be held with MTP field supervisors and program managers regarding use of existing reports to monitor care plan proficiency at the local level.

Data and reporting

Table 1: beneficiary enrollment by program

	MAC dyads	TSOA dyads	TSOA individuals
LTSS beneficiaries by program as of October 2, 2020	251	2,742	5,184
Number of new enrollees in quarter by program	25	282	491
Number of new person-centered service plans in quarter by program	6*	51**	242***
Number of beneficiaries self-directing services under employer authority	0	0	0

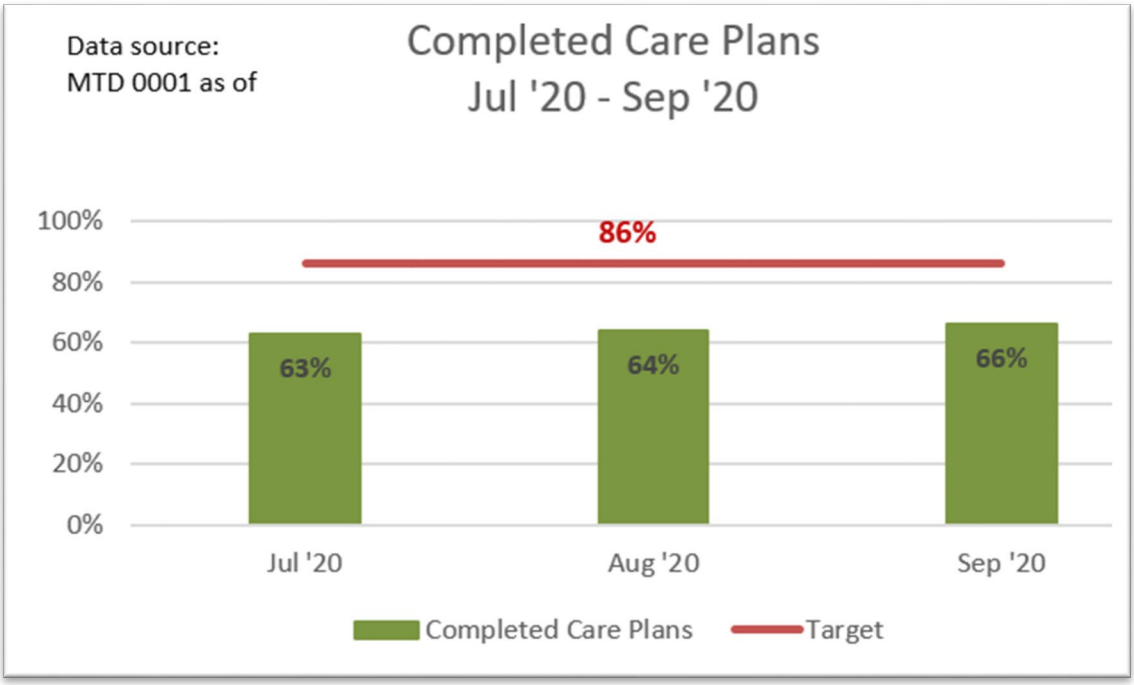
*15 of the new enrollees do not require a care plan because they are still in the care planning phase and services have yet to be authorized.

**189 of the new enrollees do not require a care plan because they are still in the care planning phase and services have yet to be authorized.

***237of the new enrollees do not require a care plan because they are still in the care planning phase and services have yet to be authorized.

The state continues to monitor and assist AAAs with compliance in timely completion of care plans for enrollees. Another statewide virtual consultation will occur next quarter with MTP supervisors and program managers at AAA. The care plan proficiency chart is below.

Table 2: completed care plans



Tribal engagement

- September 10 and 11: Fall Tribal Summit (virtual event)
- Due to COVID-19 priorities and Tribal closures, no additional outreach was completed by ALTSA Tribal Affairs with Tribes on MAC/TSOA during this quarter.

Outreach and engagement

ALTSA HQ outreach and marketing activities this quarter included completion of a statewide family caregiver video to use as a tool to promote enrollment of dyads for both MAC and TSOA. A Tribal video was also drafted and is being reviewed by Tribal AAA partners. The video should be finalized by next quarter.

Outreach activities at the local AAA area occurred in a variety of settings, such as virtual community resource fairs, distribution of outreach materials to housing communities, Zoom meetings with public community groups, and newspaper ads. Community outreach and engagement activities continue to be impacted by COVID-19.

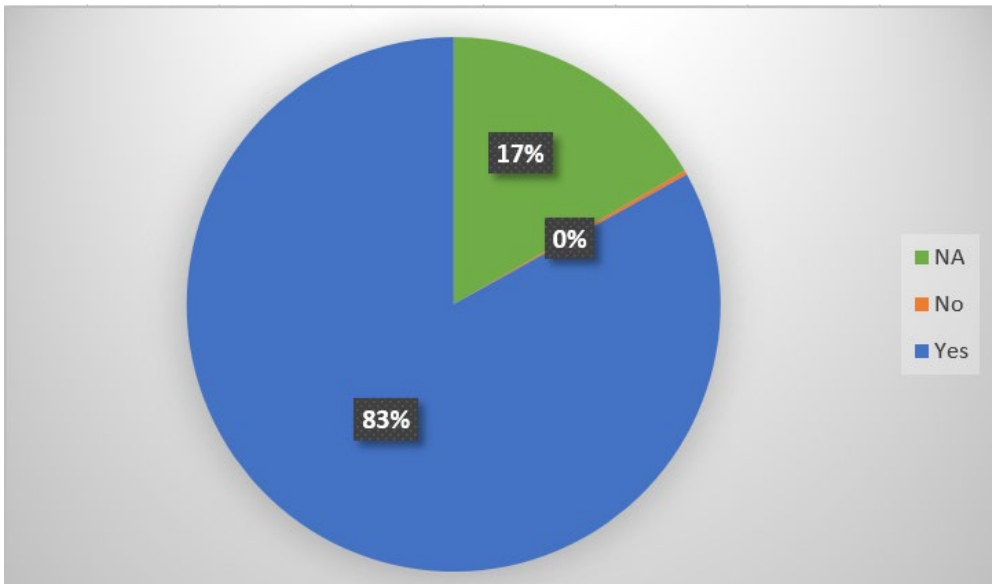
Table 3: outreach and engagement activities by AAA

	July	August	September
	Number of events held		
Community presentations and information sharing	**2**	**4**	**38**

2020 Quality assurance results for Presumptive Eligibility (PE) Review

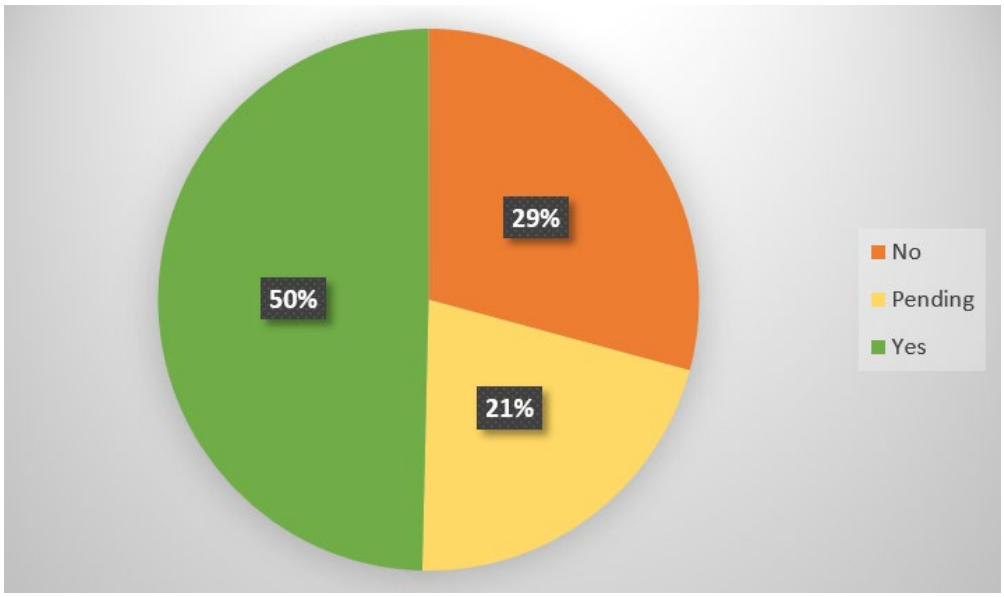
Table 4: Question 1: was the client appropriately determined to be nursing facility level of care eligible for PE?

Results show 100 percent proficiency (8% + 17%) – see "Note" below.



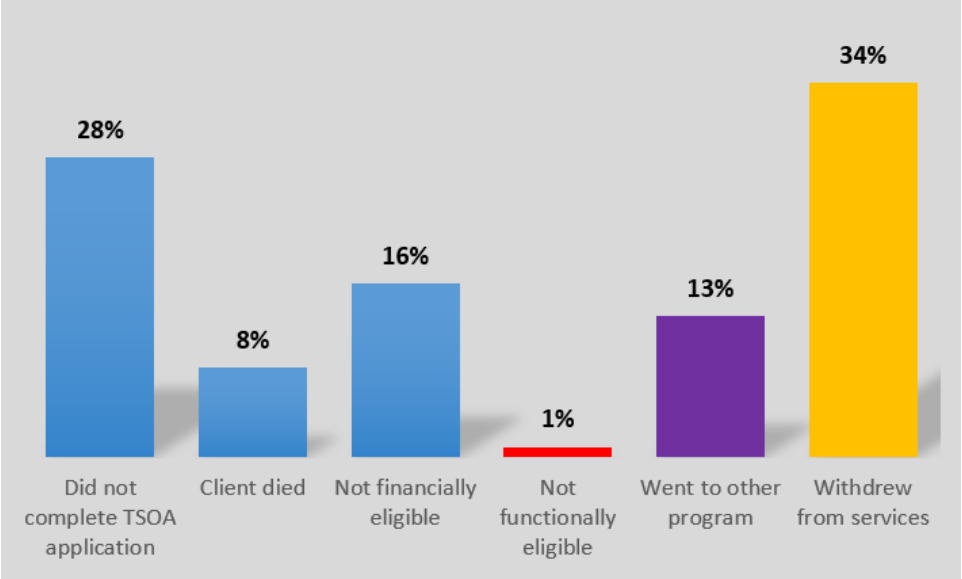
Note: the N/A represents clients who were part of the last quarter's review and the response to question #1 was "yes" but the response to question #2a was "pending".

Table 5: Question 2a: did the client remain eligible after the PE period?



Note: "Pending" means the client was still in PE period during the quality assurance review.

Table 6: Question 2b: if "No" to question #2a, why?



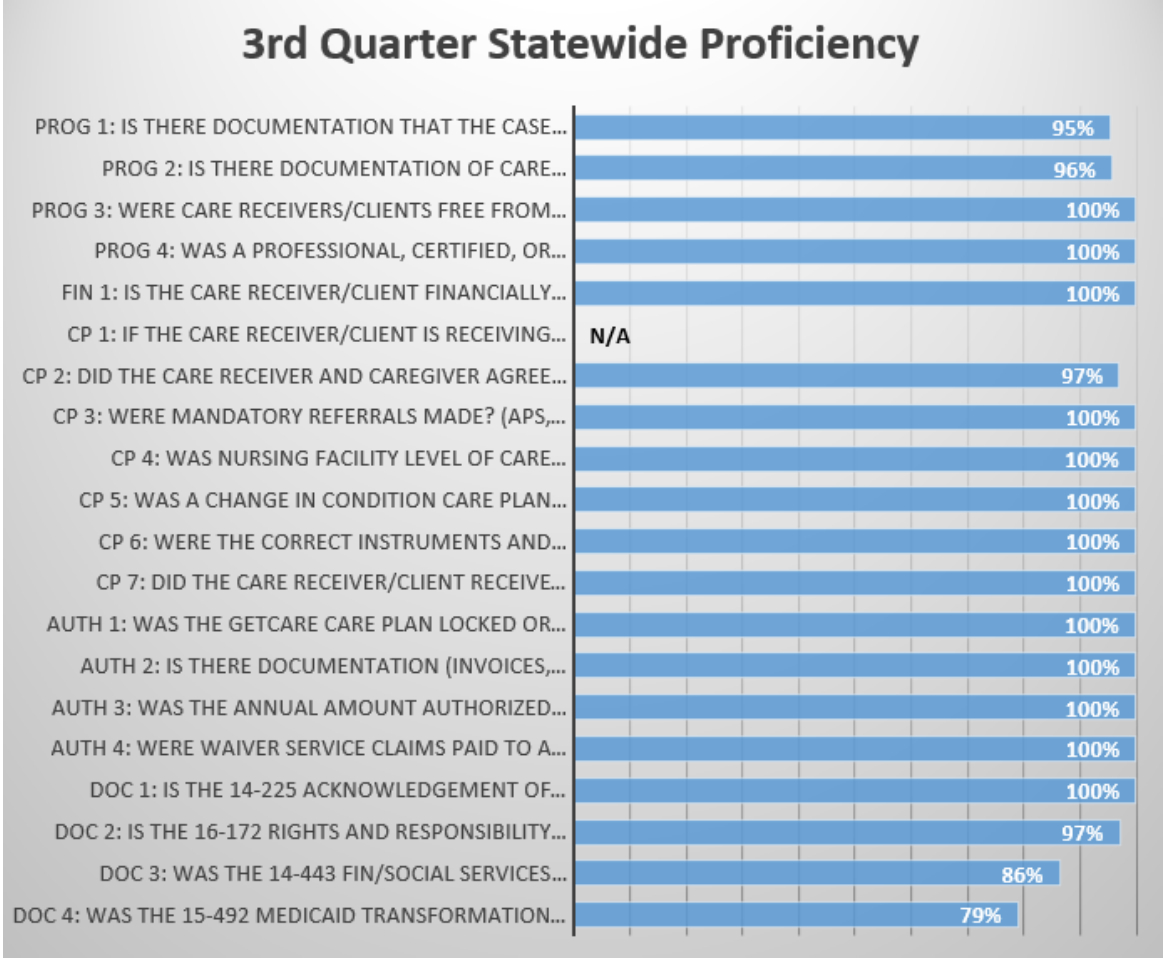
2020 quality assurance results to date

HCS' Quality Assurance Unit began the 2020 audit cycle in January and will end in October. The state's 2020 quality assurance (QA) cycle was paused as of March 25, 2020, due to COVID-19 impacts, but resumed June 1, 2020. QA results for AAAs scheduled during Q2 are included in this quarter's report.

The statewide compliance review is conducted with all 13 AAAs. An identical review process is used in each AAA Planning and Service Area (PSA), using the same quality assurance tool and quality assurance questions. The quality assurance team reviews a statistically valid sample of case records. The sample size was 337 cases.

This methodology is the same one used for the state's 1915(c) waivers and meets the CMS requirements for sampling. Each PSA's sample was determined by multiplying the percent of the total program population in that area by the sample size.

Table 7: statewide proficiency results to date



Note: "N/A" means this question did not pertain to anyone in the sample.

State rulemaking

There were no rule making activities during this quarter.

Upcoming activities

- Conducting procurement for statewide translation vendor for ALTSA and Developmental Disabilities Administration; the plan is to execute contract with successful bidder by the end of the year.
- October 22: Annual Senior Lobby Conference (virtual)
- HQ program managers will participate in interviews with the independent evaluation team from Oregon Health and Science University (OHSU) regarding MAC and TSOA programs.

LTSS stakeholder concerns

No LTSS stakeholder concerns were submitted during this quarter.

FCS implementation accomplishments

This section summarizes the FCS program development and implementation activities from July 1 through September 30, 2020. Key accomplishments for the quarter include:

- Total aggregate number of people enrolled in FCS services at the end of Q3:
  - CSS: 4,672
  - IPS: 3,677
- There were 156 providers under contract with Amerigroup at the end of Q3, representing 429 sites throughout the state.

Note: CSS and IPS enrollment totals include 1,332 participants enrolled in both programs. The total unduplicated number of enrollments at the end of this reporting period was 7,017.

Network adequacy for FCS

By the end of September, a total of 15 new provider locations were brought into the FCS network through a grant program for SUD treatment providers to start IPS services. Twelve of the locations were new to FCS services and include Recovery Café and MOUD treatment facilities.

Note: not all of the new locations are represented in the data below due to contracting at the end of Q3. Two providers voluntarily terminated their contracts this quarter (one was a Supported Employment (SE)-only provider and the other was a behavioral health/SE).

Table 8: FCS provider network development

	July		August		September	
FCS service type	Contracts	Service locations	Contracts	Service locations	Contracts	Service locations
Supported Employment – Individual Placement Support (IPS)	34	76	34	76	35	77
Community Support Services (CSS)	19	46	19	46	19	46
CSS and IPS	101	302	101	302	102	306
Total	**154**	**424**	**154**	**424**	**156**	**429**

Client enrollment

Table 9: FCS client enrollment

	July	August	September (Preliminary)
Supported Employment – Individual Placement and Support (IPS)	2,291	2,268	2,345
Community Support Services (CSS)	3,305	3,292	3,340
CSS and IPS	1,212	1,300	1,332
Total aggregate enrollment	**6,808**	**6,860**	**7,017**

Data source: RDA administrative reports

Table 10: FCS client risk profile

		Meet HUD homeless criteria	Avg. PRISM risk score	Serious mental illness
July	IPS	635 (18%)	1.01	2,635 (75%)
	CSS	1,311 (29%)	1.42	3,222 (71%)
August	IPS	674 (19%)	.99	2,647 (74%)
	CSS	1,341 (29%)	1.39	3,231 (70%)
September	IPS	671 (18%)	.99	2,749 (75%)
	CSS	1,351 (29%)	1.4	3,301 (71%)

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)
Note: month-to-month changes are due to client enrollment mix, not program impact
Data source: RDA administrative reports

Table 11: FCS client risk profile continued

		Medicaid only enrollees*	MH treatment need	SUD treatment need	Co-occurring MH + SUD treatment need flags
July	IPS	3,018	2,853 (95%)	1,898 (63%)	1,811 (60%)
	CSS	3,803	3,545 (93%)	2,900 (76%)	2,739 (72%)
August	IPS	3,079	2,894 (94%)	1,928 (63%)	1,830 (59%)
	CSS	3,853	3,569 (93%)	2,891 (75%)	2,716 (70%)
September (preliminary)	IPS	3,168	2,962 (93%)	1,962 (62%)	1,850 (58%)
	CSS	3,922	3,613 (92%)	2,915 (74%)	2,725 (69%)

Data source: RDA administrative reports
*Does not include individuals who are dual enrolled.

Table 12: FCS client service utilization

		Medicaid only enrollees*	Long-term Services and Supports	Mental health services	SUD services (received in last 12 months)	Care + MH or SUD services
July	IPS	3,018	294 (10%)	2,402 (80%)	1,186 (39%)	259 (9%)
	CSS	3,803	494 (13%)	2,741 (72%)	1,719 (45%)	428 (11%)
August	IPS	3,079	298 (10%)	2,361 (77%)	1,201 (39%)	262 (9%)
	CSS	3,853	488 (13%)	2,673 (69%)	1,689 (44%)	411 (11%)
September (preliminary)	IPS	3,168	294 (9%)	2,381 (75%)	1,201 (38%)	258 (8%)
	CSS	3922	486 (12%)	2,676 (68%)	1,704 (43%)	407 (10%)

(Aging CARE assessment in last 15 months)
Data source: RDA administrative reports
*Does not include individuals who are dual enrolled.

Table 13: 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 (non-adults presumptive)	ACA expansion adults (SSI presumptive)	CN & CHIP children
July	IPS	1,007 (29%)	70 (2%)	418 (12%)	1,498 (43%)	439 (13%)	71 (2%)
	CSS	1,544 (34%)	234 (5%)	567 (13%)	1,381 (31%)	745 (16%)	46 (1%)
August	IPS	1,001 (28%)	64 (5%)	434 (12%)	1,548 (43%)	454 (13%)	67 (2%)

	CSS	1,561 (34%)	229 (5%)	587 (13%)	1,425 (31%)	746 (16%)	44 (1%)
September (preliminary)	IPS	1,047 (28%)	66 (2%)	447 (12%)	1,588 (43%)	453 (12%)	76 (2%)
	CSS	1,589 (34%)	232 (5%)	597 (13%)	1,459 (31%)	748 (16%)	47 (1%)

ACA = Affordable Care Act
CHIP = Children's Health Insurance Program
CN = categorically needy
Data source: RDA administrative reports

Quality assurance and monitoring activity

The third party administrator (TPA) conducts quarterly quality assurance reviews (outreach phone calls, emails) of individual providers within the contractor's supportive housing and supported employment networks. The TPA is verifying open/closed panel status, including whether the provider is currently accepting new FCS enrollees and current or anticipated limitation on the number of new FCS enrollees the provider sees.

This quarter resulted in a slow increase in enrollments because of the impacts that COVID-19 had on the previous quarter. The TPA authorization decisions are to be made and notices are to be provided as expeditiously as the enrollee's health condition requires, not to exceed five calendar days following the request for service.

A possible extension of nine additional calendar days (no more than 14 calendar days from receipt of request for services) is allowed if additional information is required and requested. The TPA must make a decision to approve, deny, or request additional information from the provider within five calendar days of the original receipt of the request. The TPA has met and exceeded the goal of a 90 percent authorization decisions met within the timeframe stated above.

Both supportive housing and supported employment services are based on evidence-based practices. With limitations on face-to-face interactions with the Governor's stay at home order, HCA's Division of Behavioral Health and Recovery (DBHR) pivoted from in-person fidelity reviews to a virtual platform of participant, staff, and leadership interviews and chart reviews. Seven fidelity reviewer training events were conducted this quarter with 12 fidelity reviews conducted.

Other FCS activities

On July 24, 2020, CMS notified Washington that based on subject matter expertise, the request to purchase phones and tablets would be allowed with the submission of a revised FCS protocol reflecting the request.

HCA has completed considerable research into the bulk purchase of devices. The devices come pre-loaded with bonus minutes/data/text. These pre-paid mobile devices, often called 'pay-as-you-go' phones, allow users to refill the cellular minutes or data plans. Washington is working to identify resources where participants in the FCS program can replenish the minutes and data through other funding sources. HCA will distribute the phones through ACHs to providers under contract with the TPA. FCS providers will ensure that the devices are included on the care plan and tied to the individual's need to access services.

In addition to the request to add mobile devices, Washington requested to revise the protocol to provide FCS services within institutions for mental diseases (IMD) settings. When the FCS protocol was initially submitted and approved, the state had not yet submitted the requests to amend the MTP waiver, which later created MTP Initiative 4 (SUD program) and Initiative 5 (mental health IMD).

Providing FCS services within substance use facilities and mental health facilities will assist individuals' transition out of a facility with a higher degree of success and a focus on recovery.

Upcoming activities

Recruitment for the FCS program manager position has begun, with interviews taking place in the next quarter. In May, Greg Claycamp left the role of FCS program administrator to take a position at a local

housing provider. Matt Christie, the former FCS program manager, was promoted to the administrator role, effective June 1. The program manager position is crucial for providing operational and program data support, along with coordinating technical assistance activities and reporting needs.

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 Amerigroup supported a variety of stakeholder engagement activities.

Table 14: FCS program stakeholder engagement activities

	July	August	September
	Number of events held		
Training and assistance provided to individual organizations	47	40	42
Community and regional presentations and training events	0	2	5
Informational webinars	10	9	8
Stakeholder engagement meetings	4	7	7
Total activities	**61**	**58**	**62**

Webinars inform, educate, and coordinate resources for FCS providers serving people who need housing and employment services, resources, and supports. Q3 topics included:

- Transitioning back: reconnecting with employers
- Working with older adults: a holistic approach to wellness, engagement, and access to resources
- Landlord outreach: crisis management
- IPS training for SUD providers
- Unpacking restorative supervision in supportive housing
- Golden thread in FCS services
- Beginning motivational interviewing
- Employment specialist and supervisor training on documentation and programming
- Recovery homes in Washington State
- Using the normative function of supervision effectively

Total attendance for HCA-led technical assistance activities reached 3,525 for the quarter, the highest number recorded since the start of the program.

HCA hosted a FCS virtual conference September 15 and 16. The theme of the conference was called 'Moving Forward: Building strong community foundations through housing and employment.' In partnership with University of Washington's Center for Continuing Education in Rehabilitation, more than 330 individuals attended the virtual two-day conference. The conference hosted a variety of sessions focusing on support through housing and employment:

- Documentation of medical necessity and SDOH
- Approaches to address housing and employment services to youth and adults
- Basics of IPS
- Basics on permanent supportive housing

- Benefits planning and coaching
- Landlord outreach and engagement
- Utilizing evidence-based practices
- Peer support in the workforce
- Housing providers and integration with supported employment
- Justice involvement, homelessness, and job seekers
- Wellness Recovery Action Plan (WRAP)
- Career profiles
- Other approaches to job development and the partnerships with the Division of Vocational Rehabilitation Tribal Vocational Rehabilitation and Healthcare
- Cross systems collaboration – SUD and mental health
- Innovative approaches to job development in response to COVID-19 and self-care during the pandemic
- Golden thread – coordination of care

FCS stakeholder concerns

Amerigroup and HCA hold regular meetings with providers through virtual platforms. In September, Amerigroup shared information on how providers can check their client's Medicaid eligibility prior to FCS enrollment. Department of Health presented information on the impacts of COVID-19 on behavioral health at a recent DBHR-sponsored provider meeting. COVID-19 impacts continue to be a concern as the state prepares for a second wave.

SUD program implementation accomplishments

In July 2018, CMS approved the state's Section 1115 demonstration waiver amendment. Under this amendment, Washington State can 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 program development and implementation activities from July 1 through September 30, 2020. Accomplishments for the quarter include:

- **Ensuring MOUD program availability:** DBHR staff initiated measures to ensure availability of MOUD services to assure that contract and Washington Administrative Code requirements were being implemented and address complaints about MOUD-related service refusals.

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 program, incorporating six key milestones outlined by CMS. At the time of the 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. These changes, included in the state's SUD implementation plan, are described below:

- **Milestone:** N/A
    - **Update:** milestones currently met/on track.

SUD HIT plan requirements

During the third quarter of 2020, Washington State continued to advance its HIT Operational Plan through the following activities:

- HCA continued implementation of activities under the Section 1003 of the SUPPORT ACT grant award to develop a policy framework to enhance SUD treatment and recovery support services.
- Established connections that enable the electronic exchange of information to more than 30 state prescription monitoring programs.
- Launched the Aware platform for the Prescription Monitoring Program.
- Contracted with a provider support organization to identify barriers to using the prescription monitoring program solution.

Evaluation design

No updates necessary for evaluation design.

Monitoring protocol

As previously agreed upon with CMS, due to a delay in receiving updated technical specifications for the Monitoring Protocol metrics, the state is submitting both the Monitoring Workbook for the current quarter (tab name "Report – Metrics report") and the previous quarter (tab name "Report – Metrics report – A").

Upcoming activities

We will be participating in the MTP Public Forum in early December, highlighting the SUD IMD program (MTP's Initiative 4).

Quarterly expenditures

The following table reflects quarterly expenditures for DSRIP, LTSS, and FCS during DY4 (2020).

Table 15: DSRIP expenditures

	Q1	Q2	Q3	Q4	DY4 Total	Funding source
	January 1–March 31	April 1–June 30	July 1–September 30	October 1–December 31	January 1–December 31	Federal financial participation
Better Health Together	$5,144,786	$4,852,757	$0			$4,998,772
Cascade Pacific Action Alliance	$4,677,079	$4,443,414	$0			$4,560,247
Elevate Health	$6,547,910	$6,080,780	$0			$6,314,345
Greater Columbia	$10,289,572	$9,355,513	$0			$9,822,543
HealthierHere	$2,338,539	$2,396,707	$0			$2,367,623
North Central	$7,015,618	$6,490,122	$0			$6,752,870
North Sound	$1,870,831	$1,987,366	$0			$1,929,099
Olympic Community of Health	$5,612,494	$5,262,097	$0			$5,437,296
SWACH	$3,273,955	$3,215,390	$0			$3,244,673
Indian Health Care Providers	$1,862,500	$0	$0			$931,250

Table 16: LTSS and FCS service expenditures

	Q1	Q2	Q3	Q4	DY4 Total
	January 1–March 31	April 1–June 30	July 1–September 30	October 1–December 31	January 1–December 31
Tailored Supports for Older Adults (TSOA)	$2,323,728	$3,684,643	$66,359		
Medicaid Alternative Care (MAC)	$56,452	$79,469	$2,874,309		
MAC and TSOA not eligible	$465	$1,236	$745		
FCS	$2,637,290	$9,434,315	$5,788,771		

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.

Actual caseload data for non-expansion adults is available through June 2020. July 2020 through September 2020 member months for non-expansion adults are forecasted caseload figures from CFC. For this quarter, HCA does not have updated SUD member months to report due to a potential discrepancy with the data criteria. HCA is currently working on validating the SUD data and will update member months retrospectively in Q4.

Table 17: member months eligible to receive services

Calendar month	Non-expansion adults only	SUD Medicaid disabled	SUD Medicaid non-disabled	SUD newly eligible	SUD American Indian/Alaska Native
Jan-17	376,322	0	0	0	0
Feb-17	375,219	0	0	0	0
Mar-17	374,752	0	0	0	0
Apr-17	373,608	0	0	0	0
May-17	373,151	0	0	0	0
Jun-17	373,055	0	0	0	0
Jul-17	372,148	0	0	0	0
Aug-17	371,882	0	0	0	0
Sep-17	370,615	0	0	0	0
Oct-17	370,417	0	0	0	0
Nov-17	370,220	0	0	0	0
Dec-17	370,206	0	0	0	0
Jan-18	370,226	0	0	0	0
Feb-18	368,794	0	0	0	0
Mar-18	368,573	0	0	0	0
Apr-18	367,280	0	0	0	0
May-18	367,588	0	0	0	0
Jun-18	366,838	0	0	0	0
Jul-18	366,536	2	3	11	8
Aug-18	365,907	6	1	18	17
Sept-18	364,881	3	3	11	18
Oct-18	364,824	4	3	9	24
Nov-18	364,358	2	1	17	27
Dec-18	363,786	4	4	12	15
Jan-19	363,712	4	18	65	22
Feb-19	361,969	13	23	110	27
Mar-19	361,605	7	25	96	29
Apr-19	361,127	6	29	92	35
May-19	360,595	4	29	82	42
June-19	359,804	5	25	57	31
Jul-19	360,240	2	22	57	34
Aug-19	359,802	1	29	28	32
Sep-19	359,380	10	32	77	26
Oct-19	358,845	0	0	0	0

Nov-19	357,969	0	0	0	0
Dec-19	358,272	0	0	0	0
Jan-20	358,668	2	31	83	27
Feb-20	358,540	3	28	60	25
Mac-20	360,181	0	0	0	0
Apr-20	363,530	0	0	0	0
May-20	365,744	0	0	0	0
Jun-20	368,408	0	0	0	0
Jul-20	370,228	0	0	0	0
Aug-20	372,547	0	0	0	0
Sep-20	374,872	0	0	0	0
Total	**16,487,224**	**78**	**306**	**885**	**439**

Budget neutrality

It was discovered that there may be a discrepancy with the data criteria used to identify SUD costs for budget neutrality reporting. HCA is in the process of validating the criteria for this population group and anticipates that expenditures will be adjusted on a future CMS-64 report. As a result, HCA will not report any expenditures or member months in Q3 for the SUD population, as the state continues to work on validating the data.

Designated state health programs (DSHP)

Last year, HCA contracted with Myers and Stauffer to perform an independent audit based on agreed-upon procedures to validate the accuracy of DSHP claims reported on the CMS-64 for calendar year (CY) 2017 and CY2018. Attached is a final report (Appendix F) issued by Myers and Stauffer. HCA has also included a corrective action plan (Appendix G) addressing the associated findings from the report.

Overall MTP development and issues

Operational/policy issues

During Q3, 2020 HCA and Department of Social and Health Services (DSHS) continued to prepare the appropriate materials tied to upcoming legislative action to support appropriations for MTP continuation in the coming biennium. In addition, HCA and DSHS continued to respond to inquiries from Legislators and their staff regarding DY5, sustainability planning, and the one-year extension that is being pursued.

HCA continued to coordinate with CMS over the course of this reporting period on the topic of statewide accountability and related adjustments due to COVID-19 impacts. The state will continue to work with CMS on finalizing performance flexibility within the funding and mechanics protocol, and is pursuing an STC amendment to align the MTP VBP adoption target for DY5 with the target in managed care contracts. The target within contracts was adjusted to 85 percent (down from 90 percent) for DY5.

Consumer issues

The state has not experienced any major consumer issues for DSRIP, FCS, LTSS, or the SUD program during this reporting quarter, other than general inquiries about benefits available through MTP.

MTP evaluation

Time Period: July 1, 2020–September 30, 2020

The MTP independent external evaluator (IEE), OHSU Center for Health Systems Effectiveness (CHSE), continued its active engagement during this reporting period. The IEE's quarterly Rapid-cycle Report was delivered on September 30, 2020, in compliance with the contracted deliverable timeline. This report covers July 1 through September 31, 2020.

For the first time, this regular report provides key findings for statewide performance metrics. It also provides an in-depth preview of data for what the state can expect to see in more detail in the interim report, due mid-December 2020. As with prior submissions, this report describes activities the most recent quarter related to CHSE's evaluation of Washington's MTP.

Preview of interim report, and key findings for statewide Medicaid system performance analysis

The interim report will present 45 performance measures across the following ten domains:

1. SDOH
2. Access to primary and preventive care
3. Reproductive and maternal health care
4. Prevention and wellness
5. Behavioral health care
6. Oral health care
7. Care for people with chronic conditions
8. Emergency department hospital and institutional care
9. SUD care
10. Opioid use, mortality, and treatment

Key findings in the interim report

Analysis of changes in statewide performance metrics revealed that Washington State's Medicaid system saw a mixed or unchanged performance across most domains of care from 2018 to 2019. These results should be considered within the context of Washington State's goals and timeline for MTP. For example, 2019 represents the first full "implementation" year of the demonstration, with many activities related to infrastructure development or delivery system change accelerating during this period. Considering this context, below are a few summary points:

- Performance generally improved in the areas of SUD care and opioid use, mortality, and treatment.
- Performance was mixed, with some metrics improving while others remained unchanged or worsened, in the following areas: SDOH; reproductive and maternal health care; prevention and wellness; behavioral health care; and emergency department, hospital and institutional care use.
- Performance was similar or unchanged from 2018 in primary and preventive care, oral health care, and care for people with chronic conditions.

These trends, as well as analyses for specific groups, such as rural residents and people of color, will be examined in detail in the upcoming interim report. Future reports will also examine changes in performance metrics during later periods of the demonstration.

Key activities reported for this reporting period

Interim report activities: during this reporting period, the CHSE evaluation team continued data collection and analysis necessary to prepare the draft interim report.

Key informant interviews:

- Continued Round 2 interviews with ACHs, which began in June 2020. The primary focus of these interviews is on project implementation and changes since Round 1.
- Continued recruitment of state-level and MCO key informants began in September 2020.
- Continued recruitment for provider interviews and initial sampling of interviewees.

Note: CHSE reports recruitment has been slower than initially planned due to impacts of the COVID-19 pandemic.

ACH health improvement project analysis*:* development of matrices to analyze information about each of the eight ACH project areas. Information is categorized to observe emerging similarities and variation across project areas. The matrices will provide context for, and aid interpretation of performance metrics, and in project areas that will be presented in the interim report.

Upcoming reports: As noted above, the draft interim report is due to HCA in December 2020. The next Rapid-cycle Report will be delivered by March 31, 2021. A separate quarterly monitoring report will not be submitted in December 2020, given the comprehensive and inclusive content of the interim report.

Read the IEE's full baseline report on the HCA website.

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, Q3 2020
- Attachment C: 1115 SUD Demonstration Monitoring Workbook – Part A
- Attachment D: 1115 SUD Demonstration Monitoring Report – Part B
- Attachment E: MAC and TSOA quality assurance questions
- Attachment F: Designated State Health Programs (DSHP) Final Report
- Attachment G: DSHP Corrective Action Plan

Attachment A: state contacts

Contact these individuals for questions within the following MTP-specific areas.

Area	Name	Title	Phone
MTP and quarterly reports	Chase Napier	Manager, Medicaid Transformation	360-725-0868
DSRIP program	Chase Napier	Manager, Medicaid Transformation	360-725-0868
LTSS program	Kelli Emans	Integration Unit Manager, DSHS	360-725-3213
FCS program	Melodie Pazolt	BH Programs and Recovery Support Services Section Manager, DBHR	360-725-0487
SUD IMD program	David Johnson	Federal Programs Manager, DBHR	360-725-9404

For mail delivery, use the following address:

Washington State Health Care Authority
Policy Division
Mail Stop 45502
628 8th Avenue SE
Olympia, WA 98501

Attachment B: Financial Executor Portal Dashboard, Q3 2020

View this table on the HCA website, which shows all funds earned and distributed through the FE portal through June 30, 2020.

Attachment C: 1115 SUD Demonstration Monitoring Workbook – Part A

As previously agreed upon with CMS, due to a delay in receiving updated technical specifications for the Monitoring Protocol metrics, the state is submitting both the Monitoring Workbook for the current quarter (tab name "Report – Metrics report") and the previous quarter (tab name "Report – Metrics report – A").

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-December 31, 2021*
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.

2. Executive Summary

This monitoring report contains some early data on the impact of COVID-19 on the SUD treatment system in Washington. While treatment access metrics had been climbing, a number of metrics began to show slight decreases in February and March consistent with intial news reports and infections. We anticpate that COVID-19 may show more significant impacts in coming months. Medication assisted treatment (MAT), unlike other forms of treatment, did not see a decrease in February and March of 2020.

In other respects initiative 4 is proceeding smoothly.

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

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
1.2 Assessment of Need and Qualification for SUD Services			
1.2.1 Metric Trends			
☒ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services.	#3: Medicaid beneficiaries with SUD diagnosis (monthly). The number of Medicaid beneficiaries with an SUD diagnosis each month remained consistent from October 2019 through March 2020. This pattern was consistent across reported subpopulations.	10/01/2019-12/31/2019	
☐ The state has no metrics trends to report for this reporting topic.			
1.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) The target population(s) of the demonstration ☐ ii) The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration			
☒ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services			
☒ The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.2.1 Metric Trends			
☒ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1	#6: Any SUD Treatment. The number of Medicaid beneficiaries with an SUD diagnosis who received any form of SUD treatment in a given month continues to increase. The number of Medicaid beneficiaries with an OUD diagnosis appears to be the primary driver of this increase.	10/01/2019-12/31/2019	
	#7: Early Intervention. As expected, the number of Medicaid beneficiaries who received an SBIRT screening is low. Research within the state has highlighted some barriers to billing for SBIRT, including but not limited to staff turnover and uncertainty around reimbursement.	10/01/2019-12/31/2019	
	#8: Outpatient Services. The number of Medicaid beneficiaries with an SUD diagnosis who received outpatient services within a given month increased from October 2019 to January 2020. February 2020 and March 2020 saw a slight decrease in use of outpatient services. This coincides with the emergence of COVID-19 cases in the state of Washington which may have more significant impacts on the use of outpatient services in future reporting.	10/01/2019-12/31/2019	
	#10: Residential and Inpatient Services. The number of Medicaid beneficiaries with an SUD diagnosis who received residential or inpatient services within a given month increased from October 2019 to January 2020. February 2020 and March 2020 saw a slight decrease in use of residential or inpatient services. This coincides with the emergence of COVID-19 cases in the state of Washington which may have more significant impacts on the use of residential or inpatient services in future reporting.	10/01/2019-12/31/2019	

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
	#11: Withdrawal Management. The number of Medicaid beneficiaries with an SUD diagnosis who received withdrawal management services within a given month increased from October 2019 to January 2020. February 2020 and March 2020 saw a slight decrease in use of withdrawal management services. This coincides with the emergence of COVID-19 cases in the state of Washington which may have more significant impacts on the use of withdrawal management services in future reporting.	10/01/2019-12/31/2019	
	#12: Medication Assisted Treatment. The number of Medicaid beneficiaries with an SUD diagnosis who received medication assisted treatment in a given month continues to increase. Unlike other forms of treatment, medication assisted treatment did not see a decrease in February 2020 and March 2020.	10/01/2019-12/31/2019	
☐ The state has no metrics trends to report for this reporting topic.			
2.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management) ☐ ii) SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication assisted treatment services provided to individuals in IMDs			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☒ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make other program changes that may affect metrics related to Milestone 1			
☒ The state has no implementation update to report for this reporting topic.			
3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2			
☒ The state has no trends to report for this reporting topic.			
☐ The state is not reporting metrics related to Milestone 2.			
3.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria ☐ ii) Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings			
☒ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make other program changes that may affect metrics related to Milestone 2			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☒ The state has no implementation update to report for this reporting topic.			
☐ The state is not reporting metrics related to Milestone 2.			
4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3			
☒ The state has no trends to report for this reporting topic.			
☐ The state is not reporting metrics related to Milestone 3.			
4.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards ☐ ii) State review process for residential treatment providers' compliance with qualifications standards ☐ iii) Availability of medication assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site			
☒ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make other program changes that may affect metrics related to Milestone 3			
☒ The state has no implementation update to report for this reporting topic.			
☐ The state is not reporting metrics related to Milestone 3.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4			
☒ The state has no trends to report for this reporting topic.			
5.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care			
☒ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make other program changes that may affect metrics related to Milestone 4			
☒ The state has no implementation update to report for this reporting topic.			
6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.2.1 Metric Trends			
☒ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	*#15: Initiation and Engagement of Treatment*. Rates of initiation and engagement in treatment of alcohol abuse or dependence, opioid abuse or dependence, and total have increased from 2017 through 2019. Initiation and engagement in treatment for other drug abuse or dependence has decreased slightly from 2018 to 2019, but remains higher than the baseline 2017 rates.	*01/01/2019-12/31/2019*	

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
	#18: Use of Opioids at High Dosage in Persons without Cancer (modified by State). The absolute number and percentage of Medicaid beneficiaries prescribed opioids at high dosages continues to decrease. Compared to prior reporting periods, fewer beneficiaries have high dose prescriptions and a smaller percentage of those prescribed opioids have a high dose prescription.	*01/01/2019-12/31/2019*	
	#21: Concurrent Use of Opioids and Benzodiazepines (modified by State). The absolute number and percentage of Medicaid beneficiaries concurrently prescribed opioids and benzodiazepines continues to decrease. Compared to prior reporting periods, fewer beneficiaries have concurrent prescriptions and a smaller percentage of those prescribed opioids have a concurrent prescription.	*01/01/2019-12/31/2019*	
	#22: Continuity of Pharmacotherapy for Opioid Use Disorder (modified by State). Continuity of pharmacotherapy for OUD rose slightly from the previous reporting period. While the percentage of beneficiaries continuing pharmacotherapy of OUD is still below the initial reporting period (50.70 percent compared to 60.48 percent), the absolute number of beneficiaries continuing has doubled since initial reporting.	*01/01/2019-12/31/2019*	
☐ The state has no trends to report for this reporting topic.			
6.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD ☐ ii) Expansion of coverage for and access to naloxone			
☒ The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☐ The state expects to make other program changes that may affect metrics related to Milestone 5			
☒ The state has no implementation update to report for this reporting topic.			
7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.2.1 Metric Trends			
☒ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6	*#17(1): Follow-Up after ED Visit for Alcohol or Other Drug Dependence (7 days and 30 days).* Rates of follow-up at both 7 days and 30 days for ED visits for AOD continues to increase. While the number of ED visits for AOD has remained consistent, a higher proportion had a follow-up visit within 7 days or 30 days compared to the baseline rate.	*01/01/2019-12/31/2019*	
	#17(2): Follow-Up after Hospitalization for Mental Illness (7 days and 30 days). In contrast to rates of follow-up for ED visits for AOD, the rates of follow-up after hospitalization for mental illness has continued to decline since 2017. However, it should be noted that this metric has undergone significant revisions to the technical specifications (per NCQA HEDIS guidelines). Thus, more recent results should be compared to prior results with caution.	*01/01/2019-12/31/2019*	
☐ The state has no trends to report for this reporting topic.			
7.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports			
☒ The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☐ The state expects to make other program changes that may affect metrics related to Milestone 6			
☒ The state has no implementation update to report for this reporting topic.			
8.2 SUD Health Information Technology (Health IT)			
8.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its Health IT metrics			
☒ The state has no trends to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
8.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) How health IT is being used to slow down the rate of growth of individuals identified with SUD ☐ ii) How health IT is being used to treat effectively individuals identified with SUD ☐ iii) How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD ☐ iv) Other aspects of the state's plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels ☐ v) Other aspects of the state's health IT implementation milestones ☐ vi) The timeline for achieving health IT implementation milestones ☐ vii) Planned activities to increase use and functionality of the state's prescription drug monitoring program			
☒ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make other program changes that may affect metrics related to Health IT			
☒ The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
9.2 Other SUD-Related Metrics			
9.2.1 Metric Trends			
☒ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	*#23: Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries.* Overall, the rate of emergency department utilization for SUD in WA remained relatively stable from October 2019 through January 2020. In February 2020 and March 2020, there is a decreased in the rate of ED utilization. This coincides with the emergence of COVID-19 cases in the state of Washington which may have impacted ED utilization of all causes, including SUD.	01/01/2020-03/31/2020	
	#24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries. Overall, the rate of inpatient stays for SUD remained consistent from October 2019 through March 2020.	01/01/2020-03/31/2020	
	#32: Access to Preventive/Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD. Access to Preventive/Ambulatory services for Adult Medicaid Beneficiaries with an SUD diagnosis has steadily increased since initial reporting, with almost 89.43 percent of those with an SUD diagnosis accessing AAP services in the most recent measurement period (CY2019).	01/01/2019-12/31/2019	
☐ The state has no trends to report for this reporting topic.			
9.2.2 Implementation Update			
☐ The state expects to make other program changes that may affect metrics related to other SUD-related metrics			
☒ The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
10.2 Budget Neutrality			
10.2.1 Current status and analysis			
☐ If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.			
10.2.2 Implementation Update			
☐ The state expects to make other program changes that may affect budget neutrality			
☒ The state has no implementation update to report for this reporting topic.			
11.1 SUD-Related Demonstration Operations and Policy			
11.1.1 Considerations			
☐ States should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration's approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.			
☒ The state has no related considerations to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
11.1.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service) ☐ ii) Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes) ☐ iii) Partners involved in service delivery			
☒ The state has no implementation update to report for this reporting topic.			
☐ The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities			
☒ The state has no implementation update to report for this reporting topic.			
☐ The state is working on other initiatives related to SUD or OUD			
☒ The state has no implementation update to report for this reporting topic.			
☐The initiatives described above are related to the SUD or OUD demonstration (States should note similarities and differences from the SUD demonstration)			
☒ The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
12. SUD Demonstration Evaluation Update			
12.1. Narrative Information			
☐ Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. See report template instructions for more details.			
☒ The state has no SUD demonstration evaluation update to report for this reporting topic.			
☐ Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.			
☒ The state has no SUD demonstration evaluation update to report for this reporting topic.			
☐ List anticipated evaluation-related deliverables related to this demonstration and their due dates.			
☒ The state has no SUD demonstration evaluation update to report for this reporting topic.			
13.1 Other Demonstration Reporting			
13.1.1 General Reporting Requirements			
☐ The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol			
☒ The state has no updates on general requirements to report for this reporting topic.			
☐ The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes			
☒ The state has no updates on general requirements to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) The schedule for completing and submitting monitoring reports ☐ ii) The content or completeness of submitted reports and/or future reports			
☒ The state has no updates on general requirements to report for this reporting topic.			
☐ The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation			
☒ The state has no updates on general requirements to report for this reporting topic.			
13.1.2 Post-Award Public Forum			
☐ If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.			
☒ No post-award public forum was held during this reporting period and this is not an annual report, so the state has no post-award public forum update to report for this topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
14.1 Notable State Achievements and/or Innovations			
14.1 Narrative Information			
☐ Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.			
☒ The state has no notable achievements or innovations to report for this reporting topic.			

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

The IET-AD, FUA-AD, FUM-AD, and AAP measures (metrics #15, 17 (1), and 17 (2), and 32) are Healthcare Effectiveness Data and Information Set ("HEDIS®") measures that are owned and copyrighted by the National Committee for Quality Assurance ("NCQA"). NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications.

The measure specification methodology used by CMS is different from NCQA's methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. Calculated measure results, based on the adjusted HEDIS specifications, may be called only "Uncertified, Unaudited HEDIS rates."

Certain non-NCQA measures in the CMS 1115 Substance Use Disorder Demonstration contain HEDIS Value Sets (VS) developed by and included with the permission of the NCQA. Proprietary coding is contained in the VS. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of the VS with the non-NCQA measures and any coding contained in the VS

Attachment E: MAC and TSOA quality assurance questions

1. **PROGRESS NOTES (PROG) 1:** Is there documentation that the case manager discussed with the care receiver/client his/her choices of available programs, services, settings, and providers?
2. **PROGRESS NOTES (PROG) 2:** Is there documentation of care receiver/client choice of available programs/services, settings, and providers?
3. **PROGRESS NOTES (PROG) 3:** Were care receivers/clients free from the use of restraints or involuntary seclusions?
4. **PROGRESS NOTES (PROG) 4:** Was a professional, certified, or authorized interpreter used as per LTC Manual?
5. **FINANCIAL (FIN) 1:** Is the care receiver/client financially eligible for the services received?
6. **CARE PLAN (CP) 1:** If the care receiver/client is receiving respite services in an adult family home (AFH) or assisted living facility (ALF), does that facility have the specialty designation required to meet the needs of the care receiver/client?
7. **CARE PLAN (CP) 2:** Did the care receiver and caregiver agree to the Care Plan as outlined in the LTC Manual?
8. **CARE PLAN (CP) 3:** Were mandatory referrals made? (APS, CRU and CPS)
9. **CARE PLAN (CP) 4**: Was nursing facility level of care assessment completed within the annual time frame?
10. **CARE PLAN (CP) 5**: Was a change in condition care plan completed when appropriate?
11. **CARE PLAN (CP) 6**: Were the correct instruments and processes used to determine nursing facility level of care?
12. **CARE PLAN (CP) 7**: Did the care receiver/client receive information about the importance of the flu vaccine annually?
13. **AUTHORIZATION (AUTH) 1:** Was the GetCare care plan locked or TCARE care plan completed prior to start date of enrollment/service authorization?
14. **AUTHORIZATION (AUTH) 2:** Is there documentation (invoices, receipts, etc.) to support paid service authorization for services/items such as DME, care supplies, environmental modifications/minor home repairs, ramps, lift chair, and assistive/adaptive equipment?
15. **AUTHORIZATION (AUTH) 3:** Was the annual amount authorized within the care receiver's benefit level (Step 1, 2, or 3)?
16. **AUTHORIZATION (AUTH) 4:** Were waiver service claims paid to a qualified provider (non-IPs
17. **DOCUMENTATION (DOC) 1:** Is the 14-225 Acknowledgement of Services completed correctly and in the GetCare electronic file cabinet or DMS?
18. **DOCUMENTATION (DOC) 2:** Is the 16-172 Rights and Responsibility completed correctly and in the GetCare Electronic File Cabinet or DMS?
19. **DOCUMENTATION (DOC) 3:** Was the 14-443 Fin/Social Services Communication for MTD completed correctly and in the Barcode electronic client record (ECR)?
20. **DOCUMENTATION (DOC) 4:** Was the 15-492 Medicaid Transformation Demonstration Services Notice completed correctly and in the GetCare electronic file cabinet?

Attachment F: Designated State Health Programs (DSHP) Final Report

View this report on the HCA website.

Attachment G: DSHP Corrective Action Plan

View the action plan on the HCA website.

Medicaid Quality Improvement Program
Report to Joint Select Committee on Health Care Oversight
Quarter 3: July – September, 2020

Washington State Health Care Authority

1. 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 certain 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.

2. Implementation status and results

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. During the third quarter of 2020, AWPHD and UW Medicine continued implementation of projects as outlined below.

AWPHD is working on a project that will:

- Support statewide efforts to prevent opioid dependency.
- Expand access to opioid use disorder treatments.
- Prevent opioid overdose in rural Washington.

UW Medicine is working on an initiative that focuses on care delivery sites, community engagement, and clinical quality. Under this initiative, UW will improve health care access and outcomes for all patients. Some activities of this initiative include:

- Expanding existing and identifying new promising clinical interventions to support access and whole person care.
- Improving processes for data collection, analysis, and patient/provider access.
- Sharing guidelines, tools, clinic practice improvements, and other learnings with clinical providers and community partners outside of UW Medicine.

The second reporting milestone tied to payment was completed in Q3 of 2020. In addition to providing an implementation plan status report and an updated work plan with additional project detail, the second milestone required the MCOs and public hospitals to identify project-specific measures of success to support program assessment and continuous improvement. Below are several of the metrics selected:

- Breast cancer screen rates for selected populations. Additional measures appropriate to additional interventions identified and begun.

- At least two Community Advisory Council recommendations incorporated into project planning (e.g. intervention/ QI measure).
- Breast cancer screening incorporated into tool. All additional QI measures incorporated into tool and available to clinicians. Reporting of variance from baseline/target initiated.
- Change in access to DEAx waivered providers in participating member facilities.
- Change in rate of prescribing for individual providers.

HCA approved the reporting for the second milestone on October 1. Payment for Milestone 2 is scheduled for December 2020.

3. Expenditures

HCA approved the MQIP reporting for the second milestone on October 1, 2020. Payments for the second milestone will be released in December 2020.

Below are the details of the scheduled payments:

MCO Earned Admin and Payments to Public Hospitals (December 2020)						
	Amerigroup	**Community Health Plan**	**Coordinated Care**	**Molina**	**United Healthcare**	**Total**
Admin	$150,000	$150,000	$150,000	$150,000	$150,000	$750,000
UW	$3,299,972	$3,299,973	$3,299,972	$3,299,972	$3,299,972	$16,499,861
Evergreen Healthcare & Valley Medical Center	$725,994	$725,994	$725,994	$725,994	$725,994	$3,629,970
AWPHD	$30,870	$30,870	$30,870	$30,870	$30,870	$154,350
Public Hospitals Statewide	$68,129	$68,129	$68,129	$68,129	$68,129	$340,645
						$21,374,826

Washington State Health Care Authority

Accountable Communities of Health (ACHs) Quarterly Activity Report

Reporting period: July 1–September 30, 2020

Report to Joint Select Committee on Health Care Oversight

Introduction

This report reflects statewide and individual Accountable Community of Health (ACH) activities from July 1 to September 30, 2020. This report shares what ACHs are doing within and across regions to improve the health of people and communities in Washington State.

Through their unique role, ACHs connect the health care delivery system and local community organizations. In addition to their Medicaid Transformation Project (MTP) activities, ACHs are also helping to coordinate regional COVID-19 response. Statewide activities summarized below largely reflect COVID-19-related activities for this quarter.

Statewide ACH activities

ACHs continue to distribute personal protective equipment (PPE) to vulnerable populations across the state, on behalf of state government and the State Military Department. ACHs have been distributing PPE to local and county jails, farmworker organizations, behavioral health providers, and other community organizations that don't have access to PPE through county or other channels.

ACHs partnered with HCA to discuss and develop plans for a one-year extension for MTP. This extension year, if approved, will add 2022 as a sixth year of MTP and help make up for the significant COVID-19 disruptions experienced this year.

Discussions included preliminary development of the activities and investments ACHs and partners could continue during a sixth year. There was consensus that the extension year would bring significant value to the state and individual regions. ACHs are also having regional conversations with their committees, boards, and partners. This planning is ongoing.

Individual ACH activities

Better Health Together (BHT)

Serving Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens counties

Behavioral health

- Utilizing earnings from integrated managed care (IMC) incentives, BHT funded a Behavioral Health Access Report to inform future investments and actions. The report includes a regional overview and subsections that provide in-depth data on 1) racial/ethnic disparities in behavioral health care access; 2) community behavioral health; and 3) transportation and geographic access to care.

  Based on this report, BHT has committed to:

  - Addressing access disparities by race and ethnicity
  - Maintaining recent telehealth expansions for behavioral health
  - Removing policy, reimbursement, and training constraints to workforce development
    - View the report

Broadband investment:

- BHT has partnered with the Washington State Broadband Office to support the Office's Feasibility and Grant Maximization efforts. With funding earned through IMC incentives, BHT allocated $207,000 to support the development of 18 broadband grant applications. Applications will come from Broadband Action Teams in each of BHT's counties and the Tribal Reservations of the Spokane Tribe of Indians, Kalispel Tribe of Indians, and Confederated Tribes of the Colville Reservation.

Cascade Pacific Action Alliance (CPAA)

Serving Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, and Wahkiakum counties

Behavioral health

- CPAA hosted a Medication for Opioid Use Disorder waiver training for 25 participants for regional and statewide providers.
- Collaborated with UW Advancing Integrated Mental Health Solutions (AIMS) Center to hold a webinar focused on collaborative documentation in a clinical setting.
- Facilitated a monthly Integrated Managed Care (IMC) Provider Readiness Workgroup. This workgroup is where behavioral health agencies discuss IMC issues with managed care organizations (MCOs) and HCA. They discuss challenges, such as claims being denied; claims reconciliation taking longer than expected; reimbursements being delayed; billing code modifier confusion; availability of interpreter services; prior authorization confusion; and data sharing.

COVID-19 response

- Continued offering a new service within the Community CarePort Project, the CarePort COVID-19 Community Support and Monitoring Program. This program addresses the emergent needs of people who have barriers to following quarantine or self-isolation advice from local incidence response management systems. This service connects clients to a trained care coordinator who can support them while in self-isolation or quarantine.
- CPAA distributed over 41,000 masks to community partners during the reporting period.
- Assisted hospitals and community-based organizations shift toward virtual delivery of evidence-based programs. This includes chronic disease self-management workshops and diabetes prevention programs.
- Facilitated monthly calls with pediatric providers to address well-child visits, immunization rates, and behavioral health integration concerns during COVID-19.
- Facilitated advisory call with pediatric providers, educational service district (ESD) 113, ESD 112, health department medical officers, and school-based health centers to address back-to-school health concerns in the region.
- Through collaboration with The Moore Wright Group (TMWG), CPAA acted as the conduit for connecting communities with resources through TMWG's Disaster Relief program. The program helped connect and distribute over $6,402,005 throughout 21 counties, servicing more than 201,000 families and 159 organizations.

Elevate Health

Serving Pierce County

COVID-19 response

- The Community Health Action Teams (CHAT) and Pathways Community HUB (Pathways) programs experienced an increased demand capacity, from 30 to 45 clients per community health worker (CHW), to account for influx of referrals due to the pandemic. Elevate Health is working to alleviate this impact to the CHWs through the launch of a COVID-19 risk assessment application and other risk management tools.
- Effectively worked with the Tacoma Pierce County Health Department to provide case management services to clients who pass through their Temporary Care Center. Provided services and isolation support under the Pathways and CHAT programs to 60 clients who either tested positive for COVID-19 or were exposed to the virus.

- OnePierce Community Resiliency Fund, in partnership with Pierce County, Greater Tacoma Community Foundation, and local philanthropic funders, developed a zero-interest bridge loan program to support providers responding to COVID-19 prior to their reimbursement through County CARES Act contracts. This program helps to resolve a long-standing equity issue with the reimbursement-based federal funding, which often cannot be accessed by providers with lower reserves and fewer ties to traditional finance institutions.

Care coordination

- Elevate Health partnered with the Tacoma Pierce County Health Department to launch a Potentially Preventable Hospitalizations Pilot for Congestive Heart Failure (CHF) with medical partners in the Spanaway/Parkland area of Pierce County. The goal of the pilot is to integrate community-based care coordination services within the traditional medical model to directly address social determinant of health barriers for patients diagnosed with CHF.
- Developed the Regional System of Care Committee plan around the use of the 1/10th of 1 percent County tax. Introduction of the Accountable Care Organization pilot concept to address needed funding for prevention, immediate services and programs that do not have sustainable funding.

Behavioral health

- Elevate Health met with Pierce County Pre-trial services to discuss the new HCA Trueblood Settlement Agreement contract (period July 2020–June 2021). In this contract, Elevate Health is to fulfill quarterly deliverables, including facilitating meetings with law enforcement, behavioral health systems, provider communities, and Trueblood Settlement Agreement Project providers. During discussions with the County's office, Elevate Health identified gaps that still need to be addressed.
- The OnePierce Community Resiliency Fund facilitated the competitive application process and recommended recipients to Pierce County for the $1.5 million of available CARES Act funding for behavioral health providers responding to the COVID-19 pandemic. The application process received a strong response, with requests for funding totaling $2.77 million. The review committee recommended awards for 21 behavioral health providers. Recipients were announced on July 8, 2020, and approximately $600,000 has been invoiced by providers through September.

Greater Columbia ACH (GCACH)

Serving Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, and Yakima counties

COVID-19 response

- As reported last quarter, GCACH created a "Care Packages" project that was initially piloted in three skilled nursing facilities and subsequently rolled out to an additional 23 skilled nursing facilities across the ACH region, covering almost 2,000 residents.
    - GCACH then followed up with the Care Packages and Healthcare Heroes program for Assisted Living Facilities in Benton and Franklin Counties, in collaboration with Numerica Credit Union. To raise funds for these efforts, GCACH partnered with Numerica to host a radiothon and telethon in August, raising $14,092. Nearly 1,300 seniors benefitted from this program.
- Greater Columbia partnered on a request for proposal to set up and operate a high throughput community testing site for COVID-19. The HCP is funded by Department of Health, with funds for testing in communities with high rates of infection.

- GCACH worked with the Benton-Franklin Health District (BHFD) and the City of Pasco/Pasco Fire Department to set up a local consortium, find workers to staff the site, and lead consumer outreach and marketing. In addition to the marketing support, GCACH is also providing analytical technical assistance to process, analyze, and visualize test site visit data.

- On August 5, the GCACH received 842,000 face masks from the State Military Department. GCACH made use of its broad network of organizations and collaborations to identify those most in need. Altogether, more than 100 organizations have received masks through GCACH's process, including public health, community-based organizations, non-profits, first responders, community health centers, behavioral health agencies, and more.

Clinical practice transformation

- The pandemic has impacted providers contracted with GCACH for the purposes of practice transformation, especially with respect to their reporting activities. However, they continue to meet with navigators, and continue to make progress. The second cohort just finished its first full year of practice transformation, and the third cohort just finished its six-month mark. The first cohort is halfway through the three-year program.
    - One of the successes of the third cohort is Chaplaincy Health Care, a non-profit organization providing hospice, palliative, and grief care. Chaplaincy Behavioral Health has implemented detailed policies and procedures for empanelment and risk stratification, and implemented a new electronic health record that is allowing staff to provide enhanced services. The distribution of patient decision aids have been implemented and made available in different languages. This organization is also in the process of implementing Collective Medical platform to perform follow-up on patients.

HealthierHere

Serving King County

Behavioral health

- HealthierHere funded seven WPIC (Whole Person Integrated Care) Innovations among 12 different partner organizations designed to help prototype best practices for creating and strengthening partnerships between local community health centers and community behavioral health agencies, and test models of integrated care that can be scaled and sustained.
- In August, HealthierHere partnered with Dr. John Kern, MD, Clinical Professor of Psychiatry & Behavioral Sciences, University of Washington AIMS Center, to host a 30-minute webinar training focused on strategies and best practices for conducting a 30-minute telebehavioral health appointment. Twenty-four participants received the training and a recording can be accessed on the Healthier Here site. In the age of telehealth and an ongoing need to increase access to behavioral health services, a therapeutic 30-minute encounter has the potential to be a paradigm shift for behavioral health service delivery within behavioral health agencies.

COVID-19 response

- HealthierHere distributed 304,000 face coverings to 48 health and social service organizations and community partners serving the King County community. At a health fair recently hosted by a community partner who has deep roots and trust in community, they reported seeing a lot of enthusiasm about receiving these masks. Many of the community members had been repeatedly using the same disposable mask—some community members were even stuck using shrunken or

misshapen masks, as a result of trying to wash them. The masks that HealthierHere provided to community partners were able to impact the lives of many people affected by health disparities.

- HealthierHere is committed to making sure access to COVID-19 testing is equitable across King County. To accomplish this goal, HealthierHere's Resilience Fund awarded Puget Sound Regional Fire Authority, Valley Medical Center, and their partners $70,000 to help setup and operate four High-Throughput Community Test Sites in "testing deserts" across South King County: Auburn, Tukwila, Federal Way, and Highline. These community test sites can deliver up to 2,000 tests per day. The funds are currently being used to:
    - Support Puget Sound Regional Fire Authority, Valley Medical Center, and their partners as they design, develop and launch community test sites.
    - Support high-risk COVID-19 positive patients with a free pulse oximeter to enable self-monitoring of respiratory distress ("silent hypoxia") while patients recover in the community.
- King County data dashboards show that COVID-19 is having a disproportionately negative impact on the Marshallese community and the trend is increasing. To address this, HealthierHere invested in HealthPoint Community Health Center and the Marshallese Women's Association to address barriers to healthcare and social supports that the Marshallese community has faced.

Community information exchange (CIE)

- HealthierHere collaborated with Kaiser Permanente, Community Health Plan of Washington, and Northwest Physicians Network to make the Unite Us technology available to partners and to support their access and onboarding to this technology. There are currently 18 active users in King County.

Tribal Health

- HealthierHere invested in Native-Led, Native-Serving Organizations and Indian Healthcare Providers to increase access to traditional medicines and healing modalities. The traditional medicines investments provided an equitable approach to healthcare and medicine for American Indian/Alaska Native and urban Indigenous peoples. HealthierHere provided access to preventative methods of health instead of reactive; and the teas and traditional herbal medicines are focused on keeping people well and healthy and not just reacting to health after there is an issue, which has been essential to keeping the community healthy during COVID-19.

North Central ACH (NCACH)

Serving Chelan, Douglas, Grant, and Okanogan counties

COVID-19 response

- Many NCACH partners reported reduced capacity due to COVID-19, so NCACH worked to provide individual support, including amending Medicaid Transformation projects and project deliverables.
    - For example, one of our funded partners who was focusing on providing outreach support for homeless and unaccompanied youth had to change their project delivery plan to include a mobile unit to provide services that followed Centers for Disease Control and Prevention guidelines for increased COVID-19 mitigation.
- NCACH continues to provide support to partners through convening and technical assistance, including supporting regional Spanish-language messaging to promote COVID-19 safe communities. This group of regional partners continued to guide weekly public service announcements that were shared with eight

Spanish language radio stations. NCACH helped organize several longer radio segments in partnership with a local doctor from Confluence and La Pera radio, including a segment with Washington State Labor & Industries and Washington State Employment Security Department to talk about paid leave provisions for workers.

Opioid response

- NCACH also made strides to address the opioid epidemic, including bringing on a Recovery Coach Coordinator, whose role will be to design a Recovery Coach Network to support individuals in recovery. The Recovery Coach Network will increase the number of trained peer-support recovery coaches who will use community partnerships and valuable lived experience to walk next to recoverees as they transition back into the community.
    - In addition, the NCACH Opioid Project Workgroup has pivoted in order to build connection with the recovery community to address increasing levels of isolation fueled by the pandemic, which is resulting in higher risk and rates of opioid abuse and other substance use disorder issues.

North Sound ACH

Serving Island, San Juan, Skagit, Snohomish, and Whatcom counties

COVID-19 response

- During the third quarter of 2020, North Sound ACH engaged with local health jurisdictions to support work across several counties to reduce and contain the spread of COVID-19, including:
    - Support for a temporary part-time worker to provide COVID-19 assessments.
    - Response and contact tracing in San Juan County.
    - Outreach and support for Latinx communities in Whatcom and Skagit counties, assisting with translation, dissemination of educational materials and facilitating onsite testing sites for field and farmworkers and their families.
- North Sound ACH has distributed more than 2 million masks to more than 100 organizations across the five-county region, including Tribal health clinics, community action agencies, food banks, libraries, YMCAs, shelters, housing providers, federally qualified health centers, and others. The ACH has partnered with other local mask distribution efforts to optimize use of cloth masks and disposable KN95 masks.
- North Sound ACH continued to convene the Long Term Care COVID-19 response calls with local health jurisdictions, the Department of Health, the Department of Social and Health Services, and Northwest Healthcare Response Network.

Whole-person care

- During the third quarter of 2020 North Sound ACH distributed more than $3 million to partner organizations working on Medicaid Transformation, and added new clinical partners who are embracing work to integrate physical and behavioral health for Medicaid enrollees.

Olympic Community of Health

Serving Clallam, Jefferson, and Kitsap counties

Opioid response

- In response to a rise in opioid-related deaths during the pandemic, Olympic Community of Health created the Save a Life campaign. The campaign kit included a variety of print and digital resources aimed at educating community members and organizations about how to respond to an overdose. The five-week campaign was downloaded over 300 times and reached about 5,500 people on social media.
- The Three-County Coordinated Opioid Response Project (3CCORP) Treatment Workgroup has continued to meet throughout the pandemic. Treatment providers, primary care providers, payers, and community members are working actively to assess and identify creative solutions for recovery housing needs across the region.

Preventative care

- In response to a decrease in immunization rates across the region, Olympic Community of Health convened partners from across the region to participate in a collaboration call to discuss creative immunization strategies. From that conversation, Olympia Community of Health created and launched the Stay Strong, Olympic Region campaign with key messaging, inclusive imagery, print and digital resources, and Spanish translations. The campaign will continue through the fall and equip partners with tools to prepare for COVID-19 vaccine distribution (when available).

Social determinants of health

- More than 70 people took part in a discussion in July to identify concrete action steps to advance and transform efforts to address the **determinants of health**. The group reviewed a recent report and environmental scan and have identified the following next steps:
    - Complete an inventory of work happening across the region, including funding sources, to address determinants of health with the goal of identifying strengths and gaps.
    - Convene regional partners in early 2021 for a housing summit.
    - Expand community and clinical linkages across the region to support social needs.
    - Create a community resiliency toolkit.
    - Continue to expand and build partnerships to ensure many voices are heard and included.

SWACH

Serving Clark, Klickitat, and Skamania counties

Opioid response

- Overdose Awareness Day 2020 allowed community members to meaningfully bring awareness to the issue by recognizing those who've recovered as well as those who did not. SWACH collaborated with community partners to create a display of more than 200 signs to recognize Overdose Awareness Day. Each sign included a photograph of a person whose life was lost to drug overdose. They lined the entire length of street near Fort Vancouver Park on August 31.
    - In addition to the memorial display at Fort Vancouver Park, agencies in Southwest Washington also promoted a viewing of the documentary *Written Off*, the story of a young man who journaled throughout his addiction and sobriety. Rehabilitation center Rainer Springs sponsored the license to share the film, on Zoom, where people from the recovery community gathered to view.

Care coordination

- Since launch in March 2019, the HealthConnect Hub has expanded from supporting a single-care model to five integrated care models and two support program networks. The expansion also includes 12 new community care coordinators employed by eight additional community-based agencies, including two new housing agencies. A partnership with CarePort HUB in the CPAA region has also been strengthened.

COVID-19 response

- SWACH partnered with National Association for the Advancement of Colored People (NAACP), League of United Latin American Citizens (LULAC), PeaceHealth, SeaMar and several other community organizations to provide three no-cost, drive-thru COVID-19 testing events in August. The events primarily served the Black and Latinx communities in Clark County.
- SWACH, in partnership with three local health jurisdictions (Clark County Public Health, Klickitat County Public Health, and Skamania County Community Health), received Department of Health approval to implement the COVID-19 care model in Southwest Washington.

Whole-person care

- The Integrated Care Collaborative (ICC) has transitioned to a less-structured non-cohort-based model now known as the Integrated Care Learning Network (ICLN). SWACH clinical partners that were not previously participating in the ICC have been invited to join the ICLN. The ICLN includes monthly webinars through 2020, which focus on shared learning and discussion amongst physical and behavioral health organizations. Upcoming topics include: Innovations out of COVID-19, Population Health, COVID-19 and Flu Season, Behavioral Health Access Needs & COVID-19, and Opportunities to Collaborate with Managed Care Organizations.

Behavioral health

- SWACH continues to provide regional coordination for the integration and implementation of Trueblood programs and initiatives. Trueblood efforts focus on connection of people with severe behavioral health and legal issues to forensic support services. An Arrest Diversion Work Group has been created and is collaborating with the Regional Enhanced Mobile Crisis task force.