



**City of Seattle  
Human Services Department  
Aging & Disability Services  
Community Stakeholder Meeting**

**Wednesday March 27<sup>th</sup>  
Tukwila Community Center**



## Today's Agenda

1. Update you on the status of implementing HSD's strategic plan
2. Update you on our Area Plan review
3. Update you on our recent contract monitoring survey results.
4. Update you on the implementation of HealthPath Washington in King County aka "Duals"
5. Highlight city and county-level role in influencing the Duals Demonstration Pilot to maximize chance of success



# HSD Strategic Plan

Catherine Lester  
Deputy Director HSD



## HSD Strategic Plan

- In 2010, HSD developed a new strategic plan – *Healthy Communities, Healthy Families: An Integrated Approach to Human Services*
- Over the last two years, the focus has been on creating the infrastructure required to transform into a **seamless, equitable** and **data-driven** organization



## HSD Strategic Plan

- HSD's infrastructure work has included:
  1. Establishing a clear organizational structure
  2. Aligning staff and leadership resources; clarifying roles
  3. Developing an outcome framework
  4. Re-engineering contract and funding processes
- At the end of 2012, HSD began teaming with stakeholders on elements of its infrastructure work – the outcome framework, and fiscal & contract changes



# HSD Strategic Plan

## Outcome Framework:

- Will guide how HSD will make investment decisions that support a collective impact in the community
- Draft division logic models have been developed and will inform an investment plan in each division
- The division investment plan will include the following components:
  1. Guiding Principles
  2. Key Data (i.e. demographic, disparities, fiscal)
  3. Community Engagement
  4. Literature Review (i.e. best or promising practices)
  5. Investment Priorities



# HSD Strategic Plan

## Fiscal/Contract Changes:

- Current focus is to improve consistency with funding processes (i.e. RFIs) and contract practice
- Funding Processes
  - Revising the department’s RFI Manual to reflect lessons learned from recent funding processes (i.e. CSSSH, Nutrition)
  - Developing a working definition for community engagement
- Contract & Monitoring Improvement
  - Streamlining and standardizing HSD’s invoicing practice and other fiscal processes
  - Clarifying types of contracts, when to use and monitoring implications (i.e. outcome-based, fee for service, etc.)
  - Developing a monitoring manual as a tool for HSD and providers



# HSD Strategic Plan

## Upcoming Milestones:

- Refine division logic models and develop an operational toolkit for staff to use in planning and developing funding processes
- Develop a data scorecard (performance dashboard) to report real-time data on HSD investments
- Establish and institutionalize HSD's community engagement practice and methodology
- Identify opportunities for coordination and alignment between funders on outcome priorities, data collection and capacity needs





# ADS Area Plan

Andrea Yip  
ADS Planning Supervisor



## Aging & Disability Services Area Plan 2012-2015

- Area Plan describes our community and guides us to meet challenges and opportunities.  
[http://agingkingcounty.org/area\\_plan.htm](http://agingkingcounty.org/area_plan.htm)
- Updates every 2 years (will review 2014-2015 objectives)
- Public review process in July 2013



## ADS Area Plan Budget

- The Area Plan budget, influenced by the Area Plan priorities and adopted by the Advisory Council and ADS Sponsors, is ADS' guiding investment plan.
- Federal sequester cuts will impact the 2013 Area Plan budget and future budget years.
- This spring, the Advisory Council and the ADS Sponsors will develop a budget plan to meet 2013 spending cut targets.



# Contract Monitoring Survey

Amy Holland  
ADS Contracts Manager



## Monitoring Survey Results

### Monitoring Survey Conducted January 2013

- 56 respondents
- 90% positive response to ADS' communication (scheduling, reporting, and follow-up)
- 81% positive response to ADS' provision of technical assistance
- 96% positive response from agencies who participated in a "multi-contract assessment"



## Additional Themes

- Efficient process with clear communication prior to the visit is essential
- Monitoring reports were not always timely
- Request for increased contact with ADS staff
- Lack of clarity on technical assistance available to agencies
- Request for simplified data collection requirements



## Monitoring Next Steps

- Improve communication in advance of visit and timeliness of reports
- Increase opportunities for “check-ins” throughout the year
- Streamline process as much as possible
- Clarify role of ADS staff in providing technical assistance
- Problem solve around data reporting issues



# Implementing HealthPath Washington in King County

**City of Seattle  
Human Services Department  
Aging and Disability Services Division  
March 27, 2013**





# History

- WA is one of 15 states to receive an 18-month planning grant from Centers for Medicare/Medicaid Services (CMS) to develop plan for “innovative service delivery models that integrate care”
- Goal: to improve care experience and health outcomes of individuals served under Medicare and Medicaid and decrease overall costs.
- Shared governance: Washington Department of Social and Health Services, Aging and Disability Services Administrations (DSHS/ADSA) & the Health Care Authority (HCA).
- The grant provides an opportunity for the State and CMS to test two strategies that would decrease overall costs and align incentives to ensure the right care, for the right person, at the right time.



# Medicare & Medicaid

## Medicare

- Health insurance for age 65+ and under 65 with certain disabilities
- Administered by federal government
- Pays for outpatient & inpatient medical care, prescription drugs

## Medicaid

- Health coverage program for certain low-income people
- Administered by state government
- Pays for many of the same services as Medicare – plus long-term care



## “Dual Eligibles”

- Enrolled in both Medicare and Medicaid
- 9 million low-income seniors & younger people with disabilities (sick, poor, frail)
  - About 36,000 in King County
- A focus of the demonstration is to improve care and manage costs



# Options From the State

## ● Strategy 1

- Managed fee for service approach providing 'health homes' for high cost/high risk duals beginning July 2013
- Services ONLY offered to high cost/high risk dual eligible clients
- Includes: comprehensive care management, care coordination, individual/family support, referral to community and social services (i.e. housing), use of web-based clinical decision support tool (PRISM)
- All other Medicare/Medicaid services will be delivered based on client choice and existing state Medicaid policy
- 37 Counties (all except Snohomish and King Counties) have chosen this option

## ● Strategy 2

- Full integration capitated financial model purchased through managed care organizations – **Three-year demonstration**
- King County & Snohomish are recommending implementing this option beginning January 1, 2014 and ending December 31, 2016
- Dual eligible individuals will automatically be enrolled, but may 'opt out' on a monthly basis
- Services will include: Medical Services provided under Medicaid State Plan, Medicare Parts A,B & D, Mental Health Services, Chemical Dependency Services, Long-Term Services and Support
- Beneficiaries with developmental disabilities will be included, but services in their 1915(c) waivers will be carved out of capitation
- Improve integration of acute health care, behavioral health care and long term services & supports
  - Better care
  - Better health
  - Lower cost



## Opportunities of the Demonstration

- Better care at lower costs, if well-designed
- “Well-designed” includes:
  - Integrating *non-clinical* services
  - Measuring the right things
  - Consumer voice & protections
- Sets precedent for strong local role in future integration efforts and new levels of partnership with the State & managed care



## Impacts Being Considered

- On beneficiaries and their families
- On providers
- On local government: change in flow of Medicaid \$ administered by King County (for behavioral health) and by City of Seattle (for long-term services and supports)
- On local crisis systems if duals not well served



## Mitigation Strategies Underway

- Stakeholder input into managed care contract provisions
- State/County/Seattle Interagency Agreement: creates “seat at table”
- Potential exists for managed care plan(s) to contract back to the City and County



## Implementation Team

- Project design and health plan selection
- Performance monitoring
- Course corrections
- Assessing local impacts (ongoing)
- Team members
  - Five DSHS/HCA
  - Three Snohomish County
  - Three Seattle/King County
    - Seattle – HSD
    - King – PH and DHCM





## Next Steps

- Process to select qualified health plans and affirm their readiness (now - August)
- Final King County Council consideration & action (late summer)
- Contracts signed between federal, state, and managed care plan(s) (late summer)
- Start date – January 2014



# Online resources

Centers for Medicare and Medicaid Services

<http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Coordination-Office/StateDemonstrationstoIntegrateCareforDualEligibleIndividuals.html>

Washington State Health Care Authority

<http://www.hca.wa.gov/>

Washington State Department of Social and Human Services

<http://www.dshs.wa.gov/>

City of Seattle Aging and Disability Services

<http://www.agingkingcounty.org/>

King County Health Reform Planning

<http://www.kingcounty.gov/healthservices/health/partnerships/HealthReform.aspx>

Kaiser Commission on Medicaid and the Uninsured

<http://www.kff.org/about/kcmu.cfm>

National Senior Citizens Law Center

<http://www.nslc.org/index.php/health/dual-eligibles/>



# THANK YOU FOR COMING!!

Handouts from today's presentation coming via  
email