

**State Demonstrations to Integrate Care for Dual Eligible Individuals
Design Contracts
Summary of State's Initial Design Concepts
May 2011**

State: Washington

Overview of Proposed Approach	<p>Washington State proposes the multi-phased implementation of innovative service delivery and payment models that integrate physical and behavioral health, and long-term supports and services for individuals that are dually eligible for Medicare and Medicaid.</p> <p>These proposed phases include:</p> <ul style="list-style-type: none"> • Chronic Care Management expansion (for high risk/high cost dual eligible individuals); • Transition to managed care for (low risk/low cost dual eligible individuals); • Integrated financing pilots; and • Fully integrated delivery and financing system of care for all dual eligible individuals.
Target Population	<p>Individuals who are fully eligible for Medicare and Medicaid and are categorically needy aged, blind and disabled.</p>
Estimated Enrollment (in 2012 and at full implementation)	<p>2012: Approximately 25,000 persons (Washington State's demonstration proposal initially targets high risk/high cost and low risk/low cost dual eligibles through separate but parallel efforts)</p> <p>2017: Approximately 101,000 persons (full implementation)</p>
Planned Geographic Service Area	<ul style="list-style-type: none"> • Statewide: Chronic Care Management expansion (for high risk/high cost dual eligible individuals) (2012) • Statewide: Transition to managed care for (low risk/low cost dual eligible individuals) (2012) • Pilot Counties: Integrated financing pilots (late 2012) • Statewide: Fully integrated delivery and financing system of care for all dual eligible individuals (2017)
Planned Stakeholder Process (during planning phase)	<ul style="list-style-type: none"> • Outreach to ongoing workgroups and coalitions to identify barriers and concerns. • Targeted focus groups/discussions with beneficiaries and their representatives, providers, healthcare plans, and community-based providers. • Stakeholder process to focus on knowledge, beliefs, perceptions regarding access, integration, barriers, costs, program efficiencies/inefficiencies and person-centered service delivery.

<p>Proposed Implementation Date and Related Milestones (Any implementation milestones are pending CMS Approval)</p>	<p>Planning Milestones (April 2011 – March 2012):</p> <ul style="list-style-type: none"> • Stakeholder and beneficiary engagement • Medicare data interface • Expansion of Predictive Risk Intelligence Modeling System (PRISM) • Refined population analysis • Viable delivery/financing models selected • Alignment with ACA /State health reform direction • Implementation design details • Legislative requirements <p>Proposed Implementation Milestones (2012 – 2017):</p> <ul style="list-style-type: none"> • Medicare/Medicaid data integration (late 2011) • Statewide Chronic Care Management expansion for high cost/high risk dual eligibles (2012) • Increased enrollment in managed care for low cost/low risk dual eligibles (July 2012) • Integrated financing pilots (late 2012) • Integrated delivery system pilots (late 2013) • Array of Medicaid and Medicare services with integrated financing and delivery through managed care and medical/health home models (in 2017)
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