



Fact Sheet

Disability Lifeline (Medical Care Services)

January 2012

The Disability Lifeline program (soon to be called Medical Care Services) provides medical care to ~21,000 low-income persons who are temporarily physically or mentally disabled and unable to work for more than 90 days. The Governor's budget proposes eliminating this program, leaving clients without needed medical services and foregoing \$87 million federal matching dollars for the remainder of the 2011-13 biennium. While Governor Gregoire's budget proposed to eliminate Disability Lifeline, she did prioritize keeping the program, if new revenue can be found.

Disability Lifeline patients often have multiple co-occurring diagnoses, including mental health, substance abuse, and chronic medical conditions. Left untreated, these complex patients are high utilizers of hospital emergency rooms and jails, and are at major risk for homelessness. The lessons learned from the Disability Lifeline program show positive impacts for patients and overall cost savings for communities. This model holds potential to improve outcomes and costs for other complex and costly populations covered by the state.

The Disability Lifeline Model Demonstrates Results

Disability Lifeline utilizes an innovative collaborative care model—the Mental Health Integration Program (MHIP)—which has demonstrated success in improving care and health outcomes while saving dollars for the Disability Lifeline program. MHIP is an evidence-based model of care, in which all clients are assigned to a primary health care home. A recent study demonstrates that in the first 21 months of the pilot, this model consistently showed improvements over comparison counties, including the following:

- Reduced inpatient medical admissions (17% decrease);
- Contained inpatient psychiatric costs (21% increase vs. 167% increase in comparison counties);
- Reduced the average number of arrests (24% decrease); and
- Stabilized the proportion of clients living in homeless shelters or outdoors (stable in pilot vs. 4% increase in comparison counties).¹

Key Components of the Disability Lifeline Model

Stepped Care & Care Coordination

- Level 1: Health center-based care coordinators screen patients for mental health conditions, provide brief counseling services, coordinate care with medical providers and consulting psychiatrists, and make referrals to Level 2 (see below), as well as ancillary service providers (e.g. chemical dependency treatment and employment services).
- Level 2: Case management staff at community mental health centers provide more comprehensive mental health services to the most complex patients.

Consulting Psychiatry: UW psychiatrists support care coordinators and primary care providers across the state with training and consultation.

Web-based Patient Registry: Medical providers, care coordinators, and consulting psychiatrists all use an online, population-based clinical registry for real-time management of patient care, communication about cases, and tracking clinical outcomes.

Health Plan Case Management: Community Health Plan identifies the most complex clients through hospital notifications, claims analysis, and care coordinator referrals. These cases receive concurrent hospital review, case management, and transition planning assistance.

Performance-based Payments: Level 1 providers are reimbursed for measurable process and treatment outcomes through data captured in the patient registry. Starting in 2011, Level 2 providers now also receive performance-based payment.

Program Milestones

The Disability Lifeline program has evolved through a growing partnership between local community health centers and community mental health centers, Community Health Plan, and state agencies. The program leverages the unique abilities of each player through an evidence-based model built on health care homes.

November 2004: Disability Lifeline enrollees in King & Pierce Counties were enrolled in managed care with Community Health Plan. Managed care alone yielded savings of \$3.5 million, primarily in lower hospital costs, over the first three years.²

January 2008: Mental health and care coordination benefits were added to the program in the pilot counties to address a major cost driver—untreated mental health conditions. Community Health Plan collaborated with community health centers, community mental health centers and the University of Washington to develop an evidence-based collaborative care model—the Mental Health Integration Program (MHIP). Community Health Plan garnered over \$900,000 in matching funds or in-kind contributions from county governments and other partners to help defray the costs of providing this integrated model.

November 2009: The MHIP model launched statewide. Community Health Plan began aggressive hospital case management, anticipated to help increase hospital cost savings beyond those seen during the last pilot period.

January 2011: Washington receives approval for a Medicaid waiver that provides federal matching dollars to support the program during the bridge period until the Medicaid coverage expansions in January 2014

November 2011: Disability Lifeline program will transition to the Medical Care Services program; cash assistance grants no longer available to patients, some assistance may be available through the Housing and Essential Needs (HEN) program.

¹ Joesch et al., "[Evaluation of the General Assistance Managed Care Pilot in King and Pierce Counties for the Period January 2008 through September 2009](#)," January 27, 2011. Listed study results are for the population of clients with evidence of mental illness (inpatient medical admissions, inpatient psychiatric costs, homelessness) and clients who received mental health services (arrests). See Brief Summary Report for details: <http://www.chammp.org/LinkClick.aspx?fileticket=Ikv-J3e-YY%3d&tabid=197>

² Milliman Letter, "GAU Savings Calculation - Revised," May 9, 2007. Milliman Letter, "GAU Savings Calculation - Extension," November 1, 2007. Milliman Letter, "GAU Inpatient & Outpatient Hospital Savings Calculation - 9/2006 through 12/2007," July 10, 2009.