

Regionalization: Medicaid Purchasing and Community Mobilization

Why Regionalize?

Currently, regional service areas differ for many state-financed health care, social support and other essential state services. A common regional approach:

- Aligns state efforts across common regions.
- Recognizes that health and health care are local.
- Promotes shared accountability within each region for the health and well-being of its residents.
- Empowers local and county entities to develop bottom-up approaches to transformation that apply to community priorities and environments.

Regional Service Areas will drive accountability for health and outcomes by defining the structure for health and community linkages. They will comprise the new service areas for Medicaid purchasing of physical and behavioral health care and serve as a foundational component of the aligned state agencies' "Health in all Policies" approach.

Common Regional Service Areas for Medicaid Purchasing and Accountable Community of Health Regions

Washington health system transformation depends upon coordinating and integrating the delivery system with community services, social services and public health. This strategy will be greatly enhanced by the development of a single Accountable Community of Health within each Regional Service Area. Though not legally required, it is desirable from an administrative, business, and community linkages perspective to align Medicaid purchasing regions and Accountable Communities of Health to the greatest degree possible.

2SSB 6312 calls for the joint creation of the common regional service areas by the Health Care Authority and Department of Social and Health Services, informed by recommendations from the Washington State Association of Counties, the Adult Behavioral Health System Task Force, and broader community input.

The Community of Health Planning grant opportunity, which aims to prepare communities and the state for Accountable Community of Health designation, requires communities to identify a proposed geographic population. While proposed geographic boundaries are non-binding on eventual Accountable Communities of Health, they are strong indications of regional alignment that should be considered when designating Regional Service Areas. We are asking that communities, as part of their planning process, consider how the Accountable Communities will align with the anticipated fall 2014 designation of Regional Service Areas.

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