

**Letter of Intent Instructions**  
Maryland §1115 HealthChoice Waiver Renewal  
Evidence-Based Home Visiting Services (HVS) Pilot Funding Opportunity

**Introduction**

As part of Maryland’s HealthChoice §1115 Waiver Renewal, the State is offering local governments the opportunity to request matching federal funds for evidence-based home visiting services for high-risk pregnant women and children up to age 2 (HVS). Each HVS Pilot program will be managed locally by a lead local governmental entity (Lead Entity) that has the ability to fund fifty percent of total HVS Pilot costs with local dollars, provide leadership, and coordinate with key community partners to implement the Pilot. Each Lead Entity will be responsible for identifying other entities that will participate and provide services in the HVS Pilot (Participating Entities).

HVS Pilots will be effective starting from July 1, 2017, through December 31, 2021, and are expected to receive matching federal funding for the 4 ½ years duration of the waiver. Specifically, up to \$5.4 million annually in federal financial participation will be available. HVS Pilots will be required to report on performance measures and share data for evaluation purposes in order to receive funding. Information about the HVS Pilot opportunity may be found on the [Department of Health and Mental Hygiene \(DHMH\) website](#), including the initial Waiver application, Centers for Medicare and Medicaid Services (CMS) Special Terms and Conditions (STC), and Summary of the HVS opportunities in STC [ATTACHMENT D pages 53-64](#). The Department of Health and Mental Hygiene (DHMH) has provided the following template and application timeline for you to help you frame your Letter of Intent.

**Purpose of the Letter of Intent**

The purpose of this Letter of Intent (LOI) is to assess prospective statewide interest in the HVS Pilot program, obtain preliminary Pilot design proposals, and provide an opportunity for potential applicants to submit questions. Submission of this LOI is voluntary and non-binding. Thus, failure to submit a LOI will not preclude a Lead Entity from applying to participate in the Pilot, and submission of an LOI does not require a Lead Entity’s future participation in the Pilot program. DHMH anticipates releasing the Request for Applications (RFA) for the HVS Pilot in May 2017, with applications being due 45 calendar days thereafter. DHMH recognizes that this Pilot opportunity may not coincide with organizations’ planning and budgeting forecasts and that, therefore, applicants may not be able to provide comprehensive details of their plans for the HVS Pilot. However, the State would appreciate as much information as applicants are able to provide at the time of LOI submission.

**Eligibility for Funding**

DHMH will only accept applications for the HVS Pilots from Local Health Departments or other local government entities, such as a local management board. These government entities must serve as the Lead Entities for the HVS Pilots and have the capacity to provide the non-federal portion of medical assistance expenditures.

**Local Government Funding Requirements**

Lead Entities will provide the necessary non-federal share of funds to DHMH through an intergovernmental transfer (IGT). No State Medicaid funding match is available for the HVS Pilots. Upon DHMH’s receipt of the Lead Entity’s IGT, DHMH will transfer back to the Lead Entity the combined non-federal funds and its corresponding federal match. The Lead Entity will be responsible for the subsequent disbursement of funds to contracted Participating Entities, as specified in the HVS post-

approval protocol. Further information will be described in the HVS Pilot application.

Lead Entities shall certify that the transferred funds qualify for federal financial participation, pursuant to 42 C.F.R part [433 subpart B](#), and are not derived from impermissible sources such as recycled Medicaid payments, federal money excluded from use as state match, impermissible taxes, and non-bona fide provider-related donations. Sources of non-federal funding shall not include provider taxes or [donations impermissible](#) under section 1903(w), impermissible IGTs from providers, or federal funds received from federal programs other than Medicaid (unless expressly authorized by federal statutes to be used for claiming purposes, and the federal Medicaid funding is credited to the other federal funding source). HVS Pilot payments are not considered patient care revenue. The payments shall not offset payment amounts otherwise payable by the local entity for beneficiaries, or supplant provider payments from the local entities.

As a requirement of funding, Lead and Participating Entities are required to make available program and financial data to DHMH in the form, manner, and timeframes requested in the RFA. Data will be required at the Medicaid beneficiary level, including at the minimum, the beneficiary's Medicaid number; if that is not available, the first and last name, date of birth, and social security number. Moreover, pursuant to [42 CFR § 431.107\(a\)\(b\)\(1\)\(2\)](#), providers must agree to create and maintain all records necessary to fully disclose the extent and medical necessity of services provided by the provider to individuals in the Medicaid program, as well as any information relating to payments claimed by providers for furnishing HVS Pilot services. Lead and Participating Entities must establish data use and/or data sharing agreements accordingly.

DHMH will provide funding to Lead Entities for home visiting services provided at a home visit rate. The per home visit rate(s) proposed by the Lead Entity in the RFA will be reviewed and approved by DHMH and CMS. The home visit rate shall not exceed the amount expended by the Lead Entity for furnishing the direct service of the provider. The home visit rate will be developed based on a target cost per visit, adjusted for factors specific to the lead agency, such as the particular evidence-based practice, along with variable such as salary costs, type of visit, intensity of visit, and duration of visit or contracted evidence-based practice provider unit costs. Payment will be withheld if Lead Entities do not report required data to DHMH in a timely and complete manner as outlined and agreed upon in applicable data use agreements. Please reference Special Terms and Conditions - Attachment D: Description of Payment Methodology, which describes the development of the home visit unit cost.

#### **Letter of Intent Submission Instructions**

Eligible entities that are interested in applying for funding for the HVS Pilot are strongly encouraged to submit a Letter of Intent to DHMH by **May 24, 2017, at 5PM**. Letters of Intent must be submitted by the Lead Entity. The letter should be submitted via e-mail or e-mail attachment to [dhmh.healthchoicerenewal@maryland.gov](mailto:dhmh.healthchoicerenewal@maryland.gov). **The Letter of Intent should be no more than three pages long.**

#### **Letter of Intent Template**

In order to help you prepare your Letter of Intent and aid our assessment, DHMH requests that the Letter of Intent from applicants address the following elements:

<b>1. Lead Entity Contact Information</b>
Provide the Lead Entity's name, mailing address, point of contact name, e-mail address, and telephone number.
<b>2. Lead Entity Eligibility for Funding</b>
Affirm that the Lead Entity is a Local Health Department or other local government entity, such as a local management board, and is permitted to participate in the financing of the non-federal portion of medical assistance expenditures through an intergovernmental transfer (IGT) process.
<b>3. Project Goal and Synopsis</b>
Provide a brief description of the HVS Pilot program's goals that your organization is attempting to meet, as well as a high-level synopsis of your proposed plan.
<b>4. Target Population and Geographic Area</b>
Describe the geographic area in which the HVS Pilot would operate, the target population(s), and the number of Medicaid beneficiaries that you expect to serve.
<b>5. Project Plan</b>
Provide a project narrative of your proposal describing your intervention plans and whether services will be provided by a contracted entity or local health department. Indicate which evidence-based practice will be used: Nurse Family Partnership (NFP), Healthy Families America (HFA), or both.
<b>6. Participating Entities</b>
Describe the other organizations that you are planning to work and/or coordinate with in implementing your pilot program, such as Maryland's Managed Care Organizations. Describe the roles and functions that the Participating Entities will perform.
<b>7. Budget</b>
Please reference Special Terms and Conditions - Attachment D: Description of Payment Methodology, which describes the development of the home visit unit cost. While we don't expect applicants to have developed a home visit rate at the time of submission of the LOI, please affirm that you are able to develop a per unit cost based on these variables. Provide information as to the estimated funding request and source(s) of your local match dollars. Technical assistance will be provided on rate development following receipt of LOIs.
<b>8. Questions (not included in the three page limit)</b>
Please include any questions you may have for DHMH about the HVS Pilot program. Responses to selected questions will be added to the HVS Pilot Frequently Asked Questions document and posted on the DHMH website.

<b>HVS PILOT TIMELINE</b>	<b>DATES</b>
Release Letter of Intent request for Community Health Pilots	May 10, 2017
Letters of Intent due from Lead Entities to DHMH	May 24, 2017
HVS Pilot Application Published by DHMH, FAQs released	May 2017
HVS Pilot Application Process Webinar and Review of FAQs	June 2017
HVS Pilot Applications due to DHMH	July 2017
Calls with applicants (clarification & modification discussions)	July 2017
HVS Pilot Award Notifications	August 2017
HVS Pilots Begin	August 2017