Maryland HealthChoice Waiver - Community Health Pilots
Frequently Asked Questions and Answers for the
Assistance in Community Integration Services Pilot
May 1, 2019

1. **Target Population**

a. **Who would be eligible to participate in the ACIS Pilot Program?**

MDH Response: Under the ACIS Pilot program, the state will provide a set of Home and Community Based Services (HCBS) to a population that meets the needs-based criteria specified below, capped at 600 individuals annually. Following an expansion authorized by CMS through a waiver amendment, an additional 300 spaces are now available, which will be awarded through a Round 3 offering. These services include HCBS that could be provided to the individual under a 1915(i) state plan amendment (SPA). The state's needs-based criteria are as follows:

1. Health criteria (at least one):
   A. Repeated incidents of emergency department (ED) use (defined as more than 4 visits per year) or hospital admissions; or
   B. Two or more chronic conditions as defined in Section 1945(h) (2) of the Social Security Act.

2. Housing Criteria (at least one):
   A. Individuals who will experience homelessness upon release from the settings defined in 24 CFR 578.3; or
   B. Those at imminent risk of institutional placement.

b. **Does chronic substance use or mental illness qualify?**

MDH Response: Yes; chronic substance use or mental illness each would qualify as one of the two necessary "chronic conditions" as described in Attachment E: Assistance in Community Integration Services Pilot Protocol.

c. **How do you define "those at imminent risk of institutional placement?"**

MDH Response: A person is considered to be at imminent risk for placement in an institutional setting[1] if s/he is at risk for institutional placement in the absence of ACIS community based services: tenancy-based case management services/tenancy support services and/or housing case management services as described in Attachment E: Assistance in Community Integration Services Pilot Protocol.

d. **Does the homeless person have to be nursing home placement eligible? Is there a way around this?**

MDH Response: No; a chronically homeless Medicaid beneficiary does not necessarily need to be nursing home eligible to be eligible for the ACIS Pilot. The individual only

[1] *24 CFR 578.3(2) defines these settings as an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility.*

needs to meet the eligibility criteria listed in CMS Attachment E: Assistance in Community Integration Services Pilot Protocol in order to be eligible for the ACIS Pilot program.

e. **If an individual is currently enrolled in a housing support program with minimal supports, would s/he be eligible for the ACIS Pilot to enhance the current support services provided?**

MDH Response: If an individual is currently receiving any federally funded services as described in CMS STC 28: Attachment E, Medicaid or otherwise, the individual is not eligible for ACIS. Individuals who receive care through other Maryland home and community based services waivers are not eligible to participate in the ACIS Pilot. The Lead Entity must assure the state, and in turn the state must assure CMS that ACIS Pilot funds do not duplicate or supplant existing federal funding.

f. **Can ACIS case management staff assist those homeless individuals that would meet the criteria for this program but lack Medicaid benefits at the time of identification or does this type of case management fall outside the ACIS case management staff?**

MDH Response: No; ACIS Pilot enrollees must be enrolled in Medicaid at the time of service in order to participate in and receive services through the ACIS Pilot program. Any services rendered to non-eligible individuals cannot be reimbursed using ACIS Pilot funds.

g. **Are the 300 currently available Round 3 spaces distributable statewide or solely to one jurisdiction? If statewide, are there a minimum number of people that need to be served?**

MDH Response: The 300 Round 3 spaces are available on a statewide basis. There is no minimum number of people that must be served per jurisdiction. Each ACIS-qualified jurisdiction is eligible to participate in the Round 3 competition, including but not limited to lead Entities previously approved during Round 1 or Round 2.

h. **Will a list be posted of Lead Entities that have indicated interest in applying for this Pilot?**

MDH Response: No; such a list will not be published. However, parties interested in the ACIS Pilot are encouraged to inquire directly with their local government entity, or local health department, to learn whether or not these potential Lead Entities have plans to participate in the ACIS Pilot.

i. If a client is leaving a shelter, is that considered a qualified setting?

MDH Response: In general, a client who meets the health and housing eligibility criteria listed in question 1(a) are eligible to participate in the ACIS Pilot. Specific to the housing criteria, a client may qualify for the ACIS Pilot if, upon leaving the shelter, s/he will experience homelessness or is at imminent risk of institutional placement.

j. **Can multiple members of a single household be enrolled in the ACIS Pilot?**

MDH Response: Providing ACIS to multiple individuals within one household is duplicative and is not allowable. The ACIS Pilot program is intended for adults who meet the criteria for head of household as defined by HUD and who concurrently meet ACIS eligibility criteria.

k. **Can Lead Entities enroll minors in the ACIS Pilot?**

MDH Response: No, jurisdictions cannot enroll minors under the age of 18 years old in the ACIS Pilot unless the minor who presents with the qualifying disability is also the head of a household that is absent any ACIS-eligible adult.

The ACIS Pilot program is intended for adults who meet the criteria for head of household as defined by HUD and who concurrently meet ACIS eligibility criteria. The ACIS Pilot provides tenancy support and housing case management services are best suited for an adult with autonomy and some level of control over their housing situation. Although children may meet the health criteria listed in the ACIS Pilot post-approval protocol, they will seldom if ever be able to meet the following housing/institutionalization criteria also required for ACIS eligibility:

- Individuals who will experience homelessness upon release from the settings defined in 24 CFR 578.3; or
- Those at imminent risk of institutional placement.[2]

HUD provides the following guidance regarding minor eligibility for supportive housing programs:

- *Can a child with a disability qualify a household as chronically homeless?*
  - *Under the definition of chronically homeless, the head of household (either an adult or a minor if there is no adult present) must have the qualifying disability and meet all of the other criteria (i.e., length of time homeless) in order for a family to be considered chronically homeless.*

In the instance that a minor is head of household and without any eligible adults, that minor may be enrolled in the ACIS Pilot, with MDH's prior approval.

2. **Services**

a. **With the minimum of 3 ACIS-qualified services per month, do these services need to be different?**
MDH Response: After the initial community based vulnerability assessment, an individual may receive more than one of the same type of service (i.e., tenancy-based case management services/tenancy support services and/or housing case management

[2] At risk of institutional placement is defined as individuals who would be at risk of institutional placement in the absence of direct ACIS services.

services as described in Attachment E: Assistance in Community Integration Services Pilot Protocol) during a given month, but not more than one of the same service on a given day.

b. **Will the ACIS Pilot be time-limited?**

MDH Response: MDH anticipates that the federal match will be available for the complete 4.5 year duration (July 1, 2017 - December 31, 2021) of the waiver renewal period. Pilots are opportunities for Pilot Lead Entities to be able to demonstrate whether providing expanded supportive services to certain high-risk and high-utilizing Medicaid populations in Maryland is a sustainable model that improves health outcomes and reduces health care costs among these populations. MDH requires Pilots to report activities and performance to demonstrate results. Pilot program evaluations will inform program continuation.

c. **Will there be caps on the amount of services the same individual can receive or the Lead Entity can bill throughout the funding period for the same client?**

MDH Response: Currently, there are no caps on the amount of services that a particular individual may receive. ACIS providers are required to provide a minimum of three ACIS-qualified services per month to each ACIS-enrolled beneficiary to receive an ACIS payment in a given month. Lead Entities will be paid a per member per month (PMPM) amount in lieu of a fee for service payment.

Prospective Pilot applicants should take note that reimbursable services are restricted to the tenancy-based case management services/tenancy support services and housing case management services that are listed in Attachment E: Assistance in Community Integration Services Pilot Protocol. Any services not expressly contained within this list are not approved and will not be reimbursed.

d. **What is the process for assessing Medicaid eligibility of ACIS Pilot participants?**

MDH Response: Lead Entities must establish that ACIS Pilot participants are already Medicaid enrolled through the MDH Eligibility Verification System (EVS) both (1) at initial Pilot enrollment and (2) at least on a monthly basis following enrollment as long as the Lead Entity is providing ACIS services and claiming payment specific to this beneficiary. Lead Entities should have programmatic processes in place to ensure that an ACIS Pilot participant is indeed Medicaid-enrolled each time services are rendered in order to qualify for receipt of reimbursement for services.

Lead Entities will invoice MDH on a quarterly basis for provided and approved ACIS services at an approved monthly cost-based rate (PMPM: Per Member Per Month) for each ACIS-enrolled Medicaid beneficiary. A month-by-month cumulative record of ACIS services provided to each ACIS-enrolled Medicaid beneficiary must be maintained and verified by the Lead Entity prior to the submission of a quarterly cumulative report to the Hilltop Institute. Upon verification of this quarterly report by the Hilltop Institute team; MDH will issue an invoice template to the designated Lead Entity point-of-contact for completion and submission of the invoice to MDH. Payment by MDH to the Lead Entity will ensue upon administrative approval and processing of the invoice at MDH.

e. **Are there any Medicaid services that a beneficiary might be enrolled in that would be considered duplicate or render the individual ineligible to participate in housing case management and/or tenancy support?**

MDH Response: If an individual is currently receiving any of the services described in STC 28: Attachment E, or that could be considered a duplication of any such services that are supported by federal funding, Medicaid or otherwise, the individual is not eligible for ACIS. Individuals who receive care through other Maryland home and community based services waivers are not eligible to participate in the ACIS Pilot.

f. **Will we be given the exact outcome data that we are expected to collect/report on?**

MDH Response: Yes; MDH has issued the requirements regarding the reporting and evaluation component of the ACIS Pilot program in the Round 3 ACIS Pilot Request for Application. Lead Entities shall submit data on a quarterly basis to Hilltop in order to demonstrate progress toward achieving program goals and strategies. MDH reserves the right to modify required performance and process measures.

g. **Some of our homeless clients require case management services for many years. Is there a time limit that we can provide them these services?**

MDH Response: At this time, there is no time limit other than the duration of the ACIS Pilot, which will conclude on December 31, 2021. Pilot program evaluations will inform program continuation through inclusion in the subsequent waiver renewal application.

h. **What is the difference between tenancy-based case management and housing case management?**

MDH Response: Tenancy-based case management deals primarily with helping the individual sustain tenancy in the housing unit where s/he lives. This may involve actions such as teaching the tenant about how to pay rent, who they should contact if there is an emergency, the details of the lease agreement, and the steps necessary to take if s/he chooses to re-locate from current housing. In contrast, housing case management deals primarily with assisting the individual to find housing. Allowable services are outlined in STC 28: Attachment E: Assistance in Community Integration Services Pilot Protocol.

i. **Do the chronic health conditions need to be documented by a health professional? Many of our homeless clients are known to have chronic disabilities (e.g., such as long-term behavioral health challenges), but will not openly admit to these challenges and, therefore, do not have a disability determination.**

MDH Response: No; chronic health conditions do not need to be documented by a health professional. STC 28: Attachment E: Assistance in Community Integration Services Pilot Protocol provides guidelines regarding the qualifications of the types of providers who may perform an ACIS eligibility assessment. Lead Entities will have to conduct a detailed intake assessment, which will be used to determine whether an individual meets the eligibility requirements to participate in the ACIS Pilot:

1. Health criteria (at least one):
    A. Repeated incidents of emergency department (ED) use (defined as more than 4 visits per year) or hospital admissions; or
    B. Two or more chronic conditions as defined in Section 1945(h) (2) of the Social Security Act.

2. Housing Criteria (at least one):
    A. Individuals who will experience homelessness upon release from the settings defined in 24 CFR 578.3; or
    B. Those at imminent risk of institutional placement.

j. **Could a Participating Entity be simultaneously selected to participate in the ACIS Pilot in two separate jurisdictions? As in, could a Participating Entity simultaneously partner with the local health departments in two separate counties to provide services under this Pilot?**

MDH Response: Yes; a Participating Entity may agree to participate with more than one Lead Entity for the ACIS Pilot. Letters of Commitment would be required for each separate ACIS Pilot application.

k. **Could a Lead Entity sub-contract with more than one Participating Entity in its jurisdiction and thereby effectively be awarded two separate Pilots, i.e., two different projects with two different providers within its jurisdiction?**

MDH Response: For this competitive statewide ACIS Pilot opportunity, MDH will consider one application per Lead Entity. A single Lead Entity may sub-contract with more than one Participating Entity in its jurisdiction to carry out the provision of services. In the application, the Lead Entity would describe its selected target population, the jurisdiction(s) selected, and the mechanisms for oversight and coordination of care among its Participating Entities.

l. **Do the Participating Entity and the Lead Entity have to be located in the same jurisdiction?**

MDH Response: No; we do not require that the Participating Entity and the Lead Entity be located in the same jurisdiction.

m. **The ACIS application package states that Participating Entities may be, "… under current or future contract with the Lead Entity." What is the so-called "burden of proof" needed to demonstrate that a Participating Entity will be under future contract with a Lead Entity for the purposes of this Pilot program?**

MDH Response: In the case you describe, that a Participating Entity is not currently under contract with the Lead Entity applying for the Pilot, at minimum a Letter of Commitment would be needed from the Participating Entity at the time of application. In addition, the Lead Entity should describe the proposed collaboration throughout a number of sections in the application, in terms of clearly explaining the Participating Entity's intended role, the Lead Entity's oversight of the Participating Entity. Lead Entities should also incorporate the Participating Entity's intended scope of work into the work plan, timeline for implementation, budget, etc.

3. **Finance**

a. **Will awardees be able to use Pilot program funds to pay full or partial rent for eligible program participants?**

MDH Response: No; federal financial assistance from the Medicaid program cannot be used for room and board costs.

b. **Can funding be used to support limited transportation or other wraparound of patients to access services?**

MDH Response: ACIS Pilot funding may be used for the provision of direct services to the ACIS-enrolled Medicaid beneficiary, and for reasonable and necessary services, such as transportation, that enable or support ACIS Pilot enrollees in accessing services. These proposed supportive services should be described in the Pilot application.

c. **Would individuals be eligible for coordination/assistance services if they are at risk of losing their subsidized housing because of their chronic conditions?**

MDH Response: Yes; this individual would be eligible to receive ACIS Pilot services. ACIS Pilot eligibility requirements can be found in Attachment E: Assistance in Community Integration Services Pilot Protocol. An individual in this proposed scenario would be well-suited to receive tenancy-based case management services/tenancy support services through the ACIS Pilot.

d. **During the webinar, it was stated that in consideration of the proposal, the availability of affordable housing would be considered in awarding the grant. Can you provide any further detail?**

MDH Response: The major tenet of the ACIS Pilot program is to provide specific supportive housing services to Medicaid enrollees with health needs and who, in the absence of stable housing, may become homeless and/or at risk for institutional placement.

To that end, we consider it essential that a Pilot Lead Entity would either have or be able to develop strong linkages to housing resources and sources of affordable housing inventory to assist individuals with accessing, preparing for and maintaining continuity of stable housing with the ultimate goal of improving health outcomes.

e. **As in the Home Visiting Services Pilot, do Lead Entities send money to the Department or can their match be assessed locally?**

MDH Response: As with the Home Visiting Services Pilot, ACIS Lead Entities must transfer local matching funds to the State via an intergovernmental transfer in order to be able to receive the federal match.

f. **Advance Payments – how would this work?**

MDH Response: Start-up costs, if approved by MDH, will be paid directly to the Lead Entity (Lead Entity). Start-up costs are available only in the first year of the Pilot, and must be limited to no more than 10 percent of the first year award (i.e., 10 percent of the amount determined as follows: [anticipated number of members served by the Lead Entity] * [per member, per month payment to the Lead Entity] * [12 months]). Hence, awardees that commenced operations during ACIS Rounds 1 or 2 are not eligible to request start-up monies during the Round 3 competition.

To receive start-up funding, the Lead Entity must:

- Conduct a community-based vulnerability assessment using an assessment tool that is approved by MDH in advance. The assessment must evaluate the relevant population for its needs with respect to the criteria identified above;
- Implement a process for verifying members' Medicaid eligibility with MDH; and
- Implement a process for successfully enrolling members into the ACIS pilot program.

g. **Will reimbursement be per client per month?**

MDH Response: Yes; Lead Entities will be eligible to receive payment for the number of ACIS-enrolled Medicaid beneficiary enrolled per month. MDH will pay the Lead Entities at their approved monthly ACIS rate.

h. **Rather than perform an intergovernmental transfer process, can the Lead Entity use the staff that will perform the oversight of the case management staff for the 50% match?**

MDH Response: No; Lead Entities may not bypass the requirement that funding for the ACIS Pilot must be provided by an intergovernmental (IGT) process. The Lead Entity must submit fifty (50%) of the total projected ACIS Pilot budget with local dollars through the IGT process. Once these funds are matched with federal funds, the Lead Entity will be reimbursed for services rendered accordingly. Local dollars put forth by the Lead Entity must be derived from the permitted sources of funding as described in the ACIS Pilot Request for Applications, STCs, Post-Approval Protocols, and any applicable federal and state laws.

i. **Can a local health department request funding for multiple counties, or a regional grant?**

MDH Response: Yes; a local health department may request funding for a consortium of counties. Counties may coordinate and collaborate together on a single application. In such instances, each participating county must contribute a letter of support to the application for funding submitted by the Lead Entity to MDH.

j. **Is the $2.4 million federal match for the entire State?**

MDH Response: Yes, the $2.4 million in federal matching dollars was the total amount of federal funding initially allocated to the entire State for ACIS Pilots on an annual basis. Following CMS approval of a waiver amendment in April 2019, the ACIS Pilot program expanded from 300 spaces to 600, with $4.8 million in federal matching funds available annually.

k. **Can the local match be a cash match or can it be an in-kind match?**

MDH Response: The local matching funds must be provided as a cash match via an intergovernmental transfer to the State.

l. **Does 100% of the local match need to be used for services? Can local match funds be used to pay for administrative or evaluation costs?**

MDH Response: No; local match funds cannot be used to pay for administrative or evaluation costs. When Lead Entities transfer the local matching funds to the State via an intergovernmental transfer, MDH will then draw down the federal match, and the combined funds will be returned to Lead Entities via payment for ACIS Pilot services rendered. At that point, federal and state regulations pertaining to Medicaid spending apply to the totality of ACIS Pilot funding. Thus, Lead Entities may only use ACIS funding for direct service provision as described in STC 28: Attachment E (Appendix B of the ACIS RFA).

m. **Is this a competitive grant? How will you determine who will receive funds if you receive more applications than you are able to fund?**

MDH Response: This is a competitive application process for federal match funding. As part of the application review process using the Application Selection Criteria included in the RFA, MDH will assess the quality of the application, the Lead and Participating Entities' readiness to implement, and the stated need within the jurisdiction.

n. **Does the match funding have to come directly from the government entity, or can the money come from grant funding given to the agency for the match?**

MDH Response: Yes; the local matching funds must be a cash match comprised of an electronic transfer of funds or check to MDH from the Lead Entity via an Intergovernmental Transfer (IGT). The local matching funds to be paid directly by the Lead Entity to MDH may be supported from grant funding given to the Lead Entity, as long as that grant funding is from non-federal sources and is unrestricted (i.e., is allowed to be used to meet ACIS Pilot deliverables.) Additional guidance may be found in the Special Terms and Conditions: Attachment E, which includes a more comprehensive listing of requirements around sources of local funds.

o. **Can a Lead Entity count an "in-kind" match for financial support being provided to the Participating Entity as all or a part of its non-federal share of payment?**

For example, if a Lead Entity agrees to cover the rent for the Participating Entity's facilities for a hypothetical amount – say $50,000 – may that $50,000 of rent constitute all or part of the Lead Entity's share of non-federal funds to be then matched by federal funds?

MDH Response: No; Lead Entities may not count in-kind donations towards their non-federal matching funds. The local matching funds must be provided as a cash match via an intergovernmental transfer to MDH.

p. **Assuming that funds received by Local Health Departments from the State of Maryland Behavioral Health Administration (BHA) are federal funds, can these funds be used towards the local match?**

MDH Response: No: these funds cannot be used towards the match. If there are pass-through funds involved - in this case, money originating from the federal government that passes through BHA and is eventually received by the Local Health Department - then these funds cannot be used towards the match. Lead Entities must take care to investigate the original source of the local match funds. If the funds come from a federal source, they are not permitted to be used for the local match. Please refer to the STCs: Attachment E for further information about the permissible sources of local match funding.

q. **Is the local match required to be 50% of the budget?**

MDH Response: Yes; local match funds must comprise 50% of the budget. Federal matching funds will comprise the other 50% of the budget.

r. **Which line items of the MDH 4542 Budget Request Form should be used in the context of the proposed project budget? Which costs are (im)permissible?**

MDH Response: The following line item costs are permissible if they are solely related to the delivery of ACIS: office supplies (0965), educational supplies (0919), advertising (0801), postage (0301), printing (0873), and language translation (0816) expenses, in-state travel (0405) (i.e., reimbursement of local mileage), and cellular telephone purchase/use (0304).

Flat-rate indirect expenses (e.g. 10% flat indirect rate) and expenses such as rent (1334) and utilities (0604, 0613, 0615, 0701) are impermissible costs.

This is not an all-inclusive list of permissible and impermissible line items. Any specific questions regarding which costs are or are not permissible should be submitted to MDH prior to application submission.