Maryland HealthChoice
Section §1115 Waiver Demonstration

Application Package for Assistance in Community Integration Services (ACIS) Pilot Program

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Overview

Thank you for your interest in applying for federal matching funds available for the Medicaid Community Health Pilots through a service expansion initiative of the State of Maryland's Medicaid §1115 HealthChoice Waiver Program. The Maryland Department of Health (MDH) is facilitating receipt of federal matching funds for the Assistance in Community Integration Services (ACIS) Pilot program.

The ACIS Pilot application must be completed by a lead local government entity (Lead Entity) with the ability to fund fifty percent (50%) of Pilot costs with local dollars through an intergovernmental transfer (IGT) process. Lead Entities will also be required to provide leadership and coordinate with key community partners to deliver the programs.

The ACIS Pilot is effective through December 31, 2021. Up to $1.2 million in federal matching funds are available annually, and when combined with the local non-federal share, ACIS Pilot expenditures may total up to $2.4 million annually. **Details of the program's parameters may be found in the Special Terms and Conditions (STC) 28 – Attachment E: Assistance in Community Integration Services Pilot Protocol (Appendix B).**

MDH shall review, approve, and make award payments for ACIS Pilots in accordance with the requirements in the approved Waiver, using the Application Selection Criteria outlined in Appendix C. Pilot award payments shall support delivery of tenancy-based case management services/tenancy support services and housing case management services. Payments are for services not otherwise covered or directly reimbursed by Maryland Medicaid.

The ACIS Pilot Application Timeline is as follows:

1. ACIS Pilot Request for Application (RFA) Published by MDH; FAQs Released	August 2, 2017
2. ACIS Pilot Application Process Webinar and Review of FAQs	August 16, 2017, 2pm-3:30pm
3. Pilot Applications Due to MDH	September 18, 2017
4. Calls with Applicants (Clarification & Application Modification Discussions)	October 9-13, 2017
5. ACIS Pilot Awards Notifications (Expected Date, Pending Final CMS Approval)	October 23, 2017
6. ACIS Pilots Begin Operations (Based Upon Approved Pilot Implementation Plans)	Oct/Nov 2017

Eligibility for Funding

MDH will accept applications for the ACIS Pilots from Local Health Departments or other local government entities, such as a local management board, who meet Lead Entity requirements as listed in Section 1.1. Applicants must serve as the Lead Entity throughout the ACIS Pilot and must be able to

participate in the financing of the non-federal portion of medical assistance expenditures.

Local Government Funding Requirements

Each Lead Entity must provide the non-federal share of funds through an intergovernmental transfer (IGT). No State Medicaid funding match is available for the ACIS Pilots.

Local funds that are eligible for federal match include local (city, county, town) tax revenues, non-restricted private philanthropic grants, and non-profit funding not derived from federal government funds. Non-restricted philanthropic grants are funds given to the general operating fund of a local government entity by an IRS-registered 501(c)(3) entity. A restricted philanthropic grant provided to a local government entity in support of a specified population, program, or service unrelated to this community integration initiative may not be used towards this local match.

Lead Entities shall certify that the funds transferred 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. Both the Centers for Medicare & Medicaid Services (CMS) and MDH reserve the right to review the sources of the non-federal share of the funding for the demonstration at any time. 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). For more information about permissible sources, please see CMS Special Terms and Conditions 54: Sources of Non-Federal Share.

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.

The Lead Entities will make the IGT of funds to MDH in the amount specified. Upon receipt of the Lead Entity's IGT, MDH will draw the federal funding and transfer back to the Lead Entity the combined non-federal funds and its corresponding federal match through a payment. The Lead Entity will be responsible for the subsequent disbursement of funds to contracted Participating Entities, as specified in STC 28: Attachment E (Appendix B).

General Instructions

In order to apply, the organization that will serve as the Lead Entity of the ACIS Pilot Program must complete, sign, and submit this application by the due date. Prior to completing this application, it is strongly suggested that applicants carefully review the documents that govern the ACIS Pilot and §1115 HealthChoice Waiver, available on the MDH website including:

- CMS Special Terms & Conditions : Attachment E: Assistance in Community Integration Services Pilot Protocol
- Compliance with sources of non-federal Share - Sec. 1903 of the Social Security Act and applicable regulations

- Maryland ACIS Pilot Program: Frequently Asked Questions (FAQs) - 8/2/2017

Please complete the ACIS Pilot application and return it to MDH.healthchoicerenewal@maryland.gov no later than **5 p.m. EST on September 18, 2017**. Incomplete or late applications will not be considered. In order for this application to be considered complete for the purposes of submission, all components of the application must be completed, and the application must be signed by an authorized representative of the Lead Entity.

PROJECT ABSTRACT
Please provide a written summary of the proposed Pilot initiative. The summary should be no longer than one page.

PROJECT NARRATIVE
Within Sections 1-6 below, make a written detailed statement about the capabilities of the Lead and Participating Entities and the proposed scope of the ACIS Pilot. Please title and organize the project narrative according to the sections outlined below in this RFA.

Section 1: Community Health Pilot Lead Entity and Participating Entity Information; Readiness to Implement

The purpose of this section is to provide information about the roles and responsibilities of the ACIS Pilot Lead Entity and the other entities that may be participating in the ACIS Pilot under contract with the Lead Entity.

1.1 Lead Entity Description

MDH will accept applications for the ACIS Pilots from: Local Health Departments; Local Management Boards; a consortium of entities serving a county or region consisting of more than one county or city; from a federally recognized tribe, or a tribal health program under a Public Law 93-638 contracted with the federal Indian Health Services. ACIS Pilot applications shall specify a Lead Entity that will be the single point of contact for MDH. The Lead Entity is the governmental agency responsible for providing the required local match for federal funding.

The ACIS Pilot Lead Entity will enter into an agreement with MDH that specifies general requirements of the ACIS Pilot, including the Lead Entity's matching funding capability, and ability to disperse funds to each Participating Entity, collect performance measurement, engage in data sharing, and issue reports. The Lead Entity is responsible for leadership, coordination, oversight, and monitoring of the ACIS Pilot.

Further responsibilities of the Lead Entity include: submit the Letter of Intent and Application; serve as the organizing hub and contact point for the ACIS Pilot with all collaborators, including MDH and the Participating Entities; facilitate the financial arrangements; and coordinate with designated Participating Entities.

The Lead Entity should provide an attestation of its ability to serve as the Lead Entity and acknowledge the Lead Entity responsibilities.

1.2 Participating Entity Description

In addition to the designation of a Lead Entity, the ACIS Pilot application must identify one or more other entities that will participate in the ACIS Pilot. These Participating Entities are the key community partners that will participate in the ACIS Pilot's program delivery and may include: local entities providing tenancy-based case management services/tenancy support services and/or housing case management services under current or future contract with the Lead Entity; Managed Care Organizations (MCOs); health services and specialty mental health agencies; other public agencies or departments – such as county alcohol and substance use disorder programs, human services agencies, criminal justice/probation entities and housing authorities; or other entities that have significant experience serving the target population within the participating county.

Responsibilities of each Participating Entity include: collaborate with the Lead Entity to design, implement, monitor and evaluate the ACIS Pilot; provide a letter of commitment to the Lead Entity for inclusion in the application; deliver services (if applicable); contribute to data sharing/reporting, including signing required data sharing agreements; complying with MDH policies, and the Pilot guidance set forth by the CMS.

The Lead Entity must coordinate with each ACIS-eligible beneficiary's Managed Care Organization.

HealthChoice is the name of Maryland's statewide mandatory managed care program. The HealthChoice Program provides healthcare to most Medicaid beneficiaries. An eligible Medicaid beneficiary enrolls in a Managed Care Organization (MCO) of their choice and selects a primary care provider (PCP) to oversee their medical care. In the HealthChoice Program, MCOs are responsible for providing a full range of health care services. In addition to providing Medicaid-covered services to those enrolled in the MCO, an MCO has specific standards and responsibilities concerning the provision of certain care. There are currently 8 MCOs participating in HealthChoice.

Briefly describe Participating Entities and their role in the proposed ACIS Pilot. Applicants may choose to describe the role of Participating Entities more in depth in Section 3: Strategies and Care Coordination.

1.3 Lead Entity and Participating Entity Table

Pilot applicants should complete the following table, and include this as part of their response to Section 1 in the Project Narrative.

LEAD AND PARTICIPATING ENTITY TABLE					
Name of Entity	**Lead or Participating Entity**	**Address**	**Main Contact**	**Title**	**Role In Pilot**

1.4 Letters of Commitment and Support

A Letter of Commitment from each of the anticipated Participating Entities is required as part of the submitted application submission. Each Letter of Commitment should indicate the role the Participating Entity will serve in the Community Health Pilot and its capacity to perform proposed responsibilities.

Letters of Support from other relevant stakeholders in the geographic area where the ACIS Pilot will operate are optional.

Letters of Commitment and Support are not included as part of the ACIS application page limit requirements.

1.5 Lead Entity Capability Statement

Describe and discuss the Lead Entity's experience with collaborating with ACIS-related service providers, serving as a primary lead on multi-entity projects, overseeing and distributing program funds to other entities, ensuring deliverables are met, and that reporting is accurate and timely. Specify any current or past activities related to the proposed ACIS Pilot in which the Lead Entity has been involved.

1.6 Key Personnel

Identify key personnel who will lead or manage the ACIS Pilot project, their proposed role, and enclose copies of their resume with this application. Describe the qualifications of key personnel who will deliver or administratively oversee the provision of ACIS services.

Include the proposed Pilot's organizational chart and briefly describe the corresponding staffing plan in the text of the application. This chart must adequately depict the operational and reporting structure of the Lead Entity, in collaboration with Participating Entities. Note the percentage of full-time equivalence (FTE) of the time and effort of each defined staff position to be assigned to the Pilot.

Resumes are not included as part of the ACIS application page limit requirements.

1.7 Pilot Daily Operations, Communication Plan, and Work Plan

Describe the daily operational management structure for the ACIS Pilot, including who has decision-making authority and how Participating Entities will be involved in decision-making. Identify a main point of contact at the Lead Entity who will support and coordinate with Participating Entities.

Describe the external communication plan that will be employed to communicate with MCOs, providers, beneficiaries, and stakeholders.

Submit a work plan for the initial ACIS Pilot year. This plan is to describe the major activities to be undertaken by the Lead Entity and its Participating Entities to achieve defined Pilot objectives, and corresponding timelines to task completion. The Lead Entity may use or adapt the sample Work Plan Template in Appendix D. This sample work plan format indicates key project deliverables, timelines, and

current status. The Lead Entity should indicate in the Work Plan an anticipated beneficiary enrollment timeline that accounts for variations in enrollment volume by quarter over the first year of Pilot implementation.

Section 2: General Information - Pilot Vision, Target Population, and Geographic Area

The purpose of this section is for applicants to provide a vision of the purpose and scope of the ACIS Pilot, describe the need for ACIS, and define the target population(s) and geographic area(s) to be served.

2.1 ACIS Pilot Overview and Vision

Describe the overarching vision of how the ACIS Pilot will: 1) build and strengthen existing relationships in the community, centered upon provision of tenancy-based case management services/tenancy support services and housing case management services, and improve collaboration; 2) provide opportunities to sustain local ACIS efforts beyond the term of this waiver; 3) demonstrate improvement in health outcomes and reduction in unnecessary and/or inappropriate services for the beneficiary; and 4) explain how the ACIS Pilot interventions will be aligned with long-term community goals and objectives.

2.2 Target Population(s) and Referral Process

Describe the methodology used to identify the ACIS Pilot target population(s), such as data analyses or needs assessment of the target population(s). Applicants are strongly encouraged to utilize existing Community Health Needs Assessments (CHNAs) or other related processes to describe the health need for the ACIS Pilot.

The Lead Entity must describe how it will recruit and enroll Medicaid beneficiaries who qualify for ACIS services based upon the eligibility criteria outlined in STC 28: Attachment E (Appendix B). Describe how target beneficiaries will be screened, prioritized, and referred to the proposed ACIS Pilot program.

If the proposed ACIS pilot team intends to identify, recruit, and enroll specific sub-populations of at-risk Medicaid beneficiaries, please define each sub-population. For instance, the team may decide to serve individuals recently released from incarceration who present with chronic health conditions.

If the Lead Entity or Participating Entities already provide supportive housing services, describe how the proposed ACIS program will result in an expansion of supportive housing services for the qualified individuals served. The ACIS Pilot must incorporate or build upon current care coordination efforts and not duplicate or displace them. Estimate the number of ACIS-qualified individuals to be served during the first year of the ACIS Pilot.

2.3 Geographic Area

Describe the geographic area in which the ACIS Pilot will operate, including a list of the ZIP codes, counties, or incorporated cities that the proposed ACIS Pilot will serve.

Section 3: Strategies and Care Coordination

The purpose of this section is for the applicant to provide information on the services that will be provided under the proposed ACIS Pilot, the service delivery strategies that will be employed, and how care will be coordinated.

3.1 Strategies

The goals of the ACIS Pilot project are to reduce unnecessary health services utilization and improve health outcomes among the target population through increased housing stability.

Describe how the proposed ACIS Pilot interventions will move Medicaid beneficiaries towards achieving those goals. The ACIS Pilot applicant must describe the strategies that they will use to implement, offer, and provide ACIS Pilot tenancy-based case management services/tenancy support services and housing case management services to eligible beneficiaries in alignment with the eligible target population's needs and the Service Definitions outlined in STC 28: Attachment E (Appendix B). Describe the program model being used, if applicable.

In addition to the services, describe the overall intake assessment and care planning process. Identify the intake assessment tool that is currently in use or will be used, and describe how it is appropriate for use with the stated target population(s).

Describe the Lead Entity's current organizational linkages, arrangements or plans to ensure access to and availability of appropriate housing[1] (room and board) inventory for Pilot participants.

3.2 Care Coordination

For each targeted population, describe the specific care coordination strategies that will ensure an integrated continuum of care for ACIS Pilot beneficiaries. Provide information regarding existing programs and infrastructure, if any, which can be built on and leveraged to support the ACIS Pilot.

Describe how the Lead and Participating Entities will coordinate with MCOs to address high risk medical conditions, community based organizations, and other administrative services that serve the Medicaid

[1] *Federal financial assistance from the Medicaid program cannot be used for room and board in home and community-based services.*

population, such as those provided by Area Agencies on Aging, and by the local health department's Administrative Care Coordination Units (ACCUs).

Affirm that the ACIS Pilot will incorporate or build upon current care coordination efforts and not duplicate or displace them.

3.3. Start-Up Option

Lead Entities have the option to request start-up funding. Start-up funding can only be used for the following activities:

- Conduct a community-based vulnerability assessment 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.

Start-up costs are available only in the first year of the pilot operation, and must be limited to no more than 10 percent (10%) of the award (i.e., 10 percent of the amount determined as follows: [anticipated number of members served by the Lead Entity * per member per month (PMPM) payment to the Lead Entity*12 months].

Lead Entities interested in receiving start-up funding for these activities should describe a plan for implementing and completing a community based assessment, a process for verifying member eligibility, and a process for enrolling members into ACIS.

Section 4: Data Sharing, Data Management Plan, and Data Reporting

The purpose of this section is for applicants to provide information on the data sharing and management framework for the ACIS Pilot.

4.1 Data Sharing and Management Plan

Identify the data oversight and management structure for the ACIS Pilot. Describe the overall plan for tracking and documenting progress of the ACIS Pilot as a whole, as well as for each Participating Entity and each target population.

Provide information on the specific systems and tools that will be utilized to support data entry, storage, and sharing. Include any new technology development that will be needed to support data sharing throughout the ACIS Pilot. Describe how data sharing will contribute to collaboration among partners. In the Work Plan (see template in Appendix D), include activities and implementation timelines, if applicable, for making certain that the necessary systems, tools, and data use agreements to support data sharing are in place. Indicate anticipated challenges related to data acquisition, management, and

reporting, and the tactics to be deployed to address these challenges.

To the extent that shared data will contain individual-identifying Personal Information (PI), including, but not limited to, Personal Health Information (PHI), such as mental health or substance use disorder services information, the Lead Entity and its Participating Entities must comply with all applicable state and federal laws, such as the Health Information Portability and Accountability Act (HIPAA) and 42 CFR Part 2 - Confidentiality of Substance Use Disorder Patient Records. Final approval of this application will be subject to the Lead Entity's mandatory agreement to the forthcoming Interagency Agreement and Data Use Agreement, which will govern the exchange and use of the data collected during the ACIS Pilot.

4.2 Data Reporting

The ACIS Pilot Lead Entity is required to submit quarterly and annual reports to MDH. MDH will issue a reporting template with instructions at a later date. The purpose of the annual report is to demonstrate progress toward pilot goals, and ensure that the ACIS Pilot is conducted in compliance with the requirements set forth in the CMS STCs, this RFA, and any agreement between MDH and the Lead Entity.

Data reporting will be required at the Medicaid beneficiary level, including at a minimum, the beneficiary's Medicaid identification (ID) number, first and last name, date of birth, and social security number.

4.3 Data and Reporting Requirements as a Condition of Funding

As a funding requirement, Lead and Participating Entities are required to make available program and financial data to MDH in the form, manner, and timeframes indicated in the final Interagency and data use agreements. 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 eligibility for services provided to individuals in the Medicaid program, as well as any information relating to payments claimed by providers[2] for furnishing ACIS Pilot services.

Affirm that the Lead Entity understands and is able to comply with these funding requirements.

[2] *Maryland Medicaid is prohibited from paying for any items or services furnished, ordered, or prescribed to excluded individuals or entities (General Provider Transmittal No. 73,). It is the responsibility of the awardee to attest monthly that all employees and contractors have been routinely searched, as per the aforementioned transmittal. The Grantee must be able to demonstrate, upon request, that this verification has been performed utilizing the following databases: www.exclusions.oig.hhs.gov; https://sam.gov/portal/publis/SAM; and any such other databases as MDH may prescribe.*

Section 5: Monitoring and Evaluation Plan

The purpose of this section is for the applicant to provide information on the performance measures the ACIS Pilot will use to track progress, the method to demonstrate quality improvement, and the ongoing monitoring of the Participating Entities' performance. Lead Entities will agree to participate in the collection and monitoring of required performance measures. All ACIS Pilots must report metrics quarterly and annually. Final approval of this application will be subject to the Lead Entity's mandatory agreement to the forthcoming Interagency Agreement and Data Use Agreement, which will incorporate performance measurement requirements and will govern the exchange and utilization of the data involved in the ACIS Pilot.

5.1 Performance and Process Measures

The ACIS Pilot is an opportunity for communities to be able to clearly demonstrate whether provision of ACIS services, with the support of Medicaid funding, is a sustainable model that improves health outcomes and reduces costs.

The Lead Entity should provide an attestation of its agreement to collect and report on the following standard performance measures. Following the submission of applications, MDH will discuss the details of the proposed measures' parameters with Pilot applicants, specifically the sources, resources, and tools to be used to capture the information. MDH reserves the right to modify the performance measures that will be required from the Lead Entity prior to final Pilot approval.

Proposed Performance Measures
Length of Time Stably Housed
Beneficiary Satisfaction with ACIS
Emergency Room Utilization*
Inpatient Hospitalization*
Admission to Other 578.3 Defined Facilities*
**Denotes a performance measure that MDH will evaluate using Maryland Medicaid claims data (MMIS).*

Lead Entities may propose up to two additional measures specific to their chosen population, or indicate that they would like to work with MDH to identify additional measures. MDH reserves the right to modify the measures that will be required from the Lead Entity prior to final approval of an application.

5.2 Demonstrating Quality Improvement

Explain the approach to quality improvement and change management that the Lead Entity plans to use. Explain how the ACIS Pilot will identify needed adjustments, a process for carrying out the change, and a process for observing and learning from the implemented change(s). Select a tool such as Plan-Do-Study-Act, or an alternate quality improvement tool, and describe how it will be incorporated into the Lead Entity's broader quality improvement process.

Describe the Lead Entity's plan to conduct ongoing monitoring of ACIS-related performance of the Participating Entities and to make subsequent adjustments if issues are identified. Describe processes to be implemented by the Lead Entity to provide technical assistance, impose corrective action upon the Participating Entity, and terminate its ongoing engagement in the ACIS Pilot, if poor performance is identified and persists.

Section 6: Budget Plan and Financing Structure

The purpose of this section is to outline the components of the Lead Entity's budget, financing structure, and rate development responsibilities.

The ACIS Pilot will align with the State of Maryland's fiscal year, beginning on July 1 and ending on June 30 of each year. Up to $1.2 million in matching federal funds are available statewide annually, and when combined with the local non-federal share, ACIS Pilot expenditures may total up to $2.4 million statewide annually. Such funding is subject to the Lead Entity's mandatory agreement to the forthcoming Interagency Agreement and Data Use Agreement, which will govern the exchange and utilization of the data involved in the ACIS Pilot. Additionally, approval is contingent on CMS review and concurrence with the ACIS Pilot's monthly rate request and underlying rate composite.

State Payment to Lead Entities

A Lead Entity must be a Local Health Department (LHD) or other local government entity, such as a local management board (see Section 1.1. for allowable Lead Entity types). Each Lead Entity must have the ability to provide the non-federal share of payment through an intergovernmental transfer (IGT) process. The Lead Entity shall process an IGT of funds to MDH in the amount specified. MDH will make payment of both the non-federal and federal share for ACIS rendered by the Lead Entity.

Lead Entity Payment to Participating Entities

If the Lead Entity chooses to contract with one or more Participating Entities to provide ACIS, MDH expects the Lead Entity will follow its own local government procurement or grant sub-contracting protocol in accordance with the MDH Human Services Agreement Manual. The Lead Entity shall describe and diagram the flow of funds (see Section 6.2 for additional instruction) among Participating Entities, have appropriate contracts, data use agreements and business associate agreements in place that describe roles, services, charges, data sharing, and record keeping and reporting requirements.

Funding Request Details

Pilot payments are intended to support the ACIS Pilots for:

1. Delivery of community integration services in one or more targeted jurisdictions
2. Increased coordination of and appropriate access to health care and needed support services for the highest risk beneficiaries
3. Mitigate the target population's risk of overutilization of services and/or an institutional admission/readmission.

Funding assumptions will be derived based on a negotiated rate that shall be proposed by the Lead Entity, and approved by MDH and CMS. The rate shall be based solely on the cost of the direct delivery of tenancy-based case management services/tenancy support services and housing case management services.

The monthly ACIS cost-based rate shall be the average cost of the total of a minimum of three ACIS tenancy-based care management/tenancy support services, and housing case management direct services provided per month. Such direct services, as described in the Pilot applicant's response to Section 3.1, must align with the eligible target population's needs and the Service Definitions outlined in STC 28: Attachment E (Appendix B) and will be detailed in an Interagency Agreement to be executed between MDH and the Lead Entity.

Budgets should not include costs for services directly reimbursable with existing Medicaid or other federal funding resources. Federal financial assistance from the Medicaid program cannot be used to provide services to individuals not eligible for Medicaid. All funds expended in support of an ACIS Pilot program must be accounted for and reported as distinct and separate from any other sources of funding. All funding shall be used only for the direct service delivery of approved ACIS Pilot community integration services to Medicaid beneficiaries.

6.1 Financing Structure

Describe the oversight and governance structure that will oversee the payment process between the Lead Entity and the MDH, and between the Lead Entity and Participating Entities, if applicable. Explain how payments will be tracked. MDH will provide to each approved Lead Entity a template for documenting, reporting and invoicing ACIS services to MDH.

6.2 Funding Flow Diagram

Using the sample Funding Flow Diagram in Appendix E, create a funding diagram that illustrates the flow of requested funds from MDH to the Lead Entity and to Participating Entities, if applicable. Make certain that the funding diagram reflects whether services will be provided directly by the Lead Entity, through Participating Entities, or both.

6.3 Non-Federal Share

Using the "Sources of Non-Federal Share" sample table below, list the sources and amount of each specific local funding stream that is contributing to the non-federal share.

Sample Table: Sources of Non-Federal Share				
Local Funding Source (non-Federal Share)	**Local Funding Amount**	**Approved/confirmed with authorized representative**	**Federal Matching Funding Amount Request**	**Proposed Total Pilot Funds**
ABC County Tax Revenue	*$100*	*Yes: County Controller Jane Smith*	*$100*	*$200*
ABC County Core Funding	*$100*	*Yes: County Health Officer John Jones*	*$100*	*$200*
ABC County Other Permissible Source	*$100*	*Yes: Grant Officer Beau Brown*	*$100*	*$200*
Total Proposed Funds	*$300*		*$300*	*$600*

6.4 Non-Duplication of Payments and Allowable Use of Federal Financial Participation

ACIS Pilot applicants must complete and submit with each application the Attestation: Non-Duplication of Funds and Allowable Use of Federal Matching Funds (Appendix G).

6.5 Funding Request

MDH will pay the Lead Entity for the ACIS services rendered at the monthly ACIS cost-based rate. The monthly ACIS cost-based rate shall not exceed the amount expended by the Lead Entity for furnishing the direct service and costs incurred by the provider.

The monthly ACIS cost-based rate shall be the average cost of the total of a minimum of three ACIS tenancy-based care management/tenancy support services, and housing case management direct services (see Appendix B for an all-inclusive list of approved services). These defined services will be provided per month, as described in an Interagency Agreement (IA) to be executed between the Lead Entity and MDH. The ACIS rate may vary by Lead Entity and will be developed based on a target cost per ACIS service, along with variables such as geographic location, salary costs, ACIS-related travel costs, intensity of services, and duration of services or contracted provider per unit costs.

Start-up costs are available only in the first year of the pilot, and must be limited to no more than 10 percent (10%) 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 (PMPM) payment to the Lead Entity*12 months]). To receive start-up funding, the Lead Entity must:

(a) Conduct a community-based vulnerability assessment that is approved by MDH in advance;

(b) Implement a process for verifying each to-be-served member's Medicaid eligibility with MDH; and
(c) Implement a process for successfully enrolling members into the ACIS pilot program. The Lead Entity must project an expected average number of individuals who will receive ACIS services on a monthly basis.

Payment will be withheld if the Lead Entity does not report required data to MDH in a timely and complete manner as outlined and agreed upon in the applicable Interagency agreement and data use agreements executed by the Lead Entity and MDH. Each ACIS Lead Entity must deliver required documentation to MDH, and must participate satisfactorily in all required demonstration evaluation activities. As a precondition of payment, the Lead Entity must comply with all applicable MDH audit and review policies, as well as the stated requirements in the HealthChoice §1115 Demonstration Special Terms and Conditions (STCs), ACIS Pilot Post-Approval Protocol, and the Request for Application, including submission of required quarterly reports and an annual report to the MDH.

MDH recognizes that developing a monthly rate may be challenging. Additional individualized technical assistance will be offered to interested entities on rate development. The ACIS Pilot application team should indicate interest in receiving this individualized technical assistance by emailing mdhhealthchoicerenewal@maryland.gov **by 5pm EST on September 1, 2017**.

ACIS Budget Development

For Budget Year 1, the ACIS Pilot Budget Justification Narrative must include a proposed monthly ACIS cost-based rate with a break out of all reasonable and necessary expenditures associated with providing ACIS. The individual components that contribute to the monthly ACIS cost-based rate must be described in the Budget Justification Narrative. Specify the number of years that the Lead Entity expects the ACIS Pilot to operate. For additional years of anticipated ACIS Pilot operation (Budget Years 2-4.5), only provide the total projected dollar amount per year.

MDH will pay the Lead Entity on a quarterly basis for ACIS services rendered.

As described in Section 3.3, the Lead Entity may request a one-time payment for select start-up activities in the first year. If a Lead Entity requests such a payment, it must justify the need for this payment in the Budget Justification Narrative.

In addition to the Budget Justification Narrative, the ACIS Pilot applicant team will need to complete the MDH Budget Package 4542 (Appendix G). The line item expenditures included in the MDH 4542 should align with the Budget Justification Narrative and total budget request. Budgets should not include costs (e.g., payments) for services reimbursable with Medicaid or other federal funding resources.

APPLICATION APPENDICES

A. Application Requirements
B. Special Terms and Conditions (STC) 28 – Attachment E: Assistance in Community Integration Services Pilot Protocol Approved: June 16, 2017
C. Application Selection Criteria
D. Work Plan Template
E. Sample Funding Flow Diagrams
F. Attestations and Certification
G. Budget Template (Form 4542a)

APPENDIX A. APPLICATION REQUIREMENTS

A summary of required Application components for submission by Lead Entities includes:

1. Project Abstract (no longer than one page)
2. Project and Budget Justification Narrative (maximum 20 pages, 12 pt. font, single spaced, one (1) inch margins)
3. Budget Form 4542*
4. Letters of Commitment from all proposed participating ACIS Pilot entities*
5. (Optional) Letters of support from relevant stakeholders*
6. Funding diagram, modified from the sample, illustrating how the requested funds would flow either: 1) from the Lead Entity to Participating Entity(ies)and back to the Lead Entity and how the funds would be distributed among Participating Entities (See Section 6.2 and Appendix E), or 2) if the Lead Entity is the provider of direct services*
7. Resumes of Key Personnel *
8. A signed and dated copy of Appendix G: Attestations and Certification*

** Not included in the ACIS application page limit requirement*

APPENDIX B. SPECIAL TERMS AND CONDITIONS (STC) 28: Attachment E

Per STC #28, the following protocol outlines the services and payment methodologies for the Assistance in Community Integration Services (ACIS) Pilot Program. Under this 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 300 individuals annually. These services include HCBS that could be provided to the individual under a 1915(i) state plan amendment (SPA). The protocol outlines the content that would otherwise be documented in a 1915(i) SPA, and includes service definitions and payment methodologies.

Eligibility Criteria

The state's needs based criteria are specified below:

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.

Service Definitions for HCBS That Could Be Provided under a 1915(i) SPA
ACIS providers are required to provide a minimum of three services per month to each member to receive reimbursement in a given month. Any of the following services may be used to satisfy the minimum payment requirements:

Tenancy-Based Case Management Services/Tenancy Support Services:
Assist the target population in obtaining the services of state and local housing programs to locate and support the individual's medical needs in the home.

These services may include:

- Conducting a community integration assessment identifying the participant's preferences related to housing (type, location, living alone or with someone else, identifying a roommate, accommodations needed, or other important preferences) and needs for support to maintain community integration (including what type of setting works best for the individual), assistance in budgeting for housing/living expenses, assistance in connecting the individual with social services to assist with filling out applications and submitting appropriate documentation in

order to obtain sources of income necessary for community living and establishing credit, and in understanding and meeting obligations of tenancy.

- Assisting individuals to connect with social services to help with finding and applying for housing necessary to support the individual in meeting their medical care needs. This may include arranging for or providing transportation for services provided in the plan of care. Developing an individualized community integration plan based upon the assessment as part of the overall person centered plan. Identifying and establishing short and long-term measurable goals), and establishing how goals will be achieved and how concerns will be addressed.
- Participating in person-centered plan meetings at redetermination and/or revision plan meetings as needed.
- Providing supports and interventions per the person-centered plan (individualized community integration portion).
- Providing supports to assist the individual in communicating with the landlord and/or property manager regarding the participant's disability (if authorized and appropriate), detailing accommodations needed, and addressing components of emergency procedures involving the landlord and/or property manager.
- Coordinating with the tenant to review, update and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.
- Connecting the individual to training and resources that will assist the individual in being a good tenant and lease compliance, including ongoing support with activities related to household management.

Housing Case Management Services – may include:

- Service planning support and participating in person-centered plan meetings at redetermination and/or revision plan meetings as needed;
- Coordinating and linking the recipient to services including primary care and health homes; substance use treatment providers; mental health providers; medical, vision, nutritional and dental providers; vocational, education, employment and volunteer supports; hospitals and emergency rooms; probation and parole; crisis services; end of life planning; and other support groups and natural supports;
- Entitlement assistance including assisting individuals in obtaining documentation, navigating and monitoring application process and coordinating with the entitlement agency; and
- Assistance in accessing supports to preserve the most independent living, including skills coaching, financing counseling, anger management, individual and family counseling, support groups and natural supports.

Federal financial assistance from the Medicaid program cannot be used for room and board in home and community-based services.

The state must comply with all HCBS requirements as outlined in Subpart M ((42 CFR 441.700 through

441.745 including needs-based criteria (42 CFR 441.715), provision of services in home and community-based settings (42 CFR 441.710(a)(1) and (2)), adherence to conflict of interest provisions (42 CFR 441.730(b)), individualized service plans (42 CFR 441.725(a) and (b)) and Quality Improvement Strategy (42 CFR 441.745(b).

ACIS Provider Qualifications for Tenancy-based Case Management Services or Housing Case Management Services:

Provider	Education (typical)	Experience (typical)	Skills (preferred)	Services
Case Manager	Bachelor's degree in a human/social services field; may also be an Associate's degree in a relevant field, with field experience.	1 year case management experience, or Bachelor's degree in a related field and field experience.	Knowledge of principles, methods, and procedures of case management. May also need knowledge of harm-reduction and trauma informed care, principles, methods, and procedures in handling addiction and dual diagnosis populations. Ability to negotiate and maintain positive relationships with co-workers and clients.	Tenancy-based case management or Tenancy Support; housing case management (as outlined above)
Supervisory Case Manager or Team Lead	Master's degree, with licensing, in human services-related field.	Minimum of 2 years experience in social and human services or related field, with hands-on experience working with diverse populations. Previous supervisory experience.	Knowledge of principles, methods, and procedures of case management. May also need knowledge of harm-reduction and trauma informed care, principles, methods, and procedures in handling addiction and dual diagnosis populations. Ability to negotiate and maintain positive relationships with co-workers and clients.	Tenancy-based case management; housing case management (as outlined above); supervise an individual case manager in providing these services, or leads a team in providing these services.

Description of Payment Methodologies

The Department of Mental Health and Hygiene (MDH) will pay the Lead Entities for the ACIS services provided at the ACIS rate. The ACIS rate shall not exceed the amount expended by the Lead Entity for furnishing for the direct service costs incurred by the provider. The monthly ACIS cost-based rate shall be the average cost of the total of a minimum of three ACIS tenancy-based care management/tenancy support services, and housing case management direct services (defined above) and provided per month as described in a Memorandum of Understanding to be executed between the Lead Entity and MDH. The ACIS rate may vary by Lead Entity and will be developed based on a target cost per ACIS service, along with variables such as geographic location, salary costs, ACIS-related travel costs, intensity of services, and duration of services or contracted provider per unit costs.

Start-up costs, if approved by MDH, will be paid directly to the 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 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). To receive start-up funding, the Lead Entity must:

- Conduct a community-based vulnerability assessment 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.

Lead Entities must project an expected average number of individuals who will receive ACIS services on a monthly basis. Payment will be withheld if the Lead Entities do not report required data to MDH in a timely and complete manner as outlined and agreed upon in applicable data use agreements between MDH and Lead Entity. ACIS providers must provide documentation and participate in the demonstration evaluation activities. As a precondition of payment, Lead Entities must comply with all applicable MDH audit and review policies, as well as the stated requirements in the HealthChoice §1115 Demonstration Special Terms and Conditions (STCs), ACIS Pilot Post-Approval Protocol, and the Request for Application.

ACIS Pilot Lead Entities are required to submit quarterly reports and an annual report to MDH. The quarterly and annual reports will be used to determine whether progress toward the Pilot requirements has been made. The purpose of the reports is to demonstrate that the Pilot is conducted in compliance with the requirements set forth in the STCs and post-approval protocols, attachments, the approved application, and any agreement between MDH and the Lead Entity and/or policy letters and guidance from MDH.

The Lead Entity will invoice MDH for ACIS services provided to a specific Medicaid beneficiary. As part of this invoicing process, the Lead Entity must submit documentation to MDH of the Medicaid beneficiary's eligibility status, the dates of service, and the types of service that were provided.

Lead Entities are required to ensure ACIS providers meet minimum documentation standards and cooperate in any evaluation activities by MDH, CMS, or their contractors. The state assures that there is no duplication of federal funding and the state has processes in place to ensure there is no duplication of federal funding.

APPENDIX C. APPLICATION SELECTION CRITERIA

The Maryland HealthChoice §1115 Waiver ACIS Pilot application evaluation is a competitive process that will result in the selection of one or more qualified ACIS Pilots based on the program need, quality and scope of their application. The Maryland Department of Health (MDH) will conduct the evaluation process in two phases: (1) Quality and Scope of Application, and (2) Funding Decision. ACIS Pilot applications that do not meet the basic requirements of the Special Terms and Conditions (STC) 28: Attachment E: Assistance in Community Integration Services Pilot Protocol, and MDH application guidance offered via this Request for Applications, will be disqualified.

Overview

Program Need, Quality and Scope of Application

ACIS Pilot applications will be assigned a numerical score of up to 100 points based on the jurisdiction's need for ACIS Pilot services, and the quality and scope of the application. Applications must receive a pass score on all pass/fail criteria to be eligible to participate.

Funding Decision

The funding amount for each ACIS Pilot will be determined based upon the reasonableness of the funding request, the amount requested, and the methodology and justification used to develop the service costs.

There will be a review period after MDH receives applications that will allow MDH to ask clarifying questions to Pilot Applicants. Pilot Applicants' responses may influence their final score.

If the ACIS Pilot Applicant (Lead Entity and/or Participating Entity) is currently out of compliance or delinquent on any MDH corrective action, the ACIS Pilot Applicant is not eligible for funding.

Applications Will Be Assigned a Numerical Score

Scoring criteria will help MDH assess whether applications meet the pilot goals and requirements outlined in Maryland HealthChoice §1115 Waiver's STC 28: Attachment E: Assistance in Community Integration Services Pilot Protocol (Appendix B).

Each application will be assigned a numerical score. Scores may range from 0 up to 100. Multiple MDH reviewers, representing relevant programs within MDH, will score applications and then assign a total average score.

Highest Possible Score by Application Section
Section 1: Community Health Pilot Lead Entity and Participating Entity Information; Readiness to

Implement (up to **5 points)**
Section 2: General Information - Pilot Vision and Need; Target Population; Geographic Area (up to **10 points)**
Section 3: Strategies and Care Coordination (up to **25 points)**
Section 4: Data Sharing, Data Management Plan, and Data Reporting (up to **15 points)**
Section 5: Monitoring and Evaluation Plan (up to **15 points)**
Section 6: Budget Plan and Financing Structure (up to **30 points)**
Attestations and Certification - **Pass/Fail**
Total Possible Points: 100

Application Sections Will Be Scored Based on Specified Criteria
Each application section will be scored based on the criteria specified below:

General Considerations:

- Application was received in the MDH.healthchoicerenewal@maryland.gov mailbox by Monday September 18, 2017 at 5 PM EST.
- Application includes a project abstract summary no longer than one page.

Project Narrative:
Section 1: Community Health Pilot Lead Entity and Participating Entity Information; Readiness to Implement (up to 5 points)

1.1 Lead Entity Description

- Organization submitting the application meets Lead Entity requirements as outlined in STC 28 (including Attachment E: Assistance in Community Integration Services Pilot Protocol) , and all required information is provided

1.2 Participating Entities Description

- Meets Participating Entity requirements as outlined in STC 28: Attachment E: Assistance in Community Integration Services Pilot Protocol)
- Information is complete
- Explanation of role in Pilot is clear and appropriate given the target population and selected strategies

1.3 Lead Entity and Participating Entity Table

- Organization fills out table with all relevant information

1.4 Letters of Commitment and Support

- Lead Entity attaches Letter of Commitment received from each proposed Participating Entity
- Letters of Support offered up by other community partners are optional but help attest to the local need for the ACIS Pilot and the Lead Entity's capability to address this need

1.5 Lead Entity Capability Statement

- Demonstrates organization's capabilities to serve as a Lead Entity on this Pilot initiative
- Explains organization's experience and expertise in coordinating and collaborating with service providers
- Demonstrates Lead Entity's experience:
    - serving as a primary lead on multi-agency/multi-entity projects
    - overseeing and distributing program funds to other entities
    - ensuring deliverables are met and reporting is accurate and timely
- Provides examples and explains Lead Entity's role in current or past projects/programs/activities related to the ACIS Pilot for which the Lead Entity is applying

1.6 Key Personnel

- Identifies key personnel who will lead or manage the ACIS Pilot project, their proposed role in this project, accompanied by copies of their individual resume(s)as enclosures
- Includes a clear and lean Staffing Plan

1.7 Pilot Daily Operations, Communication Plan, and Work Plan

- Clear and comprehensive plan for collaboration and communication between entities
- Clear plan to communicate state pilot requirements from the Lead Entity to Participating Entities
- Clear plan to communicate externally with stakeholders and other interested parties
- Structure and process planned for making decisions
- Includes detailed work plan (Appendix D)outlining implementation dates, tasks and key deliverables

Section 2: General Information - Pilot Vision, Target Population, and Geographic Area (up to 10 points)

2.1 ACIS Pilot Overview and Vision

- Uses evidence to define community need for Pilot
- Proposed Pilot project is responsive to defined need, is comprehensive and cohesive, and is well-designed to achieve goals
- Demonstrates how the ACIS Pilot will address community and target population needs
- Articulates strategies to build sustainable processes and linkages that can support program operations across relevant integrated service delivery systems in the near term and beyond the term of the ACIS Pilot
- Explains how anticipated program outcomes are achieved through Pilot interventions and supports

2.2 Target Population(s) and Referral Process:

- Proposed target population meets criteria outlined in STC 28
- Identifies number of people proposed to be served through the ACIS Pilot and the number and type of staff needed to implement the project successfully

- Describes plan for participant identification, prioritization and outreach
- Provides methodology used and rationale to define target population(s)
- Target sub-population(s) is/are appropriate given the lead and participating entities, and their proposed project implementation strategies
- Describes current ACIS program in detail, if applicable
- Describes how proposed ACIS pilot is an expansion of existing ACIS, if applicable

2.3 Geographic Area

- Describes geographic area(s) in which the ACIS Pilot will operate, including counties, municipalities, and zip codes

Section 3: Strategies, and Care Coordination (up to 25 points)

3.1 Strategies

- Describes strategies used to implement, offer and provide ACIS tenancy-based case management services/tenancy support services and/or housing case management services and how these align with target population's needs
- Describes program model and/or services chosen
- Describes access to and availability of appropriate housing inventory for Pilot participants, and associated subsidies and/or payment sources
- Affirms that services do not duplicate any other Medicaid covered service

3.2 Care Coordination

- Meets requirements as outlined in STC 28
- Justifies appropriateness of services and interventions for target population(s)
- Describes alignment with other concurrent project-relevant initiatives being implemented in the region (e.g., does the applicant articulate a vision of how initiatives fit together?)
- Describes extent of process and linkages planned or in place to implement intervention, demonstrating complete consideration of the necessary partnerships to support the ACIS Pilot
- Demonstrates engagement and cooperation with MCOs and Participating Entities to make certain that safeguards are in place that reduce potential of overlap or gaps in providing services to participants

3.3. Start-Up Option

- Demonstrates a plan for conducting a community-based vulnerability assessment to be approved by DHMH in advance. The assessment must evaluate the relevant population for its needs with respect to the target population.
- Describes the plan for a process for verifying members' Medicaid eligibility with MDH; and
- Explains the process for successfully enrolling members into the ACIS pilot program.

Section 4: Data Sharing, Data Management Plan, and Data Reporting (up to 15 points)

4.1 Data Sharing and Management Plan

- Identifies the data oversight and management structure for the ACIS Pilot
- Provides information on the specific systems and tools that will be utilized to support data sharing and management
- Demonstrates ability to support data sharing between entities and identifies existing resources for data sharing and actions necessary to close existing gaps
- Clearly presents data sharing processes and expectations of data sharing partners (or the process to identify them)
- Presents a comprehensive plan and approach to data safeguards, oversight and protections
- Presents a comprehensive timeline and implementation plan for data sharing, data management and completion of data sharing agreements

4.2 Data Reporting

- Provides a clear and comprehensive plan for ongoing data collection, reporting, and analysis of interventions

4.3 Data and Reporting Requirements as a Condition of Funding

- Describes the proposed methods/process in which Lead and Participating Entities make available program and financial data to MDH in the form, manner, and timeframes.

Section 5: Monitoring and Evaluation Plan (up to 15 points)

5.1 Performance and Process Measures

- Attests to agree to collect and report performance measures and to collaborate with MDH on the refinement of the measures parameters
- Provides two additional process measures

5.2 Demonstrating Quality Improvement

- Describes a clear and comprehensive plan for quality improvement
- Demonstrates resources and organizational capacity to conduct ongoing Participant Entity monitoring and make adjustments as needed
- Provides comprehensive plan for providing technical assistance, imposing corrective action, and terminating if poor performance is identified and continues with Participating Entities

Section 6: Budget Plan and Financing Structure (up to 30 points)

6.1 Financing Structure

- Clearly demonstrates and affirms that total computable of Pilot funding will be used only for direct services cost to contracted providers, or in the case of the Lead Entity providing services that total computable is for direct services costs only

- Demonstrates a comprehensive approach to flow of funds, how reimbursement will take place, payment schedule and oversight and monitoring of payment

6.2 Funding Flow Diagram

- Provides a clear diagram explaining how the payment process will function

6.3 Non-Federal Share

- List of the entities, sources, and total dollar amount that will make up the non-federal share from the Lead Entity to be used for payments under the ACIS Pilot

6.4 Non-Duplication of Payment and Allowable Use of Federal Financial Participation

- Attests to non-duplication of funds and allowable use of federal matching funds

6.5 Funding Request

- Clearly demonstrates the cost factors and costs that contribute to the direct services rate developed for the ACIS Pilot
- Clearly demonstrates how the total budget request is derived from proposed number of services to be provided to proposed number of ACIS-eligible beneficiaries
- If requesting a prospective payment to cover start-up expenses, provides a compelling justification for such a payment
- Completes the Budget Form 4542 with appropriate line items; the total should match the proposed budget total
- Thoroughly explains budget line items, rate methodology and ACIS rate per visit, and the total budget requested in the Budget Justification Narrative
- MDH will determine the appropriateness of the funding request in the context of the reasonableness and soundness of the interventions to be provided, the clarity of the governance structure, presence of oversight mechanisms and internal controls to ensure payment and accountability related to Participating Entities, the needs of the target population, and the assurances that payments are not duplicative of payments for existing Medicaid services

Section 7: Attestations and Certification-Pass/Fail

Pass = Applicant checks box and provides signature
Fail = Applicant does not check one or more boxes and/or does not include a signature.

Applicant may not participate in a pilot unless Section 7 receives a score of “Pass.”

APPENDIX D. WORK PLAN TEMPLATE

ACIS Pilot Project Work Plan
July 1, 2017 – June 30, 2018

Quarter (Select one)

- € **Quarter 1, 7/1/17 – 9/30/17**
- € **Quarter 2, 10/1/17 – 12/31/17**
- € **Quarter 3, 1/1/18 – 3/31/18**
- € **Quarter 4 (Final), 4/1/18 – 6/30/18**

Year 1 Project Goal
[Lead Entity to enter]

Year 1 Project Deliverables – *The deliverables below should be taken from appropriate sections of the ACIS Pilot application and should be written as SMART objectives or activities in your work plan. You can combine multiple deliverables in a single objective.*

Objective 1:

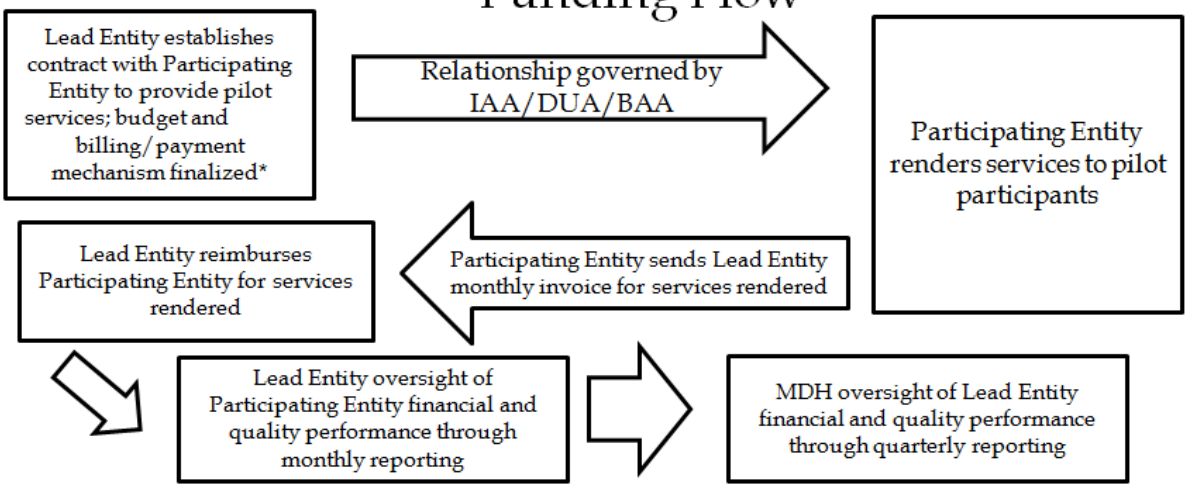
Activity #	Activity Description	Responsible Staff/Partners	Time Frame	Activity Status Update	Activity Status Summary
a					
b					
c					
d					

Objective 2:

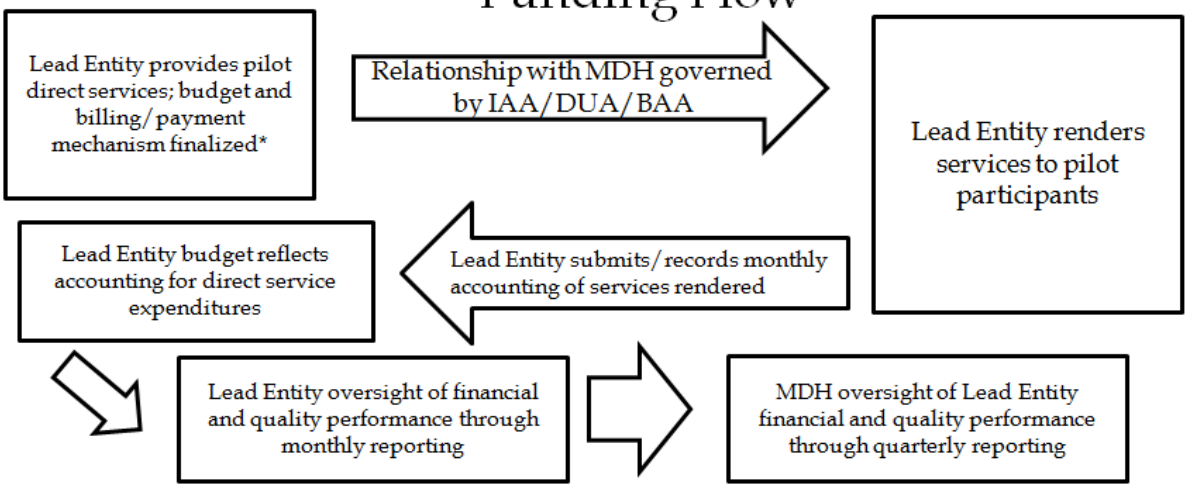
Activity #	Activity Description	Responsible Staff/Partners	Time Frame	Activity Status Update	Activity Status Summary
a					
b					
c					
d					

APPENDIX E. SAMPLE FUNDING FLOW DIAGRAMS

Lead Entity to Participating Entity Funding Flow



Lead Entity is the Provider of Direct Services - Funding Flow



APPENDIX F. ATTESTATIONS AND CERTIFICATION

6.1 Attestation

I certify that, as the representative of the ACIS Pilot Lead Entity, I agree to the following conditions:

- The ACIS Pilot Lead Entity will help develop and participate in routine ACIS Pilot Entity status update calls with MDH and other participants.

- The intergovernmental transfer (IGT) funds will qualify for federal financial participation per 42 CFR 433, subpart B, and will not be derived from impermissible sources, such as recycled Medicaid payments, federal money excluded from use as a 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 intergovernmental transfers from providers, or federal funds received from federal programs other than Medicaid (unless expressly authorized by federal statute to be used for claiming purposes, and the federal Medicaid funding is credited to the other federal funding source). For this purpose, federal funds do not include PRIME payments, patient care revenue received as payment for services rendered under programs such as the Designated State Health Programs, Medicare, or Medicaid.

- Within 30 days of the determination of the initial quarterly payment due, MDH will issue requests to the ACIS Pilot for the necessary IGT amounts. The Lead Entity shall make IGT of funds to MDH as per the final agreement between the Lead Entity and MDH.

- Final approval of this application will be subject to the Lead Entity's mandatory agreement to the forthcoming Interagency Agreement and Data Use Agreement, which will govern the exchange and utilization of the data involved in the ACIS Pilot. Additionally, approval is contingent on CMS review and concurrence with the ACIS Pilot's monthly rate request and underlying rate composite.

- The Lead Entity will report and submit timely and complete data to MDH in a format specified by the state. Incomplete and/or non-timely data submissions may lead to a financial penalty after multiple occurrences and technical assistance is provided by the state.

- The Lead Entity shall submit quarterly and annual reports in a manner specified by MDH. The ACIS Pilot payments shall be contingent on whether or not satisfactory progress toward the ACIS Pilot requirements approved in this application has been made.

- The Lead Entity will meet with evaluators to assess the ACIS Pilot.

- Federal funding received shall be returned if the ACIS Pilot, or a component of it as determined by the state, is not subsequently implemented.

- Payments for ACIS Pilots will be contingent on certain deliverables or achievements, and will not be distributed, or may be recouped, if Pilots fail to demonstrate achievement or

submission of deliverables.

- The Lead Entity will respond to general inquiries from the state pertaining to the ACIS Pilot within one business day after acknowledging receipt, and provide requested information within five business days, unless an alternate timeline is approved or determined necessary by MDH. MDH will consider reasonable timelines that will be dependent on the type and severity of the information when making such requests.

- The Lead Entity understands that the state of Maryland must abide by all requirements outlined in the STCs and Post Approval Protocols. The state may suspend or terminate a Pilot if corrective action has been imposed and persistent poor performance continues. Should a ACIS Pilot be terminated, the state shall provide notice to the ACIS Pilot and request a close-out plan due to the state within 30 calendar days, unless significant harm to beneficiaries is occurring, in which case the state may request a close-out plan within 10 business days. All state requirements regarding Pilot termination can be found in the Post Approval Protocols.

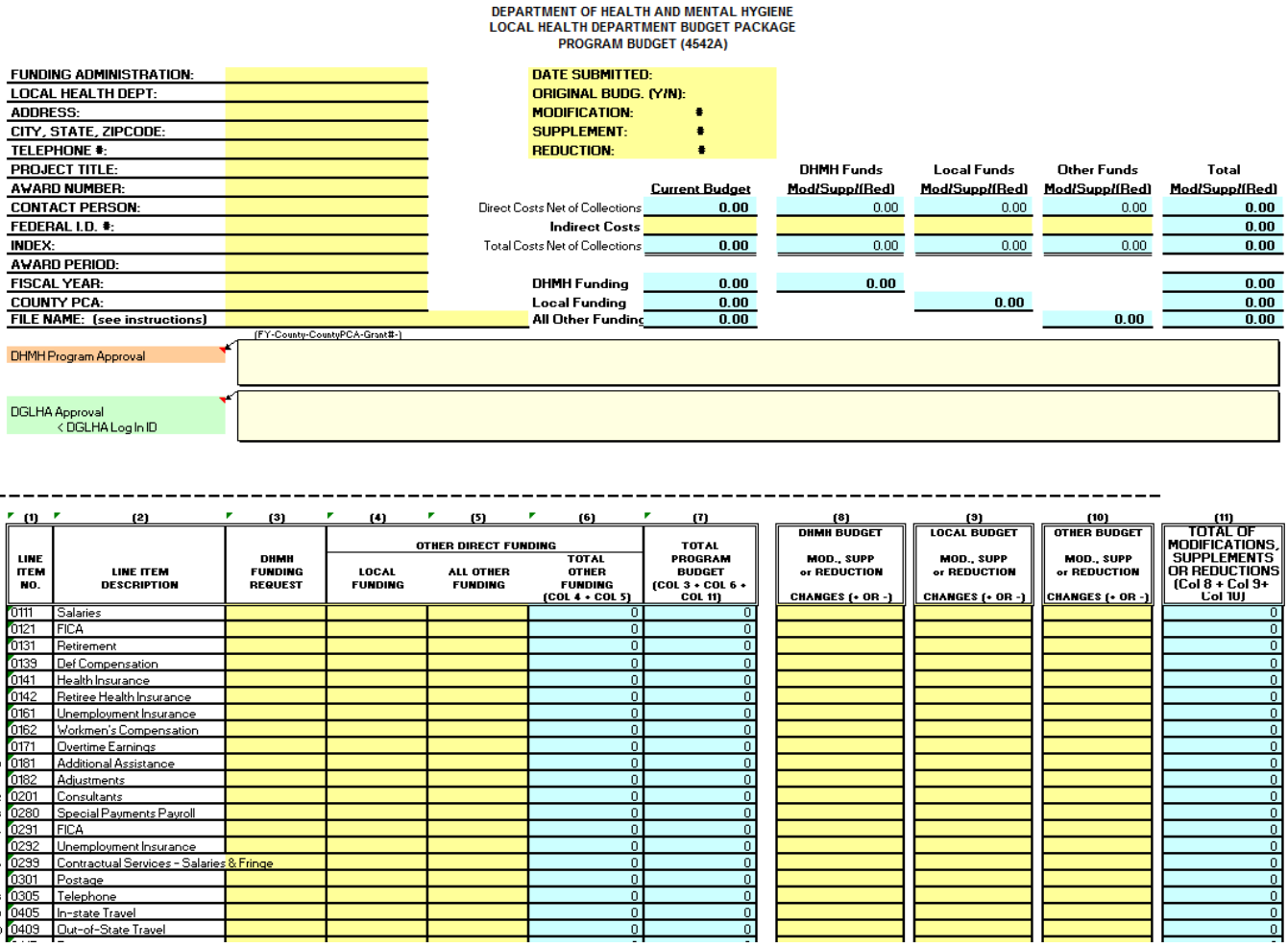
- The Lead Entity understands that this is a demonstration ACIS Pilot to determine the efficacy of Medicaid financing for ACIS and that changes to reporting requirements may occur or be expanded as necessary to support a successful ACIS Pilot program evaluation. MDH will try and minimize any changes and consult with ACIS Pilot leadership in assessing any adjustments.

☐ I hereby certify that all information provided in this application is true and accurate to the best of my knowledge, and that this application has been completed based on a good faith understanding of ACIS Pilot program participation requirements as specified in the Medicaid §1115 Waiver STCs, Attachment E: Assistance in Community Integration Services Pilot Protocol and the MDH Frequently Asked Questions (FAQ) document.

Signature of Pilot Lead Entity Representative:	**Date:**

APPENDIX G. BUDGET TEMPLATE (Form 4542a)

The image below is a screenshot of the Budget Template (Form 4542a). To download an editable Excel version of Budget Template (Form 4542a), please click on this link.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
PROGRAM BUDGET (4542A)

FUNDING ADMINISTRATION:	
LOCAL HEALTH DEPT:	
ADDRESS:	
CITY, STATE, ZIPCODE:	
TELEPHONE #:	
PROJECT TITLE:	
AWARD NUMBER:	
CONTACT PERSON:	
FEDERAL I.D. #:	
INDEX:	
AWARD PERIOD:	
FISCAL YEAR:	
COUNTY PCA:	
FILE NAME: (see instructions)	(FY-County-CountyPCA-Grant#-)

DATE SUBMITTED:
ORIGINAL BUDG. (Y/N):
MODIFICATION: #
SUPPLEMENT: #
REDUCTION: #

	Current Budget	DHMH Funds Mod/Suppl/(Red)	Local Funds Mod/Suppl/(Red)	Other Funds Mod/Suppl/(Red)	Total Mod/Suppl/(Red)
Direct Costs Net of Collections	0.00	0.00	0.00	0.00	0.00
Indirect Costs					0.00
Total Costs Net of Collections	0.00	0.00	0.00	0.00	0.00
DHMH Funding	0.00	0.00			0.00
Local Funding	0.00		0.00		0.00
All Other Funding	0.00			0.00	0.00

DHMH Program Approval

DGLHA Approval
< DGLHA Log In ID

	(1) LINE ITEM NO.	(2) LINE ITEM DESCRIPTION	(3) DHMH FUNDING REQUEST	(4) OTHER DIRECT FUNDING: LOCAL FUNDING	(5) OTHER DIRECT FUNDING: ALL OTHER FUNDING	(6) OTHER DIRECT FUNDING: TOTAL OTHER FUNDING (COL 4 + COL 5)	(7) TOTAL PROGRAM BUDGET (COL 3 + COL 6 + COL 11)	(8) DHMH BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	(9) LOCAL BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	(10) OTHER BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	(11) TOTAL OF MODIFICATIONS, SUPPLEMENTS OR REDUCTIONS (Col 8 + Col 9+ Col 10)
1	0111	Salaries				0	0				0
2	0121	FICA				0	0				0
3	0131	Retirement				0	0				0
4	0139	Def Compensation				0	0				0
5	0141	Health Insurance				0	0				0
6	0142	Retiree Health Insurance				0	0				0
7	0161	Unemployment Insurance				0	0				0
8	0162	Workmen's Compensation				0	0				0
9	0171	Overtime Earnings				0	0				0
10	0181	Additional Assistance				0	0				0
11	0182	Adjustments				0	0				0
12	0201	Consultants				0	0				0
13	0280	Special Payments Payroll				0	0				0
14	0291	FICA				0	0				0
15	0292	Unemployment Insurance				0	0				0
16	0299	Contractual Services - Salaries & Fringe				0	0				0
17	0301	Postage				0	0				0
18	0305	Telephone				0	0				0
19	0405	In-state Travel				0	0				0
20	0409	Out-of-State Travel				0	0				0