Overview and Introduction to Maryland Assistance in Community Integration Services (ACIS) Pilot Opportunity

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Webinar Objective

The objective of this webinar is to help potential applicants contemplate and assess their interest in and readiness for the ACIS Pilot

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§1115 HealthChoice Waiver Renewal

•Effective January 1, 2017, CMS approved and renewed our HealthChoice waiver for 5 years through 2021

•Renewal focused on developing cost effective services that target the significant, complex health needs of individuals enrolled in Medicaid including Community Health Pilots:

> **-Assistance in Community Integration Services (ACIS)**

> -Evidence-Based Home Visiting for High Risk Pregnant Women and Children up to Age Two (HVS)

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Community Health Pilots

- Developed in response to local jurisdiction requests for a funding path
- Local health departments or other local government entities, are eligible to apply and serve as Lead Entities
- No state Medicaid funding contribution
- Lead Entities must be able to:
  - Fund non-federal share with local dollars; and
  - Process an intergovernmental transfer (IGT) of funds
- Evaluation component

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Pilots By The Numbers

Assistance in Community Integration Services (annual funds)

$2.4 M Total

$1.2 M Matching Federal Dollars Available
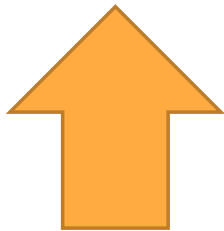
Home Visiting Pilots (annual funds)

$5.4 M Total

$2.7 M Matching Federal Available
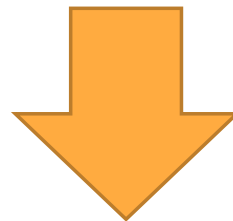
Timeline of 4.5 Years

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Pilot Goals

• To improve health outcomes for targeted populations
• To improve community integration for at-risk Medicaid beneficiaries

• To reduce unnecessary/inappropriate utilization of emergency health services

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Assistance in Community Integration Services (ACIS) Pilot

- High-utilizing Medicaid enrollees who are at high risk of institutional placement or homelessness, post-release from certain settings
- Must be a Medicaid beneficiary to participate
- 300 beneficiary slots per year
- Tenancy-based case management services/tenancy support services, and housing case management services
- <u>Cannot be used for room and board</u>

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Tenancy-Based Case Management Services/Tenancy Support Services and Housing Case Management Services

•Support services to keep beneficiaries stably housed and integrated within the community

•Extensive list of allowable services in Attachment E: ACIS Protocol

•Examples:

-Coordinating with the tenant to review, update and modify their housing support crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers

-Coordinating and linking the recipient to services including primary care and health homes; substance use treatment providers; mental health providers

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ACIS Pilot Eligibility Criteria

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.

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Lead Entities

Type Allowed:

•A county or Baltimore City government
•A local health department
•A local management board
•A federally recognized tribe
•A tribal health program under a Public Law 93-638 contract with the federal Indian Health Services

Responsibilities:

•Submits Letter of Intent and application
•Serves as the organizing hub and contact point for the pilot
•Primary link to MDH
•Collaborates with participating entities
•Facilitates financial arrangement and payment with participating entities

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Participating Entities

Type Allowed:

- Managed Care Organizations
- Health services agency/department
- Specialty mental health agency
- Community based organizations
- Private contractors

Responsibilities:

- Collaborates with the lead entity to design and implement the pilot
- Provides a letter of commitment
- Service delivery
- Contributes to data sharing/reporting

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Key Pilot Project Activities

- Pilot should prioritize its highest risk population to engage
- Pilot must coordinate with beneficiaries' MCOs
- Pilot must report performance and outcome measures
- Requires local oversight and funding commitment

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Pilot award payments shall support:

- Services not otherwise covered or directly reimbursed by Maryland Medicaid;

- Direct provision of Tenancy-Based Case Management Services/Tenancy Support Services and/or Housing Case Management Services;

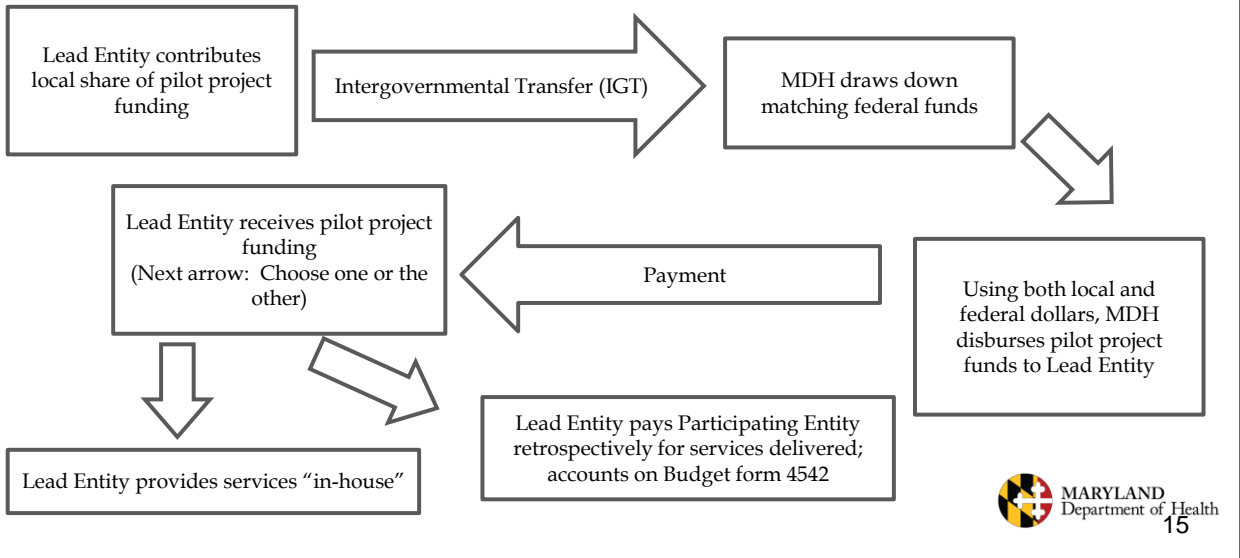- Start up costs (up to 10% of initial first year award)

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Funding Mechanism

- The Lead Entity is required to provide the full financial share of non-federal payment via an IGT

- Lead Entity share cannot be from a federal funding source

- No state Medicaid funding contribution

- Local funds cannot be supplanted or offset

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Funding Flow for Federal Match

- Lead Entity contributes local share of pilot project funding
- Intergovernmental Transfer (IGT)
- MDH draws down matching federal funds
- Using both local and federal dollars, MDH disburses pilot project funds to Lead Entity
- Payment
- Lead Entity receives pilot project funding (Next arrow: Choose one or the other)
- Lead Entity provides services "in-house"
- Lead Entity pays Participating Entity retrospectively for services delivered; accounts on Budget form 4542

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Payment Process

- Funds transactions will be governed by the Local Health Department Funding System Manual

- Requires Lead Entity submission of proposed bundled payment rate, budget table and budget narrative

- Bundled monthly payments for a minimum of 3 services

- Requires submission of services and cost breakdown invoice provided at the Medicaid beneficiary level

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ACIS Pilot Timeline

Release Letter of Intent request for ACIS Pilots	July 5, 2017
ACIS LOI Webinar	July 12, 2017
Letters of Intent due from Lead Entities to MDH	July 19, 2017
ACIS Pilot Application Published by MDH, FAQs released	August 2, 2017
ACIS Pilot Application Process Webinar and Review of FAQs	August 16, 2017
ACIS Pilot Applications due to MDH	September 18, 2017
Calls with applicants (clarification & modification discussions)	September 26-27 ,2017
ACIS Pilot Award notifications (expected, pending final CMS approval)	October 25, 2017
ACIS Pilots Begin (Based upon approved Pilot implementation plans)	Nov 2017

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Next Steps

Submission of Letter of Intent (LOI)

•Assess prospective statewide interest in ACIS Pilot program

•Obtain preliminary Pilot design proposals

•Opportunity for interested parties to submit questions

•Voluntary, non-binding LOI due **July 19, 2017, at 5 PM**

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Letter of Intent Template

- Lead Entity Contact Information

- Lead Entity Eligibility for Funding

- Project Goal and Synopsis

- Target Population and Geographic Area

- Project Plan

- Participating Entities

- Budget

- Questions

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Opportunities for Technical Assistance

- Special Terms and Conditions

  - Post Approval Protocol for ACIS (Attachment E)

- FAQs Document

- Upcoming Webinar:

  - August 16th: ACIS Pilot Application Process and Review of FAQs

- Dedicated mailbox (MDH.healthchoicerenewal@maryland.gov)

- MDH Pilot Leads

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General Information

ACIS Pilot resources are available here:

https://mmcp.dhmh.maryland.gov/Pages/Assistance-in-Community-Integration-Services-Pilot.aspx

General Information about Maryland's 1115 Waiver:

https://mmcp.dhmh.maryland.gov/Pages/1115-HealthChoice-Waiver-Renewal.aspx

Hard copies may be obtained by calling: (410) 767-1439

For additional information or questions, you may email MDHhealthchoicerenewal@maryland.gov

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Questions?

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