Maryland Medicaid's Assistance in Community Integration Services (ACIS) Pilot Application Process and FAQs

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Presenter: Alex Loizias, Health Policy Analyst, MSW, MPH
MDH - Planning Administration,
Office of Health Care Financing

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Webinar Objective

The objective of this webinar is to provide an in-depth guide to the recently released ACIS Pilot Request for Applications (RFA) and FAQs.

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Agenda

1. Overview of ACIS Application

2. Proposal Technical Requirements and Submission Deliverables

3. Highlights from Application Sections 1 - 6

4. Highlights of FAQs

5. Additional resources and contact

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Request for Applications (RFA) - Overview

- Pilot effective until December 31, 2021
- Up to $1.2 million in matching federal funds are available annually
- 300 total statewide ACIS slots per year
- Improve housing stability for high risk MD Medicaid beneficiaries at risk for homelessness or currently homeless
- Lead Entity is paid for services per the monthly ACIS cost-based rate
  - Average cost of the total of minimum three services per month to each member

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ACIS Timeline

Release Letter of Intent (LOI) for ACIS Pilot	July 5, 2017	√
Webinar for Overview and Introduction to ACIS Pilot	July 12, 2017	√
ACIS LOI due to MDH	July 19, 2017	√
ACIS Pilot Application and FAQs Released	Aug. 2, 2017	√
ACIS Pilot Application and FAQ Webinar	Aug. 16, 2017 2-3:30pm	
ACIS Pilot Application due to MDH	**Sep. 18, 2017**	
Calls with Applicants	Oct. 9-13, 2017	
ACIS Pilot Award Notification (expected, pending final CMS approval)	Oct. 23, 2017	
ACIS Pilot Begins (based upon approved Pilot implementation plans)	Oct./Nov. 2017	

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Basic Application Requirements

- Project Abstract (maximum one page);
- Project Narrative (maximum 20 pages, 12 pt. font, single spaced, one (1) inch margins);
- Budget Narrative and Budget Form 4542 ;
- Letters of Commitment from all proposed participating ACIS Pilot entities;
- A funding diagram illustrating how the requested funds would flow;
- Resumes of Key Personnel;
- Signed and dated copy of Appendix F: Attestations and Certifications

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Application Selection Process

- Competitive process
- Two-phase evaluation process:
  - Quality and Scope of Application
  - Funding Decision
- Review team consisting of Subject Matter Experts and Medicaid staff
- Must meet terms of STC 28: Attachment E and MDH application guidance

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Selection Process Part I:
Quality and Scope of Application

- Numerical score of up to 100

- Based on jurisdiction's need for ACIS, quality and scope of application

- Must receive pass score on all pass/fail criteria

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Selection Process Part II: Funding Decision

- Determined based upon reasonableness of funding request, amount requested, justification and methodology used to develop the per home visit rate

- CMS must approve rate and sources of non-federal share of funding

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Application Section 1:

Community Health Pilot Lead Entity and Participating Entity Information; Readiness to Implement (up to 5 points)

- Lead Entity requirements
- Participating Entity requirements
- Letter(s) of Commitment (required)
- Letter(s) of Support (optional)
- Lead Entity Capability Statement
- Key Personnel and Staffing Plan
- Daily Operations
- Communication Plan
- Work Plan

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Application Section 2:

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

- Overview and Vision
- Target Population(s)
  - # people proposed to be served, and additional staff
  - Plan for participant identification, prioritization and outreach;
  - Methodology used and rationale to define target population.
  - Appropriateness of target population, given entities and strategies
  - Current housing/tenancy support program description (if applicable)
- Geographic Area (counties and zip codes)

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Application Section 3:

Strategies and Care Coordination (up to 25 points)

- **Strategies for how to implement, and provide ACIS**
  - Intake, assessment and care planning processes
  - Housing inventory and linkages

- **Care Coordination**
  - Describes process and linkages planned or in place to ensure continuum of care
  - Processes for coordinating with MCOs, Participating Entities, and other community based organizations

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Application Section 3 Continued:

Start up Option
- Must be used for the following activities:
  - Conduct a community-based vulnerability assessment
  - Implement a process for verifying members' Medicaid eligibility with MDH; and
  - Implement a process for successfully enrolling members into the ACIS pilot program.

- Available only in the first year of the pilot operation, and must be limited to no more than 10 percent

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Application Section 4:

Data Sharing and Management Plan (up to 15 points)

- Demonstrates ability to support data sharing between entities
- Identifies existing resources for data sharing and actions necessary to close existing gaps
- Presents a comprehensive plan and approach to data safeguards and oversight
- Clarify what data system you currently use or plan to use for ACIS

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Application Section 5:

Monitoring and Evaluation Plan

Performance and Process Measures
- Some measures require data from case management databases while others are Medicaid claims data
- LEs may propose up to two outcome measures

Demonstrating Quality Improvement
- Process for Quality Improvement for both LE and PE (if applicable)
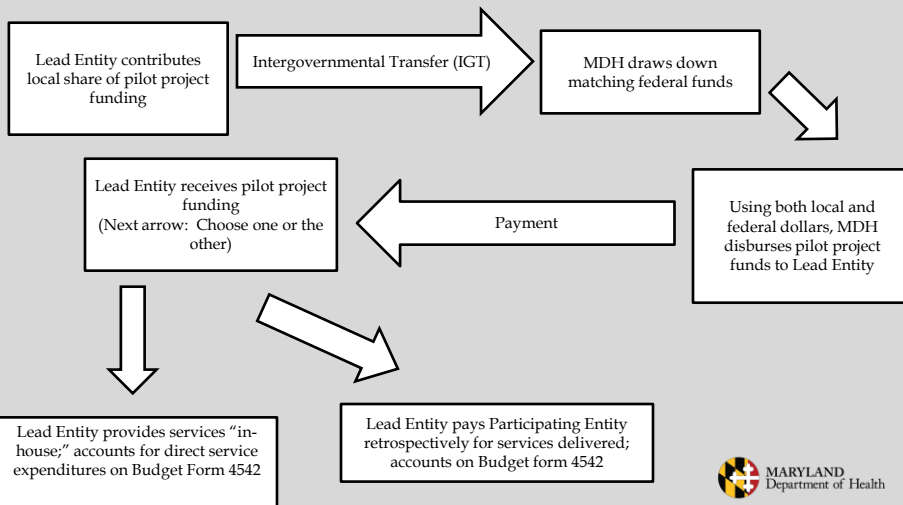- PDSA or other quality improvement framework

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Application Section 6:

Budget Plan and Financing Structure

- Funding Flow Diagram
- Non-Federal "Local" Funding Source Table
- Funding Request
  - Monthly rate per beneficiary and methodology
    » Contact MDH before 9/1 for TA
  - Budget form 4542a
  - Start up option

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Funding Flow for Federal Match

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Budget Template (Form 4542a)

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Appendix F:
Attestations and Certifications

- Attestation is from the Lead Entity
- Able to make IGT to MDH for necessary amounts
- LE will sign Inter-Agency Agreement, Data Use Agreement
- Submit timely and complete data to MDH
- LE to respond to general inquiries, meet with evaluators
- Understand payments contingent upon deliverables
- Suspension or termination clause based on performance
- Changes to reporting requirements may occur
- Certify that all information provided in the application is true and accurate

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FAQ Highlights

- ACIS Rate Development
- Service inclusion
- Supplanting
- Sources of local dollars for non-federal share
- Provider enrollment and Eligibility verification requirements

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ACIS Rate Development

- Lead Entities are to develop a <u>monthly</u> ACIS cost-based rate for reimbursement.

- Lead Entity must present their underlying methodology for their rate development :
  - Monthly ACIS cost-based rate is the average target cost of a total of 3 separate ACIS (tenancy based support services and/or housing case management services) in that month.
  - All reasonable direct services costs may contribute to rate.
  - Engage your finance and accounting staff for help to develop monthly ACIS rate per beneficiary

- Costs for services directly reimbursable with existing Medicaid or other federal funding resources may not be included in the rate.

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Service Inclusion

- See Attachment E: ACIS Protocol for a comprehensive list of allowed services

- Same service may be provided multiple times in a month and will count towards 3 service minimum threshold

- **ACIS Pilot payments <u>may not</u> be used to pay for room and board**

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Sources of Local Dollars for Non-Federal Funding Match

- LE must fill out a table describing sources of local share
  - Be as a specific as possible!

- Must be unencumbered funds

- Local matching funds cannot be derived from federal sources; must carefully check original source of funds (e.g. state pass through of federal funds)

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ACIS Pilot Materials and Resources

Community Health Pilots Landing Page

ACIS Request for Applications Letter

ACIS Application Package

ACIS Frequently Asked Questions (FAQ)

STC 28 Attachment E: Assistance in Community Integration Services Pilot Protocol

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Questions?

Alex Loizias (ACIS Lead): alexandra.loizias@maryland.gov,
410-767-7389

Sandy Kick: sandra.kick@maryland.gov, 410-767-1439

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