DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
MARYLAND

Maryland Medicaid's Home Visiting Services (HVS) Pilot: Application Process and FAQs

June 21, 2017

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

DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
MARYLAND

Webinar Objective

The objective of this webinar is to provide further guidance on the recently released HVS Pilot Request for Applications and FAQs.

2

Home Visiting Services Pilot Overview

DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

- Effective July 1, 2017 – December 31, 2021
- Up to $2.7 million in matching federal funds are available annually, and when combined with the local non-federal share, HVS pilot expenditures may total up to $5.4 million annually
- Aligned with 2 evidence-based home visiting models:
  - Nurse Family Partnership (NFP)
  - Healthy Families America (HFA)

3

DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

HVS Timeline

Release Letter of Intent request for Community Health Pilots	May 10, 2017	✓
Overview and Introduction to HVS Pilot Webinar #1	May 23, 2017	✓
Letters of Intent due from Lead Entities to DHMH	May 24, 2017 at 5pm	✓
HVS Pilot Application Published by DHMH	June 7, 2017	✓
HVS Pilot Application Process Webinar #2	June 21, 2017, 1:30-3pm	✓
HVS Pilot Applications due to DHMH	July 21, 2017 at 5pm	
Calls with applicants (Clarification & modification discussions)	July 24-27, 2017	
HVS Pilot Award notifications (*expected, pending final CMS approval*)	August 28, 2017	
HVS Pilots Begin (Based upon approved Pilot implementation plans)	Sept/Oct. 2017	4

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Basic Application Requirements

- Project Abstract (maximum one page);
- Project Narrative (maximum 15 pages, 12 pt. font, single spaced, one (1) inch margins);
- Budget Narrative and Budget Form 4542 (maximum 3 pages);
- Letters of Commitment from all proposed participating HVS Pilot entities;
- A funding diagram illustrating how the requested funds would flow;
- Proof of Nurse Family Partnership or Health Families America accreditation/affiliation;
- Resumes of Key Personnel
- A signed and dated copy of Appendix G: Attestations and Certifications

5

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Application Selection Process

- Competitive process
- Two-phase evaluation process:
  - Quality and Scope of Application
  - Funding Decision
- Review team consisting of MCH Subject Matter Experts and Medicaid staff
- Must meet terms of STC 29: Attachment D and DHMH application guidance

6

DEPARTMENT OF
MARYLAND HEALTH AND MENTAL HYGIENE

Selection Process Part I:
Quality and Scope of Application

- Numerical score of up to 100

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

- Must receive pass score on all pass/fail criteria

7

DEPARTMENT OF
MARYLAND HEALTH AND MENTAL HYGIENE

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

8

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

9

Application Section 2:

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

- Overview, Vision and Need
- 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 HVS program description (if applicable)
- Participant Referral Process to Pilot
- Geographic Area (counties and zip codes)

10

DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

Application Section 3:

Strategies and Care Coordination (up to 25 points)

- Provide proof of selected model accreditation
- Specify provider of HVS services
- Care Coordination
  - Describes alignment with other concurrent initiatives in region
  - Describes care coordination process and linkages
  - Discuss engagement with MCOs and PEs to reduce potential service overlap and gaps in services

11

DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

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 HVS (PIMs, ETO, other?)
- Discuss ability to provide required Pilot data to DHMH 12

DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

Application Section 5:

Monitoring and Evaluation Plan

Performance and Process Measures
- Alignment with existing MIECHV, HFA and NFP measures
- Some measures require data from HV databases while others are Medicaid claims data
- LEs propose two process measures

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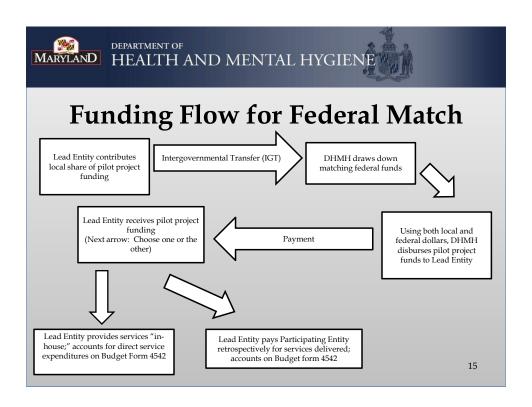- PSDA or other quality improvement framework

13

DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

Application Section 6:

Budget Plan and Financing Structure

- Funding Flow Diagram
- Non-Federal "Local" Funding Source Table
- Funding Request
  - Per home visit rate and methodology
  - Budget form 4542a
  - Requests for Q1 Prospective Payment

14

DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

Funding Flow for Federal Match

15

DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

Attestations and Certifications

- Attestation is from the Lead Entity
- Able to make IGT to DHMH for necessary amounts
- LE will sign Inter-Agency Agreement, Data Use Agreement
- Submit timely and complete data to DHMH
- 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

16

DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

FAQs Highlights

- Inter-Agency Agreements and Data Use Agreements
- Home Visiting Rate Development
- Service Inclusion
- Supplantation
- Sources of local dollars for non-federal share

17

DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

Inter-Agency & Data Use Agreements

- Inter-Agency Agreement (IA):
  Used to enter into contracts with government entities, including universities, and core service agencies

- Data Use Agreement (DUA):
  Used to specify the data that will be used, what the data will be used for, and how the data will be managed/secured.

18

DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

Inter-Agency Agreement

- Section I: Parties, duration, total cost
- Section II: Statement of work, scope of work, completion dates, specific deliverables
- Section III: Availability of funding, requirements for billing
- Section IV: Mandatory provisions (nondiscrimination, equal access, debarment, etc.)
- Section V: Agreement monitors

19

DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

Inter-Agency Agreement
Responsibility to Screen for Excluded Parties

- All Medicaid providers are required to search the HHS/OIG List of Excluded Individuals and Entities (LEIE) on a monthly basis, to determine and document whether employees and contractors are excluded from participation in health care programs.

- DHMH will provide template & instructions.

- No payment will be made for services furnished by an individual or entity listed on the LEIE.

20

DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

Data Use Agreement

- Covered Data
- Scope of Work
- Additional Data Sources
- Data Users
- Data Management Plan
- Data Storage Location
- Certificate of Data Destruction

21

DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

Home Visiting Rate Development

- Rate will vary by county, depending on how program structure
- Lead Entity must present their methodology for their rate development
  - Suggested resource: See Mathematica policy study in application
  - All reasonable costs associated with HV service delivery should be rolled up into the rate
- Work with finance and accounting staff to understand average costs per HVS family, including average number of visits
- Considering spectrum of family needs in the population
- Must be for direct delivery of home visiting services (can not be for overhead or infrastructure)

22

Budget Template (Form 4542a)

Service Inclusion

- See STC 29: Attachment D for comprehensive list of allowed HV services
- Must align with evidence-based model selected
- May not include services outside of established scope of that model

Sources of Local Dollars for Non-Federal Funding Match

- LE must fill out a table describing sources of local share
- 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)

25

Leveraging Other Funding Sources

Example
- Training and accreditation process

Considerations & Limitations
- Other funding source use of funds & reporting requirements
- Agreement from funder of use of funds
- Risk of double counting or conflating impact

26

DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

Supplantation

Are you proposing to use Pilot funds to pay for <u>existing</u> home visiting clients?

Are you proposing to use Pilot funds to serve the <u>same</u> number of clients on an annual basis?

Supplement, Not Supplant!

27

DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

Community Health Pilot Materials and Resources

Community Health Pilots Landing Page

HVS Pilot Application

HVS Pilot FAQs, revised 6/20/2017

1115 Health Choice Waiver Special Terms and Conditions
        -Evidence-Based Home Visiting Services Protocol

28

DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
MARYLAND

Questions?

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

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

29