

Maryland Medicaid's Assistance in  
Community Integration Services (ACIS)  
Pilot Application Process and FAQs  
Round 2

**Presenter:**

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MDH - Planning Administration, Office of Health Care Financing  
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## Webinar Objective

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The objective of this webinar is to provide an in-depth guide to the recently released ACIS Pilot Round 2 Request for Applications (RFA) and FAQs.



## Agenda

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1. Overview of ACIS Round 2 Application
2. Proposal Technical Requirements and Submission Deliverables
3. Highlights from Application Sections 1 – 6
4. Highlights of FAQs
5. Additional resources and contact information

## Request for Applications (RFA) - Overview

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- Pilot effective until December 31, 2021
- Up to \$1.2 million in matching federal funds are available annually
  - \$500,000 remaining for second year
- 300 total statewide ACIS slots per year; 110 remaining for second year
- Improve housing stability for high risk MD Medicaid beneficiaries at risk for institutionalization or homelessness due to release from an institution
- Lead Entity is paid for services per the monthly ACIS cost-based rate
  - Average cost of the total of minimum three (3) services per month to each member

## ACIS Timeline – Round 2

Release Letter of Intent (LOI) for ACIS Pilot	Dec. 11, 2017	✓
Webinar for Overview and Introduction to ACIS Pilot	Dec. 18, 2017	✓
ACIS LOI due to MDH	Dec. 22, 2017	✓
ACIS Pilot Application and FAQs Released	Jan. 8, 2018	✓
ACIS Pilot Application and FAQs Webinar	Jan. 31, 2018 2-3:30pm	
<b>ACIS Pilot Application due to MDH</b>	<b>Mar. 12, 2018</b>	
Meetings with Applicants	Mar. 21-29, 2018	
ACIS Pilot Award Notification	Apr. 13, 2018	
ACIS Pilot Begins (based upon approved Pilot implementation plans)	Jul. 1, 2018	



## 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 entities
- Resumes of Key Personnel
- Signed and dated copy of Appendix F: Attestations and Certifications



# Application Selection Process

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- 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

## Selection Process Part I: Quality and Scope of Application

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- 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

## **Selection Process Part II: Funding Decision**

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- Determined based upon reasonableness of funding request, amount requested, justification and methodology used to develop the monthly rate
- Sources of non-federal share of funding must meet MDH guidelines and be permissible under Medicaid Federal Financial Participation rules

## **Application Section 1:**

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### **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
- Work Plan

## Application Section 2:

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### 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)



## Application Section 3:

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### Service Delivery, Care Coordination, and Start-Up Option (up to 25 points)

- **Strategies for how to implement and provide ACIS:**
  - Intake, assessment, and care planning processes
  - Housing inventory and linkages
- **Care Coordination:**
  - Describe processes and linkages planned or in place to ensure continuum of care
  - Processes for coordinating with Participating Entities, MCOs, and other community based organizations



## Application Section 3 Continued:

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### 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
  - 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



## Application Section 4:

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### Data Sharing, Data Management Plan, and Data Reporting (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
- Clarifies what data system you currently use or plan to use for ACIS



## Application Section 5:

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### Monitoring and Evaluation Plan

#### Performance Measures:

- Some measures require data from case management databases while others are accessible through Medicaid claims data

#### Demonstrating Quality Improvement:

- Quality improvement processes for both Lead Entity and Participating Entity (if applicable)
- Plan-Do-Study-Act (PDSA) or other quality improvement framework



## Application Section 6:

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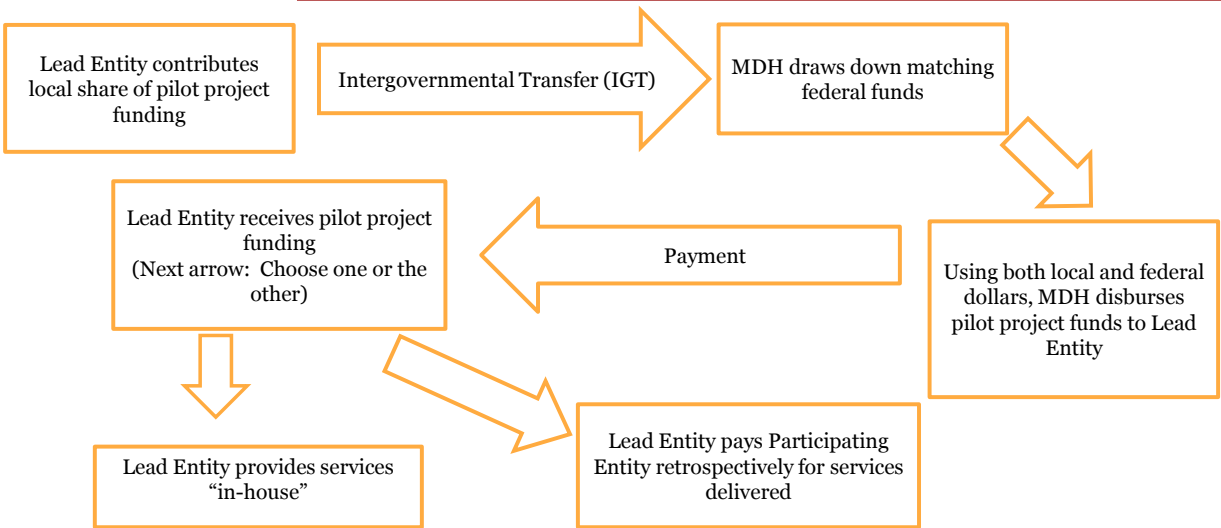
### Budget Plan and Financing Structure

- Funding Flow Diagram
- Non-Federal “Local” Funding Source Table
- Funding Request
  - Monthly rate per beneficiary and methodology
- Budget form 4542
- Start up option
- Contact [mdh.healthchoicerenewal@mdh.gov](mailto:mdh.healthchoicerenewal@mdh.gov) by March 1 to request technical assistance





# Funding Flow for Federal Match



# Budget Template (Form 4542)

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

FUNDING ADMINISTRATION		DATE SUBMITTED:		Original Budget (Y/Y)	Current Budget	MDH Funds Mod(Den)/Incl	Local Funds Mod(Den)/Incl	Other Funds Mod(Den)/Incl	Total Mod(Den)/Incl
LOCAL HEALTH DEPT:		ORIGINAL BUDGET (Y/Y):		0.00	0.00	0.00	0.00	0.00	0.00
ADDRESS:		MODIFICATION:	*						
CITY, STATE, ZIP CODE:		SUPPLEMENT:	*						
TELEPHONE #:		REDUCTION:	*						
PROJECT TITLE:									
AVAILABILITY:									
CONTACT PERSON:									
FEDERAL I.D. #:									
INDEX:									
AVAILABILITY PERIOD:									
FISCAL YEAR:									
COUNTY I.D.A.:									
F.Y. NAME (See Instructions):									
DHPH Program Approval		IFL Code: Grant/CA/Grant		DHPH Funding	0.00	0.00	0.00	0.00	0.00
DLHA Approval		DLHA Log In ID		All Other Funding	0.00	0.00	0.00	0.00	0.00

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
LINE ITEM NO.	LINE ITEM DESCRIPTION	DHPH FUNDING REQUEST	LOCAL FUNDING	ALL OTHER FUNDING	TOTAL OTHER FUNDING (COL 4 + COL 5)	TOTAL PROGRAM BUDGET (COL 2 + COL 6 + COL 7)	MOD. SUPP. or REDUCTION CHANGES (L. OR .)	LOCAL BUDGET MOD. SUPP. or REDUCTION CHANGES (L. OR .)	OTHER BUDGET MOD. SUPP. or REDUCTION CHANGES (L. OR .)	TOTAL OF MODIFICATIONS, SUPPLEMENTS OR REDUCTIONS (COL 8 + COL 9 + COL 10)	Col. 11
0011	Salaries				0	0					0
0012	FICA				0	0					0
0013	Retirement				0	0					0
0014	Out-Of-Pocket				0	0					0
0015	Health Insurance				0	0					0
0016	Disability Health Insurance				0	0					0
0017	Unemployment Insurance				0	0					0
0018	Sickness & Compensation				0	0					0
0019	Excessive Expenses				0	0					0
0020	Additional Insurance				0	0					0
0021	Advancements				0	0					0
0022	Commodities				0	0					0
0023	Special Payments/Payroll				0	0					0
0024	FICA				0	0					0
0025	Unemployment Insurance				0	0					0
0026	Contractual Services - Salaries & Fringe				0	0					0
0027	Expenses				0	0					0
0028	Travel				0	0					0
0029	Contractual Services				0	0					0
0030	Contractual Services				0	0					0
0031	Contractual Services				0	0					0
0032	Contractual Services				0	0					0
0033	Contractual Services				0	0					0
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0038	Contractual Services				0	0					0
0039	Contractual Services				0	0					0
0040	Contractual Services				0	0					0

## Appendix F: Attestations and Certifications

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- Attestation is from the Lead Entity
- Able to make Intergovernmental Transfer (IGT) to MDH for necessary amounts
- Lead Entity will sign Inter-Agency Agreement, Data Use Agreement
- Submit timely and complete data to Hilltop
- Lead Entity 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



## Frequently Asked Question Highlights

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- ACIS rate development
- Service inclusion
- Supplanting
- Sources of local dollars for non-federal share

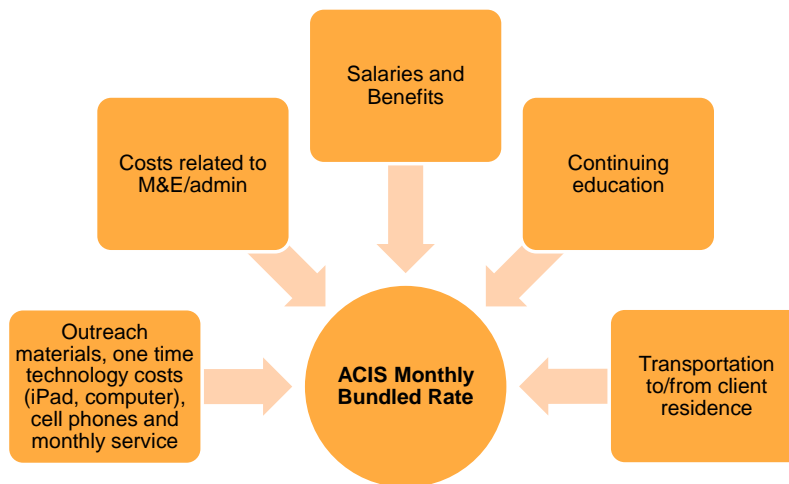


# ACIS Rate Development

- Lead Entities are to develop a monthly 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 three (3) separate ACIS 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



# Allowable Rate Components\*



*\*this slide is not all-inclusive of allowable rate components*



## Service Inclusion

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- 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 three (3) service minimum threshold
- **ACIS Pilot payments may not be used to pay for room and board**



## Supplanting

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Are you proposing to use Pilot funds to pay for existing ACIS clients?

Are you proposing to use Pilot funds to serve the **same** number of clients on an annual basis?



## Sources of Local Dollars for Non-Federal Funding Match

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- Lead Entity 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)



## ACIS Pilot Materials and Resources

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[Community Health Pilots Landing Page](#)

[ACIS Round 2 Application Package](#)

[ACIS Round 2 Frequently Asked Questions \(FAQs\)](#)

[STC 28 Attachment E: Assistance in Community Integration Services Pilot Protocol](#)

General email address: [Mdh.healthchoicerenewal@maryland.gov](mailto:Mdh.healthchoicerenewal@maryland.gov)



## Questions?

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