

# Maryland Medicaid's Home Visiting Services (HVS) 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 HVS Pilot Round 2 Request for Applications (RFA) and FAQs.

## Agenda

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1. Overview of HVS 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

2



## Request for Applications (RFA) - Overview

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- Pilots effective July 1, 2017 – December 31, 2021
- Up to \$2.7 million in matching federal funds are available annually
  - \$2.5 million remaining for second year
- When combined with the local non-federal share, HVS Pilot expenditures may total up to \$5.4 million annually
  - \$5.1 million remaining for second year
- Aligned with 2 evidence-based home visiting models:
  - Nurse Family Partnership (NFP)
  - Healthy Families America (HFA)

3



## HVS Timeline – Round 2

Release Letter of Intent (LOI) for HVS Pilot	Dec. 4, 2017	✓
Webinar for Overview and Introduction to HVS Pilot	Dec. 15, 2017	✓
HVS LOI due to MDH	Dec. 22, 2017	✓
HVS Pilot Application and FAQs Released	Jan. 22, 2018	✓
HVS Pilot Application and FAQs Webinar	Feb. 2, 2018 1-2:30pm	
<b>HVS Pilot Application due to MDH</b>	<b>Mar. 26, 2018</b>	
Meetings with Applicants	Apr. 4-6, 2018	
HVS Pilot Award Notification	Apr. 13, 2018	
HVS Pilot Begins (based upon approved Pilot implementation plans)	Jul. 1, 2018	

4



## 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
- Proof of Nurse Family Partnership or Healthy Families America accreditation
- Resumes of Key Personnel
- Signed and dated copy of Appendix F: Attestations and Certifications

5



## **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 29: HVS Pilot Protocol and MDH application guidance

6



## **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 HVS, quality, and scope of application
- Must receive pass score on all pass/fail criteria

7



## **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 per visit rate
- Sources of non-federal share of funding must meet MDH guidelines and be permissible under Medicaid Federal Financial Participation rules

8



## **Application Section 1:**

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### **Community Health Pilot Lead Entity and Participating Entity Information; Readiness to Implement**

- 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

9



## **Application Section 2:**

### **General Information - Pilot Overview, Target Population, and Geographic Area**

- Overview
- Target Population(s) and Referral Process:
  - # 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 and referral process
  - Details of any existing HVS program
- Geographic Area (counties and zip codes)

10



## **Application Section 3:**

### **Service Delivery and Care Coordination**

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

11



## Application Section 4:

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### Data Sharing, Data Management Plan, and Data Reporting

- 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 HVS (PIMs, ETO, other?)
- Discusses ability to provide required Pilot data to Hilltop

12



## Application Section 5:

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### Monitoring and Evaluation Plan

#### Performance Measures

- Alignment with existing MIECHV, HFA and NFP measures
- Some measures require data from Home Visiting databases while others are Medicaid claims data

#### Demonstrating Quality Improvement

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

13



# Application Section 6:

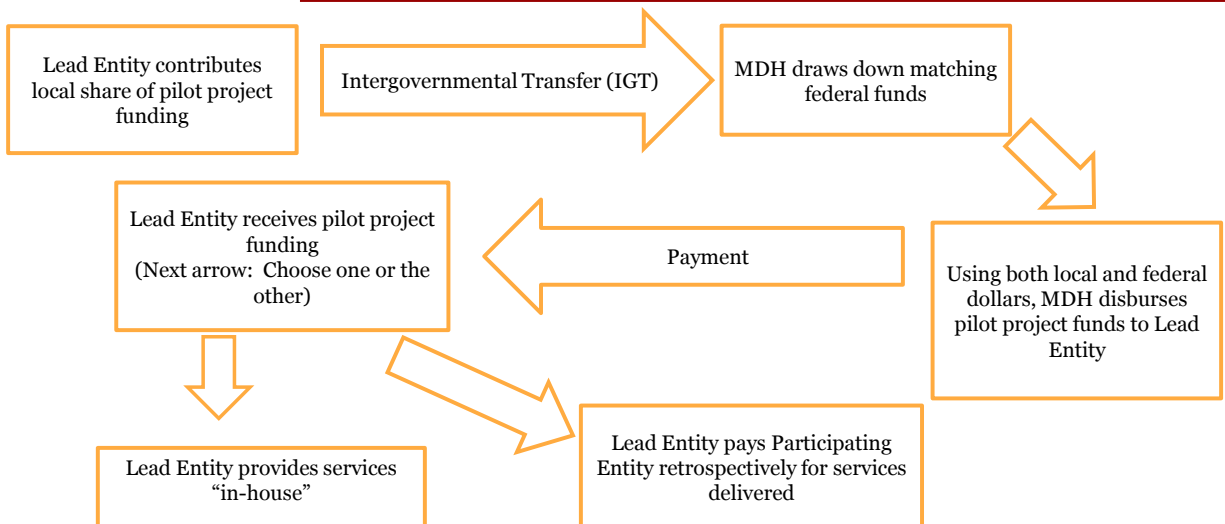
## Budget Plan and Financing Structure

- Funding Flow Diagram
- Non-Federal “Local” Funding Source Table
- Funding Request
  - Per home visit rate and methodology
  - Budget form 4542
  - Requests for Quarter 1 Prospective Payment
- Contact [mdh.healthchoicerenewal@maryland.gov](mailto:mdh.healthchoicerenewal@maryland.gov) by March 12 to request technical assistance

14



## Funding Flow for Federal Match



15





# Budget Template (Form 4542)

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

<b>FUNDING ADMINISTRATION</b>	<b>DATE SUBMITTED</b>		
LOCAL HEALTH DEPT:	ORIGINAL BUDG. (Y/YR)		
ADDRESS:	MODIFICATION:		
CITY/STATE/ZIP/CODE:	SUBV.EMENT:		
TELEPHONE #:	REDUCTION:		
PROJECT TITLE:			
AVAIL. NUMBER:			
CONTACT PERSON:			
FEDERAL I.D. #:			
INDEX:			
AWARD PERIOD:			
FISCAL YEAR:			
CURRENCY: D/L/A:			
FILE NAME: (See Instructions)			

	<b>Current Budget</b>	<b>DMH# Funds</b>	<b>Local Funds</b>	<b>Other Funds</b>	<b>Total</b>
Direct Costs Net of Collections	0.00	0.00	0.00	0.00	0.00
Indirect Costs	0.00	0.00	0.00	0.00	0.00
Total Costs Net of Collections	0.00	0.00	0.00	0.00	0.00
	DMH# Funding	0.00	0.00	0.00	0.00
	Local Funding	0.00	0.00	0.00	0.00
	All Other Funding	0.00	0.00	0.00	0.00

IF I (Local Health Dept) CA Grant:

DMH# Program Approval

DGLHA Approval

(1)	(2)	(3)	(4) OTHER DIRECT FUNDING			(5)	(6)	(7)	(8)	(9)	(10)	
			LOCAL FUNDING	ALL OTHER FUNDING	TOTAL OTHER FUNDING (COL 9 + COL 10)							TOTAL PROGRAM BUDGET (COL 5 + COL 6 + COL 7)
0111	Salaries											
0112	FICA											
0113	Retirement											
0114	Life Compensation											
0115	Health Insurance											
0116	Disability Insurance											
0117	Unemployment Insurance											
0118	Workers' Compensation											
0119	Charitable Expenses											
0120	Additional Administration											
0121	Administration											
0122	Consulting											
0123	Special Programs/Paratrol											
0124	FICA											
0125	Unemployment Insurance											
0126	Continental Services - Salaries & Fringe											
0127	Postage											
0128	Telephone											
0129	Locality Travel											
0130	Charitable Travel											

16



## Appendix F: Attestations and Certifications

- 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

17



## **Frequently Asked Question Highlights**

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

18



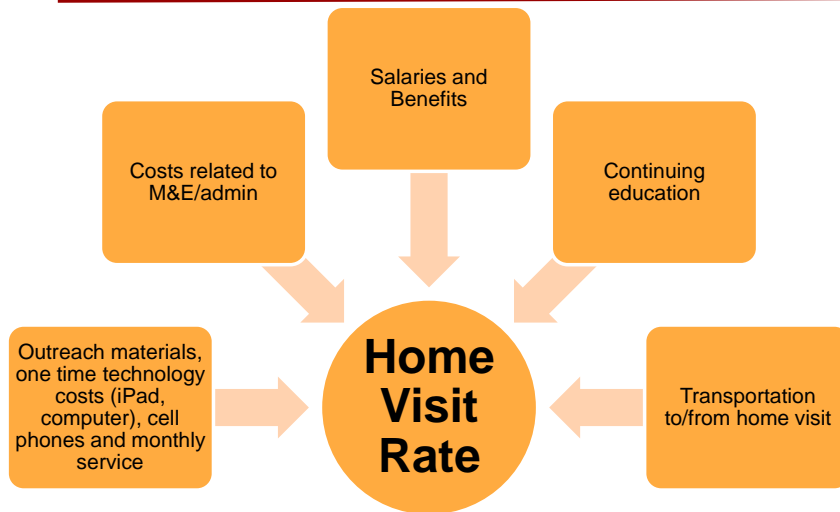
## **HVS Rate Development**

- Lead Entities must present their methodology for their rate development
  - Suggested resource: See Mathematica policy study in application
  - All reasonable costs associated with Home Visiting 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
- Consider spectrum of family needs in the population
- Must be for direct delivery of home visiting services (can not be for overhead or infrastructure)
- Rate will vary by county, depending on how program structured

19



## Allowable Rate Components\*



20

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



## Funding Guidelines for HVS Pilots

- Rates may not include: flat rate indirect costs, cost of initial Home Visitor training in selected model, costs related to infrastructure such as rent and utilities
- Locals are able to braid/pair other existing funding streams to cover HVS costs not allowed in Medicaid rate (may require separate approval)
- Contact Medicaid early on for technical assistance with rate setting for the HVS Pilot
- Contact Public Health/HV for technical assistance with braiding/pairing with MIECHV funds

21



## **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

22



## **Service Inclusion**

- See STC 29: HVS Pilot Protocol for comprehensive list of allowed Home Visiting Services
- Must align with evidence-based model selected
- May not include services outside of established scope of that model

23



## Supplanting

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- Are you proposing to use Pilot funds to pay for your existing roster of home visiting clients?
- Are you proposing to use Pilot funds to serve the **same** number of clients on an annual basis?

24



## 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 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)

25



## HVS Pilot Materials and Resources

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[Community Health Pilots Landing Page](#)

[HVS Pilot Landing Page](#)

[HVS Round 2 Pilot Application Package](#)

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

[STC 29: Home Visiting Services Pilot Protocol](#)

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

26



## Questions?

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27

