MARYLAND DEPARTMENT OF AGING
AGING PROGRAM DIRECTIVE

1. File Name: APD-17-13- FY 2018 Maryland Access Point Hospital to Home Partnership Grant	**2. Issuance Status:** Replacement of APD-16-22 – Maryland Access Point Hospital to Home Partnership Grant
3. Issuance Date: June 23, 2017	
4. Program Area: Maryland Access Point	
5. Division of Origin: Long Term Services and Supports	**6. Contact:** Dina Gordon, Deputy Secretary 410-767-1107 dina.gordon@maryland.gov
For Department Use Only: S:\COMMON\APDs\2017\Final\APD-17-13-MAP-FY 2018 Hospital to Home Partnership Grant.docx	

SUBJECT: FY 2018 MAP Hospital to Home (MAP H2H) Partnership Grant

TO: Area Agency on Aging Directors
MAP Coordinators and Supervisors

FROM: Rona E. Kramer
Secretary

PURPOSE: To align and connect MAP services, staff, and partnerships with the Maryland All Payer Model goals and stakeholders. This grant will provide MAPs with the opportunity to partner with a local health system(s) and local health department, or an existing local Inter-professional Care Team. This partnership will support care transition activities at hospital/rehabilitation facilities by providing information, referrals, person-centered planning (MAP Options Counseling), access to public and private community services, enrollment in Medicaid programs (i.e. Community First Choice and CPAS), and service coordination.

REFERENCES: Maryland Human Services Article §§10-1001 to 10-1004, Aging and Disability Resource Center Program
42 U.S.C. Section 3002, Older Americans Act
Medicaid Title XIX – Balancing Incentive Program

BACKGROUND:

The Administration for Community Living (ACL) and Centers for Medicare and Medicaid Services (CMS) have developed complementary requirements and systems related to supporting individuals in a home or community setting. Two major examples are the Money Follows the Person Demonstration, which transitions individuals out of nursing facilities to a community setting; and the No Wrong Door/Aging and Disability Resource Center (NWD/ADRC) initiative, which provides individuals in the community with information, planning, and navigation assistance to access home and community-based services.

In 2014, Maryland implemented the All-Payer Model, a five-year initiative that modernizes the State's Medicare "waiver" and hospital payment rates, one goal of which is to reduce Medicare expenditures. Concurrent with the All-Payer Model effort, the State is seeking to reduce Medicaid expenditures. Both efforts seek to improve care coordination across acute, primary, and long-term care systems; provide holistic support to the individual, including through the provision of services that support social determinants; and achieve better health outcomes.

Maryland Access Point is the core of the State's No Wrong Door system of access to public and private long-term services and supports. Individuals contacting MAP may access a wide variety of services, including: information about home and community services; assistance developing a person-centered plan; Medicaid and Medicare benefits counseling and enrollment assistance; caregiver education and support; and assistance with navigating and accessing community based services such as transportation, meals, chronic disease self-management programs, health and wellness activities; and more.

This initiative seeks to strengthen collaboration between the State's No Wrong Door/ADRC system and local health systems, especially as it relates to diverting or delaying institutionalization and supporting home and community based living for the Medicare and Medicaid populations. It emphasizes an inter-disciplinary coordinating team (ICT) model in which agencies work with individuals transitioning out of hospital/rehab to connect them to home and community based services and provide targeted, time-limited support as part of a holistic, coordinated person-centered plan. The role of the MAP in the ICT is to: provide Options Counseling to develop the service plan; assist with enrollment and system navigation; ensure that services are connected; provide time-limited care coordination support; and coach the individual in self-direction where appropriate. MAP staff who are certified Person Centered Counseling trainers also may provide training on person-centered planning to relevant professionals.

REFERENCES: This APD references the following documents available through the eCivis Grants Management System ("eCivis"):

- FY 2018 H2H Grant Application
- H2H Quarterly Request for Funds
- FY 2018 Proposed Budget
- FY 2018 MAP H2H Reporting Forms
- Sample Referral Form
- Sample Workflow

INSTRUCTIONS: Eligible applicants are the twenty (20) local Maryland Access Point sites, with the exception of Worcester County. Applicants should submit via eCivis a draft application for State review and contingent approval before seeking final application signatures from county officials.

The FY 2018 H2H grant process will be submitted electronically in eCivis. Applications will be reviewed promptly upon receipt but shall be submitted no later than July 21, 2017.

Draft applications must include signed letters of commitment from partner entities that identify the resources and staff the partner will commit to the initiative. Final applications must include a signed MOU with participating partner agencies. Notice of Grant Awards will be issued after approval and confirmation of the necessary executed MOU.

This is a ***competitive*** grant solicitation. The Department anticipates awarding ten to thirteen grants for the grant period of July 1, 2017 - June 30, 2018. Funds must be expended no later than June 30, 2018.

Please direct any questions about the MAP H2H grant to Dina Gordon at 410-767-1107 or dina.gordon@maryland.gov.

cc: Susan Panek, Jennifer Miles, Rebecca Oliver - DHMH-Medicaid
Dina L. Gordon, Deputy Secretary