



COLORADO

**Department of Health Care
Policy & Financing**

Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

FURTHER UPDATE: In response to overwhelming feedback, CMS has extended the AHC submission deadline from March 31 to May 18! Therefore, the Department is also updating our deadline for draft proposals to review. It's currently at March 15; we are moving it up to May 2.

UPDATE: As you know, coordination among organizations is paramount for the Accountable Health Communities Model. We understand that a number of organizations have decided not to apply themselves, but rather are interested in potentially partnering with an applicant organization. At this time, the Denver Regional Council of Governments and Rocky Mountain Health Plans have told the Department they plan on submitting proposals to be considered, and agreed to share their contact information and geographic regions to aid in coordinating potential participants.

Denver Regional Council of Governments will be choosing a geographic coverage area for their proposal soon; it will include the counties of Denver, Jefferson, Arapahoe and Adams.

Contact: AJ Diamontopoulos, Business Development Coordinator
adiamontopoulos@drcog.org, (303)480-6767

Rocky Mountain Health Plans' intended geographic region includes all counties (22) in ACC Region 1, with the exception of Larimer County.

Contact: Patrick Gordon, Associate Vice President
Patrick.gordon@rmhpcommunity.org, (720)515-4129

Please feel free to contact either organization as soon as possible to discuss your needs and alignment. If there are additional questions, please contact Stephanie Sanders, Grants Administrator, at stephanie.sanders@state.co.us.

Thank you

TO: Entities interested in applying for the Center for Medicare and Medicaid Innovation's Accountable Health Communities Model Cooperative Agreement
Funding Opportunity Number CMS-IP1-17-001

FROM: Susan E. Birch, Executive Director of the Colorado Department of Health Care Policy and Financing (the Department)

CRITERIA FOR THE DEPARTMENT TO SUPPORT AN AHC APPLICATION

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
www.colorado.gov/hcpf



This memo provides guidance regarding the Department's ability to partner with entities interested in applying for the Center for Medicare and Medicaid Innovation's Accountable Health Communities Model funding opportunity (AHC).

In order for an eligible entity to apply, as outlined in the Funding Opportunity Announcement (FOA), the State Medicaid Agency must be a partner in the consortium and must sign an MOU with the applicant organization as part of the proposal, confirming the State Medicaid Agency's willingness to perform the following:

- *Report or facilitate the reporting of Medicaid claims data to CMS and its contractors for purposes of model monitoring and evaluation;*
- *Champion appropriate data sharing across clinical delivery sites and community service providers consistent with federal, state and local law;*
- *Ensure alignment with existing Medicaid policy, and, as appropriate, waivers and State Plan Amendments to achieve scalability and sustainability if the model is successful;*
- *Provide a point of contact for data collection and reporting (The point of contact will be expected to communicate with CMS, CMS' monitoring and assessment contractors, the bridge organization, and the advisory board (for Track 3 – Alignment communities));*
- *Perform an annual review to ensure that CMS funding under the AHC model is not used to duplicate any service that a community-dwelling Medicaid beneficiary would otherwise be eligible to receive under a program administered by that state Medicaid agency; and*
- *Participate in the advisory board in the Track 3 – Alignment intervention.*

These responsibilities are significant. Several entities have expressed interest in pursuing this opportunity. Given the Department's current obligations, initiatives, and capacity, we must be very strategic about committing resources and therefore cannot simply support all applicants. In order for the Department to successfully be able to partner, a proposal must align with the Department's strategic goals. **The Department will only partner on proposals for track 2 and 3 – assistance and alignment activities.**

We are able to consider entering into an MOU agreeing to support and partner on an application *only* if it meets *all* of the following conditions in several areas:

Applicant Agency Infrastructure

- Does the applicant organization aiming to serve as the Bridge Organization have infrastructure to support the project:
 - Data
 - Staff capacity (especially since funding will not stretch to a lot of hiring)

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
www.colorado.gov/hcpf



- Is the applicant willing and able to fulfill the evaluation component to each track that will require staff capacity (in addition to the data provided by the Department)
- Is the applicant willing and able to shoulder all communications and outreach work related to AHC?
- Does the organization have identified collaboration participants (collaboration must include care delivery organizations and at least one a hospital, primary care delivery site, and behavioral health services delivery site)? Will they be able to have commitments within 12 months of project start?
- Does the proposal have a realistic budget? The maximum funding amounts for tracks 2 and 3 are \$2.57 million and \$4.51 million respectively. These are five-year totals, not annual amounts.

Delivery System Alignment

- The Proposal includes as a partner one or more organizations that are part of our Medicaid delivery system, the Accountable Care Collaborative (ACC) and/or Behavioral Health Organizations (BHO).
- The proposal should describe proposed business process change that will enhance referral of individuals to home and community based services as an alternative to nursing facility based services. This might include protocols for referral of individuals possibly needing long term services and supports to local area agencies on aging and/or Medicaid single entry points. The proposal is encouraged, but not required, to describe alignment with grant proposals submitted by local single entry points, community centered boards, county department of human services, area agencies on aging, and independent living centers under the Department's request for applications for No Wrong Door grant funds. Via that distribution of grant funds, the Department seeks to streamline, simplify, and improve intake and referral to long term services and supports, both state funded and non-state funded.
- The proposal must use an integrated approach to assistance and/or alignment activities, ideally involving systems and providers across physical health, behavioral health, and LTSS delivery systems, including patient-centered medical homes where applicable.
- One of the goals of the proposal must be to embed assistance and/or alignment activities at the point of patient transitions of care.

Population Reach

- Is the organization capable of covering a geographic region large enough to screen 75,000 Medicare and Medicaid beneficiaries per year for 4 years (Although the grant terms allow the same person to be screened in multiple years, for each year the screening requirement needs to be based upon unique beneficiaries).
- For tracks 2 and 3, are the care delivery organizations in the collaborative capable of reaching 51% of community-dwelling Medicare and Medicaid beneficiaries?
- Can the applicant organization/collaborative provide navigation services to a total of 7,680 beneficiaries in track 2 (p. 37-40 of FOA) or a total of 10,238 in track 3 (p. 47-50 of FOA)? Does the proposal coordinate with the ACC and/or BHOs to fulfill these required service numbers?



- The proposal must include full benefit dual eligible individuals *and* individuals who are in need of or are receiving Medicaid Home and Community Based Services (HCBS) as target populations.

Alignment with Department Goals and Metrics

- Is the organization willing to align with existing initiatives on social determinants of health, including coordinating with Colorado Opportunity Family Formation Project, the State Innovation Model Grant and Department Program metrics?
- Measurable outcomes of the project must include reduced hospital and ED utilization, reduced use of Medicare Skilled Nursing Facilities (SNF) and Medicaid Nursing Facility (NF) services, increased rates of discharge from hospital to HCBS rather than SNF or NF and longer community tenure for target populations.
- Proposal must address social determinants of health, including food, housing, and transportation.

Any entity interested in submitting an application must develop and submit to the Department for review a proposal that meets the requirements specified above. The entity must also develop and submit to the Department a quick reference guide or chart that demonstrates how its proposal meets each of the above requirements. We must receive a near-final draft of the proposal, including the cross-walk of requirements, no later than Tuesday, March 15 to allow time for review of the application and any additional MOU development prior to the submission deadline, 11:00am MST, Thursday, March 31st.

Please submit proposals and cross-walk of requirements to Leah Spielberg, Grants Manager at leah.spielberg@state.co.us, and copy Gretchen Hammer, Medicaid Director (gretchen.hammer@state.co.us) and Judy Zerzan, Chief Medical Officer (judy.zerzan@state.co.us) on your submission.

We hope this information is helpful and wish you the best of luck.

