IMPORTANT UPDATE

TO: Entities interested in applying for a CMS Accountable Health Communities Grant
Funding Opportunity Number: CMS-1P1-17-001

FROM: Patti Killingsworth, Assistant Commissioner
Chief of Long-Term Services and Supports

DATE: March 4, 2016

Re: DEADLINE EXTENSION

This memo provides entities interested in applying for a CMS Accountable Health Communities (AHC) grant an extension for submission to TennCare of a near-final draft of a proposal and application, including the cross-walk of requirements, as defined and modified below. This information had previously been required no later than March 5th to allow time for review of the application and any subsequent development of an MOU prior to the March 31st submission deadline. With the CMS extension of the application deadline to May 18th, the draft proposal and application, including cross-walk of requirements is now due to TennCare by COB April 4th.

As a reminder, in order to partner, an application must align with HCFA’s strategic goals. To that end, we will consider agreement to support and partner on an application only if it meets all of the following:

- The proposal includes as a partner one or more TennCare MCOs and their companion D-SNPs. This will position us to embed successful care practices within our delivery system.
- The proposal includes one or more hospital systems that participate in the MCOs' and DSNPs' networks.
- The proposal is encouraged but not required to include as a partner one or more area agencies on aging and disability who function as a point of entry into Medicaid HCBS with the goal of embedding assistance and alignment activities with in the ADRC no wrong door functions.
- The proposal must include as target populations full benefit dual eligible individuals and individuals who need or are receiving Medicaid home and community based services (HCBS). These are some of our higher cost beneficiaries for whom this initiative has the greatest opportunity for benefit.
- We will only partner on proposals for tracks two and three—assistance and alignment activities.
• One of the goals of the proposal must be to embed assistance and/or alignment activities within health plan and provider care management and hospital discharge planning processes.
• Measurable outcomes of the project must include reduced hospital and ED utilization, reduced use of Medicare SNF and Medicaid NF services, increased rates of discharge from hospital to HCBS rather than SNF or NF and longer community tenure for target populations.
• The proposal must reflect an integrated approach to assistance and/or alignment activities, ideally involving systems and providers across the physical health, behavioral health and LTSS delivery system, including patient-centered medical homes and health homes, as applicable.
• The proposal must identify strategies to better align payment for services with value (including assistance and/or alignment activities) as well as with outcomes achieved.

In addition, the proposal must:
• Clearly identify any and all data requirements and expectations for the Medicaid agency; and
• Include funding in the grant budget to support those activities.

Selection criteria for potential proposals will include (but are not limited to): 1) degree of alignment with HCFA strategic goals; 2) scalability and sustainability; and 3) TennCare’s capacity to perform Medicaid agency responsibilities as defined in the proposal.

We reiterate that it is the entity's responsibility to develop and submit to TennCare a quick reference guide or chart to demonstrate how each of the requirements is met in its proposal. Those can be submitted directly to me (Patti.Killingsworth@tn.gov). Please copy these submissions to Holly Marcum (Holly.Marcum@tn.gov).

Only upon timely receipt of such proposal and documentation of compliance with these requirements will TennCare consider developing an MOU with interested applicants for an AHC grant.

I hope this information is helpful to you.