

Hospital to Home Partnership Program Grant Guidelines

Background

The Massachusetts Executive Office of Health and Human Services (EOHHS) has announced a two-year \$3,000,000 grant to promote partnerships between hospitals and Aging Services Access Points (ASAPs). As the population of Massachusetts residents over the age of 65 continues to grow, the demand for home and community-based services (HCBS) continues to rise. Individuals who experience an acute hospital stay face numerous barriers setting up the appropriate services to enable them to discharge directly home instead of to a skilled nursing facility or other institutional setting.

The focus of the Hospital to Home Partnership Program (HHPP) grant is to build partnerships between Acute Care Hospitals (Hospitals) and ASAPs and to strengthen communication and coordination with community providers to promote skilled nursing facility diversions, and to improve hospital discharge rates from Hospitals directly to home and community-based settings.

The HHPP grant draws on federal funds provided to the Commonwealth by the American Rescue Plan Act (ARPA). Up to 10 grants of up to \$300,000 each can be awarded. To ensure geographic distributions, up to two grants can be awarded per Emergency Medical Services (EMS) region. Hospitals and ASAPs should partner with entities within their region. However, EOHHS recognizes that there may be value in partnering with entities in bordering regions. There will be an opportunity to note this within the application which will be taken into consideration. You can find a [map and list of the regions](#) on the mass.gov website

Please see the Request for Applications (RFA), posted on [COMMBUYS](#), for more details about the priority criteria and application process. Funding must be spent by December 31, 2024.

Eligible Applicants

All entities designated as ASAPs by the Executive Office of Elder Affairs (EOEA), are eligible to apply in coordination with an Acute Care Hospital partner located in Massachusetts.

ASAPs and eligible Hospitals must submit a joint application. If the partnership includes additional ASAPs, additional hospitals and/or other additional agencies, only one application should be submitted by the ASAP that will be the financial agent for the grant. The additional partnering entities, their role in the partnership, and their contact information must be identified in the “partnership form” in the application. On the project application, you will be asked to identify and describe any partnerships or working relationships with other organizations and to identify points of contact at each partner institution.

Qualifying Projects

Minimum Qualifications

The proposed project from the ASAP and Hospital partnership must be designed to meet at least one of the following activities:

1. **HCBS Hospital Liaison:** *ASAP staff embedded within the hospital to serve as HCBS Hospital Liaisons.*
 - a. HCBS Hospital Liaisons will support the Hospital's efforts to connect individuals to HCBS programs and community services to support a Hospital to community discharge instead of a skilled nursing facility or other institutional placement. This strategy will serve to enhance coordination and support timely discharge planning. HCBS Hospital Liaisons may also conduct trainings and provide material to Hospital staff about HCBS alternatives to institutional care, however this should not be their sole and primary responsibility. Funding may also support administrative and supervisory staff needed for this initiative.
Note: HHPP grant funding can only be used to coordinate and support discharges from the Hospital to home. HHPP grant funding cannot be used to support discharge to an institutional setting.
2. **Innovations:** *investments (including technology) to share information more effectively and/or mitigate other challenges or barriers preventing Hospital to home discharges.*
 - a. For example, the innovation may include implementing a system to share information from providers with the ASAP and hospital staff regarding which providers have community staff available, locations that the provider can staff, services the provider can staff, etc. Examples also include the Hospital granting ASAP personnel remote access to hospital records, and vice versa.
Note: Innovation programs may supplement, but may NOT duplicate nor supplant, existing program and services.

Prioritized Proposal Criteria

- **Activity:** Proposals funding dedicated HCBS Hospital Liaisons will be prioritized.
- **Target population:** individuals who are hospitalized or presenting at an emergency department who can be diverted to a community setting with HCBS services instead of a hospital admission and/or nursing facility admission.
- **Geographic distribution:** EOHHS is seeking to fund two proposals in each of the five EMS regions.

Ineligible Activities

- Grant funds **can** be used to supplement, but not supplant, existing Medicaid HCBS or any other state-funded initiatives.
- These grant funds also must not overlap with any Center for Medicare and Medicaid Services (CMS) waiver extension proposals. Grant funds **cannot** be used to coordinate and support discharge from Hospital to institutional settings

Application Requirements

To apply, fill out the online application which can be found on the [Mass Grants Portal](#). Each application must include, at a minimum:

- Name and contact information for a primary and secondary contact at both the ASAP(s) and hospital(s) applying for the grant.
- A detailed budget outlining the Direct and Indirect Costs associated with how the grant funds are to be used.
- An attestation as to whether any applicants are submitting additional HHPP grant applications with other partners. Note that if multiple ASAPs and/or multiple Acute Care Hospitals are applying, only one ASAP and one Hospital should be designated as primary and should submit an application.
- Detailed description of the current relationship between the participating ASAP(s) and hospital(s).
- Implementation plan. Application form will include specific questions related to the partnership's plan for coordinated implementation. Requirements will differ dependent upon the proposed project.

Minimum requirements are outlined below:

- For the HCBS Hospital Liaison Project: Overview of ASAP and Hospital roles and responsibilities as well as an overview of how the hospital(s) will incorporate the new HCBS Hospital Liaison into the Hospital workflow, in addition to details on implementation as it pertains to the ASAP worker's responsibilities, including but not limited to time commitment and access to Hospital resources (e.g. participation in rounds, access to medical records, collaboration with other case managers and designated workspace).
- For Innovation Projects: Overview of proposed "innovation plan", which should include a description of the proposed investment, process towards implementation/key milestones and outline of Hospital and ASAP roles and responsibilities in executing coordinated implementation plan.

Metrics and Reporting

EOHHS will require grant Awardees to report on a set of baseline metrics for the purposes of evaluating impact of the grant funds and progress towards reaching the defined goals. The first priority for metrics and reporting is accurate data. Grantees will not be penalized or required to return funding if the data reflects that the program did not produce the expected results. EOHHS will work with grantees to provide support if there are concerns with feasibility in reporting on the required metrics.

ASAPs and hospitals are permitted to use grant funds to support the collection and analysis of program data. Applications will not be excluded if applicants are unable to meet the reporting metrics completely. The application will include space to list any metrics reporting requirements that applicants are unable to meet.

Overview of requirements:

Grantees will be required to provide baseline, interim and final reports across an established set of metrics. A sample reporting template is included in the RFA but **is not required to be submitted as part of the application.**

- **Baseline report:** Submission of the baseline report will be required upon execution of the contract. The baseline report will include reporting across an established set of metrics (see below) from October 1 2021-September 30 2022. In addition to baseline metrics, Awardees will be required to report on additional evaluation metrics for the HCBS Hospital Liaison and/or

Innovation initiatives). The applicant will identify these additional custom metrics in the baseline report; however, reporting will not begin on these metrics until one year after the receipt of funds.

- *Interim report:* An interim report covering the first year of the grant period will be required one year after the receipt of funds. The interim report will include comparative reporting of data from the first year of the grant period compared to the baseline metrics submitted in the initial baseline report. The interim report will also include reporting on the custom metrics as identified by the grantee.
- *Final report:* A final report will be required at the end of the grant period. The final report will include comparative reporting of data from the first and second year of the grant program compared to the baseline metrics submitted in the baseline report. The final report will also include reporting on the custom metrics as identified by the grantee for both the first and second years.

Details on required metrics:

Metrics required for all reports:

- Total number of individuals discharged (all settings) after a formal Hospital admission or after presenting in the emergency department. From this total, reports must include:
 - Percent of individuals discharged to the community with HCBS supports
 - Percent of individuals discharged to post-acute institutional care (e.g. skilled nursing facility or institutional rehabilitation facility)
 - Percent of individuals discharged to alternative acute hospital setting or non-acute hospital (e.g. specialty hospital)
- For each of the above three categories, Hospitals will be required to report on the following:
 - Age (mean, median and range)
 - Length of stay (mean, median and range)
 - Lives alone (if known)
 - Top three primary discharge diagnoses
 - 90-day readmission rate
 - Primary Payer type

Metrics required for the interim and final report:

- Required evaluation metrics for those utilizing grant funds for HCBS Hospital Liaison initiative (*to serve in addition to continued reporting on the above baseline metrics*):
 - The number of referrals Hospitals make to the HCBS Hospital Liaison per month
 - The number of individuals assessed by the HCBS Hospital Liaison per month
- Required evaluation metrics for those utilizing grant funds for the Innovation initiative (*to serve in addition to continued reporting on the above baseline metrics*):
 - Grantees will be required to propose and track two additional custom metrics that will capture the impact or success of your innovation project.
 - For each metric, please provide a description of the metric, its significance, and how it is calculated.

Grantees will also be required to participate in a facilitated focus group convened by EOHHS, one year after the receipt of grant funds and again at the end of the grant period. The purpose of these focus groups is to collect qualitative information on what worked, what didn't work and ways to further enhance and improve coordination and communication.

Per the Commonwealth Terms and Conditions, grant recipients are required to retain program documents and records for six years from the date of submission of the final expenditure report.

Application:

All applications must be submitted through the [Mass Grants Portal](#) on or before 5 p.m. December 2, 2022. EOHHS expects to award all the allocated funds during the first round of applications. If all funds are not allocated during the first round, the application may open again for additional applicants.

Questions must be submitted to MAHCBSGRANTS@pcgus.com no later than November 14th, 2022 by 5 PM. In accordance with procurement rules, answers to all questions will be posted on the dedicated [website](#) on November 18, 2022 by 5 p.m.

Your organization can submit its application without being registered with MMARS, but your organization will need to have an *active* MMARS account to receive program funds. MMARS requires a SAM.gov ID (Unique Entity ID (UEI) Number).

All information marked as required (*) on the application must be supplied

Each application must include:

- Name and contact information for a primary and secondary contact at both the ASAP(s) and Hospital(s) applying for the grant
- Attached letters of executive approval/support from all partnering organizations
- Detailed budget
- An attestation as to whether any Applicants are submitting additional HHPP grant applications with other partners
- Detailed description of the current relationship between the ASAP(s) and Hospital(s)
- Any other required information as requested through the application form

Timeline

#	DESCRIPTION	DATE
1	RFA released	October 28th, 2022
2	Deadline for receipt of written questions on the RFA	November 14th, 2022
3	Bid opening date (deadline for applications)	December 2nd, 2022, by 5:00 pm
4	Awardees and award amounts determined (anticipated)	January 12th, 2023
5	Executed contracts due from awardees to EOHHS (anticipated)	January 26th, 2023
6	Projected contract start date (anticipated)	February 1st, 2023