COVID-19 Long-Term Care Partnership Grant Program

June 12, 2020

Health Services Cost Review Commission
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Funding Announcement

The Health Services Cost Review Commission (HSCRC) is seeking applications for the new Long-Term Care Partnership Grant Program (LTC Grant Program). This funding program is intended to foster collaboration between hospitals and long-term care facilities and other congregate living facilities that serve vulnerable populations during the COVID-19 crisis. Under the LTC Grant Program, hospitals and their long-term care/congregate living partners will collaborate on data sharing, infection prevention and control, resource sharing, and patient management strategies to reduce the spread of COVID-19 in these settings.

Funding Period: FY2021 (July 1, 2020 – June 30, 2021)

Grant funding will end on June 30, 2021.

Application Requirements and Timeline

Interested hospitals must complete the HSCRC LTC Grant Program application and submit it to hscrc.rfp-implement@maryland.gov in order to be considered. An HSCRC review committee will review the applications and make award decisions.

- **RFA Announcement:** June 12, 2020

- **Application Deadline:** Rolling
  - Applications will be accepted throughout the COVID-19 emergency period.
  - Awards will be issued in order of receipt until the statewide approved funding limit of $10 million has been met.

Background

The Maryland All-Payer Model, which launched in 2014, established global budgets for Maryland hospitals to reduce Medicare hospital expenditures and improve quality of care. Global budgets provide hospitals with a fixed amount of revenue for the upcoming year. A global budget encourages hospitals to eliminate unnecessary hospitalizations, among other benefits. Under the All-Payer Model, Maryland achieved significant savings for Medicare and improved quality. However, the Maryland All-Payer Model historically focused primarily on the hospital setting, constraining the State's ability to sustain its rate of Medicare savings and quality improvements.

In 2019, the Centers for Medicare & Medicaid Services (CMS) and the State of Maryland initiated the Maryland Total Cost of Care (TCOC) Model, which seeks to broaden transformation of Maryland's healthcare system by setting a per capita savings target on Medicare total cost of care in the State. The TCOC Model builds on the success of Maryland's All-Payer Model by creating greater incentives for health care providers to coordinate with each other and provide patient-centered care, and by committing the State to a sustainable growth rate in per capita total cost of care spending for Medicare beneficiaries.

The TCOC Model holds Maryland fully at risk for the total cost of care for Medicare beneficiaries and sets Maryland on a course to save Medicare over $1 billion by the end of 2023 by adopting new and innovative policies aimed at improving care, improving population health, and moderating the growth in hospital costs. The goal of the TCOC Model is to transform Maryland's health care system to be highly reliable, highly efficient, and a point of pride in our communities by increasing collaboration among health systems, payers, community hospitals, ambulatory physician practices, long-term care, and other providers, as well as patients and families, public health, and community-based organizations.

While changes to hospital payment mechanisms consistent with the All-Payer Model are well under way, the new TCOC model requires continued work and investments to integrate and support the efforts of additional parts of the healthcare systems including independent ambulatory physicians, community providers, public health, long-term care facilities, and others to improve care delivery for patients. In its November 2019 public meeting, the Commission approved the creation of temporary Regional Partnership Catalyst Grants to support hospitals' engagement with community resources to build the foundation needed to sustainably support the population health goals of the TCOC Model.

As Maryland works to control the spread of COVID-19, enhanced partnerships between hospitals and long-term care/congregate living facilities are vitally important for success under the TCOC Model. Given this, the third previously unallocated funding stream of the Regional Partnership Catalyst Grant Program will be directed to support hospital partnerships with long-term care facilities and congregate living facilities that serve vulnerable populations. The new *COVID-19 Long-Term Care Partnership Grant Program* (LTC Grant Program) is intended to support the development and enhancement of COVID-19 patient management, infection prevention, and infection control strategies.

Earlier in 2020, the federal government took steps to remove barriers that have traditionally limited the ability for hospitals and long-term care/congregate living facilities to work together. In response to the COVID-19 pandemic, the U.S. Department of Health & Human Services (HHS) Secretary issued Blanket Waivers to ensure that during the COVID-19 emergency period there are sufficient health care services available to meet the needs of individuals in the enrolled in Medicare, Medicaid, and the Children's Health Insurance Program programs. As part of these waivers, exemptions were provided to eliminate sanctions for noncompliance penalties that otherwise would apply to violations of the physician self-referral law. While hospitals will need to evaluate these waivers to determine their applicability to their particular applications, and hospitals will need to evaluate their applications in light of existing federal/state Antitrust and Fraud and Abuse laws, the HSCRC believes there are now new opportunities for collaboration between hospitals and long-term care and other congregate living facilities that serve vulnerable populations to curb community spread during the pandemic. Additional information about the federally issued waivers and the statement from OIG can be found:

- All waiver-related guidance: https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers
- HHS Secretary Blanket Waivers: https://www.cms.gov/files/document/covid-19-blanket-waivers-section-1877g.pdf
- HHS Office of Inspector General Policy statement: https://oig.hhs.gov/coronavirus/OIG-Policy-Statement-4.3.20.pdf.

Maryland hospitals that have global budgets established under the rate-setting authority of the HSCRC and meet the additional requirements identified in this announcement are eligible to apply for funding. The aggregate amount available for the LTC Grant Program is a maximum of $10 million in hospital statewide revenue during FY2021.

COVID-19 Long-Term Care Grant Program

COVID-19 is a disease caused by a respiratory virus first identified in Wuhan, Hubei Province, China in December 2019.[1] Worldwide, COVID-19 has resulted in thousands of infections, causing illness and in some cases death. Cases have spread to countries throughout the world, with more cases reported daily. As the virus reached Maryland, the State has taken unprecedented steps to reduce community spread and the anticipated surge of COVID-19 cases that has been projected.

As the COVID-19 pandemic has evolved though, a large proportion of the surge has occurred among residents and patients living in congregate living facilities such as nursing homes, assisted living facilities, state and local facilities, group homes with 10 or more occupants, and other long-term care settings. Given their congregate nature and residents served (e.g., older adults

[1] Maryland Department of Health. COVID-19 Background. Retrieved from: https://coronavirus.maryland.gov/

often with underlying chronic medical conditions), nursing home populations are at the highest risk of being affected by COVID-19. As of May 28th, 2020, the Maryland Department of Health (MDH) has indicated that Maryland has 227 nursing homes and of those, more than 140 have confirmed cases of COVID-19.[2] As of June, 2020, there were 6697 confirmed COVID-19 cases among residents at nursing homes and 1368 deaths among residents due to the virus.[3]

Hospitals act as important conveners and partners in care across the healthcare spectrum, especially under the Total Cost of Care Model. As such, hospitals can be proactive in reaching out to support local health care providers, including long-term care facilities. The HSCRC believes there are a number of areas where hospitals can provide support to partnering health care facilities. Given this, the HSCRC has created the *COVID-19 Long-Term Care Partnership Grant Program* using the third unallocated funding stream of the Regional Partnership Catalyst Grants. The goal of the LTC Grant Program is to support connections between hospitals and long-term care facilities/congregate living facilities that serve vulnerable populations including skilled nursing facilities, assisted living facilities, nursing homes, and other long-term care settings using the flexibility of TCOC Model to deploy resources during the State of Emergency associated with COVID-19.

The LTC Grant Program will be narrowly focused to support activities associated with COVID-19 patient management, infection prevention, and infection control. The intent of the program is to leverage the strength of hospitals to assist long-term care facilities and congregate living facilities that serve vulnerable populations as they work to become fully compliant with guidance from the Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services (CMS) and the Maryland Department of Health (MDH) related to COVID-19 infection prevention and control.

LTC Grant Program Goals

The intent of the LTC Grant Program is assist long-term care and other congregate living facilities that serve vulnerable populations with patient management, infection prevention, and infection control strategies during the COVID-19 pandemic. Further, the program is designed to achieve the following:

- Foster partnerships between hospitals and long-term care/congregate living facilities
- Support statewide efforts to combat COVID-19 in long-term care/congregate living facilities
- Prevent the introduction of COVID-19 into a facility through entry screening and entry

[2] Maryland Department of Health. Coronavirus Disease 2019 Frequently Asked Questions about "Strike Teams". Retrieved from https://phpa.health.maryland.gov/Documents/FAQ_covid19_strike_teams.pdf
[3] Maryland Department of Health. Maryland COVID-19 in Congregate Facility Settings. Retrieved from https://coronavirus.maryland.gov/pages/hcf-resources

restrictions
- Rapidly identify persons with respiratory illness that may be COVID-19 positive
- Prevent the spread of COVID-19 within and among facilities
- Strengthen environmental cleaning and disinfection procedures
- Manage, isolate, and accommodate persons with suspected or confirmed COVID-19

Hospital Provided Support Areas

To achieve the LTC Grant Program goals, hospital awardees will be expected to provide support to long-term care/congregate living partners in the following three areas:

Resource Sharing - Hospital awardees focusing in this support area will provide resources and/or operational support to long-term care/congregate living partners. Examples of resources sharing may include the provision of additional nursing staff to work with COVID-19 diagnosed patients, resource nurses to provide care management/discharge placement functions at the hospital and infection prevention and control at the nursing home and/or access to physician specialists who, working with the nursing home onsite nurse to evaluate patients/residents and initiate or change treatments. Additionally, hospitals may integrate long-term care/congregate living facility personal protective equipment (PPE) needs into the hospital supply chain to ensure an adequate amount of PPE for nursing home staff. Finally, awardees may also extend hospital lab services to long-term care/congregate living facility partners to enable frequent and expedited COVID-19 testing of long term care facility staff, residents, and visitors.

Quality Improvement Consultation – Hospital awardees focusing in this support area will use quality improvement science to collaborate on systematic and continuous actions that can lead to measurable improvement in health and the health status of patients at congregate living facilities, improve infection prevention and infection control procedures, and better manage patients.[4] Hospital awardees should share best practices and provide training on processes designed to reduce facility risk, prevent symptomatic and pre-symptomatic transmission, provide ongoing testing of patients/residents and staff, isolate symptomatic patients, and protect healthcare personnel through protocols established by CDC, CMS, and MDH. Consultation may be individualized or incorporated into a formal learning collaborative process.

Data/Analytics - Hospitals awardees focusing in this support are will provide access to data and/or technology that can be used to internally track, monitor, and manage information related to COVID-19 affected patients.

Hospitals may choose one or more support areas to work on with their long-term care partners. Additionally, hospitals may determine alternative activities to be performed with long-term care partners as long as impact can be measured according to the areas listed in this RFA. Hospitals

[4] U. S. Department of Health and Human Services Health Resources and Services Administration. Quality Improvement. https://www.hrsa.gov/sites/default/files/quality/toolbox/508pdfs/qualityimprovement.pdf

interested in applying will be required to submit the HSCRC-formatted application in Appendix A to describe how they will use the LTC Grant Program funds to work in collaboration with long-term care and/or congregate living facilities that serve vulnerable populations to design and initiate strategies in the three support areas in order to achieve the LTC Grant Program goals. Funding will be issued to hospitals to work with the partners they most frequently provide emergency services to.

All applications that include a justification for the requested funding amount and demonstrate the appropriateness and reasonableness of the request associated with the planned activities under the program will be funded on a first come, first served basis until the statewide fund is depleted.

Measuring Impact

All grantees must demonstrate the impact being made as a condition of funding. If impact targets are not achieved, the HSCRC may discontinue and retract previously awarded funds. Grant program participants will be responsible to collect and report data monthly in one or more of the following areas that are further defined in Appendix D:

1. Implementation of Transmission-Based Precautions
2. Increased COVID-19 Testing in Patients/Residents
3. Increased COVID-19 Testing in Staff
4. Reduced COVID-19 Positivity Rate in Patients/Residents
5. Reduced COVID-19 Positivity Rate in Staff
6. Reduced Rate of Patients/Residents hospitalized for confirmed or suspected COVID-19 specific admissions
7. Reduced Rate of Staff hospitalized for confirmed or suspected COVID-19 specific admissions
8. 30 Day Long-Term Care/Congregate Living Facility Readmission
9. Reduced # of COVID-19 Related Deaths in Patients/Residents
10. Reduced # of COVID-19 Related Deaths in Staff

Across these impact measurement areas, hospitals and their long-term care/congregate living facility partners will be required to define areas they intend to address and then self-report on the progress in these areas if the data is not collected in other statewide COVID-19 reporting mechanisms. The HSCRC may also independently verify performance. Changes or additions to measures may be developed as the State monitors the COVID-19 crisis. Hospitals and their partners will *not* be accountable for a specific total cost of care savings goal associated with grant funding received, but will instead be held accountable to achieve improvement in these impact areas.

Eligibility Criteria

Maryland hospitals that have global budgets established under the rate-setting authority of the HSCRC are eligible to apply for the LTC Grant Program. Additionally, applicants must meet the following criteria:

- Hospitals must use the HSCRC-formatted application in Appendix A. No other formats will be accepted.
- A single hospital may submit an application, or multiple hospitals may jointly apply under a single application.
- Hospitals must partner with at least **one** licensed long-term care and/or congregate living facility that services vulnerable populations and is operating in Maryland
- Only one hospital may receive funding for work with a particular long-term care or congregate living facility partner. Funding will not be provided to multiple hospitals to work with the same long-term care/congregate living partner. Therefore, hospitals should work with partners that are in the same geographic areas and with whom they have a "911 relationship" with to handle the majority of emergencies.
- As of the application date, hospitals must have a collaboration agreement with the long-term care/congregate living facility that is currently operating in Maryland to be eligible for grant funding. A letter of intent (or an equivalent indicator of an established partnership) that is signed by both the hospital and the long-term care/congregate living partner(s) confirming the intent to collaborate must be included with the application.
- Applications must include a list of strategies that will be implemented to address COVID-19 patient management, infection prevention, and infection control.
- Details about arrangements for resource sharing, financial payments, and/or in-kind support must be disclosed in the applications. Specifically, the application should clearly describe how resources, funds, or in-kind support will flow from hospitals to long-term care/congregate living facility partners.

LTC Grant Program awards are intended as a one-time adjustment to approved hospital rates. If awarded, enhanced reporting will be expected. Activities will be monitored and measured to demonstrate how funds have been used and to show the impact that the related activities have on COVID-19 long-term care and/or congregate living facility morbidity and mortality metrics.

Application Requirements

Applications may be submitted at any time during the COVID-19 emergency period however awards will be made on a first in, first out basis until the aggregate $10 million in funding has been awarded. Hospitals must use the HSCRC-formatted application in Appendix A to be considered. Applications should be a maximum of five pages.

Section I: HSCRC Application Template

1. **Geographic Area -** Applicants must identify the geographic scope for the initiatives they will pursue. This section should include a county, incorporated city, and/or list of the ZIP codes that will be targeted

2. **List of Partners -** This section should include a list of the participating entities and the roles they will play in the partnership.

3. **Collaboration Process -** This section of the application should include a description of a collaboration process that will be used between hospitals/congregate living facilities to accomplish goals and to coordinate activities. If a formalized governance structure will be used, it should be described in this section.

4. **Proposed Activities and Timing -** This section must include a description of the proposed strategies to be implemented or enhanced. The description should include information on the support that will be provided to the long-term care/congregate living facility and the role of the hospital in the activity. Applicants should use guidance from CDC, CMS and MDH as the basis for their approach. This section should also describe the timeframe for implementation of all elements of the proposed partnership model.

5. **Measurement and Outcomes -** This section of the application must include a summary of goals relative to the impact area(s) identified in this RFA. Additionally, applicants should describe tools/technology the hospitals and long-term care/congregate living facilities will use to coordinate and measure their progress in the selected impact areas. This section also should describe the expected results and include baseline data for the areas of impact that will be addressed.

6. **Sustainability Plan -** This section should detail how the intervention/program will be sustained after the grant period expires and funding is discontinued.

Section II: Budget Projections

Applications must include a projected budget using the format in Appendix B to specify expected expenses and how funds, resources, and/or in-kind support will be distributed and flow from hospitals to congregate living collaborating organizations. The proposed budget is expected to demonstrate the applicant's ability to execute the described scope of work to the extent practicable, within the grant period. Funds can only be used for planning, capital expenditures, implementation, service delivery and operating expenses related to COVID-19 impact areas. Examples of ineligible expenses are described in Appendix C.

Termination of Awards

The HSCRC reserves the right to terminate an award at any time for what it considers to be material lack of performance, or for its determination that a participating hospital and/or its partner long-term care/congregate living organization are not meeting the letter or intent of an application as approved. If the HSCRC determines that a hospital has used award funds in a manner inconsistent with the approved application, the Commission may require repayment of those funds. Additionally, at the end of the grant period, the

HSCRC will report on the impact of the LTC Grant Program. At the discretion of the HSCRC, partnerships that did not demonstrate improvement in performance by the end of the grant program may be required to pay back some or all of awarded grant amounts from hospital rates.

Evaluation Process

An evaluation committee formed by the HSCRC will review and score the grant applications. Additionally, the HSCRC may engage subject matter experts with public health and/or long-term care expertise to assist in the review and evaluation of grant applications. The HSCRC or its designee will make awards based on applications received and will determine how funds are disbursed. This means that:

- Determinations by the evaluation committee are not subject to appeal;
- The evaluation committee may require alterations to the scope or amount of an application during the process; and
- The evaluation committee may require an applicant to alter an application(s) to come into compliance with the award limitation described above.

Evaluation Criteria

Applications will be reviewed and funding awarded based on the following criteria:

1. **Impact Potential –** The potential for the proposed activities to achieve improvement in the LTC Grant Program goals for COVID-19 patient management and infection prevention/control procedures.
2. **Collaboration Plan** – The extent to which applications articulate plans to establish collaboration with hospitals and long term care/congregate living facilities through meaningful engagement including resource sharing, quality improvement consultation, and/or data sharing. Preference will be given to applications that include hospital partnerships with long-term care and/or congregate living facilities with no corporate infrastructure to support policy development, staffing, testing, and other related pandemic responses.
3. **Evidence-Based Approaches** - Whether the proposed activities are well-conceived, evidence-based/evidence-informed, and appropriately propose how to implement the investments in manner consistent with CDC, CMS, and MDH direction.
4. **Governance & Operational Planning -** Level of detail and feasibility of plan including governance model to enable partners to work together effectively. The reasonableness and adequacy of the proposed budget. A clear description of how awarded funds will be used consistent with existing law.

Resources Available to All Hospitals

In an effort to support hospitals during the process of establishing their partnerships with long-term care/congregate living facilities, HSCRC will post RFA information and answers to frequently asked questions (as needed) on the HSCRC website at:

https://hscrc.maryland.gov/Pages/Long-Term-Care-Partnership-Grants.aspx

Additional questions about the LTC Grant Program may be submitted via email to HSCRC staff at hscrc.rfp-implement@maryland.gov.

Appendix A – HSCRC Application Template

Applications should be no more than five pages. Please provide concise summaries with the most relevant points for each section below.

Hospital Applicant:	
Health System Affiliations:	
Total Budget Request:	
Geographic Area	
List of Partners	
Collaboration Process	

Proposed Activities and Timing
Measurement and Outcomes
Sustainability Plan

Appendix B - Budget Template

Hospital Applicant:	
Health System Affiliation:	
Total Budget Request:	

Workforce/Type of Staff	**Description**	**Amount**
IT/Technologies	**Description**	**Amount**
Other Indirect Costs	**Description**	**Amount**
Total Expenses & Investments		

Appendix C – Examples of Expenses Not Covered

Examples of expenses that will not be covered under the Long Term Care Grant Program include:

- Electronic health records or patient hotlines or portals that are used for care delivery and communication unless specifically implementing systems or modules for improved communication with long term care facilities.

- Investments to improve coding or documentation, including upgrades to systems to be compliant with regulatory changes such as ICD-10.

- All retrospective and concurrent utilization review.

- Fraud prevention activities.

- CRISP participation fees other than specific projects not otherwise available to all CRISP users.

- Any expenses for physicians that do not clearly relate to Long Term Care Partnership Grant goals (i.e., expenses for acquiring existing physicians that do not result in any additional resources for congregate living facilities but simply results in the existing physicians being owned by the hospital).

- Any expenses that are primarily for marketing purposes unless these are specifically related to COVID-19.

- Accreditation fees.

- Financial rewards to providers (e.g., pay-for-performance incentives). Programs however may use ROI for provider gain sharing and pay-for-performance incentives that are consistent with legal requirements.

- All other expenses that do not fall under the intent of the grant program.

Appendix D – Impact Measure Specifications

1. Implementation of Transmission-Based Precautions

Population	*Long-term care/congregate living facility*
Data Source	*Narrative provided by Regional Partnership*
Numerator	*Number of transmission-based precautions implemented*
Denominator	*N/A*

2. Increase in COVID-19 Testing in Patients/Residents

Population	*All long-term care/congregate living facility patients/residents*
Data Source	*MDH Data and/or CRISP Data*
Numerator	*Count of residents/patients at the long-term care/congregate living facility on the last day of the month who were tested over previous 30 days*
Denominator	*Total number of patients/residents over 30 days*
Calculation	*Calculate the percent change from previous 30 days*

3. Increase in COVID-19 Testing in Staff

Population	*All long-term care/congregate living facility staff*
Data Source	*MDH Data and/or CRISP Data*
Numerator	*Count of staff at the long-term care/congregate living facility on the last*

	day of the month who were tested over previous 30 days
Denominator	*Total number of staff over 30 days*
Calculation	*Calculate the percent change from previous 30 days*

4. Reduced COVID-19 Positivity Rate in Patients/Residents

Population	*All long-term care/congregate living facility patients/residents*
Data Source	*MDH data and/or CRISP Data*
Numerator	*Count of residents/patients positive for COVID-19 over 30 days*
Denominator	*Total number of patients/residents over 30 days*

5. Reduced COVID-19 Positivity Rate in Staff

Population	*All long-term care/congregate living facility staff*
Data Source	*MDH data and/or CRISP Data*
Numerator	*Count of staff positive for COVID-19 over 30 days*
Denominator	*Total number of staff over 30 days*

6. Reduced Rate of Patients/Residents hospitalized for confirmed or suspected COVID-19 specific Admissions

Population	*All long-term care/congregate living facility residents/patients*

Data Source	*MDH data and/or CRISP Data*
Numerator	*Count of residents/patients hospitalized for COVID-19 over 30 days*
Denominator	*Total number of patients/residents over 30 days*

7. Reduced Rate of Staff hospitalized for confirmed or suspected COVID-19 specific Admissions

Population	*All long-term care/congregate living facility staff*
Data Source	*MDH data and/or CRISP Data*
Numerator	*Count of staff hospitalized for COVID-19 over 30 days*
Denominator	*Total number of staff over 30 days*

8. Reduced 30 Day Long-Term Care/Congregate Living Facility Readmissions

Population	*All long-term care/congregate living facility residents/patients discharged to the nursing home*
Data Source	*MDH data and/or CRISP Data*
Numerator	*Count of residents/patients readmitted for COVID-19 over 30 days*
Denominator	*Number of residents/patients discharged from hospital to a long-term care/congregate living facility for any cause*

9. Reduced # of COVID-19 Related Deaths in Patients/Residents

Population	*All long-term care/congregate living facility residents/patients*

Data Source	*MDH data and/or CRISP Data*
Numerator	*Count of residents/patients who died from confirmed cases of COVID-19 over 30 days*
Denominator	*Total number of nursing home patients/residents over 30 days*

10. Reduced # of COVID-19 Related Deaths in Staff

Population	*All long-term care/congregate living facility staff*
Data Source	*MDH data and/or CRISP Data*
Numerator	*Count of staff who died from confirmed cases of COVID-19 over 30 days*
Denominator	*Total number of nursing home staff over 30 days*