

Value-Based Payment for Fee-for-Service Home and Community-Based Services Technical Assistance for Medicaid Agencies

Expression of Interest Form

This expression of interest form is intended to guide the Medicaid Innovation Accelerator Program's (IAP's) selection of states for participation based on information about your state's current and planned approach to designing a value-based payment (VBP) strategy for fee-for-service (FFS) home and community-based services (HCBS).

Overview. The goals of the VBP for FFS HCBS track are to: (1) build state knowledge and capacity to design a VBP strategy for FFS HCBS and (2) move states toward implementation of a VBP strategy for FFS HCBS. Program support begins in March 2020 and runs for seven months, through September 2020. The VBP for FFS HCBS track is designed to offer one-on-one technical assistance to increase state adoption of strategies that tie together quality, cost, and outcomes in support of FFS HCBS. All states are invited to submit an expression of interest form. IAP will select up to 10 states to participate.

Instructions. Complete the expression of interest form and email it to MedicaidIAP@cms.hhs.gov by **midnight ET** on December 18, 2019, with the subject line "Value-Based Payment for FFS HCBS."

Selection process and next steps. Once IAP has completed conference calls with all states that submit an expression of interest form, it will determine which states' needs are best met through this track. IAP will notify states selected for participation in this VBP for FFS HCBS track by February 2020.

More information and contact. Additional information about these program Assistance opportunities can be found on IAP's [Promoting Community Integration Through Long-Term Services and Supports](#) web page.

For questions about this Medicaid IAP opportunity, contact Melanie Brown at melanie.brown@cms.hhs.gov, using the subject line "Value-Based Payment for FFS HCBS."

I) General Information

1. Name of your state Medicaid agency:
2. Name of your State Medicaid Director:
3. The State Medicaid Director acknowledges that the state is seeking this technical assistance:
 Yes No

4. **State team lead.** Please provide contact information for the state Medicaid agency team lead. If applicable, a state Medicaid agency also can include an HCBS operating agency co-lead.

Name	Title	Organization	Email Address	Phone Number

5. **State core team.** Provide the contact information for the state’s core team of three to six senior staff members from the state Medicaid agency and from other agencies such as departments on aging and disability and/or other health and service agencies. The core team will lead the state's efforts.

Name	Title	Organization	Email Address	Phone Number

6. The State Medicaid Director acknowledges that the team has or will have sufficient staff time and resources committed to this effort:
 Yes No

7. If applicable, the HCBS operating agency director acknowledges that the team has or will have sufficient staff time and resources committed to this effort:

Yes No

8. For states that identify a target population that is served primarily by an HCBS operating agency or component, indicate below that you understand that, if selected, a letter of commitment from that agency is required for participating in this track:

Yes No

9. **Additional team members.** The state team may include team members beyond the state’s core team listed above from the Medicaid agency and other agencies. Provide the contact information for additional team members.

Name	Title	Organization	Email Address	Phone Number

II) Assessment of the State Request for Technical Assistance

As you complete the questions below, please note that IAP will consider states at varying stages of developing their VBP initiative. States may be beginning to explore this area and request support in building their knowledge and embarking on the initial stages of developing a VBP strategy for FFS HCBS. Alternatively, states may already have begun planning a VBP strategy for FFS HCBS and require technical assistance in specific areas to support continuing progress.

1. Identify whether your state is in the planning or implementation phase of a VBP for FFS HCBS initiative, and provide a brief description of your current and planned activities:

My state is currently **exploring and building knowledge** around a VBP strategy for FFS HCBS.

My state is **actively planning** a VBP strategy for FFS HCBS.

My state is currently **implementing or operating** an active VBP strategy for FFS HCBS.

2. Selected states will receive technical assistance to assist them in: (1) building knowledge and capacity to design a VBP strategy for FFS HCBS and (2) moving toward implementation of a VBP strategy for FFS HCBS. Explain how these goals align with your state's VBP for FFS HCBS activities and what your state intends to achieve through its participation in IAP.

3. My state's VBP for FFS HCBS initiative will include—

Populations with intellectual and developmental disabilities

Populations with a physical disability

Aging populations

Medically frail populations

All of the above

Other/Unsure. Please explain:

4. Select areas of technical assistance that would be most helpful to your state's VBP for FFS HCBS initiative (select all that apply):

Aligning financial incentives in a VBP strategy for FFS HCBS with overall state policy objectives for HCBS

Identifying a quality measurement strategy, including measure review and selection

Effectively engaging stakeholders during the initiative design and/or implementation phases

Identifying data sources and designing approaches to analyzing data to support a VBP for FFS HCBS initiative

Designing VBP strategies for FFS HCBS that offer both financial and nonfinancial incentives

Monitoring the impacts of the VBP for FFS HCBS initiative on providers

Identifying strategies to expand successful VBP for FFS HCBS initiatives to new populations, programs,

or providers

Other. Please explain:

5. Indicate how the areas of technical assistance selected in Question 4 will support your state's identified goals related to designing a VBP for FFS HCBS initiative.

6. Is there anything else you would like to share that you think is important as we consider your state for participation?

III) Scheduling a Conference Call

IAP will contact all states that submit an expression of interest form to schedule a one-on-one conference call to discuss each state's goals and needs as well as answer questions about the technical assistance offered. Please indicate your team's availability for this conference call by placing an *X* next to your team's **top three** dates and times.

January 6, 12:00 – 1:00 pm ET

January 6, 1:00 – 2:00 pm ET

January 6, 4:00 – 5:00 pm ET

January 7, 12:00 – 1:00 pm ET

January 9, 1:00 – 2:00 pm ET

January 9, 3:00 – 4:00 pm ET

January 10, 4:00 – 5:00 pm ET

January 13, 4:00 – 5:00 pm ET

January 14, 2:00 – 3:00 pm ET

January 15, 2:00 – 3:00 pm ET