

Reducing Substance Use Disorders Program Area Medication-Assisted Treatment Affinity Group 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 in the Medication-Assisted Treatment (MAT) Affinity Group. A Program Overview document that describes the technical assistance available to Medicaid agencies can be found on the [Reducing Substance Use Disorders](#) page on Medicaid.gov.

Selection process. Up to 10 states will be selected as participants in each of the topic area components. On the expression of interest (EOI) form, states must indicate the components in which they would like to enroll. States may participate in all three components. A list of the topic area components is provided on this form; please see the Program Overview document on the [Reducing Substance Use Disorders](#) page on Medicaid.gov for a full description of each component. IAP will notify selected state teams by **early February 2020**.

Instructions. Complete the EOI Form and email it to sudcms@us.ibm.com by **midnight ET on January 10, 2020**. For questions about this technical assistance opportunity, contact roxanne.dupert-frank@cms.hhs.gov.

Background

1. Name of your Medicaid agency:
2. Name of your Medicaid Director:
3. The Medicaid Director acknowledges that the state is seeking this IAP technical assistance:
☐ Yes
☐ No
4. The Medicaid Director acknowledges that the team has or will have sufficient staff time and resources committed to this effort:
☐ Yes
☐ No
5. Do managed care organizations in your state administer substance use disorder benefits (fully or partially), including the provision of MAT?
☐ Yes
☐ No

Topic area component selection. Please indicate the topic area component(s) in which your state would like to participate in the section below.

Component 1: Role of Opioid Treatment Programs (February–April 2020)

Description: Participating states will learn about and receive group technical assistance focused on ways to assess the role and functions of opioid treatment programs by reviewing best practices from other states, quality metrics, and any applicable state reporting requirements.

1. Does your state want to participate in this component?
☐ Yes
☐ No
2. Describe any relevant work that your state has developed on this component, if applicable.

3. Provide a brief description of your state's plans and goals related to this component.

4. Provide contact information for the state team members who will be involved in this component.

State Team Lead

Name	Title	State Agency	Email Address	Phone Number

State Team Members (add more rows as needed)

Name	Title	State Agency	Email Address	Phone Number

5. What types of technical assistance do you anticipate that your team will need to develop a strategic work plan for this component (e.g., data sources, examples from other states)?

Component 2: Key MAT Strategies to Enhance Access (April–June 2020)

Description: Participating states will receive group technical assistance in conducting a high-level review of their programs and payment arrangements for MAT to assess opportunities to impact MAT access.

1. Does your state want to participate in this component?

☐ Yes

☐ No

2. Describe any relevant work that your state has developed on this component, if applicable.

3. Provide a brief description of your state's plans and goals related to this component.

4. Provide contact information for the state team members who will be involved in this component.

State Team Lead

Name	Title	State Agency	Email Address	Phone Number

State Team Members (add more rows as needed)

Name	Title	State Agency	Email Address	Phone Number

5. What types of technical assistance do you anticipate your team will need/want to develop a strategic work plan for this component (e.g., data sources, examples from other states)?

Component 3: Performance Metrics (June–August 2020)

Description: Participating states will receive technical assistance focused on identifying existing, nationally vetted measures for assessing MAT access, quality, and/or outcomes that are relevant to their state’s MAT goals.

1. Does your state want to participate in this component?
☐ Yes
☐ No
2. Describe any relevant work that your state has developed on this component, if applicable.
3. Provide a brief description of your state’s plans and goals related to this component.

4. Provide contact information for the state team members who will be involved in this component.

State Team Lead

Name	Title	State Agency	Email Address	Phone Number

State Team Members (add more rows as needed)

Name	Title	State Agency	Email Address	Phone Number

5. What types of technical assistance do you anticipate your team will need to develop a strategic work plan for this component (e.g., data sources, examples from other states)?

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