

**Medicaid Innovation Accelerator Program  
Reducing Substance Use Disorders (SUD)  
Medication-Assisted Treatment Roundtables  
Expression of Interest Form**

This Expression of Interest form is intended to guide the Medicaid Innovation Accelerator Program's (IAP) selection of states for participation in the Medication-Assisted Treatment (MAT) Roundtables. A Program Overview document that describes the technical support available for state Medicaid agencies can be found on the [Reducing Substance Use Disorders page on Medicaid.gov](#).

**Selection process and next steps for participating**

- **Active Participants:** Each roundtable will have up to 10 states that actively participate and represent their state's viewpoints in the discussions. States may have multiple active participants in each roundtable. However, one person per state will need to be appointed as the lead active participant. This individual is responsible for collecting viewpoints from his/her state and sharing them during the roundtable. To be an active participant, each state should complete the Expression of Interest Form below and email it to [sudcms@us.ibm.com](mailto:sudcms@us.ibm.com) by **February 21, 2019, midnight ET**.

State active participant selection will be based on: (1) indication of a viewpoint that will cultivate substantive discussions during the webinar; (2) submission of discussion topics on the state's viewpoint and questions related to the MAT topic of the roundtable; and (3) approval from the state Medicaid director. IAP will notify states selected for participation in this collaborative learning opportunity by March 1, 2019.

- **Listen-Only Participants:** State attendees that would like to attend the roundtables in "listen mode" only do not need to complete this form. Instead, they are asked to submit an email to [sudcms@us.ibm.com](mailto:sudcms@us.ibm.com) indicating they would like to attend in "listen mode" and the IAP team will add them to the webinar registration invitations.

For questions about this technical support opportunity, contact [katherine.griffith@cms.hhs.gov](mailto:katherine.griffith@cms.hhs.gov).

For more information about IAP Substance Use Disorders technical support opportunities available to states, visit the [Reducing Substance Use Disorders page on Medicaid.gov](#).

**Medication-Assisted Treatment Roundtables  
Expression of Interest Form**

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 to participate in these Roundtables:  
  
     Yes      No
  
4. The state Medicaid Director acknowledges that the roundtable participate has or will have sufficient staff time and resources committed to this effort:  
  
     Yes      No

**Roundtable participation.** For the roundtable(s) your state would like to actively participate in, please use the space provided to indicate your state’s viewpoint on the topic and include discussion points and questions you would like to have addressed during the roundtable discussion. Please also identify the name(s) and contact information of any individual who would be actively participating for each roundtable (it can be different for each topic).

**1. Pharmacotherapy or Medication-Assisted Treatment: Which Is Preferable?**

- a. Your state’s viewpoint:
  
  
  
- b. Potential discussion points:
  
  
  
- c. Questions you would like to have addressed:

**Participant(s)**

Name	Title and State Agency	Email Address	Phone Number

**2. The Value of Withdrawal Management: Where’s the Return on Investment?**

- a. Your state’s viewpoint:
  
- b. Potential discussion points:
  
- c. Questions you would like to have addressed:

**Participant(s)**

Name	Title and State Agency	Email Address	Phone Number

**3. The Role of Opioid Treatment Programs: Time for a Change?**

- a. Your state’s viewpoint:
  
- b. Potential discussion points:
  
- c. Questions you would like to have addressed:

**Participant(s).**

Name	Title and State Agency	Email Address	Phone Number

**4. Low Barrier Medication-Assisted Treatment. What Will It Take to Increase the Uptake of Alternative Access Models?**

- a. Your state’s viewpoint:
  
- b. Potential discussion points:
  
- c. Questions you would like to have addressed:

**Participant(s).**

Name	Title and State Agency	Email Address	Phone Number

**5. Medication-Assisted Treatment Collaborative Care: Is It the Only Way to Increase Access?**

- a. Your state’s viewpoint:
  
- b. Potential discussion points:
  
- c. Questions you would like to have addressed:

**Participant(s).**

Name	Title and State Agency	Email Address	Phone Number

**6. Medication-Assisted Treatment: Should All SUD Treatment Organizations Be Required to Provide It?**

- a. Your state’s viewpoint:
  
  
  
  
  
  
  
  
  
  
- b. Potential discussion points:
  
  
  
  
  
  
  
  
  
  
- c. Questions you would like to have addressed:

**Participant(s).**

Name	Title and State Agency	Email Address	Phone Number