

**Medicaid Beneficiary Advisory Council
Planning and Implementation**

***Opportunity for Engagement***

**Released: November 18, 2024**

**Applications due: December 18, 2024, 5:00 pm AKST**



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| KEY information |
| Purpose | The Center for Health Care Strategies (CHCS) is seeking applications from a Alaska community entity to assist the Alaska Department of Health (DOH) with the design and implementation of the [federally required](https://www.cms.gov/newsroom/fact-sheets/ensuring-access-medicaid-services-cms-2442-p-notice-proposed-rulemaking-0) Medicaid advisory groups. The community entity will bring expertise in engaging with Medicaid members and ensure that the lived experience, preferences and priorities of Medicaid members are reflected in the state member-only Beneficiary Advisory Council.  |
| Key Dates | **November 18, 2024**: Application release**December 18, 2024:** Applications due, 5:00 pm AKST**January 10, 2025:** Award Announcement**January 2025**: Kick-off meeting with Alaska Medicaid |
| Eligibility | All community-based entities (for and non-profit) are eligible to apply. Community organizations must have established relationships with Medicaid members, and experience serving this population in some capacity. |
| CHCS Contact | For questions, please contact Jamye Chapman, CHCS at jchapman@chcs.org  |

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| **About the Center for Health Care Strategies**The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. CHCS supports partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit [www.chcs.org](http://www.chcs.org/).  |

# Background

Medicaid programs increasingly recognize the value of partnering directly with individuals with Medicaid lived experience to inform program and policy design and implementation efforts, including through advisory committees. Medicaid programs have a heightened imperative to establish or bolster member engagement mechanisms, given proposed [rules](https://www.cms.gov/newsroom/fact-sheets/ensuring-access-medicaid-services-cms-2442-p-notice-proposed-rulemaking-0) from the Centers for Medicare and Medicaid Services. In Alaska, this means making changes to its existing Medical Care Advisory Committee (MCAC) as well as creating a new advisory body called the Beneficiary Advisory Council (BAC).

The [Center for Health Care Strategies](https://www.chcs.org/) (CHCS) is facilitating a year-long learning collaborative to assist state Medicaid programs with the design or implementation of their BAC. Selected state participants include **Alaska**, **Arizona**, **Maine**, **Michigan**, **Alaska**, **Oregon** and **Virginia**. As part of this learning collaborative, CHCS is making available up to $25,000 to a community-based entity in each state, including Alaska, to enhance efforts to build meaningful and sustainable partnerships with Medicaid members by incorporating lived experience and guidance into the BAC design process and implementation strategy.

# Purpose

Community-based entities can offer insights into Medicaid members’ needs, preferences, and challenges, grounding the design and implementation of the BAC and changes to the MAC in real-life experiences, while also highlighting key opportunities. Their expertise and local knowledge will help shape an informed, empathetic, and member-responsive group. Additionally, they act as a bridge — building trust and communication channels between the Medicaid agency and community members. In addition to contributing expertise with community engagement, community entities will help connect Medicaid members to Medicaid staff so that members’ critical input will help shape more equitable, effective, and community-centered programs.

## Eligibility

This EOIpresents an opportunity for community-based entities to directly influence the creation or strengthening of Medicaid member advisory groups in Alaska. Any state or local community-based entity is eligible to apply, including for-profit and non-profit community entities. Community entities will work directly with DOH to finalize the scope of work in support of the BAC design and implementation.

Organizations must possess the following capabilities:

* Ability to recruit a diverse set of Medicaid members to join existing consumer members in participating in BAC planning and implementation efforts;
* Ability to convene listening sessions, focus groups, or other facilitated sessions to meet state objectives for the BAC;
* Ability to capture member input and share information with Alaska Medicaid to inform BAC planning activities;
* Ability to identify individuals for potential participation in the state BAC;
* Organizational capacity/infrastructure to compensate outreach participants for their time and expertise;
* Ability to provide necessary accommodations and supports to outreach participants to ensure their active participation (i.e., technology support, meals, childcare, etc.);
* Ability to meet with DOH and CHCS as needed, including:
	+ Monthly technical assistance calls with state team/CHCS;
	+ Additional meetings with DOH, as necessary.

## Selection Criteria

Proposals selected for funding through this grant will be those deemed most promising in expanding and refining the state’s existing consumer advisory subcommittee of the Medicaid Advisory Committee into the Beneficiary Advisory Council.

Applicants are expected to demonstrate the following through their proposals:

* + - An understanding of Medicaid members’ needs and priorities;
		- A clear plan to engage the Medicaid members to inform the design and implementation of the BAC;
		- Ability to facilitate discussions to create foundational policy documents, such as a charter and bylaws;
* Staffing and internal resource capacity to successfully carry out project activities;

## Use of Grant Funds

Grant funds will be used for project-related expenses, such as:

* Information-gathering activities (e.g., in-person and virtual convenings);
* Meeting facilitators;
* Medicaid member compensation and expense reimbursement;
* Staff compensation.

Grant funds may not be used for: (a) any purpose other than the grant’s intended purpose; (b) to influence the outcome of any election for public office; (c) to carry out any voter registration drive; or (d) for any purpose that is inconsistent with Section 501(c)(3) of the U.S. Internal Revenue Code.

Applicants must submit a line-item budget and budget narrative for the project using the budget template and preparation guidelines as outlined in the Application section of this EOI.

## Timeline

Following is a schedule for the **Opportunity for Engagement**

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| Key Date | **Details** |
| December 18, 2024 | Submit applications via email to: jchapman@chcs.org  |
| January 10, 2025 | Participant selection notification |
| January 2025 | Kick-off Meeting |
| Project Period | January 2025—July 2025 |

# Submission Information and Deadline

All applications must be submitted to CHCS by **5:00 pm AKST, December 18, 2024**.

Application materials must include:

* Completed Application (See next page)
* Budget and Budget Narrative
* W-9 (dated within the last 24 months)
* Audited Financial Statements (most recent fiscal year)
	+ When audited financial statements are not available, any of the following documents will be accepted: most current balance sheet, income statement, or cash flow statements

**Please combine all application materials into a single PDF document and email to: jchapman@chcs.org**

# Medicaid Beneficiary Advisory Council Design and Implementation: Application Template

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| **Organization Name** |  |
| **Website** |  |
| **Contact Person** |  |
| **Title** |  |
| **Email Address** |  |
| **Phone Number** |  |

##  Organizational Background

Provide a brief description of your organization’s mission, history, and population served.

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##  Proposed Approach

Please describe how your organization can support the Alaska Medicaid’s design and implementation of the Medicaid BAC. As part of your response, please describe:

* How your organization will identify and recruit a diverse set of Medicaid members to participate in information gathering sessions related to the design and implementation of the BAC;
* Your approach(es) for gathering information, including survey, virtual and in-person options;
* Your strategy to capture member input and share with the state;
* How your organization could start identifying BAC members and connect them to the state;
* Your strategy for compensating Medicaid members for their time and expertise;
* Which populations you have the greatest experience and expertise in reaching; and
* Which populations you may need help with reaching.

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##  Organizational Capacity

Please describe the key staff who will be involved in the project and what their roles will be. In addition, please answer the following:

* Your capacity to participate in regular planning and TA calls with CHCS and Alaska DOH.
* Your capacity to compensate Medicaid members for their time and expertise.
* What, if any, are the perceived challenges or barriers to engaging with Medicaid members as part of BAC design and implementation, and potential strategies to overcome these challenges or barriers
* What resources, if any, will be needed to support the project?

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##  Timeline with Proposed Milestones

Please provide a detailed timeline with proposed milestones for the duration of the grant.

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| **Milestone** | **Strategy for achieving milestone** | **Date of completion** |
| Recruit Medicaid members to participate in BAC planning and implementation  |  |  |
| Convene information-gathering sessions (e.g., listening sessions, focus groups, etc.)  |  |  |
| Capture member input and share information with state |  |  |
| Identify Medicaid members for BAC participation  |  |  |
| Produce a charter and bylaws that meets BAC and OHA approval |  |  |

## Budget Worksheet and Budget Narrative

Please complete the budget worksheet and narrative for the project that includes amounts for the following categories:

* **Personnel Costs** *–* e.g., staff time and associated fringe expenses.
* **Direct Costs** *–* e.g., incentives for member and community participation, meeting expenses and/or facilitators, polls and surveys, information-gathering efforts, project space, and office operations **(excluding office occupancy costs)**.
* **Indirect Costs** *–* administrative expenses related to overall operations. Indirect costs are limited to 20% of the total budget (**excluding purchased services).**

Grant funds may not be used for: (a) any purpose other than the grant’s intended purpose; (b) to influence the outcome of any election for public office; (c) to carry out any voter registration drive; or (d) for any purpose that is inconsistent with Section 501(c)(3) of the U.S. Internal Revenue Code.