

FAQ: Accelerating Access to Continuous Glucose Monitors in Medicaid to Improve Diabetes Care

As Medicaid agencies and their partners work to develop [CGM Access Accelerator](#) applications, the following are frequently asked questions to support states in developing their submissions. As a reminder, CHCS can support interested applicants with program-related inquiries. Please direct questions to CGMAccess@chcs.org, and a CHCS team member follow up as soon as possible.

Program Overview

How long is the *CGM Access Accelerator* program?

The *CGM Access Accelerator* program period is 18-months (September 2023 – February 2025).

What is the difference between the *CGM Access Accelerator* program and *CGM Policy Navigator*?

The *Accelerator* program is a comprehensive 18-month technical support and peer learning opportunity for Medicaid agencies and their partners and includes the ability to direct up to \$75,000 in *Accelerator* funds to support CGM efforts (See **Financial Support** below). The *Navigator* program is available to all states and is separate from the *Accelerator* program, offering ad-hoc and less intensive technical support to states to increase CGM access in Medicaid.

What is the time period for states' *Accelerator* projects?

The CHCS team will meet states where they are on their journey to expand CGM access, and will work closely with states to develop a tailored approach to maximize the impact of project effectiveness. The project does not need to cover the entire 18-month period, and it can extend beyond 18 months, as long as any potential funding provided through the *Accelerator* program are expended by the end of the program period in February 2025.

Do states have to commit to changing a CGM policy as part of their *Accelerator* projects?

No. States' *Accelerator* projects may be designed to provide information that will help states understand options and implications of a policy decision that would expand access to CGMs. States do not have to commit to a policy change in advance of participating in the program.

Eligibility Criteria

Who needs to be included in state teams?

As included in the [Request for Applications \(RFA\)](#), “State teams should include a project lead and key staff from the state’s Medicaid agency whose responsibilities overlap with the proposed project to increase access to CGMs [...] Cross-sector teams that also include staff from child welfare, long-term

care, mental health, public health, pharmacy, and broader health and human services ‘super agencies’ are encouraged to apply. State teams may also include representatives from outside state government, including health plans, community, and/or provider organizations, that are key partners necessary to achieve the goals of the state’s proposed project. Teams from all states, commonwealths, and territories are invited to apply.”

Can the lead applicant/project lead be from outside the Medicaid agency as long as there are key Medicaid staff included on the project team?

Because a key goal of this program is to expand CGM coverage within Medicaid, teams are strongly encouraged to designate a project lead from the state’s Medicaid agency, particularly someone whose responsibilities overlap with the proposed project. However, CHCS will consider teams that include a leader from another agency, as long as key Medicaid staff are on the project team and are involved in Medicaid policy decision-making within the agency, and that this is clearly indicated in the application.

Financial Support

Do project teams receive financial support directly?

In addition to technical assistance from the CHCS project team, *CGM Access Accelerator* program participants will have the ability to direct up to \$75,000 in funds to advance their proposed project. CHCS will manage the funds, working closely with state teams to direct funding to fulfill their project goals. CHCS fund management is intended to be a benefit to states by eliminating any cumbersome transfer processes.

Are there any restrictions on the use of funds?

Funding cannot be used for lobbying or to support internal staff time. While there is no other explicit list of restrictions, CHCS will work closely with project teams to make sure funds are used effectively to expand CGM policy coverage in states.

Project Ideas

The RFA includes examples of potential Accelerator projects, including, but not limited to:

- Transitioning to CGM pharmacy benefit;
- Developing a pilot project to demonstrate the value of CGMs;
- Conducting an analysis to identify and address gaps in CGM access and utilization;
- Leveraging community partner(s) to better understand the CGM needs of individuals on Medicaid;
- Developing and/or updating quality measures for providers and health plans to adopt that encourage the use of CGMs to better manage patients with diabetes; and
- Implementing expanded CGM coverage as a part of a state’s equity portfolio.

The following questions are related to potential project examples:

- ***For states interested in conducting a financial analysis and evaluation of a new CGM program, would CHCS conduct the evaluation, or would they provide financial assistance to hire external partners?***

Working with the state team, funds could be used to hire an outside expert to conduct an analysis. States may already have relationships with local universities or contractors, and these funds could be directed to those entities.

- ***Can states that have already transitioned CGM to a pharmacy benefit participate in this program?***

Yes. This RFA is a great opportunity for states to continue to advance access to CGMs in other ways.

- ***Under this opportunity, would it be possible to pilot a program to track the health outcomes of CGM use with diabetes self-management education and support (DSMES) classes?***

While CHCS cannot give preliminary approval of projects before states formally apply, we can work with state teams prior to and after application submission to ensure projects align with the intended goals and objectives of this program.

- ***Is this program open to all types of formulary strategies for CGM devices?***

Yes.

CHCS encourages interested participants to reach out to CGMAccess@chcs.org for additional questions, including around gaining preliminary feedback on proposed Accelerator projects.

This FAQ document may be periodically updated as necessary. Please [visit the program page](#) for updates.