Medicare Academy Request for Applications: Frequently Asked Questions (FAQs)

On August 17 and 19, 2022, the Center for Health Care Strategies (CHCS) held informational calls about the Medicare Academy training opportunity and Request for Applications (RFA). Following are questions and answers from the calls that may assist applicants in considering the opportunity and preparing a response to the RFA. Additional questions about the project may be submitted to Alexandra Kruse (akruse@chcs.org) or Lida Momeni (lmomeni@chcs.org).

General Questions

1. **Will the Medicare Academy training opportunity be offered again next year?**

   There are currently no plans to offer either the multi-state or single-state academies again; however, select training resources from the Medicare Academy project will be posted to CHCS’ website in late 2023.

Team Composition

2. **Can the multi- or single-state Medicare Academy training be attended by only one state staff member?**

   The Medicare Academy opportunity is designed to build Medicare capacity in more than one individual in selected states. CHCS recognizes that in many states only one staff member may be responsible for Medicare-Medicaid integration activities today; however, a central goal of participation in the academy is to spread Medicare knowledge beyond a single individual. This may help position Medicaid agencies to sustain knowledge through staff expansions, transitions, and retirements. For this reason, we are unable to accept applications with one participant. Applicants are welcome to consider other Medicaid staff who could be more broadly involved in Medicare-Medicaid integration (e.g., enrollment, eligibility, long-term services and supports, or behavioral health) or staff from partner agencies that are involved in advancing integrated programs or policy for dually eligible beneficiaries.

3. **Can managed care organization representatives or other external partners join our state team?**

   Academy participants will be limited to staff within Medicaid agencies and partner organizations. Staff from managed care organizations or other entities serving dually eligible populations can find helpful Medicare-related resources on the Integrated Care Resource Center website, which posts helpful Working with Medicare webinars.
4. **Would the multi-state training opportunity be appropriate for staff who are at different levels of understanding of Medicare-Medicaid integration issues?**

Yes, the multi-state training is geared to staff with a range of different levels of understanding. Our first session will include content focused on helping newer staff build foundational Medicare knowledge. The training sessions build on each other so that participants gradually take on more complex issues. Accompanying resource guides will provide additional background materials to help newer staff.

5. **It may be difficult for us to prioritize 2-3 staff to participate in the multi-state training opportunity. Is there flexibility to include more participants?**

CHCS asks interested applicants to limit their proposed team to their top three participants. To the extent that an applicant has an identified need for training for a broader team, they are welcome to include information in their application regarding other agency staff who would benefit from this type of training. The RFA includes a question asking applicants to indicate if they are interested in being considered for the single-state academy.

6. **Can participants change their team composition after being selected?**

CHCS understands staffing changes may occur during the multi-state training. Should a Medicaid agency already be aware of upcoming changes, we ask that you describe any expected staffing changes within the application. CHCS will work directly with selected participants to address any staffing changes that may occur during the academy.

**Clarification of Application Questions**

7. **The RFA asks applicants to specify near-term goals that will advance Medicare-Medicaid integration within 18 months. Our gubernatorial election is this fall and state priorities may change if there is a change in administration. Will this training be a good opportunity for us, or would it be better for us to make use of the academy’s online resources available in late 2023?**

Interested applicants are encouraged to specify any possible changes in the state landscape and how that might impact academy participation, state goals, or key milestones. For example: *Is a change in administration likely to impact the Medicaid agency’s ability to seek or obtain buy-in, legislative authority, or federal waiver authorities? How likely is it that the state’s integration goals would be impacted by a change? Would the timeline for advancing the state’s goals be altered?* Applicants should also describe their current efforts and defined goals even if a timeline is yet to be determined.

8. **What if our state won’t be implementing an integrated care program until 2026?**

Interested applicants will need to demonstrate a near-term need (within 18 months of the academy start date) in which they will need to apply Medicare knowledge to integrated care program development or refinement. Applicants will not be required to launch an integrated care program within 18 months but should have clear goals to advance their integration efforts within that time. For example, a state might have a strategy for how the academy can support their efforts to design a new program within the next 18 months. In reviewing applications, we will evaluate whether states have well-defined, near-term plans to develop or refine a Medicare-Medicaid integrated care program.
9. **Could you define what kinds of activities fall under developing or refining an integrated care program? What type of integrated care goals would be appropriate?**

Examples of potential activities include, but are not limited to:
- Developing a Medicaid managed long-term services and supports program and aligning it with Dual Eligible Special Needs Plans (D-SNPs);
- Capitating D-SNPs to cover Medicaid long-term services and supports and/or behavioral health services;
- Transitioning a Financial Alignment Initiative (FAI) demonstration to an integrated D-SNP model;
- Implementing exclusively aligned enrollment between D-SNPs and Medicaid managed care organizations (MCOs);
- Aligning a Medicaid health home program with D-SNPs; and
- Significant expansions of existing integrated programs to serve new populations or areas.

10. **What types of resources should a state describe in its application?**

Applicants should describe any resources they have that will help them use or maintain the knowledge their team gains through the *Medicare Academy* or that will help them to accomplish their integrated care goals. Examples of these resources include:

- Budget authority to hire or reclassify staff and/or direction to establish a dedicated Medicare-Medicaid integration office or unit within the state;
- Grant funding from the Arnold Ventures *Advancing Medicare & Medicaid Integration* initiative or other funding source; or
- A technical assistance partner or consultant that can support integration efforts.

**Eligibility**

11. **Can states with an FAI demonstration apply?**

An FAI demonstration state will have a near-term need for Medicare knowledge to develop or refine an integrated care program if the state chooses to transition Medicare-Medicaid Plans (MMPs) to integrated D-SNPs. While this need is evident, an interested demonstration state will still need to describe how participation in the *Medicare Academy* will help the state achieve its integration goals.

12. **Can a state participating in the *Advancing Medicare & Medicaid Integration* initiative participate in the *Medicare Academy*?**

States participating in the *Advancing Medicare & Medicaid Integration* initiative can participate in the academy. Interested states should describe their grant-funded project in the available resources section of the application.
Single-State Training Opportunity

13. **What is the single-state training opportunity, and how is it different than the multi-state training opportunity?**

The single-state training opportunity will have a shorter duration than the multi-state training opportunity’s 10-month timeframe. This more intensive, single-state training will allow participation of a larger state team, and the content will be geared to the state’s specific environment, needs, and goals. CHCS will select a state that seeks to refine a currently existing integrated care program or plans to implement a new program. The selected state will have a demonstrable need for in-depth and tailored training support for its state Medicaid director and a cohort of staff within the Medicaid agency and from partner agencies, as opposed to the limit of 2-3 participants in the multi-state training. The single-state training opportunity may include two multi-day, onsite sessions with 2-3 additional virtual, training or priority-setting sessions to occur in between the onsite visits.

Like the multi-state training opportunity, the Medicare Academy sessions and objectives in the single-state cohort will be tailored to offer practical and applied learning for state participants. State teams selected for the multi-state training opportunity will not be eligible for the single-state training opportunity due to some overlap in the curriculum and training period.

14. **Can the team for the single-state training include staff from related agencies or departments such as the ombudsman’s office or State Health Insurance Assistance Program (SHIP)?**

Yes, we expect the participating team will include a broad range of staff from within the Medicaid agency or from related agencies or departments that have a role in advancing the state’s integration efforts. Examples include those who work in Medicaid enrollment or eligibility (including an enrollment broker, should a state utilize one), staff from agencies administering aging/long-term services and supports, behavioral health or developmental disabilities programs, or from the state ombudsman or SHIP offices.