*Building State Capacity for Community-Informed Policymaking Learning and Action Series: Implementing a Medicaid Beneficiary Advisory Council*

*Request for Applications*

**Released: April 9, 2024**

**Applications due: May 30, 2024**



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| KEY information |
| Purpose | The Center for Health Care Strategies (CHCS) is seeking applications from Medicaid programs to join the ***Building State Capacity for Community-Informed Policymaking Learning and Action Series****,*an initiative to assist states in creating or enhancing Medicaid member advisory groups. This project will support participants in developing approaches that align with the Centers for Medicare & Medicaid Services’ (CMS) [final regulations](https://public-inspection.federalregister.gov/2024-08363.pdf) on Medicaid Advisory Committees (MAC) and Beneficiary Advisory Councils (BAC) to support more equitable, effective, and community-informed Medicaid programs and policies. Selected states will learn from their peers and national experts on promising practices to ultimately implement a BAC.  |
| Key Dates | April 9, 2024 – RFA release April 25, 2024 – [Informational webinar](https://chcs.zoom.us/webinar/register/WN_cg8c7CSBSM6QLy32vccCXw), 1-2pm ETApril 30, 2024 – Non-binding Expression of InterestMay 30, 2024 – Applications due by 5:00 pm ETLate June 2024 – Selection notificationJuly 2024 - August 2025 – Project period |
| Eligibility | All states, commonwealths, and territories are invited to apply. CHCS will support up to five Medicaid programs that are developing or seeking to strengthen a BAC, aligned with the final CMS rules. Strong applications will describe a commitment to creating a sustainable and effective BAC empowered to inform program and policy decision-making. Applicant teams must include staff overseeing Medicaid member engagement, but could also include staff from other divisions that oversee policymaking.Participants must work with a community entity or entities to bring Medicaid lived experience into the design and implementation process. States with an existing community entity relationship can apply as a team; otherwise, selecting a community entity or entities, such as community-based non-profits or social services agencies, will occur during the project. In both cases, funding will be available to support this effort. |
| CHCS Contacts | For questions, please contact Anna Spencer, CHCS senior program officer, at aspencer@chcs.org.  |

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| About the Center for Health Care StrategiesThe 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 Medicaid members to inform program and policy design and implementation efforts. States use a variety of strategies to engage with Medicaid members, including through advisory committees. However, opportunities exist to enhance these efforts and drive internal culture change within Medicaid agencies to build meaningful and sustainable partnerships with community members. Medicaid programs have a heightened imperative to establish or bolster member engagement mechanisms, given new [CMS rules](https://public-inspection.federalregister.gov/2024-08363.pdf) for states to create a new advisory body that center members’ participation. The rules call on states to reimagine their Medical Care Advisory Committee (MCAC) to include Medicaid members and rename as the Medicaid Advisory Committee (MAC). It also involves creating a new Medicaid member-only advisory group, referred to as a Beneficiary Advisory Council (BAC).

# Purpose

To support states in creating this new type of member advisory group in line with CMS’ new requirements, CHCS is launching the ***Building State Capacity for Community-Informed Policymaking Learning and Action Series*.** This project will support Medicaid programs in establishing or strengthening a Beneficiary Advisory Council aligned with CMS’ vision for centering Medicaid members’ lived experience in Medicaid program and policy decision-making processes. Throughout the project, participating states will be required to partner with a community entity or entities to ensure that Medicaid member lived experience is reflected in the design and implementation of the BAC to help shape more equitable, effective, and community-centered programs. In addition to contributing expertise with community engagement, community entities will help connect Medicaid members to Medicaid staff so that members’ critical input informs this work.

Under the initiative, CHCS will offer capacity building and tailored technical assistance (TA) to five state participants that will center on:

Building states’ understanding of member engagement and advisory group promising practices;

Supporting states to partner with a community entity or entities and Medicaid members to develop a BAC action plan;

Facilitating internal culture change to increase organizational commitment and capacity related to the BAC; and

Building internal staff capacity and processes to ensure BAC input is translated into program and policy design.

# Program Description

### Program Activities

The ***Building State Capacity for Community-Informed Policymaking*** ***Learning and Action Series*** presents an opportunity for Medicaid programs to establish or strengthen a BAC that operates in coordination with the broader state MAC, per CMS’ recently released [final regulations](https://www.cms.gov/newsroom/fact-sheets/medicaid-and-childrens-health-insurance-program-managed-care-access-finance-and-quality-final-rule).

Key activities will include:

1. **Conducting a landscape assessment.** State teams will catalog existing Medicaid member engagement strategies and mechanisms in their states and identify opportunities to improve alignment across various Medicaid member engagement activities, including the BAC.
2. **Formalizing a partnership with a community entity or entities**. Community entities can offer insights into Medicaid members’ needs, preferences, and challenges, grounding the advisory group 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 Medicaid and community members and the state. Participating state teams will be expected to partner with a community entity or entities to bring lived experience to the creation of the BAC action plan and its implementation. CHCS will make regrants of up to $25,000 available to the community entity to support action plan coordinating efforts, including compensating community members for their time and expertise.
3. **Developing a BAC action plan.** The BAC action plan will identify the steps necessary to implement or strengthen the member advisory group, in accordance with final CMS rules. The plan, developed in partnership with Medicaid members, will include advisory group goals, timelines, and accountability structures, and will articulate early milestones for launching or strengthening the advisory group with related measures of success. These could include outreach and enrollment of advisory board members, developing a compensation policy, formalizing accountability mechanisms to ensure member input is integrated into decision-making, and the co‑development of a group charter.
4. **Implementing the BAC.** State participants will be expected to implement or strengthen a BAC in partnership with the community entity and Medicaid members. The group should align with the final CMS rules and include structures and processes to ensure that member feedback is meaningfully integrated into program and policymaking.

### Program Supports

Selected state Medicaid programs will receive the following supports to complete the above program activities:

1. **In-person convening.** This 1.5-day convening will occur in fall 2024 (date TBD). Sessions will focus on CMS final requirements for states to establish a BAC, its coordination with the MAC, member engagement and advisory group promising practices, community entity identification, and BAC action plan development and implementation.
2. **Group learning sessions.** Selected states will participate in virtual group learning sessions (60-90 minutes) every other month, which will center on member engagement and advisory group promising practices. These sessions will be tailored to state priorities and identified needs, allowing states to learn from their peers, relevant subject matter experts, and other states that have successfully implemented member advisory groups.
3. **Monthly** **virtual TA meetings.** Participants will explore specific implementation topics and challenges through monthly, 60-minute virtual meetings. These meetings will provide a peer learning forum, as well as input from CHCS and other expert partners, to support state participants.

CHCS will distill lessons from the participating states’ efforts, and share best practices publicly through a national webinar, case studies, and an implementation toolkit to guide BAC development.

## Timeline

Following is a tentative schedule for the ***Building State Capacity for Community-Informed Policymaking*** ***Learning and Action Series****:*

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| Key Date | **Details** |
| April 25, 2024, 1:00-2:00 pm ET | Optional informational webinar for potential applicants. To register, visit: [**https://chcs.zoom.us/webinar/register/WN\_cg8c7CSBSM6QLy32vccCXw**](https://chcs.zoom.us/webinar/register/WN_cg8c7CSBSM6QLy32vccCXw)*(Applicants are not required to participate in this webinar.)* |
| April 30, 2024 | Notify CHCS if a state plans to apply. Send an informal, non‑binding email to Anna Spencer, CHCS senior program officer, at **aspencer@chcs.org**.*States that do not notify CHCS may still apply.* |
| May 30, 2024, 5:00 pm ET | Submit applications via email to: **aspencer@chcs.org**. |
| Late June 2024 | Participant selection notification |
| July 2024 | Kick-off virtual session |
| September 2024 | In-person convening (date TBD) |
| July 2024 – August 2025 | Project period |

# Required Application Components

Applications should include:

**Application narrative.** Strong applications will describe current and planned goals and activities that demonstrate a commitment to a BAC. Narratives should indicate the Medicaid program’s desire to engage in the entire learning and action series, including collaboration with CHCS, TA providers, and community-based entities. See the [application template](#_Statement_of_Commitment) on pages 7-11.

**Statement of commitment.** A letter of support from the State Medicaid Director confirming commitment to participating in the initiative and authorizing staff time to participate in the learning and action series.

## Submission Information and Deadline

All applications must be submitted to CHCS by **5:00 pm ET, May 30, 2024**.

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

All questions should be directed to **aspencer@chcs.org**.

*Building State Capacity for Community-Informed Policymaking Learning and Action Series*:
Application Template

***Note:*** *Please keep answers brief. Do not change document margins and keep font at size 11.*

# Statement of Commitment

To participate, applicants must obtain a letter of support from the State Medicaid Director confirming commitment to participating in the initiative and authorizing staff time to participate in the learning and action series.

# Application Narrative

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| **State/Territory Name:**  |  |

## Does your Medicaid program currently have a Medicaid member advisory group, or is it prioritizing the development of such a group?

[ ]  **Yes**

[ ]  **No**

**If yes, please describe the work to date:**

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## What steps has your Medicaid program taken to actively implement community engagement strategies? Please select all that apply.

[ ]  **Established a multi-stakeholder team**: Brought together health care professionals, policy experts, and community stakeholder representatives to create a diverse team dedicated to policy development.

[ ]  **Conducted Medicaid member needs assessments**: Engaged with the community through surveys, town hall meetings, and/or focus groups to understand their needs and priorities.

[ ]  **Formulated community-informed policy drafts**: Based on community input, drafted policies that reflected the voice and needs of the community.

[ ]  **Incorporated a feedback loop**: Circulated policy drafts among community stakeholders and experts for feedback and suggestions for improvement.

[ ]  **Other** activities *(please describe)*

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## What challenges or barriers has your state encountered in engaging with Medicaid members, their families, and caregivers?

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## Describe your motivation for participating in this learning and action series and what you hope to achieve if selected.

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## Identify topics you would like to explore through this learning series. Select all that apply:

**Engagement and Trust Building**

[ ]  Establishing trust

[ ]  Promoting transparency

[ ]  Partnering with community entities

**Compensation and Inclusivity**

[ ]  Providing equitable compensation

[ ]  Promoting diversity and inclusion

**Methodological Approaches**

[ ]  Using a trauma-informed approach

[ ]  Assessing impact/evaluation

**Advisory Group Functions**

[ ]  Medicaid member advisory group outreach, recruitment, and retention promising practices

[ ]  Medicaid member advisory group governance

[ ]  Collaborative decision-making and power-sharing with community entities

**Other topics** *(please describe):*

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## Indicate your top three learning series topics selected in Question #5. Provide additional context for your interest in exploring these topics (150-word max).

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## Team Participants

Applicant teams must include Medicaid staff. Teams may also include individuals from other agencies. Community entity may be included as part of a team in this application or specified during the early phase of the initiative. CHCS recommends 3-5 team members from the Medicaid agency.

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| **Describe the planned role and responsibilities**:  |
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