CDC’s 6|18 Initiative: Technical Assistance Application

# Key Information

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| *Purpose* | With support from the Robert Wood Johnson Foundation, the Center for Health Care Strategies (CHCS) and the Association for State and Territorial Health Officials (ASTHO) are conducting an open solicitation inviting Medicaid agencies and public health departments to indicate interest in receiving technical assistance to implement the [Centers for Disease Control and Prevention’s (CDC) 6|18 Initiative](https://www.cdc.gov/sixeighteen/index.html). This technical assistance (TA) offers a unique opportunity to help Medicaid and public health officials collaborate on cost-effective prevention interventions that have improved health and controlled costs on four high-burden health conditions — asthma, high blood pressure, inappropriate antibiotic use, and tobacco use. |
| *Application issued* | October 1, 2019 |
| *Applications due* | November 4, 2019 at 5:00 PM ET |
| *Selection Announcement* | November 22, 2019 |
| *Project Period* | January 2020 – January 2021  *(with the option for teams to receive an additional six months of TA)* |
| *In-person Launch Convening* | January 14-15, 2020 (Atlanta, GA) |
| *CHCS Contact* | Alissa Beers, Associate Director, Population Health [abeers@chcs.org](mailto:abeers@chcs.org) |

# Eligibility Criteria

To be eligible for this TA opportunity, applicants must:

* Have commitments from their Medicaid director and state/territorial health official with appropriate team representation from each agency; and
* Commit to participation by representatives from both agencies in two in-person convenings and all other project activities (e.g., individual-state TA calls, peer calls/webinars, etc.) over the TA cycle.

# Selection Criteria

Applications will be assessed by a panel of independent national experts using the following criteria:

* Strength of the state’s proposed 6|18 goal(s) including any health and cost targets the state/territory would like to achieve;
* The state/territory’s goals for enhanced Medicaid-public health partnership in the future.
* The existence of any past/current cross-agency partnerships to advance prevention activities or population health goal(s).

# How to Apply

Any state or territories interested in participating in the 2020 – 2021 cycle of TA to support implementation of the Centers for Disease Control and Prevention’s (CDC) *6|18 Initiative* interventions should complete the application below, including past recipients of [6|18 Initiative](https://www.chcs.org/project/advancing-public-commercial-payers-implementation-cdcs-618-initiative/) TA, in order to be considered.

Interested states will be required to select **ONE** 6|18 priority health condition of focus (i.e., tobacco use, asthma, high blood pressure, and inappropriate antibiotic use). While states will be required to choose just one condition on which to receive TA, Medicaid-public health teams are encouraged to collaborate to implement prevention strategies across all 6|18 conditions.

Note: technical assistance opportunities around type 2 diabetes and unintended pregnancy prevention are not included as part of this opportunity. The National Association of Chronic Disease Directors (NACDD) and the Division of Diabetes Translation (DDT/CDC) will engage up to six states in type 2 diabetes prevention activities for 6|18 through a separate process, therefore that condition is not included as part of this application. Additionally, while unintended pregnancy prevention remains a priority 6|18 focus area, technical assistance is not available to support intervention implementation for that topic at this time.

Please respond to all questions in this document and send your completed form as an email attachment to Alissa Beers at [ABeers@chcs.org](mailto:ABeers@chcs.org) **by 5:00 PM ET on November 4, 2019.** The information you provide will be used to select states and territories to participate in this 6|18 Initiative TA opportunity. No identifiable information will be shared beyond the project team. Please refer to the enclosed Project Description for additional information about the project design, benefits and expectations of participation, and selection process.

If selected to participate in this TA opportunity, your Medicaid-public teams must attend a 60-minute orientation call between **December 9 and December 20, 2019.** Please indicate all dates and times (between 9:00 am and 5:00 pm ET) your state/territorial team may be available for an orientation call:

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*If you have any questions**about this form, the submission process, or CDC’s 6|18 Initiative, please contact Alissa Beers at* [*ABeers@chcs.org*](mailto:ABeers@chcs.org) *or (609) 528-8400.*

# General Information

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| State |  |
| Medicaid Director |  |
| State/Territorial Health Official |  |

Please indicate the following:

1. The **state/territorial Medicaid director** is aware and supportive of the state’s/territory’s desire to participate in this *6|18 Initiative* TA opportunityand acknowledges that the team will have sufficient staff time and resources to partake in this effort (which will include bi-monthly implementation support calls, virtual learning events, and up to two in-person convenings):

Yes  No

1. The **state/territorial** **health official** is aware and supportive of the state’s/territory’s desire to participate in this *6|18 Initiative* TA opportunityand acknowledges that the team will have sufficient staff time and resources to partake in this effort from (which will include bi-monthly implementation support calls, virtual learning events, and up to two in-person convenings):

Yes  No

# Project Team

Note: Medicaid and public health project leads will serve as points of contact for scheduling the bi-monthly TA call series, setting TA call agendas, maintaining action plans, and conveying information to the larger team.

## Medicaid

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| Medicaid Project Lead | |
| Name |  |
| Title |  |
| Agency |  |
| Email address |  |
| Phone number |  |
| Additional Medicaid Team Members | |
| Name |  |
| Title |  |
| Agency |  |
| Email address |  |
| Name |  |
| Title |  |
| Agency |  |
| Email address |  |

## Public Health

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| Public Health Project Lead | |
| Name |  |
| Title |  |
| Agency |  |
| Email address |  |
| Phone number |  |
| Additional Public Health Team Members | |
| Name |  |
| Title |  |
| Agency |  |
| Email address |  |
| Name |  |
| Title |  |
| Agency |  |
| Email address |  |

## Additional Team Members

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| --- | --- |
| Additional Team Members | |
| Name |  |
| Title |  |
| Agency |  |
| Email address |  |
| Name |  |
| Title |  |
| Agency |  |
| Email address |  |

# 6|18 Initiative Health Condition and Interventions of Interest

Please select **ONE** of the four 6|18 priority health conditions listed below to focus on. Please also specify the corresponding intervention(s) of interest. If the state/territory has not yet determined the intervention(s) it would like to pursue, support will be provided during the project period to help the state/territory choose intervention(s).

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| 1. Reduce Tobacco Use |
| Interventions:  1.a. Increase access to tobacco cessation treatments, including individual, group, and telephone counseling and FDA-approved cessation medications—in accordance with the 2008 Public Health Service Clinical Practice Guidelines and the 2015 U.S. Preventive Services Task Force recommendations.  1.b. Remove barriers that impede access to covered cessation treatments, such as cost sharing and prior authorization.  1.c. Promote increased use of covered treatment benefits by tobacco users. |
| 2. Control Asthma |
| Interventions:  2.a. Use the 2007 National Asthma Education and Prevention Program as clinical practice guidelines.  2.b. Promote strategies that improve access and adherence to asthma medications and devices.  2.c. Expand access to intensive self-management education by licensed professionals or qualified lay health workers for patients whose asthma is not well-controlled with medical management.  2.d. Expand access to home visits by licensed professionals or qualified lay health workers to provide intensive self-management education and reduce home asthma triggers for patients whose asthma is not well-controlled with medical management and self-management education. |
| 3. Control High Blood Pressure |
| Interventions:  3.a. Implement strategies that improve adherence to anti-hypertensive and lipid-lowering prescription medications via expanded access to: low cost medication copayments, fixed dose medication combinations, extended medication fills; innovative pharmacy packaging; improved care coordination using standardized protocols, primary care teams, medication therapy management programs and self-monitoring of blood pressure with clinical support.  3.b. Provide home blood pressure monitors to patients with high blood pressure and reimburse for the clinical support services required for self-measured blood pressure monitoring. |
| 4. Improve Antibiotic Use |
| Interventions:  4.a. Require antibiotic stewardship programs in all hospitals and skilled nursing facilities, in alignment with CDC’s Core Elements of Hospital Antibiotic Stewardship Programs and The Core Elements of Antibiotic Stewardship for Nursing Homes.  4.b. Improve outpatient antibiotic prescribing by incentivizing providers to follow CDC’s Core Elements of Outpatient Antibiotic Stewardship. |

# 6|18 Initiative Interest and Goals

1. Please select the current level of collaboration between Medicaid and public health (choose one).

**Aligning** *(a formal structure is in place with agreements such as MOUs/contracts; identified set of aligned priorities and outcome goals across agencies and leaders; shared data/measurement system)*

**Collaborating** *(exchanging information, altering activities, sharing resources, enhancing the capacity of one another to achieve a common purpose)*

**Cooperating** *(exchanging information, altering activities, and sharing resources to achieve common purpose)*

**Coordinating** *(exchanging information and altering activities to achieve common purpose)*

**Networking** *(exchanging information)*

No interaction at all

1. Please select the mechanisms your state has used or are currently in place for Medicaid-public health cross-agency partnership *(choose all that apply)*.

Shared data/measurement system (e.g., data-sharing agreement)

Formal agreements, such as contracts and MOU(s)

Aligned priority objectives and/or outcome goals

Shared staff and/or liaison position between two agencies

Shared funding arrangements or mechanisms between the two agencies

Regular meetings between public health and Medicaid leadership

Regular meetings between public health and Medicaid project staff

Other cross-agency partnership mechanisms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

None

1. Please describe how the state/territorial Medicaid agency and public health department has collaborated on any population health or prevention-related projects or activities in the past 2-3 years.

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1. Please describe the state/territorial goals for enhanced Medicaid-public health partnership in the future.

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1. For the health condition the state/territory would like to focus on under CDC’s 6|18 Initiative (as indicated in the table above), please describe:
   1. The overall **cross-agency goal/ issue** you are trying to address;

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* 1. The **specific health and cost target**s that the state/territory would like to achieve related to the selected condition (and any data or metrics the state/territory may use to measure the impact of this initiative);

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* 1. Any **health disparities** among target populations) the state/territory would like to target for improvement(e.g., all Medicaid beneficiaries in a specific geographic area, high-risk individuals, etc.);

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* 1. Any **barriers** the state/territory foresees in working to implement interventions related to the selected condition;

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* 1. Any **progress** the state/territory has made to date on adopting/implementing interventions related to the selected condition; and

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* 1. Any **other efforts** (public and/or private) in which the state/territory is engaged to address the selected condition.

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# Technical Assistance Needs/Interests

One-on-one TA and group learning opportunities offered by CHCS, ASTHO, CDC, CMS, and other subject matter experts are available to states/territories participating in this TA opportunity. Examples of TA include: strategic guidance, peer connections/information-sharing, webinars, document reviews, environmental scans, and more. Please check the boxes below for TA topics that your state/territory may be interested in, including additional suggestions as desired.

Data access, analysis, and dissemination  
 Evidence/examples demonstrating intervention’s impact   
 Guidance on developing a business case/ROI for coverage  
 Provider engagement, education or training  
 Beneficiary engagement, education or training  
 Medicaid health plan contractual negotiation guidance   
 State-level Medicaid policy development or implementation guidance  
 Strategies to increase health equity

Collaboration between Medicaid, public health, and Medicaid managed care  
 Strategies to sustain Medicaid-public health initiatives

Other, please specify:

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**Measuring Progress and Monitoring Outcomes**

In the future, if CDC were to conduct an assessment to determine the impact of the *6|18 Initiative* on policy or program changes, would your state/territory be willing and able to participate in such an assessment?

Yes  No