



Promoting Medicaid Delivery Models for the National Diabetes Prevention Program Through Managed Care Organizations and/or Accountable Care Organizations

Available to State Medicaid Agencies in Collaboration with Managed Care Organizations and/or Accountable Care Organizations and State Health Departments

Applications due: May 18, 2016 by 11:59 pm ET to Kelly McCracken by email at kmccracken@chronicdisease.org.

A. OPPORTUNITY, BACKGROUND and PURPOSE

Opportunity: This project provides an opportunity for your state to pioneer ways to offer the National Diabetes Prevention Program (National DPP) to the Medicaid population through Managed Care Organizations and Accountable Care Organizations (MCO(s)/ACO(s))* . With the recent announcement by Secretary Burwell that the National DPP will be the first preventive program under the Affordable Care Act (ACA) to be expanded from an innovation pilot to coverage for the Medicare population, it is a historic moment for your state to be involved in foundational work to deliver this proven program to the Medicaid population. Through this project, your state will experience the benefits of your Medicaid beneficiaries participating in a year-long lifestyle change program that allows ongoing member engagement opportunities for your MCO(s)/ACO(s). This program addresses and reduces beneficiaries' risk for diabetes, which results in the improved health of members and can assist in controlling long-term costs.

*This funding announcement includes, but is not limited to Managed Care Organizations and Accountable Care Organizations. Any organization using a value-based approach to providing care is eligible. Throughout the document these entities will be referred to as MCO(s)/ACO(s).

Project Purpose: The purpose of this funding opportunity is to demonstrate how state Medicaid agencies, in collaboration with state health departments, can implement a delivery model for the National DPP, either alone or as part of a bundled package of chronic disease preventive services, to Medicaid beneficiaries at high risk for type 2 diabetes through MCO(s)/ACO(s). Operationalization of this delivery model, which includes actual program delivery, screening and referrals, patient activation, billing and payment can be delegated to one or more MCO(s)/ACO(s) by the state Medicaid agency. The delivery models will be evaluated by the National Association of Chronic Disease Directors (NACDD), and successful models will be documented for use by other states. **The ultimate goal of this demonstration is to achieve sustainable coverage of the National DPP for Medicaid beneficiaries under current Medicaid authorities.**

While authorities to provide the National DPP (<http://www.cdc.gov/diabetes/prevention/>) as a covered preventive service through managed care entities currently exist, they have not always been clearly articulated or prioritized. Further, the Medicaid landscape is changing as states respond to provisions in the ACA regarding health care delivery and transformation, including new requirements related to quality measures, value-based contracting, risk management, access, and prevention.

Project Background: In July 2015, the Centers for Disease Control and Prevention (CDC) Division of Diabetes Translation (DDT) awarded a cooperative agreement through the CDC Office of State, Tribal, Local, and Territorial Support (OSTLTS) to the NACDD. The purpose of this cooperative agreement is to test the feasibility and effectiveness of various models to promote Medicaid coverage for the National DPP.

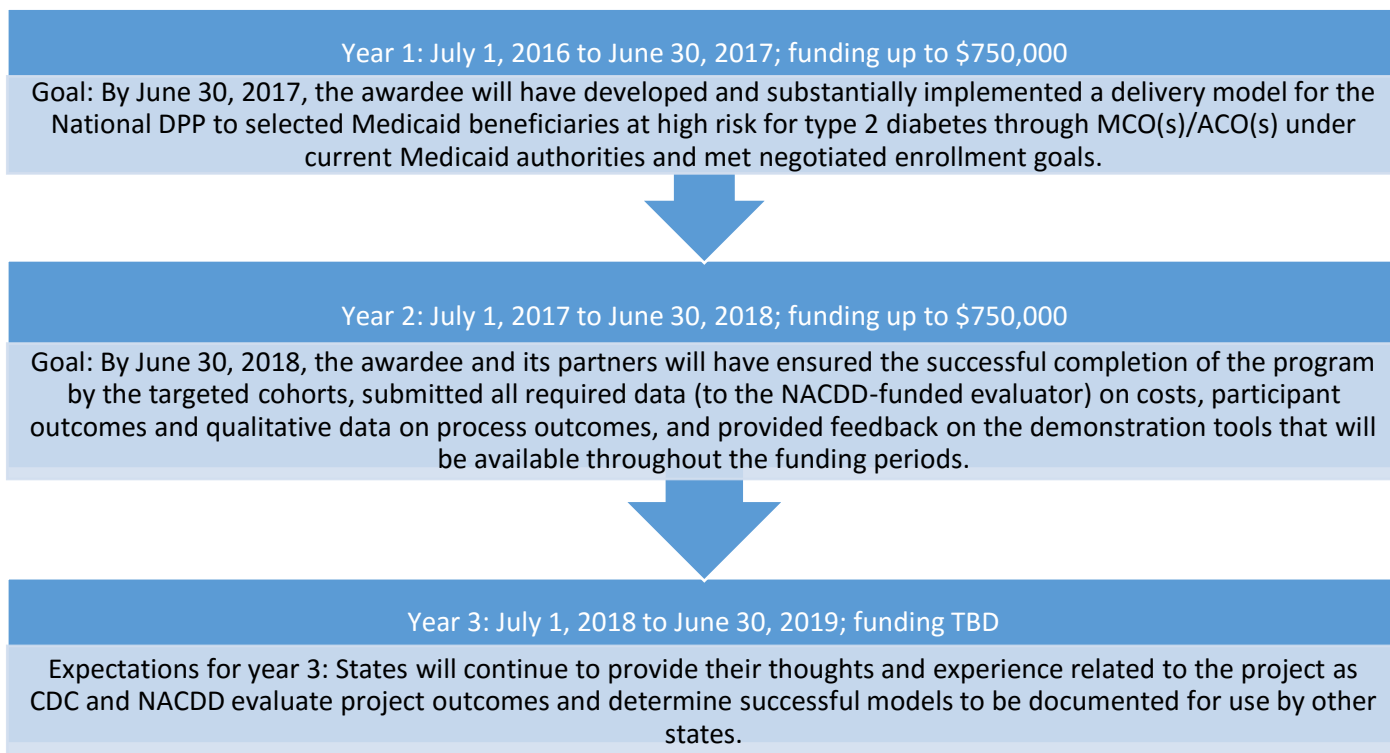
The National DPP is an evidence-based program based on the original Diabetes Prevention Program (DPP) randomized control trial led by the National Institutes of Health and the CDC and other translational studies that followed. People 18 years and older with prediabetes who lose 5% to 7% of their body weight (10- to 15-pound weight loss for a 200-pound person) and increase their physical activity to 150 minutes a week (30 minutes 5 days a week) reduce their risk

of developing type 2 diabetes by 58%; participants aged 60 and older reduce their risk by 71 percent. To learn more about the evidence behind this program please see Appendix A.

B. ELIGIBILITY

States identified through a quantitative and qualitative analysis led by a health intelligence firm are eligible to apply using this RFA process. They include (in alphabetical order): Louisiana, Maryland, Massachusetts, Minnesota, New Jersey, Oregon, Rhode Island, Washington and West Virginia.

C. TIMELINE, GOALS and FUNDING AMOUNT



States will be notified of year one awards by June 1, 2016 (anticipated). Obligation of the funds will start in June 2016, and states are required to attend an in-person state grantee kick-off meeting June 28 – 29, 2016 in Atlanta, GA (more information below in Section E). For ease, states are asked to budget from July 1, 2016 to June 30, 2017. Payment of funds will occur through a series of scheduled invoices as determined by NACDD. For more information on the budget, please see Section F below.

D. PROJECT ROLES and SUPPORT

The matrix below provides a high-level overview of project roles, including the support states can expect from NACDD, CDC and contractors. Some project partners may have multiple roles, and it is at the discretion of the state Medicaid agency and their identified organizations to develop project roles that support a delivery model that satisfies the project goals and deliverables. States will outline their proposed delivery model, and the specific roles of the state Medicaid agency, MCO(s)/ACO(s), CDC-recognized National DPP lifestyle change program(s) and the state health department within the proposed model, in the **Medicaid Delivery Models for the National Diabetes Prevention Program RFA Application Form** (described in more detail in Section F below).

Project Roles Matrix	Fiscal Agent	Screening and Referral	Enrollment and Engagement	Program Delivery	Project Coordination	Data Collection	Evaluation	“Tools” to Support the Delivery Model	Documentation of delivery model to a coverage model under current Medicaid authorities
State Medicaid Agency	X	X	X		X	X			X
MCO(s)/ACO(s)		X	X	X		X			X
State Health Department			X		X	X			X
CDC-recognized Lifestyle Change Program			X	X		X			X
NACDD/CDC/Health Intelligence Firm and Evaluation Contractor						X	X	X	X

State Medicaid Agency: The state Medicaid agency will act as the lead applicant for this funding opportunity. Possible roles for the state Medicaid agency include:

- Determine which MCO(s)/ACO(s) participate in the demonstration.
- Act as a fiscal agent for the grant funds.
- Determine which subset of the state Medicaid population is offered access to the National DPP through this demonstration (states are to outline the proposed reach of the demonstration in the **Medicaid Delivery Models for the National Diabetes Prevention Program RFA Application Form** described in more detail in Section F below).
- Overall project coordination, in particular data collection coordination with the NACDD-funded evaluator. The NACDD evaluator will need data from the different entities involved in the proposed delivery model including cost information, participant outcome data and qualitative data on process outcomes.
- Secure or enter into data sharing agreements (as applicable) with/between the state Medicaid agency, the MCO(s)/ACO(s) and the CDC-recognized lifestyle change program(s) by October 1, 2016.

Operationalization of the proposed delivery model can be delegated to the MCO(s)/ACO(s) by the state Medicaid agency.

MCO(s)/ACO(s): The MCO(s)/ACO(s) is responsible for operationalizing the delivery model for the National DPP to the selected Medicaid beneficiaries they serve. Possible roles for the MCO(s)/ACO(s) include:

- Determine the eligibility of Medicaid beneficiaries for the National DPP, and initiate enrollment no later than November 1, 2016 (approximately 120 days from the start of the project).
- Determine how potential participants will be screened, diagnosed, referred to and enrolled in CDC-recognized lifestyle change programs. Community Health Workers (CHWs) or other non-licensed healthcare providers may be part of this process.
- Determine a billing/payment model between the MCO(s)/ACO(s) and the CDC-recognized lifestyle change program(s) (as applicable) by October 1, 2016. The model should address billing/payment for both the administrative costs and the program delivery costs.

- Determine the delivery network. MCO(s)/ACO(s) may either contract with existing CDC-recognized programs (in-person and/or virtual programs) or become CDC-recognized and offer the program themselves, but new programs must have received pending recognition from CDC's Diabetes Prevention Recognition Program (DPRP) within 90 days of the initial award. This process takes less than 30 minutes to complete and can be done online: http://www.cdc.gov/diabetes/prevention/lifestyle-program/apply_recognition.html. If the MCO(s)/ACO(s) is delivering the program directly, delivery costs will need to be documented.
- Collect and report project data (as applicable) to the NACDD-funded evaluator. Existing data will be used to the extent possible. Data to be collected will include:
 - Cost information for: 1) screening, identification (eligibility) and referrals; 2) recruitment, enrollment and engagement; 3) program delivery (including lifestyle coach training/salary and program coordinator salary; if not salaried, include hourly rate); 4) infrastructure costs (data collection and submission, claim submission, billing and coding); and 5) additional costs needed to support Medicaid participants.
 - Participant outcome data for the National DPP (i.e. participant weight and minutes of exercise). Please see https://nccd.cdc.gov/DDT_DPRP/SessionData.aspx for more information.
 - Qualitative data on process outcomes used to evaluate both the delivery model and the tools developed for this project, including a step-by-step guide for offering the National DPP within Medicaid (to be developed by a health intelligence firm contracted by NACDD).
- Secure or enter into data sharing agreements (as applicable) with/between the state Medicaid agency, the MCO(s)/ACO(s) and the CDC-recognized lifestyle change program(s) by October 1, 2016.

State Health Department: The state health department is responsible for working with the state Medicaid agency to determine the delivery model to be implemented in the state. While the state health department currently receives separate funding from the CDC to support access to, reimbursement for and use of the National DPP in your state and will be valuable partners in this project, it is permissible for state health departments to also receive funding from this project depending on their role. Possible roles for the state health department include:

- Overall project coordination.
- Function as an expert advisor to the state Medicaid agency and the MCO(s)/ACO(s) at the discretion of the state Medicaid agency.
- Coordinate with MCO(s)/ACO(s) or CDC-recognized lifestyle change programs to determine engagement and enrollment strategies for Medicaid beneficiaries.

CDC-recognized Lifestyle Change Programs: New or existing CDC-recognized lifestyle change program(s) (in-person programs and/or virtual programs) must be used to deliver the program to Medicaid beneficiaries. New programs must receive pending recognition from CDC's DPRP within 90 days of the initial award. MCO(s)/ACO(s) can become CDC-recognized and offer the program themselves. In addition to program delivery, possible roles for the CDC-recognized lifestyle change program(s) include:

- Collect and report project data (as applicable) to the NACDD-funded evaluator to include:
 - Cost information for: 1) screening, identification (eligibility) and referrals; 2) recruitment, enrollment and engagement; 3) program delivery (including lifestyle coach training/salary and program coordinator salary; if not salaried, include hourly rate); 4) infrastructure costs (data collection and submission, claim submission, billing and coding); and 5) additional costs needed to support Medicaid participants.
 - Participant outcome data for the National DPP (i.e. participant weight and minutes of exercise). Please see https://nccd.cdc.gov/DDT_DPRP/SessionData.aspx for more information.
- Coordinate with MCO(s)/ACO(s) or the state health department to determine engagement and enrollment strategies for Medicaid beneficiaries.
- Secure or enter into data sharing agreements (as applicable) with/between the state Medicaid agency, the MCO(s)/ACO(s) and the CDC-recognized lifestyle change program(s) by October 1, 2016.

NACDD, CDC, contracted Health Intelligence Firm and contracted Evaluator: NACDD commits to provide regular and consistent technical assistance and consultation to awardees throughout the project's duration via email, individual

and group conference calls, in-person meetings/training, webinars, additional virtual gatherings such as learning collaboratives, linkages to National DPP expertise, as well as materials, templates, or tools needed to promote successful delivery models for the National DPP within Medicaid MCO(s)/ACO(s). Additional support will be provided through site visits and ongoing one-on-one communications.

While states will be responsible for participating in data collection and reporting to the NACDD-funded evaluator, all data analysis and evaluation will be conducted by this evaluator. The purpose of the evaluation is to help document challenges and successes, and provide information necessary to translate the demonstrated models for use by other states. States participating in the demonstration project will not be penalized for evaluation findings.

A contracted health intelligence firm will be responsible for developing tools, including a step-by-step guide for offering the National DPP within Medicaid, to help states implement their respective delivery model(s). The NACDD-funded evaluator will analyze qualitative data from states regarding the efficacy of the tools. All states will have access to the tools developed for the demonstration project and various learning opportunities to assist with use of the tools.

NACDD, CDC and the health intelligence firm will document the results of the demonstrated delivery models and translate them into products that can be replicated in other states.

E. PROJECT DELIVERABLES

1. Participation of up to four people in 1) a state grantee kick-off meeting on June 28 - 29, 2016 in Atlanta, GA to collaboratively develop the work plan, performance measures and evaluation plan with NACDD, CDC, a health intelligence firm and the NACDD-funded evaluator; and 2) a year-end state grantee meeting to review learnings from the first grant year (anticipated date is June of 2017). Recommended participants include project leads from the state Medicaid agency, state health department chronic disease program and MCO(s)/ACO(s). **Travel for both of these meetings will be paid for by NACDD and SHOULD NOT BE included in the draft budget.**
2. Expected reach estimates. Awardees should describe the expected reach of the demonstration (page 3 of the application), and begin enrolling eligible Medicaid beneficiaries into CDC-recognized lifestyle change program(s) through the proposed delivery model(s) no later than November 1, 2016 (approximately 120 days from the start of the project).
3. Delivery network design (page 3 of the application). MCO(s)/ACO(s) may either contract with existing CDC-recognized programs (in-person programs and/or virtual programs) or can become CDC-recognized and offer the program themselves, but new programs must have received pending recognition from CDC's DPRP within 90 days of the initial award.
 - a. Determine a billing/payment model between the MCO(s)/ACO(s) and the CDC-recognized lifestyle change program(s) (as applicable) by October 1, 2016. The model should address billing/payment for both the administrative costs and the program delivery costs. If the MCO(s)/ACO(s) is delivering the program directly, delivery costs will need to be documented.
 - b. While new or existing CDC-recognized lifestyle change program(s) (in-person programs and/or virtual programs) must be used to deliver the program to Medicaid beneficiaries, data (i.e. weight and minutes exercise) for the demonstration participants does not have to be submitted to the CDC as part of the DPRP recognition process, but will be collected by the NACDD-funded evaluator.
4. Data sharing agreements (as applicable) with/between the state Medicaid agency, the MCO(s)/ACO(s) and the CDC-recognized lifestyle change program(s) will be entered into or secured by October 1, 2016 (page 3-4 of the application).
5. Participation in data collection and reporting to an NACDD-funded evaluator as outlined by the draft evaluation plan to be created at the June 28 – 29, 2016 state grantee kick-off meeting in Atlanta, GA (see 1. above). Data

collection includes, but is not limited to: cost information, participant outcome data and qualitative data on process outcomes (page 4 of the application).

6. Participation in the use and evaluation of tools developed for this project by a health intelligence firm (or other entities as determined by NACDD and CDC), including a step-by-step guide for offering the National DPP within Medicaid.
7. Participation in monthly individual conference calls with NACDD, and a quarterly virtual multi-state learning collaborative.
8. Participation in site visits with NACDD, the health intelligence firm and the NACDD-funded evaluator during the project period (exact dates TBD).
9. Participation in NACDD invoicing procedures, as guided by NACDD’s Finance Office.

F. APPLICATION SUBMISSION PROCESS AND REQUIREMENTS

The state Medicaid agency application for this RFA includes completion of the required “Medicaid Delivery Models for the National Diabetes Prevention Program RFA Application Form” (**Medicaid_National DPP RFA Application Form**) which includes the identification and proposed roles of the state Medicaid agency, MCO(s)/ACO(s), CDC-recognized lifestyle change program(s) and the state health department within the proposed delivery model. Other requirements include a **letter of commitment** from the state health department and a **draft project budget** from the state Medicaid agency. Below is an overview of the scoring criteria:

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|---|---------------------------|
| • Medicaid_National DPP RFA Application Form | 70 points |
| • Letter of commitment from the state health department | 10 points |
| • Draft budget | <u>20 points</u> |
| | Total = 100 points |

The **Medicaid_National DPP RFA Application Form** is a writable Word document with scored sections totaling **70 points** of the 100 points total for this application package. The scored sections of the application form cannot exceed 8 pages, and must be typed using size 11 font. Applications not using the appropriate form, or applications without all sections completed, may not be reviewed.

The **letter of commitment** from the state health department must be signed by the state Chronic Disease Director or authorized designee and indicate who (by name and title) from the state health department will act as a project partner in this work. Commitments to accomplish the stated project goals and deliverables with the state Medicaid agency as well as the specific role the state health department will perform must be explicitly stated in the letter. This required letter signifies **10 points** of the 100 points total for this application package and does not count toward the page limit.

A **draft budget** must be submitted by the state Medicaid agency, reflecting an award amount up to \$750,000 and a project period spanning one year, beginning on July 1, 2016 and ending on June 30, 2017. Obligation of the funds will start in June 2016, but for ease of budgeting, states are asked to budget from July 1, 2016 to June 30, 2017. The draft budget reflects **20 points** of the 100 total points for this application package and does not count toward the page limit.

- The **draft** budget can be submitted in either Word or Excel format, and can be a high-level estimate of use of project funds and/or expenses. **Travel to the June 28 - 29, 2016 state grantee kick-off meeting and year-end state grantee meeting mentioned in Deliverable 1 above should not be included.**
- Scoring will reflect the applicant’s ability to represent the budget categories listed below in relation to the delivery model represented in the Medicaid_National DPP RFA Application Form.
- Budget categories should include the following cost categories:

- Screening and referral
- Enrollment and engagement
- Program delivery
- Staffing (to include data collection, management and reporting to NACDD evaluator)
- Sub-awards (sub-awardees may incorporate some or all of these cost categories)

The typical cost for delivering the year-long lifestyle change program is approximately \$500/participant. To the extent allowed by current state Medicaid policy, actual delivery of screening and preventive services should be covered by Medicaid. Demonstration funds should be prioritized for the development of infrastructure components (enrollment and engagement, billing and payment, etc.). Costs for infrastructure will vary depending on the experience and capacity of the state Medicaid agency, the MCO(s)/ACO(s), and the CDC-recognized lifestyle change program(s). Demonstration funds may be used to cover delivery costs that are not allowed by current Medicaid authorities.

- Sub-awardees may include, but are not limited to: MCO(s)/ACO(s), state health department staff, CDC-recognized lifestyle change program(s), and other contractors (such as third party administrators), to the extent allowed by current Medicaid authorities.
- Per NACDD policy, there is an indirect cap percentage rate of 20%.
- NACDD reserves the right to negotiate budget drafts within the first 45 days of notification for selected awardees.

In one email message, please attach the following PDF document and send via email to Kelly McCracken, NACDD Medicaid Delivery Models for the National DPP Project Manager, by 11:59 pm ET on May 18, 2016 to kmccracken@chronicdisease.org

- One PDF document consisting of the Medicaid_National DPP RFA Application Form, the letter of commitment from the state health department and the draft budget document.

Please use the following **subject line** for your message:

- Medicaid_National DPP RFA Application for (name of state)

All applications sent by the deadline will receive an email acknowledging receipt of the application by NACDD. Applications submitted after 11:59 pm ET on May 18, 2016 may not be reviewed.

Award notices for year one will be announced by June 1, 2016 (anticipated).

G. FOR MORE INFORMATION ON THIS RFA

- Visit the NACDD website at: http://www.chronicdisease.org/page/Medicaid_NDPP_RFA to download the RFA, RFA application form and any related RFA attachments or appendices.
- A conference call is scheduled for **April 21, 2016 from 12 – 1 p.m. EST**, 866-705-3849; 9161176# to answer questions about this RFA.
- For more information on the CDC's National Diabetes Prevention Program, please visit: <http://www.cdc.gov/diabetes/prevention/>
- To view the CMS Office of the Actuary certification of the Diabetes Prevention Program, please visit: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ActuarialStudies/Downloads/Diabetes-Prevention-Certification-2016-03-14.pdf>
- To view the independent evaluation report, please visit: <https://innovation.cms.gov/Files/reports/hcia-ymcadpp-evalrpt.pdf>