**Advancing Medicare & Medicaid Integration**

Thank you for your interest in the Advancing Medicare & Medicaid Integration (AMMI) initiative. Please complete this form as the initial step to applying for the funding opportunity.

The Center for Health Care Strategies (CHCS) is the National Program Coordination Office for the AMMI initiative. With support from Arnold Ventures, CHCS provides no-cost assistance to states and/or their technical assistance partners interested in applying, which includes an iterative process to assist with refinement of project concepts and design and consultation on budgeting.

Please contact CHCS at [**medicare-medicaid@chcs.org**](mailto:medicare-medicaid@chcs.org) to ask questions about this Letter of Interest (LOI) form, indicate interest in applying for the initiative, request review of draft LOIs, or discuss project ideas.

# Point of Contact

Provide the primary project point of contact.

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| --- | --- |
| **Name** |  |
| **State agency/organization affiliation** |  |
| **Email** |  |
| **Telephone** |  |

# Project Objectives

Indicate which AMMI objective(s) your project plans to address by choosing from the following:

Increasing integration between Medicare and Medicaid through existing or new models

Increasing enrollment in integrated coverage options

Ensuring that dual-eligible individuals receive services that lead to better patient experiences, higher quality of care, and reduced health care costs

*Note that projects do not need to address all three AMMI objectives to apply for funding.*

# State Background and Integration Goals

Provide an overview of your state’s current delivery system for dual-eligible individuals and how the proposed project objectives support your state’s goals for advancing integration for dual-eligible individuals. Please refer to [other AMMI grantees](https://medicare-medicaid.org/integration-in-action/) to view examples.

Please address the following questions (limit responses to 2 to 3 paragraphs):

1. **How many full-benefit and partial-benefit dual-eligible individuals are in the state?**

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1. **What is the status of integrated care options for dual-eligible individuals in your state? For example:**
   1. **Does your state have Dual Eligible Special Needs Plans (D-SNPs) or PACE?**
   2. **Does your state have Medicaid managed care organizations (MCOs) that enroll dual-eligible individuals?**
   3. **How are long-term services and supports (LTSS) and behavioral health care delivered to dual-eligible individuals?**
   4. **What plans and plan types are currently operating in the state and how many dual-eligible individuals do they enroll?**
   5. **Are any subpopulations carved out of managed care?**

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1. **If your state currently operates an integrated care model, what are program strengths that you would like to expand or build on and what are opportunities for refinement or improvement?**

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1. **What are your state’s overall goals for advancing integration for dual-eligible individuals?**

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1. **How do the proposed project objectives support efforts to address these state goals?**

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1. **Describe how the Medicaid agency currently engages beneficiaries, caregivers, community-based organizations, providers, SHIPs and enrollment counselors, and other stakeholder groups that have a direct relationship with the dual-eligible population.**

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# Project Design and Activities

For *each* project activity selected, please provide (1 to 2 paragraphs) the following information *(duplicate table as needed)*.   
See an example of a current AMMI grantee on the next page.

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| **Project activity descriptive title** |
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| **Overview of project activity and how it supports the project objectives, including what entity will be responsible for completing the activity** |
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| **Key deliverables and milestones for the project activity, including any items that will be produced as a result of completing this activity** |
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| **How the project activities and key deliverables address state policy goals and will have long-term impact** |
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| **How the project activities will address issues of health equity for dual-eligible populations in your state** |
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| **Timeline for conducting project activity within the overall project period** |
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| **Estimated cost of the project activity** |
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| AMMI Grantee Example: Hawaii in Partnership with ATI Advisory   |  | | --- | | **Project activity descriptive title** | | Data analyses of Medicare Fee-for-Service (FFS) Population | | **Overview of project activity and how it supports the project objectives, including what entity will be responsible for completing the activity** | | To inform strategies to improve program design and address health disparities, ATI Advisory is analyzing Medicare FFS utilization data (e.g., emergency department utilization demonstrating unmet need and opportunities for Medicare/Medicaid coordination) and transitions of care opportunities (e.g., skilled nursing facility admissions, hospital admission and subsequent home- and community-based services) | | **Key deliverables and milestones for the project activity, including any items that will be produced as a result of completing this activity** | | Databook on Medicare FFS utilization trends and post-acute care transitions, and program/policy strategy documents to develop managed long-term service and supports (MLTSS) program design and health disparity improvement plans | | **How the project activities and key deliverables address state policy goals and have long-term impact** | | Inform state’s goal to improve Medicaid managed long-term service and support program design, help identify health disparities, and inform State Health Insurance Assistance Program assisters’ communication methods to better educate beneficiaries about person-centered coverage determinations | | **How the project activities will address issues of health equity for dual-eligible populations in your state** | | Data analysis will help identify health disparities among utilization of services and transition of care opportunities, and inform health disparity improvement plans | | **Timeline for conducting project activity within the overall project period** | | Conduct data analyses during first year of project to inform the design of health disparity improvement strategies in the second year of the project | |

# Estimated Budget

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| **What is the total estimated budget for your project?** *(Typical awards will be between $350,000 and $800,000.)* |
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| **What is the total operating budget of the state Medicaid agency?** |
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# Project Duration

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| **What will be the total duration of your project?** *(Project durations may vary based on the scope of work but should be no more than 30 months.)* |
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# Grantee

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| **Will grant funding be paid to the state or to a technical assistance partner?** |
| |  |  | | --- | --- | | State | Technical Assistance Partner | |

# Letters of Support

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| **List all state agencies and other state and community organizations directly involved with project activities**. Include agencies, departments, or offices that will need to contribute to the proposed project or will be affected by it. |
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**With the submission of this LOI form, include letters of support from the representatives of the state agencies and organizations involved in the project activities to indicate commitment to the project and the ability to provide any data and information needed to complete the project.**