2020 Hepatitis C Medicaid Affinity Group: Expression of Interest Form

Overview

The Hepatitis C Medicaid Affinity Group was launched in December 2017 with the aim of increasing the number and percentage of people diagnosed with hepatitis C virus (HCV) infection who are successfully treated and cured. Eight states participated in Year 1 of the Affinity Group. Nine states participated in Year 2, which had an optional focus on correctional settings. For the third year (2020), the Affinity Group aims to support the continued efforts of states already participating in the group and help new state participants develop and implement custom strategies, including exploring issues and strategies related to hepatitis c screening and treatment in substance use disorder (SUD) treatment sites if the state chooses this emphasis. The Affinity Group aims to encourage collaboration between Medicaid, public health authorities, state corrections agencies, and starting in 2020, state behavioral health agencies working on SUD initiatives. We expect that each state will receive a stipend of approximately \$5,000-\$10,000 to support coordination activities.

NAME OF YOUR STATE:
A. Your Project and Goals

To be considered for participation, please respond to the following items and attach additional pages as needed.

- 1. In the past five years, what steps has your state Medicaid program undertaken to improve hepatitis C-related prevention, care quality, and outcomes? Please describe efforts to date, current status, state partners, and the extent to which partners have been involved. Optional: Please describe state efforts related to hepatitis C prevention in correctional settings or SUD treatment sites.
- 2. Briefly describe your state's proposed strategy/ies to increase the number and percentage of Medicaid beneficiaries diagnosed with chronic hepatitis C who are successfully treated and cured. (Limit length to one page). Optional: Briefly describe your state's proposed strategy/ies to addressing hepatitis C prevention in correctional settings or SUD treatment sites.
- 3. What results does your state hope to achieve by December 2020 using the selected strategy/ies? Please define your measures clearly.



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4.	. Briefly describe the impact of the opioid crisis and other substance use on your state and		
	Medicaid and public health response.		

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5.	is there any specific technica	l assistance vour state will need? If so.	please describe.

6. Provide the current number of Medicaid enrollees in your state and the number diagnosed with current HCV infection (HCV RNA positive)*. If available, provide the number of Medicaid enrollees positive for HCV RNA who have been treated or an estimate of same.

Totals	Individuals enrolled in Medicaid
Total number	
Total number with HCV RNA+	
Total treated for hepatitis C	

^{*}If HCV RNA positivity prevalence is not available, please define the prevalence indicated (e.g., HCV antibody positivity; confirmed or probable CSTE-defined cases)

B. State Team

 Please list the individuals from your state who will participate in the Hepatitis C Medicaid Affinity Group Project in the table below (add additional rows if needed).

Name	Title	Agency/ Department	Phone Number	Email Address

2.	Which of these individuals	will be the le	ad contact for	your state	team?

C. Leadership Expression of Support

Each state team participating in the Hepatitis C Medicaid Affinity Group is expected to have the support of the **Medicaid Director or designee** AND **the State Public Health Official or designee** to demonstrate the state's interest in achieving the project's goals. In addition, if the state choses to participate in corrections or SUD-related activities, we encourage involvement of an appropriate agency official. Please indicate the names of the supporting officials below.

Medicaid Official	
Name	
Signature	
Title	
Agency	
State Public Healt	n Official
Name	
Signature	
Title	
Agency	
Optional	
Correctional Agen	су Опісіаі
Name	
Signature	
Title	
Agency	
Optional	
Behavioral Health	Agency Official
Name	
Signature	
Title	
Agency	

The Expression of Interest form is due back to Corinna Dan at Corinna.Dan@hhs.gov by Friday, November 1, 2019 at 5:00 PM EST. Federal partners will review the Expression of Interest Form and select states based on the estimated impact of their proposed strategies, demonstration of support for the project, and the composition of the proposed state team. For more information about the Hepatitis C Medicaid Affinity Group go to:

https://www.hhs.gov/hepatitis/action-plan/federal-response/hepatitis-c-medicaid-affinity-group/ index.html