



2018 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 Medicaid beneficiaries diagnosed with hepatitis C virus (HCV) who are successfully treated and cured. For the second year, the Affinity Group aims to support the continued efforts of states already participating in the group, help new state participants develop and implement their own strategies, and explore issues and strategies related to HCV care in correctional settings. Given the correctional population represents about one third of total U.S. HCV cases, the Affinity Group aims to encourage collaboration between state corrections agencies, Medicaid, and public health authorities.¹

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, has your state Medicaid program undertaken work on HCV? If yes, please describe efforts to date, current status, and which state partners and the extent to which they have been involved. *Optional: Please describe state efforts related to HCV in correctional settings.***
- 2. Briefly describe your state's proposed strategy/ies to increase the number and percentage of Medicaid beneficiaries diagnosed with HCV who are successfully treated and cured. (limit length to one page). *Optional: Briefly describe your state's proposed strategy/ies to addressing HCV in correctional settings.***
- 3. What results does your state hope to achieve by December 2019 using the selected strategy/ies? Please define your measures clearly.**
- 4. Is there any specific technical assistance your state will need? If so, please describe.**

¹ *An Overview of Hepatitis C in Prisons and Jails*, National Hepatitis Corrections Network, 2016.
<http://www.hcvinprison.org/resources/71-main-content/content/191-hepcprison>



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5. Briefly describe the impact the opioid epidemic is having in your state.
6. Provide the current number of Medicaid enrollees in your state and the number diagnosed with HCV infection. If available, provide the number of Medicaid enrollees with HCV infection who have been treated or an estimate of same. *Optional: Please provide these same statistics for individuals in correctional settings.*

	Individuals enrolled in Medicaid	<i>Optional: Individuals in correctional settings</i>
Total number		
Total number with HCV		
Total treated for HCV		

B. State Team

1. Please list the individuals from your state who will participate in the Hepatitis C Medicaid Affinity Group Project in the table below.

Name	Title	Agency/ Department	Phone Number	Email Address

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



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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 equivalent** AND **the State Public Health Official** to demonstrate the state's interest in achieving the project's goals. Please indicate the names of the supporting officials below. In addition, if the state chooses to participate in the corrections-related activities, we encourage involvement of a correctional agency official.

Medicaid Official	
Name	
Signature	
Title	
Agency	

State Public Health Official	
Name	
Signature	
Title	
Agency	

Optional

Correctional Agency Official	
Name	
Signature	
Title	
Agency	

The Expression of Interest form is due back to Corinna.Dan@hhs.gov on Monday, November 19, 2018 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, evaluation of local efforts, 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-medicare-affinity-group/index.html>.