

## Tip Sheet on Preparing to Partner on the Implementation APD: Lessons Learned

You undoubtedly have other experiences in various types of partnerships from which to draw valuable lessons learned. But below are recommendations and lessons learned from your peers specific to working with Medicaid on planning for HITECH 90-10 funding (see [Module 1](#) for background information on this funding program).

- Take the time to understand CMS and Medicaid priorities, drivers and terminology. See [Module 2, Learning About CMS and Medicaid](#).
- For your state Medicaid program, this includes the key aspects of their statewide Health IT plan and any work done under the State Innovation Model (SIM) project. Information on these projects can typically be found on the Medicaid program's web site. Others in the health department may be involved or have knowledge as well.
- Keep the larger goals and outcomes in mind.
  - When getting entangled and perhaps disagreeing over the details of activities and budgets, come back to what you can all agree upon: you want to improve the cost-effective delivery of immunization services for those enrolled in Medicaid, achieving improved quality and health outcomes.
- Respect and leverage one another's knowledge.
  - Each of the partners, which may include Medicaid, the IIS and perhaps a health information exchange, will have unique and critical knowledge and perspectives on what will make the project successful. These factors might include where barriers may be lurking or how to deal with barriers.
  - "We're better together" can reflect the sentiment of better ideas emerging when different perspectives and knowledge bases comes together in earnest and respectful ways.
- Remember that Medicaid is the expert in these planning cycles, and is ultimately responsible and accountable for what gets submitted and is funded.
  - Preparing and submitting the required Implementation Advance Planning Documents (IAPD; see below and in [Module 1](#)) is a big part of what your Medicaid programs does, having years of collective experience in working with CMS and the process. Acknowledge and respect that expertise, even as you bring your own expertise in immunizations, information exchange and working with providers to the table.
- Be prepared to have only a limited view into the IAPD process as a whole since the state Medicaid program is the primary entity leading the IAPD process, and you may have an office within your health department or the State Health IT Coordinator who serves as the actual liaison to Medicaid. You may have been asked to provide information on your programs, but not always given the context or full vision of how the pieces of the IAPD fit together, or exactly what Medicaid would be evaluating in making their determination to submit a request for funds. If you believe you cannot be an effective partner because of such lack of visibility and engagement, make sure to effectively communicate this limitation to anyone who might influence the process.
- Don't be surprised if the Medicaid program does not fully understand the work of your IIS or of public health generally. This may be more likely if you are in separate agencies. This is part of why describing IIS functions in terms that resonate with Medicaid can be so important.
- Be prepared for phasing in and ramping up your activities under this program.

- When requesting funding, make sure that you include funding for project initiation, design, development and implementation. Many states forget about the costs of initiation and implementation. Implementation will last multiple months as "real world" issues are identified and the system is "fine-tuned."
- If this is a new collaboration, Medicaid may want to start slow to ensure you are a reliable partner over time. (Remember, they are accountable for this funding.)
- There may be other reasons to start slow, including challenges finding the non-federal matching dollars ([see Module 1](#)), going through a system/platform migration, or other reasons.
- You can add additional activities, staff and/or equipment purchases in subsequent years as your familiarity and confidence in the process and the partners grows.
- Realize that these HITECH FFP awards represent relatively small dollar amounts for a state Medicaid agency but a relatively large award for you in public health. These funds come to Medicaid on a reimbursement basis—they are not grants and cooperative agreements that provide funding up front—and will then be transferred from Medicaid to public health, which may require an inter-agency agreement for transfer of funds.
- Be prepared for a long approval process.
  - Obtaining final approval of an IAPD can take a significant amount of time, involving one or more rounds of CMS review and feedback. This can mean that the final approval may not come until after the start of federal fiscal year.
  - Remember that most states' budgets are on a July-to-June fiscal year, while the federal budget year is October-to-September.
- You may be required to provide a contract drafted up front, as part of the application process, to be signed as soon as funds are approved. This could include a contract amendment with your IIS vendor, with a consultant/vendor to connect with an HIE, or to connect with a web service (e.g., vaccine forecaster, data quality tool, AFIX-IIS service). Check to see if specific information or a template is required, as it may be different than you are used to working with.
- The IAPD process can take significant time. Be prepared to provide abundant documentation on your IIS, which you can often pull from your proposal narrative to CDC.