**Q&A Guide- Definitive Care Partner MOA**

1. What changes have been made from the 2018 to the 2023 MOA?
   1. Please see the attached for line-by-line comparisons.
2. Who should be signing the MOA?
   1. As VA and DoD Partners continue to recruit and build that relationship with neighboring facilities, the Definitive Care MOA serves as documentation for HHS that both the facility POC and the FCC Coordinator acknowledge the working relationship and have made contact. Once that MOA is uploaded in the FCC Dashboard/GeoHealth, HHS must approve them in the Geo Health dashboard. This serves as final acknowledgment of the facility’s participation in the NDMS system as a partner, leading to them receiving the NDMS plaque for public visibility of the voluntary agreement. In short- the MOA is but 1 of the steps in that process.
3. Who/What type of facilities should be recruited for the NDMS Definitive Care Partner Network?
   1. Any facility that touches a patient should be included in recruitment. There should be no limitations to who is joining the NDMS system if there is interest by the facility leadership. Any facility recruited should be introduced and signed by the nearest FCC location to their reported address in the MOA.
4. Is there any healthcare facility type that are of interest currently?
   1. Yes! We are seeking increased participation of Post-Acute Care facilities. Examples of such being facilities that offer skilled nursing, physical therapy, occupational therapy, speech pathology, medical social work, or personal care with nursing or aides. In collaboration with the NDMS pilot’s activity, HHS would like to increase these offerings to our patients as historically our focus has been hospitals for acute care. Recognizing the possibility of post-acute medical needs (such as physical and occupational therapy)
5. Can a system be recruited and sign multiple facilities?
   1. Yes, a system can sign up multiple facilities if they have more than one site/address. However, it is expected by HHS that all sites signed on include separate POCs that work at the physical address, and those POCs are introduced and assigned to the **closest** FCC in geographic distance to them for building the working relationship.
6. (In reference to question 4) What if the system’s list of facilities extends beyond a small geographic area, bleeding into other FCC spaces within states or out of state. Who signs the MOA?
   1. The FCC Coordinator who is brokering this conversation should have the respective FCC Coordinator who is in closest distance sign the MOA as acknowledgment/receipt of their new partner. An introduction with the facility POC and that assigned POC should occur.
      1. Example: FCC Coordinator John Smith is attending a Healthcare Coalition Conference and meets a Hospital Exec of a multi-state dialysis network. The network extends across 3 states, with 10 facilities nearest proximity to 4 separate FCCs. FCC Coordinator John Smith can acquire the list from the Hospital Exec with relevant POC information listed (Facility Name, Facility Type, Specialty, Street Address, City, POC, State, Zip, POC, POC email) and communicate to the other 4 FCC Coordinators for the MOA to be signed by all 4 FCC Coordinators.
7. What is the interagency’ s long-term goal for recruiting as it relates to the NDMS Definitive Care Network?
   1. The NDMS Definitive Care program has the goal of increasing by 200 new participating facilities within the next 2 fiscal years (end of Fiscal year 2025).
8. What is the preferred timeline for updating the previous MOA to the 2023 version?
   1. As soon as possible. We recognize that the ability to do version control is out of the hands of FCC Coordinators and is dependent upon the expediency, interest, and effort placed by our Definitive Care Network Partners. It is our hope that these stakeholders in the system support you all by continuing to remain engaged and ask questions. However, if there is a lack of communication, please do your absolute best to stress the benefit to their facility is receiving the increase in CMS rate reimbursement from the original 110% to 125%. Without updating to the 2023 version of the MOA, they will **not** be receiving the 125% and will remain at the 110% CMS rate for reimbursement.
9. What changes are upcoming to the FCC Dashboard under HHS/GeoHealth?
   1. In collaboration with interagency partners, HHS and VA will continue to meet on a weekly basis to provide improvements to the dashboard. Please continue to communicate with your internal leadership chains for suggestions. We are aiming to make the experience of the current HHS Dashboard more user friendly in alignment with ongoing VA FCC Dashboard efforts to reduce duplication of effort as well as ensure we have timely, accurate information as close to real-time as possible.
10. Could the CMS number of the facility be collected to assist in identifying the facility?
    1. Yes! Christian Lamoureux is working alongside GeoHealth IT members to expand its column of data to include that CMS facility number. Nothing needs to be collected at this time as we will work with HPP within ASPR to obtain that data. However, if you feel inclined during MOA updates to ask this question of facilities, we would much appreciate it while we continue to populate this information.
11. Is there a Marketing Campaign/Strategy in Development for supporting Definitive Care Network Recruitment?
    1. Yes! HHS has met with several interagency partners in the last month, including the NDMS Pilot and have concurrence that a marketing engagement and strategy guide is necessary. In collaboration with other HHS ASPR programs such as Medical Reserve Corps and Regional Emergency Coordinators under the Federal Health Coordinating Officials, we are collecting best practices from models identical to that of volunteer management programs and private sector healthcare systems to draft our Marketing and Engagement Guide for FCC Coordinators to reference. Prior to final draft publishing and distribution, VA leadership will be included to account for any additional resources would need to be present for FCC success in executing the practices illustrated in the guide.
12. If we have further questions on the MOA, Dashboard, or other FCC-product related items, how do we best communicate these questions?
    1. Please e-mail Zack Bradley, your REM leadership, and Christian Lamoureux ([Christian.Lamoureux@hhs.gov](mailto:Christian.Lamoureux@hhs.gov)) for additional support.