

Technical Expert Panel (TEP) Nomination Form

Project Title: Technical Expert Panel (TEP) for the Development and Evaluation of an Inpatient Psychiatric Facility (IPF) Patient Assessment Instrument

Note to Applicant/Nominee: Please read the TEP Charter for more information about the project and TEP participant requirements. Please attach additional pages if necessary.

Instructions:

Applicants/nominees must submit these documents **with this completed and signed form:**

1. A letter of interest (not to exceed 2 pages) highlighting experience/knowledge relevant to the TEP objectives and involvement in measure development.
 - There is no expectation that consumer/patient/family/caregiver applicants/nominees have experience in assessments or measure development. These applicants can describe their interest in the topic.
2. A curriculum vitae (CV) or a summary of relevant experience (including publications) for a maximum of 10 pages.
 - There is no requirement for consumer/patient/family/caregiver applicants/nominees to submit a CV.

Send this completed and signed TEP Nomination Form, letter of interest, and CV to Abt with "Nomination" in the subject line to IPF-PAI_testing@abtglobal.com. The documents are due by close of business **January 24, 2025 5PM** Eastern Time.

Applicant/Nominee Information (Self-nominations are acceptable):

Name and credentials, if any (e.g., degrees, certifications) _____

For patient/family (caregiver) participants only: I wish to keep my name confidential. Yes No

Professional role or title (e.g., patient, family, caregiver, physician, measure developer):

Organizational affiliation: (Employer or organization you represent, if any.) _____

Applicant's preferred mailing address (may be business or residential):

Street: _____

City/State/Zip: _____

Telephone: _____

Email: _____

Person Recommending the Nominee:

Complete this section only if you are nominating a third party for the TEP. You must sign this form and attest that you have notified the nominee of this action and they are agreeable to serving on the TEP.

Name and credentials, if any (e.g., degrees, certifications) _____

For patient/family (caregiver) participants only: I wish to keep my name confidential. Yes No

Professional role or title: (e.g., patient, family, caregiver, physician, measure developer)

Organizational affiliation, if any: (Employer or organization you represent.)

Nominator's preferred mailing address (business or residential):

Street: _____

City/State/Zip: _____

Telephone: _____

Email: _____

I attest that I have notified the nominee of this action and that the nominee is agreeable to serve on the TEP.

Signature: _____ Date: _____

The nominee must submit the remainder of the nomination package within the specified period for consideration.

Applicant/Nominee's Disclosure:

1. Do you or any family members have a financial interest, arrangement, or affiliation with any corporate organizations that may create a potential conflict of interest? Yes No
If yes, describe (for example, grant/research support, consultant, speaker's bureau, major stock shareholder, or other financial or material support). Include the name of the corporation/organization). _____
2. Do you or any family members have intellectual interest in a study or other research related to the quality measures under consideration? Yes No
If yes, describe the type of intellectual interest and the name of the organization/group:

Applicant/Nominee's Participation on the TEP (select all that apply):

- The applicant will serve in the capacity of a clinical or methodological expert.
- The applicant will serve in the capacity of a patient.
- The applicant will serve in the capacity of a family member or caregiver of a patient.

Applicant/Nominee's Area(s) of Expertise or Perspective(s) (select all that apply):

- Inpatient Psychiatric Facility (IPF) Administration
- Health Services Research
- Health information technology
- Behavioral/mental health care
- Tribal government
- Professional or provider association
- Patient or caregiver perspective
- Rural practice
- Quality measurement
- Measure developer
- Clinical research
- Other (specify): _____

Applicant/Nominee's Professional Category (select all that apply):

- Primary care/general practitioner/internist
- Physician specialist (specify): _____
- Non-physician clinician (specify): _____
- Clinical staff working in IPF settings (specify): _____
- Patient or caregiver (specify): _____
- Independent researcher (specify): _____
- Consumer advocacy organization representative (specify): _____
- Professional association representative (specify): _____
- Tribal government representative
- Other (specify): _____

Applicant/Nominee’s Agreement:

- If my conflict of interest status changes at any time during my service as a member of this TEP, I will notify Abt and the TEP chairperson.
- I agree and expect to be contacted on an annual, or as needed, basis for up to five years. I will notify Abt should circumstances change and I am no longer wish to participate in the standing TEP.
- I am able to commit to attending TEP meetings by teleconference. The TEP is expected to meet virtually three times. The scheduled meetings are as follows:
 - A **four-hour** TEP Meeting sometime during **February/March 2025** (specific dates to be determined based on availability of selected members.)
 - If necessary and feasible, follow-up webinars will be held to present decisions made on TEP input.
 - Members must be prepared to review preparatory materials shared ahead of the TEP Meeting, which could take up to 4 hours.
- If selected to participate in the TEP, I will keep all materials and discussions confidential, including not sharing within my organization, until such time that CMS authorizes their release.
- I understand that participation is voluntary and that my input will be recorded in the meeting minutes.
- I understand that proceedings of the TEP will be summarized in a report that may be disclosed to the public.
- I have read the TEP Charter for information on participation, conflict of interest, and financial disclosure.

I have read the above and agree to abide by it.

Signature: _____ Date: _____

Availability for Virtual Meeting

To facilitate scheduling, please indicate any date(s) on which you would be available to attend the one – four-hour TEP meeting on 2/25 –2/27 and 3/4 - 3/6.

1. Date: _____
2. Date: _____
3. Date: _____

Additional Comments: