

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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State Demonstrations Group

October 4, 2023

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The Centers for Medicare & Medicaid Services (CMS) approved the Evaluation Design for Delaware's Retainer Payments COVID-19 Public Health Emergency (PHE) amendment to the section 1115 demonstration entitled, "Delaware Diamond State Health Plan" (Project Number 11-W-00036/4). We sincerely appreciate the state's commitment to efficiently meeting the requirement for an Evaluation Design as was stipulated in the approval letter for this amendment dated November 24, 2020, especially under these extraordinary circumstances.

In accordance with 42 CFR 431.424(c), the approved Evaluation Design may now be posted to the state's Medicaid website within 30 days. CMS will also post the approved Evaluation Design on Medicaid.gov. Consistent with the approved Evaluation Design, the draft Final Report will be due to CMS no later than one year after the end of this expenditure authority.

We sincerely appreciate the state's commitment to evaluating the Retainer Payment COVID-19 PHE amendment under these extraordinary circumstances. We look forward to our continued partnership on the Delaware Diamond State Health Plan section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

**Danielle
Daly -S**

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Danielle Daly -S
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Danielle Daly
Director
Division of Demonstration Monitoring and Evaluation

cc: Nicole Guess, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

**Delaware Diamond State Health Plan (DSHP)
Public Health Emergency (PHE) Amendment**

Evaluation Design

State of Delaware
Department of Health and Social Services (DHSS)
Division of Medicaid and Medical Assistance (DMMA)

Submitted on April 8, 2021
Revised on August 30, 2021

Brief Background

On April 13, 2020, Delaware submitted an Emergency Preparedness and Response Appendix K to amend its Delaware Diamond State Health Plan section 1115(a) demonstration to address the COVID-19 public health emergency (PHE).

On September 28, 2020, the Delaware Department of Health and Social Services (DHSS), Division of Medicaid and Medical Assistance (DMMA) obtained approval from the Center for Medicare & Medicaid Services (CMS) to modify the state's Special Terms and Conditions (STCs) for Delaware's section 1115(a) demonstration, titled "Delaware Diamond State Health Plan Section 1115 Demonstration" (Project Number 11-W00036/4) to address the COVID-19 public health emergency. All of the flexibilities approved in the state's 1915(c) Appendix K request extend to the populations identified within the state's demonstration. The authorities approved in the Attachment K are effective from March 1, 2020, through February 28, 2021, and apply in all locations served by the demonstration for anyone impacted by COVID-19 who receives home and community-based services through the demonstration.

On April 30, 2020, Delaware submitted 1115 COVID-19 demonstration applications to address the COVID-19 PHE. DMMA applied for a COVID-19 section 1115 Demonstration Waiver to seek expenditure authorities to support the state to make retainer payments to providers of personal care services and services provided by day service providers authorized under the rehabilitative services benefit as defined under section 1905(a) of the Act to maintain capacity during the emergency. On November 24, 2020, CMS approved the state's COVID-19 section 1115 demonstration applications as an amendment under the "Delaware Diamond State Health Plan (DSHP)" section 1115(a) demonstration (Project Number 11-W-00036/4). The Demonstration amendment approval was retroactively applied from March 1, 2020 through a date that is sixty (60) days after the PHE ends.

On July 27, 2021, Delaware submitted an 1115 COVID-19 demonstration waiver amendment to authorize additional retainer payments to day service providers authorized under the rehabilitative services benefit as defined under section 1905(a) of the Act to continue our efforts to maintain capacity during the emergency. This amendment is pending with CMS and, upon approval, will be included in this evaluation.

Delaware will test whether and how the approved expenditure authority for retainer payments to a subset of HCBS providers enrolled with The Delaware Division of Developmental Disabilities Services (DDDS) affected the State's response to the public health emergency.

The DDDS authorizes day habilitation and prevocational services under the State Plan Rehabilitative Services Option of the Delaware Medicaid State Plan and Supported Employment under the Pathways to Employment 1915(i) SPA. DDDS also operates a single comprehensive 1915(c) waiver targeted at individuals with intellectual and developmental disabilities, autism and Prader-Willi Syndrome. The 1915(c) waiver also covers day and employment supports.

DDDS has operationalized these services the same across the three Medicaid authorities, with the same provider standards, the same rate methodologies and rates, the same service authorization process and similar billing processes. The DSHP 1115 PHE Amendment Evaluation Design addresses only those providers of day services under the State Plan Rehabilitative Services Option.

DSHP PHE Demonstration Objective:

Evaluation Objective: Ensure that providers of state plan day services, authorized by DDDS, under the rehabilitative services benefit as defined under section 1905(a) of the Social Security Act, are able to maintain capacity during the Public Health Emergency.

Evaluation Hypothesis and Research Questions

Evaluation Hypothesis	Potential Data Sources	Potential Analyses
Retainer payments to state plan providers of day services, authorized by DDDS, that include personal care as a component part, supported the preservation of HCBS network capacity and access to HCBS services as part of DDDS’ larger strategy to retain HCBS providers across three Medicaid authorities for HCBS services.	DDDS FFS program expenditures for retainer payments; stakeholder interviews (DDDS staff and providers); review of day service provider network participation; document review (e.g., implementation memos or policies). DDDS will query DMES BIAR data for these expenditures.	DMMA/DDDS will evaluate the number of state plan day service providers receiving retainer payments; the duration and total reimbursements associated with retainer payments; obtain additional context as necessary through stakeholder interviews.

Additional Evaluation Questions:

1. What were the demonstration administrative and program expenditures associated with retainer payments to 1905(a) state plan providers of day services?
 - DMMA/DDDS will track and assess demonstration expenditures, including administrative and program costs, associated with retainer payments to state plan providers of day services under the 1905(a) rehabilitative services option.
2. What were some successes and challenges noted related to the implementation

of retainer payments to 1905(a) state plan providers of day services during the PHE?

- DMMA/DDDS will interview DDDS staff and provider stakeholders for their experiences with implementing retainer payment.

3. What lessons can be leveraged when responding to future public health emergencies that impact HCBS providers?

- DMMA/DDDS will interview DDDS staff and provider stakeholders for their experiences with implementing retainer payment.

Evaluation Methods

The state will use a mixed-method design to test the evaluation hypotheses.

1. Qualitative Analysis

Qualitative data in the form of interviews and facilitated discussions will be analyzed to understand DDDS staffs' experience planning and implementing the demonstration authorities. These data will be collected from staff that led the planning and implementation of the respective authority and any additional key informants identified by those implementation leads. The state will conduct interview with providers to understand the impact of the demonstration. All details pertaining to selection of interviewees and preparation of interview guides, including questionnaires, and how data were analyzed will be included in the evaluation report.

2. Document Review

The state will conduct document review of existing documentation to understand the challenges that led to implementation of the waiver authorities and how actions taken during the current public health emergency compare to actions taken during prior disasters.

3. Quantitative Analysis

The state will access DMES BIAR paid claims data to quantify DDDS FFS program expenditures for retainer payments track and assess demonstration expenditures, including administrative and program costs, associated with retainer payments to state plan providers of day services under the 1905(a) rehabilitative services option. The state will also use DMES BIAR data to examine day service provider network participation and analyze the number of state plan day service providers receiving retainer payments. The state will report the duration and total reimbursements associated with retainer payments.

The state will conduct descriptive trend analysis of day service provider network participation, administrative and program costs, retainer payments, utilization, and COVID-19 cases. The trend analysis will consider the period beginning 6-12 months prior to the public health emergency and continuing through to the end of demonstration authority. All evaluation

approaches conducted will be documented in the evaluation reports.

Limitations

The evaluation design limitations include the unknown scope and timeline of the PHE, changes in CMS policy around the number of retainer payment periods, and the impact of other workforce initiatives under the American Rescue Plan/HCBS Spending Plan designed to ensure providers maintain capacity as they emerge from the PHE. DDDS will also be limited in our ability to compare the COVID-19 PHE to prior disasters.

Evaluation Timeline

This evaluation will be conducted internally by DDDS staff. The final evaluation report will be organized based on the structure outlined in CMS' section 1115 demonstration evaluation guidance "Preparing the Evaluation Report." The final report will be submitted no later than one year following the end of the PHE Demonstration authority. Per 42 CFR § 431.428, the final report will capture all the requirements stipulated for annual report. If the demonstration lasts longer than one year, the annual report information for each demonstration year will be included in the final report and will adhere to the stipulations of 42 CFR § 431.428.

The following table outlines expected milestones:

Due Date/ Timeline	Milestone/ Deliverable
March 1, 2020	Official start of the COVID-19 Public Health Emergency Section 1115 Demonstration
April 8, 2021	Draft Evaluation design submitted to CMS
Thirty days from evaluation design approval	Approved evaluation design posted to state website
Three to six months after the end of the demonstration authority	Conduct DDDS staff and day service provider interview
Sixty days from the end of the public health emergency	Official end date of the COVID-19 Public Health Emergency Section 1115 Demonstration
One year after the end of demonstration authority	Final report with consolidated monitoring and evaluation requirements