DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850

State Demonstrations Group
Evaluation Design Approval Letter

April 24, 2024

Andrew Wilson
State Medicaid Director
Division of Medicaid and Medical Assistance
1901 N. DuPont Highway, Lewis Bldg.
New Castle, Delaware 19720

Dear Director Wilson:

The Centers for Medicare & Medicaid Services (CMS) approved Delaware's Evaluation Design for the Continuous Coverage for Individuals Aging Out of CHIP COVID-19 Public Health Emergency (PHE) amendment to the section 1115 demonstration entitled, "Diamond State Health Plan" (Project No: 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 April 25, 2023, 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 expiration of the amendment approval period.

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

Digitally signed by Danielle Daly -S
Date: 2024.04.24 09:40:25 -04'00'

Danielle Daly
Director
Division of Demonstration Monitoring and Evaluation

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

EVALUATION DESIGN PLAN FOR DELAWARE'S DIAMOND STATE HEALTH PLAN COVID-19 PUBLIC HEALTH EMERGENCY AMENDMENT FOR CONTINUOUS COVERAGE FOR INDIVIDUALS AGING OUT OF CHIP

INITIAL DRAFT
AUGUST 30, 2023

HEALTH MANAGEMENT ASSOCIATES

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Section I: General Background Information

Brief Description and History of Implementation[1]

Delaware's Diamond State Health Plan (DSHP) 1115 Demonstration Waiver was initially approved in 1995 and implemented beginning on January 1, 1996. The original goal of the demonstration was to improve the health status of low-income Delawareans by expanding access to healthcare to more individuals throughout the State; creating and maintaining a managed care delivery system with an emphasis on primary care; and controlling the growth of healthcare expenditures for the Medicaid population. The DSHP 1115 Demonstration was designed to mandatorily enroll eligible Medicaid recipients into managed care organizations (MCOs) and to create cost efficiencies in the Medicaid program that could be used to expand coverage.

Delaware achieved its objective of implementation of mandatory managed care focused on primary care in 1996 and invested the resulting waiver savings in Delaware's Medicaid eligibility coverage expansion to uninsured adults up to 100 percent of the federal poverty level (FPL). Long before Medicaid expansion under the Affordable Care Act, Delaware was a pioneer in coverage expansion for individuals who would otherwise not be eligible for Medicaid. Delaware built upon this success with the eventual expansion of coverage for family planning services, leading up to participating in Medicaid expansion under the Affordable Care Act (ACA) in 2014.

The demonstration has previously been renewed on June 29, 2000, December 12, 2003, December 21, 2006, January 31, 2011, and September 30, 2013.

Through an amendment approved by CMS in 2012, Delaware was authorized to create the Diamond State Health Plan Plus (DSHP-Plus), which is Delaware's managed long-term services and supports (MLTSS) program. This amendment requires additional state plan populations to receive services through MCOs. Additionally, this amendment expanded HCBS to include: (1) cost-effective and medically necessary home modifications; (2) chore services; and (3) home delivered meals.

In 2013, the demonstration was renewed and amended to provide authority to extend the low-income adult demonstration population to individuals with incomes up to 100 percent of the FPL until December 31, 2013. After that date, the demonstration population was not necessary because it was included under the approved state plan as the new adult eligibility group authorized under the ACA. The new adult group, for individuals with incomes up to 133 percent of the FPL, receive medical assistance through enrollment in MCOs pursuant to this demonstration. In addition, Delaware's authority for the family planning expansion program under this demonstration expired December 31, 2013 when individuals became eligible for Medicaid expansion or Marketplace coverage options.

The demonstration was amended in 2014 to authorize coverage for enhanced behavioral health services and support for targeted Medicaid beneficiaries through a voluntary program called PROMISE starting in 2015. PROMISE enrollees include Medicaid beneficiaries who have a severe and persistent mental illness (SPMI) and/or a SUD and require HCBS to live and work in integrated settings.

Technical changes were incorporated into the demonstration in October 2017 and an amendment was approved in December 2017 to add coverage for out-of-state former foster care youth.

In June 2018, Delaware submitted a five-year demonstration extension and an amendment to provide the state with authority to provide high-quality, clinically appropriate SUD treatment services for short-

[1] https://www.medicaid.gov/sites/default/files/2023-06/de-dshp-demnston-aprvl-hcbs-ca.pdf

term residents in residential and inpatient treatment settings that qualify as an IMD. The demonstration was amended effective January 19, 2021 to add adult dental services to the services administered by the state's managed care system.

On April 25, 2023, CMS approved Delaware's COVID-19 Public Health Emergency (PHE) amendment to the Diamond State Health Plan as it "…is necessary to assist the state in delivering the most effective care to its beneficiaries in light of the COVID-19 PHE. The demonstration amendment is likely to assist in promoting the objectives of the Medicaid statute because it is expected to help the state furnish medical assistance in a manner intended to protect, to the greatest extent possible, the health, safety, and welfare of individuals who may be affected by COVID-19. This approval allows the state to align their policies for young adults in Medicaid and CHIP and prevent gaps in coverage during the PHE."[2]

On June 28, 2023, Delaware received approval to add five new services to the demonstration. Delaware received a temporary extension of its demonstration, and it will now expire December 31, 2024.[3]

COVID-19 PHE Amendment Goal[4]

CMS has determined that the COVID-19 PHE amendment to the Delaware Diamond State Health Plan is necessary to assist the state in delivering the most effective care to its beneficiaries during the COVID-19 PHE. The goal of the amendment is to continue eligibility for CHIP enrollees, who turned 19 and are otherwise ineligible for Medicaid, and furnish medical assistance in a manner intended to protect, to the greatest extent possible, the health, safety, and welfare of individuals who may be affected by COVID-19.

[2] https://www.medicaid.gov/sites/default/files/2023-04/de-dshp-ca1.pdf
[3] https://www.medicaid.gov/sites/default/files/2023-06/de-dshp-temp-ext-appvl-06152023.pdf
[4] https://www.medicaid.gov/sites/default/files/2023-04/de-dshp-ca1.pdf

Section II: Hypothesis and Evaluation Questions

The focus of the evaluation is to test whether and how the DSHP demonstration COVID-19 PHE amendment achieved its goal, and identify successes, challenges, lessons learned in implementation and best practices for similar situations. **Exhibit 1**, found on the following page, identifies the hypothesis and research questions proposed to evaluation the connection between the amendment and those enrollees whose access to CHIP continued through the PHE by examining continuity of enrollment, service utilization patterns, total cost and cost by service, and member satisfaction.

Exhibit 1. Hypothesis and Research Questions Developed for the Evaluation of CHIP Extended Coverage

Hypothesis: Continuing eligibility for CHIP enrollees who turn 19 during the PHE, and are otherwise ineligible for Medicaid, will provide continued access to medical assistance to help protect their health, safety, and welfare during the COVID-19 PHE.
Research Question 1: Does the amendment continue (or not worsen) the continuity of enrollment in CHIP for those enrollees who turned 19 during the PHE?
Research Question 2: What services were utilized by enrollees during their extended coverage period?
Research Question 3: What was the cost of care for enrollees during their extended coverage period?
Research Question 4: Does the level of satisfaction continue (or not worsen) among demonstration members during the PHE?

Section III: Methodology

III.A Evaluation Design

The focus of the evaluation is to test whether and how the DSHP demonstration COVID-19 PHE amendment achieved its goal, and identify successes, challenges, lessons learned in implementation and best practices for similar situations. The evaluation will be completed through quantitative and qualitative analysis, drawing from a range of data sources, measures and analytics to best produce relevant and actionable study findings.

The analytic methods proposed for use across the hypothesis and four research questions includes:

1. Descriptive statistics (DS),
2. Chi square test (Chi),
3. T-test (Tt),
4. Desk review (DR), and
5. Facilitated Interviews (FI).

Exhibit 2 presents a chart displaying which method(s) are used for each research question. The four methods are ordered and abbreviated as described above.

Exhibit 2. Summary of Four Analytic Methods by Research Question

		Method					
	Research Question (RQ)	**DS**	**Chi**	**Tt**	**DR**	**FI**	**Data Sources**
RQ1	Does the amendment continue (or not worsen) the continuity of enrollment in CHIP for those enrollees who turned 19 during the PHE?	X			X	X	Enrollment data
RQ22	What services were utilized by enrollees during their extended coverage period?	X			X	X	Claims data, enrollment data
RQ3	What was the cost of care for enrollees during their extended coverage period?	X			X	X	Claims data, enrollment data
RQ4	Does the level of satisfaction continue (or not worsen) among demonstration members during the PHE?	X	X	X	X	X	CAHPS® survey data, MCO reports

DS = Descriptive Statistics; Chi = Chi-square; Tt = T-test; DR = Desk Reviews; FI = Facilitated Interviews

III.B Target and Comparison Populations

The study population will be the CHIP enrollees who turn age 19 between March 1, 2020 and the earlier of the end of the unwinding period or May 31, 2024. Data will be analyzed by age, including age 18 for comparison purposes, as well as CHIP enrollees who are continuously enrolled from the pre-demonstration period through the COVID-19 PHE.

III.C Evaluation Period

The pre-waiver period is defined as enrollment or dates of service from January 1, 2018 through February 28, 2020. The waiver period is defined as enrollment or dates of service from March 1, 2020 through the earlier of the end of unwinding period, or May 31, 2024.

III.D Evaluation Measures

The measures included in the Evaluation Design Plan directly relate to the hypothesis and four research questions described in Section II. A comprehensive summary of measures, which includes measure

stewards as well as a description of numerators and denominators, can be found in the detailed matrices in Section III.G.

III.E Data Sources

As described in Section III.A, Evaluation Design, HMA-Burns will use existing secondary data sources. The evaluation design relies most heavily on the use of Delaware Medicaid administrative data, i.e., enrollment, claims and encounter data, along with qualitative feedback collected from facilitated interviews.

Delaware Administrative Data

Claims and encounters with dates of service (DOS) from January 1, 2018 and ongoing are being collected from the Delaware Medicaid Enterprise System (DMES) Data Warehouse (EDW), facilitated by DMMA's EDW vendor, Gainwell (formerly DXC) Technologies. Managed care encounter data has the same record layout as fee-for-service and includes variables such as charges and payments at the header and line level. Payment data for MCO encounters represents actual payments made to providers. Delaware has contracted with Highmark and AmeriHealth Caritas DE from 2018 to present.

Because the HMA-Burns team already has built a relationship with the DMMA and with Gainwell, the HMA-Burns team currently receives monthly tables from DMES representing member enrollment and demographic information, provider enrollment and demographic information, and claims and encounter data at the detail claim line level. The last query of the EDW will occur on January 1, 2025 for claims with DOS in the study period. All data delivered to HMA-Burns from the DMMA will come directly from the DMES EDW. HMA-Burns will leverage all data validation techniques used by Gainwell before the data is submitted to the EDW. HMA-Burns will also conduct its own validations upon receipt of each monthly file from the DMES to ensure accuracy and completeness when creating our multi-year historical database.

Survey and Facilitated Interview Data

CAHPS® Health Plan Survey 5.1 (Medicaid)[5]

The Consumer Assessment of Healthcare Providers & Systems (CAHPS)® Health Plan Survey is a survey of Medicaid beneficiaries enrolled in managed care used to identify their experiences with health plans and services. It is used to assess the performance of health plans which provide access to health care for Delaware's demonstration enrollees. Data is reported for adults, children, and at the MCO level and will be used to review descriptive trends over time using chi square tests of significance.

Facilitated Interview Guides

HMA-Burns will construct facilitated interview guide instruments as a means to collect qualitative feedback from MCOs and State staff. Where focused interviews are used to collect data, HMA-Burns will use semi-structured interview protocols that are intended to be standardized within the population being interviewed. The interview protocols will vary, however, for each population interviewed due to the type of information that is intended to be collected. Although semi-structured in nature, each stakeholder will have the opportunity to convey additional information that he/she would like to convey to the evaluators in an open-ended format at the conclusion of each interview.

III.F Analytic Methods

Based on initial analytics, HMA-Burns developed metrics that could be computed and produce actionable results given the small population of CHIP enrollees turning age 19 during the COVID-19 PHE

[5] Accessed at https://www.ahrq.gov/cahps/surveys-guidance/hp/index.html

and had extended coverage. Quantitative methods includes use of descriptive statistics and appropriate statistical tests if sufficient sample size is available. Qualitative methods include collection of stakeholder perceptions and feedback of the demonstration.

Method #1: Descriptive Statistics (DS)

In order to facilitate ongoing monitoring, all measures will be summarized on an ongoing basis over the course of the waiver. The descriptive statistics will be stratified by service category level where possible. For reporting purposes, the descriptive studies will be subject to determination of a minimum number of beneficiaries in an individual reported cell (i.e., minimum cell size) and subject to blinding if the number falls below this threshold. While a conventional threshold is 10 or fewer observations, given the sensitivity of small population size and the public dissemination of report findings, a higher threshold may be established by the evaluators upon review of the final data.

Method #2: Chi-square (Chi)

A chi-square test may be used for measures that are computed annually. Measures where chi-square testing is used will utilize two calendar year time periods, as defined in III.C. The evaluators will consider a significance level of alpha = 0.05. A test statistic will be generated in the SAS® statistical program.

The chi-square test statistic would be used to determine if the observed frequencies were statistically different compared to the expected; in other words, whether the difference in the pre- and post-outcomes was significant. The null hypothesis, therefore, is that the expected frequency distribution of all wards is the same. Rejecting the null would indicate the differences were statistically significant (i.e., exceeded difference than would be expected at a given confidence level).

The assumptions of the chi-square are:

- Simple random sample
- Sample size. Small samples subject to Type II error.
- Expected cell count. Recommended 5-10 expected counts.
- Independence. An evaluation of the appropriateness of a McNemar's test may be warranted.

Method #3: T-test (Tt)

A t-test may be used for measures that are computed monthly. Measures where a t-test is used will utilize equal time periods as defined in III.C. The evaluators will consider a significance level of alpha = 0.05. A test statistic will be generated in the SAS® statistical program.

The t-test is used to determine whether there is a significant difference between the means of two groups, representing how many standardized units of the means of the pre-period and post-period differ. The assumptions of the t-test are:

- Simple random sample
- Scores are normally distributed.
- Scores in the population have the same variance (s1=s2). A different calculation for standard error may be used if they are not.

Method #4: Desk Reviews (DR)

A limited number of desk reviews may supplement the other study methods included in the evaluation. These reviews would focus on assessment of process outcomes like avoidance of implementation delays, system changes according to schedules, transparency of policy and rates, and utility of stakeholder tools and analytics. Each desk review would use a questionnaire that asks for the

information sought, the documentation reviewed, and the finding. Any gaps in information would also be noted as findings. The evaluator will review publicly available information and/or documentation specifically requested from the DMMA and/or the MCOs.

Method #5 Facilitated Interviews (FI)

HMA-Burns will construct facilitated interview guide instruments as a means to collect qualitative information from stakeholders. Intended respondents will include the MCOs and State staff. Where focused interviews are used to collect data, HMA-Burns will use semi-structured interview protocols that are intended to be standardized within the population being interviewed. The interview protocols will vary, however, for each population interviewed due to the type of information that is intended to be collected. Although semi-structured in nature, each stakeholder will have the opportunity to convey additional information that he/she would like to convey to the evaluators in an open-ended format at the conclusion of each interview.

The approach to obtain qualitative feedback is as follows:

Interviews with the MCOs. Interviews will be conducted to collect qualitative feedback with leadership from all MCOs in a joint setting to discuss the effectiveness of the demonstration implementation, as well as best practices and opportunities for similar situations in the future.

Interviews with State staff. Interviews will be conducted 1:1 with State staff in person to discuss the effectiveness of the demonstration implementation, lessons learned, and best practices and opportunities and best practices for similar situations in the future.

III.G Other Additions

Starting on the next page, a matrix summarizing the methods for each research question is presented in **Exhibit 3**.

Exhibit 3. Summary of Evaluation Questions, Data Sources, and Analytic Approaches

Metric number	Measure description	Measure steward, endorsement	Numerator	Denominator	Data source	Analytic approach
Evaluation Question #1: ***Does the amendment continue (or not worsen) the continuity of enrollment in CHIP for those enrollees who turned 19 during the PHE?***						
1.1	CHIP enrollment trends over time	HMA-Burns	For each year in the study, report the total ever enrolled in Delaware's CHIP with extended coverage. Then distribute the ever enrolled as of their status at the end of the calendar year into 4 categories: (1) still enrolled in CHIP; (2) still enrolled in Medicaid but not CHIP; and (3) no longer enrolled		Enrollment data	Descriptive statistics (frequencies and percentages over time)
1.2	CHIP enrollment trends over time, members turning age 19	HMA-Burns	For each year in the study, report the total ever enrolled in Delaware's CHIP with extended coverage who turned age 19 during the year. Then distribute this cohort as of their status at the end of the calendar year into 4 categories: (1) still enrolled in CHIP; (2) still enrolled in Medicaid but not CHIP; and (3) no longer enrolled		Enrollment data	Descriptive statistics (frequencies and percentages over time)

Exhibit 3. Summary of Evaluation Questions, Data Sources, and Analytic Approaches – continued

Metric number	Measure description	Measure steward, endorsement	Numerator	Denominator	Data source	Analytic approach
Evaluation Question #2: ***What services were utilized by enrollees during their extended coverage period?***						
2.1	Utilization of services by category per 1000 members	HMA-Burns	Count of services by service category. Categories may include but are not limited to: (1) Primary Care Services (office or clinic-based); (2) Dental Services; (3) Behavioral Health Services; (4) Emergency	Total number of CHIP member months in a 12-month study period.	Claims data	Express result as a rate per 1,000 member months. Perform descriptive statistics at the service category level.
2.2	Utilization of services by category and by place of service per 1000 members	HMA-Burns	Count of services by place of service, for service categories (1), (2) and (3) reported in Metric 2.1.	Total number of CHIP member months in a 12-month study period.	Claims data	Express result as a rate per 1,000 member months. Perform descriptive statistics at the service category level.
2.3	Utilization of services by category for members with a primary behavioral health or SUD diagnosis	HMA-Burns	Using service utilization reported on in Metric 2.1, count the number of unique members with a primary diagnosis of behavioral health or SUD in any service category. Count the services in this cohort for the service categories in Metric 2.1.	Total number of CHIP member months in a 12-month study period for members with a primary diagnosis of behavioral health or SUD.	Claims data	Express result as a rate per 1,000 member months. Perform descriptive statistics at the service category level. Compare results for the BH/SUD cohort against the total population.

Exhibit 3. Summary of Evaluation Questions, Data Sources, and Analytic Approaches – continued

Metric number	Measure description	Measure steward, endorsement	Numerator	Denominator	Data source	Analytic approach
Evaluation Question #3: ***What was the cost of care for enrollees during their extended coverage period?***						
3.1	Spending in total and on a per member month basis for reported service categories in Metric 2.1.	HMA-Burns	Total paid amount by service category in Metric 2.1.	Total number of CHIP member months in a 12-month study period.	Claims data	Express result as a per member per month cost. Perform descriptive statistics at the service category level.
3.2	Spending in total and on a per member month basis by place of service categories reported in Metric 2.2.	HMA-Burns	Total paid amount by place of service category in Metric 2.2.	Total number of CHIP member months in a 12-month study period.	Claims data	Express result as a per member per month cost. Perform descriptive statistics at the service category level.
3.3	Spending in total and on a per member month basis by diagnosis categories reported in Metric 2.3.	HMA-Burns	Total paid amount for the behavioral health/SUD cohort population in Metric 2.3.	Total number of CHIP member months in a 12-month study period for members with a primary diagnosis of behavioral health or SUD.	Claims data	Express result as a per member per month cost. Perform descriptive statistics at the service category level. Compare results for the BH/SUD cohort against the total population.

Exhibit 3. Summary of Evaluation Questions, Data Sources, and Analytic Approaches – continued

Metric number	Measure description	Measure steward, endorsement	Numerator	Denominator	Data source	Analytic approach
Evaluation Question #4: ***Does the level of satisfaction continue (or not worsen) among demonstration members during the PHE?***						
4.1	Getting Needed Care Composite	CAHPS	Number of respondents reporting always or usually.	Total number of respondents.	CAHPS® 5.0 Health Plan	Use child survey data to compute metrics. Descriptive statistics (frequencies and percentages); chi square or t-tests of significance comparing target population to baseline in Final Report.
4.2	Getting Care Quickly Composite	CAHPS	Number of respondents reporting always or usually.	Total number of respondents.	CAHPS® 5.0 Health Plan	
4.3	How Well Doctors Communicate Composite	CAHPS	Number of respondents reporting always or usually.	Total number of respondents.	CAHPS® 5.0 Health Plan	
4.4	Rating of Personal Doctor	CAHPS	Number of respondents reporting a rating of 8 to 10 out of a maximum score of 10.	Total number of respondents.	CAHPS® 5.0 Health Plan	
4.5	Rating of Health Plan	CAHPS	Number of respondents reporting a rating of 8 to 10 out of a maximum score of 10.	Total number of respondents.	CAHPS® 5.0 Health Plan	
4.6	Grievances per 1000 CHIP members	DMMA and HMA-Burns	Count of grievances from CHIP enrollees during the reporting period.	Total number of CHIP member months in 12-month study period.	QCMMR and MCO Report	Express results as grievances per 1,000 CHIP members. Perform descriptive statistics.
4.7	Appeals per 1000 CHIP members	DMMA and HMA-Burns	Count of appeals from CHIP enrollees during the reporting period.	Total number of CHIP member months in 12-month study period.	QCMMR and MCO Report	Express results as appeals per 1,000 CHIP members. Perform descriptive statistics.

Section IV: Methodological Limitations

There are inherent limitations to both the study design and its specific application to the 1115 waiver evaluation. That being said, the proposed design is feasible and is a rational explanatory framework for evaluating the impact of the COVID-19 PHE amendment in continuing eligibility for CHIP enrollees, their service utilization and cost of services provided. There is no reasonable means to assess the safety and welfare of individuals who may be affected by COVID-19.

Since Delaware's CHIP enrollees who turn 19 during the PHE will be small compared to other states, some metrics and/or sub-populations may not be meaningful for reporting and insufficient statistical power to detect a difference is a concern.

While CMS prefers a true comparator group from another state, this would require substantially more resources and cooperation with another state on sharing data. Therefore, HMA-Burns is recommending the inclusion of CHIP individuals who are aged 18 as a source of comparison when sufficient numbers are available.

Lastly, the evaluators recognize that the utilization patterns that will occur in this demonstration period will be severely disrupted due to the COVID-19 pandemic, and it will not be possible to draw any conclusion about the mix of services provided to CHIP enrollees with extended coverage.

Attachment 1: Independent Evaluator

Process

Burns & Associates, a Division of Health Management Associates, (HMA-Burns) submitted a proposal through a competitive bid process to be retained for professional services with the Delaware Department of Health and Social Services (DHSS). The current contract has an end date of February 28, 2024.

The DHSS has the authority under this professional services agreement to seek proposals from vendors for targeted scope of work activities. The Division of Medicaid and Medical Assistance (DMMA), one of the Divisions under the DHSS, requested that HMA-Burns develop an Evaluation Design Plan to conduct evaluation activities related to Delaware's 1115 Diamond State Health Plan Waiver COVID-19 PHE Amendment for Continuous Coverage for Individuals Aging Out of CHIP. HMA-Burns has developed this evaluation design plan in accordance with evaluation guidance provided in the April 25, 2023 approval letter for the demonstration[6].

Vendor Qualifications

The team at HMA-Burns that will conduct this evaluation has also completed evaluation and monitoring work for Delaware's 1115 Diamond State Health Plan demonstration. This work is ongoing, including development of the Summative Evaluation for the current demonstration period. The HMA-Burns team joined Health Management Associates effective September 1, 2020 when HMA acquired Burns & Associates.

Burns & Associates (HMA-Burns) was founded in 2006. Its team works almost exclusively with state Medicaid agencies or related social services agencies in state government. The HMA-Burns team proposed to complete this evaluation is also currently conducting the evaluation of the State of Delaware's SUD demonstration, the State of Delaware's Section 1115 Diamond State Health Plan Waiver demonstration, the State of Colorado's Section 1115 Adult Prenatal Coverage in Child Health Plan Plus (CHP+) demonstration, and the State of Indiana's Section 1115 SUD demonstration. In total, the HMA-Burns team has provided support to government agencies in 29 states.

Assuring Independence

HMA-Burns attests to having no conflicts to perform the tasks needed to serve as an independent evaluator on this engagement. HMA-Burns' Principal Investigator is prepared to deliver a signed attestation to this effect upon request.

[6] https://www.medicaid.gov/sites/default/files/2023-04/de-dshp-ca1.pdf

Attachment 2: Anticipated Evaluation Timeline

The HMA-Burns team was required to submit a work plan, including deliverables, activities and due dates to complete the scope of work requested by CMS for COVID-19 PHE amendment evaluation activities through delivery of the Final Report. In an effort to show the complete level of effort that would be proposed to complete all deliverables, HMA-Burns is showing a work plan that covers the entire evaluation period, even though its current contract ends February 28, 2024. A summary of the work plan is shown below.

Deliverable/Activity	Due Date
Submit Draft Evaluation Design Plan to CMS	60 calendar days after demonstration amendment approval. Submission anticipated August 30, 2023.
Submit Final Evaluation Design Plan to CMS	60 calendar days after receipt of CMS comments.
Intake and validate data to conduct evaluation analyses	Ongoing and continues through 9 months post PHE unwinding period.
Conduct desk review and facilitated interviews	1 to 3 months post PHE unwinding period.
Conduct final evaluation analyses and draft evaluation report	3 to 11 months post PHE unwinding period.
Submit Draft Evaluation Report to CMS	No later than one year after the end of the COVID-19 demonstration authority.
Submit Final Evaluation Report to CMS	60 calendar days after receipt of CMS comments.