Attachment A –

ANNUAL REPORT TEMPLATE

State: Pennsylvania
Demonstration Year and Period: Demonstration Year 5 = October 1, 2021 through September 30, 2022
Approved start and end date of the Demonstration: October 1, 2017 through September 30, 2022

A. Introduction

This section 1115(a) demonstration enables Pennsylvania to provide Medicaid coverage to out-of-state former foster care youth under age 26 who were in foster care under the responsibility of another state or tribe in such other state when they turned 18 (or such higher age as the state has elected for termination of federal foster care assistance under title IV-E of the Social Security Act (the Act)), were enrolled in Medicaid at that time, and are now applying for Medicaid in Pennsylvania.

The objectives of this demonstration are to increase and strengthen overall coverage of former foster care youth and improve health outcomes for this population.

B. Eligibility and Enrollment Information, including member month reporting

Topic	Measure [Reported for each month included in the annual report]	Narrative
Total Enrollment	October 2021: **20**	The number of enrollees for Demonstration Year 5 aligns with expectations. Pennsylvania anticipated approximately 20 out-of-state former foster care youth enrolled in Pennsylvania. For Demonstration Year 5, enrollment ranged from 10-20 individuals.
	November 2021: **17**	
	December 2021: **12**	
	January 2022: **12**	
	February 2022: **13**	
	March 2022: **12**	
	April 2022: **10**	
	May 2022: **12**	
	June 2022: **13**	
	July 2022: **11**	
	August 2022: **11**	
	September 2022: **12**	
New Enrollment	October 2021: **X (First Month)**	The number of new enrollees in Demonstration Year 5 aligns with expectations. Pennsylvania
	November 2021: **0**	
	December 2021: **1**	

	January 2022: **0**	enrolled a total of 6 new enrollees who were identified as out-of-state former foster care.
	February 2022: **1**	
	March 2022: **0**	
	April 2022: **0**	
	May 2022: **1**	
	June 2022: **1**	
	July 2022: **0**	
	August 2022: **2**	
	September 2022: **0**	
Re-Enrollment	October 2021: **X (First Month)**	The number of reenrollees in Demonstration Year 5 aligns with expectations. Pennsylvania had a total of 0 individuals who were disenrolled and later reenrolled during the Demonstration Year.
	November 2021: **0**	
	December 2021: **0**	
	January 2022: **0**	
	February 2022: **0**	
	March 2022: **0**	
	April 2022: **0**	
	May 2022: **0**	
	June 2022: **0**	
	July 2022: **0**	
	August 2022: **0**	
	September 2022: **0**	
Disenrollment	October 2021: **0**	The number of disenrollees in Demonstration Year 5 aligns with expectations. Pennsylvania had a total of 15 individuals who were disenrolled during Demonstration Year 4. Reasons for disenrollment included becoming eligible for a mandatory Medicaid group (i.e. pregnancy), moving out of state, reaching age 26, and non-verification of out of state foster care status.
	November 2021: **3**	
	December 2021: **6**	
	January 2022: **0**	
	February 2022: **0**	
	March 2022: **1**	
	April 2022: **2**	
	May 2022: **0**	
	June 2022: **0**	
	July 2022: **2**	
	August 2022: **1**	
	September 2022: **0**	

C. Utilization Monitoring

The state will summarize utilization through a review of claims/encounter data for the demonstration population. This includes the following:

Topic	Measure [Reported for each month included in the annual report]
Utilization Monitoring	Total number of beneficiaries with any claim: **20**
	Total number of beneficiaries with primary care appointments: **15**
	Total number of beneficiaries with behavioral health appointments: **4**
	Total number of beneficiaries with emergency department visits: **9**
	Total number of beneficiaries with inpatient visits: **5**

D. Grievances and Appeals

No grievances or appeals were filed by the demonstration group.

E. Operational/Policy/Systems/Fiscal Developments/Issues and Action Plans

There were no significant program developments, issues or problems that occurred during the Demonstration Year. No developments or issues are anticipated at this time.

Pennsylvania has already implemented measures to easily identify and enroll the demonstration population in Medicaid. These include creating a shortened application form (both electronic and paper) and automated eligibility processing for applicants who identify as former foster care, including those from out of state.

F. Demonstration Evaluation Activities and Interim Findings

Please see Attachment B, Pennsylvania's Modified Evaluation Design for findings.

Former Foster Care Youth Who Were In Foster Care and Medicaid in a Different State: Section 1115 Demonstration
Technical Assistance, Suggested Modified Evaluation Design
March 16, 2017

Introduction:

On March 23, 2010, the Affordable Care Act (ACA) was signed into law, making a number of changes to Medicaid eligibility effective, January 1, 2014. To further the overall goal of the ACA to expand health coverage, it included a new provision to allow youth to maintain coverage under their parents' or guardians' health insurance plan until age 26 (to the extent that such plan extends coverage to dependents). In addition, section 2004 of the ACA added a new mandatory Medicaid eligibility group at section 1902(a)(10)(A)(i)(IX) of the Act to provide a parallel opportunity for former foster care youth to obtain Medicaid coverage until age 26 from the state responsible for the individual's foster care.

On November 21, 2016, CMS published a final rule, entitled "Medicaid and Children's Health Insurance Programs: Eligibility Notes, Fair Hearing and Appeal Processes for Medicaid and Other Provisions Related to Eligibility and Enrollment for Medicaid and CHIP Final Rule," that clarified that, after further review, the Department of Health and Human Services (HHS) had determined that the state option to cover youth who were in foster care under the responsibility of another state was not available under section 1902(a)(10)(A)(i)(IX) of the Act. That section provides that, to be eligible under this group, an individual must have been "in foster care under the responsibility of the state" and to have been "enrolled in the state plan under this title or under a waiver of the plan while in such foster care [.]" Because the provision requires coverage specifically for youth in foster care under the responsibility of "the state"—not "a" or "any" state—we do not believe the provision provides states with the option to cover youth who were not under the responsibility of the state while in foster care under the former foster care eligibility group. However, states can cover such youth pursuant to other statutory provisions, specifically through section 1115 demonstration authority.

As part of a section 1115 demonstration authority, the state must conduct an evaluation of the demonstration, and provide regular and annual monitoring reports to CMS to inform policy decisions. States must submit an evaluation design, interim and final evaluation reports, and annual monitoring reports as per 42 CFR 431.424. To support states interested in pursuing section 1115 demonstrations to provide coverage to Former Foster Care Youth who were in foster care and Medicaid in a different state, and to facilitate CMS receipt of consistent information and data from each state, CMS is providing states with suggested evaluation designs and monitoring guidance.

The following is technical assistance for a suggested modified evaluation design for states to consider. **CMS encourages states to use this design if they anticipate having less than 500 enrollees and as such would meet the criteria for the modified evaluation design as described in Attachment A below**. CMS welcomes states to use the following document to support drafting their evaluation deliverables.

Former Foster Care Youth Who Were in Foster Care and in Medicaid in a Different State: Section 1115 Demonstration
Technical Assistance, Suggested Modified Evaluation Design

1. Demonstration Objectives/Goals

The purpose of this demonstration is to provide Medicaid coverage to former foster care youth who aged out of foster care under the responsibility of another state (and were enrolled in Medicaid while in foster care) and are now applying for Medicaid in the state in which they live. As a means of increasing and strengthening overall coverage of former foster care youth and improve health outcomes for these youths.

The demonstration goals that will be tested are as follows:

1. Ensure access to Medicaid services for former foster care individuals between the ages of 18 and 26, who previously resided in another state (the "target population").

2. Improve or maintain health outcomes for the target population.

2. Evaluation Questions and Hypotheses

The state will report on all of the measures in the following table:

Summary of Key Evaluation Questions, Hypotheses, Data Sources, and Analytic Approaches

Demonstration Goal 1: Expand access to Medicaid for former foster care youth who were in foster care and Medicaid in another state and are now applying for Medicaid in the state in which they live.					
Evaluation Component	**Evaluation Question**	**Evaluation Hypotheses**	**Measure [Reported for each Demonstration Year]**	**Recommended Data Source**	**Analytic Approach**
Process	Does the demonstration provide continuous health insurance coverage?	Beneficiaries will be continuously enrolled for 12 months.	Number of beneficiaries continuously enrolled: **8** / total number of enrollees: **26** **31% of beneficiaries were continuously enrolled.**	State will use the state Data Warehouse to pull beneficiary information.	Descriptive statistics (frequency and percentage)
	How did beneficiaries utilize health services?	Beneficiaries will access health services.	Number of beneficiaries who had an ambulatory care visit: **19** / Total number of beneficiaries: **26** **73% of beneficiaries had an ambulatory care visit.**	State will pull FFS claims and managed care encounter data from MMIS system to identify the services rendered for the waiver enrolled beneficiaries.	Descriptive statistics (frequencies and percentages)
			Number of beneficiaries who had an emergency department visit: **9**/ Total number of beneficiaries: **26** **35% of beneficiaries had an emergency department visit.**		

			Number of beneficiaries who had an inpatient visit: **5**/ Total number of beneficiaries: **26** **19% of beneficiaries had an inpatient visit.**		
			Number of beneficiaries who had a behavioral health encounter: **4** /Total number of beneficiaries: **26** **15% of beneficiaries had a behavioral health encounter.**		
Demonstration Goal 2: Improve or maintain health outcomes for the target population.					
Outcomes/ Impact	What do health outcomes look like for beneficiaries?	Beneficiaries will have positive health outcomes [as defined by NQF measures]	Number of beneficiaries with appropriate follow-up care for hospitalizations (physical and/or mental illness): **2** / Total number of beneficiaries with hospitalizations: **5** **40% of beneficiaries with a hospitalization had appropriate follow-up care.**	State will pull FFS claims and managed care encounter data from MMIS system to identify the services rendered for the waiver enrolled beneficiaries.	Descriptive statistics (frequencies and percentages)
			Total number of beneficiaries with appropriate medication management for people with asthma: **1** / Total number of beneficiaries on medication for asthma: **2** **50% of beneficiaries with asthma medication received the appropriate medication management.**		
			Total number of beneficiaries on persistent medications with annual monitoring: **2** / Total number of beneficiaries on persistent medications: **2** **100% of beneficiaries with persistent medications received annual monitoring.**		
			Total number of beneficiaries with an annual preventive visit: **4** / Total number of beneficiaries: **26** **15% of beneficiaries had an annual preventive visit.**		
			Total number of beneficiaries with a cervical cancer screening: **1**/ Total number of beneficiaries		

			eligible for cervical cancer screen: **15** **7% of beneficiaries eligible for cervical cancer screenings received a screening.**		

3. Methodology

a. Evaluation design: The evaluation design will utilize a post-only assessment. The timeframe for the post-only period will begin when the demonstration begins and ends when the demonstration ends.

b. Data Collection and Sources: Data collection will be performed annually after the end of each demonstration year. The beneficiaries enrolled in the waiver program are determined through the Department's data warehouse system. Pennsylvania will extract Medical Assistance (MA) Fee for Service paid claims and MA managed care paid encounters processed by the state's MMIS for beneficiaries identified through data warehouse. In order to meet reporting deadlines, claim and encounter extractions will be performed within 90 days from the end of each demonstration year and as a result, may not provide complete data. The report will provide service utilization data as of data extraction dates. The report will be reviewed by multiple offices within the Department prior to submission to ensure data is reasonable and the methodology is sound.

c. Data Analysis Strategy: The state will use quantitative methods for analytics.

- **Quantitative Methods:**

  Descriptive statistics of distinct counts of beneficiaries will be provided for each question.

4. Justification for Excluding Comparison Groups and Baseline Data:

Pennsylvania is expecting to enroll approximately 20 individuals; therefore, Pennsylvania will not be able to meet the criteria for having at least 500 potential enrollees. Pennsylvania has modified the evaluation design to remove the comparison group. The state will still capture all proposed metrics on the target population.