



SEP 29 2017

Administrator
Washington, DC 20201

Teresa Miller
Acting Secretary
Pennsylvania Department of Human Services
625 Forster Street, Room 333
Harrisburg, PA 17120

Dear Ms. Miller:

The Centers for Medicare & Medicaid Services (CMS) is approving Pennsylvania's request for a new five-year Medicaid demonstration pursuant to section 1115(a) of the Social Security Act (the Act), entitled "Medicaid Coverage for Former Foster Care Youth from a Different State" (Project Number: 11-W-00308/3). The enclosed Special Terms and Conditions (STCs) and associated waiver authorities are effective October 1, 2017 through September 30, 2022.

With this demonstration approval, Pennsylvania will continue providing Medicaid State Plan coverage to former foster care youth under age 26 who were in foster care under the responsibility of another state or tribe from such other state when they "aged out" of foster care at age 18 (or such higher age as elected by the state) and were enrolled in Medicaid at that time. In accordance with our November 21, 2016, Center for Medicaid & CHIP Services Informational Bulletin (CIB), Pennsylvania is realigning the basis of Medicaid eligibility for these former foster care youth from a different state through concurrent section 1115(a) demonstration authority and Medicaid State Plan authority provided by section 1902(a)(10)(A)(ii)(XX) of the Act. Pennsylvania's corresponding Medicaid State Plan Amendments are being approved with the same effective date as indicated in this letter. CMS is providing that correspondence separately.

All Medicaid title XIX requirements as expressed in law, regulation and policy statement not expressly waived or identified as not applicable in these approval documents shall apply to this demonstration. Pennsylvania's authority to deviate from Medicaid requirements is limited to the specific authorities described in the enclosed approval documents and to the purpose indicated.

The CMS's approval of this demonstration is conditioned upon compliance with the enclosed STCs defining the nature, character and extent of anticipated federal involvement in this demonstration project. This award is subject to your written acknowledgement of the award and acceptance of the STCs and associated authorities within 30 days of the date of this letter.

Your project officer for this demonstration is Mr. Emmett Ruff. Mr. Ruff can be contacted to answer any questions concerning the implementation of this demonstration at (410) 786-4252 or at Emmett.Ruff@cms.hhs.gov. Correspondence concerning the demonstration should be submitted to him at the following address:

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
7500 Security Boulevard
Mail Stop: S2-03-17
Baltimore, MD 21244-1850

Official communications regarding demonstration program matters should be submitted simultaneously to Mr. Ruff and to Mr. Francis McCullough, Associate Regional Administrator (ARA), in our Philadelphia Regional Office. Mr. McCullough can be reached at (215) 861-4157 or at Francis.McCullough@cms.hhs.gov. Correspondence concerning the demonstration can be mailed to Mr. McCullough at:

Centers for Medicare & Medicaid Services
Division of Medicaid and Children's Health Operations
The Public Ledger Building, Suite 216
150 South Independence Mall West
Philadelphia, PA 19106

If you have any questions regarding this approval, please contact Mrs. Judith Cash, Acting Director, State Demonstrations Group, Centers for Medicaid & CHIP Services at (410) 786-9686.

Sincerely,

A black rectangular redaction box covering the signature of Seema Verma.

Seema Verma

Enclosure

Page 3 – Ms. Teresa Miller

cc: Francis McCullough, ARA, CMS Philadelphia Regional Office
Mary McKeon, State Lead, CMS Philadelphia Regional Office

CENTERS FOR MEDICARE & MEDICAID SERVICES

SECTION 1115 DEMONSTRATION WAIVER AUTHORITY

DEMONSTRATION NUMBER: 11-W-00308/3

DEMONSTRATION TITLE: Medicaid Coverage for Former Foster Care Youth from a Different State

DEMONSTRATION AWARDEE: Pennsylvania Department of Human Services

Under the authority of section 1115(a)(1) of the Social Security Act (the Act) the following waivers are granted to enable implementation of the "Medicaid Coverage for Former Foster Care Youth from a Different State" section 1115(a) demonstration. These waivers are effective beginning October 1, 2017 and are limited to the extent necessary to achieve the objectives below. These waivers may only be implemented consistent with the approved Special Terms and Conditions (STCs) set forth in the accompanying document.

All requirements of the Medicaid program expressed in law, regulation and policy statement, not expressly waived in this list, shall apply to the demonstration project for the period beginning October 1, 2017 through September 30, 2022.

Title XIX Waiver Authority

1. Provision of Medical Assistance

Section 1902(a)(8) and 1902(a)(10)

To the extent necessary to permit the Commonwealth of Pennsylvania to limit the provision of medical assistance (and treatment as eligible) for individuals described in the eligibility group under section 1902(a)(10)(A)(ii)(XX) of the Act and the Medicaid State Plan to only former foster care youth who are under 26 years of age, were in foster care under the responsibility of another state or tribe on the date of attaining 18 years of age (or such higher age as the state has elected), and who were enrolled in Medicaid on that date.

CENTERS FOR MEDICARE & MEDICAID SERVICES

SPECIAL TERMS AND CONDITIONS

DEMONSTRATION NUMBER: 11-W-00308/3

DEMONSTRATION TITLE: Medicaid Coverage for Former Foster Care Youth from a Different State

DEMONSTRATION AWARDEE: Pennsylvania Department of Human Services

I. PREFACE

The following are the Special Terms and Conditions (STCs) for the Pennsylvania Former Foster Care Youth section 1115(a) Medicaid demonstration (hereinafter referred to as “demonstration”). The parties to this agreement are the Pennsylvania Department of Human Services (“Pennsylvania” or “the state”) and the Centers for Medicare & Medicaid Services (CMS). The STCs set forth in detail the nature, character, and extent of federal involvement in the demonstration and Pennsylvania's obligations to CMS during the life of the demonstration. The STCs are effective October 1, 2017 through September 30, 2022.

The STCs have been arranged into the following subject areas:

- I. Preface
- II. Program Description and Objectives
- III. General Program Requirements
- IV. Eligibility and Benefits
- V. General Reporting Requirements
- VI. General Financial Requirements
- VII. Evaluation
- VIII. Schedule of Deliverables

Attachment A: Template for Annual Operational Reports

Attachment B: Evaluation Design Plan (Reserved)

II. PROGRAM DESCRIPTION AND OBJECTIVES

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.

III. GENERAL PROGRAM REQUIREMENTS

1. **Compliance with Federal Non-Discrimination Statutes.** The state must comply with all applicable federal statutes relating to non-discrimination. These include, but are not limited to, the Americans with Disabilities Act of 1990, title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.
2. **Compliance with Medicaid Law, Regulation, and Policy.** All requirements of the Medicaid program expressed in law, regulation, and/or policy statement, not expressly waived or identified as not applicable in the waiver and expenditure authority documents (of which these terms and conditions are part), shall apply to the demonstration.
3. **Changes in Medicaid Law, Regulation, and Policy.** The state must, within the timeframes specified in law, regulation, or policy statement, come into compliance with any changes in federal law, regulation, or policy affecting the Medicaid program that occur during this demonstration approval period, unless the provision being changed is explicitly waived or identified as not applicable.

CMS reserves the right to amend these STCs to reflect such changes and/or changes of an operational nature without requiring the state to submit an amendment to the demonstration per STC 7. CMS will notify the state thirty (30) days in advance of the expected approval date of the amended STCs to align with mandated changes in Medicaid law, regulation, and policy that directly impact this demonstration program.

4. **Impact on Demonstration of Changes in Federal Law, Regulation, and Policy.**
 - a. To the extent that a change in federal law, regulation or policy requires either a reduction or an increase in federal financial participation (FFP) for expenditures made under this demonstration, the state may be required to adopt a budget neutrality agreement if CMS determines the impact of the changes in federal law, regulation, or policy necessitates such a requirement be implemented. The modified agreement will be effective upon the implementation of the change.

- b. If mandated changes in the federal law require state legislation, the changes must take effect on the day such state legislation becomes effective, or on the last day such legislation was required to be in effect under the law.

6. Changes Subject to the Amendment Process. Changes related to demonstration features such as eligibility, enrollment, benefits, delivery systems, cost sharing, evaluation design, sources of non-federal share of funding, and other comparable program elements must be submitted to CMS as amendments to the demonstration. All amendment requests are subject to approval at the discretion of the Secretary in accordance with section 1115 of the Act. The state must not implement changes to these elements without prior approval by CMS. Amendments to the demonstration are not retroactive and FFP will not be available for changes to the demonstration that have not been approved through the amendment process set forth in STC 7, except as provided in STC 3.

7. Amendment Process. Requests to amend this demonstration must be submitted to CMS for approval no later than 120 days prior to the planned date of implementation of the change and may not be implemented until approved. CMS reserves the right to deny or delay approval of a demonstration amendment based upon non-compliance with these STCs, including but not limited to failure by the state to submit required elements for an amendment request as outlined below, required progress reports, and other deliverables required by these STCs in a timely fashion according to the deadlines specified herein. Amendment requests must minimally include the following:

- a. A detailed description of the amendment, including impact on beneficiaries, with sufficient supporting documentation;
- b. An explanation of the public process used by the state consistent with the requirements of STC 8; and,
- c. If applicable, a description of how the evaluation design will be modified to incorporate the proposed amendment.

8. Public Notice, Tribal Consultation, and Consultation with Interested Parties. The state must comply with the state notice procedures as required in 42 Code of Federal Regulations (CFR) section 431.408 prior to submitting an application to extend the demonstration. For applications to amend the demonstration, the state must comply with the state notice procedures set forth in 59 Fed. Reg. 49249 (September 27, 1994) prior to submitting such request. The state must also comply with the public notice procedures set forth in 42 CFR section 447.205 for changes in statewide methods and standards for setting payment rates.

If the state has federally recognized tribes, the state must also comply with the tribal consultation requirements set forth in section 1902(a)(73) of the Act and implemented in regulation at 42 CFR section 431.408(b), and the tribal consultation requirements contained in the state's approved Medicaid State Plan, when any program changes to the demonstration, either through amendment as set out in STC 6 or extension, are proposed by the state.

- 9. Extension of the Demonstration.** No later than twelve (12) months prior to the expiration date of the demonstration, the Governor or Chief Executive Officer of Pennsylvania must submit to CMS either a demonstration extension request that meets federal requirements at 42 CFR section 431.412(c) or a phase-out plan consistent with the requirements of STC 10.
- 10. Demonstration Phase Out.** The state may suspend or terminate this demonstration in whole, or in part, at any time prior to the date of expiration.
- a. Notification of Suspension or Termination: The state must promptly notify CMS in writing of the effective date and reason(s) for the suspension or termination, together with the effective date and a transition and phase-out plan. At least six (6) months before the effective date of the demonstration's suspension or termination, the state must submit to CMS its proposed transition and phase-out plan, together with intended notifications to demonstration enrollees. Prior to submitting the draft transition and phase-out plan to CMS, the state must publish on its website the draft plan for a thirty (30) day public comment period. In addition, the state must conduct tribal consultation in accordance with its approved tribal consultation State Plan Amendment. Once the thirty (30) day public comment period has ended, the state must provide a summary of public comments received, the state's response to the comments received, and how the state incorporated the received comments into the transition and phase-out plan submitted to CMS.
 - b. Transition and Phase-out Plan Requirements: The state must include, at a minimum, in its plan the process by which it will notify affected beneficiaries, the content of said notices including information on the beneficiary's appeal rights, the process by which the state will conduct administrative reviews of Medicaid eligibility for the affected beneficiaries, and ensure ongoing coverage for those beneficiaries determined eligible, as well as any community outreach activities including community resources that are available.
 - c. Phase-out Plan Approval: The state must obtain CMS approval of the transition and phase-out plan prior to the implementation of phase-out activities. Implementation of phase-out activities must be no sooner than fourteen (14) days after CMS approval of the phase-out plan.
 - d. Phase-out Procedures: The state must comply with all notice requirements found in 42 CFR sections 431.206, 431.210, and 431.213. In addition, the state must assure all appeal and hearing rights afforded to demonstration participants as outlined in 42 CFR sections 431.220 and 431.221. If a demonstration participant requests a hearing before the date of action, the state must maintain benefits as required in 42 CFR section 431.230. In addition, the state must conduct administrative renewals for all affected beneficiaries in order to determine if they qualify for Medicaid eligibility under a different eligibility category as found in 42 CFR section 435.916.
 - e. Exemption from Public Notice Procedures 42.CFR section 431.416(g): CMS may expedite the federal and state public notice requirements in the event it determines that

the objectives of title XIX and XXI would be served or under circumstances described in 42 CFR section 431.416(g).

- f. Enrollment Limitation during Demonstration Phase-Out: If the state elects to suspend, terminate, or not extend this demonstration, during the last six (6) months of the demonstration, enrollment of new individuals into the demonstration must be suspended.
- g. Federal Financial Participation (FFP): If the project is terminated or any relevant waivers suspended by the state, FFP shall be limited to normal closeout costs associated with terminating the demonstration including services and administrative costs of disenrolling participants.

11. CMS Right to Terminate or Suspend. CMS may suspend or terminate the demonstration, in whole or in part, at any time before the date of expiration, whenever it determines following a hearing that the state has materially failed to comply with the terms of the demonstration project. CMS must promptly notify the state in writing of the determination and the reasons for the suspension or termination, together with the effective date.

12. Finding of Non-Compliance. CMS will withhold payments to the state in the amount of \$1,000,000 per occurrence when deliverables are not submitted timely to CMS or are found to not be consistent with the requirements approved by CMS. The state does not relinquish its rights to challenge any CMS finding that the state materially failed to comply with the terms of this agreement.

- a. Thirty (30) days after the deliverable was due, CMS will issue a written notification to the state providing advance notification of a pending deferral for late or non-compliant submissions of required deliverables.
- b. For each deliverable, the state may submit a written request for an extension in which to submit the required deliverable. Should CMS agree to the state's request, a corresponding extension of the deferral process described below can be provided. CMS may agree to a corrective action as an interim step before applying the deferral, if corrective action is proposed in the state's written extension request.
- c. The deferral would be issued against the next quarterly expenditure report following the written deferral notification (subject to any extension granted under (b)).
- d. When the state submits the overdue deliverable(s), and such deliverable(s) are accepted by CMS as meeting the standards outlined in the STCs, the deferral(s) will be released.
- e. As the purpose of a section 1115 demonstration is to test new methods of operation or service delivery, a state's failure to submit all required reports, evaluations and other deliverables will be considered by CMS in reviewing any application for extension, amendment or renewal, or for a new demonstration.
- f. If applicable, CMS will consider with the state an alternative set of operational steps for

implementing the intended deferral to align the process with the state's existing deferral process, for example, the structure of the state request for an extension, what quarter the deferral applies to and how the deferral is released.

- 13. Withdrawal of Waiver/Expenditure Authority.** CMS reserves the right to amend or withdraw waiver and/or expenditure authorities at any time it determines that continuing the waiver or expenditure authorities would no longer be in the public interest or promote the objectives of title XIX. CMS will promptly notify the state in writing of the determination and the reasons for the amendment or withdrawal, together with the effective date, and afford the state an opportunity to request a hearing to challenge CMS' determination prior to the effective date. If a waiver or expenditure authority is withdrawn or amended, FFP is limited to normal closeout costs associated with terminating the waiver or expenditure authority, including services, continued benefits as a result of beneficiary appeals and administrative costs of disenrolling participants.
- 14. Adequacy of Infrastructure.** The state must ensure the availability of adequate resources for implementation and monitoring of the demonstration, including education, outreach, and enrollment; maintaining eligibility systems applicable to the demonstration; compliance with cost sharing requirements; and reporting on financial and other demonstration components.
- 15. Federal Financial Participation (FFP).** No federal matching for administrative or medical assistance payments for services provided under this demonstration will take effect until the effective date identified in the CMS demonstration approval documents.

IV. ELIGIBILITY AND BENEFITS

- 16. Eligibility for the Demonstration.** Individuals eligible for this demonstration are limited to "out-of-state former foster care youth" who are defined as youth under age 26 who were in foster care under the responsibility of a state other than Pennsylvania or a tribe in such other state when they turned age 18 (or such higher age as the state has elected for termination of federal foster care assistance under title IV-E of the Act), were enrolled in Medicaid at that time, are now applying for Medicaid in Pennsylvania, and are not otherwise eligible for Medicaid.
- 17. Benefits and Cost-sharing provided under the Demonstration.** Out-of-state former foster care youth ages 18, 19 or 20 will receive the same Medicaid State Plan benefits as set forth in the State Plan for all other beneficiaries under 21 years of age (i.e., Children). Out-of-state former foster care youth ages 21 to 26 will receive the same Medicaid State Plan benefits as set forth in the State Plan for beneficiaries 21 years of age and older (i.e., Adults). Out-of-state former foster care youth aged 18 to 26 will be subject to the same cost-sharing requirements and exclusions as set forth in the State Plan for the eligibility group under which the individual is enrolled in accordance with their age (i.e., Children or Adults).
- 18. State Plan Amendments.** As outlined in CMS' November 21, 2016 CMCS Informational Bulletin to *Allow Medicaid Coverage to Former Foster Care Youth Who Have Moved to a Different State*, the state shall submit conforming amendment(s) to the Medicaid State Plan

for the out-of-state former foster care youth affected by the implementation of this demonstration. For any subsequent Medicaid State Plan changes approved affecting the eligibility of the out-of-state former foster care youth being covered under this demonstration, a conforming amendment to this demonstration project is required to be submitted as outlined in STC 7.

19. Delivery System. Enrollees in this demonstration will receive services through the state's managed care delivery system.

V. GENERAL REPORTING REQUIREMENTS

20. Annual Report. No later than ninety (90) days following the end of each demonstration year, the state must submit an annual progress report that represents the status of the demonstration's various operational areas and any state analysis of program data collected for the demonstration year. The report should also include a discussion of trends and issues over the year, including progress on addressing any issues affecting access, quality, or costs. Using the reporting template included in Attachment A of these STCs, each annual report must minimally include the following:

- a. Data on enrollment, participation, disenrollment, and demographics, associated with the demonstration populations. There will also be an accompanying narrative for each of these areas;
- b. Utilization monitoring, to include summaries of encounter data;
- c. Grievances and appeals filed during the quarters by type, highlighting any patterns that are concerning; and actions being taken to address any significant issues evidenced by patterns of complaints, grievances or appeals;
- d. Summary of the progress of evaluation activities, including key milestones accomplished as well as challenges encountered and how they were addressed. The discussion shall also include interim findings, when available; status of contracts with independent evaluator(s) (if applicable);
- e. A summary of the annual post award public forum conducted by the state as required by 42 CFR section 431.420(c); and,
- f. Summary of program integrity and related audit activities for the demonstration.

The state's demonstration years are as follows:

Demonstration Year 1 = October 1, 2017 through September 30, 2018
Demonstration Year 2 = October 1, 2018 through September 30, 2019
Demonstration Year 3 = October 1, 2019 through September 30, 2020
Demonstration Year 4 = October 1, 2020 through September 30, 2021
Demonstration Year 5 = October 1, 2021 through September 30, 2022

21. Annual Monitoring Calls. CMS and Pennsylvania will participate in annual conference calls following the receipt of the annual progress report, unless CMS determines that more frequent calls are necessary to adequately monitor the demonstration. The purpose of these calls is to discuss any significant actual or anticipated developments affecting the

demonstration. Areas to be addressed include, but are not limited to, health care delivery, enrollment, quality of care, access, benefits, anticipated or proposed changes in payment rates, audits, lawsuits, changes in state sources of funding for financing this demonstration, progress on evaluations, state legislative developments, and any demonstration amendments the state is considering submitting. CMS will update the state on any amendments under review as well as federal policies and issues that may affect any aspect of the demonstration. Pennsylvania and CMS will jointly develop the agenda for the calls.

- 22. Final Demonstration Report.** The state must submit a final demonstration report to CMS to describe the impact of the demonstration, including the extent to which the state met the goals of the demonstration. The draft report will be due to CMS 120 days after the expiration of the demonstration. CMS must provide comments within sixty (60) days of receipt of the draft final demonstration report. The state must submit a final demonstration report within sixty (60) days of receipt of CMS comments.

VI. GENERAL FINANCIAL REQUIREMENTS

- 23. Budget Neutrality.** CMS has determined that this demonstration is budget neutral based on CMS' assessment that the waiver authorities granted for the demonstration are unlikely to result in any increase in federal Medicaid expenditures, and that no expenditure authorities are associated with the demonstration. The demonstration will not include a budget neutrality expenditure limit, and no further test of budget neutrality will be required. Accordingly, the state will not be allowed to obtain budget neutrality "savings" from this demonstration. All expenditures associated with this population will be reported on the CMS-64 base form(s) for Medicaid State Plan populations in accordance with section 2500 of the State Medicaid Manual.

CMS reserves the right to request a budget neutrality analysis from the state if the state seeks a change to the demonstration pursuant to STCs 6 and 7 that may impact costs associated with the demonstration.

- 24. Sources of Non-Federal Share.** The state must certify that matching the non-federal share of funds for the demonstration are state/local monies. The state further certifies that such funds must not be used to match for any other federal grant or contract, except as permitted by law. All sources of non-federal funding must be compliant with section 1903(w) of the Act and applicable regulations. In addition, all sources of the non-federal share of funding are subject to CMS approval.
- a. CMS shall review the sources of the non-federal share of funding for the demonstration at any time. The state agrees that all funding sources deemed unacceptable by CMS must be addressed within the time frames set by CMS.
 - b. Any amendments that impact the financial status of the program must require the state to provide information to CMS regarding all sources of the non-federal share of funding.

25. Extent of Federal Financial Participation (FFP) for the Demonstration. CMS shall provide FFP for expenditures incurred for providing Medicaid State Plan coverage to out-of-state former foster care youth under this demonstration, at the applicable federal matching rate.

26. Program Integrity. The state must have processes in place to ensure that there is no duplication of federal funding for any aspect of the demonstration. The state must confirm its process for ensuring there is no duplication of federal funding in each annual report as specified in STC 20(f).

VII. EVALUATION

27. Evaluation Design Plan Approval. Within 120 days of the demonstration award, the state must submit to CMS for comment and approval a Draft Evaluation Design Plan for testing hypotheses aimed at evaluating the extent to which the demonstration increases and strengthens overall coverage of out-of-state former foster care youth and improves health outcomes for these youth. The state must submit a revised Draft Evaluation Design Plan within sixty (60) days after receipt of CMS' comments. The state's Draft Evaluation Design Plan may be subject to multiple revisions until a format is agreed upon by CMS. Upon CMS approval of the state's Evaluation Design Plan, the document will be included as Attachment B to these STCs. Per 42 CFR section 431.424(c), the state will publish the approved Evaluation Design Plan within thirty (30) days of CMS approval. The state must implement the evaluation research and submit their evaluation implementation progress in the Annual Reports required in accordance with STC 20.

28. Evaluation Requirements. The demonstration evaluation will meet the prevailing standards of scientific evaluation and academic rigor, as appropriate and feasible for each aspect of the evaluation, including standards for the evaluation design, conduct, and interpretation and reporting of findings. The demonstration evaluation will use the best available data; use controls and adjustments for and reporting of the limitations of data and their effects on results; and discuss the generalizability of results. The outcomes from each evaluation component must be integrated into one programmatic summary that describes whether the state met the demonstration goal, with recommendations for future efforts regarding all components.

29. Draft and Final Interim Evaluation Reports. In the event the state requests to extend the demonstration beyond the current approval period under the authority of section 1115(a), (e), or (f) of the Act, the state must submit a draft interim evaluation report for the completed years of the approval period represented in these STCs, as outlined in 42 CFR section 431.412(c)(2)(vi). The interim evaluation report will discuss evaluation progress and present findings to date as per the approved evaluation design. If the state requests changes to the demonstration, it must identify research questions and hypotheses related to the changes requested and an evaluation design for addressing the proposed revisions. The state will provide a Final Interim Evaluation Report thirty (30) days after receiving comments from CMS.

30. Summative Evaluation Report. The state must submit a draft Summative Evaluation Report for the demonstration’s current approval period represented in these STCs within eighteen (18) months following the end of the approval period represented by these STCs. The Summative Evaluation Report must include the information in the approved evaluation design. Unless otherwise agreed upon in writing by CMS, the state shall submit the final Summative Evaluation Report within thirty (30) days of receiving comments from CMS.

31. Public Access. The state shall post the final approved Evaluation Design, Interim Evaluation Report, and Summative Evaluation Report on the state Medicaid website within thirty (30) days of approval by CMS.

For a period of twenty-four (24) months following CMS approval of the Interim and Summative Evaluation Reports, CMS will be notified prior to the public release or presentation of these reports and related journal articles, by the state, contractor or any other third party directly connected to the demonstration. Prior to release of these reports, articles and other documents, CMS will be provided a copy including press materials. CMS will be given thirty (30) days to review and comment on journal articles before they are released. CMS may choose to decline some or all of these notifications and reviews.

VIII. SCHEDULE OF DELIVERABLES

Deliverable	Timeline	STC Reference
Annual Report	Within 90 days following the end of each demonstration year.	STC 20
Draft Evaluation Design Plan	Within 120 days after the approval of this demonstration project.	STC 27
Final Evaluation Design Plan	Within 60 days following receipt of CMS comments on Draft Evaluation Design.	STC 27
Interim Evaluation Reports	With submission of a demonstration extension request.	STC 29
Summative Evaluation Report	Within 18 months following the end of the demonstration approval period identified in these STCs.	STC 30

Attachment A –

ANNUAL REPORT TEMPLATE

State: _____

Demonstration Year and Period: _____

Approved start and end date of the Demonstration _____

A. Introduction

Please describe the goal(s) and objectives of the demonstration and status of key operational milestones.

B. Eligibility and Enrollment Information, including member month reporting

Topic	Measure [Reported for each month included in the annual report]	Narrative
Total Enrollment	Total number unduplicated enrolled [as of the last day of the month]	Describe the percent increase or decrease (or no change) from these quarters compared to the previous quarters. If this is the first annual report of your demonstration, describe whether or not the number of enrollees aligns with your expectations.
New Enrollment	Total number of new enrollees [as of the last day of the month]	Describe the percent increase or decrease (or no change) from these quarters compared to the previous quarters. If this is the first annual report of your demonstration, describe whether or not the number of new enrollees aligns with your expectations. Please also describe any outreach methods the state is currently using or plans to use in the future to identify and enroll this population.
Re-Enrollment	Total number of beneficiaries who disenrolled and later reenrolled [as of the last day of the month]	Describe the percent increase or decrease (or no change) from these quarters compared to the previous quarters. If this is the first annual report of your demonstration, describe whether or not the number of reenrollees aligns with your expectations.
Disenrollment	Total number of beneficiaries who disenrolled [as of the last day of the month]	Please describe the trend (percent increase or decrease, or no change) for these quarters compared to the previous quarters. If this is the first annual report of your demonstration, please describe whether or not the number of disenrollees aligns with your expectations. Please

Topic	Measure [Reported for each month included in the annual report]	Narrative
		also describe major reasons for to disenrollment (if known) and any actions taken to mitigate inappropriate disenrollment.

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
	Total number of beneficiaries with primary care appointments
	Total number of beneficiaries with behavioral health appointments
	Total number of beneficiaries with emergency department visits
	Total number of beneficiaries with inpatient visits

D. Grievances and Appeals

Describe any grievances and appeals filed during the quarters by the demonstration population by type, highlighting any patterns that are concerning. Describe actions being taken to address any significant issues evidenced by patterns of appeals.

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

Identify and describe any other significant program developments/issues/problems that have occurred in the current quarters or are anticipated to occur in the near future that affect the operation or evaluation of the demonstration, including but not limited to program development, access to care, quality of care, approval and contracting with Managed Care Entities, managed care contract compliance, fiscal issues, systems issues, and pertinent legislative or litigation activity.

Please provide a description of each issue as well as any immediate and long-term action plans to address any problems identified. Include a discussion of the status of action plans implemented in previous periods until resolved.

F. Demonstration Evaluation Activities and Interim Findings

Please provide a summary of the progress of evaluation activities, including key milestones accomplished. Include:

- Status of progress against timelines outlined in the approved Evaluation Design.
- Any challenges encountered and how they are being addressed.

- Status of any evaluation staff recruitment or any RFPs or contracts for evaluation contractual services (if applicable).
- Description of any interim findings or reports, as they become available.

**ATTACHMENT B –
EVALUATION DESIGN PLAN**

(Reserved pending CMS approval)