



# State Experiences with Implementation Planning for Section 1115 Community Engagement Demonstrations



*Learning Collaborative*

*August 27, 2019*

*12:30 PM – 2:00 PM ET*

*Danielle Daly, CMS*

*Mohamed Arif, Arizona HCCCS*

*Dana Hearn, Arizona HCCCS*

*Jennifer Meyer-Smart, Utah DOH*

*Jackie Prokop, Michigan DHHS*

# Agenda

- I. Overview of Implementation Plan Template for Section 1115 Community Engagement Demonstrations
- II. State Experiences with Implementation Planning
  - Utah
  - Michigan
  - Arizona
- III. Questions and Answers
- IV. Next Steps

# Importance of Monitoring and Evaluation

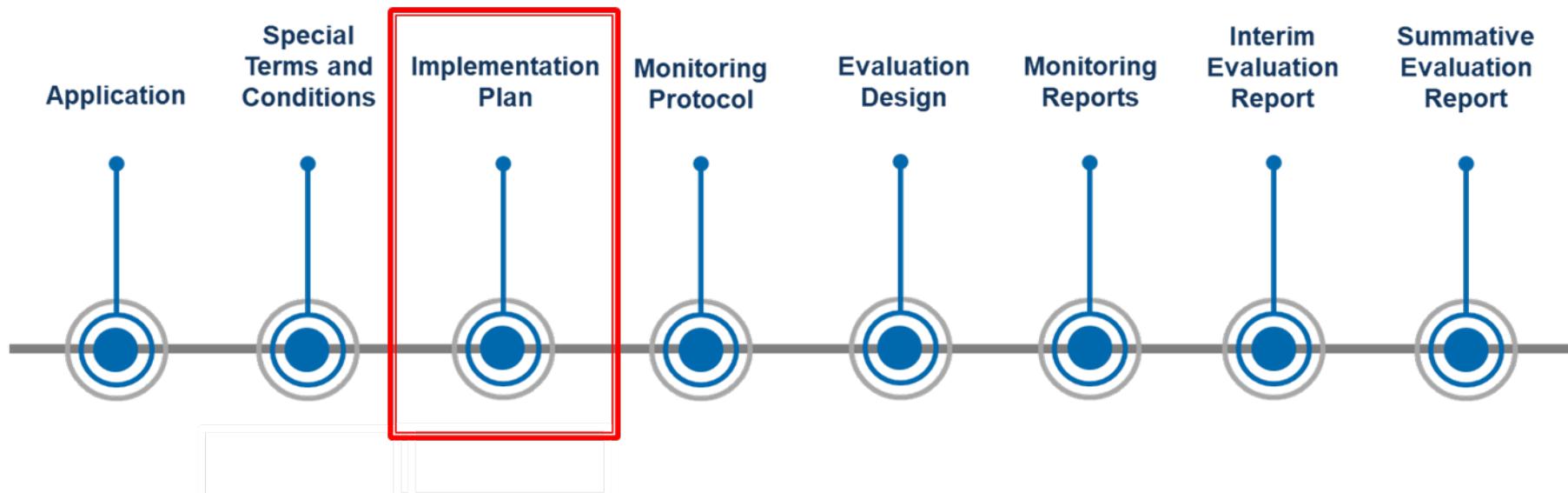
- All section 1115 demonstrations are policy experiments that must be carefully implemented, monitored, and evaluated (CFR 432.420, 432.424, 432.428)
- With robust and more standardized reporting, states can make course corrections as needed, and learning within and across states can be accelerated
- CMS has developed monitoring and evaluation resources for community engagement (CE) and other eligibility and coverage policies to provide clear guidance to states
  - Resources for demonstrations addressing Substance Use Disorder (SUD) are also available
  - Resources for demonstrations addressing Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED) are in progress

# Monitoring and Evaluation Tools for States

- Templates are specific to demonstration policies – content varies by policy type, and not all policies have each template
- CMS has observed uptake of monitoring and evaluation resources for section 1115 demonstrations

Template	Description
Implementation Plan	<ul style="list-style-type: none"> <li>▪ Documents state approach to implementation</li> <li>▪ Informs monitoring and evaluation activities for the demonstration</li> </ul>
Monitoring Protocol	<ul style="list-style-type: none"> <li>▪ Describes what state will report on a quarterly basis, developed collaboratively between CMS and the state</li> </ul>
Monitoring Report	<ul style="list-style-type: none"> <li>▪ Documents qualitative summaries on metrics trends and implementation updates</li> <li>▪ Provides standardized quarterly and annual monitoring metrics</li> </ul>
Evaluation Design Guidance	<ul style="list-style-type: none"> <li>▪ Supports states in developing evaluation designs that meet CMS expectations for rigor</li> <li>▪ Recommends hypotheses, research questions, outcome measures, and analytic approaches</li> </ul>

# Monitoring and Evaluation Process



# CE Implementation Plan Template: Key Topics

1. Specify CE policies
2. Establish beneficiary supports and modifications
3. Establish procedures for enrollment, verification, and reporting
4. Operationalize strategies for non-compliance
5. Develop comprehensive communications strategy
6. Establish continuous monitoring
7. Develop, modify, and maintain systems

# CE Implementation Plan Template: Topic Descriptions

Topic	Intent
1. Specify CE policies	To describe in more detail the CE policies outlined in the state's STCs
2. Establish beneficiary supports and modifications	<p>To describe how states will provide supports to beneficiaries to ensure that they are able to meet CE requirements, such as:</p> <ul style="list-style-type: none"> <li>▪ Specific supports</li> <li>▪ Ensure that CE activities are available and accessible</li> <li>▪ Reasonable modifications for individuals with disabilities</li> </ul>
3. Establish procedures for enrollment, verification, and reporting	<p>To describe modifications to enrollment processes as well as verification and reporting of activities and exemptions, such as</p> <ul style="list-style-type: none"> <li>▪ Modifications to application, enrollment, and renewal procedures</li> <li>▪ Procedures for beneficiaries to report CE activities</li> <li>▪ Procedures for CE entities to report CE activities</li> <li>▪ Procedures for beneficiaries to report or file for an exemption</li> <li>▪ State verification of CE activities and exemptions</li> </ul>

# CE Implementation Plan Template: Topic Descriptions (*cont*)

Topic	Intent
4. Operationalize strategies for noncompliance	<p>To describe how states will implement the policies for beneficiaries who do not comply with CE requirements, such as</p> <ul style="list-style-type: none"> <li>▪ Strategies for beneficiaries at risk for noncompliance</li> <li>▪ Stopping payments to managed care</li> <li>▪ Re-enrollment after disenrollment for noncompliance</li> <li>▪ Appeals process</li> </ul>
5. Develop comprehensive communications strategy	<p>To describe how the state will communicate CE policies and procedures (as necessary) to internal and external stakeholders, such as</p> <ul style="list-style-type: none"> <li>▪ Beneficiary communication</li> <li>▪ Partner communications</li> <li>▪ Staff/internal communications</li> </ul>
6. Establish continuous monitoring	<p>To describe the state's process for conducting process and quality improvement for the CE program</p>
7. Develop, modify, and maintain systems	<p>To describe any system changes needed to implement CE policies and meet reporting requirements</p>

## Audience Poll!

Which stage of the implementation planning process is your state in?

- A. Not yet developing the implementation plan
- B. In drafting phase of the implementation plan
- C. Not applicable (my state has not submitted an application for a CE demonstration)
- D. Not applicable (I do not work for a state Medicaid agency)

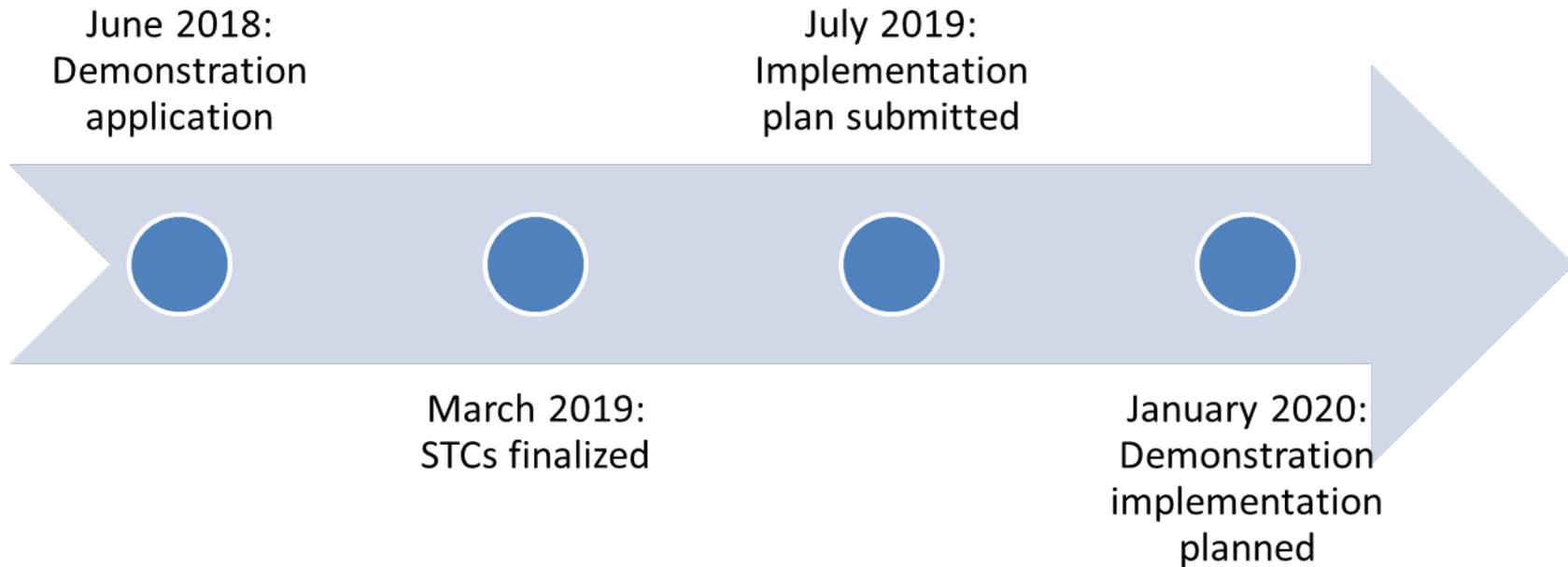


UTAH DEPARTMENT OF  
**HEALTH**

## **Section 1115 Community Engagement Demonstration Implementation Plan**

Jennifer Meyer-Smart  
Health Program Manager, UDOH

# BACKGROUND ON UTAH'S CE DEMONSTRATION



# CE IMPLEMENTATION PLAN: ORGANIZING THE STATE EFFORT



Staff from the Department of Health coordinated with the Department of Workforce Services to determine key aspects for implementation of the CE demonstration:

- Alignment of eligibility requirements with Supplemental Nutrition Assistance Program (SNAP)
- Supports for beneficiaries in meeting the CE requirements



UTAH DEPARTMENT OF  
**HEALTH**



DEPARTMENT OF  
**WORKFORCE  
SERVICES**

# ENGAGING STAKEHOLDERS



Source: <https://www.sltrib.com/news/politics/2019/07/10/utah-health-care-panel/>

The state plans to engage various stakeholders in finalizing the implementation plan:

- Will leverage expertise of members of the Medical Care Advisory Committee
- Will coordinate with community partners, particularly to provide education regarding CE requirements and available resources



## Identifying beneficiary support services:

- In order to support beneficiaries in meeting CE requirements, the STCs require that states connect beneficiaries with services such as:
  - Non-Medicaid assistance with transportation
  - Child care
  - Language access services

## Missing data:

- Data regarding funds needed for beneficiary supports was not available in-house at the state Medicaid agency
- Staff reached out to the Department of Workforce Services (charged with administering SNAP program) for data on SNAP beneficiaries' use of Employment and Training funding to inform the implementation plan



## **Allow for enough time to complete the implementation plan**

Having the plan due soon after the STCs were finalized was a challenge, as some implementation details needed to be worked out in a relatively short time frame.



## **Think carefully about program requirements**

Use the implementation plan template as a guide or a checklist to make sure you account for all the relevant requirements for CE demonstrations.



# Section 1115 Community Engagement Demonstration Implementation Plan

Jackie Prokop, Director  
Program Policy Division  
Medical Services Administration



Michigan Department of Health & Human Services

GRETCHEN WHITMER, GOVERNOR | ROBERT GORDON, DIRECTOR



# Background on Michigan's Section 1115 Demonstration

- In addition to community engagement (CE), Michigan's section 1115 demonstration includes:
  - Premiums – beneficiaries will be required to pay a premium of 5% of income.
  - Health behavior incentives – beneficiaries will be required to complete a health risk assessment, a wellness program, or a preventive health care service (e.g., annual preventive visits, receiving appropriate vaccines, preventive screenings, etc.) during the previous year
- CE implementation, 5% premium and health behavior incentive change is planned for January 2020



# Implementation Plan Development: Organizing the State Effort

- The Michigan team convened a workgroup early in the implementation plan development process.
- This group expanded over time.





# Approach to Implementation Plan

- The Michigan team used the implementation plan template to identify and prioritize issues that may take time to address.
  - For example, modifications to IT systems needed for CE implementation require substantial time to stand up, identify timelines.
- The team also leveraged the workgroup to identify previously unknown solutions.
  - For example, Medicaid staff learned about a comprehensive beneficiary resource tool that was available.

# Stakeholder Engagement



- The Michigan team held a series of informational webinars for key stakeholders to learn about and weigh in on demonstration policies.
- Medical Care Advisory Council
- Tribal consultation related to community engagement implementation throughout the process.
  - Regular conference calls, webinars, in-person meetings, consultation meetings.
- Will continue regular outreach to providers.

# Challenges



- The template identified gaps in Michigan’s approach to implementing the CE demonstration.
  - Michigan team is working with the state legislature to appropriate beneficiary supports funding (pending).
- New legislation was introduced in June 2019 that may impact the CE demonstration. In developing the implementation plan, the Michigan team needed to include information about potential changes to the demonstration, should that legislation pass.



# Lessons Learned

- Convene a broad group of internal and external stakeholders
  - States should use the implementation plan template as a checklist to bring together anyone who may be responsible for some aspect of the implementation – they may bring new resources to the table.
- Connect with CMS
  - Project officers and other CMS staff are important resources to leverage! They can help work through the difficult questions and provide feedback on an early draft as necessary.
- Time allotment to complete plan.



# Section 1115 Community Engagement Demonstration Implementation Plan

Dana Hearn, Assistant Director - Division of  
Community Advocacy & Intergovernmental  
Relations

Mohamed Arif, Federal Relations Administrator

# Background on Arizona's CE Demonstration

**2015**  
AZ statute enacted which required AHCCCS to request work requirements & 5-year lifetime limit for AHCCCS members

**December 19, 2017**  
AHCCCS Works Waiver submitted to CMS

**WAIVER NEGOTIATIONS**  
*February 2018 – January 2019*

**April 2018**  
Expanded AHCCCS Works Workgroups

**January - March 2017**  
AHCCCS Works Public Comment Period

**January 2018**  
Inception of AHCCCS Works Workgroups

**January 18, 2019**  
CMS Approves AHCCCS Works

# Background on Arizona's CE Demonstration

## CONDUCTED STAKEHOLDER ENGAGEMENT

*February – July 2019*

## PLANNING ADDITIONAL STAKEHOLDER ENGAGEMENT OPPORTUNITIES

*Fall 2019 – Winter 2020*

January 18,  
2019  
CMS  
Approves  
AHCCCS  
Works

July 1, 2019  
Submitted  
Implementation  
Plan

December  
2019  
Monitoring  
Protocol

February 18,  
2019  
Submitted  
Waiver  
Acceptance  
Letter and  
Technical  
Corrections

July 17,  
2019  
Submitted  
Waiver  
Evaluation  
Design Plan

No Sooner Than  
Summer 2020  
AHCCCS Works  
Program  
Implementation

# AHCCCS Works Program

## Development: Organizing the State Effort

AHCCCS formed several workgroups to inform the finalization of the STCs:

### Steering Committee

- AHCCCS and Arizona Department of Economic Security(DES) Leadership
- Review & approve workgroup recommendations
- Provide executive guidance
- Weekly meetings

### Waiver Policy Workgroup

- AHCCCS and DES Staff
- Review Components of AW Program
- Develop policy recommendations
- Finalizing and negotiating STCs
- Weekly meetings

### Systems Design Workgroup

- AHCCCS IT and DES Staff
- Making system requirement recommendations to implement AHCCCS Works program
- Weekly meetings

# Implementation Plan Development: Organizing the State Effort

- AHCCCS formed several workgroups for the development of the implementation plan:

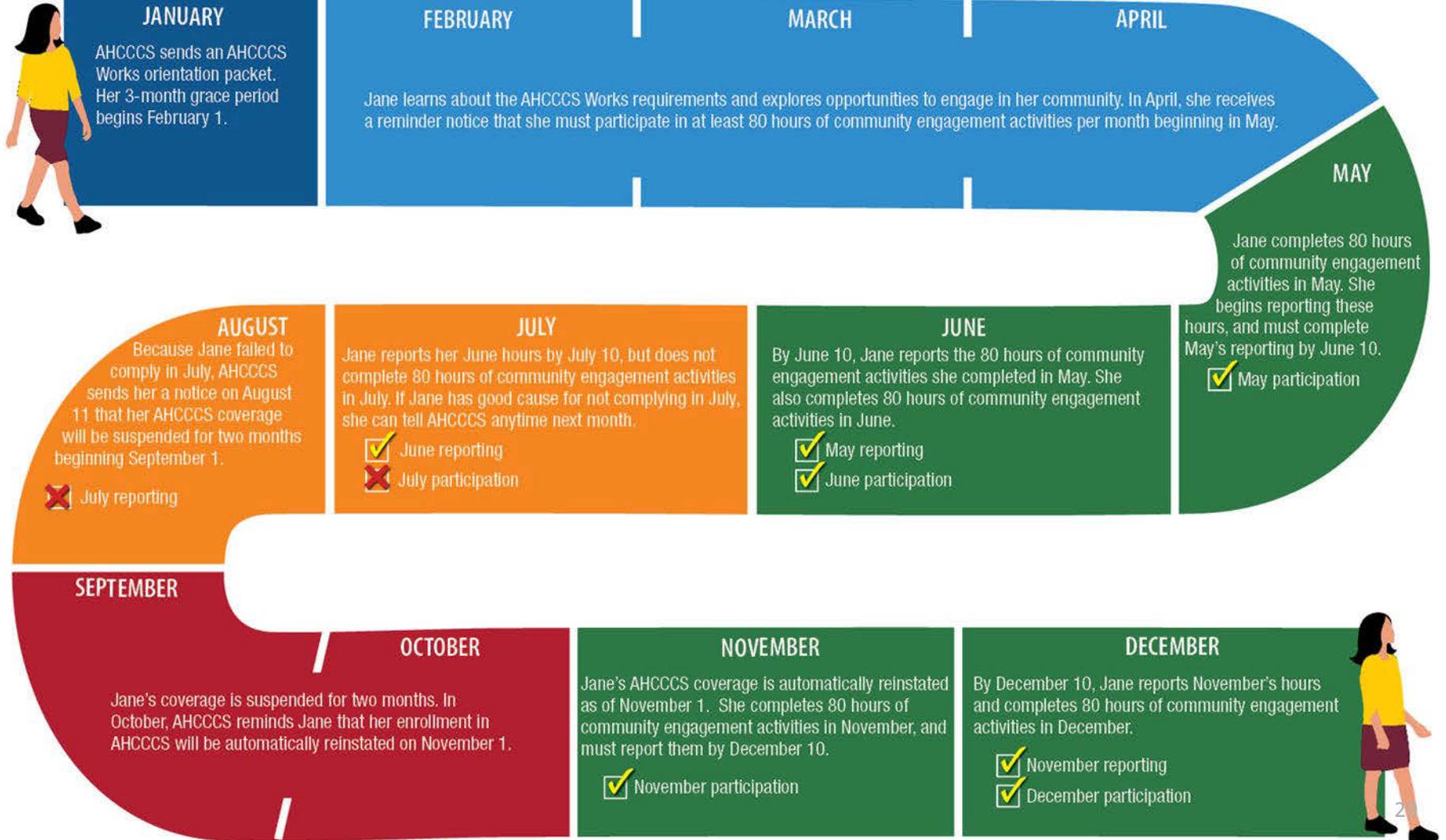
Waiver	Policy	Technical	Communications	Workforce Development
<ul style="list-style-type: none"> <li>AHCCCS and DES staff, and AW workgroup leads</li> <li>Coordinating implementation plan development</li> <li>On-going meetings</li> </ul>	<ul style="list-style-type: none"> <li>AHCCCS and DES staff</li> <li>Defining operational and policy parameters</li> </ul>	<ul style="list-style-type: none"> <li>AHCCCS IT &amp; DES staff</li> <li>Help form/clarify system requirements</li> </ul>	<ul style="list-style-type: none"> <li>AHCCCS PIO, State communications staff, and MCO representatives</li> <li>Prepare and execute collaborative, strategic communications plan</li> </ul>	<ul style="list-style-type: none"> <li>AHCCCS Employment administrator, operations, and DES staff</li> <li>Identify resources to assist members in meeting CE requirements</li> </ul>

# Stakeholder Engagement and Education



- AHCCCS leveraged an in-house peer and family group as well as community-based organizations to obtain members' perspective regarding critical aspects of the implementation plan.
- Staff also hosted several community and tribal specific forums around the state to obtain member and stakeholder perspective regarding implementation of CE requirements in their particular geographic area.

In this example, January represents the first month any new AHCCCS member is required to comply



# Stakeholder Engagement and Education: Resources

- AHCCCS also solicited feedback from American Indian/Alaska Native (AI/AN) tribes, and developed [guidance](#) regarding the exemption process for AI/AN populations.
- Additional engagement material is available on the [AHCCCS website](#).

The image shows a document titled "AHCCCS WORKS Exemption for American Indian and Alaska Native Members". The document explains that American Indians and Alaska Natives (AI/AN) and their children and grandchildren are exempt from the AHCCCS Works community engagement requirement. It provides a table with "HOW TO RECEIVE THE AI/AN MEMBER EXEMPTION" and lists documentation requirements for members of federally recognized tribes.

**AHCCCS WORKS** Exemption for American Indian and Alaska Native Members

American Indians and Alaska Natives (AI/AN) and their children and grandchildren are exempt from the AHCCCS Works community engagement requirement. Before the AHCCCS Works program begins, all AI/AN members between the ages of 19 and 49 will receive correspondence from the program.

**HOW TO RECEIVE THE AI/AN MEMBER EXEMPTION**

WHAT IF: I receive correspondence that I am exempt from participating in AHCCCS Works requirements?	No further action is required.
WHAT IF: I'm an American Indian/Alaska Native member who receives notice that I must participate in AHCCCS Works?	Identify yourself as an AI/AN member to maintain AHCCCS benefits and eligibility. Log in to <a href="http://healtharizonaplus.gov">healtharizonaplus.gov</a> Health-e-Arizona <b>PLUS</b>
WHAT IF: I am selected to verify my tribal membership for my exemption?	Documentation can be uploaded to HEAplus directly by member or Community Assistors, taken to a local DES office, or mailed or faxed to DES.

Members of federally recognized tribes and their children and grandchildren may submit documentation including, but not limited to the following examples:

- Certificate of Degree of Indian Blood
- Tribal ID
- Tribal Census Record
- Other document provided by the tribe stating that the person is a member of the tribe
- An official letter on tribal letterhead from the tribe stating that the applicant is a child or grandchild of a tribal member
- A document verifying the tribal member's enrollment in the tribe and a document verifying that the applicant is a child or grandchild of the tribal member

To make sure AHCCCS Works information reaches you, verify that your contact information is correct. Log in to [healtharizonaplus.gov](http://healtharizonaplus.gov)  
Health-e-Arizona **PLUS**

Rev. 080519

# Changes to Implementation Approach

As a result of feedback from stakeholders, AHCCCS modified aspects of the CE demonstration implementation plan:

- Phased implementation:
  - AHCCCS will roll out the CE demonstration in phases by geographic area to allow more time to identify member supports available in rural and frontier areas.
- CE needs assessment:
  - AHCCCS will issue a Request For Information (RFI) to obtain input from community stakeholders for assessing the availability of community engagement support (e.g. transportation, childcare, CE activities, etc.) by region and how to address gaps in support.

# Challenges

---

- AHCCCS encountered some challenges in estimating the number of persons who are expected to be exempt from CE demonstration.
- Many exemptions can only be determined through member self-attestation once the program is implemented. Therefore, it's important to develop communication strategies that include targeted messaging via multiple communication channels in order to educate members about CE program compliance and exemptions.

# Lessons Learned

- Planning early pays off
  - AHCCCS benefited from having initiated planning during the STCs negotiation. Review the implementation plan template to identify any issues not previously considered.
- Meet stakeholders where they are
  - Literally and figuratively! Stakeholders and members have unique needs, and we found it beneficial to engage in multiple rounds of dialogue to solicit input and then demonstrate how previous input has been incorporated.
- Flexibility and collaboration should be guiding principles
  - CE demonstrations require continuous coordination with CMS, other state agencies, and external stakeholders with differing needs that require accommodation.

## What Happens After Submitting an Implementation Plan?

- Once you have submitted your draft implementation plan, CMS will review it and follow up with questions or comments.
- The review process may take time, depending on the features of the state's demonstration and plan.
- CMS anticipates engaging the state in a period of dialogue before the implementation plan is finalized. The goal is for every state to have a robust and feasible plan for implementation of CE demonstrations.

# Questions?

---

## Next Steps

For technical assistance or to provide feedback on the Implementation Plan Template, reach out to your project officer or the Monitoring and Evaluation mailbox:

- [1115MonitoringAndEvaluation@cms.hhs.gov](mailto:1115MonitoringAndEvaluation@cms.hhs.gov)

## Final Remarks

- Thank you again for participating in the learning collaborative webinar on state experiences with implementation planning for section 1115 CE demonstrations!
- We value your feedback! Please complete the post-event questionnaire that will pop up after the conclusion of this webinar.