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## **APPENDIX TO EVALUATION DESIGN GUIDANCE FOR SECTION 1115 ELIGIBILITY & COVERAGE DEMONSTRATIONS: COMMUNITY ENGAGEMENT**

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This appendix to the evaluation design guidance for section 1115 eligibility and coverage demonstrations provides specific guidance for evaluations of community engagement requirements. This document contains suggested policy goals, an example logic model for expected outcomes, hypotheses and research questions, and evaluation approaches for community engagement demonstrations (Tables 1 and 2). States with other eligibility and coverage policies should consult each relevant appendix to build their demonstration evaluation design, in addition to the generalized evaluation design guidance for section 1115 eligibility and coverage policies.

States with more than one eligibility and coverage policy may not be able to address all recommended research questions in each appendix because it will not be possible to attribute observed effects to individual policies, as opposed to the demonstration as a whole. States should work with their evaluators to determine which research questions are most appropriate and feasible to address for individual demonstration policies.

### **1. Community engagement requirements in section 1115 demonstrations**

On January 11, 2018, the Centers for Medicare & Medicaid Services (CMS) published a letter to state Medicaid directors providing guidance to states interested in implementing incentives for work and community engagement for non-elderly, non-disabled, non-pregnant adult Medicaid beneficiaries.<sup>1</sup> CMS signaled its support for state experimentation with policies that make Medicaid eligibility, coverage, enhanced benefits, and/or reduced premiums or cost sharing conditional on compliance with work or community engagement requirements. CMS also signaled its expectation that states will test the hypotheses that such policies lead to increased employment and community engagement rates and that increased employment will promote health and wellbeing.

### **2. The goals of the community engagement policy**

States should articulate their policy goals for the community engagement requirement. For example, the goals might be to test whether requiring community engagement activities as a condition of eligibility:

- a. Leads to increased or sustained employment,
- b. Improves beneficiaries' socio-economic status,
- c. Promotes beneficiary independence, and
- d. Improves health outcomes.

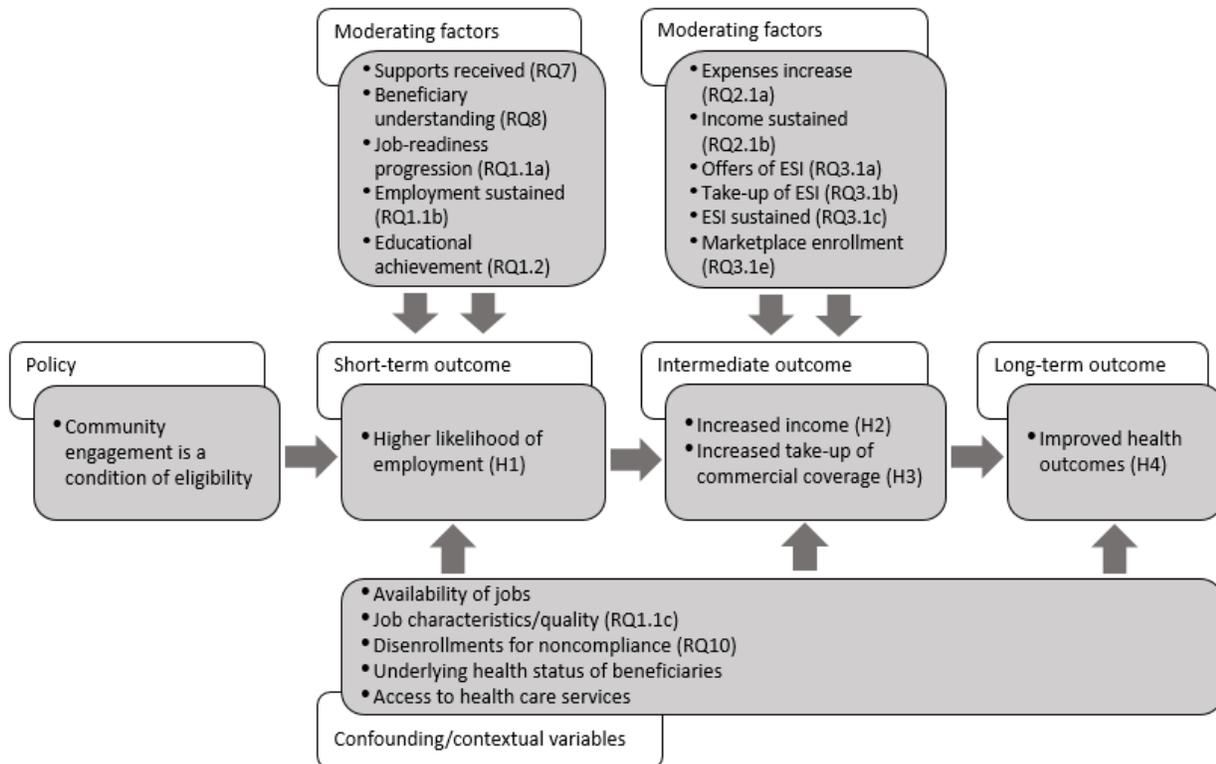
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<sup>1</sup> <https://www.medicaid.gov/federal-policy-guidance/downloads/smd18002.pdf>

### 3. Example logic model for community engagement

The figure below is an example logic model for community engagement policies, developed from an analysis of early demonstrations that feature this policy, and the hypotheses these demonstrations intended to test. For example, several states are testing the hypothesis that community engagement improves health status. Hypothesis and research question numbers in parentheses refer to the hypotheses and research questions listed below the example logic model.

#### Example logic model for section 1115 community engagement demonstrations



### 4. Hypotheses and research questions for community engagement

The following hypotheses and research questions are consistent with CMS expectations for testing community engagement requirements. States may also add hypotheses and research questions designed to evaluate unique or state-specific aspects of their demonstration requirements.

**Hypotheses and research questions related to policy goals and outcomes.** Hypotheses 1 - 4 and corresponding research questions are listed in Table 1, along with recommended comparison groups (where applicable), outcome measures, data sources, and analytic approaches.

**Hypothesis 1:** Medicaid beneficiaries subject to community engagement requirements will have higher employment levels, including work in subsidized, unsubsidized, or self-employed settings, than Medicaid beneficiaries not subject to the requirements.

*Primary research question 1.1:* Are beneficiaries subject to community engagement requirements more likely than other similar Medicaid beneficiaries not subject to these requirements to be employed (including new and sustained employment)?

*Subsidiary research question 1.1a:* Do beneficiaries who initially participate in qualifying activities other than employment gain employment within some defined time period (i.e., is there evidence of job-readiness progression?)

*Subsidiary research question 1.1b:* Is employment among individuals subject to community engagement requirements sustained over time, for example for a year or more, including after separating from Medicaid?

*Subsidiary research question 1.1c:* What are the characteristics of new jobs gained by community engagement participants compared to jobs already held (and sustained) by people subject to community engagement requirements?

*Primary research question 1.2:* Is being subject to community engagement requirements associated with changes in education outcomes (either positive or negative), such as achievement of diplomas and certifications?

**Hypothesis 2:** Community engagement requirements will increase the average income of Medicaid beneficiaries subject to the requirements, compared to Medicaid beneficiaries not subject to the requirements.

*Primary research question 2.1:* Do community engagement requirements increase income?

*Subsidiary research question 2.1a:* Do community engagement requirements affect expenses, such as childcare and transportation costs, or change income due to loss of eligibility for public programs like SNAP or TANF?

*Subsidiary research question 2.1b:* Are changes in income sustained over time, for example for a year or more, including after separating from Medicaid?

*Subsidiary research question 2.1c:* To what extent do income increases resulting from participation in community engagement increase the number of beneficiaries transitioning off Medicaid because they are no longer income eligible for Medicaid?

*Subsidiary research question 2.1d:* To what extent do net income increases resulting from participation in community engagement enable households to transition off of other public support programs like TANF and SNAP?

**Hypothesis 3:** Community engagement requirements will increase the likelihood that Medicaid beneficiaries transition to commercial health insurance after separating from Medicaid, compared to Medicaid beneficiaries not subject to the requirements.

*Primary research question 3.1:* Do community engagement requirements lead to increased take-up of commercial insurance, including employer-sponsored insurance (ESI) and Marketplace plans?

*Subsidiary research question 3.1a:* Are those subject to community engagement requirements more likely to obtain employment with offers of ESI?

*Subsidiary research question 3.1b:* What are take-up rates for ESI among those who are offered and eligible for ESI?

*Subsidiary research question 3.1c:* Is new ESI coverage sustained over time, such as year or more?

*Subsidiary research question 3.1d:* Are beneficiaries with ESI able to pay premiums and meet other cost-sharing responsibilities, such as deductibles and copayments?

*Subsidiary research question 3.1e:* Are those subject to community engagement requirements more likely to enroll in qualified health plans offered in the Marketplace?

*Primary research question 3.2:* Are community engagement requirements associated with coverage losses (if people transition off Medicaid and do not enroll in commercial health insurance)?

*Subsidiary research question 3.2a:* If coverage losses are observed, what are the barriers to enrollment in new coverage cited by former beneficiaries?

**Hypothesis 4:** Community engagement requirements will improve the health outcomes of current and former Medicaid beneficiaries subject to the requirements, compared to Medicaid beneficiaries not subject to the requirements.

*Primary research question 4.1:* Do community engagement requirements lead to improved health outcomes for beneficiaries subject to the requirement?

*Subsidiary research question 4.1a:* What are the trajectories of beneficiary health status over time, including after separation from Medicaid?

*Subsidiary research question 4.1b:* Is disenrollment for noncompliance with community engagement requirements associated with differences in health outcomes?

**Hypotheses and research questions related to demonstration implementation.** In addition to the hypotheses and related research questions above that focus on policy outcomes, states should specify a set of exploratory research questions to understand implementation of the community engagement requirement and to provide context for testable hypotheses listed above. These questions are not directly tied to a demonstration goal or hypothesis. Research questions 5 - 10 are listed in Table 2, along with recommended outcome measures, data sources, and analytic approaches.

*Primary research question 5:* What is the distribution of activities beneficiaries engage in to meet community engagement requirements?

*Subsidiary research question 5a:* How do activity patterns change over time?

*Primary research question 6:* What are common barriers to compliance with community engagement requirements?

*Primary research question 7:* Do beneficiaries subject to community engagement requirements report that they received supports needed to participate, such as job placement assistance or childcare resources?

*Primary research question 8:* Do beneficiaries subject to community engagement requirements understand the requirements, including how to satisfy them and the consequences of noncompliance?

*Primary research question 9:* How many beneficiaries are required to actively report their status, including exemptions, good cause circumstances, and qualifying activities?

*Subsidiary research question 9a:* What strategies has the state pursued to reduce beneficiary reporting burden, such as matching to state databases?

*Subsidiary research question 9b:* How commonly do beneficiaries claim good cause circumstances that waive community engagement requirements and/or reporting?

*Primary research question 10:* What is the distribution of reasons for disenrollment among demonstration beneficiaries?

*Primary research question 11:* Are beneficiaries who are disenrolled for noncompliance with community engagement requirements more or less likely to re-enroll than beneficiaries who disenroll for other reasons?

**Table 1: Suggested comparison strategies, measures, data sources, and analytic approaches for evaluations of community engagement requirements**

Note: CMS expects that states will work with their evaluators to choose among and adapt suggested evaluation approaches based on comparison group opportunities and data availability. Suggested approaches to answering primary research questions emphasize experimental and quasi-experimental approaches, like difference-in-differences regression models, because these research questions directly address hypotheses. Subsidiary questions are more exploratory in nature and in some cases descriptive analyses are the only feasible way to address them.

Comparison strategy	Outcome measure(s)	Data sources	Analytic approach
<i><b>Hypothesis 1:</b> Medicaid beneficiaries subject to community engagement requirements will have higher employment levels, including work in subsidized, unsubsidized, or self-employed settings, than Medicaid beneficiaries not subject to the requirements.</i>			
<b>Primary research question 1.1:</b> Are beneficiaries subject to community engagement requirements more likely than other similar Medicaid beneficiaries not subject to these requirements to be employed (including new and sustained employment)?			
Beneficiaries randomized to a control group that is not subject to community engagement requirements	Probability of being employed Probability of being employed at least 20 hours per week Number of hours worked per week	State beneficiary survey State workforce or tax data	Regression model of employment based on randomized controlled trial
Beneficiaries not subject to requirements based on implementation strategy (staged by geographic area, age group, or other beneficiary characteristic) and/or eligibility criteria	Probability of being employed Probability of being employed at least 20 hours per week Number of hours worked per week	State beneficiary survey (if survey is fielded at baseline and after implementation or if initial post-implementation survey asks retrospective questions) State workforce or tax data	Difference-in-differences or regression discontinuity model of employment <sup>a</sup>
1. Similar adults in other states that do not have a community engagement demonstration  2. Likely eligible adults in demonstration state not subject to requirements based on implementation strategy (staged by geographic area, age group, or other group if staged rollout takes at least one year), and/or eligibility criteria that can be proxied with survey data (i.e., different income, age, or caretaker status groups)	Probability of being employed Probability of being employed at least 20 hours per week Number of hours worked per week	IPUMS ACS, variables EMPSTAT and HRSWORK1	Difference-in-differences regression model of employment among the likely eligible population

Comparison strategy	Outcome measure(s)	Data sources	Analytic approach
<b>Subsidiary research question 1.1a:</b> Do beneficiaries who initially participate in qualifying activities other than employment gain employment within some defined time period (i.e., is there evidence of job-readiness progression?)			
n.a.	Proportion employed at 6 months (1 year, 2 years)  Proportion employed at least 20 hours per week at 6 months (1 year, 2 years)	State administrative data on qualifying activities and beneficiary survey or state workforce or tax data for employment outcomes	Descriptive analysis of employment status at 6 months, 1 year, and 2 years post-enrollment among those who initially met requirement through non-employment activities
n.a.	Proportion of beneficiaries meeting CE requirement by activity (employment, education, volunteer work, etc.)	Community engagement monitoring metrics	Descriptive analysis of quarterly changes in qualifying community engagement activities
<b>Subsidiary research question 1.1b:</b> Is employment among individuals subject to community engagement requirements sustained over time, for example for a year or more, including after separating from Medicaid?			
n.a.	Proportion of beneficiaries employed for one year or more, continuously, since enrollment (or implementation of requirements)	State beneficiary survey  State workforce or tax data	Descriptive analysis of sustained employment
n.a.	Probability of being employed at least 20 hours per week  Probability of an employment spell lasting 3 months (6 months, 1 year) since enrollment (or implementation of requirements)  Average length of continuous employment since enrollment (or implementation of requirements)	State beneficiary survey  State workforce or tax data	Comparison of regression-adjusted means in employment 1 and 2 years post-enrollment among:  1) those who were already employed at enrollment (or at implementation of requirements)  2) those who gained employment in the first six months of enrollment  3) those who did not gain employment in the first six months of enrollment
<b>Subsidiary research question 1.1c:</b> What are the characteristics of new jobs gained by community engagement participants compared to jobs already held (and sustained) by people subject to community engagement requirements?			
Beneficiaries already employed at enrollment (or at implementation of requirements)	Hourly wages, number of hours worked per week, industry, and availability of employer-sponsored insurance	State administrative data on qualifying activities and beneficiary survey for job characteristics	Descriptive analysis of characteristics of new jobs gained among beneficiaries subject to requirements
<b>Primary research question 1.2:</b> Is being subject to community engagement requirements associated with changes in education outcomes (either positive or negative), such as achievement of diplomas and certifications?			
Beneficiaries randomized to a control group that is not subject to community engagement requirements	Highest grade attained, degrees/credentials attained, and certifications attained	State beneficiary survey	Regression model of education outcomes based on randomized controlled trial

Comparison strategy	Outcome measure(s)	Data sources	Analytic approach
Beneficiaries not subject to requirements based on implementation strategy (staged by geographic area, age group, or other group) and/or eligibility criteria	Highest grade attained, degrees/credentials attained, and certifications attained	State beneficiary survey (if survey is fielded at baseline and after implementation or if initial post-implementation survey asks retrospective questions)	Difference-in-differences or regression discontinuity model of education outcomes <sup>a</sup>
1. Similar adults in states that do not have a community engagement demonstration  2. Likely eligible adults in demonstration state not subject to requirements based on implementation strategy (staged by geographic area, age group, or other group, if staged rollout takes at least one year) and/or eligibility criteria that can be proxied with survey data (i.e., different income, age, or caretaker status groups)	Highest grade attained and degrees/credentials attained	IPUMS ACS, variable EDUC	Difference-in-differences regression model of education outcomes among the likely eligible population
<b>Hypothesis 2:</b> Community engagement requirements will increase the average income of Medicaid beneficiaries subject to the requirements, compared to Medicaid beneficiaries not subject to the requirements.			
<b>Primary research question 2.1:</b> Do community engagement requirements increase income?			
Beneficiaries randomized to a control group that is not subject to community engagement requirements	Income	State beneficiary survey State workforce or tax data	Regression model of income changes, measured at baseline and annually thereafter, based on randomized controlled trial
Beneficiaries not subject to requirements based on implementation strategy (staged by geographic area, age group, or other group) and/or eligibility criteria	Income	State beneficiary survey (if survey is fielded at baseline and after implementation or if initial post-implementation survey asks retrospective questions)  State workforce or tax data	Difference-in-differences or regression discontinuity model of income changes, repeated annually after baseline measurement <sup>a</sup>
Similar adults in states that do not have a community engagement demonstration	Income	IPUMS ACS, variable INCTOT	Difference-in-differences regression model of income among the likely eligible population
<b>Subsidiary research question 2.1a:</b> Do community engagement requirements affect expenses, such as childcare and transportation costs, or change income due to loss of eligibility for public programs like SNAP or TANF?			
Beneficiaries randomized to a control group that is not subject to community engagement requirements	Childcare costs and transportation costs  Changes to income from loss of public program eligibility	State beneficiary survey	Regression model of changes in childcare and transportation costs and income from public programs, measured at baseline and annually thereafter, based on randomized controlled trial

Comparison strategy	Outcome measure(s)	Data sources	Analytic approach
Beneficiaries not subject to requirements based on implementation strategy (staged by geographic area, age group, or other group) and/or eligibility criteria that can be proxied with survey data (i.e., different income, age, or caretaker status groups)	Childcare costs and transportation costs  Changes to income from loss of public program eligibility	State beneficiary survey (if survey is fielded at baseline and after implementation or if initial post-implementation survey asks retrospective questions)	Difference-in-differences or regression discontinuity model of changes in childcare and transportation costs and income from public programs, repeated annually after baseline measurement <sup>a</sup>
<p>1. Similar adults in states that do not have a community engagement demonstration</p> <p>2. Likely eligible adults in demonstration state not subject to requirements based on implementation strategy (staged by geographic area, age group, or other group if staged rollout takes at least one year), and/or eligibility criteria that can be proxied with survey data (i.e., different income, age, or caretaker status groups)</p>	Amount of income from public assistance programs	IPUMS ACS, variable INCWELFR	Difference-in-differences regression model of income receipt from public assistance programs among the likely eligible population
<b>Subsidiary research question 2.1b:</b> Are changes in income sustained over time, for example for a year or more, including after separating from Medicaid?			
n.a.	Proportion of beneficiaries who report higher or lower income, of 5%, 10%, and 20% or more in at least 50 (75) percent of months since enrollment (or implementation of requirements)	State beneficiary survey	Descriptive analysis of sustained income changes, 1 and 2 years post enrollment
n.a.	<p>Probability of earning above 100 percent FPL</p> <p>Probability of earning above 100 percent FPL in at least 50 (75, 100) percent of months since enrollment (or implementation of requirements)</p> <p>Average monthly income since enrollment (or implementation of requirements)</p>	State beneficiary survey	<p>Comparison of regression-adjusted means of outcomes 1 and 2 years post-enrollment among:</p> <p>1) those earning below 100 percent FPL at enrollment</p> <p>2) those earning greater than 100 percent FPL at enrollment</p>

Comparison strategy	Outcome measure(s)	Data sources	Analytic approach
<b>Subsidiary research question 2.1c:</b> To what extent do income increases resulting from participation in community engagement increase the number of beneficiaries transitioning off Medicaid because they are no longer income eligible for Medicaid?			
Beneficiaries randomized to a control group that is not subject to community engagement requirements	Probability of being disenrolled for being over-income within 6 months (1 year, 2 years) of enrollment	State administrative data	Regression model of disenrollment for being over-income based on randomized controlled trial
Beneficiaries not subject to requirements based on implementation strategy (staged by geographic area, age group, or other beneficiary characteristic) and/or eligibility criteria	Probability of being disenrolled for being over-income within 6 months (1 year, 2 years) of enrollment	State administrative data	Difference-in-differences or regression discontinuity model of disenrollment for being over-income <sup>a</sup>
n.a.	Probability of being disenrolled for being over-income	State administrative data	Comparison of regression-adjusted quarterly disenrollment rates for being over-income, among:  1) Beneficiaries meeting community engagement requirement through employment  2) Beneficiaries meeting community engagement requirement through activity other than employment
<b>Subsidiary research question 2.1d:</b> To what extent do income increases resulting from participation in community engagement enable households to transition off of other public support programs like TANF and SNAP?			
Beneficiaries randomized to a control group that is not subject to community engagement requirements	Probability of being enrolled in TANF and SNAP	State administrative data linked to TANF and SNAP	Regression model of enrollment in TANF and SNAP
Beneficiaries not subject to requirements based on implementation strategy (staged by geographic area, age group, or other beneficiary characteristic) and/or eligibility criteria	Probability of being enrolled in TANF and SNAP	State administrative data linked to TANF and SNAP	Difference-in-differences or regression discontinuity model of enrollment in TANF and SNAP <sup>a</sup>

Comparison strategy	Outcome measure(s)	Data sources	Analytic approach
n.a.	Probability of being enrolled in TANF and SNAP	State administrative data linked to TANF and SNAP	Comparison of regression-adjusted quarterly enrollment in TANF and SNAP 1 and 2 years post-enrollment among: <ol style="list-style-type: none"> <li>1) Beneficiaries meeting community engagement requirement through employment</li> <li>2) Beneficiaries meeting community engagement requirement through employment and who experience income gains</li> <li>3) Beneficiaries meeting community engagement requirement through activity other than employment</li> </ol>
<ol style="list-style-type: none"> <li>1. Similar adults in states that do not have a community engagement demonstration</li> <li>2. Likely eligible adults in demonstration state not subject to requirements based on implementation strategy (staged by geographic area, age group, or other group if staged rollout takes at least one year), and/or eligibility criteria that can be proxied with survey data (i.e., different income, age, or caretaker status groups)</li> </ol>	Probability of receiving income from public assistance programs	IPUMS ACS, variable INCWELFR	Difference-in-differences regression model of income receipt from public assistance programs among the likely eligible population
<p><b>Hypothesis 3:</b> <i>Community engagement requirements will increase the likelihood that Medicaid beneficiaries transition to commercial health insurance after separating from Medicaid, compared to Medicaid beneficiaries not subject to the requirements.</i></p>			
<p><b>Primary research question 3.1:</b> Do community engagement requirements lead to increased take-up of commercial insurance, including employer-sponsored insurance (ESI) and Marketplace plans?</p>			
Beneficiaries randomized to a control group that is not subject to community engagement requirements	Reported enrollment in commercial coverage, including ESI and Marketplace plans, within 1 year (2 years) of disenrollment from Medicaid	State beneficiary survey	Regression model of enrollment in commercial coverage among beneficiaries initially enrolled in demonstration, based on randomized controlled trial
Beneficiaries not subject to requirements based on implementation strategy (staged by geographic area, age group, or other group), and/or eligibility criteria	Reported enrollment in commercial coverage, including ESI and Marketplace plans, within 1 year (2 years) of disenrollment from Medicaid	State beneficiary survey (if survey is fielded at baseline and after implementation or if initial post-implementation survey asks retrospective questions)	Regression model of enrollment in commercial coverage among beneficiaries initially enrolled in demonstration <sup>a</sup>

Comparison strategy	Outcome measure(s)	Data sources	Analytic approach
Similar adults in states that do not have a community engagement demonstration	Reported enrollment in plan purchased through employer or plan purchased by beneficiary	BRFSS, variable HLTHCVR1; or IPUMS ACS variables HCOPRIV, HINSEMP, and HINSPUR	Difference-in-differences regression model of enrollment in commercial coverage among the likely eligible population
<b>Subsidiary research question 3.1a:</b> Are those subject to community engagement requirements more likely to obtain employment with offers of ESI?			
Beneficiaries randomized to a control group that is not subject to community engagement requirements	Reported offer of ESI (including whether the firm offers ESI and whether the individual is eligible for ESI)	State beneficiary survey	Regression model of ESI offers based on randomized controlled trial
Beneficiaries not subject to requirements based on implementation strategy (staged by geographic area, age group, or other beneficiary characteristic) and/or eligibility criteria	Reported offer of ESI (including whether the firm offers ESI and whether the individual is eligible for ESI)	State beneficiary survey (if survey is fielded at baseline and after implementation or if initial post-implementation survey asks retrospective questions)	Difference-in-differences or regression discontinuity model of ESI offers <sup>a</sup>
<b>Subsidiary research question 3.1b:</b> What are take-up rates for ESI among those who are offered and eligible for ESI?			
n.a.	Proportion of those with offer of ESI who enroll in ESI	State beneficiary survey	Descriptive analysis of ESI take-up among those offered and eligible for ESI
<b>Subsidiary research question 3.1c:</b> Is new ESI coverage sustained over time, such as year or more?			
n.a.	Proportion who still have ESI coverage, 1 year (2 years) after initial post-CE ESI take-up	State beneficiary survey	Descriptive analysis of coverage at 1 and 2 years after initial ESI take-up
	Proportion with Medicaid coverage, 1 year (2 years) after initial post-CE ESI take-up		
	Proportion uninsured, 1 year (2 years) after initial post-CE ESI take-up		
<b>Subsidiary research question 3.1d:</b> Are beneficiaries with ESI able to pay premiums and meet other cost-sharing responsibilities, such as deductibles and copayments?			
n.a.	Reported out-of-pocket medical spending in the last year	State beneficiary survey	Descriptive analysis of reported beneficiary cost sharing for former demonstration beneficiaries who transitioned to ESI
	Reported problems paying insurance and medical bills		

Comparison strategy	Outcome measure(s)	Data sources	Analytic approach
<b>Subsidiary research question 3.1e:</b> Are those subject to community engagement requirements more likely to enroll in qualified health plans offered in the Marketplace?			
Beneficiaries randomized to a control group that is not subject to community engagement requirements	Reported enrollment in Marketplace plans, within 1 year (2 years) of disenrollment from Medicaid	State beneficiary survey or, in some states, APCD	Regression model of enrollment in Marketplace plans among beneficiaries initially enrolled in demonstration, based on randomized controlled trial
Beneficiaries not subject to requirements based on implementation strategy (staged by geographic area, age group, or other beneficiary characteristic) and/or eligibility criteria	Reported enrollment in Marketplace plans, within 1 year (2 years) of disenrollment from Medicaid	State beneficiary survey or, in some states, APCD	Regression model of enrollment in Marketplace plans among beneficiaries initially subject to requirements <sup>a</sup>
<b>Primary research question 3.2:</b> Are community engagement requirements associated with coverage losses (if people transition off Medicaid and do not enroll in commercial health insurance)?			
Beneficiaries randomized to a control group that is not subject to community engagement requirements	Health insurance coverage	State beneficiary survey	Regression model of any health insurance coverage among beneficiaries initially enrolled in demonstration, based on randomized controlled trial
Beneficiaries not subject to requirements based on implementation strategy (staged by geographic area, age group, or other group), and/or eligibility criteria	Health insurance coverage	State beneficiary survey (if survey is fielded at baseline and after implementation or if initial post-implementation survey asks retrospective questions)	Regression model of any health insurance coverage among beneficiaries initially enrolled in demonstration and subject to community engagement requirements <sup>a</sup>
1. Similar adults in states that do not have a community engagement demonstration  2. Likely eligible adults in demonstration state not subject to requirements based on implementation strategy (staged by geographic area, age group, or other group if staged rollout takes at least one year) and/or eligibility criteria that can be proxied with survey data (i.e., different income, age, or caretaker status groups)	No health insurance coverage reported	IPUMS ACS, variable HCOVANY	Difference-in-differences regression model of uninsurance among the likely eligible population
<b>Subsidiary research question 3.2a:</b> If coverage losses are observed, what are the barriers to enrollment in new coverage cited by former beneficiaries?			
n.a.	Reported barriers to enrollment in new coverage	State beneficiary survey, group interviews	Descriptive quantitative and/or qualitative analysis (depending on data source)

Comparison strategy	Outcome measure(s)	Data sources	Analytic approach
<b>Hypothesis 4:</b> <i>Community engagement requirements will improve the health outcomes of current and former Medicaid beneficiaries subject to the requirements, compared to Medicaid beneficiaries not subject to the requirements.</i>			
<b>Primary research question 4.1:</b> Do community engagement requirements lead to improved health outcomes for beneficiaries subject to the requirement?			
Beneficiaries randomized to a control group that is not subject to community engagement requirements	Reported physical and mental health status  Reported ER or hospital admission in past year	State beneficiary survey	Regression model of self-reported health status, based on randomized controlled trial
Beneficiaries not subject to requirements based on implementation strategy (staged by geographic area, age group, or other group), and/or eligibility criteria	Reported physical and mental health status  Reported ER or hospital admission in past year	State beneficiary survey (if survey is fielded at baseline and after implementation or if initial post-implementation survey asks retrospective questions)	Difference-in-differences or regression discontinuity model of self-reported health status <sup>a</sup>
Similar adults in states that do not have a community engagement demonstration	Reported health status, days with poor mental health, days with poor physical health	BRFSS, variables GENHLTH, MENTHLTH, POORHLTH	Difference-in-differences regression model of self-reported health status among likely eligible population
<b>Subsidiary research question 4.1a:</b> What are the trajectories of beneficiary health status over time, including after separation from Medicaid?			
n.a.	Reported physical and mental health status, measured annually after initial enrollment  Reported ER or hospital admission in past year, measured annually after initial enrollment	State beneficiary survey	Descriptive analysis of self-reported health status over time
<b>Subsidiary research question 4.1b:</b> Is disenrollment for noncompliance with community engagement requirements associated with differences in health outcomes?			
Beneficiaries initially subject to requirement who remain enrolled <sup>b</sup>	Reported physical and mental health status  Reported ER or hospital admission in past year	State beneficiary survey	Regression model of self-reported health status among beneficiaries initially subject to requirement who were disenrolled for noncompliance
n.a.	Reported physical and mental health status  Reported ER or hospital admission in past year	State beneficiary survey	Comparison of regression-adjusted mean self-reported health status among beneficiaries initially subject to requirement who were:  1) disenrolled for noncompliance  2) disenrolled for reasons other than noncompliance  3) not disenrolled

Note: The target population is demonstration beneficiaries subject to community engagement requirements unless otherwise noted in the analytic approach.

<sup>a</sup> If no baseline (pre-demonstration) data are available, for example because demonstration implementation coincides with a coverage expansion to the population of interest, a difference-in-differences model is not possible. However, if the state stages (rolls out) implementation based a continuous beneficiary characteristic such as age or income, or varies policy according to a continuous beneficiary characteristic, a regression discontinuity design may be used.

<sup>b</sup> Currently enrolled beneficiaries are the suggested comparison group because this group represents the policy alternative to disenrollment for noncompliance. However, beneficiaries who remain enrolled may be sicker than those who disenroll because they become employed. Limiting the comparison to current beneficiaries may therefore produce a conservative bias (i.e., evaluations may be less likely to find an impact of disenrollment on health outcomes). States should consider using propensity score matching to make the comparison group and treatment group as similar as possible, and should present results along with a discussion of this potential bias.

APCD = all-payer claims database; BRFSS = Behavioral Risk Factor Surveillance System; CPS ASEC = Current Population Survey, Annual Social and Economic Supplement; ER = emergency room; ESI = employer sponsored insurance; IPUMS ACS = Integrated Public Use Microdata Series, American Community Survey version; n.a. = not applicable.

**Table 2: Suggested measures, data sources, and analytic approaches for implementation research questions**

Note: CMS expects that states will work with their evaluators to choose among and adapt the suggested approaches to addressing relevant research questions based on data availability. All analytic approaches suggested in Table 2 are descriptive and do not use comparison groups.

Outcome measure	Data sources	Analytic approach
<b>Primary research question 5: What is the distribution of activities beneficiaries engage in to meet community engagement requirements?</b>		
Number and proportion of beneficiaries reporting each qualifying activity (as defined by state in STCs or in summary categories defined in community engagement monitoring metrics)	Community engagement monitoring metrics	Descriptive quantitative analysis of qualifying activities
<b>Subsidiary research question 5a: How do activity patterns change over time?</b>		
Number and proportion of beneficiaries reporting each qualifying activity (as defined by state in STCs or in summary categories defined in community engagement monitoring metrics)	Community engagement monitoring metrics	Descriptive quantitative analysis of quarterly trends in qualifying activities
<b>Primary research question 6: What are common barriers to compliance with community engagement requirements?</b>		
Barriers to compliance (as suggested by focus groups)	Group interviews with beneficiaries	Descriptive qualitative analysis of barriers to compliance with community engagement
Number and proportion of beneficiaries reporting barriers to compliance (as suggested by group interviews and as specified in survey instrument)	State beneficiary survey	Descriptive quantitative analysis of barriers to compliance with community engagement
<b>Primary research question 7: Do beneficiaries subject to community engagement requirements report that they received supports needed to participate, such as job placement assistance or childcare resources?</b>		
Number and proportion of beneficiaries reporting receipt of supports that are provided or arranged by Medicaid agency or included in referrals to non-Medicaid agencies or resources	State beneficiary survey	Descriptive quantitative analysis of supports received to support compliance with community engagement
<b>Primary research question 8: Do beneficiaries subject to community engagement requirements understand the requirements, including how to satisfy them and the consequences of noncompliance?</b>		
Beneficiary understanding of various community engagement requirements	Group interviews with beneficiaries	Descriptive qualitative analysis of beneficiary knowledge of community engagement requirements
Scaled measures of enrollee knowledge of requirements and consequences of noncompliance	State beneficiary survey	Descriptive quantitative analysis of beneficiary knowledge of community engagement requirements

Outcome measure	Data sources	Analytic approach
<b>Primary research question 9:</b> How many beneficiaries are required to actively report their status, including exemptions, good cause circumstances, and qualifying activities?		
Quarterly number and proportion required to actively report exemptions	State administrative data	Descriptive quantitative analysis of beneficiary reporting obligations
Quarterly number and proportion required to actively report good cause circumstances		
Quarterly number and proportion required to actively report qualifying activities		
<b>Subsidiary research question 9a:</b> What strategies has the state pursued to reduce beneficiary reporting burden, such as matching to state databases?		
State strategies for reducing reporting burden (as suggested by interviews or focus groups)	Interviews with state Medicaid staff	Descriptive qualitative analysis of planned and implemented reporting methods, including passive reporting through data matching
<b>Subsidiary research question 9b:</b> How commonly do beneficiaries claim good cause circumstances that waive community engagement requirements and/or reporting?		
Quarterly number of good cause circumstances from community engagement requirements	State administrative data	Descriptive quantitative analysis of requests for good cause exemptions
Quarterly number of good cause circumstances from community engagement reporting		
<b>Primary research question 10:</b> What is the distribution of reasons for disenrollment among demonstration beneficiaries?		
Number and proportion of beneficiaries disenrolled for noncompliance, for being over-income, and for transitions to ESI	State administrative data	Descriptive quantitative analysis of disenrollments by length of enrollment span and by new and previously enrolled beneficiaries, including before community engagement implementation and measured annually after implementation
<b>Primary research question 11:</b> Are beneficiaries who are disenrolled for noncompliance with community engagement requirements more or less likely to re-enroll than beneficiaries who disenroll for other reasons?		
Probability of re-enrolling in Medicaid after a gap in coverage of at least 1 month (3 months)	State administrative data	Comparison of regression-adjusted probability of re-enrollment among beneficiaries initially subject to the community engagement requirement who were:
		1) disenrolled for noncompliance
		2) disenrolled for reasons other than noncompliance

ESI = employer-sponsored insurance; FTE = full-time equivalent; n.a. = not applicable; STCs = special terms and conditions.