

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



State Demonstrations Group

August 10, 2020

Henry Lipman
Medicaid Director
Office of Medicaid Business and Policy
New Hampshire Department of Health and Human Services
129 Pleasant St
Concord, NH 03301

Dear Mr. Lipman:

The Centers for Medicare & Medicaid Services (CMS) has approved the evaluation design for New Hampshire's section 1115 demonstration entitled, "New Hampshire COVID-19 Public Health Emergency Demonstration" (Project Number 11-W00349/1), and effective through the date that is sixty calendar days after the public health emergency expires. We sincerely appreciate the state's commitment to efficiently meeting the requirements for an evaluation design stated in the demonstration's Special Terms and Conditions (STC), especially under these extraordinary circumstances.

The approved evaluation design may now be posted to the state's Medicaid website within thirty days, per 42 CFR 431.424(c). CMS will also post the approved evaluation design on Medicaid.gov.

Please note that, in accordance with STC 16, a final report, consistent with the approved evaluation design, is due to CMS one year after to the end of the COVID-19 section 1115 demonstration authority.

We look forward to our continued partnership with you and your staff on the New Hampshire COVID-19 Public Health Emergency Demonstration. If you have any questions, please contact your CMS project officer, Ms. Kathleen O'Malley, who may be reached by email at Kathleen.OMalley@cms.hhs.gov.

Sincerely,

Danielle Daly
-S

Digitally signed by
Danielle Daly -S
Date: 2020.08.10
09:03:53 -04'00'

Danielle Daly
Director
Division of Demonstration
Monitoring and Evaluation

**Angela D.
Garner -S**

Digitally signed by Angela
D. Garner -S
Date: 2020.08.10
12:07:37 -04'00'

Angela D. Garner
Director
Division of System Reform
Demonstrations

cc: Joyce Butterworth, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

New Hampshire COVID-19 Public Health Emergency Demonstration

This program is operated under a Section 1115(a) Medicaid Demonstration
initially approved by the Centers for Medicare and Medicaid Services (CMS)
March 1, 2020

**EVALUATION
DESIGN
JULY 29, 2020**

TABLE OF CONTENTS

I. General Background Information	3
A. Rationale for Demonstration.....	3
B. Purpose of Demonstration	3
C. Demonstration Goals	4
D. Demonstration Population	4
II. Evaluation Hypotheses and Questions	4
Road Map 1 (RM1): Retainer Policy is Not implemented	4
Road Map 2 (RM2): Retainer Policy is implemented	4
III. Methodology	5
A. Evaluation Design	5
Target and Comparison Populations	7
Sampling Methodology.....	7
Evaluation Period.....	7
Evaluation Measures	7
B. Data Sources	7
C. Analytic Methods.....	7
IV. Isolation From Other Changes	8
IV. Evaluation Timeline	8
IV. Waiver Monitoring	8
IV. Final Consolidated Report	9
Evaluation Reporting	9
Monitoring Reporting	9
IV. Appendix A: Performance Measures	9
Road map 1 performance measures	9
Road map 2 performance measures	10

I. GENERAL BACKGROUND INFORMATION

On January 31, 2020 the United States Secretary of Health and Human Services declared a public health emergency due to an outbreak of Coronavirus Disease 2019 (COVID-19). The President of the United States declared a national emergency due to COVID-19 on March 13, 2020.

New Hampshire (NH) has confirmed an increasing number of cases of COVID-19 and as of July 26, 2020 has had 6,436 confirmed cases with 409 deaths attributed to COVID-19¹.

While the general public in New Hampshire has been impacted by COVID-19, both Medicaid beneficiaries receiving home and community based services and the systems that deliver these services are impacted by the emergency.

As a result, New Hampshire requested and received approval for an 1115(a) Demonstration Waiver, from the Center for Medicare and Medicaid Services (CMS) to make retainer payments to providers of personal care and habilitation care from the period of March 1, 2020 through the date that is sixty (60) days after the Public Health Emergency has ended. The authority is specifically for services authorized through New Hampshire Medicaid State Plan. While New Hampshire now has the above mentioned authority under section 1115(a)(2) of the Social Security Act, the policy will only be implemented if necessary based on the impact of COVID-19 in the state.

A. RATIONALE FOR DEMONSTRATION

The people served through New Hampshire's Home and Community Based Care providers may be particularly vulnerable to infection and resulting illness due to: (1) underlying health conditions; (2) reliance on support from others for activities of daily living; (3) deficits in adaptive functioning that inhibit ability to follow infection control procedures and readily adapt to extreme changes in daily living. The state has identified potential negative impacts for these populations, but also for the providers delivering the home based services.

An adequate provider network is essential for individuals to have timely access to services. The current Public Health Emergency as well as New Hampshire Stay at Home Emergency Orders have negatively impacted provider business operations. While expansion of Telehealth Services and other emergency orders have mitigated negative financial impact for many, there are unique challenges for HCBC personal care providers who administer services in a patient's home.

The ability to make retainer payments to providers of personal care and habilitation care will support New Hampshire's efforts to maintain access to care for this vulnerable population during the Public Health Emergency.

New Hampshire currently has authority to make retainer payments for services authorized by 1915(c) Long-Term Care Waivers through Appendix K. To align retainer payments for services authorized by the New Hampshire Medicaid State Plan, New Hampshire applied and received approval for the 1115 Demonstration Waiver. While New Hampshire has both authorities, neither have been exercised.

B. PURPOSE OF DEMONSTRATION

In the event that New Hampshire implements the policy, the following parameters will be applied:

- The retainer time limit may not exceed the lesser of 30 consecutive days or the number of days for which the state authorizes a payment of "bed hold" in a nursing facility.

¹ <https://www.nh.gov/covid19/dashboard/summary.htm>

- Retainer payments may only be paid to providers with treatment relationships to beneficiaries that existed at the time the emergency was declared and who continue to bill for personal care or habilitation care as though they were still providing these services to those beneficiaries in their absence.
- Retainer payments may not exceed the approved rate(s) or average expenditure amounts paid during the previous quarter for the service(s) that would have been provided.
- Documentation will be maintained indicating the providers receiving retainer payments were eligible to receive such payments and continued to bill for services despite not providing the services billed in order to receive the retainer payments.

NOTE: The demonstration only applies to services authorized by the New Hampshire Medicaid State Plan.

C. DEMONSTRATION GOALS

The overall goal of the demonstration is to assure the network capacity of HCBC providers of personal and habilitation care remains consistent with the network capacity prior to the public health emergency.

NOTE: The demonstration only applies to services authorized by the New Hampshire Medicaid State Plan.

D. DEMONSTRATION POPULATION

Providers of personal care and habilitation care who serve individuals receiving HCBC services as authorized by the New Hampshire Medicaid State Plan.

II. EVALUATION HYPOTHESES AND QUESTIONS

The focus of the evaluation will be to elaborate on how flexibilities of the Demonstration assisted in meeting the challenges presented by the Public Health Emergency. The evaluation for the New Hampshire COVID-19 Public Health Emergency Demonstration will follow one of two roadmaps that are contingent on the decision to implement the authorized Retainer Policy:

- Road Map 1 (RM1): The Retainer Policy is not implemented;
- Road Map 2 (RM2): The Retainer Policy is implemented.

If a decision is made to implement the Retainer Policy, evaluation RM2 will be initiated. If the waiver ends without the implementation of a Retainer Policy, RM1 will be followed.

ROAD MAP 1 (RM1): RETAINER POLICY IS NOT IMPLEMENTED

To evaluate the demonstration if the Retainer Policy is not implemented it is essential to understand the administrative reasons behind the decision. As a result, RM1 includes the following hypothesis and research question:

- Hypothesis 1 (RM1): The implementation of a Retainer Policy is not anticipated to be necessary to maintain the current network of HCBC providers of personal care and habilitation care.
 - Research question 1.1 (RM1): What factors and data were considered by New Hampshire administrators when deciding not to implement the Retainer Policy?
 - Research question 1.2 (RM1): What were the primary drivers for New Hampshire when deciding not to implement the Retainer Policy?

ROAD MAP 2 (RM2): RETAINER POLICY IS IMPLEMENTED

To evaluate the demonstration if the Retainer Policy is implemented it is essential to understand the administrative reasons behind the decision and the impact of the decision. As a result, RM2 includes the following hypothesis and research questions:

- Hypothesis 1 (RM2): Implementing a Retainer Policy will increase the likelihood of maintaining the current network of HCBC providers of personal care and habilitation care.
 - Research question 1.1 (RM2): What factors and data were considered by New Hampshire when deciding to implement the Retainer Policy?
 - Research question 1.2 (RM2): What were the primary drivers for New Hampshire when deciding to implement the Retainer Policy?
 - Research question 1.3 (RM2): What impact has the implementation of a Retainer Policy had on existing HCBC providers of personal care and habilitation care?
 - Research question 1.4 (RM2): What impact has the implementation of a Retainer Policy had on the utilization of personal care and habilitation care?
- Hypothesis 2 (RM2): The implementation of a Retainer Policy is a cost effective component as part of New Hampshire's response to the Public Health Emergency.
 - Research question 2.1 (RM2): What is the connection between cost effectiveness of the costs associated with a Retainer Policy and New Hampshire's response to the Public Health Emergency?

III. METHODOLOGY

The demonstration will employ both quantitative and qualitative design techniques. The quantitative analysis will rely on simple longitudinal evaluation to measure change over time. The qualitative analysis will rely on themes gathered through semi-structured interviews.

Note: there is not a separate methodology for RM1 and RM2. Elements of the methodology that are only applicable to a specific Road Map are indicated in parenthesis.

A. EVALUATION DESIGN

Qualitative methods will be employed to evaluate:

- The decision to implement the Retainer Policy;
- The provider impact of an implemented Retainer Policy (RM2 only); and
- The cost effectiveness of the Retainer Policy as a component of New Hampshire's response to the Public Health Emergency (RM2 only).

Semi-Structured interviews will be used for qualitative methods. Population interviews will include NH Administrators and Providers (RM2 only). Interviews will be conducted by phone, virtually, or face-to-face (following current social distancing guidance) and will last approximately 30 to 45 minutes. Interviews will include an interviewer and a separate transcriber.

Quantitative methods will be used to evaluate utilization of personal care and habilitation care services (RM2 only).

The table below provides a crosswalk between evaluation methods and the hypothesis for both road maps.

Evaluation Methods and Populations				
	Hypothesis	Research Question	Evaluation Method	Population
Road Map 1	Hypothesis 1 (RM1): The implementation of a Retainer Policy is not anticipated to be necessary to maintain the current network of HCBC providers of personal care and habilitation care.	Research question 1.1 (RM1): What factors and data were considered by New Hampshire administrators when deciding not to implement the Retainer Policy?	Semi-Structured Interviews	NH Administrators
		Research question 1.2 (RM1): What were the primary drivers for New Hampshire when deciding not to implement the Retainer Policy?	Semi-Structured Interviews	NH Administrators
Road Map 2	Hypothesis 1 (RM2): Implementing a Retainer Policy will increase the likelihood of maintaining the current network of HCBC providers of personal care and habilitation care.	Research question 1.1 (RM2): What factors and data were considered by New Hampshire when deciding to implement the Retainer Policy?	Semi-Structured Interviews	NH Administrators
		Research question 1.2 (RM2): What were the primary drivers for New Hampshire when deciding to implement the Retainer Policy?	Semi-Structured Interviews	NH Administrators
		Research question 1.3 (RM2): What impact has the implementation of a Retainer Policy had on existing HCBC providers of personal care and habilitation care?	Semi-Structured Interviews	NH Providers
		Research question 1.4 (RM2): What impact has the implementation of a Retainer Policy had on the utilization of personal care and habilitation care?	Utilization Data	NH Providers, NH Medicaid Members
	Hypothesis 2 (RM2): The implementation of a Retainer Policy is a cost effective component as part of New Hampshire's response to the Public Health Emergency.	Research question 2.1 (RM2): What is the connection between cost effectiveness of the costs associated with a Retainer Policy and New Hampshire's response to the Public Health Emergency?	Semi-Structured Interviews	NH Administrators

TARGET AND COMPARISON POPULATIONS

Providers of personal care and habilitation care services authorized through New Hampshire Medicaid State Plan are eligible for this demonstration. There is no comparison population for this waiver.

While the target populations for this demonstration are providers, the impact on members receiving personal care and habilitation care services will be a means of evaluation.

SAMPLING METHODOLOGY

All demonstration populations who meet study criteria will be included in quantitative data analysis (RM2 only). A random sample of the study population will be included in the qualitative data; however, the sample will not be statistically significant (RM2 only). Key New Hampshire Administrators of the Medicaid program will also be interviewed which will include but not be limited to the New Hampshire Medicaid Director, the Director of Long-Term Services and Supports, and the Administrator, Medicaid Medical Services Unit.

EVALUATION PERIOD

The demonstration period ends sixty days after the end of the Public Health Emergency. At the time of publication the emergency had not ended, so an end date of the evaluation period is unavailable. In general, the evaluation will span the demonstration approval period, with a baseline period of calendar year 2019 for utilization measures (RM2 only).

EVALUATION MEASURES

Evaluation measures associated with each goal and hypothesis are briefly overviewed in Appendix A.. However, final technical specifications, and interview tools will be determined and included in the final CMS report.

B. DATA SOURCES

The demonstration evaluation will rely on data in the Medicaid Management Information System (MMIS) which is a combination of Fee-for Service claims and Managed Care Organization encounter data. Use of encounters will be limited to final paid status claims and encounters. Managed care encounter, claims and cost data is available through the MMIS and will support the evaluation. New Hampshire does not anticipate problems with data collection and reporting; however, DHHS will monitor closely for completeness and take corrective action if required.

Evaluation Data Sources	
Source	Brief Description
Medicaid Management Information System (MMIS)	Claims data submitted to the State by providers used to support utilization metrics.

C. ANALYTIC METHODS

Quantitative Analysis Basic descriptive quantitative analysis methods will be used to examine outcomes which include control charts and standard deviation from the mean. Data analysis will systematically apply statistical techniques to describe, summarize, and compare data across time.

Descriptive statistics will be used to describe the basic features of the data, what they depict, and to provide simple summaries about the sample and the measures. Together with simple graphics analysis, the descriptive statistics form the basis of quantitative analysis of data.

Qualitative Analysis: Qualitative methods will be used to examine the decision to implement the Retainer Policy and the impact of the Retainer Policy on providers (RM2 only). A Thematic Analysis will be used to assess interview responses. These analyses examine semi-structured interview data for patterns across interviews. Themes will be defined based on their appearance in the data and not on a pre-defined structure. For example, respondents may describe the demonstration as improvements in six unique ways and impeding their operations in four ways.

Thematic analysis will be conducted separately on each semi-structured interview transcript, for each group of interviewees using an inductive approach. Patterns in the transcripts will be identified and grouped into themes. Themes will be checked against the original transcripts for validity. Neither method is intended to support comparison between groups of interviewees or follow principles of statistical significance.

IV. ISOLATION FROM OTHER CHANGES

Lack of true experimental comparison groups: Providers in New Hampshire serve residents from across the state. Thus, regional comparison groups are not feasible.

Alignment with 1915(c) Home and Community Based Waiver Services Retainer Policy: The majority of providers and recipients of personal care and habilitation care receive these services through 1915(c) authority as opposed to the NH Medicaid State Plan. New Hampshire received approval to implement a Retainer Policy for 1915(c) recipients through Appendix K, which is separate from the 1115(a) demonstration for the population receiving services through NH Medicaid State Plan authority. The decision to implement the Retainer Policy will be made for both populations, so it is not necessary to isolate different decision criteria in the evaluation.

IV. EVALUATION TIMELINE

The 1115 COVID-19 demonstration evaluation is dependent on the end of the Public Health Emergency. Until that detail is known the evaluation timeline will generally follow the state deliverables outlined in the waiver Standard Terms and Conditions.

Due Date	Deliverable
Fifteen days from date of demonstration approval	State Acceptance of Demonstration, STCs, Waivers and/or Expenditure Authorities.
Sixty days from date of the demonstration approval	Evaluation Design is Submitted to CMS
Thirty days from date of evaluation design approval	Approved Evaluation Design is posted on state website
One year after expiration of demonstration	Final report with consolidated Monitoring and Evaluation requirements

IV. WAIVER MONITORING

The State of New Hampshire will actively monitor data associated with the Demonstration. Monitoring metrics include but are not limited to:

- Administrative expenses associated with the waiver;
- Programmatic expenses associated with the waiver which include the amount of retainer payments made if the policy is implemented; and
- Utilization of personal care and habilitation care authorized by the New Hampshire State Plan.

IV. FINAL CONSOLIDATED REPORT

Following guidance from CMS, New Hampshire will consolidate Evaluation and Monitoring results into a single final report.

EVALUATION REPORTING

The evaluation component of the final consolidated report will be organized following the structure outlined in CMS' section 1115 demonstration evaluation guidance "Preparing the Evaluation Report." The focus of this report will respond to the hypothesis and research questions outlined in the Evaluation Design which will elaborate on how flexibilities of this demonstration assisted in meeting the challenges presented by the Public Health Emergency.

MONITORING REPORTING

New Hampshire will comply with the 1115 Demonstration Special Terms and Conditions and 42 CFR 431.428 by producing an annual monitoring report. The annual monitoring report will be consolidated with the final evaluation report and include all applicable reporting elements in the STCs and 42 CFR 431.428.

IV. APPENDIX A: PERFORMANCE MEASURES

Appendix A below, provides a brief description of each measure, the measure steward, source of data, measurement period, and national alignment and benchmarks, as applicable. However, final technical specifications, sub-groups and statistical methods will be determined following the engagement of the independent evaluator.

ROAD MAP 1 PERFORMANCE MEASURES

Hypothesis 1 (RM1): The implementation of a Retainer Policy is not anticipated to be necessary to maintain the current network of HCBC providers of personal care and habilitation care.

Research Questions

- Research question 1.1 (RM1): What factors and data were considered by New Hampshire administrators when deciding not to implement the Retainer Policy?
- Research question 1.2 (RM1): What were the primary drivers for New Hampshire when deciding not to implement the Retainer Policy?

RM1 Measure 1	Considerations for Administering Retainer Policy
Definition	Semi-structured interviews (3-5) will explore the factors and data that were considered by NH Administrators when deciding not to implement the Retainer Policy.

Exclusion Criteria	None.
Population	New Hampshire Administrators
Sub-groups	None
Measurement Period	Demonstration Period
Analytic Method	Thematic Analytics
Data Source	Semi-structured Interview
National Benchmark	N/A
Hypothesis	RM1
Research Question	1.1, 1.2

ROAD MAP 2 PERFORMANCE MEASURES

Hypothesis 1 (RM2): Implementing a Retainer Policy will increase the likelihood of maintaining the current network of HCBC providers of personal care and habilitation care.

Research Questions

- Research question 1.1 (RM2): What factors and data were considered by New Hampshire when deciding to implement the Retainer Policy?
- Research question 1.2 (RM2): What were the primary drivers for New Hampshire when deciding to implement the Retainer Policy?
- Research question 1.3 (RM2): What impact has the implementation of a Retainer Policy had on existing HCBC providers of personal care and habilitation care?
- Research question 1.4 (RM2): What impact has the implementation of a Retainer Policy had on the utilization of personal care and habilitation care?

Hypothesis 2 (RM2): The implementation of a Retainer Policy is a cost effective component as part of New Hampshire's response to the Public Health Emergency.

Research Questions

- Research question 2.1 (RM2): What is the connection between cost effectiveness of the costs associated with a Retainer Policy and New Hampshire's response to the Public Health Emergency?

RM2 Measure 1	Considerations for Administering Retainer Policy
Definition	Semi-structured interviews (3-5) will explore the factors and data that were considered by New Hampshire Administrators when deciding to implement the Retainer Policy.
Exclusion Criteria	None.
Population	New Hampshire Administrators
Sub-groups	None
Measurement Period	Demonstration Period
Analytic Method	Thematic Analytics
Data Source	Semi-structured Interview
National Benchmark	N/A
Hypothesis	1
Research Question	1.1, 1.2

RM2 Measure 2	Impact of Retainer Policy on Existing HCBC Providers
Definition	Semi-structured interviews (8-10) will explore the impact of the Retainer Policy on existing HCBC providers of personal care and habilitation care.
Exclusion Criteria	None.

Population	Providers of personal care and habilitation care
Sub-groups	None
Measurement Period	Demonstration Period
Analytic Method	Thematic Analytics
Data Source	Semi-structured Interview
National Benchmark	N/A
Hypothesis	1
Research Question	1.3

RM2 Measure 3 Personal Care and Habilitation Care Utilization	
Definition	Total quarterly utilization of personal care and/or habilitation care utilization per 1,000 member months.
Exclusion Criteria	None.
Population	Medicaid Members
Sub-groups	None
Measurement Period	Demonstration Period
Baseline	Calendar Year 2019
Analytic Method	Pre/Post 1/1/19; year over year change
Data Source	Medicaid Paid Claims, MMIS
National Benchmark	N/A
Hypothesis	1
Research Question	1.4

RM2 Measure 4 Cost Effectiveness	
Definition	Semi-structured interviews will explore the connection between cost effectiveness of the costs associated with a Retainer Policy and New Hampshire's response to the Public Health Emergency. NOTE: This will be the same interviews conducted for RM2 Measure 1.
Exclusion Criteria	None.
Population	New Hampshire Administrators
Sub-groups	None
Measurement Period	Demonstration Period
Analytic Method	Thematic Analytics
Data Source	Semi-structured Interview
National Benchmark	N/A
Hypothesis	2
Research Question	2.1