

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

October 28, 2020

Ben Shaffer
Deputy Secretary and Acting Medicaid Director
Rhode Island Executive Office of Health and Human Services
3 West Rd, Virks Building
Cranston, RI 02920

Dear Mr. Shaffer:

The Centers for Medicare & Medicaid Services (CMS) has approved the evaluation design for Rhode Island's section 1115 demonstration entitled, "Rhode Island COVID-19 Public Health Emergency Demonstration" (Project Number 11-W00348/1), 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 requirement 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 the end of the COVID-19 section 1115 demonstration authority.

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

Sincerely,

Danielle Daly
-S

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Danielle Daly -S
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Danielle Daly
Director
Division of Demonstration
Monitoring and Evaluation

**Angela D.
Garner -S**

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Angela D. Garner
Director
Division of System Reform
Demonstrations

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

Rhode Island COVID-19 Public Health Emergency Demonstration EVALUATION DESIGN

October 13, 2020

A. General Background Information

The State of Rhode Island Executive Office of Health and Human Services (EOHHS) received approval for the new Rhode Island COVID-19 Public Health Emergency (PHE) Demonstration (11-W-00348/1) on July 21, 2020. The Demonstration was retroactively effectuated from March 1, 2020 through 60 days after the end of the PHE (including any renewal of the PHE). In accordance with the terms of the demonstration approval letter, EOHHS is required to track demonstration expenditures and will be expected to evaluate the connection between those expenditures, the State's response to the PHE, as well as the cost-effectiveness of those expenditures. EOHHS is required to complete a final report, which will consolidate monitoring and evaluation reporting deliverables associated with the approved waiver and expenditure authority and demonstration special terms and conditions (STCs), no later than one year after the end of the COVID-19 Section 1115 demonstration authority.

Towards these ends, an evaluation design is required by the Centers for Medicare and Medicaid Services (CMS). CMS provided guidance for the evaluation design on July 18, 2020, and identified September 21, 2020, as the submission deadline. This document is submitted to meet EOHHS' evaluation design requirements for the COVID-19 Section 1115 Demonstration. EOHHS recognizes that changes to the proposed evaluation design may be required following CMS review.

This document defines research questions developed by EOHHS that pertain to the approved waiver and expenditure authorities and describes how EOHHS will test whether and how the approved waiver and expenditure authorities affect the State's response to the PHE. As described herein, the evaluation will also assess cost-effectiveness by tracking costs and health services expenditures for demonstration beneficiaries, as well as by qualitatively assessing how these outlays impacted the State's response to the PHE.

COVID-19 profoundly altered the environment for delivering Medicaid-funded, long-term services and supports (LTSS), including adult day care services, which include personal care, community supports, and job retention services. EOHHS, like other state Medicaid agencies in the Northeast, experienced an influx of COVID-19 cases during early Spring 2020, further impacted by experts' limited knowledge about COVID-19. The impact of COVID-19 on nursing facilities also put a huge burden on acute care hospitals that were struggling to keep beds available for the influx of patients coming through their doors. To build up capacity in preparation of a potential surge in cases that eliminated available beds, Rhode Island's Governor Gina Raimondo ramped up hospital bed capacity by operationalizing the creation of field hospitals for the overflow of COVID-19-positive Rhode Islanders who required non-intensive hospital-level of care. This involved adding piping to enable patient oxygenation, staffing on-site pharmacies and labs, and supplying ambulances for appropriate preparation of potential demand¹.

¹ <https://turnto10.com/news/local/field-hospitals-on-standby-for-potential-surge-in-rhode-island>

COVID-19 cases in long-term care facilities spread rapidly, despite Rhode Island's best efforts to control the spread. Rhode Island's LTSS population saw the highest saturation of positive COVID-19 cases, and subsequently, high mortality rates. According to the New York Times, seventy-nine percent (79%) of COVID-19-associated fatalities in Rhode Island were linked to nursing homes, compared to forty percent (40%) nationally². In addition to the high counts of COVID-19 in facilities, the PHE impacted LTSS recipients in the community by exacerbating existing workforce shortages and causing some consumers to be fearful of allowing their much-needed service providers into their homes. One of the approaches Rhode Island invoked was to seek additional flexibilities afforded by an 1115 demonstration waiver request. COVID-19 has changed the interactions between the State, Medicaid members and providers; how the State manages and supports the workforce; and has had, and will continue to have, lasting repercussions on how the State will deliver essential services.

Providers experienced a significant increase in costs with the implementation of infection control procedures and the need for personal protective equipment for staff and clients, while at the same time experiencing a rapid decrease in clients and hours due to COVID-19. One approach that EOHHS was able to authorize includes retainer payments to HCBS adult day services.

The Demonstration will assist Rhode Island in promoting the objectives of the Medicaid statute and is expected to help the State furnish medical assistance in a manner intended to protect, to the greatest extent possible, the health, safety, and welfare of individuals and providers who may be affected by COVID-19.

EOHHS has the following main objectives under this 1115 waiver:

1. To furnish medical assistance in a manner intended to protect, to the greatest extent possible, the health, safety, and welfare of individuals and providers who may be affected by COVID-19.
2. To ensure that individuals will continue to receive HCBS adult day services and/or coverage through this demonstration, in the face of the PHE.

The State is using the additional flexibility under the Demonstration to make retainer payments for HCBS adult day services.

Furthermore, CMS granted the State waiver and expenditure authority to dedicate retainer payments to triaging non-emergency medical transportation (NEMT) and long-term services and supports (LTSS).

Specifically, pertaining to NEMT flexibilities, authority under this Demonstration would afford the State the flexibility to prioritize transportation to critical member services, such as dialysis, medical physician, and Medication-Assisted Treatment appointments, among other essential services, in the event the healthcare system becomes overwhelmed. For example, given the social distancing recommendations proven to minimize exposure to COVID-19, the State was granted authority to waive the "least-costly method" requirement that would constrain beneficiaries' transportation options to methods of NEMT that do not enable maintaining at least six feet of distance.

Under the Demonstration, the State was authorized to apply discretion in exercising the following flexibilities:

² <https://www.nytimes.com/interactive/2020/us/coronavirus-nursing-homes.html>

- To the extent necessary, vary the amount, duration, and scope of services based on population needs;
- To provide different services to different beneficiaries in the same eligibility group, or different services to beneficiaries in the categorically needy and medically needy groups;
- To triage access to long-term services and supports based on highest need;
- To temporarily suspend application of nursing facility payment reduction;
- To postpone asset re-evaluation for current beneficiaries for either sixty (60) days or until the termination of the PHE declaration – whichever is longer.

Fortunately, Rhode Island has not experienced a situation dire enough to warrant application of the NEMT or LTSS authorities thus far. However, should the pandemic extend the Rhode Island healthcare system resources to a point that requires utilization of these flexibilities, the State will use its discretion in exercising these authorities, as appropriate under this Demonstration, and will include them in the evaluation design, if necessary.

B. Evaluation Questions and Hypotheses

The goals of this section of the evaluation design are to:

1. Describe the Evaluation Plan to understand the potential changes in HCBS adult day caseload and expenditures before and after the pandemic.
2. Provide a Driver Diagram to visually aid readers in understanding the design and process of the RI Evaluation details and intended outcomes.
3. Describe EOHHS' plan for measuring the evaluation questions and aligning them with the goals of the Demonstration.

This section and subsequent sections of this document are informed by the Special Methodological Considerations CMS provided in supplemental guidance for monitoring and evaluating COVID-19 Public Health Emergency Medicaid Section 1115 Demonstrations:

- CMS is not requiring states to submit budget neutrality calculations for COVID-19 section 1115(a) demonstrations.
- Given the nature of the demonstration and the challenges faced in delivering services during the PHE, CMS does not expect states to develop an extensive set of monitoring metrics and evaluation hypotheses that would prove burdensome to collect and analyze.
- The focus of the state's final evaluation report should be to respond to qualitative research questions aimed at understanding the challenges presented by the COVID-19 PHE to the Medicaid program, how the flexibilities of this demonstration assisted in meeting these challenges, and any lessons that may be taken for responding to a similar PHE in the future.
- States are required to track administrative costs and demonstration expenditures, including administrative and program costs, for demonstration beneficiaries, and assess how these outlays affected the state's response to the PHE.

- States may find it feasible to compare utilization patterns among demonstration beneficiaries to other Medicaid beneficiaries for periods prior to the onset of the pandemic.

The preceding considerations reflect the unprecedented emergency circumstances associated with the COVID-19 pandemic and the objectives of COVID-19 section 1115(a) demonstrations.

EOHHS’ evaluation questions and hypotheses are motivated by the following overarching questions:

- Q. What challenges is the PHE creating, including engagement with Medicaid beneficiaries?
- Q. What populations are principally affected by the demonstration?
- Q. What policies, procedures, and strategies is the State pursuing to address these challenges?
- Q. How will the State know if these strategies are successful?
- Q. What are ongoing challenges related to implementing the demonstration flexibilities?

The Demonstration will test whether and how the waiver and expenditure authorities affected the State of Rhode Island’s response to the PHE, and how they affected coverage and expenditures.

The table below provides answers to each of these questions for the three main objectives of the Demonstration described in the General Background Information section.

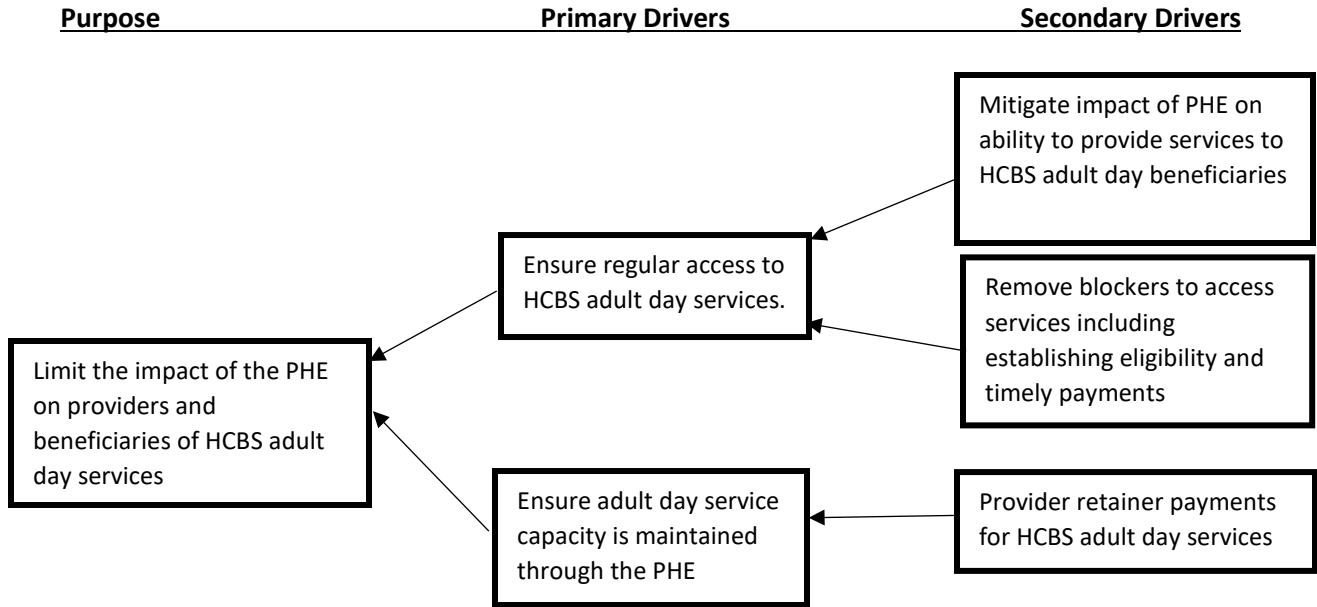
TABLE 1
Evaluation Approach: Challenges, Affected Populations, Strategies, Success Measures

Challenge	Affected Population	Strategy	Success Measure
To furnish medical assistance to protect the health, safety, and welfare of individuals, and the providers who serve them, who may both be affected by COVID-19.	Beneficiaries and those eligible for Home and Community-Based Services (HCBS).	Monitor HCBS adult day enrollment and eligibility pre- and post-COVID-19 to analyze changes in trends before, during, and after the PHE.	Medicaid HCBS adult day caseload trends are consistent with pre-COVID-19 trends.
To ensure that members will continue to receive adult day services and coverage through this demonstration, in the face of the PHE.	Beneficiaries accessing adult day services.	Track adult day services pre and post PHE to analyze changes in trends due to the PHE.	Medicaid adult day service utilization trends are consistent with pre-COVID-19 trends.

The primary evaluation hypothesis is that authorities granted to EOHHS through the Demonstration will prove effective in mitigating the impact of COVID-19 on HCBS adult day provider capacity and Medicaid beneficiaries’ access to services. This hypothesis will be tested across a range of applicable HCBS adult day services.

The Driver Diagram below illustrates the logic linking the authorities pursued under the Demonstration (Secondary Drivers) with the Demonstration goals of maintaining beneficiary access to HCBS adult day services and/or coverage (Primary Drivers).

Figure 1: Driver Diagram



C. Methodology

Per CMS guidance, the goals of this section of the evaluation design are to describe:

1. How the evaluation will be designed;
2. Characteristics of the target and comparison populations;
3. Time periods for which data will be included;
4. Measures to be calculated to evaluate the demonstration;
5. Data sources, quality, and limitations;
6. Analytic methods used to assess the effectiveness of the demonstration; and
7. Reporting and public forum commitments.

How the evaluation will be designed

The main evaluation activities include monitoring, analyzing, and comparing HCBS adult day caseload and expenditures to examine pre- and post- trends. RI EOHHS will test mean differences using appropriate statistical tests (i.e., based on population size) to determine whether post-COVID-19 trends differ significantly from pre-COVID-19 trends. Additionally, a qualitative approach will be taken to describe observed trends and other factors contributing to the caseload and expenditures in this waiver.

To ensure the overall focus on person-centered care and the final rule, EOHHS will provide a narrative assessment of the relationship between the authorities used under the Demonstration and the overall impact in stabilizing HCBS adult day provider networks and caseloads.

Qualitative research activities will include:

- Utilizing claims data to address the overarching research question of how the authorities accessed by the State through the demonstration mitigated the impact of COVID-19 on HCBS adult day provider capacity and client access to services.
- Analyzing and reporting findings from the collected data.
- A member satisfaction survey that addresses member choice and perception of care during the PHE.

Characteristics of the target and comparison populations

In accordance with CMS guidance for COVID-19 section 1115(a) demonstrations, the State proposes comparing utilization patterns among beneficiaries receiving Medicaid HCBS adult day services during the demonstration period (i.e., “demonstration beneficiaries”) to Medicaid beneficiaries receiving Medicaid HCBS adult day services during periods prior to the onset of the pandemic (i.e., “comparison beneficiaries”). This will be achieved by monitoring and analyzing HCBS adult day caseload and expenditures pre-demonstration and post-demonstration.

Target populations that will be monitored and evaluated will include:

- Home and community-based adult day services

Pre-demonstration actual caseload and expenditure trends for this population are illustrated in Figure 2 later in this section.

Time periods for which data will be included

HCBS adult day caseload and expenditure measures will be developed for the period from January 2019 through the end of the demonstration period. This will allow a comparison of the year before COVID-19 to the end of the demonstration period.

Measures to be calculated to evaluate the Demonstration

Evaluation measures will fall into two broad categories:

- Monthly HCBS adult day caseload, by major service categories identified in the “target population” section above;
- Monthly HCBS adult day expenditures in the same major service categories.

Data sources, quality, and limitations

RI EOHHS will use its claim system to review the pre/post COVID-19 caseload and expenditures data. Additionally, EOHHS will incorporate expenditures with funds supplied by CMS under this COVID-19 1115 Waiver plan.

The caseload and expenditure data proposed for use in this evaluation are regularly quality checked and have significant oversight from the Medicaid Analytic team, along with our vendor. As with all claim systems there is a 3-6-month lag in the data; however, a year out from the start of COVID-19 allows for enough run-out to see the impacts of the pandemic on care in these and all populations.

Analytic methods

The outline below summarizes EOHHS' analytic approach:

- Research Questions
 - Overarching: Are the authorities accessed by the State through the Demonstration effective in mitigating the impact of COVID-19 on HCBS adult day provider capacity and client access to services?
- Specific:
 - Do HCBS adult day visits and expenditures, including adult day services, remain within a range that is reasonably interpreted to be consistent with prior trends?

This research question will be tested across the range of specific HCBS adult day service categories previously described.

Outcome measures used to address the research questions include:

- Monthly HCBS adult day caseload by major service categories identified in the "target population" section above;
- Monthly HCBS adult day expenditures in the same major service categories.

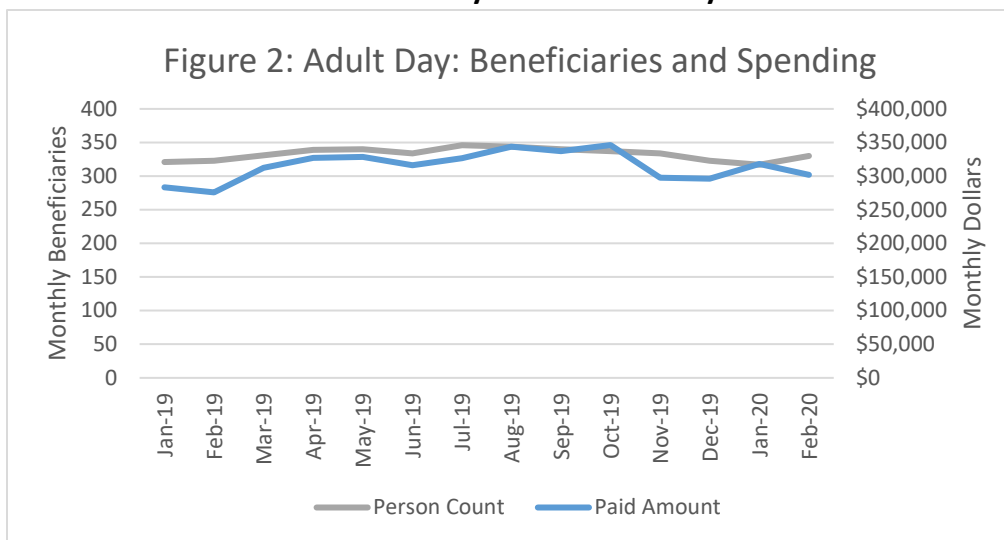
Population groups to be compared include:

- Demonstration beneficiaries: beneficiaries receiving Medicaid HCBS adult day services during the demonstration period;
- Comparison beneficiaries: beneficiaries receiving Medicaid HCBS adult day services during period prior to the Demonstration.

Data Sources

RI Medicaid claims

Current data of trends from January 2019 to February 2020



Methodological Limitations

The goals of the Demonstration are to ensure that individuals will continue to receive HCBS adult day services and/or coverage through this demonstration, in the face of a global pandemic. In this context, monitoring caseload and expenditure trends provides an appropriately focused approach to the evaluation and is consistent with CMS guidance for this class of demonstrations. EOHHS will be reporting pre- and post-COVID-19 population and expenditures trends and will also include analyses that will be qualitative and descriptive, consistent with CMS guidance. EOHHS will not attempt to tease out the individual impact of specific waiver authorities used under the Demonstration, particularly in a context in which other contemporaneous factors are likely to impact observed population and expenditure trends in the demonstration period.

Additional Information

Independent Evaluator Selection Process – No Attachment. Per CMS’ instructions, this evaluation is state-led, and no independent evaluator is required.

Evaluation Budget – No Attachment. At the time this evaluation design was submitted to CMS, no demonstration funds are being allocated to evaluation activities.

Timeline and Major Milestones Due

Date	Milestone / Deliverable
March 1, 2020	Official start date of COVID-19 Waiver Demonstration
September 21, 2020 60 days after end of PHE	COVID-19 PHE Evaluation Design due Official end date of COVID-19 PHE Demonstration

Reporting and Public Forum Commitments

Annual reporting. The duration of the Demonstration is contingent on the duration of the COVID-19 waiver, which is unknown currently. If the duration of the Demonstration extends beyond one year, the State will, for each year of the Demonstration, submit the annual report required under 42 CFR 431.424(c). Evaluation and monitoring information included in the report will reflect the evaluation design and methodology described in the State’s approved evaluation design. The annual report content and format will follow CMS guidelines.

Final report. The final report will consolidate Monitoring and Evaluation reporting requirements for the Demonstration. The State will submit the final report no later than one year after the end of the COVID-19 section 1115 demonstration authority. The final report will capture data on demonstration implementation, evaluation measures and interpretation, and lessons learned from the Demonstration, per the approved evaluation design. The State will track separately all expenditures associated with the Demonstration, including but not limited to, administrative costs and program expenditures. The annual report content and format will follow CMS guidelines. The State’s final evaluation report is expected to include, where appropriate, items required under 42 CFR § 431.428. If the Demonstration lasts longer than one year, the annual report information for each demonstration year will be included in the final report, when submitted to CMS one year after the end of the demonstration authority.

