

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 6, 2026

Jenney Samuelson
Secretary
Vermont Agency of Human Services
280 State Drive
Waterbury, VT 05671

Dear Secretary Samuelson:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Vermont's Final Report for the Reasonable Opportunity Period (ROP) Extension COVID-19 Public Health Emergency (PHE) amendment to the section 1115 demonstration entitled, "Global Commitment to Health" (Project No: 11-W-00194/1). This report covers the demonstration period from April 1, 2023 through July 1, 2024. CMS determined that the Final Report, submitted on February 2, 2026, is in alignment with the CMS-approved Evaluation Design, and therefore, approves the state's Final Report.

In accordance with STC#15.10, the approved Final Report may now be posted to the state's Medicaid website within 30 days. CMS will also post the Final Report on Medicaid.gov.

States are responsible for following all applicable federal law and regulations when they claim and use federal Medicaid funds and must fully comply with all applicable Medicaid statutes and regulations under a section 1115 demonstration, except where specific provisions have been expressly waived or identified as not applicable for that demonstration. This obligation includes all requirements in Title XIX of the Social Security Act and implementing regulations governing provider screening and enrollment activities, pre- and post-payment review claiming, payment methodologies and rate-setting, utilization controls, and program integrity including processes to identify, investigate, and refer suspected fraud, and methods to receive complaints and identify questionable practices. States must maintain effective systems and safeguards to prevent, detect, and address any fraud, waste, or abuse (FWA) in the delivery of and payment for Medicaid services, including referrals to law enforcement when appropriate.

States should have heightened monitoring and oversight mechanisms in place featuring robust internal controls to identify and remediate all vulnerabilities (including, but not limited to, FWA and beneficiary access issues) inherent in service areas approved as part of a demonstration. At any time, CMS may request that the state provide a plan detailing the state's systems and safeguards to prevent, detect, and address any FWA relative to this demonstration. Failure to

meet program integrity obligations under federal statutes and regulations or under the terms and conditions of this demonstration approval may result in compliance actions or other enforcement measures that could include requirements to develop and implement corrective action plans, withholdings, deferrals, disallowances, and termination of demonstration authority.

We sincerely appreciate the state's commitment to evaluating the Reasonable Opportunity Period COVID-19 PHE amendment under these extraordinary circumstances. We look forward to our continued partnership on Vermont's section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

DANIELLE DALY -S
Digitally signed by DANIELLE DALY -S
Date: 2026.10.06 04:40:34 -04'00'

Danielle Daly
Director
Division of Demonstration
Monitoring and Evaluation

cc: Gilson DaSilva, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

FINAL EVALUATION REPORT

February 2026

Vermont Global Commitment to Health Section 1115

Demonstration:

Reasonable Opportunity Period
(ROP) Extension Amendment

Presented by:

NORC at the University of
Chicago

Presented to:

The Vermont Agency of
Human Services



Contributors

This report reflects the contributions of the entire Vermont Global Commitment to Health Evaluation Team, including the following individuals:

Simran Chugani

Erin Ewald

Emily Girouard

Alexandra Kritikos

Jennifer Norris

Karen Swietek (Project Director)

In addition, NORC wishes to acknowledge the contributions and support of the **Vermont Agency of Human Services** for their review and feedback on draft materials and their support in finalizing this report.

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Executive Summary

The Reasonable Opportunity Period (ROP) extension amendment is an expenditure authority added to the Vermont Global Commitment to Health Demonstration (“the Demonstration”) to provide the state with additional time to verify individuals’ citizenship status and confirm Medicaid eligibility during the Medicaid unwinding period. The unwinding period refers to when states were expected to re-start regular redeterminations of Medicaid eligibility and disenroll individuals who were no longer eligible for Medicaid following the end of the COVID-19 Public Health Emergency. This amendment was approved by the Centers for Medicare & Medicaid Services (CMS) in March 2023 to reduce inappropriate terminations of coverage and alleviate administrative burdens around verifying individuals’ citizenship status.

This report uses a mixed-methods approach to understand whether an extended verification timeframe during the unwinding period was effective in supporting the state’s administrative workload and promoting continuity of Medicaid coverage. We descriptively analyzed Medicaid Management Information System (MMIS) enrollment records, eligibility files, and case record data, and conducted a thematic analysis of an interview with state leaders about the implementation of the ROP extension amendment.

In total, 291 members had outstanding citizenship verifications at the start of the unwinding period, of whom 94 members were able to maintain their coverage due to this amendment. In interviews, state leaders emphasized that the value of this amendment was the ability to maintain coverage continuity for these 94 members. However, they explained that identifying members eligible under this amendment added to state administrative burdens rather than alleviating them. State leaders noted that administrative burdens could be reduced through streamlined processes to identify members with pending citizenship verifications and data system improvements.

Chapter 1: General Background Information

In March 2023, the Centers for Medicare and Medicaid Services (CMS) provided a time-limited approval for an amendment to the Vermont Global Commitment to Health Demonstration (“the Demonstration”), to mitigate the disruptions to programs and initiatives caused by the COVID-19 Public Health Emergency (PHE). Under this approval, if an individual declares U.S. citizenship or nationality, but either lacks the required documentation or the verification cannot be completed using administrative data, the state must provide coverage during a reasonable opportunity period (ROP) of 90 days.

This amendment provides expenditure authority for the state to extend the ROP window for individuals to verify their citizenship and resolve data inconsistencies around their citizenship status during the Medicaid unwinding period. Under this ROP extension, the state sent another notice to individuals with pending citizenship verification at the end of the COVID-19 PHE continuous coverage period. The amendment also enables the state to assist individuals in obtaining documents needed to verify their status and help individuals understand what is required of them to establish their eligibility.¹ To this end, the ROP amendment aims to facilitate equitable access to care and continuity of coverage, supporting the goals of the Demonstration’s fourth renewal period.² This amendment was approved on March 7, 2023, for the period of April 1, 2023, through July 1, 2024.^{a,3}

The Vermont Agency of Human Services (AHS) contracted with NORC at the University of Chicago (NORC) to conduct an independent evaluation of the ROP extension amendment as part of the independent evaluation of the Demonstration. This evaluation aims to understand the effectiveness of the ROP extension amendment to inform best practices for managing similar situations in the future. In this report, we assess the extent to which the amendment enabled flexible management of state workload, continuity of Medicaid coverage, as well as the barriers, facilitators, and lessons learned in implementing this amendment. This report draws on findings from Medicaid Management Information System (MMIS) enrollment records, eligibility files, and case record data, a review of program documents, and an interview with state leaders conducted in December 2025.

^a This 15-month period includes the 12-month unwinding period plus an additional three months for the State to complete the verification process for cases that are submitted in the twelfth month of the unwinding period.

Chapter 2: Evaluation Questions and Hypotheses

This evaluation assesses whether the ROP extension amendment supported more effective management of the state’s administrative workload and promoted continuity of Medicaid coverage, guided by the evaluation questions in **Exhibit 1**.

Exhibit 1. ROP extension amendment evaluation questions

Evaluation Questions
ROP extension amendment population
- How many Vermonters were served and impacted by this demonstration? - Who are the populations (e.g., age, sex, race/ethnicity) served and affected by this demonstration?
Implementation experiences
- What policies, strategies, or flexibilities did the state implement for this demonstration? - What factors and data were considered to inform implementation decisions? - What successes did the state achieve with the implementation of the demonstration flexibilities? - To what extent did the policies, strategies, or flexibilities reduce procedural terminations of coverage during the unwinding period? - In what ways did the ROP extension help add to or modify the state’s administrative capacity for processing redeterminations, including eligibility verifications, for Medicaid members? - To what extent did these flexibilities allow the state to overcome challenges they would have otherwise faced absent these flexibilities? - What were the principal challenges in implementing the ROP Extension demonstration? - What actions did the state take to address challenges presented by the implementation of ROP extension? - To what extent were mitigation strategies successful in the context of the PHE? - What were the principal applicable lessons learned for any future PHEs in implementing the demonstration flexibilities?
Outcomes
- How did the demonstration affect member health coverage? - How many individuals in the ROP demonstration population retained their coverage throughout the duration of the ROP extension amendment? - Did the retention of coverage vary by demographic characteristics, such as by age, sex, or race/ethnicity?

NOTE: Evaluation questions were reorganized and consolidated compared to the EDP for clarity.

Chapter 3: Methodology

This chapter describes the quantitative and qualitative methods used to evaluate the impact of the ROP extension amendment on Medicaid coverage continuity. The evaluation examines the population of Medicaid members affected by the ROP extension amendment (the “ROP population”) and assesses the reach and effect of the amendment by measuring:

- Number of Medicaid members with pending U.S. citizenship verification,
- Demographic characteristics (age, sex, and race/ethnicity) of members of the ROP population,
- Number and rate of terminations of coverage, and
- Reasons for termination or continuation of coverage.

The evaluation covers the duration of the ROP extension amendment, which was approved for the 15-month period from April 1, 2023, to July 1, 2024. This 15-month period includes Vermont’s 12-month unwinding period, which began on April 1, 2023, plus three months for the state to complete U.S. citizenship verification for members whose cases come up for renewal in the twelfth (final) month of the unwinding period.

The target population for this evaluation includes members who were enrolled in Vermont Medicaid at the end of the COVID-19 PHE and whose U.S. citizenship status verification was pending during the unwinding period. There was no comparison group for this analysis.

3.1 Data Sources

This evaluation draws on both quantitative and qualitative data from primary and secondary data sources.

Program documents. We conducted a review of waiver documents and guidance to provide background information on the ROP extension amendment and its implementation requirements. Findings from the document review informed both the analytic approach and the interview guide.

Interview with state leaders. We conducted one 30-minute interview with two state leaders who were involved in administering this amendment. This interview took place in December 2025 via Microsoft Teams. The evaluation questions and document review informed the interview guide, which included questions about the state’s implementation approach, implementation challenges and facilitators, and lessons learned.

Medicaid Management Information System (MMIS) data. The state provided MMIS extracts with enrollment, eligibility, and case record data for Medicaid members who had unverified U.S. citizenship status as of March 2023. The MMIS enrollment data included Medicaid UID, birth year, sex, aid

category, and period of Medicaid coverage. MMIS eligibility and case record data included the coverage result of the ROP extension, race, and ethnicity.

3.2 Analytic Methods

We first conducted a document review of relevant program documents, integrating findings from the review to add context to observed quantitative outcomes and qualitative themes. The document review also informed the interview guide.

Following the interview with state leaders, we conducted a rapid thematic analysis of the transcript of the interview. We analyzed the state's implementation experiences, the impact of this amendment on administrative burdens, and policy implications for potential future disruptions to coverage.

We conducted descriptive analyses of MMIS enrollment records, eligibility files, and case record data to summarize key measures related to coverage continuity and program implementation. We calculated counts, percentages, and/or averages as appropriate for each data element.

Chapter 4: Methodological Limitations

Given the nature of the ROP extension amendment, only Medicaid members whom the state identified as having a pending status of U.S. citizenship were affected. Because of this, we were unable to establish a comparison group or analyze differences between the ROP extension population and other similar populations. Additionally, the race and ethnicity data had high missingness, limiting our assessment of the demographics of the population affected by the ROP extension.

Interview responses could not be independently verified and may be subject to social desirability or recall bias. To decrease potential bias, we informed interviewees that neither their names nor specific positions would be reported. Additionally, our interview findings are limited to the perspectives of state leadership; we did not interview members, and those perspectives are not reflected in this report.

Chapter 5: Results

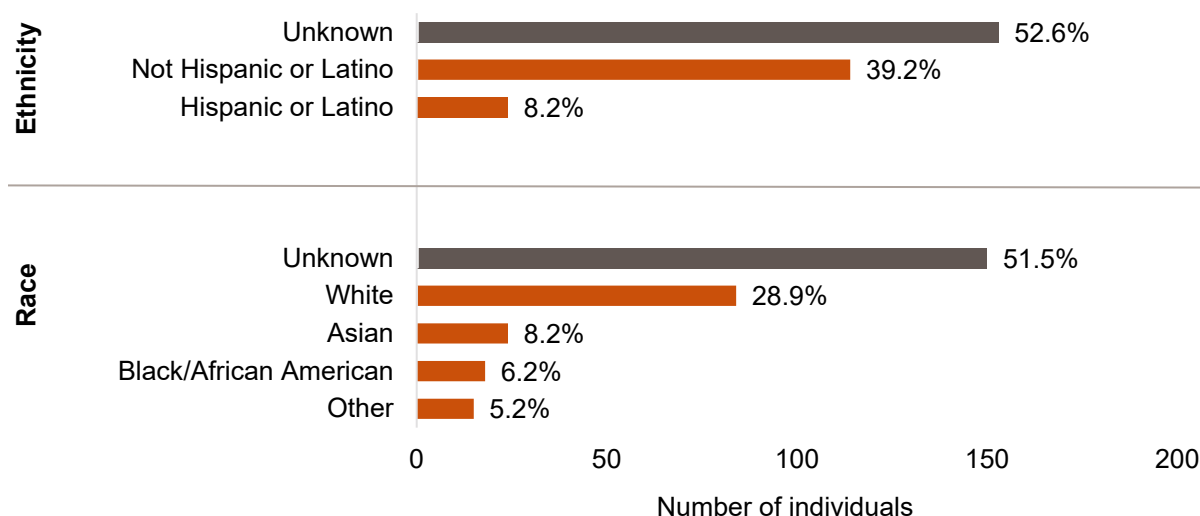
This chapter presents findings related to the ROP extension amendment, including the population served, Medicaid coverage outcomes, and implementation challenges and barriers.

ROP Extension Amendment Population

A total of 291 Vermont Medicaid members were identified as eligible under the ROP extension amendment. Of this population, slightly over half (153 members, 52.6%) were female. The age of members in the ROP population ranged from 4 to 67 years at the time of the ROP extension amendment implementation (April 2023), and the average age of members served was 33 years.

Race and ethnicity data were missing for over half of members affected by the ROP extension amendment (50.5% for race, 52.6% for ethnicity), limiting the ability to more fully characterize the ROP population (**Exhibit 2**). Among members with non-missing race or ethnicity data, 59.6% (84 members) identified as white, and 82.6% (114 members) identified as non-Hispanic.

Exhibit 2. Race and ethnicity of Medicaid members eligible for the ROP extension



SOURCE: MMIS eligibility and case record data.

NOTE: N = 291. The “Asian” category for race included the following responses: Asian Indian, Filipino, Korean, Chinese, Vietnamese, and Other Asian.

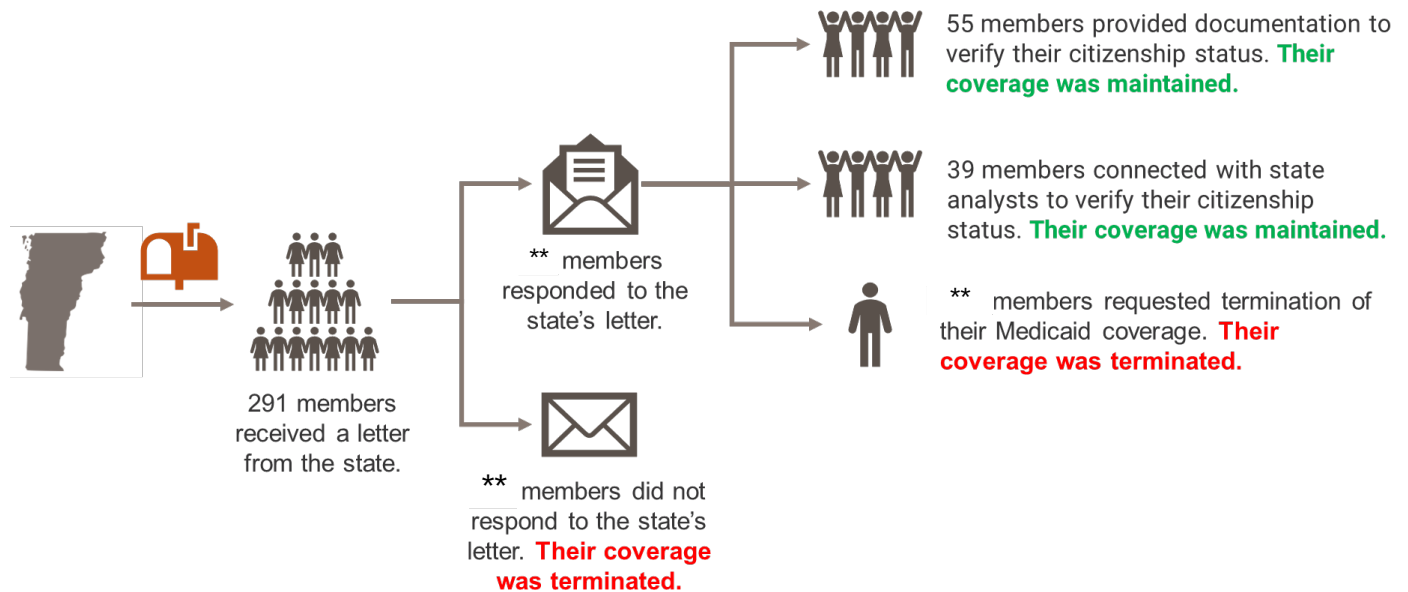
Medicaid Coverage Outcomes

All 291 members eligible for the ROP extension received a letter notifying them of their pending citizenship status. According to MMIS eligibility and case record data, 197 members eventually had their coverage terminated, with ** members terminated due to non-response to the notice regarding

** = Data Suppressed – At least one Numerator/Denominator is between 1 and 10

pending citizenship status (**Exhibit 3**). ** members responded to the state's letter with a request to terminate their Medicaid coverage. Of the 94 members who retained their Medicaid coverage as a result of the ROP extension, 55 members (55.6%) provided documentation to verify their citizenship status; 39 members (44.4%) connected with state analysts, usually via a phone call, and corrected information in the MMIS (e.g., name spelling, social security number) to verify citizenship status automatically, without the need for additional documentation.

Exhibit 3. Summary of ROP extension amendment coverage outcomes



SOURCE: MMIS eligibility and case record data.

Implementation Challenges and Administrative Burden

State leaders noted that the positive impact of this amendment was the retention of continuous coverage for the 94 members who responded to the notice of their pending citizenship status. However, they also noted that it was administratively complex to identify members eligible for the ROP extension in state data systems. They described that the workarounds used during the PHE to ensure that members maintained continuous coverage even when they may not meet Medicaid eligibility criteria, led to the need for manual data review to identify ROP-eligible members.

State leaders also noted that implementation of the ROP extension amendment occurred concurrently with statewide Medicaid renewals during unwinding, resulting in additional administrative burden. Despite these challenges, state leaders highlighted that these activities supported continuous Medicaid coverage for eligible members and, therefore, aligned with the goals of the Demonstration and ROP extension amendment. Leaders explained that this incentivized the implementation of this amendment.

** = Data Suppressed – At least one Numerator/Denominator is between 1 and 10

Given the small population impacted by this amendment, the state explained that there is limited generalizability for future emergency amendments. Nonetheless, they emphasized that the amendment aided coverage continuity in a period of administrative disruption.

Chapter 6: Conclusions and Lessons Learned

The findings presented in this report indicate that the waiver supported Medicaid coverage continuity for a subset of eligible members during the unwinding period following the COVID-19 PHE. The ROP extension amendment led to continued coverage for 94 Vermont Medicaid members that would otherwise have been terminated and did not result in adverse impacts for other Medicaid members.

While the amendment achieved its intended goal of maintaining coverage for these members, it did not materially improve the state's ability to manage administrative workload during the unwinding period. State leaders reported that staff capacity was already constrained by the volume of Medicaid renewals occurring concurrently with implementation of the ROP extension amendment. They emphasized that administrative burdens could be reduced through improvements to data systems and eligibility workflows, particularly those that would enable staff to more straightforwardly identify members with pending citizenship verification. Despite capacity challenges, state leaders expressed that they viewed the amendment as a worthwhile investment of their time and resources, given its role in preventing coverage loss for eligible member

Attachment 1: ROP Evaluation Design Plan

EVALUATION DESIGN PLAN

September 2023

Reasonable Opportunity Period Extension COVID-19 Public Health Emergency

Presented by:
NORC at the University of
Chicago

Presented to:
The Vermont Agency of
Human Services

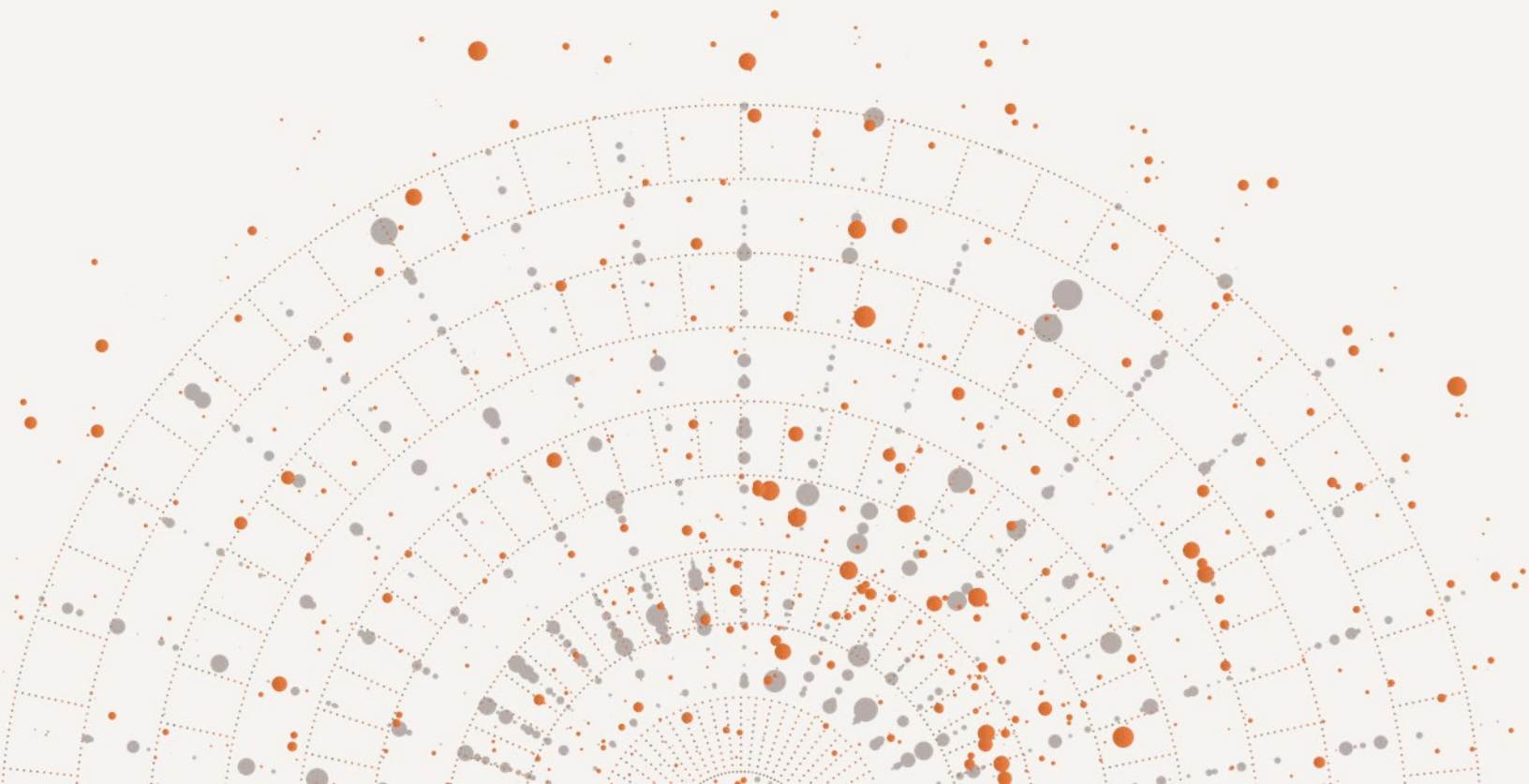


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Demonstration Purpose

Vermont's Global Commitment to Health Demonstration ("the Demonstration") is an agreement between the Vermont Agency of Human Services (AHS) and the Centers for Medicare and Medicaid Services (CMS) that is designed to use principles of public health, effective administration of a Medicaid managed care delivery system, and programmatic flexibilities to improve the health and welfare of Vermonters.^{i,ii} The Demonstration was first implemented in October 2005 and is currently in its fourth renewal period, effective from July 2022 through December 2027.ⁱⁱⁱ

The COVID-19 public health emergency (PHE) caused significant disruptions to programs and initiatives covered under the Demonstration. To mitigate the effects of such disruptions, the State of Vermont applied for a new section 1115(a) demonstration opportunity providing an exemption from the statutory prohibition in 1902(ee)(1)(B)(ii)(II) of the Social Security Act. Vermont's request was approved as an amendment under the Demonstration. Under this statutory requirement, if an individual declares U.S. citizenship or nationality, but either lacks the required documentation or the verification cannot be completed using administrative data, the State must provide coverage during a reasonable opportunity period (ROP) of 90 days. The current waiver amendment provides expenditure authority for the state to extend the ROP window for individuals to verify their citizenship and resolve data inconsistencies around their citizenship status during the Medicaid unwinding period (HBEE 54.05(a)(1)(ii)). Under this ROP extension, the State sent another notice to individuals with pending citizenship verification at the end of the COVID-19 PHE continuous coverage period, and individuals are then given an additional three months to verify their citizenship status to retain their Medicaid benefits.

Vermont began the unwinding period on April 1, 2023, and the ROP extension extends expenditure authority for 15 months after the start of the unwinding period, so the ROP extension period will end on July 1, 2024.^{iv} These 15 months include the 12-month unwinding period plus an additional three months for the State to complete the verification process for cases that are submitted in the twelfth month of the unwinding period. The ability for the State to extend the ROP for any individual will terminate three months following the initiation of the verification process.

The ROP extension amendment will assist the State in processing eligibility and enrollment during the unwinding period by providing additional time to complete outstanding verifications of citizenship and aims to facilitate continuity of coverage during the PHE unwinding period. The amendment also enables the State to assist individuals in obtaining documents needed to verify their status and help individuals understand what is required of them to establish their eligibility. To this end, the ROP amendment aims to facilitate equitable access to care and continuity of coverage, thereby supporting the goals of the Demonstration's fourth renewal period.^v

Demonstration Population

The state projects that the ROP demonstration amendment will affect roughly 200 Vermonters who have declared U.S. citizenship^b but are awaiting verification of their citizenship status, or those whose status is inconsistent with available data sources.^{vi} These individuals are required to provide documentation to verify their status to the State to continue Medicaid coverage beyond the ROP extension period.^{vii} We will focus evaluation activities on Vermonters who have declared U.S. citizenship but whose verification of their citizenship status is pending, or those whose status is inconsistent with available information, subsequently referred to as the “ROP demonstration population.”

Evaluation Questions

To support the aims of the broader Global Commitment to Health Demonstration, the evaluation questions for the ROP demonstration are aligned with the overall goal of advancing the state towards population-wide comprehensive coverage by facilitating continuity of coverage during the PHE unwinding period. Specifically, the evaluation questions and hypotheses will investigate whether the expenditure authority to provide coverage beyond the statutorily limited 90-day ROP will support state’s management of workload, promotes continuity of coverage, and reduces barriers to care.

To this end, we will investigate the following research questions:

1. What policies, strategies, or flexibilities did the state implement for this demonstration?
 - a. What factors and data were considered to inform implementation decisions?
2. What successes did the state achieve with the implementation of the demonstration flexibilities?
 - a. To what extent did the policies, strategies, or flexibilities reduce procedural terminations of coverage during the unwinding period?
 - b. In what ways did the ROP extension help add or modify the state’s administrative capacity for processing redeterminations, including eligibility verifications, for Medicaid members?
 - c. To what extent did these flexibilities allow the state to overcome problems they would have otherwise faced absent these flexibilities?

^b Satisfactory immigration status includes lawful permanent residents, asylees, refugees, Cuban/Haitian entrants, those who are paroled into the U.S. for at least one year, those who have been granted conditional entry before 1980, battered non-citizens, spouses, children, or parents, victims of trafficking and his or her spouse, child, sibling, or parent or individuals with a pending application for a victim of trafficking visa, granted withholding of deportation, member of a federally recognized Indian tribe or American Indian person born in Canada, or citizens of the Marshall Islands, Micronesia, and Palau who are living in Vermont. (<https://www.healthcare.gov/immigrants/lawfully-present-immigrants/>)

3. How many Vermonters were served and impacted by this demonstration?
 - a. Who are the populations (e.g., age, sex, race/ethnicity) served and affected by this demonstration?
4. How did the demonstration affect member health coverage?
 - a. How many individuals in the ROP demonstration population retained their coverage throughout the demonstration period?
 - b. Did the retention of coverage vary by demographic characteristics, such as by age, sex, or race/ethnicity?
5. What were the principal challenges in implementing the ROP Extension demonstration?
 - a. What actions did the state take to address challenges presented by the implementation of ROP extension?
 - b. To what extent were mitigation strategies successful in the context of the PHE?
6. What were the principal applicable lessons learned for any future PHEs in implementing the demonstration flexibilities?

Exhibit 1 displays the research questions we will answer through these analyses, and the measures and methods we will use to complete them (described in more detail in the following sections). The target population for all research questions will be the ROP demonstration population as described in the previous section.

Exhibit 1. Evaluation Design Table

RQ#	Research Question	Outcome Measures	Data Source(s)	Analytic Methods
1	What policies, strategies, or flexibilities did the state implement for this demonstration?	Qualitative data	Key informant interviews	Thematic analysis
1a	What factors and data were considered to inform implementation decisions?	Qualitative data	Key informant interviews	Thematic analysis
2	What successes did the state achieve with the implementation of the demonstration flexibilities?	Monthly number and rate of terminations of coverage; qualitative data	MMIS; key informant interviews	Descriptive; thematic analysis
2a	To what extent did the policies, strategies, or flexibilities reduce procedural terminations of coverage during the unwinding period?	Monthly number and rate of terminations of coverage; qualitative data	MMIS; key informant interviews	Descriptive; thematic analysis
2b	In what ways did the ROP extension help add or modify the state's administrative capacity for processing redeterminations, including eligibility verifications, for Medicaid beneficiaries?	Qualitative data	Key informant interviews	Thematic analysis

RQ#	Research Question	Outcome Measures	Data Source(s)	Analytic Methods
2c	To what extent did these flexibilities allow the state to overcome problems they would have otherwise faced absent these flexibilities?	Qualitative data	Key informant interviews	Thematic analysis
3	How many Vermonters were served and impacted by this demonstration?	Number of Medicaid members who attested to U.S. citizenship/ immigration status pending verification	Other Medicaid program data	Descriptive
3a	Who are the populations (e.g., age, sex, race/ethnicity) served and affected by this demonstration?	Age, sex, and race/ethnicity distribution of Medicaid members with pending status verification	MMIS; Other Medicaid program data	Descriptive
4	How did the demonstration affect beneficiary health coverage?	Number of Medicaid members retaining coverage during the demonstration period	MMIS; Other Medicaid program data	Descriptive
4a	How many individuals who attested to U.S. citizenship pending verification retained their coverage throughout the demonstration period	Number of Medicaid members retaining coverage during the demonstration period	MMIS; Other Medicaid program data	Descriptive
4b	Did retention of coverage vary by demographic characteristics, such as by age, sex, or race/ethnicity?	Demographic characteristics of members retaining coverage during the demonstration period	MMIS; Other Medicaid program data	Descriptive
5	What were the principal challenges in implementing the ROP Extension Demonstration?	Qualitative data	Key informant interviews	Thematic analysis
5a	What actions did the state take to address challenges presented by the implementation of ROP extension?	Qualitative data	Key informant interviews	Thematic analysis
5b	To what extent were mitigation strategies successful in the context of the PHE?	Qualitative data	Key informant interviews	Thematic analysis
6	What were the principal applicable lessons learned for any future PHEs in implementing the demonstration flexibilities?	Qualitative data	Key informant interviews	Thematic analysis

Data Sources

We plan to use the data sources described below to contextualize and respond to the evaluation questions, as well as inform best practices for similar situations in the future.

Qualitative Data Sources

- **Key Informant Interviews.** NORC will conduct semi-structured interviews with one to three Medicaid staff members to help better understand the populations affected by the demonstration and the policies and procedures to reduce barriers to care. We will work closely with AHS and DVHA to identify the most relevant perspectives and contacts for the interviews. To reduce burden, we will align and coordinate the interviews with any interviews needed to address evaluation hypotheses relevant to the overall waiver evaluation, such as the SUD and SMI/SED Mid-Point Assessments.
- **Document Review.** We will conduct a thorough review of all relevant documentation, including the expenditure authority and other internal and public documentation provided by AHS and DVHA.

Quantitative Data Sources

- **ROP data and documents from AHS.** We anticipate that data needed to evaluate the ROP demonstration will include a list of individuals in the ROP demonstration population. These data will be linked to Medicaid enrollment data using UIDs. These data may also include member responses provided on their Medicaid application; we will assess the quality and relevancy of this data to determine whether and how we will use it in the evaluation.
- **Medicaid enrollment data.** NORC will utilize Medicaid enrollment data to gather information about the number and characteristics of individuals in the ROP demonstration population over the demonstration period. We will use these data to analyze trends in enrollments, changes to enrollments, demographics, and Medicaid program qualifications.

For each data source, we will conduct data quality and availability checks, including assessment for missingness, systematic errors, and any unexpected outliers.

Analytic Approach

We will conduct a mixed-methods analysis to understand how the ROP amendment meets the goals of the Demonstration to ensure high-value care for the residents of Vermont, integrating both quantitative and qualitative methods to draw on the strengths of each and make full use of existing and emerging primary data sources. These analyses will provide a detailed and nuanced understanding of whether, how, and why the demonstration goals are achieved.

Through this analysis, NORC will review primary and secondary data sources to gain a better understanding of:

- Populations affected by the expenditure authority under this amendment.
- Relevant policies and procedures that would support reducing barriers to care.
- Challenges associated with implementing the amendment and engaging with individuals the ROP demonstration population.
- Mechanisms and experiences overcoming these challenges, as applicable.
- Principal lessons learned.

Evaluation Period

The evaluation will include the entire duration of the ROP demonstration. The authority for Vermont lasts for up to 15 months starting from the first day of the first month of the state's unwinding period (April 1, 2023, to July 1, 2024). These 15 months include the state's 12-month unwinding period, plus three months for the state to complete the verification of U.S. citizenship for an individual whose case comes up for renewal in month 12 of the unwinding period. For all individuals, the authority to extend the ROP will terminate 3 months after the state initiates a renewal (or other eligibility action) for the individual.

Qualitative Analysis

NORC will conduct a qualitative analysis to gain a full understanding of the ROP extension, its barriers and facilitators, and the impact of the amendment on the state of Vermont.

We will first review all qualitative and primary data collected through the interviews and document review. We will then develop an initial coding frame and by systematically applying a reliable code list. Using an inductive and deductive approach to create the qualitative codebook, we will pilot test and refine codes and revisit refinements over the evaluation period. To organize program documents and interview transcripts for coding, we will use NVivo software (QSR International Pty Ltd., Melbourne, Australia). Whenever possible, coders will have been involved in primary data collection, to leverage their insights gained through first-hand experience. We will employ a thematic analysis to analyze qualitative data, guided by the Demonstration goals and evaluation questions. We will begin analysis of existing and emergent themes during the coding process and continue throughout the analysis phase. Existing themes are topics derived from the study's research questions and categories, while emergent themes arise out of the coding process. Early identification of emergent themes will help inform future primary data collection instruments.

Quantitative Analysis

Due to the limited sample size and lack of appropriate comparison populations, we will conduct descriptive analysis, including counts, frequency distributions and rates to address evaluation

questions. We will present the results in tables and visuals, and where available, we will also present descriptive findings alongside benchmarks at the national level or from other states.

Limitations

We are cognizant of several challenges that will likely arise in implementing mixed-methods in this evaluation, largely as a result of the limitations in data availability. **Exhibit 2** summarizes a summary of the challenges we anticipate with our evaluation approach, and the corresponding steps we will take to mitigate the effects of the limitations.

Exhibit 2. Anticipated Challenges & Mitigation Strategies

Challenge	Mitigation strategy
Limited state staff available for key informant interviews	Begin with a target of one to three interviews We may potentially consider small group interviews, as needed, for saturation.
Lack of comparison group limits the ability to draw causal inferences	We will use qualitative data to supplement our interpretation of descriptive analyses
Absence of data indicating reason for coverage termination (inability to verify citizenship/vs. other)	We will determine the total number of coverage terminations to provide an upper bound for terminations that are potentially due to citizenship/. Additionally, we may be able to rely on dates of coverage onset and coverage termination to draw inferences on reason for termination and produce more nuanced estimates.
Small sample size limits the ability to conduct formal statistical testing to evaluate differences across age, sex, groups.	We will use qualitative data to supplement our interpretation of descriptive analyses.

References

- ⁱ Global Commitment to Health: A Primer. Vermont Legislative Joint Fiscal Office. Published August 4, 2022. https://ljfo.vermont.gov/assets/Subjects/Global-Commitment-to-Health/02dbddad34/GENERAL-363911-v3-Global_Commitment_Primer.pdf.
- ⁱⁱ Global Commitment To Health Section 1115 Demonstration Vermont STCs With Attachment. State of Vermont, Agency of Human Services. Published March 27, 2023. https://humanservices.vermont.gov/sites/ahsnew/files/doc_library/VT-GCH-STCs-with-Attachment-Q-03-07-23.pdf
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- ^{vii} Reasonable Opportunity Period Extension. Department of Health and Human Services, Center for Medicare and Medicaid Services. Updated March 27, 2023. https://humanservices.vermont.gov/sites/ahsnew/files/doc_library/VT%20ROP%20Extension%20Approval%20Letter%2003-07-23.pdf

Attachment 2: Reasonable Opportunity Period (ROP) Extension Amendment Report References

¹ Tsai, D. Vermont ROP Extension Approval Letter 3 7 23. State of Vermont, Agency of Human Services. Published March 7, 2023.

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