

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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State Demonstrations Group

October 11, 2023

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

Dear Secretary Samuelson:

The Centers for Medicare & Medicaid Services (CMS) approved the Evaluation Design for Vermont's Reasonable Opportunity Period COVID-19 Public Health Emergency (PHE) amendment to the section 1115 demonstration entitled, "Vermont Global Commitment to Health" (Project No: 11-W-00194/1). We sincerely appreciate the state's commitment to efficiently meeting the requirement for an Evaluation Design as was stipulated in the approval letter for this amendment dated March 7, 2023, especially under these extraordinary circumstances.

In accordance with 42 CFR 431.424(c), the approved Evaluation Design may now be posted to the state's Medicaid website within 30 days. CMS will also post the approved Evaluation Design on [Medicaid.gov](https://www.Medicaid.gov).

Consistent with the approved Evaluation Design, the draft Final Report will be due to CMS 18 months after the expiration of the amendment approval period.

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 the Vermont Global Commitment to Health 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: 2023.10.11
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Danielle Daly
Director
Division of Demonstration Monitoring and Evaluation

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

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. citizenship¹ 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?

¹ 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
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.

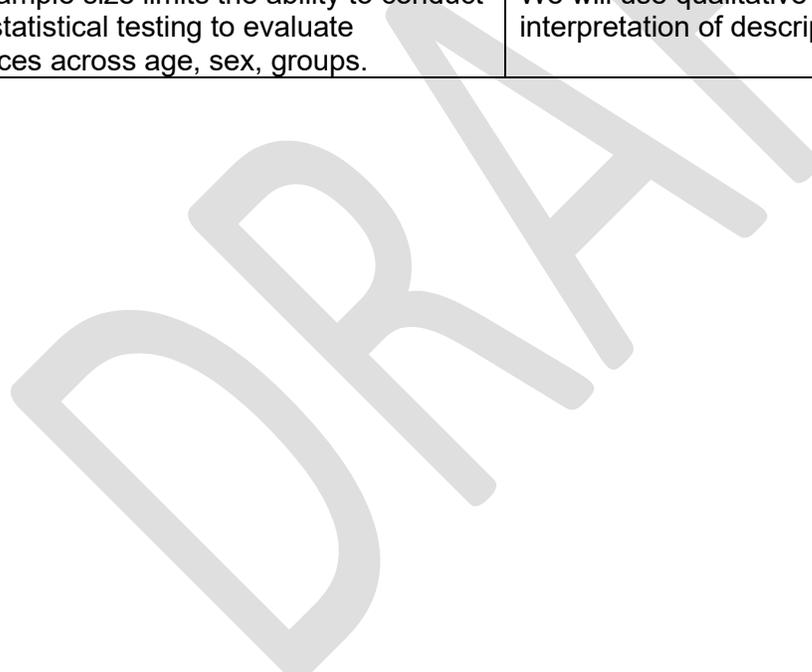
Limitations

We are cognizant of several challenges 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://lifo.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

ⁱⁱⁱ Vermont Global Commitment to Health Approval Letter. Department of Health and Human Services, Center for Medicaid and Medicare Services. Sent June 28, 2022. https://humanservices.vermont.gov/sites/ahsnew/files/doc_library/VT%20GCH%20Extension%20Approval%20Letter%20only%2006-28-2022.pdf.

^{iv} 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.

^v 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.

^{vi} 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.

^{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.

