

Request for Update to Evaluation Design

Washington COVID-19 Public Health Emergency Demonstration

Revised 08/10/2023

General Background Information

Washington State received approval for the new Washington COVID-19 Public Health Emergency (PHE) Demonstration (11-W-00345/0) on April 21, 2020. Per the requirements of the Demonstration, Washington submitted an evaluation design that was approved by CMS on August 10, 2020. Due to the unexpected length of the PHE, Washington believes that some components of the approved evaluation design are no longer a reliable and valid way to capture the impact of the Demonstration on stabilizing the long-term services and support system. Washington proposes removing the qualitative component of the approved evaluation design and supplementing the quantitative component.

Requested Update to Evaluation Design

Per CMS' requirement, the state's evaluation design included 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 public health emergency in the future. However, Washington's evaluation design included a significant quantitative component as the state has an existing data infrastructure that would allow for a quantitative approach to responding to these questions. Table 1 below summarizes the approach to the quantitative evaluation (see approved evaluation design for more details).

TABLE 1.

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

Challenge	Affected Population	Strategy	Success Measure
PHE intensifies the need to discharge hospital patients requiring LTSS services to ensure surge capacity for COVID-19 patients; PHE disrupts ability to conduct timely disability determinations	Hospital patients discharging to Home and Community Services who require a disability determination	Authority under the demonstration to accept self-attestation in disability determinations for Medicaid applicants requiring a disability determination to establish eligibility for Medicaid LTSS services	Medicaid LTSS caseload trends are consistent with pre-COVID-19 trends
Physical distancing required to protect public health limits ability to	All persons receiving Medicaid funded home- and	Authority under the demonstration to temporarily reduce or delay	Medicaid LTSS caseload trends are consistent

Challenge	Affected Population	Strategy	Success Measure
complete in-person assessments; many clients lack internet access or phone minutes to complete a full functional assessment over the phone.	community-based LTSS services, including persons with physical, cognitive, developmental, and intellectual disabilities	functional assessments to determine level of care and Person-Centered Care Plans for beneficiaries needing LTSS services	with pre-COVID-19 trends
LTSS Providers experienced increased costs for infection control procedures and the need for personal protective equipment for staff and clients, while at the same time at risk of a rapid decrease in clients and hours due to COVID-19	Affected LTSS providers and current/future clients in need of services from affected providers	Authority under the demonstration to provide higher rates for HCBS providers in order to maintain capacity; Authority to provide retainer payments to certain habilitation and personal care providers in order to maintain capacity	Medicaid LTSS caseload trends are consistent with pre-COVID-19 trends

As previously required by CMS, the state proposed a qualitative evaluation (e.g. key information interviews and/or survey analysis) to provide information on how the flexibilities provided under the demonstration assisted in meeting challenges associated with the COVID-19 pandemic. The state believes that given the unexpected length of the PHE period, it may be difficult for providers and other key informants to accurately respond to systematic interviews or survey questions.

The state proposes to remove the key informant interviews and/or survey analysis component of the study and focus on both the currently approved quantitative analyses and proposed supplemental analyses. The currently approved quantitative analyses include:

- Monthly LTSS caseload counts, by major service categories;
- Monthly LTSS expenditures in the same major service categories; and
- Demonstration expenditures in categories specified by CMS.

The state proposes to add the following supplemental quantitative analyses:

- Subpopulation analyses focusing on differential trends in utilization by sociodemographic characteristics; and
- Regional analyses to identify differential trends across the state.

The state is confident that an expanded quantitative study paired with reflections of program and policy staff and contextual information provided throughout the final report will be able to assess the impact and effectiveness of the PHE waiver authorities. For example, the state could use regional trends in monthly LTSS caseload counts to examine whether the PHE waiver authorities enhanced access to care consistently across the state. If there are regional

differences, reflections from program staff could provide insight into potential reasons for these differences and any lessons learned during the implementation process.

The state believes that this broader set of quantitative analyses, in addition to the reflections, contextual, and narrative components included in the final report, will enable the state to answer the fully answer the required evaluation questions.