

**Communication Regarding Evaluation for Vermont's Global Commitment to Health
April 11, 2017**

CMS reviewed the Global Commitment to Health section 1115 demonstration draft evaluation design. We understand that the state is in the process of contracting an independent evaluator and has postponed providing details about several components of the design until an evaluator has been identified and engaged. In the meantime, CMS has a few considerations and recommendations for the state and its evaluator to take into account, as they finalize the demonstration's evaluation design. Following is feedback intended to support and strengthen the state's evaluation activities.

Please include a detailed description of how the state will address the requirements in STC #75: "The state is required to submit a draft Interim Evaluation Report 90 days following completion of year one (1) of the demonstration extension (April 1, 2018). The interim evaluation shall include an assessment of the impact of providing Medicaid payment for IMD services on the research questions included in the final evaluation design including the outcomes of interest listed above in STC 72 for the four (4) year period preceding the start of this demonstration."

Recommendations/Suggestions:

1. CMS recommends the state generally revise the hypotheses so they are directional, and tied to a research question(s). The research question(s) being addressed by the demonstration are unclear. Specific to the psychiatric IMD and substance use disorder treatment demonstration sub-sections, CMS recommends that the state develop research questions and hypotheses with corresponding performance measures and data sources. In this case, the state identified several research questions, but did not present corresponding hypotheses. Research questions and hypotheses should align with the goals of each component of the demonstration and clearly illustrate the extent to which the state has achieved its goals of universal access, cost containment and improved quality of care.
2. CMS would like the state to provide additional details on its plan to study the demonstration population in aggregate, and how the population will be stratified relative to the impact of marketplace subsidies for Qualified Health Plans on continuity of coverage; access to care for children in families who are required to make premium payments; and, access, cost and quality for substance use disorder and psychiatric IMD services. Along those lines, CMS is interested to know if the state plans to conduct a subgroup analysis of Multi-Payer Advanced Primary Care Practice (MAPCP) impacts; and if not, whether the state has a suitable method to estimate or account for the impact of MAPCP on Medicaid beneficiaries.
3. In addition, CMS recommends the state clearly outline the methods it will use to evaluate the demonstration's effectiveness. Please provide specific details regarding which proposed measures will be compared to suitable benchmarks, and which will be assessed relative to a baseline, using a time-series (clearly identifying the length of the pre/post study periods). Please also indicate which measures will be assessed relative to internal or external comparison groups using a difference-in-differences design, and identify corresponding data sources. CMS would also like the state to clarify the purpose and strategy, and which research questions will be addressed using qualitative methods.

4. CMS suggests the state describe how outcomes for specific populations will be assessed within the context of ongoing and overlapping initiatives, and how the state will determine whether or not, or measure the extent to which, the implemented system reforms may have achieved greater impacts for some groups compared to others, or reduced disparities across populations and how the impacts of the demonstration can be quantified and isolated, relative to market conditions, contextual or lurking factors.
5. Last, CMS recommends the state align its proposed measurement of initiation and engagement for SUD treatment with NCQA NQF measure 0004 (IET); add a measure related specifically to *access to medication assisted treatment (MAT)* while receiving services in an IMD facility; and, include measures for quality that include continuity of care measures, i.e., follow-up after discharge, transfer of records (psychological IMD evaluation measures).