

Medi-Cal 2020 Waiver Evaluation Evaluation Plan for the Dental Transformation Initiative

I. Introduction

Within the Medi-Cal 2020 Waiver, the Dental Transformation Initiative (DTI) represents a critical strategy to improve dental health for eligible Medi-Cal children by focusing on high-value care, improved access, and utilization of performance measures to drive delivery system reform. More specifically, this initiative aims to increase the use of preventive dental services for children, prevent and treat more early childhood caries, and increase continuity of care for children. Given the importance of oral health to the overall health of an individual, California views improvements in dental care as critical to achieving better health outcomes overall for Medi-Cal children.

The DTI covers four areas or Domains:

Domain 1

This domain aims to increase statewide the number of Medi-Cal children ages 1 through 20 that receive preventive dental services by at least 10 percentage points over a five-year period.

Domain 2

Under this domain, dental providers in selected pilot counties will be eligible to receive incentive payments for performing pre-defined caries risk assessments (CRAs), develop treatment plans, provide nutritional and motivational counseling for Medi-Cal children ages 6 and under based upon the child's risk. This domain seeks to prevent and mitigate oral disease through the delivery of preventive services in lieu of more invasive and costly procedures (restorative services). The aim of Domain 2 is a 20 percent improvement in new cavitation, pain, and operating room referrals by the end of the demonstration among participating children ages 6 and under.

Domain 3

This domain seeks to make available incentive payments to dental service office locations in select pilot counties who have maintained continuity of care through providing recall examinations to their enrolled Medi-Cal children ages 20 and under. This domain seeks to increase continuity of care for the targeted population over 2, 3, 4, 5, and 6 continuous year periods. The goal of Domain 3 is to improve the continuity of care for targeted children in participating counties, through regular examinations with their established dental provider, with a goal of at least a 5 percentage point improvement in two-year continuity of care, over the demonstration period.

Domain 4

Local Dental Pilot Projects (LDPPs) will address the above-described domains through pilot programs aimed at increasing preventive services, CRAs and disease management and continuity of care. The Department of Health Care Services (DHCS) will solicit proposals and shall review, approve, and make payments to LDPPs in accordance with the requirements stipulated in the Medi-Cal 2020 Waiver. There is the potential to fund up to 15 LDPPs.

Medi-Cal 2020 Waiver Evaluation Evaluation Plan for the Dental Transformation Initiative

II. Demonstration Goals and Objectives

The primary goal of the DTI is to improve dental health for eligible Medi-Cal children by focusing on high-value care, improved access, and utilization of performance measures to drive delivery system reform. More specifically, this initiative aims to increase the use of preventive dental services, prevent and treat more early childhood caries, and increase continuity of care for children. The evaluation will examine each of these goals.

The aim of the evaluation is to determine the causal impacts of the DTI Demonstration on how incentive payments influence:

- the utilization of preventive services amongst Medi-Cal children ages 1 through 20, with the goal of increasing utilization rates by at least 10 percentage points over a five-year period. (Domain 1 & Domain 4)
- provider participation in a program to treat early childhood caries, and new cavitation, pain, and operating room referrals by the end of the demonstration among children ages 6 and under treated by providers participating in the caries program. (Domain 2 & Domain 4)
- the continuity of care for targeted children under the age of 21 in participating counties, through regular examinations with their established dental provider, with a goal of at least a 5 percentage point improvement in two-year continuity of care over the demonstration period. (Domain 3 & Domain 4)

A. Research Questions and Hypotheses

Evaluation questions and related hypotheses are as follows:

Domain 1 & 4:

- Question: Will the combination of payment incentives and beneficiary participation lead to higher utilization rates for preventive services?
- Hypothesis: The children who receive services in the participating service office locations that receive provider incentive payments will have a higher utilization rate of preventive services in comparison to children seen in offices that do not receive incentive payments, by at least 10 percentage points over a five-year period.

- Question: Will incentive payments lead to an increase in Medi-Cal provider participation?
- Question: Will increases in Medi-Cal provider participation lead to increased utilization for children in the program?
- Hypothesis: Provider incentive payments are an effective method to increase utilization of preventive dental services to targeted Medi-Cal children, by at least 10 percentage points over a five-year period.

**Medi-Cal 2020 Waiver Evaluation
Evaluation Plan for the Dental Transformation Initiative**

- Question: Are provider incentive payments effective towards encouraging dental service office locations to provide preventative dental services to targeted Medi-Cal children?
- Hypothesis: Provider incentive payments targeted towards preventive services are an effective method for increasing use of preventive services for targeted Medi-Cal children, by at least 10 percentage points over a five-year period.

Domain 2 & 4:

- Question: Do provider incentive payments lead providers to perform CRA for the targeted population and ensure completion of appropriate treatment modalities for the management of early childhood caries?
- Hypothesis: Provider incentive payments are effective in encouraging providers to perform CRA for the targeted population and ensure completion of appropriate treatment modalities for the management of early childhood caries. The Department expects this will result in a 20 percent improvement in new cavitation, pain, and operating room referrals by the end of the demonstration among participating children ages 6 and under.

- Question: Does adhering to DTI demonstration protocols lead to a decline in utilization of emergency room services for dental issues among the targeted populations.
Hypothesis: Utilization of emergency room services for dental issues among the Domain 2 participating beneficiaries will be lower than control group by a statistically significant amount. Statewide utilization rate of emergency room services for dental issues among the targeted population will continue to decline “Dental issues” are described by a set of ICD 9/10 codes specific to dental emergencies.
- Question: Does adhering to DTI demonstration protocols lead to decline in utilization of and expenditures for dental related general anesthesia for the targeted populations?
- Hypothesis: Per capita utilization and expenditures for dental related general anesthesia for participating beneficiaries in Domain 2 counties will decline by a statistically significant amount over the duration of the program.

Domain 3 & 4:

- Question: Are incentive payments effective in promoting continuity of care for targeted children?
- Hypothesis: Incentive payments are an effective method of promoting continuity of care for targeted children in participating counties, with a goal of by at least 5 percentage point improvement in two-year continuity of care, over the demonstration period.

Domain 2, 3, & 4:

- Question: Will the provider incentive payments for preventive services and continuity of care have a more favorable cost benefit ratio than that of CRA?

Medi-Cal 2020 Waiver Evaluation Evaluation Plan for the Dental Transformation Initiative

- Hypothesis: The provider incentive payments for preventive services and continuity of care provide a more favorable cost benefit ratio than that of CRA.

B. Evaluation Design and Approach

Determination of the best approach to evaluate the causal effects of the DTI demonstration is challenging. When considering alternative evaluation designs, the implementation of some DTI Domains in select counties versus statewide, uncertainty regarding participation of dental providers and yet to be determined as LDPP awardees must be taken into account. All dental providers in a select county and/or LDPPs may not be ready to participate in the Domains immediately. It is likely that Domain implementation will not be tightly tied to stated implementation dates. As a result, the start dates used in data collection or analyses will in some instances be based on an individual dental provider's implementation start dates, rather than California's stated implementation dates.

The proposed evaluation will use an interrupted time series design that, under a multiple baseline design, allows implementation of the respective Domains at multiple points staggered over time with a hypothetical outcome of measurement of treatment access or quality of care. Changes in outcomes following Domain implementation, coupled with the absence of changes in other counties that were not selected for the Domain may suggest that the change observed resulted from the implementation of the demonstration. A multiple baseline design can be used to study the changes created by the demonstration.

To determine whether incentive payments have been effective in meeting the goals of the DTI demonstration, the evaluation will examine the availability of services along the full continuum of dental care, dental services provided to eligible Medi-Cal children and target populations, performance metrics for each of the Domains and any health care cost offsets resulting from appropriate use of dental services using a logic model.

To determine the cost benefits of the DTI, a cost-benefit analysis of the DTI and each of the Domains, as well as any health care cost offset resulting from the appropriate use of dental services will be conducted.

C. Performance Measures

Domain 1 & 4

The baseline year will consist of data from the most recent complete year preceding implementation of the waiver. The metrics that will be used for monitoring domain success are:

1. Percentage of beneficiaries who received any preventive dental service during the measurement period, which is calculated as follows:

**Medi-Cal 2020 Waiver Evaluation
Evaluation Plan for the Dental Transformation Initiative**

Numerator: Number of unduplicated children ages one (1) through twenty (20) enrolled in Medi-Cal for at least ninety (90) continuous days who received any Medi-Cal covered preventive dental service (D1000-D1999) in the measurement period.

Denominator: Number of unduplicated children ages one (1) through twenty (20) enrolled in Medi-Cal for at least ninety (90) continuous days during the measurement period.

2. Claims data to determine the number of service office locations in each county that are providing preventive dental services to children, compared to number of these locations in the baseline year.

3. Statewide, the number and percentage change of Medicaid participating dentists providing preventive dental services to at least ten (10) Medicaid-enrolled children in the baseline year, and in each subsequent measurement year.

A preliminary report will be delivered only to CMS for internal review six (6) months following the end of the applicable DY. An updated report will be delivered to CMS and published publicly twelve (12) months following the end of the applicable DY

Domain 2 & 4

The Department will collect data and report on the following performance measures:

1. Number of, and percentage change in, restorative services;
2. Number of, and percentage change in, preventive dental services;
3. Utilization of CRA CDT codes and reduction of caries risk levels (not available in the baseline year prior to the Waiver implementation);
4. Change in use of emergency rooms for dental related reasons among the targeted children for this domain; and
5. Change in number and proportion of children receiving dental surgery under general anesthesia.

The Department will also track and report on, for children in age ranges under one (1), one (1) through two (2), three (3) through four (4), and five (5) through six (6), the utilization rates for restorative procedures against preventive services

Medi-Cal 2020 Waiver Evaluation Evaluation Plan for the Dental Transformation Initiative

to determine if the domain has been effective in reducing the number of restorations being performed.

Because preventive services do not yield immediate effects, the Department will be required to collect data on these performance measures at annual intervals for a number of years to determine correlation and statistical significance. The Department will inform CMS of the number of additional years this data will be collected and reported no later than the end of DY 1.

The Department will also track and report on the utilization of CRA and treatment plan service to monitor utilization and domain participation.

A preliminary report will be delivered only to CMS for internal review six (6) months following the end of the applicable DY. An updated report will be delivered to CMS and published publicly twelve (12) months following the end of the applicable DY.

Domain 3 & 4

The baseline year will be based on data from the most recent complete state fiscal year.

Using claims data, DHCS will determine the number of beneficiaries who have remained with their same service office location for two (2), three (3), four (4), five (5), and six (6) year continuous periods following the establishment of the baseline year throughout the demonstration period. This will be calculated as follows:

Numerator: Number of children age twenty (20) and under who received an examination from the same service office location with no gap in service for two (2), three (3), four (4), five (5), and six (6) year continuous periods.

Denominator: Number of children age twenty (20) and under enrolled in the delivery system during the measurement periods.

This measure is similar to the Dental Quality Alliance measure Usual Source of Services, with the exception that the Department would incent over a longer continuous period.

A preliminary report will be delivered only to CMS for internal review six (6) months following the end of the applicable DY. An updated report will be delivered to CMS and published publicly twelve (12) months following the end of the applicable DY.

Medi-Cal 2020 Waiver Evaluation Evaluation Plan for the Dental Transformation Initiative

Domain 4

DHCS intends to review, approve, and make incentive payments available to pilots that target an identified population of Medi-Cal eligible child beneficiaries in accordance with the requirements established by the Department and deemed appropriate to fulfill specific strategies linked to one (1) or more of the domains delineated above. The specific strategies, target populations, payment methodologies, and participating entities shall be proposed by the entity submitting the application for participation and included in the submission to the Department. DHCS shall approve only those applications that meet the requirements to further the goals of one (1) or more of the three (3) dental domains. Each pilot application shall designate a responsible county who will coordinate the pilot. DHCS reserves the right to suspend or terminate a pilot at any time if the enumerated goals are not met, corrective action has been imposed, and/or poor performance continues.

A preliminary report will be delivered only to CMS for internal review six (6) months following the end of the applicable DYPY. An updated report will be delivered to CMS and published publicly twelve (12) months following the end of the applicable DYPY.

D. Data Collection ((or Data Sources) by performance measure)

The data sources included in this section are described in greater detail in the Appendix 1.

1. Administrative Data Sources

- a. Medi-Cal Eligibility Data System (MEDS): MEDS contains data on all Medi-Cal beneficiaries statewide, including demographic information and residential addresses.
- b. Medi-Cal Claims and Encounter Data (DHCS data warehouse): The DHCS data warehouse, known as the Medi-Cal Management Information System/Decision Support System (MIS/DSS) contains data for Medicaid claims, which provides identifying information on Medi-Cal eligible beneficiaries that can be linked to other datasets.
- c. Medi-Cal Provider Master File (PMF): The PMF contains data for enrolled Medi-Cal dental providers and safety net clinic providers, including service office locations, pay-to addresses and delivery system details.
- d. Surveillance Utilization Review System (SURS): Suspicious claim activity is tracked through SURS to prevent fraud, waste, and abuse.

In addition to the above datasets, data from any other dataset that may become available during the evaluation will be assessed to determine whether the data would add substantially to the planned analyses. If so, these datasets will be incorporated into the evaluation to the extent possible.

2. New Data Collection Activities

**Medi-Cal 2020 Waiver Evaluation
Evaluation Plan for the Dental Transformation Initiative**

- a. Stakeholder Surveys: Stakeholder surveys will address multiple needs. For example, Medi-Cal beneficiary and dental provider surveys may include questions on access to care, quality of care, and/or whether provider incentive payments are an effective method to encourage service office locations to provide preventive dental services and continuity of care to more Medi-Cal children or enroll as a Medi-Cal dental provider.
- b. Chart Review: Beneficiary dental records at dental provider service office locations may be reviewed to inform evaluation activities.
- c. Document Review: The evaluation may consider other relevant data points such as enrollment data, provider audits or grievance reports, in order to inform evaluation activities. These activities will complement but not duplicate planned review processes, which are intended to ensure that baseline requirements from the STCs are met.

III. Data Analysis Strategy (including discussion of challenges and proposed solutions)

The proposed strategy can be divided into three broad areas: Access, Quality, and Cost. The measures proposed for each of the areas are described below.

A. Access Measures

Hypotheses:

1. Provider incentive payments are an effective method to encourage dental service office locations to provide preventive dental services to targeted Medi-Cal children. Progress will be measured across all Domains by conducting a comparative analysis of the before and after utilization measures. This will entail the measurement of provider participation figures for actual number of providers, as well as number of claims received in the fee for service and managed care delivery systems. Utilization will also be measured by age stratifications consistent with CMS 416 methodology to gauge the extent of success within each Domain. Comparative analysis for proximate counties prior to the demonstration with similar population and/or utilization that were not selected for participation will be conducted and as provided in Appendix 1, Evaluation Methodology Models.
2. Provider incentive payments are an effective method for increasing Medi-Cal provider participation, which could improve access to care for children. Progress will be measured across all Domains by conducting a comparative analysis of the before and after utilization measures. This will entail the measurement of provider participation figures for actual number of providers, as well as number of claims received in the fee for service and managed care delivery systems. Utilization will also be measured by age stratifications consistent with the CMS 416 methodology to gauge the extent of success within each Domain. Comparative analysis for proximate counties prior to the demonstration with similar population and/or utilization that were not selected for participation will be conducted and as provided in Appendix 1, Evaluation Methodology Models.

Medi-Cal 2020 Waiver Evaluation
Evaluation Plan for the Dental Transformation Initiative

3. Provider incentive payments are effective in encouraging providers to perform CRA for the targeted population. Progress will be measured by comparing the utilization trends for CRA treatment plan and assessments by the CDTs within this domain. As CRA is not a covered benefit statewide, there are specific challenges imposed in this Domain as there is not a control county in which to compare. Rather, a study of the progress through all counties will be conducted.
4. Conducting CRA and initiation of treatment planning yields earlier diagnosis of caries and dental disease in children. Early diagnosis can reduce a child's risk level in the future years and lead to increased compliance with the caries management plan over the time. Progress will be measured by conducting a comparative analysis by distinguishing the CDTs that are utilized within this Domain and assessing whether the risk level associated with the child also affects the provider's ability to complete the CRA treatment plan and assessments. As CRA is not a covered benefit statewide, there are specific challenges imposed in this Domain as there is not a control county in which to compare. Rather, a study of the progress through all counties will be conducted. Stratifications consistent with the CMS 416 methodology will be utilized.
5. Utilization of emergency room visits for dental issues among the Domain 2 participating beneficiaries will decline. Utilization of emergency room visits will be measured across all of the pilot counties for Domain 2 and compared against counties similarly situated and in close geographic proximity to assess if the number of emergency room visits declines. Further analysis will also be performed to trend if counties in which there is a higher rate of completion of appropriate treatment for the management of childhood caries affects the ratio of restorative to preventive services as well as has a residual effect resulting in the decline of emergency room services. Comparative analysis Statewide will be conducted and as provided in Appendix 1, Evaluation Methodology Models.
6. Utilization and expenditures for dental related general anesthesia for target children will decline. Utilization of general anesthesia will be measured across all of the pilot counties for Domain 2 and compared against similarly situated and in close geographic proximity to assess if the number of general anesthesia declines. Further analysis will also be performed to trend if counties in which there is a higher rate of completion of appropriate treatment for the management of childhood caries affects the ratio or restorative to preventive services and if there is a residual effect resulting in the decline of emergency room services. Comparative analysis Statewide will be conducted and as provided in Appendix 1, Evaluation Methodology Models.
7. Provider incentive payments are an effective method of promoting continuity of care for targeted children. Progress will be measured across all Domains by conducting a comparative analysis of the before and after percentage measures in a year by year comparison for continuity of care. This will entail the measurement of total number beneficiaries in comparison to the number of beneficiaries that continued to see the same provider on an annual basis. Utilization will also be measured by age stratifications consistent with the CMS 416 methodology to gauge the extent of success within this Domain.

Medi-Cal 2020 Waiver Evaluation Evaluation Plan for the Dental Transformation Initiative

Comparative analysis for proximate counties prior to the demonstration with similar population and/or utilization that were not selected for participation will be conducted. Comparative analysis for proximate counties prior to the demonstration with similar population and/or utilization that were not selected for participation will be conducted and as provided in Appendix 1, Evaluation Methodology Models.

8. Promising practices will be identified with the implementation of CRA and disease management and LDPPs. Comparative analysis for proximate counties prior to the demonstration with similar population and/or utilization that were not selected for participation will be conducted and as provided in Appendix 1, Evaluation Methodology Models.

Access will be evaluated using the following measures:

- Provider enrollment, beneficiary eligibility, encounter data, and claims data will be used to evaluate access to preventive services, continuity of care, emergency services, general anesthesia utilization, and provider enrollment for periods prior to the implementation of the demonstration pilots and subsequent to implementation of the pilots.

Claims data will be analyzed to examine changes in access and whether the frequency of preventive services, CRA and treatment, and continuity of care have increased, remained the same, or decreased for the target populations. Claims data will be examined to determine changes in utilization of emergency room visits for dental services and utilization for dental related general anesthesia utilization to determine whether emergency room visits for dental services or utilization of dental related general anesthesia have declined, remained the same, or increased for the target populations.

- Medi-Cal beneficiary and dental provider surveys regarding access to care will be used to measure perceptions of access to care.

B. Quality Measures

Hypotheses:

1. Promising practices will be identified with the implementation of CRA and disease management and LDPPs. Progress will be measured by conducting a comparative analysis by distinguishing the CDTs that are utilized within this Domain and assessing whether the risk level associated with the child also affects the provider's ability to complete the CRA treatment plan and assessments, and assessing if the increased number of CRAs has a correlation to the improvement of care by decreasing new cavitation, pain, and operating room referrals within the targeted population.

Quality will be evaluated using the following measures:

- The team will analyze the information collected through data analysis, interviews, trending program costs, utilization, and document review.
- Qualitative research will be conducted where key stakeholders (providers, administrators, beneficiaries) will go through semi-structured interviews.

Medi-Cal 2020 Waiver Evaluation Evaluation Plan for the Dental Transformation Initiative

Interviews will target evaluation questions focused on implementation processes, incentives, effectiveness of the programs/pilots, improvement opportunities, and sustainability.

- Benchmarks will be set initially and the quality measures will be trended periodically to assess the progress of the programs/pilots within each domain.
- Provider enrollment, beneficiary eligibility and claims data will be used to evaluate preventive services, continuity of care, emergency services, general anesthesia, and provider enrollment for periods prior to the implementation of the demonstration project and subsequent to implementation of the pilots.
- Medi-Cal beneficiary and dental provider surveys will be used to measure perceptions of quality of care.
- Grievance reports and provider audits will be leveraged to track the type of concerns received by beneficiaries and providers.

C. Cost Measures

Hypotheses:

1. Utilization of emergency room visits for dental issues among the targeted children in Domain 2 will decline.
2. Utilization and expenditures for dental related general anesthesia utilization for target children in Domain 2 will decline.
3. The provider incentive payments for preventive services and continuity of care provide a more favorable cost benefit ratio than that of CRA.

Costs will be evaluated using Medi-Cal claims data and the actual dollar amounts paid for dental services and DTI incentive payments for calendar time periods pre and post implementation on a quarterly basis. The following measures will be examined:

- Change in overall average costs for Medi-Cal children who receive preventive services, CRA and disease management, and/or continuity of care.
- Change in emergency room utilization for dental services among beneficiaries participating in Domain 2 to assess if there is a decrease in the cost of emergency room utilization based on increased utilization of preventive care services.
- Change in utilization and expenditures for dental related general anesthesia utilization among beneficiaries participating in Domain 2.
- Change in preventive services utilization and costs.
- Differences in costs among Medi-Cal children that received DTI services and beneficiaries that did not, analyzed to the extent possible by geographic location, delivery system, and type of service.

IV. Analysis Plan

A. Statistical Data Analysis

Administrative data and survey data will be collected and analyzed across the State and different Domains, pre-implementation and throughout the demonstration years to account for implementation periods and comparisons among participating and non-

Medi-Cal 2020 Waiver Evaluation Evaluation Plan for the Dental Transformation Initiative

participating Medi-Cal dental providers. A variety of models may be used to analyze DTI statistical data. These analyses will be used to assist DHCS in answering the stated research questions.

For annual longitudinal quantitative data, a generalized linear model will be used to identify changes over time. These mixed effects models are similar to a multivariate regression model. Mixed effects regression models can account for the correlation seen between years within the same county. For example, one county may implement a Domain quicker than another county, which will influence the next year's measurement within that county. Generalized linear models are helpful in accounting for differences at a county level, such as multiple delivery systems while other counties may not have these. An analogous set of analyses can be conducted using a logistic mixed model to account for binary outcomes over time.

Where data is sufficient, a multiple baseline approach may be applied to account for different implementation periods and comparisons among two county types, for example, looking at data pre-implementation, partial implementation when some counties have implemented a Domain and some have not, and post-implementation, using a separate mixed effects model for each piece of the data.

Multivariate regression models using indicator variables for opt-in status (e.g. Domain 2) along with other possible confounding factors may be used to control for differences based on characteristics such as Medi-Cal enrollment, age, or race. It is also possible to test for interactions between confounding variables and opt-in status and when looking at binary outcomes, it is possible to account for differences using logistic regression.

Data may be insufficient for the analyses models described. In these cases, repeated measure methods may be used to compare baseline to any specific later observation or composite of later observations.

For surveys of beneficiaries or dental providers, statistical significance is a consideration since surveys will be conducted on sample sizes. The number of surveys may be adjusted up or down based on resource availability and the numbers of beneficiaries or providers participating in a Domain will be critical to the ability to detect an effective size in estimating the pre-and-post change of a continuous outcome.

B. Qualitative Analysis

Data collected will be analyzed separately as well as across the Domains and different groups, by implementation and over time to identify themes and patterns. Detailed information will provide an understanding of experiences, which will be used to supplement and expand on the data sets to answer the research questions. A majority of the evaluation resources will be devoted to quantitative research, although qualitative research will also be used to put quantitative results in context.

Medi-Cal 2020 Waiver Evaluation Evaluation Plan for the Dental Transformation Initiative

The evaluation work will be inclusive of results from both qualitative and quantitative data sets, consider how they contribute to answering the research questions in the relevant Domains, and examine whether and where the results from the data sets converge, complement one another, and/or expand on another.

V. Evaluation Implementation

A. Evaluation Timeline

California shall submit the draft Evaluation Plan for the DTI on September 19, 2016. CMS shall provide comments on the draft design and the draft evaluation strategy within 60 days of receipt, and California shall submit a final design within 60 days of receipt of CMS' comments. The state must implement the evaluation design, and describe progress relating to the evaluation design in each of the quarterly and annual progress reports.

The draft Evaluation Plan will be posted on the DHCS DTI webpage for stakeholder review and comment upon submission to CMS. Stakeholders will also be able to submit comments and questions regarding the draft via the DTI email box. The final design will include a summary of stakeholder comments and questions and a description of any changes made to the final design based upon stakeholder input.

Consistent with 42 CFR 431.424(d), the state must submit to CMS an interim evaluation report in conjunction with its request to extend the demonstration, or any portion thereof. California must submit to CMS a draft of the evaluation final report by December 31, 2021.

B. Independent Evaluator

California has identified an independent evaluator and is negotiating a contract to perform the DTI evaluation. A data use agreement will be included in the contract to allow for the sharing of data with and access to data by the independent entity for purposes of conducting the DTI evaluation. California's selection has no conflict of interest.

The State will seek application(s) from interested entities that have been identified based on prior experience and expertise in analyzing the experience of the population and working with the data that would be analyzed. Proposals will be scored; if a minimal score is not achieved, the State will seek proposals from additional entities.

References

Ng, M. W. (2014, March 3). Disease Management of Early Childhood Caries: ECC Collaborative Project. *International Journal of Dentistry*, p. 10.