

# Quick Reference: Key Changes in CMS’s 1115 Evaluation Guidance

Topic	What Changed
<b>Early Evaluator Engagement</b>	Partner with an independent evaluator before implementation begins to ensure that the evaluation design is feasible and aligned with implementation strategy.
<b>Conceptual Framework Replaces Driver Diagrams</b>	Evaluations must include a conceptual framework that maps short-, intermediate-, and long-term outcomes and identifies contextual, moderating, and confounding factors.
<b>Hypotheses and Research Questions</b>	Hypotheses must align with demonstration goals. CMS now provides policy-specific hypotheses for family planning, reentry, serious mental illness (SMI)/serious emotional disturbance (SED), and substance use disorder (SUD) demonstrations.
<b>Implementation Research Questions</b>	Include questions examining how policies are operationalized, how implementation evolves, and whether it proceeds as intended. CMS provides policy-specific examples.
<b>Qualitative Analysis</b>	Increased emphasis on primary data collection—including interviews and focus groups with beneficiaries—to contextualize quantitative findings.
<b>Stakeholder Engagement</b>	The guidance notes the importance of engaging beneficiaries, providers, health plans, and advocacy groups to identify unintended consequences, refine measures, and contextualize findings.
<b>Cost Analysis</b>	New guidance covers administrative costs, service expenditures, and economic value. Link cost models to demonstration goals and outcome measures.
<b>Lessons Learned Reporting</b>	According to CMS guidance, reports are expected to include a “Lessons Learned and Policy Implications” section summarizing achievements, challenges, and implications for future Medicaid policy.
<b>Data Planning</b>	CMS guidance advises early planning for cross-system data linkages involving sources such as SNAP, TANF, child welfare, APCDs, and national surveys, including initiating data use agreements in a timely manner.
<b>Reentry Demonstrations</b>	New dedicated guidance for reentry waivers, including suggested hypotheses, research questions, and data sources. Requires linking correctional, Medicaid, and community-based data.
<b>Family Planning Demonstrations</b>	New dedicated guidance with tailored hypotheses, research and implementation questions, data sources, and analytic approaches.
<b>SMI/SED Demonstrations</b>	Updated expectations with more detailed hypotheses, research questions, and analytic considerations.
<b>SUD Demonstrations</b>	Updated expectations, including guidance on identifying beneficiaries via claims-based diagnosis and treatment indicators.