ARKANSAS

Supporting Documentation

TEFRA-like 1115 Demonstration Waiver Renewal Extension Request

Arkansas is submitting an extension renewal request to the Centers for Medicare and Medicaid Services (CMS) for a fourth three-year extension renewal of its TEFRA-like 1115 demonstration waiver (Project No. 11-W-00163). The demonstration waiver's current extension renewal will expire December 31, 2017 if CMS does not approve the State's request for a fourth three-year extension renewal.

Changes

The State is making no changes to the TEFRA-like 1115 demonstration waiver.

Historical Summary

The Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 gave individual states the option to provide health care benefits to children living with disabilities whose family income was too high to qualify for traditional Medicaid. Sometimes called the Katie Beckett option, this program is associated with the child whose experience with viral encephalitis at a young age left her family in financial hardship. If Katie continued receiving treatment at the hospital, she qualified for Supplemental Security Income (SSI) through Medicaid; however, if she were treated at home, her parents' income would make her ineligible for Medicaid. Interestingly, the hospital-based care was six times more than the cost of home-based care. To address the issues associated with this act, President Ronald Reagan and the Secretary of Health and Human Services created a committee to review the regulations and ensure that children with disabilities could receive home-based treatment (the Katie Beckett option), which then recommended Section 134 of the TEFRA.

Prior to 2002, Arkansas opted to place eligible disabled children in traditional Medicaid by assigning them to a new aid category within its Medicaid State Plan. While this arrangement allowed the children to remain in their homes, it ultimately placed an unsustainable financial burden on the State during a time when budget limitations were becoming more restrictive. To address the financial viability of the program, the State chose to transition the disabled children from traditional Medicaid to a TEFRA-like, 1115 demonstration waiver program.

Section 1115 demonstration waivers are designed to provide services not traditionally covered by Medicaid programs and to expand Medicaid coverage to individuals who otherwise would not be eligible. These waivers facilitate states' approach to innovative service delivery; they are intended to improve patient care while increasing efficiency, lowering costs and allowing states more flexibility in designing and implementing their programs. These combined elements made the 1115 demonstration waiver a viable solution for continuing to provide services to this special population of Arkansas children.

Using the flexibility available within a demonstration waiver, Arkansas was able to develop and implement a sliding scale premium fee structure based on the family's income, effectively passing a portion of the cost to the eligible child's family. Families with annual incomes less

than $25,000 were exempted from the premium requirement; program eligibility was determined solely on the assets and resources of the child. Arkansas' 1115 TEFRA-like demonstration waiver was originally approved in October 2002 and implemented January 1, 2003. Following the initial five-year demonstration period (October 1, 2002 – December 31, 2007) , the waiver has continued to be renewed for an additional two three-year extension renewals (January 1, 2008 – December 31, 2010 and January 1, 2011 – December 31, 2013), then for a one 1-year renewal (January 1, 2014 – December 31, 2014) when CMS was unable to give States' extension renewal applications the attention needed for thorough reviews due to the number of 1115 demonstration waiver extension renewal applications that came due and were submitted to CMS at the end of 2013. CMS renewed all these demonstration waivers for an additional twelve-month period (January 1, 2014 – December 31, 2014). Then, because not all could be review/approved in that twelve-month period, some (of which Arkansas was one) were renewed for additional months in order to complete the review/approval process. Arkansas' TEFRA-like demonstration's renewal was extended for an additional 4 months (January 1, 2015 – May 11, 2015) until the review/approval process was completed. The third three-year extension renewal was approved for the period May 12, 2015 – December 31, 2017. This extension renewal application, when approved, will be the fourth three-year extension renewal for Arkansas' TEFRA-like demonstration.

Goal

Attached is the State's narrative summary for the initial TEFRA-like demonstration (see **ATTACHMENT B**)

The State's objective was to replace the Medicaid state plan optional TEFRA aid category with a TEFRA-like demonstration. The State, with its budgetary limitations, wanted to continue to provide services to this population of children, but needed to reduce the State's financial obligations. The State chose to reduce its financial obligations by requiring a sliding-scale family premium. If the TEFRA child's family had health insurance coverage for the child from another source, the family was, and still is, allowed to retain that insurance.

Evidence of how the above objective has been met is shown in the State's established sliding-scale premiums (see "**Cost Sharing**" section in this Supporting Documentation document) and the health insurance requirements in Medical Services policy F-180 Other Health Insurance Coverage (see **ATTACHMENT C**).

The State's goal was to provide medical services to disabled children eligible for Medicaid under section 134 of the Tax Equity and Fiscal Responsibility Act (TEFRA) through the State's TEFRA-like 1115 demonstration waiver.

Objective

The State's objective is to continue to provide medical services to disabled children eligible for Medicaid under section 134 of the Tax Equity and Fiscal Responsibility Act (TEFRA) through the TEFRA-like 1115 demonstration waiver.

Eligibility Requirements

Eligibility requirements for the TEFRA-like demonstration waiver proposed extension renewal are as follows:

The TEFRA-like demonstration waiver provides coverage to children age 18 and under with substantial disabilities and must meet the medical necessity requirement for institutional placement, but whose medical services must be available to provide care to the child in the home, and it must be appropriate to provide such care outside an institution. The child must be disabled according to the SSI definition of disability. If disability has not been established by SSA, it must be determined by the State's Medical Review Team. The child(ren) of families applying to participate in the TEFRA-like demonstration waiver will be evaluated for likely eligibility in Arkansas title XIX Medicaid state plan programs.

The income limit for TEFRA applicants/beneficiaries is 3 times the SSI/SPA. Only the child's income is considered. Parental income in not considered in the eligibility determination, but is considered for the purpose of calculating monthly premium. The resource limit is $2000. Beneficiaries of the TEFRA demonstration waiver receive the full range of Medicaid benefits and services.

The following chart outlines the eligibility criteria for Arkansas' TEFRA-like demonstration.

Program	Income Limit		Income Disregards	Resource Limit	Excluded From Resources	Counted Toward Resource Limit	Other Requirements
	Individual	Couple					
TEFRA	$2,205 (Only child's income is counted)		N/A	$2000 (Only child's resources are counted)	• A home • 1 car excluded A 2nd car can be excluded if it is essential to the means of self-support of the individual • Some non-home income producing properties • Life insurance without a cash surrender value • Burial spaces	• Cash on hand & in bank (less income received that month) • Stocks & bonds • Real property other than the home • Personal property (ex. Non-excludable car, trailers, boats, etc.) • Life insurance with a cash surrender value if face value is over $1500	• Functional eligibility • Children who would otherwise be institutionalized • Custodial parents with taxable income at or above the 150% of the FPL or over $25,000 in annual income, whichever is more,

				• Irrevocable burial arrangements • Personal effects (ex. antiques)	• Revocable burial fund (less $1500 exclusion per spouse if $1500 exclusion is not used through application of other burial arrangements)	must pay a premium based on income

Beneficiary Enrollment

The number of TEFRA-like demonstration waiver enrollees fluctuates some throughout the 3-year renewal period. The average number of enrollees approved for the current May 12, 2015 – December 31, 2017 three year renewal period's May 12 – December 31, 2015 demonstration year was 4,550; for the renewal period's January 1 – December 31. 2016 demonstration year it was 4,688; and, as of March 31st of the current renewal period's January 1 – December 31, 2017 demonstration it year was 4,494. The following chart shows the number of enrollees by month since the beginning of the currently approved renewal period of May 12, 2015 – present.

Month	2015	2016	2017
Jan		4,624	4,564
Feb		4,620	4,492
March		4,656	4,427
April		4,671	4,568
May	4,522	4,686	4,460
June	4,513	4,727	4,570
July	4,546	4,758	4,488
Aug	4,526	4,749	
Sept	4,525	4,755	
Oct	4,569	4,719	
Nov	4,594	4,660	
Dec	4,604	4,629	

Cost Sharing

Cost sharing for the TEFRA-like demonstration waiver's proposed renewal period is as follows:

The TEFRA-like demonstration waiver allows the State to require a sliding-scale premium for eligible children based upon the income of the custodial parent(s) beginning with families estimated to be earning in excess of $25,000 annually and whose income is less than 150% of the FPL (see charts below). A monthly premium can only be assessed if the family income is in excess of 150% of the FPL. There are no co-payments charged for services to TEFRA children, and a family's total annual out-of-pocket cost sharing cannot exceed 5% of the family's gross income.

A **premium will not be assessed** if the family has income (after allowable deductions) at or below the amount listed for the household size indicated in the chart below. A **premium will be assessed** if the family has income (after allowable deductions) that is greater than the amount listed for the household size indicated in the chart below for the household size indicated.

Family Size	150% FPL
1	$18,090.00
2	$24,360.00
3	$30,630.00
4	$36,900.00
5	$43,170.00
6	$49,440.00
7	$55,710.00
8	$61,980.00
For each additional family member, add:	$6,270.00

The chart below indicates the TEFRA monthly premium range for TEFRA families various income ranges.

Annual Income		Monthly Premiums		
From	To	Percent %	From	To
$0	$25,000	0.0%	$0	$0
$25,001	$50,000	1.00%	$20	$41
$50,001	$75,000	1.25%	$52	$78
$75,001	$100,000	1.50%	$93	$125
$100,001	$125,000	1.75%	$145	$182
$125,001	$150,000	2.00%	$208	$250
$150,001	$175,000	2.25%	$281	$328
$175,001	$200,000	2.50%	$364	$416
$200,001	Unlimited	2.75%	$458	$458

Delivery System

Services provided under the TEFRA-like demonstration waiver are delivered through the State's existing network of Medicaid providers. Demonstration waiver beneficiaries select a primary care physician.

Benefits

Individuals enrolled in the TEFRA-like demonstration waiver receive the full range of State Medicaid benefits and services.

Requested Waivers and Expenditure Authorities

The requested waivers and expenditure authorities for the TEFRA-like demonstration waiver proposed extension renewal period are as follows:

Under the authority of section 1115(a) (2) of the Social Security Act (the Act), expenditures made by Arkansas for the items identified below, that are not otherwise included as expenditures under section 1903 of the Act, shall, for the period of the proposed extension renewal period of the TEFRA-like demonstration waiver, be regarded as expenditures under the State's title XIX plan.

The following expenditure authority shall enable Arkansas to operate the TEFRA-like Medicaid section 1115 demonstration waiver.

1. **Demonstration Waiver Population** – Expenditures for services provided to children age 18 and under, who require an institutional level of care, and would otherwise be Medicaid-eligible under a TEFRA state plan option.

Title XIX Requirements Not Applicable

All requirements of the Medicaid program expressed in law, regulation, or policy statement, not expressly identified as not applicable in the list below, shall apply to the TEFRA-like demonstration waiver project beginning the date of the approval of the proposed extension renewal request.

1. Cost Sharing — Section 1902(a)(14) Insofar as it incorporates Section 1916

To enable Arkansas to charge a sliding scale monthly premium to custodial parent(s) of eligible children with annual family income above $25,000, except that no premium may be charged to families with incomes less than 150 percent of the federal poverty level.

<u>State's Compliance with §431.408 Public Notice/Public Input</u>

An abbreviated public notice was run for three consecutive days in the ***Arkansas Democrat-Gazette***, the State's largest newspaper with the largest circulation, notifying of the places, dates and times of two public input hearings and 30-day comment period (May 19 - June 17, 2017) for the purpose of obtaining input from the public on the TEFRA-like 1115 demonstration waiver's extension renewal application to extend the demonstration for an additional three years, where a copy of the TEFRA-like demonstration waiver's extension renewal application could be obtained and where comments could be sent (see **ATTACHMENT D** for a copy of notice and **ATTACHMENT E** for newspaper clippings of the notice). This notice was also posted to the State's Medicaid website.

No comments were received during the May 19 – June 17, 2017 30-day comment period.

One public input hearing was held May 26, 2017 in Hot Springs, Arkansas (see **ATTACHMENT F** for copy of public input hearing transcript). No public presented themselves at this hearing, thus no comments pertaining to the proposed TEFRA-like demonstration waiver extension renewal application were provided.

The second public input hearing was held on May 30, 2017 in Little Rock, Arkansas (see **ATTACHMENT G** for copy of public input hearing transcript). This public input hearing involved web conference capabilities. One individual presented at this hearing. This individual expressed the TEFRA program in Arkansas has been a benefit to families who have children with significant health issues. It was further expressed gratitude for the TEFRA program, because it is a vital program for many, many families with children with disabilities.

A comprehensive public notice was run for three consecutive days in the ***Arkansas Democrat-Gazette*** providing additional information pertaining to the TEFRA-like demonstration waiver's extension renewal application submitted to CMS on June 30, 2017 to extend the demonstration for an additional three years and advising of a second 30-day public comment period (September 8 – October 7, 2017----see **ATTACHMENT H** for a copy of the comprehensive public notice and **ATTACHMENT I** for newspaper clippings of the notice)**.** This notice was also posted to the State's Medicaid website**.**

Another notice was posted to the State's Medicaid website advising the Arkansas Department of Human Services (DHS), Division of Medical Services (DMS), was extending its second 30-day comment period for an additional 10 days (September 8 – October 17, 2017) to accept comments on the TEFRA-like 1115 demonstration waiver's extension renewal application (see **ATTACHMENT J** for a copy of this notice).

No comments were received during the second 30-day comment period that was extended for an additional 10 days (September 8 – October 7, 2017).

Compliance of Special Terms and Conditions

See **ATTACHMENT K** for State's compliance of TEFRA-like demonstration waiver's Special Terms and Conditions for the May 12, 2015 – December 31, 2017 renewal period.

Beneficiary Satisfaction Survey Report

See **ATTACHMENT L** for copy of TEFRA-like demonstration waiver's 2016 Beneficiary Satisfaction Survey Report.

Evaluation Design

See **ATTACHMENT M** for copy of TEFRA-like demonstration waiver's Evaluation Design submitted to CMS on September 4, 2015 and approved by CMS on May 1, 2017.

Interim Evaluation Report

See **ATTACHMENT N** for copy of TEFRA-like demonstration waiver's "Interim" Evaluation Report submitted on June 30, 2017 with the State's TEFRA-like 1115 demonstration waiver's extension renewal application.

Financial/Cost Neutrality

See **ATTACHMENT O** for TEFRA-like demonstration waiver's financial and cost neutrality information

SECTION 1115(a) RESEARCH AND DEMONSTRATION WAIVER APPLICATION ARKANSAS DEPARTMENT OF HUMAN SERVICES TEFRA DEMONSTRATION

I. EXECUTIVE SUMMARY

The Arkansas Department of Human Services is proposing a Section 1115(a) demonstration waiver for a period of five (5) years to impose cost sharing requirements on children age 18 and under who are otherwise eligible for Medicaid under Section 134 of the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA), except where noted in the Eligibility Requirements section below. Parent(s), guardian(s) or custodian(s) whose children qualify for another Medicaid category with coverage comparable to the waiver services will be allowed to choose the regular Medicaid Program or the waiver program for their child. The proposed implementation date for the waiver is October 1, 2002.

The objective of DHS is to replace the TEFRA eligibility category with an alternative category. The Department appointed an advisory work group that includes TEFRA parents, advocates and physicians to provide input in designing the program. The following describes the proposed program:

A. Families of eligible children will not be required to drop their existing insurance. Any family who voluntarily drops creditable health insurance coverage for the waiver child will be ineligible for waiver benefits for the child with a disability for a period of six (6) months from the date the insurance is dropped. Recipients who have dropped insurance since the last annual review will lose six (6) months of coverage beginning with the month after the month of discovery.

B. There will be no cap on the number of children served.

C. Cost sharing measures will be based on the total income of the custodial parent(s) as reflected on the most recently filed IRS Federal Tax Return (i.e., line 22 of the 2001 version of the 1040 or line 15 of the 2001 version of the 1040A). Documentation provided to ADHS will also include any late or amended returns.

D. Recipients under the waiver will receive the full range of Medicaid benefits and services as described in the Arkansas Title XIX State Plan.

E. A committee appointed by the Director of the Division of Medical Services (DMS) will meet as needed to review the program. The committee will be comprised of appropriate pediatric specialists, state staff, two parent representatives and two provider representatives.

II. Public Notice

A notice will be printed in the Arkansas Democrat-Gazette on and allowed to run for seven consecutive days. The Democrat-Gazette is the only newspaper in Arkansas with statewide distribution. This notice includes a 30-day public comment period and instructions on how to obtain a copy of the waiver application.

III. The Environment

A. Overview of Current System

The population to be served by the waiver is currently receiving services under Section 134 of the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA).

B. Experience with State Waivers

The state is currently operating the following waivers:

1. 1115(a)
   a. ARKids First
   b. Family Planning
2. 1915(b)
   a. PCCM
   b. Transportation
3. 1915(c)
   a. Alternatives for Persons with Physical Disabilities
   b. Elder Choices

The waivers listed above have been well received and there have been no major problems experienced with them.

C. Input from Public Agencies/Advocates

An advisory work group was established to provide input into the development of the waiver. The group included representatives from advocacy groups, other state agencies and parents of disabled children. See Attachment A for a list of the work group members.

D. State Budget

1. What is the financial outlook of the current Medicaid program?

The financial outlook for the Arkansas Medicaid program is better than that for a number of states (e.g., California, New Jersey, Mississippi and Missouri). As in many other states the finances will be tight for the next couple of years. Arkansas believes we can maintain essential services, including medically necessary services for children.

2. Can the State sustain adequate financing for the life of the waiver?

We believe, with known factors at this date, Arkansas can maintain funding for this waiver.

IV. Program Administration

The demonstration will be administered by the Division of Medical Services (DMS) and the Division of County Operations (DCO). Both agencies are divisions of the Arkansas Department of Human Services (DHS). Attached is a copy of the organizational chart for DHS (Attachment B), an organizational chart for DMS (Attachment C) and an organizational chart for DCO (Attachment D).

The Division of Medical Services (DMS) is responsible for ensuring compliance with the waiver in regard to services and provider participation.

The Division of County Operations (DCO) is responsible for the dissemination of eligibility policy and ensuring that DHS county offices comply with the waiver when making applicant eligibility determinations. The application process currently in place for TEFRA will be used, which includes taking the application, interviewing and requesting the information necessary for processing the case. DCO is responsible for processing waiver applications.

V. Eligibility

The following requirements must be met in order for a child to be included in the waiver.

A. Age

The child must be age 18 or younger;

B. Disability

The child must be disabled according to the SSI definition:

C. Citizenship

The child must be a U. S. citizen or a qualified alien;

D. Residency

The child must be an Arkansas resident;

F. Social Security Number

The child must have an SSN or apply for one;

G. Income

The child's gross countable income must be less than the current Long Term Care (LTC) income limit ($1635 per month in 2002), i.e., the child would be Medicaid eligible if institutionalized. Parental income is not considered in the eligibility determination but is considered for the purpose of calculating the monthly premium. See Section VI B.

H. Assets

The child's countable assets cannot exceed $2000. The assets of the parent(s) are not considered.

I. Payment of Premiums – The parent(s) will be required to pay monthly premiums through bank drafts or quarterly payments in advance. . For new recipients, premiums will be applied beginning with the month of approval. Premiums will not be charged for covered months prior to the month of approval. When approved, EDS will send a notice to the parent(s) giving the option of authorizing an automatic bank draft or making quarterly payments in advance.

For those parents who choose to pay through monthly bank drafts, EDS will draft the account for the month of approval and the following month. After which, EDS will make monthly drafts to the account in the month prior to the covered month. EDS will send monthly notices to the parent when the bank account has been drafted.

For those who choose quarterly payments, the parent must initially pay for the month of approval and the three following months. After which, EDS will send quarterly notices requesting premium payment in the month prior to the covered quarter. If eligibility ends during the quarter, any premiums already paid for months after the month of closure will be reimbursed to the family.

Failure to provide bank draft information or make the initial quarterly payment will render the child ineligible and the case will be closed after advance notice. For ongoing cases, If the premium is not paid for three (3) months (either the bank account has had insufficient funds to draft or the parent has not made the quarterly payment), the case will be closed. Monthly aged reports will be sent to each county showing the cases with overdue premiums and the number of payments in arrears. The county caseworker will send an advance notice of case closure to those that are 3 months in arrears and close the case if the premium is not paid within the notice period. During months that premiums are in arrears, the child will remain eligible and providers will be paid.

If a case is closed due to non-payment of the premium, the parent must reapply and eligibility will be re-determined at the point of reapplication. If a new application is made within 12 months from the date of case closure, premiums will be due for the three (3) months of arrearages.

K. Dropped Health Insurance Coverage

A child can receive TEFRA Waiver services and retain health insurance. Any family who voluntarily drops creditable health insurance coverage for the waiver child will be ineligible for waiver benefits for the child with a disability for a period of six (6) months from the date the insurance is dropped. At the yearly reevaluation, if it is determined that health insurance coverage was voluntarily dropped after the case was approved, the case will be closed for six (6) months beginning with the month following the month of discovery.

The six-month period of ineligibility will apply unless one of the following conditions is met:

1. The health insurance is a non-group or non-employer sponsored plan.

2. The health insurance was lost through termination of employment for any reason.

3. The health insurance was lost through no fault of the custodial parent(s), guardian or custodian. For example, the employer ceases to provide employer sponsored health insurance, the non-custodial parent carried the insurance and dropped it, the maximum benefit limit for the child has been reached, etc.

L. Medical Necessity

The child must either meet the medical necessity requirement for institutional placement, or level of care, or be at risk, in the future, for institutional placement. The determination of medical necessity will also be based upon services that improve, maintain or prevent regression of the child's health status and be based upon the child's medical, health and family situation. The entire family home life must be considered when determining the needs of the child and family impact (i.e., family with more than one child with a disability as described in number 6 above). The Medical Necessity Determinations Team will be comprised of appropriate pediatric specialists with relevant experience in dealing with children with chronic illnesses.

For the purpose of this waiver, the institutional placement or level of care will include:

1. An acute care facility including acute care mental health facilities; or

2. A skilled nursing facility; or

3. Residential placement at the ICF/MR level of care; or

4. Alternative Home placement as a child if risk of placement is due to the medical condition of the child.

H. The child must have access to medical care in the home. It must be deemed appropriate to provide such care outside an institution; and

I. The estimated cost of care in the home must not exceed the estimated cost of care if the child were in an institution.

VI. Benefits

A. Benefit Package

Eligible children will receive the full range of Medicaid services through the waiver.

B. Premiums

All waiver recipients will pay a monthly premium. The amount of the premium will be based on the custodial parent(s) total income as reported on the applicable Federal Income Tax Return (i.e., line 22 of the 2001 version of the 1040 or line 15 of the 2001 version of the 1040A) less the following deductions:

1. Six hundred dollars ($600) per child (biological or adopted) who lives in the home of the waiver child and is listed as a dependent child on the applicable Federal Income Tax Return of the parents (i.e., line 7.c on the 2001 version of form 1040 or 1040A; and

2. Excess Medical and dental expenses as itemized on Schedule A of the Federal Income Tax Return of the parent(s) (i.e., line 4 on the 2001 version of Schedule A).

NOTE: A stepparent living in the home will be considered a custodial parent and his or her income will be included in determining the premium.

See Attachment F for the amount of the premiums to be paid. The maximum annual premium amount to be paid by any family is $5,500. **Families that have more than one child receiving TEFRA waiver benefits and services will pay only one premium for all children based on Attachment F.** There will be no increase in premium for additional waiver children.

For late or amended returns that result in an increased premium, the increase shall be retroactive to the date that the initial return would have been due in the absence of an extension. Failure to supply required tax information shall render the child ineligible.

The premium will begin in the month eligibility is approved. The premium will be charged on a monthly basis and will not be pro-rated. Income will be reviewed annually, for purposes of calculating the premium; or, when there is a change that will make a difference of more than 10% in annual household income. An adjustment can be made to the premium during the year if the parents report a significant change in excess of 10% of expected annual income. Income that fluctuates due to the type of employment, e.g. teachers, farmers, etc., will not affect the monthly premium. The premium can only be adjusted at a maximum of once every 6 months.

The parent(s) will be required to pay monthly premiums through bank drafts or quarterly payments in advance. The premium must be paid in the month preceding the covered month or quarter. The child's case will not be closed and providers will continue to be reimbursed for covered services if the premium is not paid for three (3) months.

If after three (3) months, premiums are in arrears, coverage will be terminated following appropriate advance notice. If payment of all premiums in arrears is not made and the case closes, then the parent must reapply and eligibility will be determined at the point of application.

If the case has been closed less than 12 months because of premium payments in arrears, the three (3) months past due premiums must be paid before the child can again be approved for TEFRA Waiver services.

If a case is closed 12 months or more because of premium payments in arrears, payment of the past due premiums will not be required.

C. Special Populations

The population served by this waiver is made up of individuals age 18 and under.

VII. Delivery System

All services for the waiver population will be delivered through the current network of enrolled Medicaid providers.

Each recipient in the waiver population must receive Medicaid services through a primary care physician (PCP).

Reimbursement for services provided to the waiver population will be based on the current Medicaid fee schedule.

VIII. Access

A. Capacity

The ADHS Primary Care Case Management (PCCM) Waiver Program, 1915(b)(1) AR-01.R2, known as ConnectCare offers 1800 physicians statewide, who have a caseload availability of approximately 1,000,000 patients. Access availability is five to one.

B. Outreach/Enrollment

Applications will be available at local DHS offices or by mail, through hospitals, including Arkansas Children's Hospital, and Federally Qualified Health Centers (FQHC). Information will be available through First Connections, Division of Developmental Disabilities (DDS) Services Coordinators and providers. Information will also be available on the DHS/DMS website. This allows for a wide range of points of access into the program.

IX. Quality

The same grievance system in effect under the regular Medicaid program will apply to the waiver population. Recipients have available a formal appeal process under 42 CFR Part 431, Subpart E.

Arkansas Foundation for Medical Care, Inc. (AFMC) reviews allegations of substandard medical care for the Arkansas Medicaid Program.

A. Eligibility

1. A quality control program for waiver participants that meets the requirements of Section 1903(u) will be implemented if necessary.

2. Applicants and recipients have available to them a formal appeal process under 42 CFR Part 431, Subpart E, to assure that they are not inappropriately denied enrollment or medical care or terminated from the program.

B. Surveillance and Utilization Review Subsystem (SURS)

1. The State's SURS is used to identify aberrant provider practices for education and potential sanction purposes.

2. To assure quality of services, SURS reviews payment files to identify over or under recipient utilization and patterns of aberrant provider behavior.

C. Arkansas Foundation for Medical Care, Inc. (AFMC)

1. The SURS review is supplemented by an endeavor between the Division of Medical Services and AFMC to identify physicians whose practices are outside the norm.

2. The State implements appropriate education efforts based on trends that become apparent through the efforts of SURS and AFMC. AFMC conducts any provider education efforts on behalf of the State.

3. AFMC delivers specific improvement goals to the providers as necessary.

X. Financial Issues

See Attachments F through F-2.

XI. Systems Support

The Medicaid Management Information System (MMIS) will be modified to recognize the waiver recipients.

XII. Implementation Time Frames

The proposed effective date for implementation of the TEFRA Waiver Demonstration Program is October 1, 2002.

XIII **Evaluation and Reporting**

The evaluation will be based on two objectives:

A. Cost neutrality, and

B. Access to quality care

XIV. **Waivers**

Section 1916(a)(2)(A) – Cost Sharing

A monthly premium will be required of waiver participants as outlined in Section VI of the application.

authorizing an automatic bank draft or making quarterly payments in advance. Regardless of payment choice, everyone will be required to pay for the first two months' premiums by check. The check must be sent in with the Payment Selection Form. The draft or quarterly payment will begin with the third month after the month of approval.

For those individuals who choose to pay through monthly bank drafts, the TEFRA Premium Unit will draft the account for the third month after approval and the following months. Each draft will be made on the first day of the covered month. The TEFRA Premium Unit will send monthly invoices that the bank account has been drafted.

For those who choose quarterly payments, the individual must initially pay for the month after the month of approval and the following month in advance by check, after which the TEFRA Premium Unit will send monthly invoices requesting premium payment in the month prior to the covered quarter.

If eligibility ends during the quarter, any premiums already paid for months after the month of closure will be reimbursed. Whether paying by monthly bank drafts or through quarterly payments, if eligibility ends in the middle of the month in which payment has been made, the premium will be prorated and the family will be reimbursed for the partial month.

Failure to provide the Payment Selection Form or make the two month initial payment will cause the child to be ineligible, and the case will be closed after proper advance notice. For ongoing cases, if the premium is not paid for three months, advance notice will be sent and the case will be closed. The TEFRA Premium Unit will notify the county office if the Payment Selection Form is not received.

Monthly aged reports will be sent to each county showing the cases with overdue premiums and the number of monthly payments in arrears. The caseworker will send a 10-day advance notice to each case showing three months of non-payment, advising that the case will be closed if payment is not made. At the end of the notice period, if payment of the premiums has not been made, the case will be closed. (Refer to C-231 for re-application when TEFRA case is closed due to non-payment of premiums.)

F-180 Other Health Insurance Coverage

MS Manual 01/01/17

For most eligibility groups, an individual may be covered by other health insurance without affecting his or her eligibility for Medicaid. There are two exceptions to this which are described below.

MEDICAL SERVICES POLICY MANUAL, SECTION F

F-100 Non-Financial Eligibility Requirements

F-180 Other Health Insurance Coverage

Adult Expansion Group

An individual who is eligible for or enrolled in Medicare is not eligible for the Adult Expansion Group.

ARKids B

Children who have health insurance or who have been covered by health insurance other than Medicaid in the 90 days preceding the date of application will not be eligible for ARKids B unless one of the following conditions is met:

a. The health insurance is a non-group or non-employer sponsored plan.

b. The health insurance was lost through termination of employment for any reason.

c. The health insurance was lost through no fault of the applicant. For example, health insurance is lost through no fault of the applicant if the employer ceases to provide employer-sponsored health insurance.

d. The health insurance is/was not primary comprehensive. Primary comprehensive health insurance is defined as insurance that covers both physician and hospital charges.

e. Health insurance coverage is available to a child through a person other than the child's custodial adult and is determined to be inaccessible (e.g., the absent parent lives out of state and covers the child on his or her HMO, which the child cannot access due to distance). This determination will be made on a case-by-case basis by the caseworker based on information provided by the applicant.

If a parent or guardian voluntarily terminates insurance within the 90 days preceding application for a reason other than those listed above, the children will **not** be eligible for ARKids B.

The applicant's declaration regarding the child's health insurance coverage will be accepted.

This is a special requirement for ARKids B only and does not apply to ARKids A or other Medicaid categories.

Public Notice

The Arkansas Department of Human Services (DHS), Division of Medical Services (DMS), is providing public notice of two public hearings to accept comments on the TEFRA-like 1115 demonstration waiver renewal application document. The document is requesting an additional three (3) years from January 1, 2018 – December 31, 2020 for this demonstration waiver.

On May 26, 2017 from 10:00 a.m. – 11:00 a. m., the Arkansas Department of Human Services, Division of Medical Services will hold a public input hearing in the Conference Room at the Garland County DHS Office, 115 Stover Lane in Hot Springs, Arkansas.

On May 30, 2017 from 2:30 p.m. – 3:30 p.m., the Arkansas Department of Human Services, Division of Medical Services will hold a public hearing in Conference Room A on the first floor of the Donaghey Plaza South Building, 700 South Main Street in Little Rock, Arkansas. It will be necessary for you to check in with the security desk in the lobby of the Donaghey Plaza South Building and present some form of picture identification before proceeding to Conference Room A. This May 30, 2017 public input hearing may also be accessed via the web. To register for this hearing via the web, go to http://ardhs.webex.com. When the “Events by Program” screen comes up, click “Register” by the “May 30, 2017 from 2:30 – 3:30 p.m. TEFRA Input” event. When the “Register for TEFRA Public Input” screen comes up, complete the registration form, and click “Submit”. A “Registration Confirmed” screen will come up verifying your registration. You will also receive a confirmation e-mail message that contains detailed information about joining the hearing on May 30, 2017. In this confirmation e-mail, note setting-up “Event Manager” before the public input hearing event starts. “Event Manager” will need to be set-up in order to be able to access the “Chat Box” where comments can be entered.

The Arkansas TEFRA-like demonstration waiver provides services to disabled children eligible for Medicaid under section 134 of the Tax Equity and Fiscal Responsibility Act (TEFRA). TEFRA (also known as the Katie Beckett Option after the child whose plight inspired Congress to enact this option into Medicaid law) was developed to allow a child with disabilities living in a family with income and resources of the child by requiring a sliding-scale family premium if the family’s income is greater than $25,000; and by requiring families, who have health insurance for the TEFRA eligible child, to retain that insurance. The State’s Goal is to continue to provide medical services to disabled children eligible for Medicaid under section 134 of the Tax Equity and Fiscal Responsibility Act (TEFRA) through the TEFRA-like 1115(a) demonstration waiver.

The renewal application document is available for review at the Division of Medical Services, Office of Policy Development, 2nd floor Donaghey Plaza South, 700 South Main Street, P. O. Box 1437, S-295, Little Rock, Arkansas 72203-1437 or by telephoning 501-320-6429 or can be reviewed and downloaded at https://www.medicaid.state.ar.us/Download/general/comment/TEFRARenewalSupportDoc.doc. Comments may be provided during the public hearings or in writing to the Division of Medical Services, Office of Policy Development at the address indicated above or by e-mail to becky.murphy@dhs.arkansas.gov. All comments must be submitted by no later than midnight June 17, 2017.

If you need this material in a different format, such as large print, call 501-320-6429.
4501638214 EL

/s/ Dawn Stehle______________________
Dawn Stehle
Director
Division of Medical Services

ATTACHMENT E

Arkansas Democrat Gazette
FRIDAY, MAY 19, 2017

Public Notice

The Arkansas Department of Human Services (DHS), Division of Medical Services (DMS), is providing public notice of two public hearings to accept comments on the TEFRA-like 1115 demonstration waiver renewal application document. This document is requesting an additional three (3) years from January 1, 2018 – December 31, 2020 for this demonstration waiver.

On May 26, 2017 from 10:00 a.m. – 11:00 a. m., the Arkansas Department of Human Services, Division of Medical Services will hold a public input hearing in the Conference Room at the Garland County DHS Office, 115 Stover Lane in Hot Springs, Arkansas.

On May 30, 2017 from 2:30 p.m. – 3:30 p.m., the Arkansas Department of Human Services, Division of Medical Services will hold a public hearing in Conference Room A on the first floor of the Donaghey Plaza South Building, 700 South Main Street in Little Rock, Arkansas. It will be necessary for you to check-in with the security desk in the lobby of the Donaghey Plaza South Building and present some form of picture identification before proceeding to Conference Room A. This May 30, 2017 public input hearing may also be accessed via the web. To register for this hearing via the web, go to http://ardhs.webex.com. When the "Events by Program" screen comes up, click "Register" by the "May 30, 2017 from 2:30 p.m. – 3:30 p.m. TEFRA Public Input" event. When the "Register for TEFRA Public Input" screen comes up, complete the registration form, and click "Submit". A "Registration Confirmed" screen will come up verifying your registration. You will also receive a confirmation e-mail message that contains detailed information about joining the hearing on May 30, 2017. In this confirmation e-mail, note setting-up "Event Manager" before the public input hearing event starts. "Event Manager" will need to be set-up in order to be able to access the "Chat Box" where comments can be entered.

The Arkansas TEFRA-like demonstration waiver provides services to disabled children eligible for Medicaid under section 134 of the Tax Equity and Fiscal Responsibility Act (TEFRA). TEFRA (also known as the Katie Beckett Option after the child whose plight inspired Congress to enact this option into Medicaid law) was developed to allow a child with disabilities living in a family with income and resources of the child by requiring a sliding-scale family premium if the family's income is greater than $25,000; and by requiring families, who have health insurance for the TEFRA eligible child, to retain that insurance. The State's Goal is to continue to provide medical services to disabled children eligible for Medicaid under section 134 of the Tax Equity and Fiscal Responsibility Act (TEFRA) through the TEFRA-like 1115(a) demonstration waiver.

The renewal application document is available for review at the Division of Medical Services, Office of Policy Development, 2nd floor Donaghey Plaza South, 700 South Main Street, P. O. Box 1437, S-295, Little Rock, Arkansas 72203-1437 or by telephoning 501-320-6429 or can be reviewed and downloaded at https://www.medicaid.state.ar.us/Download/general/comment/TEFRARenewalSupportDoc.doc. Comments may be provided during the public hearings or in writing to the Division of Medical Services, Office of Policy Development at the address indicated above or by e-mail to becky.murphy@dhs.arkansas.gov. All comments must be submitted by no later than midnight June 17, 2017.

If you need this material in a different format, such as large print, call 501-320-6429.

4501638214 EL

Dawn Stehle
Director
Division of Medical Services
74142463f

Arkansas Democrat Gazette

SATURDAY, MAY 20, 2017

Public Notice

The Arkansas Department of Human Services (DHS), Division of Medical Services (DMS), is providing public notice of two public hearings to accept comments on the TEFRA-like 1115 demonstration waiver renewal application document. This document is requesting an additional three (3) years from January 1, 2018 – December 31, 2020 for this demonstration waiver.

On May 26, 2017 from 10:00 a.m. – 11:00 a. m., the Arkansas Department of Human Services, Division of Medical Services will hold a public input hearing in the Conference Room at the Garland County DHS Office, 115 Stover Lane in Hot Springs, Arkansas.

On May 30, 2017 from 2:30 p.m. – 3:30 p.m., the Arkansas Department of Human Services, Division of Medical Services will hold a public hearing in Conference Room A on the first floor of the Donaghey Plaza South Building, 700 South Main Street in Little Rock, Arkansas. It will be necessary for you to check-in with the security desk in the lobby of the Donaghey Plaza South Building and present some form of picture identification before proceeding to Conference Room A. This May 30, 2017 public input hearing may also be accessed via the web. To register for this hearing via the web, go to http://ardhs.webex.com. When the "Events by Program" screen comes up, click "Register" by the "May 30, 2017 from 2:30 p.m. – 3:30 p.m. TEFRA Public Input" event. When the "Register for TEFRA Public Input" screen comes up, complete the registration form, and click "Submit". A "Registration Confirmed" screen will come up verifying your registration. You will also receive a confirmation e-mail message that contains detailed information about joining the hearing on May 30, 2017. In this confirmation e-mail, note setting-up "Event Manager" before the public input hearing event starts. "Event Manager" will need to be set-up in order to be able to access the "Chat Box" where comments can be entered.

The Arkansas TEFRA-like demonstration waiver provides services to disabled children eligible for Medicaid under section 134 of the Tax Equity and Fiscal Responsibility Act (TEFRA). TEFRA (also known as the Katie Beckett Option after the child whose plight inspired Congress to enact this option into Medicaid law) was developed to allow a child with disabilities living in a family with income and resources of the child by requiring a sliding-scale family premium if the family's income is greater than $25,000; and by requiring families, who have health insurance for the TEFRA eligible child, to retain that insurance. The State's Goal is to continue to provide medical services to disabled children eligible for Medicaid under section 134 of the Tax Equity and Fiscal Responsibility Act (TEFRA) through the TEFRA-like 1115(a) demonstration waiver.

The renewal application document is available for review at the Division of Medical Services, Office of Policy Development, 2nd floor Donaghey Plaza South, 700 South Main Street, P. O. Box 1437, S-295, Little Rock, Arkansas 72203-1437 or by telephoning 501-320-6429 or can be reviewed and downloaded at https://www.medicaid.state.ar.us/Download/general/comment/TEFRARenewalSupportDoc.doc. Comments may be provided during the public hearings or in writing to the Division of Medical Services, Office of Policy Development at the address indicated above or by e-mail to becky.murphy@dhs.arkansas.gov. All comments must be submitted by no later than midnight June 17, 2017.

If you need this material in a different format, such as large print, call 501-320-6429.

4501638214 EL
Dawn Stehle
Director
Division of Medical Services
74142463f

ATTACHMENT E

Arkansas Democrat-Gazette

SUNDAY, MAY 21, 2017

Public Notice

The Arkansas Department of Human Services (DHS), Division of Medical Services (DMS), is providing public notice of two public hearings to accept comments on the TEFRA-like 1115 demonstration waiver renewal application document. This document is requesting an additional three (3) years from January 1, 2018 – December 31, 2020 for this demonstration waiver.

On May 26, 2017 from 10:00 a.m. – 11:00 a. m., the Arkansas Department of Human Services, Division of Medical Services will hold a public input hearing in the Conference Room at the Garland County DHS Office, 115 Stover Lane in Hot Springs, Arkansas.

On May 30, 2017 from 2:30 p.m. – 3:30 p.m., the Arkansas Department of Human Services, Division of Medical Services will hold a public hearing in Conference Room A on the first floor of the Donaghey Plaza South Building, 700 South Main Street in Little Rock, Arkansas. It will be necessary for you to check-in with the security desk in the lobby of the Donaghey Plaza South Building and present some form of picture identification before proceeding to Conference Room A. This May 30, 2017 public input hearing may also be accessed via the web. To register for this hearing via the web, go to http://ardhs.webex.com. When the "Events by Program" screen comes up, click "Register" by the "May 30, 2017 from 2:30 p.m. – 3:30 p.m. TEFRA Public Input" event. When the "Register for TEFRA Public Input" screen comes up, complete the registration form, and click "Submit". A "Registration Confirmed" screen will come up verifying your registration. You will also receive a confirmation e-mail message that contains detailed information about joining the hearing on May 30, 2017. In this confirmation e-mail, note setting-up "Event Manager" before the public input hearing event starts. "Event Manager" will need to be set-up in order to be able to access the "Chat Box" where comments can be entered.

The Arkansas TEFRA-like demonstration waiver provides services to disabled children eligible for Medicaid under section 134 of the Tax Equity and Fiscal Responsibility Act (TEFRA). TEFRA (also known as the Katie Beckett Option after the child whose plight inspired Congress to enact this option into Medicaid law) was developed to allow a child with disabilities living in a family with income and resources of the child by requiring a sliding-scale family premium if the family's income is greater than $25,000, and by requiring families, who have health insurance for the TEFRA eligible child, to retain that insurance. The State's Goal is to continue to provide medical services to disabled children eligible for Medicaid under section 134 of the Tax Equity and Fiscal Responsibility Act (TEFRA) through the TEFRA-like 1115(a) demonstration waiver.

The renewal application document is available for review at the Division of Medical Services, Office of Policy Development, 2nd floor Donaghey Plaza South, 700 South Main Street, P. O. Box 1437, S-295, Little Rock, Arkansas 72203-1437 or by telephoning 501-320-6429 or can be reviewed and downloaded at https://www.medicaid.state.ar.us/Download/general/comment/TEFRARenewalSupportDoc.doc. Comments may be provided during the public hearings or in writing to the Division of Medical Services, Office of Policy Development at the address indicated above or by e-mail to becky.murphy@dhs.arkansas.gov. All comments must be submitted by no later than midnight June 17, 2017.

If you need this material in a different format, such as large print, call 501-320-6429.

4501638214 EL

Dawn Stehle

Director

Division of Medical Services

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ARKANSAS DEPARTMENT OF HUMAN SERVICES

PUBLIC INPUT HEARING

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Friday, May 26, 2017

Arkansas Department of Human Services

Garland County Office

116 Stover Street

Hot Springs, Arkansas 71913

10:00 a.m.

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IN RE: PUBLIC COMMENT ON

TEFRA-LIKE 1115 DEMONSTRATION WAIVER RENEWAL

APPLICATION

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COURT REPORTER:

WAUNZELLE P. PETRE, CCR
Post Office Box 1027
Little Rock, Arkansas 72203-1027

PETRE'S STENOGRAPH SERVICE
(501) 834-2352

A P P E A R A N C E S:

ON BEHALF OF ARKANSAS DEPARTMENT OF
HUMAN SERVICES, DIVISION OF MEDICAL SERVICES:

MS. JEAN HECKER, DHS Division of Medical Services

MS. BECKY MURPHY, DHS Division of Medical Services

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I N D E X

SPEAKERS:

(No speakers.)

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EXHIBITS

Sign - In Sheet

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Reporter's Certificate.. 7

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2 P R O C E D I N G S
3 * * * * *
4 FRIDAY, MAY 26, 2017
5 * * * * *
6 10:00 a.m.
7 * * * * *
8 MS. HECKER: Welcome. I'm Jean Hecker.
9 I'm with the Division of Medical Services,
10 Office of Program Development. We are
11 having this public hearing today to obtain
12 input from the public on the TEFRA-like
13 1115 demonstration waiver renewal
14 application that will be submitted to CMS
15 for an additional three year renewal.
16 At this point, no public has come to the
17 hearing, but at such time as any do, we will
18 provide the opportunity for them to provide
19 comments.
20 (WHEREUPON, there was a break in the
21 proceedings from 10:00 a.m. to 11:00 a.m.)
22 MS. HECKER: It is now 11:00, and the
23
24

1 the hour we had scheduled for this public
2 hearing has come to an end. No public has
3 presented themselves to provide any input,
4 so we will bring this public input
5 hearing to a close.
6 (WHEREUPON, at 11:00 a.m., the taking
7 of the above entitled proceeding was
8 concluded.)
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1 SIGN - IN SHEET.
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C E R T I F I C A T E

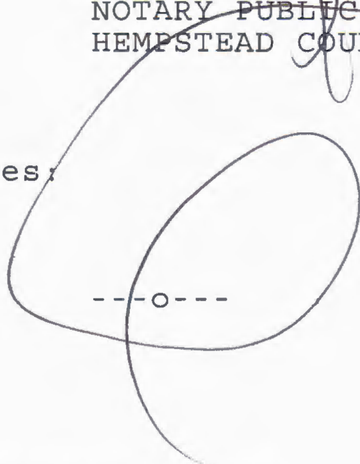
STATE OF ARKANSAS)
) ss.:
COUNTY OF HEMPSTEAD)

I, WAUNZELLE P. PETRE, Certified Court Reporter and notary public in and for the County of Hempstead, State of Arkansas, duly commissioned and acting, do hereby certify that the above-entitled proceedings were taken by me in Stenotype, and were thereafter reduced to print by means of computer-assisted transcription, and the same truly, and correctly reflects the proceedings had.

WHEREFORE, I have subscribed my signature and affixed my notarial seal as such notary public at the City of Hope, County of Hempstead of Arkansas, this the 29th day of May 2017.

WAUNZELLE P. PETRE, CCR
NOTARY PUBLIC IN AND FOR
HEMPSTEAD COUNTY, ARKANSAS

My Commission Expires:
December 19, 2019.



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ARKANSAS DEPARTMENT OF HUMAN SERVICES

PUBLIC INPUT HEARING

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Tuesday, May 30, 2017

Arkansas Department of Human Services

Seventh and Main Streets

Conference Room "A"

Little Rock, Arkansas 72201

2:30 p.m.

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IN RE: PUBLIC COMMENT ON

TEFRA RENEWAL APPLICATION

---o---

COURT REPORTER:

DEBBYE L. PETRE, CCR
Post Office Box 1027
Little Rock, Arkansas 72203-1027

A P P E A R A N C E S:

ON BEHALF OF ARKANSAS DEPARTMENT OF
HUMAN SERVICES, DIVISION OF MEDICAL SERVICES:

MS. JEAN HECKER, Division of Medical Services

MS. BECKY MURPHY, DHS

---o---

I N D E X

SPEAKERS:

Ms. Linda Holder

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EXHIBITS

(Sign-In Sheet.)

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Reporter's Certificate........................ 6

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2 P R O C E E D I N G S

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4 TUESDAY, MAY 30, 2017

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6 2:30 p.m.

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8 MS. HECKER: My name is Jean Hecker.
9 We are having this public input hearing
10 today to give the public a chance to provide
11 comments on the TEFRA Waiver Renewal
12 Application that will be submitted to CMS
13 for an additional three year renewal.
14 When public present themselves today,
15 we will take their comments.
16 Would you like to make a comment?
17 MS. NANCY HOLDER: I am Nancy Holder,
18 with the Title V Children with Special
19 Healthcare Needs Program here in Arkansas.
20 And many of the children that we serve
21 through our program have significant
22 disabilities, and the TEFRA program here in
23 Arkansas has really been a benefit to those
24 families who have children with significant
25 health issues. And I am so glad that

1 Arkansas is continuing to submit the
2 applications to continue that program,
3 because it is a vital program for many, many
4 families in this state.
5 MS. HECKER: Thank you.
6 (WHEREUPON, there was a break in the
7 proceedings from 2:45 p.m. to 3:30 p.m.)
8 MS. HECKER: The public hearing started
9 at 2:30. It is now 3:30, no other public
10 has presented themselves, therefore this
11 hearing will be adjourned.
12 (WHEREUPON, at 3:30 p.m., the taking of
13 the above-entitled proceeding was
14 concluded.)
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1 Sign-In Sheet.

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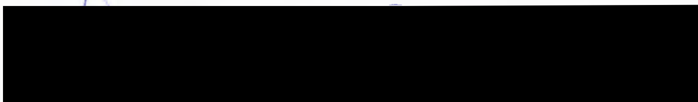
C E R T I F I C A T E

STATE OF ARKANSAS)
) ss.:
COUNTY OF PULASKI)

I, DEBBYE L. PETRE, Certified Court Reporter and notary public in and for the County of Pulaski, State of Arkansas, duly commissioned and acting, do hereby certify that the above-entitled proceedings were taken by me in Stenotype, and were thereafter reduced to print by means of computer-assisted transcription, and the same truly, and correctly reflects the proceedings had.

WHEREFORE, I have subscribed my signature and affixed my notarial seal as such notary public at the City of Little Rock, County of Pulaski, State of Arkansas, this the 31st day of May, 2017.



DEBBYE L. PETRE, CCR
NOTARY PUBLIC IN AND FOR
PULASKI COUNTY, ARKANSAS

My Commission Expires:
December 19, 2019.

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Public Notice

The Arkansas Department of Human Services (DHS), Division of Medical Services (DMS) is providing additional information on the written request submitted to the Centers for Medicare and Medicaid Services (CMS) to extend the Tax Equity and Fiscal Responsible Act (TEFRA) 1115 (a) demonstration waiver for an additional three years.

The State has requested CMS to extend the TEFRA 1115 (a) demonstration waiver for an additional three years to be effective January 1, 2018 after the current renewal period ends December 31, 2017. The State is making no changes to the TEFRA-like 1115 (a) demonstration waiver.

The renewal application document is available for review at the Division of Medical Services, Office of Policy Development, 2nd floor Donaghey Plaza South, 700 South Main Street, P. O. Box 1437, S-295, Little Rock, Arkansas 72203-1437 or by telephoning 501-320-6429 or can be reviewed and downloaded at https://www.medicaid.state.ar.us/Download/general/comment/TEFRARenewalSupportDoc.doc. Comments may be provided in writing to the Division of Medical Services, Office of Policy Development at the address indicated above or by e-mail to becky.murphy@dhs.arkansas.gov. All comments must be submitted by no later than October 7, 2017.

Public Meetings Held

On May 26, 2017 from 10:00 a.m. – 11:00 a.m., the Arkansas Department of Human Services, Division of Medical Services held a public hearing in the Conference Room at the Garland County DHS Office, 115 Stover Lane in Hot Springs, Arkansas. No public presented at this hearing.

On May 30, 2017 from 2:30 p.m. – 3:30 p.m., the Arkansas Department of Human Services, Division of Medical Services held a public hearing in Conference Room A on the first floor of the Donaghey Plaza South Building, 700 South Main Street in Little Rock, Arkansas. One individual presented at this hearing. This individual works with the Title V Arkansas Children with Special Healthcare Needs program. It was expressed the TEFRA program in Arkansas has been a benefit to families who have children with significant health issues. It was further expressed gratitude for the TEFRA program, because it is a vital program for many, many families in the state of Arkansas.

Program Overview

The TEFRA demonstration was implemented January 1, 2003. The State's goal was at that time and still is, to provide medical services to children age 18 and under with substantial disabilities who meet the medical necessity requirement for institutional placement, but whose medical services must be available to provide care to the child in the home, and it must be appropriate to provide such care outside an institution. The child must be disabled according to the SSI

definition of disability. If disability has not been established by SSA, it must be determined by the State's Medical Review Team. At the time of TEFRA demonstration waiver's initial implementation, the State's objective was to replace the Medicaid state plan optional TEFRA aid category with a TEFRA-like demonstration. The State, with it budgetary limitations, wanted to continue to provide services to this special group of children. Using the flexibility available within a demonstration waiver, Arkansas developed and implemented a sliding scale premium fee structure based on the family's income, effectively passing a portion of the cost to the eligible child's family. The State's objective today is to continue to provide medical services to disabled children eligible for Medicaid under section 134 of the Tax Equity and Fiscal Responsibility Act (TEFRA) through the TEFRA-like 1115 demonstration waiver.

Services provided under the State's TEFRA-like demonstration waiver are delivered through the State's existing network of Medicaid providers. Families of demonstration waiver beneficiaries select a primary care physician for their child(ren) enrolled in the TEFRA-like demonstration waiver program. Children enrolled in the TEFRA-like demonstration receive the full range of State Medicaid benefits and services.

The TEFRA-like demonstration waiver allows the State to require a sliding-scale premium fee structure based upon the income of the custodial parent(s). Those custodial parents with incomes above 150% of the federal poverty level and in excess of $25,000 annually are subject to a sliding scale monthly premium. A family's total annual out-of-pocket cost sharing cannot exceed 5% of the family's gross income. There are no co-payments charged for services to TEFRA children.

Program Authorities

The requested waivers and expenditure authorities for the State's TEFRA-like demonstration waiver proposed extension renewal period are as follows:

Expenditure authority:

- Demonstration Waiver Population- Expenditures for services provided to children age 18 and under, who require an institutional level of care, and would otherwise be Medicaid-eligible under a TEFRA state plan option.

Waiver authority:

- Section 1902 (a) (14) insofar as it incorporates Section 1916 to enable Arkansas to charge a sliding scale monthly premium to custodial parent(s) of eligible children with annual family income above $25,000, except that no premium may be charged to families with incomes less than 150% of the federal poverty level (FPL).

Financial/Enrollment Projections

Over the past seven years, enrollment in the TEFRA waiver demonstration has averaged 4,715 beneficiaries each calendar year. Annual aggregate expenditures is $54,472,110.20. It is expected that annual enrollment will remain at an average of 4,700 beneficiaries for each year of the requested extension period. Annual aggregate expenditures are expected to remain at $54,000,000 for each year of the requested extension period.

Evaluation

CFR §431.424 and the Special Terms and Conditions agreement between the State and the Secretary to implement the TEFRA-like 1115 demonstration waiver's May 12, 2015 – December 31, 2017 approved renewal period specifies an evaluation design be developed discussing the demonstration hypotheses that are being tested, the data to be utilized, the baseline value for each measure, methods of data collection, and how the effects of the waiver demonstration will be isolated from those other changes occurring in the State at the same time through the use of comparison or control groups to identify the impact of significant aspects of the demonstration. The evaluation design becomes the blueprint for the evaluation report developed for the current TEFRA-like 1115 demonstration waiver renewal period.

The study population for the TEFRA-like evaluation consists of all beneficiaries covered under Title XIX of the Social Security Act in the State of Arkansas younger than 19 years of age who meet the medical necessity requirement for institutional care, have income that is less than the long-term care Medicaid limit and do not have countable assets greater than $2,000. The study population is divided into two groups to operationalize the evaluation---i.e., the study group and a comparison group, where appropriate. The study group is the TEFRA-like demonstration waiver group that consists of beneficiaries enrolled in the Arkansas TEFRA-like program. The comparison group consist of Medicaid ARKids First-A (ARKids-A) program members. ARKids-A provides health insurance to children who qualify based on family income level. Analyses conducted with this comparison focus on cross-sectional analyses.

Arkansas Division of Medical Services (DMS) and its contractor use multiple sources of data to assess the research hypotheses. The data collected include both data from administrative sources and survey-based data (TEFRA Beneficiary Satisfaction Survey, Consumer Assessment of Health Care Providers and Systems (CAHPS), TEFRA Lock-Out Survey). Administrative data sources include information extracted from the DMS' Medicaid Management Information System (MMIS) and associated the Decision Support System (DSS), as well as TEFRA-like program data such as results of the premium payment monitoring data.

The five hypothesizes assumptions being studied in the TEFRA evaluation:

1. The beneficiaries of the Arkansas TEFRA-like demonstration have equal or better access to health services compared to the Medicaid fee-for-service population (Medicaid ARKids First-A);

2. Access to timely and appropriate preventive care remained the same or improved over time for beneficiaries of the Arkansas TEFRA-like demonstration;

3. Enrollment in the TEFRA-like demonstration has improved the patient experience for program beneficiaries by increasing the patients' access to health care services;

4. Patient satisfaction for the quality of care received by the beneficiaries in the Arkansas TEFRA-like demonstration has remained the same or improved over time; and

5. The proportion of beneficiaries participating in the TEFRA-like demonstration who experience a lockout period is less than the proportion expected by the State. A "lock-out" period is when a custodial parent(s) of a TEFRA beneficiary fails to pay TEFRA contribution premiums for three months. A 10-day advance notice of closure is sent to the custodial parent(s). If back premium contribution payments are not made within the 10-day window, the TEFRA case is closed. A closure due to nonpayment of premium contributions is called a "lock-out". A new application must be made before eligibility can resume. Eligibility will be re-determined at the time the new application is made. If the case has been closed less than 12 months because of failure to pay to pay TEFRA premiums, the past due premiums must be paid in full before the child can be re-approved for TEFRA services. If a case is closed 12 months or more due to failure to pay premiums, payment of the past due premiums will not be required to reopen the case. In addition, the contractor will incorporate several supplemental analyses designed to highlight the impact of the program's lockout mechanism. Specifically, the supplemental analyses will address the following lockout-related study questions:
    A. Does the proportion of TEFRA-like demonstration beneficiaries experiencing the lockout differ significantly by monthly premium or family incomes?

    B. Does the proportion of beneficiaries experiencing the lockout differ significantly by the financial burden of the monthly premium?

    C. What health care needs were unmet during a beneficiary's lockout period, and what were the reason(s) they were unable to make the monthly premium payment to maintain eligibility?

    D. During the lockout period, were there health care needs that the beneficiary was able to get covered through other means? If so, what were those needs and by what means were they able to resolve them?

The CMS approved Evaluation Design for the TEFRA demonstration waiver's 5/12/15 – 12/31/17 renewal period can be viewed at https://www.medicaid.state.ar.us; on the screen that comes up, click on "General" found at the top of the screen; on the next

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/s/ Rose M. Naff .
Rose M. Naff
Director
Division of Medical Services

ATTACHMENT I

Arkansas Democrat-Gazette

FRIDAY, SEPTEMBER 8, 2017

Public Notice

The Arkansas Department of Human Services (DHS), Division of Medical Services (DMS) is providing additional information on the written request submitted to the Centers for Medicare and Medicaid Services (CMS) to extend the Tax Equity and Fiscal Responsible Act (TEFRA) 1115 (a) demonstration waiver for an additional three years.

The State has requested CMS to extend the TEFRA 1115 (a) demonstration waiver for an additional three years to be effective January 1, 2018 after the current renewal period ends December 31, 2017. The State is making no changes to the TEFRA-like 1115 (a) demonstration waiver.

The renewal application document is available for review at the Division of Medical Services, Office of Policy Development, 2nd floor Donaghey Plaza South, 700 South Main Street, P. O. Box 1437, S-295, Little Rock, Arkansas 72203-1437 or by telephoning 501-320-6429 or can be reviewed and downloaded at https://www.medicaid.state.ar.us/Download/general/comment/TEFRARenewalSupportDoc.doc. Comments may be provided in writing to the Division of Medical Services, Office of Policy Development at the address indicated above or by e-mail to becky.murphy@dhs.arkansas.gov. All comments must be submitted by no later than October 7, 2017.

Public Meetings Held

On May 26, 2017 from 10:00 a.m. – 11:00 a.m., the Arkansas Department of Human Services, Division of Medical Services will hold a public hearing in the Conference Room at the Garland County DHS Office, 115 Stover Lane in Hot Springs, Arkansas. No public presented at this hearing.

On May 30, 2017 from 2:30 p.m. – 3:30 p.m., the Arkansas Department of Human Services, Division of Medical Services will hold a public hearing in Conference Room A on the first floor of the Donaghey Plaza South Building, 700 South Main Street in Little Rock, Arkansas. One individual presented at this hearing. This individual works with the Title V Arkansas Children with Special Healthcare Needs program. It was expressed the TEFRA program in Arkansas has been a benefit to families who have children with significant health issues. It was further expressed gratitude for the TEFRA program, because it is a vital program for many, many families in the state of Arkansas.

Program Overview

The TEFRA demonstration was implemented January 1, 2003. The State's goal was at that time and still is, to provide medical services to children age 18 and under with substantial disabilities who meet the medical necessity requirement for institutional placement, but whose medical services must be available to provide care to the child in the home, and it must be appropriate to provide such care outside an institution. The child must be disabled according to the SSI definition of disability. If disability has not been established by SSA, it must be determined by the State's Medical Review Team. At the time of TEFRA demonstration waiver's initial implementation, the State's objective was to replace the Medicaid state plan optional TEFRA aid category with a TEFRA-like demonstration. The State, with it budgetary limitations, wanted to continue to provide services to this special group of children. Using the flexibility available within a demonstration waiver, Arkansas developed and implemented a sliding scale premium fee structure based on the family's income, effectively passing a portion of the cost to the eligible child's family. The State's objective today is to continue to provide medical services to disabled children eligible for Medicaid under section 134 of the Tax Equity and Fiscal Responsibility Act (TEFRA) through the TEFRA-like 1115 demonstration waiver.

Services provided under the State's TEFRA-like demonstration waiver are delivered through the State's existing network of Medicaid providers. Families of demonstration waiver beneficiaries select a primary care physician for their child(ren) enrolled in the TEFRA-like demonstration waiver program. Children enrolled in the TEFRA-like demonstration receive the full range of State Medicaid benefits and services.

The TEFRA-like demonstration waiver allows the State to require a sliding-scale premium fee structure based upon the income of the custodial parent(s). Those custodial parents with incomes above 150% of the federal poverty level and in excess of $25,000 annually are subject to a sliding scale monthly premium. A family's total annual out-of-pocket cost sharing cannot exceed 5% of the family's gross income. There are no co-payments charged for services to TEFRA children.

Program Authorities

The requested waivers and expenditure authorities for the State's TEFRA-like demonstration waiver proposed extension renewal period are as follows:

Expenditure authority:

•Demonstration Waiver Population- Expenditures for services provided to children age 18 and under, who require an institutional level of care, and would otherwise be Medicaid-eligible under a TEFRA state plan option.

Waiver authority:

•Section 1902 (a) (14) Insofar as it incorporates Section 1916 to enable Arkansas to charge a sliding scale monthly premium to custodial parent(s) of eligible children with annual family income above $25,000, except that no premium may be charged to families with incomes less than 150% of the federal poverty level (FPL).

Financial/Enrollment Projections

Over the past seven years, enrollment in the TEFRA waiver demonstration has averaged 4,715 beneficiaries each calendar year. Annual aggregate expenditures is $54,472,110.20. It is expected that annual enrollment will remain at an average of 4,700 beneficiaries for each year of the requested extension period. Annual aggregate expenditures are expected to remain at $54,000,000 for each year of the requested extension period.

Evaluation

CFR §431.424 and the Special Terms and Conditions agreement between the State and the Secretary to implement the TEFRA-like 1115 demonstration waiver's May 12, 2015 – December 31, 2017 approved renewal period specifies an evaluation design be developed discussing the demonstration hypotheses that are being tested, the data to be utilized, the baseline value for each measure, methods of data collection, and how the effects of the waiver demonstration will be isolated from those other changes occurring in the State at the same time through the use of comparison or control groups to identify the impact of significant aspects of the demonstration. The evaluation design becomes the blueprint for the evaluation report developed for the current TEFRA-like 1115 demonstration waiver renewal period.

The study population for the TEFRA-like evaluation consists of all beneficiaries covered under Title XIX of the Social Security Act in the State of Arkansas younger than 19 years of age who meet the medical necessity requirement for institutional care, have income that is less than the long-term care Medicaid limit and do not have countable assets greater than $2,000. The study population is divided into two groups to operationalize the evaluation—i.e., the study group and a comparison group, where appropriate. The study group is the TEFRA-like demonstration waiver group that consists of beneficiaries enrolled in the Arkansas TEFRA-like program. The comparison group consist of Medicaid ARKids First-A (ARKids-A) program members. ARKids-A provides health insurance to children who qualify based on family income level. Analyses conducted with this comparison focus on cross-sectional analyses.

Arkansas Division of Medical Services (DMS) and its contractor use multiple sources of data to assess the research hypotheses. The data collected include both data from administrative sources and survey-based data (TEFRA Beneficiary Satisfaction Survey, Consumer Assessment of Health Care Providers and Systems (CAHPS), TEFRA Lock-Out Survey). Administrative data sources include information extracted from the DMS' Medicaid Management Information System (MMIS) and associated the Decision Support System (DSS), as well as TEFRA-like program data such as results of the premium payment monitoring data.

The five hypothesizes assumptions being studied in the TEFRA evaluation:

1. The beneficiaries of the Arkansas TEFRA-like demonstration have equal or better access to health services compared to the Medicaid fee-for-service population (Medicaid ARKids First-A);

2. Access to timely and appropriate preventive care remained the same or improved over time for beneficiaries of the Arkansas TEFRA-like demonstration;

3. Enrollment in the TEFRA-like demonstration has improved the patient experience for program beneficiaries by increasing the patients' access to health care services;

4. Patient satisfaction for the quality of care received by the beneficiaries in the Arkansas TEFRA-like demonstration has remained the same or improved over time; and

5. The proportion of beneficiaries participating in the TEFRA-like demonstration who experience a lockout period is less than the proportion expected by the State. A "lock-out" period is when a custodial parent(s) of a TEFRA beneficiary fails to pay TEFRA contribution premiums for three months. A 10-day advance notice of closure is sent to the custodial parent(s). If back premium contribution payments are not made within the 10-day window, the TEFRA case is closed. A closure due to nonpayment of premium contributions is called a "lock-out". A new application must be made before eligibility can resume. Eligibility will be re-determined at the time the new application is made. If the case has been closed less than 12 months because of failure to pay to pay TEFRA premiums, the past due premiums must be paid in full before the child can be re-approved for TEFRA services. If a case is closed 12 months or more due to failure to pay premiums, payment of the past due premiums will not be required to reopen the case. In addition, the contractor will incorporate several supplemental analyses designed to highlight the impact of the program's lockout mechanism. Specifically, the supplemental analyses will address the following lockout-related study questions:

A. Does the proportion of TEFRA-like demonstration beneficiaries experiencing the lockout differ significantly by monthly premium or family incomes?

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Rose M. Naff

Director

Division of Medical Services

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ATTACHMENT I

Arkansas Democrat-Gazette

SATURDAY, SEPTEMBER 9, 2017

Public Notice

The Arkansas Department of Human Services (DHS), Division of Medical Services (DMS) is providing additional information on the written request submitted to the Centers for Medicare and Medicaid Services (CMS) to extend the Tax Equity and Fiscal Responsible Act (TEFRA) 1115 (a) demonstration waiver for an additional three years.

The State has requested CMS to extend the TEFRA 1115 (a) demonstration waiver for an additional three years to be effective January 1, 2018 after the current renewal period ends December 31, 2017. The State is making no changes to the TEFRA-like 1115 (a) demonstration waiver.

The renewal application document is available for review at the Division of Medical Services, Office of Policy Development, 2nd floor Donaghey Plaza South, 700 South Main Street, P. O. Box 1437, S-295, Little Rock, Arkansas 72203-1437 or by telephoning 501-320-6429 or can be reviewed and downloaded at https://www.medicaid.state.ar.us/Download/general/comment/TEFRARenewalSupportDoc.doc. Comments may be provided in writing to the Division of Medical Services, Office of Policy Development at the address indicated above or by e-mail to becky.murphy@dhs.arkansas.gov. All comments must be submitted by no later than October 7, 2017.

Public Meetings Held

On May 26, 2017 from 10:00 a.m. – 11:00 a.m., the Arkansas Department of Human Services, Division of Medical Services will hold a public hearing in the Conference Room at the Garland County DHS Office, 115 Stover Lane in Hot Springs, Arkansas. No public presented at this hearing.

On May 30, 2017 from 2:30 p.m. – 3:30 p.m., the Arkansas Department of Human Services, Division of Medical Services will hold a public hearing in Conference Room A on the first floor of the Donaghey Plaza South Building, 700 South Main Street in Little Rock, Arkansas. One individual presented at this hearing. This individual works with the Title V Arkansas Children with Special Healthcare Needs program. It was expressed the TEFRA program in Arkansas has been a benefit to families who have children with significant health issues. It was further expressed gratitude for the TEFRA program, because it is a vital program for many, many families in the state of Arkansas.

Program Overview

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Services provided under the State's TEFRA-like demonstration waiver are delivered through the State's existing network of Medicaid providers. Families of demonstration waiver beneficiaries select a primary care physician for their child(ren) enrolled in the TEFRA-like demonstration waiver program. Children enrolled in the TEFRA-like demonstration receive the full range of State Medicaid benefits and services.

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Program Authorities

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Expenditure authority:

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The study population for the TEFRA-like evaluation consists of all beneficiaries covered under Title XIX of the Social Security Act in the State of Arkansas younger than 19 years of age who meet the medical necessity requirement for institutional care, have income that is less than the long-term care Medicaid limit and do not have countable assets greater than $2,000. The study population is divided into two groups to operationalize the evaluation-- i.e., the study group and a comparison group, where appropriate. The study group is the TEFRA-like demonstration waiver group that consists of beneficiaries enrolled in the Arkansas TEFRA-like program. The comparison group consist of Medicaid ARKids First-A (ARKids-A) program members. ARKids-A provides health insurance to children who qualify based on family income level. Analyses conducted with this comparison focus on cross-sectional analyses.

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Rose M. Naff
Director
Division of Medical Services

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Arkansas Democrat Gazette

SUNDAY, SEPTEMBER 10, 2017

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D. During the lockout period, were there health care needs that the beneficiary was able to get covered through other means? If so, what were those needs and by what means were they able to resolve them?

The CMS approved Evaluation Design for the TEFRA demonstration waiver's 5/12/15 – 12/31/17 renewal period can be viewed at https://www.medicaid.state.ar.us on the screen that comes up, click on "General" found at the top of the screen; on the next screen, on the left hand side, click on "Arkansas Medicaid Reports and Data for Public Access"; on the next screen under the Header "Arkansas Medicaid Reports and Data for Public Access", click on "CMS Evaluation Design".

The Interim Evaluation Report for the 5/12/15 – 6/30/17 period of the TEFRA demonstration waiver's 5/12/15 – 12/31/17 renewal period is ATTACHMENT L of the TEFRA demonstration waiver's renewal application and can be viewed at https://www.medicaid.state.ar.us/Download/general/comment/TEFRARenewalSupportDoc.doc.

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Rose M. Naff
Director
Division of Medical Services

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Public Notice

The Arkansas Department of Human Services (DHS), Division of Medical Services (DMS), is extending its second 30 day comment period for an additional 10 days (September 8 – October 17, 2017) to accept comments on the TEFRA-like 1115 demonstration waiver renewal application document the State submitted to CMS on June 30, 2017 requesting an additional three (3) years from January 1, 2018 – December 31, 2020 for this waiver. The renewal application document is available for review at the Division of Medical Services, Office of Policy Development, 2nd floor Donaghey Plaza South, 700 South Main Street, P. O. Box 1437, S-295, Little Rock, Arkansas 72203-1437 or by telephoning 501-320-6429 or can be reviewed and downloaded at https://www.medicaid.state.ar.us/Download/general/comment/TEFRARenewalSupportDoc.doc. Comments may be provided in writing to the Division of Medical Services, Office of Policy Development at the address indicated above or by e-mail to becky.murphy@dhs.arkansas.gov. All comments must be submitted by no later than October 17, 2017.

On May 26, 2017 from 10:00 a.m. – 11:00 a. m., the Arkansas Department of Human Services, Division of Medical Services held a public input hearing in the Conference Room at the Garland County DHS Office, 115 Stover Lane in Hot Springs, Arkansas.

On May 30, 2017 from 2:30 p.m. – 3:30 p.m., the Arkansas Department of Human Services, Division of Medical Services held a public hearing in Conference Room A on the first floor of the Donaghey Plaza South Building, 700 South Main Street in Little Rock, Arkansas.

The Arkansas TEFRA-like demonstration waiver provides services to disabled children eligible for Medicaid under section 134 of the Tax Equity and Fiscal Responsibility Act (TEFRA). Using the flexibility available within an 1115 demonstration waiver, Arkansas was able to develop and implement a sliding scale premium fee structure based on the family's income, effectively passing a portion of the cost to the eligible child's family. Families with annual incomes less than $25,000 are exempted from the premium requirement. TEFRA waiver program eligibility is determined solely on the assets and resources of the child. Families, who have health insurance for the TEFRA eligible child can retain that insurance. The State's Goal is to continue to provide medical services to disabled children eligible for Medicaid under section 134 of the Tax Equity and Fiscal Responsibility Act (TEFRA) through the TEFRA-like 1115(a) demonstration waiver.

If you need this material in a different format, such as large print, call 501-320-6429.
4501638214 EL

/s/ Dawn Stehle
Dawn Stehle
Director
Division of Medical Services

CENTERS FOR MEDICARE & MEDICAID SERVICES SPECIAL TERMS AND CONDITIONS

NUMBER: **11-W-00163/6**

TITLE: **TEFRA-like Demonstration**

AWARDEE: **Arkansas Department of Health and Human Services**

I. PREFACE

The following are the Special Terms and Conditions (STCs) for the Arkansas TEFRA-like section 1115(a) Medicaid demonstration extension (hereinafter "demonstration"). The parties to this agreement are the Arkansas Department of Health and Human Services (state) and the Centers for Medicare & Medicaid Services (CMS). The STCs set forth in detail the nature, character, and extent of federal involvement in the demonstration and the state's obligations to CMS during the life of the Demonstration. The demonstration extension is approved through December 31, 2017. All previously approved STCs are superseded by the STCs set forth below.

The STCs have been arranged into the following subject areas:

- Program Description and Objectives;
- General Program Requirements;
- Eligibility, Benefits, and Enrollment;
- Cost Sharing;
- Delivery Systems;
- General Reporting Requirements;
- General Financial Requirements;
- Monitoring Budget Neutrality for the Demonstration;
- Evaluation of the Demonstration;
- Health Information Technology;
- T-MSIS Requirements; and,
- Schedule of State Deliverables.

Additionally, one attachment has been included to provide supplementary guidance.

II. PROGRAM DESCRIPTION AND OBJECTIVES

The Arkansas TEFRA-like demonstration was initially approved October 17, 2002, and implemented January 1, 2003. The demonstration provides services to disabled children eligible for Medicaid under section 134 of the Tax Equity and Fiscal Responsibility Act (TEFRA).
TEFRA (also known as the Katie Beckett Option after the child whose plight inspired Congress to enact this option into Medicaid law) was developed to allow a child with disabilities living in a family with income that is too high to qualify for Medicaid to gain Medicaid eligibility based on the income and resources of the child. Prior to 2002, Arkansas covered these children under the Medicaid state plan. Rather than eliminating this coverage option altogether, the state proposed to

use a section 1115 demonstration to keep coverage in place but charge premiums for the coverage based on family income. Such premiums would not have been permitted under the state plan. The program currently serves 3,937 children.

The expenditure authority granted in this demonstration enables Arkansas to provide coverage to a population of sick children with special health care needs while testing the hypotheses:

- The Arkansas TEFRA-like demonstration will increase access to quality health care services for all children eligible for the program;

  State's Response: See **ATTACHMENT N** – TEFRA "Interim" Evaluation Report

- Premium contributions for individuals in the Arkansas TEFRA-like demonstration are affordable and do not create a barrier to health care access; and

  State's Response: See **ATTACHMENT N** – TEFRA "Interim" Evaluation Report

- Few individuals will experience the lock-out period because the policy will deter nonpayment of premiums for Arkansas TEFRA-like demonstration beneficiaries.

  State's Response: See **ATTACHMENT N** – TEFRA "Interim" Evaluation Report

III. GENERAL PROGRAM REQUIREMENTS

1. **Compliance with Federal Non-Discrimination Statutes.** The state must comply with all applicable federal statutes relating to non-discrimination. These include, but are not limited to, the Americans with Disabilities Act of 1990, title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.

   State's Response: The State is in compliance with the federal statutes relating to non-discrimination.

2. **Compliance with Medicaid and Children's Health Insurance Program (CHIP) Law, Regulation, and Policy.** All requirements of the Medicaid program and CHIP expressed in law, regulation, and policy statement not expressly waived or identified as not applicable in the waiver and expenditure authority documents (of which these terms and conditions are part), must applyto the demonstration.

   State's Response: The State is in compliance with the federal laws and regulations and policy statements, not expressly waived.

3. **Changes in Medicaid and CHIP Law, Regulation, and Policy.** The state must, within the timeframes specified in law, regulation, or policy statement, come into compliance with any changes in federal law, regulation, or policy affecting the Medicaid or CHIP program that occur during this demonstration approval period, unless the provision being

changed is expressly waived or identified as not applicable. In addition, CMS reserves the right to amend the STCs to reflect such changes and/or changes without requiring the state to submit an amendment to the demonstration under STC 7. CMS will notify the state 30 days in advance of the expected approval date of the amended STCs to allow the state to provide comment.

State' Response: The State is in compliance with changes in federal law, within the time frame specified in law, occurring after the current TEFRA-like demonstration's current May 12, 2015 – December 31, 2017renewal period's demonstration award date of May 12, 2015.

4. Impact on Demonstration of Changes in Federal Law, Regulation, and Policy.

a) To the extent that a change in federal law, regulation, or policy requires either a reduction or an increase in Federal financial participation (FFP) for expenditures made under this Demonstration, the state must adopt, subject to CMS approval, a modified budget neutrality agreement as well as a modified allotment neutrality worksheet for the demonstration as necessary to comply with such change. The modified budget neutrality agreement will be effective upon the implementation of the change.

State' Response: The State did adopt a modified budget neutrality agreement and modified allotment neutrality worksheet for the demonstration, and this was approved by CMS.

b) If mandated changes in the federal law require state legislation, the changes must take effect on the day such state legislation becomes effective, or on the last day such legislation was required to be in effect under the law.

State's Response: There have been no mandated changes in federal law that has required State legislation.

5. State Plan Amendments. If the eligibility of a population eligible through the Medicaid or CHIP state plan is affected by a change to the demonstration, a conforming amendment to the appropriate state plan may be required, except as otherwise noted in these STCs. In all such instances the Medicaid state plan governs.

a) Should the state amend the state plan to make any changes to eligibility for this population, upon submission of the state plan amendment, the state must notify CMS demonstration staff in writing of the pending state plan amendment, and request a corresponding technical correction to the demonstration.

State's Response: The State has not made any changes to the TEFRA-like demonstration's population's eligibility during the current renewal period and an amendment to the State's state plan needed.

6. **Changes Subject to the Amendment Process**. Changes related to demonstration features including eligibility, enrollment, benefits, enrollee rights, delivery systems, cost sharing, evaluation design, sources of non-federal share of funding, budget neutrality, and other comparable program elements must be submitted to CMS as amendments to the demonstration. All amendment requests are subject to approval at the discretion of the Secretary in accordance with section 1115 of the Act. The state must not implement changes to these elements without prior approval by CMS either through an approved amendment to the Medicaid state plan and/or amendment to the demonstration. Amendments to the demonstration are not retroactive and FFP will not be available for changes to the demonstration that have not been approved through the amendment process set forth in STC 7 below.

   State's Response: The State has made no changes to the TEFRA-like demonstration's features during the current renewal period and amendments needed for the TEFRA-like demonstration.

7. **Amendment Process.** Requests to amend the demonstration must be submitted to CMS for approval no later than 120 days prior to the planned date of implementation of the change and may not be implemented until approved. CMS reserves the right to deny or delay approval of a demonstration amendment based on non-compliance with STCs, including but not limited to failure by the state to submit required reports and other deliverables in a timely fashion according to the deadlines specified herein. Amendment requests must include, but are not limited to, the following:

   a) An explanation of the public process used by the state, consistent with the requirements of STC 15, prior to submission of the requested amendment;

   b) A data analysis worksheet which identifies the specific "with waiver" impact of the proposed amendment on the current budget neutrality agreement. Such analysis shall include current total computable "with waiver" and "without waiver" status on both a summary and detailed level through the current approval period using the most recent actual expenditures, as well as summary and detailed projections of the change in the "with waiver" expenditure total as a result of the proposed amendment, which isolates (by Eligibility Group) the impact of the amendment;

   c) An up-to-date CHIP allotment neutrality worksheet, if necessary; and

   d) A detailed description of the amendment, including impact on beneficiaries, with sufficient supporting documentation; and

   e) A description of how the evaluation design will be modified to incorporate the amendment provisions.

   State's Response: The State has not requested any amendments to the TEFRA-like demonstration during the current renewal period.

8. **Extension of the Demonstration**. States that intend to request demonstration extensions

under sections 1115(e) or 1115(f) are advised to observe the timelines contained in those statutes. Otherwise, no later than 6 months prior to the expiration date of the demonstration, the governor or chief executive officer of the state must submit to CMS either a demonstration extension request or a transition and phase-out plan consistent with the requirements of STC 9.

State's Response: The State is submitting an application requesting a renewal of the TEFRA-like demonstration for an additional 3-year period.

a) Compliance with Transparency Requirements at 42 CFR §431.412.

State's Response: The State has met the Transparency Requirements at 42 CFR §431.412 and the public notice requirements outlined in the TEFRA-like demonstration's May 12, 2015 – December 31, 2017 Special Terms and Conditions' Paragraph 15. An abbreviated public notice was run for three consecutive days in the ***Arkansas Democrat-Gazette***, the State's largest newspaper with the largest circulation, notifying of the places, dates and times of two public input hearings and 30-day comment period (May 19, 2017 - June 17, 2017) for the purpose of obtaining input from the public on the TEFRA-like 1115 demonstration waiver's extension renewal application to extend the demonstration for an additional three years, where a copy of the TEFRA-like demonstration waiver's extension renewal application could be obtained and where comments could be sent (see **ATTACHMENT D** for a copy of notice and **ATTACHMENT E** for newspaper clippings of the notice). This notice was also posted to the State's Medicaid website.

One public input hearing was held May 26, 2017 in Hot Springs, Arkansas (see **ATTACHMENT F** for copy of public hearing transcript). No public presented themselves at this hearing, thus no comments pertaining to the proposed TEFRA-like demonstration waiver extension renewal application were provided.

The second public input hearing was held on May 30, 2017 in Little Rock, Arkansas (see **ATTACHMENT G** for copy of public input hearing transcript). This public input hearing involved web conference capabilities. One individual presented at this hearing. This individual expressed the TEFRA program in Arkansas has been a benefit to families who have children with significant health issues. It was further expressed gratitude for the TEFRA program, because it is a vital program for many, many families with children with disabilities.

A comprehensive public notice was run for three consecutive days in the ***Arkansas Democrat-Gazette*** providing additional information pertaining to the TEFRA-like demonstration waiver's extension renewal application submitted to CMS on June 30, 2017 to extend the demonstration for an additional three years and advising of a second 30-day public comment period (September 8, 2017 – October 7, 2017----see **ATTACHMENT H** for a

copy of the comprehensive public notice and **ATTACHMENT I** for newspaper clippings of the notice). This notice was also posted to the State's Medicaid website.

Another notice was posted to the State's Medicaid website advising the Arkansas Department of Human Services (DHS), Division of Medical Services (DMS), was extending its second 30-day comment period for an additional 10 days (September 8, 2017 – October 17, 2017) to accept comments on the TEFRA-like 1115 demonstration waiver's extension renewal application (see **ATTACHMENT J** for a copy of this notice).

b) As part of the demonstration extension requests the state must provide documentation of compliance with the transparency requirements 42 CFR §431.412 and the public notice and tribal consultation requirements outlined in STC 15.

State's Response: The State has met the Transparency Requirements at 42 CFR §431.412 and the public notice requirements outlined in the TEFRA-like demonstration's May 12, 2015 – December 31, 2017 Special Terms and Conditions' Paragraph 15. An abbreviated public notice was run for three consecutive days in the ***Arkansas Democrat-Gazette***, the State's largest newspaper with the largest circulation, notifying of the places, dates and times of two public input hearings and 30-day comment period (May 19, 2017 - June 17, 2017) for the purpose of obtaining input from the public on the TEFRA-like 1115 demonstration waiver's extension renewal application to extend the demonstration for an additional three years, where a copy of the TEFRA-like demonstration waiver's extension renewal application could be obtained and where comments could be sent (see **ATTACHMENT D** for a copy of notice and **ATTACHMENT E** for newspaper clippings of the notice). This notice was also posted to the State's Medicaid website.

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additional 10 days (September 8, 2017 – October 17, 2017) to accept comments on the TEFRA-like 1115 demonstration waiver's extension renewal application (see **ATTACHMENT J** for a copy of this notice).

9. **Demonstration Phase Out.** The state may only suspend or terminate this demonstration in whole, or in part, consistent with the following requirements.

a) Notification of Suspension or Termination: The state must promptly notify CMS in writing of the reason(s) for the suspension or termination, together with the effective date and a transition and phase-out plan. The state must submit its notification letter and a draft plan to CMS no less than six (6) months before the effective date of the demonstration's suspension or termination. Prior to submitting the draft plan to CMS, the state must publish on its website the draft transition and phase-out plan for a 30-day public comment period. In addition, the state must conduct tribal consultation in accordance with its approved tribal consultation state plan amendment. Once the 30-day public comment period has ended, the state must provide a summary of each public comment received, the state's response to the comment and how the state incorporated the received comment into the revised plan.

State's Response: The State is submitting an application requesting a renewal of the TEFRA-like demonstration for an additional 3-year period.

b) The state must obtain CMS approval of the transition and phase-out plan prior to the implementation of the phase-out activities. Implementation of activities must be no sooner than 14 days after CMS approval of the plan.

State's Response: The State is submitting an application requesting a renewal of the TEFRA-like demonstration for an additional 3-year period.

c) Transition and Phase-out Plan Requirements: The state must include, at a minimum, in its plan the process by which it will notify affected beneficiaries, the content of said notices (including information on the beneficiary's appeal rights), the process by which the state will conduct administrative reviews of Medicaid eligibility prior to the termination of the program for the affected beneficiaries, and ensure ongoing coverage for those beneficiaries determined eligible, as well as any community outreach activities including community resources that are available.

State's Response: The State is submitting an application requesting a renewal of the TEFRA-like demonstration for an additional 3-year period.

d) Phase-out Procedures: The state must comply with all notice requirements found in 42 CFR §431.206, §431.210, and §431.213. In addition, the state must assure all appeal and hearing rights afforded to demonstration participants as outlined in 42 CFR §431.220 and §431.221. If a demonstration participant requests a hearing before the date of action, the state must maintain benefits as required in 42 CFR §431.230. In addition, the state must conduct administrative renewals for all

affected beneficiaries in order to determine if they qualify for Medicaid eligibility under a different eligibility category. 42 CFR Section 435.916.

State's Response: The State is submitting an application requesting a renewal of the TEFRA-like demonstration for an additional 3-year period.

e) Exemption from Public Notice Procedures 42.CFR Section 431.416(g). CMS may expedite the federal and state public notice requirements in the event it determines that the objectives of title XIX and XXI would be served or under circumstances described in 42 CFR Section 431.416(g).

State's Response: The State is submitting an application requesting a renewal of the TEFRA-like demonstration for an additional 3-year period.

f) Federal Financial Participation (FFP): If the project is terminated or any relevant waivers suspended by the state, FFP shall be limited to normal closeout costs associated with terminating the demonstration including services and administrative costs of disenrolling participants.

State's Response: The State is submitting an application requesting a renewal of the TEFRA-like demonstration for an additional 3-year period.

10. **Post Award Forum.** Within six months of the demonstration's implementation, and annually thereafter, the state will afford the public with an opportunity to provide meaningful comment on the progress of the demonstration. At least 30 days prior to the date of the planned public forum, the state must publish the date, time and location of the forum in a prominent location on its website. The state can either use its Medical Care Advisory Committee, or another meeting that is open to the public and where an interested party can learn about the progress of the demonstration to meet the requirements of this STC. The state must include a summary of the comments in the quarterly report as specified in STC 27 associated with the quarter in which the forum was held. The state must also include the summary in its annual report as required in STC 28.

State's Response: The State has complied with the Post Award Forum requirements specified in paragraph 10 of the TEFRA-like demonstration's May 12, 2015 – December 31, 2017 renewal period's Special Terms and Conditions.

A **post award public input hearing** to provide the public an opportunity to provide meaningful comment on the progress of the TEFRA-like demonstration since its 5/12/15 renewal approval **was scheduled and held on November 20, 2015** at the Garland County DHS County Office in Hot Springs, Arkansas. A notice was published in the Arkansas Democrat-Gazette, the State's largest newspaper with the largest circulation and was also posted to the Medicaid website, notifying of the place, date and time of the post award public

input hearing. No public presented at the post award public input hearing, therefore there were no comments presented by the public (See ATTACHMENT P for a copy of the transcript of the post award forum public input hearing held November 20, 2015).

An **annual public input hearing** to provide the public an opportunity to provide meaningful comment on the progress of the TEFRA-like demonstration **was scheduled and held July 20, 2016** in Conference Room B of the Donaghey Plaza South Building in Little Rock, Arkansas. A notice was published in the Arkansas Democrat-Gazette, the State's largest newspaper with the largest circulation and was also posted to the Medicaid website, notifying of the place, date and time of the annual public input hearing. No public presented at the annual public input hearing, therefore there were no comments presented by the public (See ATTACHMENT Q for a copy of the transcript of the annual public input hearing held July 20, 2016).

Since the TEFRA-like demonstration's extension renewal application for an additional 3 years of the demonstration was due for submission to CMS by June 30, 2017, **the two public input hearings held May 26, 2017 and May 30, 2017 that were required before the submission to CMS of the TEFRA-like extension renewal application, the State considers to also count as annual public input hearings for 2017 to provide the public an opportunity to provide meaningful comment on the progress of the TEFRA-like demonstration** as well as to provide comment on the State's TEFRA-like demonstration's extension renewal application. Copies of notices notifying of the places, dates and times of these two public input hearings were published in the Arkansas Democrat-Gazette, the State's largest newspaper with the largest circulation and were also posted to the Medicaid website. No public presented at these two public input hearing, therefore there were no comments presented by the public. Copies the transcripts for these two public input hearings were submitted as part of the TEFRA-like demonstration waiver's extension renewal application (See ATTACHMENT F and ATTACHMENT G for copies of the transcripts for these two public input hearings the State considers to also count as two annual public input hearings for 2017).

11. **Federal Financial Participation (FFP).** If the project is terminated or any relevant waivers suspended by the state, FFP shall be limited to normal closeout costs associated with terminating the demonstration including services and administrative costs of disenrolling enrollees.

State's Response: The TEFRA-like demonstration has not been terminated nor have there been any relevant waivers suspended by the State.

12. **Expiring Demonstration Authority.** For demonstration authority that expires prior to the demonstration's expiration date, the state must submit a transition plan to CMS no later than six months prior to the applicable demonstration authority's expiration date, consistent with the following requirements:

    a) Expiration Requirements. The state must include, at a minimum, in its demonstration expiration plan the process by which it will notify affected beneficiaries, the content of said notices (including information on the beneficiary's appeal rights), the process by which the state will conduct administrative reviews of Medicaid eligibility for the affected beneficiaries, and ensure ongoing coverage for eligible individuals, as well as any community outreach activities.

    b) Expiration Procedures. The state must comply with all notice requirements found in 42 CFR Sections 431.206, 431.210 and 431.213. In addition, the state must assure all appeal and hearing rights afforded to demonstration enrollees as outlined in 42 CFR Sections 431.220 and 431.221. If a demonstration enrollee requests a hearing before the date of action, the state must maintain benefits as required in 42 CFR Section 431.230. In addition, the state must conduct administrative renewals for all affected beneficiaries in order to determine if they qualify for Medicaid eligibility under a different eligibility category as discussed in October 1, 2010, state Health Official Letter #10-008.

    c) Federal Public Notice. CMS will conduct a 30-day federal public comment period consistent with the process outlined in 42 CFR Section 431.416 in order to solicit public input on the state's demonstration expiration plan. CMS will consider comments received during the 30-day period during its review and approval of the state's demonstration expiration plan. The state must obtain CMS approval of the demonstration expiration plan prior to the implementation of the expiration activities. Implementation of expiration activities must be no sooner than 14 days after CMS approval of the plan.

    d) Federal Financial Participation (FFP): FFP shall be limited to normal closeout costs associated with the expiration of the demonstration including services and administrative costs of disenrolling enrollees.

    State's Response: The State's TEFRA-like demonstration's authority did not expired prior to the demonstration expiration date.

13. **Withdrawal of Waiver Authority.** CMS reserves the right to amend and withdraw waivers or expenditure authorities at any time it determines that continuing the waivers or expenditure authorities would no longer be in the public interest or promote the objectives of Title XIX. CMS will promptly notify the state in writing of the determination and the reasons for the amendment and withdrawal, together with the effective date, and afford the state an opportunity to request a hearing to challenge CMS' determination prior to the effective date. If a waiver or expenditure authority is

withdrawn or amended, FFP is limited to normal closeout costs associated with terminating the waiver or expenditure authority, including services and administrative costs of disenrolling enrollees.

State's Response: CMS has not amended or withdrawn waivers or expenditure authorities for the State's TEFRA-like demonstration due to the fact it was determined that continuing the waivers or expenditure authorities would no longer be in the public interest or promote the objectives of Title XIX.

14. **Adequacy of Infrastructure.** The state must ensure the availability of adequate resources for implementation and monitoring of the demonstration, including education, outreach, and enrollment; maintaining eligibility systems; compliance with cost sharing requirements; and reporting on financial and other demonstration components.

State's Response: The State has ensured the availability of adequate resources for implementation and monitoring of the TEFRA-like demonstration.

15. **Public Notice, Tribal Consultation and Consultation with Interested Parties.** The state must comply with the state Notice Procedures set forth in 59 Fed. Reg. 49249 (September 27, 1994). The state must also comply with the tribal consultation requirements in section 1902(a)(73) of the Act as amended by section 5006(e) of the American Recovery and Reinvestment Act (ARRA) of 2009, the implementing regulations for the Review and Approval Process for Section 1115 demonstrations at 42 CFR Section 431.408, and the tribal consultation requirements contained in the state's approved state plan, when any program changes to the demonstration are proposed by the state.

a) In states with federally recognized Indian tribes consultation must be conducted in accordance with the consultation process outlined in the July 17, 2001 letter or the consultation process in the state's approved Medicaid state plan if that process is specifically applicable to consulting with tribal governments on waivers (42 CFR Section 431.408(b)(2)).

State's Response: There are no federally recognized Indian tribes in the State of Arkansas.

b) In states with federally recognized Indian tribes, Indian health programs, and/or Urban Indian organizations, the state is required to submit evidence to CMS regarding the solicitation of advice from these entities prior to submission of any demonstration proposal, amendment and/or renewal of this demonstration (42 CFR Section 431.408(b)(3)).

State's Response: There are no federally recognized Indian tribes, Indian health programs or Urban Indian organizations in the State of Arkansas.

c) The state must also comply with the Public Notice Procedures set forth in 42 CFR Section 447.205 for changes in statewide methods and standards for setting

payment rates.

State's Response: Notice of changes in statewide methods and standards for setting payment rates is made at the time of initial change. Notice of changes is posted to the Arkansas Secretary of State's website where it remains permanently.

16. **Federal Financial Participation (FFP).** No federal matching for administrative or service expenditures for this demonstration will take effect until the effective date identified in the demonstration approval letter.

State's Response: Federal matching for administrative or service expenditures for the TEFRA-like demonstration did not go into effect until after the effective date identified in the TEFRA-like demonstration's current renewal period's approval letter dated May 12. 2015.

17. **Deferral for Failure to Provide Deliverables on Time.** The state agrees that CMS may require the state to cease drawing down federal funds until such deliverables are timely submitted in a satisfactory form, until the amount of federal funds not drawn down would exceed $5,000,000.

State's Response: The State has provided deliverables for the TEFRA-like demonstration before or by the time frames specified in the demonstration's May 12, 2015 – December 31, 2017 current renewal period's Special Terms and Conditions.

IV. ELIGIBILITY, BENEFITS, AND ENROLLMENT

18. **Eligibility.** The TEFRA-like demonstration provides coverage for services furnished to children who were previously included in the state's optional TEFRA Program. Eligibility is without regard to whether the children have other insurance. All Medicaid state plan services are available under the demonstration. The population known as "TEFRA Children" is defined as children:

a) Disabled according to the Social Security Administration definition;
b) Under 19 years of age;
c) Who are U.S. citizens or qualified aliens;
d) With established residency in the state of Arkansas;
e) Who have a Social Security Number or have applied for one;
f) Whose annual gross income is up to 3 times the current Supplemental Security Standard Payment Amount (SSI/SPA) (the parent(s)' income is not considered);
g) Whose countable assets do not exceed $2,000 (the parent(s)' assets are not considered); and
h) Who meet the medical necessity requirement for institutional placement in a hospital, a skilled nursing facility, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), or who are at risk for future institutional placement.

State's Response: Individuals must meet and continue to meet at each eligibility re-determination the above identified eligibility criteria in order to be enrolled in the TEFRA-like demonstration.

19. **Benefits**. Individuals enrolled in the demonstration receive coverage for all Medicaid state plan benefits. Medicaid payment is secondary to liable third parties.

State's Response: Individuals enrolled in the TEFRA-like demonstration continue to receive coverage for all Medicaid state plan benefits and Medicaid payment is secondary to liable third parties.

20. **Enrollment and Choice.** The state will facilitate outreach and enrollment into all appropriate title XIX programs. Families applying to participate in the TEFRA-like demonstration will be evaluated for likely eligibility in Arkansas title XIX programs. If found to be eligible for more than one program, the family will be counseled and given the opportunity to enroll in the program of their choice.

State's Response: The State facilitates outreach and enrollment into all appropriate title XIX programs. The child(ren) for whom families apply to have their child(ren) participate in the TEFRA-like demonstration are evaluated for likely eligibility in Arkansas title XIX programs. If the families' child(ren) is found to be eligible for more than one program, the families are counseled and given the opportunity to enroll in the program of their choice.

V. COST SHARING

21. **Program Premiums.** Families will be charged a sliding scale monthly premium based upon the income of the custodial parents. Those custodial parents with incomes above 150 percent of the federal poverty level and in excess of $25,000 annually will be subject to a sliding scale monthly premium. The monthly premium, described in following chart, can only be assessed if the family's income is in excess of 150 percent of the FPL.

Family Income		**Monthly Premiums (applicable <u>only</u> to families with incomes in excess of 150 percent of the FPL**		
From	**To**	**Percent**	**From**	**To**
$0	**$25,000**	**0%**	**$0**	**$0**
$25,001	**$50,000**	**1.00%**	**$20**	**$41**
$50,001	**$75,000**	**1.25%**	**$52**	**$78**
$75,001	**$100,000**	**1.50%**	**$93**	**$125**
$100.001	**$125,000**	**1.75%**	**$145**	**$182**
$125,001	**$150,000**	**2.00%**	**$208**	**$250**
$150,001	**$175,000**	**2.25%**	**$281**	**$328**
$175,001	**$200,000**	**2.50%**	**$364**	**$416**
$200,001	**No Limit**	**2.75%**	**$458**	**$458**

There are no co-payments charged for services to TEFRA-like children, and a family's total annual out-of-pocket cost sharing cannot exceed five percent of the family's gross income.

State's Response: Families of TEFRA-like demonstration waiver beneficiaries are charged a sliding scale monthly premium based upon the income of the custodial parents. Those custodial parents with incomes above 150 percent of the federal poverty level and in excess of $25,000 annually are subject to a sliding scale monthly premium. The monthly premium, described in the chart above, is accessed only if the family's income is in excess of 150% of the FPL.

22. Payment of Premiums.

a) Custodial parent(s) are allowed a 3-month grace period to pay past due premiums. If there is a lapse of payment for 3 months, a 10-day advance notice of closure will be provided to the parent(s) during the last month of the grace period. If payment is not made within the 10-day window, the case will be closed. If the arrearages are paid after the case is closed, a new application must be submitted before the child will be reinstated. If medical necessity and appropriateness of care have been determined within the past 10 months, a new determination will not be necessary. If the case is closed, the parent(s) must pay the arrearage prior to eligibility approval if another application is filed for the child within 12 months following the case closure. If an application is filed more than 12 months after case closure, the parent(s) have absolution from overdue premiums

State's Response: Custodial parent(s) of child(ren) enrolled in the TEFRA-like demonstration have the above described process applied to them in the event premiums are not paid within a 3-month grace period.

b) Once a child is determined eligible, the effective date of coverage will be the application date (unless retroactive coverage is needed and all eligibility requirements are met). Premium payments, if applicable, are assessed beginning the first day of the month following the month in which eligibility is determined. If payment is not received within 20 days, a 10-day advance notice of closure will be provided to the parent(s). If payment is not made within the 10-day window, the case will be closed. If the case is closed, the parent(s) must pay the arrearage prior to eligibility approval if another application is filed for the child within 12 months following the case closure. If an application is filed more than 12 months after case closure, the parent(s) have absolution from overdue premiums.

State's Response: The above described process is applied pursuant to the effective date of coverage for a child applying or being evaluated for continue coverage through the TEFRA-like demonstration and premium payments are assessed beginning the first day of the month following the month in which the child's eligibility is determined. The above described process relative to non-payment of premiums is applied.

If medical necessity and appropriateness of care have been determined within 10

months of a termination, a new medical assessment will not be required with a new application.

State's Response: The above described process pertaining to medical necessity and appropriateness of care determination is applied when a new application for the TEFRA-like demonstration is made for an individual who had his/her enrollment in the TEFRA-like demonstration terminated.

c) The state may attempt to collect unpaid premium and debts from the beneficiary, but may not report the debt to credit reporting agencies, place a lien on an individual's home, refer the case to debt collectors, file a lawsuit, seek a court order to seize a portion of the individual's earnings. The state also may not "sell" the debt for collection by a third-party. Further, while the debt is collectible by the state, re-enrollment is not conditional on repayment after the case has been closed for 12 months.

State's Response: The above described pertaining to unpaid premiums and debts for the TEFRA-like demonstration beneficiaries are applied.

VI. DELIVERY SYSTEMS

23. Service Delivery. Services provided under the demonstration are delivered through the state's existing network of Medicaid providers. Demonstration beneficiaries select a primary care physician and all services are reimbursed on a fee-for-service basis.

State's Response: The delivery of services to a TEFRA-like demonstration beneficiaries is done through the State's existing network of Medicaid providers. The families of TEFRA-like demonstration beneficiaries select a primary care physician, and all services are reimbursed on a fee-for-service basis.

VII. GENERAL REPORTING REQUIREMENTS

24. General Financial Requirements. The state must comply with all general financial requirements set forth in Section VIII.

State's Response: The State complies with all general financial requirements set forth in Section VIII of the TEFRA-like demonstration's current May 12, 2015 – December 31, 2017 renewal period's Special Terms & Conditions.

25. Reporting Requirements Related to Budget Neutrality. The state must comply with all reporting requirements set forth in Section IX.

State's Response: The State complies with all reporting requirements set forth in Section IX of the TEFRA-like demonstration's current May 12, 2015 – December 31, 2017's Special Terms & Conditions.

26. Bi-Monthly Calls. CMS will schedule bi-monthly conference calls with the state. The

purpose of these calls is to discuss any significant actual or anticipated developments affecting the demonstration. Areas to be addressed include, but are not limited to, health care delivery, enrollment, cost sharing, quality of care, access, benefits, audits, lawsuits, financial reporting related to budget neutrality issues, progress on evaluations, state legislative developments, and any demonstration amendments, concept papers or state plan amendments the state is considering submitting. The state and CMS shall discuss quarterly expenditure reports submitted by the state for purposes of monitoring budget neutrality. CMS shall update the state on any amendments or concept papers under review as well as federal policies and issues that may affect any aspect of the Demonstration. The state and CMS shall jointly develop the agenda for the calls.

State's Response: The State and CMS have participated in scheduled bi-monthly conference calls during the TEFRA-like waiver's current May 12, 2015 – December 31, 2017's renewal period.

27. **Quarterly Reports:** The state must submit progress reports in the format outlined below (see also Attachment A), no later than 60 days following the end of each quarter. The intent of these reports is to present the state's analysis and the status of the various operational areas. These quarterly reports must include, but are not limited to:

a) An updated budget neutrality monitoring spreadsheet;

b) Events occurring during the quarter, or anticipated to occur in the near future, that affect health care delivery, including, but not limited to: benefits; enrollment; grievances; quality of care; access; pertinent legislative or litigation activity, and other operational issues;

c) Action plans for addressing any policy, administrative, or budget issues identified;

d) Quarterly enrollment reports for demonstration eligibles for each demonstration population as defined in STC 18;

e) Number of demonstration beneficiaries whose cases have been closed due to non-payment of premiums;

f) Number of beneficiaries who have been reinstated into the demonstration via a new application after their cases have been closed due to non-payment of premiums;

g) Number of beneficiaries found continued eligible for the demonstration after new medical necessity/appropriateness of care assessment is completed at the time of re-evaluation;

h) Number of demonstration beneficiaries absolved of overdue premiums after 12 month reinstatement;

i) Number of demonstration beneficiaries who have Third Party Liability (TPL);

j) Evaluation activities and interim findings; and,

k) Other items as requested.

State's Response: The State addresses in each quarterly report prepared and submitted to CMS for the TEFRA-like demonstration waiver all the above identified areas and also those identified in Attachment A of the TEFRA-like demonstration's current May 12, 2015 – December 31, 2017 renewal period's Special Terms & Conditions.

Notwithstanding this requirement, the fourth-quarter Quarterly Report may be included as an addendum to the annual report required in paragraph 28.

State's Response: The State does include the fourth quarter's quarterly report as an addendum to the annual report discussed in paragraph 28 below of the TEFRA-like demonstration's current May 12, 2015 – December 31, 2017's Special Terms & Conditions.

28. Annual Report. The state must submit an annual report documenting accomplishments, project status, quantitative and case study findings, interim evaluation findings, utilization data, and policy and administrative difficulties in the operation of the Demonstration. This report must also contain a discussion of the items that must be included in the quarterly reports required under paragraph 27. The state must submit this report no later than 90 days after the close of each demonstration year.

State's Response: The State does submit an annual report at the end of each demonstration year of the 3-year renewal period addressing the areas described above and in paragraph 27 of the current May 12, 2015 – December 31, 2017 renewal period's Special Terms & Conditions. The State submits these annual reports no later than 90 days after the close of each demonstration year.

29. Final Report. Within 120 days following the end of the Demonstration, the state must submit a draft final report to CMS for comments. The state will take into consideration CMS' comments for incorporation into the final report. The final report is due to CMS no later than 120 days after receipt of CMS' comments.

State's Response: The State will submit within 120 days following the end of the TEFRA-like demonstration's current May 12, 2015 – December 31, 2017's renewal period a "draft" final report to CMS for comments. The State will submit to CMS the "draft" final report no later than 120 days after the receipt of CMS' comments.

VIII. GENERAL FINANCIAL REQUIREMENTS

30. Quarterly Expenditure Reports. The state must provide quarterly expenditure reports using Form CMS-64 to report total expenditures for services provided through this

demonstration under section 1115 authority that are subject to budget neutrality. This project is approved for expenditures applicable to services rendered during the demonstration period. CMS shall provide FFP for allowable demonstration expenditures only as long as they do not exceed the pre-defined limits on the costs incurred as specified in Section IX.

State's Response: The State submits to CMS quarterly, using Form CMS-64, expenditure reports to report total expenditures for services provided through the TEFRA-like demonstration for the current renewal period.

31. **Expenditures Subject to the Budget Neutrality Expenditure Limit.** All expenditures for health care services for demonstration participants, as defined in STC 32(e), are subject to the budget neutrality agreement.

State's Response: The State continues to be aware that all expenditures for health care services for TEFRA-like demonstration beneficiaries, as defined in paragraph 32(e) of the current May 12, 2015 – December 31, 2017 renewal period's Special Terms & Conditions, is subject to the budget neutrality agreement.

32. **Reporting Expenditures Subject to the Budget Neutrality Expenditure Limit.** The following describes the reporting of expenditures subject to the budget neutrality agreement:

a) **Tracking Expenditures.** In order to track expenditures, the state must report demonstration expenditures through the Medicaid and Children's Health Insurance Program Budget and Expenditure System (MBES/CBES), following routine CMS- 64 reporting instructions outlined in section 2500 of the state Medicaid Manual. All demonstration expenditures claimed under the authority of title XIX of the Act and subject to the budget neutrality expenditure limit must be reported each quarter on separate Forms CMS-64.9 Waiver and/or 64.9P Waiver, identified by the demonstration project number (11-W-00185/4) assigned by CMS, including the project number extension which indicates the demonstration year (DY) in which services were rendered.

State's Response: The State follows the above described tracking expenditures process.

b) **Cost Settlements.** For monitoring purposes, cost settlements attributable to the demonstration must be recorded on the appropriate prior period adjustment schedules (Form CMS-64.9P Waiver) for the Summary Sheet Line 10B, in lieu of Lines 9 or 10C. For any cost settlement not attributable to this demonstration, the adjustments should be reported as otherwise instructed in the state Medicaid Manual.

State's Response: The State follows the above described cost settlements process.

c) **Premium and Cost Sharing Adjustments.** Premiums and other applicable cost-

sharing contributions that are collected by the state from enrollees under the demonstration must be reported to CMS each quarter on Form CMS-64 Summary Sheet Line 9D, columns A and B. In order to assure that these collections are properly credited to the demonstration, premium and cost-sharing collections (both total computable and Federal share) should also be reported separately by demonstration year on Form CMS-64 Narrative. In the calculation of expenditures subject to the budget neutrality expenditure limit, premium collections applicable to demonstration populations will be offset against expenditures. These section 1115 premium collections will be included as a manual adjustment (decrease) to the demonstration's actual expenditures on a quarterly basis.

State's Response: The State follows the above described premium and cost sharing adjustments process.

d) **Pharmacy Rebates.** The state may propose a methodology for assigning a portion of pharmacy rebates to the demonstration, in a way that reasonably reflects the actual rebate-eligible pharmacy utilization of the demonstration population, and which reasonably identifies pharmacy rebate amounts with DYs. Use of the methodology is subject to the approval in advance by the CMS Regional Office, and changes to the methodology must also be approved in advance by the Regional Office. The portion of pharmacy rebates assigned to the demonstration using the approved methodology will be reported on the appropriate Forms CMS-64.9 Waiver for the demonstration, and not on any other CMS-64.9 form (to avoid double counting). Each rebate amount must be distributed as state and federal revenue consistent with the federal matching rates under which the claim was paid.

State's Response: The State follows the above described pharmacy rebates process.

e) **Use of Waiver Forms.** For each DY, a Waiver Form CMS-64.9 Waiver and/or 64.9P Waiver must be submitted each quarter to report title XIX expenditures associated with the Demonstration. The expression in quotations marks, for the Population/Eligibility Group (EG) below, is the waiver name to be used to designate these waiver forms in the MBES/CBES system.

i. **Demonstration Population/EG 1 "TEFRA Children":** TEFRA children as described in STC 18.

State's Response: The State reports, for each quarter for each demonstration year of the current May 12, 2015 – December 31, 2017 renewal period, title XIX expenditures associated with the TEFRA-like demonstration.

f) **Title XIX Administrative Costs.** Administrative costs will not be included in the budget neutrality agreement, but the state must separately track and report additional administrative costs that are directly attributable to the demonstration. All administrative costs must be identified on the Forms CMS-64.10 Waiver and/or 64.10P Waiver.

State's Response: The State tracks and reports separately the additional administrative costs that are directly attributable to the demonstration.

g) **Claiming Period.** All claims for expenditures subject to the budget neutrality agreement (including any cost settlements) must be made within 2 years after the calendar quarter in which the state made the expenditures. Furthermore, all claims for services during the demonstration period (including any cost settlements) must be made within 2 years after the conclusion or termination of the demonstration. During the latter 2-year period, the state must continue to identify separately net expenditures related to dates of service during the operation of the demonstration on the CMS-64 waiver forms, in order to properly account for these expenditures in determining budget neutrality.

State's Response: The State follows the schedule identified above for reporting expenditures subject to the budget neutrality agreement.

33. Reporting Member Months. The following describes the reporting of member months for demonstration populations:

a. For the purpose of calculating the budget neutrality expenditure cap and for other purposes, the state must provide to CMS, as part of the quarterly report required under paragraph 27, the actual number of eligible member months for EGs defined in paragraph 32(e). The state must submit a statement accompanying the quarterly report which certifies the accuracy of this information. To permit full recognition of "in-process" eligibility, reported counts of member months may be subject to revisions for an additional 180 days after the end of each quarter.

State's Response: The State provides, as part of the demonstration's reports submitted to CMS quarterly, the actual number of eligible member months for the demonstration's eligibility group.

b. The term "eligible member months" refers to the number of months in which persons are eligible to receive services. For example, a person who is eligible for 3 months contributes 3 eligible member months to the total. Two individuals who are eligible for 2 months each contribute 2 eligible member months to the total, for a total of 4 eligible member months.

34. Standard Medicaid Funding Process. The standard Medicaid funding process must be used during the demonstration. The state must estimate matchable demonstration expenditures (total computable and federal share) subject to the budget neutrality expenditure limit and separately report these expenditures by quarter for each FFY on the Form CMS-37 (narrative section) for both the Medical Assistance Payments (MAP) and state and Local Administrative Costs (ADM). CMS shall make federal funds available based upon the state's estimate, as approved by CMS. Within 30 days after the end of each quarter, the state must submit the Form CMS-64 quarterly Medicaid expenditure

report, showing Medicaid expenditures made in the quarter just ended. CMS shall reconcile expenditures reported on the Form CMS-64 with federal funding previously made available to the state, and include the reconciling adjustment in the finalization of the grant award to the state.

State's Response: The State used during the demonstration's current renewal period, the standard Medicaid funding process and estimates the matchable demonstration expenditures subject to the budget neutrality expenditure limit and separately reports these expenditures by quarter for each FFY.

35. **Extent of FFP.** Subject to CMS approval of the source(s) of the non-federal share of funding, CMS shall provide FFP at the applicable federal matching rates for the demonstration as a whole as outlined below, subject to the limits described in section IX.

a) Administrative costs, including those associated with the administration of the demonstration; and,

b) Net expenditures and prior period adjustments, made under approved Expenditure Authorities granted through section 1115(a)(2) of the Act, with dates of service during the operation of the demonstration.

36. **Sources of Non-Federal Share.** The state provides assurance that the matching non-federal share of funds for the demonstration is state/local monies. The state further assures that such funds shall not be used as the match for any other federal grant or contract, except as permitted by law. All sources of non-federal funding must be compliant with section 1903(w) of the Act and applicable regulations. In addition, all sources of the non-federal share of funding are subject to CMS approval.

State's Response: The State assured it will meet the above stated with regard to sources of non-federal share for the demonstration.

a) CMS may review at any time the sources of the non-federal share of funding for the demonstration. The state agrees that all funding sources deemed unacceptable by CMS shall be addressed within the time frames set by CMS.

State's Response: The State agreed that all funding sources deemed unacceptable by CMS shall be addressed within the time frames set by CMS

b) Any amendments that impact the financial status of the program shall require the state to provide information to CMS regarding all sources of the non-federal share of funding.

State's Response: There were no amendments submitted to CMS for the TEFRA-like demonstration during the May 12, 2015 – December 31, 2017 renewal period.

c) The state assures that all health care-related taxes comport with section 1903(w) of the Act and all other applicable federal statutory and regulatory provisions, as well as the approved Medicaid state plan.

State's Response: The State assured that all health care related taxes comport with section 1903(w) of the Act and all other applicable federal statutory and regulatory provisions, as well as the approved Medicaid state plan.

37. State Certification of Funding Conditions. The state must certify that the following conditions for non-federal share of demonstration expenditures are met:

a) Units of government, including governmentally-operated health care providers, may certify that state or local tax dollars have been expended as the non-federal share of funds under the demonstration;

b) To the extent the state utilizes certified public expenditures (CPEs) as the funding mechanism for title XIX (or under section 1115 authority) payments, CMS must approve a cost reimbursement methodology. This methodology must include a detailed explanation of the process by which the state would identify those costs eligible under title XIX (or under section 1115 authority) for purposes of certifying public expenditures;

c) To the extent the state utilizes CPEs as the funding mechanism to claim Federal match for payments under the demonstration, governmental entities to which general revenue funds are appropriated must certify to the state the amount of such tax revenue (state or local) used to satisfy demonstration expenditures. The entities that incurred the cost must also provide cost documentation to support the state's claim for Federal match;

d) The state may use intergovernmental transfers to the extent that such funds are derived from state or local tax revenues and are transferred by units of government within the state. Any transfers from governmentally-operated health care providers must be made in an amount not to exceed the non-Federal share of title XIX payments; and,

e) Under all circumstances, health care providers must retain 100 percent of the reimbursement amounts claimed by the state as demonstration expenditures. Moreover, no pre-arranged agreements (contractual or otherwise) may exist between the health care providers and the state government to return and/or redirect any portion of the Medicaid payments. This confirmation of Medicaid payment retention is made with the understanding that payments that are the normal operating expenses of conducting business (such as payments related to taxes, including health care provider-related taxes, fees, and business relationships with governments that are unrelated to Medicaid and in which there is no connection to Medicaid payments) are not considered returning and/or redirecting a Medicaid payment.

State's Response: The State certified that the above stated conditions for non-federal share of

demonstration expenditures would be and have been met

38. **Monitoring the Demonstration.** The state must provide CMS with information to effectively monitor the demonstration, upon request, in a reasonable timeframe.

State's Response: The State provided CMS information to effectively monitor the demonstration at time of request and within a reasonable timeframe.

39. **Program Integrity.** The state must have processes in place to ensure that there is no duplication of federal funding for any aspect of the demonstration.

State's Response: The State has processes in place to ensure there is no duplication of federal funding for any aspect of the demonstration.

IX. MONITORING BUDGET NEUTRALITY FOR THE DEMONSTRATION

40. **Limit on Title XIX Funding.** The state shall be subject to a limit on the amount of federal title XIX funding that the state may receive on selected Medicaid expenditures during the period of approval of the demonstration. The limit is determined using a per capita cost method. The budget neutrality targets are set on a yearly basis with a cumulative budget neutrality expenditure limit for the length of the entire demonstration. All data supplied by the state to CMS is subject to review and audit, and if found to be inaccurate, will result in a modified budget neutrality expenditure limit. CMS' assessment of the state's compliance with these annual limits will be done using the CMS-64 Report from the MBES/CBES System. No savings can be accrued or used with this budget neutrality model.

41. **Risk.** The state shall be at risk for the per capita cost for demonstration enrollees under this budget neutrality agreement, but not for the number of demonstration enrollees in the TEFRA eligibility group. By providing FFP for all demonstration enrollees, the state will not be at risk for changing economic conditions which impact enrollment levels. However, by placing the state at risk for the per capita costs for demonstration enrollees, CMS assures that the federal demonstration expenditures do not exceed the level of expenditures that would have occurred had there been no demonstration.

42. **Budget Neutrality Expenditure Limit.** The following describes the method for calculating the budget neutrality expenditure limit for the demonstration:

    a) For each year of the budget neutrality agreement an annual budget neutrality expenditure limit is calculated for the EG in STC 32(e) as follows:

        i. An annual EG estimate must be calculated as a product of the number of eligible member months reported by the state under paragraph 33,

times the appropriate estimated PMPM costs from the table in subparagraph (iii) below.

ii. The PMPM costs in subparagraph (iii) below are net of premiums paid by demonstration eligibles.

iii. The PMPM costs for the EG used to calculate the annual budget neutrality expenditure limit for this demonstration are specified below.

Eligibility Category	Trend Rate	DY 12 CY 2014 PMPM	Trend Rate	DY 13 CY 2015 PMPM	Trend Rate	DY 14 CY 2016 PMPM	Trend Rate	DY 15 CY 2017 PMPM
TEFRA Children	6.1%	$1,691.00	4.6%	$1,768.79	4.6%	$1,850.15	4.6%	$1,935.26

b) The overall budget neutrality expenditure limit for the 3-year demonstration period is the sum of the annual budget neutrality expenditure limits calculated in subparagraph (a)(iii) above for each of the 3 years. The federal share of the overall budget neutrality expenditure limit represents the maximum amount of FFP that the state may receive for expenditures on behalf of demonstration populations and expenditures described in paragraph 29(e) during the demonstration period.

43. Enforcement of Budget Neutrality. CMS shall enforce budget neutrality over the life of the demonstration, rather than on an annual basis. However, if the state exceeds the calculated cumulative budget neutrality expenditure limit by the percentage identified below for any of the demonstration years, the state must submit a corrective action plan to CMS for approval.

Demonstration Year	Cumulative Target Definition	Percentage
Years 1 through 9	Cumulative budget neutrality cap plus:	1.0 percent
Years 1 through 10	Cumulative budget neutrality cap plus:	0.5 percent
Years 1 through 15	Cumulative budget neutrality cap plus:	0 percent

State's Response: The State has not exceeded the calculated cumulative budget neutrality expenditure limit by the percentage identified in the above chart for any of the demonstration years.

44. Exceeding Budget Neutrality. If, at the end of this demonstration period, the budget neutrality expenditure limit has been exceeded, the excess federal funds must be returned to CMS.

State's Response: The State's budget neutrality expenditure limit has not been exceeded.

X. EVALUATION OF THE DEMONSTRATION

45. **Submission of Draft Evaluation Design.** The state must submit to CMS for approval, within 120 days of the approval date of the demonstration a draft evaluation design. A delay in submitting the draft evaluation design could subject the state to penalties described in STC 17. At a minimum, the draft design must include a discussion of the goals, objectives, and specific testable hypotheses, The analysis plan must cover all elements in STC 47 The design should be described in sufficient detail to determine that it is a sound evaluation design strategy to address the hypotheses. The data strategy must be thoroughly documented. The design must describe the state's process to contract with an independent evaluator (if applicable), ensuring no conflict of interest. The design is subject to CMS approval to assure the evaluation meets the requirements of STC 47.

State's Response: The State submitted to CMS on 9/4/15 the "Draft" Evaluation Design (See **ATTACHMENT M**) for the State's TEFRA-like demonstration waiver which was a submission date before the "…within 120 days of the approval date (5/12/15) of the demonstration…". The State received no comments from CMS on the "Draft" Evaluation Design.

46. **Cooperation with Federal Evaluators.** Should HHS undertake an evaluation of the demonstration or any component of the demonstration, the state shall cooperate fully with CMS or the evaluator selected by HHS. In addition, the state shall submit the required data to HHS or its contractor in a timely manner and at no cost to CMS or the contractor, unless the state incurs a cost in which case CMS will participate in accordance with regular administrative matching rules.

State's Response: HHS has not undertaken an evaluation of the State's TEFRA-like demonstration or any component of the demonstration.

47. **Evaluation Design**. The Evaluation Design shall include the following core components to be approved by CMS:

a. Focus. The research questions should focus on processes and outcomes that relate to the better care, better health, and reduced costs. The following are among the hypotheses to be considered in the development of the evaluation and design and will be included in the design as appropriate.

i. The Arkansas TEFRA-like demonstration will increase access to quality health care services for all children eligible for the program.

ii. Premium contributions for individuals in the Arkansas TEFRA-like demonstration are affordable and do not create a barrier to health care access.

iii. Few individuals will experience the lock-out period because the policy will deter nonpayment of premiums for Arkansas TEFRA-like demonstration beneficiaries.

b. Arkansas must use the results of the premium payment monitoring data as well as other available data to conduct an evaluation that examines premium payment for Arkansas TEFRA-like beneficiaries. Include hypotheses that address the effect of the lockout policy on enrollment and reenrollment for Arkansas TEFRA-like beneficiaries broken down by income level and questions including:

i. How many individuals were disenrolled by income level?
ii. What are the reasons beneficiaries did not make contributions?
iii. What health care needs did individuals have while they were in the lockout period and how did they address those needs?

c. Measures. The draft evaluation design must discuss the outcome measures that shall be used in evaluating the impact of the demonstration during the period of approval, including:

i. A description of each outcome measure selected, including clearly defined numerators and denominators, and National Quality Forum (NQF) numbers (as applicable);
ii. The measure steward;
iii. The baseline value for each measure; and
iv. The sampling methodology for assessing these outcomes.

d. Sources of Measures. CMS recommends that the state use measures from nationally-recognized sources and those from national measures sets (including CMS's Core Set of Health Care Quality Measures for Children in Medicaid and CHIP, and the Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults).

e. The evaluation design must also discuss the data sources used, including, but not limited to, the use of Medicaid encounter data, enrollment data, EHR data, and consumer and provider surveys. The draft evaluation design must include a detailed analysis plan that describes how the effects of the demonstration shall be isolated from other initiatives occurring in the state. The evaluation designs proposed for each question may include analysis at the beneficiary, provider, and aggregate program level, as appropriate, and include population stratifications to the extent feasible, for further depth and to glean potential non-equivalent effects on different sub-groups.

State's Response: The State's TEFRA-like waiver Evaluation Design (See **ATTACHMENT M**) includes all the before stated core components. The State received no comments from CMS on the "Draft" Evaluation Design submitted to CMS on 9/4/15.

A delay in submitting this report could subject the state to penalties described in STC 17.

State's Response: The State submitted on 9/4/15 the TEFRA-like demonstration "Draft" Evaluation Design (See **ATTACHMENT M**) which was prior to the specified submission time of within 120 days (9/8/15) of the approval date (5/12/15) of the demonstration as specified in Paragraph 45 of the May 12, 2015 – December 31, 2017 Special Terms and Conditions.

48. **Final Evaluation Design and Implementation**. CMS shall provide comments on the draft design and the draft evaluation strategy, and the state shall submit a final design within 60 days of receipt of CMS's comments. A delay in submitting the final evaluation design could subject the state to penalties described STC 17. The state must implement the evaluation design and submit its progress in each of the quarterly and annual progress reports.

State's Response: CMS did not provide comments on the "Draft" Evaluation Design (See **ATTACHMENT M**) the State submitted on 9/4/15 for its TEFRA-like demonstration evaluation.

49. **Interim Evaluation Report.** The state must submit an interim evaluation report to CMS as part of any future request to extend the demonstration, or by June 30, 2016, if no extension request has been submitted by that date. The interim evaluation report will discuss evaluation progress and present findings to date.

State's Response: The State is submitting an "Interim" Evaluation Report (See **ATTACHMENT N**) with its extension renewal application of the TEFRA –like demonstration waiver.

50. **Final Evaluation Report**. The state must submit to CMS a draft of the evaluation final report within 60 days after to the expiration of the demonstration. The report shall including items as required in the Evaluation Design. The state must take into consideration CMS' comments for incorporation into the final report. The final evaluation report is due to CMS no later than 120 days after receipt of CMS' comments. A delay in submitting the draft of the final evaluation report or final evaluation report could subject the state to penalties described in STC 17.

State's Response: The State will submit within 60 days after the expiration of the TEFRA-like demonstration waiver the waiver's "Final" Evaluation Report.

51. **Public Access**. The state shall post the final approved Evaluation Design on the state Medicaid website within 30 days of approval by CMS.

State's Response: The State posted its TEFRA-like waiver Evaluation Design on the State's Medicaid website. The State received no comments from CMS on the "Draft" Evaluation Design submitted to CMS on 9/4/15.

52. **Electronic Submission of Reports.** The state shall submit all required plans and reports using the process stipulated by CMS, if applicable.

State's Response: The State has submitted all required plans and reports for the TEFRA-like demonstration using the process stipulated by CMS.

XI. HEALTH INFORMATION TECHNOLOGY

53. **Health Information Technology (HIT).** The state shall use HIT to link services and core providers across the continuum of care to the greatest extent possible. The state is expected to achieve minimum standards in foundational areas of HIT and to develop its own goals for the transformational areas of HIT use.

a. Arkansas must have plans for health IT adoption for providers. This will include creating a pathway (and/or a plan) to adoption of certified electronic health record (EHR) technology and the ability to exchange data through the state's health information exchanges. If providers do not currently have this technology, there must be a plan in place to encourage adoption, especially for those providers eligible for the Medicare and Medicaid EHR Incentive Program.

b. The state must participate in all efforts to ensure that all regions (e.g., counties or other municipalities) have coverage by a health information exchange. Federal funding for developing health information exchange (HIE) infrastructure may be available, per state Medicaid Director Letter #11-004, to the extent that allowable costs are properly allocated among payers. The state must ensure that all new systems pathways efficiently prepare for 2014 eligibility and enrollment changes.

c. All requirements must also align with Arkansas's state Medicaid HIT Plan and other planning efforts such as the Office of National Coordinator HIE Operational Plan.

State's Response: The State has met the health information technology requirement.

XII.T-MSIS REQUIREMENTS

On August 23, 2013, a state Medicaid Director Letter entitled, "Transformed Medicaid Statistical Information System (T-MSIS) Data," was released. It states that all states are expected to demonstrate operational readiness to submit T-MSIS files, transition to T-MSIS, and submit timely T-MSIS data by July 1, 2014. Among other purposes, these data can support monitoring and evaluation of the Medicaid program in Arkansas against which the demonstration will be compared.

Should the MMIS fail to maintain and produce all federally required program management data and information, including the required T-MSIS, eligibility, provider, and managed care encounter data, in accordance with requirements in the SMM Part 11, FFP may be suspended or disallowed as provided for in federal regulations at 42 CFR 433 Subpart C, and 45 CFR Part 95.

State's Response: The State has met the MSIS requirement

XIII. SCHEDULE OF STATE DELIVERABLES DURING THE DEMONSTRATION

The state is held to all reporting requirements outlined in the STCs; this schedule of deliverables should serve only as a tool for informational purposes only.

State's Response: The State has complied with all reporting requirements outlined in the TEFRA-like demonstration's Special Terms & Conditions.

Per award letter- Within 30 days of the date of award	Confirmation Letter to CMS accepting demonstration STCs
Per Section X, STC 45	Submit Draft Evaluation Design
Per Section X, STC 48	Submit Final Evaluation Design
Per Section III, STC 8	Submit Demonstration Extension Application
Per Section III, STC 10	Post-award Forum
Quarterly	**Deliverable**
Per Section VII, STC 27	Quarterly Progress Report
Per Section VIII, STC 30	Quarterly Expenditure Report
Annual	**Deliverable**
Per Section III, STC 10	Post Award Forum Transparency Deliverable
Per Section VII, STC 28	Annual Report
Renewal/Closeout	**Deliverable**
Per Section X, STC 50	Draft Final Evaluation Report
Per Section X, STC 50	Final Evaluation Report
Per Section VII, STC 29	Final Report

ATTACHMENT A

Under STC 27, the state is required to submit quarterly progress reports to CMS. The purpose of the quarterly report is to inform CMS of significant demonstration activity from the time of approval through completion of the demonstration. The reports are due to CMS 60 days after the end of each quarter.

The following report guidelines are intended as a framework and can be modified when agreed upon by CMS and the state. A complete quarterly progress report must include an updated budget neutrality monitoring workbook.

NARRATIVE REPORT FORMAT

Title Line One – AR TEFRA-like

Title Line Two - Section 1115 Quarterly Report

Demonstration/Quarter Reporting Period:
Example:
Demonstration Year: 11 (1/1/2011 – 12/31/2011)
Federal Fiscal Quarter: 2/2011 (1/1/2011 – 3/31/2011)

Introduction

Please provide information describing the goal of the demonstration, what it does, and key dates of approval/operation. (This should be the same for each report.)

Enrollment Information

Please complete the following table that outlines all enrollment activity under the demonstration. The state should indicate "N/A" where appropriate. If there was no activity under a particular enrollment category, the state should indicate that by "0". Enrollment counts should be person counts.

Demonstration Populations (as hard coded in the Form CMS-64)	Total as of end of Current Quarter	Voluntary Disenrolled in Current Quarter	Involuntary Disenrolled in Current Quarter
Population 1 – TEFRA Children			

Outreach/Innovative Activities

Summarize outreach activities and/or promising practices for the current quarter.

Operational/Policy Developments/Issues

Identify all significant program developments/issues/problems that have occurred in the current quarter, including but not limited to approval and contracting with new plans, benefit changes, and legislative activity.

Consumer Issues

Provide a summary of the types of complaints or problems consumers identified about the program in the current quarter. Include any trends discovered, the resolution of complaints, and any actions taken or to be taken to prevent other occurrences.

Quality Assurance /Monitoring Activities

Identify any quality assurance/monitoring activity in the current quarter.

Demonstration Evaluation

Discuss progress of evaluation design and planning.

Financial/Budget Neutrality Development/Issues

Identify all significant developments/issues/problems with financial accounting, budget neutrality, and Form CMS-64 reporting for the current quarter. Identify the state's actions to address these issues.

Enclosures/Attachments

Identify by title any attachments, along with a brief description of what information the document contains.

State Contact(s)

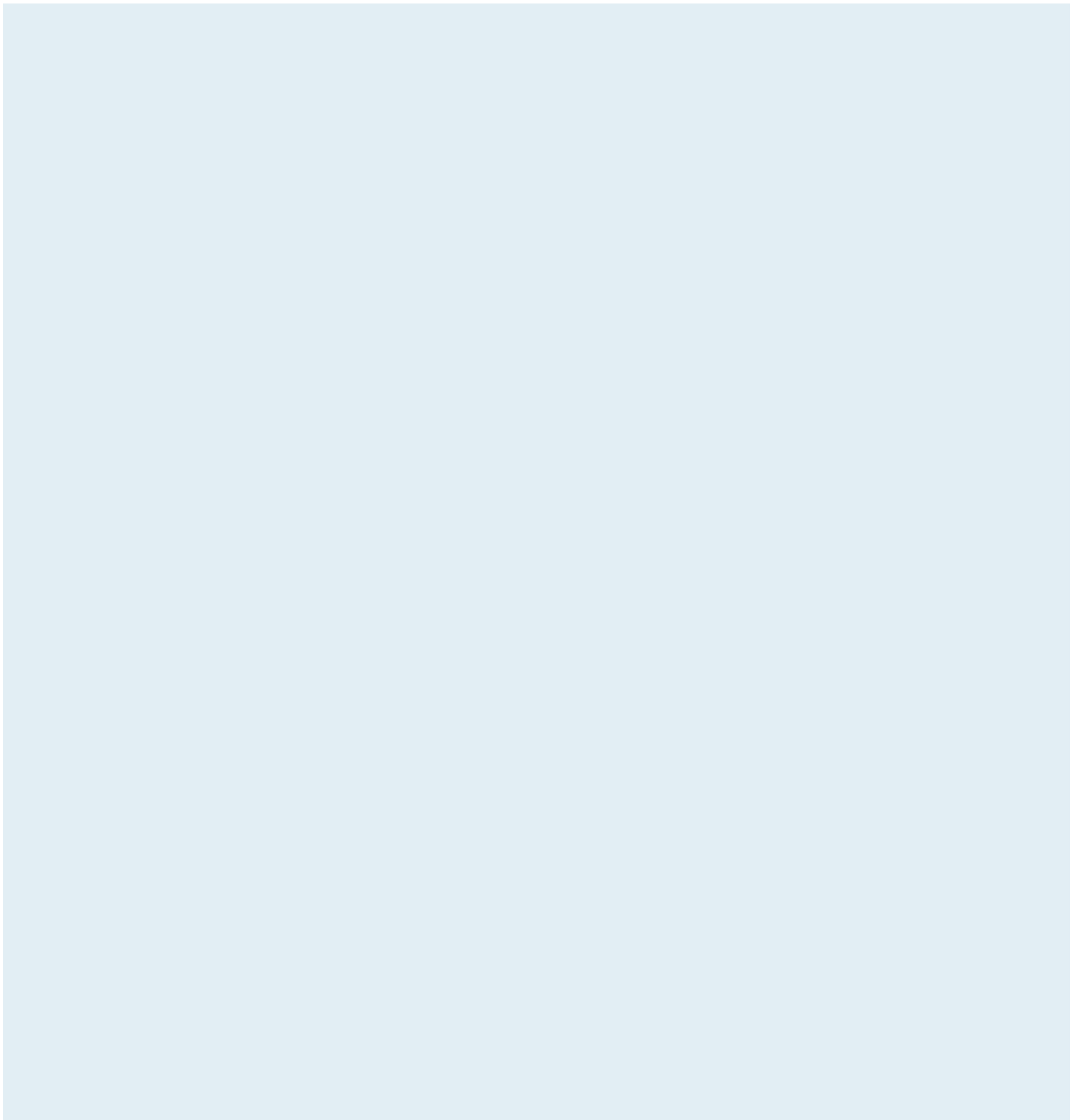
Identify individuals by name, title, phone, fax, and address that CMS may contact should any questions arise.

Date Submitted to CMS

ATTACHMENT L

ARKANSAS MEDICAID TEFRA SURVEY

2016 Beneficiary Satisfaction Survey Results



ARKANSAS MEDICAID TEFRA SURVEY

2016 Beneficiary Satisfaction Survey Results

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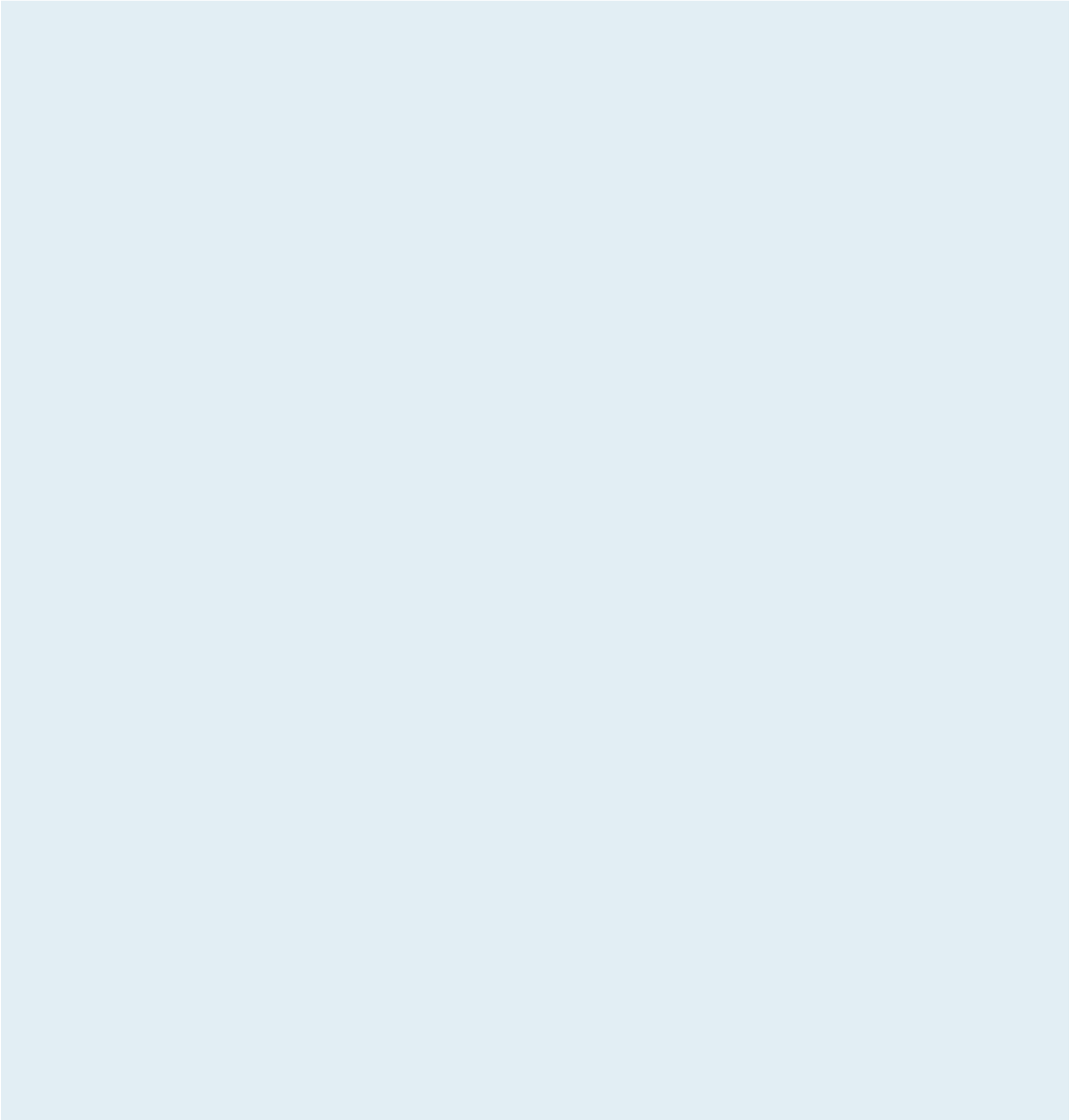


Executive Summary

The Arkansas Division of Medical Services (DMS) contracted with AFMC, a National Committee for Quality Assurance (NCQA) certified Healthcare Effectiveness Data and Information Set (HEDIS®)[1] survey vendor, to conduct its 2016 Tax Equity and Fiscal Responsibility Act (TEFRA) Beneficiary Satisfaction Survey, which is modeled after the Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[2] 5.0H Medicaid Child survey. After conducting a mail-only survey, AFMC received 787 surveys from the eligible beneficiary population from August 2016 to October 2016, resulting in a cooperation rate of 39.0 percent. This report provides a summary of the 2016 survey results and compares the survey data with the 2015 and 2014 TEFRA survey results. This comprehensive analysis will assist DMS in determining which services beneficiaries use, how beneficiaries evaluate the TEFRA program and its services, and how the TEFRA program performs over time.

TABLE 1. Composite and rating percentages

COMPOSITES/RATINGS	2016	2015	2014
Getting care quickly	94%	95%	93%
How well doctors communicate	93%	94%	93%
Customer service	67%	65%	68%
Special equipment and supplies	70%	69%	69%
Special therapies	90%	88%	89%
Rating of health care professional	90%	89%	87%
Rating of health care	89%	91%	85%
Rating of treatment or counseling	71%	70%	72%
Rating of TEFRA	73%	72%	74%
Rating of customer service	40%	32%	44%
Rating of TEFRA application process	48%	48%	48%

The TEFRA survey includes five composite measures and six rating questions. The composite measures represent the percentage of beneficiaries who responded favorably. For questions scaled as "Never," "Sometimes," "Usually" and "Always," a favorable response represents the proportion of beneficiaries who selected "Usually" or "Always." For questions scaled as "A big problem," "A small problem" and "Not a problem," a favorable response represents the proportion of beneficiaries who selected "Not a problem." The composite measures include:

- **Getting care quickly:** Measures a beneficiary's access to timely urgent and non-urgent care
- **How well doctors communicate:** Measures how well doctors listen, explain, spend enough time with and show respect for what beneficiaries have to say
- **Customer service:** Measures how often beneficiaries got the help they needed and were treated with courtesy and respect by TEFRA's customer service

1: HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

2: CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ)

- **Special equipment and supplies:** Measures a beneficiary's access to additional specialty items and special medical equipment
- **Special therapies:** Measures a beneficiary's access to speech, occupational and physical therapies

There are six questions with responses scaled 0–10, where 0 represents "worst possible" and 10 represents "best possible." The rating scores show the percentage of beneficiaries who rated the question an 8, 9 or 10. Rating questions include:

- Rating of health care professional
- Rating of health care
- Rating of treatment or counseling
- Rating of TEFRA
- Rating of customer service
- Rating of TEFRA application process

KEY FINDINGS

The following paragraphs summarize how TEFRA's ratings and composite scores as well as respondents' demographics trend over time. For the complete analysis, please refer to the Demographics of Survey Sample and Respondents section **(page 9)**, Comparing TEFRA Health Plan section **(page 15)**, and Trend Analysis section of this report **(page 21)**.

AFMC compared the 2016 TEFRA survey results with the results from the 2015 and 2014 surveys:

- The "Getting care quickly" composite has remained consistent in the previous three years of reporting, with the 2016 composite at 93.9. The proportion of beneficiaries responding positively to "Obtaining care right away for an illness/injury/condition" remained steady at around 95 to 97 percent, and the "Obtaining routine care when wanted" measure also showed no significant change.
- The "How well doctors communicate" composite has remained consistent and is 92.7 percent for 2016. Most of its comprising measures remained consistent; however, in 2016, "Doctors explaining things in an understandable way to your child" had a decrease of three points that was not significant. "Doctors listening carefully," "Doctors showing respect for what you had to say" and "Doctors spending enough time with your child" had less than a one-point difference when comparing 2016 with 2015.
- In 2016, the composite score for the "Customer service" composite and its comprising measures increased from 2015, but those increases were not significant.
- "Access to special equipment and supplies" has slightly increased since 2015. Both comprising measures increased; however, there was no significant change on either the overall composite or the individual measures that comprise this composite. Other than the "Customer service" composite, this composite has consistently obtained a low score.

- "Special therapies" and its comprising measures all increased slightly since 2015. However, no significant change was noted on the composite or its individual measures.
- The proportion of respondents rating the overall experience with the TEFRA program with an 8, 9 or 10 decreased slightly from 73.9 percent in 2014 to 72.0 percent in 2015 and increased slightly to 72.7 percent in 2016; however, these changes were not significant.
- The summary ratings for health care professionals, health care, treatment or counseling, and the TEFRA application process showed no significant change from previous years (2015 and 2014). The best rating was obtained by health care professional, followed by the rating of health care.
- Similar to the composite, the summary ratings for "Customer service" had an increase from 2015 to 40.2 percent; however, this increase is not significant. Both the "Rating of customer service" and "Rating of TEFRA application process" received low ratings, 40.2 and 48.1 percent respectively.
- Beneficiaries have had significantly fewer problems seeing a personal doctor or nurse, getting prescription medication and getting urgent care since enrolling in TEFRA compared with the six months before enrolling in TEFRA. This has been consistent since 2010 (2010–2013 numbers not included in this report).

AFMC compared the 2016 TEFRA respondents' demographics with the 2015 and 2014 TEFRA respondents' demographics:

- In 2016, respondents showed no significant differences in any of the age groups. The proportions of gender and race categories also showed no significant differences.
- For 2016, the lowest household income bracket ($0–$50,000) had a lower proportion of respondents compared to both 2015 and 2014. The decrease was significant when comparing 2016 with 2014 but not significant from 2016 to 2015. At the same time, the proportion of respondents in the income bracket of $100,001–$150,000 showed a significant increase when comparing 2016 with 2014. Although there was also an increase in respondents in the income bracket of $100,001–$150,000 from 2015 to 2016, this increase was not significant.
- Respondents for 2016 showed no significant change compared with 2015 in the "Years of enrollment" category. Although, respondents for 2016 were skewed in the "Years of enrollment" category, with 35.3 percent enrolled in TEFRA for 2–5 years and less than 20 percent enrolled for less than a year or 1–2 years. Comparing 2016 with 2014, there is a significant increase in the "2–5 years" enrollment category and a significant decrease in the "Less than 1 year" category.
- A majority of the respondents reported "No financial burden" or "A small financial burden" in paying TEFRA premiums. However, 73 respondents (9.7%) indicated it had been "A big financial burden" to pay TEFRA premiums in the last six months. The difference from the past years was not significant and has been fairly consistent in the previous years (2015 and 2014).

- The beneficiaries of TEFRA have generally been predominantly male. This is consistent with reports from previous years.
- The beneficiaries are also mostly white (84.0%), with only 7.3 percent indicating they are African-American. An even smaller proportion were identified as Asian or "Other." This distribution also mirrors the race distribution of the TEFRA population in general.

Survey Overview and Methodology

BACKGROUND

As part of its contract with DMS, AFMC regularly surveys TEFRA beneficiaries about their health care experiences. AFMC used the 2015 CAHPS 5.0H Medicaid Child Beneficiary Satisfaction Survey as a model.

CAHPS surveys are a set of survey tools developed to assess patients' satisfaction with their health plan. CAHPS is funded by the AHRQ and was developed jointly by AHRQ and NCQA. The baseline survey of TEFRA beneficiaries was conducted by AFMC in 2004. This is the eleventh survey of this population.

This report summarizes results derived from the TEFRA survey as applied to a random sample of TEFRA beneficiaries. The results include five composite measures ("Getting care quickly," "How well doctors communicate," "Customer service," "Special equipment and supplies" and "Special therapies") and six ratings questions (health care professional, health care, treatment or counseling, TEFRA, customer service, and TEFRA application process).

Satisfaction is presented as the percentage of respondents who chose the most positive question responses as specified by NCQA.

RESPONSE RATE

Per NCQA guidelines, 2,100 TEFRA beneficiaries were systematically selected from Arkansas Medicaid Enterprise (AME) Decision Support System (DSS) claims data. After eliminating beneficiaries with duplicate addresses, the survey sample size was 2,016. A total of 787 surveys were received, resulting in a cooperation rate of 39.0 percent. After further excluding survey recipients who no longer met eligibility criteria and adjusting for bad addresses, the analyzable sample size was 1,968. After eliminating received surveys without any valid responses and received surveys from beneficiaries who did not meet enrollment criteria, 779 surveys (39.6%) were available for analysis.

SAMPLING FRAME

The beneficiary data were obtained from Medicaid Management Information System. NCQA guidelines require each beneficiary to be enrolled for a minimum of six months with no more than one gap in enrollment of up to 45 days prior to participating in the survey. Although NCQA defines the allowable gap as 45 days, AFMC sets this criterion at 30 days because the enrollment data is reported monthly. Beneficiaries selected for other surveys within the last 12 months were excluded from the population this year, and only one beneficiary per household was selected.

TABLE 2. Sample size and response rates	
2016 SURVEY	
Survey sample size	2,016
Total surveys returned	787
Cooperation rate	39.0%
Analyzable sample size*	1,968
Analyzable surveys	779
Analyzable rate	39.6%
**Excludes bad addresses*	

SURVEY PROCEDURE

An advance letter, written on Arkansas Department of Human Services (DHS) letterhead and signed by the director of DMS, was mailed to each selected TEFRA beneficiary **(Appendix A)**. The letter explained the purpose of the survey, informed the beneficiary of its confidential and voluntary nature, and gave information on requesting a Spanish-language version of the survey. Approximately 18 days later, a packet was sent to the beneficiary containing a questionnaire **(Appendix B)**, a postage-paid return envelope and a cover letter. The cover letter, on DHS letterhead and signed by the director, reiterated the information in the advance letter and gave specific instructions on completing and returning the survey **(Appendix A)**. A reminder postcard was mailed 10 days later to those beneficiaries who did not respond **(Appendix A)**. Approximately one month after the initial survey was sent, a second survey was mailed to any beneficiary who had not returned a survey. A second reminder postcard was mailed 11 days after the second survey.

All mail was sent bulk rate with return receipt and address correction requested, and letters and surveys that were returned as undeliverable with an address correction were re-mailed. Telephone follow-up of non-respondents was not performed.

SURVEY TRACKING

A unique number was assigned to each survey for tracking purposes only. This tracking number was used so that a second survey could be mailed to non-responders but not to those who had already completed and returned the survey. Beneficiary confidentiality was never compromised.

DISQUALIFIED SURVEYS

Surveys received after the cutoff date of Oct. 31, 2016, were excluded from the survey analysis. Surveys without any valid responses and those no longer meeting enrollment criteria were excluded from the analysis. These exclusions were made based on the standard HEDIS/CAHPS protocol and recommendations. Total excluded or disqualified surveys represented 1.0 percent of the total surveys received.

TABLE 3. Survey time table	
SURVEY MAILINGS AND DATE	
Advance letter	Aug. 10, 2016
First survey	Aug. 29, 2016
First reminder postcard	Sept. 8, 2016
Second survey	Sept. 29, 2016
Second reminder postcard	Oct. 10, 2016
Data cutoff	Oct. 31, 2016

NON-ANALYZABLE SURVEYS

A total of 1,237 surveys were not returned or available for analysis. AFMC tracked the reasons why these surveys were not returned or were ineligible for analysis following NCQA guidelines.

TABLE 4. Non-analyzable surveys	
FINAL DISPOSITIONS	
Incorrect address	38
No response after maximum attempts	1,188
Beneficiary refusal	1
Beneficiary deceased	0
Beneficiary mentally incapacitated	0
Ineligible — language barrier	1
Does not meet eligibility criteria	9

SPANISH-LANGUAGE SURVEYS

AFMC translates all surveys into Spanish and provides the Spanish-language version to beneficiaries upon request **(Appendix B)**. Of the 787 surveys returned, one was completed in Spanish.

Demographics of Survey Sample and Respondents

Since AFMC follows NCQA protocol, the survey sample should be similar to the TEFRA population. **Table 6** shows how the sample compares with the population and to the actual returned surveys that were used for analysis. The following pages show the percentage of respondents by demographic category: age, gender, race, household income, years of enrollment in TEFRA and financial burden of premiums.

AFMC highlights respondents' demographics that have significantly changed over time; a z-test was used to determine any significant differences. All significance testing is performed at the 95-percent significance level.

The respondents of TEFRA are generally predominantly male (gender of the child for whom the survey was filled out). This is consistent with reports from previous years. This is also in line with the general TEFRA beneficiary distribution, which is skewed towards males (see **Table 6** comparing beneficiaries surveyed with the TEFRA population and survey respondents). **Table 5** and the graph **(Figure 1)** show that respondents are also mostly white (84.0%) with only 7.3 percent of respondents indicating they are African-American. An even smaller proportion of respondents identified as Asian or "Other." This distribution also mirrors the race distribution of the TEFRA population in general.

In demographic comparisons of 2016 respondents with 2015 and 2014 respondents, 2016 respondents showed no significant differences in any of the age groups. The 2014 and 2015 proportions of gender and race categories also showed no significant difference compared to 2016.

For 2016, the lowest household income bracket ($0–$50,000) had a lower proportion of respondents compared to both 2015 and 2014. The decrease was significant when comparing 2016 with 2014 but not significant from 2016 to 2015. At the same time, the proportion of respondents in the income bracket of $100,001–$150,000 showed a significant increase when comparing 2016 with 2014. Although there was also an increase in respondents in the income bracket of $100,001–$150,000 from 2015 to 2016, this increase was not significant.

Respondents for 2016 showed no significant change compared with 2015 in the "Years of enrollment" category. Although, respondents for 2016 were skewed in the "Years of enrollment" category, with 35.3 percent enrolled in TEFRA for 2–5 years and less than 20 percent enrolled for less than a year or 1–2 years. Comparing 2016 with 2014, there is a significant

increase in the "2–5 years" enrollment category and a significant decrease in the "Less than 1 year" category.

A majority of the respondents reported "No financial burden" or "A small financial burden" in paying TEFRA premiums. However, 73 respondents (9.7%) indicated it had been "A big financial burden" to pay TEFRA premiums in the last six months. The difference from the past years were not significant and have been fairly consistent in the previous years (2015 and 2014).

TABLE 5. Profile of TEFRA survey respondents: Comparison with 2015 and 2014 results

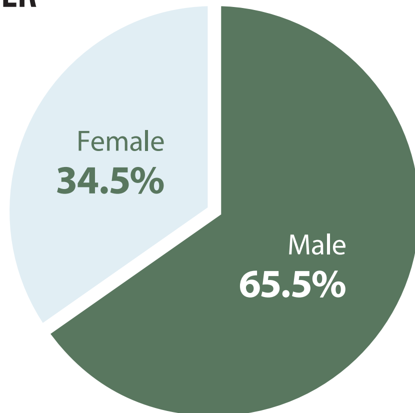
DEMOGRAPHIC*	CATEGORY	2016	2015	2014	SIGNIFICANT DIFFERENCE (2016 VS. 2015)	SIGNIFICANT DIFFERENCE (2016 VS. 2014)
Gender	Male	65.5%	64.5%	66.7%	Not significant	Not significant
	Female	34.5%	35.5%	33.3%	Not significant	Not significant
Age	0–4	24.5%	25.4%	28.1%	Not significant	Not significant
	5–8	27.7%	28.7%	25.8%	Not significant	Not significant
	9–12	20.3%	19.0%	18.2%	Not significant	Not significant
	13 or older	27.5%	26.9%	27.9%	Not significant	Not significant
Race	White	84.0%	83.6%	83.7%	Not significant	Not significant
	Black/ African-American	7.3%	7.0%	7.7%	Not significant	Not significant
	Asian	2.9%	2.6%	3.3%	Not significant	Not significant
	Other	5.8%	6.8%	5.3%	Not significant	Not significant
Household income	$0–$50,000	31.9%	34.0%	38.7%	Not significant	Significantly lower
	$50,001–$100,000	46.7%	43.5%	44.1%	Not significant	Not significant
	$100,001–$150,000	15.1%	14.3%	11.4%	Not significant	Significantly higher
	$150,001 or more	6.3%	8.2%	5.8%	Not significant	Not significant
Years of enrollment	Less than 1 year	18.7%	19.8%	24.2%	Not significant	Significantly lower
	1–2 years	18.5%	19.8%	21.4%	Not significant	Not significant
	2–5 years	35.3%	31.6%	28.5%	Not significant	Significantly higher
	More than 5 years	27.5%	28.8%	25.8%	Not significant	Not significant
Financial burden	Not a financial burden	42.3%	43.7%	44.4%	Not significant	Not significant
	A small financial burden	48.0%	44.9%	44.7%	Not significant	Not significant
	A big financial burden	9.7%	11.4%	10.8%	Not significant	Not significant

**Some percentages do not add to 100% due to rounding.*

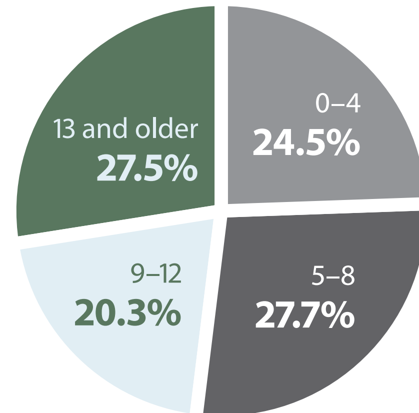
FIGURE 1.

Demographics

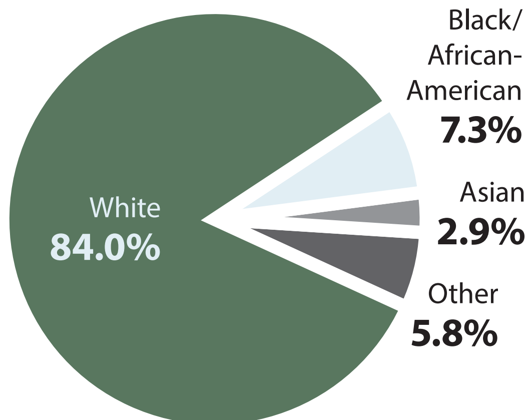
GENDER



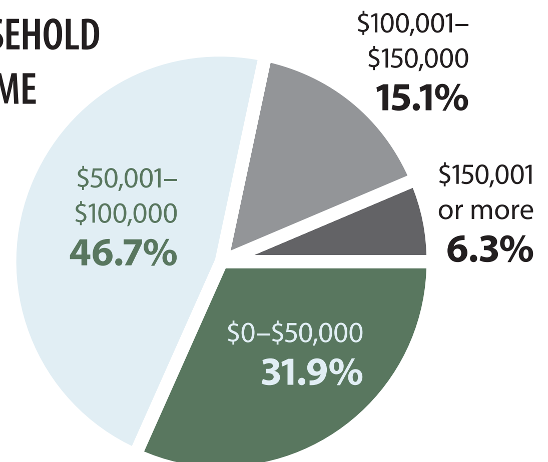
AGE



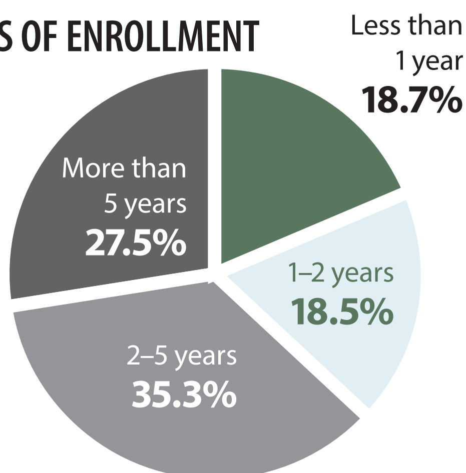
RACE



HOUSEHOLD INCOME



YEARS OF ENROLLMENT



FINANCIAL BURDEN

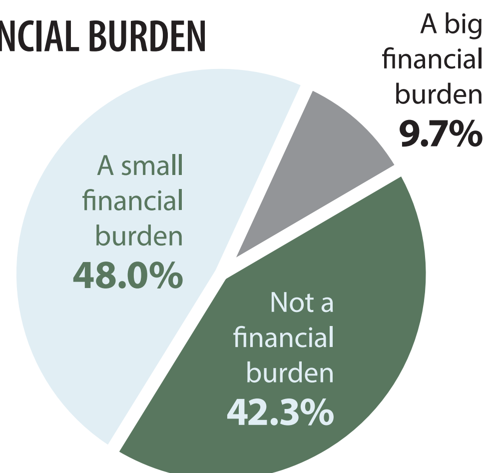


TABLE 6. TEFRA sample and population demographics

DEMOGRAPHIC*	CATEGORY	BENEFICIARIES SURVEYED	PCT. OF TOTAL	TEFRA POPULATION	ANALYZABLE RESPONSES	PCT. OF TOTAL	ANALYZABLE RESPONSE RATE
Gender	Female	670	34.0%	34.6%	266	34.1%	39.7%
	Male	1,298	66.0%	65.4%	513	65.9%	39.5%
	TOTAL	**1,968**	**100.0%**	**100.0%**	**779**	**100.0%**	**39.6%**
Age	0–4	524	26.6%	25.9%	211	27.1%	40.3%
	5–8	532	27.0%	28.1%	205	26.3%	38.5%
	9–12	423	21.5%	21.1%	154	19.8%	36.4%
	13 or older	489	24.8%	24.9%	209	26.8%	42.7%
	TOTAL	**1,968**	**100.0%**	**100.0%**	**779**	**100.0%**	**39.6%**
Race	White	1,513	76.9%	77.1%	607	77.9%	40.1%
	Black/African-American	145	7.4%	7.1%	44	5.6%	30.3%
	Asian	43	2.2%	2.3%	19	2.4%	44.2%
	Native Hawaiian or other Pacific Islander	5	0.3%	0.2%	1	0.1%	20.0%
	American Indian or Alaska Native	6	0.3%	0.2%	1	0.1%	16.7%
	Other/Unknown	226	11.5%	11.5%	95	12.2%	42.0%
	Multiracial	30	1.5%	1.6%	12	1.5%	40.0%
	TOTAL	**1,968**	**100.0%**	**100.0%**	**779**	**100.0%**	**39.6%**
Geographic region	Northwest	720	36.6%	36.5%	302	38.8%	41.9%
	Northeast	319	16.2%	16.3%	128	16.4%	40.1%
	Central	760	38.6%	38.1%	275	35.3%	36.2%
	Southwest	106	5.4%	5.6%	42	5.4%	39.6%
	Southeast	63	3.2%	3.4%	32	4.1%	50.8%
	TOTAL	**1,968**	**100.0%**	**100.0%**	**779**	**100.0%**	**39.6%**

**Some percentages do not add to 100% due to rounding.*

Comparing TEFRA Health Plan

Survey recipients were asked to compare certain aspects of the health care plan their child had in the six months before enrolling in TEFRA with the TEFRA health plan. Response results from questions about the beneficiaries' satisfaction with their child's health care plan both in the six months before enrolling in TEFRA and after enrolling are summarized below.

TABLE 7. Comparing TEFRA with other health plans

COMPARING HEALTH CARE BEFORE AND SINCE ENROLLING IN TEFRA	2016		2015		2014	
	PRE-TEFRA	POST-TEFRA	PRE-TEFRA	POST-TEFRA	PRE-TEFRA	POST-TEFRA
How much of a problem, if any, was it for your child to see a personal doctor or nurse?						
Big or small problem	181 (24.30%)	53 (6.86%)	131 (22.55%)	47 (7.76%)	167 (25.73%)	50 (7.37%)
No problem	564 (75.70%)	720 (93.14%)	450 (77.45%)	559 (92.24%)	482 (74.27%)	628 (92.63%)
How much of a problem, if any, was it to get your child's prescription medication?						
Big or small problem	220 (31.61%)	99 (13.34%)	171 (30.76%)	90 (15.18%)	209 (33.55%)	97 (14.74%)
No problem	476 (68.39%)	643 (86.66%)	385 (69.24%)	503 (84.82%)	414 (66.45%)	561 (85.26%)
How much of a problem, if any, was it for your child to get urgent care?						
Big or small problem	178 (29.52%)	38 (5.77%)	113 (22.97%)	28 (5.32%)	124 (23.40%)	31 (5.51%)
No problem	425 (70.48%)	621 (94.23%)	379 (77.03%)	498 (94.68%)	406 (76.60%)	532 (94.49%)

Beneficiaries have had significantly fewer problems seeing a personal doctor or nurse, getting prescription medication, and getting urgent care since enrolling in TEFRA compared with the six months before enrolling in TEFRA. This has been consistent since 2010 (2010–2013 numbers not included on table).

Further Analysis of TEFRA Program

Below is a table of premium levels, the amount of money one must pay monthly to receive services, by household income. The overall pattern indicates that the higher the household income, the more likely the parent/caregiver was to indicate having a higher premium level, which generally corresponds to the cost-sharing system implemented by the TEFRA program in determining enrollees' premiums.

TABLE 8. TEFRA premium levels by household income

TEFRA PREMIUM	$0–$25,000	$25,001–$50,000	$50,001–$75,000	$75,001–$100,000	$100,001–$125,000	$125,001–$150,000	$150,001–$175,000	$175,001–$200,000	$200,001 OR MORE
$0	44 (34.4%)	71 (55.5%)	7 (5.5%)	3 (2.3%)	0 (0.0%)	0 (0.0%)	1 (0.8%)	0 (0.0%)	2 (1.6%)
$20–$41	3 (3.3%)	59 (64.8%)	24 (26.4%)	4 (4.4%)	1 (1.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
$52–$78	1 (0.5%)	35 (18.4%)	114 (60.0%)	33 (17.4%)	7 (3.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
$93–$125	3 (2.0%)	19 (12.8%)	34 (23.0%)	69 (46.6%)	20 13.5%)	2 (1.4%)	1 (0.7%)	0 (0.0%)	0 (0.0%)
$145–$182	0 (0.0%)	3 (3.3%)	8 (8.8%)	25 (27.5%)	39 (42.9%)	13 (14.3%)	0 (0.0%)	1 (1.1%)	2 (2.2%)
$208–$250	0 (0.0%)	0 (0.0%)	9 (27.3%)	4 (12.1%)	10 (30.3%)	5 (15.2%)	1 (3.0%)	3 (9.1%)	1 (3.0%)
$281–$328	0 (0.0%)	0 (0.0%)	2 (10.0%)	5 (25.0%)	2 (10.0%)	5 (25.0%)	2 (10.0%)	2 (10.0%)	2 (10.0%)
$364–$416	0 (0.0%)	0 (0.0%)	1 (14.3%)	0 (0.0%)	2 (28.6%)	3 (42.9%)	0 (0.0%)	1 (14.3%)	0 (0.0%)
$458	0 (0.0%)	0 (0.0%)	2 (6.1%)	2 (6.1%)	0 (0.0%)	2 (6.1%)	0 (0.0%)	3 (9.1%)	24 (72.7%)

Beneficiaries were asked about their monthly TEFRA premium and how much of a financial burden, if any, it was to pay it. Below is a table of the monthly TEFRA premiums along with the percentage of respondents who answered the financial burden question each way. Analogous to the distribution of premiums by reported income, this cross-tabulation indicates that the smaller the premium, the more likely the parent/guardian was to report not having a corresponding financial burden.

TABLE 9. Reported household income and financial burden in paying TEFRA premiums			
TEFRA PREMIUM	BIG FINANCIAL BURDEN	SMALL FINANCIAL BURDEN	NOT A FINANCIAL BURDEN
$0	1 (0.8%)	1 (0.8%)	122 (98.4%)
$20–$41	7 (7.4%)	35 (37.2%)	52 (55.3%)
$52–$78	15 (7.7%)	113 (58.2%)	66 (34.0%)
$93–$125	16 (10.7%)	93 (62.0%)	41 (27.3%)
$145–$182	12 (14.0%)	58 (67.4%)	16 (18.6%)
$208–$250	2 (5.6%)	27 (75.0%)	7 (19.4%)
$281–$328	6 (26.1%)	14 (60.9%)	3 (13.0%)
$364–$416	5 (55.6%)	4 (44.4%)	0 (0.00%)
$458	8 (22.9%)	16 (45.7%)	11 (31.4%)

Families of children determined eligible for the TEFRA waiver whose annual income after allowable deduction exceeds 150 percent of the federal poverty level are required to pay a monthly premium to participate in the program. Allowable deductions include $600 per dependent child living in the home and excess medical and dental expenses according to Schedule A of the parents' federal tax return[5]. Respondents were asked to indicate their current household income; they may have interpreted this as gross or net income rather than the adjusted income amount calculated according to the eligibility policy that is the basis for determining the premium amount. TEFRA eligibility policy does not require households to report income changes between re-evaluations.

5: http://humanservices.arkansas.gov/dms/oltcDocuments/pub_405.pdf

CHILD'S HEALTH CARE PROFESSIONAL

- More than half (60.1%) of parents/caregivers responding to the survey indicated that the type of health care professional their child sees most often was a personal doctor/family doctor/primary care physician.
- Less than half (48.1%) of respondents reported that their child needed a referral to see a specialist in the six months prior to the survey.
- Of those who needed a referral to see a specialist, 84.5 percent reported that it was not a problem getting a referral.
- Close to three out of four respondents (75.3%) reported that it was not a problem getting a health care professional for their child whom they are happy with, while 2.1 percent of the respondents indicated that it was a big problem.
- The percentage of respondents rating their child's health care professional an 8 or higher was 90.0 percent.

- Slightly more than half (51.5%) of the parents/caregivers rated their child's health care professional as the "best health care professional."
- Less than 3 percent of the respondents gave a rating of 5 or below (on a scale of 0–10) to their child's health care professional.

CHILD'S HEALTH CARE IN THE LAST SIX MONTHS

- In all, 92.8 percent of parents/caregivers indicated their child went to his or her doctor's office or clinic at least one time, while 5.2 percent reported that their child went to his or her doctor's office or clinic 10 times or more.
- Among respondents whose child had at least one doctor's visit in the past six months, less than half (47.6%) indicated that their child is able to talk with doctors about their health care.
- Of those who are able to talk with doctors, 2.1 percent reported that their child usually or always had a hard time speaking with or understanding doctors or other health care providers because they spoke different languages. However, 83.1 percent of those also reported that their doctors or other health care providers were usually or always able to explain things in a way their child could understand.

EXPERIENCE WITH TEFRA/MEDICAID PROGRAM

- One in four respondents (25.4%) first heard about TEFRA through Arkansas Children's Hospital, while 17.8 percent of respondents first heard about the program through a friend or relative.
- Respondents also reported school/daycare (17.7%) followed by doctor's office (15.8%) as the source where they first heard about TEFRA.
- Less than a quarter of respondents (22.9%) heard about TEFRA through other sources, such as their child's therapy clinic, health care providers, DHS and others not listed as options.
- Less than 1 percent (0.4%) of respondents reported first hearing about TEFRA on the internet.
- None of the respondents in 2016 indicated first hearing about TEFRA on TV/radio or newspapers.
- In the last six months, almost one in four respondents (22.6%) looked for information in written materials or on the internet about how TEFRA works. This is slightly higher than 2015 (22.0%). Almost half of the respondents (49.4%) who searched for this information indicated that they usually or always found it.
- A large majority of respondents (70.0%) were given forms to fill out from TEFRA in the last six months. Of those who completed paperwork, a majority (63.5%) found the forms usually or always easy to fill out.

CUSTOMER SERVICE

- A total of 188 parents/caregivers (24.2%) indicated that they called Medicaid customer service during the last six months to get information or help for their child. Of those who called, most (37.5%) called their local county DHS office, while the second-most contacted Medicaid communications (14.9%). Also, only 73.9 percent felt that they were usually or always treated with courtesy and respect.
- Of the 20 respondents (11.9%) who called ConnectCare, more than four out of five (85.0%) spoke with someone who was able to help them or refer them to someone else who was able to help them.
- Of all the respondents who called Medicaid customer service, slightly more than half (64.0%) indicated that the person was able to answer all their questions about the TEFRA program. Of the 111 respondents who called and whose questions were answered, 94.6 percent usually or always understood the answers that customer service gave.

TEFRA PREMIUMS AND ENROLLMENT

- Less than half of respondents (42.3%) indicated that their TEFRA premiums were not a financial burden.
- 9.7 percent indicated that the premiums were a big financial burden, a slight decrease from 2015 (11.4%).
- One respondent (0.1%) lost TEFRA eligibility because the premiums were too expensive.
- Almost nine in 10 respondents (89.9%) experienced little or no problem receiving care while they waited for their child's TEFRA application to be processed.
- Little more than half of the respondents (50.6%) applied for TEFRA at a DHS county office, while 29.7 percent of respondents applied for TEFRA at Arkansas Children's Hospital.
- More than a third of respondents (38.0%) spoke with someone at the county DHS office in the last six months regarding questions they had about TEFRA. A majority (81.8%) indicated that the person at the county DHS office answered all of their questions. Of those, 97.4 percent of respondents usually or always understood the answers they gave.
- The percentage of respondents rating their experience with TEFRA application process with a score of 8 or higher (rating score for this measure) was only 48.1 percent.

TEFRA RENEWAL PROCESS

- In the last 12 months, 630 respondents (81.4%) received paperwork to renew TEFRA benefits for their child.
- From the time they received the TEFRA renewal packet until the deadline to turn it in, 43.6 percent had seven days or fewer to complete the paperwork, 33.4 percent had 8–14 days, and 6.6 percent had more than 14 days to complete the paperwork. More than a quarter (27.8%) responded that they never had enough time to complete the TEFRA renewal packet before the deadline.
- Only 46.0 percent reported that they usually or always had enough time.

Trend Analysis

The following pages contain trending tables and graphs that show how the TEFRA data changes over time. The tables and graphs show specifically each composite measure; the questions that make up these composites; and the overall rating questions for 2016, 2015 and 2014. Although the trending graph **(Figure 2)** shows a visual representation of the trends, the trending table **(Table 10)** shows whether any trend comparisons are significantly different; any significant differences are highlighted below.

When we compared the 2016 TEFRA survey results with the previous years, we found the following:

- The "Getting care quickly" composite has remained consistent in the previous three years of reporting, with the 2016 composite at 93.9. The proportion of beneficiaries responding positively to "Obtaining care right away for an illness/injury/condition" remained steady at around 95 to 97 percent, and the "Obtaining routine care when wanted" measure also showed no significant change.
- The "How well doctors communicate" composite has remained consistent and is 92.7 percent for 2016. Most of its comprising measures remained consistent; however, in 2016, "Doctors explaining things in an understandable way to your child" had a decrease of three points that was not significant. "Doctors listening carefully," "Doctors showing respect for what you had to say" and "Doctors spending enough time with your child" had less than a one-point difference when comparing 2016 with 2015.
- In 2016, the composite score for the "Customer service" composite and its comprising measures increased from 2015, but those increases were not significant.
- "Access to special equipment and supplies" has slightly increased since 2015. Both comprising measures increased; however, there was no significant change on either the overall composite or the individual measures that comprise this composite. Other than the "Customer service" composite, this composite has consistently obtained a low score.
- "Special therapies" and its comprising measures all increased slightly since 2015. No significant change was noted on the composite or its individual measures.
- The proportion of respondents rating the overall experience with the TEFRA program with an 8, 9 or 10 decreased slightly from 73.9 percent in 2014 to 72.0 percent in 2015 and increased slightly to 72.7 percent in 2016 ; however these changes were not significant.
- The summary ratings for health care professionals, health care, treatment or counseling, and the TEFRA application process showed no significant change from previous years (2015 and 2014). The best rating was obtained by health care professional, followed by the rating of health care.
- Similar to the composite, the summary ratings for "Customer service" had an increase from 2015 to 40.2 percent; however, this increase is not significant. Both the "Rating of customer service" and "Rating of TEFRA application process" received low ratings.

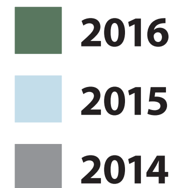
TABLE 10. TEFRA trending table

COMPOSITE/COMPONENTS RATING ITEM	2016		2015		2014		SIGNIFICANCE TESTING	
	VALID N	SUMMARY RATE	VALID N	SUMMARY RATE	VALID N	SUMMARY RATE	2016 VS. 2015	2016 VS. 2014
Getting care quickly		***93.9%***		***95.1%***		***92.9%***	***Not significant***	***Not significant***
Q15. Obtaining care right away for an illness/injury/condition	335	95.5%	250	97.6%	269	96.3%	Not significant	Not significant
Q17. Obtaining care when wanted, but not needed right away	663	92.3%	526	92.6%	602	89.5%	Not significant	Not significant
How well doctors communicate		***92.7%***		***93.7%***		***93.0%***	***Not significant***	***Not significant***
Q23. Doctors explaining things in an understandable way to your child	338	83.1%	250	86.8%	282	86.9%	Not significant	Not significant
Q19. Doctors listening carefully to you	717	96.8%	562	96.6%	629	95.9%	Not significant	Not significant
Q20. Doctors showing respect for what you had to say	716	97.3%	561	97.5%	626	96.2%	Not significant	Not significant
Q24. Doctors spending enough time with your child	710	93.7%	558	93.7%	630	93.2%	Not significant	Not significant
Customer service		***67.2%***		***64.6%***		***67.9%***	***Not significant***	***Not significant***
Q48. Getting help when calling customer service	187	60.4%	140	56.4%	170	62.4%	Not significant	Not significant
Q49. Treated with courtesy and respect	184	73.9%	140	72.9%	170	73.5%	Not significant	Not significant
Special equipment and supplies		***70.2%***		***68.6%***		***68.7%***	***Not significant***	***Not significant***
Q27. Getting additional specialty items	190	73.7%	155	72.3%	151	66.2%	Not significant	Not significant
Q29. Getting special medical equipment	141	66.7%	111	64.9%	118	71.2%	Not significant	Not significant
Special therapies		***90.0%***		***88.5%***		***88.6%***	***Not significant***	***Not significant***
Q31. Getting speech therapy	508	90.4%	380	87.9%	431	87.9%	Not significant	Not significant
Q33. Getting occupational therapy	501	89.4%	380	88.4%	436	88.3%	Not significant	Not significant
Q35. Getting physical therapy	367	90.2%	285	89.1%	323	89.5%	Not significant	Not significant
Rating of health care professional (Q13)	773	90.0%	604	88.9%	674	86.9%	Not significant	Not significant
Rating of health care (Q25)	713	88.6%	557	90.8%	629	85.1%	Not significant	Not significant
Rating of treatment or counseling (Q38)	210	71.0%	147	70.1%	177	71.8%	Not significant	Not significant
Rating of TEFRA (Q44)	772	72.7%	603	72.0%	675	73.9%	Not significant	Not significant
Rating of customer service (Q53)	184	40.2%	140	32.1%	170	44.1%	Not significant	Not significant
Rating of TEFRA application process (Q66)	771	48.1%	604	47.8%	674	47.8%	Not significant	Not significant

FIGURE 2.

Trending Charts

Composites and ratings of beneficiary satisfaction



0.0% 50.0% 100.0%

	2016	2015	2014
Getting care quickly	93.9%	95.1%	92.9%
How well doctors communicate	92.7%	93.7%	93.0%
Customer service	67.2%	64.6%	67.9%
Special equipment and supplies	70.2%	68.6%	68.7%
Special therapies	90.0%	88.5%	88.6%
Rating of health care professional (Q13)	90.0%	88.9%	86.9%
Rating of health care (Q25)	88.6%	90.8%	85.1%
Rating of treatment or counseling (Q38)	71.0%	70.1%	71.8%
Rating of TEFRA (Q44)	72.7%	72.0%	73.9%
Rating of customer service (Q53)	40.2%	32.1%	44.1%
Rating of TEFRA application process (Q66)	48.1%	47.8%	47.8%

Demographic Analysis

The survey included questions about the beneficiary's demographics. The following tables show how beneficiaries in various demographic categories responded to the composites and the rating questions. Range is the difference between the highest and lowest value on the specific composite or rating item. The number of respondents in some categories are small (<25), and caution should be exercised when making conclusions based on small numbers.

TABLE 11. Composite, ratings and summary questions by age category

AGE COMPOSITE AND RATINGS	0–4		5–8		9–12		13 OR OLDER		RANGE
	N	%	N	%	N	%	N	%	
Getting care quickly	166	96.2%	180	93.4%	132	95.8%	176	91.5%	4.7
How well doctors communicate	177	93.7%	198	91.5%	141	93.2%	192	93.2%	2.2
Customer service	62	68.3%	47	57.1%	31	64.5%	46	77.0%	19.9
Special equipment and supplies	61	72.1%	52	71.5%	33	67.9%	43	66.0%	6.1
Special therapies	156	92.4%	163	90.7%	108	85.8%	79	89.0%	6.6
Rating of health care professional (Q13)	189	88.4%	211	89.6%	156	90.4%	208	91.8%	3.4
Rating of health care (Q25)	175	83.4%	198	90.4%	139	89.9%	192	90.6%	7.2
Rating of treatment or counseling (Q38)	9	66.7%	58	74.1%	61	63.9%	78	75.6%	11.7
Rating of TEFRA (Q44)	185	70.3%	212	75.0%	154	75.3%	212	70.8%	5.0
Rating of customer service (Q53)	62	43.5%	46	34.8%	30	36.7%	45	44.4%	9.6
Rating of TEFRA application process (Q66)	186	45.2%	212	48.1%	155	51.6%	210	49.0%	6.4

The "Customer service" composite registered the most pronounced difference among age groups: 19.9 percentage points between the lowest in the 5–8 age bracket and the highest in the 13 and older age bracket. The "How well doctors communicate" composite differed by 2.2 percentage points implying that all age groups responded similarly on this composite.

The rating measure among age groups with the largest difference is in "Rating of treatment or counseling" at 11.7 percentage points. The rating measures with the lowest difference by age groups was noted on the "Rating of health care professional" (a difference of 3.4 percentage points).

TABLE 12. Composite, ratings and summary questions by child's gender					
GENDER	MALE		FEMALE		
COMPOSITE AND RATINGS	N	%	N	%	RANGE
Getting care quickly	427	94.7%	231	93.3%	1.1
How well doctors communicate	464	93.0%	248	93.0%	0.0
Customer service	121	63.8%	66	73.3%	9.5
Special equipment and supplies	113	72.2%	76	67.0%	5.2
Special therapies	349	90.2%	160	90.6%	0.4
Rating of health care professional (Q13)	502	89.8%	266	91.0%	1.2
Rating of health care (Q25)	460	88.9%	248	88.3%	0.6
Rating of treatment or counseling (Q38)	141	68.8%	66	77.3%	8.5
Rating of TEFRA (Q44)	502	73.7%	265	71.3%	2.4
Rating of customer service (Q53)	119	32.8%	65	53.8%	21.0
Rating of TEFRA application process (Q66)	501	46.3%	266	51.9%	5.6

Two of the five composites recorded a difference of less than one percentage point, implying that males and females responded similarly on the "How well doctors communicate," and "Special therapies" composites. The largest difference in response was noted on the "Customer service" composite, where a larger proportion of females responded favorably (73.3%) than males (63.8%).

Similarly, a larger proportion of parents/caregivers of female beneficiaries recorded satisfaction with the "Rating of customer service" (53.8% for females vs. only 32.8% for males). The ratings registering the lowest differences were "Rating of health care" with a difference of 0.6 percentage points followed by "Rating of health care professional" with 1.2 percentage points between the two groups.

TABLE 13. Composite, ratings and summary questions by child's race category							
RACE	WHITE		BLACK		OTHER		
COMPOSITE AND RATINGS	N	%	N	%	N	%	RANGE
Getting care quickly	561	94.9%	44	95.2%	52	85.1%	10.1
How well doctors communicate	594	92.8%	54	94.9%	61	90.5%	4.4
Customer service	156	65.4%	12	79.2%	19	73.7%	13.8
Special equipment and supplies	171	68.7%	9	74.6%	9	87.3%	18.6
Special therapies	425	90.4%	40	97.3%	47	77.9%	19.4
Rating of health care professional (Q13)	642	90.7%	56	89.3%	66	83.3%	7.4
Rating of health care (Q25)	590	89.2%	54	90.7%	61	80.3%	10.4
Rating of treatment or counseling (Q38)	176	68.8%	13	92.3%	18	72.2%	23.5
Rating of TEFRA (Q44)	642	71.0%	55	87.3%	66	75.8%	16.3
Rating of customer service (Q53)	153	38.6%	12	50.0%	19	47.4%	11.4
Rating of TEFRA application process (Q66)	641	47.1%	55	61.8%	67	43.3%	18.5

Among the three race categories, the largest difference in composite scores (19.4 percentage points) was recorded in the "Special therapies" composite. The smallest difference was in the "How well doctors communicate" composite. The "Other" category includes Asians, Native Hawaiians, American Indians, multiracial respondents and individuals who checked "Other" as their child's race.

The largest difference in rating measures was for "Rating of treatment or counseling" at 23.5 percentage points. Caution should be exercised when making inferences based on small numbers. The smallest range was noted on the "Rating of health care professional" with a difference of 7.4 percentage points.

TABLE 14. Composite, ratings and summary questions by parent's income									
INCOME	$0–$50,000		$50,001–$100,000		$100,001–$150,000		$150,001 OR MORE		
COMPOSITE AND RATINGS	N	%	N	%	N	%	N	%	RANGE
Getting care quickly	193	90.7%	310	95.3%	96	96.9%	41	97.6%	6.9
How well doctors communicate	216	92.0%	324	93.5%	104	92.8%	43	90.0%	3.5
Customer service	52	66.8%	91	64.7%	26	67.3%	12	75.0%	10.3
Special equipment and supplies	55	74.4%	95	73.0%	28	62.5%	12	49.2%	25.2
Special therapies	149	92.1%	230	89.5%	81	89.4%	40	86.2%	5.9
Rating of health care professional (Q13)	235	89.4%	349	90.0%	113	92.0%	47	93.6%	4.2
Rating of health care (Q25)	214	89.3%	322	87.3%	104	95.2%	43	86.0%	9.2
Rating of treatment or counseling (Q38)	84	71.4%	78	70.5%	32	68.8%	10	80.0%	11.2
Rating of TEFRA (Q44)	238	81.1%	346	71.1%	111	61.3%	47	68.1%	19.8
Rating of customer service (Q53)	51	43.1%	90	37.8%	26	38.5%	12	58.3%	20.5
Rating of TEFRA application process (Q66)	236	57.6%	348	46.3%	111	35.1%	47	57.4%	22.5

When computed by household income, the composite with the largest difference was the “Special equipment and supplies” composite (25.2 percentage points). The composite with the smallest difference is "How well doctors communicate" at 3.5 percentage points.

Four out of six ratings registered large variations with ranges exceeding 10 percentage points. The largest difference for a rating item was in the “Rating of TEFRA application process” with a difference of 22.5 percentage points. The smallest difference in rating questions was in the “Rating of health care professional” at 4.2 percentage points.

TABLE 15. Composite, ratings and summary questions by length of enrollment in TEFRA

LENGTH OF ENROLLMENT COMPOSITE AND RATINGS	LESS THAN 1 YEAR		1–2 YEARS		2–5 YEARS		MORE THAN 5 YEARS		RANGE
	N	%	N	%	N	%	N	%	
Getting care quickly	125	93.1%	126	95.0%	240	93.9%	170	93.9%	1.9
How well doctors communicate	136	94.7%	132	92.0%	260	93.1%	187	91.7%	3.0
Customer service	61	63.5%	45	69.7%	51	69.6%	30	66.7%	6.2
Special equipment and supplies	39	76.0%	33	77.5%	64	68.2%	53	65.6%	11.9
Special therapies	95	85.7%	96	93.5%	189	89.9%	133	90.6%	7.8
Rating of health care professional (Q13)	145	91.0%	143	88.8%	271	91.9%	212	87.7%	4.2
Rating of health care (Q25)	135	84.4%	131	87.0%	260	90.8%	185	90.3%	6.4
Rating of treatment or counseling (Q38)	27	74.1%	39	61.5%	71	73.2%	73	72.6%	12.6
Rating of TEFRA (Q44)	144	68.8%	142	76.1%	272	76.5%	212	68.4%	8.1
Rating of customer service (Q53)	61	31.1%	45	48.9%	49	44.9%	29	37.9%	17.8
Rating of TEFRA application process (Q66)	142	43.0%	143	55.2%	272	49.6%	212	44.8%	12.2

By length of enrollment, the largest difference among composites also occurred in "Special equipment and supplies," with a difference of 11.9 percentage points. Parents/caregivers of beneficiaries enrolled in TEFRA for more than five years gave a much lower score to the composite compared with parents/caregivers of beneficiaries enrolled for less than one year or 1–2 years. The lowest range by length of enrollment was reported on the "Getting care quickly" composite with a difference of only 1.9 percentage points between the highest and lowest score.

For the rating items, the greatest difference of 17.8 percentage points was noted in "Rating of customer service" with 31.1 percent of parents of beneficiaries in the "Less than 1 year" group and 48.9 percent in the "1-2 years" group responding with the higher scores of 8, 9 or 10 on this measure. Other rating measures, with a difference of 10 percentage points or more include "Rating of treatment or counseling," and "Rating of TEFRA application process."

TABLE 16. Composite, ratings and summary questions by financial burden of TEFRA premiums							
FINANCIAL BURDEN OF TEFRA PREMIUMS COMPOSITE AND RATINGS	A BIG FINANCIAL BURDEN		A SMALL FINANCIAL BURDEN		NOT A FINANCIAL BURDEN		RANGE
	N	%	N	%	N	%	
Getting care quickly	61	91.6%	310	94.4%	275	94.9%	3.3
How well doctors communicate	67	90.2%	334	91.0%	298	95.0%	4.8
Customer service	27	55.6%	93	65.4%	62	73.9%	18.3
Special equipment and supplies	23	52.7%	77	68.4%	84	77.4%	24.7
Special therapies	48	79.2%	236	88.6%	215	94.1%	14.9
Rating of health care professional (Q13)	73	87.7%	361	86.4%	318	94.3%	7.9
Rating of health care (Q25)	66	87.9%	334	85.3%	296	91.9%	6.6
Rating of treatment or counseling (Q38)	24	62.5%	85	71.8%	94	72.3%	9.8
Rating of TEFRA (Q44)	73	49.3%	360	69.4%	317	81.7%	32.4
Rating of customer service (Q53)	27	22.2%	93	33.3%	61	57.4%	35.2
Rating of TEFRA application process (Q66)	71	38.0%	362	43.1%	316	56.0%	18.0

Respondents perceiving premiums as "A big financial burden" consistently scored composites much lower than respondents perceiving premiums as "Not a financial burden." Of the five composites, the largest difference was observed in the composite "Special equipment and supplies" with a range of 24.7 percentage points. The "Customer service" composite followed with a difference of 18.3 percentage points. The "Getting care quickly" composite varied the least, with a range of only 3.3 percentage points.

In all of six rating measures, respondents who perceived premiums to be "A big financial burden" consistently gave much lower ratings than did respondents who perceived premiums as "Not a financial burden." The rating of customer service experienced the largest difference (35.2 percentage points), followed by the rating of TEFRA (32.4 percentage points). Three out of the six rating measures recorded a range of less than 10 percentage points among the three groups.

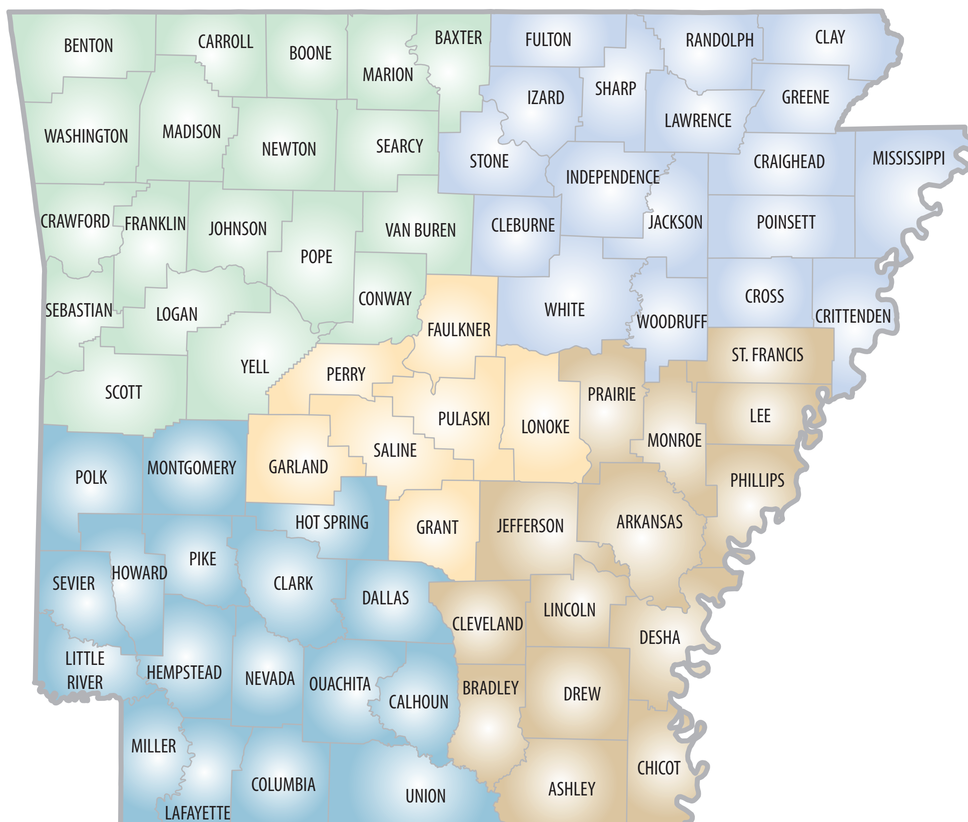
Regional Analysis

Overall mean ratings and utilization of services are further reported by geographic regions of the state. The map below shows the five regions and the counties that lie within them.

GEOGRAPHICAL REGIONS

- **Northwest:** Baxter, Benton, Boone, Carroll, Conway, Crawford, Franklin, Johnson, Logan, Madison, Marion, Newton, Pope, Scott, Searcy, Sebastian, Van Buren, Washington and Yell counties
- **Northeast:** Clay, Cleburne, Craighead, Crittenden, Cross, Fulton, Greene, Independence, Izard, Jackson, Lawrence, Mississippi, Poinsett, Randolph, Sharp, Stone, White and Woodruff counties
- **Central:** Faulkner, Garland, Grant, Lonoke, Perry, Pulaski and Saline counties
- **Southwest:** Calhoun, Clark, Columbia, Dallas, Hempstead, Hot Spring, Howard, Lafayette, Little River, Miller, Montgomery, Nevada, Ouachita, Pike, Polk, Sevier and Union counties
- **Southeast:** Arkansas, Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Jefferson, Lee, Lincoln, Monroe, Phillips, Prairie and St. Francis counties

Northwest | Northeast | Central | Southwest | Southeast



OVERALL MEAN RATINGS

The overall mean ratings are based on individual questions that ask beneficiaries to rate their child's health care professional, child's health care, child's treatment or counseling, TEFRA, customer service, and the TEFRA application process. Ratings are based on a scale of 0–10, where 0 represents "worst possible" and 10 represents "best possible." The following table shows the mean ratings by region compared with the state mean as well as the number of beneficiaries that responded to the question.

TABLE 17. Mean ratings

	CENTRAL		NORTHEAST		NORTHWEST		SOUTHEAST		SOUTHWEST		STATEWIDE	
MEAN RATINGS	N	MEAN	N	MEAN	N	MEAN	N	MEAN	N	MEAN	N	MEAN
Rating of health care professional (Q13)	273	9.14	127	9.01	299	8.98	32	9.06	42	8.93	773	9.04
Rating of health care (Q25)	259	8.97	117	9.02	268	8.86	27	8.74	42	8.90	713	8.92
Rating of treatment or counseling (Q38)	64	8.25	34	7.88	87	7.94	12	7.58	13	8.15	210	8.02
Rating of TEFRA (Q44)	274	8.08	127	8.67	298	8.17	31	8.26	42	8.50	772	8.24
Rating of customer service (Q53)	71	5.65	27	7.19	72	6.10	9	3.89	5	3.80	184	5.91
Rating of TEFRA application process (Q66)	275	7.06	126	7.63	297	6.69	32	7.72	41	7.32	771	7.05

At the state level, "Health care professional" received the highest mean rating at 9.04, while both "TEFRA application process" and "Customer service" received lowest mean ratings of 7.05 and 5.91, respectively. Respondents in the Central region gave their health care professional the best rating at 9.14, while respondents in the Southwest region rated their health care professional the lowest at 8.93. However, the rating of customer service recorded large variability among regions, with the highest rating in the Northeast region and the lowest rating in the Southwest region, although the latter was based on only five responses.

UTILIZATION OF SERVICES

The questionnaire contained several questions regarding whether beneficiaries had used various health care services in the previous six months. The following table shows the percentage of respondents who reported:

TABLE 18. Utilization of Services

UTILIZATION OF SERVICES	CENTRAL		NORTHEAST		NORTHWEST		SOUTHEAST		SOUTHWEST		STATEWIDE	
	N	%	N	%	N	%	N	%	N	%	N	%
Visiting the doctor at least once	273	94.9%	128	93.8%	298	89.9%	32	87.5%	42	100.0%	773	92.8%
Visiting the doctor three or more times	273	41.0%	128	43.8%	298	41.3%	32	43.8%	42	40.5%	773	41.7%
Seeking routine medical care	272	90.1%	127	87.4%	298	84.6%	32	87.5%	41	82.9%	770	87.0%
Seeking medical care for illness/ injury	274	44.9%	128	46.1%	300	42.0%	31	41.9%	42	40.5%	775	43.6%
Get treatment or counseling	274	23.4%	127	26.8%	302	29.1%	31	38.7%	41	31.7%	775	27.2%
Called Medicaid customer service	275	26.5%	127	21.3%	302	24.5%	32	28.1%	41	12.2%	777	24.2%
Needed additional specialty items	275	26.5%	128	25.0%	300	22.0%	32	25.0%	41	31.7%	776	24.7%
Needed special medical equipment	273	19.0%	128	21.1%	298	17.8%	32	12.5%	41	14.6%	772	18.4%
Needed speech therapy	273	70.7%	128	69.5%	301	63.8%	32	56.3%	41	46.3%	775	65.9%
Needed occupational therapy	271	69.0%	128	64.8%	301	65.1%	32	53.1%	41	46.3%	773	64.9%
Needed physical therapy	273	45.8%	127	56.7%	302	49.3%	32	28.1%	40	32.5%	774	47.5%

Across the state, "Visiting the doctor at least once" recorded the highest utilization rate at 92.8 percent, followed by "Seeking routine medical care" at 87.0 percent. On the other hand, "Needed special medical equipment" and "Calling Medicaid customer service" were the least utilized services with rates of 18.4 percent and 24.2 percent, respectively.

Regionally, "Needed physical therapy" registered the most variability, with the highest utilization rate of 56.7 percent in the Northeast region and the lowest utilization rate of 28.1 percent in the Southeast. "Needed speech therapy" and "Needed occupational therapy" also recorded high variability. "Visiting the doctor three or more times" and "Seeking medi-cal care for illness/injury" registered lowest variability among regions. Utilization rates of less than 20 percent were recorded in all regions for "Needed special medical equipment" except in the Northeast.

Frequency Tables

Note: * indicate identifying information has been removed throughout the frequency tables.

1. Our records show that your child is enrolled in the TEFRA program. Is that right?

Q1	Frequency	Percent	Cumulative frequency	Cumulative percent
Yes	775	100.00	775	100.00

2. How many months or years in a row has your child been enrolled in the TEFRA program?

Q2	Frequency	Percent	Cumulative frequency	Cumulative percent
Less than 6 months	28	3.60	28	3.60
6 up to 12 months	117	15.06	145	18.66
12 up to 24 months	144	18.53	289	37.19
2 up to 5 years	274	35.26	563	72.46
5 up to 10 years	147	18.92	710	91.38
10 or more years	67	8.62	777	100.00

3. In the 6 months before your child was enrolled with TEFRA, how much of a problem, if any, was it for your child to see a personal doctor or nurse?

Q3	Frequency	Percent	Cumulative frequency	Cumulative percent
A big problem	63	8.14	63	8.14
A small problem	118	15.25	181	23.39
Not a problem	564	72.87	745	96.25
My child did not see a personal doctor or nurse in the 6 months before enrolling in TEFRA.	29	3.75	774	100.00

4. Since enrolling in TEFRA, how much of a problem, if any, has it been for your child to see a personal doctor or nurse?

Q4	Frequency	Percent	Cumulative frequency	Cumulative percent
A big problem	10	1.29	10	1.29
A small problem	43	5.53	53	6.81
Not a problem	720	92.54	773	99.36
My child did not see a personal doctor or nurse since enrolling in TEFRA.	5	0.64	778	100.00

5. In the 6 months before your child was enrolled with TEFRA, how much of a problem, if any, was it to get your child's prescription medicine?				
Q5	**Frequency**	**Percent**	**Cumulative frequency**	**Cumulative percent**
A big problem	93	12.03	93	12.03
A small problem	127	16.43	220	28.46
Not a problem	476	61.58	696	90.04
My child did not need prescription medicine in the 6 months before enrolling in TEFRA.	77	9.96	773	100.00

6. Since enrolling in TEFRA, how much of a problem, if any, was it to get your child's prescription medicine?				
Q6	**Frequency**	**Percent**	**Cumulative frequency**	**Cumulative percent**
A big problem	22	2.84	22	2.84
A small problem	77	9.94	99	12.77
Not a problem	643	82.97	742	95.74
My child has not needed prescription medicine since enrolling in TEFRA.	33	4.26	775	100.00

7. In the 6 months before your child was enrolled with TEFRA, when your child needed urgent care from a doctor's office or the emergency room, how much of a problem, if any, was it for your child to get this care?				
Q7	**Frequency**	**Percent**	**Cumulative frequency**	**Cumulative percent**
A big problem	64	8.33	64	8.33
A small problem	114	14.84	178	23.18
Not a problem	425	55.34	603	78.52
My child did not need urgent care in the 6 months before enrolling in TEFRA.	165	21.48	768	100.00

8. Since enrolling in TEFRA, when your child needed urgent care from a doctor's office or the emergency room, how much of a problem, if any, was it for your child to get this care?				
Q8	**Frequency**	**Percent**	**Cumulative frequency**	**Cumulative percent**
A big problem	8	1.03	8	1.03
A small problem	30	3.88	38	4.92
Not a problem	621	80.34	659	85.25
My child has not needed urgent care since enrolling in TEFRA.	114	14.75	773	100.00

9. Which describes the type of health care professional your child sees most often?				
Q9	**Frequency**	**Percent**	**Cumulative frequency**	**Cumulative percent**
Personal doctor/family doctor/primary care physician	449	60.11	449	60.11
Specialist	298	39.89	747	100.00

10. In the last 6 months, did your child need a referral to see a specialist?				
Q10	Frequency	Percent	Cumulative frequency	Cumulative percent
Yes	370	48.11	370	48.11
No	399	51.89	769	100.00

11. In the last 6 months, how much of a problem, if any, did you have getting a referral to see a specialist?				
Q11	Frequency	Percent	Cumulative frequency	Cumulative percent
A big problem	8	2.17	8	2.17
A small problem	49	13.32	57	15.49
Not a problem	311	84.51	368	100.00

12. With the choices the TEFRA program gave you, how much of a problem, if any, was it to get a health care professional for your child you are happy with?				
Q12	Frequency	Percent	Cumulative frequency	Cumulative percent
A big problem	16	2.08	16	2.08
A small problem	52	6.77	68	8.85
Not a problem	578	75.26	646	84.11
I didn't get a new health care professional for my child.	122	15.89	768	100.00

13. We want to know your rating of your child's health care professional. Use any number from 0 to 10, where 0 is the worst health care professional possible and 10 is the best. How would you rate your child's health care professional now?				
Q13	Frequency	Percent	Cumulative frequency	Cumulative percent
0 Worst health care professional	0	0.00	0	0.00
1	1	0.13	1	0.13
2	3	0.39	4	0.52
3	2	0.26	6	0.78
4	1	0.13	7	0.91
5	12	1.55	19	2.46
6	15	1.94	34	4.40
7	43	5.56	77	9.96
8	143	18.50	220	28.46
9	155	20.05	375	48.51
10 Best health care professional	398	51.49	773	100.00

14. In the last 6 months, did your child have an illness, injury or condition that needed care right away in a clinic, emergency room or doctor's office?				
Q14	Frequency	Percent	Cumulative frequency	Cumulative percent
Yes	338	43.61	338	43.61
No	437	56.39	775	100.00

15. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?				
Q15	Frequency	Percent	Cumulative frequency	Cumulative percent
Never	2	0.60	2	0.60
Sometimes	13	3.88	15	4.48
Usually	58	17.31	73	21.79
Always	262	78.21	335	100.00

16. In the last 6 months, not counting the times your child needed care right away, did you make any appointments for your child's health care at a doctor's office or clinic?				
Q16	Frequency	Percent	Cumulative frequency	Cumulative percent
Yes	670	87.01	670	87.01
No	100	12.99	770	100.00

17. In the last 6 months, not counting the times your child needed care right away, how often did you get an appointment for health care at a doctor's office or clinic as soon as your child needed?				
Q17	Frequency	Percent	Cumulative frequency	Cumulative percent
Never	3	0.45	3	0.45
Sometimes	48	7.24	51	7.69
Usually	182	27.45	233	35.14
Always	430	64.86	663	100.00

In the last 6 months, how many times did your child go to his or her doctor's office or clinic?				
Q18	Frequency	Percent	Cumulative frequency	Cumulative percent
NONE	56	7.24	56	7.24
1	187	24.19	243	31.44
2	208	26.91	451	58.34
3	135	17.46	586	75.81
4	69	8.93	655	84.73
5 to 9	78	10.09	733	94.83
10 or more	40	5.17	773	100.00

19. In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?				
Q19	Frequency	Percent	Cumulative frequency	Cumulative percent
Never	1	0.14	1	0.14
Sometimes	22	3.07	23	3.21
Usually	170	23.71	193	26.92
Always	524	73.08	717	100.00

20. In the last 6 months, how often did your child's health care professional show respect for what you had to say?				
Q20	Frequency	Percent	Cumulative frequency	Cumulative percent
Never	2	0.28	2	0.28
Sometimes	17	2.37	19	2.65
Usually	138	19.27	157	21.93
Always	559	78.07	716	100.00

21. Is your child able to talk with doctors about his or her health care?				
Q21	Frequency	Percent	Cumulative frequency	Cumulative percent
Yes	340	47.62	340	47.62
No	374	52.38	714	100.00

22. In the last 6 months, how often did your child have a hard time speaking with or understanding doctors or other health providers because they spoke different languages?				
Q22	Frequency	Percent	Cumulative frequency	Cumulative percent
Never	297	87.61	297	87.61
Sometimes	35	10.32	332	97.94
Usually	6	1.77	338	99.71
Always	1	0.29	339	100.00

23. In the last 6 months, how often did doctors or other health providers explain things in a way your child could understand?				
Q23	Frequency	Percent	Cumulative frequency	Cumulative percent
Never	8	2.37	8	2.37
Sometimes	49	14.50	57	16.86
Usually	115	34.02	172	50.89
Always	166	49.11	338	100.00

24. In the last 6 months, how often did doctors or other health providers spend enough time with your child?				
Q24	Frequency	Percent	Cumulative frequency	Cumulative percent
Never	6	0.85	6	0.85
Sometimes	39	5.49	45	6.34
Usually	229	32.25	274	38.59
Always	436	61.41	710	100.00

25. We want to know your rating of all your child's health care in the last 6 months from all doctors and other health providers. How would you rate all your child's health care?				
Q25	Frequency	Percent	Cumulative frequency	Cumulative percent
0 Worst health care possible	0	0.00	0	0.00
1	0	0.00	0	0.00
2	0	0.00	0	0.00
3	3	0.42	3	0.42
4	2	0.28	5	0.70
5	11	1.54	16	2.24
6	14	1.96	30	4.21
7	51	7.15	81	11.36
8	147	20.62	228	31.98
9	178	24.96	406	56.94
10 Best health care possible	307	43.06	713	100.00

26. In the last 6 months, did your child have any health problems for which he or she needed additional specialty items such as diapers, formula, or dietary supplements?				
Q26	Frequency	Percent	Cumulative frequency	Cumulative percent
Yes	192	24.74	192	24.74
No	584	75.26	776	100.00

27. In the last 6 months, how much of a problem, if any, was it to get the additional specialty items your child needed through TEFRA?				
Q27	Frequency	Percent	Cumulative frequency	Cumulative percent
A big problem	20	10.53	20	10.53
A small problem	30	15.79	50	26.32
Not a problem	140	73.68	190	100.00

28. In the last 6 months, did your child have any health problems that required you to get or replace any special medical equipment or devices such as a walker, wheelchair, nebulizer, feeding tubes or oxygen equipment?				
Q28	Frequency	Percent	Cumulative frequency	Cumulative percent
Yes	142	18.39	142	18.39
No	630	81.61	772	100.00

29. In the last 6 months, how much of a problem, if any, was it to get the special medical equipment your child needed through TEFRA?				
Q29	Frequency	Percent	Cumulative frequency	Cumulative percent
A big problem	17	12.06	17	12.06
A small problem	30	21.28	47	33.33
Not a problem	94	66.67	141	100.00

30. In the last 6 months, did your child need speech therapy?				
Q30	Frequency	Percent	Cumulative frequency	Cumulative percent
Yes	511	65.94	511	65.94
No	264	34.06	775	100.00

31. In the last 6 months, how much of a problem, if any, was it to get the speech therapy your child needed through TEFRA?				
Q31	Frequency	Percent	Cumulative frequency	Cumulative percent
A big problem	14	2.76	14	2.76
A small problem	35	6.89	49	9.65
Not a problem	459	90.35	508	100.00

32. In the last 6 months, did your child need occupational therapy?				
Q32	Frequency	Percent	Cumulative frequency	Cumulative percent
Yes	502	64.94	502	64.94
No	271	35.06	773	100.00

33. In the last 6 months, how much of a problem, if any, was it to get the occupational therapy your child needed through TEFRA?				
Q33	Frequency	Percent	Cumulative frequency	Cumulative percent
A big problem	20	3.99	20	3.99
A small problem	33	6.59	53	10.58
Not a problem	448	89.42	501	100.00

34. In the last 6 months, did your child need physical therapy?				
Q34	Frequency	Percent	Cumulative frequency	Cumulative percent
Yes	368	47.55	368	47.55
No	406	52.45	774	100.00

35. In the last 6 months, how much of a problem, if any, was it to get the physical therapy your child needed through TEFRA?				
Q35	Frequency	Percent	Cumulative frequency	Cumulative percent
A big problem	15	4.09	15	4.09
A small problem	21	5.72	36	9.81
Not a problem	331	90.19	367	100.00

36. In the last 6 months, did your child have any treatment or counseling for an emotional or behavioral difficulty?				
Q36	Frequency	Percent	Cumulative frequency	Cumulative percent
Yes	211	27.23	211	27.23
No	564	72.77	775	100.00

37. In the last 6 months, how much of a problem, if any, was it for you to get this treatment or counseling through TEFRA?				
Q37	Frequency	Percent	Cumulative frequency	Cumulative percent
A big problem	31	14.76	31	14.76
A small problem	30	14.29	61	29.05
Not a problem	149	70.95	210	100.00

38. We want to know your rating of your child's treatment or counseling for emotional or behavioral difficulties. How would you rate your child's treatment or counseling now?				
Q38	Frequency	Percent	Cumulative frequency	Cumulative percent
0 Worst treatment of counseling possible	2	0.95	2	0.95
1	3	1.43	5	2.38
2	0	0.00	5	2.38
3	2	0.95	7	3.33
4	2	0.95	9	4.29
5	17	8.10	26	12.38
6	12	5.71	38	18.10
7	23	10.95	61	29.05
8	51	24.29	112	53.33
9	39	18.57	151	71.90
10 Best treatment or counseling possible	59	28.10	210	100.00

39. Where did you first hear about TEFRA?				
Q39	Frequency	Percent	Cumulative frequency	Cumulative percent
TV/radio	0	0.00	0	0.00
Newspaper	0	0.00	0	0.00
Arkansas Children's Hospital	190	25.44	190	25.44
Doctor's office	118	15.80	308	41.23
Friend or relative	133	17.80	441	59.04
Internet	3	0.40	444	59.44
School/daycare	132	17.67	576	77.11
Other	171	22.89	747	100.00

Q39. Other responses	Frequency count
* WAS ON IT BEFORE I GOT GUARDIENSHIP OF HER	1
ACQUANTANCE, OTHER PARENT	1
AIR FORCE BASE	1

Q39. Other responses	Frequency count
ANOTHER PARENT AT ARKANSAS CHILDREN'S HOSPITAL	1
ANOTHER PARENT SPEECH THERAPIST	1
ARKANSAS 'FIRST CONNECTIONS' PROGRAM COORDINATOR AND THERAPY SERVICES PROVIDERS	1
ARKANSAS DEPARTMENT OF HUMAN SERVICES	1
ARKANSAS EARLY INTERVENTION PROGRAM	1
ARKANSAS REGIONAL THERAPY SERVICES	1
ARKANSAS SCHOOL FOR BLIND	1
ARKANSAS THERAPY OUTREACH CLINIC	1
AS A PROFESSIONAL IN MENTAL HEALTH	1
ASKED FOR HELP THROUGH DHS OFFICE THEY TOLD ME ABOUT IT NEVER HEARD OF IT BEFORE THAT TIME.	1
AT FAMILY SERVICES WHEN SIGNING UP FOR MEDICAID	1
AT SPEECH THERAPY	1
CASE COORDINATOR AT GI CLINIC	1
CASE MANAGER AT KIDSOURCE THERAPY	1
CASE WORKER	1
CASSADY'S CHILDREN CENTER	1
CASSIDY CHILDREN CENTER	1
CHILDREN'S MERCY HOSPITAL IN KANSAS CITY, MO.	1
CHILDREN'S SERVICES	1
CHILDREN'S TEAM THERAPY	1
CHILDREN'S THERAPY CLINIC	1
CHILDREN'S THERAPY TEAM	1
CHILDRENS THERAPY T.E.A.M.	1
CLEVELAND CLINIC IN 2000	1
COTTON KANDIE DAYCARE VANBUREN AR.	1
COWORKER	1
D.H.S.	2
D.H.S. IN GRANT CO.	1
DDC LITTLE ROCK	1
DDS	1
DDTCS (TLC)	1
DENNIS DEVELOPMENTAL CENTER (LR)	1
DEPARTMENT OF HEALTH, BENTONVILLE	1
DEPARTMENT OF HUMAN SERVICES	2
DEPT. HUMAN SERVICES	1
DHS	8
DHS AND GOVERNERS OFFICE	1
DHS CASE MANAGER	1
DHS OFFICE	1
DHS WHEN THEY SENT US TO BERRYVILLE AR	1

Q39. Other responses	Frequency count
DON'T REMEMBER	1
DONI MARTIN CENTER, POCAHONTAS, AR 72455	1
DOWN SYNDROME GROUP	1
DSH OFFICE	1
EARLY INTERVATION COORDINATOR	1
EARLY INTERVENTION	1
EARLY INTERVENTION AT THE SCHOOL	1
EARLY INTERVENTION PROGRAM.	1
EARLY INTERVENTION REPRESENTATIVE	1
EARLY INTERVENTION THERAPIST	1
EASTER SEALS	1
FRIENDSHIP COMMUNITY CARE	1
FRIENDSHIP COMMUNITY CARE - RECOMMENDATION	1
FROM DEVELOPMENTAL PEDS PHYSICIAN	1
HEALTH RESOURCES OR THE LADY OVER SEVERAL COUNTIES FOR DISABILITY SERVICE	1
HELPING HAND	1
HER MENTAL HEALTH COUNSILOR	1
I AM A PEDIATRIC OCCUPATIONAL THERAPIST AND WAS ALREADY AWARE OF THE TEFRA PROGRAM.	1
I AM AN OCCUPATIONAL THERAPIST SO MANY OF THE KIDS I SEE ARE ON TEFRA.	1
I WAS TITLE V NURSE WITH DDS/CS	1
I WORKED IN EARLY INTERVENTION.	1
I'M A SPEECH-LANGUAGE THERAPIST-MANY OF MY CLIENTS USE IT	1
JARVIS PEDIATRIC FOR SPEECH THERAPY AND OT	1
JENKINS MEMORIAL CENTER PINE BLUFF, AR	1
KIDSOURCE THERAPY	4
KIDSOURCE THERAPY DENNIS DEVELOPMENTAL CENTER	1
KIDSOURCE THERAPY IN SHERWOOD, AR	1
LITTLE BITTY CITY IN HOT SPRINGS	1
LOCAL DHS OFFICE	1
LOCAL DHS OFFICE-EARLY BEGINNINGS PROGRAM	1
MY CHILD LOST HIS MEDICAID AND TOOK OFF OF SSI WHEN WE ADOPTED HIM. THE BRADLEY CO HUMAN SERVICES PUT HIM ON TEFRA	1
MY OWN, WHILE LEARNING ABOUT SSD/SSI	1
NORTHWEST PEDIATRIC THERAPY	1
OCCUPATIONAL THERAPIST	4
OLDER CHILD HAD TEFRA	1
OT CLINIC	2
OT OFFICE	1
OUR PCP WHILE AT BAPTIST HOSPITAL	1
OUTPATIENT THERAPY CENTER	1
PATIENT ADVOCATE	1

Q39. Other responses	Frequency count
PEDIATRICS PLUS	2
PEDIATRICS PLUS - CONWAY	2
PEDIATRICS PLUS - OCCUPATIONAL THERAPY	1
PHYSICAL THERAPIST	2
PHYSICAL THERAPIST/FRIEND	1
PLAYSTRING THERAPY (PHYSICAL THERAPY EVALUATION)	1
PREVIOUS JOB	1
PROVIDER	1
PSYCH EVALUATION PLACE.	1
QUALCHOICE INSURANCE COMPANY	1
SCHOOL THERAPIST	1
SHE HAD IT BEFORE, WHEN SHE WAS A BABY.	1
SOCIAL SECURITY	1
SOCIAL SECURITY ADMINISTRATION	1
SOCIAL SECURITY CASE WORKER	1
SOCIAL WORKER	1
SOCIAL WORKER AT UAMS	1
SOUGHT OUT INFO AND TALKED WITH A SOCIAL WORKER AT A HOSPITAL ONE OF US WORKED AT BECAUSE OUR DAUGHTER WAS BORN 3 MONTHS PREMATURE	1
SPECIALIST	1
SPEECH CLINIC	1
SPEECH THERAPIST	5
SSI	1
ST. VINCENTS HOSPITAL	1
SUPPORT GROUP	2
TEFRA AGENT THAT WAS A FRIEND	1
THE FRANCIS ALLEN SCHOOL	1
THE HOSPITAL WHEN SHE WAS BORN	1
THE LEARNING CENTER JONESBORO, AR	1
THE THERAPY COMPANY WHERE WE WERE PREVIOUSLY USING E.I. BENEFITS	1
THERAPIST	2
THERAPIST (SPEECH) RECOMMENDED	1
THERAPY	2
THERAPY ALL CHILDRENS THERAPY	1
THERAPY CENTER	2
THERAPY CLINIC	5
THERAPY OFFICE	1
THERAPY OFFICE (PT/ST/OT)	1
THERAPY PLACE	1
THERAPY PROVIDER CME JONESBORO, AR	1
THERAPY PROVIDER OF PT, OT, ST	1

Q39. Other responses	Frequency count
THERAPY SERVICES PROVIDER	1
THERAPY TEAM	1
THROUGH HER OT	1
U OF A AUTISM CLINIC	1
UAMS NICU & AGAIN @ ACH NICU	1
UNDERGRADUATE COURSEWORK AS SPECIAL ED TEACHER	1
WAVER	1
WE WERE MOVING FROM CALIFORNIA AND STARTED MAKING PHONE CALLS TO SEEK OUT INFORMATION ABOUT HOW TO GET SERVICES FOR OUR SON WITH SPECIAL NEEDS.	1
WE WERE ON SSI UNTIL WE NO LONGER QUALIFIED AND THEN WE STARTED TEFRA	1
WILLOW CREEK HOSIPTAL SOCIAL WORKER *	1
WILLOW CREEK WOMEN'S HOSPITAL NICU	1
WORK	2
WORKED FOR DCFS	1

40. In the last 6 months, did you look for any information in written materials or on the internet about how TEFRA works?				
Q40	Frequency	Percent	Cumulative frequency	Cumulative percent
Yes	175	22.55	175	22.55
No	601	77.45	776	100.00

41. In the last 6 months, how often did the written materials or the internet provide the information you needed about how TEFRA works?				
Q41	Frequency	Percent	Cumulative frequency	Cumulative percent
Never	24	13.79	24	13.79
Sometimes	64	36.78	88	50.57
Usually	67	38.51	155	89.08
Always	19	10.92	174	100.00

42. In the last 6 months, did TEFRA give you any forms to fill out?				
Q42	Frequency	Percent	Cumulative frequency	Cumulative percent
Yes	539	70.00	539	70.00
No	231	30.00	770	100.00

43. In the last 6 months, how often were the forms from TEFRA easy to fill out?				
Q43	Frequency	Percent	Cumulative frequency	Cumulative percent
Never	51	9.55	51	9.55
Sometimes	144	26.97	195	36.52
Usually	228	42.70	423	79.21
Always	111	20.79	534	100.00

44. We want to know your rating of all your experience with the TEFRA program. How would you rate the TEFRA program now?				
Q44	Frequency	Percent	Cumulative frequency	Cumulative percent
0 Worst experience possible	0	0.00	0	0.00
1	2	0.26	2	0.26
2	10	1.30	12	1.55
3	7	0.91	19	2.46
4	7	0.91	26	3.37
5	36	4.66	62	8.03
6	47	6.09	109	14.12
7	102	13.21	211	27.33
8	164	21.24	375	48.58
9	167	21.63	542	70.21
10 Best experience possible	230	29.79	772	100.00

45. In the last 6 months, did you call Medicaid customer service to get information or help for your child?				
Q45	Frequency	Percent	Cumulative frequency	Cumulative percent
Yes	188	24.20	188	24.20
No	589	75.80	777	100.00

46. Where did you call most often for Medicaid customer service information or help?				
Q46	**Frequency**	**Percent**	**Cumulative frequency**	**Cumulative percent**
ARKids First Help Line (1-888-474-8275)	11	6.55	11	6.55
DHS Client Assistance (1-800-482-8988)	22	13.10	33	19.64
Medicaid Communications (1-800-482-5431)	25	14.88	58	34.52
Local county DHS office	63	37.50	121	72.02
ConnectCare (1-800-275-1131)	20	11.90	141	83.93
Doctor's office	5	2.98	146	86.90
Arkansas Foundation for Medical Care (1-888-987-1200)	0	0.00	146	86.90
Other	22	13.10	168	100.00

Q46. Other responses	Frequency count
* TEFRA PULASKI COUNTY	1
1-866-239-9938 NUMBER ON PREMIUM INVOICE	1
866-239-9938 (FINANCE)	1
870 442 3351	1
AR DEPT. HUMAN SERVICES MILLER COUNTY TEXARKANA *	1
CARROLL COUNTY DEPARTMENT SERVICES.	1
CASE MANAGER	1
CMS CASE MRG.	1
DHS BERRYVILLE	1
I CALLED SUE PARKS AT THE OFFICE OF LONG TERM CARE. SHE IS ALWAYS KNOWLEDGEABLE AND SO NICE. OUR CHILDREN'S SERVICES REP. IS ALSO VERY HELPFUL.	1
LOCAL TEFRA OFFICE	1
NOT SURE	1
RE: DDS WAIVER UNCERTAIN IF ONE OF ABOVE NUMBERS	1
SOMEONE OUT OF FLORIDA RETURNED MY CALL	1
* 501-745-4192 EXT: 108	1
TEFRA APPLICATION HELP	1
TEFRA AT ST. LOUIS, MO	1
TEFRA CENTRAL PROCESSING UNIT P.O. BOX 425 BERRYVILLE, AR 72616 (870)423-3351 SHE IS ONE PERSON WORKING ON ALL OF NWA TEFRA. SHE NEEDS HELP!	1
TEFRA MEDICAID OFFICE	1
TEFRA PAYMENT	1
TEFRA PREMIUM UNIT/COUNTY DHS BERRYVILLE, AR	1
THE # FOR CASEWORKER	1

47. In the last 6 months, when you spoke to a person at ConnectCare, were they able to help you or did they refer you to someone else that was able to help you?				
Q47	Frequency	Percent	Cumulative frequency	Cumulative percent
Yes	17	85.00	17	85.00
No	3	15.00	20	100.00

48. In the last 6 months, how often did Medicaid customer service give you the information or help you needed?				
Q48	Frequency	Percent	Cumulative frequency	Cumulative percent
Never	30	16.04	30	16.04
Sometimes	44	23.53	74	39.57
Usually	44	23.53	118	63.10
Always	69	36.90	187	100.00

49. In the last 6 months, how often did Medicaid customer service staff treat you with courtesy and respect?				
Q49	Frequency	Percent	Cumulative frequency	Cumulative percent
Never	10	5.43	10	5.43
Sometimes	38	20.65	48	26.09
Usually	44	23.91	92	50.00
Always	92	50.00	184	100.00

50. In the last 6 months, when you called Medicaid customer service, was the person in customer service able to answer all your questions about the TEFRA program?				
Q50	Frequency	Percent	Cumulative frequency	Cumulative percent
Yes	119	63.98	119	63.98
No	67	36.02	186	100.00

51. How often did you understand the answers that they gave?				
Q51	Frequency	Percent	Cumulative frequency	Cumulative percent
Never	0	0.00	0	0.00
Sometimes	6	5.41	6	5.41
Usually	34	30.63	40	36.04
Always	71	63.96	111	100.00

52. In the last 6 months, when you called Medicaid customer service, did any of these things happen to you? (Check all that apply.)	Frequency	Percent	Utilization rate
None	68	21.52	37.16
Long wait or no one called back.	95	30.06	51.91
Keep getting transferred or could not get in touch with the right person.	62	19.62	33.88
Staff could not answer questions.	46	14.56	25.14
Staff members were rude.	20	6.33	10.93
Other	25	7.91	13.66

Q52. Other responses	Frequency count
A FEW DID NOT KNOW WHAT THE TEFRA PROGRAM WAS.	1
ARGUED WITH ME	1
HAD TO CALL MULTIPLE TIMES TO GET AN ANSWER AT ALL AND THEN REC. POOR SERVICE.	1
HAD TO LEAVE A MESSAGE. IT USUALLY TOOK A FEW DAYS TO GET BACK WITH ME.	1
HUNG UP ON!	1
I DON'T FEEL I HAVE ANYONE I COULD TALK TO FOR HELP. NO ONE SEEMS TO KNOW THE ANSWER NOR CARE TO HELP	1
I HAVE STAYED ON THE PHONE FOR UP TO AN HOUR WAITING FOR SOMEONE TO ANSWER EVERY TIME I CALL AND THEN WHEN THEY ANSWER THEY HANG UP OR WE GET DISCONNECTED.	1
IGNORING MY CALLS AND EMAILS. SENDING ME FADED COPIES OF FORMS THAT WERE UNREADABLE. RUDE, RUDE RUDE	1
LAST TIME I NEED ONE PERSON SPOKE SPANISH	1
LEAVING MESSAGES BUT ALWAYS CALLED BACK	1
LEFT 5 VOICEMAILS NO RETURN CALL EXCEPT 1	1
LEFT MESSAGE AND GOT MY CALL BACK FROM CASE WORKER WHO WAS VERY HELPFUL.	1
LOCAL OFFICE FOR DHS LINE BUSSY, WHEN I RACH RIGHT PERSON THEY ARE KIND-HELPFUL AND TAKE CARE OF THE NEED.	1
LONG WAIT BUT SOMEONE EVENTUALLY CALLED BACK	1
NEVER GOT ANYONE TO ANSWER	1
NO MATTER THE TIME OF DAY THE PHONE WOULD RING FOR 30 MINUTES THEN DISCONNECT ME AFTER ALL THAT WAIT. IT WAS VERY FRUSTRATING. I GAVE UP. SEEKING HELP ANOTHER DIRECTION.	1
SEE PREVIOUS PAGE. NO ONE COULD ANSWER MY QUESTION SO I WAS TRANSFERRED AND STILL...NO ANSWER.	1
SHE IS A ONE PERSON UNIT. ALWAYS POLITE, ALWAYS INFORMATIVE. SHE NEEDS AN ASSISTANT OR MORE.	1
STAFF MEMBERS NEVER COMPLETED REQUESTS.	1
STAFF MEMEBER COULD CARE LESS ABOUT YOUR NEEDS. YOU ARE JUST A PHONE CALL.	1
STAFF WASN'T RUDE, BUT SEEMED UNWILLINGLY TO PUT IN EFFORT TO DIG FOR INFORMATION.	1
THE WOMEN AT ONE LOCAL DHS WE DEAL WITH IS AWESOME! SHE HAS HELPED US SO MUCH	1
TRANSFERED TO LOCAL DHS OFFICE AND NO ONE ANSWERED OR CALLED BACK	1
VOICEMAIL BOXES ARE ALWAYS FULL.	1

53. We want to know your rating of your experience with Medicaid customer service. How would you rate the Medicaid customer service?				
Q53	Frequency	Percent	Cumulative frequency	Cumulative percent
0 Worst experience possible	12	6.52	12	6.52
1	7	3.80	19	10.33
2	18	9.78	37	20.11
3	10	5.43	47	25.54
4	12	6.52	59	32.07
5	19	10.33	78	42.39
6	12	6.52	90	48.91
7	20	10.87	110	59.78
8	33	17.93	143	77.72
9	14	7.61	157	85.33
10 Best experience possible	27	14.67	184	100.00

54. A premium is the amount of money you must pay monthly to receive services covered under the TEFRA program. What is your monthly TEFRA premium?				
Q54	Frequency	Percent	Cumulative frequency	Cumulative percent
$0	132	17.21	132	17.21
$20 - $41	94	12.26	226	29.47
$52 - $78	194	25.29	420	54.76
$93 - $125	151	19.69	571	74.45
$145 - $182	92	11.99	663	86.44
$208 - $250	36	4.69	699	91.13
$281 - $328	23	3.00	722	94.13
$364 - $416	9	1.17	731	95.31
$458	36	4.69	767	100.00

55. In the last 6 months, how much of a financial burden, if any, was it to pay the TEFRA program premiums?				
Q55	Frequency	Percent	Cumulative frequency	Cumulative percent
A big financial burden	73	9.66	73	9.66
A small financial burden	363	48.02	436	57.67
Not a financial burden	320	42.33	756	100.00

56. In the last 6 months, has your child lost TEFRA eligibility because the TEFRA program premiums were too expensive for you to pay?				
Q56	Frequency	Percent	Cumulative frequency	Cumulative percent
Yes	1	0.13	1	0.13
No	771	99.87	772	100.00

57. In the last 6 months, what types of medical services could you not get for your child because he or she was ineligible for TEFRA due to non-payment of TEFRA premiums? (Check all that apply.)	Frequency	Percent	Utilization rate
Regular physician visits	0	0.00	0.00
Visits to a specialist	0	0.00	0.00
Emergency room visits	0	0.00	0.00
Dental visits	1	33.33	100.00
Prescription medicine	1	33.33	100.00
Special therapy	0	0.00	0.00
Medical equipment	1	33.33	100.00
Other	0	0.00	0.00

57. Specify other				
Q57other	Frequency	Percent	Cumulative frequency	Cumulative percent
	0	0.00	0.00	0.00

58. In the last 6 months, were there any medical services that you could not get for your child because those services were not included in the TEFRA program?				
Q58	Frequency	Percent	Cumulative frequency	Cumulative percent
Yes	112	14.43	112	14.43
No	664	85.57	776	100.00

59. In the last 6 months, what types of services could you not get for your child because those services were not included in the TEFRA program? (Check all that apply.)	Frequency	Percent	Utilization rate
Regular physician visits	5	3.09	4.55
Visits to a specialist	11	6.79	10.00
Emergency room visits	1	0.62	0.91
Dental visits	14	8.64	12.73
Prescription medicine	42	25.93	38.18
Special therapy	22	13.58	20.00
Medical equipment	19	11.73	17.27
Other	48	29.63	43.64

Q59. Other responses	Frequency count
ABA	1
ABA THERAPY	5
ABA THERAPY FOR AUTISM	1
ADAPTVIE HEADREST FOR CAR TRANSPORTATION	1
APPLIED BEHAVIOR ANALYSIS	1
ASTHMA MEDS; B12 SHOTS FROM COMPOND	1
AUGMENTIVE DEVICE	1
BOOST VERY HIGH CALORIE NUTRITIONAL DRINK	1
BUYING DIAPERS FOR MY 7 YEAR OLD WAS A BURDEN I DID NOT KNOW TEFRA COULD GET THEM FOR HER UNTIL A COWORKER MENTIONED IT.	1
CAT SCAN	1
CONTINOUS GLUCOSE MONITOR. THIS IS ONE OF THE MAIN HELPS FOR A TYPE 1 DIABETIC AND MY CHILD IS 3 YRS. OLD AND HYPOGLYCEMIC UNAWARE.	1
COUNSELING SERVICES	1
DAILY PT FOLLOWING EXTENSIVE SURGERY	1
GENETIC TEST WAS NOT COVERED	1
HER PRIMARY CARE DOCTOR DOESN'T ACCEPT MCAID	1
IN-PATIENT PSYCHIATRIC CARE (NEEDED LONGER THAN A 30 DAY STAY)	1
ISSUE W/DENTAL COVERAGE FOR BRACES AND COMBINED WITH PRIVATE DENTAL INSURANCE COPAY FOR CONCERTA (MEDICATION)	1
MEDICATION	1
MENTAL HEALTH	1
MENTAL HEALTH THERAPY. COUNSELORS DON'T ACCEPT IT.	1
MENTAL HEALTH/BEHAVIOR THERAPY	1
NECESSARY ORTHODONTIA	1
NEEDED A PA FOR A MED, SO THE DOCTOR PRESCRIBED SOMETHING ELSE	1
ONE SPECIALIST REFUSED TO FILE TEFRA INSURANCE AND WOULD NOT SEE MY SON.	1
ORTHODONTIC BRACES	1
ORTHODONTICS WOULD NOT BE COVERED.	1
ORTHODONTIST	1
PERSEPTIONS	1
PLAY THERAPHY	1
PRESCRIBED PEDIASURE FOR OUR DAUGHTER B/C SHE WASN'T OLD ENOUGH	1
PRESCRIPTION COVERAGE DENIED AFTER I LOST MY JOB/PRIMARY INSURANCE. I WAS UNAWARE THAT I HAD TO CALL & INFORM TEFRA. I WAS TOLD THAT IT WOULD AUTOMATICALLY TAKE OVER. SO IT WAS MY FAULT. MY SON WENT A FEW DAYS WITHOUT MEDICATION UNTIL IT COULD BE UPDATED.	1
PTS WITH ADHD AND AUTISM ARE OFTEN ON MORE THAN 1 MED. TEFRA ONLY PAYS FOR 1 A MONTH. MY CIHLD IS ON 3.	1
PTSD COUNSELING	1
RESIDENTIAL MENTAL HEALTH FACILITY	1
SPEECH THERAPY IS ONLY PROVIDED AT THE PUBLIC SCHOOL AND HE DOES NOT ATTEND PUBLIC SCHOOL.	1

Q59. Other responses	Frequency count
TESTING FROM DEVELOPMENTAL OPTOMETRIST FOR VISION THERAPY	1
THERE IS NOT A QUALITY PROVIDER THAT PROVIDES DENTAL CARE, PSYCHOLOGIST, OR PSYCIATRIST THAT EXECPTS OR IS A PARTICIPATING PROVIDER	1
TOOTH IS INCYSTED AND WON'T EMERGE - WE WOULD HAVE TO PAY ABOUT $3800.00 TO GET THE SURGERY TO OPEN THE GUM TO LET IT GROW OUT. WE CAN'T AFFORD IT.	1
TRANSPORTATION TO MEDICAL APPOINTMENTS	1
URGENT CARE VISIT	1
VACCINES	1
VITAMINS FOR EXAMPLE SHOULD BE COVERED BECAUSE THEY SHOULD BE CONSIDERED A PREVENTATIVE.	1
WANTED HELP WITH SSI APPLICATION CALL ME AND HELP ME PLEASE *	1

60. When you enrolled your child in the TEFRA program, how much of a problem did you have receiving care while you waited for your TEFRA application to be processed?				
Q60	**Frequency**	**Percent**	**Cumulative frequency**	**Cumulative percent**
A big problem	77	10.10	77	10.10
A small problem	170	22.31	247	32.41
Not a problem	515	67.59	762	100.00

61. When you enrolled your child in the TEFRA program, where did you apply?				
Q61	**Frequency**	**Percent**	**Cumulative frequency**	**Cumulative percent**
DHS county office	385	50.59	385	50.59
Arkansas Children's Hospital	226	29.70	611	80.29
Federally qualified health center	66	8.67	677	88.96
Other	84	11.04	761	100.00

Q61. Other responses	Frequency count
A APPLICATION WAS MAILED TO ME	1
APPLICATION SENT TO HOUSE	1
AT HOME	1
BY MAIL	2
BY MAIL FROM COUNTY OFFICE	1
CALLED BERRYVILLE OFFICE DOWN LOADED FROM INTERNET	1
CALLED POCAHONTAS AND WAS SENT FORMS	1
CAME TO OUR HOUSE	1
CASSADY'S CHILDREN CENTER	1
DDS SENT ME PAPERS	1
DENNIS DEVELOPMENTAL CENTER	1

Q61. Other responses	Frequency count
EMAILED WITH TEFRA OFFICE	1
FAXED PAPERS	1
FILED OUT AND MAILED TO DHS (BENTON COUNTY)	1
FILLED OUT PACKET AND MAILED	1
GET FORMS ONLINE, MAILED BACK TO LOCAL OFFICE	1
GOT PAPERWORK OFFLINE AND SENT IT TO * PULASKI TEFRA OFFICE	1
GROWING GOD'S KINGDOM PRESCHOOL WEST FORK, AR	1
HELP FROM EASTER SEALS REP	1
I CALLED THE TEFRA UNIT	1
I GOT THE PAPERWORK FROM IMAGINE PEDIATRIC THERAPIES APPROX 51 MILES AWAY I SENT IT TO TEFRA CPU PO BOX 425, BERRYVILLE, AR 72616 (870) 423-3351	1
I MAILED MY IN TO JEFFERSON COUNTY LADY CHRISTINE TAYLOR.	1
I OBTAINED THE APPLICATION FROM 'FIRST CONNECTIONS' AND MAILED IT MYSELF TO BERRYVILLE, AR DHS. I THEN BEGAN CALLING BERRYVILLE TO LEARN THE PROCESS.	1
I WAS SENT PAPERWORK TO FILL OUT A DISTRICT DHS	1
IMAGINE PEDIATRIC THERAPIES	1
JENKINS MEMORIAL	1
KIDSOURCE THERAPY	1
MAIL	2
MAILED APP DIRECTLY TO PROCESS CENTER	1
MAILED APPLICATION IN.	1
MAILED FORM	2
MAILED IN APPLICATION	1
MAILED IN APPLICATION PROVIDED BY DHS	1
MAILED IN PAPERWORK	1
ON-SITE CASE WORKER	1
ONLINE	1
ONLINE AND THRU MAIL	1
OVER THE PHONE MAILED APP. IN	1
OZARK GUIDANCE CENTER	1
PACKET IN MAIL	1
PACKET SENT TO ME FROM OFFICE	1
PAPERS FROM THERAPY CLINIC	1
PCP PRINTED FORMS OR HAD FORMS MAILED TO US. CAN'T REMEMBER	1
PEDIATRIC'S PLUS	1
PEDIATRICS PLUS - CONWAY	1
PHYSICAL THERAPIST OFFICE	1
PICKED UP APPLICATION @ DHS AND MAILED IN	1
PRESCHOOL	1
PRINTED PAPERWORK	1
PRIVATE THERAPY CLINIC	1
RECEIVED APPLICATION FROM CENTERS FOR CHILDREN IN LOWELL, AR.	1

Q61. Other responses	Frequency count
RECEIVED APPLICATION FROM OT, MAILED IT IN DIRECTLY	1
RECURSOS HUMANOS BENTON	1
SENT FORMS BY MAIL	1
SHE WAS ALREADY ON IT WHEN I GOT GUARDIANSHIP OF HER	1
SOCIAL SECURITY OFFICE	1
SPEECH THERAPIST	1
ST, OT, PT -THERAPY PROVIDER	1
ST. FRANCIS AREA DEVELPMENTAL CENTER	1
ST. VINCENTS HOSPITAL	1
STEUDLEIN LEARNING CENTER	1
SUBMITTED APPLICATION BY MAIL	1
TEFRA FORMS FROM DOCTOR'S OFFICE	1
THE LEARNING CENTER	1
THE SCHOOL HE ATTENDS	1
THERAPIST REFERRAL	1
THERAPY	1
THERAPY CENTER	1
THERAPY OFFICE HELPED TO MAIL IT IN	1
THERAPY SERVICE PROVIDER	1
THEY SENT APPLICATION AND WE SENT IT IN.	1
THROUGH EARLY INTERVENTION	1
THROUGH SUNSHINE SCHOOL.	1
THROUGH THE MAIL	1
THROUGH THE MAIL WITH HELP FROM THERAPY CLINIC	1
THRU MAIL	1
VIA PAPERWORK - MAIL FROM DHS I THINK	1
WAS GIVEN A FORM FROM THE SUNSHINE SCHOOL	1
WILLOW CREEK HOSPITAL *	1

62. At which county DHS office did you enroll your child in the TEFRA program?				
AR counties	Frequency	Percent	Cumulative frequency	Cumulative percent
ARKANSAS	1	0.28	1	0.28
BAXTER	3	0.83	4	1.10
BENTON	27	7.44	31	8.54
BOONE	2	0.55	33	9.09
BRADLEY	2	0.55	35	9.64
CARROLL	43	11.85	78	21.49
CLARK	2	0.55	80	22.04
CLEBURNE	1	0.28	81	22.31
COLUMBIA	1	0.28	82	22.59
CONWAY	3	0.83	85	23.42
CRAIGHEAD	8	2.20	93	25.62
CRAWFORD	7	1.93	100	27.55
CRITTENDEN	3	0.83	103	28.37
CROSS	2	0.55	105	28.93
DALLAS	3	0.83	108	29.75
FAULKNER	16	4.41	124	34.16
FRANKLIN	4	1.10	128	35.26
FULTON	1	0.28	129	35.54
GARLAND	4	1.10	133	36.64
GRANT	3	0.83	136	37.47
GREENE	2	0.55	138	38.02
HEMPSTEAD	1	0.28	139	38.29
HOT SPRING	5	1.38	144	39.67
INDEPENDENCE	1	0.28	145	39.94
IZARD	2	0.55	147	40.50
JACKSON	1	0.28	148	40.77
JEFFERSON	1	0.28	149	41.05
JOHNSON	6	1.65	155	42.70
LAWRENCE	2	0.55	157	43.25
LEE	1	0.28	158	43.53
LONOKE	13	3.58	171	47.11
MADISON	6	1.65	177	48.76
MILLER	9	2.48	186	51.24
MONROE	1	0.28	187	51.52
MONTGOMERY	1	0.28	188	51.79
NEVADA	2	0.55	190	52.34
NEWTON	1	0.28	191	52.62
OUACHITA	2	0.55	193	53.17
PERRY	2	0.55	195	53.72
PHILLIPS	5	1.38	200	55.10

62. At which county DHS office did you enroll your child in the TEFRA program?				
AR counties	Frequency	Percent	Cumulative frequency	Cumulative percent
POPE	13	3.58	213	58.68
PRAIRIE	1	0.28	214	58.95
PULASKI	46	12.67	260	71.63
RANDOLPH	23	6.34	283	77.96
SALINE	8	2.20	291	80.17
SCOTT	1	0.28	292	80.44
SEBASTIAN	8	2.20	300	82.64
SHARP	1	0.28	301	82.92
STONE	3	0.83	304	83.75
UNION	2	0.55	306	84.30
VAN BUREN	11	3.03	317	87.33
WASHINGTON	27	7.44	344	94.77
WHITE	14	3.86	358	98.62
YELL	5	1.38	363	100.00

63. In the last 6 months (including enrollment), have you spoken with anyone at the county DHS office regarding questions you have about TEFRA?				
Q63	Frequency	Percent	Cumulative frequency	Cumulative percent
Yes	144	37.99	144	37.99
No	235	62.01	379	100.00

64. In the last 6 months, when you spoke to a person at the county DHS office, were they able to answer all your questions?				
Q64	Frequency	Percent	Cumulative frequency	Cumulative percent
Yes	117	81.82	117	81.82
No	26	18.18	143	100.00

65. How often did you understand the answers that they gave?				
Q65	Frequency	Percent	Cumulative frequency	Cumulative percent
Never	0	0.00	0	0.00
Sometimes	3	2.56	3	2.56
Usually	35	29.91	38	32.48
Always	79	67.52	117	100.00

66. We want to know your rating of all your experience with the TEFRA application process. How would you rate the TEFRA application process?				
Q66	**Frequency**	**Percent**	**Cumulative frequency**	**Cumulative percent**
0 Worst experience possible	11	1.43	11	1.43
1	11	1.43	22	2.85
2	28	3.63	50	6.49
3	21	2.72	71	9.21
4	34	4.41	105	13.62
5	81	10.51	186	24.12
6	86	11.15	272	35.28
7	128	16.60	400	51.88
8	128	16.60	528	68.48
9	102	13.23	630	81.71
10 Best experience possible	141	18.29	771	100.00

67. In the last 12 months, did you receive paperwork to renew TEFRA benefits for your child?				
Q67	**Frequency**	**Percent**	**Cumulative frequency**	**Cumulative percent**
Yes	630	81.40	630	81.40
No	144	18.60	774	100.00

68. From the time you received the TEFRA renewal packet until the deadline to turn it in, how many days did you have to complete the paperwork?				
Q68	**Frequency**	**Percent**	**Cumulative frequency**	**Cumulative percent**
1 to 7 days	271	43.57	271	43.57
8 to 14 days	208	33.44	479	77.01
More than 14 days	41	6.59	520	83.60
I don't remember	102	16.40	622	100.00

69. In the last 12 months, how often did you have enough time to complete the TEFRA renewal packet before the deadline?				
Q69	**Frequency**	**Percent**	**Cumulative frequency**	**Cumulative percent**
Never	172	27.83	172	27.83
Sometimes	162	26.21	334	54.05
Usually	149	24.11	483	78.16
Always	135	21.84	618	100.00

70. What is your child's age now?				
Q70	Frequency	Percent	Cumulative frequency	Cumulative percent
Less than 1 year old	4	0.52	4	0.52
1 year old	15	1.95	19	2.47
2 years old	40	5.19	59	7.66
3 years old	71	9.22	130	16.88
4 years old	59	7.66	189	24.55
5 years old	63	8.18	252	32.73
6 years old	51	6.62	303	39.35
7 years old	50	6.49	353	45.84
8 years old	49	6.36	402	52.21
9 years old	44	5.71	446	57.92
10 years old	42	5.45	488	63.38
11 years old	32	4.16	520	67.53
12 years old	38	4.94	558	72.47
13 years old	33	4.29	591	76.75
14 years old	30	3.90	621	80.65
15 years old	35	4.55	656	85.19
16 years old	41	5.32	697	90.52
17 years old	47	6.10	744	96.62
18 years old	26	3.38	770	100.00

71. Is your child male or female?				
Q71	Frequency	Percent	Cumulative frequency	Cumulative percent
Male	507	65.50	507	65.50
Female	267	34.50	774	100.00

72. Is your child of Hispanic or Latino origin or descent?				
Q72	Frequency	Percent	Cumulative frequency	Cumulative percent
Yes, Hispanic or Latino	50	6.50	50	6.50
No, not Hispanic or Latino	719	93.50	769	100.00

73. What is your child's race? Please mark one or more.				
Q73	Frequency	Percent	Cumulative frequency	Cumulative percent
White	647	84.03	647	84.03
Black or African-American	56	7.27	703	91.30
Asian	22	2.86	725	94.16
Native Hawaiian or other Pacific Islander	1	0.13	726	94.29
American Indian or Alaska Native	2	0.26	728	94.55
Other	14	1.82	742	96.36
Multiracial	28	3.64	770	100.00

74. What is your age now?				
Q74	Frequency	Percent	Cumulative frequency	Cumulative percent
18 to 24	4	0.52	4	0.52
25 to 34	203	26.40	207	26.92
35 to 44	348	45.25	555	72.17
45 to 54	169	21.98	724	94.15
55 to 64	29	3.77	753	97.92
65 to 74	12	1.56	765	99.48
75 or older	4	0.52	769	100.00

75. Are you male or female?				
Q75	Frequency	Percent	Cumulative frequency	Cumulative percent
Male	95	12.26	95	12.26
Female	680	87.74	775	100.00

76. How are you related to the child?				
Q76	Frequency	Percent	Cumulative frequency	Cumulative percent
Mother or father	749	97.78	749	97.78
Grandparent	8	1.04	757	98.83
Aunt or uncle	1	0.13	758	98.96
Older brother or sister	0	0.00	758	98.96
Other relative	1	0.13	759	99.09
Legal guardian	6	0.78	765	99.87
Someone else	1	0.13	766	100.00

77. What is your current household income?				
Q77	Frequency	Percent	Cumulative frequency	Cumulative percent
$0 - $25,000	51	6.81	51	6.81
$25,001 - $50,000	188	25.10	239	31.91
$50,001 - $75,000	204	27.24	443	59.15
$75,001 - $100,000	146	19.49	589	78.64
$100,001 - $125,000	83	11.08	672	89.72
$125,001 - $150,000	30	4.01	702	93.72
$150,001 - $175,000	6	0.80	708	94.53
$175,001 - $200,000	10	1.34	718	95.86
$200,001 or more	31	4.14	749	100.00

78. Did someone help you complete this survey?				
Q78	Frequency	Percent	Cumulative frequency	Cumulative percent
Yes	12	1.54	12	1.54
No	765	98.46	777	100.00

79. How did that person help you? (Check all that apply.)	Frequency	Percent	Utilization rate
Read the questions to me.	3	16.67	27.27
Wrote down the answers I gave.	4	22.22	36.36
Answered the questions for me.	1	5.56	9.09
Translated the questions into my language.	5	27.78	45.45
Helped in some other way.	5	27.78	45.45

Comments

Level of satisfaction	Length of enrollment	Household income	Age	Comments written on form
—	1 - 2 years	$50,001-$100,000	0-4	THE RENEWAL PROCESS IS A NIGHTMARE AND FOR WORKING SINGLE PARENTS DIFFICULT TO GET THE REQUIRED INFO QUICKLY.
—	2 - 5 years	$50,001-$100,000	0-4	I AM VERY THANKFUL TO HAVE TEFRA FOR MY CHILDREN. THEY ARE HEARING IMPAIRED AND MY INSURANCE DOES NOT COVER HEARING AIDS SO TEFRA IS A BLESSING FOR THEM. MY SON JUST RECEIVED A COCHLEAR IMPLANT WITH TEFRA. THE ONLY COMPLAINT I HAVE IS THAT I HAVE LESS THAN A WEEK TO GET MY CHILDREN'S DOCTOR TO COMPLETE THEIR RENEWAL PAPERWORK AND GET IT RETURNED. THANKS, *
—	Less than 1 year	$50,001-$100,000	0-4	THANK YOU FOR THE FUNDING TO HELP MY CHILD PROGRESS AS MUCH AS POSSIBLE BY GIVING HIM THE TOOLS (OCCUPATIONAL/PHYSICAL) TO STRENGTHEN HIS WEAK MUSCLES!
0-4	2 - 5 years	—	13 or older	THE CARROLL COUNTY DHS SEEMS TO BE UNDERSTAFFED AND HAVE AN ISSUE WITH TURN OVERS. TEFFRA SHOULD BE HANDLED IN THE COUNTY WE LIVE IN SO WE CAN HAVE FACE TO FACE MEETINGS AND TURN IN INFO NEED TO SOMEONE LOCAL.
0-4	2 - 5 years	$100,001-$150,000	13 or older	HOW CAN I FIND OUT WHAT IS PAID BY MEDICAID / TEFRA PROGRAM?
0-4	2 - 5 years	$50,001-$100,000	5-8	NOT SURE THE CHANGE FROM LAST YEAR, HOWEVER, THOSE ACCEPTING AND PROCESSING PAPERWORK NEED TO BE MORE ORGANIZED AND RECEIVE BETTER MANAGING. THEY ARE MESSING WITH MY ACCOUNTS OVER AND OVER HER LAST 7 MONTHS LIVING BILLS WE CAN NOT PAY.; Q1) ALTHOUGH DUE TO UNORGANIZED OFFICE STAFF HERS HAS BEEN CUT OFF INCORRECTLY MULTIPLE TIMES.; Q33) TEFRA KEEPS MESSING UP MY CHILDS ACCOUNT?; Q35) HER ACCOUNTS GETS MESSED UP AND THERAPY IS NOT BEING COVEREDQ69) WE HAVE HAD TO RESUBMITT 5 TIMES NOW IN 7 MONTHS(?);
0-4	2 - 5 years	$50,001-$100,000	9-12	IF YOUR CHILD HAS TEFRA DUE TO A GENETIC DISORDER THAT WILL NEVER CHANGE,YEARLY RENEWALS WITH MD CERTIFICATION ARE A WASTE OF EVERYONE'S TIME AND PAPER! ONLY TAX INFO SHOULD HAVE TO BE SUBMITTED FOR THOSE FAMILIES 10 DAYS IS THE 'MAXIMUM' NUMBER DHS IS ALLOWED TO GIVE ON RENEWAL PAPERWORK (FROM THE DATE THEY MAILED IT) AND THIS IS A RIDICULOUS EXPECTATION WHEN YOU HAVE A CHILD WITH A DISABILITY AND YOU HAVE TO GET THE MD TO FILL OUT AND SIGN THE PAPERS!
0-4	More than 5 years	—	9-12	Q31) BUT TEFREA DENIES PAYMENT TO PROVIDER FREQUENTLY Q43) USUALLY ONLY GIVE YOU A WEEK TO COMPLETE A MOUNTAIN OF PAPERWORK Q45) HOW WOULD YOU KNOW WHERE TO CALL Q60) TOOK OVER 6 MONTHS TO GET IT!!

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0-4	More than 5 years	$0-$50,000	13 or older	IT IS EXTREMELY ANNOYING SOME OF THE MEDICATION REFILL GUIDELINES THAT WHEN I MEET THEM, IT TAKES MEDICAID UP TO 1 WEEK TO CORRECT FOR MEDS TO GO THRU. PLUS MY 8-5 WEEKDAYS. MY CHILD HAS GONE W/O NEEDED MEDS BEFORE!
0-4	More than 5 years	$0-$50,000	13 or older	I THINK IT IS A WASTE OF TIME AND MONEY THAT I HAVE TO RENEW MY CHILD'S TEFRA EACH YEAR. SHE HAS A BIRTH DEFECT THAT WILL NEVER CHANGE OR GET BETTER. THE RIDICULOUS RULES OUR PEDIATRICIAN OFFICE HAS REGARDING GETTING PRESCRIPTIONS DUE TO TEFRA REGULATIONS.
0-4	More than 5 years	$100,001-$150,000	5-8	WE ARE NEVER GIVEN ENOUGH TIME TO FILL OUT RENEWAL PAPERS. MANY PEOPLE MUST HELP WITH FILLING OUT PARTS OF THE PAPERWORK. MY HUSBAND AND I BOTH WORK 40+ HR WEEKS. Q69) B/C I TOOK OFF WORK TO GET IT DONE
0-4	More than 5 years	$50,001-$100,000	—	NORTHWEST ARKANSAS DOES NOT HAVE ENOUGH PARTICIPATING PROVIDERS OT, PT, DENTIST, PSYCHOLOGIST, PSYCHIATRIST, BEHAVIORAL CONSULING, FAMILY CONSULING, CORDINATORS LIFE CARE. IF THOSE PROVIDERS ARE AVALIABLE THEY PROVIDE POOR TO SUBSTANDARD CARE AND ARE BOOKED OUT FOR MONTHS. THIS CAUSES CHILDREN TO MISS SCHOOL FOR SERVICES AND THEN PARENTS/STUDENTS ARE IN TROUBLE WITH STATE REGARDING DAYS OF SCHOOL MISSED. UNFORTUNATELY AS A PARENT OF A SPECIAL NEEDS CHILDREN ON THE AUTISM SPECTRUM TEFRA PARTICALLY PAYS FOR SUBSTANDARD/POOR CARE. PROVIDERS THAT PROVIDE EXCELLENT CARE CHOOSE NOT TO PARTICAPAT FOR THE LACK OF PROPER REIMBURSMENT, DOCUMENTATIONS AND EXCESS REQUIREMENTS
0-4	More than 5 years	$50,001-$100,000	13 or older	RENEWAL PROCESS NEEDS A LOT OF WORK. TEFRA REFUSED TO PAY FOR THE ONLY ADHD MED THAT HELPS MY CHILD. I AM PAYING $453.00 EVERY 3 MONTHS AND WE HAVE SPENT THE PAST 2 YEARS BACK AND FORTH ON MEDS THAT HAVE TERRIBLE SIDE EFFECTS AND DON'T WORK WHEN I'M PAYING ALL THIS MONEY. TERRIBLE!!
0-4	More than 5 years	$50,001-$100,000	9-12	UNABLE TO GET APPT WITH PCP WHEN SICK, CANT GET AUGMENTIVE DEVICE, TROUBLE GETTING DIAPER AND PROTHESTIC NEEDS; Q59) UNABLE TO GET APPT WHEN NEEDED
0-4	Less than 1 year	$50,001-$100,000	0-4	#27 AND #44 IT HAS BEEN DIFFICULT TO GET TEFRA TO APPOROVE MY SON'S FORMULA. THEY ONLY APPROVED SO MANY OUNCES. FORMULA IS ALL HE CAN HAVE, HIS CONDITIONS REQUIRES HIM TO EAT NO FOOD WE ARE STILL FIGHTING FOR MORE OUNCES FOR HIM AFTER 6 MONTHS
0-4	Less than 1 year	$50,001-$100,000	0-4	I WAS FIRST DENIED IN 2014 WHEN MY CHILD WAS AT HER WORST. IT WASN'T UNTIL 2015 AND MY APPLICATION WAS HANDLED THROUGH PHILLIPS COUNTY DHS DID SHE GET THE CARE NEEDED ALMOST A FULL YEAR TOO LATE. HIGHLY DISAPPOINTED IN BRADLEY COUNTY DHS OFFICE AND DIRECTOR! I EXPECT BETTER FOR OUR LOCAL CHILDREN AND FAMILIES!

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0-4	Less than 1 year	$50,001-$100,000	13 or older	DURING THE INCREDIBLY SLOW TEFRA APPROVAL PROCESS, (8+ MONTHS) OUR FAMILY ACCUMULATED THOUSANDS OF DOLLARS WORTH OF MEDICAL EXPENSES. EVEN THOUGH COVERAGE IS RETROACTIVE, PROVIDERS REFUSE TO REIMBURSE ME. A MORE EFFICIENT APPROVAL TIMELINE WOULD SAVE FAMILIES MUCH HEARTACHE!
0-4	Less than 1 year	$50,001-$100,000	13 or older	I ALSO HAVE PRIVATE INSURANCE ON MY CHILD. MY TEFRA INSURANCE COSTS $104 A MONTH. IT DOES NOT COVER OR HER COUNSELOR DOESN'T ACCEPT MEDICAID SO SHE CAN'T GO. COUNSELING OFFICE SAYS MEDICAID IS TOO HARD TO WORK WITH. THE CUSTOMER SERVICE IN LITTLE ROCK WAS SO TERRIBLE. Q12) I DIDN'T GET A NEW ONE BUT GETTING TEFRA TO ASSIGN HER TO HER OWN DOCTOR TOOK A FEW PHONE CALLS FROM MYSELF AND HER DOCTOR. IT TOOK ALMOST A WEEK.; Q18) 3 TIMES AT MENTAL HEALTH DR. 0 AT REGULARY DR.; Q68) I APPLIED IN SEPT. GOT APPROVED IN APRIL.
0-4	Less than 1 year	$0-$50,000	0-4	THE TEFRA PROGRAM HAS BEEN AWESOME HELPING MY SON GET SPEECH THERAPY. HOWEVER, THE APPLICATION PROCESS WAS A NIGHTMARE AND I ALMOST GAVE UP ON IT. NEEDS TO BE EASIER AND CLEARER. AND SHOULD HAVE PEOPLE THAT CAN ANSWER QUESTIONS ABOUT IT. THANK YOU
0-4	Less than 1 year	$50,001-$100,000	5-8	GETTING TEFRA APPROVED TOOK WAY TOO MUCH TIME SO THAT DIDN'T GET IN DEVELOPMENTAL PRESCHOOL TOO LATE WHICH DELAYED HIS LEARNING BUT OTHERWISE, WE ARE GRATEFUL. THANK YOU!
5-7	—	$0-$50,000	0-4	IT TOOK SO LONG TO INITIALLY GET APPROVED THAT WE HAD A LOT OF MEDICAL BILLS STACKING UP AND NO THERAPIST WOULD SEE US.
5-7	More than 5 years	—	13 or older	COST IS TOO HIGH. THERE ARE MANY EXPENSES TO CARE FOR A SPECIAL NEEDS CHILD NOT COVERED BY MEDICAID.
5-7	More than 5 years	$0-$50,000	13 or older	ORTHODONTIST SENT IN PAPERWORK FOR BRACES. IT HAS NOW BEEN 6 MONTHS SINCE SENDING ALL INFORMATION IN AND STILL HAVE NOT HEARD ANYTHING. THIS IS UNACCEPTABLE
5-7	More than 5 years	$0-$50,000	13 or older	THE PAPERWORK IS DIFFICULT TO GET THE DOCTOR'S OFFICE TO COMPLETE BY THE DEADLINE. WHY CAN'T THIS BE DONE ONLINE?
5-7	More than 5 years	$0-$50,000	13 or older	I WISH THE REAPPLICATION WAS DIGITAL. TOO MANY REPETIVE QUESTIONS. THERE IS SIMPLY NOT ENOUGH TIME ALOTTED.
5-7	More than 5 years	$100,001-$150,000	13 or older	I APPLIED FOR TEFRA MEDICAID WAIVER MANY YEARS AGO. APPROX 2-3 YEARS AGO I MET WITH A REPRESENTATIVE OF WAIVER TO ENSURE ALL OUR INFORMATION WAS UP TO DATE. I HAVE NOT HEARD ANYTHING EVER SINCE TO KNOW WHERE WE ARE ON THE LIST, TO BE APPROVED FOR WAIVER. I WANT TO KNOW WHEN THIS WILL HAPPEN.

Level of satisfaction	Length of enrollment	Household income	Age	Comments written on form
5-7	More than 5 years	$100,001-$150,000	9-12	ONE OF GENERAL DOCTOR REFUSED TO SEE MY SON BECAUSE MY SON WAS COVERED UNDER MEDICAID. THE REASONING WAS MEDICAID DOESN'T PAY ENOUGH FOR THEIR SERVICE. A BEHAVIORAL THERAPY SERVICE MY SON NEEDED, REFUSED SERVICE AS WELL. WAL-MART PHARMACY GAVE MY SON GENETIC ZERTEC BECAUSE MEDICAID DOES NOT PAY FOR BRAND FOR THIS MEDICINE. PROBLEM IS THIS GENETIC FORMULA DOES NOT WORK FOR MY SON, SO, I HAVE TO PAY OUT-OF-POCKET TO BUY OVER-THE-COUNTER ZERTEC EVERY MONTH. MY BIGGEST ISSUE IS MY SON CAN'T RECEIVE BEHAVIORAL THERAPY SEVICE HE NEEDS...; Q56) TEFRA PREMIUM IS BASED ON PREVIOUS YEAR'S INCOME TAX RETURN. PROBLEM IS OUR INCOME IS MUCH LOWER THIS YEAR BECAUSE MY HUSBAND'S COMMISSION IS MUCH LOWER THIS YEAR. IT'S BURDEN FOR THIS YEAR TO PAY HIGH PREMIUM.;
5-7	More than 5 years	$50,001-$100,000	13 or older	* NEEDS TO BE ON WAIVER SHE'S BEEN ON THE WAITING LIST SINCE FIRST GRADE. SHE IS IN JUNIOR HIGH 9TH GRADE. COME ON REALLY??
5-7	More than 5 years	$50,001-$100,000	13 or older	MY WIFE STOPPED WORKING TO TAKE CARE OF OUR SON. I REPORTED THE LOSS OF INCOME. OUR CASE MANAGER NEVER ADDED IT TO THE SYSTEM SO OUR PREMIUM NEVER CHANGED. I CALLED HER AND HER SUPERVISOR SEVERAL TIMES OVER A YEAR. IT WAS A $35,000 PAY DECREASE. WE HAVE HAD A HARD TIME MAKING THE PAYMENTS. THANKS FOR NOTHING!
5-7	More than 5 years	$50,001-$100,000	13 or older	TEFRA IS A WONDERFUL SERVICE & GIVES OUR SON GREAT COVERAGE TO SEE ALL THE SPECIALISTS AT AR CHILDREN'S HOSPITAL. MY ONE COMPLAINT IS THE TIME TO GET PAPERWORK BACK IS JUST TOO SHORT OF A WINDOW, ESPECIALLY WHEN THE DOCTOR HAS TO FILL PAPERS OUT FOR US. BY THE TIME WE RECEIVE THE PAPERS, WE USUALLY HAVE ONLY 8 DAYS TO GET THEM BACK. I ALMOST ALWAYS HAVE TO CALL & GET AN EXTENSION.
5-7	More than 5 years	$50,001-$100,000	13 or older	I RECEIVED RENEWAL PAPERWORK ON SATURDAY AND THE DEADLINE WAS THE FOLLOWING FRIDAY. IT WOULD HELP TO SEND ME THE PAPERWORK ALREADY FILLED OUT SINCE MY DAUGHTER'S CONDITION WILL NEVER CHANGE. THEY ALSO SEND ME A LEGAL SIZE ENVELOPE WHICH I CAN NEVER FIT THE PAPERWORK IN AND I END UP HAVING TO PAY POSTAGE. REDICULOUS!
5-7	1 - 2 years	$150,001 or more	0-4	I HAD TO ASK FOR MORE TIME TO COMPLETE PPWK FOR RENEWAL, BUT IT WAS GRANTED WITH NO PROBLEM
5-7	1 - 2 years	$0-$50,000	0-4	TEFRA HAS BEEN A HUGE BLESSING FOR US. I'VE NOT HAD ANY ISSUES GETTING MY SON THE SERVICES HE NEEDS. MY ONLY FRUSTRATION IS CUSTOMER SERVICE. I HAVE NEVER BEEN ABLE TO GET STRIGHT ANSWERS ABOUT GUIDELINES FOR QUALIFYING. I NEVER KNOW IF HE'LL HAVE IT THE NEXT TIME I APPLY. THE BILLING OFFICE 1-866-239-9938 HAS ALSO BEEN VERY UNPROFESSIONAL BY NOT RETURNING CALLS AND BEING HATEFUL WHEN IT'S NOT NECESSARY.

Level of satisfaction	Length of enrollment	Household income	Age	Comments written on form
5-7	1 - 2 years	$0-$50,000	5-8	HAD A LOT OF PROBLEMS GETTING STUFF FROM PCP TO TURN IN ON TIME. ALSO DHS STAFF IS NOT KNOWLEDGEABLE ABOUT TEFRA. OTHER BUSINESS GIVE YOU CRAP OR DO NOT WANT TO SEE YOU IF YOU HAVE TEFRA. ANOTHER PROBLEM IS WHEN TEFRA BENEFITS ARE GIVEN AND SUPPOSE TO DATE BACK. NO ONE WANTS TO GIVE YOUR COPAYS BACK. WHEN THEY ARE SUPPOSE TO JUST TO LAZY TO GO BACK AND DO PAPERWORK. THIS IS A BIG PROBLEM. Q76) OPEN TO TALK W/ YOU * AND EXPRESS CONCERNS AND ISSUES. MOTHER OF SPECIAL NEEDS CHILD SICK CHILD AND HEALTH CARE PROFESSIONAL. WELL VERSED.
5-7	1 - 2 years	$0-$50,000	9-12	IN ONE PARGARPH YOU SAY TO FILL THIS OUT BUT THEN IN THE NEXT PARGARPH YOU SAY I DON'T HAVE TO IF I DON'T WANT TO. BUT YOU SENT ME THIS NOTICE HERE TO FILL IT OUT. Q60) I HAD TO PAY OUT OF POCKET.;
5-7	1 - 2 years	$0-$50,000	9-12	I WOULD LIKE TO KNOW MORE ABOUT HOW TEFRA WORKS AND ABOUT THE BENEFITS OR SERVICES THAT MY CHILD COULD GET WITH THIS PROGRAM
5-7	1 - 2 years	$100,001-$150,000	0-4	THIS SURVEY COULD EASILY BE IN AN ELECTRONIC FORM. I UNDERSTAND MANY CLIENTS DO NOT HAVE INTERNET SERVICE, BUT FOR THE ONES THAT DO THIS WOULD MUCH QUICKER AND I ASSUME COST EFFICIENT. SEEMS LIKE THIS PAPER SURVEY SHOULD FOLLOW AN ELECTRONIC CAMPAIGN. THANK YOU FOR YOUR SERVICE. WE ARE THANKFUL FOR TEFRA AND THE CONSISTANT THERAPY SERVICES OUR CHILD RECEIVES!
5-7	1 - 2 years	$100,001-$150,000	0-4	TEFRA PROCESS WAS ENTIRELY TOO LENGTHY!! IT DELAYS NEEDED SERVICES FOR YOUR CHILD.
5-7	1 - 2 years	$100,001-$150,000	0-4	Q44) WOULD BE HIGHER IF PAPERWORK WASN'T SO INTENSE
5-7	1 - 2 years	$50,001-$100,000	0-4	PLEASE START COVERING ABA THERAPY!
5-7	1 - 2 years	$50,001-$100,000	0-4	MY ONLY COMPLAINT IS THE SHORT DEADLINE I TYPICALLY RECEIVE ANYTIME TEFRA NEEDS ANY PAPERWORK AND THE WORDING OF SOME OF LETTERS ARE DIFFICULT TO UNDERSTAND.
5-7	1 - 2 years	$50,001-$100,000	0-4	WE HAVE APPRECIATED HAVING THIS INSURANCE FOR OUR BOYS-RENEWAL AND APPLICATION PAPER WORK IS OVERWHELMING BUT WE ARE THANKFUL - * Q8) (WALKIN) URGENT CARE DOESN'T ACCEPT TEFRA; Q58) JUST PAID OUT OF POCKET
5-7	1 - 2 years	$50,001-$100,000	0-4	WE SWITCHED BANKS AND HAVE NOT GOT THE SAME ANSWER ON HOW TO GET THE PREMEUM DRAFTED FROM THE NEW ACCOUNT. WE HAVE NO CHECKS.
5-7	1 - 2 years	$50,001-$100,000	13 or older	THE BIGGEST HARDSHIP WAS THE 7 DAY TIMEFRAME TO FILL OUT PAPERWORK. ALWAYS HAVE HAD TO ASK FOR EXTENSION. SOME MEDS ARE NOT COVERED AS WELL. *ALSO, IF USED ALTNENT DR-WE HAD TO CALL TEFRA THEN CALL DR. SHOULD BE WAY FOR DR TO SEE OUR CHILD AND JUST CLICK ON THEM.
5-7	1 - 2 years	$50,001-$100,000	13 or older	ON QUESTIONS 3-8, IT WAS NOT A LOGISTICAL PROBLEM TO GET MY SON CARE PRIOR TO TEFRA. BUT IT WAS A BIG FINANCIAL PROBLEM. TEFRA HAS BEEN A BIG HELP TO US FINANCIALLY.

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5-7	1 - 2 years	$50,001-$100,000	13 or older	THE TEFRA PROGRAM IS NOT DESIGNED TO HELP KIDS AND FAMILIES WITH SERIOUS MENTAL ILLNESS. CHILDREN NOT ABLE TO GET SWIFT, ADEQUATE HELP EARLY ON HAS A HUGE NEGATIVE IMPACT ON THEIR FUTURE AS AN ADULT.
5-7	1 - 2 years	$50,001-$100,000	5-8	WE RECIEVED THE RENEWAL FORMS AT THE BEGINNING OF FEBRUARY. THE DATE ON THE LETTER WAS THE DUE DATE. I CALLED AND SHE SAID WE HAD 10 DAYS. WE DID NOT HAVE ALL OF OUR TAX FORMS AT THAT TIME YET SO I HAD TO TRACK THEM DOWN AND HIRE AN ACCOUNT TO RUSH TO COMPLETE OUR TAXES. THE RENEWAL FORMS SHOULDN'T BE MAILED OUT UNTIL MARCH OR APRIL. IT WAS EXTREMELY STRESSFUL.
5-7	1 - 2 years	$50,001-$100,000	5-8	Q37) TEFRA WAS CANCELED DUE TO MISCOMMUNICATION AND MISUNDERSTANDING.; Q66) IT WAS DONE WITH HELP FROM KNOWLEDGEABLE STAFF.; Q69) I DIDN'T RECEIVE IT SO TEFRA WAS TERMINATED.
5-7	1 - 2 years	$50,001-$100,000	9-12	TEFRA HAS BEEN A BLESSING TO MY FAMILY AND I'M SO THANKFUL FOR IT. AREAS TO BE IMPROVED ARE CUSTOMER SERVICE AND THE ABILITY TO PAY ELECTRONICALLY AND ON CREDIT CARD.; Q68) IT WASN'T MUCH TIME BUT DON'T REMEMBER EXACT # OF DAYS.
5-7	2 - 5 years	$150,001 or more	13 or older	Q31) ONLY SCHOOL WILL HELP; Q64) WHEN I GOT RIGHT PERSON
5-7	2 - 5 years	$150,001 or more	13 or older	WHEN I RECEIVE THE RENEWAL PACKET, THE RETURN DEADLINE HAS EITHER ALREADY PAST OR IS WITHIN 3 DAYS. I REALLY WISH THE RENEWAL ONLY ASKED ABOUT CHANGES IN THE LAST YEAR RATHER THAN REQUIRING THE EXACT SAME INFORMATION GIVEN YEAR AFTER YEAR FOR 13 YEARS.
5-7	2 - 5 years	$150,001 or more	5-8	WE REALLY WISH ABA THERAPY WAS A SERVICE PROVIDED BY TEFRA. WE PAY AN INDIVIDUAL INS POLICY JUST FOR THOSE THERAPY SERVICES. WE ALSO AREN'T HAPPY TO HEAR ABOUT THE THERAPY CAP ON MINUTES FOR ST/ OT/ PT. WE HAVE SEEN SUCH PROGRESS IN OUR SON AND WE WOULD HATE FOR HIM TO REGRESS.
5-7	2 - 5 years	$150,001 or more	5-8	OUR STATE PROVIDES GOOD MEDICAID COVERAGE; HOWEVER THERE IS A GREAT NEED FOR NURSING CARE COVERAGE TO BE EXPANDED.
5-7	2 - 5 years	$150,001 or more	5-8	THE PROGRAM ITSELF IS WONDERFUL. RENEWAL FORMS, INCOME VERIFICATION FORMS, AND OTHER PAPERWORK IS NOT CLEARLY WRITTEN. I AM QUITE CERTAIN THIS HAS RESULTED IN OTHER CHILDREN NOT RECEIVING NECESSARY CARE. THANK YOU!

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5-7	2 - 5 years	—	9-12	Q11) PT WAS NEEDED DUE TO DRAIN DAMAGE FROM THE ILLNESS. I HAVE HAD TROUBLE WITH COVERAGE FOR THE PT EXPENSE.; Q35) SHE RECEIVED PT JUST FINE BUT TEFRA REFUSES TO PAY; Q44) IT IS A GREAT PROGRAM AND REALLY HELPS US. IT IS VERY DIFFICULT TO GET IN TOUCH WITH SOMEONE THROUGH THE 1-800 NUMBER ON THE BACK OF THE CARD. TRYING TO GET SPECIALITY ITEMS AND GETTING PT COVERED IS IMPOSSIBLE WHEN I CAN'T CONTACT ANYONEQ47) -NEVER COULD GET THROUGH. THE PHONE WOULD RING FOR 30 MINUTES THEN DISCONNECT ME.; Q53) IT WOULD BE UNFAIR TO ANSWER SEEING HOW I WAS NEVER ABLE TO SPEAK WITH ANYONE.; Q58) SHE RECEIVED THEM WITH OUT OF POCKET EXPENSE TO US.
5-7	2 - 5 years	$0-$50,000	0-4	MEDICATION HAS NOT BEEN COVERED. DIAPERS HAVE BEEN COMING LATE. LOVE OUR DR M. ADKINS AND DR'S AT ACH. VERY GRATEFUL FOR THIS PROGRAM
5-7	2 - 5 years	$0-$50,000	0-4	PAPERWORK IS COMPLICATED AND TAKES A WHILE TO FILL OUT. I WAS ALSO GIVEN (EACH TIME) LESS THAN A WEEK TO FILL IT OUT.
5-7	2 - 5 years	$0-$50,000	13 or older	JUST THAT THE WAIVER LIST IS TO LONG. MY SON HAS BEEN ON IT SINCE HE WAS AROUND 4 YRS OLD.
5-7	2 - 5 years	$0-$50,000	5-8	WE STILL USE MY PRIMARY INSURANCE THROUGH WORK, AND TEFRA IS A SECONDARY. GENETIC TESTING WAS NOT COVERED ON ONE TEST. SOMETIMES I STRUGGLE WITH ANNUAL PAPER WORK AND TIME FRAMES, IVE ASKED FOR AN EXTENSION WHEN NECESSARY. FOR SOME REASON WITH OUR ENDOCRINE DOCTOR AT ACH WE HAVE FALLEN BETWEEN THE CRACKS WITH APPOINTMENTS AND TESTING.
5-7	2 - 5 years	$0-$50,000	5-8	-TEFRA IS NOT PAYING MY INSURANCE COPAY AMOUNTS AS DHS ADVISED SHOULD BE COVERED, HAVING TO PAY COPAY FOR PRIMARY INSURANCE OUT OF POCKET AT PCP OFFICE -WOULD LIKE TO SEE EOB'S FOR WHAT TEFRA PAYS
5-7	2 - 5 years	$0-$50,000	5-8	Q3)BUT HAD TO WAIT FOR SPEECH & OT WHICH WAS A BIG PROBLEM!; Q60) HAD TO WAIT 3 MONTHS OR MORE
5-7	2 - 5 years	$100,001-$150,000	—	IT IS VERY HARD TO GET SOMEONE ON THE PHONE. WHEN YOU LIEAVE A MESSAGE YOU WILL RECEIVE A PHONE CALL, BUT IF YOU DON'T ANSWER IT YOU BEGIN THE PHONE TAG GAME BUT, I APPRECIATE THE PROGRAM. WITHOUT THIS PROGRAM I WOULD NOT BE ABLE TO PROVIDE MY SON WITH THE CARE HE NEEDS!
5-7	2 - 5 years	$100,001-$150,000	0-4	THE PREMIUMS SEEM TO RAISE UPON CURRENT INCOME, HOWEVER THE OTHER SCHOOL EXPENSES AND MEDICAL EXPENSES IN OUR FAMILY DO MAKE IT DIFFICULT AND STRESSFUL TO PAY THE FULL PREMIUMS AT TIMES.
5-7	2 - 5 years	$100,001-$150,000	0-4	NOT ALL SERVICE PROVIDERS ACEPT TEFRA DUE TO HEAVY PROCESS, SO, OPPERTUNITY TO SIMPLIFY THE PROCESS SO THAT ALL PROVIDERS ACEPT TEFRA

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5-7	2 - 5 years	$100,001-$150,000	5-8	MORE TIME SHOULD BE GIVEN TO COMPLETE RENEWALS. DON'T ASK FOR THE SAME DOCUMENTS EACH YEAR THAT DO NOT CHANGE - LIKE BIRTH CERTIFICATE. HAVE AN OPTION TO COMPLETE RENEWALS ONLINE!
5-7	2 - 5 years	$100,001-$150,000	9-12	TEFRA RENEWAL PACKETS SHOULD BE MAILED OUT SOONER IF YOU WANT THEM BACK ON TIME. IT'S HARD TO GET INO THE DOCTOR JUST FOR THE DOCTOR TO FILL OUT PAPERWORK.
5-7	2 - 5 years	$150,001 or more	0-4	WE HAVE HAD MANY ISSUES WITH HAVING TO PAY CO-PAYS FOR MEDICINE BECAUSE OUR PRIMARY INSURANCE AND MEDICAID DO NOT AGREE ON GENERIC OR NAMEBRAND. GETTING A LIST OF MEDICAID'S PREFERRED MEDS IS NEXT TO IMPOSSIBLE - OR SEEMS TO BE.
5-7	2 - 5 years	$50,001-$100,000	0-4	ADEQUATE TIME TO FILL OUT RENEWAL PACKETS WITH REQUIRED INFO FROM THE DOCTOR IS NOT PROVIDED. IT IS ALWAYS A HASSEL TO GET EVERYTHING FILLED OUT AND SIGNED BY THE DOCTOR WITHIN THE SHORT TIMEFRAME (USUALLY 10 DAYS FROM DATE ON THE FORM, LESS ONCE IT IS RECIEVED) OUR LAST RENEWAL NOTICE ACTUALLY ARRIVED AFTER THE DEADLINE AND I HAD TO CALL FOR AN EXTENSION, WHICH, THANKFULLY, WAS HANDLED EASILY. Q68) *I ACTUALLY RECIEVED IT AFTER THE DEADLINE AND HAD TO CALL TO GET AN EXTENSION
5-7	2 - 5 years	$50,001-$100,000	0-4	MAIN REASON DEALINES ARE IMPOSSIBLE WITH TEFRA PAPERWORK IS THAT IT USUALLY ASKS FOR A DOCTOR TO FILL OUT PART/ALL OF IT AND IT'S DIFFICULT TO GET AHOLD OF A DOCTOR IN A DAY OR TWO, ESPECIALLY WITH WORKING PEOPLE LIKE MYSELF AND MY HUSBAND.;
5-7	2 - 5 years	$50,001-$100,000	0-4	I HAVE PRIMARY INSURANCE THROUGH MY JOB FOR ENTIRE FAMILY. SO DISCUSSION OF MULTIPLE INSURANCES S/B QUESTIONED.

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5-7	2 - 5 years	$50,001-$100,000	0-4	A LOT OF THE QUESTIONS REFER TO HOW HARD IT WAS TO RECIEVE SERVICES B/F TEFRA. WE HAVE A GREAT PEDIATRICIAN THAT WASNT PUSHY W/ PAYMENTS. HOWEVER, HER THERAPIES WOULDN'T BE POSSIBLE W/OUT TEFRA WE COULDN'T AFFORD THEM. PREMIUMS MAKE MONEY TIGHT B/C A LOT OF OUR INCOME GOES TO GASOLINE FOR ALL THE THERAPIES I TAKE HER TO. THE ONLY COMPLAINT I HAVE ABOUT TEFRA IS NOT KNOWING THE COVERAGE. I WANT ACCESS TO WHAT ALL IS COVERED. I HAVEN'T FOUND THAT ANYWHERE & WHEN YOU CALL THE PHONE LINE YOU ARE ON HOLD FOR HOURS. I DON'T HAVE TIME FOR THAT. I'M NOT HOME TO CALL B/C I'M ALWAYS AT THERAPY. Q60) SIMPLY B/C OUR DOCTORS WERE WILLING TO WORK W/ US. HOWEVER, THE HOSPITAL TRIED TO TURN US OVER TO COLLECTIONS FOR THINGS THAT TEFRA WAS TO GO BACK & PAY FOR (THRU BACK BILLING.); Q66) THEY GAVE ME FORMS FOR FREE BIRTH CONTROL & NOT TEFRA THEY HAD NO CLUE WHAT THEY WERE DOING & WERE RUDE.; Q68) THIS WAS RIDICULOUS. PART OF THE FORMS REQUIRED THE DOCTORS OFFICE TO FILL THEM OUT THERE IS NO WAY THEY WOULD DO THAT IN A DAYS TIME. THIS TIMEFRAME DIDN'T ALLOW TIME TO GET IT THROUGH THE MAIL EITHER. THEY NEED TO ALLOW 3-4 WEEKS.
5-7	2 - 5 years	$50,001-$100,000	0-4	THE ONLY MAJOR ISSUE I HAVE WITH TEFRA IS ONE MONTH IT WILL DRAFT FROM MY ACCT (WHICH I REQUEST CONSTANTLY) THE NEXT IT WON'T AND GET A BILL. THIS HAS HAPPENED 7 TIMES - I HAVE RESUBMITTED DRAFT PAPERWORK NUMEROUS TIMES.
5-7	2 - 5 years	$50,001-$100,000	0-4	CHILDREN LESS THAN 2 YEARS OLD NEED TO BE ENROLLED IN TEFRA QUICKER. THE WAIT TIME TO GET APPROVED IS A LIFETIME TO A INFANT NEED CARE/THERAPY. OVERALL A GOOD PROGRAM. APPLICATION/RENEWALS NEED TO BE SIMPLIFIED.
5-7	2 - 5 years	$50,001-$100,000	13 or older	THE TEFRA PROGRAM IS A GREAT PROGRAM. WE HAVE BCBS AS PRIMARY INSURANCE. IT WAS VERY HARD TO FIND A PRIMARY DR. IN BENTON THAT WOULD TAKE TEFRA. PRESCRIPTIONS ARE A NIGHTMARE, TEFRA NEVER PAYS FOR HIS PRESCRIPTIONS THEY TELL ME THE DRUGS ARE NOT COVERED THEN I HAVE TO PAY OUT OF POCKET FOR THEM. IT IS JUST VERY FRUSTRATING.
5-7	2 - 5 years	$50,001-$100,000	13 or older	I ONLY HAVE 2 COMPLAINTS. #1) I WISH TEFRA WOULD HELP PAY FOR MORE THAN 1 MEDICATION FOR ADHD/AUTISM MEDICATIONS AND #2) I NEVER GET MY RENEWAL PAPERWORK ON TIME, I ALWAYS HAVE TO RUSH TO COMPLETE IT IN LESS THAN 2 DAYS. AND I WORK NIGHTS SO IT SUCKS.

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5-7	2 - 5 years	$50,001-$100,000	5-8	SINCE WE APPLIED, THE APPROVAL OF COCHLEAR IMPLANT UGRADES EVERY 5 YEARS HAS CHANGED. NOW IT IS RATHER HARD TO GET APPROVED VS. A 'GIVEN' BEFORE. PLEASE CONSIDER CHANGING THIS. THEY ARE AS COMPUTERS - NEARLY OBSOLETE AFTER A FEW YEARS AND ALL THE NEW TECHNOLOGICAL ADVANCES. NOT AS MUCH IN ADULTS, BUT FOR CHILDREN, IT IS IMPORTANT TO HAVE THE BEST POSSIBLE WHEN TRYING TO LEARN TO SPEAK AND (HOPEFULLY) EVENTUALLY CATCH UP WITH PEERS.
5-7	2 - 5 years	$50,001-$100,000	5-8	RENEWAL ASKS QUESTIONS RELATED TO BIRTH THAT DO NOT CHANGE AND COULD BE ELIMINATED TO SAVE TIME.
5-7	2 - 5 years	$50,001-$100,000	5-8	* WITH MILLER CO. HAS BEEN LESS THAN COMPETENT AT TIMES REGARDING APPLICATION PROCESS. MY INCOME DROPPED $25,000 AND MY PREMIUM NEVER LOWERED WHEN I QUESTIONED THIS. I WAS TOLD BY * SHE WAS OVERWHELMED WITH HER LOAD AND DID NOT KNOW WHEN OR IF THIS ISSUE WOULD BE RESOLVED. I NEVER RECEIVED A CHANGE IN PREMIUM. MY MONTHLY AMOUNT STAYED THE EXACT SAME DEPOSIT SUBSTANTIAL CHANGE IN INCOME. I HAVE SINCE HAD BETTER LUCK WITH FINANCES BUT WORRY FOR OTHER WHO MIGHT LOOSE COVERAGE DUE TO INCOMPETENCE.
5-7	2 - 5 years	$50,001-$100,000	5-8	I FEEL LIKE CHILDREN WHO WILL BE ON TEFRA LONG TERM SHOULD NOT HAVE TO REDO THE ENTIRE PACKET EACH YEAR - & GIVE MORE TIME!
5-7	2 - 5 years	$50,001-$100,000	5-8	WE ARE VERY THANKFUL FOR TEFRA - IT HAS MADE A SIGNIFICANT IMPACT ON MY SON'S LIFE. HE COULD NOT HAVE RECEIVED HELP & THERAPY WITHOUT IT.
5-7	2 - 5 years	$50,001-$100,000	9-12	TEFFRA/MEDICAID SHOULD SEND A LIST OF SERVICES PROVIDED EACH YEAR TO ALL APPLICANTS. TRYING TO UNDERSTAND OR GET INFORMATION ABOUT SERVICES IS EXTREMLY DIFFICULT
5-7	More than 5 years	$150,001 or more	5-8	RENEWAL PAPERWORK - NEVER ENOUGH TIME, POORLY WRITTEN - NEEDS MAJOR REVISION. TURNED IT IN MONTHS AGO AND HAVEN'T HEARD THAT IT WAS RECEIVED, THAT THE INFO WAS ADEQUATE, OK, VERY GRATEFUL FOR THE PROGRAM - EVEN WITH 2 EMPLOYED PARENTS AND GOOD INCOME, PAYING FOR ALL THE THERAPY OUT OF POCKET WOULD BE IMPOSSIBLE.
5-7	More than 5 years	$0-$50,000	13 or older	IT'S SAD THAT MY CHILD HAS TO SUFFER WITH GRIEF, ANXIETY, AND PANIC TO GET UP AND FACE EVERY SINGLE DAY BECAUSE TEFRA WON'T PAY FOR HER MEDICATION - THE FIRST ONE THAT EVER WORKED I CAN'T AFFORD IT.
5-7	More than 5 years	$0-$50,000	13 or older	JUST WISH IT WERE EASIER TO TALK TO SOMEONE ABOUT WHAT ALL TEFRA COVERS. I WISH I COULD ACTUALLY CALL SOMEONE AND TALK TO THEM AND THEY WOULD KNOW ALL MY ANSWERS.

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5-7	More than 5 years	$0-$50,000	13 or older	THE APPLICATION PROCESS WAS EXTREMELY DIFFICULT AND CONFUSING, AND I AM COLLEGE EDUCATED. I EVEN WENT INTO OFFICE AND HAD A SUPERVISOR HELP ME AND STILL HAD TO HAVE PART OF IT SENT BACK. COMMUNICATION ABOUT WAIVER LIST OR ANY OTHER CHANGES OR BENEFITS AVAILABLE HAVE BEEN ALMOST NON EXSISTANT. HAVING SAID THIS OVERALL, WE ARE VERY GRATEFUL FOR THIS PROGRAM.
5-7	More than 5 years	$0-$50,000	9-12	I USUALLY HAVE TO HAVE A EXTENTION CAUSE I DON'T GET MY TEFRA RENEWAL IN TIME AND SO DR. CAN FILL HIS PART OUT TO.
5-7	More than 5 years	$100,001-$150,000	13 or older	HOW I FEEL ABOUT FINDING PROVIDERS THAT ACCEPT TEFRA (HARD TO FINE) DO I FEEL LIKE I USE TEFRA TO IT'S FULLEST EXTENT (NO) WHAT ABOUT THE TEFRA WAIVER? (ELEPHANT IN THE ROOM) Q37)DR. DONT TAKE TEFRA
5-7	More than 5 years	$100,001-$150,000	5-8	THE WAIVER PROGRAM AND TEFRA NEED TO BE COMBINED
5-7	More than 5 years	$100,001-$150,000	5-8	QUESTION 68/69: I THINK I AM ALWAYS GIVEN 10 DAYS FROM DATE MAILED (POSTMARKED). THIS OFTEN INCLUDES 2 WEEKENDS WHICH GIVES ME LESS THAN 5 BUSINESS DAYS TO GET RENEWAL PAPERWORK DONE, THAT IS VERY DIFFICULT TO TURN AROUND, ESPECIALLY WHEN YOU HAVE TO ALLOW TIME FOR DOCTORS OFFICE TO PROCESS (WHICH MEANS 2 TRIPS TO THEIR OFFICE TO DROP OFF AND PICK UP DURING BUSINESS HOURS).
5-7	More than 5 years	$100,001-$150,000	9-12	OUR INITIAL APPLICATION PROCESS WAS SO BAD BECAUSE THE OFFICE LOST SOME OF OUR APPLICATION BUT NEVER CALLED US TO TELL US OUR PACKET WAS NOT BEING PROCESSED BECAUSE IT WAS INCOMPLETE. IF I HAD NOT CALLED THEM, WE WOULD HAVE NEVER KNOWN WHY WE WERE NOT RECEIVING TEFRA BENEFITS.
5-7	More than 5 years	$150,001 or more	13 or older	NEVER ENOUGH TIME TO COMPLETE RENEWAL APPLICATION. ALSO FORM'S ARE DUPLICATES OF WHAT IS FILLED OUT EACH YEAR.
5-7	More than 5 years	$150,001 or more	9-12	FOR RENEWAL-TOO MANY FORMS REQUESTING EXACT SAME INFORMATION. POORLY DESIGNED FORMS. NOT ENOUGH TIME GIVEN INITIALLY, BUT EXTENSION GRANTED.
5-7	More than 5 years	$50,001-$100,000	13 or older	*#68. I FEEL THAT 2 WEEKS IS NOT ENOUGH TIME TO FILL OUT AND RETURN TEFRA RE-NEWALS. SPECIALLY BECAUSE THE MEDICAL DOCTORS NEEDS TIME TO FILL OUT THEIR PART! AT LEAST 2 WKS, BUT NOT 2. THANK YOU!
5-7	More than 5 years	$50,001-$100,000	13 or older	OUR DAUGHTER IS IN RESIDENTIAL THERAPY IN MISSOURI. WE ARE VERY GRATEFUL THAT ARKANSAS TEFRA HELPS COVER THAT CARE. HER PRESCRIPTIONS ARE NOT COVERED BECAUSE HER DOCTOR IS NOT AN ARKANSAS PROVIDER. DO YOU HAVE ANY RECOMMENDATIONS? Q69) WE PANIC TO GET IT ALL COLLECTED AND DRIVE TO THE OFFICE TO SUBMIT IT IN PERSON.

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5-7	More than 5 years	$50,001-$100,000	5-8	MY SON'S FOCALIN XR PRESCRIPTION ISN'T COVERED DUE TO BRAND NAME VS. GENERIC (PRIVATE INSURANCE AND TEFRA) WE NOW PAY $12/MONTH. WHAT SHOULD I DO TO GET IT COVERED IN FULL? *
5-7	More than 5 years	$50,001-$100,000	5-8	BESIDES THE RENEWAL PAPERWORK THAT DRIVES ME CRAZY. TEFRA IS A TRUE BLESSING TO MY FAMILY.
5-7	More than 5 years	$50,001-$100,000	5-8	ABA THERAPY NEEDS TO BE COVERED FOR CHILDREN WITH AUTISM!
5-7	More than 5 years	$50,001-$100,000	5-8	Q69) I ALWAYS HAVE TO GET AN EXTENSION ON THE DEADLINE.
5-7	More than 5 years	$50,001-$100,000	9-12	WILL PAY FOR BRACES OUT OF POCKET BECAUSE SPEECH PATH & ORTHODONTIST ARE CONCERNED. ORTHO DOESN'T ACCEPT MEDICAID.
5-7	More than 5 years	$50,001-$100,000	9-12	WE LOST THE BEST CASE MANAGER WHEN * RETIRED. SUE PARKS IS A HUGE HELP WITH THIS PAPERWORK WE WOULD BE LOST WITHOUT THESE GREAT FOLKS! PAPERWORK IS TERRIBLE BURDEN. NO SLOTS OPEN FOR MEDICAID WITH OUR PREFERRED PEDIATRICIAN!
5-7	Less than 1 year	—	0-4	OVERALL EXPERIENCE OF TEFRA PROGRAM WAS ONLY RATED 7 BECAUSE I THINK AS PART OF APPLICATION PROCESS YOU SHOULD MAKE APPLICANTS AWARE OF THE ARHIPP PROGRAM FOR TEFRA PREMIUM REIMBURSEMENT. I ONLY FOUND OUT ABOUT IT BY CHANCE WHEN THE BILLING DEPT. AT AR CHILDREN'S MENTIONED IT TO ME. WITHOUT IT, THE TEFRA PREMIUMS WOULD HAVE CAUSED US A BIG FINANCIAL BURDEN.
5-7	Less than 1 year	$0-$50,000	0-4	Q3) ENDOCRONOLOGIST WAS WHAT WE NEEDED AND DIDN'T HAVE COVERAGE FOR.; Q27) EXCEPT FOR A CONTINOUS GLUCOSE MONITOR WHICH WOULD HELP MY TYPE 1 DIABETIC CHILD SO MUCH!; Q28) INFUSION SETS FOR INSULIN PUMP; Q29) -GETTING EVERYTHING APPROVED WAS A BIG ORDEAL, BUT ONCE WE DID IT WAS OK.; Q44) -I CAN'T FIGURE OUT WHAT EXACTLY TEFRA WILL COVER AND WHAT IS THE MAXIMUM COVERAGE.; Q48) I NEVER GOT ANYONE TO ANSWER THE PHONE!; Q49) (THE TEFRA #; Q53) B/C NO ONE EVER ONCE ANSWERED THE # ON THE BACK OF MY ARKIDS CARD.; Q66) CHILDREN'S HOSPITAL WAS AMAZING AT HELPING US APPLY!;
5-7	Less than 1 year	$100,001-$150,000	0-4	NEED ON-LINE PAYMENT OPTION THAT ALLOWS FOR CREDIT CARD PYMT.
5-7	Less than 1 year	$100,001-$150,000	0-4	HAD TO FIGHT WITH PERSONAL INSURANCE ABOUT SHOE ORTHOTICS. NEVER GOT A RETURN CALL ON ORTHOTICS OR GLASSES SO I HAD TO PAY MYSELF.
5-7	Less than 1 year	$100,001-$150,000	0-4	QUESTIONS #3-8 58 AND 60: THE REASON THERE WAS 'NO PROBLEM' RECEIVING CARE BEFORE TEFRA ENROLLMENT WAS BECAUSE I HAVE PRIMARY INSURANCE (A HEALTH SAVINGS ACCT.) THROUGH MY JOB (WITH A VERY HIGH DEDUCTIBLE.) QUESTION #59: THE SPECIALISTS AND URGENT CARE CENTERS DO NO TAKE MEDICAID AS A SECONDARY INSURANCE. I HAVE TO USE MY PRIMARY INSURANCE AND PAY THE DEDUCTIBLE OUT OF MY OWN POCKET.

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5-7	Less than 1 year	$100,001-$150,000	5-8	SOME PRESCRIPTIONS THAT MY SON NEEDS IS NOT COVERED BY TEFRA. HIS QUALLIVENT IS NOT COVERED. I PAY ADDITIONAL OUT OF POCKET FOR HIM TO HAVE IT.
5-7	Less than 1 year	$100,001-$150,000	5-8	THE TEFRA RENEWAL APPLICATION/PROCESS IS QUITE LABORIOUS. I CAN UNDERSTAND THE INITIAL APPLICATION BEING SO, BUT DO NOT UNDERSTAND WHY THE RENEWAL IS SO SIMILAR TO THE INITIAL APPLICATION WITH THE MAJORITY OF IT BEING THE EXACT SAME INFORMATION.
5-7	Less than 1 year	$100,001-$150,000	5-8	WE ALSO HAD GREAT DIFFICULTY IN WRITTEN CORRESPONDANCE. EVEN WHEN WE SENT A LETTER SAYING WE WANTED OUR PREMIUM DRAFTER, INCLUDED A VOIDED CHECK IN ADDITION TO A PAYMENT FOR CURRENT MONTH, IT APPARENTLY REMAINED UNCLEAR THAT WE WERE CHOOSING THE DRAFT OPTION.
5-7	Less than 1 year	$50,001-$100,000	0-4	TEFRA IS A GREAT PROGRAM! HOWEVER, IT IS POORLY MANAGED! GETTING SOMEONE ON THE PHONE IS A TIME CONSUMNG HUGE CHALLENGE AND EVEN IF YOU GET SOMEONE ON THE LINE, THEY NEVER SEEM TO KNOW THE ANSWER.
5-7	Less than 1 year	$50,001-$100,000	0-4	TEFRA HELP LINE IMPOSSIBLE TO GET THROUGH TO SOMEONE TO ASK QUESTIONS. LOCAL DHS OFFICE LEFT SEVERAL MESSAGES WITH NO RETURN PHONE CALL. WILL CANCEL MY COVERAGE SOON.
5-7	Less than 1 year	$50,001-$100,000	0-4	Q27) I HAVE NEVER ATTEMPTED TO USE TEFRA TO OBTAIN THESE
5-7	Less than 1 year	$50,001-$100,000	0-4	GREAT PROGRAM BUT BENEFITS UNCLEAR. I HAVE A MASTERS AND I THOUGHT THE APPLICATION WAS DIFFICULT TO UNDERSTAND.
5-7	Less than 1 year	$50,001-$100,000	0-4	THE APPLICATION PROCESS IS INCREDIBLY CONFUSING AND YOU REALLY HAVE TO SEARCH FOR ANSWERS OR KNOW SOMEONE WHO HAS DONE IT BEFIRE YOU. ALSO IF YOU MISS ONLY 1 THING IN THE APPLICATION, THEY SHOULDN'T THREATEN YOU WITH CANCELLATION. THE WAIT TIME FOR PROCESSING IS ALSO WAY TOO LONG. WE WAITED 5 MONTHS.
5-7	Less than 1 year	$50,001-$100,000	0-4	WE HAD TO RENEW ELIGIBILITY <1 YEAR OF HAVING TEFRA; APPROVAL RECEIVED IN NOV 2015, HAD TO REAPPLY APPLICANT IN JUNE 2016 & DID NOT HAVE TO DO THE SAME FOR HER TWIN WHO WAS APPROVED SAME DAY AS WELL. Q33) DUE TO LACK OF OT PROVIDERS IN AREA
5-7	Less than 1 year	$50,001-$100,000	0-4	THERE IS A SIGNIFANT DELAY WITH COMMUNICATION BY THE MATTER OF HOW PAYMENT IS RECIEVED. WE TRIED AUTOMATIC DEDUCTION TO WHICH WE RECIEVED LATE PAYMENT NOTICES. SO WE CHANGED TO QUARTERLY PAPER STATEMENTS.
5-7	Less than 1 year	$50,001-$100,000	0-4	THE APPLICATION AND BILLING PROCESS IS EXTREMELY ANTIQUATED AND DIFFICULT. MOVING TO AN ONLINE SYSTEM WOULD MAKE IT MUCH EASIER AND SURELY LESS EXPENSIVE.

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5-7	Less than 1 year	$50,001-$100,000	13 or older	OUR OTHER SON * IS ON TEFRA WE HAVE BEEN IN NEED OF REPAIRS TO HIS WHEELCHAIR THAT AR M'CAID. DID NOT PAY FOR. REPAIRS BY ONE OF YOUR PROVIDERS WAS DENIED. WE WERE TOLD TEFRA WOULDN'T PAY FOR REPAIRS TO A CHAIR THEY DIDN'T PURCHASE. IN MY OPINION REPAIRS WOULD BE MUCH LESS EXPENSIVE THAN PURCHASING A WHOLE NEW CHAIR?? ARKANSAS MEDICAID COULD SAVE $$ BY CHANGING THIS PROTOCOL.
5-7	Less than 1 year	$50,001-$100,000	9-12	IT TOOK US OVER 6 MONTHS TO GET APPROVED, I FELT THIS WAS A LITTLE TOO LONG.
5-7	Less than 1 year	$0-$50,000	0-4	WE HAVE TRICARE IN ADDITION TO TEFRA. FINDING CLINICS THAT WILL WORK WITH BOTH INSURANCE PLANS HAS PROVEN TO BE AN ISSUE!
5-7	Less than 1 year	$0-$50,000	13 or older	I AM HAVING PROBLEMS WITH TEFRA NOT COVERING SERVICES AND MEDS, THAT I PAID FOR PRIOR TO ACCEPTACE INTO PROGRAM. TEFRA HAS BACK DATED TO COVER 3 MONTHS PRIOR TO ACCEPTANCE.; Q48) NEVER GO THROUGH TO ANYONE;
5-7	Less than 1 year	$0-$50,000	9-12	I DON'T HAVE MUCH EXPERIENCE WITH TEFRA, MY CHILD WAS JUST APPROVED IN AUGUST 2016.
5-7	Less than 1 year	$50,001-$100,000	0-4	IT TOOK A VERY LONG TIME TO RECEIVE TEFRA & IN THOSE 7 MONTHS MY SON WAS NOT ABLE TO RECEIVE HIS 7HRS OF THERAPY SERVICES- HUGE SETBACK!;
5-7	Less than 1 year	$50,001-$100,000	0-4	IT SEEMS LIKE * QUALIFIES FOR MORE THERAPY THAN HE IS GETTING NOW. A TRANSPORTATION SERVICE WOULD BE NICE. MY HUSBAND HAS TO DRIVE TO AND FROM THE THERAPY PLACE DURING WORK HOURS.
5-7	Less than 1 year	$50,001-$100,000	9-12	THERE IS NO CLARITY ON WHO I CAN CONTACT FOR QUESTIONS OR SUPPORT. IT IS ALSO ALMOST IMPOSSIBLE TO GET HOLD OF SOMEONE FROM THE BILLING DEPARTMENT. LASTLY, I FEEL I HAVE BEEN GIVEN A ROUND-A-ROUND WHEN I NEED INFORMATION. I STILL DON'T KNOW WHO TO REACH OUT TO TO FOLLOW-UP ON DENTAL CHARGES.
8-10	—	$50,001-$100,000	5-8	OUTPT THERAPY 3X WEEK IS NOT ENOUGH TO GAIN MAXIMUM FUNCTION FOR A PT WITH A STROKE. INPT COVERAGE WOULD BE MOST BENEFICIAL.
8-10	More than 5 years	$150,001 or more	9-12	WHEN WE 1ST STARTED TEFRA, WE HAD JUST GOTTEN OUT OF COLLEGE -- WE COULDN'T HAVE MADE IT W/O IT. THANK YOU.
8-10	More than 5 years	$0-$50,000	13 or older	I GOT GUARDIANSHIP OF * IN 2008. SHE, HAS DDMD AND DISABILITY. SHE HAS BEEN IN AND OUT OF METHODIST BEHAVIORAL HOSPITAL TRYING TO GET HER INTO RESIDENCE BECAUSE OF BEHAVIOR WHICH HASN'T BEEN EASY
8-10	More than 5 years	$0-$50,000	13 or older	I HAD PROBLEMS GETTING THE DR. OFFICE TURNING IN HER PAPERWORK AND I APPRECIATE THE PATIENCE OF THE TEFRA OFFICE WHILE THEY HAD TO WAIT TO GET THEM IN.
8-10	More than 5 years	$0-$50,000	13 or older	ALL I CAN SAY IS THANK GOD FOR TEFRA!! IT HAS BEEN A TREMENDOUS HELP WITH HAVING A CHILD WITH A DISABILITY.

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8-10	More than 5 years	$0-$50,000	13 or older	IT JUST SEEMS TO ME THAT IF MY SONS CONDITION IS PERMANENT THEN RENEWAL SHOULDN'T HAVE TO BE DONE EACH YEAR.
8-10	More than 5 years	$0-$50,000	13 or older	Q54)$ 0 CURRENTLY $52-$78 IN THE PAST
8-10	More than 5 years	$100,001-$150,000	13 or older	Q37) CHILDREN W/AUTISM CANNOT GET TREATMENT FOR ANXIETY; Q38) UNTIL HE WAS DISMISSED B/C HE HAD AUTISM
8-10	More than 5 years	$150,001 or more	13 or older	TEFRA SERVES AS A SECONDARY COVERAGE FOR OUR CHILD, THEREFORE AS OUR INCOME INCREASES I WILL HAVE TO CONSIDER THE POSSIBILITY OF CANCELING TEFRA DUE TO THE HIGH MONTHLY PREMIUM.
8-10	More than 5 years	$50,001-$100,000	13 or older	TEFRA PAPERWORK / RENEWALS CAN BE DIFFICULT, BUT OVERTIME THE PROCESS GETS EASIER WITH EXPERIENCE. EXTENSION OF BENEFIT SERVICES FOR SUPPLIES HAS DIFFICULT PAPERWORK AS WELL. BUT OVERALL, WITH ALL THINGS CONSIDERED, THE PAPERWORK IS NEEDED SO IT AS GOOD AS ONE COULD EXPECT. I WOULD BE INTERESTED IN INFORMATION ON CONTINUED COVERAGE AFTER MY CHILD REACHES AGE 19. THANK YOU OVERALL - TEFRA HAS BEEN A POSITIVE EXPERIENCE AND I AM VERY THANKFUL FOR THE BENEFITS RECEIVED. I WOULD LIKE MORE INFORMATION ON COVERAGE WHEN MY CHILD AGES OUT OF TEFRA THANK YOU!; Q69) I REQUESTED AND RECEIVED AN EXTENSION FROM COUNTY WORKER
8-10	More than 5 years	$50,001-$100,000	13 or older	WE ARE SO GRATEFUL TO HAVE TEFRA. WE FEEL THAT WE RECEIVE EXCELLENT CARE FROM ALL MEDICAL PROVIDERS/PHARMACIES.;
8-10	More than 5 years	$50,001-$100,000	13 or older	DHS PERSONNEL NEED ADDITIONAL TRAINING ON OPTIONS TO CONSIDER AFTER A CHILD IS NO LONGER ELIGIBLE FOR TEFRA. I SPENT AN ENTIRE DAY BEING SENT FROM ONE PERSON TO THE NEXT, OFFICE TO OFFICE ACROSS TOWN AND NEVER RECEIVED THE ANSWERS I NEEDED.
8-10	More than 5 years	$50,001-$100,000	13 or older	Q31) THE PROBLEM IS ME HAVING THE TIME TO TAKE HIM TO SPEECH THERAPY.
8-10	More than 5 years	$50,001-$100,000	13 or older	THANK YOU FOR PROVIDING THIS SERVICE. IT HAS ALLOWED MY DAUGHTER TO BECOME MENTALLY, PHYSICALLY, AND SPIRITUALLY WELL. SHE WENT FROM BEING TOLD SHE WOULD NEVER WALK OR TALK TO DRIVING AND GOING TO COLLEGE.
8-10	More than 5 years	$50,001-$100,000	13 or older	MY BIGGEST COMPLAINT IS THE RENEWAL PROCESS. IT TAKE AROUND 4-5 WEEKS TO COMPLETE THIS PROCESS BECAUSE THE PCP HAS TO COMPLETE THE PAPERWORK AND I ALWAYS RECEIVED THE RENEWAL IN THE JUNE WHEN THE PCP IS ON VACATION. 14 DAYS IS NOT ENOUGH TIME TO RENEW. ALSO, THE RENEWAL IS MAILED WHICH TAKES SEVERAL DAYS.
8-10	More than 5 years	$50,001-$100,000	13 or older	TEFRA HAS BEEN A BLESSING TO MY CHILD'S HEALTHCARE. I REALLY DON'T KNOW WHAT WE WOULD HAVE DONE! THANK YOU!!

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8-10	1 - 2 years	—	13 or older	#65 MARY JO WARNER RN BSN HAS BEEN A GOD SEND. (I CAN ALWAYS COUNT ON MARY JO TO HELP ME) SHE HAS HELPED ME MORE TIMES THAN I CAN COUNT. VERY PERSONNABLE A+ PERSON AND HELP ALWAYS!! * FORMS ARE DIFFICULT TO FILL OUT! VERY REPETITIVE FROM YEAR TO YEAR; Q76) ADOPTED PARENTS OF CHILD; Q77) REDONDENT! IF I PAY THE HIGHEST PREMIUM YOU FIGURE IT OUT
8-10	1 - 2 years	—	5-8	ONLY ISSUE WAS TRYING TO CALL FOR APPLICATION HELP. LOCAL COUNTY HAD ME CALL WRONG PLACE AND ULTIMATELY HAD TO RESEARCH ONLINE. VALID PHONE SHOULD BE ON PAPERWORK AND MORE TIME TO COMPLETE APPS. ALSO INSTRUCTIONS NOT GIVEN ON HOW TO GET MONEY MACK ON EXPENSES INCURRED DURING INITIAL APPLICATION PROCESS.
8-10	1 - 2 years	$150,001 or more	5-8	THERE ARE NOT ENOUGH MEDICAL DOCTORS, PSYCHOLOGISTS OR PSYCHIATRISTS THAT ACCEPT TEFRA IN MY CITY OF BENTONVILLE OR ROGERS, AR. THE TEFRA GAL IN THE CPU OFFICE NEEDS HELP. WITHOUT TEFRA, WE WOULD HAVE TO BORROW MONEY TO LIVE. THANK YOU FOR YOUR HELP. HOPEFULLY, MY SON WILL CONTINUE TO IMPROVE WITH AGE. THE GAL IN THE CPU OFFICE IS DOING AN EXCELLENT JOB BUT I CAN TELL SHE IS SUPER BUSY. Q25) MD'S ARE NOT EXPERIENCED ENOUGH TO KNOW WHAT TO DO W/ AUTISM & ADHD - IN THIS AREA ANYWAY. THEY NEED TO READ THE MOST RECENT EVALUATION BEFORE SPEAKING THEIR MINDS.; Q38) VERY FEW ARE APPROVED W/ TEFRA. WE ARE OUT OF NETWORK NOW.; Q44) THE PAPERWORK IS EXTENSIVE AND THE YEARLY IS REPETITIVE.; Q50) TEFRA IS A ONE PERSON UNIT.; Q53) BASED ON HER WORK LOAD AND CIRCUMSTANCES, SHE IS AN ANGEL!; Q55) WE WOULD LIKE TO SAVE FOR COLLEGE OR A TECHNICAL SCHOOL.; Q56) WE WILL SACRIFICE WHATEVER WE HAVE TO.; Q58) DOCTOR SHORTAGE W/ TEFRA COVERAGE TEFRA IS LIMITED AT PSYCHOLOGISTS AND BEHAVIORALISTS & PSYCHIATRIST OFFICES; Q60) I'VE HEARD OTHER PEOPLE HAVE HAD BIG PROBLEMS.; Q64) TEFRA CPU ONLY; Q68) THIS REQUIRES A DOCTOR SIGNATURE THAT TAKES 7 DAYS!;
8-10	1 - 2 years	$0-$50,000	0-4	I NEVER RECEIVED A CALL BACK FROM MY ASSIGNED DHS SPECIALIST DESPITE MULTIPLE PHONE CALLS. I WAS SEEKING HELP COMPLETING OUR RENEWAL PACKET. I SUBMITTED MY PACKET BY EMAIL AND MAIL 7/30/16 AND HAVE YET TO HEAR ANYTHING IN RESPONSE. IT IS NOW 10/2/16. IT WOULD BE NICE TO KNOW IF IT WAS RECEIVED OR IF THERE IS ANY UPDATES. WE RELY ON MY SON'S THERAPY AND HIS TEFRA ALLOWS HIM TO GET IN PLUS HIS EXPENSIVE MEDS.;

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8-10	1 - 2 years	$0-$50,000	0-4	IN REGARDS TO DOCTORS AND TIME TO FILL OUT PAPERWORK. MY CHILD'S DOCTOR IS FINE, BUT THE CLINIC ITSELF IS DIFFICULT TO WORK WITH WHEN NEEDING PAPERWORK COMPLETED. WHERE I FELT I HAD ENOUGH TIME TO DO MY PART OF THE PAPERWORK, I GOT NERVOUS WAITING ON THE CLINIC TO FILL & RETURN THEIR PART OF IT. I HAD CALLED MULTIPLE TIMES AND FAXED AND EXPLAINED WHAT WAS GOING ON AND IT STILL TOOK THEM TWO WEEKS TO TURN IT IN, WHICH WAS ON THE DEADLINE.
8-10	1 - 2 years	$0-$50,000	0-4	I AM EXTREMELY GRATEFUL FOR TEFRA. IT IS A BLESSING.
8-10	1 - 2 years	$0-$50,000	13 or older	I AM SO GRATEFUL TO HAVE TEFRA IF IT WASN'T FOR THIS I COULDN'T AFFORD MY DAUGHTERS MEDICINE AND HER DOCTOR'S APPOINTMENTS. THANK YOU SO VERY MUCH FOR ALLOWEING US THIS PRIVILEDGE. *
8-10	1 - 2 years	$0-$50,000	13 or older	68) 1 TO 7 DAYS IS NOT ENOUGH TIME TO FILL IT OUT YOU HAVE TO START ON IT THAT DAY AND TAKE IT TO THE DOCTOR TO GET IT FILLED OUT. I THINK YOU SHOULD HAVE AT LEAST 2 WEEKS TO GET IT BACK
8-10	1 - 2 years	$0-$50,000	13 or older	THANK YOU
8-10	1 - 2 years	$0-$50,000	5-8	WE ARE THANKFUL FOR TEFRA! IF IT WASN'T FOR TEFRA, OUR DAUGHTER PROBABLY COULDN'T RECEIVE ALL THE OT, PT, ST SHE NEEDS!
8-10	1 - 2 years	$0-$50,000	5-8	TEFRA HAS BEEN A LIFE SAVER FOR MY SON. I COULD NOT GET WHAT HE NEEDED WITHOUT THIS.
8-10	1 - 2 years	$0-$50,000	5-8	I AM VERY PLEASED WITH TEFRA SERVICES AND I AM THANKFUL AND GREATFULL TO HAVE THEM. THANKS,
8-10	1 - 2 years	$0-$50,000	9-12	TEFRA HAS HELP ME GET THE HELP MY CHILD NEED. IF IT WAS NOT FOR TEFRA HELP SHE WOULD NOT BE WHERE SHE IS NOW. WE GOT ALONG WAY TO GO BUT SHE DOING BETTER EVERY DAY. THANK YOU FOR ALL THE HELP YOU HAVE PROVIDED.
8-10	1 - 2 years	$0-$50,000	9-12	THANK YOU SO MUCH FOR THIS PROGRAM, BECAUSE WITHOUT IT MY SON WOULD NOT HAVE BEEN ABLE TO HAVE HIS EARDRUM RECONSTRUCTED OR I WOULDN'T BE ABLE TO AFFORD HIS ADHD MEDS.
8-10	1 - 2 years	$100,001-$150,000	0-4	THE 6 MONTHS PRIOR QUESTIONS AT THE BEGINNING REALLY DIDN'T APPLY B/C WE HAD COVERAGE FROM BIRTH.
8-10	1 - 2 years	$100,001-$150,000	0-4	#13: I DON'T CARE FOR OUR OFFICIAL PEDIATRICIAN, BUT REMAIN AT THAT OFFICE BECAUSE OF THE NURSE PRACTIONER WHO WORKS THERE. SHE IS EXCELLENT, ALWAYS RESPECTFUL AND CONSIDERATE. WHEN/IF SHE LEAVES, WE WILL, TOO. THE PED. (DR.) IS NOT AS GOOD. SHE'S NOT BAD, BUT I'M NOT AS COMFORTABLE WITH HER.
8-10	1 - 2 years	$100,001-$150,000	0-4	TEFRA HAS ALLOWED OUR DAUGHTER TO RECIEVE PT/OT/ SPEECH THERAPIES THAT WE WOULD OTHERWISE NOT BE ABLE TO AFFORD. THESE THERAPIES HAVE CHANGED HER LIFE.
8-10	1 - 2 years	$100,001-$150,000	13 or older	WE DON'T KNOW WHAT WE'D DO IF THERE'S NO TEFRA, SORRY FOR LATE RESPOND. THANKS AGAIN!

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8-10	1 - 2 years	$100,001-$150,000	5-8	TEFRA HAS BEEN A BLESSING IN REGARDS TO COVERING THERAPY SERVICES.
8-10	1 - 2 years	$100,001-$150,000	9-12	DR SNEED AND KIM AT THE CHILDREN'S CLINIC WERE MOST HELPFUL. RANDOLPH COUNTY WAS GREAT EVEN THOUGH IT TAKES FOREVER. ARHIP IS FABULOUS!
8-10	1 - 2 years	$100,001-$150,000	9-12	AN OVERALL LACK OF THE QUALITY OF CARE FOR MY CHILD'S SPECIFIC CONDITION HAS BEEN AN ISSUE IN ARKANSAS. NOT SPECIFICALLY A TEFRA ISSUE, BUT STILL A SERIOUS ISSUE.
8-10	1 - 2 years	$100,001-$150,000	9-12	TEFRA HAS BEEN A LIFE-SAVER FOR US. CANCER TREATMENT IS SO EXPENSIVE AND HAVING THIS COVERAGE HAS BEEN A BLESSING TO US. THANK YOU!
8-10	1 - 2 years	$150,001 or more	0-4	I THINK THERE SHOULD BE NOTIFICATION FOLLOWING RENEWAL TO WHETHER CHILD WAS RE-ENROLLED. ALSO-THE TEFRA PREMIUMS SHOULD CONSIDER FAMILY'S PERSONAL COST FOR INSURANCE AS WELL AS INCOME TO DETERMINE TEFRA PREMIUM. WE ARE SO THANKFUL FOR TEFRA --BUT IT IS A BURDEN FINANCIALLY DUE TO THE FACT WE PAY $2100/MONTH FOR INSURANCE PLUS $324/MO FOR TEFRA. Q56) BUT MANY SACRIFICES WERE MADE FINANCIALLY
8-10	1 - 2 years	$50,001-$100,000	0-4	EVERYONE WE HAVE TALKED TO IN THE TEFRA DEPARTMENT HAS BEEN WONDERFUL! WE ARE SO HAPPY TO HAVE THIS PROGRAM AVALIBLE. WITHOUT THIS MY CHILD WOULD NOT BE ABLE TO GET ALL THE SERVICES/THERAPIES SHE NEEDS! THANK YOU!
8-10	1 - 2 years	$50,001-$100,000	0-4	I HAVE CALLED A FEW TIMES, REGARDING THE PREMIUMS. EVERYTIME I CALLED I WAS TOLD THEY WERE BEHIND IN PROCESSING.
8-10	1 - 2 years	$50,001-$100,000	0-4	Q66) CHILDREN'S HELPED US W/ APP PROCESS
8-10	1 - 2 years	$50,001-$100,000	0-4	THE ONLY PROBLEM WE EVER HAVE HAD WITH TEFRA WAS HAVING TO PAY ANOTHER CLINIC WHEN HIS DOCTOR'S OFICE WAS FULL FOR THE DAY AND HAD TO GO TO ANOTHER CLINIC, NOT COVERED WITH TEFRA.
8-10	1 - 2 years	$50,001-$100,000	0-4	WE ARE VERY THANKFUL FOR THE TEFRA SERVICES. ALTHOUGH OUR PREMIUM IS A FINANCIAL BURDEN, ITS NOTHING COMPARED TO WHAT IT WOULD BE W/O IT.
8-10	1 - 2 years	$50,001-$100,000	0-4	THE ONLY COMPLAINT WE HAVE IS THE SHORT TIME PERIOD ALLOWED FOR RETURN OF RENEWAL FORMS. THEY REQUIRE MD DOCUMENTATION, SO IT IS DIFFICULT TO GET THAT COMPLETED WITH LESS THAN 1 WEEK FROM RECEIPT IN THE MAIL TO THE DEADLINE.
8-10	1 - 2 years	$50,001-$100,000	0-4	WE LOVE TEFRA, BEFORE MY SON GOT TEFRA THEY WOULD NOT TEST HIM FOR ANY THERAPIES AND I KNEW HE NEEDED THEM BECAUSE OF THE EYES PROBLEMS HE HAS! OUR TEFRA ALSO HELPED US PAY FOR A SURGERY TO HELP CORRECT HIS EYE PROBLEM! WE LOVE OUR TEFRA! THANK YOU SO MUCH- *

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8-10	1 - 2 years	$50,001-$100,000	0-4	TEFRA MAKES IT TOO DIFICULT TO PAY PREMIUMS I SHOULD BE ABLE TO USE BILL PAY OR SET UP A RELIABLE AUTODRAFT. MY AUTODRAFT FOR THIS MONTH STILL HAS NOT COME OUT AND ITS THE 13TH. I EXPECT A DELINQUENT BILL TO COME NEXT AND YET I HAVE DONE MY PART.
8-10	1 - 2 years	$50,001-$100,000	13 or older	I WOULD LIKE TO RECEIVE A REGULAR STATEMENT (OR BE ABLE TO LOG IN AND SEE ONE). I RECEIVE STATEMENTS FROM MY INSURANCE COMPANY BUT NOT FROM TEFRA, NO I DON'T KNOW WHAT ACTIVITY/CLAIMS ARE FILED.
8-10	1 - 2 years	$50,001-$100,000	13 or older	Q43) GETTING EASIER AND LESS LENGTHY.; Q69) GETTING THE PHYSICIANS PART FILLED OUT IS THE HARDEST.
8-10	1 - 2 years	$50,001-$100,000	13 or older	MANY TIMES WE SEE WHOEVER AT CONVIENANT CARE BECAUSE PRIMARY DOCTOR IS TO FULL.
8-10	1 - 2 years	$50,001-$100,000	13 or older	TEFRA IS HER SECONDARY INSURANCE. WE HAVE HAD NO PROBLEM AT ALL. ITS BEEN VERY HELPFUL ON NUMEROUS SURGERIES AND HOSPITAL STAYS.
8-10	1 - 2 years	$50,001-$100,000	5-8	WE GREATLY APPRECIATE THE TEFRA PROGRAM. THANK YOU. WE DO, HOWEVER, ALSO PURCHASE PRIVATE INSURANCE TO HELP COVER COSTS THAT TEFRA DOESN'T COVER. WE PURCHASED A PLAN THROUGH HEALTHCARE.GOV, AS OUR EMPLOYER HAS TOO FEW EMPLOYEES TO REQUIRE COMPANY PLANS. WE PAY OVER $1,100 A MONTH FOR PRIVATE (SILVER PLAN ON ACA) AND TEFRA. WE ARE CONSIDERING DROPPING OUR DAUGHTER'S PRIVATE INSURANCE BECAUSE OF THE COSTS AND TEFRA WILL THEN BE HER ONLY INSURANCE. OUR FAMILY WOULD APPRECIATE IT IF FAMILIES ON ACA INSURANCE COULD BE ELIGIBLE FOR MY AR HIPP.
8-10	1 - 2 years	$50,001-$100,000	5-8	Q10) VISION SPECIALIST; Q26) CORRECTIVE INSOLES AND SHOES; Q27) TOOK A LONG TIME AND HAD TO BE RE-ORDERED DUE TO WRONG SIZE.; Q33) THERAPIST WAS VERY BUSY DURING SUMMER.; Q35) THERAPIST WAS VERY BUSY THROUGH SUMMER.; Q44) LOTS OF PAPERWORK.; Q46) HAD TO CALL SEVERAL OFFICES TO GET ANY INFORMATION. (AT LEAST 5 CALLS.); Q53) AT LEAST THEY WERE POLITE. I EVENTUALLY GOT THE INFO I NEEDED.
8-10	1 - 2 years	$50,001-$100,000	5-8	SO THANKFUL FOR TEFRA
8-10	1 - 2 years	$50,001-$100,000	5-8	TEFRA HAS BEEN A HUGE BLESSING. WE COULD NOT HAVE AFFORDED THE THERAPIES MY DAUGHTER NEEDED WITHOUT IT.
8-10	1 - 2 years	$50,001-$100,000	5-8	MY COST FOR HAVING TEFRA SEEMS TOO HIGH. THEN RECENTLY IT HAS INCREASED EVEN MORE. THIS MAY BE A STRUGGLE TO PAY. PLEASE SEE WHERE YOU CAN CUT COST FOR THE FAMILYES IN NEED FOR THERAPIES. THANK YOU!
8-10	1 - 2 years	$50,001-$100,000	5-8	I HAVE BEEN SO PLEASED WITH SUE PARKS, THE TEFRA COUNTY OFFICE PERSON I SPEAK WITH. SHE IS ALWAYS SO HELPFUL & ACCOMMODATING. ALSO, THANK YOU ARKANSAS FOR PROVIDING TEFRA. IF IT WEREN'T FOR TEFRA MY CHILD WOULDN'T HAVE RECEIVED THE LIFE CHANGING THERAPIES HE HAS GOTTEN.

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8-10	1 - 2 years	$50,001-$100,000	5-8	NEED LONGER DEADLINE TO RETURN RENEWAL FORMS. DIFFICULT TO GET PHYSICIAN FORMS TURNED IN TIMELY.
8-10	1 - 2 years	$50,001-$100,000	5-8	I HAVE BEEN VERY PLEASED WITH TEFRA. THE ONLY PROBLEM WAS WITH CUSTOMER SERVICE AND GETTING SOMEONE TO ANSWER. THE WAITING WAS WAY TOO LONG! Q66) ACH 'DEE' WAS VERY HELPFUL.
8-10	1 - 2 years	$50,001-$100,000	5-8	THE TIME FRAME FOR SUBMITTING PAPERWORK IS TOO SHORT, ESPECIALLY WHEN WE HAVE TO ALSO SUBMIT PAPERWORK FROM DOCTORS.
8-10	1 - 2 years	$50,001-$100,000	5-8	I SENT IN THE RENEWAL. IT WOULD BE NICE TO KNOW IT HAS BEEN RECEIVED. * USES TEFRA FOR SPEECH AND OT AND ANY EXTRA TESTING NEEDED.; Q12) * PCP IS NOT THE ONE LISTED WITH TEFRA'S SET DOCTOR. THANKFULLY OUR REGULAR INSURANCE COVERS THIS PCP.; Q36) BUT THE SCHOOL WANTS HIM TO GET IT.
8-10	1 - 2 years	$50,001-$100,000	5-8	SPECIAL THANK YOU TO LAVENDER THAT HELPED WITH APPLICATION PROCESS. THIS SERVICE GREATLY SERVES MY SON AND HIS MEDICAL NEEDS. THANK YOU!
8-10	1 - 2 years	$50,001-$100,000	5-8	VERY APPRECIATIVE OF THIS PROGRAM. WE WOULD HAVE GONE BANKRUPT WITHOUT.
8-10	2 - 5 years	—	0-4	THE DEADLINE TO RENEW IS VERY HARD TO KEEP. THE PAPERWORK TAKES TIME TO FILL OUT, AND THEN WAIT ON YOUR DOCTOR TO FILL OUT THEIR PART-IT'S VERY TIME CONSUMING AND STRESSFUL. OUR DOCTOR WAS OUT ON VACATION THIS YEAR, AND COULD NOT COMPLETE THE PAPERWORK ON TIME. IT WOULD BE HELPFUL TO HAVE AT LEAST TWO WEEKS TO FILL OUT THE RENEWAL, INSTEAD OF 10 DAYS OR LESS.
8-10	2 - 5 years	—	0-4	Q69) COULD FINISH PERSONAL PART BUT NOT ABLE TO GET TO PHYSICIAN IN 3 DAYS ALLOWED.
8-10	2 - 5 years	—	13 or older	COULD I RECEIVE THE SURVEY IN SPANISH NEXT TIME? I CALLED THE NUMBER ON IT TO CHANGE IT FOR ONE IN SPANISH, BUT NOBODY ANSWERED THE PHONE. Q77) I DO NOT HAVE A JOB
8-10	2 - 5 years	—	5-8	I AM THANKFUL FOR THIS PROGRAM. WITHOUT THIS TEFRA PROGRAM MY SON WOULD NOT BE ABLE TO RECEIVE THE SPEECH INSTRUCTION HE CURRENTLY NEEDS.
8-10	2 - 5 years	$150,001 or more	5-8	I FEEL THE RENEWAL TIME SHOULD BE LONGER; IT IS SOMETIMES DIFFICULT TO GET THE DR TO FILL OUT FORMS IN A TIMELY MANNER. OTHER THAN THAT, TEFRA HAS BEEN A GODSEND!
8-10	2 - 5 years	$0-$50,000	13 or older	OUR PROBLEM WITH INITIAL APP PROCESS WAS TIME FRAME TO GET APPROVED OUR PROBLEM WITH EQUIPMENT IS HE NEEDS A NEW MANUAL CUSTOM WHEELCHAIR BUT CANNOT GET ONE THROUGH PRIMARY INS.OR IT WILL VOID MAINTENANCE ON POWER CHAIR. I GUESS TEFRA DOESN'T PAY FOR CUSTOM CHAIR.

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8-10	2 - 5 years	$0-$50,000	13 or older	TEFRA IS A GREAT PROGRAM FOR CHILDEN WITH DISABILITIES. MY SON WAS ABLE TO RECIEVE OUTSTANDING HEALTHCARE BECAUSE OF IT. THX A MILLION - SATISFIED MOTHER!!
8-10	2 - 5 years	$0-$50,000	13 or older	WE REALLY APPRECIATE THIS PROGRAM TO FUND MY CHILD'S DISEASE. WE JUST NEED MORE THAN ONE WEEK TO FILL OUT PROPER FORMS ESPECIALLY WHEN IT REQUIRES A DR TO TAKE TIME OUT TO FILL OUT THEIR PART. I WILL ALWAYS DO WHAT IS ASKED I JUST ASK YOU TO SEND FORMS A MONTH BEFORE DUE. THANKS, * Q69) I ACTUALLY GOT AN EXTENSION FOR AN EXTRA WEEK TO COMPLETE DUE TO THE DR PART FILL OUT. THEY KEPT MY PAPERWORK OVER A WEEK TO FILL OUT HER PART AND I HAD TO PAY OVERNIGHT SHIPPING TO MAIL ON TIME; Q73) BUT THIS IS RACIST
8-10	2 - 5 years	$0-$50,000	13 or older	MY SON IS SPECIAL NEEDS. HE HAS MYOTONIC MUSCULAR DYSTROPHY. WE HAVE BEEN VERY PLEASED WITH THE MEDICAL SERVICES TEFRA PROVIDES AND OUR DHS REP. IS VERY HELPFUL! Q56) STRETCH BUT WE ALWAYS PAY IT, TOO IMPORTANT TO HIS CARE
8-10	2 - 5 years	$0-$50,000	5-8	IF WE CAN POSSIBLY REAPPLY, BECAUSE OUR INCOME IS NOT WHAT WE BRING HOME, DUE TO BANKRUPSEY THAT WOULD BE GREAT! SOMETHING TO CONSIDER FOR FAMILIES. Q36) UNSURE IF GOING TO THE DENNIS L. JACKS (AUTISM CLINIC) QULIFIES; Q56) BUT WE DID IN SEPTEMBER 2015. THE ONLY WAY IT IS GETTING PAID NOW IS BECAUSE SOMEONE ELSE IS HAVING TO PAY IT FOR US. WE ARE UNDER BANKRUPSEY.
8-10	2 - 5 years	$0-$50,000	5-8	PREMIUM IS GETTING TOO EXPENSIVE; Q38) THEY ROCK!;
8-10	2 - 5 years	$0-$50,000	5-8	TEFRA IS A GREAT PROGRAM. I AM SO THANKFUL FOR THE PROGRAM AND ALL OF THE SERVICES OFFERED.
8-10	2 - 5 years	$0-$50,000	5-8	I THANK TEFRA BECAUSE IT HELP OUT MY SON MEDICAL BILLS. THERAPY SERVICES, MEDICINE ORTHO SHOES AND INSERTS.
8-10	2 - 5 years	$0-$50,000	5-8	#69 THE TIME GIVEN FOR RENEWAL IS NOT ENOUGH BECAUSE IT OFTEN TAKES A LONG TIME FOR THE DOCTOR TO GET HIS PAPER WORK DONE! *WE ARE VERY GRATEFUL TO AR TEFRA, MY BIGGEST COMPLAINT HAS TO DO W/ COVERATE FOR WHEEL CHAIRS. MY DAUGHTER IS COMPLETELY NON MOBILE. TEFRA COVERS EITHER AN ELECTRIC OR A MANUAL WHEEL CHAIR BUT NOT BOTH. THE ELECTRIC WHEEL CHAIR IS NECESSARY FOR GROWTH, DEVELOPMENT AND FREEDOM HOWEVER THERE WILL ALWAYS BE TIMES THAT A MANUEL WHEEL CHAIR IS NEEDED. ALSO MY DAUGHTERS PRIVATE INSURANCE COVERED THE ELECTRIC I DON'T UNDERSTAND WHY TEFRA WOULD NOT COVER THE MANUAL.;
8-10	2 - 5 years	$0-$50,000	5-8	IF IT WASN'T FOR TEFRA MY CHILD WOULD NOT HAVE GOTTEN THE SPECIAL TREATMENT HE NEEDED. I ALSO STRUGGLE TO PAY FOR MEDICATIONS AND SERVICES HE NEEDED BEFORE TEFRA. THANK YOU! Q36) HAS BEEN REFERRED TO COUNSELING;

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8-10	2 - 5 years	$0-$50,000	5-8	THANK YOU GUYS FOR EVERYTHING YOU HAVE PROVIDED MY DAUGHTER WITH. W/OUT TEFRA, MY DAUGHTER WOULD NOT BE WHERE SHE IS RIGHT NOW- HAPPY AND WELL. THANK YOU!
8-10	2 - 5 years	$0-$50,000	9-12	WE HAD A CHANGE IN FINANCIAL SITUATION AND THANKFULLY TEFRA REMOVED THE PREMIUM. WE APPRECIATE THE ASSISTANCE SO MUCH. ALSO, MY CASE WORKER SHOLANDA GREEN IS SO VERY HELPFUL WHEN I HAVE A QUESTION, OR IF I MISSED SOMETHING IN OUR PAPERWORK.
8-10	2 - 5 years	$0-$50,000	9-12	I APPRECIATE VERY MUCH THE HELP I HAVE RECEIVED FOR MY GREAT-GRANDCHILD. HE IS ADHD AND ASPERGERS WITH FINE MOTOR PROBLEMS. IT IS CHALLENGE FOR ME.
8-10	2 - 5 years	$0-$50,000	9-12	1. MY SON HAS PERSONAL INSURANCE ALSO 2. I AM SURE THIS IS WHY I DIDN'T HAVE A PROBLEM GETTING SOMETHINGS APPROVED. 3. THE PERSON WHO HELP ME W/TEFRA YOLANDA WILLIAMS SHE IS GREAT. AND HAVE ALWAYS MADE TEFRA RECERTIFICATIONS EASY.
8-10	2 - 5 years	$0-$50,000	9-12	CONNECT CARE IS A PAIN IN THE BUTT THAT DOESN'T ANSWER QUESTIONS!
8-10	2 - 5 years	$0-$50,000	9-12	THE ONLY ISSUE I HAVE IS FILLING OUT THE EXTENSIVE PAPERWORK OVER AND OVER AGAIN. I DON'T UNDERSTAND WHY WE DON'T JUST FILL OUT ANY CHANGES OVER THE PAST YEARS.
8-10	2 - 5 years	$0-$50,000	9-12	I'M NOT SURE ATTENTION WAS PAID TO MY CHANGE OF INCOME (GREATLY DECREASED). WHE I LAST RENEWED MY SON'S TEFRA (PREMIUM DID NOT CHANGE).
8-10	2 - 5 years	$0-$50,000	9-12	JUST I WAS NOT SURE ABOUT THE BEHAVIORAL THERAPY, BUT I DONT THINK SHE DOES. Q47) SUE PARKS ALWAYS TAKES VERY GOOD CARE OF OUR NEEDS.
8-10	2 - 5 years	$100,001-$150,000	0-4	1) OCCASIONALLY I GET LETTERS FROM AFMC STATING MY SON NO LONGER QUALIFIES FOR SERVICES. HE HAS DOWN SYNDROME. HE SHOULD ALWAYS QUALIFY FOR SERVICE. THIS UPSETS ME A LOT BUT I'VE LEARNED TO GIVE THIS TO EASTER SEALS TO RESOLVE - BUT WHAT ABOUT OTHER FAMILIES THAT DONT HAVE ES TO DEAL W/THIS FOR THEM? 2) MY SON TAKES A LOT OF OTC SUPPLEMENTS PRE-SCRIBED BY DOCTOR. REALLY WISH TEFRA COVERED THESE.;
8-10	2 - 5 years	$100,001-$150,000	0-4	THANK YOU, LORD, FOR TEFRA AND GOD BLESS THE WORKERS OF DHS. THANK YOU!
8-10	2 - 5 years	$100,001-$150,000	0-4	TEFRA PREMIUMS SHOULD NOT BE BASED ON BONUSES. MY HUSBAND GETS BONUSES EVERY YEAR AND THEY ARE NEVER THE SAME BUT PREMIUMS KEEP GOING UP EVERY YEAR!

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8-10	2 - 5 years	$100,001-$150,000	0-4	QUESTION REGARDING 'BEFORE' MY CHILD WAS ENROLLED IN TEFRA ARE SKEWED WITH 'NOT A PROBLEM' RESPONSE. MY CHILD WAS BORN 3 MOS PREMATURE, THUS, SHE HAD SSI WHILE IN NICU AND THEN WENT STRAIGHT ON TEFRA UPON RELEASE WITHOUGH A GAP IN COVERAGE. WE GREATLY APRECIATE TEFRA AS FOR WE CAN GET THE SERVICES OUR CHILD NEEDS THAT OUR INSURNCE DOESN'T ALWAYS WANT TO COVER. THANK YOU!
8-10	2 - 5 years	$100,001-$150,000	0-4	(1) THERE IS NEVER EOUGH TIME GIVEN FOR RENEWAL (2) MY PCP DOESN'T ACCEPT TEFRA SO US SELECTING HER HAD NO AFFECT ON OUR COVERAGE. WE CHOSE HER BECAUSE WE LIKE HER. (3) THE APPLICAITON IS CUMBERSOME BUT MANAGABLE. WISH IT WAS MORE STREAMELINED OR ONLINE (RENEWALS ONLINE ALSO).
8-10	2 - 5 years	$100,001-$150,000	5-8	RENEWAL FORM IN EMAIL WOULD BE NICE LIKE FILLABLE PDF.;
8-10	2 - 5 years	$100,001-$150,000	5-8	THIS YEAR I HAD ABOUT TWO WEEKS TO COMPLETE THE TEFRA RENEWAL PAPERWORK & GET IT SIGNED BY OUR PEDIATRICIAN. IN THE PAST, I'VE HAD A WEEK & IT WAS DIFFICULT GETTING THE PEDIATRICIAN'S PART WITHIN THAT TIME. THE EXTRA TIME THIS YEAR WAS APPRECIATED! THANKS!
8-10	2 - 5 years	$100,001-$150,000	5-8	REGARDING QUESTION 68 AND 69. - THE DEADLINE IS SHORT BUT I JUST CALL FOR AN EXTENSION AND THEY ARE HAPPY TO PROVIDE AND ADDITIONAL 2 WEEKS OR MORE. GREAT CUSTOMER SERVICE!
8-10	2 - 5 years	$100,001-$150,000	5-8	THE RENEWAL PROCESS NEEDS TO BE EASIER. IF THE DOCTOR OR TEAM HAS ALREADY JUSTIFIED PERMENANT DISABILITY THE RENEWAL SHOULD BECOME EASIER OR GIVE MORE TIME.
8-10	2 - 5 years	$100,001-$150,000	5-8	TIME FRAME TO COMPLETE RENEWAL FORMS IS EXTREMELY DIFFICULT. ALSO, OUR DATE WAS DURING THE THANKSGIVING HOLIDAY AND NO ALLOWANCE MADE FOR THAT.; Q69) BUT VERY DIFFICULT DUE TO FORMS NEEDED FROM DOCTORS
8-10	2 - 5 years	$100,001-$150,000	5-8	ONLY COMPLAINT IS DON'T GET MUCH TIME TO COMPLETE THE TEFRA RENEWAL PACKET BEFORE DEADLINE. HAVE TO GETS LOTS OF INFO FROM OTHER DOCTORS IN SHORT PERIOD OF TIME.
8-10	2 - 5 years	$100,001-$150,000	5-8	MY SON URGENTLY NEEDS SOCIAL SKILLS THERAPY AND ANXIETY THERAPY NOT COVERED BY TEFRA. THESE ARE A SIGNIFICANT OUT OF POCKET EXPENSE EVEN WITH SOME PRIVATE INSURANCE COVERAGE. THE SCHOOL CANNOT PROVIDE THEM. WITH THE TEFRA PREMIUM, THE PREMIUM FOR PRIVATE INSURANCE, AND THESE COSTS, WE HAVE SUBSTANTIAL MEDICAL EXPENSE EVEN THOUGH WE ARE GRATEFUL THAT TEFRA HELPS. MY SON NEEDS THE NOT COVERED SERVICES VERY MUCH.
8-10	2 - 5 years	$100,001-$150,000	5-8	TEFRA HELPS PROVIDE A LOT OF SERVICES FOR MY AUTISTIC SON BUT WE CAN'T AFFORD TO LOSE ANY SERVICES WE ARE FINALLY, AFTER FIVE YEARS, STARTING TO SEE PROGRESS, BECAUSE OF TEFRA AND WHAT THEY PROVIDE

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8-10	2 - 5 years	$100,001-$150,000	5-8	THE ONLY THING THAT I WOULD WANT TO CHANGE WOULD BE TO ALLOW A FEW EXTRA DAYS TO GET TEFRA RENEWAL PAPERWORK IN. A COUPLE TIMES I HAVE ONLY HAD MAYBE 4 OR 5 DAYS BUT THANKFULLY HER PCP WAS VERY TIMELY IN FILLING OUT HIS PORTION OF THE PAPERWORK.
8-10	2 - 5 years	$150,001 or more	0-4	I THINK THERE NEEDS TO BE A BREAK ON PREMIUMS ON THE HIGHER TAX BRACKET.
8-10	2 - 5 years	$150,001 or more	5-8	PREMIUMS ARE SO HIGH FOR A FAMILY OF 7 WITH 3 CHILDREN IN COLLEGE!;
8-10	2 - 5 years	$50,001-$100,000	—	WITH OUT TEFRA MY BOYS WOULD BE UNABLE TO HAVE MEDICINE AND EQUIPMENT THY NEEDED ALSO SPECIAL DOCTORS AND REG CLINICS. THANK YOU SO MUCH!; Q69) DUE TO DOCTORS BEING SLOW W/ PAPERWORK
8-10	2 - 5 years	$50,001-$100,000	0-4	THIS PROGRAM HAS BEEN ESSENTIAL TO OUR DAUGHTER'S HEALTHCARE, WITHOUT IT I FEEL WE'D BE UNABLE TO GET HER THE BEST CARE AND MEDICAL SUPPLIES FOR HER CHD. THANK YOU!
8-10	2 - 5 years	$50,001-$100,000	0-4	Q69) YOU MAKE THE TIME - BUT IT'S A TIGHT DEADLINE
8-10	2 - 5 years	$50,001-$100,000	0-4	VERY MUCH SATISFIED WITH TEFRA
8-10	2 - 5 years	$50,001-$100,000	0-4	I NEEDED MORE TIME BEFORE DEADLINE TO REAPPLY, RENEWAL PROCESS IS LENGTHY
8-10	2 - 5 years	$50,001-$100,000	0-4	WE ARE VERY THANKFUL FOR TEFRA. MY ONLY COMPLAINT WOULD BE THAT WE HAVE MORE TIME TO COMPLETE PAPER WORK.
8-10	2 - 5 years	$50,001-$100,000	0-4	SUE PARKS, HANDLES MY DAUGHTER'S CASE/POLICY. SHE IS ALWAYS HELPFUL & ALWAYS PROMPT TO RETURN ANY CALLS. SHE GIVES ME EXTENSION WHEN I NEED THEM AND IS VERY HELPFUL AND UNDERSTANDING.
8-10	2 - 5 years	$50,001-$100,000	0-4	WE ARE EXTREMELY GRATEFUL FOR THE TEFRA PROGRAM. I HAVE TWO CHILDREN ON IT AND FREQUENTLY 'BRAG' ABOUT HOW WELL ARKANSAS TAKES CARE OF THEIR KIDDOS! THANK YOU!
8-10	2 - 5 years	$50,001-$100,000	0-4	WE ARE VERY GRATEFUL FOR TEFRA. OUR FAMILY WOULD LITERALLY HAVE GONE BANKRUPT OVER THE PAST 3 YEARS IF IT WASN'T FOR THE COVERAGE PROVIDED BY TEFRA. OUR SON IS HEALTHY, HAPPY AND THRIVING DUE LARGELY TO THE SERVICES TEFRA HAS HELPED COVER. THANK YOU! A FEW MORE DAYS TO FILL OUT THE RENEWAL FORMS WOULD BE NICE.
8-10	2 - 5 years	$50,001-$100,000	13 or older	I AM VERY GRATEFUL FOR THE SERVICES MY FAMILY HAS RECEIVED THAT WE WOULD HAVE NOT BEEN ABLE TO GET WITHOUT TEFRA. ONLY COMPLAINT IS THAT WITH RENEWAL FORMS THE INCLUDED LETTER IS DATED WITH ENOUGH TIME TO GET PAPERWORK DONE AND DOCTOR TO SIGN BUT POSTMARKED WEEKS LATER THIS DRAMATICALLY REDUCES THE TIME TO COMPLETE. HOWEVER WAS ABLE TO CALL FOR AN EXTENSION.

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8-10	2 - 5 years	$50,001-$100,000	13 or older	NEED MORE TIME FOR RENEWALS. WOULD BE GREAT IF MCD COULD SEND THE DR. FORMS STRAIGHT TO THE DOCTOR. INSTEAD OF ME HAVING TO DRIVE OUT OF TOWN TO TAKE THEM. Q68) IT IS NEVER ENOUGH TIME TO GET IT FILLED OUT AND RETURNED BY DR. IN TIME.; Q73) MY OTHER CHILD LOST HIS SERVICES BECAUSE I DID NOT MEET THE DEADLINE.
8-10	2 - 5 years	$50,001-$100,000	13 or older	RESIDENTIAL TREATMENT FACILITIES ARE NOT COVERED. THANKFULLY, THIS IS NO LONGER A NEED FOR US. BUT, I'M SURE IT IS FOR OTHER FAMILIES.
8-10	2 - 5 years	$50,001-$100,000	13 or older	I NEEDED MORE TIME TO COMPLETE RENEWAL PAPERWORK & I WISH I COULD HAVE BEEN NOTIFIED BY EMAIL OR A DIFFERENT LOOKING LETTER WHEN PREMIUM IS INCREASED. I JUST THREW AUTODRAFT NOTICES AWAY SO MISSED THEM & THEN HAD PAYMENT ISSUES. BUT OVERALL THANK YOU FOR THE SUPPORT HELP DURING OUR DIFFICULT TIME!
8-10	2 - 5 years	$50,001-$100,000	13 or older	TEFRA HAS BEEN VERY BENEFICIAL FOR US - WE ARE SO GRATEFUL -
8-10	2 - 5 years	$50,001-$100,000	13 or older	WE ARE VERY THANKFUL FOR THE PROGRAM. OUR DAUGHTER WAS DIAGNOSED W/ CANCER AND WE DON'T KNOW IF WE COULD/CAN SURVIVE WITHOUT THIS PROGRAM. THANK YOU,*
8-10	2 - 5 years	$50,001-$100,000	13 or older	TEFRA HAS BEEN A LIFE-SAVER FOR US. THE ONLY ISSUE THAT I HAVE HAD IS GETTING THE PHYSICIAN TO FILL HIS PART OUT IN A TIMELY MANNER ON THE RENEWAL PROCESS. I'M USUALLY LATE BECAUSE HE DOESN'T DO HIS PART - SO, GIVING MORE TIME (SENDING OUT EARLIER) MAY HELP WITH THAT.
8-10	2 - 5 years	$50,001-$100,000	13 or older	YEAR RENEWAL FORM ASKS HAVE WE EVER APPLIED FOR SSI. I HAVE AND AM AGAIN REQUESTING YOUR HELP IN DOING SO. * Q38) NON EXISTANT DR. WILL NOT KEEP HER SCHEDULE SHE CAN'T SHE IS SPREAD WAY TOO THIN!!; Q42) NO, BUT RENEWAL FORM COMING SOON.; Q48) PASSED THE BUCK LIKE GOV. EMPLOYEES DO!!; Q66) I KNOW DUE TO REGULATIONS, THAT THIS IS A COMPLEX PROCESS BUT I TEND TO GET ANNOYED WITH IT!; Q68) I KEEP THE PREVIOUS YEAR'S FORM.
8-10	2 - 5 years	$50,001-$100,000	5-8	LUCKILY THIS SURVEY PERTAINED TO MY DAUGHTER AND I DON'T HAVE TO DEAL W/ MEDICAID OFTEN FOR HER. HOWEVER, RECENTLY I HAD A TERRIBLE EXPERIENCE DEALING WITH MY SON'S MEDICAID!!
8-10	2 - 5 years	$50,001-$100,000	5-8	WE LOVE TEFRA, WITHOUT IT, OUR SON WOULD NOT, OR RATHER WE WOULD NOT BE ABLE TO PROVIDE ALL OF HIS NEEDED THERAPIES. THANK YOU AR MEDICADE! SUE PARKS AT THE CLINTON OFFICE IS ALWAYS HELPFUL! LOCAL DHS OFFICES NOT SO MUCH. FOR RENEWAL PROCESS IT TAKES APPROX 4HRS. TO COMPLETE PAPERWORK AND MAKE ALL OF THE COPIES OF EVALUATIONS, DR. VISITS, ETC. THAT WE HAVE TO INCLUDE IN THE RETURN ENVELOPE, WHICH IS SOMEWHAT OF A JOKE. THE ENVELOPE, I MEAN. THE PROGRAM COULD SAVE A LITTLE MONEY BY NOT INCLUDING THAT SMALL RETURN ENVELOPE, BECAUSE WHO CAN FIT ALL OF THE ACCOMPANYING REFERAL PAPER WORK IN IT?

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8-10	2 - 5 years	$50,001-$100,000	5-8	FOR THE RENEWAL PROCESS I HAVE ALWAYS HAD TO CALL AND GET AN EXTENTION OF THE DEADLINE TO GET THE PAPERS FROM THE DOCTOR, BUT IT HAS NEVER BEEN A PROBLEM AND MILLER CO DHS HAS ALWAYS BEEN NICE ABOUT IT.
8-10	2 - 5 years	$50,001-$100,000	5-8	MOST QUESTIONS ASKED ABOUT PRIMARY CARE. OUR PRIMARY NEED FOR TEFRA IS TO HELP COVER OT AND PT SERVICES. THE ONE THING I WOULD LIKE IMPROVED IS THE ABILITY TO RENEW ONLINE, WITH PREVIOUS INFO SAVED.
8-10	2 - 5 years	$50,001-$100,000	5-8	THIS PROGRAM HAS HELPED OUR FAMILY SO MUCH. IT TAKES THE STRESS OF WORRYING ABOUT EXTRA BILLS AWAY SO YOU CAN CONCENTRATE ON YOUR CHILD.
8-10	2 - 5 years	$50,001-$100,000	5-8	RENEWAL PROCESS NEEDS TO BE UPDATED AND AVAILABLE ONLINE.
8-10	2 - 5 years	$50,001-$100,000	5-8	WE ARE SO GRATEFUL FOR THE TEFRA PROGRAM, WHICH ALLOWS OUR SON TO GET ALL OF THE SERVICES HE NEEDS. OUR LOCAL POCOHONTAS OFFICE IS FANTASTIC AT EXPLAINING THE PROCESS AND MAKING US FEEL LIKE WE ARE MORE THAN JUST A NUMBER TO THEM. THANK YOU!
8-10	2 - 5 years	$50,001-$100,000	5-8	THANK YOU FOR OFFERING MY CHILD THESE SERVICES. TEFRA HAS MADE HIS LIFE, SCHOOL, THERAPY AND MEDICAL VISITS MUCH EASIER!!
8-10	2 - 5 years	$50,001-$100,000	5-8	WE ARE VERY HAPPY WITH THE TEFRA PROGRAM AND IT HAS EXCEDED OUR EXPECTATIONS.
8-10	2 - 5 years	$50,001-$100,000	5-8	REGARDING QUESTION 6 - TEFRA REFUSED TO PAY FOR APPROPRIATE ANTIEPLITIPTIC MEDICATION AS INDICATED BY, AND PRESCRIBED BY RECIPIENTS PROVIDER. I PAID OUT OF POCKET FOR THIS MEDICATION FOR THE DURATION OF TEFRA RECIPIENT BEING ON THIS MEDICATION.
8-10	2 - 5 years	$50,001-$100,000	5-8	I AM HAVING A HARD TIME FINDING A PSYCHIATRIST FOR MY CHILD THAT ACCEPTS TEFRA AND THAT DOES NOT HAVE A VERY LONG WAIT LIST. THANK YOU!
8-10	2 - 5 years	$50,001-$100,000	9-12	I THINK MY PREMIUM IS A BIG PROBLEM. WE STRUGGLE TO PAY IT MONTHLY. SHE HAS CONGENITAL DISABILITY; THAT TAKING CARE OF HER IS EXPENSIVE WITH CHILD CARE, AS WELL AS MISSING WORK TO STAY AT HOME WITH HER.
8-10	2 - 5 years	$50,001-$100,000	9-12	THE LARGEST PROBLEM I HAVE HAD IS WITH PRESCRIPTIONS. MY CHILD HAS INSURANCE THROUGH HER FATHER BUT NOT PRESCRIPTION COVERAGE. TEFRA SHOWS THAT WE HAVE OR ASSUMES THAT INSURANCE COVERAGE INCLUDES PRESCRIPTION SO THEY WON'T PAY. I HAVE FAXED FORM TRYING TO CORRECT THIS BUT I'M CONTINUING TO HAVE TO PAY FOR PRESCRITPTIONS OUT OF POCKET.

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8-10	2 - 5 years	$50,001-$100,000	9-12	AGAIN-GREATFUL FOR THIS PROGRAM WE ARE HARD WORKING PARENTS WHO HAVE FULLTIME JOBS WITH HEALTH BENEFITS, HOWEVER INS DOES NOT PAY FOR PHYSICAL THERAPY FOR OUR CHILD WE CAN'T AFFORD $360 A WEEK FOR IT, SO TEFRA ENABLES HIM TO GET THE THERAPY HE NEEDS. Q44) IF IT WEREN'T FOR TEFRA MY SON WOULD NOT GET THE CARE HE NEEDS, HE HAS IMPROVED SO MUCH OVER THE LAST 5 YEARS AND CONTINUES TO IMPROVE.
8-10	2 - 5 years	$50,001-$100,000	9-12	THANK YOU, TEFRA HELPS MY SON GET THE SERVICES HE NEEDS
8-10	More than 5 years	—	5-8	IF A CHILD IS APPROVED FOR TEFRA I DON'T FEEL THEY SHOULD HAVE TO HAVE ANY OTHER MEDICAL INSURANCE COVERAGE AS A PRIMARY. ALSO, WHEN A CHILD HAS A PERMANENT DISABILITY, THE RENEWAL PAPERWORK SHOULD NOT BE SO LENGTHY. EACH YEAR, I SHOULD NOT HAVE TO EXPLAIN HER DISABILITY WHEN IT'S PERMANENT.
8-10	More than 5 years	—	5-8	ALTHOUGH I DON'T ENJOY ALL THE PAPERWORK INVOLVED, I VERY MUCH APPRECIATE THE TEFRA PROGRAM!!! I DON'T KNOW WHAT WE WOULD DO WITHOUT IT AS I COULD NOT AFFORD MY DAUGHTER'S THERAPIES WITHOUT TEFRA! THANK YOU! Q55) BUDGETED FOR IT, BUT WISH IT WAS A LITTLE LESS PER MONTH.; Q66) THE AMOUNT OF PAPERWORK WAS OVERWHELMING WHEN YOU ARE DEALING WITH A NEW BABY THAT IS DISABLED AND ALL THE THINGS THAT GO ALONG WITH THAT. LOVE TEFRA, THOUGH!; Q69) I WOULD PREFER A LITTLE LONGER TURNAROUND TIME TO GIVE TIME TO GET NEEDED PAPERWORK, ETC.
8-10	More than 5 years	$0-$50,000	13 or older	MY ONLY WISH IS THAT MEDICADE COVERED SOY BASED PRODUCTS FOR CHILDREN WHO CAN'T DRINK COWS MILK. THANK YOU!

8-10	More than 5 years	$0-$50,000	13 or older	Q50) I DID NOT CALL ABOUT TEFRA ATTACHED LETTER: Q2: I GUESSED HOW LONG MY CHILD HAS BEEN ENROLLED IN PROGRAM (5-10 YEARS). AT THE TIME OF ENROLLMENT I ASSUMED THIS WAS A NEW PROGRAM DIFFERENT FROM AR KIDS WHICH WE DID NOT QUALIFY FOR BASED ON THE FACT WE ARE ALSO COVERED UNDER TRICARE STANDARD (WHICH DOES NOT TAKE CARE OF EYES OR DENTAL). Q3,4,5,6,7,8: SINCE WE HAVE OTHER INSURANCE AND A FEW YEARS WE QUALIFIED FOR AR KIDS AND THEN MY SON HAD SSI BEFORE THE DEATH OF HIS FATHER BEFORE ENROLLING IN TEFRA ---MY ANSWERS TO THESE ARE BASED ON YEARS OF DEALING WITH HAVING MY CHILD COVERED TRICARE STANDARD THRU ME, ANOTHER INSURANCE WHEN HIS DAD WAS ALIVE AND MEDICAID (SSI). I THINK THESE QUESTIONS COULD BE ASKED: 1. WAS YOUR CHILD COVERED BY ANY OTHER HEALTH INSURANCE BEFORE ENROLLING IN TEFRA? (Y OR N) IF Y GO TO NEXT 2. WHICH INSURANCE(S) AND GIVE A LISTING (ARKIDS A, ARKIDS B, MEDICARD, TRICARE, ETC. OTHER (WRITE IN) 3. SINCE ENROLLING IN TEFRA DO YOU HAVE ANY OTHER INSURANCE (Y OR N). IF Y GO TO NEXT 4. WHICH INSURANCE(S) AND GIVE A LISTING. 5. IS THERE ANY SERVICES THAT YOUR CHILD'S INSURANCE COVERAGE DOESN'T COVER (IN OUR PERSONAL CASE IT IS EYE EXAMS, GLASSES, DENTAL SERVICES) Q12: THERE IS A PROBLEM FINDING A PERSONAL DOCTOR FOR MY CHILD IN MY LOCAL AREA THAT WE DON'T HAVE TO DRIVE AN HOUR OR MORE TO SEE. I RECENTLY HAD TO FIND ANOTHER DOCTOR BECAUSE A CLINIC CLOSED AND ANOTHER DOCTOR WHO COULD HAVE BEEN A CHOICE WAS GETTING MARRIED AND MOVED OUT OF THE AREA. SO A LOT OF PARENTS WERE UPSET BECAUSE THE ONES THAT WERE LEFT WERE NOW GETTING FULL PATIENT LIST. THE CLINIC CLOSED IN JUNE AND WE WERE NOT ABLE TO HAVE OUR INITIAL VISIT WITH MY CHILD'S NEW DOCTOR UNTIL AUGUST. I AM LUCKY THAT I HAD ALMOST ENOUGH MEDS TO COVER THAT TIME PERIOD. A MENTAL HEALTH CARE SPECIALIST (PSYCHARIST) IS REALLY IN HIGH DEMAND IN MY LOCAL AREA ALSO. WE DO HAVE ONE WE SEE THAT HAS EXPERIENCE WITH CHILDREN, ETC. AND CAN PRESCRIBE MEDICATION FOR PDD. Q37: I WISH A PSYCHOLOGIST WERE COVERED (OR ONE THAT WOULD TAKE MEDICAID). MY SON GETS SOME COUNSELING THRU A SCHOOL ENVIRONMENT THRU DAYSPRING BUT I NOTICE NOT ALL THEIR SERVICES IS COVERED AND THANK HEAVENS I HAVE NEVER RECEIVED A BILL. Q46: I DON'T REMEMBER WHICH PART OF MEDICAID I CALLED ABOUT. BUT IT WAS ABOUT A PRESCRIPTION AUTHORIZATION. SEEMS SINCE WE HAD TO GET A NEW DOCTOR AND HE HAD TO PRESCRIBE EVERYTHING MY CHILD WAS TAKING UNDER PREVIOUS DOCTOR. ONE OF THOSE MEDICINES WAS FOR ACID REFLUX AND NEED PERMISSION. I MISTAKENLY THOUGHT I COULD TALK TO SOMEONE ABOUT IT. SINCE I HAD ALREADY TALKED TO ANOTHER NURSE, WHO TALKED TO MY CHILD'S DOCTOR'S NURSE ABOUT NEEDING THIS DONE TO MEDICAID AND IT HAD BEEN LIKE 4 DAYS AND I HAD CALLED TO VERIFY WITH THE PHARMACY IF IT HAD GONE THRU. Q50: I DID NOT ANSWER BECAUSE I DID NOT CALL ABOUT TEFRA AND COULD BE WORDED DIFFERENTLY Q52: I COULD NOT REMEMBER WHAT HAPPENED - I CALLED A MEDICINE AND CALLED

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				2 NUMBERS AND THEN I CALLED TO CHANGE TO A NEW DOCTOR FOR MY CHILD Q54: I DID NOT KNOW THERE WERE PREMIUMS. Q55: IF THE ANSWER IS ZERO FOR Q54 THIS QUESTION DOESN'T NEED TO BE ANSWERED Q56: IF THE ANSWER IS ZERO FOR Q54 THIS QUESTION DOESNT NEED TO BE ANSWERED Q58: I REALLY DON'T KNOW IF THERE WERE NOT ANY SERVICES COVERED THAT WE MIGHT HAVE USED. SOMETIMES SERVICES THAT WE MIGHT USED IS THE DR/SPECIALIST DOES NOT ACCEPT OR WANTS PAYMENT UP FRONT. Q60: SINCE WE HAVE OTHER INSURANCE AND A FEW YEARS WE QUALIFIED FOR AR KIDS AND THEN MY SON HAD SSI BEFORE THE DEATH OF HIS FATHER BEFORE ENROLLING IN TEFRA --- MY ANSWERS TO THESE ARE BASED ON YEARS OF DEALING WITH HAVING MY CHILD COVERED TRICARE STANDARD THRU ME, ANOTHER INSURANCE WHEN HIS DAD WAS ALIVE AND MEDICAID (SSI). Q61: I WAS SENT PAPERWORK OUT OF DHS IN BERRYVILLE, I THINK INSTEAD OF MARION COUNTY DHS OFFICE Q66: THE PROCESS IS SIMPLE AND THERE IS ALWAYS SOMEONE ON THE END OF THE LINE TO ANSWER A QUESTION IN FILLING OUT THE FORMS. Q67: I USALLY RECEIVE PAPERWORK IN AUGUST. SO FAR IN 2016 I HAVE NOT RECEIVED THE RENEWAL! Q68 & 69: I DON'T MIND A DEADLINE, BUT I USUALLY GET THIS PAPERWORK LATE FRIDAY OR ON A SATURDAY AND CANNOT CONTACT THE DR'S OFFICE FOR THEM TO FILL OUT THEIR PART OR THE SPECIALIST PART AND THEY AND THEIR STAFF ARE THE ONES THAT ARE REALLY UPSET ABOUT THE DEADLINE. MAKES ME NERVOUS THAT THE TEFRA BENEFIT WILL STOP BECAUSE I COULDN'T MEET THE DEADLINE. THANK YOU 9/16/2016
8-10	More than 5 years	$0-$50,000	13 or older	THIS IS * MOTHER, I FILLED OUT THE SURVEY THE 13,200 OF INCOME IS A MAYBE JOB, I HAVE ONE CLIENT AND WHEN SHE IS IN HOSPITAL, REHAB OR ON VACATION OR OUT OF STATE I HAVE NO WORK, BECAUSE I HAVE TO TAKE MY SON (BLIND) AND HUSBAND (DEMENTIA) WITH ME TO WORK.; Q17) THIS TIME HAD TO WAIT FOR WEEKS DOCTOR WAS OUT. SECRETARY DIDN'T THINKING SLEEPING A LOT WAS A CONCERN TO SEE A DIFFERENT DOCTOR SO HE HAD TO WAIT AND SCHOOL BEGINNING. NOW HE IS HAVING TO BE TAKEN OUT OF SCHOOL TO SEE DOCTOR.; Q28) HE DID HAVE TO HAVE A LONGER CANE HE IS BLIND AND BRAILLE SENCE;
8-10	More than 5 years	$0-$50,000	13 or older	SUE PARKS, THE LADY THAT WORKS IN THE CLINTON DHS OFFICE THAT HANDLES TEFRA, HAS ALWAYS BEEN EXTREMELY HELPFUL AND PLEASANT TO WORK WITH!
8-10	More than 5 years	$0-$50,000	13 or older	WITH OUT THE TEFRA, WE COULD NOT AFFORD THE TREATMENT MY SON NEEDS. HE HAS MENTAL PROBLEMS WHICH REQUIRES ALOTS OF CARE. THANKS
8-10	More than 5 years	$0-$50,000	13 or older	THANK YOU FOR YOUR HELP. WITHOUT TEFRA MY SON COULDN'T GET THE HELP HE NEEDED W/HIS HEARING IMPAIRMENT. Q9) EQUAL; Q10) PRIMARY CARE HAD TO REFER THE EAR, NOSE THROAT; Q68) I THINK BUT I CALLED FOR AN EXTENSION

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8-10	More than 5 years	$0-$50,000	5-8	LAST TIME THEY ASKED ME FOR PAPERS, I TOOK THEM TO THE OFFICE DHS JOHNSON IN CLARKSVILLE. THEY TOLD ME THAT EVERYTHING LOOKED FINE. LATER THEY SENT ME A LETTER STATING THAT THEY WERE GOING TO CLOSE MY CASE, SO I CALLED AND WAS TOLD THAT THEY NEVER RECEIVED ANY OF MY INFORMATION. WE THEN WENT TO THE OFFICE TO INQUIRE. THEY SAID THAT WE HAD TO FILL THE FORMS AGAIN. WE ASKED FOR THE PAPERS WE SUBMITED AND THEY SAID NO. WE HAD TO CALL TO REQUEST THEY SEND IT IN SPANISH. THEY SAID THEY WOULD NOT SEND THEM IN SPANISH. WE HAD TO LOOK FOR HELP 2 TIMES TO FILL THEM OUT. THAT IS THE ONLY COMPLAINT I HAVE – THANK YOU.
8-10	More than 5 years	$0-$50,000	9-12	I HAVE BEEN TRYING TO GET MY ADDRESS CORRECTED FOR OVER A YEAR WITH NO SUCCESS. ALL MY ATTEMPTS AT VERBAL AND WRITTEN COMMUNICATION HAVE BEEN IGNORED AND THIS HAS CAUSED IMPORTANT PAPERWORK TO BE DELAYED. IN FACT, THIS SURVEY WAS MAILED TO THE WRONG ADDRESS. MY ADDRESS WAS NOT INCORRECT IN THE BEGINNING, BUT WAS SOMEHOW MESSED UP WITHIN THE TEFRA OFFICE. PLEASE CORRECT THIS.
8-10	More than 5 years	$0-$50,000	9-12	WE HAVE OTHER INSURANCE THAT PAYS FIRST SO SHOTS MY CHILD NEEDS I END UP PAYING A GOOD PORTION BECAUSE TEFRA WON'T PICK UP THE DIFFERENCE AND BY LAW THEY CAN'T GIVE SHOT YOU DO PAY FOR
8-10	More than 5 years	$0-$50,000	9-12	ADVOCATE ASSISTED AT MOTHER'S PREFERENCE - SHE WAS NERVOUS ABOUT THE TURN-AROUND TIME TO REQUEST A (SURVEY) FORM IN SPANISH AT THE INDICATED PHONE NUMBER ON ENCLOSED LETTER. (SHE THOUGHT INITIALLY THEY WERE THE RENEWAL FORMS.)
8-10	More than 5 years	$0-$50,000	9-12	THE DOCTOR HAS TO HAVE THE PAPER WORK FOR 7 BUSINESS DAYS WHEN RENEWING I ALWAYS HAVE TO CALL AND GET A EXTENSION.
8-10	More than 5 years	$0-$50,000	9-12	THE TEFRA APPLICATION IS A LOT EASIER TO FILL OUT NOW.
8-10	More than 5 years	$0-$50,000	9-12	Q55) IT WOULD BE IF IT COST WE ARE VERY LOW INCOME
8-10	More than 5 years	$0-$50,000	9-12	* IS MY GRANDSON I ADOPTED. HE HAS AUTISM, ADHD AND A BAD ANIEXTY DISORDER. TEFRA HAS BEEN A BLESSING TO HAVE TO TAKE CARE OF SOME OF HIS NEEDS. THANK YOU SO MUCH. * Q21)BUT DUE TO HIS AUTISM IT'S HARD FOR * TO EXPRESS HIMSELF. Q22) BECAUSE THE DR. SPEAK TO * SO HE UNDERSTANDS Q25) NOT HAPPY WITH OT * Q69) YOU HAVE EXTRA TIME TO TURN YOUR TAXES IN.
8-10	More than 5 years	$100,001-$150,000	9-12	I AM THANKFUL FOR THE TEFRA PROGRAM BUT MORE TIME IS NEEDED TO REAPPLY. 7 DAYS IS NOT AN ADEQUATE TIME FRAME.

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8-10	More than 5 years	$100,001-$150,000	9-12	TEFRA RENEWAL PROCESS COULD BE MORE STREAM LINED, SEVERAL FORMS ARE REPEATITIVE. AND MORE TIME COULD BE ALLOWED TO SUBMITT THE INFORMATION SINCE WE HAVE TO GET FORMS COMPLETED BY DOCTORS. AN ELECTRONIC VERSION COULD HELP ALSO. (I USUALL HAVE A 5 DAY TURN AROUND AT IT IS VERY HARD TO GET ALL THE REQUIRED INFO THAT IS NEEDED.)
8-10	More than 5 years	$50,001-$100,000	13 or older	PLEASE CONSIDER ADDING BOOST VERY HIGH CALORIE NUTRITIONAL DRINK TO THE MEDICAID FORMULARY LIST. NOT MUCH DIFFERENCE IN PRICE THAN THE REGULAR BOOST NUTRITIONAL DRINK. THANKS
8-10	More than 5 years	$50,001-$100,000	13 or older	I AM WORRIED ABOUT MY CHILD'S HEALTH INSURANCE SINCE SHE'S REACHING THE TEFRA AGE LIMIT AND HER EXPENSES AS A COLLEGE STUDENT.
8-10	More than 5 years	$50,001-$100,000	13 or older	THANK YOU FOR ALL YOUR HELP - WE COULD NOT KEEP OUR SON ALIVE WITHOUT YOUR HELP.
8-10	More than 5 years	$50,001-$100,000	13 or older	MY ONLY CONCERN IS DOCTORS THAT ARE PROVIDERS ARE NOT REQUIRED TO FILE IF TEFRA IS SECONDARY, WHICH CAUSES ME TO PAY OUT OF POCKET FOR REGULAR DOCTOR VISIT WITH PRIMARY CARE PHYSICIAN.
8-10	More than 5 years	$50,001-$100,000	13 or older	I FEEL LIKE CAREGIVERS ARE NOT GIVEN ENOUGH RESPONSE TIME TO GET THE APPROPRIATE PAPERWORK TO THE DOCTORS TO FILL OUT. LUCKILY I HAD TIME TO DO IT BECAUSE I COULD LEAVE WORK EARLY TO DRIVE IT OVER TO ACH. THANKS
8-10	More than 5 years	$50,001-$100,000	5-8	FROM THE TIME THE RENEWEL PAPERWORK IS RECEIVED IN THE MAIL TO THE DUE DATE THE PAPERWORK MUST BE IN BY IS AWFUL!!!!! THERE IS NOT A ENOUGH TIME TO FILL OUT, GET DOCTORS TO FILL OUT, AND MAIL BACK IN. I ALWAYS HAVE TO CALL MY CASE WORKER TO LET HER KNOW IT WILL BE LATE!
8-10	More than 5 years	$50,001-$100,000	5-8	DURING A PREVIOUS RENEWAL I NEVER RECIEVED THE PAPERWORK AND MEDICAID WAS TURNED OFF HAD TO REAPPLY FROM THE BEGINNING - THAT WAS EXTREMLY FRUSTRATING. (2011 OR 2012 THIS OCCURED)
8-10	More than 5 years	$50,001-$100,000	5-8	I WISH SOME OF THE FORMS OF RENEWALS COULD BE COMPLETED ONLINE. I HAVE HAD TO USE ALL OF THE TIME ALLOWED TO GET ALL INFO. I PRE GATHER INFO NOW WHEN TAX SEASON COMES SO THAT I ONLY NEED CURRENT STATEMENTS THE MEDICAL REVIEW FORM REQUIRES THEM TO SIGN/FILL OUT WHICH TAKES TIME FOR THEM GET AND THEM TO COMPLETE THEN I HAVE TO TURN I BACK IN TO DHS
8-10	More than 5 years	$50,001-$100,000	9-12	THE ONLY COMPLAINT I HAVE IS THAT EVERY YEAR I HAVE TO CALL FOR AN EXTENSION BECAUSE THEY NEVER GIVE ME ENOUGH TIME TO GET ALL THE PAPERWORK DONE AND MAILED BACK. Q54) $282 FOR 2 CHILDREN $141 EACH

Level of satisfaction	Length of enrollment	Household income	Age	Comments written on form
8-10	More than 5 years	$50,001-$100,000	9-12	WE'VE RARELY HAD TIME TO GET RENEWALS IN ON TIME DUE TO HAVING TO ALSO GET SIGNATURES FROM THIS PCP. EVEN AFTER FILLING IN MOST OF THE INFO FOR HIM AS HE REQUIRES, IT TAKES SEVERAL DAYS TO GET IT BACK.
8-10	More than 5 years	$50,001-$100,000	9-12	TEFRA IS GREAT, THE ONLY PROBLEM I HAVE IS THAT MY CHILD IS DOWN'S SYNDROME AND HIS DIAGNOSIS WON'T CHANGE. THE YEARLY APPLICATION PROCESS COULD BE EASIER IF WE DIDN'T HAVE TO FILL OUT PAPERWORK, ALSO THE DOCTOR'S PAPERWORK. IT WOULD BE EASIER JUST TO TURN IN THE TAX FORMS. THX.
8-10	More than 5 years	$50,001-$100,000	9-12	MY SON HAS AUTISM. WE WERE NOT ABLE TO GET APPOINTMENTS TO THERAPISTS, COUNSELING, NEEDED THERAPY WITHOUT TEFRA. THIS PROGRAM HAS BEEN A BLESSING!!
8-10	More than 5 years	$50,001-$100,000	9-12	IT WOULD HELP TO HAVE MORE TIME FOR RENEWAL DOCUMENTS BECAUSE IT TAKES TIME TO GET THE PHYSICIAN FORMS BACK.
8-10	More than 5 years	$50,001-$100,000	9-12	I'M GRATEFUL FOR TEFRA. -THANK YOU MY ONE CHALLENGE WAS RECEIVING MAIL FROM THE SURVEY AND MY CANCELATION NOTICE, BUT MY RENEWAL NOTICE WAS SENT TO AN OLD ADDRESS RESULTING IN CANCELATION OF TEFRA. I NOW HAVE TO SCRAMBLE TO RENEW IT. I'M NOT SURE WHY THE PIECE OF MAIL I REALLY NEEDED WAS NOT CORRECTLY MAILED.
8-10	Less than 1 year	$150,001 or more	0-4	Q52) B- HAPPENED UNTIL I GOT ANOTHER NUMBER FROM OUR THERAPISTS OFFICE. I WAS USING THE # ON OUR TEFRA BILL/STATEMENT.
8-10	Less than 1 year	$150,001 or more	0-4	GOD BLESS THE STATE OF ARKANSAS FOR PROVIDING FOR OUR DAUGHTER * IN HER TIME OF NEED. WE, HER MOM & DAD, ARE FOREVER GRATEFUL!!
8-10	Less than 1 year	$150,001 or more	0-4	IT'S FRUSTRATING TO FILL OUT PAPERWORK EVERY YEAR FOR A CHILD THAT WILL ALWAYS REQUIRE HELP (PERMANENT CONDITION). I DO HOWEVER SEE THE NEED TO DOCUMENT IMPROVEMENTS OR CHANGES. IT IS ALSO QUITE DIFFICULT TO GET ALL INFO FILLED OUT IN TIME REQUESTED. I USUALLY HAVE ABOUT 1 WK FROM WHEN I RECEIVE REQUEST TO WHEN IT'S DUE. IT CAN BE CHALLENGING TO GET INTO SEE SPECIALIST REQUESTED.
8-10	Less than 1 year	—	5-8	I'VE SPOKEN W/HELPFUL PEOPLE AT OUR REGIONAL DHS OFFICE REGARDING TEFRA. THE RENEWAL TIMELINE (7 DAYS BEFORE I CALLED IS NEARLY IMPOSSIBLE-ESP. CONSIDERING MUCH OF THAT MUCH COME FROM DOCTOR. ; Q69) -CALLED AND GOT EXTENSION

Level of satisfaction	Length of enrollment	Household income	Age	Comments written on form
8-10	Less than 1 year	$0-$50,000	—	I JUST WANT TO SAY THAT I AM EXTREMELY THANKFUL FOR THIS PROGRAM! WITH MY CHILD HAVING CANCER, THE MEDICAL BILLS, PRESCRIPTIONS & TREATMENTS WOULD BE IMPOSSIBLE FOR US TO PAY! Q18) (THE HEMATOLOGY/ONCOLOGY CLINIC); Q25) PLEASE NOTE, ARKANSAS CHILDREN'S HOSPITAL HAS GIVEN THE BEST CARE POSSIBLE, HOWEVER OUR ER TRIPS TO WASHINGTON REGIONAL MEDICAL CENTER WAS THE WORST CARE!; Q66) THIS WASN'T DUE TO TEFRA'S PROCESS, TO MY KNOWLEDGE, IT WAS THE FINANCIAL COUNSELOUR NOT DOING HER PART IN A TIMELY MANNER.
8-10	Less than 1 year	$0-$50,000	0-4	WE HAVE PRIMARY INSURANCE OF ARBLUE CROSS PPO+ I FEEL THERE SHOULD BE A QUICKER PROCESS FOR NEEDED EQUIPMENT. Q29) STILL WAITING.
8-10	Less than 1 year	$0-$50,000	0-4	IT WOULD BE NICE IF AND WHEN MAILING PAPERWORK TO FAMILIES IF YOU ALSO SENT A EMAIL LETTING US KNOW YOU ARE MAILING SOMETHING SO WE CAN LOOK FOR IT.
8-10	Less than 1 year	$0-$50,000	0-4	TWYANA STEVESON IN THE RANDOLPH COUNTY DHS IS WONDERFUL, SHE WENT ABOVE AND BEOND TO HELP MY LITTLE BOY; GIVING ME ADDITIONAL INFO ON HIS CONDITION (AUTISM) THANK YOU
8-10	Less than 1 year	$0-$50,000	0-4	WHEN WE LOST OUR PCP, LADY AT CONNECT CARE WENT ABOVE AND BEYOND TO HELP ME FIND A DOCTOR.
8-10	Less than 1 year	$0-$50,000	0-4	TEFRA IS A LIFESAVER FOR OUR FAMILY! WITHOUT THIS AID WE WOULD NOT BE ABLE TO AFFORD THE THERAPIES, DR. VISITS, AND TREATMENTS FOR *! WE COULD NOT BE HAPPIER WITH THIS AMAZING SERVICE!
8-10	Less than 1 year	$0-$50,000	13 or older	DOES TEFRA COVER FOR A WHEEL CHAIR? I CAN GET ONE ON MADISON COUNTY AT DURA MED FOR $600.00 AND SOMETHING; Q28) SHE NEEDS A NEW WHEEL CHAIR I DIDN'T KNOW THEY WOULD COVER.;
8-10	Less than 1 year	$0-$50,000	13 or older	HOW HARD IT WAS TO GET SPEICAL HEALTH EQUIPMENT BEFORE MY CHILD WAS ENROLLED IN TEFRA.
8-10	Less than 1 year	$0-$50,000	13 or older	THE ONLY PROBLEM I BELIEVE WE HAVE WITH TEFRA IS THE LONG WAIT TO SEE IF SHE WOULD BE APPROVED (3 MONTHS) AND SOME STIPULATIONS FOR MEDICAL CARE OR EQUIPMENT.
8-10	Less than 1 year	$0-$50,000	5-8	SON HAD TO GO TO URGENT CARE FOR EAR INFECTION AS HE RAN FEVER ON WEEKEND. THEY ASK FOR REFERRAL THEN WHEN YOU GET PRESCRIPTION FILLED MCD REJECTS CERTAIN MEDS OR HAS DELAY DUE TO DIFFERENT PHYSICIAN. HAVE PREMIUM NOT BASED ON INCOME BASE ON DISABILITY. KIDS W/ DISABILITY NEED CARE & SHOULD NOT REQUIRE ANYTHING.
8-10	Less than 1 year	$0-$50,000	5-8	IT IS VERY HARD TO GET IN TOUCH WITH SOMEONE CAN TRULY HELP WITH QUESTIONS REGARDING TEFRA. TEFRA IS A GOD SENT TO OUR LITTLE FAMILY!

Level of satisfaction	Length of enrollment	Household income	Age	Comments written on form
8-10	Less than 1 year	$100,001-$150,000	5-8	MY CHILD WAS PRESCRIBED AN ANTIBIOTIC TO TREAT OSTEOMYELITIS. TEFRA WOULD NOT PAY FOR THE ANTIBIOTIC DUE TO THE HIGH DOSING. I HAVE PAID OUT OF POCKET FOR THE MEDICINE.
8-10	Less than 1 year	$150,001 or more	—	*WAS RECENTLY APPROVED FOR TEFRA AS A SECONDARY INSURANCE - I HAVE CALLED TWO DIFFERENT TIMES TO FIND OUT ABOUT A MONTHLY PREMIUM AND HAVE BEEN GIVEN NO INFORMATION SO AS OF RIGHT NOW, WE AREN'T PAYING ANYTHING. ALSO, I HAVE REQUESTED A MCAID CARD BUT HAVEN'T RECEIVED ONE YET. Q54) WE DON'T KNOW YET - NO ONE HAS TOLD US!
8-10	Less than 1 year	$50,001-$100,000	0-4	LOVE TEFRA! HARDEST PART WAS INITIAL APPLICATION
8-10	Less than 1 year	$50,001-$100,000	0-4	HOW LONG FROM TIME OF APPLICATION UNTIL APPROVED AND AVAILABLE TO USE. PROCESS IS WAY TOO SLOW. TOOK 9 MONTHS!
8-10	Less than 1 year	$50,001-$100,000	0-4	WITHOUT TEFRA, MY SON WOULD NOT BE ABLE TO RECEIVE ADEQUATE THERAPY FOR HIS APRAXIA. THIS WILL TRULY HELP HIM TO BECOME MORE SUCCESSFUL. THANK YOU!
8-10	Less than 1 year	$50,001-$100,000	0-4	WE LOVE TEFRA AND CANNOT IMAGINE PAYING THE THOUSANDS OF COSTS FOR SPEECH AND OT THAT MY CHILD ACQUIRED THE LAST 6 MONTHS.
8-10	Less than 1 year	$50,001-$100,000	0-4	THANK YOU FOR THIS SERVICE - WITHOUT IT WE COULD NOT AFFORD THE DEVELOPMENTAL SERVICES MY SON RECEIVES!
8-10	Less than 1 year	$50,001-$100,000	0-4	IN BOTH THE APPLICATION AND RENEWAL PROCESS, I WISH THERE WAS COMMUNICATION BACK THAT ALL THE PAPERWORK HAD BEEN RECEIVED (BY EMAIL OR TEXT).
8-10	Less than 1 year	$50,001-$100,000	0-4	ALTHOUGH THE WAIT WAS A BIT LONG AND I COULDN'T CHECK ON THE STATUS, I'M GRATEFUL FOR THE PROGRAM AND ALL IT DOES FOR MY CHILD. TRULY GRATEFUL! IT'S BEEN A LIFESAVER!
8-10	Less than 1 year	$50,001-$100,000	0-4	APPLICATION PROCESSING TIME WAS QUITE A WAIT.
8-10	Less than 1 year	$50,001-$100,000	0-4	WE STRUGGLE TO PAY THE PREMIUMS BUT WE HAVE TO FIGURE IT OUT FOR OUR SONS SAKE-WE HAVE INSURANCE SO WE PAY DOUBLE
8-10	Less than 1 year	$50,001-$100,000	0-4	Q54) $348.00 EVERY 3 MONTHS
8-10	Less than 1 year	$50,001-$100,000	0-4	WE HAVE BEEN VERY PLEASED & THANKFUL FOR THE TEFRA PROGRAM ONCE WE WERE ABLE TO FINISH THE APPLICATION/ENROLLMENT PROCESS. I DID FEEL THAT THE APPLICATION/ENROLLMENT PROCESS WAS COMPEICATED & CONFUSING. TEFRA HELPS OUR CHILD GET THE THINGS HE NEEDS TO THRIVE & DEVELOP. WE HAVEN'T HAD ANY PROBLEMS SINCE AFTER ENROLLMENT.
8-10	Less than 1 year	$50,001-$100,000	13 or older	UNABLE TO GET MENTAL HEALTH SCRIPTS FILLED BY TEFRA.

Level of satisfaction	Length of enrollment	Household income	Age	Comments written on form
8-10	Less than 1 year	$50,001-$100,000	13 or older	WITHOUT THE TEFFRA PROGRAM MY CHILD'S HEALTH WOULD SUFFER GREATLY. THERE IS NO WAY WE WOULD BE ABLE TO MANAGE HER CONDITION AND HAVE ACCESS TO THE CARE SHE NEEDS WITHOUT HER ENROLLMENT IN THE TEFFRA PROGRAM.
8-10	Less than 1 year	$50,001-$100,000	13 or older	IT'S A BIG HELP BUT COSTLY WHEN YOU DON'T HAVE THE FINANCES BUT I AM THANKFUL BECAUSE WE COULD NOT SURVIVE WITHOUT IT!! THANK YOU; Q6) THE LAST MEDICATION WAS NOT PAID FOR.; Q66) THANK TO ARK CHILDREN HOSPITAL!!
8-10	Less than 1 year	$50,001-$100,000	13 or older	MORE TIME NEEDS TO BE ALLOWED TO RETURN PAPERWORK. TWO WEEKS WOULD BE BETTER. THANK YOU!
8-10	Less than 1 year	$50,001-$100,000	9-12	WE DIDN'T HAVE PROBLEMS WITH GETTING HEALTH CARE BEFORE TEFRA ONLY BECAUSE WE HAD A PRIMARY INSURANCE. TEFRA HAS BEEN A GODSEND FOR PICKING UP WHAT PRIMARY DOESN'T!
8-10	Less than 1 year	$0-$50,000	13 or older	I ANSWERED THIS SURVEY TO THE BEST OF MY KNOWLEDGE MY SON HAS ONLY HAD TEFRA SINCE JUNE 2016 SO I HAVEN'T REALLY HAD THE CHANCE TO USE THE FULL BENEFITS YET. Q74) 17
8-10	Less than 1 year	$50,001-$100,000	0-4	TEFRA HAS BEEN A HUGE BLESSING TO OUR FAMILY BECAUSE OUR CHILD WAS UNEXPECTEDLY BORN WITH DOWN SYNDROME.
8-10	Less than 1 year	$50,001-$100,000	0-4	WHEN I APPLIED AT ACH, MY CASE WORKER SAID MY PREMIUM ESTIMATE WAS $25-$40 PER MO., I RECEIVED FIRST BILL AND IT IS $72 PER MO., WHICH IS A BIG DIFFERENCE AND MORE OF A FINANCIAL BURDEN THAN I EXPECTED.
8-10	Less than 1 year	$50,001-$100,000	0-4	MY FAMILY AND I APPRECIATE A PROGRAM LIKE TEFRA THAT HELPS OUT WITH A CHILD THAT'S HAD SEVERE HEALTH PROBLEMS. THIS PROGRAM HAS BEEN SO HELPFUL: THANK YOU
8-10	Less than 1 year	$50,001-$100,000	5-8	I HAVE 610.00 BILL FROM ACH FOR EMERGENCY VISIT, WHEN I APPLIED FOR TEFRA WAS ONTIME, BUT THE LADY DID NOT PROCESS ON TIME AND NOW ACH IS SAYING THAT MEDICAID DON'T GO BACK THAT FAR BUT WHEN I APPLIED IT WAS ON TIME I APPLIED WITH * A FINANCIAL REP AT ACH, PLEASE HEL ME WITH THAT I CANNOT AFFORD THAT BILL; Q18) (PCP AND ACH)

APPENDIX A:
Letters and Postcard

ADVANCE LETTER

Division of Medical Services

P.O. Box 1437, Slot S-401 · Little Rock, AR 72203-1437
844-493-8763 · Fax: 501-682-1197

Dear TEFRA beneficiary:

The state **Division of Medical Services** has asked **AFMC** to conduct a survey. This survey will tell us how satisfied you are with Medicaid's TEFRA program. **This is a chance for you to help us serve you better.**

A small group of Medicaid beneficiaries have been chosen to receive a survey. You are part of that group. **In the next two weeks, we will mail you a survey.** Please tell us about your health care by answering the survey questions. It is important that you fill out and return this survey so that we can find out how satisfied you are with your health care. The survey will also help us find ways to improve the care you receive. The accuracy of the results depends on responses from you and the other people in the survey.

We ask that you return your completed survey, in the envelope provided, by **Friday, September 16.** Your answers will be combined with the answers we get from others. Your individual answers will never be shown. All information that identifies you will be **STRICTLY CONFIDENTIAL**.

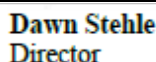
You do not have to fill out the survey if you don't want to. Your benefits will not be affected in any way, whether or not you choose to participate. We hope you will take the time to tell us about your health care. Your knowledge and experiences are very important.

If you have any questions, please call AFMC at 1-844-493-8763. This is a free call.

Si gusta recibir la versión en español de esta encuesta, favor llamar al 1-844-493-8763.

We are excited about this important project and need your support to make it a success. Thank you in advance for your help.

Sincerely,



Dawn Stehle
Director

www.arkansas.gov/dhs
Serving more than one million Arkansans each year

FIRST COVER LETTER

Division of Medical Services

P.O. Box 1437, Slot S-401 · Little Rock, AR 72203-1437
844-493-8763 · Fax: 501-682-1197

Dear TEFRA beneficiary:

You may remember receiving a letter from us a couple of weeks ago.

The state **Division of Medical Services** has asked **AFMC** to conduct a survey. This survey will tell us how satisfied you are with Medicaid's TEFRA program. **We are asking for your help with this survey.**

Please fill out the enclosed survey and return it by Friday, September 16, in the envelope provided. The postage has already been paid, so it will not cost you anything to mail it. It should take you about 20 minutes to complete.

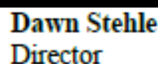
All information you provide will be kept **private** and will not have any effect on your Medicaid benefits. Your responses will be grouped together with responses from other beneficiaries to form a picture of how well beneficiaries believe Medicaid is meeting their health care needs. **You do not have to fill out the survey if you don't want to. Your services will not be affected.** If you are unable to complete the survey by yourself, please feel free to have someone help.

Please call AFMC if you have questions about the survey or would like more information. Call 1-844-493-8763 any time Monday through Friday between 8:30 a.m. and 5:00 p.m. This is a free call.

Si gusta recibir la versión en español de esta encuesta, favor llamar al 1-844-493-8763.

We hope you will decide to take part because your experience is unique and cannot be replaced by anyone else's.

Sincerely,



Dawn Stehle
Director

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SECOND COVER LETTER

Division of Medical Services

P.O. Box 1437, Slot S-401 · Little Rock, AR 72203-1437
844-493-8763 · Fax: 501-682-1197

Dear TEFRA beneficiary:

We need your help! Several weeks ago we mailed you a survey as part of an important study we are conducting. If you have already returned the survey, thank you. If you have not, please take some time today to fill it out. We need your answers to make this project a success.

The Arkansas **Division of Medical Services** is sponsoring the survey so we can find out how satisfied you are with Medicaid's TEFRA program. This is a chance to help us serve you better.

Your answers will go directly to the AFMC and will be combined with information we get from others. **No one at Medicaid will see your answers.** All information that identifies you will be strictly confidential. **You do not have to fill out the survey if you don't want to. Your benefits will not be affected in any way, whether or not you choose to participate.**

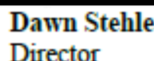
In case you misplaced the first survey, we enclosed another copy. Please fill out the enclosed survey and return it by **Tuesday, October 18,** in the envelope provided. The postage has already been paid, so it will not cost you anything to mail it. It should take you about 20 minutes to complete.

If you feel this study does not apply to you, or if you have questions, please call AFMC at 1-844-493-8763. This is a free call.

Si gusta recibir la versión en español de esta encuesta, favor llamar al 1-844-493-8763.

We hope you will take this opportunity to tell us about your health care experiences. Your knowledge and experience could help us improve the quality of care you receive. Thanks in advance for your help.

Sincerely,



Dawn Stehle
Director

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REMINDER POSTCARD

Hello!

We recently sent you a survey. If you have already returned it,
please accept our thanks.
You do not need to call to see if it has been received.
If you have not returned your survey,
please take a few minutes to do so.

Because only a small number of people have been selected for the survey, it is extremely important that each person takes part. Even if you can only answer some questions, **please return the survey.**

If you did not get a survey, or if it was misplaced,
please call AFMC toll-free at

1-844-493-8763

and we will mail you another copy.

We appreciate your help!

Si gusta recibir la versión en español de esta encuesta o completarla por teléfono, favor de llamar al 1-844-493-8763.

APPENDIX B:
Survey Tools

ENGLISH SURVEY

2016

TEFRA Beneficiary Satisfaction Survey

Si gusta recibir la versión en español de esta encuesta, favor llamar al 1-844-493-8763.

THIS QUESTIONNAIRE WAS ADAPTED FROM CAHPS, WHICH IS A CONSORTIUM OF HARVARD MEDICAL SCHOOL, RAND AND THE RESEARCH TRIANGLE INSTITUTE. QUESTION DEVELOPMENT BY THE AGENCY FOR HEALTH CARE POLICY AND RESEARCH.

DATA COLLECTION AND ANALYSIS BY

Survey Instructions

IMPORTANT: Please read before answering questions!
This survey asks about your experience with Medicaid's TEFRA program.

NOTE: Please answer the survey questions thinking about the child named in the letter that came with this survey, even if you have other children in the TEFRA program.

Answer the questions by checking the box to the left of your answer. You may be asked to skip some questions that don't apply to you. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

1 ☑ **YES** ➡ **Go to next question**
2 ☐ **NO** ➡ **Go to question 13**

You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we won't send you reminders.

All information that would let someone identify you or your family will be kept private.
AFMC will not share your personal information with anyone without your OK.

We appreciate your help in completing the survey.
If you choose not to, however, it will not affect the Medicaid benefits that you get.

If you have questions or want to know more about this study,
please call toll free 1-844-493-8763.

Si gusta recibir la versión en español de esta encuesta, favor llamar al 1-844-493-8763.

Please answer the survey questions thinking about the child whose name appears in the letter that came with this survey even if you have other children enrolled in TEFRA.

1) Our records show that your child is enrolled in the TEFRA program. Is that right?

- 1☐ **Yes ➨ Go to next question**
- 2☐ **NO ➨ STOP and return survey.**

2) How many months or years in a row has your child been enrolled in the TEFRA program?

- 1☐ Less than 6 months
- 2☐ 6 up to 12 months
- 3☐ 12 up to 24 months
- 4☐ 2 up to 5 years
- 5☐ 5 up to 10 years
- 6☐ 10 or more years

YOUR CHILD'S HEALTH CARE BEFORE AND AFTER ENROLLING IN TEFRA

The next questions ask you to compare your child's health care in the 6 months BEFORE enrolling in TEFRA to the health care he or she has gotten SINCE enrolling in TEFRA.

3) In the 6 months before your child was enrolled with TEFRA, how much of a problem, if any, was it for your child to see a personal doctor or nurse?

- 1☐ A big problem
- 2☐ A small problem
- 3☐ Not a problem
- 4☐ My child did not see a personal doctor or nurse in the 6 months before enrolling in TEFRA.

4) Since enrolling in TEFRA, how much of a problem, if any, has it been for your child to see a personal doctor or nurse?

- 1☐ A big problem
- 2☐ A small problem
- 3☐ Not a problem
- 4☐ My child has not seen a personal doctor or nurse since enrolling in TEFRA.

5) In the 6 months before your child was enrolled with TEFRA, how much of a problem, if any, was it to get your child's prescription medicine?

- 1☐ A big problem
- 2☐ A small problem
- 3☐ Not a problem
- 4☐ My child did not need prescription medicine in the 6 months before enrolling in TEFRA.

6) Since enrolling in TEFRA, how much of a problem, if any, was it to get your child's prescription medicine?

- 1☐ A big problem
- 2☐ A small problem
- 3☐ Not a problem
- 4☐ My child has not needed prescription medicine since enrolling in TEFRA.

7) In the 6 months before your child was enrolled with TEFRA, when your child needed urgent care from a doctor's office or the emergency room, how much of a problem, if any, was it for your child to get this care?

1☐ A big problem
2☐ A small problem
3☐ Not a problem
4☐ My child did not need urgent care in the 6 months before enrolling in TEFRA.

8) Since enrolling in TEFRA, when your child needed urgent care from a doctor's office or the emergency room, how much of a problem, if any, was it for your child to get this care?

1☐ A big problem
2☐ A small problem
3☐ Not a problem
4☐ My child has not needed urgent care since enrolling in TEFRA.

YOUR CHILD'S HEALTH CARE PROFESSIONAL

The next questions ask about your child's health care. Do not include overnight hospital stays or emergency room visits. Do not include the times your child went for dental care visits. Do not include the times your child went for therapy or counseling.

9) A personal doctor or nurse can be a general doctor, a nurse practitioner, or a physician assistant.
Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.
Which describes the type of health care professional your child sees most often?

1☐ Personal doctor/family doctor/ primary care physician
2☐ Specialist

10) In the last 6 months, did your child need a referral to see a specialist?

1☐ **Yes ➨ Go to next question**
2☐ **NO ➨ Go to Question 12**

11) In the last 6 months, how much of a problem, if any, did you have getting a referral to see a specialist?

1☐ A big problem
2☐ A small problem
3☐ Not a problem

Think about the health care professional you chose in question 9. Questions 12 through 25 are questions about that health care professional only.

12) With the choices the TEFRA program gave you, how much of a problem, if any, was it to get a health care professional for your child you are happy with?

1☐ A big problem
2☐ A small problem
3☐ Not a problem
4☐ I didn't get a new health care professional for my child.

2

13) We want to know your rating of your child's health care professional.

Use any number from 0 to 10, where 0 is the worst health care professional possible and 10 is the best. How would you rate your child's health care professional now?

- 00 ☐ 0 Worst health care professional
- 01 ☐ 1
- 02 ☐ 2
- 03 ☐ 3
- 04 ☐ 4
- 05 ☐ 5
- 06 ☐ 6
- 07 ☐ 7
- 08 ☐ 8
- 09 ☐ 9
- 10 ☐ 10 Best health care professional

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

14) In the last 6 months, did your child have an illness, injury or condition that needed care right away in a clinic, emergency room or doctor's office?

- 1 ☐ **Yes ➨ Go to next question**
- 2 ☐ **NO ➨ Go to Question 16**

15) In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always

16) In the last 6 months, not counting the times your child needed care right away, did you make any appointments for your child's health care at a doctor's office or clinic?

- 1 ☐ **Yes ➨ Go to next question**
- 2 ☐ **NO ➨ Go to Question 18**

17) In the last 6 months, not counting the times your child needed care right away, how often did you get an appointment for health care at a doctor's office or clinic as soon as your child needed?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always

18) In the last 6 months, how many times did your child go to his or her doctor's office or clinic?

- 0 ☐ **NONE ➨ Go to Question 26**
- 1 ☐ 1
- 2 ☐ 2
- 3 ☐ 3
- 4 ☐ 4
- 5 ☐ 5 to 9
- 6 ☐ 10 or more

19) In the last 6 months, how often did your child's doctors or other health care providers listen carefully to you?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always

20) In the last 6 months, how often did your child's health care professional show respect for what you had to say?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always

21) Is your child able to talk with doctors about his or her health care?

- 1 ☐ **Yes ➨ Go to next question**
- 2 ☐ **NO ➨ Go to Question 24**

22) In the last 6 months, how often did your child have a hard time speaking with or understanding doctors or other health providers because they spoke different languages?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

23) In the last 6 months, how often did doctors or other health providers explain things in a way your child could understand?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

24) In the last 6 months, how often did doctors or other health providers spend enough time with your child?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

25) We want to know your rating of all your child's health care in the last 6 months from all doctors and other health providers.

Use any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible. How would you rate all your child's health care?

00 ☐ 0 Worst health care possible
01 ☐ 1
02 ☐ 2
03 ☐ 3
04 ☐ 4
05 ☐ 5
06 ☐ 6
07 ☐ 7
08 ☐ 8
09 ☐ 9
10 ☐ 10 Best health care possible

SPECIAL EQUIPMENT AND SUPPLIES

26) In the last 6 months, did your child have any health problems for which he or she needed additional specialty items such as diapers, formula, or dietary supplements? (Don't count diapers for infants or toddlers who are not yet potty trained.)

1 ☐ **Yes ➨ Go to next question**
2 ☐ **NO ➨ Go to Question 28**

27) In the last 6 months, how much of a problem, if any, was it to get the additional specialty items your child needed through TEFRA?

1 ☐ A big problem
2 ☐ A small problem
3 ☐ Not a problem

28) In the last 6 months, did your child have any health problems that required you to get or replace any special medical equipment or devices such as a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment?

1 ☐ **Yes ➨ Go to next question**
2 ☐ **NO ➨ Go to Question 30**

29) In the last 6 months, how much of a problem, if any, was it to get the special medical equipment your child needed through TEFRA?

1 ☐ A big problem
2 ☐ A small problem
3 ☐ Not a problem

SPECIAL THERAPY

30) In the last 6 months, did your child need <u>speech therapy</u>?

1☐ **Yes** ➨ **Go to next question**
2☐ **NO** ➨ **Go to Question 32**

31) In the last 6 months, how much of a problem, if any, was it to get the <u>speech therapy</u> your child needed through TEFRA?

1☐ A big problem
2☐ A small problem
3☐ Not a problem

32) In the last 6 months, did your child need <u>occupational therapy</u>?

1☐ **Yes** ➨ **Go to next question**
2☐ **NO** ➨ **Go to Question 34**

33) In the last 6 months, how much of a problem, if any, was it to get the <u>occupational therapy</u> your child needed through TEFRA?

1☐ A big problem
2☐ A small problem
3☐ Not a problem

34) In the last 6 months, did your child need <u>physical therapy</u>?

1☐ **Yes** ➨ **Go to next question**
2☐ **NO** ➨ **Go to Question 36**

35) In the last 6 months, how much of a problem, if any, was it to get the <u>physical therapy</u> your child needed through TEFRA?

1☐ A big problem
2☐ A small problem
3☐ Not a problem

EMOTIONAL/ BEHAVIORAL COUNSELING

36) In the last 6 months, did your child have any <u>treatment or counseling</u> for an emotional or behavioral difficulty?

1☐ **Yes** ➨ **Go to next question**
2☐ **NO** ➨ **Go to Question 39**

37) In the last 6 months, how much of a problem, if any, was it for you to get this <u>treatment or counseling</u> through TEFRA?

1☐ A big problem
2☐ A small problem
3☐ Not a problem

38) We want to know your rating of your child's <u>treatment or counseling</u> for emotional or behavioral difficulties.

Use <u>any number from 0 to 10</u>, where 0 is the worst treatment or counseling possible and 10 is the best treatment or counseling possible. How would you rate your child's treatment or counseling <u>now</u>?

00☐ 0 Worst treatment or counseling possible
01☐ 1
02☐ 2
03☐ 3
04☐ 4
05☐ 5
06☐ 6
07☐ 7
08☐ 8
09☐ 9
10☐ 10 Best treatment or counseling possible

YOUR EXPERIENCE WITH TEFRA

The next questions ask about your experience with TEFRA and the Medicaid program.

39) Where did you first hear about TEFRA?

1 ☐ TV/radio
2 ☐ Newspaper
3 ☐ Arkansas Children's Hospital
4 ☐ Doctor's office
5 ☐ Friend or relative
6 ☐ Internet
7 ☐ School/daycare
8 ☐ Other **(Please print.)**

____

____

40) In the last 6 months, did you look for any information in written materials or on the Internet about how TEFRA works?

1 ☐ **Yes ➨ Go to next question**
2 ☐ **NO ➨ Go to Question 42**

41) In the last 6 months, how often did the written materials or the Internet provide the information you needed about how TEFRA works?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

42) In the last 6 months, did TEFRA give you any forms to fill out?

1 ☐ **Yes ➨ Go to next question**
2 ☐ **NO ➨ Go to Question 44**

43) In the last 6 months, how often were the forms from TEFRA easy to fill out?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

44) We want to know your rating of all your experience with the TEFRA program. Use any number from 0 to 10, where 0 is the worst experience possible and 10 is the best experience possible. How would you rate the TEFRA program now?

00 ☐ 0 Worst experience possible
01 ☐ 1
02 ☐ 2
03 ☐ 3
04 ☐ 4
05 ☐ 5
06 ☐ 6
07 ☐ 7
08 ☐ 8
09 ☐ 9
10 ☐ 10 Best experience possible

CUSTOMER SERVICE

45) In the last 6 months, did you call Medicaid customer service to get information or help for your child?

1☐ **Yes ➨ Go to next question**
2☐ **NO ➨ Go to Question 54**

For questions 46-53, think about where you call for Medicaid customer service information or help. If you call more than one place, answer questions 46-53 for the place you call the most.

46) Where did you call most often for Medicaid customer service information or help? **(Check only one.)**

1☐ ARKids First Help Line (1-888-474-8275)
➨ **Go to Question 48**
2☐ DHS Client Assistance (1-800-482-8988)
➨ **Go to Question 48**
3☐ Medicaid Communications (1-800-482-5431)
➨ **Go to Question 48**
4☐ Local county DHS office
➨ **Go to Question 48**
5☐ ConnectCare (1-800-275-1131)
➨ **Go to next question**
6☐ Doctor's office
➨ **Go to Question 48**
7☐ Arkansas Foundation for Medical Care (1-844-493-8763)
➨ **Go to Question 48**
8☐ Other **(Please print.)**

____
➨ **Go to Question 48**

47) In the last 6 months, when you spoke to a person at ConnectCare, were they able to help you or did they refer you to someone else that was able to help you?

1☐ Yes
2☐ No

48) In the last 6 months, how often did Medicaid customer service give you the information or help you needed?

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

49) In the last 6 months, how often did Medicaid customer service staff treat you with courtesy and respect?

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

50) In the last 6 months, when you called Medicaid customer service, was the person in customer service able to answer all your questions about the TEFRA program?

1☐ **Yes ➨ Go to next question**
2☐ **NO ➨ Go to Question 52**

51) How often did you understand the answers that they gave?

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

7

52) In the last 6 months, when you called Medicaid customer service, did any of these things happen to you? **(Check all that apply.)**

- A ☐ None
- B ☐ Long wait or no one called back.
- C ☐ Keep getting transferred or could not get in touch with the right person.
- D ☐ Staff could not answer questions.
- E ☐ Staff members were rude.
- F ☐ Other **(Please print.)**

____

____

53) We want to know your rating of your experience with Medicaid customer service.

Use any number from 0 to 10, where 0 is the worst experience possible and 10 is the best experience possible. How would you rate the Medicaid customer service?

- 00 ☐ 0 Worst experience possible
- 01 ☐ 1
- 02 ☐ 2
- 03 ☐ 3
- 04 ☐ 4
- 05 ☐ 5
- 06 ☐ 6
- 07 ☐ 7
- 08 ☐ 8
- 09 ☐ 9
- 10 ☐ 10 Best experience possible

TEFRA PREMIUMS AND ENROLLMENT

54) A premium is the amount of money you must pay monthly to receive services covered under the TEFRA program.

What is your monthly TEFRA premium?

- 1 ☐ $0
- 2 ☐ $20 - $41
- 3 ☐ $52 - $78
- 4 ☐ $93 - $125
- 5 ☐ $145 - $182
- 6 ☐ $208 - $250
- 7 ☐ $281 - $328
- 8 ☐ $364 - $416
- 9 ☐ $458

55) In the last 6 months, how much of a financial burden, if any, was it to pay the TEFRA program premiums?

- 1 ☐ A big financial burden
- 2 ☐ A small financial burden
- 3 ☐ Not a financial burden

56) In the last 6 months, has your child lost TEFRA eligibility because the TEFRA program premiums were too expensive for you to pay?

- 1 ☐ **Yes ➨ Go to next question**
- 2 ☐ **NO ➨ Go to Question 58**

8

57) In the last 6 months, what types of medical services could you not get for your child because he or she was ineligible for TEFRA due to non-payment of TEFRA premiums? **(Check all that apply.)**

- A ☐ Regular physician visits
- B ☐ Visits to a specialist
- C ☐ Emergency room visits
- D ☐ Dental visits
- E ☐ Prescription medicine
- F ☐ Special therapy
- G ☐ Medical equipment
- H ☐ Other **(Please print.)**

____

____

58) In the last 6 months, were there any medical services that you could not get for your child because those services were not included in the TEFRA program?

- 1 ☐ **Yes** ➨ **Go to next question**
- 2 ☐ **NO** ➨ **Go to Question 60**

59) In the last 6 months, what types of medical services could you not get for your child because those services were not included in the TEFRA program? **(Check all that apply.)**

- A ☐ Regular physician visits
- B ☐ Visits to a specialist
- C ☐ Emergency room visits
- D ☐ Dental visits
- E ☐ Prescription medicine
- F ☐ Special therapy
- G ☐ Medical equipment
- H ☐ Other **(Please print.)**

____

____

60) When you enrolled your child in the TEFRA program, how much of a problem did you have receiving care while you waited for your TEFRA application to be processed?

- 1 ☐ A big problem
- 2 ☐ A small problem
- 3 ☐ Not a problem

61) When you enrolled your child in the TEFRA program, where did you apply?

- 1 ☐ DHS county office
  ➨ **Go to next question**
- 2 ☐ Arkansas Children's Hospital
  ➨ **Go to question 66**
- 3 ☐ Federally qualified health center (doctor's office/day care center)
  ➨ **Go to question 66**
- 4 ☐ Other **(Please print.)**

  ____

  ➨ **Go to question 66**

62) At which county DHS office did you enroll your child in the TEFRA program? **(Please print.)**

____

____

63) In the last 6 months (including enrollment), have you spoken with anyone at the county DHS office regarding questions you have about TEFRA?

- 1 ☐ **Yes** ➨ **Go to next question**
- 2 ☐ **NO** ➨ **Go to Question 66**

64) In the last 6 months, when you spoke to a person at the county DHS office, were they able to answer all your questions?

- 1 ☐ **Yes** ➨ **Go to next question**
- 2 ☐ **NO** ➨ **Go to Question 66**

65) How often did you understand the answers that they gave?

- 1☐ Never
- 2☐ Sometimes
- 3☐ Usually
- 4☐ Always

66) We want to know your rating of all your experience with the TEFRA application process. Think about when you first got the application, to when your child started getting services.

Use any number from 0 to 10, where 0 is the worst application experience possible and 10 is the best application experience possible. How would you rate the TEFRA application process?

- 00☐ 0 Worst experience possible
- 01☐ 1
- 02☐ 2
- 03☐ 3
- 04☐ 4
- 05☐ 5
- 06☐ 6
- 07☐ 7
- 08☐ 8
- 09☐ 9
- 10☐ 10 Best experience possible

TEFRA RENEWAL PROCESS

67) In the last 12 months, did you receive paperwork to renew TEFRA benefits for your child?

- 1☐ **Yes ➨ Go to next question**
- 2☐ **NO ➨ Go to Question 70**

68) From the time you received the TEFRA renewal packet until the deadline to turn it in, how many days did you have to complete the paperwork?

- 1☐ 1 to 7 days
- 2☐ 8 to 14 days
- 3☐ More than 14 days
- 4☐ I don't remember

69) In the last 12 months, how often did you have enough time to complete the TEFRA renewal packet before the deadline?

- 1☐ Never
- 2☐ Sometimes
- 3☐ Usually
- 4☐ Always

ABOUT YOU AND YOUR CHILD

70) What is your child's age now?

- 0☐ Less than 1 year old

_______ years old **(Write in.)**

71) Is your child male or female?

- 1☐ Male
- 2☐ Female

72) Is your child of Hispanic or Latino origin or descent?

- 1☐ Yes, Hispanic or Latino
- 2☐ No, not Hispanic or Latino

73) What is your child's race? **(Please mark one or more.)**

- A☐ White
- B☐ Black or African-American
- C☐ Asian
- D☐ Native Hawaiian or other Pacific Islander
- E☐ American Indian or Alaska Native
- F☐ Other

74) What is your age now?

1☐ 18 to 24
2☐ 25 to 34
3☐ 35 to 44
4☐ 45 to 54
5☐ 55 to 64
6☐ 65 to 74
7☐ 75 or older

75) Are you male or female?

1☐ Male
2☐ Female

76) How are you related to the child?

1☐ Mother or father
2☐ Grandparent
3☐ Aunt or uncle
4☐ Older brother or sister
5☐ Other relative
6☐ Legal guardian
7☐ Someone else

77) What is your current household income?

1☐ $0 - $25,000
2☐ $25,001 - $50,000
3☐ $50,001 - $75,000
4☐ $75,001 - $100,000
5☐ $100,001 - $125,000
6☐ $125,001 - $150,000
7☐ $150,001 - $175,000
8☐ $175,001 - $200,000
9☐ $200,001 or more

78) Did someone help you complete this survey?

1☐ **YES ➨ Go to Question 79**
2☐ No ➨ **Thank you.**
Please return the survey
in the postage-paid envelope.

79) How did that person help you?
(Check all that apply.)

A☐ Read the questions to me.
B☐ Wrote down the answers I gave.
C☐ Answered the questions for me.
D☐ Translated the questions into my language.
E☐ Helped in some other way.

Please use this space to comment on any of your answers.
Also, if there are areas that were not covered by the survey that you feel should have been covered, please write them here. Thank you for completing this survey.

___

___

___

THANK YOU!

Please return the completed survey in the postage-paid envelope.

11

DATA COLLECTION AND ANALYSIS BY

THIS MATERIAL WAS PREPARED BY THE ARKANSAS FOUNDATION FOR MEDICAL CARE INC. (AFMC) UNDER CONTRACT WITH THE ARKANSAS DEPARTMENT OF HUMAN SERVICES, DIVISION OF MEDICAL SERVICES. THE CONTENTS PRESENTED DO NOT NECESSARILY REFLECT ARKANSAS DHS POLICY. THE ARKANSAS DEPARTMENT OF HUMAN SERVICES IS IN COMPLIANCE WITH TITLES VI AND VII OF THE CIVIL RIGHTS ACT.

2016

Encuesta de Satisfacción del Beneficiario de TEFRA

Si gusta recibir la versión en español de esta encuesta, favor llamar al 1-844-493-8763.

ESTE CUESTIONARIO FUE ADAPTADO DE CAHPS, QUE ES UN CONSORCIO DE ESCUELA DE MEDICINA HARVARD, RAND Y EL RESEARCH TRIANGLE INSTITUTE. DESARROLLO DE LAS PREGUNTAS POR LA AGENCIA PARA LA POLÍTICA Y LA INVESTIGACIÓN DE SALUD

RECOPILACIÓN Y ANÁLISIS DE DATOS POR

Instrucciones para la Encuesta

IMPORTANTE: ¡Por favor lea antes de contestar las preguntas!
Esta encuesta pregunta sobre su experiencia con el programa TEFRA de Medicaid.

NOTA: Por favor, conteste las preguntas de la encuesta pensando en el niño mencionado en la carta que acompaña esta encuesta, incluso si usted tiene otros niños en el programa TEFRA.

Responda a las preguntas marcando la casilla a la izquierda de su respuesta. Se le puede pedir omitir algunas preguntas que no se aplican a usted. Cuando esto ocurra, verá una flecha con una nota que le indica qué pregunta contestar a continuación

1 ☐ **SÍ** ➨ **Pase a la siguiente pregunta**
2 ☑ **NO** ➨ **Pase a la pregunta 13**

Usted puede notar un número en la portada de esta encuesta. Este número se utiliza SÓLO para hacernos saber que usted ya envió su respuesta y que no le enviemos nuevos recordatorios.

Toda la información que permitiría a alguien identificarlo
a usted o su familia se mantendrá en privado.
AFMC no compartirá su información personal con nadie sin su permiso.

Apreciamos su ayuda en completar la encuesta.
Si decide no hacerlo, sin embargo, esto no va a afectar
los beneficios de Medicaid que usted recibe.

Si tiene alguna pregunta o quiere saber más acerca de este estudio,
por favor llame al 1-844-493-8763, sin costo.

Si prefiere recibir la versión en español de esta encuesta,
por favor llame al 1-844-493-8763.

Por favor, responda a las preguntas de la encuesta pensando en el niño cuyo nombre aparece en la carta que acompaña esta encuesta incluso si usted tiene otros niños inscritos en TEFRA.

1) Nuestros registros indican que su niño está inscrito en el programa TEFRA. ¿Es correcto?
- 1☐ **SÍ ➨ Pase a la siguiente pregunta**
- 2☐ **NO ➨ PARE y devuelva la encuesta.**

2) ¿Cuántos meses o años seguidos tiene su niño sido inscrito en el programa TEFRA?
- 1☐ Menos de 6 meses
- 2☐ 6 hasta 12 meses
- 3☐ 12 hasta 24 meses
- 4☐ 2 hasta 5 años
- 5☐ 5 hasta 10 años
- 6☐ 10 o más años

LA SALUD DE SU NIÑO ANTES Y DESPUÉS DE INSCRIBIRSE EN TEFRA

Las siguientes preguntas piden que usted compare el cuidado de la salud de su niño en los 6 meses antes de inscribirse en TEFRA con la atención de la salud que ha recibido desde su inscripción en TEFRA.

3) En los 6 meses antes de que su niño fue inscrito en TEFRA, ¿cuánto problema tuvo para que su niño viera a un médico personal o enfermera?
- 1☐ Un gran problema
- 2☐ Un pequeño problema
- 3☐ No fue un problema
- 4☐ Mi niño no ha visto a un médico personal o enfermera desde su inscripción en TEFRA.

4) Desde su inscripción en TEFRA, ¿cuánto problema tuvo para que su niño viera a un médico personal o enfermera?
- 1☐ Un gran problema
- 2☐ Un pequeño problema
- 3☐ No fue un problema
- 4☐ Mi niño no ha visto a un médico personal o enfermera desde su inscripción en TEFRA.

5) En los 6 meses antes de que su niño fue inscrito en TEFRA, ¿cuánto problema tuvo para que su niño recibiera un medicamento recetado?
- 1☐ Un gran problema
- 2☐ Un pequeño problema
- 3☐ No fue un problema
- 4☐ Mi niño no ha visto a un médico personal o enfermera desde su inscripción en TEFRA.

6) Desde su inscripción en TEFRA, ¿cuánto problema tuvo para que su niño recibiera un medicamento recetado?
- 1☐ Un gran problema
- 2☐ Un pequeño problema
- 3☐ No fue un problema
- 4☐ Mi niño no ha visto a un médico personal o enfermera desde su inscripción en TEFRA.

7) En los 6 meses antes de que su niño se inscribiera en TEFRA, cuando su niño necesitaba atención urgente en la consulta médica o sala de emergencia, ¿cuánto problema fue, si alguno, para su niño para obtener esta atención?

1☐ Un gran problema
2☐ Un pequeño problema
3☐ No fue un problema
4☐ Mi niño no ha visto a un médico personal o enfermera desde su inscripción en TEFRA.

8) Desde que su niño se inscribió en TEFRA, cuando su niño necesitaba atención urgente en la consulta médica o sala de emergencia, ¿cuánto problema fue, si alguno, para su niño para obtener esta atención?

1☐ Un gran problema
2☐ Un pequeño problema
3☐ No fue un problema
4☐ Mi niño no ha visto a un médico personal o enfermera desde su inscripción en TEFRA.

EL PROFESSIONAL DEL CUIDADO DE SALUD DE SU NIÑO

Las siguientes preguntas son sobre el cuidado de salud de su niño. No incluya el cuidado que su niño recibió cuando tuvo que quedarse una noche en el hospital o visitó la sala de emergencias. No incluya las veces que su niño fue para terapia u orientación.

9) Un médico personal o enfermera puede ser un médico general, una enfermera practicante especialista, o un asistente médico.

Los especialistas son médicos como cirujanos, médicos del corazón, médicos de alergias, médicos dermatólogos, y otros que se especializan en un área particular del cuidado de la salud. ¿Cuál describe mejor el tipo de profesional del cuidado de salud que su niño ve con más frecuencia?

1☐ Médico personal/Médico de familia/Médico de cuidado primario
2☐ Especialista

10) En los últimos 6 meses, ¿necesitó su niño una referencia para ver a un especialista?

1☐ **SÍ** ➨ **Vaya a la pregunta siguiente**
2☐ **NO** ➨ **Vaya a la pregunta 12**

11) En los últimos 6 meses, ¿cuánto problema fue, si alguno, obtener una referencia para ver a un especialista?

1☐ Un gran problema
2☐ Algo de problema
3☐ Sin problema

Piense sobre el profesional del cuidado de salud que usted escogió en la pregunta 9. Las preguntas 12 a 25 son únicamente preguntas sobre ese profesional del cuidado de salud.

12) Con las opciones del programa TEFRA, ¿cuánto problema fue, si alguno, el conseguir a un profesional del cuidado de salud para su niño con el cual está satisfecho?

- 1 ☐ Un gran problema
- 2 ☐ Algo de problema
- 3 ☐ Sin problema
- 4 ☐ No conseguí un nuevo profesional del cuidado de salud para mi niño.

13) Queremos conocer su evaluación del profesional del cuidado de salud de su niño.

Usando cualquier número de 0 a 10, siendo 0 el peor profesional del cuidado de salud posible, y 10 el mejor. ¿Cómo evaluaría al profesional del cuidado de salud de su niño ahora?

- 00 ☐ 0 Peor profesional del cuidado de salud
- 01 ☐ 1
- 02 ☐ 2
- 03 ☐ 3
- 04 ☐ 4
- 05 ☐ 5
- 06 ☐ 6
- 07 ☐ 7
- 08 ☐ 8
- 09 ☐ 9
- 10 ☐ 10 Mejor profesional del cuidado de salud

EL CUIDADO DE SALUD DE SU NIÑO EN LOS ÚLTIMOS 6 MESES

14) En los últimos 6 meses, ¿tuvo su niño alguna enfermedad, lesión o condición que necesitó atención inmediata en una clínica, sala de emergencia o consultorio médico?

- 1 ☐ **SÍ ➨ Vaya a la pregunta siguiente**
- 2 ☐ **NO ➨ Vaya a la pregunta 16**

15) En los últimos 6 meses, ¿Cuándo su niño necesitó atención inmediata, con qué frecuencia recibió su niño la atención que usted pensaba necesitaba?

- 1 ☐ Nunca
- 2 ☐ A veces
- 3 ☐ Generalmente
- 4 ☐ Siempre

16) En los últimos 6 meses, sin contar las veces que su niño necesito atención inmediata ¿hizo citas para la atención de salud de su niño en la consulta de su médico o clínica?

- 1 ☐ **SÍ ➨ Vaya a la pregunta siguiente**
- 2 ☐ **NO ➨ Vaya a la pregunta 18**

17) En los últimos 6 meses, sin contar las veces que su niño necesitó atención inmediata ¿con que frecuencia consiguió hacer la cita en la consulta del médico o clínica que usted pensaba necesitaba?

- 1 ☐ Nunca
- 2 ☐ A veces
- 3 ☐ Generalmente
- 4 ☐ Siempre

3

18) En los últimos 6 meses, ¿cuantas veces fue su niño a la consulta de su médico o clínica?

- 0 ☐ **NINGUNA ➨ Vaya a la pregunta 26**
- 1 ☐ 1
- 2 ☐ 2
- 3 ☐ 3
- 4 ☐ 4
- 5 ☐ 5 a 9
- 6 ☐ 10 o más

19) En los últimos 6 meses, ¿con que frecuencia su médico y otros prestadores de cuidado de salud lo escucharon atentamente?

- 1 ☐ Nunca
- 2 ☐ A veces
- 3 ☐ Generalmente
- 4 ☐ Siempre

20) En los últimos 6 meses, ¿con que frecuencia el profesional del cuidado de salud de su niño mostró respeto por lo que usted tenía que decir?

- 1 ☐ Nunca
- 2 ☐ A veces
- 3 ☐ Generalmente
- 4 ☐ Siempre

21) ¿Tiene su niño capacidad suficiente para hablar con el médico sobre su propio cuidado de salud?

- 1 ☐ **SÍ ➨ Vaya a la pregunta siguiente**
- 2 ☐ **NO ➨ Vaya a la pregunta 24**

22) En los últimos 6 meses, ¿con que frecuencia tuvo dificultad su niño para hablar con, o para entender a los médicos y otros prestadores de servicios de salud porque ellos hablaban un idioma diferente?

- 1 ☐ Nunca
- 2 ☐ A veces
- 3 ☐ Generalmente
- 4 ☐ Siempre

23) En los últimos 6 meses, ¿con que frecuencia los médicos y otros prestadores de servicios de salud le dieron explicaciones de manera que su niño pudiera entenderlos?

- 1 ☐ Nunca
- 2 ☐ A veces
- 3 ☐ Generalmente
- 4 ☐ Siempre

24) En los últimos 6 meses, ¿con que frecuencia los médicos y otros prestadores de servicios de salud pasaron suficiente tiempo con su niño?

- 1 ☐ Nunca
- 2 ☐ A veces
- 3 ☐ Generalmente
- 4 ☐ Siempre

25) Queremos saber su evaluación sobre todos los cuidados de salud de su niño en los últimos 6 meses de parte de todos los médicos y otros prestadores de servicios de salud.

Usando cualquier número de 0 a 10, siendo 0 la peor mejor atención de salud posible, y 10 la mejor atención posible, ¿cómo evaluaría la atención de salud completa para su niño?

- 00 ☐ 0 Peor atención posible
- 01 ☐ 1
- 02 ☐ 2
- 03 ☐ 3
- 04 ☐ 4
- 05 ☐ 5
- 06 ☐ 6
- 07 ☐ 7
- 08 ☐ 8
- 09 ☐ 9
- 10 ☐ 10 Mejor atención posible

APARATOS Y SUMINISTROS ESPECIALES

26) En los últimos 6 meses, ¿tuvo su niño algún problema de salud para el cual necesitó suministros adicionales especiales tales como pañales, alimentación de fórmula, o suplementos dietéticos? (No cuente los pañales para infantes que todavía no pueden ir solos al baño)

1☐ **SÍ** ➨ **Vaya a la siguiente pregunta**
2☐ **NO** ➨ **Vaya a la pregunta 28**

27) En los últimos 6 meses, ¿cuanto problema, si alguno, fue el conseguir suministros adicionales especiales que su niño necesitaba, a través de TEFRA?

1☐ Un gran problema
2☐ Algo de problema
3☐ Sin problema

28) En los últimos 6 meses, ¿tuvo su niño algún problema de salud que necesitó obtener o remplazar algún equipo médico especial o aparatos tal como un caminador, silla de ruedas, nebulizador, tubos de alimentación, o tanque de oxigeno?

1☐ **SÍ** ➨ **Vaya a la siguiente pregunta**
2☐ **NO** ➨ **Vaya a la pregunta 30**

29) En los últimos 6 meses, ¿cuanto problema, si alguno, fue el conseguir equipo médico especial que su niño necesitaba, a través de TEFRA?

1☐ Un gran problema
2☐ Algo de problema
3☐ Sin problema

TERAPIA ESPECIAL

30) En los últimos 6 meses, ¿necesitó su niño terapia del habla?

1☐ **SÍ** ➨ **Vaya a la siguiente pregunta**
2☐ **NO** ➨ **Vaya a la pregunta 32**

31) En los últimos 6 meses, ¿cuanto problema fue, si alguno, el conseguir la terapia del habla que su niño necesitaba, a través de TEFRA?

1☐ Un gran problema
2☐ Algo de problema
3☐ Sin problema

32) En los últimos 6 meses, ¿necesitó su niño terapia ocupacional?

1☐ **SÍ** ➨ **Vaya a la siguiente pregunta**
2☐ **NO** ➨ **Vaya a la pregunta 34**

33) En los últimos 6 meses, ¿cuanto problema fue, si alguno, el conseguir la terapia ocupacional que su niño necesitaba, a través de TEFRA?

1☐ Un gran problema
2☐ Algo de problema
3☐ Sin problema

34) En los últimos 6 meses, ¿necesitó su niño terapia física?

1☐ **SÍ** ➨ **Vaya a la siguiente pregunta**
2☐ **NO** ➨ **Vaya a la pregunta 36**

35) En los últimos 6 meses, ¿cuanto problema fue, si alguno, el conseguir la terapia física que su niño necesitaba, a través de TEFRA?

1☐ Un gran problema
2☐ Algo de problema
3☐ Sin problema

ORIENTACION EMOCIONAL O DE COMPORTAMIENTO

36) En los últimos 6 meses, ¿recibió su niño algún tratamiento u orientación por una dificultad emocional o de comportamiento?

1 ☐ **SÍ** ➨ **Vaya a la siguiente pregunta**
2 ☐ **NO** ➨ **Vaya a la pregunta 39**

37) En los últimos 6 meses, ¿cuanto problema fue, si alguno, el conseguir ese tratamiento u orientación a través de TEFRA?

1 ☐ Un gran problema
2 ☐ Algo de problema
3 ☐ Sin problema

38) Queremos conocer su evaluación del tratamiento u orientación de su niño por dificultades emocionales o de comportamiento. Usando cualquier número de 0 a 10, siendo 0 el peor tratamiento u orientación posible, y 10 el mejor tratamiento u orientación posible. ¿cómo evaluaría el tratamiento u orientación de su niño ahora?

00 ☐ 0 Peor tratamiento u orientación posible
01 ☐ 1
02 ☐ 2
03 ☐ 3
04 ☐ 4
05 ☐ 5
06 ☐ 6
07 ☐ 7
08 ☐ 8
09 ☐ 9
10 ☐ 10 Mejor tratamiento u orientación posible

SU EXPERIENCIA CON TEFRA

Las siguientes preguntas son sobre su experiencia con TEFRA y el programa Medicaid.

39) ¿Dónde se enteró por primera vez sobre TEFRA?

1 ☐ TV/radio
2 ☐ Periódico
3 ☐ Hospital de Niños de Arkansas (ACH)
4 ☐ Oficina del Médico
5 ☐ Amigo o familiar
6 ☐ Internet
7 ☐ Escuela/guardería
8 ☐ Otro **(Por favor en mayúsculas.)**

____

____

40) En los últimos 6 meses, ¿buscó alguna información en materiales impresos o por la Internet sobre como funciona TEFRA?

1 ☐ **SÍ** ➨ **Vaya a la siguiente pregunta**
2 ☐ **NO** ➨ **Vaya a la pregunta 42**

41) En los últimos 6 meses, ¿con que frecuencia los materiales impresos o la Internet le dieron la información que necesitaba sobre cómo funciona TEFRA?

1 ☐ Nunca
2 ☐ A veces
3 ☐ Generalmente
4 ☐ Siempre

42) En los últimos 6 meses, ¿le entregó TEFRA formularios para llenar?

1 ☐ **SÍ** ➨ **Vaya a la siguiente pregunta**
2 ☐ **NO** ➨ **Go to Question 44**

43) En los últimos 6 meses ¿cuan fácil fue llenar los formularios de TEFRA?

- 1 ☐ Nunca
- 2 ☐ A veces
- 3 ☐ Generalmente
- 4 ☐ Siempre

44) Queremos conocer su evaluación sobre su experiencia con el programa TEFRA. Usando cualquier número de 0 a 10, siendo 0 la peor experiencia posible, y 10 la mejor experiencia posible. ¿Cómo evaluaría el programa de TEFRA ahora?

- 00 ☐ 0 Peor experiencia posible
- 01 ☐ 1
- 02 ☐ 2
- 03 ☐ 3
- 04 ☐ 4
- 05 ☐ 5
- 06 ☐ 6
- 07 ☐ 7
- 08 ☐ 8
- 09 ☐ 9
- 10 ☐ 10 Mejor experiencia posible

ATENCIÓN AL CLIENTE

45) En los últimos 6 meses, ¿llamó al servicio de atención al cliente de Medicaid para obtener información o ayuda para su niño?

- 1 ☐ **SÍ** ➨ **Vaya a la siguiente pregunta**
- 2 ☐ **NO** ➨ **Vaya a la pregunta 54**

Para las preguntas 46-53 piense sobre adonde usted llamó para pedir información de servicios de atención al cliente para Medicaid o para pedir ayuda. Si llamó a más de un lugar, conteste las preguntas 46-53 sobre el lugar adonde llamó más veces.

46) ¿Adónde llamó más seguido para atención al cliente de Medicaid para obtener información o ayuda? **(Marque sólo una.)**

- 1 ☐ ARKids First Help Line (línea de ayuda ARKids First) (1-888-474-8275)
  ➨ **Vaya a la pregunta 48**
- 2 ☐ DHS Client Assistance (Ayuda al cliente de DHS) (1-800-482-8988)
  ➨ **Vaya a la pregunta 48**
- 3 ☐ Medicaid Communications (Comunicaciones de Medicaid) (1-800-482-5431)
  ➨ **Vaya a la pregunta 48**
- 4 ☐ Oficina local del DHS en su condado
  ➨ **Vaya a la pregunta 48**
- 5 ☐ ConnectCare (1-800-275-1131)
  ➨ **Vaya a la siguiente pregunta**
- 6 ☐ Consultorio del médico
  ➨ **Vaya a la pregunta 48**
- 7 ☐ Arkansas Foundation for Medical Care (Fundación para la Atención Médica de Arkansas)(1-844-493-8763)
  ➨ **Vaya a la pregunta 48**
- 8 ☐ Otro **(En mayúsculas por favor.)**
  ____
  ➨ **Vaya a la pregunta 48**

47) ¿En los últimos 6 meses, cuando habló con alguien de Connect Care, fueron capaces de ayudarle o lo refirieron a otra persona que pudo ayudarle?

1 ☐ Sí
2 ☐ No

48) En los últimos 6 meses, ¿cuán seguido el servicio de atención al cliente de Medicaid le dió la información o la ayuda que necesitaba?

1 ☐ Nunca
2 ☐ A veces
3 ☐ Generalmente
4 ☐ Siempre

49) En los últimos 6 meses, ¿con que frecuencia el servicio de atención al cliente de Medicaid lo trató con cortesía y respeto?

1 ☐ Nunca
2 ☐ A veces
3 ☐ Generalmente
4 ☐ Siempre

50) En los últimos 6 meses, cuando llamó al servicio de atención al cliente de Medicaid, ¿fue la persona que lo atendió capaz de contestar todas sus preguntas sobre el programa TEFRA?

1 ☐ **SÍ** ➨ **Vaya a la siguiente pregunta**
2 ☐ **NO** ➨ **Vaya a la pregunta 52**

51) ¿Con que frecuencia entendió usted las respuestas que le dieron?

1 ☐ Nunca
2 ☐ A veces
3 ☐ Generalmente
4 ☐ Siempre

52) En los últimos 6 meses, cuando llamó al servicio al cliente de Medicaid, ¿le sucedieron alguna de estas cosas? **(Marque todas las que apliquen.)**

A ☐ Ninguna
B ☐ Larga espera o nadie devolvió la llamada.
C ☐ Me continuaban transfiriendo o no pude ponerme en contacto con la persona adecuada.
D ☐ El personal no pudo responder a las preguntas.
E ☐ Los miembros del personal fueron groseros.
F ☐ Otro **(Por favor en mayúsculas.)**

____

____

53) Queremos conocer la evaluación de su experiencia con el servicio al cliente de Medicaid.

Use cualquier número de 0 a 10, siendo 0 la peor experiencia posible, y 10 la mejor experiencia posible. ¿Cómo evaluaría el servicio al cliente de Medicaid?

00 ☐ 0 Peor experiencia posible
01 ☐ 1
02 ☐ 2
03 ☐ 3
04 ☐ 4
05 ☐ 5
06 ☐ 6
07 ☐ 7
08 ☐ 8
09 ☐ 9
10 ☐ 10 Mejor experiencia posible

INSCRIPCIÓN Y PRIMA MENSUAL DE TEFRA

54) Una prima es la cantidad de dinero que debe pagar mensualmente para recibir los servicios cubiertos bajo el programa TEFRA.
¿Cuál es su prima mensual de TEFRA?
1 ☐ $0
2 ☐ $20 - $41
3 ☐ $52 - $78
4 ☐ $93 - $125
5 ☐ $145 - $182
6 ☐ $208 - $250
7 ☐ $281 - $328
8 ☐ $364 - $416
9 ☐ $458

55) En los últimos 6 meses, ¿cuánta carga financiera, si alguna, fue el pagar el programa de primas de TEFRA?
1 ☐ Una gran carga financiera
2 ☐ Una pequeña carga financiera
3 ☐ No fue una carga financiera

56) En los últimos 6 meses ¿perdió su niño la elegibilidad para TEFRA porque las primas del programa TEFRA eran demasiado caras?
1 ☐ **SÍ** ➨ **Vaya a la siguiente pregunta**
2 ☐ **NO** ➨ **Vaya a la pregunta 58**

57) En los últimos 6 meses, ¿Qué tipo de servicios médicos NO pudo recibir su hijo/a porque no era elegible para TEFRA debido a la falta de pago de las primas TEFRA? **(Marque todas las que apliquen.)**
A ☐ Las visitas regulares al médico
B ☐ Las visitas a un especialista
C ☐ Visitas a la sala de urgencias
D ☐ Visitas al dentista
E ☐ Medicamentos recetados
F ☐ Terapia especial
G ☐ Aparatos médicos
H ☐ Otro **(Por favor en mayúsculas.)**

____

____

58) En los últimos 6 meses ¿hubo algún servicio médico que no pudo obtener para su niño porque esos servicios no estaban incluidos en el programa de TEFRA?
1 ☐ **SÍ** ➨ **Vaya a la siguiente pregunta**
2 ☐ **NO** ➨ **Vaya a la pregunta 60**

59) En los últimos 6 meses, ¿qué tipo de servicios médicos NO pudo recibir su hijo/a ya que tales servicios no estaban incluidos en el programa TEFRA? **(Marque todas las que apliquen.)**
A ☐ Las visitas regulares al médico
B ☐ Las visitas a un especialista
C ☐ Visitas a la sala de urgencias
D ☐ Visitas al dentista
E ☐ Medicamentos recetados
F ☐ Terapia especial
G ☐ Aparatos médicos
H ☐ Otro **(Por favor en mayúsculas.)**

____

____

60) Cuando inscribió a su niño en el programa TEFRA, ¿cuánto problema encontró para recibir cuidados mientras esperaba por la aprobación de su solicitud a TEFRA?

- 1 ☐ Un gran problema
- 2 ☐ Algo de problema
- 3 ☐ Sin problema

61) Cuando inscribió a su niño en el programa TEFRA, ¿donde hizo la solicitud?

- 1 ☐ Oficina local del DHS en su condado
  ➨ **Vaya a la siguiente pregunta**
- 2 ☐ Arkansas Children's Hospital
  ➨ **Vaya a la pregunta 66**
- 3 ☐ Centro de salud calificado federalmente (consulta del médico/ jardín infantil)
  ➨ **Vaya a la pregunta 66**
- 4 ☐ Otro **(Por favor en mayúsculas.)**

  ____

  ➨ **Vaya a la pregunta 66**

62) ¿En cuál oficina local del DHS en su condado inscribió a su niño en el programa TEFRA? **(Por favor en mayúsculas.)**

____

____

63) En los últimos 6 meses (incluyendo la inscripción), ¿habló usted con una persona en la oficina local del DHS en su condado, haciendo preguntas sobre TEFRA?

- 1 ☐ **SÍ** ➨ **Vaya a la siguiente pregunta**
- 2 ☐ **NO** ➨ **Vaya a la pregunta 66**

64) En los últimos 6 meses, cuando habló con una persona en la oficina local del DHS en su condado ¿esta fue capaz de contestar todas sus preguntas?

- 1 ☐ **SÍ** ➨ **Vaya a la siguiente pregunta**
- 2 ☐ **NO** ➨ **Vaya a la pregunta 66**

65) ¿Con que frecuencia entendió usted las respuestas que le dieron?

- 1 ☐ Nunca
- 2 ☐ A veces
- 3 ☐ Generalmente
- 4 ☐ Siempre

66) Queremos conocer la evaluación sobre su experiencia con el procedimiento de inscripción en TEFRA. Piense desde cuando inicialmente recibió el formulario de solicitud hasta el momento en que su niño comenzó a recibir servicios.

Usando cualquier número de 0 a 10, siendo 0 la peor experiencia con el procedimiento de solicitud posible, y 10 la mejor experiencia con el procedimiento de solicitud posible. ¿Cómo evaluaría el proceso de solicitud de TEFRA?

- 00 ☐ 0 Peor experiencia posible
- 01 ☐ 1
- 02 ☐ 2
- 03 ☐ 3
- 04 ☐ 4
- 05 ☐ 5
- 06 ☐ 6
- 07 ☐ 7
- 08 ☐ 8
- 09 ☐ 9
- 10 ☐ 10 Mejor experiencia posible

10

PROCESO DE RENOVACIÓN CON TEFRA

67) En los últimos 12 meses, ¿recibió formularios para renovar los beneficios TEFRA para su hijo?

1 ☐ Sí

2 ☐ **NO ➡ Vaya a la pregunta 70**

68) Desde el momento en que recibió el paquete de renovación TEFRA hasta la fecha límite para devolverlo en, ¿cuántos días tuvo para completar el papeleo?

1 ☐ 1 a 7 días

2 ☐ 8 a 14 días

3 ☐ Más de 14 días

4 ☐ No recuerdo

69) En los últimos 12 meses, ¿con qué frecuencia tuvo suficiente tiempo para completar el paquete de renovación TEFRA antes de la fecha límite?

1 ☐ Nunca

2 ☐ A veces

3 ☐ Generalmente

4 ☐ Siempre

SOBRE SU NIÑO Y USTED

70) ¿Que edad tiene su niño ahora?

0 ☐ Menos de 1 año

_______ Años **(Escríbalos.)**

71) ¿Es su niño hombre o mujer?

1 ☐ Hombre

2 ☐ Mujer

72) ¿Es su niño de origen o descendencia Hispana o Latina?

1 ☐ Sí, Hispano o Latino

2 ☐ No, No es Hispano o Latino

73) ¿Cual es la raza de su niño? **(Por favor marque uno o más.)**

A ☐ Blanco

B ☐ Negro o afro-americano

C ☐ Asiático

D ☐ Nativo Hawaiano u otro Isleño del Pacifico

E ☐ Indígena Americano o Nativo de Alaska

F ☐ Otro

74) ¿Que edad tiene usted ahora?

1 ☐ 18 a 24

2 ☐ 25 a 34

3 ☐ 35 a 44

4 ☐ 45 a 54

5 ☐ 55 a 64

6 ☐ 65 a 74

7 ☐ 75 o mayor

75) ¿Es usted hombre o mujer?

1 ☐ Hombre

2 ☐ Mujer

76) ¿Cual es su relación con el niño?

- 1 ☐ Madre o padre
- 2 ☐ Abuelo/a
- 3 ☐ Tío/a
- 4 ☐ Hermano/a mayor
- 5 ☐ Otro familiar
- 6 ☐ Tutor legal
- 7 ☐ Otra persona

77) ¿Cual es su actual ingreso familiar?

- 1 ☐ $0 - $25,000
- 2 ☐ $25,001 - $50,000
- 3 ☐ $50,001 - $75,000
- 4 ☐ $75,001 - $100,000
- 5 ☐ $100,001 - $125,000
- 6 ☐ $125,001 - $150,000
- 7 ☐ $150,001 - $175,000
- 8 ☐ $175,001 - $200,000
- 9 ☐ $200,001 or more

78) ¿Le ayudó alguien a completar esta encuesta?

- 1 ☐ **Sí** ➨ **Vaya a la pregunta 79**
- 2 ☐ No ➨ **Muchas gracias.** Por favor devuelva la encuesta completada en el sobre con franqueo prepagado.

79) ¿Cómo le ayudó esta persona? **(Marque todas las que correspondan.)**

- A ☐ Me leyó las preguntas.
- B ☐ Escribió las respuestas que le dí.
- C ☐ Respondió las preguntas por mí.
- D ☐ Tradujo las preguntas a mi idioma.
- E ☐ Me ayudó de alguna otra forma.

Por favor utilice este espacio para comentar cualquiera de sus respuestas.
Además, si hay temas que no estaban cubiertos por la encuesta que cree que debería haber sido cubierto, por favor escríbalos aquí. Gracias por completar esta encuesta.

____

____

____

¡MUCHAS GRACIAS!

Por favor, devuelva la encuesta completada en el sobre con franqueo pagado.

RECOPILACIÓN Y ANÁLISIS DE DATOS POR

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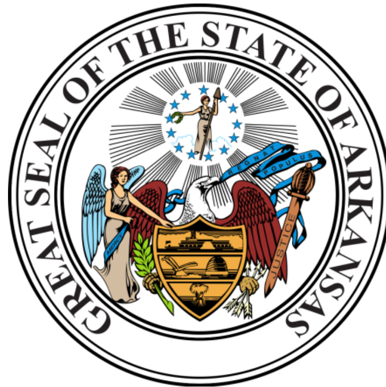
ATTACHMENT M

State of Arkansas



Arkansas TEFRA-like section 1115(a) Medicaid Demonstration Extension Evaluation Design Plan

September 2015

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Program Background

The Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 gave individual states the option to provide health care benefits to children living with disabilities whose family income was too high to qualify for traditional Medicaid. Sometimes called the Katie Beckett option[1], this program is associated with the child whose experience with viral encephalitis at a young age left her family in financial hardship. If Katie continued receiving treatment at the hospital, she qualified for Supplemental Security Income (SSI) through Medicaid; however, if she were treated at home, her parents' income would make her ineligible for Medicaid. Interestingly, the hospital-based care was six times more than the cost of home-based care. To address the issues associated with this act, President Ronald Reagan and the Secretary of Health and Human Services created a committee to review the regulations and ensure that children with disabilities could receive home-based treatment (the Katie Beckett option), which then recommended Section 134 of the TEFRA.

Before 2002, Arkansas opted to place eligible disabled children in traditional Medicaid by assigning them to a new aid category within its Medicaid State Plan. While this arrangement allowed the children to remain in their homes, it ultimately placed an unsustainable financial burden on the State during a time when budget limitations were becoming more restrictive. To address the financial viability of the program, the State chose to transition the disabled children from traditional Medicaid to a TEFRA-like, 1115 demonstration waiver program.

Section 1115 demonstration waivers are designed to provide services not traditionally covered by Medicaid programs and to expand Medicaid coverage to individuals who otherwise would not be eligible. These waivers facilitate states' approach to innovative service delivery; they are intended to improve patient care while increasing efficiency, lowering costs, and allowing states more flexibility in designing and implementing their programs. These combined elements made the 1115 demonstration waiver a viable solution for continuing to provide services to this special population of Arkansas children.

Using the flexibility available within a demonstration waiver, Arkansas was able to develop and implement a sliding scale premium fee structure based on the family's income, effectively passing a portion of the cost to the eligible child's family. Families with annual incomes of less than $25,000 were exempted from the premium requirement; program eligibility was determined solely on the assets and resources of the child. Arkansas' 1115 TEFRA-like demonstration waiver (the Demonstration) was originally approved in October 2002 and implemented January 1, 2003. Following the initial five-year demonstration period the waiver has continued to be renewed, with the current renewal period ending December 31, 2017.

[1] Hevesi, Dennis. "Katie Beckett, Who Inspired Health Reform, Dies at 34." *The New York Times.* May 22, 2012: http://www.nytimes.com/2012/05/23/us/katie-beckett-who-inspired-health-reform-dies-at-34.html?_r=0. Accessed on August 10, 2015.

Evaluation Design

The primary goals of this evaluation design are to assess the impact of the Demonstration on the quality and affordability of health care for all children eligible for the program. The evaluation will explore and evaluate the effectiveness of the Demonstration for each research hypothesis, as approved by the Centers for Medicare & Medicaid Services (CMS). As illustrated in Appendix A, each research hypothesis includes one or more evaluation measures. Wherever possible, each measure will be in a standardized form comparable to and compared against national benchmarks.

Included in the evaluation design will be examinations of the Demonstration's performance on a set of outcome and satisfaction measures over time and relative to a comparable population in the Arkansas Medicaid program, where applicable. Each measure will be described in detail and include a description of the numerator and denominator, the sources of data, and the analytic method used to test the hypotheses. Both cross-sectional and sequential trend analyses will be used, depending on whether the measure is across one point in time or multiple points in time, along with the specific research hypothesis being addressed.

Study Population

The study population consists of all beneficiaries covered under Title XIX of the Social Security Act in the State of Arkansas younger than 19 years of age who meet the medical necessity requirement for institutional care, have income that is less than the long-term care Medicaid limit and do not have countable assets greater than $2,000.[2] This study population will be divided into two groups to operationalize the evaluation—i.e., the study group and a comparison group, where appropriate.

Study Group

The study group is the Demonstration group that consists of beneficiaries enrolled in the Arkansas TEFRA-like program. Beneficiaries are eligible for the TEFRA-like program if they meet the following criteria:

- Disabled according to the Social Security Administration definition.
- Younger than 19.
- Residents of Arkansas who have U.S. citizenship or are qualified aliens.
- Have a Social Security number or have applied for one.
- Have an income that is less than the long-term care Medicaid limit (parental income is not considered).
- Have countable assets that do not exceed $2,000 (parental assets are not considered).
- Meet the medical necessity requirement for institutional care.

[2] Coverage and delivery of benefits to eligible members are consistent with section 1902(a)(10)(A)(i)(VIII) of the Act and 42 CFR Section 435.119.

Currently, there are approximately 4,000 children participating in the TEFRA-like program.[3]

Comparison Group

A comparison group for select measures will consist of Medicaid ARKids First-A (ARKids A) program members. ARKids A provides health insurance to children who qualify based on family income level. Analyses conducted with this comparison will focus on cross-sectional analyses. Children may be eligible for the ARKids A program if they meet the following criteria:

- Younger than 19.
- Residents of Arkansas who have U.S. citizenship or are qualified aliens.
- Have a Social Security number or have applied for one.
- Have a family income below the income eligibility limits based on family size and the federal poverty level (FPL).

Data Sources

The Arkansas Division of Medical Services (DMS) and its contractor will use multiple sources of data to assess the research hypotheses. The data collected will include both data from administrative sources and survey-based data. Administrative data sources include information extracted from DMS' Medicaid Management Information System (MMIS) and associated the Decision Support System (DSS), as well as TEFRA-like program data such as results of the premium payment monitoring data.

Administrative Data

MMIS/DSS

The MMIS data source is used to collect, manage, and maintain Medicaid recipient files (i.e., eligibility, enrollment, and demographics) and fee-for-service claims while the DSS is an internal database used by DMS and its contractors to mine, collect, and query MMIS data repositories. DMS and its contractor will work with key data owners to ensure the appropriate data use agreements are in place to obtain the required data. Data sharing agreements will be initiated to allow access to and use of Medicaid claims and encounters, member demographics and eligibility/enrollment, and provider data.

To ensure accurate and complete data, extraction protocols will require a three-month lag to allow time for the majority of claims to be processed through the MMIS. Use of fee-for-service claims will be limited to final, paid status claims/encounters. Interim transaction and voided records will be excluded from all evaluations because these types of records introduce a level of uncertainty (from matching adjustments and third-party liabilities to the index claims) that can affect reported rates. Institutional and professional claims will be used to calculate the various outcome measures while member demographic files will be used to

[3] The number of beneficiaries participating in the TEFRA-like demonstration as of 01/01/2015 – 03/31/2015), as reported in the Quarterly Progress Report to CMS.

assess member age, gender, and other demographic information. Eligibility files will be used to verify a member's enrollment in the State's Medicaid programs. Finally, the provider data files will be used to identify and report results for and by specific practice characteristics.

TEFRA Premium Payment Monitoring Data

The contractor will work with DMS to obtain operational data (i.e., TEFRA premium payment monitoring data) collected during the ongoing maintenance and monitoring of Arkansas' TEFRA-like program. These data will be used to identify key financial information, including family income of the TEFRA-like beneficiaries and monthly premium payment amounts. Additionally, data obtained from this source will be used to identify beneficiaries who experienced a lockout period.

TEFRA Beneficiary Satisfaction Survey

A consumer survey (such as the Consumer Assessment of Health Care Providers and Systems [CAHPS®[4]]) will be used to assess satisfaction with provided health care services. These instruments can be adapted by including specific survey items designed to elicit information that addresses research hypotheses regarding the financial burden of the program and access to medical equipment and medical therapies.

On a regular basis, the TEFRA Beneficiary Satisfaction Survey (TEFRA survey) has been conducted by the Arkansas Division of Medical Services (DMS) in collaboration with the Arkansas Foundation for Medical Care (AFMC), a National Committee for Quality Assurance (NCQA) Certified Healthcare Effectiveness Data and Information Set (HEDIS®[5]) survey vendor. The TEFRA survey is based on the CAHPS Medicaid child survey and covers topics such as getting care quickly, how well doctors communicate, and access to care, among others.

All beneficiaries in the TEFRA-like demonstration waiver will be included in the analyses. For analyses that require results from the TEFRA survey, all survey respondents will be included. The TEFRA survey will follow a traditional NCQA sampling strategy—1,650 beneficiaries will be randomly selected from the MMIS. To be eligible for the study, beneficiaries must be enrolled in the program for at least six months, with no more than one 30-day gap in enrollment. Selected beneficiaries will receive an introduction letter explaining the survey two weeks prior to the first survey mailing. The surveys will be mailed with a postage-paid return envelope and cover letter. Ten days later a reminder postcard will be sent to beneficiaries who have not responded. One month after the initial mailing, a second survey will be sent to those beneficiaries who have not responded. A reminder postcard also will follow the second survey.

Analysis Plan

This evaluation will use widely accepted statistical methods to test hypotheses addressing the quality of care received by the TEFRA-like demonstration beneficiaries and the effect of

[4] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
[5] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

the lockout policy on the TEFRA-like demonstration beneficiaries. The evaluation will use the best available data and control populations as appropriate, and will discuss the limitations of the data and how they may affect the results.

The primary analytic methods incorporated in this evaluation to assess the research hypotheses are the Z-test, the chi-squared test, and a sequential trend tests. The Z-test will be used for cross-sectional comparisons between two populations or for sequential, cross-sectional comparisons (two points in time) of the same population. A Z-test differs from the more traditional t-test in that it is applied when entire populations are studied. Since all beneficiaries in the TEFRA-like demonstration will be included in the analyses, a Z-test statistic represents the most appropriate statistical test to measure change. A chi-squared test will be used in select measures to evaluate whether patients' perceptions of the financial burden of the Demonstration is independent of family income bracket.

Sequential trend analysis will be conducted using traditional linear regression to assess measure rates changes over time. The measure rate will serve as the dependent variable, while time is used as the independent variable. A measure rate will be categorized as improving if the beta coefficient for the independent variable (time) is positive and the p value is less than 0.05. The measure rate will be categorized as not having changed if the p value is greater than 0.05.

Hypothesis 1: The beneficiaries of the Arkansas TEFRA-like demonstration have equal or better access to health services compared to the Medicaid fee-for-service population (Medicaid ARKids First A).

Methodology

It is important for all children to have access to appropriate health care services. The goal of Hypothesis 1 is to ensure that beneficiaries of the TEFRA-like demonstration program have equal or better access to those services available to children in a traditional Medicaid program. Hypothesis 1 will compare the access to health care services for beneficiaries in the TEFRA-like demonstration to the beneficiaries in the Medicaid ARKids First A program. In order to evaluate access to health services across all age groups, comparisons will be made using several HEDIS measures, including those for immunizations, well-child visits, and dental visit.

Hypothesis 1 will be assessed using a two-sample Z-test to evaluate statistically significant differences between the TEFRA-like demonstration population and the traditional Medicaid population. The analysis will be tested using a significance level of $p < 0.05$.

Outcome Measures

The measures included in this analysis are presented in Table 1. (See Appendix A for detailed measure specifications.)

Table 1: Hypothesis 1 Measures

Measure Name

Childhood Immunization Status (Combo 2)
Childhood Immunization Status (Combo 3)
Immunizations for Adolescents (Combo 1)
Well-Child Visits in the First 15 Months of Life
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
Adolescent Well-Care Visits
Annual Dental Visits

Hypothesis 2: Access to timely and appropriate preventive care remained the same or improved over time for beneficiaries of the Arkansas TEFRA-like demonstration.

Methodology

Hypothesis 2 tests whether access to timely and appropriate preventive care has improved or remained the same for the TEFRA-like demonstration beneficiaries over time. This research will be limited to the beneficiaries participating in the TEFRA-like demonstration.

To evaluate changes over time, Hypothesis 2 will use traditional linear regression to determine whether TEFRA-like demonstration beneficiaries' access to timely preventive care improved or remained the same. The measure rate will serve as the dependent variable while time will be used as the independent variable. A measure rate will be categorized as improving if the beta coefficient for the independent variable (time) is positive and the p value is less than 0.05. The measure rate will be categorized as not having changed if the p value is greater than 0.05.

Outcome Measures

The measures included in this analysis are presented in Table 2. (See Appendix A for detailed measure specifications.)

Table 2: Hypothesis 2 Measures

Measure Name
Childhood Immunization Status (Combo 2)
Childhood Immunization Status (Combo 3)
Immunizations for Adolescents (Combo 1)
Well-Child Visits in the First 15 Months of Life
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
Adolescent Well-Care Visits
Annual Dental Visits

Hypothesis 3: Enrollment in the TEFRA-like demonstration has improved the patient experience for program beneficiaries by increasing the patients' access to health care services.

Methodology

This hypothesis tests whether beneficiaries in the TEFRA-like demonstration program experienced improved access to health care services after joining the program —i.e., improved ability to see a primary care provider (PCP), improved ability to get medication, and improved ability to get urgent care. Respondents of the TEFRA Beneficiary Satisfaction Survey will incorporate CAHPS-like questions to capture respondents' experience and ease with getting services before and after joining the Demonstration. A chi-squared test will be used to compare the proportion of respondents stating they had a "big or small problem" obtaining these services in the six months prior to enrolling in the program compared to the six months after enrolling in the program. The contractor will use a two-sided chi-squared test to determine whether the *p* value is greater than or equal to 0.05.

Outcome Measures

The measures included in this analysis are presented in Table 3. (See Appendix A for detailed measure specifications.)

Table 3: Hypothesis 3 Measures

Measure Name
Ability to see PCP pre-TEFRA
Ability to see PCP post-TEFRA
Ability to get medication pre-TEFRA
Ability to get medication post-TEFRA
Ability to get urgent care pre-TEFRA
Ability to get urgent care post-TEFRA

Hypothesis 4: Patient satisfaction for the quality of care received by the beneficiaries in the Arkansas TEFRA-like demonstration has remained the same or improved over time.

Methodology

Patient satisfaction with the TEFRA-like demonstration program over time will be assessed by analyzing responses to the TEFRA Beneficiary Survey measures. Sequential trend analyses will be used to assess whether beneficiary satisfaction has improved over time or remained the same. Traditional linear regression will be used using the measure rate as the dependent variable and the year of the survey as the independent variable. The rate will be identified as having improved if the beta coefficient for the independent variable (year) is positive and the *p* value is less than 0.05, while a *p* value greater than 0.05 will identify no change in satisfaction.

Outcome Measures

The measures included in this analysis are presented in Table 4. (See Appendix A for detailed measure specifications.)

Table 4: Hypothesis 4 Measures

Measure Name
Ability to see PCP post-TEFRA
Ability to get medication post-TEFRA
Ability to get urgent care post-TEFRA
Rating of TEFRA
Getting Care Quickly: Obtaining care right away for an illness/injury/condition
Getting Care Quickly: Obtaining care when wanted, but not needed right away
How Well Doctors Communicate: Doctors explaining things in an understandable way to your child
How Well Doctors Communicate: Doctors listening carefully to you
How Well Doctors Communicate: Doctors showing respect for what you had to say
How Well Doctors Communicate: Doctors spending enough time with the child

Hypothesis 5: The proportion of beneficiaries participating in the TEFRA-like demonstration who experience a lockout period is less than the proportion expected by the State.

Methodology

The proportion of beneficiaries who experience a lockout will be determined using the TEFRA-like demonstration premium payment monitoring data. Annually, the contractor will calculate the percentage of beneficiaries who experienced a lockout. A one-sample Z-test for proportions will be used to determine whether the proportion of beneficiaries who experience a lockout significantly differs from the proportion of beneficiaries expected to experience the lockout. The Z-test will be two-sided with an alpha = 0.05. Based on initial estimates, DMS currently expects that 5 percent of the beneficiaries will experience a lockout. However, based on actual implementation and program numbers, DMS may alter the expected proportion prior to the analysis.

Outcome Measures

The measures included in this analysis are presented in Table 5. (See Appendix A for detailed measure specifications.)

Table 5: Hypothesis 5 Measures

Measure Name

Proportion of beneficiaries who experience the lockout

Supplemental Analyses

Additionally, with the renewal of the TEFRA-like demonstration, the contractor will incorporate several supplemental analyses designed to highlight the impact of the program's lockout mechanism. Specifically, the supplemental analyses will address the following lockout-related study questions:

1. Does the proportion of TEFRA-like demonstration beneficiaries experiencing the lockout differ significantly by monthly premium or family income?
2. Does the proportion of beneficiaries experiencing the lockout differ significantly by the financial burden of the monthly premium?
3. What health care needs were unmet during a beneficiary's lockout period, and what were the reason(s) they were unable to make the monthly premium payment to maintain eligibility?
4. During the lockout period, were there health care needs that the beneficiary was able to get covered through other means? If so, what were those needs and by what means were they able to resolve them?

A chi-squared test will be used to evaluate whether the proportion of beneficiaries experiencing a lockout differed significantly by a beneficiary's monthly premium or by income level. Chi-squared tests also will be used to determine if the proportion of beneficiaries experiencing a lockout varied significantly based on the financial burden of the monthly premium. The contractor will use information collected from the TEFRA Beneficiary Survey to obtain Demonstration participants' perceptions of the financial burden of the premium payments. The possible responses will be based on CAHPS standardized response categories. All chi-squared tests will be two-sided and conducted with an alpha = 0.05.

To collect information on the reasons that beneficiaries did not make the monthly premium contributions and what health care needs were unmet during program ineligibility, the contractor will conduct a consumer survey on beneficiaries who experienced the lockout. DMS will work with its selected survey vendor to implement an appropriate survey methodology for this sub-population. Timing, sampling, and survey methodology will be defined upon selection of a vendor. The consumer surveys will address study questions such as:

- What factors contributed to beneficiaries not paying their monthly premium?
- What health care needs went unmet when beneficiaries were ineligible for the TEFRA-like demonstration due to nonpayment of their premiums?
- During the lockout period, were there health care needs that the beneficiary was able to get covered through other means? If so, what were those needs and by what means were they able to resolve them?

The results of the survey will be analyzed qualitatively to categorize response patterns and identify overall themes responsible for beneficiaries' experiences. Since this type of survey has not been conducted in the past, it will be for informational purposes only and for limited qualitative analyses.

Based on the State's experience from the first quarter of 2015, it is expected that approximately 4.4 percent (n=177) of the TEFRA-like demonstration beneficiaries will experience the lockout each quarter. To test each hypotheses with a 95 percent confidence and a 5 percent margin of error, 63 completed surveys will be required each quarter. Assuming a 40 percent response rate, based on the existing TEFRA Beneficiary Satisfaction Survey, it is estimated that approximately 90 beneficiaries who experience the lockout each quarter will be sampled. The selected survey vendor, in conjunction with DMS, will determine the final sample sizes based on the approved sampling methodology and population.

Study Limitations

Although every effort has been taken to ensure the scientific rigor of this evaluation design, it is important to understand factors that affect the strength of reported results. These limitations are addressed through methodological controls but remaining factors can still influence study findings. One limitation of this study is the inability to identify a group for a true comparison with the beneficiaries of the TEFRA-like demonstration. As a specialized subset of the existing Medicaid population, it is likely that the TEFRA-like demonstration beneficiaries receive a different level of care and different types of care from other Medicaid beneficiaries. This difference makes it difficult to select a matched group for comparisons. For example, TEFRA-like demonstration beneficiaries may be less likely to have true well-child visits because they are seeing their doctors more often for other issues. To address this limitation, the following analysis used measures (e.g., the immunization measures) that are more universal and independent of clinical status or visit type. Additionally, the analysis plans incorporate sequential trend analyses, which evaluates the performance of TEFRA-like demonstration beneficiaries over time as opposed to cross-sectional analyses, which require a comparison group.

Another limitation of the current study is associated with the assessment of beneficiary experience with the Demonstration's lockout period. Since few beneficiaries experience the lockout, results are susceptible bias. Moreover, since beneficiary experience with lockouts is not currently collected in the TEFRA Beneficiary Satisfaction Survey, a new data collection method will be required to obtain insight into beneficiary's experience. The contractor will use consumer surveys to address small numbers of affected beneficiaries.

Statewide Initiatives

In order to ensure the analyses and results are robust, the selected contractor will work with the DMS staff to identify any State initiatives, programs, or projects that overlap with this evaluation. Currently, the State does not anticipate that any other projects or initiatives will impact this evaluation. However, if future activities are implemented that intersect with the analyses being performed for this project, the State will evaluate the potential impact to

ensure that effects of the TEFRA-like demonstration can be isolated from the other statewide initiatives.

Reporting

Following its evaluation of the Arkansas TEFRA-like section 1115 demonstration and subsequent synthesis of the results, DHS and its evaluation contractor will prepare a report of the findings and how the results compare to the research hypotheses. Both the interim annual reports and the final summative evaluation report will be produced in alignment with the Special Terms and Conditions (STCs) and the schedule of deliverables listed in Table 6.

Table 6: Schedule of Deliverables

Deliverable	Date
Demonstration Evaluation Design	
DMS submits draft TEFRA-like demonstration evaluation design to CMS	9/9/2015
DMS submits final TEFRA-like demonstration evaluation design to CMS	Within 60 days of receipt of CMS comments
Demonstration Evaluation	
Quarterly: DMS implements the evaluation design and report progress of Demonstration to CMS	60 days after the quarter
Annually: DMS implements the evaluation design and report progress of Demonstration to CMS	90 days after the end of the demonstration year
DMS submits interim evaluation report to CMS	6/30/2016
DMS submits preliminary final evaluation report to CMS	60 days after the end of the demonstration
DMS submits Final Evaluation Report to CMS	120 days after receipt of CMS comments

Each evaluation report will present findings in a clear, accurate, concise, and timely manner. At a minimum, all written reports will include the following four sections: Executive Summary, Demonstration Description, Study Design, and Findings and Conclusions. Specifically, the reports will address the following:

1) The **Executive Summary** will state, concisely, the goals for the Demonstration, the evaluation questions and hypotheses tested in the report, and updates on questions and hypotheses scheduled for future reports. In presenting the key findings, analytic results will be placed in the context of policy-relevant implications and recommendations.

2) The **Demonstration Description** section will focus on history, evolution, and programmatic goals and strategies of the Demonstration. The section succinctly will

trace the development of the program from the recognition of need to the present degree of implementation.

3) The **Study Design** section will contain much of the new information in the report. Its five sections will include evaluation design with the five research hypotheses, supplemental analyses, and associated measures, along with the type of study design; impacted populations and stakeholders; data sources that include data collection field, documents, and collection agreements; analysis techniques with controls for differences in groups or with other State interventions, including sensitivity analyses when conducted; and limitations for the study.

4) The **Findings and Conclusions** section will be a summary of the key findings and outcomes. The section will summarize the health care experiences of the beneficiaries who participate in the Demonstration, along with the successes, challenges, and lessons learned from the continuation of the Demonstration.

Evaluator

Independent Entity

Based on State protocols, DMS will follow established policies and procedures to acquire an independent entity or entities to conduct the TEFRA-like demonstration evaluation. The State will either undertake a competitive procurement for the evaluator or will contract with entities that have an existing contractual relationship with the State. An assessment of potential contractors' experience, knowledge of State programs and populations, and resource requirements will determine selection of the final candidate, including steps to identify and/or mitigate any conflicts of interest.

Appendix A: Outcome Measures

Table 7: Outcome Measures for TEFRA-like Demonstration Evaluation

Measure	NQF Number	Description with numerator and denominator	Measure Source	Measure Steward	TEFRA-like Beneficiaries Baseline Value[1]	Sampling Methodology
HEDIS Measures						
Childhood Immunization Status (Combo 2)[2]	0038	The percentage of children 2 years of age who received the appropriate number of doses of the diphtheria, tetanus, and acellular pertussis (DTaP); polio (IPV); measles, mumps, and rubella (MM); H influenza type B; hepatitis B; and chicken pox vaccines. The denominator is all children who turned age 2 during the measurement year, except those with a contraindication to any specific vaccine. The numerator is all children who received appropriate number of doses of the diphtheria, tetanus, and acellular pertussis (DTaP); polio (IPV); measles, mumps, and rubella (MM); H influenza type B; hepatitis B; and chicken pox vaccines.	Core Set of Children's Health Care Quality Measures for Medicaid and CHIP	NCQA	67.37%	All TEFRA-like and ARKids A beneficiaries
Childhood Immunization Status (Combo 3)[2]	0038	The percentage of children 2 years of age who received the appropriate number of doses of the diphtheria, tetanus, and acellular pertussis (DTaP); polio (IPV); measles, mumps, and rubella (MM); H influenza type B; hepatitis B; chicken pox; and pneumococcal conjugate vaccines. The denominator is all children who turned age 2 during the measurement year, except those with a contraindication to any specific vaccine. The numerator is all children who received appropriate number of doses of the diphtheria, tetanus, and acellular pertussis (DTaP); polio (IPV); measles, mumps, and rubella (MM); H influenza type B; hepatitis B; chicken pox; and pneumococcal conjugate vaccines	Core Set of Children's Health Care Quality Measures for Medicaid and CHIP	NCQA	64.21%	All TEFRA-like and ARKids A beneficiaries

Measure	NQF Number	Description with numerator and denominator	Measure Source	Measure Steward	TEFRA-like Beneficiaries Baseline Value[1]	Sampling Methodology
Immunizations for Adolescents (Combo 1)[2]	1407	The percentage of adolescents who turned 13 years of age during the measurement year and have received the meningococcal vaccine and the tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or the tetanus, diphtheria toxoids vaccine (Td). The denominator is all adolescents who turned 13 during the measurement year, except those with a contraindication to any specific vaccine. The numerator is all children who received both the meningococcal vaccine and either the tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or the tetanus, diphtheria toxoids vaccine (Td).	Core Set of Children's Health Care Quality Measures for Medicaid and CHIP	NCQA	26.94%	All TEFRA-like and ARKids A beneficiaries
Well-Child Visits in the First 15 Months of Life[2]	1392	The percentage of children who turned 15 months old during the measurement year and who had 0, 1, 2, 3, 4, 5, or 6 or more well-child visits in the first 15 months of life. The denominator is all children who turned 15 months old during the measurement year. For this measure, seven indicators are calculated so there are seven numerators, each corresponding to the number of children who received 0, 1, 2, 3, 4, 5, or 6 or more well-child visits in the first 15 months of life.	Core Set of Children's Health Care Quality Measures for Medicaid and CHIP	NCQA	12.24% (6+ visits)	All TEFRA-like and ARKids A beneficiaries
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life[2]	1516	The percentage of children 3-6 years old during the measurement year who had at least one well-child visit. The denominator is all children 3-6 as of the last day of the measurement year. The numerator is all children who had a well-child visit.	Core Set of Children's Health Care Quality Measures for Medicaid and CHIP	NCQA	27.48%	All TEFRA-like and ARKids A beneficiaries

Measure	NQF Number	Description with numerator and denominator	Measure Source	Measure Steward	TEFRA-like Beneficiaries Baseline Value[1]	Sampling Methodology
Adolescent Well-Care Visits[2]	NA	The percentage of beneficiaries 12-21years old who had at least one well-care visit during the measurement year. The denominator is all beneficiaries 12-21 years old as of the last day of the measurement year. The numerator is all beneficiaries 12-21 years old who had at least one comprehensive well-care visit.	Core Set of Children's Health Care Quality Measures for Medicaid and CHIP	NCQA	31.79%	All TEFRA-like and ARKids A beneficiaries
Annual Dental Visits[2]	1388	The percentage of beneficiaries 2-21 years old who had at least one dental visit during the measurement year. The denominator is all beneficiaries 2-21 years old. The numerator is all beneficiaries 12-21 years old who had at least one dental visit during the measurement year.	HEDIS	NCQA	33.49%	All TEFRA-like and ARKids A beneficiaries
TEFRA Beneficiary Satisfaction Survey Measures						
Ability to See PCP Pre-TEFRA[3]	NA	The percentage of survey respondents who reported a big or small problem in seeing a personal doctor or nurse pre-TEFRA. The denominator is all respondents to the pre-TEFRA survey question, "How much of a problem, if any, was it for your child to see a personal doctor or nurse?" The numerator is all survey respondents who responded "big or small problem."	TEFRA Beneficiary Satisfaction Survey	AFMC	21.79%	All TEFRA Beneficiary Satisfaction Survey respondents
Ability to See PCP Post-TEFRA[4]	NA	The percentage of survey respondents who reported a big or small problem in seeing a personal doctor or nurse post-TEFRA. The denominator is all respondents to the post-TEFRA survey question, "How much of a problem, if any, was it for your child to see a personal doctor or nurse?" The numerator is the survey respondents who responded "big or small problem."	TEFRA Beneficiary Satisfaction Survey	AFMC	6.37%	All TEFRA Beneficiary Satisfaction Survey respondents

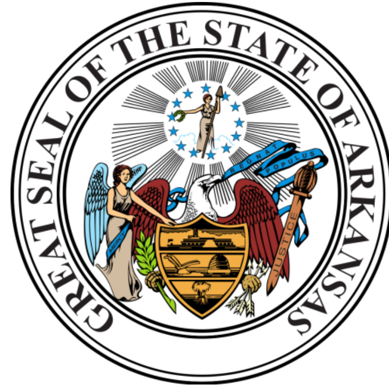
Measure	NQF Number	Description with numerator and denominator	Measure Source	Measure Steward	TEFRA-like Beneficiaries Baseline Value[1]	Sampling Methodology
Ability to Get Medication Pre-TEFRA[3]	NA	The percentage of survey respondents who reported a big or small problem in getting their child's prescription medication pre-TEFRA. The denominator is all respondents to the pre-TEFRA survey question, "How much of a problem, if any, was it to get your child's prescription medication?" The numerator is all respondents who responded "big or small problem."	TEFRA Beneficiary Satisfaction Survey	AFMC	30.99%	All TEFRA Beneficiary Satisfaction Survey respondents
Ability to Get Medication Post-TEFRA[4]	NA	The percentage of survey respondents who reported a big or small problem in getting their child's prescription medication post-TEFRA. The denominator is all respondents to the post-TEFRA survey question, "How much of a problem, if any, was it to get your child's prescription medication?" The numerator is all survey respondents who responded "big or small problem."	TEFRA Beneficiary Satisfaction Survey	AFMC	12.46%	All TEFRA Beneficiary Satisfaction Survey respondents
Ability to Get Urgent Care Pre-TEFRA[3]	NA	The percentage of survey respondents who reported a big or small problem in getting their child to get urgent care pre-TEFRA. The denominator is all respondents to the pre-TEFRA survey question, "How much of a problem, if any, was it for your child to get urgent care?" The numerator is all survey respondents who responded "big or small problem."	TEFRA Beneficiary Satisfaction Survey	AFMC	20.22%	All TEFRA Beneficiary Satisfaction Survey respondents
Ability to Get Urgent Care Post-TEFRA[4]	NA	The percentage of survey respondents who reported a big or small problem in getting their child urgent care post-TEFRA. The denominator is all survey respondents to the post-TEFRA survey question, "How much of a problem, if any, was it for your child to get urgent care?" The numerator is the survey respondents who responded "big or small problem."	TEFRA Beneficiary Satisfaction Survey	AFMC	3.73%	All TEFRA Beneficiary Satisfaction Survey respondents

Measure	NQF Number	Description with numerator and denominator	Measure Source	Measure Steward	TEFRA-like Beneficiaries Baseline Value[1]	Sampling Methodology
Rating of TEFRA[5]	NA	The percentage of survey respondents who rated their TEFRA experience as an 8 or higher on a scale from 0 to 10. The denominator is all respondents who answered the survey question. The numerator is the respondents who responded with an 8, 9, or 10.	TEFRA Beneficiary Satisfaction Survey	AFMC	76.80%	All TEFRA Beneficiary Satisfaction Survey respondents
Getting Care Quickly: Obtaining care right away for an illness/injury/condition[5]	NA	The percentage of survey respondents who reported "Usually" or "Always" receiving care right away when their child had an illness, injury, or condition. The denominator is all respondents who answered the survey question. The numerator is all respondents who answered that they had "Usually" or "Always" received care right away for an illness, injury, or condition,	TEFRA Beneficiary Satisfaction Survey	AFMC	97.54%	All TEFRA Beneficiary Satisfaction Survey respondents
Getting Care Quickly: Obtaining care when wanted, but not needed right away[5]	NA	The percentage of survey respondents who reported they were "Usually" or "Always" able to get an appointment at a doctor's office or clinic as soon as needed. The denominator is all respondents who answered the survey question. The numerator is all respondents who answered that they "Usually" or "Always" obtained an appointment when needed.	TEFRA Beneficiary Satisfaction Survey	AFMC	93.13%	All TEFRA Beneficiary Satisfaction Survey respondents
How Well Doctors Communicate: Doctors explaining things in an understandable way to your child[5]	NA	The percentage of survey respondents who reported their doctors or health care providers "Usually" or "Always" explained things in a way that their child could understand. The denominator is all respondents who answered the survey question. The numerator is all respondents who responded that their health care providers "Usually" or "Always" explained things in a way that their child could understand.	TEFRA Beneficiary Satisfaction Survey	AFMC	86.71%	All TEFRA Beneficiary Satisfaction Survey respondents

Measure	NQF Number	Description with numerator and denominator	Measure Source	Measure Steward	TEFRA-like Beneficiaries Baseline Value[1]	Sampling Methodology
How Well Doctors Communicate: Doctors listening carefully to you[5]	NA	The percentage of survey respondents who reported their doctors or health care providers “Usually” or “Always” listened carefully to them. The denominator is all respondents who answer the surveyed question. The numerator is all respondents who responded that their health care providers “Usually” or “Always” listened carefully to them.	TEFRA Beneficiary Satisfaction Survey	AFMC	96.93%	All TEFRA Beneficiary Satisfaction Survey respondents
How Well Doctors Communicate: Doctors showing respect for what you had to say[5]	NA	The percentage of survey respondents who reported their doctors or health care providers “Usually” or “Always” showed respect for what they had to say. The denominator is all respondents who answered the survey question. The numerator is all respondents who responded that their health care providers “Usually” or “Always” showed respect for what they had to say.	TEFRA Beneficiary Satisfaction Survey	AFMC	97.47%	All TEFRA Beneficiary Satisfaction Survey respondents
How Well Doctors Communicate: Doctors spending enough time with the child[5]	NA	The percentage of survey respondents who reported their doctors or health care providers “Usually” or “Always” spent enough time with their child. The denominator is all respondents who answered the survey question. The numerator is all respondents who responded that their health care providers “Usually” or “Always” spent enough time with their child.	TEFRA Beneficiary Satisfaction Survey	AFMC	92.51%	All TEFRA Beneficiary Satisfaction Survey respondents
Financial burden of premium payment[6]	NA	The percentage of survey respondents who reported that TEFRA premium payments were “a big financial burden.” The denominator is all respondents who answered the survey question regarding the financial burden of premium payments. The numerator is all respondents who responded that premium payments were “a big financial burden.”	TEFRA Beneficiary Satisfaction Survey	AFMC	12.80%	All TEFRA Beneficiary Satisfaction Survey respondents

Measure	NQF Number	Description with numerator and denominator	Measure Source	Measure Steward	TEFRA-like Beneficiaries Baseline Value[1]	Sampling Methodology
TEFRA-like Premium Payment Monitoring Data Measures						
Proportion of beneficiaries who experience the lockout[7]	NA	The proportion of beneficiaries who experience the lockout during the measurement period. The denominator is all TEFRA beneficiaries. The numerator is the TEFRA beneficiaries who experienced a lockout during the measurement period.	TEFRA premium payment monitoring data system	DMS	4.42%[8]	All TEFRA beneficiaries

[1] Baseline values are based on SFY2013 values from the 2014 TEFRA Waiver Evaluation Report.
[2] Measures will be used to assess Hypotheses 1 and 2.
[3] Measures will be used to assess Hypothesis 3.
[4] Measures will be used to assess Hypotheses 3 and 4.
[5] Measures will be used to assess Hypotheses 4.
[6] Measure will be used to assess the supplemental analyses.
[7] Measure will be used to assess Hypotheses 5.
[8] The proportion of beneficiaries who experience the lockout is based on the time period 01/01/2015–03/31/2015.



State of Arkansas

Arkansas TEFRA-Like Section 1115(a)
Medicaid Demonstration Waiver
Interim Evaluation Report

June 2017

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1. Executive Summary

The Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 offered states the option to provide healthcare to children living with disabilities and whose family incomes were too high to qualify for traditional Medicaid.

Before 2002, Arkansas opted to place eligible disabled children in traditional Medicaid by assigning them to a new aid category within its Medicaid State Plan. While this arrangement allowed the children to remain in their homes, it ultimately placed an unsustainable financial burden on the State during a time when budget limitations were becoming more restrictive. To address the financial viability of the program, the State transitioned the disabled children from traditional Medicaid to a TEFRA-like, 1115(a) demonstration waiver program. Section 1115(a) demonstration waivers are designed to provide services not traditionally covered by Medicaid programs and to expand Medicaid coverage to individuals who otherwise would not be eligible. Using the flexibility provided by a demonstration waiver, Arkansas developed and implemented a sliding scale premium fee structure based on the family's income. Arkansas approved the 1115(a) TEFRA-like demonstration waiver (the Demonstration) in October 2002 and implemented it January 1, 2003. Following the initial five-year demonstration period, the waiver has continued to be renewed, with the current renewal period ending December 31, 2017.

The Arkansas Department of Human Services (DHS), Division of Medical Services (DMS), contracted with Health Services Advisory Group, Inc. (HSAG), to conduct an interim evaluation of Arkansas's 1115(a) Demonstration waiver. A separate, full evaluation of the Demonstration will be conducted following the end of the current Demonstration waiver extension.

Research Hypotheses

HSAG, in collaboration with DMS, evaluated the Demonstration using five research hypotheses. One hypothesis[1-1] could not be assessed for the interim evaluation due to the availability of trend data. The full evaluation, scheduled to follow the current Demonstration period ending December 31, 2017, will include trend analyses to assess the additional hypothesis. The four research hypotheses assessed for this interim evaluation include:

- Demonstration beneficiaries have equal or better access to health services compared to the Medicaid ARKids First A (ARKids A) beneficiaries.
- Enrollment in the Demonstration has improved the patient experience for program beneficiaries by increasing access to healthcare services.
- Satisfaction with the quality of care received by Demonstration beneficiaries has remained the same or improved over time.

[1-1] Hypothesis 2 states: "Access to timely and appropriate preventive care remained the same or improved over time for beneficiaries of the Arkansas TEFRA-like demonstration."

- The proportion of Demonstration beneficiaries who experience a lockout period (a lockout occurs when a custodial parent [or parents] fails to pay TEFRA premiums for three months) is less than the proportion expected by the State.

Study Design

The goal of this interim evaluation was to assess the Demonstration's impact on the access and quality of healthcare for all children eligible for the Demonstration. The evaluation assessed the effectiveness of the Demonstration on five research hypotheses as approved by the Centers for Medicare & Medicaid Services (CMS). The evaluation included an examination of the Demonstration's performance on a set of outcome and satisfaction measures over time and relative to a comparable population in the Arkansas Medicaid program as well as national benchmarks, where applicable. Detailed descriptions of each measure, including a description of the numerator and denominator, the sources of data, and the measure population used for each measure are presented in Appendix A.

The study population (i.e., Demonstration group) consisted of all beneficiaries covered under Title XIX of the Social Security Act in the State of Arkansas, younger than 19 years of age, who met the medical necessity requirement for institutional care, had income that is less than the long-term care Medicaid limit, and did not have countable assets greater than $2,000.[1-2] A comparison group, comprised of ARKids A program members younger than 19 years of age, was used for select measures. ARKids A provides health insurance to children who qualify based on family income level.

DMS and HSAG used multiple sources of data to assess the research hypotheses: Table 1-1 summarizes the data sources used for the Demonstration interim evaluation.

Table 1-1—Data Sources

Data Source	Data Owner	Measurement Period
Administrative Data Sources		
Medicaid Management Information System (MMIS) Decision Support System (DSS)	DMS	05/12/2015–05/11/2016
Arkansas Immunization Information System (AR WebIZ)	ADH	05/12/2015–05/11/2016
Survey-Based Data Sources		
TEFRA Beneficiary Satisfaction Survey (TEFRA Survey)	DMS/AFMC	2015–2016
TEFRA Lockout Beneficiary Satisfaction Survey (Lockout Survey)	DMS/AFMC	2017

[1] Differences in measurement periods are based on type of data source and methodology used to obtain data.

[1-2] Coverage and delivery of benefits to eligible members are consistent with section 1902(a)(10)(A)(i)(VIII) of the Act and 42 CFR Section 435.119.

HSAG used the Z-test and chi-square test to assess the quality of care the Demonstration's beneficiaries received as well as the impact of the lockout policy. HSAG used the Z-test for the TEFRA Survey results comparisons while using the chi-square test for cross-sectional comparisons between the two populations.

Study Limitations

Although methodological controls were employed in the evaluation, some variation in results may be due to one or more of the following factors, which will need to be considered when interpreting the results. These limitations included the following: the inability to identify a fully adequate comparison group for the outcomes-based measures due to the multifaceted level of care required by the beneficiaries of the Demonstration, the low number of beneficiaries that responded to the Lockout Survey and related challenges regarding telephone-based surveys, and inconsistent measurement periods across different data sources depending on the hypothesis being assessed.

Findings

Overall, 3,707 beneficiaries were enrolled in the Demonstration (i.e., the study group) and 260,450 beneficiaries were enrolled in the ARKids A Medicaid program (i.e., the comparison group) during the measurement period. Members in the study group were slightly younger than members in the comparison group. Most of the study group were male, whereas a more even distribution of females and males was observed among the comparison group. While most participants in both the study and comparison groups were classified as white, the percentage among the study group was larger than the percentage among the comparison group. The bulk of study group members resided in central and northwest Arkansas, while most comparison group members resided in northwest Arkansas. Detailed demographic findings are presented in Table 4-1.

For five of the seven healthcare and utilization measures, rates were significantly lower among the study group than among the comparison group: *Immunizations for Adolescents Combination 1* (49.75 percent and 78.33 percent, respectively), *Well-Child Visits in the First 15 Months of Life—Six or More Visits* (4.62 percent and 31.13 percent, respectively), *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* (28.37 percent and 61.04 percent, respectively), *Adolescent Well-Care Visits* (31.15 percent and 39.83 percent, respectively) and *Annual Dental Visits* (34.39 percent and 61.90 percent, respectively).

The study group experienced statistically higher rates for *Childhood Immunization Status Combination 2* (72.07 percent) and *Childhood Immunization Status Combination 3* (70.27 percent) compared to the comparison group (62.17 percent and 58.70 percent, respectively).

Beneficiaries within the Demonstration reported improved access to care following enrollment in the Demonstration as measured by the TEFRA Survey. The number of respondents reporting "No Problem" seeing a primary care provider (PCP) increased from approximately 75 percent before enrollment in the Demonstration to more than 90 percent in 2015 and 2016. Access to prescription medications increased

following enrollment in the Demonstration for both 2015 (69.24 percent in the six months prior to enrollment; 84.82 percent following enrollment) and 2016 (68.39 percent prior to enrollment; 86.66 percent following enrollment). Ability to access urgent care also increased following enrollment in the Demonstration. In 2015, 94.68 percent of survey respondents indicated that their children had "No Problem" getting urgent care after enrollment in TEFRA, compared with 77.03 percent prior to enrollment. In 2016, a similar increase was observed, with the ability to access to urgent care increasing from 70.48 percent to 94.23 percent following enrollment in the Demonstration.

Furthermore, respondents of the TEFRA Survey reported a high level of satisfaction with the Demonstration and their ability to obtain timely access to care in both 2015 and 2016, with over 95 percent reporting that they could "Usually" or "Always" obtain care right away and approximately 92 percent reporting that they could "Usually" or "Always" obtain care when wanted, but not needed right away. Additionally, in the area of "How Well Doctors Communicate," TEFRA Survey respondents showed high rates of satisfaction. Over 83 percent of respondents reported that a doctor "Usually" or "Always" explained things in an understandable way to their child. Furthermore, for three measures indicating that doctors listened carefully to them, showed respect for them, and spent enough time with their children, at least 94 percent of recipients reported being "Usually" or "Always" satisfied. Overall, 72.0 percent of respondents in 2015 and 72.7 percent of respondents in 2016 rated the Demonstration an "8" or higher on a scale of "0" to "10," with 1 being the lowest possible rating and 10 being the highest possible rating.

The proportion of beneficiaries participating in the Demonstration who experienced a lockout period was significantly less than the proportion expected by the State. The observed rate of TEFRA beneficiaries who experienced a lockout was 3.94 percent in 2016, while the expected rate, based on initial estimates by DMS, was 5.00 percent.

Interim Conclusions

Overall, results from the Arkansas TEFRA-like demonstration waiver interim evaluation were mixed. Rates were significantly lower for the study group for many study indicators (i.e., immunizations for adolescents, well-child visits, and annual dental visits) compared to the comparison group. Conversely, TEFRA beneficiaries reported a high level of satisfaction with quality of care and provider communication as well as improved access to care following enrollment in the Demonstration. This disparity suggests that, although the Demonstration has met the needs of the population, room for improvement exists in delivery and provision of care.

Nearly all outcomes-based study indicator results were significantly lower among the study group compared to those in the comparison group. However, the differences observed between the findings may be due to the fact that the study group does not equally match the comparison group. Caution should be used when interpreting comparative results. The only outcome measures with significantly higher rates occurring among the study group were the rates for *Childhood Immunization Status Combination 2* and *Childhood Immunization Status Combination 3*.

Results from the TEFRA Survey and the Lockout Survey show that recipients reported a high level of satisfaction with the quality of care and access to healthcare services received through the Demonstration. Similarly, results show that recipients' perception of their healthcare experiences improves following enrollment in the program.

While beneficiaries of the Demonstration require complex care, only a small number of children are covered by the program. Consequently, any inferences regarding impact of the Demonstration should be made with caution. Moreover, the framework of the Demonstration should be considered when interpreting evaluation results. Many families use TEFRA to supplement private insurance, which regularly places caps on some services within a calendar year.

Future Evaluation Activities

This evaluation report is an interim evaluation covering a limited measurement period. A full evaluation of the TEFRA-like Medicaid Demonstration will be conducted after the current Demonstration period has ended on December 31, 2017. Each research hypothesis will be re-assessed with additional data and extended measurement periods. The full evaluation will include trend analyses not feasible for the interim evaluation.

2. Demonstration Description

The Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 gave individual states the option to provide healthcare benefits to children living with disabilities and whose family incomes were too high to qualify for traditional Medicaid. Sometimes called the Katie Beckett option,[2-1] this program is associated with the child whose experience with viral encephalitis at a young age left her family in financial hardship. If Katie had continued receiving treatment at the hospital, she would have qualified for Supplemental Security Income (SSI) through Medicaid; however, if she were treated at home, her parents' income would have rendered her ineligible for Medicaid. Interestingly, the hospital-based care was six times more than the cost of home-based care. To address the issues associated with this, President Ronald Reagan and the Secretary of Health and Human Services created a committee to review the regulations and ensure that children with disabilities could receive home-based treatment (the Katie Beckett option), the action of which then resulted in Section 134 of the TEFRA.

Before 2002, Arkansas opted to place eligible disabled children in traditional Medicaid by assigning them to a new aid category within its Medicaid State Plan. While this arrangement allowed the children to remain in their homes, it ultimately placed an unsustainable financial burden on the State during a time when budget limitations were becoming more restrictive. To address the financial viability of the program, the State chose to transition the disabled children from traditional Medicaid to a TEFRA-like, 1115(a) demonstration waiver program.

Section 1115(a) demonstration waivers are designed to provide services not traditionally covered by Medicaid programs and to expand Medicaid coverage to individuals who otherwise would not be eligible. These waivers facilitate states' approaches to innovative service delivery; they are intended to improve patient care while increasing efficiency, lowering costs, and allowing states more flexibility in designing and implementing programs. These combined elements made the 1115(a) demonstration waiver a viable solution for continuing to provide services to this special population of Arkansas children.

Using the flexibility available within a demonstration waiver, Arkansas was able to develop and implement a sliding scale premium fee structure based on the family's income, effectively passing a portion of the cost to the eligible child's family. Families with annual incomes of less than $25,000 were exempted from the premium requirement; program eligibility was determined solely on the assets and resources of the child. Arkansas's 1115 TEFRA-like demonstration waiver (the Demonstration) was originally approved in October 2002 and implemented January 1, 2003. Following the initial five-year demonstration period, the waiver has continued to be renewed, with the current renewal period ending December 31, 2017.

[2-1] Hevesi, Dennis. "Katie Beckett, Who Inspired Health Reform, Dies at 34." *The New York Times.* May 22, 2012: http://www.nytimes.com/2012/05/23/us/katie-beckett-who-inspired-health-reform-dies-at-34.html?_r=0. Accessed on April 25, 2017.

The Arkansas Department of Human Services (DHS), Division of Medical Services (DMS), contracted with Health Services Advisory Group, Inc. (HSAG) to conduct an interim evaluation of Arkansas's 1115 TEFRA-like demonstration waiver.

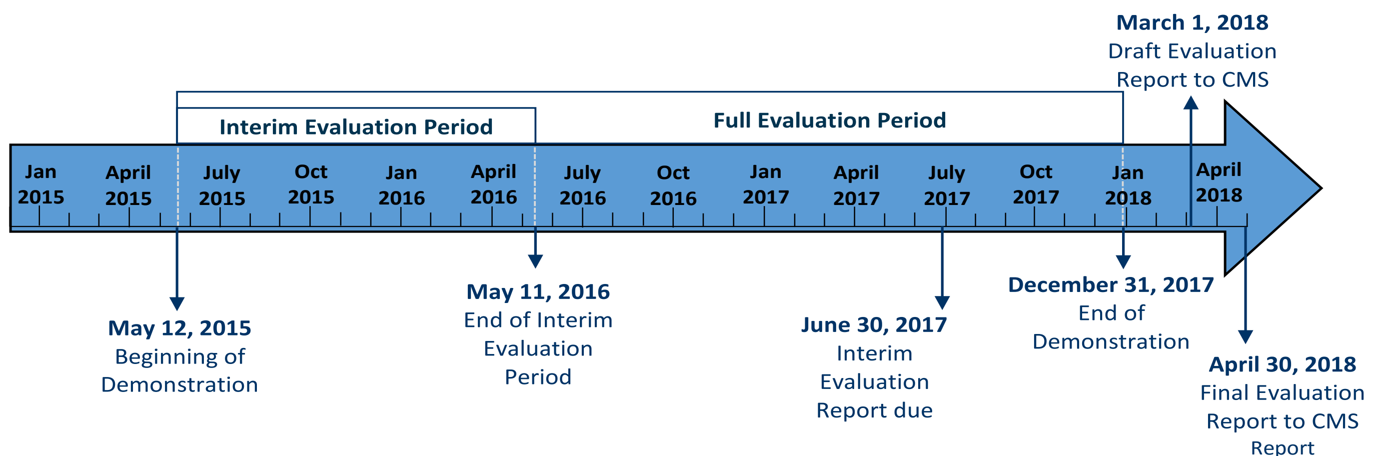
A separate, full evaluation of the Demonstration will be conducted at a date determined by DMS following the end of the current Demonstration waiver extension.

3. Study Design

The primary goal of this evaluation was to assess the impact of the Demonstration on the access and quality of healthcare for all children eligible for the program through five research hypotheses, as approved by the Centers for Medicare & Medicaid Services (CMS). Each research hypothesis included one or more evaluation measures. Wherever possible, each measure was compared against national benchmarks or a comparison group.

Included in the evaluation are examinations of the Demonstration's performance on a set of outcome and satisfaction measures over time and relative to a comparable population in the Arkansas Medicaid program, where applicable. Presented in Appendix A, each measure is described in detail and includes a description of the numerator and denominator, the sources of data, and the measure population used for each hypothesis.

Demonstration Timeline



Study Population

The study population was divided into two groups to operationalize the evaluation—i.e., the study group and a comparison group, where appropriate. The study group consisted of all beneficiaries covered under Title XIX of the Social Security Act in the State of Arkansas, who were younger than 19 years of age, met the medical necessity requirement for institutional care, had income less than the long-term care Medicaid limit, and did not have countable assets greater than $2,000.[3-1] A comparison group comprised of Medicaid ARKids First A (ARKids A) program members was used for select measures.

[3-1] Coverage and delivery of benefits to eligible members are consistent with section 1902(a)(10)(A)(i)(VIII) of the Act and 42 CFR Section 435.119.

Study Group

The study group was the Demonstration group that consists of beneficiaries enrolled in the Arkansas TEFRA-like program. Beneficiaries were eligible for the Demonstration if they meet the following criteria:

- "Disabled" according to the Social Security Administration definition
- Younger than 19 years of age
- Residents of Arkansas who have U.S. citizenship or are qualified aliens
- Have a Social Security number or have applied for one
- Have an annual income that is up to 3 times the current Supplemental Security Standard Payment Amount (SSI/SPA) (parental income not considered)
- Have countable assets that do not exceed $2,000 (parental assets not considered)
- Meet the medical necessity requirement for institutional care

During the reporting period for this evaluation, May 12, 2015, through May 11, 2016, 3,707 children participated in the Demonstration.[3-2]

Comparison Group

ARKids A provides health insurance to children who qualify based on family income level. Analyses conducted with this comparison focused on cross-sectional analyses. Children may have been eligible for the ARKids A program if they met the following criteria:

- Younger than 19 years of age
- Residents of Arkansas who have U.S. citizenship or are qualified aliens
- Have a Social Security number or have applied for one
- Have a family income below the income eligibility limits based on family size and the federal poverty level (FPL)

Research Hypotheses

Five research hypotheses were selected to evaluate the Demonstration. Due to the availability of trend data, one hypothesis[3-3] could not be assessed. Trend analyses to assess the additional hypothesis will be included as part of the full evaluation scheduled to follow the current Demonstration period ending

[3-2] The number of beneficiaries participating in the TEFRA-like demonstration from May 12, 2015, through May 11, 2016, according to administrative MMIS data.

[3-3] Hypothesis 2 states: "Access to timely and appropriate preventive care remained the same or improved over time for beneficiaries of the Arkansas TEFRA-like demonstration."

December 31, 2017. The four research hypotheses assessed for the interim evaluation of the Demonstration include:

- Demonstration beneficiaries have equal or better access to health services compared to the Medicaid ARKids First A beneficiaries.
- Enrollment in the Demonstration has improved the patient experience for program beneficiaries by increasing access to healthcare services.
- Satisfaction with the quality of care received by Demonstration beneficiaries has remained the same or improved over time.
- The proportion of Demonstration beneficiaries who experience a lockout period is less than the proportion expected by the State.

Data Sources

Multiple sources of data were used to assess the research hypotheses. The data collected include data from administrative sources and survey-based data. Administrative data sources include information extracted from DMS' Medicaid Management Information System (MMIS) and the associated Decision Support System (DSS), as well as the Arkansas Department of Health's (ADH's) Arkansas Immunization Information System (AR WebIZ). Survey-based data sources include the *2016 Arkansas Medicaid TEFRA Beneficiary Satisfaction Survey* and the *2017 Arkansas TEFRA Lockout Beneficiary Satisfaction Survey*.

Administrative Data[3-4]

MMIS/DSS

The MMIS data source is used to collect, manage, and maintain Medicaid recipient files (i.e., eligibility, enrollment, and demographics) and fee-for-service claims; while the DSS is an internal database used by DMS and its contractors to mine, collect, and query MMIS data repositories. DMS and HSAG worked with key data owners to ensure that appropriate data use agreements were in place to obtain the required data. Data-sharing agreements were initiated to allow access to and use of Medicaid claims and encounters, member demographics, member eligibility, and provider data.

To ensure collection of accurate and complete data, extraction protocols included a three-month lag to allow time for most claims to be processed through the MMIS. Use of fee-for-service claims was limited to final, paid status claims and encounters. Interim transactions and voided records were excluded from all evaluations because these types of records introduce a level of uncertainty (related to matching adjustments and third-party liabilities to the index claims) that can affect reported rates. Institutional and professional claims were used to calculate the various outcome measures, while member demographic files were used to assess member age, gender, and other demographic information. Eligibility files were

[3-4] The original evaluation design included the TEFRA premium payment monitoring data as an administrative data source, but these data were unavailable for this analysis.

used to verify a member's enrollment in the State's Medicaid programs. Finally, the provider data files were used to identify specific practice characteristics for measure calculations. MMIS/DSS data were extracted for members with eligibility dates from May 12, 2015, through May 11, 2016.

AR WebIZ

The AR WebIZ system, Arkansas's immunization registry, is a confidential, web-based, centralized database that records and maintains immunization records for Arkansas residents. The AR WebIZ system is administered and maintained by the ADH.

Survey Data

TEFRA Beneficiary Satisfaction Survey

A consumer survey (modeled after the Consumer Assessment of Healthcare Providers and Systems [CAHPS®][3-5]) was used to assess satisfaction with provided healthcare services. For purposes of this evaluation, this instrument was adapted by including specific survey items designed to elicit information that would address research hypotheses regarding access and quality of care.

Regularly, the TEFRA Beneficiary Satisfaction Survey (TEFRA Survey) has been conducted by the Arkansas DMS in collaboration with the Arkansas Foundation for Medical Care (AFMC), a National Committee for Quality Assurance (NCQA) Certified Healthcare Effectiveness Data and Information Set (HEDIS®)[3-6] survey vendor. The TEFRA Survey is based on the CAHPS Medicaid child survey and includes topics such as getting care quickly, how well doctors communicate, and rating of healthcare, among others.

The TEFRA Survey followed a traditional NCQA sampling strategy—1,650 beneficiaries were randomly selected from the MMIS. To be eligible for the study, beneficiaries must have been enrolled in the program for at least six months during 2016, with no more than one 30-day gap in enrollment. Selected beneficiaries received an introduction letter explaining the survey two weeks prior to the first survey mailing. The surveys were mailed with a postage-paid return envelope and cover letter. Ten days later a reminder postcard was sent to beneficiaries who did not respond. One month after the initial mailing, a second survey was sent to those beneficiaries who had not responded. A reminder postcard also followed the second survey. The 2016 TEFRA Survey provides survey results for the 2016 respondents and compares the results to those from the 2014 and 2015 TEFRA Beneficiary Satisfaction Surveys.[3-7]

[3-5] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
[3-6] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[3-7] 2016 Arkansas Medicaid TEFRA Beneficiary Satisfaction Survey, https://afmc.org/wp-content/uploads/2017/02/AFMCSVYS_2016TEFRASurveyExecReport_Approved_01252017.pdf.

TEFRA Lockout Beneficiary Satisfaction Survey

The TEFRA Lockout Beneficiary Satisfaction Survey (Lockout Survey), modeled after the TEFRA Beneficiary Satisfaction Survey, was conducted in March 2017 by DMS in collaboration with AFMC. The Lockout Survey, conducted using dis-enrolled TEFRA beneficiaries, was designed to obtain responses to questions regarding nonpayment of premiums and resulting case closures. A lockout occurs when a custodial parent(s) of a TEFRA beneficiary fails to pay TEFRA premiums for three months. The parent(s) receives a 10-day advance notice of case closure; if the premium contribution payments are not made in full within the 10-day period, the TEFRA case is closed. If the parent(s) wishes to re-open a TEFRA case, a new application is required as is full payment of back contribution premiums. The responses to the Lockout Survey are used to assist DMS in determining the reasons for premiums not being paid and to provide information about unmet medical needs of dis-enrolled beneficiaries during the lockout period.

The number of cases closed for nonpayment of premiums was small, with 164 total closed cases occurring in 2016; therefore, no sampling restrictions were applied other than limiting the sample to one beneficiary per household and excluding beneficiaries surveyed during Year 1 of the Lockout Survey conducted in 2016. Following these NCQA sampling guidelines, 146 TEFRA lockout beneficiaries were selected for participation in the Lockout Survey. With the TEFRA lockout population being relatively small, DMS chose to administer a telephone-only survey. Per NCQA protocol for telephone-only methodology, surveyors attempted to contact lockout beneficiaries up to a maximum of six times. Attempts were made during three time segments: 9 a.m. to 1 p.m., 1 p.m. to 5 p.m., and 5:30 p.m. to 9:00 p.m.—on varying days of the week and in different weeks.

Table 3-1 summarizes the data sources that HSAG used for the Demonstration interim evaluation.

Table 3-1—Data Source Summary

Data Source	Data Owner	Measurement Period[1]
Administrative Data Sources		
MMIS/DSS	DMS	05/12/2015–05/11/2016
AR WebIZ	ADH	05/12/2015–05/11/2016
Survey-Based Data Sources		
2016 TEFRA Beneficiary Satisfaction Survey	DMS/AFMC	2015–2016
2017 TEFRA Lockout Beneficiary Satisfaction Survey	DMS/AFMC	2017

[1] Differences in measurement periods are based on the type of data source and methodology used to obtain data.

Analysis Plan

The evaluation uses multiple statistical methods to test hypotheses that address the quality of care received by the Demonstration beneficiaries and the effect of the lockout policy on the respondents.

Using the best available data and control populations, as appropriate, the evaluation design addresses the impact of study limitations on the findings of the interim evaluation.

The primary analytic methods incorporated in this evaluation to assess the research hypotheses were the Z-test and chi-square test. The Z-test was used for TEFRA Survey results comparisons, while the chi-square test was used for cross-sectional comparisons between the two populations.

Hypothesis 1: The beneficiaries of the Arkansas TEFRA-like demonstration have equal or better access to health services compared to the Medicaid fee-for-service population (Medicaid ARKids First A).

Methodology

The goal of Hypothesis 1 is to ensure that beneficiaries of the Demonstration program have equal or better access to services available to children in a traditional Medicaid program. Hypothesis 1 compared access to healthcare services obtained by beneficiaries in the Demonstration (i.e., the study group) to that obtained by beneficiaries in the Medicaid ARKids First A program (i.e., the comparison group). In order to evaluate access to health services across all age groups, comparisons were made using several HEDIS measures, including those for immunizations, well-child visits, and dental visits.

The measures were calculated using administrative claims data from the MMIS/DSS and immunization registry data from the AR WebIZ for members enrolled in the Demonstration program or ARKids A program from May 12, 2015, through May 11, 2016. Measure calculations were in accordance with the 2016 HEDIS technical specifications.

Hypothesis 1 was assessed using a chi-square[3-8] test to evaluate statistically significant differences between the study group and the comparison group. The analysis was tested using a significance level of $p < 0.05$.

Outcome Measures

The measures included in this analysis are presented in Table 3-2. (See Appendix A for detailed measure descriptions.)

Table 3-2—Hypothesis 1 Measures

Measure Name
Childhood Immunization Status Combination 2
Childhood Immunization Status Combination 3
Immunizations for Adolescents Combination 1

[3-8] Methodology deviates from the original evaluation design; the chi-square test is the appropriate statistical method, based on available data.

Measure Name
Well-Child Visits in the First 15 Months of Life
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
Adolescent Well-Care Visits
Annual Dental Visits

Hypothesis 2: Access to timely and appropriate preventive care remained the same or improved over time for beneficiaries of the Arkansas TEFRA-like demonstration.

Methodology

Hypothesis 2 will test whether access to timely and appropriate preventive care has improved or remained the same for Demonstration beneficiaries over time and will be limited to beneficiaries participating in the Demonstration. However, since the evaluation of this hypothesis requirements the collection of baseline data derived from the initial results of Hypothesis 1, the results are not included in the interim report. This hypothesis will be evaluated in the final report when all required data elements are available.

To evaluate changes over time, Hypothesis 2 will use traditional linear regression to determine whether Demonstration beneficiaries' access to timely preventive care improved or remained the same. The measure rate will serve as the dependent variable, while time will be used as the independent variable. The measurement periods that will be used for this analysis are May 12, 2015, through December 31, 2017. A measure rate will be categorized as improving if the beta coefficient for the independent variable (time) is positive and the p value is less than 0.05. The measure rate will be categorized as not having changed if the p value is greater than 0.05.

Outcome Measures

The measures included in this analysis are presented in Table 3-3. (See Appendix A for detailed measure descriptions.)

Table 3-3—Hypothesis 2 Measures

Measure Name
Childhood Immunization Status (Combination 2)
Childhood Immunization Status (Combination 3)
Immunizations for Adolescents (Combination 1)
Well-Child Visits in the First 15 Months of Life
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
Adolescent Well-Care Visits
Annual Dental Visits

Hypothesis 3: Enrollment in the TEFRA-like demonstration has improved the patient experience for program beneficiaries by increasing the patients' access to healthcare services.

Methodology

This hypothesis tests whether beneficiaries in the Demonstration program experienced improved access to healthcare services after joining the program—i.e., improved abilities to see a primary care provider (PCP), obtain medication, and obtain urgent care services. The purveyors of the TEFRA Beneficiary Satisfaction Survey incorporated CAHPS-like questions to capture respondents' experiences and ease with obtaining services before and after joining the Demonstration.[3-9]

Outcome Measures

The measures included in this analysis are presented in Table 3-4. (See Appendix A for detailed measure descriptions.)

Table 3-4—Hypothesis 3 Measures

Measure Name
Ability to See PCP Pre-TEFRA
Ability to See PCP Post-TEFRA
Ability to Get Medication Pre-TEFRA
Ability to Get Medication Post-TEFRA
Ability to Get Urgent Care Pre-TEFRA
Ability to Get Urgent Care Post-TEFRA

Hypothesis 4: Patient satisfaction for the quality of care received by the beneficiaries in the Arkansas TEFRA-like demonstration has remained the same or improved over time.

Methodology

Patient satisfaction with the Demonstration program over time was assessed by analyzing responses to the TEFRA Beneficiary Survey measures. A Z-test[3-10] was used to assess whether beneficiary

[3-9] Methodology deviates from the original evaluation design. HSAG could not conduct a chi-square test of the differences due to unavailability of individual-level data.
[3-10] Method deviates from original evaluation design. HSAG could not conduct a linear regression due to unavailability of individual-level data.

satisfaction had improved over time or remained the same. The analysis was tested using a significance level of $p < 0.05$.

Outcome Measures

The measures included in this analysis are presented in Table 3-5. (See Appendix A for detailed measure descriptions.)

Table 3-5—Hypothesis 4 Measures

Measure Name
Getting Care Quickly: Obtaining Care Right Away for an Illness/Injury/Condition
Getting Care Quickly: Obtaining Care When Wanted, but not Needed Right Away
How Well Doctors Communicate: Doctors Explaining Things in an Understandable Way to Your Child
How Well Doctors Communicate: Doctors Listening Carefully to You
How Well Doctors Communicate: Doctors Showing Respect for What You Had to Say
How Well Doctors Communicate: Doctors Spending Enough Time with the Child
Rating of TEFRA

Hypothesis 5: The proportion of beneficiaries participating in the TEFRA-like demonstration who experience a lockout period is less than the proportion expected by the State.

Methodology

The number of beneficiaries who experienced a lockout was provided to HSAG by DMS. Based on initial estimates, DMS predicted that 5 percent of Demonstration beneficiaries would experience a lockout. HSAG calculated the percentage of beneficiaries who experienced a lockout using the administrative MMIS/DSS data. A one-sample Z-test for proportions was used to determine whether the proportion of beneficiaries who experience a lockout significantly differs from the 5 percent of beneficiaries expected to experience a lockout. The analysis was tested using a significance level of $p < 0.05$.

Outcome Measures

The measures included in this analysis are presented in Table 3-6. (See Appendix A for detailed measure descriptions.)

Table 3-6—Hypothesis 5 Measures

Measure Name
Proportion of Beneficiaries Who Experienced a Lockout

Supplemental Analyses

With the renewal of the Demonstration, HSAG incorporated several supplemental analyses designed to highlight the impact of the program's lockout mechanism. Specifically, the supplemental analyses addressed the following lockout-related study questions:

1. Does the proportion of beneficiaries experiencing a lockout differ by monthly premium or family income?
2. What factors contributed to beneficiaries not paying their monthly premium?
3. During the lockout period, were the healthcare needs of the beneficiary normally covered by the Demonstration covered through other means? If so, by what means?

To collect information on the reasons that beneficiaries did not make the monthly premium contributions, a consumer survey of beneficiaries who experienced a lockout was conducted. DMS worked with AFMC to implement an appropriate survey methodology for this sub-population. DMS, HSAG, and AFMC worked together to define timing, sampling, and survey methodology. A final sample size was determined based on the approved sampling methodology and population.

Based on the existing TEFRA Beneficiary Satisfaction Survey, a 40 percent response rate was expected. No sampling restrictions existed other than limiting the sample to one beneficiary per household; therefore, 146 TEFRA lockout beneficiaries were selected for the Lockout Survey. The first quarter survey results show that 69 individuals responded to the Lockout Survey, which is a response rate of 47.26 percent; thus, the 40 percent response rate was achieved.

Study Limitations

Although every effort has been taken to address study limitations, it is important to understand factors that affect the reported results. These limitations are addressed through methodological controls, but remaining factors can still influence study findings. Study limitations include:

- Inability to identify a true comparison group for the beneficiaries of the Demonstration (i.e., the study group). As a specialized subset of the existing Medicaid population, it is likely that the study group receives a different level of care and different types of care compared to other Medicaid beneficiaries (i.e., the comparison group). This difference makes it difficult to select a matched group for comparisons. For example, the study group may be less likely to have true well-child visits because they are seeing their doctors more often for other issues. To address this limitation, the following analysis used measures (e.g., the immunization measures) that are more universal and

independent of clinical status or visit type. Caution should be used when comparing differences between the two groups.

- The current study includes an assessment of beneficiaries' experience with the Demonstration's lockout period for members who experience a lockout. Few beneficiaries experienced a lockout; therefore, results identified from that survey are only generalizable to those who did experience a lockout, and not to all beneficiaries of the Demonstration.
- Challenges characteristic of most telephone-based surveys were experienced during the administration of the Lockout Survey. For instance, difficulties were seen in obtaining currently active telephone numbers. There is no mechanism for real-time updating of beneficiaries' contact information in the State's data system; therefore, a change in telephone number may not be captured until the beneficiary's next enrollment period. The move away from land lines toward broader use of cellular telephones has also made it more difficult to obtain unlisted cell phone numbers. Employing a mixed-mode survey in the future may help to improve response rates.
- Inconsistent measurement periods across different data sources and the use of a variety of data sources depending on the hypothesis being assessed do not allow for comparability across all measures.

Interim Study Findings

Demographic Overview

Demographic characteristics of the study population were derived using administrative data from MMIS/DSS. Overall, 3,707 beneficiaries were enrolled in the Demonstration (i.e., the study group) during the measurement period (i.e., May 12, 2015, through May 11, 2016) compared to 260,450 beneficiaries enrolled in the ARKids A Medicaid program (i.e., the comparison group) during the same time period. Table 4-1 presents the distribution of members by selected demographic characteristics for the study and comparison groups.

Table 4-1—Demographic Comparison of the Study Group to the Comparison Group

Demographic Characteristic	Study Group		Comparison Group	
	N	%	N	%
Age				
0–4 years	802	21.63	59,898	23.00
5–8 years	1,106	29.84	68,909	26.46
9–12 years	836	22.55	57,350	22.02
13+ years	963	25.98	74,293	28.52
Sex				
Female	1,295	34.93	131,445	50.47
Male	2,412	65.07	129,005	49.53
Race/Ethnicity				
White	2,872	77.48	119,340	45.82
Black/African American	255	6.88	53,791	20.65
Hispanic/Latino	59	1.59	6,502	2.50
Other	203	5.48	33,429	12.84
Unknown	318	8.58	47,388	18.19
Region				
Central	1,436	38.74	62,868	24.14
Northeast	597	16.10	53,467	20.53
Northwest	1,307	35.26	85,047	32.65
Southeast	125	3.37	26,954	10.35
Southwest	242	6.53	32,112	12.33
Unknown	0	0.00	2	0.00

Note: Due to rounding, the sum of the percentages in each column may not equal 100 percent.

The percentage of members in each age group was distributed fairly evenly across the age categories for the study and comparison groups. However, members in the study group were slightly younger when compared with members in the comparison group, with 51.47 percent of the study group being between 0 and 8 years of age, compared to 49.46 percent of the comparison group being between those ages.

Most of the study group were male (65.07 percent) whereas a more equal distribution of females and males was observed among the comparison group (50.47 percent and 49.53 percent, respectively).

Differences in the distribution of members by race and ethnicity were observed across the study populations. While most recipients in both the study and comparison groups were classified as white, the percentage of white members in the study group was 77.48 percent, compared to 45.82 percent of members being classified as white in the comparison group. The percentage of black or African American members was lower among members in the study group (6.88 percent) than among members in the comparison group (20.65 percent). The distribution of Hispanic or Latino members was comparable across the two study populations (1.59 percent for the study group; 2.50 percent for the comparison group). A sizeable percentage of members' race was classified as unknown (8.58 percent of the study group; 18.19 percent of the comparison group).

Most study group participants resided in central (38.74 percent) and northwest Arkansas (35.26 percent). The largest percentage of the comparison group resided in northwest Arkansas (32.65 percent). The percentage of members residing in the southern regions was smaller in the study group than in the comparison group.

The dissimilarities observed between the study group and the comparison group suggest underlying differences between the two populations. Therefore, one must use caution when interpreting comparative results.

Hypothesis 1: The beneficiaries of the Arkansas TEFRA-like demonstration have equal or better access to health services compared to the Medicaid fee-for-service population (Medicaid ARKids First A).

Table 4-2 presents the results from the study indicators used to assess access to healthcare and utilization of services for members enrolled in the Demonstration (i.e., the study group) compared to members enrolled in the ARKids A program (i.e., the comparison group). The HEDIS measures used to assess Hypothesis 1 were calculated for members enrolled in TEFRA and ARKids A from May 12, 2015, through May 11, 2016. Specifically, the table highlights the results among members in the study and comparison groups for each HEDIS measure and whether or not the hypothesis was met based on differences in rates between the two populations. The 2016 national NCQA HEDIS benchmarks are shown for comparison between rates in Arkansas among the study and comparison groups and the United States as a whole. The benchmarks represent the 2016 NCQA HEDIS Audit Means, Percentiles, and Ratios national Medicaid averages. Results presented in Table 4-2 indicate if rates are above or below the

HEDIS 2016 national Medicaid 50th percentile. A complete list of study indicators and measure descriptions used to assess Hypothesis 1 is presented in Appendix A.

Table 4-2—Healthcare Access and Utilization Study Indicators by Study Population

Study Indicator	Study Group			Comparison Group			Difference[3]	Hypothesis *Met/Not Met*[4]
	Elig Pop[1]	%	HEDIS 50th Percentile Comparison[2]	Elig Pop	%	HEDIS 50th Percentile Comparison[2]		
Childhood Immunization Status (Combination 2)	111	72.07	↓	17,820	62.17	↓	9.90*	Met
Childhood Immunization Status (Combination 3)	111	70.27	↓	17,820	58.70	↓	11.57*	Met
Immunizations for Adolescents (Combination 1)	199	49.75	↓	14,093	78.33	↑	-28.58*	Not Met
Well-Child Visits in the First 15 Months of Life[5]	65	*S*[7]	↓	5,435	31.13	↓	*S*[7]	Not Met
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	1,149	28.37	↓	70,460	61.04	↓	-32.67*	Not Met
Adolescent Well-Care Visits	1,130	31.15	↓	85,446	39.83	↓	-8.68*	Not Met
Annual Dental Visits[6]	3,629	34.39	↓	251,750	61.90	↑	-27.51*	Not Met

[1] Elig Pop refers to the eligible population used as the denominator for the healthcare access and utilization study indicators.

[2] The 2016 national NCQA Medicaid HEDIS 50th percentile benchmarks are included for comparison purposes. Arrow indicates if reported rate for each indicator was above or below the national Medicaid 50th percentile among the study and comparison groups.

[3] "Difference" refers to the percentage point difference between the rates for the study and comparison groups for each measure.
An asterisk (*) indicates that the rate was statistically different between the study and comparison groups (p value ≤ .05).

[4] Hypothesis 1 is considered "*Met*" if the differences in reported rates among the study group were *not significantly lower* than the reported rates among the comparison group (p value <.0.05).

[5] To assess *Well-Child Visits in the First 15 Months of Life* indicator, the *Six or More Visits* sub-indicator was used.

[6] To assess *Annual Dental Visits* indicator, the *Total Visits* sub-indicator was used.

[7] *S* = A measure rate is *Suppressed* if fewer than 11 cases exist in the numerator. If the rate among the study group is *Suppressed*, then the difference is also reported as *Suppressed.*

Findings show that, for most healthcare service and utilization study indicators, the study group did not experience statistically equivalent or higher rates compared to the comparison group, i.e., hypothesis 1 was not met. Specifically, rates were significantly lower among the study group for *Immunizations for Adolescents Combination 1* (49.75 percent versus 78.33 percent), *Well-Child Visits in the Third, Fourth,*

Fifth, and Sixth Years of Life (28.37 percent versus 61.04 percent), *Adolescent Well-Care Visits* (31.15 percent versus 39.83 percent) and *Annual Dental Visits* (34.39 percent versus 61.90 percent).

Hypothesis 1 was met only for the *Childhood Immunization Status* study indicators. The study group experienced statistically higher rates of members with the appropriate number of immunizations for *Childhood Immunization Status Combination 2* (72.07 percent) and *Childhood Immunization Status Combination 3* (70.27 percent) compared to the comparison group (62.17 percent, 58.70 percent respectively).

Note that beneficiaries enrolled in the Demonstration program are more likely to have complex medical needs and may have received preventive care during a "sick" visit. Therefore, rates may be disproportionately affected for the study group compared the comparison group.

Hypothesis 3: Enrollment in the TEFRA-like demonstration has improved the patient experience for program beneficiaries by increasing the patients' access to healthcare services.

Table 4-3 presents the results of the 2016 TEFRA Beneficiary Satisfaction Survey, in which guardians of TEFRA beneficiaries were asked if their children's access to healthcare services improved after enrolling in the Demonstration. Results were obtained from questions about the beneficiaries' satisfaction with their abilities to see a PCP, get prescription medication, and get emergency or urgent care before and after joining the Demonstration. A complete list of TEFRA Beneficiary Satisfaction Survey indicators along with detailed measure descriptions used to assess Hypothesis 3 are presented in Appendix A.

Table 4-3—Beneficiaries' Perceptions of Improved Access to Services and Providers Before and After TEFRA Enrollment, 2015 and 2016

	2015					2016				
	Pre-TEFRA		Post-TEFRA		Difference[2]	Pre-TEFRA		Post-TEFRA		Difference[2]
Survey Measure[1]	n	%	n	%		n	%	n	%	
Access to PCP	450	77.45	559	92.24	14.79	564	75.70	720	93.14	17.44
Access to Prescription Drugs	385	69.24	503	84.82	15.58	476	68.39	643	86.66	18.27
Access to Emergency/Urgent Care	379	77.03	498	94.68	17.65	425	70.48	621	94.23	23.75

[1] Survey questions asked recipients whether access to services and providers was "No Problem," "A Small Problem," or "A Big Problem" six months prior to enrollment (i.e., pre-TEFRA) and after enrollment (i.e., post-TEFRA). The results represent the percentage of recipients that indicated access was "No Problem."
[2] "Difference" refers to the percentage point difference between the rate for the pre- and post-TEFRA enrollment populations for each measure.

Participants reported improved access to care following enrollment in the Demonstration as measured by the TEFRA Survey. Access to a PCP increased, from approximately 75 percent of respondents indicating that their child had "No Problem" seeing a PCP prior to enrollment in the Demonstration, to over 90 percent reporting "No Problem" in both 2015 (92.24 percent) and 2016 (93.14 percent).

Among respondents surveyed in 2015, access to prescription medications increased from 69.24 percent during the six months prior to enrollment in TEFRA to 84.82 percent following enrollment. A similar pattern was observed among those surveyed in 2016, with access to prescription drugs increasing from 68.39 percent during pre-TEFRA enrollment to 86.66 percent following enrollment in the Demonstration.

Ability to access emergency or urgent care increased following enrollment in the Demonstration among participants surveyed in 2015, with 94.68 percent indicating that their child had "No Problem" getting urgent care after enrollment in TEFRA, compared with 77.03 percent prior to enrollment. A similar increase was observed among respondents surveyed in 2016, with ability to access to urgent care increasing from 70.48 percent during the pre-enrollment period to 94.23 percent following enrollment in the Demonstration.

Hypothesis 4: Patient satisfaction for the quality of care received by the beneficiaries in the Arkansas TEFRA-like demonstration has remained the same or improved over time.

Table 4-4 presents the results of the 2016 TEFRA Beneficiary Satisfaction Survey, in which guardians of TEFRA beneficiaries answered questions regarding satisfaction with quality of care over time. Results were obtained from questions about the respondents' satisfaction in terms of timely access to care and provider communication, and include overall ratings of the Demonstration from 2015 and 2016. A complete list of TEFRA Beneficiary Satisfaction Survey indicators along with detailed measure descriptions used to assess Hypothesis 4 are presented in Appendix A.

Table 4-4—Beneficiaries' Perceptions of Timely Access and Provider Communication, and Global Program Ratings—2015 and 2016

	2015		2016		Difference[1]	Hypothesis *Met/Not Met*[2]
	n	%	n	%		
Survey Measures—Timely Access						
Getting Care Quickly: Obtaining care right away for an illness/injury/condition[3]	250	97.6	335	95.5	-2.1	Met
Getting Care Quickly: Obtaining care when wanted, but not needed right away[3]	526	92.6	663	92.3	-0.3	Met
Survey Measures—Provider Communication						
How Well Doctors Communicate: Doctors explaining things in an understandable way to your child[4]	250	86.8	338	83.1	-3.7	Met
How Well Doctors Communicate: Doctors listening carefully to you[4]	562	96.6	717	96.8	0.2	Met
How Well Doctors Communicate: Doctors showing respect for what you had to say[4]	561	97.5	716	97.3	-0.2	Met
How Well Doctors Communicate: Doctors spending enough time with the child[4]	558	93.7	710	93.7	0.0	Met
Survey Measure—Global Rating						
Rating of TEFRA[5]	603	72.0	772	72.7	0.7	Met

[1] "Difference" refers to the percentage point difference between the rates for the 2015 and 2016 populations for each measure.
[2] Hypothesis 4 is considered "*Met*" if the differences in the reported rates among 2016 TEFRA population were *not significantly lower* than those among the 2015 TEFRA population.
[3] Survey questions asked recipients whether it was "Always," "Usually," "Sometimes," or "Never" possible to get needed care. Percentage represents the percentage of recipients responding with "Always" or "Usually."
[4] Survey questions asked recipients if doctors "Always," "Usually," "Sometimes," or "Never" communicated well with the beneficiaries and their families. Percentage represents the percentage of recipients responding with "Always" or "Usually."
[5] Survey questions are global rating scales that measure overall satisfaction on a scale of "0" to "10," with "10" being the highest possible response. Percentage represents the percentage of recipients responding with a rating of "8" or higher.

Across all survey measures from the TEFRA Survey used to assess Hypothesis 4, the differences between the 2016 rates were not significantly lower than the 2015 rates; thus, the hypothesis was met for all indicators. Overall, respondents' satisfaction with the Demonstration as measured by the TEFRA Survey was rather high.

Despite a "not statistically significant" decrease from 2015 to 2016, rates of recipients' satisfaction in their ability to obtain timely access to care remained high, with 95.5 percent of respondents indicating that they could "Usually" or "Always" obtain care right away for an illness, injury, or condition; and 92.3 percent of respondents indicating that they could "Usually" or "Always" obtain care when wanted, but not needed right away.

Over 83 percent of respondents reported that a doctor usually or always explained things in an understandable way to their child. Furthermore, at least 94 percent of recipients indicated that they were "Usually" or "Always" satisfied with how well doctors communicated with them in that their child's doctor "Usually" or "Always" listened carefully to them (96.6 percent in 2015; 96.8 percent in 2016); "Usually" or "Always" showed respect for what they had to say (97.5 percent in 2015; 97.3 percent in 2016); and "Usually" or "Always" spent enough time with their child (93.7 percent in 2015; 93.7 percent in 2016).

The survey measure with the lowest percentage of respondents indicating satisfaction was the overall rating of the Demonstration. However, 72.0 percent of respondents in 2015 and 72.7 percent of respondents in 2016 rated the Demonstration an "8" or higher on a scale of "0" to "10," with "0" being the lowest possible rating and "10" being the highest possible rating.

Hypothesis 5: The proportion of beneficiaries participating in the TEFRA-like demonstration who experience a lockout period is less than the proportion expected by the State.

Hypothesis 5 was met for beneficiaries experiencing a lockout. Of the 3,707 beneficiaries participating in the Demonstration, the proportion who experienced a lockout period was less than the proportion expected by the State. The observed rate of TEFRA beneficiaries who experienced the lockout was 3.94 percent (n = 146) in 2016, while the expected rate was 5.00 percent (n = 185).

Table 4-5—Proportion of Beneficiaries Who Experience a Lockout

	Expected		Observed 2016		Difference[1]	Hypothesis *Met/Not Met*[2]
Survey Measure[1]	**n**	**%**	**n**	**%**		
Beneficiaries Who Experienced a Lockout	185	5.00	146	3.94	1.06	Met

[1] Difference refers to the percentage point difference between the expected and observed lockout rates for the 2016 TEFRA populations.
[2] Hypothesis 5 is considered "*Met*" if the difference in the observed lockout rate among the 2016 TEFRA population was *not significantly higher* than the expected lockout rate.

In 2017 AFMC conducted the TEFRA Lockout Survey, collecting information from the guardians of TEFRA beneficiaries who experienced a lockout. Of the 146 beneficiaries who experienced a lockout, 69 responded to the survey. Not all respondents answered all survey questions. Due to the low number of respondents who completed the full survey, rates for individual survey questions cannot be reported.

In general, results of the Lockout Survey show that beneficiaries who experienced a lockout and responded to the survey were more likely to have premiums larger than $52 and incomes higher than $50,001. In addition, recipients provided reasons why they were unable to pay their TEFRA program premiums, thereby resulting in the lockouts. Table 4-6 presents the respondents' reasons that their children's cases were locked out.

Table 4-6—Reasons Beneficiaries Experienced Lockout

Reason
Could not afford it.
Forgot to pay premiums.
Administrative issues occurred in processing premium payments.
Private insurance paid for services.
Payer could not afford TEFRA premiums and health insurance premiums.
TEFRA would not take payments over the telephone.
Loss of income.
Moved to another city.

Selected responses suggest key themes as to why beneficiaries experienced a lockout, including unaffordability of TEFRA premium, or TEFRA premium and health insurance premiums together; and administrative issues, including experiencing general issues in processing of premium payments and TEFRA not accepting premium payments by telephone.

During the lockout period, many respondents to the 2017 survey reported being able to meet the medical needs of the TEFRA beneficiary through other means. Most beneficiaries covered by a means other than TEFRA during the lockout period obtained such through a parent's, legal guardian's, or caretaker's current or former employer-offered, union, or private party insurance; and the remainder had insurance through another Medicaid program.

Interim Conclusions

Overall, results from the Arkansas TEFRA-like demonstration waiver interim evaluation were mixed. While findings from the outcomes-based study indicators indicated that the TEFRA population exhibited significantly lower rates than the ARKids A population for most measures (i.e., immunizations for adolescents, well-child visits, and annual dental visits), TEFRA beneficiaries reported high levels of satisfaction with access to and quality of healthcare provided under the Demonstration. This contrast suggests that, although the effect of the Demonstration has met the needs of the population, room for improvement exists in the delivery and provision of care.

Nearly all outcomes-based study indicator results were significantly lower among the TEFRA population compared to children enrolled in ARKids A. The only rates that met Hypothesis 1 were the rates for the *Childhood Immunization Status Combination 2* and *Childhood Immunization Status Combination 3*, with significantly higher rates occurring among the TEFRA population as compared to the ARKids A population.

Results from the TEFRA Survey and the Lockout Survey during the evaluation period provided insight into TEFRA recipients' perceptions of quality of care received through the Demonstration as well as access to services, burden of program premiums, and perception of healthcare experience prior to and following enrollment in the program. In general, TEFRA respondents' satisfaction with key elements of their healthcare remained consistent across the two survey years. Moreover, recipients not only reported high levels of satisfaction with their abilities to access and use services, but also reported improved access to care following enrollment in the Demonstration.

Note that the population covered by the Demonstration is small and that these beneficiaries require complex care; thus, any inferences regarding the impact of the Demonstration should be made with caution. Additionally, the structure of the Demonstration should be taken into account when interpreting the evaluation measure results. Through TEFRA, children may receive services allowed through Medicaid; though, in many cases Medicaid may not be the primary payer. Many families use TEFRA to supplement private insurance that places caps on some services within a calendar year.

Future Evaluation Activities

This evaluation report is an interim evaluation, covering a limited amount of time, from the beginning of the most recent Demonstration renewal period. A full evaluation of the TEFRA-like Medicaid Demonstration will be conducted after the current Demonstration period has ended on December 31, 2017. Each research hypothesis will be re-assessed with additional data and extended measurement periods. The full evaluation will include trend analyses not feasible for the interim evaluation.

Appendix A: Outcome Measures

Table A-1—Outcome Measures for TEFRA-Like Demonstration Evaluation

Measure	NQF Number	Description With Numerator and Denominator	Measure Source	Measure Steward	TEFRA-Like Beneficiaries Baseline Value[1]	Measure Population
HEDIS Measures						
Childhood Immunization Status (Combination 2)[2]	0038	The percentage of children 2 years of age who received the appropriate number of doses of the diphtheria, tetanus, and acellular pertussis (DTaP); polio (IPV); measles, mumps, and rubella (MMR); H influenza type B; hepatitis B; and chicken pox vaccines. The denominator is all children who turned age 2 during the measurement year, except those with a contraindication to any specific vaccine. The numerator is all children who received appropriate number of doses of the diphtheria, tetanus, and acellular pertussis (DTaP); polio (IPV); measles, mumps, and rubella (MMR); H influenza type B; hepatitis B; and varicella vaccines.	Core Set of Children's Health Care Quality Measures for Medicaid and CHIP	NCQA	72.07%	All TEFRA-like and ARKids A beneficiaries
Childhood Immunization Status (Combination 3)[2]	0038	The percentage of children 2 years of age who received the appropriate number of doses of the diphtheria, tetanus, and acellular pertussis (DTaP); polio (IPV); measles, mumps, and rubella (MMR); H influenza type B; hepatitis B; varicella; and pneumococcal conjugate vaccines. The denominator is all children who turned age 2 during the measurement year, except those with a contraindication to any specific vaccine. The numerator is all children who received appropriate number of doses of the diphtheria, tetanus, and acellular pertussis (DTaP); polio (IPV); measles, mumps, and rubella (MMR); H influenza type B; hepatitis B; varicella; and pneumococcal conjugate vaccines.	Core Set of Children's Health Care Quality Measures for Medicaid and CHIP	NCQA	70.27%	All TEFRA-like and ARKids A beneficiaries

Measure	NQF Number	Description With Numerator and Denominator	Measure Source	Measure Steward	TEFRA-Like Beneficiaries Baseline Value[1]	Measure Population
Immunizations for Adolescents (Combination 1)[2]	1407	The percentage of adolescents who turned 13 years of age during the measurement year and have received the meningococcal vaccine and the tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or the tetanus, diphtheria toxoids vaccine (Td). The denominator is all adolescents who turned 13 during the measurement year, except those with a contraindication to any specific vaccine. The numerator is all children who received both the meningococcal vaccine and either the tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or the tetanus, diphtheria toxoids vaccine (Td).	Core Set of Children's Health Care Quality Measures for Medicaid and CHIP	NCQA	49.75%	All TEFRA-like and ARKids A beneficiaries
Well-Child Visits in the First 15 Months of Life[2]	1392	The percentage of children who turned 15 months old during the measurement year and who had 0, 1, 2, 3, 4, 5, 6, or more well-child visits in the first 15 months of life. The denominator is all children who turned 15 months old during the measurement year. For this measure, seven indicators are calculated; so, seven numerators exist, each corresponding to the number of children who received 0, 1, 2, 3, 4, 5, 6, or more well-child visits in the first 15 months of life.	Core Set of Children's Health Care Quality Measures for Medicaid and CHIP	NCQA	4.62% (6+ visits)	All TEFRA-like and ARKids A beneficiaries
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life[2]	1516	The percentage of children 3 through 6 years of age during the measurement year who had at least one well-child visit. The denominator is all children 3 through 6 years of age as of the last day of the measurement year. The numerator is all children who had a well-child visit.	Core Set of Children's Health Care Quality Measures for Medicaid and CHIP	NCQA	28.37%	All TEFRA-like and ARKids A beneficiaries
Adolescent Well-Care Visits[2]	NA	The percentage of beneficiaries 12 through 21 years of age who had at least one well-care visit during the measurement year. The denominator is all beneficiaries 12 through 21 years of age as of the last day of the measurement year. The numerator is all beneficiaries 12	Core Set of Children's Health Care Quality Measures for	NCQA	31.15%	All TEFRA-like and ARKids A beneficiaries

Measure	NQF Number	Description With Numerator and Denominator	Measure Source	Measure Steward	TEFRA-Like Beneficiaries Baseline Value[1]	Measure Population
		through 21 years of age who had at least one comprehensive well-care visit.	Medicaid and CHIP			
Annual Dental Visits[2]	1388	The percentage of beneficiaries 2 through 20 years of age who had at least one dental visit during the measurement year. The denominator is all beneficiaries 2 through 20 years of age. The numerator is all beneficiaries 2 through 20 years of age who had at least one dental visit during the measurement year.	HEDIS	NCQA	34.39%	All TEFRA-like and ARKids A beneficiaries
TEFRA Beneficiary Satisfaction Survey Measures						
Ability to See PCP Pre-TEFRA[3]	NA	The percentage of survey respondents who reported "No Problem" in seeing a personal doctor or nurse pre-TEFRA. The denominator is all respondents to the pre-TEFRA Survey question, "How much of a problem, if any, was it for your child to see a personal doctor or nurse?" The numerator is all survey respondents who reported "No Problem."	TEFRA Beneficiary Satisfaction Survey	AFMC	75.70%	All TEFRA Beneficiary Satisfaction Survey respondents
Ability to See PCP Post-TEFRA[3]	NA	The percentage of survey respondents who reported "No Problem" in seeing a personal doctor or nurse post-TEFRA. The denominator is all respondents to the post-TEFRA Survey question, "How much of a problem, if any, was it for your child to see a personal doctor or nurse?" The numerator is the survey respondents who reported "No Problem."	TEFRA Beneficiary Satisfaction Survey	AFMC	93.14%	All TEFRA Beneficiary Satisfaction Survey respondents
Ability to Get Medication Pre-TEFRA[3]	NA	The percentage of survey respondents who reported "No Problem" in getting their child's prescription medication pre-TEFRA. The denominator is all respondents to the pre-TEFRA Survey question, "How much of a problem, if any, was it to get your child's prescription medication?" The numerator is all respondents who reported "No Problem."	TEFRA Beneficiary Satisfaction Survey	AFMC	68.39%	All TEFRA Beneficiary Satisfaction Survey respondents

Measure	NQF Number	Description With Numerator and Denominator	Measure Source	Measure Steward	TEFRA-Like Beneficiaries Baseline Value[1]	Measure Population
Ability to Get Medication Post-TEFRA[3]	NA	The percentage of survey respondents who reported "No Problem" in getting their child's prescription medication post-TEFRA. The denominator is all respondents to the post-TEFRA Survey question, "How much of a problem, if any, was it to get your child's prescription medication?" The numerator is all survey respondents who reported "No Problem."	TEFRA Beneficiary Satisfaction Survey	AFMC	86.66%	All TEFRA Beneficiary Satisfaction Survey respondents
Ability to Get Urgent Care Pre-TEFRA[3]	NA	The percentage of survey respondents who reported "No Problem" in getting their child urgent care pre-TEFRA. The denominator is all respondents to the pre-TEFRA Survey question, "How much of a problem, if any, was it for your child to get urgent care?" The numerator is all survey respondents who reported "No Problem."	TEFRA Beneficiary Satisfaction Survey	AFMC	70.48%	All TEFRA Beneficiary Satisfaction Survey respondents
Ability to Get Urgent Care Post-TEFRA[3]	NA	The percentage of survey respondents who reported "No Problem" in getting their child urgent care post-TEFRA. The denominator is all survey respondents to the post-TEFRA Survey question, "How much of a problem, if any, was it for your child to get urgent care?" The numerator is the survey respondents who reported "No Problem."	TEFRA Beneficiary Satisfaction Survey	AFMC	94.23%	All TEFRA Beneficiary Satisfaction Survey respondents
Getting Care Quickly: *Getting Care Right Away for an Illness/Injury/ Condition*[4]	NA	The percentage of survey respondents who reported "Usually" or "Always" receiving care right away when their child had an illness, injury, or condition. The denominator is all respondents who answered the survey question. The numerator is all respondents who answered that they had "Usually" or "Always" received care right away for an illness, injury, or condition.	TEFRA Beneficiary Satisfaction Survey	AFMC	95.5%	All TEFRA Beneficiary Satisfaction Survey respondents
Getting Care Quickly: *Getting Care When Wanted, but not Needed Right Away*[4]	NA	The percentage of survey respondents who reported they were "Usually" or "Always" able to get an appointment at a doctor's office or clinic as soon as needed. The denominator is all respondents who answered the survey question. The numerator is all respondents who	TEFRA Beneficiary Satisfaction Survey	AFMC	92.3%	All TEFRA Beneficiary Satisfaction Survey respondents

Measure	NQF Number	Description With Numerator and Denominator	Measure Source	Measure Steward	TEFRA-Like Beneficiaries Baseline Value[1]	Measure Population
		answered that they "Usually" or "Always" obtained an appointment when needed.				
How Well Doctors Communicate: *Doctors Explaining Things in an Understandable Way to Your Child*[4]	NA	The percentage of survey respondents who reported that their doctors or healthcare providers "Usually" or "Always" explained things in a way that their child could understand. The denominator is all respondents who answered the survey question. The numerator is all respondents who responded that their healthcare providers "Usually" or "Always" explained things in a way that their child could understand.	TEFRA Beneficiary Satisfaction Survey	AFMC	83.1%	All TEFRA Beneficiary Satisfaction Survey respondents
How Well Doctors Communicate: *Doctors Listening Carefully to You*[4]	NA	The percentage of survey respondents who reported that their doctors or healthcare providers "Usually" or "Always" listened carefully to them. The denominator is all respondents who answer the surveyed question. The numerator is all respondents who responded that their healthcare providers "Usually" or "Always" listened carefully to them.	TEFRA Beneficiary Satisfaction Survey	AFMC	96.8%	All TEFRA Beneficiary Satisfaction Survey respondents
How Well Doctors Communicate: *Doctors Showing Respect for What You Had to Say*[4]	NA	The percentage of survey respondents who reported that their doctors or healthcare providers "Usually" or "Always" showed respect for what they had to say. The denominator is all respondents who answered the survey question. The numerator is all respondents who responded that their healthcare providers "Usually" or "Always" showed respect for what they had to say.	TEFRA Beneficiary Satisfaction Survey	AFMC	97.3%	All TEFRA Beneficiary Satisfaction Survey respondents
How Well Doctors Communicate: *Doctors Spending Enough Time With the Child*[4]	NA	The percentage of survey respondents who reported that their doctors or healthcare providers "Usually" or "Always" spent enough time with their child. The denominator is all respondents who answered the survey question. The numerator is all respondents who responded that their healthcare providers "Usually" or "Always" spent enough time with their child.	TEFRA Beneficiary Satisfaction Survey	AFMC	93.7%	All TEFRA Beneficiary Satisfaction Survey respondents

Measure	NQF Number	Description With Numerator and Denominator	Measure Source	Measure Steward	TEFRA-Like Beneficiaries Baseline Value[1]	Measure Population
Rating of TEFRA[4]	NA	The percentage of survey respondents who rated their TEFRA experience as an "8" or higher on a scale of "0" to "10." The denominator is all respondents who answered the survey question. The numerator is the respondents who responded with an "8," "9," or "10."	TEFRA Beneficiary Satisfaction Survey	AFMC	72.7%	All TEFRA Beneficiary Satisfaction Survey respondents
Proportion of Beneficiaries Who Experience a Lockout Measure						
Proportion of Beneficiaries Who Experience a Lockout[5]	NA	The proportion of beneficiaries who experienced a lockout during the measurement period. The denominator is all TEFRA beneficiaries. The numerator is the TEFRA beneficiaries who experienced a lockout during the measurement period.	TEFRA premium payment monitoring data system	DMS	3.94%	All TEFRA beneficiaries
TEFRA Lockout Beneficiary Satisfaction Survey Measure						
Financial Burden of Premium Payment[6]	NA	The percentage of survey respondents who reported that TEFRA premium payments were "a big financial burden." The denominator is all respondents who answered the survey question regarding the financial burden of premium payments. The numerator is all respondents who responded that premium payments were "a big financial burden."	TEFRA Beneficiary Satisfaction Survey	AFMC	Numbers are too small to report	All TEFRA Beneficiary Satisfaction Survey respondents

[1] Baseline values are results from the *SFY 2017 TEFRA-Like Section 1115(a) Medicaid Demonstration Extension Evaluation Report*.
[2] Measures were used to assess Hypothesis 1. Data are from MMIS/DSS. Measurement period was May 12, 2015, through May 11, 2016.
[3] Measures were used to assess Hypothesis 3. Results are the 2016 rates from the *2016 Arkansas Medicaid TEFRA Beneficiary Satisfaction Survey*.
[4] Measures were used to assess Hypothesis 4. Data are from the *2016 Arkansas Medicaid TEFRA Beneficiary Satisfaction Survey*.
[5] Measures were used to assess Hypothesis 5. Data are from DMS.
[6] Measure were used to assess the supplemental analyses. Data are from the *2017 TEFRA Lockout Beneficiary Satisfaction Survey*.

Arkansas TEFRA-Like Renewal								
Demonstration Year (waiver operates on calendar year)								
	DY - 11 (CY 2013)	DY - 12 (CY 2014)	DY - 13 (CY 2015)	DY - 14 (CY 2016)	DY - 15 (CY 2017)	DY - 16 (CY 2018)	DY - 17 (CY 2019)	DY - 18 (CY 2020)
Demo expenditures	$47,171,331	$53,015,972	$55,012,761	$58,537,072	$61,059,578	$64,214,358	$67,532,136	$71,021,335

	Participant Months by Demonstration Year									
	DY - 9 (CY 2011)	DY - 10 (CY 2012)	DY - 11 (CY 2013)	DY - 12 (CY 2014)	DY - 13 (CY 2015)	DY - 14 (CY 2016)	DY - 15 (CY 2017)	DY - 16 (CY 2018)	DY - 17 (CY 2019)	DY - 18 (CY 2020)
	40,061	47,317	48,455	52,404	54,379	56,546	58,788	61,118	63,541	66,060

Consumer Directed Budget Neutrality
Monitoring Assesment
Per Person Cost

ATTACHMENT O

	Monthly Cost Per Person										Monthly Cost Per Person							
		Demonstration Year																
	DY -1	DY - 2	DY - 3	DY - 4	DY - 5	DY - 6 (CY 2008)	DY - 7 (CY 2009)	DY - 8 (CY 2010)	DY - 9 (CY 2011)	DY - 10 (CY 2012)	DY - 11 (CY 2013)	DY - 12 (CY 2014)	DY - 13 (CY 2015)	DY - 14 (CY 2016)	DY - 15 (CY 2017)	DY - 16 (CY 2018)	DY - 17 (CY 2019)	DY - 18 (CY 2020)
	$693.80	$951.75	$894.98	$936.15	$1,088.17	$1,033.27	$1,036.26	$1,104.86	$1,186.99	$1,045.02	$973.51	$1,011.68	$1,011.65	$1,035.21	$1,038.64	$1,050.66	$1,062.81	$1,075.10

Consumer Directed Budget Neutrality
Monitoring Assessment
Cost Savings

ATTACHMENT O

	Cost Savings by Demonstration Year					
	Demonstration Year					
	DY - 12 (CY 2014)	DY - 13 (CY 2015)	DY - 14 (CY 2016)	DY - 15 (CY 2017)	DY - 16 (CY 2018)	DY - 17 (CY 2019)	DY - 18 (CY 2020)
Trended WOW PMPM	$1,691.00	$1,768.79	$1,850.15	$1,935.26	$2,024.28	$2,117.40	$2,214.80
Ceiling	$91,403,935	$96,184,814	$104,618,591	$113,769,405	$123,720,625	$134,542,262	$146,310,449
Actual Demo Costs	$53,016,982	$55,012,761	$58,537,072	$61,059,578	$64,214,358	$67,532,136	$71,021,335
Allowed Percentage	100%	100%	100%	100%	100%	100%	100%
Allowed Expenditure Amount	$91,403,935	$96,184,814	$104,618,591	$113,769,405	$123,720,625	$134,542,262	$146,310,449
Amount Over/Under Target	$38,386,953	$41,172,053	$46,081,519	$52,709,826	$59,506,267	$67,010,126	$75,289,114
						WoW Inflation per CMS:	4.60%

Budget Neutrality Summary

Without-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY)						
	DY - 12 (CY 2014)	DY - 13 (CY 2015)	DY - 14 (CY 2016)	DY - 15 (CY 2017)	DY - 16 (CY 2018)	DY - 17 (CY 2019)	DY - 18 (CY 2020)
Medicaid Populations							
	$91,403,935	$96,184,814	$104,618,591	$113,769,405	$123,720,625	$134,542,262	$146,310,449
TOTAL	$91,403,935	$96,184,814	$104,618,591	$113,769,405	$123,720,625	$134,542,262	$146,310,449

With-Waiver Total Expenditures

	DY - 12 (CY 2014)	DY - 13 (CY 2015)	DY - 14 (CY 2016)	DY - 15 (CY 2017)	DY - 16 (CY 2018)	DY - 17 (CY 2019)	DY - 18 (CY 2020)
Medicaid Populations							
	$53,016,982	$55,012,761	$58,537,072	$61,059,578	$64,214,358	$67,532,136	$71,021,335
TOTAL	$53,016,982	$55,012,761	$58,537,072	$61,059,578	$64,214,358	$67,532,136	$71,021,335
VARIANCE	$38,386,953	$41,172,053	$46,081,519	$52,709,826	$59,506,267	$67,010,126	$75,289,114

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ARKANSAS DEPARTMENT OF HUMAN SERVICES

PUBLIC INPUT HEARING

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Friday, November 20, 2015

Arkansas Department of Human Services

115 Stover Street

Hot Springs, Arkansas 71901

10:00 a.m.

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IN RE: PUBLIC COMMENT ON

TEFRA RENEWAL APPLICATION

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COURT REPORTER:

WAUNZELLE P. PETRE, CCR
Post Office Box 1027
Little Rock, Arkansas 72203-1027

A P P E A R A N C E S:

ON BEHALF OF ARKANSAS DEPARTMENT OF
HUMAN SERVICES, DIVISION OF MEDICAL SERVICES:

MS. JEAN HECKER, Division of Medical Services

MS. BECKY MURPHY, DHS

MS. YOLANDA FARRAR, DHS

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I N D E X

SPEAKERS:

(No speakers.)

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EXHIBITS

(None marked.)

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Reporter's Certificate........................ 6

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2 P R O C E E D I N G S

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4 FRIDAY, NOVEMBER 20, 2015

5 10:00 a.m.

6 * * * * * *

7 MS. HECKER: I'm Jean Hecker. It
8 is about five after ten. The purpose of
9 this hearing today to give the public a
10 chance to provide comments on what they feel
11 is the progress of the program, of the
12 TEFRA.

13 We are in public to receive any
14 different comments from anyone who would
15 like to speak.

16 (WHEREUPON, there was a break in the
17 proceedings from 10:05 a.m. to 11:00 a.m.)

18 MS. HECKER: It's now 11:00 o'clock.
19 We started this hearing at 10:00, and no
20 public has come forward, so we will adjourn
21 this hearing.

22 (WHEREUPON, at 11:00 a.m., the taking
23 of the above-entitled proceeding was
24 concluded.)

25 ---o---

C E R T I F I C A T E

STATE OF ARKANSAS)
) ss.:
COUNTY OF HEMPSTEAD)

I, WAUNZELLE P. PETRE, Certified Court Reporter and notary public in and for the County of Hempstead, State of Arkansas, duly commissioned and acting, do hereby certify that the above-entitled proceedings were taken by me in Stenotype, and were thereafter reduced to print by means of computer-assisted transcription, and the same truly, and correctly reflects the proceedings had.

WHEREFORE, I have subscribed my signature and affixed my notarial seal as such notary public at the City of Hope, County of Hempstead, State of Arkansas, this the 30th day of November 2015.

WAUNZELLE P. PETRE, CCR
NOTARY PUBLIC IN AND FOR
PULASKI COUNTY, ARKANSAS
LS CERTIFICATE #119

My Commission Expires:
December 19, 2019.

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ARKANSAS DEPARTMENT OF HUMAN SERVICES

PUBLIC INPUT HEARING

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Wednesday, July 20, 2016

Arkansas Department of Human Services

Seventh and Main Streets

Conference Room "B"

Little Rock, Arkansas 72201

1:30 p.m.

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IN RE: PUBLIC COMMENT ON

TEFRA RENEWAL APPLICATION

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COURT REPORTER:

WAUNZELLE P. PETRE, CCR
Post Office Box 1027
Little Rock, Arkansas 72203-1027

A P P E A R A N C E S:

ON BEHALF OF ARKANSAS DEPARTMENT OF
HUMAN SERVICES, DIVISION OF MEDICAL SERVICES:

MS. JEAN HECKER, Division of Medical Services

MS. BECKY MURPHY, DHS

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I N D E X

SPEAKERS:

(No speakers.)

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EXHIBITS

(None marked.)

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Reporter's Certificate........................ 6

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2 P R O C E E D I N G S

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4 WEDNESDAY, JULY 20, 2016

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6 1:30 p.m.

7 * * * * *

8 MS. HECKER: Welcome. I'm Jean Hecker,
9 I'm with the Division of Medical Services
10 Program Development Unit. We are having
11 this public hearing today to obtain input
12 from the public and individuals that have
13 persons who are beneficiaries of the TEFRA
14 Waiver to provide input on how you feel the
15 Waiver is progressing so far.

16 If you feel that there are some things
17 that need to be changed or improved, we
18 would like to get your input.

19 At this point, no public has come to
20 the hearing, but at such time as any do, we
21 will provide the opportunity for them to
22 provide comments.

23 (WHEREUPON, there was a break in the
24 proceedings from 1:30 p.m. to 2:30 p.m.)

25 MS. HECKER: It is now 2:30, and the

1 hour we had scheduled for this public
2 hearing has come to an end, and no public
3 has presented themselves to provide any
4 input, so we will bring this public input
5 hearing to a close.
6 (WHEREUPON, at 2:30 p.m., the taking of
7 the above-entitled proceeding was
8 concluded.)
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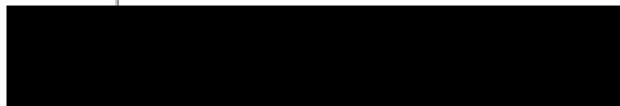
C E R T I F I C A T E

STATE OF ARKANSAS)
) ss.:
COUNTY OF PULASKI)

I, WAUNZELLE P. PETRE, Certified Court Reporter and notary public in and for the County of Pulaski, State of Arkansas, duly commissioned and acting, do hereby certify that the above-entitled proceedings were taken by me in Stenotype, and were thereafter reduced to print by means of computer-assisted transcription, and the same truly, and correctly reflects the proceedings had.

WHEREFORE, I have subscribed my signature and affixed my notarial seal as such notary public at the City of Little Rock, County of Pulaski State of Arkansas, this the 29th day of July, 2016.



WAUNZELLE P. PETRE, CCR
NOTARY PUBLIC IN AND FOR
HEMPSTEAD COUNTY, ARKANSAS

My Commission Expires:
December 19, 2019.

---o---