

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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State Demonstrations Group

January 17, 2025

Janet Mann
Deputy Secretary and Medicaid Director
Arkansas Department of Human Services
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Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the Evaluation Design for the Life360 HOMEs amendment (approved on November 1, 2022), which is required by the Special Terms and Conditions (STCs), specifically, STC #100 “Draft Evaluation Design”, of the “Arkansas Healthy Opportunity for Me (ARHOME)” section 1115 demonstration (Project Number: 11-W-00379/6), effective through December 31, 2026. CMS has determined that the Evaluation Design, with the first submission dated April 27, 2023 and the finalized submission dated January 16, 2025, meets the requirements set forth in the STCs and our evaluation design guidance, and therefore approves the state’s Evaluation Design for the Life360 HOMEs amendment.

CMS has added the approved Evaluation Design to the demonstration’s STCs as Attachment F. A copy of the STCs, which includes the new attachment, is enclosed with this letter. In accordance with 42 CFR 431.424(e), the approved Evaluation Design may now be posted to the state’s Medicaid website within 30 days. CMS will also post the approved Evaluation Design as a standalone document, separate from the STCs, on Medicaid.gov.

Please note that an Interim Evaluation Report, consistent with the approved Evaluation Design, is due to CMS one year prior to the expiration of the demonstration, or at the time of the extension application, if the state chooses to extend the demonstration. Likewise, a Summative Evaluation Report, consistent with this approved design, is due to CMS within 18 months of the end of the demonstration period. In accordance with 42 CFR 431.428 and the STCs, we look forward to receiving updates on evaluation activities in the demonstration monitoring reports.

We appreciate our continued partnership with Arkansas on the Arkansas Health and Opportunity for Me demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

Danielle Daly
-S

A red digital signature line is drawn over the name Danielle Daly and the initials -S.

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Danielle Daly
Director
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cc: Lee Herko, State Monitoring Lead, CMS Medicaid and CHIP Operations Group



Arkansas Health and Opportunity for Me
Program Evaluation for Life360 HOME
Amendment
Project Number 11-W-00379/6

Evaluation Design

Draft Submittal Date: April 28, 2023

Final Submittal Date: April 16, 2024

Revised Final Submittal Date: December 18, 2024

Revised Final Submittal Date: January 15, 2025



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1 GENERAL BACKGROUND INFORMATION

In 2014, Arkansas expanded Medicaid for the new adult group under the Affordable Care Act (ACA). The new adult group includes individuals between 19 and 64 years of age with incomes at or below 138 percent of the federal poverty level (FPL). In September 2013, the Centers for Medicare and Medicaid Services (CMS) approved a Medicaid demonstration for the new adult group developed by Arkansas state leadership. This demonstration was entitled “Arkansas Health Care Independence Program” (HCIP). With premium assistance from Medicaid, the HCIP demonstration allowed Arkansas to support healthcare coverage for the new adult group through qualified health plans (QHPs) offered on the Health Insurance Marketplace (Marketplace), effective January 1, 2014 through December 31, 2016. In June 2016, the state requested an extension and amendment application of the HCIP in accordance with Arkansas Works Act of 2016. The request’s purpose was intended to build upon the HCIP’s success of providing health insurance coverage for over 240,000 Arkansans and accomplish other Waiver goals. The request included adding premiums, job referral, and training requirements for beneficiaries who met certain criteria and as allowed by Medicaid. CMS approved this request on December 8, 2016, updating the special terms and conditions (STCs) and acknowledging the demonstration project name change as “Arkansas Works.”

In anticipation of the Arkansas Works demonstration expiration at the end of 2021, the Department of Human Services (DHS), Arkansas Insurance Department (AID), former Arkansas Governor Asa Hutchinson, and legislators collaborated to make further improvements to the Medicaid program for eligible adults under the authority of the Arkansas Health and Opportunity for Me (“ARHOME”) Act 530, enacted in March 2021. On July 19, 2021, Arkansas submitted a proposal to CMS to continue covering the new adult group and for the state to implement new health improvement initiatives through the QHPs with a new program focused on high-risk Medicaid beneficiaries and performance measurement accountability for the QHPs through a new joint executive-legislative policy committee. CMS approved the coverage and QHP health improvement components on December 21, 2021, and two separate revised evaluation designs were submitted to CMS on March 15, 2024, and December 18, 2024.

On November 1, 2022, CMS gave approval for the Life360 HOME amendment of the ARHOME program. This amendment addresses health-related social needs (HRSN) among targeted populations through coverage of intensive care coordination and other support identified in a person-centered action plan.

Table 1 below provides an overview of key information for the Arkansas Section 1115 Demonstration Project.

Table 1: Arkansas Medicaid Section 1115 Demonstration Project Key Information

| Arkansas Medicaid Section 1115 Demonstration Project Key Information | |
|--|---|
| HCIP Waiver Application Submitted to CMS | August 6, 2013 |
| HCIP Waiver Application Approved by CMS | September 27, 2013 |
| HCIP Waiver Period | October 1, 2013 – December 31, |
| HCIP Evaluation Design Submitted to CMS | February 20, 2014 |
| HCIP Evaluation Design Approved by CMS | March 24, 2014 |
| HCIP Summative Evaluation Submitted to CMS | June 30, 2018 |
| Arkansas Works Waiver Application Submitted to CMS | July 7, 2016 |
| Arkansas Works Waiver Application Approved by CMS | December 8, 2016 |
| Arkansas Works Waiver Period | January 1, 2017 – December 31, |
| Arkansas Works Evaluation Design Submitted to CMS | May 4, 2021 |
| Arkansas Works Evaluation Design Approved by CMS | June 17, 2021 |
| Arkansas Works Interim Evaluation Submitted to CMS | June 30, 2021 |
| Arkansas Works Summative Evaluation Submitted to CMS | June 30, 2023 |
| ARHOME Waiver Application Submitted to CMS | July 19, 2021 |
| ARHOME Waiver Application Approved by CMS | December 21, 2021 |
| ARHOME Waiver Period | January 1, 2022 – December 31, |
| ARHOME Evaluation Design Submitted to CMS | June 17, 2022, November 4, 2022, February 10, 2023, March 15, 2024, and December 18, 2024 |
| ARHOME Life360 HOMEs Approved by CMS | November 1, 2022 |
| ARHOME Life360 HOMEs Evaluation Design Submitted to CMS | April 28, 2023, April 16, 2024, December 18, 2024, and January 15, 2025 |

Life360 HOMEs (also called Life360s) will address many of the complex challenges facing many of Arkansas’s most vulnerable residents, including beneficiaries with high-risk pregnancies, beneficiaries in rural areas with serious mental illness (SMI) and substance use disorder (SUD) diagnoses, and young adults identified as most at risk for long-term poverty and poor health outcomes. The aim of Life360 HOMEs program is to reduce maternal and infant mortality rates around the state, fill gaps in the continuum of care for beneficiaries with SMI and SUD diagnoses, especially in rural areas, and increase active participation among high-risk beneficiaries in improving their health and addressing HRSN.

The intended Life360 populations are listed below:

- 1) Rural Life360 HOME will support beneficiaries with SMI or SUD diagnosis who live in rural areas of the state.
- 2) Maternal Life 360 HOME will support beneficiaries with high-risk pregnancies, as identified by their physician.

- 3) Success Life360 HOME will support young adults at high-risk for long-term poverty due to prior incarceration or involvement with the juvenile justice system (ages 19-24), involvement with the foster care system (ages 19-27), and veterans (ages 19-30) who are at high risk of homelessness.

Between the approval of the Life360 HOMEs amendment and the start-up of the program, operationalization of both Rural and Success Life360 HOMEs were placed on hold. Rural Life360 HOME was paused due to a lack of approval for several reimbursement mechanisms needed by potential participating hospitals. The eligible population for Success Life360 HOME was too narrowly defined to be considered viable by possible participating providers, which may have led to less interest in the program from providers. While Maternal Life360 HOME is the only program component currently moving forward with operationalization, all three Life360 HOMES will be described in this evaluation design.

The Life360 HOMEs are designed to provide beneficiaries with intensive care coordination and connect them to necessary health services and community support, address HRSNs, and actively engage beneficiaries in promoting their own health care.

Through the amendment, Arkansas can also now provide or increase coverage of certain services that address HRSN for Life360 HOME beneficiaries, as evidence indicates that HRSNs are a critical driver in health outcomes and beneficiaries' access to health services that help to keep them well.^{1 2} These services include critical housing and nutritional services, as well as case management, outreach, education, and infrastructure investments.

Services authorized in this amendment to address HRSN must be medically appropriate for the eligible beneficiary as based on clinical and other health-related social needs criteria. In Arkansas, Life360 HOME HRSN services will be provided for beneficiaries enrolled in a Life360 HOME, as described above. Coverage of Life360 HOME HRSN services and supports (which includes screening of HRSN needs and ongoing support to address them) will presumably assist in promoting the objectives of Medicaid. Specifically, the services will be expected to help beneficiaries stay connected to coverage and to provide a regular source of needed care to meet beneficiaries' comprehensive health needs. This will expand the degree to which eligible beneficiaries receive medical assistance they are qualified to receive. A central objective of

¹ As discussed in a letter to State Health Officials issued on January 7, 2021, <https://www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf>, addressing Social Determinants of Health can more effectively improve population health, reduce disability, and lower overall health care costs in the Medicaid program. While "social determinants of health" is a broad term that relates to the health of all people, HRSN relates more specifically to an individual's adverse conditions reflecting needs that are unmet and contribute to poor health. See also <https://www.healthaffairs.org/doi/10.1377/forefront.20191025.776011/full/>.

² Bachrach, D., Pfister, H., Wallis, K., Lipson, M. Addressing Patients' Social Needs: An Emerging Business Case for Provider Investment. The Commonwealth Fund; 2014. https://www.commonwealthfund.org/sites/default/files/documents/___media_files_publications_fund_report_2014_may_1749_bachrach_addressing_patients_social_needs_v2.pdf

Medicaid is to furnish medical assistance primarily to low-income people. The Life360 HOME HRSN services can be expected to promote this objective in several ways. For example, lack of stable housing or inadequate nutrition may impede a beneficiary's ability to enroll in coverage and access needed health care. Such circumstances may also create physical, social, or emotional conditions that are counterproductive to the otherwise positive effects of the health care services a beneficiary does receive, including those through Medicaid.³ Addressing these conditions is also critically important for overall health. Citing the opportunity to address beneficiary health and other potential positive impacts, CMS has published a framework of services and supports to address HRSNs that CMS considers allowable under specific Medicaid and CHIP authorities.⁴ CMS has provided policy guidance outlining ways for states to provide these types of services.⁵ Arkansas is one of a few states currently implementing an 1115 Medicaid demonstration to address HRSN. The overall Life360 HOME design, including the housing and nutritional support services covered under the amendment, can be expected to stabilize the housing and nutritional situations and improve the health outcomes for this high-risk population.

The following ARHOME demonstration goals inform this evaluation design:

1. Providing continuity of coverage for beneficiaries
2. Improving access to providers and quality of care
3. Improving continuity of care across the continuum of coverage
4. Furthering quality improvement and delivery system reform initiatives that are successful across population groups

In addition to the evaluation goals for ARHOME policies above, the Life360 HOMEs amendment of the demonstration will focus on the following:

- Increasing beneficiary utilization of HRSN screening and corresponding services, including home visitation, to reduce the severity of beneficiaries' social needs (1.G.1-11, 1.I.1-11, 2.F.1-12, 2.H.1-9, 3.F.1-12, and 3.H.1-9)
- Effectiveness of services received for mitigation of identified needs (1.F.5, 2.B.5, and 3.B.5)
- Reducing disparities in health care access, quality of care, or health outcomes at the beneficiary and community level through stratified analyses (1.A.1, 1.A.6-7, 1.A.10-11,

³ Schilbach, F., Schofield, H., Mullainathan, S. The Psychological Lives of the Poor. American Economic Review: Papers & Proceedings; 2016; <http://dx.doi.org/10.1257/aer.p20161101>.

⁴ Coverage of Health-Related Social Needs (HRSN) Services in Medicaid and the Children's Health Insurance Program (CHIP) November 2023. The Centers for Medicare & Medicaid Services (CMS). Accessed 12/6/2024: <https://www.medicaid.gov/health-related-social-needs/downloads/hrsn-coverage-table.pdf>

⁵ Tsai, D. Coverage of Services and Supports to Address Health-Related Social Needs in Medicaid and the Children's Health Insurance Program; 2024. Accessed January 13, 2025: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib12102024.pdf>

- 1.B.1-2, 1.C.1-2, 1.D.10-11, 1.D.18-19, 1.E.1, 1.E.3-6, 1.F.1-5, 2.A.6-7, 2.A.12-13, 2.B.1-5, 2.C.1-2, 2.D.1-2, 2.E.2-3, 2.E.7-10, 3.A.5-6, 3.A.10-11, 3.B.5, 3.C.1-2, 3.D.1-2, 3.E.2-3, and 3.E.7-10)
- Increasing utilization of preventive and routine care (1.A.1-13, 1.D.3, 1.D.10-16, 2.A.1-7, 2.A.8-14, 2.E.2, 2.E.4, 3.A.1-12, 3.E.2, 3.E.4, and 3.E.11)
 - Decreasing utilization of and costs associated with potentially avoidable, high acuity health care (1.B.1-2, 1.C.1-2, 1.H.1-3, 2.C.1-2, 2.D.1-3, 2.G.1-3, 3.C.1-2, 3.D.1-2, and 3.G.1-3)
 - Identifying beneficiary physical and mental health outcomes:
 - Improving maternal and infant health outcomes for participants in the Maternal Life360 HOME (1.D.12-15, 1.D.17-19, and 1.E.1-6)
 - Increasing utilization of behavioral health and substance use disorder treatments for beneficiaries with relevant diagnoses in Rural Life360 HOME (2.E.1-11)
 - Increasing outreach and HRSN support services to assist beneficiaries in Success Life360 HOME (4.E.7 and 4.E.8)

This evaluation will also assess the effectiveness of investments authorized through the amendment to support the development and implementation of the HRSN initiatives such as the following:

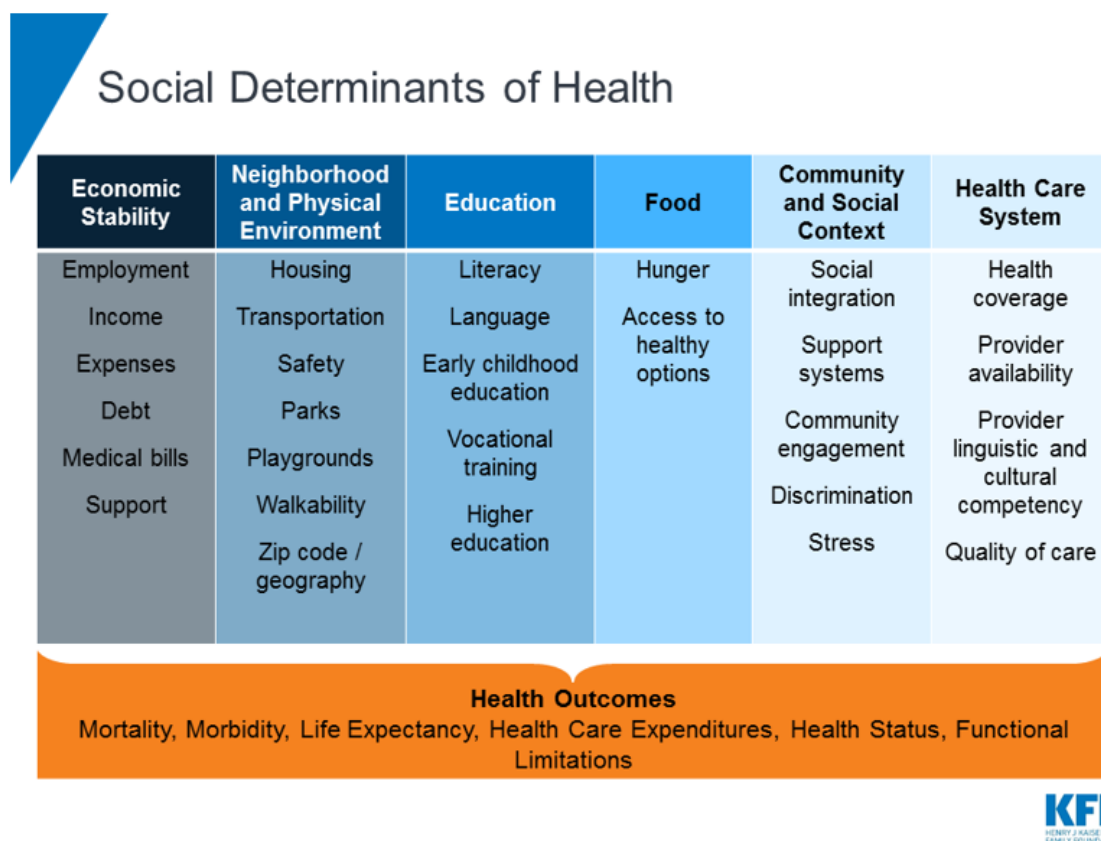
- Assess over time the local availability and investments in social services, such as housing, nutrition, and any other type of allowable HRSN services in concert with new Medicaid funding toward those services (4.E.2 and 4.E.9)
- Assess potential improvements and barriers in the quality and effectiveness of beneficiary participation and downstream services that can be provided under the state plan authority (4.A.4, 4.B.1, and 4.E.5-8)
- Perform a cost analysis to support the development of cost estimates for providing HRSN services (4.A.3)
- Life360 HOME cost assessment will include, but is not limited to, administrative costs of implementation and operation, Medicaid health services expenditures, and provider uncompensated care costs (4.A.1-3, 1.H.1-3, 2.G.1-3, 3.G.1-3, and 4.D.1)
- Assess alignment of findings with other Life360 HOME goals and cost analyses to assess the amendment's effects overall on the fiscal sustainability of the state's Medicaid program (4.C.1)
- Assess the effective use of infrastructure investments to support the development and implementation of HRSN initiatives (4.E.3)

1.1 ARKANSAS HEALTH RELATED SOCIAL NEEDS

The World Health Organization defines social determinants of health as, “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems

shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems.”⁶ Similarly, health-related social needs are “the social and economic needs that beneficiaries experience that affect their ability to maintain their health and well-being. They include things such as housing instability, housing quality, food insecurity, employment, personal safety, lack of transportation and affordable utilities, and more.”⁷ As a result of social determinants of health, beneficiaries may face certain disparities in health-related social needs. Providers, policymakers, care providers, and payer organizations can help address these needs and understand the unique needs that might impact a beneficiary or population.

Figure 1: Social Determinants of Health from Kaiser Family Foundation (KFF)



Factors such as household income, educational attainment, race, ethnicity, and poverty rate can have a significant impact on health-related outcomes and access to care. In many health and socioeconomic indicators, Arkansas fares worse than most states. Arkansas ranks 42nd in overall poverty rate. The U.S. Census Bureau reports a higher poverty rate (16.3%) for Arkansas

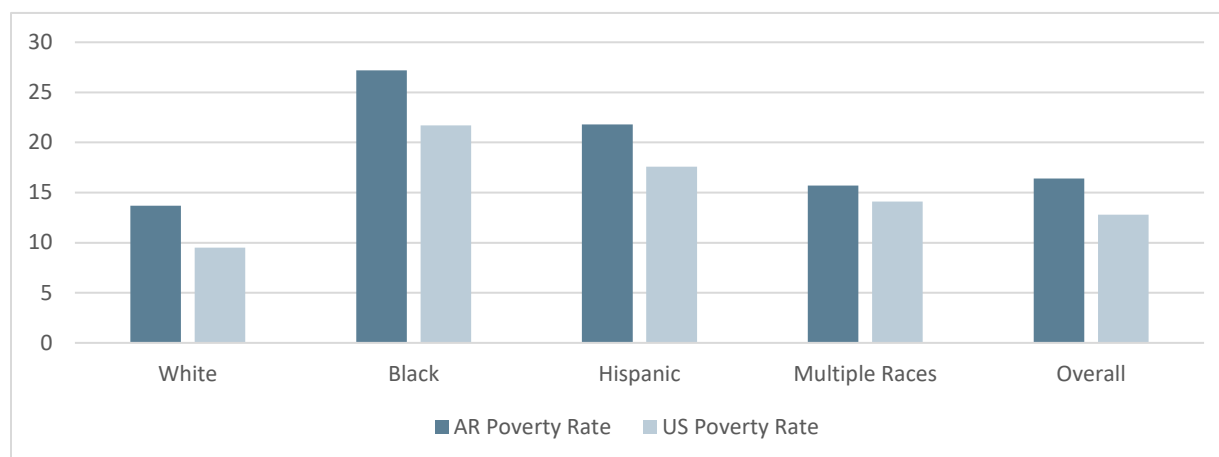
⁶ Social determinants of health. World Health Organization (WHO). Accessed March 30, 2023.

http://www.who.int/social_determinants/en

⁷ HRSN def: <https://www.oregon.gov/oha/HPA/dsi-pcpch/AdditionalResources/Health-related%20Social%20Needs%20vs%20the%20Social%20Determinants%20of%20Health.pdf>

compared to the national poverty rate (11.6%). Analyzing the poverty rate by race also demonstrates that Arkansas falls behind the U.S. average for every racial category as well as overall, as indicated in the figure below.⁸

Figure 2: Arkansas vs. U.S. Poverty Rate by Race



According to the Census Bureau, approximately 25.3% of the population was 25 years or older in Arkansas held a bachelor's degree in 2021; this number is lower than the national average of 33.7%. The high school graduation rate in Arkansas is also slightly lower (87.7%) compared to the national average (88.9%).⁹ On average, between 2017-2021, Arkansas also reported lower median income (\$52,123) compared to the national median income (\$69,021).¹⁰ In 2020, 9.2% of the Arkansas population was uninsured, slightly higher than the national average of 8.6%.¹¹, and 2021 data shown in the figure below highlights Arkansas' opportunity to address its difference from national food insecurity rates.¹²

⁸ Poverty Rate by Race and Ethnicity. Kaiser Family Foundation. Accessed March 30, 2023.

<https://www.kff.org/other/state-indicator/poverty-rate-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

⁹ S1501 Educational Attainment. American Community Survey. Accessed March 30, 2023.

<https://data.census.gov/table?q=040XX00US05&tid=ACST1Y2021.S1501>

¹⁰ U.S. Census Bureau Quick Facts. U.S. Census Bureau. Accessed March 30, 2023.

<https://www.census.gov/quickfacts/fact/table/AR/EDU685221>

¹¹ Health Insurance Coverage of the Total Population. Kaiser Family Foundation. Accessed March 30, 2023.


<https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

¹² [Food-Desert-Working-Group-Report.22.pdf \(arhungeralliance.org\)](#)

Figure 3: Arkansas vs. U.S. Food Insecurity

Scope of the Problem

- + Households report having food insecurity – limited or uncertain access to adequate food – due to income instability, financial hardships, access barriers (e.g., no transportation or lack of nearby food establishments), and mental and physical health issues.
- + The consequences of food insecurity are being felt across the United States, but the rates in Arkansas are alarming ranking above the national average.



| 2021 | Arkansas | United States |
|-------------------|----------|---------------|
| Food Insecurity | 15% | 10.2% |
| Low Food Security | 6% | 3.8% |

1.2 MATERNITY CARE IN ARKANSAS

According to a report from the Centers for Disease Control and Prevention (CDC), the United States saw a 40% increase in deaths due to maternal causes. Furthermore, compilation of state committee review data by the CDC suggests that 84% of these deaths were preventable.¹³

According to the Kaiser Family Foundation, between 2018 and 2020, Arkansas had the highest maternal mortality rate across all states in the United States (40.4 maternal deaths per 100,000 live births). This statistic is nearly double the maternal mortality rate for the entire nation (20.4 maternal deaths per 100,000 live births).¹⁴ Furthermore, Arkansas scores 96 on a scale of 100 on the Maternal Vulnerability Index (MVI), an open-source, national-scale and county-level index developed by the March of Dimes organization to identify areas in the United States where mothers are at highest risk during pregnancy due to clinical, social, environmental, and contextual factors. Higher scores on the MVI scale indicate greater vulnerability to poor pregnancy outcomes.¹⁵

¹³ Maternal Deaths in the U.S. Spiked in 2021, CDC Reports. National Public Radio (NPR). Accessed March 30, 2023. <https://www.npr.org/sections/health-shots/2023/03/16/1163786037/maternal-deaths-in-the-u-s-spiked-in-2021-cdc-reports>

¹⁴ Maternal Deaths and Mortality Rates per 100,000 Live Births. Kaiser Family Foundation. Accessed March 30, 2023. <https://www.kff.org/other/state-indicator/maternal-deaths-and-mortality-rates-per-100000-live-births/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

¹⁵ The U.S. Maternal Vulnerability Index: Maternal Vulnerability in the United States. Surgo Ventures. Accessed March 30, 2023. <https://mvi.surgoventures.org/>

In addition, according to the March of Dimes report card for Arkansas, more than 1 out of 5 (or 20%) pregnant women receive inadequate prenatal care in the state. Nationally, this number stands at a little over 14.5% of pregnant women.¹⁶

According to the CDC, Arkansas had the second-highest rate of teen births at 27.8 births per 1,000 females aged 15-19 years in 2020.¹⁷ Additionally, March of Dimes assigned Arkansas a grade of “F” for pre-term births on the Maternal Mortality Report Card. Arkansas also suffers from a higher infant mortality rate than the national average (7.3 infant deaths per 1,000 live births in Arkansas compared to 5.4 infant deaths per 1,000 live births nationally).¹⁸ According to the March of Dimes 2022 Maternity Care Deserts Report, almost half of all counties (37 counties) in Arkansas are “maternity care deserts,” defined by March of Dimes as “as any county without a hospital or birth center offering obstetric care and without any obstetric providers.”¹⁹

It is crucial to improve maternal and infant health outcomes in Arkansas. Women with high-risk pregnancies who participate in one of the Maternal Life360 HOME will benefit from home visitation supports beginning during pregnancy through the first two years of the child’s life. The Maternal Life360 HOME was created to address the state’s low ranking in maternal and child health indicators. Medicaid finances nearly 60 percent of all births in the state. Improving the state’s ranking requires an emphasis on the Medicaid population. Medicaid spends approximately \$140 million on costs related to poor birth outcomes. The Maternal Life360 HOME will be administered through hospitals throughout the state that provide labor and delivery services. They will use a home visitation model to support the mother and child.

1.3 MENTAL ILLNESS AND SUBSTANCE ABUSE IN ARKANSAS

According to the CDC, 40.3 million Americans aged 12 or older reported having a substance use disorder in the past year. Substance use disorders can be applied to alcohol, cannabis, hallucinogens, inhalants, opioids, sedatives, hypnotics, anxiolytics, stimulants, tobacco, and other or unknown substances. The CDC defines Substance Use Disorders as “treatable, chronic diseases characterized by a problematic pattern of use of a substance or substances leading to impairments in health, social function, and control over substance use. It is a cluster of cognitive, behavioral, and physiological symptoms indicating that the beneficiary continues

¹⁶ 2022 March of Dimes Report Card for Arkansas. March of Dimes. Accessed March 29, 2023.

<https://www.marchofdimes.org/peristats/reports/arkansas/report-card>

¹⁷ Teen Birth Rate by State. Centers for Disease Control (CDC). Accessed March 29, 2023.

<https://www.cdc.gov/nchs/pressroom/sosmap/teen-births/teenbirths.htm>

¹⁸ 2022 March of Dimes Report Card for Arkansas. March of Dimes. Accessed March 29, 2023.

<https://www.marchofdimes.org/peristats/reports/arkansas/report-card>

¹⁹ 2022 Maternity Care Report. March of Dimes. Accessed March 29,

2023. https://www.marchofdimes.org/sites/default/files/2022-10/2022_Maternity_Care_Report.pdf

using the substance despite harmful consequences.”²⁰ Mental illness and SUD are serious concerns that contribute to negative health-related outcomes.

According to data from the National Survey on Drug Use and Health (NSDUH) and the National Survey of Drug Abuse Treatment Services, 50.4% of those with any mental illness in Arkansas reported using mental health services in the last year; this number is higher than the national average of 43.6% in 2019.²¹ About a third of the population (approximately 33%) in Arkansas reports having symptoms of anxiety or depression; this number is comparable to the national average (approximately 32%). Comparable to national trends in drug overdose deaths across the country, drug overdose deaths in Arkansas have also steadily increased in the last ten years, up from 12.6 per 100,000 in 2011 to 22.3 per 100,000 in 2021. Most of all drug overdose deaths in Arkansas in 2021 (61%) were related to opioid overdose.

According to the National Alliance on Mental Illness (NAMI), 125,000 adults in Arkansas have been diagnosed with a serious mental illness. NAMI also reports that 145,000 adults in Arkansas did not receive needed mental health care; of those, nearly half reported not receiving care due to cost.²²

Furthermore, over the last ten years, Arkansas has on average historically reported a higher age-adjusted rate of suicide per 100,000 than across the United States. In 2021, this rate was 20.6 suicides per 100,000, compared to the national average of 14.1 suicides per 100,000. Similarly, Arkansas also reported a higher rate of fire-arm related suicides (12.5 per 100,000) compared to the national average (7.5 suicides per 100,000) in 2021. Arkansas also reported a higher percentage of adults reporting anxiety or depression symptoms with unmet needs for counseling or therapy compared to the national average (38.4% in Arkansas vs. 28.2% nationally). In Arkansas, just over 1 out of 4 people who report having any mental illness are also on Medicaid. Nationally, just over 1 out of 5 people who report having any mental illness are on Medicaid.²³

²⁰ Substance Use Disorders. Centers for Disease Control. Accessed March 30, 2023.

<https://www.cdc.gov/dotw/substance-use-disorders/index.html>

²¹ Behavioral Health Barometer. Substance Abuse and Mental Health Services Administration (SAMHSA). Accessed March 30, 2023. https://www.samhsa.gov/data/sites/default/files/reports/rpt32820/Arkansas-BH-Barometer_Volume6.pdf

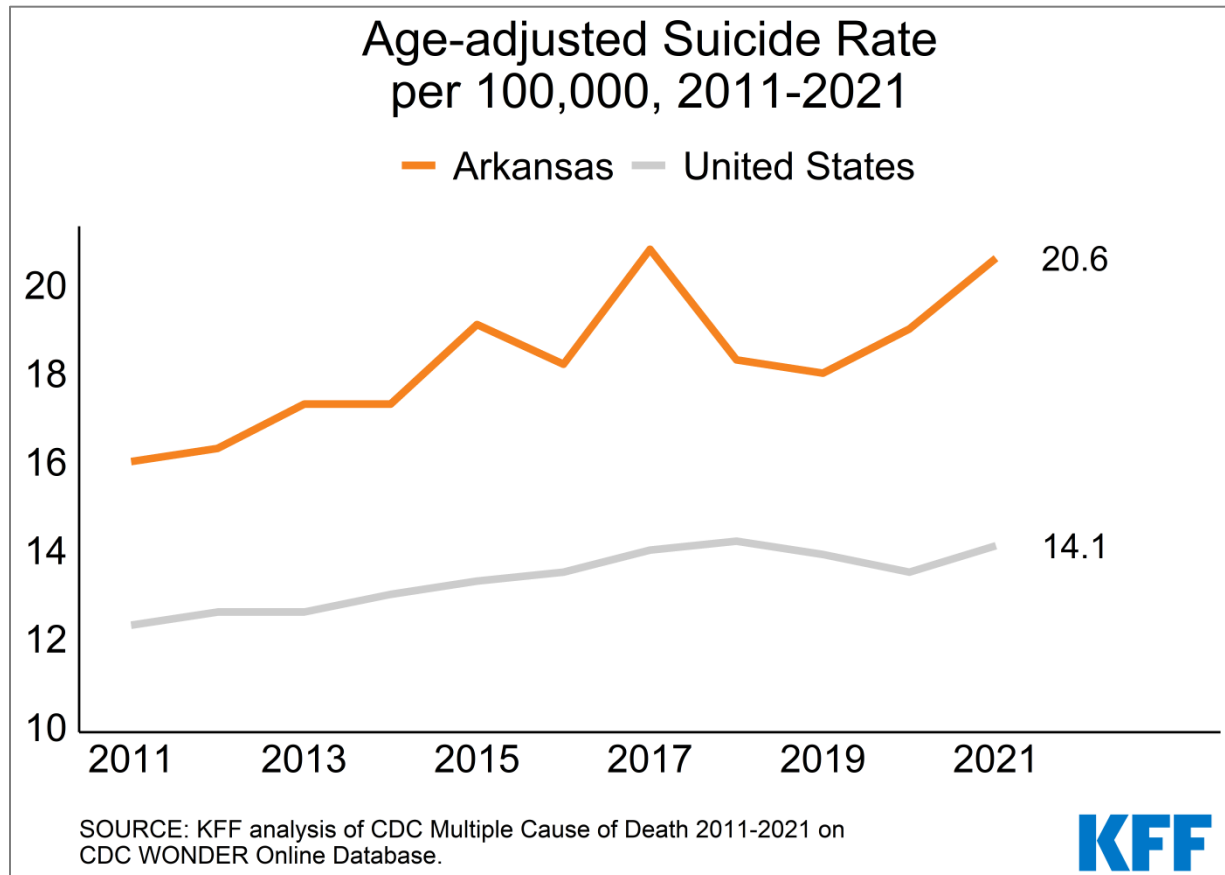
²² Mental Health in Arkansas. National Alliance for Mental Illness. Accessed March 30, 2023.

<https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/ArkansasStateFactSheet.pdf>

²³ Mental Health in Arkansas. Kaiser Family Foundation. Accessed March 30, 2023.

<https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/arkansas/>

Figure 4: Suicide Rate in Arkansas vs. United States



The Rural Life360 HOME will help address HRSN factors and will likely increase utilization of appropriate medical services. This is especially applicable for the target population, which could benefit from treatment due to behavioral health needs. There is a shortage of mental health professionals throughout much of the state. The screening for HRSNs and referral to local community resources provided by the Rural Life360 HOME will be available to all Arkansans regardless of age or eligibility for Medicaid. The Rural Life360 HOME will be administered through small hospitals in rural areas. Hospital employees will be trained to become “coaches” and will go to their beneficiaries in the community to link their beneficiaries to medical services and coordinate nonmedical local community resources to address a beneficiary’s HRSN.

1.4 HIGH RISK YOUNG ADULTS FOR POVERTY

Success Life360 HOME will target 3 categories of young adults who are at the most risk of long-term poverty and its associated risks of poor health: 1) Formerly in foster care (ages 19-27); 2) Formerly incarcerated or involved with the juvenile justice system (ages 19-24); 3) Veterans (ages 19-30) at high risk of homelessness. In Child Poverty and Adult Success, research from the Urban Institute shows that, when compared to their counterparts who also experienced

poverty as children but were not “persistently” poor, persistently poor children are 13% less likely to complete their high school education by age 20, 29% less likely to enroll in post-secondary education by age 25, and 43% less likely to complete a four-year college degree by age 25. Persistently poor children, defined as those living half their lives or more below the poverty level, are 37% less likely to be consistently employed as young adults than their counterparts who experienced poverty as children but were not “persistently” poor. “Overall, these statistics show that children who have a long and persistent exposure to poverty are disadvantaged in their educational achievement and employment.”²⁴

Initial target populations for the Success Life360 HOME include young adults ages 19-27 formerly in foster care. Being in foster care is an indicator for increased risk of homelessness, suffering from behavioral health conditions, being unemployed, and skipping college. “Youth who have been in foster care (YFC) are at high risk of many health problems in young adulthood including hypertension, diabetes, being a smoker, heart disease, stroke, attention deficit hyperactivity disorder, and asthma compared with peers who have not resided in foster care.”²⁵

Life 360 HOME also includes young adults ages 19-24 who were formerly incarcerated or under supervision of the DHS Division of Youth Services juvenile justice system. The relationship between incarceration and long-term poverty is well established. Research at the American Action Forum also examines the relationship between incarceration and homelessness, the failure to pay child support, the inability to pay even small fines which may result in re-incarceration, and drug use. “Poverty and drug use perpetuate each other and often inhibit escape from the cycles of addiction and poverty; substance abuse may result from poverty as a person uses drugs or alcohol as a way to cope with their financial stresses, and alternatively, poverty can be the result of chronic and expensive drug abuse that leads to overwhelming debt.”²⁶

In March 2018, the Brookings Institution published “Work and Opportunity Before and After Incarceration” which shows the struggles of beneficiaries before and after incarceration:

“The data show that ex-prisoners struggle in the labor market after their period of incarceration. In the first full calendar year after their release, only 55% have any reported earnings. Among those with jobs, their median annual earnings is \$10,090 and only 20% earn more than \$15,000 that year—an amount roughly equivalent to the earnings of a full-time worker at the federal minimum wage. The struggles of ex-prisoners after leaving

²⁴ Ratcliffe, Caroline. Child Poverty and Adult Success. Urban Institute. Accessed March 30, 2023. <https://www.urban.org/sites/default/files/publication/65766/2000369-Child-Poverty-and-Adult-Success.pdf>

²⁵ Ahrens et al. Health Outcomes from Foster Care and Economically Diverse Backgrounds. Pediatrics. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4243069/>

²⁶ Hayes, Tara. Incarceration and Poverty in the United States. American Action Forum. Accessed March 30, 2023. <https://www.americanactionforum.org/research/incarceration-and-poverty-in-the-united-states/>

prison are mirrored by their struggles prior to being incarcerated. Three years prior to incarceration, only 49% of prime-age men are employed, and, when employed, their median earnings were only \$6,250. Only 13% earned more than \$15,000. Tracking prisoners over time and comparing employment and earnings before and after incarceration we find surprisingly little difference in labor market outcomes like employment and earnings. This doesn't necessarily mean that incarceration has no effect on their earnings, which might otherwise have been increasing as workers age and as the economy emerged from recession or have been previously impaired by a prior conviction. Hence, we interpret this pattern less as evidence that incarceration has little effect on employment, but rather as an indication that the challenges ex-prisoners face in the labor market start well before the period of incarceration we observe (emphasis added).²⁷

As referenced in the 2021 ARHOME application, more than 40% of beneficiaries, at the time in the Arkansas Works program, who were previously in Division of Youth Services (DYS) supervision became incarcerated as adults. Additionally, nearly 18,000 ARHOME beneficiaries were formerly incarcerated. Those ages 18-24 have the highest rates of recidivism (68% for males and 50% for females).

The Success Life360 population includes veterans aged 19-30. Nationally, it is estimated that more than 40% of veterans enrolled in Medicaid had two or more chronic conditions, 11% have a SMI, and 12% have a SUD. More than 10% of the Arkansas homeless population are veterans. Although working aged veterans in the labor force are less likely to be in poverty than non-veterans, the poverty rate for veterans is still significant and highest among the youngest veterans, veterans with a disability, female veterans, and racial and ethnic minority veterans.²⁸

1.5 ARHOME LIFE360 HOME PROGRAM OVERVIEW

Life360 HOME will provide specific required program activities to connect beneficiaries to medical services and nonmedical supports in their communities to address their HRSN through intensive care coordination. The care coordination will help connect beneficiaries with services that are available in their communities, such as those offering assistance with housing, food assistance, education and training, and other services needed. DHS will contract with hospitals that want to become Life360 HOMEs, and approved Life360 HOMEs will select the service area they want to serve. The Life360 will hire staff to deliver care coordination, create infrastructure through IT systems and partnerships with other providers to make referrals to the Life360

²⁷ Looney, Adam, and Nicholas Turner. "The Brookings Institution | March 2018 Work and Opportunity before and ..." Economic Studies at Brookings Institution, Brookings Institution, https://www.brookings.edu/wp-content/uploads/2018/03/es_20180314_looneyincarceration_final.pdf?source=post_page

²⁸ The Veteran Working-Poor: The Relationship between Labor Force Activity and Poverty Status. Department of Veterans Affairs. Accessed March 30, 2023.

https://www.va.gov/vetdata/docs/SpecialReports/The_Veteran_Working_Poor.pdf

HOME and to conduct health-related social need screenings and develop a referral network with community entities to support beneficiaries with housing, food, and other social services. The amount of funding and allowed uses are described in the Beneficiary Protocol as well as the state's provider manual, startup funding ranges from \$100,000 for Maternal and Rural Life360 HOMEs. The state will also allocate funding for transportation for Maternal and Rural Life360 HOMEs to support access to HRSN services and/or services delivery up to \$50,000 annually for each program. Rural Life360 HOME will also receive funding for creation of an Acute Care Unit observation and stabilization staff as well. All Life360 HOMEs will also receive funding to provide the care coordination including support for program staffing, training, and other direct program costs and to provide the allowed housing and nutritional supports under the demonstration.

Summarized from the Life360 HOME provider manual, the Maternal Life360 provides directly or through its selected community partner organization(s) the following services and supports for their beneficiaries:

- Request from DHS enrollment and eligibility verification for beneficiaries referred or identified for home-visiting supports, including assisting beneficiaries with the diagnosis for high-risk pregnancy and obtaining appropriate consents to share their personal information with DHS, medical care providers, and other service providers.
- Administer screenings that includes HRSN screenings (upon beneficiary enrollment in Life360 and every six (6) months during program participation) as well as other appropriate health screenings that will help inform the supports and referrals delivered to improve outcomes in the following:
 - Maternal Health
 - Child Health
 - Family Economic Self-Sufficiency
 - Positive Parenting Practices
- Provide home visitation services with fidelity to an evidence-based home visiting model and linkages to community resources and supports. Home visiting may be provided directly by the hospital or through contract with an evidence-based home visitation program.
- Assist with any needs for coordination of medical services including support identifying and connecting both the beneficiary and her baby to a primary care provider (PCP) or OB/GYN and any other needed medical and behavioral health providers or culturally relevant supports.
- Document home-visiting services provided.
- Disenroll beneficiaries who have asked to stop receiving services or who are uncooperative with receiving services after three consecutive attempts to schedule a

visit. (Please see [Section 4](#) for methodological limitations.) Disenrolled beneficiaries can re-enroll at their request within their pregnancy or, for ARHOME enrollees, within the first twenty-four (24) months after delivery.

- Ensure coordination with home visiting programs as applicable.

The Rural Life360 provides the following community screening and referral supports to the general population and care coordination to identified beneficiaries:

- Create a plan and implement the plan to screen anyone in the community for HRSN needs and provide support for community providers to complete and submit HRSN screens for the people they serve.
- Connect beneficiaries whose HRSN screen identifies an HRSN need to local medical and non-medical resources, including food, housing, and transportation.
- Accept referrals for care coordination supports for eligible beneficiaries from health care providers treating beneficiaries with mental illness or substance use disorder.

The Rural Life360 provides the following healthcare capacity building activities:

- Develop and operate an acute crisis unit (ACU) that meets the requirements of §218.400 of the Arkansas Medicaid Hospital Provider Manual or a psychiatric care unit that meets the requirements specified in the Rules for Hospitals and Related Institutions in Arkansas. The ACU or psychiatric unit must serve beneficiaries in need of mental health or substance use crisis services in the Rural Life360 hospital. The Rural Life360 hospital must begin acute crisis unit or psychiatric services during the startup period.

The Rural Life360 provides the following care coordination supports:

- Request from DHS enrollment and eligibility verification for beneficiaries referred or identified for intensive care coordination supports including appropriate consents.
- Provide intensive care coordination and coaching supports for enrolled beneficiaries. Intensive care coordination and coaching includes:
 - Collecting or completing an HRSN screen upon beneficiary enrollment in Rural Life360 and every six (6) months during program participation
 - Conducting an in-depth personal interview related to the health-related social needs identified in the screening and the barriers to resolving health-related social needs. The Rural Life360 is responsible for developing the interview tool to be used, the implementation process and the staff training process for engaging beneficiaries.
 - Developing and maintaining a person-centered action plan (PCAP) for each beneficiary that includes the following:
 - The beneficiary's goals and preferences for addressing needs. Goals must include accessing a PCP, all needed medical providers and services, and

- specific goals related to HRSN, such as mental and emotional wellness or obtaining or sustaining safe housing.
- Results of the HRSN screen and personal interview including strengths and relevant personal history.
- Plan for overcoming barriers to accessing services and use of preventative care to avoid non-emergent Emergency Department (ED) visits.
- Unmet needs for medical services and non-medical community supports and a plan for meeting those needs.
- Working directly with beneficiaries and their families to improve their skills to be healthy physically, socially, emotionally and to thrive in their communities.
Follow up supports may include the following activities as specified in the PCAP:
 - Engaging beneficiaries in promoting their own health.
 - Coordinating with external medical and non-medical providers to connect beneficiaries with needed health services and community supports.
 - Assisting beneficiaries with applying for services including housing and nutrition assistance and/or other public benefits that may be needed and scheduling and completing assessments for entry into the Provider-Led Arkansas Shared Savings Entity (PASSE) program, if needed.
 - Assisting beneficiaries in obtaining behavioral health and other preventative services that reduce preventable utilization of ED and inpatient hospital settings.
 - Increasing beneficiary engagement in educational and employment opportunities and other supports that reduce the risk of poverty.
 - Transporting beneficiaries to non-medical appointments that are allowed under the demonstration, including social services or to obtain HRSN supports, such as housing or nutrition.
- Providing supports through any of the following:
 - Home visits in such frequency as is necessary to assist the beneficiary in meeting his/her documented PCAP goals
 - Office visits
 - Video-supported visits
 - Telephone or text message contacts in conjunction with in-person visits
- Documenting beneficiary's progress toward meeting goals established on PCAP, including the following:
 - Weekly update of beneficiary and staff activities
 - Gaps in available community services
 - Responsiveness from beneficiary
 - Any completed or newly identified goals or unmet needs

The Success Life360 will work with its partner organization to provide the following services:

- Request from DHS enrollment and eligibility verification for beneficiaries referred or identified for intensive care coordination and supports.
- Obtain a signed consent form from beneficiary to participate in the program and to authorize the Success Life360 HOME to share the beneficiary's personal information with DHS, partner organizations, relevant community service providers, and relevant healthcare providers.
- Provide intensive care coordination and coaching supports for beneficiaries to include:
 - Collecting or completing a HRSN screen (upon enrollment in and every six (6) months during program participation)
 - Conducting more detailed assessment of HRSN identified in the screening and the barriers to addressing those needs.
 - Developing and maintaining a PCAP for each beneficiary that includes the following:
 - Beneficiary goals and preferences for addressing needs. Goals should address the following:
 - Obtaining a primary care physician and addressing unmet medical needs
 - Mental and emotional wellness
 - Financial needs, including applying for or completing workforce training or education programs
 - Obtaining or maintaining employment, and
 - Obtaining or sustaining safe housing
 - Identified HRSN needs and personal interview results, including strengths and personal history if applicable, such as criminal justice involvement
 - Plan for overcoming barriers for accessing services and avoidance of non-emergent emergency department visits
 - Unmet needs for non-medical community supports and a plan for meeting those needs
 - Working directly with beneficiaries and their families to improve their skills to be physically, socially, and emotionally healthy; and to thrive in their communities. Services may include the following activities as specified in the PCAP:
 - Engaging beneficiaries in promoting their own health
 - Coordinating with external medical and non-medical providers to connect beneficiaries with needed health services and community supports
 - Assisting beneficiaries in obtaining services that reduce preventable utilization of emergency departments and inpatient hospital settings

- Strengthening beneficiary life skills and implement plan to maximize participation in education, employment training and other supports that reduce the risk of poverty
- Transporting beneficiaries to non-medical appointments. Life360 funds cannot be used for costs transporting a beneficiary or assisting with transportation of a beneficiary to a job interview.
- Providing supports through the following:
 - Home or community visits
 - Office visits including career center
 - Video-supported visits
 - Telephone or text message contacts, though not exclusively so
- Documenting beneficiary's progress toward meeting goals established in the PCAP, including the following:
 - Weekly update of beneficiary and staff activities
 - Gaps in available community services
 - Responsiveness from beneficiary
 - Any completed or newly identified goals or unmet needs

1.6 ARHOME LIFE360 HOME PROGRAM DIAGRAMS

The driver diagram below provides a visual representation of how the Life360 HOME program goals support outcomes.

Figure 5: Life360 Driver Diagram

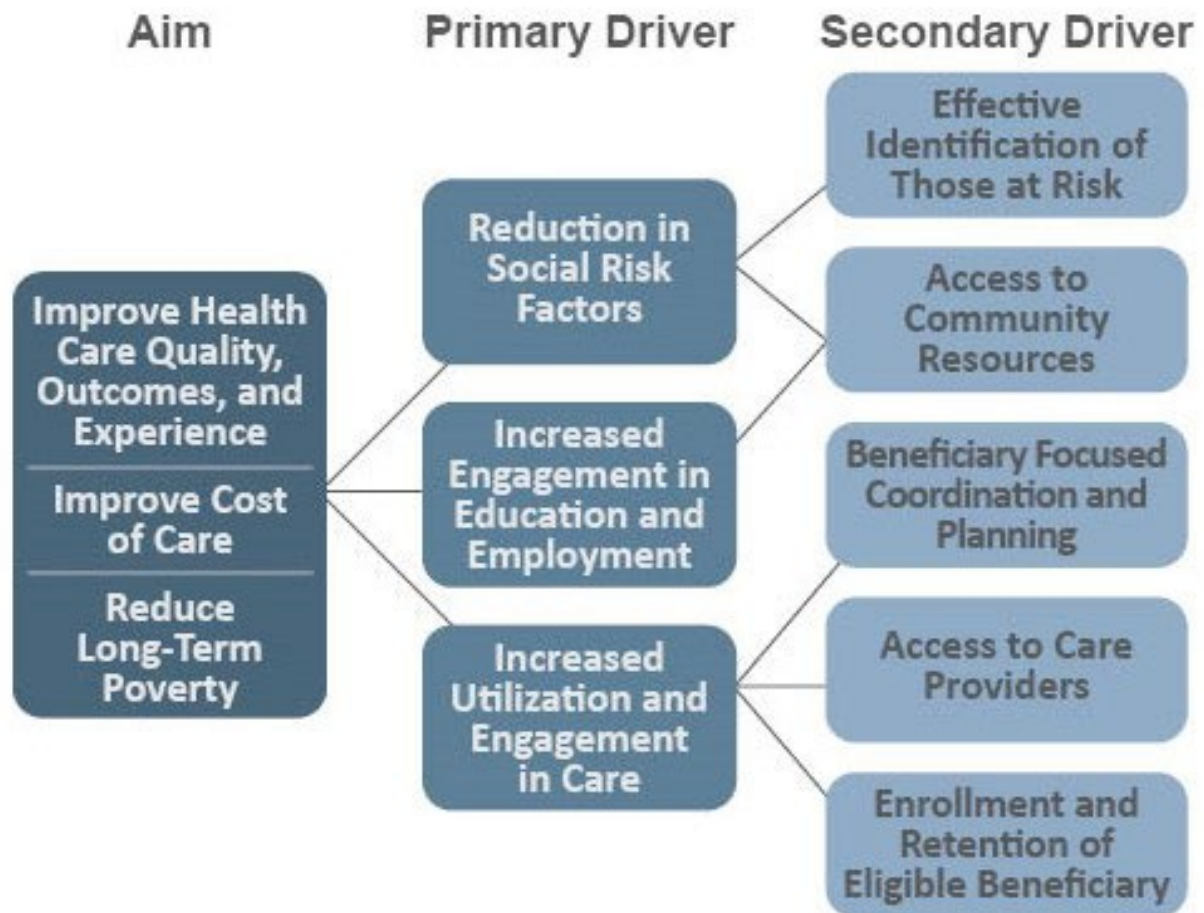
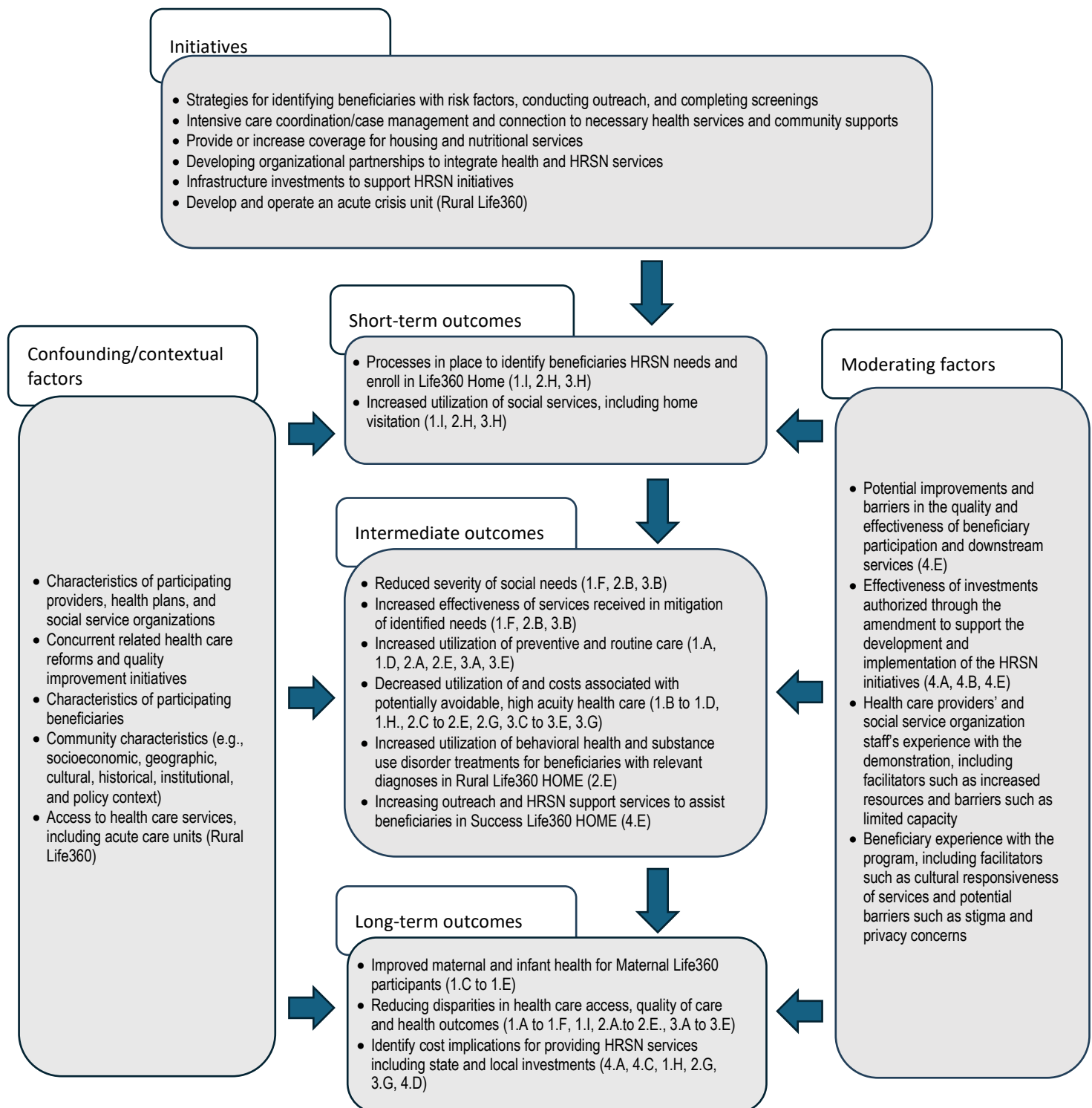


Figure 6: Life360 Logic Model



Note: Numbers and letters in parentheses refer to the goals and hypotheses in Section 2. EVALUATION QUESTIONS AND HYPOTHESES. Moderating and confounding/contextual factor without corresponding goals and hypotheses refer to important factors to control for or to take into consideration but do not correspond to a specific goal. The Life360 Initiatives are designed to contribute to most if not all of the goals and hypotheses, thus, specific indicators are not provided in the graphic.

2 EVALUATION QUESTIONS AND HYPOTHESES

2.1 IMPLEMENTATION QUESTIONS

Implementation questions are included to assess the Life360 HOMEs program from the perspective of stakeholders and participating Life360 HOME hospitals. For hospitals that did not choose to participate in Life360 HOMEs, a brief survey was used to understand reasons that impacted a hospital's decision not to participate as a Life360 HOME. Questions from the Arkansas Hospital Association (AHA) provider focus group additionally provided valuable feedback on the Life360 program overall.

Please note for **Table 2** below, providers consist of hospitals offering Maternal Life360 HOME services. Stakeholders consist of various groups such as policy makers, health care professionals, educators, nonprofit leaders, and community organizers committed to increasing health and education outcomes for mothers and children.

Table 2: Provider & Stakeholder Interview Questions

| Provider & Stakeholder Interview Questions | Survey Repondents | |
|--|-------------------|--------------|
| Interviewee Background Questions | Providers | Stakeholders |
| What organization are you affiliated with or employed by? | ✓ | ✓ |
| How long have you been affiliated with or employed by this organization? | ✓ | ✓ |
| What is your job title and role within the organization? | ✓ | ✓ |
| What role do you play related to the Life360 HOMEs Maternal program? | ✓ | ✓ |
| Over the past year or two, has your role within the organization changed or evolved? If so, how has the role you play changed? <ul style="list-style-type: none">Probe: Was the change prompted by participation in the Life360 HOMEs Maternal program? | ✓ | ✓ |
| Life360 HOMEs Program | Providers | Stakeholders |
| In your own words, please describe the Life360 HOMEs Maternal program that is currently being implemented. <ul style="list-style-type: none">Probe: What are the key components of the program?Probe: What criteria must patients meet to be eligible for your specific program?Probe: Who are the key partners (internal to the hospital, externally, etc.) | ✓ | |

| | | |
|--|------------------|---------------------|
| Broadly speaking (across the entire Program), what would a successful Maternal program look like to you three years from now? What would a failed Maternal program look like? | ✓ | |
| Decision to Apply/Application Process | Providers | Stakeholders |
| From your perspective, what were the key considerations in determining whether to participate in the Life360 HOMEs Maternal program? | ✓ | |
| What are your thoughts on the application process? <ul style="list-style-type: none"> Probe: Was the application process difficult? Probe: Was it easy or difficult to organize preparation of the materials or design the program? Probe: Who was involved in the application process? Was any one internal or external to your organization perceived to be a key facilitator or a barrier to application completion? In what ways? | ✓ | |
| Implementation | Providers | Stakeholders |
| How has implementation of your program gone thus far? | ✓ | |
| What barriers have you or your organization experienced while implementing the program? <ul style="list-style-type: none"> Probe: What strategies have key entities used to overcome barriers? | ✓ | |
| Have you found that any specific partners or processes have been particularly helpful in helping get your program started? If so, what have they done (or what processes) to help make progress toward getting the program activated? | ✓ | |
| How has enrollment gone thus far? How many patients have been enrolled in the program to date? What is your target number of patients when fully implemented? <ul style="list-style-type: none"> Probe: What strategies and tools are being used to identify beneficiaries with social risk factors? Probe: What strategies or tools are being used increase enrollment? | ✓ | |
| If you have any of this feedback thus far, what barriers to participation do patients experience, and what does this information suggest about the need for refinements to the program, provider outreach, etc.? | ✓ | |
| How is the program implementing HRSN case management and providing HRSN services through the demonstration? <ul style="list-style-type: none"> Probe: If you are providing multiple types (e.g., nutrition, housing support), how are these operationalized/being implemented? | ✓ | |
| How, if at all (or what is the future plan), has the program established a process to share and receive screening results among key partners? <ul style="list-style-type: none"> Probe: How, if at all, have health care providers modified their clinical practice in response to this information? | ✓ | |
| Infrastructure Support | Providers | Stakeholders |
| What new (or enhanced) infrastructure or capacity (e.g., technology platforms, departmental improvements, staffing, etc.) is the program developing or acquiring for Life360? | ✓ | |
| Sustainability | Providers | Stakeholders |

| | | |
|--|------------------|---------------------|
| What discussions have you and/or your organization had about sustaining the program following the waiver demonstration period? <ul style="list-style-type: none"> Probe: Who is involved in those discussions? Probe: If you haven't begun those discussions yet, is there a timetable? Probe: What outcomes might be included in your determination as to whether you will continue the program and its operations following the funding period? | ✓ | |
| Investment in Social Services | Providers | Stakeholders |
| How, if at all, is the local availability of and investment in social services outside of the demonstration (such as housing supports) changing during the demonstration? | ✓ | |
| How, if at all, is enrollment in SNAP and/or WIC changing for enrollees in the program? | ✓ | |
| What role does the Life360 HOMEs program play in any broader investment in HRSNs or programs focused on addressing the social determinants of health in Arkansas? <ul style="list-style-type: none"> Probe: Housing, Nutrition, etc. | ✓ | |
| Questions for State Program Staff | Providers | Stakeholders |
| Have you been involved in reviewing or supporting the applicant organizations? <ul style="list-style-type: none"> Probe: If yes, what is your perception of the quality of applications you've received thus far. (e.g., are the applications meeting the standard or purpose for what the Life360 HOMEs Maternal program is designed to do? Why or why not?) | ✓ | |
| From your perspective, how has the implementation of the Life360 program gone thus far? <ul style="list-style-type: none"> Probe: What were the initial barriers to program implementation? Probe: How was communication and coordination between the State and the interested Life360 applicants prior to beginning operations? Probe: Have applications for program participation been submitted to the state at the rate you expected? Why do you think that has happened? | ✓ | |
| What lessons have you learned that you would implement should you create a similar program in the future? | ✓ | |
| To what extent is the state integrating the demonstration with its other existing programs and infrastructure? | ✓ | |
| Other | Providers | Stakeholders |
| If you had to begin the application and implementation process over again, what is one thing that you would have done differently? | ✓ | |
| Given the nature of the Life360 program, is there anything that we did not ask about your role or the program, that you believe we should know? | ✓ | ✓ |
| What role might programs, such as Maternal, play in the development of future 1115 waivers in Arkansas? | ✓ | |
| Additional Questions | Providers | Stakeholders |

| | | |
|---|--|---|
| What role might programs, such as Maternal, play in the development of future 1115 waivers in Arkansas? | | ✓ |
| If you had to begin the process of designing the Program over again, what is one (or multiple) thing(s) that you would have done differently? | | ✓ |
| What are the biggest challenges with getting programs, such as Life360 HOMEs, passed through the legislature? | | ✓ |
| Who are the key partners that needed to be involved in helping gain support for the Life360 Maternal program? What role did they play in collaborating with you or other legislators while the program was under development? What role did any of the Senate committees play in supporting this program or the waiver more generally? | | ✓ |
| <p>What, if any, are the most highly politicized issues related to the ARHOME 1115 waiver, and specifically, the Life360 HOMEs program? Why? What initiatives is the legislature considering that aim to address the social determinants of health in Arkansas?</p> <ul style="list-style-type: none"> Are there specific topics being addressed by the either the Senate Public Health, Welfare and Labor Committee or the Hospital and Medicaid Subcommittee that we should be aware of as we consider what is being done to improve maternal outcomes and the delivery of care to women and children? | | ✓ |

Table 3: Non-Participant Provider Survey Questions

| Non-Participant Provider Survey Questions (Hospitals that chose not to participate in Life360 HOMEs) | |
|---|--|
| 1. Is your hospital aware of the Life360 HOMEs program administered by Arkansas Medicaid? | |
| 2. How likely is your hospital to participate in the Life360 HOMEs program in the near future? | |
| 3. Which of the following reasons would strongly contribute to your decision in becoming a Life360 HOMEs participant? | |
| 4. What barriers did you perceive or directly experience when deciding to participate in the Life360 HOMEs program? | |
| 5. Does your hospital routinely screen patients for health-related social needs (HRSNs)? | |
| 6. Does the subset of patients who are screened for HRSNs include women with high-risk pregnancies? | |
| 7. For patients that screen positive for one or more HRSNs, does your hospital already have referral programs in place that provide appropriate resources to address these HRSNs? | |
| 8. Does your hospital follow up with patients who participate in a referral program to see whether their HRSNs have been addressed? | |
| 9. Please provide any additional comments you may have related to the Life360 HOMEs program below. | |

Table 4: AHA Provider Focus Group - Life360 HOMEs Questions

| Arkansas Hospital Association (AHA) Provider Focus Group - Life360 HOMEs Questions |
|---|
| 1. Is your hospital aware of the Life360 program? |
| 2. How likely is your hospital to participate in the Life360 programs? |
| 3, 4. Have you begun the process to become a Life360 participant? If so, what was your motivation to do so? Which Life360 program are you considering applying for? |
| 5. Does potential reimbursement for these services - including infrastructure costs - make the Life360 program appealing to your organization? Why, or why not? |
| 6. From your hospital's perspective, what are the barriers to participating in the Life360 program? |

2.2 MEASURE DIAGRAMS

An effective evaluation design was developed with a Measure Diagram to help clearly depict the fundamental relationship between the aims for the amendment, considered hypotheses, research questions, and identified measures to analyze the performance. The diagrams below provide a visual display of measurable criteria to verify the achievement of the amendment's goals. Each aim represents how the Life360 HOME programs will positively affect its beneficiaries as compared to a comparison population. The hypotheses associate specific STCs from CMS to guide the comparison, research questions provide specific objectives for each hypothesis, and the measures stipulate the metrics applied to each hypothesis that will be analyzed validate the performance of Life360 HOME. Detailed information about each metric can be found in Section 3.4 of this document.

Figure 7: Measure Diagram Goal 1

| GOAL 1: Maternal Life360 HOME will support beneficiaries with high-risk pregnancies, as identified by their physician, and up to two years post-partum, even if the beneficiary is no longer eligible for Medicaid under any other category, either through Maternal Life360 HOME's hospital's direct provision of evidence-based home visitation or through contracts with evidence-based home visitation programs | | |
|---|---|--|
| HYPOTHESIS | RESEARCH QUESTION | MEASURE |
| A. ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life 360 HOME will have greater use of preventive and other primary care services | Do ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life360 HOME use more preventive and other primary care services than similar ARHOME beneficiaries not receiving services from a Maternal Life360 HOME? | 1 – 8. Screenings, Care for Chronic Conditions, Preventive Health Services, Contraceptive Care, Pre- and Post-Natal Care |
| | | 9. PCAP Milestone Achievement |
| | | 10 – 13. PCP Visits and Screenings |
| B. ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life360 HOME will have lower non-emergent and emergent use of emergency department (ED) services | Do ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life360 HOME have less non-emergent and emergent ED visits than similar ARHOME beneficiaries not receiving services from a Maternal Life360 HOME? | 1. Non-Emergent ED Visits |
| | | 2. Emergent ED Visits |
| C. ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life 360 HOME will have lower use of potentially preventable emergency department services and lower incidence of preventable hospital admissions and readmissions | Do ARHOME beneficiaries with high-risk pregnancies who receive services from Maternal Life360 HOME have less preventable ED visits and readmissions than similar ARHOME beneficiaries not receiving services from a Maternal Life360 HOME? | 1. Preventable ED Visits |
| | | 2. PCR-AD Plan All-Cause Readmissions |
| | Do ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life360 HOME have a higher rate of follow-up after ED visits than similar ARHOME beneficiaries not receiving services from a Maternal Life360 HOME? | 3. Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions |

| | | |
|---|--|---|
| <p>D. ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life 360 HOME will receive better quality of care</p> | <p>Do ARHOME beneficiaries with high-risk pregnancies and diagnosis of mental illness or substance use disorder who receive services from a Maternal Life360 HOME have higher rates of treatment, medication adherence, preventive screenings, as well as follow-up after ED visits and hospitalizations than similar ARHOME beneficiaries not receiving services from a Maternal Life360 HOME?</p> | <p>1 – 9. Medication Use, Adherence and Management; Treatment for SUD; Follow-Up After ED</p> |
| | <p>Do ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life360 HOME have lower use of opioids and benzodiazepines than similar ARHOME beneficiaries not receiving services from a Maternal Life360 HOME?</p> | |
| | <p>Do ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life360 HOME utilize more home visits for themselves and their children?</p> | <p>10 – 11. Pregnancy/Child Home Visits 12 – 15. Prenatal/ Postpartum Depression Screening/Follow-up</p> |
| | <p>Are more ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life360 HOME screened and followed-up for postpartum depression?</p> | |
| | <p>Do ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life360 HOME have lower rates of c-sections and mortality than similar ARHOME beneficiaries not receiving services from a Maternal Life360 HOME?</p> | <p>16. MPM 17. Low Risk C-section 18. C-section Rate</p> |

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| E. ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life 360 HOME will have improved birth outcomes for their infants | Do ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life360 HOME have a lower rate of low birth weight or preterm births, NICU stays, and infant mortality than similar ARHOME beneficiaries not receiving services from a Maternal Life360 HOME? | 1 – 2. Low/Very Low Birth Rates |
| | | 3 – 4. Pre-Term/Live Births |
| | | 5. Infant Mortality Rate |
| | | 6. NICU Stays |

Figure 8: Measure Diagram Goal 1 Cont.

| GOAL 1: Maternal Life360 HOME will support beneficiaries with high-risk pregnancies, as identified by their physician, and up to two years post-partum, even if the beneficiary is no longer eligible for Medicaid under any other category, either through Maternal Life360 HOME's hospital's direct provision of evidence-based home visitation or through contracts with evidence-based home visitation programs | | |
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| HYPOTHESIS | RESEARCH QUESTION | MEASURE |
| F. ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life 360 HOME will have greater satisfaction in the care provided | Are ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life360 HOME more satisfied with their health care and providers than similar ARHOME beneficiaries not receiving services from a Maternal Life360 HOME? | 1 – 2. Health Plan/Care Rating |
| | | 3 – 4. PCP/Specialist Rating |
| | | 5. Life360 Services Rating |
| G. ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life360 HOME will have fewer health related social needs (HRSNs) and improved HRSN for the mother and infant compared to similar ARHOME beneficiaries in areas without a Maternal Life360 HOME | Do Arkansas residents who live in a service area of a Maternal Life360 HOME have fewer overall HRSNs (income, employment, housing and food security, educational attainment, and safety) than similar Arkansas residents who do not reside in a service area of a Maternal Life360 HOME? | 1 – 11. Health-Related Social Need Population Comparisons |

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| <p>H. ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life360 HOME will have lower total health care cost for the mother and infant through the first two years of life compared to similar ARHOME beneficiaries in areas without a Maternal Life360 HOME</p> | <p>Do ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life360 HOME have lower total health care costs that includes ED and hospitalization costs in the two years after birth than similar ARHOME beneficiaries not receiving services from a Maternal Life360 HOME?</p> | <p>1. Total Medicaid Spend 2. ED Costs 3. Hospitalization Costs</p> |
| <p>I. Maternal Life360 HOME beneficiaries will be screened for unmet HRSNs and receive a corresponding intervention if they screened positive</p> | <p>Are ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life360 HOME being screened for nutrition, housing, and interpersonal violence as well as receiving the corresponding support services to address their needs?</p> | <p>1 – 2. Food Screening / Intervention</p> <p>3 – 4. Housing Screen / Intervention</p> <p>5 – 6. Transportation Screening / Intervention</p> <p>7 – 8. Interpersonal Violence Screening / Intervention</p> <p>9 – 10. Prior HRSN Screening and Utilization of HRSN Services</p> <p>11. SNAP / WIC Enrollment</p> |

Figure 9: Measure Diagram Goal 2

| <p>GOAL 2: Rural Life360 HOME will support beneficiaries with a serious mental illness (SMI) or substance use disorder (SUD) diagnosis who live in rural areas of the state through intensive care coordination provided directly or through contracts between the hospital and organizations to provide care coordination</p> | | |
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| HYPOTHESIS | RESEARCH QUESTION | MEASURE |
| <p>A. ARHOME beneficiaries with SMI or SUD who receive services from a Rural Life360 HOME will have greater use of preventive and other primary care services</p> | <p>Do ARHOME beneficiaries with SMI or SUD who receive services from a Rural Life360 HOME use more preventive and other primary care services than similar ARHOME beneficiaries</p> | <p>1 – 11. Screenings, Care for Chronic Conditions, Preventive Health Services, and Contraceptive Care</p> <p>12. PCP Assigned 13. PCP Visits</p> |

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| | not receiving services from a Rural Life360 HOME? | 14. PCAP Milestone Achievement |
| B. ARHOME beneficiaries with SMI or SUD who receive services from a Rural Life360 HOME will have greater satisfaction in the care provided | Are ARHOME beneficiaries with SMI or SUD who receive services from a Rural Life360 HOME more satisfied with their health care and providers than similar ARHOME beneficiaries not receiving services from a Rural Life360 HOME? | 1 – 2. Health Plan/Care Rating |
| | | 3 – 4. PCP/Specialist Rating |
| | | 5. Life360 Services Rating |
| C. ARHOME beneficiaries with SMI or SUD who receive services from a Rural Life360 HOME will have lower non-emergent use of emergency department services | Do ARHOME beneficiaries with SMI or SUD who receive services from a Rural Life360 HOME have less non-emergent and emergent ED visits than similar ARHOME beneficiaries not receiving services from a Rural Life360 HOME? | 1. Non-Emergent ED Visits |
| | | 2. Emergent ED Visits |
| D. ARHOME beneficiaries with SMI or SUD who receive services from a Rural Life360 HOME will have lower incidence of preventable hospital admissions and readmissions | Do ARHOME beneficiaries with SMI or SUD who receive services from a Rural Life360 HOME have less preventable ED visits and readmissions than similar ARHOME beneficiaries not receiving services from a Rural Life360 HOME? | 1. Preventable ED Visits |
| | | 2. Plan All-Cause Readmissions |
| | Do ARHOME beneficiaries with SMI or SUD who receive services from a Rural Life360 HOME have a higher rate of follow-up after ED visits than similar ARHOME beneficiaries not receiving services from a Rural Life360 HOME? | 3 – 4. Unplanned Readmissions and Follow-Up After ED |

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| <p>E. ARHOME beneficiaries with SMI or SUD who receive services from a Rural Life360 HOME will receive better quality of care</p> | <p>Do ARHOME beneficiaries with SMI or SUD who receive services from a Rural Life360 HOME have higher rates of treatment, medication adherence, preventive screenings, as well as follow-up after ED visits and hospitalizations than similar ARHOME beneficiaries not receiving services from a Rural Life360 HOME?</p> | <p>1 – 10. Medication Use, Adherence and Management; Treatment for SUD; Follow-Up After ED</p> |
| | <p>Do ARHOME beneficiaries with SMI or SUD who receive services from a Rural Life360 HOME have lower use of opioids and benzodiazepines than similar ARHOME beneficiaries not receiving services from a Rural Life360 HOME?</p> | |
| | <p>What is the average time to treatment of behavioral health services for Rural Life360 HOME beneficiaries with SMI or SUD?</p> | <p>11. Average Time to Treatment</p> |
| | <p>Do ARHOME beneficiaries with SMI or SUD who receive services from a Rural Life360 HOME have a lower mortality rate than ARHOME beneficiaries not receiving services from a Rural Life360 HOME?</p> | <p>12. Mortality</p> |

Figure 10: Measure Diagram Goal 2 Cont.

| GOAL 2: Rural Life360 HOME will support beneficiaries with a serious mental illness (SMI) or substance use disorder (SUD) diagnosis who live in rural areas of the state through intensive care coordination provided directly or through contracts between the hospital and organizations to provide care coordination | | |
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| HYPOTHESIS | RESEARCH QUESTION | MEASURE |
| F. ARHOME beneficiaries with SMI or SUD who receive services from Rural Life360 HOME will have fewer health-related social needs and improved HRSN compared to similar ARHOME beneficiaries in rural areas without a Rural Life360 HOME | Do Arkansas residents who live in a service area of a Rural Life360 HOME have fewer overall HRSNs (income, employment, housing and food security, educational attainment, and safety) than similar Arkansas residents who do not reside in a service area of a Rural Life360 HOME? | 1 – 12. Health-Related Social Need Population Comparisons |
| G. ARHOME beneficiaries with a serious mental illness (SMI) or substance use disorder (SUD) who live in rural areas with a Rural Life360 HOME will have lower total health care costs compared to similar ARHOME beneficiaries in rural areas without a Rural Life360 HOME; Cost of claims/encounters per beneficiary per year | Do ARHOME beneficiaries with SMI or SUD who receive services from a Rural Life360 HOME have lower total health care costs that includes ED and hospitalization costs? | 1. Total Medicaid Spend 2. ED Costs 3. Hospitalization Costs |
| H. Rural Life360 HOME beneficiaries will be screened for unmet HRSN and receive a corresponding intervention if they screened positive. | Are ARHOME beneficiaries with SMI or SUD who receive services from a Rural Life360 HOME being screened for nutrition and housing needs and subsequently receiving the corresponding support services to address their needs? | 1 – 2. Food Screening/Intervention 3 – 4. Housing Screening/Intervention 5 – 6. Transportation Screening/Intervention 7 – 8. Prior HRSN Screening and Utilization of HRSN Services 9. SNAP/WIC Enrollment |

Figure 11: Measure Diagram Goal 3

| GOAL 3: Success Life360 HOME will support young adults (ages 19-27) at high-risk for long-term poverty due to prior incarceration, involvement with the foster care system, or young adults (ages 19 – 24) with involvement with the juvenile justice system and veterans ages 19-30 who are at high risk of homelessness. Success Life360s will provide intensive care coordination directly or contract with organizations to provide care coordination | | |
|---|--|--|
| HYPOTHESIS | RESEARCH QUESTION | MEASURE |
| A. ARHOME beneficiaries most at risk for long-term poverty who receive services from a Success Life360 HOME will have great use of preventive and other primary care services | Do ARHOME beneficiaries most at risk for long-term poverty who receive services from a Success Life360 HOME use more preventive and other primary care services than similar ARHOME beneficiaries not receiving services from a Success Life360 HOME? | 1 – 9. Screenings, Care for Chronic Conditions, Preventative Health Services, and Contraceptive Care |
| | | 10. PCP Assigned 11. PCP Visits |
| | | 12. PCAP Milestone Achievement |
| B. ARHOME beneficiaries most at risk for long-term poverty who receive services from a Success Life360 HOME will have greater satisfaction in the care provided | Are ARHOME beneficiaries most at risk for long-term poverty who receive services from a Success Life360 HOME more satisfied with their health care and providers than similar ARHOME beneficiaries not receiving services from a Success Life360 HOME? | 1 – 2. Health Plan/Care Rating |
| | | 3 – 4. PCP/Specialist Rating |
| | | 5. Life360 Services Rating |
| C. ARHOME beneficiaries most at risk for long-term poverty who receive services from a Success Life360 HOME will have lower non-emergent use of emergency department services | Do ARHOME beneficiaries most at risk for long-term poverty who receive services from a Success Life360 HOME have less non-emergent and emergent ED visits than similar ARHOME beneficiaries not receiving services from a Success Life360 HOME? | 1. Non-Emergent ED Visits |
| | | 2. Emergent ED Visits |
| D. ARHOME beneficiaries most at risk for long-term poverty who receive services from a Success Life360 HOME will have | Do ARHOME beneficiaries most at risk for long-term poverty who receive services from Success Life360 HOME have less | 1. Preventable ED Visits |

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| lower use of potentially preventable emergency department services and lower incidence of preventable hospital admission and readmissions | preventable ED visits and readmissions than similar ARHOME beneficiaries not receiving services from a Success Life360 HOME? | 2. Plan All-Cause Readmissions |
| | Do ARHOME beneficiaries most at risk for long-term poverty who receive services from a Success Life360 HOME have a higher rate of follow-up after ED visits than similar ARHOME beneficiaries not receiving services from a Success Life360 HOME? | 3. Follow-Up After ED Visit for People with Multiple High-Risk Chronic Conditions |

Figure 12: Measure Diagram Goal 3 Cont.

| GOAL 3: Success Life360 HOME will support young adults (ages 19-27) at high-risk for long-term poverty due to prior incarceration, involvement with the foster care system, or young adults (19-24) with involvement with the juvenile justice system and veterans ages 19-30 who are at high risk of homelessness. Success Life360s will provide intensive care coordination directly or contract with organizations to provide care coordination | | |
|---|--|---|
| HYPOTHESIS | RESEARCH QUESTION | MEASURE |
| E. ARHOME beneficiaries most at risk for long-term poverty who receive services from a Success Life360 HOME will receive better quality of care | Do ARHOME beneficiaries most at risk for long-term poverty and diagnosis of mental illness or substance use disorder who receive services from a Success Life360 HOME have higher rates of treatment, medication adherence, preventive screenings, as well as follow-up after ED visits and hospitalizations than similar ARHOME beneficiaries not receiving services from a Success Life360 HOME? | 1 – 11. Medication Use, Adherence and Management; Treatment for SUD; Follow-Up After ED |
| | Do ARHOME beneficiaries most at risk for long-term poverty who receive services from a Success Life360 HOME have lower use of opioids and benzodiazepines than similar ARHOME beneficiaries not receiving services from a Success Life360 HOME? | |

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| | Do ARHOME beneficiaries most at risk for long-term poverty who receive services from a Success Life360 HOME have fewer deaths than similar ARHOME beneficiaries not receiving services from a Success Life360 HOME? | 12. Mortality |
| F. Young ARHOME beneficiaries most at risk for long-term poverty who receive services from a Success Life360 HOME will be more successful in living in their community compared to similar ARHOME beneficiaries in areas without a Success Life360 HOME | Do Arkansas residents who live in a service area of a Success Life360 HOME have fewer overall HRSNs (income, employment, housing and food security, educational attainment, and safety, interactions with the criminal justice system) than similar Arkansas residents who do not reside in a service area of a Success Life360 HOME? | 1 – 12. Health-Related Social Need Population Comparisons |
| G. Total average health care costs for Success Life360 HOME participants will be less compared to similar ARHOME beneficiaries in areas without a Life360 HOME | Do ARHOME beneficiaries most at risk for long-term poverty who receive services from a Success Life360 HOME have lower total health care costs that includes ED and hospitalization costs than similar ARHOME beneficiaries not receiving services from a Success Life360 HOME? | 1. Total Medicaid Spend 2. ED Costs 3. Hospitalization Costs |
| H. Success Life360 HOME beneficiaries will be screened for unmet HRSN and receive a corresponding intervention if they screened positive. | Are ARHOME beneficiaries most at risk for long-term poverty who receive services from a Success Life360 HOME being screened for nutrition and housing and subsequently receiving the corresponding support services to address their needs? | 1 – 2. Food Screening/Intervention 3 – 4. Housing Screening/Intervention 5 – 6. Transportation Screening/Intervention 7 – 8. Prior HSRN Screening and Utilization of HRSN Services 9. SNAP/WIC Enrollment |

Figure 13: Measure Diagram Goal 4

| GOAL 4: Life360 HOME costs and efforts will meet or exceed program expectations | | |
|---|---|---|
| HYPOTHESIS | RESEARCH QUESTION | MEASURE |
| A. Costs of the Life360 HOME program will be commensurate with the program goals and objectives and controlled prudently | Will Life360 HOME program (administrative, infrastructure, service) costs be greater than or within the range of expected spending according to program goals and objectives? | 1. Life360 HOME Administrative Costs |
| | | 2. Life360 HOME Infrastructure Costs |
| | | 3. Life360 HOME Services Costs |
| | What is the average time to launch the Life360 HOME program for each participating Life360 HOME provider? | 4. Average Time to Launch Life360 HOME |
| B. Life360 HOME providers will meet or exceed the established metrics | Are Life360 HOME providers meeting or exceeding annual targets as set by the State of Arkansas? | 1. Life360 HOMEs Provider Performance |
| C. Arkansas will maintain funding for social service programs related to housing transition supports and nutrition supports for the duration of the demonstration | Is Arkansas maintaining similar if not higher levels of funding for social service programs related to housing and nutrition supports? | 1. Social Service Program Provisions Over Time |
| D. The Life360 HOMEs program will support provider financial health improvement | Are providers satisfied with the Life360 HOME program contributing to provider's uncompensated care? | 1. Provider Financial Health Improvement |
| E. Key entities during the start of Life360 HOME program will report on implementation activities, infrastructure development, overcoming barriers in the facilitation of Life360 HOME, and on adopted strategies that identify and provide services to beneficiaries with HRSN needs | For each participating Life360 HOME provider, what are the characteristics related to key entities and their roles as well as types of HRSN services provided? | 1. Key Entities 2. HRSN Services |
| | How are participating Life360 HOME providers integrating the program with existing infrastructure and maintaining organizational partnerships? | 3. Integration with Existing Programs and Infrastructure 4. Maintenance of Organizational Partnerships |
| | What are the key barriers in program implementation and beneficiary participation? | 5 – 6. Barriers in Implementation, Beneficiary Outreach, |

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| | | and Beneficiary Participation |
| | What strategies have been successful in resolving key barriers to program implementation and beneficiary participation? | 7 – 8. Strategies Adopted to Facilitate and Reduce Barriers in Implementation and Beneficiary Experience |
| | Has the local availability of social services increased during the ARHOME demonstration? | 9. Local Availability of Social Services |

3 METHODOLOGY

3.1 METHODOLOGICAL DESIGN

The evaluation will test hypotheses of Health-Related Social Needs (HRSNs), care, quality, outcomes, and cost-effectiveness using data from eligibility, claims, surveys, interviews, focus groups, vital records, the immunization registry, HRSN screening tools, provider referrals, and case management information. Measures will evaluate outcomes for beneficiaries who receive services from Life360 HOME and similar ARHOME beneficiaries residing in areas not serviced by Life360 HOME for each calendar year of the amendment period, as applicable. Additionally, measures will be reported by each Life360 HOME and stratified by subpopulations of interest. To further investigate whether measure outcomes trend across years, longitudinal analyses will be conducted on select measures to understand impacts prior to and after Life360 HOME implementations.

Goals 1-3 are tailored to each of the Life360 HOME programs (Maternal, Rural, and Success) and focus on specific goals that aim to improve HRSN for each of these vulnerable populations. Goal 1 aims to support women with high-risk pregnancies through home visitation services during pregnancy and up to 2 years after birth. Medical care during and after pregnancy, quality of care, as well as birth and infant outcomes for both mother and infant will be analyzed using eligibility, claims, immunization registry data, vital records, and survey data. Specifically, the Consumer Assessment of Healthcare Provider and Systems (CAHPS) survey will be administered to beneficiaries in a Life360 HOME and compared to beneficiaries not enrolled in a Life360 HOME. Goal 2 focuses on care coordination for beneficiaries with Severe Mental Illness (SMI) and Substance Use Disorder (SUD) residing in the rural areas of Arkansas. Eligibility, claims, surveys, interviews, and focus groups will be used to assess medical care with an emphasis on care related to SMI and SUD as well as quality of care. Goal 3 aims to improve life skills and other social needs of at-risk young adults by analyzing medical care and quality of care using eligibility, claims, and survey data.

In each of the above 3 goals, unmet HRSN and timely receipt of appropriate interventions using provider collected HRSN screening data with a focus on food, housing, and transportation will be further examined. History of prior HRSN screening and utilization of social services will also be captured to look at changes in HRSN related screening and utilization prior to and during Life360 HOME. Additional HRSN-related measures include SNAP and WIC enrollment, financial health, employment, and educational attainment. Total average health care costs for Life360 HOME participants (target population) will also be examined in comparison to health care costs for similar beneficiaries in areas not serviced by a Life360 HOME (comparison population).

Cost effectiveness and implementation efforts will be examined in Goal 4 for each of the Life360 HOMEs to evaluate the overall costs, efforts made by key entities (i.e. health plans, health care providers, and social service organizations) to operationalize the amendment, and whether providers meet established cost and care metrics. Arkansas will maintain a steady level of funding to various social service programs and will support provider financial health improvement goals. As part of the State's implementation plan, beneficiary understanding of the amendment policy and its components have been assessed through stakeholder outreach as well as public forums across the state and will continue to be assessed using feedback from the Life360 HOME website and by leveraging the Medicaid Client Voice Council's feedback. Beneficiary surveys will include questions on awareness of the Life360 HOME program and focus groups with members of the Medicaid Client Voice Council will allow us to further gauge the level of understanding of the amendment policy. Implementation efforts will specifically include measures that seek to understand the roles of key entities, the provision of HRSN services over time, collaboration efforts among key entities, as well as barriers and strategies in beneficiary participation and experience.

When possible, annual public use data files (see [Section 3.5](#) for public use data file details) will be used to examine selected HRSN metrics for which there are no currently available beneficiary-level data. Also, this data will be used to evaluate the use of HRSN-related community services by the larger community. Areas of interest include educational attainment, housing affordability and security, food security, safety, and criminal offenses. While it is important to address the impacts the Life360 HOME will have on eligible beneficiaries in the provider service areas, assessing the impacts in the context of the larger Arkansas community may also provide additional information.

To evaluate Life360 HOME target populations against similar beneficiaries not residing in areas served by a Life360 HOME, comparison populations will consist of beneficiaries in non-Life360 areas that have similar geographic and population characteristics. For annual claims-based measures, comparable target and comparison populations will be achieved through matching at the county-level for each Life360 HOME. Propensity Score Matching (PSM) at the county-level will be utilized to achieve balance across groups on baseline covariates. Analysis of the Life360 HOME evaluation metrics will utilize beneficiary-level weighted regression models. Measure results at the aggregate level will be compared using weighted group means that adjust for additional covariates when possible.

Descriptive analyses will be performed on most measures related to HRSN screening results, assignment of a Primary Care Physician (PCP), Person-Centered Action Plans (PCAPs), Life360 program satisfaction, and pregnancy/child home visitation. These measures will focus on the Life360 HOME beneficiaries receiving services for their unmet HRSN needs. Special attention will be paid to areas of income, employment, housing, educational attainment, and food security. To understand how the demonstration impacts rates of HRSN and their severities, we will also explore a pre-post comparison analyses to compare baseline rates of HRSN screening and service use characteristics with Life360 HOME rates. Data will be collected through beneficiary surveys.

To assess cost-effectiveness for Goal 4, program characteristics will be compared at the regional and state levels, in relation to Arkansas Medicaid fee-for-service costs. Comparisons will be performed for Total Health Expenditures (THEs) per beneficiary per year, Administrative Costs (ACs) of implementation and operation for the Life360 HOME amendment, HRSN initiative expenditures (HIEs) for each Life360 HOME, as well as provider uncompensated care costs (PUC). The THEs, ACs, HIEs, and PUCs metrics will allow fiscal health to be analyzed overall and for each type of Life360 HOME. For cost metrics that will be compared to AR Medicaid, a pre-post design, comparing trends in cost outcomes between the policy implementation period (2024–2026) and the baseline period (2017–2023), will be utilized. Costs associated with Life360 HOME implementation, services, and programmatic costs will be evaluated descriptively, and trends tracked throughout the entirety of the implementation period. Both qualitative and quantitative analyses will be used to observe and assess trends in participating entities; improvements to barriers in provider and beneficiary participation; strategies in HRSN screening, case management, as well as service use; changes in clinical practice related to social risk factors, and enrollment characteristics of SNAP and WIC programs.

Since Life360 HOME is a multi-year program scheduled to run through 2026, longitudinal analysis for a core set of metrics in addition to cost outcomes following each calendar-year cohort across multiple years will be performed. For these measures, we will consider an interrupted time series (ITS) design, difference-in-differences (DiD) analyses, or regression discontinuity design (RDD) to compare trends in outcomes during Life360 HOME implementation years (2024–2026) with outcomes in baseline years (2017–2023). For example, the DiD analysis will compare differences in metric outcome trends between pre- and post-policy implementation (2 periods) and between 2 county categories (counties with versus without a Life360 HOMEs provider), as an interaction term between the 2 covariates (period and county category). Beneficiaries identified in the target and comparison populations at the beginning of the program can be followed over time while accounting for serial autocorrelation and attrition. This type of analysis can leverage each beneficiary's calendar-year metric results to provide a better understanding of potential changes and improvements in health outcomes for a given beneficiary over the course of Life360 HOME participation.

To supplement the ITS analysis, an annual pre-post analysis will be conducted to assess differences in metric outcomes between the baseline period (2017–2023) and the policy

implementation period (2024-2026). The ITS analysis requires at least 4-5 years of data for each of the two periods in order to establish a confident regression trendline (and hence, will need to wait until data collection is complete through at least 2025). The advantage of pre-post analysis is that only one year of data is required to conduct the between-period comparison, which allows this analysis to be performed annually, starting in the first year of the policy implementation.

In addition to the pre-post analysis, a DiD analysis will also be conducted to assess the period-by-county interaction between the baseline and policy implementation periods and between two county categories: Counties with Life360 HOME providers, and counties without a Life360 HOME provider. This county distinction serves as a proxy for the presence and accessibility of Life360 HOME provider services. (It is hypothesized that beneficiaries residing in a county that has a Life360 HOME provider will have easier, more immediate access to their services and hence will more likely use these services, compared to beneficiaries residing in counties without a Life360 HOME provider.) For each of the two county categories, differences in metric outcome between the baseline and policy implementation periods will be calculated. Equivalently, for each of the two periods, differences in metric outcome between the two county categories will be calculated. Then, DiD will be calculated as the difference between these two difference values, effectively evaluating the impact of the presence/accessibility of Life360 HOME provider services on the sensitivity (or rate of change) of metric outcome resulting from policy implementation. The DiD evaluates how this sensitivity in metric outcome to policy implementation changes between the 2 county categories. DiD is an interaction term, a second-order derivative in the response (or dependent) variable (metric outcome) with respect to changes in 2 covariates or independent variables (period and county category). The DiD measures how the rate of change in metric outcome with respect to changes in 1 covariate varies with changes in the other covariate. As a built-in quality assurance/quality control check, these two methods of calculating DiD should result in the same DiD value.

To further evaluate Goals 1-4, analyses will be stratified by key subpopulations of interest to inform a fuller understanding of disparities that may exist for these especially vulnerable populations related to HRSN, health care access, quality of care, and health outcomes. Measures will be stratified by variables, such as age, sex, race/ethnicity, geography, and primary language.

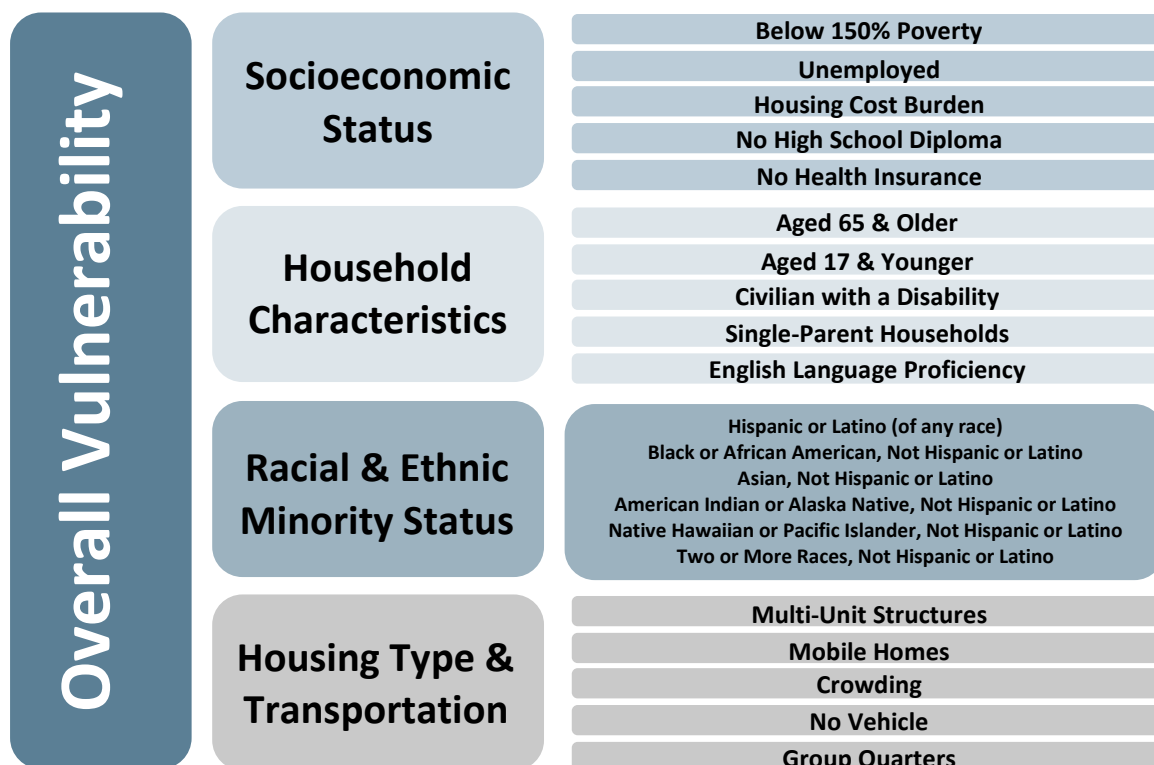
3.2 TARGET AND COMPARISON POPULATIONS

Providers who choose to become a Life360 HOME must be a birthing hospital (Maternal Life360), a small rural general or critical access hospital (Rural Life360), or an acute care hospital (Success Life360), and provide services within their designated service area. Eligible Life360 HOME beneficiaries will be enrolled in ARHOME, live in a county or service area served by an appropriate Life360 HOME provider, and be identified through referrals from those providers or other organizations.

Comparison populations will consist of ARHOME beneficiaries who are representative of beneficiaries residing in non-Life360 HOME service areas that would have otherwise been

eligible for services had they resided in a Life360 HOME service area. Since there may be differences in geographic and population characteristics in Life360 HOME service areas as compared to non- Life360 HOME service areas, areas will be matched by county on variables/themes in the Centers for Disease Control (CDC)/Agency for Toxic Substances and Disease Registry (ATSDR) Social Vulnerability Index (SVI) and urban/rural status to account for factors that may influence comparability of outcomes. The SVI is a weighted index that includes county information for the following themes: socioeconomic status, household characteristics, racial and minority status, as well as housing type and transportation (Figure 13).

Figure 14: Variables Used in the CDC/ATSDR SVI



These characteristics, along with urban-rural classification from the Federal Office of Rural Health Policy (FORHP), will serve as baseline covariates in a propensity score model (PSM) to adjust for potential bias in the selection and assignment of beneficiaries into the comparison population. Separate comparison populations will be created for each of the Life360 HOME as the provider service areas may consist of a different mix of counties and thus, have different geographic and population characteristics. Since not all non-Life360 HOME counties are a suitable match for a Life360 HOME county, included counties will have a covariate balance that most closely matches the target counties for analytics. The analytics will aim for at least one comparison county per target county. Aggregate baseline characteristics for target and comparison counties for each Life360 HOME will be evaluated to ensure final comparability among both groups.

Specific eligibility requirements for each target and comparison population are shown in **Table 5** along with preliminary key demographic characteristics for 2021 in **Table 6**.

Table 5: Life360 HOME and Comparison Population Eligibility Characteristics

| | HOME | Life360 Eligibility | Comparison Population Eligibility |
|--|-------------------------------------|--|--|
| Beneficiaries living in a service area served by the appropriate Life360 Provider Includes both the hospital and community partner organization(s) | Maternal Life360^a | Enrolled in AR Medicaid at the time of receiving Maternal Life360 services AND is pregnant with a high-risk pregnancy OR Enrolled in ARHOME any time during enrollment in Maternal Life360 AND had a high-risk pregnancy AND delivered within the last 2 years OR Enrolled in AR Medicaid for the entirety of Maternal Life360 AND had a high-risk pregnancy AND delivered within the last year AND Cannot receive other state/federal home visiting services for the first 2 years of baby's life | Cannot have ever been enrolled in Maternal Life360 in prior years or disenrolled due to non-cooperation (missed 3 attempts) or asking to stop services AND Reside in a county that is not serviced by a Maternal Life360 provider AND Enrolled in ARHOME, had a high-risk pregnancy, and delivered within the past 2 years |
| | Rural Life360 | Enrolled in ARHOME AND Have a SMI or SUD diagnosis AND Have at least one need identified through a social determinant of health screen AND Not enrolled in PASSE | Cannot have ever been enrolled in Rural Life360 in prior years AND Reside in a Rural Area (a county with CAH or a SHIP hospital OR has less than 50,000 population) that is not served by a Rural Life360 provider AND Have a MH or SUD diagnosis AND Not enrolled in PASSE AND Enrolled in ARHOME |
| | Success Life360 | Enrolled in ARHOME and <138% FPL AND not enrolled in PASSE AND 1. Between 19-24 and previously placed under supervision of DHS DYS OR 2. Between 19-24 and previously placed under supervision of AR ADC OR 3. Between 19-27 and previously placed under supervision of DHS DCFS OR | Cannot have ever been enrolled in Success Life360 in prior years AND Reside in a county that is not serviced by a Success Life360 provider AND Not enrolled in PASSE AND Enrolled in ARHOME and <138% FPL AND In one of the four qualifying categories on the left |

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| | | 4. Is a Veteran between 19-30 verified by DD214 Certificate or Release of Discharge from Active Duty | |
|--|--|--|--|

^a Only women who are eligible for ARHOME will be included in our Maternal Life360 HOME target population.

Table 6: 2021 Demographic Comparisons by Group and Life360 HOME Population Category

| Eligible Life360 HOME Populations ^a | | |
|--|--|--|
| | Maternal Life360 ^b (N=6,566) | Rural Life360 ^c (N=43,092) |
| Age Groups (%) | | |
| 19-29 | 73.2 | 28.0 |
| 30-49 | 26.9 | 48.7 |
| 50-64 | 0 | 23.3 |
| Gender (%) | | |
| Male | 0 | 33.1 |
| Female | 100 | 66.9 |
| Average Income (%) | | |
| 100% FPL or Lower | 74.4 | 79.9 |
| Greater than 100% FPL | 23.9 | 19.7 |
| Unknown | 1.7 | 0.4 |
| Race/Ethnicity (%) | | |
| Non-Hispanic White | 56.0 | 72.6 |
| Non-Hispanic Black | 24.4 | 11.1 |
| Hispanic | 5.3 | 1.4 |
| Other ^d | 4.7 | 2.6 |
| Unknown | 9.6 | 12.4 |

^a Success Life360 population information is not available at this time

^b Women with high-risk pregnancies in ARHOME (aid category=06), ages 19-64. Note: Mothers with more than 1 live birth in a year with a high-risk pregnancy are counted more than once

^c Beneficiaries with a diagnosis of SMI or SUD in Arkansas Works, ages 19-64, rural counties only

^d Other includes American Indian, Alaska Native, Asian, Native Hawaiian, other Pacific Islander, and more than one race

Life360 HOME target and comparison populations will be a subgroup of ARHOME beneficiaries. While traditional Medicaid FFS beneficiaries are also eligible for Maternal Life360 HOME, only women who are eligible for ARHOME will be included in our Maternal Life360 HOME target population. ARHOME is composed of beneficiaries in the Medicaid expansion population (aid category 06, 19-64, ≤133% FPL, 138% FPL with 5% disregard) with a QHP from a private insurance carrier (benefit plan HCIP). Two other benefit plans within the 06-aid category identify the medically frail. The remaining benefit plan in the 06-aid category, IABP (interim alternative benefit plan), defines an interim period in which beneficiaries enrolled in ARHOME have services paid by Medicaid Fee-For-Service (FFS) before a QHP is chosen or assigned.

Operationally, beneficiaries are assigned to ARHOME based on having at least 6 months (180 days) of eligibility in qualifying segments. ARHOME beneficiaries cannot have any segments qualifying for traditional Medicaid FFS. The pregnant and medically frail are defined as

beneficiaries having one or more days of coverage in qualifying segments and at least 180 days of total coverage in the measurement year. The interim alternative benefit plan (IABP) is allowed but does not contribute towards the 180-day minimum.

The following ARHOME beneficiary exclusions apply to each measurement year:

- Less than 19 years of age on January 1
- 65 years of age or older on December 31
- Medicare or third-party liability claims
- Participation in a Provider-led Arkansas Shared Savings Entity (PASSE), an Arkansas created Medicaid managed care program
- Death during the measurement year
- Overlapping eligibility segments

Although IABP is considered part of the ARHOME program as a separate health plan from the QHPs, IABP segments are included in all claims-based measures. The proposed methods of addressing IABP segments are consistent with the rationale that IABP segments occur during a beneficiary's eligibility for ARHOME but are separate from enrollment into a QHP. For claims-based measures, the evaluation includes claims from IABP segments in the measurement year(s). This ensures that diagnoses and medical services from the interim period contribute to a complete picture of the beneficiary experience in ARHOME. Similarly, the evaluation includes claims from IABP segments prior to the measurement year(s) if a claims-based measure specifies a lookback period for prior diagnoses.

3.2.1 Provider Focus Groups, Interviews, and/or Surveys

The evaluator plans to engage specific provider groups to gather their feedback for awareness, acceptance, and satisfaction with the Life360 HOME program. Methods of engagement will include periodic provider focus groups, one-on-one interviews with providers, and/or surveys. Target populations include but are not limited to provider members from the Arkansas Medical Society (AMS), Arkansas Academy of Family Physicians (AAFP), and the Arkansas Hospital Association (AHA).

3.2.2 Key Informant Interviews for Monitoring Implementation

The evaluator plans to conduct a qualitative study of stakeholders engaged with the Life360 HOME program to understand its implementation progress and challenges. The objective of this study is to identify and interview key individuals that can help inform our understanding of how the Life360 HOME program implementation is progressing during the amendment period. Key informant interviews will be used to further understand and contextualize our quantitative data analysis focusing on the impact and effectiveness of the Life 360 HOME program in meeting its goals and objectives.

The interview process will be conducted in 3 stages: Recruitment; in-depth interviews; and data transcription, coding, and analysis.

- **Recruitment:** Several types of key informants will be recruited for interviewing in order to understand, monitor, and gain perspectives on various topics related to the implementation of the Life360 HOME program:
 - *Life 360 HOME program staff and leadership:* Individuals from sites approved by the state to participate in the program.
 - *State officials and policymakers:* Individuals from the state or who serve in policymaking roles, in order to understand the Life360 HOME program and its design and to gain their perspectives on the progress of the application process and early implementation.
 - *Other stakeholders, such as healthcare providers, HRSN providers, case managers, and other staff:* Individuals in unique roles specific to each Life360 HOME program design, in order to understand how the work is being carried out.

Key informants representing each of these groups will be interviewed where applicable, with priority given to those individuals who may be working with multiple Life360 HOMEs. Interviews will be conducted with approximately 5 individuals representing each provider (e.g., hospital) participating in each Life360 HOME program (Maternal, Rural, Success). This number of interviews should be adequate in providing sufficient information on the status of the program's implementation and help us reach saturation. However, should specific areas of interest emerge, interviews will be continued until the area is fully explored. To gain information from non-participants of the Life360 HOME programs, we will also interview a number of key informants (approximately 5) in these or similar roles who are not participating in the program.

- **In-depth Interviews:** The evaluation team will lead the scheduling and recruitment of key informants. Interviews will take place via Zoom at a time convenient for the key informant. The team will maintain a grid that tracks scheduling and communication progress with key informants. Prior to beginning the interviews, participants will be asked to review and provide verbal consent to participate in the interview. Written consent is not warranted given the nature of the interviews and that patients are not being interviewed. The interviews will begin with an introduction of the evaluation, emphasizing the importance of participation and the commitment of the team to participant confidentiality. Interviews will be video and audio-recorded with permission of the participants via Zoom. The evaluation team will be sensitive and minimally disruptive to the schedules of the key informants and will offer to perform interviews outside of normal business hours, if needed. An interview guide with open-ended, semi-structured questions and follow-up probes will be developed to facilitate the interviews (see Appendix for example interview questions). The study team will confer with the state prior to deploying the interview guide.

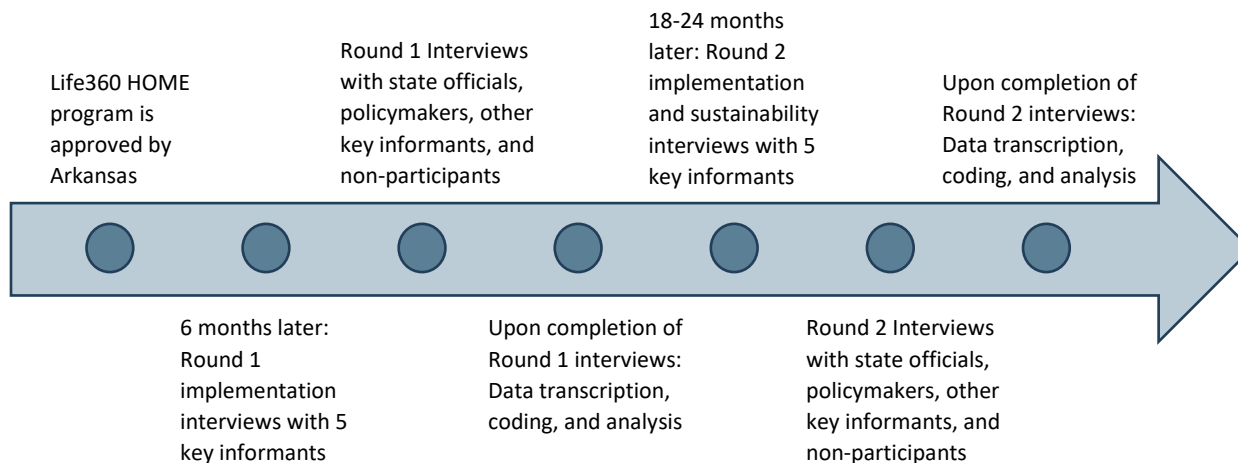
Interviews are anticipated to last approximately 45-60 minutes in duration. Interview questions will address specific topics, such as the application process, implementation barriers and successes, strategies and tools used to identify beneficiaries, HRSN services, infrastructure needs, social services, and sustainability planning. Interviews will begin with a grand tour question on implementation efforts and then delve into more specific topics. Notes will be taken during each interview by the interviewer and post-interview memorandums will be developed as a method of keeping track of key learnings and thoughts. Interviews will then be transcribed and reviewed for accuracy.

- **Data Transcription, Coding and Analysis:** All qualitative analyses will be conducted by members of the evaluation team. The analysis process will be led and performed by evaluation team members trained in qualitative research methods. Audio-recordings will not include any personally identifiable information (PII) in order to preserve confidentiality and anonymity of our key informants. After all recordings have been transcribed, they will be saved/stored on a password-protected folder that is accessible only to the study team. Grounded analysis (calibration) of the interview data will then begin. First, two transcripts will be coded independently by each analysis team member without a coding scheme to preserve the content and allow themes or patterns to emerge from the text. Once each team member has completed their coding of the first two transcripts, they will unite and discuss the findings from the interviews and begin to develop a codebook. This process will be repeated until a total of 10 transcripts have been coded and discussed by multiple coders. Once agreement has been reached on the codes emerging from these 10 transcripts, the evaluation team will divide the remaining transcripts equally and continue to analyze the data independently in the validation process. The team will meet periodically (e.g., weekly) to discuss progress and continue developing and updating the codebook incorporating the additional coding. Each coder will note new codes or topics that emerge from each interview and will present them to the group. The group will decide which codes may be germane to the rest of the transcripts and warrant inclusion in the codebook. Moreover, the team will use an iterative process to resolve any differences of opinion through discussion and consensus. The team will repeat this process until all transcripts have been coded. Once all interviews have been coded, we will return to the data to search for common themes across the interviews and codes. In doing so, higher-level themes (often referred to in qualitative research as “second-order themes”) will be developed and used to base more broad-level findings about the implementation of the Life360 HOME program. Finally, the thematic findings will be supported with anonymous exemplary quotations within each theme.

Timing of Interviews: Two rounds of interviews will be conducted with the individuals representing each provider participating in each Life360 HOME program. Round 1 interviews will occur within 6 months of application approval/program implementation beginning, and Round 2 interviews will occur approximately 12-18 months after Round 1 interviews. Dates may

vary based on the program start date, and individual stakeholders interviewed in Round 1 may or may not be interviewed in Round 2 (depending on job position retention).

Figure 15: Timeline of Key Informant Interviews



3.2.3 Beneficiary Engagement Satisfaction Survey

The evaluator will administer a Beneficiary Engagement Satisfaction Survey (BESS) using the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey, Adult 5.1, core questions with the addition of supplemental items and questions specific to the Life360 HOME evaluation. The populations surveyed will be as follows:

1. Population in the six-month timeframe prior to the survey starting. Based on monthly premium payments and inclusion in the Life360 HOME model, a beneficiary included in the survey population must be enrolled in at least five of the last six months, including the sixth month in a Life360 HOME.
2. Complete information on race, gender, and address
3. Stratified random sample of 1 beneficiary per household, stratified further by the type of Life360 HOME.

3.2.4 Population and Provider Summary

A descriptive summary of the following will be provided in the evaluation to further understand Life360 HOME participants:

- Percent of enrolled providers
- Percent of eligible population from enrolled providers
- Percent of enrolled population
- Percent of enrolled population receiving services
- Percent of enrolled population that disenroll or refuse services
- Percent of high risk medical or social need for eligible population
- Percent of beneficiaries with child welfare involvement

3.3 EVALUATION PERIOD

The evaluation period for the ARHOME program is January 1, 2022 through December 31, 2026. This evaluation is specific to the Life360 HOME portion of the program, which is approved for January 1, 2023 through December 31, 2026 and thus will produce reports as outlined below:

- **Draft Interim Evaluation**

It is intended this report will be submitted by December 31, 2025 and will comply with Attachment C of the STCs. The time period of data included in this report will be January 1, 2023 through December 31, 2024. The report will highlight Life360 implementations, barriers, and stakeholder feedback in 2024 as it will be too soon to analyze outcomes.

- **Final Interim Evaluation**

Per STC 102.d., the final version of Item 1 above will be submitted within 60 days after receipt of CMS's comments and will comply with Attachment C of the STCs. The time period of data included in this report will remain as stipulated in Item 1 above.

- **Draft Summative Evaluation**

It is intended that this report be submitted by June 30, 2028 and also comply with Attachment C of the STCs. The time period of data included in this report will be January 1, 2023 through December 31, 2026.

- **Final Summative Evaluation**

Per STC 103.a., the final version of Item 1 above will be submitted within 60 days after receipt of CMS's comments and will comply with Attachment C of the STCs. The time period of data included in this report will remain as stipulated in Item 3 above.

3.4 EVALUATION MEASURES BY MEASURE TYPE

To ensure the evaluation is robust, the evaluator has grouped metrics by type in **Table 7** below to identify the categorical intent of each measure. Women's health especially maternal health and behavioral and mental health are target areas for DHS and Life360 HOME program.

[Appendix 5.4](#) provides full measure descriptions for the metrics by goals and hypotheses.

Table 7: Evaluation Measures by Special Populations

| Acute/Chronic Condition Care | | |
|------------------------------|---|------------------------|
| Measure # | Measure Name | Measure Data Source(s) |
| 2.A.5, 3.A.5 | SPD Statin Therapy for Patients with Diabetes | Claims Data |
| 2.A.6, 3.A.6 | CDC Comprehensive Diabetes Care: Hemoglobin A1c Testing | Claims Data |
| 1.A.1, 2.A.7, 3.A.7 | AAP Adults' Access to Preventive/Ambulatory Health Services | Claims Data |
| 2.A.11, 3.A.8 | AMR-AD Asthma Medication Ratio: Ages 19–64 | Claims Data |
| 1.C.2, 2.D.2, 3.D.2 | PCR Plan All-Cause Readmissions | Claims Data |

| 1.D.16, 3.E.11 | Annual Monitoring for Patients on Persistent Medications | Claims Data |
|---------------------------------------|---|---|
| Behavioral/Mental Health Care | | |
| Measure # | Measure Name | Measure Data Source(s) |
| 2.E.2, 3.E.2 | AMM-AD Antidepressant Medication Management | Claims Data |
| 1.D.2, 2.E.3, 3.E.3 | FUH-AD Follow-Up After Hospitalization for Mental Illness | Claims Data |
| 1.D.3, 2.E.4, 3.E.4 | SAA-AD Adherence to Antipsychotics for Individuals with Schizophrenia | Claims Data |
| 1.D.4, 2.E.5, 3.E.5 | SSD-AD Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | Claims Data |
| 1.D.9, 2.E.10, 3.E.10 | FUM-AD Follow-Up After Emergency Department Visit for Mental Illness | Claims Data |
| Maternal/Perinatal Care | | |
| Measure # | Measure Name | Measure Data Source(s) |
| 1.A.2 | CCP-AD Contraceptive Care – Postpartum Women Ages 21–44 | Claims Data |
| 1.A.3 | PRSE-E Prenatal Immunization Status | Claims Data and Immunization Registry |
| 1.A.6 | PPC Timeliness of Prenatal Care | Claims Data |
| 1.A.7 | PPC Postpartum Care | Claims Data |
| 1.A.13 | Gestational Diabetes Screening Rate | Claims Data |
| 1.D.10 | Pregnancy Home Visits | Claims Data and Life360 HOME Case Management Data |
| 1.D.12, 1.D.13 | PND-E Prenatal Depression Screening/Follow-up | Claims Data |
| 1.D.13, 1.D.14 | PDS-E Postpartum Depression Screening/Follow-up | Claims Data |
| 2.A.12, 3.A.9 | CCW-AD Contraceptive Care – All Women Ages 21–44 | Claims Data |
| 1.D.17 | LRDCH-CH Low-Risk C-Section Rate | Claims Data |
| 1.D.18 | C-Section Rate | Claims Data |
| Substance Use Disorder Care | | |
| Measure # | Measure Name | Measure Data Source(s) |
| 1.D.1, 2.E.1, 3.E.1 | IET-AD Initiation and Engagement of Substance Use Disorder Treatment | Claims Data |
| 1.D.7, 2.E.8, 3.E.8 | POD-AD Use of Pharmacotherapy for Opioid Use Disorder | Claims Data |
| 1.D.8, 2.E.9, 3.E.9 | FUA-AD Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence | Claims Data |
| HRSN Screening and Utilization | | |
| Measure # | Measure Name | Measure Data Source(s) |

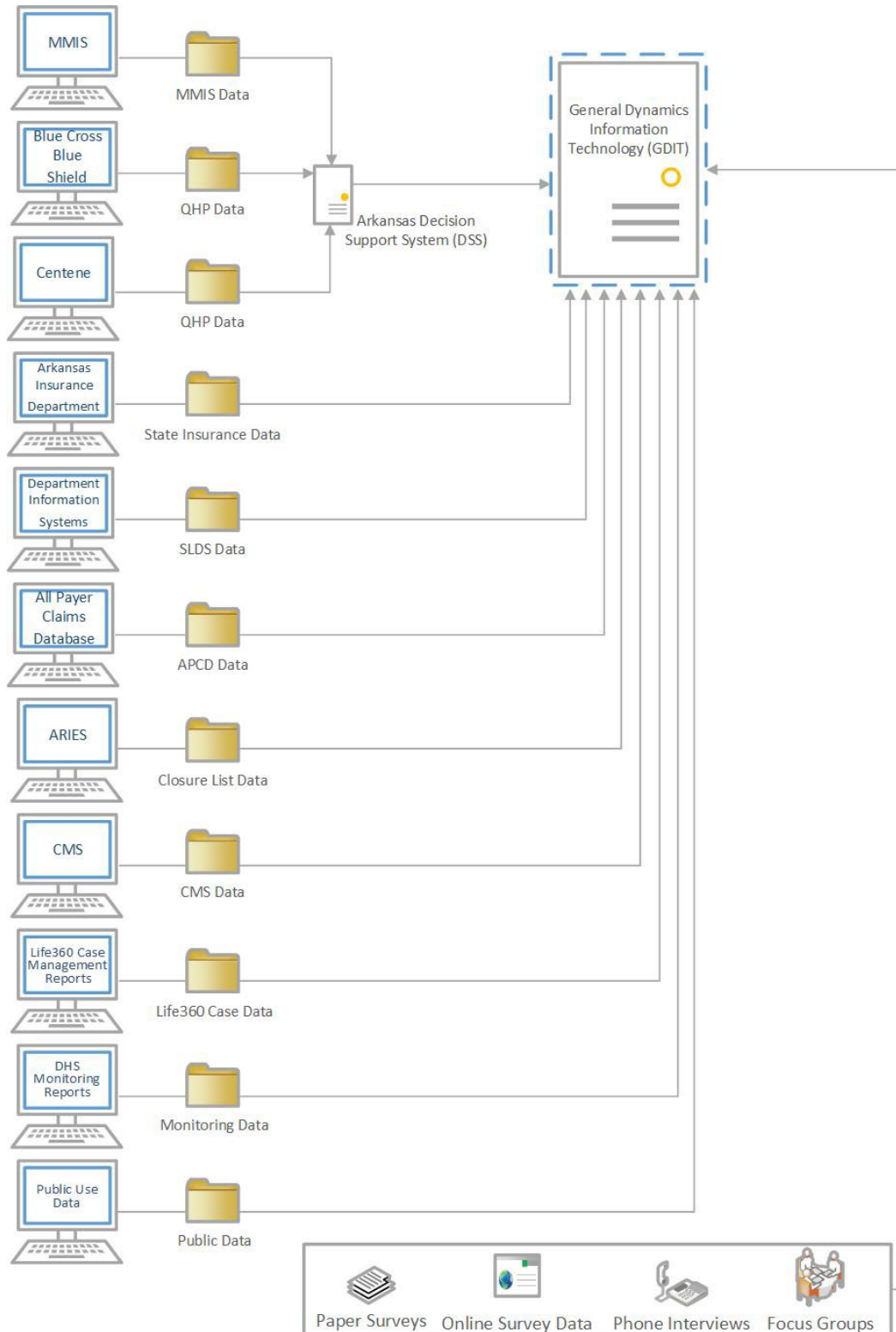
| | | |
|--|---|--|
| 1.I.1, 1.I.2, 2.H.1, 2.H.2, 3.H.1, 3.H.2 | SNS-E Food Screening/Intervention | Life360 HOME Screening Data and Referrals |
| 1.I.3, 1.I.4, 2.H.3, 2.H.4, 3.H.3, 3.H.4 | SNS-E Housing Screening/Intervention | Life360 HOME Screening Data and Referrals |
| 1.I.5, 1.I.6, 2.H.5, 2.H.6, 3.H.5, 3.H.6 | SNS-E Transportation Screening/Intervention | Life360 HOME Screening Data and Referrals |
| 1.I.7, 1.I.8 | Interpersonal Violence Screening/Intervention | Life360 HOME Screening Data and Referrals |
| 1.I.9, 1.I.10, 2.H.7, 2.H.8, 3.H.7, 3.H.8 | Prior HRSN Screening and Service Utilization | Life360 HOME Screening Data and Referrals |
| 1.I.11, 2.H.9, 3.H.9 | SNAP/WIC Enrollment | Application for SNAP, Health Care, and TEA/RCA Benefits and WIC Data |

3.5 DATA SOURCES

The Arkansas Division of Medical Services (DMS) and its contractor will use multiple sources of data to assess the research hypotheses. The evaluation design will leverage enrollment and claims-based administrative data, survey-based scores, and other sources as applicable.

Administrative data sources include information extracted from DMS' Medicaid Management Information System (MMIS) as well as information sent from the QHPs. The administrative QHP data will be transmitted quarterly to DMS from the carriers to the Arkansas Decision Support System (DSS). On a quarterly basis, the Arkansas DSS will provide the evaluation contractor with a uniform file of the QHP data. The following figure depicts the data source flow for the evaluation.

Figure 16: Data Source Flow



3.5.1 Administrative and Claims Data

The MMIS data source is used to collect, manage, and maintain Medicaid beneficiary files (i.e., eligibility, enrollment, and demographics) and fee-for-service (FFS) claims. Use of FFS claims will be limited to final, paid status claims. The contractor will use raw, full sets of Medicaid data, which is provided on a weekly basis, consisting of claims, provider, beneficiary, and pharmacy data subject areas. The contractor will use fee-for-service claims and follow Healthcare Effectiveness Data and Information Set (HEDIS®) or CMS Core Set national specifications for national metrics. Applicable claim types, such as institutional, professional, and pharmacy claims, will be used to calculate the various evaluation design metrics while beneficiary demographic files will be used to assess beneficiary age, gender, and other demographic information. Eligibility files will be used to verify a beneficiary's enrollment in the State's Medicaid programs.

3.5.2 Statewide Longitudinal Data System

The Statewide Longitudinal Data System is maintained by the Arkansas Department of Transformation and Shared Services, Division of Information Systems. The Statewide Longitudinal Data System includes wage growth index and unemployment insurance wage data for approximately 91% of all Arkansans. The data includes all covered Arkansas employment, but does not include the following:

- Self-employed workers
- Unpaid family workers
- Federal and military employees
- Railroad employees covered by the Railroad Unemployment Insurance Act
- Employees of small agricultural establishments
- Some domestic service workers
- Insurance and real estate agents paid only on a commission basis
- Employees of churches and religious organizations, except separately incorporated schools
- People employed by other states.

3.5.3 Closure List Data

The contractor for the Arkansas Integrated Eligibility System (ARIES) sends monthly QHP closure lists directly to the evaluator. It is anticipated this will be used for certain disenrollment measures.

3.5.4 Birth Certificate Data

Patient level birth certificate data maintained by the Arkansas Department of Health (ADH); Vital Statistics department beneficiaries are transmitted to the Life360 HOME evaluator. The evaluator identifies all Medicaid, including the ARHOME population, deliveries and submits the file to ADH and ADH matches the identifier file to the birth certificate data. Birth certificate data

is utilized to calculate specific birth outcome such as preterm deliveries and low birth weight because the data is more robust than claims data.

3.5.5 DHS Division of Youth Services (DYS)

DHS Division of Youth Services provides youth involved in the Arkansas juvenile justice system's prevention, intervention, and treatment programs to help them succeed in the community. Data from DHS will be used to determine the eligible population in Life360 Success.

3.5.6 Department of Corrections

Arkansas Department of Correction oversees inmates and operates Arkansas state prisons. Information provided by this law enforcement agency will be used to determine the eligible population in Life360 Success.

3.5.7 DHS Division of Children and Family Services

The Division of Children and Family Services (DCFS) is responsible for child abuse prevention, protection, foster care, and adoption assistance. The information provided by this agency will be used to determine the eligible population in Life360 Success. DCFS data will also provide indication of child welfare involvement.

3.5.8 Military Discharge Records – U.S. Department of Veterans Affairs

Military Discharge Records provided by the U.S. Department of Veteran Affairs would allow the identification of Veterans in the state of Arkansas who are eligible for Life360 Success.

3.5.9 Survey Data –Beneficiary Engagement Satisfaction Surveys

The Beneficiary Engagement Satisfaction Survey (BESS) is based on the CAHPS® Adult Medicaid Health Plan Survey 5.1 and covers topics such as getting care quickly, how well doctors communicate, and access to care, among others. The evaluation contractor will field the survey and follow the NCQA CAHPS protocol. The survey will follow a traditional NCQA sampling strategy. 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 and must be enrolled in the last month prior to the survey. The surveys are scheduled to be administered during the evaluation period with questions to beneficiaries about their experiences over the prior six months. The evaluation contractor will mail an explanatory letter, initial survey, reminder postcard, and a second survey for non-responses. If no response is received after the second mailing, a third survey may be mailed. A unique survey identification number will be generated to track bad addresses and responses.

3.5.10 Survey Data – American Community Survey

The American Community Survey (ACS), sponsored jointly by the U.S. Census Bureau and the U.S. Department of Commerce, is a nationwide survey that collects and produces information on demographic, social, economic, and health insurance coverage characteristics for a representative sample of the U.S. population each year. Information from the survey generates

data that help determine how more than \$400 billion in federal and state funds are distributed each year. The ACS is an ongoing national survey conducted with over 3.5 million US households. For the purposes of the Life360 HOME evaluation, the Selected Economic Characteristics data will be utilized.

3.5.11 Survey Data – Provider Survey(s) and Focus Group(s)

The evaluator will collect data through provider focus groups and provider surveys in order to obtain fundamental perceptions and participation concerning the Life360 HOME program. Focus groups or interviews will be conducted to assist with the survey development. The provider focus group surveys were conducted in 2023 and will be conducted again throughout the evaluation period.

3.5.12 Small Area Income and Poverty Estimates (SAIPE) – U.S. Census Bureau

The U.S. Census Bureau maintains and produces an annual file that contains estimates of poverty and median household income for the nation and at the state and county level. County-level unemployment rates will be utilized as a comparison for community-based measures. County-level median household income information will be utilized as a comparison for community-based measures.

3.5.13 Labor Force Data – U.S. Bureau of Labor Statistics (BLS)

The U.S. Bureau of Labor Statistics maintains and produces annual files related to local area unemployment statistics by state, metropolitan areas, and by county. The Labor Force Data by County tables provide information on the labor force, the number of employed beneficiaries, and the number/rate of unemployed beneficiaries. County-level unemployment rates will be utilized as a comparison for community-based measures.

3.5.14 County Health Rankings & Roadmaps (CHR&R)

The County Health Rankings & Roadmaps was created and is maintained by the University of Wisconsin Population Health Institute. This program produces annual rankings data that includes information related to health outcomes, health behaviors, clinical care, social and economic factors, and physical environment, for nearly all counties in all 50 states. Each county and state receive a ranking that assesses the “health” of that community. Data on housing security and affordability will be utilized as a comparison for community-based measures.

3.5.15 Map the Meal Gap – Feeding America

Feeding America conducts an annual Map the Meal Gap study that maps the level of food insecurity and food costs in communities ranging from the county and district level to the state and national level. The food insecurity rate will be utilized as a comparison for community-based measures.

3.5.16 Food Environment Atlas – U.S. Department of Agriculture (USDA)

The U.S. Department of Agriculture maintains and produces the Food Environment Atlas, which provides information on store/restaurant proximity, food and nutrition assistance programs, and community characteristics. Data on low income and low access to stores will be utilized along with food insecurity rate from Map the Meal Gap as a comparison for community-based measures.

3.5.17 Mortality Data – National Vital Statistics System (NVSS), NCHS, CDC

The National Vital Statistics System (NVSS), National Center for Health Statistics (NCHS) at Centers for Disease Control and Prevention (CDC) produces and maintains mortality data collected from death certificates in the U.S. Cause of death from suicides, injuries, homicides, and firearm fatalities will be used to assess safety in community-based measures.

3.5.18 Arkansas Department of Public Safety

Arkansas Department of Public Safety provides annual data from law enforcement agencies on several crime statistics at a county level. Count of offenses and arrests will be utilized to assess the level of criminal justice system involvement in the community-based measures.

3.5.19 Social Vulnerability Index (SVI) – CDC

The CDC/ Agency for Toxic Substances and Disease Registry (ATSDR) Social Vulnerability Index (SVI) data includes information on a community's social conditions, such as high poverty, low percentage of vehicle access, or crowded households. This data is available for each census tract and each county is ranked on 16 social factors indicating the level of social vulnerability. The SVI will be utilized in addition to other factors in identifying comparison Life360 counties.

3.6 ANALYTIC METHODS

The Life360 HOME evaluation time frame will be January 1, 2023, through December 31, 2026. As stated in Section 3.3, the interim evaluation will cover the entirety of calendar year 2023 with the summative evaluation continuing coverage of results through the end of 2026. Beneficiary-level weighted regression analysis will be performed for each metric and model year, separately. At the conclusion of the evaluation, longitudinal analysis, such as an Interrupted Time Series (ITS) design will be performed comparing all years of the Life360 policy implementation (2024-2026) with the Arkansas Works/ARHOME evaluation period (2017-2023) for key metrics related to health care utilization and Life360 HOME implementation costs.

The statistical analysis in this evaluation will ensure that the target and comparison populations in each measure of each Life360 HOME are comparable in baseline sociodemographic characteristics and outcome models are adjusted for relevant pre- and post-treatment effects. Unlike ARHOME, the target population will reside in participating Life360 HOME service areas while the comparison population will live in matched non-Life360 HOMs service areas or counties and consist of ARHOME beneficiaries. With the understanding that each service area and county that chooses to participate in Life360 HOME may not be representative of the

entire population eligible for Life360 HOME, the evaluator is prepared to select unbiased comparison counties that would be a suitable match in assessing impacts from Life360 HOME services. Balancing of characteristics at the county level will include Social Vulnerability Index (SVI) factors and urban/rural status that may influence population characteristics in each of the Life360 HOME target and comparison populations. Comparison counties will then be matched to Life360 counties based on weighted coefficients from propensity score modeling (PSM). Aggregate baseline population characteristics for all selected comparison counties will be evaluated against target Life360 HOME groups for comparability. For more details, please refer to Section 3.6.2 Adjust for County Selection.

Most claims-based measures have a continuous enrollment requirement during the measurement year that is stricter than that used to identify the populations. This ensures that there is enough time for events, diagnoses, or procedures to appear in health claims. All eligibility and claims-based measures will weight beneficiaries so that the target and comparison populations are comparable in their beneficiary-level baseline sociodemographic characteristics. For more details, please refer to Section 3.6.3 Adjust for Beneficiary Selection. The weighted beneficiary-level results can then be adjusted for post-treatment variables, including prior experience in the program. Risk scores will be considered a post-treatment effect because the information will come from claims during the measurement year.

The steps of the analytic process are listed below. These will apply in general to the claims-based measures. Please refer to Section 3.7 to verify whether each step will apply to a specific measure.

3.6.1 Determine Beneficiaries Eligible for Each Measure

Each metric's specifications will be followed to determine which beneficiaries are eligible for the denominator. These will be considered a subset of the target and comparison populations that meet additional metric requirements, such as a longer period of continuous enrollment.

3.6.2 Adjust for County Selection

Counties in the target and comparison populations will be matched using Propensity Score Modeling (PSM) with the goal of creating two groups that are similar in the distribution of their baseline county-level characteristics. Since Life360 HOME counties will be determined by the providers who choose to enroll in the program, this method reduces potential bias in the selection and assignment of comparison counties. To maintain statistical unbiased robustness, the underlying baseline covariates describing the eligible comparison counties should not be statistically different when compared to the Life360 HOME counties.

Adjustment for selection will occur at the county level to identify and match non- Life360 HOME service areas with participating Life360 HOME service areas (maternity, rural, and success). The Centers for Disease Control (CDC)/Agency for Toxic Substances and Disease Registry (ATSDR) Social Vulnerability Index (SVI) includes zip-code level covariates in the following themes that will be considered: socioeconomic status, household characteristics,

racial and ethnic minority status, and housing type and transportation. Additionally, overall county population and metropolitan status will be accounted for using urban-rural classification from the Federal Office of Rural Health Policy (FORHP).

The eligible comparison population is limited to counties that closely resemble each Life360 HOME county population, and as a whole, the aim is for at least a 1:1 match between target and comparison counties. The covariate balance will be assessed by looking at the standardized difference and variance ratio of each variable across Life360 HOME target counties and matched comparison counties. The standardized difference is the difference in group means (between treatment and comparison), expressed in units of standard deviation, to account for differences in sample size between the two groups. In addition to group means, the variance ratios can allow similarities in the distribution of continuous covariates to be broadly observed. Standardized mean differences between -0.1 to 0.1 for all baseline covariates will be established as the criteria for covariate balance²⁹. The evaluator will also visualize the covariate balance by graphing the numeric values of the standardized mean differences among weighted matched counties in balance plots. Additional qualitative graphical methods to compare the distribution of continuous baseline covariates in the weighted sample include empirical cumulative distribution functions (CDFs) and side-by-side boxplots. The resulting eligible beneficiaries residing in Life360 HOME target and matched comparison counties will then be used in beneficiary-level weighted models for each metric.

Participating counties in the Life360 HOME program may change from year to year as new providers are approved to participate or as providers are unable to stay in the program. This dynamic cohort will be accounted for by rebalancing the target and comparison counties on a yearly basis to ensure that the two groups remain balanced or create a new matched target and comparison sample if the two groups are no longer comparable on baseline county covariates. The evaluator will adjust for the staggered adoption and exit events both in annual and in longitudinal analyses with covariates that consider time enrolled and active during the measurement year. For each Life360 HOME program, we will also conduct sensitivity analyses between providers who remained enrolled for the entire measurement year compared with those that newly enrolled and those that exited at some point during the measurement year. Additionally, providers who choose not to stay in the program will not be eligible to be matched as comparison counties in future years due to the potential confounding effects of previous participation in Life360 HOME.

While the evaluator will create comparable Life360 HOME and Comparison counties for analytics, participation in the Life360 HOME program is voluntary. Providers who participate in the program may be different than providers who do not choose to participate. Descriptive statistics looking at characteristics of Life360 HOME providers (i.e. provider size, geographical

²⁹ Austin, P.C. 2009. Balance diagnostics for comparing the distribution of baseline covariates between treatment groups in propensity-score matched samples. *Statistics in Medicine* 28:3083-3107. DOI: 10.1002/sim.3697

location, patient population etc.) compared with providers that choose not to participate in Life360 HOME will be used to speculate on whether there are provider attributes that affect participation. Provider characteristics that are significantly associated with participating or non-participating providers will be adjusted for appropriately in the county matching process. Additional results from provider focus groups, surveys, and interviews that address willingness to participate in the Life360 HOME program will also be considered in the adjustment process.

3.6.3 Adjust for Beneficiary Selection

Beneficiaries in the target (treatment) and comparison populations, who are eligible for each metric, will be weighted using PSM with the goal of creating two groups that do not differ in the distribution of their baseline characteristics. This method reduces potential bias in the selection and assignment of eligible beneficiaries to these two groups. To maintain statistical unbiased robustness, the underlying baseline covariates describing the eligible beneficiaries should not be statistically different between the two groups. Baseline covariates will include age, gender, race/ethnicity, county of residence or enrollment region, and income category. The use of weights will be explored using either 1) Propensity-Score Modeling (PSM) or 2) Coarsened Exact Matching (CEM).

- 1) A propensity score is the predicted probability of a beneficiary being assigned to the treatment group, given their observed baseline characteristics. Usually, a logistic regression is performed to arrive at each beneficiary's predicted probability. Nonparametric machine-learning models could also be explored as a sensitivity analysis. The propensity score can be used to calculate the inverse probability of treatment weight (IPTW).³⁰
- 2) Coarsened Exact Matching (CEM) is a nonparametric method that creates strata using pre-specified variables and their binned values.³¹ All beneficiaries within the treatment or comparison population in each unique stratum are assigned the same weight. The advantages of CEM are n-to-n matching, transparency, and ease of explanation.³²

Either the PSM or CEM model (but not both in sequence) will be applied to eligible beneficiaries prior to the subsequent outcome modeling analysis with IPWS and IPWREG. Outcome modeling will include the null model (Inverse Probability Weighted Score, IPWS), full-covariate model

³⁰ Austin, P.C., and E.A. Stuart. 2015. Moving towards best practice when using inverse probability of treatment weighting (IPTW) using the propensity score to estimate causal treatment effects in observational studies. *Statistics in Medicine* 34(28):3661–79. DOI: 10.1002/sim.6607

³¹ King, G., and R. Nielsen. 2019. Why propensity scores should not be used for matching. *Political Analysis* 27(4). Copy at <http://j.mp/2ovYGsW>

³² Canes, A. 2017. Two roads diverged in a narrow dataset... when coarsened exact matching is more appropriate than propensity score matching. PharmaSUG paper HA-04.

(Inverse Probability Weighted Regression adjustment, IPWREG), and/or the REGADJ model (Regression Adjustment without adjusting for selection).

3.6.4 Check for Covariate Balance Across Groups

The goal of adjusting for selection using PSM or CEM is to make the beneficiaries in the treatment and comparison populations comparable, at least for the variables that can be observed. After reweighting, the covariate balance will be assessed by looking at the standardized difference and variance ratio of each variable across the groups. The standardized difference is the difference in group means (between treatment and comparison), expressed in units of standard deviation, in order to account for differences in sample size between the two groups (which typically exhibit a 5:1 or 6:1 ratio in favor of the treatment group). Standardized differences of less than or equal to 0.10, and ratios of group variances between 0.5 and 2.0, for all baseline covariates will be established as the criteria for covariate balance. Usually this is conducted for group means and variances, and prevalence for binary covariates.³³ Graphical methods include comparing side-by-side boxplots and empirical cumulative distribution functions (CDFs).³⁴ For weights constructed using CEM, a global balance assessment based on multivariate histograms can also be conducted.³⁵ If covariate balance cannot be achieved, the PSM or CEM models may need to be adjusted by varying the bin widths or adding additional variables and their interactions to the model.

3.6.5 Report Measure Outcomes, Adjusted for Selection

Each metric will be calculated to determine the outcome (numerator) for each eligible beneficiary. Most metrics at the beneficiary level have a binary outcome or a count for utilization measures; weights will be applied to the to the beneficiary-level outcomes. Metrics with a binary outcome will be modeled using logistic regression, whereas Poisson or negative binomial regression will be used to model those metrics with a count outcome. If the outcomes are reweighted using IPTW, the average treatment effect (ATE) can be directly calculated.³⁶ That is, the ATE is the average effect of being enrolled in a Life360 HOME as compared to if they were only enrolled in ARHOME. The ATE is simply the difference in weighted means of the outcome between the treatment and comparison populations. For measures with a beneficiary-level outcome of 0 or 1, the weighted group mean is equal to the effective percentage of the

³³ Austin, P.C. 2009. Using the standardized difference to compare the prevalence of a binary variable between two groups in observational research. *Communications in Statistics - Simulation and Computation* 38(6):1228–1234. DOI: 10.1080/03610910902859574 DOI: 10.1080/03610910902859574

³⁴ Austin, P.C., and E.A. Stuart. 2015. Moving towards best practice when using inverse probability of treatment weighting (IPTW) using the propensity score to estimate causal treatment effects in observational studies. *Statistics in Medicine* 34(28):3661–79. DOI: 10.1002/sim.6607

³⁵ Berta, P., M. Bossi and S. Verzillo. 2017. %CEM: a SAS macro to perform coarsened exact matching. *Journal of Statistical Computation and Simulation* 87(2): 227–238. DOI: 10.1080/00949655.2016.1203433 DOI: 10.1080/00949655.2016.1203433

³⁶ Austin, P.C. 2011. An introduction to propensity score methods for reducing the effects of confounding in observational studies. *Multivariate Behavioral Research* 46(3):399–424, DOI: 10.1080/00273171.2011.568786 DOI: 10.1080/00273171.2011.568786

group meeting the measure.³⁷ If CEM weights are used, a beneficiary-level model for the measure results, with treatment as the explanatory variable, will be performed; and the coefficient of the treatment variable will be tested for statistical significance.

3.6.6 Adjust Measures for Post-Treatment Effects

Because the Life360 HOME Amendment evaluation period begins after Arkansas's newest 1115 waiver implementation, measure results may need to be adjusted for each beneficiary's time in the program prior to 2024, which includes Arkansas Works (2017-2021), and the first two years of ARHOME (2022-2023).

For outcome measures, adjustment for clinical severity may also be necessary if it is expected to affect measure results. Since QHP claims are only available after assignment to the treatment group, diagnosis information is considered post-treatment. Beneficiary-level risk scores will be calculated from claims diagnosis fields using the Department of Health and Human Services Hierarchical Condition Category (HHS-HCC) risk adjustment models.

A weighted regression on the beneficiary-level measure outcomes using post-treatment covariates will be run. The outcome variable will depend on the measure being analyzed. For example, whether a screening test was performed would be modeled using logistic regression, and the number of visits could be modeled with Poisson or negative binomial regression. Post-treatment covariates for consideration include the following:

- Total time enrolled in Arkansas Works/ARHOME (up to 6 years prior to analysis year)
- Risk score calculated from HHS-HCC risk adjustment models

The post-treatment model may include baseline covariates that are confounders. That is, variables that affect both treatment assignment and the measure outcome.

A sensitivity analysis will be conducted to determine whether the results change when different sets of covariates are included in the outcome model. Comparisons of outcome models with different subsets of covariates (confounders, post-treatment covariates), in addition to none (IPWS) and all (IPWREG, REGADJ) covariates, will be performed. Additionally, doubly robust estimators will be calculated to determine the sensitivity of results to misspecification of either the treatment model or the outcome model.

Using a selection-adjustment treatment model (PSM or CEM) coupled with an outcome model (e.g., IPWS, IPWREG), doubly robust estimators are calculated which are robust to misspecification of either of these two coupled models. Misspecification of the treatment model can arise from invalid assumptions associated with randomly assigning eligible

³⁷ Austin, P.C. 2010. The performance of different propensity-score methods for estimating differences in proportions (risk differences or absolute risk reductions) in observational studies. *Statistics in Medicine* 29(20):2137–2148. DOI:10.1002/sim.3854

beneficiaries to the treatment or comparison population to eliminate bias associated with confounding covariate (e.g., demographic) factors. Misspecification of the outcome model can arise from omitting important covariates (IPWS) or including insignificant covariates (IPWREG) impacting the outcome variable. Coupling the treatment and outcome models facilitates a doubly robust approach to estimating the measure outcome results (treatment vs. control effects or ATE) and conducting sensitivity analysis of impacts of the various covariates on the measure outcomes to assess their significance.

Both the IPWS and IPWREG outcome models are coupled with a selection-adjustment treatment model (PSM or CEM). Unlike the null IPWS model, the IPWREG model includes confounder covariates and post-treatment covariates. Examples of confounder covariates (which potentially affect both the treatment-vs.-control assignment and the measure outcome) include age, gender, age-gender interaction, race/ethnicity, minority, and rural variables. Depending on sample size adequacy, additional confounders include income category and income-age interaction. Weighted regression can be conducted on the outcomes using post-treatment covariates, such as time enrolled in a health care plan (up to 3 years prior to the measurement year), enrollment region during the measurement year, and risk score calculated from HHS-HCC risk-adjustment models.

During the measurement year, it is possible for a beneficiary to be enrolled in more than one Life360 HOME program. While this is unlikely to occur, we will evaluate whether there are multiple Life360 HOMEs enrolled in a given service area. Depending on beneficiary enrollment size in each Life360 HOME during the first measurement year, we will determine whether to exclude beneficiaries who are participating in more than one Life360 HOME or to adjust for the number of multiple enrollments a beneficiary has during the measurement year.

3.6.7 Adjustments for Multi-Year Analysis

A longer timeframe may be more relevant for evaluating the entirety of the Life360 HOME amendment period, which is now scheduled to run for three years (2024-2026), due to lack of enrollments in 2022 and 2023. A baseline sample using beneficiary information from 2017 through 2023 will be created prior to the first year of the amendment period (2024) and followed each subsequent year, thus generating a 7-year pre-period (2017-2023) and a 3-year amendment service period (2024-2026). The overall analytical time period should be sufficiently long to generate adequate statistically robust sample sizes for Interrupted Time Series (ITS) analysis and to identify detectable time-series baseline trends, while short enough as to avoid longer-term temporal variability, thus ensuring stability in the baseline time-series trend.

Propensity score weighting and/or coarsened exact matching (CEM) weights for each calendar year for each measure will aid in achieving similar distributions in measured characteristics between target vs. comparison populations; and the longitudinal design will consider serial correlation over the program period. This will allow intermediate and longer-term measure outcomes to be analyzed.

3.6.8 Multi-Year Analyses

Multi-year analyses will consider Interrupted Time Series (ITS) analysis, pre-post analysis, Difference-in-Difference (DiD) analysis, or Regression Discontinuity Design (RDD) analysis.^{38, 39} Each of these time-series longitudinal analysis methods will be examined and applied where appropriate and if the sample sizes allow for valid statistical conclusions.

The pre-implementation (baseline) period will cover 2017-2023 (7 years), which includes the Arkansas Works demonstration period (2017-2021) and the first two years of the ARHOME demonstration period (2022-2023). All longitudinal analyses will be performed at the conclusion of the Life360 HOME program in 2026 for each Life360 HOME program, separately.

Claims-based measures of adult access to preventive/ambulatory health services (1.A.1, 2.A.6, 3.A.5), total (emergent + non-emergent) emergency department visits/utilization (1.B.1-2, 2.C.1-2, 3.C.1-2), all-cause readmissions (1.C.2, 2.D.2, 3.D.2), Medicaid costs (total, ED and hospitalization: 1.H.1-3, 2.G.1-3, 3.G.1-3), and HRSN screening and interventions (1.I.1-1.I.6, 2.H.1-6, 3.H.1-6) will be considered for analyses using various multi-year analysis methods.

A single and multiple/comparative Interrupted Time Series (ITS) estimates the impact of a temporal interruption (Life360 HOME implementation) on a select group of outcomes based on multiple measures taken before (i.e., baseline period) and after (i.e., amendment period) the Life360 HOME implementation. The regression coefficients are compared and tested for significant differences between the two time periods, in order to assess impacts of the policy implementation on the outcome variables. An advantage of the ITS is that it allows an estimate of differences in pre- and post- interruption outcomes for just the target population (single group ITS) or both the target and comparison population (multiple/robust ITS)^{40, 41} for a more robust comparison analysis. A limitation of the ITS analysis is the requirement of a sufficient sample size or number of data points (years) to establish a statistically robust regression line that captures the underlying temporal trends in the data. While the 7-year pre-period (2017-2023) provides an adequate temporal sample size (n=7), the 3-year amendment period (2024-2026) temporal sample size (n=3) may not be adequate. In addition, limitations of ITS may occur in datasets where the treatment is introduced gradually, where pre-implementation trends are seasonal or non-linear, or where the baseline population changes over time, because

³⁸ Contreary K, Bradley K, and Chao S. 2018; Best Practices in Causal Inference for Evaluations of Section 1115 Eligibility and Coverage Demonstrations. Mathematica Policy Research. Accessed January 13, 2025:

<https://www.medicaid.gov/medicaid/section-1115-demo/downloads/evaluation-reports/causal-inference.pdf>

³⁹ Bradley K, Heeringa JR, Pohl RV, et al. Selecting the Best Comparison Group and Evaluation Design: A Guidance Document for State Section 1115 Demonstration Evaluations. Centers for Medicare & Medicaid Services. Accessed January 13, 2025: <https://www.medicaid.gov/medicaid/section-1115-demo/downloads/evaluation-reports/comparison-grp-eval-dsgn.pdf>

⁴⁰ Wharton, EM. 2020. Time After Time: Differences-in-Differences and Interrupted Time Series Models in SAS. Kaiser Permanente Northern California Division of Research, SAS Global Forum 2020. Paper 4674-2020.

⁴¹ Baicker, K., and T. Svoronos. 2019. Testing the Validity of the Single Interrupted Time Series Design. National Bureau of Economic Research working paper 26080.

it's important to isolate the impacts of the implementation event itself on the temporal trend after the implementation period.

In lieu of the limitations of ITS, a pre-post analysis will be considered in which the beneficiary data is lumped into one temporal category (instead of separated into individual years) for each of 2 time periods surrounding a temporal discontinuity (pre-period and amendment period). Pre-post analysis measures the change in the metric outcome between the 2 periods without requiring multiple (i.e., annual) measurements within both periods. The two periods are directly compared by calculating the difference (slope) in the outcome (dependent) variable's POM estimates between these 2 periods, for each of the 2 populations (target and comparison).

Regression discontinuity design (RDD) enables assessment of differences in an outcome based on differences in a treatment covariate on either side of a threshold discontinuity level, in the presence of a policy implementation at the threshold level (e.g., premium requirements for benes $\geq 100\%FPL$). It is important to note that the resulting impact estimate of RDD applies to only a small subset of the overall population (i.e., those just above and just below the eligibility threshold $100\%FPL$) because it is important to capture very similar population characteristics on both sides of the discontinuity. Consequently, sample size could be restrictive and inadequate sample size could lead to reductions in confidence level and power of the analysis. The RDD design generalizes the ITS case to define a discontinuity in any covariate, not just time.

While ITS, RDD, and pre-post analyses are all 1-dimensional, Difference-in-Difference (DiD) analysis is 2-dimensional and is an extension of the pre-post analysis. The DiD analysis is most commonly used when both pre-implementation data and comparison data are available. While sample size requirements may limit the applicability of ITS and RDD, pre-post and DiD analysis are adequate substitution methods, since the discrete points are combined into 2 bulk sections on either side of the discontinuity for each covariate. The 2-dimensional DiD analysis measures the change in the metric outcome between the 2 periods (e.g., pre-period and post-policy implementation or amendment period) and between the 2 levels of the second covariate (e.g., treatment) without requiring multiple measurements within both levels of each covariate. The DiD analysis involves incorporation of interaction terms (products of two covariates) in a given regression model, which quantifies the impact of the variation of one covariate on the outcome metric on the second covariate (such as time period and 1 additional treatment covariate, such as county or age). Thus, incorporation of the time*treatment interaction into the outcome model provides a DiD estimate of the demonstration period's effects on the outcome metric. In addition, age interaction terms are incorporated in the outcome models as controls.

While pre-post analysis will be conducted to assess temporal effects across years between the pre-period and amendment period, DiD analysis will be conducted to assess interaction effects between 2 covariates on the least squares means (LSM) POM estimates of the outcome variable (i.e., various metrics evaluating program performance) across the ranges of both covariates. Slopes will be calculated as the difference in bulk-mean POM estimates between the

2 sections of the first covariate and will be evaluated in each of the 2 sections of the second covariate (and vice versa). The DID interaction will be calculated as the difference in these slopes as a quantitative assessment of the interaction effect between these 2 covariates on the POM estimate of the outcome variable.

An example of the applicability of RDD includes an impact analysis of eligibility age cutoffs on Success Life360 HOME. Success Life360 HOME provides support for beneficiaries at high-risk for long-term poverty due to prior incarceration or involvement with the juvenile justice system (ages 19-24), involvement in former foster care FFC (ages 19-27), and veterans (ages 19-30) who are at high risk of homelessness. A quantitative assessment of impacts of Success Life360 support can be conducted by comparing beneficiaries who are eligible versus ineligible for Success Life360, specifically by focusing on one covariate criteria for eligibility: age. Eligibility age ranges are different among these 3 categories of beneficiaries eligible for Success Life360.

To assess impacts of age eligibility cutoffs on selected metrics pertinent to Success Life360, a regression discontinuity design (RDD) will be conducted by generating 2 lists of beneficiaries: 1) A list of beneficiaries that meet all eligibility requirements (including age) for Success Life360 (plotted to the left of the age discontinuity); 2) A list of beneficiaries that do not meet the age requirements but would otherwise be eligible for Success Life360 (e.g., by meeting the income FPL, continuous enrollment, coverage gap requirements, etc.) (plotted to the right of the age discontinuity). This distinction isolates age as the sole covariate distinguishing between the 2 lists with respect to beneficiary eligibility. The LSM POM estimates will be calculated for each selected HRSN metrics via regression analysis versus demographic and other significant covariates for each year, population, and beneficiary age within each year and population. POM estimates of each metric will be plotted and regressed versus beneficiary age (starting at age 19) on either side of the specified age discontinuity (e.g., 24 for formerly incarcerated, 27 for FFC, and 30 for veterans). For example, for the formerly incarcerated beneficiaries, a regression line will be drawn through the POM estimates across the age 19-24 range; and a second regression line will be drawn through the POM estimates across the age 24-30 range. The regression slopes, intercepts, and vertical gap between the 2 regression lines at age 24 (the age discontinuity) will be calculated and compared, in order to assess impacts of the age eligibility cutoff on the outcome variables. In summary, RDD and vertical gap analysis at the age eligibility cutoff provides a quantitative assessment of the impact of Success Life360 on the selected HRSN metrics measuring the performance of the Success Life360 program.

An unbiased estimate of the local treatment effect requires accurate, robust RDD modeling between the treatment and outcome variables, which can be potentially confounded by inherent non-linearity in the data. To address such non-linearities, regression analysis can be conducted not only on the two separate sections on either side of the discontinuity, but also on the combined (total) sections. Any variations in the regression slope in the vicinity of the

discontinuity region will be noted, to distinguish between the discontinuity and any inherent non-linearities in the data.

3.6.9 Beneficiary Engagement Satisfaction Survey

The evaluator is a National Committee for Quality Assurance (NCQA) certified CAHPS 5.1H survey vendor and will administer a Beneficiary Engagement Satisfaction Survey (BESS) using the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey, Adult 5.1, core questions with the addition of supplemental items and questions specific to the Life360 HOME evaluation. The evaluator will follow survey guidelines from the Agency for Healthcare Research and Quality (AHRQ) using the National Committee for Quality Assurance (NCQA) CAHPS survey.

There are several components to successfully setting up, implementing, and analyzing a survey. Those components include the following:

1. Survey tool (English with Marshallese and Spanish versions available)
2. Process
3. Population
4. Sample size
5. Analytic method(s)
6. Administration dates

The detailed description of the plan components are as follows:

1. The survey tool utilized will be the CAHPS Health Plan Survey version 5.1 CORE questionnaire with supplemental questions and questions specific to the evaluation.
2. The process of a survey consists of multiple steps that must be in place for successful execution:
 - A. Confidentiality. The evaluator will create a random number that will be on all survey materials which can only be cross walked within the evaluator's system. This process ensures their anonymity.
 - B. Usage of a toll-free number. A toll-free number will be provided to all participants to answer any questions about the survey. The evaluator will also contract with a translation service for Marshallese and Spanish-speaking recipients or to request a Marshallese or Spanish version survey.
 - C. Tracking incorrect addresses. All survey materials will have the ability to track bad addresses, correct, and re-mail the survey materials.
3. The definition of the survey population is a key element to a proper analysis. The populations to be surveyed will meet the below requirements:
 - A. Target Population Survey
 - i. Qualifying ARHOME beneficiaries residing and participating in Life360 HOME services in participating Life360 HOME service areas/counties.
 - B. Comparison Population Survey

- i. Qualifying ARHOME beneficiaries residing in matched non- Life360 HOME service areas/counties.
4. The evaluator will follow the NCQA guidelines for sample size calculations using historical response rates and acknowledging potential issues with bad addresses for some of the eligible beneficiaries. NCQA states that at least 411 completed surveys for each of the target (counties with Life360 HOME) and comparison (counties without Life360 HOME) populations are needed to complete a statistically robust analysis, based on a preliminary power analysis assessment of tradeoffs among power, precision, and confidence level (**Table 7**). With a historical response rate (from the 2022 CESS survey) of approximately 11% for the target population and 7% for the comparison population and with the expected 17-18% rate of bad addresses, the evaluator will complete a random target sample of 5,220 recipients in counties with Life360 HOME and a random comparison sample of 6,270 similar recipients in counties without Life360 HOME, in order to obtain the required number of completed surveys for each population.

A Two-Independent-Proportions Power analysis was conducted (using G*Power software) to assess relationships among sample sizes of two independent generic populations, power ($=1-\beta$), confidence level ($=1-\alpha$), and precision (or minimum detectable difference (MDD)), where alpha and beta are the probabilities of committing a Type I error (rejection of a true null hypothesis H_0) and Type II error (acceptance of a false H_0), respectively. Results indicated that, at the 95% confidence level ($\alpha=0.05$), within a given typical range of sample sizes ($n=350-450$), the MDD in proportions ranged from 0.0929 ($n_1=n_2=n=450$) to 0.1051 ($n=350$) for 80% power, and from 0.1072 ($n=450$) to 0.1213 ($n=350$) for 90% power. Similarly, at the 90% confidence level ($\alpha=0.10$), MDD ranged from 0.0825 to 0.0934 for 80% power, and 0.0969 to 0.1096 for 90% power (**Table 8**).

Table 8: Precision or Minimum Detectable Differences (MDD) Between Two Independent Proportions: Two-Tailed z-Test
(G*Power 3.1.9.7)

| Sample size of Population 1 | Sample size of Population 2 | alpha = 0.05 | | alpha = 0.10 | |
|--------------------------------|--------------------------------|--------------|-----------|--------------|-----------|
| | | Power=0.8 | Power=0.9 | Power=0.8 | Power=0.9 |
| 350 | 350 | 0.1051 | 0.1213 | 0.0934 | 0.1096 |
| 350 | 375 | 0.1034 | 0.1192 | 0.0919 | 0.1078 |
| 350 | 400 | 0.1018 | 0.1175 | 0.0905 | 0.1062 |
| 350 | 425 | 0.1004 | 0.1159 | 0.0892 | 0.1048 |
| 350 | 450 | 0.0991 | 0.1144 | 0.0881 | 0.1035 |
| 375 | 375 | 0.1016 | 0.1172 | 0.0903 | 0.1060 |
| 375 | 400 | 0.1000 | 0.1154 | 0.0889 | 0.1043 |
| 375 | 425 | 0.0986 | 0.1138 | 0.0876 | 0.1029 |
| 375 | 450 | 0.0973 | 0.1123 | 0.0865 | 0.1015 |
| 400 | 400 | 0.0984 | 0.1136 | 0.0875 | 0.1027 |
| 400 | 425 | 0.0970 | 0.1119 | 0.0862 | 0.1012 |
| 400 | 450 | 0.0957 | 0.1104 | 0.0850 | 0.0998 |
| 425 | 425 | 0.0955 | 0.1102 | 0.0849 | 0.0997 |
| 425 | 450 | 0.0942 | 0.1087 | 0.0837 | 0.0983 |
| 450 | 450 | 0.0929 | 0.1072 | 0.0825 | 0.0969 |

5. Complete surveys will be analyzed according to the NCQA guidelines: “A questionnaire is considered complete if responses are available for at least half of the key survey items and at least one reportable item.” Key items include questions confirming survey eligibility, questions about demographic and background information, screener questions for core composite measures, and the primary rating question.
6. To track beneficiary experience through the life of the full amendment period, these surveys were administered in 2022 and will be administered again in 2024 and 2026.

3.6.10 Impacts of COVID-19

Arkansas understands the value in analyzing the impacts of COVID-19 during the program implementation and will utilize CMS’s COVID-19 implications to 1115 evaluations guidance at <https://www.medicaid.gov/medicaid/section-1115-demo/downloads/evaluation-reports/1115-covid19-implications.pdf> to assess potential impacts to the evaluation. It is anticipated that the public health emergency (PHE), while in effect until April 2023, will impact service utilization, especially telehealth, during the pandemic and immediate post-pandemic years (2020-2023) of the baseline or pre-amendment period (2017-2023), as individuals are more likely to avoid in-person visits and unnecessary exposure to COVID-19. However, due to lack of Life360 HOME beneficiary data in 2022 and 2023 (due to a late start of providers signing up for Maternal, Rural, and Success), the amendment period is not slated to begin until 2024, well after the end of the PHE. This lack of data precludes any formal analysis of COVID-19 impacts during the amendment period (2024-2026), barring any resurgence of another pandemic and re-introduction of another PHE in the near future.

However, in the (unlikely) event of a near-future pandemic, several analyses will be conducted to minimize differential effects of COVID-19 on our target and comparison population outcomes, such as sensitivity analysis with results from prior years, adjustment for COVID-19 incidence/deaths/hospitalizations, and pre-post analysis.

The baseline or pre-implementation period (2017-2023) will overlap with the peak of the COVID-19 PHE where potential effects may need to be adjusted for in longitudinal analyses. To assess impacts of any potential future COVID-19 pandemic (up through 2026) on results for each metric, county-level data on daily COVID confirmed cases, daily COVID deaths, and populations will be obtained for the 75 Arkansas counties from the USA Facts database⁴² along with matching zip code-by-county data from the US Zip Codes database⁴³.

A composite COVID metric will be calculated for each year and county by integrating the daily COVID cases and deaths over each year and 1) dividing by the county population to obtain per-capita cases and deaths, 2) dividing the per-capita deaths by cases to obtain deaths-per-case, and 3) averaging these three beneficiary metrics (per-capita cases, per-capita deaths, and deaths-per-case) into a composite metric. For each year of the COVID-19 PHE, all 75 Arkansas counties will be ranked from highest to lowest values of this composite metric and divided into 15-county quintiles based on these ranks. They will be assigned one of 6 COVID-19 status levels and associated numeric value (0=ZERO for non-COVID-19 years; or 1=Low, 2=Medium-Low, 3=Medium, 4=Medium-High, 5=High relative risk for COVID-19 years based on the quintile that each county falls in). County-level COVID-19 data will then be matched to the list of eligible beneficiaries based on their zip-code residence address to identify the Arkansas county of residence to assign a composite COVID-19 metric value (as a covariate) to each beneficiary, thus translating the COVID-19 information from the county-level to the bene-level.

While omitted from the group-selection adjustment model (PSM, CEM), this COVID-19 covariate can be incorporated as an additional covariate in the inverse probability weighted regression adjustment (IPWREG) model, which adjusts for selection and includes confounder covariates (such as age, gender, age-gender interaction, race/ethnicity, minority, and rural variables) and post-treatment covariates. Confounder covariates potentially affect both the treatment-vs.-control assignment and the measure outcome. Pending sample size adequacy, additional confounders may include income category and income-age interaction. This COVID-19 covariate will also be incorporated as the sole covariate in the (previously null) inverse probability weighted score (IPWS) model. For each year and metric, if the selection-adjustment model (PSM or CEM) achieves balance, then the IPWREG model can be used if adjusting for measurement-year effects results in convergence. If non-convergence occurs, then the IPWS model is used instead.

⁴² USA FACTS: Coronavirus Cases and Deaths. Data available from: <https://usafacts.org/visualizations/coronavirus-covid-19-spread-map/state/arkansas/>

⁴³ United States Zip Codes: Zip Code Database. Data available from: <https://www.unitedstateszipcodes.org/zip-code-database/>

To assess impacts of the COVID-19 covariate (for any potential future pandemic years up through 2026), a sensitivity analysis will be conducted in which the IPWREG or IPWS model are run both with and without the incorporated composite COVID-19 covariate. Output from these two model runs will be compared for each year and each relevant metric.

3.7 SUMMARY INFORMATION BY MEASURE

Table 9: Summary of Analysis Methods by Measure

| Measure # | Measure Name | Comparison Population | Analytic Method to Construct Comparable Groups | Comparison Method | Statistical Test | Comparison Method Adjusting for Post-Treatment Effects |
|-----------|---|---|--|-------------------------|---|--|
| 1.A.1 | AAP Adults' Access to Preventative/Ambulatory Health Services | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM/Pre-Post DiD/ITS | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 1.A.2 | CCP Contraceptive Care Postpartum Women | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group rates | Beneficiary-level model with prior experience |
| 1.A.3 | PRS-E Prenatal Immunization Status | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.A.4 | CIS Childhood Immunization Status | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.A.5 | WC30 Well-Child Visits in First 15 Months of Life | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.A.6 | PPC Timeliness of Prenatal Care | N/A | N/A | Annual Tables | Chi-Square w/ subpopulation analyses | N/A |
| 1.A.7 | PPC Postpartum Care | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 1.A.8 | Prenatal Visits | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.A.9 | Person-Centered Action Plan Milestone Achievement | N/A | N/A | Annual Tables | Chi-Square | N/A |
| 1.A.10 | PCP Assigned | N/A | N/A | Annual Tables | Chi-Square w/ subpopulation analyses | N/A |

| Measure # | Measure Name | Comparison Population | Analytic Method to Construct Comparable Groups | Comparison Method | Statistical Test | Comparison Method Adjusting for Post-Treatment Effects |
|-----------|---|---|--|-------------------------|---|--|
| 1.A.11 | PCP Visits | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 1.A.12 | STI Screening Rate | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.A.13 | Gestational Diabetes Screening Rate | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.B.1 | Non-Emergent ED Visits | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM/Pre-Post DiD/ITS | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 1.B.2 | Emergent ED Visits | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM/Pre-Post DiD/ITS | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 1.C.1 | Preventable ED Visits | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM/Pre-Post DiD/ITS | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 1.C.2 | PCR Plan All-Cause Readmissions | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM/Pre-Post DiD/ITS | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 1.C.3 | FMC Follow-Up After ED Visit for People with Multiple High-Risk Chronic Conditions | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.D.1 | IET Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.D.2 | FUH Follow-Up after Hospitalization for Mental Illness | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |

| Measure # | Measure Name | Comparison Population | Analytic Method to Construct Comparable Groups | Comparison Method | Statistical Test | Comparison Method Adjusting for Post-Treatment Effects |
|-----------|--|---|--|-------------------------|--------------------------------------|--|
| 1.D.3 | SAA Adherence to Antipsychotics for Beneficiaries with Schizophrenia | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.D.4 | SSD Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.D.5 | OHD Use of Opioids at High Dosage in Persons without Cancer | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.D.6 | COB Concurrent Use of Opioids and Benzodiazepines | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.D.7 | POD Use of Pharmacotherapy for Opioid Use Disorder | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.D.8 | FUA Follow-Up after ED Visit for Alcohol and Other Drug Abuse or Dependence | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.D.9 | FUM Follow-Up after ED Visit for Mental Illness | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.D.10 | Pregnancy Home Visits | N/A | N/A | Annual Tables | Chi-Square w/ subpopulation analyses | N/A |
| 1.D.11 | Child Home Visits | N/A | N/A | Annual Tables | Chi-Square w/ subpopulation analyses | N/A |
| 1.D.12 | PND-E Prenatal Depression Screening | N/A | N/A | Annual Tables | Chi-Square | N/A |
| 1.D.13 | PND-E Prenatal Depression Follow-Up | N/A | N/A | Annual Tables | Chi-Square | N/A |

| Measure # | Measure Name | Comparison Population | Analytic Method to Construct Comparable Groups | Comparison Method | Statistical Test | Comparison Method Adjusting for Post-Treatment Effects |
|-----------|--|---|--|-------------------------|---|--|
| 1.D.14 | PDS-E Postpartum Depression Screening | N/A | N/A | Annual Tables | Chi-Square | N/A |
| 1.D.15 | PDS-E Postpartum Depression Follow-up | N/A | N/A | Annual Tables | Chi-Square | N/A |
| 1.D.16 | MPM Annual Monitoring for Patients on Persistent Medications | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.D.17 | PRSD-CH Low Risk C-Section | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.D.18 | C-Section Rate | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 1.E.6 | Maternal Mortality Rate | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 1.E.1 | Low Birth Weight | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 1.E.2 | Very Low Birth Weight | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.E.3 | Pre-Term Birth | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 1.E.4 | Live Birth | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 1.E.5 | Infant Mortality Rates | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |

| Measure # | Measure Name | Comparison Population | Analytic Method to Construct Comparable Groups | Comparison Method | Statistical Test | Comparison Method Adjusting for Post-Treatment Effects |
|-----------|--------------------------------|---|--|---|---|--|
| 1.E.6 | NICU Stays | Similar beneficiaries in counties w/o Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 1.F.1 | Rating of Health Plan | Similar beneficiaries in counties w/o Maternal Life360 HOME | Survey sampling | Comparison of answer frequencies, case-mix adjustment | Chi-Square w/ subpopulation analyses | N/A |
| 1.F.2 | Rating of Health Care | Similar beneficiaries in counties w/o Maternal Life360 HOME | Survey sampling | Comparison of answer frequencies, case-mix adjustment | Chi-Square w/ subpopulation analyses | N/A |
| 1.F.3 | Rating of PCP | Similar beneficiaries in counties w/o Maternal Life360 HOME | Survey sampling | Comparison of answer frequencies, case-mix adjustment | Chi-Square w/ subpopulation analyses | N/A |
| 1.F.4 | Rating of Specialist | Similar beneficiaries in counties w/o Maternal Life360 HOME | Survey sampling | Comparison of answer frequencies, case-mix adjustment | Chi-Square w/ subpopulation analyses | N/A |
| 1.F.5 | Rating of Life360 Services | N/A | N/A | Annual Tables | Chi-Square w/ subpopulation analyses | N/A |
| 1.G.1 | Income Median Household Income | Similar beneficiaries in counties w/o a Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.G.2 | Income Increase | Similar beneficiaries in counties w/o a Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.G.3 | Employment- Unemployment Rate | Similar beneficiaries in counties w/o a Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |

| | | | | | | |
|--------|--|---|---------------------------|-------------------------|---------------------------|---|
| 1.G.4 | Educational Attainment | Similar beneficiaries in counties w/o a Maternal Life360 HOME | N/A | Annual Tables | Chi-Square | N/A |
| 1.G.5 | Employment, Training, or Post-Secondary Education | Similar beneficiaries in counties w/o a Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.G.6 | Housing Security/Affordability- ≤30% of Income | Similar beneficiaries in counties w/o a Maternal Life360 HOME | N/A | Annual Tables | Chi-Square | N/A |
| 1.G.7 | Housing Security/Affordability- Severe Cost Burden | Similar beneficiaries in counties w/o a Maternal Life360 HOME | N/A | Annual Tables | Chi-Square | N/A |
| 1.G.8 | Food Security- Insecurity Rate | Similar beneficiaries in counties w/o a Maternal Life360 HOME | N/A | Annual Tables | Chi-Square | N/A |
| 1.G.9 | Food Security- Access | Similar beneficiaries in counties w/o a Maternal Life360 HOME | N/A | Annual Tables | Chi-Square | N/A |
| 1.G.10 | Safety- Suicides, Injuries, Homicides, & Firearm Fatalities | Similar beneficiaries in counties w/o a Maternal Life360 HOME | N/A | Annual Tables | Chi-Square | N/A |
| 1.G.11 | Receipt of Educational, Employment, or Other Social Services | Similar beneficiaries in counties w/o a Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.H.1 | Total Medicaid Spend | Similar beneficiaries in counties w/o a Maternal Life360 HOME | IPTW/CEM/Pre-Post DiD/ITS | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.H.2 | Emergency Department Costs | Similar beneficiaries in counties w/o a Maternal Life360 HOME | IPTW/CEM/Pre-Post DiD/ITS | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.H.3 | Hospitalization Costs | Similar beneficiaries in counties w/o a Maternal Life360 HOME | IPTW/CEM/Pre-Post DiD/ITS | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.I.1 | SNS-E Food Screening | N/A | Pre-Post DiD | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |

| Measure # | Measure Name | Comparison Population | Analytic Method to Construct Comparable Groups | Comparison Method | Statistical Test | Comparison Method Adjusting for Post-Treatment Effects |
|-----------|--|---|--|-------------------------|---------------------------|--|
| 1.I.2 | SNS-E Food Intervention | N/A | Pre-Post DiD | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.I.3 | SNS-E Housing Screening | N/A | Pre-Post DiD | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.I.4 | SNS-E Housing Intervention | N/A | Pre-Post DiD | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.I.5 | SNS-E Transportation Screening | N/A | Pre-Post DiD | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.I.6 | SNS-E Transportation Intervention | N/A | Pre-Post DiD | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 1.I.7 | Interpersonal Violence Screening | N/A | N/A | Annual Tables | Chi-Square | N/A |
| 1.I.8 | Interpersonal Violence Intervention | N/A | N/A | Annual Tables | Chi-Square | N/A |
| 1.I.9 | Prior Screening of HRSN Needs | N/A | N/A | Annual Tables | Chi-Square | N/A |
| 1.I.10 | Prior Utilization of HRSN Related Services | N/A | N/A | Annual Tables | Chi-Square | N/A |
| 1.I.11 | SNAP/WIC Enrollment | Similar beneficiaries in counties w/o a Maternal Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.A.1 | COL Colorectal Cancer Screening | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.A.2 | BCS Breast Cancer Screening | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.A.3 | CCS Cervical Cancer Screening | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |

| Measure # | Measure Name | Comparison Population | Analytic Method to Construct Comparable Groups | Comparison Method | Statistical Test | Comparison Method Adjusting for Post-Treatment Effects |
|-----------|---|--|--|-------------------------|---|--|
| 2.A.4 | CHL Chlamydia Screening in Women | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.A.5 | SPD Statin Therapy for Patients with Diabetes | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.A.6 | CDC Comprehensive Diabetes Care | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 2.A.7 | AAP Adults' Access to Preventative/Ambulatory Health Services | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM/Pre-Post/ITS | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 2.A.8 | SMD Diabetes Monitoring for People with Schizophrenia or Bipolar Disorder | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.A.9 | SMC Cardiovascular Monitoring for People with Schizophrenia or Bipolar Disorder | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.A.10 | AMR Asthma Medication Ratio | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.A.11 | CCW Contraceptive Care- All Women | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.A.12 | PCP Assigned | N/A | N/A | Annual Tables | Chi-Square w/ subpopulation analyses | N/A |
| 2.A.13 | PCP Visits | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 2.A.14 | Person-Centered Action Plan Milestone Achievement | N/A | N/A | Annual Tables | Chi-Square | N/A |

| Measure # | Measure Name | Comparison Population | Analytic Method to Construct Comparable Groups | Comparison Method | Statistical Test | Comparison Method Adjusting for Post-Treatment Effects |
|-----------|---------------------------------|--|--|---|---|--|
| 2.B.1 | Rating of Health Plan | Similar beneficiaries in counties w/o Rural Life360 HOME | Survey sampling | Comparison of answer frequencies, case-mix adjustment | Chi-Square w/ subpopulation analyses | N/A |
| 2.B.2 | Rating of Health Care | Similar beneficiaries in counties w/o Rural Life360 HOME | Survey sampling | Comparison of answer frequencies, case-mix adjustment | Chi-Square w/ subpopulation analyses | N/A |
| 2.B.3 | Rating of PCP | Similar beneficiaries in counties w/o Rural Life360 HOME | Survey sampling | Comparison of answer frequencies, case-mix adjustment | Chi-Square w/ subpopulation analyses | N/A |
| 2.B.4 | Rating of Specialist | Similar beneficiaries in counties w/o Rural Life360 HOME | Survey sampling | Comparison of answer frequencies, case-mix adjustment | Chi-Square w/ subpopulation analyses | N/A |
| 2.B.5 | Rating of Life360 Services | N/A | N/A | Annual Tables | Chi-Square w/ subpopulation analyses | N/A |
| 2.C.1 | Non-Emergent ED Visits | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM/Pre-Post/ITS | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 2.C.2 | Emergent ED Visits | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM/Pre-Post/ITS | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 2.D.1 | Preventable ED Visits | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM/Pre-Post/ITS | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 2.D.2 | PCR Plan All-Cause Readmissions | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM/Pre-Post/ITS | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |

| Measure # | Measure Name | Comparison Population | Analytic Method to Construct Comparable Groups | Comparison Method | Statistical Test | Comparison Method Adjusting for Post-Treatment Effects |
|-----------|---|--|--|-------------------------|---|--|
| 2.D.3 | IPF 30-day All-Cause Unplanned Readmission following Psychiatric Hospitalization in an Inpatient Psychiatric Facility | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.D.4 | FMC Follow-Up after ED Visit for People with Multiple High-Risk Chronic Conditions | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.E.1 | IET Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.E.2 | AMM Antidepressant Medication Management | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 2.E.3 | FUH Follow-Up after Hospitalization for Mental Illness | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 2.E.4 | SAA Adherence to Antipsychotics for Beneficiaries with Schizophrenia | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.E.5 | SSD Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.E.6 | OHD Use of Opioids at High Dosage in Persons Without Cancer | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |

| Measure # | Measure Name | Comparison Population | Analytic Method to Construct Comparable Groups | Comparison Method | Statistical Test | Comparison Method Adjusting for Post-Treatment Effects |
|-----------|---|--|--|-------------------------|---|--|
| 2.E.7 | COB Concurrent Use of Opioids and Benzodiazepines | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 2.E.8 | POD Use of Pharmacotherapy for Opioid Use Disorder | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 2.E.9 | FUA Follow-Up after ED Visit for Alcohol and Other Drug Abuse or Dependence | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 2.E.10 | FUM Follow-Up after ED Visit for Mental Illness | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 2.E.11 | Average Time to Treatment | N/A | N/A | Annual Tables | Chi-Square | N/A |
| 2.E.12 | Mortality Rate | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.F.1 | Income Median Household Income | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.F.2 | Income Increase | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.F.3 | Employment- Unemployment Rate | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.F.4 | Educational Attainment | Similar beneficiaries in counties w/o Rural Life360 HOME | N/A | Annual Tables | Chi-Square | N/A |
| 2.F.5 | Employment, Training, or Post-Secondary Education | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |

| Measure # | Measure Name | Comparison Population | Analytic Method to Construct Comparable Groups | Comparison Method | Statistical Test | Comparison Method Adjusting for Post-Treatment Effects |
|-----------|--|--|--|-------------------------|---------------------------|--|
| 2.F.6 | Housing Security/Affordability- ≤30% of Income | Similar beneficiaries in counties w/o Rural Life360 HOME | N/A | Annual Tables | Chi-Square | N/A |
| 2.F.7 | Housing Security/Affordability- Severe Cost Burden | Similar beneficiaries in counties w/o Rural Life360 HOME | N/A | Annual Tables | Chi-Square | N/A |
| 2.F.8 | Food Security- Insecurity Rate | Similar beneficiaries in counties w/o Rural Life360 HOME | N/A | Annual Tables | Chi-Square | N/A |
| 2.F.9 | Food Security- Access | Similar beneficiaries in counties w/o Rural Life360 HOME | N/A | Annual Tables | Chi-Square | N/A |
| 2.F.10 | Safety- Suicides, Injuries, Homicides, & Firearm Fatalities | Similar beneficiaries in counties w/o Rural Life360 HOME | N/A | Annual Tables | Chi-Square | N/A |
| 2.F.11 | Criminal Justice Involvement | Similar beneficiaries in counties w/o Rural Life360 HOME | N/A | Annual Tables | Chi-Square | N/A |
| 2.F.12 | Receipt of Educational, Employment, or Other Social Services | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.G.1 | Total Medicaid Spend | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM/Pre-Post/ITS | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.G.2 | Emergency Department Costs | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM/Pre-Post/ITS | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.G.3 | Hospitalization Costs | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM/Pre-Post/ITS | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.H.1 | SNS-E Food Screening | N/A | Pre-Post DiD | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |

| Measure # | Measure Name | Comparison Population | Analytic Method to Construct Comparable Groups | Comparison Method | Statistical Test | Comparison Method Adjusting for Post-Treatment Effects |
|-----------|--|--|--|-------------------------|---------------------------|--|
| 2.H.2 | SNS-E Food Intervention | N/A | Pre-Post DiD | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.H.3 | SNS-E Housing Screening | N/A | Pre-Post DiD | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.H.4 | SNS-E Housing Intervention | N/A | Pre-Post DiD | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.H.5 | SNS-E Transportation Screening | N/A | Pre-Post DiD | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.H.6 | SNS-E Transportation Intervention | N/A | Pre-Post DiD | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 2.H.7 | Prior Screening of HRSN Needs | N/A | N/A | Annual Tables | Chi-Square | N/A |
| 2.H.8 | Prior Utilization of HRSN Related Services | N/A | N/A | Annual Tables | Chi-Square | N/A |
| 2.H.9 | SNAP/WIC Enrollment | Similar beneficiaries in counties w/o Rural Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 3.A.1 | COL Colorectal Cancer Screening | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 3.A.2 | BCS Breast Cancer Screening | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 3.A.3 | CCS Cervical Cancer Screening | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 3.A.4 | CHL Chlamydia Screening in Women | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |

| Measure # | Measure Name | Comparison Population | Analytic Method to Construct Comparable Groups | Comparison Method | Statistical Test | Comparison Method Adjusting for Post-Treatment Effects |
|-----------|---|--|--|---|---|--|
| 3.A.5 | SPD Statin Therapy for Patients with Diabetes | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 3.A.6 | CDC Comprehensive Diabetes Care | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 3.A.7 | AAP Adults' Access to Preventative/Ambulatory Health Services | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM/Pre-Post/ITS | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 3.A.8 | AMR Asthma Medication Ratio | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 3.A.9 | CCW Contraceptive Care- All Women | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 3.A.10 | PCP Assigned | N/A | N/A | Annual Tables | Chi-Square w/ subpopulation analyses | N/A |
| 3.A.11 | PCP Visits | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 3.A.12 | Person-Centered Action Plan Milestone Achievement | N/A | N/A | Annual Tables | Chi-Square | N/A |
| 3.B.1 | Rating of Health Plan | Similar beneficiaries in counties w/o Success Life360 HOME | Survey sampling | Comparison of answer frequencies, case-mix adjustment | Chi-Square w/ subpopulation analyses | N/A |
| 3.B.2 | Rating of Health Care | Similar beneficiaries in counties w/o Success Life360 HOME | Survey sampling | Comparison of answer frequencies, case-mix adjustment | Chi-Square w/ subpopulation analyses | N/A |

| Measure # | Measure Name | Comparison Population | Analytic Method to Construct Comparable Groups | Comparison Method | Statistical Test | Comparison Method Adjusting for Post-Treatment Effects |
|-----------|---|--|--|---|---|--|
| 3.B.3 | Rating of PCP | Similar beneficiaries in counties w/o Success Life360 HOME | Survey sampling | Comparison of answer frequencies, case-mix adjustment | Chi-Square w/ subpopulation analyses | N/A |
| 3.B.4 | Rating of Specialist | Similar beneficiaries in counties w/o Success Life360 HOME | Survey sampling | Comparison of answer frequencies, case-mix adjustment | Chi-Square w/ subpopulation analyses | N/A |
| 3.B.5 | Rating of Life360 Services | N/A | N/A | Annual Tables | Chi-Square w/ subpopulation analyses | N/A |
| 3.C.1 | Non-Emergent ED Visits | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM/Pre-Post/ITS | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 3.C.2 | Emergent ED Visits | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM/Pre-Post/ITS | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 3.D.1 | Preventable ED Visits | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM/Pre-Post/ITS | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 3.D.2 | PCR Plan All-Cause Readmissions | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM/Pre-Post/ITS | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 3.D.3 | FMC Follow-Up after ED Visit for People with Multiple High-Risk Chronic Conditions | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 3.E.1 | IET Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |

| Measure # | Measure Name | Comparison Population | Analytic Method to Construct Comparable Groups | Comparison Method | Statistical Test | Comparison Method Adjusting for Post-Treatment Effects |
|-----------|--|--|--|-------------------------|---|--|
| 3.E.2 | AMM Antidepressant Medication Management | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 3.E.3 | FUH Follow-Up after Hospitalization for Mental Illness | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 3.E.4 | SAA Adherence to Antipsychotics for Beneficiaries with Schizophrenia | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 3.E.5 | SSD Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 3.E.6 | OHD Use of Opioids at High Dosage in Persons Without Cancer | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 3.E.7 | COB Concurrent Use of Opioids and Benzodiazepines | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 3.E.8 | POD Use of Pharmacotherapy for Opioid Use Disorder | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 3.E.9 | FUA Follow-Up after ED Visit for Alcohol and Other Drug Abuse or Dependence | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 3.E.10 | FUM Follow-Up after ED Visit for Mental Illness | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means w/ subpopulation analyses | Beneficiary-level model with prior experience |
| 3.E.11 | MPM Annual Monitoring for Patients on Persistent Medications | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |

| Measure # | Measure Name | Comparison Population | Analytic Method to Construct Comparable Groups | Comparison Method | Statistical Test | Comparison Method Adjusting for Post-Treatment Effects |
|-----------|--|--|--|-------------------------|---------------------------|--|
| 3.E.12 | Mortality Rate | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 3.F.1 | Income Median Household Income | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 3.F.2 | Income Increase | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 3.F.3 | Employment- Unemployment Rate | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 3.F.4 | Educational Attainment | Similar beneficiaries in counties w/o Success Life360 HOME | N/A | Annual Tables | Chi-Square | N/A |
| 3.F.5 | Employment, Training, or Post-Secondary Education | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 3.F.6 | Housing Security/Affordability- ≤30% of Income | Similar beneficiaries in counties w/o Success Life360 HOME | N/A | Annual Tables | Chi-Square | N/A |
| 3.F.7 | Housing Security/Affordability- Severe Cost Burden | Similar beneficiaries in counties w/o Success Life360 HOME | N/A | Annual Tables | Chi-Square | N/A |
| 3.F.8 | Food Security- Insecurity Rate | Similar beneficiaries in counties w/o Success Life360 HOME | N/A | Annual Tables | Chi-Square | N/A |
| 3.F.9 | Food Security- Access | Similar beneficiaries in counties w/o Success Life360 HOME | N/A | Annual Tables | Chi-Square | N/A |

| Measure # | Measure Name | Comparison Population | Analytic Method to Construct Comparable Groups | Comparison Method | Statistical Test | Comparison Method Adjusting for Post-Treatment Effects |
|-----------|--|--|--|-------------------------|---------------------------|--|
| 3.F.10 | Safety- Suicides, Injuries, Homicides, & Firearm Fatalities | Similar beneficiaries in counties w/o Success Life360 HOME | N/A | Annual Tables | Chi-Square | N/A |
| 3.F.11 | Receipt of Educational, Employment, or Other Social Services | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 3.F.12 | Criminal Justice System Avoidance | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 3.G.1 | Total Medicaid Spend | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM/Pre-Post/ITS | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 3.G.2 | Emergency Department Costs | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM/Pre-Post/ITS | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 3.G.3 | Hospitalization Costs | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM/Pre-Post/ITS | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 3.H.1 | SNS-E Food Screening | N/A | Pre-Post DiD | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 3.H.2 | SNS-E Food Intervention | N/A | Pre-Post DiD | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 3.H.3 | SNS-E Housing Screening | N/A | Pre-Post DiD | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 3.H.4 | SNS-E Housing Intervention | N/A | Pre-Post DiD | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |

| | | | | | | |
|-------|--------------------------------|-----|--------------|-------------------------|---------------------------|---|
| 3.H.5 | SNS-E Transportation Screening | N/A | Pre-Post DiD | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
|-------|--------------------------------|-----|--------------|-------------------------|---------------------------|---|

| Measure # | Measure Name | Comparison Population | Analytic Method to Construct Comparable Groups | Comparison Method | Statistical Test | Comparison Method Adjusting for Post-Treatment Effects |
|-----------|---|--|--|-------------------------|--------------------------------------|--|
| 3.H.6 | SNS-E Transportation Intervention | N/A | Pre-Post DiD | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 3.H.7 | Prior Screening of HRSN Needs | N/A | N/A | Annual Tables | Chi-Square | N/A |
| 3.H.8 | Prior Utilization of HRSN Related Services | N/A | N/A | Annual Tables | Chi-Square | N/A |
| 3.H.9 | SNAP/WIC Enrollment | Similar beneficiaries in counties w/o Success Life360 HOME | IPTW/CEM | Beneficiary-level model | Difference in group means | Beneficiary-level model with prior experience |
| 4.A.1 | Life360 HOME Administrative Costs | N/A | N/A | Annual Tables | Chi-Square w/ subpopulation analyses | N/A |
| 4.A.2 | Life360 HOME Infrastructure Costs | N/A | N/A | Annual Tables | Chi-Square w/ subpopulation analyses | N/A |
| 4.A.3 | Life360 HOME Services Costs | N/A | N/A | Annual Tables | Chi-Square w/ subpopulation analyses | N/A |
| 4.A.4 | Average Time to Launch Life360 HOME | N/A | N/A | Annual Tables | Chi-Square w/ subpopulation analyses | N/A |
| 4.B.1 | Life360 HOME Provider Performance | N/A | N/A | Annual Tables | Chi-Square w/ subpopulation analyses | N/A |
| 4.C.1 | Social Service Program Provisions Over Time | N/A | N/A | Annual Tables | N/A | N/A |
| 4.D.1 | Provider Financial Health Improvement | N/A | N/A | Annual Tables | N/A | N/A |

| | | | | | | |
|-------|--------------|-----|-----|---------------|-----|-----|
| 4.E.1 | Key Entities | N/A | N/A | Annual Tables | N/A | N/A |
|-------|--------------|-----|-----|---------------|-----|-----|

| Measure # | Measure Name | Comparison Population | Analytic Method to Construct Comparable Groups | Comparison Method | Statistical Test | Comparison Method Adjusting for Post-Treatment Effects |
|-----------|--|-----------------------|--|-------------------|------------------|--|
| 4.E.2 | Types of HRSN Services | N/A | N/A | Annual Tables | N/A | N/A |
| 4.E.3 | Integration of Amendment with Existing Programs and Infrastructure | N/A | N/A | Annual Tables | N/A | N/A |
| 4.E.4 | Maintenance of Organizational Partnerships | N/A | N/A | Annual Tables | N/A | N/A |
| 4.E.5 | Key Entity Barriers in Implementing Demonstration | N/A | N/A | Annual Tables | N/A | N/A |
| 4.E.6 | Barriers in Beneficiary Outreach and Participation | N/A | N/A | Annual Tables | N/A | N/A |
| 4.E.7 | Strategies Adopted to Facilitate and Reduce Barriers in Implementation | N/A | N/A | Annual Tables | N/A | N/A |
| 4.E.8 | Strategies Adopted to Improve Beneficiary Experience | N/A | N/A | Annual Tables | N/A | N/A |
| 4.E.9 | Local Availability of Social Services Over Time | N/A | N/A | Annual Tables | N/A | N/A |

4 METHODOLOGICAL LIMITATIONS

While the Life360 HOME evaluation design has many strengths that include a county-level match design coupled with selection adjusted beneficiary-level weighted regression analytics, there are limitations. The main considerations relate to the final sample size and comparability of the target and comparison populations, which will be dependent on the participating providers and service areas. To account for potential limitations in number, models evaluating the target and comparison populations will be adjusted for differences in sociodemographic factors by using propensity score matching and/or coarsened exact matching (CEM) to balance and make both groups more comparable.

Matching by county can only be done on observable and identifiable characteristics. For those factors that are unobservable, weighted beneficiary-level regression models will attempt to minimize all factors, observed and unobserved, by using weights that represent the likelihood of an eligible beneficiary being in the target and comparison populations.

Comparison counties chosen for matching will not necessarily be representative of all counties that may be eligible for Life360 HOME but did not choose to participate. While overall representation is ideal, it is more important to assess the potential benefits of Life360 HOME using comparison counties that consist of an eligible population that is similar to the beneficiaries residing in a Life360 HOME county, so that other factors are not driving any observed differences in outcomes.

Since the number of providers that choose to participate in Life360 HOME has not yet been finalized and may change from year to year, the effectiveness of identifying matched comparison counties will be evaluated once that information is available. It is possible that many of the counties within a particular Life360 HOME have similar population characteristics and there are not enough available comparison counties that are a close match for a 1:1 ratio. For example, if all counties within a Life360 HOME's program are classified as urban counties. Closely matched counties may still be different on certain county level characteristics associated with a more metropolitan community. However, beneficiary-level regression models will adjust for additional beneficiary factors that are relevant to the eligible beneficiary population.

It is possible for beneficiaries participating in Life360 HOME to seek HRSN-related services outside of the provider service area. While this may happen, we expect the number of beneficiaries who do this to be relatively small due to the working relationship that will be established between the beneficiary, provider, and Life360 HOME case manager; and in comparison, to beneficiaries residing in counties that do not have a Life360 HOME program. Regardless of the reason that a beneficiary may have to seek HRSN-related services outside of the provider service area, their motivation to do so will most likely further mitigate their HRSN

needs. The monitoring of care plan for each Life360 HOME beneficiary aims to connect beneficiaries to the social services that best address their HRSN needs and monitor progress.

Maternal Life360 beneficiaries can be disenrolled if they ask to stop receiving services or if they are uncooperative with receiving services (i.e. stop participating in the program) after three consecutive attempts to schedule a visit. While we expect that the number of beneficiaries who disenroll due to these reasons will be low, their data may have varying levels of completion that can lead to a reduced sample size in some of the measures and beneficiaries who do not want to continue receiving services may be inherently different from those who do. Beneficiaries who are no longer receiving Life360 HOMEs services also prevents continued per member per month payments to the provider. Depending on the extent of the potential sample size reduction and the minimum sample size requirements of different models, such a limitation may necessitate a change in the model type and/or statistical methodology used for analysis of those measures requiring this enrollment/disenrollment data. Depending on when these beneficiaries are disenrolled, we will adjust analyses accordingly to account for beneficiaries with missing or incomplete information.

Information used for beneficiary weights will come from the eligibility determination process. Causal analysis requires that the baseline variables are known before assignment to the treatment or comparison population, and that they are not affected by the assignment. Therefore, it can be assumed the baseline covariates for each beneficiary did not change during the calendar year.

Due to ongoing COVID-19 impacts and the public health emergency, certain measures will need special considerations. It is acknowledged that healthcare utilization has changed because of the pandemic, so the aim is to contextualize the findings within the time period within which they occurred.

Since only paid claims will be available from QHPs, the claims-based measures will be restricted to paid claims only for both the target and comparison populations. Services billed on claims that were suspended or denied will not be included.

Required premium contributions for beneficiaries with an income at 101-138% FPL occurs during the baseline period, 2017-2023, and not during the implementation period. This may affect the results of the longitudinal analyses in that the magnitude of this effect will not be accounted for when comparing results between baseline and implementation periods.

Survey data (ACS) is used for some metrics and comparison county matching. Limitations to relying on self-report survey data include self-selection bias, and social-desirability bias. In addition, literacy levels may impact survey participation and responses.

Since the implementation data collection relies on key informant interviews, several limitations should be noted. The generalizability of these results is limited in that we are not able to interview all individuals and organizations involved in the program implementation and we

cannot infer that these qualitative findings would be the same or similar in different regions of the State. Also, personal and recall bias may be present as key informants were interviewed as reflections on their participation in the program, and in some cases, months may have passed since certain parts of the program were implemented. Nonetheless, these interviews will be helpful in contextualizing how programs were implemented and identifying the barriers and successes that programs experienced.

Some publicly available sociodemographic data sources that will be used to assess community-level impacts are not updated as frequently as analytics will be run. The lag in availability of this data will be noted for all relevant metrics. The evaluator will look for the most current applicable resource when running analytics. Additionally, the goal will be to ascertain beneficiary-level data for these measures.

5 APPENDICES

5.1 INDEPENDENT EVALUATOR

Based on established protocols, the state did follow established policies and procedures to acquire an independent evaluator to conduct the ARHOME LIFE360 evaluation. An assessment of Medicaid waiver program evaluation experience, knowledge of State programs and populations, and resource requirements were determined during the selection of the final candidate, including steps to identify and/or mitigate any conflicts of interest.

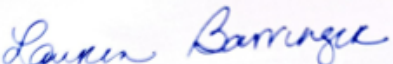
The evaluator will maintain separation throughout the amendment evaluation as to conduct a fair and impartial evaluation. This evaluation design includes a “No Conflict of Interest” signed confirmation statement from the independent evaluator, located below.



Conflict of Interest/Independence.

General Dynamics Information Technology Inc. (“GDIT”) hereby certifies that, without limitation or qualification, has no actual, apparent, or potential conflicts of interest with, and is independent from:

1. DHS and Arkansas Medicaid.
2. Qualified Health Providers (QHP) under the ARHOME and/or Life360 program, including the following:
 - a. Ambetter from Arkansas Health & Wellness (Centene Corporation).
 - b. QualChoice (QCA Health Plan, Inc./QualChoice Life and Health Insurance Company, Inc.)
 - c. Arkansas Blue Cross & Blue Shield.
 - d. Health Advantage
3. Providers serving Medicaid or ARHOME or Life360 clients under any Arkansas Medicaid or ARHOME or Life360 program.

| | | | |
|-----------------------------|---|--------|-------------------|
| Independent Evaluator Name: | General Dynamics Information Technology Inc. (“GDIT”) | Date: | February 22, 2023 |
| Signature: |  | Title: | Contracts Advisor |
| Printed Name: | Lauren Barringer | | |

5.2 EVALUATION BUDGET

An estimated total cost for the development and production of this evaluation design and the resulting evaluation reports are compiled as an annual budget. This includes the total estimated costs, as well as a breakdown of estimated staff, administrative, and other costs for all aspects of the evaluation. Cost includes quantitative and qualitative data collection, development and administration of survey instruments, data cleaning and analyses, and the actual production of the evaluation design and evaluation report deliverables.

Budget will be sent to CMS as a separate attachment for informational purposes only.

5.3 TIMELINE AND MAJOR MILESTONES

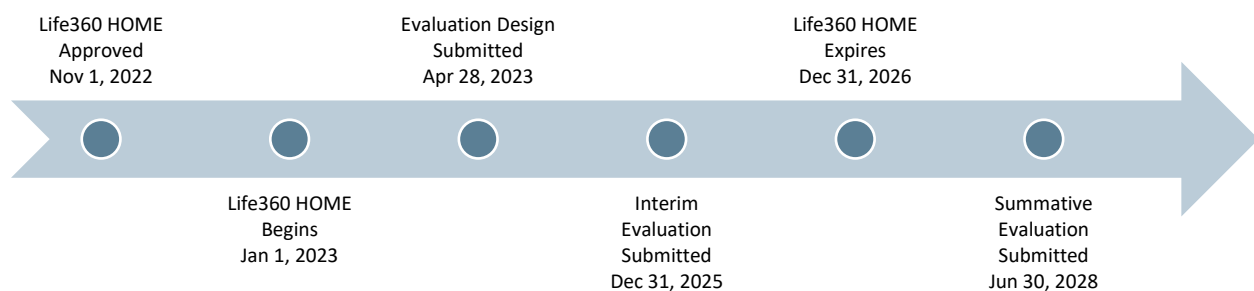
Appropriately scheduling evaluation activities will be crucial to acquiring accurate data which informs the evaluation reports and any needed policy or procedure updates. The evaluator, which began during Quarter 1 in 2023, will continually monitor monthly and quarterly delivered claims, beneficiary, and provider data ensuring the included data is as expected.

The data sets will be supplemented with surveys, interviews, and focus groups as appropriate. These will be conducted throughout the life of the Life360 HOME amendment program in order to capture the progression in access, awareness, coverage, health outcomes, participation, quality of care, program, and plan satisfaction, understanding, and utilization.

Submission Timelines

There is a specified timeline for the state's submission of Evaluation Designs and Evaluation Reports. These dates are specified in the amendment's Special Terms and Conditions (STCs) and/or otherwise negotiated for best practices. To assure the dissemination of the evaluation findings, lessons learned, and recommendations, the state will publish the Interim and Summative Evaluation Reports to the state's website within thirty (30) calendar days of CMS' approval, as per 42 CFR 431.424(d). CMS will also publish a copy to the Medicaid.gov website. The graphic below depicts the deliverables timeline for the Life360 HOME program.

Figure 17: Submission Timelines



5.4 METRIC DESCRIPTIONS BY GOAL AND HYPOTHESIS

This section describes the metrics by which the evaluation will measure the goals and hypotheses. Many of the measures are from the CMS proposed health equity measures set from the following categories: Primary and Preventive Care, Maternal and Child Health, Behavioral Health, Experience of Care, and Social Determinants of Health.

Goal 1. Maternal Life360 HOME will support beneficiaries with high-risk pregnancies, as identified by their physician, and up to two years post-partum, even if the beneficiary is no longer eligible for Medicaid under any other category, either through Maternal Life360 HOME's provision of evidence-based home visitation or through contracts with evidence-based home visitation programs.

Hypothesis 1.A. ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life360 HOME will have greater use of preventive and other primary care services.

| Measure 1.A.1 | AAP Adults' Access to Preventive/Ambulatory Health Services |
|-------------------------|--|
| Definition: | The percentage of Maternal Life360 HOME beneficiaries who had an ambulatory or preventive care visit during the measurement year |
| Numerator: | Count of Maternal Life360 HOME beneficiaries with one or more ambulatory or preventive care visits during the measurement year |
| Denominator: | Count of eligible Maternal Life360 HOME beneficiaries as of December 31 of the measurement year |
| Exclusion Criteria: | Maternal Life360 HOME beneficiaries with hospice care or using hospice service at any time during the measurement year |
| Continuous Enrollment: | No more than 1 gap in continuous enrollment of up to 45 days or 1 month during the measurement year. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA - HEDIS AAP |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | <ul style="list-style-type: none"> • Inverse Probability of Treatment Weight (IPTW) / Coarsened Exact Matching (CEM), beneficiary-level weighted regression model • Interrupted Time Series (ITS) / Pre-Post Difference-Difference (DiD) |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, race/ethnicity, geography, etc.) |
| National Benchmark: | Medicaid Adult Core Set and HEDIS Medicaid national rate |
| Deviations: | Paid claims only |

| Measure 1.A.2 | CCP Contraceptive Care – Postpartum Women |
|-------------------------|---|
| Definition: | <p>Among Maternal Life360 HOME women who had a live birth, the percentage that:</p> <ul style="list-style-type: none"> • Were provided a most effective or moderately effective method of contraception within 3 and 60 days of delivery • Were provided a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery |
| Numerator: | <ul style="list-style-type: none"> • Rate 1: Count of Maternal Life360 HOME women who had a live birth in the measurement year who were provided a most or moderately effective method of contraception • Rate 2: Count of Maternal Life360 HOME women who had a live birth in the measurement year who was provided a LARC method |
| Denominator: | Count of Maternal Life360 HOME women as of Dec 31 of the measurement year who had a live birth with a continuous enrollment during the measurement year enrolled from the date of delivery to 60 days postpartum. |
| Exclusion Criteria: | Maternal Life360 HOME women with a live birth occurring after Oct 31 will be excluded from the denominator because they may not have an opportunity to receive contraception in the postpartum period. |
| Continuous Enrollment: | No allowable gaps in the continuous enrollment period |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA – CCP-AD in Medicaid Adult Core Set |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group rates |
| National Benchmark: | OPA (CCP-AD in Medicaid Adult Core Set) |
| Deviations: | Paid claims only |

| Measure 1.A.3 | PRS-E Prenatal Immunization Status |
|---------------|---|
| Definition: | The percentage of Maternal Life360 HOME beneficiaries with deliveries in the measurement year which had received influenza, tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations |

| | |
|--------------------------------|---|
| Numerator: | Count of Maternal Life360 HOME beneficiaries with a delivery date in the measurement year who had a: <ul style="list-style-type: none"> • Influenza vaccination between July 1 of the prior year and the end of the current measurement year • Tdap vaccination during the pregnancy • Combination |
| Denominator: | Count of Maternal Life360 HOME beneficiaries with a delivery date in the measurement year (# of deliveries, not beneficiaries) |
| Exclusion Criteria: | Maternal Life360 HOME beneficiaries with deliveries of less than 37 weeks gestation and deliveries during hospice or where hospice services were used |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative and Immunization Registry |
| Measure Steward(s): | NCQA – PRS-E |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | NCQA National averages available |
| Deviations: | N/A |

| Measure 1.A.4 | CIS Childhood Immunization Status |
|---------------------|---|
| Definition: | Percentage of Maternal Life360 HOME beneficiary's children age 2 who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. |
| Numerator: | Count of Maternal Life360 HOME children aged 2 who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. |
| Denominator: | Count of Maternal Life360 HOME children turning age 2 in the measurement year |

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| Exclusion Criteria: | Maternal Life360 HOME children in hospice or using hospice services any time during the measurement year or any of the following on or before the child's second birthday: <ul style="list-style-type: none"> • Severe combined immunodeficiency. • Immunodeficiency. • HIV. • Lymphoreticular cancer, multiple myeloma or leukemia. • Intussusception |
| Continuous Enrollment: | No more than 1 gap in enrollment of up to 45 days during the continuous enrollment period. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative and Immunization Registry |
| Measure Steward(s): | NCQA – CIS |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | NCQA National averages available |
| Deviations: | N/A |

| Measure 1.A.5 | W30 Well-Child Visits in the First 15 Months of Life |
|-------------------------------|--|
| Definition: | Percentage of Maternal Life360 HOME beneficiary's children who turned 15 months old during the measurement year and had 6 or more well-child visits with a PCP during the last 15 months |
| Numerator: | Count of Maternal Life360 HOME beneficiary's children with 6 or more well-child visits on different dates of service by a PCP on or before the 15-month birthday for children who turned 15 months during the measurement year |
| Denominator: | Count of Maternal Life360 HOME beneficiary's children who are 15 months old during the measurement year |
| Exclusion Criteria: | Maternal Life360 HOME beneficiary's children in hospice or using hospice services during the measurement year |
| Continuous Enrollment: | No more than 1 gap in enrollment of up to 45 days during the continuous enrollment period. |
| Data Source(s): | Administrative Claims |

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| Measure Steward(s): | NCQA – W30 |
| Comparison Population: | Similar beneficiary’s children in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | NCQA National averages available |
| Deviations: | N/A |

| Measure 1.A.6 | PPC Timeliness of Prenatal Care |
|-------------------------|--|
| Definition: | Percentage of deliveries of live births from beneficiaries in Maternal Life360 HOME on or between October 8 of the prior year to the measurement year and October 7 of the measurement year that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization |
| Numerator: | Count of deliveries of Maternal Life360 HOME beneficiaries with a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment |
| Denominator: | Count of deliveries from Maternal Life360 HOME beneficiaries with a delivery date in the measurement year |
| Exclusion Criteria: | Maternal Life360 HOME beneficiaries in hospice or using hospice services during the measurement year |
| Continuous Enrollment: | No allowable gaps in the continuous enrollment period; 43 days prior to delivery through 60 days after delivery |
| Data Source(s): | Administrative Claims and Life360 HOME Case Management Data |
| Measure Steward(s): | NCQA – PPC |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (race/ethnicity, geography, etc.) |
| National Benchmark: | NCQA (PPC) Medicaid and CHIP Core Set |

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| Deviations: | Paid claims only |
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| Measure 1.A.7 | PPC Postpartum Care |
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| Definition: | Percentage of deliveries of live births from beneficiaries in Maternal Life360 HOME on or between October 8 of the prior year to the measurement year and October 7 of the measurement year that had a postpartum visit on or between 7 and 84 days after delivery |
| Numerator: | Count of deliveries of Maternal Life360 HOME beneficiaries with a postpartum visit on or between 7 and 84 days after delivery |
| Denominator: | Count of deliveries of Maternal Life360 HOME beneficiaries with a delivery date in the measurement year |
| Exclusion Criteria: | Maternal Life360 HOME beneficiaries in hospice or using hospice services during the measurement year |
| Continuous Enrollment: | No allowable gaps in the continuous enrollment period; 43 days prior to delivery through 60 days after delivery |
| Data Source(s): | Administrative Claims and Life360 Case Management Data |
| Measure Steward(s): | NCQA – PPC |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (race/ethnicity, geography, etc.) |
| National Benchmark: | NCQA (PPC) Medicaid and CHIP Core Set |
| Deviations: | Paid claims only |

| Measure 1.A.8 | Prenatal Visits - Month Prenatal Care Began |
|--------------------|--|
| Definition: | The month in which prenatal care began for deliveries of live births to beneficiaries in Maternal Life360 HOME that occurred during pregnancy prior to their delivery date in the measurement year |
| Numerator: | Count of deliveries of Maternal Life360 HOME beneficiaries who had a prenatal care visit by month |

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| Denominator: | Count of deliveries of Maternal Life360 HOME beneficiaries with a delivery date in the measurement year |
| Exclusion Criteria: | Maternal Life360 HOME beneficiaries in hospice or using hospice services during the measurement year |
| Continuous Enrollment: | No allowable gaps in the continuous enrollment period |
| Data Source(s): | ADH Birth Certificate Data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | CDC National Vital Statistics (NVSS) |
| Deviations: | N/A |

| Measure 1.A.9 | Person-Centered Action Plan Milestone Achievement |
|--------------------------------|---|
| Definition: | Percentage of Maternal Life360 HOME beneficiaries with person-centered action plans who achieved one or more milestones during the measurement year |
| Numerator: | Count of Maternal Life360 HOME beneficiaries who have met one or more milestones during the measurement year |
| Denominator: | Count of Maternal Life360 HOME beneficiaries who have a person-centered action plan during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Maternal Life360 Case Management Data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | N/A |
| Comparison Method(s): | Annual Tables |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |

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| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 1.A.10 | PCP Assigned |
|--------------------------------|---|
| Definition: | Percentage of Maternal Life360 HOME beneficiaries that have a PCP (including OBGYN) assigned at any point during the measurement year |
| Numerator: | Count of Maternal Life360 HOME beneficiaries who had a PCP (including OBGYN) assigned to them during the measurement year |
| Denominator: | Count of Maternal Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims and Life360 Case Management Data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | N/A |
| Comparison Method(s): | Annual Tables |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 1.A.11 | PCP Visits |
|---------------------|---|
| Definition: | Percentage of Maternal Life360 HOME beneficiaries who had a PCP visit during the measurement year |
| Numerator: | Count of Maternal Life360 HOME beneficiaries who had a PCP during the measurement year |
| Denominator: | Count of Maternal Life360 HOME beneficiaries during the measurement year |

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| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims and Life360 Case Management Data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (race/ethnicity, geography, etc.) |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 1.A.12 | STI Screening Rate |
|--------------------------------|--|
| Definition: | Percentage of pregnant Maternal Life360 HOME beneficiaries screened for STIs, such as chlamydia, syphilis, and gonorrhea |
| Numerator: | Count of pregnant Maternal Life360 HOME beneficiaries screened for chlamydia, syphilis, or gonorrhea during the measurement year |
| Denominator: | Count of pregnant Maternal Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |

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| Deviations: | N/A |
| Measure 1.A.13 | Gestational Diabetes Screening Rate |
| Definition: | Percentage of pregnant Maternal Life360 HOME beneficiaries screened for gestational diabetes |
| Numerator: | Count of pregnant Maternal Life360 HOME beneficiaries screened for gestational diabetes during the measurement year |
| Denominator: | Count of pregnant Maternal Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

Hypothesis 1.B. ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life360 HOME will have lower non-emergent and emergent use of emergency department (ED) services.

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| Measure 1.B.1 | Non-Emergent Emergency Department (ED) Visits |
| Definition: | Non-Emergent ED visits as a percentage of all classified ED visits using the New York University (NYU) ED algorithm for Maternal Life360 HOME beneficiaries |
| Numerator: | Count of non-emergent ED visits for Maternal Life360 HOME beneficiaries |

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| Denominator: | Count of total ED visits classified by the NYU algorithm for Maternal Life360 HOME beneficiaries |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NYU ED Algorithm |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | <ul style="list-style-type: none"> • IPTW/CEM, beneficiary-level weighted regression model • ITS / Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (race/ethnicity, geography, etc.) |
| National Benchmark: | N/A |
| Deviations: | Paid claims only |

| Measure 1.B.2 | Emergent Emergency Department (ED) Visits |
|-------------------------------|---|
| Definition: | Emergent ED Visits as a percentage of all classified ED visits using the NYU ED algorithm for Maternal Life360 HOME beneficiaries |
| Numerator: | Count of emergent ED visits for Maternal Life360 HOME beneficiaries |
| Denominator: | Count of total ED visits classified by the NYU algorithm for Maternal Life360 HOME beneficiaries |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NYU ED Algorithm |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |

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| Comparison Method(s): | <ul style="list-style-type: none"> • IPTW/CEM, beneficiary-level weighted regression model • ITS / Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (race/ethnicity, geography, etc.) |
| National Benchmark: | N/A |
| Deviations: | Paid claims only |

Hypothesis 1.C. ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life360 HOME will have lower use of potentially preventable emergency department services and lower incidence of preventable hospital admissions and re-admissions.

| Measure 1.C.1 | Preventable Emergency Department (ED) Visits |
|-------------------------|--|
| Definition: | Percentage of emergency visits classified as preventable by the NYU ED algorithm for Maternal Life360 HOME beneficiaries |
| Numerator: | Count of emergency department visits classified as preventable/avoidable for Maternal Life360 HOME beneficiaries |
| Denominator: | Count of total emergency department visits classified as preventable/avoidable and not preventable/avoidable (equals all visits that are emergent, ED care needed) for Maternal Life360 HOME beneficiaries |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NYU ED Algorithm |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | <ul style="list-style-type: none"> • IPTW/CEM, beneficiary-level weighted regression model • ITS / Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (race/ethnicity, geography, etc.) |
| National Benchmark: | N/A |
| Deviations: | Paid claims only |

| Measure 1.C.2 | PCR-AD Plan All-Cause Readmissions |
|-------------------------|---|
| Definition: | Count of acute inpatient stays for Maternal Life360 HOME beneficiaries during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. |
| Numerator: | Count of acute readmissions for any diagnosis within 30 days of the Index Discharge Date for Maternal Life360 HOME beneficiaries. Exclude admissions with a principal diagnosis of pregnancy, a condition originating in the perinatal period, or planned admissions |
| Denominator: | Count of total acute inpatient discharges for Maternal Life360 HOME beneficiaries who had one or more discharges on or between January 1 and December 1 of the measurement year |
| Exclusion Criteria: | Maternal Life360 HOME beneficiaries with hospital stays where the Index Admission Date is the same as the Index Discharge Date, where the beneficiary died during the stay, or with a principal diagnosis of pregnancy or a condition originating in the perinatal period |
| Continuous Enrollment: | 365 days prior to the Index Discharge Date through 30 days after the Index Discharge Date. No more than 1 gap of 45 days or 1 month. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA (PCR-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | <ul style="list-style-type: none"> • IPTW/CEM, beneficiary-level weighted regression model • ITS / Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (race/ethnicity, geography, etc.) |
| National Benchmark: | NCQA national averages available |
| Deviations: | Paid claims only |

| Measure 1.C.3 | FMC Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions |
|---------------|--|
| Definition: | Percentage of ED visits during the measurement year for Maternal Life360 HOME beneficiaries who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit |
| Numerator: | Count of Maternal Life360 HOME beneficiaries who have 2 or more chronic conditions diagnosed prior to the ED visit during the measurement year and had a follow-up service within 7 days of the ED visit |

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| Denominator: | Count of Maternal Life360 HOME beneficiaries with an ED visit who have 2 or more chronic conditions diagnosed prior to the ED visit during the measurement year |
| Exclusion Criteria: | Maternal Life360 HOME beneficiaries in hospice or using hospice services during the measurement year |
| Continuous Enrollment: | No more than one gap in enrollment of up to 45 days during the 365 days prior to the ED visit and no gap during the 7 days following the ED visit. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA – FMC |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | NCQA national averages available |
| Deviations: | Paid claims only |

Hypothesis 1.D. ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life360 HOME will experience better quality of care.

| Measure 1.D.1 | IET Initiation and Engagement of Substance Use Disorder Treatment |
|---------------------|--|
| Definition: | Percentage of Maternal Life360 HOME beneficiaries with a new episode of substance use disorder: <ul style="list-style-type: none"> Total rate of Initiation of SUD treatment Total rate of Engagement of SUD treatment |
| Numerator: | <ul style="list-style-type: none"> Count of Maternal Life360 HOME beneficiaries with initiation of SUD treatment within 14 days of the SUD episode date. Definition depends on whether the SUD Episode was an inpatient discharge or not. Count of Maternal Life360 HOME beneficiaries with engagement of SUD treatment within 34 days after initiation: Identify all beneficiaries compliant for the initiation of SUD treatment numerator that have evidence of treatment. Definition depends on whether the treatment was initiated via an inpatient admission. |
| Denominator: | Count of Maternal Life360 HOME beneficiaries with an SUD episode as of Dec 31 of the measurement year with continuous enrollment being 194 days prior to the SUD Episode Date through 47 days after the SUD Episode Date (242 total days). |
| Exclusion Criteria: | <ul style="list-style-type: none"> Exclude Maternal Life360 HOME beneficiaries from the denominator for both indicators (Initiation of SUD Treatment and Engagement of SUD Treatment) if the initiation of treatment event is an inpatient stay with a discharge date |

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| | <p>after November 27 of the measurement year.</p> <ul style="list-style-type: none"> Beneficiaries in hospice or using hospice services anytime during the measurement year. Beneficiaries with any SUD diagnosis history or SUD medication history in the 194-day period before the index date. |
| Continuous Enrollment: | No allowable gaps in the continuous enrollment period |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA (IET-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | NCQA national averages available |
| Deviations: | Paid claims only |

| Measure 1.D.2 | FUH-AD Follow-Up After Hospitalization for Mental Illness |
|-------------------------------|--|
| Definition: | <p>Percentage of discharges for Maternal Life360 HOME beneficiaries who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm and who had a follow-up visit with a mental health practitioner. Two rates are reported:</p> <ul style="list-style-type: none"> Percentage of discharges for which the Maternal Life360 HOME beneficiary received follow-up within 30 days of discharge Percentage of discharges for which the Maternal Life360 HOME beneficiary received follow-up within 7 days of discharge |
| Numerator: | Count of follow-up visits for Maternal Life360 HOME beneficiaries with a mental health practitioner within (30 or 7) days after discharge. Do not include visits that occur on the date of discharge |
| Denominator: | Count of acute inpatient discharges for Maternal Life360 HOME beneficiaries with a principal diagnosis of mental illness or intentional self-harm during the measurement year |
| Exclusion Criteria: | Maternal Life360 HOME beneficiaries in hospice or using hospice services during the measurement year |
| Continuous Enrollment: | Date of discharge through 30 days after discharge. No allowable gaps |

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| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA (FUH-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | NCQA national averages available |
| Deviations: | Paid claims only |

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| Measure 1.D.3 | SAA-AD Adherence to Antipsychotics for Beneficiaries with Schizophrenia |
| Definition: | Percentage of Maternal Life360 HOME beneficiaries with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period during the measurement year |
| Numerator: | Count of Maternal Life360 HOME beneficiaries who achieved a proportion of days covered (PDC) of at least 80% for their antipsychotic medications during the measurement year |
| Denominator: | Count of Maternal Life360 HOME beneficiaries with at least one acute inpatient encounter with any diagnosis of schizophrenia or schizoaffective disorder, or at least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or non-acute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or schizoaffective disorder |
| Exclusion Criteria: | Maternal Life360 HOME beneficiaries in hospice or using hospice services during the measurement year; beneficiaries with a diagnosis of dementia, or who did not have at least two antipsychotic medication dispensing events, during the measurement year |
| Continuous Enrollment: | The measurement year. No more than one gap in enrollment of up to 45 days or 1 month during each year of continuous enrollment. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA (SAA-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |

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| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | NCQA national averages available |
| Deviations: | Paid claims only |

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| Measure 1.D.4 | SSD-AD Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (diabetes screening) |
| Definition: | Percentage of Maternal Life360 HOME beneficiaries with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year |
| Numerator: | Count of glucose tests or an HbA1c tests performed during the measurement year for Maternal Life360 HOME beneficiaries with schizophrenia, schizoaffective disorder, or bipolar disorder, as defined by claim/encounter or automated laboratory data |
| Denominator: | Count of Maternal Life360 HOME beneficiaries as of Dec 31 of the measurement year with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication |
| Exclusion Criteria: | Maternal Life360 HOME beneficiaries with hospice care or using hospice service at any time during the measurement year |
| Continuous Enrollment: | No more than 1 gap in continuous enrollment of up to 45 days or 1 month during the measurement year and the year prior to the measurement year. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA (SSD-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | NCQA national averages available |
| Deviations: | Paid claims only |

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| Measure 1.D.5 | OHD-AD Use of Opioids at High Dosage in Persons Without Cancer |
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| Definition: | Percentage of Maternal Life360 HOME beneficiaries who received prescriptions for opioids with an average daily dosage greater than or equal to 90 milligram equivalents (MME) over a period of 90 days or more |
| Numerator: | Count of Maternal Life360 HOME beneficiaries in the denominator with an average daily dosage \geq 90 MMEs during the opioid episode |
| Denominator: | Count of Maternal Life360 HOME beneficiaries as of Dec 31 of the measurement year who received prescriptions for opioids |
| Exclusion Criteria: | Maternal Life360 HOME beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | PQA (OHD-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | Paid claims only |

| Measure 1.D.6 | COB-AD Concurrent Use of Opioids and Benzodiazepines |
|----------------------------|---|
| Definition: | Percentage of Maternal Life360 HOME beneficiaries with concurrent use of prescription opioids and benzodiazepines |
| Numerator: | Count of Maternal Life360 HOME beneficiaries in the denominator with: <ul style="list-style-type: none"> Two or more prescription claims for any benzodiazepine with different dates of service, AND Concurrent use of opioids and benzodiazepines for 30 or more cumulative days |
| Denominator: | Count of Maternal Life360 HOME beneficiaries as of Dec 31 of the measurement year with 2 or more prescription claims for opioid medications on different dates of service and with a cumulative days' supply of 15 or more days during the measurement year. |
| Exclusion Criteria: | Maternal Life360 HOME beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care |

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| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | PQA (COB-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | Paid claims only |

| Measure 1.D.7 | POD-AD Use of Pharmacotherapy for Opioid Use Disorder |
|-------------------------------|--|
| Definition: | Percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among Maternal Life360 HOME beneficiaries with a diagnosis of OUD |
| Numerator: | Count of new OUD pharmacotherapy events with OUD pharmacotherapy for 180 days or more days without a gap in treatment of 8 or more consecutive days for Maternal Life360 HOME beneficiaries |
| Denominator: | Count of Maternal Life360 HOME beneficiaries as of Dec 31 of the measurement year with a diagnosis of OUD |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | No allowable gaps in the continuous enrollment period. Continuous enrollment period is defined as 31 days prior to the treatment period start date through 179 days after the treatment period start date (211 total days) |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA (POD-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |

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| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | NCQA national averages available |
| Deviations: | Minimum age adjusted to 19. Paid claims only |

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| Measure 1.D.8 | FUA-AD Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence |
| Definition: | Percentage of emergency department (ED) visits for Maternal Life360 HOME beneficiaries with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow-up visit for AOD abuse or dependence |
| Numerator: | <ul style="list-style-type: none"> 30-day follow-up – count of follow-up visits with any practitioner, for Maternal Life360 HOME beneficiaries with a principal diagnosis of AOD abuse or dependence within 30 days after the ED visit. Include visits that occur on the date of the ED visit 7-day follow-up – count of follow-up visits with any practitioner, for Maternal Life360 HOME beneficiaries with a principal diagnosis of AOD abuse or dependence within 7 days after the ED visit. Include visits that occur on the date of the ED visit |
| Denominator: | Count of ED visits for Maternal Life360 HOME beneficiaries with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence as of the ED visit with continuous enrollment from the date of ED visit through 30 days after the ED visit |
| Exclusion Criteria: | Maternal Life360 HOME beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care |
| Continuous Enrollment: | No allowable gap in coverage during continuous enrollment period |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA (FUA-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | NCQA national averages available |
| Deviations: | Paid claims only |

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| Measure 1.D.9 | FUM-AD Follow-Up After Emergency Department Visit for Mental Illness |
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| Definition: | Percentage of emergency department (ED) visits for Maternal Life360 HOME beneficiaries with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness |
| Numerator: | <ul style="list-style-type: none"> 30-day follow-up – count of follow-up visits for Maternal Life360 HOME beneficiaries with a principal diagnosis of mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of mental health disorder within 30 days after the ED visit. Include visits that occur on the date of the ED visit 7-day follow-up - count of follow-up visits for Maternal Life360 HOME beneficiaries with a principal diagnosis of mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of mental health disorder within 7 days after the ED visit. Include visits that occur on the date of the ED visit |
| Denominator: | Count of ED visits for Maternal Life360 HOME beneficiaries with a principal diagnosis of mental illness or intentional self-harm as of the date of ED visit with continuous enrollment from date of the ED visit through 30 days after the ED visit |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | No allowable gap in coverage during continuous enrollment period |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA (FUM-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | NCQA national averages available |
| Deviations: | Paid claims only |

| Measure 1.D.10 | Pregnancy Home Visits |
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| Definition: | Home visits per month for Maternal Life360 HOME pregnant women during the measurement year |
| Numerator: | Count of home visits for Maternal Life360 HOME pregnant women during eligible beneficiary months in the measurement year |

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| Denominator: | Count of eligible beneficiary months Maternal Life360 HOME pregnant women during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims and Life360 Case Management Data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | N/A |
| Comparison Method(s): | Annual Tables |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 1.D.11 | Child Home Visits |
|--------------------------------|---|
| Definition: | Home visits per month for children delivered to Maternal Life360 HOME mothers during the measurement year |
| Numerator: | Count of home visits for children delivered to Maternal Life360 HOME mothers during eligible beneficiary months in the measurement year |
| Denominator: | Count of eligible beneficiary months of children 0-2 during the measurement year who were delivered to Maternal Life360 HOME mothers |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims and Life360 Case Management Data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | N/A |
| Comparison Method(s): | Annual Tables |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (age, race/ethnicity, geography, etc.); Chi-square |

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| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 1.D.12 | PND-E Prenatal Depression Screening |
|-------------------------|---|
| Definition: | Percentage of deliveries in which Maternal Life360 HOME beneficiaries were screened for clinical depression during pregnancy using a standardized instrument. |
| Numerator: | Count of Maternal Life360 HOME beneficiaries with a depression screening between the pregnancy diagnosis date and the delivery date |
| Denominator: | Count of Maternal Life360 HOME beneficiaries with a delivery |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Continuous enrollment during the pregnancy in a Maternal Life360 HOME. |
| Data Source(s): | Administrative Claims and Life360 Case Management Data |
| Measure Steward(s): | NCQA (PND-E) |
| Comparison Population: | N/A |
| Comparison Method(s): | Annual Tables |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | NCQA national averages available |
| Deviations: | Paid claims only |

| Measure 1.D.13 | PND-E Prenatal Depression Follow-up |
|---------------------|---|
| Definition: | Percentage of deliveries in which Maternal Life360 HOME beneficiaries received follow-up care within 30 days of a positive depression screen finding. |
| Numerator: | Count of deliveries in which Maternal Life360 HOME beneficiaries received follow-up care on or up to 30 days after the date of the first positive depression screen |
| Denominator: | Count of all deliveries for Maternal Life360 HOME beneficiaries with a depression screening with a positive finding for depression during pregnancy. |
| Exclusion Criteria: | N/A |

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| Continuous Enrollment: | Continuous enrollment during the pregnancy in a Maternal Life360 HOME. |
| Data Source(s): | Administrative Claims and Life360 Case Management Data |
| Measure Steward(s): | NCQA (PND-E) |
| Comparison Population: | N/A |
| Comparison Method(s): | Annual Tables |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | NCQA national averages available |
| Deviations: | Paid claims only |

| Measure 1.D.14 | PDS-E Postpartum Depression Screening |
|--------------------------------|---|
| Definition: | Percentage of deliveries in which Maternal Life360 HOME beneficiaries were screened for clinical depression using a standardized instrument during the postpartum period. |
| Numerator: | Count of Maternal Life360 HOME beneficiaries with a depression screening between the delivery date and the end of the postpartum period after delivery (60 days) |
| Denominator: | Count of Maternal Life360 HOME beneficiaries with a delivery |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Continuous enrollment during postpartum in a Maternal Life360 HOME. |
| Data Source(s): | Administrative Claims and Life360 Case Management Data |
| Measure Steward(s): | NCQA (PDS-E) |
| Comparison Population: | N/A |
| Comparison Method(s): | Annual Tables |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | NCQA national averages available |

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| Deviations: | Paid claims only |
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| Measure 1.D.15 | PDS-E Postpartum Depression Follow-up |
|-------------------------|---|
| Definition: | Percentage of deliveries in which Maternal Life360 HOME beneficiaries received follow-up care within 30 days of a positive depression screen finding. |
| Numerator: | Count of deliveries in which Maternal Life360 HOME beneficiaries received follow-up care on or up to 30 days after the date of the first positive depression screen |
| Denominator: | Count of all deliveries for Maternal Life360 HOME beneficiaries with a depression screening with a positive finding for depression during post-partum. |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Continuous enrollment during the pregnancy in a Maternal Life360 HOME. |
| Data Source(s): | Administrative Claims and Life360 Case Management Data |
| Measure Steward(s): | NCQA (PDS-E) |
| Comparison Population: | N/A |
| Comparison Method(s): | Annual Tables |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | NCQA national averages available |
| Deviations: | Paid claims only |

| Measure 1.D.16 | MPM Annual Monitoring for Patients on Persistent Medications |
|----------------|--|
| Definition: | <p>Percentage of Maternal Life360 HOME beneficiaries who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. Each of the two rates reported separately and as a total rate.</p> <ul style="list-style-type: none">• Annual monitoring for beneficiaries on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB)• Annual monitoring for beneficiaries on diuretics• Total rate |
| Numerator: | Count of Maternal Life360 HOME beneficiaries with at least one serum potassium and a serum creatinine therapeutic monitoring test in the measurement year |

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| Denominator: | Count of Maternal Life360 HOME beneficiaries on persistent medications (i.e., beneficiaries who received at least 180 treatment days of ambulatory medication in the measurement year) |
| Exclusion Criteria: | Maternal Life360 HOME beneficiaries with hospice care |
| Continuous Enrollment: | No more than 1 gap in continuous enrollment of up to 45 days or 1 month during each measurement year. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA – MPM-AD in Medicaid Adult Core Set |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | NCQA national averages available |
| Deviations: | Paid claims only |

| Measure 1.D.17 | LRCD-CH Low Risk C-Section Rate |
|---------------------|---|
| Definition: | Percentage of Maternal Life360 HOME beneficiaries who delivered with classification as low risk C-section |
| Numerator: | Count of Maternal Life360 HOME beneficiaries who delivered via C-section and all the following additional criteria must be met: <ul style="list-style-type: none"> • The birth is a first live birth (Live Birth Order is "1") • Fetal Presentation is "Cephalic"; • The obstetric estimate of gestational age (OE Gestational Age Recode) is greater than or equal to 37 weeks • Plurality is "Single" |
| Denominator: | Count of live births for Maternal Life360 HOME beneficiaries with all the following additional criteria must be met: <ul style="list-style-type: none"> • The birth is a first live birth (Live Birth Order is "1") • Fetal Presentation is "Cephalic" • The obstetric estimate of gestational age (OE Gestational Age Recode) is greater than or equal to 37 weeks • Plurality is "Single" |

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| Exclusion Criteria: | <ul style="list-style-type: none">• Births to beneficiaries with previous live births or unknown parity (live birth order > 1 or "Unknown or Not Stated")• Delivery method is "Unknown or Not Stated"• Multiple gestations (plurality equal to "Twin," "Triplet," "Quadruplet," or "Quintuplet or higher")• Other or unknown presentations (fetal presentation equal to "Breech," "Other," "Unknown or Not Stated," or "Not Reported")• Gestational age < 37 weeks or "Unknown or Not Stated" |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims, ADH Birth Certificate Data |
| Measure Steward(s): | CMS/CDC Low Risk Cesarean Delivery- Child (LRCD-CH) |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | Paid claims only |

| Measure 1.D.18 | C-Section Rate |
|-------------------------------|---|
| Definition: | Percentage of Maternal Life360 HOME beneficiaries with a delivery who delivered via C-section during the measurement year |
| Numerator: | Count of Maternal Life360 HOME beneficiaries who delivered via C-section during the measurement year |
| Denominator: | Count of Maternal Life360 HOME beneficiaries with a single live delivery during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims, ADH Birth Certificate Data |
| Measure Steward(s): | DMS Homegrown |

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| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | <ul style="list-style-type: none">• Difference in group means• Subpopulation analyses (age, race/ethnicity, geography, etc.) |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 1.D.19 | Maternal Mortality Rates |
|-------------------------|---|
| Definition: | Count of maternal deaths of Maternal Life360 HOME beneficiaries while pregnant or within 42 days of termination of pregnancy, per 100,000 during the measurement year |
| Numerator: | Count of maternal deaths of Maternal Life360 HOME beneficiaries within 42 days during the measurement year |
| Denominator: | Count of live births during the measurement year for Maternal Life360 HOME beneficiaries |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative and ADH Birth Certificate Data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (age, race/ethnicity, geography, etc.) |
| National Benchmark: | N/A |
| Deviations: | N/A |

Hypothesis 1.E. ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life360 HOME will have improved birth outcomes for their infants.

| Measure 1.E.1 | Low Birth Weight |
|-------------------------|--|
| Definition: | Percentage of live births weighing $\geq 1,500$ grams and less than 2,500 grams at birth during the measurement year for Maternal Life360 HOME beneficiaries |
| Numerator: | Count of live births to Maternal Life360 HOME beneficiaries weighing $\geq 1,500$ grams and less than 2,500 grams during the measurement year |
| Denominator: | Count of live births to Maternal Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | Birth weights that are "Unknown or Not Stated" |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | ADH Birth Certificate Data |
| Measure Steward(s): | NCQA – LBW-CH in Medicaid Child Core Set |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (age, race/ethnicity, geography, etc.) |
| National Benchmark: | NCQA national averages available |
| Deviations: | N/A |

| Measure 1.E.2 | Very Low Birth Weight |
|------------------------|---|
| Definition: | Percentage of live births weighing less than 1,500 grams at birth during the measurement year for Maternal Life360 HOME beneficiaries |
| Numerator: | Count of live births to Maternal Life360 HOME beneficiaries weighing less than 1,500 grams during the measurement year |
| Denominator: | Count of live births to Maternal Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | Birth weights that are "Unknown or Not Stated" |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | ADH Birth Certificate Data |

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|--------------------------------|---|
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 1.E.3 | Pre-Term Births |
|--------------------------------|--|
| Definition: | Percentage of live births occurring less than 37 weeks of pregnancy during the measurement year for Maternal Life360 HOME beneficiaries |
| Numerator: | Count of live births to Maternal Life360 HOME beneficiaries occurring less than 37 weeks of pregnancy during the measurement year |
| Denominator: | Count of live births to Maternal Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | ADH Birth Certificate Data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | <ul style="list-style-type: none"> • Difference in group means • Subpopulation analyses (age, race/ethnicity, geography, etc.) |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 1.E.4 | Live Births |
|---------------|-------------|
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| Definition: | Percentage of live births during the measurement year for Maternal Life360 HOME beneficiaries |
| Numerator: | Count of Maternal Life360 HOME beneficiaries with live births during the measurement year |
| Denominator: | Count of Maternal Life360 HOME beneficiaries with deliveries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | ADH Birth Certificate Data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (age, race/ethnicity, geography, etc.) |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 1.E.5 | Infant Mortality Rates |
|-------------------------------|---|
| Definition: | Count of child deaths of Maternal Life360 HOME beneficiaries within 60 days, 12 months, and 24 months of live birth, per 1,000 during the measurement year |
| Numerator: | Count of child deaths of Maternal Life360 HOME beneficiaries that occurred within 60 days, 12 months, and 24 months of live birth during the measurement year |
| Denominator: | Count of live births to Maternal Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative and ADH Birth Certificate Data |
| Measure Steward(s): | DMS Homegrown |

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|--------------------------------|--|
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (age, race/ethnicity, geography, etc.) |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 1.E.6 | NICU Stay Rate |
|--------------------------------|--|
| Definition: | Percentage of live births to Maternal Life360 HOME beneficiaries with NICU stays during the measurement year |
| Numerator: | Count of NICU stays for babies born to Maternal Life360 HOME beneficiaries during the measurement year |
| Denominator: | Count of live births for Maternal Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims and ADH Birth Certificate Data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (age, race/ethnicity, geography, etc.) |
| National Benchmark: | N/A |
| Deviations: | N/A |

Hypothesis 1.F. ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life360 HOME will have greater satisfaction in the care provided.

| Measure 1.F.1 | Average Rating of Health Plan |
|---------------|-------------------------------|
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|--------------------------------|--|
| Definition: | Percentage of Maternal Life360 HOME beneficiary responses with favorable ratings for health plan |
| Numerator: | Count of Maternal Life360 HOME beneficiary responses with ratings of 8, 9, or 10 (i.e., favorable) for best health plan |
| Denominator: | Count of Maternal Life360 HOME beneficiary respondents who answered the survey question |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to survey population definition |
| Data Source(s): | Survey-based assessment of beneficiary experiences |
| Measure Steward(s): | CAHPS Health Plan Survey v5.1 |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | Comparison of answer frequency categories (low is a response of 0–7 and high is a response of 8–10), case-mix adjustment |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | CAHPS Health Plan Survey Database Chartbook |
| Deviations: | N/A |

| Measure 1.F.2 | Average Rating of Health Care |
|-------------------------------|--|
| Definition: | Percentage of Maternal Life360 HOME beneficiary responses with favorable ratings for overall health care received in the last 6 months |
| Numerator: | Count of Maternal Life360 HOME beneficiary responses with ratings of 8, 9, or 10 (i.e., favorable) for overall health care received in the last 6 months |
| Denominator: | Count of Maternal Life360 HOME beneficiary respondents who answered the survey question |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to survey population definition |

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|--------------------------------|--|
| Data Source(s): | Survey-based assessment of beneficiary experiences |
| Measure Steward(s): | CAHPS Health Plan Survey v5.1 |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | Comparison of answer frequency categories (low is a response of 0–7 and high is a response of 8–10), case-mix adjustment |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | CAHPS Health Plan Survey Database Chartbook |
| Deviations: | N/A |

| Measure 1.F.3 | Average Rating of Primary Care Provider (PCP) |
|--------------------------------|---|
| Definition: | Percentage of Maternal Life360 HOME beneficiary responses with favorable ratings for personal doctor seen in the last 6 months |
| Numerator: | Count of Maternal Life360 HOME beneficiary responses with ratings of 8, 9, or 10 (i.e., favorable) for best personal doctor seen in the last 6 months |
| Denominator: | Count of Maternal Life360 HOME beneficiary respondents who answered the survey question and indicated they have a personal doctor |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to survey population definition |
| Data Source(s): | Survey-based assessment of beneficiary experiences |
| Measure Steward(s): | CAHPS Health Plan Survey v5.1 |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | Comparison of answer frequency categories (low is a response of 0–7 and high is a response of 8–10), case-mix adjustment |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | CAHPS Health Plan Survey Database Chartbook |

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| Deviations: | N/A |
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| Measure 1.F.4 | Average Rating of Specialist |
|-------------------------|--|
| Definition: | Percentage of Maternal Life360 HOME beneficiary responses with favorable ratings for a specialist the beneficiary saw the most in the last 6 months |
| Numerator: | Count of Maternal Life360 HOME beneficiary responses with ratings of 8, 9, or 10 (i.e., favorable) for best specialist the beneficiary saw the most in the last 6 months |
| Denominator: | Count of Maternal Life360 HOME beneficiary respondents who answered the survey question and indicated they have seen at least one specialist |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to survey population definition |
| Data Source(s): | Survey-based assessment of beneficiary experiences |
| Measure Steward(s): | CAHPS Health Plan Survey v5.1 |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | Comparison of answer frequency categories (low is a response of 0–7 and high is a response of 8–10), case-mix adjustment |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | CAHPS Health Plan Survey Database Chartbook |
| Deviations: | N/A |

| Measure 1.F.5 | Average Rating of Life360 Services |
|---------------|--|
| Definition: | Percentage of Maternal Life360 HOME beneficiary responses with favorable ratings in the ability of Maternal Life360 services to effectively address and mitigate identified HRSN needs |
| Numerator: | Count of Maternal Life360 HOME beneficiary responses with ratings of 8, 9, or 10 (i.e., favorable) for best Maternal Life360 services. |
| Denominator: | Count of Maternal Life360 HOME beneficiary respondents who answered the survey question |

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|-------------------------|--|
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to survey population definition |
| Data Source(s): | Survey-based assessment of beneficiary experiences |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | N/A |
| Comparison Method(s): | Annual Tables |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | CAHPS Health Plan Survey Database Chartbook |
| Deviations: | N/A |

Hypothesis 1.G. ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life360 HOME will have fewer health related social needs (HRSNs) for the mother compared to similar ARHOME beneficiaries in areas without a Maternal Life360 HOME.

| Measure 1.G.1 | Income – Average Household Income |
|-------------------------|--|
| Definition: | Average Maternal Life360 HOME beneficiary household income |
| Numerator: | Maternal Life360 HOME beneficiary household income during the measurement year |
| Denominator: | Count of Maternal Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Statewide Longitudinal Data System (SLDS) |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |

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| Deviations: | N/A |
|-------------|-----|

| Measure 1.G.2 | Income Increase |
|-------------------------|---|
| Definition: | Percentage change in income for Maternal Life360 HOME beneficiaries |
| Numerator: | Difference in income at the end of the measurement year compared to income at the end of the prior year for Maternal Life360 HOME beneficiaries |
| Denominator: | Income at the end of the prior year for Maternal Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Statewide Longitudinal Data System (SLDS) |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 1.G.3 | Employment - Unemployment Rate (%) Annual Averages |
|------------------------|---|
| Definition: | Unemployment rate for Maternal Life360 HOME beneficiaries |
| Numerator: | Count of unemployed Maternal Life360 HOME beneficiaries during the measurement year |
| Denominator: | Count of Maternal Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |

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|--------------------------------|---|
| Data Source(s): | Statewide Longitudinal Data System (SLDS) |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

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|--------------------------------|--|
| Measure 1.G.4 | Educational Attainment - High School Completion and Some College |
| Definition: | Percentage of residents in Maternal Life360 HOME counties with high school completion and some college |
| Numerator: | Count of residents in Maternal Life360 counties with high school completion and some college during the measurement year |
| Denominator: | Count of residents in Maternal Life360 HOME counties during the measurement year with available educational attainment information |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | American Community Survey (ACS) |
| Measure Steward(s): | American Community Survey (ACS) |
| Comparison Population: | Similar residents in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | Annual table |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | ACS national averages available |
| Deviations: | N/A |

| Measure 1.G.5 | Participated in Employment, Employment Training, or Post-Secondary Education |
|-------------------------|---|
| Definition: | Percentage of Maternal Life360 HOME beneficiaries who participated in employment, employment training, or post-secondary education |
| Numerator: | Count of Maternal Life360 HOME beneficiaries who indicate participation in employment, employment training, or post-secondary education during the measurement year |
| Denominator: | Count of Maternal Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Statewide Longitudinal Data System (SLDS) |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 1.G.6 | Housing Security/Affordability - $\geq 30\%$ of Income |
|------------------------|---|
| Definition: | Percentage of residents in Maternal Life360 HOME counties who spend 30% or more of their household income on housing |
| Numerator: | Count of residents in Maternal Life360 HOME counties who spend 30% or more of their household income on housing during the measurement year |
| Denominator: | Count of residents in Maternal Life360 HOME counties during the measurement year with available income and housing information |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | American Community Survey (ACS) |

| | |
|-------------------------|--|
| Measure Steward(s): | American Community Survey (ACS) |
| Comparison Population: | Similar residents in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | Annual table |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | ACS national averages available |
| Deviations: | N/A |

| Measure 1.G.7 | Housing Security/Affordability - Severe Housing Burden |
|-------------------------|--|
| Definition: | Percentage of residents in Maternal Life360 HOME counties with high housing costs, with overcrowding, and lack of kitchen/plumbing facilities |
| Numerator: | Count of residents in Maternal Life360 HOME counties with high housing costs, with overcrowding, and lack of kitchen/plumbing facilities during the measurement year |
| Denominator: | Count of residents in Maternal Life360 HOME counties during the measurement year with available income, housing, and utilities information |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | American Community Survey (ACS) |
| Measure Steward(s): | American Community Survey (ACS) |
| Comparison Population: | Similar residents in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | Annual table |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | ACS national averages available |
| Deviations: | N/A |

| Measure 1.G.8 | Food Security - Food Insecurity Rate |
|---------------|--------------------------------------|
|---------------|--------------------------------------|

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|--------------------------------|--|
| Definition: | Food insecurity rate among residents in Maternal Life360 HOME counties modeled on the following county characteristics: unemployment rate, poverty rate, median income, percent Hispanic, percent African American, percent of residents who are homeowners, and percent of residents who report a disability. |
| Numerator: | Refer to methods in the technical brief, Map the Meal Gap 2022 |
| Denominator: | Refer to methods in the technical brief, Map the Meal Gap 2022 |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | Feeding America (Map the Meal Gap) |
| Measure Steward(s): | Feeding America (Map the Meal Gap) |
| Comparison Population: | Similar residents in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | Annual table |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | Map the Meal Gap national averages available |
| Deviations: | N/A |

| Measure 1.G.9 | Food Security - % Low Income & Low Access to Store / % No Car & Low Access to Store |
|-------------------------------|---|
| Definition: | Food security based on the percentage of residents in Maternal Life360 HOME counties with low income and low access to stores and percentage of residents with no car and low access to stores |
| Numerator: | <ul style="list-style-type: none"> Count of residents in Maternal Life360 HOME counties with low income and living more than 1 mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area. Count of housing units in the Maternal Life360 HOME county without a car and more than 1 miles from a supermarket or large grocery store |
| Denominator: | <ul style="list-style-type: none"> Residents in Maternal Life360 HOME counties with low income Housing units in Maternal Life360 HOME counties |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |

| | |
|--------------------------------|---|
| Data Source(s): | Food Environment Atlas, USDA |
| Measure Steward(s): | Food Environment Atlas, USDA |
| Comparison Population: | Similar residents in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | Annual table |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | Food Environment Atlas national averages available |
| Deviations: | N/A |

| | |
|--------------------------------|---|
| Measure 1.G.10 | Safety - Suicides, Injuries, Homicides, Firearm Fatalities |
| Definition: | Percentage of residents in Maternal Life360 HOME counties with deaths from suicides, injuries, homicides, or firearm fatalities |
| Numerator: | Count of residents in Maternal Life360 HOME counties with a cause of death listed as suicide, injury, homicide, or firearm fatality during the measurement year |
| Denominator: | Count of residents in Maternal Life360 HOME counties during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | National Vital Statistics System (NVSS) |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar residents in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | Annual table |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | N/A |
| Deviations: | N/A |

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|-----------------------|---|
| Measure 1.G.11 | Receipt of Educational, Employment, or Other Social Services |
| Definition: | Percentage of Maternal Life360 HOME beneficiaries receiving educational, employment, or other social services |

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|--------------------------------|--|
| Numerator: | Count of Maternal Life360 HOME beneficiaries receiving educational, employment, or other social services |
| Denominator: | Count of Maternal Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative, Statewide Longitudinal Data System (SLDS) |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

Hypothesis 1.H. ARHOME beneficiaries with high-risk pregnancies who receive services from a Maternal Life360 HOME will have lower total health care cost for the mother and infant through the first two years of life compared to similar ARHOME beneficiaries in areas without a Maternal Life360 HOME.

| Measure 1.H.1 | Total Medicaid Spend |
|-------------------------------|---|
| Definition: | Total Medicaid spend per Maternal Life360 HOME beneficiary |
| Numerator: | Total Medicaid spend - Inpatient/outpatient/emergency/ pharmacy spend for Maternal Life360 HOME beneficiaries |
| Denominator: | Count of Maternal Life360 HOME beneficiaries |
| Exclusion Criteria: | Post-acute, durable medical equipment (DME), and hospice claims |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | North Carolina Department of Health and Human Services – Enhanced Case Management and Other Services Pilots Evaluation Design |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | <ul style="list-style-type: none"> • IPTW / CEM, beneficiary-level weighted regression model • ITS / Pre-Post DiD |

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|-------------------------|---------------------------|
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 1.H.2 | Emergency Department (ED) Costs |
|-------------------------|--|
| Definition: | Total Medicaid spend on ED visits per Maternal Life360 HOME beneficiary |
| Numerator: | Total Medicaid spend on ED visits for Maternal Life360 HOME beneficiaries |
| Denominator: | Count of Maternal Life360 HOME beneficiaries |
| Exclusion Criteria: | Post-acute, durable medical equipment (DME), and hospice claims |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | <ul style="list-style-type: none">• IPTW / CEM, beneficiary-level weighted regression model• ITS / Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 1.H.3 | Hospitalization Costs |
|------------------------|---|
| Definition: | Total Medicaid spend on Inpatient hospitalizations (including psychiatric care) per Maternal Life360 HOME beneficiary |
| Numerator: | Total Medicaid spend on inpatient hospitalizations for Maternal Life360 HOME beneficiaries |
| Denominator: | Count of Maternal Life360 HOME beneficiaries |
| Exclusion Criteria: | Post-acute, durable medical equipment (DME), and hospice claims |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |

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|-------------------------|--|
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | <ul style="list-style-type: none">• IPTW / CEM, beneficiary-level weighted regression model• ITS / Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

Hypothesis 1.1. ARHOME Maternal Life360 beneficiaries will be screened for unmet HRSN and receive a corresponding intervention if they screened positive.

| Measure 1.1.1 | SNS-E Food Screening |
|-------------------------|--|
| Definition: | Percentage of Maternal Life360 HOME beneficiaries who were screened for food insecurity |
| Numerator: | Count of Maternal Life360 HOME beneficiaries screened for a food insecurity such as uncertain, limited, or unstable access to food that is: adequate in quantity and in nutritional quality; culturally acceptable; safe and acquired in socially acceptable ways. |
| Denominator: | Count of Maternal Life360 HOME beneficiaries |
| Exclusion Criteria: | Less than 18 years old or older than 65 years old |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Maternal Life360 HOME HRSN Screening Data and Referrals |
| Measure Steward(s): | NCQA Social Need Screening & Intervention (SNS-E) |
| Comparison Population: | N/A |
| Comparison Method(s): | Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | NCQA National averages available |
| Deviations: | N/A |

| Measure 1.1.2 | SNS-E Food Intervention |
|---------------|-------------------------|
|---------------|-------------------------|

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|--------------------------------|---|
| Definition: | Percentage of Maternal Life360 HOME beneficiaries who received a corresponding intervention within 1 month of screening positive for food insecurity. |
| Numerator: | Count of Maternal Life360 HOME beneficiaries that screened positive for a food insecurity who received an intervention within 1 month of identification |
| Denominator: | Count of Maternal Life360 HOME beneficiaries who screened positive for a food insecurity |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Maternal Life360 HOME HRSN Screening Data and Referrals |
| Measure Steward(s): | NCQA Social Need Screening & Intervention (SNS-E) |
| Comparison Population: | N/A |
| Comparison Method(s): | Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | NCQA National averages available |
| Deviations: | N/A |

| Measure 1.I.3 | SNS-E Housing Screening |
|-------------------------------|---|
| Definition: | Percentage of Maternal Life360 HOME beneficiaries who were screened for housing instability, homelessness, or housing inadequacy. |
| Numerator: | Count of Maternal Life360 HOME beneficiaries that screened for a housing insecurity such as for housing instability, homelessness, or housing inadequacy. |
| Denominator: | Count of Maternal Life360 HOME beneficiaries |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Maternal Life360 HOME HRSN Screening Data and Referrals |

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|-------------------------|--|
| Measure Steward(s): | NCQA Social Need Screening & Intervention (SNS-E) |
| Comparison Population: | N/A |
| Comparison Method(s): | Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | NCQA National averages available |
| Deviations: | N/A |

| Measure 1.I.4 | SNS-E Housing Intervention |
|-------------------------|--|
| Definition: | Percentage of Maternal Life360 HOME beneficiaries who received a corresponding intervention within 1 month of screening positive for housing instability, homelessness, or housing inadequacy. |
| Numerator: | Count of Maternal Life360 HOME beneficiaries that screened positive for a housing insecurity who received a corresponding intervention within 1 month of identification |
| Denominator: | Count of Maternal Life360 HOME beneficiaries who screened positive for a housing insecurity |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Maternal Life360 HOME HRSN Screening Data and Referrals |
| Measure Steward(s): | NCQA Social Need Screening & Intervention (SNS-E) |
| Comparison Population: | N/A |
| Comparison Method(s): | Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | NCQA National averages available |
| Deviations: | N/A |

| Measure 1.I.5 | SNS-E Transportation Screening |
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| Definition: | Percentage of Maternal Life360 HOME beneficiaries who were screened for transportation insecurity. |
| Numerator: | Count of Maternal Life360 HOME beneficiaries who were screened for uncertain, limited or no access to safe, reliable, accessible, affordable, and socially acceptable transportation infrastructure and modalities necessary for maintaining one's health, well-being or livelihood. |
| Denominator: | Count of Maternal Life360 HOME beneficiaries |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Maternal Life360 HOME HRSN Screening Data and Referrals |
| Measure Steward(s): | NCQA Social Need Screening & Intervention (SNS-E) |
| Comparison Population: | N/A |
| Comparison Method(s): | Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | NCQA National averages available |
| Deviations: | N/A |

| Measure 1.1.6 | SNS-E Transportation Intervention |
|-------------------------------|--|
| Definition: | Percentage of Maternal Life360 HOME beneficiaries who received a corresponding intervention within 1 month of screening positive for transportation insecurity. |
| Numerator: | Count of Maternal Life360 HOME beneficiaries that screened positive for a transportation insecurity who received a corresponding intervention within 1 month of identification |
| Denominator: | Count of Maternal Life360 HOME beneficiaries who screened positive for a transportation insecurity |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Maternal Life360 HOME HRSN Screening Data and Referrals |

| | |
|-------------------------|--|
| Measure Steward(s): | NCQA Social Need Screening & Intervention (SNS-E) |
| Comparison Population: | N/A |
| Comparison Method(s): | Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | NCQA National averages available |
| Deviations: | N/A |

| Measure 1.1.7 | Interpersonal Violence Screening |
|-------------------------|--|
| Definition: | Percentage of Maternal Life360 HOME beneficiaries who were screened for interpersonal violence |
| Numerator: | Count of Maternal Life360 HOME beneficiaries screened for interpersonal violence |
| Denominator: | Count of Maternal Life360 HOME beneficiaries |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Maternal Life360 HOME HRSN Screening Data and Referrals |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | N/A |
| Comparison Method(s): | Annual Tables |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 1.1.8 | Interpersonal Violence Intervention |
|---------------|-------------------------------------|
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|--------------------------------|---|
| Definition: | Percentage of Maternal Life360 HOME beneficiaries who received a corresponding intervention within 1 month of screening positive for interpersonal violence |
| Numerator: | Count of Maternal Life360 HOME beneficiaries that screened positive for interpersonal violence who received a corresponding intervention within 1 month of identification |
| Denominator: | Count of Maternal Life360 HOME beneficiaries who screened positive for interpersonal violence |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Maternal Life360 HOME HRSN Screening Data and Referrals |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | N/A |
| Comparison Method(s): | Annual Tables |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 1.1.9 | Prior Screening of HRSN Needs |
|-------------------------------|---|
| Definition: | Percentage of Maternal Life360 HOME beneficiaries that were ever screened for HRSN needs prior to enrollment |
| Numerator: | Count of Maternal Life360 HOME beneficiaries in the measurement year that were ever screened for HRSN needs prior to enrollment |
| Denominator: | Count of Maternal Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | Life360 Case Management Data |

| | |
|--------------------------------|-------------------------|
| Measure Steward(s): | DMS Homegrown |
| Comparison Group: | N/A |
| Comparison Method(s): | Annual tables |
| Statistic to Be Tested: | Descriptive; Chi-square |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 1.I.10 | Prior Utilization of HRSN related Services |
|--------------------------------|--|
| Definition: | Percentage of Maternal Life360 HOME beneficiaries that had ever utilized HRSN social services prior to enrollment |
| Numerator: | Count of Maternal Life360 HOME beneficiaries in the measurement year that has ever utilized HRSN social services prior to enrollment |
| Denominator: | Count of Maternal Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | Life360 Case Management Data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Group: | N/A |
| Comparison Method(s): | Annual tables |
| Statistic to Be Tested: | Descriptive; Chi-square |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 1.I.11 | Supplemental Nutrition Assistance Program (SNAP/WIC) Enrollment |
|--------------------|---|
| Definition: | Percentage of Maternal Life360 HOME beneficiaries who were enrolled in SNAP/WIC during the measurement year |

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| Numerator: | Count of Maternal Life360 HOME beneficiaries enrolled in SNAP/WIC during the measurement year |
| Denominator: | Count of Maternal Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | SNAP/WIC data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Group: | Similar beneficiaries in counties w/o Maternal Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

Goal 2. Rural Life360 HOME will support beneficiaries with a serious mental illness (SMI) or substance use disorder (SUD) diagnosis who live in rural areas of the state through intensive care coordination provided directly or through contracts with organizations to provide care coordination.

Hypothesis 2.A. ARHOME beneficiaries with SMI or SUD who receive services from a Rural Life360 HOME will have greater use of preventive and other primary care services.

| Measure 2.A.1 | COL-AD Colorectal Cancer Screening |
|------------------------|--|
| Definition: | Percentage of Rural Life360 HOME beneficiaries who had a screen for colorectal cancer |
| Numerator: | Count of Rural Life360 HOME beneficiaries with one or more screens for colorectal cancer during the measurement year or the 12 months prior to the measurement year |
| Denominator: | Count of Rural Life360 HOME beneficiaries on the anchor (last) date of the measurement year |
| Exclusion Criteria: | Rural Life360 HOME beneficiaries with hospice care |
| Continuous Enrollment: | Year prior to the measurement year through December 31 of the measurement year. No more than 45 days or a 1-month gap of coverage during each full calendar year of continuous enrollment. Anchor date: December 31 of the measurement year. |

| | |
|--------------------------------|--|
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA – COL-AD (Adult) in Medicaid Adult Core Set |
| Comparison Group: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM; beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | Medicaid Adult Core Set |
| Deviations: | Maximum age adjusted to 64. Paid claims only. |

| | |
|-------------------------------|--|
| Measure 2.A.2 | BCS-AD Breast Cancer Screening |
| Definition: | Percentage of Rural Life360 HOME beneficiaries who had a mammogram to screen for breast cancer |
| Numerator: | Count of Rural Life360 HOME beneficiaries with one or more mammograms during the measurement year or the 15 months prior to the measurement year |
| Denominator: | Count of Rural Life360 HOME beneficiaries on the anchor (last) date of the measurement year |
| Exclusion Criteria: | Rural Life360 HOME beneficiaries with hospice care |
| Continuous Enrollment: | October 1 two years prior to the measurement year through December 31 of the measurement year. No more than 45 days or a 1-month gap of coverage during each full calendar year of continuous enrollment. No gaps in enrollment are allowed from October 1 through December 31, two years prior to the measurement year. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA – BCS-AD (Adult) in Medicaid Adult Core Set |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM; beneficiary-level weighted regression model |

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|--------------------------------|---|
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | Medicaid Adult Core Set |
| Deviations: | Maximum age adjusted to 64. Paid claims only. |

| Measure 2.A.3 | CCS-AD Cervical Cancer Screening |
|--------------------------------|---|
| Definition: | Percentage of Rural Life360 HOME beneficiaries who were screened for cervical cancer |
| Numerator: | Count of Rural Life360 HOME beneficiaries who were screened for cervical cancer, as defined by <ul style="list-style-type: none"> • Cervical cytology performed during the measurement year or the two years prior to the measurement year • Or cervical cytology/human papillomavirus (HPV) co-testing performed during the measurement year or the four years prior to the measurement year, for beneficiaries who were at least 30 years old on the date of both tests |
| Denominator: | Count of Rural Life360 HOME beneficiaries as of December 31 of the measurement year who were eligible for cervical cancer screenings |
| Exclusion Criteria: | Rural Life360 HOME beneficiaries with hospice care. Hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix any time during the beneficiary's history through December 31 of the measurement year |
| Continuous Enrollment: | No more than one gap in enrollment of up to 45 days or 1 month during each year of continuous enrollment. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA – CCS-AD (Adult) in Medicaid Adult Core Set |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM; beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | Medicaid Adult Core Set |
| Deviations: | Paid claims only |

| Measure 2.A.4 | CHL-AD Chlamydia Screening in Women |
|-------------------------|---|
| Definition: | Percentage of Rural Life360 HOME women who were identified as sexually active and who had at least one test for chlamydia during the measurement year |
| Numerator: | Count of Rural Life360 HOME women with at least one chlamydia test during the measurement year |
| Denominator: | Count of Rural Life360 HOME women as of December 31 of the measurement year who are sexually active |
| Exclusion Criteria: | <p>Rural Life360 HOME women who qualified for the denominator based on a pregnancy test alone and who meet either of the following:</p> <ul style="list-style-type: none"> A pregnancy test during the measurement year and a prescription for isotretinoin on the date of the pregnancy test or within the 6 days after the pregnancy test A pregnancy test during the measurement year and an x-ray on the date of the pregnancy test or within the 6 days after the pregnancy test |
| Continuous Enrollment: | No more than one gap in enrollment of up to 45 days or 1 month during each year of continuous enrollment. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA – CHL-AD (Adult) in Medicaid Adult Core Set |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM; beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | Medicaid Adult Core Set |
| Deviations: | Paid claims only |

| Measure 2.A.5 | SPD Statin Therapy for Patients with Diabetes |
|---------------|--|
| Definition: | Percentage of Rural Life360 HOME beneficiaries during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who were dispensed at least one statin medication of any intensity during the measurement year. |
| Numerator: | Count of Rural Life360 HOME beneficiaries who were dispensed at least one statin medication of any intensity during the measurement year |

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|--------------------------------|--|
| Denominator: | Count of Rural Life360 HOME beneficiaries during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) |
| Exclusion Criteria: | Rural Life360 HOME beneficiaries with hospice care. Rural Life360 HOME beneficiaries with cardiovascular disease identified by event or diagnosis; diagnosis of pregnancy; in vitro fertilization; dispensed clomiphene; ESRD without telehealth; cirrhosis; or myalgia, myositis, myopathy, or rhabdomyolysis |
| Continuous Enrollment: | The measurement year and the year prior to the measurement year. No more than one gap in enrollment of up to 45 days or 1 month during each year of continuous enrollment. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA – Healthcare Effectiveness Data and Information Set (HEDIS) SPD |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM; beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | HEDIS Medicaid national rates |
| Deviations: | Maximum age adjusted to 64. Paid claims only. |

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|-------------------------------|---|
| Measure 2.A.6 | CDC Comprehensive Diabetes Care: Hemoglobin A1c Testing |
| Definition: | Percentage of Rural Life360 HOME beneficiaries with diabetes (type 1 or type 2) who had Hemoglobin A1c (HbA1c) testing performed |
| Numerator: | Count of Rural Life360 HOME beneficiaries with diabetes (type 1 or 2) and an HbA1c test performed during the measurement year |
| Denominator: | Count of Rural Life360 HOME beneficiaries identified as having diabetes (type 1 or 2) during the measurement year or the year prior to the measurement year |
| Exclusion Criteria: | Rural Life360 HOME beneficiaries with hospice care |
| Continuous Enrollment: | No more than 1 gap in continuous enrollment of up to 45 days or 1 month during the measurement year. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA – HA1C-AD in Medicaid Adult Core Set |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM; beneficiary-level weighted regression model |

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| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, race/ethnicity, geography, etc.) |
| National Benchmark: | Medicaid Adult Core Set and HEDIS Medicaid national rate |
| Deviations: | Minimum age adjusted to 19, and maximum age adjusted to 64. Paid claims only. |

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| Measure 2.A.7 | AAP Adults' Access to Preventive/Ambulatory Health Services |
| Definition: | Percentage of Rural Life360 HOME beneficiaries who had an ambulatory or preventive care visit during the measurement year |
| Numerator: | Count of Rural Life360 HOME beneficiaries with one or more ambulatory or preventive care visits during the measurement year |
| Denominator: | Count of eligible Rural Life360 HOME beneficiaries as of December 31 of the measurement year |
| Exclusion Criteria: | Rural Life360 HOME beneficiaries with hospice care or using hospice service at any time during the measurement year |
| Continuous Enrollment: | No more than 1 gap in continuous enrollment of up to 45 days or 1 month during the measurement year. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA - HEDIS AAP |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | <ul style="list-style-type: none"> • IPTW / CEM, beneficiary-level weighted regression model • ITS / Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, race/ethnicity, geography, etc.) |
| National Benchmark: | Medicaid Adult Core Set and HEDIS Medicaid national rate |
| Deviations: | Maximum age adjusted to 64. Paid claims only. |

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| Measure 2.A.8 | SMD Diabetes Monitoring for People with Diabetes and Schizophrenia |
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| Definition: | Percentage of Rural Life360 HOME beneficiaries with schizophrenia and diabetes who had had both an LDL-C test and an HbA1c test during the measurement year |
| Numerator: | Count of Rural Life360 HOME beneficiaries with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test during the measurement year |
| Denominator: | Count of Rural Life360 HOME beneficiaries with schizophrenia and diabetes as of Dec 31 of the measurement year |
| Exclusion Criteria: | Rural Life360 HOME beneficiaries in hospice or using hospice services during the measurement year |
| Continuous Enrollment: | No more than 1 gap in continuous enrollment of up to 45 days or 1 month during the measurement year and the year prior to the measurement year. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA – SMD |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | Minimum age adjusted to 19, and maximum age adjusted to 64. Paid claims only. |

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| Measure 2.A.9 | SMC Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia |
| Definition: | Percentage of Rural Life360 HOME beneficiaries with schizophrenia and cardiovascular disease who had an LDL-C test during the measurement year |
| Numerator: | Count of Rural Life360 HOME beneficiaries with schizophrenia and cardiovascular disease who had an LDL-C test during the measurement year |
| Denominator: | Count of Rural Life360 HOME beneficiaries with schizophrenia and cardiovascular disease as of Dec 31 of the measurement year |
| Exclusion Criteria: | Rural Life360 HOME beneficiaries in hospice or using hospice services during the measurement year |
| Continuous Enrollment: | No more than 1 gap in continuous enrollment of up to 45 days or 1 month during the measurement year and the year prior to the measurement year. Anchor date: December 31 of the measurement year. |

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| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA – SMC |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | Minimum age adjusted to 19, and maximum age adjusted to 64. Paid claims only. |

| Measure 2.A.10 | AMR Asthma Medication Ratio |
|--------------------------------|---|
| Definition: | Percentage of Rural Life360 HOME beneficiaries who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year |
| Numerator: | Count of Rural Life360 HOME beneficiaries who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year |
| Denominator: | Count of Rural Life360 HOME beneficiaries who were identified as having persistent asthma as of December 31 of the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | No more than 1 gap in continuous enrollment of up to 45 days or 1 month during the measurement year and the year prior to the measurement year. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA –AMR-AD in Medicaid Adult Core Set |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |

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| National Benchmark: | Medicaid Adult Core Set and HEDIS Medicaid national rate |
| Deviation(s): | Paid claims only |

| Measure 2.A.11 | CCW Contraceptive Care – All Women |
|--------------------------------|---|
| Definition: | Percentage of Rural Life360 HOME women at risk of unintended pregnancy that were provided a most effective or moderately effective method of contraception |
| Numerator: | Count of Rural Life360 HOME women at risk of unintended pregnancy that were provided a most effective or moderately effective method of contraception |
| Denominator: | Count of Rural Life360 HOME women at risk of unintended pregnancy as of Dec 31 of the measurement year |
| Exclusion Criteria: | Rural Life360 HOME women not at risk of unintended pregnancy because they were infecund due to non-contraceptive reasons such as natural menopause or oophorectomy; Had a live birth in the last 2 months of the measurement year. Women still pregnant at the end of the year. |
| Continuous Enrollment: | No more than 1 gap in continuous enrollment of up to 45 days or 1 month during the measurement year and the year prior to the measurement year. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA – CCW-AD in Medicaid Adult Core Set |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | Medicaid Adult Core Set and HEDIS Medicaid national rates |
| Deviation(s): | Paid claims only. Only calculating Rate 1 of CCW. |

| Measure 2.A.12 | PCP Assigned |
|---------------------|--|
| Definition: | Percentage of Rural Life360 HOME beneficiaries that have a PCP assigned at any point during the measurement year |
| Numerator: | Count of Rural Life360 HOME beneficiaries who had a PCP assigned to them during the measurement year |
| Denominator: | Count of Rural Life360 HOME beneficiaries during the measurement year |

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| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims and Life360 Case Management Data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | N/A |
| Comparison Method(s): | Annual Tables |
| Statistic to Be Tested | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 2.A.13 | PCP Visits |
|--------------------------------|--|
| Definition: | Percentage of Rural Life360 HOME beneficiaries who had a PCP visit during the measurement year |
| Numerator: | Count of Rural Life360 HOME beneficiaries who had a PCP visit during the measurement year |
| Denominator: | Count of Rural Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims and Life360 Case Management Data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, race/ethnicity, geography, etc.) |

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| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 2.A.14 | Person-Centered Action Plan Milestone Achievement |
|-------------------------|--|
| Definition: | Percentage of Rural Life360 HOME beneficiaries with person-centered action plans who achieved one or more milestones during the measurement year |
| Numerator: | Count of Rural Life360 HOME beneficiaries who have met one or more milestones during the measurement year |
| Denominator: | Count of Rural Life360 HOME beneficiaries who have a person-centered action plan during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Life360 Case Management Data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | N/A |
| Comparison Method(s): | Annual Tables |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | N/A |
| Deviations: | N/A |

Hypothesis 2.B. ARHOME beneficiaries with SMI or SUD who receive services from a Rural Life360 HOME will have greater satisfaction in the care provided.

| Measure 2.B.1 | Average Rating of Health Plan |
|---------------|--|
| Definition: | Percentage of Rural Life360 HOME beneficiary responses with favorable ratings for health plan |
| Numerator: | Count of Rural Life360 HOME beneficiary responses with ratings of 8, 9, or 10 (i.e., favorable) for best health plan |

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|--------------------------------|--|
| Denominator: | Count of Rural Life360 HOME beneficiary respondents who answered the survey question |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to survey population definition |
| Data Source(s): | Survey-based assessment of beneficiary experiences |
| Measure Steward(s): | CAHPS Health Plan Survey v5.1 |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | Comparison of answer frequency categories (low is a response of 0–7 and high is a response of 8–10), case-mix adjustment |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | CAHPS Health Plan Survey Database Chartbook |
| Deviations: | N/A |

| Measure 2.B.2 | Average Rating of Health Care |
|-------------------------------|---|
| Definition: | Percentage of Rural Life360 HOME beneficiary responses with favorable ratings for overall health care received in the last 6 months |
| Numerator: | Count of Rural Life360 HOME beneficiary responses with ratings of 8, 9, or 10 (i.e., favorable) for overall health care received in the last 6 months |
| Denominator: | Count of Rural Life360 HOME beneficiary respondents who answered the survey question |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to survey population definition |
| Data Source(s): | Survey-based assessment of beneficiary experiences |
| Measure Steward(s): | CAHPS Health Plan Survey v5.1 |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | Comparison of answer frequency categories (low is a response of 0–7 and high is a response of 8–10), case-mix adjustment |

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| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | CAHPS Health Plan Survey Database Chartbook |
| Deviations: | N/A |

| Measure 2.B.3 | Average Rating of Primary Care Provider (PCP) |
|--------------------------------|--|
| Definition: | Percentage of Rural Life360 HOME beneficiary responses with favorable ratings for personal doctor seen in the last 6 months |
| Numerator: | Count of Rural Life360 HOME beneficiary responses with ratings of 8, 9, or 10 (i.e., favorable) for best personal doctor seen in the last 6 months |
| Denominator: | Count of Rural Life360 HOME beneficiary respondents who answered the survey question and indicated they have a personal doctor |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to survey population definition |
| Data Source(s): | Survey-based assessment of beneficiary experiences |
| Measure Steward(s): | CAHPS Health Plan Survey v5.1 |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | Comparison of answer frequency categories (low is a response of 0–7 and high is a response of 8–10), case-mix adjustment |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | CAHPS Health Plan Survey Database Chartbook |
| Deviations: | N/A |

| Measure 2.B.4 | Average Rating of Specialist |
|--------------------|---|
| Definition: | Percentage of Rural Life360 HOME beneficiary responses with favorable ratings for a specialist the beneficiary saw the most in the last 6 months |
| Numerator: | Count of Rural Life360 HOME beneficiary responses with ratings of 8, 9, or 10 (i.e., favorable) for best specialist the beneficiary saw the most in the last 6 months |

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| Denominator: | Count of Rural Life360 HOME beneficiary respondents who answered the survey question and indicated they have seen at least one specialist |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to survey population definition |
| Data Source(s): | Survey-based assessment of beneficiary experiences |
| Measure Steward(s): | CAHPS Health Plan Survey v5.1 |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | Comparison of answer frequency categories (low is a response of 0–7 and high is a response of 8–10), case-mix adjustment |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | CAHPS Health Plan Survey Database Chartbook |
| Deviations: | N/A |

| Measure 2.B.5 | Average Rating of Life360 Services |
|--------------------------------|--|
| Definition: | Percentage of Rural Life360 HOME beneficiary responses with favorable ratings in the ability of Rural Life360 services to effectively address and mitigate identified HRSN needs |
| Numerator: | Count of Rural Life360 HOME beneficiary responses with ratings of 8, 9, or 10 (i.e., favorable) for best Rural Life360 services. |
| Denominator: | Count of Rural Life360 HOME beneficiary respondents who answered the survey question |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to survey population definition |
| Data Source(s): | Survey-based assessment of beneficiary experiences |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | N/A |
| Comparison Method(s): | Annual Tables |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |

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|---------------------|---|
| National Benchmark: | CAHPS Health Plan Survey Database Chartbook |
| Deviations: | N/A |

Hypothesis 2.C. ARHOME beneficiaries with SMI or SUD who receive services from a Rural Life360 HOME will have lower non-emergent use of emergency department services.

| Measure 2.C.1 | Non-Emergent Emergency Department (ED) Visits |
|-------------------------|--|
| Definition: | Non-Emergent ED visits as a percentage of all classified ED visits using the New York University (NYU) ED algorithm for Rural Life360 HOME beneficiaries |
| Numerator: | Count of non-emergent ED visits for Rural Life360 HOME beneficiaries |
| Denominator: | Count of total ED visits classified by the NYU algorithm for Rural Life360 HOME beneficiaries |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NYU ED Algorithm |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | <ul style="list-style-type: none">• IPTW / CEM, beneficiary-level weighted regression model• ITS / Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, race/ethnicity, geography, etc.) |
| National Benchmark: | N/A |
| Deviations: | Paid claims only |

| Measure 2.C.2 | Emergent Emergency Department (ED) Visits |
|---------------|--|
| Definition: | Emergent ED Visits as a percentage of all classified ED visits using the NYU ED algorithm for Rural Life360 HOME beneficiaries |
| Numerator: | Count of emergent ED visits for Rural Life360 HOME beneficiaries |
| Denominator: | Count of total ED visits classified by the NYU algorithm for Rural Life360 HOME beneficiaries |

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|-------------------------|---|
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NYU ED Algorithm |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | <ul style="list-style-type: none"> • IPTW / CEM, beneficiary-level weighted regression model • ITS / Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, race/ethnicity, geography, etc.) |
| National Benchmark: | N/A |
| Deviations: | Paid claims only |

Hypothesis 2.D. ARHOME beneficiaries with SMI or SUD who receive services from a Rural Life360 HOME will have lower incidence of preventable hospital admissions and re-admissions.

| Measure 2.D.1 | Preventable Emergency Department (ED) Visits |
|------------------------|---|
| Definition: | Percentage of emergency visits classified as preventable by the NYU ED algorithm for Rural Life360 HOME beneficiaries |
| Numerator: | Count of emergency department visits classified as preventable/avoidable for Rural Life360 HOME beneficiaries |
| Denominator: | Count of total emergency department visits classified as preventable/avoidable and not preventable/avoidable (equals all visits that are emergent, ED care needed) for Rural Life360 HOME beneficiaries |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NYU ED Algorithm |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | <ul style="list-style-type: none"> • IPTW / CEM, beneficiary-level weighted regression model • ITS / Pre-Post DiD |

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| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, race/ethnicity, geography, etc.) |
| National Benchmark: | N/A |
| Deviations: | Paid claims only |

| Measure 2.D.2 | PCR-AD Plan All-Cause Readmissions |
|--------------------------------|--|
| Definition: | Count of acute inpatient stays for Rural Life360 HOME beneficiaries during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. |
| Numerator: | Count of acute readmissions for any diagnosis within 30 days of the Index Discharge Date for Rural Life360 HOME beneficiaries. Exclude admissions with a principal diagnosis of pregnancy, a condition originating in the perinatal period, or planned admissions |
| Denominator: | Count of total acute inpatient discharges for Rural Life360 HOME beneficiaries who had one or more discharges on or between January 1 and December 1 of the measurement year |
| Exclusion Criteria: | Rural Life360 HOME beneficiaries with hospital stays where the Index Admission Date is the same as the Index Discharge Date, where the beneficiary died during the stay, or with a principal diagnosis of pregnancy or a condition originating in the perinatal period |
| Continuous Enrollment: | 365 days prior to the Index Discharge Date through 30 days after the Index Discharge Date. No more than 1 gap of 45 days or 1 month. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA (PCR-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | <ul style="list-style-type: none"> IPTW / CEM, beneficiary-level weighted regression model ITS / Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, race/ethnicity, geography, etc.) |
| National Benchmark: | NCQA national averages available |
| Deviations: | Paid claims only |

| Measure 2.D.3 | IPF 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility |
|------------------------|---|
| Definition: | Facility-level measure for Rural Life360 HOME beneficiaries estimates for an unplanned, 30 days, risk-standardized readmission rate for adult patients discharged from an inpatient psychiatric facility with a principal discharge diagnosis of a psychiatric disorder or dementia/Alzheimer's disease. |
| Numerator: | The risk-adjusted outcome measure does not have a traditional numerator. A readmission is defined as any admission, for any reason, to an IPF or a short-stay acute care hospital (including Critical Access Hospitals) that occurs within 3-30 days after the discharge date from an eligible index admission to an IPF. The measure uses the CMS 30-day HWR Measure Planned Readmission Algorithm, Version 4.0, to identify planned readmissions. |
| Denominator: | The risk-adjusted outcome measure does not have a traditional denominator. The measure is based on all eligible index admissions from any Rural Life360 HOME beneficiary. A readmission within 30 days will also be eligible as an index admission if it meets all other eligibility criteria. Rural Life360 HOME beneficiaries may have more than one index admission within the measurement period. The denominator includes admissions to IPFs for Rural Life360 HOME beneficiaries: - Discharged with a principal diagnosis that indicates psychiatric disorder (AHRQ CCS 650-670) - Discharged alive - Age 18 or older at admission - Enrolled in Medicare FFS Parts A and B during the 12 months before the admission date, month of admission, and at least one month after the month of discharge from the index admission. The performance period used to identify cases in the denominator is 24 months. Data from 12 months prior to the start of the performance period through the performance period are used to identify risk factors. |
| Exclusion Criteria: | The denominator excludes admissions for Rural Life360 HOME beneficiaries with the following characteristics: 1. Discharged against medical advice (AMA) 2. With unreliable demographic and vital status data defined as the following: - Age greater than 115 years - Missing gender - Discharge status of "dead" but with subsequent admissions - Death date prior to admission date - Death date within the admission and discharge dates but the discharge status was not "dead" 3. Readmissions on the day of discharge or day following discharge because those readmissions are likely transfers to another inpatient facility. The hospital that discharges the Rural Life360 HOME beneficiary to home or a non-acute care setting is accountable for subsequent readmissions. |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | Centers for Medicare & Medicaid Services (CMS) |

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| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | Paid claims only |

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| Measure 2.D.4 | FMC Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions |
| Definition: | Percentage of ED visits during the measurement year for Rural Life360 HOME beneficiaries who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit |
| Numerator: | Count of Rural Life360 HOME beneficiaries who have 2 or more chronic conditions diagnosed prior to the ED visit during the measurement year and had a follow-up service within 7 days of the ED visit |
| Denominator: | Count of Rural Life360 HOME beneficiaries who have 2 or more chronic conditions diagnosed prior to the ED visit during the measurement year |
| Exclusion Criteria: | Rural Life360 HOME beneficiaries in hospice or using hospice services during the measurement year |
| Continuous Enrollment: | No more than one gap in enrollment of up to 45 days during the 365 days prior to the ED visit and no gap during the 7 days following the ED visit. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA – FMC |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | NCQA national averages available |
| Deviations: | Paid claims only |

Hypothesis 2.E. ARHOME beneficiaries with SMI or SUD who receive services from a Rural Life360 HOME will experience better quality of care.

| Measure 2.E.1 | IET Initiation and Engagement of Substance Use Disorder Treatment |
|-------------------------|---|
| Definition: | <p>Percentage of Rural Life360 HOME beneficiaries with a new episode of substance use disorder:</p> <ul style="list-style-type: none"> Total rate of Initiation of SUD treatment Total rate of Engagement of SUD treatment |
| Numerator: | <ul style="list-style-type: none"> Count of Rural Life360 HOME beneficiaries with initiation of SUD treatment within 14 days of the SUD episode date – definition depends on whether the SUD Episode was an inpatient discharge or not. Count of Rural Life360 HOME beneficiaries with engagement of SUD treatment within 34 days after initiation: Identify all beneficiaries compliant for the initiation of SUD treatment numerator that have evidence of treatment– definition depends on whether the treatment was initiated via an inpatient admission. |
| Denominator: | Count of Rural Life360 HOME beneficiaries as of Dec 31 of the measurement year with continuous enrollment being 194 days prior to the SUD Episode Date through 47 days after the SUD Episode Date (242 total days). |
| Exclusion Criteria: | <ul style="list-style-type: none"> Exclude Rural Life360 HOME beneficiaries from the denominator for both indicators (Initiation of SUD Treatment and Engagement of SUD Treatment) if the initiation of treatment event is an inpatient stay with a discharge date after November 27 of the measurement year. Beneficiaries in hospice or using hospice services anytime during the measurement year. Beneficiaries with any SUD diagnosis history or SUD medication history in the 194-day period before the index date. |
| Continuous Enrollment: | No allowable gaps in the continuous enrollment period |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA (IET-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | NCQA national averages available |
| Deviations: | Paid claims only |

| Measure 2.E.2 | AMM Antidepressant Medication Management |
|-------------------------|--|
| Definition: | Percentage of Rural Life360 HOME beneficiaries who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment |
| Numerator: | Two rates: <ul style="list-style-type: none"> Effective Acute Phase Treatment – count of Rural Life360 HOME beneficiaries with at least 84 days of treatment with antidepressant medication beginning on the Index Prescription Start Date (IPSD) through 114 days after the IPSD. Allowable gaps total up to 31 days. Effective continuation phase treatment – count of Rural Life360 HOME beneficiaries with at least 180 days of treatment with antidepressant medication beginning on the IPSD through 231 days after IPSD. Allowable gaps total up to 52 days |
| Denominator: | Count of Rural Life360 HOME beneficiaries as of April 30 of the measurement year with continuous enrollment of 105 days prior to the IPSD through 231 days after the IPSD |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | No more than 1 gap in continuous enrollment of up to 45 days or 1 month during the measurement year and the year prior to the measurement year. Anchor date: IPSD |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA –AMM-AD in Medicaid Adult Core Set |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means, results reported at two rates with subpopulation analyses (sex, age, race/ethnicity, geography, etc.) |
| National Benchmark: | Medicaid Adult Core Set and HEDIS Medicaid national rates |
| Deviation(s): | Minimum age adjusted to 19, and maximum age adjusted to 64. Paid claims only. |
| Measure 2.E.3 | FUH-AD Follow-Up After Hospitalization for Mental Illness |

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| Definition: | Percentage of discharges for Rural Life360 HOME beneficiaries who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm and who had a follow-up visit with a mental health practitioner. Two rates are reported: <ul style="list-style-type: none"> Percentage of discharges for which the Rural Life360 HOME beneficiaries received follow-up within 30 days of discharge Percentage of discharges for which the Rural Life360 HOME beneficiaries received follow-up within 7 days of discharge |
| Numerator: | Count of follow-up visits for Rural Life360 HOME beneficiaries with a mental health practitioner within (30 or 7) days after discharge. Do not include visits that occur on the date of Discharge. |
| Denominator: | Count of acute inpatient discharges for Rural Life360 HOME beneficiaries with a principal diagnosis of mental illness or intentional self-harm during the measurement year |
| Exclusion Criteria: | Rural Life360 HOME beneficiaries in hospice or using hospice services during the measurement year |
| Continuous Enrollment: | Date of discharge through 30 days after discharge. No allowable gaps |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA (FUH-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, race/ethnicity, geography, etc.) |
| National Benchmark: | NCQA national averages available |
| Deviations: | Paid claims only |

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| Measure 2.E.4 | SAA-AD Adherence to Antipsychotics for Beneficiaries with Schizophrenia |
| Definition: | Percentage of Rural Life360 HOME beneficiaries with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period during the measurement year |
| Numerator: | Count of Rural Life360 HOME beneficiaries who achieved a proportion of days covered (PDC) of at least 80% for their antipsychotic medications during the measurement year |

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| Denominator: | Count of Rural Life360 HOME beneficiaries with at least one acute inpatient encounter with any diagnosis of schizophrenia or schizoaffective disorder, or at least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or non-acute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or schizoaffective disorder |
| Exclusion Criteria: | Rural Life360 HOME beneficiaries in hospice or using hospice services during the measurement year; beneficiaries with a diagnosis of dementia, or who did not have at least two antipsychotic medication dispensing events, during the measurement year |
| Continuous Enrollment: | The measurement year. No more than one gap in enrollment of up to 45 days or 1 month during each year of continuous enrollment. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA (SAA-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | NCQA national averages available |
| Deviations: | Paid claims only |

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| Measure 2.E.5 | SSD-AD Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications |
| Definition: | Percentage of Rural Life360 HOME beneficiaries with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year |
| Numerator: | Count of glucose tests or an HbA1c tests performed during the measurement year for Rural Life360 HOME beneficiaries, as defined by claim/encounter or automated laboratory data |
| Denominator: | Count of Rural Life360 HOME beneficiaries as of Dec 31 of the measurement year with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication |
| Exclusion Criteria: | Rural Life360 HOME beneficiaries with hospice care or using hospice service at any time during the measurement year |
| Continuous Enrollment: | No more than 1 gap in continuous enrollment of up to 45 days or 1 month during the measurement year and the year prior to the measurement year. Anchor date: December 31 of the measurement year. |

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| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA (SSD-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | NCQA national averages available |
| Deviations: | Paid claims only |

| Measure 2.E.6 | OHD-AD Use of Opioids at High Dosage in Persons Without Cancer |
|--------------------------------|---|
| Definition: | Percentage of Rural Life360 HOME beneficiaries who received prescriptions for opioids with an average daily dosage greater than or equal to 90 milligram equivalents (MME) over a period of 90 days or more |
| Numerator: | Count of Rural Life360 HOME beneficiaries in the denominator with an average daily dosage \geq 90 MMEs during the opioid episode |
| Denominator: | Count of Rural Life360 HOME beneficiaries as of Dec 31 of the measurement year who received prescriptions for opioids |
| Exclusion Criteria: | Rural Life360 HOME beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | PQA (OHD-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | Paid claims only |

| Measure 2.E.7 | COB-AD Concurrent Use of Opioids and Benzodiazepines |
|-------------------------|---|
| Definition: | Percentage of Rural Life360 HOME beneficiaries with concurrent use of prescription opioids and benzodiazepines |
| Numerator: | Count of Rural Life360 HOME beneficiaries in the denominator with <ul style="list-style-type: none"> Two or more prescription claims for any benzodiazepine with different dates of service, AND Concurrent use of opioids and benzodiazepines for 30 or more cumulative days |
| Denominator: | Count of Rural Life360 HOME beneficiaries as of Dec 31 of the measurement year with 2 or more prescription claims for opioid medications on different dates of service and with a cumulative days' supply of 15 or more days during the measurement year |
| Exclusion Criteria: | Rural Life360 HOME beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | PQA (COB-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | Paid claims only |

| Measure 2.E.8 | POD-AD Use of Pharmacotherapy for Opioid Use Disorder |
|---------------|--|
| Definition: | Percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among Rural Life360 HOME beneficiaries with a diagnosis of OUD |
| Numerator: | Count of new OUD pharmacotherapy events with OUD pharmacotherapy for 180 days or more days without a gap in treatment of 8 or more consecutive days for Rural Life360 HOME beneficiaries |

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| Denominator: | Count of Rural Life360 HOME beneficiaries as of Dec 31 of the measurement with a diagnosis of OUD |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | No allowable gaps in the continuous enrollment period. Continuous enrollment period is defined as 31 days prior to the treatment period start date through 179 days after the treatment period start date (211 total days) |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA (POD-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | Minimum age adjusted to 19. Paid claims only. |

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| Measure 2.E.9 | FUA-AD Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence |
| Definition: | Percentage of emergency department (ED) visits for Rural Life360 HOME beneficiaries with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow-up visit for AOD abuse or dependence |
| Numerator: | <ul style="list-style-type: none"> 30-day follow-up – count of follow-up visits with any practitioner, for Rural Life360 HOME beneficiaries with a principal diagnosis of AOD abuse or dependence within 30 days after the ED visit. Include visits that occur on the date of the ED visit 7-day follow-up – count of follow-up visits with any practitioner, for Rural Life360 HOME beneficiaries with a principal diagnosis of AOD abuse or dependence within 7 days after the ED visit. Include visits that occur on the date of the ED visit |
| Denominator: | Count of ED visits for Rural Life360 HOME beneficiaries with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence as of the ED visit with continuous enrollment from the date of ED visit through 30 days after the ED visit |
| Exclusion Criteria: | Rural Life360 HOME beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care |

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| Continuous Enrollment: | No allowable gap in coverage during continuous enrollment period |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA (FUA-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | Paid claims only |

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| Measure 2.E.10 | FUM-AD Follow-Up After Emergency Department Visit for Mental Illness |
| Definition: | Percentage of emergency department (ED) visits for Rural Life360 HOME beneficiaries with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness |
| Numerator: | <ul style="list-style-type: none"> 30-day follow-up – count of follow-up visits for Rural Life360 HOME beneficiaries with a principal diagnosis of mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of mental health disorder within 30 days after the ED visit. Include visits that occur on the date of the ED visit 7-day follow-up - count of follow-up visits for Rural Life360 HOME beneficiaries with a principal diagnosis of mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of mental health disorder within 7 days after the ED visit. Include visits that occur on the date of the ED visit |
| Denominator: | Count of ED visits for Rural Life360 HOME beneficiaries with a principal diagnosis of mental illness or intentional self-harm as of the date of ED visit with continuous enrollment from date of the ED visit through 30 days after the ED visit |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | No allowable gap in coverage during continuous enrollment period |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA (FUM-AD in Medicaid Adult Core Set) |

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|--------------------------------|--|
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, race/ethnicity, geography, etc.) |
| National Benchmark: | N/A |
| Deviations: | Paid claims only |

| Measure 2.E.11 | Average Time to Treatment |
|--------------------------------|--|
| Definition: | Average time from enrollment in the Rural Life360 HOME to first treatment visit for Rural Life360 HOME beneficiaries |
| Numerator: | Time from enrollment in Rural Life360 HOME to first treatment visit that occurred during the measurement year for Rural Life360 HOME beneficiaries |
| Denominator: | Count of Rural Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims and Life360 Case Management Data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | N/A |
| Comparison Method(s): | N/A |
| Statistic to Be Tested: | Descriptive with subpopulation analyses; Chi-square |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 2.E.12 | Mortality Rates |
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| Definition: | Count of deaths of Rural Life360 HOME beneficiaries per 100,000 during the measurement year |
| Numerator: | Count of deaths of Rural Life360 HOME beneficiaries during the measurement year |
| Denominator: | Count of Rural Life360 beneficiaries on January 1 st of the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Eligibility and enrollment data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Group: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

Hypothesis 2.F. ARHOME beneficiaries with SMI or SUD who receive services from a Rural Life360 HOME will have fewer health-related social needs and improved HRSN compared to similar ARHOME beneficiaries in rural areas without a Rural Life360 HOME.

| Measure 2.F.1 | Income - Average Household Income |
|------------------------|---|
| Definition: | Average Rural Life360 HOME beneficiary household income |
| Numerator: | Rural Life360 HOME beneficiary household income during the measurement year |
| Denominator: | Count of Rural Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |

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|--------------------------------|--|
| Data Source(s): | Statewide Longitudinal Data System (SLDS) |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 2.F.2 | Income Increase |
|--------------------------------|--|
| Definition: | Percentage change in income for Rural Life360 HOME beneficiaries |
| Numerator: | Difference in income at the end of the measurement year compared to income at the end of the prior year for Rural Life360 HOME beneficiaries |
| Denominator: | Income at the end of the prior year for Rural Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Statewide Longitudinal Data System (SLDS) |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 2.F.3 | Employment - Unemployment Rate (%) Annual Averages |
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| Definition: | Unemployment rate for Rural Life360 HOME beneficiaries |
| Numerator: | Count of unemployed Rural Life360 HOME beneficiaries during the measurement year |
| Denominator: | Count of Rural Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | Statewide Longitudinal Data System (SLDS) |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 2.F.4 | Educational Attainment - High School Completion and Some College rate |
|--------------------------------|---|
| Definition: | Percentage of residents in Rural Life360 HOME counties with high school completion and some college |
| Numerator: | Count of residents in Rural Life360 counties with high school completion and some college during the measurement year |
| Denominator: | Count of residents in Rural Life360 HOME counties during the measurement year with available educational attainment information |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | American Community Survey (ACS) |
| Measure Steward(s): | American Community Survey (ACS) |
| Comparison Population: | Similar residents in counties w/o Rural Life360 HOME |
| Comparison Method(s): | Annual table |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |

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| National Benchmark: | ACS national averages available |
| Deviations: | N/A |

| Measure 2.F.5 | Participated in Employment, Employment Training, or Post-Secondary Education |
|--------------------------------|--|
| Definition: | Percentage of Rural Life360 HOME beneficiaries who participated in employment, employment training, or post-secondary education |
| Numerator: | Count of Rural Life360 HOME beneficiaries who indicate participation in employment, employment training, or post-secondary education during the measurement year |
| Denominator: | Count of Rural Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Statewide Longitudinal Data System (SLDS) |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 2.F.6 | Housing Security/Affordability - $\geq 30\%$ of Income |
|-------------------------------|--|
| Definition: | Percentage of residents in Rural Life360 HOME counties who spend 30% or more of their household income on housing |
| Numerator: | Count of residents in Rural Life360 HOME counties who spend 30% or more of their household income on housing during the measurement year |
| Denominator: | Count of residents in Rural Life360 HOME counties during the measurement year with available income and housing information |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |

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|--------------------------------|---|
| Data Source(s): | American Community Survey (ACS) |
| Measure Steward(s): | American Community Survey (ACS) |
| Comparison Population: | Similar residents in counties w/o Rural Life360 HOME |
| Comparison Method(s): | Annual table |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | ACS national averages available |
| Deviations: | N/A |

| Measure 2.F.7 | Housing Security/Affordability - Severe Housing Burden |
|--------------------------------|---|
| Definition: | Percentage of residents in Rural Life360 HOME counties with high housing costs, with overcrowding, and lack of kitchen/plumbing facilities |
| Numerator: | Count of residents in Rural Life360 HOME counties with high housing costs, with overcrowding, and lack of kitchen/plumbing facilities during the measurement year |
| Denominator: | Count of residents in Rural Life360 HOME counties during the measurement year with available income, housing, and utilities information |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | American Community Survey (ACS) |
| Measure Steward(s): | American Community Survey (ACS) |
| Comparison Population: | Similar residents in counties w/o Rural Life360 HOME |
| Comparison Method(s): | Annual table |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | ACS national averages available |
| Deviations: | N/A |

| Measure 2.F.8 | Food Security - Food Insecurity Rate |
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| Definition: | Food insecurity rate among residents in Rural Life360 HOME counties modeled on the following county characteristics: unemployment rate, poverty rate, median income, percent Hispanic, percent African American, percent of residents who are homeowners, and percent of residents who report a disability. |
| Numerator: | Refer to methods in the technical brief, Map the Meal Gap 2022 |
| Denominator: | Refer to methods in the technical brief, Map the Meal Gap 2022 |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | Feeding America (Map the Meal Gap) |
| Measure Steward(s): | Feeding America (Map the Meal Gap) |
| Comparison Population: | Similar residents in counties w/o Rural Life360 HOME |
| Comparison Method(s): | Annual table |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | Map the Meal Gap national averages available |
| Deviations: | N/A |

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| Measure 2.F.9 | Food Security - % Low Income & Low Access to Store / % No Car & Low Access to Store (2015) |
| Definition: | Food security based on the percentage of residents in Rural Life360 HOME counties with low income and low access to stores and percentage of residents with no car and low access to stores |
| Numerator: | <ul style="list-style-type: none"> Count of residents in Rural Life360 HOME counties with low income and living more than 1 mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area. Count of housing units in the Rural Life360 HOME county without a car and more than 1 miles from a supermarket or large grocery store |
| Denominator: | <ul style="list-style-type: none"> Residents in Rural Life360 HOME counties with low income Housing units in the Rural Life360 HOME county |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | Food Environment Atlas, USDA |

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| Measure Steward(s): | Food Environment Atlas, USDA |
| Comparison Population: | Similar residents in counties w/o Rural Life360 HOME |
| Comparison Method(s): | Annual table |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | Food Environment Atlas national averages available |
| Deviations: | N/A |

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| Measure 2.F.10 | Safety - Suicides, Injuries, Homicides, Firearm Fatalities |
| Definition: | Percentage of residents in Rural Life360 HOME counties with deaths from suicides, injuries, homicides, or firearm fatalities |
| Numerator: | Count of residents in Rural Life360 HOME counties with a cause of death listed as suicide, injury, homicide, or firearm fatality during the measurement year |
| Denominator: | Count of residents in Rural Life360 HOME counties during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | National Vital Statistics System (NVSS) |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar residents in counties w/o Rural Life360 HOME |
| Comparison Method(s): | Annual table |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | N/A |
| Deviations: | N/A |

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| Measure 2.F.11 | Criminal Justice System Involvement - Count of Offenses, Count of Arrests |
| Definition: | Average number of criminal offenses and arrests, separately, for residents in Rural Life360 HOME counties during the measurement year |

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| Numerator: | <ul style="list-style-type: none">Count of criminal offenses in Rural Life360 HOME countiesCount of arrests in Rural Life360 HOME counties |
| Denominator: | Count of Rural Life360 HOME residents during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | Arkansas Department of Public Safety, Crime Information Center |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar residents in counties w/o Rural Life360 HOME |
| Comparison Method(s): | Annual table |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | N/A |
| Deviations: | N/A |

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| Measure 2.F.12 | Receipt of Educational, Employment, or Other Social Services |
| Definition: | Percentage of Rural Life360 HOME beneficiaries receiving educational, employment, or other social services |
| Numerator: | Count of Rural Life360 HOME beneficiaries receiving educational, employment, or other social services |
| Denominator: | Count of Rural Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative, Statewide Longitudinal Data System (SLDS) |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |

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| National Benchmark: | N/A |
| Deviations: | N/A |

Hypothesis 2.G. ARHOME beneficiaries with a serious mental illness (SMI) or substance use disorder (SUD) who live in rural areas with a Rural Life360 HOME will have lower total health care costs compared to similar ARHOME beneficiaries in rural areas without a Rural Life360 HOME; Cost of claims/encounters per beneficiary per year.

| Measure 2.G.1 | Total Medicaid Spend |
|-------------------------|--|
| Definition: | Total Medicaid spend per Rural Life360 HOME beneficiary |
| Numerator: | Total Medicaid spend - Inpatient/outpatient/emergency/ pharmacy spend for Rural Life360 HOME beneficiaries |
| Denominator: | Count of Rural Life360 HOME beneficiaries |
| Exclusion Criteria: | Hospice claims |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | North Carolina Department of Health and Human Services - Enhanced Case Management and Other Services Pilots Evaluation Design |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | <ul style="list-style-type: none">• IPTW / CEM, beneficiary-level weighted regression model• ITS / Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 2.G.2 | Emergency Department (ED) Costs |
|---------------------|--|
| Definition: | Total Medicaid spend on ED visits per Rural Life360 HOME beneficiary |
| Numerator: | Total Medicaid spend on ED visits for Rural Life360 HOME beneficiaries |
| Denominator: | Count of Rural Life360 HOME beneficiaries |
| Exclusion Criteria: | |

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| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | <ul style="list-style-type: none">• IPTW / CEM, beneficiary-level weighted regression model• ITS / Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 2.G.3 | Hospitalization Costs |
|-------------------------|--|
| Definition: | Total Medicaid spend on Inpatient hospitalizations (including psychiatric care) per Rural Life360 HOME beneficiary |
| Numerator: | Total Medicaid spend on inpatient hospitalizations for Rural Life360 HOME beneficiaries |
| Denominator: | Count of Rural Life360 HOME beneficiaries |
| Exclusion Criteria: | |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | <ul style="list-style-type: none">• IPTW / CEM, beneficiary-level weighted regression model• ITS / Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

Hypothesis 2.H. ARHOME Rural Life360 beneficiaries will be screened for unmet HRSN and receive a corresponding intervention if they screened positive.

| Measure 2.H.1 | SNS-E Food Screening |
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| Definition: | Percentage of Rural Life360 HOME beneficiaries who were screened for food insecurity |
| Numerator: | Count of Rural Life360 HOME beneficiaries screened for a food insecurity such as uncertain, limited, or unstable access to food that is: adequate in quantity and in nutritional quality; culturally acceptable; safe and acquired in socially acceptable ways. |
| Denominator: | Count of Rural Life360 HOME beneficiaries |
| Exclusion Criteria: | Less than 18 years old or older than 65 years old |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Rural Life360 HOME HRSN Screening Data and Referrals |
| Measure Steward(s): | NCQA Social Need Screening & Intervention (SNS-E) |
| Comparison Population: | N/A |
| Comparison Method(s): | Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | NCQA National averages available |
| Deviations: | N/A |

| Measure 2.H.2 | SNS-E Food Intervention |
|-------------------------------|---|
| Definition: | Percentage of Rural Life360 HOME beneficiaries who received a corresponding intervention within 1 month of screening positive for food insecurity. |
| Numerator: | Count of Rural Life360 HOME beneficiaries that screened positive for a food insecurity who received a corresponding intervention within 1 month of identification |
| Denominator: | Count of Rural Life360 HOME beneficiaries who screened positive for a food insecurity |
| Exclusion Criteria: | Less than 18 years old or older than 65 years old |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Rural Life360 HOME HRSN Screening Data and Referrals |
| Measure Steward(s): | NCQA Social Need Screening & Intervention (SNS-E) |

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|--------------------------------|---|
| Comparison Population: | N/A |
| Comparison Method(s): | Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | NCQA National averages available |
| Deviations: | N/A |

| Measure 2.H.3 | SNS-E Housing Screening |
|--------------------------------|--|
| Definition: | Percentage of Rural Life360 HOME beneficiaries who were screened for housing instability, homelessness, or housing inadequacy. |
| Numerator: | Count of Rural Life360 HOME beneficiaries that screened for a housing insecurity such as for housing instability, homelessness, or housing inadequacy. |
| Denominator: | Count of Rural Life360 HOME beneficiaries |
| Exclusion Criteria: | Less than 18 years old or older than 65 years old |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Rural Life360 HOME HRSN Screening Data and Referrals |
| Measure Steward(s): | NCQA Social Need Screening & Intervention (SNS-E) |
| Comparison Population: | N/A |
| Comparison Method(s): | Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | NCQA National averages available |
| Deviations: | N/A |

| Measure 2.H.4 | SNS-E Housing Intervention |
|--------------------|---|
| Definition: | Percentage of Rural Life360 HOME beneficiaries who received a corresponding intervention within 1 month of screening positive for housing instability, homelessness, or housing inadequacy. |
| Numerator: | Count of Rural Life360 HOME beneficiaries that screened positive for a housing insecurity who received a corresponding intervention within 1 month of identification |

| | |
|--------------------------------|---|
| Denominator: | Count of Rural Life360 HOME beneficiaries who screened positive for a housing insecurity |
| Exclusion Criteria: | Less than 18 years old or older than 65 years old |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Rural Life360 HOME HRSN Screening Data and Referrals |
| Measure Steward(s): | NCQA Social Need Screening & Intervention (SNS-E) |
| Comparison Population: | N/A |
| Comparison Method(s): | Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | NCQA National averages available |
| Deviations: | N/A |

| Measure 2.H.5 | SNS-E Transportation Screening |
|-------------------------------|---|
| Definition: | Percentage of Rural Life360 HOME beneficiaries who were screened for transportation insecurity. |
| Numerator: | Count of Rural Life360 HOME beneficiaries who were screened for uncertain, limited or no access to safe, reliable, accessible, affordable, and socially acceptable transportation infrastructure and modalities necessary for maintaining one's health, well-being or livelihood. |
| Denominator: | Count of Rural Life360 HOME beneficiaries |
| Exclusion Criteria: | Less than 18 years old or older than 65 years old |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Rural Life360 HOME HRSN Screening Data and Referrals |
| Measure Steward(s): | NCQA Social Need Screening & Intervention (SNS-E) |
| Comparison Population: | N/A |

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|--------------------------------|---|
| Comparison Method(s): | Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | NCQA National averages available |
| Deviations: | N/A |

| Measure 2.H.6 | SNS-E Transportation Intervention |
|--------------------------------|---|
| Definition: | Percentage of Rural Life360 HOME beneficiaries who received a corresponding intervention within 1 month of screening positive for transportation insecurity. |
| Numerator: | Count of Rural Life360 HOME beneficiaries that screened positive for a transportation insecurity who received a corresponding intervention within 1 month of identification |
| Denominator: | Count of Rural Life360 HOME beneficiaries who screened positive for a transportation insecurity |
| Exclusion Criteria: | Less than 18 years old or older than 65 years old |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Rural Life360 HOME HRSN Screening Data and Referrals |
| Measure Steward(s): | NCQA Social Need Screening & Intervention (SNS-E) |
| Comparison Population: | N/A |
| Comparison Method(s): | Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | NCQA National averages available |
| Deviations: | N/A |

| Measure 2.H.7 | SNS-E Prior Screening of HRSN Needs |
|--------------------|--|
| Definition: | Percentage of Rural Life360 HOME beneficiaries that were ever screened for HRSN needs prior to enrollment |
| Numerator: | Count of Rural Life360 HOME beneficiaries in the measurement year that were ever screened for HRSN needs prior to enrollment |

| | |
|--------------------------------|---|
| Denominator: | Count of Rural Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | Life360 Case Management Data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Group: | N/A |
| Comparison Method(s): | Annual tables |
| Statistic to Be Tested: | Descriptive; Chi-square |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 2.H.8 | Prior Utilization of HRSN Related Services |
|--------------------------------|--|
| Definition: | Percentage of Rural Life360 HOME beneficiaries that had ever utilized HRSN services prior to enrollment |
| Numerator: | Count of Rural Life360 HOME beneficiaries in the measurement year that has ever utilized HRSN services prior to enrollment |
| Denominator: | Count of Rural Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | Life360 Case Management Data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Group: | N/A |
| Comparison Method(s): | Annual tables |
| Statistic to Be Tested: | Descriptive; Chi-square |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 2.H.9 | Supplemental Nutrition Assistance Program (SNAP/WIC) Enrollment |
|-------------------------|--|
| Definition: | Percentage of Rural Life360 HOME beneficiaries who were enrolled in SNAP/WIC during the measurement year |
| Numerator: | Count of Rural Life360 HOME beneficiaries who were enrolled in SNAP/WIC during the measurement year |
| Denominator: | Count of Rural Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | SNAP/WIC data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Group: | Similar beneficiaries in counties w/o Rural Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

Goal 3. Success Life360 HOME will support young adults (ages 19-27) at high-risk for long-term poverty due to prior incarceration, involvement with the foster care system, or young adults (ages 19-24) with involvement with the juvenile justice system and veterans ages 19-30 who are at high risk of homelessness. Success Life360s will provide intensive care coordination directly or contract with organizations to provide care coordination.

Hypothesis 3.A. ARHOME beneficiaries most at risk for long-term poverty who receive services from a Success Life360 HOME will have great use of preventive and other primary care services.

| Measure 3.A.1 | COL-AD Colorectal Cancer Screening |
|---------------|---|
| Definition: | Percentage of Success Life360 HOME beneficiaries who had a screen for colorectal cancer |
| Numerator: | Count of Success Life360 HOME beneficiaries with one or more screens for colorectal cancer during the measurement year or the 12 months prior to the measurement year |

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|--------------------------------|--|
| Denominator: | Count of Success Life360 HOME beneficiaries on the anchor (last date of the measurement year |
| Exclusion Criteria: | Success Life360 HOME beneficiaries with hospice care |
| Continuous Enrollment: | Year prior to the measurement year through December 31 of the measurement year. No more than 45 days or a 1-month gap of coverage during each full calendar year of continuous enrollment. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA – COL-AD (Adult) in Medicaid Adult Core Set |
| Comparison Group: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM; beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | Medicaid Adult Core Set |
| Deviations: | Maximum age adjusted to 64. Paid claims only. |

| Measure 3.A.2 | BCS-AD Breast Cancer Screening |
|-------------------------------|--|
| Definition: | Percentage of Success Life360 HOME beneficiaries who had a mammogram to screen for breast cancer |
| Numerator: | Count of Success Life360 HOME beneficiaries with one or more mammograms during the measurement year or the 15 months prior to the measurement year |
| Denominator: | Count of Success Life360 HOME beneficiaries on the anchor (last date of the measurement year |
| Exclusion Criteria: | Success Life360 HOME beneficiaries with hospice care |
| Continuous Enrollment: | October 1 two years prior to the measurement year through December 31 of the measurement year. No more than 45 days or a 1-month gap of coverage during each full calendar year of continuous enrollment. No gaps in enrollment are allowed from October 1 through December 31, two years prior to the measurement year. Anchor date: December 31 of the measurement year. |

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|--------------------------------|--|
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA – BCS-AD (Adult) in Medicaid Adult Core Set |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM; beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | Medicaid Adult Core Set |
| Deviations: | Maximum age adjusted to 64. Paid claims only. |

| Measure 3.A.3 | CCS-AD Cervical Cancer Screening |
|--------------------------------|---|
| Definition: | Percentage of Success Life360 HOME beneficiaries who are women and screened for cervical cancer |
| Numerator: | Count of Success Life360 HOME beneficiaries who were screened for cervical cancer, as defined by <ul style="list-style-type: none"> • Cervical cytology performed during the measurement year or the two years prior to the measurement year • Or cervical cytology/human papillomavirus (HPV) co-testing performed during the measurement year or the four years prior to the measurement year, for beneficiaries who were at least 30 years old on the date of both tests |
| Denominator: | Count of Success Life360 HOME beneficiaries as of December 31 of the measurement year |
| Exclusion Criteria: | Success Life360 HOME beneficiaries with hospice care. Hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix any time during the beneficiary's history through December 31 of the measurement year |
| Continuous Enrollment: | No more than one gap in enrollment of up to 45 days or 1 month during each year of continuous enrollment. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA – CCS-AD (Adult) in Medicaid Adult Core Set |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM; beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |

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|----------------------------|---|
| National Benchmark: | Medicaid Adult Core Set |
| Deviations: | Maximum age adjusted to 30. Paid claims only. |

| Measure 3.A.4 | CHL-AD Chlamydia Screening in Women |
|--------------------------------|---|
| Definition: | Percentage of Success Life360 HOME women who were identified as sexually active and who had at least one test for chlamydia during the measurement year |
| Numerator: | Count of Success Life360 HOME women identified as sexually active with at least one chlamydia test during the measurement year |
| Denominator: | Count of Success Life360 HOME women as of December 31 of the measurement year who are sexually active |
| Exclusion Criteria: | <p>Success Life360 HOME women who qualified for the denominator based on a pregnancy test alone and who meet either of the following:</p> <ul style="list-style-type: none"> • A pregnancy test during the measurement year and a prescription for isotretinoin on the date of the pregnancy test or within the 6 days after the pregnancy test • A pregnancy test during the measurement year and an x-ray on the date of the pregnancy test or within the 6 days after the pregnancy test |
| Continuous Enrollment: | No more than one gap in enrollment of up to 45 days or 1 month during each year of continuous enrollment. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA – CHL-AD (Adult) in Medicaid Adult Core Set |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM; beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | Medicaid Adult Core Set |
| Deviations: | Paid claims only |

| Measure 3.A.5 | SPD Statin Therapy for Patients with Diabetes |
|--------------------|---|
| Definition: | Percentage of Success Life360 HOME beneficiaries during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who were dispensed at least one statin medication of any intensity during the measurement year |

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|--------------------------------|--|
| Numerator: | Count of Success Life360 HOME beneficiaries with diabetes who do not have ASCVD who were dispensed at least one statin medication of any intensity during the measurement year |
| Denominator: | Count of Success Life360 HOME beneficiaries during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) |
| Exclusion Criteria: | Success Life360 HOME beneficiaries with hospice care. Success Life360 HOME beneficiaries with cardiovascular disease identified by event or diagnosis; diagnosis of pregnancy; in vitro fertilization; dispensed clomiphene; ESRD without telehealth; cirrhosis; or myalgia, myositis, myopathy, or rhabdomyolysis |
| Continuous Enrollment: | The measurement year and the year prior to the measurement year. No more than one gap in enrollment of up to 45 days or 1 month during each year of continuous enrollment. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA – Healthcare Effectiveness Data and Information Set (HEDIS) SPD |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM; beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | HEDIS Medicaid national rates |
| Deviations: | Maximum age adjusted to 30. Paid claims only. |

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|-------------------------------|---|
| Measure 3.A.6 | CDC Comprehensive Diabetes Care: Hemoglobin A1c Testing |
| Definition: | Percentage of Success Life360 HOME beneficiaries with diabetes (type 1 or type 2) who had Hemoglobin A1c (HbA1c) testing performed |
| Numerator: | Count of Success Life360 HOME beneficiaries with type 1 or 2 diabetes an HbA1c test performed during the measurement year |
| Denominator: | Count of Success Life360 HOME beneficiaries with type 1 or 2 diabetes identified as having diabetes during the measurement year or the year prior to the measurement year |
| Exclusion Criteria: | Success Life360 HOME beneficiaries with hospice care |
| Continuous Enrollment: | No more than 1 gap in continuous enrollment of up to 45 days or 1 month during the measurement year. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative Claims |

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|--------------------------------|--|
| Measure Steward(s): | NCQA – HA1C-AD in Medicaid Adult Core Set |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM; beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, race/ethnicity, geography, etc.) |
| National Benchmark: | Medicaid Adult Core Set and HEDIS Medicaid national rate |
| Deviations: | Minimum age adjusted to 19, and maximum age adjusted to 30. Paid claims only. |

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|--------------------------------|--|
| Measure 3.A.7 | AAP Adults’ Access to Preventive/Ambulatory Health Services |
| Definition: | Percentage of Success Life360 HOME beneficiaries who had an ambulatory or preventive care visit during the measurement year |
| Numerator: | Count of Success Life360 HOME beneficiaries with one or more ambulatory or preventive care visits during the measurement year |
| Denominator: | Count of eligible Success Life360 HOME beneficiaries as of December 31 of the measurement year |
| Exclusion Criteria: | Success Life360 HOME beneficiaries with hospice care or using hospice service at any time during the measurement year |
| Continuous Enrollment: | No more than 1 gap in continuous enrollment of up to 45 days or 1 month during the measurement year. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA - HEDIS AAP |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | <ul style="list-style-type: none"> • IPTW / CEM, beneficiary-level weighted regression model • ITS / Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, race/ethnicity, geography, etc.) |
| National Benchmark: | Medicaid Adult Core Set and HEDIS Medicaid national rate |
| Deviations: | Maximum age adjusted to 30. Paid claims only. |

| Measure 3.A.8 | AMR Asthma Medication Ratio |
|-------------------------|---|
| Definition: | Percentage of Success Life360 HOME beneficiaries who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year |
| Numerator: | Count of Success Life360 HOME beneficiaries who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year |
| Denominator: | Count of Success Life360 HOME beneficiaries who were identified as having persistent asthma as of December 31 of the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | No more than 1 gap in continuous enrollment of up to 45 days or 1 month during the measurement year and the year prior to the measurement year. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA –AMR-AD in Medicaid Adult Core Set |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM; beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | Medicaid Adult Core Set and HEDIS Medicaid national rate |
| Deviation(s): | Paid claims only |

| Measure 3.A.9 | CCW Contraceptive Care – All Women |
|---------------|--|
| Definition: | Percentage of Success Life360 HOME women at risk of unintended pregnancy that were provided a most effective or moderately effective method of contraception |
| Numerator: | Count of Success Life360 HOME women at risk of unintended pregnancy that were provided a most effective or moderately effective method of contraception |
| Denominator: | Count of Success Life360 HOME women at risk of unintended pregnancy as of Dec 31 of the measurement year |

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|--------------------------------|---|
| Exclusion Criteria: | Success Life360 HOME women not at risk of unintended pregnancy because they were infecund due to non-contraceptive reasons such as natural menopause or oophorectomy; Had a live birth in the last 2 months of the measurement year. Women still pregnant at the end of the year. |
| Continuous Enrollment: | No more than 1 gap in continuous enrollment of up to 45 days or 1 month during the measurement year and the year prior to the measurement year. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA – CCW-AD in Medicaid Adult Core Set |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | Medicaid Adult Core Set and HEDIS Medicaid national rates |
| Deviation(s): | Adjustment to ages 15-44. Paid claims only |

| Measure 3.A.10 | PCP Assigned |
|--------------------------------|--|
| Definition: | Percentage of Success Life360 HOME beneficiaries that have a PCP assigned at any point during the measurement year |
| Numerator: | Count of Success Life360 HOME beneficiaries who had a PCP assigned to them during the measurement year |
| Denominator: | Count of Success Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims and Life360 Case Management Data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | N/A |
| Comparison Method(s): | Annual Tables |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 3.A.11 | PCP Visits |
|-------------------------|--|
| Definition: | Percentage of Success Life360 HOME beneficiaries who had a PCP visit during the measurement year |
| Numerator: | Count of Success Life360 HOME beneficiaries who had a PCP visit during the measurement year |
| Denominator: | Count of Success Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims and Life360 Case Management Data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, race/ethnicity, geography, etc.) |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 3.A.12 | Person-Centered Action Plan Milestone Achievement |
|------------------------|--|
| Definition: | Percentage of Success Life360 HOME beneficiaries with person-centered action plans who achieved one or more milestones during the measurement year |
| Numerator: | Count of Success Life360 HOME beneficiaries who have met one or more milestones during the measurement year |
| Denominator: | Count of Success Life360 HOME beneficiaries who have a person-centered action plan during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |

| | |
|-------------------------|---|
| Data Source(s): | Life360 Case Management Data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | N/A |
| Comparison Method(s): | Annual Tables |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | N/A |
| Deviations: | N/A |

Hypothesis 3.B. ARHOME beneficiaries most at risk for long-term poverty who receive services from a Success Life360 HOME will have greater satisfaction in the care provided.

| Measure 3.B.1 | Average Rating of Health Plan |
|-------------------------|--|
| Definition: | Percentage of Success Life360 HOME beneficiary responses with favorable ratings for health plan |
| Numerator: | Count of Success Life360 HOME beneficiary responses with ratings of 8, 9, or 10 (i.e., favorable) for best health plan |
| Denominator: | Count of Success Life360 HOME beneficiary respondents who answered the survey question |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to survey population definition |
| Data Source(s): | Survey-based assessment of beneficiary experiences |
| Measure Steward(s): | CAHPS Health Plan Survey v5.1 |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | Comparison of answer frequency categories (low is a response of 0–7 and high is a response of 8–10), case-mix adjustment |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |

| | |
|----------------------------|---|
| National Benchmark: | CAHPS Health Plan Survey Database Chartbook |
| Deviations: | N/A |

| Measure 3.B.2 | Average Rating of Health Care |
|--------------------------------|---|
| Definition: | Percentage of Success Life360 HOME beneficiary responses with favorable ratings for overall health care received in the last 6 months |
| Numerator: | Count of Success Life360 HOME beneficiary responses with ratings of 8, 9, or 10 (i.e., favorable) for overall health care received in the last 6 months |
| Denominator: | Count of Success Life360 HOME beneficiary respondents who answered the survey question |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to survey population definition |
| Data Source(s): | Survey-based assessment of beneficiary experiences |
| Measure Steward(s): | CAHPS Health Plan Survey v5.1 |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | Comparison of answer frequency categories (low is a response of 0–7 and high is a response of 8–10), case-mix adjustment |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | CAHPS Health Plan Survey Database Chartbook |
| Deviations: | N/A |

| Measure 3.B.3 | Average Rating of Primary Care Provider (PCP) |
|---------------------|--|
| Definition: | Percentage of Success Life360 HOME beneficiary responses with favorable ratings for personal doctor seen in the last 6 months |
| Numerator: | Count of Success Life360 HOME beneficiary responses with ratings of 8, 9, or 10 (i.e., favorable) for best personal doctor seen in the last 6 months |
| Denominator: | Count of Success Life360 HOME beneficiary respondents who answered the survey question and indicated they have a personal doctor |

| | |
|--------------------------------|--|
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to survey population definition |
| Data Source(s): | Survey-based assessment of beneficiary experiences |
| Measure Steward(s): | CAHPS Health Plan Survey v5.1 |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | Comparison of answer frequency categories (low is a response of 0–7 and high is a response of 8–10), case-mix adjustment |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | CAHPS Health Plan Survey Database Chartbook |
| Deviations: | N/A |

| Measure 3.B.4 | Average Rating of Specialist |
|--------------------------------|---|
| Definition: | Percentage of Success Life360 HOME beneficiary responses with favorable ratings for a specialist the beneficiary saw the most in the last 6 months |
| Numerator: | Count of Success Life360 HOME beneficiary responses with ratings of 8, 9, or 10 (i.e., favorable) for best specialist the beneficiary saw the most in the last 6 months |
| Denominator: | Count of Success Life360 HOME beneficiary respondents who answered the survey question and indicated they have seen at least one specialist |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to survey population definition |
| Data Source(s): | Survey-based assessment of beneficiary experiences |
| Measure Steward(s): | CAHPS Health Plan Survey v5.1 |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | Comparison of answer frequency categories (low is a response of 0–7 and high is a response of 8–10), case-mix adjustment |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | CAHPS Health Plan Survey Database Chartbook |

| | |
|-------------|-----|
| Deviations: | N/A |
|-------------|-----|

| Measure 3.B.5 | Average Rating of Life360 Services |
|-------------------------|--|
| Definition: | Percentage of Success Life360 HOME beneficiary responses with favorable ratings in the ability of Success Life360 services to effectively address and mitigate identified HRSN needs |
| Numerator: | Count of Success Life360 HOME beneficiary responses with ratings of 8, 9, or 10 (i.e., favorable) for best Success Life360 HOME services. |
| Denominator: | Count of Success Life360 HOME beneficiary respondents who answered the survey question |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to survey population definition |
| Data Source(s): | Survey-based assessment of beneficiary experiences |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | N/A |
| Comparison Method(s): | Annual Tables |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | CAHPS Health Plan Survey Database Chartbook |
| Deviations: | N/A |

Hypothesis 3.C. ARHOME beneficiaries most at risk for long-term poverty who receive services from a Success Life360 HOME will have lower non-emergent use of emergency department services.

| Measure 3.C.1 | Non-Emergent Emergency Department (ED) Visits |
|---------------|--|
| Definition: | Non-Emergent ED visits as a percentage of all classified ED visits using the New York University (NYU) ED algorithm for Success Life360 HOME beneficiaries |
| Numerator: | Count of non-emergent ED visits for Success Life360 HOME beneficiaries |
| Denominator: | Count of total ED visits classified by the NYU algorithm for Success Life360 HOME beneficiaries |

| | |
|-------------------------|---|
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NYU ED Algorithm |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | <ul style="list-style-type: none"> • IPTW / CEM, beneficiary-level weighted regression model • ITS / Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, race/ethnicity, geography, etc.) |
| National Benchmark: | N/A |
| Deviations: | Paid claims only |

| Measure 3.C.2 | Emergent Emergency Department (ED) Visits |
|-------------------------|---|
| Definition: | Emergent ED Visits as a percentage of all classified ED visits using the NYU ED algorithm for Success Life360 HOME beneficiaries |
| Numerator: | Count of emergent ED visits for Success Life360 HOME beneficiaries |
| Denominator: | Count of total ED visits classified by the NYU algorithm for Success Life360 HOME beneficiaries |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NYU ED Algorithm |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | <ul style="list-style-type: none"> • IPTW / CEM, beneficiary-level weighted regression model • ITS / Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, race/ethnicity, geography, etc.) |
| National Benchmark: | N/A |
| Deviations: | Paid claims only |

Hypothesis 3.D. ARHOME beneficiaries most at risk for long - term poverty who receive services from a Success Life360 HOME will have lower use of potentially preventable emergency department services and lower incidence of preventable hospital admissions and re-admissions.

| Measure 3.D.1 | Preventable Emergency Department (ED) Visits |
|-------------------------|---|
| Definition: | Percentage of emergency visits classified as preventable by the NYU ED algorithm for Success Life360 HOME beneficiaries |
| Numerator: | Count of emergency department visits classified as preventable/avoidable for Success Life360 HOME beneficiaries |
| Denominator: | Count of total emergency department visits classified as preventable/avoidable and not preventable/avoidable (equals all visits that are emergent, ED care needed) for Success Life360 HOME beneficiaries |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NYU ED Algorithm |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | <ul style="list-style-type: none"> • IPTW / CEM, beneficiary-level weighted regression model • ITS / Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, race/ethnicity, geography, etc.) |
| National Benchmark: | N/A |
| Deviations: | Paid claims only |

| Measure 3.D.2 | PCR-AD Plan All-Cause Readmissions |
|---------------|---|
| Definition: | Count of acute inpatient stays for Success Life360 HOME beneficiaries during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. |
| Numerator: | Count of acute readmissions for any diagnosis within 30 days of the Index Discharge Date for Success Life360 HOME beneficiaries. Exclude admissions with a principal diagnosis of pregnancy, a condition originating in the perinatal period, or planned admissions |

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| Denominator: | Count of total acute inpatient discharges for Success Life360 HOME beneficiaries who had one or more discharges on or between January 1 and December 1 of the measurement year |
| Exclusion Criteria: | Success Life360 HOME beneficiaries with hospital stays where the Index Admission Date is the same as the Index Discharge Date, where the beneficiary died during the stay, or with a principal diagnosis of pregnancy or a condition originating in the perinatal period |
| Continuous Enrollment: | 365 days prior to the Index Discharge Date through 30 days after the Index Discharge Date. No more than 1 gap of 45 days or 1 month. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA (PCR-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | <ul style="list-style-type: none"> • IPTW / CEM, beneficiary-level weighted regression model • ITS / Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, race/ethnicity, geography, etc.) |
| National Benchmark: | NCQA national averages available |
| Deviations: | Paid claims only |

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| Measure 3.D.3 | FMC Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions |
| Definition: | Percentage of ED visits during the measurement year for Success Life360 HOMs beneficiaries who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit |
| Numerator: | Count of Success Life360 HOME beneficiaries who have 2 or more chronic conditions diagnosed prior to the ED visit during the measurement year and had a follow-up service within 7 days of the ED visit |
| Denominator: | Count of Success Life360 HOME beneficiaries who have 2 or more chronic conditions diagnosed prior to the ED visit during the measurement year |
| Exclusion Criteria: | Success Life360 HOME beneficiaries in hospice or using hospice services during the measurement year |
| Continuous Enrollment: | No more than one gap in enrollment of up to 45 days during the 365 days prior to the ED visit and no gap during the 7 days following the ED visit. |

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| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA – FMC |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | NCQA national averages available |
| Deviations: | Paid claims only |

Hypothesis 3.E. ARHOME beneficiaries most at risk for long-term poverty who receive services from a Success Life360 HOME will receive better quality of care.

| Measure 3.E.1 | IET Initiation and Engagement of Substance Use Disorder Treatment |
|------------------------|---|
| Definition: | Percentage of Success Life360 HOME beneficiaries with a new episode of substance use disorder: <ul style="list-style-type: none"> Total rate of Initiation of SUD treatment Total rate of Engagement of SUD treatment |
| Numerator: | <ul style="list-style-type: none"> Count of Success Life360 HOME beneficiaries with initiation of SUD treatment within 14 days of the SUD episode date – definition depends on whether the SUD Episode was an inpatient discharge or not. Count of Success Life360 HOME beneficiaries with engagement of SUD treatment within 34 days after initiation: Identify all beneficiaries compliant for the initiation of SUD treatment numerator that have evidence of treatment– definition depends on whether the treatment was initiated via an inpatient admission. |
| Denominator: | Count of Success Life360 HOME beneficiaries as of Dec 31 of the measurement year with continuous enrollment being 194 days prior to the SUD Episode Date through 47 days after the SUD Episode Date (242 total days). |
| Exclusion Criteria: | <ul style="list-style-type: none"> Exclude Success Life360 HOME beneficiaries from the denominator for both indicators (Initiation of SUD Treatment and Engagement of SUD Treatment) if the initiation of treatment event is an inpatient stay with a discharge date after November 27 of the measurement year. Beneficiaries in hospice or using hospice services anytime during the measurement year. Beneficiaries with any SUD diagnosis history or SUD medication history in the 194-day period before the index date. |
| Continuous Enrollment: | No allowable gaps in the continuous enrollment period |

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| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA (IET-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | NCQA national averages available |
| Deviations: | Paid claims only |

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| Measure 3.E.2 | AMM Antidepressant Medication Management |
| Definition: | Percentage of Success Life360 HOME beneficiaries who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment |
| Numerator: | Two rates: <ul style="list-style-type: none"> Effective Acute Phase Treatment – count of Success Life360 HOME beneficiaries with at least 84 days of treatment with antidepressant medication beginning on the Index Prescription Start Date (IPSD) through 114 days after the IPSD. Allowable gaps total up to 31 days. Effective continuation phase treatment – count of Success Life360 HOME beneficiaries with at least 180 days of treatment with antidepressant medication beginning on the IPSD through 231 days after IPSD. Allowable gaps total up to 52 days |
| Denominator: | Count of Success Life360 HOME beneficiaries as of April 30 of the measurement year with continuous enrollment of 105 days prior to the IPSD through 231 days after the IPSD |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | No more than 1 gap in continuous enrollment of up to 45 days or 1 month during the measurement year and the year prior to the measurement year. Anchor date: IPSD |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA –AMM-AD in Medicaid Adult Core Set |

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| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means, results reported at two rates with subpopulation analyses (sex, age, race/ethnicity, geography, etc.) |
| National Benchmark: | Medicaid Adult Core Set and HEDIS Medicaid national rates |
| Deviation(s): | Minimum age adjusted to 19, and maximum age adjusted to 30. Paid claims only. |

| Measure 3.E.3 | FUH-AD Follow-Up After Hospitalization for Mental Illness |
|--------------------------------|---|
| Definition: | <p>Percentage of discharges for Success Life360 HOME beneficiaries who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm and who had a follow-up visit with a mental health practitioner. Two rates are reported:</p> <ul style="list-style-type: none"> Percentage of discharges for which the Success Life360 HOME beneficiaries received follow-up within 30 days of discharge Percentage of discharges for which the Success Life360 HOME beneficiaries received follow-up within 7 days of discharge |
| Numerator: | Count of follow-up visits for Success Life360 HOME beneficiaries with a mental health practitioner within (30 or 7) days after discharge. Do not include visits that occur on the date of discharge |
| Denominator: | Count of acute inpatient discharges for Success Life360 HOME beneficiaries with a principal diagnosis of mental illness or intentional self-harm during the measurement year |
| Exclusion Criteria: | Success Life360 HOME beneficiaries in hospice or using hospice services during the measurement year |
| Continuous Enrollment: | Date of discharge through 30 days after discharge. No allowable gaps |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA (FUH-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, race/ethnicity, geography, etc.) |
| National Benchmark: | NCQA national averages available |

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| Deviations: | Paid claims only |
| Measure 3.E.4 | SAA-AD Adherence to Antipsychotics for Beneficiaries with Schizophrenia |
| Definition: | Percentage of Success Life360 HOME beneficiaries with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period during the measurement year |
| Numerator: | Count of Success Life360 HOME beneficiaries who achieved a proportion of days covered (PDC) of at least 80% for their antipsychotic medications during the measurement year |
| Denominator: | Count of Success Life360 HOME beneficiaries with at least one acute inpatient encounter with any diagnosis of schizophrenia or schizoaffective disorder, or at least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or non-acute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or schizoaffective disorder |
| Exclusion Criteria: | Success Life360 HOME beneficiaries in hospice or using hospice services during the measurement year; beneficiaries with a diagnosis of dementia, or who did not have at least two antipsychotic medication dispensing events, during the measurement year |
| Continuous Enrollment: | The measurement year. No more than one gap in enrollment of up to 45 days or 1 month during each year of continuous enrollment. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA (SAA-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | NCQA national averages available |
| Deviations: | Paid claims only |
| Measure 3.E.5 | SSD-AD Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications |

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| Definition: | Percentage of Success Life360 HOME beneficiaries with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year |
| Numerator: | Count of glucose tests or an HbA1c tests performed during the measurement year for Success Life360 HOME beneficiaries with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication, as defined by claim/encounter or automated laboratory data |
| Denominator: | Count of Success Life360 HOME beneficiaries as of Dec 31 of the measurement year with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication |
| Exclusion Criteria: | Success Life360 HOME beneficiaries with hospice care or using hospice service at any time during the measurement year |
| Continuous Enrollment: | No more than 1 gap in continuous enrollment of up to 45 days or 1 month during the measurement year and the year prior to the measurement year. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA (SSD-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | NCQA national averages available |
| Deviations: | Paid claims only |

| Measure 3.E.6 | OHD-AD Use of Opioids at High Dosage in Persons Without Cancer |
|-------------------------------|---|
| Definition: | Percentage of Success Life360 HOME beneficiaries who received prescriptions for opioids with an average daily dosage greater than or equal to 90 milligram equivalents (MME) over a period of 90 days or more |
| Numerator: | Count of Success Life360 HOME beneficiaries who received prescriptions for opioids with an average daily dosage \geq 90 MMEs during the opioid episode |
| Denominator: | Count of Success Life360 HOME beneficiaries as of Dec 31 of the measurement year who received prescriptions for opioids |
| Exclusion Criteria: | Success Life360 HOME beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |

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| Measure Steward(s): | PQA (OHD-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | NCQA national averages available |
| Deviations: | Paid claims only |

| Measure 3.E.7 | COB-AD Concurrent Use of Opioids and Benzodiazepines |
|--------------------------------|---|
| Definition: | Percentage of Success Life360 HOME beneficiaries with concurrent use of prescription opioids and benzodiazepines |
| Numerator: | Count of Success Life360 HOME beneficiaries in the denominator with <ul style="list-style-type: none"> Two or more prescription claims for any benzodiazepine with different dates of service, AND Concurrent use of opioids and benzodiazepines for 30 or more cumulative days |
| Denominator: | Count of Success Life360 HOME beneficiaries as of Dec 31 of the measurement year with 2 or more prescription claims for opioid medications on different dates of service and with a cumulative days' supply of 15 or more days during the measurement year |
| Exclusion Criteria: | Success Life360 HOME beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | PQA (COB-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, age, race/ethnicity, geography, etc.) |
| National Benchmark: | N/A |
| Deviations: | Paid claims only |

| Measure 3.E.8 | POD-AD Use of Pharmacotherapy for Opioid Use Disorder |
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| Definition: | Percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among Success Life360 HOME beneficiaries with a diagnosis of OUD |
| Numerator: | Count of new OUD pharmacotherapy events with OUD pharmacotherapy for 180 days or more days without a gap in treatment of 8 or more consecutive days for Success Life360 HOME beneficiaries |
| Denominator: | Count of Success Life360 HOME beneficiaries as of Dec 31 of the measurement year with a diagnosis of OUD |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | No allowable gaps in the continuous enrollment period. Continuous enrollment period is defined as 31 days prior to the treatment period start date through 179 days after the treatment period start date (211 total days) |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA (POD-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, race/ethnicity, geography, etc.) |
| National Benchmark: | N/A |
| Deviations: | Minimum age adjusted to 19. Paid claims only |

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| Measure 3.E.9 | FUA-AD Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence |
| Definition: | Percentage of emergency department (ED) visits for Success Life360 HOME beneficiaries with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow-up visit for AOD abuse or dependence |
| Numerator: | <ul style="list-style-type: none"> 30-day follow-up – count of follow-up visits with any practitioner, for Success Life360 HOME beneficiaries with a principal diagnosis of AOD abuse or dependence within 30 days after the ED visit. Include visits that occur on the date of the ED visit 7-day follow-up – count of follow-up visits with any practitioner, for Success Life360 HOME beneficiaries with a principal diagnosis of AOD abuse or dependence within 7 days after the ED visit. Include visits that occur on the date of the ED visit |
| Denominator: | Count of ED visits for Success Life360 HOME beneficiaries with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence as of the ED visit with continuous enrollment from the date of ED visit through 30 days after the ED visit |

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| Exclusion Criteria: | Success Life360 HOME beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care |
| Continuous Enrollment: | No allowable gap in coverage during continuous enrollment period |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA (FUA-AD in Medicaid Adult Core Set) |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, age, race/ethnicity, geography, etc.) |
| National Benchmark: | N/A |
| Deviations: | Paid claims only |

| Measure 3.E.10 | FUM-AD Follow-Up After Emergency Department Visit for Mental Illness |
|-------------------------------|--|
| Definition: | Percentage of emergency department (ED) visits for Success Life360 HOME beneficiaries with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness |
| Numerator: | <ul style="list-style-type: none"> 30-day follow-up – count of follow-up visits for Success Life360 HOME beneficiaries with a principal diagnosis of mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of mental health disorder within 30 days after the ED visit. Include visits that occur on the date of the ED visit 7-day follow-up – count of follow-up visits for Success Life360 HOME beneficiaries with a principal diagnosis of mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of mental health disorder within 7 days after the ED visit. Include visits that occur on the date of the ED visit |
| Denominator: | Count of ED visits for Success Life360 HOME beneficiaries with a principal diagnosis of mental illness or intentional self-harm as of the date of ED visit with continuous enrollment from date of the ED visit through 30 days after the ED visit |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | No allowable gap in coverage during continuous enrollment period |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA (FUM-AD in Medicaid Adult Core Set) |

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| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, age, race/ethnicity, geography, etc.) |
| National Benchmark: | N/A |
| Deviations: | Paid claims only |

| Measure 3.E.11 | MPM Annual Monitoring for Patients on Persistent Medications |
|--------------------------------|---|
| Definition: | <p>Percentage of Success Life360 HOME beneficiaries who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. Each of the two rates reported separately and as a total rate.</p> <ul style="list-style-type: none"> • Annual monitoring for beneficiaries on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB) • Annual monitoring for beneficiaries on diuretics • Total rate |
| Numerator: | Count of Success Life360 HOME beneficiaries with at least one serum potassium and a serum creatinine therapeutic monitoring test in the measurement year |
| Denominator: | Count of Success Life360 HOME beneficiaries on persistent medications (i.e., beneficiaries who received at least 180 treatment days of ambulatory medication in the measurement year) |
| Exclusion Criteria: | Success Life360 HOME beneficiaries with hospice care |
| Continuous Enrollment: | No more than 1 gap in continuous enrollment of up to 45 days or 1 month during each measurement year. Anchor date: December 31 of the measurement year. |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | NCQA – MPM-AD in Medicaid Adult Core Set |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | Paid claims only |

| Measure 3.E.12 | Mortality Rates |
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| Definition: | Count of deaths of Success Life360 HOME beneficiaries per 100,000 during the measurement year |
| Numerator: | Count of deaths of Success Life360 HOME beneficiaries during the measurement year |
| Denominator: | Count of Success Life360 beneficiaries on January 1 st of the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Eligibility and enrollment data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Group: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

Hypothesis 3.F. Young ARHOME beneficiaries most at risk for long-term poverty who receive services from a Success Life360 HOME will be more successful in living in their community compared to similar ARHOME beneficiaries in areas without a Success Life360 HOME.

| Measure 3.F.1 | Income – Average Household Income |
|-------------------------------|---|
| Definition: | Average Success Life360 HOME beneficiary household income |
| Numerator: | Success Life360 HOME beneficiary household income during the measurement year |
| Denominator: | Count of Success Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Statewide Longitudinal Data System (SLDS) |
| Measure Steward(s): | DMS Homegrown |

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| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 3.F.2 | Income Increase |
|--------------------------------|--|
| Definition: | Percentage change in income for Success Life360 HOME beneficiaries |
| Numerator: | Difference in income at the end of the measurement year compared to income at the end of the prior year for Success Life360 HOME beneficiaries |
| Denominator: | Income at the end of the prior year for Success Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Statewide Longitudinal Data System (SLDS) |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 3.F.3 | Employment – Unemployment Rate (%) Annual Averages |
|---------------------|--|
| Definition: | Unemployment rate for Success Life360 HOME beneficiaries |
| Numerator: | Count of unemployed Success Life360 HOME beneficiaries during the measurement year |
| Denominator: | Count of Success Life360 HOME beneficiaries during the measurement year |

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| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | Statewide Longitudinal Data System (SLDS) |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 3.F.4 | Educational Attainment – High School Completion and Some College Rate |
|-------------------------|---|
| Definition: | Percentage of residents in Success Life360 HOME counties with high school completion and some college |
| Numerator: | Count of residents in Success Life360 counties with high school completion and some college during the measurement year |
| Denominator: | Count of residents in Success Life360 HOME counties during the measurement year with available educational attainment information |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | American Community Survey (ACS) |
| Measure Steward(s): | American Community Survey (ACS) |
| Comparison Population: | Similar residents in counties w/o Success Life360 HOME |
| Comparison Method(s): | Annual table |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | ACS national averages available |
| Deviations: | N/A |

| Measure 3.F.5 | Participated in Employment, Employment Training, or Post-Secondary Education |
|-------------------------|--|
| Definition: | Percentage of Success Life360 HOME beneficiaries who participated in employment, employment training, or post-secondary education |
| Numerator: | Count of Success Life360 HOME beneficiaries who indicate participation in employment, employment training, or post-secondary education during the measurement year |
| Denominator: | Count of Success Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Statewide Longitudinal Data System (SLDS) |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 3.F.6 | Housing Security/Affordability - $\geq 30\%$ of Income |
|------------------------|--|
| Definition: | Percentage of residents in Success Life360 HOME counties who spend 30% or more of their household income on housing |
| Numerator: | Count of residents in Success Life360 HOME counties who spend 30% or more of their household income on housing during the measurement year |
| Denominator: | Count of residents in Success Life360 HOME counties during the measurement year with available income and housing information |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | American Community Survey (ACS) |

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| Measure Steward(s): | American Community Survey (ACS) |
| Comparison Population: | Similar residents in counties w/o Success Life360 HOME |
| Comparison Method(s): | Annual table |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | ACS national averages available |
| Deviations: | N/A |

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| Measure 3.F.7 | Housing Security/Affordability - Severe Housing Burden |
| Definition: | Percentage of residents in Success Life360 HOME counties with high housing costs, with overcrowding, and lack of kitchen/plumbing facilities |
| Numerator: | Count of residents in Success Life360 HOME counties with high housing costs, with overcrowding, and lack of kitchen/plumbing facilities during the measurement year |
| Denominator: | Count of residents in Success Life360 HOME counties during the measurement year with available income, housing, and utilities information |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | American Community Survey (ACS) |
| Measure Steward(s): | American Community Survey (ACS) |
| Comparison Population: | Similar residents in counties w/o Success Life360 HOME |
| Comparison Method(s): | Annual table |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | ACS national averages available |
| Deviations: | N/A |

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| Measure 3.F.8 | Food Security - Food Insecurity Rate (2020) |
| Definition: | Food insecurity rate among residents in Success Life360 HOME counties modeled on the following county characteristics: unemployment rate, poverty rate, median income, percent |

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| | Hispanic, percent African American, percent of residents who are homeowners, and percent of residents who report a disability. |
| Numerator: | Refer to methods in the technical brief, Map the Meal Gap 2022 |
| Denominator: | Refer to methods in the technical brief, Map the Meal Gap 2022 |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | Feeding America (Map the Meal Gap) |
| Measure Steward(s): | Feeding America (Map the Meal Gap) |
| Comparison Population: | Similar residents in counties w/o Success Life360 HOME |
| Comparison Method(s): | Annual table |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | Map the Meal Gap national averages available |
| Deviations: | N/A |

| Measure 3.F.9 | Food Security - % Low Income & Low Access to Store / % No Car & Low Access to Store (2015) |
|------------------------|---|
| Definition: | Food security based on the percentage of residents in Success Life360 HOME counties with low income and low access to stores and percentage of residents with no car and low access to stores |
| Numerator: | <ul style="list-style-type: none"> Count of residents in Success Life360 HOME counties with low income and living more than 1 mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area. Count of housing units in the Success Life360 HOME county without a car and more than 1 miles from a supermarket or large grocery store |
| Denominator: | <ul style="list-style-type: none"> Residents in Success Life360 HOME counties with low income Housing units in Success Life360 HOME counties |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | Food Environment Atlas, USDA |
| Measure Steward(s): | Food Environment Atlas, USDA |

| | |
|--------------------------------|---|
| Comparison Population: | Similar residents in counties w/o Success Life360 HOME |
| Comparison Method(s): | Annual table |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | Food Environment Atlas national averages available |
| Deviations: | N/A |

| Measure 3.F.10 | Safety - Suicides, Injuries, Homicides, Firearm Fatalities |
|--------------------------------|--|
| Definition: | Percentage of residents in Success Life360 HOME counties with deaths from suicides, injuries, homicides, or firearm fatalities |
| Numerator: | Count of residents in Success Life360 HOME counties with a cause of death listed as suicide, injury, homicide, or firearm fatality during the measurement year |
| Denominator: | Count of residents in Success Life360 HOME counties during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | National Vital Statistics System (NVSS) |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar residents in counties w/o Success Life360 HOME |
| Comparison Method(s): | Annual table |
| Statistic to Be Tested: | Descriptive with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 3.F.11 | Receipt of Educational, Employment, or Other Social Services |
|--------------------|--|
| Definition: | Percentage of Success Life360 HOME beneficiaries receiving educational, employment, or other social services |
| Numerator: | Count of Success Life360 HOME beneficiaries receiving educational, employment, or other social services |

| | |
|--------------------------------|---|
| Denominator: | Count of Success Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative, Statewide Longitudinal Data System (SLDS) |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 3.F.12 | Criminal Justice System Avoidance |
|-------------------------------|--|
| Definition: | Percentage of Success Life360 HOME beneficiaries that did not have an interaction with the criminal justice system during the measurement year |
| Numerator: | Count of Success Life360 HOME beneficiaries that did not have an interaction with the criminal justice system during the measurement year |
| Denominator: | Count of Success Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Arkansas Department of Corrections and Division of Youth Services |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |

| | |
|--------------------------------|---------------------------|
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

Hypothesis 3.G. Total average health care costs for Success Life360 HOME participants will be less compared to similar ARHOME beneficiaries in areas without a Life360 HOME.

| Measure 3.G.1 | Total Medicaid Spend |
|--------------------------------|--|
| Definition: | Total Medicaid spend per Success Life360 HOME beneficiary |
| Numerator: | Total Medicaid spend - Inpatient/outpatient/emergency/ pharmacy spend for Success Life360 HOME beneficiaries |
| Denominator: | Count of Success Life360 HOME beneficiaries |
| Exclusion Criteria: | Hospice claims |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | North Carolina Department of Health and Human Services - Enhanced Case Management and Other Services Pilots Evaluation Design |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | <ul style="list-style-type: none">• IPTW / CEM, beneficiary-level weighted regression model• ITS / Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 3.G.2 | Emergency Department (ED) Costs |
|---------------------|--|
| Definition: | Total Medicaid spend on ED visits per Success Life360 HOME beneficiary |
| Numerator: | Total Medicaid spend on ED visits for Success Life360 HOME beneficiaries |
| Denominator: | Count of Success Life360 HOME beneficiaries |

| | |
|-------------------------|--|
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | <ul style="list-style-type: none">• IPTW / CEM, beneficiary-level weighted regression model• ITS / Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 3.G.3 | Hospitalization Costs |
|-------------------------|--|
| Definition: | Total Medicaid spend on Inpatient hospitalizations (including psychiatric care) per Success Life360 HOME beneficiary |
| Numerator: | Total Medicaid spend on inpatient hospitalizations for Success Life360 HOME beneficiaries |
| Denominator: | Count of Success Life360 HOME beneficiaries |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Administrative Claims |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | <ul style="list-style-type: none">• IPTW / CEM, beneficiary-level weighted regression model• ITS / Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

Hypothesis 3.H. Success Life360 HOME beneficiaries will be screened for unmet HRSN and receive a corresponding intervention if they screened positive.

| Measure 3.H.1 | SNS-E Food Screening |
|-------------------------|---|
| Definition: | Percentage of Success Life360 HOME beneficiaries who were screened for food insecurity |
| Numerator: | Count of Success Life360 HOME beneficiaries screened for a food insecurity such as uncertain, limited, or unstable access to food that is: adequate in quantity and in nutritional quality; culturally acceptable; safe and acquired in socially acceptable ways. |
| Denominator: | Count of Success Life360 HOME beneficiaries |
| Exclusion Criteria: | Less than 18 years old or older than 65 years old |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Success Life360 HOME HRSN Screening Data and Referrals |
| Measure Steward(s): | NCQA Social Need Screening & Intervention (SNS-E) |
| Comparison Population: | N/A |
| Comparison Method(s): | Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | NCQA National averages available |
| Deviations: | N/A |

| Measure 3.H.2 | SNS-E Food Intervention |
|------------------------|---|
| Definition: | Percentage of Success Life360 HOME beneficiaries who received a corresponding intervention within 1 month of screening positive for food insecurity. |
| Numerator: | Count of Success Life360 HOME beneficiaries that screened positive for a food insecurity who received a corresponding intervention within 1 month of identification |
| Denominator: | Count of Success Life360 HOME beneficiaries who screened positive for a food insecurity |
| Exclusion Criteria: | Less than 18 years old or older than 65 years old |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Success Life360 HOME HRSN Screening Data and Referrals |

| | |
|--------------------------------|---|
| Measure Steward(s): | NCQA Social Need Screening & Intervention (SNS-E) |
| Comparison Population: | N/A |
| Comparison Method(s): | Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | NCQA National averages available |
| Deviations: | N/A |

| Measure 3.H.3 | SNS-E Housing Screening |
|--------------------------------|--|
| Definition: | Percentage of Success Life360 HOME beneficiaries who were screened for housing instability, homelessness, or housing inadequacy. |
| Numerator: | Count of Success Life360 HOME beneficiaries that screened for a housing insecurity such as for housing instability, homelessness, or housing inadequacy. |
| Denominator: | Count of Success Life360 HOME beneficiaries |
| Exclusion Criteria: | Less than 18 years old or older than 65 years old |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Success Life360 HOME HRSN Screening Data and Referrals |
| Measure Steward(s): | NCQA Social Need Screening & Intervention (SNS-E) |
| Comparison Population: | N/A |
| Comparison Method(s): | Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | NCQA National averages available |
| Deviations: | N/A |

| Measure 3.H.4 | SNS-E Housing Intervention |
|--------------------|---|
| Definition: | Percentage of Success Life360 HOME beneficiaries who received a corresponding intervention within 1 month of screening positive for housing instability, homelessness, or housing inadequacy. |

| | |
|--------------------------------|--|
| Numerator: | Count of Success Life360 HOME beneficiaries that screened positive for a housing insecurity who received a corresponding intervention within 1 month of identification |
| Denominator: | Count of Success Life360 HOME beneficiaries who screened positive for a housing insecurity |
| Exclusion Criteria: | Less than 18 years old or older than 65 years old |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Success Life360 HOME HRSN Screening Data and Referrals |
| Measure Steward(s): | NCQA Social Need Screening & Intervention (SNS-E) |
| Comparison Population: | N/A |
| Comparison Method(s): | Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | NCQA National averages available |
| Deviations: | N/A |

| Measure 3.H.5 | SNS-E Transportation Screening |
|-------------------------------|---|
| Definition: | Percentage of Success Life360 HOME beneficiaries who were screened for transportation insecurity. |
| Numerator: | Count of Success Life360 HOME beneficiaries who were screened for uncertain, limited or no access to safe, reliable, accessible, affordable, and socially acceptable transportation infrastructure and modalities necessary for maintaining one's health, well-being or livelihood. |
| Denominator: | Count of Success Life360 HOME beneficiaries |
| Exclusion Criteria: | Less than 18 years old or older than 65 years old |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Success Life360 HOME HRSN Screening Data and Referrals |
| Measure Steward(s): | NCQA Social Need Screening & Intervention (SNS-E) |
| Comparison Population: | N/A |
| Comparison Method(s): | Pre-Post DiD |

| | |
|--------------------------------|---|
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | NCQA National averages available |
| Deviations: | N/A |

| Measure 3.H.6 | SNS-E Transportation Intervention |
|--------------------------------|---|
| Definition: | Percentage of Success Life360 HOME beneficiaries who received a corresponding intervention within 1 month of screening positive for transportation insecurity. |
| Numerator: | Count of Success Life360 HOME beneficiaries that screened positive for a transportation insecurity who received a corresponding intervention within 1 month of identification |
| Denominator: | Count of Success Life360 HOME beneficiaries who screened positive for a transportation insecurity |
| Exclusion Criteria: | Less than 18 years old or older than 65 years old |
| Continuous Enrollment: | Refer to population definition |
| Data Source(s): | Success Life360 HOME HRSN Screening Data and Referrals |
| Measure Steward(s): | NCQA Social Need Screening & Intervention (SNS-E) |
| Comparison Population: | N/A |
| Comparison Method(s): | Pre-Post DiD |
| Statistic to Be Tested: | Difference in group means with subpopulation analyses (sex, age, race/ethnicity, geography, etc.); Chi-square |
| National Benchmark: | NCQA National averages available |
| Deviations: | N/A |

| Measure 3.H.7 | Prior Screening of HRSN Needs |
|---------------------|--|
| Definition: | Percentage of Success Life360 HOME beneficiaries that were ever screened for HRSN needs prior to enrollment |
| Numerator: | Count of Success Life360 HOME beneficiaries in the measurement year that were ever screened for HRSN needs prior to enrollment |
| Denominator: | Count of Success Life360 HOME beneficiaries during the measurement year |

| | |
|--------------------------------|------------------------------|
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | Life360 Case Management Data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Group: | N/A |
| Comparison Method(s): | Annual tables |
| Statistic to Be Tested: | Descriptive; Chi-square |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 3.H.8 | Prior Utilization of HRSN related Services |
|--------------------------------|--|
| Definition: | Percentage of Success Life360 HOME beneficiaries that had ever utilized HRSN services prior to enrollment |
| Numerator: | Count of Success Life360 HOME beneficiaries in the measurement year that has ever utilized HRSN services prior to enrollment |
| Denominator: | Count of Success Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | Life360 Case Management Data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Group: | N/A |
| Comparison Method(s): | Annual tables |
| Statistic to Be Tested: | Descriptive; Chi-square |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 3.H.9 | Supplemental Nutrition Assistance Program (SNAP/WIC) Enrollment |
|-------------------------|--|
| Definition: | Percentage of Success Life360 HOME beneficiaries who were enrolled in SNAP/WIC during the measurement year |
| Numerator: | Count of Success Life360 HOME beneficiaries who were enrolled in SNAP/WIC during the measurement year |
| Denominator: | Count of Success Life360 HOME beneficiaries during the measurement year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | SNAP/WIC data |
| Measure Steward(s): | DMS Homegrown |
| Comparison Group: | Similar beneficiaries in counties w/o Success Life360 HOME |
| Comparison Method(s): | IPTW/CEM, beneficiary-level weighted regression model |
| Statistic to Be Tested: | Difference in group means |
| National Benchmark: | N/A |
| Deviations: | N/A |

Goal 4. Life360 HOME costs and efforts will meet or exceed program expectations.

Hypothesis 4.A. Costs of the Life360 HOME program will be commensurate with the program goals and objectives and controlled prudently.

| Measure 4.A.1 | Life360 HOME Administrative Costs |
|------------------------|--|
| Definition: | Cost of contracts or contract amendments and staff time equivalents required to administer Life360 HOME Amendment policies, including premium collection, healthy behavior incentives, premium assistance, and/or retroactive eligibility waivers. |
| Numerator: | N/A |
| Denominator: | N/A |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |

| | |
|-------------------------|---|
| Data Source(s): | CMS-64 Reports and DMS administrative data |
| Measure Steward(s): | Mathematica Metric AD_45 |
| Comparison Population: | N/A |
| Comparison Method(s): | Annual Tables |
| Statistic to Be Tested: | Descriptive with subpopulation analyses; Chi-square |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 4.A.2 | Life360 HOME Infrastructure Costs |
|-------------------------|---|
| Definition: | Total infrastructure cost per Life360 HOME beneficiary enrolled |
| Numerator: | Count of total infrastructure expenditures related to the provision of Life360 HOME HRSN services |
| Denominator: | Count of total Life360 HOME beneficiaries |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | CMS-64 Reports and DMS administrative data |
| Measure Steward(s): | N/A |
| Comparison Population: | N/A |
| Comparison Method(s): | Annual Tables |
| Statistic to Be Tested: | Descriptive with subpopulation analyses; Chi-square |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 4.A.3 | Life360 HOME Services Costs |
|---------------|-----------------------------|
|---------------|-----------------------------|

| | |
|--------------------------------|---|
| Definition: | Total services cost per Life360 HOME beneficiary enrolled |
| Numerator: | Count of total services expenditures related to the provision of Life360 HOME HRSN services |
| Denominator: | Count of total Life360 HOME beneficiaries |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | CMS-64 Reports and DMS administrative data |
| Measure Steward(s): | N/A |
| Comparison Population: | N/A |
| Comparison Method(s): | Annual Tables |
| Statistic to Be Tested: | Descriptive with subpopulation analyses; Chi-square |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 4.A.4 | Average Time to Launch Life360 HOME |
|-------------------------------|--|
| Definition: | Timing of infrastructure expenditures related to the provision of Life360 HOME HRSN services |
| Numerator: | Time from initial infrastructure payment to launch of Life360 HOME |
| Denominator: | Count of total Life360 HOME |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | CMS-64 Reports, Life360 HOME Reports |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Stratified by type of Life360 HOME |

| | |
|-------------------------|---|
| Comparison Method(s): | Annual Tables |
| Statistic to Be Tested: | Descriptive with subpopulation analyses; Chi-square |
| National Benchmark: | N/A |
| Deviations: | N/A |

Hypothesis 4.B. Life360 HOME providers will meet or exceed the established metrics.

| Measure 4.B.1 | Life360 HOME Provider Performance |
|-------------------------|--|
| Definition: | Demonstrating beneficiary success as evidenced by meeting annual targets outlined in the Life360 provider agreement. |
| Numerator: | Count of total annual targets met by Life360 HOME |
| Denominator: | Count of total annual targets set by DMS for the Life360 HOME |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | Life360 HOME Reports |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | Stratified by type of Life360 HOME |
| Comparison Method(s): | Annual Tables |
| Statistic to Be Tested: | Descriptive with subpopulation analyses; Chi-square |
| National Benchmark: | N/A |
| Deviations: | N/A |

Hypothesis 4.C. Arkansas will maintain state funding for social service programs related to housing transition supports and nutrition supports for the duration of the demonstration.

| Measure 4.C.1 | Social Service Program Provisions Over Time |
|---------------|---|
|---------------|---|

| | |
|--------------------------------|---|
| Definition: | Maintain the level of state funding for social service programs related to housing transitions supports and nutrition supports for the duration of the amendment – percent change in funding in each measurement year as compared to the baseline year. |
| Numerator: | Difference in state funding for social service programs during the measurement year and the baseline year |
| Denominator: | State funding in the baseline year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | Maintenance of Effort under ARHOME Annual Monitoring Report |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | N/A |
| Comparison Method(s): | Annual Tables |
| Statistic to Be Tested: | Descriptive analyses |
| National Benchmark: | N/A |
| Deviations: | N/A |

Hypothesis 4.D. The Life360 HOME program will support provider financial health improvement.

| Measure 4.D.1 | Provider Financial Health Improvement |
|-------------------------------|--|
| Definition: | Life360 HOME contribution to providers' uncompensated care |
| Numerator: | N/A |
| Denominator: | N/A |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | Provider survey/focus groups |
| Measure Steward(s): | DMS Homegrown |
| Comparison Population: | N/A |

| | |
|--------------------------------|----------------------|
| Comparison Method(s): | Annual Tables |
| Statistic to Be Tested: | Descriptive analyses |
| National Benchmark: | N/A |
| Deviations: | N/A |

Hypothesis 4.E. The key entities during the start of Life360 HOME program will report on implementation activities, infrastructure development, overcoming barriers in the facilitation of Life360 HOME, and on adopted strategies that identify and provide services to beneficiaries with HRSN needs.

| Measure 4.E.1 | Key Entities |
|--------------------------------|---|
| Definition: | Description of key entities, roles, and participation in Life360 HOME |
| Numerator: | N/A |
| Denominator: | N/A |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | Provider and Key Entity Surveys and/or Interviews |
| Measure Steward(s): | DMS Homegrown |
| Comparison Group: | N/A |
| Comparison Method(s): | Annual tables in years Survey and/or Interviews were conducted |
| Statistic to Be Tested: | Descriptive analyses |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 4.E.2 | Types of HRSN Services |
|--------------------|---|
| Definition: | Description of services and supports offered to participating beneficiaries in Life360 HOME who screened positive for a HRSN need that include SNAP/WIC, housing supports, etc. |
| Numerator: | N/A |

| | |
|--------------------------------|---|
| Denominator: | N/A |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | Maintenance of Effort under ARHOME Annual Monitoring Report; Provider and Key Entity Surveys and/or Interviews |
| Measure Steward(s): | DMS Homegrown |
| Comparison Group: | N/A |
| Comparison Method(s): | Annual tables in years Survey and/or Interviews were conducted |
| Statistic to Be Tested: | Descriptive analyses |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 4.E.3 | Integration of the Amendment with Existing Programs and Infrastructure |
|--------------------------------|---|
| Definition: | Description of how new supports are integrated with and built upon current infrastructure. |
| Numerator: | N/A |
| Denominator: | N/A |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | Maintenance of Effort under ARHOME Annual Monitoring Report; Provider and Key Entity Surveys and/or Interviews |
| Measure Steward(s): | DMS Homegrown |
| Comparison Group: | N/A |
| Comparison Method(s): | Annual tables in years Survey and/or Interviews were conducted |
| Statistic to Be Tested: | Descriptive analyses |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 4.E.4 | Maintenance of Organizational Partnerships |
|-------------------------|---|
| Definition: | Description of the organizational partnerships among key entities that include health care providers, state Medicaid agencies, SSOs, etc. |
| Numerator: | N/A |
| Denominator: | N/A |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | Provider and Key Entity Surveys and/or Interviews |
| Measure Steward(s): | DMS Homegrown |
| Comparison Group: | N/A |
| Comparison Method(s): | Annual tables in years Survey and/or Interviews were conducted |
| Statistic to Be Tested: | Descriptive analyses |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 4.E.5 | Key Entity Barriers in Implementing Amendment |
|------------------------|--|
| Definition: | <p>Description of any barriers that key entities had in their roles and participation in Life360 HOME implementation activities that may include the following areas:</p> <ul style="list-style-type: none"> • Implementation of HRSN case management • Provision of HSRN services • Sharing and receiving screening results among key entities • Maintenance of organizational partnerships • Integrating Life360 HOME with existing programs and infrastructure |
| Numerator: | N/A |
| Denominator: | N/A |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |

| | |
|--------------------------------|--|
| Data Source(s): | Provider and Key Entity Surveys and/or Interviews |
| Measure Steward(s): | DMS Homegrown |
| Comparison Group: | N/A |
| Comparison Method(s): | Annual tables in years Survey and/or Interviews were conducted |
| Statistic to Be Tested: | Descriptive analyses |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 4.E.6 | Barriers in Beneficiary Outreach and Participation |
|--------------------------------|--|
| Definition: | <p>Description of barriers to participation in Life360 HOME:</p> <ul style="list-style-type: none"> • Key Entities: Description of any barriers that key entities had in providing outreach to beneficiaries with social risk factors that may be eligible for Life360 HOME • Beneficiaries: Description of any barriers in enrollment and participation in Life360 HOME services that may affect the beneficiary experience |
| Numerator: | N/A |
| Denominator: | N/A |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | Survey-based assessment of beneficiary experiences; Provider and Key Entity Surveys and/or Interviews |
| Measure Steward(s): | DMS Homegrown |
| Comparison Group: | N/A |
| Comparison Method(s): | Annual tables in years Survey and/or Interviews were conducted |
| Statistic to Be Tested: | Descriptive analyses |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 4.E.7 | Strategies Adopted to Facilitate and Reduce Barriers in Implementation |
|--------------------------------|--|
| Definition: | <p>Description of strategies adopted to reduce barriers to key entity roles and participation in Life360 HOME that may include the following areas:</p> <ul style="list-style-type: none"> • Implementation of HRSN case management • Provision of HSRN services • Sharing and receiving screening results among key entities • Maintenance of organizational partnerships • Integrating Life360 HOME with existing programs and infrastructure |
| Numerator: | N/A |
| Denominator: | N/A |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | Provider and Key Entity Surveys and/or Interviews |
| Measure Steward(s): | DMS Homegrown |
| Comparison Group: | N/A |
| Comparison Method(s): | Annual tables in years Survey and/or Interviews were conducted |
| Statistic to Be Tested: | Descriptive analyses |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 4.E.8 | Strategies Adopted to Improve Beneficiary Experience |
|-------------------------------|--|
| Definition: | <p>Description of strategies and methods used to provide outreach, identify social risk factors and HRSN needs, reducing delays in receiving services among participating Life360 HOME beneficiaries</p> |
| Numerator: | N/A |
| Denominator: | N/A |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |

| | |
|-------------------------|---|
| Data Source(s): | Survey-based assessment of beneficiary experiences; Provider and Key Entity Surveys and/or Interviews |
| Measure Steward(s): | DMS Homegrown |
| Comparison Group: | N/A |
| Comparison Method(s): | Annual tables in years Survey and/or Interviews were conducted |
| Statistic to Be Tested: | Descriptive analyses |
| National Benchmark: | N/A |
| Deviations: | N/A |

| Measure 4.E.9 | Local Availability of Social Services Over Time |
|-------------------------|---|
| Definition: | Percent change in number of social service programs related to housing transitions and nutrition supports for the duration of the amendment – percent change in each measurement year as compared to the baseline year. |
| Numerator: | Difference in number of social service programs at the end of the measurement year and the baseline year |
| Denominator: | Social service programs in the baseline year |
| Exclusion Criteria: | N/A |
| Continuous Enrollment: | N/A |
| Data Source(s): | Maintenance of Effort under ARHOME Annual Monitoring Report; DMS/stakeholder interviews |
| Measure Steward(s): | DMS Homegrown |
| Comparison Group: | N/A |
| Comparison Method(s): | Annual Tables |
| Statistic to Be Tested: | Descriptive |
| National Benchmark: | N/A |
| Deviations: | N/A |

5.5 ACRONYMS

AAP: Adults' Access to Preventive/Ambulatory Health Services

ABP: Alternative Benefit Plan

AC: Administrative Cost

ACA: Affordable Care Act

ACE: Angiotensin Converting Enzyme

ACS: American Community Survey

ACU: Acute Crisis Unit

AD: Adult

ADH: Arkansas Department of Health

AHRQ: Agency for Healthcare Research and Quality

AID: Arkansas Insurance Department

APCD: All Payer Claims Database

ARB: Angiotensin Receptor Blockers

ARHOME: Arkansas Health and Opportunity for Me

ARIES: Arkansas Integrated Eligibility System

ASCVD: Atherosclerotic Cardiovascular Disease

ATE: Average Treatment Effect

ATSDR: Agency for Toxic Substances and Disease Registry

BCS: Breast Cancer Screening

BESS: Beneficiary Engagement Satisfaction Survey

BH: Behavioral Health

BLS: U.S. Bureau of Labor Statistics

CAHPS: Consumer Assessment of Health Plan Survey

CCS: Cervical Cancer Screening

CDC: Centers for Disease Control and Prevention

CDF: Cumulative Distribution Function

CEM: Coarsened Exact Matching

CDF: Cumulative Distribution Function

CHF: Congestive Heart Failure

CHIP: Children's Health Insurance Program

CHR&R: County Health Rankings & Roadmaps

CMS: Centers for Medicare & Medicaid Services

DCFS: Division of Children and Family Services

DHHS: Department of Health and Human Services

DHS: Department of Human Services

DiD: Difference-in-Difference

DIS: Department of Information Systems

DME: Durable Medical Equipment

DMS: Division of Medical Services

DSS: Decision Support System

DY: Demonstration Year

DYS: Division of Youth Services

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|---|
| ED: Emergency Department |
| ER: Emergency Room |
| ESRD: End Stage Renal Disease |
| FFS: Fee-for-Service |
| FORHP: Federal Office of Rural Health Policy |
| FPL: Federal Poverty Level |
| FUH: Follow-Up After Hospitalization |
| HbA1c: Hemoglobin A1c |
| HCIP: Health Care Independence Program |
| HEDIS: Healthcare Effectiveness Data and Information Set |
| HDI: Human Development Index |
| HHS-HCC: Department of Health and Human Services Hierarchical Condition Category |
| HIE: HRSN Initiative Expenditures |
| HRSN: Health-Related Social Needs |
| IABP: Interim Alternative Benefit Plan |
| IESD: Index Episode Start Date |
| IPSD: Index Prescription Start Date |
| IPTW: Inverse Probability of Treatment Weight |
| IPWREG: Inverse Probability Weighted Regression adjustment |
| IPWS: Inverse Probability Weighted Score |
| ITS: Interrupted Time Series |
| LDL-C: Low Density Lipoprotein Cholesterol |
| LRCD-CH: Low Risk Cesarean Delivery- Child |
| MDD: Minimum Detectable Difference |
| MH: Mental Health |
| MMIS: Medicaid Management Information System |
| MPM: Monitoring for Patients on Persistent Medications |
| MVI: Maternal Vulnerability Index |
| NAMI: National Alliance on Mental Illness |
| NCHS: National Center for Health Statistics |
| NCQA: National Committee for Quality Assurance |
| NSDUH: National Survey on Drug Use and Health |
| NVSS: National Vital Statistics System |
| NYU: New York University |
| OB/GYN: Obstetrics and Gynecology |
| O/E: Observed-to-Expected |
| PA: Premium Assistance |
| PASSE: Provider-led Arkansas Shared Savings Entity |
| PCAP: Person-Centered Action Plan |

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|--|
| PCP: Primary Care Physician |
| PCR: Plan All-Cause Readmission |
| PDC: Proportion of Days Covered |
| PHE: Public Health Emergency |
| PII: Personally Identifiable Information |
| PSM: Propensity-Score Modeling |
| PUC: Provider Uncompensated Care Cost |
| QHP: Qualified Health Plan |
| RD: Regression Discontinuity |
| RDD: Regression Discontinuity Design |
| REGADJ: Regression Adjustment without Adjusting for Selection |
| SAA: Schizophrenia |
| SAIPE: Small Area Income and Poverty Estimates |
| SDOH: Social Determinants of Health |
| SLDS: Statewide Longitudinal Data System |
| SMI: Serious Mental Illness |
| SSI: Supplemental Security Income |
| STC: Special Terms and Conditions |
| SUD: Substance Use Disorder |
| SVI: Social Vulnerability Index |
| THE: Total Health Expenditures |
| USDA: U.S. Department of Agriculture |
| YFC: Youth Who Have Been in Foster Care |

5.6 DISCLOSURE

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