



CENTER FOR MEDICAID & CHIP SERVICES (CMCS) SECTION 1115 MONITORING REPORT SUMMARY TEMPLATE

This document serves as a template for Monitoring Leads to summarize and capture key content of section 1115 Demonstration Monitoring Reports (MRs) submitted by states for approved section 1115 Demonstrations on quarterly and annual basis. For additional guidance, please refer to [!\[\]\(919a2cb85b99741a73c0c31a427236a8_img.jpg\) Section 1115 Monitoring Report Review Guide.pdf](#).

Instructions: During your review of an 1115 quarterly/annual monitoring report, consider the following:

- (1) Engage the internal demonstration team in reviewing monitoring reports (especially for the first one or two reports submitted).
- (2) Discuss with the PO and others (where applicable) any issues or “high risk” areas identified during the initial review and approval of the 1115 demonstration or through previous monitoring reports (e.g. potential beneficiary access to care issues, financing arrangements, “grandfathered” IMD authority). This information will assist in identifying any issues that need to be monitored closely; documented in summary report; and/or entered into the Issue Register.
- (3) If the data provided in the report is unstructured, please work with your internal demonstration team to assess and ensure that any significant changes to enrollment, eligibility, grievances, appeals, and denial of services are identified and captured in the summary template.
- (4) If a Demonstration has different policy areas, clarify applicability of reported information (i.e. if information is applicable to the entire Demonstration or only a portion of the Demonstration, such as SUD, managed care, etc.).
- (5) If the MR does not include information for any of the elements below, state “Not included in MR” under the “Summary of Information” column below. Identify whether that particular element was a required MR element in the Demonstration Special Terms and Conditions (STCs) and include that information in the summary column.
- (6) For demonstration deliverables that include home and community-based (HCBS) and/or managed care authority, ensure that the DHCBSO and/or DCMO SME enters feedback in the sections at the end of the template.

Complete the following fields:

Monitoring Report Information	Summary of Information
State and Demonstration Name	Arkansas ARHOME
Monitoring Lead reviewing MR	Rhonda Gray



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MR Time Period (please specify quarterly vs. annual report and time period covered by MR)	10/01/22-12/31/22
Did the State submit the MR timely? If not, please note length of delay and reasons for delay (if known)	Yes
Please specify if there are any required elements missing in the MR per STCs If this is an annual report, please review the list of required content in footnote 1 of the <u>Monitoring Report Review Guide</u>. Determine if any required content is missing, including the summary of the annual forum.	Operational/Policy Development: None reported. Budget Neutrality and Financial Reporting: None reported. Action plans: No policy issues reported this quarter. Grievances/Appeals: None reported.
Summary of key accomplishments and activities during reporting period	CMS approved an amendment to the ARHOME demonstration on November 21, 2022, to allow the state to implement the Life360 HOME program. This component of the ARHOME program seeks to provide supplemental care coordination services to address health-related social needs for individuals at high risk of long-term poverty. The amendment also allowed the state to implement copays of \$4.70/\$9.40 for most clients above 20% of the federal poverty level.
Enrollment numbers for MR period	347,000 on Dec 1, 2022
Enrollment numbers for past MR period (for quarterly MR please refer to previous quarter; for annual MR please refer to previous year)	343,363 on Sept 1, 2022



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Did the state provide context/explanation for enrollment increases or decreases? If yes, please provide detail here. If no, please consider whether to include as a discussion item in an upcoming monitoring call.	No significant change in enrollment
For eligibility and coverage demonstrations, please enter disenrollment numbers for report period.	No disenrollment information provided
Did the state provide context/explanation for increases or decreases in grievances? If yes, please provide detail here. If no, please consider whether to include as a discussion item in an upcoming monitoring call agenda.	Grievances were not identified in this report.
Did the state provide context/explanation for increases or decreases in appeals? If yes, please provide detail here. If no, please consider whether to include as a discussion item in an upcoming monitoring call agenda.	Appeals were not discussed in this report.
Did the state provide context/explanation regarding increases or decreases in denial of services? If yes, please provide detail here. If no, please consider whether to include as a discussion item in an upcoming monitoring call agenda.	Denial of services were not identified in this report.



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Did number of providers for MR period increase or decrease significantly from the previous MR period? If yes, please enter reason if identified in report. If no reason provided, please review with state in an upcoming Monitoring Call.	Not identified in this report.
Operational, implementation and beneficiary Issues identified in MR (Note: Discuss with team and determine whether these should be entered in Monitoring Issue Register)	With the implementation of the Life360 HOME component of the ARHOME waiver, the state anticipates new expenditures in the coming quarters. Because these expenditures are reported separately from ARHOME's PMPM budget neutrality, the state expects no impact from the Life360 HOME program to its PMPM cost.
Any notable policy, operational and implementation updates or changes included in MR	The state is drafting an amendment request to implement an Opportunities for Success Initiative to incentivize and connect ARHOME beneficiaries to work, education, volunteering activities and resources to address health-related social needs. If granted, this amendment would require changes to the ARHOME STCs.
Were there any evaluation updates included in MR? If yes, please summarize here.	None to report.

The following sections are only completed for demonstrations that include HCBS and/or managed care authority:

For 1115 Demonstrations authorizing managed care, the DMCO SME will complete the following fields (add as many rows as needed):



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Monitoring Report/Issue/Requirement Information	Summary of Information

For 1115 Demonstrations authorizing HCBS services, the DHCBSO SME will complete the following fields
(add as many rows as needed):

Monitoring Report/Issue/Requirement Information	Summary of Information