



**Overview:** The Monitoring Report for the section 1115 eligibility and coverage demonstrations consists of a Monitoring Report Workbook (Part A), Monitoring Report Template (Part B), and a Budget Neutrality Workbook (Part C). Each state with an approved eligibility and coverage policy in its section 1115 demonstration shall complete only one Monitoring Report Template (Part B) that encompasses all eligibility and coverage policies approved in its demonstration as well as the demonstration overall, in accordance with the demonstration's special terms and conditions (STC). This state-specific Part B Template reflects the composition of the eligibility and coverage policies in the state's demonstration. If the eligibility and coverage policies are part of a broader section 1115 demonstration, the state should report on the entire demonstration in the sections that apply to all eligibility and coverage demonstrations. CMS will work with the state to ensure there is no duplication in the reporting requirements for different components of the demonstration. For more information and any questions, the state should contact the section 1115 demonstration team.

**Medicaid Section 1115 Eligibility and Coverage Demonstrations  
Monitoring Report Template**

*Note: PRA Disclosure Statement to be added here*

# **1. Title page for the state’s eligibility and coverage demonstration or eligibility and coverage policy components of the broader demonstration**

*This section collects information on the approval features of the state’s section 1115 demonstration overall, followed by information for each eligibility and coverage policy. Definitions for certain rows are provided below the table. The title page is a brief form that the state completed as part of its monitoring protocol. The title page will be populated with the information from the state’s approved monitoring protocol. The state should complete the remaining two rows.*

Overall section 1115 demonstration	
State	Arkansas
Demonstration name	Arkansas Health and Opportunity for Me (ARHOME)
Approval period for section 1115 demonstration	01/01/22-12/31/26
Demonstration year and quarter	EandC DY3Q1 report
Reporting period	01/01/24-03/31/24
Premiums or account payments	
Premiums or account payments start date	01/01/22
Implementation date, if different from premiums or account payments start date	NA
Retroactive eligibility waiver	
Retroactive eligibility waiver start date	01/01/22
Implementation date, if different from retroactive eligibility waiver start date	07/01/22

## Notes:

- 1. Eligibility and coverage demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective* date listed in the state’s STCs at time of eligibility and coverage demonstration approval. For example, if the state’s STCs at the time of eligibility and coverage demonstration approval note that the demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the demonstration. Note that that the effective date is considered to be the first day the state may begin its eligibility and coverage demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example,

CMS may approve an extension request on December 15, 2020, with an effective date of January 1, 2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

2. **Implementation date of policy:** The date of implementation for each eligibility and coverage policy in the state's demonstration.

## 2. Executive summary

*The executive summary should be reported in the fillable box below. It is intended for summary-level information only. The recommended word count is 500 words or less.*

ARHOME is Arkansas's Medicaid Expansion program serving adults between the ages of 19 and 64 with income below 138% of the federal poverty level. The program operates as a Section 1115 demonstration project, which allows the state to use Medicaid funding to purchase coverage through private Qualified Health Plans (QHPs) for eligible individuals. The program's goals include the following:

1. Providing continuity of coverage for individuals
2. Improving access to providers
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

As part of the demonstration, Arkansas requested and received permission to shorten the allowable retroactive eligibility period from 90 days to 30. The demonstration also included beneficiary premiums of \$13 per month for 2022 only and copays of \$4/\$8, up to a maximum of \$60 per quarter for individuals above 100% of the federal poverty level. (The copays and quarterly limits were later amended beginning CY2023.)

The state implemented other program provisions aimed at improving beneficiaries' health outcomes. In 2022, QHPs were required to provide at least one health improvement incentive to encourage the use of preventive care and one health improvement incentive for each of the following populations:

- Pregnant women, particularly those with high-risk pregnancies
- Individuals with mental illness
- Individuals with substance use disorder
- Individuals with two or more chronic conditions

QHPs were also required to offer one economic independence incentive to encourage advances in beneficiaries' economic status or employment prospects.

CMS approved the new five-year waiver (January 1, 2022, through December 31, 2026) on December 21, 2021.

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 beneficiaries above 20% of the federal poverty level.

Quarterly copay limits were set to six different levels depending on the beneficiary's federal poverty level.

During Q1 2024, DHS has made significant progress in implementation of the Life360 HOME program. In 2023, DHS received nine letters of intent (the first step in the application process) from hospitals interested in becoming Life360 HOMEs. Eight were for Maternal Life360 and one was for Rural Life360. (Two hospitals later withdrew their letters of intent.) DHS has received four full applications (the second step in the application process) from hospitals interested in becoming Maternal Life360s. DHS has approved four of the applications and executed a startup agreement with two hospitals in February and mid-April 2024.

### 3. Narrative information on implementation, by eligibility and coverage policy and reporting topic

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>Premiums and account payments (PR)</b>				
<b>PR.Mod_1. Eligibility and payment amounts</b>				
<b>PR.Mod_1.1 Metric trends</b>				
1.1.1	Discuss any data trends related to beneficiaries subject to premiums or account payments. Describe and explain changes (+ or -) greater than two percent.	X		The state stopped allowing premiums for beneficiaries in Q1 2023.
1.1.2	Discuss any data trends related to changes in premium amounts after mid-year change in circumstance or renewal.	X		
1.1.3	Discuss any data trends related to beneficiaries who are granted exemptions from premiums or account payments. Describe and explain changes (+ or -) greater than two percent.	X		
1.1.4	Discuss any data trends related to beneficiaries who paid a premium or account payment during that month. Describe and explain changes (+ or -) greater than two percent.	X		
1.1.5	Discuss any data trends related to beneficiaries who were subject to premiums or account payments but declared hardship. Describe and explain changes (+ or -) greater than two percent.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>PR.Mod_1.2 Implementation update</b>				
1.2.1	Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state defines:	X		
1.2.1.a	Beneficiaries exempt from premiums or account payments			
1.2.1.b	Beneficiaries subject to premiums or account payments but exempt from compliance actions	X		
1.2.1.c	Process for claiming financial hardship	X		
1.2.1.d	Process for determining premium or account contribution amounts beneficiaries will pay	X		
1.2.1.e	Process for determining that beneficiaries have reached the aggregate spending cap specified in the STCs	X		
1.2.1.f	Other policy changes	X		



Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>PR.Mod_2. Beneficiary account operations</b>			
<b>PR.Mod_2.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i></b>			
<b>PR.Mod_2.2 Implementation update</b>			
2.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how beneficiary health accounts are administered, including the role of vendors.	NA		
2.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how beneficiary health accounts work, including state contributions, use of account funds to pay for services, and rules for account rollovers and balances.	NA		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>PR.Mod_3. Invoicing and payments</b>			
<b>PR.Mod_3.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i></b>			
<b>PR.Mod_3.2 Implementation update</b>			
3.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to invoicing and payment processes (including invoicing, beneficiary payments, grace periods, and deadlines for reporting a change in circumstance that would affect premium liability, and compliance actions).	X		
3.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to procedures for beneficiaries to pay premiums or account payments, or for third parties to pay premiums or account payments on behalf of beneficiaries.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>PR.Mod_4. Reduction to premiums for non-income related reasons</b>			
<b>PR.Mod_4.1 Metric trends -- <i>No metric trend analysis is required for this reporting topic.</i></b>			
<b>PR.Mod_4.2 Implementation update</b>			
4.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to incentives or rewards related to premium or account payments (if applicable).	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>PR.Mod_5. Operationalize strategies for noncompliance</b>				
<b>PR.Mod_5.1 Metric trends</b>				
5.1.1	Discuss any data trends related to the number of beneficiaries who have experienced the below. Describe and explain changes (+ or -) greater than two percent. 5.1.1.i New disenrollments	NA		
5.1.1.ii	New suspensions	NA		
5.1.2	Discuss any data trends related to beneficiaries in grace periods, non-eligibility periods, and/or other statuses. Describe and explain changes (+ or -) greater than two percent.	NA		
5.1.3	Discuss any data trends related to the number of beneficiaries who had collectible debt. Describe and explain changes (+ or -) greater than two percent.	NA		
<b>PR.Mod_5.2 Implementation update</b>				
5.2.1	Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to: 5.2.1.a Implementation of compliance actions	X		
5.2.1.b	Processes for identifying and tracking beneficiaries at risk of noncompliance	NA		
5.2.1.c	Process for providing advance notice to beneficiaries at risk of suspension or disenrollment for noncompliance	NA		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.2.1.d	Processes for tracking and pursuing collectible debts (if applicable)	NA		
5.2.1.e	Processes for screening those at risk of disenrollment for other Medicaid eligibility groups or exemptions	NA		
5.2.1.f	Appeals processes for beneficiaries subject to premium requirements	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>PR.Mod_6. Develop comprehensive communications strategy</b>			
<b>PR.Mod_6.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i></b>			
<b>PR.Mod_6.2 Implementation update</b>			
6.2.1 Compared to the details outlined in the implementation plan, describe any change or expected changes to the state’s strategy to communicate with beneficiaries about: 6.2.1.a Compared to the details outlined in the implementation plan, describe any change or expected changes to the state’s strategy to communicate with beneficiaries about:	X		
6.2.1.b Payment process	X		
6.2.1.c Rewards for payment (if any)	NA		
6.2.1.d Processes for reporting changes in income, making hardship claims, and filing appeals	X		
6.2.1.e Consequences of nonpayment	NA		
6.2.1.f Non-eligibility periods	NA		
6.2.2 Compared to the details outlined in the implementation plan, describe any change or expected changes to the information provided on beneficiary invoices.	X		
6.2.3 Describe any communication or outreach that was conducted with partners, such as managed care organizations or other contractors, during this reporting period.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.4	Compared to the details outlined in the implementation plan, describe any changes or challenges with how materials or communications were accessible to beneficiaries with limited English proficiency, with low literacy, and in rural areas, and other diverse groups.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>PR.Mod_7. Develop and modify systems</b>			
<b>PR.Mod_7.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i></b>			
<b>PR.Mod_7.2 Implementation update</b>			
7.2.1 Describe whether the state has developed or enhanced its systems capabilities as described in the implementation plan for: 7.2.1.a Accepting premiums or account payments	X		
7.2.1.b Tracking premiums or account payments	X		
7.2.1.c Establishing beneficiary accounts (if applicable)	NA		
7.2.1.d Operationalizing compliance actions (if applicable)	NA		
7.2.2 Describe any additional systems modifications that the state is planning to implement.	X		



Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>PR.Mod_8. State-specific metrics</b>				
<b>PR.Mod_8.1 Metric trends</b>				
8.1.1	Discuss any data trends related to state-specific metrics. Describe and explain changes (+ or -) greater than two percent.	NA		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>Retroactive eligibility waiver (RW)</b>			
<b>RW.Mod_1. Retroactive eligibility waiver and demonstration requirements</b>			
<b>RW.Mod_1.1 Metric trends</b>			
1.1.1 Discuss any data trends related to beneficiaries subject to retroactive eligibility waivers. Describe and explain changes (+ or -) greater than two percent.			In previous submissions, DHS included data for RW_1, reflecting individuals subject to the waiver of retroactive eligibility <i>at application</i> and RW_2 and RW_3 reflecting individual subject to the waiver of retroactive eligibility <i>at renewal</i> . Upon further internal discussions of the metrics in relation to how our waiver is applied, we have determined that RW_2 and RW_3 should be 0 because we do not have a waiver of the 90-day retroactive eligibility at renewal. The limited 30-day retroactive eligibility applies only at application. As a result, we will be reporting RW_2 and RW_3 as 0 in this quarter and moving forward. If CMS would like us to resubmit previous quarters with that correction, we would be happy to do so.
<b>RW.Mod_1.2 Implementation update</b>			
1.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state will determine whether beneficiaries are exempt from the retroactive eligibility waiver.			See note in 1.1.1
1.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any modifications or expected modifications to Medicaid applications to reflect the retroactive eligibility waiver.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.3	Report any modifications to the appeals processes for beneficiaries subject to retroactive eligibility waivers.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>RW.Mod_2. Develop comprehensive communications strategy</b>				
<b>RW.Mod_2.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i></b>				
<b>RW.Mod_2.2 Implementation update</b>				
2.2.1	Compared to the details outlined in the implementation plan, describe any change or expected changes to the state’s strategy for communicating to beneficiaries about changes to retroactive eligibility policies.	X		
2.2.2	Describe any communication or outreach that was conducted with partner organizations, including managed care organizations and community organizations.	X		
2.2.3	Describe any communication or outreach that was conducted with providers.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
RW.Mod_3. State-specific metrics				
RW.Mod_3.1 Metric trends				
3.1.1	Discuss any data trends related to state-specific metrics. Describe and explain changes (+ or -) greater than two percent.	X		

#### 4. Narrative information on implementation for any demonstration with eligibility and coverage policies

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>AD.Mod_1 Metrics and operations for any demonstrations with eligibility and coverage policies (Any demonstration topics are applicable for reporting on the state's broader section 1115 demonstration. In support of CMS's efforts to simplify data collection and support analysis across states, report for <u>all beneficiaries in the demonstration</u>, not only those subject to eligibility and coverage policies.)</b>			
<b>AD.Mod_1.1 Metric trends</b>			
1.1.1 Discuss any data trends related to overall enrollment in the demonstration. Describe and explain changes (+ or -) greater than two percent.		AD_1; AD_4;	The number of new enrollees (AD_4) increased in January likely due to the impact of open enrollment. The number of new enrollees dropped in February and March, returning to more normal levels of new enrollment. This decrease follows increases in this measure as the number of individuals, who lost eligibility during the PHE unwind and regained it more than 90 days later, diminishes.
1.1.2 Discuss any data trends related to mid-year loss of demonstration eligibility. At a minimum, changes (+ or -) greater than two percent should be described.		AD_7-10	The total number of mid-year closures (AD_7) increased in January, decreased in February and increased again in March. Most of the January increase in closures was due to the closures due to failure to provide timely information needed for eligibility (AD_9). The decrease in closures in February was due to a return to more normal closures and the increase in March closures was due to the implementation of higher 2024 FPL limits, which made beneficiaries in the lowest FPL levels eligible for other Medicaid programs. This was most evident in the increase in the number of beneficiaries no longer eligible for ARHOME because they transferred to another Medicaid eligibility group (AD_10).

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.1.3 Discuss any data trends related to enrollment duration at time of disenrollment. Describe and explain changes (+ or -) greater than two percent.		AD_12-AD_14	The data trends in the measures monitoring duration of enrollment at the time of closure followed similar trends as overall mid-year closures, increasing in January, decreasing in February and increasing again in March.
1.1.4 Discuss any data trends related to renewals. Describe and explain changes (+ or -) greater than two percent.		AD_16-AD_21	Beneficiaries due for renewal (AD_15) decreased in January and leveled off in February and March, likely returning to more normal levels after the PHE unwind. The measures addressing the disposition of renewals (AD_16-AD_21) increased significantly in March. However the increase in these measures was offset by the decrease in the renewals in remained enrolled due to renewal ex parte (although the state does not report AD_22). The state is investigating the cause of the March increase in non-ex parte renewal dispositions.
1.1.5 Discuss any data trends related to cost sharing limits. Describe and explain changes (+ or -) greater than two percent.		AD_23	<p>The number of people who paid copays exceeding 5% of their household income decreased in the quarter to zero. This likely resulted from efforts DHS has made to bring copay overages to the QHPs attention. More efforts are being implemented in Q2, including:</p> <ul style="list-style-type: none"> <li>• System changes to allow retroactive FPL changes (which caused copay overages already paid when an individual's FPL was reduced beginning in the past) only in limited circumstances and</li> <li>• Systematically communicating to the QHPs a person's household copay limit for a family member when it is less than the individual's own FPL</li> </ul>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.1.6 Discuss any data trends related to appeals and grievances. Describe and explain changes (+ or -) greater than two percent.		AD_24-AD_28	Eligibility-based appeals (AD_24) increased in the quarter, but this is likely related to the disenrollments from the PHE unwind. Appeals related to denial of benefits (AD_25) decreased in the quarter, likely reflecting the drop in QHP enrollment.
1.1.7 Discuss any data trends related to access to care. Describe and explain changes (+ or -) greater than two percent.	X	AD_29-AD_32	
1.1.8 Discuss any data trends related to quality of care and health outcomes. Describe and explain changes (+ or -) greater than two percent.	NA		
1.1.9 Discuss any data trends related to administrative costs. Describe and explain changes (+ or -) greater than two percent.	NA		
<b>AD.Mod_1.2. Implementation update</b>			
1.2.1 Highlight significant demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, compliance with requirements, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the demonstration's approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail.			DHS has received four full Maternal Life360 HOME program applications from hospitals. DHS has approved all four of the applications. DHS has fully executed a startup agreement with two hospitals and provided initial startup funds for each. 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.



Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
AD.Mod_2. State-specific metrics				
AD.Mod_2.1 Metric trends				
2.1.1	Discuss any data trends related to state-specific metrics. Discuss each state-specific metric trend in a separate row. Describe and explain changes (+ or -) greater than two percent.	NA		

## 5. Narrative information on other reporting topics

Prompt		State has no update to report (place an X)	State response
<b>1. Budget neutrality</b>			
<b>1.1 Current status and analysis</b>			
1.1.1	Discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date. If the eligibility and coverage policy component is part of a comprehensive demonstration, the state should provide an analysis of the eligibility and coverage policy related budget neutrality and an analysis of budget neutrality as a whole.		With a PMPM cost of \$779.75 for the quarter, the state is currently under the budget neutrality limit of \$802.86. This does not include the final annual cost settlement reconciliation the state has with the carriers to adjust for actual cost share reduction payments.
<b>1.2 Implementation update</b>			
1.2.1	Describe any anticipated program changes that may impact financial/budget neutrality.		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.

Prompt	State has no update to report (place an X)	State response
<b>2. Eligibility and coverage demonstration evaluation update</b>		
<b>2.1 Narrative information</b>		
2.1.1 Provide updates on eligibility and coverage policy evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual [monitoring] reports. See Monitoring Report Instructions for more details.	X	ARHOME and Life 360 HOME evaluations are on track to meet required timeframes.
2.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.	X	ARHOME and Life 360 HOME evaluations are on track to meet required timeframes.
2.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.		Draft ARHOME Interim Evaluation is due 12/31/25 Draft ARHOME Summative Evaluation is due 6/30/29

Prompt	State has no update to report (place an X)	State response
<b>3. Other eligibility and coverage demonstration reporting</b>		
<b>3.1 General reporting requirements</b>		
3.1.1 Describe whether the state foresees the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.		The state submitted 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.
3.1.2 Compared to the details outlined in the STCs and the monitoring protocol, describe whether the state has formally requested any changes or whether the state expects to formally request any changes to: 3.1.2.a The schedule for completing and submitting monitoring reports		The STCs call for the state to submit a monitoring protocol for the Life360 HOME program 150 days after the November 1, 2022 approval of the amended STCs. CMS has indicated it will not expect the state to submit the revised monitoring protocol until CMS has provided the monitoring metrics it expects the state to report.  The state has agreed to submit Q1-Q3 2022 monitoring reports by June 30, 2024. The state submitted narrative reports for these quarters before CMS approved the state’s monitoring protocol. The June submission will provide the information specified in the monitoring protocol for the three quarters using the new template.
3.1.2.b The content or completeness of submitted monitoring reports and or future monitoring reports		In previous submissions, DHS included data for RW_1, reflecting individuals subject to the waiver of retroactive eligibility <i>at application</i> and RW_2 and RW_3 reflecting individual subject to the waiver of retroactive eligibility <i>at renewal</i> . Upon further internal discussions of the metrics in relation to how our waiver is applied, we have determined that RW_2 and RW_3 should be 0 because we do not have a waiver of the 90-day retroactive eligibility at renewal. The limited 30-day retroactive eligibility applies only at application. As a result, we will be reporting RW_2 and RW_3 as 0 in this quarter and moving forward. If CMS would like us to resubmit previous quarters with that correction, we would be happy to do so.

Prompt	State has no update to report (place an X)	State response
3.1.3 Describe whether the state has identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.		The STCs call for the state to submit a monitoring protocol for the Life360 HOME program 150 days after the November 1, 2022, approval of the amended STCs. CMS has indicated it will not expect the state to submit the revised monitoring protocol until CMS has provided the monitoring metrics it expects the state to report.
3.1.4 Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR 431.428(a)5	X	
<b>3.2 Post-award public forum</b>		
3.2.1 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held indicating any resulting action items or issues. A summary of the post-award public forum should be included here for the period during which the forum was held and in the annual monitoring report.	X	

Prompt	State has no update to report (place an X)	State response
<b>4. Notable state achievements and/or innovations</b>		
<b>4.1 Narrative information</b>		
<p>4.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies (1) pursuant to the eligibility and coverage policy hypotheses (or if broader demonstration, then eligibility and coverage policy related) or (2) that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms (e.g., number of impacted beneficiaries).</p>	X	

\*The state should remove all example text from the table prior to submission.

Note: States must prominently display the following notice on any display of measure rates based on NCQA technical specifications for 1115 eligibility and coverage demonstration monitoring metrics:

*Measures MSC-AD, FUA-AD, FUM-AD, and IET\_AD (metrics AD\_38A, AD\_39, and AD\_40) are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided “as is” without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.*

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*it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as “Adjusted, Uncertified, Unaudited HEDIS rates.”*

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