



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 [PDF 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 TEFRA-Like |
| Monitoring Lead reviewing MR | Lee Herko |



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

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| MR Time Period (please specify quarterly vs. annual report and time period covered by MR) | Annual Report: January 1, 2022 – December 31, 2022 |
| 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 | Key Accomplishments: <ul style="list-style-type: none"> • On June 30, 2022, the State submitted its application to renew the TEFRA-Like Waiver for another 5 years with proposed effective date of January 1, 2023. CMS approved a one-year temporary extension of Arkansas’s TEFRA-like demonstration on November 28, 2022. • The Division of County Operations (DCO) eligibility team has implemented a pay increase for front line eligibility staff to help retention with trained staff. This will help address the TEFRA processing timeframes and the backlog of TEFRA cases. DCO continues to experience turnovers and vacancies in eligibility staff, but at a lower rate than previous quarters. |



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

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| | <ul style="list-style-type: none">• Monitoring reports are sent daily showing supervisors and eligibility staff applications, renewals and case changes that are overdue, currently due and tasks that are not assigned to eligibility staff. Meetings are held weekly to discuss and address case processing issues and training of staff.• Eligibility notices are now sent from the integrated eligibility system. The percentage of notices sent out has slightly increased from last quarter.• DHS partners with the Arkansas Foundation for Medical Care (AFMC) to conduct annual surveys of TEFRA beneficiaries. The most recent survey results and the total number of surveys mailed are noted on the Quarterly Report. The TEFRA surveys includes both composite measures and rating questions. Recently added to this survey in CY 2022 were customer service questions.• DHS developed a TEFRA procedure manual that describes eligibility processes, notification schedules, premium payment procedures and FAQs. DHS has collaborated with DMS, DCO, the Premium Unit and their Medicaid call center to assist with finalizing the document. Once finalized, it will be distributed to all partners to help to quickly respond to the beneficiaries with accurate and consistent information.• DHS is testing an “at a glance” beneficiary handout that can be distributed with the initial application/renewal package that covers services, benefits, participating providers, monthly premium requirements.• To expand on communication and making information available outside of the public sources, e.g., websites, newsletter, phone numbers, etc. DMS is working on enhancements in MMIS and other systems to send e-notices from those systems as well |
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**CENTER FOR MEDICAID & CHIP SERVICES (CMCS)
SECTION 1115 MONITORING REPORT SUMMARY TEMPLATE**

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| | as creating interested parties contact list to allow the agency to identify individuals interested in updates and events regarding the TEFRA program. DMS has also upgraded the citizen portal, to be more user friendly and provide more detailed information to applicants and recipients. Services that are available through this portal are noted on the quarterly report. |
| Enrollment numbers for MR period | 6,064 TEFRA Clients reported on December 31, 2022. |
| Enrollment numbers for past MR period (for quarterly MR please refer to previous quarter; for annual MR please refer to previous year) | 6,170 TEFRA Clients from July to September 2022. |
| 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. | The TEFRA program significantly increased the number of TEFRA applications processed each quarter, reducing the backlog of individuals waiting to enroll in the program. |
| For eligibility and coverage demonstrations, please enter disenrollment numbers for report period. | In 2022, 1,018 TEFRA clients were disenrolled from the TEFRA program, including 399 who moved to another Medicaid program. |
| 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. | Arkansas Foundation for Medical Care (AFMC) did not receive any TEFRA grievances in 2022. Grievances were not identified in this report. |
| Did the state provide context/explanation for increases or | Appeals were not discussed in this report. DHS does not anticipate any appeals-related program changes. |



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

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| <p>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.</p> | |
| <p>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.</p> | <p>Denial of services were not identified in this report.</p> |
| <p>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.</p> | <p>Not identified in this report.</p> |
| <p>Operational, implementation and beneficiary Issues identified in MR (Note: Discuss with team and determine whether these should be entered in Monitoring Issue Register)</p> | <p>None to report.</p> |
| <p>Any notable policy, operational and implementation updates or changes included in MR</p> | <p>The TEFRA program’s Interim Evaluation found the TEFRA-like population outperformed the non-TEFRA-like population on measures including the receipt of therapy services and proportion of days covered for prescriptions, and client satisfaction scores outperformed or were not significantly different from the comparison surveys on getting care quickly, communication with doctors and overall health care.</p> |



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

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| Were there any evaluation updates included in MR? If yes, please summarize here. | None to report. |
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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):

| Monitoring Report/Issue/Requirement Information | Summary of Information |
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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 |
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