ARKANSAS TEFRA-LIKE
Section 1115
Project Number 11W001636

QUARTERLY & ANNUAL REPORT

October 1, 2023-December 31, 2023
January 1, 2023-December 31, 2023

❖ Preface

State	Arkansas
Demonstration Name	Arkansas TEFRA-like Section 1115 Demonstration
Approval Date	May 9, 2018, extended November 28, 2022, and again on December 7, 2023
Approval Period	January 1, 2018-December 31, 2024
Demonstration Goals and Objectives	The State's goal is to provide medical services to disabled children eligible for Medicaid under Section 134 of the Tax Equity and Fiscal Responsibility Act (TEFRA) through the State's TEFRA-like 1115 demonstration waiver. Prior to this demonstration waiver, Arkansas placed eligible disabled children in traditional Medicaid by assigning them to a new aid category within its Medicaid State Plan. While this arrangement allowed the children to remain in their homes, it ultimately placed an unsustainable financial burden on the State during a time when budget limitations were becoming more restrictive. To address the financial viability of the program, the State chose to transition the disabled children from traditional Medicaid to a TEFRA-like, Section 1115 demonstration waiver program. The State chose to require a sliding-scale family premium. If the TEFRA child's family had health insurance coverage for the child from another source, the family is required to retain that insurance.

❖ Executive Summary

Report Requirements

This section communicates the following information:

- Key achievements, highlights, issues, and/or risks identified during the current reporting period;
- Key changes since the last monitoring report, including the implementation of new program components;
- Programmatic improvements (e.g., increased outreach or any beneficiary or provider education efforts);
- Unexpected changes (e.g., unexpected increases or decreases in enrollment or complaints, etc.).

The TEFRA-like demonstration waiver program is a cost-sharing Medicaid program that enables certain children with a disability to receive care in their homes rather than in an institution. Using the flexibility available within a Demonstration Waiver, Arkansas was able to develop and implement a sliding-scale premium fee structure based on a family's income. This effectively passes a portion of the cost to the eligible child's family. Families with annual incomes of less than $25,000 are exempted from the premium requirement. While premium requirements are set based on household income, program eligibility is determined solely on the assets and resources of the child.

Calendar year 2023 marks the 21st year of the TEFRA-like demonstration. The request for renewal for the current TEFRA-like Demonstration Waiver (with no program change) was provided to Centers for Medicare & Medicaid Services (CMS) on June 30, 2017. The review/approval process for the extension renewal application was not completed by the December 31, 2017, end date of the May 12, 2015 – December 31, 2017, demonstration period. Therefore, initially, CMS approved an extension of the demonstration through April 30, 2018. This allowed additional time to complete the review/renewal process, and it allowed time for the new renewal period for the Special Terms & Conditions (STCs) to be finalized. On October 18, 2017, Arkansas submitted a follow-up request to extend the demonstration for a three-year period (with no program changes). The TEFRA extension renewal was approved on May 9, 2018, for a demonstration period from May 9, 2018 – December 31, 2022. The state submitted its TEFRA-Like renewal application to CMS on June 30, 2022. On November 28, 2022, CMS granted a one-year extension of the Demonstration through December 31, 2023. On Dec 7, 2023, CMS granted another extension, which will allow the Demonstration to continue through the 2024 calendar year.

Highlighted TEFRA program activities for 2023 include the following:

- The TEFRA program served more than 7,300 beneficiaries during the year, while maintaining a per member per month cost below the budget neutrality limits.
- The TEFRA program continued to maintain enrollments throughout the Public Health Emergency (PHE). The PHE unwind resulted in a drop in enrollment from about 6,800 beneficiaries in Q2 of 2023 to about 5,500 beneficiaries in Q4.
- The total number of TEFRA applications processed in 2023 has increased slightly from 2022 due to efforts to address a backlog in eligibility applications. The hiring process for the eligibility division has been streamlined, yet vacancies remain at high levels.
- TEFRA beneficiaries' most frequently used services in 2023 included Early Intervention Day Treatment, speech therapy and occupational therapy.
- The 2023 TEFRA beneficiary survey found beneficiaries highly rated both their ability to quickly access care and the care they receive from providers, but survey responses identified opportunities for improvement in the program's customer service for both eligibility issues and premium payments.
- To address a large backlog of applications during the PHE unwind the TEFRA Unit implemented tools and added 14 additional TEFRA eligibility workers to help with process time.
- Arkansas Medicaid, with the assistance of their Beneficiary Relation team AFMC produces a TEFRA Program a Beneficiary Education Fact Sheet, which is distributed to all newly eligible beneficiaries to the county offices of DHS and the Arkansas Department of Health Department and in schools, health fairs, head start programs.
- Due to the ending of the PHE, Arkansas Medicaid launched "Access Arkansas," a social media campaign to ensure the correct address for each beneficiary is on file. DHS also proactively reached out to our Medicaid providers to ensure as many eligible Medicaid beneficiaries retained eligibility. DHS sent weekly reports to providers and managed care organizations identifying their assigned Medicaid beneficiaries who were at risk of losing eligibility due to not returning renewal applications.

❖ Enrollment

Report Requirements

This section provides information about the following:

- Relevant Arkansas TEFRA enrollment trends (including unique enrollment for the year), eligibility, and disenrollment.
- The impact of the demonstration in providing insurance coverage to beneficiaries and uninsured populations.
- Progress with aligning the TEFRA demonstration's initial and renewal application processes with federal requirements at 42 CFR §435.911 and §435.916, including a report of timeframes for individuals actively pending TEFRA demonstration eligibility determinations, the total number of TEFRA applications processed, the number processed within 90 days, and the mean, minimum and maximum days that TEFRA applications were pending in the previous quarter.
- Progress with providing TEFRA-related notices in alignment with federal requirements at 42 CFR §431.211, §435.917 and §435.918, including notices related to family changes in income for premium reconsideration; and
- Information on anticipated program changes that may impact enrollment-related metrics.

Eligibility

To be eligible for the TEFRA-like demonstration, a child must meet the requirements for medical necessity, appropriateness of care, and financial need.

Medical necessity: The TEFRA-like demonstration waiver provides coverage to children ages 18 and under with substantial disabilities. The child must be disabled according to the Supplemental Security Income (SSI) definition of disability. If a disability has not been established by Social Security Administration (SSA), the disability must be determined by the State's Medical Review Team (MRT). The child(ren) of families applying to participate in the TEFRA-like demonstration waiver are also evaluated for likely eligibility in Arkansas Title XIX Medicaid State Plan programs.

Appropriateness of care: Beneficiaries must meet the medical necessity requirement for institutional placement or be at risk of institutional placement, but their needed medical services must be appropriate to provide outside an institution. The estimated cost of care in the home must not exceed the estimated cost of care if the child were in an institution.

Financial need: Beneficiaries must have income and resources that do not exceed established limits. The income limit for TEFRA applicants/beneficiaries is three times the SSI/SPA (which currently calculates to $2,829 per month). Only the child's income is considered. Parental income is not considered in the eligibility determination but is considered for the purpose of calculating monthly premium. The resource limit is $2,000.

Enrollment

In 2023, Arkansas Medicaid served more than 7,300 unique beneficiaries through the TEFRA program.

Quarter	TEFRA Beneficiaries
1 (Jan.-March)	6,404
2 (Apr.-June)	6,813
3 (July-Sept.)	6,607
4 (Oct.-Dec.)	5,552
Unique Beneficiaries in 2023	**7,349**

Disenrollments after the end of the PHE resulted in an 18.5% drop in TEFRA enrollment, with the most significant drop occurring between Q3 and Q4 of 2023.

Application Processing

DHS's current policies regarding the initial and renewal application for TEFRA align with the federal requirements at 42 CFR §435.911 (Determination of Eligibility) and §435.916 (Periodic Renewal of Medicaid Eligibility). See the following policies provided in Appendix A.

- Medical Services Policy O-257 Time Limits to Dispose of Application
- Medical Services Policy B-315 TEFRA
- Medical Services Policy C-230 TEFRA Application Process
- Medical Services Policy C-232 TEFRA Eligibility Determination
- Medical Services Policy C-233 Disability Determination
- Medical Services Policy C-234 Determining Appropriateness of Care for TEFRA
- Medical Services Policy C-235 Disposition of TEFRA Application
- Medical Services Policy I-540 Alternating TEFRA and SSI Eligibility
- Medical Services Policy I-325 TEFRA Renewals

The table below shows TEFRA application processing times during each quarter of 2023.

	Total Applications Processed	Processed Within 90 Days	Mean Processing Time (days)	Min Processing Time (days)	Max Processing Time (days)
QTR 1 (JAN-MAR)	478	446	35.0	0	278
QTR 2 (APR-JUNE)	500	468	50.79	0	448
QTR 3 (JUL-SEP)	753	721	48.16	0	293
QTR 4 (OCT-DEC)	1,108	912	56.53	0	265

DHS identified an error in the logic used to pull these data and began reporting data using revised logic in Q2. This report provides corrected quarterly data using the same data criteria across all four quarters.

Arkansas started the first quarter of 2023 processing over 93% of TEFRA applications within the 90-day requirement specified by 42 CFR §435.911 and DHS Medical Services Policy O-257. This was a significant improvement from the 20% of applications processed within 90 days for same period in 2022. For 2023 Arkansas's average processing was just over 85% of applications within 90 days. This consistency was due to DHS hiring contractors to assist with application processing and an increased focus on reducing turnover and vacancies in eligibility staff. DHS has focused on streamlining the hiring process and has been able to reduce caseworker vacancies.

The total applications processed jumped in Q3 and Q4 due to the streamlining of several processes as well as the introduction of the POWER BI 2.0 Dashboard that allows for easy tracking of applications and process flows. This tool, along with the hiring of 14 new TEFRA application workers, led to the 51% increase in applications processed in Q3 and 47% in Q4.

As mentioned in the state's Q2 quarterly report, the maximum application processing time in Q2 of 448 days was due to a series of caseworker errors. DCO leadership has identified the workers involved and provided coaching to help reduce the likelihood of something similar occurring in the future. The following table shows the percentage of initial application notices and renewal notices sent at least 10 days prior to action date in compliance with CFR 42 §431.211. This process has improved significantly since 2021, where the percentage of notices sent out timely was as low as 85%. For 2022 and 2023 this percentage has remained consistently in the high 90s.

	Percentage of notices sent at least 10 days prior to the Action Date
QTR 1 (JAN-MAR)	98.80%
QTR 2 (APR-JUNE)	98.31%
QTR 3 (JUL-SEP)	98.56%
QTR 4 (OCT-DEC)	100%

Disenrollments

In 2023, 2,363 TEFRA beneficiaries were disenrolled from the TEFRA program, due to either no longer meeting the TEFRA qualifications or because they were moved to another Medicaid program. The large increase in Q3 is due, in part, to the Public Health Emergency Unwinding. TEFRA beneficiaries whose eligibility had not been part of an earlier family redetermination were redetermined in September 2023, resulting in the year's largest number of disenrollments.

	TEFRA Closures	Closures Due to Non-Payment of Premium
QTR 1 (JAN-MAR)	205	0
QTR 2 (APR-JUNE)	508	0
QTR 3 (JUL-SEP)	1,139	2
QTR 4 (OCT-DEC)	536	0
Total Unique Beneficiaries	**2,363**	**2**

Beneficiary Insurance Coverage

TEFRA program policies allow children enrolled in the TEFRA-like demonstration to maintain other creditable health insurance coverage, and most program beneficiaries do have third party liability.

Quarter	TEFRA Enrollees with Third Party Liability
1	5,102
2	5,227
3	5,012
4	4,186

The following table provides a summary of the issues identified with TEFRA eligibility and enrollment during 2023.

Summary of Issue	Date and Report in Which Issue Was First Reported	Estimated Number of Impacted Beneficiaries	Known or Suspected Cause(s) of Issue (if applicable)	Remediation Plan and Timeline for Resolution (if applicable)/Status Update if Issue Previously Reported*
No issues in 2023				

Anticipated Changes to Enrollment

DHS anticipates an increase in TEFRA enrollment in 2024 as former beneficiaries who lost coverage due to the end of the PHE, yet still meet the requirements of the program, reapply for coverage. If Arkansas's pending TEFRA waiver application is approved by CMS, DHS is also planning to allowing beneficiaries with long-term or chronic conditions to obtain a medical redetermination every three years, rather annually which is the current requirement.

❖ Benefits

Report Requirements

This section of the report provides information on:

- Relevant trends the TEFRA data show in benefit access, utilization, premium cost-sharing and delivery network, including statistics on provider enrollment.
- Statistics on denials of requested services.
- Any new benefit-related issues and updates on previously reported issues.
- Anticipated program changes that may impact benefits.

Benefit Access and Utilization

Individuals enrolled in the TEFRA-like demonstration waiver receive the full range of State Medicaid benefits and services. The most utilized services for TEFRA beneficiaries in 2023 are listed in the following table.

Top Services	# of Claims for TEFRA Beneficiaries
Early Intervention Day Treatment (EIDT)	133,919
SPEECH/LANGUAGE THERAPY GENERAL	75,377
OCCUPATION THERAPY GENERAL	63,190
PRESCRIPTION SERVICES	51,996
PHYSICAL THERAPY GENERAL	42,469
SPEECH/LANGUAGE THERAPY EIDT	46,350
OCCUPATIONAL THERAPY EIDT	36,352
AUTISM-EPSDT	39,646
PHYSICIAN SERVICES	29,020
PHYSICAL THERAPY CHMS/EIDT	27,905
SPEECH/LANGUAGE THERAPY SCHOOL BASED	10,620
OCCUPATIONAL THERAPY SCHOOL BASED	9,648
PEDIATRIC OUTPATIENT HOSPITAL	9,244
DURABLE MEDICAL EQUIPMENT (DME)/OXYGEN	6,266
PHYSICAL THERAPY SCHOOL BASED	5,570
OUTPATIENT HOSPITAL	5,222
THERAPY - INDIVIDUAL/REGULAR GROUP	4,875

Top Services	# of Claims for TEFRA Beneficiaries
MENTAL HEALTH CLINIC - RSPMI	4,559
DME-EXPANSION-EPSDT	2,861

Changes Implemented in 2023

- Behavioral Health services performed by a master's level counselor are now billable by the Medicaid Primary Care Provider's practice. This allows for behavioral health services to be provided within the Primary Care Practice, instead of sending the TEFRA client to an outside counselor. This change was implemented beginning January 1, 2023.

Health Care Delivery Network

Services provided under the TEFRA-like demonstration waiver are delivered through the State's existing network of Medicaid providers. TEFRA beneficiaries are served by a variety of health care providers across the state with at least one provider serving TEFRA beneficiaries in every county. The following health care provider types filed at least one claim for a TEFRA beneficiary in 2023.

In-State Provider Type	# of Providers with at least one TEFRA claim in 2023
PHYSICIAN, MD	157
PHYSICIAN, MD (GROUP)	585
PHYSICIAN, DO	3
PHYSICIAN, DO (GROUP)	19
HOSPITAL	65
PHARMACY	629
DENTAL	10
INDEPENDENT LABORATORY	4
INDEPENDENT RADIOLOGY	1
ICF FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES	1
HOME HEALTH	7
TRANSPORTATION	39
PROSTHETIC SERVICES	104
PODIATRIST	2
CHIROPRACTOR	30
MENTAL AND BEHAVIORAL HEALTH	12
HEARING SERVICES	12
THERAPY	37
OPTOMETRIST/OPTICIAN	198
DAY TREATMENT CLINIC	112
PSYCHIATRIC FACILITY - INPATIENT	15
REHABILITATION CENTER (RSPMI)	136
AMBULATORY SURGICAL CENTER	9
RURAL HEALTH CLINIC	62

In-State Provider Type	# of Providers with at least one TEFRA claim in 2023
HEALTH DEPARTMENT	3
DENTAL GROUP	277
PERSONAL CARE	72
HYPERALIMENTATION	9
FAMILY PLANNING	1
VENTILATOR EQUIPMENT	6
PRIVATE DUTY NURSING	8
THERAPY - REGULAR GROUP	259
THERAPY SCHOOL DISTRICT-ED SVC COOP	159
MENTAL AND BEHAVIORAL HEALTH GROUP	32
HOSPICE	4
PODIATRY GROUP	12
FEDERALLY QUALIFIED HEALTH CENTER	74
NURSE PRACTITIONER	3
SCHOOL-BASED VISION AND HEARING SCREENER	34
NURSE PRACTITIONER GROUP	21
TCM ORGANIZATION-FACILITY	5
ACS WAIVER SUPPORTIVE LIVING/RESPITE/SUPPORT	9
AHEC PCP GROUP	6
ACS WAIVER CONSULTATION SERVICE	3
ACS WAIVER SPECIALIZED MEDICAL SUPPLIES	2
TCM-CS	1
DEVELOPMENTAL REHABILITATION SERVICES	15
ORAL SURGEON, GROUP	19
AHEC-MCPG PCP GROUP	3
AUTISM BEHAVIOR TREATMENT PROVIDER EPSDT	55
SCHOOL-BASED MENTAL HEALTH	1
COMMUNITY SUPPORT SYSTEMS PROVIDER	1

Claims Denial

Of the claims filed in 2023, about 1.6% were denied. The vast majority of those were for pharmacy services. The table below provides the three provider types for which claims were denied for TEFRA beneficiaries and the reasons for those denials.

	# of Denied Medical Claims			# of Beneficiaries with Denied Medical Claims		
	HOSPITAL	PHARMACY	PSYCHIATRIC FACILITY - INPATIENT	HOSPITAL	PHARMACY	PSYCHIATRIC FACILITY - INPATIENT
MEMBER HAS OTHER MEDICAL COVERGE-BILL OTHER INSURANCE FIRST	4			2		
DUPLICATE OF CLAIM PAID	23		3	5		3
MEDICARE PART A DEDUCTIBLE AMOUNT EXCEEDED PER 60 DAY BENEFIT PERIOD						0
ADJUSTMENT VOID	41			21		
DENIED ADJUSTMENT RESULTING FROM AUTOMATED ELIGIBILITY VERIFICATION & CLAIM SUBMISSION REVERSAL OF A PAID CLAIM		11,468			2,275	
PRICING ADJUSTMENT - INPATIENT PER-DIEM PRICING.	24		3	6		3
Total	**69**	**11,468**	**3**	**26**	**2,275**	**3**

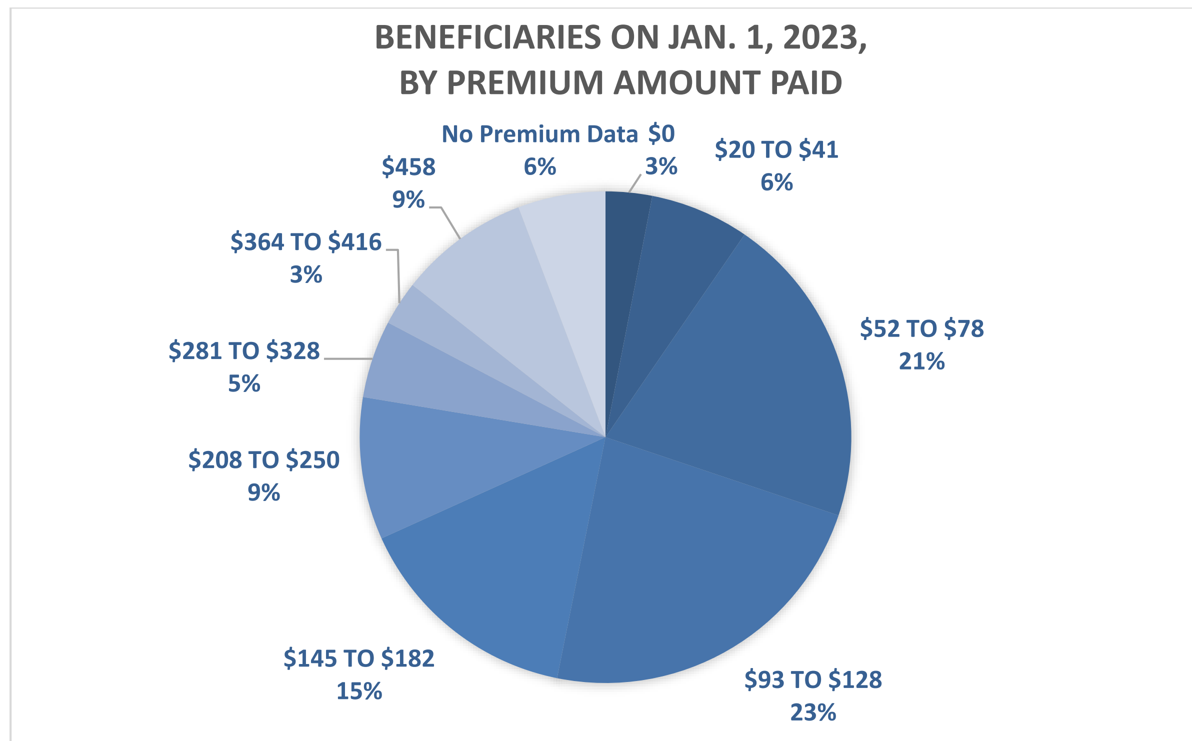
Premium Cost-Sharing

The TEFRA-like demonstration waiver allows the State to require a sliding-scale premium for eligible children based on the income of the custodial parent(s). A monthly premium can be assessed only if the family income is above 150% of the federal poverty level (FPL) and more than $25,000 (see charts below). There are no co-payments charged for services to TEFRA children, and a family's total annual out-of-pocket cost sharing cannot exceed 5% of the family's gross income.

The table below provides the TEFRA monthly premium range for TEFRA families' various income ranges. The maximum premium assessed is $5,500 per year, for incomes above $200,000 annually. Families are not charged additional premium if they have more than one child in the TEFRA program.

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

The majority of beneficiaries (62.5%) paid premiums between $20 and $182 per month.



In DHS's 2023 TEFRA Beneficiary Survey,11.4% of respondents said the premiums were "a big financial burden," which is a very slight increase over the 11.2% reported from the 2022 survey." The other 88.6% said it was a small financial burden or not a burden at all. (See Quality section of this report for more information about the 2023 TEFRA Beneficiary Survey.)

For some beneficiaries, no premium data was available for the date the numbers were obtained. There are two main factors resulting in beneficiaries with no premium data:

- The client's eligibility was approved less than a month before the date the data were obtained. According to Division of County Operations policy F-172, premiums begin a month after eligibility is approved.
- The client shifted between TEFRA coverage and SSI. Some children who receive SSI may intermittently lose their SSI due to fluctuating parental income and may be eligible for TEFRA in the non-SSI months. According to DCO policy I-540, children with alternating TEFRA and SSI eligibility will not be assessed a premium for the TEFRA months.

On May 24th, 2023, DHS sent correspondence to TEFRA beneficiaries concerning Medicaid's TEFRA premium forgiveness plan. This plan implemented premium payment forgiveness for TEFRA beneficiaries who had unpaid TEFRA monthly premiums for any the months between March 1, 2020, and May 31, 2023. The forgiveness plan, which went into effect June 1, 2023, resumed enforcement of premium policy 42 CFR 447.55(b)(2), allowing the agency to disenroll a beneficiary based on failure to pay premiums for 60 days or more. During the PHE, Arkansas Medicaid suspended the policy allowing TEFRA beneficiaries who did not pay the monthly TEFRA premiums to remain enrolled.

New Benefit-Related Issues

The state is unaware of any new benefit-related issues in 2023.

Summary of Issue	Date and Report in Which Issue Was First Reported	Estimated number of Impacted Beneficiaries	Known or Suspected Cause(s) of Issue (if applicable)	Remediation Plan and Timeline for Resolution (if applicable)/Status Update if Issue Previously Reported*
None				

Anticipated Changes to Benefits

- For 2024, DHS is developing a process to allow TEFRA premiums to be paid with a credit card instead of only with a check/money order or monthly draft.

❖ Demonstration-Related Appeals

Report Requirements

This section of the report describes:

- The results of grievances and appeals.
- The existence or results of any audits, investigations or lawsuits that impact the demonstration.
- Appeals-related issues and updates on previously reported issues.
- Any anticipated program changes that may impact appeals-related metrics.

Demonstration Appeals

The following table provides data on the appeals requests received by the DHS Office of Appeals and Hearings. Appeals are listed in the following three categories:

- **Medicaid/MRT/TEFRA** cases involve children who have not been determined to be disabled.
- **Medicaid/TEFRA** cases involve clients who have exceeded the cost of care limit or have premium issues.
- **TEFRA** cases involve eligibility issues not covered by the other two categories (i.e., income or resources).

	Appeals Received	Found in Favor of Client	Found in Favor of Agency	Withdrawn by Agency	Abandoned by Client	Open and Pending	Adminis-tratively Dis-missed	Withdrawn by Claimant	Remanded
Q1 January-March	**40**	**0**	**2**	**1**	**1**	**0**	**33**	**3**	**0**
Medicaid/MRT/TEFRA	0	0	0	0	0	0	0	0	0
Medicaid TEFRA	0	0	0	1	0	0	0	0	0
TEFRA	40	0	2	0	1	0	33	3	0
Q2 April-June	**70**	**0**	**0**	**5**	**1**	**0**	**54**	**9**	**1**
Medicaid/MRT/TEFRA	1	0	0	1	0	0	0	0	0
Medicaid TEFRA	0	0	0	0	0	0	0	0	0
TEFRA	69	0	0	4	1	0	54	9	1
Q3 July-September	**53**	**0**	**3**	**1**	**3**	**0**	**44**	**2**	**0**
Medicaid/MRT/TEFRA	2	0	0	0	0	0	2	0	0
Medicaid TEFRA	0	0	0	0	0	0	0	0	0
TEFRA	51	0	3	1	3	0	42	2	0
Q4 October-December	**67**	**0**	**6**	**0**	**1**	**3**	**48**	**9**	**0**
Medicaid/MRT/TEFRA	0	0	0	0	0	0	0	0	0
Medicaid TEFRA	0	0	0	0	0	0	0	0	0
TEFRA	67	0	6	0	1	3	48	9	0
Total 2023	**230**	**0**	**11**	**7**	**6**	**3**	**179**	**23**	**1**

Grievances

The Arkansas Medicaid program uses its vendor, Arkansas Foundation for Medical Care (AFMC), to accept and process grievances and complaints for all program types, including TEFRA. AFMC did not receive any TEFRA grievances in 2023.

Investigations, Lawsuits and Audits

DHS is not aware of any investigations, lawsuits or audits affecting the TEFRA program in 2023.

Appeals Related Issues

Summary of Issue	Date and Report in Which Issue Was First Reported	Estimated number of Impacted Beneficiaries	Known or Suspected Cause(s) of Issue (if applicable)	Remediation Plan and Timeline for Resolution (if applicable)/Status Update if Issue Previously Reported*
None				

Anticipated Appeal-Related Program Changes

DHS does not anticipate any appeals-related program changes.

❖ Quality

Report Requirements

This section of the report describes:

- Quality activities occurring over the current demonstration reporting period, any new quality-related issues, and updates on previously reported issues;
- Results of beneficiary satisfaction surveys;
- The status of the health care delivery system under the demonstration with respect to issues and/or complaints identified by beneficiaries.
- Progress with improving TEFRA-specific customer service response rate; particularly regarding inquiries related to family changes in income for premium reconsideration; and
- Any anticipated program changes that may impact quality-related metrics.

During 2023, DHS's vendor AFMC conducted a TEFRA beneficiary survey to gauge beneficiary satisfaction with the program and the healthcare system. A sample of 1,647 TEFRA beneficiaries was randomly selected to receive the survey. A total of 424 TEFRA beneficiaries returned surveys and were available for analysis, providing a

response rate of 26.7% of an analyzable sample of 1,586. TEFRA survey respondents highly rated both their ability to access care quickly and the care they receive from providers. Beneficiaries rated their access to special therapies (speech, occupational and physical therapies) particularly highly. The beneficiary survey found the percentage of respondents reporting as “no problem” the ability to see a personal doctor or nurse, get prescriptions, and receive urgent care increased after enrolling in the TEFRA program, compared with their experience before enrolling. Additionally, 62% of respondents rated the TEFRA program overall as an 8 or higher on a scale of 0-10, an increase from the 55% respondent rate in 2022.

	2019	2020	2021	2022	2023
Composite Scores (Respondents who answered “usually” or “always” to questions in each category. Percentages for category questions are averaged for composite percentage.)					
Getting care quickly	95%	92%	96%	94%	95%
How well doctors communicate	95%	94%	95%	94%	95%
Customer service	66%	76%	74%	63%	69%
Special equipment and supplies (e.g., formula, wheelchair, nebulizer)	64%	71%	73%	62%	74%
Special therapies	90%	91%	90%	88%	89%

	2019	2020	2021	2022	2023
Ratings Percent of respondents who gave an 8, 9, or 10 on a scale of 0 to 10.					
Rating of health care professional	92%	93%	93%	90%	93%
Rating of health care	90%	90%	93%	91%	93%
Rating of treatment or counseling	70%	81%	76%	71%	68%
Rating of TEFRA program	73%	76%	71%	55%	62%
Rating of customer service	39%	52%	44%	30%	36%
Rating of TEFRA application process	53%	55%	54%	41%	43%

While TEFRA beneficiaries who responded to the 2023 Beneficiary Satisfaction Survey highly rated their health care and their ability to access care, some components of the TEFRA program did not score as high. Just 36% of beneficiaries who responded to the survey and had an interaction with a TEFRA customer service unit rated their customer service experience 8 or higher, which is an increase over the 2022 survey results. While most gave customer service high marks for courteous treatment, only 54.3% said they received the help they needed, an increase from 49.4% in 2022. Beneficiaries noted the most frequent problems were related to long wait times, frequent transfers and staff who

could not answer their questions. TEFRA survey respondents also rated the TEFRA application process lower than other aspects of the program. About 12% of respondents said they “never” have enough time to complete the TEFRA renewal packet before the deadline.

The customer service centers TEFRA beneficiaries reported contacting the most are the Division of County Operations (DCO), which handles eligibility, and the TEFRA Premium Unit, which handles premium payment. Responses to the TEFRA beneficiary survey have been shared with DCO and the TEFRA Premium Unit, including a breakdown of respondents’ scores for the two units individually. DHS also initiated monthly meetings between the Division of Medical Services (DMS), DCO and the TEFRA Premium Unit to discuss and resolve TEFRA beneficiary issues and facilitate better communication between the three areas. These meetings also ensure policy information and implementation are streamlined and that DHS provides the same information to beneficiaries across the organization. These meetings have led to the development of a TEFRA program manual. This manual helps ensure all new program information is distributed to each division, policies stay consistent between divisions, and each division can ensure its customer service representatives are giving the same information to all TEFRA beneficiaries.

The TEFRA beneficiary survey asks a variety of questions about customer service and about TEFRA premiums, and now includes a question specific to inquiries related to family changes in income for premium reconsideration. The 2023 TEFRA Survey showed that 41.3% of respondents contacted customer service about a change in income, to get information, or help for their child, and more than half, 54.3%, said they “usually” or “always” got the information they needed.

The TEFRA beneficiary survey added a new question about customer service when calling about a change in income. Only 29 respondents said they called customer service about a change in income, but of those, half said they “usually” or “always” received the information needed.

Summary of Issue	Date and Report in Which Issue Was First Reported	Estimated number of Impacted Beneficiaries	Known or Suspected Cause(s) of Issue (if applicable)	Remediation Plan and Timeline for Resolution (if applicable)/Status Update if Issue Previously Reported*
No specific quality issues beyond the customer service issues described above				

Anticipated Program Changes

DHS does not anticipate any program changes that may impact quality-related metrics. However, DHS will continue working to improve its TEFRA customer satisfaction rates.

Financial/Budget Neutrality-Related Program Changes

Report Requirements

This section of the report provides the following:

- The financial performance of the demonstration;
- An analysis of budget neutrality for 2023 and any new financial/budget neutrality-related issues;
- The number of member months for 2023;
- A statement certifying the accuracy of the member months; and
- Any anticipated program changes that may impact financial/budget neutrality metrics.

The PMPM ceiling (total computable, net of premiums paid by demonstration enrollees) for the 2023 demonstration year was established at $1,301.49. During 2023, the demonstration achieved an actual PMPM of $1,106.55. In previous years, capitated payments were not included with total TEFRA expenditures. This year, the capitated payments, including for dental managed care and the PASSE program, are included. (Additional expenditures are expected as claims for 2023 dates of service continue to be processed.)

Total program expenditures (including capitation payments for PASSE and dental managed care)	$89,612,991
Premiums collected	$7,701,661
Net expenditures	$81,911,331
Member months	74,024
2023 PMPM	$1,106.55

By submitting this report, DHS certifies that the member month data described above is accurate. CMS is updating its budget neutrality template to allow for data for the two year extension added to the 2018 TEFRA waiver. Therefore, DHS anticipates submitting the budget neutrality workbook after the submission of this annual report.

Summary of Issue, including fiscal impact and impacted MEGs	Date and Report in Which Issue Was First Reported	Known or Suspected Cause(s) of Issue (if applicable)	Remediation Plan and Timeline for Resolution (if applicable)/Status Update if Issue Previously Reported*
No budget neutrality issues identified			

Anticipated Program Changes

DHS does not anticipate any changes that will affect its ability to meet the PMPM budget neutrality limit.

❖ Demonstration Operations and Policy

Report Requirements

This section of the report highlights the following:

- Significant demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts.
- Any policy or administrative difficulties in the operation of the demonstration.
- Any State legislative developments that may impact the demonstration.
- Progress toward improving information made available (minimally at time of initial application and at annual renewal) on TEFRA services, benefits, participating providers, changes to the sliding scale of monthly premiums required for families with income above 150 percent of the FPL, and instructions for how to pay any applicable premium or to request a change in how the family pays any applicable premium.
- Any activity that may accelerate or create delays or impediments in achieving the demonstration's approved goals or objectives.

Changes in key state personnel or organizational structure

In 2023, the TEFRA program was managed within the DHS Division of Medical Services by staff, Larry David Ballard, Business Operations Manager; Gavin Gray, Program Manager, along with the addition of Jennifer Dedman, Business Operations Manager. Within the DHS Division of County Operations, Rose Page, Program Administrator, has joined the TEFRA team, along with Nikki Cox, Medicaid Program Manager.

State legislative developments that may impact the demonstration

The Arkansas State Legislature begins a fiscal session on April 10, 2024, and no TEFRA-related bills are expected.

Systems issues or challenges that could impact the demonstration

The state's eligibility system was converted to a new system called the Arkansas Integrated Eligibility System (ARIES) in 2021. The ARIES system has continued to be upgraded and optimized, and further upgrades and optimizations will occur to fine tune ARIES to this program's needs.

Policy or administrative difficulties in operating the demonstration

Due to the end of the PHE, the DHS division of County Operations had a backlog of applications at the beginning of the 4th quarter of 2023. As well as adding 14 new TEFRA workers to aid in this process, DCO also added new monitoring reports and regular meetings with supervisors, upper management and the Medical Review Team (MRT) which led to faster processing times and the ability to identify any existing obstacles.

Progress toward improving TEFRA information available to beneficiaries

In 2023, the TEFRA program implemented the following communications improvements and system enhancements.

- Medicaid, with the assistance of the Beneficiary Relation team at AFMC, produced and distributed a TEFRA Beneficiary Education Fact Sheet that is:
    - Mailed to all newly eligible beneficiaries.
    - Made available in the offices of Arkansas Department of Health as well as each Department of Human Services county office.
    - Distributed in schools, health fairs, head start programs and similar events.
- Arkansas Medicaid created an interested parties email distribution list where interested parties can sign up to receive TEFRA related events and updates on future changes for the program.

❖ Implementation Update

Report Requirements

This section of the report provides implementation updates on relevant aspects of the demonstration, as identified either during the approval process, in previous monitoring calls, or other implementation reviews or discussions pursuant to 42 CFR §431.420(b). This section also reports on any changes in implementation plans since the demonstration was approved.

In 2021, CMS asked DHS to provide written quarterly reports on the TEFRA program for discussion during quarterly monitoring calls. DHS has submitted the requested quarterly and annual reports since 2021.

In 2023, DHS submitted the requested quarterly reports, as well as the 2022 annual report. CMS accepted the 2022 annual report on November 13, 2023.

❖ Demonstration Evaluation Update

Report Requirements

This section of the report highlights:

- The status of the evaluation and information regarding progress in achieving demonstration evaluation criteria, including updates on evaluation work and timeline.
- Information about outcomes of care, quality of care, and access to care for demonstration populations as described in the demonstration evaluation.
- The results/impact of any demonstration programmatic area defined by CMS that is unique to the demonstration design or evaluation hypothesis.

Interim Evaluation Results

DHS submitted its draft interim evaluation of the TEFRA program to CMS on December 29, 2021. CMS provided feedback on November 29, 2022, and requested DHS's evaluator add two more years of data. DHS submitted its revised evaluation on May 31, 2023. The interim evaluation measured the demonstration's performance toward achieving the following four goals:

Goal 1: *Ensuring that demonstration enrollees have equal or better access to health services compared to the Medicaid fee-for-service population.*

Goal 2: *Ensuring demonstration enrollees have access to timely and appropriate preventive care.*

Goal 3: *Ensuring enrollment in the demonstration increases beneficiaries' perceived access to health care services and experience in the quality of care received.*

Goal 4: *Ensuring premium contributions are affordable, that they do not create a barrier to health care access, and that the proportion of beneficiaries who experience a lockout period for nonpayment of premiums is relatively low.*

The Interim Evaluation compared the TEFRA-like demonstration enrollees with a group of patients with specific medical conditions within the TEFRA-like target group. The evaluation used claims-based measures and beneficiary survey responses to examine the demonstration's outcomes and beneficiaries' experience with accessibility, therapy services, overall health care, premiums, and other relevant aspects of the program.

Of the nine claims-based measures for comparison between the TEFRA-like population vs. the non-TEFRA-like population, the TEFRA-like population outperformed the non-TEFRA-like population on the following measures for CY2021:

- Percentage of beneficiaries receiving therapy services

  - For speech therapy, TEFRA-like scored 47.4%, compared to 12.5% for the non-TEFRA population.
  - For occupational therapy, TEFRA-like scored 33.5%, compared to 6.8% for the non-TEFRA population.
  - For physical therapy, TEFRA-like scored 52.4%, compared to 11.6% for the non-TEFRA population.
- Proportion of days covered (PDC) for prescriptions, threshold of 50%
  - TEFRA-like scored 60.5 days, compared to 58.3 for the non-TEFRA-like population.
  - The percentage of TEFRA-like beneficiaries taking at least two anti-seizure prescriptions was 6.7%, compared to 5.7% of the non-TEFRA population.
- Percentage of beneficiaries with Third Party Liability (TPL) coverage
  - The TEFRA-like scored 72.5%, compared to 6.9% for the non-TEFRA population.
- Durable Medical Equipment (DME) coverage
  - The TEFRA-like scored 33%, compared to 11.8% for the non-TEFRA population.

Of the three claims-based measures, where comparison between performance periods was completed on the TEFRA-like population only, the TEFRA-like population showed a growth in performance between 2018 and 2021in the following measure:

- Average length (in months) of TEFRA-like segments
  - From 9.8 in 2018 to 10.9 in 2021

Of the survey-based measures for comparison between the TEFRA Beneficiary Satisfaction Survey, the ARKids First A and ARKids First B Beneficiary Satisfaction Surveys, and the TEFRA Disenrolled Beneficiary Survey, the TEFRA-like satisfaction scores outperformed or were not significantly different than the comparison surveys on the following measures:

- Getting care quickly
  - TEFRA-like scored 94.8%, compared to 93.7% for ARkids First A and 89.8% for ARKids First B.
- How well doctors communicate.
  - TEFRA-like scored 93.7%, compared to 95.3 for ARKids First A and 94.9% for ARKids First B.
- Overall health care
  - TEFRA-like scored 93.1%, compared to 89.1% for ARKids First A and B.

When comparing their experience before their TEFRA coverage, TEFRA beneficiaries reported fewer problems with the following after receiving TEFRA coverage:

- Seeing a personal doctor or nurse
    - 23.4% reported problems before TEFRA, compared to 6.5% after receiving TEFRA coverage.
- Getting prescriptions
    - 31.2% reported problems before TEFRA, compared to 11.5% after receiving TEFRA coverage.
- Getting urgent care
    - 23.1% reported problems before TEFRA, compared to 5.8% after receiving TEFRA coverage.

Of the survey-based measures, where comparison between performance periods was completed on TEFRA surveys only (not on the ARKids surveys), the TEFRA scores showed no significant difference between 2021 vs. 2018 TEFRA surveys as favorable performance, except for physical therapy services, in the following measures:

- Therapy services (e.g., speech, occupational and physical)
    - Speech therapy scored 88.5% in 2018 to 89.8% in 2021.
    - Occupational therapy scored 89.1% in 2018 to 90.3% in 2021.
    - Physical therapy scored 91.2% in 2018 to 90.3% in 2021.
- Premium barriers (a big financial burden)
    - The percent of beneficiaries reporting premiums as a big financial burden dropped from 11.2% in 2018 to 8.2% in 2021.

Results presented in the interim evaluation show that the demonstration was effective in achieving the majority of goals and objectives established at the beginning of the current TEFRA-like demonstration.

On November 29, 2022, CMS asked DHS to revise its interim evaluation by making the following changes:

1. Consider the feasibility of including more recent data. This was requested because the first draft of the interim evaluation (submitted in December 2021) presented data only up to 2019 at the time.
2. Provide additional context to support interpretation of results.
3. Provide additional details on feasibility of obtaining individual-level survey data.
4. Include more information about the comparison group.

CMS approved the interim evaluation on March 15, 2024.

Anticipated Changes

In the draft amendment, DHS proposed changes to its TEFRA evaluation design to enhance its methodology. The potential changes include:

1) Changing the comparison population to include the PASSE population to determine if the primary medical and behavioral health conditions are similar compared to the TEFRA-like population.
2) Exploring other data sources including other payors' medical claims from the Arkansas All-Payer Claims Database (APCD) for the TEFRA-like population.
3) Adding a longitudinal analysis by trending the TEFRA-like population over time.

The table below lists anticipated evaluation-related deliverables and their due dates.

Type of Evaluation Deliverable	Due Date	State Notes or Comments	Description of Any Anticipated Issues
Interim Evaluation Report	Submitted 12/29/2021	NA	NA
Revised Interim Evaluation Report	5/31/2023		
Summative Evaluation Report	6/30/2026	The state is considering adjusting its evaluation design to include relevant populations, additional data sources and longitudinal analysis.	Evaluation design changes would be subject to CMS approval

❖ Other Demonstation Reporting

Report Requirement:

This section of the report provides pertinent information not captured in the above sections or in related appendixes.

Demonstration Waiver Renewal

DHS submitted its renewal application June 30, 2022. To allow more time to review the application, on November 7, 2022, CMS extended Arkansas's TEFRA-Like demonstration through December 31, 2023. CMS then extended Arkansas's TEFRA-Like demonstration again on December 7, 2023, through December 31, 2024.

The table below lists deliverables related to this demonstration and associated due dates.

Type of Other Post-Approval Deliverable	Due Date	State Notes or Comments	Description of Any Anticipated Issues for CMS Technical Assistance
Quarterly	10 days prior to the TEFRA quarterly calls with CMS		None
Annual Reports	3/31/25		None
Demonstration Application for Renewal	Submitted, 6/30/22		None

❖ Post Award Public Forum

Report Requirements

This section of the report provides a summary of the annual post-award public forum held pursuant to 42 CFR §431.420(c), including any resulting action items or issues and all public comments received regarding the progress of the demonstration project.

DHS held a virtual public forum on the TEFRA Waiver on September 14, 2023, at 9 a.m. CST. The public forum was held in conjunction with the Arkansas Child Health Advisory Committee. The public forum was publicized on the DHS website and the DHS Medicaid Saves Lives Facebook page, and notices about the event were distributed to interested stakeholder groups. Eighteen people attended the meeting in addition to the four DHS staff presenting program information. The public forum provided the following information:

- The purpose of the public forum
- An overview of the program
- Demographics of program participants
- A list of eligibility requirements
- TEFRA enrollment summary
- Health care quality, outcomes and access
- TEFRA contact information
- The various ways in which individuals could submit comments or questions.

There were several comments and questions from providers of TEFRA beneficiaries and attendees of the meetings. The questions were answered directly via email to the attendees who asked them.

Comments

1. Very appreciative of how much this waiver helped get the children, the commenter served the help and care they needed over his time at Children's

Hospital. Saw firsthand how much this program was the only way a lot of children got the personalized care they needed.

2. Appreciated the DHS's proposed change, in its waiver renewal application, to every 3rd year (instead of an every year determination) for disability determination for those with long term/chronic disabilities.

Questions

1. How many TEFRA beneficiaries were disenrolled due to the Public Health Emergency Unwind and no longer being eligible versus those who did not respond?
2. What are the TEFRA enrollment trends over the years of the TEFRA waiver?
3. What is the average TEFRA application processing time?

❖ Notable State Achievements and/or Innovations

Report Requirements

This section of the report provides a summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per-capita cost.

During 2023, the TEFRA program had the following notable achievements:

- The TEFRA program served over 7,300 beneficiaries during the year, while maintaining a per member per month cost well below the budget neutrality limit.
- 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.
- The 2023 TEFRA beneficiary survey found beneficiaries highly rated both their ability to quickly access care and the care they receive from providers.
- The TEFRA program significantly increased the number of TEFRA applications processed each quarter, reducing the backlog of individuals waiting to enroll in the program.

Appendix A: TEFRA Policies

Medical Services Policy O-257 Time Limits to Dispose of Application

Except for those cases that require a disability determination, all Medically Needy cases will be disposed of within 45 days from the date of application by one of the following actions: approval, denial, or withdrawal. AD Medically Needy cases, when an MRT disability determination is required, will be disposed of within 90 days from the date of application by one of the following actions: approval, denial, or withdrawal.

Medical Services Policy B-315 TEFRA

This group consists of children 18 years of age or younger with disabilities that must meet the medical necessity requirement for institutional placement in a hospital, a skilled nursing facility, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), or be at risk for future institutional placement. Medical services must be available to provide care to the child in the home, and it must be appropriate to provide such care outside an institution. The income limit is three (3) times the current SSI payment standard. Only the child's income is considered. Parental income is not considered in the eligibility determination but is considered for the purpose of calculating the monthly premium. For information regarding TEFRA premiums and calculation, refer to MS F-170-172. The resource limit is $2000. Only the child's resources are considered. Parental resources are disregarded. Recipients of TEFRA Waiver receive the full range of Medicaid benefits and services.

Medical Services Policy C-230 TEFRA Application Process -

TEFRA applications (DCO-0444) will be available at local DHS offices or by mail, through hospitals, including Arkansas Children's Hospital, and Federally Qualified Health Centers. Information will be available through the Division of Developmental Disabilities (DDS) Services Coordinators and Providers. Information will also be available on the DHS/DMS website. To complete the eligibility determination, the following steps must be completed:

- The application must be made by an adult responsible for the care of the child.

- A DMS 2602, Physician's Assessment of Eligibility, must be completed by the child's physician to determine Medical Necessity and Appropriateness of Care. If disability has not previously been established by the Social Security Administration, a Medical Review Team (MRT) disability review must be completed.

Medical Services Policy C-232 TEFRA Eligibility Determination

Except for the Appropriateness of Care requirement, eligibility will be determined by the eligibility worker in the same manner as Long-Term Services and Supports (LTSS) cases. A child who would not be eligible or potentially eligible for Medicaid in an institution cannot be considered for TEFRA. If the child's countable income is less than

the current LTSS income limit (Appendix S) and the child's countable resources are less than the current resource limit, he/she will meet the TEFRA income and resource requirements. Parental income and resources will be disregarded when determining eligibility. However, parental income will be considered when calculating the monthly premium amount. Refer to MS F-170 - MS F-172.

Medical Services Policy C-233 Disability Determination

To qualify for TEFRA, a child must be considered an individual with a disability according to the SSI regulations that govern children with disabilities. Disability for a child will either be established by the Social Security Administration (SSA) or the DHS Medical Review Team (MRT). If a child received SSI within one year prior to making TEFRA Waiver application but was terminated for reasons other than lack of disability, (e.g. parental income or resources), documentation will be obtained for the case record. A disability decision made by SSA on a specific disability is controlling for that disability, until the decision is changed by SSA. The child will be considered an individual with a disability based on the previous SSA disability determination. Refer to MS F-120-129.

Medical Services Policy C-234 Determining Appropriateness of Care for TEFRA

Based on information provided on the DMS 2602, Physician's Assessment of Eligibility, and any medical records submitted, the TEFRA Committee will determine medical necessity and if the applicant meets the Appropriateness of Care criteria. If the applicant is having difficulty obtaining the Physician's Assessment of Eligibility, the County Office should provide assistance to obtain the required form.

Medical Services Policy C-235 Disposition of TEFRA Application

If at any point in the eligibility determination the child fails to meet eligibility requirements, the application will be denied. The begin date for TEFRA Waiver eligibility will be the date of application unless retroactive coverage is needed. If needed, the eligibility begin date can be as early as three months prior to the date of application, provided all eligibility requirements are met. A child cannot be approved for retroactive coverage before the onset of his/her disability as he/she would not meet the TEFRA disability or medical necessity requirements prior to the onset of disability. A child who had been residing in an institution would not be eligible for any retroactive coverage while still residing in the institution as TEFRA Waiver coverage is for non-institutionalized children only. For any retroactive coverage needed, it can be assumed that medical necessity and appropriateness of care have been met unless there is evidence to the contrary.

Medical Services Policy I-540 Alternating TEFRA and SSI Eligibility

Some children who receive SSI may intermittently lose their SSI due to fluctuating parental income and may be eligible for TEFRA in the non-SSI months. In these instances, the eligibility worker must redetermine TEFRA eligibility for each month in which the child is not SSI eligible. Children with alternating TEFRA and SSI eligibility will not be assessed a premium for the TEFRA months. If fluctuating parental income

causes a child's SSI eligibility status to change from month-to-month and less than 10 months have passed since the last full TEFRA Waiver certification or renewal, only a new DCO-9700 (TEFRA and Autism Application for Assistance) and a redetermination of income and resource eligibility are required to reopen the TEFRA Waiver case. Redetermination of other eligibility factors will not be required.

Medical Services Policy I-325 TEFRA Renewals

TEFRA Waiver cases will be renewed every 12 months. To ensure that renewals are completed by the end of the twelfth month, the renewal process should be started in the 9th month from the date of the last approval or renewal. The eligibility worker will generate the appropriate renewal forms and send the packet to the individual's guardian or authorized representative. The due date for return of the TEFRA renewal packet will be the last day of the 10th month. If the child's SSI eligibility has fluctuated due to changing parental income since the last certification or renewal, medical necessity and appropriateness of care will not be determined until the case is in, or nearing, the 9th month since completion of the last TEFRA renewal or certification. At renewal, all eligibility factors including appropriateness of care will be redetermined. A MRT disability redetermination may or may not be necessary at the time the TEFRA case is reevaluated. A reexamination by MRT is necessary when indicated on the DCO-0109, or one year after the initial certification for TEFRA when the certification was made based on a previous SSI determination of disability and there has been no SSI payment or subsequent redetermination by SSA.

EXAMPLE: A child received SSI for six months in 2018 and then lost SSI due to increased parental income. The parent applies for TEFRA in September 2018 and the case is certified in November 2018 based on the previous SSI disability determination. The child has not received SSI benefits since being certified. At the annual renewal in 2019, a MRT disability determination is required.

A review by MRT is also necessary if the eligibility worker becomes aware of significant improvement and/or employment at or near the SGA level. Refer to MS F-125.

Refer to Appendix O for a list of required renewal forms. In addition, the premium amount will be redetermined at renewal. If the premium changes, the parent will be notified of the new amount by the TEFRA Premium Unit.