ARKANSAS TEFRA-LIKE
Section 1115
Project Number 11W001636

QUARTERLY & ANNUAL REPORT

October 1, 2024-December 31, 2024
January 1, 2024-December 31, 2024

ARKANSAS DEPARTMENT OF HUMAN SERVICES

❖ Preface

State	Arkansas
Demonstration Name	Arkansas TEFRA-like Section 1115 Demonstration
Approval Date	May 9, 2018, extended November 28, 2022, again on December 7, 2023, and again on November 7, 2024
Approval Period	January 1, 2018 – December 31, 2025
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); and
- 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 2024 marks the 22nd year of the TEFRA-like demonstration. The request for renewal for the current TEFRA-like demonstration waiver 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 and Conditions 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 with minor changes. 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 allowed the demonstration to continue through the 2024 calendar year. On November 7, 2024, CMS granted another one-year extension, which allows the demonstration to continue through the 2025 calendar year.

Highlighted TEFRA program activities for 2024 include the following:

- The TEFRA program served more than 7,000 beneficiaries during the year, while maintaining a per member per month cost below the budget neutrality limits.
- The TEFRA program has seen enrollment return to normal numbers in 2024 after the effect of the Public Health Emergency unwind in 2023, which resulted in a drop to 5,500 enrolled beneficiaries at the end of that year. The average quarterly enrollment for 2024 was 6,208. The total number of TEFRA applications processed in 2024 increased 24% from 2023 due to efforts to address a backlog in eligibility applications. Those efforts included the hiring and training of additional eligibility specialists, as well as the implementation of a new PowerBI 2.0 Dashboard tool. This tool allows applications to be tracked more efficiently and helps to identify and address any deficiencies in the processing of applications.
- TEFRA beneficiaries' most frequently used services in 2024 included early intervention day treatment, speech therapy, and occupational therapy.
- The 2024 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.
- In January 2024, Arkansas Medicaid implemented 12 months of guaranteed continuous eligibility for children under the age of 19. This means that children's eligibility will not be affected by income or other eligibility criteria during those 12 months. This implementation does include the TEFRA population.

- In 2024 the Arkansas Department of Human Services launched an education campaign to raise public awareness of the availability of home and community-based services (HCBS) which includes TEFRA. These services provide opportunities for TEFRA beneficiaries with intellectual or developmental disabilities, physical disabilities, and mental health concerns to receive services in their home or community rather than long-term care facilities, hospitals, or intermediate care facilities institutions or other settings. At the center of this campaign is a new website offering information about specific programs and services available, who they are designed to benefit, what they provide and how to apply for them.

❖ 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 the Social Security Administration, the disability must be determined by the State's Medical Review Team. 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 $2,901 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 2024, Arkansas Medicaid served more than 7,000 unique beneficiaries through the TEFRA program.

Quarter	TEFRA Beneficiaries
1 (Jan.-March)	6,154
2 (Apr.-June)	6,333
3 (July-Sept.)	6,340
4 (Oct.-Dec.)	6,003
Unique Beneficiaries in 2024	**7,019**

The largest decrease in enrollment numbers occurred during Q4 of 2024. This can be explained by a large number of disenrollments and fewer applications received during Q3 and Q4. Most of the disenrollments either transitioned to another Medicaid aid category or were no longer eligible for TEFRA.

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 (Regularly Scheduled Renewals 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 2024.

	Total Applications Processed	Processed Within 90 Days	Mean Processing Time (days)	Min Processing Time (days)	Max Processing Time (days)
QTR 1 (JAN-MAR)	1,236	1,007	53.37	0	377
QTR 2 (APR-JUNE)	815	774	31.83	0	382
QTR 3 (JUL-SEP)	727	715	25.92	0	297
QTR 4 (OCT-DEC)	743	737	23.27	0	176

Arkansas started the first quarter of 2024 processing over 81% of TEFRA applications within the 90-day requirement specified by 42 CFR § 435.911 and DHS Medical Services Policy O-257. This was a decrease from the 93% of applications processed within 90 days for the same period in 2023. For the 2024 year as a whole Arkansas's average processing was just over 96% 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 number of applications processed decreased in 2024 largely due to receipt of fewer applications. This decrease in the number of applications, along with the new PowerBI 2.0 Dashboard tool and the hiring and training of additional eligibility specialists, resulted in a larger percentage of applications being processed within the required 90-day time frame and a significant reduction in the average completion time.

As mentioned in the state's Q2 quarterly report, the maximum application processing time for 2024 was 382 days. This was due to an administrative error that caused a delay in the processing of this application. DCO leadership has taken steps to ensure this type of error will be avoided in the future.

The following table shows the percentage of initial application notices and renewal notices sent at least 10 days prior to the action date in compliance with 42 CFR § 431.211. This process has improved significantly since 2021, when the percentage of notices sent out timely was as low as 85%. In 2024, Arkansas Medicaid sent out 100% of notices at least 10 days prior to the action date.

	Percentage of Notices Sent at Least 10 days Prior to the Action Date
QTR 1 (JAN-MAR)	100%
QTR 2 (APR-JUNE)	100%
QTR 3 (JUL-SEP)	100%
QTR 4 (OCT-DEC)	100%

Disenrollments

In 2024, 1,501 TEFRA beneficiaries were disenrolled from the TEFRA program either because they no longer met the TEFRA qualifications or because they were moved to another Medicaid program. Of these disenrollments 54% came from closure requests from active TEFRA beneficiaries.

	TEFRA Closures
QTR 1 (JAN-MAR)	304
QTR 2 (APR-JUNE)	339
QTR 3 (JUL-SEP)	404
QTR 4 (OCT-DEC)	472
Total Unique Beneficiaries	**1,501**

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	4,870
2	5,000
3	4,564
4	4,564

The following table provides a summary of the issues identified with TEFRA eligibility and enrollment during 2024.

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 2024				

Changes Implemented in 2024

In January 2024, Arkansas Medicaid implemented 12 months of guaranteed continuous eligibility for children under the age of 19. This means that children's eligibility will not be affected by income or other eligibility criteria during those 12 months. This implementation does include the TEFRA population.

Anticipated Changes to Enrollment

If Arkansas's pending TEFRA waiver application is approved by CMS, DHS is also planning to allow beneficiaries with certain long-term or chronic conditions to obtain medical redetermination every three years, rather than 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; and
- 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-used services for TEFRA beneficiaries in 2024 are listed in the following table.

Top Services	# of Claims for TEFRA Beneficiaries
EARLY INTERVENTION DAY TREATMENT (EIDT)	177,615
SPEECH/LANGUAGE THERAPY GENERAL	90,513
OCCUPATIONAL THERAPY GENERAL	73,711
SPEECH/LANGUAGE THERAPY EIDT	57,057
PRESCRIPTION SERVICES	56,129
AUTISM-EPSDT	51,228
PHYSICAL THERAPY GENERAL	49,192
OCCUPATIONAL THERAPY EIDT	48,971
PHYSICAL THERAPY EIDT	35,868
PHYSICIAN SERVICES	31,000
SPEECH/LANGUAGE THERAPY SCHOOL-BASED	10,964

OCCUPATIONAL THERAPY SCHOOL-BASED	9,947
PEDIATRIC OUTPATIENT HOSPITAL	9,311
DURABLE MEDICAL EQUIPMENT (DME)/OXYGEN	7,482
OUTPATIENT HOSPITAL	5,958
PHYSICAL THERAPY SCHOOL BASED	5,512
THERAPY - INDIVIDUAL/REGULAR GROUP	5,268
MENTAL HEALTH CLINIC - RSPMI	4,282
DME-EXPANSION-EPSDT	3,535

Changes Implemented in 2024

- Developmental screening for initial early intervention day treatment eligibility determination purposes was shifted to be performed by the child's primary care provider (PCP) instead of an outside vendor as of April 1,2024. This change allows these services to be received without delays and allows the PCP to continue as the center of the child's care.

Healthcare 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 healthcare providers across the state with at least one provider serving TEFRA beneficiaries in every county. The following healthcare provider types filed at least one claim for a TEFRA beneficiary in 2024.

In-State Provider Type	# of Providers with at least one TEFRA claim in 2024
PHYSICIAN, MD	141
PHYSICIAN, MD (GROUP)	588
PHYSICIAN, DO	3
PHYSICIAN, DO (GROUP)	11
EARLY INTERVENTION DAY TREATMENT (EIDT)	127
HOSPITAL	69
PHARMACY	615
DENTAL	13
INDEPENDENT LABORATORY	6
ICF FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES	1
HOME HEALTH	6
TRANSPORTATION	36
PROSTHETIC SERVICES	108

PODIATRIST	2
CHIROPRACTOR	37
MENTAL AND BEHAVIORAL HEALTH	11
HEARING SERVICES	13
THERAPY	36
OPTOMETRIST/OPTICIAN	202
PSYCHIATRIC FACILITY - INPATIENT	14
REHABILITATION CENTER (RSPMI)	137
AMBULATORY SURGICAL CENTER	7
RURAL HEALTH CLINIC	72
HEALTH DEPARTMENT	2
DENTAL GROUP	245
DDS ORGANIZED HEALTHCARE DELIVERY	4
PERSONAL CARE	60
HYPERALIMENTATION	9
FAMILY PLANNING	1
VENTILATOR EQUIPMENT	5
PRIVATE DUTY NURSING	7
THERAPY - REGULAR GROUP	277
THERAPY SCHOOL DISTRICT-ED SVC COOP	152
MENTAL AND BEHAVIORAL HEALTH GROUP	35
HOSPICE	1
PODIATRY GROUP	8
FEDERALLY QUALIFIED HEALTH CENTER	79
NURSE PRACTITIONER	7
SCHOOL-BASED VISION AND HEARING SCREENER	46
NURSE PRACTITIONER GROUP	23
TCM ORGANIZATION-FACILITY	1
ACS WAIVER SUPPORTIVE LIVING/RESPITE/SUPPORT	11
AHEC PCP GROUP	1
ACS WAIVER CONSULTATION SERVICE	3
ACS WAIVER SPECIALIZED MEDICAL SUPPLIES	2
TCM-CS	1
DEVELOPMENTAL REHABILITATION SERVICES	16
ORAL SURGEON, INDIVIDUAL	5
ORAL SURGEON, GROUP	16
AHEC-MCPG PCP GROUP	3
AUTISM BEHAVIOR TREATMENT PROVIDER EPSDT	68
SCHOOL-BASED MENTAL HEALTH	2
COMMUNITY SUPPORT SYSTEMS PROVIDER	10

Claims Denial

Of the claims filed in 2024, 1.8% were denied. The vast majority of those were for pharmacy services. The table below provides the two service 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	HOSPITAL	PHARMACY
MEMBER HAS OTHER MEDICAL COVERAGE-BILL OTHER INSURANCE FIRST	8		7	
DUPLICATE OF CLAIM PAID	6		4	
DENIED ADJUSTMENT RESULTING FROM AUTOMATED ELIGIBILTIY VERIFCATION AND CLAIMS SUBMISION REVERSAL OF A PAID CLAIM		13,300		2,281
CLAIM PAID AT MAXIMUM ALLOWABLE DAYS	2		2	
ADJUSTMENT VOID	31		21	
THIRD-PARTY LIABILITY VOID ADJUSTMENT	2		2	
PRICE ADJUSTMENT - THIS CLAIM WAS VOIDED/REDUCED BY POST-PAYMENT REVIEW	3		3	
PRICING ADJUSTMENT - INPATIENT PER DIEM PRICING	10		8	
PRICING ADJUSTMENT - THIRD-PARTY LIABILITY DEDUCTIBLE AMOUNT APPLIED	1		1	
PROCESSED PER POLICY	1		1	
Total	**50**	**13,330**	**33**	**2,281**

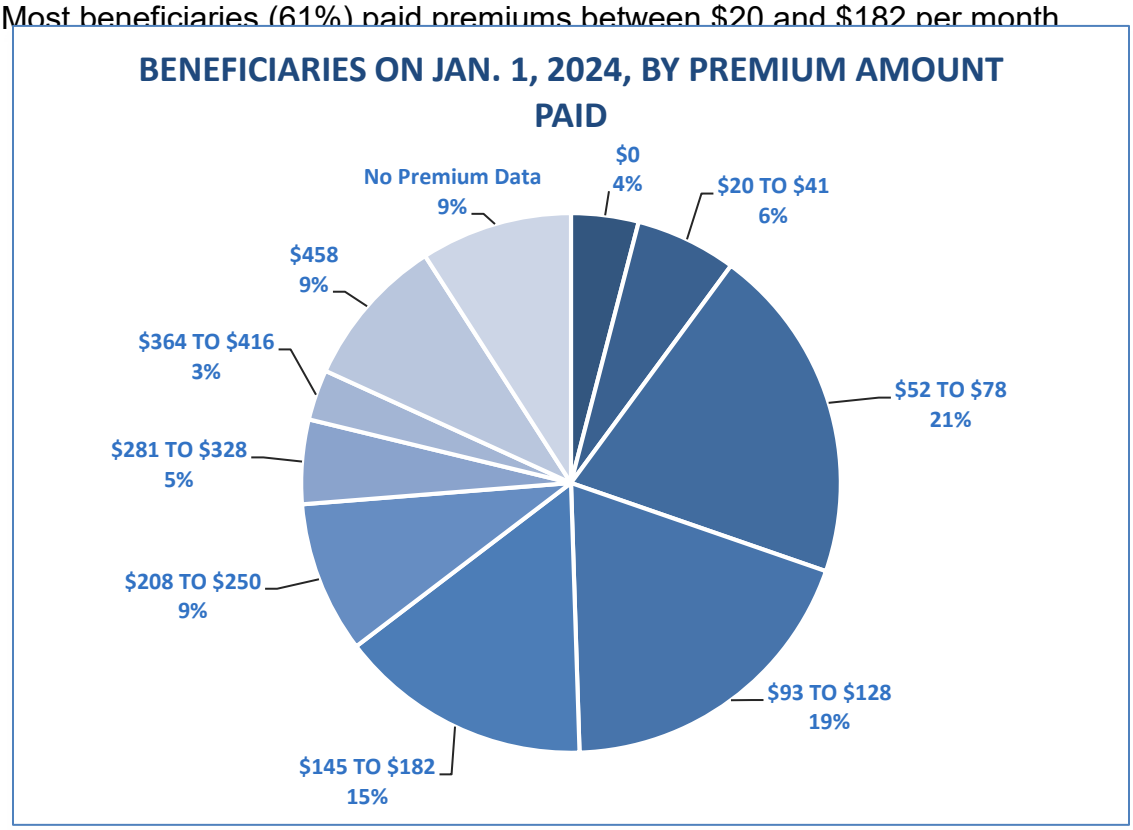
Premium Cost-Sharing

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 and more than $25,000 (see charts below). There are no copayments 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

Most beneficiaries (61%) paid premiums between $20 and $182 per month



In DHS's 2024 TEFRA Beneficiary Satisfaction Survey, 14.98% of respondents said the premiums were "a big financial burden," which is a 3.58% increase over the 11.4% reported from the 2023 survey. The other 85.02% said it was a small financial burden or not a burden at all. (See Quality section of this report for more information about the 2024 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 (DCO) 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.

New Benefit-Related Issues

The state is unaware of any new benefit-related issues in 2024.

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

- None at this time.

❖ 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; and
- 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, such as income or resources.

	Appeals Received	Found in Favor of Client	Found in Favor of Agency	Withdrawn by Agency	Abandoned by Client	Open and Pending	Administratively Dis-missed	Withdrawn by Claimant	Remanded
Q1 January-March	**72**	**0**	**9**	**35**	**4**	**0**	**5**	**18**	**1**
Medicaid/MRT/TEFRA	0	0	0	0	0	0	0	0	0
Medicaid/TEFRA	18	0	1	0	2	0	0	15	0
TEFRA	54	0	8	35	2	0	5	3	1
Q2 April-June	**24**	**0**	**6**	**10**	**1**	**0**	**2**	**5**	**0**
Medicaid/MRT/TEFRA	0	0	0	0	0	0	0	0	0
Medicaid/TEFRA	3	0	1	2	0	0	0	0	0
TEFRA	21	0	5	8	1	0	2	5	0
Q3 July-September	**27**	**0**	**4**	**8**	**4**	**0**	**2**	**8**	**1**
Medicaid/MRT/TEFRA	0	0	0	0	0	0	0	0	0
Medicaid/TEFRA	1	0	0	1	0	0	0	0	0
TEFRA	26	0	4	7	4	0	2	8	1
Q4 October-December	**38**	**0**	**4**	**12**	**4**	**7**	**2**	**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	38	0	4	12	4	7	2	9	0
Total 2024	**161**	**0**	**23**	**65**	**13**	**7**	**11**	**40**	**2**

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 2024.

Investigations, Lawsuits and Audits

DHS is not aware of any investigations, lawsuits, or audits affecting the TEFRA program in 2024.

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 Appeals-Related Program Changes

- To comply with settlement agreement, DHS ensures beneficiaries in all programs receive thirty (30) days' notice, which begins five (5) days after the date of the written notice, effectively allowing thirty-five (35) days, before any final adverse action is taken regarding their eligibility for assistance or availability of benefits. Eligibility or benefits continue during appeal until a final decision is rendered.
- In January 2024, Arkansas Medicaid implemented 12 months of guaranteed continuous eligibility for children under the age of 19. This means that children's eligibility will not be affected by income or other eligibility criteria during those 12 months. This implementation does include the TEFRA population.

❖ 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 healthcare delivery system under the demonstration with respect to issues and 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 2024, DHS's vendor, Arkansas Foundation for Medical Care, conducted a TEFRA beneficiary survey to gauge beneficiary satisfaction with the program and the healthcare system. A sample of 1,650 TEFRA beneficiaries was randomly selected to receive the survey. A total of 422 TEFRA beneficiaries returned surveys and 417 were available for analysis, providing a response rate of 26% of an analyzable sample of 1,602. 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 high. 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, 67% of respondents rated the TEFRA program overall as an 8 or higher on a scale of 0-10, an increase from 62% in 2023.

	2019	**2020**	**2021**	**2022**	**2023**	**2024**
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%	93%
How well doctors communicate	95%	94%	95%	94%	95%	93%
Customer service	66%	76%	74%	63%	69%	70%
Special equipment and supplies (e.g., formula, wheelchair, nebulizer)	64%	71%	73%	61%	74%	69%
Special therapies	90%	91%	90%	88%	89%	90%
Ratings Percent of respondents who gave an 8, 9, or 10 on a scale of 0 to 10.						
Rating of healthcare professional	92%	93%	93%	90%	93%	90%
Rating of health care	90%	90%	93%	91%	93%	89%
Rating of treatment or counseling	70%	81%	76%	71%	68%	77%
Rating of TEFRA program	73%	76%	71%	55%	62%	67%
Rating of customer service	39%	52%	44%	30%	36%	32%
Rating of TEFRA application process	53%	55%	54%	41%	43%	43%

While TEFRA beneficiaries who responded to the 2024 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. Of beneficiaries who responded to the survey and had an interaction with a TEFRA customer service unit, 32% rated their customer service experience 8 or higher, which is a decrease from the 2023 survey results. While most gave customer service high marks for courteous treatment, only 53.2% said they received the help they needed, a decrease from 54.3% in 2023. Beneficiaries noted the most frequent problems were related to long waiting 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, and 8.6% 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 payments. Responses to the TEFRA beneficiary survey have been shared with DCO and the TEFRA Premium Unit, including a breakdown of respondents' scores for each area individually. DHS also initiated monthly meetings between the Division of Medical Services, 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 TEFRA premiums and includes a question specific to inquiries related to family changes in income for premium reconsideration. The 2024 TEFRA survey showed that 30% of respondents contacted customer service about a change in income, to get information, or help for their child, and 53.2% said they "usually" or "always" got the information they needed. Eleven respondents called customer service about a change in income, and of those, 45% 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

To address TEFRA customer satisfaction issues and ratings, DHS through its beneficiary relationship contract is implementing a centralized customer service center.

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 2024 and any new financial/budget neutrality-related issues.
- The number of member months for 2024.
- A statement certifying the accuracy of the member months; and
- Any anticipated program changes that may impact financial/budget neutrality metrics.

The per member per month (PMPM) ceiling (total computable, net of premiums paid by demonstration enrollees) for the 2024 demonstration year was $1,301.49. During 2024, the demonstration achieved an actual PMPM of $1,102.01. Prior to 2023, capitated payments were not included with total TEFRA expenditures. Beginning in 2023, the capitated payments, including for dental managed care and the PASSE program, are included. (Additional expenditures are expected as claims for 2024 dates of service continue to be processed.) Arkansas DHS has moved to dental fee for service which will be reflected in 2025 reporting.

Total program expenditures (including capitation payments for PASSE and dental managed care)	$93,609,472.00
Premiums collected	$8,794,424.67
Net expenditures	$84,815,047.33
Member months	76.964
2024 PMPM	$1,102.01

By submitting this report, DHS certifies that the member month data described above is accurate.

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% of the federal poverty level, and instructions for how to pay any applicable premium or to request a change in how the family pays any applicable premium; and
- 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 2024, the TEFRA program was managed within the DHS Division of Medical Services by Larry David Ballard, Business Operations Manager, and Gavin Gray, Program Manager. Within the DHS Division of County Operations, the TEFRA team included Rose Page, Program Administrator, and Nikki Cox, Medicaid Program Manager.

State legislative developments that may impact the demonstration

No TEFRA-related bills are expected for 2025.

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

At the beginning of 2024, Arkansas Medicaid addressed a backlog of eligibility applications after the Public Health Emergency unwind. To address these, the Division of County Operations hired and trained additional eligibility specialists and implemented a new PowerBI 2.0 Dashboard tool. This tool allows applications to be tracked more efficiently and helps to identify and address any deficiencies in the processing of applications.

Progress toward improving TEFRA information available to beneficiaries

In 2024, the TEFRA program continued with the following communication improvements and system enhancements:

- Medicaid, with the assistance of the Beneficiary Relations team at Arkansas Foundation for Medical Care, produced and distributed a TEFRA Beneficiary Education Fact Sheet, which is:
  - Mailed to all newly eligible beneficiaries;
  - Made available in the offices of the Arkansas Department of Health as well as each DHS county office; and
  - Distributed in schools, health fairs, Head Start programs, and similar events.
- In 2024 the Arkansas Department of Human Services launched an education campaign to raise public awareness of the availability of home and community-based services (HCBS). These services provide opportunities for Medicaid beneficiaries with intellectual or developmental disabilities, physical disabilities, aging needs, and mental health concerns to receive services in their home or community rather than long-term care facilities, hospitals, or intermediate care facilities institutions or other settings. At the center of this campaign is a new website offering information about specific programs and services available, who they are designed to benefit, what they provide and how to apply for them.

❖ 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 2024, DHS submitted the requested quarterly reports, as well as the 2023 annual report which was submitted on 3/29/2024. CMS accepted the 2023 annual report on October 8, 2024.

❖ 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; and
- 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 healthcare services and experience in the quality of care received.*

Goal 4: *Ensuring premium contributions are affordable, that they do not create a barrier to accessing health care, 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 versus the non-TEFRA-like population, the TEFRA-like population outperformed the non-TEFRA-like population on the following measures for Calendar Year 2021.I

- 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 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 coverage
        - The TEFRA-like scored 72.5%, compared to 6.9% for the non-TEFRA population.
- Durable medical equipment 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 versus 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 and 89.8% in 2021.
    - Occupational therapy scored 89.1% in 2018 and 90.3% in 2021.
    - Physical therapy scored 91.2% in 2018 and 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 7.2% 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 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
Summative Evaluation Report	6/30/2026	The state has proposed adjusting its evaluation design to include relevant populations, additional data sources, and longitudinal analysis.	Evaluation design changes would be subject to CMS approval.

❖ Other Demonstration Reporting

Report Requirements

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. On November 7, 2024, CMS granted another one-year extension, which allows the demonstration to continue through the 2025 calendar year.

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 Report	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 12, 2024, at 10 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. Twenty-eight people attended the meeting in addition to the two 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 can submit comments or questions
- Interested parties can now sign up to receive updates for the Arkansas TEFRA-like program at http://cloud.comms.dhs.arkansas.gov/dmsemails

There were several comments and questions from providers and attendees at the meeting. The questions were answered directly and via email to the attendees who asked them.

Comments

1. Very appreciative of how much this waiver helped get the children, the commenter received 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.

Questions

1. What is DHS doing to combat the poor customer service scores in the TEFRA Annual Survey? DHS response is that we are working with both our vendor who receives most related calls, and our supporting inhouse staff to respond to all inquiries in the most timely manner and with respect to all needs of our beneficiaries and their guardians.

❖ Notable State Achievements and/or Innovations

Report Requirements

This section of the report provides a summary of achievements and 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 2024, the TEFRA program had the following notable achievements:

- The TEFRA program served over 7,000 beneficiaries during the year, while maintaining a per member per month cost well below the budget neutrality limit.
- The 2024 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 reduced 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 $2,000. 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.