

**Public Notice**  
**For Proposed Amendment to Medicaid Section 1115 Demonstration Project,**  
**Arkansas Health and Opportunity for Me (ARHOME)**

**The Arkansas Department of Human Services (DHS), Division of Medical Services (DMS) is providing public notice of its intent to submit to the Centers for Medicare & Medicaid Services (CMS) a written request to amend the Medicaid Arkansas Health and Opportunity for Me (ARHOME) Demonstration Project (Waiver) and to hold public hearings to receive comments on the amendments to the Demonstration.**

In accordance with 42 §CFR 431.408, this notice provides a summary of the waiver amendment request and serves to formally open the 30-day public comment period, which will begin on February 2, 2025 and conclude on March 3, 2025.

The Arkansas Department of Human Services (DHS), Division of Medical Services (DMS), intends to formerly submit the “Pathway to Prosperity” amendment to the current Arkansas Health and Opportunity for ME (ARHOME) Section 1115 Demonstration Project (waiver) which will include public comments. Specifically, DHS seeks public comment on its amendment request to include the following enhancements to the current ARHOME demonstration.

The ARHOME program is Arkansas’s Medicaid expansion that provides health care coverage to more than 220,000 able-bodied adults ages 19-64 with income at or below 138% of the Federal Poverty Level (FPL). Pathway to Prosperity establishes work and community engagement requirements for the Medicaid expansion population that will drive improved health and economic independence outcomes for working age nondisabled adults and their families.

The population served under ARHOME live in households with income near or below the federal poverty level. It is well-documented that poverty is closely connected to poor health outcomes and even premature death. One study found that “experiencing poverty or near poverty (living at incomes below 200 percent of the federal poverty level) imposed the greatest burden and lowered quality-adjusted life expectancy more than any other risk factor ...”.<sup>1</sup>

Poverty is a “root cause” of poor health. DHS administers other human services programs in addition to the Medicaid program and provides links to workforce development programs that can help reduce the risks associated with poverty. Addressing poverty serves the purpose of the Medicaid program. Pathway to Prosperity will help provide a bridge over the “benefits cliff” that keeps people from moving into economic stability and off of public assistance.

Pathway to Prosperity applies to all individuals ages 19-64 who are eligible through the new adult expansion group, who have income ranging from 0% FPL to 138% FPL, and who are covered by a QHP. Individuals will be assessed by DHS as “on track” or “not on track” through data matching. Those who are identified as not on track will be provided the opportunity to receive focused care coordination services to support health and economic self-sufficiency.

DHS will utilize data matching to identify individuals who appear to be not on track towards meeting their personal health and economic goals. If DHS confirms that an individual is not on

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<sup>1</sup><https://aspe.hhs.gov/sites/default/files/documents/6ba4bbb2e9c9551355a6926f023f1585/SDOH-Evidence-Review.pdf> p.8

track, it will coordinate with the QHPs to provide focused care coordination services to eligible individuals. These services include the establishment and monitoring of a Personal Development Plan (PDP).

Employment is vital to a person's long-term health as poverty is directly linked to poor health outcomes. A person who is unemployed will benefit from the support of focused care coordination to connect the individual with needed resources such as career training and transportation. In addition, individuals who are on a path to self-sufficiency may not be aware of the resources and opportunities available to them across Arkansas.

If a person is not employed, or is at risk of long-term dependency, he or she must be engaged in qualifying advancement, learning, or service activities to be considered "on track." Advancement can come from a variety of activities including training, workforce development, apprenticeships, and internships. Learning includes formal education, vocational education, and activities that enhance a person's skills such as through mentoring programs or life skills development. Service in one's community may be demonstrated in a variety of ways, including caring for a dependent child, an elderly parent, or a person with a disability.

Individuals who decline to participate in Pathway to Prosperity workforce development will have their ARHOME coverage - QHP benefits - suspended through the end of the calendar year. Although eligibility will be suspended during this time, they will not be disenrolled from the Medicaid program. To become "active" again and have full benefits restored, they need only notify DHS of their intention to cooperate with personal development plan requirements. As Pathway to Prosperity does not make compliance a condition of eligibility, individuals will not be required to complete a new Medicaid application unless they have passed the date for their annual redetermination of eligibility.

During the suspension period, DHS will not make monthly premium payments nor related payments to the QHP.

Normal appeal rights will be available to an individual who is suspended.

Medicaid was created in 1965 as a component of the "War on Poverty." However, it is widely recognized that the flaw in the design of many public assistance programs, including Medicaid, is as beneficiaries increase their household income, benefits are reduced. This is known as the "benefit cliff."

Individuals and their families face this cliff when the reduction in benefits is greater than the net financial gain. The existence of the benefit cliff is recognized by policy experts at all points along the political spectrum. For example, the National Conference of State Legislatures (NCLS) reported in *Introduction to Benefit Cliffs and Public Assistance Programs*, "Benefits cliffs (the cliff effect) refer to the sudden and often unexpected decrease in public benefits that can occur with a small increase in earnings."<sup>2</sup> "While minimum wages differ state to state, the risk of falling off a 'benefits cliff' is particularly likely for people making between \$13 and \$17 per hour. The economic consequences of benefits cliffs impact both families and employers: businesses are unable to meet their workforce needs because workers have a disincentive to increase hours or advance in a job, and families experience economic instability and limited economic mobility."<sup>3</sup> Many individuals reduce their risk by foregoing additional income, which typically impacts the number of hours worked over a year's time.

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<sup>2</sup> <https://www.ncsl.org/human-services/introduction-to-benefits-cliffs-and-public-assistance-programs>

<sup>3</sup> Ibid.

For nearly 50 years Medicaid covered only the elderly, people with long-term physical or intellectual disabilities, low-income children, and the parents/caretakers of dependent children with household incomes near or below the federal poverty level. Individuals in these eligibility groups were generally limited from substantial engagement in the workforce and unable to quickly increase household income to earn their way out of poverty, or it was very unlikely that their disability would be cured, thus removing them from the Medicaid rolls.

The “benefit cliff” was reduced for children with the creation of the state Children’s Health Insurance Program in the Balanced Budget Act (BBA) of 1997. States were allowed the option to extend coverage to children in families with higher income levels. In accepting federal funding, states also had greater flexibility in administering the program. CHIP helps to “smooth” out the cliff for families by phasing out the amount of subsidies (replaced by a family’s cost-sharing responsibilities) as income increases.

The “benefit cliff” for adults was potentially reduced by the Affordable Care Act (ACA). In contrast to the original Medicaid coverage groups, many of these individuals **are** reasonably expected to be substantially engaged in the workforce. Full-time employment is the solution to poverty. The U.S. Census Bureau estimates that 20 million people, 10% of the total population of individuals age 18 to 64, were living in poverty in 2023. Only 1.8% of full-time workers were living in poverty, compared to 11.7% who worked part-time and 29.7% who did not work.<sup>4</sup>

Here is where the ACA diverged from the CHIP model. Rather than providing subsidies for individuals with income above the poverty level - as high as 400% FPL in CHIP - through the administrative structure of a state, the ACA provides its subsidies to people above the poverty level through the income tax system. Thus, individuals moving out of Medicaid are able to receive a subsidy to purchase individual coverage through the Marketplace if coverage is not available through an employer. Under the current structure in Arkansas, a person would be able to choose continued coverage in the same QHP with the same provider network.

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<sup>4</sup><https://www2.census.gov/library/publications/2024/demo/p60-283.pdf> Table A-1 p.20

It is significant that coverage for able-bodied working aged adults was added under the authority of the Social Security Act. The Act represents one of the most important social compacts among the American people, between workers and beneficiaries.

DHS will identify individuals who may be most at risk for poor health outcomes due to long-term dependency. DHS will utilize data matching to identify ARHOME beneficiaries who appear to be not on track towards meeting their personal health and economic goals. Factors for identifying this group may include an individual's income level, employment history, educational status, whether a dependent child is in the household, length of enrollment in ARHOME, and other criteria.

If data matching indicates that an individual is not on track, DHS will identify a Success Coaching resource to contact the individual to determine whether the individual could benefit from additional supports. Success Coaching is intensive care coordination engaging individuals to improve their health, employment, advancement, learning, and community engagement.

As the role of Success Coaching involves multiple functions, DHS is currently assessing public and private sector options for acquiring talent to fulfill these functions. DHS intends to leverage resources available through QHPs, state agencies such as Arkansas Workforce Centers and Arkansas Career and Technical Education, as well as local community partners.

Success Coaching will be delivered by entities that have experience working with individuals who face the challenges of poverty and will include training to provide focused care coordination services. Among other things, they will be thoroughly knowledgeable about resources available in the beneficiary's local community. They will develop the PDP with the individual which will include screening for Health-Related Social Needs (HRSN) and detailed actions for addressing those needs.

Focused care coordination provided through Success Coaching will be an extra service not generally available to the Medicaid population. In addition, the QHPs are required by DHS to offer incentives to participate in health improvement and economic independence activities. These extra advantages to being enrolled in a QHP are not available to those covered through FFS delivery system.

Enrollment in a QHP provides certain advantages to beneficiaries compared to FFS. These include:

- A seamless transition to private insurance available in the Marketplace. This promotes continuity of care.
- Incentives (rewards) for their beneficiaries to participate in health improvement and economic independence initiatives. The QHPs are required by DHS purchasing guidelines and the annual Memorandum of Understanding (MOU) to offer incentives directly to the member or a provider along with EHB.
- Enhanced performance/outcomes requirements. The QHPs are required to meet performance measures in 23 reporting categories from the Medicaid Adult Core Set measures and 3 birth outcome reporting categories.

This Pathway to Prosperity amendment will assist individuals as they seek to advance their careers and improve their lives, their families, and their communities. Some adults on Medicaid will create their own opportunities and find their own pathway to full employment and independence without further assistance from government. Others are on track towards engagement but short of attaining economic independence. These beneficiaries may not be aware of the opportunities available to them and will benefit from stronger connections and more

formal coaching. With that goal in mind, this amendment seeks to engage beneficiaries in their current circumstances and empower them to engage in accessing the opportunities that exist within each community.

DHS will use a combination of data to identify individuals most at risk for poor health outcomes due to long-term poverty. Such data includes, but is not limited to:

- Newly eligible: enrolled for 0-6 months
- Employment match:
  - Unemployed: household income at or below 20% of FPL
  - Under-employed: household income 21-80% FPL enrolled for 24+ months which may indicate at risk for long-term poverty
  - Employed: household income 81%-138% FPL enrolled for 36+ months which may indicate at risk for long-term poverty
- Medical claims match: Individuals who have been enrolled in a QHP for 6 months+ but have no medical claims and have not participated in any incentive offered by the QHP.

The complete focused care coordination planning process will include the following activities, at a minimum:

1. Reporting in a DHS-approved case management system;
2. Identifying any HRSN and assisting the individual access community services to address HRSN;
3. Development of an individualized PDP that facilitates access to opportunities for employment, education, and training, including technical skill development, resume writing, interview coaching, and other job readiness preparations;
  - a. the PDP should identify goals and measure progress over 3-, 6-, 9-, and 12-month periods
4. Tracking and documenting monthly progress which will eliminate the reporting requirement on the individual that was widely criticized in the Arkansas Works demonstration; and
5. Monitoring and follow-up activities, including verification of engagement and a final determination of progress toward the goals and steps laid out in their PDP.

Success Coaching will include responsibility for communicating with beneficiaries at least once a month, either in person or through virtual means (phone, text, Zoom, etc.). Within 30 days of contacting a beneficiary, Success Coaching must include development of the PDP based on the beneficiary's specific needs and personal goals. The PDP should outline a feasible pathway for meeting the individual's goals for independence, including maintaining health care coverage.

Beneficiaries will not be required to work a minimum number of hours per month, nor will they be required to report any activities to DHS outside of their required contacts with their Success Coaching entity. DHS will ensure language translation services are available for all beneficiaries, as needed.

Success Coaching entities will also have access to recent advancements in the state's technology infrastructure:

- SHARE: state health care information exchange
- Arkansas Data Hub
- LAUNCH: an online service for job seekers
- CiviForm: a one-stop online form that shares individual information across state agency and job-seeker platforms

With the additional support of Success Coaching, DHS expects that some QHP enrollees will increase their income sufficiently to move above the Medicaid eligibility threshold. These individuals are “early movers,” that is, they will move into other coverage sooner than expected compared to baseline data. DHS will survey these individuals annually to track their economic progress and health care coverage.

If it is determined that an individual is not on track and fails to cooperate, the Success Coaching entity may make a recommendation to suspend ARHOME coverage. The recommendation will be reviewed by a three-person DHS panel. If the suspension is approved, the individual will receive a written notice of the action with a right to appeal.

Individuals who decline to cooperate with Success Coaching will have their ARHOME coverage – QHP benefits - suspended through the end of the calendar year. They will not be disenrolled from the Medicaid program. To become “on track” and have QHP benefits restored, they will notify their Success Coaching entity of their intention to cooperate with their PDP. As Pathway to Prosperity does not make compliance a condition of eligibility, individuals will not be required to complete a new Medicaid application unless they have passed their date for their annual redetermination of eligibility.

During the suspension period, DHS will not make monthly premium payments nor Advanced Cost Sharing Reduction (ACSR) payments to the QHP.

Arkansas is not proposing any changes to Medicaid eligibility through this Section 1115 Demonstration Amendment request. The Pathway to Prosperity amendment will potentially impact all beneficiaries through communications on health and economic opportunities, providing focused care coordination services to those eligible for a personal development plan, and expanding the number of beneficiaries who are likely to receive HRSN through local community resources. However, these changes have no impact to individual underlying Medicaid eligibility.

In general, the state is requesting to continue the current adult eligibility group, with the same benefit packages and models of care that are currently utilized: QHPs, FFS, and PASSE.

Pathway to Prosperity will help identify the model of care most appropriate for an individual. For example, approximately 13,000 “medically frail” individuals in the new adult group remain in FFS where they are eligible to receive additional services not offered by the QHPs, such as personal care. An individual with a serious mental illness may be best served in the Provider-led Arkansas Shared Services Entity (PASSE) program. Pathway to Prosperity will continue to identify pregnant women with high-risk pregnancies who could benefit from the state’s Maternal Life 360 ARHOME program. In that program, these women will receive home visiting services and intensive care coordination, including assistance in enrolling in the Women, Infants, and Children (WIC) program and for childcare subsidies.

Important information about income, family size, and disability is collected at the time an individual applies for coverage. Data matching may yield additional information about the individual that points to follow-up actions that are in the best interests of the individual. During the data matching and assignment of Success Coaching process, some beneficiaries may be found to benefit from enrollment in the PASSE program or moved to another Medicaid eligibility group due to a disability and into the FFS model of care.

After Success Coaching has been assigned to an individual, he/she will have three months to demonstrate he/she is “on track.” The potential outcomes for individuals are:

1. “On track” and QHP benefits continue;



2. QHP benefits are suspended for failure to complete a Personal Development Plan (PDP) or cooperate with their PDP;
3. QHP benefits are restored after the individual contacts DHS with agreement to cooperate with their PDP;
4. Moves to Other Medicaid model of care (FFS for medically frail or to the PASSE program for individuals with serious mental illness);
5. Moves to Other Medicaid eligibility group (due to a disability);
6. Moves to Other Coverage (no longer eligible for Medicaid due to increase in income or to Medicare);
7. Moves to Other Coverage or uninsured if Medicaid eligibility is not met at 12-month redetermination or;
8. Moves back to QHP if he or she is redetermined to be eligible and chooses a QHP at open enrollment

A suspension of QHP benefits will be considered to be an “adverse action” and the individual will be provided a notice with instructions for filing an appeal.

The Demonstration will continue to operate all existing waivers and expenditure authorities pursuant to the Special Terms and Conditions (STCs) issued on December 21, 2021, and as amended on November 1, 2022.

In addition, DHS requests all necessary additional waiver and expenditure authority to implement the Amendment request, including at minimum, the following:

**Amount, Duration, and Scope of Services and Comparability** **Section 1902(a)(10)(B) and 1902(a)(17)**

To the extent necessary to enable DHS to offer focused care coordination services to the populations as described in this Amendment, which may vary and not otherwise be available to all beneficiaries in the same eligibility group.

To the extent necessary to enable DHS to suspend QHP benefits for beneficiaries who are not engaging in their QHP health plan.

**Statewideness** **Section 1902(a)(1)**

To the extent necessary to enable DHS to provide focused care coordination services on a less than statewide basis.

**Freedom of Choice** **Section 1902(a)(23)(A)**

To the extent necessary to enable DHS to limit beneficiaries’ freedom of choice with respect to focused care coordination services.

To the extent necessary to enable Arkansas to limit the freedom of choice of providers for focused care coordination services to staff employed by the Arkansas Department of Human Services or other entities, including state agencies and private sector partner(s), under contract for such services.

**Expenditures for Communications, Training, and Enhanced Case Management System**

Expenditure authority is requested to support an automated call system, train entities to deliver Success Coaching, and procure a case management system necessary to support the development and tracking of Personal Development Plans.

The primary intervention in Pathway to Prosperity is the focused care coordination services

provided through Success Coaching. This intervention will be evaluated in the following areas:

1. Increase income/hours worked per week/month/year
2. Use of Health Care Coverage – increase appropriate utilization of services
3. Increase access to coverage through private insurance or maintain Medicaid coverage in most appropriate model of care
4. Address HRSN

### **Goal 1: Increase Income**

With the guidance and counseling of Success Coaching, DHS anticipates that enrollees at every income level (unemployed, underemployed, and employed) will experience an increase in earnings over time.

### **Goal 2: Use of Health Care Coverage**

Experience shows that coverage alone is not sufficient to improve health outcomes. Research demonstrates that the total cost of health care can be reduced by accessing services in the community rather than in emergency departments and by avoiding preventable hospitalizations. Under ARHOME, QHPs are required to offer incentives to improve the appropriate use of preventive and primary care services. However, there is a low take-up rate of these opportunities.

With the guidance and counseling of Success Coaching, DHS anticipates that a greater percentage of enrollees will access preventive and primary care services.

### **Goal 3: Increase Access to Private Insurance Coverage or Maintain Coverage in Most Appropriate Medicaid Model of Care**

With the guidance and counseling of Success Coaching, DHS anticipates that many enrollees at every income level (unemployed, underemployed, and employed) will experience an increase in household income and cross the “benefit cliff” into private insurance coverage. Others will maintain coverage in the most appropriate Medicaid model of care.

### **Goal 4: Address HRSN**

With the guidance and counseling of Success Coaching, DHS anticipates that a greater percentage of enrollees will access community supports and services to address their HRSN. Data suggests that the greatest need for services are for nutritional assistance, transportation, and housing. As a rural state, transportation is especially important for maintaining employment.

The state views the following goals, hypotheses, and measures included in the existing ARHOME evaluation plan as relevant to the addition of focused care coordination from Success Coaching via this Amendment:



**Goals and Hypotheses Table 1**

Goal #	Goal Description	#	Hypothesis Description	Measure #	Measure	Comparisons
1	Increasing household income	A	Beneficiaries engaged with Success Coaching will experience an increase in household income	1.A	Change in earnings reported for those who are unemployed (<21% FPL)	Expected Move Rate  Beneficiaries not engaged with Success Coaching
		B	Beneficiaries engaged with Success Coaching will experience an increase in household income	1.B	Change in earnings reported for those who are underemployed (<81% FPL) and enrolled for at least 24 months	Expected Move Rate  Beneficiaries not engaged with Success Coaching
		C	Beneficiaries engaged with their Success Coaching will experience an increase in household income	1.C	Change in earnings reported for those who are above 80% FPL and enrolled for at least 36 months	Expected Move Rate  Beneficiaries not engaged with Success Coaching
2	Improving utilization of services and appropriateness of care	A	Beneficiaries engaged with their Success Coaching will have greater use of preventive and other primary care services	2.A.1	Medicaid Adult Core Set Measures	Beneficiaries not engaged with Success Coaching
		B	Beneficiaries engaged with Success Coaching will have lower non-emergent use of emergency department services	2.B.1	Non-Emergent Emergency Department (ED) Visits	Beneficiaries not engaged with Success Coaching
				2.B.2	Emergent ED Visits	Beneficiaries not engaged with Success Coaching

		C	Beneficiaries engaged with Success Coaching will have lower use of potentially preventable emergency department services and lower incidence of preventable hospital	2.C.1	Preventable ED Visits	Beneficiaries not engaged with Success Coaching
				2.C.2	All-Cause Readmissions	Beneficiaries not engaged with Success Coaching
				2.C.3	Follow-Up After Emergency Department Visit for People with Multiple	Beneficiaries not engaged with Success Coaching

			admissions and readmissions		High-Risk Chronic Conditions	
3	Increase access to private coverage in crossing the benefit cliff	A	Beneficiaries engaged with Success Coaching will have an increased rate of private coverage	3.A	Comparisons of expected move rate to actual move rate	Beneficiaries not engaged with Success Coaching
	Maintain coverage in most appropriate model of care	B	Beneficiaries engaged with Success Coaching will maintain their coverage in the most appropriate Medicaid model of care	3.B	Comparisons of changes in model of care to historical changes	Beneficiaries not engaged with Success Coaching

4	Reducing health-related social needs (HRSN) through intervention	A	Beneficiaries engaged with Success Coaching will have fewer health-related social needs and improved HRSN compared to similar beneficiaries who are not engaged with Success Coaching	4.A.1	HRSN Population Comparisons	Beneficiaries not engaged with Success Coaching
		B	Beneficiaries engaged with Success Coaching will receive an appropriate intervention if they screen positive for a HRSN	4.B.1	HRSN Screening/Intervention	Beneficiaries not engaged with Success Coaching

The costs of the Pathway to Prosperity amendment to the ARHOME Section 1115 Demonstration Project (Project No. 11-W-00365/4) is primarily due to the addition of focused care coordination services that will be provided to certain individuals who meet the state's criteria for selection. There are limited additional costs associated with training for Success Coaching and enhancing the current infrastructure to upgrade the DHS case management system, including monthly update reports to track progress of individuals in the targeted groups, and screen and refer individuals for Health-Related Social Needs (HRSN). Total costs are estimated to be \$42.8 million over the five-year period. The cost of services and infrastructure will be counted in the proposed Budget Neutrality limits and are expressed in Table 2 below:

<b>Table 2</b>		
<b>Capped Hypothetical Budget Neutrality Limits</b> <i>(shown in millions)</i>		
	<b>Services</b>	<b>Infrastructure</b>
Demonstration Year (DY)	Proposed Limit	Proposed Limit
DY01	\$6.6	\$4.1
DY02	\$6.9	\$0.6
DY03	\$7.2	\$0.6
DY04	\$7.6	\$0.6
DY05	\$8.0	\$0.6

Savings will be generated by suspending ARHOME benefits for a relatively small number of individuals for a temporary period of time. During the suspension period, DHS will not make monthly premium payments nor Advanced Cost Sharing Reduction (ACSR) payments to the QHPs nor for "wrap around services."

Savings will also be generated by individuals who move off Medicaid sooner than expected due to changes in household income.

In January 2025, DHS is projected to pay the QHPs an average monthly premium of \$577.62, advanced cost sharing reduction payments of \$202.17 per month and "wrap around" payments of \$4.53 for a total PMPM of \$784.31. Coverage provided by Arkansas Medicaid pays not only for medical treatment at the time of illness or accident, but for preventative services as well that provide high value to individuals.

The Pathway to Prosperity amendment represents a new approach to engaging beneficiaries. As such, there is limited empirical data for analysis. It is sufficiently different from the 2018-2019 work requirement period which suggests that data from that time is not applicable. Thus, DHS has based the impact of the amendment on reasonable assumptions to reflect a mid-point in a range of participation. Actual results over a five-year period will likely vary.

DHS assumes 50% of individuals assigned to Success Coaching will cooperate with DHS and be “on track” with no change in their QHP benefits; 25% of individuals will be “early movers” due to change in household income and move to other coverage; and 25% will fail to cooperate and will have their ARHOME coverage - QHP benefits - suspended. However, DHS assumes 50% of those who were suspended will inform DHS of their willingness to cooperate and thereby return to coverage.

Savings accrued due to early mover or suspension status is estimated to be an average of three months.

**Estimated Savings Under Current Assumptions Table 3**

	DY1	DY2	DY3	DY4	DY5	Total
Data Matching to Screen at Risk/Assign Success Coaching	18,450	23,575	25,625	30,750	32,800	
On Track	9,225	11,788	12,813	15,375	16,400	
25% Early Movers	4,613	5,894	6,406	7,688	8,200	
25% Failure to Cooperate: Suspended	4,613	5,894	6,406	7,688	8,200	
Saved Member Months (3X)	27,675	35,363	38,438	46,125	49,200	
Savings	\$21,705,779	\$28,567,215	\$31,982,863	\$39,630,818	\$43,431,192	\$165,217,870

The effective date of the amendment is expected to be January 1, 2026, which is Demonstration Year 5 of the current waiver. As waivers are typically approved for a period of five years, Table 3 presents a five-year budget impact which is estimated to be a total savings of \$165.2 million and net savings of \$122.8 million.

In accordance with 42 CFR §431.408, DHS provided the public the opportunity to review and provide input on the Amendment through a formal thirty-day public notice and comment process which ran from February 2, 2025, through March 3, 2025. During this time, the state will hold two dedicated public hearings.

### Public Notice

The state verifies that the abbreviated public notice of the Amendment application was published on February 2, 3, and 4, 2025, in the Arkansas Democrat-Gazette, the newspaper with widest circulation in each city with a population of 100,000 or more in accordance with 42 CFR §431.408(a)(2)(ii). In addition, DHS used its standard electronic mailing list of interested parties, comprised of more than 150 individuals and organizations, to notify the public of the Amendment, the public hearings, and the opportunity to comment on the waiver Amendment draft. While there are no federally recognized tribes in the state of Arkansas, DHS proactively reached out to tribal representatives in neighboring Oklahoma to ensure all interested parties were included in the electronic mailing list and able to participate in the public comment period.

A copy of the formal public notice shall be attached and a copy of the abbreviated public notice document shall be attached. Both documents, along with a copy of the complete Amendment draft, will also be made available for viewing in hard copy format as well as on the state's website: <https://humanservices.arkansas.gov/rules/arhome/>.

### Public Hearings

DHS will hold two public hearings during the notice and comment period in geographically diverse areas of the state. The hearings will be attended by interested persons both in person and via the Zoom platform.

The state confirms that the two public hearings will be held on the following dates and physical locations, in addition to being available for statewide virtual participation, as scheduled and as publicized in the formal notice:

Public Hearing #1	Public Hearing #2
<b>General Public Forum (online only)</b>  February 12, 2025 at 10:30 a.m. CST.  Virtual participation via Zoom: <a href="https://us02web.zoom.us/j/83208465081">https://us02web.zoom.us/j/83208465081</a> or Dial-In: +1 312 626 6799 Meeting ID: 832 0846 5081	<b>ARHOME Advisory Panel (in-person and online)</b>  February 14, 2025 at 10:00 a.m. CST at  The Arkansas Department of Human Services (DHS), Donaghey Plaza South Building, 700 Main Street, Little Rock, Arkansas 72203, First Floor Conference Room A/B  Also available for virtual participation via Zoom: <a href="https://us02web.zoom.us/j/87964943133">https://us02web.zoom.us/j/87964943133</a> or Dial-In: +1 312 626 6799 Meeting ID: 879 6494 3133



## **Summary of Public Comments & State Responses**

To be added after the public comment period.

## **State Contact Information**

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