

Arkansas Health & Opportunity for Me

Health and Economic Outcomes

Accountability Oversight Advisory Panel



**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**



Welcome

- Advisory Panel members and others joining via Zoom.
- Act 276 of 2021 requires DHS to [take and report attendance](#) of Advisory Panel members. If you are a member or designee, please enter your name in the chat.
- Reminder: Arkansas PBS will be **live streaming** this meeting; watch livestream now or recording later [here](#).
- Reminder: Statutorily required quarterly report has been distributed and is available [here](#).

Meeting Focus: Economic Independence

- Pathway to Prosperity initiative
- Review 2024 economic incentives outcomes and 2025 economic incentives
- Life 360 HOME update
- ARHOME legislation



ARHOME Quarterly Report



**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Pathway to Prosperity



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HUMAN SERVICES**

Pathway to Prosperity

- On January 28, 2025, Governor Sarah Huckabee Sanders announced the Pathway to Prosperity Initiative.
- Arkansas is seeking an amendment to the ARHOME Section 1115 Waiver to allow a work requirement for ARHOME beneficiaries.
- Purpose: Poverty is closely connected to poor health outcomes and premature death. Pathway to Prosperity will provide focused care coordination and a personal development plan supported by success coaching to assist ARHOME beneficiaries achieve economic independence.



The “Benefits Cliff”

- “Benefits cliff”: the sudden and often unexpected decrease in public benefits that can occur with a small increase in earnings.
- Some individuals reduce their risk of encountering the “benefits cliff” by foregoing additional income or reducing work hours.
- Pathway to Prosperity will provide a bridge over the benefits cliff by increasing participants’ understanding of the value of health insurance and providing supports to help maintain health care coverage as they move from poverty to economic independence.

Previous Work Requirement

- In 2018, Arkansas implemented its first work requirement in the Arkansas Works program, ARHOME's predecessor program.
- The work requirement was challenged in court and a federal judge halted the initiative, finding that DHS had "failed to consider the effects of the project on coverage alone."
- Assessments of Arkansas Works showed many people did not know:
 - Whether they were subject to the requirements and
 - If they were, what they needed to do each month to demonstrate compliance.
- Lessons learned include:
 - The importance of providing clear communications through multiple means,
 - The need for simplicity in design, and
 - The need for personal interaction rather than over-reliance on technology.

Work Requirement Comparison

Arkansas Works 2018-2019

- 80 hours to demonstrate monthly compliance
- Individuals required to report their own activities
- No personalized communications or support
- Termination of eligibility for the remainder of the year
- Individual required to reapply for Medicaid for the following year

Pathway to Prosperity 2025

- If data matching indicates a person is “not on track,” individual will receive success coaching
- Personal development plan to reflect individual’s goals; including health-related social needs
- Reviewed by 3-person DHS panel prior to suspension
- Suspension—coverage may be restored immediately if willing to cooperate; no need to reapply

80 Hours Not Sufficient to Move Off Medicaid

- 100% Federal Poverty Level for single person in 2025 is \$15,650
- Full-time, full-year employment is 2,080 hours annually
- Arkansas minimum wage: \$11
- Annual earnings equals: \$22,880 or 146% FPL; above poverty threshold for Medicaid
- 80 hours per month is 960 hours per year
- Annual earnings equals \$10,560 or 67% FPL

Pathway to Prosperity Improvements

Pathway to Prosperity differs from Arkansas Works by:

- Using data matching with other state agencies to identify those most at risk of long-term poverty
- Providing access to personal success coaching to:
 - Help navigate barriers to economic independence
 - Assist in developing a personal development plan
 - Document beneficiaries' activities and progress in their plan, so less reporting is required.
- Making it easier to regain Medicaid coverage for those who lose it but demonstrate they want to engage with success coaching by suspending rather than disenrolling.

Program Goals

- **Goal 1: Increase income**
 - Higher earnings supported by success coaching
- **Goal 2: Use of health care coverage**
 - Greater percentage of enrollees accessing preventative and primary care services
- **Goal 3: Increase access to private insurance coverage or maintain coverage in the most appropriate model of care**
 - With success coaching and increase in income, provide support as beneficiaries cross the benefit cliff into private insurance coverage.
- **Goal 4: Address health-related social needs (HRSN)**
 - Beneficiaries engaged with success coaching will see improvement in HRSNs, including nutritional assistance, transportation, and housing.

Who Can Participate?

- Active participation in health, community or workforce will become required part of receiving health care through a QHP.
- DHS will identify ARHOME beneficiaries in a QHP who may be most at risk for poor health outcomes due to long-term dependency.
- DHS will use data matching to identify ARHOME beneficiaries who appear to be not on track toward meeting their personal health and economic goals.
- Factors in determining on track status may include income level, employment history, educational status, presence of dependent children in the household, length of enrollment in ARHOME, medical claims, and other criteria.
- Those identified as not on track will receive focused care coordination services to support health and economic self-sufficiency.

Success Coaching and Personal Development Plans

- For beneficiaries who are not on track, DHS will identify a success coaching resource to make contact and determine whether the beneficiary could benefit from additional supports or if the beneficiary is already on track.
- Success coaching is focused care coordination that helps individuals improve their health, employment, advancement, learning, and community engagement.
- Success coaching will include at a minimum:
 1. Reporting in a DHS-approved case management system;
 2. Identifying any health-related social need and helping to access community services;
 3. Development of an individualized personal development plan (PDP) with identified goals and measurement of progress at 3-month intervals;
 4. Tracking and documenting monthly progress; and
 5. Monitoring and follow-up activities, including verification of engagement and a final determination of progress toward the goals in the PDP.

Coverage Value and Suspension

- Individuals identified as not on track who decline to engage with success coaching will have their ARHOME coverage suspended. Suspended coverage can be restored if the individual reengages with success coaching and their personal development plan.
- To become active again with full benefits restored, individuals need only notify DHS of their intention to cooperate with personal development plan requirements.
- A new Medicaid application is not required until the regular annual redetermination time.
- Normal appeal rights are still afforded to suspended individuals.

Public Comments

- Public comment period: Jan. 28-March 3.
- Held four public hearings, including two in-person hearings in Little Rock and Fort Smith
- 55 public comments received.
- Received comments from medical associations, public policy advocates, and individuals

Public Comments and DHS response

- **Barriers to Coverage**, particularly for those with chronic conditions or in active treatment

DHS response: QHP claims data will be used to identify individuals who are “on track” by accessing medical services to treat their disease(s)/conditions. In these cases, there is no need for success coaching.

- **Challenges of Implementation**, given the experience of the work requirement under Arkansas Works;

DHS response: Pathway to Prosperity takes a fresh approach to engaging the ARHOME population. The monthly self-reporting feature of Arkansas Works was criticized as “burdensome.” The Prosperity Amendment will significantly simplify implementation for enrollees with personal contact with a success coach.

Public Comments and DHS response

- **More Specifications Needed**

DHS response: Key details regarding suspension, qualifications and services of success coaching, and criteria for the personal development plan areas that are typically addressed by the negotiated implementation and monitoring plans after CMS approval. This proposal requests authority to “waive” current law and regulations. Implementation details are developed after approval.

- **Conflicts with Goals of Medicaid**

DHS response: Poverty is the greatest predictor of poor health. Medicaid is an anti-poverty program. The use of Section 1115 authority is the best tool available to Arkansas to help people bridge the benefits cliff and achieve economic independence.

Public Comments and DHS Response

- **Will fail to improve employment and will drive economic instability for families**

DHS response: This proposal is significantly different approach from previous efforts, taking an individualized approach rather than a time-keeping one-size-fits-all approach. The Pathway Amendment offers opportunities to address goals for being healthy, employed, advancing, learning, and serving.

- **Expensive to implement;**

DHS response: Implementation costs are justifiable investments in assisting individuals achieve personal and family sustainability and enable them to make greater contributions to their families, communities, and the state.

Public Comments and DHS Response

- **Will put hospitals and the health care system at risk**

DHS response: As the 2023 disenrollments after the COVID public health emergency demonstrates, the majority of individuals who leave will obtain private sector coverage that will pay for needed medical care.

- **Work builds character, character builds responsibility which helps the person physically, mentally, and financially**

DHS response: We agree!

Next Steps

- Must allow 20 days from the last public hearing before DHS can submit the official proposal to CMS
- Planning to submit to CMS March 24
- All information and public comments are available [here](#)

Economic Incentives



**ARKANSAS DEPARTMENT OF
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2024 Economic Incentive Outcomes

QHP	2024 Incentive Activity	Beneficiaries Awarded (% of Eligible)	Total Awarded
BCBS	<ul style="list-style-type: none"> Earn an Arkansas Career Readiness certificate and send into BCBS for verification: \$100-\$200 award. Complete a continuing education class: \$50 award. 	6 (.005%)	\$1,000
Octave		62 (.06%)	\$3,100
Health Advantage		1 (.003%)	\$150
		3 (.01%)	\$150
		2 (.006%)	\$250
		7 (.02%)	\$350
Ambetter	View videos on financial topics such as budgeting, growing one's own food, benefits of purchasing a used vehicle, etc. Rewards valued at 50 cents to \$10 per video.	1,223-4,881 (2%-9%), depending on the video	\$122,086
QualChoice Life		432-1,930 (1%-6%), depending on the video	\$44,042
QCA		420-1,942 (1%-6%), depending on the video	\$43,974

2025 Economic Incentives

QHP	2025 Incentive Activity	Incentive Amount
BCBS	<ul style="list-style-type: none"> Continuing education Career readiness certificate Community Health Worker Certification 	<ul style="list-style-type: none"> \$50 \$100-\$200 \$200
Health Advantage		
Octave		
Ambetter	<ul style="list-style-type: none"> Attendance at one Ambetter Community Health Fair Watch videos on growing one's own food, benefits of purchasing a used vehicle, etc. 	<ul style="list-style-type: none"> Access to job searching assistance & resume building 50 cents to \$10 per video.
QualChoice Life		
QCA		

Maternal Life360 HOME Update



**ARKANSAS DEPARTMENT OF
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Maternal Life360 HOME Program

The concept: DHS contracts with hospitals to provide home visiting services to high-risk pregnant individuals in Medicaid.

All medical services continue through QHP or traditional Medicaid.

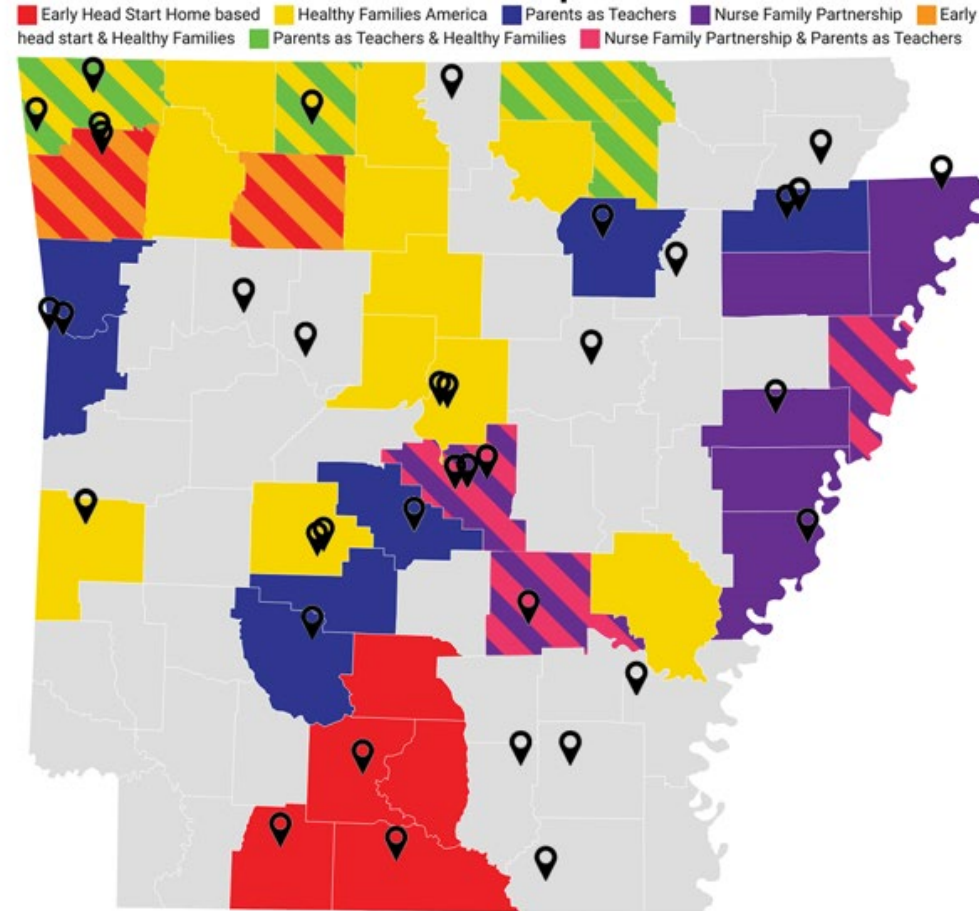
➤ **Today:** update the Panel on Maternal Life360 implementation including the opening of St. Bernards to serve clients and progress of additional hospitals to become Life360s.



Maternal Life360 Provider Criteria

- Must be a hospital with an obstetrical unit serving AR Medicaid
- Hospital can partner with an existing evidence-based home visiting program to provide the services.
- Application steps to become a Life360:
 - Letter of Intent
 - Full application
 - Readiness review

Maternal Life360 Hospitals



* Nurse Family Partnership also serves portions of Cross, Craighead, Cleveland, Lincoln and Grant counties
Created with Datawrapper

Current Status: Maternal Providers

DHS has approved or executed:

- A total of ten (10) Letters of Intent from hospitals (two were withdrawn).
- Five (5) applications (received 6 applications, 1 of which is still under review)
- Four (4) provider agreements for hospitals to enroll up to **240** beneficiaries collectively, including:
 - White River Health
 - St Bernard Medical Center
 - Baptist - Little Rock
 - Baptist - North Little Rock



Beneficiary Eligibility

- To enroll in Maternal Life360, the beneficiary must live in the service area. Other criteria:
 - ✓ Pregnant with a high-risk pregnancy;
 - ✓ Enrolled in ARHOME or other Medicaid program; and
 - ✓ Not already receiving home visiting services for their pregnancy
- After giving birth, beneficiary is eligible for Life360 HOME services for up to 2 years for ARHOME beneficiaries and up to 1 year for other Medicaid beneficiaries (non-ARHOME must maintain eligibility)



Community Outreach and Referral Network

- **St. Bernards and White River Health Maternal Life360 HOMES are conducting outreach in their service area. Both hospitals have generated referrals/begun enrolling eligible clients.**
- **The Life360s outreach activities include:**
 - **Educating community stakeholders and clients about the program;**
 - **Explaining the referral process and the use of diagnosis codes to OB/GYNs, APRNs, pediatricians, and other providers who can help make referrals; and**
 - **Distributing flyers and other materials in languages spoken in the service area.**
- **Each Life360 is also utilizing a Community Referral Network (homeless shelters, food banks, etc.) to link clients to local community resources they need**

Other Updates and Approvals

- Issued more than \$250,000 in startup payments to hospitals to hire and train staff and purchase infrastructure
- Life360 Call Center 1-800-691-6464 for beneficiaries and providers is operational
- Received CMS approval of:
 - ✓ Waiver amendment to provide funding to Life360 HOMEs for non-medical transportation (e.g., drive beneficiary to food bank)
- Updated Life360 website: current programs serving clients and new feedback form - ar.gov/life360

Provider Perspective



**Emily McGee,
Vice President
of Nursing

St. Bernards
Medical Center**

Maternal Life 360

Our Mission



“To provide Christ-like healing to the community through education, treatment and health services.”

St. Bernards Healthcare

- 125 Year History in Northeast Arkansas
- St. Bernards Medical Center is licensed for 454 beds
 - Highest Level Trauma Center in Region
- Medical Staff Members: 304
 - Specialties Represented: 43
- Employees: 4,677
 - Cities employed from: 165
 - Largest Employer in the Region



St. Bernards Healthcare Scope



- Hospitals

- Acute
- Rural Hospitals
- Behavioral Health
- Inpatient Rehab

- Physicians

- Housing

- Retirement Communities

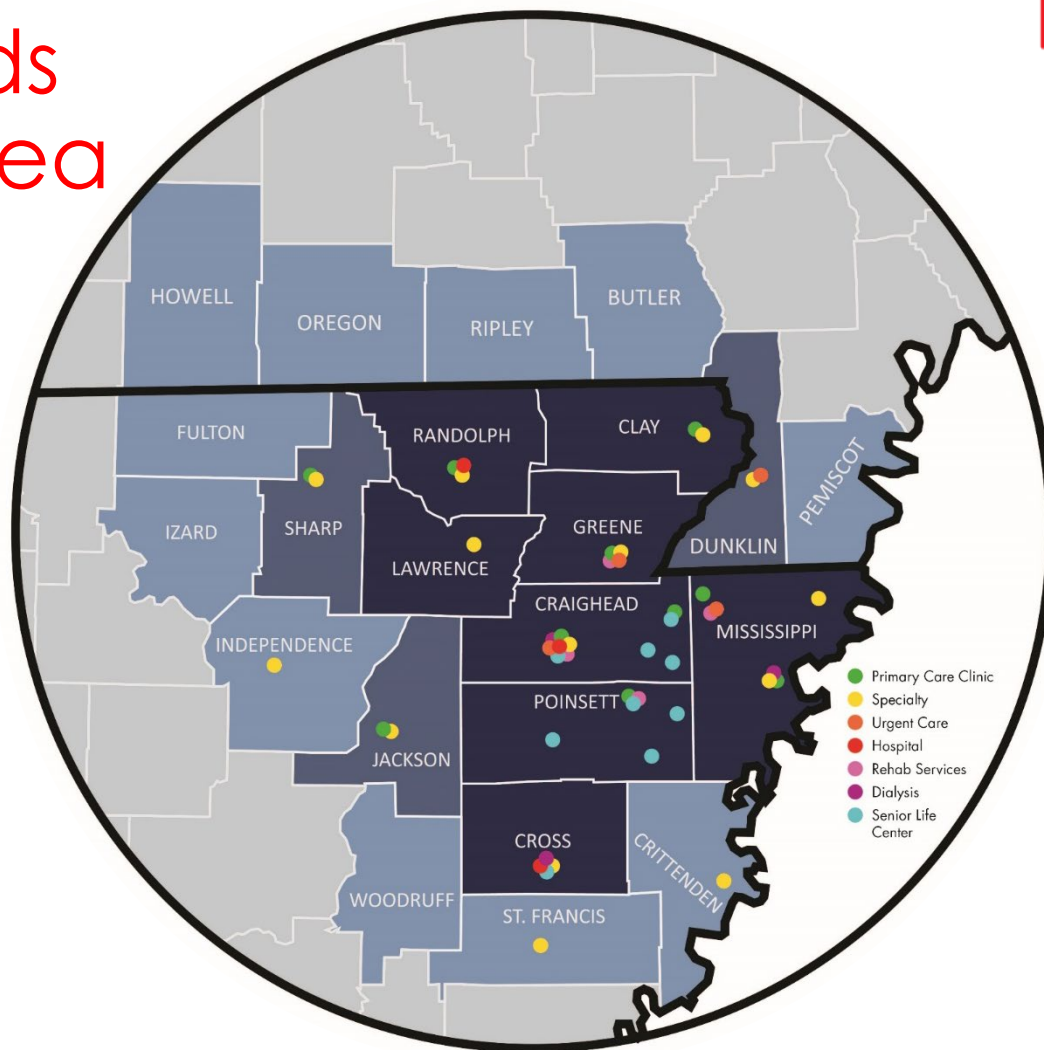
- Services

- Cancer Services
- Heart Care Services
- Women's & Children's Services
- Senior Services

- People



St. Bernards Service Area





Women's and Children's Services

Growth: Where we started....

- Opened the Pregnancy clinic in 2016
- Saw 6-9 post partum patients a day, slowly added prenatal care and saw 14-18 patients a day
- Delivered 1,256 babies that year with an estimated 13% of patients having limited or no prenatal care
- NICU had 12 beds, average daily census was 9
- Occasionally overflowed to 4 East
- Had 2 Lactation consultants that saw patients in house

St. Bernards Pregnancy Clinic

- Jonesboro- April 2016
- Lawrence Memorial- July 2023
- Expanded Jonesboro- April 2024
- Osceola- June 2024



Pregnancy Clinic

- Currently caring for an average of 60 new OB patients each month. Many of which are high risk
- 3 OBGYN physicians, 3 Advanced Practice Nurses, nurses, social worker, full service ultrasound, lab services, houses the ANGELS telemed high risk ultrasound, outpatient lactation services, maternal substance abuse program, maternal mental health services with SBCC



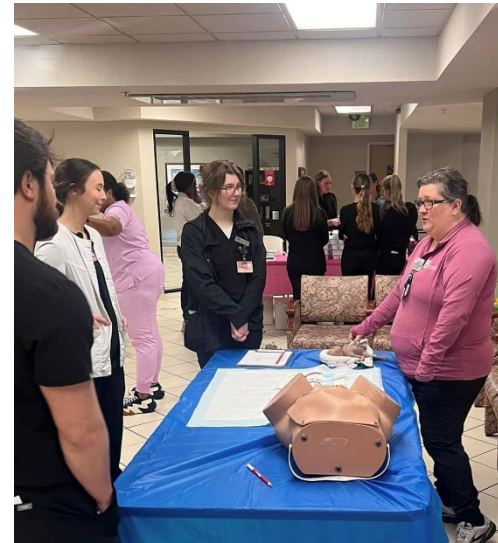
Labor & Delivery



- Delivered 1,843 babies in 2024
- 13 L&D rooms (used for Antepartum care also)
- 2 operating rooms
- Mother/baby care to 4 East
- 3 rooms designated for OBED
- 24/7, On site, OBGYN physician (Laborist) coverage.
- On site OB APRN
- Dedicated Anesthesia staff
- Offering TOLAC support & low intervention birthing options
- Perinatal Bereavement Program

Maternal Safety

- Meeting quality/safety measures for post partum hemorrhage, maternal hypertension, maternal sepsis, delivery emergencies such as cord prolapse & shoulder dystocia
- Among the lowest primary C-section rates in our region



NICU Care in 2025



- Expanded to 19 beds (started with 6 beds in 2012)
- Average daily census 16 (378 admissions in 2024)
- Level III A
- Transport team
- 3 Neonatologists
- 2 APRNS
- Dedicated NICU RT staff
- ROP eye exams in house
- Nitric Oxide
- VON data collection/Performance Improvement

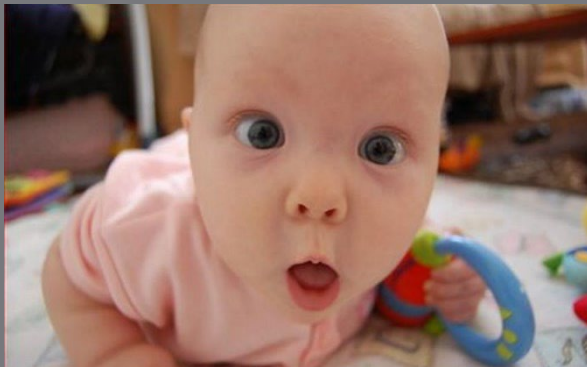
Lactation Services

- 4 International Board Certified Lactation Consultants
- 2 Certified Lactation Counselors
- Outpatient clinic available 4 days a week. Seeing an average of 50 patients per month
- Visiting inpatients on L&D, Mother/baby, and in the NICU
- Maintain the donor milk program
- Teach monthly breastfeeding classes and at BabyState
- Help raise community awareness of the benefits of breastfeeding
- Quality measure for exclusive breast milk feeding in the inpatient setting (goal 44%)



Pediatrics & Women's Health

- Inpatient pediatrics (newborn-age 18) with a variety of healthcare needs, including NICU graduates
- 639 peds admissions in 2025
- Pediatric hospitalist
- Pediatric infusion therapy
- Pediatric palliative care
- Caring for medical/surgical female patients with a variety of healthcare needs



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Community Education

- Baby State
- Prenatal classes
- Infant CPR to families
- Breastfeeding classes
- Back to sleep safety
- Carseat safety
- Post partum depression
- Post birth warning signs
- Newborn infection prevention
- Educating outlying facilities



Collaboration

- Arkansas Perinatal Quality Collaborative members
- UAMS/ANGELS
- Arkansas Children's Hospital
- PHO grant funding
- Blue & You grant funding
- Maternal Life 360 grant funding



Why Maternal Life 360?

- 
- A red crosshair graphic consisting of a vertical line and a diagonal line intersecting.
- High risk patients
 - Social determinants of health
 - Lack of post partum care

Maternal Life 360 Program

Enrollment



- Determination of high risk pregnancy
- Screening questions on new OB admission to the SBPC enable the physicians to assign a high risk diagnosis code when appropriate
- Submission to ARMedicaid Healthcare Portal

Provider Portal: Life360 Maternal Authorization **DO NOT DISTRIBUTE**

How to create an Authorization request

ARMedicaid

What can you do in the Provider Portal?

- Request a new or existing patient's authorization
- Request a new or existing patient's authorization
- Request a new or existing patient's authorization

Go to the portal landing page and log in using your User ID and password. If you do not have a User ID and password, click [Register Now](#) or see the ARMedicaid "Registering on the Portal."

If you have already logged in, skip to step 2.

afmc **gainwell** **ARKANSAS DEPARTMENT OF HUMAN SERVICES**

For more information call 1-800-457-4454

Enrollment



- Social worker introduces program to patient in clinic
 - Obtains informed consent (St. Bernards form)
- Parents as Teachers further discusses care with patient during visit
 - Obtains informed consent (PAT form)



CONSENT TO PARTICIPATION IN THE MATERNAL LIFE360 PROGRAM

The Arkansas Department of Health Maternal Life360 Program is meant to improve the health and birth outcomes for pregnant women in Arkansas. I understand that services can begin during my pregnancy and can continue up to one to two years after the birth of the baby.

This consent allows the Maternal Life360 Program to share my personal information with DHS, partner organizations, relevant community service providers, and relevant health care providers. By signing this I acknowledge that I understand that by participating in the Maternal Life360 Program, I will be provided the following services and support:

- Screenings, including Health-Related Social Needs screenings, upon enrollment and every 6 months during program participation as well as other required health screenings for all eligible clients that will help inform the supports delivered to improve outcomes in the following:
 - Maternal Health
 - Child Health
 - Family Economic Self-Sufficiency
 - Positive Parenting Practices
- Home visitation services and access to community resources and supports. Home visits may be provided directly by the hospital or through a contract with another home visiting program.
- Assist with any needs for coordination of medical services including support identifying and connecting both the client and baby to a Primary Care Provider or OB/GYN and any other needed medical and behavioral health providers or culturally relevant supports.
- Ensure coordination with other home visiting programs as applicable.

I have been notified of all possible delays and all wait times. If, for any reason, there is a delay, I understand that the Life360 program will connect me with other services/support until the Maternal Life360 program can begin.


Signature of Person Giving Consent	Date	Time
Printed Name of Person Giving Consent		
Signature of Witness (Healthcare Provider)	Date	Time
Physician	Date	Time

Health Related Social Needs



- Initial screening
 - Conducted by social worker at St. Bernards Pregnancy Clinic
- Ongoing screening
 - Conducted by PAT every 6 months during enrollment

Parents as Teachers

- 
- A red crosshair graphic consisting of a vertical line and a diagonal line intersecting.
- Person-centered action plan
 - Staff training
 - Home visiting services
 - Documentation
 - Coordination of medical services



Welcome Baby



Ky'Elle

JURHA Parents as Teachers
Maternal Life 360



One success story we have is with a mom we enrolled late in her pregnancy, and she delivered after one home visit. This baby is our very first enrolled Maternal Life 360 baby. Mom's first visit was on 1/13/25 and she delivered early on 1/15/25. Due to the early delivery, she was not prepared for baby. She called her patient navigator from the hospital with a list of items she needed. First and foremost was her need for a car seat to transport baby home. We went into crisis mode and tapped into some new partners for this request. JPD supplied the car seat to bring baby home. We referred Mom to Options on Main, and she watched videos to obtain early education and receive points for free needed items. She received a Pack and Play. Grace Baptist Church supplied clothing for mom and baby, and we obtained diapers from the Diaper Warehouse.

The family attended our group connection in February and received early childhood programming, books and learning items. We also referred her to 100 Families so they can help her reinstate her driver's license.

Mom and baby continue in our program receiving weekly visits and ongoing referrals.

Another success story we have is with a mom who has been enrolled with us since 1/22/25. Upon enrollment, she shared that her greatest concern was that she had nowhere for her unborn child to sleep once birthed. We immediately went to work scouting out resources for her. We were able to supply information about a safe sleep class offered by Arkansas Children's Hospital and conducted by Sebrena Coleman partnering with Options on Main and Embrace Grace. Mom took advantage of the resource, completed the class and received a free Pack and Play, sheets, and goody bag. The most important thing is that she received information about safe sleep. This mom continues in our program receiving weekly visits.



Striving for Excellence



- Enroll 100 patients
- Percentage of babies born weighing less than 2,500 grams
- Deliveries less than 37 weeks gestation
- High risk diagnosis codes
- Total number of prenatal visits
- Attended post partum visit within 6 weeks of delivery
- 100% of patient's identified with substance abuse issues receive education and referral to substance abuse specialist
- 100 % of patients identified with mental health issues prenatal or post partum up to 2 years will be referred to outpatient counseling
- 100% of Craighead County residents screened for Maternal Life 360
- Patients eighteen years of age or younger without high school diploma continue in current education program or obtain GED
- Avoidance of non-emergent use of an emergency department for 12 months

ARHOME Legislation



**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

ARHOME Legislation

- **Current ARHOME state statute and federal waiver will expire/sunset December 31, 2026**
- **To continue ARHOME under current or revised form, statutory changes and waiver renewal are needed**

Outgoing Advisory Panel Members



**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Outgoing Advisory Panel Members

We'd like to express our gratitude to the following members of our Advisory Panel for their service:

- Rep. Lee Johnson
- Rep. Brian Evans
- Sen. Ricky Hill
- Sen. Linda Chesterfield
- Rep. Vivian Flowers
- Dr. Lanita Wright
- Ms. Jordan Burgess
- Mr. Joe Profiri
- Dr. Charisse Childers
- Mr. Larry Walther
- Ms. Kenya Eddings
- Ms. Sara Beth Owen
- Ms. Jerri Clark

Prior to the June meeting, we will work with Gov. Sanders, legislators and agency secretaries to establish new appointees and designees.

We hope to see some of these outgoing members return to the Panel.

Next Activities

- Next meeting in June; date and location TBD
- Potential topics:
 - Welcome new members
 - ARHOME overview
 - Updates on ARHOME legislation and Pathway to Prosperity amendment

We Care. We Act. We Change Lives.

