

Arkansas Health & Opportunity for Me

Health and Economic Outcomes

Accountability Oversight Advisory Panel



**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**



Welcome

Some Advisory Panel members may be joining via Zoom.

Reminder: Arkansas PBS will be live streaming meeting; watch livestream now or recording later [here](#).

Meeting Focus: **Increasing Opportunities for Economic Independence**

ARHOME Act 410 of 2021 Legislative Intent

ARHOME is intended to be a program that:

“Increases opportunities for full-time work and attainment of economic independence, especially for certain young adults, to reduce long term poverty that is associated with additional risk for disease and premature death”

ARHOME Quarterly Report



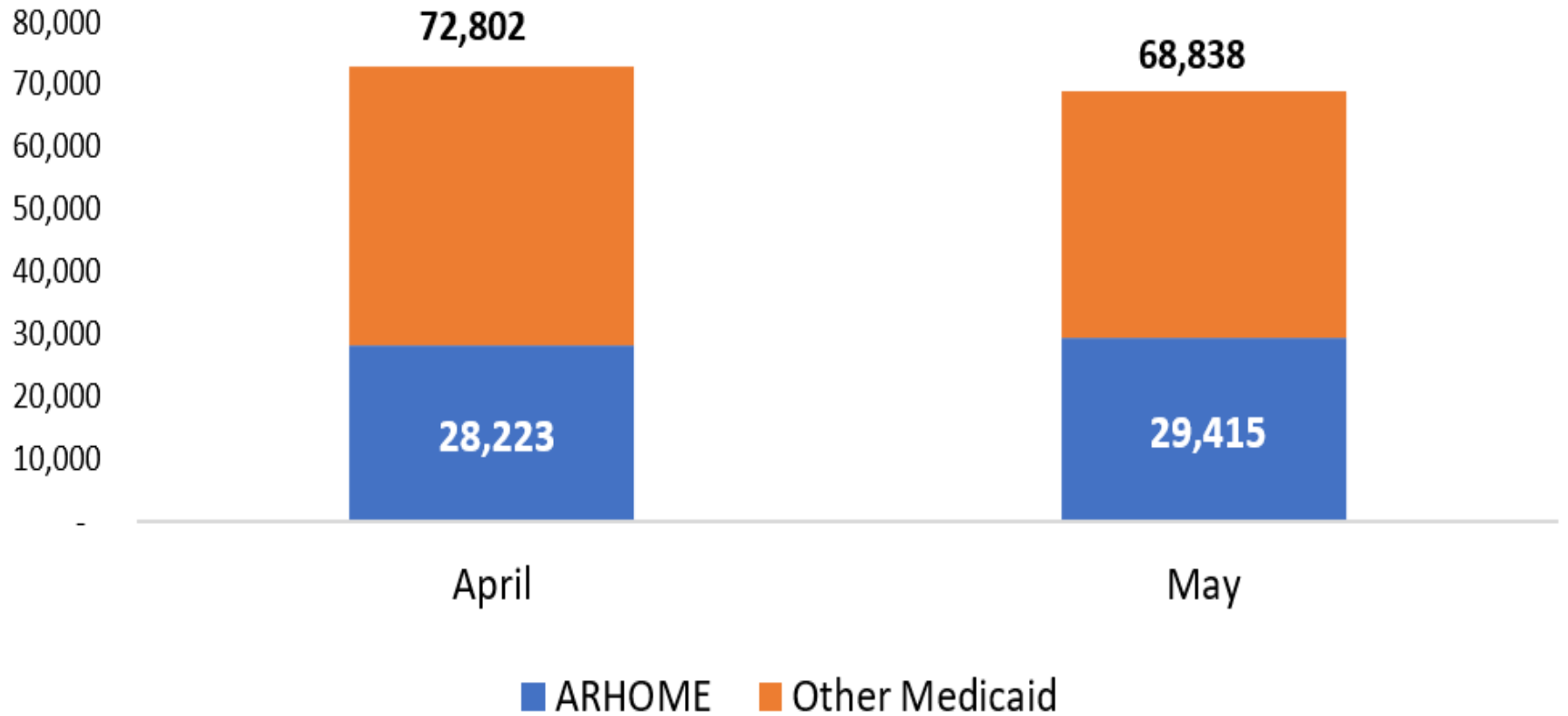
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Public Health Emergency Unwind

- During COVID Public Health Emergency, federal government provided enhanced Medicaid matching funds in exchange for state agreements not to disenroll beneficiaries except in the following circumstances:
 - Move out of state
 - Death
 - Incarceration
 - Client request
- Federal government set March 31, 2023, as the last day states must keep ineligible beneficiaries enrolled in Medicaid.
- Act 780 of 2021 requires all Medicaid eligibility redeterminations to be completed within six months.
- DHS began sending renewal forms in Feb.; first disenrollments began April 1.
- ARHOME beneficiaries were among the first group go through redeterminations.



Medicaid Closures



Life360 HOME Update

The concept: DHS contracts with hospitals to provide or contract to provide intensive care coordination to populations most at risk of long-term poverty

Three types of Life360 HOMES:

- ✓ **Maternal** Life360 HOMES: home visiting services to women with high-risk pregnancies
- ✓ **Rural** Life360 HOMES: care coordination services to individuals in rural areas with serious mental illness or substance abuse disorders
- ✓ **Success** Life360 HOMES: help with life skills and social-related health needs for young adults most at risk

DHS has received eight letters of intent (seven for Maternal Life360 and one for Rural Life360) and three applications.

Systems work for enrollment of Life360 HOMES (hospitals) and beneficiaries is complete

Awaiting approval from CMS to allow women in Medicaid programs other than ARHOME to participate in Maternal Life360 HOME



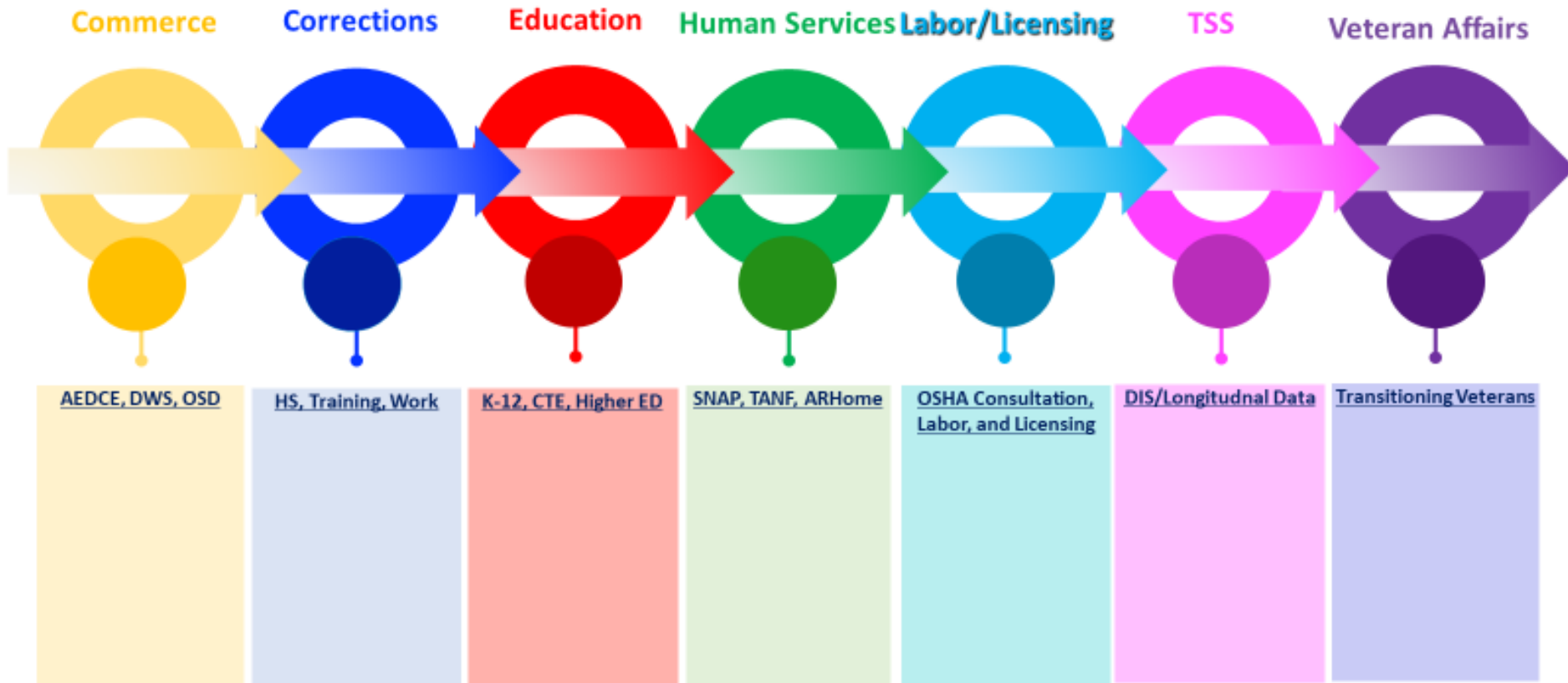
Governor's Workforce Cabinet



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Governor's Workforce Cabinet

Workforce Cabinet Workflow



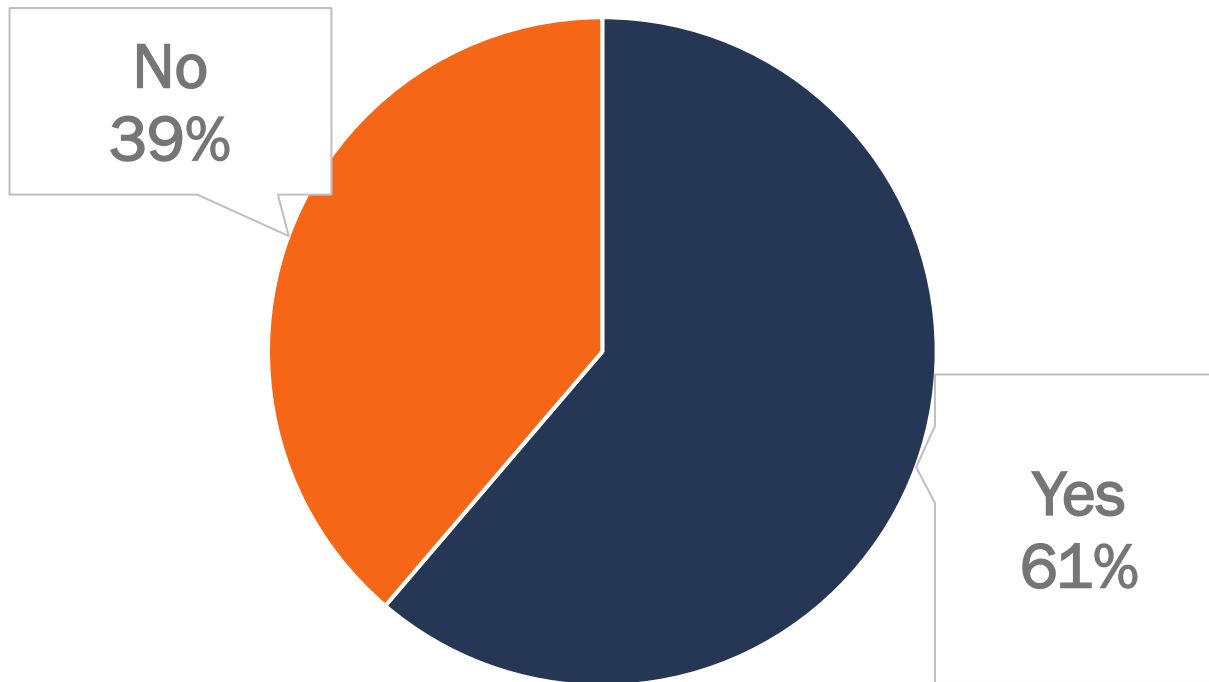
Workforce and Education in the ARHOME Population



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ARHOME Work/Education Engagement

Participated in Employment,
Employment Training, or Post-Secondary
Education Anytime in CY 2020

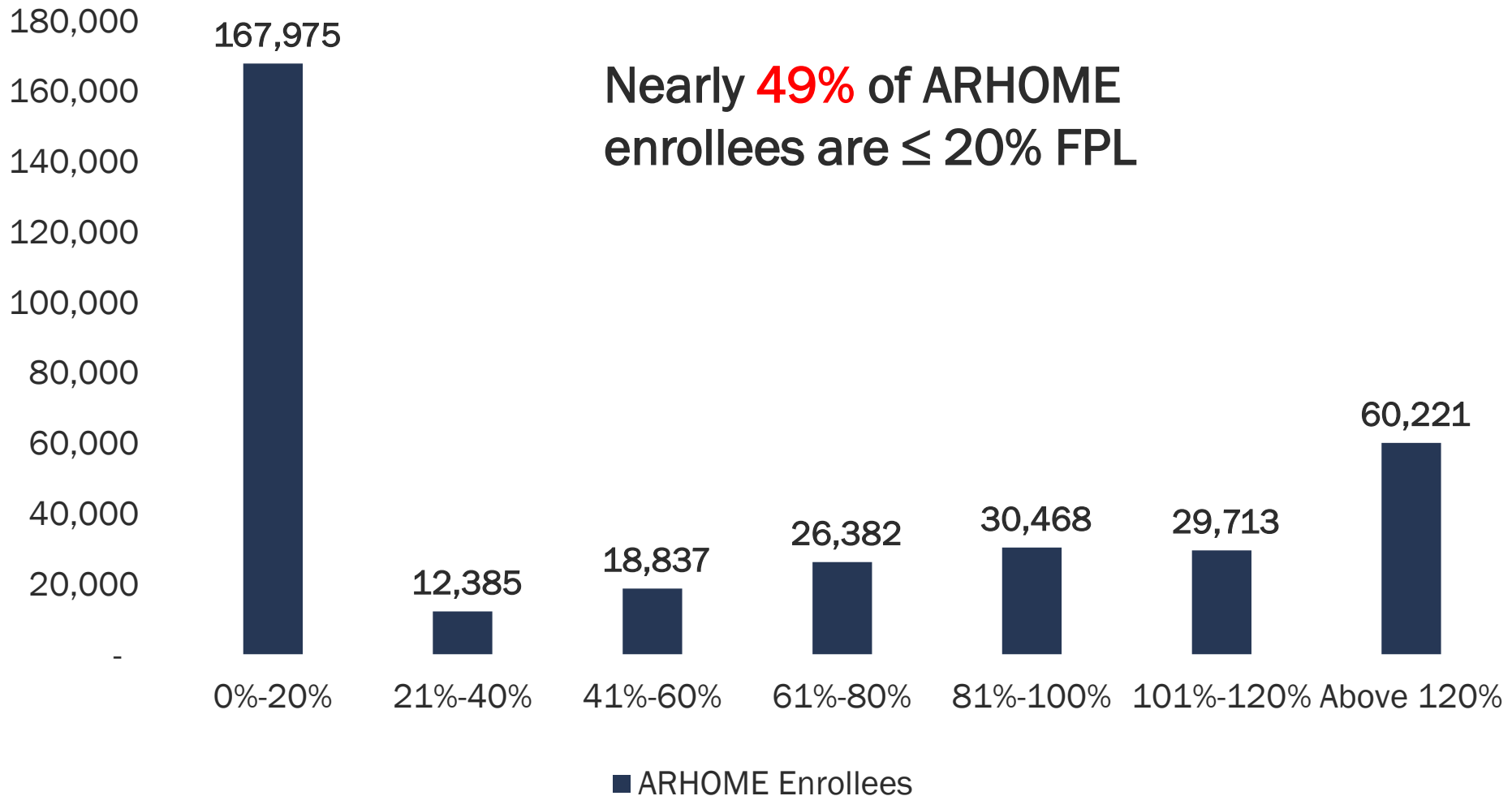


Employed: 56%

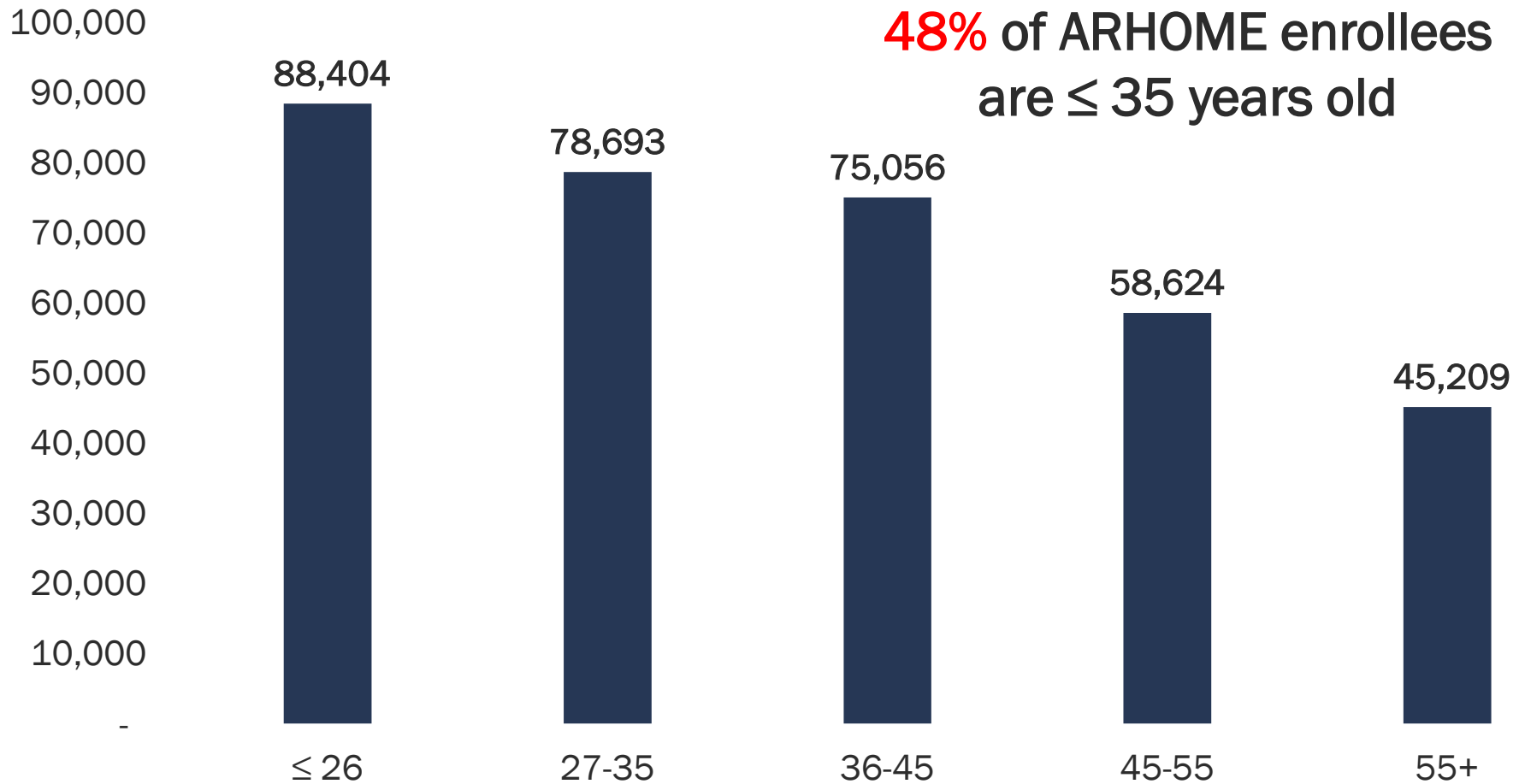
**Enrolled in
Workforce
Training: 24%**

**Enrolled in Post
Secondary
Education: 8%**

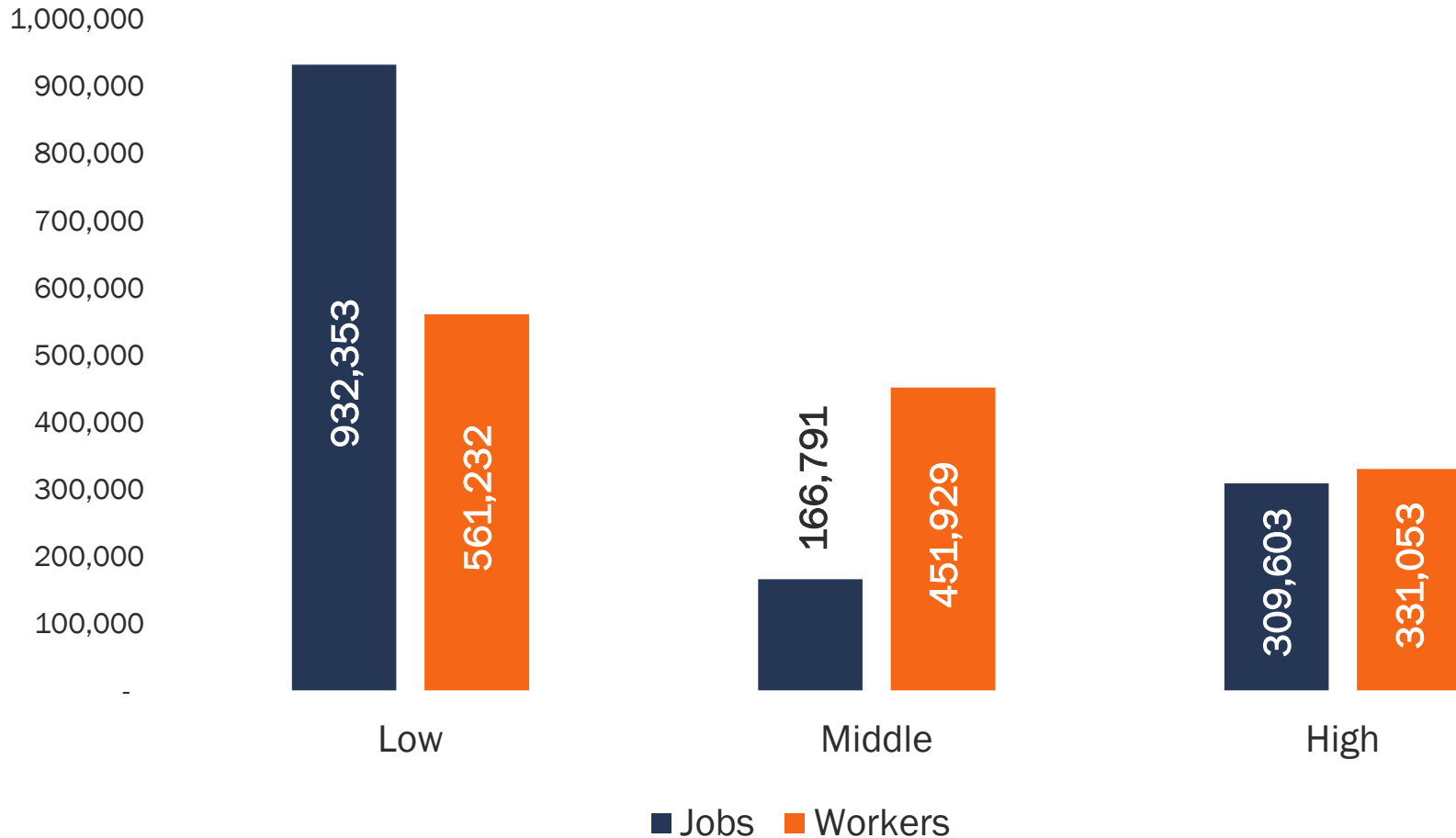
ARHOME Enrollees by FPL Level, March 2023



ARHOME Enrollees by Age, March 2023

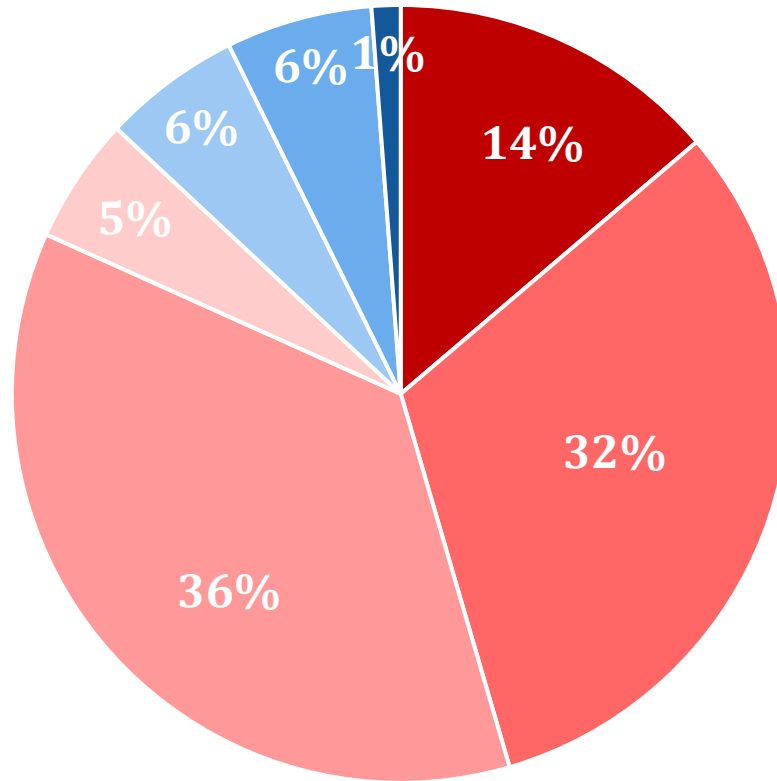


Arkansas Educational Training Outlook



ARHOME Known Educational Attainment

87% of the ARHOME population, for whom we have educational attainment data, have **less than an associate's degree**.

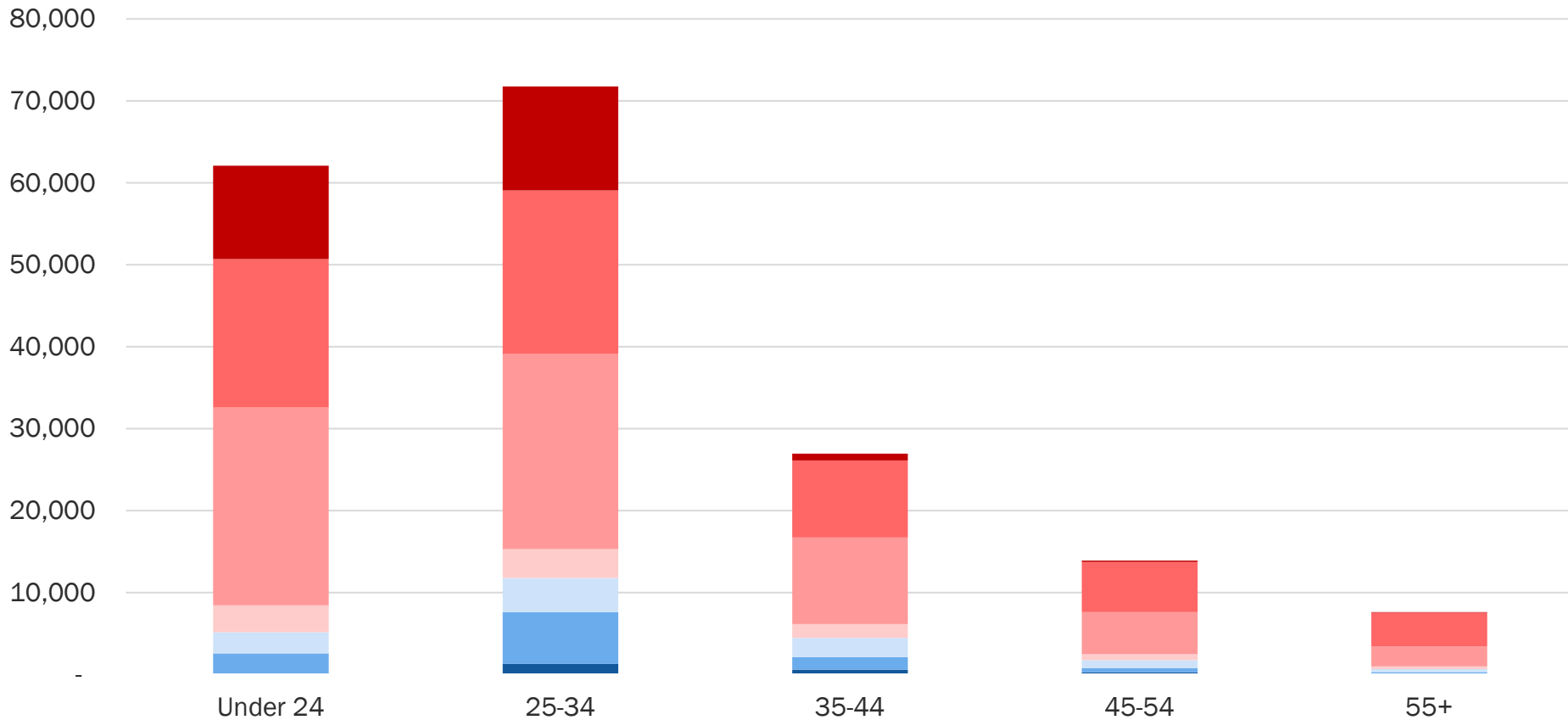


About 53% of the ARHOME population matched with available state data on educational attainment. Data for the rest of the population was not available.

- No high school diploma or GED
- High school diploma or GED
- Some college
- Certificate/Higher Ed Diploma
- Associate's Degree/ Advanced Certificate
- Baccalaureate Degree/ Post-Baccalaureate Certificate
- Master's Degree/ Doctoral Degree/ Professional



Known Educational Attainment, by Age



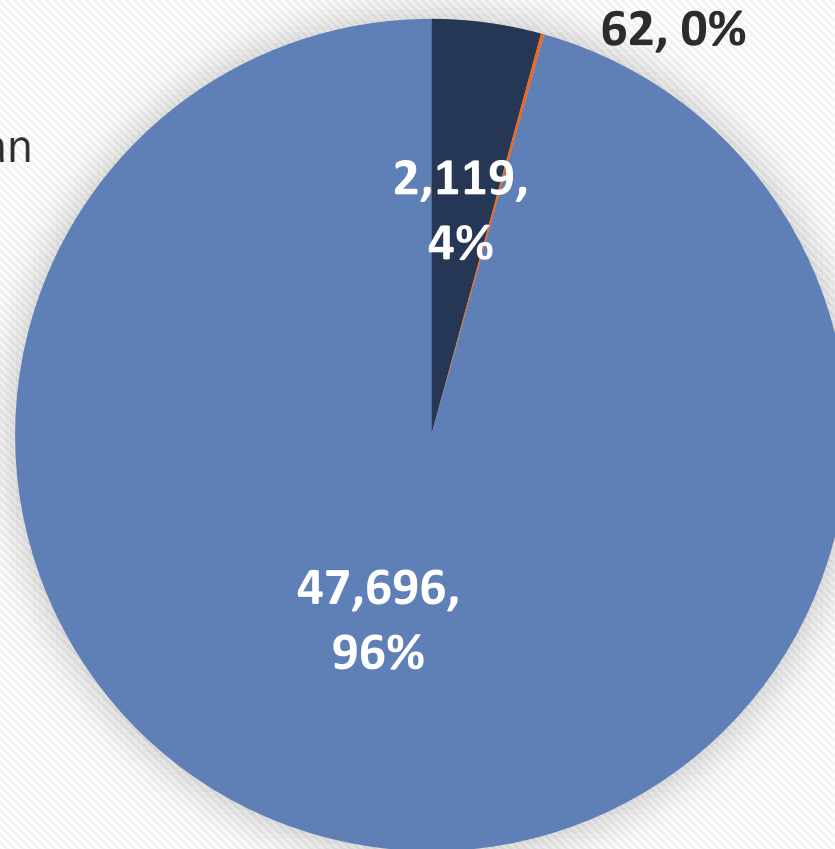
- Master's Degree/ Doctoral Degree/ Professional
- Associate's Degree/ Advanced Certificate
- Some college
- No high school diploma or GED

- Baccalaureate Degree/ Post-Baccalaureate Certificate
- Certificate/Higher Ed Diploma
- High school diploma or GED



ARHOME Workforce Training Participation

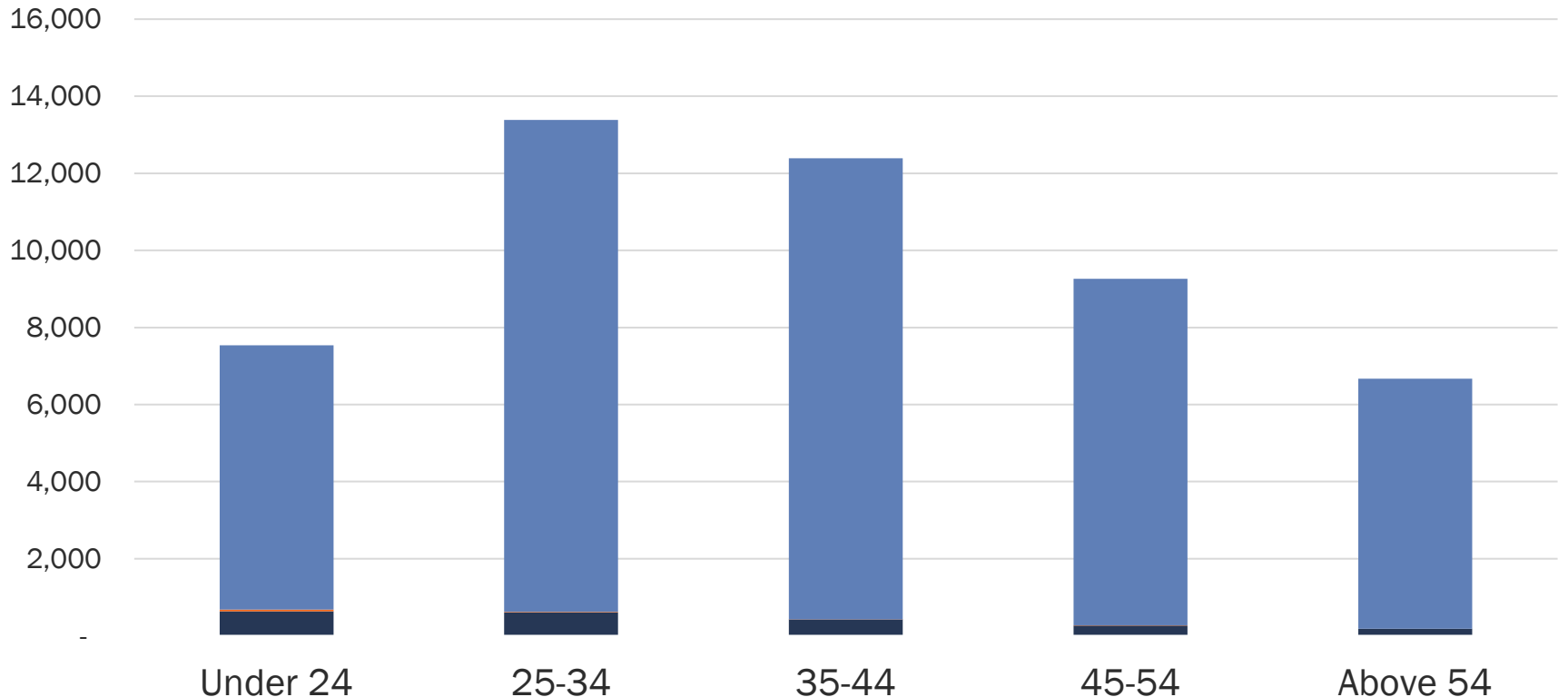
A data match identified more than **49,000** ARHOME enrollees are engaged in federal workforce training programs (WIOA)



■ Title I Workforce Development Activities ■ Title II Adult Education ■ Title III Employment Services



Workforce Training, by Age

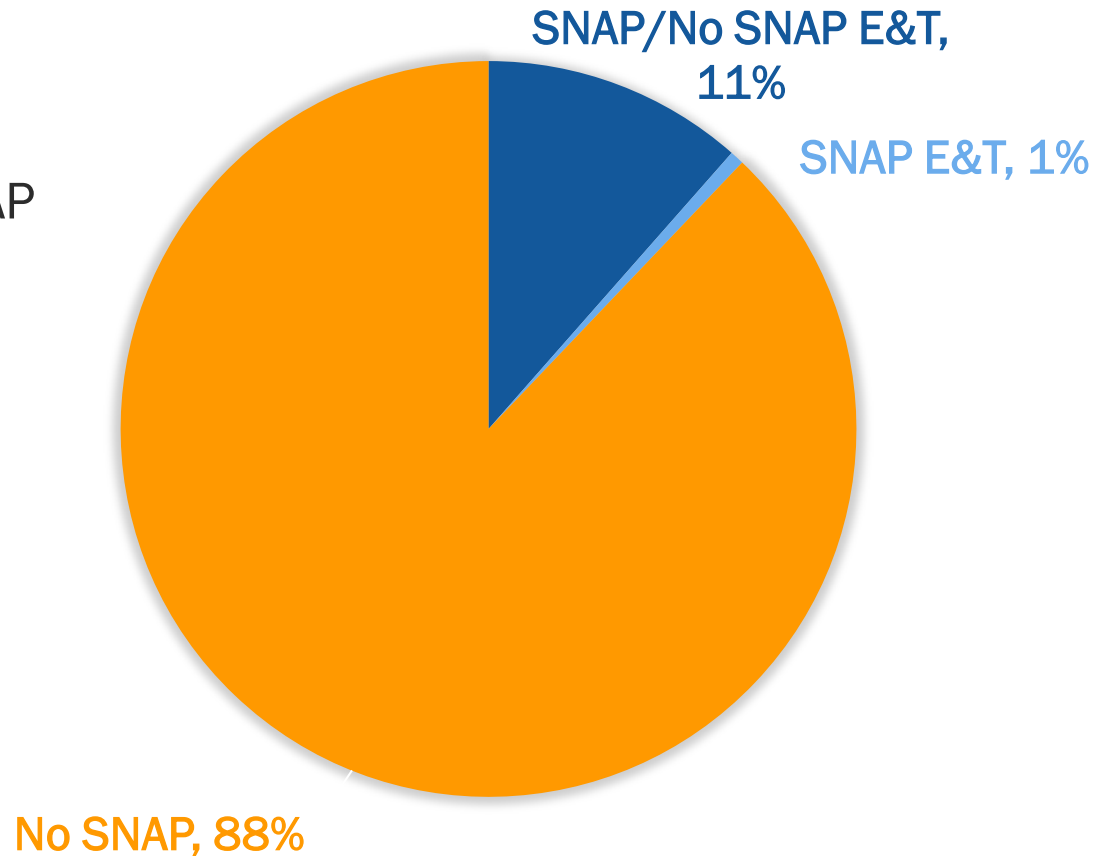


■ Title I Workforce Development Activities ■ Title II Adult Education ■ Title III Employment Services

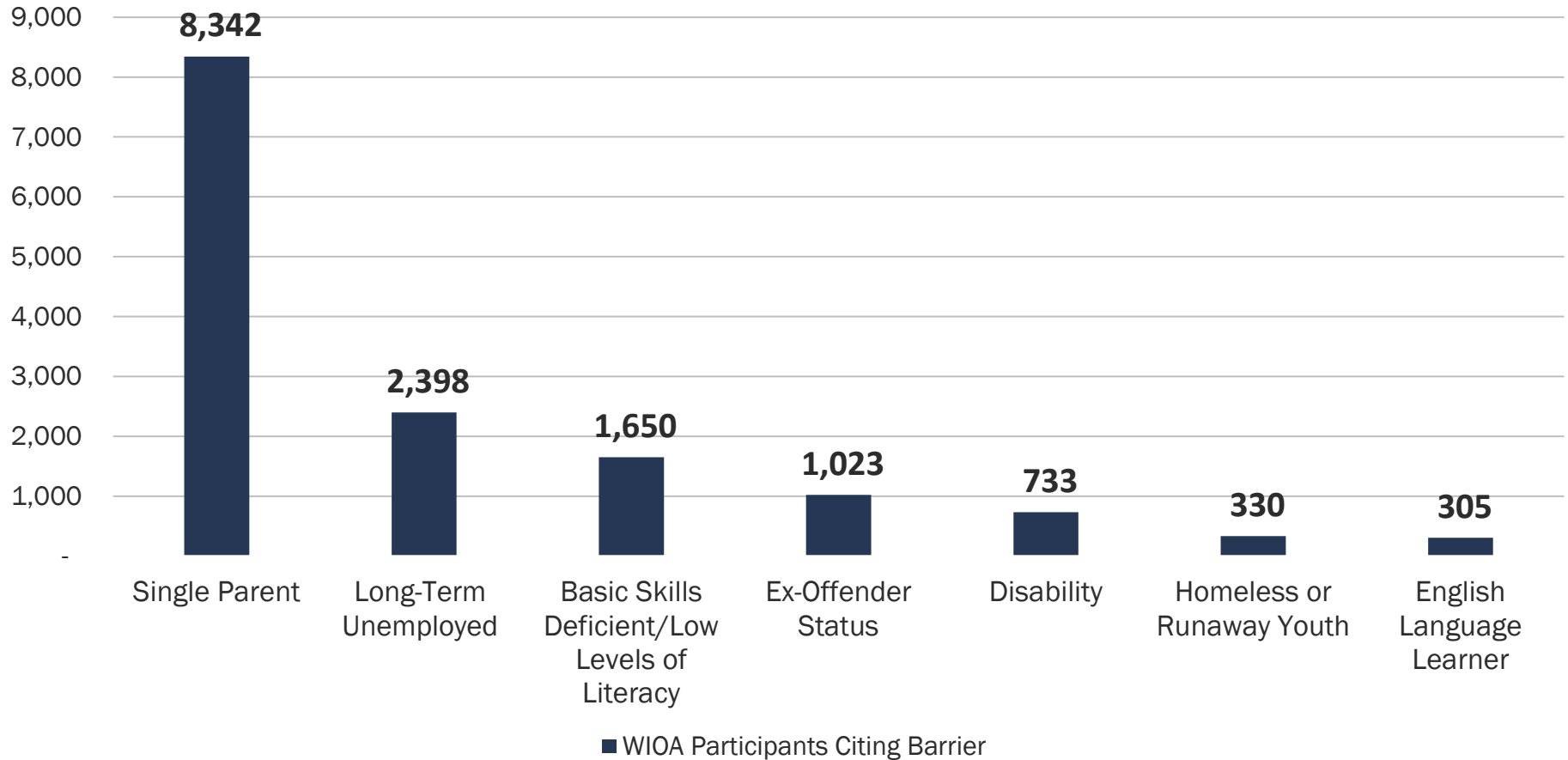


ARHOME SNAP/SNAP E&T, 2023

Nearly **2,200**
ARHOME
beneficiaries are
enrolled in a SNAP
Employment and
Training Program



Barriers Identified By ARHOME Enrollees Participating in Workforce Training



Opportunities for Success Initiative



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Opportunities for Success Initiative

- On June 1, DHS submitted to CMS a proposed amendment to the ARHOME waiver
- Plan will allow DHS to **support engagement in work, education and volunteering** for ARHOME enrollees in a qualified health plan
- Implementation scheduled to start January 1, 2024



Proposed Initiative Meets the Objectives of Medicaid

- November 2021, CMS laid out new vision for Medicaid, including three key areas:
 - Coverage and Access
 - Equity
 - **Innovation and Whole-Person Care**—“Our approach includes partnering with states to ensure the health care system considers and supports the whole of a person’s needs: physical health, behavioral health, oral health, long-term service and supports, and health-related social needs. We must address long-standing gaps in areas such as behavioral health, as well as **explore how Medicaid can contribute to addressing health-related social needs (e.g., nutrition and homelessness or housing instability).**”

Source: Medicaid.gov “About Section 1115 Demonstrations” and Chiquita Brooks-LaSure and Daniel Tsai, “A Strategic Vision for Medicaid and the Children’s Health Insurance Program (CHIP),” Health Affairs. November 16, 2021.



Poverty as a Health Risk Factor

- “Social and economic factors such as **socioeconomic status, income levels, poverty, and educational attainment** are **fundamental drivers of poor health outcomes** because they facilitate or impede access to important resources that affect health outcomes directly and through multiple mechanisms. In a study of societal health burden and life expectancy, social and economic factors accounted for two of the three largest impacts on health and life expectancy. **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 ...**” .

Source: “Addressing Social Determinants of Health: Examples of Successful Evidence-Based Strategies and Current Federal Efforts,” Office of Health Policy, Assistant Secretary for Planning and Evaluation. April 1, 2022 HP-2022-12. p.8.



Lessons Learned

Three main differences from previous efforts:

- **Focus on connecting** unemployed and underemployed to health-related social needs (transportation, food banks, housing, childcare programs) and employment/training opportunities
- **No beneficiary work/education reporting requirements.**
- Beneficiaries **will not lose Medicaid coverage** for lack of participation in work or other activities; could lose only their ARHOME health plan coverage.



Concept: Success Coach

- Provides **focused care coordination/case management** services
- **Screens for health-related social needs** and barriers to employment, including safe housing, food insecurity, employment, education level, transportation, etc.
- **Connects beneficiary to available state and local resources**, including SNAP, food banks, workforce training, housing assistance, childcare assistance, scholarship opportunities
- DHS is exploring **community resource platforms** that provide an up-to-date directory of organizations and programs to address health-related social needs, track referrals and connections to services, and provide actionable analytics on community-specific needed resources/barriers
- DHS is working with the Governor's Workforce Cabinet on the development of data-driven **web portal that provides employment, training and apprenticeship opportunities.**



Workforce Development Programs Work

- **“Intensive job-search assistance increases employment and income.** In the 2010s, the Department of Labor (DOL) conducted a national experimental evaluation of the intensive job-search assistance provided through the Adult and Dislocated Worker programs. In the year following the receipt of service, people who had been assigned to intensive job-search assistance and counseling earned about \$2,200 (or 18 percent) more on average than people who had only been given access to online tools and literature with little direct assistance from staff.”
- “Recent research demonstrates that job training provided by smaller programs can increase employment and income **when it focuses on occupations that are in high demand locally and that have the potential for career development**”.
- “... the findings suggest that ... to **focus job training on the needs of local employers** may have led to federally approved job training that increases participants’ employment and income.”
- “Similarly, **job training** can boost employment more **when it is directed at people who are unlikely to find a job because they lack marketable skills.**”

Source: *Work Requirements and Work Supports for Recipients of Means-Tested Benefits*, Congressional Budget Office, June 2022.



Supported Employment Demonstration for People with Mental Illness

- Social Security Administration studied 3,000 individuals whose applications for disability based on a mental illness had been denied.
- Participants placed in one of three groups, two of which received **care management services** and financial support for work and health expenses
- Care management included mental health case management, short-term supported education, social skills training, housing assistance, financial assistance, legal assistance, substance abuse counseling and treatment.
- Study measured impact on 5 domains: employment and earnings, SSA benefit receipt, health status, quality of life, and healthcare utilization
- Groups receiving care management had **significantly higher rates of employment** than the group that did not receive care management.
- Participants in the care management groups had **higher average income**.
- One of the care management groups was **more likely to complete preventative care visits**

Source: Westat, *Supported Employment Demonstration Final Impact and Cost-Benefit Analysis Report*, April 2023 p. ix



Unemployed

- **Unemployed:** clients in a QHP under 20% FPL who are not enrolled in school/work training, serving as caregivers, receiving treatment for a serious illness, etc.
- Assigned a **success coach** to:
 - Verify whether the beneficiary is engaged in an activity not captured through available data (e.g., caregiver for a parent or grandparent)
 - Work with individual to address needs and help plan next steps in career pathway. Success coach will discuss needs and barriers—child care, food insecurity, domestic violence--and **connect beneficiary to community resources and employment/training opportunities.**
- Beneficiaries not progressing or engaging with success coach could lose health plan eligibility after 3 months. They **would not lose Medicaid.**

Benefit Cliff

- Success Initiative also assists higher FPL enrollees
- Benefit cliff: “Earnings gains are offset by the loss of public benefits”
- Creates financial disincentives to earn more income.
- Also called, “marginal tax rates,” “poverty trap,” “cliff effect”
- To cross over the “cliff,” individuals need a bridge to the working class

Source: “Benefit Cliffs and the Financial Incentives for Career Advancement: A Case Study of a Health Care Career Pathway,” Federal Reserve Bank of Atlanta Community & Economic Development Discussion Paper No. 01-20a January 2020 (Revised February 2021).
Source: Opportunity America, Brookings Institution, American Enterprise Institute, *Work, Skills, Community Restoring opportunity for the working class*. 2018. p1.



Underemployed

- **Underemployed:** beneficiaries in an ARHOME health plan who are between 21% and 80% FPL
- Underemployed will receive regular outreach communications from DHS about employment, educational opportunities and workforce training in their areas. Communications will also direct to websites with information (e.g., state employment programs).
- DHS will offer a success coach if they remain on ARHOME for more than 24 months.



Employed

- **Employed:** beneficiaries in an ARHOME health plan between 81% and 138% FPL
- Focus will be on moving beneficiaries above 138% FPL and onto the Marketplace qualified health plans
- Employed will receive regular outreach communications from DHS.
- DHS will offer a success coach if they remain on ARHOME for more than 36 months.



Opportunities for Success Proposal is an Expansion of Life360 HOMEs

- On November 1, 2022, the Centers for Medicare & Medicaid Services (CMS) approved three types of Life360 HOMEs to provide intensive care coordination services to targeted populations.
- Maternal—women with high-risk pregnancies
- Rural—individuals with Serious Mental Illness (SMI) or Substance Use Disorder (SUD) who live in rural areas of the state
- Success—young adults (ages 19-30) most at risk of long-term poverty due to:
 - Prior incarceration
 - Prior involvement with the foster care system
 - Prior involvement with the juvenile justice system
 - Veteran status
- **Proposed change:** Expand Success beneficiary age range to 19-59.



2022 Qualified Health Plans' Economic Independence Initiatives: Incentives and Participation



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Economic Independence Initiative Requirements

- QHPs were required to offer **one** economic independence incentive in 2022; **two** in 2023
- Incentive purpose: Encourage advances in beneficiaries' economic status or employment prospects.
- QHPs must include activities to support the Economic Independence Initiative in their annual strategic plans.

2022 QHP Economic Independence Incentives

| QHP | Incentive Activity | Beneficiaries Awarded | Total Incentive Awarded |
|----------------------------|---|-----------------------|-------------------------|
| Blue Cross and Blue Shield | Earn an Arkansas Career Readiness certificate and send into Arkansas Blue Cross and Blue Shield for verification. | 2 | \$90 |
| Health Advantage | | 0 | \$0 |
| Ambetter | View videos on various financial topics to encourage savings, debt reduction and smart purchasing choices. The member views available videos on the member's secure portal. Upon completion, members earn a My Health Pays reward and can shop at the Rewards store online or convert points into money (10 points = \$1.00) to use towards healthcare-related costs or monthly bills. | 4,131 | \$186,726 |
| QualChoice Life | | 1,262 | \$52,240 |
| QCA | | 1,206 | \$50,234 |



Closing Remarks



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Next Activities

- ARHOME Public Forum to follow
- Next meeting in September, date and location TBD
- Meeting topic:
 - Results of 2022 health measures (e.g., % of women 50+ who received a mammogram)
 - Results of QHP incentives to improve those measures



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Lives.

