SECTION II - LIFE360 HOMES

CONTENTS

200.000 LIFE360 HOMES GENERAL INFORMATION

201.000 Arkansas Medicaid Life360 HOMEs Overview 11-1-23

This provider manual (manual) offers guidance for eligible Arkansas Medicaid-enrolled hospitals to enroll as a Life360 HOME provider (Life360). The Life360 will ensure clients in target populations are connected to medical services and nonmedical supports in their communities to address their health-related social needs (HRSN) through intensive care coordination. Life360s are designed to supplement not supplant existing supports and services. Medical care will

continue to be delivered and billed as it is today. There are three types of Life360s that will target populations to receive intensive care coordination services and supports specifically designed to meet those populations' unique needs (Life360 refers to all three types unless otherwise specified):

A. **Maternal Life360** will support women whose Medicaid or Medicaid-funded Qualified Health Plan (QHP) claims reflect a diagnosis code of needing supervision for high-risk pregnancy. They will be supported either through direct provision of evidence-based maternal and child home visitation or through contract with evidence-based home visitation programs.

B. **Rural Life360** will support individuals with mental illness as defined in this manual or substance use disorder (SUD) who live in rural areas of the state by providing intensive care coordination through care coordination coaches.

C. **Success Life360** will support young adults most at risk of long-term poverty and associated poor health outcomes due to prior incarceration, involvement with the foster care system, or involvement with the juvenile justice system and young adult veterans who are at high-risk of homelessness. The Success Life360 will provide intensive care coordination directly or contract with community organizations to do so.

201.100 Life360 Provider Eligibility 11-1-23

To be eligible to apply for enrollment as a Life360 provider with Arkansas Medicaid, the entity must:

A. Be a current Arkansas Medicaid hospital provider.

1. Maternal Life360 must be a birthing hospital as defined within this manual.
2. Rural Life360 must be a small rural hospital as defined within this manual.
3. Success Life360 must be an acute care hospital as defined within this manual.

203.000 APPLICATION AND APPROVAL PROCESS

203.100 Letter of Intent 11-1-23

The approval to be a Life360 happens in a four-phase process. The process is designed to ensure that eligible providers demonstrate capacity and ability to implement the program requirements outlined in this manual to achieve the goals and outcomes of the Life360 program.

Submitting all required information in the application process does not guarantee approval as a Life360. The Arkansas Department of Human Services (DHS) Division of Medical Services (DMS) will review and determine whether approval is warranted for all applicants.

To become an approved Life360, a hospital must first submit a letter of intent (LOI) to DMS that includes:

A. The type(s) of Life360 the hospital is applying to become;

B. Hospital location, Medicaid provider ID, and proposed service area (counties to be served); and

C. Name and contact information for staff member serving as program lead.

D. For a **Maternal Life360**, the LOI must include

1. Estimated number of individuals the hospital expects to serve with home-visiting supports and services in the proposed service area and a description of how the hospital arrived at that estimate. (Indicators could include local birth rates, number of

child-bearing age women in poverty, Medicaid enrollment or healthcare access, and other HRSN needs and health outcomes);

2. Number of women receiving maternity or obstetric services annually through the hospital and/or its clinics (note: “hospital” in this section means the hospital submitting the LOI);
3. The name of the evidence-based home visiting model(s) the hospital intends to use;
4. Whether the hospital will use its own staff to conduct home-visiting OR contract with an external organization to provide home-visiting; and
5. If contracting with an external organization(s), name, and contact information of organization(s).

E. For a **Rural Life360**, the LOI must include:

1. Estimated number of adults in the service area with mental illness and/or substance use disorder, the hospital expects to serve and a description of how the hospital arrived at that estimate.
2. Estimated number of adults in the proposed service area likely to be eligible due to mental illness and/or substance use disorder;
3. Brief description of the mental health and substance use disorder services provided by the hospital or its clinics;
4. Names of behavioral health service providers in the proposed service area and brief description of services and/or supports they could provide to Life360 clients; and
5. Number of acute crisis unit beds the hospital currently operates or will develop.

F. For a **Success Life360**, the LOI must include:

1. Names of community service organizations currently serving the employment, educational, or training needs of the proposed service area and the estimated number served by the programs, if available;
2. Estimated number of adults in the proposed service area likely to be eligible for Success Life360;
3. Identification of community service organizations, if using

DMS will review the LOI to determine if the hospital meets the eligibility criteria and provided all requested information. DMS reserves the right to refuse an LOI if necessary to allow time to process Life360 applications previously submitted. DMS will inform the hospital either:

A. The LOI is approved and the hospital may move to the application phase

B. More information is needed before approval can be made; or

C. The hospital does not meet the criteria outlined in this manual to move forward to application, for reasons including but not limited to proposing to serve too few clients or proposing a service area that is already adequately being served by other Life360s.

203.200 Application 11-1-23

Upon approval of the LOI, the hospital will submit a Life360 application within ninety (90) calendar days. The application must include a:

A. A program narrative that describes:

1. How intensive care coordination will be designed and delivered according to requirements in this manual;
2. Staff and organizational experience;

3. Subcontractor experience, if applicable; and
4. Description of community partners

B. A community network assessment (template provided) (see section 203.210 for more details);

C. A copy of the hospital's most recent Community Needs Analysis (if available);

D. At least two letters of support from potential community partner organizations;

E. Plan for community outreach, education, and client communication;

F. How services will supplement, not supplant, services already provided in the community;

G. Description of proposed referral network and signed agreements with community partner organization, pending approval of the Life360 application (See section 203.210);

H. Plan for monitoring client milestones and goals, collecting data on client outcomes, and monitoring other quality improvement measures identified by DMS;

I. Startup and first-year program budget and narrative justification; and

J. Proposed screening tool(s) and a description of the screening processes

DMS will review the hospital's application and materials upon receipt of a complete application package and will respond within a specified timeframe in writing to approve, deny, or request additional information. If additional information is needed, the applicant hospital will have thirty (30) calendar days to provide the additional information. DMS will review and approve or deny any application within a specified timeframe.

The following sections 203.210-203.230 provide criteria for each application requirement.

203.210 Community Network Assessment 11-1-23

As part of the application, the hospital will:

A. Complete an assessment of the service area population demographics and a community resource inventory to determine the available community resources and gaps. That inventory should include community medical providers, community service organizations, and social service providers to whom the Life360 can refer clients to access appropriate services and supports.

1. Once a hospital becomes a Life360, the hospital will update this information annually as a requirement of the annual Life360 HOME agreement and will be responsible for ongoing program and resource development.
2. Access to medical services and availability of non-medical supports should be described (i.e., number of primary care/specialists, number of organizations providing supports and type of supports, data on wait times or distance to care, if available).

B. Identify providers and others in the service area who can serve as a referral network to refer someone for Life360 services.

1. Referrals can be from a diverse array of health and social service organizations, medical providers, and non-medical supports in the community through formal and informal agreements and based on the target population served.
2. Determine which organizations will require formal community partner agreements, particularly an entity that would share personal client information, to ensure health information is protected. Applicant hospital will submit those agreements as part of

the application, and DMS will review them as part of the application and/or readiness review process.

203.220 Referral Network Outreach 11-1-23

After application approval, the selected applicant and its partners will be responsible for community outreach to ensure entities that can make referrals are aware of Life360 services and the referral process, for general outreach and awareness activities directed at the target population as well as key community groups that would have direct contact with and are trusted by the Life360 target population.

203.230 Community Partner Organization Criteria 11-1-23

To be eligible to contract with a Life360 hospital to provide intensive care coordination services, an organization must meet the qualifications for the relevant Life360 type, as described below. Hospitals are responsible for confirming the organization has a tax identification number, is in good standing with relevant government entities, and other due diligence of partner organizations. Community partner organizations will work with the Life360s to conduct outreach to ensure providers and local entities are aware that they can refer clients for services.

A. **Maternal Life360** - The Life360 or the organization with which the Life360 contracts to provide home-visiting services and supports must use an evidence-based maternal and child home visitation model. The selected model(s) must cover home visiting services from pregnancy through at least the first two (2) years of the baby's life.

B. **Success Life360** - The organization with which the Life360 contracts must be experienced in working with young adults most at risk of long-term poverty to build their skills to be physically, socially, and emotionally healthy in order to live in and contribute to their communities.

This section criteria does **not** apply to **Rural Life360.** Hospitals will directly provide intensive care coordination to the target population. Providers of behavioral health services will be engaged by the hospital as key partners for referrals and delivery of services.

203.300 Startup 11-1-23

Once an application is approved, the selected applicant must sign a startup agreement before DMS will release the first round of startup funding. For information about the amount of startup funding allowed, see the rate sheet. After the agreement is signed the selected applicant will be in the startup phase, and DMS will release the first installment of startup funds. The hospital must follow the startup plan and budget outlined in the approved application. Hospitals may not receive more than one package of startup funding for more than one application of the same type of Life360s.

For both **Maternal Life360s** and **Rural Life360s**, startup funds will be:

A. Provided in two initial payments to be used for the cost of starting the program.

   1. The first upon DMS approval of the application
   2. The second after successful completion of the readiness review

B. Based on the approved program budget and contained in the startup agreement.

C. Allowed to cover the cost of staff, equipment, and supports identified in the selected applicant's startup budget or otherwise approved by DMS. Expenditures will be subject to audit.

For **Success Life360s**, startup funds will be:

A. Provided in three initial payments to be used for the cost of starting up the program.

1. The first upon DMS approval of the application and signed startup agreement
2. The second after successful completion of the readiness review
3. The third payment will be released by DMS in accordance with the selected applicant's approved startup agreement

B. Based on the approved annual program budget contained in the startup agreement.

C. Allowed to cover the cost of staff, equipment, and supports identified in the applicant's startup plan budget or other uses approved by DMS. Expenditures will be subject to audit.

Each selected applicant must complete the startup phase within the timeframe specified in its startup plan, not to exceed one-hundred-eighty (180) days from the receipt of startup funds, or funds may be subject to recoupment. During the startup phase, DMS and the hospital working to become a Life360 will meet monthly to assess progress toward readiness review. DMS will schedule readiness review at the end of the startup phase.

203.400 Readiness Review 11-1-23

After approval of the application and completion of the startup phase, a readiness review will be conducted by DMS or its contractor to determine the selected applicant's readiness to fully implement the Life360 program. Readiness review will include an onsite visit to each location. Each selected applicant will demonstrate that it is operationally ready to fulfill all Life360 requirements including:

A. Having the ability to submit enrollment requests to DHS and accept results of client eligibility verification

B. Having the ability to report required data to DMS in the format requested

C. Having an HRSN screening tool and the necessary staff training to administer it, a platform for capturing results, and a process for linking clients to resources

D. Providing any other client assessment tools to be used by the program

E. Having a person-centered action plan (PCAP) template and plan for updating the PCAP regularly, at a minimum annually

F. Having adequate program staff and appropriate staff training

G. Having fully executed community partner agreements

H. Having a referral network, agreements, and a process for accepting and transferring protected health information

I. Demonstrating that the Life360 and its partners have a communication, outreach, and referral plan

J. Having fund controls to correctly submit payment for Life360 funding that is separate from medical services paid for by Medicaid, Medicare, other insurance, and any other third-party payer

K. Having an operational acute crisis bed(s), for Rural Life360 only

DMS will schedule the readiness review within five (5) business days after being notified by the selected applicant that it is ready to complete the review. DMS will complete readiness review and provide the outcome of the review in writing within a specified timeframe of the onsite visit. Following the completion of the readiness review, DMS will either:

A. Enroll the hospital as a Life360 provider, enter into the Life360 HOME agreement, and release the second installment of startup funds;

B. Release all or a portion of the second installment of startup funds and provide in writing a list of deficiencies and the timeframe by which the deficiencies must be addressed for the hospital to demonstrate readiness; or

C. Deny enrollment as a Life360 for failure to successfully complete readiness review.

203.500 Life360 HOME Agreement 11-1-23

To enroll in the Life360 program, applicants that successfully complete the application process and readiness review will provide their tax ID number and enter into the Life360 HOME agreement. The agreement will outline required program obligations and legal requirements pertaining to the Life360 scope of work. Through execution of the agreement, providers agree to adhere to all requirements in this manual and all applicable federal regulations and state statutes.

203.700 Electronic Signatures 11-1-23

Medicaid will accept electronic signatures, provided the electronic signatures comply with Arkansas Code § 25-31-103 et seq.

210.000 PROGRAM REQUIREMENTS

210.100 Client Eligibility 11-1-23

Life360 client participation is voluntary. An individual is not required or entitled to receive services from a Life360 as a condition of Medicaid eligibility. To be screened for HRSN and/or Life360 eligibility, clients must live in the service area served by the Life360. Residence can be determined by the person's geographic residence, shelter residence or other temporary residence, such as a health facility. If experiencing homelessness, residence may be established by the last documented residence or shelter, work history/place of employment, or child's school/childcare enrollment.

A client may be enrolled in only one Life360 program at any time.

A client who moves from one Life360 service area to another may continue receiving services through the new Life360 if the new Life360 type is the same as the previous (e.g., Maternal to Maternal). If the Life360 type in the new service area is different, the client may receive services from the new Life360 only if the client qualifies for those services.

Additional eligibility requirements by Life360 type include:

A. A woman is eligible for **Maternal Life360** intensive care coordination supports if she:

1. Is enrolled in Arkansas Medicaid or was enrolled in Arkansas Medicaid when she began receiving Maternal Life360 services and is either pregnant with a high-risk pregnancy (a diagnosis of needing supervision for high-risk pregnancy. High-risk pregnancy must be verified through a completed referral form from the client's physician that includes the most current clinical note.) OR
2. If enrolled in ARHOME at any point during enrollment in the Maternal Life360 program, was enrolled in the Maternal Life360 while pregnant with a high-risk pregnancy and delivered the baby within the previous twenty-four (24) months

   OR If enrolled in a Medicaid program that is not ARHOME for the full duration of enrollment in the Maternal Life360 program, was enrolled in the Maternal Life360

while pregnant with a high-risk pregnancy and delivered the baby within the previous twelve (12) months.

3. Is not currently receiving state- or federally funded home visiting services through a provider whose services cover pregnancy or the first two (2) years of a baby's life.

B. An individual who needs assistance confirming a high-risk pregnancy diagnosis will be eligible for assistance in connecting with medical services until the need for supervision for high-risk pregnancy is confirmed. The Life360 HOME will not receive per member per month (PMPM) funding until the woman's pregnancy and eligibility for the program are confirmed.

C. All adults living in the **Rural Life360** service area are eligible for HRSN screening and referrals to needed community supports. To be eligible for intensive care coordination, the individual must:

1. Be enrolled in ARHOME (through a qualified health plan [QHP] or Medicaid fee-for-service [FFS]);
2. Have a mental health and/or substance use disorder diagnosis;
3. Not be enrolled in the Provider-led Arkansas Shared Services Entity (PASSE) program.

D. An individual is eligible for **Success Life360** intensive care coordination and supports if the person:

1. Is enrolled in ARHOME (through a QHP or Medicaid FFS);
2. Is at risk of poor health due to poverty, meaning under one hundred thirty eight percent (138%) Federal poverty level;
3. Is not enrolled in the Provider-led Arkansas Shared Services Entity (PASSE) program; and
4. Meets the criteria for at least one of the following categories:
   a. Is between nineteen (19) and twenty-four (24) years of age and has been previously placed under the supervision of the DHS Division of Youth Services as verified by DHS.
   b Is between nineteen (19) and twenty-four (24) years of age and has been previously placed under the supervision of the Arkansas Department of Corrections, as verified by the Arkansas Department of Corrections or DHS.
   c Is between nineteen (19) and twenty-seven (27) years of age and has been previously placed under the supervision of the DHS Division of Children and Family Services, as verified by DHS.
   d Is between nineteen (19) and thirty (30) years of age and is a veteran verified by DD214 Certificate or Release of Discharge from Active Duty.

210.200 General Program Requirements 11-1-23

All Life360s must:

A. Submit an annual budget and budget narrative, including staff, to DMS for approval.

B. Provide an explanation of how the Life360 will meet targeted number of clients to be served, if it failed to meet expected numbers in the previous year

C. Provide service projections (e.g., the number of clients the Life360 expects to serve, the number of visits anticipated for each client, the number of individuals screened, etc.)

D. Provide all other required supports specified in the Life360 HOME agreement.

E. Provide or contract to provide supports that demonstrate cultural competency and are provided in the languages frequently spoken by the targeted population as identified in the community assessment.

F. Comply with all reporting requirements and deadlines specified in the Life360 HOME agreement and any additional reporting requirements required by the Centers for Medicare and Medicaid Services and/or the Arkansas Legislature.

G. Maintain fund controls to correctly submit payment for Life360 funding that is separate from medical services paid for by Medicaid, Medicare, other insurance, and any other third-party payer.

H. Provide a monthly expenditure report. The expenditure report must provide all expenditures compared against budgeted categories. Maternal Life360s will provide all program expenditures, but only the expenditures for startup and transportation funding will be compared against budgeted categories. For **Rural** and **Success Life360s**, the monthly expenditure report also must include an estimate of funds the Life360 anticipates will be unspent by the end of the program year. DHS may adjust the annual budget in the middle of the year, if necessary, to bring the Life360's operations in line with actual spending patterns.

I. For **Rural** and **Success Life360s**, unspent funds will be applied to the Life360's budget for the following year, and DMS will reduce new funds provided by the amount of unspent funds the Life360 is carrying forward. Life360s with unspent funds cannot submit a budget in the subsequent year that exceeds the budget for the year in which the unspent funds accumulated. DMS may make an exception for circumstances that were unique to a particular program year.

210.300 Service Area Criteria 11-1-23

The Life360 may define its service area. It must include the county in which the Life360 is located and may include one or more counties contiguous to that county or to each other. As part of the application process, DHS will assess whether the applicant hospital can serve the selected service area adequately or it needs to be adjusted.

Rural Life360 service areas may include counties containing a Metropolitan Statistical Area (MSA), but the Life360 must be established to primarily serve the hospital's patient population and non-MSA counties. DHS will assess whether the applicant hospital's selected service area adequately serves rural populations.

Success Life360 service areas must include the county in which the hospital is located and the county in which the community partner organization is located. If the hospital and the community partner organization are in separate counties, the counties must adjoin.

210.400 Required Maternal Life360 Activities 11-1-23

The **Maternal Life360** will provide directly or through its selected community partner organization(s) the following services and supports for their clients:

A. Request from DHS enrollment and eligibility verification for individuals referred or identified for home-visiting supports, including assisting individuals with the diagnosis of need for supervision for high-risk pregnancy.

B Obtain a signed consent form from clients to participate in the program and to authorize the Life360 HOME to share their personal information with DHS, partner organizations, relevant community service providers, and relevant health care providers.

C Administer screenings that include HRSN screenings (upon client enrollment in Life360 and every six (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:

1. Maternal Health
2. Child Health
3. Family Economic Self-Sufficiency
4. Positive Parenting Practices

D Provide home visitation services with fidelity to an evidence-based home visiting model and linkages to community resources and supports. Home visiting may be provided directly by the hospital or through contract with evidence-based home visitation program.

E. Assist with any needs for coordination of medical services including support identifying and connecting both the client and her baby to a PCP or OB/GYN and any other needed medical and behavioral health providers or culturally relevant supports.

F. Document home-visiting services provided.

G. Disenroll individuals who have asked to stop receiving services or who are uncooperative with receiving services after three consecutive attempts to schedule a visit. Disenrolled clients can re-enroll at their request within their pregnancy or, for ARHOME enrollees, within the first twenty-four (24) months after delivery and for participants in any other Medicaid aid category, within the first twelve (12) months after delivery.

H. Ensure coordination with other home visiting programs as applicable.

210.500 Required Rural Life360 Care Coordination Activities 11-1-23

The **Rural Life360** will provide the following community screening and referral supports to the general population and care coordination to identified clients.

A. Create a plan and implement the plan to screen anyone in the community for HRSN needs and provide support for community providers to complete and submit HRSN screens for the people they serve.

B. Connect individuals whose HRSN screen identifies an HRSN need to local medical and non-medical resources, including food, housing, and transportation.

C. Accept referrals for care coordination supports for eligible clients from health care providers treating individuals with mental illness or substance use disorder.

The **Rural Life360** will provide the following healthcare capacity building activities:

A. Develop and operate an acute crisis unit that meets the requirements of 218.400 of the Arkansas Medicaid Hospital Provider Manual or a psychiatric care unit that meets the requirements specified in the Rules for Hospitals and Related Institutions in Arkansas. The ACU or psychiatric unit must serve individuals in need of mental health or substance use crisis services in the Rural Life360 hospital. The Rural Life360 hospital must begin acute crisis unit or psychiatric services within the timeframe approved by DMS.

The **Rural Life360** will provide the following care coordination supports:

A. Request from DHS enrollment and eligibility verification for individuals referred or identified for intensive care coordination supports.

B. Obtain a signed consent form from clients to participate in the program and to authorize the Life360 HOME to share their personal information with DHS, partner organization, relevant community service providers, and relevant health care providers.

C. Provide intensive care coordination and coaching supports for enrolled clients. Intensive care coordination and coaching include:

1. Collecting or completing an HRSN screen upon client enrollment in Life360 and every six (6) months during program participation.
2. Conducting an in-depth personal interview related to the health-related social needs identified in the screening and the barriers to resolving health-related social needs. The Rural Life360 is responsible for developing the interview tool to be used, the implementation process and the staff training process for engaging clients.
3. Developing and maintaining a person-centered action plan (PCAP) for each client that includes:
    a. The client's goals and preferences for addressing needs. Goals must include accessing a PCP and all needed medical providers and services. Goals also may include mental and emotional wellness, financial goals, applying for or completing workforce training or education programs, obtaining or maintaining employment, and obtaining or sustaining safe housing.
    b. Results of the HRSN screen and personal interview including strengths and relevant personal history, for example, criminal justice involvement.
    c. Plan for overcoming barriers for accessing services and for avoidance of non-emergency ED visits.
    d. Unmet needs for medical services and non-medical community supports and a plan for meeting those needs.
4. Working directly with clients and their families to improve their skills to be healthy physically, socially, emotionally and to thrive in their communities. Follow up supports may include the following activities as specified in the PCAP:
    a. Engaging clients in promoting their own health
    b. Coordinating with external medical and non-medical providers to connect clients with needed health services and community supports
    c. Assisting clients with applying for services including scheduling and completing assessments for entry into the PASSE program, if needed
    d. Assisting clients in obtaining services that reduce preventable utilization of emergency departments and inpatient hospital settings
    e. Increasing client engagement in educational and employment opportunities and other supports that reduce the risk of poverty
    f. Transporting clients to non-medical appointments. Life360 funds cannot be used for costs incurred transporting a client or assisting with transportation of a client to a job interview
5. Providing supports through any of the following:
    a. Home visits in such frequency as is necessary to assist the client meet his/her documented PCAP goals
    b. Office visits
    c. Video-supported visits
    d. Telephone or text message contacts in conjunction with in-person visits
6. Documenting client's progress toward meeting goals established on person-centered action plan, including:
    a. Weekly update of client and staff activities
    b. Gaps in available community services
    c. Responsiveness from client
    d. Any completed or newly identified goals or unmet needs

210.600 Required Success Life360 Care Coordination Activities 11-1-23

The **Success Life360** will work with its partner organization to provide the following services:

A. Request from DHS enrollment and eligibility verification for individuals referred or identified for intensive care coordination and supports.

B. Obtain a signed consent form from client to participate in the program and to authorize the Life360 HOME to share the client's personal information with DHS, partner organizations, relevant community service providers, and relevant healthcare providers.

C. Provide intensive care coordination and coaching supports for clients to include:

1. Collecting or completing a HRSN screen (upon client enrollment in Life360 and every six (6) months during program participation)
2. Conducting an in-depth personal interview related to HRSN identified in the screening and the barriers to addressing those needs. The Life360 is responsible for developing the interview tool to be used, the implementation process and the staff training process for engaging clients
3. Developing and maintaining a PCAP for each client that includes:
    a. Client goals and preferences for addressing needs. Goals should address:
        i. Obtaining a primary care physician and addressing unmet medical needs
        ii. Mental and emotional wellness
        iii. Financial needs, including applying for or completing workforce training or education programs
        iv. Obtaining or maintaining employment, and
        v. Obtaining or sustaining safe housing
    b. Identified HRSN needs and personal interview results, including strengths and personal history if applicable, such as criminal justice involvement
    c. Plan for overcoming barriers for accessing services and avoidance of non-emergent emergency department visits
    d. Unmet needs for non-medical community supports and a plan for meeting those needs
4. Working directly with clients and their families to improve their skills to be healthy physically, socially, emotionally, and to thrive in their communities. Services may include the following activities as specified in the PCAP:
    a. Engaging clients in promoting their own health
    b. Coordinating with external medical and non-medical providers to connect clients with needed health services and community supports
    c. Assisting clients in obtaining services that reduce preventable utilization of emergency departments and inpatient hospital settings
    d. Strengthening client life skills and implement plan to maximize participation in education, employment training and other supports that reduce the risk of poverty
    e. Transporting clients to non-medical appointments. Life360 funds cannot be used for costs transporting a client or assisting with transportation of a client to a job interview.
5. Providing supports through:
    a. home or community visits
    b. office visits including career center

c. video-supported visits

d. telephone or text message contacts, though not exclusively so

6. Documenting client's progress toward meeting goals established in the PCAP, including:

a. Weekly update of client and staff activities

b. Gaps in available community services

c. Responsiveness from client

d. Any completed or newly identified goals or unmet needs

210.700 Program Funding 11-1-23

After the startup phase and successful completion of readiness review, Maternal Life360 will receive the following payments:

A. A PMPM: global payment will be made to a Maternal Life360 to cover the costs of all home visiting services necessary to implement home visiting model fidelity and administrative costs of operating the program (staff recruitment and training, data collection and reporting, financial management, etc.). The global payment will be actuarially sound and made to each Maternal Life360 on a per member per month (PMPM) basis. The global capitation payment amount is determined by Arkansas Medicaid.

B. Transportation: An annual amount specified in the Life360 HOME agreement. DMS will divide the amount into equal monthly amounts and pay the Life360 monthly. The funding may be used for transportation costs incurred during home visits to clients, to transport clients to non-medical appointments (excluding transportation to job interviews), or to obtain other HRSN-related supports. Allowable uses of this funding include:

1. Gasoline or mileage for the Life360s travel

2. Bus travel, car rental, and taxi or other driver service for non-medical appointments for clients necessary to meeting the client's documented HRSN needs (excluding transportation to job interviews)

3. Staff time for operating a vehicle for transporting clients to and from non-medical appointments

C. The **Maternal Life360** will receive a prorated PMPM for clients beginning upon client enrollment in in the Maternal Life360. Payments will be prorated for the number of days in the month from the client enrollment date.

Rural Life360s will receive three (3) additional types of payments following startup costs for:

A. Transportation: An annual amount specified in the Life360 HOME agreement. DMS will divide the amount into equal monthly amounts and pay the Life360 monthly. The funding may be used for transportation costs incurred during home visits to clients, to transport clients to non-medical appointments (excluding transportation to job interviews), or to obtain other HRSN-related supports. Medicaid clients should utilize non-emergency transportation services for medical appointments. Allowable uses of this transportation funding include:

1. Gasoline and mileage for the Life360s travel

2. Bus travel, car rental, and taxi or other driver service for client transportation to non-medical appointments necessary to meeting the client's documented HRSN needs (excluding transportation to job interviews).

B. Emergency Equipment and Training: In a monthly amount based on the approved annual program budget and specified in the Life360 HOME agreement. DMS will divide the annual amount by twelve (12) and pay the Life360 monthly up to the annual allotment amount.

The funding may be used for costs related to improving emergency medical services in the rural communities that the Life360 serves, including enhanced equipment and staff training, and to support improvements in equipment necessary for the delivery of medical services through telemedicine. An accounting of these funds must be provided as part of the monthly expenditure reports.

C. Intensive Care Coordination: In a monthly amount based on the approved program budget and specified in the Life360 HOME agreement. DMS will pay an all-inclusive flat rate monthly to pay for assisting clients through intensive care coordination, one-on-one engagement, community HRSN screening and referrals, the cost of supervisors, and other program costs. The fee includes both direct program costs and indirect costs as outlined in the program payment section. Allowable uses include staff, equipment, and supports identified in startup plan and budget, and other uses approved by DMS. Time-limited expenses to enable a client to access services or supports to meet an identified HRSN also are allowable program costs. Refer to the glossary under HRSN reimbursable costs. The all-inclusive rate will include an amount up to 20 percent of the direct staff costs for indirect costs associated with managing the program.

D. Acute Care Unit Observation and Stabilization Staff: In a monthly amount based on the approved program budget and specified in the Life360 HOME agreement. DMS will divide the annual amount used for costs related to maintaining continuous clinical staff in the acute care unit into monthly amounts. This funding is intended to assist the hospital with paying for the ACU to be staffed and available even when patient services are not immediately needed.

Success Life360 will receive three additional types of payments following the startup payments:

A. Technology: An annual amount based on the approved annual program budget and specified in the Life360 HOME agreement. DMS will divide the amount into equal monthly amounts and pay the Life360 monthly. The funding may be used for technology costs incurred to support data-sharing with partner organizations and providers that serve clients, including equipment, infrastructure, and technology and data services.

B. Intensive Care Coordination: In an annual amount based on the approved program budget and specified in the Life360 HOME agreement. DMS will pay an all-inclusive flat rate monthly to pay for assisting clients through intensive care coordination, one-on-one engagement, the cost of supervisors, and other program costs. The fee includes both direct program costs and indirect costs as outlined in the program payment section (See 230.000, Payment Details). Allowable uses include staff, equipment, and supports identified in the startup plan and budget, and other uses approved by DMS. Time-limited expenses to enable a client to access services or supports to meet an identified HRSN also are allowable program costs. Refer to the glossary under HRSN reimbursable costs. The all-inclusive rate will include an amount up to 20 percent (20%) of the direct staff costs for indirect costs associated with managing the program.

C. Success Payments: DHS will award a success payment to the Life360 for each enrolled client who achieves the following goal(s):

1. Clients who were formerly in the custody of the DHS Division of Youth Services or the Arkansas Department of Corrections remain out of the judicial system (no arrests or criminal charges) and out of incarceration for twelve (12) consecutive months after enrollment in the Life360.

2. Attains an educational diploma, certificate, or degree, including a General Educational Development certificate, high school diploma, associate degree, certificate program through an accredited institution of higher education, or completes a workforce training, trade, or other work certification program after enrollment in the Life360.

3. Achieves full-time employment and maintains it for twelve (12) consecutive months after enrollment in the Life360.
4. Maintains full-time employment for twelve (12) consecutive months after enrollment in the Life360.
5. Clients who have a diagnosis of SUD and maintain sobriety for twelve (12) consecutive months as confirmed by a treatment program, rehabilitation program, sponsor, or support group leader after enrollment in the Life360.

Success Life360s will inform DHS of any clients who have achieved any of these milestones. DHS will review and determine whether the Life360 may receive one (1) or multiple success payments for a single client who achieves in more than one (1) category. The amount of the payments will be established annually and published in the Life360 HOME agreement. Life360s may provide enrolled clients nominal incentives valued at no more than two-hundred and fifty dollars ($250) annually for achieving milestones or goals.

Maternal, Rural and Success Life360 expenditures will be subject to audit.

210.800 Acceptable Performance and Performance Measures 11-1-23

Life360's supports must meet acceptable performance, which will be determined based on whether it has been able to fulfill the program requirements and performance measures outlined in the Life360 HOME agreement with DMS, including:

A. Serving the targeted number of clients, number of visits, number of individuals screened, as specified in the Life360 HOME agreement

B. Meeting all reporting requirements specified in the Life360 HOME agreement in the specified timelines

C. Demonstrating client success as evidenced by meeting annual targets outlined in the Life360 provider agreement.

Life360 performance measures are proposed and subject to change based on the final evaluation and monitoring plan approved by CMS.

DHS will ensure that Life360s meet acceptable performance and that action is taken to address any identified non-compliance with Life360 funding parameters. If DHS determines that a Life360 has failed to demonstrate appropriate performance, including enrolling an insufficient number of clients, DHS may impose corrective actions that could include:

A. A corrective action plan

B. Caps on funding

C. Recoupment of funds

D. Discontinuation of Life360 funding

DHS also may impose corrective actions for a Life360 if it determines the Life360 is out of compliance with requirements included in the Life360 HOME agreement and/or policy letters or guidance set forth by DHS or CMS ARHOME 1115 Demonstration Special Terms & Conditions or the CMS 1915(b) Standard Terms & Conditions. Prior to initiating any corrective action on a provider, DHS shall provide the provider notice and an opportunity to comment regarding the identified area of non-compliance.

220.000 DELIVERY OF SERVICES

220.100 Life360 Client Engagement 11-1-23

This manual is not exhaustive of what will need to be in place to ensure consistency and integrity of services provided to Life360 clients. Programs are expected to establish policies and procedures prior to implementation to ensure successful client engagement, safety, and adherence to all applicable laws and/or requirements in serving clients. To that end, Life360s will be responsible for ensuring the following guidance for services as well as any requirements contained in the Life360 HOME agreement, or in this manual pertaining to provision of services, are incorporated.

220.200 Consent 11-1-23

Each client who is confirmed eligible by the Life360 will complete a consent form prior to intensive care coordination services beginning. Clients must be informed of relevant program policies and procedures relative to their participation in the program including client and staff safety, confidentiality, how long/frequent services are available, program expectations, and that services are voluntary. This program communication must be approved by DHS.

The program must notify clients at the time of consent if there will be a delay in starting services for any reason (i.e., program at capacity, facility, or staff issue), inform the client of the wait time, and the referral partner, if applicable. The Life360 should connect waiting clients with other supports/services until Life360 services may begin. Life360s will not receive a PMPM payment for clients awaiting Life360 services. The Life360 must notify its referral network when clients cannot be assigned to a care coordinator due to capacity limitations or other factors. The Life360 must notify DHS if the program is delaying services for new clients or suspending services to existing clients. The notification must be made within five days of denying or suspending services to eligible clients.

220.300 Duration of Services 11-1-23

The total length of time in which clients can receive intensive care coordination services is as follows:

A. **Maternal Life360** - Services begin during pregnancy through home-visiting and continue up to two years after birth of the baby for clients enrolled in a QHP through ARHOME and one year for clients enrolled in any other Medicaid category of assistance and based upon continued need of home-visiting support.

B. **Rural Life360** - Services can be provided by care coordination coaches for up to twenty-four (24) months if the individual is actively working towards his or her goals and the individual remains eligible for the ARHOME program. DMS may extend the amount of time someone is eligible for a Rural Life360 based on a review of goals and progress toward those goals. If an enrolled client moves to another Medicaid aid category, the client will be disenrolled from the Rural Life360 program.

C. **Success Life360** – Services are based upon PCAP goals, and obtainment of goals is expected to be achieved in twenty-four (24) months or less. If an enrolled client moves to another Medicaid aid category, the client will be disenrolled from the Success Life360 program.

220.400 Person-Centered Action Plan (PCAP) 11-1-23

Rural Life360 and **Success Life360** clients will develop an individualized person-centered action plan (PCAP) facilitated by their care coordination coach or community partner organization to address health needs and HRSN. The PCAP will be updated regularly to reflect goals met, new circumstances or needs, annually at a minimum. The PCAP must describe the client's strengths, preferences, and HRSN as identified by the HRSN screen as well as needs for linkage with medical providers. The plan must include short-term (less than 6 months) goals, a crisis plan, and longer-term goals (more than 6 months). Each PCAP must include goals in areas identified through screening and ongoing interaction with the client, including but not limited to:

A. Safe housing including utilities, if necessary

B. Food security and nutrition

C. Employment and/or education

D. Financial stability and any needed social services

E. Health and emotional wellness

F. Establishing a relationship with a PCP and all needed healthcare providers for preventative care (and to avoid non-emergent emergency department visits)

G. Criminal justice involvement, if applicable

H. Transportation

Maternal Life360 will implement the approaches of the evidence-based model selected and/or processes set by the program that utilize best practices and tools for quality and effectiveness of home visits and to document observations and assessments of maternal/child health and any other family outcomes included. Therefore, a separate PCAP will not be required.

220.500 HRSN Screening and Other Assessments 11-1-23

A HRSN screening will be conducted with every Life360 client as part of the initial eligibility determination within fifteen (15) calendar days of referral and every six (6) months during program participation. This screening also starts the process to identify areas for intensive care coordination. The screening should be done in a manner that is consistent, or asks the same questions across individual clients, is accessible or engaging for the client, and is coordinated with any additional screening and assessment that may part of the program. The screening tool must address the following core elements.

A. Housing instability

B. Food insecurity

C. Utility needs

D. Interpersonal safety

E. Transportation needs

F. Financial strain

G. Employment

H. Family and community support

I. Education

J. Physical activity

K. Substance use

L. Mental health

M. Disabilities

DHS will review the screening tool(s) during the application process. DHS may provide feedback on the tools and require revisions to ensure alignment with program goals. If a Life360 changes

its HRSN screening tool, it must submit its new tool before making the change to DHS for approval. Life360s may only change screening tools at the beginning of a calendar year.

220.600 Intensive Care Coordination 11-1-23

Care coordination will be conducted by:

A. Home-visiting staff who meet the qualifications of the evidence-based home-visiting model the Life360 implements for the Maternal Life360 program

B. Care coordination coaches for the Rural Life360 program who are vetted and approved by the hospital. Individuals may be a peer or someone with lived experience, and/or an individual familiar with local resources

C. Staff or volunteers vetted and approved by community partner organizations for Success Life360 program

The individuals in these roles are expected to form a trusting relationship with the client and serve as a significant source of support to the client. Individuals in these roles will meet with the client as frequently as needed and provide life skills development and training as appropriate and directly connect the client with medical, educational, and social services and supports needed to meet the client's goals. They also will actively assist the client in obtaining services and supports, communicating with providers about referrals and outcomes of services and supports, encourage and motivate the client to set and attain goals and meet milestones, and provide advocacy as needed.

220.700 Frequency and Duration 11-1-23

Frequency of interaction, or how much time lapses in between, is to be determined based on the selected program model or evidence-based, home-visiting model. Meetings/visits with client should be based on the client's needs and occur consistently. The duration of client meetings/visits (e.g., one (1) hour) should be sufficient to address client needs, follow any program model guidance or policies, and be flexible enough to accommodate the client's work schedule/life circumstances.

220.800 Setting and Location 11-1-23

Intensive care coordination may be delivered in the client's home, the community partner organization facility, medical clinic, behavioral health clinic, or hospital settings. For some clients, services may occur in a shelter setting or educational/job training settings. Video-supported visits also may be appropriate, particularly for **Rural Life360** or clients being served in remote areas or for clients experiencing contagious illness.

220.900 Client Termination of Services 11-1-23

A client may terminate services at any time by informing the DHS enrollment broker or Life360 provider if they no longer wish to participate. Clients may be allowed to re-enroll at any time if they remain eligible for the program.

Life360s must disenroll clients for the following reasons:

A. Client moved outside of the program's service area

B. Client is living in an institution for more than thirty (30) days

C. Client is incarcerated or in jail

D. Client has died

E. Client has an illness that does not allow for continued participation

F. Client continues to display disruptive or unsafe behavior that threatens staff safety

G. Client is no longer eligible for the program

H. Client stops participating in services for thirty (30) days and is non-responsive to Life360 contact efforts

I. Other reasons approved by DMS

If the reason for disenrollment is failure to participate in the program, the Life360 must attempt to contact the client at least three times before moving forward with disenrollment. The Life360 must provide notification of disenrollment to DHS for E, F, H, and I that provides the reason for the disenrollment and supporting information.

Life360s may not terminate services because a client is experiencing homelessness or housing instability. The Life360 or its community partner organization should work with the client to identify resources to move toward stable housing as well as arrange other safe settings for meetings where client confidentiality can be maintained and that are safe. Clients who enter a residential treatment program or who may have an illness for a brief period (60 days or less) can be temporarily suspended in the program and resume when the client is able to participate in services.

220.950 Documentation of Intensive Care Coordination in Client File 11-1-23

Providers must develop and maintain sufficient written documentation for each client being served. This documentation, at a minimum, must consist of:

A. Signed consent by client, or client's legal guardian, to receive services and share data with DHS, community partners

B. Date services begin and referral documentation

C. A copy of all PCAPs, home-visiting assessments, and HRSN assessments

D. Services or supports rendered or obtained by client

E. Referrals and outcomes of referrals for HRSN

F. The date and time intensive care coordination occurs

G. The name and title of the individual who provided the service

H. Updates for each client contact describing the client's progress toward milestones and goals and any concerns/issues with engagement

I. Completed forms as required by DHS or other entity

Additional documentation and information may be required depending on the service to be provided.

230.000 PAYMENT DETAILS

230.100 Allowable Life360 costs 11-1-23

Subject to the funding limits in the ARHOME 1115 Waiver, DHS will review, approve, and make payments for Life360 funding in accordance with the requirements in the 1115 demonstration Special Terms and Conditions and other CMS requirements. DHS will make payments directly to

the approved and enrolled hospitals. Life360 funding must not supplant funding provided by other federal, state, or local funding sources.

Providers must attest during readiness review to DHS that they have appropriate fund controls to correctly submit payment for Life360 funding that is separate from medical services paid for by Medicaid, Medicare, other insurance, and any other third-party payer. Expenditure authority will make funding available to selected Medicaid-enrolled hospitals for:

A. Intensive care coordination service for target populations, including direct costs of recruiting, training, and employing care coordinators to provide intensive care coordination to the targeted Life360 population

B. Indirect costs necessary to support ongoing project costs such as information technology or personnel directly responsible for the project including fiscal, programmatic, etc.

C. Startup costs necessary for the development of capacity, infrastructure, and systems to begin the program, complete a community network assessment, and formulate partners/subcontractors, and

D. Nonmedical client supports as outlined in this manual.

Medical care costs are not reimbursable and should be billed as usual through the client's Medicaid program.

More details on included costs for each type of Life360 are described in 210.700, Program Funding.

Capital improvement costs beyond specific allowed costs are not allowable. Please refer to HRSN-reimbursable costs in this manual in 240.000, Glossary and in 210.700, Program Funding sections for more details on allowable expenditures.

230.200 Maternal Life360 Payment and Reporting 11-1-23

A. Arkansas Medicaid will pay the Maternal Life360 a per member per month (PMPM) fee based on the established program rates.

1. Providers must enroll clients to receive the PMPM payment for each enrollee.
2. Refer to the Rate Sheet for the current fee. Fees will be updated based on rate review on an as needed basis.

B. Startup payment and monthly transportation fees will be paid to the hospital's provider ID.

C. Programs will be able to reconcile cost differences at the end of the year (or more frequently) based on any changes to their program that may warrant a rate adjustment within the established program rate structure.

230.300 Rural Life360 Payment and Reporting 11-1-23

Startup payments and monthly payment will be made to the hospital's provider ID and per the terms of the Life360 HOME agreement.

Reporting requirements by cost type:

A. Intensive Care Coordination: The Life360 will complete monthly cost reports using the DHS approved form. The report should be for the actual cost of care coordination services and community HRSN screenings and indirect costs for that month. The amount may vary based on ongoing expenditures/costs but will not exceed the total approved annual budget in the Life360 HOME agreement.

B. Transportation/Emergency Equipment and Training: The Life360 will prepare and submit a monthly cost report for the prorated annual transportation and emergency equipment and training expenditures.

C. Startup: The Life360 shall provide start-up cost(s) once DHS approves successful completion of the application or readiness review and the Life360 has submitted a signed agreement. Startup costs will be reported monthly.

230.400 Success Life360 Payment and Reporting 11-1-23

Monthly payment will be made to the hospital's provider ID per the terms of the Life360 HOME agreement.

Reporting requirements by cost type:

A. Intensive Care Coordination: The Life360 will complete monthly cost reports using the DHS approved form. The report should be for the actual cost of care coordination services and indirect costs for the month. The amount may vary based on ongoing expenditures/costs but will not exceed the total approved annual budget in the Life360 HOME agreement.

B. Technology: The Life360 will prepare and submit a monthly report for the prorated annual technology costs.

C. Success payments: At the end of each year, Life360 will submit a request for payment for the number of clients who have been approved for Success payments by DHS. See Program Funding section for more details.

D. Startup: The Life360 shall receive payment for the approved startup cost(s) once DHS approves successful completion of the application or readiness review and the Life360 has submitted a signed agreement. Startup costs will be reported monthly.

240.000 GLOSSARY

Acute care hospital means a hospital that:

A. Is licensed by the Department of Health under § 20-9- 19 201 et seq., as a general hospital or a surgery and general medical care hospital; and

B. Is enrolled as a provider with the Arkansas Medicaid Program.

Birthing hospital means a hospital in this state or in a border state that:

A. Is licensed as a general hospital;

B. Provides obstetrics services; and

C. Is enrolled as a provider with the Arkansas Medicaid program.

Care coordination coaches mean those individuals who establish relationships with their clients to ensure effective participation in the Rural Life360 program. Coaches may work under various titles including peer specialists, peer counselors, family support workers, and home visitors. They work directly with clients and their families to improve their life skills to be physically, socially, and emotionally healthy to live successfully in their communities.

Community services mean any resource or services provided by public or private organizations to community residents to assist with a particular social need such as mental health or counseling or health-related needs including housing or food or job training and employment. It may also include other general services or programs offered through libraries or other local government funding that benefit the community.

Evidence-based home visitation means a home visitation program that is one of the models recognized by the U.S. Department of Health and Human Services to be effective in improving maternal and child health.

Healthcare coverage means coverage provided under this subchapter through either an individual qualified health plan (QHP), a risk-based provider organization, managed care organization, employer health insurance coverage, or the fee-for-service (FFS) Medicaid program.

High-risk pregnancy means a pregnancy with a diagnostic code of supervision of high-risk pregnancy, as evidenced by a physician or Advanced Practice Registered Nurse (APRN) referral. High-risk diagnosis includes medical and/or social risk.

Home-visiting means an evidence-based program that provides direct support and intensive care coordination of services for clients served by Maternal Life360s with the goals of improving maternal and infant health outcomes, promoting child development and school readiness, connecting families to needed community resources and supports, and increasing a family's education and earning potential.

HRSN reimbursable cost means time-limited expenses to enable a client to access services or supports to meet an identified HRSN allowable under Life360. These must be identified through a Health-Related Social Needs (HRSN) screening, or the client's engagement with the care coordinator, and are transitional in nature. Examples include housing safety inspections, pest control, security deposit and first month's rent that is required to obtain a lease on an apartment or home, and nutritional instruction for disease control/prevention.

HRSN screening means a standardized way of capturing a Life360 client's health-related social needs to determine any needs or barriers a client may experience at the time of screening. For example, an individual may have trouble paying rent on time and be at risk of losing their apartment. A pregnant individual may experience difficulty going to her doctor's appointments due to not having a car and lack resources for food. Information gathered through the screening may be used to help inform care coordination plans or referrals to community services and supports.

Individual Qualified Health Plan (QHP) means an individual health insurance benefit plan offered in the health insurance marketplace to provide coverage in Arkansas that covers only essential health benefits as defined by Arkansas rule and 45 C.F.R. § 156.110 and any federal insurance regulations.

Intensive care coordination is an umbrella term for a collaborative process in which a care coordinator or others assess, plan, implement, coordinate, monitor and evaluate the options, services and supports required to meet the client's health and HRSN needs. It is characterized by advocacy, communication, and resource management, and promotes quality interventions and outcomes. In addition to addressing medical services, care coordination coaches ensure that clients have safe housing, employment, education, financial stability, and emotional/mental wellness.

Mental illness refers to clients with a diagnosis of one or more of the following: neurodevelopmental disorders, schizophrenia spectrum and other psychotic disorders, bipolar and related disorders, depressive disorders, anxiety disorders, obsessive-compulsive and related disorders, trauma- and stressor-related disorders, dissociative disorders, somatic symptom and related disorders, feeding and eating disorders, and personality disorders.

Non-Reimbursable Community Contribution (NRCC) means a payment, including an in-kind payment, for goods or services provided to a client to assist the client with meeting a HRSN identified in the client's person-centered action plan but is not a HRSN-reimbursable cost or reimbursable through other Medicaid funds under the Life360 HOME agreement. NRCC may include rent or utility costs for example, or excluded categories (i.e. job preparation expenses such as clothing or personal care). The identification of sources of NRCC and the types of NRCC provided shall be included in the application and in program reports.

Partner agreement means the sub contractual agreement executed between the Life360 and its partner subrecipients. The subrecipient has its performance measured against whether the objectives of the program as outlined in the Life360 HOME agreement between DHS and the Life360 are met; has responsibility for programmatic decision-making; and uses funds to carry out the program by providing goods or supports to clients. Subrecipients are identified in the application and in programmatic and financial reports. Additional subrecipients can be requested during the program period by contacting the Life360 program manager at DHS. Subrecipients will need to be updated into the Life360 HOME agreement.

Person-Centered Action Plan (PCAP) means a plan completed by the Life360 that identifies a client's strengths, preferences and includes information from the HRSN screen and additional information gathered from the client through meetings and any other tools utilized by the program. The PCAP includes short and longer-term goals and objectives to address the client's HRSN and other personal goals as well as details on how and what services and supports will be obtained, a crisis plan, and documentation of progress on goals and successes and barriers encountered. The PCAP is updated as the client meets goals, circumstances change, or the sets new goals.

Life360 HOME agreement means the administrative instrument to be executed between the Arkansas Department of Human Services (DHS) Division of Medical Services (DMS) and an Arkansas Medicaid enrolled hospital Life360 provider.

Rural area means an Arkansas county where a hospital designated as a critical access hospital or participant in the Small Rural Hospital Improvement Program is located or an Arkansas county with a population of fifty-thousand (50,000) or less.

Small rural hospital means a critical access hospital or a general hospital that:

A. Is located in a rural area;

B. Has fifty (50) or fewer staffed beds; and

C. Is enrolled as a provider in the Arkansas Medicaid program.

Health-Related Social Needs (HRSN) means conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Veteran means a person who served in the active military, naval, or air service and who was discharged or released there from as verified by DD214 documentation.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Human Services

DIVISION Medical Services

PERSON COMPLETING THIS STATEMENT Jason Callan

TELEPHONE 501-320-6540 **FAX** _____ **EMAIL:** Jason.Callan@dhs.arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE Life360 HOME Program

1. Does this proposed, amended, or repealed rule have a financial impact? Yes ☒ No ☐

2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes ☒ No ☐

3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes ☒ No ☐

   If an agency is proposing a more costly rule, please state the following:

   (a) How the additional benefits of the more costly rule justify its additional cost;

   (b) The reason for adoption of the more costly rule;

   (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;

   (d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

   (a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year		**Next Fiscal Year**	
General Revenue	$	General Revenue	$
Federal Funds	$	Federal Funds	$
Cash Funds		Cash Funds	
Special Revenue		Special Revenue	

Other (Identify)		Other (Identify)	
Total	$	Total	$

(b) What is the additional cost of the state rule?

Current Fiscal Year		**Next Fiscal Year**	
General Revenue	$1,224,190	General Revenue	$3,219,284
Federal Funds	$5,239,310	Federal Funds	$13,651,716
Cash Funds		Cash Funds	
Special Revenue		Special Revenue	
Other (Identify)		Other (Identify)	
Total	$6,463,500	Total	$16,871,000

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

Current Fiscal Year	**Next Fiscal Year**
$	$

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year	**Next Fiscal Year**
$ 1,224,190	$ 3,219,284

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars ($100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes ☒ No ☐

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

(1) a statement of the rule's basis and purpose;
The Director of the Division of Medical Services (DMS) creates the Life360 HOME program to contract with hospitals to provide Medicaid clients in target populations with intensive care coordination services to ensure they are connected to medical services and nonmedical supports in their communities and to address their social determinants of health needs.

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute**;**

This rule is necessary to:

- **Reduce the maternal and infant mortality rates in the state and reduce long-term costs;**
- **Reduce the additional risk for disease and premature death associated with living in a rural county;**
- **Strengthen financial stability of small, rural hospitals, and enhance access to medical services in rural counties;**
- **Fill gaps in continuum of care for individuals with serious mental illness and substance use disorders;**
- **Increase their engagement in educational and employment opportunities among Medicaid beneficiaries most at risk for poor health outcomes associated with poverty;**
- **Reduce inappropriate and preventable utilization of emergency departments and inpatient hospital settings; and**

Increase the use of preventative care and health screenings

(3) a description of the factual evidence that:

(a) justifies the agency's need for the proposed rule; and

(b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;

This rule is necessary to:

- **Reduce the maternal and infant mortality rates in the state and reduce long-term costs;**
- **Reduce the additional risk for disease and premature death associated with living in a rural county;**
- **Strengthen financial stability of small, rural hospitals, and enhance access to medical services in rural counties;**
- **Fill gaps in continuum of care for individuals with serious mental illness and substance use disorders;**
- **Increase their engagement in educational and employment opportunities among Medicaid beneficiaries most at risk for poor health outcomes associated with poverty;**
- **Reduce inappropriate and preventable utilization of emergency departments and inpatient hospital settings; and**

Increase the use of preventative care and health screenings

(4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule; **N/A**

(5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule; **N/A**

(6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and **N/A**

(7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:

(a) the rule is achieving the statutory objectives;

(b) the benefits of the rule continue to justify its costs; and

(c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives. **The Agency monitors State and Federal rules and policies for opportunities to reduce and control costs.**