**Arkansas Health and Opportunity for Me (ARHOME)**

**Maternal Life360 Start Up Agreement**

**Between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**And**

**The Arkansas Department of Human Services**

**For the Service Delivery Period ----, 2022 through**

**------, 202X**

**DRAFT – DO NOT DISTRIBUTE**

**This draft is a working document. All information contained herein is subject to change and may differ substantially from the final document. The information contained in this document should not be considered the position of views of the agency or the Governor.**

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1. DEFINITIONS AND ACRONYMS

**Acute Care Hospital**

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.

**Arkansas Department of Human Services (DHS)**

The single state Medicaid agency for the state of Arkansas as defined by Section 1902(a)(5) of the Social Security Act and 42 CFR 431.

**Birthing Hospital**

A hospital in Arkansas 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**

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.

**Case Management**

A distinguishable subset of Care Coordination services. Case Management services assist individuals in gaining access to needed medical, social, educational, and other services, in accordance with 42 CFR § 438.208 and 42 CFR § 440.169.

**Centers for Medicare & Medicaid Services (CMS)**

The Centers for Medicare & Medicaid Services (CMS) is the federal agency delegated by the Secretary of the US Department of Health and Human Services to administer the Medicaid program under Title XIX of the Social Security Act and thereby has federal oversight responsibilities for the state and the Life360s. The state and the Life360s must comply with the requirements of the administration of a Medicaid managed care organization as defined in 42 CFR Part 438.

**Client**

An individual who receives care coordination and related support through a Life360.

**Community Services**

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 social determinants of health 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.

**Division of Medical Services (DMS)**

The Division within DHS responsible for the administration and supervision of the Medicaid program including the ARHOME program and the Life360 HOME program.

**Evidence-based Home Visitation**

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.

**High-risk Pregnancy**

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 Visitation**

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.

**Qualified Health Plan (QHP)**

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**

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 SDOH 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.

**Life360 HOME**

Hospital approved by and contracted with DHS to provide services specified in the Life360 HOME provider manual and this agreement to eligible Medicaid clients.

**Medicaid Fraud Control Unit (MFCU)**

The state agency that investigates and prosecutes violations of State and Federal laws involving Medicaid providers and the abuse or neglect of nursing home residents. Additionally, the MFCU accepts complaints regarding Medicaid fraud and abuse and neglect.

**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.

**Network Provider**

Any provider, group of providers, or entity that has a written network provider agreement with the Life360 and receives Medicaid funding directly or indirectly to order, refer, or render covered services as a result of the state’s agreement with the Life360.

**Office of the Medicaid Inspector General (OMIG)**

The state agency designated to prevent, detect, and investigate fraud, waste, and abuse within the Arkansas Medicaid Program, including the Life360 program.

**Partner Agreement**

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 provider 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 Provider Agreement. All partner agreements must be reviewed and approved by DHS prior to providing any services.

**Person-Centered Action Plan (PCAP)**

An individualized person-centered action plan (PCAP) developed by the care coordination coach with the clientto address the client’s specific health needs and SDOH. The PCAP will be updated regularly to reflect goals met, new circumstances or needs, annually at a minimum.

**Provider Agreement**

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.

**Recoupment**

A recovery of expenses or a reduction or withholding from future payments of part of or all of an owed amount.

**Referral Network Agreement**

An agreement or memorandum of understanding (MOU) between the Life360 and medical providers, community organizations, and social services organizations serving the target population to make referrals of potential clients to the Life360 and will accept referrals from the Life360. All referral network agreements must be reviewed and approved by DHS prior to the implementation of any services.

**Rural Area**

An Arkansas county where a hospital designated as a critical access hospital or as participant in the Small Rural Hospital Improvement Program is located or an Arkansas county with a population of 50,000 or less.

**SDOH Screening**

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.

**Social Determinants of Health (SDOH)**

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.

**Small Rural Hospital**

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

**Subcontract**

A contract entered into by the Life360 with a subcontractor.

1. GENERAL OVERVIEW
2. PURPOSE
   * 1. The purpose of the Arkansas Health and Opportunity for Me (ARHOME) Start-up Agreement (the “Agreement”) between the Arkansas Department of Human Services (DHS) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(the Life360) is to operationalize the approved Life360 application, provide start-up funds to accomplish that end, and to ensure that the approved applicant will meet program requirements as set forth by DHS. The program, as it is described in Act 530 of the 2021 Regular Session, is an innovative approach to assisting eligible individuals ages 19-64 who are in the Adult Expansion Group, specifically those clients with a high-risk pregnancy, those with mental illness or substance use disorder (SUD), and young adults most at risk of long-term poverty.
     2. The 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. This population will be supported through evidence-based home visitation services. Intensive care coordination will be provided through the home-visiting program.
     3. DHS will be responsible for oversight of the Life360 and for meeting all assurances under the individual Centers for Medicare and Medicaid Services (CMS) waivers that govern this program.
     4. The parties to the Agreement are responsible for meeting all terms of the Agreement, including all exhibits and amendments attached hereto and incorporated herein.
   1. EFFECTIVE DATES
      1. This Agreement is effective immediately upon all necessary signatures being affixed on the Signature Page.
      2. The agreement effective date is XXXX, 2022 – XXXXXX, 202X. The Life360 Start-up Agreement terminates at midnight on XXXXXX, 202X subject to the terms and conditions herein and any subsequent amendments.
      3. It will be within the sole discretion of DHS to extend this Agreement after the expiration date. Extensions may be granted in increments no less than 30 days and not to exceed one year.
   2. RESPONSIBILITIES OF THE DEPARTMENT OF HUMAN SERVICES

The Department of Human Services (DHS) is responsible for administering the Medicaid program. As such, DHS will administer the Agreements, monitor the performance of the Life360, and provide oversight in all aspects of the Life360’s operations, including, but not limited to:

* + 1. Monitoring the Life360’s compliance with the Agreement. including, but not limited to, inspection and audit of subcontracts, systems, records and access to facilities at any time.
    2. Setting quality metrics and the reporting requirements surrounding them and providing instructions to the Life360 on how to report those quality metrics.
    3. Coordinating with the Office of Medicaid Inspector General (OMIG) the Medicaid Fraud Control Unit (MFCU) to manage Medicaid overpayment and fraud, waste, abuse prevention, detection, and recovery efforts.
    4. Coordinating with OMIG to manage the Medicaid Integrity Program, with such monitoring as may be necessary.
    5. Determining needed policy or operational changes.
    6. Determining and imposing damages and/or sanctions for violations or noncompliance and requiring corrective actions for violations or noncompliance in accordance with the provider manual, the waiver authority, and other applicable federal and state laws and regulations.
  1. RESPONSIBILITIES OF THE LIFE360
     1. The Life360 shall comply with all applicable federal and state laws and regulations and provisions of the Agreement, including all attachments, applicable exhibits, and any amendments, and shall act in good faith in the performance of the provisions.
     2. The Life360 further agrees that failure to comply with any provision of this Agreement or federal or state laws and regulations may result in the assessment of sanctions, up to and including termination of the Agreement and recoupment of the allocated startup funds.
     3. Maintain status as a current Arkansas Medicaid hospital provider and maintain status as a birthing hospital as defined by the Life360 HOME Provider Manual.
     4. Be responsible for the administration and management of all aspects of this Agreement, including all subcontracts, employees, agents, and services performed by anyone acting for or on behalf of the Life360.
     5. Maintain an effective executive administration and ensure adequate staffing and information systems capability to ensure that it can appropriately manage financial transactions, record keeping, data collection, and other administrative functions.
     6. Cooperate with DHS, CMS, OMIG, or the Medicaid Fraud Control Unit (MFCU) in the Attorney General’s Office in the discharge of their duties under state or federal law, including any investigations, analyses, audits, or any combination thereof, to determine possible fraud, abuse, overpayment, or recipient neglect.
     7. At any time, allow the State, CMS, the Arkansas Attorney General’s office, OMIG, the Office of the Inspector General, Medicaid inspector General, the Comptroller General, and their designees to inspect and audit any records or documents of the Life360, or its subcontractors, and at any time, allow the State, CMS, the Office of the Inspector General, the Arkansas Attorney General’s Office, OMIG, the Comptroller General, and their designees to inspect the premises, physical facilities, systems and equipment where Medicaid-related activities or work is conducted. The right to audit under 42 CFR § 438.3(h) exists for 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later.
     8. Comply with all reporting requirements, whether regular or ad hoc, in such form as specified by DHS, and verify that all data and information it submits is accurate, truthful, and complete. All responses to ad hoc data requests must be submitted within thirty (30) days of the request, unless otherwise specified by DHS.
     9. Develop and maintain written policies and procedures to implement and comply with all the provisions of this Agreement; and submit all such policies and procedures to DHS for approval, as directed.
     10. Submit all changes to current subcontracts and proposed delegations of responsibility under this program to DHS for review thirty (30) days in advance of being effective. All submissions shall be unredacted, but may indicate where proprietary information is contained in said submission. DHS reserves the right to request any individual subcontract at any time.
     11. Timely report to DHS any known violations of this agreement, including any state or federal laws or regulations incorporated herein or applicable to the Life360.
  2. APPLICABLE LAWS

* + 1. The Life360 must comply with all of the following federal and state authorities at all times as applicable to the Life360 program:

1. The Life360 Provider Manual;
2. Regulations for the administration of 1915(b) managed care organizations under 42 CFR Part 438 and the Arkansas ARHOME Waiver (42 CFR Part 431 Subpart B); and
3. Regulations for the administration of Medicaid state plan services and the Arkansas state plan for Medicaid (42 CFR Part 447 Subpart B)
4. In addition to any other state or federal laws or regulations referenced in the Agreement, the following are incorporated into the Agreement by reference:
   * Title VI of the Civil Rights Act (CRA) of 1964
   * The Age Discrimination Act of 1975
   * The Rehabilitation Act of 1973
   * Title IX of the Education Amendments of 1972
   * The Americans with Disabilities Act
   * Section 1557 of the Patient Protection and Affordable Care Act
   * The Health Insurance Affordability and Accountability Act and pertinent regulations
   * Administrative Procedure Act Ark. Code Ann. § 25-15-201 et seq.
   * Act 775 of the 2017 Arkansas General Assembly, Ark. Code Ann. § 20-77-2701 et seq.
   * Medicaid Fraud Act Ark. Code Ann.§ 5-55-102 et seq.
   * Arkansas Fraud False Claims Act Ark. Code Ann.§ 20-77-901 et seq.

* Medicaid Fairness Act Ark. Code Ann. 20-77-1701 et seq.
* Arkansas Freedom of Information Act Ark. Code Ann.et seq.
  + Arkansas Child Maltreatment Act Ark. Code Ann.12-2-18 et seq.
  + Arkansas Adult Maltreatment Act Ark. Code Ann.9-2-20 et seq.

1. PROGRAM OPERATION
   1. LIFE360 OPERATIONS DURING START-UP PHASE
      1. Upon approval of the Life360’s completed application (Exhibit 1), all Life360 operations will be conducted in accordance with the approved application unless an amendment is requested and approved by DHS.
      2. Operations must be conducted in a manner consistent with the program narrative to include:
         1. Intensive care coordination designed and delivered in accordance with the Life360 Provider Manual;
         2. Actions designed to implement the community network assessment and capacity-building plan;
         3. Actions taken to increase community outreach, education, and client communication.
         4. The operation of the proposed referral network and the use of community partner organization(s) to implement program goals;
      3. The Life360 shall continue to monitor its assessment of the community resource inventory as well as continue to develop the available community resources and work to develop program capacity.
      4. The Life360 shall determine which organizations will require formal community partner agreements and ensure that DMS has reviewed and approved those agreements prior to the provision of any services under this program.
      5. The Life360 shall be responsible for community outreach to ensure entities that make referrals and the target populations are aware of Life360 services and the referral process.
      6. The Start-up Phase must be completed within the timeframe specified in the Start-up Plan (Exhibit 3), not to exceed 180 days from the receipt of the start-up funds, unless a written extension is requested by the Life360 and granted by DHS.
   2. MATERNAL LIFE360 OPERATIONS DURING START-UP PHASE
      1. The Maternal Life360 must provide home-visiting services and supports which must utilize an evidence-based home visitation model.
      2. The selected model(s) must cover home visiting services from pregnancy through at least the first two years of the baby’s life.
      3. Prior to the use or amendment of any selected model, the Life360 must submit the model to DMS and receive approval to use the model or implement the change from DMS.
      4. The Maternal Life360 must demonstrate the ability to strictly comply with § 210.000 of the Life360 Provider Manual, specifically § 212.000 (Required Maternal Life360 Activities).
   3. STARTUP FUNDING
      1. For Maternal Life360s, start-up funds will be provided in two payments to be used for the cost of starting the DHS-approved program:
         1. The first payment shall be made upon the DMS approval of the application and the signing of this Agreement.
         2. The second payment shall be made upon the DMS approval of the readiness review and the signing of the Provider Agreement.
      2. The start-up funds shall be based strictly on the approved program budget (Exhibit 2) and be subject to any terms and conditions found in this Agreement as well as the applicable State and Federal laws.
      3. Any change or deviation from the approved budget must be submitted for approval to DMS prior to being implemented.
      4. Any deviations made to the budget without prior approval from DMS may subject the Life360 to sanctions, including, but not limited to, recoupment of the funds.
      5. The start-up funds may be used to cover the cost of staff, equipment, and supports identified in the selected applicant’s startup budget or otherwise approved by DMS.
      6. All expenditures of start-up funds are subject to audit.
   4. READINESS REVIEW
      1. After completion of the Start-up phase, a readiness review will be scheduled and conducted by DMS or its contractor to determine the selected applicant’s readiness to fully implement the Life360 program.
      2. During the Start-up Phase, DMS and the Life360 will meet at least monthly to assess progress toward readiness review.
      3. For the readiness review, DMS will schedule an onsite visit to each Life360 location once requirements in 3.4.4 are ready.
      4. Each Life360 must demonstrate that it is operationally ready to fulfill all Life360 requirements including:
         1. The ability to refer potential clients to enrollment broker for eligibility verification and accept eligible clients into the program;
         2. The ability to report required data to DMS in the format requested;
         3. A SDOH screening tool and the necessary staff training, a platform for capturing results, and a process for linking clients to resources and verifying clients accessed resources;
         4. Any other client assessment tools to be used by the program;
         5. A person-centered action plan (PCAP) template and plan for updating the PCAP regularly, at a minimum annually;
         6. Program staff and needed training;
         7. Fully executed community partner agreements;
         8. Referral network, agreements, and a process for accepting and transferring protected health information;
         9. The Life360 and its partners have a communication, outreach, and referral plan; and
         10. 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 payor.
      5. For Maternal Life360s, the Life360 must demonstrate the ability to strictly comply with § 210.000 of the Life360 Provider Manual, specifically § 212.000 (Required Maternal Life360 Activities) prior to completion of the readiness review.
      6. Following completion of the readiness review, DMS will either
         1. Enroll the hospital as a full Life360 provider, enter into the provider agreement, and release the second installment of start-up funds;
         2. Release all or a portion of the second installment of start-up funds and provide in writing a list of deficiencies and the timeframe in which the deficiencies must be addressed for the hospital to demonstrate readiness; or
         3. Deny enrollment as a Life360 for failure to successfully complete readiness review.
2. Sanctions
   * 1. DHS will ensure that Life360s meet acceptable performance standards and that action is taken to address any identified non-compliance with Life360 funding parameters, including those contained in this Agreement.
     2. If DHS determines that a Life360 has failed to demonstrate appropriate performance under this Agreement, the Waiver authority, or the ARHOME Manual, DHS may impose corrective actions to include:
        1. A corrective action plan;
        2. Caps on funding;
        3. Recoupment of funds; or
        4. Discontinuation of Life360 funding.
     3. All imposed sanctions will be in compliance with the Arkansas State Plan, the Arkansas Medicaid Manual, and the waiver provisions.
3. Miscellaneous Provisions
   1. CHOICE OF LAW AND VENUE
      1. The agreement will be governed by the laws of the State of Arkansas and all matters arising under it are subject to the requirements and remedies afforded under the Arkansas Administrative Procedure Act, Ark. Code Ann. §25-15-201 et seq.
      2. The choice of venue shall be governed by Arkansas law.
   2. SEVERABILITY
      1. If any statute or regulation is enacted which requires a change in the Agreement or any attachment, then both parties will deem the Agreement and any attachment to be automatically amended to comply with the newly enacted statute or regulation as of its effective date.
      2. If any provision of the Agreement (including items incorporated by reference) is declared or found to be illegal, unenforceable, or void, then both DHS and the Life360 will be relieved of all obligations arising under such provision. If the remainder of the Agreement is capable of performance, it will not be affected by such declaration or finding and will be fully performed.
   3. SOVEREIGN IMMUNITY

The State and DHS in no way waives the protections of Sovereign Immunity by any language contained in the Agreement or by any action undertaken related to the ARHOME Program.

* 1. AMENDMENTS

The Agreement may be amended only in writing. All amendments are fully incorporated into this agreement and effective upon the date of signing by both parties. Notwithstanding the above, if state or federal law, rules or regulations, are amended and are then in conflict with this agreement, this agreement is automatically amended to become compliant without the need for a written amendment.

* 1. TERMINATION OF AGREEMENT
     1. DHS may terminate a Life360 Agreement, including the Start-up Agreement, if DHS determines that the Life360 has failed to carry out the substantive terms of its contracts or meet the applicable requirements of sections 1932, 1903(m) or 1905(t) of the Social Security Act.
     2. This Agreement may be terminated by the Life360 applicant upon giving thirty (30) calendar days advanced written notice to DMS. Termination of this Agreement shall not discharge the Life360 of obligations with respect to services or items furnished prior to termination, including retention of records and verification of overpayments or underpayments. The Life360 will be responsible for all necessary activities to close out the Agreement. The Life360 must immediately make available to DHS all records and documentation of the Life360 and its Subcontractors for inspection by DHS or its designee. The Life360 may be required to repay any distributed Start-up funds upon termination of this contract.
     3. Any dispute by the Life360, with respect to termination or suspension of this Agreement by DHS, will be exclusively governed by the laws of the State of Arkansas, and any applicable terms and conditions.
  2. INDEMNIFICATION
     1. Under Arkansas law, DHS, as a state agency, may not enter into a covenant or agreement to hold a party harmless or to indemnify a party from prospective damages.
     2. However, without waiving any sovereign immunities, with respect to loss, expense, damage, liability, claims or demands, either at law or in equity, for actual or alleged injuries to persons or property arising out of any negligent act or omission by DHS or its employees or agents in the performance of this agreement, DHS agrees that: (a) it will reasonably cooperate with the vendor in the defense of any action or claim brought against the vendor seeking the foregoing damages or relief; and (b) it will in good faith address with the vendor should the vendor present any claims of the foregoing nature against DHS to the Claims Commission of the State of Arkansas.
     3. DHS reserves its right to assert in good faith all claims and defenses available to it in any proceedings in the Claims Commission or other appropriate forum.
  3. PUBLIC DISCLOSURE

All terms of the Agreement shall become available to the public, pursuant to the Arkansas Freedom of Information Act, under Ark. Code Ann., § 25-19-101 et seq., upon execution by both Parties.

* 1. ENTIRE AGREEMENT

This Agreement, together with the attached Exhibits: (a) is intended by the parties as a final, complete and exclusive expression of the terms of their agreement, and (b) supersedes all prior agreements and understandings between the parties with respect to the subject matter hereof. Provisions memorialized in this Agreement may not be modified except as provided herein.

* 1. COUNTERPARTS AND FACSIMILE DELIVERY

This Agreement may be executed in two or more counterparts, each of which will be deemed an original and all of which taken together will be deemed to constitute one and the same document. The parties may sign and deliver this Agreement by electronic scan or facsimile transmission.

**Signature Page**

The named parties to this Agreement have approved the terms and limitations of this

Agreement, and all exhibits attached hereto, and on the dates below their signatures, have

signed agreement to the terms and conditions set forth therein.

|  |  |
| --- | --- |
| The Department of Human Services  By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | The Life360  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |