



Child Health Advisory Committee  
Minutes  
June 11, 2026, · 9:00 a.m. – 10:00 a.m.

Call to order: 9:05 a.m.

Zoom Meeting

**Present:** Ashten Black, Wendy Blount, Shannon Borchert, Carole Garner, Jennifer Morrow, Lisa Mundy, Camille Richoux, Jennifer Wessel

**Absent:** Patrick Casey, Teresa Henson, Nathan Morris, Dave Oberembt, Carmel Perry, Elaine Prewitt, Ray Samaniego, Bala Simon, Anna Strong

**Staff:** Shanetta Agnew, Shy Whitley-Smith

**Guests:** Larry Ballard, Sarah Brisco, Kenya Eddings, Lucas Harder, Taylor James, Sarah Labuda, Koscina Lang, Lauren Sermersheim

**Review of minutes:** Due to no quorum being present, the May minutes will be tabled for approval until the July meeting.

**Act 1220 & Coordinated School Health Reports:** Due to no quorum being present, the May reports will be tabled for approval until the July meeting.

**MAY, Act 1220 Coordinator Report (Shanetta Agnew & Shy Whitley):**

- ADH Community and School Health Branch & Little Rock Zoo Conservation Education Manager met on May 19, 2026, to discuss a potential 2026-2027 end of year SWAG & Zoo Day event.
- The relaunch of the Partnership for Health Literacy in Arkansas was held May 20, 2026, via Zoom. It was a session for public health professionals working to improve health communication.
- Kids Count Policy 101: Maternal Health 101 was held May 28, 2026, via Zoom.

**Coordinated School Health Advisor Report (Lisa Mundy & Ariel Rogers):**

The Coordinated School Health Quarterly Statewide Meeting will be held via Zoom May 13, 2026, from 8:30a.m.-11:30a.m. **Number of attendees: 56. Presentations included the following:**

- Child Nutrition Updates
- Teens and Energy Drink Consumption, UAMS
- Arkansas Children's Nutrition Center: Center for Obesity and its Consequences in Health (COACH Clinic)

**Old Business:**

Approval of revising the 2026 CEP guidelines for CHAC recommendations on CEP eligibility and ISP percentage threshold. S. Agnew will make changes to the document with track changes and will send them to the group before the July meeting.



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**New Business:**

*Officer Elections*-J. Wessel nominated C. Richoux to serve as CHAC chair for FY27 term and S. Borchert seconded. C. Richoux accepted the nomination. Due to no quorum being made voting for officer positions will be held during the July meeting.

J. Wessel nominated J. Morrow to serve as CHAC Vice-chair for FY27 term and S. Borchert seconded. J. Morrow accepted the nomination. Due to no quorum being made voting for officer positions will be held during the July meeting.

Presentation: Mallorie Williams, GIG Cares Outreach Assistant “Gluten Intolerance Program”  
(slides are below)





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# HISTORY OF GIG

1974 GIG WAS CREATED!



1983 THE 1ST SUPPORT GROUP WAS CREATED



1996 CYNTHIA WAS OFFICIALLY HIRED

2005 GFCO WAS BORN



2007 GFFS WAS BORN



2021 WE DEVELOPED GIG CARES!



# GFCO

\* 2005 FIRST COMPANY "ENJOY LIFE FOODS" WAS CERTIFIED

\* 2008 HIRED CHANNON TO RUN GFCO

\* 2010 CERTIFIED PRODUCTS NUMBERS EXCEEDED 10,000

\* 2014 OPENED THE FL OFFICE

\* 2016 FIRST GFCO COMPETITOR LAUNCHED (GFCP)

\* 2016 ISO ACCREDITATION

2026

70,000 PRODUCTS

2,100 BRANDS



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# SOME GFCO CLIENTS





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# GFFS

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- \* 2010 GFRAP ACQUIRED FROM A COMMUNITY GROUP IN ROCHESTER, NY
  - \* FREE RESTAURANT AWARENESS PROGRAM
- \* 2014 CONVERTED TO GFFS, CERTIFICATION STANDARD WITH AUDITS
- \* 2014 CHEF TO PLATE (CTP) AWARENESS

## GFFS CLIENTS INCLUDE:

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HOSPITALS LIKE UHS, ASSISTED LIVING CENTERS,  
AND RESTAURANT CHAINS LIKE THE MELTING POT & BIBIBOP

# HISTORY OF GIG CARES

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2021 GIG CARES WAS CREATED!



- \* SUPPORT GROUPS
- \* CAMPS
- \* GENERATION GF MAGAZINE
- \* TEEN SUMMIT
- \* PODCAST
- \* CUTTING COSTS BOXES



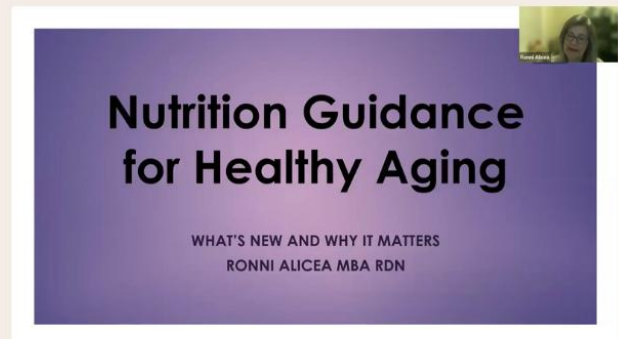
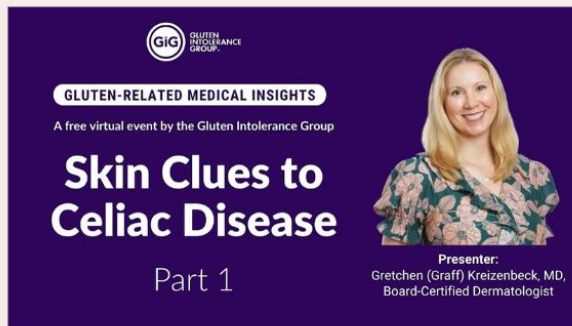
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# EDUCATION

WEBINARS • AUDITORS • COMMUNITY • PROFFESIONAL EDUCATION



# SUBSCRIPTION BOXES

2026 WE LAUNCHED SUBSCRIPTION BOXES TO  
SUPPORT AND FUND THE CUTTING COSTS  
BOXES





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# OUR COMMUNITY

## COMMUNITY GROUP INFO:

- \* 26 GROUPS
- \* 1 NEW GROUP IN 2026 SO FAR
- \* MOST ACTIVE – AZ, KS, UT, FL AND WI
- \* SEASONAL PARTIES
- \* MY GLUTEN FREE WORLD EXPO
- \* MEETINGS
- \* VOLUNTEERING WITH FOOD BANKS



### Pumpkin Painting

We had a great time painting pumpkins (cats and ghosts, too) teal in preparation for Halloween. Thank you to those who came out and braved, yet another busy park, to find us tucked away in the shade in the back.

Thank you GIG for the ceramics!

Scan the QR to view our pics on IG.

# GENERATION GF MAGAZINE

- \* 4 MAGAZINES GO OUT THROUGHOUT THE YEAR
- \* THEY CONSIST OF RECIPES, EDUCATION, AND SUPPORT
- \* OVER 1200 MAGAZINES ARE SENT EACH QUARTER



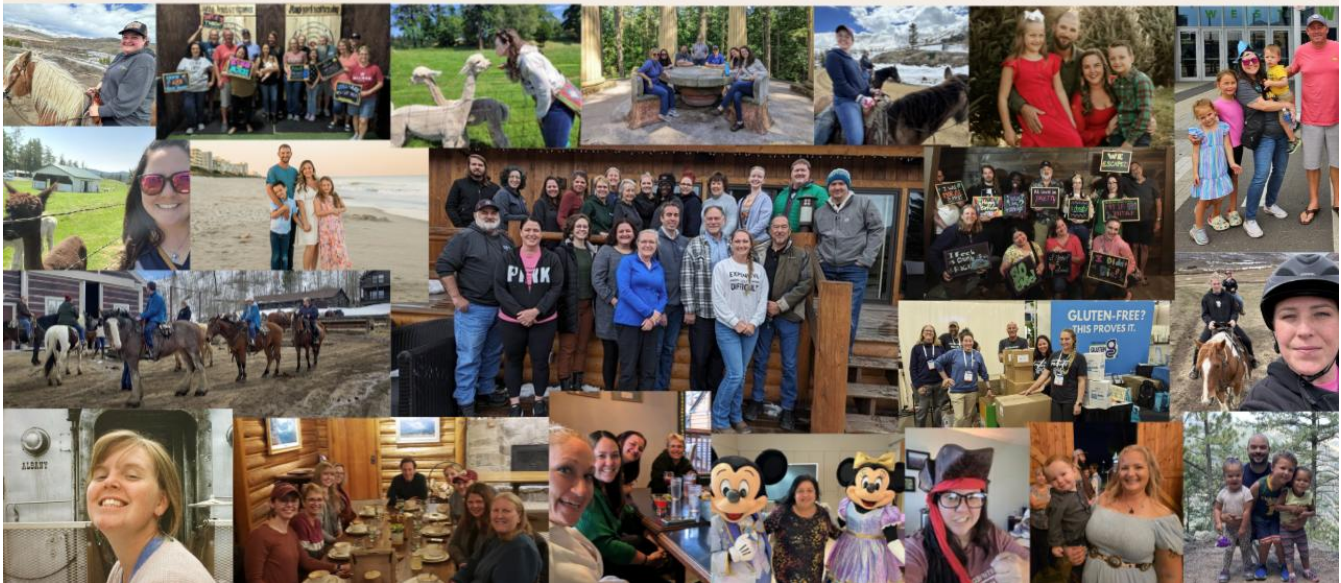


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# WHO WE ARE



No comments/feedback was made from CHAC; S. Agnew will include the presentation slides in the meeting minutes.

Presentation: Koscina Lang, Health Care Supervisor/Expert DHS Division of Medical Services “TEFRA” (slides are below)

## TEFRA: Annual Public Forum



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## Purpose of This Public Forum

- TEFRA (The Tax Equity and Fiscal Responsibility Act) operates as a section 1115 demonstration waiver.
- Federal waiver regulations require an annual public forum to solicit comments on the progress of the demonstration waiver.
- Public will have an opportunity to provide comments.
- Forum summary will be included in annual reports to CMS.



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## TEFRA OVERVIEW

- Medicaid program that helps families with children, younger than 19 years old, who have a disability and receive care in their homes rather than an institution.
- The TEFRA program can help pay for the cost of those services for eligible children.
- Families pay a premium on a sliding scale, depending on the parent/guardian's income.



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## Who Is Eligible for TEFRA Coverage?

Approval for the TEFRA program is based on these three criteria:

1. Financial Eligibility
2. Disability
3. Medical Necessity and appropriateness of care



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## Financial Requirement

- ☐ Child cannot have personal income that exceeds three times the current SSI/SPA payment standard.
- ☐ Child cannot have countable resources that exceed \$2,000.
- ☐ Parent/guardian's income and resources are not used to determine financial eligibility of the child.



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## Disability Requirement

- ☐ Child must meet the Social Security Administration's (SSA) definition of disabled.
- ☐ If the child has received Supplemental Security Income (SSI) within one year prior to applying for TEFRA and continues to have the disability but lost the SSI benefits because of an increase in his or her parents' income, the child may still qualify for TEFRA.



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## Disability Requirement

- ☐ If SSA has not established a disability, then the Medical Review Team (MRT) will review the child's medical records to establish whether the child has a disability.
- ☐ Disability determinations are made by using the Social Security Administrations guidelines.
- ☐ MRT requests a form asking to identify the child's physician and other health care providers.
- ☐ MRT reviews medical records provided by the child's health care providers to make the disability decision.



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## Medical Necessity and Appropriateness of Care Requirement

- ☐ The child must have a medical condition that would require institutional placement or put the child at risk of institutional placement.
- ☐ Medical necessity is also based on services that improve or maintain a child's health or prevent a child's health from getting worse.



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## Medical Necessity and Appropriateness of Care Requirement

- ☐ After the child is determined disabled, the TEFRA Committee then determines what appropriate medical services need to be provided and if those would be available to the child in the home.
- ☐ Estimated cost of the care cannot exceed the estimated cost of care for the child in an institution.



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## TEFRA Premium

- ☐ Only TEFRA households with annual income after allowable expenses above 150% of the Federal Poverty Level for their household size pay a premium.
- ☐ The monthly premium amount is determined based on the custodial parent(s) total gross income as reported on the applicable Federal Tax Returns after specified deductions.



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## Deductions in TEFRA Premium Calculation

- \$600 per child (biological or adopted including the TEFRA child) that resides in the home and is listed as a dependent on the Federal Tax Return of the parents.
- Excess medical and dental expenses as itemized on Schedule A of the Federal Tax Return of the parents.



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# TEFRA Premium

### Step 1

Look at the chart below. If the family has income after allowable deductions at or below the amount listed for the household size, a premium will not be assessed.

If the household has income that is greater than the amount listed below for the household size, continue to Step 2.

| Family Size                     | 150% FPL     |
|---------------------------------|--------------|
| 1                               | \$ 23,940.00 |
| 2                               | \$ 32,460.00 |
| 3                               | \$ 40,980.00 |
| 4                               | \$ 49,500.00 |
| 5                               | \$ 58,020.00 |
| 6                               | \$ 66,540.00 |
| 7                               | \$ 75,060.00 |
| 8                               | \$ 83,580.00 |
| For each additional member add: | \$ 8,520.00  |



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# TEFRA Premium

### Step 2

Find the income here to determine the TEFRA Premium Range

| Annual Income |           | Monthly Premiums |       |       |
|---------------|-----------|------------------|-------|-------|
| From          | To        | Percent %        | From  | To    |
| \$0           | \$25,000  | 0.0 %            | \$0   | \$0   |
| \$25,001      | \$50,000  | 1.00 %           | \$20  | \$41  |
| \$50,001      | \$75,000  | 1.25 %           | \$52  | \$78  |
| \$75,001      | \$100,000 | 1.50 %           | \$93  | \$125 |
| \$100,001     | \$125,000 | 1.75 %           | \$145 | \$182 |
| \$125,001     | \$150,000 | 2.00 %           | \$208 | \$250 |
| \$150,001     | \$175,000 | 2.25 %           | \$281 | \$328 |
| \$175,001     | \$200,000 | 2.50 %           | \$364 | \$416 |
| \$200,001     | Unlimited | 2.75 %           | \$458 | \$458 |



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## 2024 TEFRA ENROLLMENT SUMMARY

In 2025, the TEFRA Program served more than 6,500 beneficiaries.



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## Health Care Quality, Outcomes and Access

Participants were asked to rate their satisfaction in several areas.

| COMPOSITES/RATINGS                             | 2025 | 2024 | 2023 |
|------------------------------------------------|------|------|------|
| Getting care quickly                           | 94%  | 93%  | 95%  |
|                                                | 95%  | 93%  | 95%  |
| How well doctors communicate                   |      |      |      |
| Customer service                               | 73%  | 70%  | 69%  |
|                                                | 61%  | 69%  | 74%  |
| Special equipment and supplies                 |      |      |      |
| Special therapies                              | 91%  | 90%  | 89%  |
| Rating of health care professional             | 90%  | 90%  | 93%  |
| Rating of health care                          | 90%  | 89%  | 93%  |
|                                                | 70%  | 77%  | 68%  |
| Rating of treatment or counseling <sup>3</sup> |      |      |      |
| Rating of TEFRA program                        | 72%  | 67%  | 62%  |
|                                                | 50%  | 32%  | 36%  |
| Rating of customer service                     |      |      |      |
| Rating of TEFRA application process            | 42%  | 43%  | 43%  |



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## TEFRA Change-Good Cause Exception Waiver

The new approved TEFRA Waiver that started January 2026. One change that will be implemented for TEFRA is the Hardship Waiver/Good Cause Exception Waiver.

Hardship Waiver/Good Cause Exception will be implemented for families who can not pay premiums due to an emergency or life-changing event.

DHS Hardship Committee will ensure consistency with decisions regarding what constitutes good cause.



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## Good Cause Waiver

**Examples of good cause exceptions include but are not limited to the following:**

- The parent(s)/guardian(s) experiences significant hospitalization or serious illness.
- The parent(s)/guardian(s) experiences a natural or human-caused disaster, such as a fire, or other damage to their housing (including a public health emergency declared by the state in the county where the person resides).
- The parent(s)/guardian(s) have a family emergency or other life events (e.g., divorce, civil legal matter, or is a victim of domestic violence).
- The parent(s)/guardian(s) is currently involved in an open or pending bankruptcy case.
- The state may add additional circumstances for granting exceptions, as it deems necessary.



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## General TEFRA Information

AR Medicaid Assistance

800-482-5431 or  
800-482-8988

General TEFRA Information  
can be provided through  
AFMC.

1-855-372-1084



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Arkansas Department  
of Human Services



[ARHumanServices](https://www.youtube.com/ARHumanServices)



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S. Agnew inquired how long the turnaround process was from initial applicant submission. K. Lang explained the average is about 27 days and that the Medicaid TEFRA program currently has a 99% timelessness rate. S. Agnew will include the presentation slides in the meeting minutes.

### **Member & Non-Member Updates/Announcements:**

- Arkansas Advocates for Children & Families will host their Kids Counts 101 Medicaid Policy Information on June 25, 2026, at 1:00p.m. via Zoom.
- Dr. Labuda shared that the first launch meeting for a statewide HPV elimination plan was the week of June 8-12. Immunization is working with Australia to start a global HPV elimination plan.
- K. Eddings shared the Arkansas Minority Health Commission (AMHC) has two upcoming events. June 16<sup>th</sup> Sunset Yoga In Da Dark from 6:30p.m.-7:30p.m. at the River Market Pavilion and June 27<sup>th</sup> Blueprint for Brotherhood, A Health & Wellness Fest from 10:00a.m.-3:00p.m. at the Capitol District Event Center. S. Agnew will share the digital flyers with the group.
- S. Borchert stated that ADH, along with our partners, are developing the State Strategic Health Improvement Plan and ADH has discussed developing recommendations around HECAT and PECAT into part of the health and wellness standards.



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Join Zoom Meeting:

<https://us02web.zoom.us/j/82188157602?pwd=cMg1WAWAkNknHOSmxbWQTUWac2tOKA.1>

Meeting ID: 835 8229 5337 Passcode: 229369  
One tap mobile: +1 646 931 3860 US, +1 301 715 8592 US (Washington DC)

*State Board of Education are held monthly on the 2<sup>nd</sup> Thursday and Friday of each month.  
June 9-10 at 9:00 am*

*State Board of Health meetings are held quarterly on the 4<sup>th</sup> Thursday of each month.  
June 25 at 10:00 am*