



On September 17, 2021, Arkansas Department of Human Services (DHS) submitted to the Centers for Medicare and Medicaid Services (CMS) its second quarterly spending plan and narrative, building upon the initial spending plan. The September 17, 2021, plan was conditionally approved by CMS on September 30, 2021.

Upon discussion with CMS, the Arkansas plan was further amended and is effective February 17, 2022. AR DHS has committed to three initiatives: Home and Community Based Services (HCBS) Workforce Stabilization and Quality Improvement; Planning for the Future: Enabling Technology and Expanding and Enhancing HCBS Services.

These initiatives will be implemented in two phases. Phase 1 will earn the ARP enhanced 10 percent federal medical assistance percentage (FMAP), and Phase II reinvests an amount equal to or greater than the enhanced FMAP earned.

Quantitative Update – Projected and Actual Spending Amounts

Initiative and TimeFrame	Phase 1	Phase 2			Total
	Actual Q3 FFY21 - Q2 FFY22	Planned Q3 FFY 2022-Q2 FFY 2024	Actual-To-Date Q3 FFY21 – Q2 FFY23	Remaining Balance Q3 FFY23 - Q2 FFY24	Planned Q3 FFY21 - Q2 FFY24
Appendix B (4/1/21 - 6/30/21)	\$ 209,319,087				
Appendix B (7/1/21 - 9/30/21)					
Appendix B (10/1/21 - 12/30/21)					
Appendix B (1/1/22 - 3/31/22)					
HCBS Workforce Stabilization and Quality Improvement	\$ -	\$ 115,578,324	\$ 113,557,091	\$ 2,021,233	\$ 115,578,324
ARP Additional Initiatives (Total Non-Admin)		\$ 62,265,076	\$ -	\$ 62,265,076	\$ 62,265,076
<i>Planning for the Future: Technology and Education</i>		\$ 12,000,000	\$ -	\$ 12,000,000	\$ 12,000,000
<i>Expanding and Enhancing HCBS Services</i>		\$ 12,000,000	\$ -	\$ 12,000,000	\$ 12,000,000
<i>Community-Based Crisis Response</i>		\$ 12,000,000	\$ -	\$ 12,000,000	\$ 12,000,000
<i>Families in Transition Team</i>		\$ 12,000,000	\$ -	\$ 12,000,000	\$ 12,000,000
<i>Comprehensive Screening and Assessments for Children</i>		\$ 10,265,076	\$ -	\$ 10,265,076	\$ 10,265,076
<i>Build out of Community Reintegration</i>		\$ 4,000,000	\$ -	\$ 4,000,000	\$ 4,000,000
Administration to Strengthen HCBS (No enhanced match)		\$ 7,088,000	\$ 2,355,274	\$ 4,732,726	\$ 7,088,000
Total	\$ 209,319,087	\$ 184,931,400	\$ 115,912,365	\$ 69,019,035	\$ 184,931,400

* Arkansas State and Federal Share and Funds Attributable to the HCBS FMAP Increase

** Arkansas Reinvestment in Additional Medicaid-Covered HCBS drawing down FFP

Phase I

Initiative 1 - HCBS Workforce Stabilization and Quality Improvement

Arkansas's overarching goal regarding this first initiative is to develop a statewide strategy to recruit, retain and strengthen the HCBS' provider workforce. The funding is



to help providers with retention and recruitment efforts.

Federal Authority

March 23, 2022, CMS approved the provider payment initiatives under Medicaid managed care plan contracts. Specifically, the state is authorized to make a uniform percent payment increase for certain providers of HCBS services for the rating period covering January 1, 2022, through December 31, 2022.

March 23, 2022, CMS approved the provider payment initiatives under Medicaid managed care plan contracts. Specifically, the state is authorized to make a uniform percent payment increase for certain providers of HCBS services for the rating period covering January 1, 2022, through December 31, 2022.

March 23, 2022, CMS approved the following 1915c Appendix K amendments, which authorizes the state to implement workforce stabilization bonus payments to direct support providers, effective October 1, 2021.

- AR.0195-Choices in Home Care Waiver
- AR.0400-Living Choices in Assisted Living Waiver
- AR.0936-Autism Waiver

The authorities in the 1915c Appendix K amendments will expire on November 11, 2023. DHS will amend its current 1915c waivers to allow the continued use of the funds.

April 22, 2022, CMS approved the Medicaid Disaster Relief Medicaid state plan amendment (SPA), AR-22-0009, effective October 1, 2021. The SPA authorizes the state to make lump sum payments to state plan HCBS providers for services provided during the public health emergency.

Workforce Improvement Provider Incentive Program

To receive an incentive payment, eligible HCBS providers had to apply using their unique Tax Identification Numbers to the State by March 11, 2022. During the quarter ended March 31, 2022, the State paid eligible providers, \$113,557,091 Total Computable/\$99,725,837 FFP (the ARP increased 10 percent FMAP portion of this amount is approximately \$11,355,709 in FFP). Arkansas subsequently reported the add-on incentive payments on the Form CMS-64 report for the quarter ended March 31, 2022. The state will reinvest the ARP increased funds in accordance with the approved spending plan over the period April 1, 2022-March 31, 2024.



Arkansas is considering amending its ARP spending plan, to claim the 10 percent enhanced federal medical assistance percentage on baseline HCBS spending outlined in the State Medicaid Director's letter #21-003 (i.e. Appendix B). If the state were to do this, we will amend our ARP spending plan as outlined in the aforementioned letter and reclassify the eligible expenditures on the Form CMS-64 so that we earn the additional ARP 10 percent which we would reinvest in order enhance our HCBS program. We are working closely with executive leadership and legislature to evaluate this option and, if approved, to obtain spending authority to draw down these additional ARP federal funds.

Update January 2023: DHS distributed an additional \$2,021,233 to providers through the PASSEs. When the initial funding was disbursed to the PASSEs to distribute to providers based on the distribution methodology, several eligible claims codes and provider types were not accounted for due to a data collection error and therefore did not align with the original pre-print. The increased total dollar amount for the state directed payment will account for the providers that were not provided the appropriate payments to align with the distribution methodology as originally approved.

Update April 2023: DHS has reclassified \$209,319,087 of eligible baseline HCBS expenditures from April 1, 2021 – June 30, 2021 into Phase 1 expenditures on the Form CMS-64 to earn the additional ARP 10 percent to reinvest into the HCBS program. This reclassified amount, in addition to the \$113,557,091, amounts to a total of \$322,876,178 of Phase 1 expenditures.

Update July 2023: No substantive update. The \$113,557,091 has been shifted in the summary chart to Phase 2 to align with the CMS-64 reporting structure.

Phase II

Initiative 2– Planning for the Future: Enabling Technology

Arkansas's overarching goal regarding this second initiative is to achieve better access to HCBS services that foster independence in the community.

DHS implemented this initiative to provide necessary HCBS education to inform clients, providers, client families and caregivers of the available services to address each client's individual needs. This will be accomplished by:

- Developing a best practice model for a comprehensive assistive technology



program, with a focus on training and capacity-building for HCBS providers and clients. This effort will promote client independence and access to services.

- Conducting an overarching HCBS educational campaign, with a focus on highlighting the array of services available to promote client independence and access to services. This effort will educate clients and families on options they may not be familiar with that may greatly enhance their quality of life. DHS also envisions using the campaign to expand the network of HCBS providers, especially in under-utilized services. Finally, the educational campaign aims to better equip all involved parties with foundational HCBS Medicaid knowledge needed to best serve clients and their families.

No changes from our original approved spending plan.

Update July 2022:

To meet Arkansas's goal of achieving better access to HCBS services that foster independence in the community, DHS initiated two workstreams to understand current state, define future state and determine the required steps to reach future state:

- HCBS Education
- HCBS Assistive Technology

DHS convened a group of fifteen internal stakeholders to identify the current issues related to HCBS Education and HCBS Assistive Technology and determine the appropriate tasks to meet the goals of the program. DHS stakeholders identified the following tasks:

✓ Conduct state-wide, multi-level stakeholder engagement via interviews and survey(s)
✓ Identify technology and tech enablement best practice models from other states
✓ Review Arkansas' current state and develop a gap analysis and recommendations for technology first and HCBS education
✓ Develop a state-wide technology enablement and HCBS education campaign
✓ Implement the campaign (e.g., create educational materials, facilitate training sessions, etc.)

In addition, DHS stakeholders outlined a detailed timeline to accomplish the tasks listed above, shown below:



Activity	2022						2023					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Study												
1. Develop & facilitate key informant interviews												
2. Provide key informant themes												
3. Develop & deliver web-based stakeholder survey												
4. Provide survey themes and overview												
5. Identify & summarize tech / tech enablement best practice models												
6. Develop gap analysis & recommendations report												
7. Use report to inform a state-wide tech enablement & HCBS education campaign												
8. Present report to DHS leadership												
9. Present DHS-approved report to stakeholder advisory panel												
Implementation												
10. Develop outreach & educational campaign												
11. Create educational materials												
12. Facilitate "train-the-trainer" sessions												
13. Create outreach & marketing campaign materials												
14. Develop grant application												

To initiate the tasks listed above, DHS better defined their vision, target audience, and current state for both workstreams.

HCBS Education

Target audience: The HCBS Education initiative will target both existing and new Medicaid HCBS clients, including, families, caregiver providers. The initiative will not target the general public.

DHS identified additional groups that would benefit from HCBS educational trainings:

- PRTF and Psych facilities/discharge planning
- State hospitals
- Institutions and other parties involved with child welfare
- APS
- Internal DHS staff
- Other advocates and representatives

Vision: The educational campaign will utilize a variety of methods depending on the audience, including:

- Website updates/expansion
- Social media
- Webinars
- Training
- Direct outreach to clients/caregivers



DHS is also evaluating collaboration with a new Medicaid Advisory Council that meets every other month to gather input and help with the dissemination of HCBS educational materials.

Current State:

DHS documented their current educational strategy and identified specific information currently available to HCBS clients. This exercise assisted in defining current state and identified areas of opportunity to further develop their educational materials. The current educational materials are outlined below:

General Arkansas HCBS Information Across Programs

#	Document / Website
1.	Long-Term Services and Supports (LTSS) Medicaid Assistance website
2.	Choices in Living Resource Center (ADRC) <ul style="list-style-type: none"> • Brochure • LTSS Information • LTSS Application
3.	Consumer Long-Term Care Information
4.	PASSE Information
5.	AFMC Provider Trainings <ul style="list-style-type: none"> • HCBS-focused trainings include: Attendant Care; Home-Delivered Meals; Personal Care; Personal Emergency Response System; AR Choices Targeted Case Management

In addition, DHS documented the 1915(c) waiver-specific information currently available to clients, along with the information PASSEs provide to clients.

1915(c) Waivers (Each highlighted cell contains the link to the resource)

Document Type	1915(c) Waivers			
	AR Choices 1915(c) HCBS Waiver	Living Choices Assisted Living 1915(c) HCBS Waiver	Community and Employment Supports 1915(c) HCBS Waiver within PASSE	Autism 1915(c) Waiver
Website	X	X	X	
Brochure	X			
Other	AFMC TCM Training		FAQ	



PASSE Providers (Each highlighted cell contains the link to the resource)

Document Type	PASSE Providers			
	Arkansas Total Care	Caresource	Empower Healthcare Solutions	Summit Community Care
Website	X	X	X	X
Resource List	X	X	X	X
Member Handbook	X	X	X	X
Provider Trainings	X	X	X	X

HCBS Assistive Technology

Target audience: The HCBS Assistive Technology initiative will target PASSE members and clients enrolled in the 1915(c) waivers, rather than the entire Medicaid population.

Vision: The HCBS Assistive Technology initiative aims to develop a comprehensive best practice model for providing technology to providers, gathering data on usage and outcomes, and evaluating the success of the initiative. DHS intends to operationalize this model through a pilot program, then expand the model to the entire 1915(c) waiver and PASSE population.

Current State: DHS evaluated the current state of its technology program by identifying and documenting services currently available and examining service utilization. By understanding current state, DHS will be able to better identify the areas of opportunity and better engage with its external stakeholders to define the future state of its technology initiatives. The current technology services included in Arkansas' 1915(c) waivers are identified below:

Existing 1915(c) Waiver Assistive Technology Services

1. Arkansas' 1915(c) waivers include two assistive technology services which specify the purpose of "increase, maintain, or improve functional capabilities":
 - a. AR Choices – Environmental Accessibility Adaptations/Adaptive Equipment
 - b. Community and Employment Supports – Adaptive Equipment
2. Arkansas' waivers have other services which are indirectly related to AT, but do not fit the federal AT definitions:
 - a. AR Choices – Personal Emergency Response System (PERS)
 - b. Community and Employment Supports – Specialized Medical Supplies



- c. AR Choices – Prevocational Services (may have a purchase of adaptive equipment and accessibility for on-the-job components)
- d. Community and Employment Supports – Supported Employment (same as above)
- 3. Living Choices Assisted Living and Autism waivers do not offer technology-related services.

Next Steps:

For both the HCBS Education and HCBS Assistive Technology workstreams, DHS is preparing for a comprehensive stakeholder engagement process. DHS will engage with stakeholders via interviews and/or surveys to better understand the current issues and how DHS can better educate its external stakeholders and provide assistive technology to its clients. DHS identified the following stakeholder categories and specific stakeholders to include in the process:



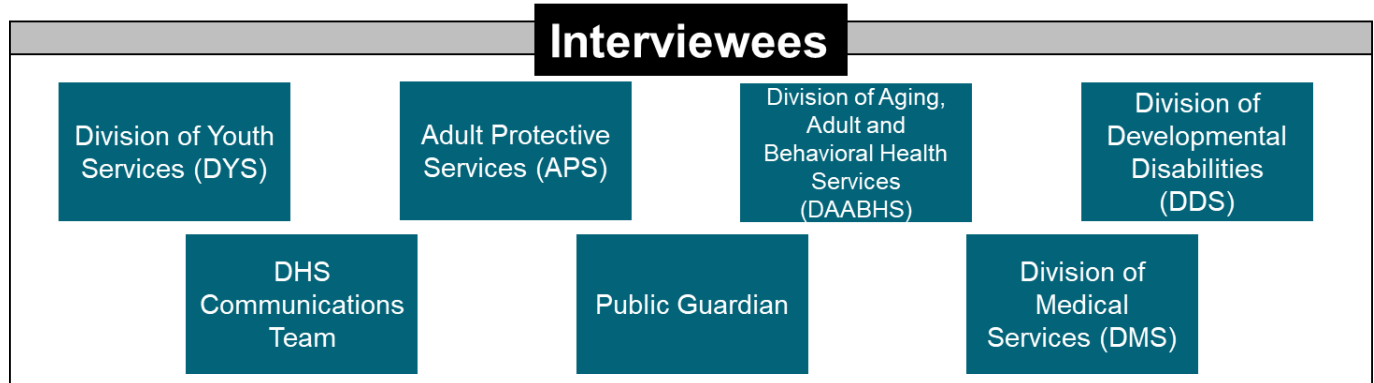
Stakeholder Category	Stakeholder
Provider Associations	DDPA (Developmentally Disabled Provider Association)
	Arkansas Waiver Association (AWA)
	Alliance
	The Council
	Home Care Association
	AAAs – State Association
Providers - HCBS	ARP Stakeholder Group
Providers – Case Managers / PASSE Care Coordinators	Arkansas Hospital Association
	State Case Managers
Providers – Assistive Technology / Adaptive Equipment / DME	Current HCBS provider also providing tech services
	iCan Tools for Life
Advocacy Groups	Disability Rights of Arkansas
	Arkansas Advocates
	Arkansas Community Organization
	Governor’s Council on DD
	Governor’s Advisory Council on Aging
Beneficiaries / Families / Caregivers / PASSE Members	Medicaid Voice Council
	Listing of beneficiaries
PASSEs	Empower
	Summit
	Caresource
	ATC
Housing Authorities	HUD
Other Community Partners	Education System
	AFMC
	Choices in Living (ADRC)

Stakeholder engagement will continue through the rest of 2022 and will inform the operationalization of these initiatives throughout the remainder of the ARPA period.

Update October 2022:

HCBS Education

DHS conducted seven interviews / focus groups with DHS state staff to understand the current state of HCBS education within Arkansas’ HCBS programs and solicit feedback on opportunities for improvement. DHS interviewed the following seven groups:



Through the staff interviews, DHS identified several opportunities to improve HCBS education efforts across DHS including:

- Developing standardized, concise, and easily digestible materials for internal DHS staff to use to improve the quality and consistency of information provided to clients, caregivers and providers
- Utilizing digital platforms to reach greater numbers of stakeholders
- Developing enhanced HCBS provider education through regular trainings
- Focusing educational efforts on key external community entities to improve overall knowledge of HCBS

HCBS Assistive Technology

DHS conducted three interviews and focus groups with DHS state staff to understand the current state of assistive technology (AT) within Arkansas' HCBS programs and solicit feedback on opportunities for improvement. DHS interviewed the following three groups:



Through the staff interviews, DHS identified several opportunities to improve HCBS assistive technology efforts across DHS including:

- Providing materials to DHS staff that outline how AT can be used for the



populations served

- Engage in provider education activities to inform providers on AT usage, benefits, devices available, etc.

Next Steps:

For both the HCBS Education and HCBS Assistive Technology workstreams, DHS is now shifting its focus to external stakeholder engagement. DHS will be soliciting feedback from the following groups:

- Provider Associations
- HCBS Providers
- Case Managers / PASSE Care Coordinators
- Clients and families
- PASSEs
- Advocacy Groups

Update January 2023:

HCBS Education

DHS continued external stakeholder engagement process to inform the HCBS Education Findings and Recommendation report. DHS conducted interviews and focus groups with the following external stakeholders:

- DAABHS Nurses
- PASSEs
- Provider Associations (Developmentally Disabled Provider Association (DDPA); Arkansas Waiver Association (AWA); Alliance; The Council; Home Care Association; AAAs – State Association; Arkansas Assisted Living Association / Arkansas Healthcare Association)
- AFMC
- Choices in Living (ADRC)

DHS is also developing a survey to gather insights from stakeholders not included in the interview and focus group process, including HCBS Providers, HCBS Clients / Families, and Advocacy Groups.

In addition to the current HCBS Education activities, DHS initiated an additional activity to bolster provider educations related to a new service provider. DHS promulgated new rules regarding Medicaid agencies providing services to individuals with intellectual and developmental disabilities (IDD) receiving benefits under 1915c waivers and individuals with behavioral health diagnoses receiving services in outpatient settings



under 1915i waivers. The state has introduced a provider type referred to as Community Support System Provider (CSSP) which allows agencies to provide services to both populations and individuals with dual diagnoses. DHS is employing a part-time PMO to assist in providing technical assistance in clarifying the new regulations regarding certification and permitted service types. The PMO is developing a comprehensive education plan for internal stakeholders within DHS and the external HCBS provider community. Trainings will include detailed reference slide decks with the following training goals: A) Understanding the Community Support System Provider type and its role in IDD and BH services, B) Discussing the provider and service mix received by PASSE members, and C) Identifying the various requirements and services associated with CSSP certifications.

Intended Education Audiences Include:

Audience	Internal/External
DAABHS	Internal
ASH	Internal
DDS	Internal
DMS	Internal
DPSQA	Internal
DCFS	Internal
DYS	Internal
Provider Enrollment	Internal
Medicaid Voice Council	External
Advocacy Groups	External
Potential New Providers	External
Existing CES Waiver Providers	External
Existing OBHA Providers	External
Psychiatric Hospitals	External
KEPRO	External
AFMC	External
PASSEs	External



HCBS Assistive Technology

DHS continued external stakeholder engagement process to inform the HCBS Assistive Technology Findings and Recommendation report. DHS conducted interviews and focus groups with the following external stakeholders:

- DAABHS Nurses
- PASSEs
- iCAN Tools for Life

DHS is also developing a survey to gather insights from stakeholders not included in the interview and focus group process, including HCBS Providers, HCBS Clients / Families, and Advocacy Groups.

Next Steps:

For both the HCBS Education and HCBS Assistive Technology workstreams, DHS will wrap up the external stakeholder interviews and focus groups by speaking with current Medicaid clients with lived experience to help inform the HCBS Education Findings and Recommendations Report and the HCBS Assistive Technology Findings and Recommendations Report. In addition, DHS will be releasing the stakeholder survey to collect additional insights.

Update April 2023:

For both the HCBS Education and HCBS Assistive Technology workstreams, DHS released a survey to providers and other external stakeholder to gather additional feedback on current state and opportunities to improve the program. DHS is currently summarizing feedback across all stakeholders to outline findings and recommendations that will drive implementation of best practices across the program.

Update July 2023:

DHS has developed final reports for both the HCBS Education and HCBS Assistive Technology workstreams, which include summaries of current state findings based on stakeholder outreach and recommendations to advance each initiative to an ideal future state. DHS is in the process of implementing the recommendations.

Initiative 3 – Expanding and Enhancing HCBS Services

Arkansas's overarching goal regarding the third initiative is to achieve appropriate placement options for complex clients and a streamlined transition process.



DHS implemented this initiative to address current challenges with transitions and DHS will conduct an in-depth study focused on analyzing the current process for discharge planning, HCBS waiver application process, and develop a streamlined process that allows better and faster access to HCBS when transitioning from a more restrictive setting.

No changes from our original approved spending plan.

Update July 2022:

To meet Arkansas's goal of achieving appropriate placement options for complex clients and a streamlined transition process, DHS initiated a specific workstream to understand current state, define future state and determine the required steps to reach future state. DHS convened a group of fifteen internal stakeholders to identify the current issues related to transitions and determine the appropriate tasks to meet the goals of the program. DHS stakeholders identified the following tasks:

- | |
|---|
| ✓ Conduct state-wide, multi-level stakeholder engagement via interviews and survey(s) |
| ✓ Identify HCBS transitions best practice models from other states and national resources |
| ✓ Review Arkansas' current state and develop a gap analysis and recommendations for transitions and complex populations |
| ✓ Develop a state-wide strategic plan for HCBS transitions |
| ✓ Implement the strategic plan (e.g., state plan or waiver amendments, public-facing communications materials, standard operating procedures, updating provider manuals, etc.) |

In addition, DHS stakeholders outlined a detailed timeline to accomplish the tasks listed above, shown below:



Activity	2022						2023									
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Study																
1. Develop & facilitate key informant interviews																
2. Provide key informant themes																
3. Develop & deliver web-based stakeholder survey																
4. Provide survey themes and overview																
5. Identify & summarize transitions best practice models																
6. Develop gap analysis & recommendations report																
7. Use report to inform state-wide recommendations for transitions and complex populations																
8. Present report to DHS leadership																
9. Present DHS-approved report to stakeholder advisory panel																
Implementation																
10. Develop SPAs & waiver amendments as necessary																
11. Create public-facing comms materials for general public																
12. Develop SOPs for state staff to facilitate implementation																
13. Update provider manuals to incorporate transitions info																
14. Create provider training materials																
15. Facilitate provider training sessions																
16. Develop grant application for capital investments																

To initiate the tasks listed above, DHS developed a three-step process to identify and address gaps in the current service mix for transitions from institutional settings to HCBS settings. DHS shared this process with several stakeholder groups, including providers and State legislators.

Approach to Identify and Address Gaps

DHS will use resources made available through American Rescue Plan Act, Section 9817 to identify and bridge current gaps using a proven three-step process.

- Review existing policy and procedure
- Collect information from a wide range of stakeholders
- Gather promising practices from other states

Assess



- Design operational changes that close current gaps
- Develop new services
- Identify needed changes in the provider network
- Create tools that support beneficiaries and providers

Design



- Amend Medicaid Authorities
- Update policies and procedures
- Deploy new tools
- Provide training to providers
- Inform beneficiaries and natural supports

Implement

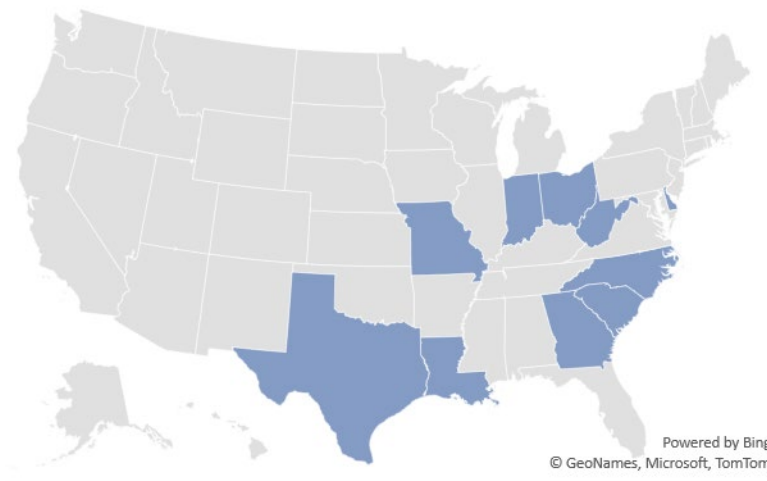


DHS began the assessment step through research of similar states to identify best practices across the nation to help inform potential methods to improve the transition



process for clients across the HCBS program. DHS chose states based on their historical success in transitions as documented by the Money Follows the Person annual reports, demographic and geographic alignment, and similarity to Arkansas beneficiary populations.

Reference States



- Delaware
- Georgia
- Indiana
- Louisiana
- Missouri
- North Carolina
- Ohio
- South Carolina
- Texas
- West Virginia

Next Steps:

For the Expand and Enhance initiative, DHS is preparing for a comprehensive stakeholder engagement process. DHS will engage with stakeholders via interviews and/or surveys to better understand the current issues related to transitions and how DHS can design and implement a better transitions process for its clients. DHS identified the following stakeholder categories and specific stakeholders to include in the process:



Stakeholder Category	Stakeholder
Provider Associations	DDPA (Developmentally Disabled Provider Association)
	Arkansas Waiver Association (AWA)
	Alliance
	The Council
	Home Care Association
	AAAs – State Association
Providers - HCBS	ARP Stakeholder Group
Providers – Case Managers / PASSE Care Coordinators	Arkansas Hospital Association
	State Case Managers
Advocacy Groups	Disability Rights of Arkansas
	Arkansas Advocates
	Arkansas Community Organization
	Governor’s Council on DD
	Governor’s Advisory Council on Aging
Beneficiaries / Families / Caregivers / PASSE Members	Medicaid Voice Council
	Listing of beneficiaries
PASSEs	Empower
	Summit
	Caresource
	ATC
Housing Authorities	HUD
Other Community Partners	Education System
	AFMC
	Choices in Living (ADRC)

Stakeholder engagement will continue through the rest of 2022 and will inform the operationalization of these initiatives throughout the remainder of the ARPA period.

Update October 2022:

In preparation for stakeholder engagement, DHS prepared a series of interview questions to be used in discussions with internal and external entities. DHS developed questions that address the following topic areas:

Topic Areas	Interview Goals
Money Follows the Person	Capture key learnings from the demonstration; how can the demonstration inform an independent transitions program.
	Document impressions of the current state of the MFP sustainability plan.
Transition Coordination	Identify and document successes and challenges associated with managing the transition coordination role and process.
Transition Services	Document successful transitions services and unmet transition related needs.



HCBS Access and Sufficiency	Identify and document service needs and availability of home and community based services (HCBS) to sustain beneficiaries post-transition.
Residential and Housing Options	Document successes and the remaining challenges that exist in identification and procurement of housing resources for beneficiaries who transition.
	Develop an understanding of residential HCBS in the state and how transitions has / can use these services to support beneficiaries.
Recidivism / Long Term Success	Understand the current trends in recidivism (re-institutionalization) among beneficiaries who transition and what changes may improve long term successes.

Next Steps:

For the Expand and Enhance initiative, DHS will begin the stakeholder engagement process based on the stakeholders identified in the July 2022 update. Stakeholder engagement will continue through the rest of 2022 and will inform the operationalization of Expand and Enhance initiatives throughout the remainder of the ARPA period.

Update January 2023

DHS has finalized the interviewees and interview questions and is in the process of scheduling the interviews and focus groups.

Next Steps:

DHS will be conducting stakeholder interviews and focus groups throughout Q1 of 2023.

Update April 2023:

DHS conducted 12 internal staff interviews to better understand current state of transitions from institutional settings across the Medicaid program. Observations from these interviews will inform overall workstream efforts, including the approach used to engage external stakeholders. Interview findings were summarized into the following key themes:



There is an overall lack of information about transitions, HCBS, referral process, and related resources.



Availability of current services is inconsistent; some useful services are not available at all.



Transition coordinators should have a clear, defined role that supports the member using effective care planning processes.



Transition activities are not clearly defined or coordinated across agencies.



Affordable and accessible housing options are critically limited.



The provider network does not currently meet the needs of members.

Next Steps:

DHS will utilize information learned during internal staff interviews to conduct external stakeholder interview with the following entities:

- Providers: HCBS, LTSS, Clinical
- Advocacy Organizations
- Sister Agencies (Housing, LTCO)
- Beneficiaries
- CBOs/NGOs

Update July 2023:

DHS is working with external stakeholders including the PASSEs to develop improved transitions protocols which will address the observations identified during internal staff interviews.

Initiative 4 – Community-Based Crisis Response (CBCR) System

Arkansas's overarching goal regarding the fourth initiative is for all Arkansas Medicaid-eligible children, youth and adults experiencing symptoms of a mental health disorder to have access to community-based crisis response services provided by a coordinated network of first responders, social services professionals, and clinical staff.

DHS implemented this initiative to understand current state of the CBCR system in Arkansas and develop a Strategic Plan to identify the key implementation activities to develop a best practice CBCR model.

Update October 2022



To set the foundation for this initiative, DHS developed seven goals and objectives to drive this work:

1. Develop a **centralized** system to connect Medicaid-eligible youth and adults to mental health intervention and treatment
2. Build capacity to **assess, triage, and stabilize** Medicaid-eligible children, youth, and adults experiencing symptoms of a mental health crisis
3. Develop a state-level, centralized hub to facilitate **collaboration and cooperation** across stakeholders, focusing on local law enforcement, EMTs, healthcare payers, providers, and non-profit partners
4. Build technology solutions enabling individual status and overall system capacity updates, including bed tracking, on a close to **real-time basis**, using existing technology where possible
5. Develop **closed-looped notifications** to communicate outcomes of referrals/hand-offs, and track service referrals and follow-ups
6. Create **crisis response teams** to respond to mental health crises
7. Identify **sustainable funding** for crisis services

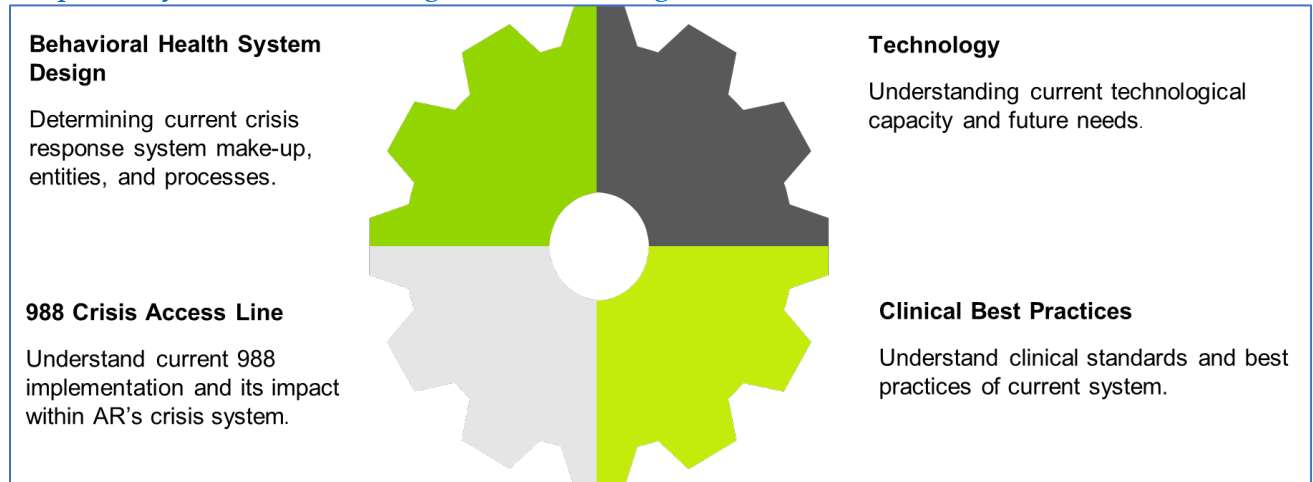
To address the identified goals and objectives, DHS prioritized understanding current state to assist in identifying the key gaps in operations. The first step in this process was to identify the current entities that play a role in the current state. DHS identified the following entities:



Based on the entities identified, DHS developed a stakeholder engagement strategy to



solicit feedback on current and future state. DHS initiated internal stakeholder engagement by conducting 12 interviews and focus groups with DHS staff to assess the current strengths, opportunities, and gaps in the current Community-Based Crisis Response system. DHS leveraged the following focus areas to drive the discussions:



DHS gathered significant feedback from its interviews with internal DHS staff and will utilize the information gathered to inform its interviews with external stakeholders. DHS intends to solicit feedback from the following external stakeholders:

- 988
- Administrative Office of the Courts,
- Juvenile Justice
- AR NAMI
- Arkansas Sheriff's Association
- CHI St. Vincent
- Crisis Stabilization Units
- Department of Education
- Individual CMHCs
- Justice System Attorneys
- Medicaid Advisory Council
- Our House
- Partners for Inclusive Communities
- PASSEs
- Pinnacle Pointe Behavioral Healthcare
- Project Zero
- QRTPs
- Salvation Army



- St. Bernard Hospital ACU

External stakeholder engagement will continue through the rest of 2022 and will inform the development of the CBCR Strategic Plan.

Update January 2023

DHS continued its external stakeholder engagement and conducted interviews and focus groups with over 40 stakeholders. This insight learned during this process is helping to inform the Strategic Plan to be developed in Q1 2023. The Strategic Plan will outline the findings identified during stakeholder engagement and outline key implementation strategies to develop future state, including best practices across the nation.

Next Steps:

DHS is drafting and finalizing the Strategic Plan in Q1 2023 to prepare for the implementation of strategies to improve Arkansas' community-based crisis response system.

Update April 2023

DHS finalized the Community-Based Crisis Response System Strategic Plan which outlined 14 implementation strategies which focus on mitigating identified gaps and working towards enhancing the coordination and delivery of BH services through CBCR for access to BH care, data collection, identification of sustainable funding sources, and public education.

Next Steps:

DHS is further defining future state and is in the planning phase of implementing the identified strategies.

Update July 2023:

DHS is conducting a review of its 12 CMHCs to understand current state and determine the role the CMHCs will play in the reimagined CBCR system. DHS is conducting a future state strategic planning meeting with the 12 CMHCs in August 2023 to define future state and identify actionable steps for the CMHCs to take to reach future state.

New Initiatives to Expand and Enhance HCBS that State would like to add to the Spending Plan:



Initiative 5 - Families in Transition Team

The State is working to develop a specific home and community-based service package, Families in Transition Team (FITT), that will include specialized family preservation and stabilization services for children in foster care, children reentering their biological homes, and children transitioning from institutional settings back to home.

This new model is being designed through the collaboration of the Division of Aging, Adult, & Behavioral Health Services (DAABHS), the Division of Development Disabilities Services (DDS), and the Division of Medicaid Services (DMS).

The model recognizes that non-medical supports are critical when a family member is transitioning from a family home to another setting or when they are moving from another setting back to the family home. These transitions occur in different populations under many different circumstances. The transition time period could last 30-90 days and could occur multiple times for some individuals. Examples include:

- Special needs children with complex medical needs discharged from an acute care setting
- Children entering or exiting foster care or moving between foster homes
- Children who are being adopted
- Children who have been placed with a family member causing a temporary or permanent change in custody (formal or informal)
- Young children who have been expelled from childcare or preschool setting
- Youth and young adults who are newly identified with a complex medical condition, autism spectrum disorder or intellectually/developmentally disabled and in crisis
- Discharge from a justice-involved setting (especially youths)
- Individuals of any age who experienced a mental health crisis and need additional supports to remain in home and community settings

The FITT model is comprised of a team of individuals who provide support as peers, provide respite to the caregiver(s) and supervision of other family members. These supports are already covered by Arkansas Medicaid, although on a limited and narrow basis and related to a mental health diagnosis and designation of seriously emotionally disturbed or diagnosed with an intellectual/developmental disability and in a PASSE. DAABHS provides a program to certify peer specialists to support individuals in addiction recovery. FITT will broaden the definition of peer specialists to include other people with shared experiences. For example, foster care parents bring a wealth of



knowledge and experience about raising children for whom the state has taken custody, dealing with the child welfare system (including the courts) and birth families. FITT combines the development of a plan using high fidelity wraparound model, clinical and family assessment performed in the natural environment, trauma informed behavioral training and intervention, peer support and respite. Most of these services are currently part of the AR Medicaid State Plan but provided only to a member of the Provider-led Arkansas Shared Savings Entity (PASSE) program and through a Home and Community-based Services (HCBS) provider that can deliver a team based approach. FITT cannot be billed on a Fee-for-Service (FFS) basis and a rate and payment method will be developed. A FITT team must be able to mobilize immediately and begin in-home supports on short notice. A FITT team may include several members of the same family as the model itself is intended to provide supports that an extended family would provide for their own family member who has experienced a crisis. FITT provides an opportunity for to be paid for their knowledge, expertise, and compassion. It provides an opportunity for young adults to become peers. FITT addresses the need for individuals and their families to receive immediate services and supports to assist with unplanned transition situations and allows stabilization and assessment to determine if long-term HCBS and PASSE membership is needed. For those who are active PASSE members the service could be provided as an alternative to Intensive In Home or Assertive Community Treatment.

Initiative 6 - Comprehensive Screening and Assessments for Children

The State is working to implement both behavioral health screens and developmental screens for all children receiving Arkansas Medicaid. We are working with our university partner to add an additional Fetal Alcohol Syndrome Disorder (FASD) screen to determine if the State should develop additional programs for children with brain disorders not currently covered under one of our waiver programs. The FASD pilot will be a referral based program where child centers and schools can request screening, comprehensive assessments, natural environment observation, plan development and necessary staff training. The pilot will also collect data to assist the State with determining if an additional program should be developed for brain injuries, including FASD.

Initiative 7 - Build out of Community Reintegration

The State previously developed Community Reintegration (CR) which is a home and community-based service but has not been successful in recruiting providers nor



distinguishing the program from Qualified Residential Treatment Program (QRTP) under the Families First Act. The State would like to pilot with qualified providers to develop a robust model for Community Reintegration which will include reevaluating the current rate, and determining what services are needed to utilize CR as a step down from Psychiatric Residential Treatment Facilities that will allow CR to appropriately step down into a QRTP or home placement.