

Roadmap

TO A HEALTHIER ARKANSAS

Completing the Continuum of Care for Specialty Populations

Table of Contents

VISION, MISSION, & GOALS	4
INTRODUCTION	5
Prioritized Populations in The Roadmap.....	6
Landscape & Issues	8
Roadmap Phases & Funding Sources.....	11
COMPLETING THE CONTINUUM OF CARE: Initiatives, Pilots, & the Reentry/IMD Waiver	14
Promotion	14
HCBS Education	14
Customer Service Center	15
Enabling Technology Pilot.....	16
HCBS Workforce Improvement Provider Incentive Program	17
Future Workforce Development	18
HCBS Provider Training	18
Business Acuity Training & Implementation Support for HCBS Providers	19
Prevention.....	21
Prevention, Stabilization, and Support Project for Young Children (PSSP-YC) Pilot	21
Comprehensive Screening and Assessment for Children (CSAC) Pilot	22
Families in Transitions Team (FiTT) Pilot.....	23
Family-Centered Treatment Pilot for Children (Intensive In-home)	24
Treatment.....	25
Community Mental Health Center (CMHC) Review	25
Statewide Crisis Response and Hub.....	25
Stabilization/Recovery	28
Community Reintegration-QRTP Assessment & Program Recommendations	28
Therapeutic Communities for Adults with IDD	29
Youth Substance Abuse Residential Treatment Facilities.....	29
Adult Substance Abuse Residential Treatment Facilities	30
Young Adult Supportive Living (Therapeutic Communities Level 3).....	30
Adult Supportive Living (Therapeutic Communities Level 3)	30
HCBS Long Term Services and Supports	31
Hospital to Home Pilot	31

Arkansas State Hospital (ASH) Rebalancing Pilot	31
Money Follows the Person (MFP) Expansion.....	32
Day Program for Individuals with Intellectual and/or Developmental Disabilities (IDD)	33
Day Program for Individuals with Serious Mental Illness (SMI)	34
CLOSING	35

VISION, MISSION, & GOALS

VISION STATEMENT

All Arkansans, regardless of their age, ability, or where they live, have access to a comprehensive and coordinated public health care system that provides services at the right time and right place to meet their needs. In addition, all Arkansans have the choice of where they want to receive care, including both home and community and institutional settings.

MISSION STATEMENT

Improve the care continuum that supports health and well-being by providing a robust array of supports that enable independence, community living, and stabilization or recovery for our specialty populations.

GOALS

Implement targeted initiatives that address the needs of specialty populations across the stages of the care continuum to achieve the following-

1. Promotion:

- Promote awareness, education, and participation in health-related programs.
- Strengthen collaboration with healthcare providers and workforce.
- Connect populations and individuals to the healthcare resources and services available across the continuum of care.

2. Prevention:

- Reduce the incidence of health problems and chronic conditions, especially for specialty populations, by promoting healthy behaviors, early detection, and intervention.
- Enhance overall wellbeing by preventing the progression of illnesses/crises and ultimately lower healthcare costs associated with treating conditions.

3. Treatment:

- Assist individuals in overcoming acute health crises.
- Provide immediate care, crisis intervention, and support for individuals during challenging periods of illness or trauma.
- Facilitate the recovery process, functioning at highest possible level.

4. Stabilization/Recovery:

- Provide person-centered care in settings outside of institutions, preferably in people's homes or communities.
- Provide stability for individuals with disabling conditions or long-term challenges, as well as those exiting an institution, prison, or jail.
- Increase independence and, when possible, facilitate recovery.

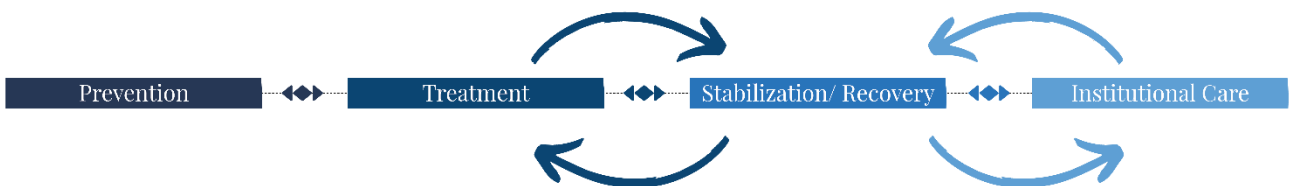
INTRODUCTION

The purpose of this *Roadmap* is to describe how the Arkansas Department of Human Services (DHS), through federal American Rescue Plan Act funding, plans to build out an improved care continuum over the next five years that will best meet the needs of three core populations who face increased risks for poor health outcomes: individuals with mental health needs and/or substance use disorders (SUD); individuals who are aging and/or those with physical disabilities, and individuals with intellectual and/or developmental disabilities (IDD). An additional layer of risk applies to those with co-occurring conditions and/or who are justice-involved.

Citizens in these specialty groups who are near or below the Federal Poverty Level (FPL) or receive social security disability will likely rely on Arkansas Medicaid for care, which for some will last a lifetime. This means that the care continuum must be strong and flexible enough to accommodate diverse needs. Completing the care continuum requires a new approach that fills gaps across the whole system which serves these specialty populations, rather than fixing single issues as they arise and never creating pieces that truly fit together.

Today, the most significant gaps in Arkansas' care continuum are related to early identification and intervention, integrated crisis services, and stabilization/recovery services in the least restrictive setting, especially for those leaving institutions and carceral settings with behavioral health needs and/or disabilities.

Graphic A: A continuum recognizes that people move fluidly among stages according to the services needed at the time in their present state of health.



Note: Not all stages in the continuum may be relevant to all populations.

DHS is investing in the **promotion** of the care continuum through initiatives that focus on building sustainability and quality improvements, like increasing HCBS education and technology, better collaboration and training of providers, and revitalization of the workforce.

DHS is working to ensure that **prevention** and **treatment** stages in the care continuum contain a more robust array of services to reduce the likelihood of health crises. Investing in a more complete bundle of interventions at the beginning of the care continuum may allow for alternative, less-restrictive care that can meet people's needs earlier, outside of the highest-cost settings. Improving

prevention and treatment services works also to counteract the historical separation of treatment for mental illnesses from other healthcare sectors.

DHS is also developing a centralized crisis hub as part of the **treatment** stage of the care continuum, one that is available 24/7 to help coordinate crisis response so that people can be stabilized and remain in their homes and communities. The vision is for a connected, knowledgeable system where there is a number to call, a person to respond, and a place to go/provide help.

Finally, DHS is working to ensure additional services in the **stabilization/recovery** stage of the care continuum that assist post-crisis and with maintenance and/or recovery in home and community-based settings. Bolstering services or programs in this stage that improve diversion and discharge from hospitals/institutions back into the community enable independence and community living.

Once these main initiatives within the prevention, treatment, and stabilization/recovery, and promotion stages of the care continuum are complete, DHS will collect data to chart progress and define ongoing areas of need.

Prioritized Populations in The Roadmap

Individuals with Mental Health Needs and/or Substance Use Disorders¹

When it comes to individuals with mental health needs and/or substance use disorders (SUD), more than 380,000 Arkansans (roughly 12% of the total population) had at least one medical claim with a primary diagnosis of a behavioral health condition in 2019.² This is over 10% lower than the national average of adults with mental illness, suggesting there may be sizable portion of adult Arkansans going completely without diagnosis and treatment or not able to access services for mental health and SUD.^{3 4}

Currently, individuals with mental health needs served through Medicaid can receive services under the Medicaid State Plan such as crisis services, counseling services, and medication management. Individuals who meet a higher level of care can receive additional services through the Provider-Led Shared Savings Entity (PASSE) program through the 1915i Behavioral Health State Plan Amendment.

In the *Roadmap*, DHS has added prevention initiatives which target children involved with the foster care system or juvenile justice system and families with one or more members living with a mental health condition, SUD diagnosis, or disability.

Within the broader population of citizens with mental health needs and SUD are those requiring greater support from the care continuum, like adults with serious mental illness (SMI), children with serious emotional disturbance (SED), and the forensic/justice-involved population. SMI is a smaller and more severe subset of mental illnesses, defined as those over 18 with one or more mental,

¹ For more on programs, services, and goals for Arkansas' behavioral health population, see *OSAMH's 2024 Behavioral Health Strategic Plan*.

² Arkansas Center for Health Improvement. Arkansas Behavioral Health Landscape Preliminary Analysis. 7/1/2022 p.6.

³ <https://www.nimh.nih.gov/health/statistics/mental-illness>

⁴ Arkansas Center for Health Improvement. Arkansas Behavioral Health Landscape Preliminary Analysis. 7/1/2022 p. 56.

behavioral, or emotional disorders resulting in serious functional impairment that substantially interferes with or limits one or more life activities. For those under 18, SED refers to a diagnosable mental, behavioral, or emotional disorder in the past year that has resulted in functional impairment that substantially interferes or limits the child's role or functioning in family, school or community activities.⁵ These complex conditions can be compounded when a person is under criminal justice/correctional supervision or sent to a forensic psychiatric institution.

In 2020, the SMI/SED population made up only 17.5% of Medicaid-enrolled adults and children receiving behavioral health supports in Arkansas, yet it was and remains one of the highest-cost groups. For those with more intensive behavioral health needs and/or justice-involved individuals with co-occurring conditions, DHS is heavily investing in more stabilization/recovery initiatives in the care continuum to better prepare individuals to successfully transition back to their communities. These stabilization/ recovery initiatives will work to prevent homelessness, incarceration, and institutionalization.

Aging Individuals and/or those with Physical Disabilities⁶

The 2024 State Plan on Aging notes that more than 17.5% of Arkansas's total population are aged 65 or older, and of those seniors, 10% live in poverty.

Currently, citizens who are aging or have physical disabilities may receive Medicaid State Plan services such as Personal Care⁷ or PACE⁸ to support them to stay in their homes and communities. Individuals who meet a higher level of care and certain financial eligibility requirements may qualify for the ARChoices in Homecare waiver, a 1915(c) Medicaid waiver program for individuals 65+ and those with physical disabilities ages 21-64 who meet nursing home intermediate level of care. The ARChoices waiver includes an assessment for needed services like Adult Day Health, Respite (In-home and/or facility), Adult Day Services, Attendant Care Services, Environmental Accessibility Adaptations, Home-Delivered Meals, Personal Emergency Response System, etc. Beyond the ARChoices waiver, Arkansans who cannot maintain their homes may qualify for the AR Living Choices Assisted Living waiver, a 1915c Medicaid waiver program which offers participants 65+ and those with physical disabilities ages 21-64 apartment-style living with supervision and assistance with their activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

To meet the growing range of needs of older citizens and those with disabilities, DHS is prioritizing this specialty population in the initiatives of this *Roadmap*. In particular, DHS has invested in promotion initiatives that strengthen the HCBS workforce supporting seniors and those with

⁵ <https://www.samhsa.gov/find-help/disorders>

⁶ For more on programs, services, and goals for Arkansas' aging and physically disabled population, see *DAABHS' 2024 Strategic Plan on Aging*.

⁷ Personal Care is an optional State Plan Service offered to individuals who are categorically needy Medicaid beneficiaries and who require "hands-on" physical assistance with bathing, dressing, personal hygiene, eating, ambulating, and toileting. The Personal Care program provides up to 64 hours per month of assistance with ADLs and IADLs to qualified individuals. Personal Care services are delivered by approved Medicaid providers and are prior authorized.

⁸ Programs of All-Inclusive Care for the Elderly (PACE) is administered as a Medicaid State Plan optional service that targets consumers aged 55 or older who meet financial eligibility requirements as well as the medical eligibility criteria for nursing home level of care. This program is a comprehensive health and social services delivery system that provides and coordinates primary, preventative, acute, and long-term services and supports to the frail elderly as a means for keeping them in their homes and in the community for as long as possible.

disabilities within the care continuum. DHS has also committed to rebalancing initiatives that support those who use home and community-based LTSS. By streamlining pathways to more HCBS services and waiver eligibility for individuals at risk, for example, DHS is targeting those individuals who, with the right services, can successfully remain in their homes and communities.

Individuals With Intellectual and/or Developmental Disabilities (IDD)⁹

Individuals with IDD in Arkansas are those that have a diagnosis of autism, cerebral palsy, seizure disorder/epilepsy, down syndrome, spina bifida, or an intellectual disability established by significant functional limitations that exist concurrently with deficits in adaptive behavior manifested before the age of 22.¹⁰

Currently, individuals with IDD served through Medicaid can receive services under the Medicaid State Plan such as day treatment programs, applied behavioral analysis therapy, occupational therapy, speech language pathology, physical therapy and personal care. Individuals with IDD who meet a higher level of care can receive additional services through the PASSE program, Community and Employment Supports Waiver, or may reside in intermediate care facilities (ICF).

DHS has prioritized this specialty population through efforts to enhance early detection, intervention, and support initiatives for individuals with IDD within the care continuum. These initiatives work to help provide choice of services in the least restrictive settings to meet the needs of individuals with IDD and their families. Lastly, DHS has invested in promotion initiatives in the care continuum to strengthen the HCBS workforce that supports individuals with IDD.

Landscape & Issues

DHS' work on evaluating the continuum of care for specialty populations began in 2021-22 and was influenced by the convergence of several separate, but interrelated events leading up to the present:

- Commissioned report on Arkansas' current behavioral health community-based crisis response system;
- Turmoil over the financial sustainability of the state's Crisis Stabilization Units (CSUs);
- Activation of the national 988 hotline for mental illness;
- New policies resulting from the Arkansas Legislative Study on Mental Health and Behavioral Health;¹¹
- Identification and approval of multiple public health emergency (PHE) funding streams to bolster HCBS;
- Identification of barriers for our specialty populations to apply and receive HCBS under a waiver program.

DHS is aware that one of the precursors to a successfully utilized continuum of care is a population with healthcare coverage. The State works hard to ensure that the majority of its citizens have healthcare coverage. In 2022, 90% of all Arkansans below age 65 and 94% of children had health

⁹ For more on programs, services, and goals for Arkansas' population with intellectual/developmental disabilities, see *DDS' 2024 Strategic Plan*.

¹⁰ According to CES Waiver [Arkansas Medicaid Spending & Forecast Update](#)

¹¹ [Mental Health Legislation 2023 - Arkansas House of Representatives](#)

coverage either through public or private sources.¹² Reliance on grant funding to pay for the uninsured or underinsured has been dramatically reduced. According to a 2020 Arkansas Center for Health Improvement study, Medicaid was the largest single source of healthcare payments (\$671.9 million), followed by commercial insurance (\$86.2 million), Medicare (\$74.7 million), Federal and state grants for children in foster care and the Division of Youth Services (\$61.4 million), and then, the Arkansas State Hospital (ASH) (\$55 million).

Graphic B: 2020 Medicaid expenditure breakdown by service type and delivery system

MEDICAID LARGEST SINGLE SOURCE PAYOR (\$671.9 MILLION) IN 2020	
ADULT SERVICES (\$396.1 MILLION)	CHILDREN'S SERVICES (\$318.5 MILLION)
<ul style="list-style-type: none"> • \$156.0 million paid through Fee-For-Service • \$93.3 million paid through PASSE managed care • \$146.8 million paid through Qualified Health Plans 	<ul style="list-style-type: none"> • \$120.1 million paid through Fee-For-Service • \$198.3 million paid through PASSE managed care

Understanding Medicaid as the primary payer of healthcare services for the prioritized populations within this *Roadmap*, coupled with understanding the distribution of Arkansas’ specialty populations throughout its Medicaid delivery systems,¹³ DHS policy-makers thought through services/initiatives that would fill gaps in the care continuum and provide pathways back to the community when appropriate. They also strategically designed services to be correctly positioned for utilization within the appropriate delivery system(s) and Medicaid reimbursement.

One of the biggest issues to address in the care continuum is the need for more robust mental health and SUD services. Regardless of the specialty population, adults in Arkansas experience symptoms of anxiety and/or depressive disorder at a rate higher than the national average, and the suicide rate is almost four percentage points higher than the national average.¹⁴ Further, Medicaid beneficiaries exhibit mental health or SUD diagnoses at higher rates than Arkansans with commercial coverage. Workforce shortages in the mental health field are an ever-present issue. Of the state’s 75 counties, only three—Faulkner, Pulaski, and Saline—are *not* designated as workforce shortage areas for mental health professionals.¹⁵ In a recent *Health Affairs* article, researchers found that although Arkansas Medicaid is one of the highest paying states for selected mental health services, it is well below the national average ratio of 6.7 psychiatrists participating in Arkansas Medicaid per 10,000 Medicaid enrollees.¹⁶ There is an overall lack of mental health

¹² <https://www.kff.org/other/state-indicator/children-0-18/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

¹³ i.e. CES waiver beneficiaries and children and adults with more complex behavioral health needs (SMI/SED) typically covered by the PASSE, which is managed care; children and elderly adults 65+ without a co-occurring condition causing a disability typically covered in Fee for Service; Adults with SUD typically enrolled in a QHP, etc.

¹⁴ <https://www.cdc.gov/suicide/suicide-rates-by-state.html>

¹⁵ <https://www.ruralhealthinfo.org/charts/7?state=AR>

¹⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10125036/>

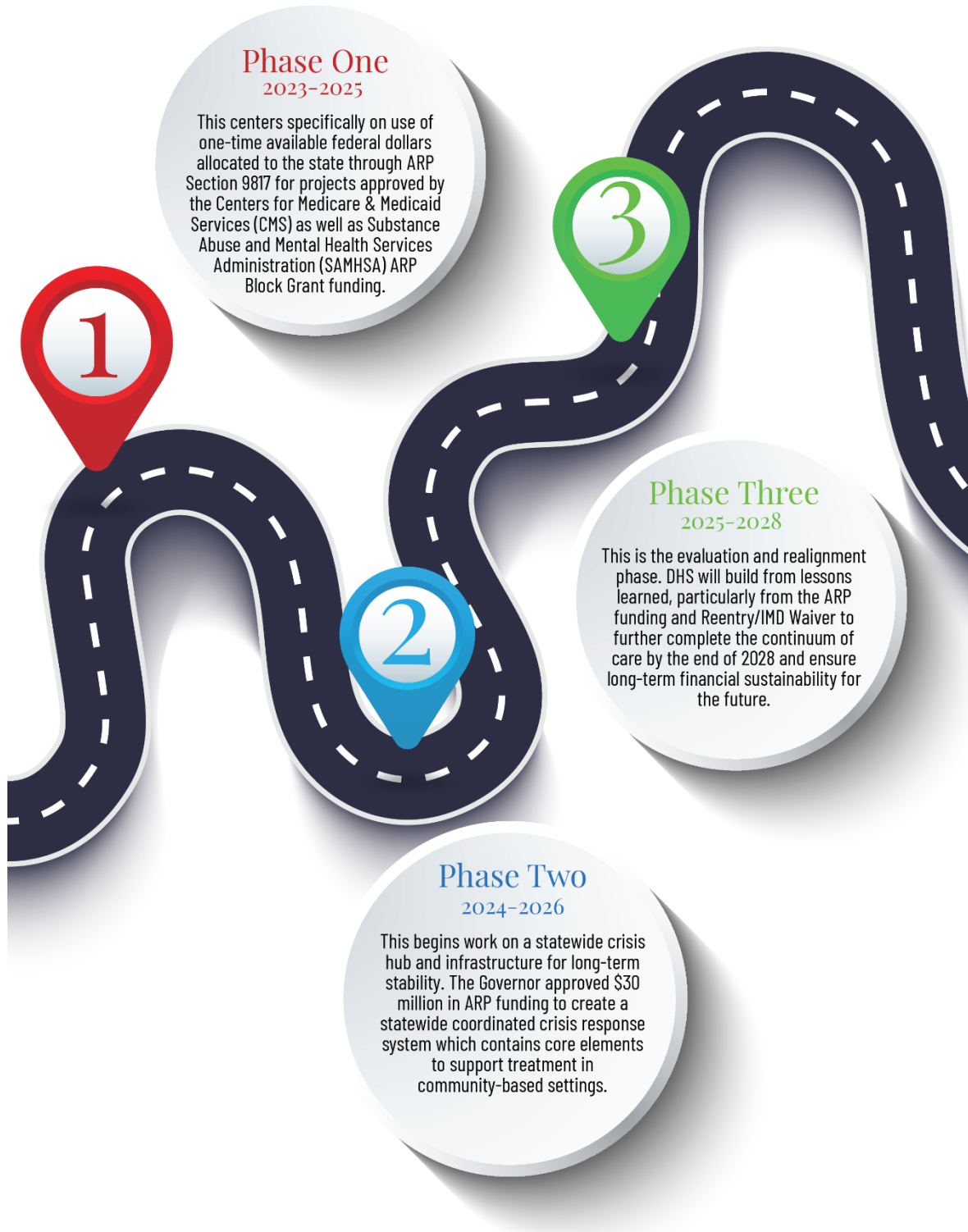
professionals across the state, with only 34.4% of the need for practitioners met. The challenge is particularly exacerbated in Arkansas' rural areas, and especially for those individuals diagnosed with SMI/SED.

Other significant issues to address in the care continuum relate to how to support justice-involved individuals, whether under criminal justice/correctional supervision or in a forensic psychiatric institution. Federal law currently prohibits the use of Medicaid funding for individuals who are inmates of public institutions like jails or prisons. The unfortunate reality is that individuals experiencing incarceration are more likely to suffer from serious mental illness or SUD, as well as one or more physical chronic conditions. In Arkansas, there are 10,000 individuals detained in local jails across the state, many of whom would be eligible for Medicaid otherwise.¹⁷ Thousands of those individuals are released every year without necessary treatment and supports in place in the community. There is evidence that this gap in access to community mental health and SUD treatment contributes to repeat criminal offenses and a cycle of reoccurring incarceration. Federal law also prohibits the use of Medicaid funds for the treatment of adults in an Institution for Mental Diseases (IMD), like the Arkansas State Hospital (ASH). This is why the State Hospital must function as its own payor source, outside of Medicaid. For both individuals remanded to ASH through the judicial system, and those incarcerated with mental and SUD diagnoses, Medicaid funds cannot be used to cover stabilization services, though those services are vital for a timely and successful return to communities upon release. DHS is working to address these regulatory barriers by applying for a new Medicaid demonstration waiver through CMS that could waive the restriction for use of Medicaid funds to pay for mental health and SUD services for a designated period, prior to release.

¹⁷ Letter from Arkansas Sheriffs' Association to DHS as public comment on Reentry Waiver. January 28, 2024

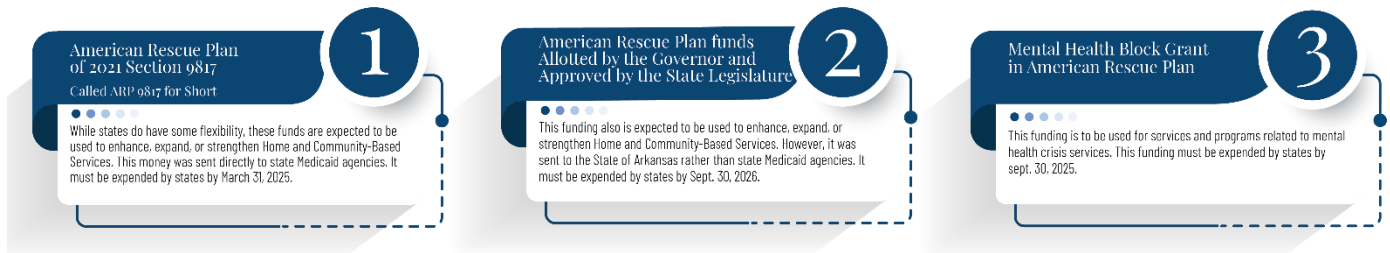
Roadmap Phases & Funding Sources

The *Roadmap* spans three phases across a five-year period (2023-2028). Each phase intentionally overlaps with the next, with the ultimate goal of creating a continuum of care that is financially sustainable for the state and its community partners.



Funding Sources

There are three sources of one-time funding for the projects outlined in this document.



Phase 1

The first phase (2023-2025) centers specifically on use of one-time available federal dollars allocated to the state through ARP Section 9817 for projects approved by the Centers for Medicare & Medicaid Services (CMS) as well as SAMHSA ARP Block Grant funding. To develop the plan for these funds, DHS engaged in lengthy consultation with community partners across Arkansas. The plan includes more than fifteen ARP 9817-funded initiatives and pilots that will invest nearly \$188 million in federal and state funds through March 31, 2025, which will enhance, expand, or strengthen home and community-based services for the identified specialty populations. In October 2023, a significant advancement was made with the expenditure of \$115 million of the total ARP 9817 funds available to support the Home and Community-Based Services (HCBS) Workforce Improvement Provider Incentive Program. The other core Phase 1 ARP 9817 & SAMHSA Block Grant initiatives include:

- Home and Community Based Services Education
- Enabling Technology Pilot
- Future Workforce Development (includes both HCBS Provider Training and Business Acuity for HCBS Providers)
- Prevention, Stabilization, and Support Project for Young Children (PSSP-YC) Pilot
- Comprehensive Screening and Assessment for Children (CSAC) Pilot
- Families in Transition Training (FiTT) Pilot
- Family Centered Treatment (Intensive In-home) Pilot
- Community Mental Health Center Review
- Community Reintegration/Q RTP Assessment & Program Recommendations
- HCBS Long Term Services and Supports projects
 - Hospital to Home Pilot
 - Arkansas State Hospital Rebalancing Pilot
 - Money Follows the Person Expansion (MFP)
 - Day Program and Inclusive Post Secondary Education for Individuals with Intellectual and/or Developmental Disabilities (IDD)
 - Day Program for Individuals with Serious Mental Illness (SMI)

During phase 1, preparations begin for the proposed Medicaid 1115 Demonstration Authority, called “Opportunities to Test Transition-Related Strategies to Support Community Reentry from Incarceration and Institutions for Mental Disease” (also referred to as the Reentry/IMD Waiver). This Reentry/IMD Waiver is meant to address the two long-standing prohibitions on the use of Federal Medicaid funds for the treatment of adults in an IMD or carceral setting. DHS recognizes the value

and importance of obtaining feedback from community partners in the development of programs and solutions. In December 2023, the proposed Medicaid 1115 demonstration project was released for public comment. Then in February 2024, DHS submitted the application to CMS.

Phase 2

The second phase (2024-2026) will begin work on a statewide crisis hub¹⁸ and its infrastructure for long-term stability, both of which Governor Sarah Huckabee Sanders announced in February 2024. The Governor approved \$30 million in ARP funding to create a statewide coordinated crisis response system which will coordinate services for people experiencing a behavioral health crisis. The infrastructure being built in this phase relates to core elements that support treatment in community-based settings.

These core elements include:

- Community Reintegration for Children;
- Therapeutic Communities for Adults with Co-occurring IDD and Mental Illness;
- Youth Substance Abuse Residential Treatment;
- Adult Substance Abuse Residential Treatment;
- Youth Supported Housing, for young adults exiting state custody into foster care or from the juvenile justice system; and
- Adult Supported Housing, for adults with mental illness or substance use disorders.

During phase 2, another focal point will be the approval of the proposed 1115 Demonstration Authority “Reentry/IMD Waiver” to CMS. If approved, the Reentry/IMD Waiver will allow Arkansas to expand access to medically necessary treatment to thousands of impoverished adults with SMI/SUD over the next five years. From there, DHS will create the Arkansas Reentry Connections with Health (ARCH) program, through which it will operate the new waiver.

Phase 2 also focuses on building long-term sustainability for the programs and pilots started in phase 1 by considering outcomes from phase 1 and, as applicable, submitting waiver amendments and/or State Plan Amendments to enshrine initiatives into Medicaid authorities.

Phase 3

Phase three (2025-2028) is the evaluation and realignment phase. DHS will build from lessons learned, particularly from the programs and pilots funded through ARP and Reentry/IMD Waiver to ensure long-term financial sustainability for programs that demonstrate positive health outcomes for individuals who are part of the specialty populations as part of the continuum of care.

¹⁸ For more on programs, services, and goals for Arkansas’ behavioral health population, see *OSAMH’s 2024 Behavioral Health Strategic Plan*.

COMPLETING THE CONTINUUM OF CARE: Initiatives, Pilots, & the Reentry/IMD Waiver

Promotion

Arkansas’ overarching goals with the following initiatives are to promote awareness, education, and participation in Medicaid HCBS health-related programs, as well as to strengthen the continuum by fostering collaboration with healthcare providers. The initiatives help connect populations and individuals to the healthcare resources and services available across the continuum of care.

HCBS Education

Strategic Initiative: The home and community-based services (HCBS) educational campaign is designed to highlight and educate on the array of programs, waivers, and Medicaid home and community-based services available in the state. One goal is to better equip beneficiaries and their families with foundational HCBS Medicaid knowledge so they can better access and navigate the system. Another goal is to use the educational campaign to expand the network of providers in these service categories, as well as increase training of internal DHS staff.

Importance: The importance of a dedicated HCBS education campaign lies in its ability to raise awareness and understanding among the public of the HCBS programs and services available in Arkansas. Ensuring people have consistent, accurate, and meaningful information regarding programs and services available in Arkansas means that they can get the right service in the right setting to meet their needs. By educating individuals about the value of available Medicaid HCBS programs, it can empower communities to make informed choices about their healthcare options. This contributes to the overall goal of improving the quality of life for beneficiaries and their families.

Milestones:

- Develop one pager educational bulletins for public consumption to empower stakeholders with the foundational Medicaid and HCBS information.
- Update DHS Website with HCBS Education one-pagers and materials.
- Launch a strategic communication campaign to disseminate materials created to stakeholders.
- Launch of new internal DHS staff trainings.
- Create standardized provider certification tool/checklists, specific to provider type.
- Create updated provider manuals that outline provider enrollment flowcharts for certification process, certification training information.

Timeline	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Develop Educational materials					
Update DHS website and education campaign preparation					
Implement Educational campaign					
Launch internal DHS staff trainings					

Develop provider certification tool / checklist					
Develop provider enrollment flowchart for certification process					
Develop certification trainings for each provider type					
Develop informational one-pagers for each provider type					
Update DHS webpage to include provider education materials					
Review and revise provider licensure manuals					
Update licensure application forms in Enterprise Licensure Systems					
Develop contact and communication channels					

Customer Service Center

Strategic Initiative: DHS is conducting a review of its current structure, functions, and processes related to No Wrong Door, and is drafting a Request for Proposal (RFP) with a proposed effective date of 2025. The goal of a No Wrong Door system is to give individuals and their families accurate and complete information about their options to make informed decisions about their care.

Importance: Arkansas’ Customer Service Center, functioning as a No Wrong Door system, can help coordinate and track referrals so families and the individuals being supported do not fall through the cracks when working with several providers or divisions within DHS. No Wrong Door saves the State time and money by decreasing, or even eliminating, duplicative processes and documentation. It ensures prompt and accurate information is provided to the beneficiary. The Customer Service Center strives to provide a person-centered approach, understanding that each individual or family begins their journey seeking supports at different points of entry but they may have needs that cross multiple DHS divisions.

Milestones:

- Map structure, partners, and needs for the system. Establish goals.
- RFP for contract is created.
- Customer Service Center vendor is selected.
- Implementation Plan established with:
 - Beneficiary/End-user surveys to collect and measure satisfaction outcomes
 - Outreach and marketing campaign for internal and external partners
 - Training calendar
 - Customer Service Center metrics and quality monitoring

Timeline	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Map structure & needs					
RFP issued					

Vendor selected					
Implementation					

Enabling Technology Pilot

Strategic Initiative: With a goal of providing better access to HCBS that fosters independence in the community, this pilot will build the infrastructure needed for enabling technology to be a sustainable Medicaid service across Aging/Physical Disability, Behavioral Health, and Intellectual/Developmental Disability (IDD) waivers. Through a centralized technology vendor, it will allocate funding to Appendix B providers for client consultation, training, and capacity building, focused on Enabling Technology and “Tech First” provider distinctions. From there, those Appendix B providers—in conjunction with their clients in the pilot—may access Enabling Technology devices to support the greatest level of independence for clients, while maintaining safety. This initiative will include the delivery of waiver recommendations and amendments; provider engagement and education; outreach to divisions within DHS and the PASSEs; vendor engagement and coordination; and finally the technology pilot itself which will include the development of outcome indicators and surveys for clients, a bi-monthly speaker series, technology acquisition and implementation, consulting for providers on implementation, a technology resource database, and an outcome report tool.

Importance: Assistive technology can play a pivotal role in fostering independence for individuals who face physical or cognitive challenges by leveraging technological solutions in order to gain increased autonomy in daily life. Technology, digital health, and other modifications, in some cases, can enable beneficiaries to complete activities of daily living without having onsite direct care, and can mean the difference in staying at home and moving into an institution. This not only enhances the quality of life for those receiving services but also reduces reliance on caregivers, promoting a sense of self-sufficiency.

Milestones:

- Waiver recommendations completed for the State on the existing waivers in Arkansas’ Medicaid program; then design waiver amendment proposals that include enabling technology and remote support that will be available
- Create enabling technology roadmaps
- Implementation of nationally recognized, virtual education platform to increase the skills and knowledge of professionals in provider agencies, PASSE, and at DHS.
- Contract with technology vendors, technology acquisition, and implementation
- Initiate a provider incentive program
- Develop a technology resource database
- Deliver and collect outcome surveys
- Develop an outcome report tool
- Finalize sustainability report with key findings, outcomes, cost efficiencies, recommended standards and best practices and future projects or initiatives.
- Draft waiver amendment incorporating enabling technology processes and/or services.

Timeline	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Draft waiver recommendations and proposed amendments					
Engagement and coordination with project stakeholders					
Education enrollment for all stakeholders					
National waiver research on enabling technology and remote support					
Stakeholder training					
Vendor outreach and engagement					
Recommendations report on waiver standards, processes and documentation					
Marketing to families and beneficiaries					
Pilot initiation, speaker series launched, vendor resource database established					
Provider preparation for accreditation					
Begin pre-utilization outcome survey process					
Full pilot phase					
Public comment for proposed waiver amendments					
Provider accreditation applications completed					
Data collection and preparation for sustainability report					
Data collection and completion of sustainability report					
Waiver amendment approval					
Continued pilot implementations					

HCBS Workforce Improvement Provider Incentive Program

Strategic Initiative: DHS designed a workforce stabilization program that distributed \$115M to HCBS providers for paying bonuses to direct service professionals (DSPs). Providers used this funding to provide hiring bonuses, longevity bonuses, or bonuses for providing care to people with complex needs.

Importance: This funding allowed Medicaid HCBS providers to improve capacity both during and after the public health emergency (PHE). The aim was to provide incentives to direct service professionals working with beneficiaries and promote recruitment and retention of staff to serve those receiving HCBS across the state.

Milestones:

- Distribution of \$115M to HCBS providers
- Provider reporting

Timeline	2021	2022	2023	2024	2025
Design workforce stabilization program					
Distribute funding to providers					
Providers distribute bonuses to DSPs					
Providers report and verify distributions					
Conduct provider technical assistance and support provider report submission					

Future Workforce Development

HCBS Provider Training

Strategic Initiative: In partnership with Arkansas State University, the State will develop a menu of educational trainings according to specialty that are on-demand, high-impact, and high-value trainings related to HCBS service delivery. Trainings will be available to any eligible Medicaid HCBS provider, organization, and/or public and private schools. There will be a suite of prevention and treatment trainings offered through variety of platforms (web-based, in-person, live, recorded, etc.).

Importance: DHS understands the essential role that education plays in laying the foundation for a strong, sustainable Medicaid system. In recognition of the challenges and gaps facing community-based providers and organizations dedicated to working with and on behalf of specialty populations, DHS believes that provider education and training will strengthen the HCBS system and delivery of services. Dedicated HCBS provider education increases provider capacity by offering targeted tools and ways to understand present and future problems in order to help resolve/improve them.

Milestones:

- Develop list of training vendors, according to specialty
- Deliver core trainings as requested, including:
 - Behavior Threat Assessment & Management training (BTAM)
 - Trauma-informed care
 - Victim advocacy training
 - Positive Behavior Support Plans
 - De-escalation Strategies
 - Person-centeredness training
 - Social Determinants of Health (SDOH)
 - Evidence-based falls prevention
- Track trainings, including satisfaction and impact measures.

Timeline	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
Develop vendor training network & create process for future training requests					
Build out trainings and conduct outreach campaign					
Deliver trainings and track outcomes					

Business Acuity Training & Implementation Support for HCBS Providers

Strategic Initiative: The Business Acuity grant program, developed and administered by Arkansas State University, represents a strategic endeavor to enhance the capability and financial health of Medicaid Home and Community-Based Services (HCBS) providers. Its main goal is to guide these providers in revamping their business approaches to be in sync with Medicaid's strategic intentions and financial structure, ensuring they meet client needs effectively within the new regulatory landscape. This initiative is crucial for expanding the capacity of providers, addressing the burgeoning demand for HCBS, and bolstering access to these essential services for Medicaid recipients. With a spotlight on forensic accounting, the program also aims to bolster financial integrity, advocating for a transparent and accountable network of providers.

Importance: DHS understands the vital role of the Medicaid provider network and the challenges they face in managing and sustaining their businesses. Provider business leaders must navigate the complex landscape of healthcare regulations, reimbursement models, and evolving market dynamics, while understanding financial intricacies that will ensure the sustainability and growth of the business and enable effective resource allocation and strategic decision-making. Ultimately, a well-developed business acumen is instrumental in achieving both the financial viability and the overarching mission of providing high-quality care within the community. In recognition of challenges facing community providers dedicated to working with specialty populations, DHS will be offering business acumen training and implementation support to build up the sustainability of their organizations.

Milestones:

- Deploy pre- & post- assessments for participating providers to establish baseline data and measures of success after training
- Delivery of trainings:
 - Essentials for Effective Business Operations;
 - Change Management;
 - Contracting with Partner Organizations;
 - Forensic Accounting Basics (Revenue projecting, Budget planning, and cost activities);
 - Tracking Performance;
 - Performance-Based Modeling.
- Create selection process for HCBS providers to apply/qualify for the start-up funding
- Measure and report on service expansion from providers that received start-up funding

Timeline	Q1-Q2 2025	Q3-Q4 2025	Q1-Q2 2026	Q3-Q4 2026
Training across the spectrum on: “Medicaid 101: Truly Understanding Rates and Billing”				
Training across the spectrum on: “Business Acumen Budget Forecasting: the True Cost of Doing Business vs. Reimbursement Rates;” then, “Diversifying the Portfolio”				
Training across the spectrum on: “Staffing Your Teams to the Budget; Contract Negotiations & Subcontracts”				
Training across the spectrum on: “Continuous Quality Assurance and Forecasting”				

Application process for HCBS provider start-up funding				
Resulting service expansion reporting				

Prevention¹⁹

Arkansas’s overarching goals with these initiatives are to promote healthy living through screening, early detection, and intervention supports. These initiatives aim to enhance overall wellbeing, prevent the progression of illnesses, lessen the risks of crises, and ultimately lower healthcare costs associated with treating conditions. By emphasizing proactive measures, prevention activities contribute to healthier populations and a more sustainable healthcare system.

Prevention, Stabilization, and Support Project for Young Children (PSSP-YC) Pilot

Strategic Initiative: This pilot, developed and administered by the University of Arkansas, Partners for Inclusive Communities, will expand existing systems to bridge gaps and expand knowledge across response systems for children. The target population for these services will be children who are Medicaid-eligible, birth through 6th grade, with a demonstrated need. Priority will be given to children who are at risk of losing their placement at home or an educational setting due to behaviors. The goal is to proactively provide support for children and families through prevention services made available immediately when behaviors threaten a child’s placement at home or their educational setting. This is being implemented to ensure that the family has the training and resources needed to support the child; that stabilization services are provided when there are issues that surface; and that support services are provided to maintain a positive, nurturing environment that supports children to grow, learn, and thrive.

Importance: These services are not currently available in Arkansas to children. Moreover, the goal of the pilot is to add prevention, stabilization, and support services permanently into the Medicaid State Plan for long-term sustainability. This project recognizes that children must be supported in the context of their family, and that caregivers must be an integral part of services for them to be effective.

Milestones:

- Data management platform developed
- Staff trainings
- Execute provider contracts
- Developed and implemented support plans
- Develop comprehensive service menu, including service definitions and a rate structure
- Develop provider criteria, including mandatory credentials, experience and training
- Identify measurable outcomes for determining success of the services provided
- Develop pilot report, including outcomes, conclusions, and recommendations

Timeline	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Initiative stakeholder engagement					
Initiative development of data management platform					
Develop project brochure					
Staff trainings					

¹⁹ See the *2024 Behavioral Health Strategic Plan* from the Office of Substance Abuse and Mental Health for a comprehensive list of prevention initiatives in the continuum of care, outside of these ARP funded initiatives.

Develop referral, screening and support plans					
Execute participation agreements with providers					
Process referrals					
Provide on-site observations of children across all settings					
Conduct assessment of risk factors					
Develop response plans					
Provide trainings / build capacity in the community					
Monitor implementation of support plans					
Analyze and share data gathered during pilot					
Develop a comprehensive service menu, service definitions, and a rate structure					
Identify criteria for qualified providers					
Identify measurable outcomes for determining success of the services provided					
Develop report including outcomes, conclusions, and recommendations					

Comprehensive Screening and Assessment for Children (CSAC) Pilot

Strategic Initiative: This pilot, developed and administered by the University of Arkansas, Partners for Inclusive Communities, will increase the use of comprehensive children’s screenings, including fetal alcohol spectrum disorder (FASD) and other prenatal drug exposure conditions, for our children displaying mental health needs and intellectual or developmental diagnosis. The pilot will provide a network of trained professionals to assist with screening/diagnosis, education, and intervention for children and the families and professionals that are in their lives. The state will use the pilot to determine if additional programs for children with disorders not currently covered under one of the waivers are needed.

Importance: A more comprehensive early diagnosis screening/assessment for behavioral health and intellectual/ developmental disabilities in children is needed in the state. Early intervention screening/assessment reduces the severity of disability and the probable need for higher-cost interventions later, while providing necessary supports to encourage functional independence as the child matures into adulthood.

Milestones:

- Create and deploy comprehensive screenings and diagnostic program for children
- Create and deploy an interdisciplinary consultative model for caregivers
- Implement a referral process so that families, childcare centers, and schools can request screening, comprehensive assessments, natural environment observations, plan development and necessary staff training
- Program evaluation
- Develop a sustainable, multi-level training program for general service providers and educators as well as advanced diagnosticians
- Build a data system using metrics and report outcomes

Timeline	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Conduct stakeholder engagement					
Development data management program					
Development educational materials					
Provide initial project diagnostics/screenings					
Develop training for interdisciplinary teams					
Develop multi-level certification training to be offered to other providers, caregivers, teachers					
Train interdisciplinary teams					
Conduct community trainings					
Recruit diagnosticians and families					
Conduct functional assessments					
Implement multi-level certification training					
Expand and implement project diagnostics and screenings					
Conduct home and community-based consultative interventions					
Analyze data collected					
Develop final report and recommendations					

Families in Transitions Team (FiTT) Pilot

Strategic Initiative: This pilot, developed and administered by the University of Arkansas, Partners for Inclusive Communities, supports children experiencing a major life transition, such as at risk of entering or entering foster care, being adopted, moving to live with a different family member, or being discharged from a residential facility or juvenile detention facility. The pilot will also seek to prevent children from being committed to a Division of Youth Services (DYS) facility. It is designed to prevent situations that may lead to crisis in the home and community that result in seeking services in a hospital emergency department or interaction with law enforcement. This pilot will evaluate the effectiveness of use of phone/video conference delivery method of crisis de-escalation methods, interdisciplinary assessment, and a family-to-family support component that includes mentoring and scheduled respite.

Importance: The state adopts a trauma-informed mindset in its design of this pilot, supporting children in crisis to reduce the likelihood of exacerbated negative behavioral health outcomes, involvement with the justice system, and emergency department visits. This program fills in gaps in the continuum of care for children, working to prevent situations that may lead to crisis in the home and community.

Milestones:

- Create a steering committee
- Hire state-level team to develop/provide training and support to local teams
- Provide training for stakeholders including law enforcement, school resource officers, EMTs, school personnel, parents, caregivers, and family support partners

Timeline	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Stakeholder engagement					
Identify potential vendors					
Develop training					
Develop templates for referral, behavior plans, and family support plans					
Train providers					
Develop final analysis and report					

Family-Centered Treatment Pilot for Children (Intensive In-home)

Strategic Initiative: The pilot, administered by the Family Centered Treatment Foundation, provides a new team-based suite of services called “intensive in-home for children” to address serious and chronic emotional or behavioral issues for youth who are unable to remain stable in the community without intensive interventions. This evidence-based program intends to serve between 600-1,200 children during the pilot. These interventions will include a team of trained paraprofessionals partnering with the family to manage behavioral health challenges being experienced by a youth. The family can access the team in crisis situations and work in partnership with families to prevent future crises.

Importance: Research shows when a family-centered approach is deployed to addressing issues rather than focusing on the child alone, programs will see better outcomes for those children and their families. This is especially important for children who have experienced trauma. Stable families reduce the likelihood of exacerbated negative behavioral health outcomes, involvement with the justice system, etc. This program fills in gaps in the continuum of care for families, working to prevent situations that may lead to crisis in the home and community, prevent youth from needing to be treated in institutional settings and assist in transitioning youth from institutional settings back into their homes.

Milestones:

- Provide evidence-based interventions based on a plan of care developed with the family
- Deliver counseling, skills training, interventions, or resource coordination
- Look at long term sustainability by adding it as a Medicaid payable service

Timeline	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Purchase of the evidence-based model and training					
Select providers and certify					
Launch with families					
Evaluate					
Report findings					

Treatment

Arkansas’s overarching goal with these initiatives is to assist individuals in overcoming acute health crises. These initiatives focus on providing immediate care, crisis intervention, and de-escalation to support individuals during challenging periods of illness or trauma. The aim is to facilitate the recovery process, helping individuals regain functionality and resume wellness.

Community Mental Health Center (CMHC) Review

Strategic Initiative: To ensure the State is maximizing federal and state funding, to identify and address service gaps in the community mental health system in Arkansas, DHS has embarked on a comprehensive review of how it approaches, contracts, and funds CMHCs, the overall needs the state has, and identifying both short-term and long-term changes to better meet the needs of the state and communities.

Importance: Medicaid changes through the years have shifted the population of uninsured and underinsured individuals traditionally served by CMHCs, and CMHC Medicaid business went through changes as new Medicaid providers entered the system. Yet the State’s approach to the CMHCs’ role in the public health mental system did not change significantly.

Milestones:

- Contractor to work with all CMHCs to better understand and identify any issues or concerns they have about the current structure of the CMHC contract and the services they are expected to provide.
- The State will make short-term contract changes to address immediate issues and identify long-term state and community needs.
- Update procurement of CMHCs based on long-term state and community needs.

Timeline	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Work with CMHCs to identify issues & concerns					
Make short-term contract changes					
Identify long-term state and community needs					
Procure CMHC services					

Statewide Crisis Response and Hub

Strategic Initiative: This initiative will provide all Arkansas’ children, youth, and adults experiencing symptoms of a behavioral health crisis access to community-based crisis response services provided by a coordinated network of first responders, social services professionals, and clinical staff. DHS proposes one-time funding for the purpose of developing a centralized system to connect Arkansas youth and adults to behavioral health intervention and treatment; build capacity of a behavioral health crisis and identify sustainable funding for ongoing crisis services.

Importance: Arkansas currently has no coordinated statewide hub for responding to behavioral health crises.

Milestones:

- In 2024, DHS will issue a competitive request for proposals for a single statewide crisis hub vendor.
- Develop a centralized crisis hub system to connect people to behavioral health interventions and treatment.
 - 24-hour contractor that will connect with clinicians with tablets
 - Tablets for first responders
 - Goal is to stabilize people and prevent self-harm and institutional placement
 - Conduct an assessment of existing needs at local level (training/technology)
 - Build capacity to assess, triage, and stabilize children, youth, and adults experiencing symptoms of a behavioral health crisis.
 - Develop a state-level, centralized hub to facilitate collaboration and cooperation across stakeholders, focusing on law enforcement, emergency medical technicians, healthcare payers, providers, and non-profit partners
 - Training for de-escalation, telehealth, evaluation
 - 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
 - Bed registry coordination with TraumaComm/participating crisis stabilization units (CSUs)
 - PASSE information, Medicaid eligibility, private insurance, jail information, patient follow-up
 - Metrics to evaluate cost-savings/efficacy/outcomes
 - Develop closed-loop notifications to communicate outcomes of referrals, hand-offs, track service referrals and follow-ups.
 - Create crisis response teams to respond to behavioral health crisis.
- Telehealth consults
- Mobile response paraprofessional
 - 80—100 paraprofessionals - social workers
- Identify sustainable funding for crisis services.

Timeline	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026
Re-design and build crisis stabilization units					
Identify and contract with vendor as central hub of crisis system					
The vendor will appoint crisis coordinators provider to support the state's BH Central hub model					
The vendor will develop capabilities to share data across BH system entities to improve continuity of care					
The vendor will build BH crisis service capacity to serve all populations					
The vendor will research, develop and deploy community providers working in partnership with the BH central crisis hub provider					

The vendor will deploy behavioral health crisis capacity management system					
The vendor will develop clear roles and responsibilities for all entities, including law enforcement, in crisis system structure					
Expand current peer support program for MH and SUD					
Develop behavioral health de-escalation trainings to behavioral health providers including BH Crisis responders					
Expand use and access to Intensive In-Home Service and Assertive Community Treatment (ACT) programs to decrease need for more restrictive levels of BH care					

Stabilization/Recovery

Arkansas’s overarching goals with these initiatives are to provide person-centered care in the least-restrictive settings. This approach aims to increase independence and, when possible, facilitate recovery or stability. This stage of the care continuum also aims to provide stability for those individuals with disabling conditions, long-term health challenges, as well as those exiting an institution or carceral setting.

Community Reintegration-QRTP Assessment & Program Recommendations

Strategic Initiative: This initiative, administered by Arkansas State University, will assess and make recommendations for resolving barriers to the expansion of HCBS Residential Community Reintegration (CR) and determine how it fits with the current QRTP model for children in foster care. CR programs provide intensive therapeutic care in a community-based residential setting, offering an intermediate level of care for Medicaid-covered youth who are leaving an inpatient acute/psychiatric facility for the family home environment. From there, individuals in foster care may step down into a Qualified Residential Treatment Provider (QRTP). This initiative will research potential causes for why more providers have not taken up the CR model, for children in foster care and for those who are not, when there is a tremendous need, then use those findings to provide recommendations on how to increase CR as a Medicaid service and facilitate the subsequent transfer of clients to the appropriate and available setting.

Importance: Currently, there is only one CR program for youth in Arkansas, leading to prolonged stays in acute/sub-acute psychiatric facilities that provide higher intensity treatment than is necessary, particularly for foster children who are unable to transition back into a foster home directly from institutional settings. Arkansas already has an CR Program in its PASSE program, but it has not been successful in expanding; research is needed to understand barriers to utilization and how to make CR programs more distinct from the Child Welfare-based QRTP.

Milestones:

- Conduct stakeholder engagement with providers, administrators, and consumers
- Conduct financial data analysis
- Produce a comprehensive Gap Analysis Report identifying the disparities between current practices and the optimal model for Community Reintegration and QRTPs.
- Produce a Strategic Framework outlining actionable recommendations for expanding and enhancing CR programs, informed by stakeholder feedback and observational data.
- Produce a set of Best Practice Guidelines for implementing and managing CR programs, including quality and safety standards, educational services provision, and stakeholder engagement strategies.

Timeline	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Conduct stakeholder engagement with providers, administrators, and consumers					
Conduct financial data analysis					
Conduct gap analysis and identify barriers to CR/QRTP program’s integration and effectiveness					

Identify best practices/strategies for improvement, payment alignment, and expansion of the CR model

Therapeutic Communities for Adults with IDD²⁰

Strategic Initiative: Enable Medicaid providers to create therapeutic communities (16-bed units) that provide step-down support from high-cost, in-patient psychiatric care for those adults with co-occurring intellectual and/or developmental disabilities plus co-occurring mental health or SUD support needs.

Importance: Adults with IDD and behavioral health diagnoses often receive care in high-cost settings, mainly Arkansas State Hospital (ASH) or a Human Development Center (HDC). DHS currently has zero (0) therapeutic community beds in the entire state for people with IDD with co-occurring behavioral health needs. In contrast, there are 15 facilities for people with BH diagnoses. It is estimated there are at least 200 beneficiaries with IDD and co-occurring behavioral health diagnoses.

Milestones:

- DHS completes competitive sub-grant process to select providers to carry out initiative.
Anticipated timelines:
 - Grant applications open online May 3, 2024
 - Grant applications close online June 3, 2024
 - Grant Decisions Committee reviews through June 30, 2024
 - Awards announced July 1, 2024
 - Tentative start date September 1, 2024

Youth Substance Abuse Residential Treatment Facilities²¹

Strategic Initiative: Enable Medicaid providers or providers who attest to enrolling as a Medicaid provider to convert or renovate existing hospital spaces into residential substance abuse treatment settings for youth.

Importance: While we have youth residential mental health treatment facilities, we do not have residential substance use disorder treatment placements. These facilities provide 30 to 60-day treatment programs for youth struggling with substance use disorders. AR currently only has outpatient therapy for children, meaning that judges often send youth with SUD to DYS.

Milestones:

- DHS completes competitive sub-grant process to select providers to carry out initiative.
Anticipated timelines:
 - Grant applications open online May 3, 2024
 - Grant applications close online June 3, 2024
 - Grant Decisions Committee reviews through June 30, 2024
 - Awards announced July 1, 2024
 - Tentative start date September 1, 2024

²⁰ See comprehensive continuum of care for those with co-occurring IDD and BH diagnoses in *DDS's 2024 Strategic Plan*.

²¹ See comprehensive continuum of care for substance use disorders in *OSAMH's 2024 Behavioral Health Strategic Plan*.

Adult Substance Abuse Residential Treatment Facilities²²

Strategic Initiative: Enable Medicaid providers or providers who attest to enroll as a Medicaid provider to construct new facilities, or improve existing facilities (asbestos removal, facility upgrades, etc.), into residential substance use disorder treatment for adults.

Importance: These facilities provide 30 to 60-day treatment programs for adults struggling with SUD. There are current residential SUD facilities for adults, they are primarily located in Central and Western Arkansas.

Milestones:

- DHS completes competitive sub-grant process to select providers to carry out initiative.
Anticipated timelines:
 - Grant applications open online May 3, 2024
 - Grant applications close online June 3, 2024
 - Grant Decisions Committee reviews through June 30, 2024
 - Awards announced July 1, 2024
 - Tentative start date September 1, 2024

Young Adult Supported Housing (Therapeutic Communities Level 3)

Strategic Initiative: Enable Medicaid providers or providers who attest to enrolling as a Medicaid provider to purchase, renovate, or build housing units for supported living for young adults in transition.

Importance: Youth struggling with behavioral health that age out of group homes, foster care, or DYS generally struggle transitioning into adulthood. They may lack family support and have challenges with employment. These additional homes/apartments would provide transitional living and life skills for youth aging out of DYS and DCFS.

Milestones:

- DHS completes competitive sub-grant process to select providers to carry out initiative.
Anticipated timelines:
 - Grant applications open online May 3, 2024
 - Grant applications close online June 3, 2024
 - Grant Decisions Committee reviews through June 30, 2024
 - Awards announced July 1, 2024
 - Tentative start date September 1, 2024

Adult Supported Housing (Therapeutic Communities Level 3)

Strategic Initiative: Enable Medicaid providers or providers who attest to enrolling as a Medicaid provider to purchase, renovate, or build homes or apartment complexes for supported living for adults in transition. The goal of this initiative is to stabilize these beneficiaries in these supported living settings and assist them in securing employment.

Importance: Adults struggling with behavioral health or SUD who transition from structured treatment or secure therapeutic communities often need additional supports and supervision for employment, medication management, etc.

²² See comprehensive continuum of care for substance use disorders in *OSAMH's 2024 Behavioral Health Strategic Plan*.

Milestones:

- DHS completes competitive sub-grant process to select providers to carry out initiative. Anticipated timelines:
 - Upcoming grants posted starting May 1, 2024
 - Grant applications open online June 1, 2024
 - Grant applications close online July 1, 2024
 - Grant Decisions Committee reviews through July 31, 2024
 - Awards announced August 31, 2024
 - Contract procurement begins September 2024

HCBS Long Term Services and Supports

Hospital to Home Pilot

Strategic Initiative: The Hospital to Home pilot seeks to reduce unnecessary use of hospitals and emergency rooms for individuals of various specialty populations (aging, disabilities, DD, BH). These individuals may already receive some Medicaid services (e.g., State Plan personal care services) but could benefit from a wider menu of services to improve their overall quality of life and reduce usage of high-cost healthcare services. The goal is to give beneficiaries the option to remain in their homes and communities with immediate HCBS in place while the beneficiary applies for a long-term waiver program. Hospital to Home will identify an array of services that aim to keep individuals supported in their homes and may include habilitative services, home delivered meals, enabling technology, environmental modifications, case management, or other HCBS services.

Importance: Hospital to Home will redirect individuals to services they need at the appropriate level of care, rather than overutilizing acute hospital care or emergency departments. It will reduce the overall total cost of care to Medicaid and maintain or improve the individual's overall health. It will allow individuals the opportunity to remain in their communities.

Milestones:

- Draft pilot program and identify service array
- Recruitment and training of Medicaid providers

Timeline	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Develop program design and identify target populations					
Develop program training materials					
Recruit and train Medicaid providers					
Implement outreach plan to engage stakeholders and generate referrals					
Assess need for waiver					
Write and implement pilot program					

Arkansas State Hospital (ASH) Transition Pilot

Strategic Initiative: This pilot is designed to support the transfer of eligible individuals in Arkansas State Hospital (ASH) back to community-based settings, supporting Arkansas’s overarching goal to achieve appropriate placement options for beneficiaries with complex needs and a streamlined transition process. This initiative will be sustained through engagement with partners in law

enforcement, judges, and community organizations that support forensic behavioral health and the implementation of the ARCH demonstration waiver.

Importance: ASH is currently operating at full capacity as both the state hospital for patients needing complex inpatient care as well as the institution holding justice-involved individuals not fit to stand trial—this dual role has created a bottleneck for intake of new patients in crisis and effectively disrupted the continuum of care. Arkansas has a commitment to serve people in the least restrictive settings and so this pilot works to reduce length of stay for those eligible ASH patients, while opening up beds for those in need. Fiscally, this pilot works to reduce the cost of long-term inpatient stays, as the hospital is funded through state general revenue dollars only (Federal law prohibits the use of Medicaid funding for these patients). By transitioning eligible individuals back into their own homes and communities with strong behavioral health supports, Medicaid can take over the costs of those supports and services.

Milestones:

- Develop training materials to inform stakeholders on Act 911 protocols.
- Develop policies and procedures to support successful discharges
- Fully trained transition coordinators
- Develop Key Performance Indicators for leadership to track

Timeline	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Finalize pilot design					
Implement policy and procedure recommendations					
Align pilot findings/recommendations with 1115 Reentry/IMD Waiver					

Money Follows the Person Expansion

Strategic Initiative: This initiative aims to enhance and expand access to the Arkansas Money Follows the Person (MFP) program, which is designed to support Medicaid long-term care beneficiaries who are moving out of institutionalized settings and returning to live in their home or community. MFP seeks to expand access to housing resources; increase referrals and resources through the development of an awareness campaign.

Importance: MFP supports the principles of person-centered care in the least-restrictive setting, receiving necessary services that align with their preferences and goals. By doing so, MFP not only promotes individual autonomy and a higher quality of life, but also generates positive outcomes for communities.

Milestones:

- Expand housing resources for MFP beneficiaries (including strategic partnerships and housing subsidies in the community)
- Conduct outreach

Timeline	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Develop housing resources					
Draft MFP transition services recommendations					
Implement enhanced referrals					
Develop awareness campaign materials					

Establish advisory committee					
Develop a statewide plan					

Day Program for Adults with Intellectual and/or Developmental Disabilities

Strategic Initiative: This pilot, developed and administered by Arkansas State University, will serve Medicaid-eligible young adults between the ages of 18-26 with Intellectual and Developmental Disabilities (IDD) transitioning from high school and looking for supports to help in their daily living, specifically vocational goals and connection to community. Rather than a traditional day rehabilitation program, this pilot will utilize already existing Inclusive Post Secondary Educations (IPSE) programs as a gateway to community, socialization, independent living skills, financial knowledge, self-advocacy skills, and preparation for gainful employment. Currently there are five (5) universities who offer Inclusive Post Secondary Educations programs (IPSE) on their campuses. The programs all include academic coursework— students register for classes either as for-credit or auditing students, complete assignments, receive mentoring from peers and program staff, and earn grades. They live on campus with their university student peers. They also have internships with on-campus offices and programs, explore areas of interest outside the classroom and build a social network. The pilot will explore expanding these services with the overall objective of having the program added as an HCBS service after the pilot’s ending.

Importance: It is important to support self-determination for people with IDD in their communities. This pilot will promote independence, integrated employment opportunities, and community inclusion.

Milestones:

- Design enhanced IPSE program model, adding case management, independent living coach, internship coordinator
- Enroll Medicaid-eligible students with IDD for the pilot
- Identify employer partners
- Implement and measure impact; Report findings
- Document requirements to become Medicaid-reimbursable service under CES waiver

Timeline	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Design enhanced IPSE program model, adding case management, independent living coach, internship coordinator					
Enroll Medicaid-eligible students with IDD for the pilot					
Partner with other agencies for competitive integrated employment/volunteer programs and opportunities					
Measure impact - person-centered practices and satisfaction measures; report findings					
Document requirements to become Medicaid-reimbursable service under CES waiver					

Day Program for Individuals with Serious Mental Illness

Strategic Initiative: An array of HCBS services to address the needs of individuals with SMI currently exists, but all services are being delivered in a facility setting. This initiative will be a new inclusive daily rate service that improves integration into community settings through developing vocational and living skills, provides peer support intervention, and supports greater independence. An array of face-to-face rehabilitative day activities will provide a preplanned and structured program for identified beneficiaries, with the aim for long term recovery and maximization of self-sufficiency. These activities will assist beneficiaries and provide strategies for increasing their functional independence and minimizing environmental barriers.

Importance: It is important to support self-determination for people with SMI in their communities. This pilot will promote independence and positive community involvement outside of clinic-based facilities.

Milestones:

- With input from stakeholders including PASSEs, develop service definition, accompanying policy, data needs, and financial plan
- Begin provider education and staff training on new service definition and implementation/ planning guidelines
- Development of educational materials appropriate for stakeholders and beneficiaries about new service definition and different opportunities to be made available
- Provider implementation of new service and submission of data
- Evaluation of new service to determine effectiveness, satisfaction scales, and need for fewer high-cost services across beneficiaries receiving service

Timeline	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Develop service definition, policy, data needs, and financial plan					
Begin provider education and staff training					
Development of educational materials for stakeholders					
Provider implementation of new service and submission of data					
Evaluation of new service					
Additional data analysis					

CLOSING

The challenges ahead are great, especially the fragmentary delivery of healthcare to our specialty populations and the daunting workforce shortage. These two realities require Arkansas and all stakeholders involved in the care continuum—from promotion, prevention, treatment, and stabilization/recovery—to evolve towards a more comprehensive and coordinated public health care system that provides services at the right time and right place to meet individual needs.

The outlined necessary changes among services, programs, and partnerships will require clear and constant communication to achieve the goal of completing the continuum of care. However, an improved care continuum benefits all Arkansans by supporting their health and well-being through a robust array of supports that enable independence, community living, and stabilization/recovery.