



# **Arkansas Department of Health and Human Services**

## **DIVISION OF MEDICAL SERVICES**

**Division of Aging and Adult Services**

**Division of Behavioral Health Services**

**Division of Developmental Disabilities Services**

**Application for  
Money Follows the Person Rebalancing Demonstration**

**CFDA 93-779**

**November 1, 2006**

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## Arkansas Abstract

The Arkansas Money Follows the Person application will transition 305 individuals who have resided in institutions six months or longer into qualified home and community-based programs. The following populations residing in nursing homes and ICF-MRs will be served: Individuals with developmental disabilities/mental retardation; individuals with mental illness; individuals 19 to 64 with physical disabilities; and individuals age 65+.

The application is submitted by the state Medicaid agency, the Division of Medical Services in partnership with the Divisions of Aging and Adult Services, Behavioral Health and Developmental Disabilities. All Divisions are part of the Arkansas Department of Health and Human Services and serve under the same Department Deputy Director

Arkansas previously obtained four years of nursing home Minimum Data Set (MDS) data which it used to help identify the number of individuals that might transition to the community, what services they might need and where potential candidates reside. Consumers, AARP, Area Agencies on Aging, Independent Living Centers and the Governors Integrated Services Taskforce and others were active in the development of the application and are committed to serving individuals in the community.

The largest number of individuals that transition to the community will do so through ARHome a new 1915(a)(c) waiver that gives consumers in nursing homes the opportunity to return to the community by directing their own care, receiving care from agencies or a combination of the two. ARHome is built on the State's 1115 Demonstration waiver, IndependentChoices which was an original US HHS and Robert Wood Johnson Foundation Cash and Counseling program state.

Consumers may also transition to the community through one of three existing waivers that serve individuals with developmental disabilities, the aged and adults with physical disabilities.

Recognizing that individuals who have resided in institutions for longer than six months may require more services than current waivers and state plan options allow, the state will offer the following HCB Demonstration services for one year to each person transitioning: Telemedicine; a 24 Hour Helpline, Intensive Transition Assistance and Attendants to accompany them when using the states medical transportation system.

Based on stakeholder input during the MFP grant development, the State will develop a Traumatic Brain Injury (TBI) waiver to help transition individuals with TBI.

A total of \$21,463,461 is requested: \$19,987,485 for Qualified HCB Services, \$2,311,092 for HCB Demonstration Services and \$1,475,976 for administrative costs.

## **Project Profile**

Please refer to Attachment Two in the Appendices for the project profile



**Arkansas Department  
of Health and Human Services  
Division of Medical Services**



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October 27, 2006

Judith Norris  
Centers for Medicare & Medicaid  
Office of Acquisition and Grants Management  
Mail Stop C2-21-15  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850

Dear Ms. Norris:

As the Director of the Division of Medical Services and the State Medicaid Director for Arkansas, I am pleased to submit the **Arkansas Money Follows the Person Rebalancing Demonstration** grant application. Arkansas is requesting \$21,463,461 in funding.

Our Division in partnership with the Division of Aging and Adult Service will serve as the lead organization for the grant. Other key partners in our Department that will be involved include the Divisions of Developmental Disabilities and Behavioral Health.

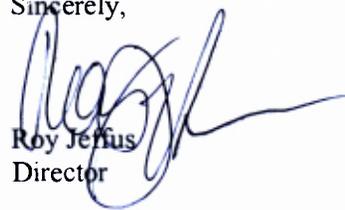
The principle contact for the grant will be:

Herb Sanderson  
Director, AR Division of Aging and Adult Services  
P.O. Box 1437-S530  
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[Herb.sanderson@arkansas.gov](mailto:Herb.sanderson@arkansas.gov)

In addition to the Division of Medical Services and the Division of Aging and Adult Services, the Division of Developmental Disabilities and the Division of Behavioral Health are major partners collaborating in the project.

We look forward to working with CMS to implement a successful demonstration.

Sincerely,



Roy Jefferson  
Director

## **Part 1 Systems Assessment and Gap Analysis**

For more than two decades the State of Arkansas has been making major changes in its long-term-care (LTC) system. Today, older Arkansans and people with disabilities have more choices of how and where they receive needed long-term care than in the past, yet many gaps in services exist. The *Money Follows the Person (MFP) Rebalancing Demonstration* offers Arkansas the opportunity to provide even more choices in a range of quality options.

Consumers and stakeholders have greatly impacted the design of long-term-care services and supports in Arkansas. The Arkansas Department of Health and Human Services has worked closely with the Governor's Integrated Services Task Force (GIST) since its inception in 2001. Established by the Governor to develop a comprehensive Olmstead Plan, the group developed 115 recommendations and chose top priorities for the state in 2003. Upon completing its initial task, GIST remains involved as a body that recommends and informs DHHS on long term care supports and services. GIST met on September 25, 2006, to discuss the Request for Proposals for the MFP Demonstration. The members were informed of the DHHS plan to publish MFP information on the website in order to solicit recommendations for development. GIST members agreed to meet in subcommittees (Adults with Disabilities, Developmental Disabilities, and Behavioral Health) to review the suggestions that were submitted and make recommendations for the list of needs to enhance services and rebalance the State's system.

Arkansas invited stakeholders to a meeting on September 27, 2006, at Alltel Arena in Little Rock, Arkansas, to discuss the proposal for *Money Follows the Person*. John Selig, Director, Department of Health and Human Services (DHHS), discussed efforts of the state to rebalance

the long-term-care (LTC) system and offer individuals choice in how and where they receive LTC services. Divisional Directors for Medical Services (State Medicaid Director), Aging and Adult Services (DAAS), Behavioral Health Services (DBHS) and Developmental Disabilities (DDS) presented current systems of care and potential areas where gaps may exist. A question and answer period followed the presentations, and attendees were encouraged to submit their ideas and suggestions for review by the GIST subcommittees. Feedback from stakeholders was incorporated into this proposal and, in fact, influenced many of the changes and additions to services.

The Arkansas Department of Health and Human Services (DHHS) has the primary responsibility for the LTC system. The DHHS beliefs-based management mission statement is: *Together we improve the quality of life of all Arkansans by protecting the vulnerable, fostering independence and promoting better health.* DHHS beliefs of compassion, courage, respect, integrity, and trust support its operational values of customer-focused accessible services, responsiveness, quality improvement, timeliness, and accuracy.

*Current Long-Term Care Support Systems Including Major Legislative Initiatives That Have Affected the System:*

Arkansas fully embraces the goals of rebalancing our long-term-care support system so that individuals have a choice of where they live and receive services; of transitioning individuals who want to live in the community, from institutions; and of promoting a strategic approach to implementing a person-centered, appropriate, and needs-based, quality-of-care and quality-of-life services. Using a quality management (QM) strategy to ensure the provision of and

improvement of services in home and community-based settings and institutions is a critical structural element in all aspects of the Arkansas system.

Arkansas has implemented a number of Medicaid State Plan Services and HCBS Waivers over the years which are discussed later. The State has consistently supported efforts to improve care to citizens. During an economic downturn, rather than cut Medicaid services, the State imposed a tax on soft drinks. National companies led an effort to repeal the tax by placing it on the ballot. However, the voters overwhelmingly voted to maintain the tax to support Medicaid. This prevented cuts to HCBS and other services. When the Legislature could not reach consensus on how to spend funds from the national tobacco settlement, the Governor and Senate put forward a plan to the voters that earmarked all settlement funds for health care, including Medicaid expansion. The voters approved the plan, which remains in effect and supports such programs as ARSeniors, which expands Medicaid coverage above the Supplemental Security Income (SSI) level most states use.

The Arkansas Legislature has also increased taxes on tobacco products to support Medicaid and HCBS. The Legislature mandated that DHHS create an affordable assisted living program and more recently combined the Departments of Human Services and Health into Arkansas Department of Health and Human Services.

#### *Assessment of the Various Systems in Place and Working to Rebalance State Resources*

Arkansas has used a systematic approach to giving individuals a choice of how and where they receive long-term care. Over 30 years ago Arkansas added Personal Care as an optional service

to the Medicaid State Plan. The program provides individuals of all ages help with basic tasks like bathing and dressing. Over 20 years ago, the State's first 1915(c) Medicaid waiver was implemented to serve individuals with developmental disabilities. Operated by the Division of Developmental Disabilities (DDS), the comprehensive Alternative Community Services (ACS) Home and Community Based Waiver is for individuals who have developmental disabilities and meet ICF/MR eligibility requirements. It currently has 3598 slots which are filled. Services are delivered through a traditional, not-for-profit provider network and in addition people may choose to self-direct care services. When DHHS added ElderChoices, a 1915(c) Medicaid waiver for the elderly in 1992, Medicaid nursing home utilization began to drop. In fact, between 1996 and 2001 Arkansas ranked 7<sup>th</sup> in the country in the decline of nursing home residents (*Across the States: Profiles of Long-Term Care*, AARP Public Policy Institute, 2002).

Later, Arkansas added three additional waivers, Alternatives, Independent Choices, and Living Choices, or Assisted Living, further rebalancing our system by giving consumers additional options.

The *Alternatives* program is a 1915 (c) consumer directed service for adults with physical disabilities age 21 and older. While living independently or with family, in addition to help with daily activities, individuals may receive home and other environmental modifications.

*Independent Choices*, an 1115(c) Demonstration "Cash and Counseling" waiver provides a cash allowance the consumer can use to hire caregivers to help with daily personal care. Persons eligible are 18 years of age or older who have a medical need for personal care and who have an

interest in and ability to direct care independently or with assistance of family or friends. The consumer hires, fires and supervises their workers who are paid through a fiscal intermediary.

*Living Choices (Assisted Living)* is a 1915(c) waiver that enables adults 21 and older to live in an apartment-style house with 24-hour supervision, support services and personal health care. Arkansas adopted a “high privacy, high service” model of assisted living, creating a true alternative to nursing home care. Some states do not allow nursing-home-eligible residents to be served in assisted living, medication administration or nursing care in assisted living. Arkansas does allow these services, and state law requires private rooms with baths and kitchenettes in all newly constructed facilities.

These HCBS services have reduced nursing home utilization. Medicaid nursing home utilization peaked in 1992 at 16,027 (June 30<sup>th</sup> midnight census). Since ElderChoices and other waivers have been added, more than 7,000 individuals are now served in the community and there are 3,642 fewer Medicaid recipients in nursing homes, a 22% decrease.

*Current Funding Mechanism:*

The AR DHHS has three appropriations for Medicaid. Expenditures in SFY 05 for the three were: Nursing Homes \$620 million; Prescription Drugs \$410 million and Hospital/Medical \$1.9 billion.

Hospital/Medical includes all Medicaid services except Nursing Homes and Prescription Drugs. All Medicaid waivers and state plan HCBS services are in the Hospital/Medical appropriation.

Since it is the largest Medicaid appropriation and the Department has the ability to transfer funds within Hospital/Medical as needed, the Department has budget flexibility. If there is a need to move money from one appropriation to another, ie Nursing Home to Hospital/Medical there is a mechanism to do that. The Department can make transfers between appropriations upon approval of a committee of the Legislature 4 times a year.

Description of Various Systems of Care, Waivers, and SOAs Utilized to Provide HCBS

These descriptions were covered in the section titled *Assessment of the Various Systems in Place and Working to Rebalance State Resources*

Current Expenditures on Long –Term and Community-Based Care

The following chart details data for consumers receiving HCBS services through the Medicaid State Plan or Waiver in SFY 2005.

<b>Service#</b>	<b>Transportation Trips</b>	<b>Consumers Served<sup>①</sup></b>	<b>Total Expenditures</b>
<b>Transportation</b> Non-emergency-medical one way trips	525,327		\$ 15,277,037
<b>Independent Choices</b>		1,564	\$ 6,003,087
<b>Case Management<sup>②</sup></b>		9,467	\$ 2,175,281
<b>ElderChoices</b>		7,327	\$ 35,629,997
<b>Personal Care</b>		15,503	\$ 60,653,146
<b>Alternatives</b>		1,863	\$ 23,882,992
<b>Private Duty Nursing (non-EPSDT)</b>		20	\$ 926,428
<b>Home Health</b>		Not listed	\$ 13,382,852
<b>Developmental Disabilities ACS Waiver</b>		3,367	\$81,691,931
<b>Total Expenditures</b>			\$239,622,751
<sup>①</sup> Duplicated Count <sup>②</sup> age 60+ Not shown are Mental Health, Therapy, Hospice, Prosthetics, DME, Prescription Drugs, EPSDT.			

### Institutional Beds versus Community Placements

In October 2006, there were 25,327 licensed nursing home beds in Arkansas with an occupancy rate of 72.6%. According to Center for Disease Control and Prevention's (CDC) *Health, United States 2005*, the national occupancy rate was 82.6% in 2003. On any given day, there are approximately 12,400 Medicaid consumers in a nursing home. During a year, over 20,000 Medicaid consumers will be served in a nursing home. Medicaid expenditures for nursing homes in State Fiscal Year 2005 totaled \$461,082,680.

In addition to the above figures, the State Division of Behavioral Health operates one nursing home, the Arkansas Health Care Center. This facility accepts consumers who traditional nursing homes in Arkansas will not accept, ie those with closed head injury, ventilator dependent, etc.

There are 1,687 ICF/MR beds in the State spread among six state operated ICF/MRs, 5 private pediatric ICF/MRs and 31 non-profit ten-bed ICF/MRs for adults. Medicaid expenditures for ICF/MRs totaled \$119,890,282.

### Current Efforts for Self-Directed Services

Major efforts to allow individuals to self-direct their services and supports have been implemented in recent years. *Independent Choices* is the Arkansas program that began under the national Cash and Counseling Demonstration Project (1998) sponsored jointly by the Robert Wood Johnson Foundation and the U.S. Department of Health and Human Services. New Jersey, Florida, and New York shared in the prestigious selection. National technical advice was provided by the University of Maryland, and Mathematica Research Institute, Inc., was

responsible for evaluation. Adults 18 years of age or older who have a medical need for personal care may receive a direct cash allowance rather than traditional agency-managed Personal Care. Participants may hire friends, relatives, and neighbors to assist them with their daily personal care services. Funds may also be used to purchase other services or items related to the general category of personal care. In SFY 2005, 1,564 individuals chose to direct their own care through the *Independent Choices* waiver.

*Alternatives* offers two consumer-directed services for adults with physical disabilities.

Attendant Care provides assistance for tasks of daily living (ADLs transferring/locomotion, eating or toileting) based on need and approved by the physician. Clients may receive up to 8 hours a day, 7 days a week of attendant care. The client recruits, hires, supervises, and approves payment of the attendant. Environmental Modifications allow changes to the environment that increase client independence or accessibility. Eligible adults are those age 21-64 who have a physical disability with needs for intermediate level nursing home placement.

#### *Institutional Diversion/Transitions Programs Currently in Operation*

Although not currently in operation, Arkansas operated a Nursing Home Transition program, called Passages, for more than two years beginning in 2001. One hundred twenty individuals were transitioned from nursing homes statewide. Valuable lessons were learned and were instrumental in the design of ARHome, the 1915(c) HCBS waiver that is described later in the design section of this proposal.

### Analysis of Gaps to Be Addressed in Demonstration Program

While the Waivers and State Plan services discussed above have increased options and choices to live in the community, gaps do exist:

- Individuals without a caregiver cannot take advantage of Respite Care, a service currently offered only through ElderChoices, a 1915(c) waiver. For those who do have a caregiver, it has proven to be a popular service. Therefore, the State has submitted an amendment to the ElderChoices 1915(c) waiver to replace it with Companion Services. This change will broaden opportunities to meet eligible individuals' needs in combination with Personal Care and Homemaker service.
- The 1915(c) waiver for individuals with developmental disabilities is the only 1915(c) waiver that has reached its cap. Stakeholders have identified adding additional slots as critical for this population.
- The supply of affordable assisted living is inadequate. Through the Coming Home Program, Arkansas has worked to develop affordable assisted living in partnership with the Arkansas Development Finance Authority and local non-profits by creating purpose-built facilities that low and moderate income individuals can afford. While these facilities are extremely popular with consumers, they generally have a waiting list for units. Additional units of affordable assisted living are needed.
- Arkansas does not have a viable reimbursement system for Adult Foster Care (AFC). Although it is currently a service in the ElderChoices waiver, there are no providers of care because of the reimbursement structure. The VA has an active Adult Foster Care program that is an attractive alternative to nursing home care. Currently a task force is working to update the certification requirements for AFC, which will be renamed Adult

Family Home. To make the program viable, the Medicaid reimbursement rates must be increased.

- Environmental modifications are needed by participants in the ElderChoices waiver in order to make their homes accessible. They are reimbursable under the Alternatives Medicaid waiver but not under ElderChoices. Older Arkansans need this option for modifications such as ramps, wheelchair lifts, etc.
- Arkansas does not have a “presumptive eligibility” process like other states for consumers to quickly access home and community based services. The process to obtain home and community based care may take 45 days or longer.
- Arkansas does not have a system in place that can use modern technology to monitor vital signs remotely (tele-health) or the ability of a physician to communicate with a person in their home (tele-medicine). Individuals receiving care in their home are becoming more frail and have more medically complex needs.
- There is no escort assistance for individuals with cognitive impairment, complex disabilities, or the very frail when utilizing transportation for medical care. Their safety is at risk if they are unattended while waiting for pickup and return transportation, periods that are frequently more than an hour.
- There is no waiver program for individuals with traumatic brain injury (TBI). Services such as occupational, physical, and speech therapies, enhanced case management and counseling that are necessary supports for them to live in the community are not available.
- Individuals with functional impairments who work must choose between waiver participation and earning a living. To remain eligible for the 1915c waivers, they must

severely limit their earnings and savings to remain waiver-eligible. If they want to work and earn enough to become self-sufficient, they become ineligible for the waivers.

- Currently there is no after-hours service to support an individual who has transitioned from a nursing home or their family member if there is a non-emergency medical situation. A helpline is needed to address minor concerns before they escalate to major issues.
- Individuals in nursing homes do not have readily available monies to cover the cost of transitioning such as security and rental deposits, household goods and furniture and other costs associated with setting up a household.

#### *Analysis of Collaboration Necessary to Ensure Success of Demonstration Program*

An active, empowered collaboration is in place in Arkansas to ensure the success of the MFP program. The DHHS divisions of Medical Services, Developmental Disabilities, Aging and Adult Services, and Behavioral Health have a long history of working together. Organizationally they all report to the same Deputy Director of DHHS and all serve on the DHHS Executive Staff.

The Governor's Integrated Services Taskforce (GIST), appointed in 2001 to develop and implement the Arkansas Olmstead Plan, has increased collaboration significantly. The top GIST priorities, some of which have been implemented while others are in various planning stages, are directly related to activities that would ensure the success of MFP. They are:

1. flexibility in the Nurse Practice Act;
2. restructuring mental health services;
3. integrating housing and services;

4. providing information on alternatives to institutionalization;
5. facilitating transitions from institutional settings to the community;
6. reducing waiver waiting lists for individuals with developmental disabilities;
7. reducing response time for obtaining HCBS services;
8. increasing consumer direction, and
9. advocating for mental health parity.

Shortly after the development of the GIST in 2001, Governor Huckabee directed Arkansas Rehabilitation Services to convene a supported housing task force to examine the need for affordable and accessible housing for those affected by the Olmstead Decision. The Governor's Task Force on Supported Housing (GTFSH) is comprised of individuals with disabilities, their family members, developers, contractors, service providers and human service agencies.

GTFSH developed several recommendations that were given to the Governor, including the following: 1) Standardize a reasonable Universal Design (UD) to motivate private development of affordable, accessible housing 2) Develop a bridge fund for Tenant Based Rental Assistance (TBRA) and 3) Develop affordable assisted living facilities for individuals with low-incomes.

The efforts of both groups were instrumental in the development of the Tenant Based Bridge Rental Assistance (TBRA). It was developed with HOME funds from Arkansas Development Finance Authority (ADFA) and is nearing the end of year two of the program. The fund provides rental assistance for up to two years for an individual wishing to divert or transition from an institution. Funds are contracted to community service providers who in turn assist individuals with completing the application and refer them to the local Public Housing Authority

(PHA) to make application for a Section Eight voucher. The development of this partnership with numerous stakeholders across different sectors such as housing, support and disability services will offer immediate assistance in securing housing to individuals wishing to transition.

In addition to the housing efforts mentioned above, the Division of Aging and Adult Services (DAAS) received a Systems Change Grant for Integrating Long Term Supports with Affordable Housing in 2004. Vital to developing the goals and objectives of the grant was the establishment of a Housing Work Group comprised of consumers, stakeholders, representatives from HUD, Arkansas Development Authority, advocates and home and community based waiver administrators with primary responsibility to advise on the activities of the grant and develop a 10 year plan to address housing needs. Arkansas contracted with NCB Capital Impact, (formerly NCB Development Corporation) to conduct a county by county Needs and Resource Analysis that will assist the Work Group in determining current and future demands for housing and services as well as identifying where unmet needs exist. Additionally, Universal Design (UD) standards for affordable, inclusive, housing have been developed by the School of Architecture at the University of Arkansas, Fayetteville. Focus groups of consumers, contractors, builders, and other stakeholders are providing feedback. An initiative to develop Adult Family Homes is underway to address housing and service needs for individuals in smaller rural areas that cannot support large residential models like assisted living.

Arkansas is participating with US HUD, CMS, NCB Capitol Impact, and the Little Rock Housing Authority and others in a national demonstration to convert part or all of an 11 story HUD 202 project to affordable assisted living.

### Quality Assurance Monitoring Systems and Plans to Correct Deficiencies

The Arkansas DHHS strategic plan, based on the department's beliefs-based management system, speaks to issues that address continuous quality improvement. Each strategy includes goals, action steps, accountability measures, completion dates, and resource needs. This document, the work of GIST, and the goals and objectives of waivers and grants in operation or in the application process, provide evidence of Arkansas' commitment to continuous quality improvement.

Since the early 1990's when Arkansas began to develop and implement Medicaid waivers and demonstrations to assist more people in more creative and community-based ways, the quality management system (QMS) has been evolving. Arkansas is in Year 1 of implementation of the *Real Choice Systems Change-Systems Transformation* grant. Grant Goal 2 is Comprehensive Quality Management Systems. During the grant period, significant QMS change will be implemented. All of the changes will support the success of the proposed MFP proposal. The Systems Transformation Grant coincides with the availability of information technology (IT) tools creating, a "perfect storm" for QM change. The strategy involves: development and implementation of an automated comprehensive QMS based on CMS HCBS Quality Framework and Procedural Guidance; development of an Advanced Planning Document for enhanced funding to use the MMIS as the automated solution; combine three current HCBS waivers operated by DAAS into one waiver to benefit participants and test applicability of the QMS to large and small programs; add staff to the DMS Waiver Quality Management Unit; develop capacity within the automated QMS to routinely disseminate reports to key entities and

stakeholders; add periodic evaluation of the QMS strategy to the evaluators' duties during the grant period, and determine the best method to continue periodic evaluation after the grant period.

*State Legislative and Other Necessary Changes to Implement the MFP Demonstration:*

Currently major system changes are planned or underway for the Arkansas LTC system. The five-year Systems Transformation Grant mentioned above, that began in 2006, will result in significant changes including development of a One-Stop system for access to LTC support services for seniors and individuals with disabilities. The One-Stop system will include universal web-based records for application, a screening assessment tool, a financial tool to predict eligibility, a process for service authorization, linkages to community entities that serve individuals at risk for nursing home admission, and a triage strategy for individuals referred to the One-Stop. Other web based tools include assessments, individual plans of care, transition from paper-based to web-based records, faster eligibility determination, client enrollment, and service monitoring.

Legislative actions include the request for the additional waiver slots for the Developmental Disabilities Waiver (ACS) and the authorization for appropriation to implement the MFP demonstration. Included in the appropriations will be positions to manage and carryout the initiatives of the demonstration. All of the above-mentioned actions should be approved within the first quarter of the pre-implementation phase of the demonstration.

## **Part Two: Demonstration Design**

Arkansas is committed to developing additional services and supports that will assure that Medicaid-eligible individuals can receive LTC services in the settings of their choice. The MFP Demonstration is part of a comprehensive, coordinated strategy for Arkansas, in collaboration with stakeholders, to change our LTC support system and assist in efforts to reduce reliance on institutional care.

### **Pre-Implementation Phase**

#### *Timelines*

The length of time expected to put in place the infrastructure needed to expand community – based long term care capacity is 12 months. Arkansas found the time allotted for development of the strategic plan in Systems Transformation Grant very useful to engage stakeholders and plan necessary operational changes.

The Arkansas General Assembly will convene in January, 2007. DDS is requesting an additional \$1,788,201 in general revenue matching funds to add 240 slots for the ACS MR/DD waiver.

All other Medicaid Waivers are fully funded under the Department's budget request for the next two years. The Department will seek authorization for positions and appropriation to implement this grant.

#### *Engaging stakeholders*

Arkansas will use a variety of approaches to engage stakeholders in the design, development and implementation of the demonstration. As indicated in Part I of the application, the GIST has

played an integral role in the planning and development of initiatives in the seven Systems Change grants that Arkansas has received and is committed to continuing that role in this demonstration.

Video teleconferencing will be used as needed to support stakeholder meetings in several areas of the state. Most of the county offices in the Division of Health (DOH) DHHS have the equipment to support the teleconferencing. Stakeholders in rural as well as urban areas will be offered the opportunity to actively participate in all meetings scheduled.

In addition, the Arkansas Administrative Procedures Act requires a comment period for all Medicaid state plan amendments and all changes to Medicaid waiver programs. Public meetings may be requested. After these steps all changes are reviewed by the Rules and Regulations Subcommittee of the AR Legislative Council and the full Council.

Arkansas plans to develop a TBI waiver, defined later in this section. The Division of Health has a TBI Partnership Implementation Grant funded by the Health Resources and Services Administrations' Maternal and Child Health Bureau. Grant activities include completing a needs assessment, conducting focus groups with TBI patients and families, establishing a TBI Advisory Board and improving communication and awareness of TBI issues and resources in the state. They are a natural partner for collaboration on developing the waiver and assessing the needs of individuals with TBI. We plan to conduct a focus group of individuals with TBI in the Arkansas Health Center, professional staff and the four Centers for Independent Living that have experience in servicing individuals with TBI in the community.

## *Submitting Operational Protocol*

### Populations Served

Arkansas plans to serve the elderly, adults with physical disabilities, individuals with developmental disabilities, individuals with mental illness in nursing homes and those with traumatic brain injury.

### Method to Identify and Recruit Participants

Arkansas previously operated a nursing home transition grant called Passages. Based on an analysis of who transitioned under that grant, the Department has identified similar individuals currently residing in nursing homes. This was achieved by comparing the Minimum Data Set (MDS) of the two populations. These individuals will be contacted to determine if they wish to transition to the community. The Department will also contact those who indicated they wished to leave the nursing home in responding to Section Q on the MDS. The Department will communicate with nursing home Family Councils, Arkansas Advocates for Nursing Home Residents, and nursing home Ombudsman about opportunities to return to the community under the MFP grant. Independent Living Centers, AARP and Area Agencies on Aging have been involved in the development of the grant and are strong advocates for care in the community. AARP received a commitment from both gubernatorial candidates to support the philosophy of money follows the person if elected.

### Service Delivery Plan

Arkansas will not take a “one size fits all” approach to MFP. Each individual that is identified for transition will have a full assessment of their needs to assure community supports are available. HCBS waivers are available for adults with physical disabilities and seniors with no waiting lists. The waiver for individuals with developmental disabilities will have 240 additional

slots and a new waiver for individuals with TBI will be developed. The ARHome program will be piloted in SW Arkansas for individuals 18 years of age and over that have resided in a nursing home for at least 60 consecutive days. In addition, Personal Care is available under the SPA. Individuals may opt to consumer direct their services or receive agency services.

#### Quality Management System

Arkansas will develop a QM strategy for MFP to measure outcomes and provide meaningful feedback from individuals in the program. A consumer survey will ask satisfaction with the quality of service and the quality of life in the community compared to what it was in the nursing home. Under Passages, a 90 day follow-up survey was sent to individuals who had transitioned into the community. It could be modified for purposes of evaluating MFP.

#### *State Matching Funds*

State matching funds will be secured prior to the approval of the operational protocol.

#### **Implementation Phase**

Arkansas plans to transition individuals who have been institutionalized for a minimum of 6 months. They will be transitioned from licensed nursing homes, the Arkansas Health Center under the administration of the DBHS and ICF/MRs to the following qualified residences: A) a home leased or owned by the individual or the individual's family member; B) an apartment with an individual lease; C) a residence, in a community-based residential setting in which no more than 4 unrelated individuals reside.

#### *Anticipated Requests for the Necessary Waiver Services*

Home and Community Based Services

ARHome, a 1915(a)(c) combination HCBS waiver has been developed that embraces the concept of money follows the person. The state will submit the waiver to CMS in early 2007.

ARHome offers individuals residing in a nursing home the opportunity to return to life in the community with an individualized budget to purchase services, supports, equipment and supplies to assure health and welfare. The goal of ARHome is to offer an alternative to continued nursing home placement by providing a rich service plan, choice, control and support services sufficient to assure a safe and enjoyable life in the community.

Eligibility requires that waiver participants be at least 18 years old, have been in a nursing home with Medicaid reimbursement for at least 60 consecutive days, are willing to participate in the waiver and develop a support system, both informal and those provided by the waiver and state plan services, to assure health and welfare. The participant's personal income will be restored to allow them to meet room and board needs.

The opportunity to participate in ARHome will be offered to all eligible Medicaid clients through a social marketing plan that will include an educational program for state DHHS employees, nursing home administrators and social workers, nursing home resident councils and family councils, with letters mailed to eligible nursing home residents. Individuals wanting more information are asked to contact DAAS by phone or card. For those interested, a DAAS RN will visit the interested party, provide a clear description of the program and assess continuing interest. Those who remain interested receive an MDS-HC assessment completed by a DAAS RN from which a budget amount is determined. A Plan of Care is developed by the DAAS RN identifying the services that are needed based on the assessment and information received from

nursing home staff. The DAAS RN will provide information about the Prepaid Ambulatory Health Plans (PAHPs) in their area, if there is more than one. The PAHP of choice will facilitate the development of a written budget with the ARHome participant using the Plan of Care developed by the DAAS RN which includes the informal support network they identify. This budget development process will be participant-centered to assure that the participant's wants, needs and specific preferences are honored. ARHome will allow participants who desire and need to do so to use a representative decision-maker. The waiver will offer a higher level of support through enhanced support service coordination to participants who do not have the ability to direct the budget independently and do not have a natural support network. All participants in ARHome will have budget and employer authority. Prior to leaving the nursing home, all participants may access community transitional services to assure that a safe and accessible home is prepared for them. The PAHP will be responsible for coordinating community transitional services.

Each participant will work within a budget established as a result of the MDS-HC assessment. All services are purchased through the budget. Participants have choice and control of how the budget will be spent and those electing participant-direction have the ability to interview, hire, supervise and direct the work of directly hired workers. Arkansas will use a Prepaid Ambulatory Health Plan (PAHP) to arrange participant-directed budgeted services and monitor expenditures to assure budgetary compliance. The PAHP will have a formal provider relationship with Arkansas Medicaid and will be authorized to establish contractual relationships with other providers including agencies and directly-hired workers. All billing for participant-directed

services will be processed through the PAHP. Traditional (non-participant-directed) waiver services will be billed to Medicaid directly.

ARHome will provide support services through the PAHP. The PAHP will be responsible for providing directly or subcontracting support service coordination, enhanced support service coordination and financial management services. The PAHP will be paid a monthly personalized prospective payment per participant with an active budget based on the MDS-HC assessment and the participant-directed services the PAHP will provide or coordinate for the participant.

Services that are not participant-directed and thus not provided by the PAHP or through the PAHP will be billed by the provider of the service directly to Medicaid. For services subcontracted through the PAHP, the PAHP will be responsible for receiving claims from the agencies and directly hired workers identified on the participant's budget, reviewing those claims for accuracy and inclusion on the budget, and paying the providers out of the personalized prospective payment received for the participant. The PAHP will not be responsible for providing services not included on the plan of care as part of the personalized prospective payment. If the PAHP identifies additional services needed by the participant, the PAHP will contact the DAAS RN for a new assessment. A payment reconciliation will be completed annually and DAAS will recoup funds prospectively advanced to the PAHP that were not expended.

A 1915(c) HCBS waiver will be developed to specifically serve individuals with Traumatic Brain Injury. Arkansas learned through the Passages nursing home transition demonstration that there were a number of individuals under 65 years of age with traumatic brain injury in nursing

homes, and a significant number in the state administered nursing home under the DBHS. Arkansas will meet with individuals at the Arkansas Health Center, their staff, The TBI Association, and the four Centers for Independent Living to determine service needs that should be offered under the waiver.

Arkansas plans to hire two transition coordinators to assist individuals to transition from nursing homes. The transition coordinator will meet with the individual to determine service needs and resources for community living. Individuals may chose to participate in one of the home and community based waiver programs administered by DAAS or the Personal Care program under the SPA. The transition coordinators will be housed in the statewide One Stop that is being developed under the Systems Transformation Grant.

As stated in the gap analysis, it will be necessary to amend the following waivers to offer individuals maximum opportunity to transition from nursing homes and other institutions:

***Alternatives***

*Financial eligibility* - will allow more eligibles based on revised income policy

- adding Working Disabled. The waiver will be amended to enable waiver enrollment of Medicaid Buy-In participants. This change will enable individuals to work full-time and save for the future. Individuals who work will be able to earn up to about \$4,000/month and save up to \$14,000, enabling them to become more self-sufficient without jeopardizing attendant care and other vital Medicaid services.
- adding Spousal Impoverishment

*Services* - will provide option of agency care for those unable to self-direct or needing assistance in directing their care:

- adding full time case management and counseling support to all consumers that will include training in consumer direction, assistance in accessing services, and support in addressing provider and billing problems.
- adding agency attendant care
- raising the age limit to allow individuals to remain in the consumer directed program (Alternatives consumers turning age 65 may remain on Alternatives waiver rather than moving to *ElderChoices*, if that is their choice.)
- adding transitional costs such as utility and security deposits, household goods and other necessary services to establish community living.

### ***ElderChoices***

*Services* -adult companion services will allow an increase in coverage for those individuals needing more supervision and will also allow in-home services previously unavailable to individuals who did not qualify for respite when there was no primary caregiver.

- deleting in-home respite services
- adding adult companion services
- adding transitional costs such as utility and security deposits, household goods and other necessary services to establish community living
- adding home modifications

### ***Developmental Disabilities Waiver (ACS)***

*Services* – Add 240 waiver slots

- expanding self-direction opportunities to all the waiver services (currently only direct care services can be self-directed.)
- expanding service categories to enable access with a broader range of needs
- eliminating gaps when people need 24/7 care

### *Demonstration Services*

Arkansas learned from the Passages NHT program that individuals often need more intensive follow up and assistance to adjust to community living in the first year of their transition. The following will be developed as demonstration services to assist individuals to remain in the community and to ensure their health and safety:

#### *Telemedicine*

Arkansas will offer telemedicine to monitor and collect clinical information, trend critical data and provide education, reminder cues for consumers and caregivers and in some instances communicate directly with a physician. Examples of information include vital signs, weight, blood sugar, protime, and pulse oximetry. Trended data combined with clinical judgment drives intervention via a call or visit.

#### *24 hour Helpline*

It is well documented that the majority of long term care in this country is provided by family members and others. To encourage and support family members who may play a key role in caring for individuals transiting to the community, a 24 hour Helpline will be established.

#### *Intensive Transition Services*

Arkansas learned from a previous nursing home transition program called Passages program, that individuals who transition from nursing homes often need more community support than is offered through traditional waiver services. To facilitate transition to the community living

the following services will be offered for up to 12 months to assist individuals with complex support needs:

*Transportation attendant*

Arkansas provides non-emergency medical transportation through a broker system. However, some individuals need more than just transportation. A frail older person with limited mobility may also need the assistance of an attendant to navigate a medical complex such as a University Hospital or large private practice. An attendant will be provided for those who need such assistance.

*Methods Used by the State to Increase the Dollar Amount and Percentage of Expenditures on HCBS*

The current array of services offered through home and community based care is overly complex and bureaucratic and is tailored to the funding sources rather than the consumer. Arkansas learned through the Cash and Counseling 1115 Demonstration that flexibility often means the difference between institutionalization and living at home. For example, one individual could manage washing and drying his clothes, but getting to a laundry facility presented a host of obstacles. He saved part of his cash allowance to buy a washer and dryer. Many consumers wanted care during hours when agencies typically cannot provide staff—early morning, late at night and on weekends. Allowing consumers to hire their own attendants overcame these restrictions. The independent evaluation revealed that consumers directing their own care used nursing homes and hospitals at lower rates than those receiving care from agencies. The ARHome waiver will expand consumer direction to the nursing home population. Through it

and the other HCBS services outlined in this proposal, Arkansas will increase the amount of dollars it spends on HCBS each year.

List of Proposed Benchmarks

<b>Transitions by Target Population</b>	YR 1	YR 2	YR 3	YR 4	Total
Persons who are Aged	12	19	28	33	92
Adults and Children with physical disabilities	15	28	47	56	146
Adults and Children with MR/DD	15	15	15	15	60
Adults and Children with Mental Illness	1	1	3	2	7
Estimated Total Transitions	43	63	93	106	305

Process to Target and Recruit Individuals to Transition

Various tools and methods will be used to target and recruit individuals for transition. Arkansas has available four years of Minimum Data Set (MDS) information that has been analyzed by the University of Michigan comparing the individuals that transitioned in the Passages nursing home transition program to a representative sample of 1000 other nursing home residents. A targeting strategy to identify persons who “look like” participants in Passages could be employed and would correctly identify the individuals resembling Passages participants almost two thirds of the time.

The transition coordinators developed under demonstration services to assist individuals to move to the community will develop an informational program on nursing home transition to be presented to Family Councils in nursing homes statewide and to other interested parties.

Informational display units will be developed for conferences such as the Arkansas Aging

Conference, the Developmental Disabilities Council Conference, Arkansas Disability Coalition, Arkansas State Disability Awareness Day, etc.

Arkansas also plans to develop an informational program on the availability of HCBS for nursing home administrators and seek approval for Continuing Education Units (CEUs) from the Nursing Home Administrator Licensure Program Information. North Carolina has developed a similar program that has met with success.

The Division of Developmental Disabilities has two methods for identifying and targeting individuals with developmental disabilities for transition. For individuals residing in intermediate care facilities, the team will discuss transition to a less restrictive setting during the individual's annual review of the Individual Program Plan. The team includes the individual being served, the individual's legally responsible party, and interdisciplinary team (IDT) members (service providers) of the intermediate care facility. Many factors will be considered when a recommendation for transfer is made: what are the wishes of the individual; what are the wishes of the guardian; what services are available in the individual's home town; would the services be capable of addressing the individual's medical and/or behavioral concerns; are services available in the area to address the individual's medical needs.

For individuals with developmental disabilities living in nursing homes, the PASARR contractor in Arkansas, (Bock Associates) will recommend individuals for community placement and specifically the waiver program. DDS Specialists will visit with the individual to offer choice of programs, assist with and assure completion of the waiver/intermediate care facility application

packet, offer choice of providers, assist providers in MAPS planning, and approve or secure approval of the services plan. In addition, they will be available to assist in coordinating discharge.

The Division of Behavioral Health Services (DBHS) administers the state nursing home, Arkansas Health Center (AHC). The center specializes in providing care to individuals that may be more difficult to serve such as individuals who need ventilator care or have cognitive impairments due to traumatic brain injury or closed head injury. DBHS has identified a number of individuals under 65 years of age at the facility that have expressed interest in moving to the community but need more services than current waivers provide. DBHS will advise DMS and DAAS on services and needs for these individuals as well as those in the community in the development of a TBI waiver. During the stakeholders meetings and also in subcommittee meetings of the GIST, several advocacy groups for individuals with disabilities and seniors indicated an interest in developing a marketing campaign for Money Follows the Person. Individuals with disabilities and family members, advocates, state agency personnel and other interested parties will develop a marketing strategy, including training on placement options.

#### *Cross Agency Collaboration*

The four divisions under the umbrella of DHHS and committed to MFP, the Division of Medical Services (State Medicaid Director), the Divisions of Aging and Adults with Disabilities, Developmental Disabilities and Behavioral Health meet on a monthly basis at a minimum. All four Divisions participate in the CMS five-year Systems Transformation Grant. Proposed legislation is reviewed and opportunities to collaborate for improved services and programs are

discussed. The forum is already in place to discuss the development and progress of MFP in DHHS.

During the NHT demonstration, the Passages project, Arkansas sub-granted funds to the 8 Area on Agencies on Aging (AAAs) and the 4 Centers for Independent Living (CILS). A good working relationship was established that continues to date. Both groups have indicated a commitment to MFP to identify individuals that would be appropriate for transition and serving them in the community.

Description of “Qualified Home and Community -Based Program” Available to Participants

The following qualified HCBS will be available to participants:

*Developmental Disabilities Waiver (ACS)* – individuals with developmental disabilities

*Alternatives (APD) Waiver* – for individuals 21 and over

*ElderChoices Waiver*- for individuals 65 and over

*Independent Choices* – (Cash and Counseling program) for individuals 18 and over

*Traumatic Brain Injury Waiver* – for individuals 18 and over

*ARHome* – for individuals 18 and over who have been in a nursing home with Medicaid reimbursement for at least 60 consecutive days

*Personal Care* – service under the Medicaid State Plan

Quality Management Strategy

Arkansas will include the design elements of assessment, discovery and remediation for problems or ineffective strategies, and ongoing systematic improvements for each component of

MFP. A survey will be designed to collect data on the experience of persons transitioned to ensure that the MFP program is effective and accomplishing the goals of MFP. The survey will be designed to measure consumer satisfaction and quality of choices amid other measures that will be developed during the pre-implementation phase. In addition, once individuals are living in the community and receiving HCBS waivers, ongoing monitoring efforts already in place and part of the QM can be used to develop reporting mechanisms to identify individuals who re-enter institutions.

### State's Current Quality Management Strategy

Roy Jeffus, State Medicaid Director, created a Waiver Quality Management Unit with the Division of Medical Services (DMS) to help ensure that all waiver services meet required standards and assurances.

The three waivers (Alternatives, ElderChoices, and Living Choices) administered by the Division of Aging and Adult Services have developed a Quality Management Strategy(QMS) that is ready to amend into those waivers. DDS has drafted a QMS and we hope to finalize it within the next few months and then amend it into that waiver.

DMS has a Medical Services Quality Assurance (QA) Unit. DMS Field Audit has begun to randomly audit waiver records and report to DMS QA. QA will follow up for remediation and improvement if needed.

*Brief Description of Barriers to Flexible use of Medicaid and Strategies to Eliminate Barriers....*

While improvements have been made in HCBS, the current system is still too much of a “one size fits all.” For example, individuals with a Traumatic Brain Injury (TBI) often do not qualify for services. Consumers willing and able to direct their own care currently have limited opportunities. Individuals with serious mental illness who end up in nursing homes because of a physical impairment find limited options to return home. The new waivers and additions to existing waivers will create a more flexible financing mechanism to close the gaps in our system.

*IT System Capacity*

Arkansas will use the Medicaid Management Information System (MMIS) to determine the Medicaid eligibility for individuals to participate in MFP. Prior to an individual being assessed for MFP, the transition coordinators will access the system. The Decision Support System (DSS) is the data warehouse for information on Medicaid expenditures that gives staff easy, fast, flexible and reliable access to Medicaid data. Medicaid paid claims history, as well as recipient, provider, and reference file data is available for inquiries within this system.

Arkansas developed a database for its nursing home transition demonstration program, Passages. It kept demographics and expenditures for each individual that was transitioned to the community and can be modified to keep data for MFP on a monthly basis.

### **Part Three: Preliminary Operational Plan and Budget**

Chart A outlines the organizational structure for the Arkansas MFP application. The Division of Medical Services is the Medicaid agency for Arkansas and is submitting this application under Roy Jeffus's signature. Other key Divisions include Developmental Disabilities, Aging and Adult Services, Developmental Disabilities and Behavioral Health.

Roy Jeffus, the State Medicaid Director, supports HCBS services and systems transformation efforts as evidenced by the attached letter of support for this grant proposal. Arkansas currently operates twelve different waivers including 1915(b)s , 1915(c)s, and 1115(a)s.

Herb Sanderson directs the Division of Aging and Adult Services (DAAS) within DHHS. DAAS administers a five-year CMS Systems Transformation Grant, a Housing Grant and three Medicaid HCBS waiver programs. He serves as the Department's lead for the Governor's Integrated Services Taskforce formed in response to the *Olmstead* Supreme Court decision.

Dr. James C. Green, Director, Division of Developmental Disabilities (DDS) within DHS, has worked in the field serving individuals with developmental disabilities for several years. Prior to his appointment as DDS Director in February of 2003, he served as the Superintendent of the Alexander Human Development Center for four years.

Pat Dahlgren, Director of the Division of Behavioral Health Services is responsible for the overall development and guidance of the Arkansas public mental health system, including child and adolescent services, adult and forensic services; oversight and management of the Arkansas

State Hospital, Arkansas Health Center and the office of Alcohol and Drug Abuse Prevention; oversight and management of the division's \$133 million dollar budget.

These four Division Directors manage all Medicaid HCBS in Arkansas and interact regularly with consumer organizations, advocacy groups and providers. They will in effect serve as the executive management team for the grant.

### Staffing Plan

As indicated on the organization chart, five individuals will be employed fulltime to implement the MFP grant. As these will be new positions, and are therefore vacant.

Job descriptions for the grant are attached. The following summarizes their responsibilities.

The Project Director will have overall responsibility for the grant including supervising the other four staff. The Director will report jointly to the Roy Jeffus, the State Medicaid Director and Herb Sanderson, the Division of Aging and Adult Services. A Management Project Analyst will manage all data elements, benchmarks and fiscal reporting required under the RFP. Two Pre-admission Coordinators will provide information to providers, advocacy groups and the general public about the grant. They will work directly with individuals in institutions who express an interest in transitioning to the community while the consumers still reside in an institution. An Administrative Assistant will provide support to the four project staff. No positions will provide in-kind support and no individuals will work under contract.

MFP funds will be used to support evaluation efforts by the State in addition to the national evaluation. The State will contract with the University of Arkansas Medical Sciences (UAMS) College of Public Health for consumer satisfaction and safety outcome data. \$100,000 per year is budgeted over the five-year grant period for this service. Additional foundation support is being sought for evaluation.

#### Budget Presentation and Narrative

The **Medicaid Administrative** costs (\$1,475,976) were calculated by using the State's Pay Plan, the AR DHHS Cost Allocation Plan and typical direct costs associated for similar positions, i.e. telephone, information technology costs, equipment, supplies, etc.

**Qualified HCB Services** (\$17,676,393) were calculated derived from a variety of methods. AR DHHS has been working on the attached AR Home 1915(a)(c) waiver for over two years. The State obtained four years of Minimum Data Set (MDS) data for AR nursing home residents and contracted with the University of Michigan to analyze the data and create a model of payment levels for individuals wishing to transition to the community. The payment levels were based on Resource Utilization Groups (RUGs). The levels reflect a relative value based on the cost of caring for similar individuals. It is unknown exactly who might wish to transition to the community once given the new options available, and thus which individuals will fall into various payment levels. However, for purposes of producing a budget for this grant, an estimated average cost of \$32,850 per user per year was used. Based on the state's previous nursing home transition project and analysis of the current nursing home population, an

estimated 186 individuals residing in AR nursing homes will transition to the community under ARHome during the MFP Demonstration.

On the other hand, less precise estimates had to be used for other services. For example, in working with consumers and advocates following the release of the RFP, the need for a Traumatic Brain Injury Waiver (TBI) was identified. Because no work has been undertaken on a TBI waiver in the state, the number of individuals who might qualify is not known, nor is there data on cost per user. Therefore, less informed estimates had to be used to project costs. It is assumed that 30 individuals will qualify for the TBI waiver under the MFP demonstration. Because some of these individuals reside in the AR Health Center, a cost based state operated nursing home which is more expensive than the typical private nursing home, and because of the therapy needs anticipated to facilitate community living, a higher per user cost (\$37,850 annually) was used to calculate the Qualified HCB Services for this waiver.

As discussed in “Analysis of Gaps to be Addressed in Demonstration Program” (Part 1), Arkansas will make several changes to its existing HCBS waivers. It is anticipated 9 individuals will transition from nursing homes to the Alternatives waiver. Based on historical costs, \$14,048 annually per user was budgeted. Twenty individuals are expected to transition to the ElderChoices waivers during the life of the MFP grant. Historical costs, adjusted for frailty was used to budget \$13,942 per year per user.

The following chart represents transitions by year:

<b>Qualified HCB Services</b>	<b>YR 1</b>	<b>YR 2</b>	<b>YR 3</b>	<b>YR 4</b>	<b>Total</b>
New ARHome 1915 Waiver <sup>①</sup>	15	30	60	81	186
New TBI Waiver <sup>②</sup>	5	10	10	5	30
ElderChoices Waiver <sup>③</sup>	5	5	5	5	20
Alternatives Waiver <sup>④</sup>	3	3	3		9
DD Waiver <sup>⑤</sup>	15	15	15	15	60
<b>Estimated Total Transitions</b>	<b>43</b>	<b>63</b>	<b>93</b>	<b>106</b>	<b>305</b>

① Adults with physical disabilities, 65+ and individuals with mental illness.

② Individuals with Traumatic Brain Injury.

③ Individuals age 65+.

④ Individuals age 21 to 64 with physical disabilities.

⑤ Individual with Developmental Disabilities\Mental Retardation

**Demonstration Services** (2,311,092) include: Telemedicine (average of \$85 per contact), a 24-Hour Helpline (\$59 per 30 minute call), Intensive Transition Assistance (\$150 per contact) and Transportation Attendants (\$40.95 per trip). With the exception of the 24 Hour Helpline, existing reimbursement data was used to estimate rates and costs: However, these will need to be refined during the operational protocol. The Helpline was calculated on an hourly rate. The chart estimates the number of users per year by service. (Note: these consumers will also receive Qualified HCB Services).

<b>HCB Demonstration Services</b>				
Telemedicine	20	29	60	53
24 Hour Helpline	43	63	93	106
Intensive Transition Management	13	18	18	10
Transportation Attendant	13	18	10	10

No **Supplemental Demonstration Services** are being proposed.

## **Part Four: Assurances**

### Informed Consent

Arkansas developed in the Passages Nursing Home Transition Project a form for *Informed Consent* to participate in the program. It covered several aspects of nursing home transition including offering choices on the array of HCBS as well as the how and by whom they would be provided. Also covered was the agreement to participate in the program and an explanation of the limits of the program. It will be modified to fit the design of MFP and ensure the informed consent of participants or their authorized representative.

### Public Process

Consumers and stakeholders have greatly impacted the design of long-term-care services and supports in Arkansas. The Arkansas Department of Health and Human Services has worked closely with the Governor's Integrated Services Task Force (GIST) since its inception in 2001. Established by the Governor to develop a comprehensive Olmstead Plan, the group developed 115 recommendations and chose top priorities for the state in 2003. Upon completing its initial task, GIST remains involved as a body that recommends and informs DHHS on long term care supports and services. GIST members were provided a copy of the MFP RFP on September 8, 2006 and the Money Follows the Person Toolkit issued by the Community Living Exchange on September 12<sup>th</sup>. GIST met on September 25, 2006, to discuss the Request for Proposals for the MFP Demonstration. The members were informed of the DHHS plan to publish MFP information on the website in order to solicit recommendations for development. GIST members agreed to meet in subcommittees (Adults with Disabilities, Developmental Disabilities, and

Behavioral Health) to review the suggestions that were submitted and make recommendations for the list of needs to enhance services and rebalance the State's system.

Arkansas invited stakeholders to a meeting on September 27, 2006, at Alltel Arena in Little Rock, Arkansas, to discuss the proposal for *Money Follows the Person*. John Selig, Director, Department of Health and Human Services (DHHS), discussed efforts of the state to rebalance the long-term-care (LTC) system and offer individuals choice in how and where they receive LTC services. Divisional Directors for Medical Services (State Medicaid Director), Aging and Adult Services (DAAS), Behavioral Health Services (DBHS) and Developmental Disabilities (DDS) presented current systems of care and potential areas where gaps may exist. A question and answer period followed the presentations, and attendees were encouraged to submit their ideas and suggestions for review by the GIST subcommittees. Feedback from stakeholders was incorporated into this proposal and, in fact, influenced many of the changes and additions to services. The GIST is committed to participating in the design, development, and evaluation of the MFP demonstration project.

As needed video teleconferencing will be used to support stakeholder meetings in several areas of the state. Most of the county offices in the Division of Health (DOH) DHHS have the equipment to support the teleconferencing. Stakeholders in rural as well as urban areas will be offered the opportunity to actively participate in all meetings scheduled.

In addition the Arkansas Administrative Procedures Act requires a comment period for all Medicaid state plan amendments and all changes to Medicaid waiver programs. Public meetings

may be requested. After these steps all changes are reviewed by the Rules and Regulations Subcommittee of the AR Legislative Council and the full Council.

#### Maintenance of Effort

Arkansas is committed to the maintenance of effort that total expenditures under the state Medicaid program for HCBS will not be less for any fiscal year during the MFP demonstration project than for the greater of such expenditures for fiscal year 2005. Expenses are reported on the MOE forms for all statewide spending for populations. The data will be used to support our proposed benchmarks to assess progress in rebalancing our long-term care system.

#### Timely Submission

Arkansas will submit timely reports and information as specified by CMS to permit reliable comparisons of MFP projects across states and for an effective evaluation of the MFP demonstration. Web-based progress reports will be submitted on a semi-annual basis. For enhanced FMAP, quarterly reports will be submitted using the mechanisms determined by CMS. Person-specific data will be collected and maintained in order to evaluate the project.