



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

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

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

Quantitative Update – Projected and Actual Spending Amounts

Initiative and Timeframe	Phase 1*	Phase 2**			Total
	ACTUAL	PLANNED	ACTUAL TO-DATE	REMAINING BALANCE	PLANNED
	Q3 FFY21 - Q2 FFY22	Q3 FFY 2022-Q2 FFY 2024	Q3 FFY21 – Q4 FFY22	Q1 FFY23 - Q2 FFY24	Q3 FFY21 - Q2 FFY24
HCBS Workforce Stabilization and Quality Improvement	113,557,091	2,021,233	2,021,233	-	115,578,324
Planning for the Future: Technology and Education	-	10,000,000	-	10,000,000	10,000,000
Expanding and Enhancing HCBS Services	-	22,700,000	-	22,700,000	22,700,000
Community-Based Crisis Response	-				
Administration to Strengthen HCBS (No enhanced match)	-	3,000,000	1,550,625	1,449,375	3,000,000
Total Arkansas HCBS ARPA Expenditures	113,557,091	37,721,233	3,571,858	34,149,375	151,278,324

* Arkansas State and Federal Share and Funds Attributable to the HCBS FMAP Increase, no update in amount attributable

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

Phase I

Initiative 1 - HCBS Workforce Stabilization and Quality Improvement

Arkansas’s overarching goal regarding this first initiative is to develop a statewide strategy to recruit, retain and strengthen the HCBS’ provider workforce. The funding is to help providers with retention and recruitment efforts.

Federal Authority

March 23, 2022, CMS approved the provider payment initiatives under Medicaid



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

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

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

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

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

Workforce Improvement Provider Incentive Program

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

Arkansas is considering amending its ARP spending plan, to claim the 10 percent enhanced federal medical assistance percentage on baseline HCBS spending outlined in the State Medicaid Director's letter #21-003 (i.e. Appendix B). The estimated spend per the Form CMS-64 expenditure reports for the period, April 2021 – March 2022 is approximately \$354M. If the state were to do this, we will amend our ARP spending



plan as outlined in the aforementioned letter and reclassify the \$354M in eligible expenditures on the Form CMS-64 so that we earn the additional ARP 10 percent (\$35.4M) which we would reinvest in order enhance our HCBS program. We are working closely with executive leadership and legislature to evaluate this option and, if approved, to obtain spending authority to draw down these additional ARP federal funds.

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

Phase II

Initiative 2– Planning for the Future: Enabling Technology

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

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

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

No changes from our original approved spending plan.



Update July 2022:

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

- HCBS Education
- HCBS Assistive Technology

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

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

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

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



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

HCBS Education

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

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

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

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

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

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

Current State:

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

General Arkansas HCBS Information Across Programs

#	Document / Website
1.	Long-Term Services and Supports (LTSS) Medicaid Assistance website
2.	Choices in Living Resource Center (ADRC) <ul style="list-style-type: none"> • Brochure



	<ul style="list-style-type: none"> LTSS Information LTSS Application
3.	Consumer Long-Term Care Information
4.	PASSE Information
5.	AFMC Provider Trainings <ul style="list-style-type: none"> HCBS-focused trainings include: Attendant Care; Home-Delivered Meals; Personal Care; Personal Emergency Response System; AR Choices Targeted Case Management

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

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

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

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

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

HCBS Assistive Technology

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

Vision: The HCBS Assistive Technology initiative aims to develop a comprehensive best



practice model for providing technology to providers, gathering data on usage and outcomes, and evaluating the success of the initiative. DHS intends to operationalize this model through a pilot program, then expand the model to the entire 1915(c) waiver and PASSE population.

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

Existing 1915(c) Waiver Assistive Technology Services

1. Arkansas' 1915(c) waivers include two assistive technology services which specify the purpose of "increase, maintain, or improve functional capabilities":
 - a. AR Choices – Environmental Accessibility Adaptations/Adaptive Equipment
 - b. Community and Employment Supports – Adaptive Equipment
2. Arkansas' waivers have other services which are indirectly related to AT, but do not fit the federal AT definitions:
 - a. AR Choices – Personal Emergency Response System (PERS)
 - b. Community and Employment Supports – Specialized Medical Supplies
 - c. AR Choices – Prevocational Services (may have a purchase of adaptive equipment and accessibility for on-the-job components)
 - d. Community and Employment Supports – Supported Employment (same as above)
3. Living Choices Assisted Living and Autism waivers do not offer technology-related services.

Next Steps:

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



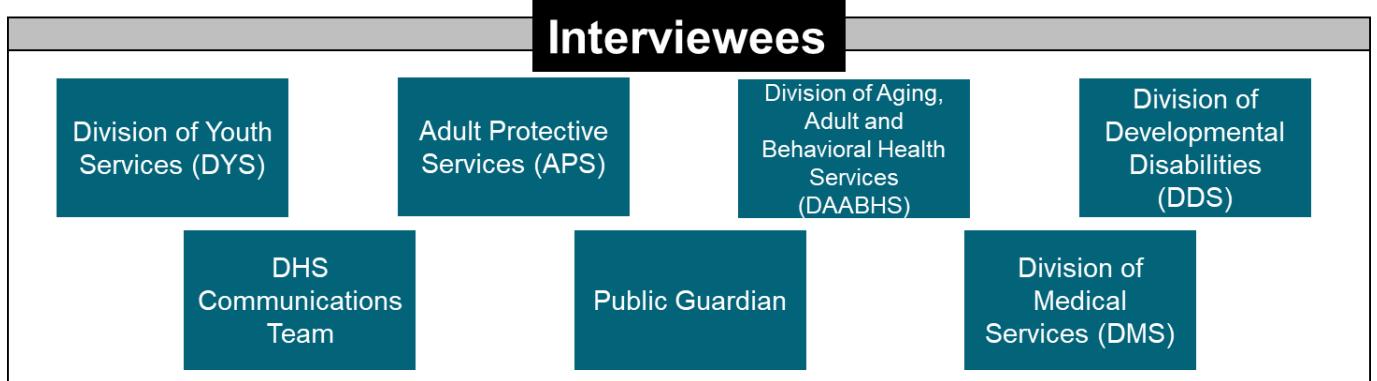
Stakeholder Category	Stakeholder
Provider Associations	DDPA (Developmentally Disabled Provider Association)
	Arkansas Waiver Association (AWA)
	Alliance
	The Council
	Home Care Association
	AAAs – State Association
Providers - HCBS	ARP Stakeholder Group
Providers – Case Managers / PASSE Care Coordinators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

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

Update October 2022:

HCBS Education

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



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

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

HCBS Assistive Technology

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



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

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



populations served

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

Next Steps:

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

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

Update January 2023:

HCBS Education

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

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

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

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



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

Intended Education Audiences Include:

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



HCBS Assistive Technology

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

- DAABHS Nurses
- PASSEs
- iCAN Tools for Life

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

Next Steps:

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

Initiative 3 – Expanding and Enhancing HCBS Services

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

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

No changes from our original approved spending plan.

Update July 2022:

To meet Arkansas’s goal of achieving appropriate placement options for complex clients and a streamlined transition process, DHS initiated a specific workstream to understand current state, define future state and determine the required steps to reach future state.



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

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

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

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

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



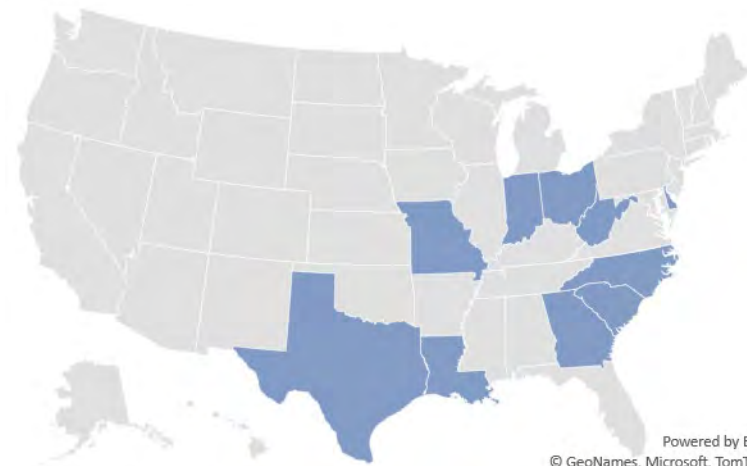
Approach to Identify and Address Gaps

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



DHS began the assessment step through research of similar states to identify best practices across the nation to help inform potential methods to improve the transition process for clients across the HCBS program. DHS chose states based on their historical success in transitions as documented by the Money Follows the Person annual reports, demographic and geographic alignment, and similarity to Arkansas beneficiary populations.

Reference States



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

Next Steps:

For the Expand and Enhance initiative, DHS is preparing for a comprehensive stakeholder engagement process. DHS will engage with stakeholders via interviews and/or surveys to better understand the current issues related to transitions and how



DHS can design and implement a better transitions process for its clients. DHS identified the following stakeholder categories and specific stakeholders to include in the process:

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

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

Update October 2022:

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

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



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

Next Steps:

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

Update January 2023

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

Next Steps:

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

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

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

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



develop a best practice CBCR model.

Update October 2022

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

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

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



Outside Stakeholder Groups				
Arkansas Behavioral Health Planning and Advisory Council	Advocacy Groups	School Systems	Juvenile Judges	AR Sheriff's Association

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

<p>Behavioral Health System Design</p>		<p>Technology</p> <p>Understanding current technological capacity and future needs.</p>
<p>988 Crisis Access Line</p> <p>Understand current 988 implementation and its impact within AR's crisis system.</p>		<p>Clinical Best Practices</p> <p>Understand clinical standards and best practices of current system.</p>

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

- 988
- Administrative Office of the Courts,
- Juvenile Justice



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

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

Update January 2023

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

Next Steps:

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



Projected and Actual Spending Amounts Detail

ARKANSAS Section 9817 HCBS ARP Act Enhanced FMAP Plan		*** Update ***			Phase 2 Investment Expenditures	
Initiatives	Timeframe for Expenditure	ACTUAL	PLANNED	PLANNED	ACTUAL TO-DATE	REMAINING BALANCE
		Phase 1: Arkansas State and Federal Share and Funds Attributable to the HCBS FMAP Q3 FFY21 - Q2 FFY22	Phase 2: Arkansas Reinvestment in Additional Medicaid-Covered HCBS Q3 FFY 2022-Q2 FFY 2024	Total Arkansas Section 9817 HCBS ARPA Plan Q3 FFY21 - Q2 FFY24	Arkansas Reinvestment in Additional Medicaid-Covered HCBS Q3 FFY21 - Q4 FFY22	Arkansas Reinvestment in Additional Medicaid-Covered HCBS Q3 FFY21 - Q2 FFY24
1	HCBS Workforce Stabilization and Quality Improvement	113,557,091	2,021,233	115,578,324	2,021,233	-
2	Planning for the Future: Technology and Education	-	10,000,000	10,000,000	-	10,000,000
3	Expanding and Enhancing HCBS Services	-	22,700,000	22,700,000	-	22,700,000
4	Administration to Strengthen HCBS (No enhanced match)	-	3,000,000	3,000,000	1,550,625	1,449,375
Total Arkansas HCBS ARPA Expenditures		113,557,091	37,721,233	151,278,324	3,571,858	34,149,375
Financing*						
Total Federal		99,646,347	26,343,042	125,989,390		
Total State		13,910,744	11,378,191	25,288,934		
Total Arkansas HCBS ARPA Funding		113,557,091	37,721,233	151,278,324		
*COMPOSITION OF FINANCING Services (Earning FMAP)						
Federal						
	Regular FMAP	71.55%	81,250,098.61	24,843,042		106,093,141
	FFCRA Enhanced FMAP	6.20%	7,040,539.64	0		7,040,540
	HCBS ARPA FMAP	10%	11,355,709	0		11,355,709
State						
	HCBS ARPA State Match Rate	12.25%	13,910,743.65	0		13,910,744
	Regular State Match Rate	28.45%	0	9,878,191		9,878,191
Administration (No enhanced match)						
	Federal	50.00%	-	1,500,000		1,500,000
	State	50.00%	-	1,500,000		1,500,000
Total All Sources			113,557,091	37,721,233		151,278,324

Note: ARPA enhanced match earned by March 2022 and reinvestment of an equal or greater

Note: Regarding cost sharing, future updates will consider the impact of continued FFCRA Enhanced FMAP. This plan does not make any adjustment due to uncertainty of the timing of the end of the enhanced FMAP and timing of phase 2 payments. Future updates will also evaluate changes in the State's regular FMAP.

Notes:

- The State intends to draw down federal financial participation (FFP) for all activities
- The HCBS Workforce Stabilization and Quality Improvement Initiative will be eligible for the HCBS increased FMAP under ARP section 9817
- There is no update to the amount of funds attributable to the increase in FMAP that the state has claimed between April 1, 2021, and March 31, 2022